

Visit ID	: YGT43468	UHID/MR No	: YGT.0000043315
Patient Name	: Mr. SHAIK ALTHAF HUSSAIN	Client Code	: 1409
Age/Gender	: 31 Y 2 M 24 D /M	Barcode No	: 10833961
DOB	: 15/Sep/1992	Registration	: 09/Dec/2023 08:37AM
Ref Doctor	: SELF	Collected	: 09/Dec/2023 08:37AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Dec/2023 11:17AM
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DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN**

Clinical Details : General check-up.

L I V E R : Normal in size (13.5 cm) and *shows increased echo-texture*. Intra hepatic biliary channels are not dilated. Visualised common bile duct & portal vein appears normal.

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

PANCREAS : *Poor window*.

SPLEEN : Normal in size (9.8 cm) and echotexture. No focal lesion is seen.

R I G H T K I D N E Y : measures 10.1 x 3.9 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

L E F T K I D N E Y : measures 10.6 x 5.2 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 : Partially distended. No evidence of wall thickening / calculi.

P R O S T A T E : Normal in size 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:

- Grade I fatty liver.

Verified By :
Kollipara Venkateswara Rao



Approved By :

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

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DEPARTMENT OF RADIOLOGYX-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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Approved By :

Sushma Vuyuru
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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	30	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	"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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CBC (COMPLETE BLOOD COUNT)
Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB)	14.2	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	4.97	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	40.9	%	40.0 - 50.0	RBC pulse height detection
MCV	82.3	fL	83 - 101	Automated/Calculated
MCH	28.7	pg	27 - 32	Automated/Calculated
MCHC	34.8	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.2	%	11.0-16.0	Automated Calculated
RDW - SD	39.2	fl	35.0-56.0	Calculated
MPV	7.4	fL	6.5 - 10.0	Calculated
PDW	15.3	fL	8.30-25.00	Calculated
PCT	0.17	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	6,320	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	53	%	40 - 80	Impedance
LYMPHOCYTE	40	%	20 - 40	Impedance
EOSINOPHIL	02	%	01 - 06	Impedance
MONOCYTE	05	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	2.30	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	11.23	ug/dl	4.82-15.65	CLIA
TSH	1.91	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	0.74	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.16	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.58	mg/dl		Calculated
S.G.O.T	28	U/L	< 50	KINETIC WITHOUT P5P-IFCC
S.G.P.T	65	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	84	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.7	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.4	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.3	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.33			Calculated

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LIPID PROFILE
Sample Type : SERUM

TOTAL CHOLESTEROL	208	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	40	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	134.4	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	168	mg/dl	See Table	GPO
VLDL	33.6	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	5.20		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	4.2	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	168	mg/dl	< 130	Calculated

Interpretation


NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	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	5.8	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	120	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	14	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	6.5	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	106	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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DEPARTMENT OF BIOCHEMISTRY

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PPBS (POST PRANDIAL GLUCOSE)

Sample Type : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	114	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
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- Alcoholism
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.82	mg/dl	0.67 - 1.17	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	7.1	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)	6.5	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.82	mg/dl	0.67 - 1.17	KINETIC-JAFFE
BUN/CREATININE RATIO	7.90	Ratio	6 - 25	Calculated

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Visit ID	: YGT43468	UHID/MR No	: YGT.0000043315
Patient Name	: Mr. SHAIK ALTHAF HUSSAIN	Client Code	: 1409
Age/Gender	: 31 Y 2 M 24 D /M	Barcode No	: 10833961
DOB	: 15/Sep/1992	Registration	: 09/Dec/2023 08:37AM
Ref Doctor	: SELF	Collected	: 09/Dec/2023 08:37AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehrauli, N	Reported	: 09/Dec/2023 12:34PM
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 : 2.9 cms

LEFT VENTRICLE : EDD : 4.5 cm IVS(d) : 0.7 cm LVEF : 69 %
 ESD : 2.7 cm PW (d) : 0.7 cm FS : 38 %
 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 :
 Kollipara Venkateswara Rao

Approved By :




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

Visit ID	: YGT43468	UHID/MR No	: YGT.0000043315
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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Dec/2023 12:34PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**DOPPLER STUDY :**

MITRAL FLOW : E - 0.7m/sec, A - 1.7m/sec.
AORTIC FLOW : 1.1m/sec
PULMONARY FLOW : 1.4m/sec
TRICUSPID FLOW : TRJV : 2.8m/sec, RVSP - 38mmHg
COLOUR FLOW MAPPING: MILD TR/ MILD PAH


IMPRESSION :

- * NORMAL SIZED CARDIAC CHAMBERS
- * NO RWMA OF LV
- * GOOD LV SYSTOLIC FUNCTION
- * GRADE I LV DIASTOLIC DYSFUNCTION
- * NO MR/ NO AR/ NO PR
- * MILD TR/ MILD 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 : YGT43468	UHID/MR No : YGT.0000043315
Patient Name : Mr. SHAIK ALTHAF HUSSAIN	Client Code : 1409
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DOB : 15/Sep/1992	Registration : 09/Dec/2023 08:37AM
Ref Doctor : SELF	Collected : 09/Dec/2023 08:37AM
Client Name : MEDI WHEELS	Received : 09/Dec/2023 08:57AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 09/Dec/2023 10:11AM
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	30 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.010		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 :
 Kollipara Venkateswara Rao


Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT43468	UHID/MR No	: YGT.0000043315
Patient Name	: Mr. SHAIK ALTHAF HUSSAIN	Client Code	: 1409
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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
Dr. Sumalatha
 MBBS,DCP
 Consultant Pathologist



இந்திய அரசாங்கம்

Government of India



షైక్ అల్తాఫ్ హుస్సేన్

Shaik Althaf Hussain

பிறந்த நாள்/DOB: 15/09/1992

ஆண்/ MALE



4304 8353 8803

VID: 9155 6529 2351 2277

எனது ஆதார். எனது அடையாளம்



இந்திய குனிபிட. அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

முகவரி:

S/O ஷைக் மஸ்தான் ஷரீப், 3-112, மெயின் ரோட், க்ரோசூர்,
க்ரோசூர், கும்பூர்,
ஆந்திரப் பிரதேச - 522410

Address:

S/O Shaik Mastan Sharief, 3-112, Main
Road, krosuru, Krosuru, Guntur,
Andhra Pradesh - 522410



QR Code with Photograph

4304 8353 8803

VID: 9155 6529 2351 2277



1947



help@uidai.gov.in



www.uidai.gov.in

ID: 43468

09-12-2023 09:47:14

SK.ALTHAF HUSSAIN

Male 28Years

Req. No. :

