

Visit ID	: YGT63626	UHID/MR No	: YGT.0000063420
Patient Name	: Mr. KUMAR APPIKATLA ASHOK	Client Code	: YOD-DL-0021
Age/Gender	: 31 Y 0 M 0 D /M	Barcode No	: 10994410
DOB	:	Registration	: 29/Mar/2024 08:46AM
Ref Doctor	: SELF	Collected	: 29/Mar/2024 08:46AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 01:43PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN**

Clinical Details : General check-up.

L I V E R : Normal in size 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 and echotexture. No focal lesion is seen.

R I G H T K I D N E Y : measures 9.2 x4.8 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.

L E F T K I D N E Y : measures 9.8 x4.4 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.

U R I N A R Y B L A D D E R : Well distended. No evidence of wall thickening / calculi.

P R O S T A T E : Normal in size (volume-12 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.

Verified By :
Kollipara Venkateswara Rao



Approved By :


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MBBS;MD(Radio-Diagnosis)
CONSULTANT RADIOLOGIST

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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	5	mm/1st hr	0 - 15	Capillary Photometry
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COMMENTS:

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

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

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

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DEPARTMENT OF HAEMATOLOGY

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BLOOD GROUP ABO & RH Typing

Sample Type : WHOLE BLOOD EDTA

ABO	B			
Rh Typing	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)	16.4	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	5.46	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	47.7	%	40.0 - 50.0	RBC pulse height detection
MCV	83.0	fL	83 - 101	Automated/Calculated
MCH	28.5	pg	27 - 32	Automated/Calculated
MCHC	34.4	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.2	%	11.0-16.0	Automated Calculated
RDW - SD	39	fl	35.0-56.0	Calculated
MPV	8.1	fL	6.5 - 10.0	Calculated
PDW	15.8	fL	8.30-25.00	Calculated
PCT	0.25	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	7,950	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	60	%	40 - 80	Impedance
LYMPHOCYTE	31	%	20 - 40	Impedance
EOSINOPHIL	03	%	01 - 06	Impedance
MONOCYTE	06	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	3.11	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	1.46	ng/ml	0.60 - 1.78	CLIA
T4	11.93	ug/dl	4.82-15.65	CLIA
TSH	2.12	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

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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM				
TOTAL BILIRUBIN	1.57	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.30	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	1.27	mg/dl		Calculated
AST (S.G.O.T)	24	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	24	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	99	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.2	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.8	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.4	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	2.00			Calculated

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LIPID PROFILE

Sample Type : SERUM

TOTAL CHOLESTEROL	193	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	48	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	109.2	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	179	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	35.8	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	4.02		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	3.73	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	145	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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HBA1C

Sample Type : WHOLE BLOOD EDTA


HBA1c RESULT	5.6	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	114	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	28	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	13.1	mg/dl	5 - 25	GLDH-UV

Increased In:

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

Decreased In:

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

Limitations:

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

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FBS (GLUCOSE FASTING)

Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	92	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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Client Name : MEDI WHEELS	Received	: 29/Mar/2024 01:04PM
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PPBS (POST PRANDIAL GLUCOSE)

Sample Type : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	98	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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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.96	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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URIC ACID -SERUM

Sample Type : SERUM

SERUM URIC ACID	7.0	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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BUN/CREATININE RATIO

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	13.1	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.96	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	13.60	Ratio	6 - 25	Calculated

Verified By :
Kollipara Venkateswara Rao



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT63626	UHID/MR No	: YGT.0000063420
Patient Name	: Mr. KUMAR APPIKATLA ASHOK	Client Code	: YOD-DL-0021
Age/Gender	: 31 Y 0 M 0 D /M	Barcode No	: 10994410
DOB	:	Registration	: 29/Mar/2024 08:46AM
Ref Doctor	: SELF	Collected	: 29/Mar/2024 08:46AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 04:25PM
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 : 3.9 cms
LEFT VENTRICLE : EDD : 3.8 cm IVS(d) : 1.3 cm LVEF : 73%
ESD : 2.2 cm PW (d) : 1.0 cm FS : 42%
No RWMA
IAS : Intact
IVS : Intact
AORTA : 2.9 cms
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	: YGT63626	UHID/MR No	: YGT.0000063420
Patient Name	: Mr. KUMAR APPIKATLA ASHOK	Client Code	: YOD-DL-0021
Age/Gender	: 31 Y 0 M 0 D /M	Barcode No	: 10994410
DOB	:	Registration	: 29/Mar/2024 08:46AM
Ref Doctor	: SELF	Collected	: 29/Mar/2024 08:46AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 04:25PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY

DOPPLER STUDY :

MITRAL FLOW : E - 0.6m/sec, A - 0.4m/sec.

AORTIC FLOW : 0.9m/sec

PULMONARY FLOW : 0.9m/sec

TRICUSPID FLOW : TRJV :1.5 m/sec, RVSP -25 mmHg

COLOUR FLOW MAPPING: TRIVIAL TR/ NO PAH


IMPRESSION :

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

Verified By :
Kollipara Venkateswara Rao



Approved By :


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

Visit ID : YGT63626	UHID/MR No : YGT.0000063420
Patient Name : Mr. KUMAR APPIKATLA ASHOK	Client Code : YOD-DL-0021
Age/Gender : 31 Y 0 M 0 D /M	Barcode No : 10994410
DOB :	Registration : 29/Mar/2024 08:46AM
Ref Doctor : SELF	Collected : 29/Mar/2024 08:52AM
Client Name : MEDI WHEELS	Received : 29/Mar/2024 09:26AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 29/Mar/2024 10:24AM
Hospital Name :	

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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CUE (COMPLETE URINE EXAMINATION)

Sample Type : SPOT URINE

PHYSICAL EXAMINATION

TOTAL VOLUME	25 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.020		1.003 - 1.035	Bromothymol Blue

