



KODAVALI SURESH BABU 38Y MALE YGT42019 CHEST PA 29-Nov-23

YODA DIAGNOSTICS

ID: 42019

29-11-2023 08:51:48 COPY

Kodavali Suresh Babu
Male 38Years
Req. No. :

HR : 65 bpm
P : 105 ms
PR : 137 ms
QRS : 87 ms
QT/QTcBz : 390/406 ms
P/QRS/T : 54/24/14 °
RV5/SV1 : 1.574/0.782 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



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

Name: MR. kodavali Suresh babu
Date: 29/11/23 Age: 38 years Sex: male
Address: Guntur



Routine health checkup
NO complaints

H10 Type 2DM NOT ON
Treatment

→
FBS - 127mg/dl
PPBS - 180mg/dl
HbA1c - 6.0%
LDL - 154mg/dl
TG - 204mg/dl
←

- 1) Low Fat Food / Diabetic Diet
- 2) Daily Exercise
- 3) Tab. JAKROSE 100m

o-o-7 - (30)

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



DATE: 29-11-23

NAME: KODAVALI SURESH BABU

AGE: 38/14 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	M			M		
ADD			+0.75 Both eyes			

INSTRUCTIONS _____

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

N.V. _____ CONSTANT USE

Visit ID	: YGT42019	UHID/MR No	: YGT.0000041871
Patient Name	: Mr. KODAVALI SURESH BABU	Client Code	: 1409
Age/Gender	: 38 Y 0 M 0 D /M	Barcode No	: 10821534
DOB	:	Registration	: 29/Nov/2023 08:35AM
Ref Doctor	: SELF	Collected	: 29/Nov/2023 08:35AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Nov/2023 10:54AM
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DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN**

Clinical Details : General check-up.

L I V E R : Normal in size (13.8 cm) and echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated. Visualised common bile duct & portal vein appears normal.

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

PANCREAS : Normal in size and outlines. Parenchymal texture normal. No ductal dilatation. No calcifications / calculi.

SPLEEN : Normal in size (9.6 cm) and echotexture. No focal lesion is seen.

R I G H T K I D N E Y : measures 9.4 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.

L E F T K I D N E Y : measures 9.1 x 5.5 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.

U R I N A R Y B L A D D E R : *Partially distended.*

P R O S T A T E : Normal in size 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.

Verified By :
Kollipara Venkateswara Rao



Approved By :

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

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DEPARTMENT OF RADIOLOGYX-RAY CHEST PA VIEWFindings:

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.

Verified By :
Kollipara Venkateswara Rao



Approved By :


Dr. SUSHMA VUYYURU
MBBS; MD(Radio-Diagnosis)
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	25	mm/1st hr	0 - 15	Capillary Photometry
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COMMENTS:

ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.


Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency).

Falsely decreased levels may indicate: Sick cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

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 Consultant Pathologist

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DEPARTMENT OF HAEMATOLOGY

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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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DEPARTMENT OF HAEMATOLOGY

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

HAEMOGLOBIN (HB)	13.0	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	5.06	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	38.0	%	40.0 - 50.0	RBC pulse height detection
MCV	74.9	fL	83 - 101	Automated/Calculated
MCH	25.6	pg	27 - 32	Automated/Calculated
MCHC	34.2	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.5	%	11.0-16.0	Automated Calculated
RDW - SD	36.2	fl	35.0-56.0	Calculated
MPV	8.4	fL	6.5 - 10.0	Calculated
PDW	15.6	fL	8.30-25.00	Calculated
PCT	0.26	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	7,660	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	50	%	40 - 80	Impedance
LYMPHOCYTE	40	%	20 - 40	Impedance
EOSINOPHIL	03	%	01 - 06	Impedance
MONOCYTE	07	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	3.08	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	1.08	ng/ml	0.60 - 1.78	CLIA
T4	11.72	ug/dl	4.82-15.65	CLIA
TSH	9.70	uIU/mL	0.30 - 5.60	CLIA

INTERPRETATION:

1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
8. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.
9. REFERENCE RANGE :

PREGNANCY	TSH in uIU/ mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04


(Reference range recommended by the American Thyroid Association)

Comments:

1. During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

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DEPARTMENT OF BIOCHEMISTRY

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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM

TOTAL BILIRUBIN	0.96	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.14	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.82	mg/dl		Calculated
S.G.O.T	22	U/L	< 50	KINETIC WITHOUT P5P-IFCC
S.G.P.T	18	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	83	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.8	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.7	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.1	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.52			Calculated

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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LIPID PROFILE
Sample Type : SERUM

TOTAL CHOLESTEROL	236	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	41	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	154.2	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	204	mg/dl	See Table	GPO
VLDL	40.8	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	5.76		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	4.98	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	195	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

Sample Type : WHOLE BLOOD EDTA

HBA1c RESULT	6.0	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	126	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	24	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	11.2	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	127	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	180	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
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.96	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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URIC ACID -SERUM

Sample Type : SERUM


SERUM URIC ACID	10.2	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.

Verified By :
Kollipara Venkateswara Rao



Approved By :


 Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT42019	UHID/MR No	: YGT.0000041871
Patient Name	: Mr. KODAVALI SURESH BABU	Client Code	: 1409
Age/Gender	: 38 Y 0 M 0 D /M	Barcode No	: 10821534
DOB	:	Registration	: 29/Nov/2023 08:35AM
Ref Doctor	: SELF	Collected	: 29/Nov/2023 08:38AM
Client Name	: MEDI WHEELS	Received	: 29/Nov/2023 09:01AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Nov/2023 09:48AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	11.2	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.96	mg/dl	0.67 - 1.17	KINETIC-JAFFE
BUN/CREATININE RATIO	11.60	Ratio	6 - 25	Calculated

Verified By :
Kollipara Venkateswara Rao



Approved By :


 Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT42019	UHID/MR No	: YGT.0000041871
Patient Name	: Mr. KODAVALI SURESH BABU	Client Code	: 1409
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DOB	:	Registration	: 29/Nov/2023 08:35AM
Ref Doctor	: SELF	Collected	: 29/Nov/2023 08:35AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Nov/2023 10:25AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**DOPPLER STUDY :**

MITRAL FLOW : E - 2.2m/sec, A - 1.3m/sec.
AORTIC FLOW : 1.1 m/sec
PULMONARY FLOW : 0.9 m/sec
TRICUSPID FLOW : TRJV :0.8 m/sec, RVSP - 18 mmHg

COLOUR FLOW MAPPING: NORMAL


IMPRESSION :

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

Verified By :
Kollipara Venkateswara Rao



Approved By :


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

Visit ID : YGT42019	UHID/MR No : YGT.0000041871
Patient Name : Mr. KODAVALI SURESH BABU	Client Code : 1409
Age/Gender : 38 Y 0 M 0 D /M	Barcode No : 10821534
DOB :	Registration : 29/Nov/2023 08:35AM
Ref Doctor : SELF	Collected : 29/Nov/2023 08:38AM
Client Name : MEDI WHEELS	Received : 29/Nov/2023 09:01AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 29/Nov/2023 09:48AM
Hospital Name :	

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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CUE (COMPLETE URINE EXAMINATION)
Sample Type : SPOT URINE
PHYSICAL EXAMINATION

TOTAL VOLUME	30 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.010		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	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 :
 Kollipara Venkateswara Rao


Approved By :


 Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT42019	UHID/MR No	: YGT.0000041871
Patient Name	: Mr. KODAVALI SURESH BABU	Client Code	: 1409
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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 :
Kollipara Venkateswara Rao


Approved By :


Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

A man with a beard and mustache, wearing a grey button-down shirt and dark trousers, stands in front of a reception counter. The counter has a sign that says "RECEPTION". Behind the counter, a large sign reads "YODA DIAGNOSTICS". To the right, there are some colorful circular graphics on the wall.

YODA DIAGNOSTICS

RECEPTION

 GPS Map Camera

Guntur, Andhra Pradesh, India

7FX2+PJB, Kothapeta, Guntur, Andhra Pradesh 522001, India

Lat 16.299279°

Long 80.45164°

29/11/23 08:37 AM GMT +05:30



Google

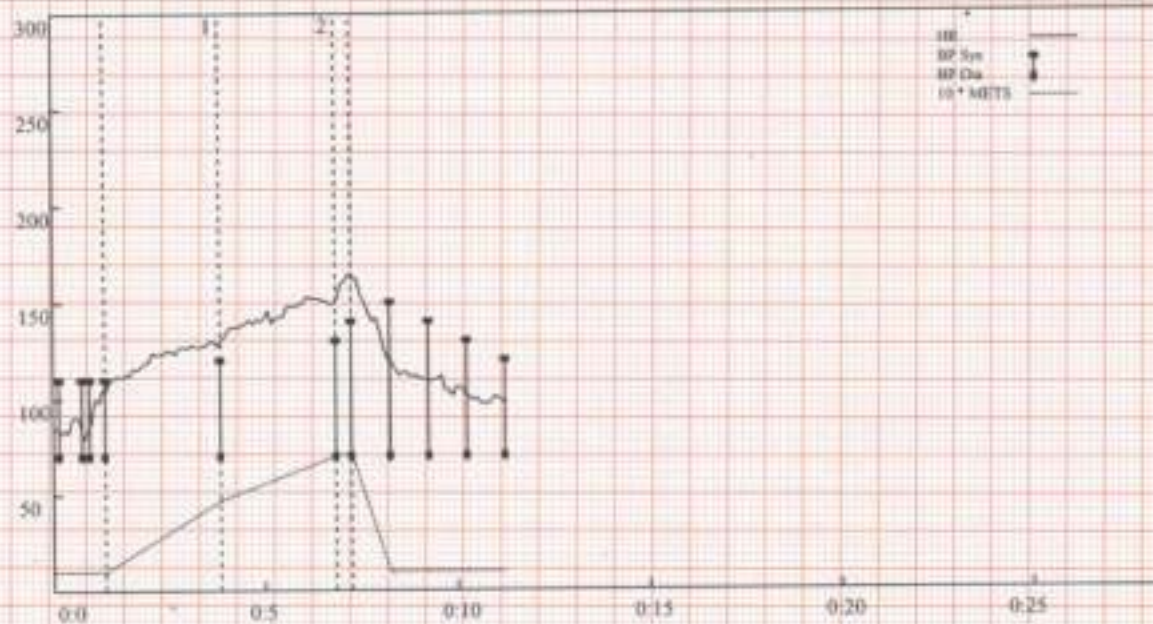
Yoda Diagnostic Guntur

Name: SURESH BABU KODAVALI [REDACTED]

Date: 29-11-2023


Time: 09:46

Exercise Trend



Interpretation

- The Patient Exercised according to Bruce Protocol for 0:06:25 achieving a work level of 7.2 METS.
Resting Heart Rate, initially 84 bpm rose to a max. heart rate of 161bpm (88% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 110/70 mmHg, rose to a maximum Blood Pressure of 150/70 mmHg
- * Significant ST-T Changes During Exercise & Recovery
 - * Fair Exercise Tolerance
 - * Stress Test is Mild Positive for Exercise Induced Ischemia.


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

Ref. Doctor: DR SELF

Doctor: DR NAGARAJU

Yoda Diagnostic Guntur

Name: SURESH BABU KODAVALI XXXXXXXXXX
Date: 29-11-2023 **Time:** 09:46
Age: 38 **Gender:** M **Height:** 170 cms **Weight:** 88 Kg **ID:** 42019
Clinical History: NO
Medications: NO

Test Details:

Protocol: Bruce **Predicted Max HR:** 182 **Target HR:** 154
Exercise Time: 0:06:25 **Achieved Max HR:** 161 (88% of Predicted MHR)
Max BP: 150/70 **Max BP x HR:** 24150 **Max Mets:** 7.2

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	00:08	1	0	0	84	110/70	9240	0.6 V3	0.7 V3
Standing	00:27	1	0	0	91	110/70	10010	0.9 V2	0.6 V4
HyperVentilation	00:11	1	0	0	79	110/70	8690	0.5 V3	0.7 V3
PreTest	00:24	1	1.6	0	98	110/70	10780	0.9 V2	0.8 II
Stage: 1	03:00	4.7	2.7	10	130	120/70	15600	0.9 V1	1 V4
Stage: 2	03:00	7	4	12	149	130/70	19370	1.1 aVR	1.8 II
Peak Exercise	00:25	7.2	5.5	14	161	140/70	22540	1.8 V1	1.5 V3
Recovery1	01:00	1	0	0	126	150/70	18900	0.6 V1	2.2 V3
Recovery2	01:00	1	0	0	110	140/70	15400	1.5 aVR	1.5 V4
Recovery3	01:00	1	0	0	106	130/70	13780	-0.6 I	0.8 II
Recovery4	01:00	1	0	0	100	120/70	12000	-0.8 II	0.6 V4

Yoda Diagnostic Guntur

SURESH BABU KODDAVALI

ID: 42019

Date: 29-11-2023

Exec Time : 0:00:00

Stage Time: 00:08

HR: 84 bpm

Bruce Protocol

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 154 bpm

BP: 110/70 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

SURESH BABU KODDAVALI

ID: 42019

Date: 29-11-2023

Exec Time: 0:00:00

Stage Time: 00:37

HR: 91 bpm

Bruce Protocol

Stage: Standing

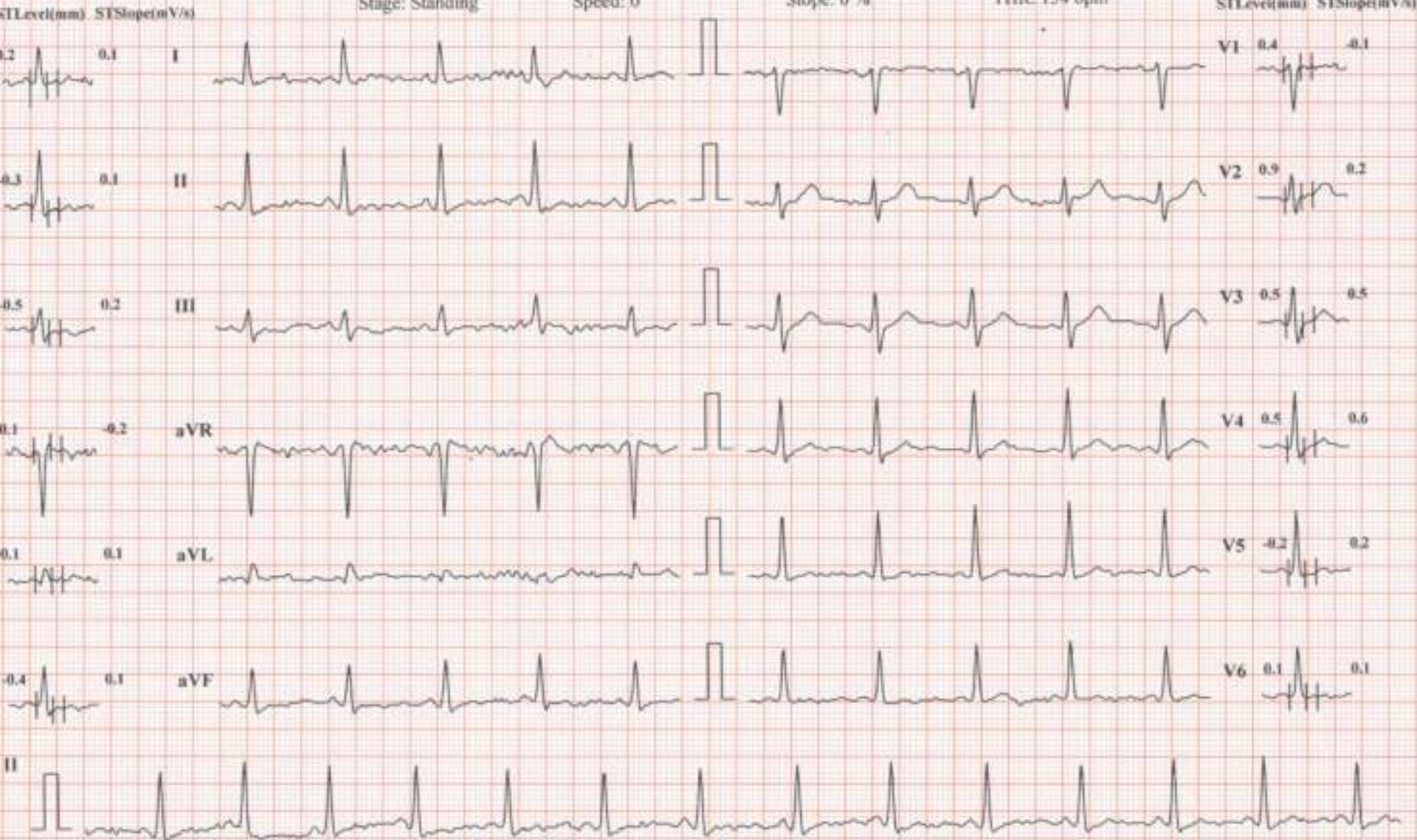
Speed: 0

Slope: 0 %

THR: 154 bpm

BP: 110/70 mmHg

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

SURESH BABU KONDALVALI

ID: 42019

Date: 29-11-2023

Exec Time : 0:00:00

Stage Time: 00:11

HR: 79 bpm

Bruce Protocol

Stage: HyperVentilation

Speed: 0

Slope: 0 %

THR: 154 bpm

BP: 110/70 mmHg

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

SURESH BABU KODAVALI

Bruce Protocol

ID: 42019

Date: 29-11-2023

Exec Time : 0:03:00

Stage Time: 03:00

HR: 130 bpm

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 154 bpm

BP: 120/70 mmHg

STLevel(mm) STSlope(mV/s)

