Name : Mrs. NITHYA KALYANI E **Register On** : 08/03/2025 10:02 AM PID No. : MED120548099 Collection On : 08/03/2025 10:28 AM SID No.

: 625005186 Report On : 10/03/2025 6:38 PM

Age / Sex : 49 Year(s) / Female **Printed On** : 12/03/2025 9:04 PM

Type : OP

Ref. Dr : MediWheel



| Investigation | Observed | l lmia | Dialogical |
|---|---------------------------------|-------------|--|
| Investigation | <u>Observed</u> <u>Value</u> | <u>Unit</u> | <u>Biological</u> <u>Reference Interval</u> |
| BLOOD GROUPING AND Rh TYPING (Blood/Agglutination) | 'A' 'Positive' | | |
| Complete Blood Count With - ESR | | | |
| Haemoglobin (Blood/Spectrophotometry) | 12.7 | g/dL | 12.5 - 16.0 |
| Packed Cell Volume(PCV)/Haematocrit (Blood/ <i>Derived from Impedance</i>) | 39.4 | % | 37 - 47 |
| RBC Count (Blood/Impedance Variation) | 4.35 | mill/cu.mm | 4.2 - 5.4 |
| Mean Corpuscular Volume(MCV) (Blood/Derived from Impedance) | 90.6 | fL | 78 - 100 |
| Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance) | 29.2 | pg | 27 - 32 |
| Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance) | 32.3 | g/dL | 32 - 36 |
| RDW-CV (Derived from Impedance) | 14.8 | % | 11.5 - 16.0 |
| RDW-SD (Derived from Impedance) | 46.93 | fL | 39 - 46 |
| Total Leukocyte Count (TC) (Blood/Impedance Variation) | 6500 | cells/cu.mm | 4000 - 11000 |
| Neutrophils (Blood/Impedance Variation & Flow Cytometry) | 65.7 | % | 40 - 75 |
| Lymphocytes (Blood/Impedance Variation & Flow Cytometry) | 24.8 | % | 20 - 45 |
| Eosinophils (Blood/Impedance Variation & Flow Cytometry) | 1.1 | % | 01 - 06 |
| Monocytes (Blood/Impedance Variation & Flow Cytometry) | 8.2 | % | 01 - 10 |
| | | | |







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Type : OP

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: 625005186

: 49 Year(s) / Female

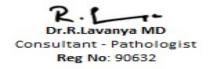
| Investigation | Observed <u>Value</u> | <u>Unit</u> | <u>Biological</u> <u>Reference Interval</u> |
|--|--------------------------|--------------------------|--|
| Basophils (Blood/Impedance Variation & Flow Cytometry) | 0.2 | % | 00 - 02 |
| INTERPRETATION: Tests done on Automated F | Five Part cell count | er. All abnormal results | are reviewed and confirmed microscopically. |
| Absolute Neutrophil count (Blood/Impedance Variation & Flow Cytometry) | 4.27 | 10^3 / μl | 1.5 - 6.6 |
| Absolute Lymphocyte Count (Blood/Impedance Variation & Flow Cytometry) | 1.61 | 10^3 / μl | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (Blood/Impedance Variation & Flow Cytometry) | 0.07 | 10^3 / μl | 0.04 - 0.44 |
| Absolute Monocyte Count (Blood/Impedance Variation & Flow Cytometry) | 0.53 | 10^3 / μl | < 1.0 |
| Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry) | 0.01 | 10^3 / μl | < 0.2 |
| Platelet Count (Blood/Impedance Variation) | 221 | 10^3 / μl | 150 - 450 |
| MPV (Blood/Derived from Impedance) | 9.2 | fL | 8.0 - 13.3 |
| PCT (Automated Blood cell Counter) | 0.20 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser) | 88 | mm/hr | < 20 |
| BUN / Creatinine Ratio | 9.33 | | |
| Glucose Fasting (FBS) (Plasma - F/GOD-PAP) | 135.2 | mg/dL | Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126 |

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

| Glucose, Fasting (Urine) (Urine - F) | Negative | | Negative |
|--|----------|-------|----------|
| Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP) | 181.4 | mg/dL | 70 - 140 |







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The results pertain to sample tested.

Page 2 of 7

Lab Address: 3, SALAI STREET, VANARAPETTAI ,,TIRUNELVELI.

: Mrs. NITHYA KALYANI E Register On : 08/03/2025 10:02 AM Name PID No. : MED120548099 Collection On : 08/03/2025 10:28 AM SID No.

: 625005186 Report On : 10/03/2025 6:38 PM

Printed On

Type : OP

Age / Sex

Ref. Dr : MediWheel

: 49 Year(s) / Female



| <u>Investigation</u> | Observed Unit | <u>Biological</u> |
|----------------------|---------------|--------------------|
| - | <u>Value</u> | Reference Interval |

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

: 12/03/2025 9:04 PM

| Urine Glucose(PP-2 hours) (Urine - PP) | Trace | | Negative |
|--|-------|-------|-----------|
| Blood Urea Nitrogen (BUN) (Serum/ <i>Urease UV / derived</i>) | 7.47 | mg/dL | 7.0 - 21 |
| Creatinine (Serum/Modified Jaffe) | 0.80 | mg/dL | 0.6 - 1.1 |
| Uric Acid (Serum/Enzymatic) | 5.6 | mg/dL | 2.6 - 6.0 |
| Liver Function Test | | | |
| Bilirubin(Total) (Serum) | 0.80 | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) | 0.27 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect) (Serum/Derived) | 0.53 | mg/dL | 0.1 - 1.0 |
| SGOT/AST (Aspartate Aminotransferase) (Serum/ <i>Modified IFCC</i>) | 19.1 | U/L | 5 - 40 |
| SGPT/ALT (Alanine Aminotransferase) (Serum) | 22.6 | U/L | 5 - 41 |
| GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic) | 19.5 | U/L | < 38 |
| Alkaline Phosphatase (SAP) (Serum/ <i>Modified IFCC</i>) | 138.5 | U/L | 42 - 98 |
| Total Protein (Serum/Biuret) | 7.35 | gm/dl | 6.0 - 8.0 |
| Albumin (Serum/Bromocresol green) | 4.20 | gm/dl | 3.5 - 5.2 |







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Type : OP

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Age / Sex : 49 Year(s) / Female



| <u>Investigation</u> | <u>Observed</u> <u>Value</u> | <u>Unit</u> | <u>Biological</u> <u>Reference Interval</u> |
|---|---------------------------------|-------------|---|
| Globulin (Serum/Derived) | 3.15 | gm/dL | 2.3 - 3.6 |
| A : G RATIO (Serum/Derived) | 1.87 | | 1.1 - 2.2 |
| <u>Lipid Profile</u> | | | |
| Cholesterol Total (Serum/CHOD-PAP with ATCS) | 225.7 | mg/dL | Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240 |
| Triglycerides (Serum/GPO-PAP with ATCS) | 143.6 | mg/dL | Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500 |

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

| HDL Cholesterol (Serum/Immunoinhibition) | 36.1 | mg/dL | Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50 |
|--|-------|-------|---|
| LDL Cholesterol (Serum/Calculated) | 160.9 | mg/dL | Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190 |
| VLDL Cholesterol (Serum/Calculated) | 28.7 | mg/dL | < 30 |





Dr.R.Lavanya MD
Consultant - Pathologist
Reg No: 90632

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: Mrs. NITHYA KALYANI E Register On : 08/03/2025 10:02 AM Name PID No.

: MED120548099 Collection On : 08/03/2025 10:28 AM : 625005186

Report On

Age / Sex : 49 Year(s) / Female **Printed On** : 12/03/2025 9:04 PM

Type : OP

SID No.

Ref. Dr : MediWheel

| <u>Investigation</u> | <u>Observed</u> <u>Value</u> | <u>Unit</u> | <u>Biological</u> <u>Reference Interval</u> |
|--|---------------------------------|-------------|--|
| Non HDL Cholesterol (Serum/Calculated) | 189.6 | mg/dL | Optimal: < 130 Above Optimal: 130 - 159 |
| | | | Borderline High: 160 - 189 High: 190 - 219 |

: 10/03/2025 6:38 PM

Very High: >= 220

INTERPRETATION: 1. Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol 6.3 Optimal: < 3.3Low Risk: 3.4 - 4.4 Ratio Average Risk: 4.5 - 7.1 (Serum/Calculated) Moderate Risk: 7.2 - 11.0 High Risk: > 11.0Triglyceride/HDL Cholesterol Ratio Optimal: < 2.5

Mild to moderate risk: 2.5 - 5.0 (TG/HDL) High Risk: > 5.0(Serum/Calculated)

Optimal: 0.5 - 3.0 LDL/HDL Cholesterol Ratio 4.5 Borderline: 3.1 - 6.0 (Serum/Calculated) High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

Normal: 4.5 - 5.6 HbA1C 5.9 Prediabetes: 5.7 - 6.4 (Whole Blood/Ion exchange HPLC by D10) Diabetic: ≥ 6.5

INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

Estimated Average Glucose 122.63 mg/dL

(Whole Blood)





APPROVED BY

The results pertain to sample tested.

Page 5 of 7

Lab Tech

VERIFIED BY

: Mrs. NITHYA KALYANI E Register On : 08/03/2025 10:02 AM Name

> : MED120548099 Collection On : 08/03/2025 10:28 AM

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SID No.

Ref. Dr MediWheel



| <u>Investigation</u> | <u>Observed</u> | <u>Unit</u> | <u>Biological</u> |
|----------------------|-----------------|-------------|--------------------|
| _ | Value | | Reference Interval |

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

THYROID PROFILE / TFT

0.7 - 2.04T3 (Triiodothyronine) - Total 1.13 ng/ml

(Serum/Chemiluminescent Immunometric Assay (CLIA))

INTERPRETATION:

Comment:

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total 4.2 - 12.011.55 μg/dl

(Serum/Chemiluminescent Immunometric Assay

(CLIA))

INTERPRETATION:

Comment:

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) 2.357 $\mu IU/mL$ 0.35 - 5.50

(Serum/Chemiluminescent Immunometric Assay

(CLIA))

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0 3 rd trimester: 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment:

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

3. Values & amplt; 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.









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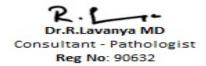
Ref. Dr : MediWheel

| \Box |
|-------------|
| medall |
| DIAGNOSTICS |

| Investigation Urine Analysis - Routine | Observed Value | <u>Unit</u> | <u>Biological</u> <u>Reference Interval</u> |
|---|-------------------|-------------|--|
| Colour (Urine) | Yellow | | Yellow to Amber |
| Appearance (Urine) | Clear | | Clear |
| Protein (Urine) | Negative | | Negative |
| Glucose (Urine) | Negative | | Negative |
| Pus Cells (Urine) | 2 - 4 | /hpf | NIL |
| Epithelial Cells (Urine) | 2 - 3 | /hpf | NIL |
| RBCs (Urine) | Nil | /hpf | NIL |







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-- End of Report --

Name : Mrs. NITHYA KALYANI E Register On : 08/03/2025 10:02 AM

Ref. Dr : MediWheel OP / IP : OP

PAP Smear by LBC(Liquid based Cytology)

SPECIMEN NO: Cy 435/2025 **MICROSCOPIC FINDINGS: ADEQUACY:** Satisfactory.

PREDOMINANT CELLS: intermediate cells.

BACKGROUND: lacto bacilli.

ORGANISMS: No specific organisms.

IMPRESSION:

Negative for intraepithelial lesion/ malignancy.`





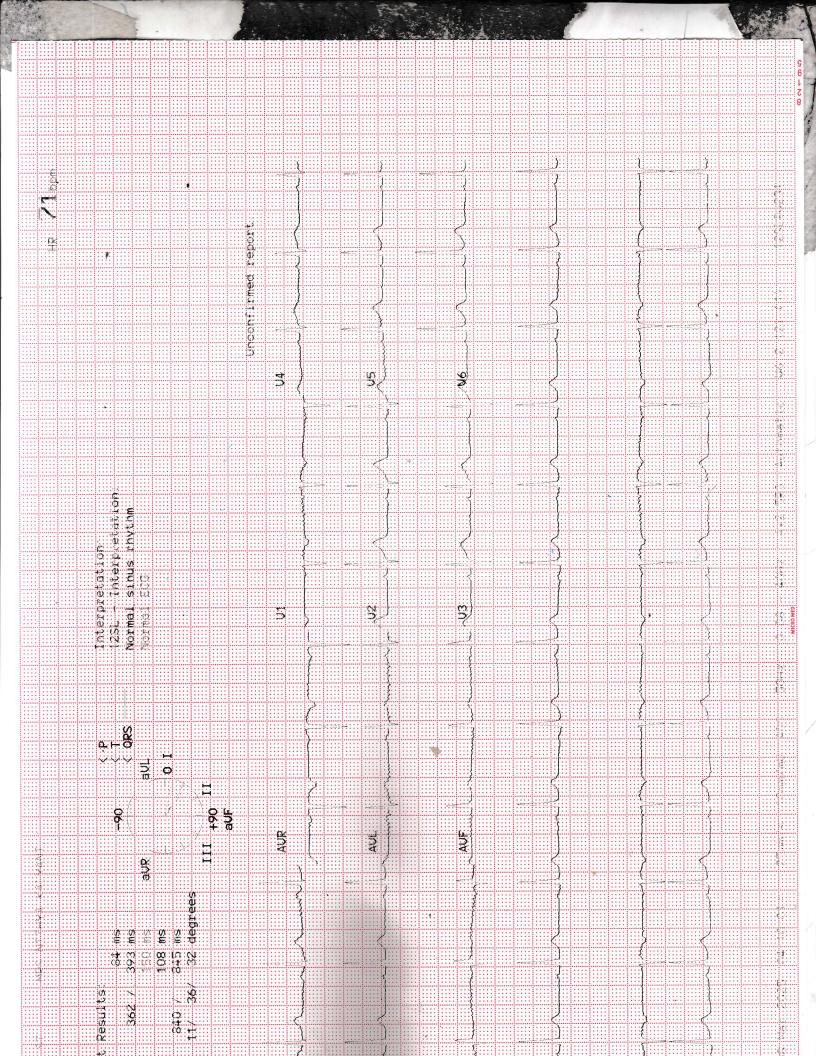


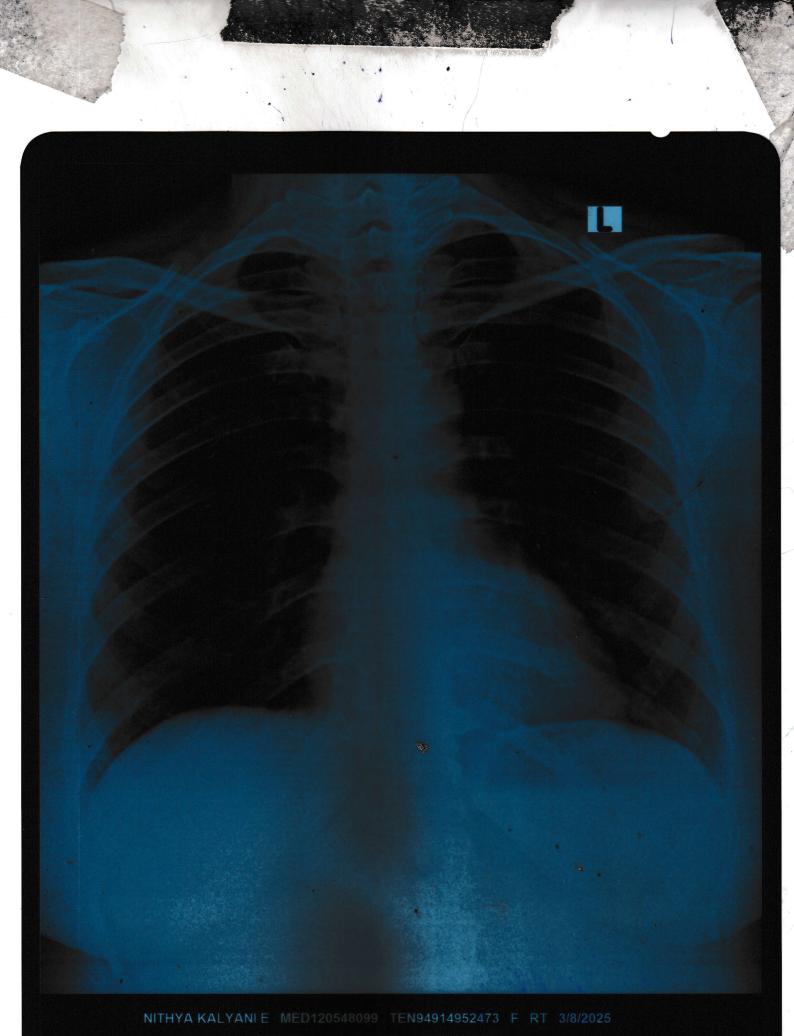
MEDICAL EXAMINATION REPORT Name Mr. withya kalyam Gender M/F Date of Birth 10-11-1976 Position Selected For Identification marks A mole on the left shoulder HISTORY: 1. Do you have, or are you being treated for, any of the following coeditions? (please tick all that apply)? Anxiety Cancer High Blood Pressure **Arthritis** Depression/ bipolar disorder High Cholesterol Asthama, Bronchitis, Emphysema **Diabetes** Migraine Headaches Back or spinal problems Heart Disease Sinusitis or Allergic Rhinitis **Epilepsy** Any other serious problem for which you are receiving medical attention (Hay Fever) 2. List the medications taken Regularly. NO 3. List allergies to any known medications or chemicals NO 4. Alcohol: Occasional 5. Smoking: Yes Quit(more than 3 years) 6. Respiratory Function: a. Do you become unusually short of breath while walking fast or taking stair - case? b. Do you usually cough a lot first thing in morning? c. Have you vomited or coughed out blood? 7. Cardiovascular Function & Physical Activity: a. Exercise Type: (Select 1) No Activity Very Light Activity (Seated At Desk, Standing) Light Activity (Walking on level surface, house cleaning) Moderate Activity (Brisk walking, dancing, weeding) Vigrous Activity (Soccer, Running) b. Exercise Frequency: Regular (less than 3 days/ week) / Irregular (more than 3 days/ Week) c. Do you feel pain in chest when engaging in physical activity? 8. Hearing: a. Do you have history of hearing troubles? Yes b. Do you experiences ringing in your ears? Yes c. Do you experience discharge from your ears? Yes No d. Have you ever been diagnosed with industrial deafness? Yes 9. Musculo - Skeletal History a. Neck: Have you ever injured or experienced pain? Yes No b. Back: If Yes; approximate date (MM/YYYY) c. Shoulder, Elbow, Writs, Hands Consulted a medical professional? Yes d. Hips, Knees, Ankles, Legs Resulted in time of work? Yes No Surgery Required? Yes No

Ongoing Problems ?

Yes

| 10. Function History□ | |
|---|---|
| a. Do you have pain or discomfort when lifting | or handling heavy objects? |
| b. Do you have knee pain when squatting or kr | neeling? |
| c. Do you have back pain when forwarding or t | wisting? |
| d. Do you have pain or difficulty when lifting ob | iects above your shoulder heights |
| e. Do you have pain when doing any of the appropriate response) | e following for prolonged periods (Please circle |
| -\Mallein | |
| Climbia | : Yes No No Squating : Yes No No |
| •Standing: v . | Yes No |
| bending. | |
| f. Do you have pain when working with hand to | ols? |
| g. Do you experience any difficulty operating ma | achinery? |
| h. Do you have difficulty operating computer ins | trument? |
| B. CLINICAL EXAMINATION: | |
| a. Height 154Cm. b. Weight 66 kg | pulse - 78 / ming |
| Chart management | Blood Pressure |
| Chest measurements: a. Normal 36 Waist Circumference | b. Expanded |
| 10 Collocal | Ear, Nose & Throat |
| Skin | Respiratory System Noumod |
| Vision | Nervous System |
| Circulatory System | Genito- urinary System |
| Gastro-intestinal System | Calantin |
| Discuss Particulars of Section B:- | Colour Vision Norma |
| | |
| C. REMARKS OF PATHOLOGICAL TESTS | |
| C. REMARKS OF PATHOLOGICAL TESTS: | |
| 10 0 mois | LECG Volume |
| Complete Blood Count | Urine routine Nonmal |
| Serum cholesterol 225.7 | Blood sugar |
| Blood Group | S Constitution |
| D. CONCLUSION: | S.Creatinine 0 80 |
| Any further investigations required | Any precautions suggested |
| | The procedutions suggested |
| | |
| E. FITNESS CERTIFICATION | |
| | |
| or otherwise to above framed recruit does not ap | pear to be suffering from any disease communicable |
| or otherwise, constitutional weakness or t | podily informity except |
| . I do not consider | this as disqualification for employment in the Company. S |
| | |
| Candidate is free from Contagious/Com | municable disease |
| | 2 |
| | , gr |
| Date: | |





MEDALL DIAGNOSTICS



| Customer Name | MRS. E. NITHIYA KALYANI | Customer ID | MED120548099 |
|---------------|-------------------------|-------------|--------------|
| Age & Gender | 49Y/FEMALE | Visit Date | 08/03/2025 |
| Ref Doctor | MEDIWHEEL | | • |

Thanks for your reference

DIGITAL X- RAY CHEST PA VIEW

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Both costophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

✓ NO SIGNIFICANT ABNORMALITY DEMONSTRATED.

DR. DANIEL STANLEY PETER, M.D.R.D., Consultant Radiologist. Reg. No. 82342.

NITHYA KALYANI E MED120548099 TEN94914952473 F RT 3/8/2025

MEDALL DIAGNOSTICS



| Customer Name | MRS.NITHYA KALYANI E | Customer ID | MED120548099 |
|---------------|----------------------|-------------|--------------|
| Age & Gender | 49Y/FEMALE | Visit Date | 08/03/2025 |
| Ref Doctor | MediWheel | | 00/00/2020 |

Thanks for your reference

DIGITAL MAMMOGRAM OF BOTH BREASTS

Both breasts were studied in medio – lateral oblique and craniocaudal views.

Right breast:

Breast is composed of glandular tissue interspersed with connective tissue.

Parenchymal pattern -b.

No evidence of micro / macro calcification noted in it.

Normal vascular markings are seen in right breast.

The skin, nipple, areola and subcutaneous tissues appear normal.

No evidence of significant axillary lymphadenopathy.

Left breast:

Breast is composed of glandular tissue interspersed with connective tissue. Parenchymal pattern –b.

No evidence of micro / macro calcification noted in it.

Normal vascular markings are seen in left breast.

The skin, nipple, areola and subcutaneous tissues appear normal.

No evidence of significant axillary lymphadenopathy.

<u>USG SCREENING</u>: No mass / cyst / duct dilatation in both breasts.

Few insignificant bilateral axillary lymph nodes are noted.

IMPRESSION:

✓ No significant abnormality demonstrated in both breasts – BIRADS – 1 (Negative).

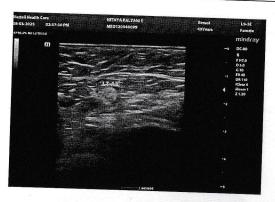
DR.MOHAMMED AAKILA.M. MBBS.,DNB., Consultant Radiologist

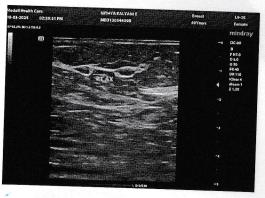
Reg. No: 107534

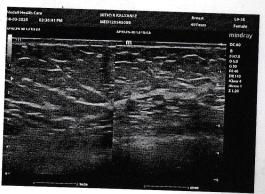


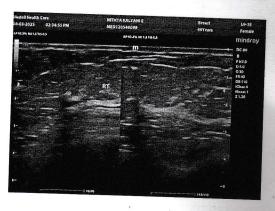
Medall Healthcare Pvt Ltd Door no 50,Grand Plaza South Bye Pass Road, OPP to Passport Office,Tirunelveli -627005

| Customer Name | MRS.NITHYA KALYANI | | |
|---------------|--------------------|-------------|--------------|
| | E | Customer ID | MED120548099 |
| Age & Gender, | 49Y/FEMALE | Visit Date | |
| Ref Doctor | MediWheel | visit Date | 08/03/2025 |

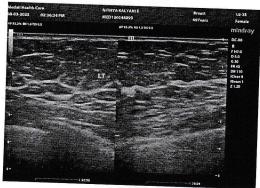




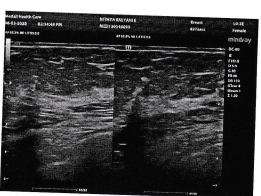














| Customer Name | MRS.NITHYA KALYANI E | Customer ID | MED120548099 |
|---------------|----------------------|-------------|--------------|
| Age & Gender | 49Y/FEMALE | Visit Date | 08/03/2025 |
| Ref Doctor | MediWheel | | |

Thanks for your reference

SONOGRAM REPORT

WHOLE ABDOMEN

Liver:

The liver is normal in size. Parenchymal echoes are increased.

No focal lesions. Surface is smooth. There is no intra or extra

hepatic biliary ductal dilatation.

Gallbladder: The gall bladder is partially distended.

Pancreas:

Visualized head and proximal body appears normal.

Rest of the body of pancreas and tail obscured by bowel gas.

Spleen:

The spleen is normal.

The collecting system is not dilated.

The left kidney measures $10.2 \times 4.4 \text{ cm}$. Normal architecture. The collecting system is not dilated.

Urinary

bladder:

The urinary bladder is smooth walled and uniformly transonic.

There is no intravesical mass or calculus.



| Customer Name | MRS.NITHYA KALYANI E | Customer ID | MED120548099 |
|---------------|----------------------|-------------|--------------|
| Age & Gender | 49Y/FEMALE | Visit Date | 08/03/2025 |
| Ref Doctor | MediWheel | | |

Uterus:

The uterus is anteverted, and measures 6.5 x 4.2 x 2.9 cm.

Myometrial echoes are homogeneous.

The endometrium is central and normal measures 4 mm in thickness.

Ovaries:

Both ovaries appear atrophic.

RIF:

No mass or fluid collection is seen in the right iliac fossa.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

IMPRESSION:

> Grade I fatty liver.

DR.MOHAMMED AAKILA.M. MBBS., DNB.,

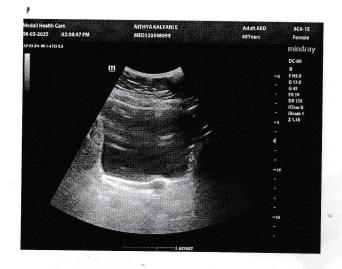
Consultant Radiologist

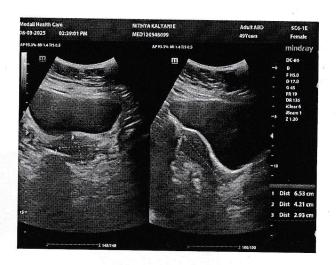
Reg. No: 107534



Medall Healthcare Pvt Ltd Door no 50,Grand Plaza South Bye Pass Road, OPP to Passport Office,Tirunelveli -627005

| Customer Name * | MRS.NITHYA KALYANI E | Customer ID | -MED120548099 |
|-----------------|-------------------------|-------------|---------------|
| Age & Gender | 49Y/FEMALE | Visit Date | 08/03/2025 |
| Ref Doctor | MediWheel | | 100,00,2023 |











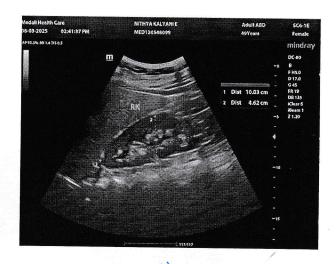




Medall Healthcare Pvt Ltd Door no 50,Grand Plaza South Bye Pass Road, OPP to Passport Office,Tirunelveli -627005

| Customer Name | MRS.NITHYA KALYANI E | Customer ID | MED120548099 |
|---------------|-------------------------|-------------|--------------|
| Age & Gender | 49Y/FEMALE | Visit Date | 08/03/2025 |
| Ref Doctor | MediWheel | | 00/00/2023 |













| Customer Name | MRS.NITHYA KALYANI E | | |
|---------------|----------------------|-------------|--------------|
| Age & Gender | 49Y/FEMALE | Customer ID | MED120548099 |
| Ref Doctor | MediWheel | Visit Date | 08/03/2025 |
| | | | |

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.6cm LVID s ... 2.7 cm EF ... 71% IVS d ...1.0cm

IVS s ... 1.0cm

LVPW d ... 0.8cm

LVPW s ... 1.0cm

LA ... 3.2cm

AO ... 2.9cm

TAPSE ... 22mm

IVC ... 0.9cm

Left ventricle, Left atrium normal.

Right ventricle, Right atrium normal.

No regional wall motion abnormality present.

Mitral valve, Aortic valve, Tricuspid valve & Pulmonary valve normal.

Aorta normal.

Inter atrial septum intact.

Inter ventricular septum intact.

No pericardial effusion .



| Customer Name MRS.NITHYA KALYANI E | | |
|------------------------------------|-------------|--------------|
| A 0 G | Customer ID | MED120548099 |
| Age & Gender 49Y/FEMALE | Visit Date | |
| Ref Doctor MediWheel | Total Date | 08/03/2025 |

Doppler:

Mitral valve : E: 0.91m/s

A: 0.67m/s

E/A Ratio: 1.36

E/E: 16.34

Aortic valve: AV Jet velocity: 1.36 m/s

Tricuspid valve: TV Jet velocity: 1.52 m/s TRPG: 9.30 mmHg.

Pulmonary valve: PV Jet velocity: 1.13 m/s

IMPRESSION:

1. Normal chambers & Valves.

2. No regional wall motion abnormality present.

3. Normal LV systolic function.

4. Pericardial effusion - Nil.

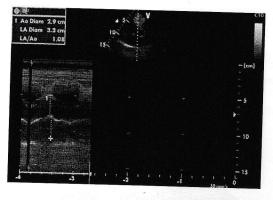
5. No pulmonary artery hypertension.

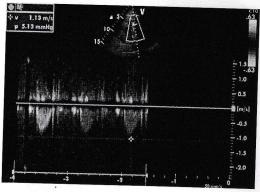
Dr. S. MANIKANDAN. MD.DM.(Cardio)
Cardiologist

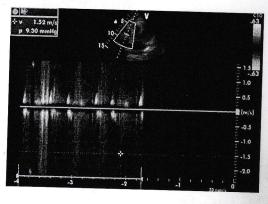


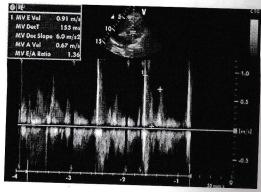
Medall Healthcare Pvt Ltd Door no 50,Grand Plaza South Bye Pass Road, OPP to Passport Office,Tirunelveli -627005

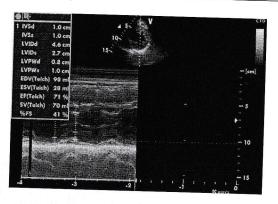
| Customer Name | MRS.NITHYA KALYANI | T | |
|---------------|--------------------|-------------|--------------|
| | E | Customer ID | MED120548099 |
| Age & Gender | 49Y/FEMALE | Visit Date | |
| Ref Doctor | MediWheel | VISIC Date | 08/03/2025 |

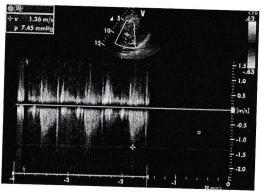


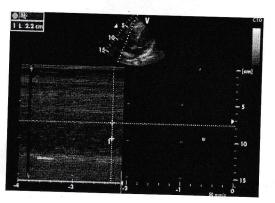


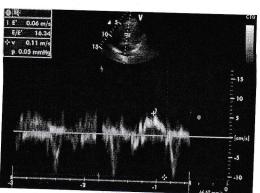
















Date: 08,/03/2025

Aadhar Card Number -3093 7816 0422

FITNESS CERTIFICATE

This is to certify that, the following are the visual standard of MRS. NITHYA KALYANI E 48 Years/Female TVL/237218/19

| | Right eye | Left eye |
|------------------|--------------------|----------|
| Visual Acuity | 6/9 +0.50DS 6/6(P) | 6/9 |
| Near vision | +2.50 N6 | +2.00 N6 |
| Colour vision | Normal | Normal |
| B.S.V | Present | Present |
| Gentral fields | Normal | Normal |
| Anterior Segment | Normal | Normal |
| Fundus | Normal | Normal |

Diagnosis:RIGHT EYE – Myopia with Presbyopia

LEFT EYE - Presbyopia

Fit without glass -----
Fit with glass YES

Unfit ----Dr. VIXEKAVARDHAN CHATLA

RegiNa 147051

Medical consultant,

Dr. Agarwal's Eye Hospital,

Tirunelveli.

Branch Office : Dr. Agarwalls HEWITH Care Ltd.

No. 15, South Bye Pass, Vannarget, Tirune Veli - 627 003. Ph: 0462-2501818, 2501819

Mobile: 82200 13039 Email trune Veli agarwal.com Website: www.dragarwal.com



MEDALL DIAGNOSTICS

MEDALL HEALTHCARE PVT LTD
CUSTOMER CHECKLIST

(*) MEDALL



Print Date :11/03/2025 05:04 PM

Customer Name: MRS.NITHYA KALYANI E

Ref Dr Name : MediWheel

Customer Id : **MED120548099** Visit ID : **625005186**

Age : 49Y/FEMALE Phone No : 8667749418

DOB : **07 Jan 1976** Visit Date : **08/03/2025**

Company Name : MediWheel

| S.No | Modality | wheel Full Body Health Checkup Fe | AccessionNo | Time | Signature |
|------|-------------|--|----------------|------|--------------|
| 1 | LAB | URINE ROUTINE | | | oighatar e |
| 2 | LAB | BLOOD UREA NITROGEN (BUN) | | | |
| 3 | LAB . | COMPLETE BLOOD COUNT WITH ESR | | | |
| 4 | LAB | CREATININE | | | |
| 5 | LAB | GLUCOSE - FASTING | | | |
| 6 | LAB | GLUCOSE - POSTPRANDIAL (2 HRS) | • | | |
| 7 | LAB | GLYCOSYLATED HAEMOGLOBIN (HbA1c) | | | |
| 8 | LAB | LIPID PROFILE | | | |
| 9 | LAB | LIVER FUNCTION TEST (LFT) | | | |
| 10 | LAB | THYROID PROFILE/ TFT(T3, T4, TSH) | | , J | |
| 11 | LAB | URIC ACID | | | |
| 12 | LAB | URINE GLUCOSE - FASTING | | | |
| 13 | LAB | URINE GLUCOSE - POSTPRANDĨAL (2 Hrs) | | | |
| 14 | LAB | PAP SMEAR BY LBC (LIQUID BASED CYTOLOGY) | | | |
| 15 | LAB | STOOL ANALYSIS - ROUTINE | | | |
| 16 | LAB | BUN/CREATININE RATIO | | | |
| 17 | LAB | BLOOD GROUPING RH TYPING(FORWARD REVERSE) | | | |
| 18 | Others | | TEN94914941757 | 7. | + |
| 19 | US | | TEN94914952177 | 200 | + |
| 20 | MAMMOGRAPHY | | TEN94914952473 | | - |
| 21 | | T 1 111 (a = 1 | TEN94914962579 | | |
| | Others | | TEN94914962583 | | |
| 23 | Others | | TEN94914963362 | | |
| | | | TEN94914963379 | | |
| 25 | Others | | TEN94914963643 | | * |
| | X-RAY | V D AV CUEST | TEN94914963844 | | |
| 27 | ECG | TCC / | TEN949149821 | | |

Registerd By (M.PUSHPA)