




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.CHINTHAKAYALA RAJU [186530]	TID/SID	: UMR0988214/ 24349776
Age / Gender	: 33 Years / Male	Registered on	: 27-Dec-2022 / 08:14 AM
Ref.By	: -	Collected on	: 27-Dec-2022 / 08:21 AM
Req.No	:  BIL2671630	Reported on	: 27-Dec-2022 / 12:31 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	1.020		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		Negative
Bile Salt Method:Hays Method	Negative		Negative
Bile Pigment Method:Fouchets Method	Negative		Negative
Microscopic Examination			
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	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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Req.No	:  BIL2671630	Reported on	: 27-Dec-2022 / 12:57 PM
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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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DEPARTMENT OF HEMATOLOGY

Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	15.1	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	43	%	40-50 %
MCV Method:Calculated	81	fL	83-101 fL
MCH Method:Calculated	28.5	pg	27-32 pg
MCHC Method:Calculated	35.0	gm/dL	31.5-34.5 gm/dL
RDW (CV) Method:Calculated	13.0	%	11.6-14.0 %
Total WBC Count Method:Impedence flowcytometry/Light scattering	6.5	10 ³ /μL	4-10 10cap;3/μL 10 ³ /μL
Differential Count			
Neutrophils Method:Flowcytometry/Microscopy	56	%	40-80 %
Lymphocytes Method:Flowcytometry/Microscopy	37	%	20-40 %
Monocytes Method:Flowcytometry/Microscopy	4	%	2-10 %
Eosinophils Method:Flowcytometry/Microscopy	3	%	1-6 %
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Absolute Neutrophil Count	3.64	10 ³ /μL	2.0-7.0 10 ³ /μL
Absolute Lymphocyte Count	2.4	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	0.26	10 ³ /μL	0.20-1.0 10 ³ /μL
Absolute Eosinophil Count	0.2	10 ³ /μL	0.02-0.5 10 ³ /μL
Absolute Basophil Count	00	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	09	mm/hour	0-10 mm/hour
Method:Westergren			

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Req.No  Reported on : 27-Dec-2022 / 13:19 PM
Reference : Medi Wheel
BIL2671630

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen. Method:Calculated	8.6	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	1.07	mg/dL	0.60-1.30 mg/dL

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Age / Gender : 33 Years / Male Registered on : 27-Dec-2022 / 08:14 AM
Ref.By : - Collected on : 27-Dec-2022 / 08:21 AM
Req.No  Reported on : 27-Dec-2022 / 15:09 PM
BIL2671630 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	85	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : \geq 126 mg/dL

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Req.No	:  BIL2671630	Reported on	: 27-Dec-2022 / 15:09 PM
		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	105	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)	5.5	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	111	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	248	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	178	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	28	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	142	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	4.24		

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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	0.78	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	0.60	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	20	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	104	U/L	30-115 U/L
PROTEINS			
Total Protein. Method:Biuret	7.06	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.32	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	2.74	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.58		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	84	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	0.90 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	1.47	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	9.20	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	1.05	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 propanolol 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.	7.64	mg/dL	2.5-8.0 mg/dL
Method:Uricase			

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Age / Gender	: 33 Years / Male	Registered on	: 27-Dec-2022 / 08:14 AM
Ref.By	: -	Collected on	: 27-Dec-2022 / 08:21 AM
Req.No	 BIL2671630	Reported on	: 27-Dec-2022 / 16:46 PM
		Reference	: Medi Wheel

DEPARTMENT OF HEALTH CHECKUP

Glucose Urine Fasting

--

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

* Sample processed at Parkline

--- End Of Report ---

Dr.Jyothi Kiranmai
Regd. No: 52272
MD PATHOLOGY





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

TEST REPORT

Name	: MR.CHINTHAKAYALA RAJU [186530]	TID/SID	: UMR0988214/ 24352560
Age / Gender	: 33 Years / Male	Registered on	: 27-Dec-2022 / 08:14 AM
Ref.By	: -	Collected on	: 27-Dec-2022 / 08:21 AM
Req.No	:  BIL2671630	Reported on	: 27-Dec-2022 / 16:46 PM
		Reference	: Medi Wheel

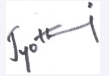
DEPARTMENT OF HEALTH CHECKUP

Glucose Urine Post Prandial

Urine Glucose Post Prandial	Nil	NIL
Method:Reagent strip/Reflectance photometry		

* Sample processed at Parkline

--- End Of Report ---



Dr.Jyothi Kiranmai
Regd. No: 52272
MD PATHOLOGY





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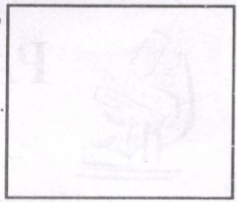


NABL Accredited
Certificate No.MC-2566

MEDICAL EXAMINATION REPORT

Name	Mr. Chinthakayala Raju		Date : 27/12/2022
Company	Q10: Nediwheer		Reg. No. : 2671630
Contact No.	7032724002		Sex <input checked="" type="checkbox"/> M Age : <input type="checkbox"/> 33
Type	Pre-Emp		Emp. No.: 186530
	Overseas		Height 164cm
	Annual	<input checked="" type="checkbox"/>	Weight 75kg
Remarks	<p>USG: B/L Non-obstructive renal caliculi present (Both kidneys).</p> <p>- Advice follow up.</p> <p>- Hypercholesterolemia ⊕. Advice follow up.</p> <p>- Rest all clinical & lab parameters WNL.</p> <p>- Advised to increase fluid intake & life style modification.</p>		
Fitness Status	Medically Fit / Unfit		<p>DR. PRIYANKA SANNIDHI</p> <p>Physician's Signature</p> <p>Regn. No : 11351</p>

COMPREHENSIVE MEDICAL EXAMINATION REPORT



NAME Mr. Chinthakayala Raju
 AGE 32 yrs / male
 MARITAL STATUS Married CHILDREN : M 1 F 1
 IDENTIFICATION (IF ANY) A mole on the Nose

PAST HISTORY

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

Mother

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.....Epicuticle - v

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

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

occasional

Present illness / Medication _____

GENERAL EXAMINATION

Conjunctiva :	Bone, Joints :	<u>(N)</u>
Skin :	Nutritional Status :	<u>Well Nourished</u>
Ears :	Lymph Nodes :	<u>NPD</u>
Nose :	Edema Feet :	<u>NIL</u>
Throat & Oral Cavity :	Varicose Veins :	<u>NIL</u>

NDD

Distant Vision : Near Vision :

Right Eye: 6/6

Right Eye: N/G

With glasses / Without glasses

With glasses / Without glasses

left Eye: 6/6

left Eye: N/G

with glasses / without glasses

with glasses / without glasses

Colour Vision: BF normal

Ophthalmologist's Signature

Right Ear

Left Ear

Hearing: (N)

(N)

Rinee's Test ;

Weber Test : Right

Discharge : NIL

NIL

SYSTEMIC EXAMINATION

Pulse : 80 bpm

B.P. : 120/80 mmHg

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

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

Nervous System

Abdomen : A. Liver N/P
B. Spleen N/P
C. Piles NO
D. Any Lump NAD

A. Higher Function :
B. Cranial Nerves :
C. Sensory System : NAD
D. Motor System :
E. Jerks :

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 :

ch. b. s. in
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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NABL Accredited
Certificate No.MC-2566

ENT CONSULTATION

S.No. 2671630

Emp.No. 186530

Date 27/12/22

Name Mr. Chintanayala
raju

Age 33 Yrs

Sex M/F

EARS :

Right

Left

EAC : patent. no cerumen.

-ob-

TM : Intact. pearly white.

-ob-

TFT : Cone of light (+)

Rinne's +ve

Rinne's +ve

Weber's - Central

NOSE :

Septum (N). Bil. Turbinate (N). Pons (N) non tender

THROAT :

Pharynx (N). Bil. v.c.s.g (N) mouth
Anteriorly b.l.

NECK :

(N)

IMPRESSION:

ENT Clinically NAD.

Dr. Hari Krishna Reddy

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

7799686970

Name : Chintakayala Rani Sex : M Age : 33

Chief Complaint :- Checkup

Date : 27.12.2022

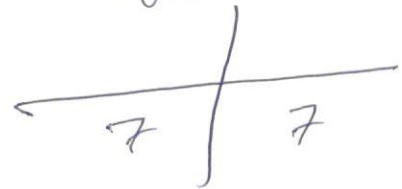
OPD No : 1102

→ oral prophylaxis Done

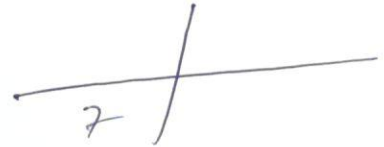


o/E

D.C
 wrt




Advised RCT + crown



Filling + 7.

→ oral prophylaxis

[Signature]

Smilesss 
 MULTI SPECIALITY DENTAL CLINIC
Subtle Confidentiality... Not Confidentiality...
 B.D.S. IMPLANTOLOGIST (USA)
 1-3-1, Rajamudaliar Street, Katasiguda,
 Secunderabad, Cell : 8977910590



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TEST REPORT

Name : Mr . CHINTHAKAYALA RAJU [186530]
Age / Gender : 33 Years / Male
Ref.By :
Req. No : BIL2671630

TID : UMR0988214
Registered on : 27-Dec-2022 08:14 AM
Reported On : 27-Dec-2022 09:28 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 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 : 10.5 x 5.1 cms

Normal in size and echotexture.
Cortical thickness is normal.
Upper and mid renal region measuring 1.0 mm and 5.1 mm.
Pelvi calyceal system is normal.

LEFT KIDNEY : 10.1 x 4.7 cms

Normal in size and echotexture.
Cortical thickness is normal.
Calculi 5.7, 5.9 x 5.6 and 4.0 mm in upper, mid and lower pole.
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 : Bilateral Non obstructing renal calculi.

Clinical correlation

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



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TEST REPORT

Name : Mr . CHINTHAKAYALA RAJU [186530]
Age / Gender : 33 Years / Male
Ref.By :
Req. No : BIL2671630

TID : UMR0988214
Registered on : 27-Dec-2022 08:14 AM
Reported On : 27-Dec-2022 09:12 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
MB DMRB
(Reg No. 8995)
Consultant Radiologist

PATIENT SUMMARY REPORT

PARKLINE DIAGNOSTICS PVT.LTD
ID : 2671630
NAME : MR CHINTHAKAYALA RAJU
AGE / SEX : 33 / MALE

HEIGHT (cm) : 164
WEIGHT (kg) : 75
PROTOCOL : BRUCE

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

CASE HISTORY

MEDICATION

OBJECT OF TEST

RISK FACTOR

ACTIVITY

OTHER INVESTIGATION

REASON FOR TERMINATION

EXERCISE TOLERANCE

EXERCISE INDUCED ARRHYTHMIAS

HAEMO RESPONSE

CHRONO RESPONSE

FINAL IMPRESSION

EXTRA COMMENTS

Routine Check Up

None

Very Active

E C G

THR ACHIEVED

Good (> 10 METS)

No

Normal

Normal

Any request

DR. SAMEER G. VANAKAR
M.D., D.M.
Consultant Interventional Cardiologist
Reg. No. 8245

Confirmed By _____

Signature

HR : 83 bpm
P : 98 ms
PR : 138 ms
QRS : 82 ms
QT/QTc : 330/389 ms
P/QRS/T : -12/21/-1 °
RV5/SV1 : 1.347/0.778 mV

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

NIR WNL



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

Report Confirmed by:

