

Patient Name : Mr. REDDY B VENKATA KRISHNA

Age/Gender : 41 Y 0 M 0 D /M

DOB : Ref Doctor : SELF

Client Name : MEDI WHEELS

Client Add : F-701, Lado Sarai, Mehravli, N

Hospital Name :

UHID/MR No : YGT.0000059391

Client Code : YOD-DL-0021

Barcode No : 10965258

Registration : 09/Mar/2024 08:56AM

Collected : 09/Mar/2024 08:56AM

Received :

Reported

: 09/Mar/2024 12:59PM

## DEPARTMENT OF RADIOLOGY

## **ULTRASOUND WHOLE ABDOMEN**

Clinical Details: General check-up.

LIVER: Normal in size (16.9 cm) and increased echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated.

GALL BLADDER: Well distended. No evidence of wall thickening / calculi.

Visualised common bile duct & portal vein appears normal.

PANCREAS: Normal in size and outlines. Parenchymal texture normal. No ductal dilatation. No calcifications / calculi.

SPLEEN: Normal in size(9.0 cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY: measures 11.6x5.0 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

LEFT KIDNEY: measures 10.7x6.7 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

URINARY BLADDER: Well distended. No evidence of wall thickening / calculi.

PROSTATE: Normal in size and echo-texture.

No enlarged nodes are visualised. No retro-peritoneal lesion is identified. Great vessels appear normal.

No free fluid is seen in peritoneal cavity.

### **IMPRESSION:**

• GRADE II FATTY LIVER.

Suggested clinical correlation and further evaluation.

Verified By : Dodda Gopi Chand



Approved By:





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## DEPARTMENT OF RADIOLOGY



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Dodda Gopi Chand



Approved By:

Dr.SUSHIMA VUYYURU MBBS;MD(Radio-Diagnosis) CONSUL TANT RADIOLOGIST



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## DEPARTMENT OF RADIOLOGY

## X-RAY CHEST PA VIEW

## Findings:

Prominent pulmonary bronchovascular markings noted in bilateral lung fields.

Soft tissues/ bony cage normal.

Trachea and Mediastinal structures are normal.

Heart size and configuration are normal.

Aorta and pulmonary vascularity are normal.

Lung parenchyma and CP angles are clear.

Bilateral hilae and diaphragmatic contours are normal.

## IMPRESSION:

• Prominent pulmonary bronchovascular markings noted in bilateral lung fields.

Suggested Clinical Correlation & Follow up.

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DEPARTMENT OF HAEMATOLOGY				
Test Name	Result	Unit	Biological Ref. Range	Method

ESR (ERYTHROCYTE SEDIMENTATION RATE)					
Sample Type : WHOLE BLOOD EDTA					
ERYTHROCYTE SEDIMENTATION RATE	10	mm/1st hr	0 - 15		Capillary Photometry

#### COMMENTS:

ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency).

Falsely decreased levels may indicate: Sickle cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

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DEPARTMENT OF HAEMATOLOGY				
Test Name	Result	Unit	Biological Ref. Range	Method

BLOOD GROUP ABO & RH Typing				
Sample Type : WHOLE BLOOD EDTA				
ABO	0			
Rh Typing	POSITIVE			

Method: Hemagglutination Tube method by forward and reverse grouping

### COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings. Advsied cross matching before transfusion

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CBC(COMPLETE BLOOD COUNT)					
Sample Type : WHOLE BLOOD EDTA					
HAEMOGLOBIN (HB)	17.0	g/dl	13.0 - 17.0	Cyanide-free SLS method	
RBC COUNT(RED BLOOD CELL COUNT)	5.77	million/cmm	4.50 - 5.50	Impedance	
PCV/HAEMATOCRIT	52.9	%	40.0 - 50.0	RBC pulse height detection	
MCV	91.7	fL	83 - 101	Automated/Calculated	
MCH	31.3	pg	27 - 32	Automated/Calculated	
MCHC	34.2	g/dl	31.5 - 34.5	Automated/Calculated	
RDW - CV	12.5	%	11.0-16.0	Automated Calculated	
RDW - SD	44.3	fl	35.0-56.0	Calculated	
MPV	9.5	fL	6.5 - 10.0	Calculated	
PDW	16.3	fL	8.30-25.00	Calculated	
PCT	0.22	%	0.15-0.62	Calculated	
TOTAL LEUCOCYTE COUNT	8,560	cells/ml	4000 - 11000	Flow Cytometry	
DLC (by Flow cytometry/Microscopy)					
NEUTROPHIL	58	%	40 - 80	Impedance	
LYMPHOCYTE	32	%	20 - 40	Impedance	
EOSINOPHIL	03	%	01 - 06	Impedance	
MONOCYTE	07	%	02 - 10	Impedance	
BASOPHIL	00	%	0 - 1	Impedance	
PLATELET COUNT	2.31	Lakhs/cumm	1.50 - 4.10	Impedance	

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DEPARTMENT OF BIOCHEMISTRY						
Test Name	Test Name Result Unit Biological Ref. Range Method					

THYROID PROFILE (T3,T4,TSH)						
Sample Type : SERUM						
T3 1.02 ng/ml 0.60 - 1.78 CLIA						
T4 9.03 ug/dl 4.82-15.65 CLIA						
TSH	0.99	ulU/mL	0.30 - 5.60	CLIA		

#### INTERPRETATION:

- 1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- 2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- 3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propanolol and propylthiouracil.
- 5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- 6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes
- in non-thyroidal illness also.
  7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- 8. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.
- 9. REFERENCE RANGE:

PREGNANCY	TSH in uIU/ mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

 $(\ References\ range\ recommended\ by\ the\ American\ Thyroid\ Association)$ 

Comments:

- 1. During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
- 2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

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	LIVER FUNCTION TEST(LFT)				
Sample Type : SERUM					
TOTAL BILIRUBIN	0.48	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF	
CONJUGATED BILIRUBIN	0.13	mg/dl	0 - 0.2	DPD	
UNCONJUGATED BILIRUBIN	0.35	mg/dl		Calculated	
AST (S.G.O.T)	46	U/L	< 50	KINETIC WITHOUT P5P- IFCC	
ALT (S.G.P.T)	43	U/L	< 50	KINETIC WITHOUT P5P- IFCC	
ALKALINE PHOSPHATASE	67	U/L	30 - 120	IFCC-AMP BUFFER	
TOTAL PROTEINS	7.2	gm/dl	6.6 - 8.3	Biuret	
ALBUMIN	4.5	gm/dl	3.5 - 5.2	BCG	
GLOBULIN	2.7	gm/dl	2.0 - 3.5	Calculated	
A/G RATIO	1.67			Calculated	

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DEPARTMENT OF BIOCHEMISTRY						
Test Name	Test Name Result Unit Biological Ref. Range Method					

LIPID PROFILE					
Sample Type : SERUM					
TOTAL CHOLESTEROL	247	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase	
H D L CHOLESTEROL	40	mg/dl	> 40	Enzymatic/ Immunoinhibiton	
L D L CHOLESTEROL	142	mg/dl	Refere Table Below	Enzymatic Selective Protein	
TRIGLYCERIDES	784	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO	
VLDL	NA	mg/dl	< 35	Calculated	
T. CHOLESTEROL/ HDL RATIO	6.18		Refere Table Below	Calculated	
TRIGLYCEIDES/ HDL RATIO	19.6	Ratio	< 2.0	Calculated	
NON HDL CHOLESTEROL	207	mg/dl	< 130	Calculated	

As triglycerides level are >400 mg/dl, Friedwald'S equation is not suitable for the calculation of VLDL.

The LDL estimation is assayed directly.

Kindly correlate clinically

Interpretation

NATIONAL CHOLESTEROL EDUCATION PROGRAMME (NCEP)	TOTAL CHOLESTEROL	TRI GLYCERI DE	LDL CHOLESTEROL	NON HDL CHOLESTEROL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

REMARKS	Cholesterol : HDL Ratio
Low risk	3.3-4.4
Average risk	4.5-7.1
Moderate risk	7.2-11.0
High risk	>11.0

Note:

1. Measurements in the same patient can show physiological& analytical variations. Three serial samples 1 week apart are

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Dr. Sumalatha MBBS,DCP Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Biological Ref. Range	Method	

recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol

2. NLA-2014 identifies Non HDL Cholesterol(an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lpa, Chylomicron remnants)along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL &Non HDL.

3.Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved

4. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

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DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Biological Ref. Range	Method	

PSA (PROSTATE SPECIFIC ANTIGEN) - TOTAL					
Sample Type : SERUM					
PROSTATE SPECIFIC ANTIGEN	0.37	ng/mL	< 4.0		CLIA

### INTERPRETATION:

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertation (BPH), or inflammation of the prostate. Prostate manipulation by biopsy or rigorous physical activity may temporarily elevate PSA levels. The blood test should be done before surgery or six weeks after manipulation. The total PSA may be ordered at regular intervals during treatment of men who have been diagnosed with Prostate cancer and in prostatic cancer cases under observation.

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**CONTACT US** 



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DEPARTMENT OF BIOCHEMISTRY					
Test Name Result Unit Biological Ref. Range Method					

HBA1C						
Sample Type : WHOLE BLOOD EDTA						
HBA1c RESULT	6.4	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC		
ESTIMATED AVG. GLUCOSE	137	mg/dl				

#### Note

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .

2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate. HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long

term glycemic control .

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DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Biological Ref. Range	Method	

BLOOD UREA NITROGEN (BUN)					
Sample Type : Serum					
SERUM UREA	14	mg/dL	13 - 43	Urease GLDH	
Blood Urea Nitrogen (BUN)	6.5	mg/dl	5 - 25	GLDH-UV	

#### Increased In:

Impaired kidney function, Reduced renal blood flow {CHF, Salt and water depletion, (vomiting, diarrhea, diuresis, sweating), Shock}, Any obstruction of urinary tract, Increased protein catabolism, AMI, Stress

### Decreased In:

Diuresis (e.g. with over hydration), Severe liver damage, Late pregnancy, Infancy, Malnutrition, Diet (e.g., low-protein and high-carbohydrate, IV feedings only), Inherited hyperammonemias (urea is virtually absent in blood)

## Limitations:

Urea levels increase with age and protein content of the diet.

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DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Biological Ref. Range	Method	

FBS (GLUCOSE FASTING)							
Sample Type : FLOURIDE PLASMA							
FASTING PLASMA GLUCOSE 116 mg/dl 70 - 100 HEXOKINASE							

## INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

### Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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Dr. Sumalatha MBBS,DCP **Consultant Pathologist** 

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DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Biological Ref. Range	Method	

PPBS (POST PRANDIAL GLUCOSE)						
Sample Type : FLOURIDE PLASMA						
POST PRANDIAL PLASMA GLUCOSE 210 mg/dl <140 HEXOKINASE						

## **INTERPRETATION:**

#### <u>Increased In</u>

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

## Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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Test Name Result Unit Biological Ref. Range Method							

Received

SERUM CREATININE						
Sample Type : SERUM						
SERUM CREATININE	0.78	mg/dl	0.70 - 1.30	KINETIC-JAFFE		

### Increased In:

- Diet: ingestion of creatinine (roast meat), Muscle disease: gigantism, acromegaly,
- Impaired kidney function.

#### Decreased In:

- Pregnancy: Normal value is 0.4-0.6 mg/dL. A value >0.8 mg/dL is abnormal and should alert the clinician to further diagnostic evaluation.
- Creatinine secretion is inhibited by certain drugs (e.g., cimetidine, trimethoprim).

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DEPARTMENT OF BIOCHEMISTRY						
Test Name	Test Name Result Unit Biological Ref. Range Method					

GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)						
Sample Type : SERUM						
GGT	139	U/L	0 - 55.0	KINETIC-IFCC		

### INTERPRETATION:

GGT functions in the body as a transport molecule, helping to move other molecules around the body. It plays a significant role in helping the liver metabolize drugs and other toxins. Increased GGT include overuse of alcohol, chronic viral hepatitis, lack of blood flow to the liver, liver tumor, cirrhosis, or scarred liver, overuse of certain drugs or other toxins, heart failure, diabetes, pancreatitis, fatty liver disease.

