




# 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	: MS.M PADMASRI [SPOUSE]	TID/SID	: UMR0978981/ 24311240
Age / Gender	: 54 Years / Female	Registered on	: 17-Dec-2022 / 08:40 AM
Ref.By	: -	Collected on	: 17-Dec-2022 / 08:42 AM
Req.No	:  BIL2642854	Reported on	: 17-Dec-2022 / 12:36 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)	Straw		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	5.0		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	Nil	/hpf	0-5 /hpf
RBC (erythrocytes) Method:Microscopy Of Sediment	Nil	/hpf	0-2 /hpf
Epithelial cells Method:Microscopy Of Sediment	2 - 3	/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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### 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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## TEST REPORT

Name : **MS.M PADMASRI [SPOUSE]** TID/SID : UMR0978981/ 24311238  
Age / Gender : 54 Years / Female Registered on : 17-Dec-2022 / 08:40 AM  
Ref.By : - Collected on : 17-Dec-2022 / 08:42 AM  
Req.No  Reported on : 17-Dec-2022 / 12:46 PM  
BIL2642854 Reference : Medi Wheel

### 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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Reference : Medi Wheel  
BIL2642854

### DEPARTMENT OF HEMATOLOGY

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

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour	13	mm/hour	0-20 mm/hour
Method:Westergren			

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### DEPARTMENT OF HEMATOLOGY

### Hemogram, EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	13.5	g/dL	12.0-15.0 g/dL
Erythrocyte Count(RBC) Method:Electrical Impedence	4.7	mill /cu.mm	3.8-4.8 mill /cu.mm
PCV/HCT Method:Numeric Integration	40	%	36-46 %
MCV Method:Calculated	85	fL	83-101 fL
MCH Method:Calculated	28.6	pg	27-32 pg
MCHC Method:Calculated	33.5	gm/dL	31.5-34.5 gm/dL
RDW (CV) Method:Calculated	13.6	%	11.6-14.0 %
Total WBC Count Method:Impedence flowcytometry/Light scattering	7.4	10 <sup>3</sup> /μL	4-10 10cap;3/μL 10 <sup>3</sup> /μL
<b>Differential Count</b>			
Neutrophils Method:Flowcytometry/Microscopy	68	%	40-80 %
Lymphocytes Method:Flowcytometry/Microscopy	23	%	20-40 %
Monocytes Method:Flowcytometry/Microscopy	6	%	2-10 %
Eosinophils Method:Flowcytometry/Microscopy	3	%	1-6 %
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Platelet Count Method:Electrical Impedence	290	10 <sup>3</sup> /μL	150-410 10 <sup>3</sup> /μL

### Peripheral Smear

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

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Reference : Medi Wheel  
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### DEPARTMENT OF HEMATOLOGY

#### Hemogram, EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
RBC Method:Microscopy	Normocytic and Normochromic		
WBC Method:Microscopy	Within normal limits. No abnormal cells seen.		
Platelets Method:Microscopy	Discrete and adequate. Normal in morphology.		

\* Sample processed at Parkline

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Ref.By : - Collected on : 17-Dec-2022 / 08:42 AM  
Req.No :  Reported on : 17-Dec-2022 / 13:05 PM  
Reference : Medi Wheel  
BIL2642854

### DEPARTMENT OF CLINICAL CHEMISTRY I

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

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	10.7	mg/dL	7-23 mg/dL
Method:Calculated			

#### Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	0.74	mg/dL	0.50-1.20 mg/dL
Method:Alkaline Picrate			

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## TEST REPORT

Name : **MS.M PADMASRI [SPOUSE]** TID/SID : UMR0978981/ 24311242F  
Age / Gender : 54 Years / Female Registered on : 17-Dec-2022 / 08:40 AM  
Ref.By : - Collected on : 17-Dec-2022 / 08:42 AM  
Req.No  Reported on : 17-Dec-2022 / 15:40 PM  
BIL2642854 Reference : Medi Wheel

### DEPARTMENT OF CLINICAL CHEMISTRY I

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

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	<b>129</b>	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : >/=126 mg/dL

Note Corresponding urine sugar : Nil

\* Sample processed at Parkline

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## TEST REPORT

Name : **MS.M PADMASRI [SPOUSE]** TID/SID : UMR0978981/ 24311242P  
Age / Gender : 54 Years / Female Registered on : 17-Dec-2022 / 08:40 AM  
Ref.By : - Collected on : 17-Dec-2022 / 08:42 AM  
Req.No :  Reported on : 17-Dec-2022 / 15:40 PM  
Reference : Medi Wheel  
BIL2642854

### 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	<b>199</b>	mg/dL	Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : $\geq$ 200 mg/dL

Note Corresponding urine sugar : Nil

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Ref.By : - Collected on : 17-Dec-2022 / 08:42 AM  
Req.No :  Reported on : 17-Dec-2022 / 14:24 PM  
Reference : Medi Wheel  
BIL2642854

### 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>6.6</b>	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	142	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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## TEST REPORT

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Req.No	:  BIL2642854	Reported on	: 17-Dec-2022 / 13:05 PM
		Reference	: Medi Wheel

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	188	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	44	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>129</b>	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	15	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	79	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	4.27		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio	2.93		

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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	0.35	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.10	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.25	mg/dL	
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	26	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	16	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	59	U/L	30-115 U/L
<b>PROTEINS</b>			
Total Protein. Method:Biuret	6.87	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.01	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	2.86	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.40		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	15	U/L	7.0-50.0 U/L

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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	1.36	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	<b>15.1</b>	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	2.31	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).

\* Sample processed at Parkline

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### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid. Method:Uricase	5.36	mg/dL	1.9-7.5 mg/dL

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## MEDICAL EXAMINATION REPORT

Name	Ms. M. padmasri		Date	17/12/2022	
Company	C/O: Mediwheel		Reg. No. :	2642854	
Contact No.	9866099632		Sex	<input checked="" type="checkbox"/> F	Age : <input type="checkbox"/> 54
Type	Pre-Emp		Emp. No.:	Spouse	
	Overseas		Height	150 cm	
	Annual	<input checked="" type="checkbox"/>	Weight	56 kgs.	
Remarks	<p>- HbA1c - 6.6 % on diabetic range.</p> <p>- Advice follow up w Diabetologist.</p> <p>- Rest all clinical and lab parameters within (N) limits.</p> <p>- Advised to do life style modification i regular walks.</p>				
Fitness Status	Medically Fit / Unfit		 <b>DR. PRIYANKA SANNIDHI</b> MBBS Physician's Signature Regn. No : 11351		







**Distant Vision : Near Vision :**

Right Eye: 6/6

Right Eye: Ng

With glasses / Without glasses

With glasses / Without glasses

left Eye : 6/6

left Eye : Ng

with glasses / without glasses

with glasses / without glasses

Colour Vision : BE normal

**Ophthalmologist's Signature**  
*Dr. KATIA*  
Regd. M.B.B.S., D.C., F.R.F.  
(AMC)

**Right Ear**

**Left Ear**

Hearing : (N)

(N)

Rinee's Test ;

Weber Test :

Discharge : NIL

NIL

**SYSTEMIC EXAMINATION**

Pulse : 80bpm.

B.P. : 120/80 mmHg.

**Lungs :**  
A. Shape of Chest R/L symmetrical  
B. Breath Sounds R/L - 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 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 :

M. Padma Sri  
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. 2628SH      Emp.No. spouse      Date 17/12/22  
 Name MS. M. padmasri      Age 54 Yrs      Sex M/F ✓

### EARS :

Right

Left

EAC :

(No)

(No)

TM :

Intact ⊕

TFT :

Rine's Ac → Rc

noct's

ABC

same as exam



NOSE :

DNS to (P)

THROAT :


AP, TF, PPH (No)

NECK :

No cat/lets neck swell

IMPRESSION:

DNS to (P)

  
**Dr. POORNIMA**  
 M.B.B.S, D.L.O.,(ENT)  
 Reg No.100155(KMC)



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NABL Accredited  
Certificate No.: MC-2566

17/12/22

Mrs padmasri S

O/E -

Bp - 120/80

Not anemic

~~H~~ - CVS / NAD  
RS

Both breast examined

No Lumps

Axilla free.

NAD

Chil. 2

LCB - 27yr

Hysterectomy done 5yr back  
for Menorrhagia

No H/O white discharge

KR Lakshadour

Dr. Usha ... DGO.  
Obstetrician & Gynaecologist  
Regd. No. 9885

Dr. Usha ...  
Obstetrician & Gynaecologist  
Regd. No. 9885





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L.G. 3, 4 & 5, Bhuvana Towers, Sarojini Devi Road, Secunderabad - 500 003 Tel : 040 - 4203 8139, 2784 5852  
7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com

## TEST REPORT

Name : Ms . M PADMASRI [SPOUSE]  
Age / Gender : 54 Years / Female  
Ref.By :  
Req. No : BIL2642854

TID : UMR0978981  
Registered on : 17-Dec-2022 08:40 AM  
Reported On : 17-Dec-2022 10:23 AM  
Reference : Medi Wheel

### DEPARTMENT OF ULTRASOUND Ultrasound Whole Abdomen

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

**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** : 8.8 x 3.9 cms.  
Normal in size and echotexture.  
Cortical thickness is normal.  
No evidence of calculi / sol.  
Pelvi calyceal system is normal.

**LEFT KIDNEY** : 9.1 x 5.0 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 in contour.  
Wall thickness is normal. No calculus / sol.

**UTERUS** : Hysterectomy.

**OVARIES** : Both ovaries not visible.  
No adnexal mass seen.  
No fluid in POD.

**IMPRESSION** : Normal Study.

Clinical correlation.

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





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## TEST REPORT

Name : Ms . M PADMASRI [SPOUSE]  
Age / Gender : 54 Years / Female  
Ref.By :  
Req. No : BIL2642854

TID : UMR0978981  
Registered on : 17-Dec-2022 08:40 AM  
Reported On : 17-Dec-2022 01:37 PM  
Reference : Medi Wheel

### DEPARTMENT OF ULTRASOUND Mammography

Bilateral CC and MLO views done.

Both breasts show normal fibro-glandular parenchyma.

No dominant mass /pleomorphic micro calcifications /skin thickening /  
Nipple retraction on either side.

No architectural distortion.

No evidence of duct dilatation.

No axillary lymphadenopathy.

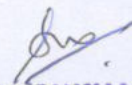
**Ultrasound screening** did not reveal any abnormality.

No axillary lymphnodes seen.

**IMPRESSION : No breast abnormality noted - BIRADS- I**

**Advised clinical correlation.**

**Note: Please bring previous reports on next visit.**

  
**Dr. PRAJAKTA SUKHADEVE**  
**DNB RADIOLOGY**  
**Reg. No. 68493**

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## TEST REPORT

Name : Ms . M PADMASRI [SPOUSE]

Age / Gender : 54 Years / Female

Ref.By :

Req. No : BIL2642854

TID : UMR0978981

Registered on : 17-Dec-2022 08:40 AM

Reported On : 17-Dec-2022 01:37 PM

Reference : Medi Wheel

### BIRADS ASSESSMENT CATEGORIES

0 - Needs additional imaging.

1 - Negative - There is nothing the comment on.

2 - Benign finding.

3 - Probably benign finding - followup after 3 months suggested.

4 - Suspicious abnormality. Biopsy should be considered  
[ 4A - Low suspicion ,4B - Intermediate suspicion, 4C- Moderate concern]

5 - Highly suggestive of malignancy.

6 - Known biopsy proven malignancy.





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## TEST REPORT

Name : Ms . M PADMASRI [SPOUSE]

TID : UMR0978981

Age / Gender : 54 Years / Female

Registered on : 17-Dec-2022 08:40 AM

Ref.By :

Reported On : 17-Dec-2022 09:59 AM

Req. No : BIL2642854

Reference : Medi Wheel

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






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7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com

## TEST REPORT

Name	: MS.M PADMASRI [SPOUSE]	TID/SID	: UMR0978981/ 24311241
Age / Gender	: 54 Years / Female	Registered on	: 17-Dec-2022 / 08:40 AM
Ref.By	: -	Collected on	: 17-Dec-2022 / 08:42 AM
Req.No	:  BIL2642854	Reported on	: 17-Dec-2022 / 18:30 PM
		Reference	: Medi Wheel

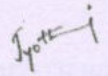
### DEPARTMENT OF CYTOPATHOLOGY

#### Pap Smear, Conventional

Clinical Details	Hysterectomy 5 years back
Specimen Type	Vault smear
Specimen Adequacy	Satisfactory for evaluation.
General Categorization	Smears studied show sheets of superficial and intermediate cells.
Interpretation	Negative for intraepithelial lesion / malignancy.

\* Sample processed at Parkline

--- End Of Report ---

  
Dr. Jyothi Kiranmai  
Regd. No: 52272  
MD PATHOLOGY



ID : 2642854  
NAME : MS PADMASARI  
AGE / SEX : 54 / FEMALE

HEIGHT (cm) : 150  
WEIGHT (kg) : 56  
PROTOCOL : BRUCE

REF. BY : MEDIWHEEL  
DONE BY : DR PRASHANTH P  
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 for inducible  
ischaemia*

**DR. PRASHANT PHADTARE**  
DM CARDIOLOGY  
MMC - 1848

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

Signature



MS. M. PADMASRI  
Female 54Years

HR : 70 bpm  
P : 107 ms  
PR : 145 ms  
QRS : 78 ms  
QT/QTc : 400/434 ms  
P/QRS/T : 30/-3/10 °  
RV5/SV1 : 0.823/0.768 mV

Diagnosis Information:  
Sinus Rhythm  
Poor R Wave Progression(V3)  
Low T Wave(V5)

WNL



DR. PRASHANT PHADTARE  
DM CARDIOLOGY  
MMC - 1848

Report Confirmed by: