

Visit ID	: YGT62420	UHID/MR No	: YGT.0000062221
Patient Name	: Mr. MIKKILI KANTHA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 52 Y 0 M 0 D /M	Barcode No	: 10986188
DOB	:	Registration	: 23/Mar/2024 09:17AM
Ref Doctor	: SELF	Collected	: 23/Mar/2024 09:17AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Mar/2024 02:00PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN**

Clinical Details : General check-up.

LIVER : Enlarged in size (16 cm) and increased echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated.

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

Visualised common bile duct & portal vein appears normal.

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

SPLEEN : Normal in size and echotexture. No focal lesion is seen.

RIGHT KIDNEY : 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 : 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 : Partially 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.

Suggested clinical correlation and further evaluation.

Verified By :

M VENKATA KRISHNA



Approved By :

Sushma
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.

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

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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	NEGATIVE			

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

HAEMOGLOBIN (HB)	12.6	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	4.64	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	37.8	%	40.0 - 50.0	RBC pulse height detection
MCV	81.5	fL	83 - 101	Automated/Calculated
MCH	27.2	pg	27 - 32	Automated/Calculated
MCHC	33.4	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.6	%	11.0-16.0	Automated Calculated
RDW - SD	39.3	fl	35.0-56.0	Calculated
MPV	8.3	fL	6.5 - 10.0	Calculated
PDW	15.4	fL	8.30-25.00	Calculated
PCT	0.24	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	8,029	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	58	%	40 - 80	Impedance
LYMPHOCYTE	34	%	20 - 40	Impedance
EOSINOPHIL	03	%	01 - 06	Impedance
MONOCYTE	05	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	2.84	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	1.21	ng/ml	0.60 - 1.78	CLIA
T4	10.59	ug/dl	4.82-15.65	CLIA
TSH	2.18	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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LIVER FUNCTION TEST(LFT)


Sample Type : SERUM

TOTAL BILIRUBIN	0.54	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.11	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.43	mg/dl		Calculated
AST (S.G.O.T)	22	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	27	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	80	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.5	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.5	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.50			Calculated

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

TOTAL CHOLESTEROL	154	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	38	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	72.4	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	218	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	43.6	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	4.05		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	5.74	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	116	mg/dl	< 130	Calculated

Interpretation


NATIONAL CHOLESTEROL EDUCATION PROGRAMME (NCEP)	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	0.74	ng/mL	< 4.0	CLIA
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INTERPRETATION:

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertation (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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25 HYDROXY VITAMIN D

Sample Type : SERUM

25 HYDROXY VITAMIN D	29.1	ng/ml	30 - 70	CLIA
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INTERPRETATION:

LEVEL	REFERENCE RANGE
Deficiency (serious deficient)	< 10 ng/ml
Insufficiency (Deficient)	10-30 ng/ml
Sufficient (adequate)	30-70 ng/ml
Toxicity	> 100 ng/ml

DECREASED LEVELS:

- Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany.
- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

INCREASED LEVELS:

- Vitamin D intoxication.

COMMENTS:


- Vitamin D (Cholecalciferol) promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1, 25 Dihydroxy vitamin D (5-8 hrs).
- The assay measures D3 (Cholecalciferol) metabolites of vitamin D.
- 25 (OH) D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.
- Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 ng/mL.
- It shows seasonal variation, with values being 40-50% lower in winter than in summer.
- Levels vary with age and are increased in pregnancy.
- This is the recommended test for evaluation of vitamin D intoxication.

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HBA1C

Sample Type : WHOLE BLOOD EDTA


HBA1c RESULT	6.7	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	146	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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VITAMIN B12

Sample Type : SERUM

VITAMIN B12	232	pg/mL	120 - 914 pg/mL	CLIA
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COMMENTS:

Results may differ between laboratories due to variation in population and test method. Vitamin B12 is implicated in the formation of myelin, and along with Folate is required for DNA synthesis. The most prominent source of B12 for humans is meat while untreated fresh water can also be a source.

Megaloblastic anaemia has been found to be due to B12 deficiency, a major cause being Pernicious anemia due to poor B12 uptake resulting in below normal serum levels. Other conditions related to low B12 levels include iron deficiency anemia, pregnancy, vegetarianism, partial gastrectomy, ileal damage, oral contraceptives, parasitic infestations, pancreatic deficiency, treated epilepsy and advancing age. The correlation of serum B12 levels and Megaloblastic anemia however is not always clear - some patients with high MCV may have normal B12 levels, while some individuals with B12 deficiency may not have megaloblastic anemia. Disorders renal failure, liver diseases and myeloproliferative diseases may have elevated vitamin B12 levels.

LIMITATIONS:

For diagnostic purposes, the B12 results should be used in conjunction with other data; e.g.; symptoms results of other testing, clinical impressions, etc.

If the B12 level is inconsistent with clinical evidence, additional testing is suggested to confirm the result.

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BLOOD UREA NITROGEN (BUN)

Sample Type : Serum

SERUM UREA	26	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	12.2	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.

Verified By :
M VENKATA KRISHNA



Approved By :

Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID : YGT62420	UHID/MR No : YGT.0000062221
Patient Name : Mr. MIKKILI KANTHA RAO	Client Code : YOD-DL-0021
Age/Gender : 52 Y 0 M 0 D /M	Barcode No : 10986188
DOB :	Registration : 23/Mar/2024 09:17AM
Ref Doctor : SELF	Collected : 23/Mar/2024 09:30AM
Client Name : MEDI WHEELS	Received : 23/Mar/2024 09:55AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 23/Mar/2024 10:53AM
Hospital Name :	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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FBS (GLUCOSE FASTING)

Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	113	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

Verified By :
M VENKATA KRISHNA



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID : YGT62420	UHID/MR No : YGT.0000062221
Patient Name : Mr. MIKKILI KANTHA RAO	Client Code : YOD-DL-0021
Age/Gender : 52 Y 0 M 0 D /M	Barcode No : 10986188
DOB :	Registration : 23/Mar/2024 09:17AM
Ref Doctor : SELF	Collected : 23/Mar/2024 11:17AM
Client Name : MEDI WHEELS	Received : 23/Mar/2024 11:46AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 23/Mar/2024 12:30PM
Hospital Name :	

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	131	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

Verified By :
M VENKATA KRISHNA



Approved By :

Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID	: YGT62420	UHID/MR No	: YGT.0000062221
Patient Name	: Mr. MIKKILI KANTHA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 52 Y 0 M 0 D /M	Barcode No	: 10986188
DOB	:	Registration	: 23/Mar/2024 09:17AM
Ref Doctor	: SELF	Collected	: 23/Mar/2024 09:30AM
Client Name	: MEDI WHEELS	Received	: 23/Mar/2024 09:55AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Mar/2024 10:53AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.98	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).

Verified By :
M VENKATA KRISHNA



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT62420	UHID/MR No	: YGT.0000062221
Patient Name	: Mr. MIKKILI KANTHA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 52 Y 0 M 0 D /M	Barcode No	: 10986188
DOB	:	Registration	: 23/Mar/2024 09:17AM
Ref Doctor	: SELF	Collected	: 23/Mar/2024 09:30AM
Client Name	: MEDI WHEELS	Received	: 23/Mar/2024 09:55AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Mar/2024 10:53AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)

Sample Type : SERUM

GGT	40	U/L	0 - 55.0	KINETIC-IFCC
-----	----	-----	----------	--------------

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.

Verified By :
M VENKATA KRISHNA



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID : YGT62420	UHID/MR No : YGT.0000062221
Patient Name : Mr. MIKKILI KANTHA RAO	Client Code : YOD-DL-0021
Age/Gender : 52 Y 0 M 0 D /M	Barcode No : 10986188
DOB :	Registration : 23/Mar/2024 09:17AM
Ref Doctor : SELF	Collected : 23/Mar/2024 09:30AM
Client Name : MEDI WHEELS	Received : 23/Mar/2024 09:55AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 23/Mar/2024 10:53AM
Hospital Name :	

DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM

SERUM URIC ACID	8.9	mg/dl	3.5 - 7.20	URICASE - PAP
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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.

Verified By :
M VENKATA KRISHNA



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID : YGT62420	UHID/MR No : YGT.0000062221
Patient Name : Mr. MIKKILI KANTHA RAO	Client Code : YOD-DL-0021
Age/Gender : 52 Y 0 M 0 D /M	Barcode No : 10986188
DOB :	Registration : 23/Mar/2024 09:17AM
Ref Doctor : SELF	Collected : 23/Mar/2024 09:30AM
Client Name : MEDI WHEELS	Received : 23/Mar/2024 09:55AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 23/Mar/2024 10:53AM
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)	12.2	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.98	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	12.30	Ratio	6 - 25	Calculated

Verified By :
M VENKATA KRISHNA



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT62420	UHID/MR No	: YGT.0000062221
Patient Name	: Mr. MIKKILI KANTHA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 52 Y 0 M 0 D /M	Barcode No	: 10986188
DOB	:	Registration	: 23/Mar/2024 09:17AM
Ref Doctor	: SELF	Collected	: 23/Mar/2024 09:17AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Mar/2024 02:54PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**DOPPLER STUDY :**

MITRAL FLOW : E -0.7 m/sec, A - 0.4m/sec.
AORTIC FLOW : 1.0m/sec
PULMONARY FLOW : 1.2m/sec
TRICUSPID FLOW : TRJV : 2.2m/sec, RVSP -32 mmHg
COLOUR FLOW MAPPING: TRIVIAL TR/ MILD PAH


IMPRESSION :

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

Verified By :
M VENKATA KRISHNA



Approved By :


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

Visit ID : YGT62420	UHID/MR No : YGT.0000062221
Patient Name : Mr. MIKKILI KANTHA RAO	Client Code : YOD-DL-0021
Age/Gender : 52 Y 0 M 0 D /M	Barcode No : 10986188
DOB :	Registration : 23/Mar/2024 09:17AM
Ref Doctor : SELF	Collected : 23/Mar/2024 09:30AM
Client Name : MEDI WHEELS	Received : 23/Mar/2024 09:55AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 23/Mar/2024 11:37AM
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	6.5		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 - 3	cells/HPF	0-5	
EPITHELIAL CELLS	1 - 2	/hpf	0 - 15	
RBCs	NIL	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	
BACTERIA	NIL		Nil	
OTHER	NIL			

 Verified By :
 M VENKATA KRISHNA


Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT62420	UHID/MR No	: YGT.0000062221
Patient Name	: Mr. MIKKILI KANTHA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 52 Y 0 M 0 D /M	Barcode No	: 10986188
DOB	:	Registration	: 23/Mar/2024 09:17AM
Ref Doctor	: SELF	Collected	: 23/Mar/2024 09:30AM
Client Name	: MEDI WHEELS	Received	: 23/Mar/2024 09:55AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Mar/2024 11:37AM
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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*** End Of Report ***



Verified By :
M VENKATA KRISHNA



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS,DCP
 Consultant Pathologist



భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 2824/37099/02927

To
మిక్కిలి కాంతారావు
Mikkili Kantharao
S/O Muttiah
Door No 1-50
Vaddemukkala
Guntur Andhra Pradesh - 522124
9989849115

Signature valid

Digital signed
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA
Date: 2021-07-19 09:58:13
UTC



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

5364 0631 3409

VID : 9167 0252 6907 5205

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం

Government of India



Issue Date: 02/06/2012



మిక్కిలి కాంతారావు
Mikkili Kantharao
పుట్టిన తేదీ/DOB: 12/08/1971
పురుషుడు/ MALE

5364 0631 3409

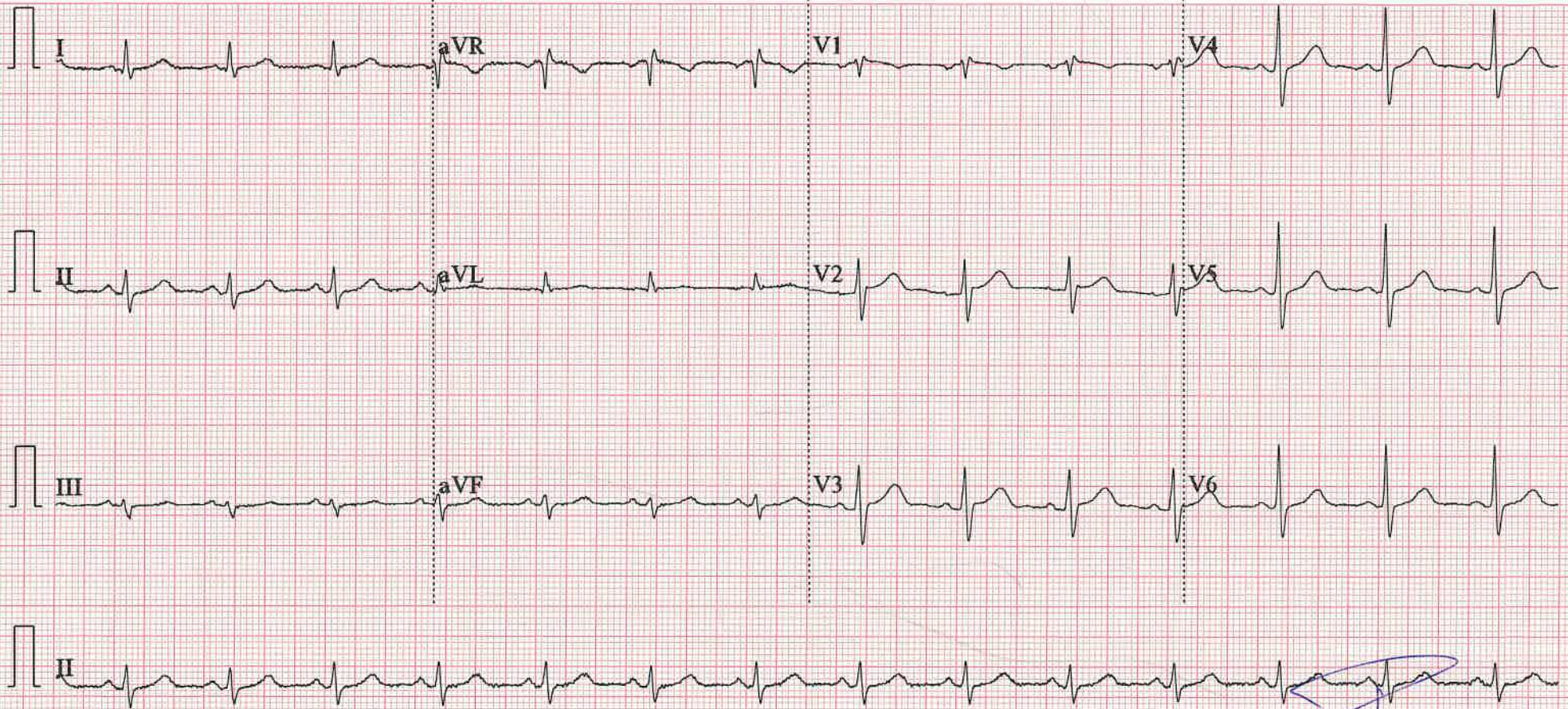
VID : 9167 0252 6907 5205

ID: 62420
MIKKILI KANTHARAO
Male 52Years
Req. No. :

23-03-2024 10:51:17
HR : 85 bpm
P : 105 ms
PR : 139 ms
QRS : 93 ms
QT/QTcBz : 371/443 ms
P/QRS/T : 64/12/46 °
RV5/SV1 : 1.157/0.208 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



DATE: 23-03-24

NAME: MIKKIKI KANTHARA

AGE: 52M 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>+1.0</u>	<u>-0.75</u>	<u>180</u>	<u>+1.0</u>		
ADD		<u>+1.75</u>		<u>Both eyes</u>		

INSTRUCTIONS _____

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

N.V. _____ CONSTANT USE _____

Name: Mikkili Kanth Rao
Date: 23/03/24 Age: 52 years Sex: male
Address: Guntur



Routine Health check up

~~no~~ NO complaints

H10 Hypertension / Allergic
Bronchitis

TEMP: 98
B.P: 130/80 mm/Hg
PULSE: 91 bpm
WEIGHT: 100 kg
HEIGHT: 1.69 cm

TGL - 21 mg/dl
vit-D - 29.1 ng/ml
HbA1c - 6.7%
FBS - 113 mg/dl
PPBS - 131 mg/dl

- 1) Diabetic Diet / Low Fat Food
- 2) Tab. NOVASTAT-TG
0 - 0 - 1 - (30)
- 3) ~~Tab.~~ Tab. JAKTEL-H
(40/12.5)
1 - 0 - 0 - (30)
- 4) Tab. J-POWER
0 - 0 - 1 - (30)

5) cat. PPB LOCK - DSR

1-0-0- (30)

6) cat. TALK D3 60R

once a week

x (8) wky

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



YODA
DIAGNOSTICS



Guntur, Andhra Pradesh, India
3-1-219/2, Old Club Rd, Gunturi Vari Thota, Kothapeta, Guntur,
Andhra Pradesh 522001, India
Lat 16.299238°
Long 80.45164°
23/03/24 09:39 AM GMT +05:30

