

Visit ID	: YGT59583	UHID/MR No	: YGT.0000059385
Patient Name	: Mr. LAKKEPOGU S SWAROOPKUMAR	Client Code	: YOD-DL-0021
Age/Gender	: 34 Y 0 M 0 D /M	Barcode No	: 10965230
DOB	:	Registration	: 09/Mar/2024 08:34AM
Ref Doctor	: SELF	Collected	: 09/Mar/2024 08:34AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Mar/2024 11:50AM
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**DEPARTMENT OF RADIOLOGY****ULTRASOUND WHOLE ABDOMEN**

Clinical Details : General check-up.

LIVER : Normal in size( 14.3cm) and increased echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated.

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

Visualised common bile duct & portal vein appears normal.

PANCREAS : Poor window.

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

RIGHT KIDNEY : measures 9.4x3.8 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 10.3x4.4 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.

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

PROSTATE : Normal in size (volume-11cc)and echo-texture.

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

No free fluid is seen in peritoneal cavity.

**IMPRESSION:**

- GRADE I FATTY LIVER.

Suggested clinical correlation and further evaluation.

Verified By :

M VENKATA KRISHNA



Approved By :

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

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**DEPARTMENT OF RADIOLOGY**X-RAY CHEST PA VIEWFindings:

Rotated film.  
Soft tissues/ bony cage normal.  
Trachea and Mediastinal structures are normal.  
Heart size and configuration are normal.  
Aorta and pulmonary vascularity are normal.  
Lung parenchyma and CP angles are clear.  
Bilateral hilae and diaphragmatic contours are normal.

IMPRESSION :

- No Significant Abnormality Detected.

Suggested Clinical Correlation & Follow up.

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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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**BLOOD GROUP ABO & RH Typing**

**Sample Type : WHOLE BLOOD EDTA**

ABO	B			
Rh Typing	POSITIVE			

Method : Hemagglutination Tube method by forward and reverse grouping

**COMMENTS:**

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings. Advsiied cross matching before transfusion

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

HAEMOGLOBIN (HB)	15.6	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	5.13	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	46.6	%	40.0 - 50.0	RBC pulse height detection
MCV	90.8	fL	83 - 101	Automated/Calculated
MCH	30.4	pg	27 - 32	Automated/Calculated
MCHC	33.5	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	11.9	%	11.0-16.0	Automated Calculated
RDW - SD	40.6	fl	35.0-56.0	Calculated
MPV	10.0	fL	6.5 - 10.0	Calculated
PDW	16.2	fL	8.30-25.00	Calculated
PCT	0.32	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	8,650	cells/ml	4000 - 11000	Flow Cytometry
<b>DLC (by Flow cytometry/Microscopy)</b>				
NEUTROPHIL	52	%	40 - 80	Impedance
LYMPHOCYTE	36	%	20 - 40	Impedance
EOSINOPHIL	05	%	01 - 06	Impedance
MONOCYTE	07	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	3.25	Lakhs/cumm	1.50 - 4.10	Impedance

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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	1.14	ng/ml	0.60 - 1.78	CLIA
T4	12.83	ug/dl	4.82-15.65	CLIA
TSH	2.69	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 propanolol 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	0.98	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.20	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.78	mg/dl		Calculated
AST (S.G.O.T)	24	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	28	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	83	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.1	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.4	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.7	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.63			Calculated

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**LIPID PROFILE**
**Sample Type : SERUM**

TOTAL CHOLESTEROL	<b>209</b>	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	49	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	140.8	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	96	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	19.2	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	4.27		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	1.96	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	<b>160</b>	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	5.8	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	120	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	25	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	11.7	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	<b>114</b>	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	<b>165</b>	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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*Dr. Sumalatha*  
**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist

<b>Visit ID</b>	: YGT59583	<b>UHID/MR No</b>	: YGT.0000059385
<b>Patient Name</b>	: Mr. LAKKEPOGU S SWAROOPKUMAR	<b>Client Code</b>	: YOD-DL-0021
<b>Age/Gender</b>	: 34 Y 0 M 0 D /M	<b>Barcode No</b>	: 10965230
<b>DOB</b>	:	<b>Registration</b>	: 09/Mar/2024 08:34AM
<b>Ref Doctor</b>	: SELF	<b>Collected</b>	: 09/Mar/2024 08:40AM
<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 09/Mar/2024 08:57AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 09/Mar/2024 09:57AM
<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	1.04	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 :  
M VENKATA KRISHNA



Approved By :

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

<b>Visit ID</b>	: YGT59583	<b>UHID/MR No</b>	: YGT.0000059385
<b>Patient Name</b>	: Mr. LAKKEPOGU S SWAROOPKUMAR	<b>Client Code</b>	: YOD-DL-0021
<b>Age/Gender</b>	: 34 Y 0 M 0 D /M	<b>Barcode No</b>	: 10965230
<b>DOB</b>	:	<b>Registration</b>	: 09/Mar/2024 08:34AM
<b>Ref Doctor</b>	: SELF	<b>Collected</b>	: 09/Mar/2024 08:40AM
<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 09/Mar/2024 08:57AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 09/Mar/2024 09:57AM
<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	<b>7.3</b>	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 :  
M VENKATA KRISHNA



Approved By :

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



<b>Visit ID</b>	: YGT59583	UHID/MR No	: YGT.0000059385
<b>Patient Name</b>	: Mr. LAKKEPOGU S SWAROOPKUMAR	Client Code	: YOD-DL-0021
Age/Gender	: 34 Y 0 M 0 D /M	Barcode No	: 10965230
DOB	:	Registration	: 09/Mar/2024 08:34AM
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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Mar/2024 09:57AM
Hospital Name	:		

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**BUN/CREATININE RATIO**

<b>Sample Type : SERUM</b>				
Blood Urea Nitrogen (BUN)	11.7	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	1.04	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	11.20	Ratio	6 - 25	Calculated

Verified By :  
M VENKATA KRISHNA



Approved By :

