

## EYE GLASS PRESCRIPTION

Name : Morla Siva Naga Raju.  
 Age : 34 Employee ID: Y07117147  
 Gender : M Date: 24/06/23

Vn  
 (unaided)  
 PGP

6/24	6/36
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Distance

	SPH	CYL	AXIS	BCVA
OD	1.00	0.50	60	6/6
OS	1.50			6/6

Add

N	6
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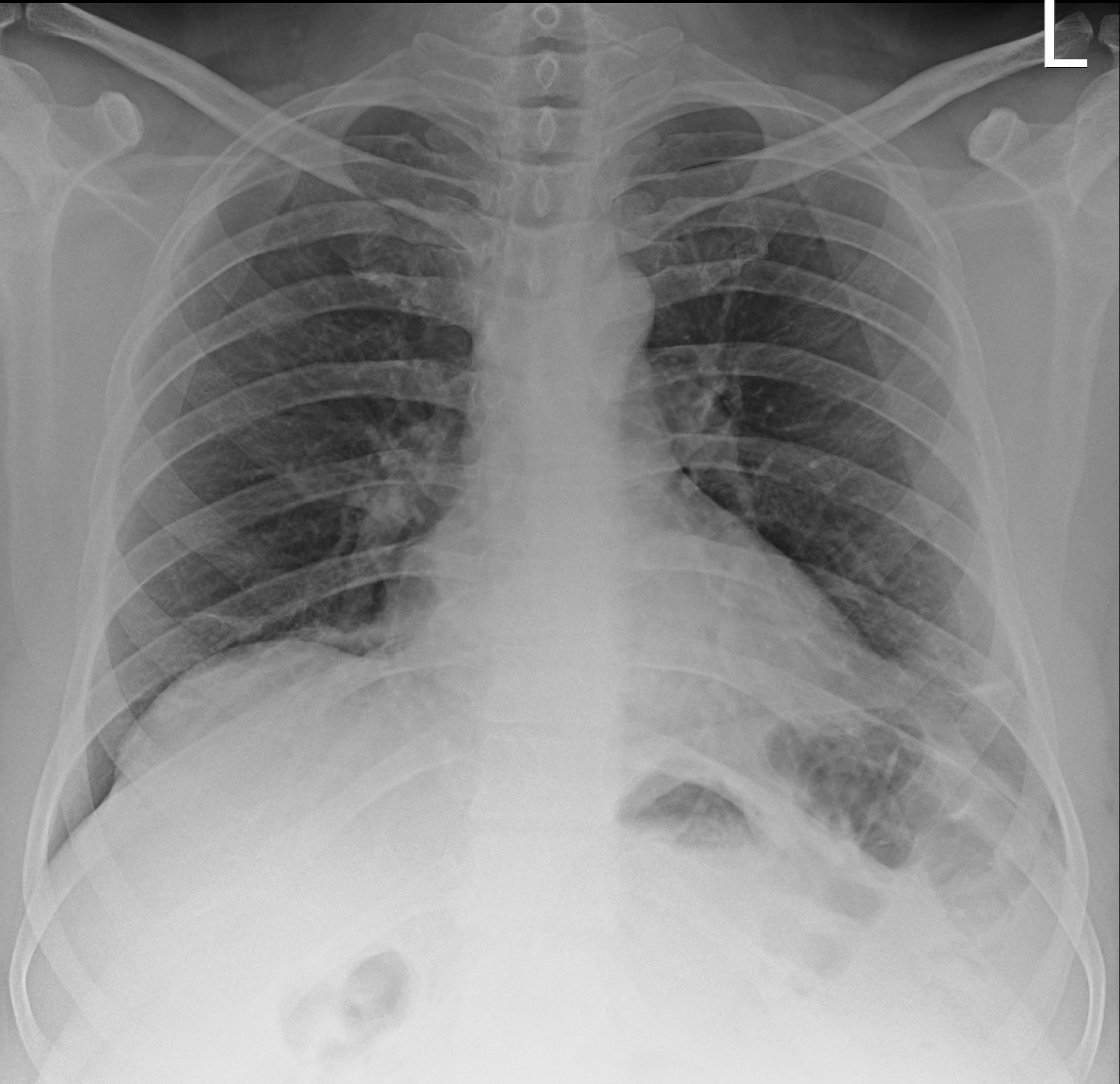
@30cm

### LENS TYPE

- Single Vision Distance
- Single Vision Near
- Bifocal
- Progressive
- UV-Coating

Remarks: \_\_\_\_\_





MORLA SIVA NAGA RAJU 34Y/M 10547447 CHEST PA 24-Jun-23

YODA DIAGNOSTICS

Visit ID	: YGT17147	UHID/MR No	: YGT.0000017020
Patient Name	: Mr. MORLA SIVANAGARAJU	Client Code	: 1409
Age/Gender	: 34 Y 0 M 0 D /M	Barcode No	: 10547447
DOB	:	Registration	: 24/Jun/2023 10:37AM
Ref Doctor	: SELF	Collected	: 24/Jun/2023 10:37AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Jun/2023 11:22AM
Hospital Name	:		

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

Clinical Details : General check-up.

