

DEPARTMENT OF RADIOLOGY

Patient Name	Mr. A SRINIVASA RAO	Visit ID	YOD675097	Barcode	11003909
Age / Gender	38 Y / MALE	UHID	YOD.0000651119	Collection Date	05-04-2024 08:43 AM
Ref Doctor	Dr. SELF	Client Name	MEDI WHEELS	Registration Date	05-04-2024 08:43 AM
Hospital Name		Client Code	YOD-DL-0021	Received Date	
Sample Type		Client Add	F-701, Lado Sarai, Mehrauli, New Delhi	Reported Date	05-04-2024 11:18 AM

X-RAY CHEST PA VIEW

FINDINGS:

Trachea is midline.
Mediastinal outline, and cardiac silhouette are normal.
Bilateral lung fields show normal vascular pattern with no focal lesion.
Bilateral hila are normal in density.
Bilateral costo-phrenic angles and domes of diaphragms are normal.
The rib cage and visualized bones appear normal.

IMPRESSION:

- No significant abnormality detected.

*** End Of Report ***

Suggested clinical correlation & follow up



Approved by



Dr. Prithvi Rani Gadadasu
MD, CONSULTANT
RADIOLOGIST

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ULTRASOUND WHOLE ABDOMEN

Clinical Details : General check-up.

LIVER: Normal in size (138mm) with raised echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated. Visualized common bile duct & portal vein appears normal.

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

PANCREAS : Normal in size and echotexture. No ductal dilatation. No calcifications / calculi.

SPLEEN : Normal in size (84mm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 94x44mm. Normal in size and echotexture. Cortico-medullary differentiation is well maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

LEFT KIDNEY : measures 108x45mm. Normal in size and echotexture. Cortico-medullary differentiation is well maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

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

PROSTATE : Normal in size (vol: 12.7cc) and echo-texture.

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

No free fluid is seen in peritoneal cavity.

IMPRESSION:

- **Grade - I fatty liver.**
- **No other significant sonological abnormality detected.**

*** End Of Report ***

Suggested clinical correlation & follow up



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MD, CONSULTANT
RADIOLOGIST



Yoda Diagnostics Pvt Ltd,

Door No: 6-3-862/A, Lal Bungalow add on, Ameerpet, Hyderabad - 500016 helpdesk@yodalifeline.in 040-35353535

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DOB	:	Registration	: 05/Apr/2024 08:43AM
Ref Doctor	: SELF	Collected	: 05/Apr/2024 08:57AM
Client Name	: MEDI WHEELS	Received	: 05/Apr/2024 10:04AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Apr/2024 10:57AM
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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	3	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.

Verified By :
M Thirumalesh Reddy



Approved By :

A. Pranitha

DR PRANITHA ANAPINDI
MD , CONSULTANT PATHOLOGIST

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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)	15.8	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	5.17	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	49.1	%	40.0 - 50.0	RBC pulse height detection
MCV	94.9	fL	83 - 101	Automated/Calculated
MCH	30.6	pg	27 - 32	Automated/Calculated
MCHC	32.3	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	13	%	11.0-16.0	Automated Calculated
RDW - SD	43.9	fl	35.0-56.0	Calculated
MPV	9.3	fL	6.5 - 10.0	Calculated
PDW	16.6	fL	8.30-25.00	Calculated
PCT	0.214	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	6,530	cells/ml	4000 - 11000	Flow Cytometry

DLC (by Flow cytometry/Microscopy)

NEUTROPHIL	53.4	%	40 - 80	Impedance
LYMPHOCYTE	38.6	%	20 - 40	Impedance
EOSINOPHIL	2.3	%	01 - 06	Impedance
MONOCYTE	5.4	%	02 - 10	Impedance
BASOPHIL	0.3	%	0 - 1	Impedance
PLATELET COUNT	2.26	Lakhs/cumm	1.50 - 4.10	Impedance

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Apr/2024 11:28AM
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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	1.06	ng/ml	0.60 - 1.78	CLIA
T4	7.97	ug/dl	4.82-15.65	CLIA
TSH	1.28	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	0.65	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.12	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.53	mg/dl		Calculated
AST (S.G.O.T)	25	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	25	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	89	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	8.1	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.8	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.3	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.45			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	47	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	91.8	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	271	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	54.2	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	4.11		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	5.77	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	146	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	4.8	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	91	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	25	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	11.7	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	90	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	: 05/Apr/2024 12:59PM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Apr/2024 01:31PM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

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PPBS (POST PRANDIAL GLUCOSE)

Sample Type : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	95	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 Thirumalesh Reddy



Approved By :

Suryadeep Pratap
SURYADEEP PRATAP
 Senior Biochemist

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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	1.19	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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Age/Gender	: 38 Y 0 M 0 D /M	Barcode No	: 11003909
DOB	:	Registration	: 05/Apr/2024 08:43AM
Ref Doctor	: SELF	Collected	: 05/Apr/2024 08:57AM
Client Name	: MEDI WHEELS	Received	: 05/Apr/2024 10:05AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Apr/2024 11:16AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM				
SERUM URIC ACID	7.0	mg/dl	3.5 - 7.20	URICASE - PAP

Interpretation

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

Verified By :

M Thirumalesh Reddy



Approved By :

S.K. Deepthi
Dr. S.K. DEEPTHI
 FFM, FDM
 MD BIOCHEMISTRY

Visit ID	: YOD675097	UHID/MR No	: YOD.0000651119
Patient Name	: Mr. A SRINIVASA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 38 Y 0 M 0 D /M	Barcode No	: 11003909
DOB	:	Registration	: 05/Apr/2024 08:43AM
Ref Doctor	: SELF	Collected	: 05/Apr/2024 08:57AM
Client Name	: MEDI WHEELS	Received	: 05/Apr/2024 10:06AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Apr/2024 11:16AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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BUN/CREATININE RATIO

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	11.7	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	1.19	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	9.80	Ratio	6 - 25	Calculated

Verified By :

M Thirumalesh Reddy



Approved By :


Dr. S.K. DEEPTHI
 FFM, FDM
 MD BIOCHEMISTRY

Visit ID	: YOD675097	UHID/MR No	: YOD.0000651119
Patient Name	: Mr. A SRINIVASA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 38 Y 0 M 0 D /M	Barcode No	: 11003909
DOB	:	Registration	: 05/Apr/2024 08:43AM
Ref Doctor	: SELF	Collected	: 05/Apr/2024 08:57AM
Client Name	: MEDI WHEELS	Received	: 05/Apr/2024 10:05AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Apr/2024 11:41AM
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	20 ml	ml		
COLOUR	PALE YELLOW			
APPEARANCE	Clear			
SPECIFIC GRAVITY	1.008		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	0.1	mg/dl	< 1.0	Ehrlichs Reaction
KETONE BODIES	Negative		NEGATIVE	Nitroprasside
BILIRUBIN - TOTAL	Negative		Negative	Azocoupling Reaction
BLOOD	Negative		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	Negative		Negative	Azocoupling reaction
NITRITE	Negative		NEGATIVE	Diazotization Reaction
MICROSCOPIC EXAMINATION				
PUS CELLS	2-3	cells/HPF	0-5	
EPITHELIAL CELLS	1-2	/hpf	0 - 5	
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 Thirumalesh Reddy



Approved By :

A. Pranitha

DR PRANITHA ANAPINDI
MD , CONSULTANT PATHOLOGIST

Visit ID	: YOD675097	UHID/MR No	: YOD.0000651119
Patient Name	: Mr. A SRINIVASA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 38 Y 0 M 0 D /M	Barcode No	: 11003909
DOB	:	Registration	: 05/Apr/2024 08:43AM
Ref Doctor	: SELF	Collected	: 05/Apr/2024 08:57AM
Client Name	: MEDI WHEELS	Received	: 05/Apr/2024 10:05AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Apr/2024 11:41AM
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Verified By :
M Thirumalesh Reddy



Approved By :

A. Pranitha

DR PRANITHA ANAPINDI
MD , CONSULTANT PATHOLOGIST



EYE GLASS PRESCRIPTION

Name : Mr. A. Srinivasa Rao
Age : 38 Employee ID: 675097
Gender : M Date: 05/04/24

Vn
(unaided)
PGP

6/60	6/60
------	------

Distance	SPH	CYL	AXIS	BCVA
OD	2.25	0.50	90°	6/6p
OS	2.50	—	—	6/6p

Add

N	0
---	---

@ 38 cm

LENS TYPE

- Single Vision Distance
- Single Vision Near
- Bifocal
- Progressive
- UV-Coating

Remarks: CV - normal


Signature

Name : Mr. A. Srinivasa Rao
Date: 05/04/24 Age : 38 Sex : Male Female
Address : Hyderabad

Rx

TEMP :
B.P :
PULSE :

Has come for general eye examination

No H/O DM and HTN

H/O using PHN since 1 year old

Slit lamp Examination

R. O/D WNL 2 Normal

L. O/S WNL 2 Normal

R. O/V < Normal



675097
38 Years

MR A SRINIVASA RAO
Male

05-Apr-24 9:19:26 AM
YODA LIFELINE DIAGNOSTICS

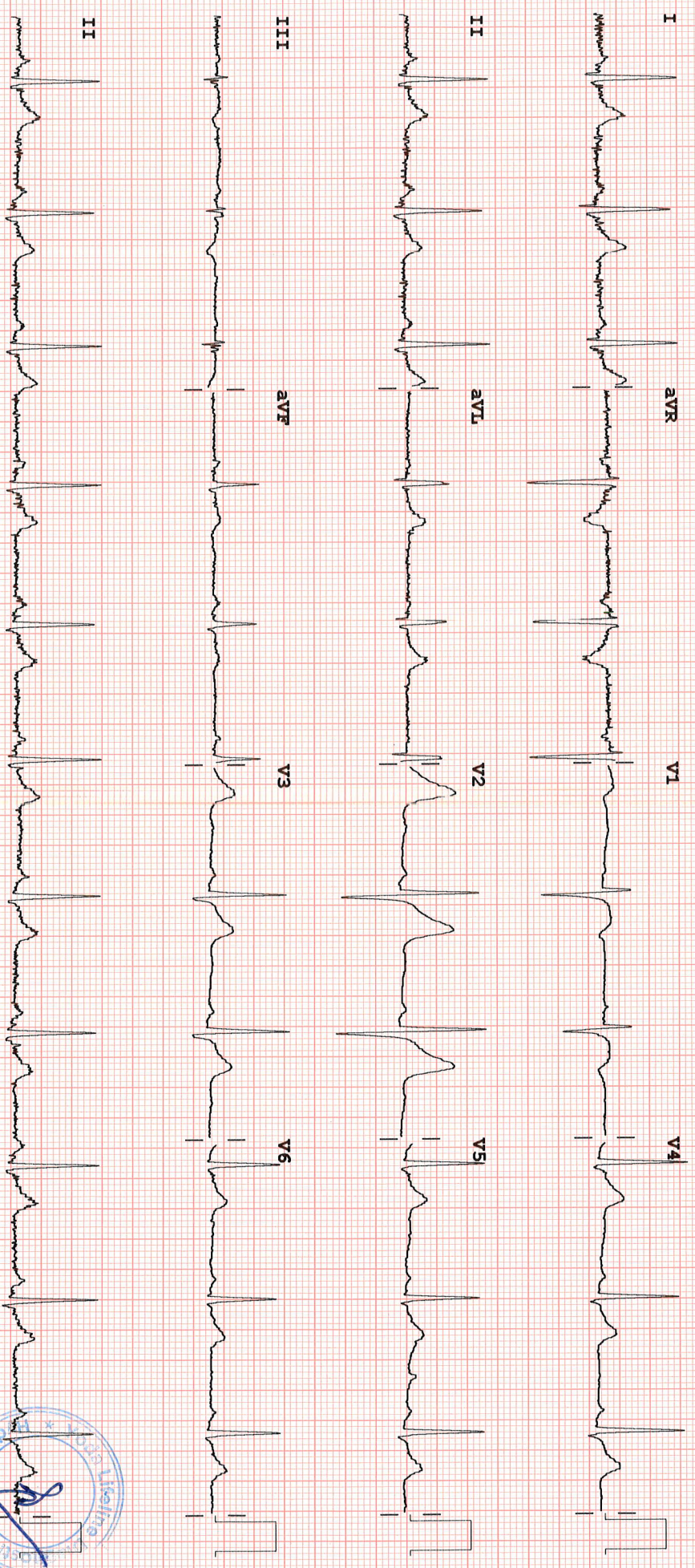
Rate 67 . Sinus rhythm.....normal P axis, V-rate 50- 99
PR 150 . Abnormal R-wave progression, early transition.....QRS area>0 in V2
QRSD 96 . Borderline ST elevation, anterior leads.....ST >0.15mV in V1-V4
QT 375
QTc 396

--AXIS--
P 45
QRS 32
T 7

- BORDERLINE ECG -

12 Lead; standard placement

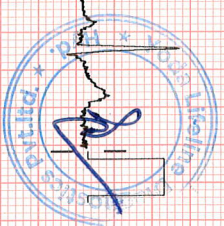
Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.15-100 Hz

100B CL P?





187875 (675097) / MR.A SRINIVASA RAO / 38 Yrs / M / 169 Cms / 91 Kg Date: 05-Apr-2024 Refd By : MEDI WHEELS Examined By:
 NonCardiac/Pain Angina /Non-Hypercholestromia/Non-Diabetic/Negative Estrogen/Non-Athlete

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:18	0:18	00.0	00.0	01.0	073	40%	120/80	087	00	
Warm Up	00:19	0:01	00.0	00.0	01.0	073	40%	120/80	087	00	
ExStart	00:32	0:13	00.0	00.0	01.0	071	39%	120/80	085	00	
BRUCE Stage 1	03:32	3:00	01.7	10.0	04.7	100	55%	120/80	120	00	
BRUCE Stage 2	06:32	3:00	02.5	12.0	07.1	122	67%	130/80	158	00	
BRUCE Stage 3	09:32	3:00	03.4	14.0	10.2	140	77%	140/90	196	00	
PeakEx	10:01	0:29	04.2	16.0	10.8	156	86%	140/90	218	00	
Recovery	10:31	0:30	00.0	00.0	07.3	136	75%	140/90	190	00	
Recovery	11:01	1:00	00.0	00.0	04.3	113	62%	130/80	146	00	
Recovery	13:00	3:00	00.0	00.0	01.0	100	55%	120/80	120	00	

FINDINGS :

Exercise Time : 09:29
Max HR Attained : 156 bpm 86% of Target 182
Max BP Attained : 140/90
Max Workload Attained : 10.8 Good response to induced stress
Max ST Dep Lead & Avg ST Value : V1 & -0.7 mm in Recovery
Duke Treadmill Score : 00.0
Test Objective : REGULAR CHECK UP
History : Nil
Test End Reasons : Target Heart Rate Achieved
REPORT This is Sample Report 2

Heart Rate 73.0 bpm
 Systolic BP 140.0 mmHg
 Diastolic BP 90.0 mmHg
 Maximum Depression 0.2
 Exercise Time 09:29 Mins.

Dr. D. Madhav Kumar
 PGDDRM (U.K.)
 MBBS, PGDCC (Dip. Cardiology)
 Associate Cardiologist
 (Regd. No. 67709)

Doctor : **DR D. MADHAV**

Ectopic Beats 0.0

METS 10.8

Test End Reason TARGET HEART RATE ACHIVED

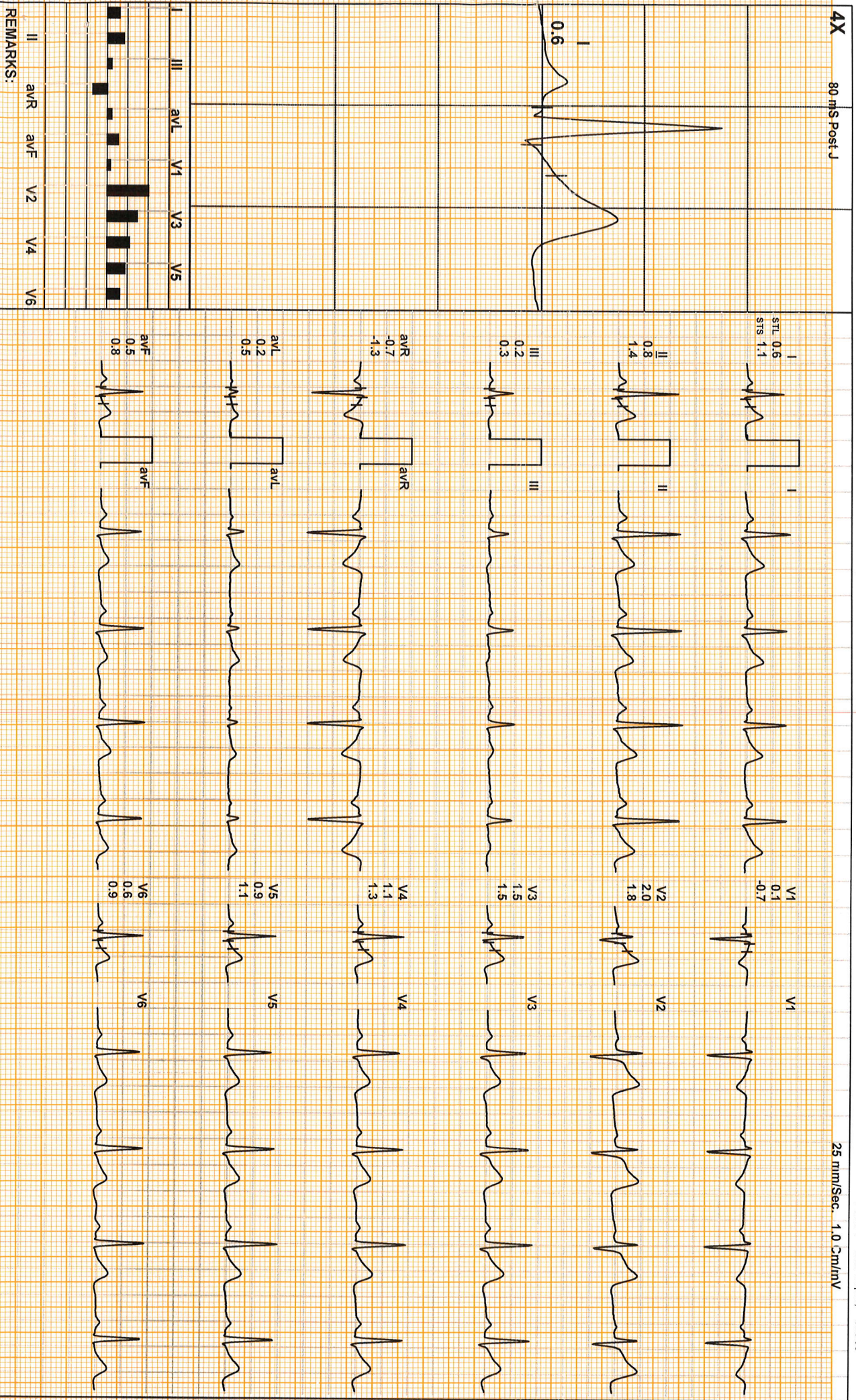
Target Heart Rate 182.0TEST OBJECTIVE

RISK FACTOR	:	REGULAR CHECK UP
ACTIVITY	:	RULE OUT OF CAD
	:	VERY ACTIVE
MEDICATION	:	NIL
BRIEF HISTORY	:	NIL
OTHER INVESTIGATION	:	ROUTINE HEALTH CHECK UP
REASON FOR TERMINATION	:	TARGET HEART RATE ACHIVED
EXERCISE TOLERANCE	:	GOOD
EXERCISE INDUCED ARRHYTHMIAS	:	NO
HAEMODYNAMIC RESPONSE	:	NORMAL
CHRONOTROPIC RESPONSE	:	NORMAL
FINAL IMPRESSION	:	NO ST-T CHANGES TMT TEST NEGATIVE

187875 (675097) / MR.A SRINIVASA RAO / 38 Yrs / M / 169 Cms / 91 Kg / HR : 73

Date: 05-Apr-2024 09:40:19 AM METS: 1.0/ 73 bpm 40% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.6 HZ/LF 20 Hz

ExTime: 00:14 0.0 mph, 0.0%



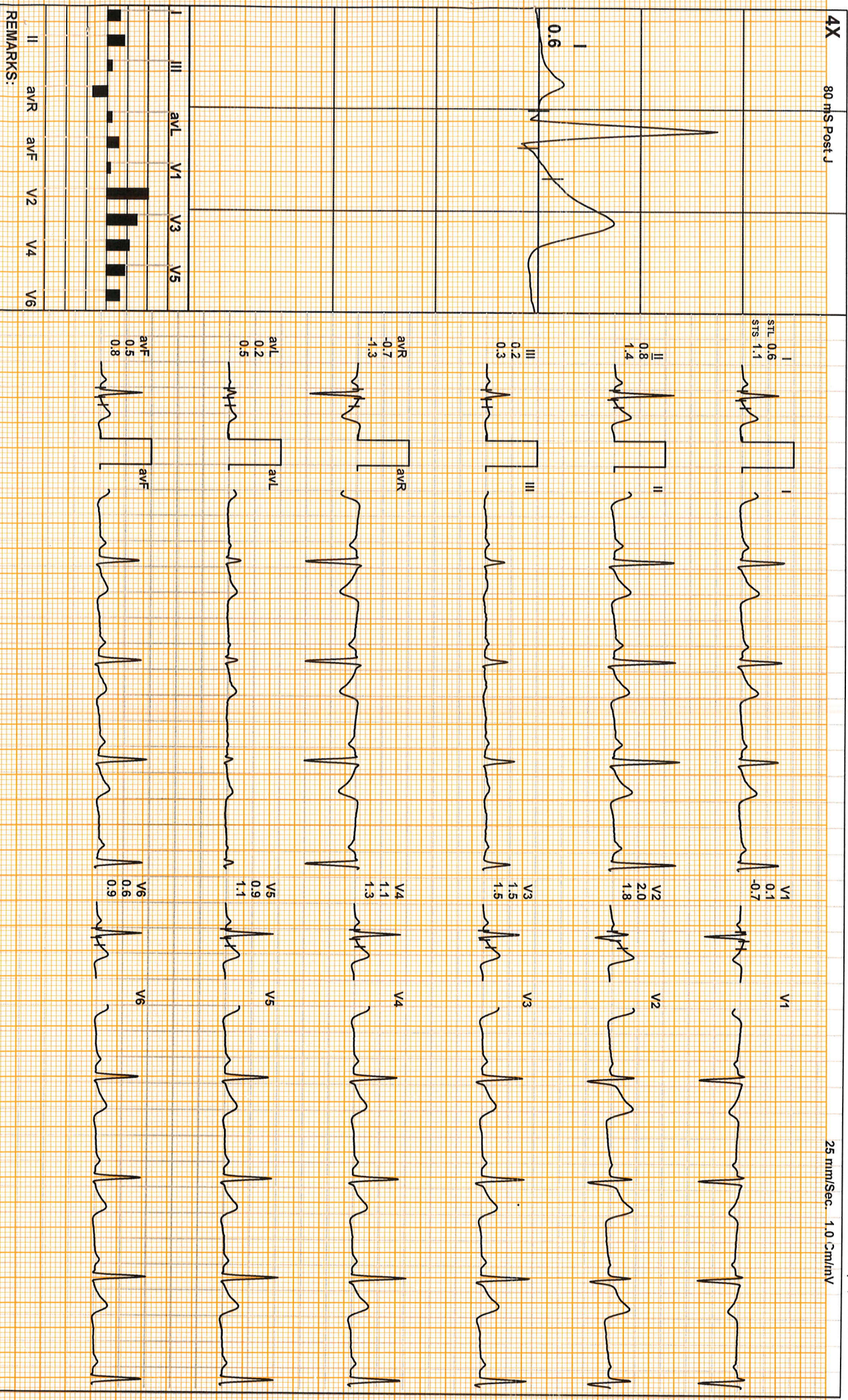
YODA LIFE LINE DIAGNOSTICS CENTRE

SUPINE (00:18)



187875 (675097) / MR.A SRINIVASA RAO / 38 Yrs / M / 169 Cms / 91 Kg / HR : 73

Date: 05-Apr-2024 09:40:19 AM METS: 1.0 / 73 bpm 40% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.6 HZ/LF 20 Hz ExtTime: 00:00 0.0 mph, 0.0%



REMARKS:

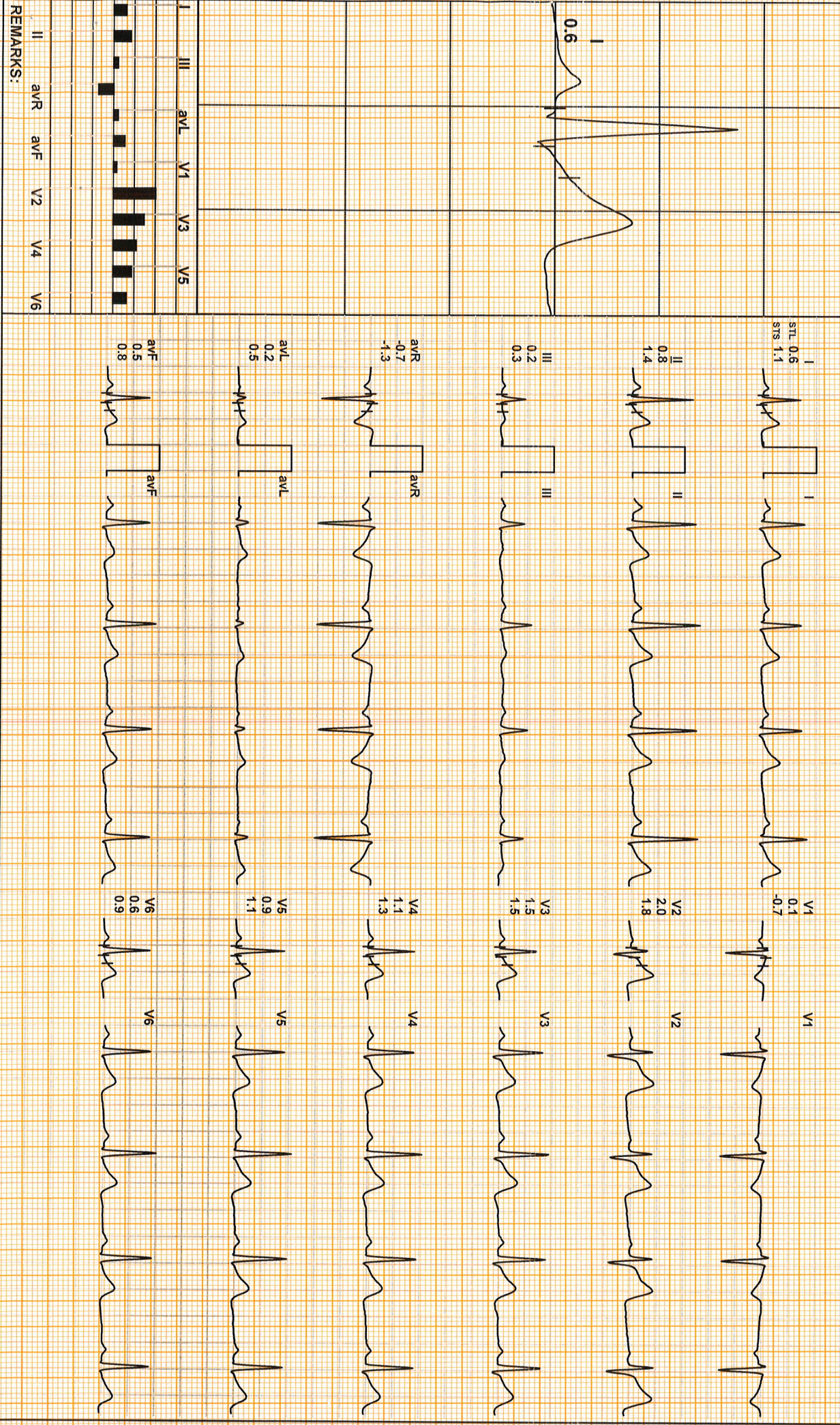
YODA LIFE LINE DIAGNOSTICS CENTRE

WARM UP (00:01)

187875 (675097) / MR.A SRINIVASA RAO / 38 Yrs / M / 169 Cms / 91 Kg / HR : 73

Date: 05-Apr-2024 09:40:19 AM METS: 1.0/ 73 bpm 40% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.6 Hz/LF 20 Hz ExTime: 00:00 0.0 mph, 0.0%

4X 30 mS Post J 25 mm/Sec. 1.0 Cm/mV



REMARKS:



YODA LIFE LINE DIAGNOSTICS CENTRE

AMEER PET, HYDERBAD.
187875 / MR.A SRINIVASA RAO / 38 Yrs / Male / 169 Cm / 91 Kg

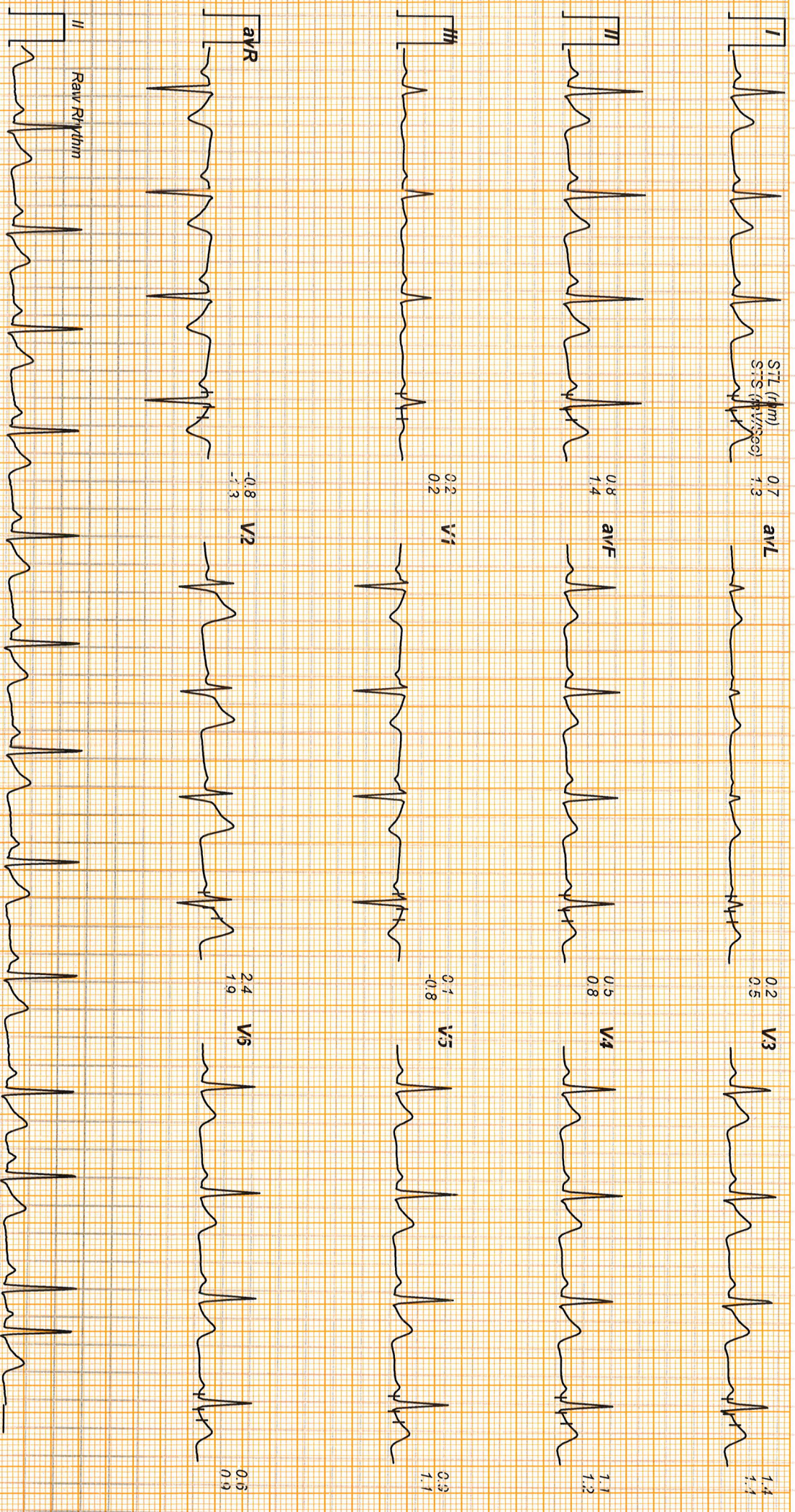
Linked Medians Report

ExStit



Date: 05 - 04 - 2024 09:40:19 AM METS : 1.0 HR : 71 Target HR : 39% of 182 BP : 120/80 Post J @80m/Sec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



YODA LIFE LINE DIAGNOSTICS CENTRE

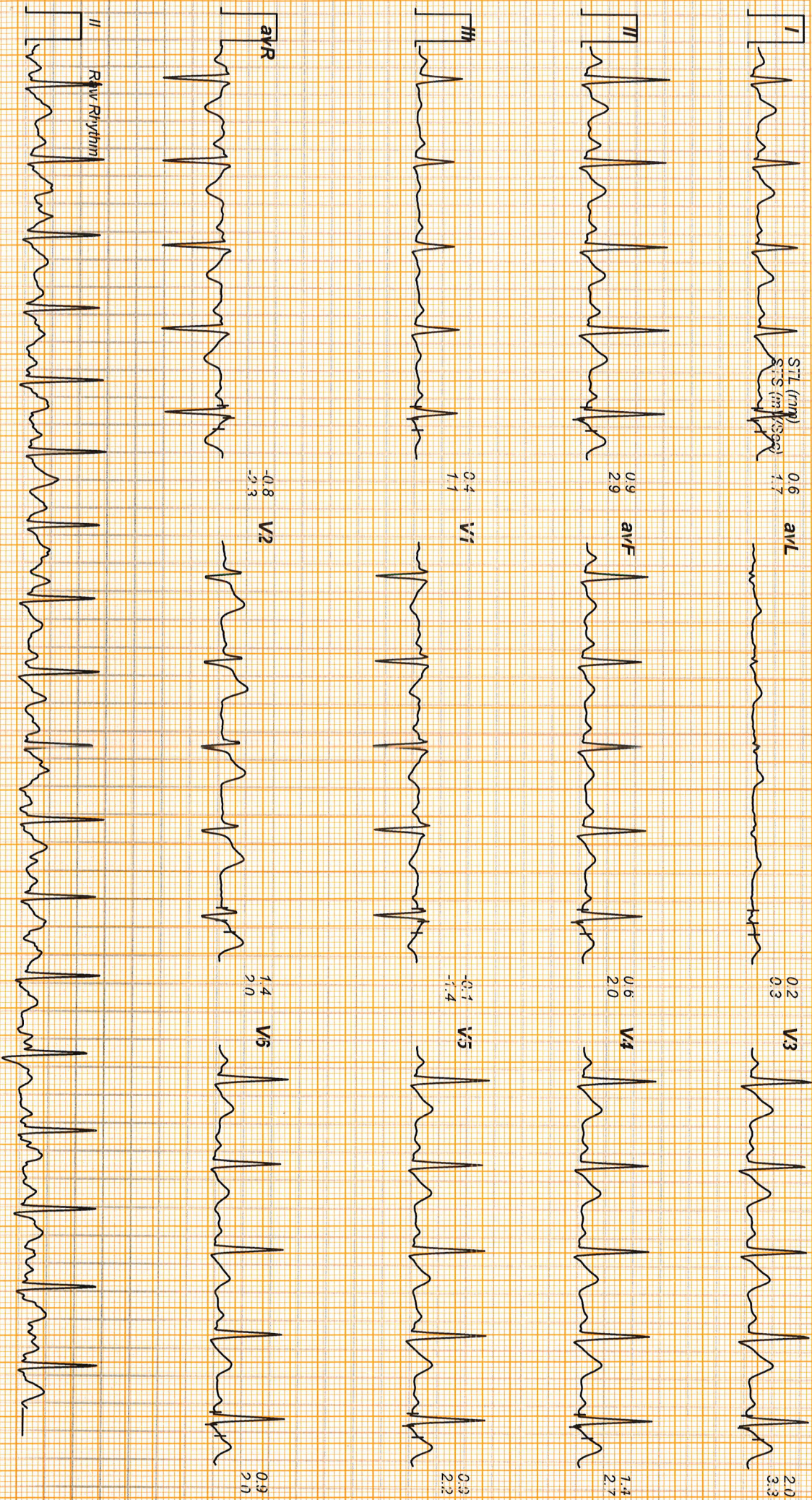
AMEER PET, HYDERBAD.
187875 / MR.A SRINIVASA RAO / 38 Yrs / Male / 169 Cm / 91 Kg

Linked Medians Report
BRUCE : Stage 1 (03:00)



Date: 05 - 04 - 2024 09:40:19 AM METs : 4.7 HR : 100 Target HR : 55% of 182 BP : 120/80 Post J @80mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



YODA LIFE LINE DIAGNOSTICS CENTRE

AMEER PET, HYDERBAD.

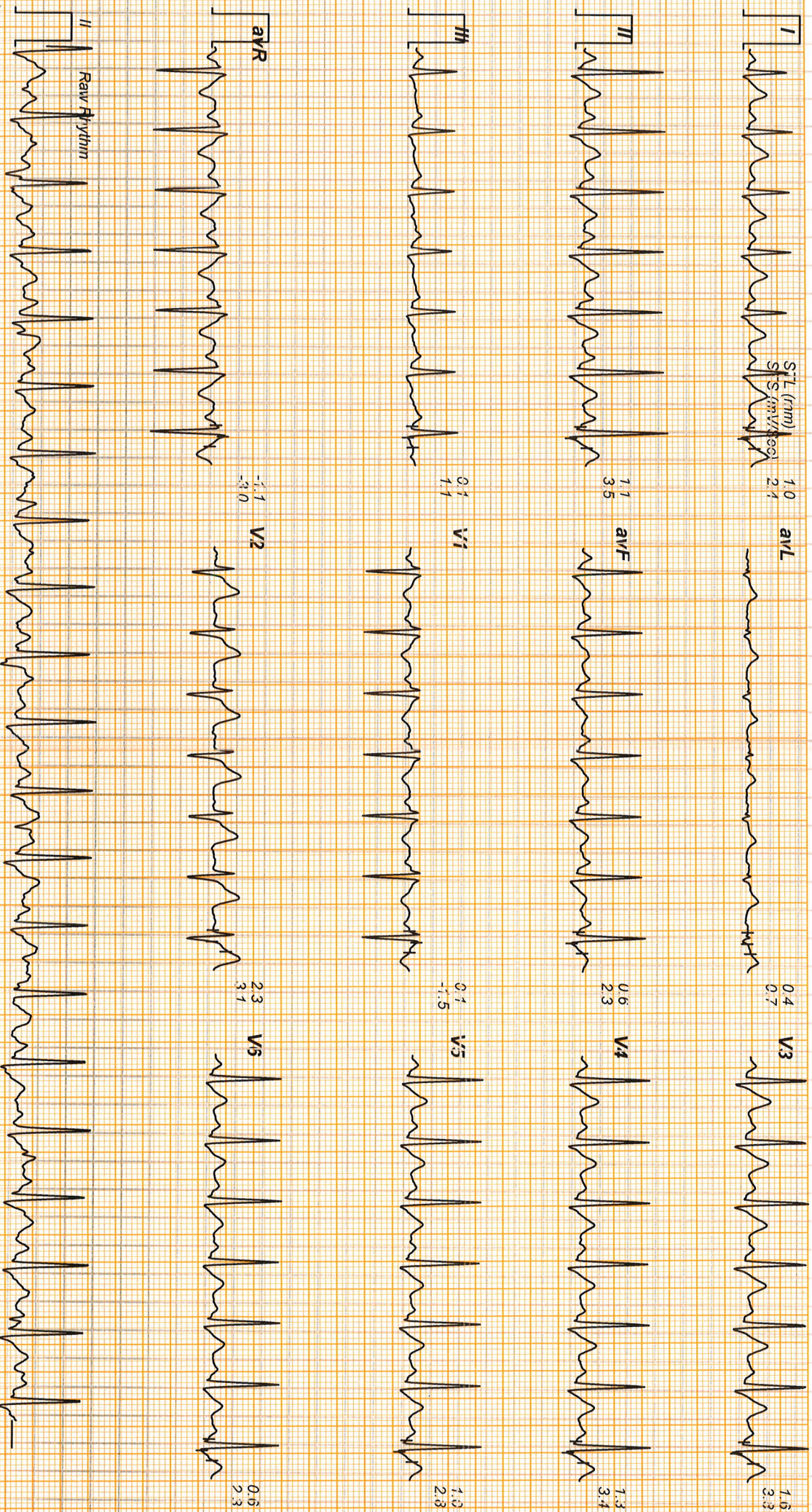
187875 / MR.A SRINIVASA RAO / 38 Yrs / Male / 169 Cm / 91 Kg

Linked Medians Report
BRUCE : Stage 2 (03:00)



Date: 05 - 04 - 2024 09:40:19 AM METs : 7.1 HR : 122 Target HR : 67% of 182 BP : 130/80 Post J @80r/Sec

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



YODA LIFE LINE DIAGNOSTICS CENTRE

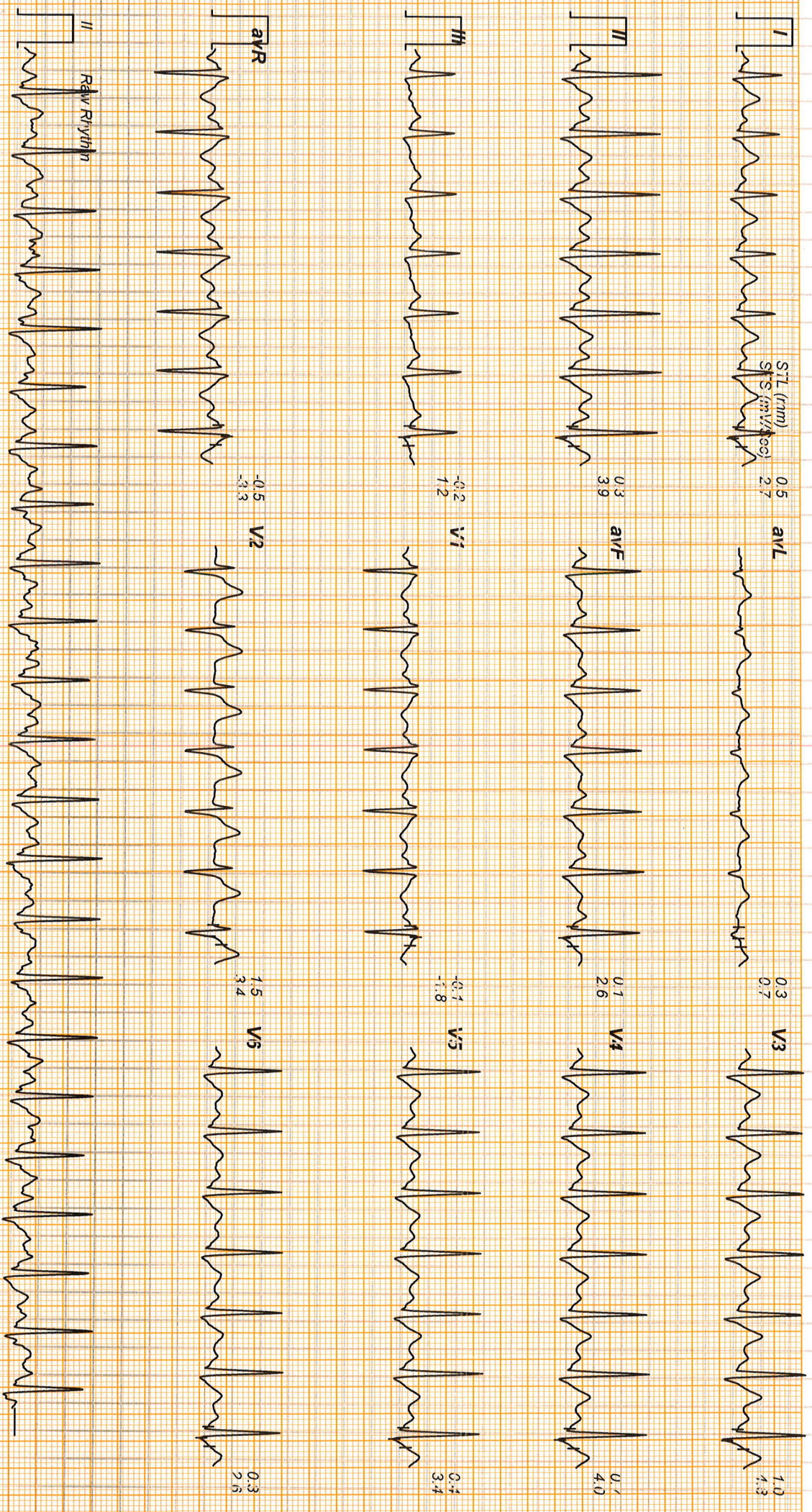
AMEER PET. HYDERBAD.
187875 / MR.A SRINIVASA RAO / 38 Yrs / Male / 169 Cm / 91 Kg

Linked Medians Report
BRUCE : Stage 3 (03:00)



Date: 05 - 04 - 2024 09:40:19 AM METs : 10.2 HR : 140 Target HR : 77% of 182 BP : 140/90 Post J @60mSec

ExTime: 09:00 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



YODA LIFE LINE DIAGNOSTICS CENTRE

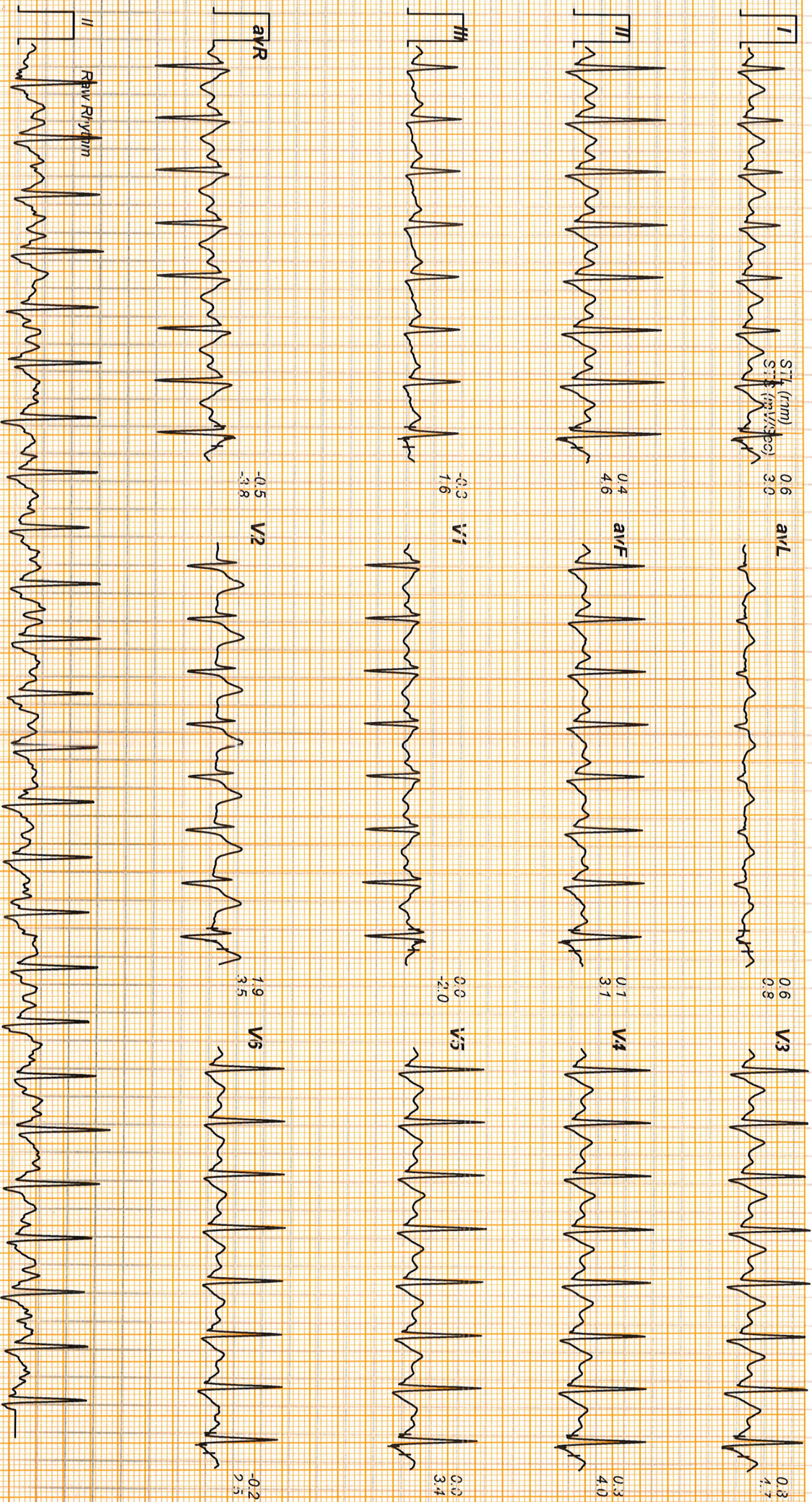
AMEER PET, HYDERABAD.
187875 / MR.A SRINIVASA RAO / 38 Yrs / Male / 169 Cm / 91 Kg

Linked Medians Report PeakEx



Date: 05 - 04 - 2024 09:40:19 AM METs : 10.8 HR : 156 Target HR : 86% of 182 BP : 140/90 Post J @60mSec

ExTime: 09:29 Speed: 4.2 mph Grade : 16.00 % 25 mm/Sec: 1.0 Cm/mV



YODA LIFE LINE DIAGNOSTICS CENTRE

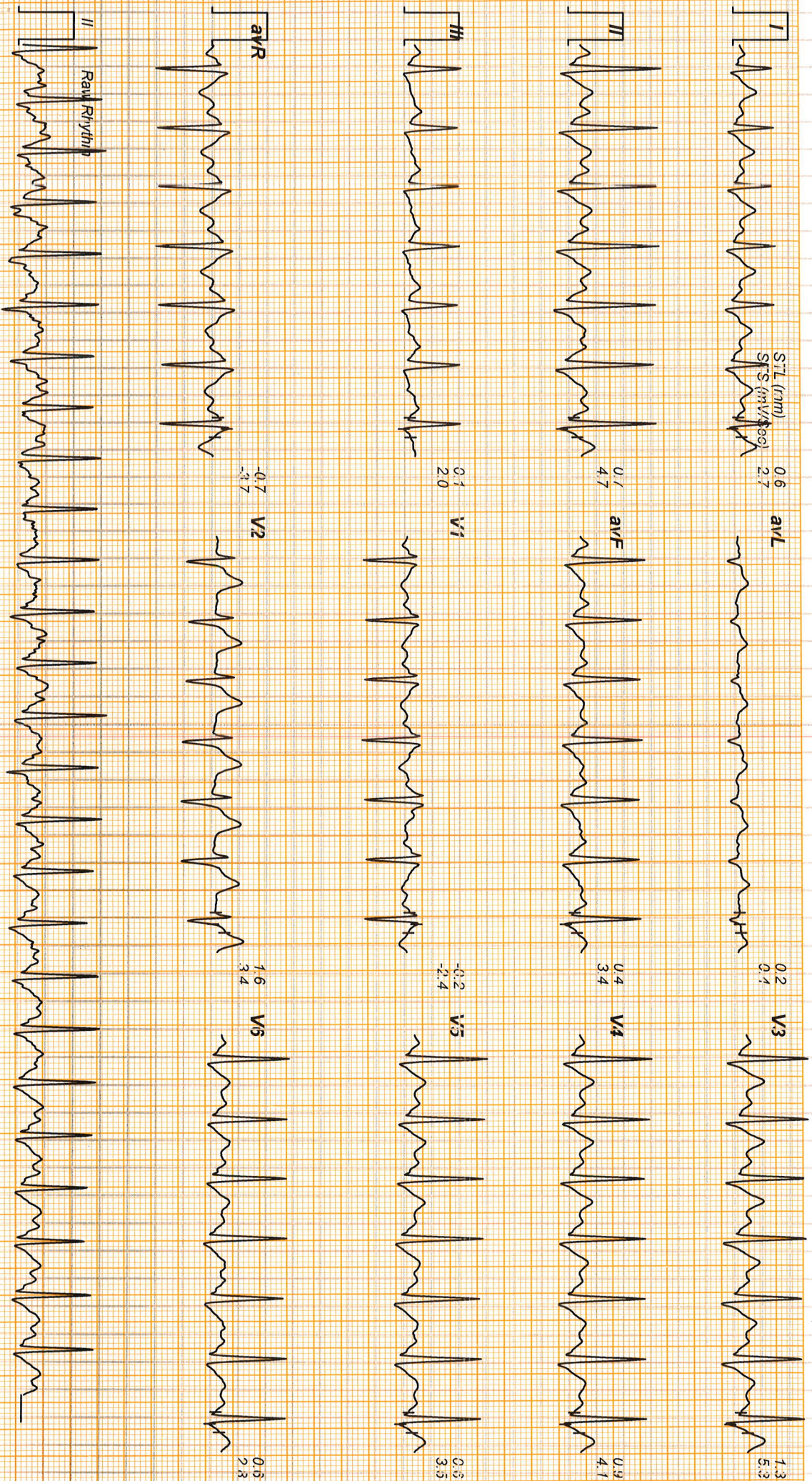
AMEER PET, HYDERBAD.
187875 / MR.A SRINIVASA RAO / 38 Yrs / Male / 169 Cm / 91 Kg

Linked Medians Report Recovery : (00:30)



Date: 05 - 04 - 2024 09:40:19 AM METS : 7.2 HR : 136 Target HR : 75% of 182 BP : 140/90 Post J @60mSec

ExTime: 09:29 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



YODA LIFE LINE DIAGNOSTICS CENTRE

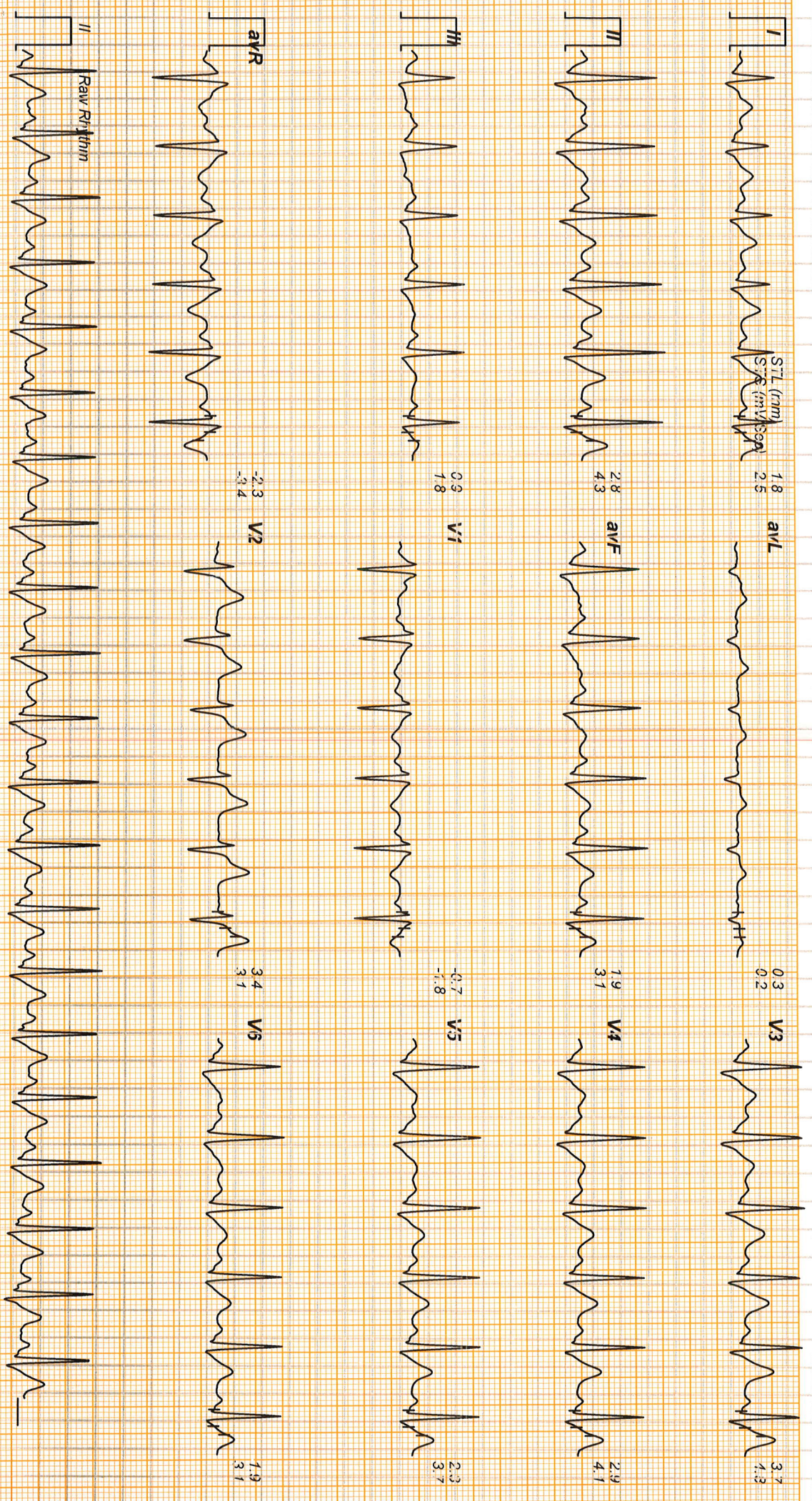
AMEER PET, HYDERABAD.
18/8/5 / MR.A SRINIVASA RAO / 38 Yrs / Male / 169 Cm / 91 Kg

Linked Medians Report
Recovery : (01:00)



Date: 05 - 04 - 2024 09:40:19 AM METS : 4.2 HR : 113 Target HR : 62% of 182 BP : 130/80 Post J @60mSec

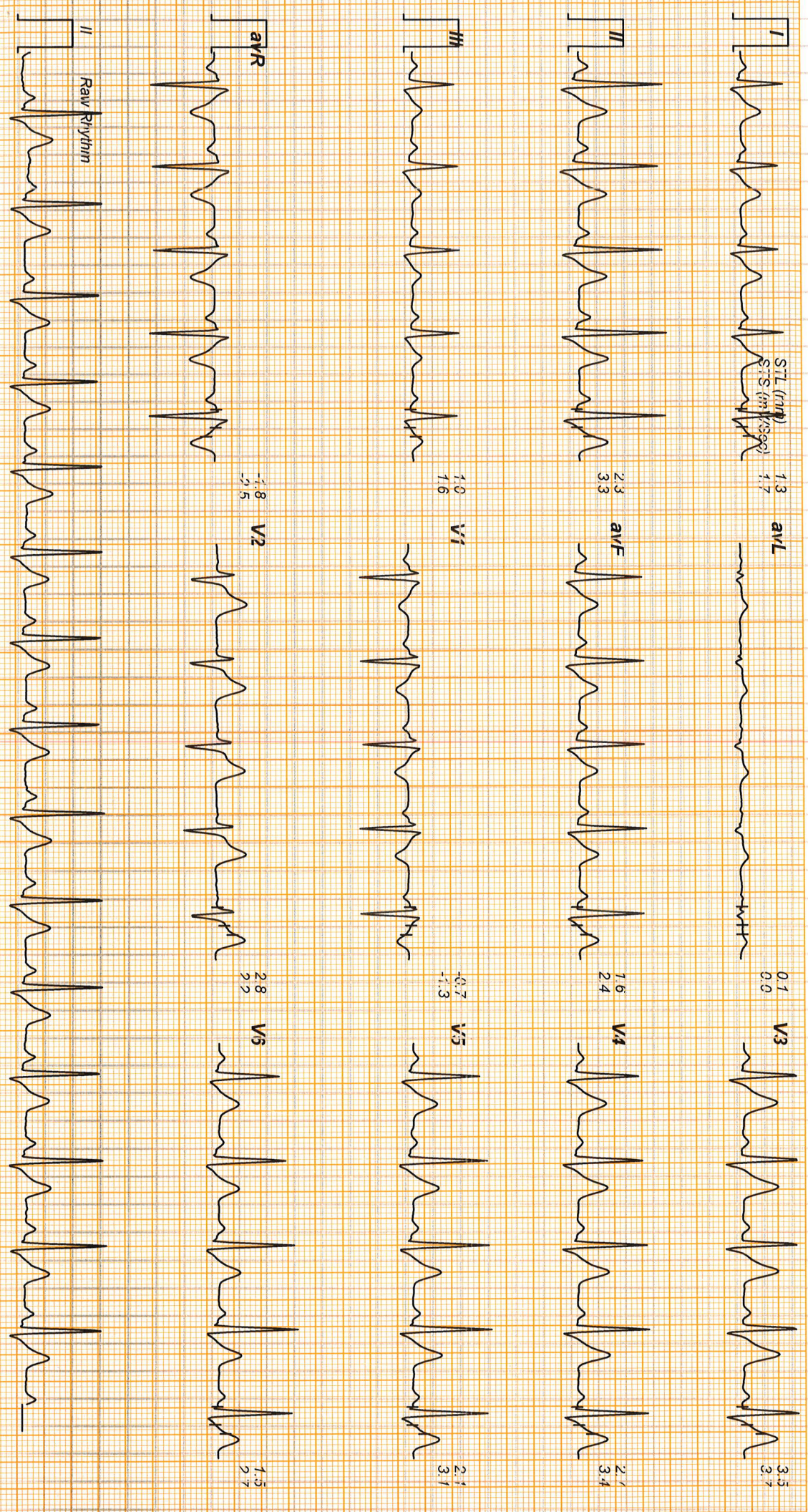
ExTime: 09:29 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 05 - 04 - 2024 09:40:19 AM METS : 1.0 HR : 97 Target HR : 53% of 182 BP : 120/80 Post J @70mSec

ExTime: 09:29 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



YODA LIFE LINE DIAGNOSTICS CENTRE

AMEER PET, HYDERBAD.

187875 / MR.A SRINIVASA RAO / 38 Yrs / Male / 169 Cm / 91 Kg

Linked Medians Report
Recovery : (03:00)



Date: 05 - 04 - 2024 09:40:19 AM METs : 1.0 HR : 100 Target HR : 55% of 182 BP : 120/80 Post J @80mSec

ExTime: 09:29 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

