

Name : Mrs. SELVI R
PID No. : MED122025353
SID No. : 623018097
Age / Sex : 52 Year(s) / Female
Ref. Dr : MediWheel

Register On : 29/07/2023 8:58 AM
Collection On : 29/07/2023 9:16 AM
Report On : 31/07/2023 1:36 PM
Printed On : 31/07/2023 4:37 PM
Type : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.03	10 ³ / μ l	< 0.2
Platelet Count (Blood/Impedance Variation)	248	10 ³ / μ l	150 - 450
MPV (Blood/Derived from Impedance)	08.70	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	25	mm/hr	< 30

BIOCHEMISTRY

BUN / Creatinine Ratio	14.3		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	95.1	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 Postprandial (PPBS) (Plasma - PP/ GOD-PAP)	150.7	mg/dL	70 - 140
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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.

Urine Glucose(PP-2 hours) (Urine - PP)	Trace		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	12.1	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.85	mg/dL	0.6 - 1.1
Uric Acid (Serum/Enzymatic)	2.8	mg/dL	2.6 - 6.0

Liver Function Test

Bilirubin(Total) (Serum)	0.40	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.21	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.19	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	18.3	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	17.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	14.2	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	66.6	U/L	53 - 141
Total Protein (Serum/Biuret)	7.33	gm/dL	6.0 - 8.0



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

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Albumin (Serum/Bromocresol green)	4.70	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.63	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.79		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	198.5	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	141.5	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)	37.4	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	132.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	28.3	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	161.1	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)	5.3		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	3.8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/Ion exchange HPLC by D10)	6.8	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood) 148.46 mg/dL

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.

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.07	ng/ml	0.4 - 1.81
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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 (Serum/Chemiluminescent Immunometric Assay (CLIA))	9.35	µg/dl	4.2 - 12.0
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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) (Serum /Chemiluminescent Immunometric Assay (CLIA))	3.51	µIU/mL	0.35 - 5.50
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R.L.
Dr.R.Lavanya MD
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Age & Gender	52Y/FEMALE	Visit Date	29 Jul 2023
Ref Doctor Name	MediWheel		

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.6 cm
LVID s ... 2.7 cm
EF ... 71 %
IVS d ... 0.8 cm
IVS s ... 1.1 cm
LVPW d ... 0.7 cm
LVPW s ... 1.2 cm
LA ... 2.7 cm
AO ... 3.1 cm
TAPSE ... 18 mm
IVC ... 0.9 cm

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:0.94 m/s A:1.18 m/s
E/A Ratio: 0.80 E/E: 12.54

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Aortic valve: AV Jet velocity: 1.29 m/s

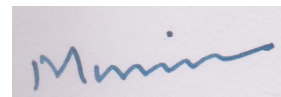
Tricuspid valve: TV Jet velocity: 2.14 m/s

TRPG:18.24 mmHg.

Pulmonary valve: PV Jet velocity: 1.12 m/s

IMPRESSION:

1. Normal chambers & Valves.
2. No regional wall motion abnormality present.
3. Normal LV systolic function.
4. Grade I diastolic dysfunction.
5. Pericardial effusion - Nil.
6. No pulmonary artery hypertension.



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

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Thanks for your reference

SONOGRAM REPORT

WHOLE ABDOMEN

Liver: The liver is normal in size. Parenchymal echoes are increased in intensity. No focal lesions. Surface is smooth. There is no intra or extra hepatic biliary ductal dilatation.

Gallbladder: The gall bladder is contracted.

Pancreas: The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

Spleen: The spleen is normal.

Kidneys: The right kidney measures 9.6 x 4.6 cm. Normal architecture.

The collecting system is not dilated.

The left kidney measures 9.6 x 4.9 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.

Uterus: The uterus is anteverted, and measures 5.9 x 3.2 x 3.1 cm.

Myometrial echoes are homogeneous.

The endometrium is central and normal measures 5.1 mm in thickness.

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Ovaries: Atrophied.

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 :

- Grade I fatty liver.

DR. J. VINOLIN NIVETHA, M.D.R.D.,
Consultant Radiologist.
Reg. No: 115999.

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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.

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.

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.

USG SCREENING : No mass / cyst / duct dilatation.

IMPRESSION:

- ✓ No significant abnormality demonstrated - BIRADS - 1 (Normal).

DR. J. VINOLIN NIVETHA, M.D.R.D.,
 Consultant Radiologist.
 Reg. No: 115999.

