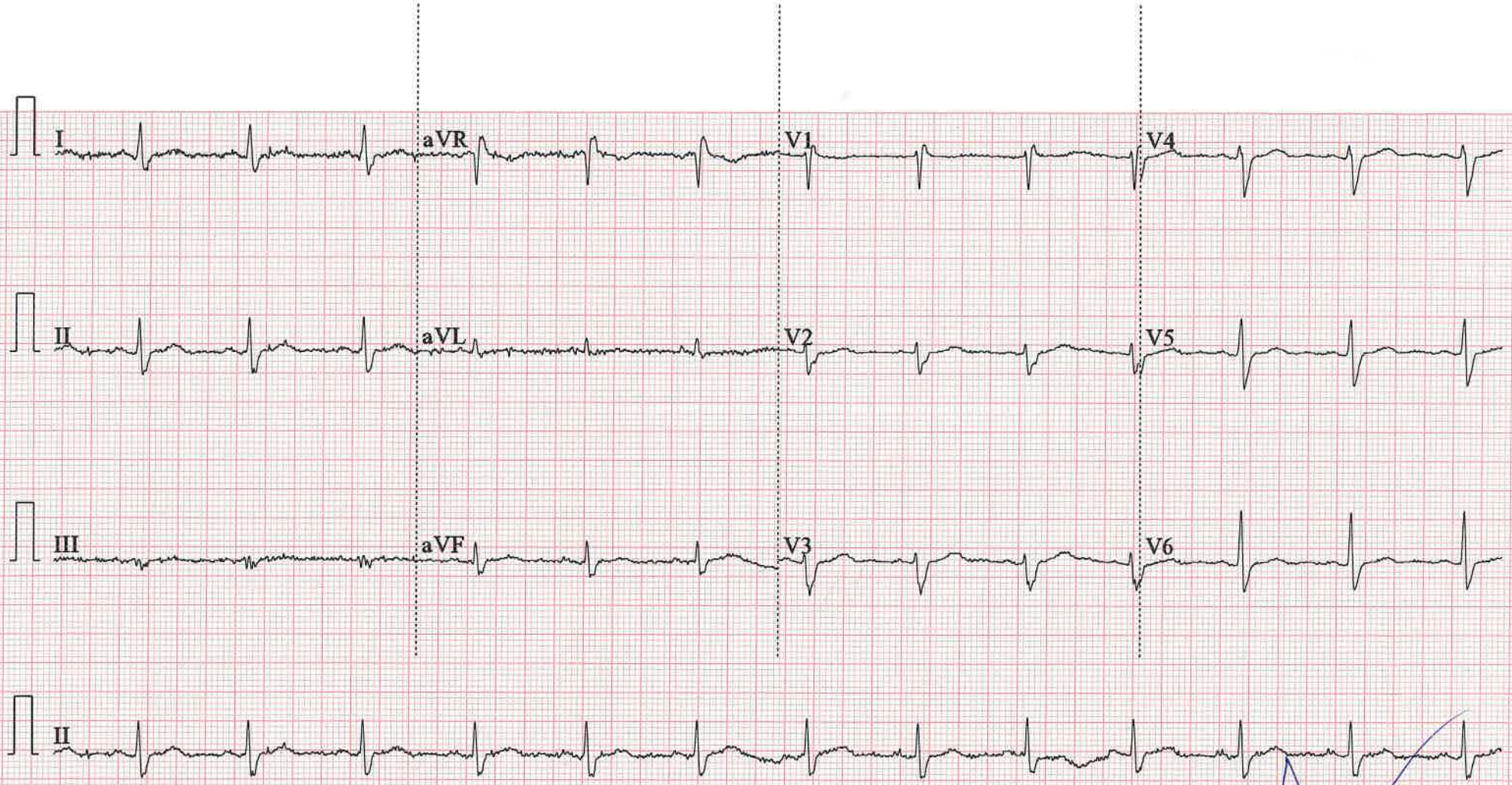
ID: 71898
SATHYAJIT DASH
Male 39Years
Req. No. :

11-05-2024 09:31:32

HR	: 78	bpm
P	: 97	ms
PR	: 145	ms
QRS	: 115	ms
QT/QTcBz	: 371/425	ms
P/QRS/T	: 51/17/53	°
RV5/SV1	: 0.612/0.550	mV

