




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.NIVEDITA SHARMA [SPOUSE]	TID/SID	: UMR1030665/ 25157993
Age / Gender	: 46 Years / Female	Registered on	: 10-Feb-2023 / 09:23 AM
Ref.By	: -	Collected on	: 10-Feb-2023 / 09:30 AM
Req.No	:  BIL2804654	Reported on	: 10-Feb-2023 / 11:55 AM
		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	7.0		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
Microscopic Examination			
Pus cells (leukocytes) Method:Microscopy Of Sediment	Occasional	/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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Req.No	:  BIL2804654	Reported on	: 10-Feb-2023 / 12:24 PM
		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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BIL2804654

DEPARTMENT OF HEMATOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour Method:Westergren	10	mm/hour	0-20 mm/hour

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 BIL2804654 Reference : Medi Wheel

DEPARTMENT OF HEMATOLOGY

Hemogram, EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	12.0	g/dL	12.0-15.0 g/dL
Erythrocyte Count(RBC) Method:Electrical Impedence	4.2	mill /cu.mm	3.8-4.8 mill /cu.mm
PCV/HCT Method:Numeric Integration	35	%	36-46 %
MCV Method:Calculated	84	fL	83-101 fL
MCH Method:Calculated	28.0	pg	27-32 pg
MCHC Method:Calculated	33.4	gm/dL	31.5-34.5 gm/dL
RDW (CV) Method:Calculated	15.8	%	11.6-14.0 %
Total WBC Count Method:Impedence flowcytometry/Light scattering	6.3	10 ³ /μL	4-10 10cap;3/μL 10 ³ /μL
Differential Count			
Neutrophils Method:Flowcytometry/Microscopy	66	%	40-80 %
Lymphocytes Method:Flowcytometry/Microscopy	28	%	20-40 %
Monocytes Method:Flowcytometry/Microscopy	4	%	2-10 %
Eosinophils Method:Flowcytometry/Microscopy	2	%	1-6 %
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Platelet Count Method:Electrical Impedence	230	10 ³ /μL	150-410 10 ³ /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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BIL2804654

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

--- End Of Report ---

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Req.No :  Reported on : 10-Feb-2023 / 12:29 PM
Reference : Medi Wheel
BIL2804654

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	8.1	mg/dL	7-23 mg/dL
Method:Calculated			

Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	0.86	mg/dL	0.50-1.20 mg/dL
Method:Alkaline Picrate			

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TEST REPORT

Name : **MS.NIVEDITA SHARMA [SPOUSE]** TID/SID : UMR1030665/ 25157994F
Age / Gender : 46 Years / Female Registered on : 10-Feb-2023 / 09:23 AM
Ref.By : - Collected on : 10-Feb-2023 / 09:30 AM
Req.No  Reported on : 10-Feb-2023 / 13:42 PM
BIL2804654 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	99	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : \geq 126 mg/dL

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Name : **MS.NIVEDITA SHARMA [SPOUSE]** TID/SID : UMR1030665/ 25157994P
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Req.No  Reported on : 10-Feb-2023 / 13:42 PM
BIL2804654 Reference : Medi Wheel

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

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Req.No  Reported on : 10-Feb-2023 / 15:13 PM
Reference : Medi Wheel
BIL2804654

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)	5.4	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	108	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.

* Sample processed at Parkline

--- End Of Report ---

Dr Jyothi Boda
Regd. No: 72498
MD PATHOLOGY




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TEST REPORT

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Age / Gender	: 46 Years / Female	Registered on	: 10-Feb-2023 / 09:23 AM
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Req.No	:  BIL2804654	Reported on	: 10-Feb-2023 / 12:29 PM
		Reference	: Medi Wheel

DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	149	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	45	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	78	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	26	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	131	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	3.31		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio	1.73		

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--- End Of Report ---

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MD PATHOLOGY




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Reference : Medi Wheel
BIL2804654

DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin. Method:Diazo with sulphanilic acid	0.82	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.24	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.58	mg/dL	
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	17	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	20	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	60	U/L	30-115 U/L
PROTEINS			
Total Protein. Method:Biuret	6.89	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.12	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	2.77	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.49		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	18	U/L	7.0-50.0 U/L

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Req.No  Reported on : 10-Feb-2023 / 11:58 AM
Reference : Medi Wheel
BIL2804654

DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Triiodothyronine Total (T3) Method:Enhanced chemiluminescence	1.42	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	8.63	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	1.29	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

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	4.62	mg/dL	1.9-7.5 mg/dL

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TEST REPORT

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Age / Gender : 46 Years / Female Registered on : 10-Feb-2023 / 09:23 AM
Ref.By : - Collected on : 10-Feb-2023 / 09:30 AM
Req.No  Reported on : 10-Feb-2023 / 13:43 PM
BIL2804654 Reference : Medi Wheel

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. Nivedita shaema		Date :	10/2/23
Company	C/o. Medi wheel		Reg. No. :	2804654
Contact No.	9032826568		Sex	<input checked="" type="checkbox"/> F <input type="checkbox"/> M
			Age :	46
Type	Pre-Emp		Emp. No.:	Spouse
	Overseas		Height	159cms
	Annual	<input checked="" type="checkbox"/>	Weight	80 kgs
Remarks	<p>USG : Minimal bulky uterus + Intramural Fibroid uterus measuring 1.34 x 1.1 cms in the fundus posteriorly. Advice follow up + Gynaecologist</p> <p>Rest all clinical + lab parameters WNL.</p>			
Fitness Status	Medically Fit / Unfit		DR. PRIYANKA SANNIDHI Physician's Signature Regn. No. 11351	

COMPREHENSIVE MEDICAL EXAMINATION REPORT

NAME Ms. Nivedita Shaama

AGE 46 yrs Female

MARITAL STATUS Married CHILDREN : M F

IDENTIFICATION (IF ANY) A mole on the left side of shoulder

PAST HISTORY

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

father Mother Grandfather Grandmother Sister Brother

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

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

H/o Blood Transfusion..... Recent Vaccination..... CovISHIELD x 2 doses.

H/o Epilepsy..... NIL..... Giddiness..... sometimes while dehydrated

H/o Surgery..... 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

Present illness / Medication _____

GENERAL EXAMINATION

Conjunctiva :

Skin :

Ears :

Nose :

Throat & Oral Cavity : NAD

Bone, Joints :

Nutritional Status :

Lymph Nodes :

Edema Feet :

Varicose Veins :

(fibromyalgia).
Lt. sided myalgia since 2 years.

well nourished

NPD

NIL

NIL

Distant Vision : Near Vision :

Right Eye: 6/6

With glasses / Without glasses

left Eye: 6/6

with glasses / without glasses

Right Eye: N8 + 1.50 sph NB

With glasses / Without glasses

left Eye: N8 + 1.50 sph NB

with glasses / without glasses

Colour Vision: BE normal

Ophthalmologist's Signature

Right Ear

Hearing: (N)

Rinee's Test: A > R

Weber Test: ←

Discharge: Absent

Left Ear

(N)

Absent

SYSTEMIC EXAMINATION

Pulse: 80 bpm

B.P.: 110/70 mmHg

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

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

Abdomen: A. Liver NPD
B. Spleen NPD
C. Piles NAD
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] NPD
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 : 10/02/2023


Signature

Place : Hyderabad

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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NABL Accredited
Certificate No.MC-2566

ENT CONSULTATION

S.No. 2804654

Emp.No. Spoux

Date 10/2/23

Name Ms. Nivedita Shaema

Age 46 Yrs

Sex M/F

EARS :

Right

Left

EAC

(N)

(N)

TM

(N) (N)

(N) (N)
AUGRL

TFT

Rinne's
Weber's
ABC
DNS to

AUGRL

same as ear exam

(L)

NOSE :

THROAT :

NECK :

IMPRESSION:

APT/TP/PPH (N)

No catarrh/tonsils noted

DNS to (L)

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

7799686970

Name : Niveditha Sex : F Date : 10/2/23
Age : 10/2/23
chief complaint - General check-up.
Date :

OPD No : 1215

Oral Examination:

* Localized periodontitis

int
+
78.

Adv. OPQ1 -

COA. Sowmya

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TEST REPORT

Name : **Ms . NIVEDITA SHARMA [SPOUSE]**
Age / Gender : 46 Years / Female
Ref.By :
Req. No : BIL2804654

TID : UMR1030665
Registered on : 10-Feb-2023 09:23 AM
Reported On : 10-Feb-2023 10:46 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 : 10.0 x 4.2 cms.
Normal in size and echotexture.
Cortical thickness is normal.
No evidence of calculi / sol.
Pelvi calyceal system is normal.

LEFT KIDNEY : 10.0 x 3.9 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 in contour.
Wall thickness is normal. No calculus / sol.

UTERUS : Anteverted measuring 11.0 x 5.9 x 4.6 cms - Minimal bulky in size. Normal echotexture.
Intramural fundus fibroid posterior to right measuring 1.34 x 1.1 cms.
Cervix is normal in size and echopattern.

ENDOMETRIUM : 6.3 mm -Normal.

OVARIES : Right ovary : 3.3 x 3.2 cms and Left ovary : 3.0 x 1.8 cms.
Both ovaries normal in size and echotexture. Follicles bilateral ovaries largest measuring 2.1 cms in left ovary.
No adnexal mass seen.
No fluid in POD.

IMPRESSION : Minimal bulky uterus.
Intramural fundus fibroid uterus.
Clinical correlation.

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



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TEST REPORT

Name : Ms . NIVEDITA SHARMA [SPOUSE]

TID : UMR1030665

Age / Gender : 46 Years / Female

Registered on : 10-Feb-2023 09:23 AM

Ref.By :

Reported On : 10-Feb-2023 11:59 AM

Req. No : BIL2804654

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.

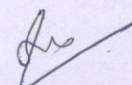
Ultrasound screening did not reveal any abnormality.

No axillary lymphnodes seen.

IMPRESSION : No breast abnormality noted - BIRADS- I

Advised clinical correlation.

Note: Please bring previous reports on next visit.


Dr. PRAJAKTĀ SUKHADEVĒ
DNB RADIOLOGY
Reg. No. 68493

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TEST REPORT

Name : Ms . NIVEDITA SHARMA [SPOUSE]
Age / Gender : 46 Years / Female
Ref.By :
Req. No : BIL2804654

TID : UMR1030665
Registered on : 10-Feb-2023 09:23 AM
Reported On : 10-Feb-2023 11:59 AM
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 . NIVEDITA SHARMA [SPOUSE]

TID : UMR1030665

Age / Gender : 46 Years / Female

Registered on : 10-Feb-2023 09:23 AM

Ref.By :

Reported On : 10-Feb-2023 11:16 AM

Req. No : BIL2804654

Reference : Medi Wheel

X-RAY CHEST PA VIEW

Lung fields are clear.

Cardia is normal.

Hila are normal.

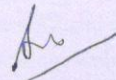
C P angles are free.

Bony cage is normal.

Soft tissues are normal.

IMPRESSION : NORMAL CHEST X-RAY




Dr. PRAJAKTA SUKHADEVE
DNB RADIOLOGY
Reg. No. 68493

PATIENT SUMMARY REPORT

KLINICAL DIAGNOSTICS PVT.LTD

: 2804654
 : **MS NIVEDITA SHARMA**
 / SEX : 46 / FEMALE

HEIGHT (cm) : 159
WEIGHT (kg) : 70
PROTOCOL : BRUCE

REF. BY : MEDIWHEEL
DONE BY : DR PRASHANTH P
TECHNICIAN : G.M.SURESH

MEASUREMENT HISTORY

INDICATION

SUBJECT OF TEST

RISK FACTOR

ACTIVITY

OTHER INVESTIGATION

REASON FOR TERMINATION

EXERCISE TOLERANCE

EXERCISE INDUCED ARRHYTHMIAS

HEMO RESPONSE

HRONO RESPONSE

GENERAL IMPRESSION

EXTRA COMMENTS

Routine Check Up.

None.

Very Active.

E C G

THR ACHIEVED

Good (> 10 METS).

No.

Normal.

Normal.

*TMT
Negative
for inducible
ischaemia*

DR. PRASHANT. P
DM. Cardiology
Reg.No.1848

Confirmed By : _____

Signature

Page No.: 1

BPL DYNATRAC

ID: 2804654 10-02-2023 09:54:16 AM
MS.NIVEDITA SHARMA
Female 46Years

CARDIART

HR : 69 bpm
P : 101 ms
PR : 133 ms
QRS : 81 ms
QT/QTc : 389/417 ms
P/QRS/T : 57/42/46 °
RV5/SV1 : 1.755/1.096 mV

Diagnosis Information:
Sinus Rhythm
Slight ST Elevation(V3,V4)

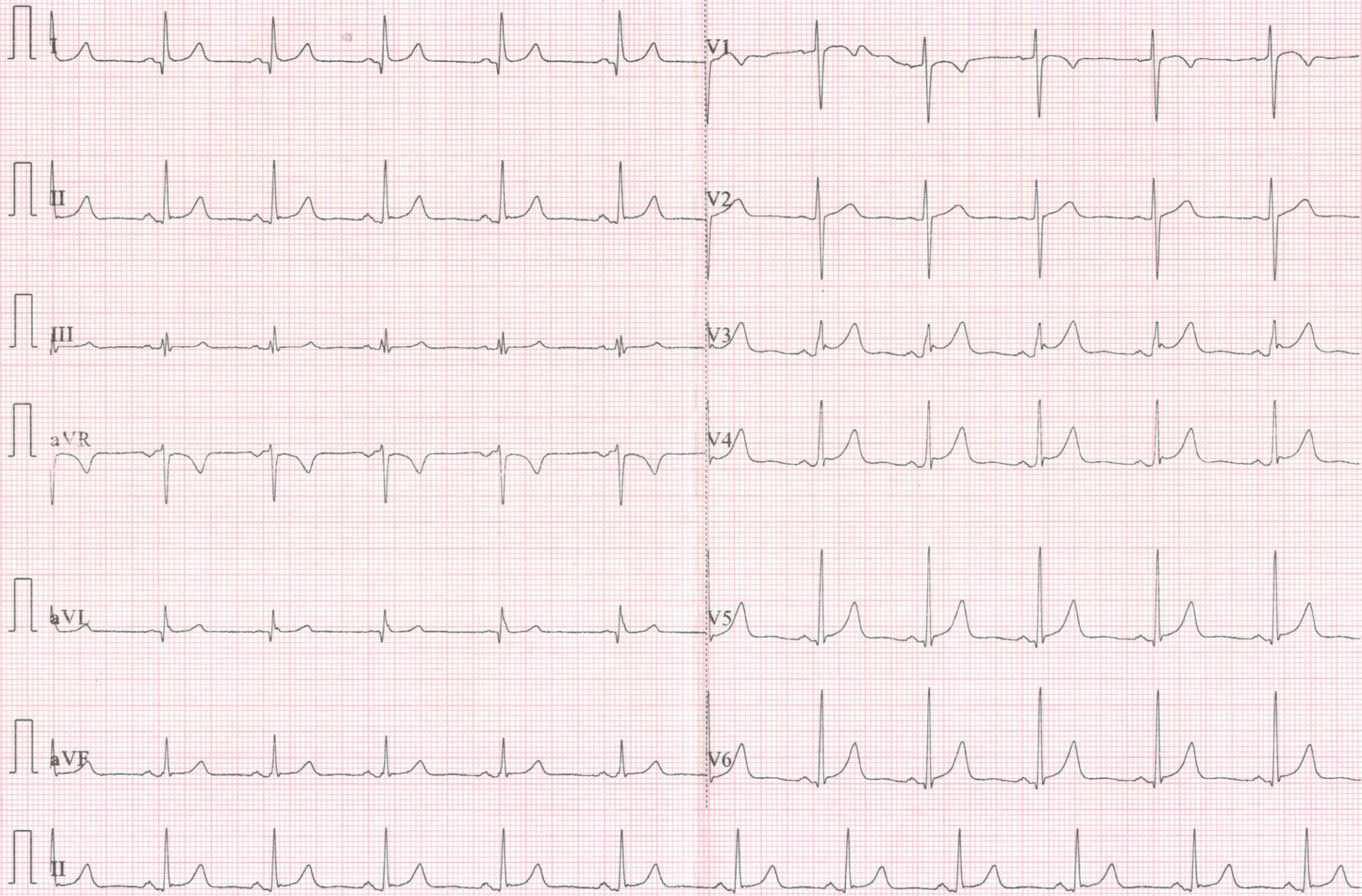
(N)

R

Dr. PRASHANT. P
DM. Cardiology
Reg.No.1848

Report Confirmed by:

MS.NIVEDITA SHARMA Female 46Years



0.67~100Hz AC50 25mm/s 10mm/mV 2*5s+1r ♥70

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