

|               |                                  |              |                       |
|---------------|----------------------------------|--------------|-----------------------|
| Visit ID      | : YGT62405                       | UHID/MR No   | : YGT.0000062206      |
| Patient Name  | : Mr. PUNNAREDDY SAKILI          | Client Code  | : YOD-DL-0021         |
| Age/Gender    | : 44 Y 0 M 0 D /M                | Barcode No   | : 10986135            |
| DOB           | :                                | Registration | : 23/Mar/2024 08:25AM |
| Ref Doctor    | : SELF                           | Collected    | : 23/Mar/2024 08:25AM |
| 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 : Normal in size and echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated.

GALL BLADDER : Partially 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 : 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:**

- No obvious sonological abnormality detected.  
suggested clinical correlation and further evaluation.

Verified By :  
Kollipara Venkateswara Rao



Approved By :

*Sushma*  
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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 :  
Kollipara Venkateswara Rao



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| <b>Client Add</b>    | : F-701, Lado Sarai, Mehravli, N | <b>Reported</b>     | : 23/Mar/2024 10:45AM |
| <b>Hospital Name</b> | :                                |                     |                       |

**DEPARTMENT OF HAEMATOLOGY**

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

**ESR (ERYTHROCYTE SEDIMENTATION RATE)**

**Sample Type : WHOLE BLOOD EDTA**

|                                |    |           |        |                      |
|--------------------------------|----|-----------|--------|----------------------|
| ERYTHROCYTE SEDIMENTATION RATE | 10 | mm/1st hr | 0 - 15 | Capillary Photometry |
|--------------------------------|----|-----------|--------|----------------------|

**COMMENTS:**

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


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

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

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|  |   |
|--|---|
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| <b>Client Add</b> : F-701, Lado Sarai, Mehravli, N | <b>Reported</b> : 23/Mar/2024 10:45AM     |
| <b>Hospital Name</b> :                             |   |

**DEPARTMENT OF HAEMATOLOGY**

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

**BLOOD GROUP ABO & RH Typing**

**Sample Type : WHOLE BLOOD EDTA**

|           |          |  |  |  |
|-----------|----------|--|--|--|
| ABO       | B        |  |  |  |
| Rh Typing | POSITIVE |  |  |  |

Method : Hemagglutination Tube method by forward and reverse grouping

**COMMENTS:**

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings. Advsiied cross matching before transfusion

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|                      |                                  |                     |                       |
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| <b>Client Add</b>    | : F-701, Lado Sarai, Mehravli, N | <b>Reported</b>     | : 23/Mar/2024 09:56AM |
| <b>Hospital Name</b> | :                                |                     |                       |

**DEPARTMENT OF HAEMATOLOGY**


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

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

|   |             |             |              |                            |
|---|-------------|-------------|--------------|----------------------------|
| HAEMOGLOBIN (HB)                          | <b>12.3</b> | g/dl        | 13.0 - 17.0  | Cyanide-free SLS method    |
| RBC COUNT (RED BLOOD CELL COUNT)          | 4.75        | million/cmm | 4.50 - 5.50  | Impedance                  |
| PCV/HAEMATOCRIT                           | <b>36.8</b> | %           | 40.0 - 50.0  | RBC pulse height detection |
| MCV                                       | <b>77.5</b> | fL          | 83 - 101     | Automated/Calculated       |
| MCH                                       | <b>25.9</b> | pg          | 27 - 32      | Automated/Calculated       |
| MCHC                                      | 33.4        | g/dl        | 31.5 - 34.5  | Automated/Calculated       |
| RDW - CV                                  | 14          | %           | 11.0-16.0    | Automated Calculated       |
| RDW - SD                                  | 40.5        | fl          | 35.0-56.0    | Calculated                 |
| MPV                                       | 8.9         | fL          | 6.5 - 10.0   | Calculated                 |
| PDW                                       | 16.1        | fL          | 8.30-25.00   | Calculated                 |
| PCT                                       | 0.16        | %           | 0.15-0.62    | Calculated                 |
| TOTAL LEUCOCYTE COUNT                     | 5,240       | cells/ml    | 4000 - 11000 | Flow Cytometry             |
| <b>DLC (by Flow cytometry/Microscopy)</b> |             |             |              |                            |
| NEUTROPHIL                                | 58          | %           | 40 - 80      | Impedance                  |
| LYMPHOCYTE                                | 33          | %           | 20 - 40      | Impedance                  |
| EOSINOPHIL                                | 01          | %           | 01 - 06      | Impedance                  |
| MONOCYTE                                  | 08          | %           | 02 - 10      | Impedance                  |
| BASOPHIL                                  | 00          | %           | 0 - 1        | Impedance                  |
| PLATELET COUNT                            | 1.77        | Lakhs/cumm  | 1.50 - 4.10  | Impedance                  |

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| <b>Hospital Name</b> :                             |   |

**DEPARTMENT OF BIOCHEMISTRY**

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

**THYROID PROFILE (T3,T4,TSH)**

**Sample Type : SERUM**

|     |       |        |             |      |
|-----|-------|--------|-------------|------|
| T3  | 1.18  | ng/ml  | 0.60 - 1.78 | CLIA |
| T4  | 11.90 | ug/dl  | 4.82-15.65  | CLIA |
| TSH | 1.50  | 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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|  |   |
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**DEPARTMENT OF BIOCHEMISTRY**

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|-----------|--------|------|-----------------------|--------|
|-----------|--------|------|-----------------------|--------|

**LIVER FUNCTION TEST(LFT)**

**Sample Type : SERUM**

|                        |             |       |           |                          |
|------------------------|-------------|-------|-----------|--------------------------|
| TOTAL BILIRUBIN        | <b>1.23</b> | mg/dl | 0.3 - 1.2 | JENDRASSIK & GROFF       |
| CONJUGATED BILIRUBIN   | <b>0.24</b> | mg/dl | 0 - 0.2   | DPD                      |
| UNCONJUGATED BILIRUBIN | 0.99        | mg/dl |           | Calculated               |
| AST (S.G.O.T)          | 38          | U/L   | < 50      | KINETIC WITHOUT P5P-IFCC |
| ALT (S.G.P.T)          | 40          | U/L   | < 50      | KINETIC WITHOUT P5P-IFCC |
| ALKALINE PHOSPHATASE   | 69          | U/L   | 30 - 120  | IFCC-AMP BUFFER          |
| TOTAL PROTEINS         | 7.6         | gm/dl | 6.6 - 8.3 | Biuret                   |
| ALBUMIN                | 4.7         | gm/dl | 3.5 - 5.2 | BCG                      |
| GLOBULIN               | 2.9         | gm/dl | 2.0 - 3.5 | Calculated               |
| A/G RATIO              | 1.62        |       |           | Calculated               |

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**LIPID PROFILE**
**Sample Type : SERUM**

|                           |            |       |  |                                |
|---------------------------|------------|-------|--|--------------------------------|
| TOTAL CHOLESTEROL         | 198        | mg/dl | Refere Table Below   | Cholesterol oxidase/peroxidase |
| H D L CHOLESTEROL         | 46         | mg/dl | > 40   | Enzymatic/ Immunoinhibiton     |
| L D L CHOLESTEROL         | 137        | mg/dl | Refere Table Below   | Enzymatic Selective Protein    |
| TRIGLYCERIDES             | 75         | mg/dl | Optimal < 150<br>Borderline High 150 - 199<br>High 200 - 499<br>Very High >= 500 | GPO                            |
| VLDL                      | 15.0       | mg/dl | < 35   | Calculated                     |
| T. CHOLESTEROL/ HDL RATIO | 4.30       |       | Refere Table Below   | Calculated                     |
| TRIGLYCEIDES/ HDL RATIO   | 1.63       | Ratio | < 2.0  | Calculated                     |
| NON HDL CHOLESTEROL       | <b>152</b> | 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 | 0.49 | ng/mL | < 4.0 | CLIA |
|---------------------------|------|-------|-------|------|

**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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|                     |                                  |              |                       |
|---------------------|----------------------------------|--------------|-----------------------|
| <b>Visit ID</b>     | : YGT62405                       | UHID/MR No   | : YGT.0000062206      |
| <b>Patient Name</b> | : Mr. PUNNAREDDY SAKILI          | Client Code  | : YOD-DL-0021         |
| Age/Gender          | : 44 Y 0 M 0 D /M                | Barcode No   | : 10986135            |
| DOB                 | :                                | Registration | : 23/Mar/2024 08:25AM |
| Ref Doctor          | : SELF                           | Collected    | : 23/Mar/2024 09:07AM |
| Client Name         | : MEDI WHEELS                    | Received     | : 23/Mar/2024 09:22AM |
| Client Add          | : F-701, Lado Sarai, Mehravli, N | Reported     | : 23/Mar/2024 11:19AM |
| Hospital Name       | :                                |              |                       |

**DEPARTMENT OF BIOCHEMISTRY**

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

**HBA1C**

**Sample Type : WHOLE BLOOD EDTA**

|                        |     |       |   |      |
|------------------------|-----|-------|---|------|
| HBA1c RESULT           | 5.8 | %     | Normal Glucose tolerance<br>(non-diabetic): <5.7%<br>Pre-diabetic: 5.7-6.4%<br>Diabetic Mellitus: >6.5% | HPLC |
| ESTIMATED AVG. GLUCOSE | 120 | 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 .

Verified By :  
Kollipara Venkateswara Rao



Approved By :

*Dr. Sumalatha*  
**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist

|  |   |
|--|---|
| <b>Visit ID</b> : YGT62405                         | <b>UHID/MR No</b> : YGT.0000062206        |
| <b>Patient Name</b> : Mr. PUNNAREDDY SAKILI        | <b>Client Code</b> : YOD-DL-0021          |
| <b>Age/Gender</b> : 44 Y 0 M 0 D /M                | <b>Barcode No</b> : 10986135              |
| <b>DOB</b> :                                       | <b>Registration</b> : 23/Mar/2024 08:25AM |
| <b>Ref Doctor</b> : SELF                           | <b>Collected</b> : 23/Mar/2024 09:07AM    |
| <b>Client Name</b> : MEDI WHEELS                   | <b>Received</b> : 23/Mar/2024 09:22AM     |
| <b>Client Add</b> : F-701, Lado Sarai, Mehravli, N | <b>Reported</b> : 23/Mar/2024 10:46AM     |
| <b>Hospital Name</b> :                             |   |

**DEPARTMENT OF BIOCHEMISTRY**

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

**BLOOD UREA NITROGEN (BUN)**

**Sample Type : Serum**

|                           |     |       |         |             |
|---------------------------|-----|-------|---------|-------------|
| SERUM UREA                | 21  | mg/dL | 13 - 43 | Urease GLDH |
| Blood Urea Nitrogen (BUN) | 9.8 | 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 :  
Kollipara Venkateswara Rao



Approved By :

*Dr. Sumalatha*  
**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist

|  |   |
|--|---|
| <b>Visit ID</b> : YGT62405                         | <b>UHID/MR No</b> : YGT.0000062206        |
| <b>Patient Name</b> : Mr. PUNNAREDDY SAKILI        | <b>Client Code</b> : YOD-DL-0021          |
| <b>Age/Gender</b> : 44 Y 0 M 0 D /M                | <b>Barcode No</b> : 10986135              |
| <b>DOB</b> :                                       | <b>Registration</b> : 23/Mar/2024 08:25AM |
| <b>Ref Doctor</b> : SELF                           | <b>Collected</b> : 23/Mar/2024 09:07AM    |
| <b>Client Name</b> : MEDI WHEELS                   | <b>Received</b> : 23/Mar/2024 09:22AM     |
| <b>Client Add</b> : F-701, Lado Sarai, Mehravli, N | <b>Reported</b> : 23/Mar/2024 09:56AM     |
| <b>Hospital Name</b> :                             |   |

**DEPARTMENT OF BIOCHEMISTRY**

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

**FBS (GLUCOSE FASTING)**

**Sample Type : FLOURIDE PLASMA**

|                        |    |       |          |            |
|------------------------|----|-------|----------|------------|
| FASTING PLASMA GLUCOSE | 95 | 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 :  
Kollipara Venkateswara Rao



Approved By :

  
**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist

|  |   |
|--|---|
| <b>Visit ID</b> : YGT62405                         | <b>UHID/MR No</b> : YGT.0000062206        |
| <b>Patient Name</b> : Mr. PUNNAREDDY SAKILI        | <b>Client Code</b> : YOD-DL-0021          |
| <b>Age/Gender</b> : 44 Y 0 M 0 D /M                | <b>Barcode No</b> : 10986135              |
| <b>DOB</b> :                                       | <b>Registration</b> : 23/Mar/2024 08:25AM |
| <b>Ref Doctor</b> : SELF                           | <b>Collected</b> : 23/Mar/2024 11:22AM    |
| <b>Client Name</b> : MEDI WHEELS                   | <b>Received</b> : 23/Mar/2024 11:47AM     |
| <b>Client Add</b> : F-701, Lado Sarai, Mehravli, N | <b>Reported</b> : 23/Mar/2024 12:53PM     |
| <b>Hospital Name</b> :                             |   |

**DEPARTMENT OF BIOCHEMISTRY**

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

**PPBS (POST PRANDIAL GLUCOSE)**

**Sample Type : FLOURIDE PLASMA**

|                              |    |       |      |            |
|------------------------------|----|-------|------|------------|
| POST PRANDIAL PLASMA GLUCOSE | 99 | mg/dl | <140 | HEXOKINASE |
|------------------------------|----|-------|------|------------|

**INTERPRETATION:**

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

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

Verified By :  
Kollipara Venkateswara Rao



Approved By :

*Dr. Sumalatha*  
**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist



|                      |                                  |                     |                       |
|----------------------|----------------------------------|---------------------|-----------------------|
| <b>Visit ID</b>      | : YGT62405                       | <b>UHID/MR No</b>   | : YGT.0000062206      |
| <b>Patient Name</b>  | : Mr. PUNNAREDDY SAKILI          | <b>Client Code</b>  | : YOD-DL-0021         |
| <b>Age/Gender</b>    | : 44 Y 0 M 0 D /M                | <b>Barcode No</b>   | : 10986135            |
| <b>DOB</b>           | :                                | <b>Registration</b> | : 23/Mar/2024 08:25AM |
| <b>Ref Doctor</b>    | : SELF                           | <b>Collected</b>    | : 23/Mar/2024 09:07AM |
| <b>Client Name</b>   | : MEDI WHEELS                    | <b>Received</b>     | : 23/Mar/2024 09:22AM |
| <b>Client Add</b>    | : F-701, Lado Sarai, Mehravli, N | <b>Reported</b>     | : 23/Mar/2024 10:46AM |
| <b>Hospital Name</b> | :                                |                     |                       |

**DEPARTMENT OF BIOCHEMISTRY**

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

**SERUM CREATININE**

**Sample Type : SERUM**

|                  |      |       |             |               |
|------------------|------|-------|-------------|---------------|
| SERUM CREATININE | 0.93 | 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 :  
Kollipara Venkateswara Rao



Approved By :

*Dr. Sumalatha*  
**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist

|                      |                                  |                     |                       |
|----------------------|----------------------------------|---------------------|-----------------------|
| <b>Visit ID</b>      | : YGT62405                       | <b>UHID/MR No</b>   | : YGT.0000062206      |
| <b>Patient Name</b>  | : Mr. PUNNAREDDY SAKILI          | <b>Client Code</b>  | : YOD-DL-0021         |
| <b>Age/Gender</b>    | : 44 Y 0 M 0 D /M                | <b>Barcode No</b>   | : 10986135            |
| <b>DOB</b>           | :                                | <b>Registration</b> | : 23/Mar/2024 08:25AM |
| <b>Ref Doctor</b>    | : SELF                           | <b>Collected</b>    | : 23/Mar/2024 09:07AM |
| <b>Client Name</b>   | : MEDI WHEELS                    | <b>Received</b>     | : 23/Mar/2024 09:22AM |
| <b>Client Add</b>    | : F-701, Lado Sarai, Mehravli, N | <b>Reported</b>     | : 23/Mar/2024 10:46AM |
| <b>Hospital Name</b> | :                                |                     |                       |

**DEPARTMENT OF BIOCHEMISTRY**

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

**GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)**

**Sample Type : SERUM**

|     |    |     |          |              |
|-----|----|-----|----------|--------------|
| GGT | 23 | 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 :  
Kollipara Venkateswara Rao



Approved By :

*Dr. Sumalatha*  
**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist

|                      |                                  |                     |                       |
|----------------------|----------------------------------|---------------------|-----------------------|
| <b>Visit ID</b>      | : YGT62405                       | <b>UHID/MR No</b>   | : YGT.0000062206      |
| <b>Patient Name</b>  | : Mr. PUNNAREDDY SAKILI          | <b>Client Code</b>  | : YOD-DL-0021         |
| <b>Age/Gender</b>    | : 44 Y 0 M 0 D /M                | <b>Barcode No</b>   | : 10986135            |
| <b>DOB</b>           | :                                | <b>Registration</b> | : 23/Mar/2024 08:25AM |
| <b>Ref Doctor</b>    | : SELF                           | <b>Collected</b>    | : 23/Mar/2024 09:07AM |
| <b>Client Name</b>   | : MEDI WHEELS                    | <b>Received</b>     | : 23/Mar/2024 09:22AM |
| <b>Client Add</b>    | : F-701, Lado Sarai, Mehravli, N | <b>Reported</b>     | : 23/Mar/2024 10:46AM |
| <b>Hospital Name</b> | :                                |                     |                       |

