

Name : Mrs. SANKARESHWARI P
 PID No. : MED121446891
 SID No. : 622023309
 Age / Sex : 24 Year(s) / Female
 Ref. Dr : MediWheel

Register On : 25/10/2022 12:17 PM
 Collection On : 26/10/2022 8:58 AM
 Report On : 27/10/2022 12:20 PM
 Printed On : 27/10/2022 12:48 PM
 Type : OP



Investigation	Observed Value	Unit	Biological Reference Interval
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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (Blood /Agglutination) 'B' 'Positive'

HAEMATOTOLOGY

Complete Blood Count With - ESR

Haemoglobin (Blood/Spectrophotometry)	12.77	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	39.30	%	37 - 47
RBC Count (Blood/Impedance Variation)	04.52	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/Derived from Impedance)	86.93	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	28.25	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	32.49	g/dL	32 - 36
RDW-CV(Derived from Impedance)	12.9	%	11.5 - 16.0
RDW-SD(Derived from Impedance)	39.25	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	7320	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	59.80	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	34.00	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	03.10	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	02.70	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00.40	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	4.38	10 ³ / μl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	2.49	10 ³ / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.23	10 ³ / μl	0.04 - 0.44
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.20	10 ³ / μl	< 1.0

B. Supraja
 DR SUPRAJA B MD
 Consultant Pathologist
 Reg NO : 95961

The results pertain to sample tested.



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Total Leukocyte Count (TC) (Blood/Impedance Variation)	7320	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	59.80	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	34.00	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	03.10	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	02.70	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00.40	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Absolute Neutrophil count (Blood/Impedance Variation & Flow Cytometry)	4.38	$10^3 / \mu\text{l}$	1.5 - 6.6
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Absolute Eosinophil Count (AEC) (Blood/Impedance Variation & Flow Cytometry)	0.23	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (Blood/Impedance Variation & Flow Cytometry)	0.20	$10^3 / \mu\text{l}$	< 1.0

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Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.03	10 ³ / µl	< 0.2
Platelet Count (Blood/Impedance Variation)	351	10 ³ / µl	150 - 450
MPV (Blood/Derived from Impedance)	07.81	fL	8.0 - 13.3
PCT(Automated Blood cell Counter)	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	60	mm/hr	< 20

BIOCHEMISTRY

BUN / Creatinine Ratio	9.1		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	93.1	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, Fasting (Urine) (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/ GOD-PAP)	110.4	mg/dL	70 - 140

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.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.4	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.81	mg/dL	0.6 - 1.1
Uric Acid (Serum/Enzymatic)	4.7	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)	0.14	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.26	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	21.8	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	15.9	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	10.3	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	66.6	U/L	42 - 98
Total Protein (Serum/Biuret)	7.61	gm/dL	6.0 - 8.0

