



# 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 : **MR.THANNEER MALLIKARJUN [198826]** TID/SID : UMR0949472/ 24181365  
 Age / Gender : 32 Years / Male Registered on : 12-Nov-2022 / 07:47 AM  
 Ref.By : - Collected on : 12-Nov-2022 / 07:52 AM  
 Req.No  Reported on : 12-Nov-2022 / 12:38 PM  
 BIL2545216 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	1.025		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	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

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**  
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MD PATHOLOGY





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Ref.By	: -	Collected on	: 12-Nov-2022 / 07:52 AM
Req.No	 BIL2545216	Reported on	: 12-Nov-2022 / 13:12 PM
		Reference	: Medi Wheel

### 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	15.5	g/dL	13.0-17.0 g/dL
Erythrocyte Count(RBC) Method:Electrical Impedence	<b>5.7</b>	mill /cu.mm	4.5-5.5 mill /cu.mm
PCV/HCT Method:Numeric Integration	46	%	40-50 %
MCV Method:Calculated	<b>81</b>	fL	83-101 fL
MCH Method:Calculated	27.1	pg	27-32 pg
MCHC Method:Calculated	33.5	gm/dL	31.5-34.5 gm/dL
RDW (CV) Method:Calculated	12.9	%	11.6-14.0 %
Total WBC Count Method:Impedence flowcytometry/Light scattering	5.9	cells/cumm	4-10 cells/cumm
<b>Differential Count</b>			
Neutrophils Method:Flowcytometry/Microscopy	62	%	40-80 %
Lymphocytes Method:Flowcytometry/Microscopy	30	%	20-40 %
Monocytes Method:Flowcytometry/Microscopy	6	%	2-10 %
Eosinophils Method:Flowcytometry/Microscopy	2	%	1-6 %
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Absolute Neutrophil Count	3.66	10 <sup>3</sup> /μL	2.0-7.0 10 <sup>3</sup> /μL
Absolute Lymphocyte Count	1.77	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	0.35	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	0	10 <sup>3</sup> /μL	0.02-0.1 10 <sup>3</sup> /μL
Platelet Count	280	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	20	mm/hour	0-10 mm/hour
Method:Westergren			

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### DEPARTMENT OF CLINICAL CHEMISTRY I

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

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen. Method:Calculated	8.5	mg/dL	7-23 mg/dL

#### Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine. Method:Alkaline Picrate	1.02	mg/dL	0.60-1.30 mg/dL

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## TEST REPORT

Name : **MR.THANNEER MALLIKARJUN [198826]** TID/SID : UMR0949472/ 24181366F  
Age / Gender : 32 Years / Male Registered on : 12-Nov-2022 / 07:47 AM  
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Req.No  Reported on : 12-Nov-2022 / 15:13 PM  
BIL2545216 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	81	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : >=126 mg/dL

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Name : **MR.THANNEER MALLIKARJUN [198826]** TID/SID : UMR0949472/ 24181366P  
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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	106	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>5.9</b>	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	122	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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### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	108	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	24	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	53	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	31	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	<b>159</b>	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	4.50		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio	2.21		

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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	0.32	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	0.19	mg/dL	
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	36	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	25	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	71	U/L	30-115 U/L
<b>PROTEINS</b>			
Total Protein. Method:Biuret	7.54	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.41	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	3.13	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.41		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	30	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	0.332 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	1.12	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	7.44	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	<b>0.02</b>	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

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.	5.84	mg/dL	2.5-8.0 mg/dL
Method:Uricase			

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Name : **MR.THANNEER MALLIKARJUN [198826]** TID/SID : UMR0949472/ 24182876  
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Ref.By : - Collected on : 12-Nov-2022 / 07:52 AM  
Req.No  Reported on : 12-Nov-2022 / 17:42 PM  
Reference : Medi Wheel  
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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

\* Sample processed at Parkline

--- End Of Report ---

**Dr Jyothi Boda**  
Regd. No: 72498  
MD PATHOLOGY





# 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	Mr. Thanner Mallikarjun		Date : 12/11/22
Company	Clo. Mediwheel		Reg. No. : 2545216
Contact No.	905 2837189		Sex <input type="checkbox"/> M <input type="checkbox"/> F Age : <input type="checkbox"/> 32
Type	Pre-Emp		Emp. No.:
	Overseas		Height 175 cm
	Annual	<input checked="" type="checkbox"/>	Weight 57 kgs
Remarks	<ul style="list-style-type: none"> <li>• ESR elevated</li> <li>• HbA1c elevated</li> <li>• Triglycerides elevated</li> <li>• TSH levels low</li> <li>• Advised follow up.</li> <li>• Remaining physical and lab parameters are within NL.</li> </ul>		
Fitness Status	Medically Fit / Unfit		<p>Dr. B. DEEPAK KUMAR Physician's Signature</p> <p>Regd No: 75583</p>

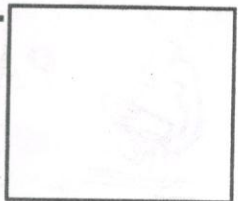
# COMPREHENSIVE MEDICAL EXAMINATION REPORT

NAME Mr Hameed Mallikarjun

AGE 34 yr male

MARITAL STATUS unmarried CHILDREN: M  F

IDENTIFICATION (IF ANY) none over the side of neck



## PAST HISTORY

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

Any personal H/o Major illness like : Typhoid..... No.....Jaundice..... No.....Etc. .

Any H/o STD..... No.....Skin infection..... No..... (Diabetic)

H/o Blood Transfusion..... No.....Recent Vaccination..... (DTP booster)

H/o Epilepsy..... No.....Giddiness..... No

H/o Surgery..... No.....Fracture in the past..... No

### 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 recently stopped (Sildenafil 50mg P.M)

## GENERAL EXAMINATION

Conjunctiva :

Skin :

Ears :

Nose :

Throat & Oral Cavity :

Bone, Joints :

Nutritional Status :

Lymph Nodes :

Edema Feet :

Varicose Veins :

None } None  
None } None  
None } None  
None } None  
None } None

**Distant Vision : Near Vision :**

Right Eye: 99 - 0.50 sph 6/6

Right Eye: ng

With glasses / Without glasses

With glasses / Without glasses

left Eye: 99 - 0.50 sph 6/6

left Eye: ng

with glasses / without glasses

with glasses / without glasses

Colour Vision : BE normal

Ophthalmologist's Signature

DR. KATTA  
D.O., F.R.C.S.  
Reg. MAMCI

**Right Ear**

**Left Ear**

Hearing :

Rinee's Test ;

Weber Test :

Discharge :

**SYSTEMIC EXAMINATION**

Pulse : 74/min

B.P. : 120/80 mmHg

- Lungs : A. Shape of Chest
- B. Breath Sounds
- C. Adventitious Sounds

Dilatation of nostrils  
Normal, No adventitious sounds  
ng

- Heart : A. Sounds S, S (+)
- B. Murmurs No

**Nervous System**

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

- A. Higher Function : } NO
- B. Cranial Nerves : } NO
- C. Sensory System :
- D. Motor System :
- E. Jerks :

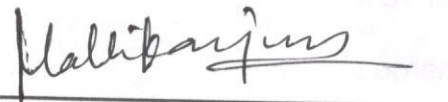
- General : A. Hernia } NO
- B. Hydrocele } NO
- C. Varicocele }

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 :**

A handwritten signature in black ink, appearing to read 'Malikarjuns', written over a horizontal line.

**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. 2545216

Emp.No. 198826

Date 12/11/22

Name Mr. Thannees Mallikarjun Age 32 Yrs

Sex M/F

### EARS :

Right

Left

EAC :

(N)

(N)

TM :

(S) (N)

(S) (N)

TFT :

Rimes AC>BC

AC>BC

Alebers ←

NOSE :

ABC same exam  
Mild DNS to (L)

THROAT :

AP(N) TP(N) PPh(N)

NECK :

No wt or ltrcl neck swellg

IMPRESSION:

Mild DNS to (L)

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

7799686970

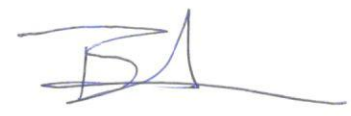
Name : Mr. Mallikarjun Sex : M Age : 32 yrs


Chief complaint :- Checkup

Date : 12/11/22

OPD No : 983

OLE.  
D-work  
/6  
→ Advised RET  
+ Crown.  
/6



				 MULTI SPECIALITY DENTAL CLINIC <small>Smile Confidentially. Not Confidentially.</small>
				B.D.S, IMPLANTOLOGIST (USA) 1-3-1, Rajamudaliar Street, Kalasiguda, Secunderabad, Cell : 8977968970



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

## TEST REPORT

Name	: Mr . THANNEER MALLIKARJUN [198826]	TID	: UMR0949472
Age / Gender	: 32 Years / Male	Registered on	: 12-Nov-2022 07:47 AM
Ref.By	:	Reported On	: 12-Nov-2022 08:59 AM
Req. No	: BIL2545216	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 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** : 8.4 x 3.6 cms  
Normal in size and echotexture.  
Cortical thickness is normal.  
No evidence of calculi / sol.  
Pelvi calyceal system is normal.


**LEFT KIDNEY** : 9.0 x 4.3 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.

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

**IMPRESSION** : Normal Study.

Clinical correlation

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



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## TEST REPORT

Name : Mr . THANNEER MALLIKARJUN [198826]  
Age / Gender : 32 Years / Male  
Ref.By :  
Req. No : BIL2545216

TID : UMR0949472  
Registered on : 12-Nov-2022 07:47 AM  
Reported On : 12-Nov-2022 09:01 AM  
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



ID: 2343210 12/11/2022 08:10:11 AM  
MR. THANNEER MALLIKARJUN  
Male 32Years

HR : 77 bpm  
P : 104 ms  
PR : 131 ms  
QRS : 84 ms  
QT/QTc : 352/400 ms  
P/QRS/T : 68/38/61 °  
RV5/SV1 : 2.038/1.458 mV

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

WNV  
Dr PANDURANGA  
MD., DM  
Consultant Interventional Cardiologist  
Reg No TSMC/FMR/09054

Report Confirmed by:

ID : 2545216  
NAME : MR THANEER MALLIKARJUN  
AGE / SEX : 32 / MALE

HEIGHT (cm) : 175  
WEIGHT (kg) : 57  
PROTOCOL : BRUCE

REF. BY : MEDIWHEEL  
DONE BY : DR PANDURANGA  
TECHNICIAN : G.M.SURESH

CASE HISTORY :

MEDICATION :

OBJECT OF TEST : Routine Check Up.

RISK FACTOR : Diabetes.

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 :

*TMF negative for  
Producible  
Arrhythmias*

**DR PANDURANGA**  
MD, DM  
Consultant Interventional Cardiologist  
Reg No TSMC-1800004

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

Signature