

Visit ID	: YGT37014	UHID/MR No	: YGT.0000036868
Patient Name	: Mr. VELAGA HARI KRISHNA	Client Code	: 1409
Age/Gender	: 42 Y 0 M 0 D /M	Barcode No	: 10776004
DOB	:	Registration	: 28/Oct/2023 08:34AM
Ref Doctor	: SELF	Collected	: 28/Oct/2023 08:34AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 28/Oct/2023 10:50AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN**

LIVER : Normal in size (13 cm) and *shows increased 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 (11.0 cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 8.4 x 5.4 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 9.8 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 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:

- Grade I fatty liver.

Verified By :
Kollipara Venkateswara Rao



Approved By :

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

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

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 :
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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: Sick cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

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 MBBS, DCP
 Consultant Pathologist

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DEPARTMENT OF HAEMATOLOGY


Test Name	Result	Unit	Biological Ref. Range	Method
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CBC (COMPLETE BLOOD COUNT)
Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB)	15.5	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	4.88	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	44.4	%	40.0 - 50.0	RBC pulse height detection
MCV	91	fL	83 - 101	Automated/Calculated
MCH	31.9	pg	27 - 32	Automated/Calculated
MCHC	35.0	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	14.2	%	11.0-16.0	Automated Calculated
RDW - SD	49.4	fl	35.0-56.0	Calculated
MPV	9.0	fL	6.5 - 10.0	Calculated
PDW	16.1	fL	8.30-25.00	Calculated
PCT	0.2	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	7,000	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	59	%	40 - 80	Impedance
LYMPHOCYTE	25	%	20 - 40	Impedance
EOSINOPHIL	11	%	01 - 06	Impedance
MONOCYTE	05	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	2.24	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	1.07	ng/ml	0.60 - 1.78	CLIA
T4	8.03	ug/dl	4.82-15.65	CLIA
TSH	1.41	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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DEPARTMENT OF BIOCHEMISTRY

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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM				
TOTAL BILIRUBIN	0.86	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.20	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.66	mg/dl		Calculated
S.G.O.T	37	U/L	< 50	KINETIC WITHOUT P5P-IFCC
S.G.P.T	61	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	49	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.1	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.1	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.37			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	195	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	38	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	132.8	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	121	mg/dl	See Table	GPO
VLDL	24.2	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	5.13		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	3.18	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	157	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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PSA (PROSTATE SPECIFIC ANTIGEN) - TOTAL

Sample Type : SERUM

PROSTATE SPECIFIC ANTIGEN	0.86	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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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BLOOD UREA NITROGEN (BUN)

Sample Type : Serum

SERUM UREA	20	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	9.4	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	118	mg/dl	70 - 100	HEXOKINASE
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INTERPRETATION:

Increased I n

- 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 I n

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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Ref Doctor : SELF	Collected : 28/Oct/2023 11:08AM
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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PPBS (POST PRANDIAL GLUCOSE)

Sample Type : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	109	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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DEPARTMENT OF BIOCHEMISTRY

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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.82	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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GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)

Sample Type : SERUM

GGT	46	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	4.8	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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BUN/CREATININE RATIO

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	9.4	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.82	mg/dl	0.67 - 1.17	KINETIC-JAFFE
BUN/CREATININE RATIO	11.40	Ratio	6 - 25	Calculated

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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 : 5.0 cm IVS(d) : 0.9 cm LVEF : 74 %
ESD : 2.8 cm PW (d) : 0.9 cm FS : 44 %
No RWMA

IAS : Intact
IVS : Intact
AORTA : 3.0 cms
PULMONARY ARTERY : Normal
PERICARDIUM : Normal
IVS/ SVC/ CS : Normal
PULMONARY VEINS : Normal
INTRA CARDIAC MASSES : No

Verified By :
Kollipara Venkateswara Rao



Approved By :


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

Visit ID	: YGT37014	UHID/MR No	: YGT.0000036868
Patient Name	: Mr. VELAGA HARI KRISHNA	Client Code	: 1409
Age/Gender	: 42 Y 0 M 0 D /M	Barcode No	: 10776004
DOB	:	Registration	: 28/Oct/2023 08:34AM
Ref Doctor	: SELF	Collected	: 28/Oct/2023 08:34AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 28/Oct/2023 12:56PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**DOPPLER STUDY :**

MITRAL FLOW : E -1.6 m/sec, A -1.1 m/sec.
AORTIC FLOW : 0.8 m/sec
PULMONARY FLOW : 0.6 m/sec
TRICUSPID FLOW : TRJV :1.4 m/sec, RVSP - 24mmHg

COLOUR FLOW MAPPING: NORMAL


IMPRESSION :

- * MILD CONCENTRIC LVH
- * 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 :
Kollipara Venkateswara Rao



Approved By :


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

Visit ID : YGT37014	UHID/MR No : YGT.0000036868
Patient Name : Mr. VELAGA HARI KRISHNA	Client Code : 1409
Age/Gender : 42 Y 0 M 0 D /M	Barcode No : 10776004
DOB :	Registration : 28/Oct/2023 08:34AM
Ref Doctor : SELF	Collected : 28/Oct/2023 08:51AM
Client Name : MEDI WHEELS	Received : 28/Oct/2023 09:04AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 28/Oct/2023 10:01AM
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	25 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.010		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	Azocoupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction

MICROSCOPIC EXAMINATION

PUS CELLS	2-4	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	: YGT37014	UHID/MR No	: YGT.0000036868
Patient Name	: Mr. VELAGA HARI KRISHNA	Client Code	: 1409
Age/Gender	: 42 Y 0 M 0 D /M	Barcode No	: 10776004
DOB	:	Registration	: 28/Oct/2023 08:34AM
Ref Doctor	: SELF	Collected	: 28/Oct/2023 08:51AM
Client Name	: MEDI WHEELS	Received	: 28/Oct/2023 09:04AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 28/Oct/2023 10:01AM
Hospital Name	:		

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



భారత ప్రభుత్వము
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్ సంఖ్య / Enrollment No.: 0000/00120/76680

To

హరి కృష్ణ వెలగ

Hari Krishna Velaga

KOTESWARA RAO VELAGA,,

4-5-8/13 G P HARMONY APARTMENT 102,

NAVABHARATH NAGAR 2ND LANE,

PATTABHIPURAM POST,

VTC: Guntur,

PO: Pattabhipuram(guntur),

District: Guntur,

State: Andhra Pradesh,

PIN Code: 522006,

Mobile: 9600135589

30611136



MC306111365FL



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

2889 7260 0429

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం

Government of India



Issue Date : 17/10/2011



హరి కృష్ణ వెలగ

Hari Krishna Velaga

పుట్టిన తేదీ / DOB : 04/08/1978

పురుషుడు / Male

2889 7260 0429

నా ఆధార్, నా గుర్తింపు

ID: 37014

28-10-2023 09:24:33

Velaga Harikrishna

HR : 72 bpm

Diagnosis Information:

