

DAMARALA SREEKANTH 39Y MALE YGT57882 CHEST PA 01-Mar-24

YODA DIAGNOSTICS

Visit ID	: YGT57882	UHID/MR No	: YGT.0000057688
Patient Name	: Mr. DAMARLA SREEKANTH	Client Code	: YOD-DL-0021
Age/Gender	: 39 Y 0 M 0 D /M	Barcode No	: 10952903
DOB	:	Registration	: 01/Mar/2024 09:00AM
Ref Doctor	: SELF	Collected	: 01/Mar/2024 09:00AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 01/Mar/2024 12:35PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN**

Clinical Details : General check-up.

L I V E R : Normal in size (14.6 cm) and increased echo-texture. . Intra hepatic biliary channels are not dilated.

GALL BLADDER : Contracted.

Visualised common bile duct & portal vein appears normal.

PANCREAS : Poor window.

SPLEEN : Normal in size (10.7 cm) and echotexture. No focal lesion is seen.

R I G H T K I D N E Y : measures 10.0x4.6 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.

L E F T K I D N E Y : measures 10.4x5.4 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 : Minimally distended. No evidence of wall thickening / calculi.

P R O S T A T E : Normal in size (volume-15 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 II FATTY LIVER.

Suggested clinical correlation and further evaluation.

Verified By :

Mamatha



Approved By :

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

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

Poor inspiratory film .
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.

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Client Name	: MEDI WHEELS	Received	: 01/Mar/2024 09:28AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 01/Mar/2024 10:56AM
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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	50	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: Sick cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

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Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 01/Mar/2024 09:46AM
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DEPARTMENT OF HAEMATOLOGY

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BLOOD GROUP ABO & RH Typing

Sample Type : WHOLE BLOOD EDTA

ABO	A			
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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Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 02/Mar/2024 10:43AM
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DEPARTMENT OF HAEMATOLOGY

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

HAEMOGLOBIN (HB)	13.9	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	5.27	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	45.3	%	40.0 - 50.0	RBC pulse height detection
MCV	86	fL	83 - 101	Automated/Calculated
MCH	26.4	pg	27 - 32	Automated/Calculated
MCHC	30.7	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	14	%	11.0-16.0	Automated Calculated
RDW - SD	43.8	fl	35.0-56.0	Calculated
MPV	9.0	fL	6.5 - 10.0	Calculated
PDW	16	fL	8.30-25.00	Calculated
PCT	0.408	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	8,340	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	57.9	%	40 - 80	Impedance
LYMPHOCYTE	32.1	%	20 - 40	Impedance
EOSINOPHIL	4.8	%	01 - 06	Impedance
MONOCYTE	4.8	%	02 - 10	Impedance
BASOPHIL	0.4	%	0 - 1	Impedance
PLATELET COUNT	4.33	Lakhs/cumm	1.50 - 4.10	Impedance

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DR PRANITHA ANAPINDI
 MD , CONSULTANT PATHOLOGIST

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DEPARTMENT OF BIOCHEMISTRY

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THYROID PROFILE (T3,T4,TSH)

Sample Type : SERUM

T3	1.16	ng/ml	0.60 - 1.78	CLIA
T4	12.45	ug/dl	4.82-15.65	CLIA
TSH	1.1	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

(Reference 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	0.52	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.10	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.42	mg/dl		Calculated
AST (S.G.O.T)	22	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	29	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	70	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.7	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.3	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.4	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.26			Calculated

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LIPID PROFILE
Sample Type : SERUM

TOTAL CHOLESTEROL	214	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	32	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	156.8	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	126	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	25.2	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	6.69		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	3.94	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	182	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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HBA1C

Sample Type : WHOLE BLOOD EDTA


HBA1c RESULT	6.5	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	140	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	20	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	9.4	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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DEPARTMENT OF BIOCHEMISTRY

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FBS (GLUCOSE FASTING)

Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	107	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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DEPARTMENT OF BIOCHEMISTRY

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PPBS (POST PRANDIAL GLUCOSE)

Sample Type : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	123	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

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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.88	mg/dl	0.70 - 1.30	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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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.

Verified By :
Mamatha



Approved By :


Dr. Sumalatha
 MBBS,DCP
 Consultant Pathologist

Visit ID	: YGT57882	UHID/MR No	: YGT.0000057688
Patient Name	: Mr. DAMARLA SREEKANTH	Client Code	: YOD-DL-0021
Age/Gender	: 39 Y 0 M 0 D /M	Barcode No	: 10952903
DOB	:	Registration	: 01/Mar/2024 09:00AM
Ref Doctor	: SELF	Collected	: 01/Mar/2024 09:05AM
Client Name	: MEDI WHEELS	Received	: 01/Mar/2024 09:30AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 01/Mar/2024 10:56AM
Hospital Name	:		

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)	20.0	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.88	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	22.70	Ratio	6 - 25	Calculated

Verified By :
Mamatha



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist


Visit ID	: YGT57882	UHID/MR No	: YGT.0000057688
Patient Name	: Mr. DAMARLA SREEKANTH	Client Code	: YOD-DL-0021
Age/Gender	: 39 Y 0 M 0 D /M	Barcode No	: 10952903
DOB	:	Registration	: 01/Mar/2024 09:00AM
Ref Doctor	: SELF	Collected	: 01/Mar/2024 09:00AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 01/Mar/2024 12:52PM
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 : 3.3 cms
LEFT VENTRICLE : EDD : 4.1 cm IVS(d) : 0.9cm LVEF : 77%
ESD : 2.2 cm PW (d) : 0.9cm FS : 46%
No RWMA
IAS : Intact
IVS : Intact
AORTA : 2.9cms
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	: YGT57882	UHID/MR No	: YGT.0000057688
Patient Name	: Mr. DAMARLA SREEKANTH	Client Code	: YOD-DL-0021
Age/Gender	: 39 Y 0 M 0 D /M	Barcode No	: 10952903
DOB	:	Registration	: 01/Mar/2024 09:00AM
Ref Doctor	: SELF	Collected	: 01/Mar/2024 09:00AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 01/Mar/2024 12:52PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**DOPPLER STUDY :**

MITRAL FLOW : E -0.5 m/sec, A - 0.7m/sec.
AORTIC FLOW : 1.0/sec
PULMONARY FLOW : 0.9m/sec
TRICUSPID FLOW : TRJV : 0.6m/sec, RVSP -16 mmHg
COLOUR FLOW MAPPING: NORMAL


IMPRESSION :

- * NORMAL SIZED CARDIAC CHAMBERS
- * NO RWMA OF LV
- * GOOD LV SYSTOLIC FUNCTION
- * GRADE I LV DIASTOLIC DYSFUNCTION
- * 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

Visit ID : YGT57882	UHID/MR No : YGT.0000057688
Patient Name : Mr. DAMARLA SREEKANTH	Client Code : YOD-DL-0021
Age/Gender : 39 Y 0 M 0 D /M	Barcode No : 10952903
DOB :	Registration : 01/Mar/2024 09:00AM
Ref Doctor : SELF	Collected : 01/Mar/2024 09:05AM
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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CUE (COMPLETE URINE EXAMINATION)

Sample Type : SPOT URINE

PHYSICAL EXAMINATION

TOTAL VOLUME	20 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.010		1.003 - 1.035	Bromothymol Blue

CHEMICAL EXAMINATION

pH	6.0		4.6 - 8.0	Double Indicator
PROTEIN	NEGATIVE		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	NEGATIVE		NEGATIVE	Glucose Oxidase
UROBILINOGEN	NEGATIVE	mg/dl	< 1.0	Ehrlichs Reaction
KETONE BODIES	NEGATIVE		NEGATIVE	Nitroprasside
BILIRUBIN - TOTAL	NEGATIVE		Negative	Azocoupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction


MICROSCOPIC EXAMINATION

PUS CELLS	1-2	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	: YGT57882	UHID/MR No	: YGT.0000057688
Patient Name	: Mr. DAMARLA SREEKANTH	Client Code	: YOD-DL-0021
Age/Gender	: 39 Y 0 M 0 D /M	Barcode No	: 10952903
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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



भारत सरकार
Government of India



Issue Date: 24/10/2011



దామర్ల శ్రీకాంత్
Damarla Sreekanth
పుట్టిన తేదీ / DOB: 11/07/1984
పురుషుడు / MALE



3799 5723 9872

3799 5723 9872

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

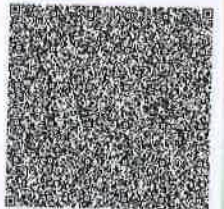
Unique Identification Authority of India



Print Date: 27/10/2020

చిరునామా: C/O లేట్ డామరీ సాంబశివరావు,
స్టాట్ నంబర్ 101, రామకృష్ణ గ్రాండ్
అపార్ట్మెంట్స్, బి ఎస్ ఎన్ ఏలే ఆఫీస్
ఎదురుగా, చెబ్రోలు, గుంటూరు, ఆంధ్ర ప్రదేశ్,
522212

Address: C/O Late Damarla
Sambasivarao, flat number 101,
ramakrishna grand apartments, opposite b
s n l office, Chebrolu, Guntur, Andhra
Pradesh, 522212



3799 5723 9872



1947



help@uidai.gov.in



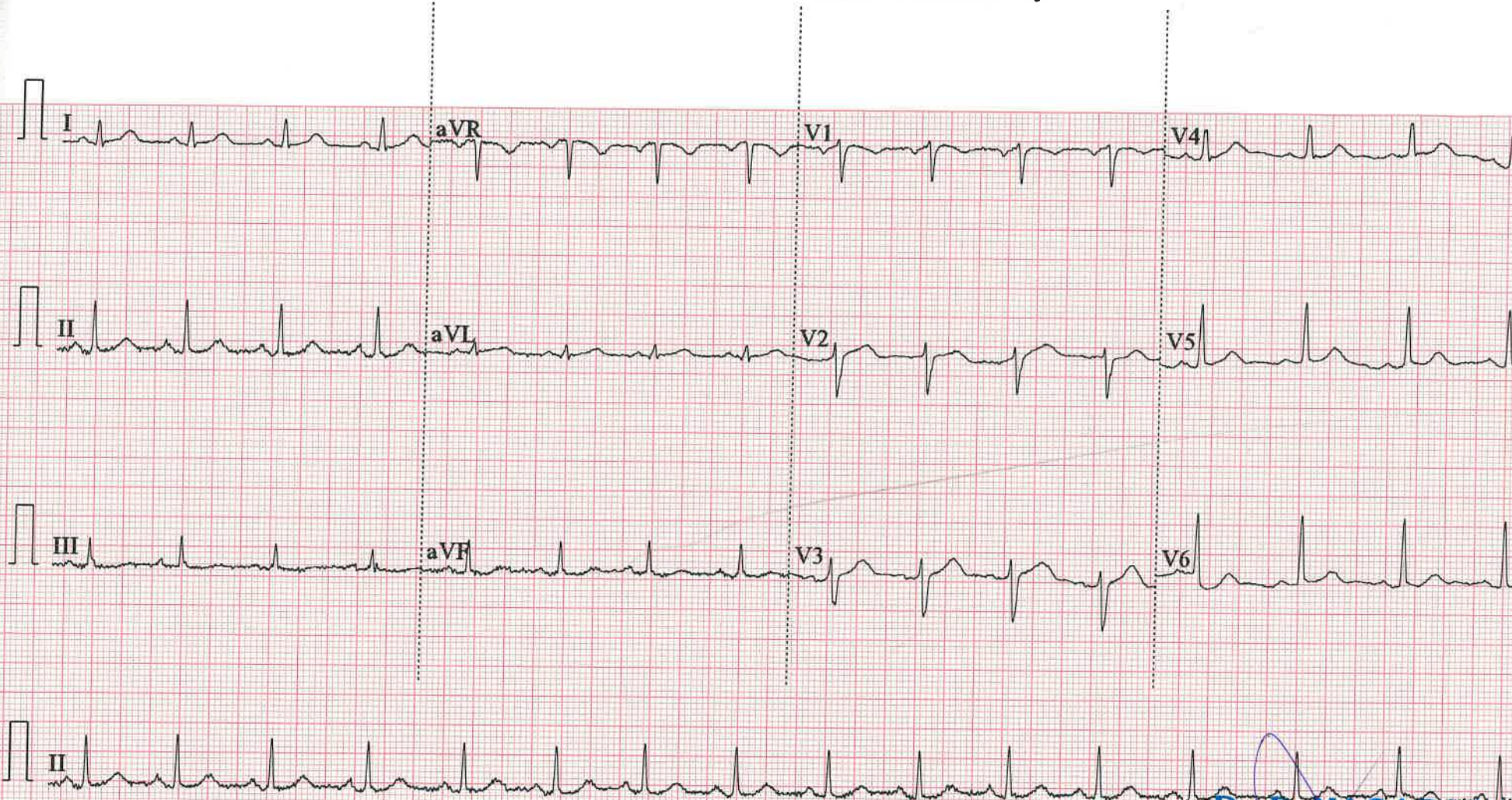
www.uidai.gov.in

ID: 57882
DAMARLA SREEKANTH
Male 39Years
Req. No. :

01-03-2024 10:05:16
HR : 93 bpm
P : 101 ms
PR : 142 ms
QRS : 84 ms
QT/QTcBz : 335/418 ms
P/QRS/T : 50/60/21 °
RV5/SV1 : 1.035/0.660 mV

Diagnosis Information:
Sinus Rhythm
Larged PtfV1

Report Confirmed by:



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

Name: Mr. Damarla Sreekanth
Date: 01/03/2024 Age: 39 years Sex: Male
Address: Guntur



Routine Health checkup
C/O Generalized myalgia
cold

NO H/O HTN/DM/ICAD/PTB

TEMP: 98
B.P: 90/60 mm/Hg
PULSE: 86 bts
WEIGHT: 79 kgs
HEIGHT: 168 cms

LDL - 156 mg/dl
HbA1c - 6.5%
FBS - 107 mg/dl
PPBS - 123 mg/dl

1) Diabetic Diet / Low Fat Food

2) Tab. JAKROSE 10mg

0 0 7 (60)

3) Cap. J-POWER

0 0 7 (60)

4) Tab. MONTRK-LL

0 0 7 (10)

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

DATE: 01-03-24

NAME: DAMARLA SRBEKANTH

AGE: 39/M ADDRESS: _____

TYPE OF LENS: GLASS CONTACTS

CR POLYCARBONATE

COATINGS : ARC HARD COAT

TINT : White SP2 PHOTO GREY

BIFOCALS : KRYPTOK EXECUTIVE

"D" PROGRESSIVE

	R			L		
	SPH	CYL	AXIS	SPH	CYL	AXIS
DV	<u>-1.00</u>	<u>-1.00</u>	<u>30</u>	<u>M</u>	<u>-1.50</u>	<u>90°</u>
ADD						

INSTRUCTIONS _____

I.P.D. _____ D.V. ✓

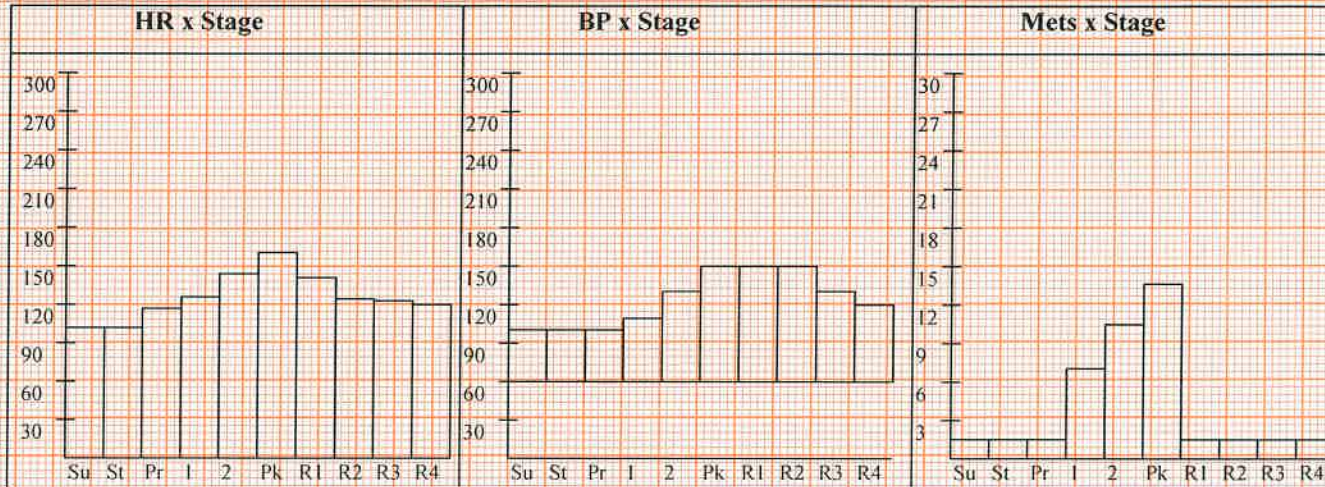
N.V. _____ CONSTANT USE ✓

YODA DIAGNOSTICS CENTRE GUNTUR

Name: SREEKANTH DAMARALA

Date: 01-03-2024


Time: 10:48



Interpretation

The Patient Exercised according to Bruce Protocol for 0:08:05 achieving a work level of 9.1 METS.
 Resting Heart Rate, initially 102 bpm rose to a max. heart rate of 161bpm (86% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 100/60 mmHg, rose to a maximum Blood Pressure of 150/60 mmHg

- * Occasional Ectopics Noted During Exercise
- * No Significant ST-T Changes During Exercise & Recovery
- * Fair Exercise Tolerance
- * Test is Negative for Exercise Induced Ischemia.


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

Ref. Doctor: SELF

YODA DIAGNOSTICS CENTRE GUNTUR

Name: SREEKANTH DAMARALA

Date: 01-03-2024

Time: 10:48

Age: 39

Gender: M

Height: 168 cms

Weight: 79 Kg

ID: 57882

Clinical History: NO

Medications: NO

Test Details:

Protocol: Bruce

Predicted Max HR: 187

Target HR: 158 (85% of Pr. MHR)

Exercise Time: 0:08:05

Achieved Max HR: 161 (86% of Pr. MHR)

Max BP: 150/60

Max BP x HR: 24150

Max Mets: 9.1

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	00:07	1	0	0	102	100/60	10200	0.7 V2	0.5 V2
Standing	00:56	1	0	0	102	100/60	10200	1 V2	0.6 V2
PreTest	00:23	1	1.6	0	117	100/60	11700	0.5 V2	0.5 II
Stage: 1	03:00	4.7	2.7	10	126	110/60	13860	0.7 V2	0.7 II
Stage: 2	03:00	7	4	12	144	130/60	18720	0.7 V2	0.8 II
Peak Exercise	02:05	9.1	5.5	14	161	150/60	24150	1.1 V1	0.8 II
Recovery1	01:00	1	0	0	141	150/60	21150	1.2 I	0.9 I
Recovery2	01:00	1	0	0	125	150/60	18750	0.9 V2	1.1 V2
Recovery3	01:00	1	0	0	123	130/60	15990	0.6 V2	0.7 V2
Recovery4	00:55	1	0	0	120	120/60	14400	0.7 V2	0.5 V2

YODA DIAGNOSTICS CENTRE GUNTUR

SREEKANTH DAMARALA (39 M)

Bruce Protocol

ID: 57882

Date: 01-03-2024

Exec Time : 0:00:00

Stage Time: 00:07

HR: 102 bpm

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 158 bpm

BP: 100/60 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

SREEKANTH DAMARALA (39 M)

Bruce Protocol

ID: 57882

Date: 01-03-2024

Exec Time : 0:00:00

Stage Time: 00:56

HR: 102 bpm

BP: 100/60 mmHg

Stage: Standing

Speed: 0

Slope: 0 %

THR: 158 bpm

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

SREEKANTH DAMARALA (39 M)

Bruce Protocol

ID: 57882

Date: 01-03-2024

Exec Time : 0:03:00

Stage Time: 03:00

HR: 126 bpm

BP: 110/60 mmHg

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 158 bpm

STLevel(mm) STSlope(mV/s)

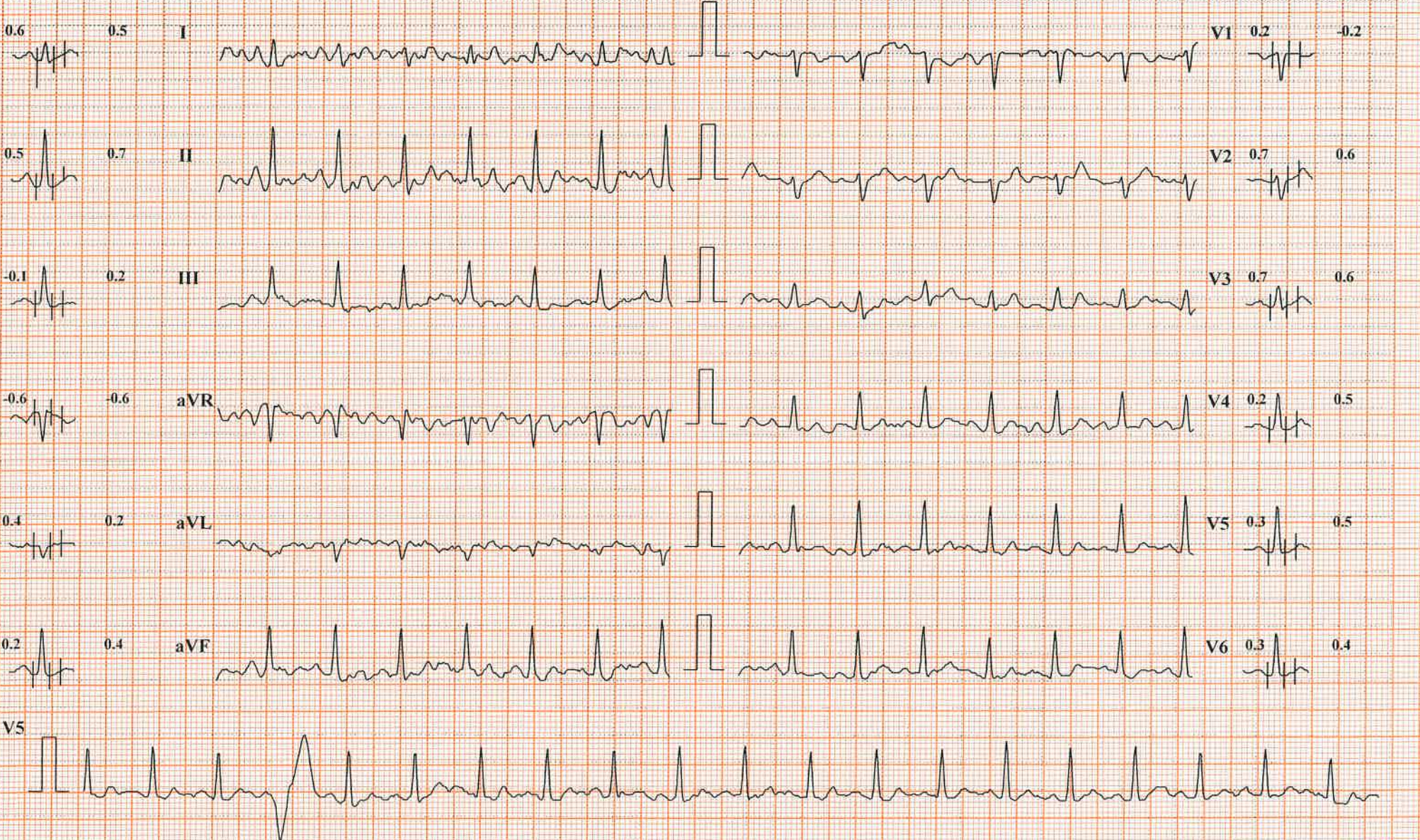


Chart Speed: 25 mm/sec

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

SREEKANTH DAMARALA (39 M)

ID: 57882

Date: 01-03-2024

Exec Time : 0:06:00

Stage Time: 03:00

HR: 144 bpm

Bruce Protocol

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 158 bpm

BP: 130/60 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

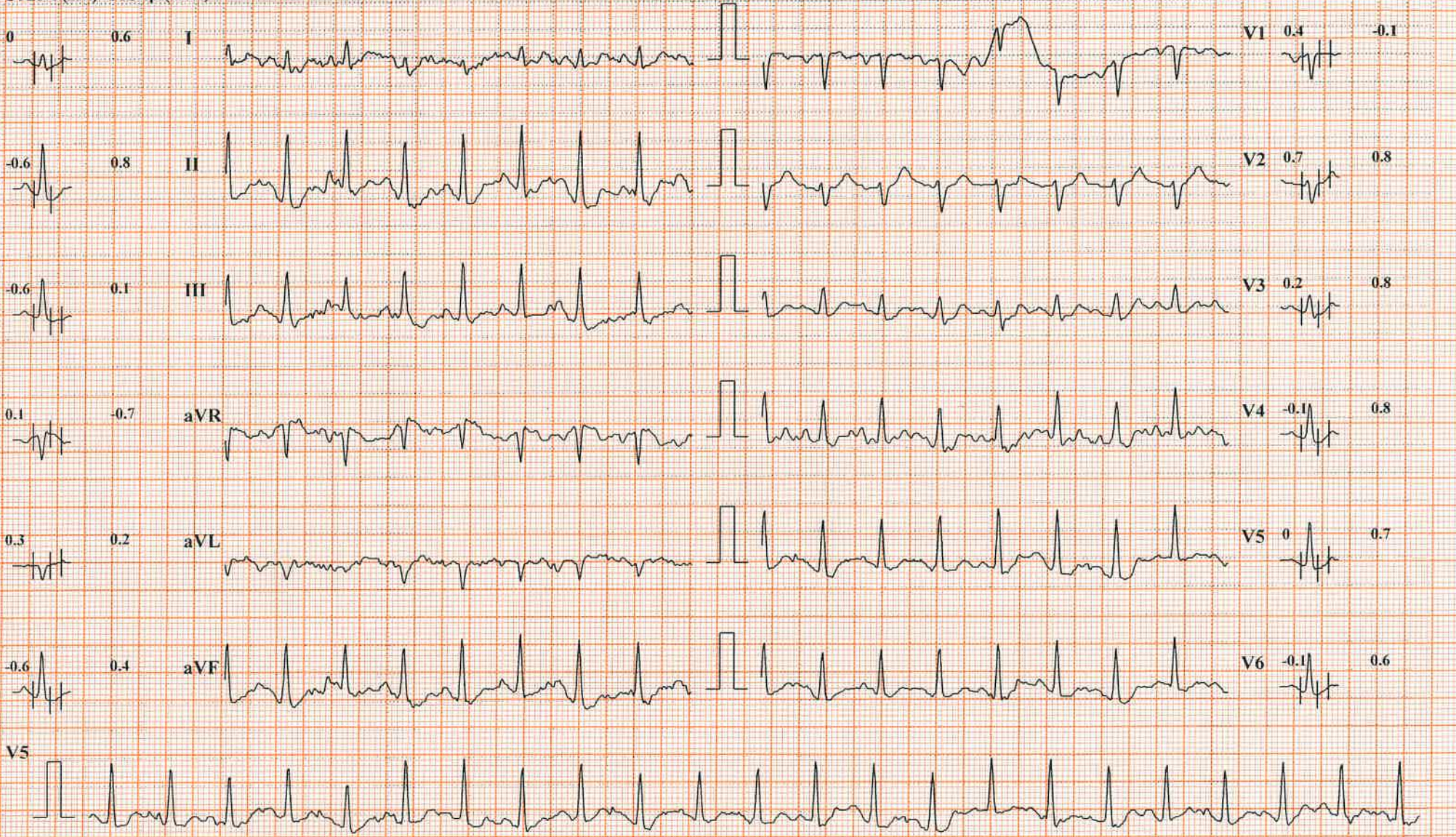


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-10 Version 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

SREEKANTH DAMARALA (39 M)

ID: 57882

Date: 01-03-2024

Exec Time : 0:08:05

Stage Time: 02:05

HR: 161 bpm

Bruce Protocol

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Slope: 14 %

THR: 158 bpm

BP: 150/60 mmHg

STLevel(mm) STSlope(mV/s)

-0.1 0.6

I

V1 1.1 -0.1

-0.4 0.8

II

V2 0.4 0.8

-0.2 0.2

III

V3 1.1 0.8

0.2 -0.6

aVR

V4 0 0.8

0 0.2

aVL

V5 -0.1 0.7

-0.3 0.4

aVF

V6 0.1 0.6

V5

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

SREEKANTH DAMARALA (39 M)

Bruce Protocol

ID: 57882

Date: 01-03-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 141 bpm

Stage: Recovery I

Speed: 0 kmph

Slope: 0 %

THR: 158 bpm

BP: 150/60 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

I.2 0.9 I

V1 -0.5 -0.6

0.5 0.4 II

V2 -0.5 -0.5

-0.5 -0.4 III

V3 -0.2 -0.4

-0.3 -0.8 aVR

V4 0.2 -0.3

0.9 0.7 aVL

V5 0.1 -0.2

0 0 aVF

V6 0.1 -0.2

V5

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

SREEKANTH DAMARALA (39 M)

ID: 57882

Date: 01-03-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 125 bpm

Bruce Protocol

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 158 bpm

BP: 150/60 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

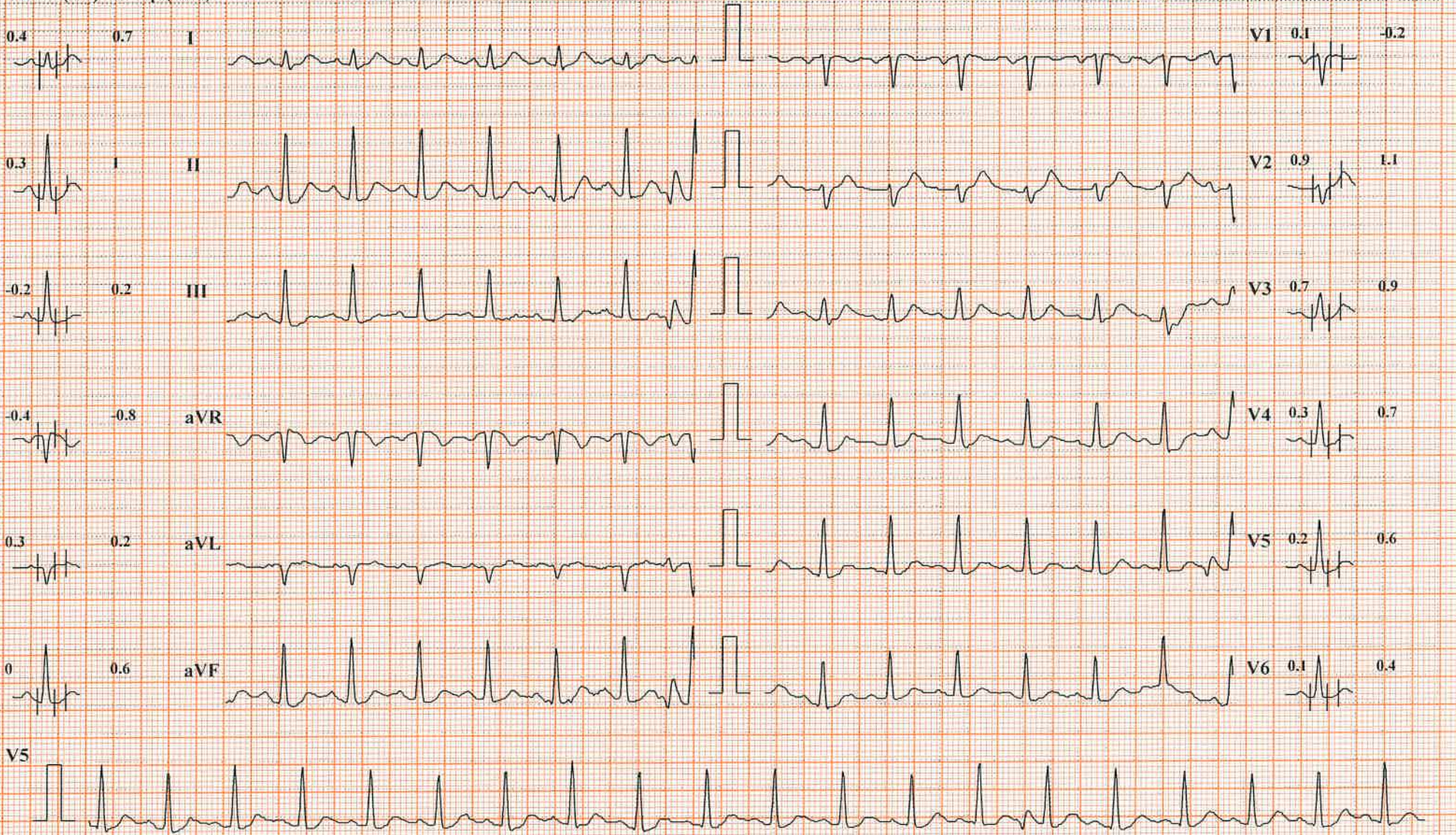


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-10 Version 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

