PID No. : MED210162863 **Register On** : 08/11/2024 10:07 AM : 624023656 SID No. Collection On : 08/11/2024 10:22 AM Age / Sex : 22 Year(s) / Female

Report On : 08/11/2024 4:46 PM **Printed On** : 11/11/2024 6:48 AM

Ref. Dr : MediWheel

: OP

Type



Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (Blood/Agglutination)	'O' 'Positive'		
Complete Blood Count With - ESR			
Haemoglobin (Blood/Spectrophotometry)	11.5	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	35.8	%	37 - 47
RBC Count (Blood/Impedance Variation)	4.30	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/Derived from Impedance)	83.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	26.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	32.0	g/dL	32 - 36
RDW-CV (Derived from Impedance)	17.2	%	11.5 - 16.0
RDW-SD (Derived from Impedance)	50.15	fL	39 - 46
Total Leukocyte Count (TC) (Blood/Impedance Variation)	7940	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	61.8	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	28.8	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	1.6	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	7.4	%	01 - 10







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Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
Basophils	0.4	%	00 - 02
(Blood/Impedance Variation & Flow Cytometry)			
INTERPRETATION: Tests done on Automated F	ive Part cell counte	er. All abnormal results are review	ed and confirmed microscopically.
Absolute Neutrophil count (Blood/Impedance Variation & Flow Cytometry)	4.91	10^3 / μ1	1.5 - 6.6
Absolute Lymphocyte Count (Blood/Impedance Variation & Flow Cytometry)	2.29	10^3 / μ1	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/Impedance Variation & Flow Cytometry)	0.13	10^3 / μ1	0.04 - 0.44
Absolute Monocyte Count (Blood/Impedance Variation & Flow Cytometry)	0.59	10^3 / μ1	< 1.0
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.03	10^3 / μ1	< 0.2
Platelet Count (Blood/Impedance Variation)	320	10^3 / μ1	150 - 450
MPV (Blood/Derived from Impedance)	8.4	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	23	mm/hr	< 20
BUN / Creatinine Ratio	13.09		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	97.3	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)	105.5	mg/dL	70 - 140







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Ref. Dr : MediWheel

Type

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
INTERPRETATION:			
Factors such as type quantity and time of t	Food intoka Dhygical activity	Developing street	and drugs can influence blood alugoes level

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.

: 11/11/2024 6:48 AM

resistance, Exercise of Stress, Dawn I henomenon	i, bomogyi i nenom	enon, min diabetic incarcation	i during treatment for Diabete
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	11.26	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.86	mg/dL	0.6 - 1.1
Uric Acid (Serum/Enzymatic)	4.1	mg/dL	2.6 - 6.0
Liver Function Test			
Bilirubin(Total) (Serum)	1.10	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.22	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.88	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	21.2	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	13.7	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	14.0	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	55.8	U/L	42 - 98
Total Protein (Serum/Biuret)	7.77	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.50	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.27	gm/dL	2.3 - 3.6







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<u>Investigation</u>	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
A : G RATIO (Serum/Derived)	1.38		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	191.3	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	103.9	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)	52.6	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	117.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	20.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	138.7	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220







PID No.

Type : OP Printed On : 11/11/2024 6:48 AM

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

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

Ratio

(Serum/Calculated)

3.6

Optimal: < 3.3

Low Risk: 3.4 - 4.4

Average Risk: 4.5 - 7.1

Moderate Risk: 7.2 - 11.0

High Risk: > 11.0

Triglyceride/HDL Cholesterol Ratio 2 Optimal: < 2.5

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

(Serum/Calculated) High Risk: > 5.0

LDL/HDL Cholesterol Ratio
(Serum/Calculated)

2.2

Optimal: 0.5 - 3.0

Borderline: 3.1 - 6.0

High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C 5.8 % Normal: 4.5 - 5.6 (Whole Blood/Ion exchange HPLC by D10) Prediabetes: 5.7 - 6.4

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 119.76 mg/dL

(Whole Blood)

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







: Mrs. JANAKI S Name

PID No.

Type

: MED210162863 Register On : 08/11/2024 10:07 AM

: 624023656 SID No. Collection On : 08/11/2024 10:22 AM

Age / Sex : 22 Year(s) / Female Report On : 08/11/2024 4:46 PM

Printed On

Ref. Dr

: OP

: MediWheel



Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
T3 (Triiodothyronine) - Total	1.48	ng/ml	0.7 - 2.04
(Serum/Chemiluminescent Immunometric Assay			
(CLIA))			

: 11/11/2024 6:48 AM

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 10.36 μg/dL 4.2 - 12.0

(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) 1.55 $\mu IU/mL$ 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.

Urine Analysis - Routine

Colour Pale Yellow Yellow to Amber (Urine) Clear Clear Appearance (Urine) Negative Negative Protein (Urine)





avanya MD Consultant - Pathologist Reg No: 90632

APPROVED BY

The results pertain to sample tested.

Page 6 of 7

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

PID No. : MED210162863

SID No. : 624023656

Age / Sex : 22 Year(s) / Female

Type : OP

Ref. Dr : MediWheel

Register On : 08/11/2024 10:07 AM

Collection On : 08/11/2024 10:22 AM

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glucose (Urine)	Negative		Negative
Pus Cells (Urine)	2-3	/hpf	NIL
Epithelial Cells (Urine)	3-4	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL







APPROVED BY

-- End of Report --

Name	MRS.JANAKI S	ID	MED210162863
Age & Gender	22Y/FEMALE	Visit Date	08 Nov 2024
Ref Doctor Name	MediWheel		



ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.3cm ... 2.5cm LVID s ... 75% EF IVS d ... 0.6 cm IVS s ... 0.5cm LVPW d ... 0.6cm LVPW s ... 0.8cm ... 2.6cm LA ... 2.6cm AO TAPSE ... 21mm IVC ... 0.8cm

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.

Doppler:

Mitral valve : E: 1.01m/s A: 0.73m/s

Name	MRS.JANAKI S	ID	MED210162863
Age & Gender	22Y/FEMALE	Visit Date	08 Nov 2024
Ref Doctor Name	MediWheel		



E/A Ratio: 1.39 E/E: 9.29

Aortic valve: AV Jet velocity: 1.09m/s

Tricuspid valve: TV Jet velocity: 1.35m/s TRPG: 7.29

mmHg.

Pulmonary valve: PV Jet velocity: 1.22m/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

Name	MRS.JANAKI S	ID	MED210162863
Age & Gender	22Y/FEMALE	Visit Date	08 Nov 2024
Ref Doctor Name	MediWheel		



SONOGRAM REPORT

WHOLE ABDOMEN

Liver: The liver is normal in size and shows uniform echotexture with

no focal abnormality. There is no intra or extra hepatic biliary

ductal dilatation.

Gallbladder: The gall bladder is partially distended with no demonstrable calculus.

Pancreas: The pancreas head and visualized part of body appears normal.

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

Spleen: The spleen is normal.

Kidneys: The right kidney measures 8.9 x 3.4 cm. Normal architecture.

The collecting system is not dilated.

The left kidney measures 9.1 x 4.0 cm. Normal architecture.

The collecting system is not dilated.

Urinary

bladder: The urinary bladder is partially filled. No demonstrable internal

echoes noted.

Uterus: The uterus is anteverted, and measures 6.1 x 4.1 cm.

Focal thickening noted in posterior myometrium. The endometrium measures 9 mm in thickness.

Name	MRS.JANAKI S	ID	MED210162863
Age & Gender	22Y/FEMALE	Visit Date	08 Nov 2024
Ref Doctor Name	MediWheel		



Few small nabothian follicles noted around the endo cervix. Small amount of fluid noted in pouch of douglas.

Ovaries: The right ovary measure 2.6 x 2.0 cm.

The left ovary measures 2.2 x 2.7 cm.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

RIF: Iliac fossae are normal.

No mass is seen in the right iliac fossa.

The appendix is not visualized.

No para aortic lymphadenopathy is seen.

IMPRESSION:

- > Features suggestive of early uterine adenomyosis.
 - For follow up.

DR.T.ANNIE STALIN MBBS.,F.USG., SONOLOGIST.

Name	MRS.JANAKI S	ID	MED210162863
Age & Gender	22Y/FEMALE	Visit Date	08 Nov 2024
Ref Doctor Name	MediWheel		



Name	MRS.JANAKI S	ID	MED210162863
Age & Gender	22Y/FEMALE	Visit Date	08 Nov 2024
Ref Doctor Name	MediWheel		





Name	Mrs. JANAKI S	ID	MED210162863
Age & Gender	22Y/F	Visit Date	Nov 8 2024 10:07AM
Ref Doctor	MediWheel		

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:

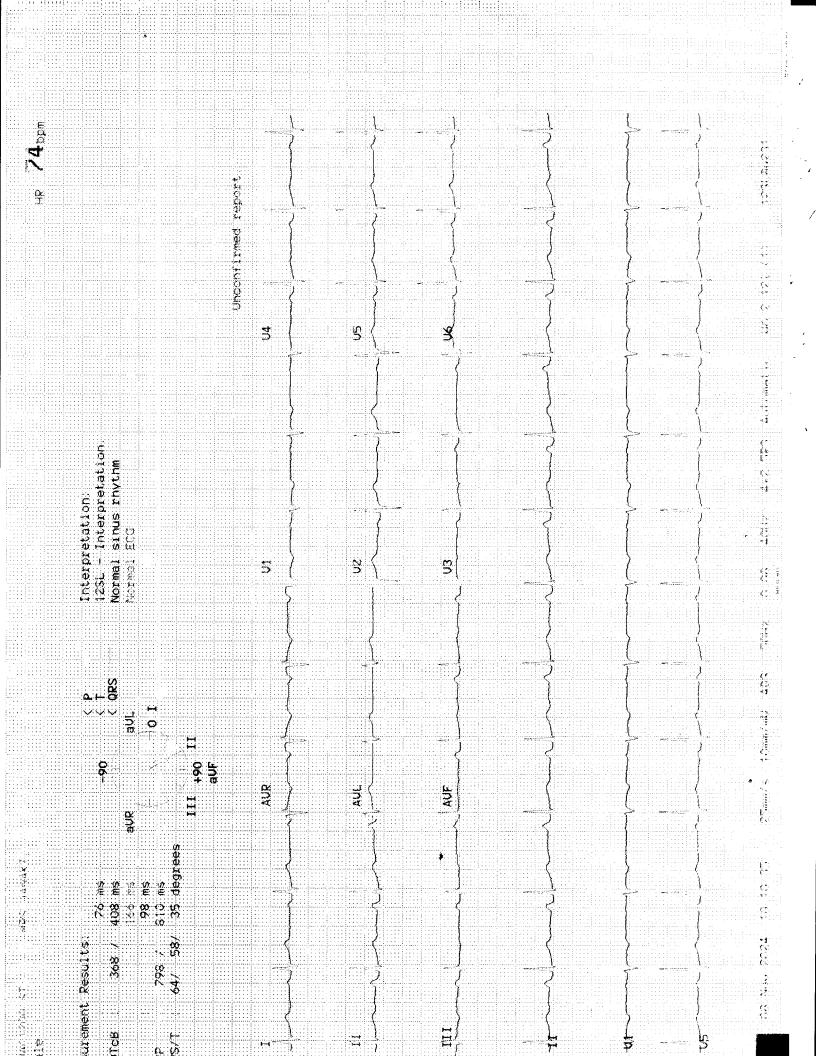
NO SIGNIFICANT ABNORMALITY DEMONSTRATED.

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

MEDICAL EXAMINATION REPORT Date of Birth | 07/11/2002 Gender M/F Name Inal(i MUS. **Position Selected For** Identification marks A. HISTORY: 1. Do you have, or are you being treated for, any of the following coeditions? (please tick all that apply)? High Blood Pressure Cancer Anxiety **Arthritis** Depression/ bipolar disorder High Cholesterol Asthama, Bronchitis, Emphysema **Diabetes** Migraine Headaches Back or spinal problems **Heart Disease** Sinusitis or Allergic Rhinitis (Hay Fever) Any other serious problem for **Epilepsy** which you are receiving medical attention 2. List the medications taken Regularly. 3. List allergies to any known medications or chemicals Occasional 4. Alcohol: No 5. Smoking: Yes Quit(more than 3 years) No 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? Yes 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? Yes 8. Hearing: a. Do you have history of hearing troubles? Yes b. Do you experiences ringing in your ears? No Yes c. Do you experience discharge from your ears? Yes No d. Have you ever been diagnosed with industrial deafness? No 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 Nο d. Hips, Knees, Ankles, Legs Resulted in time of work? Yes Surgery Required? Yes Ongoing Problems ? Yes No

	10. Function History⊟		
	•		
	a. Do you have pain or discomfort when lifting	or handling heavy objects?	Yes No
	b. Do you have knee pain when squatting or k		Yes No
	c. Do you have back pain when forwarding or	twisting?	v
	d. Do you have pain or difficulty when lifting ob	jects above your shoulder height?	Yes No
	 e. Do you have pain when doing any of th appropriate response) 	e following for prolonged period	s (Please circle
	•Walking: Yes No •Kneeling	: Yes No Squat	ng: Yes No
	•Climbing : Yes No •Sitting :	Yes No	ng: Yes No
	•Standing : Yes No •Bending		
	f. Do you have pain when working with hand to		
	g. Do you experience any difficulty operating m	achinan/2	Yes No
	h. Do you have difficulty operating computer ins	strument?	Yes No
		1777- 35	Yes No
В.	CLINICAL EXAMINATION :	chest-32	
	a. Height 146 b. Weight 万/		Pulso 83
	Chest measurements:	Blood Pressure	//_66mmhg_
		b. Expanded	
	Waist Circumference	Ear, Nose & Throat ☐	Normal
	Skin	Respiratory System	nomal
	Vision	Nervous System	
	Circulatory System	Genito- urinary System	Normal
	Contro intentin 10		- Normal .
	Discuss Particulars of Section B:	Colour Vision □	Normal
	DELIABIO OF THE STATE OF THE ST		
Э.	REMARKS OF PATHOLOGICAL TESTS:		
	Chest X -ray	ECG	Normal
	Complete Blood Count	Urine routine	Normal
	Serum cholesterol	Blood sugar	
	Plood Crown		V), PD 105.5
).	CONCLUSION:	S.Creatinine	0.86
	Any further investigations required	Any precautions suggested	
		The suggested	
	FITNESS CERTIFICATION		
	-	annoou to be a second	
	Certified that the above named recruit does not a	appear to be suffering from any	disease communicable
	or otherwise, constitutional weakness or	bodily informity except	
-	. I do not conside	er this as disqualification for employ	ment in the Company S
	Candidate is free from Contagious/Co	mmunicable disease	
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te	: <u>9/11/8</u> 2 24		
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MEDALL DIAGNOSTICS



Customer Name	MRS. JANAKI S	Customer ID	MED210162863
Age & Gender	22Y/FEMALE	Visit Date	08/11/2024
Ref Doctor	MEDIWHEEL		

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.



Customer Name	MRS.JANAKI S	Customer ID	MED210162863
Age & Gender	22Y/FEMALE	Visit Date	08/11/2024
Ref Doctor	MediWheel		08/11/2024

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.3cm LVID s ... 2.5cm EF ... 75% **IVS** ... 0.6 cm IVS s ... 0.5cm LVPW d ... 0.6cm LVPW s ... 0.8cm LA ... 2.6cm AO ... 2.6cm **TAPSE** ... 21mm **IVC** ... 0.8cm

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 .

网络东南



Customer Name	MRS.JANAKI S	Customer ID	MED210162863
Age & Gender	22Y/FEMALE	Visit Date	08/11/2024
Ref Doctor	MediWheel		00/11/2021

Doppler:

Mitral valve : E: 1.01m/s

A: 0.73m/s

E/A Ratio: 1.39

E/E: 9.29

Aortic valve: AV Jet velocity: 1.09m/s

Tricuspid valve: TV Jet velocity: 1.35m/s

TRPG: 7.29 mmHg.

Pulmonary valve: PV Jet velocity: 1.22m/s

IMPRESSION:

1. Normal chambers & Valves.

- 2. No regional wall motion abnormality present.
- 3. Normal LV systolic function.
- 4. Pericardial effusion Nil.

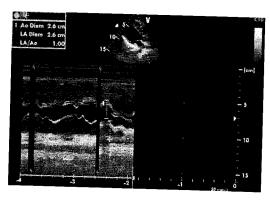
5. No pulmonary artery hypertension.

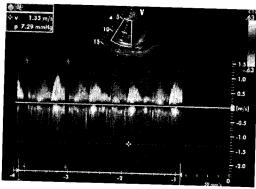
Dr. S. MANIKANDAN. MD.DM.(Cardio)
Cardiologist

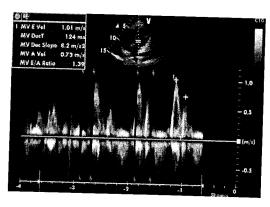


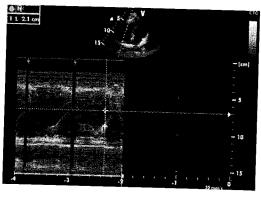
Medall Healthcare Pvt Ltd Door no 50,Grand Plaza South Bye Pass Road, OPP to Passport Office, Tirunelveli -627005 DIAGNOSTICS experts who care

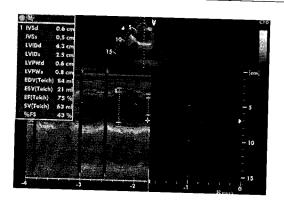
Customer Name Age & Gender Ref Doctor	MRS.JANAKI S Customer ID MED210162863 22Y/FEMALE Visit Date 08/11/2024	\exists
ACT DOCTOR	MediWheel 08/11/2024	\dashv

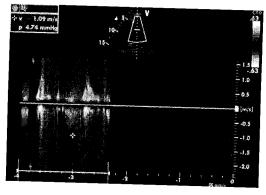


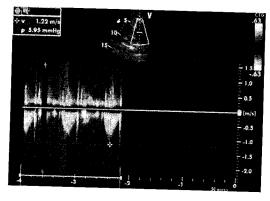
















Customer Name	MRS.JANAKI S	Customer ID	MED210162863
Age & Gender	22Y/FEMALE	Visit Date	08/11/2024
Ref Doctor	MediWheel		

SONOGRAM REPORT

WHOLE ABDOMEN

Liver:

The liver is normal in size and shows uniform echotexture with

no focal abnormality. There is no intra or extra hepatic biliary

ductal dilatation.

Gallbladder: The gall bladder is partially distended with no demonstrable calculus.

Pancreas:

The pancreas head and visualized part of body appears normal.

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

Spleen:

The spleen is normal.

Kidneys:

The right kidney measures 8.9 x 3.4 cm. Normal architecture.

The collecting system is not dilated.

The left kidney measures 9.1 x 4.0 cm. Normal architecture.

The collecting system is not dilated.

Urinary

bladder:

The urinary bladder is partially filled. No demonstrable internal

echoes noted.



Customer Name	MRS.JANAKI S	Customer ID	MED210162863
Age & Gender	22Y/FEMALE	Visit Date	08/11/2024
Ref Doctor	MediWheel		

Uterus:

The uterus is anteverted, and measures 6.1 x 4.1 cm.

Focal thickening noted in posterior myometrium. The endometrium measures 9 mm in thickness.

Few small nabothian follicles noted around the endo cervix.

Small amount of fluid noted in pouch of douglas.

Ovaries:

The right ovary measure 2.6 x 2.0 cm.

The left ovary measures 2.2 x 2.7 cm.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

RIF:

Iliac fossae are normal.

No mass is seen in the right iliac fossa.

The appendix is not visualized.

No para aortic lymphadenopathy is seen.

IMPRESSION:

> Features suggestive of early uterine adenomyosis.

- For follow up.

DR.T.ANNIE STALIN MBBS.,F.USG., SONOLOGIST.

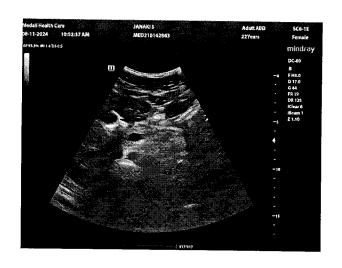
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Blazes produce hill convict the time of collecting the

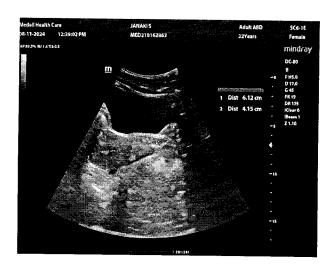


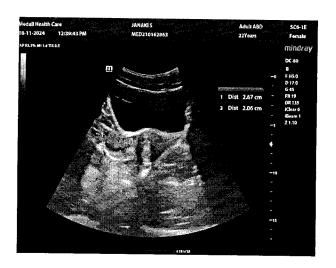
Medall Healthcare Pvt Ltd Door no 50,Grand Plaza South Bye Pass Road, OPP to Passport Office,Tirunelveli -627005

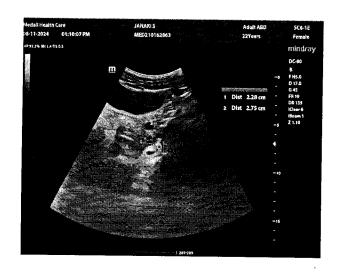
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Customer Name	MRS.JANAKI S	Customer ID	MED210162863
Age & Gender	22Y/FEMALE	Visit Date	08/11/2024
Ref Doctor	MediWheel		















Dr Agarwals

Patient:

MRS. JANAKI S

Age/Sex:

22 years 0 months /Female

Doctor:

Dr. BHARATH K.A.

Facility:

Dr Agarwals Eye Hospitals-

Thirunelveli

Contact:

9894490146

Patient Type :

DRT

Appt. Dt:

08 Nov'24

MR No.: Note Dt : TVL/350290/24

Address:

45 V.V.K.ST PETTAI, Tirunelveli

Pettai S.O, TIRUNELVELI, Tamil

Nadu 627004

08 Nov'24

OPHTHALMIC REPORT

Integration - Drt New Drt Medall Health Care Vannarpettai (Fitness)

ON EXAMINATION

	Right Eye	Left Eye
UVA	UCVA - 6/9(P)	UCVA - 6/9
BCVA	PH- 6/6	PH- 6/6
IOP		

ANTERIOR SEGMENT EXAMINATION

R/OD

L/OS

Sclera: Normal

Sclera: Normal

Cornea: Size/Shape/Surface Normal

Cornea: Size/Shape/Surface Normal

Anterior Chamber: Within Normal Limits

Anterior Chamber: Within Normal Limits

Pupil: Within Normal Limits Iris: Within Normal Limits Lens: Within Normal Limits

Pupil: Within Normal Limits Iris: Within Normal Limits

Lens: Within Normal Limits

FUNDUS EXAMINATION

Right Eye: Media-Clear(U/D), PVD-Absent, OptDiscSize-Medium, OpticDisc-healthy,

Bloodvessel-normal Macula-Foveal Reflex, Foveal Reflex- Present

Left Eye: Media-Clear(U/D), PVD-Absent, OptDiscSize-Medium, OpticDisc-healthy, Bloodvessel-

normal Macula-Foveal Reflex, Foveal Reflex- Present

IN CASE OF EMERGENCY (UNUSUAL PAIN, WATERING, REDITESS, OR DECREASE IN VISION) PLEASE

CONTACT: MOBILE NO:9840475661 / 8220013039

அவசரகாலநிலையில்(அசாதாரணவலி,கண்ணில்நீர்வடிதல்,கண்சிவத்தல், பார்வைகுறைதல்)தொடர்புஎண்:அலைப்பேசி:

NO: 9840475661 / 8220013039

Branch Office: Dr. Agarwal's Health Care Ltd.

No. 15, South Bye Pass, Vannarpet, Tirunelveli - 627 003. Ph : 0462-2501818, 2501819 Mobile: 82200 13039 Email: tirunelveli@dragarwal.com Website: www.dragarwal.com

Regd. Office:



Dr Agarwals

DIAGNOSIS

1. Compound myopic astigmatism, bilateral

ADVICE

Advice & Precautions:

GP

Can issue certificate

For Followup: - Visit Dr. BHARATH K.A. after 6 Months

Dr. Bharath K.A.

Printed on: 08 Nov'2024, 04:13 PM

Or. Agarwal's Eye Hospital

No. 10/1/1-5. Land Mark Towers, South Bye Pass, Opp. to BSNI. Vannarpet, Tirunelveli - 627 003. Ph. 0462-2501818, Cell : 9445395052

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