MEDICAL EXAMINATION REPORT M. Nambi Rharathi Gender M/F Date of Birth Position Selected For Identification marks 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. 3. List allergies to any known medications or chemicals 4. Alcohol: No Occasional 5. Smoking: Yes No 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? Yes 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) o Moderate Activity (Brisk walking, dancing, weeding) o 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 No V 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 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 V 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 Surgery Required? Yes No Ongoing Problems ?

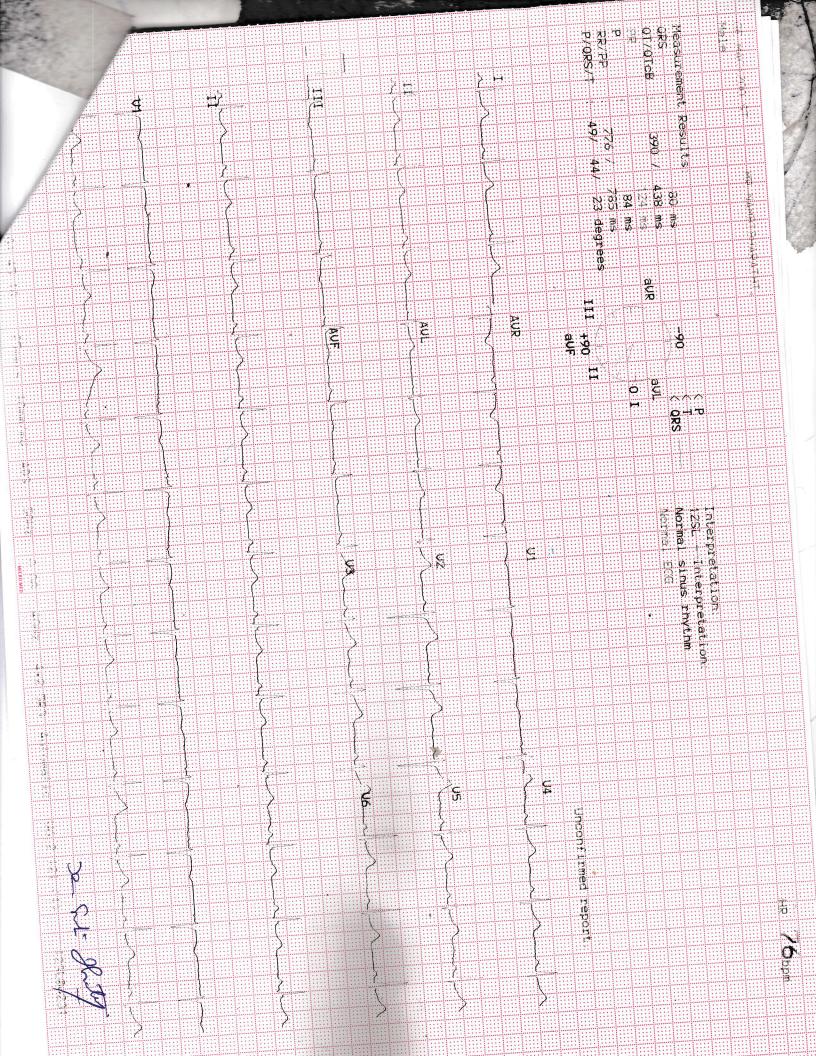
Yes

No

10. Function History		8	
	r discomfort when lifting or		Yes No
	pain when squatting or knee		Yes No
	pain when forwarding or twi		Yes No
		cts above your shoulder hei	
e. Do you have pain appropriate respons		following for prolonged pe	
•Walking: Yes N	•Kneeling:	Yes No So	quating: Yes No
•Climbing: Yes N	•Sitting:	Yes No No	
•Standing: Yes N	•Bending :	Yes No	
f. Do you have pain v	when working with hand too	ls?	Yes No
	any difficulty operating made		Yes No
h. Do you have difficu	Ity operating computer instr	rument?	Yes No
CLINICAL EXAMINATION	DN_:	Chest -	
a. Height 168.5	b. Weight 81	Blood Pressure	130/90 mmhg
Chest measurements:		b. Expanded	
Waist Circumference	Normal	Ear, Nose & Throat□	Normal
Skin	Normal	Respiratory System	Normal
	A //	Nervous System	Normal
Vision	Normal		1 30
Circulatory System	Normal	☐ Genito- urinary Systen	
Gastro-intestinal Syster	n Normal	Colour Vision	Normal
Discuss Particulars of Section B :-			•
REMARKS OF PATHO	A .	ECG	Normal
Chest X -ray	Normal		
Complete Blood Count	Normal	Urine routine	Normal
Serum cholesterol	244.2	Blood sugar	126.15/ 156.0
Blood Group	D+	S.Creatinine	1.14
CONCLUSION:			8 2 ⁹
Any further investigation	s required	Any precautions sugge	sted
	The state of the s		
. FITNESS CERTIFICATI	ON		
		appear to be suffering from	om any disease communicable
// r	stitutional weakness or		
· Kit	. I do not cons	der this as disqualification fo	r employment in the Company. S
Candidate is f	ree from Contagious/C	ommunicable disease	
			4
ate '		•	Signature of Medical Adviser

Date:

	10. Function History		7	
1				
Á	b. Do you have kno	on discomfort when lifting	ng or handling heavy object	s? Yes No c
	2 1110	Pain when squatting or	knooling 2	Tes No
	d. Do you have pair	k pain when forwarding o	r twisting?	Yes No
	e. Do you have no	in which it is a second result of the second results and second results are second results and second results are second result	pbjects above your should	er height? Yes No
	appropriate respo	in when doing any of onse)	the following for prolonge	ed periods (Please circle
	•Walking: Yes	No Kneelin		
		No Sitting :		•Squating : Yes No
	•Standing: Yes	No Bending		
	f. Do you have pain	when working with hand	Yes No	
	9. Do you experience	any difficulty operating		Yes No
	 h. Do you have difficult 	ulty operating computer in	nacimery?	Yes No
E	B. CLINICAL EXAMINATION		Chest	Yes No
	a. Height 168.5)tip	-415 Pulse_
	Chest measurements:	b. Weight 81	Blood Pressure	125.0
			b. Expanded	150790 mmhg
	Waist Circumference Skin	Normal	Ear, Nose & Throat	Narmal
	3	Normal	Respiratory System	
	Vision	Normal	Nervous System □	
	Circulatory System	Normail	Genito- urinary Syste	Normal
	Gastro-intestinal System	Normal		10011:04
	Discuss Particulars of Section B :-	- Toler	Colour Vision□	Normal
	H			5
C.	REMARKS OF PATHOLO	OGICAL TERTO		
	Chest X -ray	Normal]	
	Complete Blood Count		ECG	Normal
	Serum cholesterol	Normal	Urine routine	Normal
	Blood Group	244.2	Blood sugar	126.15/ 155.0
D.	CONCLUSION:	Bt	S.Creatinine	
	Any further investigations re	and and		1.14
	· · · · · · · · · · · · · · · · · · ·	quirea	Any precautions sugges	sted
E.	FITNESS CERTIFICATION			
	Certified that the above nar	med recruit does not au	Onear to be suffering to	n any disease communicable
	or otherwise, constitution	onal weakness or		
Sec	. Lif		bodily informity except	
		I do not consider	this as disqualification for	employment in the Company. S
	Candidate is free f	rom Contagious/C-	240	
<i>2</i> ¹		om Comagious/Com	imunicable dispaseMA	NIKANDAN, M.D., D.M., (Cardie)
			1/68:140.	(Op, Consultant Cardiologist
Date:			<u>M</u>	edall Diagnostics Tirunelveli - 3.
		011	Sig	nature of Medical Adviser
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 Name
 : Mr. NAMBI BHARATHI R
 Register On
 : 08/03/2025 8:02 AM

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 : MED122452879
 Collection On
 : 08/03/2025 8:20 AM

 SID No.
 : 625005168
 Report On
 : 08/03/2025 1:52 PM

Printed On

: 09/03/2025 3:43 PM

medall

Type : OP

Ref. Dr : MediWheel

Age / Sex : 42 Year(s) / Male

<u>Investigation</u>	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (Blood/Agglutination) Complete Blood Count With - ESR	'B' 'Positive'		
Haemoglobin (Blood/Spectrophotometry)	13.8	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/ <i>Derived from Impedance</i>)	42.6	%	42 - 52
RBC Count (Blood/Impedance Variation)	5.25	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/Derived from Impedance)	81.1	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	26.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	32.4	g/dL	32 - 36
RDW-CV (Derived from Impedance)	17.0	%	11.5 - 16.0
RDW-SD (Derived from Impedance)	48.25	fL	39 - 46
Total Leukocyte Count (TC) (Blood/Impedance Variation)	6590	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	54.4	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	36.2	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	1.8	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	7.0	%	01 - 10







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Type : OP

Age / Sex

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: 42 Year(s) / Male

Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.6	%	00 - 02
INTERPRETATION: Tests done on Automated I	Five Part cell count	er. All abnormal results	s are reviewed and confirmed microscopically.
Absolute Neutrophil count (Blood/Impedance Variation & Flow Cytometry)	3.58	10^3 / μ1	1.5 - 6.6
Absolute Lymphocyte Count (Blood/Impedance Variation & Flow Cytometry)	2.39	10^3 / μ1	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/Impedance Variation & Flow Cytometry)	0.12	10^3 / μ1	0.04 - 0.44
Absolute Monocyte Count (Blood/Impedance Variation & Flow Cytometry)	0.46	10^3 / μ1	< 1.0
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.04	10^3 / μ1	< 0.2
Platelet Count (Blood/Impedance Variation)	310	10^3 / μ1	150 - 450
MPV (Blood/Derived from Impedance)	8.7	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	14	mm/hr	< 15
BUN / Creatinine Ratio	8.44		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	126.8	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

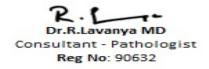
INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	155.0	mg/dL	70 - 140









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medall

Type : OP

Age / Sex

Ref. Dr : MediWheel

: 42 Year(s) / Male

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

INTERPRETATION:

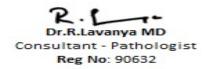
Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise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

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Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.62	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.14	mg/dL	0.9 - 1.3
Uric Acid (Serum/Enzymatic)	8.8	mg/dL	3.5 - 7.2
<u>Liver Function Test</u>			
Bilirubin(Total) (Serum)	0.9	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.28	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.62	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	47.7	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	69.9	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	79.9	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	107.2	U/L	53 - 128
Total Protein (Serum/Biuret)	7.74	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	5.1	gm/dl	3.5 - 5.2







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Type : OP

Triglycerides

(Serum/GPO-PAP with ATCS)

Re

Age / Sex : 42 Year(s) / Male

<u>Investigation</u>	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Globulin (Serum/ <i>Derived)</i>	2.64	gm/dL	2.3 - 3.6
A : G RATIO (Serum/ <i>Derived</i>)	1.93		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	244.2	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240

Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

Optimal: < 150

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.

mg/dL

313.6

HDL Cholesterol (Serum/Immunoinhibition)	38.0	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	143.5	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	62.7	mg/dL	< 30





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

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 : 08/03/2025 8:02 AM

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Type : OP

SID No.

Ref. Dr : MediWheel

Age / Sex : 42 Year(s) / Male

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Non HDL Cholesterol (Serum/Calculated)	206.2	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189

High: 190 - 219 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

Ratio

(Serum/Calculated)

6.4

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 8.3 Optimal: < 2.5

(TG/HDL) Mild to moderate risk: 2.5 - 5.0

High Risk: > 5.0

LDL/HDL Cholesterol Ratio

3.8 Optimal: 0.5 - 3.0

(Serum/*Calculated*)
Borderline: 3.1 - 6.0
High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

r.Lab Tech

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 HbA1C
 6.5
 %
 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 139.85 mg/dL

(Whole Blood)

(Serum/Calculated)





Name : Mr. NAMBI BHARATHI R Register On : 08/03/2025 8:02 AM

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medall

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

INTERPRETATION: Comments

(Serum/Manometric method)

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.

Prostate specific antigen - Total(PSA)

0.43

ng/mL

Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of

Prostate: > 10.0

INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL

PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).

Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.

PSA levels tend to increase in all men as they age.

Clinical Utility of PSA:

- •In the early detection of Prostate cancer.
- •As an aid in discriminating between Prostate cancer and Benign Prostatic disease.
- •To detect cancer recurrence or disease progression.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.37 ng/ml 0.7 - 2.04

(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 10.66 $\mu g/dl$ 4.2 - 12.0

(Serum/Chemiluminescent Immunometric Assay

r.Lab Tech

VERIFIED BY

(CLIA))



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

APPROVED BY

The results pertain to sample tested.

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: Mr. NAMBI BHARATHI R Register On : 08/03/2025 8:02 AM Name PID No.

: MED122452879 Collection On : 08/03/2025 8:20 AM : 625005168

Report On

Age / Sex : 42 Year(s) / Male **Printed On** : 09/03/2025 3:43 PM

Type : OP

SID No.

Ref. Dr : MediWheel



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

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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) 1.854 $\mu IU/mL$ 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&lt; 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Urine Analysis - Routine

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



VERIFIED BY





Name : Mr. NAMBI BHARATHI R PID No. : MED122452879

SID No. : 625005168

Age / Sex : 42 Year(s) / Male

Type : OP

Ref. Dr : MediWheel

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Stool Analysis - ROUTINE			
Colour (Stool)	Brown		Brown
Consistency (Stool)	Semi Solid		Semi Solid
Reaction (Stool)	Acidic		Acidic
Mucus (Stool)	Absent		Absent
Blood (Stool)	Absent		Absent
Ova (Stool)	Nil		NIL
Cysts (Stool)	Nil		NIL
Pus Cells (Stool)	1-2	/hpf	NIL
RBCs (Stool)	Nil	/hpf	Nil
Epithelial Cells (Stool)	Nil	/hpf	NIL
Trophozoites (Stool)	Nil		NIL
Macrophages (Stool)	Nil		NIL
Others	Nil		NIL



Others (Stool)





APPROVED BY

-- End of Report --

Name	NAMBI BHARATHI R	ID	MED122452879
Age & Gender	42-Male	Visit Date	3/8/2025 2:37:21 PM
Ref Doctor Name	MediWheel		

Thanks for your reference

SONOGRAM REPORT

WHOLE ABDOMEN

Liver: The liver is enlarged in size (23.8cm). 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 normal sized and smooth walled and contains no calculus.

Pancreas: The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

Spleen: The spleen is normal.

Kidneys: The right kidney measures 11.2 x 5.3 cm. Normal architecture.

The collecting system is not dilated.

The left kidney measures 11.8 x 5.0 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.

Prostate: The prostate measures 4.5 x 3.4 x 3.2 cm and is normal sized.

Corresponds to a weight of about 26.88 gms.

The echotexture is homogeneous. The seminal vesicles are normal.

- 1. This is only a radiologincal imperssion. Like other investigations, radiological investication also have limitation. Therefore radiologincal reports should be interpreted in correlation with clinical and pathological findings.
- $2. The \ results \ reported \ here \ in \ are \ subject \ to \ interpretation \ by \ qualified \ medical \ professionals \ only.$
- 3.Customer identities are accepted provided by the customer or their representative.
- 4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.
- 5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.
- 6.Test results should be interpreted in context of clinical and other findings if any. In case of any clarification /doubt , the refrering doctor/patient can contact the respective section head of the laboratory.
- 7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,
- 8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.
 9.Liability is limited to the extend of amount billed.
- On Reports are subject to interpretation in their entirety partial or selective interpretation may lead to false oninin
- 11. Disputes, if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

Name	NAMBI BHARATHI R	ID	MED122452879
Age & Gender	42-Male	Visit Date	3/8/2025 2:37:21 PM
Ref Doctor Name	MediWheel		

RIF: Iliac fossae are normal.

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

The appendix is not visualized.

There is no free or loculated peritoneal fluid. No para aortic lymphadenopathy is seen.

IMPRESSION:

- FATTY LIVER. NO FOCAL LESION SEEN.
- ➤ GB,PANCREAS,SPLEEN,BOTH KIDNEYS APPEAR NORMAL.
- > URINARY BLADDER AND PROSTATE APPEAR NORMAL.
- > SMALL BOWELS WITH NORMAL PERISTALSIS NOTED.
- > NO ABNORMAL MASS SEEN.NO FREE FLUID IN ABDOMEN.

DR.M.AVUDAIAPPAN, BSC., MBBS., PGDUSG. SONOLOGIST.

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9.Liability is limited to the extend of amount billed.

 $^{10.} Reports \ are \ subject \ to \ interpretation \ in \ their \ entirety. partial \ or \ selective \ interpretation \ may \ lead \ to \ false \ opinion.$

^{11.}Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

Name	NAMBI BHARATHI R	ID	MED122452879
Age & Gender	42-42-Male	Visit Date	3/8/2025 2:37:21 PM
Ref Doctor Name	MediWheel		

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.7cm LVID s ... 2.8 cm EF ... 71% ...0.8cmIVS d IVS s ... 1.1cm LVPW d ... 0.9cm LVPW s ... 1.5 cm ... 306cm LA AO ... 3.4 cm **TAPSE** ... 24mm ... 1.1 cm IVC

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: 1.07 m/s A: 0.73 m/s

E/A Ratio: 1.46 E/E: 8.10

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- 3. Customer identities are accepted provided by the customer or their representative.
- 4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.
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Aortic valve: AV Jet velocity: 1.55 m/s

Tricuspid valve: TV Jet velocity: 1.42 m/s TRPG: 17.74 mmHg.

Pulmonary valve: PV Jet velocity: 1.25 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.

Mmin

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

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Name	Mr. NAMBI BHARATHI R	ID	MED122452879
Age & Gender	42Y/M	Visit Date	Mar 8 2025 8:01AM
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