Male 42Years

P : 103 ms

Sinus Rhythm

Req. No. :

PR : 156 ms

Normal ECG

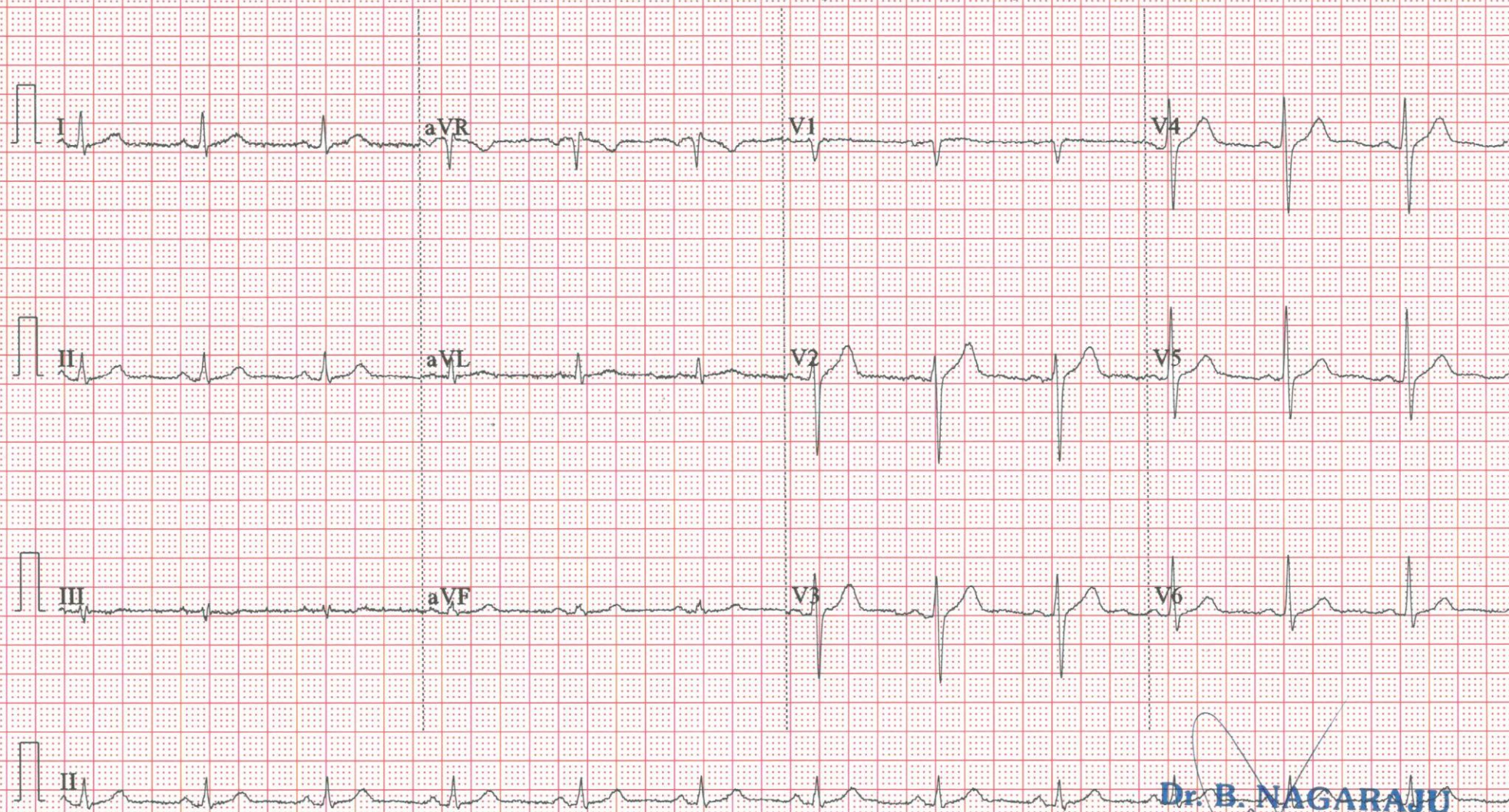
QRS : 91 ms

QT/QTcBz : 364/399 ms

P/QRST : 53/37/42 °

RV5/SV1 : 1.203/0.335 mV

Report Confirmed by:



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

DATE: 28-10-23NAME: VELAGA HARI KRISHNAAGE: 42/10 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>+ 2.00</u>				

INSTRUCTIONS _____

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


N.V. _____ CONSTANT USE _____

YODA DIAGNOSTICS



RECEPTION



 GPS Map Camera

Guntur, Andhra Pradesh, India

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

Lat 16.299196°

Long 80.451564°

28/10/23 08:36 AM GMT +05:30



Google

Name: Velaga Hari Krishna
 Date: 28/10/23 Age: 42 years Sex: Male
 Address: Guntur



