

ID: 59422

GOLLAPUDI SUBHASH CHANDRA BOSE

Male 47Years

Req. No. :

08-03-2024 10:22:53

HR : 81 bpm

P : 100 ms

PR : 161 ms

QRS : 91 ms

QT/QTcBz : 344/401 ms

P/QRS/T : 66/58/44 °

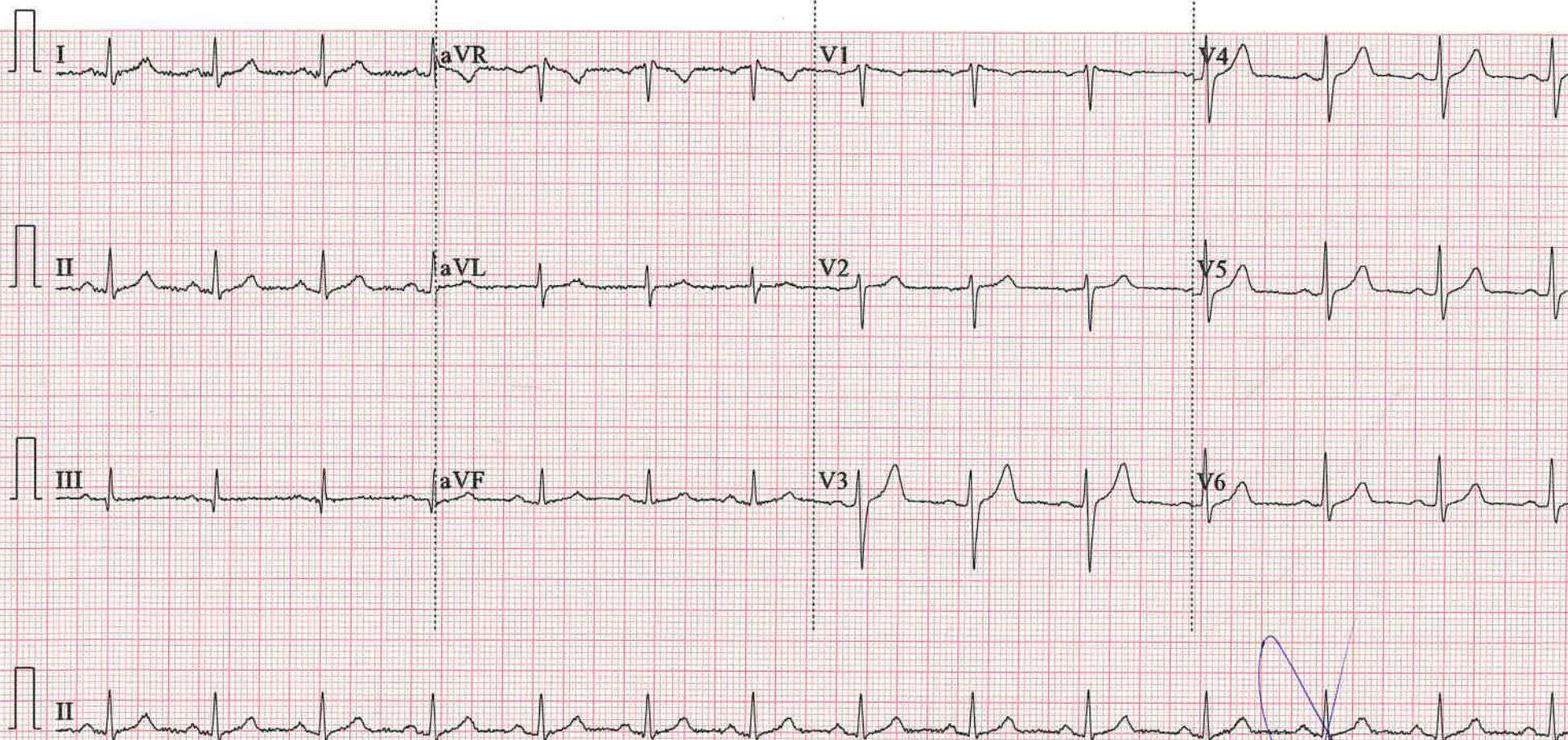
RV5/SV1 : 0.834/0.632 mV

Diagnosis Information:

Sinus Rhythm

Incomplete Right Bundle Branch Block

Report Confirmed by:



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

Visit ID	: YGT59422	UHID/MR No	: YGT.0000059225
Patient Name	: Mr. GOLLAPUDI SUBHASH CHANDRA BOSE	Client Code	: YOD-DL-0021
Age/Gender	: 47 Y 0 M 0 D /M	Barcode No	: 10963911
DOB	:	Registration	: 08/Mar/2024 07:41AM
Ref Doctor	: SELF	Collected	: 08/Mar/2024 07:41AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Mar/2024 01:02PM
Hospital Name	:		

**DEPARTMENT OF RADIOLOGY****ULTRASOUND WHOLE ABDOMEN**

Clinical Details : General check-up.

LI VER : Normal in size( 11.8 cm) and 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 (9.2 cm)and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 10.6x4.1 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 10.2x4.5 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.

URI NARY BLADDER : Minimally distended. No evidence of wall thickening / calculi.

PROSTATE : Normal in size (volume-14 cc) 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 :  
M VENKATA KRISHNA



Approved By :

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

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**DEPARTMENT OF RADIOLOGY**X-RAY CHEST PA VIEWFindings:

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

HAEMOGLOBIN (HB)	15.4	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	<b>5.53</b>	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	46.5	%	40.0 - 50.0	RBC pulse height detection
MCV	84.2	fL	83 - 101	Automated/Calculated
MCH	27.9	pg	27 - 32	Automated/Calculated
MCHC	33.1	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.5	%	11.0-16.0	Automated Calculated
RDW - SD	40.4	fl	35.0-56.0	Calculated
MPV	<b>10.1</b>	fL	6.5 - 10.0	Calculated
PDW	16.2	fL	8.30-25.00	Calculated
PCT	0.25	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	6,150	cells/ml	4000 - 11000	Flow Cytometry
<b>DLC (by Flow cytometry/Microscopy)</b>				
NEUTROPHIL	50	%	40 - 80	Impedance
LYMPHOCYTE	37	%	20 - 40	Impedance
EOSINOPHIL	06	%	01 - 06	Impedance
MONOCYTE	07	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	2.51	Lakhs/cumm	1.50 - 4.10	Impedance

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**DEPARTMENT OF BIOCHEMISTRY**

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

**Sample Type : SERUM**

T3	1.22	ng/ml	0.60 - 1.78	CLIA
T4	11.25	ug/dl	4.82-15.65	CLIA
TSH	1.81	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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**LIVER FUNCTION TEST(LFT)**

Sample Type : SERUM				
TOTAL BILIRUBIN	0.97	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	<b>0.22</b>	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.75	mg/dl		Calculated
AST (S.G.O.T)	26	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	32	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	93	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.8	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.2	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.6	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.62			Calculated

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

TOTAL CHOLESTEROL	166	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	32	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	118.8	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	76	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	15.2	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	5.19		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	<b>2.38</b>	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	<b>134</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	0.44	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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**HBA1C**

**Sample Type : WHOLE BLOOD EDTA**

HBA1c RESULT	5.5	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	111	mg/dl		

Note:  
 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .  
 2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.  
 HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control .

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**BLOOD UREA NITROGEN (BUN)**

**Sample Type : Serum**

SERUM UREA	24	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	11.2	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

<b>Visit ID</b> : YGT59422	<b>UHID/MR No</b> : YGT.0000059225
<b>Patient Name</b> : Mr. GOLLAPUDI SUBHASH CHANDRA BOSE	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 47 Y 0 M 0 D /M	<b>Barcode No</b> : 10963911
<b>DOB</b> :	<b>Registration</b> : 08/Mar/2024 07:41AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 08/Mar/2024 07:43AM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 08/Mar/2024 08:21AM
<b>Client Add</b> : F-701, Lado Sarai, Mehrauli, N	<b>Reported</b> : 08/Mar/2024 09:48AM
<b>Hospital Name</b> :	

**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	87	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*  
**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist



<b>Visit ID</b>	: YGT59422	UHID/MR No	: YGT.0000059225
<b>Patient Name</b>	: Mr. GOLLAPUDI SUBHASH CHANDRA BOSE	Client Code	: YOD-DL-0021
Age/Gender	: 47 Y 0 M 0 D /M	Barcode No	: 10963911
DOB	:	Registration	: 08/Mar/2024 07:41AM
Ref Doctor	: SELF	Collected	: 08/Mar/2024 11:00AM
Client Name	: MEDI WHEELS	Received	: 08/Mar/2024 11:12AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 08/Mar/2024 12:02PM
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	92	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

<b>Visit ID</b>	: YGT59422	<b>UHID/MR No</b>	: YGT.0000059225
<b>Patient Name</b>	: Mr. GOLLAPUDI SUBHASH CHANDRA BOSE	<b>Client Code</b>	: YOD-DL-0021
<b>Age/Gender</b>	: 47 Y 0 M 0 D /M	<b>Barcode No</b>	: 10963911
<b>DOB</b>	:	<b>Registration</b>	: 08/Mar/2024 07:41AM
<b>Ref Doctor</b>	: SELF	<b>Collected</b>	: 08/Mar/2024 07:43AM
<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 08/Mar/2024 08:21AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehrauli, N	<b>Reported</b>	: 08/Mar/2024 09:48AM
<b>Hospital Name</b>	:		

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**SERUM CREATININE**

**Sample Type : SERUM**

SERUM CREATININE	1.12	mg/dl	0.70 - 1.30	KINETIC-JAFFE
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Increased In:

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

Decreased In:

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

Verified By :  
M VENKATA KRISHNA



Approved By :

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

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<b>Patient Name</b>	: Mr. GOLLAPUDI SUBHASH CHANDRA BOSE	<b>Client Code</b>	: YOD-DL-0021
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**DEPARTMENT OF BIOCHEMISTRY**

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

**Sample Type : SERUM**

GGT	24	U/L	0 - 55.0	KINETIC-IFCC
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**INTERPRETATION:**

GGT functions in the body as a transport molecule, helping to move other molecules around the body. It plays a significant role in helping the liver metabolize drugs and other toxins. Increased GGT include overuse of alcohol, chronic viral hepatitis, lack of blood flow to the liver, liver tumor, cirrhosis, or scarred liver, overuse of certain drugs or other toxins, heart failure, diabetes, pancreatitis, fatty liver disease.

Verified By :  
M VENKATA KRISHNA



Approved By :

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

<b>Visit ID</b>	: YGT59422	<b>UHID/MR No</b>	: YGT.0000059225
<b>Patient Name</b>	: Mr. GOLLAPUDI SUBHASH CHANDRA BOSE	<b>Client Code</b>	: YOD-DL-0021
<b>Age/Gender</b>	: 47 Y 0 M 0 D /M	<b>Barcode No</b>	: 10963911
<b>DOB</b>	:	<b>Registration</b>	: 08/Mar/2024 07:41AM
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<b>Client Add</b>	: F-701, Lado Sarai, Mehrauli, N	<b>Reported</b>	: 08/Mar/2024 09:48AM
<b>Hospital Name</b>	:		

**DEPARTMENT OF BIOCHEMISTRY**

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

**Sample Type : SERUM**

SERUM URIC ACID	5.6	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*  
**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist

<b>Visit ID</b>	: YGT59422	<b>UHID/MR No</b>	: YGT.0000059225
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<b>Age/Gender</b>	: 47 Y 0 M 0 D /M	<b>Barcode No</b>	: 10963911
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<b>Client Add</b>	: F-701, Lado Sarai, Mehrauli, N	<b>Reported</b>	: 08/Mar/2024 09:48AM
<b>Hospital Name</b>	:		

**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)	11.2	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	1.12	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	10.00	Ratio	6 - 25	Calculated

Verified By :  
M VENKATA KRISHNA



Approved By :

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

Visit ID	: YGT59422	UHID/MR No	: YGT.0000059225
Patient Name	: Mr. GOLLAPUDI SUBHASH CHANDRA BOSE	Client Code	: YOD-DL-0021
Age/Gender	: 47 Y 0 M 0 D /M	Barcode No	: 10963911
DOB	:	Registration	: 08/Mar/2024 07:41AM
Ref Doctor	: SELF	Collected	: 08/Mar/2024 07:41AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehrauli, N	Reported	: 08/Mar/2024 11:38AM
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 : 3.0 cms  
LEFT VENTRICLE : EDD : 4.7 cm IVS(d) : 1.0 cm LVEF : 60%  
ESD : 3.2 cm PW (d) : 0.8 cm FS : 30%  
No RWMA  
IAS : Intact  
IVS : Intact  
AORTA : 2.9cms  
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

Visit ID	: YGT59422	UHID/MR No	: YGT.0000059225
Patient Name	: Mr. GOLLAPUDI SUBHASH CHANDRA BOSE	Client Code	: YOD-DL-0021
Age/Gender	: 47 Y 0 M 0 D /M	Barcode No	: 10963911
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**DEPARTMENT OF RADIOLOGY****DOPPLER STUDY :**

MITRAL FLOW : E -0.3 m/sec, A -0.5 m/sec.  
AORTIC FLOW : 0.8m/sec  
PULMONARY FLOW : 0.7m/sec  
TRICUSPID FLOW : TRJV :1.0 m/sec, RVSP -20 mmHg  
COLOUR FLOW MAPPING: TRIVIAL TR


**IMPRESSION :**

- \* MILD CONCENTRIC LVH
- \* NO RWMA OF LV
- \* GOOD LV SYSTOLIC FUNCTION
- \* GRADE I LV DIASTOLIC DYSFUNCTION
- \* 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

<b>Visit ID</b> : YGT59422	<b>UHID/MR No</b> : YGT.0000059225
<b>Patient Name</b> : Mr. GOLLAPUDI SUBHASH CHANDRA BOSE	<b>Client Code</b> : YOD-DL-0021
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<b>Hospital Name</b> :	

**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	20 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	1 - 2	cells/HPF	0-5	
EPITHELIAL CELLS	1 - 2	/hpf	0 - 15	
RBCs	NIL	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	
BACTERIA	NIL		Nil	
OTHER	NIL			

 Verified By :  
 M VENKATA KRISHNA


Approved By :

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



Visit ID	: YGT59422	UHID/MR No	: YGT.0000059225
Patient Name	: Mr. GOLLAPUDI SUBHASH CHANDRA BOSE	Client Code	: YOD-DL-0021
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**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  
MBBS, DCP  
Consultant Pathologist

DATE: 08/3/24

NAME: GOLLAPUDI SUBHSH

AGE: 47 M 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>M</u>			<u>N</u>		
ADD		<u>+ 2.0</u>		<u>Both</u>	<u>H</u>	<u>eyes</u>

INSTRUCTIONS \_\_\_\_\_

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

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

Name: Mr. Gollapudi Subhash chandra bose  
Date: 08/03/24 Age: 47 years Sex: male  
Address: Guntur



Routine Health checkup

NO COMPLAINTS

NO H1O HTN DM/ICAD/PTB

- 1) Daily Exercise
- 2) weight Reduction

TEMP: 37  
B.P: 100/70 mm/Hg  
PULSE: 87 bpm  
WEIGHT: 88 kg  
HEIGHT: 178 cms

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



Visit ID	: YGT59422	UHID/MR No	: YGT.0000059225
Patient Name	: Mr. GOLLAPUDI SUBHASH CHANDRA BOSE	Client Code	: YOD-DL-0021
Age/Gender	: 47 Y 0 M 0 D /M	Barcode No	: 10963911
DOB	:	Registration	: 08/Mar/2024 07:41AM
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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Mar/2024 01:02PM
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**DEPARTMENT OF RADIOLOGY****ULTRASOUND WHOLE ABDOMEN**

Clinical Details : General check-up.

LI VER : Normal in size( 11.8 cm) and 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 (9.2 cm)and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 10.6x4.1 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 10.2x4.5 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.

URI NARY BLADDER : Minimally distended. No evidence of wall thickening / calculi.

PROSTATE : Normal in size (volume-14 cc) 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 :  
M VENKATA KRISHNA



Approved By :

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

Visit ID	: YGT59422	UHID/MR No	: YGT.0000059225
Patient Name	: Mr. GOLLAPUDI SUBHASH CHANDRA BOSE	Client Code	: YOD-DL-0021
Age/Gender	: 47 Y 0 M 0 D /M	Barcode No	: 10963911
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Client Add	: F-701, Lado Sarai, Mehrauli, N	Reported	: 09/Mar/2024 01:02PM
Hospital Name	:		

**DEPARTMENT OF RADIOLOGY**



Verified By :  
M VENKATA KRISHNA



Approved By :

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

Visit ID	: YGT59422	UHID/MR No	: YGT.0000059225
Patient Name	: Mr. GOLLAPUDI SUBHASH CHANDRA BOSE	Client Code	: YOD-DL-0021
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Ref Doctor	: SELF	Collected	: 08/Mar/2024 07:41AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehrauli, N	Reported	: 08/Mar/2024 10:34AM
Hospital Name	:		

**DEPARTMENT OF RADIOLOGY**X-RAY CHEST PA VIEWFindings:

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 :  
M VENKATA KRISHNA



Approved By :

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

<b>Visit ID</b>	: YGT59422	UHID/MR No	: YGT.0000059225
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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	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.

Verified By :  
M VENKATA KRISHNA



Approved By :

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

<b>Visit ID</b>	: YGT59422	UHID/MR No	: YGT.0000059225
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Age/Gender	: 47 Y 0 M 0 D /M	Barcode No	: 10963911
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Client Name	: MEDI WHEELS	Received	: 08/Mar/2024 08:21AM
Client Add	: F-701, Lado Sarai, Mehrauli, N	Reported	: 08/Mar/2024 10:13AM
Hospital Name	:		

**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**BLOOD GROUP ABO & RH Typing**

**Sample Type : WHOLE BLOOD EDTA**

ABO	B			
Rh Typing	POSITIVE			

Method : Hemagglutination Tube method by forward and reverse grouping

**COMMENTS:**

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

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

Verified By :  
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 Consultant Pathologist



<b>Visit ID</b> : YGT59422	<b>UHID/MR No</b> : YGT.0000059225
<b>Patient Name</b> : Mr. GOLLAPUDI SUBHASH CHANDRA BOSE	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 47 Y 0 M 0 D /M	<b>Barcode No</b> : 10963911
<b>DOB</b> :	<b>Registration</b> : 08/Mar/2024 07:41AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 08/Mar/2024 07:43AM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 08/Mar/2024 08:21AM
<b>Client Add</b> : F-701, Lado Sarai, Mehrauli, N	<b>Reported</b> : 08/Mar/2024 09:48AM
<b>Hospital Name</b> :	

**DEPARTMENT OF HAEMATOLOGY**


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

HAEMOGLOBIN (HB)	15.4	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	<b>5.53</b>	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	46.5	%	40.0 - 50.0	RBC pulse height detection
MCV	84.2	fL	83 - 101	Automated/Calculated
MCH	27.9	pg	27 - 32	Automated/Calculated
MCHC	33.1	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.5	%	11.0-16.0	Automated Calculated
RDW - SD	40.4	fl	35.0-56.0	Calculated
MPV	<b>10.1</b>	fL	6.5 - 10.0	Calculated
PDW	16.2	fL	8.30-25.00	Calculated
PCT	0.25	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	6,150	cells/ml	4000 - 11000	Flow Cytometry
<b>DLC (by Flow cytometry/Microscopy)</b>				
NEUTROPHIL	50	%	40 - 80	Impedance
LYMPHOCYTE	37	%	20 - 40	Impedance
EOSINOPHIL	06	%	01 - 06	Impedance
MONOCYTE	07	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	2.51	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	1.22	ng/ml	0.60 - 1.78	CLIA
T4	11.25	ug/dl	4.82-15.65	CLIA
TSH	1.81	uIU/mL	0.30 - 5.60	CLIA

**INTERPRETATION:**

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

**9. REFERENCE RANGE :**

PREGNANCY	TSH in uIU/ mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

(References range recommended by the American Thyroid Association)

**Comments:**

1. During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**LIVER FUNCTION TEST(LFT)**

Sample Type : SERUM				
TOTAL BILIRUBIN	0.97	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	<b>0.22</b>	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.75	mg/dl		Calculated
AST (S.G.O.T)	26	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	32	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	93	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.8	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.2	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.6	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.62			Calculated

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**DEPARTMENT OF BIOCHEMISTRY**

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**DEPARTMENT OF BIOCHEMISTRY**

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

TOTAL CHOLESTEROL	166	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	32	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	118.8	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	76	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	15.2	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	5.19		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	<b>2.38</b>	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	<b>134</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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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Biological Ref. Range	Method
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**PSA (PROSTATE SPECIFIC ANTIGEN) - TOTAL**

**Sample Type : SERUM**

PROSTATE SPECIFIC ANTIGEN	0.44	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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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**HBA1C**

**Sample Type : WHOLE BLOOD EDTA**

HBA1c RESULT	5.5	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	111	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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**DEPARTMENT OF BIOCHEMISTRY**

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

**Sample Type : Serum**

SERUM UREA	24	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	11.2	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.

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**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	87	mg/dl	70 - 100	HEXOKINASE
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**INTERPRETATION:**  
Increased In

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


Decreased In

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

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DOB	:	Registration	: 08/Mar/2024 07:41AM
Ref Doctor	: SELF	Collected	: 08/Mar/2024 11:00AM
Client Name	: MEDI WHEELS	Received	: 08/Mar/2024 11:12AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 08/Mar/2024 12:02PM
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	92	mg/dl	<140	HEXOKINASE
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**INTERPRETATION:**

- Increased In
- Diabetes Mellitus
  - Stress (e.g., emotion, burns, shock, anesthesia)
  - Acute pancreatitis
  - Chronic pancreatitis
  - Wernicke encephalopathy (vitamin B1 deficiency)
  - Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)
- Decreased In
- Pancreatic disorders
  - Extrapancreatic tumors
  - Endocrine disorders
  - Malnutrition
  - Hypothalamic lesions
  - Alcoholism
  - Endocrine disorders

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Test Name	Result	Unit	Biological Ref. Range	Method
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**SERUM CREATININE**

**Sample Type : SERUM**

SERUM CREATININE	1.12	mg/dl	0.70 - 1.30	KINETIC-JAFFE
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Increased In:

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

Decreased In:

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

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**DEPARTMENT OF BIOCHEMISTRY**

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

**Sample Type : SERUM**

GGT	24	U/L	0 - 55.0	KINETIC-IFCC
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**INTERPRETATION:**

GGT functions in the body as a transport molecule, helping to move other molecules around the body. It plays a significant role in helping the liver metabolize drugs and other toxins. Increased GGT include overuse of alcohol, chronic viral hepatitis, lack of blood flow to the liver, liver tumor, cirrhosis, or scarred liver, overuse of certain drugs or other toxins, heart failure, diabetes, pancreatitis, fatty liver disease.

Verified By :  
M VENKATA KRISHNA



Approved By :

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

<b>Visit ID</b>	: YGT59422	<b>UHID/MR No</b>	: YGT.0000059225
<b>Patient Name</b>	: Mr. GOLLAPUDI SUBHASH CHANDRA BOSE	<b>Client Code</b>	: YOD-DL-0021
<b>Age/Gender</b>	: 47 Y 0 M 0 D /M	<b>Barcode No</b>	: 10963911
<b>DOB</b>	:	<b>Registration</b>	: 08/Mar/2024 07:41AM
<b>Ref Doctor</b>	: SELF	<b>Collected</b>	: 08/Mar/2024 07:43AM
<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 08/Mar/2024 08:21AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehrauli, N	<b>Reported</b>	: 08/Mar/2024 09:48AM
<b>Hospital Name</b>	:		

**DEPARTMENT OF BIOCHEMISTRY**

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

**Sample Type : SERUM**

SERUM URIC ACID	5.6	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.

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Approved By :

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 MBBS, DCP  
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**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)	11.2	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	1.12	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	10.00	Ratio	6 - 25	Calculated

Verified By :  
M VENKATA KRISHNA



Approved By :

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

Visit ID	: YGT59422	UHID/MR No	: YGT.0000059225
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Age/Gender	: 47 Y 0 M 0 D /M	Barcode No	: 10963911
DOB	:	Registration	: 08/Mar/2024 07:41AM
Ref Doctor	: SELF	Collected	: 08/Mar/2024 07:41AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehrauli, N	Reported	: 08/Mar/2024 11:38AM
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 : 3.0 cms  
LEFT VENTRICLE : EDD : 4.7 cm IVS(d) : 1.0 cm LVEF : 60%  
ESD : 3.2 cm PW (d) : 0.8 cm FS : 30%  
No RWMA  
IAS : Intact  
IVS : Intact  
AORTA : 2.9cms  
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



Visit ID	: YGT59422	UHID/MR No	: YGT.0000059225
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**DEPARTMENT OF RADIOLOGY****DOPPLER STUDY :**

MITRAL FLOW : E -0.3 m/sec, A -0.5 m/sec.  
AORTIC FLOW : 0.8m/sec  
PULMONARY FLOW : 0.7m/sec  
TRICUSPID FLOW : TRJV :1.0 m/sec, RVSP -20 mmHg  
COLOUR FLOW MAPPING: TRIVIAL TR


**IMPRESSION :**

- \* MILD CONCENTRIC LVH
- \* NO RWMA OF LV
- \* GOOD LV SYSTOLIC FUNCTION
- \* GRADE I LV DIASTOLIC DYSFUNCTION
- \* 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

<b>Visit ID</b>	: YGT59422	UHID/MR No	: YGT.0000059225
<b>Patient Name</b>	: Mr. GOLLAPUDI SUBHASH CHANDRA BOSE	Client Code	: YOD-DL-0021
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**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	20 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	1 - 2	cells/HPF	0-5	
EPITHELIAL CELLS	1 - 2	/hpf	0 - 15	
RBCs	NIL	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	
BACTERIA	NIL		Nil	
OTHER	NIL			

 Verified By :  
 M VENKATA KRISHNA


Approved By :

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


Visit ID	: YGT59422	UHID/MR No	: YGT.0000059225
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**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 :

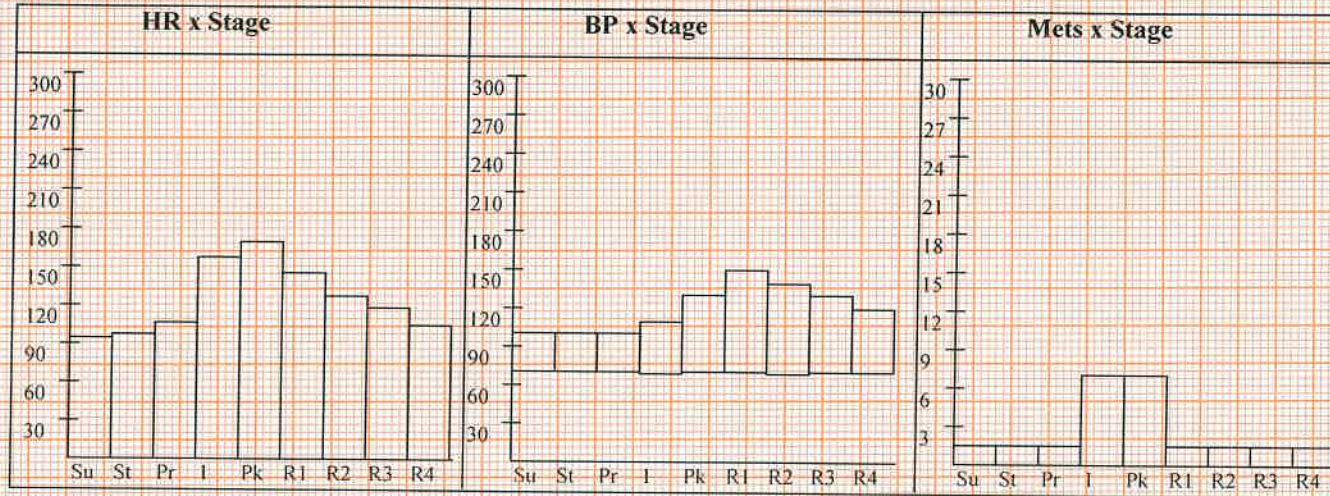
  
Dr. Sumalatha  
MBBS, DCP  
Consultant Pathologist

# YODA DIAGNOSTICS CENTRE GUNTUR

**Name: GOLLAPUDI SUBHASH CHANDRA BOSE**

**Date: 08-03-2024**

**Time: 10:37**



## Interpretation

The Patient Exercised according to Bruce Protocol for 0:04:03 achieving a work level of 4.7 METS.  
 Resting Heart Rate, initially 94 bpm rose to a max. heart rate of 170bpm (95% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 100/70 mmHg, rose to a maximum Blood Pressure of 150/70 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**

Ref. Doctor: SELF

Doctor: DR.B NAGARAJU

## YODA DIAGNOSTICS CENTRE GUNTUR

**Name: GOLLAPUDI SUBHASH CHANDRA BOSE** Date: 08-03-2024 Time: 10:37  
 Age: 47      Gender: M      Height: 178 cms      Weight: 88 Kg      ID: 59422  
 Clinical History: NO  
 Medications: NO

### Test Details:

Protocol: Bruce      Predicted Max HR: 179      Target HR: 152 (85% of Pr. MHR)  
 Exercise Time: 0:04:03      Achieved Max HR: 170 (95% of Pr. MHR)  
 Max BP: 150/70      Max BP x HR: 25500      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	00:14	1	0	0	94	100/70	9400	1 V3	0.6 V3
Standing	00:19	1	0	0	97	100/70	9700	1.2 V3	0.6 V2
PreTest	00:20	1	1.6	0	107	100/70	10700	1.1 V4	0.8 V3
Stage: 1	03:00	4.7	2.7	10	157	110/70	17270	1.2 V4	1.2 V4
Peak Exercise	01:03	4.7	4	12	170	130/70	22100	1 V3	1.2 V3
Recovery1	01:00	1	0	0	146	150/70	21900	1.9 V3	1.8 V4
Recovery2	01:00	1	0	0	128	140/70	17920	1.6 V3	1.6 II
Recovery3	01:00	1	0	0	119	130/70	15470	1.2 V3	1.2 V4
Recovery4	00:25	1	0	0	105	120/70	12600	1 II	0.9 II

# YODA DIAGNOSTICS CENTRE GUNTUR

**GOLLAPUDI SUBHASH CHANDRA BOSE (47 M)**

Bruce Protocol

ID: 59422

Date: 08-03-2024

Exec Time : 0:00:00

Stage Time: 00:14

**HR: 94 bpm**

BP: 100/70 mmHg

STLevel(mm) STSlope(mV/s)

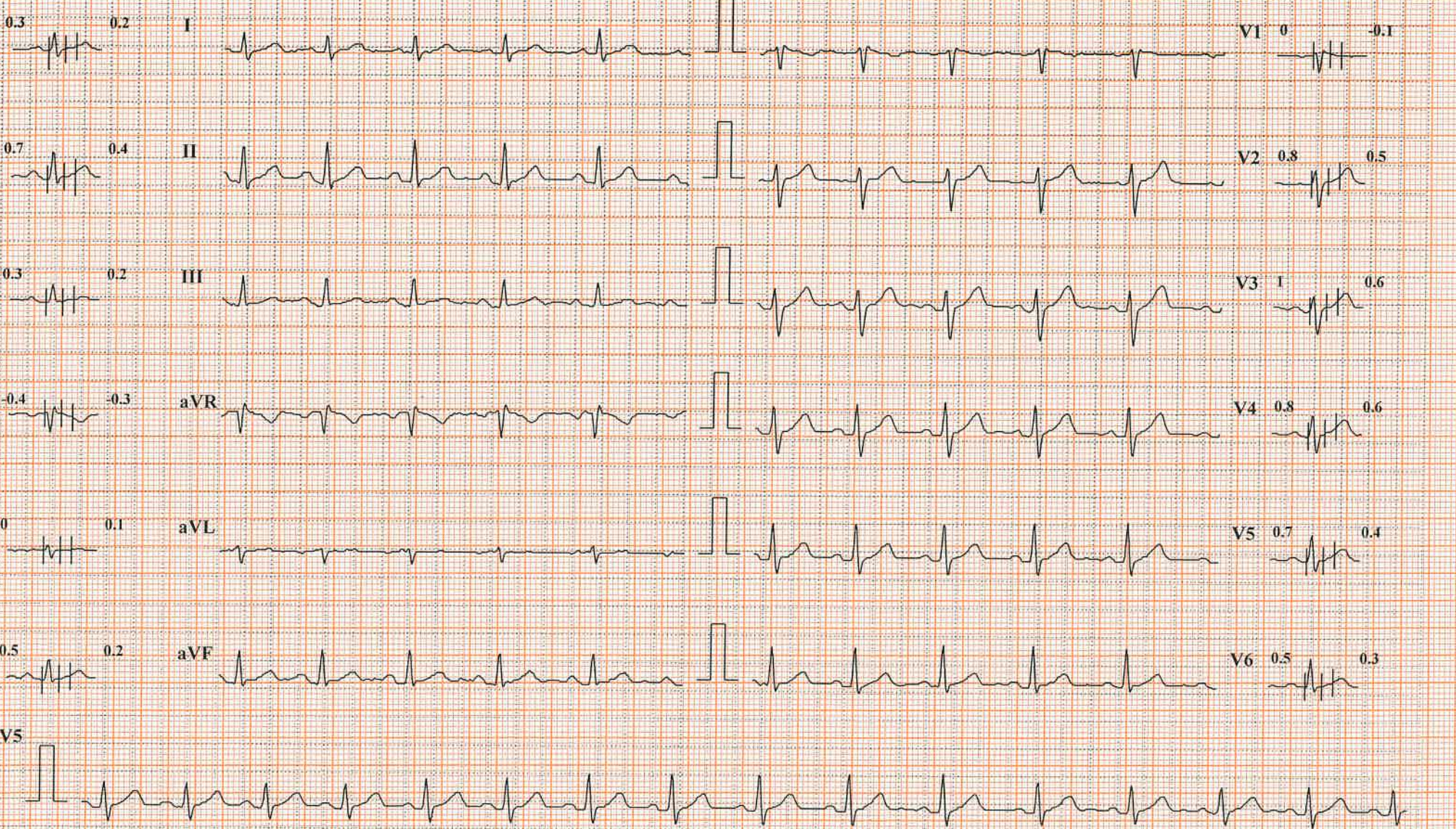
Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 152 bpm

STLevel(mm) STSlope(mV/s)



# YODA DIAGNOSTICS CENTRE GUNTUR

**GOLLAPUDI SUBHASH CHANDRA BOSE (47 M)**

Bruce Protocol

ID: 59422

Date: 08-03-2024

Exec Time : 0:00:00

Stage Time: 00:19

**HR: 97 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Standing

Speed: 0

Slope: 0 %

THR: 152 bpm

BP: 100/70 mmHg

STLevel(mm) STSlope(mV/s)

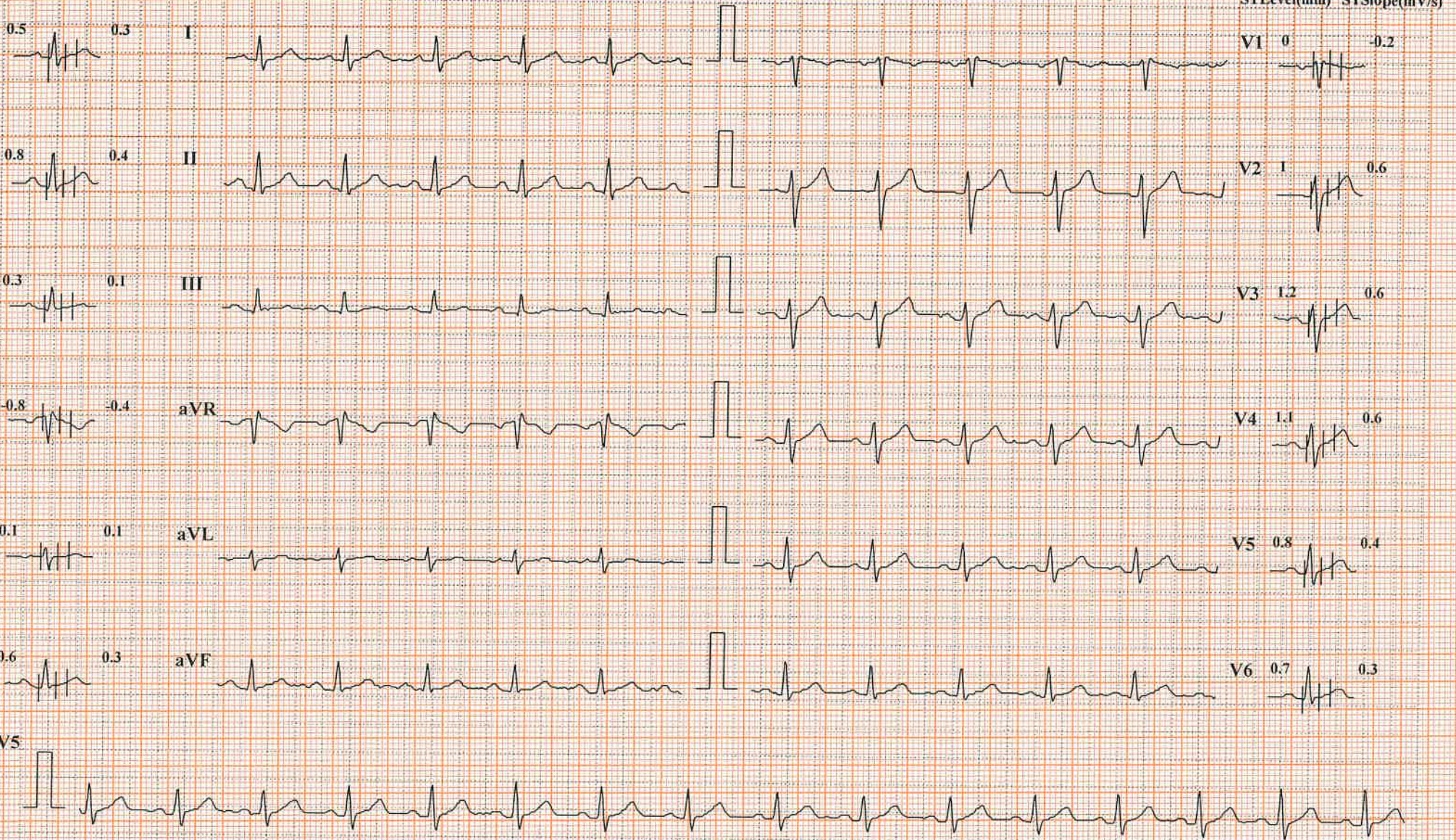


Chart Speed: 25 mm/sec

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

**GOLLAPUDI SUBHASH CHANDRA BOSE (47 M)**

Bruce Protocol

ID: 59422

Date: 08-03-2024

Exec Time : 0:03:00

Stage Time: 03:00

**HR: 157 bpm**

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 152 bpm

BP: 110/70 mmHg

STLevel(mm) STSlope(mV/s)

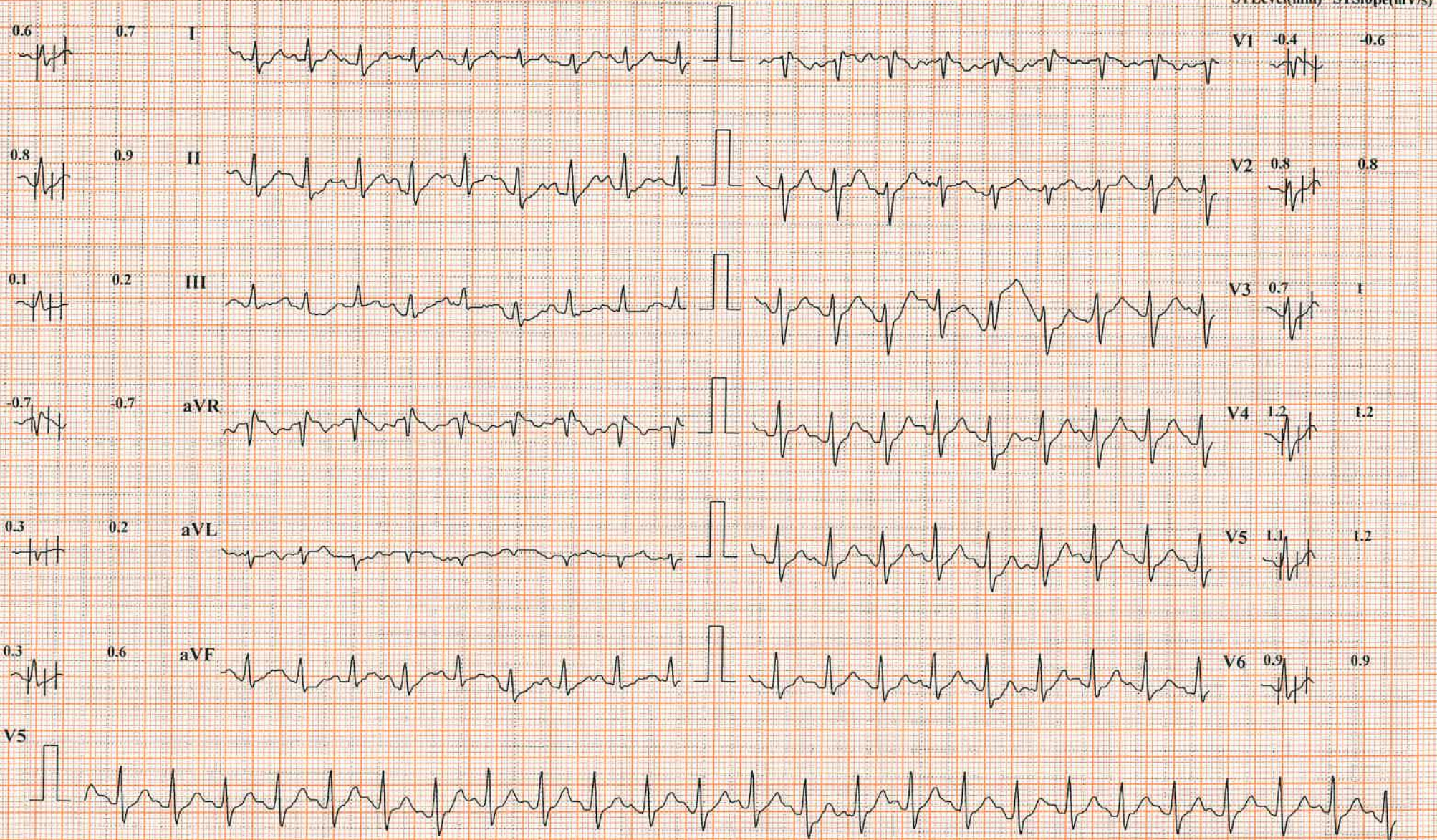


Chart Speed: 25 mm/sec

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

**GOLLAPUDI SUBHASH CHANDRA BOSE (47 M)**

Bruce Protocol

ID: 59422

Date: 08-03-2024

Exec Time : 0:04:03

Stage Time: 01:03

**HR: 170 bpm**

STLevel(mm) STSlope(mV/s)

Stage: 2 Peak Exercise

Speed: 4 kmph

Slope: 12 %

THR: 152 bpm

BP: 130/70 mmHg

STLevel(mm) STSlope(mV/s)

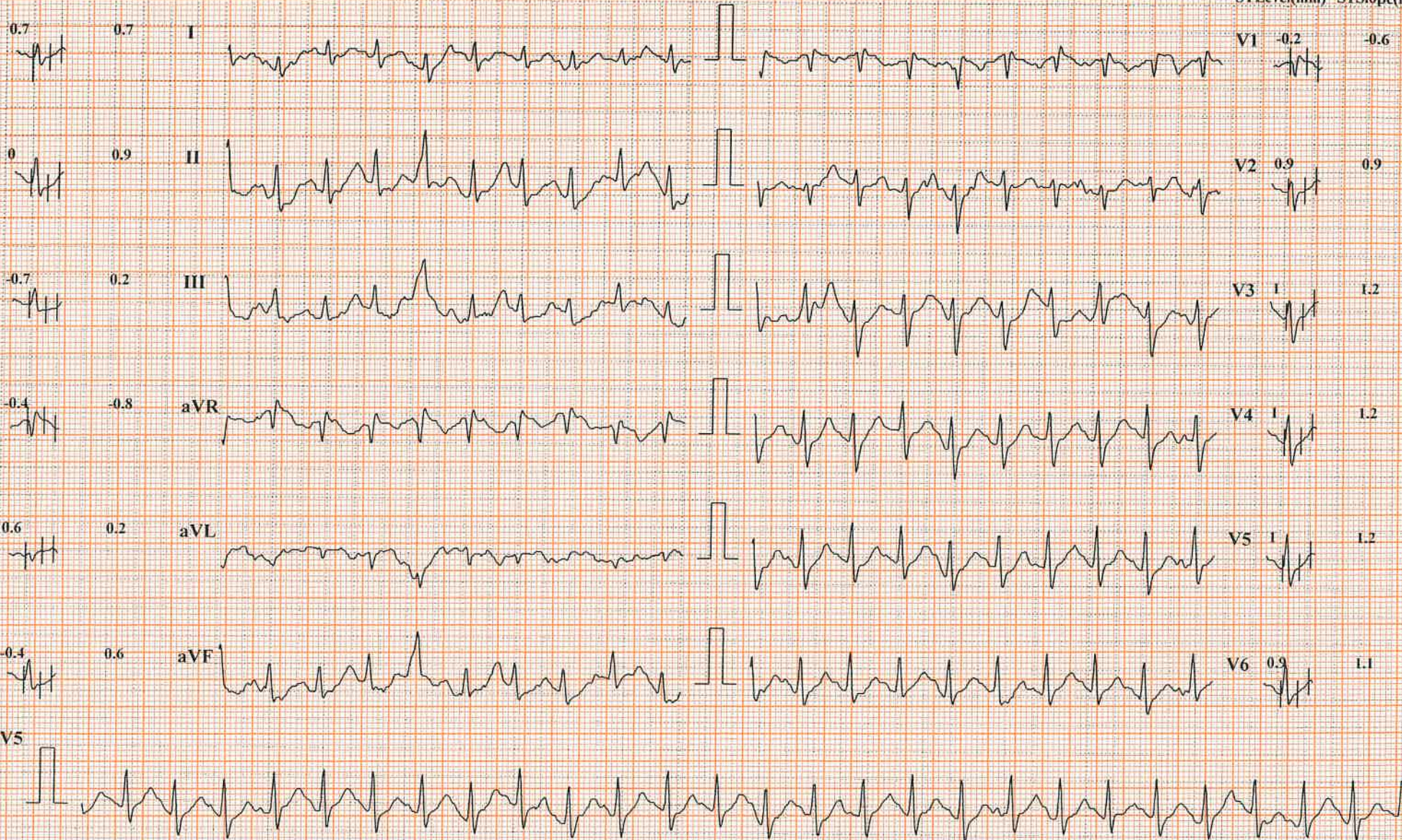


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-10 Version:3.5

# YODA DIAGNOSTICS CENTRE GUNTUR

**GOLLAPUDI SUBHASH CHANDRA BOSE (47 M)**

Bruce Protocol

ID: 59422

Date: 08-03-2024

Exec Time : 00:00

Stage Time: 01:00

**HR: 146 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Recovery1

Speed: 0 kmph

Slope: 0 %

THR: 152 bpm

BP: 150/70 mmHg

STLevel(mm) STSlope(mV/s)

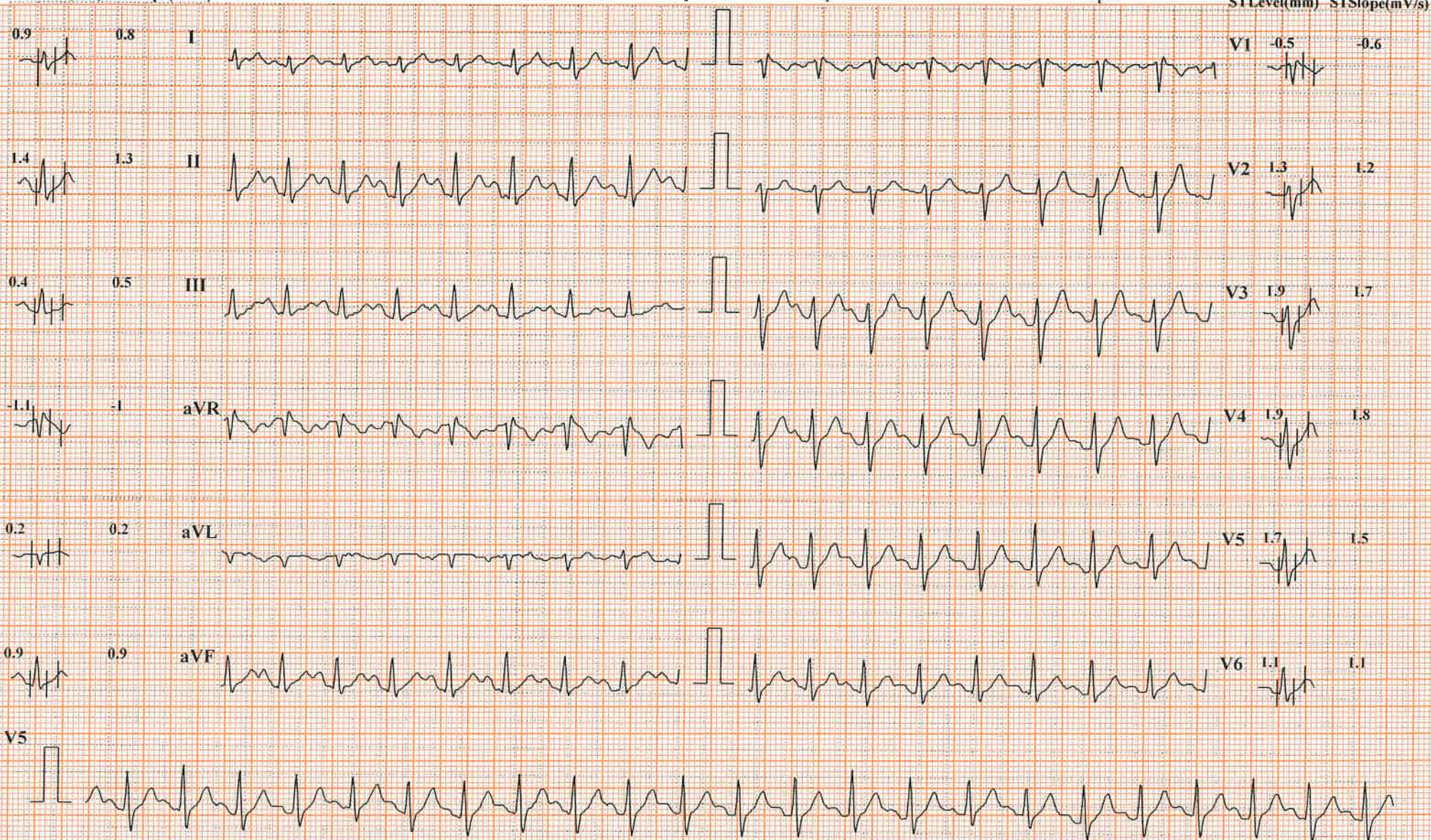


Chart Speed: 25 mm/sec

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

**GOLLAPUDI SUBHASH CHANDRA BOSE (47 M)**

Bruce Protocol

ID: 59422

Date: 08-03-2024

Exec Time : 00:00

Stage Time: 01:00

**HR: 128 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

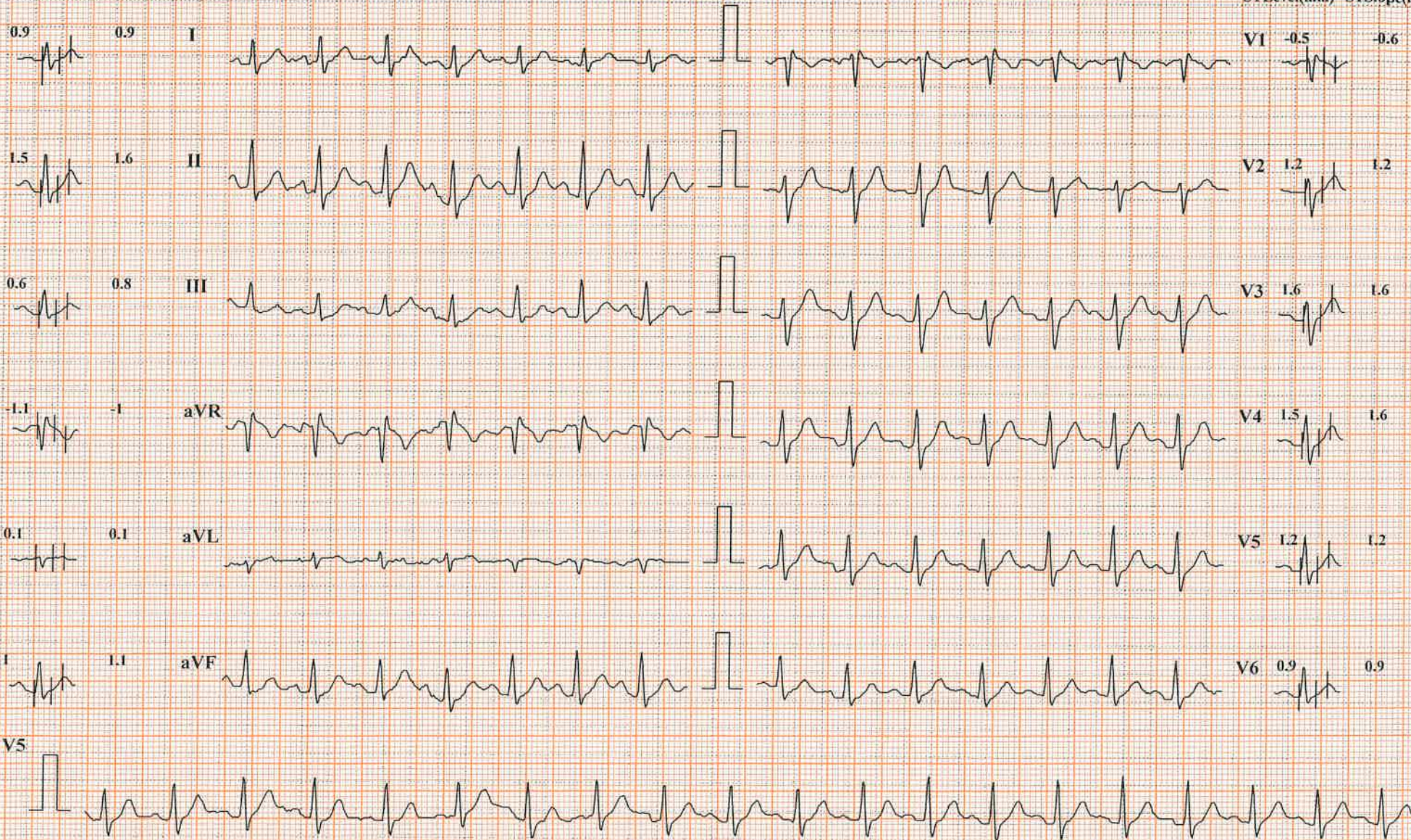
Speed: 0 kmph

Slope: 0 %

THR: 152 bpm

BP: 140/70 mmHg

STLevel(mm) STSlope(mV/s)



# YODA DIAGNOSTICS CENTRE GUNTUR

**GOLLAPUDI SUBHASH CHANDRA BOSE (47 M)**

**HR: 119 bpm**

Bruce Protocol

ID: 59422

Date: 08-03-2024

Exec Time : 00:00

Stage Time: 01:00

BP: 130/70 mmHg

Stage: Recovery3

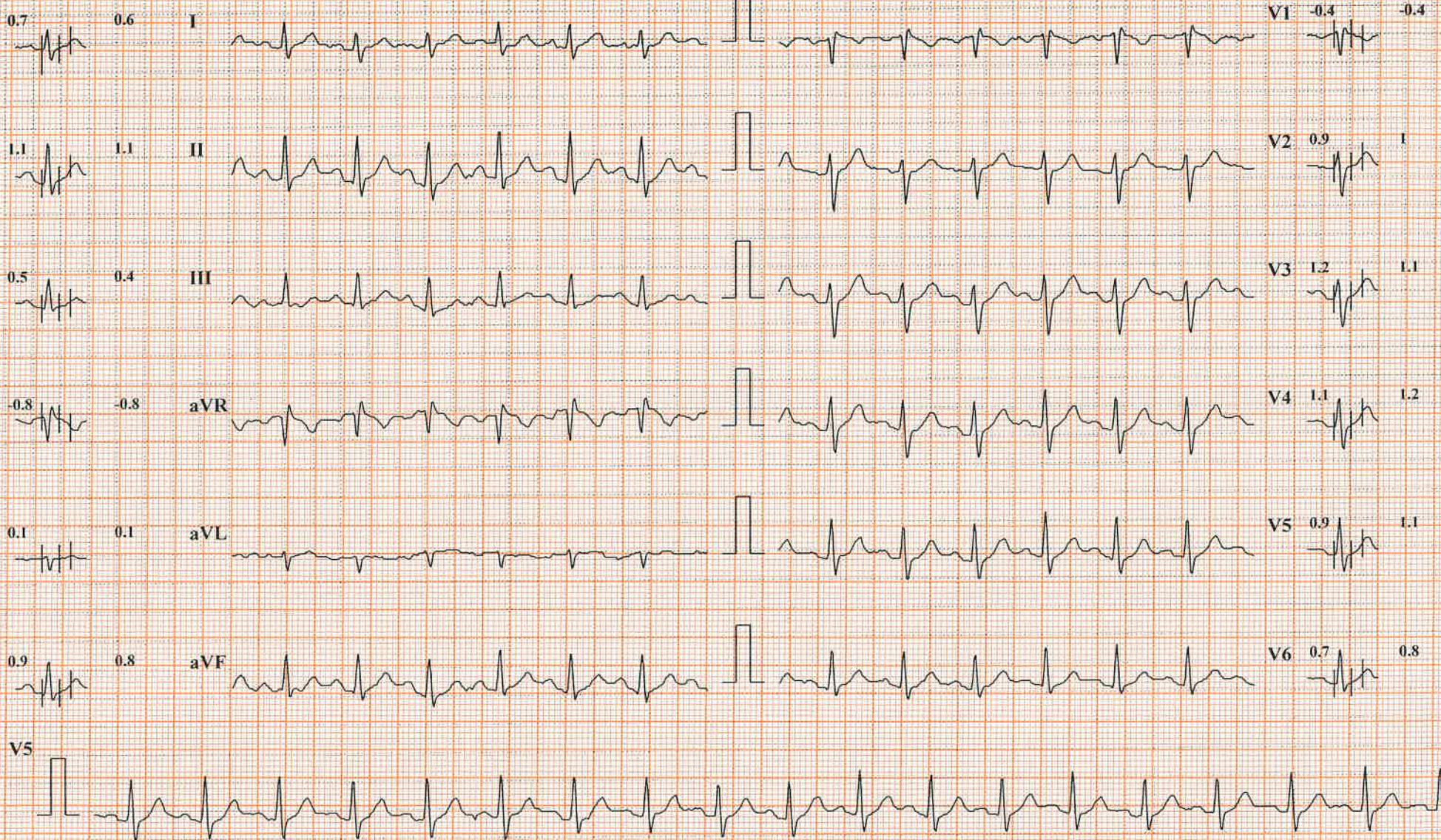
Speed: 0 kmph

Slope: 0 %

THR: 152 bpm

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



# YODA DIAGNOSTICS CENTRE GUNTUR

**GOLLAPUDI SUBHASH CHANDRA BOSE (47 M)**

Bruce Protocol

ID: 59422

Date: 08-03-2024

Exec Time : 00:00

Stage Time: 00:25

**HR: 105 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Recovery4

Speed: 0 kmph

Slope: 0 %

THR: 152 bpm

BP: 120/70 mmHg

STLevel(mm) STSlope(mV/s)