HR : 92 bpm

P : 102 ms

PR : 146 ms

QRS : 90 ms

QT/QTcBz : 341/422 ms

P/QRST : 49/42/10 °

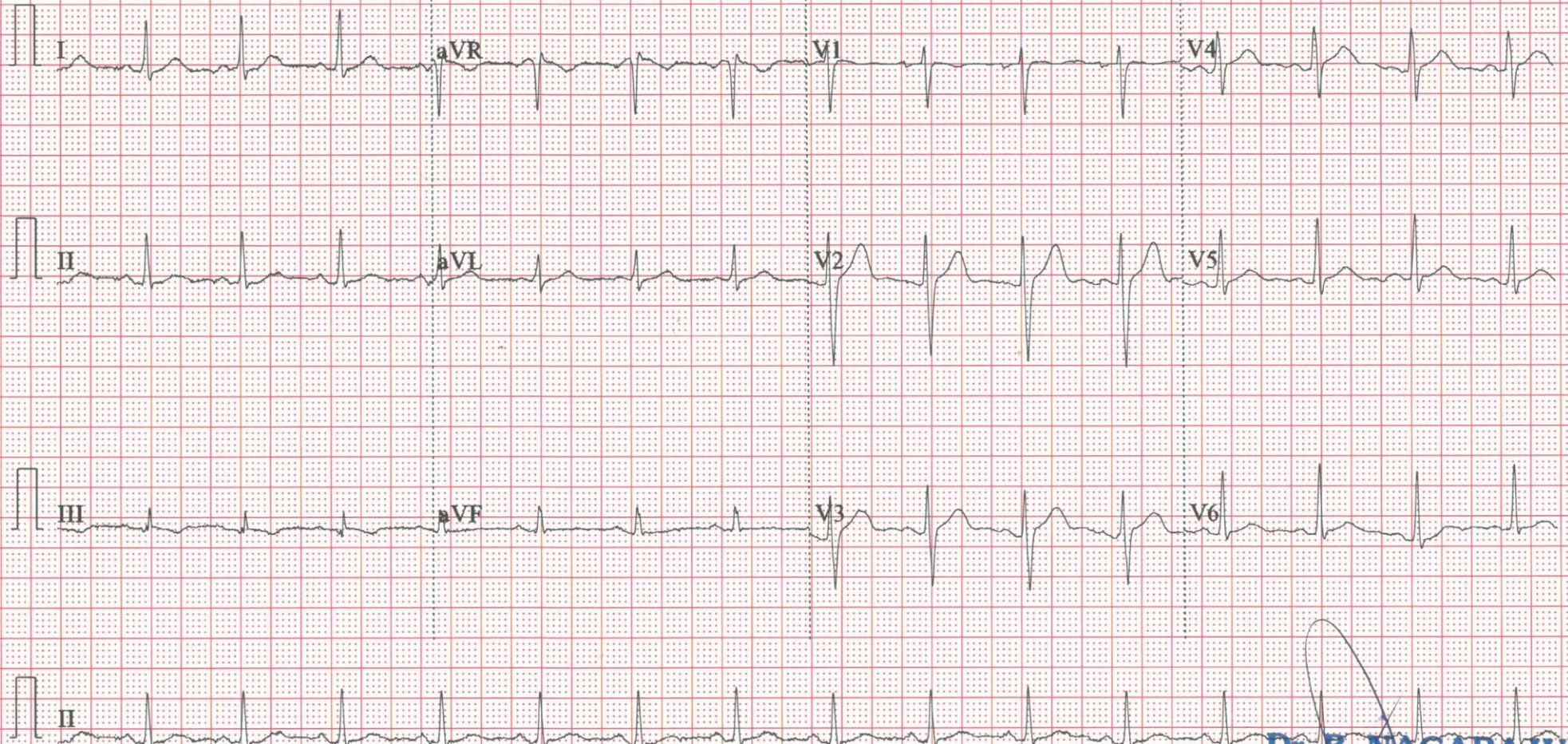
RV5/SVI : 1.036/0.811 mV

Diagnosis Information:

Sinus Rhythm

Normal ECG

Report Confirmed by:



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

Name: Mr. Shaik. Arthaf Hussain
Date: 09/12/2023 Age: 28 years Sex: Male
Address: Guntur



Routine Health checkup

40 Retrosternal chest pain

NO H/O HTN / DM / CAD / PTB

TEMP: Normal
B.P: 130/90 mmHg
PULSE: 90 /min
WEIGHT: 82 kgs
HEIGHT: 173 cm

LDL-134mg/dl

HBA1C-5.8%

1) Low ~~and~~ Fat Food

2) Daily Exercise

3) TAB. ROZAVEL 10mg

0 - 1 - (30)

4) cap. PPBLOCK-DSP

1 - 0 - (25)

5) TAB. MONTEK-FX

0 - 0 - (10)

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

DATE: 09-12-23

NAME: SK. ALIAR HUSSAIN

AGE: 28/10 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>-</u> <u>1.00</u>			<u>-</u> <u>1.00</u>		
ADD						

INSTRUCTIONS _____

I.P.D. _____ D.V. ✓

N.V. _____ CONSTANT USE ✓

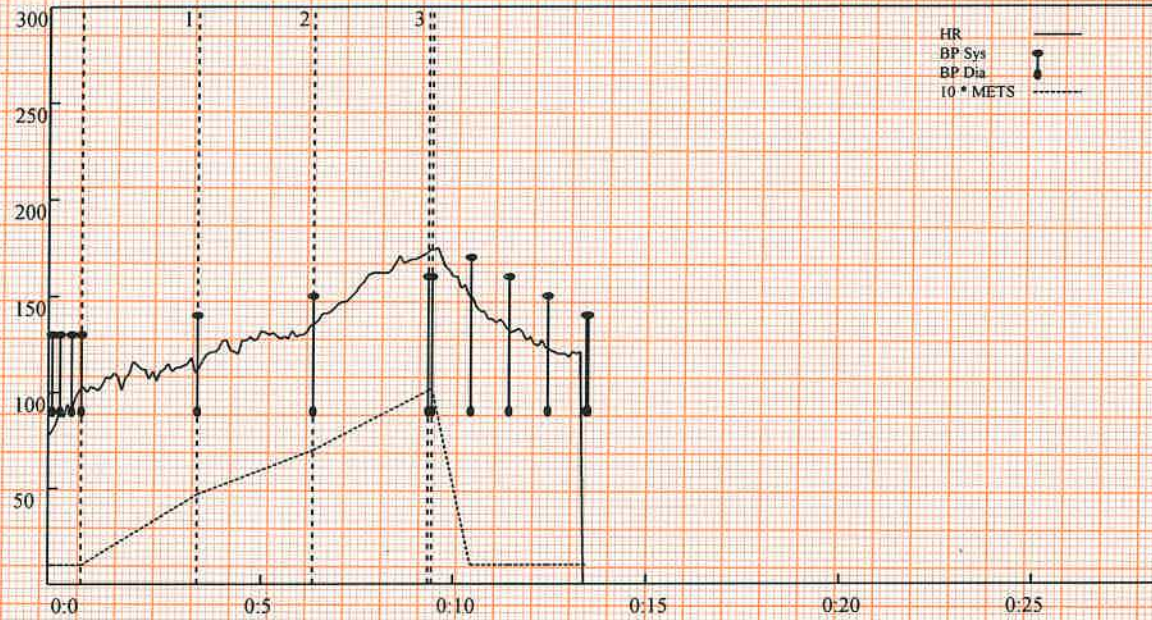
Yoda Diagnostic Guntur

Name: MR.ALTHAF HUSSAIN SHAIK

Date: 09-12-2023

Time: 10:12

Exercise Trend



Interpretation

The Patient Exercised according to Bruce Protocol for 0:09:06 achieving a work level of 10.2 METS.

Resting Heart Rate, initially 77 bpm rose to a max. heart rate of 172bpm (90% of Predicted Maximum Heart Rate).

