




# PARKLINE DIAGNOSTICS PVT. LTD.

L.G. 3, 4 & 5, Bhuvana Towers, S.D. Road, Secunderabad - 500 003 Tel : 040-42038139, 27845852  
7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com



## TEST REPORT

Name : **MR.VEERA MAHESWARAPPA K** TID/SID : UMR1057273/ 25287706  
 Age / Gender : 44 Years / Male Registered on : 11-Mar-2023 / 09:44 AM  
 Ref.By : - Collected on : 11-Mar-2023 / 09:48 AM  
 Req.No  Reported on : 11-Mar-2023 / 14:45 PM  
 BIL2896278 Reference : Medi Wheel

### DEPARTMENT OF CLINICAL PATHOLOGY

### Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Colour Method:Photo detectors(instrument)	Yellow		Light Yellow
Appearance Method:Photo diode array sensor	Clear		Clear
Specific gravity Method:Ion concentration/colour indicator	1.030		1.003-1.030
Reaction and pH Method:Double Indicator	5.5		5.0-8.0
Protein Method:Protein Error of pH indicators	Negative		Negative
Glucose Method:Double sequential enzymatic/GOD-PAP	Negative		Negative
Urobilinogen Method:Reagent strip/Reflectance photometry	Negative		0.2-1.0 mg%
Ketones Method:Strip method/Nitroprusside method	Negative		Negative
Blood Method:Peroxidase	Negative		Negative
Bile Salt Method:Hays Method	Negative		Negative
Bile Pigment Method:Fouchets Method	Negative		Negative
<b>Microscopic Examination</b>			
Pus cells (leukocytes) Method:Microscopy Of Sediment	1 - 2	/hpf	0-5 /hpf
RBC (erythrocytes) Method:Microscopy Of Sediment	Nil	/hpf	0-2 /hpf
Epithelial cells Method:Microscopy Of Sediment	Nil	/hpf	0-8 /hpf
Crystals Method:Microscopy Of Sediment	Nil	/lpf	Nil /lpf




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### DEPARTMENT OF CLINICAL PATHOLOGY

### Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Casts	Nil	/lpf	Nil
Method:Microscopy Of Sediment			/lpf
Others	Nil		Nil
Method:Microscopy Of Sediment			

\* Sample processed at Parkline

--- End Of Report ---

**Dr.Jyothi Kiranmai**  
Regd. No: 52272  
MD PATHOLOGY






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### DEPARTMENT OF HEMATOLOGY

#### Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	B
Rh Typing (D)	POSITIVE -
Method:Agglutination	

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### DEPARTMENT OF HEMATOLOGY

### Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	14.7	g/dL	13.0-17.0 g/dL
Erythrocyte Count(RBC) Method:Electrical Impedence	4.7	mill /cu.mm	4.5-5.5 mill /cu.mm
PCV/HCT Method:Numeric Integration	42	%	40-50 %
MCV Method:Calculated	89	fL	83-101 fL
MCH Method:Calculated	30.9	pg	27-32 pg
MCHC Method:Calculated	34.5	gm/dL	31.5-34.5 gm/dL
RDW (CV) Method:Calculated	13.4	%	11.6-14.0 %
Total WBC Count Method:Impedence flowcytometry/Light scattering	6.5	10 <sup>3</sup> /μL	4-10 10cap;3/μL 10 <sup>3</sup> /μL
<b>Differential Count</b>			
Neutrophils Method:Flowcytometry/Microscopy	55	%	40-80 %
Lymphocytes Method:Flowcytometry/Microscopy	37	%	20-40 %
Monocytes Method:Flowcytometry/Microscopy	7	%	2-10 %
Eosinophils Method:Flowcytometry/Microscopy	1	%	1-6 %
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Absolute Neutrophil Count	3.58	10 <sup>3</sup> /μL	2.0-7.0 10 <sup>3</sup> /μL
Absolute Lymphocyte Count	2.4	10 <sup>3</sup> /μL	1.0-3.0 10 <sup>3</sup> /μL

Lab Timings (Weekdays) : 7.00 am to 8.30 pm  
Sundays & Holidays : 7.00 am to 1.00 pm

Radiologists Timings (Weekdays) : 7.30 am to 1.30 pm  
& 5.45 pm to 7.45 pm  
Sundays & Holidays : 7.30 am to 9.30 am