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MEDICAL EXAMINATION REPORT

Name Gender Date of Birth
 Position Selected For Identification marks

A. HISTORY:

1. Do you have, or are you being treated for, any of the following conditions? (please tick all that apply)?

- | | | |
|---|--|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Cancer | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Depression/ bipolar disorder | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Asthama, Bronchitis, Emphysema | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Back or spinal problems | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Sinusitis or Allergic Rhinitis (Hay Fever) |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Any other serious problem for which you are receiving medical attention | |

2. List the medications taken Regularly.

3. List allergies to any known medications or chemicals

4. Alcohol : Yes 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? Yes No
- b. Do you usually cough a lot first thing in morning? Yes No
- c. Have you vomited or coughed out blood? Yes No

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)
 - Vigorous 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

8. Hearing :

- a. Do you have history of hearing troubles? Yes No
- b. Do you experiences ringing in your ears? Yes No
- c. Do you experience discharge from your ears? Yes No
- d. Have you ever been diagnosed with industrial deafness? Yes No

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, Wrists, Hands : Consulted a medical professional ? Yes No
- d. Hips, Knees, Ankles, Legs : Resulted in time of work? Yes No
- Surgery Required ? Yes No
- 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 kneeling? Yes No
- c. Do you have back pain when forwarding or twisting? Yes No
- d. Do you have pain or difficulty when lifting objects above your shoulder height? Yes No
- e. Do you have pain when doing any of the following for prolonged periods (Please circle appropriate response)
 - Walking : Yes No
 - Kneeling : Yes No
 - Squatting : Yes No
 - Climbing : Yes No
 - Sitting : Yes No
 - Standing : Yes No
 - Bending : Yes No
- f. Do you have pain when working with hand tools? Yes No
- g. Do you experience any difficulty operating machinery? Yes No
- h. Do you have difficulty operating computer instrument? Yes No

B. CLINICAL EXAMINATION :

a. Height b. Weight Blood Pressure mmhg
 Chest measurements: a. Normal b. Expanded
 Waist Circumference Ear, Nose & Throat
 Skin Respiratory System
 Vision Nervous System
 Circulatory System Genito- urinary System
 Gastro-intestinal System Colour Vision

Discuss Particulars of Section B :-

C. REMARKS OF PATHOLOGICAL TESTS :

Chest X-ray ECG
 Complete Blood Count Urine routine
 Serum cholesterol Blood sugar
 Blood Group S.Creatinine

D. CONCLUSION :

Any further investigations required Any precautions suggested

E. FITNESS CERTIFICATION

Certified that the above named recruit does not appear to be suffering from any disease communicable or otherwise, constitutional weakness or bodily infirmity except _____
 I do not consider this as disqualification for employment in the Company. S

Candidate is free from Contagious/Communicable disease

Date : 31.7.23

Signature of Medical Adviser

Jr.S. MANIKANDAN, M.D.,D.M.,(Cardi)
 Reg.No: 61785, Consultant Cardiologist



THE EYE FOUNDATION

SUPER SPECIALITY EYE HOSPITALS

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 Dr. Sumanth
 Dr. Sunitha
 Dr. Sushma Poojary
 Dr. Swathi Baliga
 Dr. Tamilarasi S.
 Dr. Thenarasun S.A.
 Dr. Umesh Krishna
 Dr. Vaishnavi M.
 Dr. Vamsi K.
 Dr. Vidhya N.
 Dr. Vijay Kumar S.
 Dr. Visalatchi
 Dr. Vishnu Kuppasamy Pounraju

Date: 29/07/22

Eye Fitness Certificate

This is to certify that Mr/Mrs/Ms Selvi R Age 52yrs

Male/Female, our MRNO... 13033610

	OD	OS
Visual Acuity	+2.25 6/6	+2.25/+0.50 x 180° 6/6
Near Vision	+1.50 N6	+1.50 N6
Colour Vision	Normal	Normal
B.S.V	Present	Present
Central Fields	Normal	Normal
Anterior Segment	Normal	Normal
Fundus	Normal	Normal

Medical Consultant,
 The Eye Foundation,
 Tirunelveli
Dr. S. MOHAMED FAIZAL MBBS. DO., FAEH.,
 Medical Superintendent
 Reg.No. 85747
THE EYE FOUNDATION
 Tirunelveli

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SELVIR 52 F MED122025353 TEN90086963844 F RT 7/29/2023

MEDALL DIAGNOSTICS

R.CC

L.CC

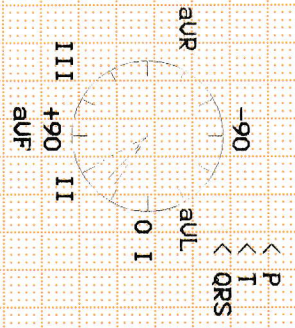
R.MLO

L.MLO

SELVIR 52 F MED122025353 TEN90086963844 F RT 7/29/2023

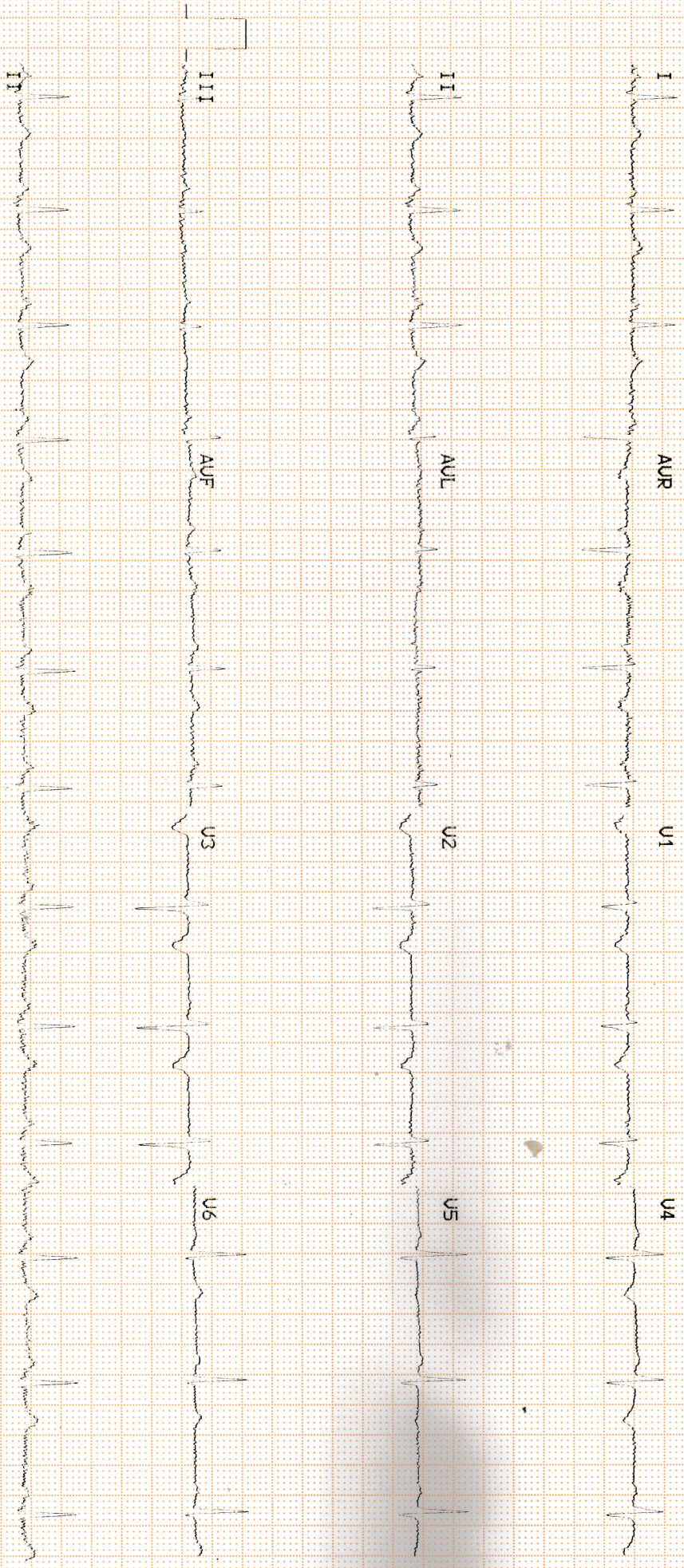
MEDALL DIAGNOSTICS

AGE:
 Measurement Results:
 QRS : 84 ms
 QT/QTcB : 382 / 429 ms
 PR : 148 ms
 P : 112 ms
 RR/PP : 778 / 785 ms
 P/QRS/T : 61 / 43 / 35 degrees



Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 T wave abnormality, consider anterior ischemia
 Abnormal ECG

Unconfirmed report



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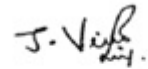
Thanks for your reference

DIGITAL X- RAY CHEST PA VIEW

Trachea appears normal.
Cardiothoracic ratio is within normal limits.
Bilateral lung fields appear normal.
Costo and cardiophrenic angles appear normal.
Visualised bony structures appear normal.
Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

- i. NO SIGNIFICANT ABNORMALITY DEMONSTRATED.**



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