CHEMICAL EXAMINATION

pH	6.5		4.6 - 8.0	Double Indicator
PROTEIN	NEGATIVE		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	NEGATIVE		NEGATIVE	Glucose Oxidase
UROBILINOGEN	NEGATIVE	mg/dl	< 1.0	Ehrlichs Reaction
KETONE BODIES	NEGATIVE		NEGATIVE	Nitroprasside
BILIRUBIN - TOTAL	NEGATIVE		Negative	Azocoupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction


MICROSCOPIC EXAMINATION

PUS CELLS	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 :
Kollipara Venkateswara Rao



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT63626	UHID/MR No	: YGT.0000063420
Patient Name	: Mr. KUMAR APPIKATLA ASHOK	Client Code	: YOD-DL-0021
Age/Gender	: 31 Y 0 M 0 D /M	Barcode No	: 10994410
DOB	:	Registration	: 29/Mar/2024 08:46AM
Ref Doctor	: SELF	Collected	: 29/Mar/2024 08:52AM
Client Name	: MEDI WHEELS	Received	: 29/Mar/2024 09:26AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 10:24AM
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY


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

Verified By :
Kollipara Venkateswara Rao



Approved By :


Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

భారత ప్రభుత్వం
GOVERNMENT OF INDIA

అప్లికాటియా అశోక్ కుమార్
Appikatia Ashok Kumar

జన్మ సంవత్సరం/Year of Birth: 1993
స్వభావం / Male

5130 8702 4704



అధార్ - సామాన్యని హక్కు



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

పరిపాలనా కార్యాలయం
112/2B
గాంధీ బొమ్మ బజార్
కాజా,
మంగాలగిరి,
కాజా,
గుంటూరు,
ఆంధ్ర ప్రదేశ్
522503

Address: S/O Rangam, 6-
112/2B, gandhi bomma bazar,
kaza, Mangalagiri, Kaza, Guntur,
Andhra Pradesh, 522503

1247
1800 180 1247

help@uidai.gov.in

www.uidai.gov.in

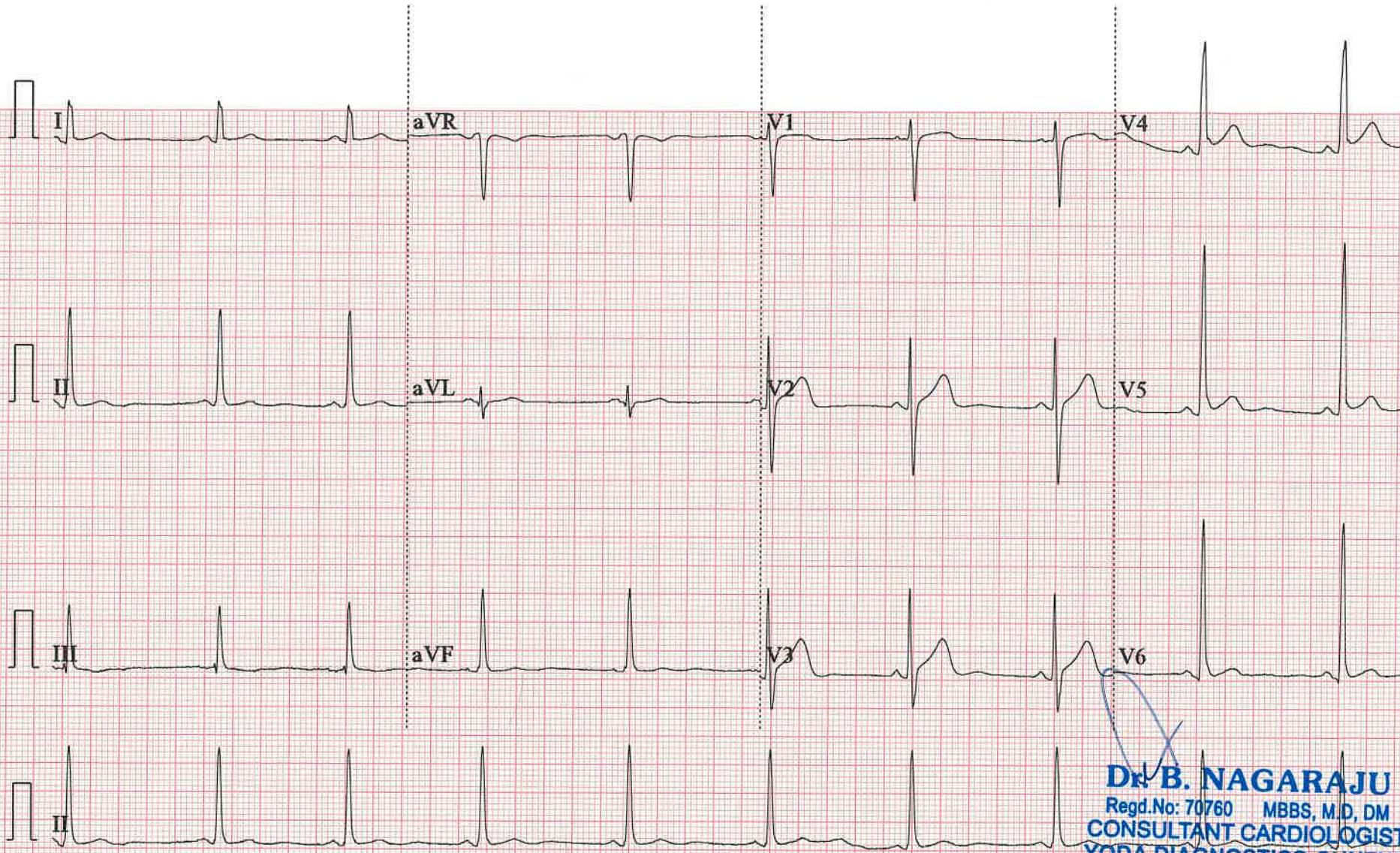
పి.సి. బిల్డింగ్ నెం. 1247,
మంగళగిరి-522503

ID: 63626
Kumar Appikatla ashok
Male 31Years
Req. No. :