Diagnosis Information:
Sinus Rhythm
Incomplete Right Bundle Branch Block

Report Confirmed by:



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

0.67~45Hz AC50 25mm/s 10mm/mV 4*2.5s+1r V2.22 SEMIP V1.92

Dr Keerthi Kishore
MBBS, MD (General Medicine)
Consultant Physician & Diabetologist
Reg. No. 64905

Name: Satyajit dash

Date: 11/05/24 Age: 39 years Sex: male

Address: Guntur

℞

Routine Health checkup

C/O Shortness of Breath

Haemorrhoids
cough
Dyspepsia
Itching sensation all over the Body
H/O Br. Asthma

TEMP: (N)
B.P: 110/80 mm/Hg
PULSE: 91 b/s
WEIGHT: 80 kgs
HEIGHT: 171 cms

HbA1C - 5.4%.

CVS - S1S2 +

RS - NVBS

B/L Wheeze (+)

1) Tab. BANDY PLUS
0 0 1 x 3d

2) Tab. MONTEK-LC
0 0 1 (10)

3) Tab. DOXOPHYL 400
1 — 1 (10)

Consult

Gen. Surgeon

4) Cap. PPBLOCK - DSR

1 - 0 - 0 - (30)

5) Syr. MUCAINE GEL

10ml BD

6) Tab. AZEE 500 -

0 - 1 - 0 - (5)

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

DATE: 11/5/24

NAME : SATYAJIT DASH

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	-4.50	-0.75	30	-1.00	-1.00	110°
ADD						

INSTRUCTIONS _____

I.P.D. _____ D.V. ✓

N.V. _____ CONSTANT USE ✓

आयकर विभाग

INCOME TAX DEPARTMENT

सत्यमेव जयते

भारत सरकार

GOVT. OF INDIA

SATYAJIT DASH

JALANDHAR DASH

01/05/1985

Permanent Account Number

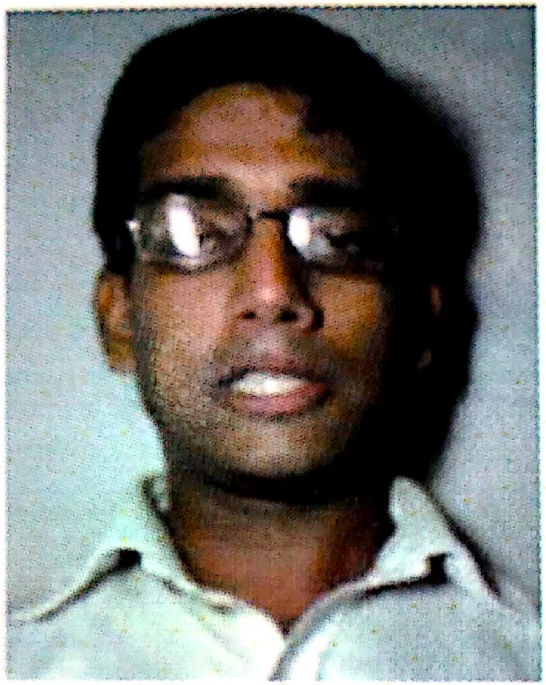
BGNPD0988E

Satyajit Dash

Signature

ଭାରତ ସରକାର

Government of India



ସତ୍ୟଜିତ ଦାଶ

SATYAJIT DASH

ପିତା : ଜଳନ୍ଧର ଦାଶ

Father : JALANDHAR DASH

ଜନ୍ମ ବର୍ଷ / Year of Birth : 1985

ପୁରୁଷ / Male

4003 8658 4268

ଆଧାର – ସାଧାରଣ ଲୋକର ଅଧିକାର

ଆଧାର

ଭାରତୀୟ ବିଶିଷ୍ଟ ପରିଚୟ କର୍ତ୍ତୃପକ୍ଷ

Unique Identification Authority of India

ଠିକଣା:
ଘର ନଂ.4504.4721, ମେଘେଶ୍ୱର କଲୋନୀ,
ବଡଗଡ ବ୍ରିଟ କଲୋନୀ, ବଡଗଡ ବ୍ରିଟ କଲୋନୀ,
ଖୋର୍ଦ୍ଧା, ଓଡିଶା, 751018

Address:
PLOT NO-4504/4721,
MEGHESWAR COLONY,
BADAGADA BRIT COLONY,
Badagarh Brit Colony S.O,
Badagarh Brit Colony, Khordha,
Odisha, 751018

4003 8658 4268

1947
1800 300 1947

help@uidai.gov.in

www

www.uidai.gov.in

Visit ID	**: YGT71898**	UHID/MR No	: YGT.0000071667
Patient Name	**: Mr. SATYAJIT DASH**	Client Code	: YOD-DL-0021
Age/Gender	: 39 Y 0 M 0 D /M	Barcode No	: 11052853
DOB	:	Registration	: 11/May/2024 08:28AM
Ref Doctor	: SELF	Collected	: 11/May/2024 08:32AM
Client Name	: MEDI WHEELS	Received	: 11/May/2024 08:52AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 11/May/2024 10:05AM
Hospital Name	:		

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
ESR (ERYTHROCYTE SEDIMENTATION RATE)				
Sample Type : WHOLE BLOOD EDTA				
ERYTHROCYTE SEDIMENTATION RATE	**20**	mm/1st hr	0 - 15	Capillary Photometry

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.

Verified By :
M VENKATA KRISHNA

Approved By :

Dr. Sumalatha
MBBS,DCP
Consultant Pathologist

yoda DIAGNOSTICS
Lal Bungalow add on, Ameerpet, Hyderabad - 500016
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info@yodalifeline.in
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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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.

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 11/May/2024 09:57AM
Hospital Name	:		

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
CBC(COMPLETE BLOOD COUNT)				
Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	15.4	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	5.39	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	45.9	%	40.0 - 50.0	RBC pulse height detection
MCV	85.3	fL	83 - 101	Automated/Calculated
MCH	28.6	pg	27 - 32	Automated/Calculated
MCHC	33.5	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.4	%	11.0-16.0	Automated Calculated
RDW - SD	40.5	fl	35.0-56.0	Calculated
MPV	8.8	fL	6.5 - 10.0	Calculated
PDW	16.2	fL	8.30-25.00	Calculated
PCT	0.24	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	8,370	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	63	%	40 - 80	Impedance
LYMPHOCYTE	30	%	20 - 40	Impedance
EOSINOPHIL	01	%	01 - 06	Impedance
MONOCYTE	06	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	2.78	Lakhs/cumm	1.50 - 4.10	Impedance

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIVER FUNCTION TEST(LFT)				
Sample Type : SERUM				
TOTAL BILIRUBIN	0.57	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.14	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.43	mg/dl		Calculated
AST (S.G.O.T)	20	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	21	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	98	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.6	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.5	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.1	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.45			Calculated

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DEPARTMENT OF BIOCHEMISTRY

LIPID PROFILE

Sample Type : SERUM

Test Name	Result	Unit	Biological Ref. Range	Method
TOTAL CHOLESTEROL	179	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	39	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	108	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	**161**	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	32.2	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	4.59		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	**4.13**	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	**140**	mg/dl	< 130	Calculated

Interpretation

NATIONAL CHOLESTEROL EDUCATION PROGRAMME (NCEP)	TOTAL CHOLESTEROL	TRIGLYCERIDE	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:

1.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

2. NLA-2014 identifies Non HDL Cholesterol(an indicator of all atherogenic lipoproteins such as LDL , VLDL, IDL, Lpa, 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.

3.Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved

4. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Verified By :
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MBBS,DCP
Consultant Pathologist

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 11/May/2024 10:02AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
HBA1C				
Sample Type : WHOLE BLOOD EDTA				
HBA1c RESULT	5.4	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	108	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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
FBS (GLUCOSE FASTING)				
Sample Type : FLOURIDE PLASMA				
FASTING PLASMA GLUCOSE	98	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 :
M VENKATA KRISHNA

Approved By :

Dr. Sumalatha
MBBS,DCP
Consultant Pathologist

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Client Name	: MEDI WHEELS	Received	: 11/May/2024 10:53AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 11/May/2024 11:47AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
PPBS (POST PRANDIAL GLUCOSE)				
Sample Type : FLOURIDE PLASMA				
POST PRANDIAL PLASMA GLUCOSE	104	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 :
Kollipara Venkateswara Rao

Approved By :

Dr. Sumalatha
MBBS,DCP
Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
SERUM CREATININE				
Sample Type : SERUM				
SERUM CREATININE	0.78	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
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
SERUM UREA				
Sample Type : SERUM				
SERUM UREA	28	mg/dL	13 - 43	Urease GLDH

