




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.P SATISH [107376]	TID/SID	: UMR1389307/ 27329644
Age / Gender	: 39 Years / Male	Registered on	: 14-Mar-2024 / 09:11 AM
Ref.By	: -	Collected on	: 14-Mar-2024 / 09:09 AM
Req.No	:  BIL4044618	Reported on	: 14-Mar-2024 / 12:59 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	6.0		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	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 ---



Yatish Sai

Dr. Yatish Sai Lanke
Regd. No: 00856
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
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DEPARTMENT OF HEMATOLOGY

Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	13.1	g/dL	13.0-17.0 g/dL
Erythrocyte Count(RBC) Method:Electrical Impedence	4.4	mill /cu.mm	4.5-5.5 mill /cu.mm
PCV/HCT Method:Numeric Integration	39	%	40-50 %
MCV Method:Calculated	88	fL	83-101 fL
MCH Method:Calculated	29.6	pg	27-32 pg
MCHC Method:Calculated	33.5	gm/dL	31.5-34.5 gm/dL
RDW (CV) Method:Calculated	14.8	%	11.6-14.0 %
Total WBC Count Method:Impedence flowcytometry/Light scattering	6.6	10 ³ /μL	4-10 10cap;3/μL 10 ³ /μL
Differential Count			
Neutrophils Method:Flowcytometry/Microscopy	54	%	40-80 %
Lymphocytes Method:Flowcytometry/Microscopy	39	%	20-40 %
Monocytes Method:Flowcytometry/Microscopy	6	%	2-10 %
Eosinophils Method:Flowcytometry/Microscopy	1	%	1-6 %
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Absolute Neutrophil Count	3.56	10 ³ /μL	2.0-7.0 10 ³ /μL
Absolute Lymphocyte Count	2.57	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	0.4	10 ³ /μL	0.20-1.0 10 ³ /μL
Absolute Eosinophils Count	0.07	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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		Reference	: Medi Wheel

DEPARTMENT OF HEMATOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour	11	mm/hour	0-10 mm/hour
Method:Westergren			

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TEST REPORT

Name : **MR.P SATISH [107376]** TID/SID : UMR1389307/ 27329644F
Age / Gender : 39 Years / Male Registered on : 14-Mar-2024 / 09:11 AM
Ref.By : - Collected on : 14-Mar-2024 / 09:09 AM
Req.No  Reported on : 14-Mar-2024 / 15:24 PM
Reference : Medi Wheel
BIL4044618

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	7.9	mg/dL	7-23 mg/dL
Method:Calculated			

Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	1.07	mg/dL	0.60-1.30 mg/dL
Method:Alkaline Picrate			

Glucose Urine Fasting

Investigation	Observed Value
Urine Glucose Fasting	Nil
Method:Reagent strip/Reflectance photometry	

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Req.No	:  BIL4044618	Reported on	: 14-Mar-2024 / 14:31 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	99	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : >/=126 mg/dL

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Req.No	:  BIL4044618	Reported on	: 14-Mar-2024 / 14:31 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	114	mg/dL	Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : \geq 200 mg/dL

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Req.No  Reported on : 14-Mar-2024 / 14:31 PM
BIL4044618 Reference : Medi Wheel

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)	5.0	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	96	mg/dL	Excellent Control : 90 to 120 Good Control : 121 to 150 Average Control : 151 to 180 Panic Value : > 211 mg/dL

Note D,S window is detected in the chromatogram.Measured HBA1C may not be accurate. Advised HB Electrophoresis to rule out abnormal haemoglobin. Kindly correlate clinically.

Note:Mean Plasma Glucose is calculated from HBA1c value and it indicates Average Blood Sugar level over the past three months.

INTERPRETATION :

- Glycated hemoglobin (glycohemoglobin / HbA1c) is a form of hemoglobin (Hb) that is chemically linked to a sugar.
- 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.
- In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, neuropathy, and retinopathy.
- 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.
- 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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Ref.By : - Collected on : 14-Mar-2024 / 09:09 AM
Req.No :  Reported on : 14-Mar-2024 / 14:06 PM
Reference : Medi Wheel
BIL4044618

DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	169	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	114	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	11	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	55	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	3.84		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio Method:Calculated	2.59		Ideal : < 2 Good : 2 - 5 Bad : > 5

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Reference : Medi Wheel
BIL4044618

DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin. Method:Diazo with sulphanilic acid	1.08	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.28	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.80	mg/dL	0.2-0.8 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	16	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	18	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	114	U/L	30-115 U/L
PROTEINS			
Total Protein. Method:Biuret	7.21	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.22	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	2.99	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.41		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 : 14-Mar-2024 / 11:35 AM
BIL4044618 Reference : Medi Wheel

DEPARTMENT OF CLINICAL CHEMISTRY I

Prostate Specific Antigen (PSA) Total, Serum

Investigation	Observed Value	Biological Reference Interval
Prostate Specific Antigen (PSA) Total	0.229 ng/mL	0-3.9 ng/mL
Method:Enhanced chemiluminescence		

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	1.61	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	10.9	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	1.73	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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		Reference	: Medi Wheel

DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid.	5.64	mg/dL	2.5-8.0 mg/dL
Method:Uricase			

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DEPARTMENT OF HEALTH CHECKUP

Glucose Urine Post Prandial

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

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MEDICAL EXAMINATION REPORT

Name	Mr. P. Satish		Date :	14/3/24
Company	Co. Mediwheel		Reg. No. :	4044618
Contact No.	970 4664807		Sex	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
			Age :	<input type="checkbox"/> 39
Type	Pre-Emp		Emp. No.:	
	Overseas		Height	182cm
	Annual	<input checked="" type="checkbox"/>	Weight	74 kgs
Remarks	Both physical + lab parameters within (N) limits.			
Fitness Status	Medically Fit / Unfit		 Dr. PRIYANKA SANNIDHI Physician's Signature Regn. No. 11351	

COMPREHENSIVE MEDICAL EXAMINATION REPORT

NAME Mr. P. Satish

AGE 39 yrs / male

MARITAL STATUS Married CHILDREN : M F

IDENTIFICATION (IF ANY) A mole on the Neck



PAST HISTORY

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

Late 80s x father

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..... COVAXIN x 2 Doses

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

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

NAD

Distant Vision : Near Vision :

Right Eye: 6/6

Right Eye: N6

With glasses / Without glasses

With glasses / Without glasses

left Eye : 6/6

left Eye : N6

with glasses / without glasses

with glasses / without glasses

Colour Vision : normal

DR. KATTA
M.B.B.S. F.R.C.S. (ER.F)
Regd: 8967
Ophthalmologist's Signature

Right Ear

Left Ear

Hearing :

Rinne's Test ;

Weber Test :

Discharge :

SYSTEMIC EXAMINATION

Pulse : 80 bpm

B.P. : 120/80 mmHg

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

Heart : A. Sounds ⊕ S 2 ⊕
B. Murmurs No

Nervous System

Abdomen : A. Liver
B. Spleen
C. Piles
D. Any Lump
NAD

A. Higher Function :
B. Cranial Nerves :
C. Sensory System : (N)
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 :

P. Datta
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.



PARKLINE DIAGNOSTICS PVT. LTD.

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



NABL Accredited
Certificate No. MC-2566

ENT EXAMINATION

S. No. 400618

Emp. No. :

Date 14/3/24

Name Mr. P. Satish

Age 39 Yrs

Sex M/F

EARS :

Right

Left

EAC : patent, no Cerumen.

- do.

TM : Intact, pearly white.

- do.

TFT : Cone of light (+)

Rinne's +ve

Rinne's +ve.

Weber's : Central

NOSE : Septum (+). Bil. Turb. meat (+). Pns - (+). Mucosa

THROAT : Oropharynx (+). Bil. v. cords (+) moving
Arytenoid bil.

NECK : (+)

IMPRESSION : ENT clinically normal.

D. Hari Krishna Reddy

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

Name : Satish (Parkline) Sex : M Age : 39

Date : 14/3/24

Pt. has come for routine dental checkup.

OPD No : 1795

o/e:

DC int $\frac{1}{7}$

Dislodged restoration


int $\frac{1}{6}$

Calculus - +

Dentinal hypersensitivity

int $\frac{6}{6}$

↑
 Dr. Khron

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



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TEST REPORT

Name : Mr . P SATISH [107376]
Age / Gender : 39 Years / Male
Ref.By :
Req. No : BIL4044618

TID : UMR1389307
Registered on : 14-Mar-2024 09:11 AM
Reported On : 14-Mar-2024 10:37 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 : 9.8 x 3.5 cms
Normal in size and echotexture.
Cortical thickness is normal.
No evidence of calculi / sol.
Pelvi calyceal system is normal.

LEFT KIDNEY : 10.1 x 4.1 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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7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com

TEST REPORT

Name : Mr . P SATISH [107376]

TID : UMR1389307

Age / Gender : 39 Years / Male

Registered on : 14-Mar-2024 09:11 AM

Ref.By :

Reported On : 14-Mar-2024 09:44 AM

Req. No : BIL4044618

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

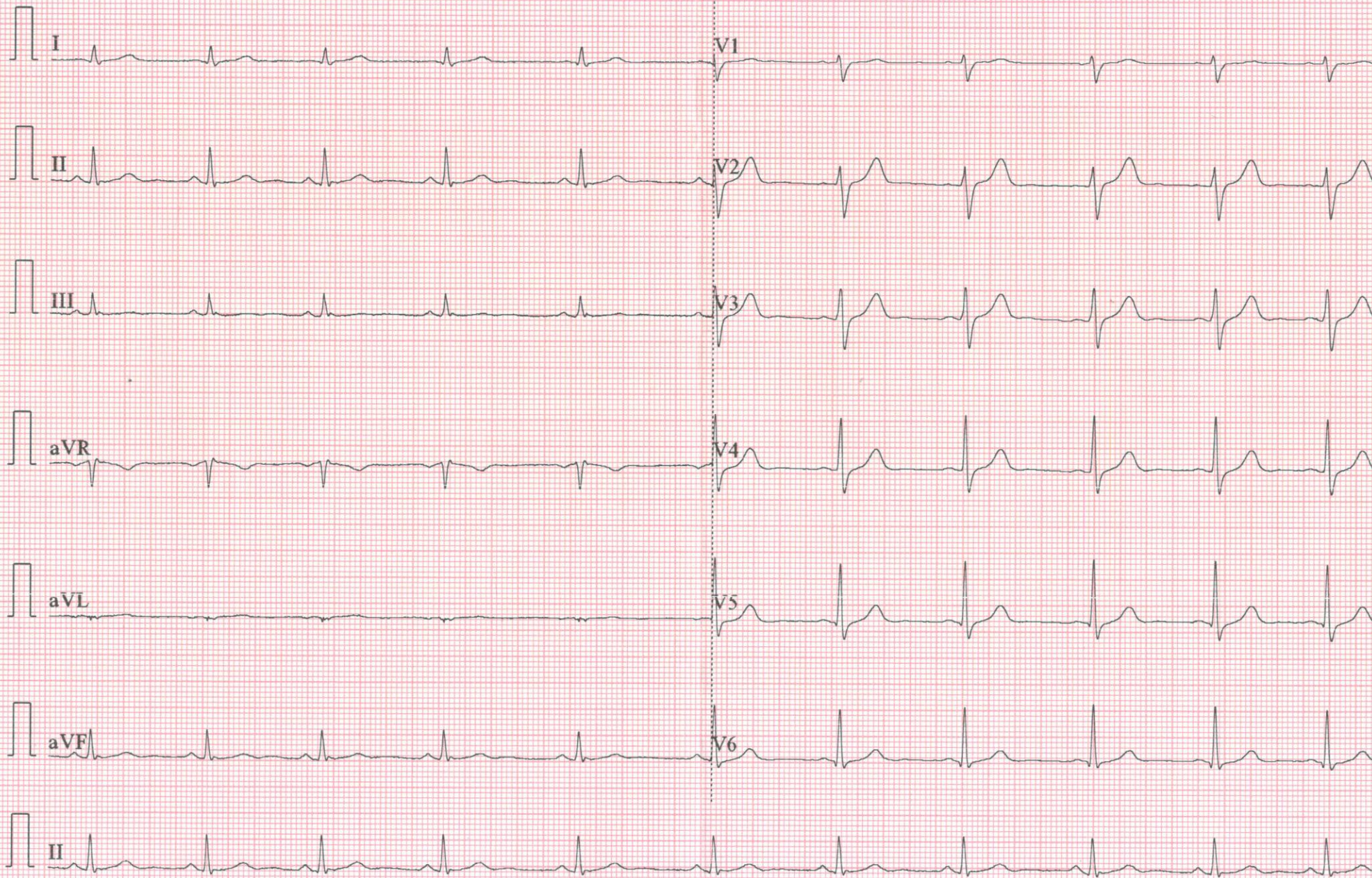

Dr. D.J. MOHAN
MD-DMRD
(Reg No. 8995)
Consultant Radiologist

ID: 4044618

14-03-2024 09:24:58 AM

CARDIART

MR.P.SATISH Male 39Years



ID: 4044618
MR.P.SATISH
Male 39Years

14-03-2024 09:24:58 AM

CARDIART

Mediwhaal

HR : 64 bpm
P : 104 ms
PR : 132 ms
QRS : 104 ms
QT/QTc : 412/426 ms
P/QRS/T : 78/77/53 °
RV5/SV1 : 1.173/0.365 mV

Wan

Dr. M. SUDHIR
MBBS, MD, DNB(Med), DNB(Gastro), FICP
PHYSICIAN & GASTROENTEROLOGIST
Regd.No. 9376
2-2-239, Somasundaram Street,
Secunderabad - 500 003

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:

PATIENT SUMMARY REPORT

PARKLINE DIAGNOSTICS PVT.LTD

ID : 4044618
NAME : **MR P SATISH**
AGE / SEX : 39 / MALE

HEIGHT (cm) : 182
WEIGHT (kg) : 74
PROTOCOL : BRUCE

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

CASE HISTORY :

MEDICATION :

OBJECT OF TEST : Routine Check Up.

RISK FACTOR : None.

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 :

TMT Negative for inducible ischaemia
[Signature]

Dr. P. PRASHANT MARUTI
DM., Cardiologist
Consultant Interventional Cardiologist
Reg. No. TSMC/FM/123860

Confirmed By : _____

Signature