YODA DIAGNOSTICS

EYE GLASS PRESCRIPTION

Name : Mr. pati Shashanka

Age : 33 Employee ID: 62-3689

Gender : M Date: 10/02/24

Vp (unaided) PGP		
	c/c	6/6

Distance

	SPH	CYL	AXIS	BCVA
OD	P	—		6/6
OS	P	—		6/6

Add		
	N	6

@ 38 cms

LENS TYPE

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

Remarks: CV - Normal

Signature

040-35353535 www.yodadiagnostics.com helpdesk@yodalifeline.in
Door No 6-3-862/A, Lal Bungalow add-on, Ameerpet, Hyderabad, 500 016
Our Branches at: KPHB PHASE III | MADHAGUDA | VIZAG

yoda DIAGNOSTICS

Mr. Pati Shashanka

33/M

62-3689

10/02/24

Has came for general eye examn

No H/O DM and HTN

No H/O using glasses

Adv
Soha s/D
3r/D

Slit lamp examn

∴ O/D wnl < Normal

∴ O/S wnl < Normal

∴ CVa < Normal

R

623689
33 Years

PATI SHASHANKA ANJAIAH
Male

10-Feb-24 9:10:51 AM
YODA LIFELINE DIAGNOSTICS

Rate	74	. Sinus rhythm.....normal P axis, V-rate 50- 99
		. Low voltage, precordial leads.....precordial leads <1.0mV
PR	134	. Baseline wander in lead(s) I,II,aVR,aVL,V3
QRSD	101	
QT	372	
QTc	413	

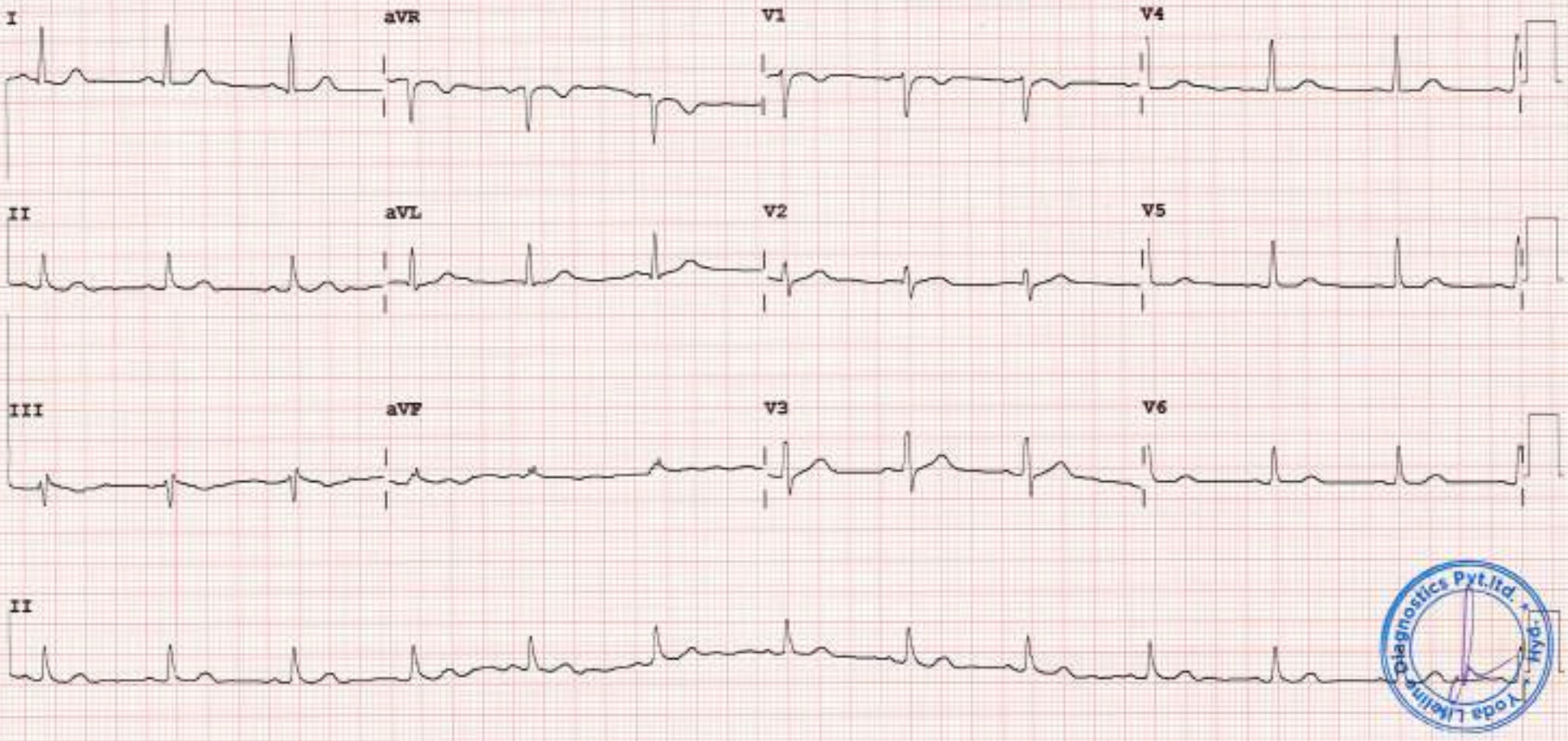
--AXIS--

P	6
QRS	26
T	-2

- OTHERWISE NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Yoda Lifeline Diagnostics Pvt.ltd. Hyd.

Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.15-100 Hz 100B CL P?

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Ref Doctor	: SELF	Collected	: 10/Feb/2024 08:16AM
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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
ESR (ERYTHROCYTE SEDIMENTATION RATE)				
ERYTHROCYTE SEDIMENTATION RATE	10	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 :
J. Krishna Kishore

Approved By :

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MD , CONSULTANT PATHOLOGIST

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD GROUP ABO & RH Typing				
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. Advsied cross matching before transfusion

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Test Name	Result	Unit	Biological Ref. Range	Method
CBC(COMPLETE BLOOD COUNT)				
HAEMOGLOBIN (HB)	15.7	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	4.98	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	47.0	%	40.0 - 50.0	RBC pulse height detection
MCV	94.4	fL	83 - 101	Automated/Calculated
MCH	31.5	pg	27 - 32	Automated/Calculated
MCHC	33.4	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	13.2	%	11.0-16.0	Automated Calculated
RDW - SD	46.5	fl	35.0-56.0	Calculated
MPV	9.8	fL	6.5 - 10.0	Calculated
PDW	10.6	fL	8.30-25.00	Calculated
PCT	0.29	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	5,460	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	53.1	%	40 - 80	Impedance
LYMPHOCYTE	33.5	%	20 - 40	Impedance
EOSINOPHIL	5.9	%	01 - 06	Impedance
MONOCYTE	6.6	%	02 - 10	Impedance
BASOPHIL	0.9	%	0 - 1	Impedance
PLATELET COUNT	2.92	Lakhs/cumm	1.50 - 4.10	Impedance

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
T3	1.39	ng/ml	0.60 - 1.78	CLIA
T4	10.71	ug/dl	4.82-15.65	CLIA
TSH	3.00	ulU/mL	0.30 - 5.60	CLIA

INTERPRETATION:

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

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

(References range recommended by the American Thyroid Association)

Comments:

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

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Senior Biochemist

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIVER FUNCTION TEST(LFT)				
TOTAL BILIRUBIN	**1.21**	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	**0.23**	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.98	mg/dl		Calculated
AST (S.G.O.T)	19	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	23	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	85	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.3	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.6	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.7	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.70			Calculated

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIPID PROFILE				
TOTAL CHOLESTEROL	176	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	50	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	113	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	61	mg/dl	See Table	GPO
VLDL	12.2	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	3.52		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	1.22	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	126	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

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
HBA1C				
HBA1c RESULT	4.9	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	94	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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Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD UREA NITROGEN (BUN)				
SERUM UREA	22	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	10.3	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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Test Name	Result	Unit	Biological Ref. Range	Method
FBS (GLUCOSE FASTING)				
FASTING PLASMA GLUCOSE	96	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

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
PPBS (POST PRANDIAL GLUCOSE)				
Sample Type : FLOURIDE PLASMA				
POST PRANDIAL PLASMA GLUCOSE	98	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
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
SERUM CREATININE				
SERUM CREATININE	0.96	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).

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
URIC ACID -SERUM				
SERUM URIC ACID	**7.7**	mg/dl	3.5 - 7.20	URICASE - PAP

Interpretation

Uric acid is the final product of purine metabolism in the human organism. Uric acid measurements are used in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and of patients receiving cytotoxic drugs.

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Test Name	Result	Unit	Biological Ref. Range	Method
BUN/CREATININE RATIO				
Blood Urea Nitrogen (BUN)	10.3	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.96	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	10.70	Ratio	6 - 25	Calculated

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Feb/2024 02:57PM
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 : 3.6 cms

LEFT VENTRICLE :

EDD : 4.6 cm IVS(d) :1.0 cm LVEF :66 %
ESD : 2.9 cm PW (d) :1.0 cm FS :33 %
No RWMA

IAS : Intact

IVS : Intact

AORTA : 2.6cms

PULMONARY ARTERY : Normal

PERICARDIUM : Normal

IVS/ SVC/ CS : Normal

Verified By :
J. Krishna Kishore

Approved By :

Dr.D.Madhav Kumar
PGDORM (U.K.)
MBBS, PGDCC (Dip. Cardiology)
Cardiologist

Visit ID	**: YOD623689**	UHID/MR No	: YOD.0000601662
Patient Name	**: Mr. PATI SHASHANKA ANJAIAH**	Client Code	: YOD-DL-0021
Age/Gender	: 33 Y 5 M 19 D /M	Barcode No	: 10921483
DOB	: 23/Aug/1990	Registration	: 10/Feb/2024 08:20AM
Ref Doctor	: SELF	Collected	: 10/Feb/2024 08:20AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Feb/2024 02:57PM
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DEPARTMENT OF RADIOLOGY

PULMONARY VEINS : Normal

INTRA CARDIAC MASSES : No

DOPPLER STUDY :

MITRAL FLOW : E 0.8 m/sec, A 0.5 m/sec.

AORTIC FLOW : 1.0m/sec

PULMONARY FLOW : 0.8m/sec

TRICUSPID FLOW : NORMAL

COLOUR FLOW MAPPING: TRIVIAL TR

IMPRESSION :

* **NO RWMA OF LV**
* **NORMAL LV SYSTOLIC FUNCTION**
* **NORMAL LV FILLING PATTERN**
* **TRIVIAL TR**
* **NO PE / CLOT / PAH**

Verified By :
J. Krishna Kishore

Approved By :

Dr.D.Madhav Kumar
PGDORM (U.K.)
MBBS, PGDCC (Dip. Cardiology)
Cardiologist

Visit ID	**: YOD623689**	UHID/MR No	: YOD.0000601662
Patient Name	**: Mr. PATI SHASHANKA ANJAIAH**	Client Code	: YOD-DL-0021
Age/Gender	: 33 Y 5 M 19 D /M	Barcode No	: 10921483
DOB	: 23/Aug/1990	Registration	: 10/Feb/2024 08:20AM
Ref Doctor	: SELF	Collected	: 10/Feb/2024 08:16AM
Client Name	: MEDI WHEELS	Received	: 10/Feb/2024 08:48AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Feb/2024 10:32AM
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
CUE (COMPLETE URINE EXAMINATION)				
PHYSICAL EXAMINATION				
TOTAL VOLUME	20 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.014		1.003 - 1.035	Bromothymol Blue
CHEMICAL EXAMINATION				
pH	5.5		4.6 - 8.0	Double Indicator
PROTEIN	NEGATIVE		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	NEGATIVE		NEGATIVE	Glucose Oxidase
UROBILINOGEN	0.1	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			

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

Verified By :
J. Krishna Kishore

Approved By :

DR PRANITHA ANAPINDI
MD , CONSULTANT PATHOLOGIST

Visit ID	**: YOD623689**	UHID/MR No	: YOD.0000601662
Patient Name	**: Mr. PATI SHASHANKA ANJAIAH**	Client Code	: YOD-DL-0021
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DOB	: 23/Aug/1990	Registration	: 10/Feb/2024 08:20AM
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Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method

Verified By :
J. Krishna Kishore

Approved By :

DR PRANITHA ANAPINDI
MD , CONSULTANT PATHOLOGIST

yoda DIAGNOSTICS

DEPARTMENT OF RADIOLOGY

Patient Name	Mr. PATI SHASHANKA ANJAIAH	Visit ID	YOD623689	Registration Date	10-02-2024 08:01 AM
Age / Gender	33/MALE	UHID	YOD.0000601662	Collection Date	10-02-2024 08:16 AM
Ref Doctor	SELF	Hospital Name		Received Date	
Barcode	10921483	Sample Type		Reported Date	10-02-2024 01:06 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. G PRITHVI RANI
MD, CONSULTANT
RADIOLOGIST, FELLOW
NEURORADIOLOGY

yoda DIAGNOSTICS

DEPARTMENT OF RADIOLOGY

Patient Name	Mr. PATI SHASHANKA ANJAIAH	Visit ID	YOD623689	Registration Date	10-02-2024 08:01 AM
Age / Gender	33/MALE	UHID	YOD.0000601662	Collection Date	10-02-2024 08:16 AM
Ref Doctor	SELF	Hospital Name		Received Date	
Barcode	10921483	Sample Type		Reported Date	10-02-2024 09:51 AM

ULTRASOUND WHOLE ABDOMEN

Clinical Details : General check-up.

LIVER: Normal in size (145mm) and echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated. Visualized common bile duct & portal vein appears normal.
GALL BLADDER : Partially distended. No evidence of wall thickening / calculi.
PANCREAS : Head appears normal. Body and tail obscured by bowel gas. No ductal dilatation. No calcifications / calculi.
SPLEEN : Normal in size and echotexture. No focal lesion is seen.
RIGHT KIDNEY : measures 106x45mm. Normal in size and echotexture. Cortico-medullary differentiation well maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.
LEFT KIDNEY : measures 107x53mm. Normal in size and echotexture. Cortico-medullary differentiation well maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.
URINARY BLADDER : Well distended. No evidence of wall thickening / calculi.
PROSTATE : Normal in size and echo-texture, volume : 15.2cc.
No enlarged nodes are visualized. No retro-peritoneal lesion is identified. Great vessels appear normal.
No free fluid is seen in peritoneal cavity.

IMPRESSION:

- **No significant sonological abnormality detected with in the scope of this study.**

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

Suggested clinical correlation & follow up

Approved by

Dr. ANNAREDDY SIVAKALA
MBBS, DNB , CONSULTANT RADIOLOGIST