

Visit ID	: YGT63616	UHID/MR No	: YGT.0000063410
Patient Name	: Mr. KROVI GURUNATH	Client Code	: YOD-DL-0021
Age/Gender	: 46 Y 0 M 0 D /M	Barcode No	: 10994339
DOB	:	Registration	: 29/Mar/2024 08:08AM
Ref Doctor	: SELF	Collected	: 29/Mar/2024 08:08AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 12:37PM
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**DEPARTMENT OF RADIOLOGY****ULTRASOUND WHOLE ABDOMEN**

Clinical Details : General check-up.

LI VER : Normal in size(14.2 cm) and 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 and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 10.4x 4.8 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 10.1 x4.5 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 (volume-18 cc) 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:**

- No obvious sonological abnormality detected.  
suggested clinical correlation and further evaluation.

Verified By :  
Kollipara Venkateswara Rao



Approved By :

  
Dr.SUSHMA VUYURU  
MBBS;MD(Radio-Diagnosis)  
CONSULTANT RADIOLOGIST

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**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**ESR (ERYTHROCYTE SEDIMENTATION RATE)**

**Sample Type : WHOLE BLOOD EDTA**

ERYTHROCYTE SEDIMENTATION RATE	15	mm/1st hr	0 - 15	Capillary Photometry
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**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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**BLOOD GROUP ABO & RH Typing**

**Sample Type : WHOLE BLOOD EDTA**

ABO	O			
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. Advsieid cross matching before transfusion

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**CBC (COMPLETE BLOOD COUNT)**


**Sample Type : WHOLE BLOOD EDTA**

HAEMOGLOBIN (HB)	15.6	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	5.13	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	46.5	%	40.0 - 50.0	RBC pulse height detection
MCV	90.7	fL	83 - 101	Automated/Calculated
MCH	30.4	pg	27 - 32	Automated/Calculated
MCHC	33.6	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.5	%	11.0-16.0	Automated Calculated
RDW - SD	43.7	fl	35.0-56.0	Calculated
MPV	9.1	fL	6.5 - 10.0	Calculated
PDW	16.7	fL	8.30-25.00	Calculated
PCT	0.19	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	5,940	cells/ml	4000 - 11000	Flow Cytometry
<b>DLC (by Flow cytometry/Microscopy)</b>				
NEUTROPHIL	53	%	40 - 80	Impedance
LYMPHOCYTE	36	%	20 - 40	Impedance
EOSINOPHIL	02	%	01 - 06	Impedance
MONOCYTE	09	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	2.14	Lakhs/cumm	1.50 - 4.10	Impedance

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**DEPARTMENT OF BIOCHEMISTRY**

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**THYROID PROFILE (T3,T4,TSH)**

**Sample Type : SERUM**

T3	1.30	ng/ml	0.60 - 1.78	CLIA
T4	9.38	ug/dl	4.82-15.65	CLIA
TSH	2.97	uIU/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 propranolol 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)**

<b>Sample Type : SERUM</b>				
TOTAL BILIRUBIN	0.54	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.10	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.44	mg/dl		Calculated
AST (S.G.O.T)	28	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	30	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	54	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.6	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.3	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.3	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.87			Calculated

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LIPID PROFILE				
Sample Type : SERUM				
TOTAL CHOLESTEROL	<b>268</b>	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	50	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	143.2	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	<b>374</b>	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	<b>74.8</b>	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	5.36		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	<b>7.48</b>	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	<b>218</b>	mg/dl	< 130	Calculated

Interpretation				
NATIONAL CHOLESTEROL EDUCATION PROGRAMME (NCEP)	TOTAL CHOLESTEROL	TRI GLYCERIDE	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:

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol
- 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.
- Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 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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**PSA (PROSTATE SPECIFIC ANTIGEN) - TOTAL**

**Sample Type : SERUM**

PROSTATE SPECIFIC ANTIGEN	0.62	ng/mL	< 4.0	CLIA
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**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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**HBA1C**

**Sample Type : WHOLE BLOOD EDTA**


HBA1c RESULT	5.9	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	123	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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**BLOOD UREA NITROGEN (BUN)**

**Sample Type : Serum**

SERUM UREA	23	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	10.8	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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**FBS (GLUCOSE FASTING)**

**Sample Type : FLOURIDE PLASMA**

FASTING PLASMA GLUCOSE	100	mg/dl	70 - 100	HEXOKINASE
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**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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**PPBS (POST PRANDIAL GLUCOSE)**

**Sample Type : FLOURIDE PLASMA**

POST PRANDIAL PLASMA GLUCOSE	103	mg/dl	<140	HEXOKINASE
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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

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

<b>Visit ID</b>	: YGT63616	UHID/MR No	: YGT.0000063410
<b>Patient Name</b>	: Mr. KROVI GURUNATH	Client Code	: YOD-DL-0021
Age/Gender	: 46 Y 0 M 0 D /M	Barcode No	: 10994339
DOB	:	Registration	: 29/Mar/2024 08:08AM
Ref Doctor	: SELF	Collected	: 29/Mar/2024 08:10AM
Client Name	: MEDI WHEELS	Received	: 29/Mar/2024 11:08AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 11:48AM
Hospital Name	:		

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**SERUM CREATININE**

**Sample Type : SERUM**

SERUM CREATININE	1.02	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).

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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



<b>Visit ID</b> : YGT63616	<b>UHID/MR No</b> : YGT.0000063410
<b>Patient Name</b> : Mr. KROVI GURUNATH	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 46 Y 0 M 0 D /M	<b>Barcode No</b> : 10994339
<b>DOB</b> :	<b>Registration</b> : 29/Mar/2024 08:08AM
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<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 29/Mar/2024 11:48AM
<b>Hospital Name</b> :	

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)**

**Sample Type : SERUM**

GGT	22	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.

