

SRF ID: 35E6380

Visit ID	: YGT89649	UHID/MR No	: YGT.0000089340
Patient Name	: Mr. SOMESWARA RAO GORRELA	Client Code	: YOD-DL-0021
Age/Gender	: 43 Y 0 M 0 D /M	Barcode No	: 11188627
DOB	:	Registration	: 10/Aug/2024 09:51AM
Ref Doctor	: SELF	Collected	: 10/Aug/2024 09:51AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Aug/2024 10:58AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN****Clinical Details :** General check-up.**LIVER :** Normal in size 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 and echotexture. No focal lesion is seen.**RIGHT KIDNEY :** measures 9.7 x 4.6 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 10.3 x 5.3 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-20 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.
for clinical correlation.**

Verified By :
HARISCHANDRA PRASAD N

Approved By :


Dr. HARISCHANDRA PRASAD N
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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	10	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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Approved By :



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Client Name	: MEDI WHEELS	Received	: 10/Aug/2024 11:50AM
Client Add	: F-701, Lado Sarai, Mehrauli, N	Reported	: 10/Aug/2024 11:52AM
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DEPARTMENT OF HAEMATOLOGY

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BLOOD GROUP ABO & RH Typing

Sample Type : WHOLE BLOOD EDTA

ABO	O			
Rh Typing	NEGATIVE			

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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CBC (COMPLETE BLOOD COUNT)

Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB)	14.5	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	5.31	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	43.5	%	40.0 - 50.0	RBC pulse height detection
MCV	81.9	fL	83 - 101	Automated/Calculated
MCH	27.4	pg	27 - 32	Automated/Calculated
MCHC	33.4	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.6	%	11.0-16.0	Automated Calculated
RDW - SD	39	fl	35.0-56.0	Calculated
MPV	9.0	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	9,000	cells/ml	4000 - 11000	Flow Cytometry


DLC (by Flow cytometry/Microscopy)

NEUTROPHIL	67	%	40 - 80	Impedance
LYMPHOCYTE	25	%	20 - 40	Impedance
EOSINOPHIL	01	%	01 - 06	Impedance
MONOCYTE	07	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	2.70	Lakhs/cumm	1.50 - 4.50	Impedance

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Client Add : F-701, Lado Sarai, Mehrauli, N	Reported : 10/Aug/2024 10:57AM
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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	1.49	ng/ml	0.60 - 1.78	CLIA
T4	11.72	ug/dl	4.82-15.65	CLIA
TSH	1.38	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	0.50	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.11	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.39	mg/dl		Calculated
AST (S.G.O.T)	39	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	39	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	59	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	8.3	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.9	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.4	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.44			Calculated

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LIPID PROFILE

Sample Type : SERUM

TOTAL CHOLESTEROL	265	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	50	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	185	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	149	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	29.8	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	5.30		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	2.98	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	215	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:**
- 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, 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.
 - 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	1.15	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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M VENKATA KRISHNA



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Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 10/Aug/2024 01:03PM
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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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	21	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	9.8	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

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

Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	97	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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PPBS (POST PRANDIAL GLUCOSE)

Sample Type : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	159	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	0.77	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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GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)

Sample Type : SERUM

GGT	24	U/L	0 - 55.0	KINETIC-IFCC
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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.

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URIC ACID -SERUM

Sample Type : SERUM

SERUM URIC ACID	6.5	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.

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BUN/CREATININE RATIO


Sample Type : SERUM

Blood Urea Nitrogen (BUN)	9.8	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.77	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	12.70	Ratio	6 - 25	Calculated

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SRF ID: 35E6380

Visit ID	: YGT89649	UHID/MR No	: YGT.0000089340
Patient Name	: Mr. SOMESWARA RAO GORRELA	Client Code	: YOD-DL-0021
Age/Gender	: 43 Y 0 M 0 D /M	Barcode No	: 11188627
DOB	:	Registration	: 10/Aug/2024 09:51AM
Ref Doctor	: SELF	Collected	: 10/Aug/2024 09:51AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Aug/2024 01:27PM
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 : 3.4 cms
LEFT VENTRICLE : EDD : 4.9 cm IVS(d) :1.1 cm LVEF :74 %
ESD : 2.7 cm PW (d) :1.0 cm FS :43 %
No RWMA
IAS : Intact
IVS : Intact
AORTA : 3.2 cms
PULMONARY ARTERY : Normal
PERICARDIUM : Normal
IVS/ SVC/ CS : Normal
PULMONARY VEINS : Normal
INTRA CARDIAC MASSES : No

Verified By :
B NAGARAJU



Approved By :


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

SRF ID: 35E6380

Visit ID	: YGT89649	UHID/MR No	: YGT.0000089340
Patient Name	: Mr. SOMESWARA RAO GORRELA	Client Code	: YOD-DL-0021
Age/Gender	: 43 Y 0 M 0 D /M	Barcode No	: 11188627
DOB	:	Registration	: 10/Aug/2024 09:51AM
Ref Doctor	: SELF	Collected	: 10/Aug/2024 09:51AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Aug/2024 01:27PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY

DOPPLER STUDY :

MITRAL FLOW : E -0.6 m/sec, A -0.9 m/sec.
AORTIC FLOW : 1.2m/sec
PULMONARY FLOW : 1.0m/sec
TRICUSPID FLOW : TRJV :1.8 m/sec, RVSP -28 mmHg

COLOUR FLOW MAPPING: NORMAL

IMPRESSION :

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

Verified By :
B NAGARAJU



Approved By :



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

SRF ID: 35E6380

Visit ID : YGT89649	UHID/MR No : YGT.0000089340
Patient Name : Mr. SOMESWARA RAO GORRELA	Client Code : YOD-DL-0021
Age/Gender : 43 Y 0 M 0 D /M	Barcode No : 11188627
DOB :	Registration : 10/Aug/2024 09:51AM
Ref Doctor : SELF	Collected : 10/Aug/2024 09:54AM
Client Name : MEDI WHEELS	Received : 10/Aug/2024 10:09AM
Client Add : F-701, Lado Sarai, Mehrauli, N	Reported : 10/Aug/2024 12:12PM
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	30 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	3-4	cells/HPF	0-5	
EPITHELIAL CELLS	2-3	/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

DEPARTMENT OF RADIOLOGY

Patient Name	Mr. SOMESWARA RAO GORRELA	Visit ID	YGT89649	Barcode	11188627
Age / Gender	43 Y / MALE	UHID	YGT.0000089340	Collection Date	10-08-2024 09:51 AM
Ref Doctor	Dr. SELF	Client Name	MEDI WHEELS	Registration Date	10-08-2024 09:51 AM
Hospital Name		Client Code	YOD-DL-0021	Received Date	
Sample Type		Client Add	F-701, Lado Sarai, Mehrauli, New Delhi	Reported Date	10-08-2024 12:02 PM

X-RAY CHEST PA VIEW

FINDINGS:

Trachea is midline.
Mediastinal outline, and cardiac silhouette are normal.
Bilateral lung fields show normal vascular pattern with no focal lesion.
Bilateral hila are normal in density.
Bilateral costo-phrenic angles and domes of diaphragms are normal.
The rib cage and visualized bones appear normal.

