

Patient Name : Mr. SRINIVAS PALAPARTHY Client Code : YOD-DL-0021

Age/Gender : 43 Y 0 M 0 D /M Barcode No : 10965305

DOB :

Ref Doctor : SELF

Client Name : MEDI WHEELS

Client Add : F-701, Lado Sarai, Mehravli, N

Hospital Name :

Received : 09/Mar/2024 12:55PM

UHID/MR No

Registration

Collected

: YGT.0000059400

: 09/Mar/2024 09:19AM

: 09/Mar/2024 09:19AM

#### DEPARTMENT OF RADIOLOGY

Verified By : M VENKATA KRISHNA



Approved By:

Dr. SUSHMA VUYYURU
MBBS;MD(Radio-Diagnosis)
CONSULTANT RADIOLOGIST



Patient Name : Mr. SRINIVAS PALAPARTHY

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#### DEPARTMENT OF RADIOLOGY

### **ULTRASOUND WHOLE ABDOMEN**

Clinical Details: General check-up.

LIVER: Normal in size (13.8 cm) and increased echo-texture with mild altered echotexture of liver parenchyma. 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: Enlarged in size (14.9 cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY: measures 9.8x5.6 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

LEFT KIDNEY: measures 10.5 x5.9 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

URINARY BLADDER: Empty.

PROSTATE: Poor window.

No enlarged nodes are visualised. No retro-peritoneal lesion is identified. Great vessels appear normal.

No free fluid is seen in peritoneal cavity.

#### **IMPRESSION:**

- SPLEENOMEGALY.
- GRADE II FATTY LIVER WITH MILD ALTERED ECHOTEXTURE.

Suggested clinical correlation and further evaluation.

Verified By:

M VENKATA KRISHNA



Approved By:

Dr.SUSHMA VUYYURU MBB5;MD(Radio-Diagnosis) CONSULTANT RADIOLOGIST



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#### 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

ESR (ERYTHROCYTE SEDIMENTATION RATE)					
Sample Type : WHOLE BLOOD EDTA					
ERYTHROCYTE SEDIMENTATION RATE	15	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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BLOOD GROUP ABO & RH Typing				
Sample Type : WHOLE BLOOD EDTA				
ABO	0			
Rh Typing	POSITIVE			

Method: Hemagglutination Tube method by forward and reverse grouping

#### COMMENTS:

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

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

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СВС	C(COMPLE	TE BLOOD CO	OUNT)	
Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	10.3	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	5.82	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	33.5	%	40.0 - 50.0	RBC pulse height detection
MCV	57.6	fL	83 - 101	Automated/Calculated
MCH	17.7	pg	27 - 32	Automated/Calculated
MCHC	30.6	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	16.4	%	11.0-16.0	Automated Calculated
RDW - SD	35.7	fl	35.0-56.0	Calculated
MPV	8.3	fL	6.5 - 10.0	Calculated
PDW	15.3	fL	8.30-25.00	Calculated
PCT	0.32	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	8,700	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	61	%	40 - 80	Impedance
LYMPHOCYTE	34	%	20 - 40	Impedance
EOSINOPHIL	01	%	01 - 06	Impedance
MONOCYTE	04	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	3.90	Lakhs/cumm	1.50 - 4.10	Impedance

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Approved By:



Visit ID : YGT59598 UHID/MR No

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Client Add : F-701, Lado Sarai, Mehravli, N Reported : 09/Mar/2024 10:37AM

Hospital Name :

DEPARTMENT OF BIOCHEMISTRY				
Test Name	Result	Unit	Biological Ref. Range	Method

· YGT 0000059400

THYROID PROFILE (T3,T4,TSH)					
Sample Type : SERUM					
T3	1.18	ng/ml	0.60 - 1.78	CLIA	
T4	13.14	ug/dl	4.82-15.65	CLIA	
TSH	2.57	ulU/mL	0.30 - 5.60	CLIA	

#### INTERPRETATION:

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

THE ENERGE TOURGE :	
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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	LIVER FUNCTION TEST(LFT)				
Sample Type : SERUM					
TOTAL BILIRUBIN	0.58	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF	
CONJUGATED BILIRUBIN	0.12	mg/dl	0 - 0.2	DPD	
UNCONJUGATED BILIRUBIN	0.46	mg/dl		Calculated	
AST (S.G.O.T)	20	U/L	< 50	KINETIC WITHOUT P5P- IFCC	
ALT (S.G.P.T)	14	U/L	< 50	KINETIC WITHOUT P5P- IFCC	
ALKALINE PHOSPHATASE	92	U/L	30 - 120	IFCC-AMP BUFFER	
TOTAL PROTEINS	8.0	gm/dl	6.6 - 8.3	Biuret	
ALBUMIN	4.5	gm/dl	3.5 - 5.2	BCG	
GLOBULIN	3.5	gm/dl	2.0 - 3.5	Calculated	
A/G RATIO	1.29			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	38	mg/dl	> 40	Enzymatic/ Immunoinhibiton	
L D L CHOLESTEROL	138.8	mg/dl	Refere Table Below	Enzymatic Selective Protein	
TRIGLYCERIDES	106	mg/dl	Optimal < 150  Borderline High 150 - 199  High 200 - 499  Very High >= 500	GPO	
VLDL	21.2	mg/dl	< 35	Calculated	
T. CHOLESTEROL/ HDL RATIO	5.21	V V	Refere Table Below	Calculated	
TRIGLYCEIDES/ HDL RATIO	2.79	Ratio	< 2.0	Calculated	
NON HDL CHOLESTEROL	160	mg/dl	< 130	Calculated	

