DDRC SRL Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NET WORK

DDRC SRL DIAGNOSTICS PRIVATE LIMITED
Karimattom Building, Gandhi Nagar
Kottayam
Phone : 9496005004, Mail: mchkottayam@ddrcsrl.com
CIN:U85190MH2006PTC161480

Name : **MURALEEKRISHNAN G** | Age/Sex : 51/M | **SRD No : KG22903666-HI I**

Referred by: MEDIWHEEL HEALTH CHECKUP ABOVE 40(M) | Sample Coll. at: 11/07/2022 11:38 AM | Ref. No :

Institution: MEDIWHEEL HEALTH CHECKUP | Report On : 11/07/2022 01:37 PM | IP/OP/SRF No:

Phone No. : 9497666809

Test Description	Value Observed	Reference Range
	DEPARTMENT OF HORMONES	
Total PSA	1.69 ng/ml	<2.5 : 40 - 49 yrs < 3.5 : 50 - 59 yrs < 4.5 : 60 - 69 yrs < 6.5 : Above 70 yrs
THYROID FUNCTION TEST(C)		
Total T3	104 ng/dl	11 -15 yrs : 82 - 213 ng/dL 16 - 20 yrs : 80 -210 ng/dL 20 - 50 yrs: 70 - 204 ng/dL 50 -90 yrs : 40- 181 ng/dL
Total T4	8.5 µg/dl	10 - 15 yrs : 5.6 - 11.7 µg/dL 15 - 60 yrs : 4.6 -10.5 µg/dL >60 yrs : 5 - 10 .7 µg/dL
TSH	4.83 µIU/ml	21 wks-20 yrs : 0.7-6.4 µIU/mL 21 - 54 yrs : 0.4 -4.2 µIU/mL 55 - 87 yrs : 0.5 - 8.9 µIU/mL

Notes:

KINDLY CORRELATE CLINICALLY.

Test :Total PSA Method: Chemiluminescence Sample : Serum

PSA(Prostate Specific Antigen) is an enzyme which belongs to a serine protease enzyme family.Its mainly produced by Prostate gland for the liquefaction of seminal coagulum.As its a protease , its bound to anti-proteases in the circulation.So PSA is present in the circulation in two forms, Complexed form and Free form.

So Total PSA is the amount of total forms of PSA in the circulation.

As a man gets older, the prostate often grows accordingly,thereby causing changes in PSA values.This is the reason behind adopting age related reference interval for the PSA values.

The standard firstline screening test for Prostate cancer is PSA.But a point that has to be noted is that PSA is not a test specific for Prostate cancer, that is,a raised PSA level means there is something happening which is related to prostate which can be prostate cancer.

The diagnosis of prostate cancer is confirmed by Biopsy.Several other tests also accounts for the avoidance of invasive procedures and that can be of diagnostic importance, like Digital Rectal Examination (DRE),USG-scan, PSA-density,PSA velocity and percent free PSA.

PSA values can be also used to predict the survival and the tumor recurrence following the therapy, in patients with known prostate cancer.

Factors those related with increases total PSA levels apart from prostate cancer are Benign Prostate Hypertrophy(BPH),Prostatitis,Urinary tract infection,Acute myocardial infarction,Acute renal failure,Ejaculation,Recent DRE,Chemotherapy,Steroids,Prostatic massage,Vigorous physical exertion like spinning,biking,bicycling,Certain drugs, Indwelling catheter,time (for weeks sometimes) after prostate biopsy or resection and injury to pelvic region or prostate gland itself.

Falsely low Total PSA levels are seen in obese individuals.

Other factors that contribute to low Total PSA levels are 5 alpha-reductase therapy,Anti-androgen therapy,LH agonists therapy, and after prostate removal .

Total PSA values obtained at the time of presentation of acute urinary retention is a contentious issue.

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Test Description	Value Observed	Reference Range

DEPARTMENT OF HORMONES

NOTE :- KINDLY CORRELATE CLINICALLY

Test: Total T3. Sample: Serum. Method: CLIA.

Total T3 (Total Tri-iodo-thyronine) is one of the bound form of thyroid hormones produced by Thyroid gland.Its production is tightly regulated by TRH (Thyrotropin Releasing hormone) from Hypothalamus and TSH (Thyroid Stimulating Hormone) from Anterior pituitary gland.In euthyroid state, Thyroid gland secretes 10-15 % of T3, which in circulation is heavily protein bound and is the principle bioactive form.T4 is converted to T3 by deiodinases in peripheraly (mainly Liver) and in target organs.Total T3 levels are increased in primary and central hyperthyroidism and T3 toxicosis; & its levels are decreased in primary and central hypothyroidism.But its normal ,in case of subclinical hypothyroidism and hyperthyroidism.Alterations in Total T3 level can also occur in conditions like Non-thyroidal illness,Pregnancy,certain Drugs and Genetic conditions.

Test: Total T4. Sample: Serum. Method: CLIA.

Total T4 (Total Tetra-iodo-thyronine or Total Thyroxine) is one of the bound form of thyroid hormones produced by Thyroid gland.Its production is tightly regulated by TRH (Thyrotropin Releasing hormone) from Hypothalamus and TSH (Thyroid Stimulating Hormone) from Anterior pituitary gland.In euthyroid state, Thyroid gland secretes 85-90 % of Thyroxine, which in circulation is heavily protein bound and has more half life than T3.Total T4 levels are increased in primary and central hyperthyroidism; & its levels are decreased in primary and central hypothyroidism.But its normal ,in case of subclinical hypothyroidism and hyperthyroidism and T3 toxicosis.Alterations in Total T4 level can also occur in conditions like Non-thyroidal illness,Pregnancy,certain Drugs and Genetic conditions.

Test: TSH. Sample: Serum. Method: CLIA.

TSH (Thyroid Stimulating Hormone or Thyrotropin) is produced by Anterior pituitary in response to its stimulation by TRH (Thyrotropin Releasing Hormone) released from hypothalamus.TSH and TRH releases are regulated by Thyroid hormones through a feedback mechanism.

There are several causes that can lead to Thyroid gland dysfunction or dysregulation which eventualy results in Hyperthyroidism or Hypothyroidism.Based on the thyroid hormones and TSH levels it can be classified as subclinical,primary or central.