Interpretation

Determination of blood urea is the most widely used screening test for renal function. When used in conjunction with serum creatinine determinations it can aid in the differential diagnosis of the three types of azotemia: prerenal, renal and postrenal.
Elevations in blood urea concentration are seen in inadequate renal perfusion, shock, diminished blood volume (prerenal causes), chronic nephritis, nephrosclerosis, tubular necrosis, glomerular nephritis (renal causes) and urinary tract obstruction (postrenal causes). Transient elevations may also be seen during periods of high protein intake. Unpredictable levels occur with liver diseases.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
ELECTROLYTES SERUM				
Sample Type : SERUM				
SERUM SODIUM	139	mEq/L	136-145	ISE
SERUM POTASSIUM	4.3	mEq/L	3.5 - 5.1	ISE
SERUM CHLORIDE	103	mEq/L	98 - 107	ISE

USEFUL FOR

Identifying a suspected imbalance in electrolytes or acid/base imbalance

CLINICAL INFORMATION

The electrolytes is ordered to identify electrolyte, fluid, or pH imbalance. Electrolyte concentrations are evaluated to assist in investigating conditions that cause electrolyte imbalances such as dehydration, kidney disease, lung diseases, or heart conditions. Repeat testing of the electrolyte or its components may be used to monitor the patients response to treatment of any condition that may be causing the electrolyte, fluid or pH imbalance.
Electrolyte and acid-base imbalances can often be indicative of many acute and chronic illnesses. For this reason, the electrolyte panel is often used in the hospital and emergency settings to evaluate patients.

INTERPRETATION

With an imbalance of a single electrolyte, such as sodium or potassium, repeat testing may be ordered of that particular electrolyte, can be used to monitor the imbalance until remedied. With an acid-base imbalance, blood gases may be ordered, which will measure the oxygen, carbon dioxide, and pH levels in the arterial blood. These tests assist in evaluating the acuteness of the imbalance and monitoring the response to treatment.
https://www.mayocliniclabs.com/test-catalog/overview/113632#Clinical-and-Interpretive

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Visit ID	**: YGT71898**	UHID/MR No	: YGT.0000071667
Patient Name	**: Mr. SATYAJIT DASH**	Client Code	: YOD-DL-0021
Age/Gender	: 39 Y 0 M 0 D /M	Barcode No	: 11052853
DOB	:	Registration	: 11/May/2024 08:28AM
Ref Doctor	: SELF	Collected	: 11/May/2024 08:32AM
Client Name	: MEDI WHEELS	Received	: 11/May/2024 09:00AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 11/May/2024 10:02AM
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
CUE (COMPLETE URINE EXAMINATION)				
Sample Type : SPOT URINE				
PHYSICAL EXAMINATION				
TOTAL VOLUME	20 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.005		1.003 - 1.035	Bromothymol Blue
CHEMICAL EXAMINATION				
pH	5.0		4.6 - 8.0	Double Indicator
PROTEIN	NEGATIVE		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	NEGATIVE		NEGATIVE	Glucose Oxidase
UROBILINOGEN	NEGATIVE	mg/dl	< 1.0	Ehrlichs Reaction
KETONE BODIES	NEGATIVE		NEGATIVE	Nitroprasside
BILIRUBIN - TOTAL	NEGATIVE		Negative	Azocoupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction
MICROSCOPIC EXAMINATION				
PUS CELLS	2-3	cells/HPF	0-5	
EPITHELIAL CELLS	1-2	/hpf	0 - 5	
RBCs	NIL	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	
BACTERIA	NIL		Nil	
OTHER	NIL			

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

Verified By :
M VENKATA KRISHNA

Approved By :

Dr. Sumalatha
MBBS,DCP
Consultant Pathologist

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YODA
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RECEPTION
GPS Map Camera
Guntur, Andhra Pradesh, India
D.No: 12-12, 36/1, Old Club Rd, opp. Manasa hospital, Kothapeta,
Guntur, Andhra Pradesh 522001, India
Lat 16.299252°
Long 80.451621°
11/05/24 08:41 AM GMT +05:30
Google

SATYAJIT DASH 39Y MALE YGT71898 CHEST PA 11-May-24

YODA DIAGNOSTICS