Routine Health checkup

no constipation

NO H/O HTN / DM / CAD / PTB

TEMP: 100
 B.P: 130/80 mm/Hg
 PULSE: 77 bpm
 WEIGHT: 69 kg
 HEIGHT: 166 cm

LDL-132mg/dl

FBS-118mg/dl

PPBS-109mg/dl

1) Low Fat Food

2) Daily Exercise

3) Tab. JAKROSE

0-07-30

Advice

HDAIC

4) Syr. CREMAFFIN 1
 10ml HS

5) cφp. vsl 3

1 → 1

10



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

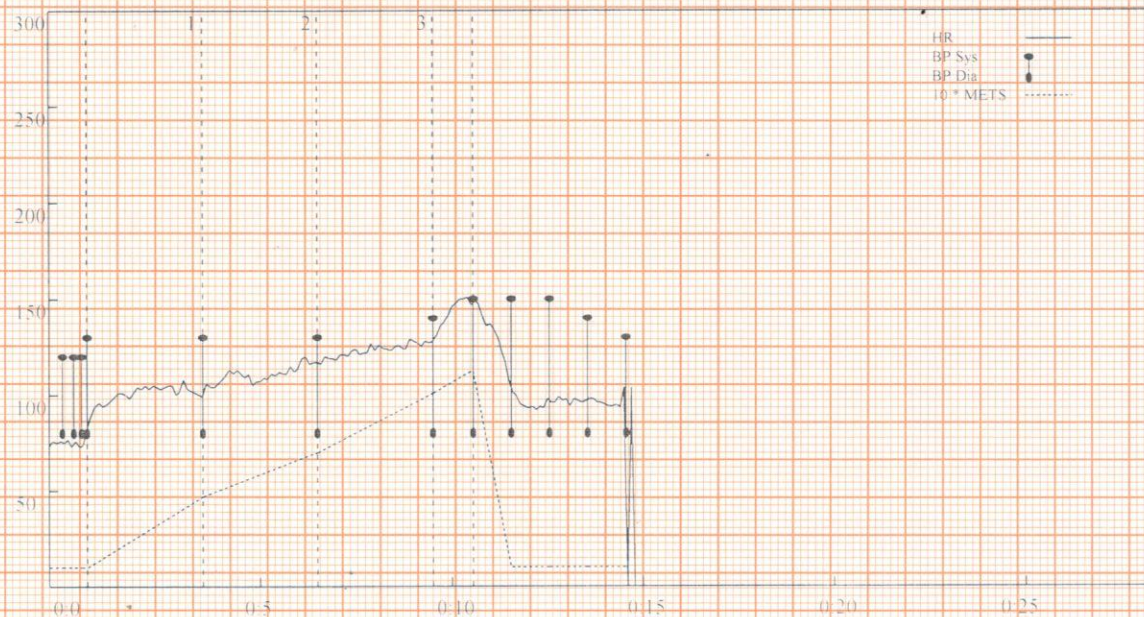
Yoda Diagnostic Guntur

Name: HARIKRISHNA VELAGA

Date: 28-10-2023

Time: 11:46

Exercise Trend



Interpretation

The Patient Exercised according to Bruce Protocol for 0:10:04 achieving a work level of 11.5 METS.
Resting Heart Rate, initially 75 bpm rose to a max. heart rate of 151bpm (85% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 150/80 mmHg
* Significant ST -T Changes During Exercise & Recovery
* Good Exercise Tolerance
* Stress Test is Positive for Exercise Induced Ischemia.

Ref. Doctor: DR SELF

Schiller Spandart CS-10 Version: 2.14

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

(Summary Report edited by User.)

Yoda Diagnostic Guntur

Name: HARIKRISHNA VELAGA				Date: 28-10-2023	Time: 11:46
Age: 42	Gender: M	Height: 166 cms	Weight: 69 Kg	ID: 37014	
Clinical History: NO					
Medications: NO					

Test Details:

Protocol: Bruce	Predicted Max HR: 178	Target HR: 151
Exercise Time: 0:09:33	Achieved Max HR: 151 (85% of Predicted MHR)	
Max BP: 150/80	Max BP x HR: 22650	Max Mets: 11.3
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	00:21	1	0	0	75	120/80	9000	2.4 V3	1.1 V3
Standing	00:17	1	0	0	77	120/80	9240	1.9 V3	1.1 V3
HyperVentilation	00:12	1	0	0	76	120/80	9120	2.2 V3	1.2 V3
Pre Test	00:10	1	1.6	0	74	130/80	9620	2 V3	1 V5
Stage 1	03:00	4.7	2.7	10	100	130/80	13000	2.4 V3	1.7 V3
Stage 2	03:00	7	4	12	117	130/80	15210	3.0	2.1 V5
Stage 3	03:00	10.1	5.5	14	127	140/80	17780	-1 V1	2.3 V5
Peak Exercise	01:04	11.3	6.8	16	151	150/80	22650	2.7 V3	2.6 V5
Recovery1	01:00	1	0	0	117	150/80	17550	3.4 V3	3.3 V5
Recovery2	01:00	1	0	0	93	150/80	13950	1.3 V3	1.9 V5
Recovery3	01:00	1	0	0	96	140/80	13440	1.2 II	1.4 V5
Recovery4	01:00	1	0	0	93	130/80	12090	1.2 V3	1.1 V3

