



# 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

## MEDICAL EXAMINATION REPORT

|                |                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                      |                                                                          |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name           | MS. G. Vasavi                                                                                                                                                                                                                                                                                                                                              |                                     | Date :                                                               | 26/03/22                                                                 |
| Company        | C/O: Mediwheel                                                                                                                                                                                                                                                                                                                                             |                                     | Reg. No. :                                                           | 1902267                                                                  |
| Contact No.    | 9849014130                                                                                                                                                                                                                                                                                                                                                 |                                     | Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F | Age : <input type="checkbox"/> 30 <input checked="" type="checkbox"/> 40 |
| Type           | Pre-Emp                                                                                                                                                                                                                                                                                                                                                    |                                     | Emp. No.:                                                            | Spouse                                                                   |
|                | Overseas                                                                                                                                                                                                                                                                                                                                                   |                                     | Height                                                               | 166 cm                                                                   |
|                | Annual                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | Weight                                                               | 89 kg                                                                    |
| Remarks        | <p>Microcytic Hypochromic Anemia (P+) <input checked="" type="checkbox"/></p> <p>Advised to improve Hb. levels.</p> <p>Repeat CBP after 4-6 weeks.</p> <p>- HbA<sub>1c</sub> - 7%. ? De novo DM-II.</p> <p>Advice follow up.</p> <p>ECG - T wave depression in leads V<sub>1</sub>-V<sub>3</sub>.</p> <p>Advice follow up = Cardiologist consultation.</p> |                                     |                                                                      |                                                                          |
|                |                                                                                                                                                                                                                                                                                                                                                            |                                     | <p>DR. PRIYANKA SANNIDHI</p> <p>MBBS</p> <p>Regn. No : 11351</p>     |                                                                          |
| Fitness Status | Medically Fit / Unfit                                                                                                                                                                                                                                                                                                                                      |                                     | Physician's Signature                                                |                                                                          |

# COMPREHENSIVE MEDICAL EXAMINATION REPORT

NAME Ms. G. VASAVI

AGE 40 yrs / female

MARITAL STATUS married CHILDREN : M  F

IDENTIFICATION (IF ANY) A mole on the (L) cheek.

## PAST HISTORY

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

Mother

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

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

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

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

H/o Surgery.....Appendectomy 2008.....Fracture in the past.....NIL.....

Any Personal H/O. 2 LSCS - 2004 & 2010.

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

P. CONTRACEPTION - TB D.

## GENERAL EXAMINATION

Conjunctiva :

Skin :

Ears :

Nose :

Throat & Oral Cavity :

Bone, Joints :

Nutritional Status :

Lymph Nodes : NPD

Edema Feet : NIL

Varicose Veins : NIL

(N) well nourished

NAC.

**Distant Vision : Near Vision :**

Right Eye: 6/6

Right Eye: NG

With glasses / Without glasses

With glasses / Without glasses

left Eye: 6/36 - 2.50 sph 6/6

left Eye: NG

with glasses / without glasses

with glasses / without glasses

Colour Vision: BE normal

**DR. KATTA**  
Ophthalmologist's Signature

**Right Ear**

**Left Ear**

Hearing: (N)

(N)

Rinee's Test ;

Weber Test :

Discharge : NIL

NIL

**SYSTEMIC EXAMINATION**

Pulse : 80 bpm

B.P. : 1.

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 murmurs

**Nervous System**

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

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

General : A. Hernia  
B. Hydrocele J NPD  
C. Varicocele (N)

Breast : Rt (N) Lt. (N)

## 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 :

Vasanth  
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.



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## ENT CONSULTATION

S.No. 1903263      Emp.No. spouse      Date 26/3/22  
 Name MS. G. Vasavi      Age 40 Yrs      Sex M/F

### EARS :

### Right

### Left

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

### NOSE

: Septum (+) - Bil. T's, maxillary (+) PNS - (+) non-tender

### THROAT

: Oropharynx (+) - Bil. v. ch. (+) maxillary  
Arytenoids bil.

### NECK

: (+)

### IMPRESSION:

ENT clinically normal.

Dr. D. Han Krishna Reddy  
 MS (ENT)  
 Head & Neck Surgeon  
 Reg. No: 88379

7799686970


Name : ..... Vasavi ..... Sex : F ..... Age : 40 .....

Date : 26/3/22 .....

OPD No : 533 .....

c/o sensitivity

(1) Sensodyne repair & protect.

  
MULTI SPECIALITY DENTAL CLINIC  
*Smile Confidently... Not Confidentially...*  
B.D.S, IMPLANTOLOGIST (USA)  
1-3-1, Rajamudaliar Street, Kalasiguda,  
Secunderabad, Cell : 8977910590,

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Certificate No.: MC-25

## TEST REPORT

Name : Ms . G VASAVI [SPOUSE]  
Age / Gender : 40 Years / Female  
Ref.By : Medi Wheel  
Req. No : BIL1907267

TID : UMR0752971  
Registered on : 26-Mar-2022 08:27 AM  
Reported On : 26-Mar-2022 01:28 PM

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal shape, size (15.1 cms) and has uniform echopattern.  
No evidence of focal lesion or intrahepatic biliary ductal dilatation.  
Hepatic and portal vein radicals are normal.

**GALL BLADDER** shows normal shape and has clear contents.  
Gall bladder wall is of normal thickness. CBD is of normal calibre.

**PANCREAS** has normal shape, size and uniform echopattern.  
No evidence of ductal dilatation or calcification.

**SPLEEN** shows normal shape, size and echopattern.

**KIDNEYS** move well with respiration and have normal shape, size and echopattern.  
Cortico- medullary differentiations are well made out.  
No evidence of calculus or hydronephrosis.  
Right kidney measures: 10.2 x 6.1 cms, Left kidney measures: 11.3 x 5.9 cms.

**URINARY BLADDER** shows normal shape and wall thickness.  
It has clear contents. No evidence of diverticula.

**UTERUS** is anteverted and bulky in size.  
It has uniform myometrial echopattern.  
Endometrial echo is of normal thickness 9.3 mm.  
Uterus measures 11.1 x 4.2 x 7.1 cms.

**OVARIES** are normal in size, shape and echotexture.  
Right ovary: 2.8 x 1.7 cms, Left ovary: 2.8 x 1.8 cms.

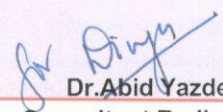
No evidence of free fluid in the abdomen and pelvis.

#### IMPRESSION:

\* Bulky uterus.

Suggested clinical correlation and follow up

The Test marked with\* are not accredited by NABL

  
Dr. Abid Yazden  
Consultant Radiologist

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  
& 5.30 pm to 7.45 pm  
Sundays & Holidays : 7.30 am to 9.30 am



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## TEST REPORT

Name : Ms . G VASAVI [SPOUSE]  
Age / Gender : 40 Years / Female  
Ref.By : Medi Wheel  
Req. No : BIL1907267

TID : UMR0752971  
Registered on : 26-Mar-2022 08:27 AM  
Reported On : 26-Mar-2022 12:18 PM

### X-RAY CHEST PA VIEW

Lung fields are clear.

Cardia is normal.

Hila are normal.

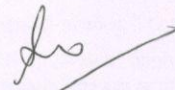
C P angles are free.

Bony cage is normal.

Soft tissues are normal.

IMPRESSION : NORMAL CHEST X-RAY



  
Dr. PRAJAKTA SUKHADEVE  
DNB RADIOLOGY  
Reg. No. 68493

The Test marked with\*are not accredited by NABL

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

Radiologists Timings (Weekdays) : 9.00 am to 1.30 pm  
& 5.30 pm to 7.45 pm  
Sundays & Holidays : 7.30 am to 9.30 am



ID: 1907267

26-05-2022 08:50:59 AM

CARDIART

MSG VASAVI

Female 40Years

HR : 85 bpm  
P : 109 ms  
PR : 163 ms  
QRS : 90 ms  
QT/QTc : 385/459 ms  
PQRS/T : 79/47/43  
RV5/SV1 : 1.662/0.528 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

TU V1-V3

WNL

Dr. NAVEEN KUMAR .C  
M.D., D.M.  
Consultant Cardiologist  
Reg. No. 52291

Report Confirmed by:

PATIENT SUMMARY REPORT

NE DIAGNOSTICS PVT.LTD

: 1907267  
: MS G VASAVI  
EX : 40 / FEMALE

HEIGHT (cm) : 166  
WEIGHT (kg) : 89  
PROTOCOL : MODIFIED BRUCE

REF. BY : MEDIWHEEL  
DONE BY : DR NAVEEN KUMAR C  
TECHNICIAN : G.M.SURESH

3-2022, 10:54:  
C

STORY :

REASON FOR REFERRAL :

INDICATION OF TEST : Routine Check Up.

CLINICAL HISTORY : None.

ACTIVITY : Very Active.

TEST INVESTIGATION : ECG

REASON FOR TERMINATION : Dyspnea.

EXERCISE TOLERANCE : Moderate (< 10 METS). 7.1 METS

EXERCISE INDUCED ARRHYTHMIAS : No.

POST EXERCISE RESPONSE : Normal.

PRE EXERCISE RESPONSE : Normal.

IMPRESSION : Negative for significant ischemia

REMARKS :



Dr. NAVEEN KUMAR .C  
M.D., D.M.  
Consultant Cardiologist  
Reg. No. 52291

Confirmed By : \_\_\_\_\_

Signature