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

<b>Visit ID</b>	: YGT63616	UHID/MR No	: YGT.0000063410
<b>Patient Name</b>	: Mr. KROVI GURUNATH	Client Code	: YOD-DL-0021
Age/Gender	: 46 Y 0 M 0 D /M	Barcode No	: 10994339
DOB	:	Registration	: 29/Mar/2024 08:08AM
Ref Doctor	: SELF	Collected	: 29/Mar/2024 08:10AM
Client Name	: MEDI WHEELS	Received	: 29/Mar/2024 11:08AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 11:48AM
Hospital Name	:		

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**URIC ACID -SERUM**

<b>Sample Type : SERUM</b>				
SERUM URIC ACID	5.2	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 :  
Kollipara Venkateswara Rao



Approved By :

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

<b>Visit ID</b> : YGT63616	<b>UHID/MR No</b> : YGT.0000063410
<b>Patient Name</b> : Mr. KROVI GURUNATH	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 46 Y 0 M 0 D /M	<b>Barcode No</b> : 10994339
<b>DOB</b> :	<b>Registration</b> : 29/Mar/2024 08:08AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 29/Mar/2024 08:10AM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 29/Mar/2024 11:08AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 29/Mar/2024 11:48AM
<b>Hospital Name</b> :	

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**BUN/CREATININE RATIO**

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	10.8	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	1.02	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	10.50	Ratio	6 - 25	Calculated

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

Visit ID	: YGT63616	UHID/MR No	: YGT.0000063410
Patient Name	: Mr. KROVI GURUNATH	Client Code	: YOD-DL-0021
Age/Gender	: 46 Y 0 M 0 D /M	Barcode No	: 10994339
DOB	:	Registration	: 29/Mar/2024 08:08AM
Ref Doctor	: SELF	Collected	: 29/Mar/2024 08:08AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 04:07PM
Hospital Name	:		

**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 : 2.5 cms  
LEFT VENTRICLE : EDD : 3.0cm IVS(d) : 1.0cm LVEF : 76 %  
ESD : 2.0 cm PW (d) : 1.0cm FS : 42%  
No RWMA  
IAS : Intact  
IVS : Intact  
AORTA : 2.4cms  
PULMONARY ARTERY : Normal  
PERICARDIUM : Normal  
IVS/ SVC/ CS : Normal  
PULMONARY VEINS : Normal  
INTRA CARDIAC MASSES : No

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

Visit ID	: YGT63616	UHID/MR No	: YGT.0000063410
Patient Name	: Mr. KROVI GURUNATH	Client Code	: YOD-DL-0021
Age/Gender	: 46 Y 0 M 0 D /M	Barcode No	: 10994339
DOB	:	Registration	: 29/Mar/2024 08:08AM
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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 04:07PM
Hospital Name	:		

**DEPARTMENT OF RADIOLOGY**

DOPPLER STUDY :

MITRAL FLOW : E - 0.6 m/sec, A - 0.4m/sec.  
AORTIC FLOW : 0.9m/sec  
PULMONARY FLOW : 0.7m/sec  
TRICUSPID FLOW : TRJV :1.1 m/sec, RVSP - 21mmHg

COLOUR FLOW MAPPING: NORMAL


IMPRESSION :

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

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

<b>Visit ID</b> : YGT63616	<b>UHID/MR No</b> : YGT.0000063410
<b>Patient Name</b> : Mr. KROVI GURUNATH	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 46 Y 0 M 0 D /M	<b>Barcode No</b> : 10994339
<b>DOB</b> :	<b>Registration</b> : 29/Mar/2024 08:08AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 29/Mar/2024 08:10AM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 29/Mar/2024 09:20AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 29/Mar/2024 10:24AM
<b>Hospital Name</b> :	

**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**CUE (COMPLETE URINE EXAMINATION)**

**Sample Type : SPOT URINE**

**PHYSICAL EXAMINATION**

TOTAL VOLUME	25 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.010		1.003 - 1.035	Bromothymol Blue

**CHEMICAL EXAMINATION**

pH	6.0		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		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	2-3	cells/HPF	0-5	
EPITHELIAL CELLS	1-2	/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 :  
Kollipara Venkateswara Rao



Approved By :

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

Visit ID	: YGT63616	UHID/MR No	: YGT.0000063410
Patient Name	: Mr. KROVI GURUNATH	Client Code	: YOD-DL-0021
Age/Gender	: 46 Y 0 M 0 D /M	Barcode No	: 10994339
DOB	:	Registration	: 29/Mar/2024 08:08AM
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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 10:24AM
Hospital Name	:		

**DEPARTMENT OF CLINICAL PATHOLOGY**


Test Name	Result	Unit	Biological Ref. Range	Method
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**\*\*\* End Of Report \*\*\***

Verified By :  
Kollipara Venkateswara Rao



Approved By :

  
Dr. Sumalatha  
MBBS, DCP  
Consultant Pathologist



भारत सरकार

GOVERNMENT OF INDIA



गुरुनाथ क्रोवी

Gurunath Krovi

जन्म वर्ष/YoB:1977

पुरुष Male



4732 3215 8016

**आधार** - आम आदमी का अधिकार





भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता:

S/O: क्रोवी सीटरमैयाह, 11-  
435, अम्बती नगर एररबलें,  
मंगलागीरी, मंगलागीरी,

गुंटूर

आंध्र प्रदेश, 522503

Address:

S/O: Krovi Seetaramaiah, 11-  
435, ambti nagar yerrabalem,  
Mangalagiri, Mangalagiri,  
Guntur

Andhra Pradesh, 522503

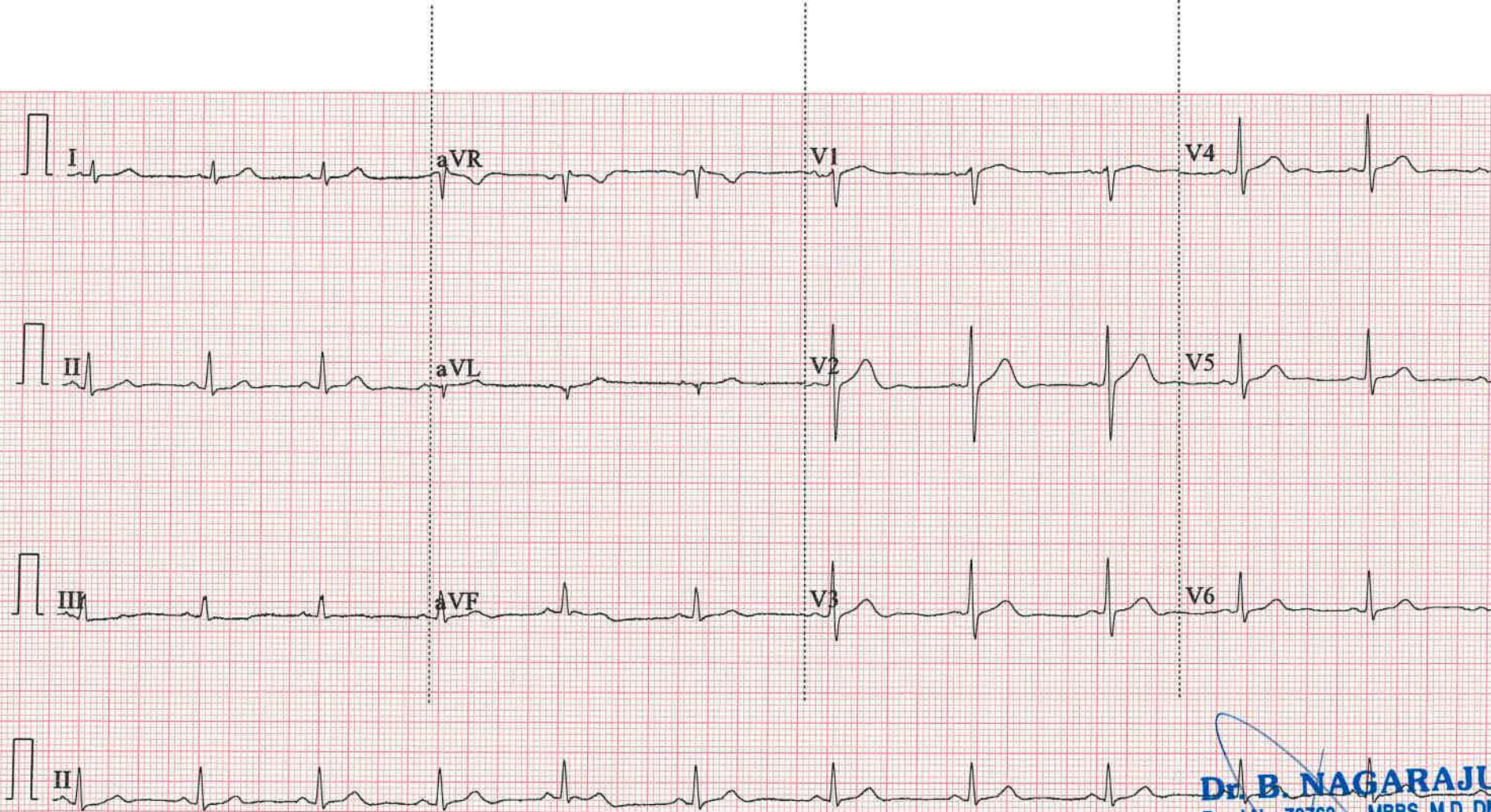
**Aadhaar - Aam Aadmi ka Adhikar**

ID: 63616  
Krovi Gurunath  
Male 46Years  
Req. No. :

29-03-2024 10:01:02  
HR : 69 bpm  
P : 93 ms  
PR : 130 ms  
QRS : 75 ms  
QT/QTcBz : 364/392 ms  
P/QRS/T : 63/69/29 °  
RV5/SV1 : 0.804/0.477 mV

Diagnosis Information:  
Sinus Arrhythmia

Report Confirmed by:



**Dr. B. NAGARAJU**  
Regd.No: 70760 MBBS, M.D, DM  
CONSULTANT CARDIOLOGIST  
YODA DIAGNOSTICS-GUNTUR

DATE: 29/3/24

NAME: KRISHNA GURUNATH

AGE: 46/M ADDRESS: \_\_\_\_\_

TYPE OF LENS: GLASS  CONTACTS

CR  POLYCARBONATE

COATINGS : ARC  HARD COAT

TINT: : White  SP2  PHOTO GREY

BIFOCALS : KRYPTOK  EXECUTIVE

"D"  PROGRESSIVE

	R			L		
	SPH	CYL	AXIS	SPH	CYL	AXIS
DV	<u>+125</u>			<u>+125</u>		
ADD		<u>+175</u>		<u>Both eyes</u>		

INSTRUCTIONS \_\_\_\_\_

I.P.D. \_\_\_\_\_ D.V. \_\_\_\_\_

N.V. \_\_\_\_\_ CONSTANT USE \_\_\_\_\_

Name: ..... *Krovi Gurusath* .....  
 Date: *29/03/24* ..... Age: *46 years* ..... Sex: *male* .....  
 Address: ..... *Guntur* .....



Routine Health checkup

no Headache (on & off)

since childhood

NO H/O HTN / DM / CA

LDL - 143 mg/dl

TGCL - 374 mg/dl

HBA1C - 5.9%

1) Low Fat Food

2) TAK. JAKROSE - F

0 0 +

60

TEMP: ..... *(P)* .....  
 B.P: *130/80* mm/Hg  
 PULSE: *76* ..... *b/s*  
 WEIGHT: *71* ..... *kg*  
 HEIGHT: *1.76* ..... *cm*

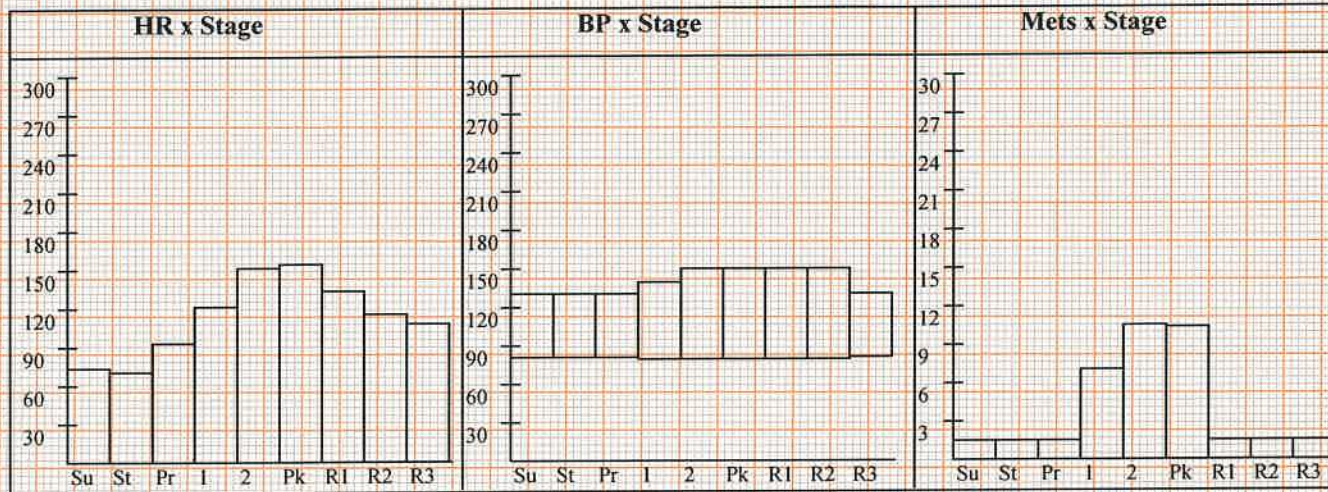
**Dr. KEERTHI KISHORE NAGALLA**  
 Regd.No: 64905 MBBS, M.D. General Medicine  
 CONSULTANT GENERAL PHYSICIAN  
 YODA DIAGNOSTICS-GUNTUR

# YODA DIAGNOSTICS CENTRE GUNTUR

**Name: KROVI GURUNATH**

**Date: 29-03-2024**

**Time: 12:04**



## Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:10 achieving a work level of 7 METS.  
 Resting Heart Rate, initially 73 bpm rose to a max. heart rate of 155bpm (86% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 130/80 mmHg, rose to a maximum Blood Pressure of 150/80 mmHg  
 \* No Significant ST-T Changes During Exercise & Recovery  
 \* Fair Exercise Tolerance  
 \* Test is Negative for Exercise Induced Ischemia.

**Dr. B. NAGARAJU**  
 Regd.No: 70760 MBBS, M.D, DM  
 CONSULTANT CARDIOLOGIST  
 YODA DIAGNOSTICS-GUNTUR

**Ref. Doctor: SELF**

**Doctor: DR.B NAGARAJU**

## YODA DIAGNOSTICS CENTRE GUNTUR

**Name: KROVI GURUNATH** **Date: 29-03-2024** **Time: 12:04**  
**Age: 46** **Gender: M** **Height: 176 cms** **Weight: 71 Kg** **ID: 63616**  
**Clinical History: NO**  
**Medications: NO**

**Test Details:**  
**Protocol: Bruce** **Predicted Max HR: 180** **Target HR: 153 (85% of Pr. MHR)**  
**Exercise Time: 0:06:10** **Achieved Max HR: 155 (86% of Pr. MHR)**  
**Max BP: 150/80** **Max BP x HR: 23250** **Max Mets: 7**  
**Test Termination Criteria:**

**Protocol Details:**

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	ST Level mm	ST Slope mV/S
Supine	00:13	1	0	0	73	130/80	9490	1.4 V3	0.7 V3
Standing	00:27	1	0	0	70	130/80	9100	1.4 V3	0.8 V3
PreTest	00:23	1	1.6	0	93	130/80	12090	1.3 V3	0.7 V3
Stage: 1	03:00	4.7	2.7	10	121	140/80	16940	1.1 V2	1.4 V3
Stage: 2	03:00	7	4	12	151	150/80	22650	1.5 V2	2.1 V3
Peak Exercise	00:10	6.9	5.5	14	155	150/80	23250	1.6 V3	2.6 V3
Recovery1	01:00	1	0	0	133	150/80	19950	2.3 V3	2.8 V3
Recovery2	01:00	1	0	0	115	150/80	17250	1.8 V3	2.2 V3
Recovery3	00:44	1	0	0	108	130/80	14040	1.4 V2	1.9 V3

# YODA DIAGNOSTICS CENTRE GUNTUR

**KROVI GURUNATH (46 M)**

Bruce Protocol

ID: 63616

Date: 29-03-2024

Exec Time : 00:00

Stage Time: 00:05

**HR: 72 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 kmph

Grade: 0%

THR: 153 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R + 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version 3.5

# YODA DIAGNOSTICS CENTRE GUNTUR

**KROVI GURUNATH (46 M)**

Bruce Protocol

ID: 63616

Date: 29-03-2024

Exec Time : 00:00

Stage Time: 00:10

**HR: 70 bpm**

Stage: Standing

Speed: 0 kmph

Grade: 0%

THR: 153 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

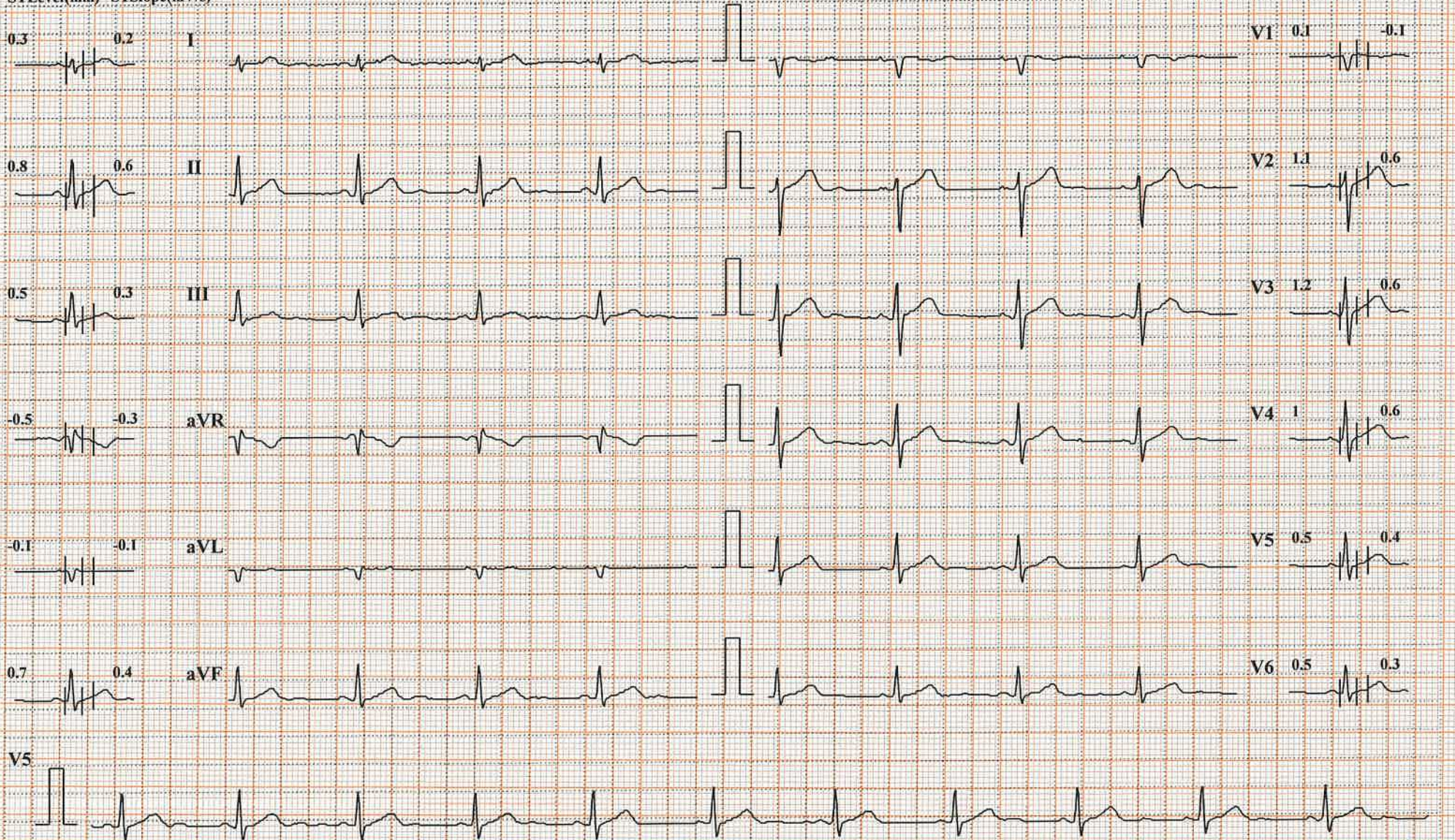


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version:3.5

MICRO MED CHARTS



# YODA DIAGNOSTICS CENTRE GUNTUR

**KROVI GURUNATH (46 M)**

Bruce Protocol

ID: 63616

Date: 29-03-2024

Exec Time : 0:02:58

Stage Time: 02:58

**HR: 122 bpm**

Stage: 1

Speed: 2.7 kmph

Grade: 10%

THR: 153 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

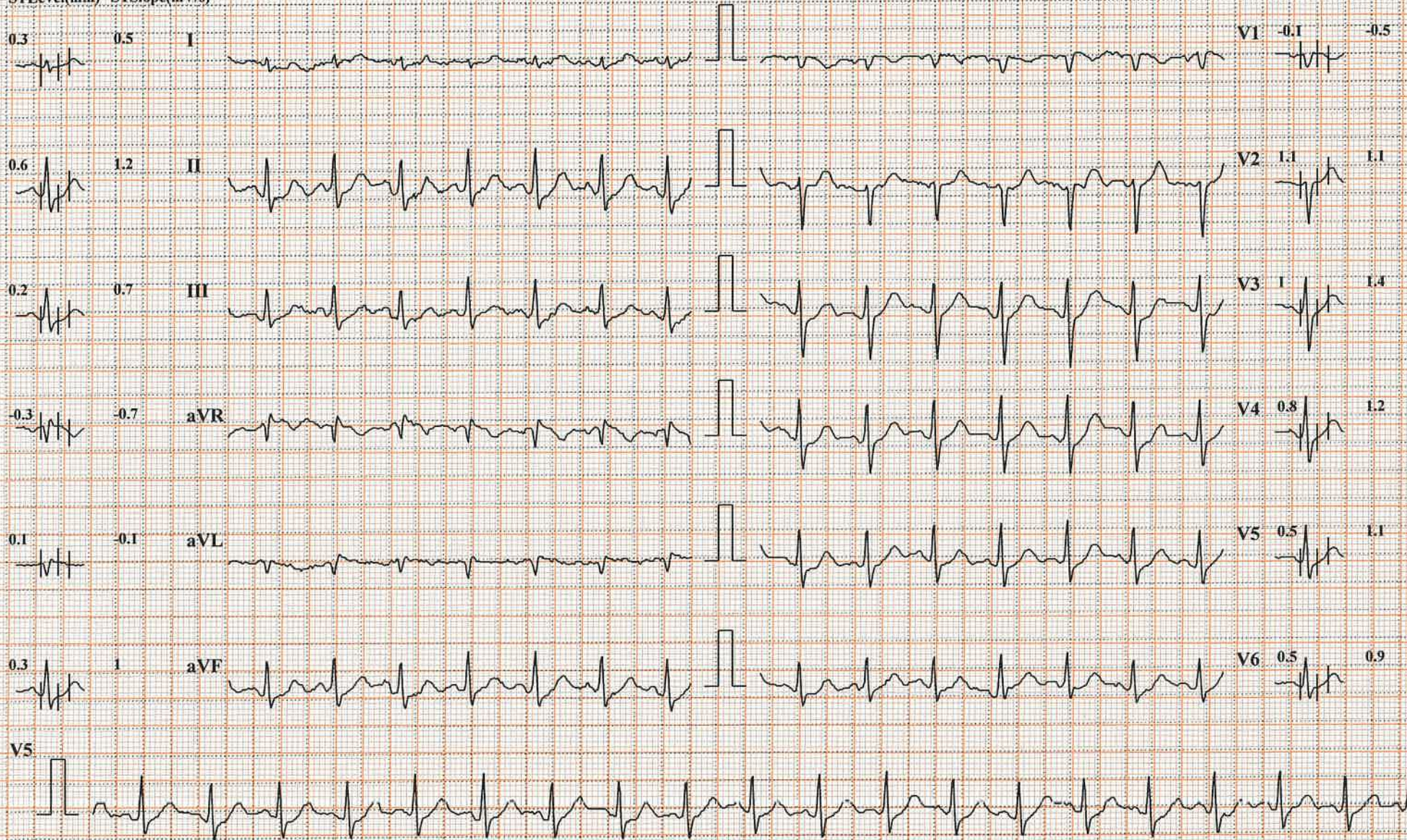


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version:3.5

# YODA DIAGNOSTICS CENTRE GUNTUR

**KROVI GURUNATH (46 M)**

Bruce Protocol

ID: 63616

Date: 29-03-2024

Exec Time : 0:06:00

Stage Time: 02:59

**HR: 154 bpm**

STLevel(mm) STSlope(mV/s)

Stage: 2

Speed: 4 kmph

Grade: 12%

THR: 153 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

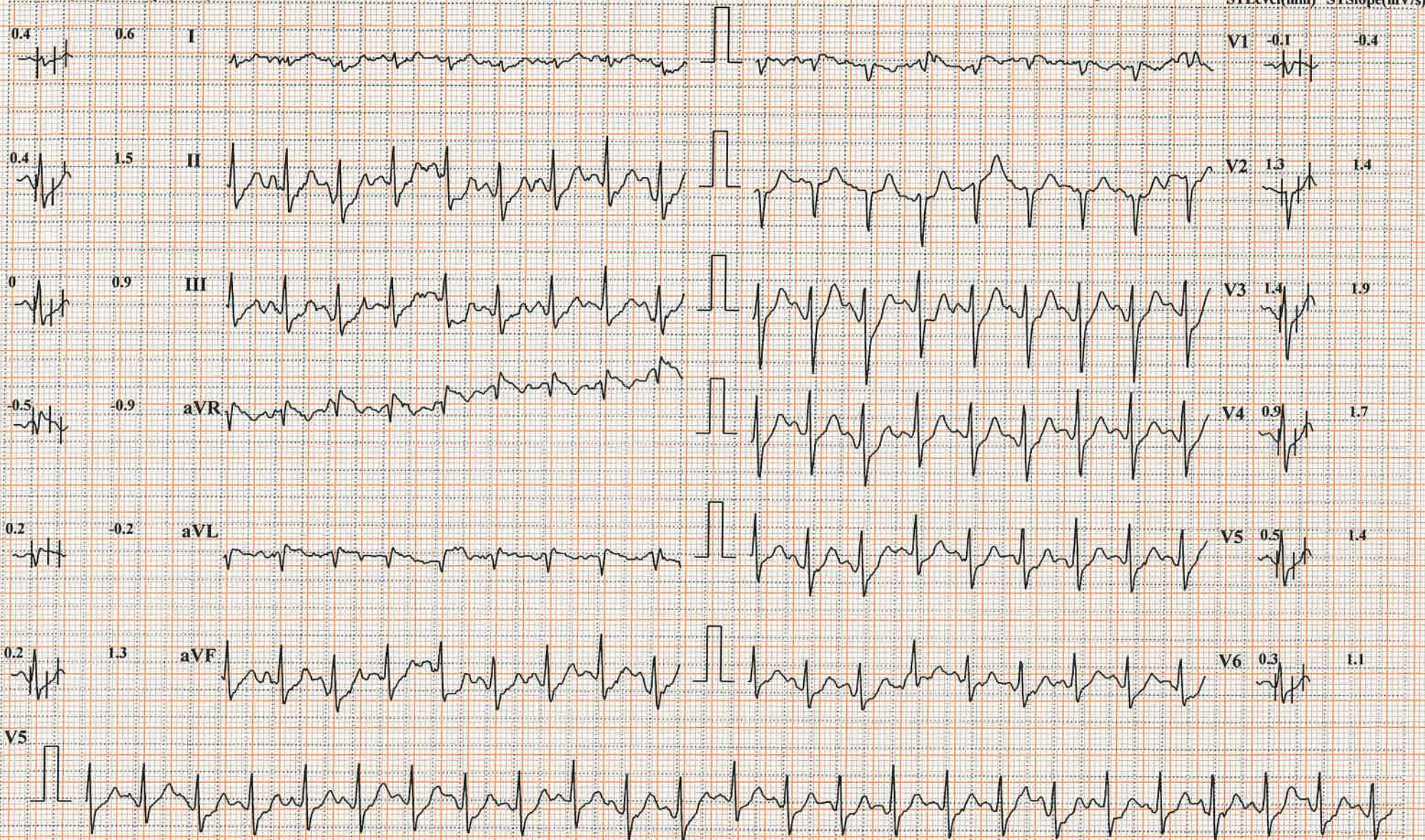


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version 3.5

# YODA DIAGNOSTICS CENTRE GUNTUR

**KROVI GURUNATH (46 M)**

Bruce Protocol

ID: 63616

Date: 29-03-2024

Exec Time : 0:06:08

Stage Time: 00:08

**HR: 155 bpm**

Stage: Peak Exercise

Speed: 5.5 kmph

Grade: 14%

THR: 153 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

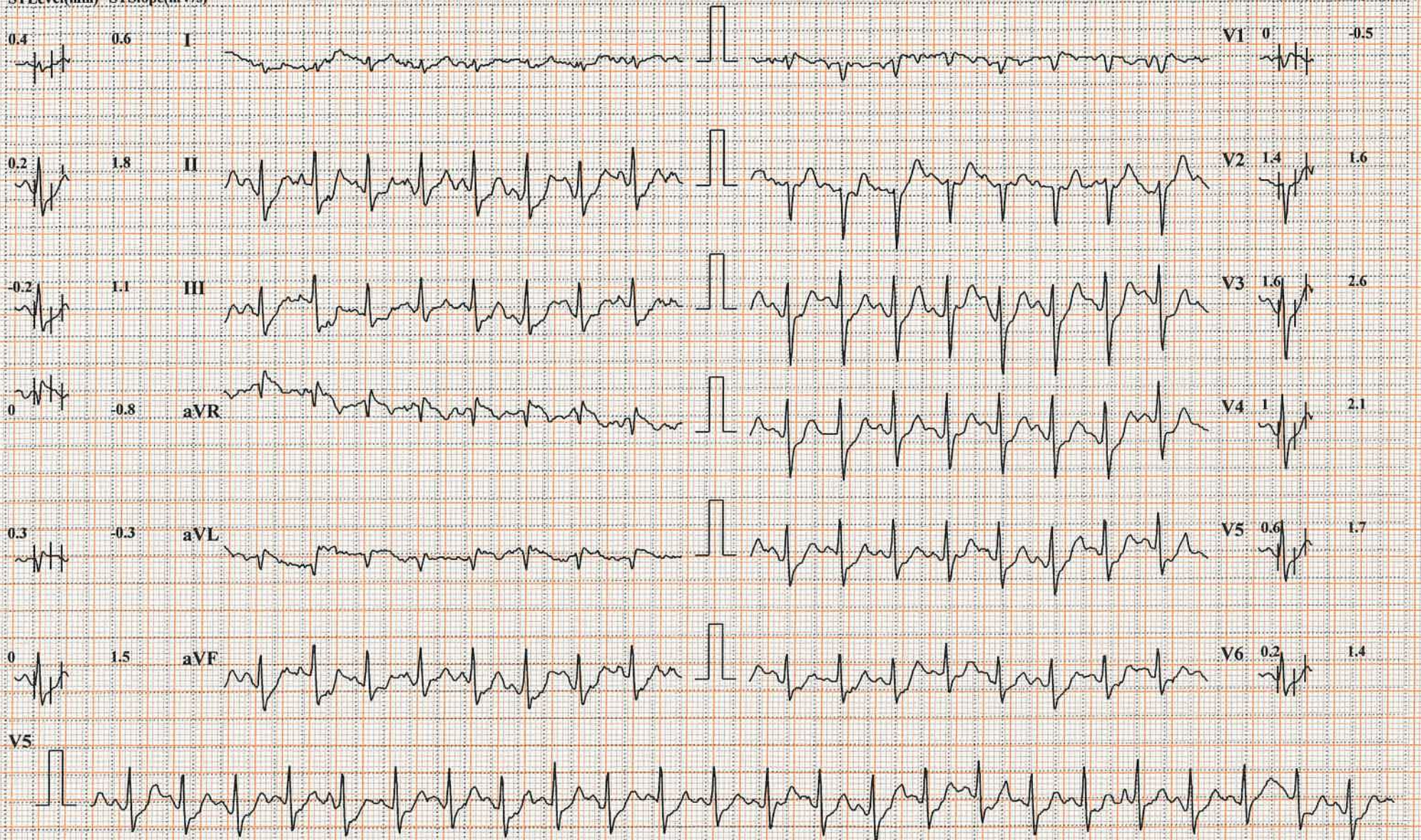