Yoda Diagnostic Guntur

HARIKRISHNA VELAGA

ID: 37014

Date: 28-10-2023

Exec Time : 0:00:00

Stage Time: 00:21

HR: 75 bpm

Bruce Protocol

Stage: Supine

Speed: 0 km/h

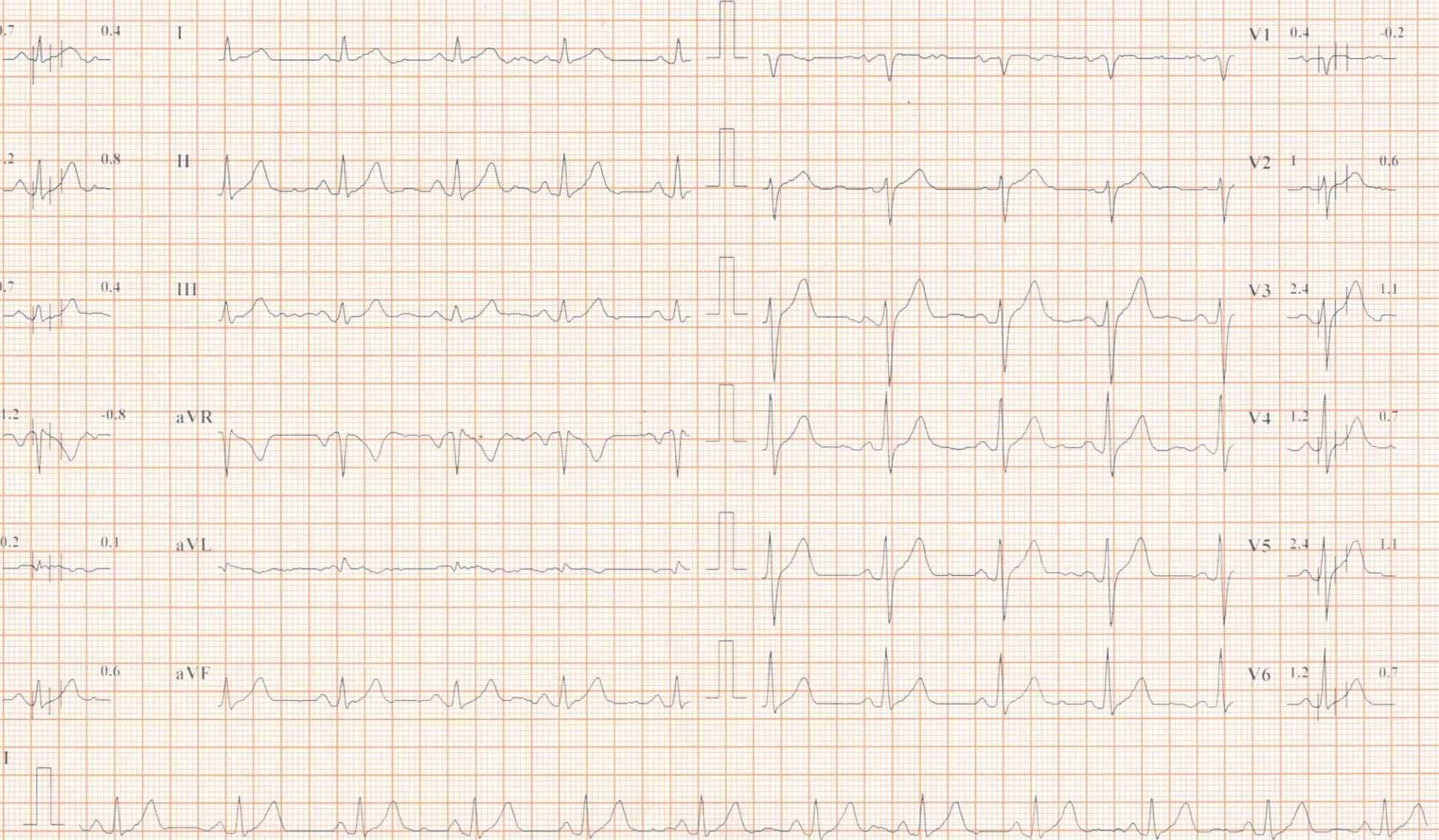
Slope: 0%

THR: 151 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

HARIKRISHNA VELAGA

Bruce Protocol

ID: 37014

Date: 28-10-2023

Exec Time : 0:00:00

Stage Time: 00:17

HR: 77 bpm

STLevel(mm) STSlope(mV/s)