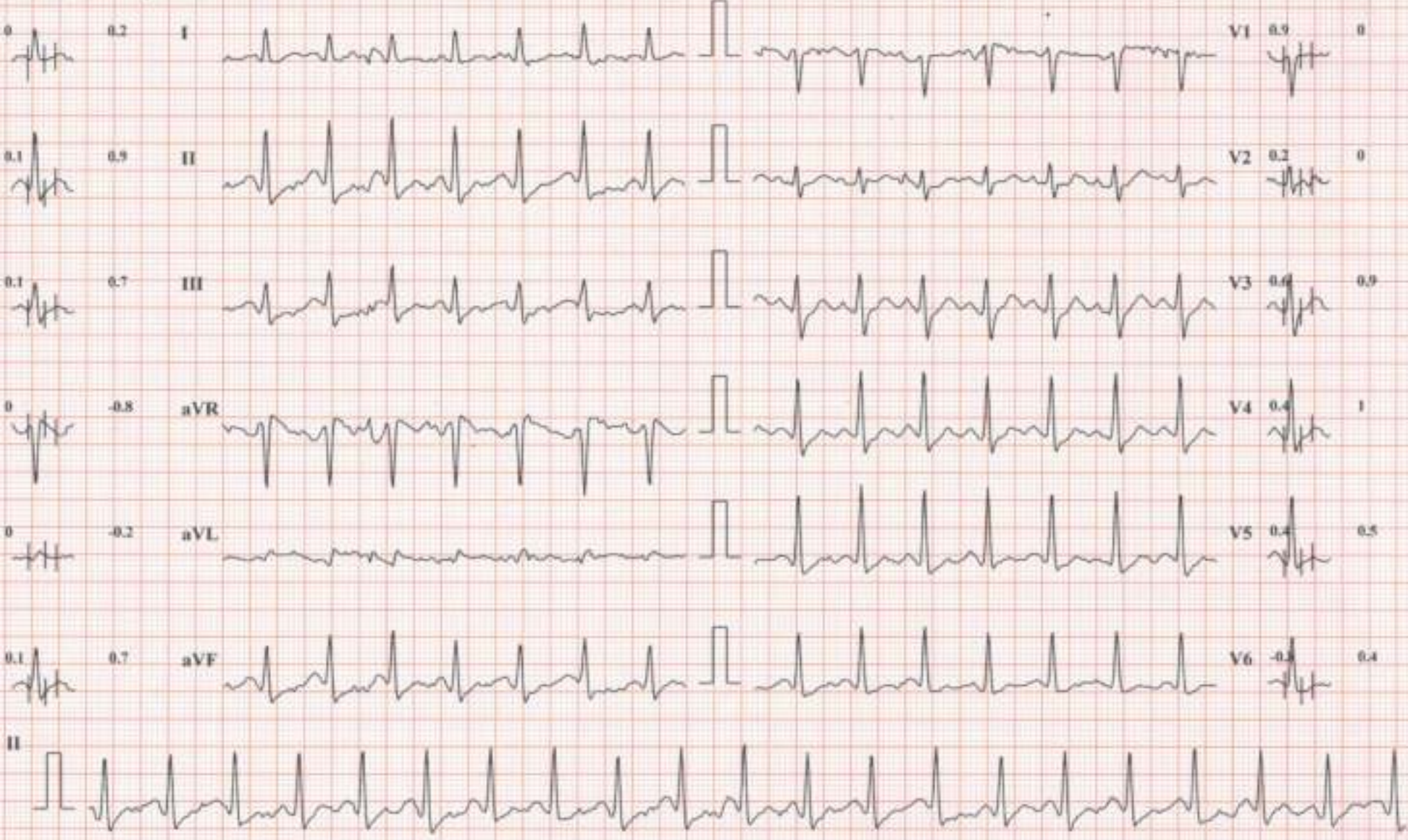


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spandau CS-10 Version 2.14

Yoda Diagnostic Guntur

SURESH BABU KONDAVALI

ID: 42019

Date: 29-11-2023

Exec Time : 0:06:00

Stage Time: 03:00

HR: 149 bpm

Bruce Protocol

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 154 bpm

BP: 130/70 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

SURESH BABU KODDAVALI

Bruce Protocol

ID: 42019

Date: 29-11-2023

Exec Time : 0:06:25

Stage Time: 00:25

HR: 161 bpm

STLevel(mm) STSlope(mV/s)

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Slope: 14 %

THR: 154 bpm

BP: 140/70 mmHg

STLevel(mm) STSlope(mV/s)

