

Visit ID	: YGT57878	UHID/MR No	: YGT.0000057684
Patient Name	: Mr. ANILKUMAR V V S	Client Code	: YOD-DL-0021
Age/Gender	: 45 Y 0 M 0 D /M	Barcode No	: 10952888
DOB	:	Registration	: 01/Mar/2024 08:47AM
Ref Doctor	: SELF	Collected	: 01/Mar/2024 08:47AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 01/Mar/2024 12:31PM
Hospital Name	:		

**DEPARTMENT OF RADIOLOGY****ULTRASOUND WHOLE ABDOMEN**

Clinical Details : General check-up.

LIVER : Normal in size (12.7 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 (7.4 cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 10.6 x4.6 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 10.2 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-19 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.

Verified By :

Mamatha



Approved By :

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

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**DEPARTMENT OF RADIOLOGY****X-RAY CHEST PA VIEW****Findings:**

Prominent pulmonary bronchovascular markings in bilateral lung fields.  
Soft tissues/ bony cage normal.  
Trachea and Mediastinal structures are normal.  
Heart size and configuration are normal.  
Aorta and pulmonary vascularity are normal.  
Lung parenchyma and CP angles are clear.  
Bilateral hilae and diaphragmatic contours are normal.

**IMPRESSION :**

- Prominent pulmonary bronchovascular markings in bilateral lung fields.

Suggested Clinical Correlation & Follow up.

Verified By :  
Mamatha



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*Sushma*  
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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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 MBBS, DCP  
 Consultant Pathologist

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 01/Mar/2024 09:46AM
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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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<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 02/Mar/2024 09:40AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 02/Mar/2024 10:43AM
<b>Hospital Name</b> :	

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**\*CBC(COMPLETE BLOOD COUNT)**
**Sample Type : WHOLE BLOOD EDTA**

HAEMOGLOBIN (HB)	15.7	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	5.46	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	48.6	%	40.0 - 50.0	RBC pulse height detection
MCV	89	fL	83 - 101	Automated/Calculated
MCH	28.7	pg	27 - 32	Automated/Calculated
MCHC	32.3	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	13.7	%	11.0-16.0	Automated Calculated
RDW - SD	44.4	fl	35.0-56.0	Calculated
MPV	<b>11.7</b>	fL	6.5 - 10.0	Calculated
PDW	16.5	fL	8.30-25.00	Calculated
PCT	0.269	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	5,520	cells/ml	4000 - 11000	Flow Cytometry
<b>DLC (by Flow cytometry/Microscopy)</b>				
NEUTROPHIL	50	%	40 - 80	Impedance
LYMPHOCYTE	38	%	20 - 40	Impedance
EOSINOPHIL	06	%	01 - 06	Impedance
MONOCYTE	05	%	02 - 10	Impedance
BASOPHIL	01	%	0 - 1	Impedance
PLATELET COUNT	1.99	Lakhs/cumm	1.50 - 4.10	Impedance

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**DR PRANITHA ANAPINDI**  
 MD , CONSULTANT PATHOLOGIST

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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**THYROID PROFILE (T3,T4,TSH)**

**Sample Type : SERUM**

T3	1.05	ng/ml	0.60 - 1.78	CLIA
T4	10.90	ug/dl	4.82-15.65	CLIA
TSH	4.21	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)**

Sample Type : SERUM				
TOTAL BILIRUBIN	0.80	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.18	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.62	mg/dl		Calculated
AST (S.G.O.T)	29	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	30	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	77	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.9	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.6	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.3	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.39			Calculated

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**LIPID PROFILE**

**Sample Type : SERUM**

TOTAL CHOLESTEROL	162	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	40	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	105.2	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	84	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	16.8	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	4.05		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	<b>2.1</b>	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	122	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, 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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**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 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.

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**HBA1C**

**Sample Type : WHOLE BLOOD EDTA**


HBA1c RESULT	5.7	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	117	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	18	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	8.4	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
------------------------	-----	-------	----------	------------

**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 :  
Mamatha



Approved By :

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

<b>Visit ID</b> : YGT57878	<b>UHID/MR No</b> : YGT.0000057684
<b>Patient Name</b> : Mr. ANILKUMAR V V S	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 45 Y 0 M 0 D /M	<b>Barcode No</b> : 10952888
<b>DOB</b> :	<b>Registration</b> : 01/Mar/2024 08:47AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 01/Mar/2024 11:41AM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 01/Mar/2024 11:58AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 01/Mar/2024 12:32PM
<b>Hospital Name</b> :	

**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	107	mg/dl	<140	HEXOKINASE
------------------------------	-----	-------	------	------------

**INTERPRETATION:**

Increased In

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


Decreased In

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

Verified By :  
Mamatha



Approved By :

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

<b>Visit ID</b> : YGT57878	<b>UHID/MR No</b> : YGT.0000057684
<b>Patient Name</b> : Mr. ANILKUMAR V V S	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 45 Y 0 M 0 D /M	<b>Barcode No</b> : 10952888
<b>DOB</b> :	<b>Registration</b> : 01/Mar/2024 08:47AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 01/Mar/2024 09:01AM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 01/Mar/2024 09:29AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 01/Mar/2024 10:56AM
<b>Hospital Name</b> :	

**DEPARTMENT OF BIOCHEMISTRY**

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

**Sample Type : SERUM**

SERUM CREATININE	1.13	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 :  
Mamatha



Approved By :

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



<b>Visit ID</b>	: YGT57878	<b>UHID/MR No</b>	: YGT.0000057684
<b>Patient Name</b>	: Mr. ANILKUMAR V V S	<b>Client Code</b>	: YOD-DL-0021
<b>Age/Gender</b>	: 45 Y 0 M 0 D /M	<b>Barcode No</b>	: 10952888
<b>DOB</b>	:	<b>Registration</b>	: 01/Mar/2024 08:47AM
<b>Ref Doctor</b>	: SELF	<b>Collected</b>	: 01/Mar/2024 09:01AM
<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 01/Mar/2024 09:29AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 01/Mar/2024 10:56AM
<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	20	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 :

Mamatha



Approved By :



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

<b>Visit ID</b>	: YGT57878	<b>UHID/MR No</b>	: YGT.0000057684
<b>Patient Name</b>	: Mr. ANILKUMAR V V S	<b>Client Code</b>	: YOD-DL-0021
<b>Age/Gender</b>	: 45 Y 0 M 0 D /M	<b>Barcode No</b>	: 10952888
<b>DOB</b>	:	<b>Registration</b>	: 01/Mar/2024 08:47AM
<b>Ref Doctor</b>	: SELF	<b>Collected</b>	: 01/Mar/2024 09:01AM
<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 01/Mar/2024 09:29AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 01/Mar/2024 10:56AM
<b>Hospital Name</b>	:		

**DEPARTMENT OF BIOCHEMISTRY**

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

**Sample Type : SERUM**

SERUM URIC ACID	5.1	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 :  
Mamatha



Approved By :

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

<b>Visit ID</b>	: YGT57878	<b>UHID/MR No</b>	: YGT.0000057684
<b>Patient Name</b>	: Mr. ANILKUMAR V V S	<b>Client Code</b>	: YOD-DL-0021
<b>Age/Gender</b>	: 45 Y 0 M 0 D /M	<b>Barcode No</b>	: 10952888
<b>DOB</b>	:	<b>Registration</b>	: 01/Mar/2024 08:47AM
<b>Ref Doctor</b>	: SELF	<b>Collected</b>	: 01/Mar/2024 09:01AM
<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 01/Mar/2024 09:30AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 01/Mar/2024 10:56AM
<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)	18.0	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	1.13	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	16.30	Ratio	6 - 25	Calculated

Verified By :  
Mamatha



Approved By :

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


Visit ID	: YGT57878	UHID/MR No	: YGT.0000057684
Patient Name	: Mr. ANILKUMAR V V S	Client Code	: YOD-DL-0021
Age/Gender	: 45 Y 0 M 0 D /M	Barcode No	: 10952888
DOB	:	Registration	: 01/Mar/2024 08:47AM
Ref Doctor	: SELF	Collected	: 01/Mar/2024 08:47AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 01/Mar/2024 12:50PM
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 : 3.2 cms  
LEFT VENTRICLE : EDD : 4.4 cm IVS(d) : 0.8cm LVEF :65 %  
ESD : 2.5 cm PW (d) : 0.8cm FS :32 %  
No RWMA  
IAS : Intact  
IVS : Intact  
AORTA : 3.0 cms  
PULMONARY ARTERY : Normal  
PERICARDIUM : Normal  
IVS/ SVC/ CS : Normal  
PULMONARY VEINS : Normal  
INTRA CARDIAC MASSES : No

Verified By :  
Mamatha

Approved By :

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

Visit ID	: YGT57878	UHID/MR No	: YGT.0000057684
Patient Name	: Mr. ANILKUMAR V V S	Client Code	: YOD-DL-0021
Age/Gender	: 45 Y 0 M 0 D /M	Barcode No	: 10952888
DOB	:	Registration	: 01/Mar/2024 08:47AM
Ref Doctor	: SELF	Collected	: 01/Mar/2024 08:47AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 01/Mar/2024 12:50PM
Hospital Name	:		

**DEPARTMENT OF RADIOLOGY****DOPPLER STUDY :**

MITRAL FLOW : E - 0.6m/sec, A -0.3 m/sec.  
AORTIC FLOW : 1.0m/sec  
PULMONARY FLOW : 0.9m/sec  
TRICUSPID FLOW : TRJV :1.6 m/sec, RVSP -26 mmHg

**COLOUR FLOW MAPPING: NORMAL**


**IMPRESSION :**

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

Verified By :  
Mamatha



Approved By :

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

<b>Visit ID</b>	: YGT57878	<b>UHID/MR No</b>	: YGT.0000057684
<b>Patient Name</b>	: Mr. ANILKUMAR V V S	<b>Client Code</b>	: YOD-DL-0021
<b>Age/Gender</b>	: 45 Y 0 M 0 D /M	<b>Barcode No</b>	: 10952888
<b>DOB</b>	:	<b>Registration</b>	: 01/Mar/2024 08:47AM
<b>Ref Doctor</b>	: SELF	<b>Collected</b>	: 01/Mar/2024 08:56AM
<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 01/Mar/2024 09:30AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 01/Mar/2024 10:02AM
<b>Hospital Name</b>	:		

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

<b>Sample Type : SPOT URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
TOTAL VOLUME	30 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.015		1.003 - 1.035	Bromothymol Blue
<b>CHEMICAL EXAMINATION</b>				
pH	5.5		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
<b>MICROSCOPIC EXAMINATION</b>				
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 :  
Mamatha



Approved By :

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

Visit ID	: YGT57878	UHID/MR No	: YGT.0000057684
Patient Name	: Mr. ANILKUMAR V V S	Client Code	: YOD-DL-0021
Age/Gender	: 45 Y 0 M 0 D /M	Barcode No	: 10952888
DOB	:	Registration	: 01/Mar/2024 08:47AM
Ref Doctor	: SELF	Collected	: 01/Mar/2024 08:56AM
Client Name	: MEDI WHEELS	Received	: 01/Mar/2024 09:30AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 01/Mar/2024 10:02AM
Hospital Name	:		

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

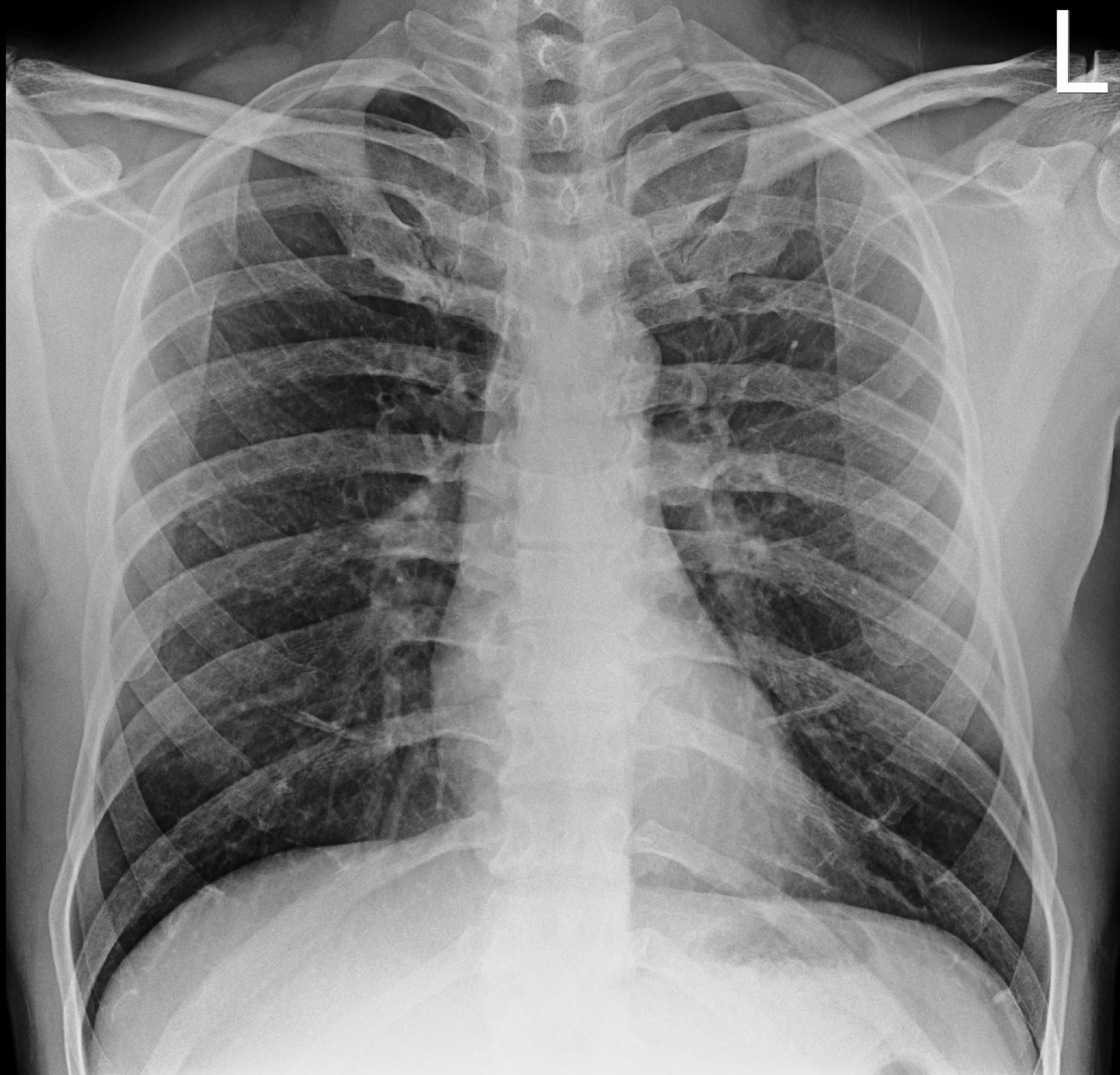


Verified By :  
Mamatha



Approved By :

  
Dr. Sumalatha  
MBBS, DCP  
Consultant Pathologist



ANIL KUMAR V V S 45Y MALE YGT57878 CHEST PA 01-Mar-24

YODA DIAGNOSTICS

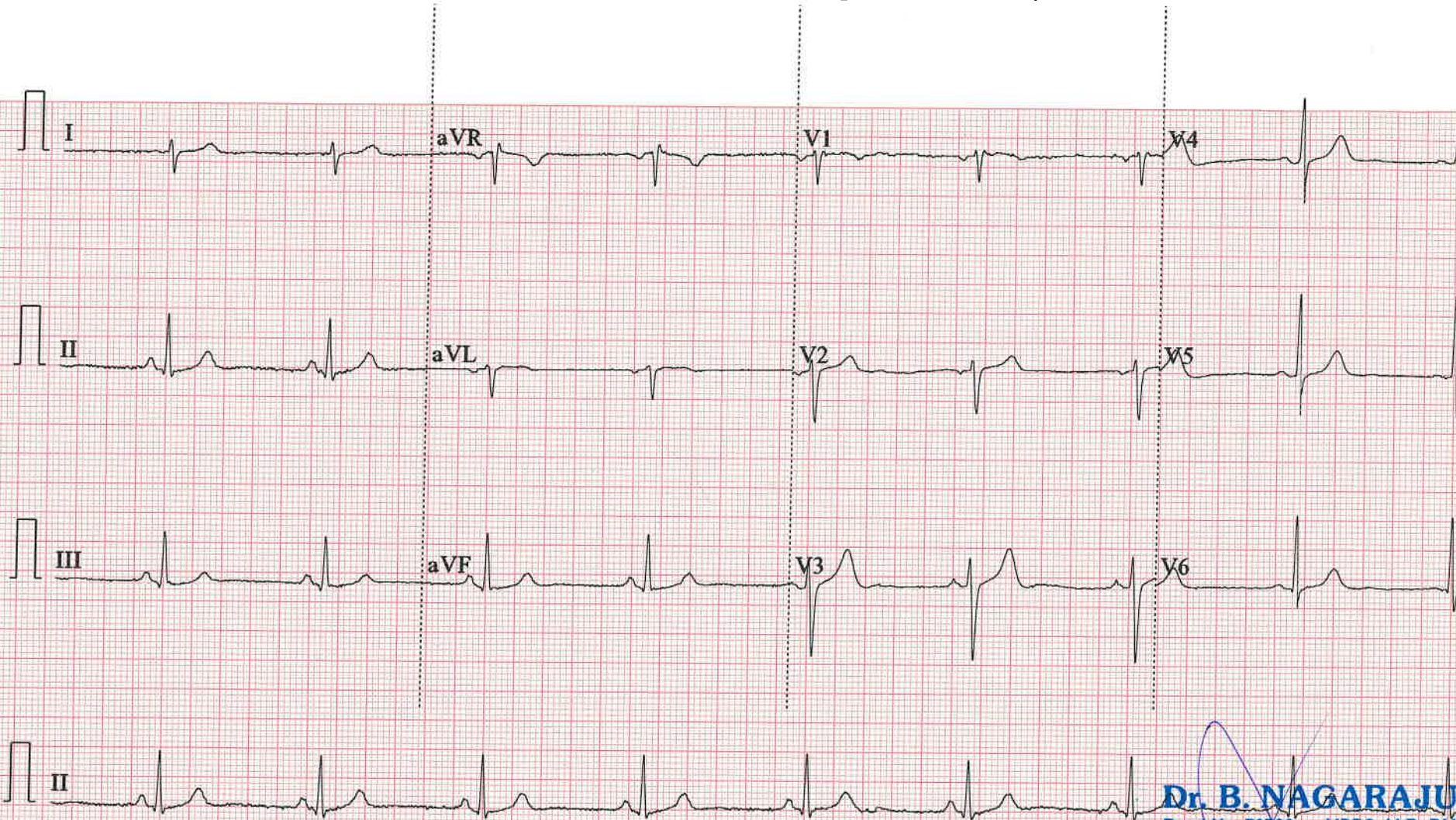


ID: 57878  
Anil Kumar V V S  
Male 45Years  
Req. No. :

01-03-2024 10:09:36  
HR : 54 bpm  
P : 89 ms  
PR : 126 ms  
QRS : 89 ms  
QT/QTcBz : 413/393 ms  
P/QRS/T : 83/98/63 °  
RV5/SV1 : 1.358/0.474 mV

Diagnosis Information:  
Sinus Bradycardia  
Right Axis Deviation

Report Confirmed by:



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

Name: Mr Anil kumar V.V.S  
Date: 1/5/2024 Age: 45 Sex: Male  
Address: Guntur



Routine Health checkup  
NO COMPLAINTS  
NO H/O HTN / DM / CAD / PTB

HbA1c - 5.7%

TEMP: 37  
B.P: 120/80 mm/Hg  
PULSE: 60 bpm  
WEIGHT: 65 kg  
HEIGHT: 1.72 cm

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



DATE: 01-05-24

NAME: Anil Kumar VUS

AGE: 45/4 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	-1.2	-0.50	30	-1.75		
ADD						

INSTRUCTIONS \_\_\_\_\_

I.P.D. \_\_\_\_\_ D.V.   r  

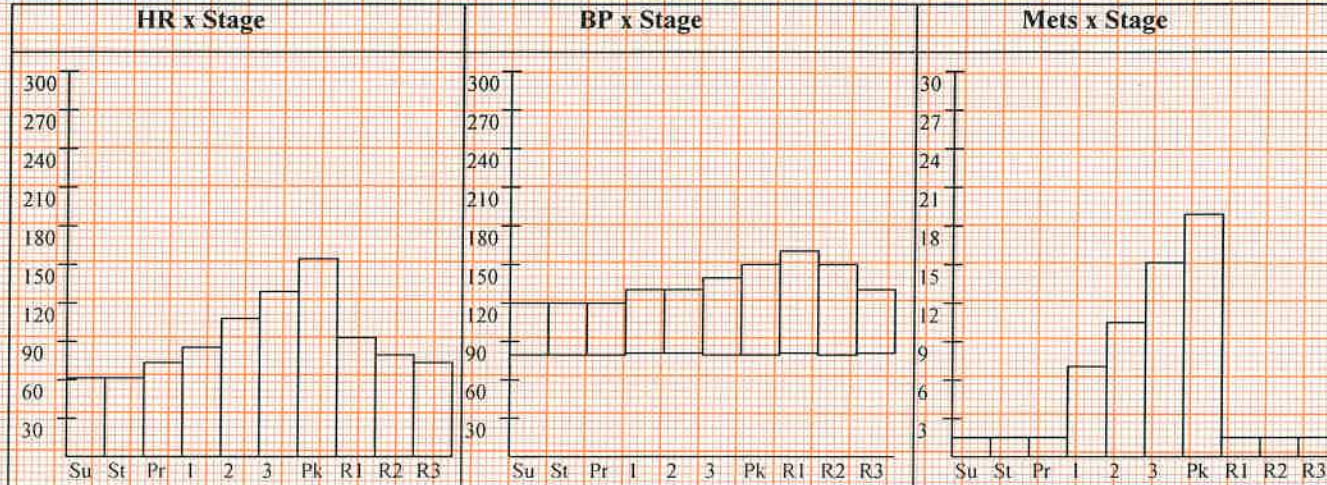
N.V. \_\_\_\_\_ CONSTANT USE   r

# YODA DIAGNOSTICS CENTRE GUNTUR

**Name: ANIL KUMAR V V S**

**Date: 01-03-2024**

**Time: 12:03**



## Interpretation

The Patient Exercised according to Bruce Protocol for 0:11:13 achieving a work level of 12.6 METS.  
 Resting Heart Rate, initially 61 bpm rose to a max. heart rate of 154bpm (85% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg  
 \* No Significant ST-T Changes During Exercise & Recovery  
 \* Good Exercise Tolerance  
 \* Test is Negative for Exercise Induced Ischemia.

Ref. Doctor: SELF

Schiller Cardiovit CS-10 Version 3.5

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

Doctor: DR. B. NAGARAJU

( Summary Report edited by User )

## YODA DIAGNOSTICS CENTRE GUNTUR

**Name: ANIL KUMAR V V S**

**Date: 01-03-2024**

**Time: 12:03**

**Age: 45**

**Gender: M**

**Height: 172 cms**

**Weight: 65 Kg**

**ID: 57878**

**Clinical History: NO**

**Medications: NO**

### Test Details:

**Protocol: Bruce**

**Predicted Max HR: 181**

**Target HR: 153 (85% of Pr. MHR)**

**Exercise Time: 0:11:13**

**Achieved Max HR: 154 (85% of Pr. MHR)**

**Max BP: 160/80**

**Max BP x HR: 24640**

**Max Mets: 12.6**

**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	00:09	1	0	0	61	120/80	7320	1.5 V3	0.6 V3
Standing	00:30	1	0	0	62	120/80	7440	-0.4 V5	0.8 V3
PreTest	00:15	1	1.6	0	73	120/80	8760	0.5 V3	0.8 V3
Stage: 1	03:00	4.7	2.7	10	85	130/80	11050	1.5 V3	0.8 V3
Stage: 2	03:00	7	4	12	108	130/80	14040	0.9 V3	0.8 V3
Stage: 3	03:00	10.1	5.5	14	129	140/80	18060	3 V3	2.6 V3
Peak Exercise	02:13	12.6	6.8	16	154	150/80	23100	1 V2	2.3 V4
Recovery1	01:00	1	0	0	93	160/80	14880	1.9 V3	2.2 V3
Recovery2	01:00	1	0	0	79	150/80	11850	0.9 V3	0.9 V3
Recovery3	00:22	1	0	0	73	130/80	9490	0.8 V3	0.6 II

# YODA DIAGNOSTICS CENTRE GUNTUR

**ANIL KUMAR V V S (45 M)**

Bruce Protocol

ID: 57878

Date: 01-03-2024

Exec Time : 0:00:00

Stage Time: 00:09

**HR: 60 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 153 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

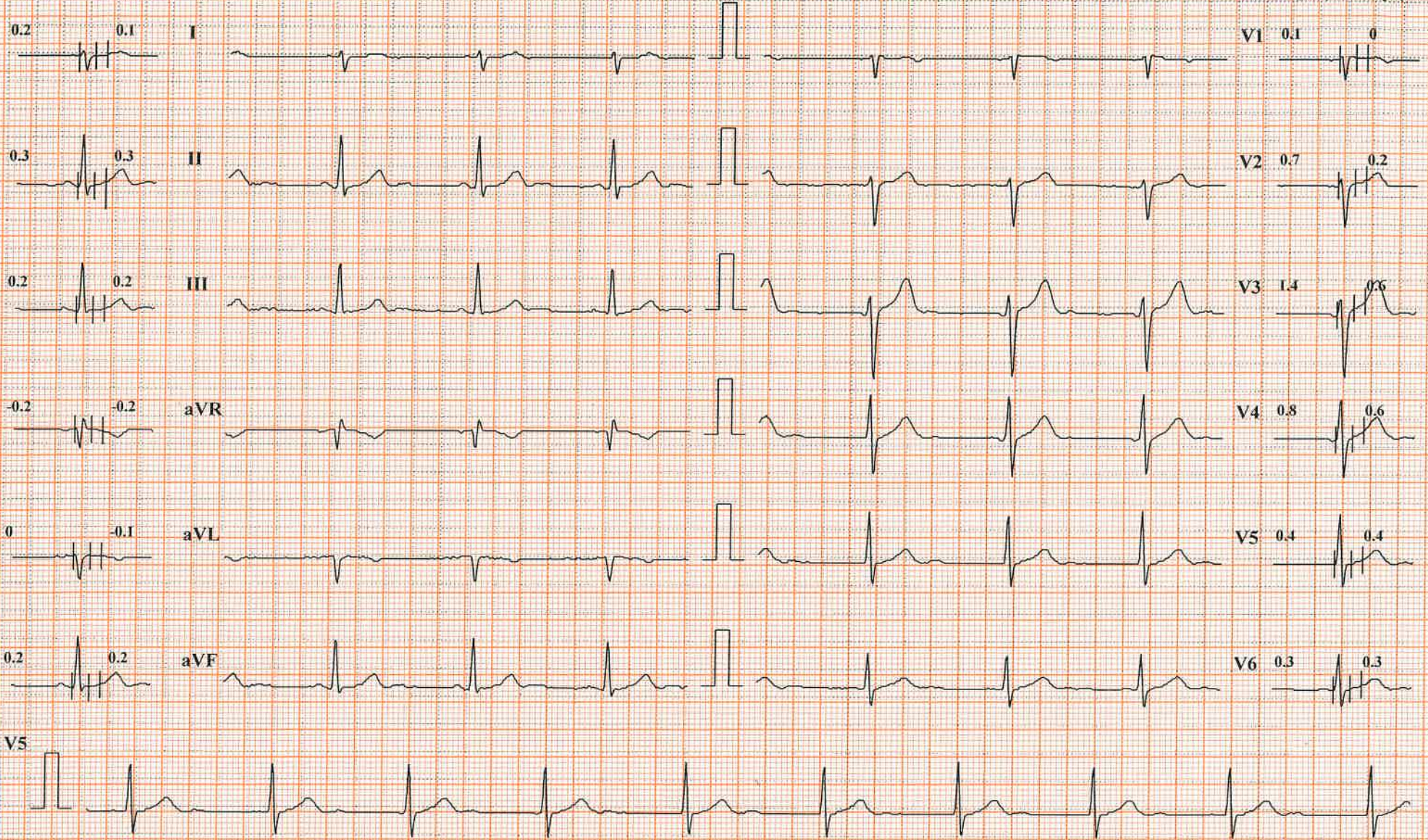


Chart Speed: 25 mm/sec

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

**ANIL KUMAR V V S (45 M)**

Bruce Protocol

ID: 57878

Date: 01-03-2024

Exec Time : 0:00:00

Stage Time: 00:30

**HR: 62 bpm**

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Standing

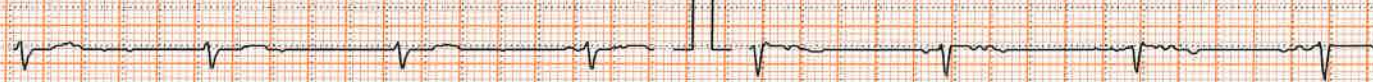
Speed: 0

Slope: 0 %

THR: 153 bpm

STLevel(mm) STSlope(mV/s)

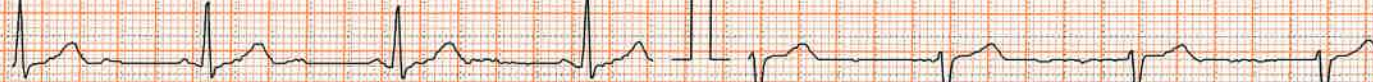
0.2 0.1 I



V1 0.3 -0.1



0.4 0.4 II



V2 0.7 0.2



0.2 0.2 III



V3 1.4 0.6



-0.2 -0.2 aVR



V4 0.7 0.5



0 -0.1 aVL



V5 0.4 0.3



0.3 0.3 aVF



V6 0.2 0.2

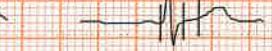


Chart Speed: 25 mm/sec

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

**ANIL KUMAR V V S (45 M)**

Bruce Protocol

ID: 57878

Date: 01-03-2024

Exec Time : 0:03:00

Stage Time: 03:00

**HR: 84 bpm**

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 153 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

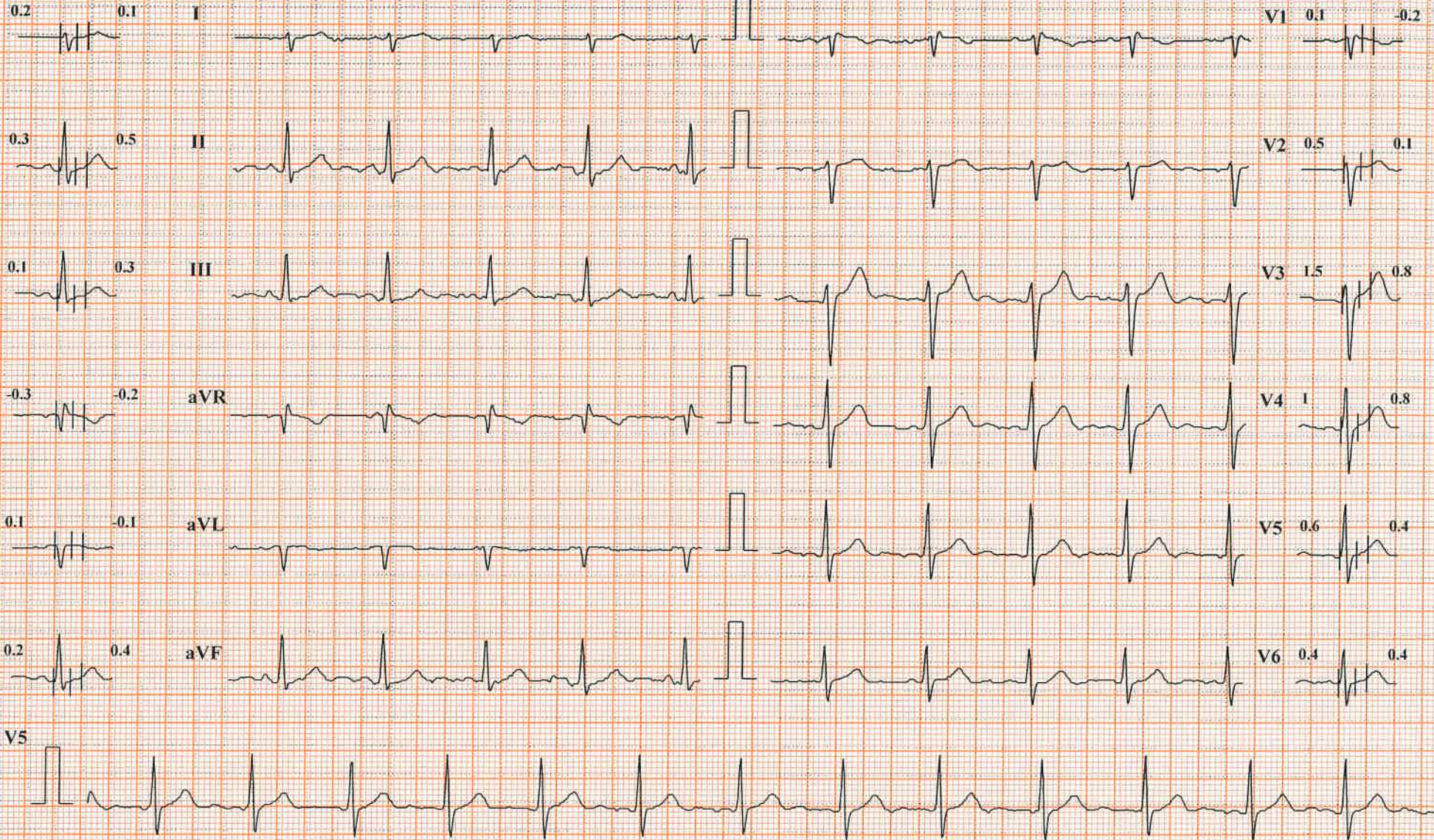


Chart Speed: 25 mm/sec

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

**ANIL KUMAR V V S (45 M)**

Bruce Protocol

ID: 57878

Date: 01-03-2024

Exec Time : 0:06:00

Stage Time: 03:00

**HR: 108 bpm**

STLevel(mm) STSlope(mV/s)

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 153 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

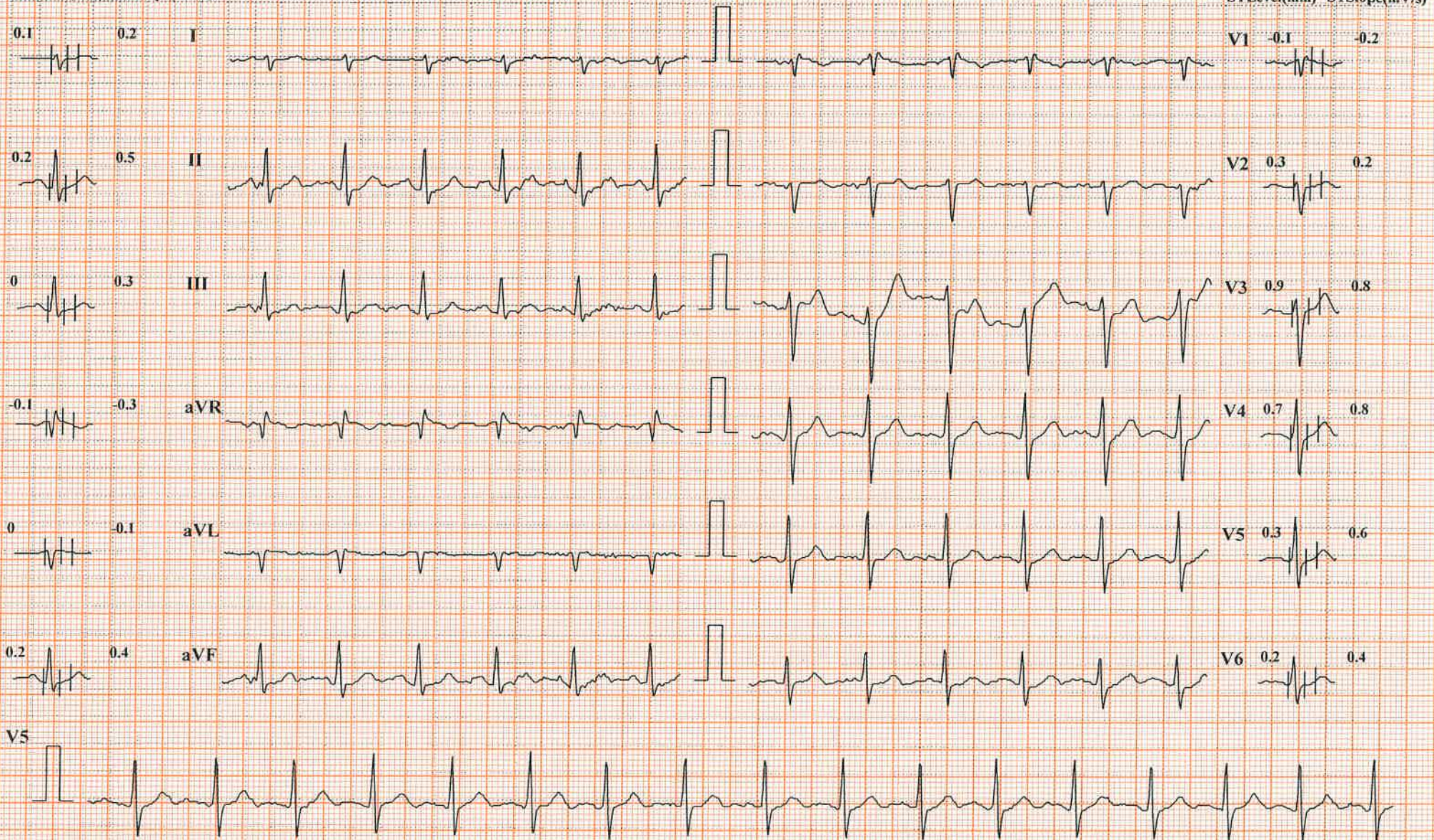


Chart Speed: 25 mm/sec

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

**ANIL KUMAR V V S (45 M)**

Bruce Protocol

ID: 57878

Date: 01-03-2024

Exec Time : 0:09:00

Stage Time: 03:00

**HR: 129 bpm**

STLevel(mm) STSlope(mV/s)

Stage: 3

Speed: 5.5 kmph

Slope: 14 %

THR: 153 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

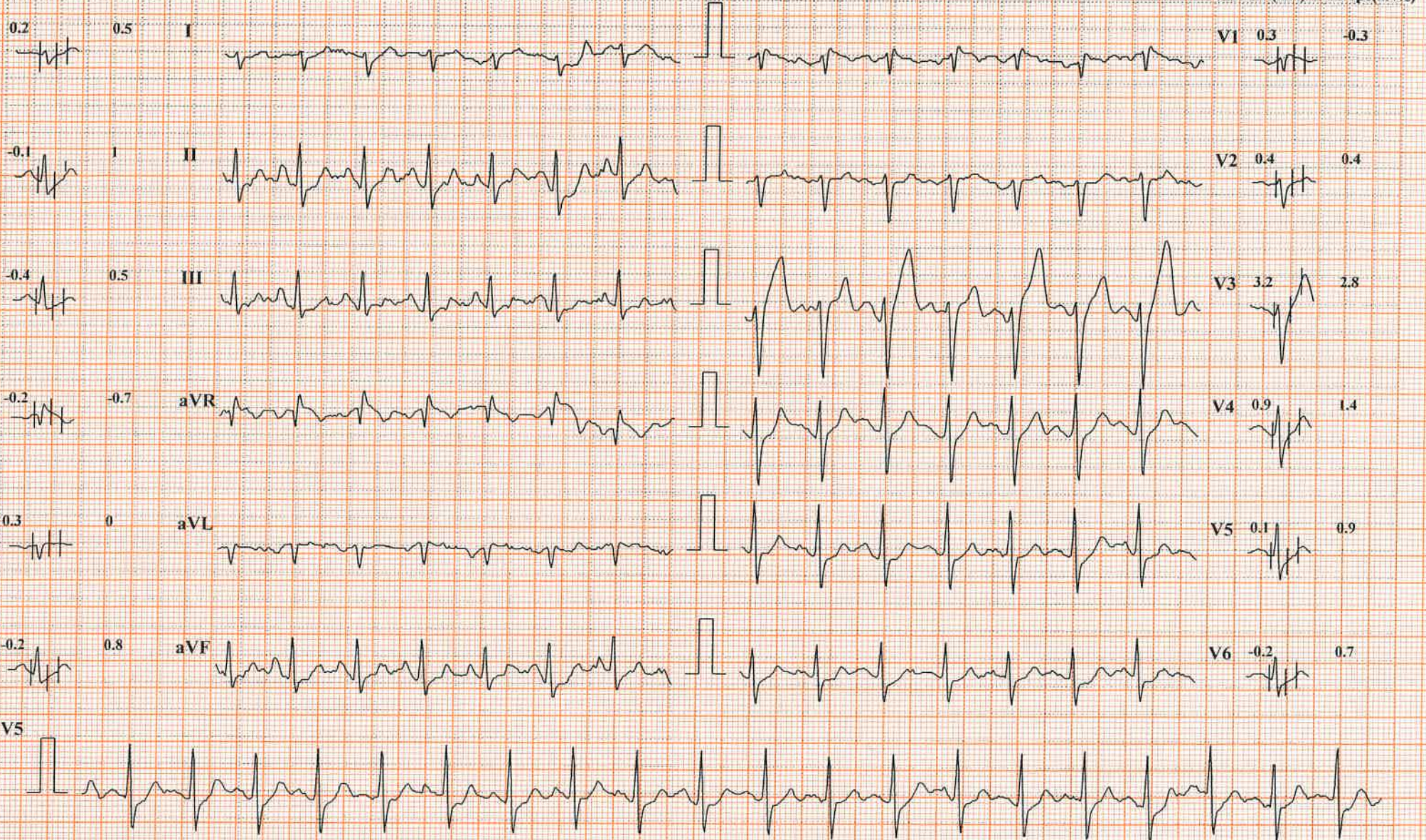


Chart Speed: 25 mm/sec

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

**ANIL KUMAR V V S (45 M)**

Bruce Protocol

ID: 57878

Date: 01-03-2024

Exec Time : 0:11:13

Stage Time: 02:13

**HR: 154 bpm**

STLevel(mm) STSlope(mV/s)

Stage: 4 Peak Exercise

Speed: 6.8 kmph

Slope: 16 %

THR: 153 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

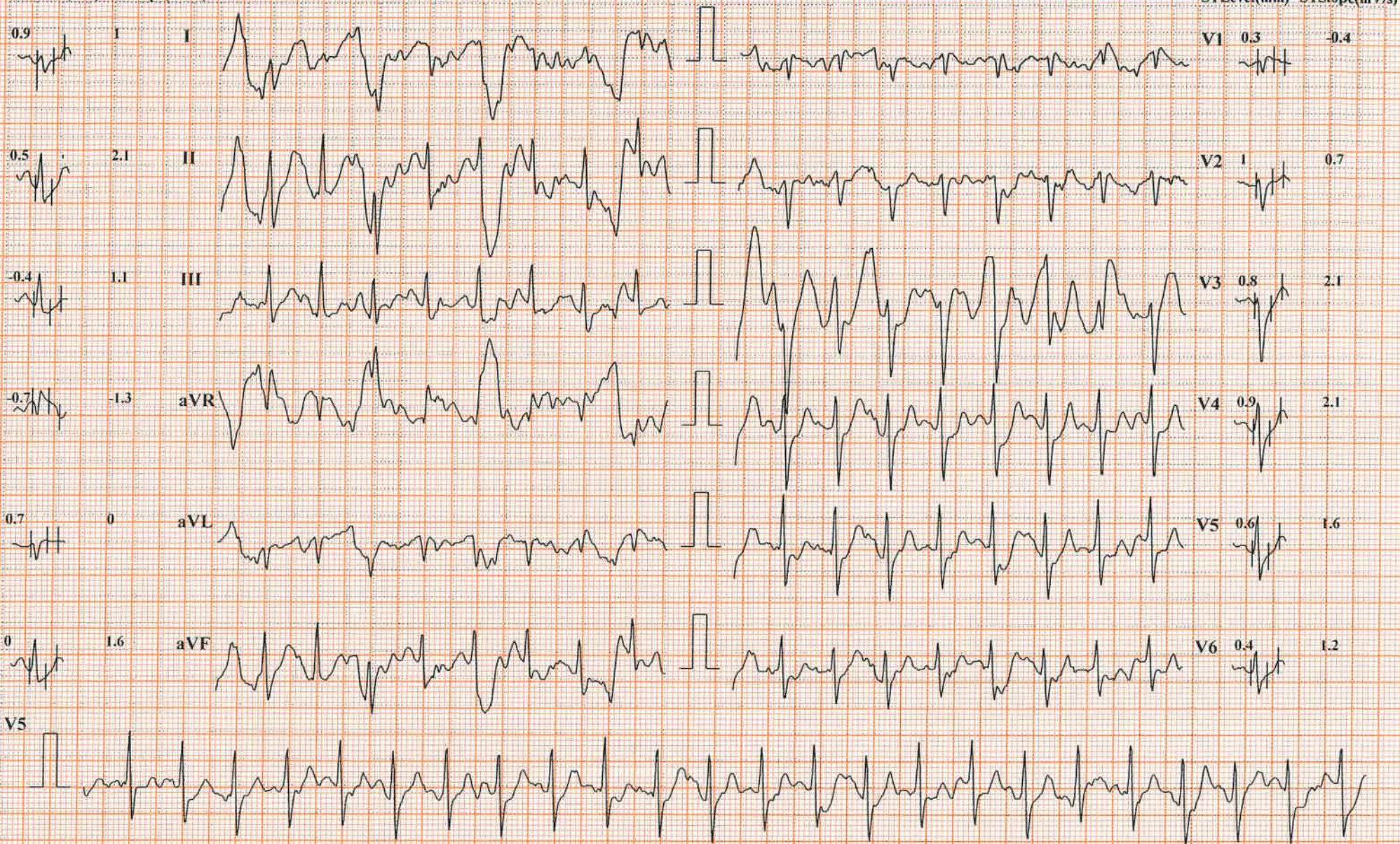


Chart Speed: 25 mm/sec

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

**ANIL KUMAR V V S (45 M)**

Bruce Protocol

ID: 57878

Date: 01-03-2024

Exec Time : 00:00

Stage Time: 01:00

**HR: 93 bpm**

BP: 160/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Recovery I

Speed: 0 kmph

Slope: 0 %

THR: 153 bpm

STLevel(mm) STSlope(mV/s)

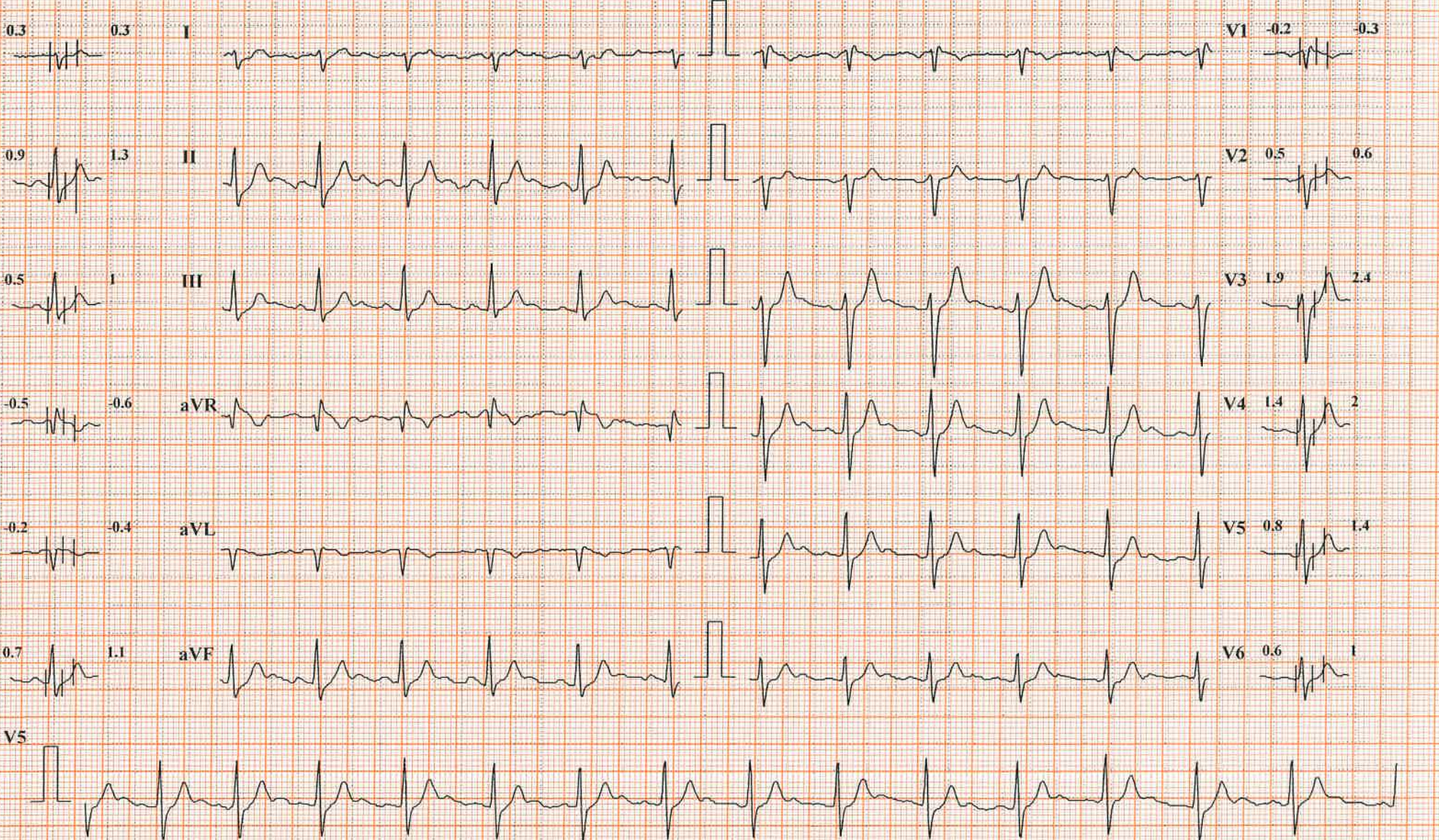


Chart Speed: 25 mm/sec

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

ANIL KUMAR V V S (45 M)

Bruce Protocol

ID: 57878

Date: 01-03-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 79 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 153 bpm

STLevel(mm) STSlope(mV/s)

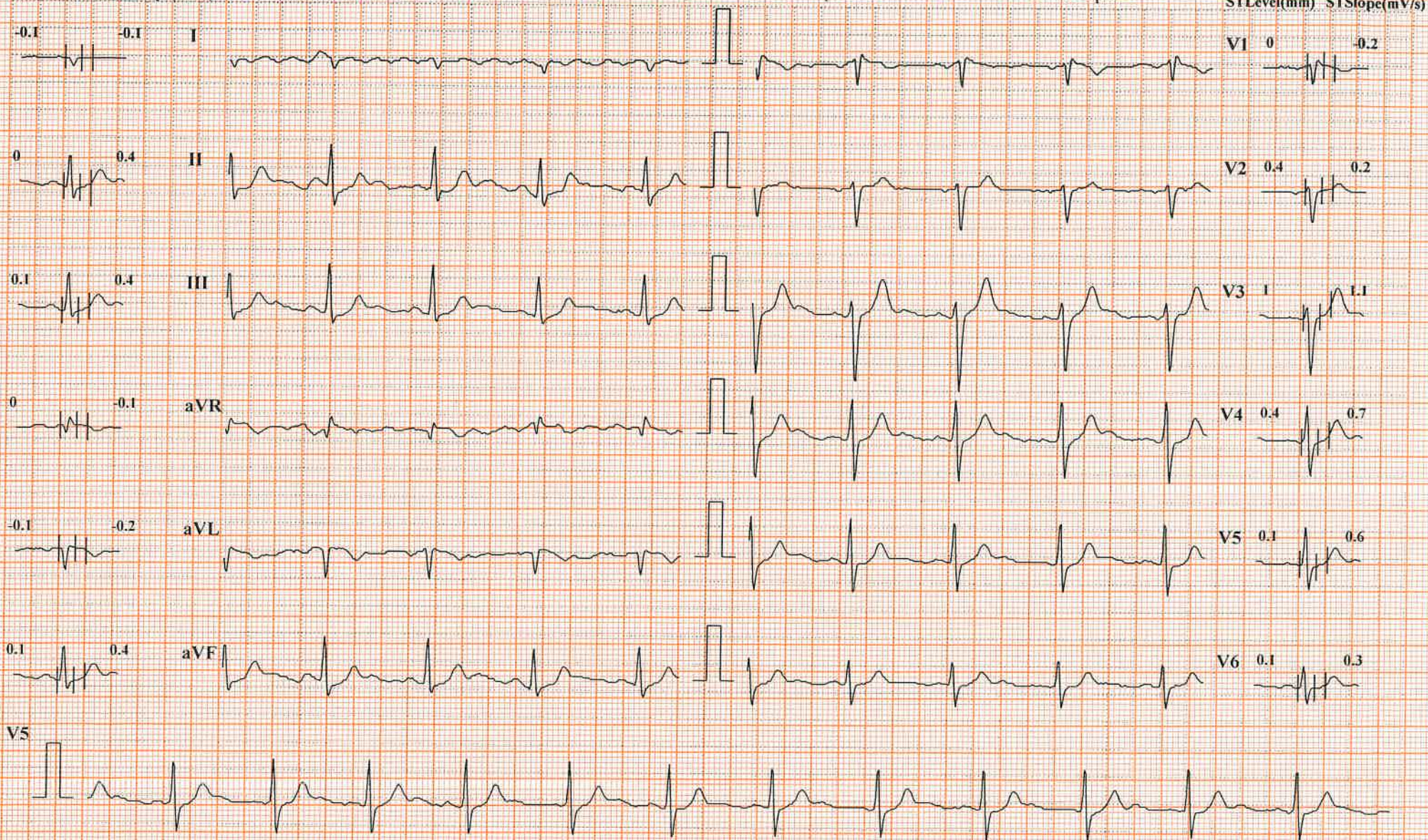


Chart Speed: 25 mm/sec

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

**ANIL KUMAR V V S (45 M)**

Bruce Protocol

ID: 57878

Date: 01-03-2024

Exec Time : 00:00

Stage Time: 00:22

**HR: 74 bpm**

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 153 bpm

STLevel(mm) STSlope(mV/s)

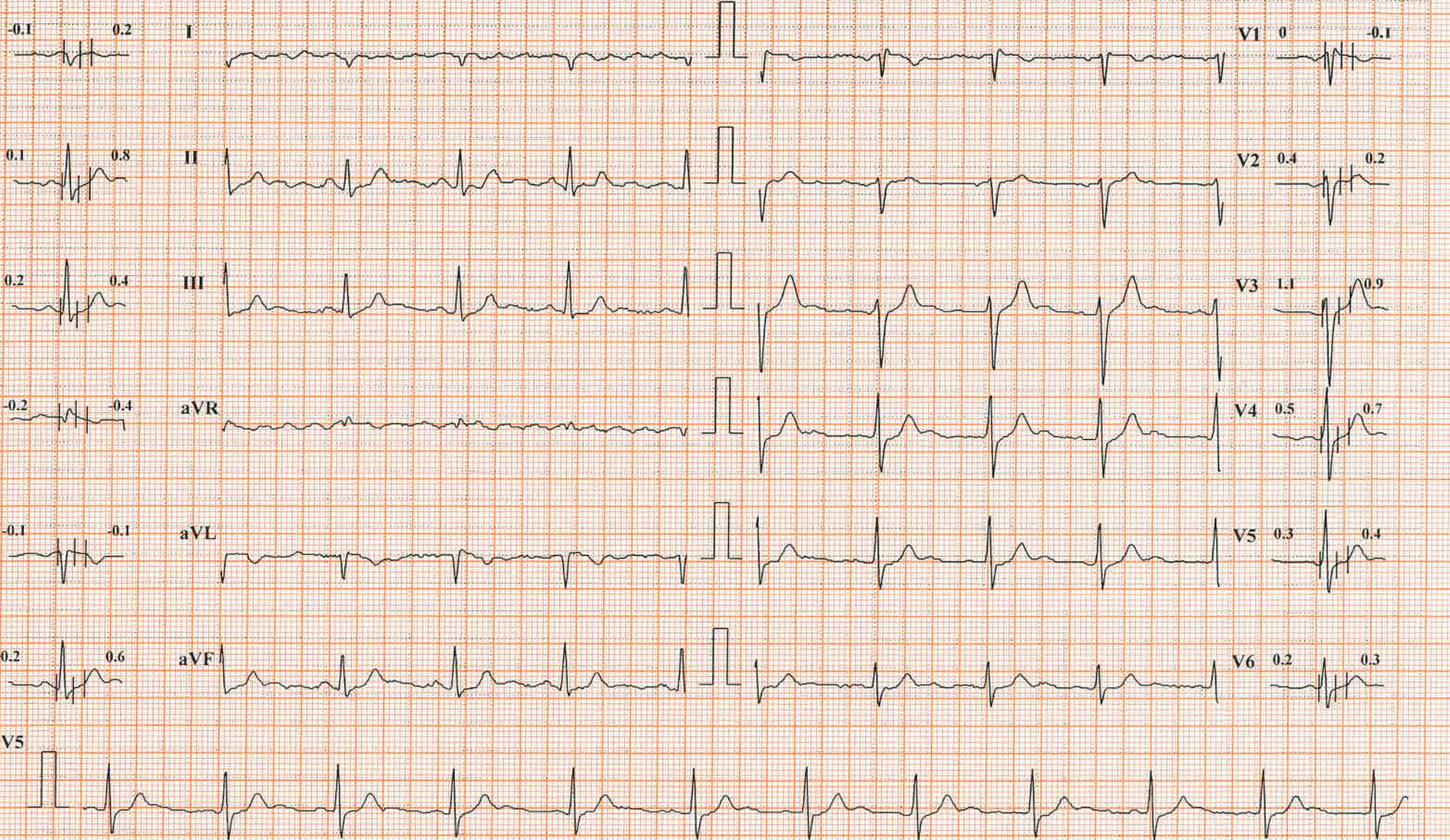


Chart Speed: 25 mm/sec

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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