29-03-2024 09:52:18
HR : 60 bpm
P : 92 ms
PR : 112 ms
QRS : 99 ms
QT/QTcBz : 361/360 ms
P/QRST : -14/67/20 °
RV5/SV1 : 2.956/1.068 mV

Diagnosis Information:
Sinus Rhythm
Second-degree Atrioventricular Block (Wenckebach type)
Left Ventricular Hypertrophy
Slight ST Elevation(V4,V5)
Possible Subsequent T Wave Abnormality

Report Confirmed by:



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

Name: *Kumar Appikatta Ashok*
 Date: *29/03/24* Age: *31 years* Sex: *male*
 Address: *Guntur*



Routine Health checkup

CTO Dyslipidaemia

NO H/O HTN IDM ICD

TEMP: *(2)*
 B.P: *120/80 mmHg*
 PULSE: *69* *b/s*
 WEIGHT: *63* *kg*
 HEIGHT: *158* *cm*

1) CAP. PPBLOCK-DSR

1 - 0 - 0 - (30)

2) CAP. JA-POWER

0 - 0 - 1 - (30)

Dr. KEERTHI KISHORE MAGALLA
 Regd.No: 64905 MBBS MD General Medicine
 CONSULTANT GENERAL PHYSICIAN
 YODA DIAGNOSTICS-GUNTUR



DATE: 29/3/24

NAME: KUMAR APPIKATLA ASHOK

AGE: 31/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	050	-050	180		-025	140
ADD						

INSTRUCTIONS _____

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

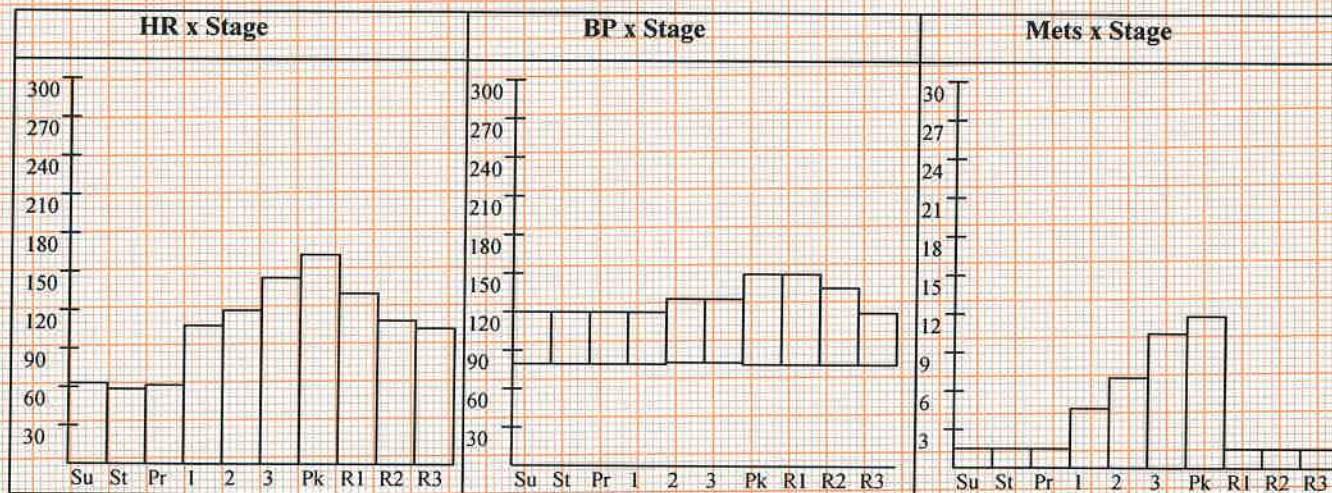
N.V. _____ CONSTANT USE _____

YODA DIAGNOSTICS CENTRE GUNTUR

Name: **KUMAR APPIKATLA ASHOK**


Date: 29-03-2024

Time: 15:10



Interpretation

The Patient Exercised according to Bruce Protocol for 0:07:03 achieving a work level of 7.9 METS.
 Resting Heart Rate, initially 63 bpm rose to a max. heart rate of 164bpm (84% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 150/80 mmHg
 * No Significant ST-T changes During Exercise & Recovery
 * Good 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: KUMAR APPIKATLA ASHOK

Date: 29-03-2024

Time: 15:10

Age: 31

Gender: M

Height: 158 cms

Weight: 63 Kg

ID: 63626

Clinical History: NO

Medications: NO

Test Details:

Protocol: Bruce

Predicted Max HR: 195

Target HR: 165 (85% of Pr. MHR)

Exercise Time: 0:07:03

Achieved Max HR: 164 (84% of Pr. MHR)

Max BP: 150/80

Max BP x HR: 24600

Max Mets: 7.9

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	00:19	1	0	0	63	120/80	7560	1.5 V2	0.4 V2
Standing	00:14	1	0	0	59	120/80	7080	1.1 V2	0.4 V2
PreTest	00:11	1	1.6	0	62	120/80	7440	1 V2	0.3 V3
Stage: 1	02:00	3.1	2.7	10	108	120/80	12960	-1.2 II	0.4 V2
Stage: 2	02:00	4.7	4	12	120	130/80	15600	-2.1 II	0.6 V2
Stage: 3	01:59	7	5.5	14	145	130/80	18850	-2.9 II	1 V3
Peak Exercise	01:04	7.9	6.8	16	164	150/80	24600	-5 II	1.5 V2
Recovery1	01:00	1	0	0	133	150/80	19950	-2.3 II	1.3 V3
Recovery2	01:00	1	0	0	113	140/80	15820	-2 II	1.4 V3
Recovery3	00:32	1	0	0	107	120/80	12840	-1.5 II	1.1 V3

YODA DIAGNOSTICS CENTRE GUNTUR

KUMAR APPIKATLA ASHOK (31 M)

ID: 63626

Date: 29-03-2024

Exec Time : 0:00:00

Stage Time: 00:19

HR: 63 bpm

Bruce Protocol

Stage: Supine

Speed: 0 km/h

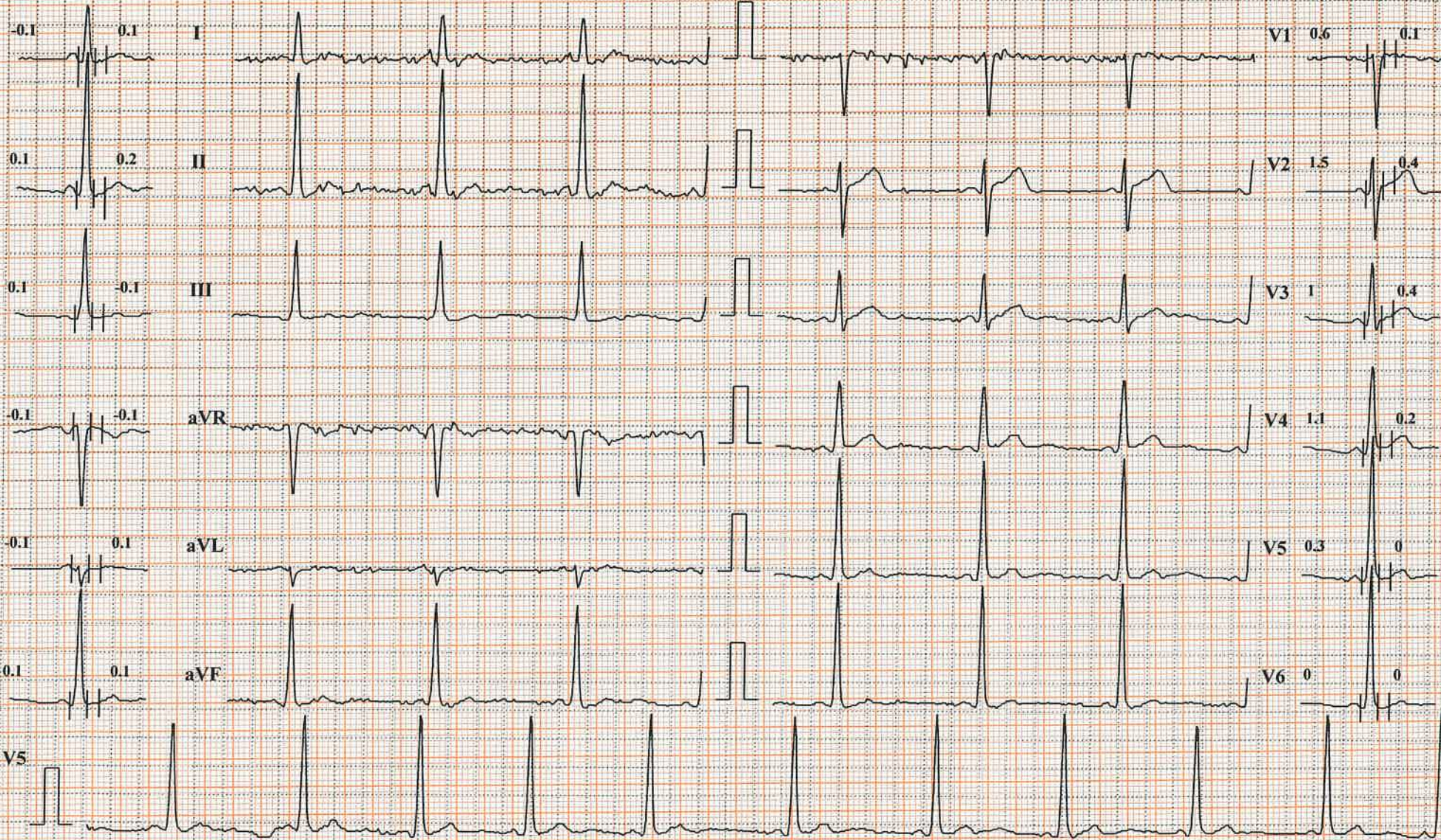
Slope: 0%

THR: 165 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

KUMAR APPIKATLA ASHOK (31 M)

Bruce Protocol

ID: 63626

Date: 29-03-2024

Exec Time : 0:00:00

Stage Time: 00:14

HR: 59 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

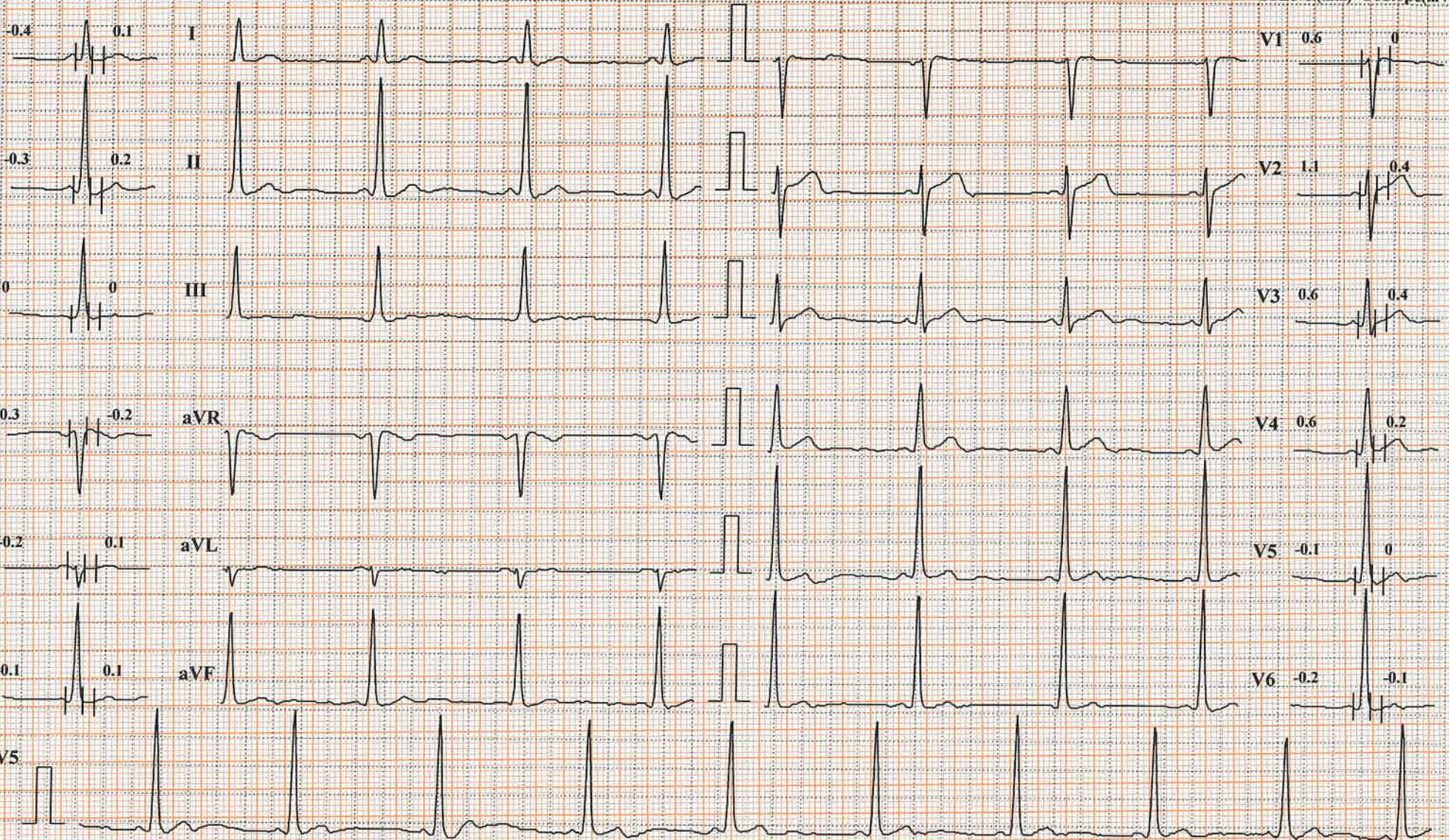
Stage: Standing

Speed: 0

Slope: 0 %

THR: 165 bpm

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

KUMAR APPIKATLA ASHOK (31 M)

Bruce Protocol

ID: 63626

Date: 29-03-2024

Exec Time : 0:02:00

Stage Time: 02:00

HR: 108 bpm

STLevel(mm) STSlope(mV/s)

Stage: I

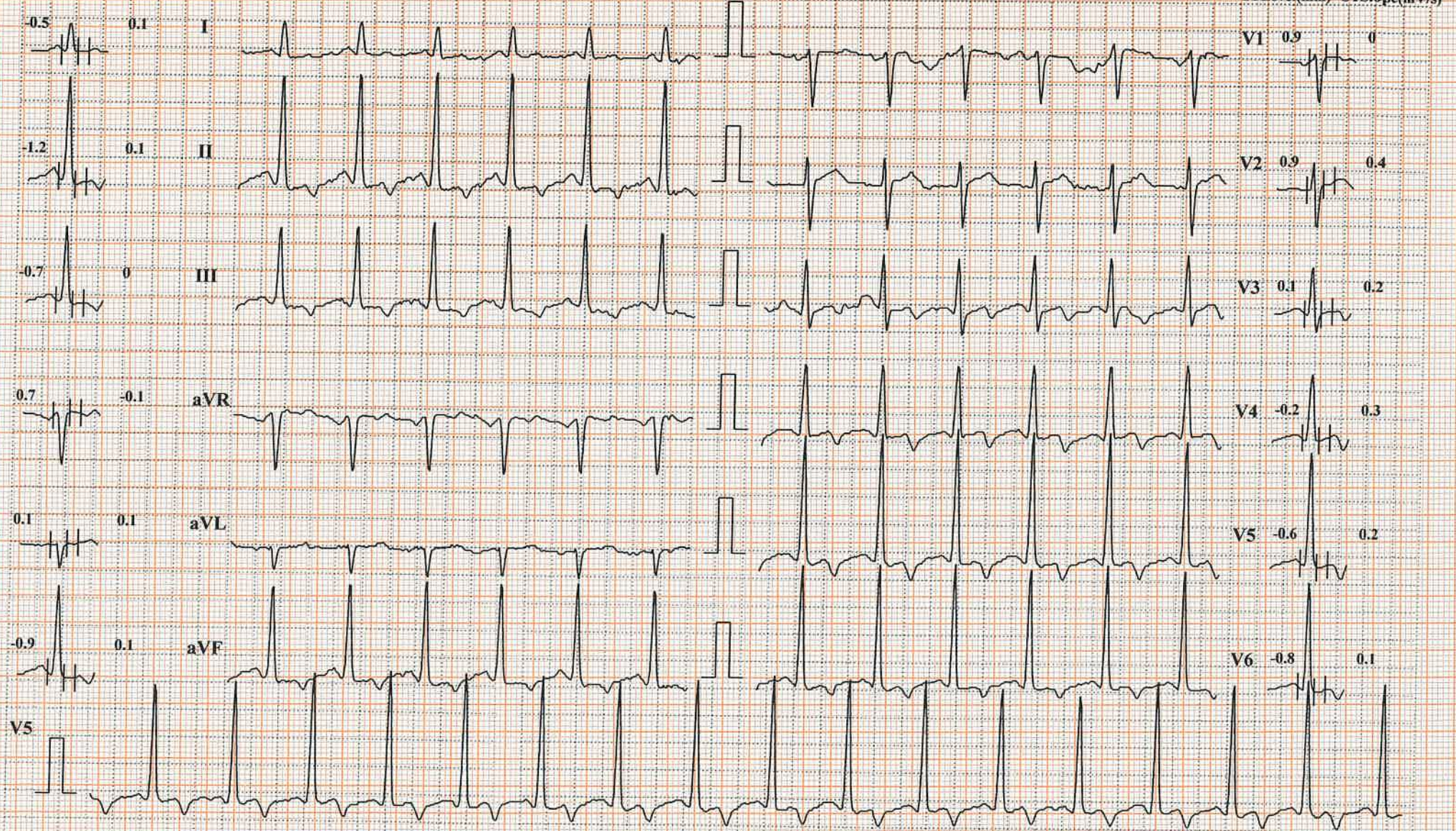
Speed: 2.7 kmph

Slope: 10 %

THR: 165 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

KUMAR APPIKATLA ASHOK (31 M)

Bruce Protocol

ID: 63626

Date: 29-03-2024

Exec Time : 0:04:00

Stage Time: 02:00

HR: 120 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 165 bpm

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

KUMAR APPIKATLA ASHOK (31 M)

Bruce Protocol

ID: 63626

Date: 29-03-2024

Exec Time : 0:05:59

Stage Time: 01:59

HR: 145 bpm

STLevel(mm) STSlope(mV/s)

Stage: 3

Speed: 5.5 kmph

Slope: 14 %

THR: 165 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

KUMAR APPIKATLA ASHOK (31 M)

Bruce Protocol

ID: 63626

Date: 29-03-2024

Exec Time : 0:07:03

Stage Time: 01:04

HR: 164 bpm

STLevel(mm) STSlope(mV/s)

Stage: 4 Peak Exercise

Speed: 6.8 kmph

Slope: 16 %

THR: 165 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

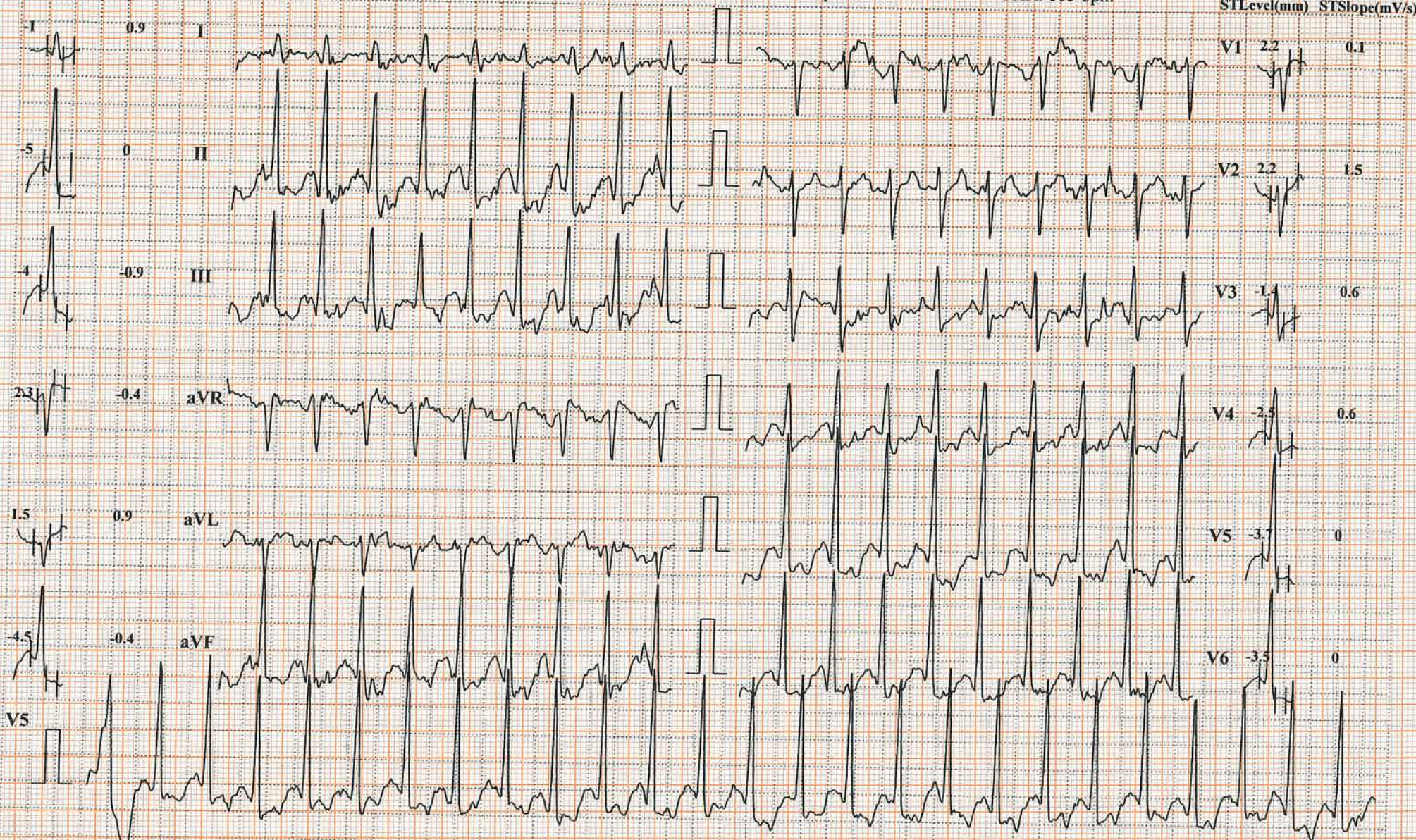


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-10 Version 3.5

ALLIED MED CHARTS

YODA DIAGNOSTICS CENTRE GUNTUR

KUMAR APPIKATLA ASHOK (31 M)

Bruce Protocol

ID: 63626

Date: 29-03-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 133 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery I

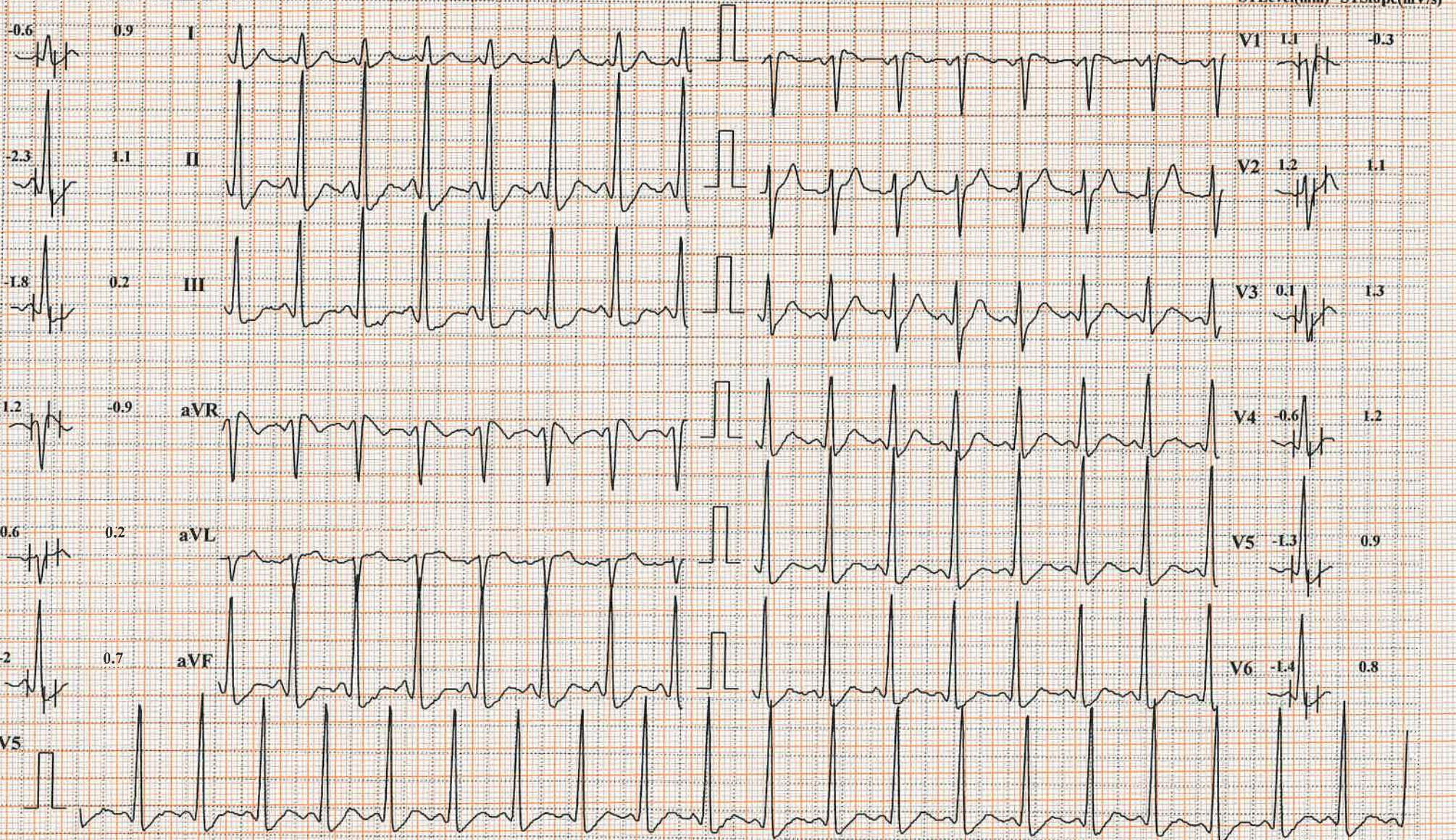
Speed: 0 kmph

Slope: 0 %

THR: 165 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

KUMAR APPIKATLA ASHOK (31 M)

ID: 63626

Date: 29-03-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 113 bpm

Bruce Protocol

Stage: Recovery2

Speed: 0 kmph

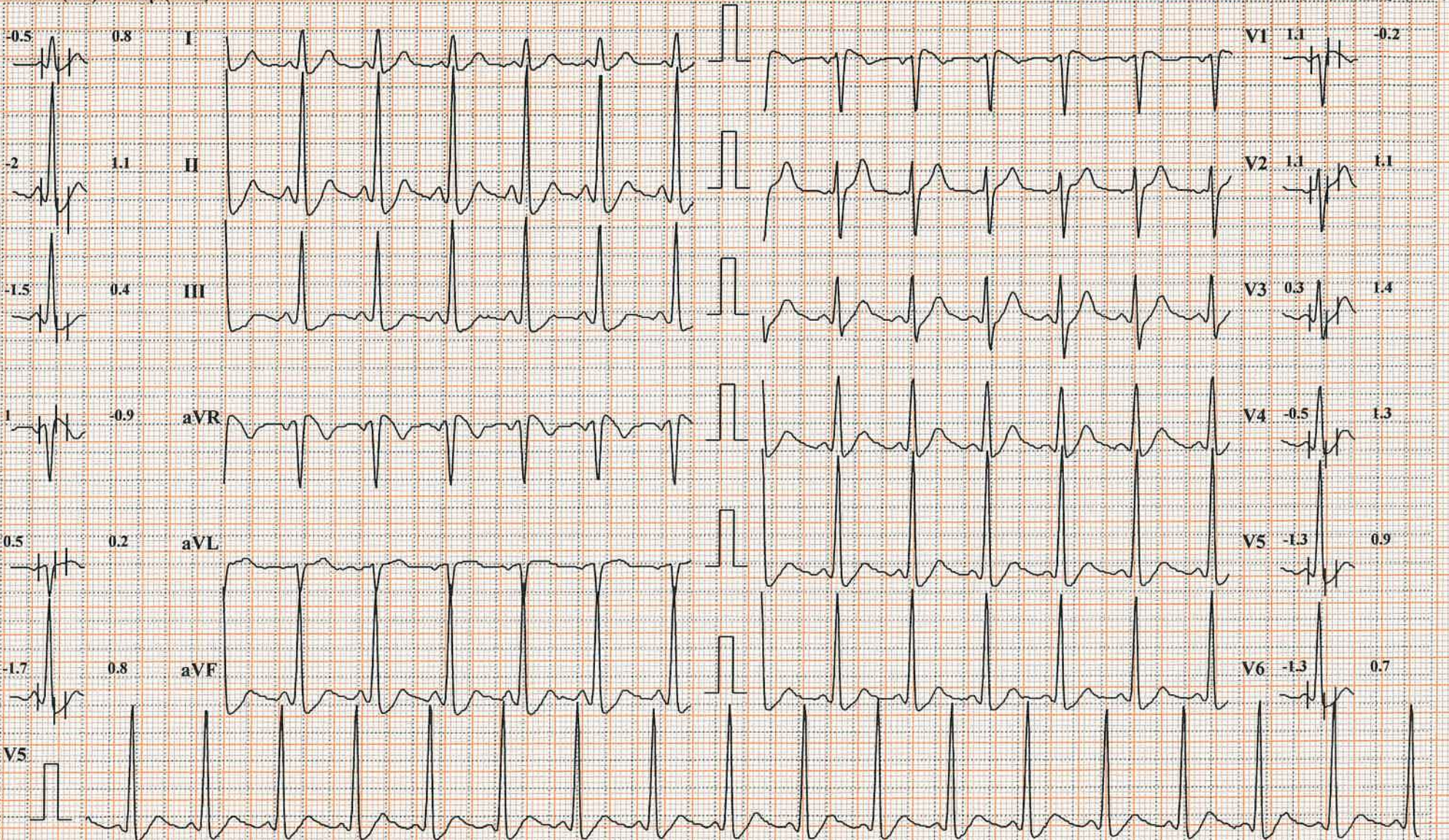
Slope: 0 %

THR: 165 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

KUMAR APPIKATLA ASHOK (31 M)

Bruce Protocol

ID: 63626

Date: 29-03-2024

Exec Time : 00:00

Stage Time: 00:32

HR: 107 bpm

Stage: Recovery3

Speed: 0 kmph

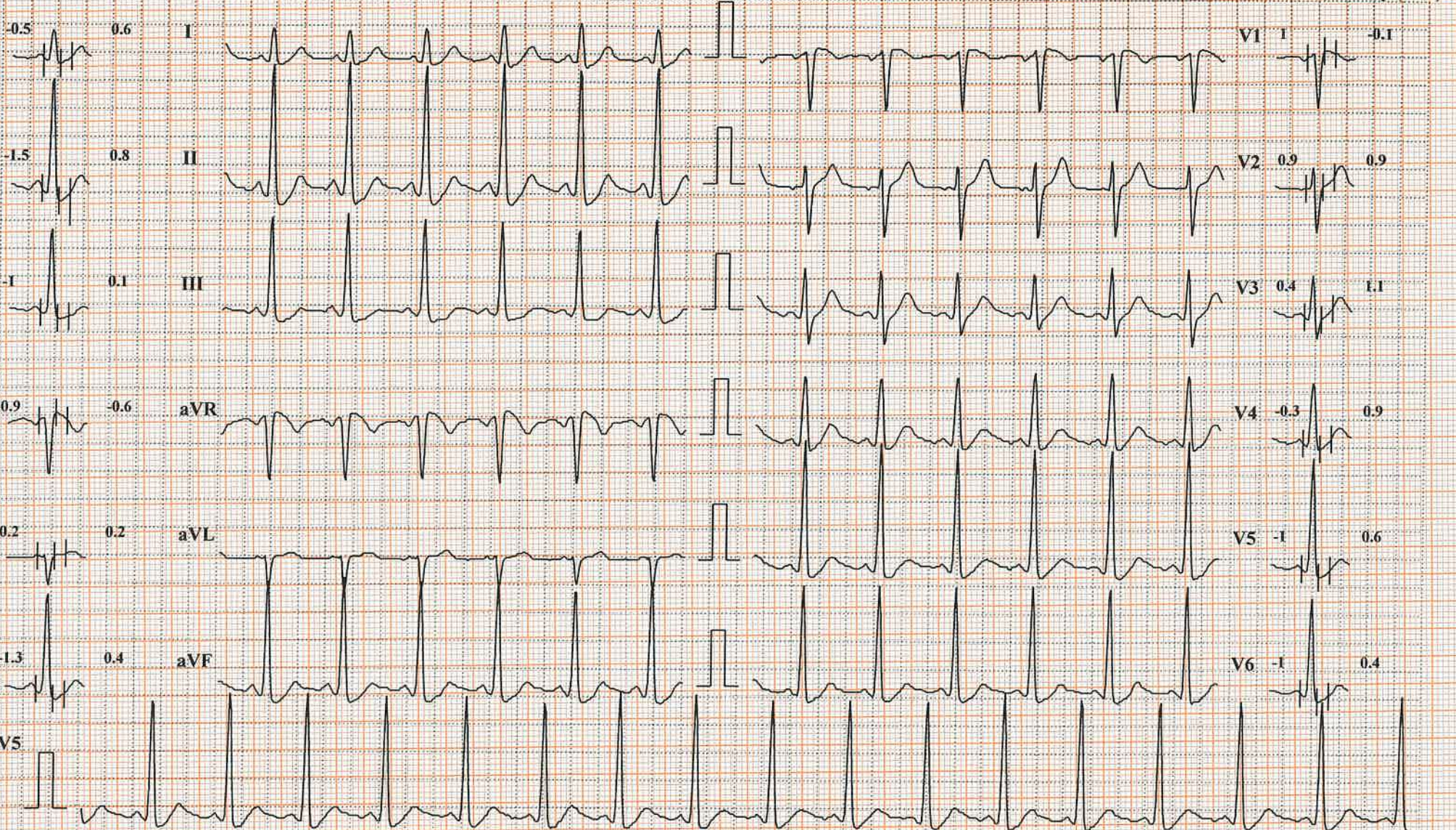
Slope: 0 %

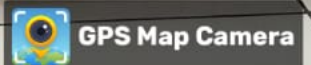
THR: 165 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)





GPS Map Camera



Google

Guntur, Andhra Pradesh, India
D.No: 12-12, 36/1, Old Club Rd, opp. Manasa hospital, Kothapeta,
Guntur, Andhra Pradesh 522001, India
Lat 16.299251°
Long 80.451645°
29/03/24 08:51 AM GMT +05:30