




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.NAGARAJA AKULA [SPOUSE]	TID/SID	: UMR0985854/ 24339399
Age / Gender	: 31 Years / Male	Registered on	: 24-Dec-2022 / 10:14 AM
Ref.By	: -	Collected on	: 24-Dec-2022 / 10:17 AM
Req.No	:  BIL2663835	Reported on	: 24-Dec-2022 / 14:41 PM
		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	1.010		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
Bile Salt Method:Hays Method	Negative		Negative
Bile Pigment Method:Fouchets Method	Negative		Negative
Microscopic Examination			
Pus cells (leukocytes) Method:Microscopy Of Sediment	Occasional	/hpf	0-5 /hpf
RBC (erythrocytes) Method:Microscopy Of Sediment	3 - 4	/hpf	0-2 /hpf
Epithelial cells Method:Microscopy Of Sediment	Nil	/hpf	0-8 /hpf
Crystals Method:Microscopy Of Sediment	Nil	/lpf	Nil /lpf

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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Certificate No.:MC-2566

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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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Reference : Medi Wheel
BIL2663835

DEPARTMENT OF HEMATOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	O
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	15.9	g/dL	13.0-17.0 g/dL
Erythrocyte Count(RBC) Method:Electrical Impedence	5.3	mill /cu.mm	4.5-5.5 mill /cu.mm
PCV/HCT Method:Numeric Integration	46	%	40-50 %
MCV Method:Calculated	87	fL	83-101 fL
MCH Method:Calculated	29.9	pg	27-32 pg
MCHC Method:Calculated	34.4	gm/dL	31.5-34.5 gm/dL
RDW (CV) Method:Calculated	13.8	%	11.6-14.0 %
Total WBC Count Method:Impedence flowcytometry/Light scattering	8.0	10 ³ /μL	4-10 10cap;3/μL 10 ³ /μL
Differential Count			
Neutrophils Method:Flowcytometry/Microscopy	62	%	40-80 %
Lymphocytes Method:Flowcytometry/Microscopy	32	%	20-40 %
Monocytes Method:Flowcytometry/Microscopy	4	%	2-10 %
Eosinophils Method:Flowcytometry/Microscopy	2	%	1-6 %
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Absolute Neutrophil Count	4.96	10 ³ /μL	2.0-7.0 10 ³ /μL
Absolute Lymphocyte Count	2.56	10 ³ /μL	1.0-3.0 10 ³ /μL

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DEPARTMENT OF HEMATOLOGY

Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Absolute Monocyte Count	0.32	10 ³ /μL	0.20-1.0 10 ³ /μL
Absolute Eosinophil Count	0.16	10 ³ /μL	0.02-0.5 10 ³ /μL
Absolute Basophil Count	0	10 ³ /μL	0.02-0.1 10 ³ /μL
Platelet Count	250	10 ³ /μL	150-410 10 ³ /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

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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	18	mm/hour	0-10 mm/hour
Method:Westergren			

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Req.No :  Reported on : 24-Dec-2022 / 14:39 PM
Reference : Medi Wheel
BIL2663835

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen. Method:Calculated	7.9	mg/dL	7-23 mg/dL

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DEPARTMENT OF CLINICAL CHEMISTRY I

Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine. Method:Alkaline Picrate	1.03	mg/dL	0.60-1.30 mg/dL

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TEST REPORT

Name : **MR.NAGARAJA AKULA [SPOUSE]** TID/SID : UMR0985854/ 24339400F
Age / Gender : 31 Years / Male Registered on : 24-Dec-2022 / 10:14 AM
Ref.By : - Collected on : 24-Dec-2022 / 10:17 AM
Req.No :  Reported on : 24-Dec-2022 / 15:48 PM
Reference : Medi Wheel
BIL2663835

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	89	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : \geq 126 mg/dL

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TEST REPORT

Name : **MR.NAGARAJA AKULA [SPOUSE]** TID/SID : UMR0985854/ 24339400P
Age / Gender : 31 Years / Male Registered on : 24-Dec-2022 / 10:14 AM
Ref.By : - Collected on : 24-Dec-2022 / 10:17 AM
Req.No :  Reported on : 24-Dec-2022 / 15:48 PM
Reference : Medi Wheel
BIL2663835

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	247	mg/dL	Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : \geq 200 mg/dL

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Reference : Medi Wheel
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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)	10.1	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	243	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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Req.No	:  BIL2663835	Reported on	: 24-Dec-2022 / 14:39 PM
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DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	230	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	31	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	168	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	31	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	159	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	7.42		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio	5.42		

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Req.No :  Reported on : 24-Dec-2022 / 14:39 PM
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BIL2663835

DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin. Method:Diazo with sulphanilic acid	0.51	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.13	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.38	mg/dL	
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	90	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	52	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	158	U/L	30-115 U/L
PROTEINS			
Total Protein. Method:Biuret	7.93	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.75	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	3.18	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.49		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	72	U/L	7.0-50.0 U/L

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Ref.By : - Collected on : 24-Dec-2022 / 10:17 AM
Req.No  Reported on : 24-Dec-2022 / 13:46 PM
BIL2663835 Reference : Medi Wheel

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	0.378 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	1.25	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	9.33	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	2.03	µIU/mL	0.465-4.68 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

3rd 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 from 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	4.58	mg/dL	2.5-8.0 mg/dL

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Age / Gender	: 31 Years / Male	Registered on	: 24-Dec-2022 / 10:14 AM
Ref.By	: -	Collected on	: 24-Dec-2022 / 10:17 AM
Req.No	:  BIL2663835	Reported on	: 24-Dec-2022 / 16:13 PM
		Reference	: Medi Wheel

DEPARTMENT OF HEALTH CHECKUP

Glucose Urine Fasting

--

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

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TEST REPORT

Name	: MR.NAGARAJA AKULA [SPOUSE]	TID/SID	: UMR0985854/ 24340568
Age / Gender	: 31 Years / Male	Registered on	: 24-Dec-2022 / 10:14 AM
Ref.By	: -	Collected on	: 24-Dec-2022 / 10:17 AM
Req.No	 BIL2663835	Reported on	: 24-Dec-2022 / 16:13 PM
		Reference	: Medi Wheel

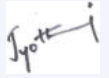
DEPARTMENT OF HEALTH CHECKUP

Glucose Urine Post Prandial

Urine Glucose Post Prandial	1.0 G %	NIL
Method:Reagent strip/Reflectance photometry		

* Sample processed at Parkline

--- End Of Report ---



Dr.Jyothi Kiranmai
Regd. No: 52272
MD PATHOLOGY





PARKLINE DIAGNOSTICS PVT. LTD.

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Tel : +91 40-42038139, 2784 5852, 7995421787, 7093445852,

Email parklinediagnostics@gmail.com www.parklinediagnostics.com



NABL Accredited
Certificate No.MC-2566

MEDICAL EXAMINATION REPORT

Name	Mr. Nagaraja Akula		Date :	24/12/22
Company	C/o. Mediwheel		Reg. No. :	2663825
Contact No.	9014621076		Sex	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
			Age :	<input type="checkbox"/> 31
Type	Pre-Emp		Emp. No.:	Spouse
	Overseas		Height	172 cm
	Annual	<input checked="" type="checkbox"/>	Weight	74 kgs.
Remarks	<p>H/O Cornea replacement for Keratoconus (LE) V R 6/6 RE Colour vision normal Left 2 mts LE colour not seen</p> <p>- Hypertension $\oplus\oplus$ HbA1c - 10.1 % \oplus Post prandial Glucose \oplus Advice follow up \oplus Diabetologist for treatment.</p> <p>- Elevated liver enzymes $\oplus\oplus$. Advice follow up \oplus Gastroenterologist consultation.</p> <p>- Borderline cholesterolemia \oplus. Advice follow up.</p>			
Fitness Status	Medically Fit / Unfit		DR. PRIYANKA SANNIDHI MBBS Physician's Signature	

COMPREHENSIVE MEDICAL EXAMINATION REPORT



NAME Mr. Nagaraja Akula
 AGE 31 yrs
 MARITAL STATUS MARRIED CHILDREN : M F
 IDENTIFICATION (IF ANY) A mole below the lower lip.

PAST HISTORY

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

father father

Any personal H/o Major illness like : Typhoid.....2021.....Jaundice.....NIL.....Etc.

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

H/o Blood Transfusion..... Recent Vaccination..... COVAXIN 2 DOSES.

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

H/o Surgery..... Left Eye keratoconus Fracture in the past.....NIL

*Any Personal H/O. ↓ IOL and ↓ color vision towards the left eye.

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

father
1 month.

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 :

Bone, Joints :

Nutritional Status : Well Nourished

Lymph Nodes : NAD

Edema Feet : NIL

Varicose Veins : NIL

NAD

(N)

Distant Vision : Near Vision :

Right Eye: 6/6

With glasses / Without glasses

left Eye : 6/6 2onts

with glasses / without glasses

Colour Vision : RE normal
LE Abnormal

Right Ear

Hearing : (N)

Rinee's Test ;

Weber Test : (N)

Discharge : NIL

Right Eye: N6

With glasses / Without glasses

left Eye : 6/6 last

with glasses / without glasses

DR. KATTA
Ophthalmologist's Signature
Regd: 1000000000

Left Ear

Hearing : (N)

Rinee's Test ;

Weber Test : (N)

Discharge : NIL

SYSTEMIC EXAMINATION

Pulse : 80 bpm

B.P. : 110/70 mmHg

Lungs :
A. Shape of Chest S/L Symmetrical
B. Breath Sounds B/L - clear ⊕
C. Adventitious Sounds NO

Heart :
A. Sounds S₁ S₂ ⊕
B. Murmurs NO murmurs

Abdomen :
A. Liver NPD
B. Spleen NPD
C. Piles NIL
D. Any Lump NO

Nervous System

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

General :
A. Hernia
B. Hydrocele
C. Varicocele NPD

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.