Interpretation				
NATIONAL CHOLESTEROL EDUCATION PROGRAMME (NCEP)	TOTAL CHOLESTEROL	TRI GLYCERI DE	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
DEMARKS Chalactaral : HDL I	Patio			

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

- 1. Measurements in the same patient can show physiological& analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol
- 2. NLA-2014 identifies Non HDL Cholesterol(an indicator of all atherogenic lipoproteins such as LDL , VLDL, IDL, Lpa, Chylomicron remnants)along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL &Non HDL.
- 3.Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 4. Additional testing for Apolipoprotein B, hsCRP, Lp(a ) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

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DEPARTMENT OF BIOCHEMISTRY				
Test Name	Result	Unit	Biological Ref. Range	Method

HBA1C					
Sample Type : WHOLE BLOOD EDTA					
HBA1c RESULT	8.7	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC	
ESTIMATED AVG. GLUCOSE	203	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.

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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DEPARTMENT OF BIOCHEMISTRY				
Test Name	Result	Unit	Biological Ref. Range	Method

BLOOD UREA NITROGEN (BUN)					
Sample Type : Serum					
SERUM UREA	22	mg/dL	13 - 43	Urease GLDH	
Blood Urea Nitrogen (BUN)	10.3	mg/dl	5 - 25	GLDH-UV	

#### Increased In:

Impaired kidney function, Reduced renal blood flow {CHF, Salt and water depletion, (vomiting, diarrhea, diuresis, sweating), Shock}, Any obstruction of urinary tract, Increased protein catabolism, AMI, Stress

#### Decreased In:

Diuresis (e.g. with over hydration), Severe liver damage, Late pregnancy, Infancy, Malnutrition, Diet (e.g., low-protein and high-carbohydrate, IV feedings only), Inherited hyperammonemias (urea is virtually absent in blood)

#### Limitations:

Urea levels increase with age and protein content of the diet.

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Test Name	Result	Unit	Biological Ref. Range	Method

FBS (GLUCOSE FASTING)					
Sample Type: FLOURIDE PLASMA					
FASTING PLASMA GLUCOSE	143	mg/dl	70 - 100	HEXOKINASE	

#### INTERPRETATION:

Increased In

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

#### Decreased In

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

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Test Name	Result	Unit	Biological Ref. Range	Method

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PPBS (POST PRANDIAL GLUCOSE)					
Sample Type : FLOURIDE PLASMA					
POST PRANDIAL PLASMA GLUCOSE	269	mg/dl	<140		HEXOKINASE

#### **INTERPRETATION:**

#### <u>Increased In</u>

- 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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SERUM CREATININE					
Sample Type : SERUM					
SERUM CREATININE	0.90	mg/dl	0.70 - 1.30	KINETIC-JAFFE	

#### Increased In:

- Diet: ingestion of creatinine (roast meat), Muscle disease: gigantism, acromegaly,
- Impaired kidney function.

#### Decreased In:

- Pregnancy: Normal value is 0.4-0.6 mg/dL. A value >0.8 mg/dL is abnormal and should alert the clinician to further diagnostic evaluation.
- Creatinine secretion is inhibited by certain drugs (e.g., cimetidine, trimethoprim).

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URIC ACID -SERUM					
Sample Type : SERUM					
SERUM URIC ACID		6.3	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.

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Registration : 09/Mar/2024 09:19AM Ref Doctor : SELF Collected : 09/Mar/2024 09:21AM

: MEDI WHEELS Client Name Received : 09/Mar/2024 09:40AM

: F-701, Lado Sarai, Mehravli, N Reported : 09/Mar/2024 10:35AM Client Add

Hospital Name

DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Biological Ref. Range	Method	

UHID/MR No

: YGT.0000059400

BUN/CREATININE RATIO					
Sample Type : SERUM					
Blood Urea Nitrogen (BUN)	10.2	mg/dl	5 - 25	GLDH-UV	
SERUM CREATININE	0.90	mg/dl	0.70 - 1.30	KINETIC-JAFFE	
BUN/CREATININE RATIO	11.30	Ratio	6 - 25	Calculated	

Verified By: M VENKATA KRISHNA



Approved By:



Patient Name : Mr. SRINIVAS PALAPARTHY

Age/Gender : 43 Y 0 M 0 D /M

DOB :

Ref Doctor : SELF

Client Name : MEDI WHEELS

Client Add : F-701, Lado Sarai, Mehravli, N

Hospital Name :

UHID/MR No : YGT.0000059400

Client Code : YOD-DL-0021

Barcode No : 10965305

Registration : 09/Mar/2024 09:19AM

Collected : 09/Mar/2024 09:19AM

Received :

Reported : 09/Mar/2024 12:48PM

#### 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 : 4.7 cm IVS(d) :0.8 cm LVEF :62 %

ESD: 3.1 cm PW (d):0.7 cm FS :33 %

No RWMA

IAS : Intact

IVS : Intact

AORTA : 3.1cms

PULMONARY ARTERY : Normal

PERICARDIUM : Normal

IVS/ SVC/ CS : Normal

PULMONARY VEINS : Normal

INTRA CARDIAC MASSES: No

Verified By:

M VENKATA KRISHNA



Approved By:

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



Patient Name : Mr. SRINIVAS PALAPARTHY

Age/Gender : 43 Y 0 M 0 D /M

DOB :

Ref Doctor : SELF

Client Name : MEDI WHEELS

Client Add : F-701, Lado Sarai, Mehravli, N

Hospital Name :

UHID/MR No : YGT.0000059400

Client Code : YOD-DL-0021

Barcode No : 10965305

Registration : 09/Mar/2024 09:19AM

Collected : 09/Mar/2024 09:19AM

Received :

Reported : 09/Mar/2024 12:48PM

#### DEPARTMENT OF RADIOLOGY

**DOPPLER STUDY:** 

MITRAL FLOW : E -0.7 m/sec, A -0.6 m/sec.

AORTIC FLOW : 1.3m/sec

PULMONARY FLOW : 1.0m/sec

TRICUSPID FLOW : TRJV :1.1 m/sec, RVSP -21 mmHg

COLOUR FLOW MAPPING: TRIVIAL TR

#### **IMPRESSION:**

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

Verified By : M VENKATA KRISHNA



Approved By:

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



**Patient Name** : Mr. SRINIVAS PALAPARTHY Client Code : YOD-DL-0021

Age/Gender : 43 Y 0 M 0 D /M Barcode No : 10965305

DOB

Registration : 09/Mar/2024 09:19AM

Ref Doctor : SELF Collected : 09/Mar/2024 09:21AM : MEDI WHEELS Client Name Received : 09/Mar/2024 10:12AM

: F-701, Lado Sarai, Mehravli, N : 09/Mar/2024 10:36AM Client Add Reported

Hospital Name

DEPARTMENT OF CLINICAL PATHOLOGY					
Test Name	Test Name Result Unit Biological Ref. Range Method				

UHID/MR No

: YGT.0000059400

	CUE (COMPLETE U	RINE EXAMIN	NATION)	
Sample Type : SPOT URINE				
PHYSICAL EXAMINATION				
TOTAL VOLUME	30 ML	ml		
COLOUR	PALE YELLOW	$\wedge$		
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.025		1.003 - 1.035	Bromothymol Blue
CHEMICAL EXAMINATION				
pH	5.5		4.6 - 8.0	Double Indicator
PROTEIN	NEGATIVE		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	NEGATIVE		NEGATIVE	Glucose Oxidase
UROBILINOGEN	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	3-4	/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:



**Patient Name** : Mr. SRINIVAS PALAPARTHY Client Code : YOD-DL-0021

Age/Gender : 43 Y 0 M 0 D /M Barcode No : 10965305

DOB

Ref Doctor : SELF

: MEDI WHEELS Client Name Received : 09/Mar/2024 10:12AM : 09/Mar/2024 10:36AM Reported

: F-701, Lado Sarai, Mehravli, N Client Add

Hospital Name

DEPARTMENT OF CLINICAL PATHOLOGY					
Test Name Result		Unit	Biological Ref. Range	Method	

UHID/MR No

Registration

Collected

: YGT.0000059400

: 09/Mar/2024 09:19AM

: 09/Mar/2024 09:21AM

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

Verified By: M VENKATA KRISHNA



Approved By:





# భారత విశిష్ట్ల గుర్తింపు స్థాధికార సంస్థ UNIQUE IDENTIFICATION AUTHORITY OF INDIA

లిరునామా: క/ల బాల కోటయ్య. 131-133, ఇంతి నగర, స.మ్మం, ఎంకటాంకేషి, గుంటారు, అండ్, 522616

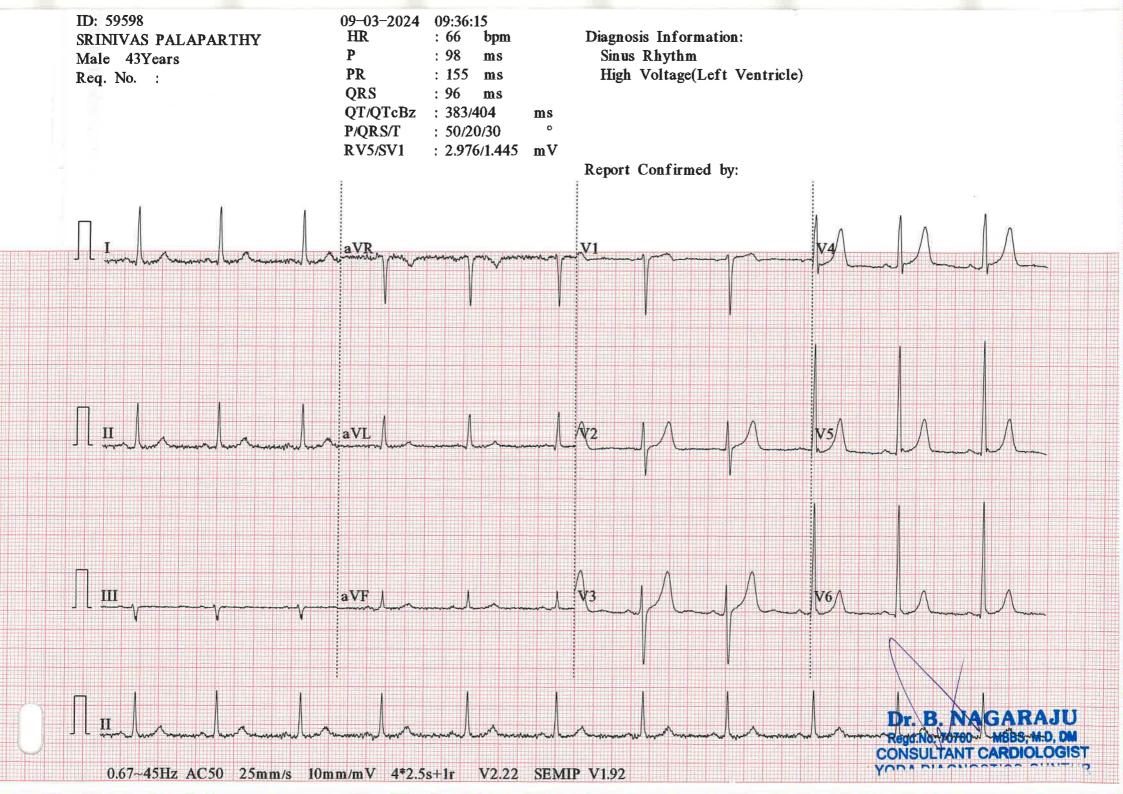
Address: S/O Bala Kotalah, 33-123, Santhi Nagar, P.Patnam, Chilakaluripet, Guntur, Andhra Pradesh, 522616











					44	
			S 25	DATE:_C	A-0!	3-24
NAM	E:_S	RINI	VAS	Pal	+ Pa	RTH
AGE	: 43	/7 F	DDRESS			
		NS: GL		CONTAC		
CR POLYCARBONATE						
COA	TINGS	: ARC		HARD C	OAT	
TINT : White SP2 PHOTO GREY						
BIFO	CALS	: KRY	РТОК	EXECUTIV	/E	
		"D"		PROGRE	SSIVE -	
		R			L	
	SPH	CYL	AXIS	SPH	CYL	AXIS
DV	ne	050	90	re	025	90
ADD		-	4150	Bot	heu	des.

CONSTANT USE

N.V.\_\_\_



### Dr Keerthi Kishore

MBBS, MD (General Medicine) Consultant Physician & Diabetologist

Dog	NI_	64905
neg.	IVO.	04903

Name: Szinivas talamathy	
Date: 09 03 24 Age: 43 YEARS Sex: HOLE	
Address: Guntun	



Routine Health checkup

clo Neck Fair HO Hypertanion Type ZAM B.P/40/90 .... HAY HO WEIGHT: ...... HEIGHT: .**).5..6**..

Hb-10-29m/dl

LD (-138.8 mg/d/

HDAIC-8.7%

FRS-142mg/d1

PPBS - 269 mg/dl

1) Low salt Diet Diabetic Diet Locu Faf Food

2) Tab. GLYCOMEP-GPZ

Advice stoo 1 401 occult-Blood Pereshad Swar Oppen al Endorcopy

3 Tab. ROZAUEL

Tab. ICHEZ 20 (

Elp 5 Nay with FBJ & TPBS Rep-f

5) COID. J-POWER
0-0-1-(50)
6) COF. PABLOCK-DIR
(-0-0-(30)

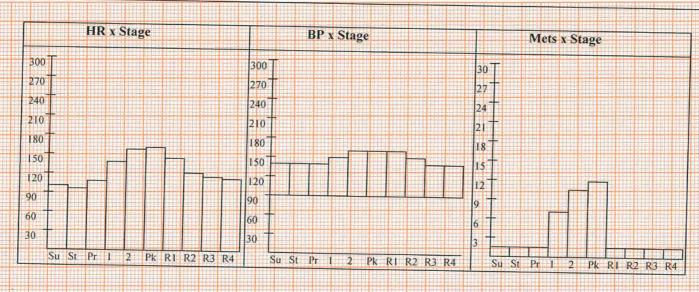
Dr. KEERTHI KISHORE JAGALLA Regd.No: 64905 MBBS, M.D. General Medicine CONSULTANT GENERAL PHYSICIAN YODA DIAGNOSTICS-GUNTUR





Date: 09-03-2024

Time: 12:31



# Interpretation

The Patient Exercised according to Bruce Protocol for 0:07:04 achieving a work level of 7.9 METS.

Resting Heart Rate, initially 100 bpm rose to a max. heart rate of 161bpm (88% of Predicted Maximum Heart Rate).

Resting Blood Pressure of 140/90 mmHg, rose to a maximum Blood Pressure of 160/90 mmHg

\* No Significant ST-T Changes During Excercise & Recovery

\* Fair Excercise Tolerance

\* Test is Negative for Excercise Induced Ischemia.

Regd.No: 10760 MBBS, M.D. DM CONSULTANT CARDIOLOGIST YODA DIAGNOSTICS-GUNTUR

Doctor: DR.B NAGARAJU

Ref. Doctor: SELF

Schiller Cardiovit CS-10 Version:3.5

(Summary Report edited by User)

MICRO MED CHARTS

Name: SRINIVAS PALPARTHY

Date: 09-03-2024

Time: 12:31

Age: 43

Gender: M

Height: 156 cms

Weight: 71 Kg

ID: 59598

Medications:

Exercise Time:

Max BP:

YES

Test Details:

Protocol: Bruce

Clinical History: DM+

0:07:04 160/90

Predicted Max HR: 183

Achieved Max HR: 161 (88% of Pr. MHR)

Max BP x HR: 25760

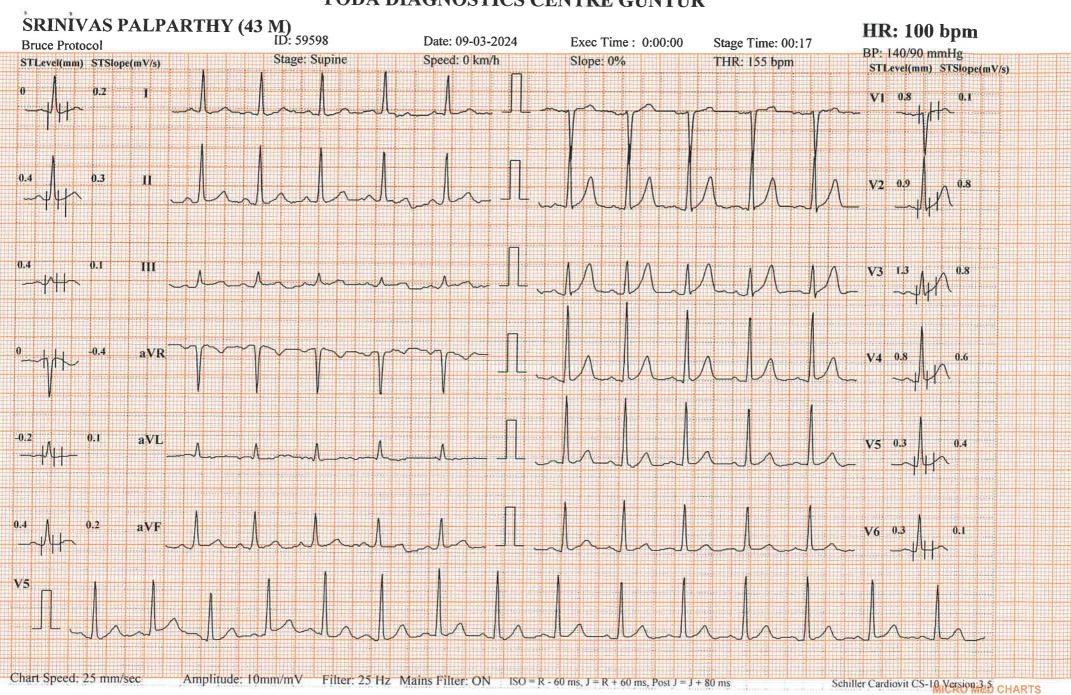
Max Mets: 7.9

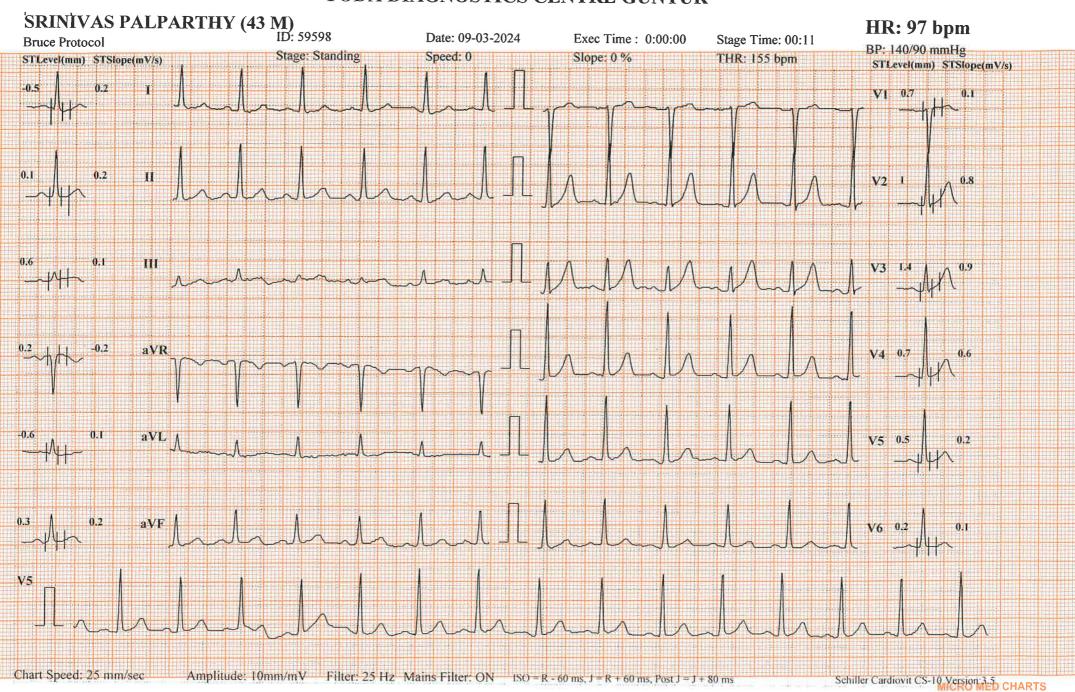
Target HR: 155 (85% of Pr. MHR)

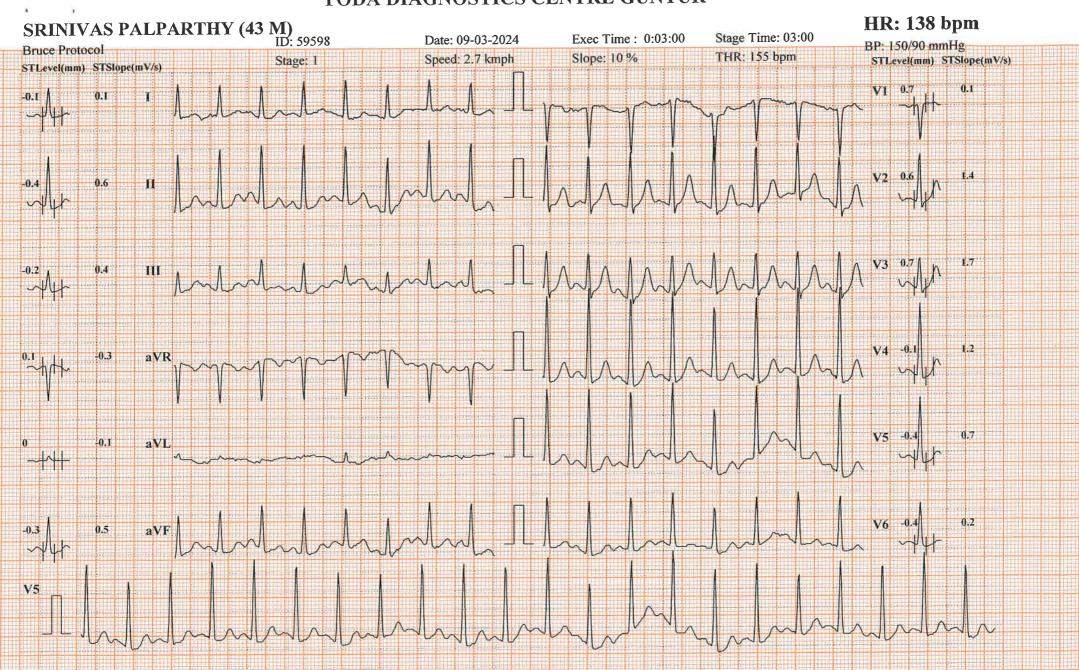
Test Termination Criteria:

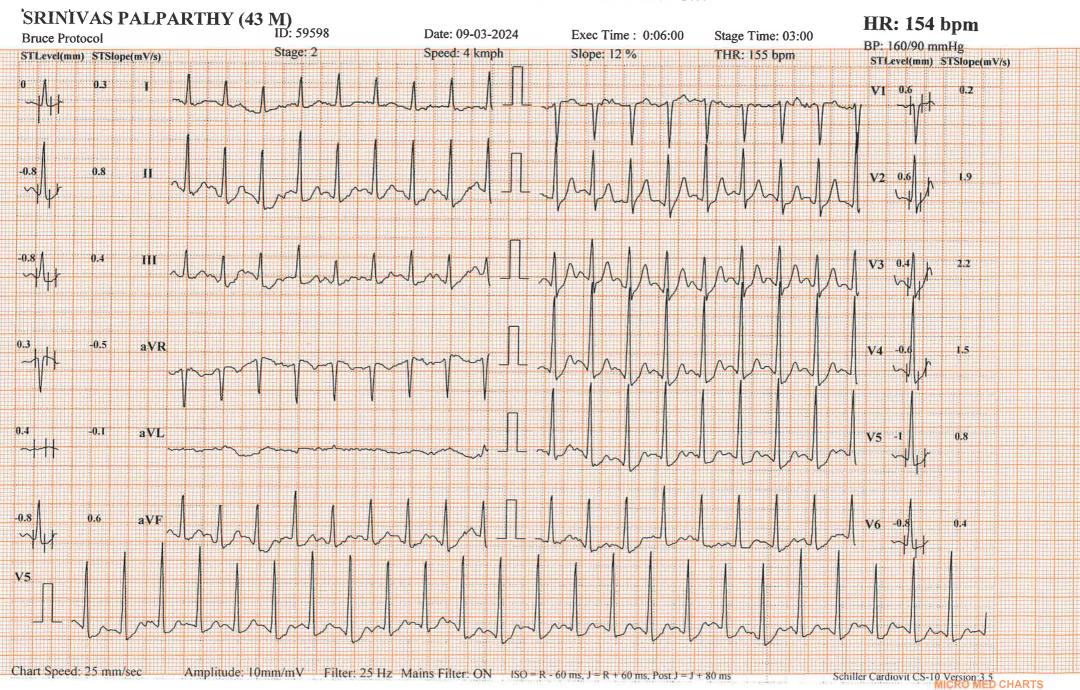
### Protocol Details:

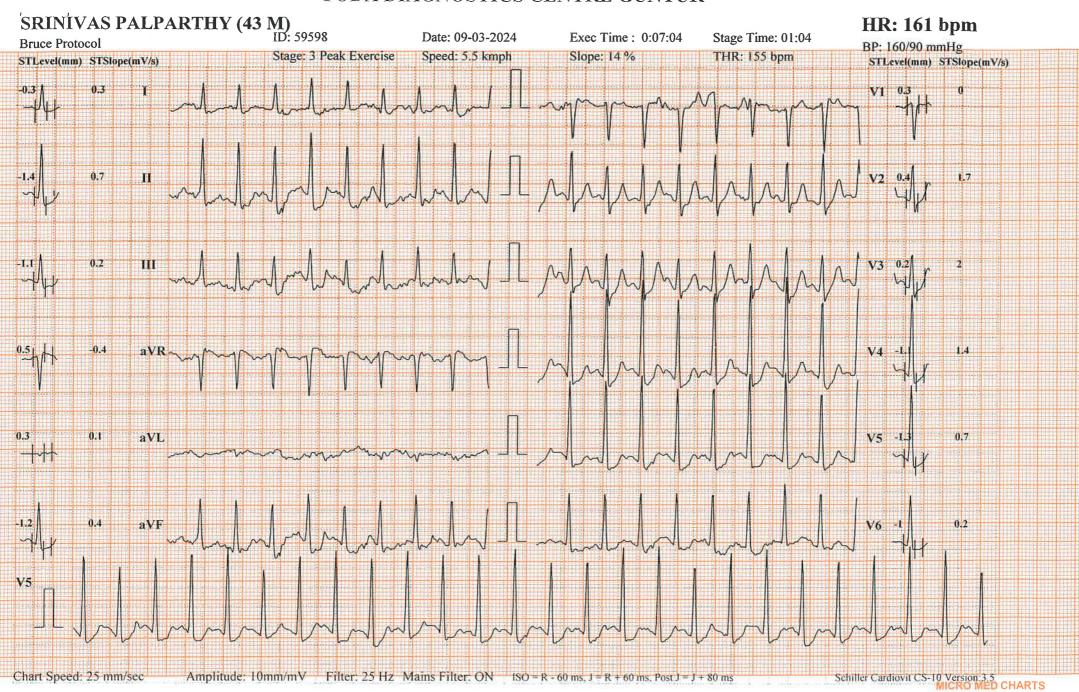
Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate	BP mmHg	RPP	ST Level	ST Slope
Supine	00:17	1	0	0	100	140/90	14000	1.2 V3	0.8 V3
Standing	00:11	1	0	0	96	140/90	13440	1.3 V3	0.8 V3
PreTest	00:18	1	1.6	0	108	140/90	15120	1.2 V3	0.7 V2
Stage I	03:00	4.7	2.7	10	138	150/90	20700	0.7 V1	1.7 V3
Stage: 2	03:00	7	4	12	158	160/90	25280	-0.9 V5	2 V3
Peak Exercise	01:04	7.9	5.5	14	161	160/90	25760	-1.211	2 V3
Recoveryl	01:00	l .	0	0	144	160/90	23040	1.6 V3	2.7 V3
Recovery2	01:00	1	0	0	122	150/90	18300	1.2 V3	1.9 V3
Recovery3	01:00	ı	0	0	115	140/90	16100	0.7 V3	1 V3
Recovery4	00:33	1	0	0	113	140/90	15820	0.6 V3	1 V3

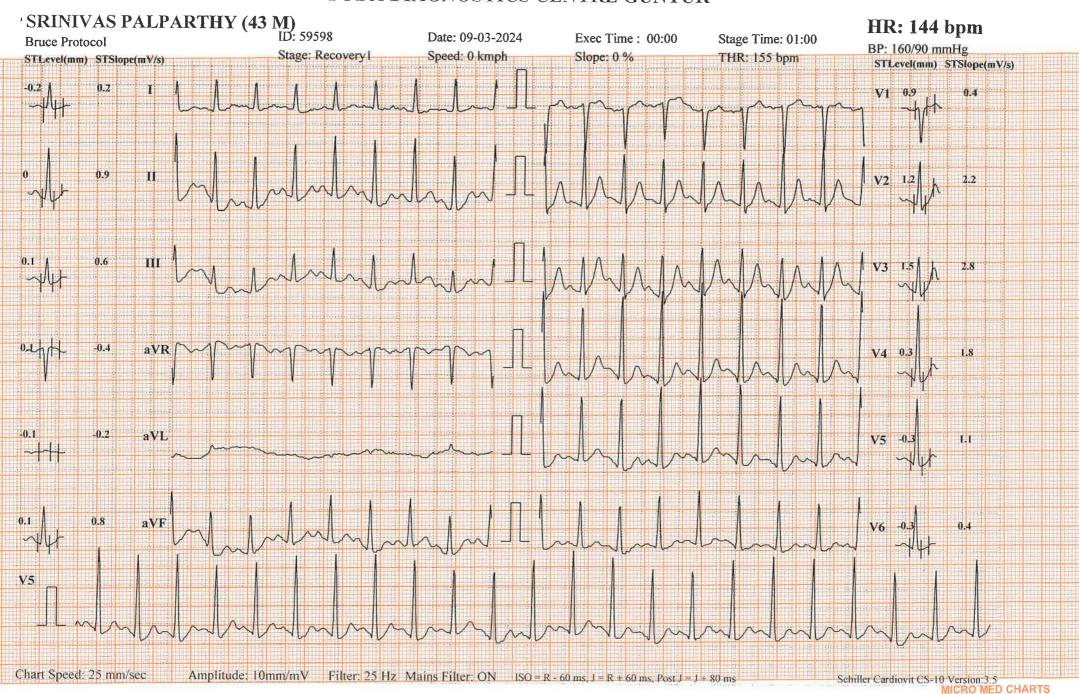


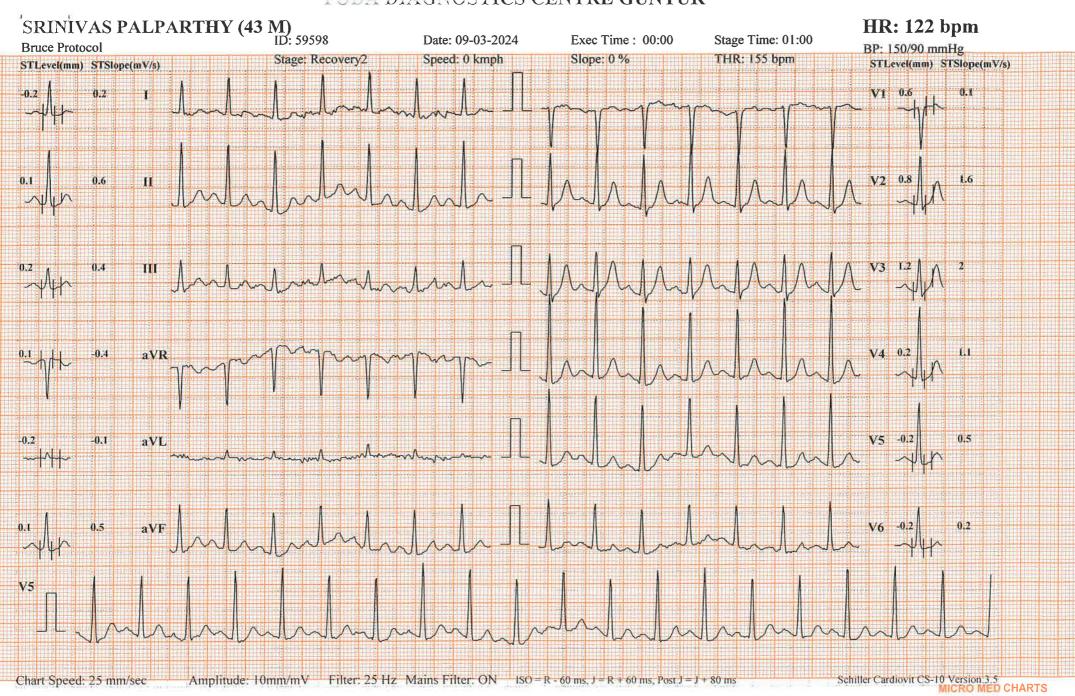


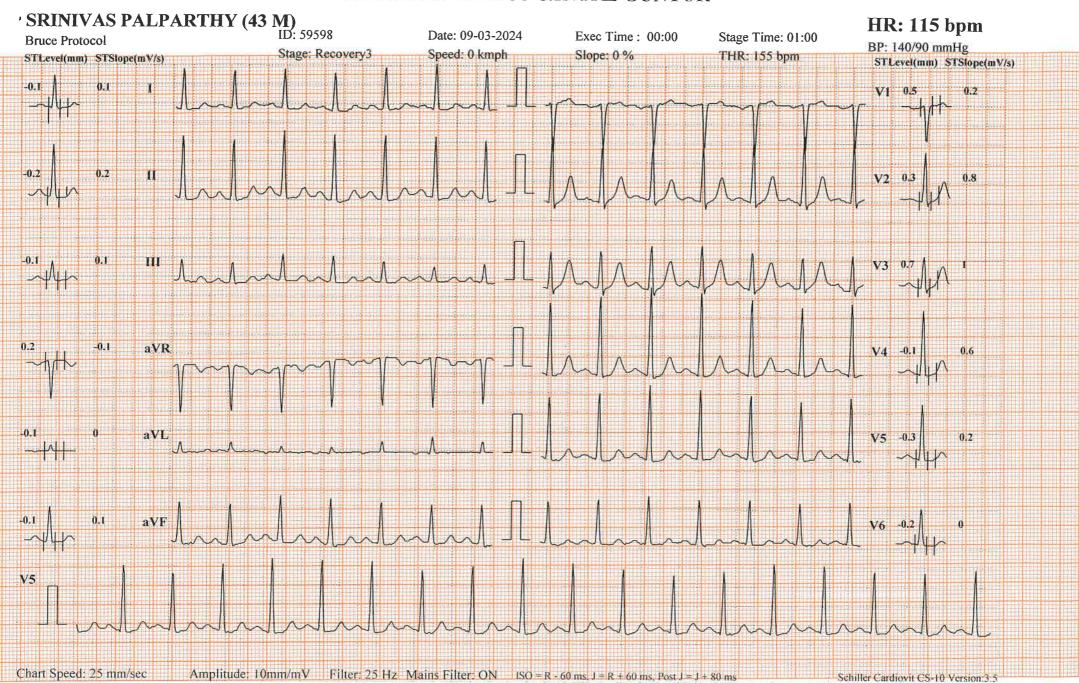




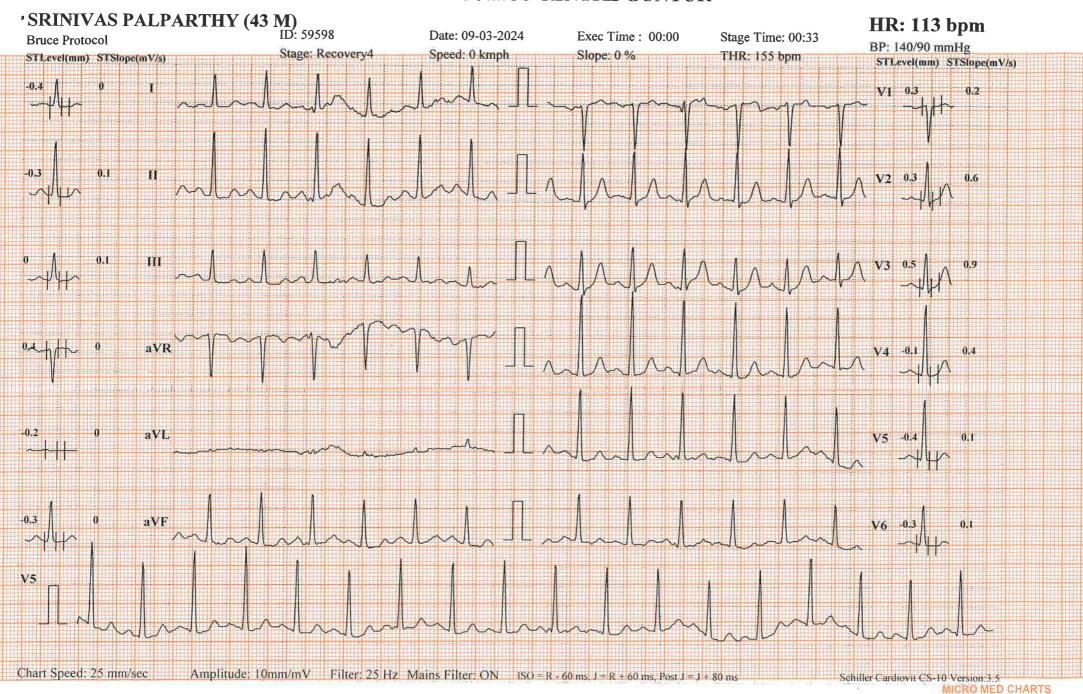








MICRO MED CHARTS





SRINIVAS PALAPARTHY 43Y MALE YGT59598 CHEST PA 09-Mar-24
YODA DIAGNOSTICS