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version: 3.5

# YODA DIAGNOSTICS CENTRE GUNTUR

**KROVI GURUNATH (46 M)**

ID: 63616

Date: 29-03-2024

Exec Time : 00:00

Stage Time: 00:58

**HR: 133 bpm**

Bruce Protocol

Stage: Recovery I

Speed: 0 kmph

Grade: 0%

THR: 153 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

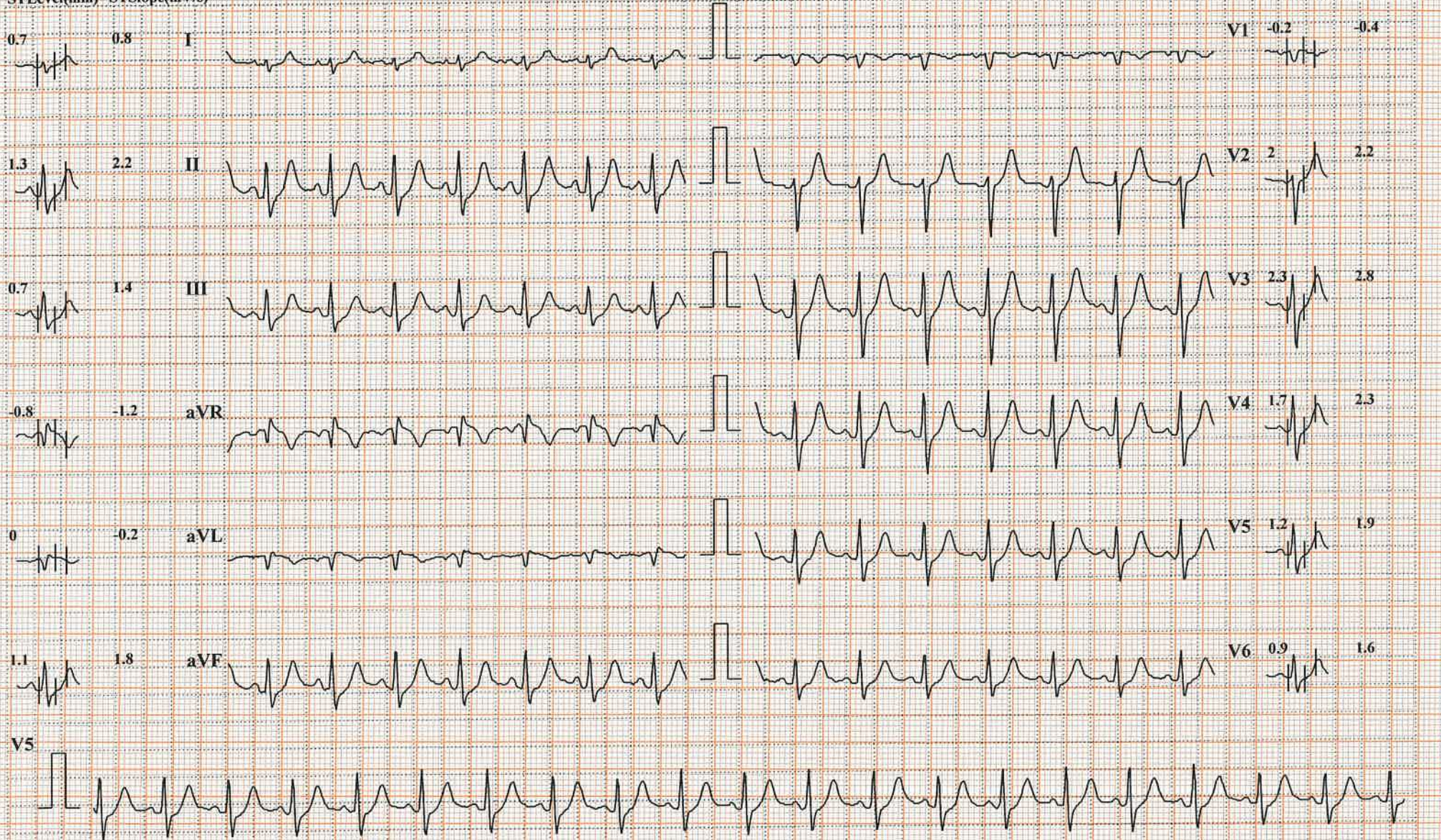


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV Filter: 25 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version 3.5

# YODA DIAGNOSTICS CENTRE GUNTUR

**KROVI GURUNATH (46 M)**

Bruce Protocol

ID: 63616

Date: 29-03-2024

Exec Time : 00:00

Stage Time: 00:59

**HR: 114 bpm**

Stage: Recovery2

Speed: 0 kmph

Grade: 0%

THR: 153 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

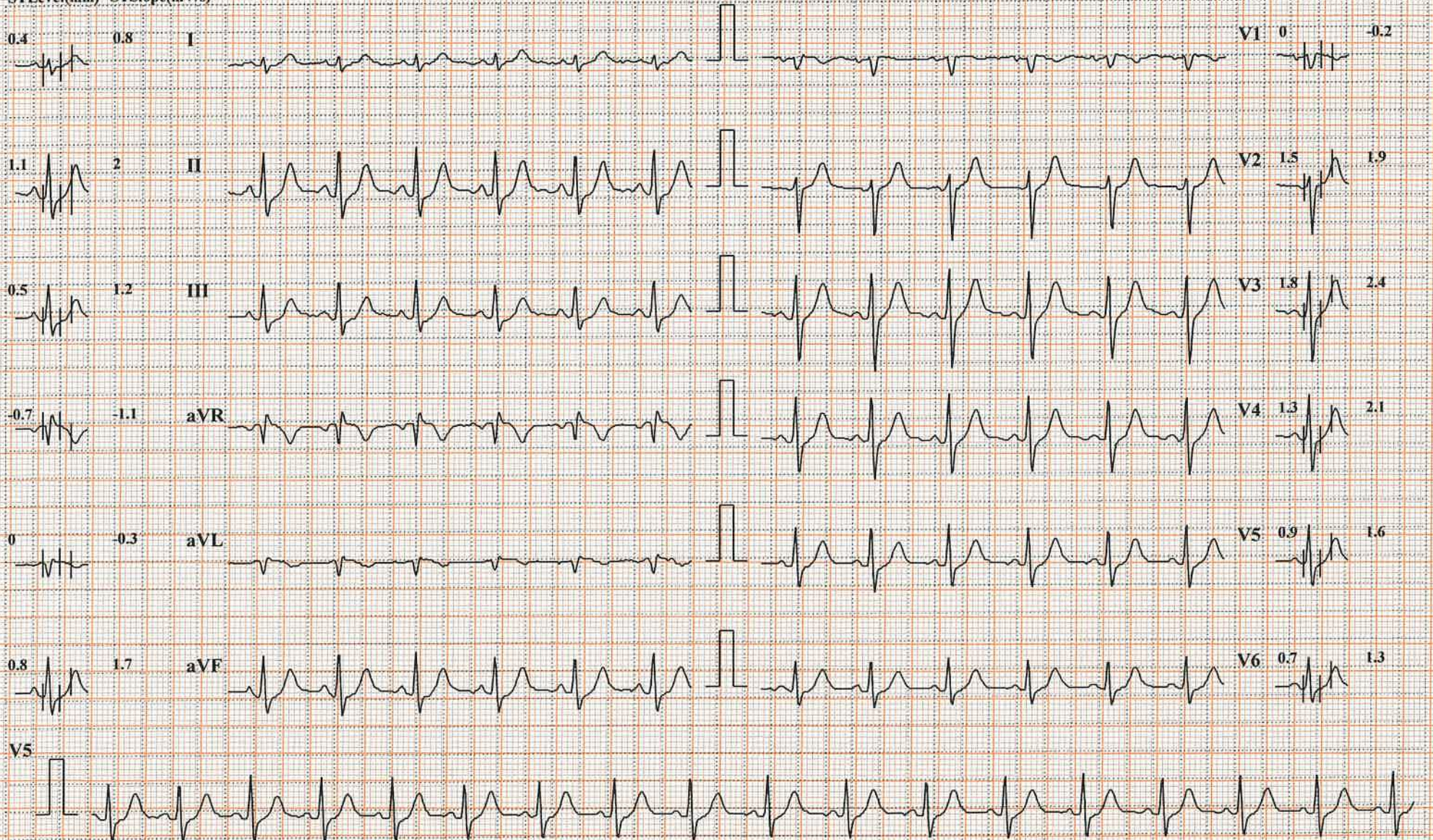


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version: 3.5

# YODA DIAGNOSTICS CENTRE GUNTUR

**KROVI GURUNATH (46 M)**

Bruce Protocol

ID: 63616

Date: 29-03-2024

Exec Time : 00:00

Stage Time: 00:42

**HR: 109 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Grade: 0%

THR: 153 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

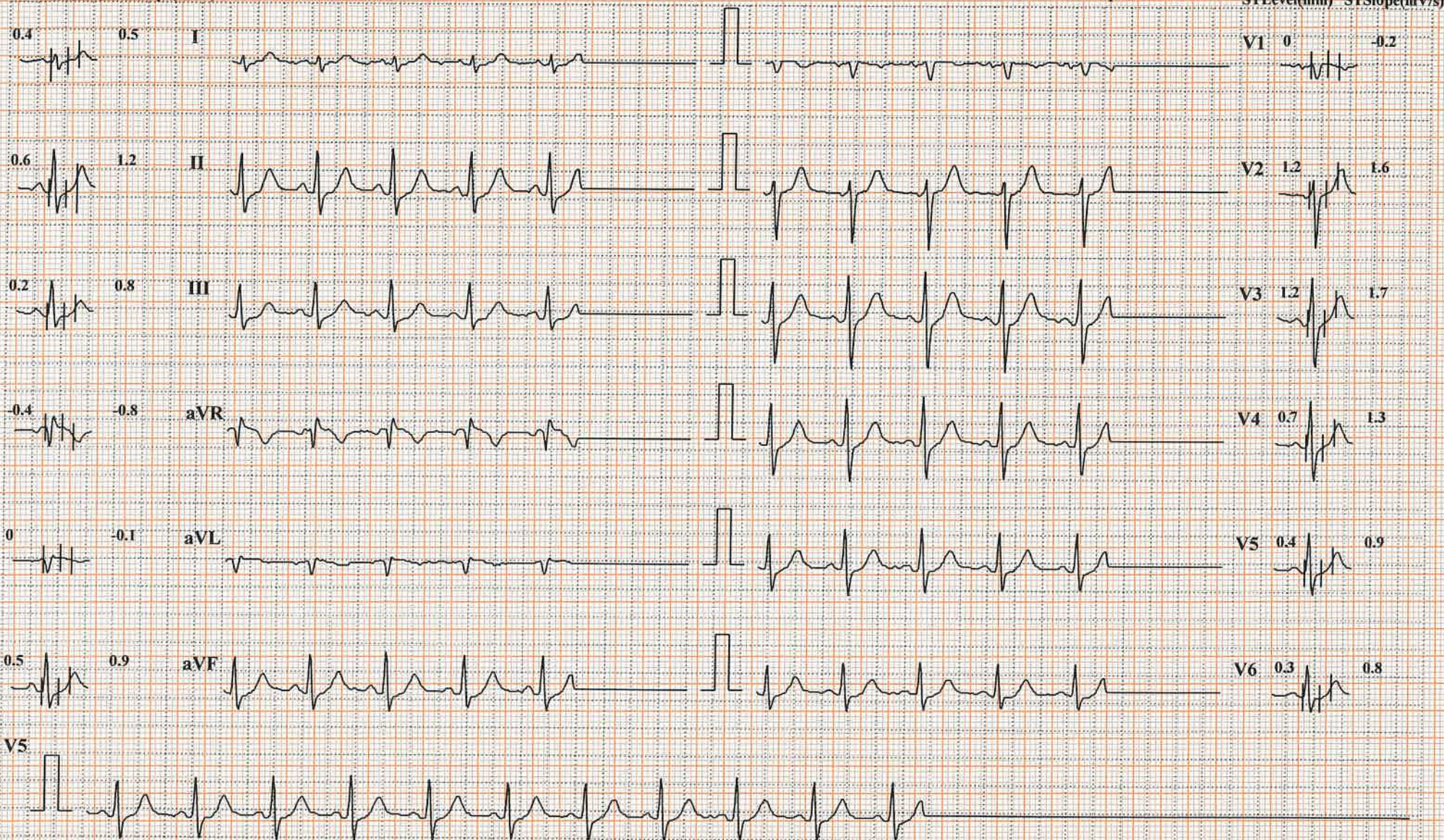


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

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