IMPRESSION:

- No significant abnormality detected.

*** End Of Report ***

Suggested clinical correlation & follow up



Approved by

Dr. Rohit A.
DMRD (APMC/FMR/81349)
Consultant Radiologist





భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

భారత ప్రభుత్వం

Unique Identification Authority of India
Government of India

నమోదు సంఖ్య / Enrollment No. : 1111/18050/01858

16/03/2012

To
Gorrela Someswararao
గోరెల సోమేశ్వరరావు
S/O Gorrela Rambabu
PAATA VEEDHI
VEDURUPAKA
Gummalladuddi
Gummalladuddi, East Godavari
Andhra Pradesh - 533289
7702217894



UF374353312IN

37435331



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

6659 4237 0169

ఆధార్ - సామాన్యని హక్కు



భారత ప్రభుత్వం

GOVERNMENT OF INDIA



గోరెల సోమేశ్వరరావు
Gorrela Someswararao

పుట్టిన సంవత్సరం/Year of Birth: 1981
పురుషుడు / Male



6659 4237 0169

ఆధార్ - సామాన్యని హక్కు

ID: 89649
SOMESWARA RAO GORRELA
Male 43Years
Req. No. :

10-08-2024 10:17:18
HR : 105 bpm
P : 96 ms
PR : 147 ms
QRS : 83 ms
QT/QTcBz : 320/424 ms
P/QRS/T : 43/5/5 °
RV5/SV1 : 0.484/1.001 mV

Diagnosis Information:
Sinus Tachycardia
Larged PtfV1
Low T Wave(V5,V6)

Report Confirmed by:



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

Dr Keerthi Kishore

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

Name: Someswara Rao gonnala
Date: 10/08/24 Age: 43 years Sex: male
Address: Guntur



Routine checkup
C/O Headache (on & off)
NO H/O HTN / DM / CAD

TEMP: 98.6°F
B.P: 150/100 mmHg
PULSE: 78 /min
WEIGHT: 74 kg
HEIGHT: 165 cm

LDL - 185 mg/dl
HbA1c - 5.8%

1) Low salt Diet / Low Fat Food

2) Tab. JAKTEL - H
(40/12.5)

1 - 0 - 0 - (30)

3) Tab. JAKRA 12

0 - 0 - 1 - (30)

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

DATE: 10/8/24

NAME: SOMESWARA RAO

AGE: 43/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>0</u>			<u>0</u>		
ADD			<u>+1.25</u>			

INSTRUCTIONS Blue cut Progressive

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

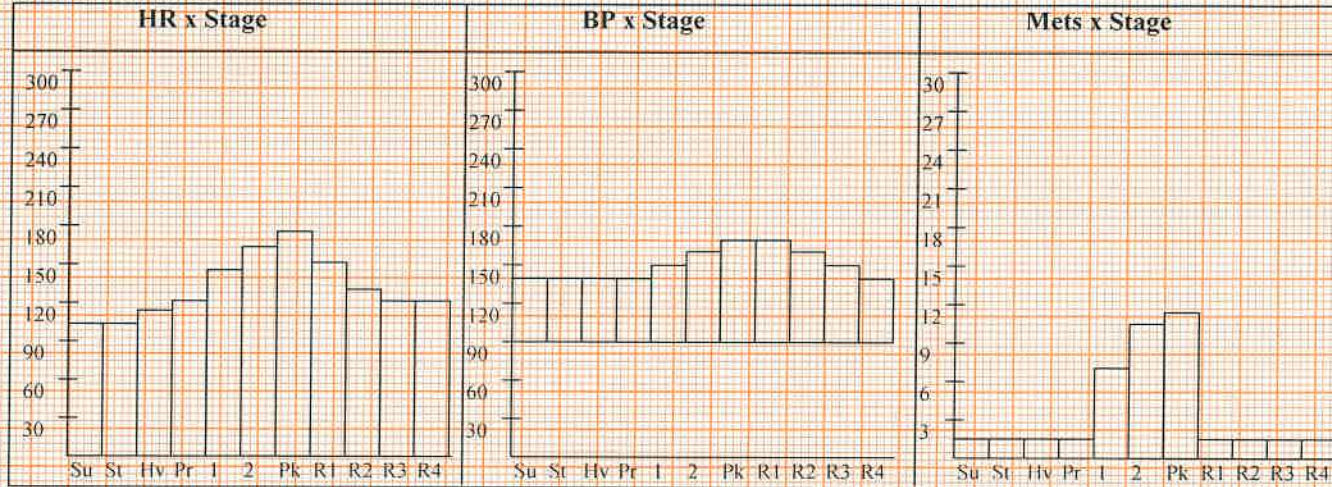
N.V. +1.25 CONSTANT USE

YODA DIAGNOSTICS CENTRE GUNTUR

Name: SOMESWARA RAO GORRELA

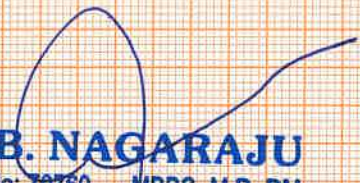
Date: 10-08-2024

Time: 12:02



Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:46 achieving a work level of 7.6 METS.
 Resting Heart Rate, initially 104 bpm rose to a max. heart rate of 175bpm (96% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 140/90 mmHg, rose to a maximum Blood Pressure of 170/90 mmHg
 * Significant ST-T Changes During Exercise & Recovery
 * FAIR Exercise Tolerance
 * Test is Positive for exercise induced ischemia.


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

Ref. Doctor: SELF

Doctor: DR.B NAGARAJU

YODA DIAGNOSTICS CENTRE GUNTUR

Name: SOMESWARA RAO GORRELA

Date: 10-08-2024

Time: 12:02

Age: 43

Gender: M

Height: 168 cms

Weight: 74 Kg

ID: 89649

Clinical History: NO

Medications: NO

Test Details:

Protocol: Bruce

Predicted Max HR: 183

Target HR: 155 (85% of Pr. MHR)

Exercise Time: 0:06:46

Achieved Max HR: 175 (96% of Pr. MHR)

Max BP: 170/90

Max BP x HR: 29750

Max Mets: 7.6

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	00:20	1	0	0	104	140/90	14560	0.7 V1	0.6 V2
Standing	00:10	1	0	0	103	140/90	14420	0.5 V2	0.5 I
HyperVentilation	00:08	1	0	0	114	140/90	15960	3.1 V1	0.6 I
PreTest	00:21	1	1.6	0	121	140/90	16940	1.2 V2	1.8 V1
Stage: 1	03:00	4.7	2.7	10	145	150/90	21750	0.7 V2	0.8 I
Stage: 2	03:00	7	4	12	163	160/90	26080	1 V3	1 V3
Peak Exercise	00:46	7.6	5.5	14	175	170/90	29750	-1.1 V5	0.9 V2
Recovery1	01:00	1	0	0	152	170/90	25840	1.3 V3	1.4 II
Recovery2	01:00	1	0	0	130	160/90	20800	1.4 II	1.9 II
Recovery3	01:00	1	0	0	121	150/90	18150	0.9 V3	1.1 II
Recovery4	00:30	1	0	0	121	140/90	16940	0.6 V3	0.8 I

YODA DIAGNOSTICS CENTRE GUNTUR

SOMESWARA RAO GORRELA (43 M)

ID: 89649

Date: 10-08-2024

Exec Time : 0:00:00

Stage Time: 00:20

HR: 104 bpm

Bruce Protocol

Stage: Supine

Speed: 0 km/h

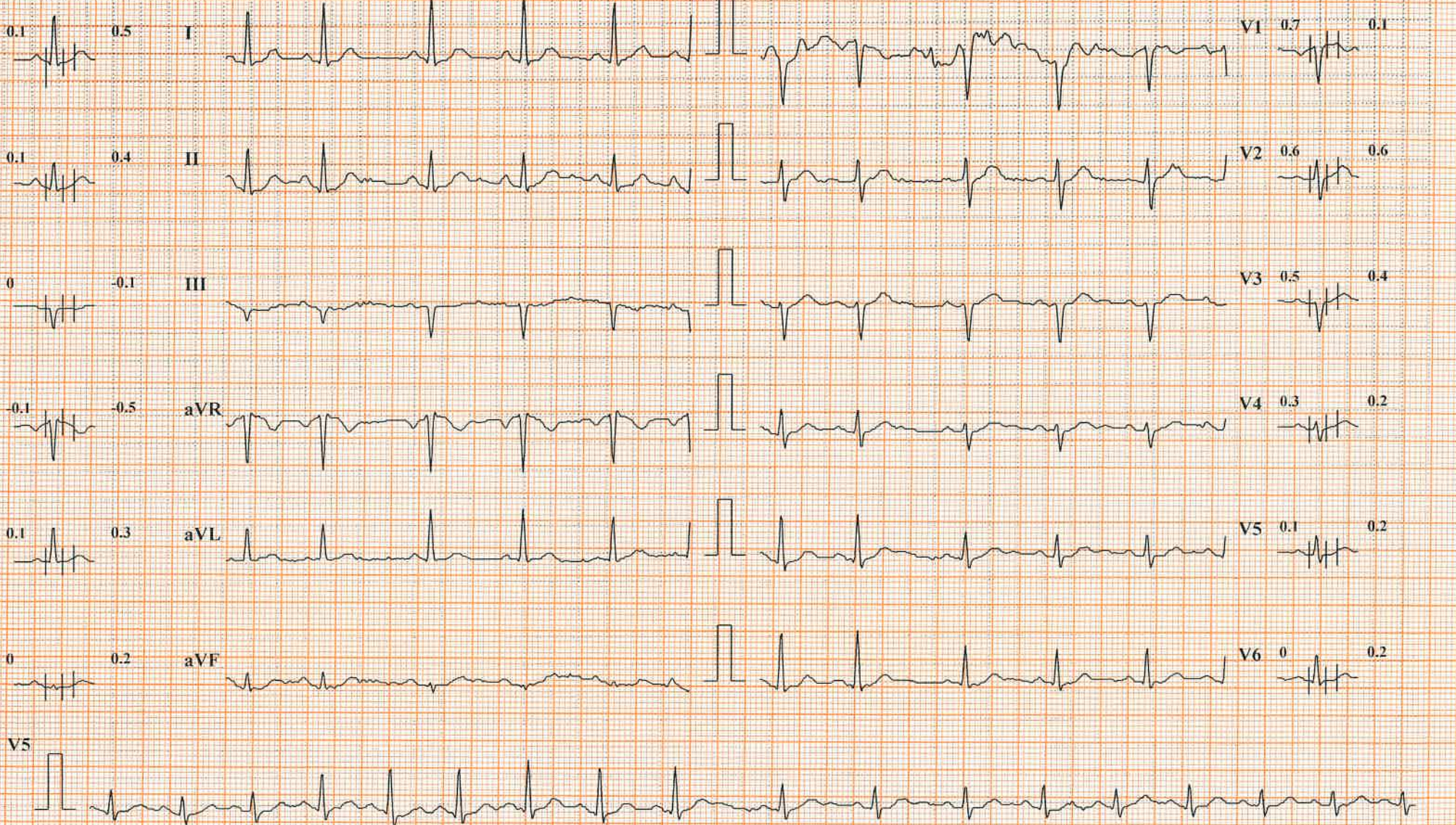
Slope: 0%

THR: 155 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

SOMESWARA RAO GORRELA (43 M)

Bruce Protocol

ID: 89649

Date: 10-08-2024

Exec Time : 0:00:00

Stage Time: 00:10

HR: 103 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Standing

Speed: 0

Slope: 0.0%

THR: 155 bpm

STLevel(mm) STSlope(mV/s)

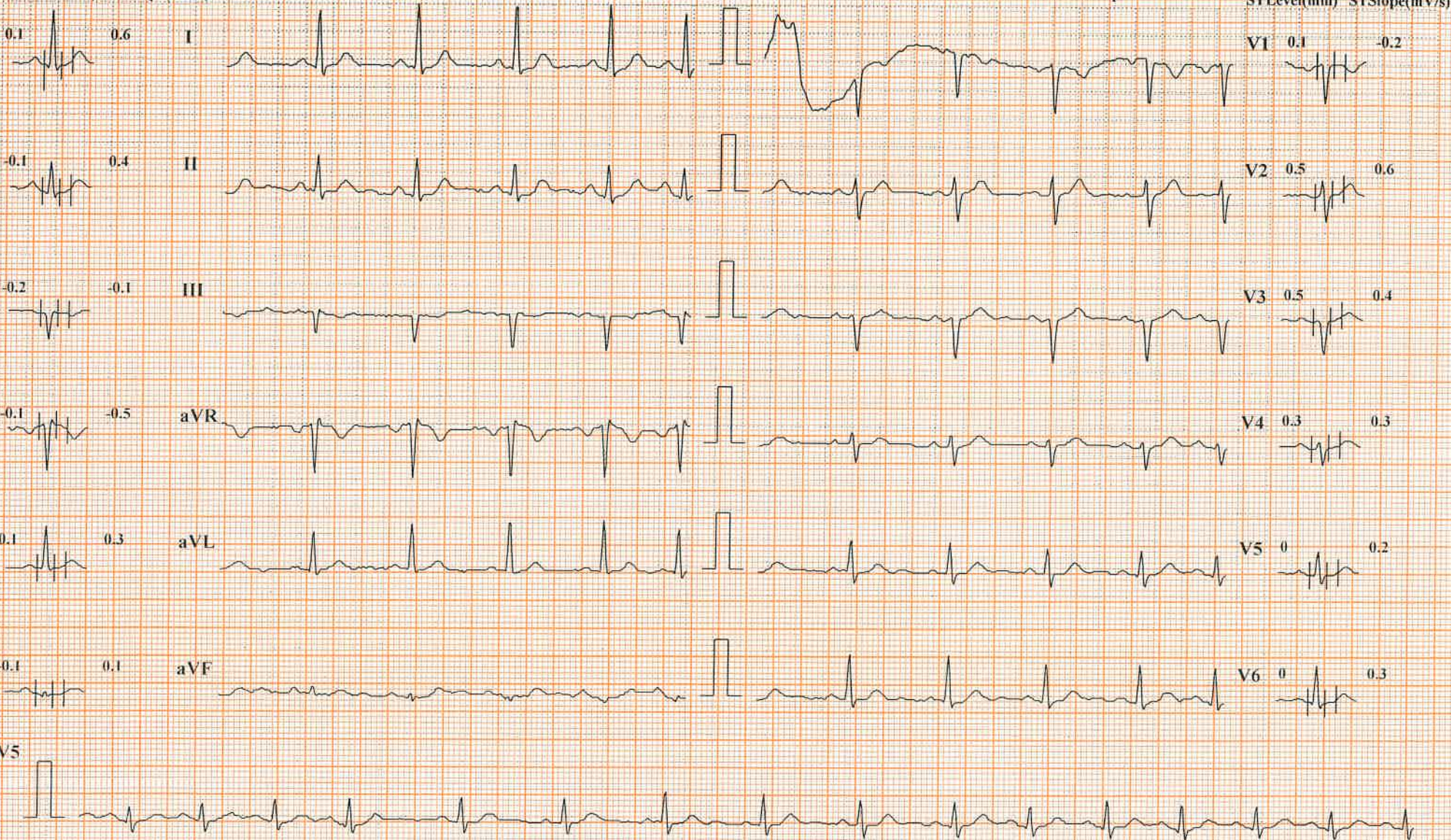


Chart Speed: 25 mm/sec

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

SOMESWARA RAO GORRELA (43 M)

ID: 89649

Date: 10-08-2024

Exec Time : 0:00:00

Stage Time: 00:08

HR: 114 bpm

Bruce Protocol

Stage: HyperVentilation

Speed: 0

Slope: 0 %

THR: 155 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

SOMESWARA RAO GORRELA (43 M)

Bruce Protocol

ID: 89649

Date: 10-08-2024

Exec Time : 0:03:00

Stage Time: 03:00

HR: 145 bpm

BP: 150/90 mmHg

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 155 bpm

STLevel(mm) STSlope(mV/s)

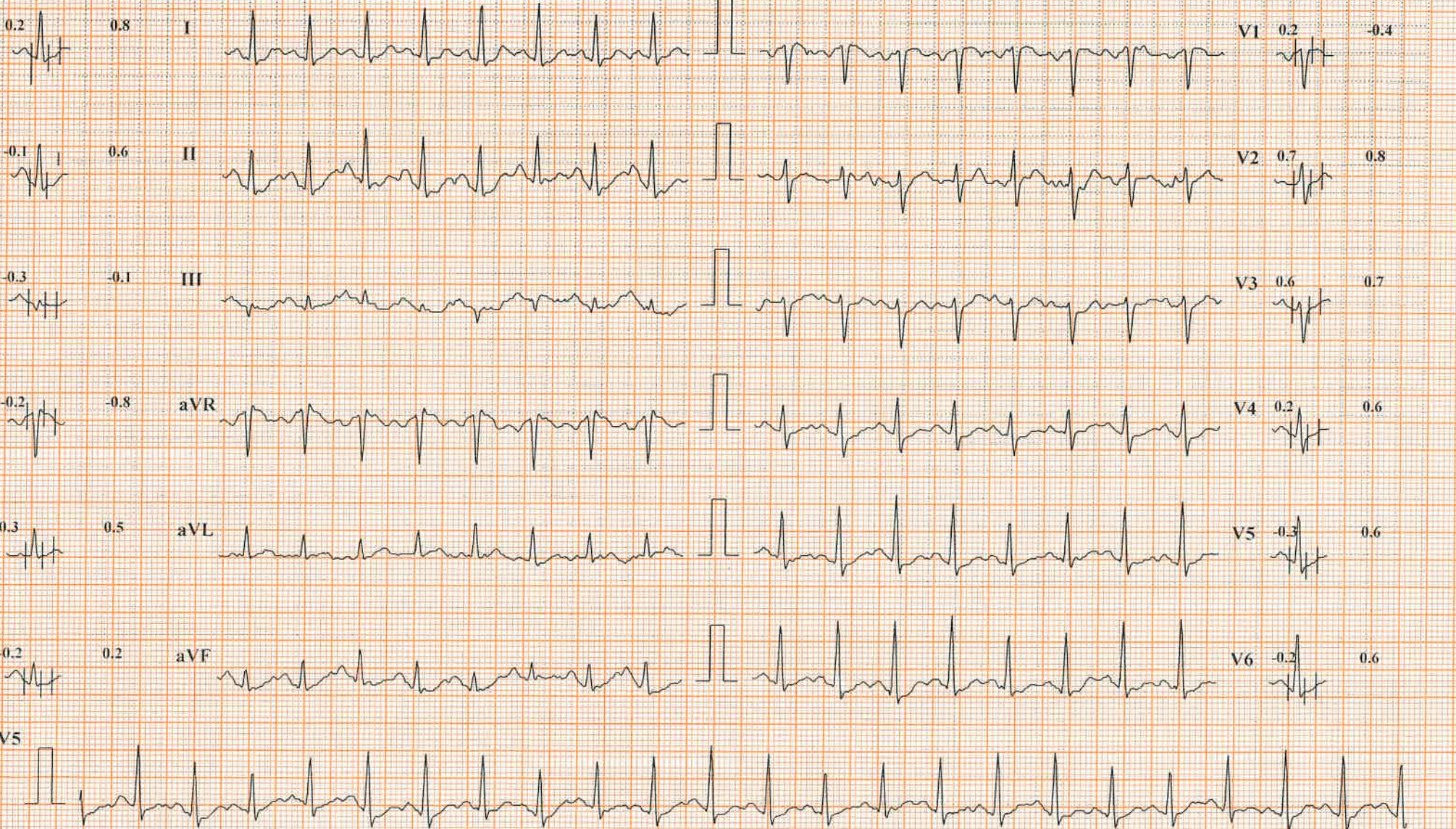


Chart Speed: 25 mm/sec

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

SOMESWARA RAO GORRELA (43 M)

