



**Name** : Mrs. THANGA LAKSHMI K  
**PID No.** : MED121762336  
**SID No.** : 623007213  
**Age / Sex** : 35 Year(s) / Female  
**Ref. Dr** : MediWheel

**Register On** : 25/03/2023 9:25 AM  
**Collection On** : 25/03/2023 9:59 AM  
**Report On** : 25/03/2023 5:43 PM  
**Printed On** : 27/03/2023 10:08 AM  
**Type** : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>Absolute Basophil count</b> (Blood/Impedance Variation & Flow Cytometry)	0.04	10 <sup>3</sup> / $\mu$ l	< 0.2
<b>Platelet Count</b> (Blood/Impedance Variation)	536	10 <sup>3</sup> / $\mu$ l	150 - 450
<b>MPV</b> (Blood/Derived from Impedance)	07.42	fL	8.0 - 13.3
<b>PCT</b> (Automated Blood cell Counter)	0.40	%	0.18 - 0.28
<b>ESR (Erythrocyte Sedimentation Rate)</b> (Blood/Automated ESR analyser)	20	mm/hr	< 20

## BIOCHEMISTRY

<b>BUN / Creatinine Ratio</b>	13.4		
<b>Glucose Fasting (FBS)</b> (Plasma - F/GOD-PAP)	76.2	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.

<b>Glucose Postprandial (PPBS)</b> (Plasma - PP/GOD-PAP)	96.0	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.

<b>Blood Urea Nitrogen (BUN)</b> (Serum/Urease UV / derived)	11.0	mg/dL	7.0 - 21
<b>Creatinine</b> (Serum/Modified Jaffe)	0.82	mg/dL	0.6 - 1.1
<b>Uric Acid</b> (Serum/Enzymatic)	3.2	mg/dL	2.6 - 6.0
<b><u>Liver Function Test</u></b>			
<b>Bilirubin(Total)</b> (Serum)	0.40	mg/dL	0.1 - 1.2
<b>Bilirubin(Direct)</b> (Serum/Diazotized Sulfanilic Acid)	0.14	mg/dL	0.0 - 0.3
<b>Bilirubin(Indirect)</b> (Serum/Derived)	0.26	mg/dL	0.1 - 1.0
<b>SGOT/AST (Aspartate Aminotransferase)</b> (Serum/Modified IFCC)	29.3	U/L	5 - 40
<b>SGPT/ALT (Alanine Aminotransferase)</b> (Serum)	19.8	U/L	5 - 41
<b>GGT(Gamma Glutamyl Transpeptidase)</b> (Serum/IFCC / Kinetic)	13.6	U/L	< 38
<b>Alkaline Phosphatase (SAP)</b> (Serum/Modified IFCC)	97.6	U/L	42 - 98
<b>Total Protein</b> (Serum/Biuret)	7.84	gm/dL	6.0 - 8.0
<b>Albumin</b> (Serum/Bromocresol green)	3.9	gm/dL	3.5 - 5.2



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>Globulin</b> (Serum/Derived)	<b>3.94</b>	gm/dL	2.3 - 3.6
<b>A : G RATIO</b> (Serum/Derived)	0.99		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
<b>Cholesterol Total</b> (Serum/CHOD-PAP with ATCS)	150.6	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
<b>Triglycerides</b> (Serum/GPO-PAP with ATCS)	79.6	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.

<b>HDL Cholesterol</b> (Serum/Immunoinhibition)	<b>30.4</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
<b>LDL Cholesterol</b> (Serum/Calculated)	<b>104.3</b>	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
<b>VLDL Cholesterol</b> (Serum/Calculated)	15.9	mg/dL	< 30
<b>Non HDL Cholesterol</b> (Serum/Calculated)	120.2	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.