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


Visit ID	: YGT59583	UHID/MR No	: YGT.0000059385
Patient Name	: Mr. LAKKEPOGU S SWAROOPKUMAR	Client Code	: YOD-DL-0021
Age/Gender	: 34 Y 0 M 0 D /M	Barcode No	: 10965230
DOB	:	Registration	: 09/Mar/2024 08:34AM
Ref Doctor	: SELF	Collected	: 09/Mar/2024 08:34AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Mar/2024 01:01PM
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 : 3.8 cms  
LEFT VENTRICLE : EDD : 4.5 cm IVS(d) : 0.9 cm LVEF : 65 %  
ESD : 2.7 cm PW (d) : 0.9 cm FS : 33 %  
No RWMA  
IAS : Intact  
IVS : Intact  
AORTA : 3.5cms  
PULMONARY ARTERY : Normal  
PERICARDIUM : Normal  
IVS/ SVC/ CS : Normal  
PULMONARY VEINS : Normal  
INTRA CARDIAC MASSES : No

Verified By :  
M VENKATA KRISHNA

Approved By :

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

Visit ID	: YGT59583	UHID/MR No	: YGT.0000059385
Patient Name	: Mr. LAKKEPOGU S SWAROOPKUMAR	Client Code	: YOD-DL-0021
Age/Gender	: 34 Y 0 M 0 D /M	Barcode No	: 10965230
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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Mar/2024 01:01PM
Hospital Name	:		

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

MITRAL FLOW : E -0.8 m/sec, A -0.3 m/sec.  
AORTIC FLOW : 1.2m/sec  
PULMONARY FLOW : 0.9m/sec  
TRICUSPID FLOW : TRJV :2.1 m/sec, RVSP - 31mmHg

**COLOUR FLOW MAPPING:** TRIVIAL TR/ MILD PAH


**IMPRESSION :**

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

Verified By :  
M VENKATA KRISHNA



Approved By :

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

<b>Visit ID</b>	: YGT59583	<b>UHID/MR No</b>	: YGT.0000059385
<b>Patient Name</b>	: Mr. LAKKEPOGU S SWAROOPKUMAR	<b>Client Code</b>	: YOD-DL-0021
<b>Age/Gender</b>	: 34 Y 0 M 0 D /M	<b>Barcode No</b>	: 10965230
<b>DOB</b>	:	<b>Registration</b>	: 09/Mar/2024 08:34AM
<b>Ref Doctor</b>	: SELF	<b>Collected</b>	: 09/Mar/2024 08:40AM
<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 09/Mar/2024 10:14AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 09/Mar/2024 10:36AM
<b>Hospital Name</b>	:		

**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	30 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.015		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 :  
 M VENKATA KRISHNA


Approved By :

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


Visit ID	: YGT59583	UHID/MR No	: YGT.0000059385
Patient Name	: Mr. LAKKEPOGU S SWAROOPKUMAR	Client Code	: YOD-DL-0021
Age/Gender	: 34 Y 0 M 0 D /M	Barcode No	: 10965230
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Hospital Name	:		

**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**\*\*\* End Of Report \*\*\***Verified By :  
M VENKATA KRISHNA

Approved By :

  
Dr. Sumalatha  
MBBS,DCP  
Consultant Pathologist



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India  
Government of India



E-Aadhaar Letter

అధ్యయన/Enrolment No.: 2052/11228/18928

Date: 08/10/2015

Lakkepogu S Swaroopkumar (లక్కెపొగు ఎస్ స్వరూప కుమార్)

సమాచారం

S/O Lakkepogu Sravan Kumar, 12-20-80/2, Flat No.103, Bhumireddy Towers, Near St. Joseph School, Prakash Nagar, Narasaraopet, Guntur, Andhra Pradesh - 522601

- అధార గుర్తింపుకు దృవీకరణ, పోయల్చానెట్ కాదు.
- గుర్తింపుకు దృవీకరణ అనల్లిన అధింబీకేషన్ ద్వారా చేసినప్పుడు.
- ఇది ఎలక్ట్రానిక్ పద్ధతిలో వ్రాయబడిన లేఖ.

మీ అధార సంఖ్య/ Your Aadhaar No.:

5333 9706 7020

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.



అధార-సామాన్యమానవుడి హక్కు

Signature valid

Digitally signed by Lakkepogu S Swaroopkumar, Unique Identification Authority of India  
Date: 2015.10.08 09:35:44 IST



1800 300 1947



help@uidai.gov.in



www.uidai.gov.in

- అధార దేశమంతటా చెల్లుతుంది.
- అధార అధార కొరకై, ఒకే సారి నమోదు చేసుకుంటే సరిపోతుంది.
- దయచేసి మీ లభ్యమైతే నంబర్ మరియు ఈ-మెయిల్ అడ్రస్ నమోదు చేసుకోండి దీనివలన మీరు చెల్లిన ప్రయోజనాలను పొందే సీలుంటుంది.

- Aadhaar is valid throughout the country.
- You need to enroll only once for Aadhaar.
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भारत सरकार  
GOVERNMENT OF INDIA



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



లక్కెపొగు ఎస్ స్వరూప కుమార్  
Lakkepogu S Swaroopkumar  
పుట్టిన తేదీ/ DOB: 09/08/1989  
పురుషుడు / MALE

చిరునామా:

S/O లక్కెపొగు శ్రావణ కుమార్  
12-20-80/2, ఫ్లాట్ నం.103,  
భూమిరెడ్డి టవర్స్, సెయింట్ జోసెఫ్  
పోతాల దగ్గర, ప్రకాశ్ నగర్,  
నరసరావుపేట, గుంటూరు,  
ఆంధ్ర ప్రదేశ్ - 522601

Address:

S/O Lakkepogu Sravan Kumar, 12-20-80/2, Flat No.103, Bhumiraddy Towers, Near St. Joseph School, Prakash Nagar, Narasaraopet, Guntur, Andhra Pradesh - 522601



5333 9706 7020

5333 9706 7020

అధార-సామాన్యమానవుడి హక్కు

Aadhaar-Aam Admi ka Adhikar

ID: 59583

LAKKEPOGU S SWAROOP KUMAR

Male 34Years

Req. No. :

09-03-2024 09:30:57

HR : 71 bpm

P : 84 ms

PR : 135 ms

QRS : 93 ms

QT/QTcBz : 375/410 ms

P/QRS/T : 34/2/-81 °

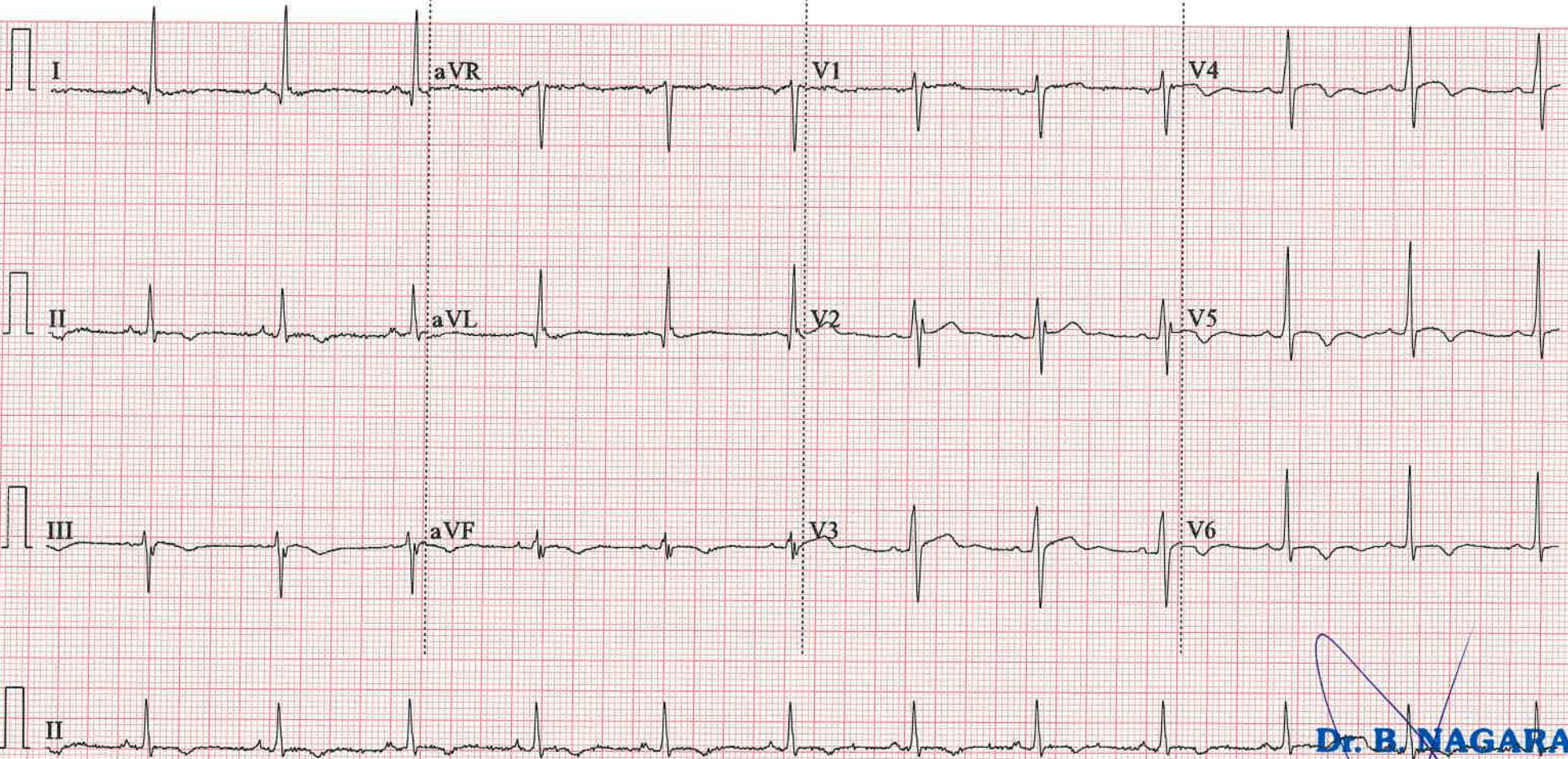
RV5/SV1 : 1.463/0.724 mV

Diagnosis Information:

Sinus Rhythm

T Wave Abnormality(I,II,III,aVL,aVF,V5,V6)

Report Confirmed by:



**Dr. B. NAGARAJU**  
 Regd.No: 70768 MBBS, M.D, DM  
 CONSULTANT CARDIOLOGIST  
 YODA DIAGNOSTICS-GUNTUR

DATE: 09-03-24

NAME: L. SWAROOP KUNAL

AGE: 34/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>PC</u>			<u>PC</u>		
ADD						

INSTRUCTIONS \_\_\_\_\_

I.P.D. \_\_\_\_\_ D.V. \_\_\_\_\_

N.V. \_\_\_\_\_ CONSTANT USE \_\_\_\_\_



Name: Lakkepogu S. Swaroop Kumar  
Date: 09/03/24 Age: 34 years Sex: Male  
Address: Guntur



Routine Health checkup  
NO COMPLAINTS

NO H/O HYPERTENSION / DM / PTB

LDL - ~~209~~ 140 mg/dl

HbA1c - 5.8%

FBS - 114 mg/dl

PPBS - 165 mg/dl

- 1) Diabetic Diet / Low Fat Food
- 2) Daily Exercise
- 3) weight Reduction
- 4) Tab. JAKROSIE 10mg

0 3 7 (30)

TEMP: 98.6  
B.P: 120/60 mm/Hg  
PULSE: 84 bts  
WEIGHT: 104 kgs  
HEIGHT: 170 cms



GPS Map Camera

Guntur, Andhra Pradesh, India

3-1-219/2, Old Club Rd, Gunturi Vari Thota, Kothapeta, Guntur, Andhra Pradesh 522001, India

Lat 16.299235°

Long 80.45163°

09/03/24 08:47 AM GMT +05:30

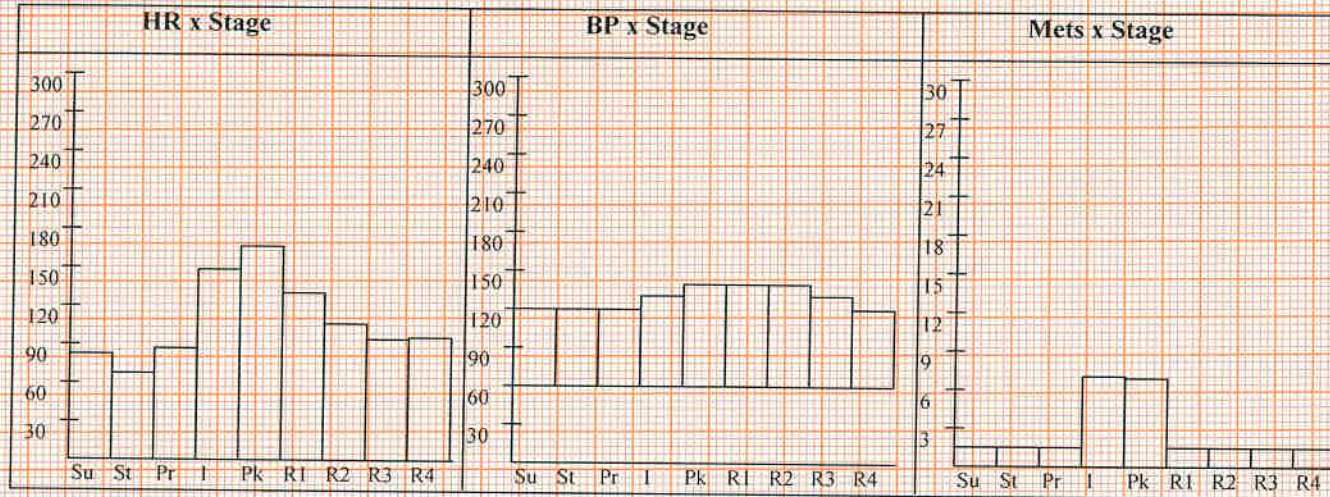


# YODA DIAGNOSTICS CENTRE GUNTUR

**Name: LAKKEPOGU S SWAROOP KUMAR**

**Date: 09-03-2024**

**Time: 12:01**



## Interpretation

The Patient Exercised according to Bruce Protocol for 0:03:56 achieving a work level of 4.7 METS.  
 Resting Heart Rate, initially 80 bpm rose to a max. heart rate of 168bpm (88% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 120/60 mmHg, rose to a maximum Blood Pressure of 140/60 mmHg  
 \* 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**

**Ref. Doctor: SELF**

Schiller Cardiovit CS-10 Version:3.5

**Doctor: DR.B NAGARAJU**

( Summary Report edited by User )

## YODA DIAGNOSTICS CENTRE GUNTUR

**Name:** LAKKEPOGU S SWAROOP KUMAR **Date:** 09-03-2024 **Time:** 12:01  
**Age:** 34 **Gender:** M **Height:** 170 cms **Weight:** 104 Kg **ID:** 59583  
**Clinical History:** NO  
**Medications:** NO

**Test Details:**  
**Protocol:** Bruce **Predicted Max HR:** 192 **Target HR:** 163 (85% of Pr. MHR)  
**Exercise Time:** 0:03:56 **Achieved Max HR:** 168 (88% of Pr. MHR)  
**Max BP:** 140/60 **Max BP x HR:** 23520 **Max Mets:** 4.7  
**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	83	120/60	9960	-0.6 V2	0.2 II
Standing	00:10	1	0	0	68	120/60	8160	0.4 III	0.5 V2
PreTest	00:13	1	1.6	0	87	120/60	10440	0.8 II	0.2 II
Stage 1	03:00	4.7	2.7	10	149	130/60	19370	0.5 aVR	0.4 V2
Peak Exercise	00:56	4.6	4	12	167	140/60	23380	-0.8 II	0.2 V2
Recovery1	01:00	1	0	0	131	140/60	18340	-0.3 I	1.1 V2
Recovery2	01:00	1	0	0	106	140/60	14840	0.5 V3	0.8 II
Recovery3	01:00	1	0	0	95	130/60	12350	0.5 V3	0.4 II
Recovery4	00:21	1	0	0	96	120/60	11520	0.6 V3	0.4 aVF

# YODA DIAGNOSTICS CENTRE GUNTUR

**LAKKEPOGU S SWAROOP KUMAR (34 M)**

Bruce Protocol

ID: 59583

Date: 09-03-2024

Exec Time : 0:00:00

Stage Time: 00:07

**HR: 80 bpm**

BP: 120/60 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 163 bpm

STLevel(mm) STSlope(mV/s)

