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SILUVAI ANTENEETA SONIYA D 37 F MED121758925 TEN88848263844 F RT 3/22/2023

MEDALL DIAGNOSTICS

Customer Name	MRS.SILUVAI ANTENEETA SONIYA D	Customer ID	MED121758925
Age & Gender	37Y/FEMALE	Visit Date	22/03/2023
Ref Doctor	MediWheel		

Thanks for your reference

DIGITAL X- RAY CHEST PA VIEW

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Both costophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

✓ **NO SIGNIFICANT ABNORMALITY DEMONSTRATED.**



**DR. DANIEL STANLEY PETER, M.D.R.D.,
CONSULTANT RADIOLOGIST.
REG.NO: 82342.**



MEDICAL EXAMINATION REPORT

Name D. SILUVAI ANTHEETA SONIYA Gender M / F Date of Birth 07.5.1985
 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)?

- | | | |
|---|--|---|
| <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)
 - 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

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 <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| b. Back : | If Yes ; approximate date (MM/YYYY) | | |
| c. Shoulder, Elbow, Wrists, Hands | Consulted a medical professional ? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| d. Hips, Knees, Ankles, Legs | Resulted in time of work? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Surgery Required ? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Ongoing Problems ? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

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 <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Kneeling : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Squatting : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| •Climbing : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Sitting : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| •Standing : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Bending : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
- 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 - 42
HIP - 36 *pulse - 76*

a. Height <input type="text" value="152"/>	b. Weight <input type="text" value="80"/>	Blood Pressure <input type="text" value="110 / 76 mmhg"/>
Chest measurements: a. Normal <input type="text"/>	b. Expanded <input type="text"/>	
Waist Circumference <input type="text" value="—"/>	Ear, Nose & Throat <input type="text" value="—"/>	
Skin <input type="text" value="—"/>	Respiratory System <input type="text" value="—"/>	
Vision <input type="text" value="—"/>	Nervous System <input type="text" value="—"/>	
Circulatory System <input type="text" value="—"/>	Genito-urinary System <input type="text" value="—"/>	
Gastro-intestinal System <input type="text" value="—"/>	Colour Vision <input type="text" value="—"/>	

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

Date : 22-8-23

[Signature]
Signature of Medical Adviser
Dr.S. MANIKANDAN, MD, DM

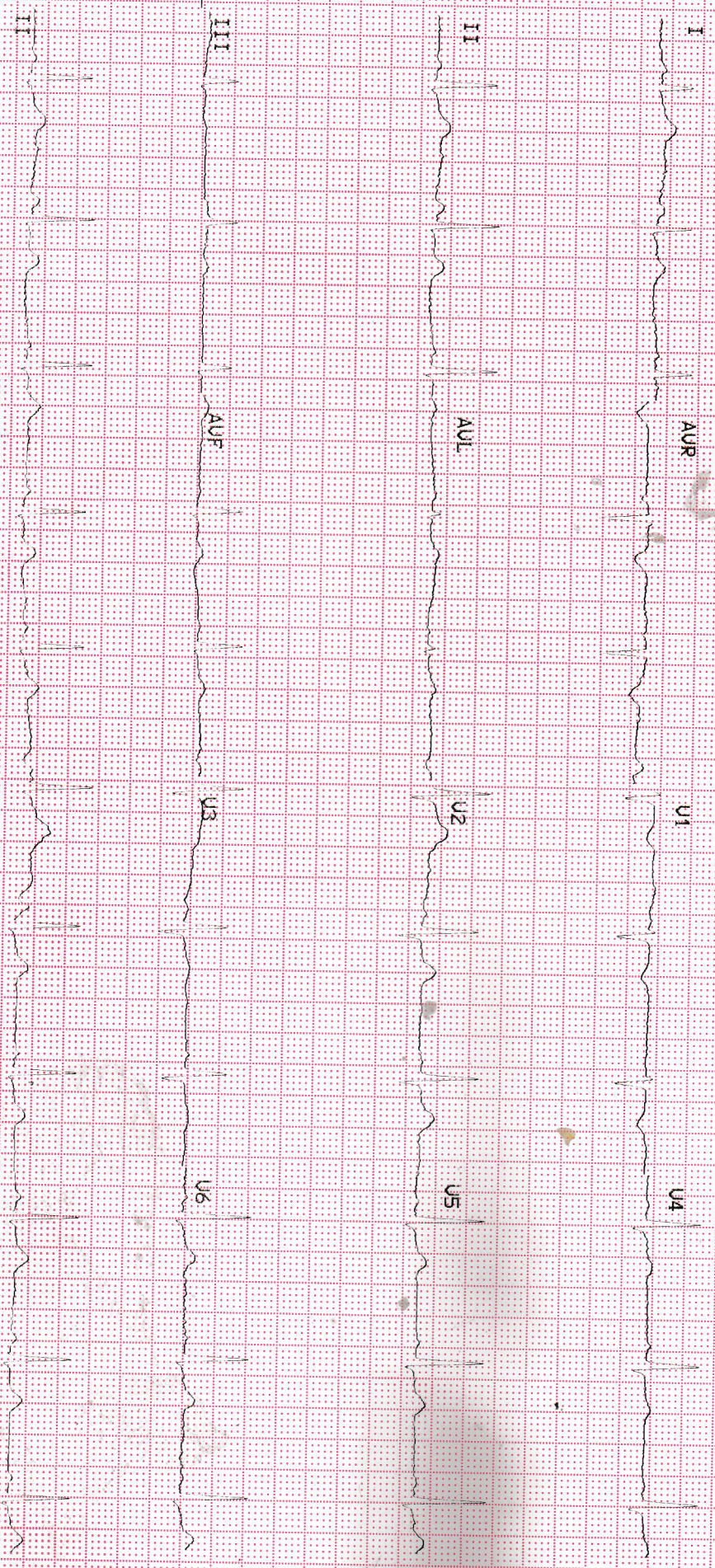
Measurement Results

QRS	94 ms	< P
QT/QTcB	410 / 427 ms	< T
PR	124 ms	< QRS
P	88 ms	aUL
RR/PP	920 / 895 ms	0 I
P/QRS/T	35 / 55 / 30 degrees	
QT/QTcBD	40 / 42 ms	III +90
Sokolow	1.6 mV	II
NK	9	aUF

Interpretation
 R/S Inversion area between U1 and U2
 Probably normal ECG

Unconfirmed report.

HR 65bpm



01 Jan 2001 12:24:01 AM 25mm/s 1.0mV/mV ADS 50Hz 0.06 20Hz 2.0mV Automatic U6 2 (2) (1)



THE EYE FOUNDATION

SUPER SPECIALITY EYE HOSPITALS

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

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



CONSULTANTS :

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- Dr. Andrea Jose
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- Dr. Ayllette Jude Dsilva
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- Dr. Gopal R.
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- Dr. Hemamalini
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- Dr. Muralidhar N.S.
- Dr. Nagesh
- Dr. Nikitha
- Dr. Pranesh Ravi
- Dr. Praveen Muraly
- Dr. Preethi
- Dr. Priyanka R.
- Dr. Priyanka Shyam
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- Dr. Umesh Krishna
- Dr. Vaishnavi M.
- Dr. Vamsi K.
- Dr. Vidhya N.
- Dr. Vijay Kumar S.
- Dr. Visalatchi
- Dr. Vishnu Kuppusamy Pounraju

Date: 22/03/2023

Eye Fitness Certificate

This is to certify that Mr/Mrs/Ms. Silva Anreeneethy Sanjay, Age 37 yr.,

Male/Female, our MRNO...1.30.26812

	OD	OS
Visual Acuity	-0.5 / -1.5 @ 80° 6/6	6/6
Near Vision	N.G.	N.G.
Colour Vision	N.P.N	N.P.N
B.S.V	N.P.N	N.P.N
Central Fields	N.P.N	N.P.N
Anterior Segment	N.P.N	inferior iris coloboma
Fundus	N.P.N	N.P.N

Fit with glasses	<input checked="" type="checkbox"/>
Fit without glasses	<input type="checkbox"/>
unfit	<input type="checkbox"/>

P.S.D.
 Medical Consultant,
 The Eye Foundation,
 Tirunelveli.

DR. PATIL SANDIP DATTATRAYA
 MBBS, M.S. (OPHTHALM.),
 REG. No : G 59864
 THE EYE FOUNDATION
 TIRUNELVELI

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

SONOGRAM REPORT

WHOLE ABDOMEN

Poor penetration of USG due to thick abdominal wall.

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 contracted. **A linear echogenic focus measuring about 28 mm with posterior acoustic shadowing, noted within the lumen.**

Pancreas: The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

Spleen: The spleen is normal.