LIVER : Normal in size( 13.5cm) 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 : poor window.

SPLEEN : Normal in size( 10.9cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures ( 10.9 \* 4.5 cm). Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

LEFT KIDNEY : measures( 10.7 \* 5.5 cm ). Normal in size with smooth contours. Parenchymal texture normal. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

- A 2.1 \* 1.9 cm anechoic simple cyst with few thin internal septations noted in upper pole of left kidney.

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

PROSTATE : Normal in size(17cc) 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:**

- LEFT RENAL CORTICAL CYST AS DESCRIBED ABOVE.

Verified By :  
SHARMILA



Approved By :

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

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**DEPARTMENT OF RADIOLOGY**

suggested clinical correlation and follow up study.

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

- poor inspiratory 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	<b>50</b>	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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**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Unit	Biological. Ref. Range	Method
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**BLOOD GROUP ABO & RH Typing**

<b>Sample Type : WHOLE BLOOD EDTA</b>				
ABO	O			
Rh Typing	POSITIVE			

Method : Hemagglutination Tube method by forward and reverse grouping

**COMMENTS:**

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

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

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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)	4.87	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	41.4	%	40.0 - 50.0	RBC pulse height detection
MCV	85	fL	83 - 101	Automated/Calculated
MCH	29.8	pg	27 - 32	Automated/Calculated
MCHC	<b>35.1</b>	g/dl	32 - 35	Automated/Calculated
RDW - CV	12.1	%	11.0-16.0	Automated Calculated
RDW - SD	40.3	fl	35.0-56.0	Calculated
MPV	7.3	fL	6.5 - 10.0	Calculated
PDW	15.3	fL	8.30-25.00	Calculated
PCT	0.24	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	8,640	cells/ml	4000 - 11000	Flow Cytometry
<b>DLC (by Flow cytometry/Microscopy)</b>				
NEUTROPHIL	73	%	40 - 80	Impedance
LYMPHOCYTE	20	%	20 - 40	Impedance
EOSINOPHIL	03	%	01 - 06	Impedance
MONOCYTE	04	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	3.36	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	0.68	ng/ml	0.60 - 1.78	CLIA
T4	7.10	ug/dl	4.82-15.65	CLIA
TSH	1.86	uIU/mL	0.30 - 5.60	CLIA

**INTERPRETATION:**

- 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.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 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.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- 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.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- 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:**

- During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
- 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	0.99	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	<b>0.21</b>	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.78	mg/dl		Calculated
S.G.O.T	25	U/L	< 50	KINETIC WITHOUT P5P-IFCC
S.G.P.T	30	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	119	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.3	gm/dl	6.0 - 8.0	Biuret
ALBUMIN	4.5	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.8	gm/dl		Calculated
A/G RATIO	1.61			Calculated

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**DEPARTMENT OF BIOCHEMISTRY**

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

TOTAL CHOLESTEROL	176	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	37	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	108.6	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	<b>152</b>	mg/dl	See Table	GPO
VLDL	<b>30.4</b>	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	4.76		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	<b>4.11</b>	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	<b>139</b>	mg/dl	< 130	Calculated

**Interpretation**


NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	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**

<b>Sample Type : WHOLE BLOOD EDTA</b>				
HBA1c RESULT	5.9	%	Normal Glucose tolerance (non-diabetic): <5.6% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	123	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	17	mg/dL	17 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	7.9	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	90	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
- Extrapaneatic 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	113	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
- Extraprostatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

Verified By :  
SHARMILA



Approved By :

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

<b>Visit ID</b>	: YGT17147	<b>UHID/MR No</b>	: YGT.0000017020
<b>Patient Name</b>	: Mr. MORLA SIVANAGARAJU	<b>Client Code</b>	: 1409
<b>Age/Gender</b>	: 34 Y 0 M 0 D /M	<b>Barcode No</b>	: 10547447
<b>DOB</b>	:	<b>Registration</b>	: 24/Jun/2023 10:37AM
<b>Ref Doctor</b>	: SELF	<b>Collected</b>	: 24/Jun/2023 10:43AM
<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 24/Jun/2023 11:08AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 24/Jun/2023 11:37AM
<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	0.81	mg/dl	0.67 - 1.17	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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**DEPARTMENT OF BIOCHEMISTRY**