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### DEPARTMENT OF HEMATOLOGY

### Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Absolute Monocyte Count	0.46	10 <sup>3</sup> /μL	0.20-1.0 10 <sup>3</sup> /μL
Absolute Eosinophil Count	0.07	10 <sup>3</sup> /μL	0.02-0.5 10 <sup>3</sup> /μL
Absolute Basophil Count	<b>00</b>	10 <sup>3</sup> /μL	0.02-0.1 10 <sup>3</sup> /μL
Platelet Count	320	10 <sup>3</sup> /μL	150-410 10 <sup>3</sup> /μL
Method:Electrical Impedence			

#### Peripheral Smear

RBC Normocytic and Normochromic  
 Method:Microscopy  
 WBC Within normal limits.No abnormal cells seen.  
 Method:Microscopy  
 Platelets Discrete and adequate.Normal in morphology  
 Method:Microscopy

\* Sample processed at Parkline

--- End Of Report ---

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### DEPARTMENT OF HEMATOLOGY

#### Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour	06	mm/hour	0-10 mm/hour
Method:Westergren			

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## TEST REPORT

Name : **MR.VEERA MAHESWARAPPA K** TID/SID : UMR1057273/ 25287705  
Age / Gender : 44 Years / Male Registered on : 11-Mar-2023 / 09:44 AM  
Ref.By : - Collected on : 11-Mar-2023 / 09:48 AM  
Req.No :  Reported on : 11-Mar-2023 / 15:16 PM  
Reference : Medi Wheel  
BIL2896278

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen. Method:Calculated	10.4	mg/dL	7-23 mg/dL

#### Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine. Method:Alkaline Picrate	0.97	mg/dL	0.60-1.30 mg/dL

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## TEST REPORT

Name : **MR.VEERA MAHESWARAPPA K** TID/SID : UMR1057273/ 25287707F  
Age / Gender : 44 Years / Male Registered on : 11-Mar-2023 / 09:44 AM  
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Reference : Medi Wheel  
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### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	99	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : >=126 mg/dL

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### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Post Prandial Method:GOD - PAP	112	mg/dL	Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : $\geq$ 200 mg/dL

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### DEPARTMENT OF CLINICAL CHEMISTRY I

### Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Glycosylated Haemoglobin Method:High Performance Liquid Chromatography(HPLC)	<b>5.8</b>	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	119	mg/dL	Excellent Control : 90 to 120 Good Control : 121 to 150 Average Control : 151 to 180 Panic Value : > 211 mg/dL

**Note:**Mean Plasma Glucose is calculated from HBA1c value and it indicates Average Blood Sugar level over the past three months.

#### INTERPRETATION :

- 1.Glycated hemoglobin (glycohemoglobin / HbA1c) is a form of hemoglobin (Hb) that is chemically linked to a sugar.
- 2.A1c is measured primarily to determine the three-month average blood sugar level and can be used as a diagnostic test for diabetes mellitus and as an assessment test for glycemic control in people with diabetes.
- 3.In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, neuropathy, and retinopathy.
4. American diabetes Association (ADA) recommends an A1C goal for many non pregnant adults of < 7% (without significant hypoglycemia). On the basis of provider judgment and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable, and even beneficial, if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. Less stringent A1C goals (such as < 8%) may be appropriate for patients with severe hypoglycemia, extensive co morbid conditions etc, or where the harms of treatment are greater than the benefits.
5. Glycemic goals for some older adults might reasonably be relaxed as part of individualized care, but hyperglycemia leading to symptoms or risk of acute hyperglycemia complications should be avoided in all patients.

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Age / Gender	: 44 Years / Male	Registered on	: 11-Mar-2023 / 09:44 AM
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Req.No	:  BIL2896278	Reported on	: 11-Mar-2023 / 15:16 PM
		Reference	: Medi Wheel

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	169	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	37	mg/dL	<40:Major risk factor for heart disease 40-59:The higher,the better >=60:Considered protective against heart disease mg/dL
LDL Cholesterol Method:Calculated	<b>116</b>	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	16	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	82	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	4.57		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio	3.14		

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### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Liver Function Test (LFT), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin. Method:Diazo with sulphanilic acid	0.41	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.14	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.27	mg/dL	
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	30	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	27	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	48	U/L	30-115 U/L
<b>PROTEINS</b>			
Total Protein. Method:Biuret	7.47	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.38	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	3.09	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.42		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	28	U/L	7.0-50.0 U/L

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### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Prostate Specific Antigen (PSA) Total, Serum

Investigation	Observed Value	Biological Reference Interval
Prostate Specific Antigen (PSA) Total Method:Enhanced chemiluminescence	0.626 ng/mL	0-3.9 ng/mL

#### Interpretation:

- 1.Prostate specific antigen (PSA) is a glycoprotein that is expressed by both normal and neoplastic prostate tissue
- 2.Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hyperplasia (BPH) or inflammatory conditions of other adjacent genitourinary tissues. PSA can also be elevated after digital rectal examination,prostatic massage,cystoscopy,needle biopsy etc
- 3.Measurement of serum PSA by itself is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels are also observed in patients with benign prostatic hyperplasia.
4. When employed for the management of prostate cancer patients, serial measurement of PSA is useful in detecting residual tumor and recurrent cancer after radical prostatectomy.
- 5.PSA has been demonstrated to be an accurate marker for monitoring advanced clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy.

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### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Triiodothyronine Total (T3) Method:Enhanced chemiluminescence	1.50	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	9.08	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	2.31	µIU/mL	0.400-4.049 µIU/mL

Note: Change in method and reference range  
NOTE:

TSH - Reference ranges during pregnancy:\*

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.00

3dr Trimester : 0.30 - 3.00

\*As per the Guidelines of American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and post partum.

1.Primary Hyperthyroidism is accompanied by elevated T3 & T4 values along with depressed TSH level.

2.Primary Hypothyroidism is accompanied by depressed T3 & T4 levels and elevated TSH levels.

3.Normal T4 levels accompanied by high T3 levels are seen in patients with T3 Thyrotoxicosis.

4.Slightly elevated T3 levels may be found in pregnancy and 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 form TSH secreting pituitary tumors(secondary).

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### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid. Method:Uricase	6.36	mg/dL	2.5-8.0 mg/dL

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## TEST REPORT

Name : **MR.VEERA MAHESWARAPPA K** TID/SID : UMR1057273/ 25288947  
Age / Gender : 44 Years / Male Registered on : 11-Mar-2023 / 09:44 AM  
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### DEPARTMENT OF HEALTH CHECKUP

#### Glucose Urine Fasting

Urine Glucose Fasting Nil NIL  
Method:Reagent strip/Reflectance photometry

#### Glucose Urine Post Prandial

Urine Glucose Post Prandial Nil NIL  
Method:Reagent strip/Reflectance photometry

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## MEDICAL EXAMINATION REPORT

Name	Mr. K. Veera Maheswarappa		Date :	11/03/2023	
Company	Old: Meditwheel		Reg. No. :	2896278	
Contact No.	8142520310		Sex	<input checked="" type="checkbox"/> M	Age : <input type="checkbox"/> 44
Type	Pre-Emp		Emp. No.:		
	Overseas		Height	168 cm	
	Annual	<input checked="" type="checkbox"/>	Weight	80 kgs	
Remarks	<p>USG: Small <sup>(2.8mm)</sup> Right renal calculi present (Non-obstructive). Advice follow up.</p> <p>- HbA<sub>1c</sub> - 5.8%. Advice follow up.</p> <p>- Wt. reduction exercises / life style modification recommended.</p>				
Fitness Status	Medically Fit / Unfit		<p>DR. PRIYANKA SANNIDHI Physician's Signature MBBS Regn. No : 11351</p>		

# COMPREHENSIVE MEDICAL EXAMINATION REPORT

NAME Mr. Veera Maheswarappa . K

AGE 44 yr / Male

MARITAL STATUS Married CHILDREN : M  F

IDENTIFICATION (IF ANY) A mole on the Rt. Hand.

## PAST HISTORY

Any family H/o : High Blood Pressure, Heart Disease, Tuberculosis, Diabetes, Asthma, Cancer

had father & mother  Both parents

Any personal H/o Major illness like : Typhoid..... 1995 Jaundice..... NIL Etc.

Any H/o STD..... Skin infection..... NIL

H/o Blood Transfusion..... NIL Recent Vaccination..... COVISHIELD x 2 Doses.

H/o Epilepsy..... Giddiness..... NIL

H/o Surgery..... Rt. Inguinal Hernia Fracture in the past..... NIL

### Any Personal H/O.

High Blood Pressure, Heart Disease Tuberculosis, Diabetes, Asthma, Cancer

Drug Abuse, Drug Allergy, Micturition, Bowels, Alcohol, Smoking, Sleep, MC, Wt. Loss/Wt. Gain

Present illness / Medication

## GENERAL EXAMINATION

Conjunctiva :

Skin :

Ears :

Nose :

Throat & Oral Cavity :

NAD

NAD

Bone, Joints :

Nutritional Status :

Lymph Nodes :

Edema Feet :

Varicose Veins :

(2)

Well Nourished

NPD

NIL

NIL



**Distant Vision : Near Vision :**

Right Eye: 6/6

With glasses / Without glasses

left Eye : 6/6

with glasses / without glasses

Colour Vision : BE normal

**Right Ear**

Hearing :

Rinee's Test ;

Weber Test :

Discharge :

(N)

NIL

Right Eye: N8 + 1.50 sph N6

With glasses / Without glasses

left Eye : N8 + 1.50 sph N6

with glasses / without glasses

**Ophthalmologist's Signature**

DR. KATTA  
D.O., F.R.F.  
(AMC)

**Left Ear**

(N)

NIL

**SYSTEMIC EXAMINATION**

Pulse : 86 bpm

B.P. : 120/80/80

Lungs : A. Shape of Chest B/c symmetrical  
B. Breath Sounds B/c clear ⊕  
C. Adventitious Sounds No

Heart : A. Sounds S1 S2 ⊕  
B. Murmurs No

**Nervous System**

Abdomen : A. Liver NPD  
B. Spleen NPD  
C. Piles NIL  
D. Any Lump NAD

A. Higher Function :  
B. Cranial Nerves :  
C. Sensory System :  
D. Motor System :  
E. Jerks :

(N)

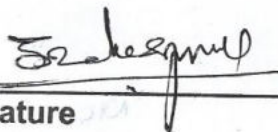
General : A. Hernia  
B. Hydrocele  
C. Varicocele  
] NAD

Breast : Rt \_\_\_\_\_ Lt. \_\_\_\_\_

## CANDIDATE'S DECLARATION

I hereby solemnly declare that I am not suffering from Asthma, Hypertension, Diabetes, Occult Psychological disorders or any other ailment which can be suppressed without my voluntary declaration.

Date :

  
Signature

Place :

Note : General Physical Examination and Investigation included in the health check-up Have certain limitations and may not be able to detect all latent and asymptomatic diseases. Any new symptoms developing after the health check-up or persisting thereafter should be brought to the attention of the treating physician.





# PARKLINE DIAGNOSTICS PVT. LTD.

L.G. 3, 4 & 5, Bhuvana Towers, S.D. Road, Secunderabad - 500 003. Tel : +91 40-2784 5852, 6649 1787, 7995421787,  
7093445852, Fax : +91 40 2784 7864 Email parklinediagnostics@gmail.com www.parklinediagnostics.com



NABL Accredited  
Certificate No.MC-2566

## ENT CONSULTATION

S.No. 2896278

Emp.No.

Date 11/3/2023

Name Mr. Veera Maheswarappa-K Age 44 Yrs

Sex  M  F

### EARS :

Right

Left

EAC	:	patent. no Cerumen.	- do -
TM	:	Intact, pearly white. Cone of light (+)	- do -
TFT	:	Rinne's +ve Weber's - central	Rinne's +ve.

### NOSE

: Septum (+ve). Bil. T'symmetry (+ve). Puss (+ve) non foul.

### THROAT

: Oropharynx (+ve). Bil. v. c's s (+ve) moving  
Acute (+ve) b.l.

### NECK

: (+ve)

### IMPRESSION:

ENT: clinically NAD.

*Q. H. Reddy*

Name : Veera Mahendru ..... Sex : M ..... Age : 44 .....

Date : 11/3/23 .....

Rx

Ca<sup>++</sup> ant.

Adv. oral prophylaxis.

## TEST REPORT

Name : **Mr. VEERA MAHESWARAPPA K**  
Age / Gender : 44 Years / Male  
Ref.By :  
Req. No : BIL2896278

TID : UMR1057273  
Registered on : 11-Mar-2023 09:44 AM  
Reported On : 11-Mar-2023 01:27 PM  
Reference : Medi Wheel

### DEPARTMENT OF ULTRASOUND Ultrasound Whole Abdomen

**LIVER** : 15.1 cms. Normal in size and echotexture. No focal lesions.  
No IHBD /CBD dilatation. Portal vein is normal in size.

**SPLEEN** : 8.9 cms. Normal in size and echotexture. No focal lesion seen.

**GALL BLADDER** : Well distended. No sludge / gall stones / sol.  
Gall bladder -Wall thickness is normal.  
No pericholecystic oedema.

**PANCREAS** : Normal in size and echotexture.No calcification / sol.  
Pancreatic duct is normal. No peripancreatic fluid collection.

**RIGHT KIDNEY** : 10.2 x 4.4 cms.  
Normal in size and echotexture.  
Cortical thickness is normal.  
2.8 mm Calculi - mid pole calyx.  
Pelvi calyceal system is normal.

**LEFT KIDNEY** : 9.8 x 5.6 cms.  
Normal in size and echotexture.  
Cortical thickness is normal.  
No evidence of calculi / sol.  
Pelvi calyceal system is normal.

**URINARY BLADDER** : Well distended. Normal ii contour.  
Wall thickness is normal. No calculus / sol.

**PROSTATE** : Normal in size and echotexture.  
No calcification / sol.  
No pre or para aortic adenopathy / ascites noted.

**IMPRESSION** : Small right renal calculi - Non obstructive.

**Clinical correlation**

  
Dr. Syed Wasim Ul Haq  
MD Radiodiagnosis  
Regd.No. 68775  
Consultant Radiologist

Page:1 of 1

**Lab Timings (Weekdays)** : 7.00 am to 8.30 pm

**Sundays & Holidays** :7.00 am to 1.00 pm

**Radiologists Timings(Weekdays)** : 7.30 am to 8.00 pm

**Sundays & Holidays** : 7.30 am to 9.30 am

**Free Home Visit for Sample Collection.**

**Call : 7995421787, 7093445852,8121147282, 9885202212**

1D 15.16cm





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## TEST REPORT

Name : Mr . VEERA MAHESWARAPPA K  
Age / Gender : 44 Years / Male  
Ref.By :  
Req. No : BIL2896278

TID : UMR1057273  
Registered on : 11-Mar-2023 09:44 AM  
Reported On : 12-Mar-2023 09:11 AM  
Reference : Medi Wheel

### X-RAY CHEST PA VIEW

Lungs are clear.

Cardia is normal.

Hila are normal.

CP angles are free.

Bony cage is normal.

Soft tissues are normal.

**IMPRESSION : Normal study.**



2

Dr. D.J. MOHAN  
MD DMARD  
(Reg No. 8995)  
Consultant Radiologist



ID : 2896278  
NAME : MR VEERA MAHESWARAPPA K  
AGE / SEX : 44 / MALE

HEIGHT (cm) : 168  
WEIGHT (kg) : 80  
PROTOCOL : BRUCE

DONE BY :  
TECHNICIAN : G.M.SURESH

CASE HISTORY

MEDICATION

OBJECT OF TEST

Routine Check-Up.

RISK FACTOR

None.

ACTIVITY

Very Active.

OTHER INVESTIGATION

E C G

REASON FOR TERMINATION

THR ACHIEVED

EXERCISE TOLERANCE

Good (> 10 METS).

EXERCISE INDUCED ARRHYTHMIAS

No.

HAEMO RESPONSE

Normal.

CHRONO RESPONSE

Normal.

FINAL IMPRESSION

EXTRA COMMENTS

TMT negative  
for inducible ischaemia

Confirmed By **DR. PRASHANT. P**  
DM. Cardiology  
Reg. No. 1848  
Signature

BPL DYNATRAC

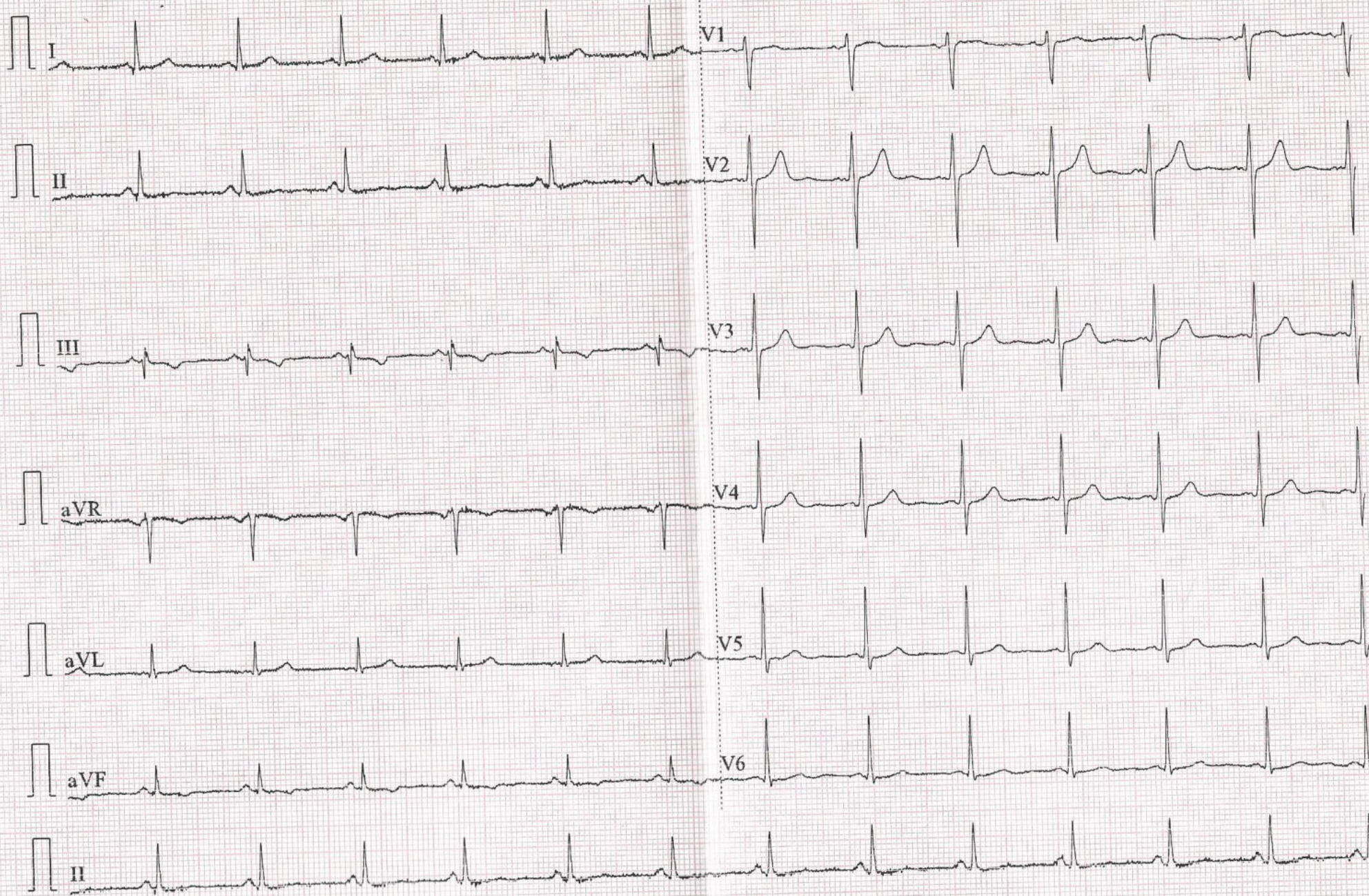


ID: 2896278

11-03-2023 11:48:27 AM

mr veera maheswarappa k Male 44Years

CARDIART





ID: 2896278 11-03-2023 11:48:27 AM  
mr veera maheswarappa k  
Male 44Years

HR : 77 bpm  
P : 102 ms  
PR : 119 ms  
QRS : 82 ms  
QT/QTc : 357/405 ms  
P/QRS/T : 66/35/-20 °  
RV5/SV1 : 1.263/0.800 mV

hmn  
W

**Dr. M. SUDHIR**  
MBBS, MD., DNB(Med), DNB(Gastro), FICP  
PHYSICIAN & GASTROENTEROLOGIST  
Regd.No. 9376  
3-2-239, Somasundaram Street,  
Secunderabad - 500 003

Diagnosis Information:  
Sinus Rhythm  
Short PR Interval  
Flattened T Wave(V6)

Report Confirmed by: