

Name: MR. Parikala Sankar
Date: 08/06/23 Age: 43 years Sex: Female
Address: Guntur



Routine Health checkup
NO complaints
H/O Hypertension

TEMP:
B.P: 120/80 mm/Hg
PULSE: 79 bts
WEIGHT: 7.1 kg
HEIGHT: 160 cm

FRBS - 116 mg/dl

PPBS - 226 mg/dl

1/ Low salt Diet / Diabetic Diet

Advice

HbA1c



Dr. KEERTHI KISHORE NAGALLA

Regd.No: 64905 MBBS, M.D. General Medicine

CONSULTANT GENERAL PHYSICIAN

YODA DIAGNOSTICS-GUNTUR

CONTACT US

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12-12-36/1, Opp Manasa Hospital, Old Club Road, Kothapet, Guntur - 522001

PERIKALA
SANKAR
10522943
..... Male
43 years
..... cm / kg

HR 81/min
Intervals:
RR 739 ms
P 96 ms
PR 146 ms
QRS 90 ms
QT 362 ms
QTc 426 ms

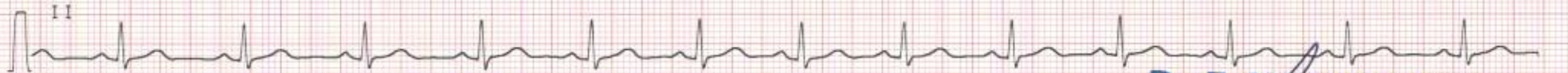
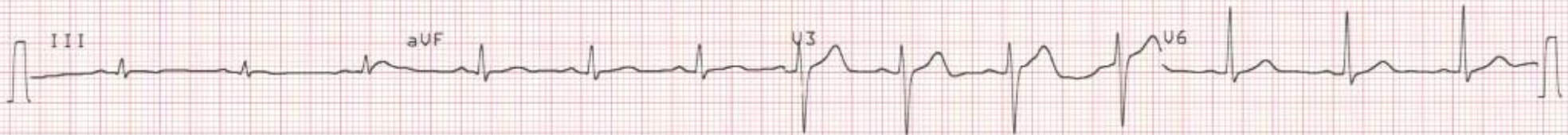
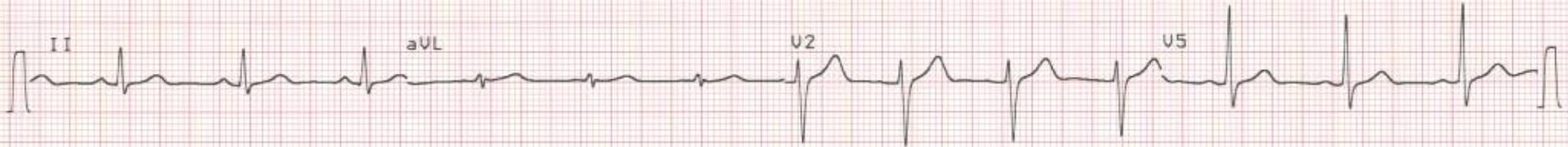
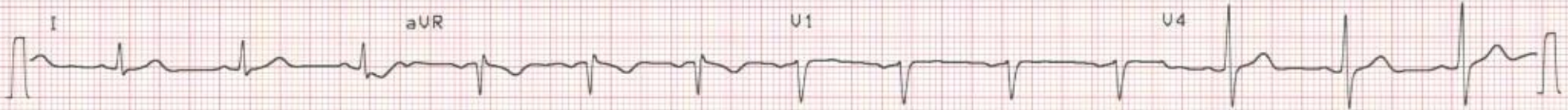
Axis:
P 53 °
QRS 36 °
T 26 °
P (II) 0.11 mV
S (U1) -0.73 mV
R (U5) 1.58 mV
Sokol. 2.81 mV

SINUS RHYTHM
NORMAL ECG

UNCONFIRMED REPORT

10 mm/mV

10 mm/mV



10 mm/mV

25 mm/s

0.05-25Hz F50 55F 5B5 Th 08-JUN-23 11:30:17

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

AT-102 1.37 Ctm

Visit ID : YGT15209	UHID/MR No : YGT.0000015084
Patient Name : Mr. PERIKALA SANKAR	Client Code : 1409
Age/Gender : 43 Y 0 M 0 D /M	Barcode No : 10523951
DOB :	Registration : 08/Jun/2023 06:06PM
Ref Doctor : SELF	Collected : 08/Jun/2023 06:08PM
Client Name : MEDI WHEELS	Received : 08/Jun/2023 06:12PM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 08/Jun/2023 06:47PM
Hospital Name :	

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	30	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.

Verified By :
G SUMALATHA



Approved By :


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 MBBS, DCP
 Consultant Pathologist

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 08/Jun/2023 07:03PM
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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. Advdsied cross matching before transfusion

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

HAEMOGLOBIN (HB)	15.0	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	5.05	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	42.2	%	40.0 - 50.0	RBC pulse height detection
MCV	83.6	fL	83 - 101	Automated/Calculated
MCH	29.8	pg	27 - 32	Automated/Calculated
MCHC	35.6	g/dl	32 - 35	Automated/Calculated
RDW - CV	13.0	%	11.0-16.0	Automated Calculated
RDW - SD	42.0	fl	35.0-56.0	Calculated
MPV	9.6	fL	6.5 - 10.0	Calculated
PDW	16.2	fL	8.30-25.00	Calculated
PCT	0.231	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	7,000	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	54	%	40 - 80	Impedance
LYMPHOCYTE	37	%	20 - 40	Impedance
EOSINOPHIL	04	%	01 - 06	Impedance
MONOCYTE	05	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	2.40	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	0.97	ng/ml	0.60 - 1.78	CLIA
T4	10.61	ug/dl	4.82-15.65	CLIA
TSH	1.80	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	1.30	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.27	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	1.03	mg/dl		Calculated
S.G.O.T	18	U/L	< 50	KINETIC WITHOUT P5P-IFCC
S.G.P.T	19	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	96	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.4	gm/dl	6.0 - 8.0	Biuret
ALBUMIN	4.1	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.3	gm/dl		Calculated
A/G RATIO	1.78			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	120	mg/dl	See Table	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	38	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	59.8	mg/dl	See Table	Enzymatic Selective Protein
TRIGLYCERIDES	111	mg/dl	See Table	GPO
VLDL	22.2	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	3.16		See Table	Calculated
TRIGLYCEIDES/ HDL RATIO	2.92	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	82	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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Test Name	Result	Unit	Biological. Ref. Range	Method
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HBA1C

Sample Type : WHOLE BLOOD EDTA

HBA1c RESULT	6.2	%	Normal Glucose tolerance (non-diabetic): <5.6% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	131	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	15	mg/dL	17 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	7.0	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	116	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	226	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	0.81	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

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URIC ACID -SERUM

Sample Type : SERUM

SERUM URIC ACID	5.4	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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BUN/CREATININE RATIO

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	7.0	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.81	mg/dl	0.67 - 1.17	KINETIC-JAFFE
BUN/CREATININE RATIO	8.60	Ratio	6 - 25	Calculated

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DEPARTMENT OF CLINICAL PATHOLOGY


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CUE (COMPLETE URINE EXAMINATION)

Sample Type : SPOT URINE				
PHYSICAL EXAMINATION				
TOTAL VOLUME	20 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.025		1.003 - 1.035	Bromothymol Blue
CHEMICAL EXAMINATION				
pH	6.8		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	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 :
 G SUMALATHA


Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist


Visit ID	: YGT15209	UHID/MR No	: YGT.0000015084
Patient Name	: Mr. PERIKALA SANKAR	Client Code	: 1409
Age/Gender	: 43 Y 0 M 0 D /M	Barcode No	: 10523951
DOB	:	Registration	: 08/Jun/2023 06:06PM
Ref Doctor	: SELF	Collected	: 08/Jun/2023 06:08PM
Client Name	: MEDI WHEELS	Received	: 08/Jun/2023 06:12PM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 08/Jun/2023 06:17PM
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological. Ref. Range	Method
-----------	--------	------	------------------------	--------

***** End Of Report *****Verified By :
G SUMALATHA

Approved By :


Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

EYE GLASS PRESCRIPTION

Name : perikala shankar

Age : 43y Employee ID: Yg15209

Gender: M Date: 26/6/23

Vn
(unaided)
PGP

6/6p	6/6p
------	------

Distance

	SPH	CYL	AXIS	BCVA
OD	F	-0.50	90	6/6
OS	-0.50	-0.50	90	6/6

Add

+	+
1.75	1.75

N6 @30cms.

LENS TYPE

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

Remarks: _____

Signature 

Yoda
Diagn
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- Pharmacogenomics
- Covid 19 RT-PCR
- Diabetes Genetics
- Microbiology
- Genetics

YODA
DIAGNOSTICS

Dr. Sankar Sankar Reddy
MD, DNB (General Medicine)
Consultant Physician & Pathologist
Reg. No. 10000

Name: Mr. Praveen Reddy
Age: 45 Sex: M Height: 5'8" Weight: 75
Address: ...

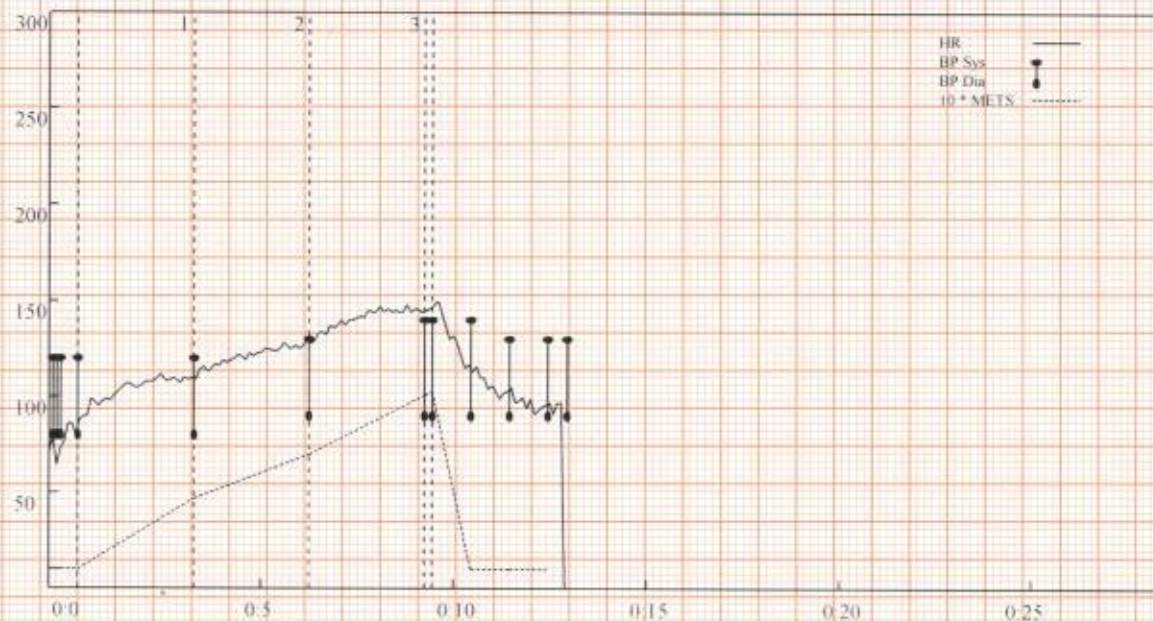
TRx
Relative health checked
No Complaints
No abnormalities

Signature: Praveen Reddy

Contract Lab

KPHB | Karimnagar
Vizag | Tirupati
- 35 35 35 35
tuntur@yodalifeline.in
2-12, 36/1, Old Club Road
Tanasa Hospital
Tuntur - 522001, A.P.

Exercise Trend



Interpretation

The Patient Exercised according to Bruce Protocol for 0:09:11 achieving a work level of 10.3 METS.
 Resting Heart Rate, initially 70 bpm rose to a max. heart rate of 145bpm (82% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 120/80 mmHg. rose to a maximum Blood Pressure of 140/90 mmHg
 *NO SIGNIFICANT ST T CHANGES DURING EXERCISE & RECOVERY
 *FAIR EFFORT TOLERANCE
 *TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHEMIA

Te

Ref. Doctor: DR SELF

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

Doctor: .

Yoda Diagnostic Guntur

Name: MR.SANKAR PERIKALA

Date: 08-06-2023

Time: 11:59

Age: 43

Gender: M

Height: 160 cms

Weight: 71 Kg

ID: 10522943

Clinical History: HTN+

Medications: YES

Test Details:

Protocol: Bruce

Predicted Max HR: 177

Target HR: 150

Exercise Time: 0:09:11

Achieved Max HR: 145 (82% of Predicted MHR)

Max BP: 140/90

Max BP x HR: 20300

Max Mets: 10.3

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	00:07	1	0	0	70	120/80	8400	1 V2	1.4 V3
Standing	00:06	1	0	0	79	120/80	9480	0.9 V3	1.4 V3
HyperVentilation	00:06	1	0	0	64	120/80	7680	1.1 V2	1.4 V3
PreTest	00:28	1	1.6	0	86	120/80	10320	1.6 III	1.2 V2
Stage 1	03:00	4.7	2.7	10	109	120/80	13080	1 V3	1.8 V3
Stage 2	03:00	7	4	12	127	130/90	16510	1.4 V3	1.8 V2
Stage 3	03:00	10.1	5.5	14	145	140/90	20300	-1.7 II	2.2 V3
Peak Exercise	00:11	10.3	6.8	16	145	140/90	20300	1.2 V2	2.7 V3
Recovery1	01:00	1	0	0	115	140/90	16100	1.2 V2	2.5 V3
Recovery2	01:00	1	0	0	102	130/90	13260	0.6 V1	1.8 V3
Recovery3	01:00	1	0	0	95	130/90	12350	0.7 V3	1.4 V3

Yoda Diagnostic Guntur

MR.SANKAR PERIKALA

Bruce Protocol

ID: 10522943

Date: 08-06-2023

Exec Time : 0:00:00

Stage Time: 00:07

HR: 70 bpm

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

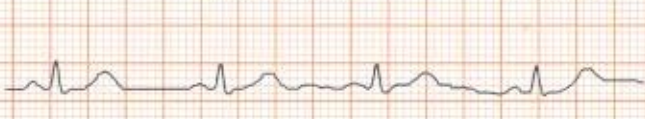
THR: 150 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)



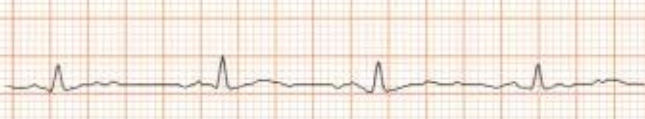
I



II



III



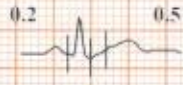
aVR



aVL



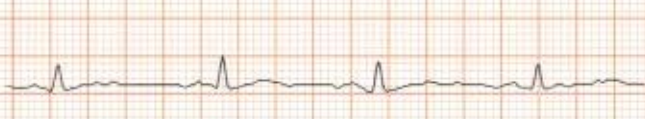
aVF



V1



V2



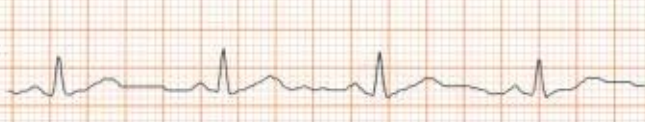
V3



V4



V5



V6

II



Yoda Diagnostic Guntur

MR.SANKAR PERIKALA

Bruce Protocol

ID: 10522943

Date: 08-06-2023

Exec Time : 0:00:00

Stage Time: 00:06

HR: 79 bpm

STLevel(mm) STSlope(mV/s)

Stage: Standing

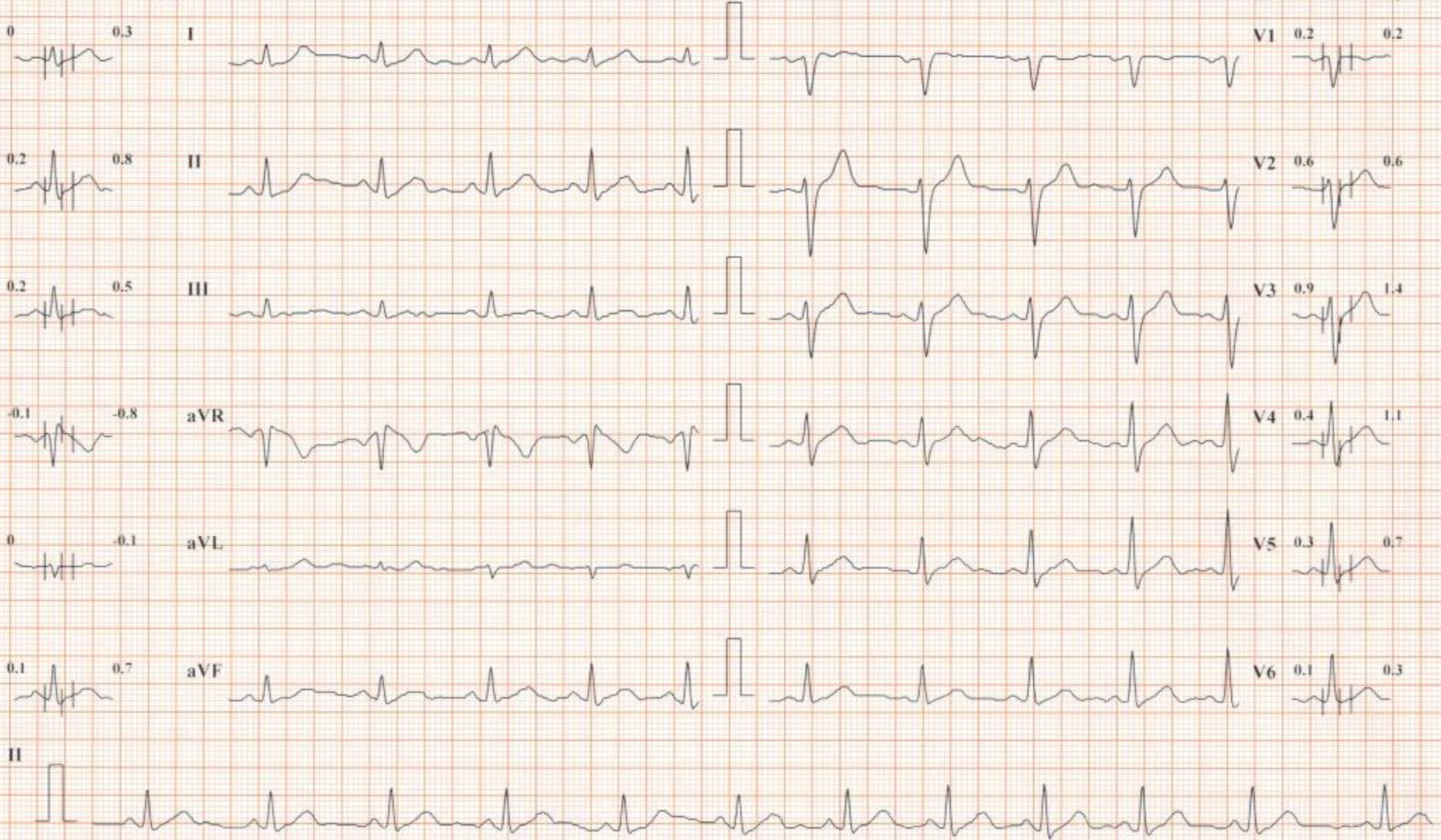
Speed: 0

Slope: 0 %

THR: 150 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MR.SANKAR PERIKALA

Bruce Protocol

ID: 10522943

Date: 08-06-2023

Exec Time : 0:00:00

Stage Time: 00:06

HR: 64 bpm

STLevel(mm) STSlope(mV/s)

Stage: HyperVentilation

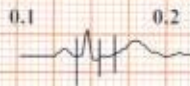
Speed: 0

Slope: 0 %

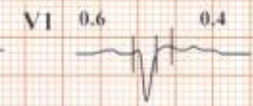
THR: 150 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)



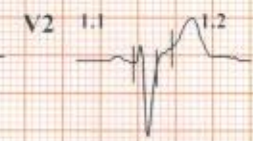
I



V1



II



V2



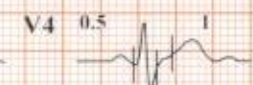
III



V3



aVR



V4



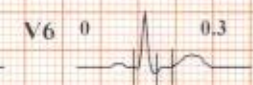
aVL



V5



aVF



V6



II

Yoda Diagnostic Guntur

MR.SANKAR PERIKALA

Bruce Protocol

ID: 10522943

Date: 08-06-2023

Exec Time : 0:03:00

Stage Time: 03:00

HR: 109 bpm

STLevel(mm) STSlope(mV/s)

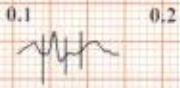
Stage: 1

Speed: 2.7 kmph

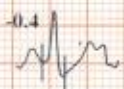
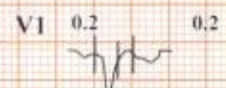
Slope: 10 %

THR: 150 bpm

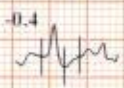
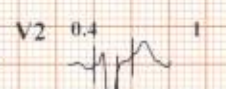
BP: 120/80 mmHg
STLevel(mm) STSlope(mV/s)



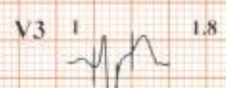
I



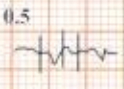
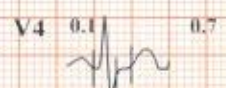
II



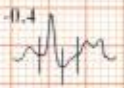
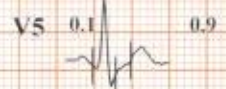
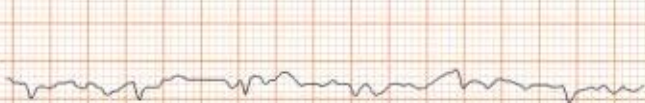
III



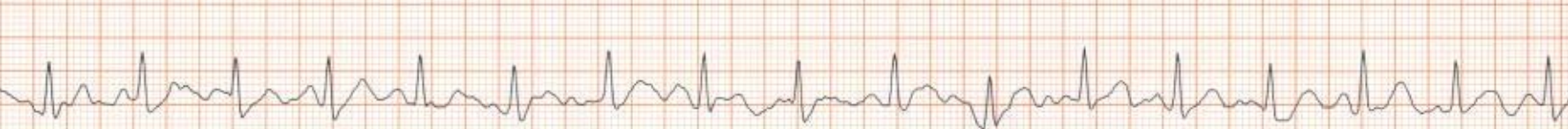
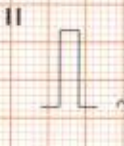
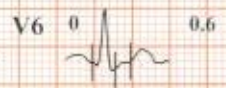
aVR



aVL



aVF



Yoda Diagnostic Guntur

MR.SANKAR PERIKALA

Bruce Protocol

ID: 10522943

Date: 08-06-2023

Exec Time : 0:06:00

Stage Time: 03:00

HR: 127 bpm

STLevel(mm) STSlope(mV/s)

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 150 bpm

BP: 130/90 mmHg

STLevel(mm) STSlope(mV/s)

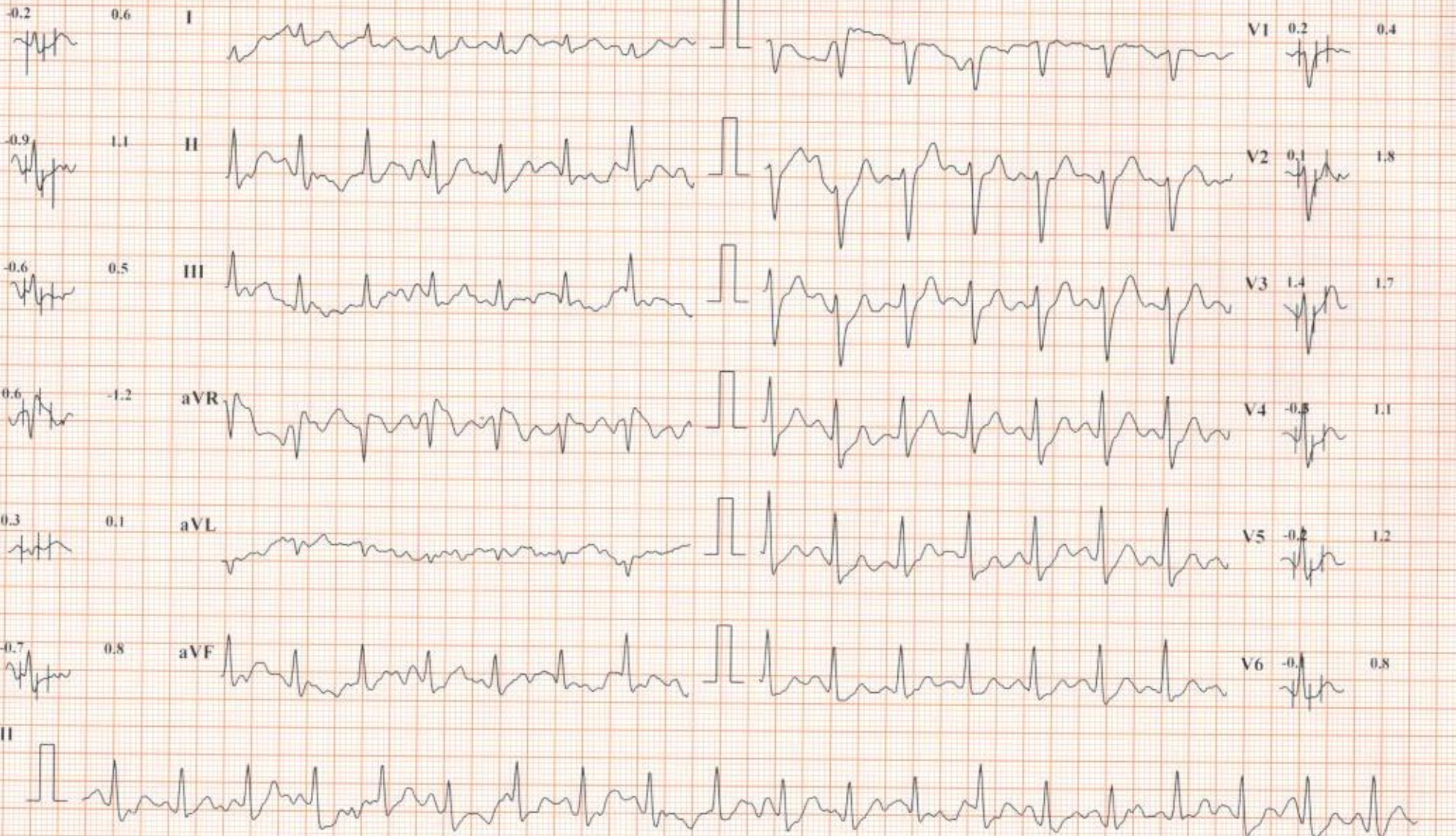


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Spandan CS-10000 CHARTS

Yoda Diagnostic Guntur

MR.SANKAR PERIKALA

Bruce Protocol

ID: 10522943

Date: 08-06-2023

Exec Time : 0:09:00

Stage Time: 03:00

HR: 145 bpm

STLevel(mm) STSlope(mV/s)

Stage: 3

Speed: 5.5 kmph

Slope: 14 %

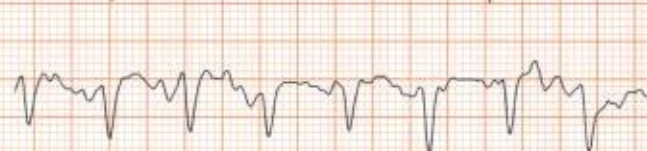
THR: 150 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

-0.2 0.8

I



V1 -0.1 -0.1



-1.7 0.9

II



V2 0.8 1.7



-1.5 0.2

III



V3 -0.3 2.2



1.1 -1.2

aVR



V4 0.2 1.9



0.7 0.4

aVL



V5 -0.4 1.4



-1.6 0.6

aVF



V6 -0.8 0.7



II



Yoda Diagnostic Guntur

MR.SANKAR PERIKALA

Bruce Protocol

ID: 10522943

Date: 08-06-2023

Exec Time : 0:09:11

Stage Time: 00:11

HR: 145 bpm

STLevel(mm) STSlope(mV/s)

Stage: 4 Peak Exercise

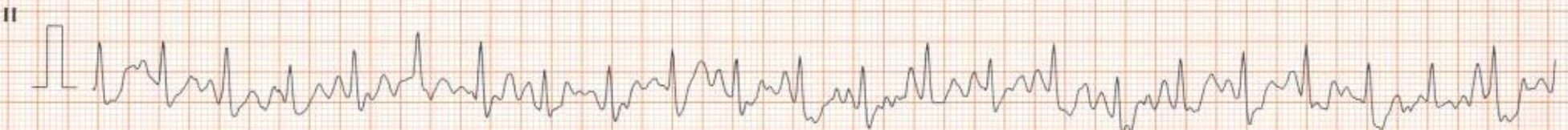
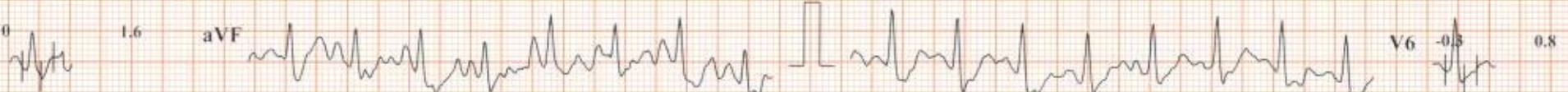
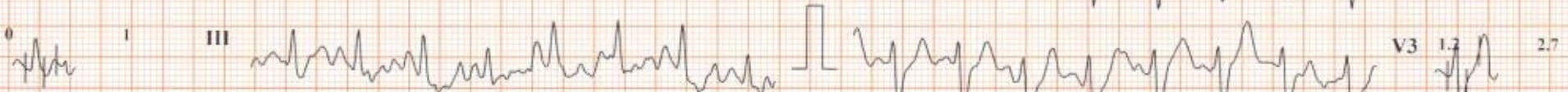
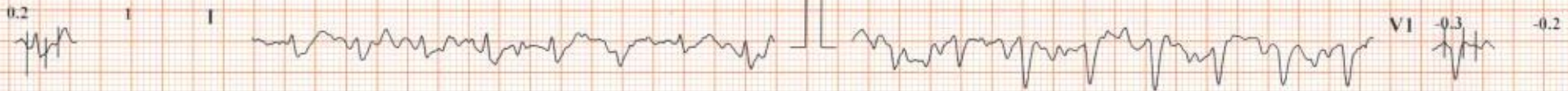
Speed: 6.8 kmph

Slope: 16 %

THR: 150 bpm

BP: 140/90 mmHg

STLevel(mm) - STSlope(mV/s)