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

**Sample Type : SERUM**

SERUM URIC ACID	6.4	mg/dl	3.5 - 7.20	URICASE - PAP
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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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**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)	7.9	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.81	mg/dl	0.67 - 1.17	KINETIC-JAFFE
BUN/CREATININE RATIO	9.80	Ratio	6 - 25	Calculated

Verified By :  
SHARMILA



Approved By :

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


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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Jun/2023 02:04PM
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 : 3.1 cms  
LEFT VENTRICLE : EDD : 4.2 cm IVS(d) : 1.1 cm LVEF : 64%  
ESD : 2.7 cm PW (d) : 1.0 cm FS : 35%  
No RWMA  
IAS : Intact  
IVS : Intact  
AORTA : 3.1cms  
PULMONARY ARTERY : Normal  
PERICARDIUM : Normal  
IVS/ SVC/ CS : Normal  
PULMONARY VEINS : Normal  
INTRA CARDIAC MASSES : No

Verified By :  
SHARMILA

Approved By :

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

Visit ID	: YGT17147	UHID/MR No	: YGT.0000017020
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**DEPARTMENT OF RADIOLOGY****DOPPLER STUDY :**

MITRAL FLOW : E - 0.6m/sec, A - 0.4m/sec.  
AORTIC FLOW : 1.3m/sec  
PULMONARY FLOW : 1.0m/sec  
TRICUSPID FLOW : TRJV : 2.5m/sec, RVSP - 36mmHg

**COLOUR FLOW MAPPING:** TRIVIAL TR

**IMPRESSION :**


- \* NORMAL SIZED CARDIAC CHAMBERS
- \* NO RWMA
- \* GOOD LV FUNCTION
- \* NORMAL LV FILLING PATTERN
- \* NO MR/ AR/ PR
- \* TRIVIAL TR/ NO PAH
- \* NO PE / CLOT / VEGETATION

**CONSULTANT CARDIOLOGIST**

Verified By :  
SHARMILA



Approved By :

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

<b>Visit ID</b> : YGT17147	<b>UHID/MR No</b> : YGT.0000017020
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<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 24/Jun/2023 12:18PM
<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	1.005		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	Azo-coupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	by an azo-coupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction

**MICROSCOPIC EXAMINATION**

PUS CELLS	2 - 3	cells/HPF	0-5	
EPITHELIAL CELLS	1 - 2	/hpf	0 - 15	
RBCs	NIL	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	
BACTERIA	NIL		Nil	
OTHER	NIL			

 Verified By :  
 SHARMILA


Approved By :

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


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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Approved By :

  
Dr. Sumalatha  
MBBS, DCP  
Consultant Pathologist



भारत सरकार

GOVERNMENT OF INDIA



మోతా శివ నాగ రాజు

Mota Siva Naga Raju

పుట్టిన తేదీ/ DOB: 14/12/1986

పురుషుడు / MALE



7141 8647 6943

అధార్-సామాన్యమానవుడి హక్కు



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

**చిరునామా:**

S/O వెంకట నారాయణ మోర్తా, 2-  
174, రామకృష్ణాపురం,  
అడవులదేవి, అడవులదేవి,  
అడవులదేవి, గుంటూరు,  
ఆంధ్ర ప్రదేశ్ - 522262

**Address:**

S/O, Venkata Narayana Morla, 2-174,  
Ramakrishnapuram, Adavuladevi,  
Adavuladevi, Adavuladevi, Guntur,  
Andhra Pradesh - 522262

7141 8647 6943

**Aadhaar**-Aam Admi ka Adhikar



Name: ..... M. Siva Sagar Raju .....  
Date: 24/06/23 ..... Age: 34 years ..... Sex: Male .....  
Address: ..... Guntur .....



