

Visit ID : YGT45790	UHID/MR No : YGT.0000045637
Patient Name : Mrs. M THRIVENI	Client Code : 1409
Age/Gender : 37 Y 0 M 0 D /F	Barcode No : 10853491
DOB :	Registration : 23/Dec/2023 08:40AM
Ref Doctor : SELF	Collected : 23/Dec/2023 08:48AM
Client Name : MEDI WHEELS	Received : 23/Dec/2023 09:07AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 23/Dec/2023 09:17AM
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)	12.4	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	4.37	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	35.5	%	36.0 - 46.0	RBC pulse height detection
MCV	81.3	fL	83 - 101	Automated/Calculated
MCH	28.4	pg	27 - 32	Automated/Calculated
MCHC	35.0	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	14.2	%	11.0-16.0	Automated Calculated
RDW - SD	44.1	fl	35.0-56.0	Calculated
MPV	8.5	fL	6.5 - 10.0	Calculated
PDW	15.8	fL	8.30-25.00	Calculated
PCT	0.22	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	9,270	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	59	%	40 - 80	Impedance
LYMPHOCYTE	36	%	20 - 40	Impedance
EOSINOPHIL	01	%	01 - 06	Impedance
MONOCYTE	04	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	2.63	Lakhs/cumm	1.50 - 4.10	Impedance

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

 Verified By :
 Kollipara Venkateswara Rao


Approved By :


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 MBBS, DCP
 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	55	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


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CUE (COMPLETE URINE EXAMINATION)

Sample Type : SPOT URINE				
PHYSICAL EXAMINATION				
TOTAL VOLUME	10 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.025		1.003 - 1.035	Bromothymol Blue
CHEMICAL EXAMINATION				
pH	7.0		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	3-4	/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 HAEMATOLOGY

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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. Advsiied cross matching before transfusion

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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FBS (GLUCOSE FASTING)

Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	113	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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Ref Doctor : SELF	Collected : 23/Dec/2023 10:51AM
Client Name : MEDI WHEELS	Received : 23/Dec/2023 11:03AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 23/Dec/2023 11:27AM
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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 : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	167	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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HBA1C

Sample Type : WHOLE BLOOD EDTA

HBA1c RESULT	6.1	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	128	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 ***

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Test Name	Result	Unit	Biological Ref. Range	Method
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THYROID PROFILE (T3,T4,TSH)
Sample Type : SERUM

T3	1.12	ng/ml	0.60 - 1.78	CLIA
T4	9.48	ug/dl	4.82-15.65	CLIA
TSH	1.90	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	40	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	138.8	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	131	mg/dl	See Table	GPO
VLDL	26.2	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	5.13		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	3.28	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	165	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	4.6	mg/dl	2.6 - 6.0	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	17	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	7.9	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	0.76	mg/dl	0.51 - 0.95	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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BUN/CREATININE RATIO

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	7.9	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.76	mg/dl	0.51 - 0.95	KINETIC-JAFFE
BUN/CREATININE RATIO	10.44	Ratio	6 - 25	Calculated

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LIVER FUNCTION TEST(LFT)


Sample Type : SERUM				
TOTAL BILIRUBIN	0.86	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.17	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.69	mg/dl		Calculated
S.G.O.T	18	U/L	< 35	KINETIC WITHOUT P5P-IFCC
S.G.P.T	12	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	87	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.2	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.3	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.9	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.48			Calculated

*** End Of Report ***

Verified By :
Kollipara Venkateswara Rao



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT45790	UHID/MR No	: YGT.0000045637
Patient Name	: Mrs. M THRIVENI	Client Code	: 1409
Age/Gender	: 37 Y 0 M 0 D /F	Barcode No	: 10853491
DOB	:	Registration	: 23/Dec/2023 08:40AM
Ref Doctor	: SELF	Collected	: 23/Dec/2023 08:40AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Dec/2023 11:30AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGYX-RAY CHEST PA VIEWFindings:

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 :

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

Visit ID	: YGT45790	UHID/MR No	: YGT.0000045637
Patient Name	: Mrs. M THRIVENI	Client Code	: 1409
Age/Gender	: 37 Y 0 M 0 D /F	Barcode No	: 10853491
DOB	:	Registration	: 23/Dec/2023 08:40AM
Ref Doctor	: SELF	Collected	: 23/Dec/2023 08:40AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Dec/2023 11:06AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN & PELVIS**

Clinical Details : General check-up.

L I V E R : Normal in size (13.3 cm) and echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated. Visualised common bile duct & portal vein appears normal.

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

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

SPLEEN : Normal in size (9.7 cm) and echotexture. No focal lesion is seen.

R I G H T K I D N E Y : measures 10.8 x 4.7 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

L E F T K I D N E Y : measures 12.1 x 5.1 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.

U R I N A R Y B L A D D E R : Well distended. No evidence of calculi or wall thickening.

U T E R U S : Anteverted, measures 8.2 x 5.1 x 6.2 cm, normal in size. Myometrium shows normal echo-texture. No focal lesion is seen. Endometrial thickness is 11 mm.

Right ovary measures 3.6 x 2.9 cm and left ovary measures 2.5 x 1.9 x 2.3 cm, vol : 6 cc.
Both ovaries are normal in size & echotexture. 1.9 x 1.9 cm follicle noted in right ovary.

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

No free fluid is seen in pelvis.

IMPRESSION:

- No obvious sonographic abnormality detected.

Verified By :
SUSHMA VUYYURU



Approved By :


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

Visit ID	: YGT45790	UHID/MR No	: YGT.0000045637
Patient Name	: Mrs. M THRIVENI	Client Code	: 1409
Age/Gender	: 37 Y 0 M 0 D /F	Barcode No	: 10853491
DOB	:	Registration	: 23/Dec/2023 08:40AM
Ref Doctor	: SELF	Collected	: 23/Dec/2023 08:40AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Dec/2023 11:06AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY

- 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	: YGT45790	UHID/MR No	: YGT.0000045637
Patient Name	: Mrs. M THRIVENI	Client Code	: 1409
Age/Gender	: 37 Y 0 M 0 D /F	Barcode No	: 10853491
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Ref Doctor	: SELF	Collected	: 23/Dec/2023 08:40AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Dec/2023 01:50PM
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 : 2.7 cms
LEFT VENTRICLE : EDD : 4.4 cm IVS(d) : 0.7 cm LVEF : 71 %
ESD : 2.6 cm PW (d) : 1.0 cm FS : 40 %
No RWMA
IAS : Intact
IVS : Intact
AORTA : -cms
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	: YGT45790	UHID/MR No	: YGT.0000045637
Patient Name	: Mrs. M THRIVENI	Client Code	: 1409
Age/Gender	: 37 Y 0 M 0 D /F	Barcode No	: 10853491
DOB	:	Registration	: 23/Dec/2023 08:40AM
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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Dec/2023 01:50PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**DOPPLER STUDY :**

MITRAL FLOW : E -1.7 m/sec, A -1.0 m/sec.
AORTIC FLOW : 1.2m/sec
PULMONARY FLOW : 1.1m/sec
TRICUSPID FLOW : TRJV :2.2 m/sec, RVSP -32 mmHg

COLOUR FLOW MAPPING: TRIVIAL TR

IMPRESSION :


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

*** End Of Report ***

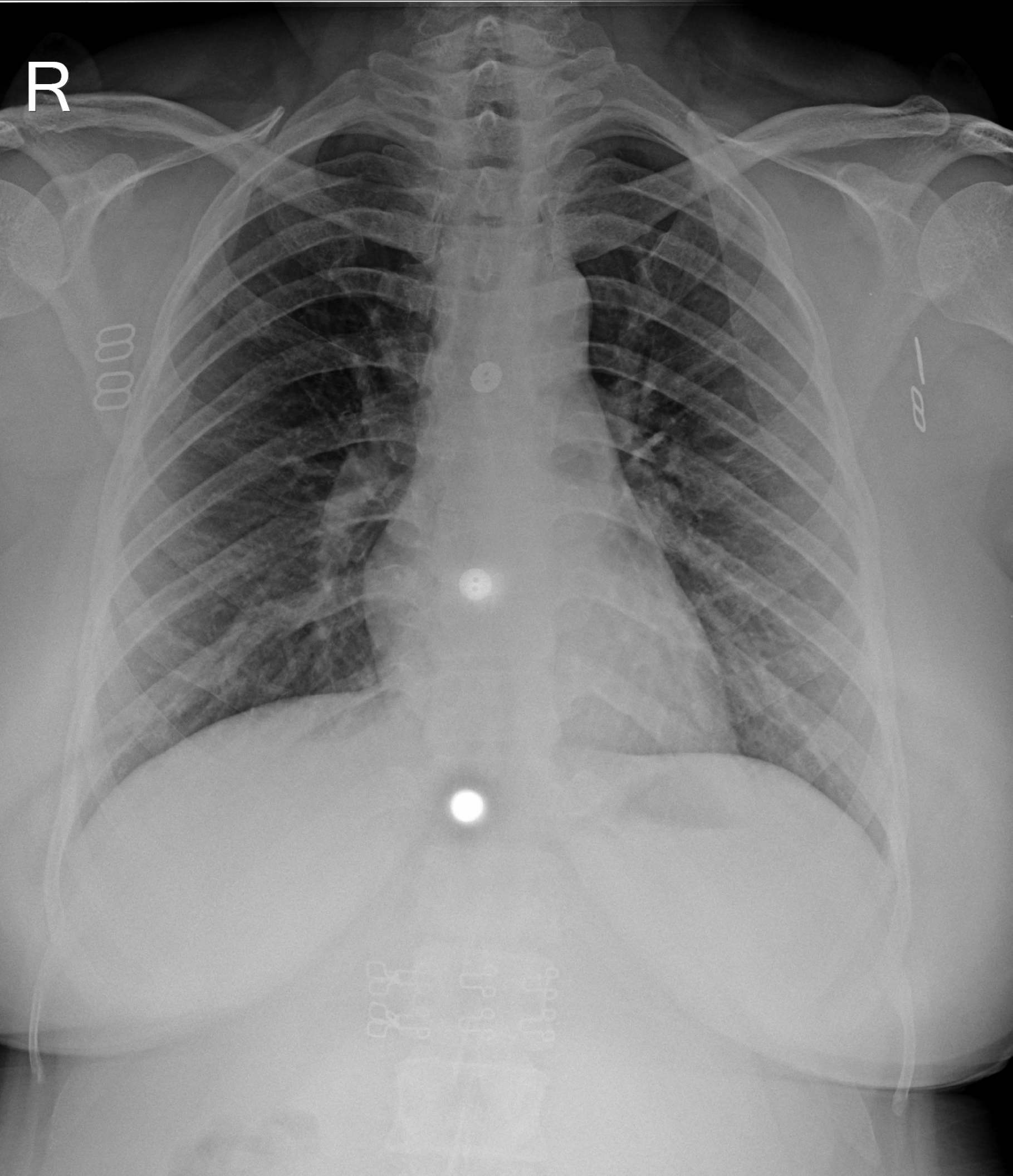
Verified By :
B NAGARAJU



Approved By :


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

R



M THRIVENI 37Y F YGT45790 CHEST PA 23-Dec-23

YODA DIAGNOSTICS



सत्यमेव जयते
भारत सरकार



आधार

భారత ప్రభుత్వము
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్ సంఖ్య / Enrollment No.: 0648/80517/80462

To

త్రివేణి మోడ్దుల

Thriveni Moddula

C/O: M Veera Sekhar,

Flat No 503, Sai Siri Apartment, 2nd Lane,

Kodandarama Nagar,

VTC: Guntur,

PO: Guntur Collectorate,

Sub District: Guntur, District: Guntur,

State: Andhra Pradesh,

PIN Code: 522004,

Mobile: 9398775608

1873982999



MG873982995FI



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

5720 2529 1882

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వము

Government of India



ఆధార్

Issue Date : 24/05/2013



త్రివేణి మోడ్దుల

Thriveni Moddula

పుట్టిన తేదీ / DOB : 10/06/1986

స్త్రీ / Female

5720 2529 1882

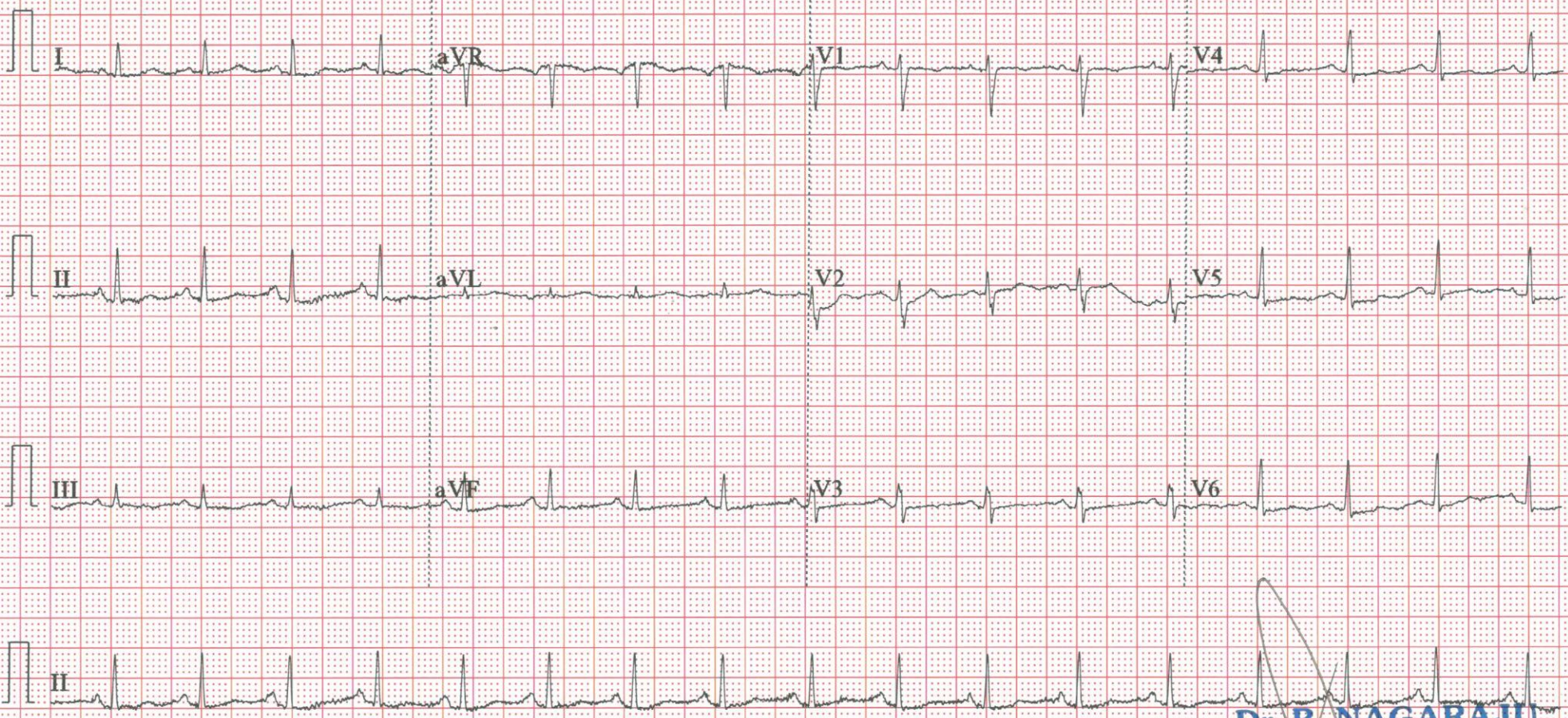
నా ఆధార్, నా గుర్తింపు

ID: 45790
M Thriveni
Female 37Years
Req. No. :

23-12-2023, 09:56:47
HR : 102 bpm
P : 89 ms
PR : 133 ms
QRS : 70 ms
QT/QTcBz : 340/444 ms
P/QRS/T : 63/56/43 °
RV5/SV1 : 0.846/0.730 mV

Diagnosis Information:
Sinus Tachycardia
Low T Wave(II,III,aVF,V3,V4,V5,V6)
Low Voltage(Chest Leads)

Report Confirmed by:



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

Name: Mrs. M. Thiriveni
Date: 22/12/23 Age: 37 yrs Sex: Female
Address: Guntur



Routine Health checkup

C/O NOSE BLOCK

NO H/O HTN / DM / CAD / ITR

TEMP: ...N...
B.P: 110/80 mmHg
PULSE: 102/min
WEIGHT: 81 kgs
HEIGHT: 158 cm

LDL - 138 mg/dl

HbA1c - 6.1%

FBS - 113 mg/dl

PPBS - 167 mg/dl

1) Low Fat Diet / Diabetic Diet

2) TAB. JAKROSE 10mg

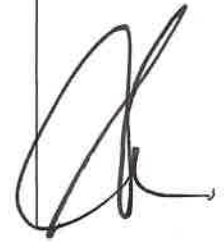
0 - 0 - 1 - (30)

3) CAP. J-POWER

0 - 0 - 1 - (30)

TO CONSULT ENT Surgeon

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



DATE: 23-12-23NAME: H. THIRUVENIAGE: 37/A 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>02</u>			<u>02</u>		
ADD						

INSTRUCTIONS _____

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

N.V. _____ CONSTANT USE _____

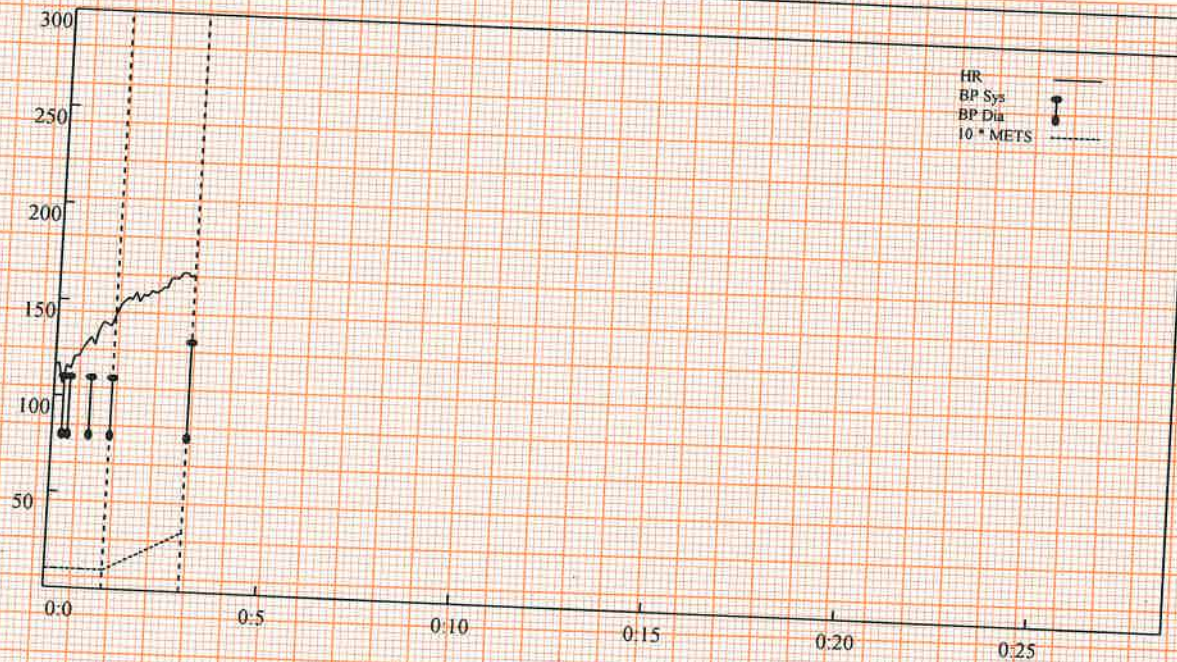
Yoda Diagnostic Guntur

Name: **THRIVENI M**

Date: 23-12-2023

Time: 12:44

Exercise Trend



Interpretation

- The Patient Exercised according to Bruce Protocol for 0:02:01 achieving a work level of 3.1 METS.
Resting Heart Rate, initially 117 bpm rose to a max. heart rate of 165bpm (90% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 110/80 mmHg, rose to a maximum Blood Pressure of 130/80 mmHg
- * No Significant ST-T Changes During Exercise & Recovery
 - * Fair Exercise Tolerance
 - * Test is Negative for Exercise Induced Ischemia.

Ref. Doctor: **DR SELF**

Schiller Spandan CS-10 Version:2.14

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

Doctor: **DR NAGARAJU**

(Summary Report edited by User)

Yoda Diagnostic Guntur

Name: THRIVENI M **Date: 23-12-2023** **Time: 12:44**
Age: 37 **Gender: F** **Height: 158 cms** **Weight: 81 Kg** **ID: 45790**
Clinical History: NO
Medications: NO

Test Details:
Protocol: Bruce **Predicted Max HR: 183** **Target HR: 155**
Exercise Time: 0:02:01 **Achieved Max HR: 165 (90% of Predicted MHR)**
Max BP: 130/80 **Max BP x HR: 21450** **Max Mets: 3.1**
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	00:14	1	0	0	117	110/80	12870	1 V1	0.4 II
Standing	00:09	1	0	0	106	110/80	11660	0.5 V2	0.4 II
HyperVentilation	00:34	1	0	0	128	110/80	14080	1.3 aVR	0.6 II
Pre Test	00:34	1	1.6	0	137	110/80	15070	-2.2 aVR	-1.2 aVR
Peak Exercise	02:01	3.1	2.7	10	164	130/80	21320	-2.4 II	-1 aVR

Yoda Diagnostic Guntur

THRIVENI M

Bruce Protocol

ID: 45790

Date: 23-12-2023

Exec Time : 0:00:00

Stage Time: 00:14

HR: 117 bpm

BP: 110/80 mmHg

STLevel(mm) STSlope(mV/s)

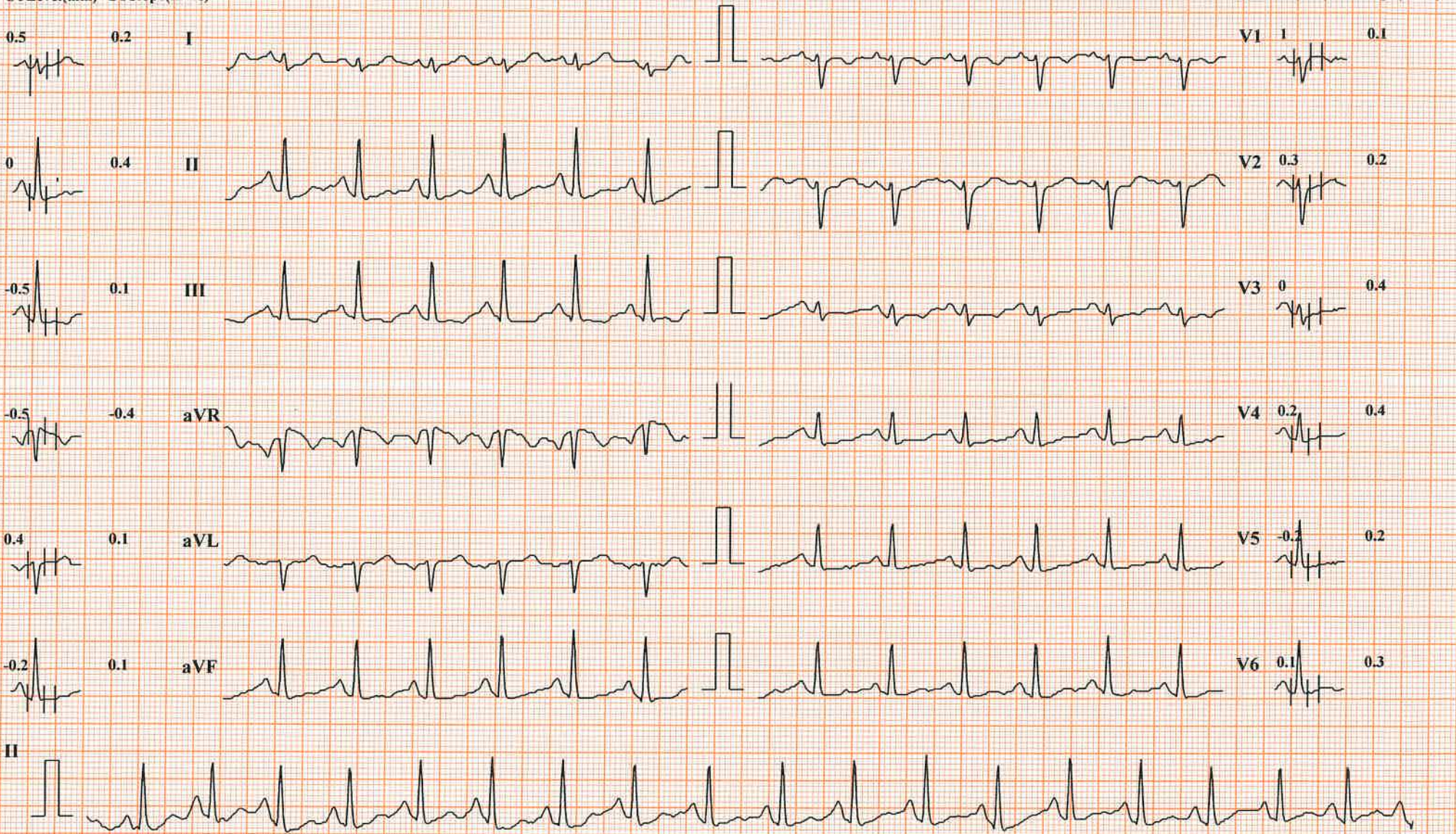
Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 155 bpm

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

THRIVENI M

Bruce Protocol

ID: 45790

Date: 23-12-2023

Exec Time : 0:00:00

Stage Time: 00:09

HR: 106 bpm

BP: 110/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Standing

Speed: 0

Slope: 0 %

THR: 155 bpm

STLevel(mm) STSlope(mV/s)

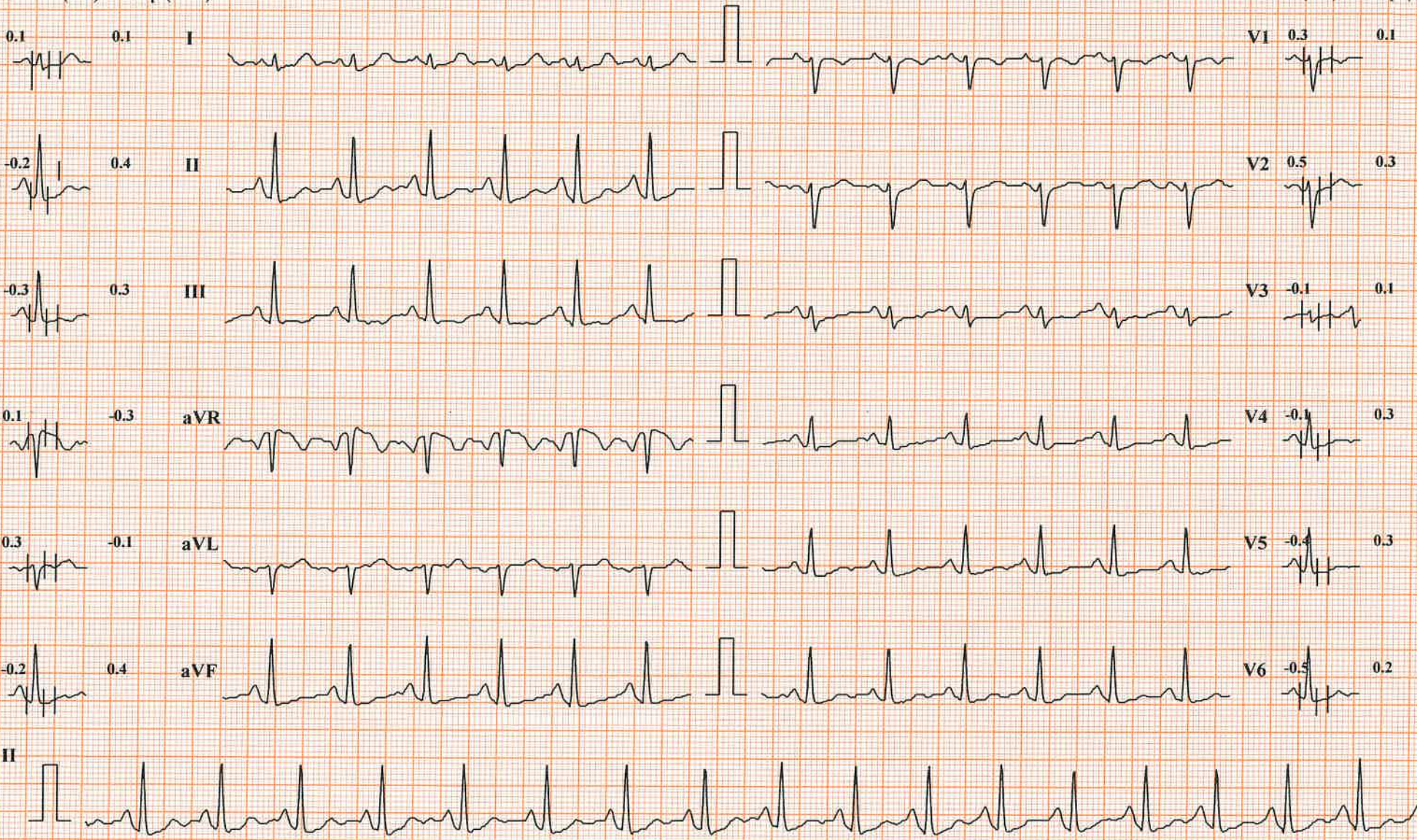


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spandan CS-10 Version:2.14

MICRO MED CHARTS

Yoda Diagnostic Guntur

THRIVENI M

Bruce Protocol

ID: 45790

Date: 23-12-2023

Exec Time : 0:00:00

Stage Time: 00:34

HR: 128 bpm

Stage: HyperVentilation

Speed: 0

Slope: 0 %

THR: 155 bpm

BP: 110/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

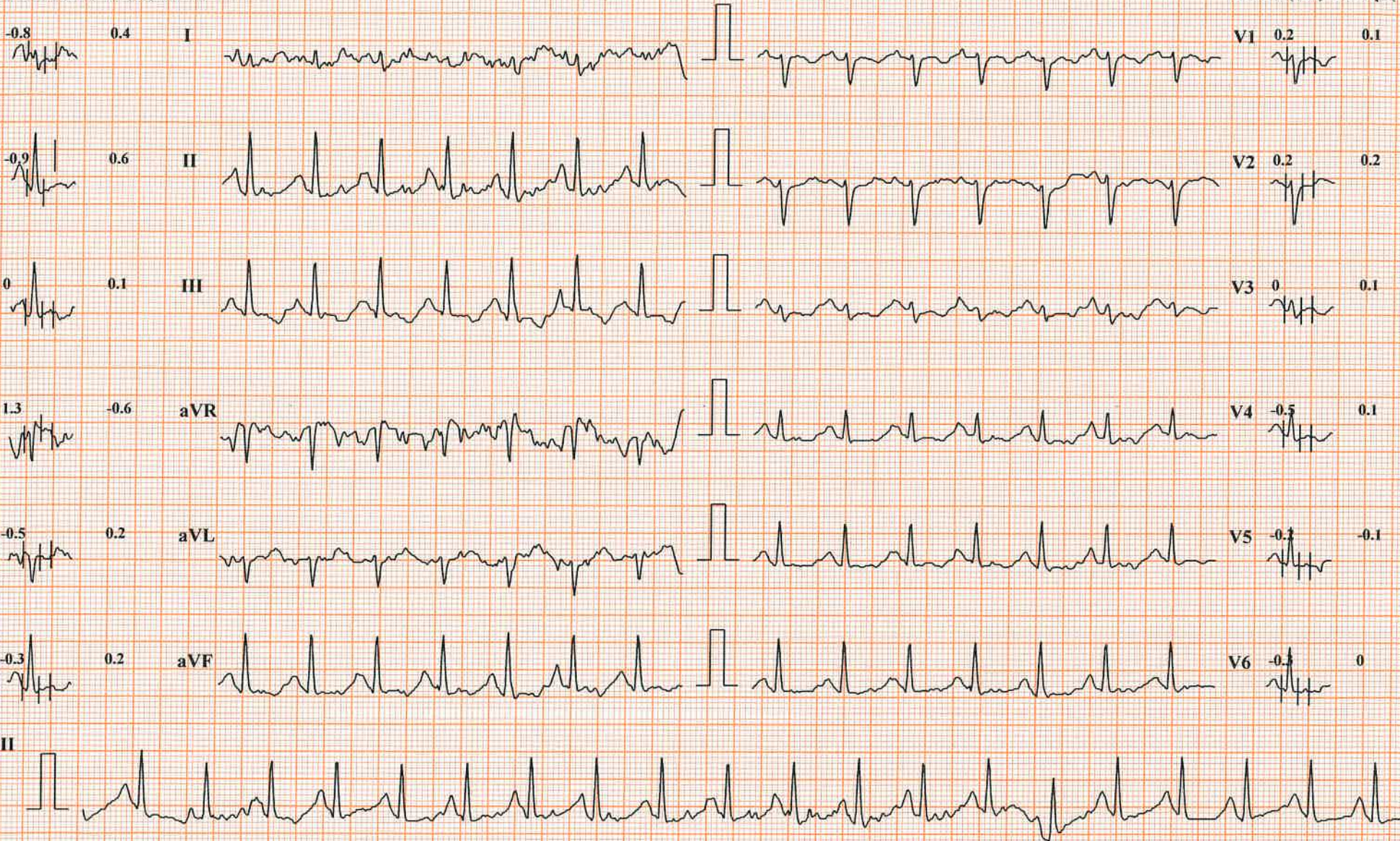


Chart Speed: 25 mm/sec

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

THRIVENI M

Bruce Protocol

ID: 45790

Date: 23-12-2023

Exec Time : 0:02:01

Stage Time: 02:01

HR: 164 bpm

Stage: 1 Peak Exercise

Speed: 2.7 kmph

Slope: 10 %

THR: 155 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

-0.6 0.6

I

V1

-0.1

0.3

-2.4

0.8

II

V2

1

0.7

-1.7

0.2

III

V3

0.4

0.4

1.7

-1

aVR

V4

-0.2

0.8

0.6

0.1

aVL

V5

-1

0.7

-2.2

0.5

aVF

V6

-0.3

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

Yoda Diagnostic Guntur

THRIVENI M

Bruce Protocol

ID: 45790

Date: 23-12-2023

Exec Time : 00:00

Stage Time: 00:05

HR: 117 bpm

Stage: ~~Recovery~~ Recovery 1

Speed: 0 kmph

Grade: 0%

THR: 155 bpm

BP: 110/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

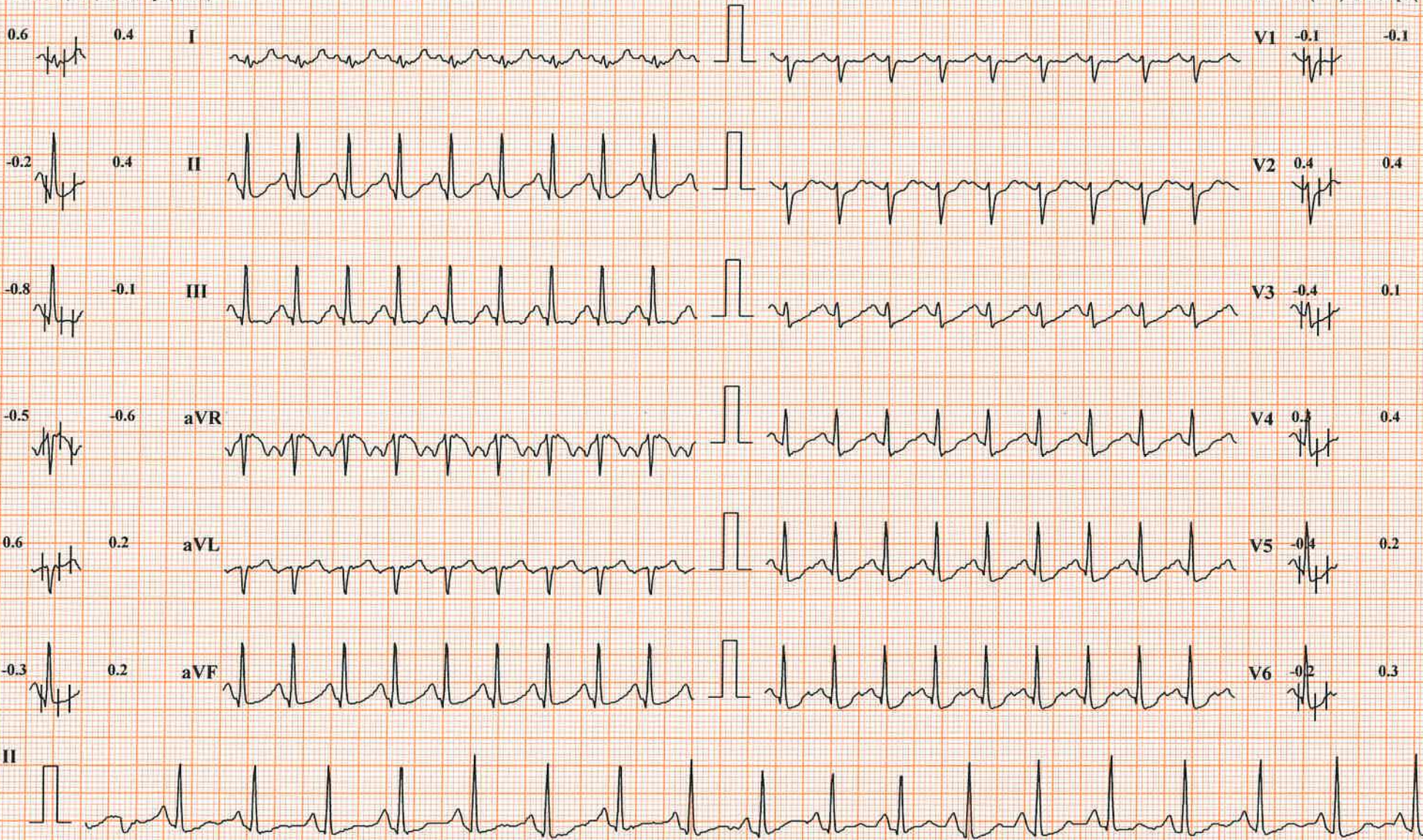


Chart Speed: 25 mm/sec

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

Linked Median

MICRO MED CHARTS

Yoda Diagnostic Guntur

THRIVENI M

Bruce Protocol

ID: 45790

Date: 23-12-2023

Exec Time : 00:00

Stage Time: 00:21

HR: 125 bpm

Stage: ~~1~~ **Recovery 2**

Speed: 0 kmph

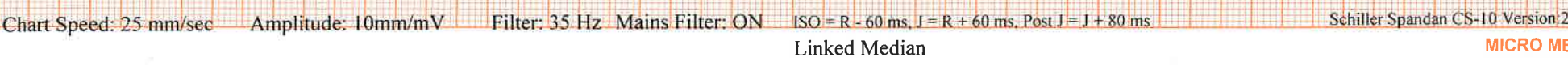
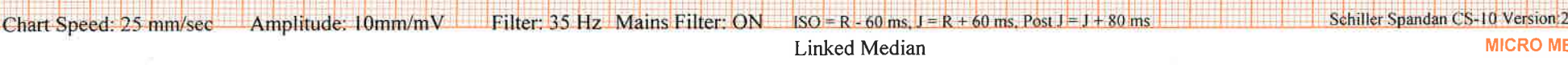
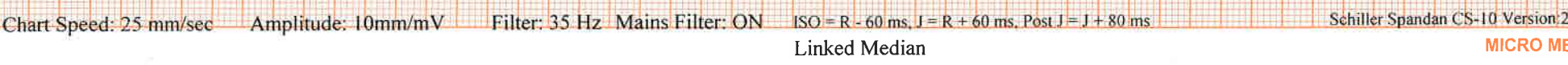
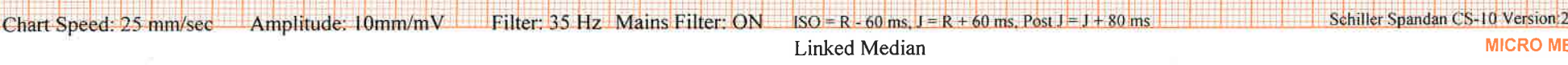
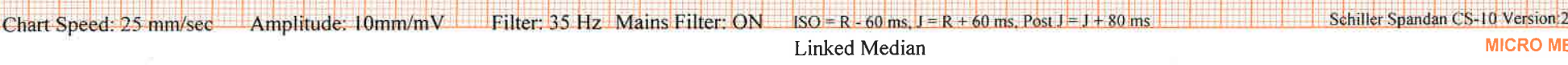
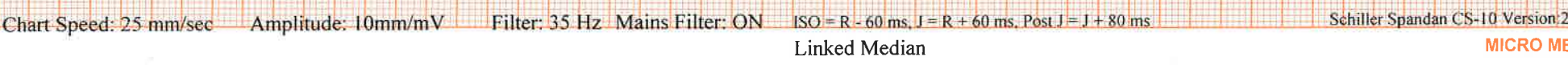
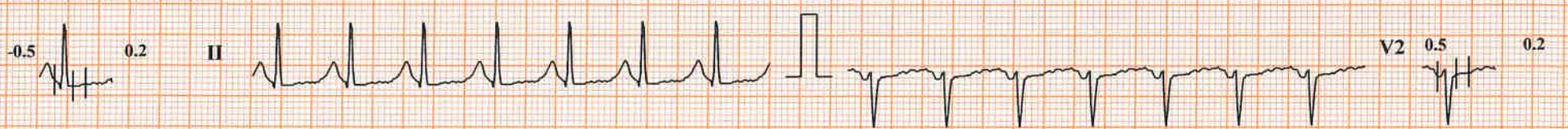
Grade: 0%

THR: 155 bpm

BP: 110/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)





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 08:30 AM GMT +05:30