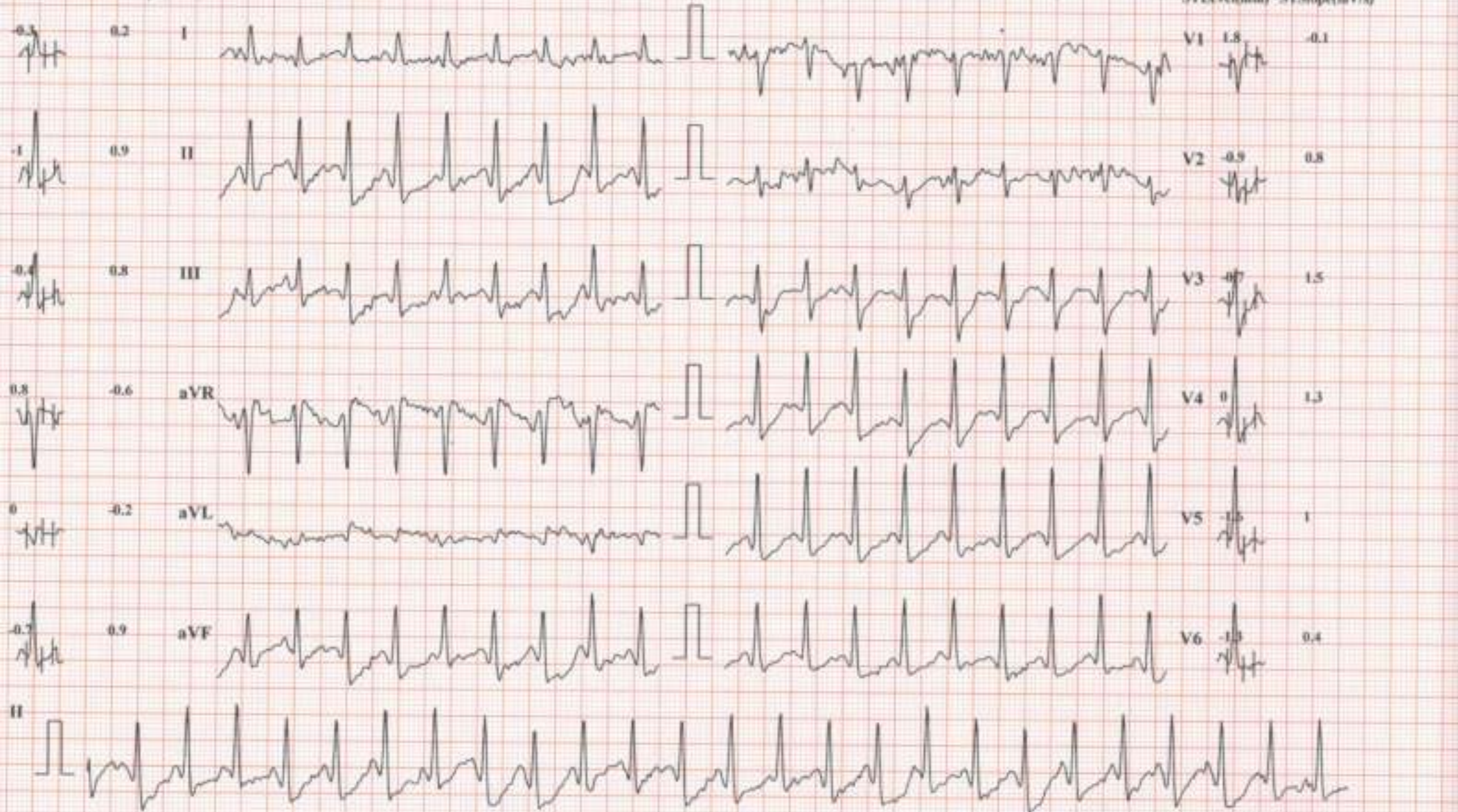


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spandax CS-10 Version 2.14

MICRO MED CHARTS

Yoda Diagnostic Guntur

SURESH BABU KONDALVALI

ID: 42019

Date: 29-11-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 126 bpm

Bruce Protocol

Stage: Recovery I

Speed: 0 kmph

Slope: 0 %

THR: 154 bpm

BP: 150/70 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

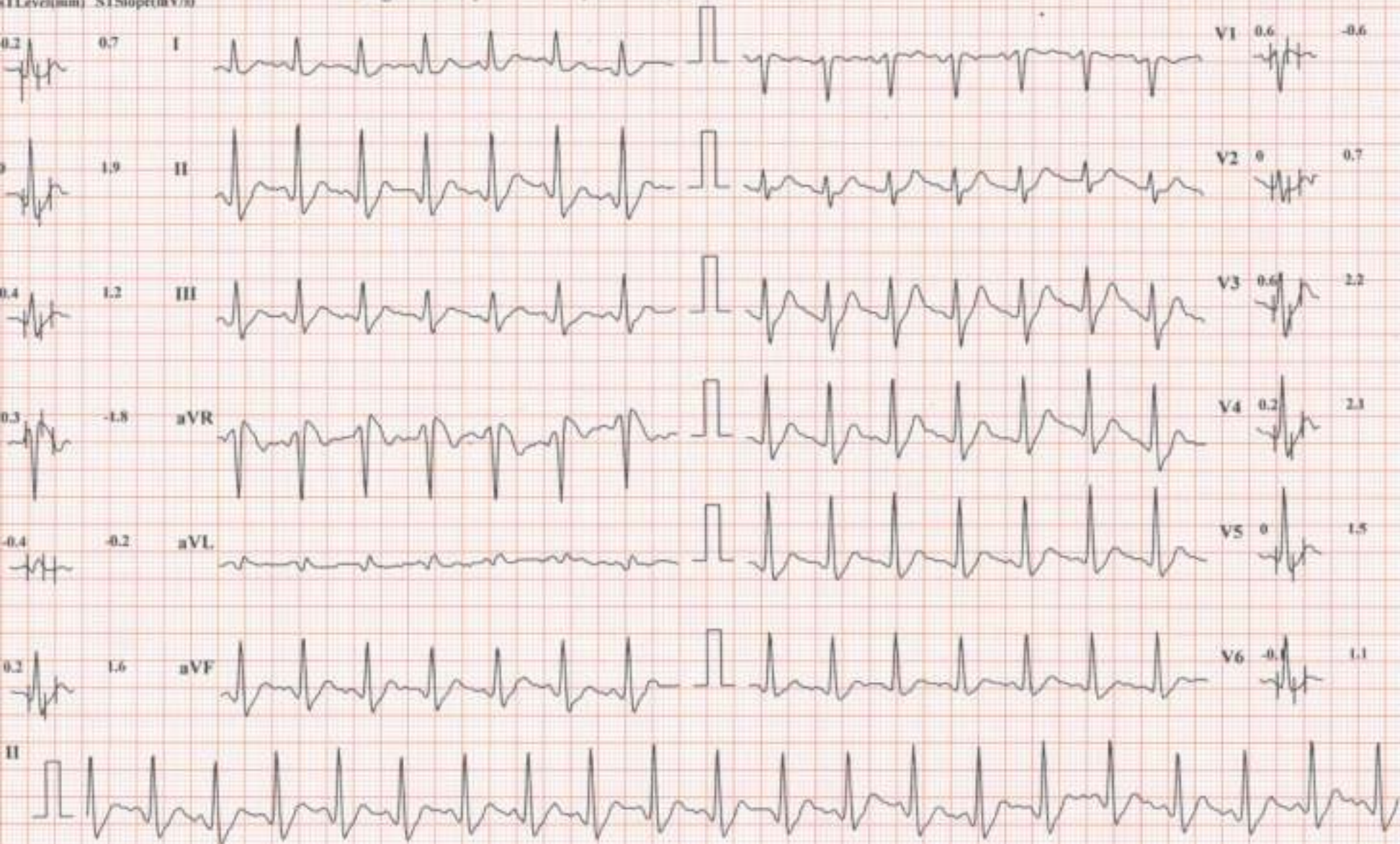


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON ISO - R - 60 ms, J - R + 60 ms, Post J - J + 80 ms

Schiller Spandan CS-10 Version 2.14

MICRO MED CHARTS

Yoda Diagnostic Guntur

SURESH BABU KODAVALI

Bruce Protocol

ID: 42019

Date: 29-11-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 110 bpm

STLevel(mm) STSlope(mV/s)

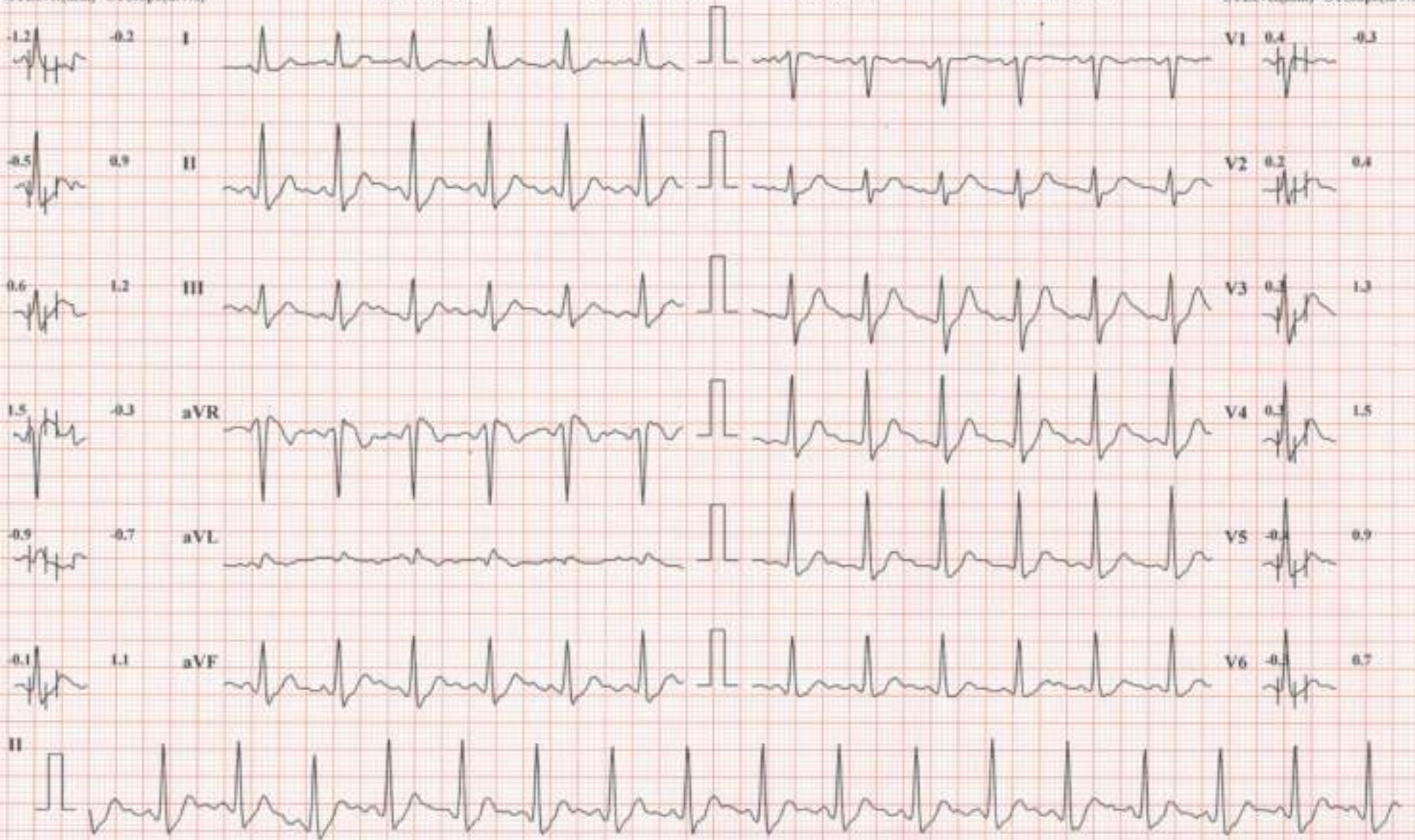
Stage: Recovery2

Speed: 0 kmph

Slope: 0%

THR: 154 bpm

BP: 140/70 mmHg
STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

SURESH BABU KONDHALI

ID: 42019

Date: 29-11-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 106 bpm

Brace Protocol

Stage: Recovery3

Speed: 0 kmph

Slope: 0%

THR: 154 bpm

BP: 130/70 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz

Mains Filter: ON

ISO - R - 60 ms, I - R + 60 ms, Post I - I + 80 ms

Schiller Spindler CS-10 Version 2.14

MICRO MED CHARTS

Yoda Diagnostic Guntur

SURESH BABU KONDAVALI

Bruce Protocol

ID: 42019

Date: 29-11-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 100 bpm

BP: 120/70 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Recovery4

Speed: 0 kmph

Slope: 0%

THR: 154 bpm

STLevel(mm) STSlope(mV/s)

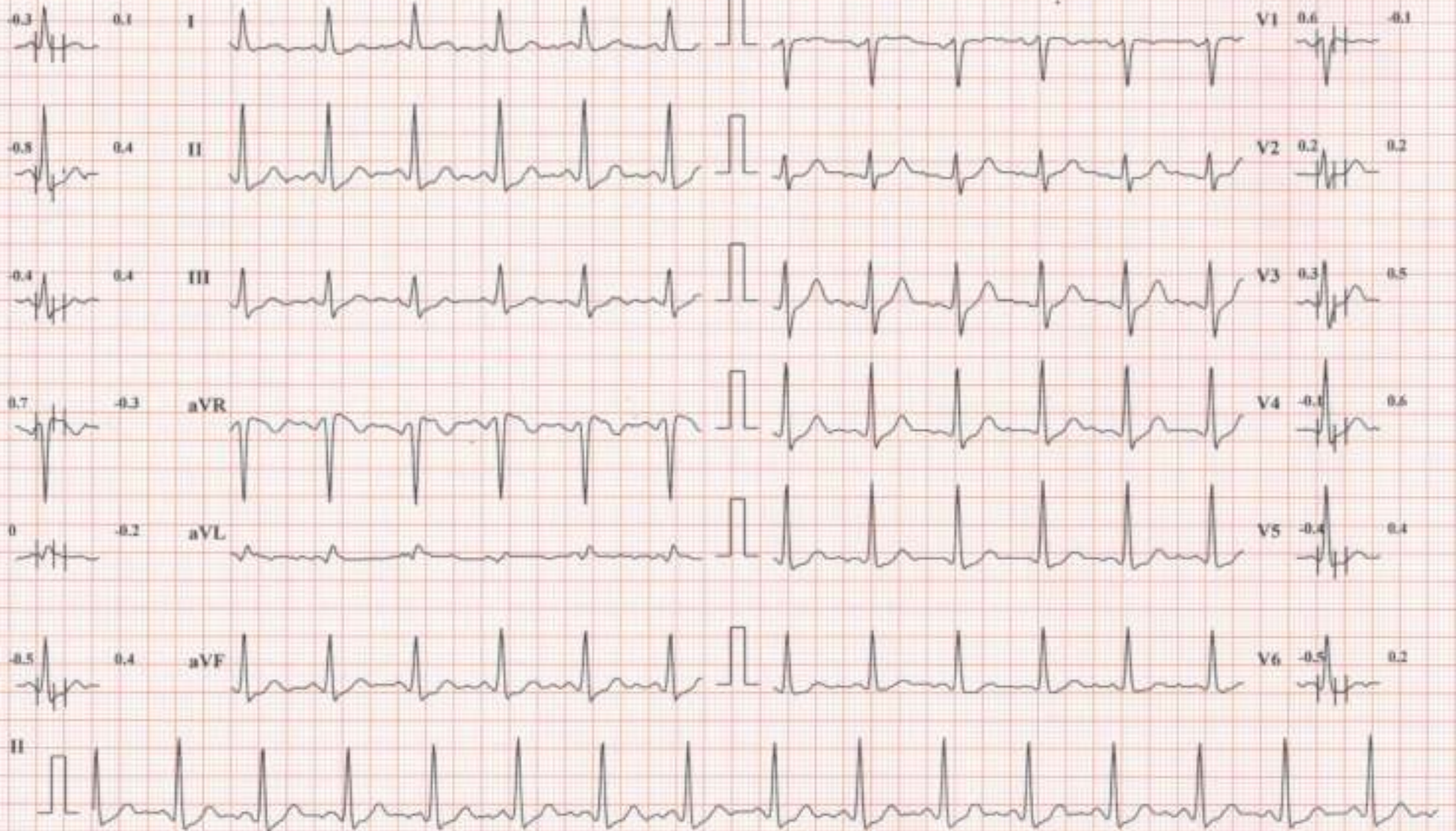


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spandax CS-111 Version 2.14

MICRO MED CHARTS