Stage: Standing

Speed: 0

Slope: 0%

THR: 151 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

0.8 0.4

I

V1 -0.2 -0.2

1.3 1

II

V2 1.3 0.5

0.9 0.6

III

V3 1.9 1.1

-1.2 -0.9

aVR

V4 1.5 1

-0.3 -0.1

aVL

V5 1.6 1.1

1.2 0.8

aVF

V6 0.9 0.9

II

Yoda Diagnostic Guntur

HARIKRISHNA VELAGA

ID: 37014

Date: 28-10-2023

Exec Time : 0:00:00

Stage Time: 00:12

HR: 76 bpm

Bruce Protocol

Stage: HyperVentilation

Speed: 0

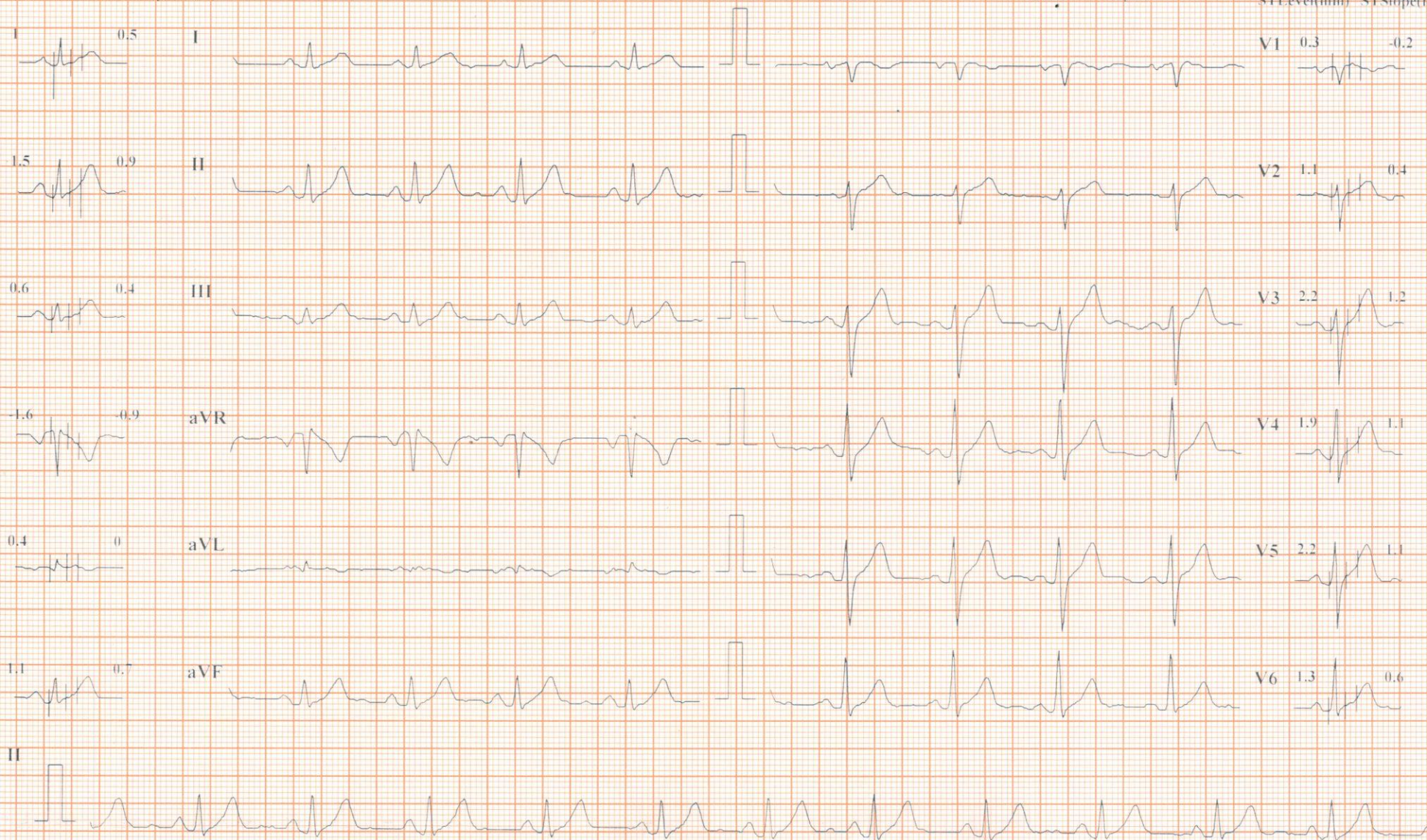
Slope: 0%

THR: 151 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

HARIKRISHNA VELAGA

ID: 37014

Date: 28-10-2023

Exec Time: 0:03:00

Stage Time: 03:00

HR: 100 bpm

Exercise Protocol

Stage: 1

Speed: 2.7 kmph

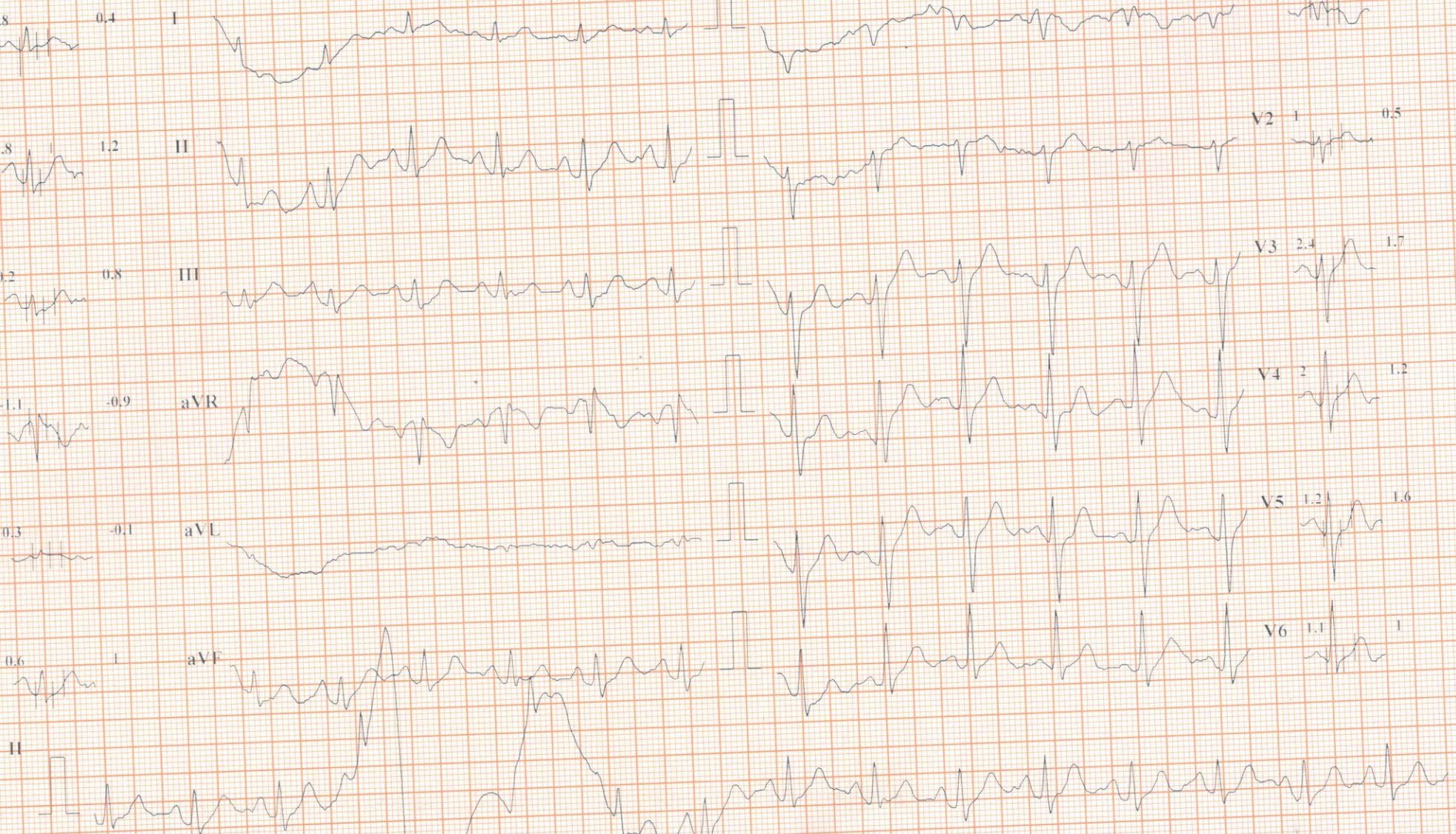
Slope: 10 %

THR: 451 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

HARIKRISHNA VELAGA

Bruce Protocol

ID: 37014

Date: 28-10-2023

Exec Time : 0:06:00

Stage Time: 03:00

HR: 117 bpm

STLevel(mm) STSlope(mV/s)

Stage: 2

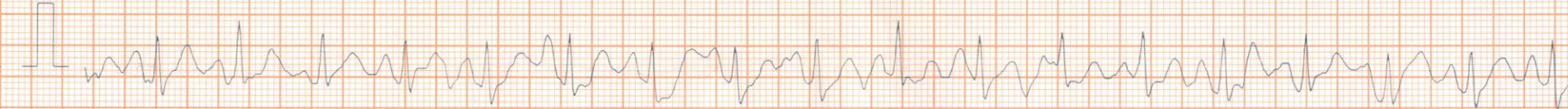
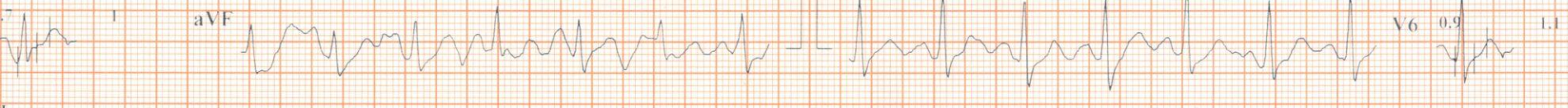
Speed: 4 kmph

Slope: 12 %

THR: 151 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

HARIKRISHNA VELAGA

Bruce Protocol

ID: 37014

Date: 28-10-2023

Exec Time : 0:09:00

Stage Time: 03:00

HR: 127 bpm

STLevel(mm) STSlope(mV/s)