Apart from this,certain other conditions can also leads to diagnostic confusions in the interpretation of a Thyroid function test, and they are Pregnancy, Levothyroxine therapy, certain other drug therapy,assay interference, alterations in thyroid hormone binding protein's concentration and its binding capacity, conditions of non-thyroidal illness and certain genetic conditions. TSH secretion exhibits a diurinal pattern , so its advisable to check it during morning.

Measurement of TSH alone may be misleading , in conditions like Recent treatment for thyrotoxicosis ,TSH-assay interference,Central hypothyroidism,TSH-secreting pituitary adenoma, Resistance to Thyroid hormone,and Disorders of thyroid hormone transport or metabolism.

TSH receptor present in Thyroid gland can be stimulated or inhibited by auto-antibodies produced during autoimmune thyroid disorders, which can lead to functional abnormalities of thyroid gland.

The American Thyroid Association determined that only TSH assays with third generation functional sensitivity (sensitivity=0.01mIU/L) are sufficient for use as screening tests for hyperthyroidism;their recommendation is consistent with the National Academy of Clinical Biochemistry Laboratory Medicine Practice Guideline for assessment of thyroid function.

Status : INTERIM REPORT **** End Of Report ****

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Test Description	Value Observed	Biological Reference	
DEPARTMENT OF CLINICAL BIOCHEMISTRY			
BUN	6.5 mg/dL	Adults : <60 yrs :6.0 - 20.0 mg/dL. >60 yrs :8.0 - 23.0 mg/dL.	*
BUN / CREATININE RATIO			*
BUN	6.5 mg/dl	Adult (18-60 yrs) 6 - 20 mg/dl (60-90 yrs) 8 - 23 mg/dl Children: Infant (< 1 yrs) 4 - 19 mg/dl Child 5 - 18 mg/dl	*
CREATININE	0.8 mg/dl	0.7 - 1.20 mg/dL	*
BUN / CREATININE RATIO	8.1		*
CREATININE	0.8 mg/dL	Adolescent - 0.5 - 1.0 mg/dL 18 - 60 years Male - 0.9 - 1.3 mg/dL 60 - 90 years Male - 0.8 - 1.3 mg/dL >90 years Male - 1.0 - 1.7 mg/dL	
FASTING PLASMA GLUCOSE	115 mg/dL	Diabetes Mellitus : > or = 126 mg/dL. Impaired fastingGlucose/ Prediabetes : 101 to 125 mg/dL. Hypoglycemia : < 55 mg/dL	
POST PRANDIAL PLASMA GLUCOSE	119 mg/dL	Diabetes Mellitus : > or = 200 mg/dL. Impaired Glucose tolerance/ Prediabetes : 140 to 199 mg/dL. Hypoglycemia : < 55 mg/dL.	
GLYCATED HAEMOGLOBIN (HbA1c)	6.6 %	Normal - 4.0 - 5.6% Excellent Control - 5.6 - 6.5 % Good control - 6.6 - 7.0 % Fair control - 7.1 - 8.0 % Unsatisfactory control - 8.1 - 10.0 % Poor Control - > 10 .1 %	
LIPID PROFILE			
TOTAL CHOLESTEROL	141 mg/dL	Risk cutoff threshholds for Coronary heart disease-ATP III Classification: <200 mg/dL (Desirable) 200 - 239 mg/dL (Borderline high) 240 mg/dL or greater (High) Children: 114 -205 mg/dL Risk cutoff threshholds for Coronary heart disease-ATP III Classification: Desirable : <170 mg/dL. Borderline : 170-199 mg/dL High : >199 mg/dL	
TRIGLYCERIDE, SERUM	124 mg/dL	Recommended cutoff points : < 150 mg/dL(Desirable) 150-199 mg/dL(Borderline high 200-499 mg/dl(High) >500 mg/dl (Very High)	
HDL-CHOLESTEROL	41 mg/dL	As per ATP III classification : Low : < 40 mg/dL. High : > 59 mg/dL.	

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DEPARTMENT OF CLINICAL BIOCHEMISTRY		
LDL - CHOLESTEROL	79 mg/dL	Risk cutoff for Coronary Heart disease-As per ATP III classification : Optimal : < 100 mg/dL. Near/Above optimal : 100 - 129 mg/dL. Borderline High : 130 - 159 mg/dL. High : 160 - 189 mg/dL. Very High : >189 mg/dL. Risk cutoff for Coronary Heart disease-As per NCEP in Children and Adolescents : Desirable : <110 mg/dL. Boderline : 110 - 120 mg/dL. High : > or = 130 mg/dL.
VLDL-CHOLESTEROL	21mg/dL	Calculated
LIVER FUNCTION TEST WITH GGT		
BILIRUBIN (T)	0.7 mg/dL	<1.0 mg/dL
BILIRUBIN DIRECT	0.2 mg/dL	0 -0.20 mg/dL
BILIRUBIN INDIRECT	0.5 mg/dL	<0.8 mg/dL
AST / SGOT	16 U/L	10 - 15 yrs:- 10 - 40 U/L. 16-19yrs(Male):- 15 - 45 U/L. Adults: < 38 U/L
ALT / SGPT	19 U/L	1 - 19 yrs :- 5 - 45 U/L. Adults: < 45 U/L
ALKALINE PHOSPHATASE	59 U/L	12 - 13 yrs:-200 - 495 U/L. 14 - 15 yrs:-130 - 525 U/L. 16 - 19 yrs:-65 - 260 U/L 20 - 50 yrs : 53 - 128 U/L > 60 yrs : 56 - 119 U/L
PROTEIN - TOTAL	6.5 gm/dl	13-19 yrs : 6.6 - 8.2 g/dL Adults:- Ambulatory : 6.4 – 8.3 g/dL Recumbent : 6.0 – 7.8 g/dL
ALBUMIN	4.9 gm/dl	14 - 18 years : 3.2 - 4.5 g/dL 20-60 years : 3.5 - 5.2 g/dL 60 - 90 years : 3.2 - 4.6 g/dL >90years : 2.9 -4.5 g/dL
GLOBULIN, SERUM	1.6 gm/dl	
A/G RATIO	3.1	
GAMMA GT	42.3 U/L	10 - 15 yrs :- 5 -24 U/L. Adults: < 55 U/L.
URIC ACID, SERUM	6.6 mg/dL	Adult: 3.5 - 7.2 mg/dL. Children : 2.0 - 5.0 mg/dL.