Yoda Diagnostic Guntur

MR.SANKAR PERIKALA

HR: 115 bpm

Bruce Protocol

ID: 10522943

Date: 08-06-2023

Exec Time : 00:00

Stage Time: 01:00

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

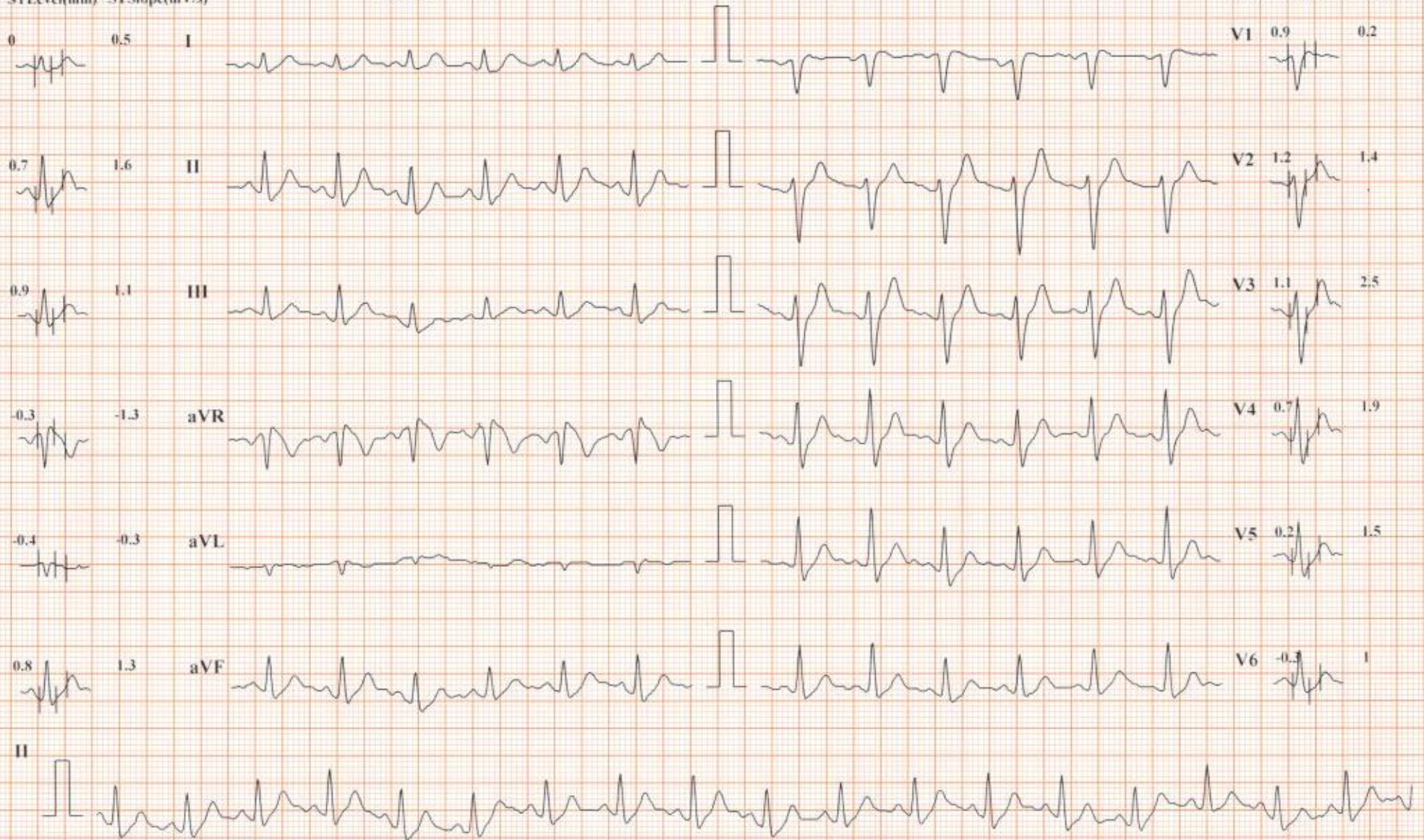
Stage: Recovery1

Speed: 0 kmph

Slope: 0 %

THR: 150 bpm

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MR.SANKAR PERIKALA

Bruce Protocol

ID: 10522943

Date: 08-06-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 102 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 150 bpm

BP: 130/90 mmHg

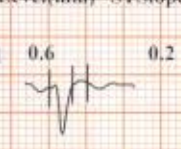
STLevel(mm) STSlope(mV/s)

0 0.4

I



V1 0.6 0.2

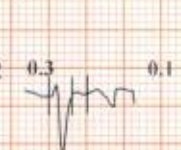


-0.1 1

II

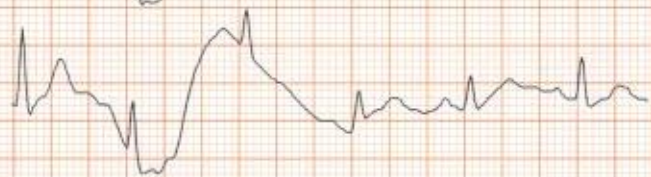


V2 0.3 0.1



-0.1 0.6

III



V3 0.6 1.8



0.1 1

aVR



V4 0.4 1.2



0 -0.1

aVL

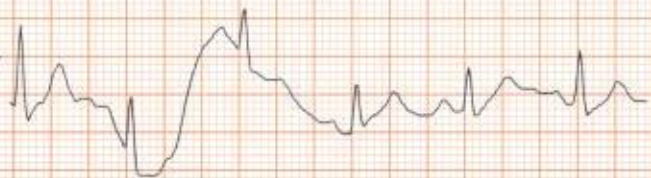


V5 -0.2 0.9

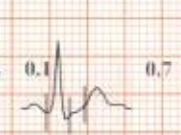


0 0.8

aVF



V6 0.1 0.7



II



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Spandan CS-10 MICRO MED CHARTS

Yoda Diagnostic Guntur

MR.SANKAR PERIKALA

Bruce Protocol

ID: 10522943

Date: 08-06-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 95 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 150 bpm

BP: 130/90 mmHg

STLevel(mm) STSlope(mV/s)

-0.4 0.4

I

V1 0.2 0.2

0 0.6

II

V2 0.3 1

0.1 0.3

III

V3 0.7 1.4

0.3 -0.6

aVR

V4 0.3 1

-0.1 0

aVL

V5 0.1 0.7

0.1 0.4

aVF

V6 -0.1 0.4

II

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Spandan CS-10 MICRO MED CHARTS



PERIKALA SANKAR 43Y MALE 10522943 CHEST PA 08-Jun-23

YODA DIAGNOSTICS