

Patient Name	Mr. MADABAMULA CHINRA PPO	Date	22/8/24
Sex	MALE	UHID No	
Occupation	BAUR EMPLOYEE	Ref By	
		Phone No	8919818979
		Email	

HEALTH ASSESSMENT FORM

A - GENERAL EXAMINATION

CHIEF COMPLAINTS
PAST HISTORY
MEDICAL HISTORY

NO				
Hypertension	Asthama	Heart Disease	Thyroid Disorder	Allergy
NO	NO	NO	NO	NO
Diabetes	Stroke	Kidney Disorder	Tuberculosis	Liver Disorder
NO	NO	NO	NO	NO
Other History				

SURGICAL HISTORY

Piles	Fissures	Fistula	Hernia	Gall Bladder Stone
NO	NO	NO	NO	NO

CURRENT MEDICATIONS

Sr. No	Complaints	Dosage	Duration
	NO		

BMI - 25.8


P. Ter. ature Oedema Heart Sound	M. MADHABATTULA	Weight	77.2 kg
	124/90 mmHg	Height	173 cm
	64/MU	SPO2	99%
	APEB	Peripheral Pulses	PALPABLE
	NO	Breath Sound	Clear; AFBT

B - SYSTEMIC EXAMINATION


FILL YES/NO

CONSTITUTIONAL		GENITOURINARY SYSTEM		
Fever	/ NO	Frequency of urine	/ NO	
Chills		Blood in urine		
Recent weight gain		Incomplete empty of bladder		
EYES		OBS/GYNE.		
Eye pain	/ NO	Nycturia	/ NO	
Spots before eyes		Dysuria		
Dry eyes		Urge Incontinence		
Wearing glasses		Abnormal bleed		
Vision changes	/ NO	Vaginal Discharge	/ NO	
Itchy eyes		Irregular menses		
		Midcycle bleeding		
EAR/NOSE/THROAT		MUSCULOSKELETAL		
Earaches	/ NO	Joint swelling	/ NO	
Nose bleeds		Joint pain		
Sore throat		Limb swelling		
Loss of hearing		Joint stiffness		
Sinus problems				
Dental problems		INTEGUMENTARY (SKIN)		
CARDIOVASCULAR		Acne	/ NO	
Chest pain	/ NO	Breast pain		
Heart rate is fast/slow		Change in mole		
Palpitations		Breast		
Leg swelling		NEUROLOGICAL		
RESPIRATORY		Confused	/ NO	
Shortness of breath	/ NO	Sensation in limbs		
Cough		Migraines		
Orthopnoea		Difficulty walking		
Wheezing		PSYCHIATRIC		
Dyspnoea	/ NO	Suicidal	/ NO	
Respiratory distress in sleep		Change in personality		
GASTROINTESTINAL		Anxiety		
Abdominal pain		/ NO		Sleep Disturbances
Constipation				Depression
Heartburn				Emotional
Vomiting				
Diarrhoea				
Melena				

भारत सरकार
GOVERNMENT OF INDIA



మాదాబత్తుల చిన్న రావు
Madabattula Chinna Rao
పుట్టిన సం./YoB:1982
పురుషుడు Male



7385 7834 3783

ఆధార్ - ఆధార్ - సామాన్యమానవుడి హక్కు

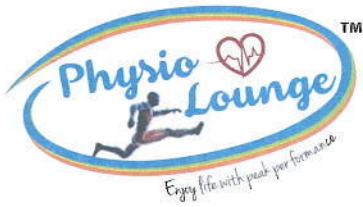
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Dr. HANISH DEVADIGA
CONSULTANT ECHOCARDIOLOGIST
Reg. No. 2003/09/3427

VRX HEALTHCARE PVT. LTD.
(Physio Lounge & Diagnolounge)
104-105, 1st Floor, Asmi Dreamz,
At Junction Of S.V. Road, & M. G. Road,
Goregaon (West), Mumbai-400104.

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Report

VRX HEALTH CARE PVT. LTD.

Name	: MR. MADABATTULA CHINNA RAO	Id	: VRX-38431
Age/Gender	: 41 Years 10 Months /M	Registered On	: 23/03/2024 08:46
Referred By	: MEDIWHEEL	Collected Time	: 23/03/2024 09:22
		Reported On	: 23/03/2024 15:47

Investigations	Observed Value	Bio. Ref. Interval	METHOD
CBC-COMplete BLOOD COUNT			
HAEMOGLOBIN	15.5	13.0 - 17.0 gm/dl	
RBC COUNT	5.45	4.5 - 5.5 Millions/Cmm	
PACKED CELL VOLUME	46.6	40.0 - 50.0 %	
MEAN CORP VOL (MCV)	85.5	83.0 - 101.0 fL	
MEAN CORP HB (MCH)	28.44	27 - 32 pg	
MEAN CORP HB CONC (MCHC)	33.26	31.5 - 34.5 g/dl	
RDW	13.3	11.6 - 14.0 %	
WBC COUNT	5.0	4.0 - 10.0 *1000/cmm	
NEUTROPHILS	43.2	40 - 80 %	
LYMPHOCYTES	44.5	20 - 40 %	
EOSINOPHILS	2.5	1 - 6 %	
MONOCYTES	9.6	2 - 10 %	
BASOPHILS	0.2		
PLATELETS COUNT	229	150 - 410 *1000/Cmm	
PLATELETS ON SMEAR	Adequate		
MPV	7.8	6.78 - 13.46 %	
PDW	18.2	9 - 17 %	
RBC MORPHOLOGY	NORMOCYTIC NORMOCHROMIC		

REMARKS

EDTA Whole Blood - Tests done on Automated NIHON KOHDEN MEK-7300K 5 Part Analyzer. (Haemoglobin by Photometric and WBC, RBC, Platelet count by Impedance method, WBC differential by Floating Discriminator Technology and other parameters are calculated) All Abnormal Haemograms are reviewed and confirmed microscopically. Differential count is based on approximately 10,000 cells.

INTERPRETATION

--- End of the Report ---

NRJain

Dr. Vipul Jain
M.D.(PATH)

APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G





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Investigations	Observed Value	Bio. Ref. Interval	METHOD
<u>MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE</u>			
ESR	12	< 20 mm at the end of 1Hr.	WESTERGREN
INTERPRETATION <i>ESR(Erythrocyte Sedimentation Rate)-The ESR measures the time required for erythrocytes from a whole blood sample to settle to the bottom of a vertical tube. Factors influencing the ESR include red cell volume, surface area, density, aggregation, and surface charge. The ESR is a sensitive, but nonspecific test that is frequently the earliest indicator of disease. It often rises significantly in widespread inflammatory disorders due to infection or autoimmune mechanisms. Such elevations may be prolonged in localized inflammation and malignancies. Increased ESR: may indicate pregnancy, acute or chronic inflammation, tuberculosis, rheumatic fever, paraproteinemias, rheumatoid arthritis, some malignancies, or anemia. Decreased ESR: may indicate polycythemia, sickle cell anemia, hyperviscosity, or low plasma protein.</i>			
BLOOD GROUP	O POSITIVE		SLIDE AGGLUTINATION - FORWARD GROUPING

--- End of the Report ---

NRS

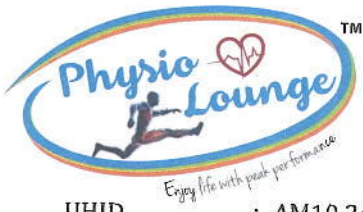
Dr. Vipul Jain
M.D.(PATH)

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Report

VRX HEALTH CARE PVT. LTD.

UHID : AM10.24000000001
 Patient Name : MR. MADABATTULA CHINNA RAO
 Age : 41 Yrs 10 Month
 Gender : MALE
 Ref. Doctor : SELF
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A036592
 Registered On : 23/03/2024,11:51 AM
 Collected On : 23/03/2024,12:10 PM
 Reported On : 23/03/2024,04:06 PM
 SampleID :

REPORT

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycylated Haemoglobin) WB-EDTA			
HbA1c (Glycylated Haemoglobin)	5.8	%	Normal <5.7 % Pre Diabetic 5.7 - 6.4 % Diabetic >6.5 % Target for Diabetes on therapy < 7.0 % Re-evaluation of therapy > 8.0 % Reference ADA Diabetic Guidelines 2013.

Method : HPLC (High Performance Liquid Chromatography)

Mean Blood Glucose 119.2 mg/dL

Method : Calculated

Corelation of A1C with average glucose

A1C (%)	Mean Blood Glucose (mg/dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

Interpretation :

1.The HbA1c levels corelate with the mean glucose concentration prevailling in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose. This Methodology is better then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb varaints and uremia does not INTERFERE with the results in this methodology.

2.It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts.& every 3 - 4 months in well controlled daibetics.

3.Mean blood glucose (MBG) in first 30 days (0-30)before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels

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Dr Suvarna Deshpande
MD (Path)
Reg.No.83385

Apasama
Dr Aparna Jairam
MD (Path)
Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"





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Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE			
Lipid Test			
TOTAL CHOLESTEROL	185.4	130 - 200 mg/dl	
TRIGLYCERIDES	71.0	25 - 160 mg/dl	
HDL CHOLESTEROL	37.0	35 - 80 mg/dl	
LDL CHOLESTEROL	134.2	< 100 mg/dl	
VLDL CHOLESTEROL	14.2	7 - 35 mg/dl	
LDL-HDL RATIO	3.63	< 3.5 mg/dl	
TC-HDL CHOLESTEROL RATIO	5.01	2.5 - 4.0 mg/dl	
INTERPRETATION			
SAMPLE : SERUM, PLAIN			
Note : Non HDL is the best risk predictor of all cholesterol measures, both for CAD(Coronary Artery Diseases) events and for strokes. High Risk patients like Diabetics, Hypertension .With family history of IHD, Smokers, the Desirable reference values for cholesterol & Triglyceride are further reduced by 10 mg % each.			
*VLDL and LDL Calculated.			
(References : Interpretation of Diagnostic Tests by Wallach's)			
Technique : Fully Automated Pentra C-200 Biochemistry Analyzer.			
**All Test Results are subjected to stringent international External and Internal Quality Control Protocols.			

--- End of the Report ---

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Dr. Vipul Jain
M.D.(PATH)

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE			
LIVER FUNCTION TEST			
SGOT	28.0	5 - 40 U/L	
SGPT	20.0	5 - 45 U/L	
TOTAL BILIRUBIN	0.61	0.1 - 1.2 mg/dl	
DIRECT BILIRUBIN	0.19	Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl	
INDIRECT BILIRUBIN	0.42	0.1 - 1.0 mg/dl	
TOTAL PROTEINS	7.9	6.0 - 8.3 g/dl	
ALBUMIN	4.4	3.5 - 5.2 g/dl	
GLOBULIN	3.5	2.0 - 3.5 g/dl	
A/G RATIO	1.26	1.0 - 2.0 mg/dl	
ALKALINE PHOSPHATASE	72.0	53 - 128 U/L	
GGT	26.1	3 - 60 U/L	
REMARKS SAMPLE : SERUM, PLAIN PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER.			

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE			
RENAL FUNCTION TEST			
BLOOD UREA NITROGEN	11.4	7.0 - 20.5 mg/dl	
CREATININE	0.85	0.5 - 1.4 mg/dl	
URIC ACID	4.9	3.5 - 7.2 mg/dl	
CALCIUM	9.9	8.6 - 10.3 mg/dl	
PHOSPHORUS	4.0	2.5 - 4.5 mg/dl	
TOTAL PROTEINS	7.9	6.0 - 8.3 mg/dl	
ALBUMIN	4.4	3.5 - 5.2 mg/dl	
GLOBULIN	3.5	2.0 - 3.5 g/dl	
A-G RATIO	1.26	1.0 - 2.0 mg/dl	
SODIUM	139.6	135 - 148 mEq/l	
POTASSIUM	5.24	3.5 - 5.3 mEq/l	
CHLORIDES	101.6	98 - 107 mEq/l	
REMARKS SAMPLE : SERUM,PLAIN *BIOCHEMISTRY TESTS PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER. *ELECTROLYTE PERFORMED ON PROLYTE ELECTROLYTE ANALYZER			

--- End of the Report ---

NRS Jain

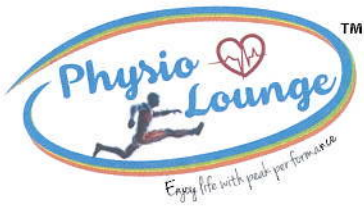
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Investigations	Observed Value	Bio. Ref. Interval	METHOD
<u>MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE</u>			
URINE ROUTINE			
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.015		
REACTION (PH)	6.0		
PROTEIN	Absent		
SUGAR	Absent		
KETONE	Absent		
BILE SALT	Absent		
BILIRUBIN	Absent		
OCCULT BLOOD	Absent		
PUS CELLS	1-2	< 6 hpf	
EPITHELIAL CELLS	2-4	< 5 hpf	
RBC	NIL	< 2 hpf	
CASTS	NIL		
CRYSTALS	NIL		
AMORPHOUS DEBRIS	Absent		
BACTERIA	NIL		
YEAST CELLS	Absent		
SPERMATOOZA	Absent		

--- End of the Report ---

N. Jain

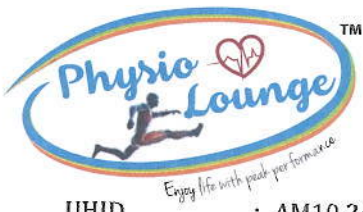
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Report

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Age : 41 Yrs 10 Month
Gender : MALE
Ref. Doctor : SELF
Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A036592
Registered On : 23/03/2024,11:51 AM
Collected On : 23/03/2024,12:10 PM
Reported On : 23/03/2024,04:07 PM
SampleID : 

REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
Total T3 Method : ECLIA	98.6	ng/dL	58-159
Total T4 Method : ECLIA	8.7	mcg/dl	4.2-11.2
TSH-Ultrasensitive Method : Chemiluminescent Microparticle Immunoassay	1.162	uIU/ml	0.2-5.7
Trimester Ranges	T3- 1st Trimester - 138-278 ng/dl 2nd Trimester- 155-328 ng/dl 3rd Trimester - 137-324 ng/dl T4- 1st Trimester - 7.31-15.0 mcg/dl 2nd Trimester- 8.92-17.38 mcg/dl 3rd Trimester - 7.98-17.7 mcg/dl TSH- 1st Trimester - 0.04-3.77 uIU/ml 2nd Trimester- 0.30-3.21 uIU/ml 3rd Trimester - 0.6-4.5 uIU/ml		


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Dr Suvarna Deshpande
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Reg.No.83385


Dr Aparna Jairam
MD (Path)
Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"






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Immunology

Test Name	Result	Unit	Biological Reference Interval
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1.Total T3 (Total Tri- iodo- thyronine) is one of the bound form of thyroid hormones produced by thyroid gland.Its production is tightly regulated by TRH(Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland.In euthyroid state,thyroid gland secretes 10- 15% of T3,which in circulation is heavily protein bound and is the principle bioactive form.T4 is converted to T3 by deiodinases in peripherally (Mainly Liver).and in target organs . Total T3 levels are increased in primary and central hyperthyroidism and T3 toxicosis& its levels are decreased in the primary and central hypothyroidism.but its normal in case of subclinical hypothyroidism and hyperthyroidism alterations in Total T 3 levels can also occur in conditions like Non -Thyroidal illness,pregnancy, certain drugs and genetic conditions.

2.Total T4 (Total tetra- iodo-thyronine or total thyroxin) is one of the bound form of thyroid hormones produced by thyroid gland .its production is tightly regulated TRH(Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland .In euthyroid state,thyroid gland secretes 85- 90% of Thyroxine,which is circulated is heavily protein bound and has more half life than T 3 .Total T4 levels are increased in primary and central hyperthyroidism and its levels are decreased in primary and central hypothyroidism but its normal in case of subclinical hypothyroidism and hyper thyrodism and T3 Toxicosis is alterations in Total T4 Levels can also occur in conditions like Non -Thyroidal illness, pregnancy,certain drugs and genetic conditionS.

3.TSH (Thyroid stimulating hormone or Thyrotropin) is produced by anterior pituitary in response to its stimulation by TRH (Thyrotprin releasing hormone) released from hypothalamus .TSH and TRH releases are regulated by thyroid hormone through a feedback mechanism. There are several cases causes that can lead to thyroid gland dysfunction or dysregulation which eventually results in hypothyroidism or hypothyroidism based on the thyroid hormones and TSH levels it can be classified as subclinical primary or central apart from this certain other conditions can also lead to diagnostic confusions in the interpretation of a thyroid function test .They are pregnancy, Levothyroxine therapy certain other drug therapy assay interference alterations in the thyroid hormones binding proteins concentration and its binding capacity conditions of non-thyroidal illness and certain genetic conditions . TSH secretions exhibits diurnal pattern, so its advices able to check it during morning. Measurement of TSH alone may be misleading in conditions like recent treatment for thyrotoxicosis, TSH assay interference, central hypothyroidism. TSH Secreting pituitary adenoma,resistantance to thyroid hormone ,and disorders of thyroid hormones transport or metabolism.TSH receptor present in thyroid gland can be stimulated or inhibited by autoantibodies produced during autoimmune thyroid disorders which can lead to functional abnormalities of thyroid gland.The American Thyroid association determined that only TSH assays with third generation functional sensitivity (Sensitivity =0.01 mIU/L) are sufficient for use as screening tests for hypothyroidism their recommendation in consistent with the National Academy of Clinical Biochemistry Laboratory Medicine practice guideline for assessment of thyroid function.

End of Report

Results are to be correlated clinically


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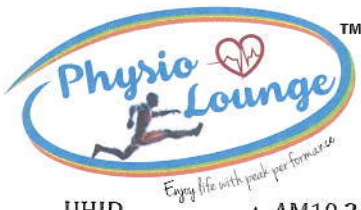
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REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
Total PSA Method : ECLIA	0.551	ng/mL	0.03 - 3.5

Interpretation :

Serum PSA is a useful diagnostic tool for diagnosis of prostatic cancer. PSA levels should always be assessed in conjunction with the patient's medical history, clinical examination, prostatic acid phosphatase and radiological findings. Elevated levels are indicative of pathologic conditions of prostatitis, Benign hyperplasia or Prostatic adenocarcinoma. Rate of the fall of PSA levels to non detectable levels can occur following radiotherapy, hormonal therapy or radical surgical removal of the prostate & provides information of the success of treatment. Inflammation or trauma of prostate can lead to elevated PSA levels of varying magnitude and duration.


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Mr. Madabattula Chinna Rao, 41y

23.03.2024 10:46:26 AM
VRX HEALTHCARE PVT. LTD
MG road
Mumbai

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

84 bpm
-- / -- mmHg

Male

Normal sinus rhythm
Normal ECG

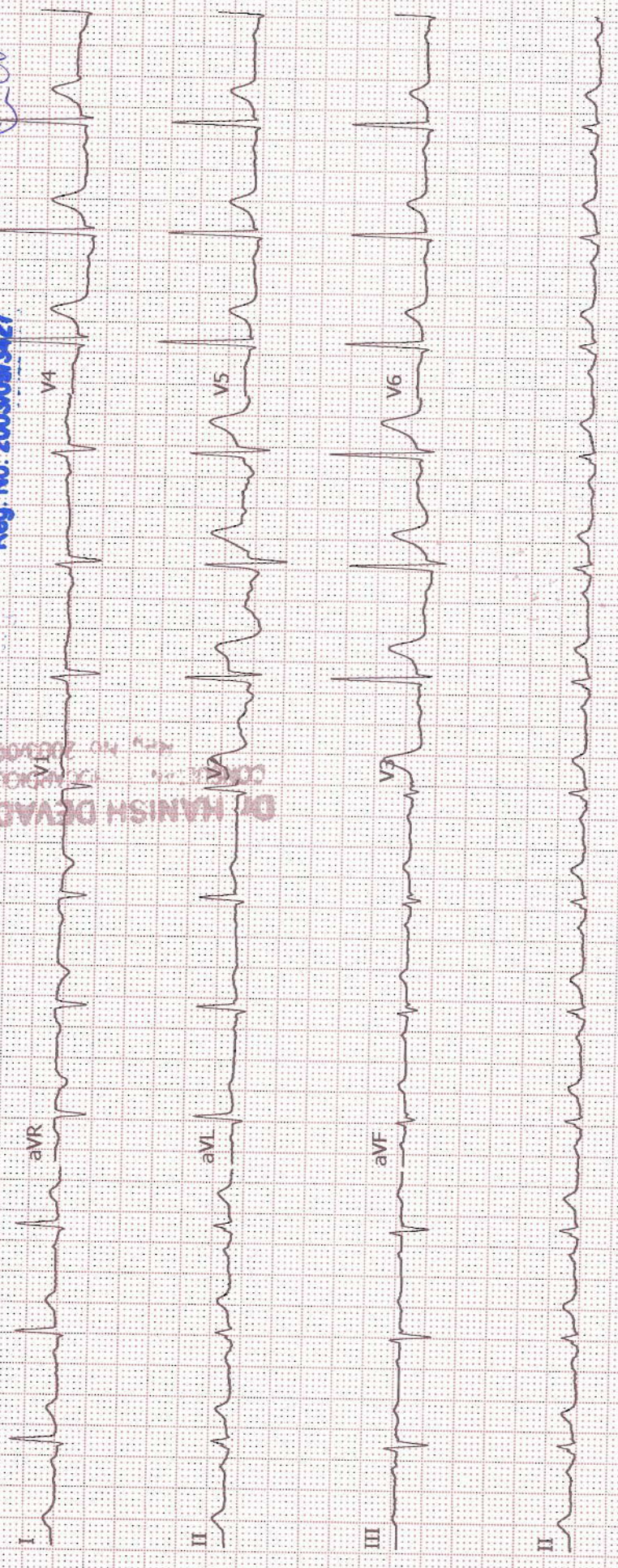
QT / QTcBaz	334 / 394 ms
PR	162 ms
P	98 ms
RR / PP	716 / 714 ms
P / QRS / T	49 / -2 / 31 degrees

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

*NO NORMAL SINUS
P-R-T
Dr. HANISH*

Dr. HANISH DEVADIGA
CONSULTANT ECHOCARDIOLOGIST
Reg. No. 20030893427

DR. HANISH DEVADIGA
CONSULTANT ECHOCARDIOLOGIST
Reg. No. 20030893427



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

Name: MR CHINNA RAO MADABATULLA
Age: 41 **Gender:** M **Height:** 173 cms **Weight:** 77 Kg
Clinical History: NIL **Date:** 23-03-2024 **Time:** 09:04
Medications: NONE **ID:** 2010

Test Details:

Protocol: Bruce **Predicted Max HR:** 179 **Target HR:** 152 (85% of Pr. MHR)
Exercise Time: 0:09:30 **Achieved Max HR:** 173 (97% of Pr. MHR)
Max BP: 168/90 **Max BP x HR:** 29064 **Max Mets:** 10.7
Test Termination Criteria:

Protocol Details:

Stage Name	Stage Time	ME/TS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	ST Level mm	ST Slope mV/S
Supine	00:26	1	0	0	63	124/90	7812	1.2 V3	0.6 V3
Standing	00:10	1	0	0	64	124/90	7936	1.3 V3	0.4 V2
Hyper Ventilation	00:31	1	0	0	92	124/90	11408	1.2 V4	0.5 V4
Pre Test	01:12	1	1.6	0	79	124/90	9796	1.3 V2	0.6 V3
Stage: 1	03:00	4.7	2.7	10	104	134/90	13936	1.3 V3	0.8 II
Stage: 2	03:00	7	4	12	130	150/90	19500	0.9 V2	0.8 II
Stage: 3	03:00	10.1	5.5	14	153	160/90	24480	1 V3	1.5 V4
Peak Exercise	00:30	10.7	6.8	16	173	160/90	27680	1 II	1.2 V4
Recovery1	01:34	1	0	0	114	168/90	19152	1.8 V3	1.8 V3
Recovery2	01:00	1	0	0	111	146/90	16206	1.1 V2	1 V3
Recovery3	00:38	1	0	0	103	136/90	14008	0.8 V2	0.7 V3

Interpretation

GOOD EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE
 NORMAL INOTROPIC RESPONSE
 NO ST-T CHANGES AS COMPARED TO BASELINE ECG
 NO ANGINA OR ARRHYTHMIA

IMP-STRESS TEST NEGATIVE FOR INDUCIBLE ISCHEMIA AT MODERATE WORKLOAD

Ref. Doctor: MEDIWHEEL

SCHILLER

The Art of Diagnostics


Dr. HANISH DEVADIGA
 CONSULTANT ECHOCARDIOLOGIST
 Reg. No. 2003/09/3427

Doctor: DR.HANISH

(Summary Report edited by User)

Schiller Cardiovit C.S.-10 Version: 2.4

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR CHINNA RAO MADABATULLA (41 M)

Bruce Protocol
 STLevel(mm) STSlope(mV/s)

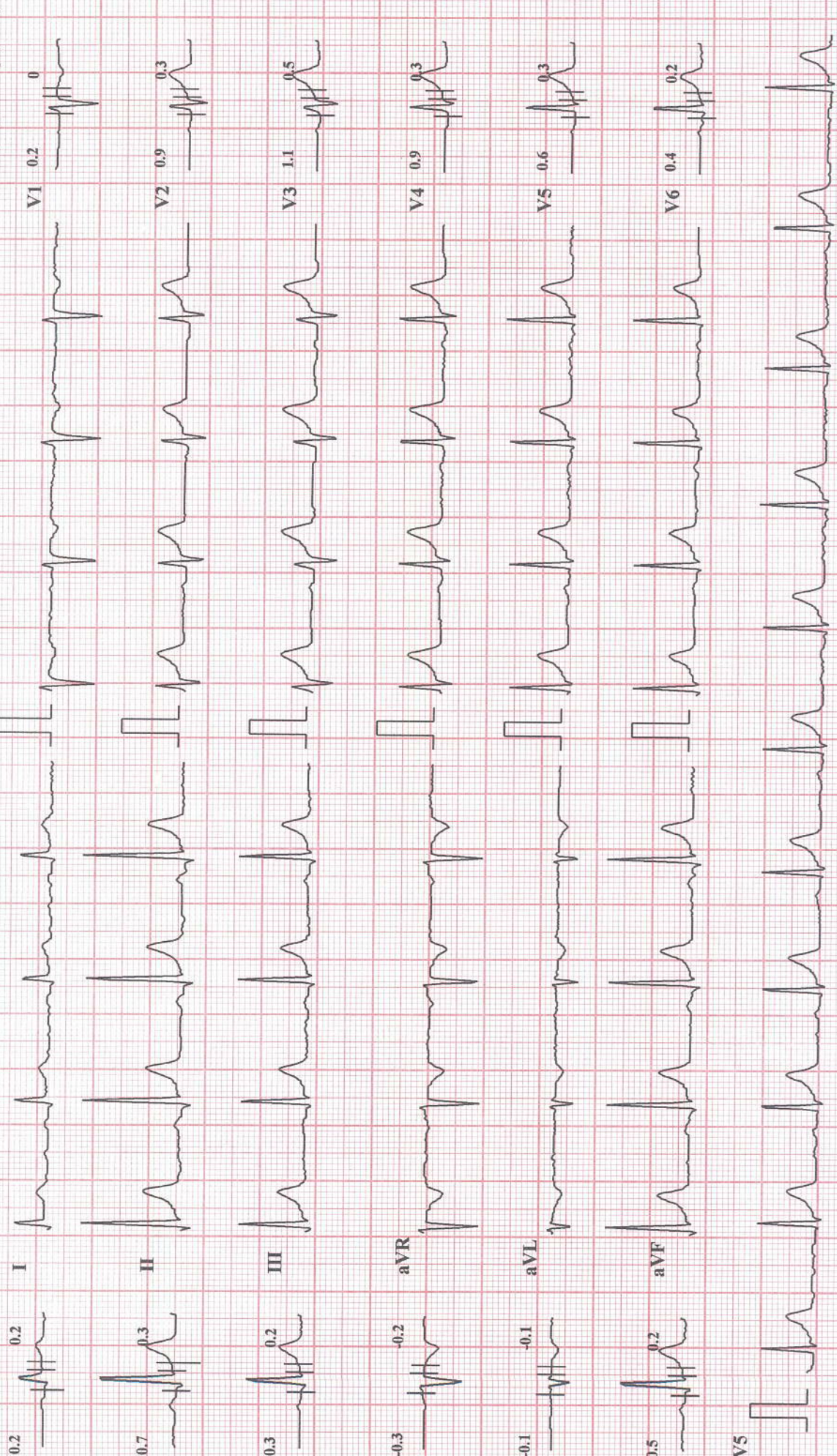
ID: 2010
 Stage: Supine

Date: 23-03-2024
 Speed: 0 km/h

Exec Time : 0:00:00
 Slope: 0%

Stage Time: 00:18
 THR: 152 bpm

HR: 65 bpm
 BP: 124/90 mmHg
 STLevel(mm) STSlope(mV/s)



CARDIO BEATS

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 + 60 ms

Schiller Cardiovit CS-10 Version: 3.4

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR CHINNA RAO MADABATULLA (41 M)

Bruce Protocol
STLevel(mm) STSlope(mV/s)

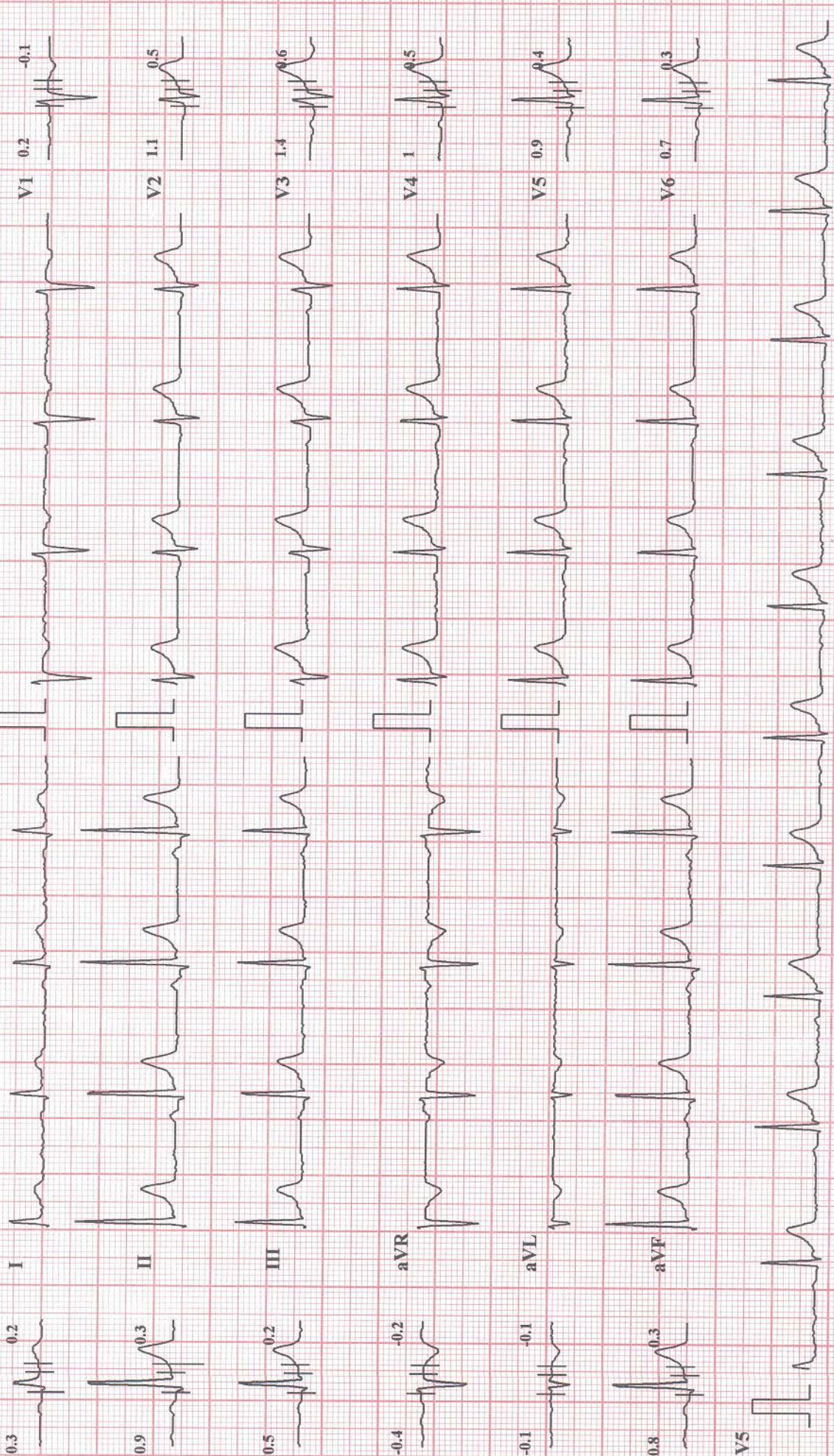
Date: 23-03-2024
ID: 2010
Stage: Standing
Speed: 0

Exec Time : 0:00:00
Slope: 0 %

Stage Time: 00:03
THR: 152 bpm

HR: 69 bpm

BP: 124/90 mmHg
STLevel(mm) STSlope(mV/s)



CARDIO BEATS

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR CHINNA RAO MADABATULLA (41 M)

Bruce Protocol

ID: 2010

Date: 23-03-2024

Exec Time : 0:00:00

Stage Time: 00:28

HR: 89 bpm

BP: 124/90 mmHg

STLevel(mm) STSlope(mV/s)

Stage: HyperVentilation

Speed: 0

Slope: 0 %

THR: 152 bpm

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

0.1 0.1 I

V1 0.1 0

0.7 0.3 II

V2 0.8 0.2

0.5 0.2 III

V3 -0.1 -0.1

-0.2 -0.2 aVR

V4 1 0.4

-0.1 -0.1 aVL

V5 0.8 0.3

0.6 0.2 aVF

V6 0.6 0.2

V5

CARDIO BEATS

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 + 60 ms

Schiller-Cardiovit CS-10 Version.3.4

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR CHINNA RAO MADABATULLA (41 M)

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2010
Stage: PreTest

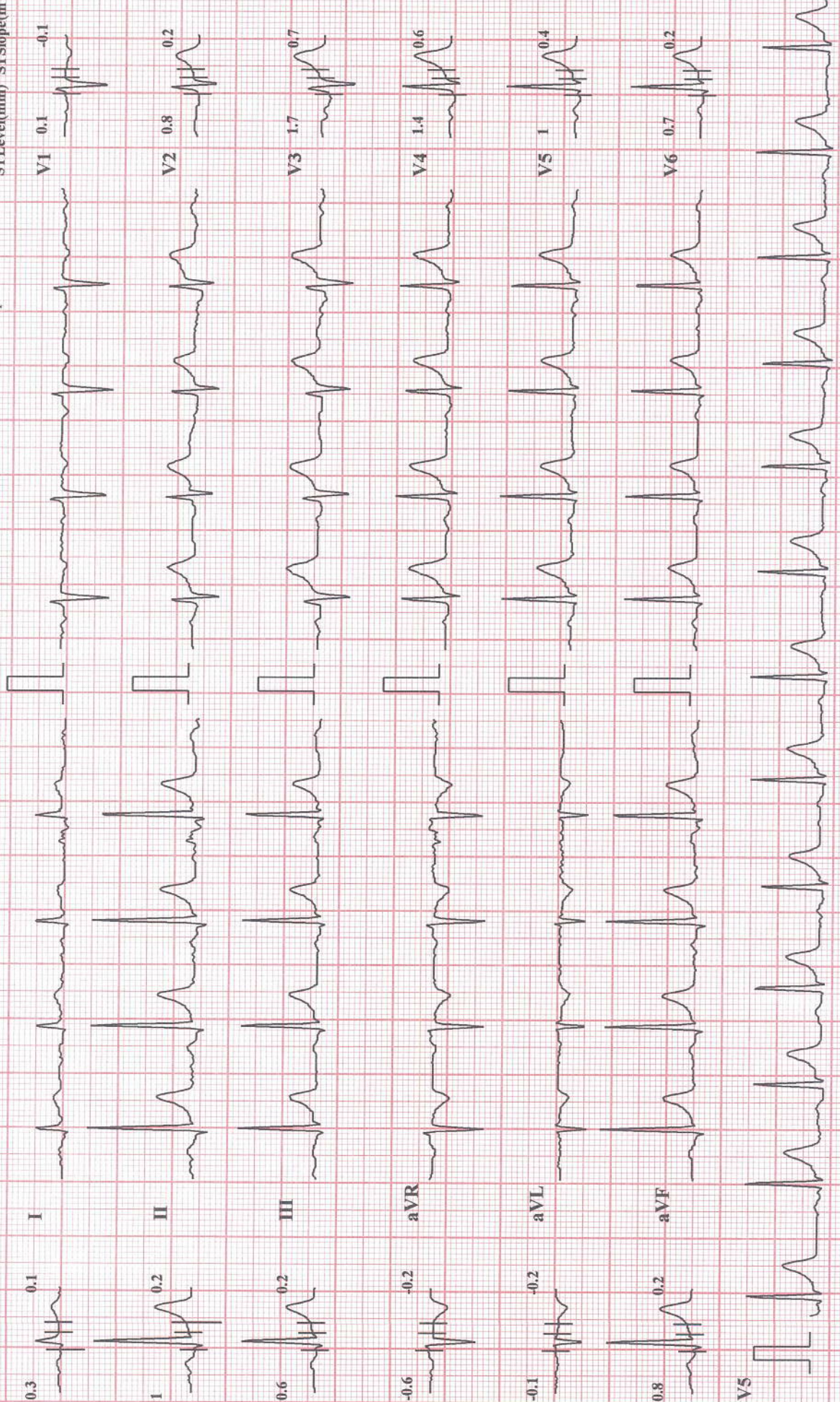
Date: 23-03-2024
Speed: 1.6

Exec Time : 0:00:00
Slope: 0 %

Stage Time: 01:09
THR: 152 bpm

HR: 81 bpm

BP: 124/90 mmHg
STLevel(mm) STSlope(mV/s)



CARDIO BEATS

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR CHINNA RAO MADABATULLA (41 M)

Bruce Protocol
STLevel(mm) STSlope(mV/s)

Date: 23-03-2024
Speed: 2.7 kmph

Exec Time : 0:00:01
Grade: 10%

Stage Time: 00:00
THR: 152 bpm

HR: 78 bpm

BP: 134/90 mmHg
STLevel(mm) STSlope(mV/s)

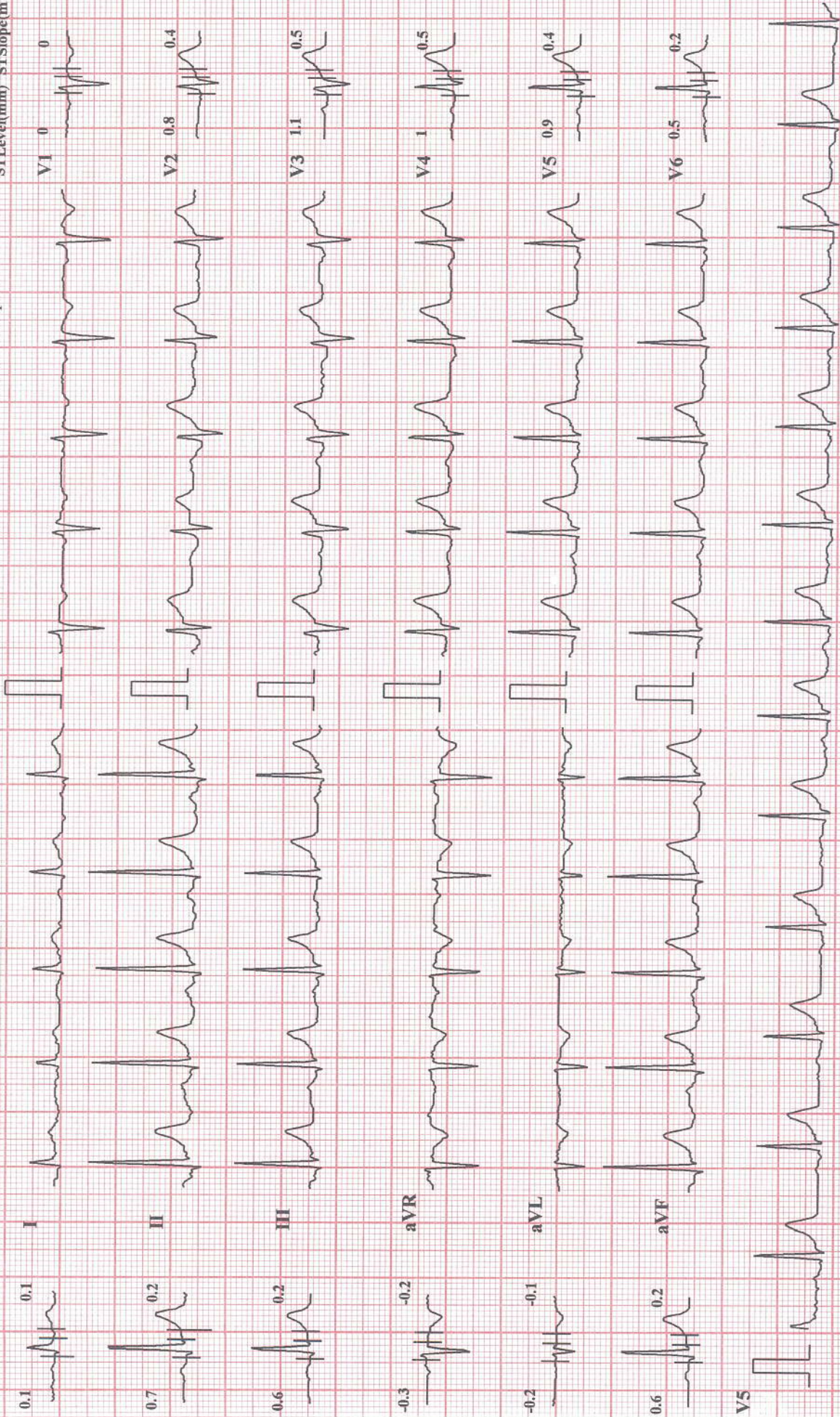


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV Filter: 25 Hz Mains Filter: ON

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

Schiffert Cardiovit CS-10 Version:3.4

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR CHINNA RAO MADABATULLA (41 M)

Bruce Protocol

ID: 2010

Date: 23-03-2024

Exec Time : 0:03:00

Stage Time: 00:00

HR: 109 bpm

STLevel(mm) STSlope(mV/s)

Speed: 4 kmph

Grade: 12%

THR: 152 bpm

BP: 150/90 mmHg

STLevel(mm) STSlope(mV/s)

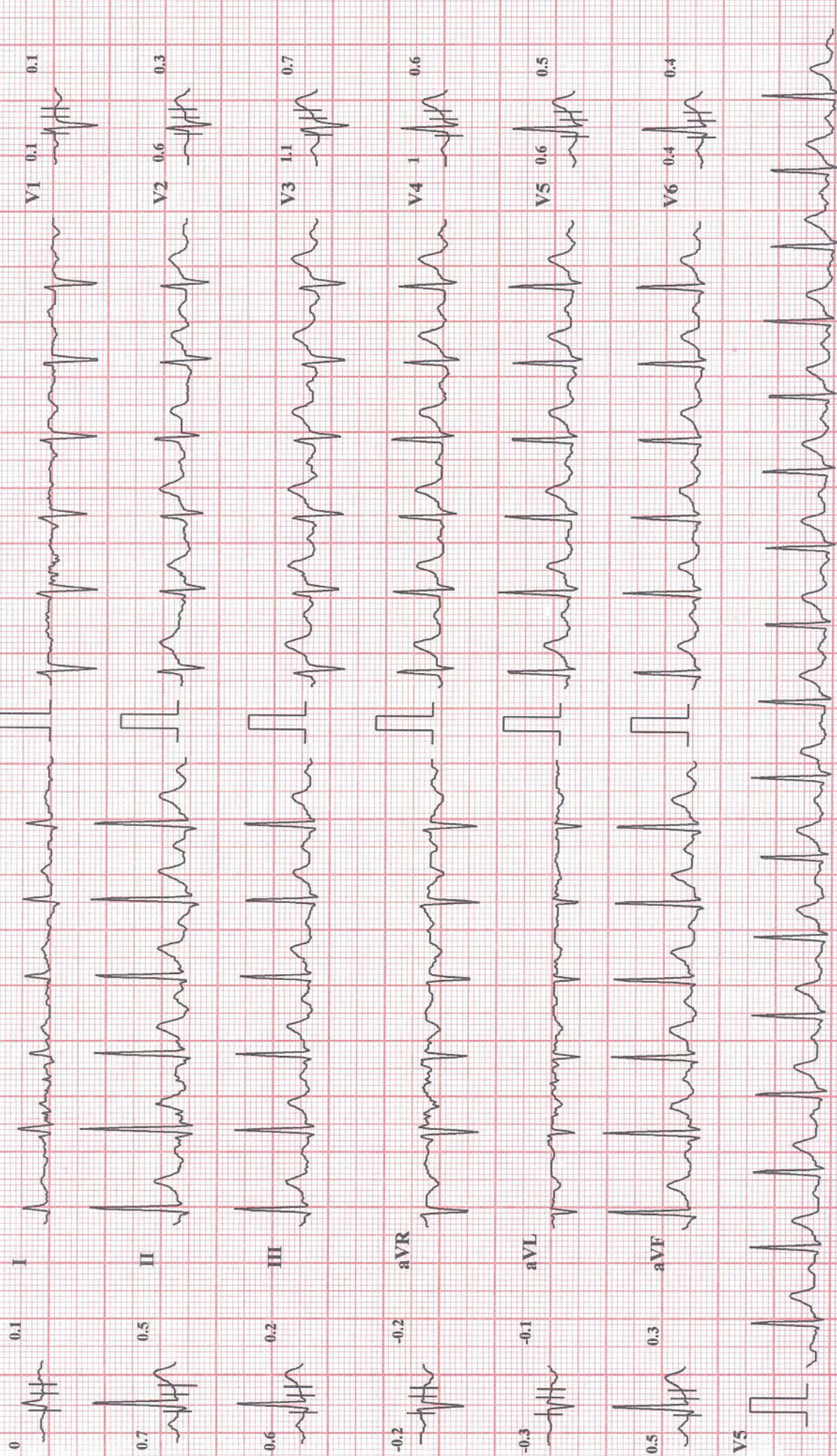


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz - Mains Filter: ON

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

Schiller Cardiovit CS-10 Version:3.4

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR CHINNA RAO MADABATULLA (41 M)

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2010
Stage: 3

Date: 23-03-2024
Speed: 5.5 kmph

Exec Time : 0:06:00
Grade: 14%

Stage Time: 00:00
THR: 152 bpm

HR: 131 bpm

BP: 160/90 mmHg
STLevel(mm) STSlope(mV/s)

V1 0.1 -0.1

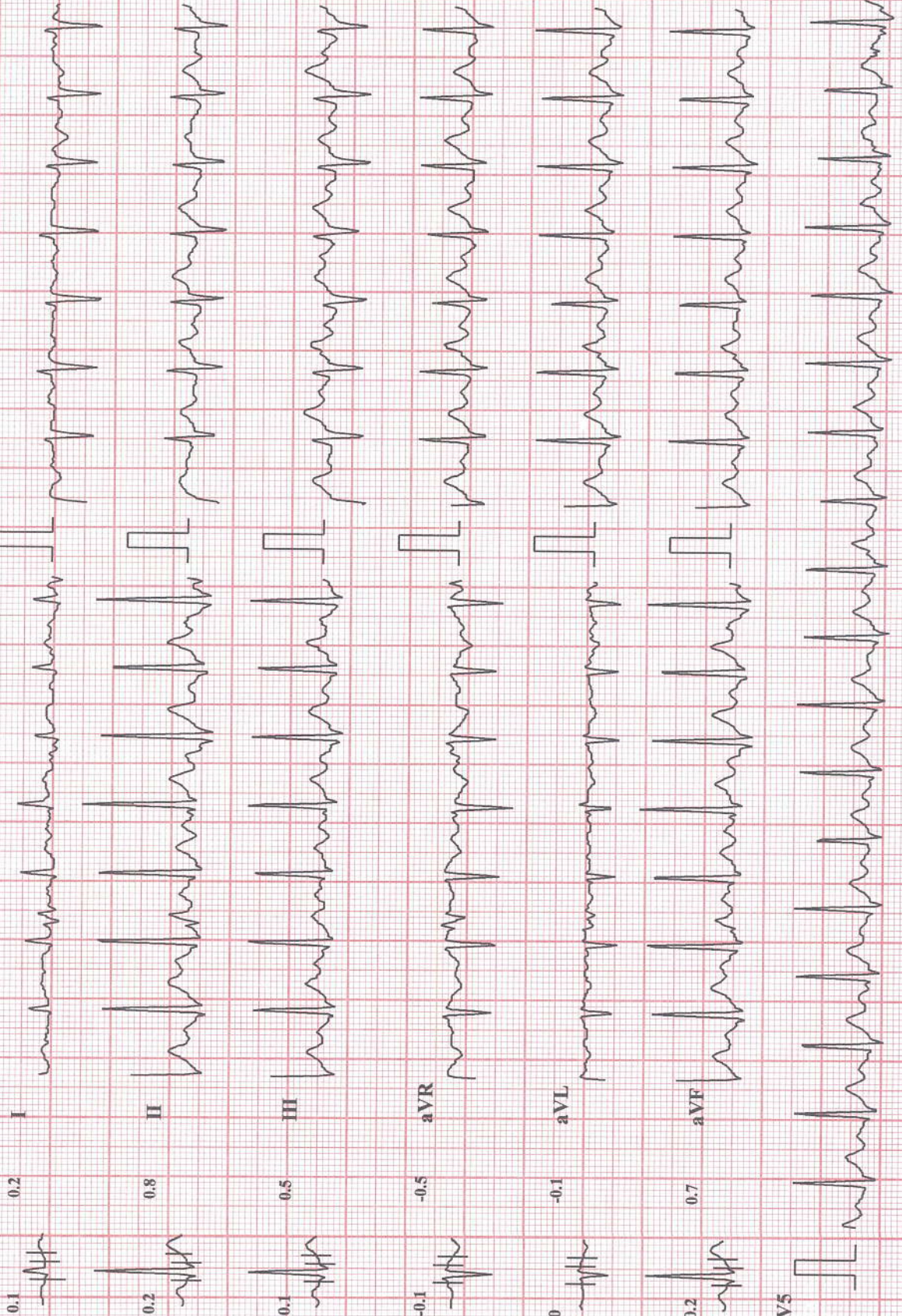
V2 0.8 0.8

V3 0.8 0.8

V4 0.6 0.8

V5 0.5 0.8

V6 0.2 0.6



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR CHINNA RAO MADABATULLA (41 M)

Bruce Protocol ID: 2010 Date: 23-03-2024 Stage Time: 00:30 HR: 173 bpm
 STLevel(mm) STSlope(mV/s) Speed: 6.8 kmph Slope: 16 % THR: 152 bpm
 BP: 160/90 mmHg
 STLevel(mm) STSlope(mV/s)



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR CHINNA RAO MADABATULLA (41 M)

Bruce Protocol
ID: 2010
STLevel(mm) STSlope(mV/s)

Date: 23-03-2024
Speed: 0 kmph
Stage: Recovery1

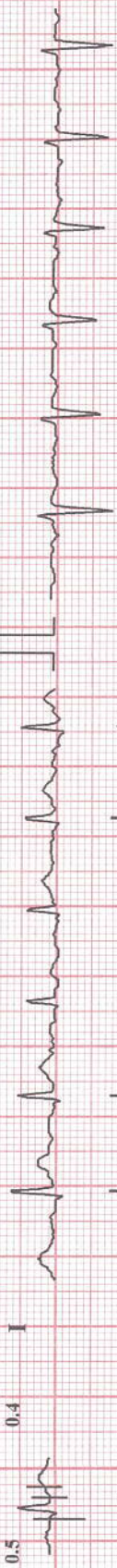
Exec Time : 00:00
Slope: 0 %

Stage Time: 01:31
THR: 152 bpm

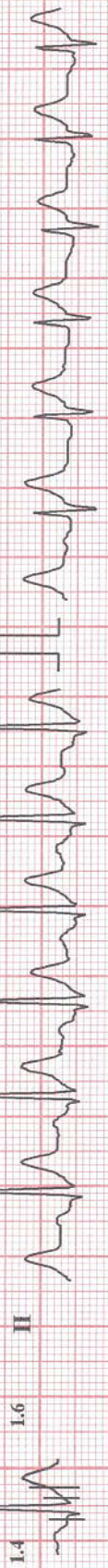
HR: 114 bpm

BP: 168/90 mmHg
STLevel(mm) STSlope(mV/s)

V1 0.1 -0.2



V2 1.5 1.5



V3 1.8 1.8



V4 1.8 1.8



V5 1.4 1.6



V6 1 1.2



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR CHINNA RAO MADABATULLA (41 M)

Bruce Protocol
ID: 2010
STLevel(mm) STSlope(mV/s)

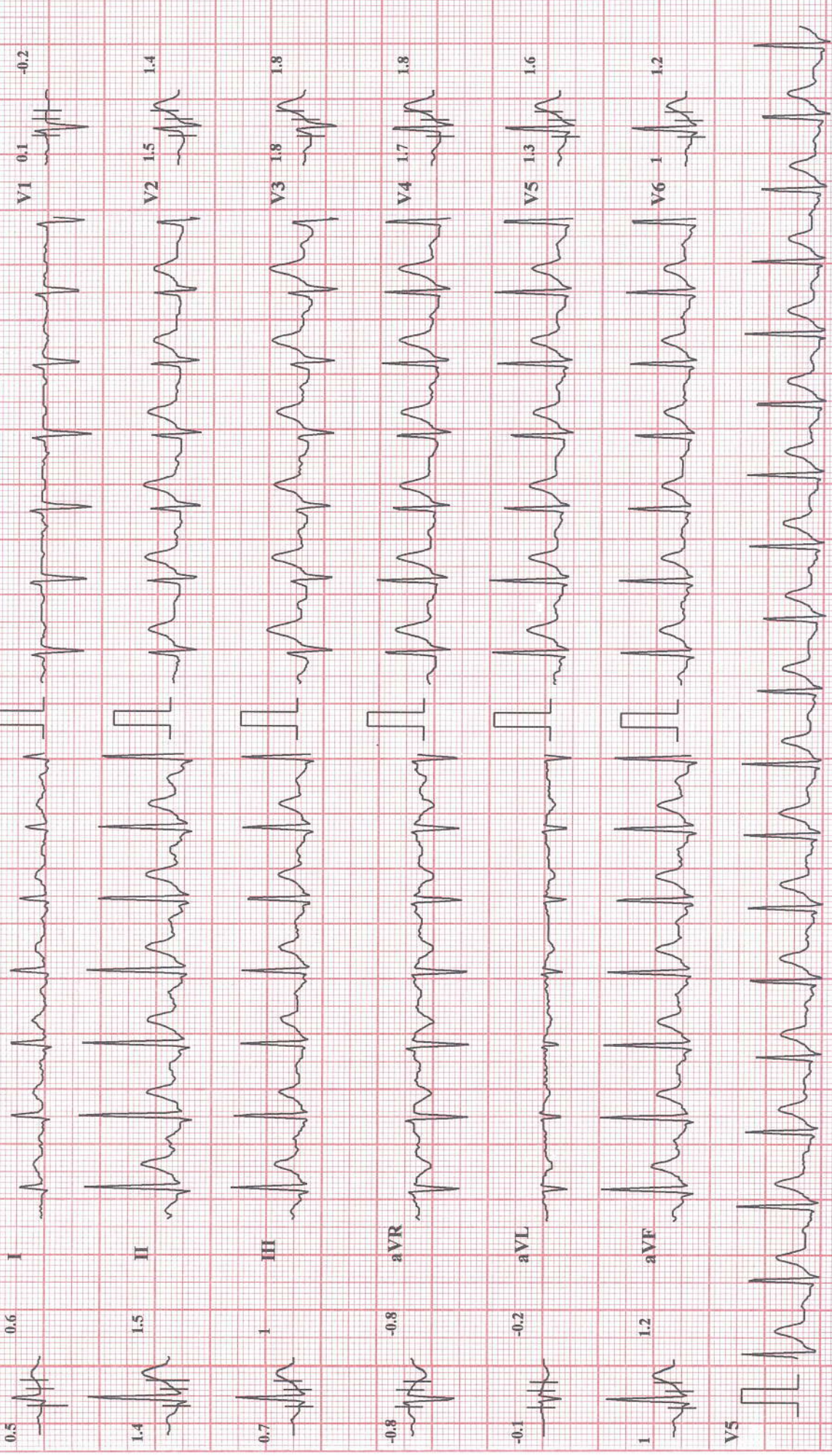
Date: 23-03-2024
Speed: 0 kmph
Stage: Recovery2

Exec Time : 0:11:04
Grade: 0%

Stage Time: 00:00
THR: 152 bpm

HR: 112 bpm

BP: 146/90 mmHg
STLevel(mm) STSlope(mV/s)



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MR CHINNA RAO MADABATULLA (41 M)

Bruce Protocol

ID: 2010

Date: 23-03-2024

Exec Time : 0:12:04

Stage Time: 00:00

HR: 112 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Grade: 0%

THR: 152 bpm

BP: 136/90 mmHg

STLevel(mm) STSlope(mV/s)

V1 0.2 0



V2 1.2 0.9



V3 1.1 1



V4 1.1 1



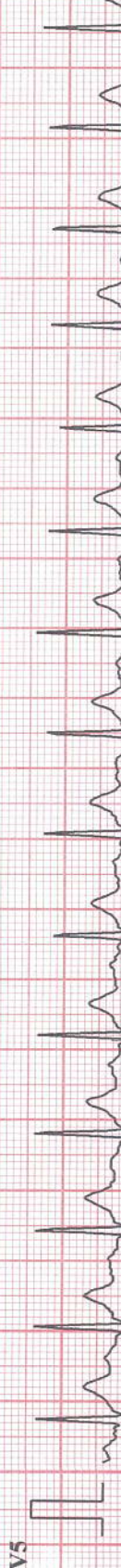
V5 0.9 0.8



V6 0.6 0.5



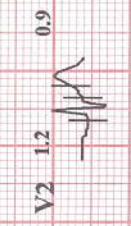
V5



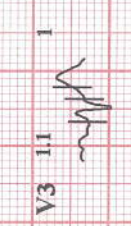
I



II



III



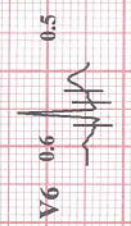
aVR



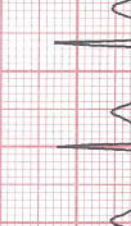
aVL

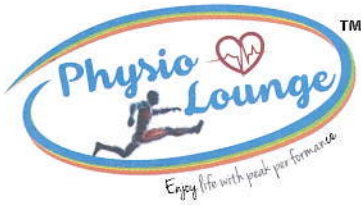


aVF



V5





PATIENT NAME : MR. MADABATTULA CHINNA RAO	AGE : 41 YEARS
LAB NO :	SEX : MALE
REF DR NAME : MEDIWHEEL	DATE : 23/03/2024

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is partially distended and normal. No gall stones or mass lesions seen.

PANCREAS:

The pancreas is well visualized and normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus or hydronephrosis is seen.
Right kidney measures 9.0 x 4.1 cm. Left kidney measures 9.3 x 4.2 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is distended and reveal no intraluminal abnormality.

PROSTATE:

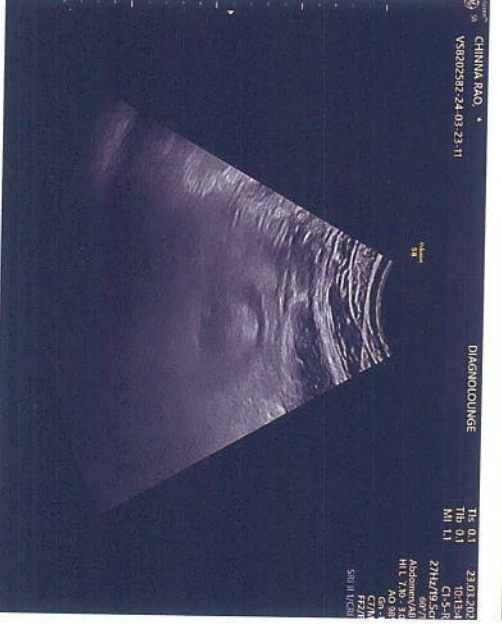
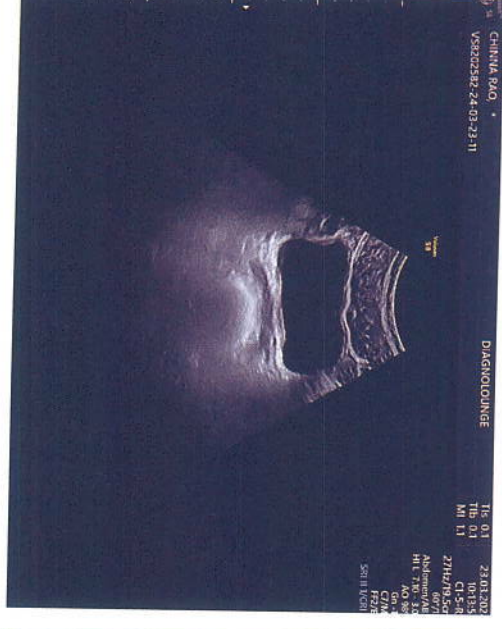
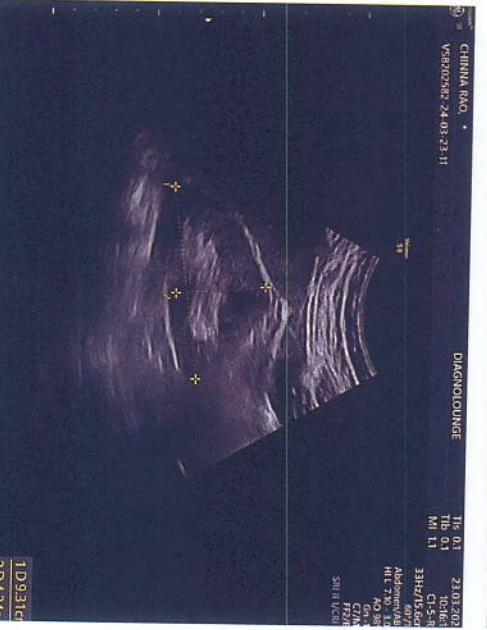
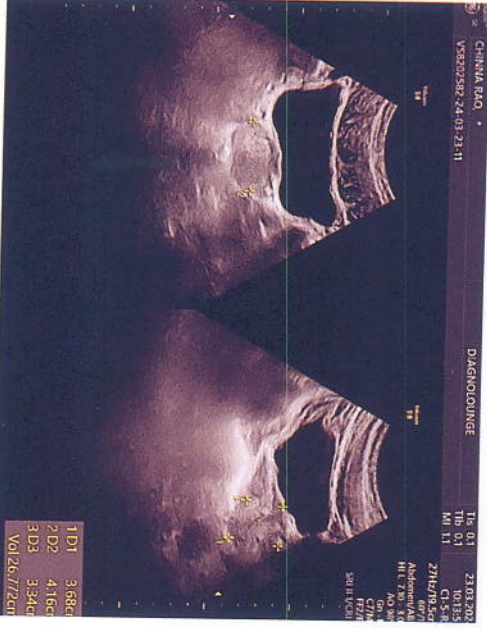
The prostate is normal in size and volume is 20 cc.

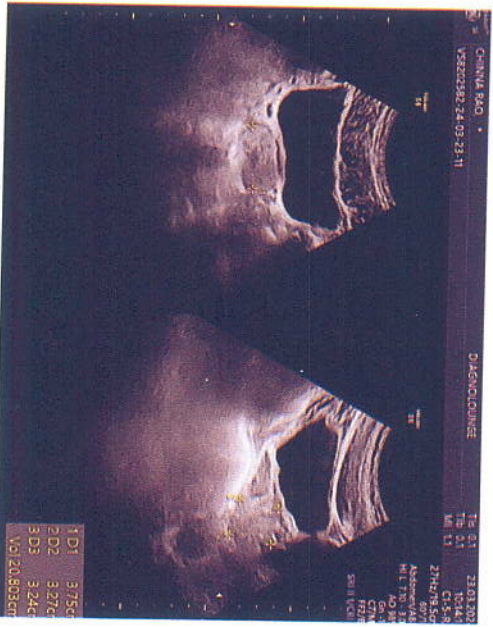
IMPRESSION:

No significant abnormality is seen.

DR. SHRIRIKANT BODKE (CONSULTANT RADIOLOGIST)

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. Patient has been explained in detail about the USG findings, measurements and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification.







Report

VRX HEALTH CARE PVT. LTD

NAME : MR. MADABATTULA CHINNA RAO

DATE: 23/03/2024

REF. BY : DR. MEDIWHEEL

AGE: 41YRS/M

EXAMINATION : X-RAY CHEST PA VIEW

Both the lungs are essentially clear and show normal bronchial and vascular pattern.

Pleural spaces appear clear.

Both domes of diaphragm are in normal position.

Bony thorax appears normal.

Cardiac size is within normal limits.

Remark:

No pleuro parenchymal abnormality noted.

Bre
DR. SHRIKANT BODKE
(CONSULTANT RADIOLOGIST).

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X RAY is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification.