<b>Total Cholesterol/HDL Cholesterol Ratio</b> (Serum/Calculated)	5		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
<b>Triglyceride/HDL Cholesterol Ratio (TG/HDL)</b> (Serum/Calculated)	2.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	3.4		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)	5.7	%	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)	116.89	mg/dL
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**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 glyceemic 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))	1.44	ng/mL	0.7 - 2.04
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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))	12.07	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))	3.22	µIU/mL	0.35 - 5.50
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Age & Gender	35Y/FEMALE	Visit Date	25 Mar 2023
Ref Doctor Name	MediWheel		

*Thanks for your reference*

**ECHOCARDIOGRAM WITH COLOUR DOPPLER:**

LVID d ... 4.6 cm  
LVID s ... 2.6 cm  
EF ... 75 %  
IVS d ... 0.9 cm  
IVS s ... 1.1 cm  
LVPW d ... 0.5 cm  
LVPW s ... 1.1 cm  
LA ... 3.3 cm  
AO ... 3.0 cm  
TAPSE ... 24m m

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:0.80 m/s      A:0.63 m/s

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E/A Ratio: 1.26    E/E: 8.33

Aortic valve: AV Jet velocity: 1.83 m/s

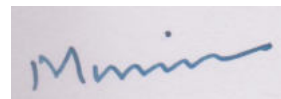
Tricuspid valve: TV Jet velocity: 1.77 m/s

TRPG:12.56mm Hg.

Pulmonary valve: PV Jet velocity: 1.20 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**

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Age & Gender	35Y/FEMALE	Visit Date	25 Mar 2023
Ref Doctor Name	MediWheel		

*Thanks for your reference*

**REAL - TIME 2D & 4D ULTRASOUND DONE WITH VOLUSON 730 EXPERT .**

### **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 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 9.1 x 3.9 cm. Normal architecture.

The collecting system is not dilated.

The left kidney measures 9.4 x 4.3 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.



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Age & Gender	35Y/FEMALE	Visit Date	25 Mar 2023
Ref Doctor Name	MediWheel		

**Uterus:** The uterus is anteverted, and measures 7.1 x 3.4 x 3.1 cm.  
Myometrial echoes are homogeneous.  
The endometrium is central and normal measures 6.2 mm in thickness.

**Ovaries:** The right ovary measure 2.9 x 2.1 cm.  
The left ovary measures 2.7 x 2.0 cm.  
No significant mass or cyst is seen in the ovaries.  
Parametria are free.

**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**

Name	THANGA LAKSHMI K	Customer ID	MED121762336
Age & Gender	35Y/F	Visit Date	Mar 25 2023 9:24AM
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.

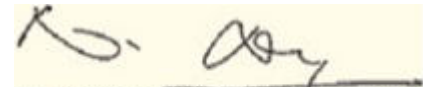
Costo and cardiophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

**IMPRESSION:**

- i. NO SIGNIFICANT ABNORMALITY DEMONSTRATED.**



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



# THE EYE FOUNDATION

SUPER SPECIALITY EYE HOSPITALS

City Shopping Centre, Kokkirakulam, Trivandrum Road, Tirunelveli - 627 003.

Tel : 0462 435 6655 / 6622

E-mail : tirunelveli@theeyefoundation.com Website : www.theeyefoundation.com

H.O : D.B. Road, Coimbatore - 641 002.



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Dr. Aylette Jude Dsilva  
Dr. Chandra Shekar C.S.  
Dr. Chitra Ramamurthy  
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Dr. Girish Reddy G.C.  
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Dr. Gopal R.  
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Dr. Hemamalini  
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Dr. Jezeela K.  
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Dr. Tamilarasi S.  
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Dr. Umesh Krishna  
Dr. Valshnavi M.  
Dr. Vamsi K.  
Dr. Vidhya N.  
Dr. Vijay Kumar S.  
Dr. Visalatchi  
Dr. Vishnu Kuppusamy Pounraju

Date: 25/03/2023

## Eye Fitness Certificate

This is to certify that Mr/Mrs/Ms. Thangalakshmi .K, Age 35/F,

Male/Female, our MRNO...13026987

	OD	OS
Visual Acuity	-1.25DS -0.50DC x20 6/6	-1.50DS 6/6
Near Vision	N6	N6
Colour Vision	Normal	Normal
B.S.V	Normal	Normal
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

L

THANGA LAKSHMI K 35 F MED121762336 TEN88878063844 F RT 3/25/2023

MEDALL DIAGNOSTICS



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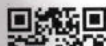
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**IMPRESSION:**

❖ **NO SIGNIFICANT ABNORMALITY DEMONSTRATED.**



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CONSULTANT RADIOLOGIST.  
REG.NO: 82342.**



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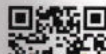
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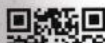
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The left ovary measures 2.7 x 2.0 cm.  
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**IMPRESSION :**

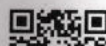
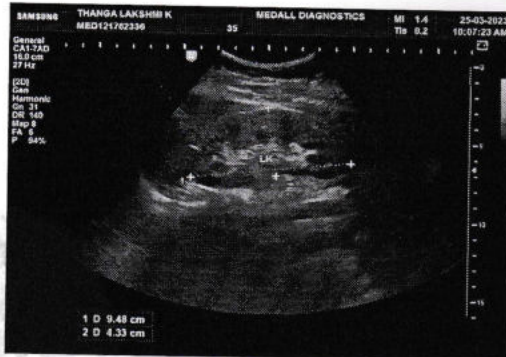
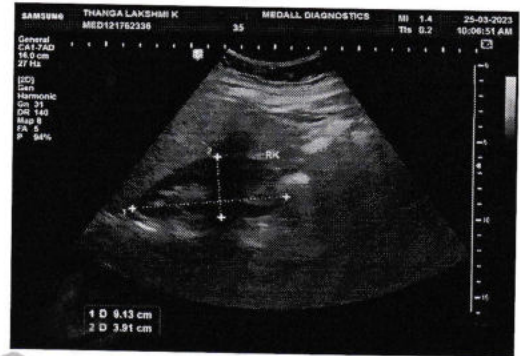
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**DR. J. VINOLIN NIVETHA, M.D.R.D.,**  
**Consultant Radiologist**  
**Reg. No: 115999**



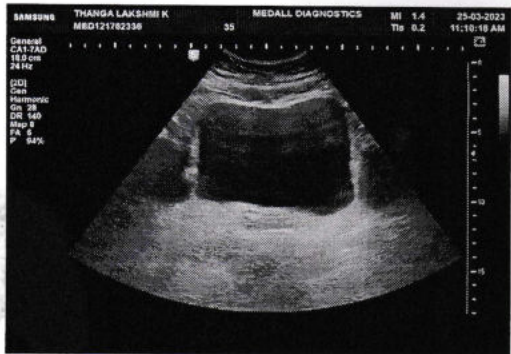
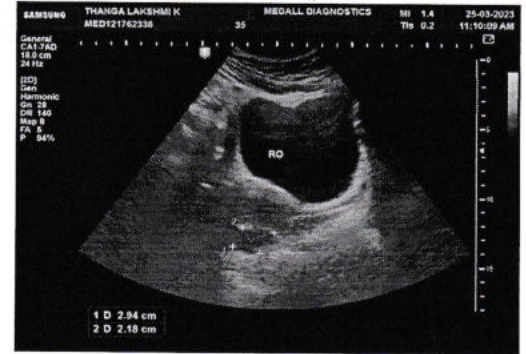
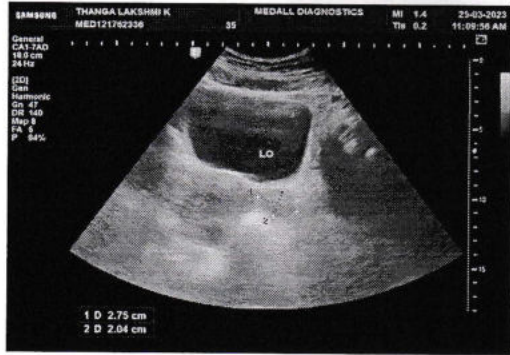
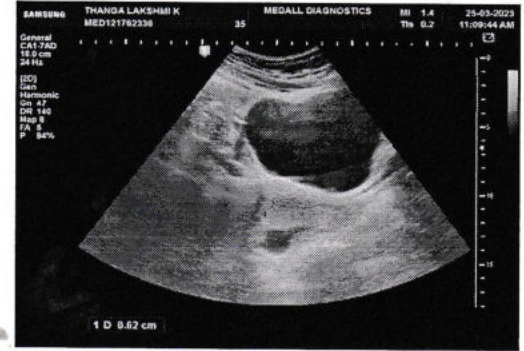
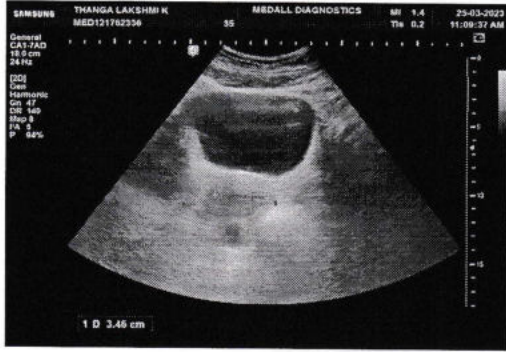