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ENT CONSULTATION

S.No. 2663835 Emp.No. spouse Date 24/12/12
 Name Mr. Nagaraja Akula Age 31 Yrs Sex M/F

EARS :

Right

Left

EAC : patent no cereumen - do.

TM : Intact, pearly white. - do.

TFT : Cone of light (+)
Rinne's +ve Rinne's +ve.
Weber's - central

NOSE : Septum (N). Bil D'symmetry (N). PWS - (N) nontender.

THROAT : Oropharynx (N). Bil. v. c'sy } (N) moudy

NECK : (N) Ayrthrods } bil.

IMPRESSION: ENT clinically NAD.

Dr. D. Hari Krishna Reddy
MB (ENT)
Head & Neck Surgeon
Reg. No: 83379



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TEST REPORT

Name : Mr . NAGARAJA AKULA [SPOUSE]
Age / Gender : 31 Years / Male
Ref.By :
Req. No : BIL2663835

TID : UMR0985854
Registered on : 24-Dec-2022 10:14 AM
Reported On : 24-Dec-2022 11:05 AM
Reference : Medi Wheel

DEPARTMENT OF ULTRASOUND Ultrasound Whole Abdomen

LIVER : Normal in size and increased echotexture. No focal lesions.

No IHBD /CBD dilatation. Portal vein is normal in size.

SPLEEN : 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 4.0 cms
Normal in size and echotexture.
Cortical thickness is normal.
No evidence of calculi / sol.
Pelvi calyceal system is normal.

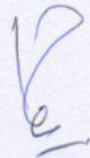
LEFT KIDNEY : 10.6 x 4.9 cms
Normal in size and echotexture.
Cortical thickness is normal.
No evidence of calculi / sol.
Pelvi calyceal system is normal.

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 : Grade I fatty liver.

Clinical correlation


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

7799686970

Name : Nagaraja Sex : M Age : 32

chief complaint:- General check-up.

Date : 24/12/22

OPD No : 1095

Oral Examination:-

calculus++ stains++

Adv. oral prophylaxis.

Sowmya



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TEST REPORT

Name : Mr . NAGARAJA AKULA [SPOUSE]
Age / Gender : 31 Years / Male
Ref.By :
Req. No : BIL2663835

TID : UMR0985854
Registered on : 24-Dec-2022 10:14 AM
Reported On : 24-Dec-2022 01:41 PM
Reference : Medi Wheel

X-RAY CHEST PA VIEW

Lung fields appears clear.

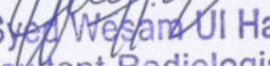
Cardia appears normal.

Hila appears normal.

C P angles appears clear.

Bony cage appears normal.

Soft tissues appears normal.


Dr. Syed Wesam Ul Haq
Consultant Radiologist
Regd.No. 68775

PATIENT SUMMARY REPORT

PARKLINE DIAGNOSTICS PVT.LTD

ID : 2663835
NAME : MR NAGARAJA AKULA
AGE / SEX : 31 / MALE

HEIGHT (cm) : 172
WEIGHT (kg) : 74
PROTOCOL : BRUCE

REF. BY : MEDIWHEEL
DONE BY : DR SAMEER G VANAKAR
TECHNICIAN : G.M.SURESH

CASE HISTORY :

MEDICATION :

OBJECT OF TEST : Routine Check Up.
RISK FACTOR : Diabetes.
ACTIVITY : Very Active.
OTHER INVESTIGATION : ECG
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

DR. PRASHANT PHADTARE
DM CARDIOLOGY
MMC - 1848

Confirmed By _____

Signature

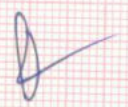
MR. NAGARAJA AKULA
Male 31Years

CARDIART

HR : 58 bpm
P : 112 ms
PR : 163 ms
QRS : 77 ms
QT/QTc : 375/368 ms
P/QRS/T : 38/37/41 °
RV5/SV1 : 1.367/0.886 mV

Diagnosis Information:
Sinus Bradycardia
Middle ST Depression(V3)

Sinus brady



DR. PRASHANT PHADTARE
DM CARDIOLOGY
MMC - 1848

Report Confirmed by: