

Visit ID : YGT45789	UHID/MR No : YGT.0000045636
Patient Name : Mr. MODDULA VEERA SEKHAR	Client Code : 1409
Age/Gender : 41 Y 0 M 0 D /M	Barcode No : 10853486
DOB :	Registration : 23/Dec/2023 08:36AM
Ref Doctor : SELF	Collected : 23/Dec/2023 08:46AM
Client Name : MEDI WHEELS	Received : 23/Dec/2023 09:08AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 23/Dec/2023 11:14AM
Hospital Name :	

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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CBC (COMPLETE BLOOD COUNT)
Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB)	16.3	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	5.03	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	45.4	%	40.0 - 50.0	RBC pulse height detection
MCV	90.3	fL	83 - 101	Automated/Calculated
MCH	32.5	pg	27 - 32	Automated/Calculated
MCHC	36.0	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	13.7	%	11.0-16.0	Automated Calculated
RDW - SD	48.8	fl	35.0-56.0	Calculated
MPV	8.5	fL	6.5 - 10.0	Calculated
PDW	16.1	fL	8.30-25.00	Calculated
PCT	0.16	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	5,910	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	61	%	40 - 80	Impedance
LYMPHOCYTE	32	%	20 - 40	Impedance
EOSINOPHIL	02	%	01 - 06	Impedance
MONOCYTE	05	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	1.87	Lakhs/cumm	1.50 - 4.10	Impedance

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

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 Consultant Pathologist

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Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 23/Dec/2023 10:39AM
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DEPARTMENT OF HAEMATOLOGY

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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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Client Name : MEDI WHEELS	Received : 23/Dec/2023 10:32AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 23/Dec/2023 11:18AM
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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	1.020		1.003 - 1.035	Bromothymol Blue

CHEMICAL EXAMINATION


pH	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		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	3-4	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			

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DEPARTMENT OF BIOCHEMISTRY

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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

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

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Client Add : F-701, Lado Sarai, Mehrauli, N	Reported : 23/Dec/2023 11:56AM
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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PPBS (POST PRANDIAL GLUCOSE)
Sample Type : SERUM

POST PRANDIAL PLASMA GLUCOSE	114	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

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

 Verified By :
 M VENKATA KRISHNA


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DEPARTMENT OF BIOCHEMISTRY

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THYROID PROFILE (T3,T4,TSH)
Sample Type : SERUM

T3	1.10	ng/ml	0.60 - 1.78	CLIA
T4	10.12	ug/dl	4.82-15.65	CLIA
TSH	5.32	uIU/mL	0.30 - 5.60	CLIA

INTERPRETATION:

- 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.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 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.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- 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.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- 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:

- During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
- 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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LIPID PROFILE
Sample Type : SERUM

TOTAL CHOLESTEROL	205	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	41	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	122	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	210	mg/dl	See Table	GPO
VLDL	42.0	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	5.00		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	5.12	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	164	mg/dl	< 130	Calculated

Interpretation


NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	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, Lp(a), 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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URIC ACID -SERUM**Sample Type : SERUM**


SERUM URIC ACID	7.4	mg/dl	3.5 - 7.20	URICASE - PAP
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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.

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BLOOD UREA NITROGEN (BUN)

Sample Type : Serum

SERUM UREA	22	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	10.3	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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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	1.08	mg/dl	0.67 - 1.17	KINETIC-JAFFE
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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	Result	Unit	Biological Ref. Range	Method
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BUN/CREATININE RATIO**Sample Type : SERUM**

Blood Urea Nitrogen (BUN)	10.3	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	1.08	mg/dl	0.67 - 1.17	KINETIC-JAFFE
BUN/CREATININE RATIO	9.51	Ratio	6 - 25	Calculated

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LIVER FUNCTION TEST(LFT)
Sample Type : SERUM

TOTAL BILIRUBIN	1.11	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.20	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.91	mg/dl		Calculated
S.G.O.T	24	U/L	< 50	KINETIC WITHOUT P5P-IFCC
S.G.P.T	30	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	87	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.9	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.4	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.5	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.76			Calculated

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GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)**Sample Type : SERUM**

GGT	24	U/L	0 - 55.0	KINETIC-IFCC
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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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DEPARTMENT OF RADIOLOGYX-RAY CHEST PA VIEWFindings:

Poor inspiratory film.

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 :

- No Significant Abnormality Detected.

Suggested Clinical Correlation & Follow up.

*** End Of Report ***

Verified By :
SUSHMA VUYYURU



Approved By :


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

Visit ID	: YGT45789	UHID/MR No	: YGT.0000045636
Patient Name	: Mr. MODDULA VEERA SEKHAR	Client Code	: 1409
Age/Gender	: 41 Y 0 M 0 D /M	Barcode No	: 10853486
DOB	:	Registration	: 23/Dec/2023 08:36AM
Ref Doctor	: SELF	Collected	: 23/Dec/2023 08:36AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Dec/2023 11:02AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN**

Clinical Details : General check-up.

LIVER : Normal in size (14.2 cm) and *shows increased echo-texture*. No focal lesion is seen. Intra hepatic biliary channels are not dilated. Visualised common bile duct & portal vein appears normal.

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

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

SPLEEN : Normal in size (11.7 cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 12.1 x 6.0 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 11.0 x 5.5 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 (vol : 22 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:

- Grade I fatty liver.
- Suggested follow up scan.

*** End Of Report ***

Verified By :
SUSHMA VUYYURU



Approved By :

Sushma V.
Dr.SUSHMA VUYYURU
MBBS;MD(Radio-Diagnosis)
CONSULTANT RADIOLOGIST

Visit ID	: YGT45789	UHID/MR No	: YGT.0000045636
Patient Name	: Mr. MODDULA VEERA SEKHAR	Client Code	: 1409
Age/Gender	: 41 Y 0 M 0 D /M	Barcode No	: 10853486
DOB	:	Registration	: 23/Dec/2023 08:36AM
Ref Doctor	: SELF	Collected	: 23/Dec/2023 08:46AM
Client Name	: MEDI WHEELS	Received	: 23/Dec/2023 09:08AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Dec/2023 10:23AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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PSA (PROSTATE SPECIFIC ANTIGEN) - TOTAL**Sample Type : SERUM**


PROSTATE SPECIFIC ANTIGEN	0.42	ng/mL	< 4.0	CLIA
---------------------------	------	-------	-------	------

INTERPRETATION:

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertatation (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.

***** End Of Report *****Verified By :
M VENKATA KRISHNA

Approved By :


Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID : YGT45789	UHID/MR No : YGT.0000045636
Patient Name : Mr. MODDULA VEERA SEKHAR	Client Code : 1409
Age/Gender : 41 Y 0 M 0 D /M	Barcode No : 10853486
DOB :	Registration : 23/Dec/2023 08:36AM
Ref Doctor : SELF	Collected : 23/Dec/2023 08:46AM
Client Name : MEDI WHEELS	Received : 23/Dec/2023 09:08AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 23/Dec/2023 11:14AM
Hospital Name :	

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
-----------	--------	------	-----------------------	--------

BLOOD GROUP ABO & RH Typing

Sample Type : WHOLE BLOOD EDTA

ABO	B			
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. Advsiied cross matching before transfusion

*** End Of Report ***

Verified By :
Kollipara Venkateswara Rao



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS,DCP
 Consultant Pathologist

Visit ID : YGT45789	UHID/MR No : YGT.0000045636
Patient Name : Mr. MODDULA VEERA SEKHAR	Client Code : 1409
Age/Gender : 41 Y 0 M 0 D /M	Barcode No : 10853486
DOB :	Registration : 23/Dec/2023 08:36AM
Ref Doctor : SELF	Collected : 23/Dec/2023 08:46AM
Client Name : MEDI WHEELS	Received : 23/Dec/2023 09:08AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 23/Dec/2023 11:56AM
Hospital Name :	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
-----------	--------	------	-----------------------	--------

HBA1C

Sample Type : WHOLE BLOOD EDTA

HBA1c RESULT	4.2	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	74	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 .

*** End Of Report ***

Verified By :
M VENKATA KRISHNA



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT45789	UHID/MR No	: YGT.0000045636
Patient Name	: Mr. MODDULA VEERA SEKHAR	Client Code	: 1409
Age/Gender	: 41 Y 0 M 0 D /M	Barcode No	: 10853486
DOB	:	Registration	: 23/Dec/2023 08:36AM
Ref Doctor	: SELF	Collected	: 23/Dec/2023 08:36AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehrauli, N	Reported	: 23/Dec/2023 01:47PM
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 : 3.0 cms
LEFT VENTRICLE : EDD : 5.0 cm IVS(d) : 0.9cm LVEF : 62%
ESD : 3.3 cm PW (d) : 0.8cm FS : 34%
No RWMA
IAS : Intact
IVS : Intact
AORTA : 2.7cms
PULMONARY ARTERY : Normal
PERICARDIUM : Normal
IVS/ SVC/ CS : Normal
PULMONARY VEINS : Normal
INTRA CARDIAC MASSES : No

Verified By :
B NAGARAJU



Approved By :


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

Visit ID	: YGT45789	UHID/MR No	: YGT.0000045636
Patient Name	: Mr. MODDULA VEERA SEKHAR	Client Code	: 1409
Age/Gender	: 41 Y 0 M 0 D /M	Barcode No	: 10853486
DOB	:	Registration	: 23/Dec/2023 08:36AM
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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehrauli, N	Reported	: 23/Dec/2023 01:47PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**DOPPLER STUDY :**


MITRAL FLOW : E - 1.7m/sec, A -0.9 m/sec.
AORTIC FLOW : 1.1m/sec
PULMONARY FLOW : 0.9m/sec
TRICUSPID FLOW : TRJV :1.9 m/sec, RVSP -29 mmHg
COLOUR FLOW MAPPING: NORMAL

IMPRESSION :

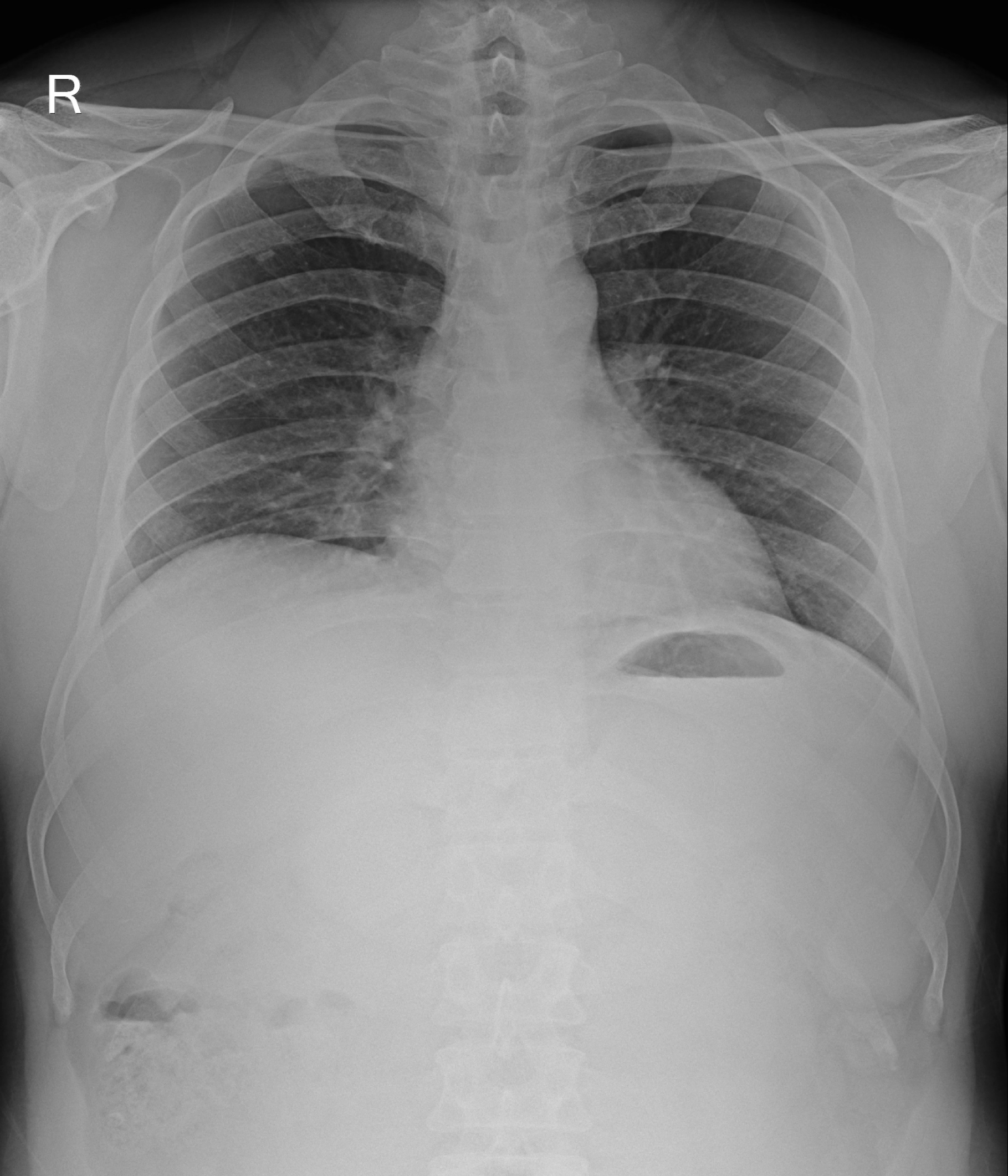
- * NORMAL SIZED CARDIAC CHAMBERS
- * NO RWMA OF LV
- * GOOD LV FUNCTION
- * NORMAL LV FILLING PATTERN
- * NO MR / NO AR/ NO PR
- * NO TR/ NO PAH
- * NO PE / CLOT / VEGETATIONS.

***** End Of Report *****Verified By :
B NAGARAJU

Approved By :

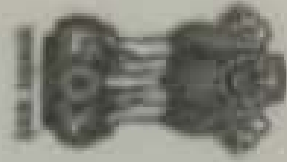

Dr. B. Nagaraju
MD (Internal Medicine)
DN (CARDIOLOGY)
APNC Reg. No 70760

R



MODDULA VEERA SEKHAR 41Y M YGT45789 CHEST PA 23-Dec-23

YODA DIAGNOSTICS



भारत सरकार

GOVERNMENT OF INDIA



वीर सेखर मोदुला

Veera Sekhar Moddula

DOB: 25-08-1982

Gender: Male

6431 9207 7987



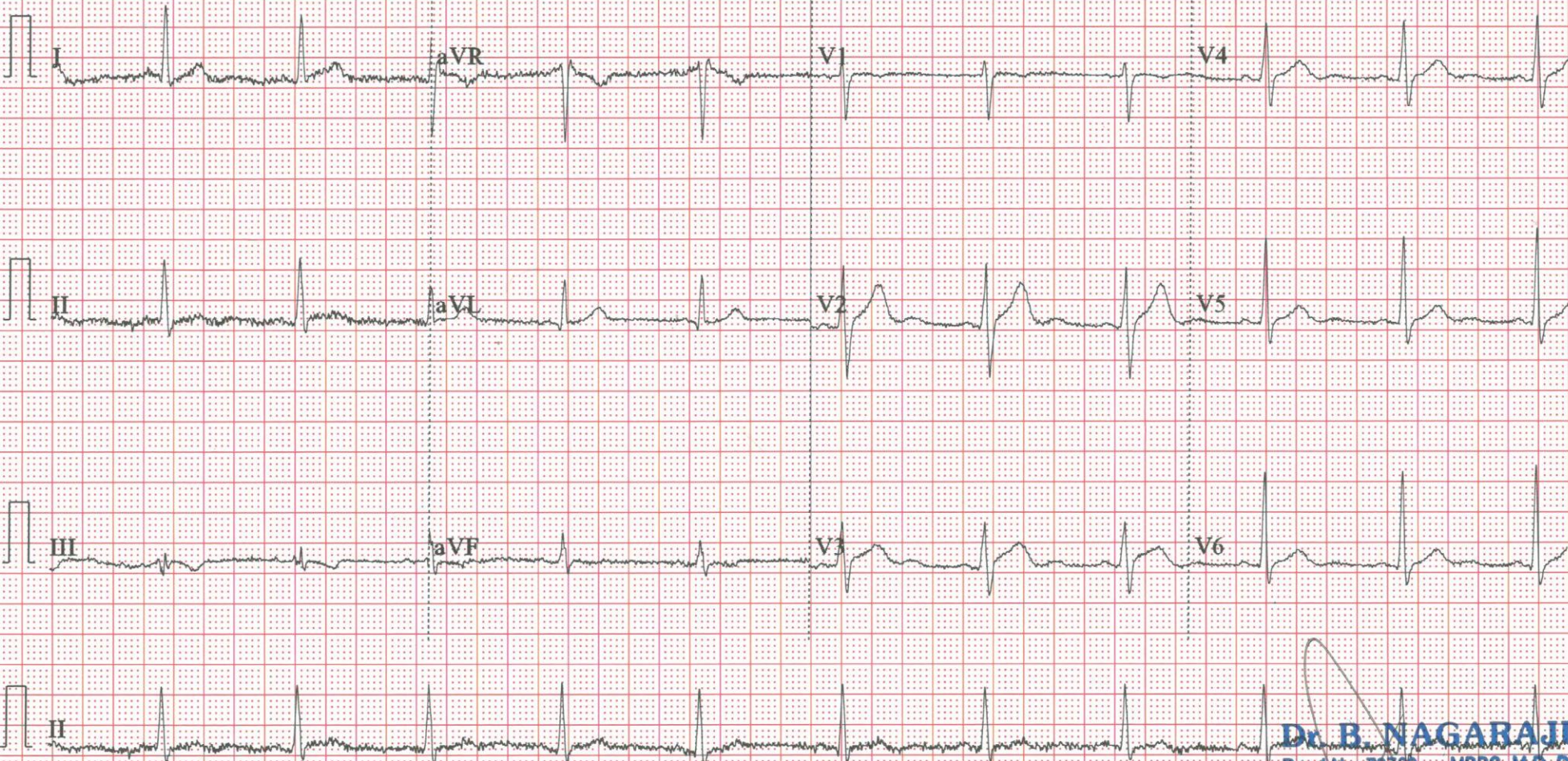
आधार - आम आदमी का अधिकार

ID: 45789
Moddula Veera Sekhar
Male 42Years
Req. No. :

23-12-2023, 10:02:03
HR : 66 bpm
P : 91 ms
PR : 137 ms
QRS : 111 ms
QT/QTcBz : 372/391 ms
P/QRS/T : 28/25/-2 °
RV5/SV1 : 1.468/0.742 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



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

Name: Mr. Maddala Veera Sekhar
Date: 23/12/23 Age: 41 yrs Sex: male
Address: Guntur



Routine Health checkup

ClO Dyslipidemia

NO H/O HTN / DM / CAD / ITR

TEMP: 98
B.P: 150/100 mm
PULSE: 96/min
WEIGHT: 78 kgs
HEIGHT: 167 cm

LDL - 122 mg/dl
TGL - 210 mg/dl
HbA1c - 4.2 %

1) Low salt Diet / ~~Low~~ Low fat food

2) TAB. JAKTEL 40 mg
1 0 0 — (30)

3) TAB. ROZAVEL 10 mg
0 0 1 — (30)

4) CAP. PPBLOCK-DJR
1 0 0 — (30)

DATE: 23-12-23

NAME: MODDULA VEERASEKHAR

AGE: 41/1/11 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>Re</u>			<u>Re</u>		
ADD						

INSTRUCTIONS _____

I.P.D. _____ D.V. _____

N.V. _____ CONSTANT USE _____

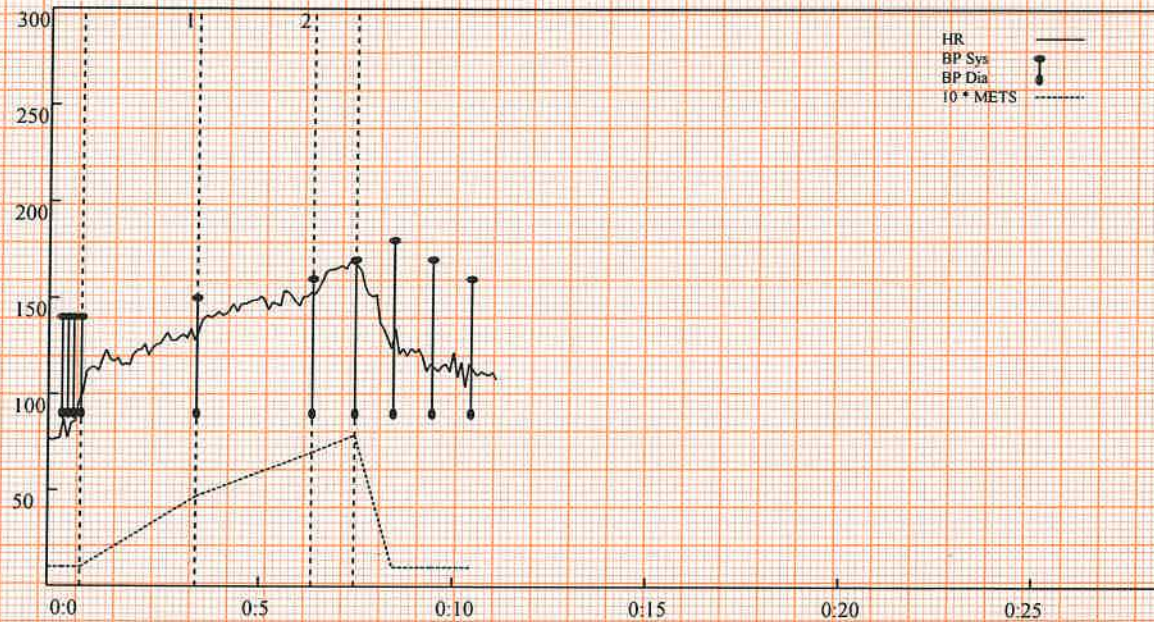
Yoda Diagnostic Guntur

Name: VEERA SEKHAR MODDULA

Date: 23-12-2023

Time: 12:59

Exercise Trend



Interpretation

- The Patient Exercised according to Bruce Protocol for 0:07:05 achieving a work level of 7.9 METS.
Resting Heart Rate, initially 77 bpm rose to a max. heart rate of 169bpm (94% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 140/90 mmHg, rose to a maximum Blood Pressure of 180/90 mmHg
- * No Significant ST-T Changes During Exercise & Recovery
 - * Fair Exercise Tolerance
 - * Test is Negative for Exercise Induced Ischemia.

Dr. B. NAGARAJU
Regd.No: 70766 MBBS, M.D, DM
CONSULTANT CARDIOLOGIST
YODA DIAGNOSTICS-GUNTUR

Ref. Doctor: DR SELF

Schiller Spandan CS-10 Version:2.14

Doctor: DR NAGARAJU

(Summary Report edited by User)

Yoda Diagnostic Guntur

Name: VEERA SEKHAR MODDULA Date: 23-12-2023 Time: 12:59
 Age: 41 Gender: M Height: 167 cms Weight: 78 Kg ID: 45789
 Clinical History: NO
 Medications: NO

Test Details:

Protocol: Bruce Predicted Max HR: 179 Target HR: 152
 Exercise Time: 0:07:05 Achieved Max HR: 169 (94% of Predicted MHR)
 Max BP: 180/90 Max BP x HR: 30420 Max Mets: 7.9
 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	00:21	1	0	0	77	140/90	10780	1.4 V2	-1.2 aVR
Standing	00:09	1	0	0	87	140/90	12180	1 V2	-1.3 aVR
HyperVentilation	00:08	1	0	0	77	140/90	10780	1.1 V2	-1.2 aVR
Pre Test	00:11	1	1.6	0	86	140/90	12040	1.3 V2	-1.5 aVR
Stage: 1	03:00	4.7	2.7	10	134	150/90	20100	-1.4 V5	-2 aVR
Stage: 2	03:00	7	4	12	151	160/90	24160	3.3 aVR	1.5 V2
Peak Exercise	01:05	7.9	5.5	14	169	170/90	28730	-1.2 V1	-2.4 aVR
Recovery1	01:00	1	0	0	129	180/90	23220	1.6 V4	-3.6 aVR
Recovery2	01:00	1	0	0	112	170/90	19040	0.9 V2	2.9 V3
Recovery3	01:00	1	0	0	104	160/90	16640	0.7 V2	-1.8 aVR

Yoda Diagnostic Guntur

VEERA SEKHAR MODDULA

ID: 45789

Date: 23-12-2023

Exec Time : 0:00:00

Stage Time: 00:21

HR: 77 bpm

Bruce Protocol

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 152 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

0.2 0.9

I

V1 0.4 -0.4

0.4 1

II

V2 1.4 1.2

0.4 0.2

III

V3 1.1 1.1

-0.5 -1.2

aVR

V4 0.6 1.1

0.2 0.3

aVL

V5 0.6 0.8

0.4 0.7

aVF

V6 0.5 0.6

II

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spandan CS-10 Version:2.14

MICRO MED CHARTS

Yoda Diagnostic Guntur

VEERA SEKHAR MODDULA

Bruce Protocol

ID: 45789

Date: 23-12-2023

Exec Time : 0:00:00

Stage Time: 00:09

HR: 87 bpm

BP: 140/90 mmHg

Stage: Standing

Speed: 0

Slope: 0 %

THR: 152 bpm

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

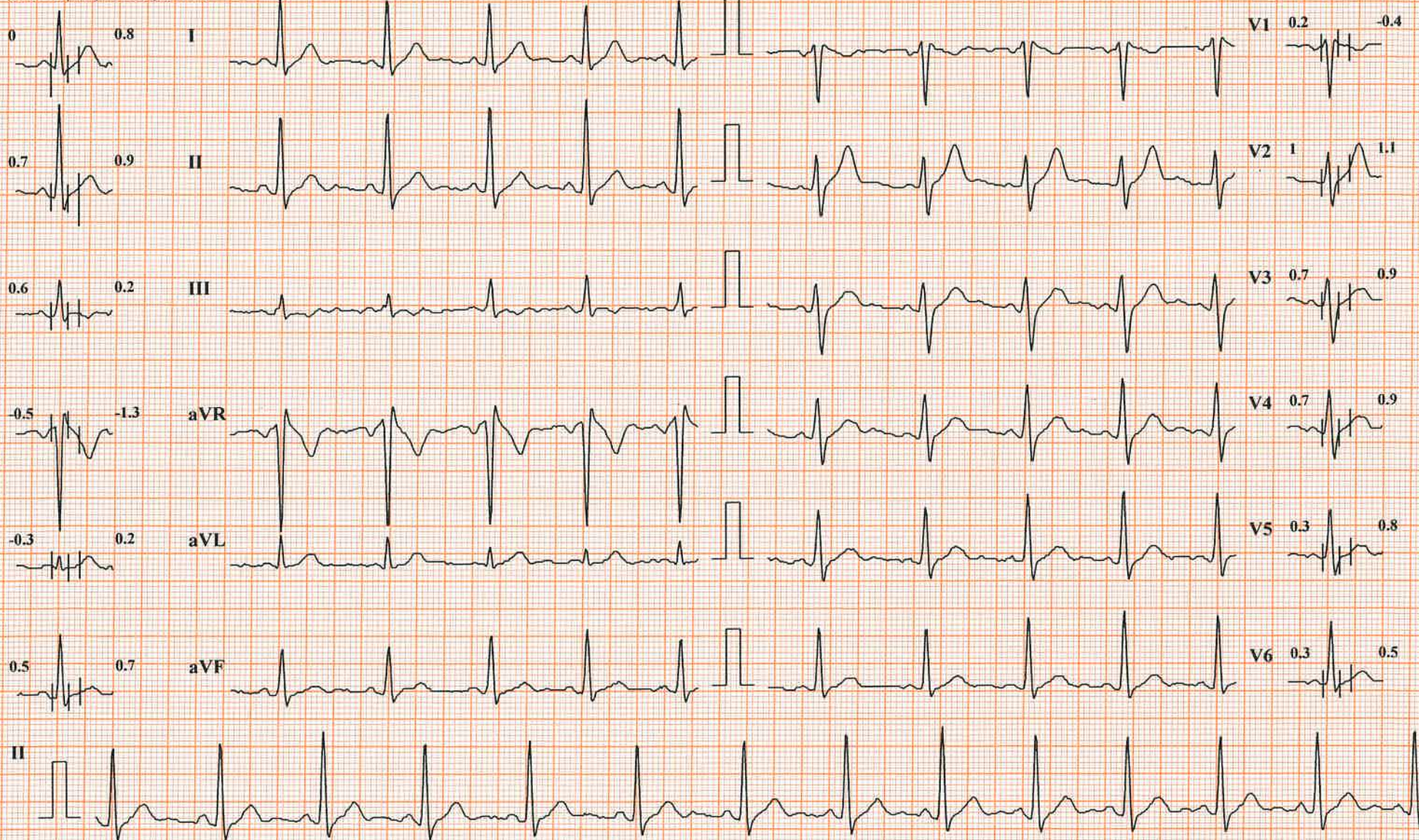


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spandan CS-10 Version:2.14

MICRO MED CHARTS

Yoda Diagnostic Guntur

VEERA SEKHAR MODDULA

Bruce Protocol

ID: 45789

Date: 23-12-2023

Exec Time : 0:00:00

Stage Time: 00:08

HR: 77 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

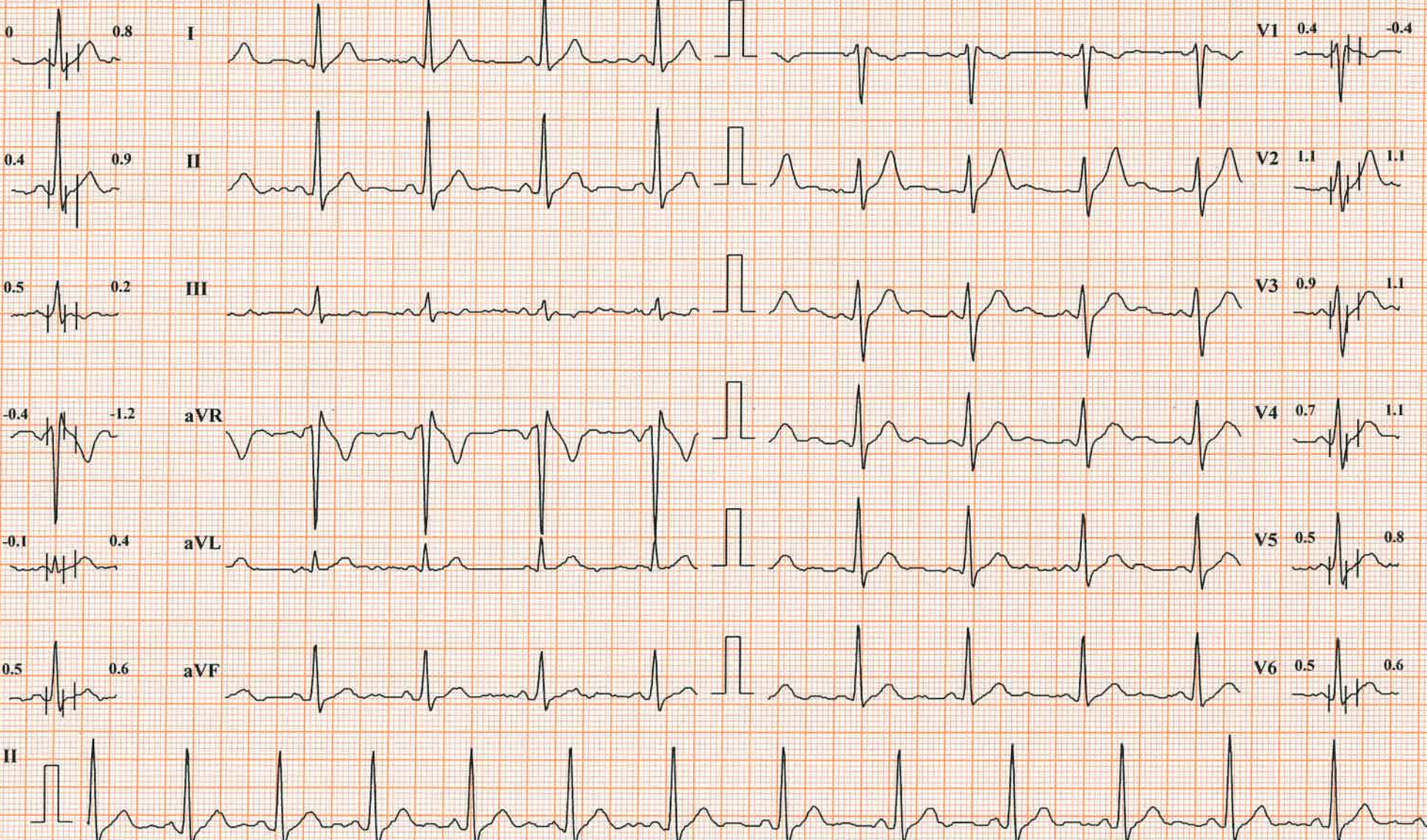
Stage: HyperVentilation

Speed: 0

Slope: 0 %

THR: 152 bpm

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

VEERA SEKHAR MODDULA

Bruce Protocol

ID: 45789

Date: 23-12-2023

Exec Time : 0:03:00

Stage Time: 03:00

HR: 134 bpm

BP: 150/90 mmHg

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 152 bpm

STLevel(mm) STSlope(mV/s)

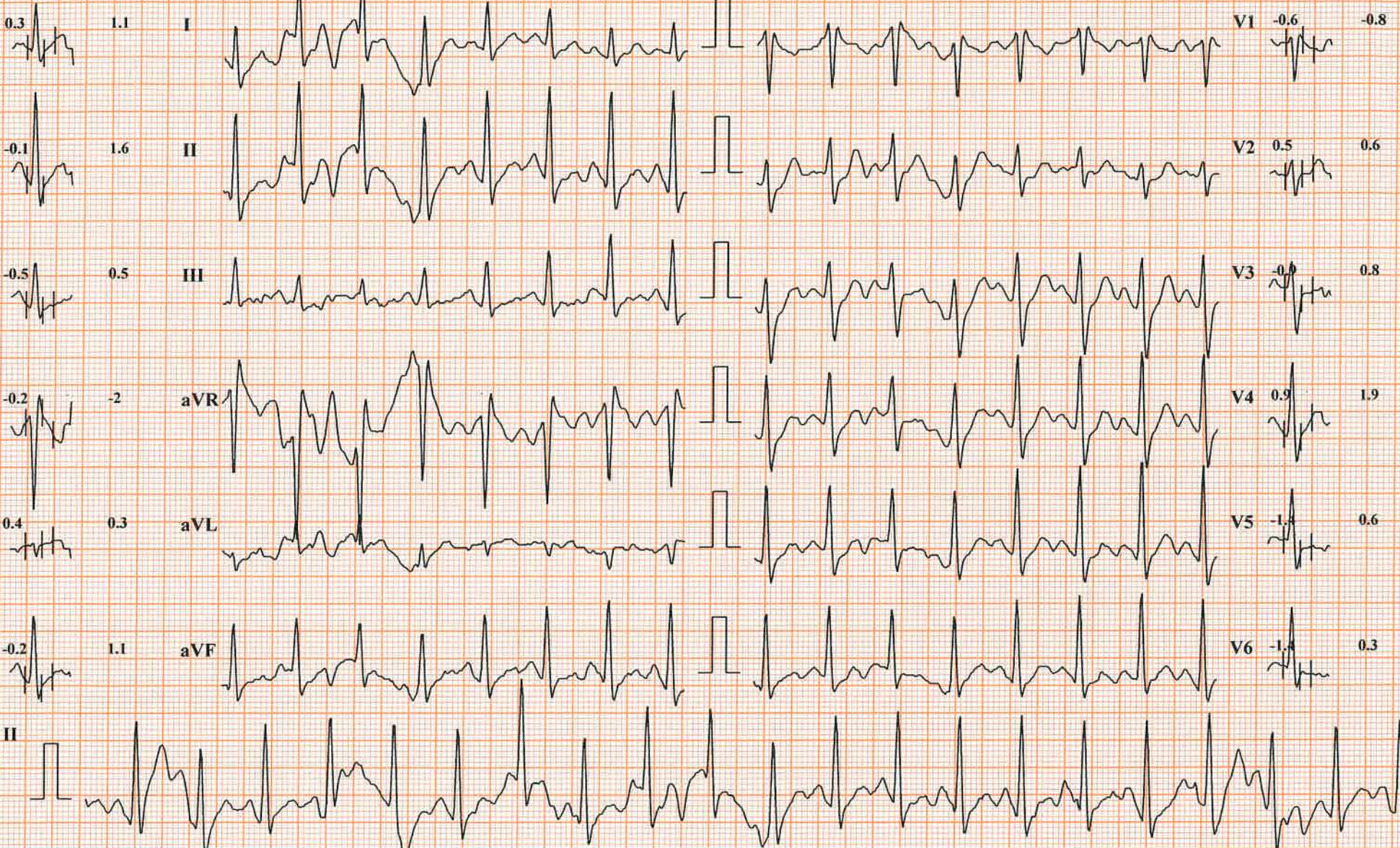


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz

Mains Filter: ON

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

Schiller Spandan CS-10 Version: 2.14

Yoda Diagnostic Guntur

VEERA SEKHAR MODDULA

Bruce Protocol

ID: 45789

Date: 23-12-2023

Exec Time : 0:06:00

Stage Time: 03:00

HR: 151 bpm

STLevel(mm) STSlope(mV/s)

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 152 bpm

BP: 160/90 mmHg

STLevel(mm) STSlope(mV/s)

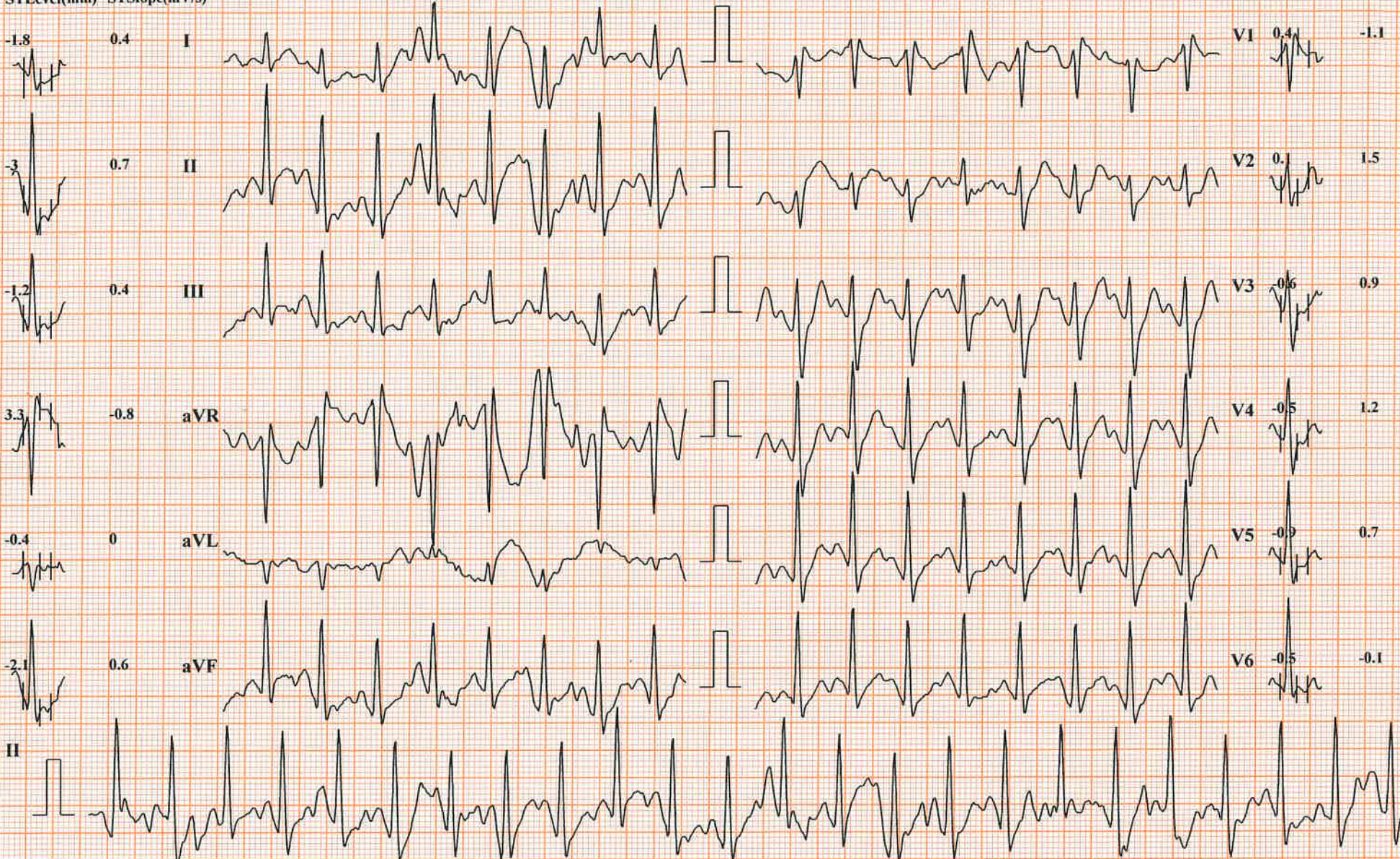


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spandan CS-10 Version: 2.14

Yoda Diagnostic Guntur

VEERA SEKHAR MODDULA

Bruce Protocol

ID: 45789

Date: 23-12-2023

Exec Time : 0:07:05

Stage Time: 01:05

HR: 169 bpm

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Slope: 14 %

THR: 152 bpm

BP: 170/90 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

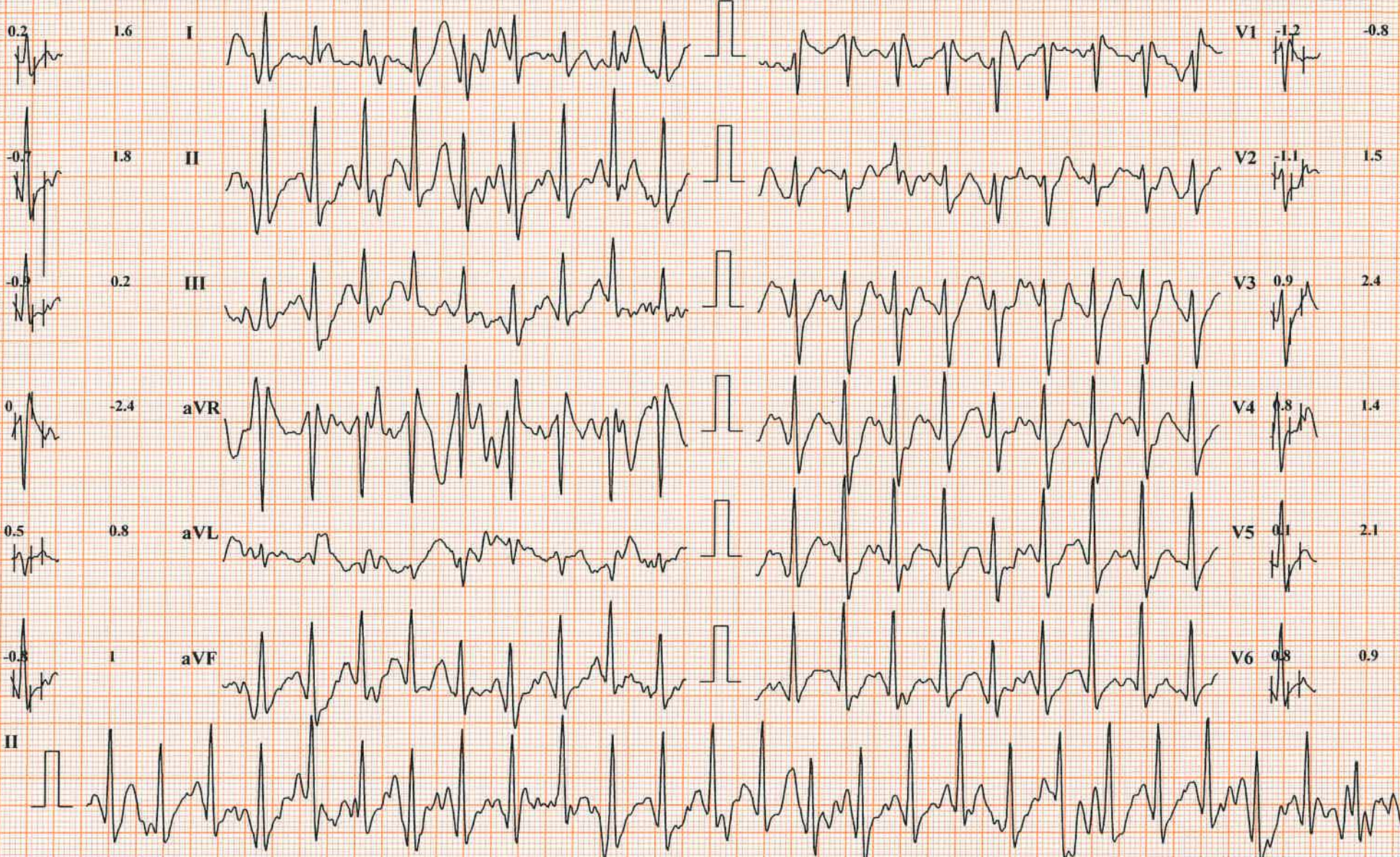


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz

Mains Filter: ON

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

Schiller Spandan CS-10 Version 2.14

Yoda Diagnostic Guntur

VEERA SEKHAR MODDULA

Bruce Protocol

ID: 45789

Date: 23-12-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 129 bpm

BP: 180/90 mmHg

Stage: Recovery I

Speed: 0 kmph

Slope: 0 %

THR: 152 bpm

STLevel(mm) STSlope(mV/s)

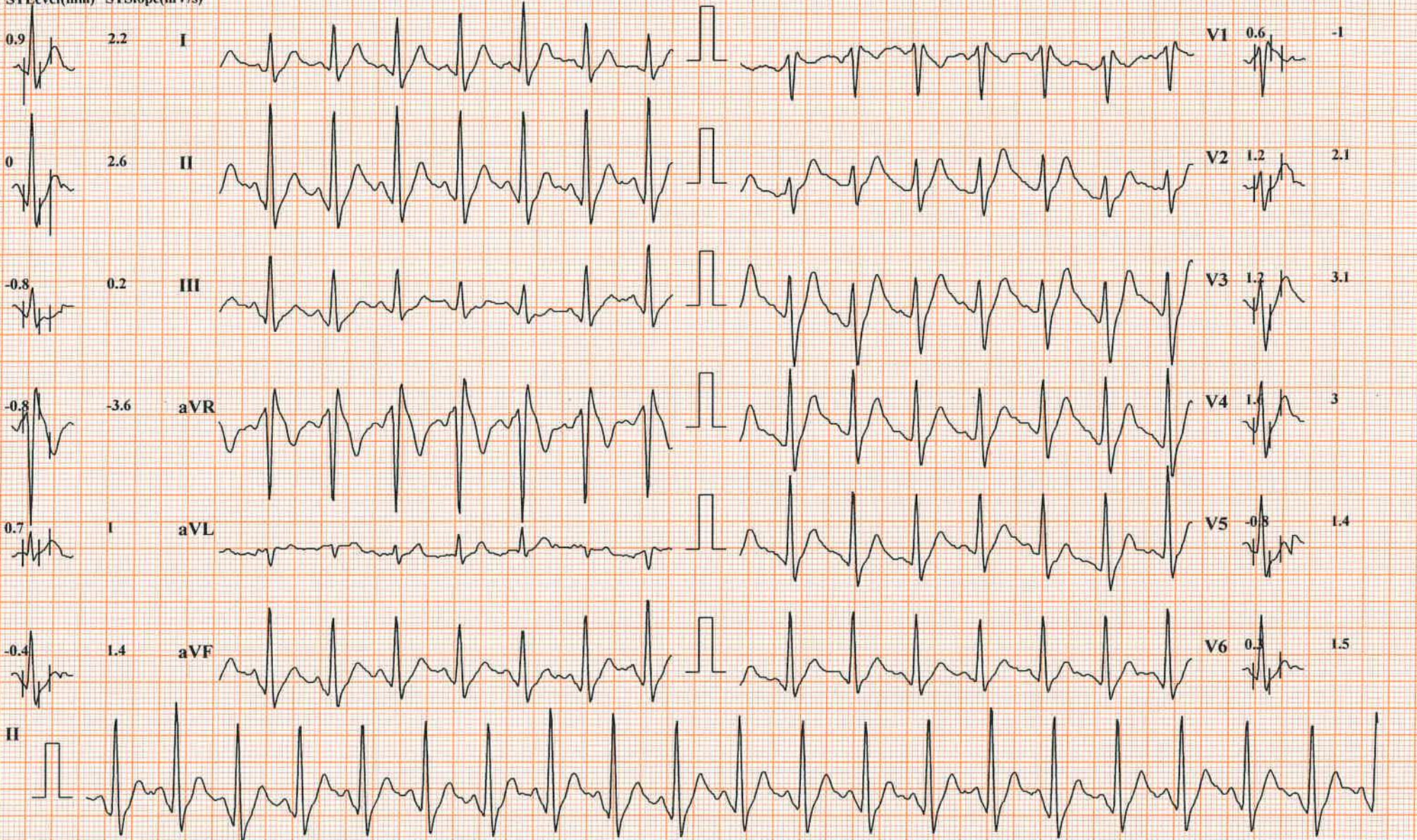


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz

Mains Filter: ON

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

Schiller Spandan CS-10 Version:2.14

Yoda Diagnostic Guntur

VEERA SEKHAR MODDULA

Bruce Protocol

ID: 45789

Date: 23-12-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 112 bpm

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 152 bpm

BP: 170/90 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

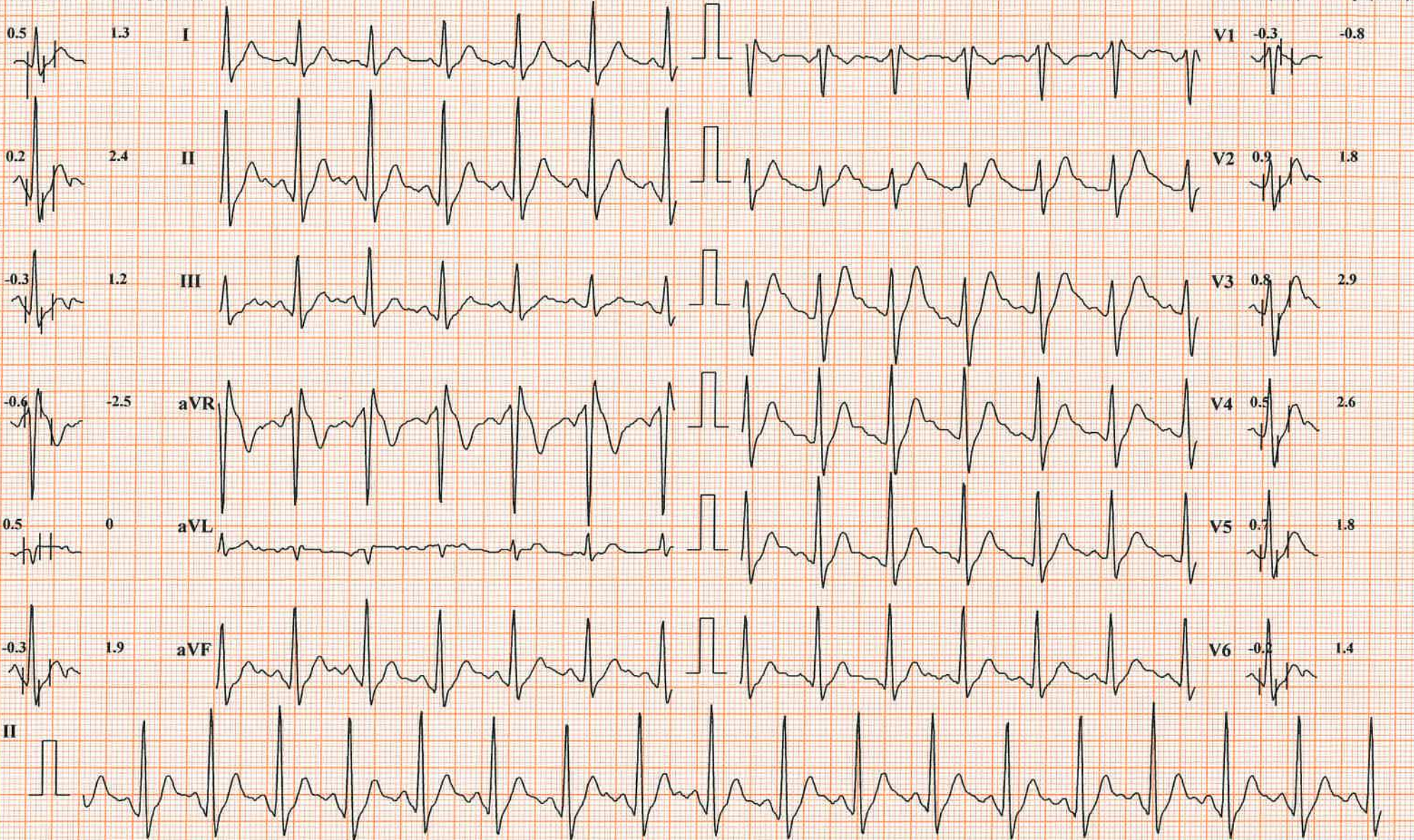


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spandan CS-10 Version 2.14

Yoda Diagnostic Guntur

VEERA SEKHAR MODDULA

Bruce Protocol

ID: 45789

Date: 23-12-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 104 bpm

BP: 160/90 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 152 bpm

STLevel(mm) STSlope(mV/s)

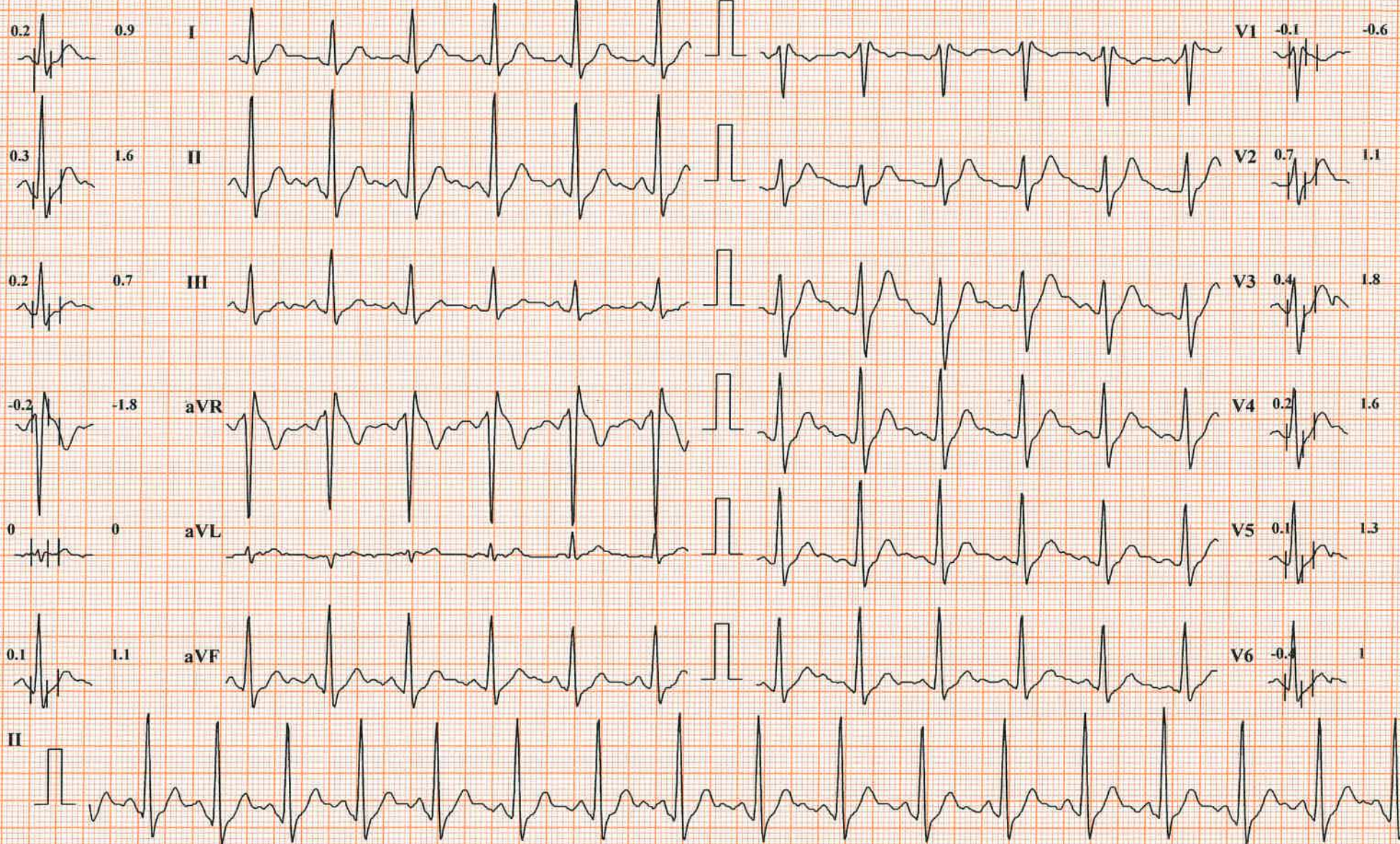


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spandan CS-10 Version 2.14

Yoda Diagnostic Guntur

VEERA SEKHAR MODDULA

Bruce Protocol

ID: 45789

Date: 23-12-2023

Exec Time : 00:00

Stage Time: 00:46

HR: 112 bpm

BP: 150/90 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Recovery4

Speed: 0 kmph

Slope: 0 %

THR: 152 bpm

STLevel(mm) STSlope(mV/s)

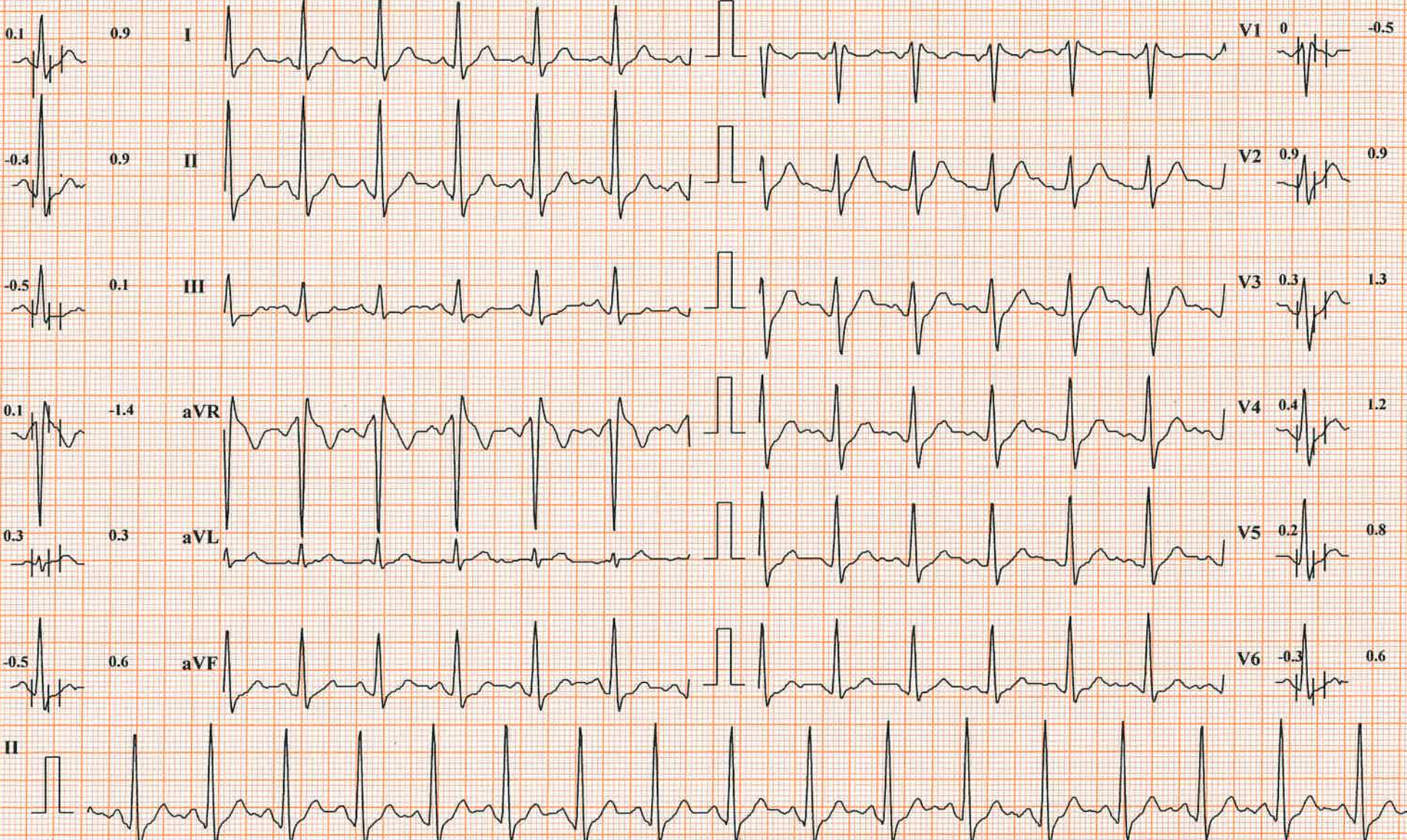


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spandan CS-10 Version 2.14



YOQA
DIAGNOSTICS



 **GPS Map Camera**



Guntur, Andhra Pradesh, India
3-1-219/2, Old Club Rd, Gunturi Vari Thota, Kothapeta, Guntur,
Andhra Pradesh 522001, India
Lat 16.299212°
Long 80.451596°
23/12/23 08:29 AM GMT +05:30