

DEPARTMENT OF RADIOLOGY

Patient Name	Mr. O PRAVEEN KUMAR	Visit ID	YOD675102	Barcode	11003916
Age / Gender	35 Y / MALE	UHID	YOD.0000651124	Collection Date	05-04-2024 08:50 AM
Ref Doctor	Dr. SELF	Client Name	MEDI WHEELS	Registration Date	05-04-2024 08:50 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 10:56 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. ANNAREDDY SIVAKALA
MBBS, DNB , CONSULTANT
RADIOLOGIST

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Sample Type		Client Add	F-701, Lado Sarai, Mehrauli, New Delhi	Reported Date	05-04-2024 11:14 AM

ULTRASOUND WHOLE ABDOMEN

Clinical Details : General check-up.

LIVER: Normal in size (143mm) 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 (94mm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 96x42mm. 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 94x57mm. 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: 11.4cc) 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 - II fatty liver.**
- **No other significant sonological abnormality detected.**

*** End Of Report ***

Suggested clinical correlation & follow up



Approved by

Dr. Prithvi Rani Gadadasu
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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Client Name	: MEDI WHEELS	Received	: 05/Apr/2024 10:03AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Apr/2024 10:57AM
Hospital Name	:		

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	1	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

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

Sample Type : WHOLE BLOOD EDTA				
ABO	A			
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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M Thirumalesh Reddy



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CBC (COMPLETE BLOOD COUNT)

Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB)	15.5	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	5.20	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	47.5	%	40.0 - 50.0	RBC pulse height detection
MCV	91.4	fL	83 - 101	Automated/Calculated
MCH	29.7	pg	27 - 32	Automated/Calculated
MCHC	32.5	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	13	%	11.0-16.0	Automated Calculated
RDW - SD	41.9	fl	35.0-56.0	Calculated
MPV	11.4	fL	6.5 - 10.0	Calculated
PDW	16.9	fL	8.30-25.00	Calculated
PCT	0.29	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	5,880	cells/ml	4000 - 11000	Flow Cytometry

DLC (by Flow cytometry/Microscopy)

NEUTROPHIL	65	%	40 - 80	Impedance
LYMPHOCYTE	28	%	20 - 40	Impedance
EOSINOPHIL	01	%	01 - 06	Impedance
MONOCYTE	5.4	%	02 - 10	Impedance
BASOPHIL	0.6	%	0 - 1	Impedance
PLATELET COUNT	2.53	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	1.02	ng/ml	0.60 - 1.78	CLIA
T4	10.65	ug/dl	4.82-15.65	CLIA
TSH	1.37	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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Approved By :

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 FFM, FDM
 MD BIOCHEMISTRY

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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM				
TOTAL BILIRUBIN	0.67	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.15	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.52	mg/dl		Calculated
AST (S.G.O.T)	25	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	44	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	54	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.2	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.7	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.5	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.88			Calculated

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LIPID PROFILE

Sample Type : SERUM

TOTAL CHOLESTEROL	189	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	49	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	115	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	125	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	25.0	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	3.86		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	2.55	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	140	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	6.1	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	128	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	23	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	10.8	mg/dl	5 - 25	GLDH-UV

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

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

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

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FBS (GLUCOSE FASTING)

Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	115	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	170	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	0.98	mg/dl	0.70 - 1.30	KINETIC-JAFFE

Increased In:

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

Decreased In:

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

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Ref Doctor	: SELF	Collected	: 05/Apr/2024 09:03AM
Client Name	: MEDI WHEELS	Received	: 05/Apr/2024 10:07AM
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	: YOD675102	UHID/MR No	: YOD.0000651124
Patient Name	: Mr. O PRAVEEN KUMAR	Client Code	: YOD-DL-0021
Age/Gender	: 35 Y 0 M 0 D /M	Barcode No	: 11003916
DOB	:	Registration	: 05/Apr/2024 08:50AM
Ref Doctor	: SELF	Collected	: 05/Apr/2024 09:03AM
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)	10.8	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.98	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	10.96	Ratio	6 - 25	Calculated

Verified By :
M Thirumalesh Reddy



Approved By :


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

Visit ID	: YOD675102	UHID/MR No	: YOD.0000651124
Patient Name	: Mr. O PRAVEEN KUMAR	Client Code	: YOD-DL-0021
Age/Gender	: 35 Y 0 M 0 D /M	Barcode No	: 11003916
DOB	:	Registration	: 05/Apr/2024 08:50AM
Ref Doctor	: SELF	Collected	: 05/Apr/2024 09:03AM
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	Slightly reddish			
APPEARANCE	Light turbid			
SPECIFIC GRAVITY	1.019		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	Positive		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	Negative		Negative	Azocoupling reaction
NITRITE	Negative		NEGATIVE	Diazotization Reaction

MICROSCOPIC EXAMINATION

PUS CELLS	4-5	cells/HPF	0-5	
EPITHELIAL CELLS	1-2	/hpf	0 - 5	
RBCs	Plenty	Cells/HPF	Nil	
CRYSTALS	CALCIUM OXALATE	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	: YOD675102	UHID/MR No	: YOD.0000651124
Patient Name	: Mr. O PRAVEEN KUMAR	Client Code	: YOD-DL-0021
Age/Gender	: 35 Y 0 M 0 D /M	Barcode No	: 11003916
DOB	:	Registration	: 05/Apr/2024 08:50AM
Ref Doctor	: SELF	Collected	: 05/Apr/2024 09:03AM
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

675102
35 Years

MR O PRAVEEN KUMAR
Male

05-Apr-24 9:25:51 AM
YODA LIFELINE DIAGNOSTICS

Rate 85 . Sinus rhythm.....normal P axis, V-rate 50- 99

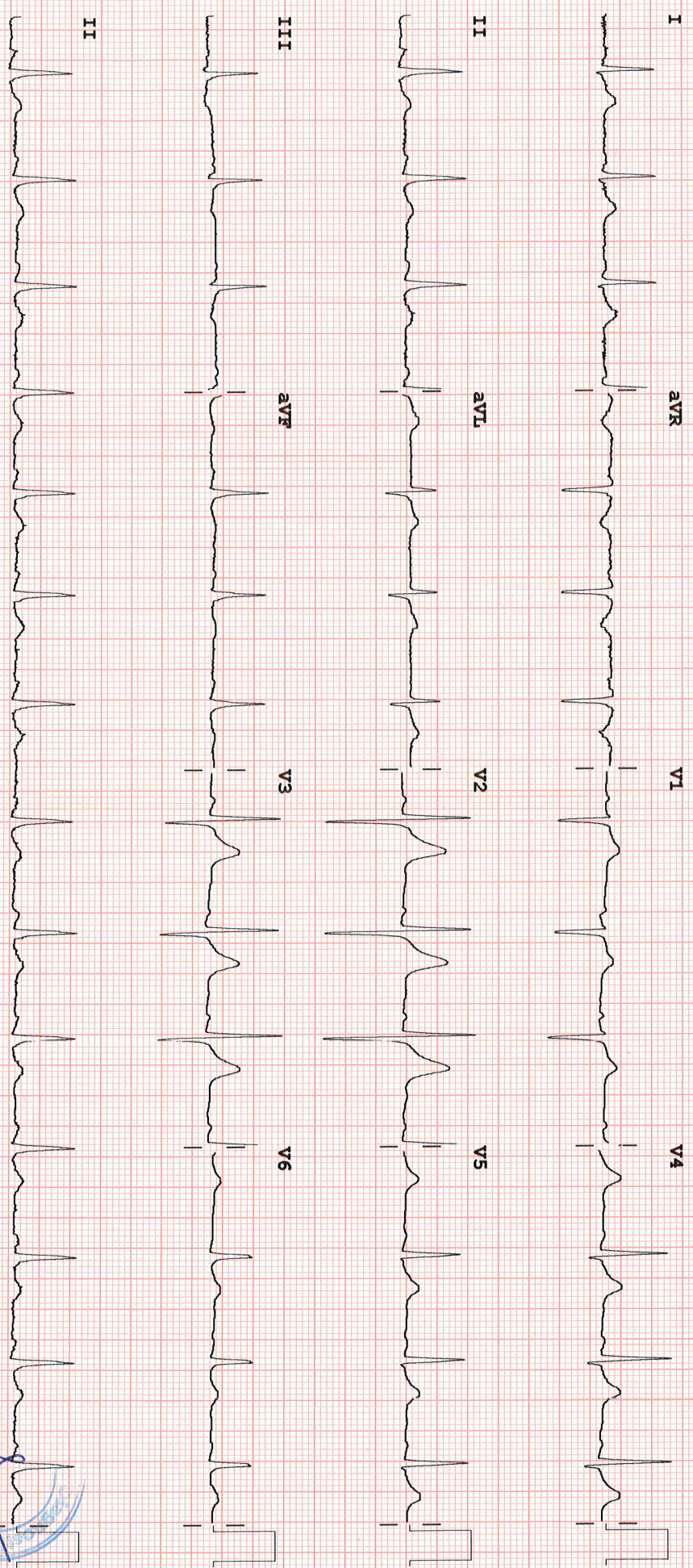
PR 125
QRSD 81
QT 333
QTc 396

--AXIS--
P 67
QRS 54
T 14

- NORMAL ECG -

12 Lead; Standard Placement

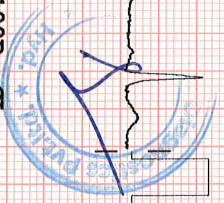
Unconfirmed Diagnosis



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

F 50~ 0.15-100 Hz

100B CL P?



EYE GLASS PRESCRIPTION

Name : MS. D. Praveen Kumar

Age : 35 Employee ID: 675102

Gender : M Date: 05/04/24

Vn
(unaided)
PGP

6/6	6/6
-----	-----

Distance

	SPH	CYL	AXIS	BCVA
OD	P	~		6/6
OS	P	~		6/6

Add

N	G
---	---

@ 38cm

LENS TYPE

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

Remarks:

CV - normal


Signature

Name : Mr. O. Praveen Kumar
 Date: 05/04/24 Age: 35 Sex: Male Female
 Address: Hyderabad

Rx

TEMP :
 B.P :
 PULSE:

Has come for general eye examination

NO H/O DM and HTN

NO H/O using glasses

Slit lamp examination

As

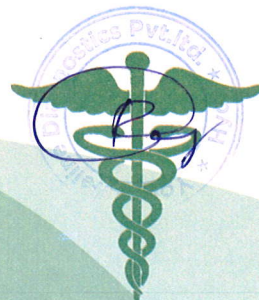
Soha E/D

2/D

R/O WNL L Normal

L/O WNL L Normal

C/V WNL L Normal



YODA LIFE LINE DIAGNOSTICS CENTRE
AMEER PET, HYDERBAD.

Report



187876 (675102) / MR. O PRAVEEN KUMAR / 35 Yrs / M / 85 Cms / 168 Kg Date: 05-Apr-2024 Refd By : MEDI WHEELS Examined By:
 NonCardiacPain Angina /Non-Hypercholestromia/Non-Diabetic/Negative Estrogen/Non-Athlete

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:07	0:07	00.0	00.0	01.0	100	54 %	130/80	130	00	
Warm Up	00:09	0:02	00.0	00.0	01.0	100	54 %	130/80	130	00	
ExStart	00:10	0:01	00.0	00.0	01.0	100	54 %	130/80	130	00	
BRUCE Stage 1	03:10	3:00	01.7	10.0	04.7	151	82 %	130/80	196	00	
BRUCE Stage 2	06:10	3:00	02.5	12.0	07.1	172	93 %	140/80	240	00	
PeakEx	07:10	1:00	03.4	14.0	08.2	185	100 %	150/90	277	00	
Recovery	07:40	0:30	00.0	00.0	04.1	174	94 %	150/90	261	00	
Recovery	08:10	1:00	00.0	00.0	01.1	159	86 %	140/80	222	00	
Recovery	10:09	3:00	00.0	00.0	01.0	129	70 %	130/80	167	00	

FINDINGS :

Exercise Time : 07:00
 Max HR Attained : 185 bpm 100% of Target 185
 Max BP Attained : 150/90
 Max Workload Attained : 8.2 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -1.3 mm in PeakEx
 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 100.0 bpm
 Systolic BP 150.0 mmHg
 Diastolic BP 90.0 mmHg
 Maximum Depression 0.2
 Exercise Time 07:00 Mins
 Ectopic Beats 0.0
 METS 8.2

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

Doctor : DR D MADHAV

Test End Reason TARGET HEART RATE ACHIVED
Target Heart Rate 185.0TEST OBJECTIVE

REGULAR CHECK UP

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

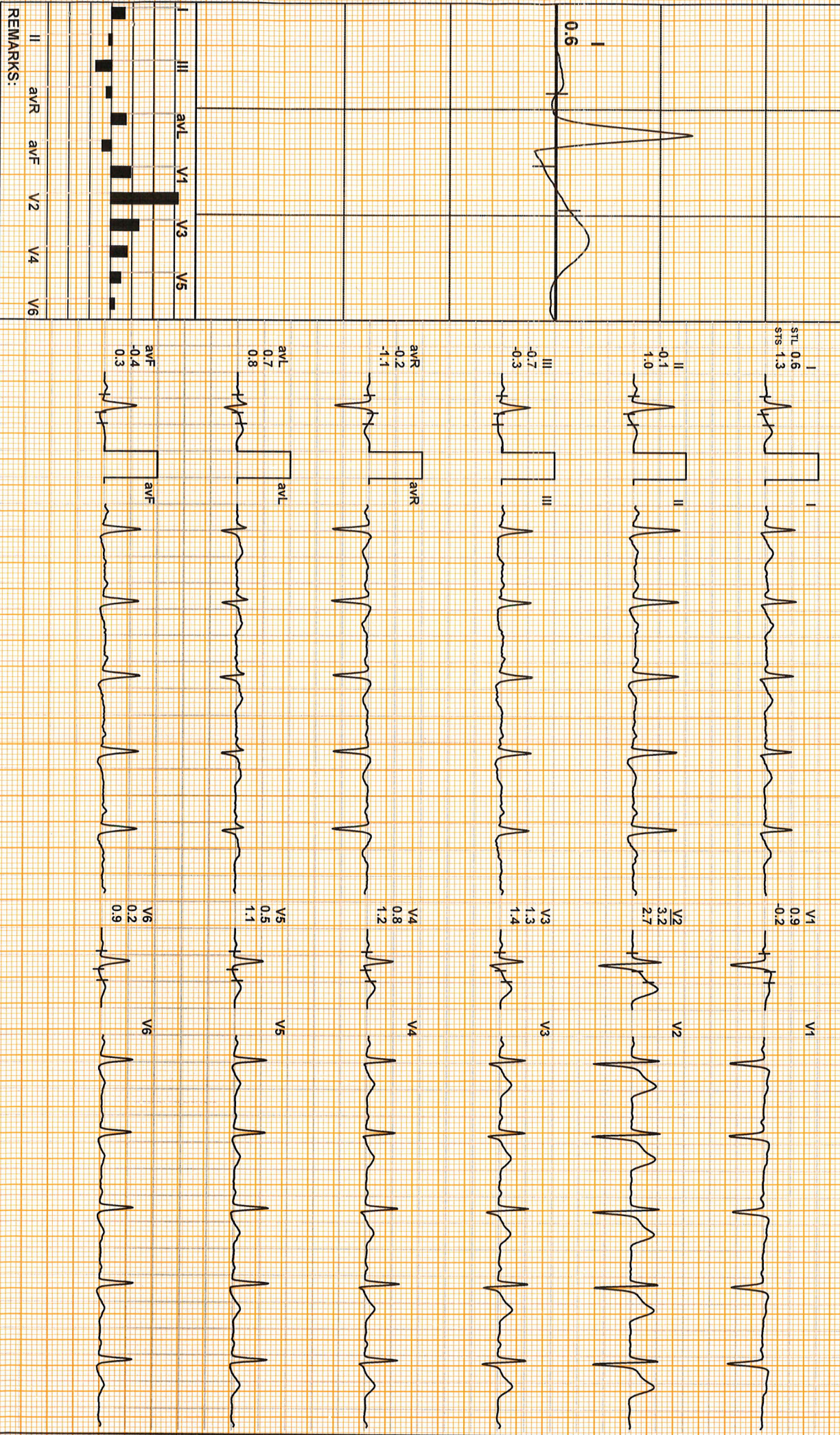


187876 (675102) / MR. O PRAVEEN KUMAR / 35 Yrs / M / 85 Cms / 168 Kg / HR : 98

Date: 05-Apr-2024 10:01:48 AM METS: 1.0/ 98 bpm 53% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.6 HZLF 20 Hz EXTime: 00:05 0.0 mph, 0.0%

4X 80ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

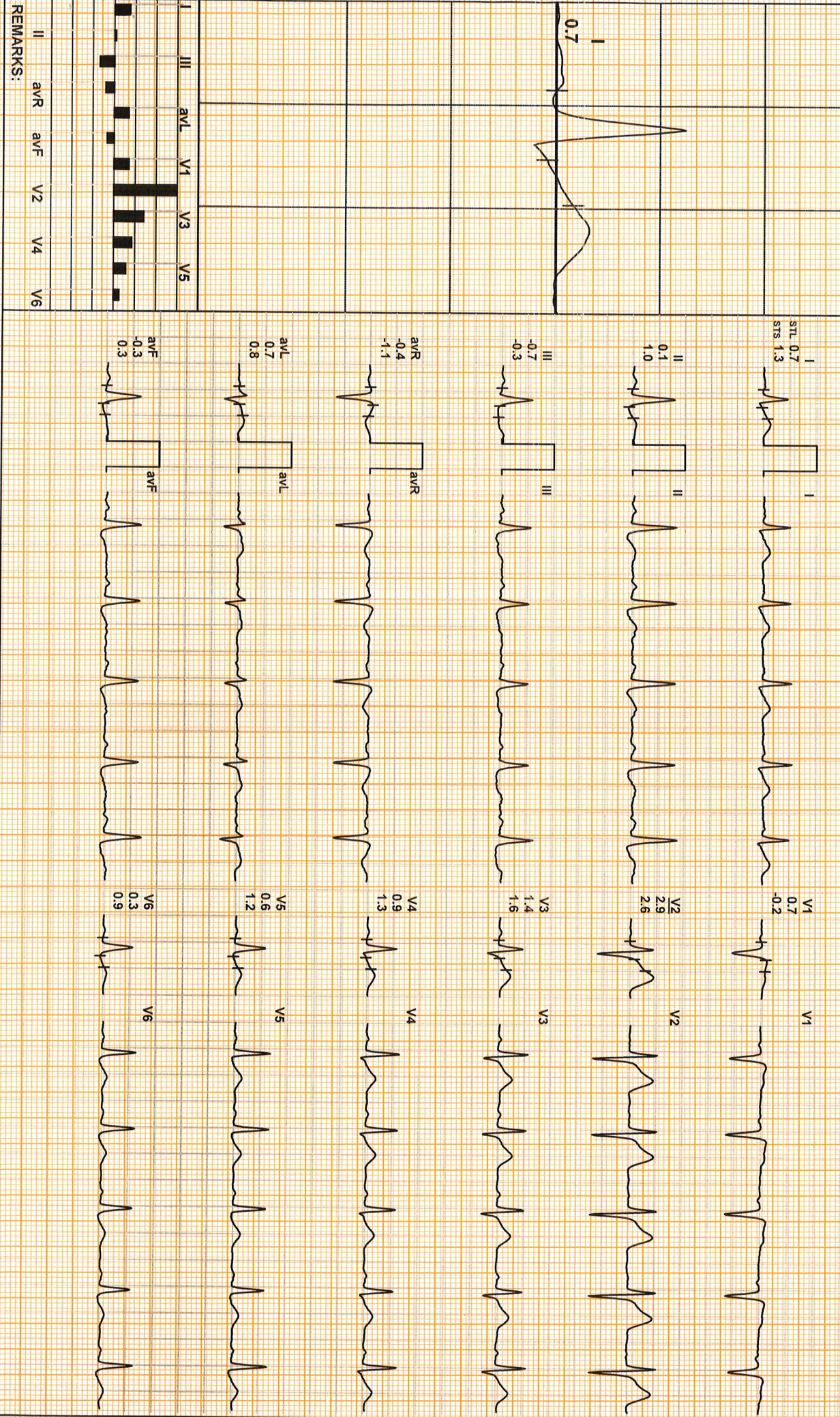
187876 (675102) / MR. O PRAVEEN KUMAR / 35 Yrs / M / 85 Cms / 168 Kg / HR : 100



Date: 05-Apr-2024 10:01:48 AM METS: 1.0/ 100 bpm 54% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.6 Hz/LF 20 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X 80 mS Post J 25 mm/Sec. 1.0 Cm/mV



REMARKS:

187876 (675102) / MR. O PRAVEEN KUMAR / 35 Yrs / M / 85 Cms / 168 Kg / HR : 100

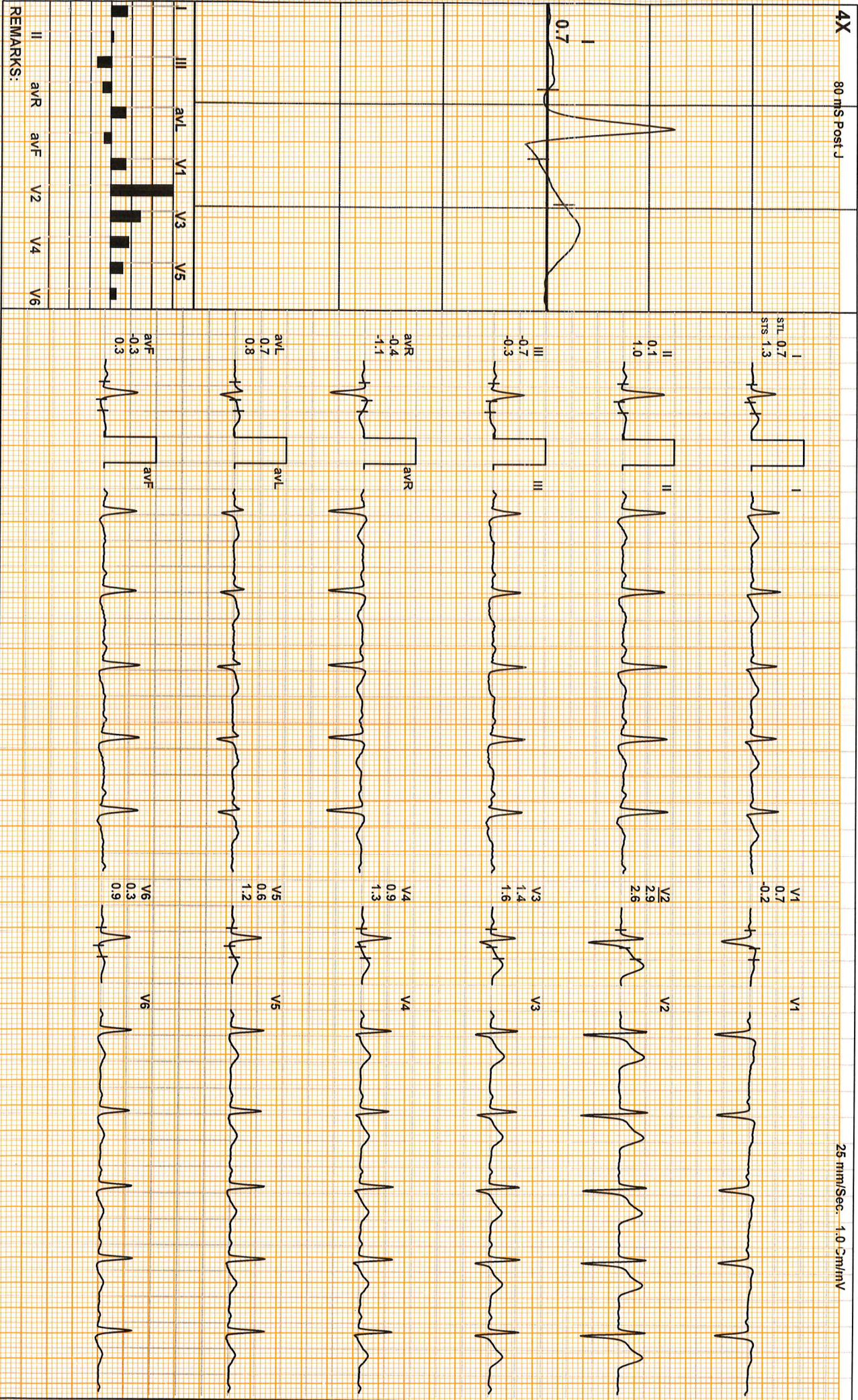


Date: 05-Apr-2024 10:01:48 AM METS: 1.0/ 100 bpm 54% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.6 Hz/LF 20 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

YODA LIFE LINE DIAGNOSTICS CENTRE

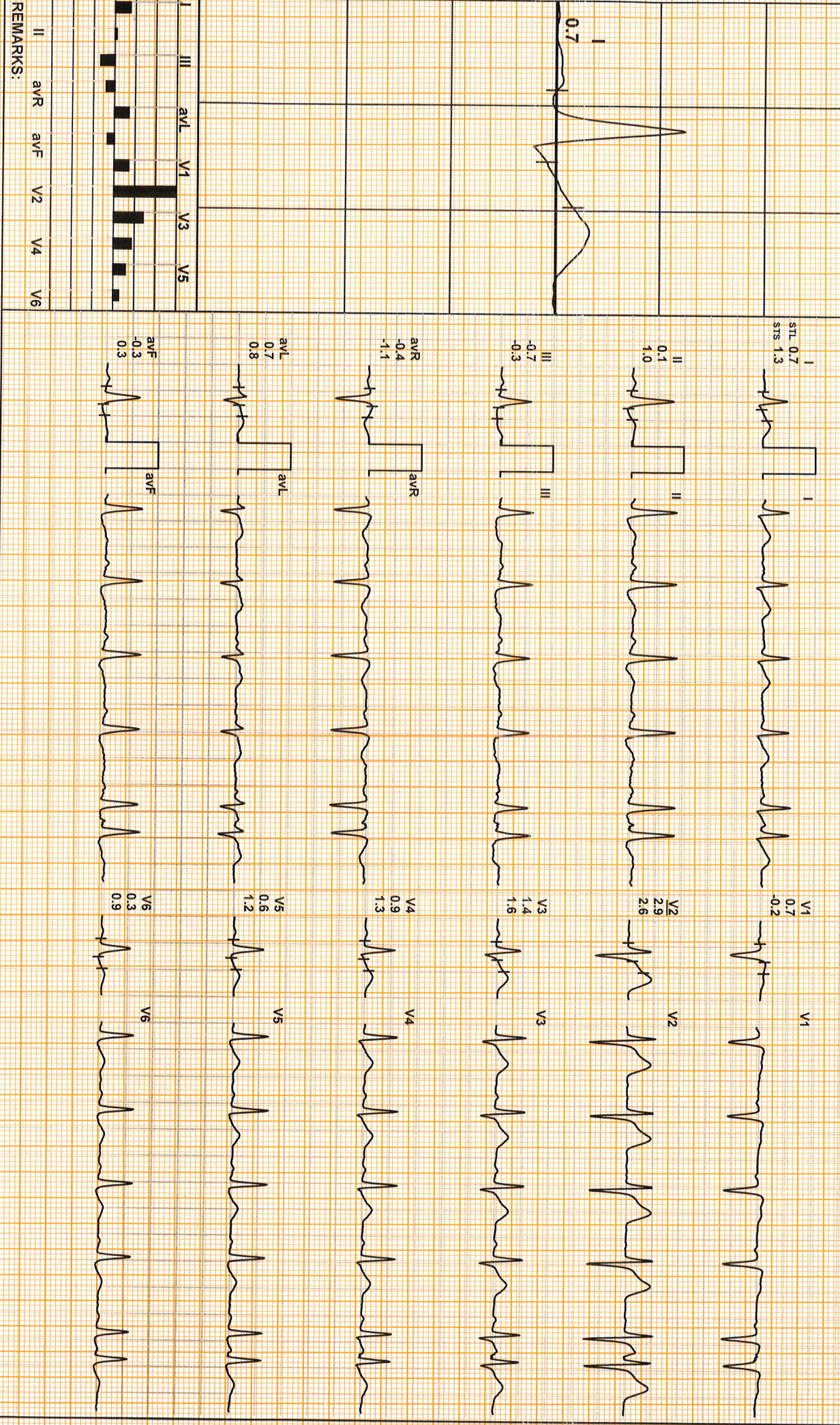
187876 (675102) / MR. O PRAVEEN KUMAR / 35 Yrs / M / 85 Cms / 168 Kg / HR : 100

ExStnt



Date: 05-Apr-2024 10:01:48 AM METS: 1.0/100 bpm 54% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.6 Hz/ LF 20 Hz

4X 80 ms Post-J STL 0.7 STS 1.3 V1 0.7 V2 2.9 V3 1.4 V4 0.9 V5 0.6 V6 0.3



REMARKS:

YODA LIFE LINE DIAGNOSTICS CENTRE

AMEER PET, HYDERBAD.

187876 / MR. O PRAVEEN KUMAR / 35 Yrs / Male / 85 Cm / 168 Kg

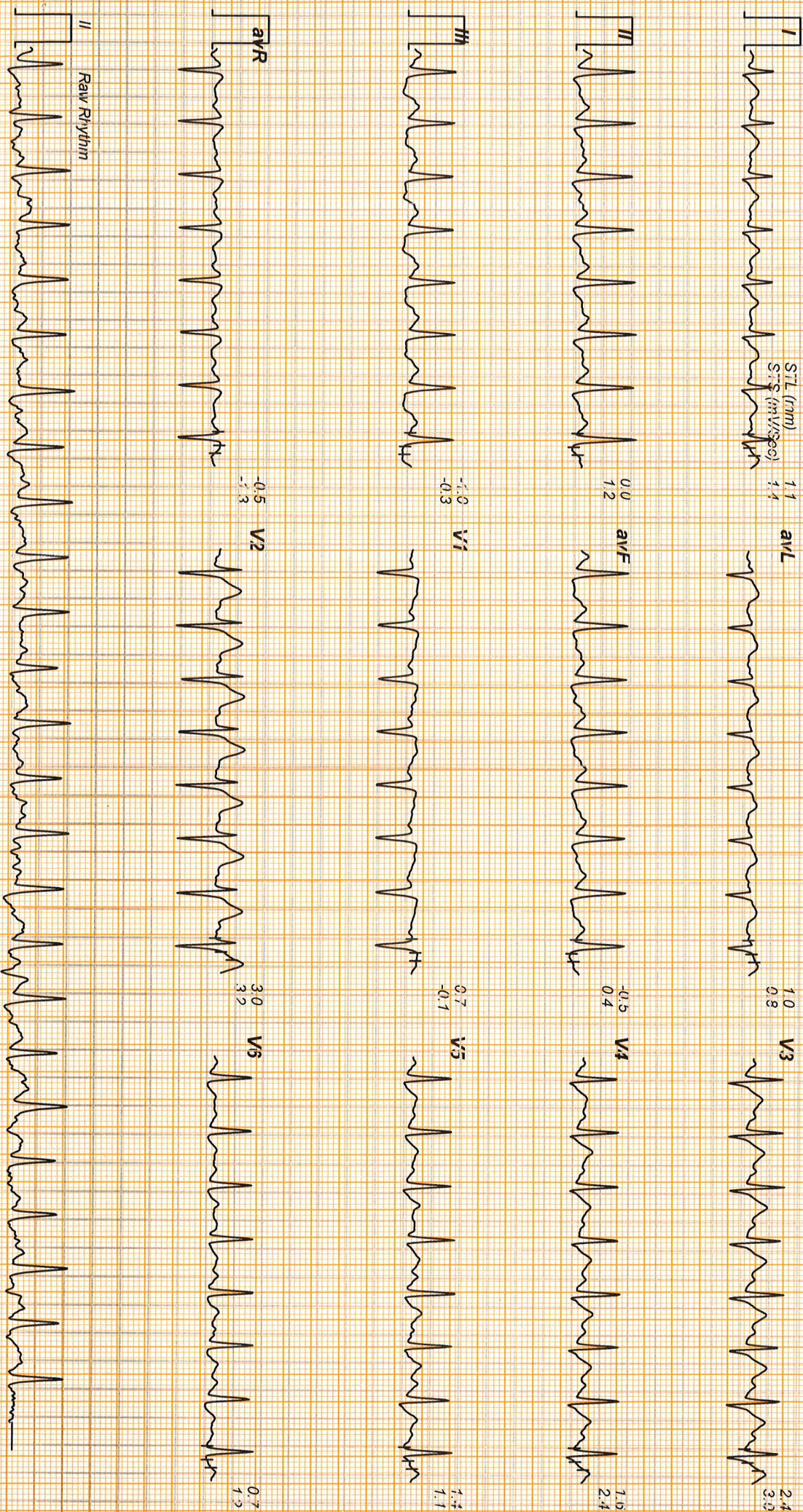
Linked Medians Report

BRUCE : Stage 1 (03:00)



Date: 05 - 04 - 2024 10:01:48 AM METS : 4.7 HR : 151 Target HR : 82% of 165 BP : 130/80 Post J @60mSec

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



YODA LIFE LINE DIAGNOSTICS CENTRE

AMEER PET, HYDERABAD.

187876 / MR. O PRAVEEN KUMAR / 35 Yrs / Male / 85 Cm / 168 Kg

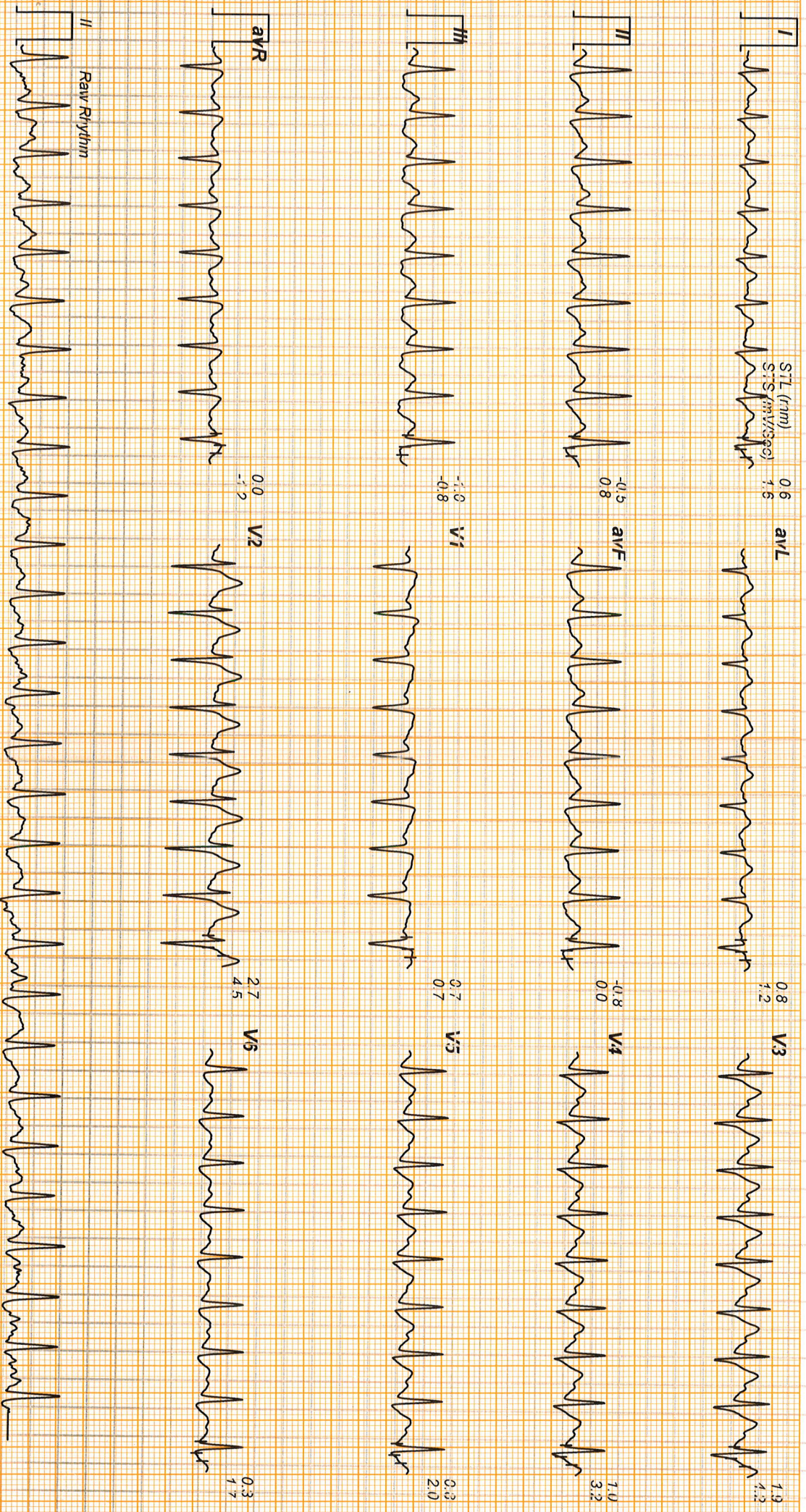
Linked Medians Report

BRUCE : Stage 2 (03:00)



Date: 05 - 04 - 2024 10:01:48 AM METS : 7.1 HR : 172 Target HR : 93% of 185 BP : 140/80 Post J @60mSec

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.

187876 / MR. O PRAVEEN KUMAR / 35 Yrs / Male / 85 Cm / 168 Kg

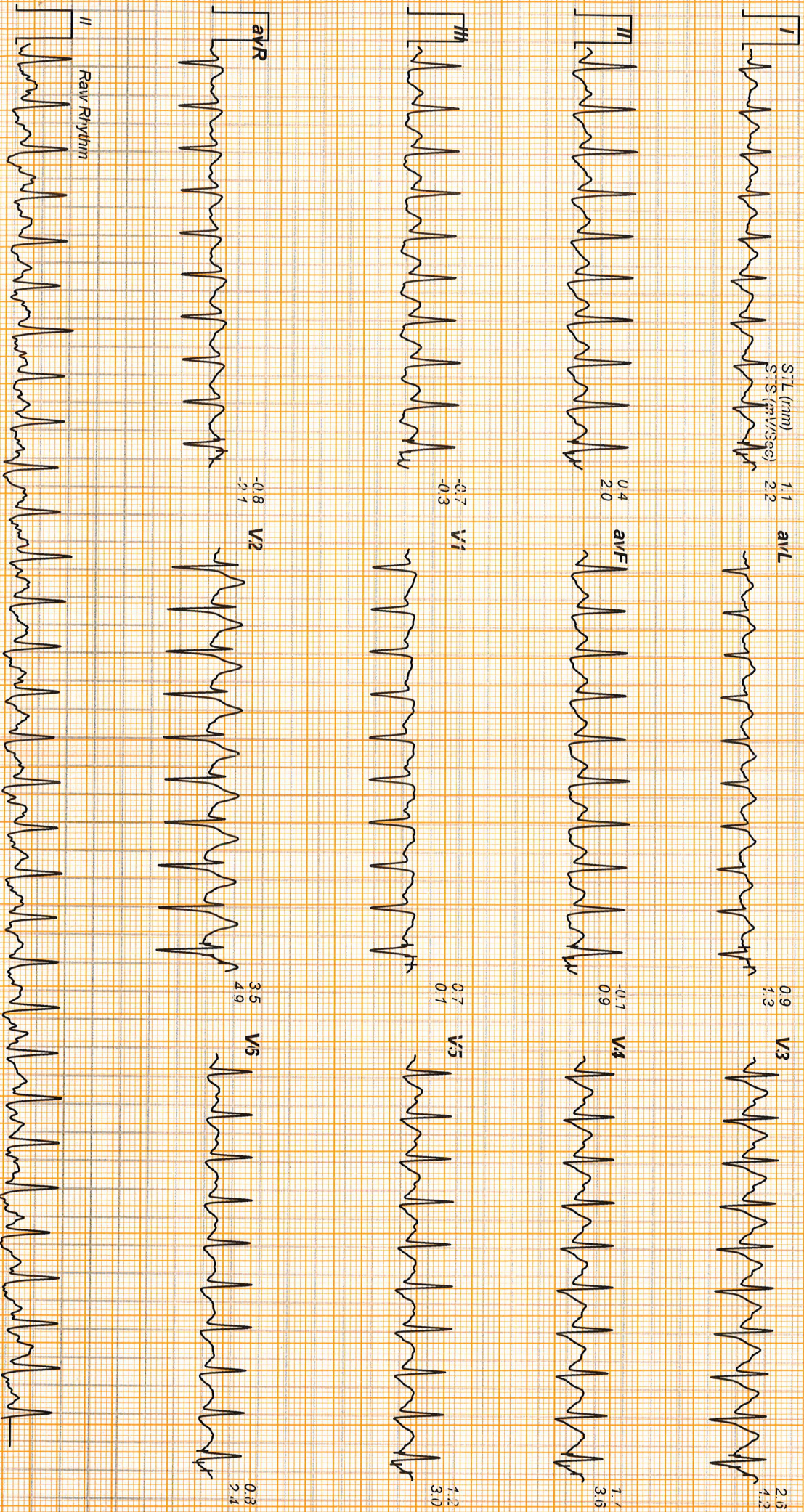
Linked Medians Report

PeaKEx



Date: 05 - 04 - 2024 10:01:48 AM METs : 8.2 HR : 185 Target HR : 100% of 185 BP : 150/90 Post J @60mSec

ExTime: 07:00 Speed: 3.4 mph Grade : .14.00 % 25 mm/Sec. 1.0 Cm/mV



YODA LIFE LINE DIAGNOSTICS CENTRE

AMEER PET, HYDERBAD.

187876 / MR. O PRAVEEN KUMAR / 35 Yrs / Male / 85 Cm / 168 Kg

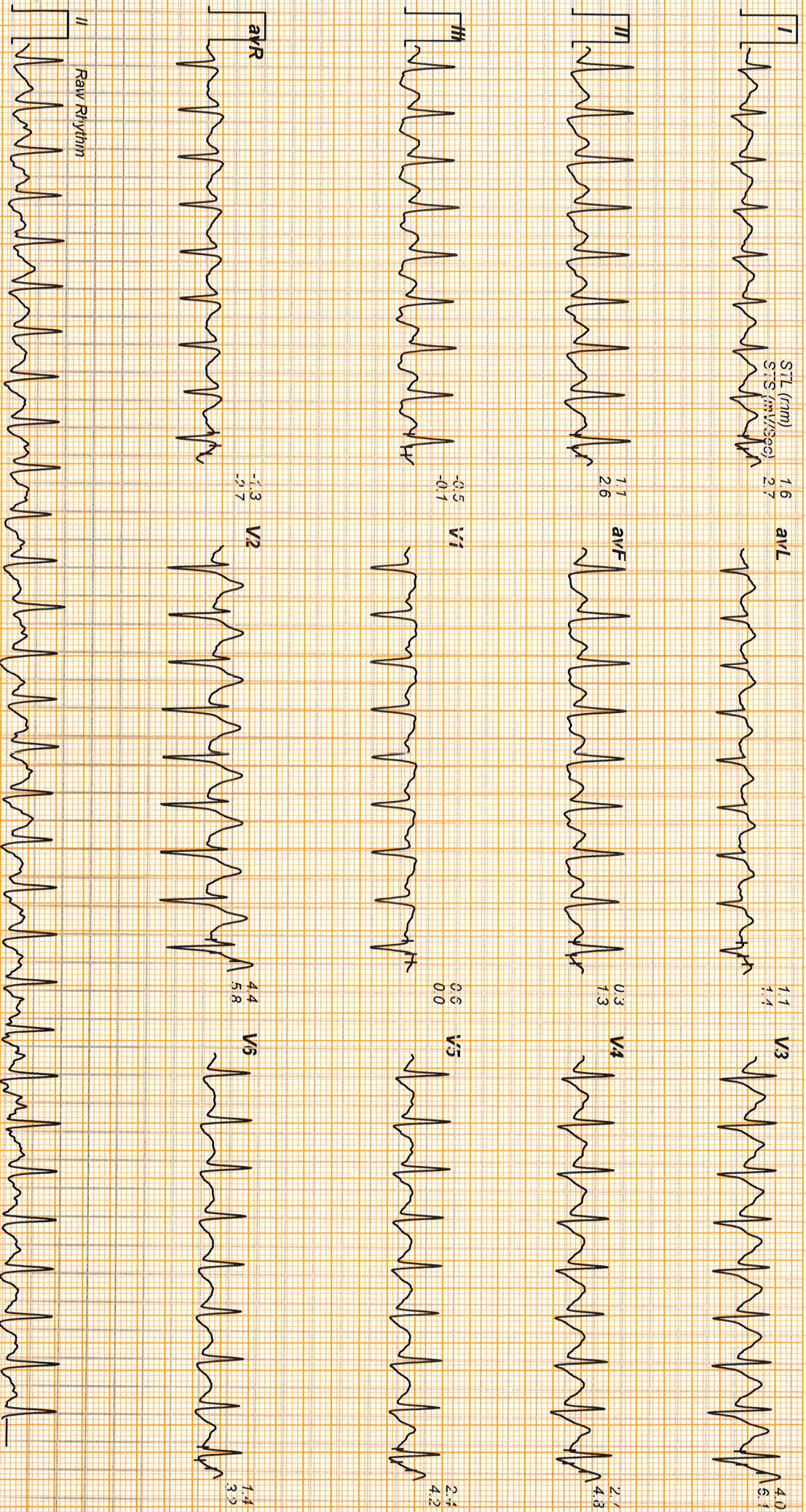
Linked Medians Report

Recovery : (00:30)



Date: 05 - 04 - 2024 10:01:48 AM METs : 4.1 HR : 174 Target HR : 94% of 185 BP : 150/90 Post J @60mSec

EX Time: 07:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



YODA LIFE LINE DIAGNOSTICS CENTRE

AMEER PET, HYDERBAD.

187876 / MR. O PRAVEEN KUMAR / 35 Yrs / Male / 85 Cm / 168 Kg

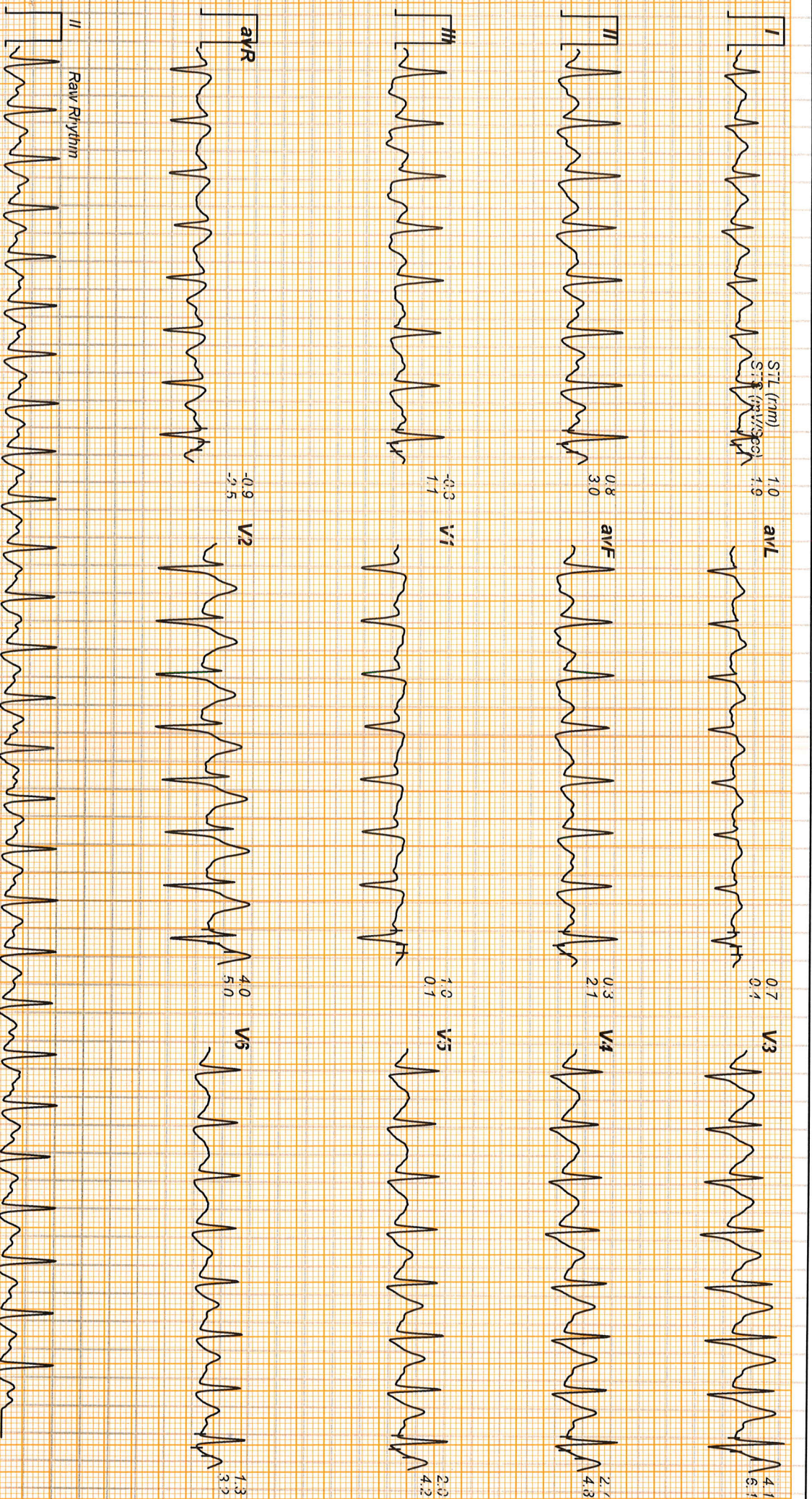
Linked Medians Report

Recovery : (01:00)



Date: 05 - 04 - 2024 10:01:48 AM METs : 1.1 HR : 159 Target HR : 86% of 185 BP : 140/80 Post J @60mSec

ExTime: 07:00 Speed: 0.0 mph Grade : .00 00 % 25 mm/Sec. 1.0 Cm/mV



YODA LIFE LINE DIAGNOSTICS CENTRE

AMEER PET, HYDERBAD.

187876 / MR. O PRAVEEN KUMAR / 35 Yrs / Male / 85 Cm / 168 Kg

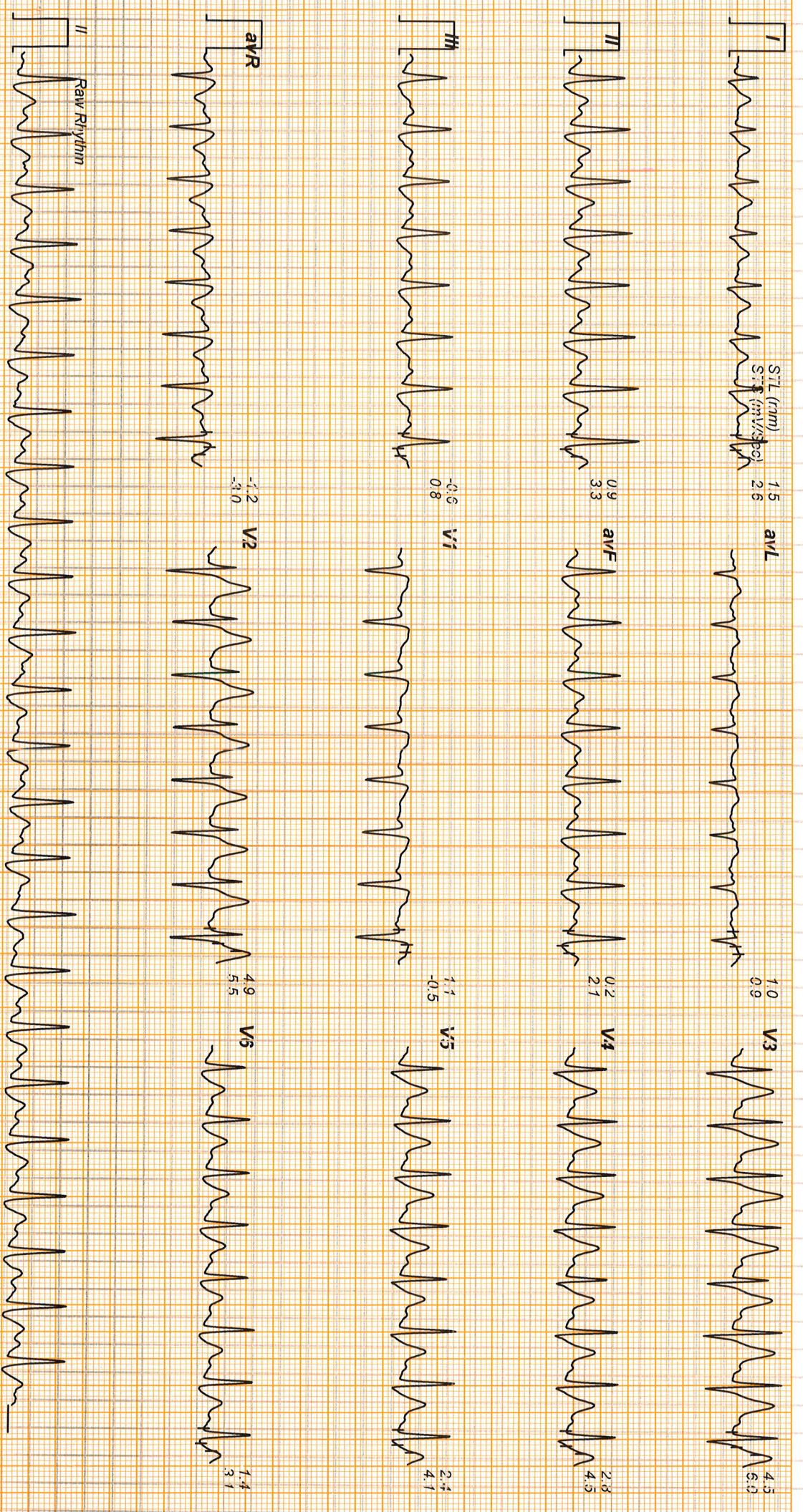
Linked Medians Report

Recovery : (02:00)



Date: 05 - 04 - 2024 10:01:48 AM METS : 1.0 HR : 146 Target HR : 79% of 185 BP : 130/80 Post J @60mSec

ExTime: 07:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



YODA LIFE LINE DIAGNOSTICS CENTRE

AMEER PET, HYDERBAD.

187876 / MR. O PRAVEEN KUMAR / 35 Yrs / Male / 85 Cm / 168 Kg

Linked Medians Report

Recovery : (03:00)



Date: 05 - 04 - 2024 10:01:48 AM METs : 1.0 HR : 129 Target HR : 70% of 185 BP : 130/80 Post J @70mSec

ExTime: 07:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