Stage: 3

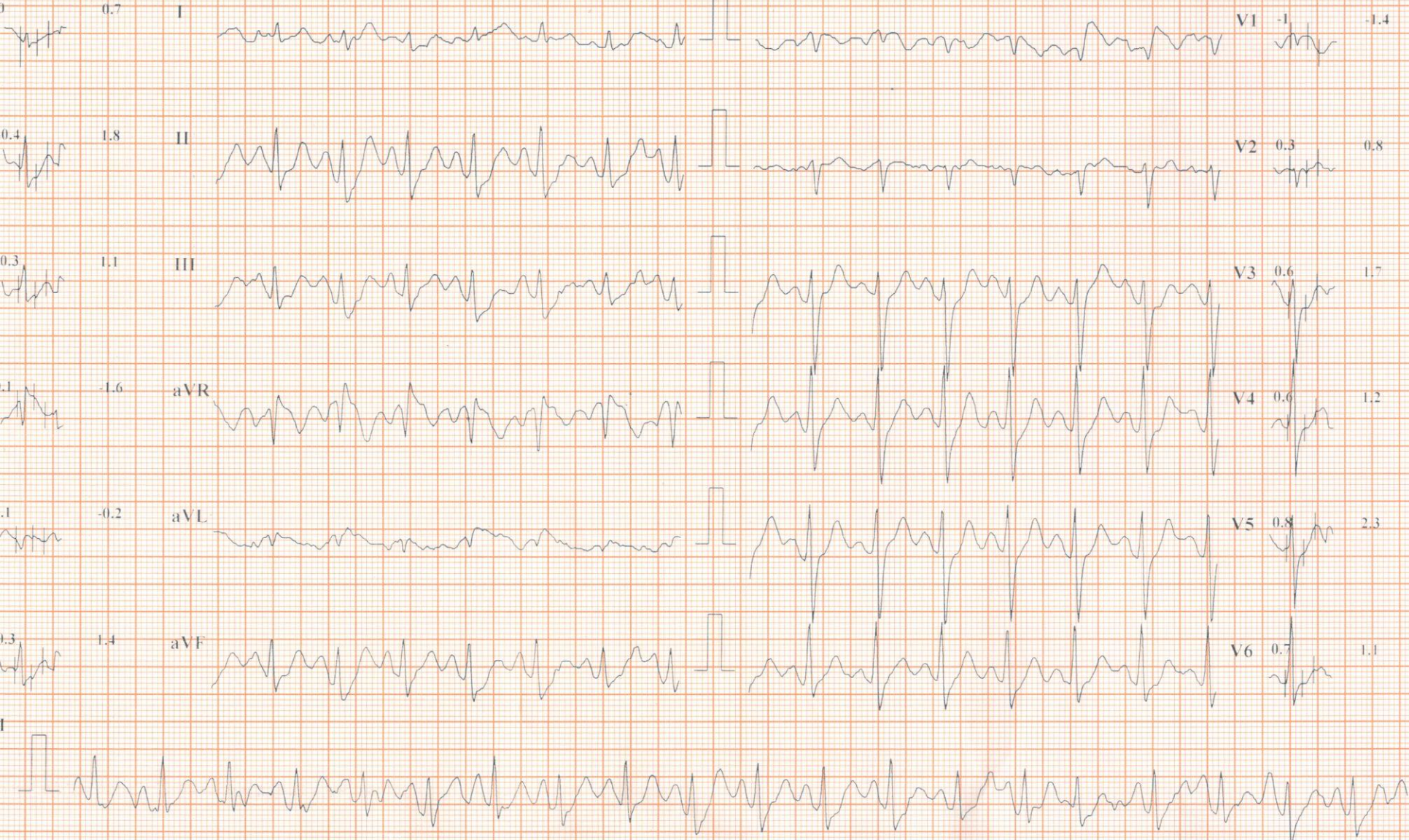
Speed: 5.5 kmph

Slope: 14 %

THR: 151 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

HARIKRISHNA VELAGA

Bruce Protocol

ID: 37014

Date: 28-10-2023

Exec Time : 0:10:04

Stage Time: 01:04

HR: 151 bpm

STLevel(mm) STSlope(mV/s)

Stage: 4 Peak Exercise

Speed: 6.8 kmph

Slope: 16%

THR: 151 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)



Print 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 C'S-10 MICRO MED CHARTS

Yoda Diagnostic Guntur

HARIKRISHNA VELAGA

Exercise Protocol

ID: 37014

Date: 28-10-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 117 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery/I

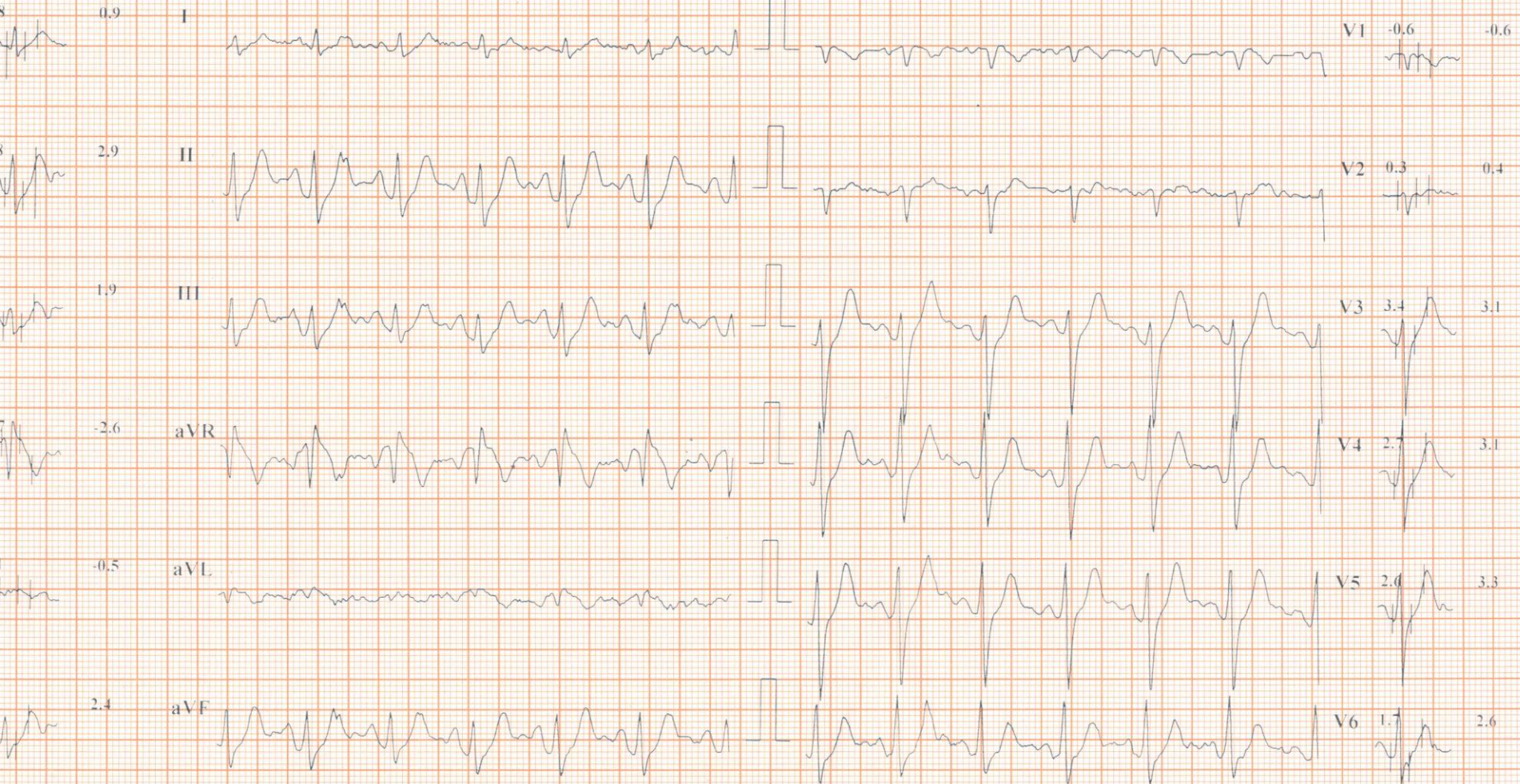
Speed: 0 kmph

Slope: 0 %

THR: 151 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)



Print 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 C'S-10 MICRO MED CHARTS

Yoda Diagnostic Guntur

HARIKRISHNA VELAGA

Bruce Protocol

ID: 37014

Date: 28-10-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 93 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

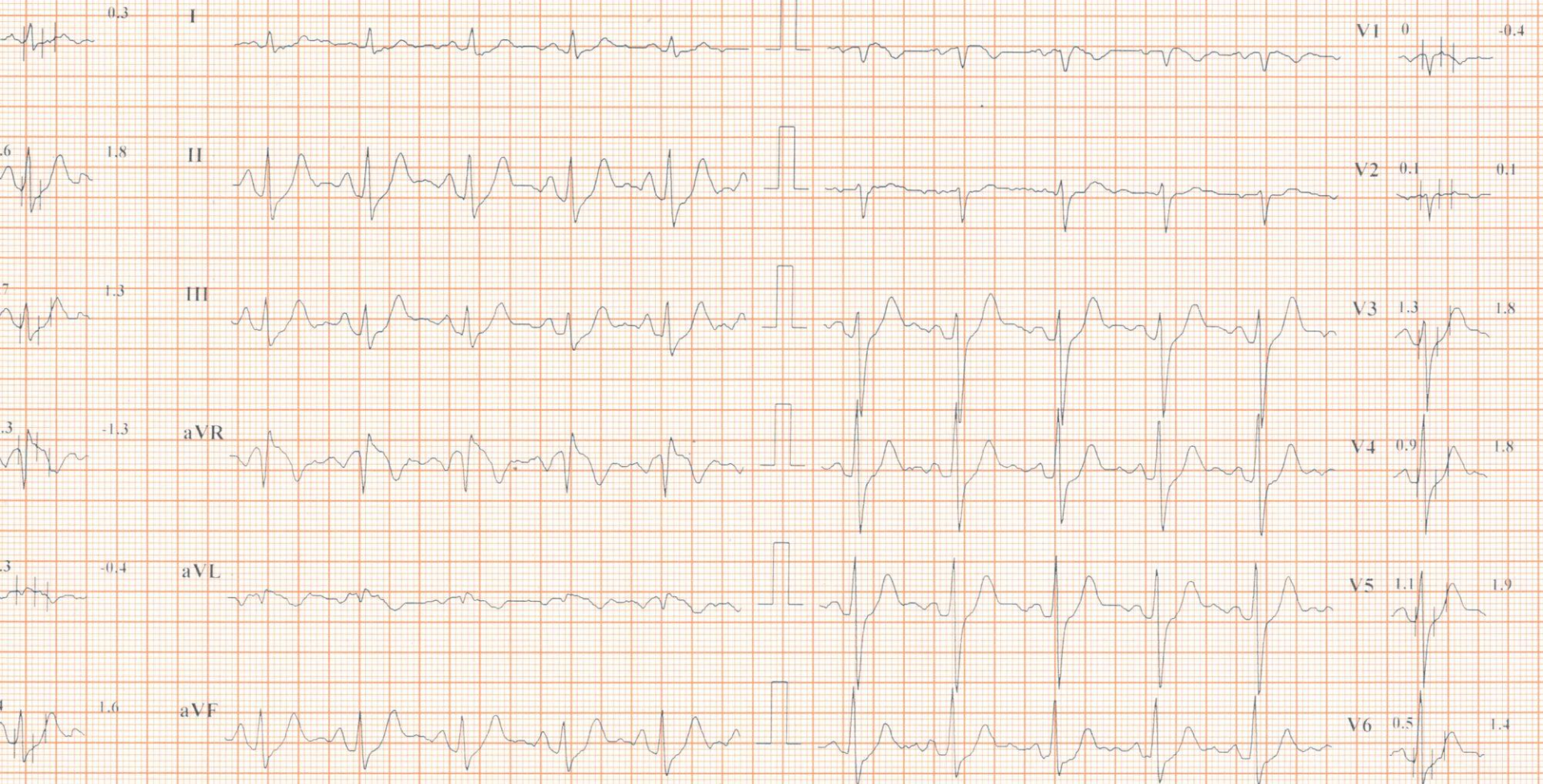
Speed: 0 kmph

Slope: 0 %

THR: 151 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)



Print 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 MICRO-MED CHARTS

Yoda Diagnostic Guntur

HARIKRISHNA VELAGA

Bruce Protocol

ID: 37014

Date: 28-10-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 96 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Slope: 0%