Resting Blood Pressure of 130/90 mmHg, rose to a maximum Blood Pressure of 170/90 mmHg

* No Significant ST-T Changes During Exercise & Recovery

* Good Exercise tolerance

* Stress Test is Negative for Exercise Induced Ischemia

Ref. Doctor: DR SELF

Doctor: DR NAGARAJU

Yoda Diagnostic Guntur

Name: MR.ALTHAF HUSSAIN SHAIK

Date: 09-12-2023

Time: 10:12

Age: 28

Gender: M

Height: 173 cms

Weight: 82 Kg

ID: 43468

Clinical History: NO

Medications: NO

Test Details:

Protocol: Bruce

Predicted Max HR: 192

Target HR: 163

Exercise Time: 0:09:06

Achieved Max HR: 172 (90% of Predicted MHR)

Max BP: 170/90

Max BP x HR: 29240

Max Mets: 10.2

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	00:06	1	0	0	77	130/90	10010	2.1 V2	1.7 V2
Standing	00:11	1	0	0	80	130/90	10400	-2.5 V2	2.4 V2
HyperVentilation	00:17	1	0	0	87	130/90	11310	2 V2	1.6 V2
PreTest	00:16	1	1.6	0	97	130/90	12610	-2.6 aVR	1.7 V2
Stage: 1	03:00	4.7	2.7	10	118	140/90	16520	1.3 V2	1.6 V2
Stage: 2	03:00	7	4	12	132	150/90	19800	1.7 V3	2.1 V3
Stage: 3	03:00	10.1	5.5	14	171	160/90	27360	3.3 V2	3.4 V2
Peak Exercise	00:06	10.2	6.8	16	172	160/90	27520	2.2 V3	3.1 V2
Recovery1	01:00	1	0	0	156	170/90	26520	3.6 V2	3.5 V2
Recovery2	01:00	1	0	0	136	160/90	21760	3.8 V2	3.8 V2
Recovery3	01:00	1	0	0	127	150/90	19050	2.6 V2	3.1 V2
Recovery4	01:00	1	0	0	121	140/90	16940	2.2 V2	2.6 V2

Yoda Diagnostic Guntur

MR. ALTHAF HUSSAIN SHAIK

Bruce Protocol

ID: 43468

Date: 09-12-2023

Exec Time : 0:00:00

Stage Time: 00:06

HR: 77 bpm

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

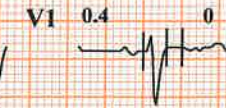
THR: 163 bpm

BP: 130/90 mmHg

STLevel(mm) STSlope(mV/s)



I



II



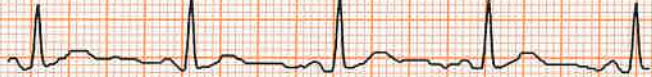
III



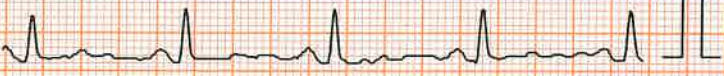
aVR



aVL



aVF



II



Yoda Diagnostic Guntur

MR.ALTHAF HUSSAIN SHAIK

HR: 80 bpm

Bruce Protocol

ID: 43468

Date: 09-12-2023

Exec Time : 0:00:00

Stage Time: 00:11

BP: 130/90 mmHg

STLevel(mm) STSlope(mV/s)

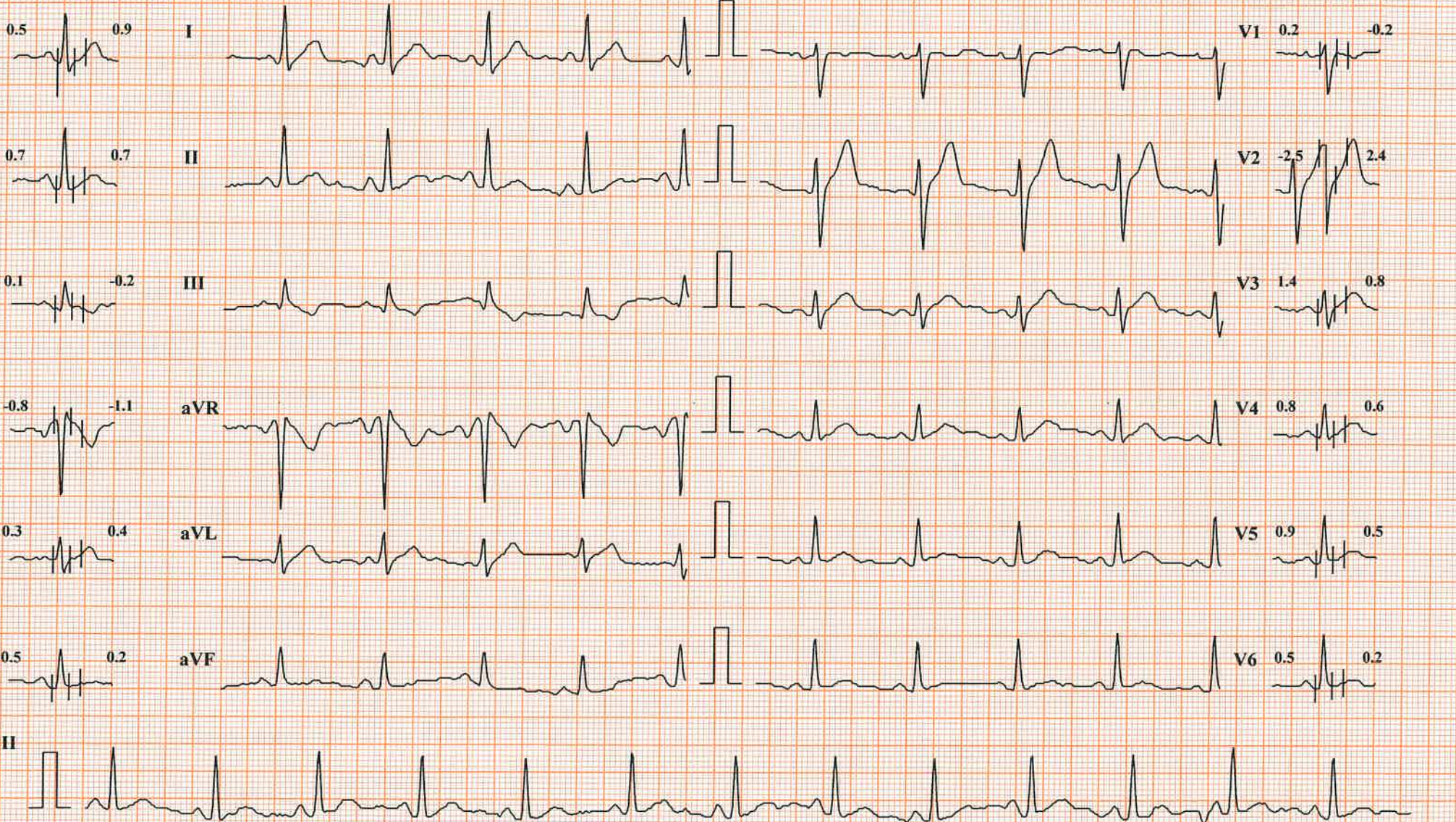
Stage: Standing

Speed: 0

Slope: 0 %

THR: 163 bpm

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MR.ALTHAF HUSSAIN SHAIK

HR: 87 bpm

Bruce Protocol

ID: 43468

Date: 09-12-2023

Exec Time : 0:00:00

Stage Time: 00:17

BP: 130/90 mmHg

STLevel(mm) STSlope(mV/s)

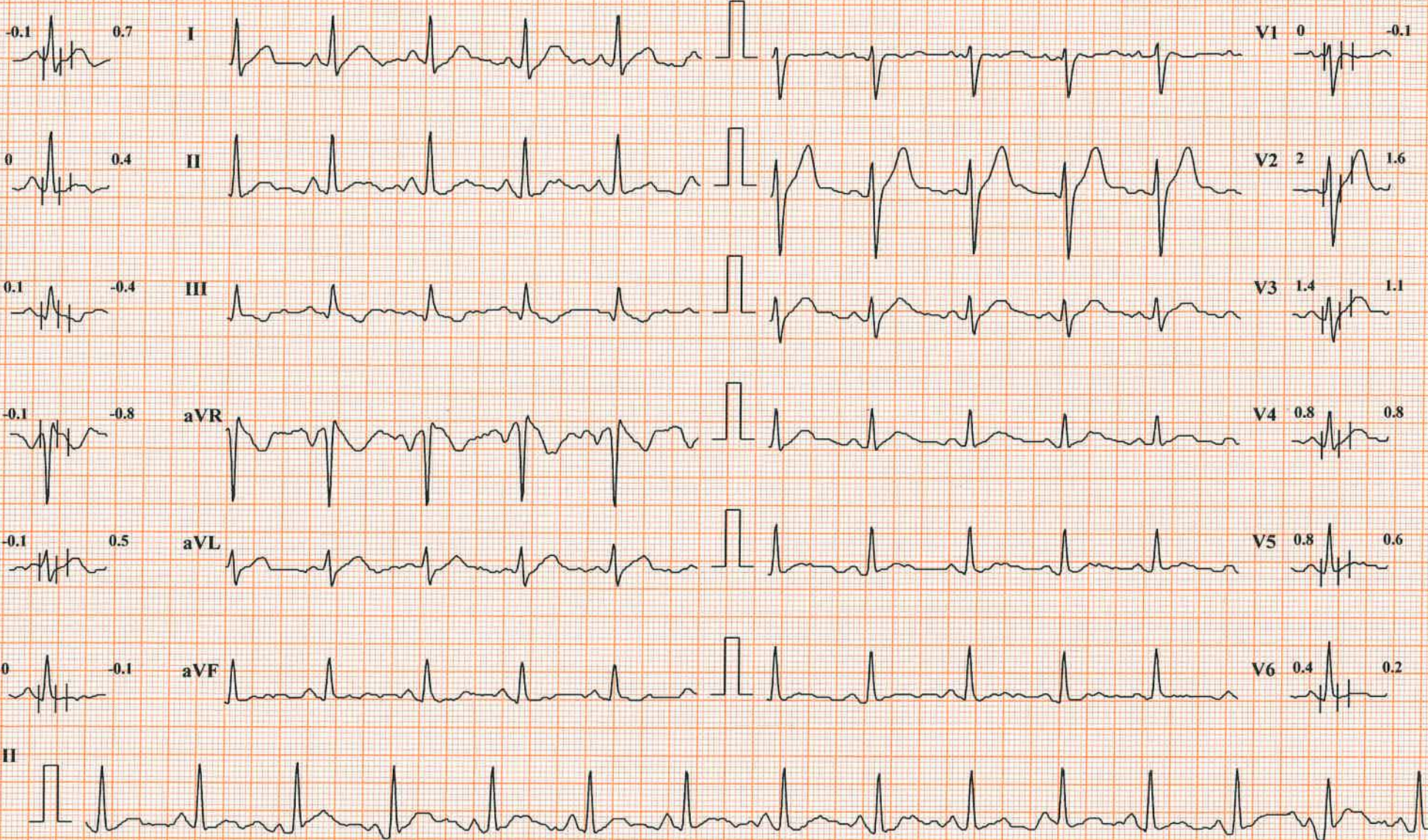
Stage: HyperVentilation

Speed: 0

Slope: 0 %

THR: 163 bpm

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MR.ALTHAF HUSSAIN SHAIK

Bruce Protocol

ID: 43468

Date: 09-12-2023

Exec Time : 0:03:00

Stage Time: 03:00

HR: 118 bpm

STLevel(mm) STSlope(mV/s)

Stage: 1

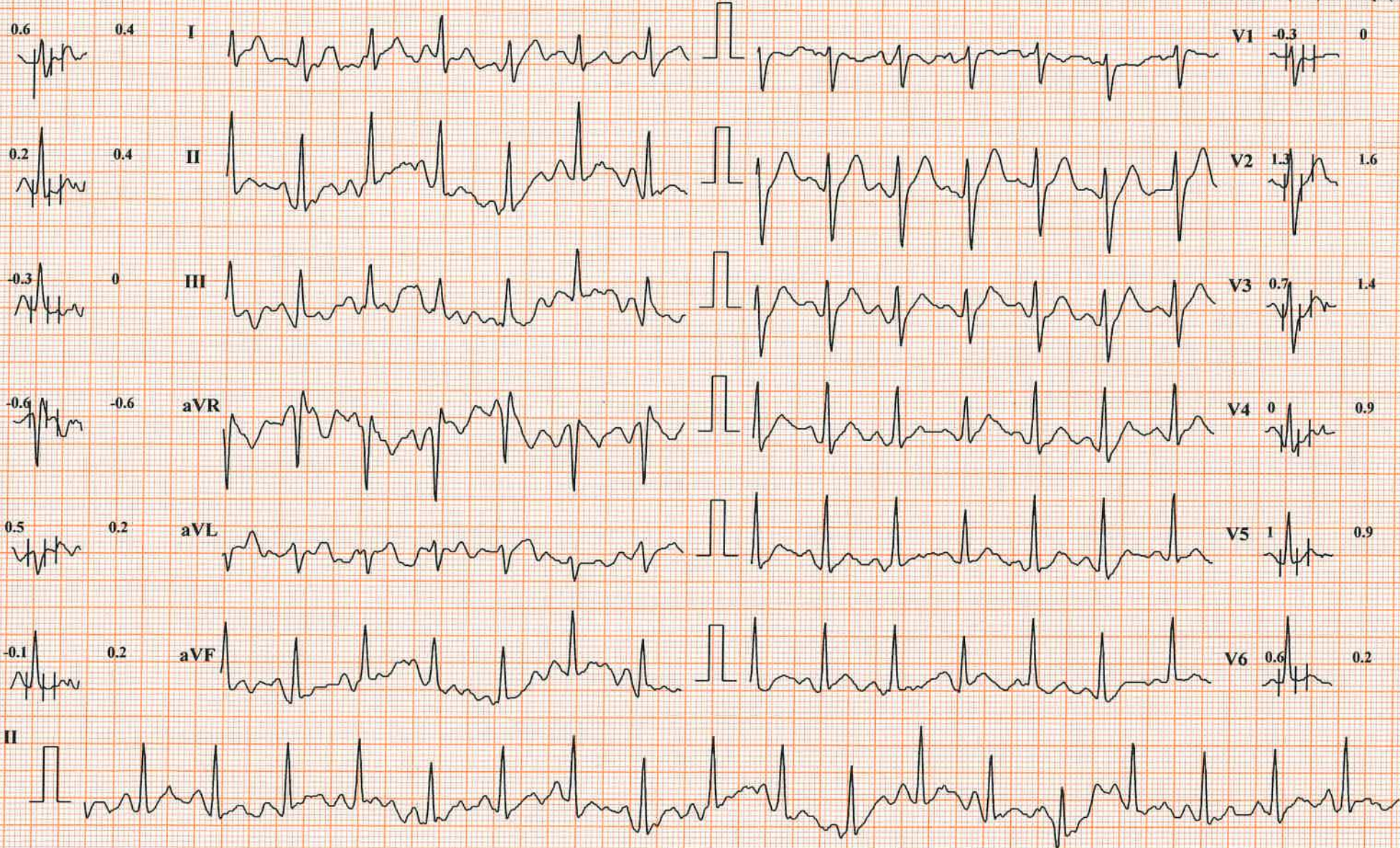
Speed: 2.7 kmph

Slope: 10 %

THR: 163 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MR. ALTHAF HUSSAIN SHAIK

HR: 132 bpm

Bruce Protocol

ID: 43468

Date: 09-12-2023

Exec Time : 0:06:00

Stage Time: 03:00

BP: 150/90 mmHg

STLevel(mm) STSlope(mV/s)

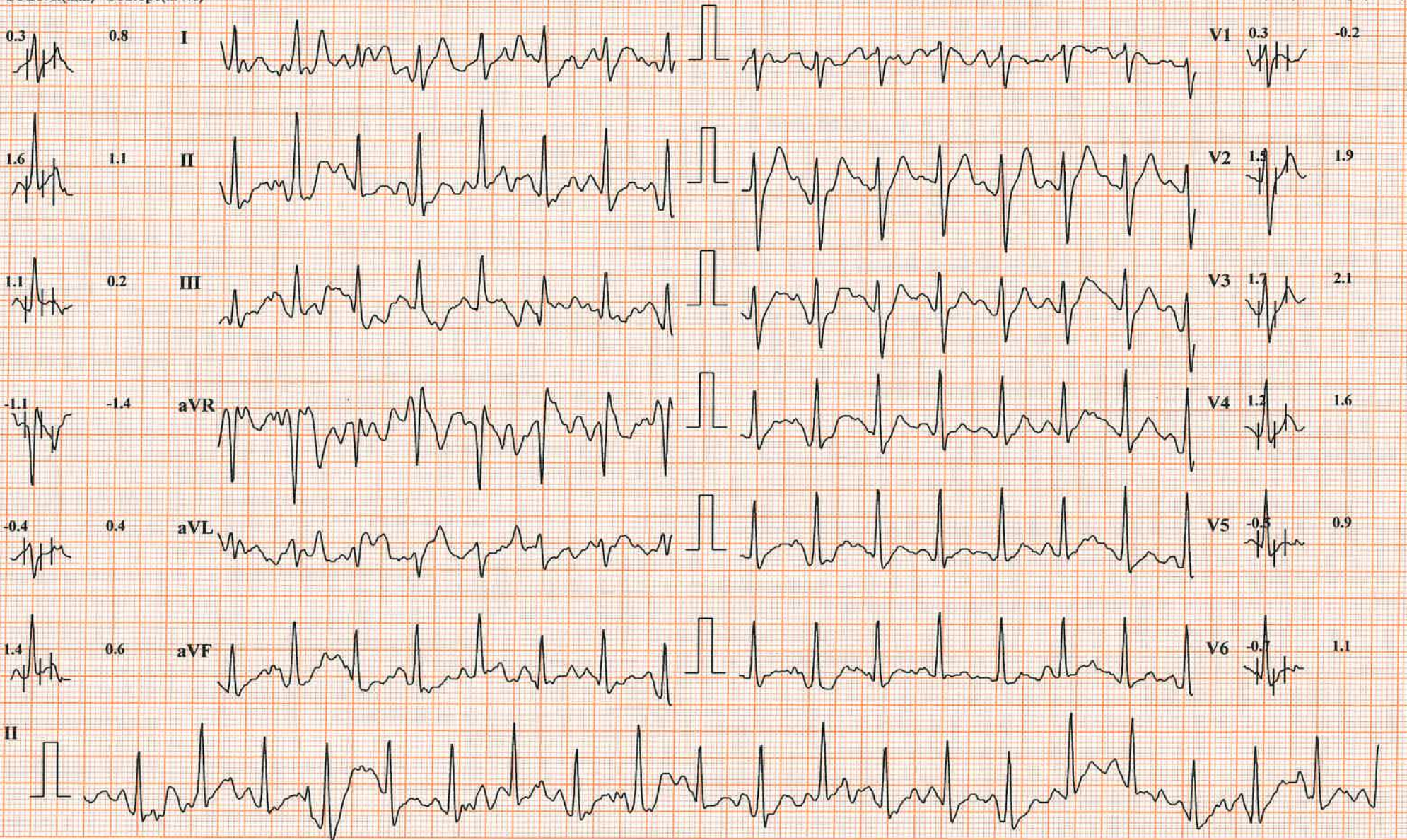
Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 163 bpm

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MR.ALTHAF HUSSAIN SHAIK

HR: 171 bpm

Bruce Protocol

ID: 43468

Date: 09-12-2023

Exec Time : 0:09:00

Stage Time: 03:00

BP: 160/90 mmHg

STLevel(mm) STSlope(mV/s)

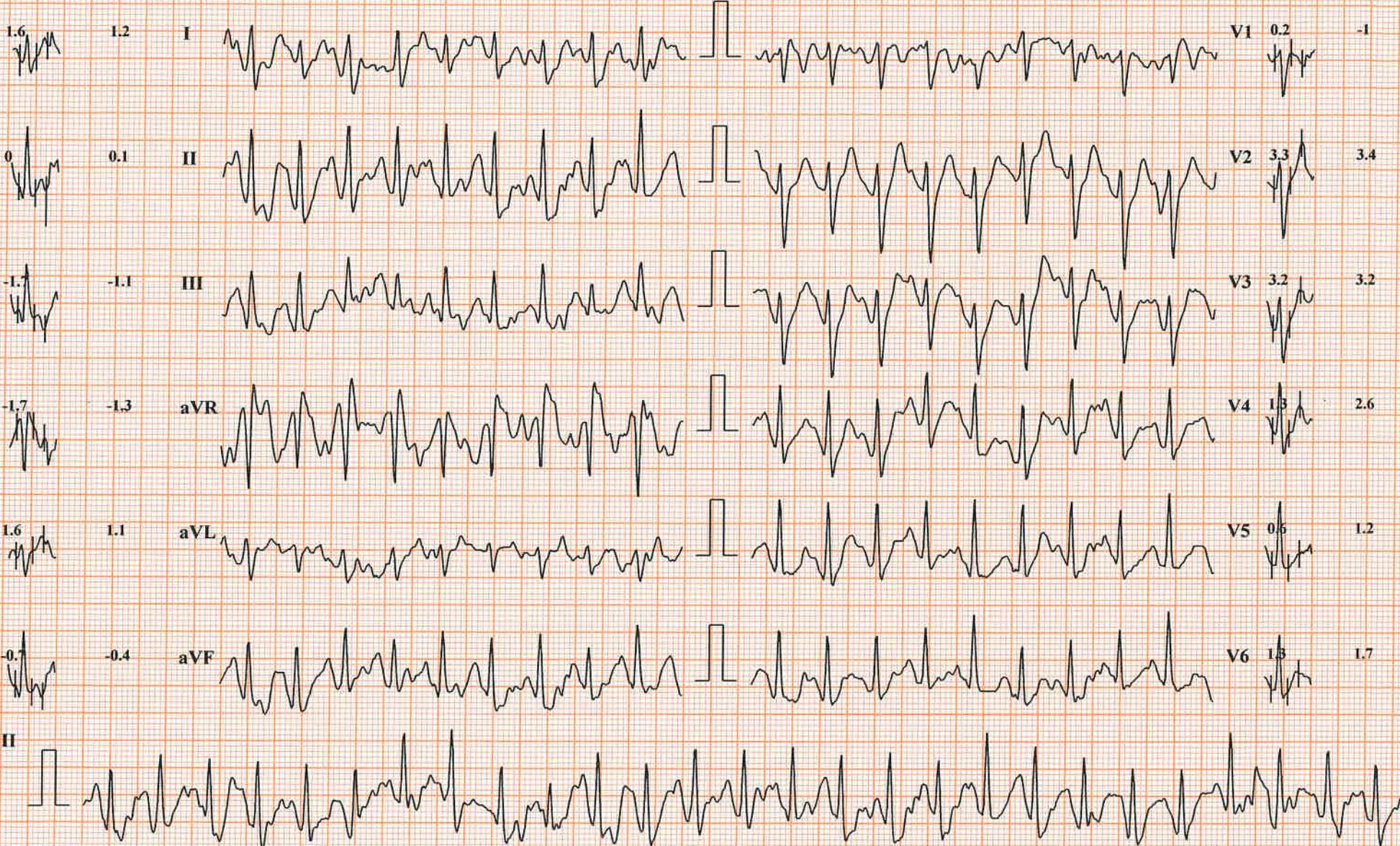
Stage: 3

Speed: 5.5 kmph

Slope: 14 %

THR: 163 bpm

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MR. ALTHAF HUSSAIN SHAIK

HR: 172 bpm

Bruce Protocol

ID: 43468

Date: 09-12-2023

Exec Time : 0:09:06

Stage Time: 00:06

BP: 160/90 mmHg

STLevel(mm) STSlope(mV/s)

Stage: 4 Peak Exercise

Speed: 6.8 kmph

Slope: 16 %

THR: 163 bpm

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MR. ALTHAF HUSSAIN SHAIK

HR: 156 bpm

Bruce Protocol

ID: 43468

Date: 09-12-2023

Exec Time: 00:00

Stage Time: 01:00

BP: 170/90 mmHg

STLevel(mm) STSlope(mV/s)

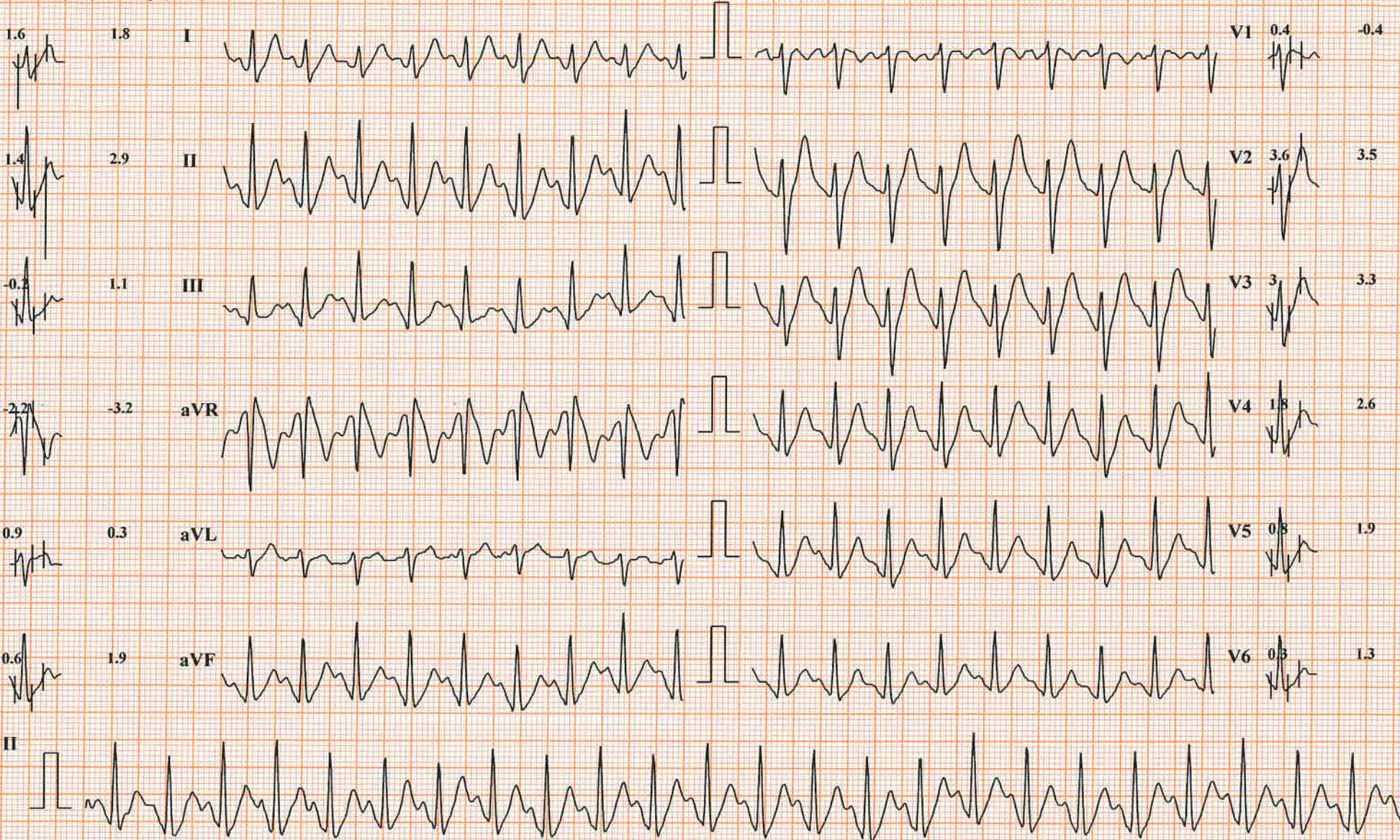
Stage: Recovery I

Speed: 0 kmph

Slope: 0 %

THR: 163 bpm

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MR.ALTHAF HUSSAIN SHAIK

HR: 136 bpm

Bruce Protocol

ID: 43468

Date: 09-12-2023

Exec Time : 00:00

Stage Time: 01:00

BP: 160/90 mmHg

STLevel(mm) STSlope(mV/s)

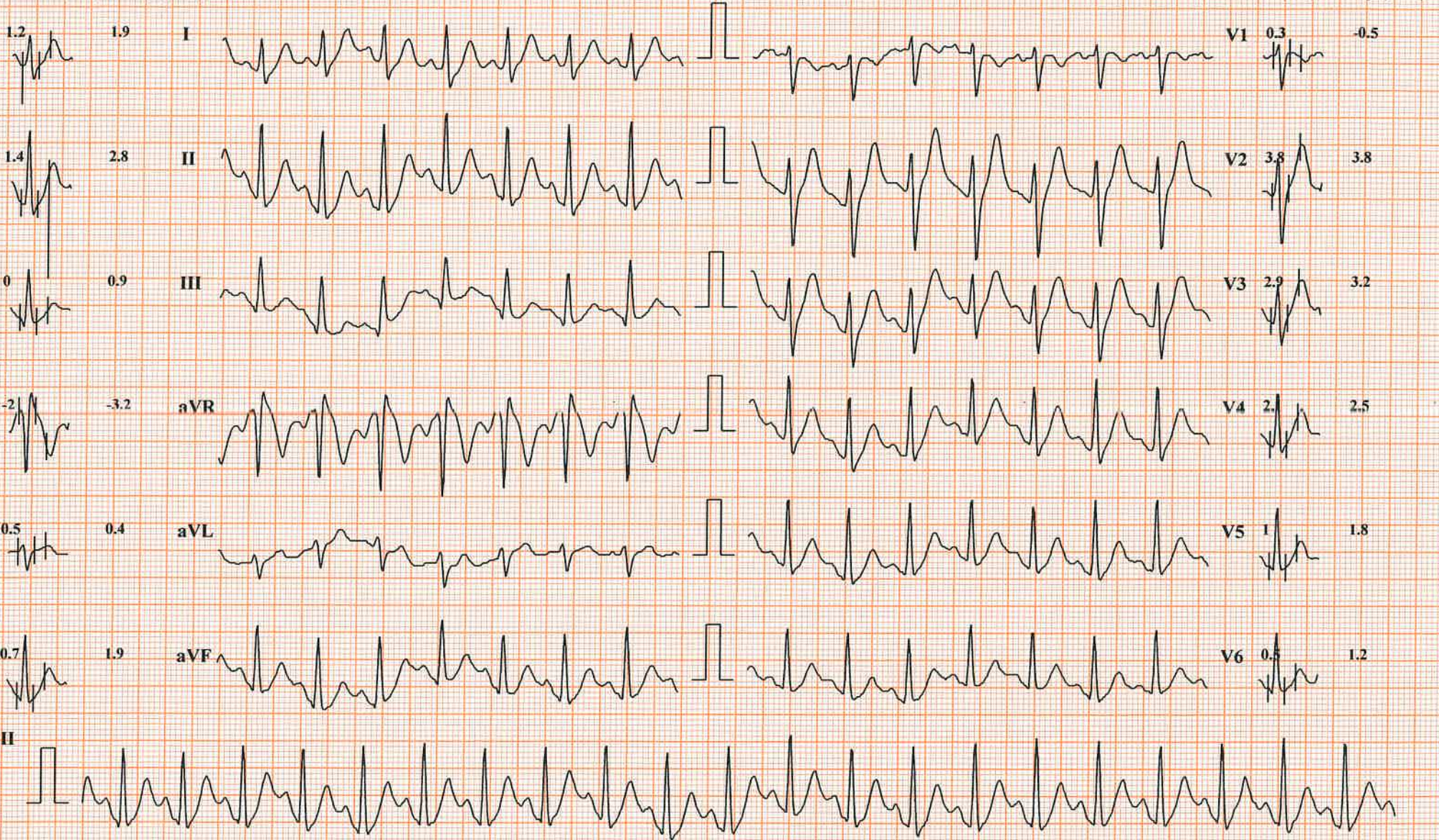
Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 163 bpm

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MR.ALTHAF HUSSAIN SHAIK

HR: 127 bpm

Bruce Protocol

ID: 43468

Date: 09-12-2023

Exec Time : 00:00

Stage Time: 01:00

BP: 150/90 mmHg

STLevel(mm) STSlope(mV/s)

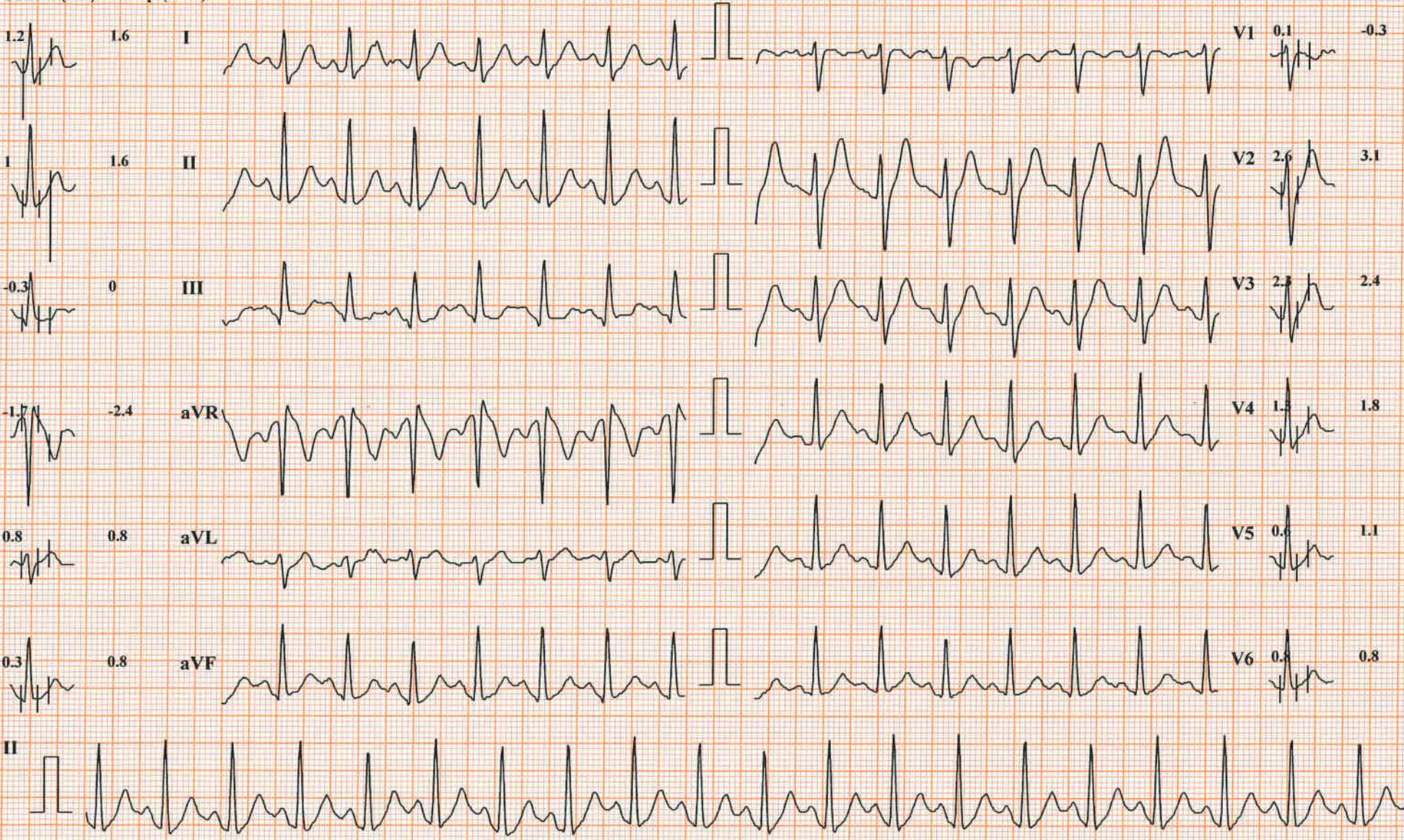
Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 163 bpm

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MR.ALTHAF HUSSAIN SHAIK

HR: 121 bpm

Bruce Protocol

ID: 43468

Date: 09-12-2023

Exec Time : 00:00

Stage Time: 01:00

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

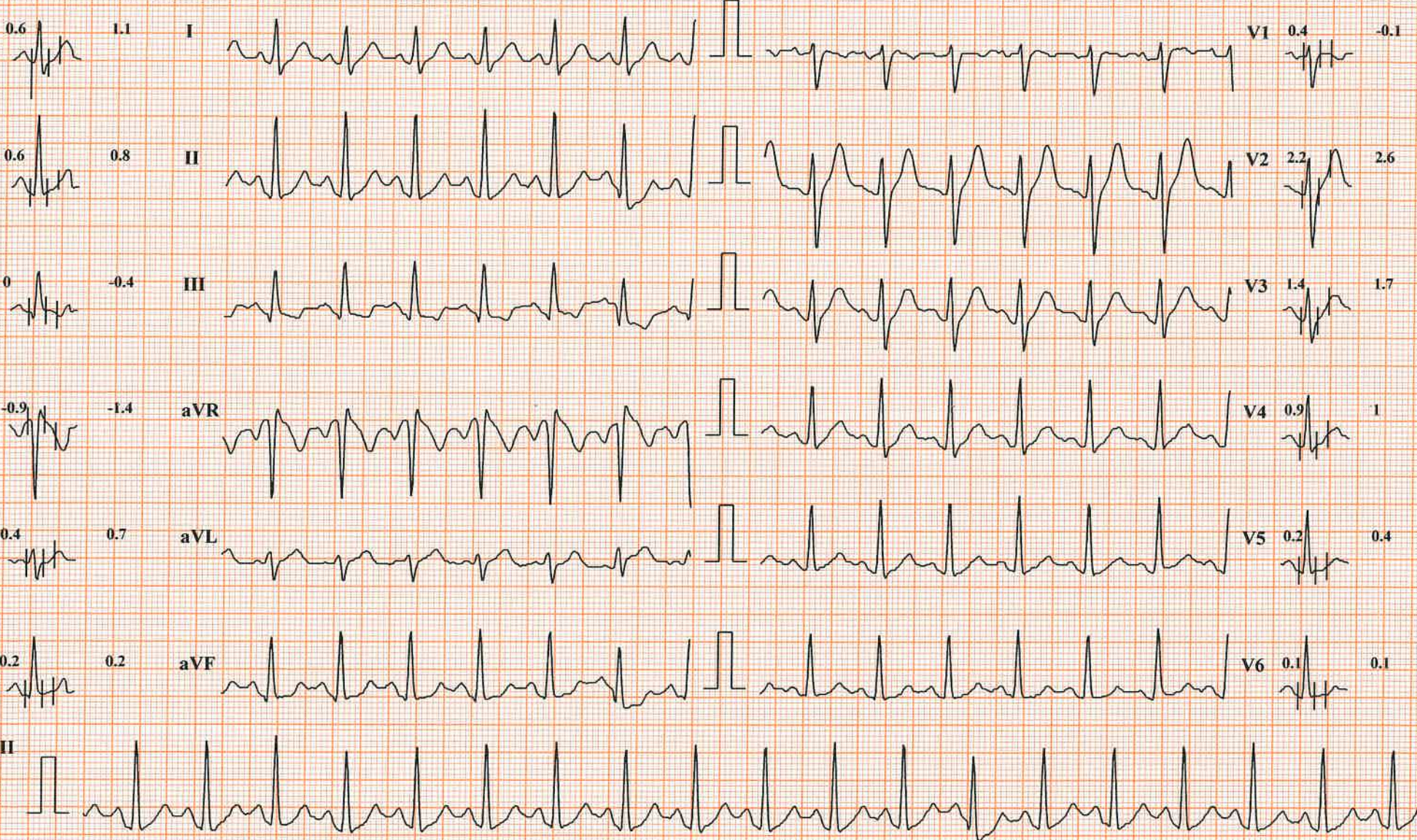
Stage: Recovery4

Speed: 0 kmph

Slope: 0 %


THR: 163 bpm

STLevel(mm) STSlope(mV/s)





RECEPTION

 GPS Map Camera

Guntur, Andhra Pradesh, India

3-1-219/2, Old Club Rd, Gunturi Vari Thota, Kothapeta, Guntur,
Andhra Pradesh 522001, India

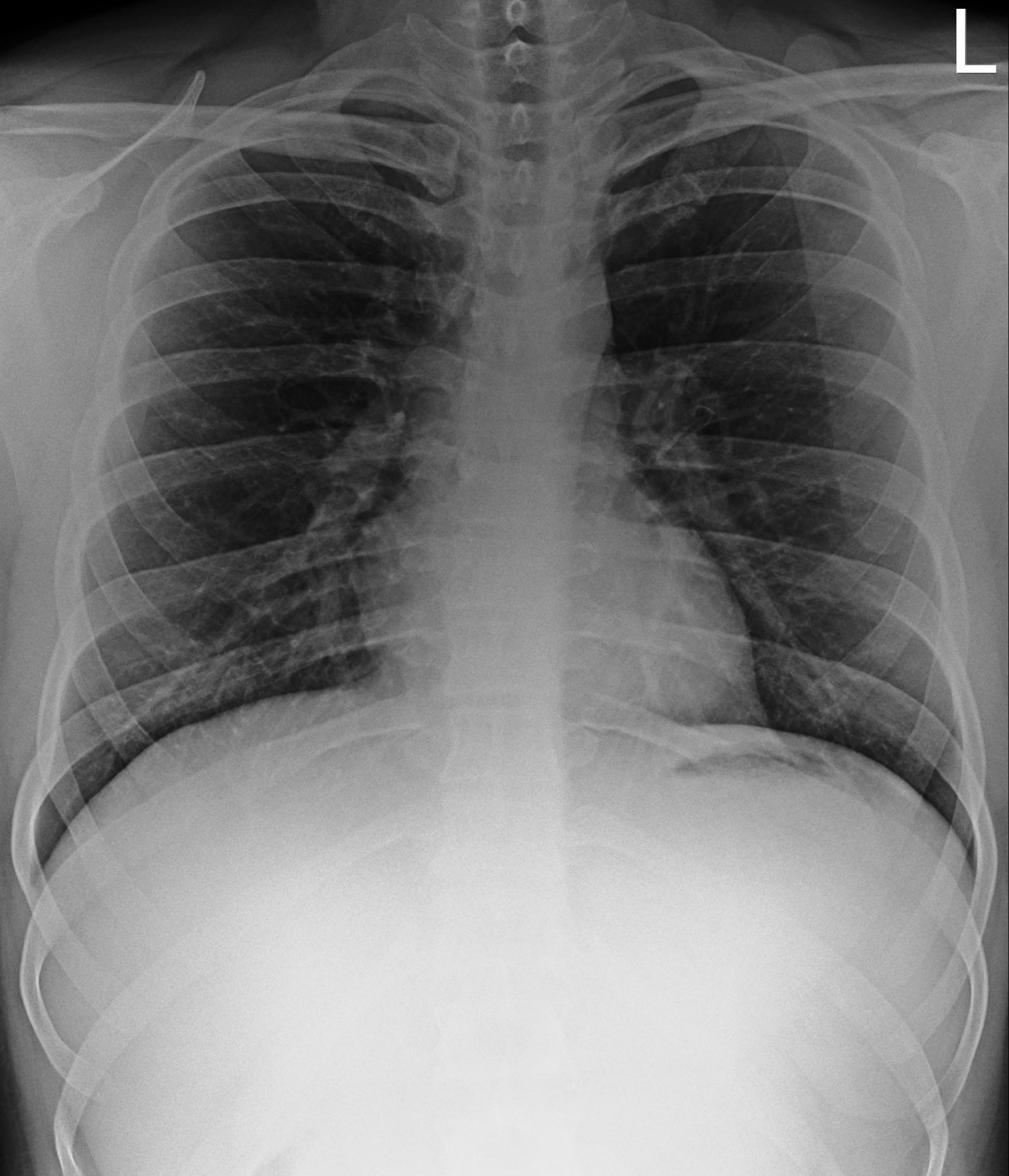
Lat 16.29914°

Long 80.451556°

09/12/23 09:08 AM GMT +05:30



Google



SHAIK ALTHAF HUSSAIN 28Y MALE YGT43468 CHEST PA 09-Dec-23

YODA DIAGNOSTICS