Kidneys: The right kidney measures 10.3 x 4.5 cm. Normal architecture. The collecting system is not dilated.

The left kidney measures 11.1 x 5.5 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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Uterus: The uterus is anteverted, and measures 8.1 x 4.4 cm.
Myometrial echoes are homogeneous.
The endometrium is central and normal measures 9.8 mm in thickness.

Ovaries: The right ovary measure 2.6 x 2.6 cm.
The left ovary measures 3.2 x 2.8 cm.
Few small follicles noted in both ovaries.
No significant mass or cyst is seen in the ovaries.
Parametria are free.

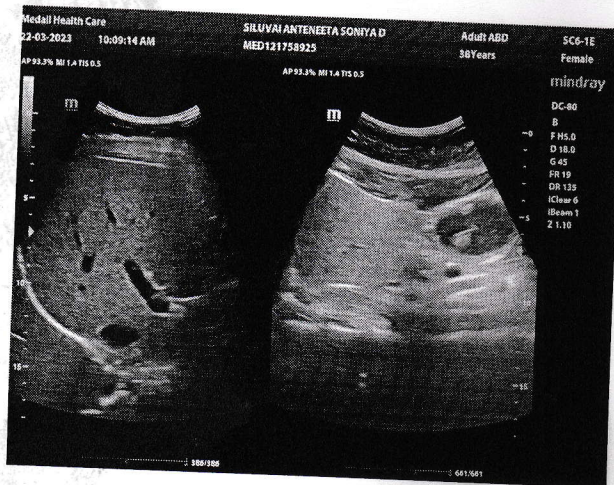
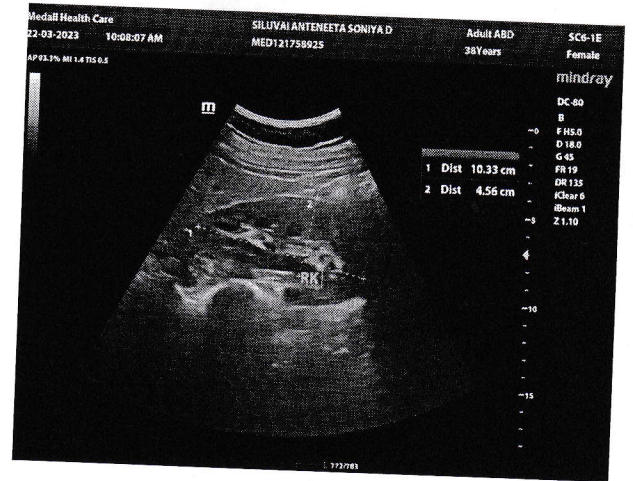
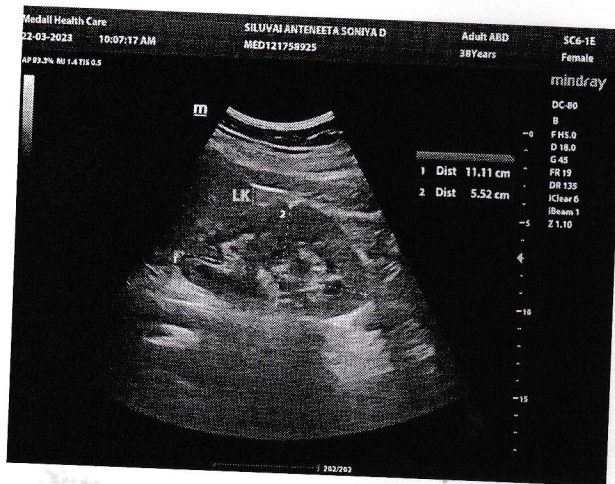
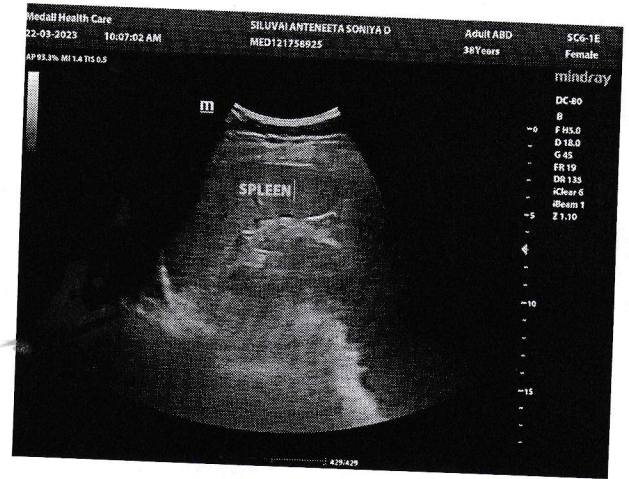
RIF: Iliac fossae are normal.
No mass or fluid collection is seen in the right iliac fossa.
The appendix is not visualized.
There is no free or loculated peritoneal fluid.
No para aortic lymphadenopathy is seen.

