




# 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



NABL Accredited  
Certificate No.:MC-2566

## TEST REPORT

Name	: MS.K RADHIKA [SPOUSE]	TID/SID	: UMR1015847/ 25100211
Age / Gender	: 41 Years / Female	Registered on	: 28-Jan-2023 / 08:24 AM
Ref.By	: -	Collected on	: 28-Jan-2023 / 08:32 AM
Req.No	:  BIL2761364	Reported on	: 28-Jan-2023 / 17:55 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	1.015		1.003-1.030
Reaction and pH Method:Double Indicator	5.5		5.0-8.0
Protein Method:Protein Error of pH indicators	++		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
<b>Microscopic Examination</b>			
Pus cells (leukocytes) Method:Microscopy Of Sediment	1 - 2	/hpf	0-5 /hpf
RBC (erythrocytes) Method:Microscopy Of Sediment	25 - 30	/hpf	0-2 /hpf
Epithelial cells Method:Microscopy Of Sediment	3 - 4	/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 ---

*V.G. Mallika*

**Dr V G Mallika**  
Regd. No: 63194  
MD PATHOLOGY






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### 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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**Dr.Jyothi Kiranmai**  
Regd. No: 52272  
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 BIL2761364 Reference : Medi Wheel

### DEPARTMENT OF HEMATOLOGY

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

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	12.8	g/dL	12.0-15.0 g/dL
Erythrocyte Count(RBC) Method:Electrical Impedence	4.6	mill /cu.mm	3.8-4.8 mill /cu.mm
PCV/HCT Method:Numeric Integration	37	%	36-46 %
MCV Method:Calculated	<b>82</b>	fL	83-101 fL
MCH Method:Calculated	27.9	pg	27-32 pg
MCHC Method:Calculated	34.0	gm/dL	31.5-34.5 gm/dL
RDW (CV) Method:Calculated	<b>14.6</b>	%	11.6-14.0 %
Total WBC Count Method:Impedence flowcytometry/Light scattering	5.8	10 <sup>3</sup> /μL	4-10 10cap;3/μL 10 <sup>3</sup> /μL
<b>Differential Count</b>			
Neutrophils Method:Flowcytometry/Microscopy	71	%	40-80 %
Lymphocytes Method:Flowcytometry/Microscopy	23	%	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	4.12	10 <sup>3</sup> /μL	2.0-7.0 10 <sup>3</sup> /μL
Absolute Lymphocyte Count	1.33	10 <sup>3</sup> /μL	1.0-3.0 10 <sup>3</sup> /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	0.23	10 <sup>3</sup> /μL	0.20-1.0 10 <sup>3</sup> /μL
Absolute Eosinophil Count	0.12	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	330	10 <sup>3</sup> /μL	150-410 10 <sup>3</sup> /μL
Method:Electrical Impedence			

#### Peripheral Smear

RBC

Method:Microscopy

Microcytic and hypochromic.

WBC

Method:Microscopy

Within normal limits.No abnormal cells seen.

Platelets

Method:Microscopy

Discrete and adequate.Normal in morphology

\* Sample processed at Parkline

--- End Of Report ---

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		Reference	: Medi Wheel

### DEPARTMENT OF HEMATOLOGY

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

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour	25	mm/hour	0-20 mm/hour
Method:Westergren			

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Req.No :  Reported on : 28-Jan-2023 / 12:51 PM  
Reference : Medi Wheel  
BIL2761364

### DEPARTMENT OF CLINICAL CHEMISTRY I

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

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	11.8	mg/dL	7-23 mg/dL
Method:Calculated			

#### Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	1.08	mg/dL	0.50-1.20 mg/dL
Method:Alkaline Picrate			

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## TEST REPORT

Name	: MS.K RADHIKA [SPOUSE]	TID/SID	: UMR1015847/ 25100212F
Age / Gender	: 41 Years / Female	Registered on	: 28-Jan-2023 / 08:24 AM
Ref.By	: -	Collected on	: 28-Jan-2023 / 08:32 AM
Req.No	:  BIL2761364	Reported on	: 28-Jan-2023 / 14:50 PM
		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	92	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : >/=126 mg/dL

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## TEST REPORT

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Req.No :  Reported on : 28-Jan-2023 / 14:50 PM  
Reference : Medi Wheel  
BIL2761364

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

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Reference : Medi Wheel  
BIL2761364

### 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)	5.6	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	114	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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BIL2761364

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	<b>248</b>	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	42	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>161</b>	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	45	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	<b>226</b>	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	5.90		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio	3.83		

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Reference : Medi Wheel  
BIL2761364

### DEPARTMENT OF CLINICAL CHEMISTRY I

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

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin. Method:Diazo with sulphanilic acid	0.70	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.18	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.52	mg/dL	
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	25	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	24	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	49	U/L	30-115 U/L
<b>PROTEINS</b>			
Total Protein. Method:Biuret	7.60	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.39	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	3.21	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.37		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	17	U/L	7.0-50.0 U/L

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Req.No  Reported on : 28-Jan-2023 / 13:58 PM  
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BIL2761364

### 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	11.0	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	1.52	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	5.91	mg/dL	1.9-7.5 mg/dL

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## TEST REPORT

Name : **MS.K RADHIKA [SPOUSE]** TID/SID : UMR1015847/ 25102001  
Age / Gender : 41 Years / Female Registered on : 28-Jan-2023 / 08:24 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	Ms. K. Radhika		Date :	28/01/2023
Company	Olo, mediawheel		Reg. No. :	2761364
Contact No.	9000279554		Sex	<input checked="" type="checkbox"/> F Age : <input type="checkbox"/> 41
Type	Pre-Emp		Emp. No.:	Spouse
	Overseas		Height	164 cm
	Annual	<input checked="" type="checkbox"/>	Weight	70 kgs
Remarks	<p>TMT - Positive for inducible Ischemia.          Advice follow up to CAG / Cardiologist consultation.          Raised ESR count. Advice follow up for infective cause.</p>			
Fitness Status	Medically Fit / Unfit		DR. PRIYANKA SANNIDI Physician's Signature Regn. No: 11351	



# COMPREHENSIVE MEDICAL EXAMINATION REPORT

NAME Ms. C. Radhika  
 AGE 41 yrs / Female  
 MARITAL STATUS Married CHILDREN : M  F   
 IDENTIFICATION (IF ANY) \_\_\_\_\_



## 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..... NIL..... Jaundice..... NIL..... Etc.

Any H/o STD..... Skin infection..... Perioral pigmentation x 10 days

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

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

H/o Surgery..... 1 case..... 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

3 months irregular periods

Present illness / Medication \_\_\_\_\_

## GENERAL EXAMINATION

Conjunctiva :

Skin :

Ears :

Nose :

Throat & Oral Cavity :

Bone, Joints :

Nutritional Status :

Lymph Nodes :

Edema Feet :

Varicose Veins :

(N)

Well nourished

NPD

NIL

NIL

NPD

Distant Vision : Near Vision :

Right Eye: 6/6

With glasses / Without glasses

left Eye : 6/6

with glasses / without glasses

Right Eye: NS + 1.0 sph NG

With glasses / Without glasses

left Eye : NS + 1.0 sph NG

with glasses / without glasses

Colour Vision : BC normal

**DR. KATTA**  
M.B.B.S., D.O., F.R.F.  
(AMC)  
Ophthalmologist's Signature

Right Ear

Hearing : (N)

Rinee's Test ;

Weber Test : skilika

Discharge : NIL

Left Ear

(N)

**SYSTEMIC EXAMINATION**

Pulse : 86 bpm

B.P. : 130/80/70

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

Heart : A. Sounds S<sub>1</sub>, S<sub>2</sub> ⊕  
B. Murmurs NO murmurs

**Nervous System**

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

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

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

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 :

Place :

K Radhika  
Signature

K. Radhika

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. 2761364

Emp.No.

Date 28/01/2023

Name MS. K. Radhika

Age 41 Yrs

Sex M/F

### EARS :

### Right

### Left

EAC

: patent. no cerumen - do

TM

: Intact, pearly white, - do.

TFT

:  
Cone of light (+)  
Rinne's +ve  
Weber's - Centralised

### NOSE

: Septum (+). Bil. S. curvature (+). Dev. (+) nostrils

### THROAT

: Oropharynx (+). Bil. vocal cords (+) moving

### NECK

: (+) Anteriorly bil.

### IMPRESSION:

EARS clinically NAD

*Dr. D. Hari Krishna Reddy*

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



Name: K. Radhika ..... Sex: F ..... Age: 41 .....

chief complaint:- General check-up.

Date: 28/1/23

OPD No: 1182

Oral Examination:-

\* calculus ++ stains ++

- Adv. oral prophylaxis.

\* Missing teeth int  $\left\{ \begin{array}{l} \text{---} \\ \text{5} \end{array} \right.$

- Adv. FPD int  $\left\{ \begin{array}{l} \text{---} \\ \text{456} \end{array} \right.$

(Dr. Sowmya)

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## TEST REPORT

Name : **Ms . K RADHIKA [SPOUSE]**  
Age / Gender : 41 Years / Female  
Ref.By :  
Req. No : BIL2761364

TID : UMR1015847  
Registered on : 28-Jan-2023 08:24 AM  
Reported On : 28-Jan-2023 10:16 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** : 10.2 x 3.4 cms  
Normal in size and echotexture.  
Cortical thickness is normal.  
No evidence of calculi / sol.  
Pelvi calyceal system is normal.

**LEFT KIDNEY** : 11.6 x 3.5 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** : Anteverted measuring 7.1 x 5.8 x 4.8 cms - Normal in size and echotexture.  
No space occupying lesion is seen.  
Cervix is normal in size and echopattern.

**ENDOMETRIUM** : Normal.

**OVARIES** : Right ovary : 2.0 x 1.7 cms - Overlapped by bowel gas.  
Small follicle / cyst in right ovary measuring 1.0 cms.  
Left ovary : Not visible - Poor window.  
No adnexal mass seen.  
No fluid in POD.





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Reference : Medi Wheel

**IMPRESSION : Small follicle / cyst in Right ovary.**

Clinical correlation.



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





# PARKLINE DIAGNOSTICS PVT. LTD.

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## TEST REPORT

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Age / Gender : 41 Years / Female  
Ref.By :  
Req. No : BIL2761364

TID : UMR1015847  
Registered on : 28-Jan-2023 08:24 AM  
Reported On : 28-Jan-2023 12:53 PM  
Reference : Medi Wheel

### X-RAY CHEST PA VIEW

Lung fields are clear.

Cardia is normal.

Hila are normal.

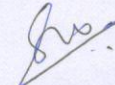
C P angles are free.

Bony cage is normal.

Soft tissues are normal.

**IMPRESSION : NORMAL CHEST X-RAY**



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



MS.K RADHIKA  
Female 41Years


2761364

HR : 74 bpm  
P : 95 ms  
PR : 143 ms  
QRS : 87 ms  
QT/QTc : 392/435 ms  
P/QRS/T : 35/34/5 °  
RV5/SV1 : 1.282/0.236 mV

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

NIR 2BBB

com uey

 Dr. SAMEER G. VANKAR  
MD., D.M.  
Consultant Interventional Cardiologist  
Reg.No.8245

Report Confirmed by:



**PATIENT SUMMARY REPORT**

**PARKLINE DIAGNOSTICS PVT.LTD**

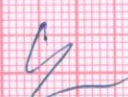
ID : 2761364  
NAME : **MS K RADHIKA**  
AGE / SEX : 41 / FEMALE

HEIGHT (cm) : 164  
WEIGHT (kg) : 70  
PROTOCOL : BRUCE

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

CASE HISTORY :  
MEDICATION :  
OBJECT OF TEST : Routine Check Up.  
RISK FACTOR : Hypertension.  
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 :

*IMT positive  
(DT)+3)*



**Dr. SAMEER G. VANKAR**  
MD., D.M.  
Consultant Interventional Cardiologist  
Reg.No.8245

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

Signature