SREEKANTH DAMARALA (39 M)

Bruce Protocol

ID: 57882

Date: 01-03-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 123 bpm

BP: 130/60 mmHg

Stage: Recovery3

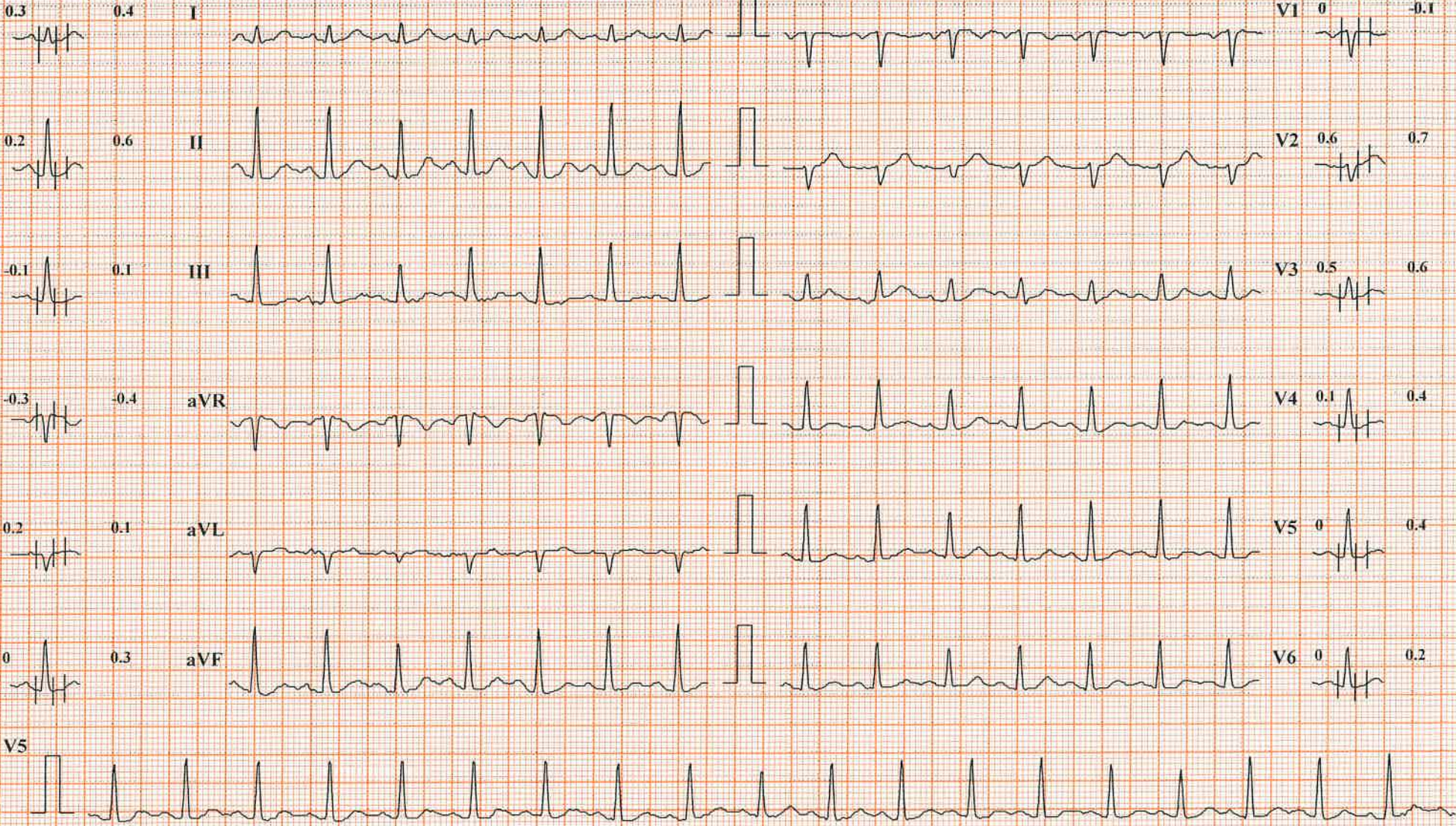
Speed: 0 kmph

Slope: 0 %

THR: 158 bpm

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

SREEKANTH DAMARALA (39 M)

Bruce Protocol

ID: 57882

Date: 01-03-2024

Exec Time : 00:00

Stage Time: 00:55

HR: 120 bpm

BP: 120/60 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Recovery4

Speed: 0 kmph

Slope: 0 %

THR: 158 bpm

STLevel(mm) STSlope(mV/s)