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**Test Name** 

Hospital Name :

UHID/MR No : YGT.0000059391

Client Code : YOD-DL-0021

Barcode No : 10965258

Registration : 09/Mar/2024 08:56AM

Collected : 09/Mar/2024 09:01AM

Reported : 09/Mar/2024 10:34AM

: 09/Mar/2024 09:34AM

 DEPARTMENT OF BIOCHEMISTRY

 Result
 Unit
 Biological Ref. Range
 Method

Received

URIC ACID -SERUM						
Sample Type : SERUM						
SERUM URIC ACID		9.4	mg/dl	3.5 - 7.20	URICASE - PAP	

Interpretation

Uric acid is the final product of purine metabolism in the human organism. Uric acid measurements are used in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and of patients receiving cytotoxic drugs.

Verified By:
Dodda Gopi Chand



Approved By:



**Patient Name** : Mr. REDDY B VENKATA KRISHNA Client Code

Age/Gender : 41 Y 0 M 0 D /M Barcode No : 10965258

DOB

Registration : 09/Mar/2024 08:56AM

Ref Doctor : SELF Collected : 09/Mar/2024 09:01AM : MEDI WHEELS Client Name Received : 09/Mar/2024 09:34AM

Reported : F-701, Lado Sarai, Mehravli, N : 09/Mar/2024 10:34AM Client Add

Hospital Name

DEPARTMENT OF BIOCHEMISTRY						
Test Name	Result	Unit	Biological Ref. Range	Method		

UHID/MR No

: YGT.0000059391

: YOD-DL-0021

BUN/CREATININE RATIO									
Sample Type : SERUM									
Blood Urea Nitrogen (BUN)	6.5	mg/dl	5 - 25	GLDH-UV					
SERUM CREATININE	0.78	mg/dl	0.70 - 1.30	KINETIC-JAFFE					
BUN/CREATININE RATIO	8.30	Ratio	6 - 25	Calculated					

Verified By: Dodda Gopi Chand



Approved By:



Patient Name : Mr. REDDY B VENKATA KRISHNA

Age/Gender : 41 Y 0 M 0 D /M

DOB :

Ref Doctor : SELF

Client Name : MEDI WHEELS

Client Add : F-701, Lado Sarai, Mehravli, N

Hospital Name :

UHID/MR No : YGT.0000059391

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Registration : 09/Mar/2024 08:56AM

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Received :

Reported : 09/Mar/2024 12:53PM

## DEPARTMENT OF RADIOLOGY

## **2D ECHO DOPPLER STUDY**

MITRAL VALVE : Normal

AORTIC VALVE : Normal

TRICUSPID VALVE : Normal

PULMONARY VALVE : Normal

RIGHT ATRIUM : Normal

RIGHT VENTRICLE : Normal

LEFT ATRIUM : 3.5 cms

LEFT VENTRICLE : EDD : 4.5 cm IVS(d) :1.1 cm LVEF :65 %

ESD: 2.9 cm PW (d):1.1 cm FS :35 %

No RWMA

IAS : Intact

IVS : Intact

AORTA : 2.5cms

PULMONARY ARTERY : Normal

PERICARDIUM : Normal

IVS/ SVC/ CS : Normal

PULMONARY VEINS : Normal

INTRA CARDIAC MASSES: No

Verified By: Dodda Gopi Chand



Approved By:

Dr.B.Nagaraju MD(Internal Medicine) DN(CARDIOLOGY) APNC Reg.No 70760



Patient Name : Mr. REDDY B VENKATA KRISHNA

Age/Gender : 41 Y 0 M 0 D /M

DOB :

Ref Doctor : SELF

Client Name : MEDI WHEELS

Client Add : F-701, Lado Sarai, Mehravli, N

Hospital Name :

UHID/MR No : YGT.0000059391

Client Code : YOD-DL-0021

Barcode No : 10965258

Registration : 09/Mar/2024 08:56AM

Collected : 09/Mar/2024 08:56AM

Received :

Reported

: 09/Mar/2024 12:53PM

## DEPARTMENT OF RADIOLOGY

**DOPPLER STUDY:** 

MITRAL FLOW : E - 0.8m/sec, A -0.7 m/sec.

AORTIC FLOW : 1.3m/sec

PULMONARY FLOW : 1.1m/sec

TRICUSPID FLOW : TRJV :1.5 m/sec, RVSP - 25mmHg

COLOUR FLOW MAPPING: TRIVIAL TR

## **IMPRESSION:**

- \* MILD CONCENTRIC LVH
- \* NO RWMA OF LV
- \* GOOD LV FUNCTION
- \* NO MR/ NO AR/ NO PR
- \* TRIVIAL TR/ NO PAH
- \* NO PE / CLOT / VEGETATIONS.

Verified By:
Dodda Gopi Chand



Approved By:

Dr.B.Nagaraju MD(Internal Medicine) DN(CARDIOLOGY) APNC Reg.No 70760



**Patient Name** : Mr. REDDY B VENKATA KRISHNA Client Code : YOD-DL-0021

Age/Gender : 41 Y 0 M 0 D /M Barcode No : 10965258

DOB

Registration : 09/Mar/2024 08:56AM Ref Doctor : SELF Collected : 09/Mar/2024 09:01AM

: MEDI WHEELS Client Name Received : 09/Mar/2024 09:34AM

Reported : F-701, Lado Sarai, Mehravli, N : 09/Mar/2024 10:35AM Client Add

Hospital Name

DEPARTMENT OF CLINICAL PATHOLOGY							
Test Name	Result	Unit	Biological Ref. Range	Method			

UHID/MR No

: YGT.0000059391

C	CUE (COMPLETE U	RINE EXAMIN	NATION)	
Sample Type : SPOT URINE				
PHYSICAL EXAMINATION				
TOTAL VOLUME	20 ML	ml		
COLOUR	PALE YELLOW	$\Lambda$		
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.015		1.003 - 1.035	Bromothymol Blue
CHEMICAL EXAMINATION				
рН	6.5		4.6 - 8.0	Double Indicator
PROTEIN	NEGATIVE		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	NEGATIVE		NEGATIVE	Glucose Oxidase
UROBILINOGEN	NEGATIVE	mg/dl	< 1.0	Ehrlichs Reaction
KETONE BODIES	NEGATIVE	1/2	NEGATIVE	Nitroprasside
BILIRUBIN - TOTAL	NEGATIVE		Negative	Azocoupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction
MICROSCOPIC EXAMINATION				
PUS CELLS	1-2	cells/HPF	0-5	
EPITHELIAL CELLS	2-3	/hpf	0 - 15	
RBCs	NIL	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	
BACTERIA	NIL		Nil	
OTHER	NIL			

Verified By: Dodda Gopi Chand



Approved By:



Patient Name : Mr. REDDY B VENKATA KRISHNA

Age/Gender : 41 Y 0 M 0 D /M

DOB :

Ref Doctor : SELF

Client Name : MEDI WHEELS

Client Add : F-701, Lado Sarai, Mehravli, N

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DEPARTMENT OF CLINICAL PATHOLOGY						
Test Name	Result	Unit	Biological Ref. Range	Method		

\*\*\* End Of Report \*\*\*

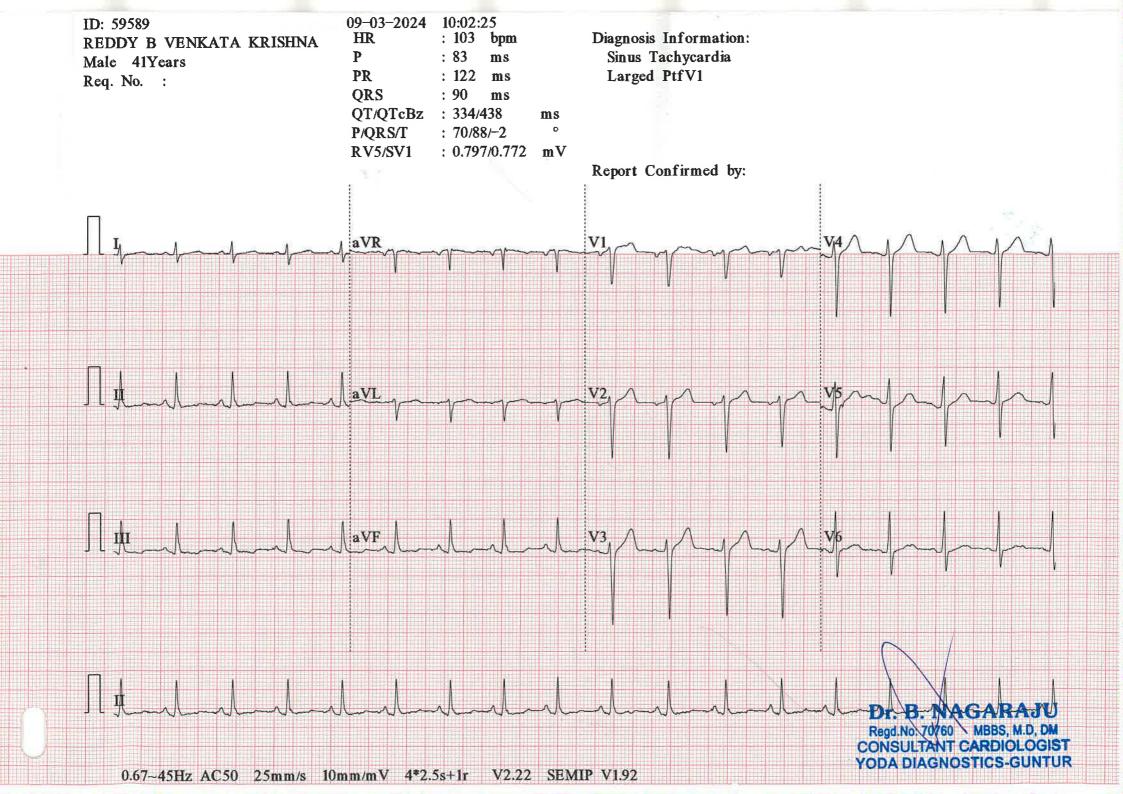
Verified By:
Dodda Gopi Chand



Approved By:







DATE:	19-0	3-24
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NAMI	E: VE	NKAT	AKA	ISHN	ARE	DDY
AGE	:41/	A A	DDRESS		3	
TYPE	OF LE	NS: GLA	ASS	CONTACT	S	
		CR		POLYCAR	BONATE	
COA	TINGS	: ARC		HARD C	TAC	
TINT		: Whi	te	SP2 P	HOTO GRI	EY
BIFO	CALS	: KRY	рток	EXECUTIV	/E	
		"D"	. 🗆	PROGRES	SSIVE	
		R		4.	L	
0	SPH	CYL	AXIS	SPH	CYL	AXIS
DV	nc				850	180
ADD			4175	Both	eye	4
INST	RUCTIO	ONS				
I.P.D		-	D,	V		
N V			CONSTA	NTUSE		

\*)



## Dr Keerthi Kishore

MBBS, MD (General Medicine) Consultant Physician & Diabetologist Reg. No. 64905

B.P. 140/90 MM/H9

PULSE: ...... 6+8
WEIGHT: ..7.8.... kgs

HEIGHT: **/.6.9**....

Name:Mx	Leddy	B.	venkata	Krishna	
Date:09/.03/	24 Age:	41	4Cans Sex:	Mclo	
Address:	C	aunt	μη		



Routine Health check up NO complaints HO Hepertenmon

NO HIO DMICADIPTE

Jup: Denovo Type 2DM/ Dyplibide mia LDL-142mg/dl TGL-78449 (dl HBAIC- 6.41. FBS - 116mg/01/

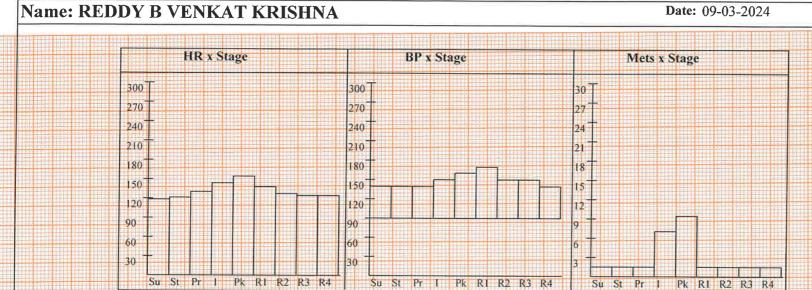
PPRS-210mg/dl In unic Acid - aungle 1) cowsalt Diet/ Drabete Piet Lowfat food

TOL TRIOLMEZECT (20/5/12.5) Tab. GLYCOMDISTESSOO.

4) TOB. JAKROSE-17
(10/160)
0 0 7 - 30)
5) COP. J-POWER
0 07-30)

Dr. KEERTHI KISHORE NAGALLA Regd.No: 64905 MBBS, M.D. General Medicin CONSULTANT GENERAL PHYSICIAN YODA DIAGNOSTICS-GUNTUR





# Interpretation

The Patient Exercised according to Bruce Protocol for 0:05:23 achieving a work level of 6.3 METS.

Resting Heart Rate, initially 118 bpm rose to a max, heart rate of 154bpm (83% of Predicted Maximum Heart Rate).

Resting Blood Pressure of 140/90 mmHg, rose to a maximum Blood Pressure of 170/90 mmHg

- \* No Significant ST-T Changes During Excercise & Recovery
- \* Fair Excercise Tolerance
- \* Test is Negative for Excercise Induced Ischemia.

Dr. B. MAGARAJU

Regd.No: 70769 MBBS, M.D. DM

CONSULTANT CARDIOLOGIST

YODA DIAGNOSTICS-GUNTUR

Doctor: DR.B NAGARAJU

(Summary Report edited by User)

Time: 11:30

Ref. Doctor: SELF

Schiller Cardiovit CS-10 Version 3.5

Name: REDDY B VENKAT KRISHNA

Date: 09-03-2024

Time: 11:30

Age: 41

Gender: M

Height: 169 cms Weight: 78 Kg ID: 59589

Clinical History: HTN+

Medications: YES

**Test Details:** 

Protocol: Bruce

Predicted Max HR: 185

Target HR: 157 (85% of Pr. MHR)

Exercise Time:

Max BP:

0:05:23 170/90

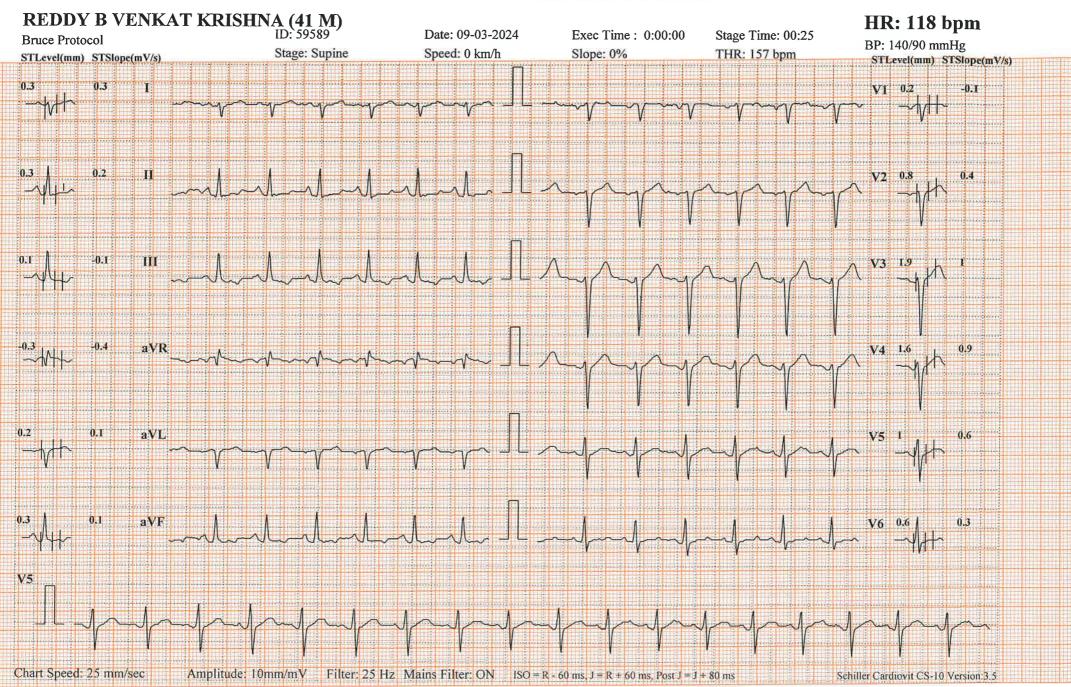
Achieved Max HR: 154 (83% of Pr. MHR) Max BP x HR: 26180

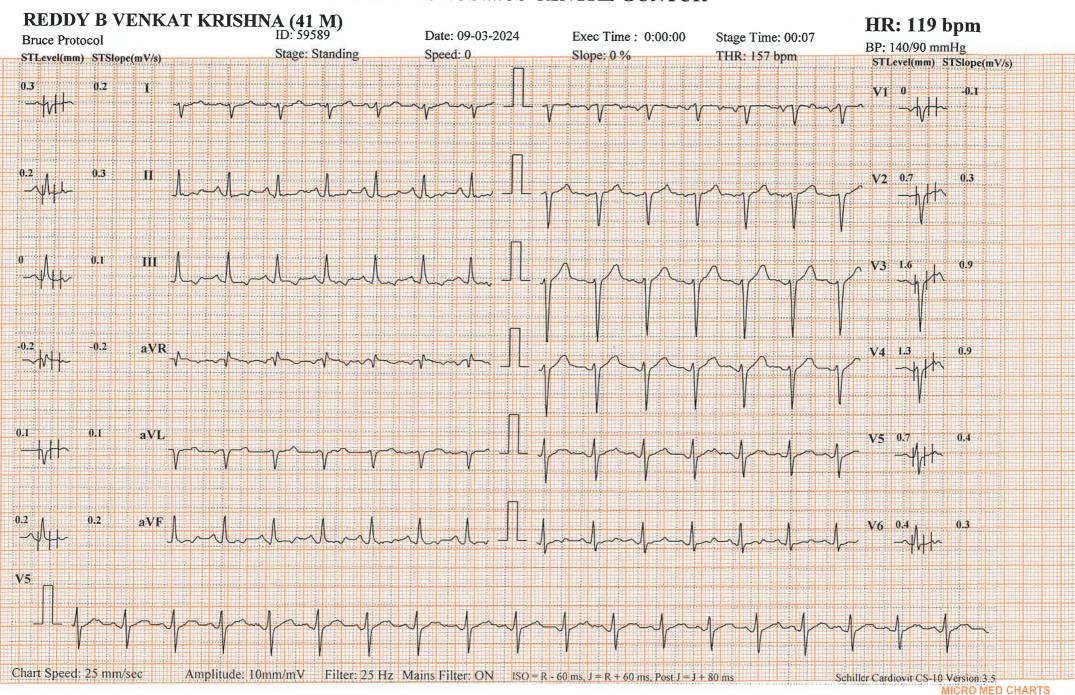
Max Mets: 6.3

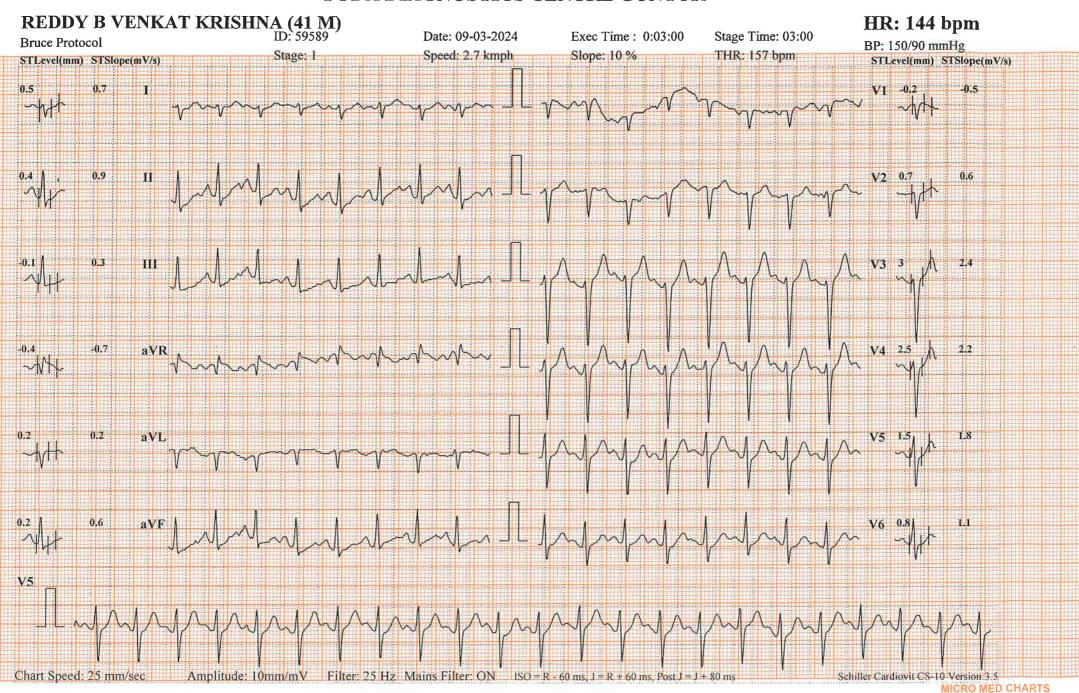
Test Termination Criteria:

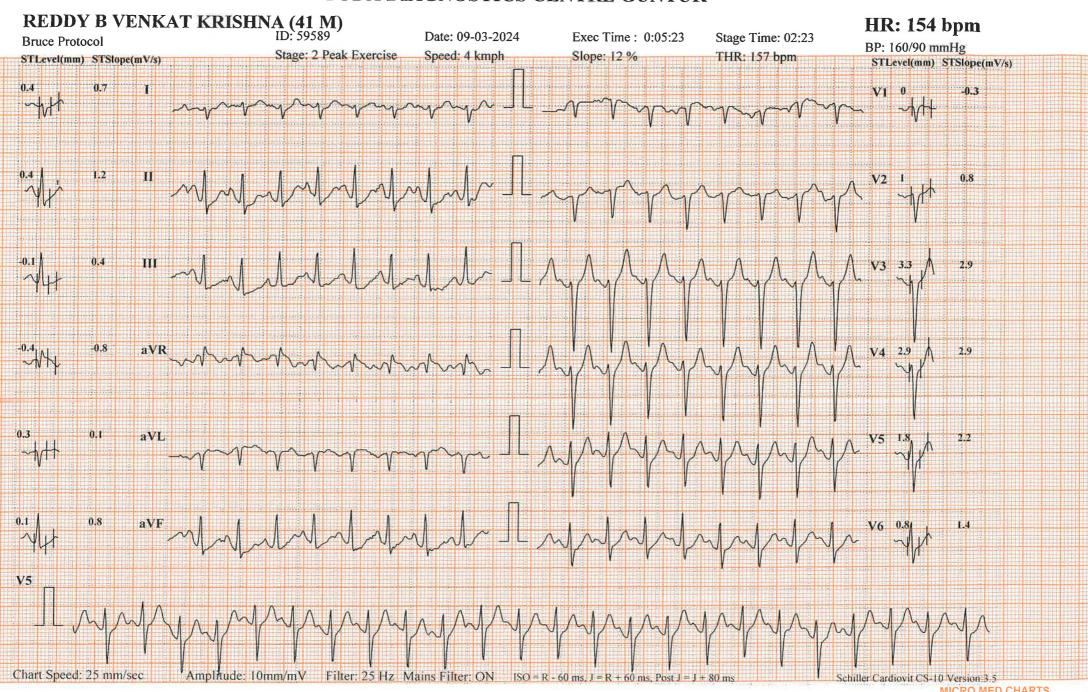
# Protocol Details:

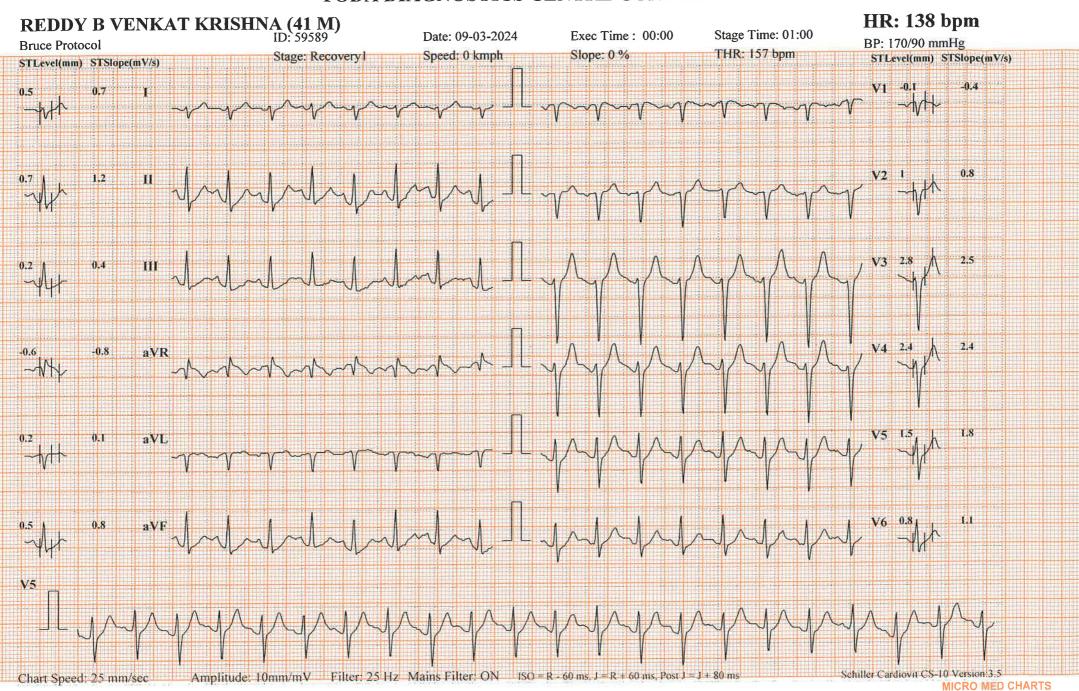
Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate	BP mmHg	RPP	ST Level	ST Slope mV/S
Supine	00:25		0	0	118	140/90	16520	1.9 V3	1.2 V3
Standing	00:07	i i	0	0	121	140/90	16940	1,6 V3	0.9 V3
PreTest	00:44		1.6	Ō	130	140/90	18200	1.5 V3	0.9 V3
Stage: 1	03:00	4.7	2.7	10	144	150/90	21600	2.9 V3	2.3 V3
Peak Exercise	02:23	6.3	4	12	154	160/90	24640	3.2 V3	2.8 V3
Recoveryl	01:00		0	0	138	170/90	23460	2.7 V3	2.4 V3
Recovery2	01:00		О	0	127	150/90	19050	2.1 V3	1.8 V3
Recovery3	01:00	1	0	Ö	124	150/90	18600	1.6 V3	1.4 V3
Recovery4	00:20	1	0	0	124	140/90	17360	1.3 V3	1.1 V3

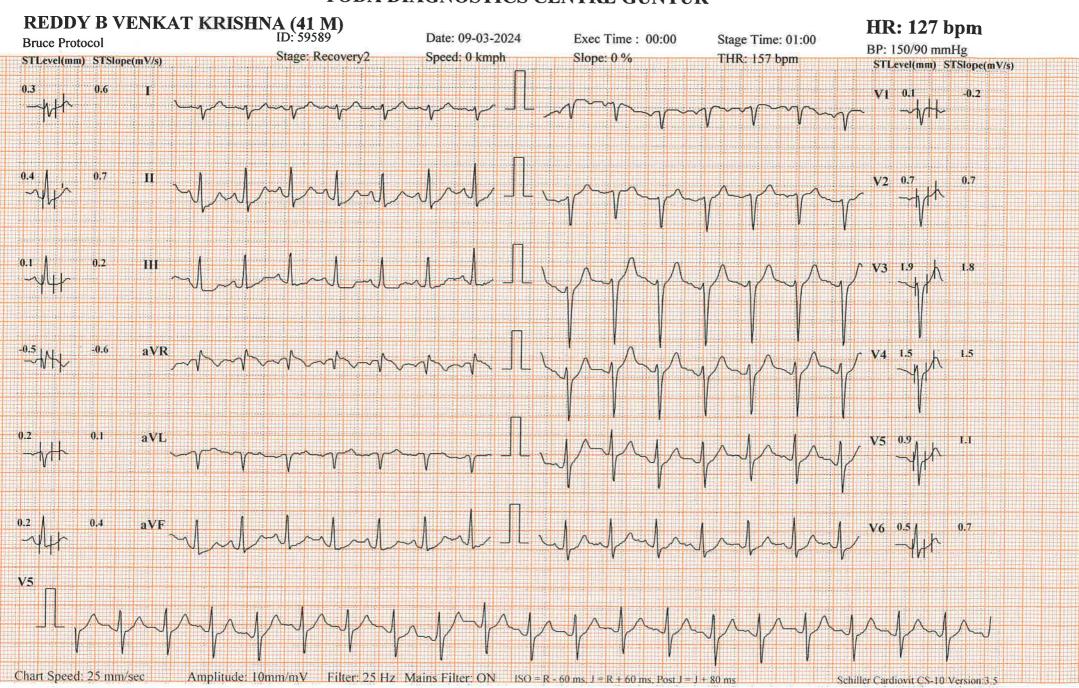


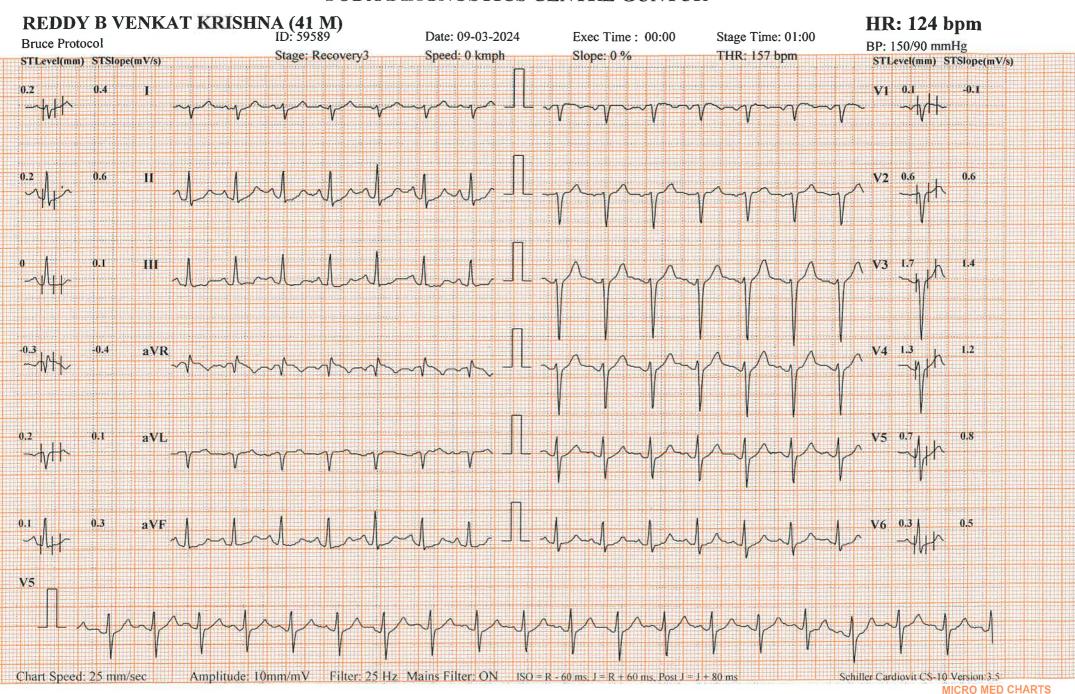


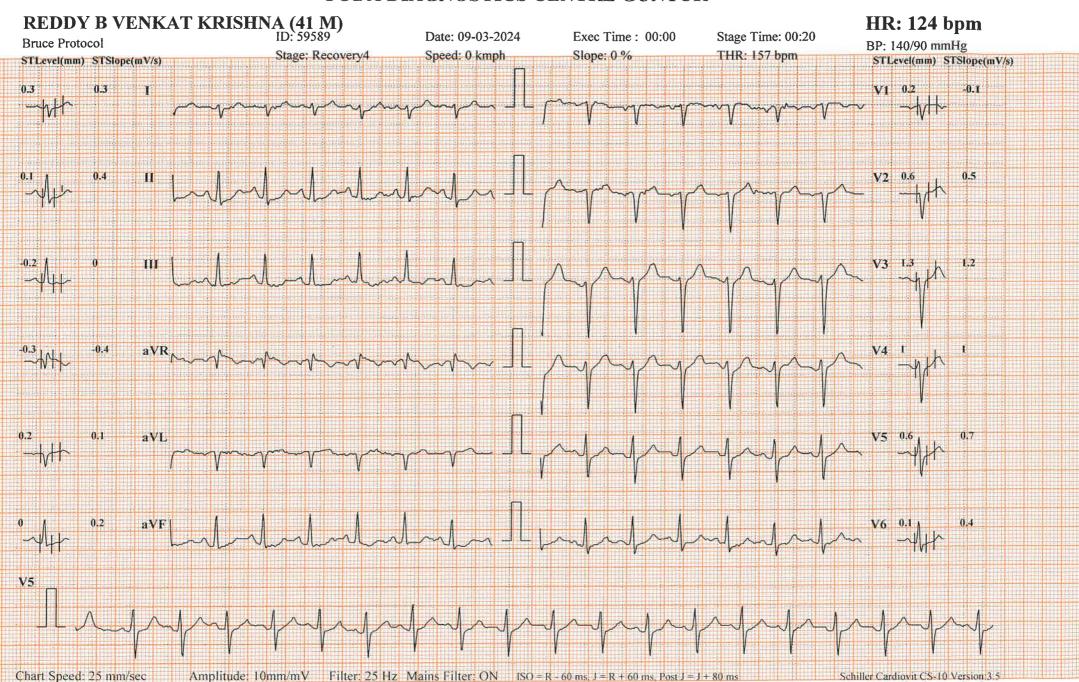


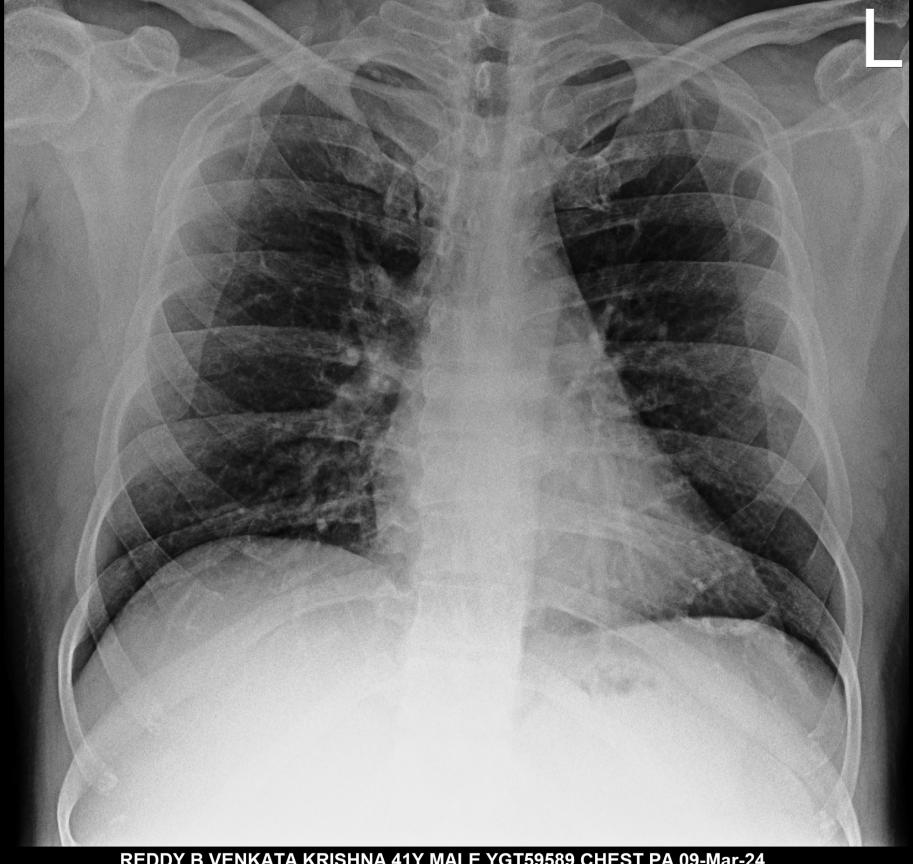












REDDY B VENKATA KRISHNA 41Y MALE YGT59589 CHEST PA 09-Mar-24
YODA DIAGNOSTICS