

Visit ID	: YGT63624	UHID/MR No	: YGT.0000063418
Patient Name	: Mr. MURTY KARNATAKAPU SATYANARAYAN	Client Code	: YOD-DL-0021
Age/Gender	: 53 Y 0 M 0 D /M	Barcode No	: 10994390
DOB	:	Registration	: 29/Mar/2024 08:37AM
Ref Doctor	: SELF	Collected	: 29/Mar/2024 08:37AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehrauli, N	Reported	: 29/Mar/2024 01:42PM
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 11.2 x5.9 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 10.2 x5.1 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

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-17 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	15	mm/1st hr	0 - 15	Capillary Photometry
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COMMENTS:

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

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

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

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BLOOD GROUP ABO & RH Typing

Sample Type : WHOLE BLOOD EDTA

ABO	O			
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. Advsieid cross matching before transfusion

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CBC (COMPLETE BLOOD COUNT)


Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB)	13.4	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	4.75	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	40.0	%	40.0 - 50.0	RBC pulse height detection
MCV	84.2	fL	83 - 101	Automated/Calculated
MCH	28.1	pg	27 - 32	Automated/Calculated
MCHC	33.4	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	14.3	%	11.0-16.0	Automated Calculated
RDW - SD	46.2	fl	35.0-56.0	Calculated
MPV	8.9	fL	6.5 - 10.0	Calculated
PDW	16.1	fL	8.30-25.00	Calculated
PCT	0.16	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	4,380	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	60	%	40 - 80	Impedance
LYMPHOCYTE	27	%	20 - 40	Impedance
EOSINOPHIL	03	%	01 - 06	Impedance
MONOCYTE	10	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	1.80	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	1.33	ng/ml	0.60 - 1.78	CLIA
T4	9.79	ug/dl	4.82-15.65	CLIA
TSH	7.62	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

(Reference 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	0.51	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.10	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.41	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	65	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.6	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.2	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.4	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.75			Calculated

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LIPID PROFILE

Sample Type : SERUM

TOTAL CHOLESTEROL	195	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	41	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	118.8	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	176	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	35.2	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	4.76		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	4.29	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	154	mg/dl	< 130	Calculated

Interpretation

NATIONAL CHOLESTEROL EDUCATION PROGRAMME (NCEP)	TOTAL CHOLESTEROL	TRI GLYCERIDE	LDL CHOLESTEROL	NON HDL CHOLESTEROL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220


REMARKS	Cholesterol : HDL Ratio
Low risk	3.3-4.4
Average risk	4.5-7.1
Moderate risk	7.2-11.0
High risk	>11.0

- Note:
- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol
 - NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.
 - Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
 - Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

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PSA (PROSTATE SPECIFIC ANTIGEN) - TOTAL

Sample Type : SERUM

PROSTATE SPECIFIC ANTIGEN	1.37	ng/mL	< 4.0	CLIA
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INTERPRETATION:

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertation (BPH), or inflammation of the prostate. Prostate manipulation by biopsy or rigorous physical activity may temporarily elevate PSA levels. The blood test should be done before surgery or six weeks after manipulation. The total PSA may be ordered at regular intervals during treatment of men who have been diagnosed with Prostate cancer and in prostatic cancer cases under observation.

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HBA1C

Sample Type : WHOLE BLOOD EDTA


HBA1c RESULT	5.7	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	117	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	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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PPBS (POST PRANDIAL GLUCOSE)

Sample Type : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	110	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	0.92	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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Client Add : F-701, Lado Sarai, Mehrauli, N	Reported : 29/Mar/2024 10:23AM
Hospital Name :	

DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM

GGT	36	U/L	0 - 55.0	KINETIC-IFCC
-----	----	-----	----------	--------------

INTERPRETATION:

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

Verified By :
Kollipara Venkateswara Rao



Approved By :

Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID : YGT63624	UHID/MR No : YGT.0000063418
Patient Name : Mr. MURTY KARNATAKAPU SATYANARAYAN	Client Code : YOD-DL-0021
Age/Gender : 53 Y 0 M 0 D /M	Barcode No : 10994390
DOB :	Registration : 29/Mar/2024 08:37AM
Ref Doctor : SELF	Collected : 29/Mar/2024 08:43AM
Client Name : MEDI WHEELS	Received : 29/Mar/2024 09:05AM
Client Add : F-701, Lado Sarai, Mehrauli, N	Reported : 29/Mar/2024 10:23AM
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	6.0	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.

Verified By :
Kollipara Venkateswara Rao



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID : YGT63624	UHID/MR No : YGT.0000063418
Patient Name : Mr. MURTY KARNATAKAPU SATYANARAYAN	Client Code : YOD-DL-0021
Age/Gender : 53 Y 0 M 0 D /M	Barcode No : 10994390
DOB :	Registration : 29/Mar/2024 08:37AM
Ref Doctor : SELF	Collected : 29/Mar/2024 08:43AM
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Client Add : F-701, Lado Sarai, Mehrauli, N	Reported : 29/Mar/2024 10:23AM
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	0.92	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	11.30	Ratio	6 - 25	Calculated

Verified By :
Kollipara Venkateswara Rao



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT63624	UHID/MR No	: YGT.0000063418
Patient Name	: Mr. MURTY KARNATAKAPU SATYANARAYAN	Client Code	: YOD-DL-0021
Age/Gender	: 53 Y 0 M 0 D /M	Barcode No	: 10994390
DOB	:	Registration	: 29/Mar/2024 08:37AM
Ref Doctor	: SELF	Collected	: 29/Mar/2024 08:37AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehrauli, N	Reported	: 29/Mar/2024 04:13PM
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 : 3.6 cms
LEFT VENTRICLE : EDD : 4.6 cm IVS(d) : 0.8cm LVEF : 68%
ESD : 2.8 cm PW (d) : 1.0cm FS : 38%
No RWMA
IAS : Intact
IVS : Intact
AORTA : 3.5cms
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	: YGT63624	UHID/MR No	: YGT.0000063418
Patient Name	: Mr. MURTY KARNATAKAPU SATYANARAYAN	Client Code	: YOD-DL-0021
Age/Gender	: 53 Y 0 M 0 D /M	Barcode No	: 10994390
DOB	:	Registration	: 29/Mar/2024 08:37AM
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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehrauli, N	Reported	: 29/Mar/2024 04:13PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY

DOPPLER STUDY :

MITRAL FLOW : E - 0.6 m/sec, A - 0.5m/sec.

AORTIC FLOW : 1.1m/sec

PULMONARY FLOW : 1.1m/sec

TRICUSPID FLOW : TRJV : 0.7m/sec, RVSP - 17mmHg

COLOUR FLOW MAPPING: NORMAL


IMPRESSION :

- * NORMAL SIZED CARDIAC CHAMBERS
- * NO RWMA OF LV
- * GOOD LV FUNCTION
- * NO MR/ AR/ TR/ 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 : YGT63624	UHID/MR No : YGT.0000063418
Patient Name : Mr. MURTY KARNATAKAPU SATYANARAYAN	Client Code : YOD-DL-0021
Age/Gender : 53 Y 0 M 0 D /M	Barcode No : 10994390
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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	1.025		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	2-3	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	: YGT63624	UHID/MR No	: YGT.0000063418
Patient Name	: Mr. MURTY KARNATAKAPU SATYANARAYAN	Client Code	: YOD-DL-0021
Age/Gender	: 53 Y 0 M 0 D /M	Barcode No	: 10994390
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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
MBBS, DCP
Consultant Pathologist

Name: Murthy Karnataka Kumarayana
Date: 29/03/24 Age: 53 years Sex: Male
Address: Guntur



Routine health checkup

NO COMPLAINTS

NO H/O HTN / DM / CAD

TSH - 7.62 mIU/ml Imp: Subclinical Hypothyroidism
VIT. D - 13.9 ng/ml

1) TAB. THYRONORM 25mcg
1 - 0 - 0 - (30)

2) CAP. J-POWER
0 - 0 - 7 - (60)

3) CAP. JALKD 360K
weekly once x (12) wks

TEMP: (98)
B.P: 110/70 mmHg
PULSE: 96 bts
WEIGHT: 86 kgs
HEIGHT: 167 cms

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

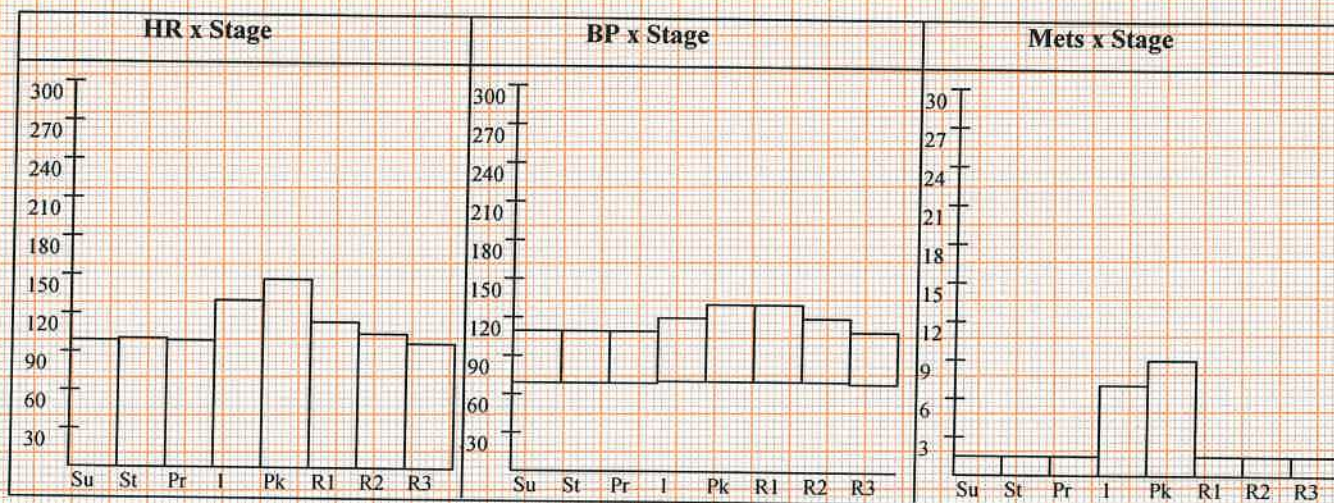


YODA DIAGNOSTICS CENTRE GUNTUR

Name: MURTHY KARNATAKAPU STYANARAYAN

Date: 29-03-2024

Time: 14:58



Interpretation

The Patient Exercised according to Bruce Protocol for 0:05:09 achieving a work level of 6 METS.
 Resting Heart Rate, initially 99 bpm rose to a max. heart rate of 147bpm (85% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 110/70 mmHg, rose to a maximum Blood Pressure of 130/70 mmHg
 * No Significant ST-T changes During Exercise & Recovery
 * Fair Exercise Tolerance
 * Test is Negative for Exercise Induced Ischemia.


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

Ref. Doctor: SELF

Schiller Cardiovit CS-10 Version:3.5

Doctor: DR.B NAGARAJU

(Summary Report edited by User)

YODA DIAGNOSTICS CENTRE GUNTUR

Name: MURTHY KARNATAKAPU STYANARAYAN **Date:** 29-03-2024 **Time:** 14:58
Age: 53 **Gender:** M **Height:** 167 cms **Weight:** 86 Kg **ID:** 636324
Clinical History: NO
Medications: NO

Test Details:

Protocol: Bruce **Predicted Max HR:** 173 **Target HR:** 147 (85% of Pr. MHR)
Exercise Time: 0:05:09 **Achieved Max HR:** 147 (85% of Pr. MHR)
Max BP: 130/70 **Max BP x HR:** 19110 **Max Mets:** 6
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	00:10	1	0	0	99	110/70	10890	0.5 II	0.4 II
Standing	00:14	1	0	0	100	110/70	11000	0.5 V2	0.4 V2
PreTest	00:15	1	1.6	0	99	110/70	10890	0.8 V2	0.4 V2
Stage: 1	03:00	4.7	2.7	10	131	120/70	15720	0.7 V3	0.8 II
Peak Exercise	02:09	6	4	12	147	130/70	19110	0.6 V2	1.1 II
Recovery1	01:00	1	0	0	114	130/70	14820	0.7 V3	0.8 II
Recovery2	01:00	1	0	0	105	120/70	12600	0.4 V3	0.4 II
Recovery3	00:21	1	0	0	98	110/70	10780	0.4 V3	0.4 II

YODA DIAGNOSTICS CENTRE GUNTUR

MURTHY KARNATAKAPU STYANARAYAN (53 M)

Bruce Protocol

ID: 636324

Date: 29-03-2024

Exec Time : 0:00:00

Stage Time: 00:10

HR: 99 bpm

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 147 bpm

BP: 110/70 mmHg

STLevel(mm) STSlope(mV/s)

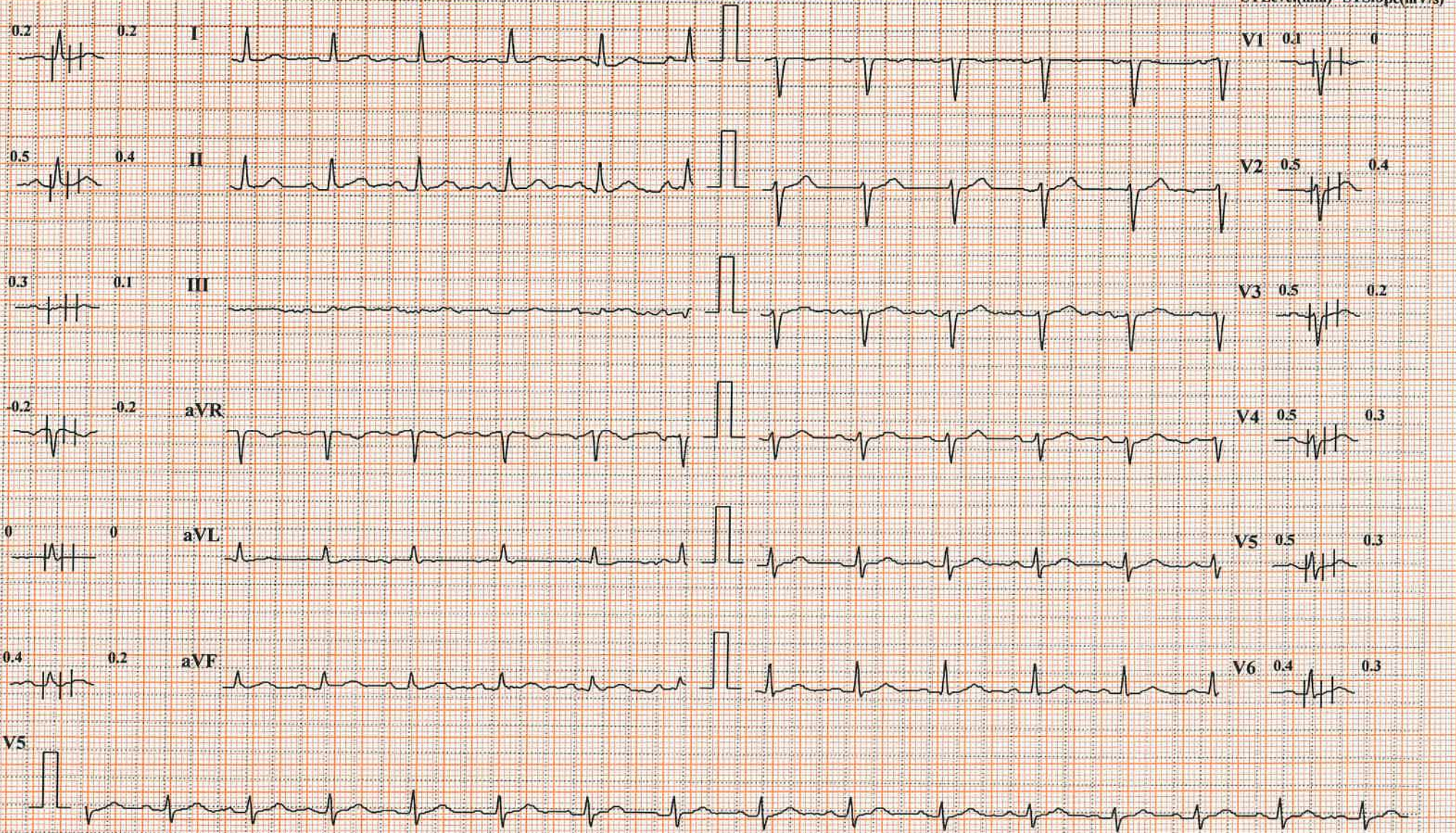


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

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

Schiller Cardiovit CS-10 Version 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

MURTHY KARNATAKAPU STYANARAYAN (53 M)

Bruce Protocol

ID: 636324

Date: 29-03-2024

Exec Time : 0:00:00

Stage Time: 00:14

HR: 100 bpm

STLevel(mm) STSlope(mV/s)

Stage: Standing

Speed: 0

Slope: 0 %

THR: 147 bpm

BP: 110/70 mmHg

STLevel(mm) STSlope(mV/s)

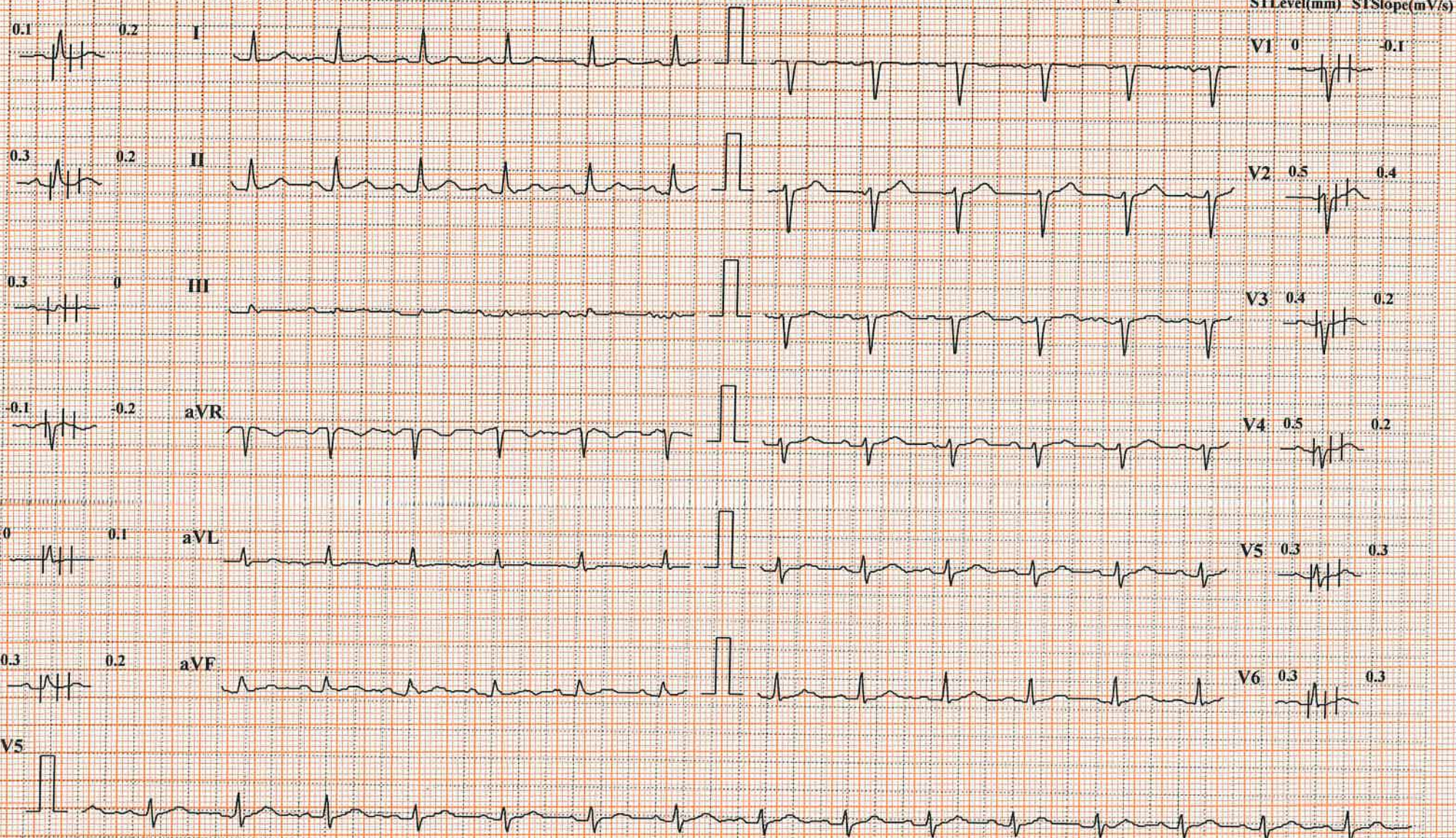


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-10 Version 3.5 ED CHARTS

YODA DIAGNOSTICS CENTRE GUNTUR

MURTHY KARNATAKAPU STYANARAYAN (53 M)

Bruce Protocol

ID: 636324

Date: 29-03-2024

Exec Time : 0:03:00

Stage Time: 03:00

HR: 131 bpm

STLevel(mm) STSlope(mV/s)

Stage: I

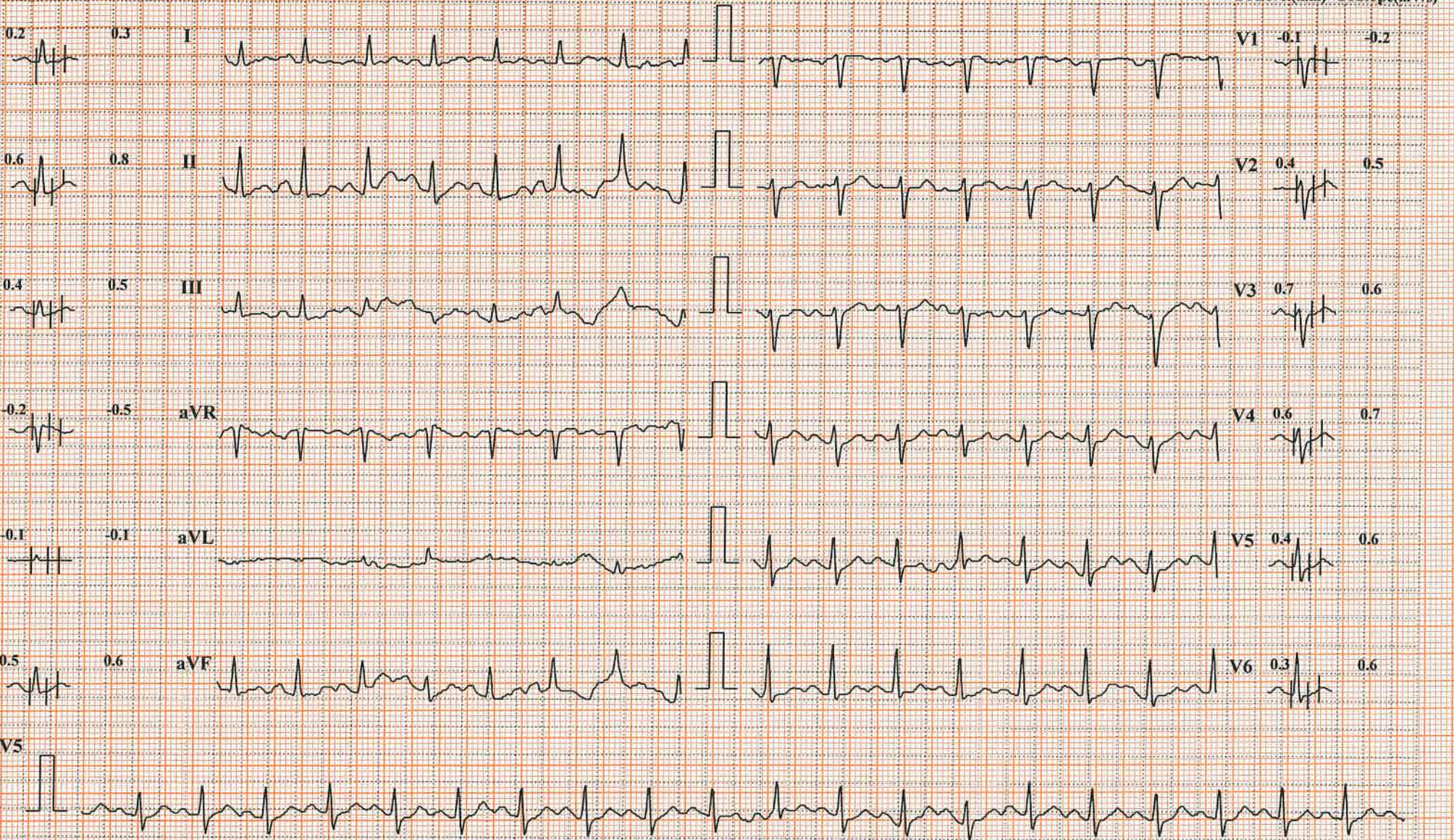
Speed: 2.7 kmph

Slope: 10 %

THR: 147 bpm

BP: 120/70 mmHg

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

MURTHY KARNATAKAPU STYANARAYAN (53 M)

Bruce Protocol

ID: 636324

Date: 29-03-2024

Exec Time : 0:05:09

Stage Time: 02:09

HR: 147 bpm

STLevel(mm) STSlope(mV/s)

Stage: 2 Peak Exercise

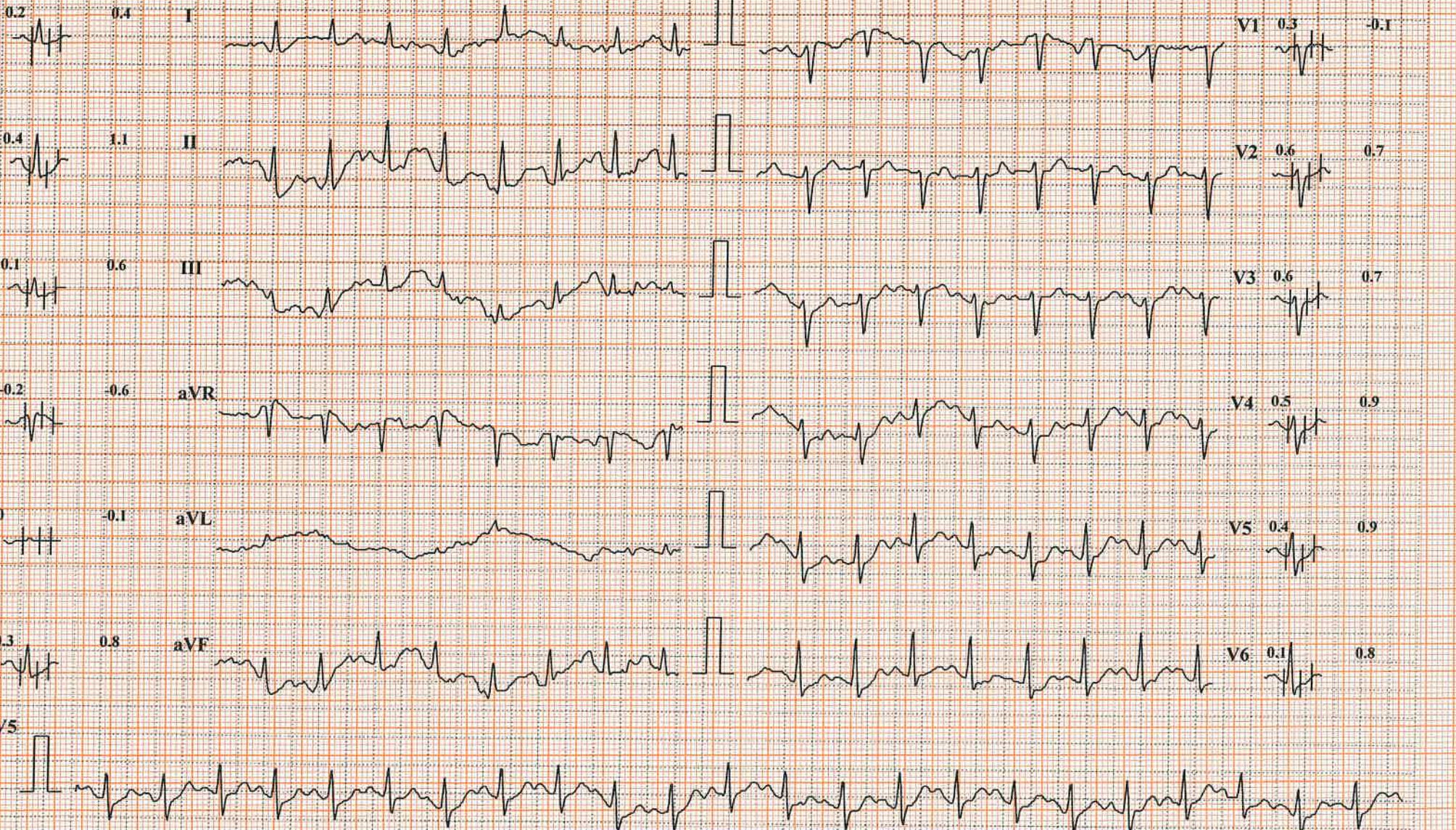
Speed: 4 kmph

Slope: 12 %

THR: 147 bpm

BP: 130/70 mmHg

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

MURTHY KARNATAKAPU STYANARAYAN (53 M)

Bruce Protocol

ID: 636324

Date: 29-03-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 114 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery I

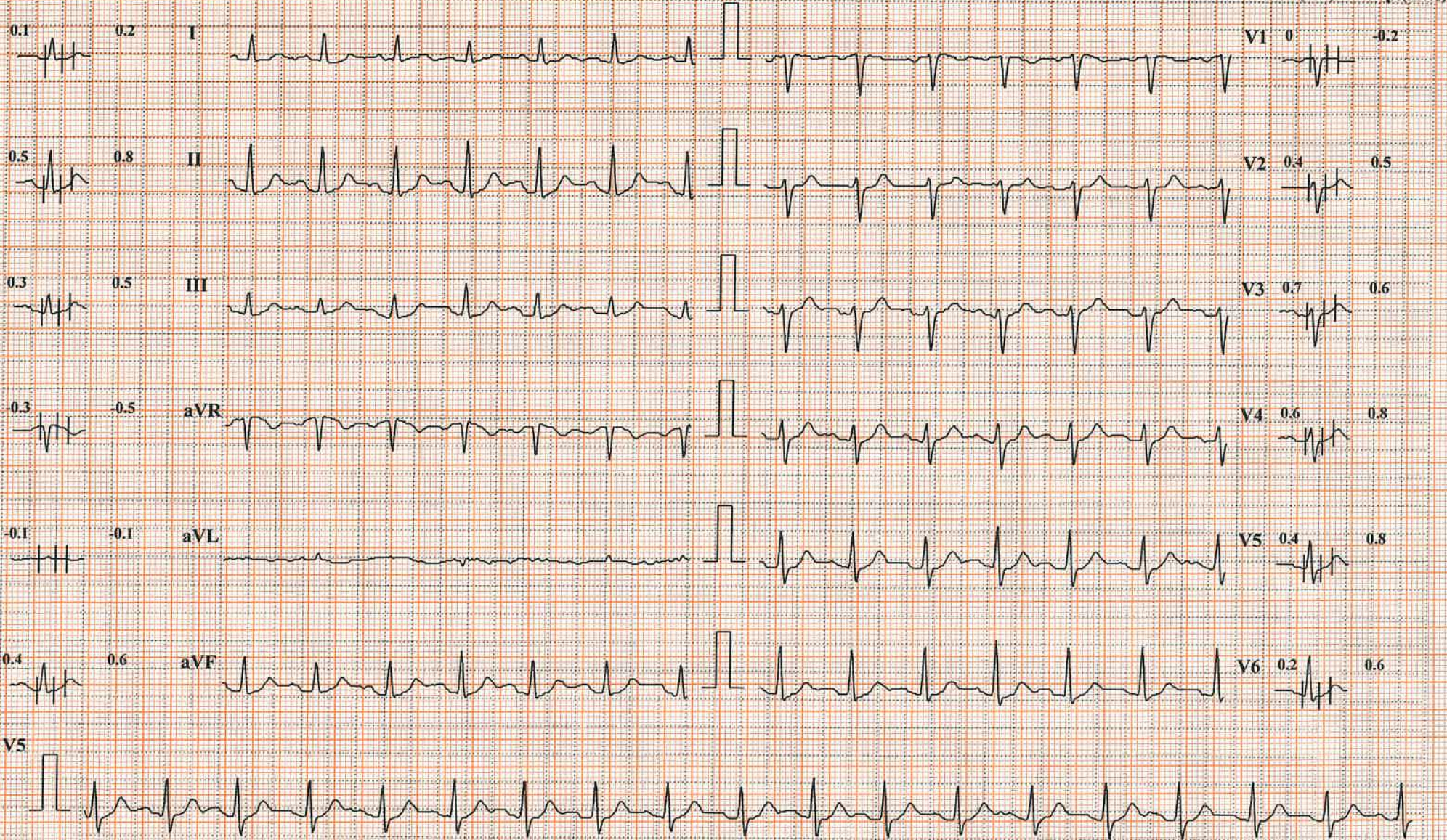
Speed: 0 kmph

Slope: 0 %

THR: 147 bpm

BP: 130/70 mmHg

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

MURTHY KARNATAKAPU STYANARAYAN (53 M)

HR: 105 bpm

Bruce Protocol

ID: 636324

Date: 29-03-2024

Exec Time : 00:00

Stage Time: 01:00

BP: 120/70 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 147 bpm

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

MURTHY KARNATAKAPU STYANARAYAN (53 M)

ID: 636324

Date: 29-03-2024

Exec Time : 00:00

Stage Time: 00:21

HR: 98 bpm

Bruce Protocol

Stage: Recovery3

Speed: 0 kmph

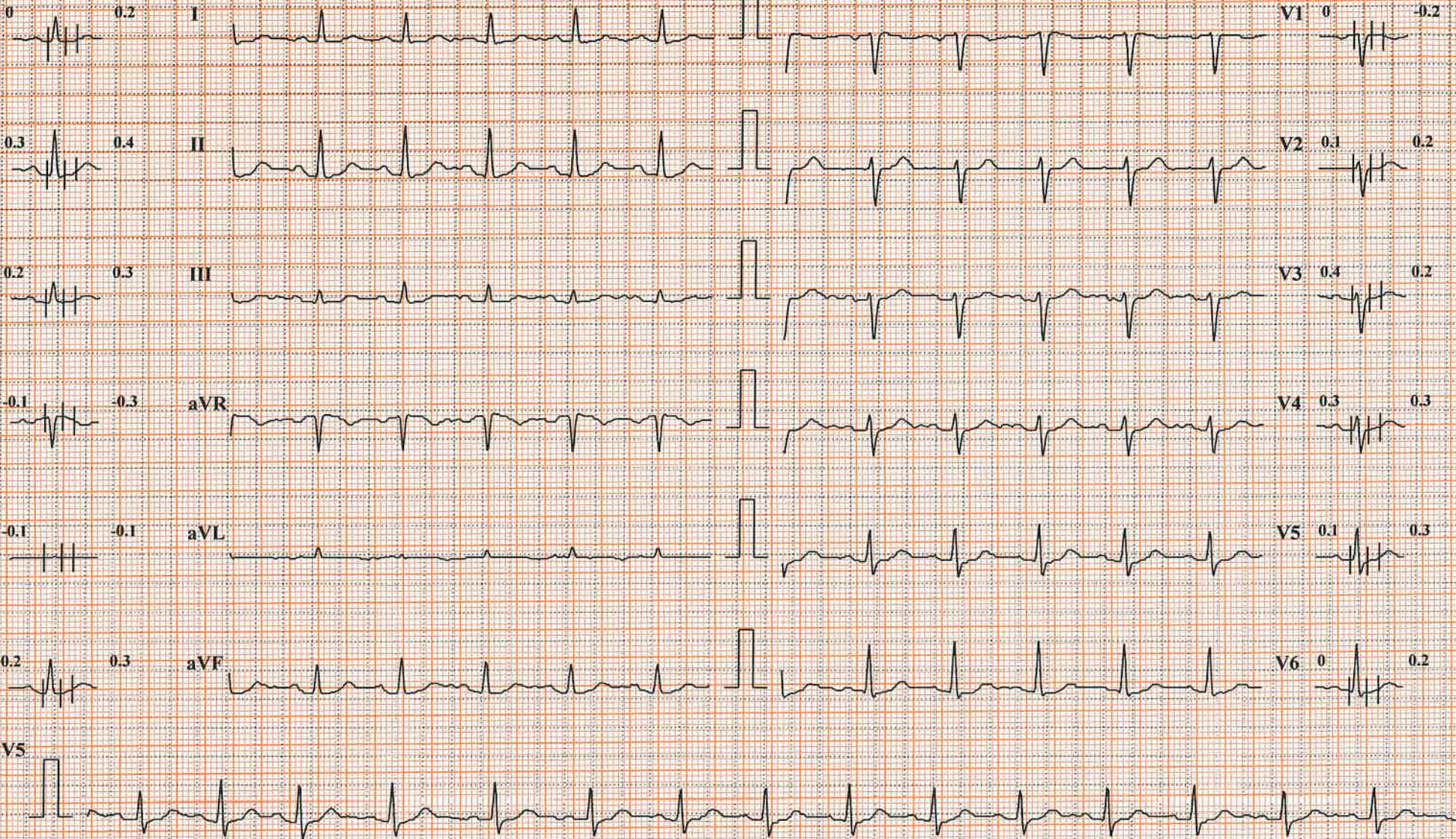
Slope: 0 %

THR: 147 bpm

BP: 110/70 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

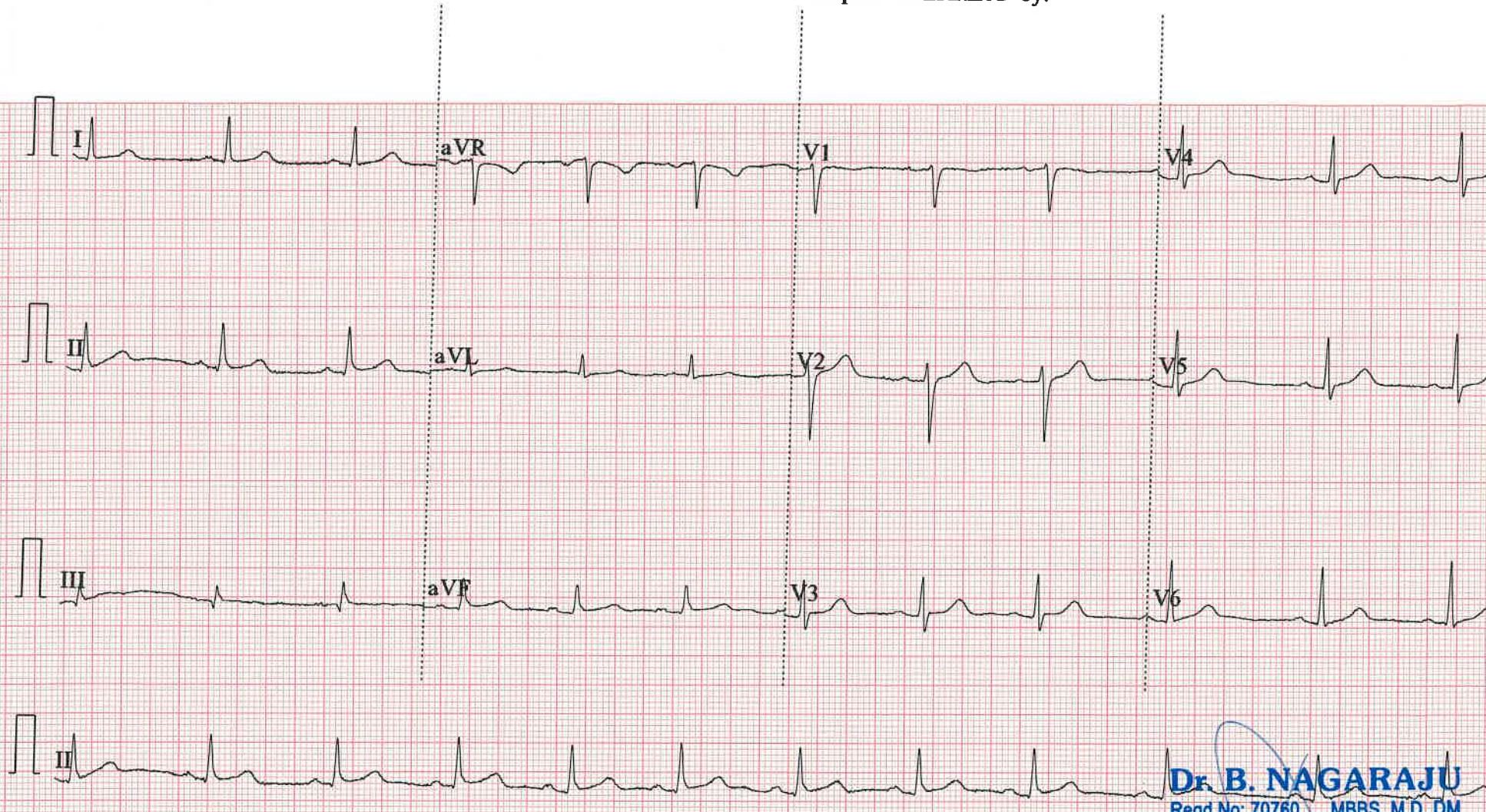


ID: 63624
Murthy karnatakapu
Male 53Years
Req. No. :

29-03-2024 09:56:32
HR : 70 bpm
P : 101 ms
PR : 165 ms
QRS : 87 ms
QT/QTcBz : 384/416 ms
P/QRS/T : 49/43/42 °
RV5/SV1 : 0.938/0.750 mV

Diagnosis Information:
Sinus Arrhythmia

Report Confirmed by:



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

DATE: 29/3/24

NAME: MURTY KARNATAKAPU SATYANARAYAN

AGE: 53/M ADDRESS: _____

TYPE OF LENS: GLASS CONTACTS
CR POLYCARBONATE
COATINGS : ARC HARD COAT
TINT : White SP2 PHOTO GREY
BIFOCALS : KRYPTOK EXECUTIVE
"D" PROGRESSIVE

	R			L		
	SPH	CYL	AXIS	SPH	CYL	AXIS
DV	<u>p</u> <u>0.90</u>			<u>p</u> <u>0.50</u>		
ADD		<u>p</u> <u>2.25</u>		<u>Both eyes</u>		

INSTRUCTIONS _____

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

N.V. _____ CONSTANT USE _____

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

KARNATAKAPU
SATYANARAYANAMURTY
RAMALINGESWARAO NARAYANAMURTY
KARNATAKAPU
16/07/1970

Permanent Account Number

AGIPK1758P

Signature