Bruce Protocol

ID: 89649

Date: 10-08-2024

Exec Time : 0:06:00

Stage Time: 03:00

HR: 163 bpm

BP: 160/90 mmHg

Stage: 2

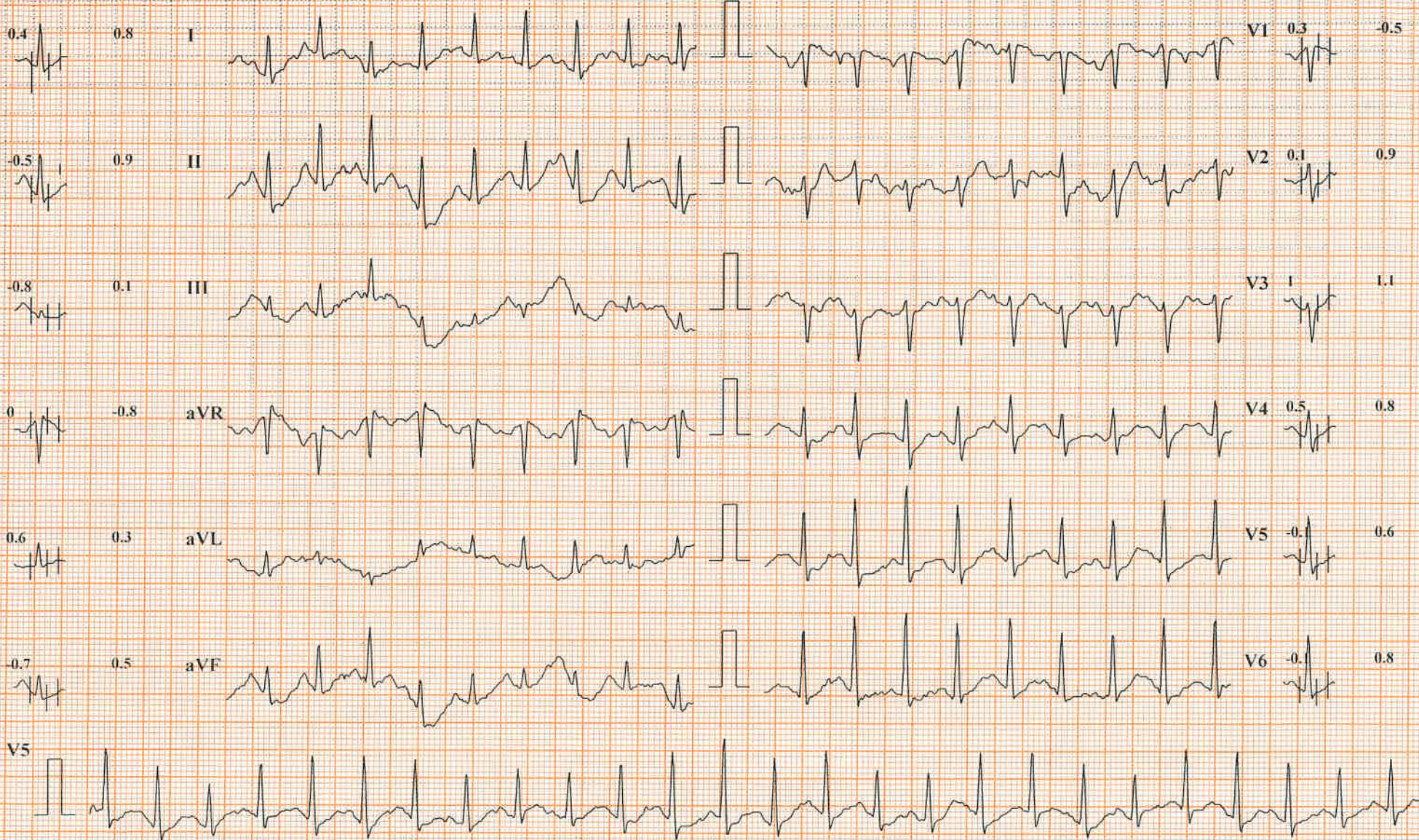
Speed: 4 kmph

Slope: 12 %

THR: 155 bpm

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

SOMESWARA RAO GORRELA (43 M)

Bruce Protocol

ID: 89649

Date: 10-08-2024

Exec Time : 0:06:46

Stage Time: 00:46

HR: 175 bpm

BP: 170/90 mmHg

STLevel(mm) STSlope(mV/s)

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Slope: 14 %

THR: 155 bpm

STLevel(mm) STSlope(mV/s)

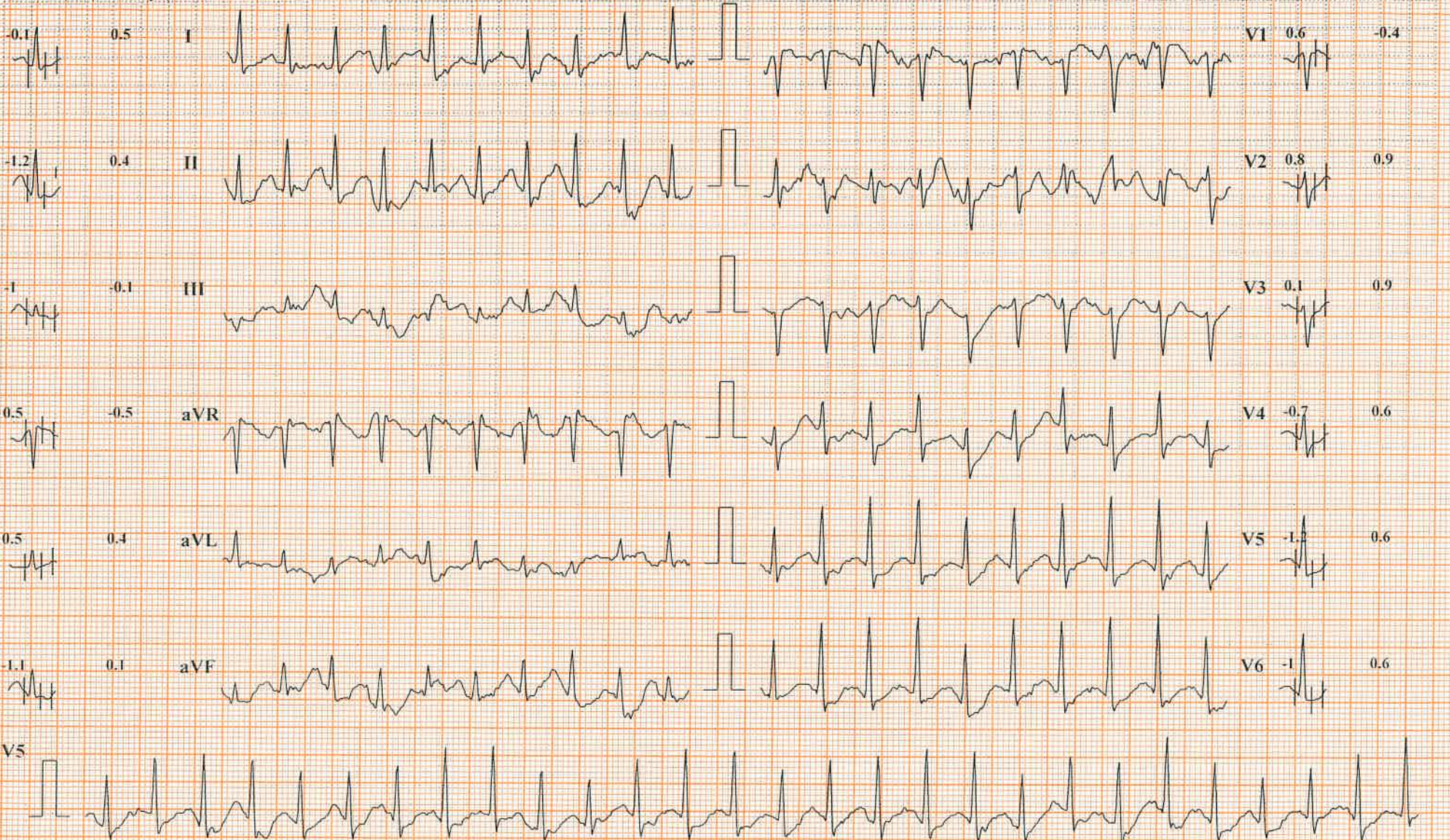


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

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

Schiller Cardioit CS-10 Version:3.5

YODA DIAGNOSTICS CENTRE GUNTUR

SOMESWARA RAO GORRELA (43 M)

Bruce Protocol

ID: 89649

Date: 10-08-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 152 bpm

BP: 170/90 mmHg

STLevel(mm) STSlope(mV/s)

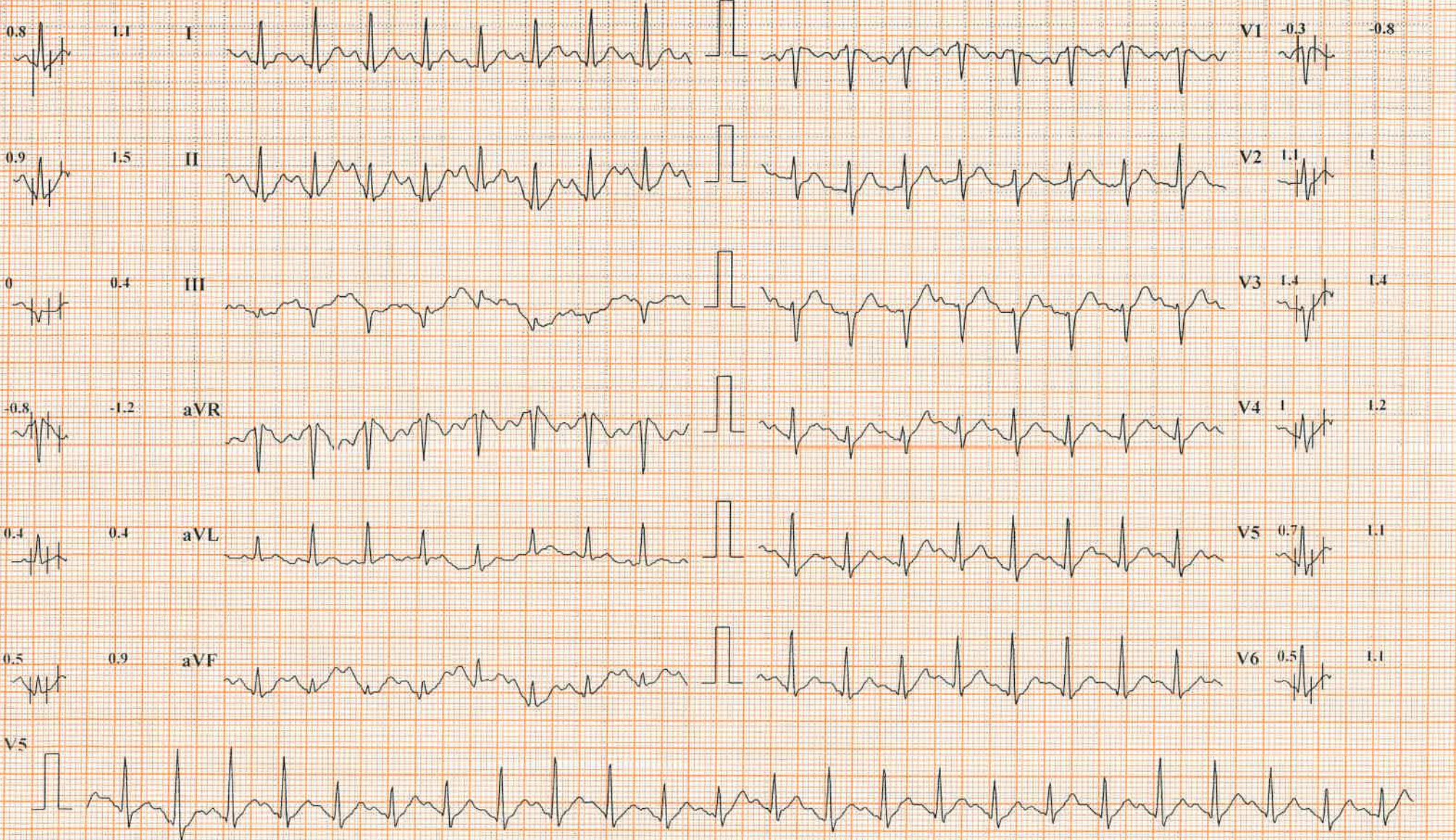
Stage: Recovery I

Speed: 0 kmph

Slope: 0 %

THR: 155 bpm

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

SOMESWARA RAO GORRELA (43 M)

Bruce Protocol

ID: 89649

Date: 10-08-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 130 bpm

BP: 160/90 mmHg

STLevel(mm) STSlope(mV/s)

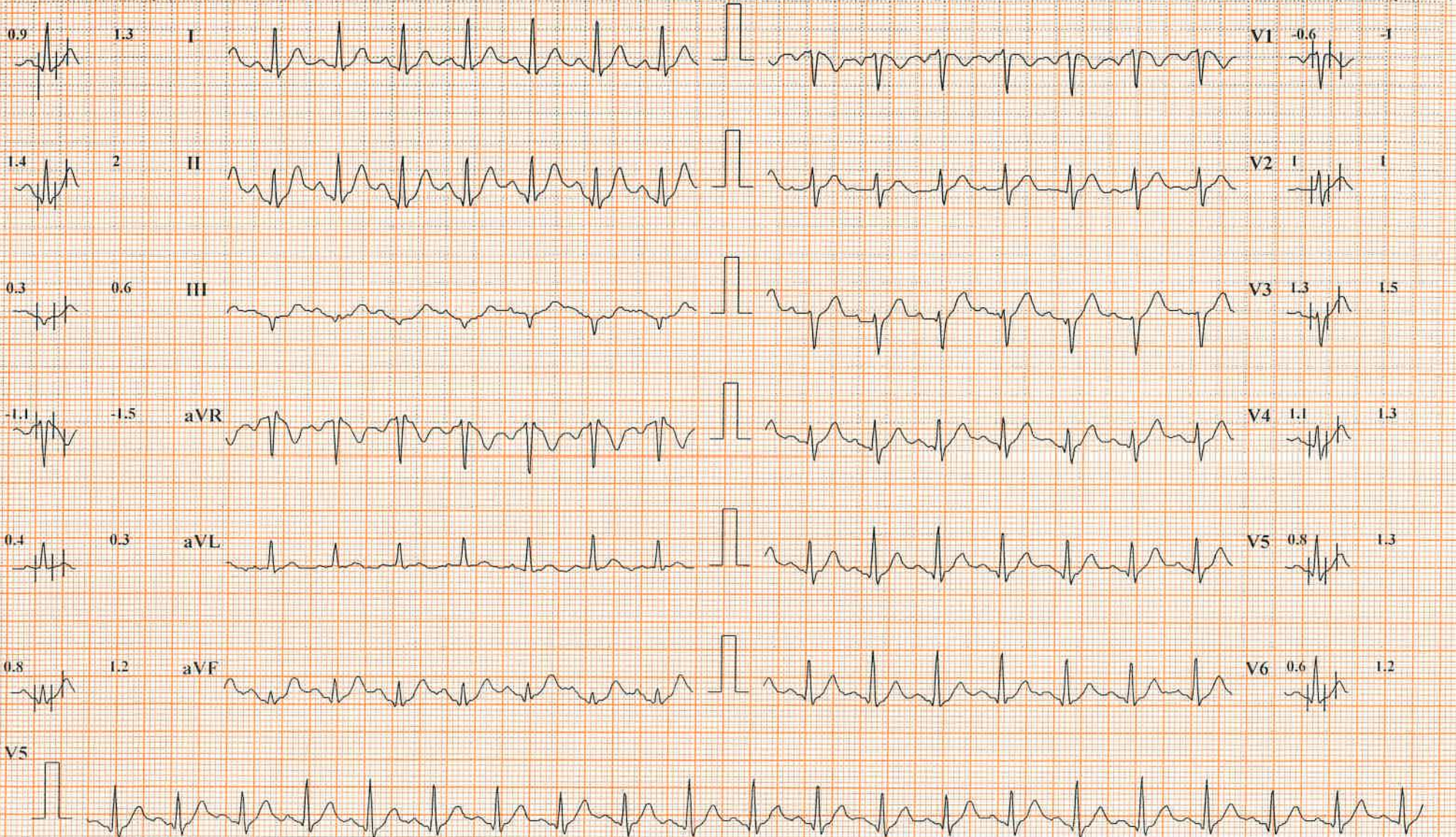
Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 155 bpm

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

SOMESWARA RAO GORRELA (43 M)

Bruce Protocol

ID: 89649

Date: 10-08-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 121 bpm

BP: 150/90 mmHg

STLevel(mm) STSlope(mV/s)

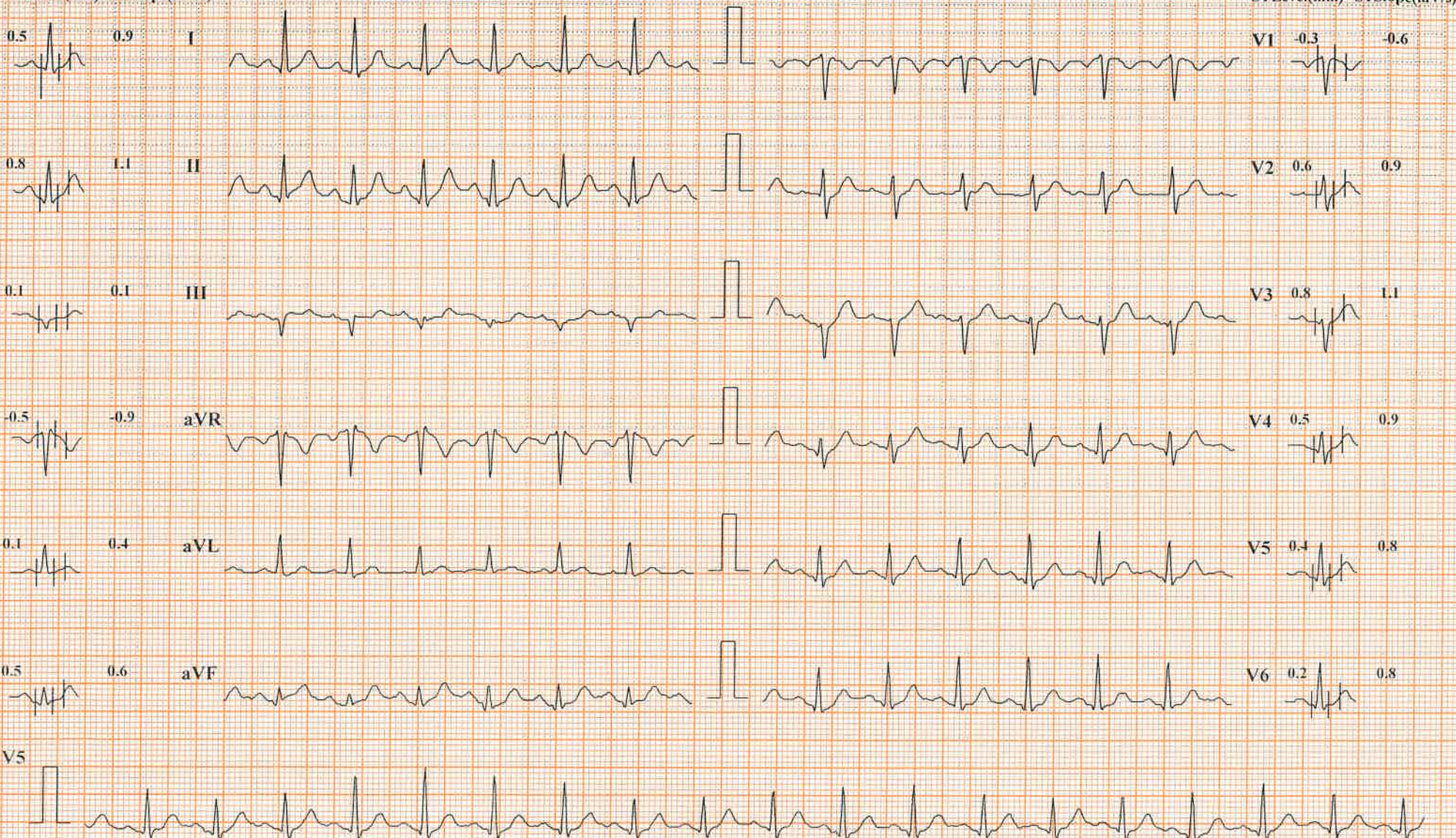
Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 155 bpm

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

SOMESWARA RAO GORRELA (43 M)

ID: 89649

Date: 10-08-2024

Exec Time : 00:00

Stage Time: 00:30

HR: 121 bpm

Bruce Protocol

Stage: Recovery4

Speed: 0 kmph

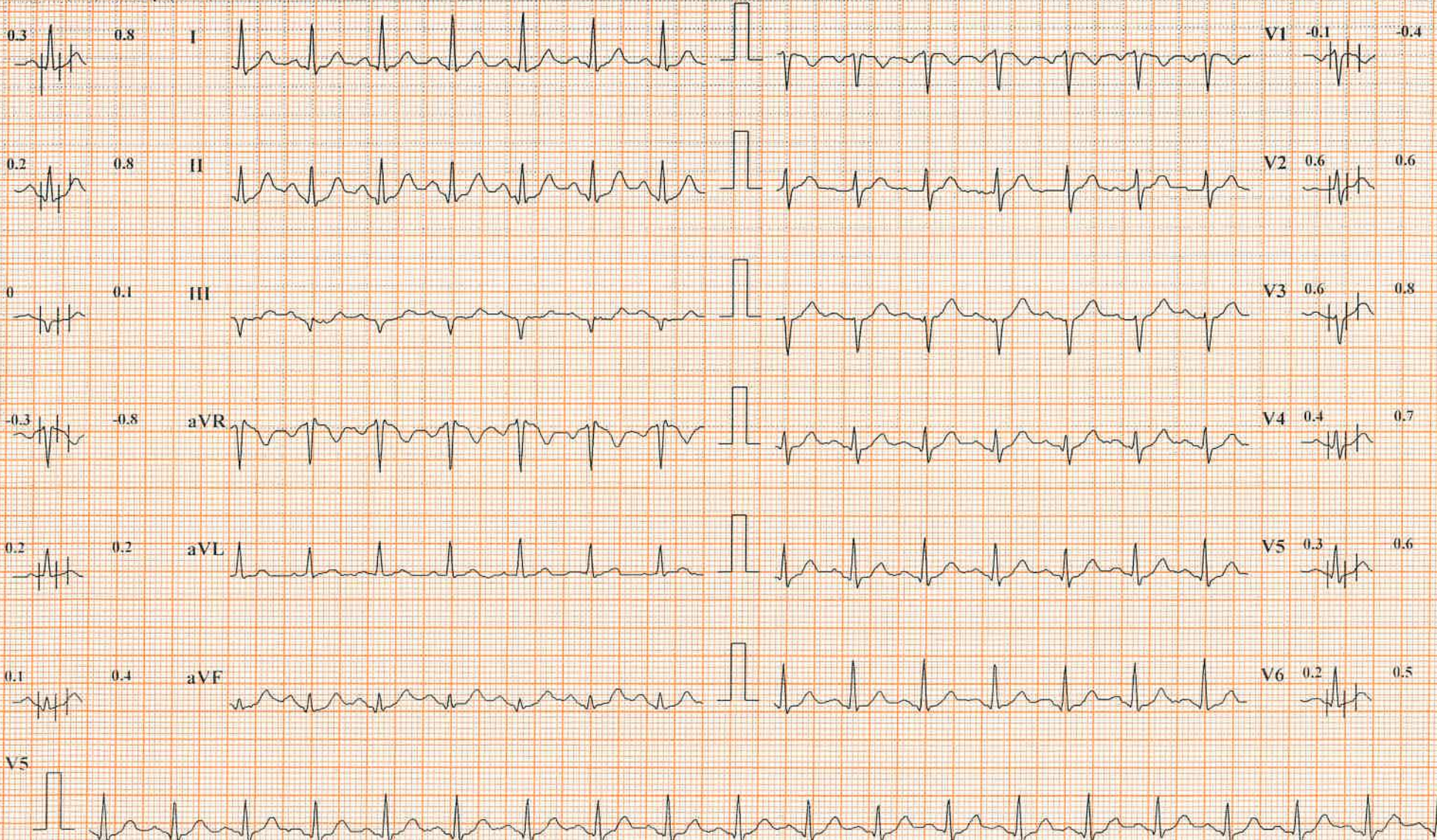
Slope: 0 %

THR: 155 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)





RECEPTION

YODA
DIAGNOSTICS



GPS Map Camera



Guntur, Andhra Pradesh, India

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

Lat 16.299166°

Long 80.451602°

10/08/24 09:54 AM GMT +05:30



SOMESWARA RAO GORRELA 43Y MALE YGT89649 CHEST PA 10-Aug-24

YODA DIAGNOSTICS