**DEPARTMENT OF BIOCHEMISTRY**

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

**URIC ACID -SERUM**

**Sample Type : SERUM**

|                 |     |       |            |               |
|-----------------|-----|-------|------------|---------------|
| SERUM URIC ACID | 5.3 | mg/dl | 3.5 - 7.20 | URICASE - PAP |
|-----------------|-----|-------|------------|---------------|

**Interpretation**

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

Verified By :  
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Approved By :

*Dr. Sumalatha*  
**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist

|  |   |
|--|---|
| <b>Visit ID</b> : YGT62405                         | <b>UHID/MR No</b> : YGT.0000062206        |
| <b>Patient Name</b> : Mr. PUNNAREDDY SAKILI        | <b>Client Code</b> : YOD-DL-0021          |
| <b>Age/Gender</b> : 44 Y 0 M 0 D /M                | <b>Barcode No</b> : 10986135              |
| <b>DOB</b> :                                       | <b>Registration</b> : 23/Mar/2024 08:25AM |
| <b>Ref Doctor</b> : SELF                           | <b>Collected</b> : 23/Mar/2024 09:07AM    |
| <b>Client Name</b> : MEDI WHEELS                   | <b>Received</b> : 23/Mar/2024 09:22AM     |
| <b>Client Add</b> : F-701, Lado Sarai, Mehravli, N | <b>Reported</b> : 23/Mar/2024 10:46AM     |
| <b>Hospital Name</b> :                             |   |

**DEPARTMENT OF BIOCHEMISTRY**

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


**BUN/CREATININE RATIO**

|                            |       |       |             |               |
|----------------------------|-------|-------|-------------|---------------|
| <b>Sample Type : SERUM</b> |       |       |             |               |
| Blood Urea Nitrogen (BUN)  | 9.8   | mg/dl | 5 - 25      | GLDH-UV       |
| SERUM CREATININE           | 0.93  | mg/dl | 0.70 - 1.30 | KINETIC-JAFFE |
| BUN/CREATININE RATIO       | 10.50 | Ratio | 6 - 25      | Calculated    |

Verified By :  
Kollipara Venkateswara Rao



Approved By :

  
**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist

|               |                                  |              |                       |
|---------------|----------------------------------|--------------|-----------------------|
| Visit ID      | : YGT62405                       | UHID/MR No   | : YGT.0000062206      |
| Patient Name  | : Mr. PUNNAREDDY SAKILI          | Client Code  | : YOD-DL-0021         |
| Age/Gender    | : 44 Y 0 M 0 D /M                | Barcode No   | : 10986135            |
| DOB           | :                                | Registration | : 23/Mar/2024 08:25AM |
| Ref Doctor    | : SELF                           | Collected    | : 23/Mar/2024 08:25AM |
| Client Name   | : MEDI WHEELS                    | Received     | :                     |
| Client Add    | : F-701, Lado Sarai, Mehravli, N | Reported     | : 23/Mar/2024 02:26PM |
| Hospital Name | :                                |              |                       |

**DEPARTMENT OF RADIOLOGY****2D ECHO DOPPLER STUDY**

MITRAL VALVE : Normal  
AORTIC VALVE : Normal  
TRICUSPID VALVE : Normal  
PULMONARY VALVE : Normal  
RIGHT ATRIUM : Normal  
RIGHT VENTRICLE : Normal  
LEFT ATRIUM : 3.2 cms  
LEFT VENTRICLE : EDD : 5.0 cm IVS(d) : 0.8 cm LVEF : 60 %  
ESD : 3.3 cm PW (d) : 1.1 cm FS : 32 %  
No RWMA  
IAS : Intact  
IVS : Intact  
AORTA : 3.0cms  
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      | : YGT62405                       | UHID/MR No   | : YGT.0000062206      |
| Patient Name  | : Mr. PUNNAREDDY SAKILI          | Client Code  | : YOD-DL-0021         |
| Age/Gender    | : 44 Y 0 M 0 D /M                | Barcode No   | : 10986135            |
| DOB           | :                                | Registration | : 23/Mar/2024 08:25AM |
| Ref Doctor    | : SELF                           | Collected    | : 23/Mar/2024 08:25AM |
| Client Name   | : MEDI WHEELS                    | Received     | :                     |
| Client Add    | : F-701, Lado Sarai, Mehravli, N | Reported     | : 23/Mar/2024 02:26PM |
| Hospital Name | :                                |              |                       |

**DEPARTMENT OF RADIOLOGY****DOPPLER STUDY :**

MITRAL FLOW : E - 0.7m/sec, A -0.5 m/sec.  
AORTIC FLOW : 1.2m/sec  
PULMONARY FLOW : 0.6m/sec  
TRICUSPID FLOW : TRJV :1.5 m/sec, RVSP -25 mmHg  
**COLOUR FLOW MAPPING: NORMAL**


**IMPRESSION :**

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

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

|  |   |
|--|---|
| <b>Visit ID</b> : YGT62405                         | <b>UHID/MR No</b> : YGT.0000062206        |
| <b>Patient Name</b> : Mr. PUNNAREDDY SAKILI        | <b>Client Code</b> : YOD-DL-0021          |
| <b>Age/Gender</b> : 44 Y 0 M 0 D /M                | <b>Barcode No</b> : 10986135              |
| <b>DOB</b> :                                       | <b>Registration</b> : 23/Mar/2024 08:25AM |
| <b>Ref Doctor</b> : SELF                           | <b>Collected</b> : 23/Mar/2024 09:07AM    |
| <b>Client Name</b> : MEDI WHEELS                   | <b>Received</b> : 23/Mar/2024 09:44AM     |
| <b>Client Add</b> : F-701, Lado Sarai, Mehravli, N | <b>Reported</b> : 23/Mar/2024 11:20AM     |
| <b>Hospital Name</b> :                             |   |

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

**CUE (COMPLETE URINE EXAMINATION)**

**Sample Type : SPOT URINE**

**PHYSICAL EXAMINATION**

|                  |             |    |               |                  |
|------------------|-------------|----|---------------|------------------|
| TOTAL VOLUME     | 30 ML       | ml |               |                  |
| COLOUR           | PALE YELLOW |    |               |                  |
| APPEARANCE       | CLEAR       |    |               |                  |
| SPECIFIC GRAVITY | 1.015       |    | 1.003 - 1.035 | Bromothymol Blue |

**CHEMICAL EXAMINATION**

|                   |          |       |           |                               |
|-------------------|----------|-------|-----------|-------------------------------|
| pH                | 5.0      |       | 4.6 - 8.0 | Double Indicator              |
| PROTEIN           | NEGATIVE |       | NEGATIVE  | Protein - error of Indicators |
| GLUCOSE(U)        | NEGATIVE |       | NEGATIVE  | Glucose Oxidase               |
| UROBILINOGEN      | NEGATIVE | mg/dl | < 1.0     | Ehrlichs Reaction             |
| KETONE BODIES     | NEGATIVE |       | NEGATIVE  | Nitroprasside                 |
| BILIRUBIN - TOTAL | NEGATIVE |       | Negative  | Azocoupling Reaction          |
| BLOOD             | NEGATIVE |       | NEGATIVE  | Tetramethylbenzidine          |
| LEUCOCYTE         | NEGATIVE |       | Negative  | Azocoupling reaction          |
| NITRITE           | NEGATIVE |       | NEGATIVE  | Diazotization Reaction        |

**MICROSCOPIC EXAMINATION**

|                  |       |           |        |  |
|------------------|-------|-----------|--------|--|
| PUS CELLS        | 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 :  
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Approved By :

*Dr. Sumalatha*  
**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist



|                      |                                  |                     |                       |
|----------------------|----------------------------------|---------------------|-----------------------|
| <b>Visit ID</b>      | : YGT62405                       | <b>UHID/MR No</b>   | : YGT.0000062206      |
| <b>Patient Name</b>  | : Mr. PUNNAREDDY SAKILI          | <b>Client Code</b>  | : YOD-DL-0021         |
| <b>Age/Gender</b>    | : 44 Y 0 M 0 D /M                | <b>Barcode No</b>   | : 10986135            |
| <b>DOB</b>           | :                                | <b>Registration</b> | : 23/Mar/2024 08:25AM |
| <b>Ref Doctor</b>    | : SELF                           | <b>Collected</b>    | : 23/Mar/2024 09:07AM |
| <b>Client Name</b>   | : MEDI WHEELS                    | <b>Received</b>     | : 23/Mar/2024 09:44AM |
| <b>Client Add</b>    | : F-701, Lado Sarai, Mehravli, N | <b>Reported</b>     | : 23/Mar/2024 11:20AM |
| <b>Hospital Name</b> | :                                |                     |                       |

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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



Verified By :  
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Approved By :

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**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist



భారత ప్రభుత్వం

Government of India



పున్న రెడ్డి సకిలి  
Punna Reddy Sakili  
పుట్టిన తేదీ/DOB: 04/03/1980  
పురుషుడు/ MALE

Download Date: 11/12/2020

Issue Date: 03/12/2020

**4462 0680 4569**

VID : 9106 6986 2382 8081

నా ఆధార్, నా గుర్తింపు



ఆంధ్ర విశిష్ట గుర్తింపు ప్రాధికార సంస్థ  
Unique Identification Authority of India

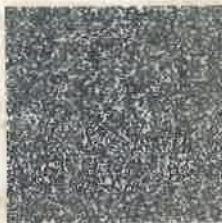


విరువాతం:

సంబంధితము: కోటి రెడ్డి సకలి, ఫ్లాట్ నెం - C1, శ్రీ కృష్ణ  
వివాస, 1<sup>స్ట్</sup> లైన్, మధుర వనం, ఐ డి హాస్పిటల్  
విరుద్ధం: అమరావతి రోడ్, గొరంట్లా, గుంటూరు,  
ఆంధ్ర ప్రదేశ్ - 522034

**Address:**

G/O: Koti Reddy Sakili, Flat No - C1, Sri  
Krishna Nivas, 1 st Line, Madhura Nagar,  
Opp I D Hospital, Amaravathi Road,  
Gorantla, Guntur,  
Andhra Pradesh - 522034



**4462 0680 4569**

VID : 9106 6986 2382 8081



1947



help@uidai.gov.in



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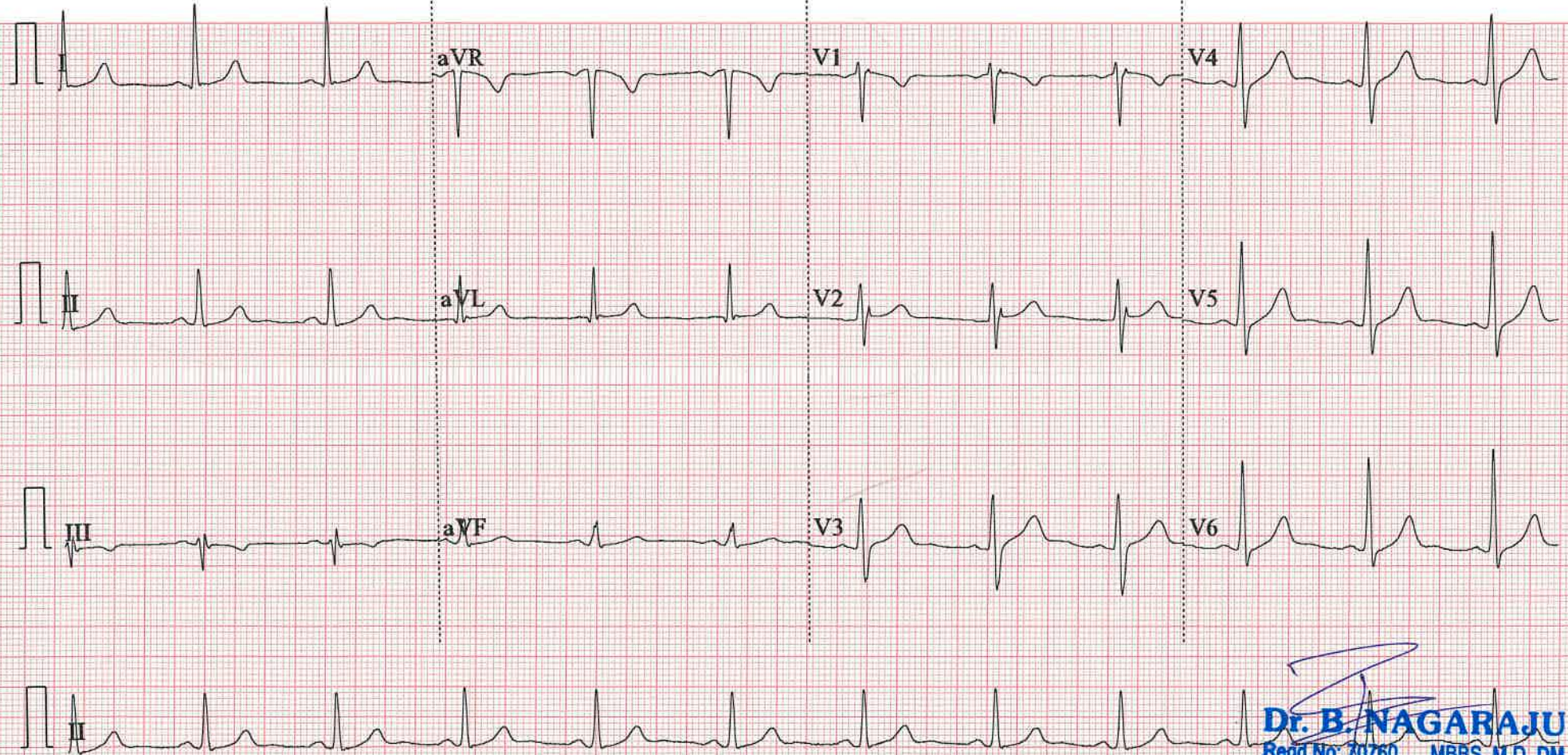


ID: 62405  
PUNNAREDDY SAKILI  
Male 44Years  
Req. No. :

23-03-2024 11:12:33  
HR : 69 bpm  
P : 101 ms  
PR : 137 ms  
QRS : 105 ms  
QT/QTcBz : 397/426 ms  
P/QRS/T : 53/25/19 °  
RV5/SV1 : 1.469/0.831 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by:



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



DATE: 23-03-24

NAME: PUNNARBOOY SAKILI

AGE: 44/17 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>AC</u> |          |                          | <u>AC</u>        |     |      |
| ADD |           | <u>p</u> | <u>175</u><br><u>150</u> | <u>Both eyes</u> |     |      |

INSTRUCTIONS \_\_\_\_\_

I.P.D. \_\_\_\_\_ D.V. \_\_\_\_\_

N.V. \_\_\_\_\_ CONSTANT USE \_\_\_\_\_

Name: Punna Reddy sakili  
 Date: 23/03/24 Age: 44 years Sex: male  
 Address: Guntur



Routine Health checkup

no Headache

Dyslipidaemia

NO H/O HTN / DM / CAD / PTB

LDL - 137 mg/dl

HbA1c - 5.8%

1) low Fat Food

2) TAB. ~~ROSU~~ ROSUVASTATIN 10

0-0-1 (30)

3) CAP. J-POWER


0-0-1 (30)

4) CAP. PPBLOCK-ASA

1-0-0 (30)

②  
 TEMP: .....  
 B.P: 120/80 mm/Hg  
 PULSE: 84 bps  
 WEIGHT: 94 kgs  
 HEIGHT: 178 cms

5) Tab. NAXDOM 500  
(SOS) - (10)


  
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 16.299231°  
Long 80.451639°  
23/03/24 08:59 AM GMT +05:30

 **GPS Map Camera**

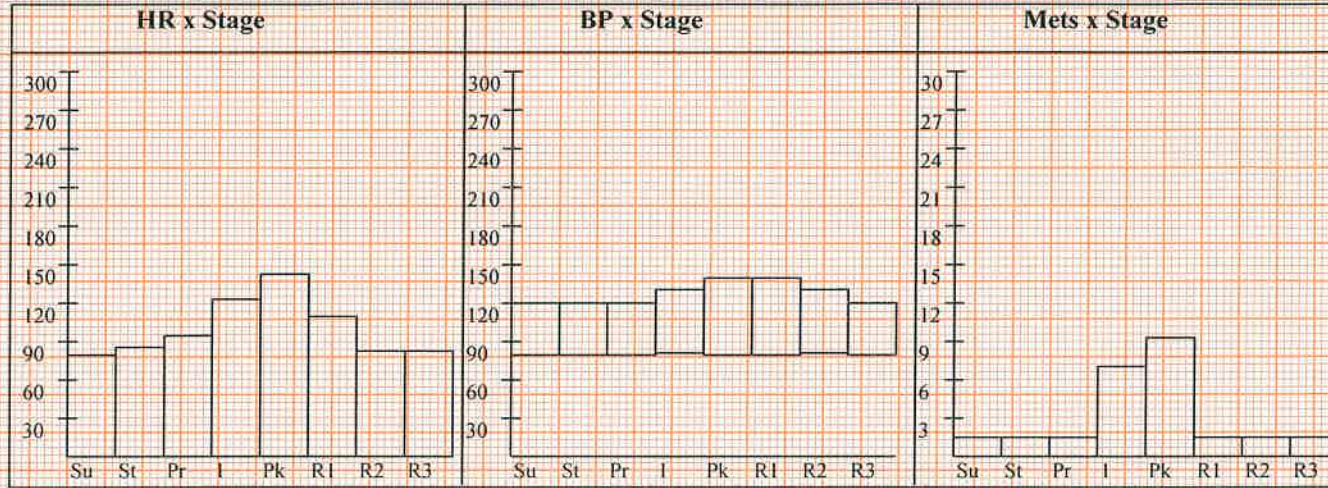


# YODA DIAGNOSTICS CENTRE GUNTUR

**Name: PUNNAREDDY SAKILI**

**Date: 23-03-2024**

**Time: 11:44**



## Interpretation

The Patient Exercised according to Bruce Protocol for 0:05:20 achieving a work level of 6.2 METS.  
 Resting Heart Rate, initially 79 bpm rose to a max. heart rate of 143bpm (79% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 140/80 mmHg

- \* THR Not Achieved
- \* Significant ST-T Changes During Exercise & Recovery
- \* Fair exercise Tolerance
- \* Test is Mild Positive for Exercise Induced Ischemia.
- \* Frequent Ectopics Noted During Study
- \* Patient complains some Discomfort

**Ref. Doctor: SELF**

  
**Doctor: DR.B NAGARAJU**



## YODA DIAGNOSTICS CENTRE GUNTUR

**Name: PUNNAREDDY SAKILI**

**Date: 23-03-2024**

**Time: 11:44**

**Age: 44**

**Gender: M**

**Height: 178 cms**

**Weight: 94 Kg**

**ID: 62405**

**Clinical History: NO**

**Medications: NO**

### Test Details:

**Protocol: Bruce**

**Predicted Max HR: 182**

**Target HR: 154 (85% of Pr. MHR)**

**Exercise Time: 0:05:20**

**Achieved Max HR: 143 (79% of Pr. MHR)**

**Max BP: 140/80**

**Max BP x HR: 20020**

**Max Mets: 6.2**

**Test Termination Criteria:**

### Protocol Details:

| Stage Name    | Stage Time | METS | Speed kmph | Grade % | Heart Rate bpm | BP mmHg | RPP   | ST Level mm | ST Slope mV/S |
|---------------|------------|------|------------|---------|----------------|---------|-------|-------------|---------------|
| Supine        | 00:08      | 1    | 0          | 0       | 79             | 120/80  | 9480  | -0.8 aVR    | 0.6 V4        |
| Standing      | 00:11      | 1    | 0          | 0       | 85             | 120/80  | 10200 | 0.7 V4      | 0.6 V4        |
| PreTest       | 00:36      | 1    | 1.6        | 0       | 94             | 120/80  | 11280 | 0.4 V3      | 0.8 V3        |
| Stage: 1      | 03:00      | 4.7  | 2.7        | 10      | 123            | 130/80  | 15990 | 0.9 V1      | 0.9 II        |
| Peak Exercise | 02:20      | 6.2  | 4          | 12      | 143            | 140/80  | 20020 | -3.1 II     | 0.6 V4        |
| Recovery1     | 01:00      | 1    | 0          | 0       | 110            | 140/80  | 15400 | 1 II        | 2.1 V4        |
| Recovery2     | 01:00      | 1    | 0          | 0       | 82             | 130/80  | 10660 | -0.6 V3     | 1.2 V4        |
| Recovery3     | 00:38      | 1    | 0          | 0       | 82             | 120/80  | 9840  | -0.5 V3     | 0.8 II        |



# YODA DIAGNOSTICS CENTRE GUNTUR

**PUNNAREDDY SAKILI (44 M)**

ID: 62405

Date: 23-03-2024

Exec Time : 0:00:00

Stage Time: 00:08

**HR: 79 bpm**

Bruce Protocol

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 154 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

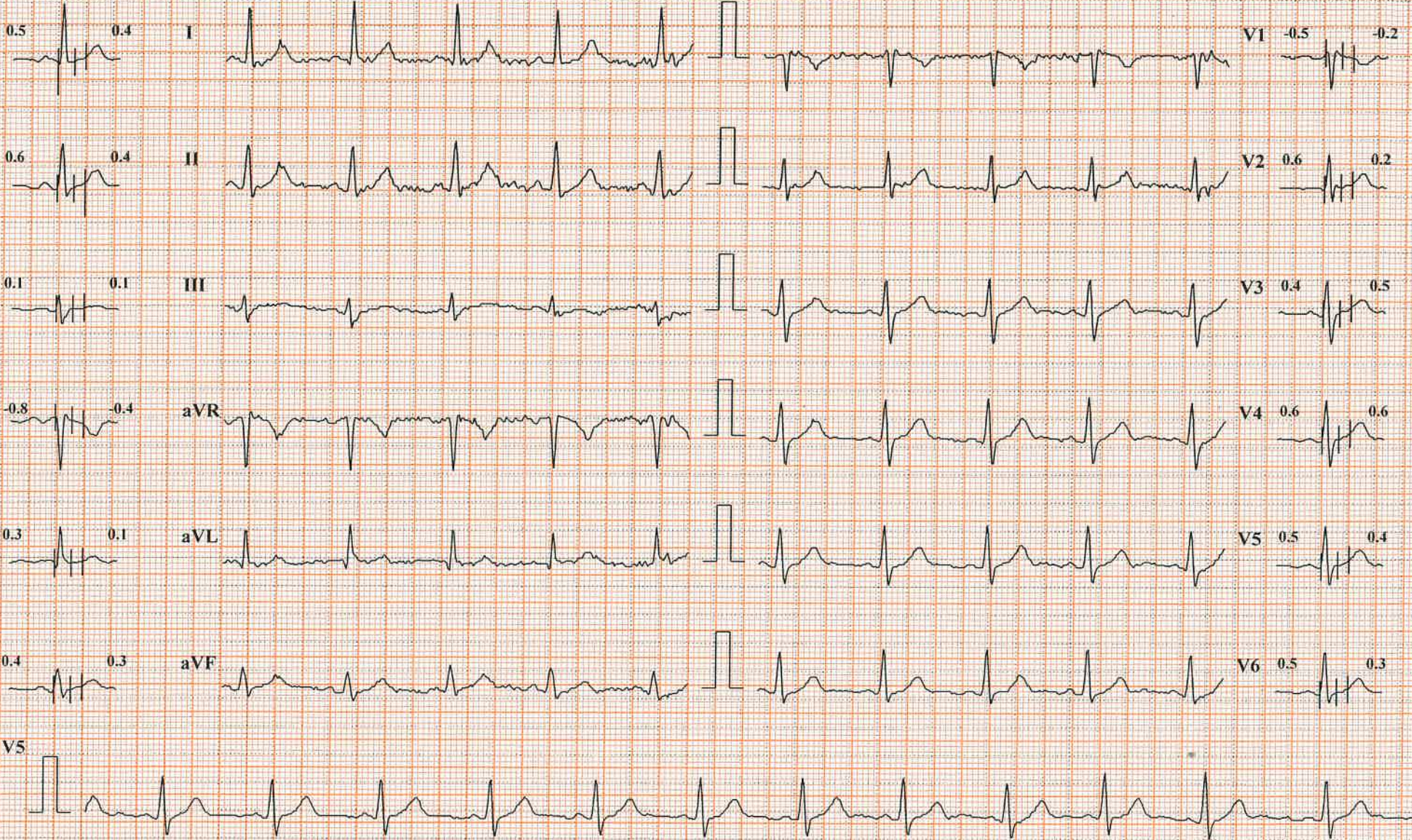


Chart Speed: 25 mm/sec

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

**PUNNAREDDY SAKILI (44 M)**

ID: 62405

Date: 23-03-2024

Exec Time : 0:00:00

Stage Time: 00:11

**HR: 85 bpm**

Bruce Protocol

Stage: Standing

Speed: 0

Slope: 0 %

THR: 154 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

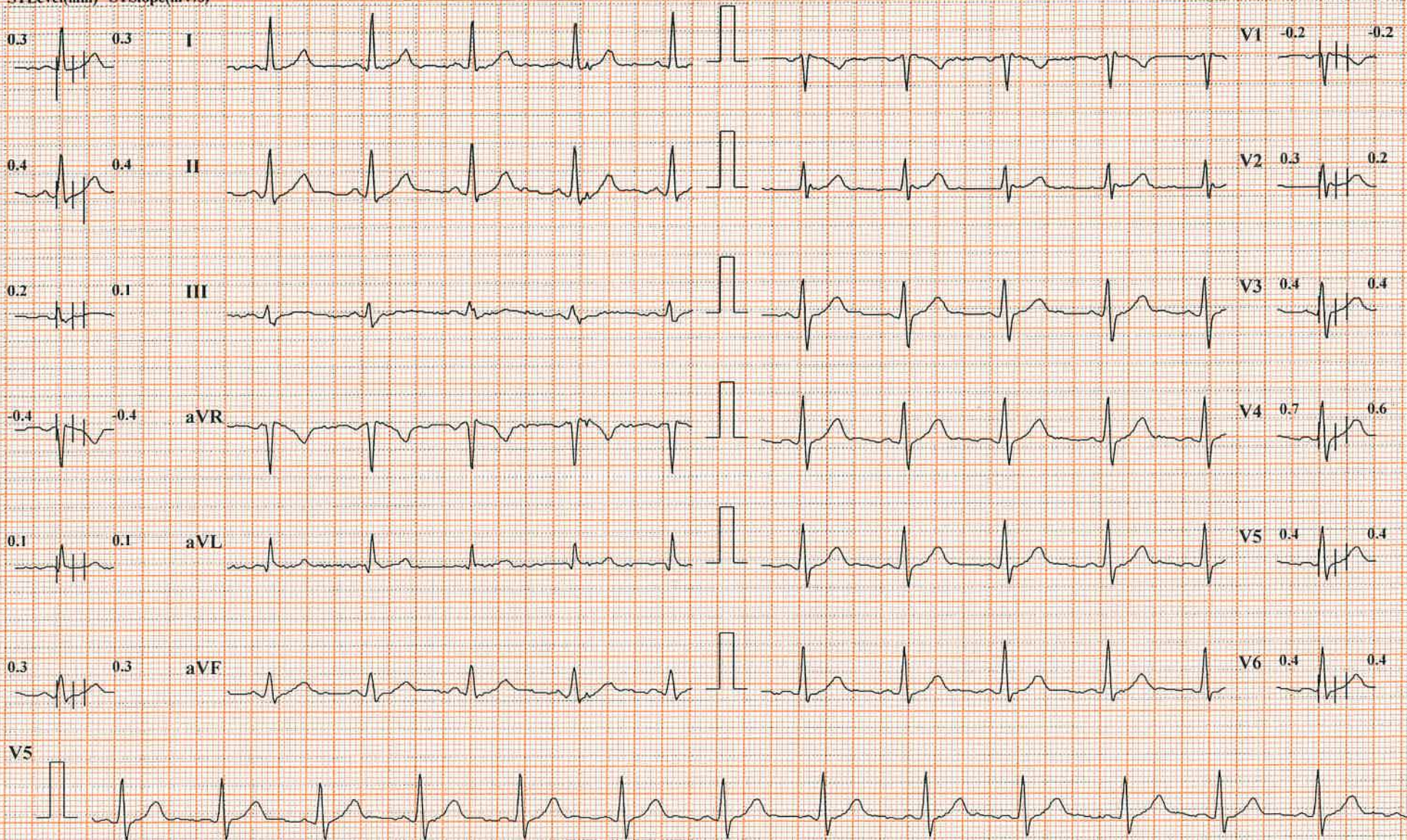


Chart Speed: 25 mm/sec

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

**PUNNAREDDY SAKILI (44 M)**

Bruce Protocol

ID: 62405

Date: 23-03-2024

Exec Time : 0:03:00

Stage Time: 03:00

**HR: 123 bpm**

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 154 bpm

STLevel(mm) STSlope(mV/s)

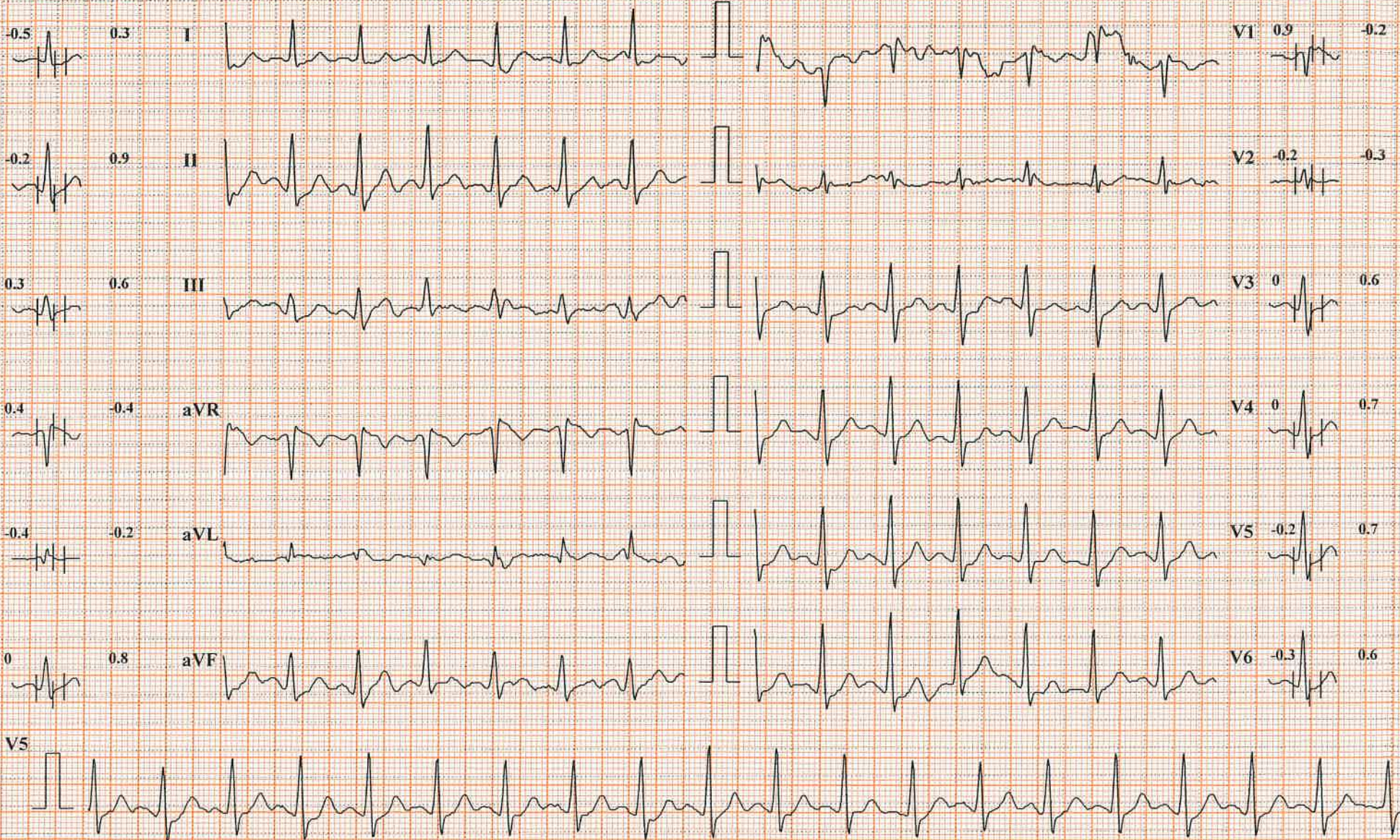


Chart Speed: 25 mm/sec

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

**PUNNAREDDY SAKILI (44 M)**

ID: 62405

Date: 23-03-2024

Exec Time : 0:05:10

Stage Time: 02:10

**HR: 143 bpm**

Bruce Protocol

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 154 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

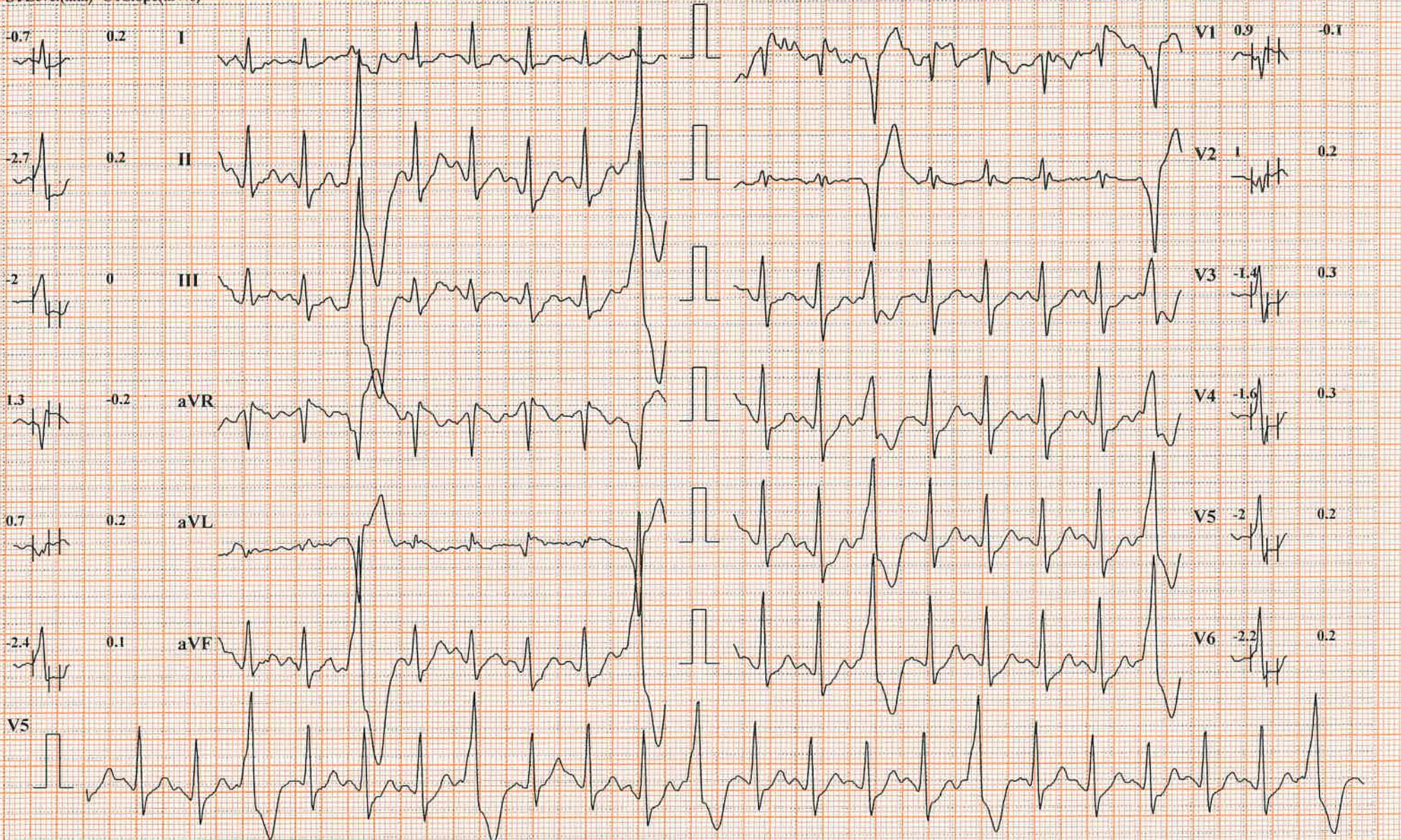


Chart Speed: 25 mm/sec

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

**PUNNAREDDY SAKILI (44 M)**

**HR: 143 bpm**

Bruce Protocol

ID: 62405

Date: 23-03-2024

Exec Time : 0:05:20

Stage Time: 02:20

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: 2 Peak Exercise

Speed: 4 kmph

Slope: 12 %

THR: 154 bpm

STLevel(mm) STSlope(mV/s)

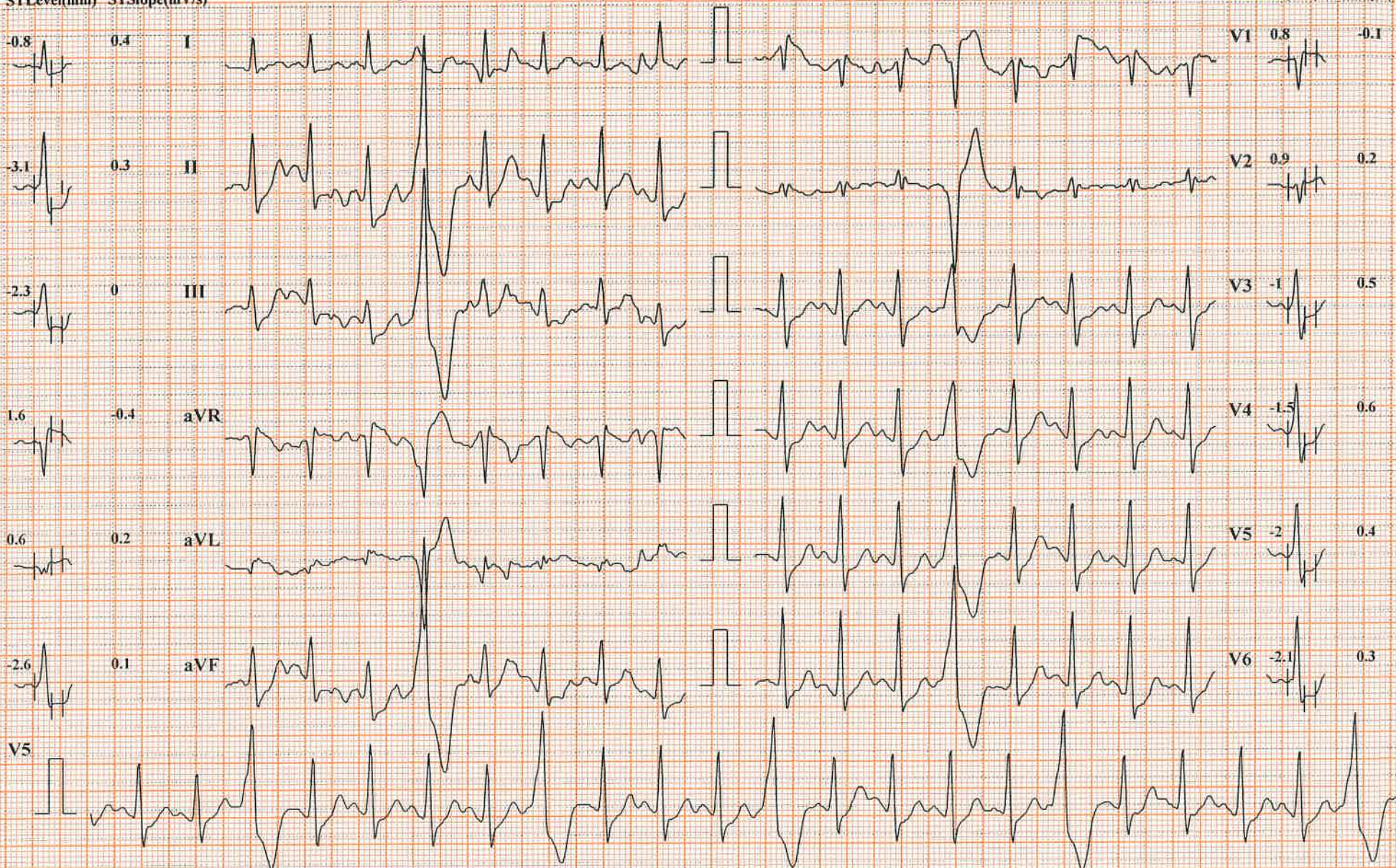


Chart Speed: 25 mm/sec

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

PUNNAREDDY SAKILI (44 M)

Bruce Protocol

ID: 62405

Date: 23-03-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 110 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Recovery I

Speed: 0 kmph

Slope: 0 %

THR: 154 bpm

STLevel(mm) STSlope(mV/s)

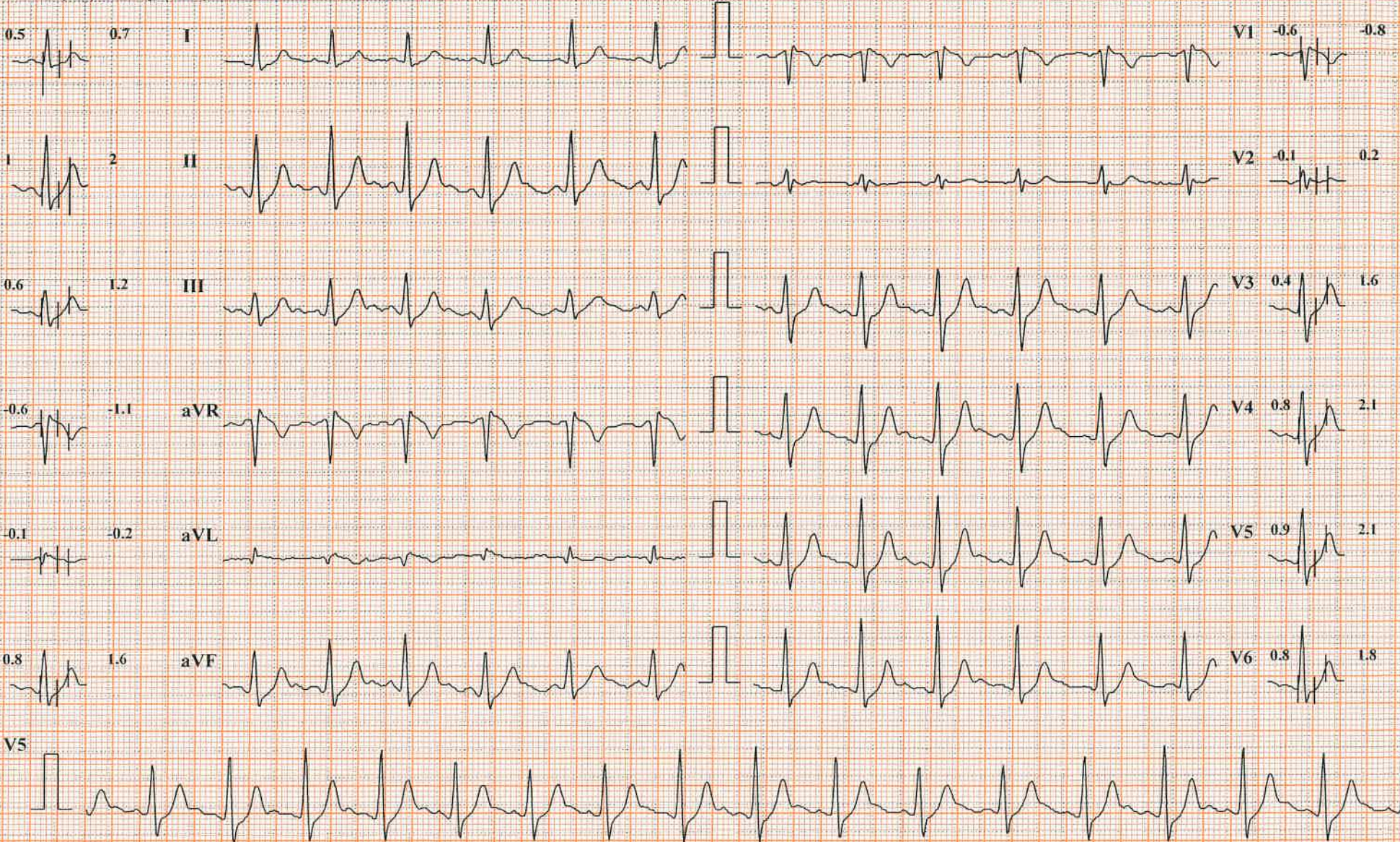


Chart Speed: 25 mm/sec

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

**PUNNAREDDY SAKILI (44 M)**

Bruce Protocol

ID: 62405

Date: 23-03-2024

Exec Time : 00:00

Stage Time: 01:00

**HR: 82 bpm**

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 154 bpm

STLevel(mm) STSlope(mV/s)

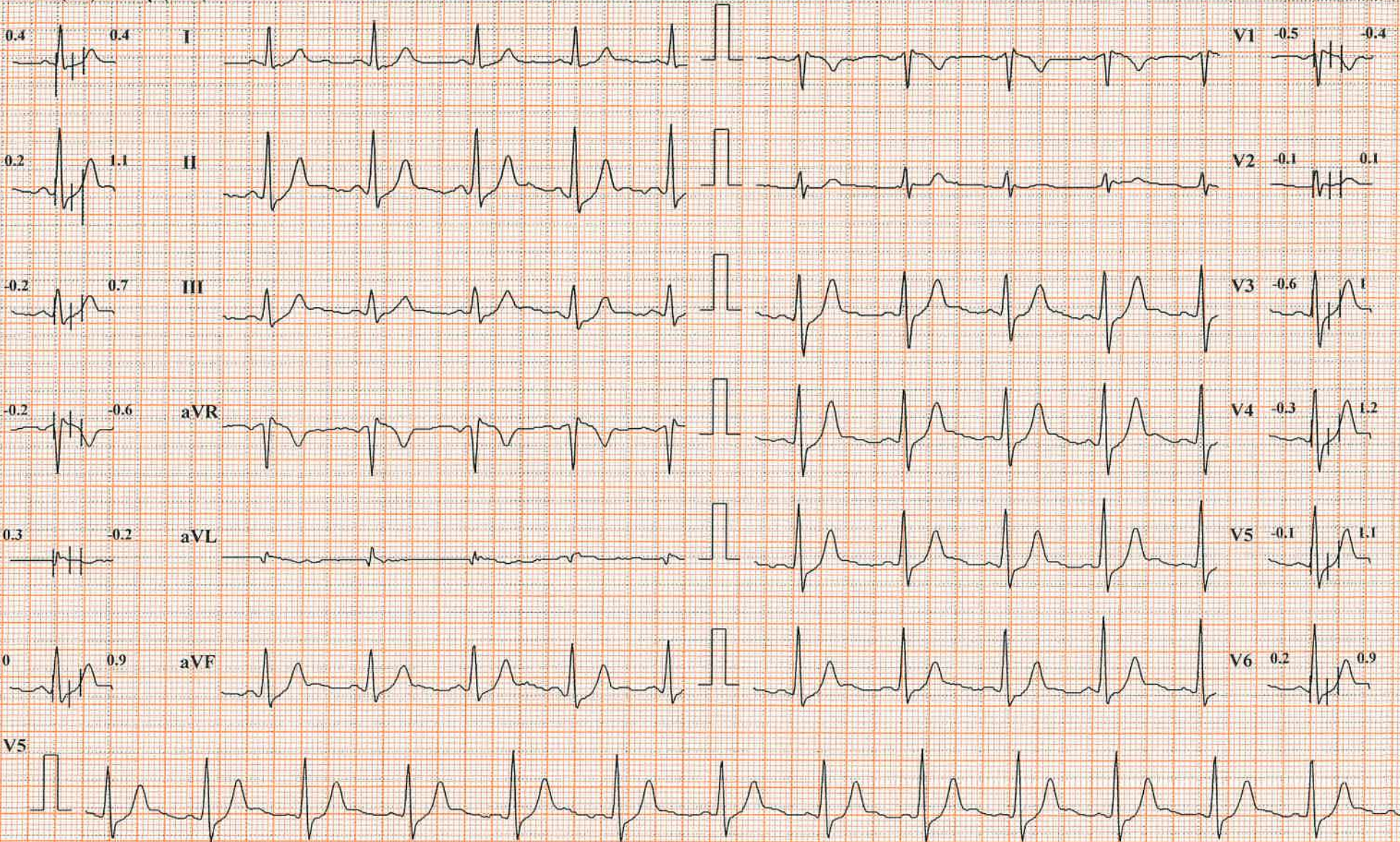


Chart Speed: 25 mm/sec

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

**PUNNAREDDY SAKILI (44 M)**

Bruce Protocol

ID: 62405

Date: 23-03-2024

Exec Time : 00:00

Stage Time: 00:38

**HR: 82 bpm**

Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 154 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

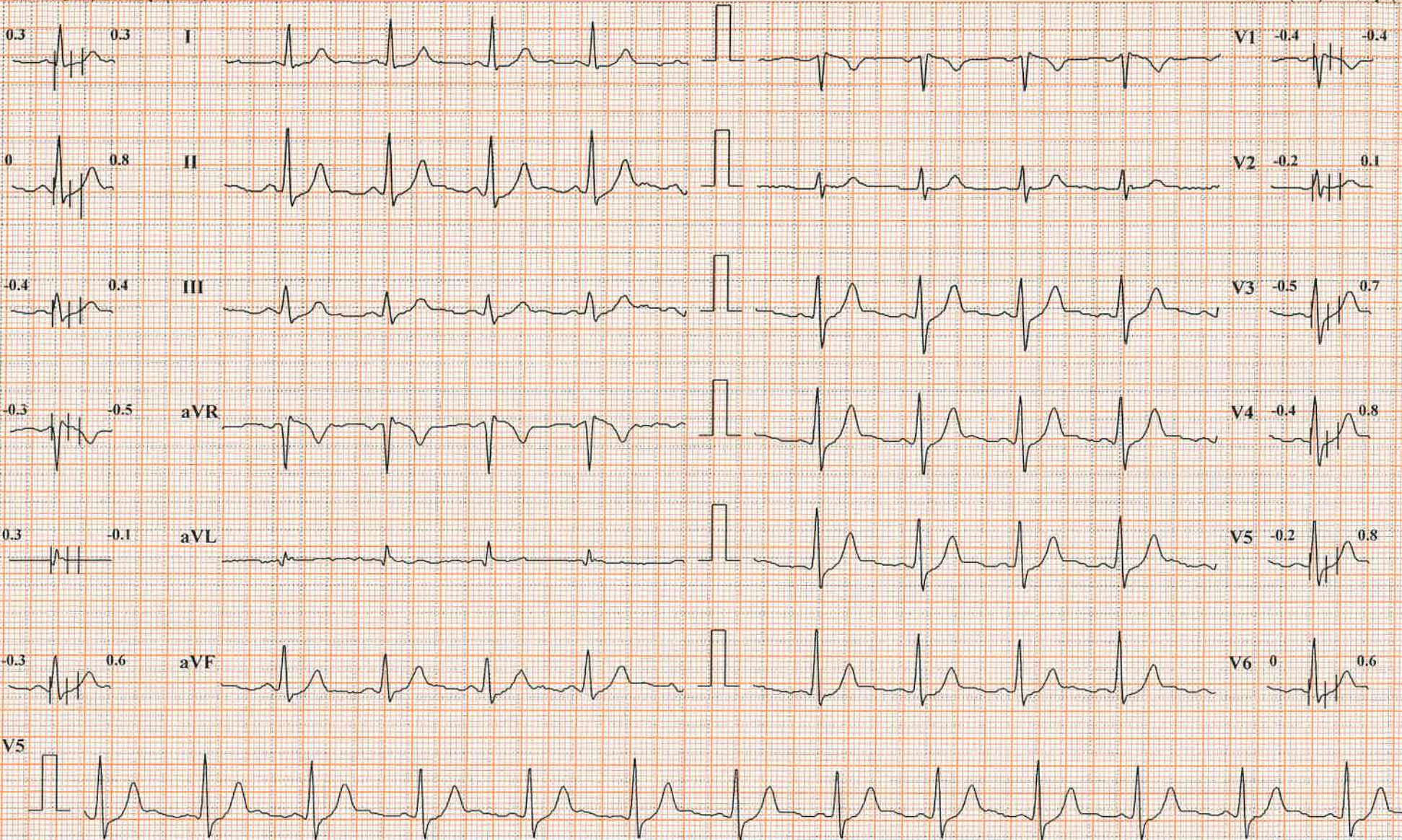


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardioit CS-10 Version: 3.5