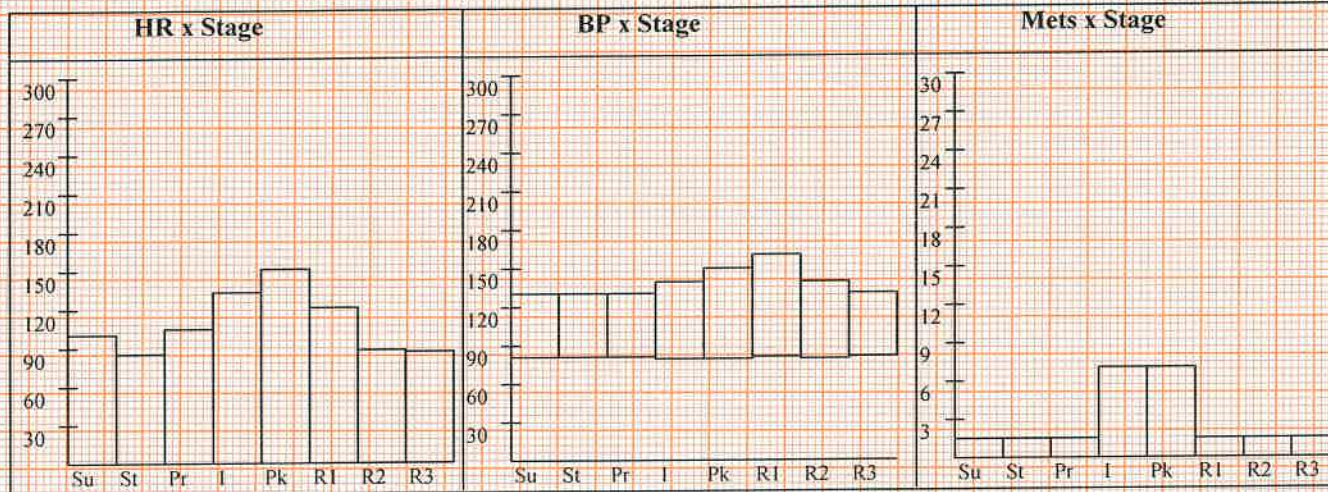


YODA DIAGNOSTICS CENTRE GUNTUR

Name: KANTHARAO MIKKILI


Date: 23-03-2024

Time: 11:28



Interpretation

The Patient Exercised according to Bruce Protocol for 0:04:02 achieving a work level of 4.7 METS.
 Resting Heart Rate, initially 100 bpm rose to a max. heart rate of 151bpm (87% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 130/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg
 * No Significant ST-T Changes During Exercise & Recovery
 * Fair exercise Tolerance
 * Test is Negative for Exercise Induced Ischemia.


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

Doctor: DR.B NAGARAJU

(Summary Report edited by User)

Ref. Doctor: SELF

Schiller Cardiovit CS-10 Version:3.5

YODA DIAGNOSTICS CENTRE GUNTUR

Name: KANTHARAO MIKKILI

Date: 23-03-2024

Time: 11:28

Age: 52

Gender: M

Height: 169 cms

Weight: 100 Kg

ID: 62420

Clinical History: HTN+

Medications: YES

Test Details:

Protocol: Bruce

Predicted Max HR: 174

Target HR: 147 (85% of Pr. MHR)

Exercise Time: 0:04:02

Achieved Max HR: 151 (87% of Pr. MHR)

Max BP: 160/80

Max BP x HR: 24160

Max Mets: 4.7

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	00:15	1	0	0	100	130/80	13000	1.5 V3	0.8 V3
Standing	00:08	1	0	0	85	130/80	11050	1.4 V3	0.7 V3
PreTest	00:26	1	1.6	0	105	130/80	13650	1.5 V3	0.9 V3
Stage: 1	03:00	4.7	2.7	10	133	140/80	18620	1.2 V4	1.4 II
Peak Exercise	01:02	4.7	4	12	151	150/80	22650	0.7 V3	1.5 V5
Recovery1	01:00	1	0	0	121	160/80	19360	1.4 V3	1.9 II
Recovery2	01:00	1	0	0	89	140/80	12460	0.7 V3	0.8 V3
Recovery3	00:46	1	0	0	87	130/80	11310	0.6 V3	0.6 V4

YODA DIAGNOSTICS CENTRE GUNTUR

KANTHARAO MIKKILI (52 M)

Bruce Protocol

ID: 62420

Date: 23-03-2024

Exec Time : 0:00:00

Stage Time: 00:15

HR: 100 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 147 bpm

STLevel(mm) STSlope(mV/s)

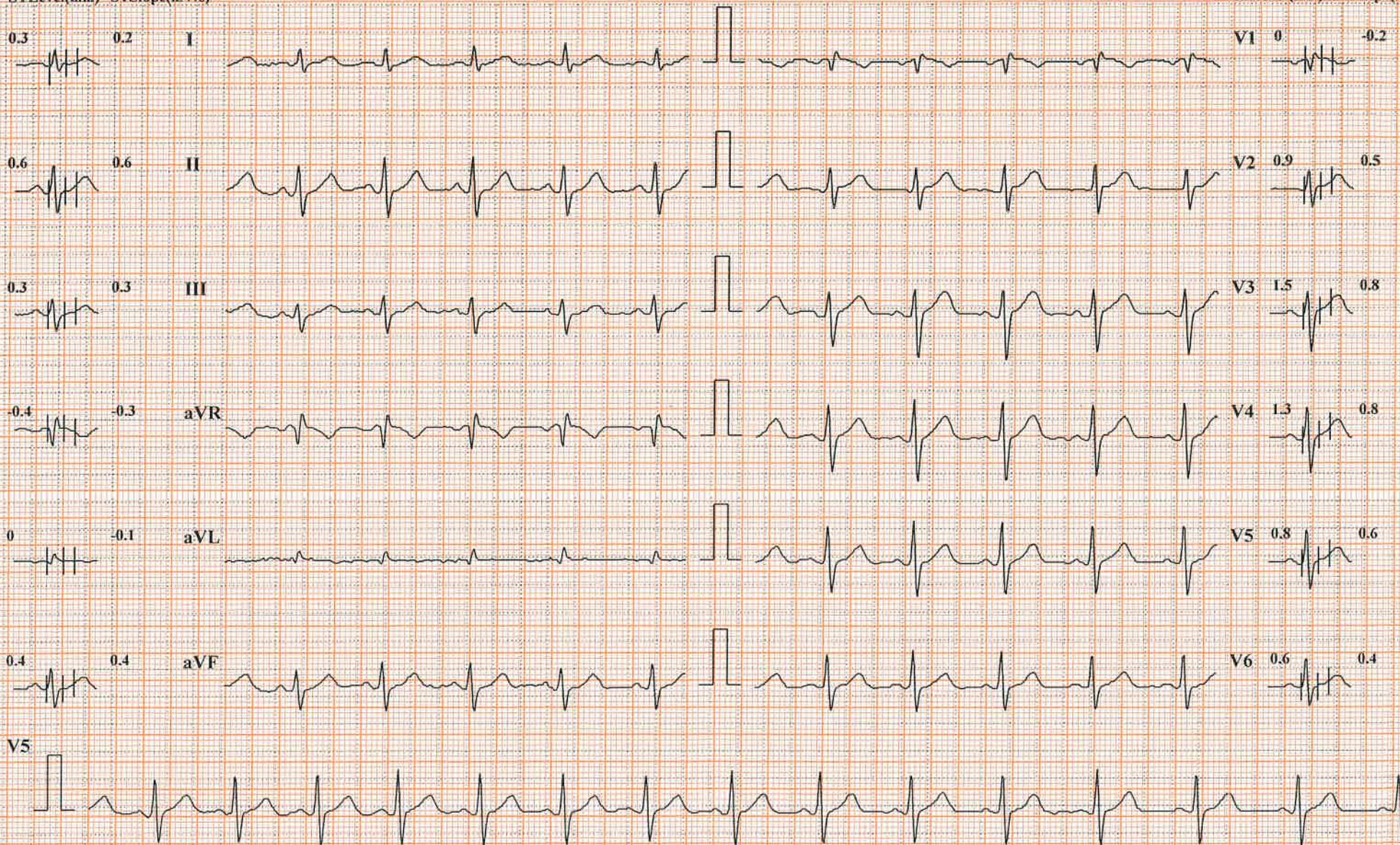


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-10 Version 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

KANTHARAO MIKKILI (52 M)

Bruce Protocol

ID: 62420

Date: 23-03-2024

Exec Time : 0:00:00

Stage Time: 00:08

HR: 91 bpm

Stage: Standing

Speed: 0

Slope: 0 %

THR: 147 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

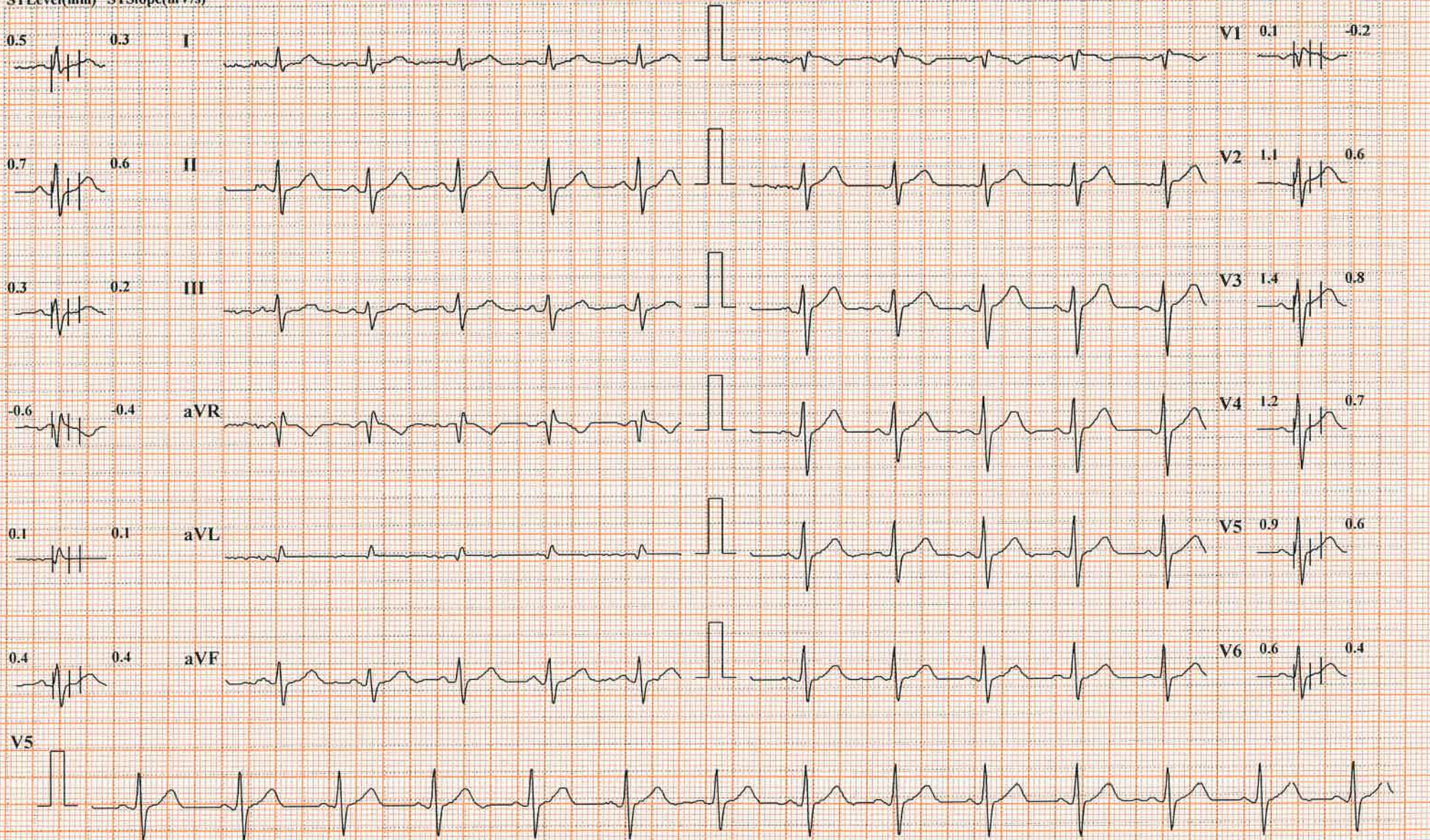


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-10 Version: 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

KANTHARAO MIKKILI (52 M)

Bruce Protocol

ID: 62420

Date: 23-03-2024

Exec Time : 0:03:00

Stage Time: 03:00

HR: 133 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: I

Speed: 2.7 kmph

Slope: 10 %

THR: 147 bpm

STLevel(mm) STSlope(mV/s)

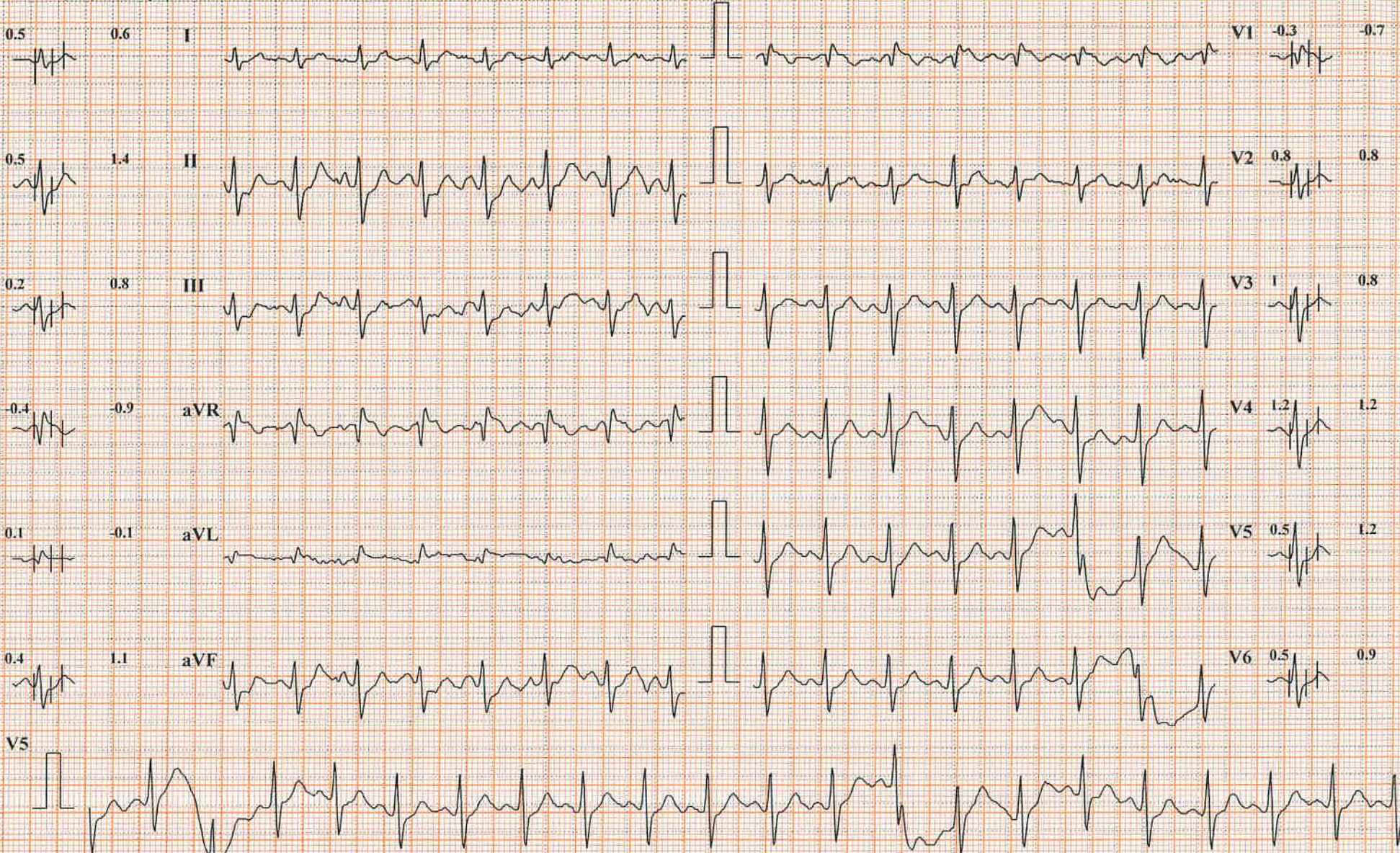


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

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

Schiller Cardiovit CS-10 Version 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

KANTHARAO MIKKILI (52 M)

Bruce Protocol

ID: 62420

Date: 23-03-2024

Exec Time : 0:04:02

Stage Time: 01:02

HR: 151 bpm

BP: 150/80 mmHg

Stage: 2 Peak Exercise

Speed: 4 kmph

Slope: 12 %

THR: 147 bpm

STLevel(mm) STSlope(mV/s)

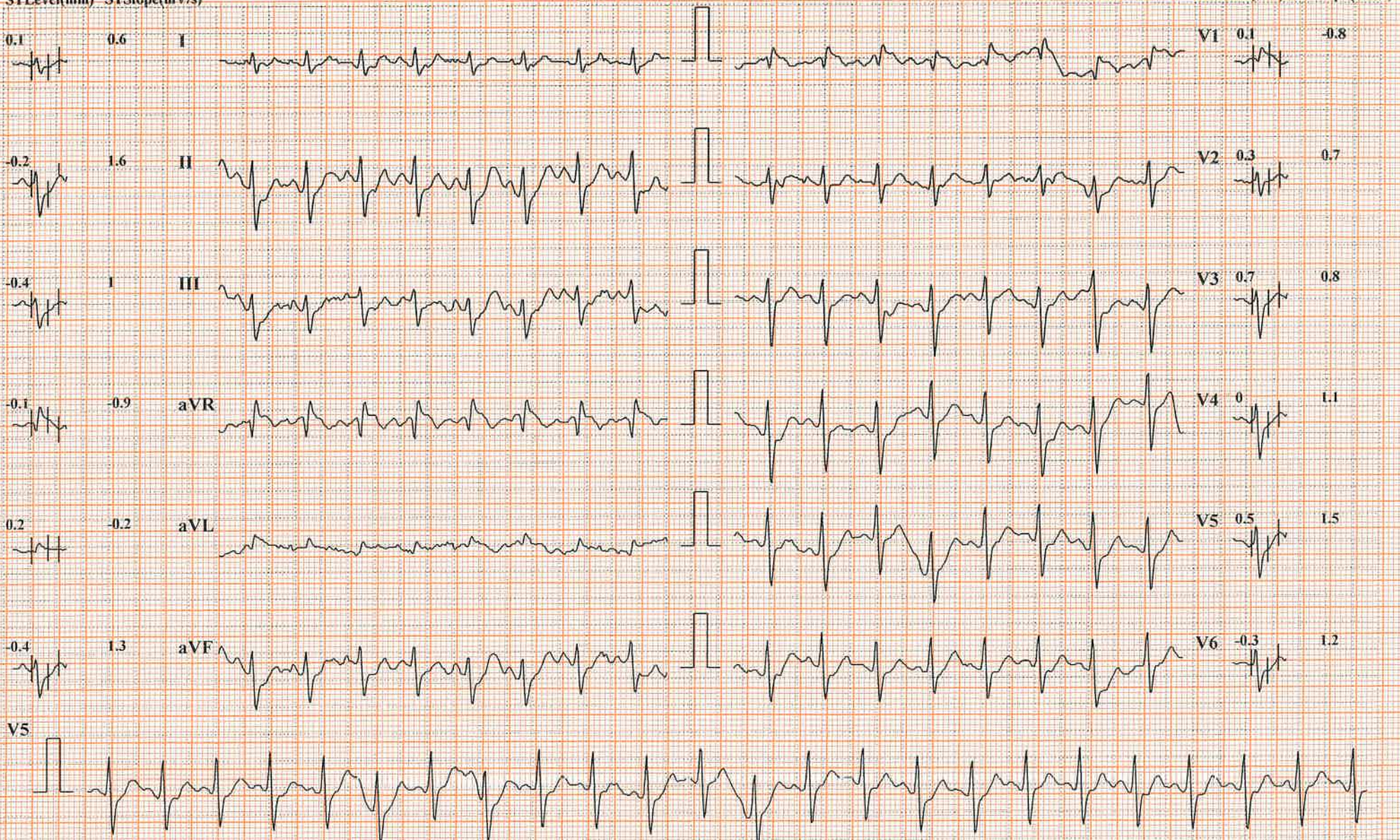


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

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

Schiller Cardiovit CS-10 Version 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

KANTHARAO MIKKILI (52 M)

Bruce Protocol

ID: 62420

Date: 23-03-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 121 bpm

Stage: Recovery I

Speed: 0 kmph

Slope: 0 %

THR: 147 bpm

BP: 160/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

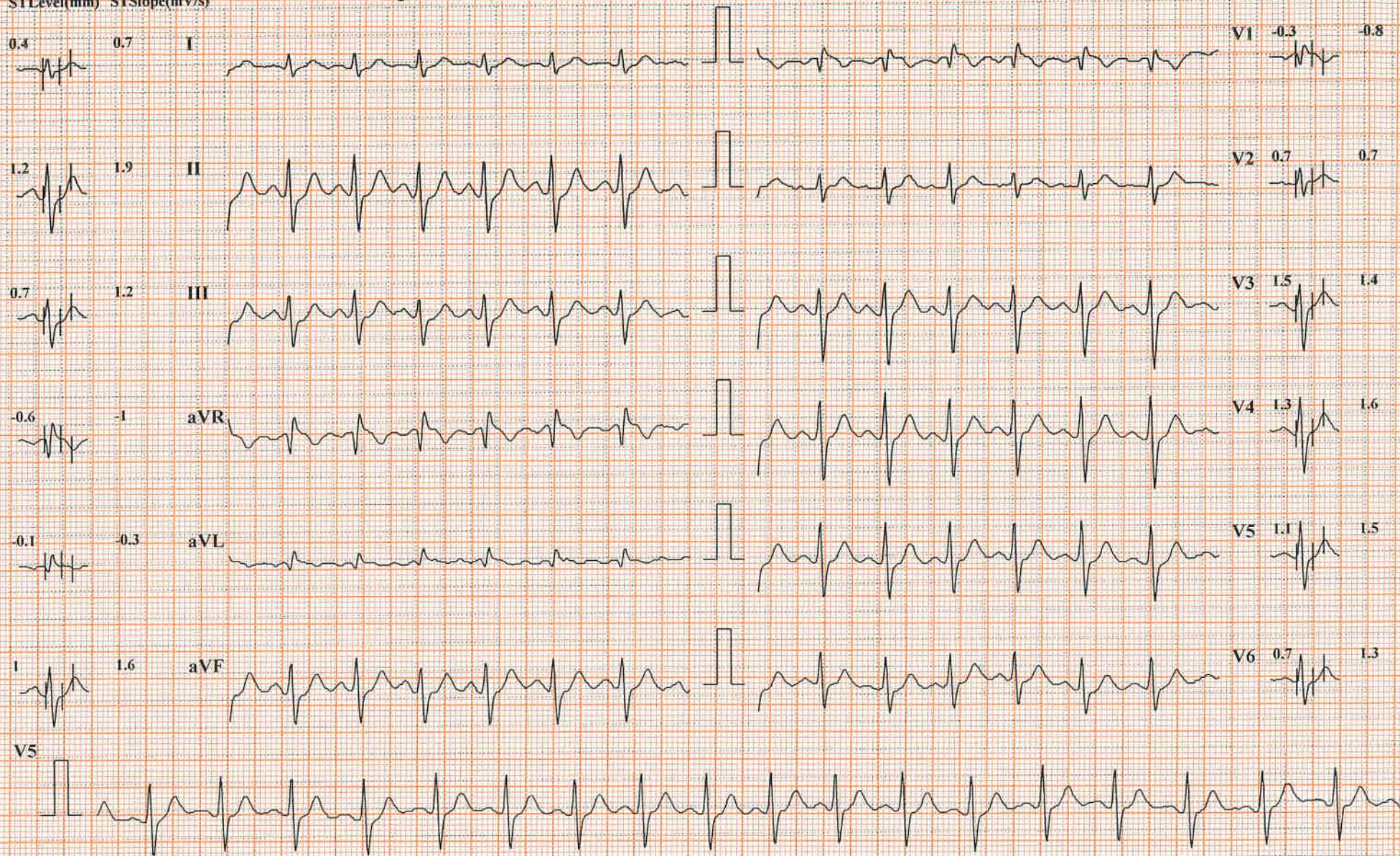


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-10 Version: 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

KANTHARAO MIKKILI (52 M)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 62420

Stage: Recovery2

Date: 23-03-2024

Speed: 0 kmph

Exec Time : 00:00

Slope: 0 %

Stage Time: 01:00

THR: 147 bpm

HR: 89 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

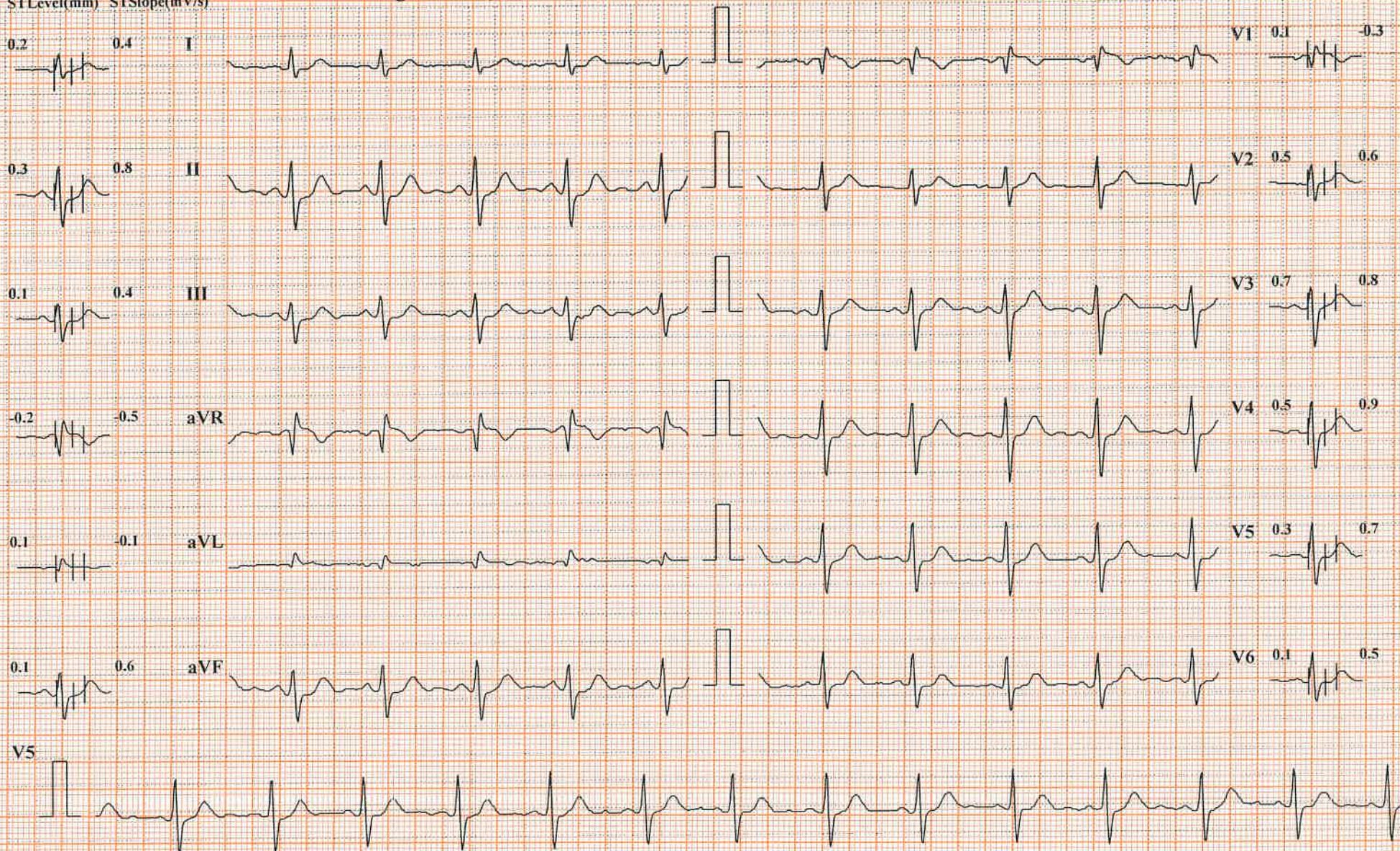


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-10 Version 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

KANTHARAO MIKKILI (52 M)

Bruce Protocol

ID: 62420

Date: 23-03-2024

Exec Time : 00:00

Stage Time: 00:46

HR: 87 bpm

Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 147 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

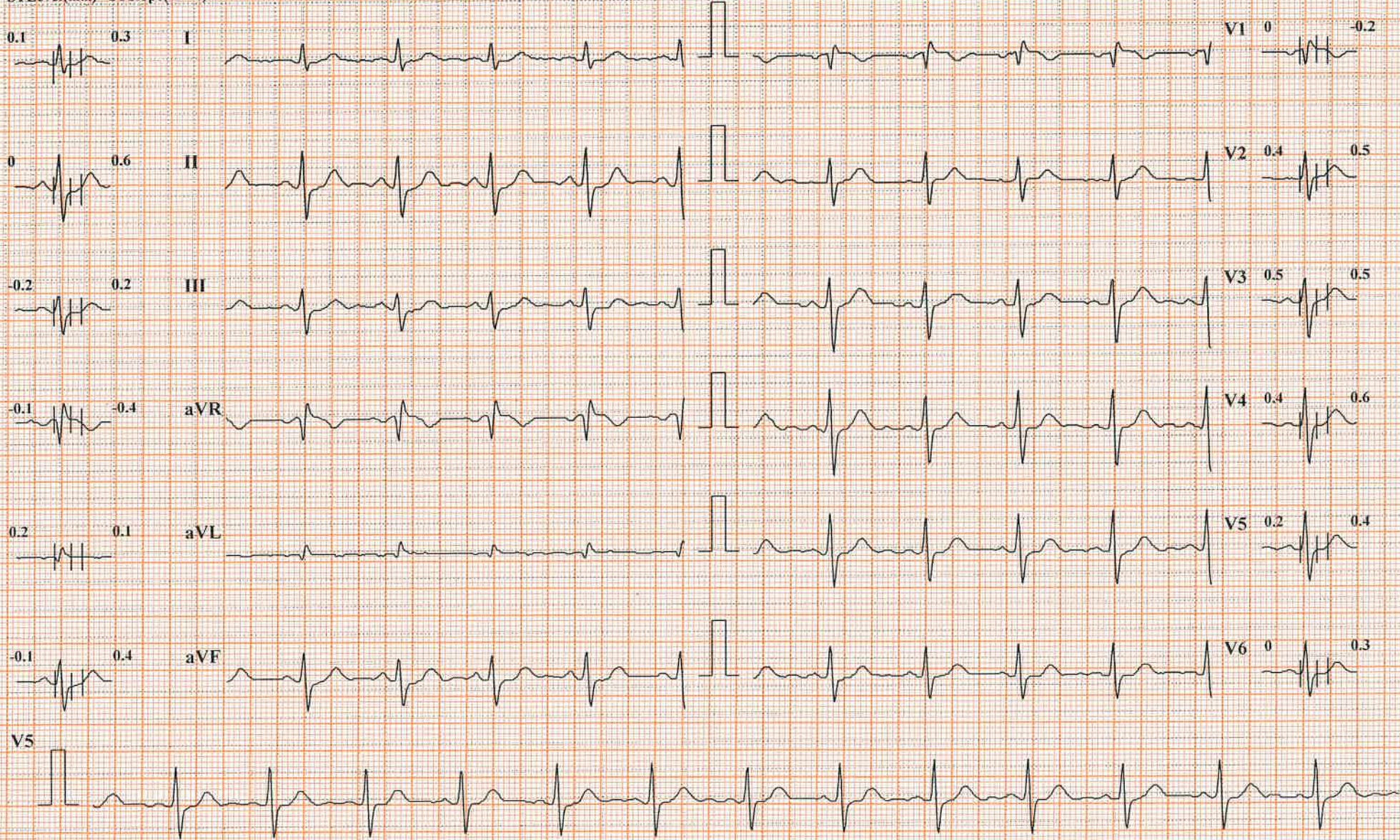


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

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