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Albumin (Serum/Bromocresol green)	4.00	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.61	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.11		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	171.9	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	45.4	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/Immuno-inhibition)	39.2	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	123.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	9.1	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	132.7	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)	4.4		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
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/Ion exchange HPLC by D10)	5.2	%	Normal: 4.5 - 5.6 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 (Whole Blood) 102.54 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))	1.03	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))	10.2	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))	1.36	µIU/mL	0.35 - 5.50
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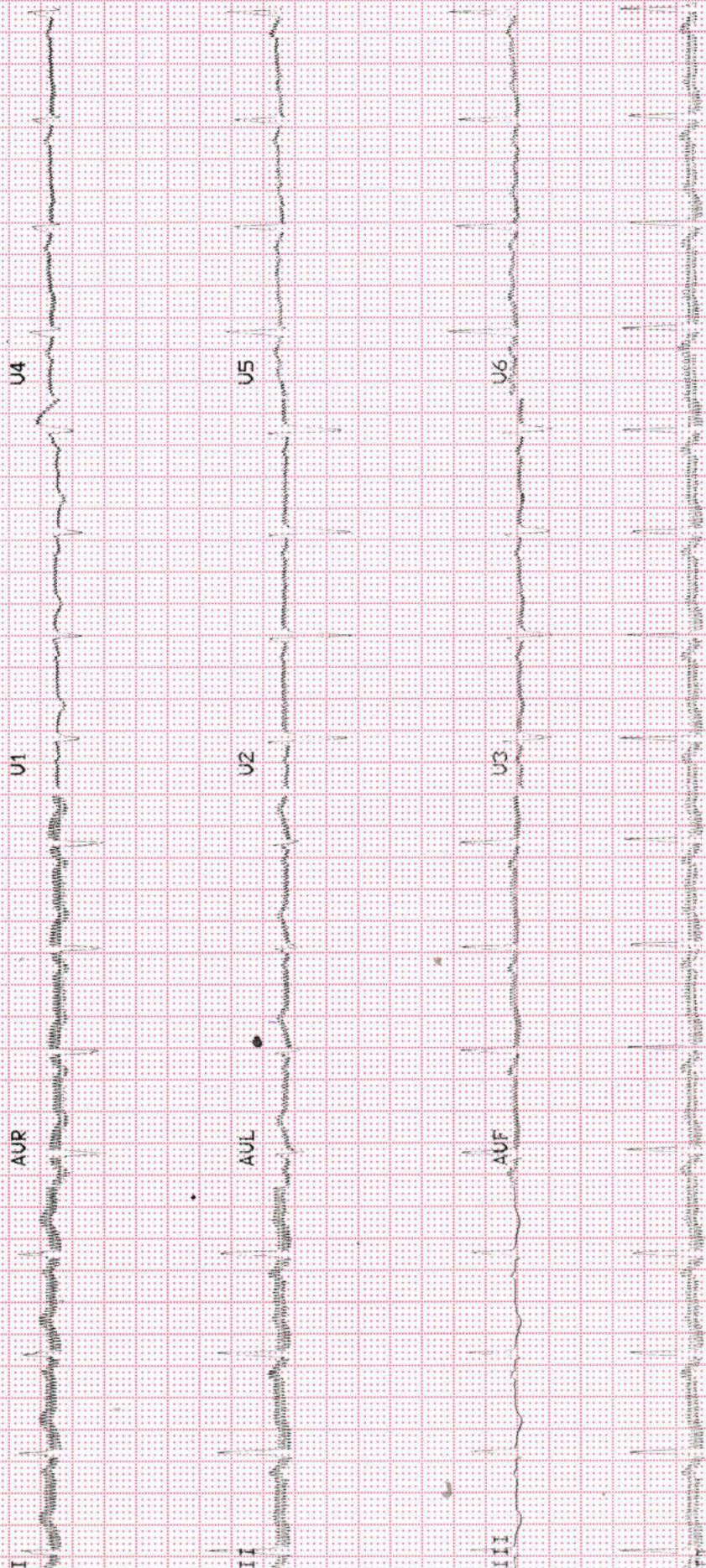
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Measurement Results:
 PR : 182 ms
 QRS : 100 ms
 QTcB : 334 / 415 ms
 ST-T : 0.46 / 0.45 mV
 S/T : 45 / 75 / 10 degrees
 QTcBd : 78 / 97 ms
 Low : 1.3 mV
 12

Interpretation:
 T-wave near baseline (anterior)
 borderline ECG

Unconfirmed report



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Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.7cm
 LVID s ... 2.7cm
 EF ... 74%
 IVS d ...0.8cm
 IVS s ... 0.7cm
 LVPW d ... 0.5cm
 LVPW s ... 1.0 cm
 LA ... 2.5cm
 AO ... 2.4cm
 TAPSE ... 19mm

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: 0.76m/s A: 0.58m/s
 E/A Ratio: 1.31 E/E: 8.27

Aortic valve: AV Jet velocity: 1.68 m/s

Tricuspid valve: TV Jet velocity: 1.61 m/s TRPG: 10.39mmHg.

Pulmonary valve: PV Jet velocity: 1.23 m/s

IMPRESSION:

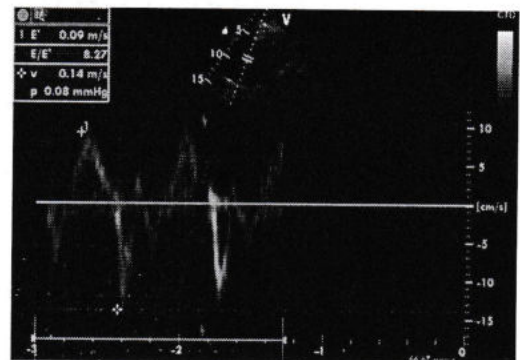
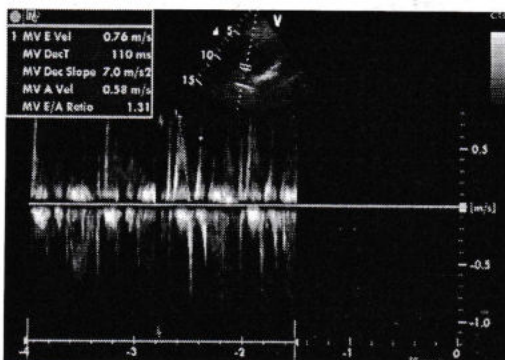
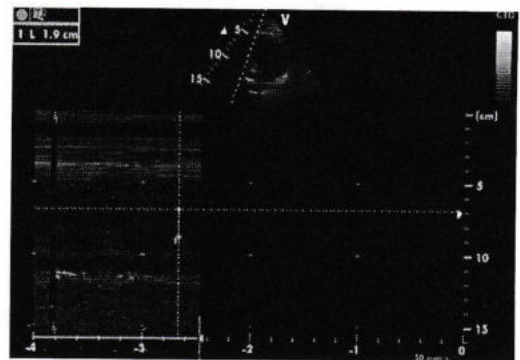
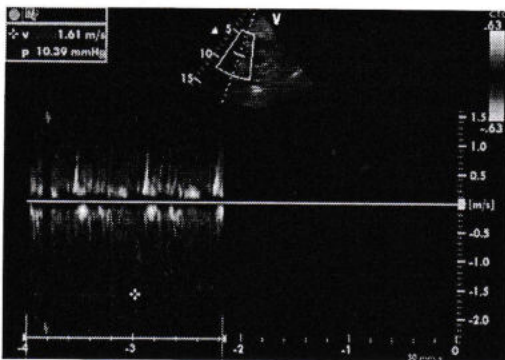
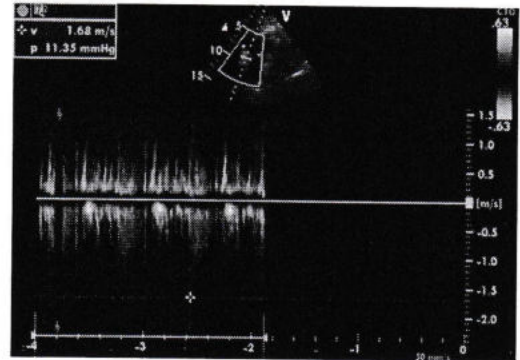
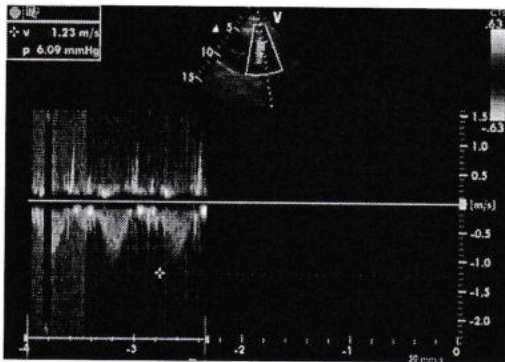
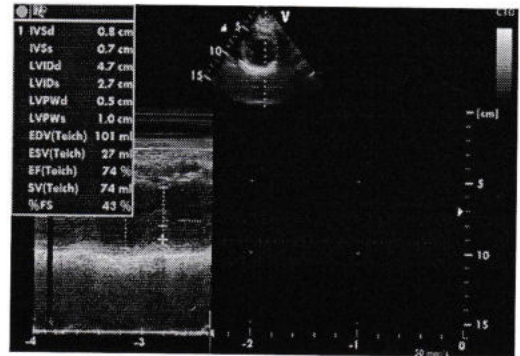
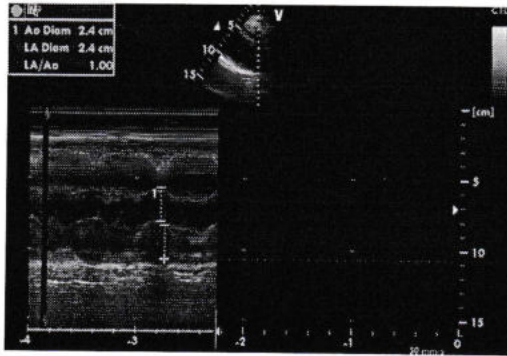
1. Normal chambers & Valves.
2. No regional wall motion abnormality present.
3. Normal LV systolic function.
4. Pericardial effusion - Nil.
5. No pulmonary artery hypertension.



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



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

WHOLE ABDOMEN

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 partially distended with no demonstrable 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 10.1 x 4.0 cm. Normal architecture. The collecting system is not dilated.

The left kidney measures 9.7 x 4.1 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 5.9 x 3.1cm.
Myometrial echoes are homogeneous.
The endometrium is central and normal measures 6 mm in thickness.

Ovaries: The right ovary measures 3.7 x 3.9 cm.
The left ovary measures 5.1 x 4.9 cm.
A cyst of size 4.0 x 3.8 cm noted in the left ovary. Walls appear regular. Few trabeculations and internal echoes noted within the cyst.

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 :

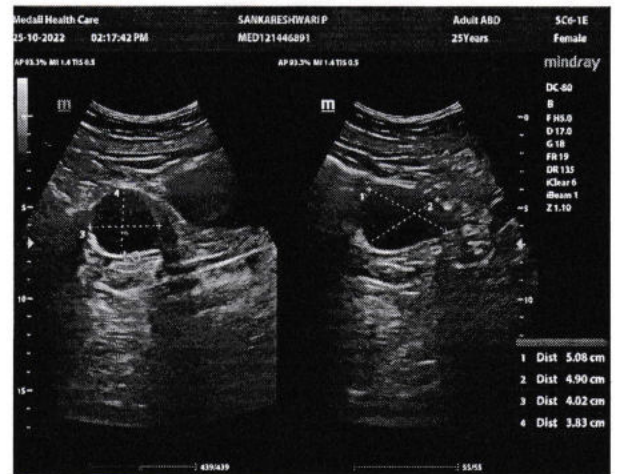
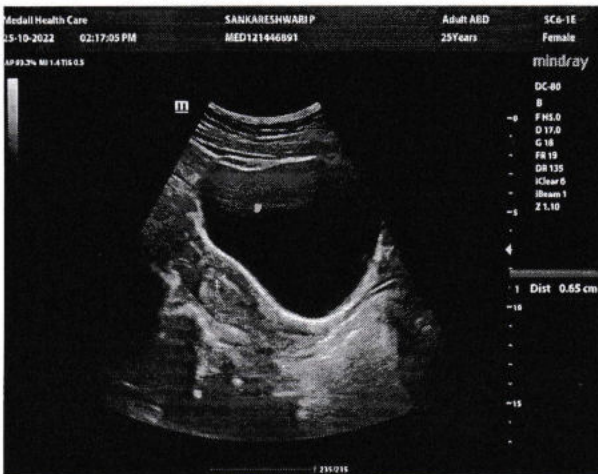
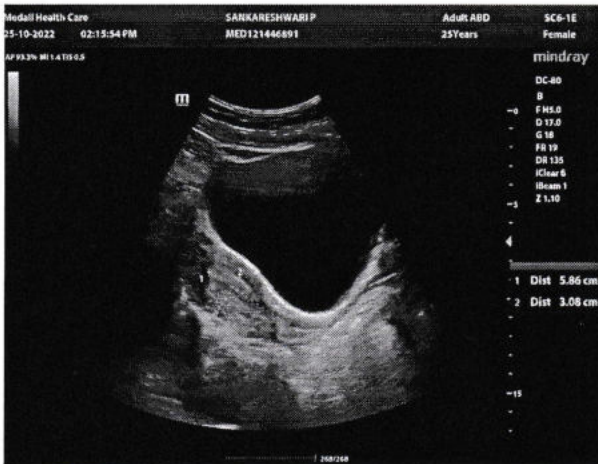
➤ **Left ovarian cyst -? Hemorrhagic cyst**

-for follow up.

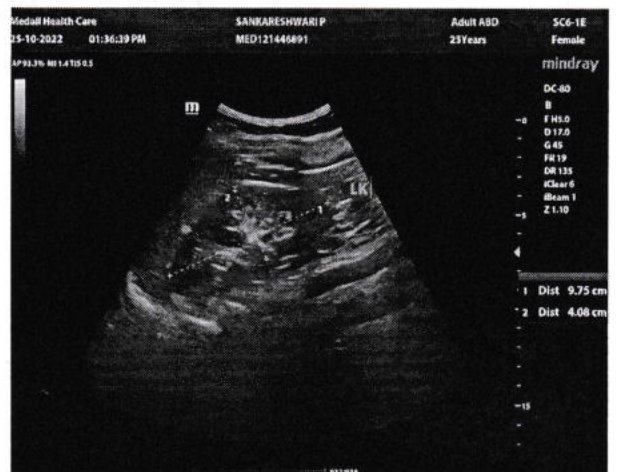
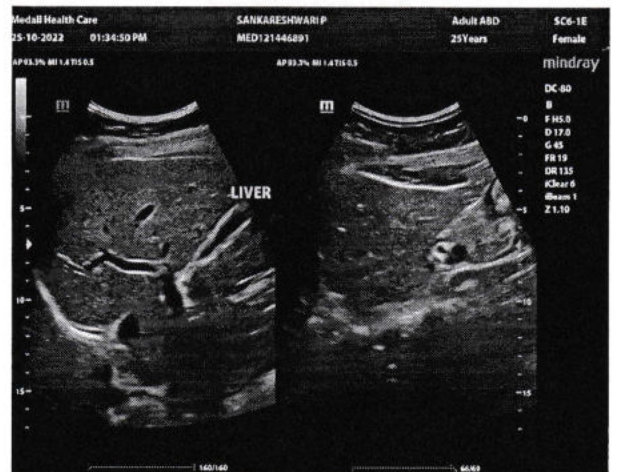
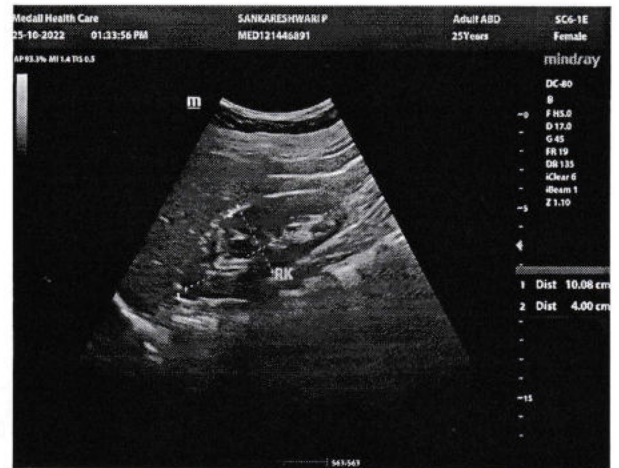
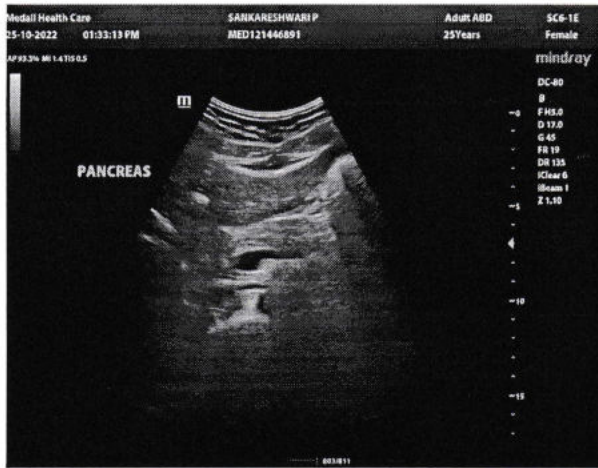

**DR.T.ANNIE STALIN MBBS.,F.USG.,
SONOLOGIST.**



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SANKARESHWARI P 24 F MED121446891 TEN87476663844 F RT 10/25/2022
MEDALL DIAGNOSTICS

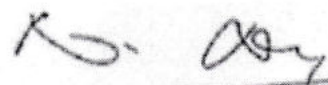
Name	SANKARESHWARI P	Customer ID	MED121446891
Age & Gender	24Y/F	Visit Date	Oct 25 2022 12:03PM
Ref Doctor	MediWheel		

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:

- i. No significant abnormality demonstrated.**



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



MEDICAL EXAMINATION REPORT

Name Sankarashwari. P Gender M / F Date of Birth 22/07/1998
 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
 - Climbing : Yes No
 - Standing : Yes No
 - Kneeling : Yes No
 - Sitting : Yes No
 - Bending : Yes No
 - Squatting : 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
 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 :-

pulse: 102

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 : 25.10.22

Signature of Medical Adviser
Dr. S. MANIKANDAN M.D.D.M. (Cardio)

Customer Name	Sankarshwari	Customer ID	ME0121440891
Age & Gender	24/F	Visit Date	25/10/22



Eye Screening

With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	N16	N16
Distance Vision	9/9	9/9
Colour Vision	Normal	Normal

Observation / Comments: Nil

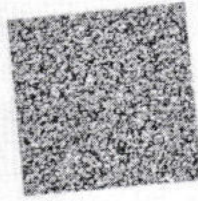
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பதிவு செய்துள்ள / Enrolment No.: 2192/50374/07615

To
சர்காஷ்வரி பி
Sarkashwari P
2/30
SUTHAMALLI
BHARATHIYAR NAGAR
Suttamali
Suttamali
Tiruchirappalli - 627604
878672297873



Generation Date: 23/01/2020


Generation Date: 13/06/2018



உங்கள் ஆதார் எண் / Your Aadhaar No. :
7864 7229 7873
VID - 9129 1372 6730 5665

எனது ஆதார், எனது அடையாளம்

 
Government of India


சர்காஷ்வரி பி
Sarkashwari P
பிறந்த நாள்/DOB: 22/07/1998
Gender / FEMALE

7864 7229 7873
VID - 9129 1372 6730 5665

எனது ஆதார், எனது அடையாளம்

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