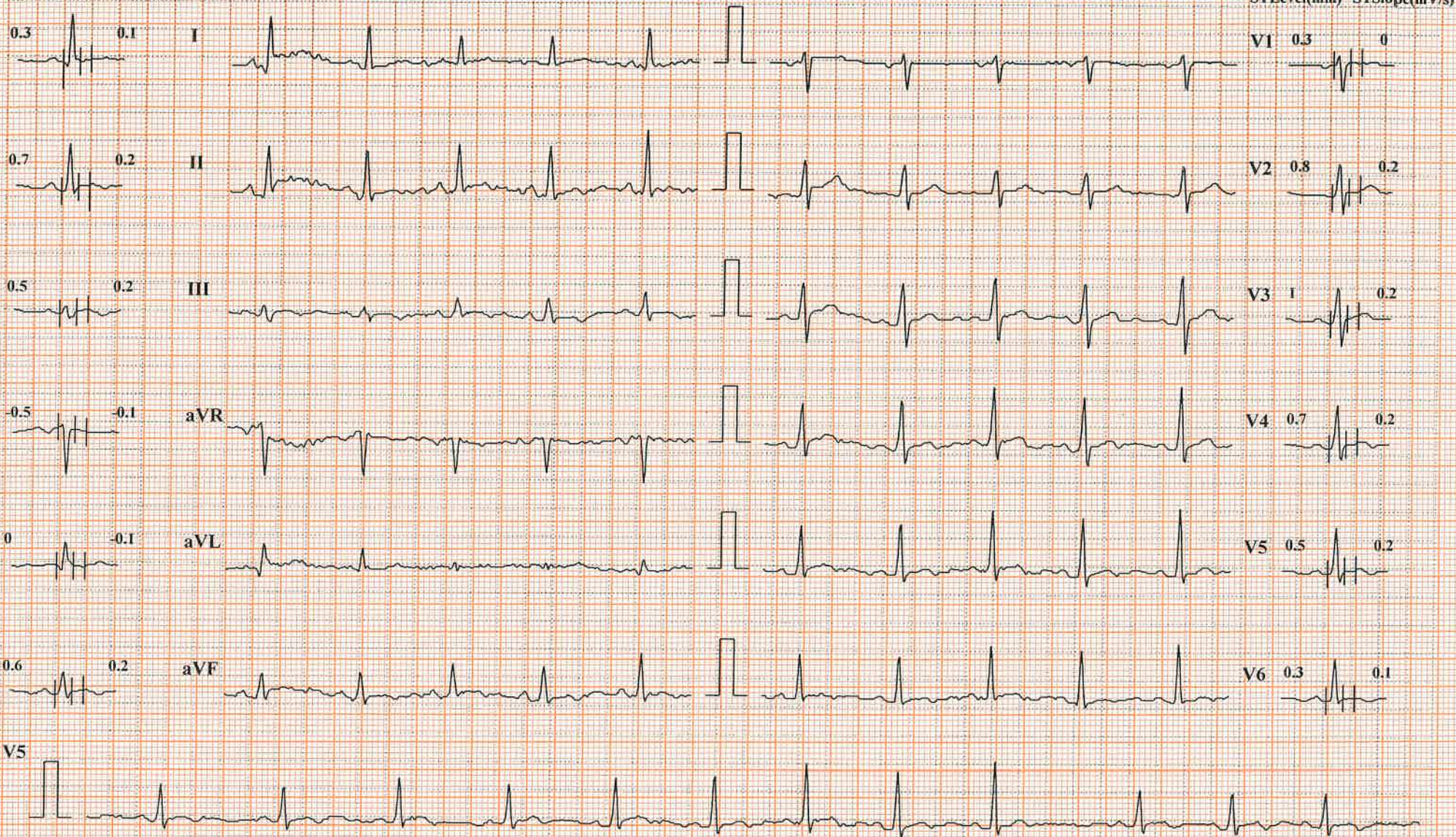


Chart Speed: 25 mm/sec

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

**LAKKEPOGU S SWAROOP KUMAR (34 M)**

Bruce Protocol

ID: 59583

Date: 09-03-2024

Exec Time : 0:00:00

Stage Time: 00:10

**HR: 69 bpm**

BP: 120/60 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Standing

Speed: 0

Slope: 0 %

THR: 163 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

LAKKEPOGU S SWAROOP KUMAR (34 M)

Bruce Protocol

ID: 59583

Date: 09-03-2024

Exec Time : 0:03:00

Stage Time: 03:00

HR: 149 bpm

BP: 130/60 mmHg

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 163 bpm

STLevel(mm) STSlope(mV/s)

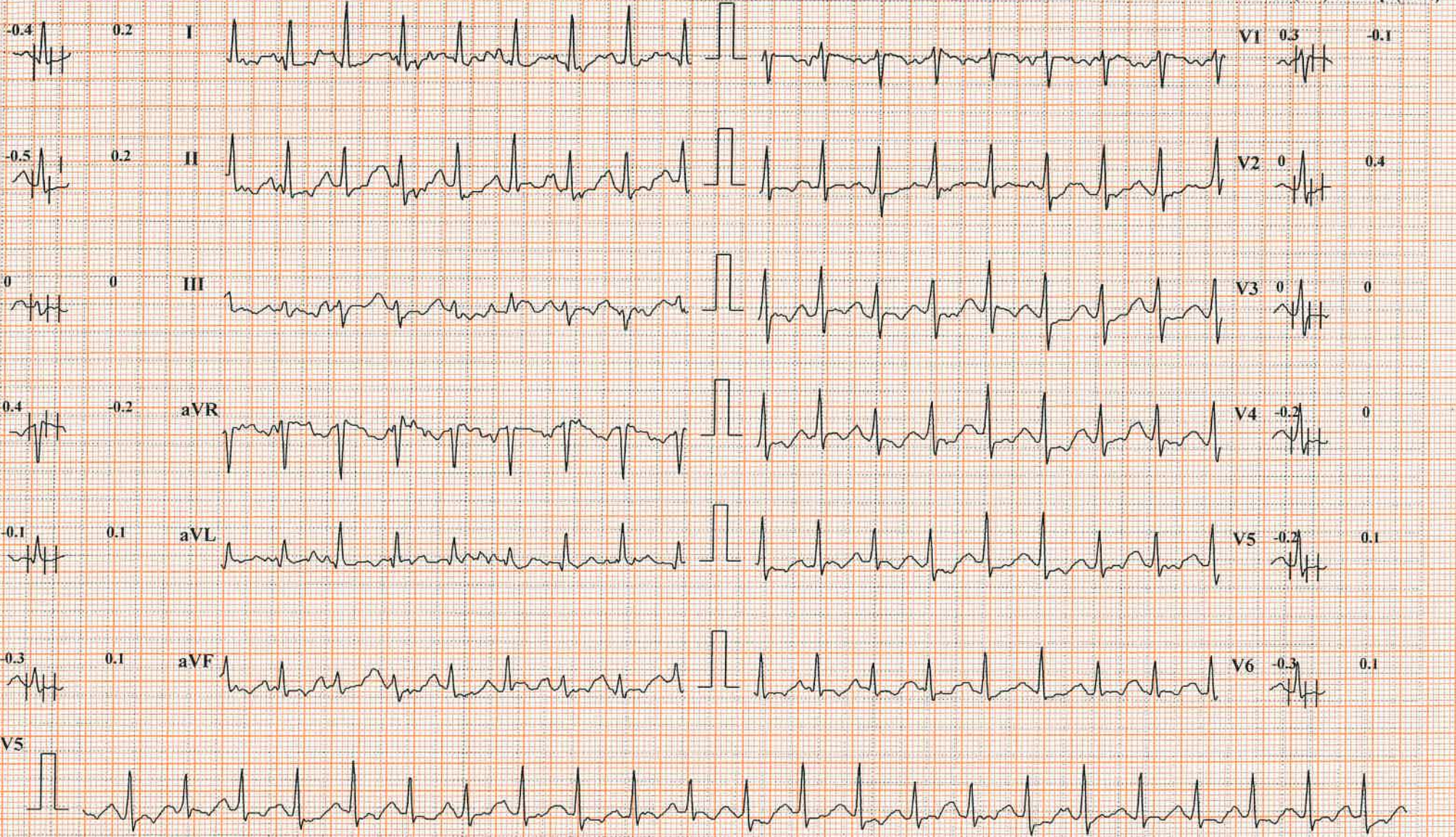


Chart Speed: 25 mm/sec

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

**LAKKEPOGU S SWAROOP KUMAR (34 M)**

Bruce Protocol

ID: 59583

Date: 09-03-2024

Exec Time : 0:03:56

Stage Time: 00:56

**HR: 168 bpm**

STLevel(mm) STSlope(mV/s)

Stage: 2 Peak Exercise

Speed: 4 kmph

Slope: 12 %

THR: 163 bpm

BP: 140/60 mmHg

STLevel(mm) STSlope(mV/s)

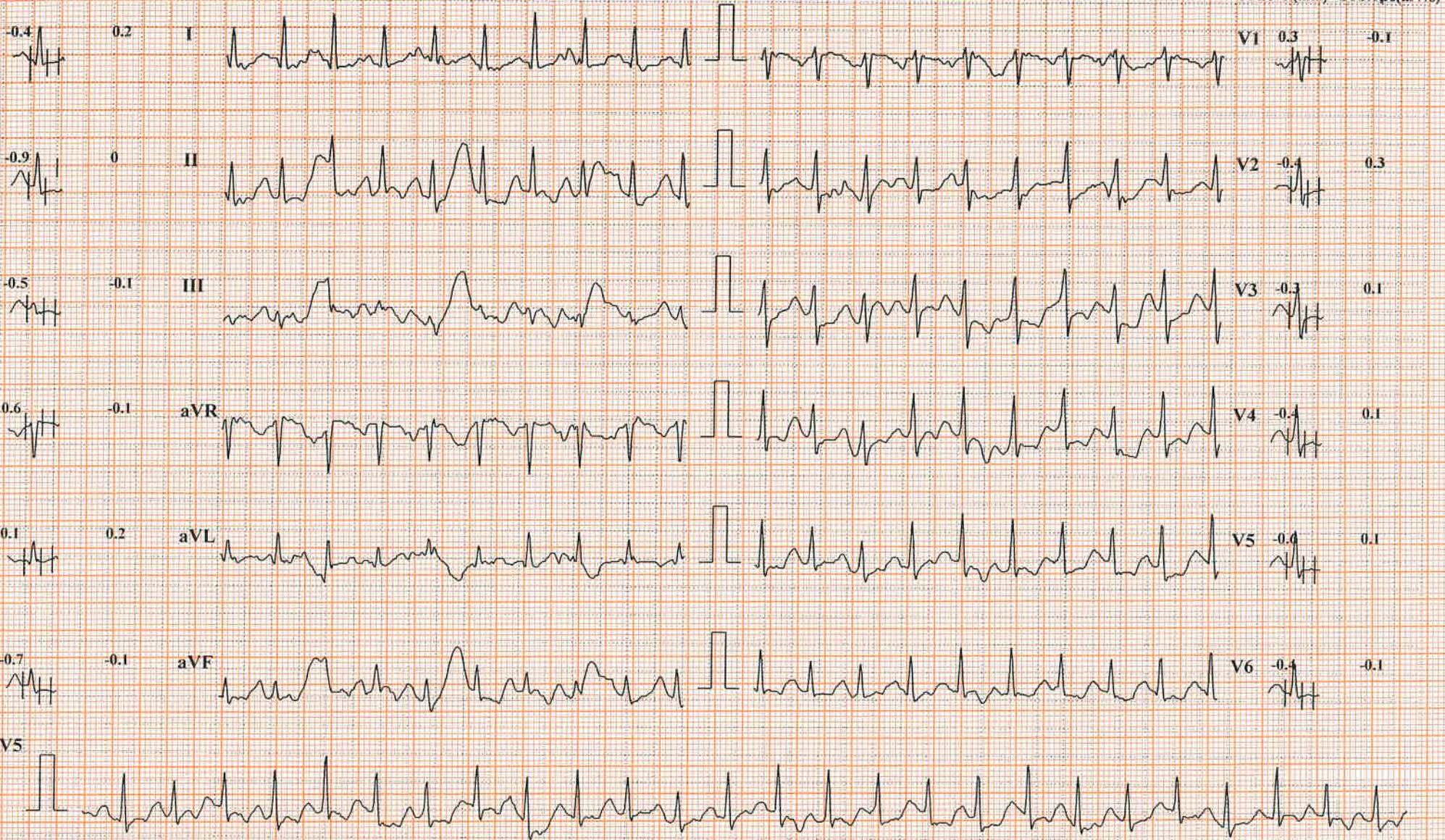


Chart Speed: 25 mm/sec

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

**LAKKEPOGU S SWAROOP KUMAR (34 M)**

Bruce Protocol

ID: 59583

Date: 09-03-2024

Exec Time : 00:00

Stage Time: 01:00

**HR: 130 bpm**

BP: 140/60 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Recovery I

Speed: 0 kmph

Slope: 0 %

THR: 163 bpm

STLevel(mm) STSlope(mV/s)

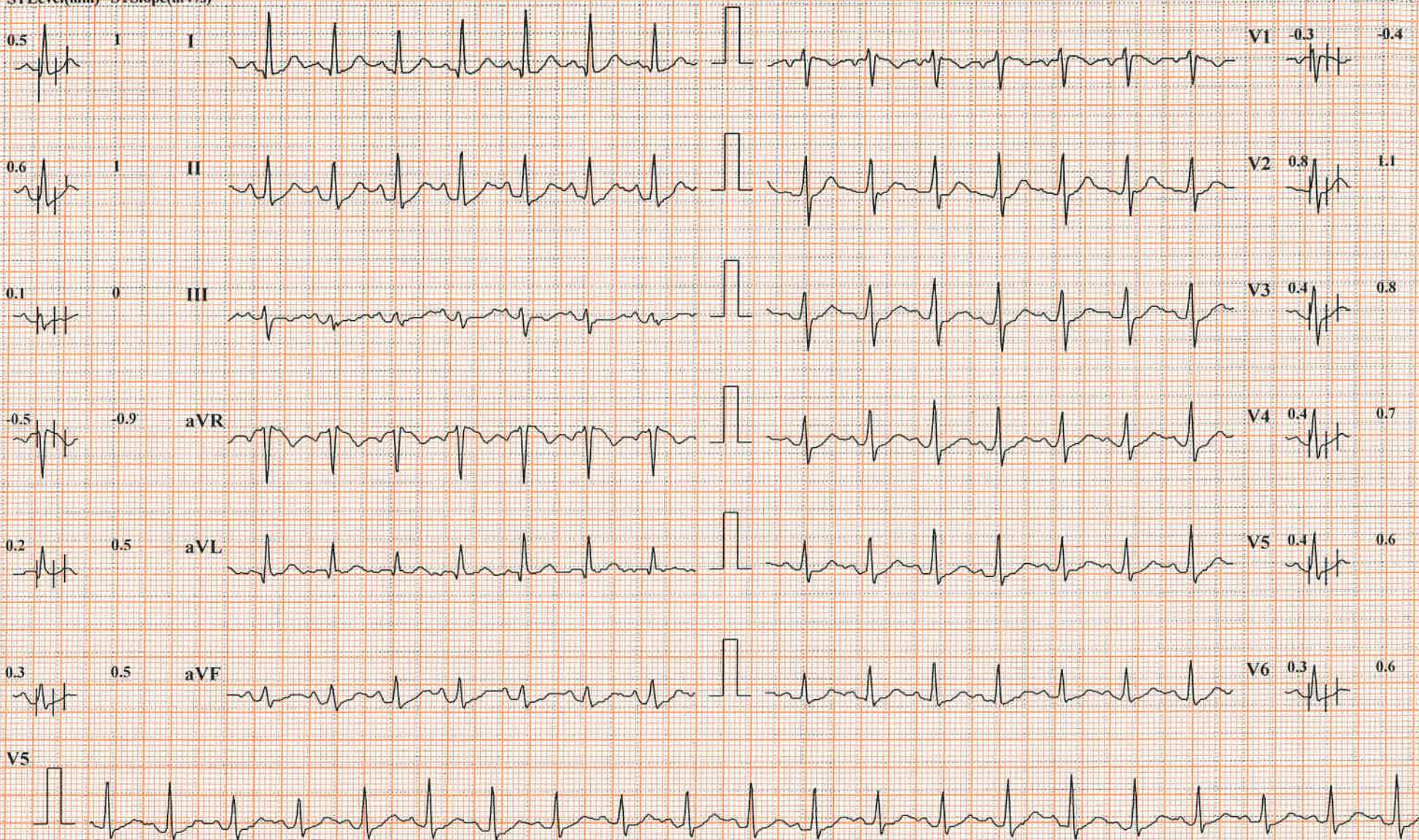


Chart Speed: 25 mm/sec

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

**LAKKEPOGU S SWAROOP KUMAR (34 M)**

ID: 59583

Date: 09-03-2024

Exec Time : 00:00

Stage Time: 01:00

**HR: 106 bpm**

Bruce Protocol

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 163 bpm

BP: 140/60 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

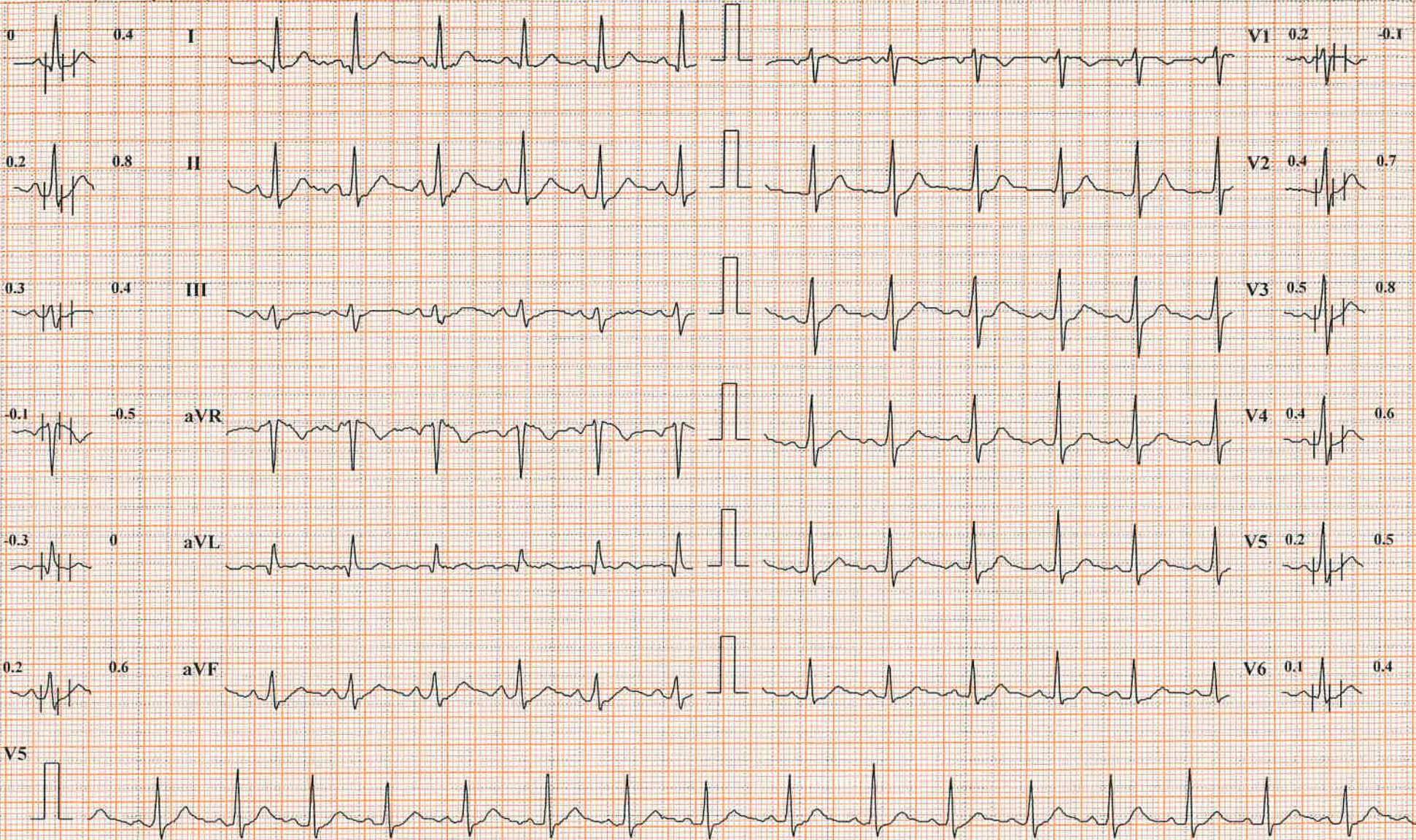


Chart Speed: 25 mm/sec

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

**LAKKEPOGU S SWAROOP KUMAR (34 M)**

Bruce Protocol

ID: 59583

Date: 09-03-2024

Exec Time : 00:00

Stage Time: 01:00

**HR: 95 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

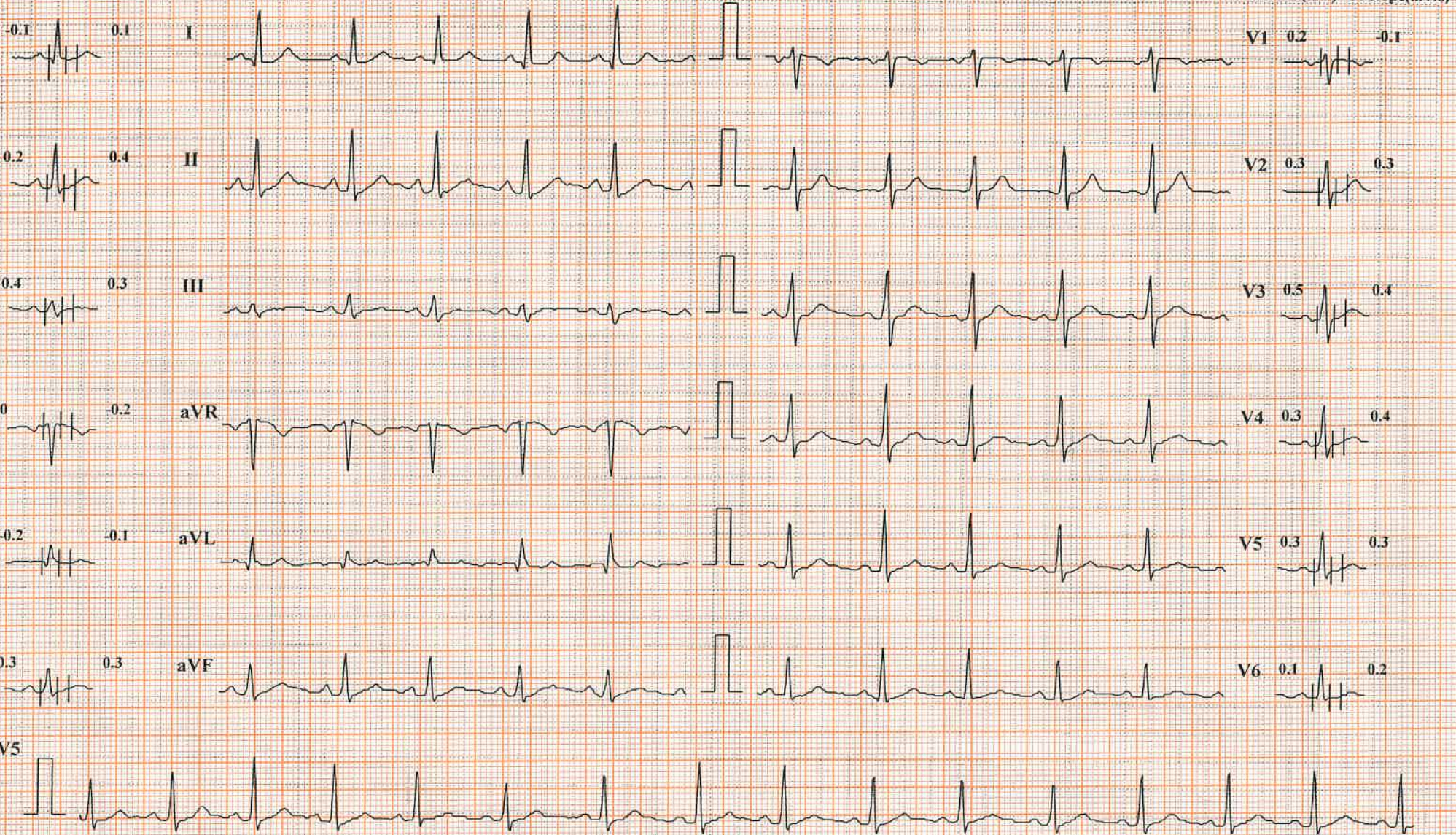
Speed: 0 kmph

Slope: 0 %

THR: 163 bpm

BP: 130/60 mmHg

STLevel(mm) STSlope(mV/s)



# YODA DIAGNOSTICS CENTRE GUNTUR

**LAKKEPOGU S SWAROOP KUMAR (34 M)**

Bruce Protocol

ID: 59583

Date: 09-03-2024

Exec Time : 00:00

Stage Time: 00:21

**HR: 96 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Recovery4

Speed: 0 kmph

Slope: 0 %

THR: 163 bpm

BP: 120/60 mmHg

STLevel(mm) STSlope(mV/s)