Notes:

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Test Description	Value Observed	Biological Reference

DEPARTMENT OF CLINICAL BIOCHEMISTRY

Test : Blood Urea Nitrogen (BUN) Sample : Serum / Plasma Method : UV Kinetic with Urease & GLDH
Conversion : BUN = Urea(mg/dL) x 0.467
Urea is the breakdown product of protein metabolism,which is synthesized in liver and is excreated via urine by Kidney (Reabsorption of some urea by kidney is also there).Its widely used for the screening test for renal function.Causes of increased BUN can be classified as Prerenal(CHF,Vomiting,Diarrhea,Excessive sweating, Fever,Gastrointestinal hemarrhage,Shock,Stress etc); Renal (Renal diseases); Post-renal (any cause that leads obstruction of urinary tract, eg:-ureteric stone,bladder cancer,BPH,stricture urethrae etc).Causes of decreased BUN level are Malnutrition,severe Liver disease,SIADH,Inherited Hyperammonemia etc.
Clinical correlation by a professional is neccessary to evaluate results as BUN levels in blood can fluctuate as per Age,Diet,Pregnancy, and certain drug-intake.
Critical Value (Children) : >55 mg/dL. Critical Value (Adult) : >80 mg/dL.

Test : Creatinine Sample : Serum / Plasma Method : Kinetic Colorimetric Jaffe
Note: Creatinine is the break down product of creatine phosphate in muscle, and its usually produced at a fairly constant rate depending on the muscle mass.Its freely filtered by the glomeruli and, under normal conditions, its not re-absorbed by the tubules to any appreciable extent.A small, but significant amount is also actively secreted.
So changes in hydration status, dietary status, renal blood flow, muscle mass ,muscle activity(sternous), urine outflow, and kidney function can influence the creatinine level in the blood.
Creatinine level in blood has been widely used as a renal function marker, for the diagnosis and management of renal diseases caused by various etiologies.Creatinine is not an early marker of kidney failure,therefore parameters cystatin C, microalbumin etc serves the purpose as the detectors of early renal dysfunction.
Other causes of increased creatinine levels in blood are mainly Nephrotoxic drugs,and rhabdomyolysis.Conditions like malnutrition ,malabsorbtion and liver disorders can lead to decreased creatinine levels in blood.Dilutional effect of plasma in pregnancy should be considered , when assessing their blood creatinine levels.
Clinical knowledge and interpertation skills are essential to assess the disease condition in a patient based on the blood creatinine values, as certain drugs, and endogenous factors like ketone bodies etc can interfere with the analysis, warrenting the clinical correlation of test results by a diagnostician.

Test : Glucose(Fasting) Sample : Plasma Method:- Enzymatic reference method with Hexokinase.
This test measures the amount of sugar called Glucose in the blood.Glucose comes from carbohydrate foods and is the main source of energy used by the body.Glucose levels are mainly regulated by Insulin and Glucagon,eventough various other hormones including stress hormone like Epinephrine do play some role in times.
For doing Fasting plasma Glucose test, there should be no calorie intake for atleast 8 hours.
This test is used for the diagnosis and management of Diabetes mellitus and various Hypoglycemia- associated disorders.
Fasting Plasma Glucose >or =126 mg/dL,is diagnostic for Diabetes mellitus.Fasting plasma Glucose between 101 mg/dL and 125 mg/dL are indicative for Impaired fasting glucose status or Pre-diabetes state.
People who are in insulin treatment can be subjected to Dawn phenomenon or Somogyi effect,which reflects as high fasting plasma Glucose levels.
Critical value:- Adult:- < 40 mg/dL or > 450 mg/dL.
Children:-<46 mg/dL or > 445 mg/dL.
Newborn:- <30 mg/dL or > 325 mg/dL.

Test : Glucose(Post-prandial) Sample : Plasma Method:- Enzymatic reference method with Hexokinase.
This test measures the amount of sugar called Glucose in the blood.Glucose comes from carbohydrate foods and is the main source of energy used by the body.Glucose levels are mainly regulated by Insulin and Glucagon,eventough various other hormones including stress hormone like Epinephrine do play some role in times.
For doing Post-prandial(after food) plasma Glucose test, the individual should give blood sample 2 hours after th intake of food.Physical and emotional rest is adovacable after the intake of food, if possible.
This test is used for the diagnosis and management of Diabetes mellitus, and various Hypoglycemia- associated disorders.
Post-prandial Plasma Glucose >or =200 mg/dL,is diagnostic for Diabetes mellitus.Post-prandial plasma Glucose between 141 mg/dL and 199 mg/dL are indicative for Impaired glucose tolerance status or Pre-diabetes state.
Clinical symptoms like polyuria(increased frequency of urination),polydypsia (increased water intake due to thirst) and unexplained weight loss are also of value for the diagnosis of Diabetes mellitus.
Critical value:- Adult:- < 40 mg/dL or > 450 mg/dL.
Children:-<46 mg/dL or > 445 mg/dL.
Newborn:- <30 mg/dL or > 325 mg/dL.

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Test Description	Value Observed	Biological Reference

DEPARTMENT OF CLINICAL BIOCHEMISTRY

NOTE :- KINDLY CORRELATE CLINICALLY

Test:- HbA1c Method:-HPLC (NGSP certified) Sample:- EDTA Whole blood.

Adult Hb(Hemoglobin) is HbA, which accounts for 97% of total Hb. Glycated Hb is formed by the condensation of Glucose to the Hb.Glycated Hb represents the integrated values for glucose over the preceding 8 to 12 weeks. Among glycated Hb, HbA1c is the major fraction ,which is formed by the condensation of glucose to the N-terminal valine residue of beta chain of Hb.

HbA1c is used for the diagnosis and monitoring of diabetes mellitus, and as a measure to assess risk of development of microvascular complications of diabetes mellitus like retinopathy,nephropathy and neuropathy.Each 1% reduction in HbA1c is associated with 37% reduction for risk of microvascular complications,21% reduction for risk of death, and 14% reduction for risk of myocardial infarction.

HbA1c values are not subjected to wide fluctuations as observed when blood glucose concentration are assayed.That is, HbA1c values are free of preanalytical factors like day to day glucose fluctuations, recent exercise,diet,and acute illness.

Spurious HbA1c levels can be obtained in conditions like hemolytic anemias,hemoglobinopathies,iron deficiency anemia,vitamin deficiencies,renal failure,certain drugs like aspirin ,lead poisoning,alcoholism and pure red cell aplasia.

Result is expressed as % of total Hb.

Test: VLDL-cholesterol Sample: Serum/Plasma Method:- Calculation.

This test estimates the concentration of cholesterol present in Very Low Density Lipoprotein(VLDL),which is synthesized in Liver and is the main carrier of Triglycerides from Liver to other tissues.

Calculation:

VLDLc= Triglyceride/5 (When Triglyceride levels are < 400 mg/dL):-better correlated in fasting serum samples.

,or,

VLDLc = Total cholesterol - (HDLc + LDLc) :-Derived from Friedewald's equation and can be used when Direct method is used for the LDL cholesterol estimation and even in non - fasting sample.While clinically correlating the significance,is also given to IDLcholesterol and Lipoprotein (a) too.

Test : Uric Acid Sample : Serum Method : Uricase Enzymatic

Uric acid is the end product of purine metabolism. Elevations of uric acid occur in renal failure, prerenal azotemia, gout, lead poisoning, excessive cell destruction (e.g., following chemotherapy), hemolytic anemia, and congestive heart failure and after myocardial infarction. Uric acid is also increased in some endocrine disorders, acidosis, toxemia of pregnancy, hereditary gout, and glycogen storage disease type I. A low uric acid concentration may be found following treatment by some drugs (e.g., low-dose aspirin), with low dietary intake of purines, in the presence of renal tubular defects, and in xanthinuria

Status : INTERIM REPORT **** End Of Report ****

The tests marked with an * are not accredited by NABL

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DEPARTMENT OF HAEMATOLOGY AND CLINICAL PATHOLOGY

BLOOD GROUP & RH *

BLOOD GROUP :	' A '		*
RH :	POSITIVE		*

COMPLETE BLOOD COUNT (CBC)

HAEMOGLOBIN (HB)	13.9 gm%	13-17 gm%
TOTAL LEUCOCYTE COUNT (TLC)	5,200 cells/cumm	4,000 - 10,000 Cells/cumm
DC		
NEUTROPHILS	60 %	40 - 60%
Lymphocytes	37 %	20 - 40%
Eosinophils	02 %	1 - 5%
Monocytes	01 %	2 - 10%
ESR	08 mm/hr	0-15 mm/hr
PLATELET COUNT	2.1 Lakhs/cumm	1.5 - 4.1 Lakhs/Cumm
RED BLOOD CELL COUNT (RBC)	4.73 Million/cumm	4.5 - 5.5 million / cumm
PCV	43.0 %	40-50 %
MCV	91.0 fL	83 - 101 fL
MCH	29.4 pg	26 - 34 pg
MCHC	32.4 %	32 - 36%
RED CELL DISTRIBUTION WIDTH (RDW)	11.7 %	
SUGAR URINE - POST PRANDIAL	NEGATIVE	

URINE ROUTINE EXAMINATION

VOLUME	40 ML (SAMPLE)	
COLOUR	PALE YELLOW	
APPEARENCE	CLEAR	
PH, REACTION	6.5 , ACIDIC	4.5 - 8.0
SPECIFIC GRAVITY	1.010	1.015 - 1.025
ALBUMIN	NEGATIVE	
GLUCOSE	NEGATIVE	
UROBILINOGEN	NORMAL	

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DEPARTMENT OF HAEMATOLOGY AND CLINICAL PATHOLOGY

BILIRUBIN	NEGATIVE
KETONE	NEGATIVE
DEPOSIT	
Pus cells	0 - 1 /HPF
RBC's	0 - 1 /HPF
Epithelial Cells	NIL /HPF
Cast	NIL
Crystal	AMORPHOUS URATES PRESENT
Bacteria	ABSENT

MOTION / (STOOLS) ROUTINE

MACROSCOPIC EXAMINATION	
Odour	OFFENSIVE
Colour	BROWN
Consistency	SEMI SOLID
Blood	NIL
Mucus	NIL
MICROSCOPIC EXAMINATION	
WBC/HPF	NIL
RBC/HPF	NIL
Ova/Cyst/Amoeba/HPF	NOT FOUND
	UNDIGESTED VEGETABLE CELLS PRESENT

Notes:

Test: ABO and Rh Group; Method: Column Agglutination
Technology / Reverse typing; Sample: EDTA whole blood

Results outside of normal value ranges may reflect a primary disorder of the cell producing organs or an underlying disease. Results should be interpreted in conjuction with the patients clinical picture and appropriate additional testing performed.
Automated Cell Counter 5 part
Test : CBC
Sample : WB EDTA
HB - Method : Non cyanide Haemoglobin analysis.

TC , RBC & Platelet Count : Electrical Impedence Method

Differential count - Microscopy

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DEPARTMENT OF HAEMATOLOGY AND CLINICAL PATHOLOGY

MCHC - Calculated parameters from HB & HCT

ESR : 3.8 % Sodium Citrate Blood , METHOD : Westergren method

HCT - RBC Pulse Height Detection

MCV : Calculated parameters from RBC & HCT

MCH : Calculated parameters from RBC & HB

MCHC - Calculated parameters from HB & HCT

Test : Urine Routine
Sample : Clean catch mid-stream Urine Sample

Method:-
Automated Urine Analyser : COBAS U 411, Urine Physical Examination and Microscopy

pH - Colour indicator
Specific gravity - Ionic concentration
Albumin - pH indicator
Glucose - Enzymatic Glucose Oxidase
Urobilinogen - Ehrlich method
Bilirubin - Azo dye
Ketone - Nitroprusside reaction

Status : INTERIM REPORT **** End Of Report ****

The tests marked with an * are not accredited by NABL

PREETHY.K.D
Supervisor
Dept of haematology , Karimattom Building
Opp.MCH, Kottayam,Tel:9496005056

This Report has been digitally signed by system, hence manual signatory is not necessary

Printed On :15/07/2022 05:46 PM

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NET WORK

MEDICAL EXAMINATION REPORT (MER)

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./~~Mrs./Ms.~~ MURALEEKRISHNAN G.
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	51 Gender: ~~F~~/M
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height .....173..... (cms) b. Weight .....92..... (Kgs) c. Girth of Abdomen ..106..... (cms)

d. Pulse Rate .....63..... (/Min) e. Blood Pressure: 160/100 Systolic Diastolic

1st Reading	160	100
2nd Reading	160	100

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	—		
Mother	—		
Brother(s)			
Sister(s)			

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
—	—	—

PERSONAL HISTORY

a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. Y/~~N~~

b. Have you undergone/been advised any surgical procedure? NO ~~Y~~/N

c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? ~~Y~~/N

d. Have you lost or gained weight in past 12 months? ~~Y~~/N

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? ~~Y~~/N
- Any disorders of Respiratory system? ~~Y~~/N
- Any Cardiac or Circulatory Disorders? ~~Y~~/N
- Enlarged glands or any form of Cancer/Tumour? ~~Y~~/N
- Any Musculoskeletal disorder? Y/~~N~~
- Any disorder of Gastrointestinal System? ~~Y~~/N
- Unexplained recurrent or persistent fever, and/or weight loss ~~Y~~/N
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports ~~Y~~/N
- Are you presently taking medication of any kind? Y/~~N~~

DDRC SRL Diagnostics Private Limited
Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com
Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036, Ph No: 2310688, 231822, web: www.ddrcsrl.com

- Any disorders of Urinary System? Y/N
- Any disorder of the Eyes, Ears Nose, Throat or Mouth & Skin Y/N

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs? Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports) Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries? Y/N

d. Do you have any history of miscarriage/ abortion or MTP Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc Y/N

f. Are you now pregnant? If yes, how many months? Y/N

CONFIDENTAIL COMMENTS FROM MEDICAL EXAMINER

- Was the examinee co-operative? Y/N
- Is there anything about the examine's health, lifestyle that might affect him/her in the near future with regard to his/her job? Y/N
- Are there any points on which you suggest further information be obtained? Y/N
- Based on your clinical impression, please provide your suggestions and recommendations below;

.....

.....

- Do you think he/she is MEDICALLY FIT or UNFIT for employment.

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

Seal of Medical Examiner :

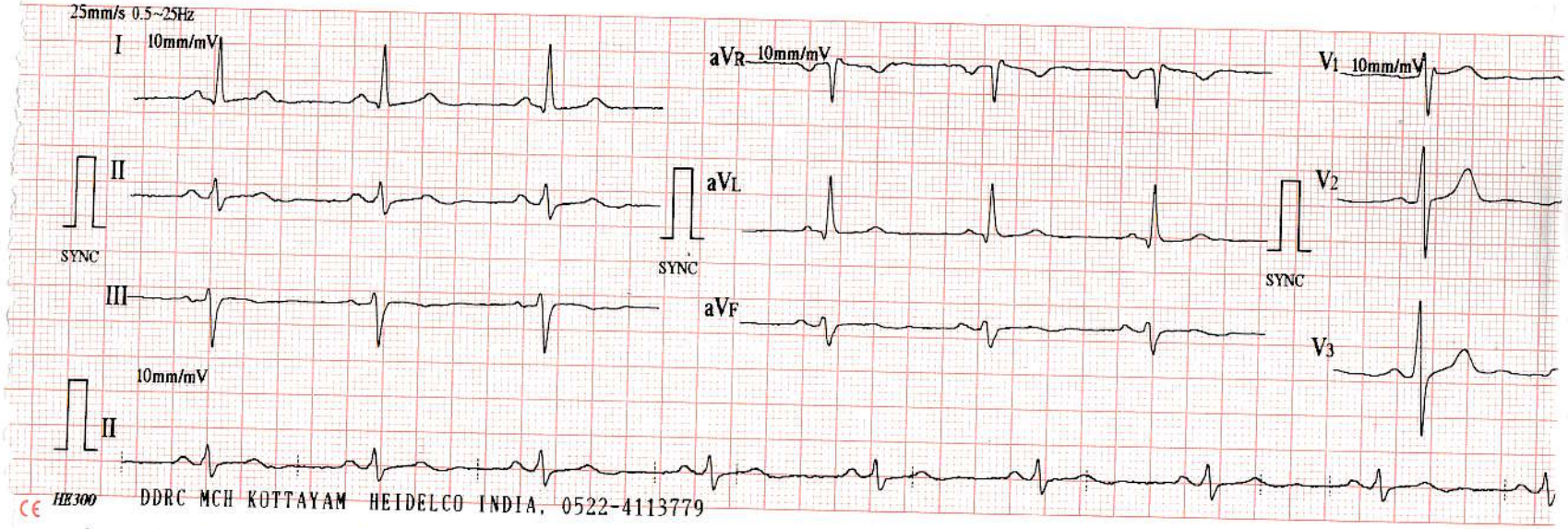
Dr. Ameena Muhammed
MBBS
Reg. No: 81237

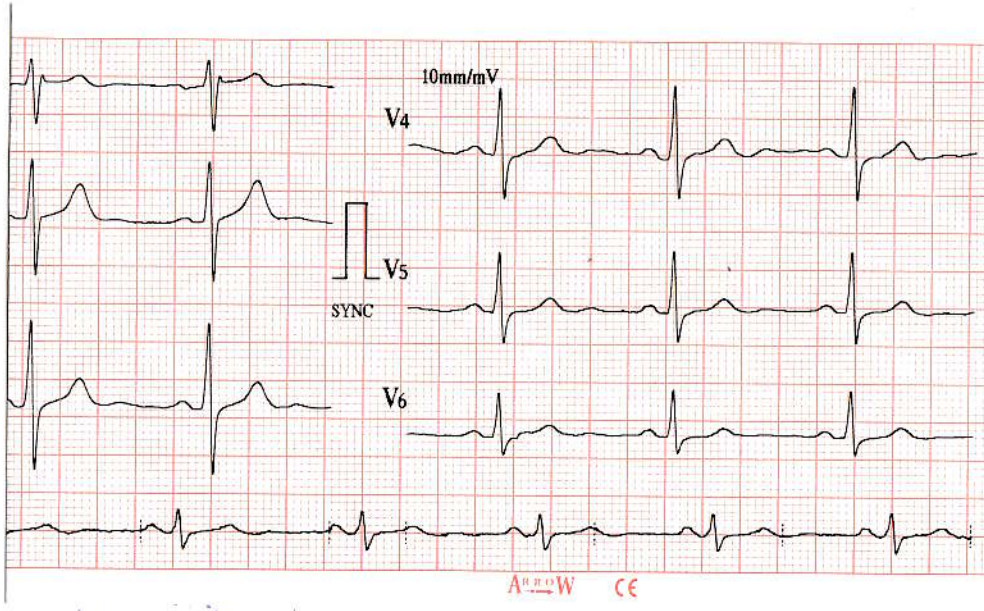
Name & Seal of DDRC SRL Branch :

DDRC SRL DIAGNOSTICS PVT LTD * GANDHINAGAR * KOTTAYAM - 686 008

Date & Time :

DDRC SRL Diagnostics Private Limited
Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com
Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai – 400062.


25mm/s 0.5~25Hz
I 10mm/mV
aVR 10mm/mV
V1 10mm/mV
II
aVL
V2
SYNC
SYNC
SYNC
III
aVF
V3
10mm/mV
II
HE300
DDRC MCH KOTTAYAM HEIDELCO INDIA, 0522-4113779



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V2.002(BIOS:V2.004/AMP:V1.006)

ID : 8556

Name: MURALEEKRISHNAN G

Sex : Male

Age : 51

HR	: 63	bpm
R-R	: 950	ms
P-R	: 155	ms
QRS	: 101	ms
QT/QTc	: 382/391	ms
P/QRS/T	: 34/-24/8	°
RV5/SV1	: 0.840/0.560	mV
RV5+SV1	: 1.400	mV

DDRC SRL DIAGNOSTICS PVT LTD KOTTAYAM - 686 008 ANDHINAGAR

Machine Interpretation Only

Confirm with Physician

Physician:

ARROW CE

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

LABORATORY SERVICES

ECG REPORT

SRD NO : KG22903666

NAME : MURALEEKRISHNAN G

AGE : 51

SEX : MALE

DATE : 11.07.2022

COMPANY : MEDIWHEEL

RATE	:	63/min
RHYTHM	:	Sinus rhythm
P. WAVE	:	Normal
P-R INTERVAL	:	Normal
Q,R,S,T. WAVES	:	Normal
AXIS	:	Normal
ARRHYTHMIAS	:	Nil
QT INTERVAL	:	Normal
OTHERS	:	-
OPINION	:	Normal ECG

DDRC SRL DIAGNOSTICS PVT LTD ★ KOTTAYAM - 686 008 ★ GANDHINAGAR

Dr. Ameena Muhammed
MBBS
Reg. No: 81237

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

LABORATORY SERVICES

X - RAY CHEST - REPORT

SRD NO : KG22903666

NAME : MURALEEKRISHNAN G

AGE : 51

SEX : MALE

DATE : 11.07.2022

COMPANY : MEDIWHEEL

EXPOSURE : Adequate

POSITIONING : Normal

SOFT TISSUES : Normal

LUNG FIELDS : Normal

HEART SHADOW : Normal

CARDIOPHRENIC ANGLE : Normal

COSTOPHRENIC ANGLE : Normal

HILUM : Normal

OPINION : Normal Chest Xray.

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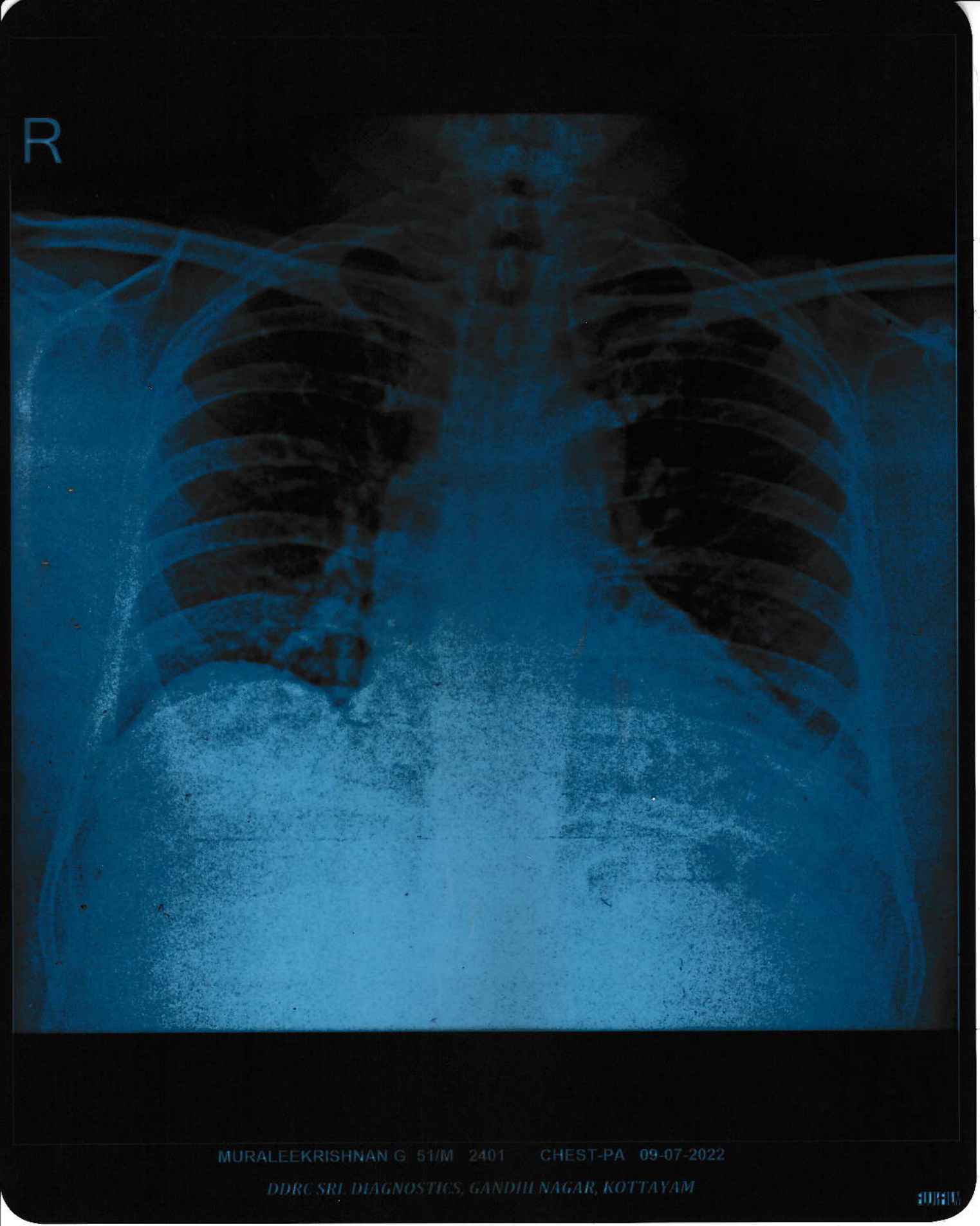
Dr. Ameena Muhammed
MBBS
Reg. No: 81237


R
MURALEEKRISHNAN G 51/M 2401 CHEST-PA 09-07-2022
DDRC SRL DIAGNOSTICS, GANDHI NAGAR, KOTTAYAM

Name: MURALEEKRISHNAN.G	**Report Date: 09.07.2022**
Age/Sex: 50 yrs/M	**Ref.by: Mediwheel**

USG ABDOMEN & PELVIS

OBSERVATIONS:

Liver: Normal in size. **Shows increased parenchymal echotexture.** No focal parenchymal lesion noted. The biliary radicals appear normal. Portal vein is normal (12 mm).

Gall bladder: Partially distended.

CBD: Not dilated (5 mm).

Spleen: Normal in size (8.8 cm) and echotexture. No focal lesion.

Pancreas: Head (2.1 cm), body (1.7 cm) and tail (1.5 cm) appear normal. No focal lesion. No calcification or duct dilatation noted.

Kidneys: Right kidney length measures 11.4 cm. Parenchymal thickness 1.9 cm

Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus or mass lesion seen. No hydronephrosis.

Left kidney length measures 11.3 cm. Parenchymal thickness 1.9 cm

Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus or mass lesion seen. No hydronephrosis.

Ureters: Not dilated.

Urinary Bladder: Distended, No luminal or wall abnormality noted.

Prostate: Normal in size, volume 21 cc. Shows homogenous parenchymal texture. No evidence of any mass lesion.

Others: No evident lymphadenopathy. No evidence of bowel wall thickening/echogenic mesentery/dilated bowel loops. Normal peristalsis seen. No free fluid in the peritoneal cavity. No pleural effusion noted.

IMPRESSION:

- **Grade II fatty changes in liver.**

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Dr. Deepak.V, MBBS, DMRD
Radiologist

Note: Please correlate clinically and investigate further as needed.