THR: 151 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

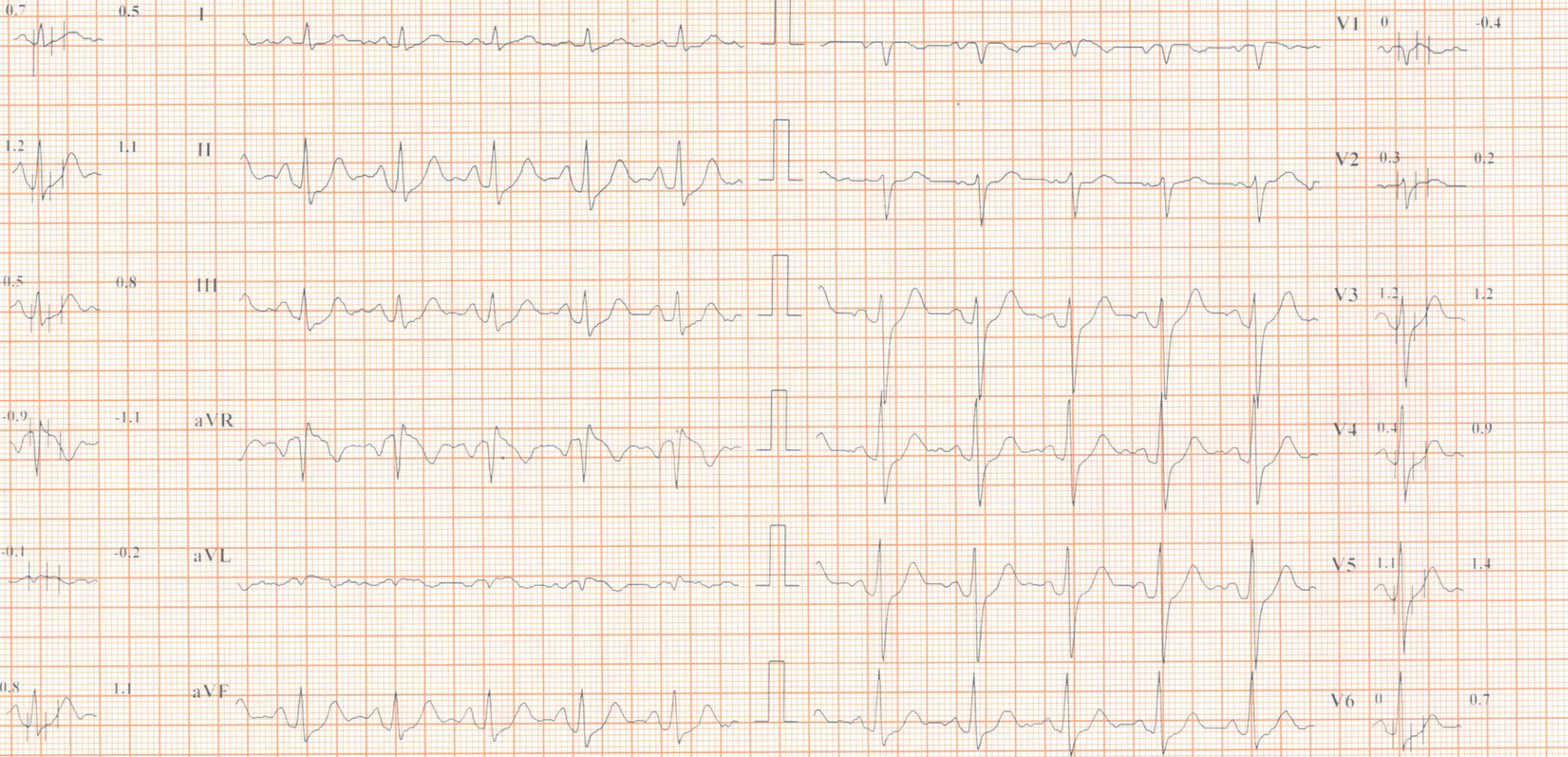


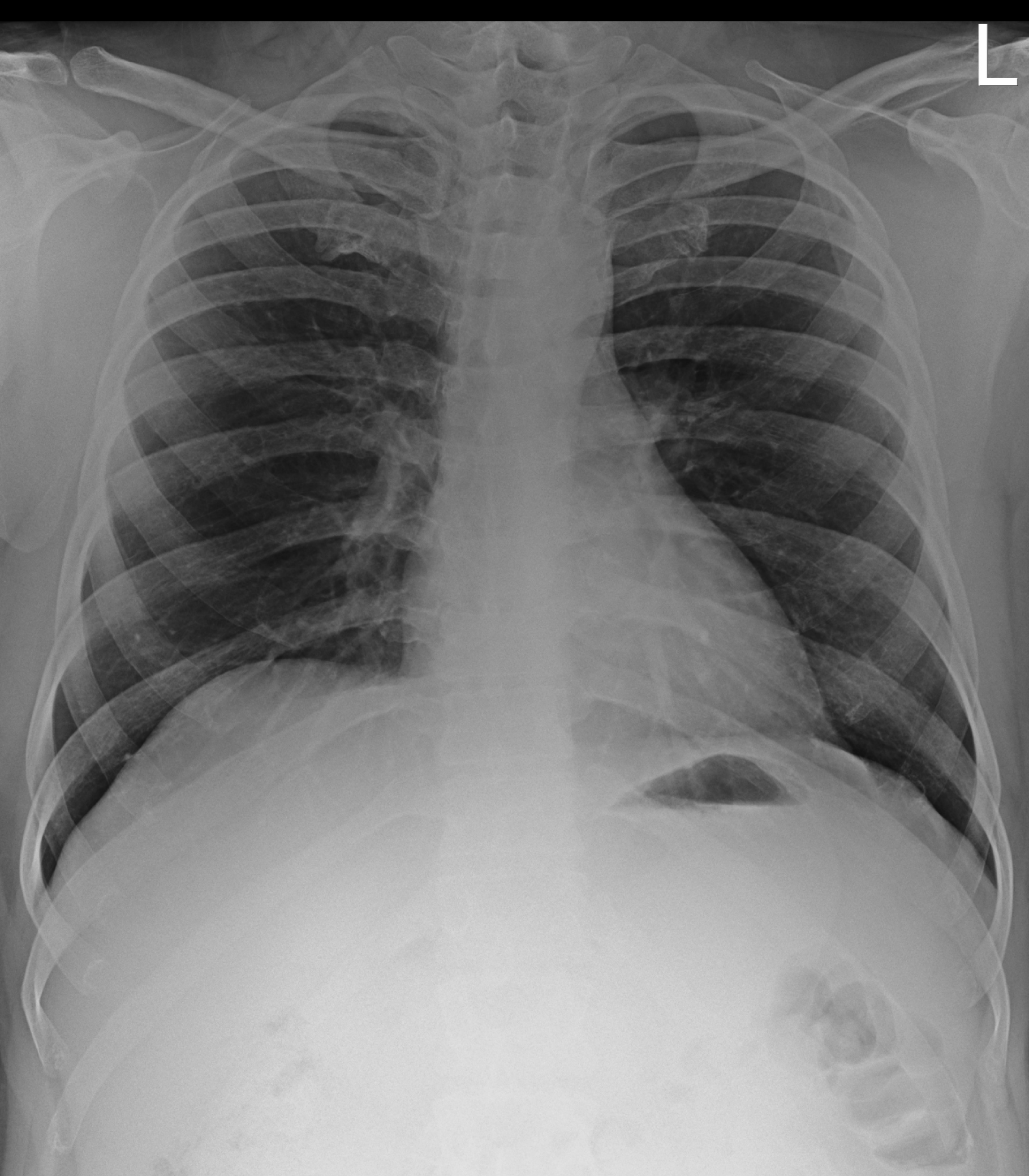
Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spärdan CS-10 MICRO MED CHARTS



VELAGA HARI KRISHNA 42Y MALE YGT37014 CHEST PA 28-Oct-23

YODA DIAGNOSTICS