Routine Health check up  
no complaints

NO H/O HTN / DM / CAD / PTB

USG - Abdomen

- (+) Renal cortical cyst

To consult  
Nephrologist

1) Low Fat Diet

2) cap. J-POWER

0 0 1 - (30)

TEMP: .....  
B.P.: 130/90 mm/Hg  
PULSE: 100 bpm  
WEIGHT: 72 kg  
HEIGHT: 164 cm

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

CONTACT US

040 35353535 [www.yodadiagnostics.com](http://www.yodadiagnostics.com) [lab.guntur@yodalifeline.in](mailto:lab.guntur@yodalifeline.in)

12-12-26/1, Opp. Manasa Hospital, Old Club Road, Kothapet, Guntur - 522001

MR. M. SIVANAGARAJU

HR 88/min

Axis:

SINUS RHYTHM

P 90°

NORMAL ECG

10547447

Intervals:

QRS 31°

5.79

UNCONFIRMED REPORT

Male

RR 678 ms

T 28°

34 years

P 68 ms

PR 120 ms

P (II) 0.17 mV

..... cm / ..... kg

QRS 84 ms

S (V1) -1.26 mV

QT 346 ms

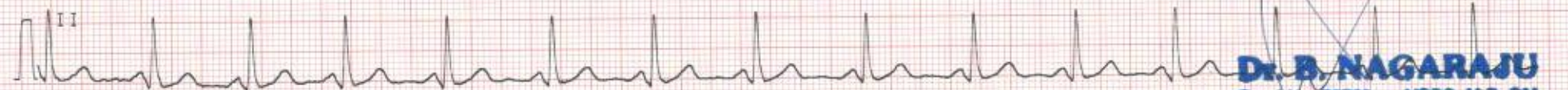
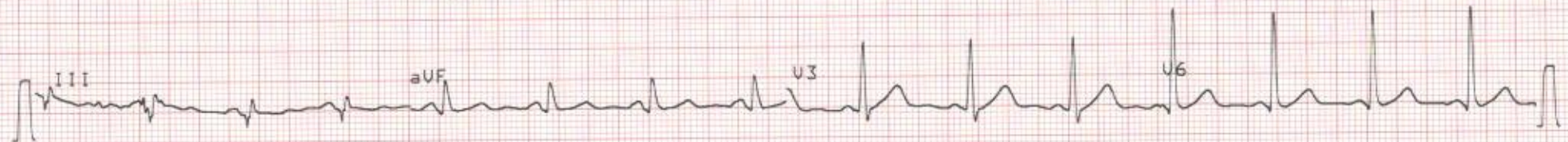
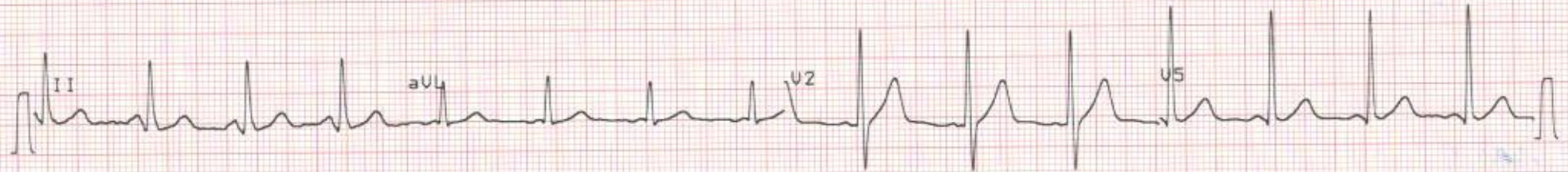
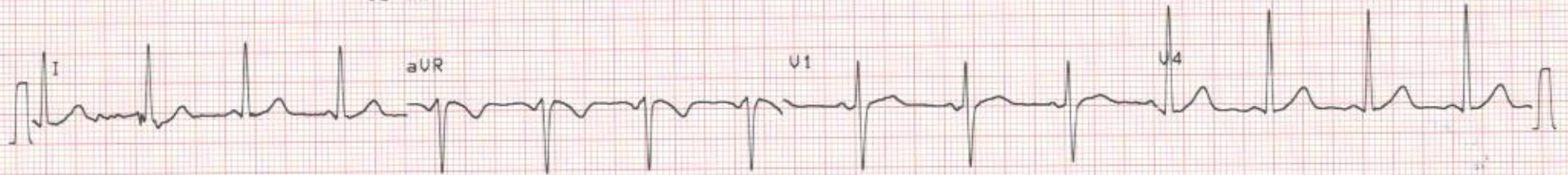
R (V5) 2.19 mV

QTc 422 ms

Sokol. 3.44 mV

10 mm/mV

10 mm/mV



10 mm/mV

**Dr. B. NAGARAJU**  
 Regd. No. 70780 MBBS, M.D., DM  
 CONSULTANT CARDIOLOGIST  
 YODA DIAGNOSTICS-GUNTUR



ATION

 GPS Map Camera

**Guntur, Andhra Pradesh, India**

3-1-219/2, Old Club Rd, Gunturi Vari Thota, Kothapeta,

Guntur, Andhra Pradesh 522001, India

Lat 16.299219°

Long 80.451611°

24/06/23 10:48 AM GMT +05:30