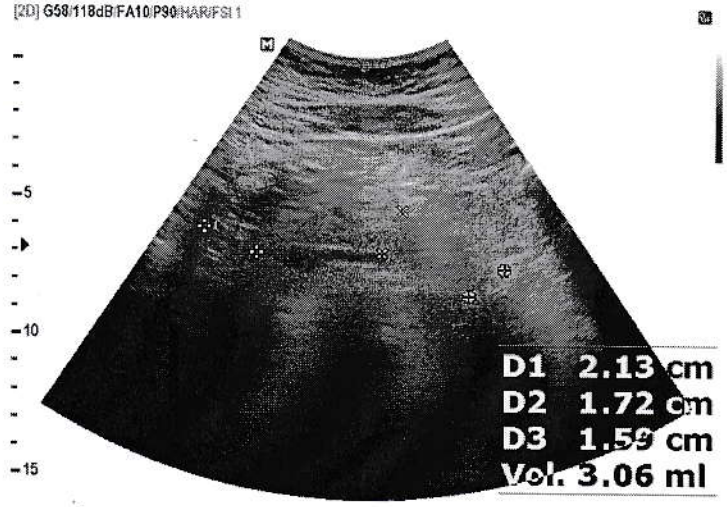
Ultrasound Image Report

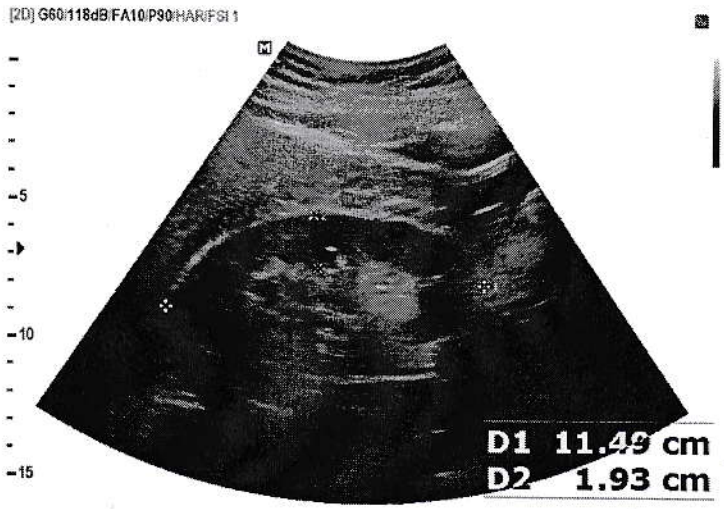
Patient

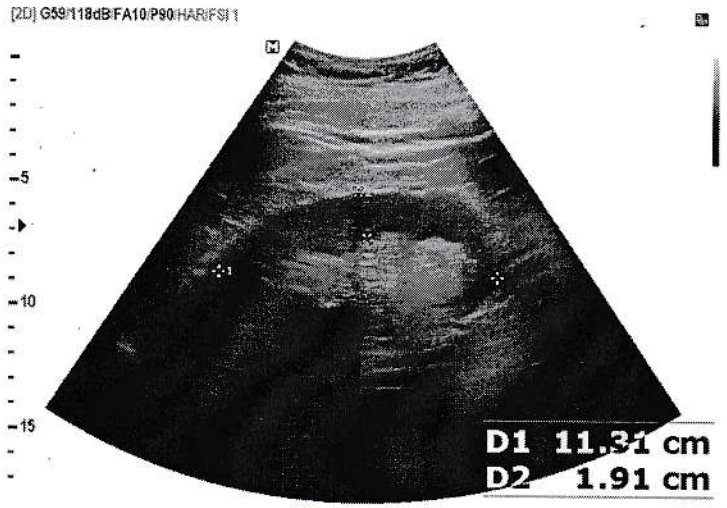
ID	09-07-2022-0013
Name	
Birth Date	
Gender	Other

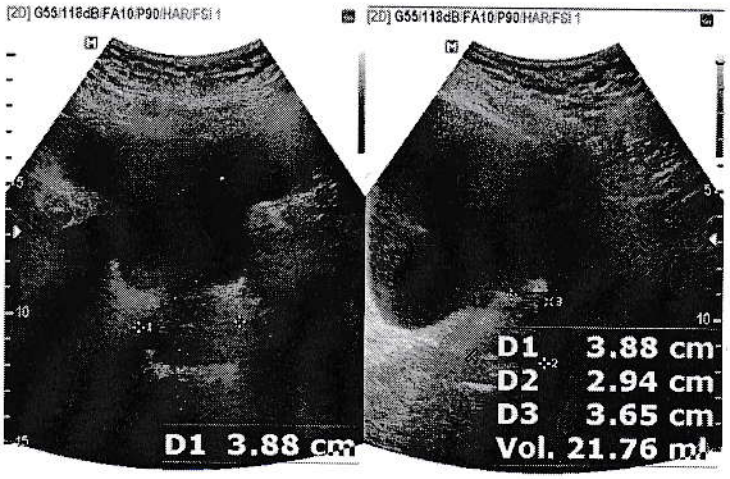
Exam

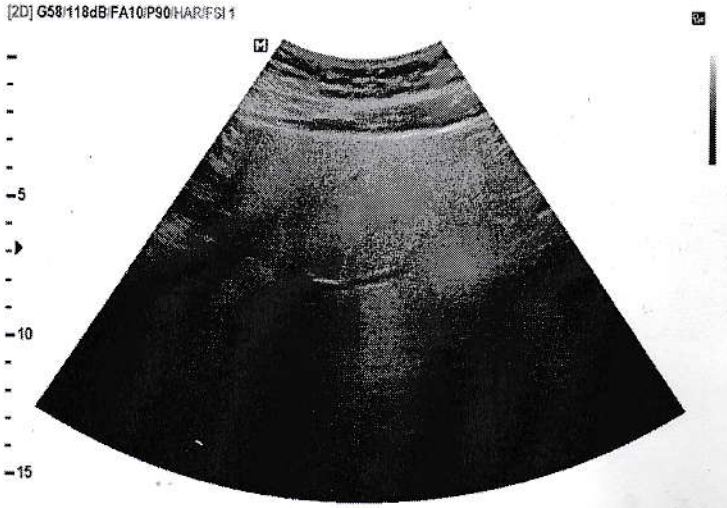
Accession #	
Exam Date	09072022
Description	
Sonographer	

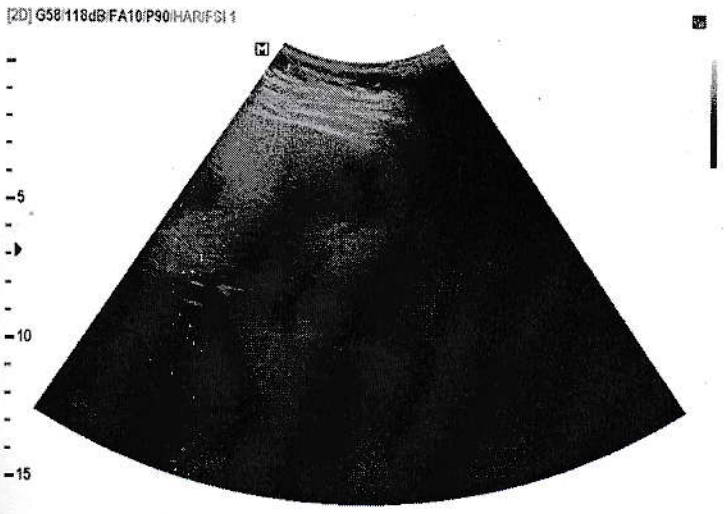












Murali Krishnan. G.

~~Stool Test~~

T.M.T. ~~Cytest~~ avoided.

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KOTTAYAM - 686 008
GANDHINAGAR

भारत सरकार

आधार

ഭാരതീയ വിശിഷ്ട തിരിച്ചറിയൽ അതോറിറ്റി

ഭാരത സർക്കാർ

Unique Identification Authority of India

Government of India

പേരുചേർക്കൽ നമ്പർ / Enrollment No. : 2007/60019/21730

09/11/2012

To
Muraleekrishnan G
മുരളികൃഷ്ണൻ ജി
AMBADY
KUDAMALOOR P O
Aimanam
Kudamaloor,Kottayam
Kerala - 686017

KL021767929DF

2176792

നിങ്ങളുടെ ആധാർ നമ്പർ / Your Aadhaar No. :

9328 1386 1352

ആധാർ - സാധാരണക്കാരന്റെ അവകാശം

മുരളികൃഷ്ണൻ ജി
Muraleekrishnan G
അച്ഛൻ : ഗോവിന്ദൻ കുട്ടി
Father : GOVINDHAN KUTTY

ജനന വർഷം/Year of Birth: 1971
പുരുഷൻ / Male

9328 1386 1352

ആധാർ - സാധാരണക്കാരന്റെ അവകാശം

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