IMPRESSION :

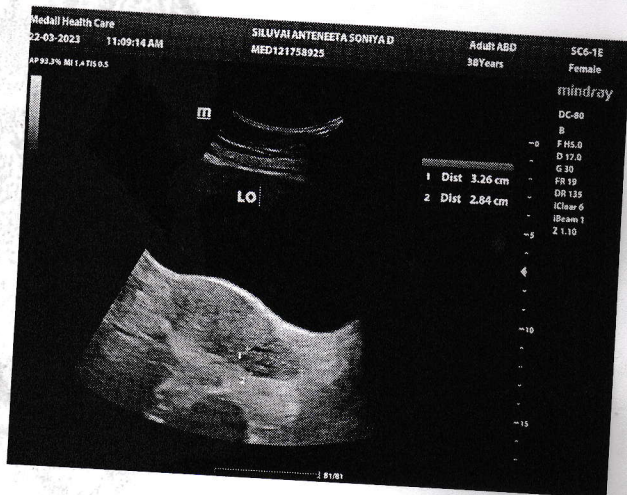
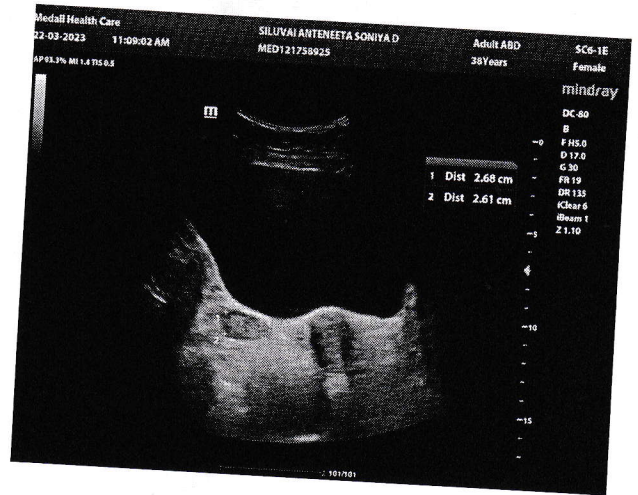
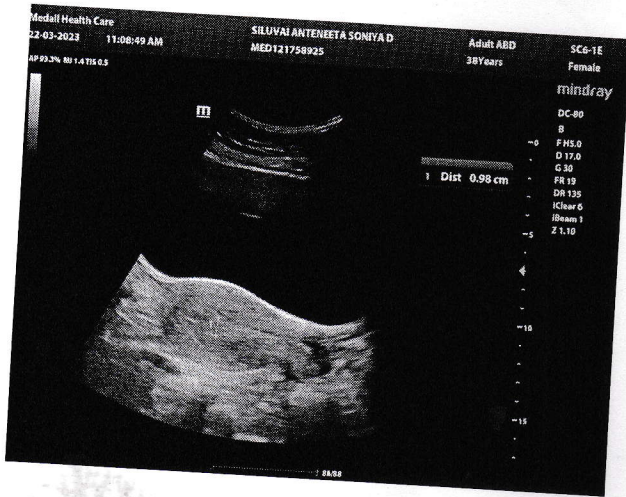
- Suggestive of Cholelithiasis.-To be reviewed with 12 hrs fasting if necessary.


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

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ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 5.0 cm
 LVID s ... 2.9 cm
 EF ... 73 %
 IVS d ...1.1 cm
 IVS s ... 1.3 cm
 LVPW d ... 0.8 cm
 LVPW s ... 1.1 cm
 LA ... 3.0 cm
 AO ... 3.2 cm
 TAPSE ... 20mm
 IVC ... 1.2cm

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 .



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Doppler:

Mitral valve : E: 0.62 m/s A:1.10 m/s
E/A Ratio: 0.57 E/E:8.23

Aortic valve: AV Jet velocity:1.71 m/s

Tricuspid valve: TV Jet velocity: 2.35 m/s TRPG:22.16mmHg.

Pulmonary valve: PV Jet velocity: 1.61 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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