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*Thanks for your reference*

**ECHOCARDIOGRAM WITH COLOUR DOPPLER:**

LVID d ... 4.6 cm  
 LVID s ... 2.6 cm  
 EF ... 75 %  
 IVS d ... 0.9 cm  
 IVS s ... 1.1 cm  
 LVPW d ... 0.5 cm  
 LVPW s ... 1.1 cm  
 LA ... 3.3 cm  
 AO ... 3.0 cm  
 TAPSE ... 24mm

Left ventricle , Left atrium normal.

Right ventricle, Right atrium normal.

No regional wall motion abnormality present.

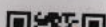
Mitral valve, Aortic valve, Tricuspid valve & Pulmonary valve normal.

Aorta normal.

Inter atrial septum intact.

Inter ventricular septum intact.

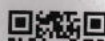
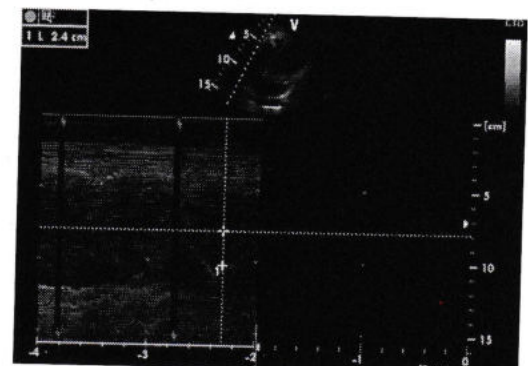
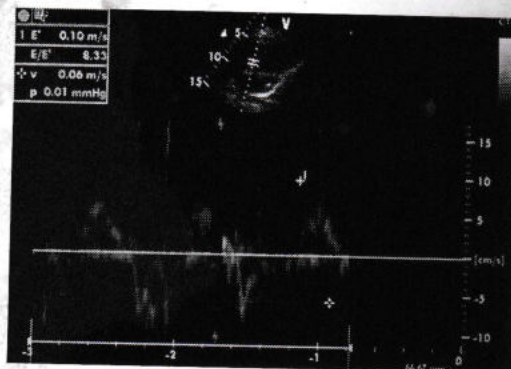
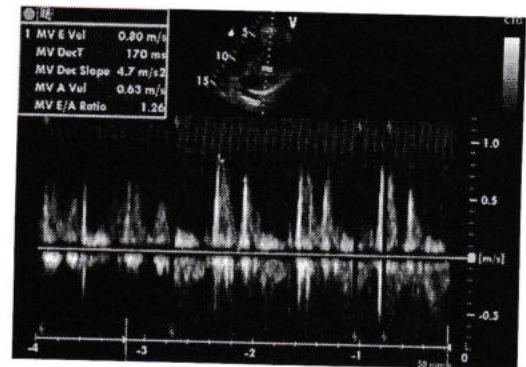
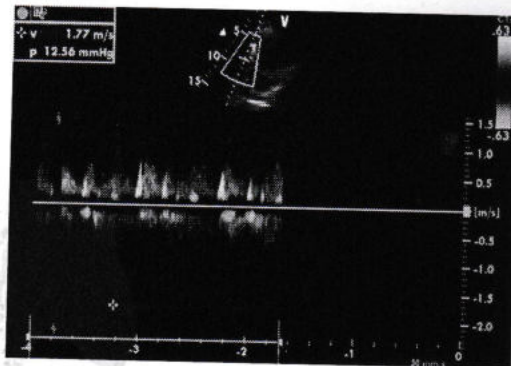
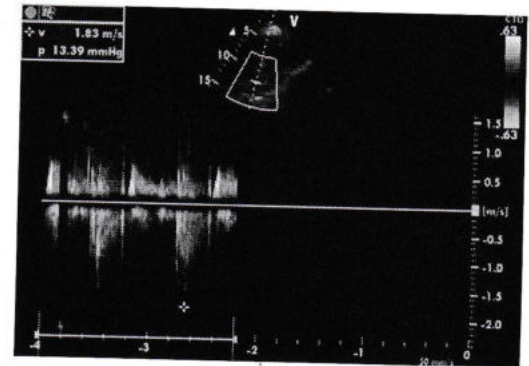
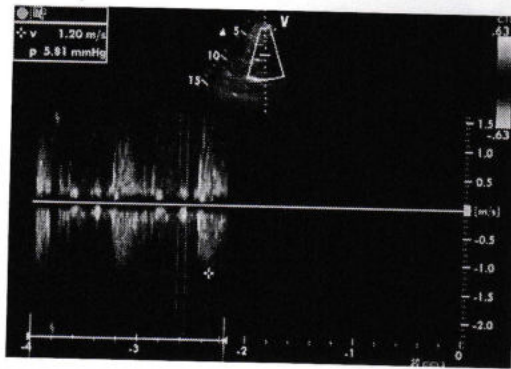
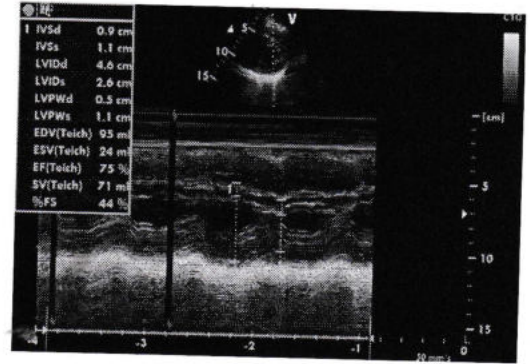
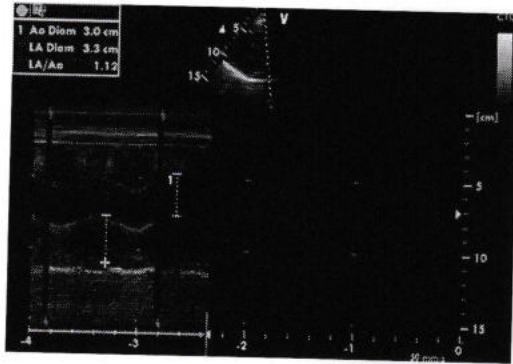
No pericardial effusion.







Customer Name	MRS.THANGA LAKSHMI K	Customer ID	MED121762336
Age & Gender	35Y/FEMALE	Visit Date	25/03/2023
Ref Doctor	MediWheel		





Mrs. Thangalathandi

MEDALL DIAGNOSTICS TIRUNELVELI

HR 67 bpm

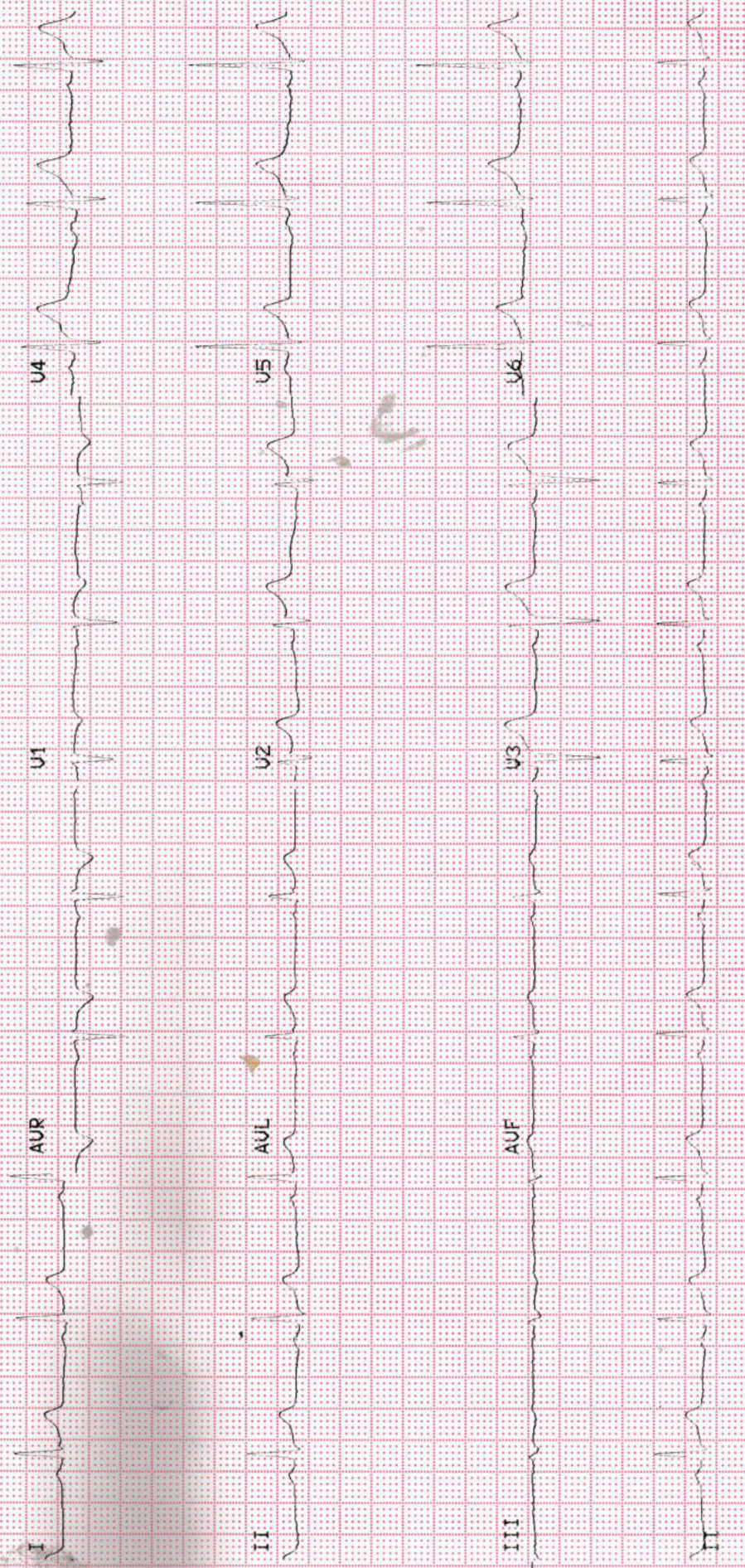
Measurement Results

PR: 98 ms  
 QRS: 378 / 399 ms  
 QTc: 164 ms  
 P: 128 ms  
 S/T: 896 / 890 ms  
 S/T: 25 / 25 / 15 degrees  
 QTcBD: 36 / 38 ms  
 Low: 2.2 mV  
 9

Interpretation

normal ECG

Unconfirmed report.





# MEDICAL EXAMINATION REPORT

Name K. THANGA LAKSHMI Gender M / F Date of Birth 12-04-1987

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 :**

*Chest - 36*  
*Hip - 38*  
*pulse - 76*

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 <input type="text" value="—"/>	ECG <input type="text" value="—"/>
Complete Blood Count <input type="text" value="—"/>	Urine routine <input type="text" value="—"/>
Serum cholesterol <input type="text" value="—"/>	Blood sugar <input type="text" value="—"/>
Blood Group <input type="text" value="—"/>	S.Creatinine <input type="text" value="—"/>

**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

*[Handwritten Signature]*

Date : 25-3-23

*[Handwritten Signature]*  
Signature of Medical Adviser