



DASARI DAYAKAR 43Y MALE YGT39325 CHEST PA 11-Nov-23

YODA DIAGNOSTICS

ID: 39325
Dasari Dayakar
Male 43Years
Req. No. :

11-11-2023 10:47:04
HR : 83 bpm
P : 103 ms
PR : 143 ms
QRS : 86 ms
QT/QTcBz : 354/416 ms
PQRS/T : 50/68/55 °
RV5/SV1 : 1.733/1.122 mV

Diagnosis Information:
Sinus Rhythm
Premature Atrial Contraction

Report Confirmed by:



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

Name: Mr. Dasari Dayakar
Date: 11/11/2023 Age: 43 years Sex: Male
Address: Guntur



Routine Health checkup

NO COMPLAINTS

NO H/O HTN / DM / CAD / PAB

1) CAP. J-POWER

0-0-7

TEMP: ①
B.P: 120/70 mmHg
PULSE: 94 /min
WEIGHT: 84 kg
HEIGHT: 171 cm

②0

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

DATE: 16-11-23NAME: Dasari DayakarAGE: 43/4 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>L</u> <u>0.75</u>			<u>L</u> <u>0.75</u>		
ADD			<u>+1.75° Below eyes</u>			

INSTRUCTIONS _____

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

N.V. _____ CONSTANT USE

Visit ID	: YGT39325	UHID/MR No	: YGT.0000039177
Patient Name	: Mr. DASARI DAYAKAR	Client Code	: 1409
Age/Gender	: 43 Y 0 M 0 D /M	Barcode No	: 10797421
DOB	:	Registration	: 11/Nov/2023 08:45AM
Ref Doctor	: SELF	Collected	: 11/Nov/2023 08:45AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 11/Nov/2023 11:01AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN**

Clinical Details : General check-up.

L I V E R : Normal in size (13.1 cm) and echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated. Visualised common bile duct & portal vein appears normal.

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

PANCREAS : Normal in size and outlines. Parenchymal texture normal. No ductal dilatation. No calcifications / calculi.

SPLEEN : Normal in size (9.1 cm) and echotexture. No focal lesion is seen.

R I G H T K I D N E Y : measures 10.5 x 4.0 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

L E F T K I D N E Y : measures 9.9 x 5.6 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 : *Grossly normal*.

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 :

GOPI



Approved By :


Dr. SUSHMA VUYYURU
MBBS, MD(Radio-Diagnosis)
CONSULTANT RADIOLOGIST

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DEPARTMENT OF RADIOLOGYX-RAY CHEST PA VIEWFindings:

Rotated film.

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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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	20	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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 Consultant Pathologist

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Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 11/Nov/2023 09:25AM
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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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CBC (COMPLETE BLOOD COUNT)
Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB)	15.1	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	4.83	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	43.8	%	40.0 - 50.0	RBC pulse height detection
MCV	90.6	fL	83 - 101	Automated/Calculated
MCH	31.3	pg	27 - 32	Automated/Calculated
MCHC	34.6	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.8	%	11.0-16.0	Automated Calculated
RDW - SD	44.4	fl	35.0-56.0	Calculated
MPV	7.6	fL	6.5 - 10.0	Calculated
PDW	15.8	fL	8.30-25.00	Calculated
PCT	0.2	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	5,560	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	58	%	40 - 80	Impedance
LYMPHOCYTE	31	%	20 - 40	Impedance
EOSINOPHIL	04	%	01 - 06	Impedance
MONOCYTE	07	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	2.65	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	1.18	ng/ml	0.60 - 1.78	CLIA
T4	9.88	ug/dl	4.82-15.65	CLIA
TSH	2.90	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	0.70	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.18	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.52	mg/dl		Calculated
S.G.O.T	22	U/L	< 50	KINETIC WITHOUT P5P-IFCC
S.G.P.T	29	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	93	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.5	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.1	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.4	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.21			Calculated

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LIPID PROFILE

Sample Type : SERUM

TOTAL CHOLESTEROL	180	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	38	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	114.6	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	137	mg/dl	See Table	GPO
VLDL	27.4	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	4.74		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	3.61	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	142	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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PSA (PROSTATE SPECIFIC ANTIGEN) - TOTAL

Sample Type : SERUM

PROSTATE SPECIFIC ANTIGEN	0.79	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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BLOOD UREA NITROGEN (BUN)

Sample Type : Serum

SERUM UREA	24	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	11.2	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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PPBS (POST PRANDIAL GLUCOSE)

Sample Type : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	96	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	1.13	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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GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)

Sample Type : SERUM

GGT	34	U/L	0 - 55.0	KINETIC-IFCC
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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.

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URIC ACID -SERUM

Sample Type : SERUM

SERUM URIC ACID	6.8	mg/dl	3.5 - 7.20	URICASE - PAP
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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)	11.2	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	1.13	mg/dl	0.67 - 1.17	KINETIC-JAFFE
BUN/CREATININE RATIO	9.90	Ratio	6 - 25	Calculated

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DEPARTMENT OF RADIOLOGY

DOPPLER STUDY :

MITRAL FLOW : E - 1.6 m/sec, A - 0.9 m/sec.
AORTIC FLOW : 1.1 m/sec
PULMONARY FLOW : 1.0 m/sec
TRICUSPID FLOW : TRJV : 1.9 m/sec, RVSP - 29 mmHg

COLOUR FLOW MAPPING: Normal


IMPRESSION :

- * NORMAL SIZED CARDIAC CHAMBERS
- * NO RWMA OF LV
- * GOOD LV FUNCTION
- * NORMAL LV FILLING PATTERN
- * NO MR / AR / PR
- * NO TR / PAH
- * NO PE / CLOT / VEGETATION

Verified By :
GOPI



Approved By :


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

Visit ID : YGT39325	UHID/MR No : YGT.0000039177
Patient Name : Mr. DASARI DAYAKAR	Client Code : 1409
Age/Gender : 43 Y 0 M 0 D /M	Barcode No : 10797421
DOB :	Registration : 11/Nov/2023 08:45AM
Ref Doctor : SELF	Collected : 11/Nov/2023 08:54AM
Client Name : MEDI WHEELS	Received : 11/Nov/2023 09:12AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 11/Nov/2023 09:38AM
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	6.0		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	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 :
 GOPI


Approved By :


 Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT39325	UHID/MR No	: YGT.0000039177
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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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***** End Of Report *****Verified By :
GOPI

Approved By :


Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

YOD
DIAGNOSTICS

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 16.299205°

Long 80.451571°

11/11/23 08:46 AM GMT +05:30



Google

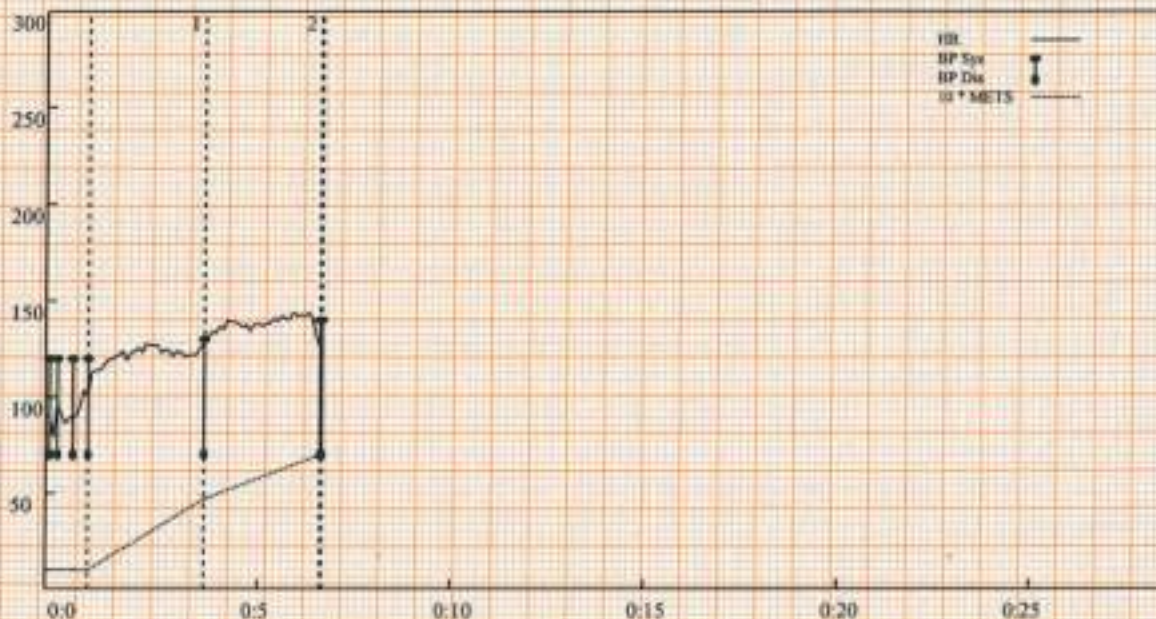
Yoda Diagnostic Guntur

Name: DAYAKAR DASARI

Date: 11-11-2023

Time: 12:19

Exercise Trend



Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:04 achieving a work level of 7 METS.

Resting Heart Rate, initially 90 bpm rose to a max. heart rate of 141bpm (80% of Predicted Maximum Heart Rate).

Resting Blood Pressure of 120/70 mmHg, rose to a maximum Blood Pressure of 140/70 mmHg.

* No Significant ST-T Changes During Exercise & Recovery

* Fair Exercise Tolerance

* Stress Test is Negative for Exercise induced Ischemia.

Ref. Doctor: DR SELF

Schiller Spandan CS-10 Version:2.14

Dr. B. NAGARAJU
Regd.No: 70768 MBBS, M.D, DM
CONSULTANT CARDIOLOGIST
YODA DIAGNOSTICS-GUNTUR
Doctor: DR NAGARAJU

(Summary Report edited by User)

Yoda Diagnostic Guntur

Name: DAYAKAR DASARI				Date: 11-11-2023		Time: 12:19			
Age: 43	Gender: M	Height: 171 cms	Weight: 84 Kg	ID: 39325					
Clinical History: NO									
Medications: NO									
Test Details:									
Protocol: Bruce		Predicted Max HR: 177			Target HR: 150				
Exercise Time: 0:06:04		Achieved Max HR: 141 (80% of Predicted MHR)			Max Mets: 7				
Max BP: 140/70		Max BP x HR: 19740							
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	90	120/70	10800	3 V3	1.8 V3
Standing	00:11	1	0	0	90	120/70	10800	2.6 V3	1.6 V3
HyperVentilation	00:25	1	0	0	89	120/70	10680	2.8 V2	1.7 V3
PreTest	00:23	1	1.6	0	96	120/70	11520	3.1 V3	1.8 V3
Stage: 1	03:00	4.7	2.7	10	122	130/70	15860	3.4 V3	3.4 V3
Stage: 2	03:00	7	4	12	141	140/70	19740	4.3 V3	4.1 V3
Peak Exercise	00:04	6.8	5.5	14	132	140/70	18480	2.6 V3	4 V3

Yoda Diagnostic Guntur

DAYAKAR DASARI

Bruce Protocol

ID: 39125

Date: 11-11-2023

Exce Time : 0:00:00

Stage Time: 00:06

HR: 90 bpm

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 150 bpm

BP: 120/70 mmHg

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

DAYAKAR DASARI

Bruce Protocol

ID: 39325

Date: 11-11-2023

Exec Time : 0:00:00

Stage Time: 00:11

HR: 90 bpm

STLevel(mm) STSlope(mV/s)

Stage: Standing

Speed: 0

Slope: 0 %

THR: 150 bpm

BP: 120/70 mmHg

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz

Mains Filter: ON

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

Schiller Spandan CS-10 Version 2.14

Yoda Diagnostic Guntur

DAYAKAR DASARI

Bruce Protocol

ID: 39325

Date: 11-11-2023

Exec Time: 0:00:00

Stage Time: 00:25

HR: 89 bpm

STLevel(mm) STSlope(mV/s)

Stage: HyperVentilation

Speed: 0

Slope: 0%

THR: 150 bpm

BP: 120/70 mmHg

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spandan CS-10 Version: 2.14

MICRO MED CHARTS

Yoda Diagnostic Guntur

DAYAKAR DASARI

Bruce Protocol

ID: 39325

Date: 11-11-2023

Exec Time : 0:03:00

Stage Time: 03:00

HR: 122 bpm

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 150 bpm

BP: 130/70 mmHg

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spandm CS-10 Version 2.14

Yoda Diagnostic Guntur

DAYAKAR DASARI

Bruce Protocol

ID: 39325

Date: 11-11-2023

Exec Time: 0:06:00

Stage Time: 03:00

HR: 141 bpm

STLevel(mm) STSlope(mV/s)

Stage: 2

Speed: 4 kmph

Slope: 12%

THR: 150 bpm

BP: 140/70 mmHg

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spandan CS-10 Version:2.14

Yoda Diagnostic Guntur

DAYAKAR DASARI

Bruce Protocol

ID: 39325

Date: 11-11-2023

Exec Time: 0:06:04

Stage Time: 00:01

HR: 132 bpm

STLevel(mm) STSlope(mV/s)

Stage: 3 Peak Exercise

Speed: 5.5 kmph

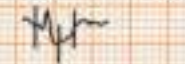
Slope: 14 %

THR: 150 bpm

BP: 140/70 mmHg

STLevel(mm) STSlope(mV/s)

-1.3 0.9 I



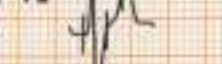
V1 2.3 0.9



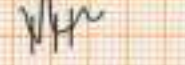
-0.6 1.3 II



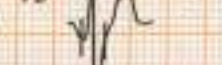
V2 2.2 2.6



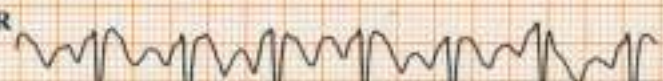
0.5 0.3 III



V3 2.6 4



1.6 -1.7 aVR



V4 1.5 3



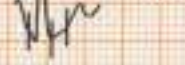
-0.9 0.4 aVL



V5 0.4 2.1



-0.1 0.8 aVF



V6 -0.3 1.3



II



Yoda Diagnostic Guntur

DAYAKAR DASARI

Bruce Protocol

ID: 39325

Date: 11-11-2023

Exec Time: 0:06:05

Stage Time: 00:01

HR: 126 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery1

Speed: 2.3 kmph

Grade: 0%

THR: 150 bpm

BP: 140/70 mmHg

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spandau CS-10 Version 2.14

MICRO MFD CHARTS