

SELVANAYAGAM S 39 M MED122430972 TEN91767163844 M RT 1/27/2024

**MEDALL DIAGNOSTICS**

Dr. Abiramasundari D.  
 Dr. Ajay R Kaushik  
 Dr. Andrea Jose  
 Dr. Archana Terasa P.  
 Dr. Ashraya Nayaka T.E  
 Dr. Ashwin Segi  
 Dr. Chitra Ramamurthy  
 Dr. Fijo Kurakose  
 Dr. Gautam Kukadia  
 Dr. Gitanaha Shreyas Sachdev  
 Dr. Gopal R.  
 Dr. Gopinathan G.S  
 Dr. Hemanth Murthy  
 Dr. Iis  
 Dr. Jatinder Singh  
 Dr. Jeevika K.  
 Dr. Krishnan R.  
 Dr. Maimunnisa M.  
 Dr. Manjula  
 Dr. Mohamed Faizal S.  
 Dr. Mugdha Kumar  
 Dr. Murakdhar R.  
 Dr. Murakdhar N.S.  
 Dr. Nagesh  
 Dr. Navon P.  
 Dr. Neha Prakash Zanjali  
 Dr. Neha Rathi Kamal  
 Dr. Nihaal Ahmed F.D.  
 Dr. Patil Sandip Dattatray  
 Dr. Pavithra  
 Dr. Praburam Niranjan G  
 Dr. Pranesh Ravi  
 Dr. Praveen Muraly  
 Dr. Preethi  
 Dr. Priyanka R.  
 Dr. Priyanka Anandamoorthi  
 Dr. Priyanka Shyam  
 Dr. Priyanka Singh  
 Dr. Rakine Sokomon  
 Dr. Ramamurthy D.  
 Dr. Rashmita Kukadia  
 Dr. Ravi J.  
 Dr. Rizki Kamil K.  
 Dr. Sagar Basu  
 Dr. Sahana Manish  
 Dr. Sakthi Rajaswari N.  
 Dr. Sethukarasi  
 Dr. Shalmi Butla  
 Dr. Sharmila M.  
 Dr. Shreesh Kumar K.  
 Dr. Shreyas Ramamurthy  
 Dr. Smitha Sharma  
 Dr. Soundarya B.  
 Dr. Srinivas Rao V.K.  
 Dr. Suchieta Jenni P  
 Dr. Sumanth  
 Dr. Swathi Baliga  
 Dr. Tamilarasi S.  
 Dr. Thenarasun S.A  
 Dr. Umesh Krishna  
 Dr. Uma M.  
 Dr. Vaishnavi M.  
 Dr. Vamsi K.  
 Dr. Vidhya N.  
 Dr. Vijay Kumar S.



# 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.



Date: 27.01.24

## Eye Fitness Certificate

This is to certify that Mr/Mrs/Ms. Selvanayagam S. Age 39/m.

Male/Female, our MRNO 13042793

	OD	OS
Visual Acuity	<u>6/6</u>	<u>6/6</u>
Near Vision	<u>+1.00 N6</u>	<u>+1.00 N6</u>
Colour Vision	<u>Normal</u>	<u>Normal</u>
B.S.V	<u>Normal</u>	<u>Normal</u>
Central Fields	<u>Normal</u>	<u>Normal</u>
Anterior Segment	<u>Normal</u>	<u>Normal</u>
Fundus	<u>Normal</u>	<u>Normal</u>

Fit with Glasses

Dr. UMA M. MBBS, DD, MS  
 REG. No. 92948  
 THE EYE FOUNDATION  
 Medical Consultant,  
 The Eye Foundation,  
 Tirunelveli.

Interpretation:  
12SL - Interpretation:  
Sinus tachycardia  
Otherwise normal ECG

< P  
< T  
< QRS

Present Results:  
P 108 ms  
PR 352 / 461 ms  
QT 144 ms  
QTc 160 ms  
ST 576 / 380 ms  
T 67 / 66 / 69 degrees

-90

aVL

O I

III +90 II

aVF

aVR

AUR

U4

U1

AUL

U5

U2

AUF

U6

U3

II

UI

US

Unconfirmed report

ECG Machine: GE Healthcare  
ECG Paper: GE Healthcare  
ECG Lead: 12SL  
ECG Date: 11/11/2011  
ECG Time: 10:30:00  
ECG Patient: [Name]  
ECG Operator: [Name]

# MEDICAL EXAMINATION REPORT

Name SELVANA YAGAM - S Gender M / F Date of Birth 04-04-1984  
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 :**

pulse: 105

a. Height <input style="width: 50px;" type="text" value="170.3"/>	b. Weight <input style="width: 50px;" type="text" value="61.9"/>	Blood Pressure <input style="width: 100px;" type="text" value="165 / 110 mmhg"/>
Chest measurements:	a. Normal <input style="width: 50px;" type="text"/>	b. Expanded <input style="width: 50px;" type="text"/>
Waist Circumference <input style="width: 100px;" type="text" value="-"/>	Ear, Nose & Throat <input style="width: 100px;" type="text" value="Normal"/>	
Skin <input style="width: 100px;" type="text" value="Normal"/>	Respiratory System <input style="width: 100px;" type="text" value="Normal"/>	
Vision <input style="width: 100px;" type="text" value="Normal"/>	Nervous System <input style="width: 100px;" type="text" value="Normal"/>	
Circulatory System <input style="width: 100px;" type="text" value="Normal"/>	Genito-urinary System <input style="width: 100px;" type="text" value="Normal"/>	
Gastro-intestinal System <input style="width: 100px;" type="text" value="Normal"/>	Colour Vision <input style="width: 100px;" type="text" value="Normal"/>	

Discuss Particulars of Section B -

**C. REMARKS OF PATHOLOGICAL TESTS :**

Chest X-ray <input style="width: 100px;" type="text" value="Normal"/>	ECG <input style="width: 100px;" type="text" value="Normal"/>
Complete Blood Count <input style="width: 100px;" type="text" value="11.3"/>	Urine routine <input style="width: 100px;" type="text" value="Normal"/>
Serum cholesterol <input style="width: 100px;" type="text" value="171.5"/>	Blood sugar <input style="width: 100px;" type="text" value="F. 94, F.P.P 131.3"/>
Blood Group <input style="width: 100px;" type="text" value="O/Positive"/>	S.Creatinine <input style="width: 100px;" type="text" value="0.98"/>

**D. CONCLUSION :**

Any further investigations required	Any precautions suggested
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>

**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 : 29.1.24

*S. Srinivas*

*[Signature]*  
Signature of Medical Adviser

**Dr.S. MANIKANDAN, M.D.,D.M.,(Cardi)**  
Reg.No: 61785, Consultant Cardiologist  
**Medall Diagnostics**  
Tirunelveli - 2.



**Name** : Mr. SELVANAYAGAM S  
**PID No.** : MED122430972  
**SID No.** : 624002350  
**Age / Sex** : 39 Year(s) / Male  
**Ref. Dr** : MediWheel

**Register On** : 27/01/2024 11:18 AM  
**Collection On** : 27/01/2024 12:17 PM  
**Report On** : 28/01/2024 2:48 PM  
**Printed On** : 29/01/2024 6:13 PM  
**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)	0.02	10 <sup>3</sup> / µl	< 0.2
<b>Platelet Count</b> (Blood/Impedance Variation)	317	10 <sup>3</sup> / µl	150 - 450
<b>MPV</b> (Blood/Derived from Impedance)	8.1	fL	7.9 - 13.7
<b>PCT</b> (Automated Blood cell Counter)	0.26	%	0.18 - 0.28
<b>ESR (Erythrocyte Sedimentation Rate)</b> (Blood/Automated ESR analyser)	<b>42</b>	mm/hr	< 15

## BIOCHEMISTRY

<b>BUN / Creatinine Ratio</b>	11.4		
<b>Glucose Fasting (FBS)</b> (Plasma - F/GOD-PAP)	94.7	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, Fasting (Urine)</b> (Urine - F)	Negative	Negative
---	----------	----------

<b>Glucose Postprandial (PPBS)</b> (Plasma - PP/GOD-PAP)	131.3	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.

<b>Urine Glucose(PP-2 hours)</b> (Urine - PP)	Negative	Negative
---	----------	----------

<b>Blood Urea Nitrogen (BUN)</b> (Serum/Urease UV / derived)	11.2	mg/dL	7.0 - 21
--	------	-------	----------

<b>Creatinine</b> (Serum/Modified Jaffe)	0.98	mg/dL	0.9 - 1.3
--	------	-------	-----------

<b>Uric Acid</b> (Serum/Enzymatic)	4.0	mg/dL	3.5 - 7.2
------------------------------------	-----	-------	-----------

### Liver Function Test

<b>Bilirubin(Total)</b> (Serum)	0.70	mg/dL	0.1 - 1.2
---------------------------------	------	-------	-----------

<b>Bilirubin(Direct)</b> (Serum/Diazotized Sulfanilic Acid)	0.26	mg/dL	0.0 - 0.3
---	------	-------	-----------

<b>Bilirubin(Indirect)</b> (Serum/Derived)	0.44	mg/dL	0.1 - 1.0
--	------	-------	-----------

<b>SGOT/AST (Aspartate Aminotransferase)</b> (Serum/Modified IFCC)	17.5	U/L	5 - 40
---	------	-----	--------

<b>SGPT/ALT (Alanine Aminotransferase)</b> (Serum)	12.9	U/L	5 - 41
---	------	-----	--------

<b>GGT(Gamma Glutamyl Transpeptidase)</b> (Serum/IFCC / Kinetic)	12.6	U/L	< 55
---	------	-----	------

  
**SARAVANA KUMAR.R**  
 Quality Manager



  
**Dr Archana K MID Ph.D**  
 Consultant Pathologist  
 Reg No : 79967

**Name** : Mr. SELVANAYAGAM S  
**PID No.** : MED122430972  
**SID No.** : 624002350  
**Age / Sex** : 39 Year(s) / Male  
**Ref. Dr** : MediWheel

**Register On** : 27/01/2024 11:18 AM  
**Collection On** : 27/01/2024 12:17 PM  
**Report On** : 28/01/2024 2:48 PM  
**Printed On** : 29/01/2024 6:13 PM  
**Type** : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>Alkaline Phosphatase (SAP)</b> (Serum/Modified IFCC)	83.9	U/L	53 - 128
<b>Total Protein</b> (Serum/Biuret)	7.12	gm/dL	6.0 - 8.0
<b>Albumin</b> (Serum/Bromocresol green)	3.96	gm/dL	3.5 - 5.2
<b>Globulin</b> (Serum/Derived)	3.16	gm/dL	2.3 - 3.6
<b>A : G RATIO</b> (Serum/Derived)	1.25		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
<b>Cholesterol Total</b> (Serum/CHOD-PAP with ATCS)	171.5	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
<b>Triglycerides</b> (Serum/GPO-PAP with ATCS)	84.3	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>44.1</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
<b>LDL Cholesterol</b> (Serum/Calculated)	110.5	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
<b>VLDL Cholesterol</b> (Serum/Calculated)	16.9	mg/dL	< 30
<b>Non HDL Cholesterol</b> (Serum/Calculated)	127.4	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.

  
**SARAVANA KUMAR.R**  
 Quality Manager



  
**Dr Archana K M.D Ph.D**  
 Consultant Pathologist  
 Reg No : 79967



**Name** : Mr. SELVANAYAGAM S  
**PID No.** : MED122430972  
**SID No.** : 624002350  
**Age / Sex** : 39 Year(s) / Male  
**Ref. Dr** : MediWheel

**Register On** : 27/01/2024 11:18 AM  
**Collection On** : 27/01/2024 12:17 PM  
**Report On** : 28/01/2024 2:48 PM  
**Printed On** : 29/01/2024 6:13 PM  
**Type** : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>Total Cholesterol/HDL Cholesterol Ratio</b> (Serum/Calculated)	3.9		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)	1.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
<b>LDL/HDL Cholesterol Ratio</b> (Serum/Calculated)	2.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
<b>HbA1C</b> (Whole Blood/Ion exchange HPLC by D10)	5.7	%	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) 116.89 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**

<b>T3 (Triiodothyronine) - Total</b> (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.14	ng/ml	0.7 - 2.04
--	------	-------	------------

**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.

<b>T4 (Tyroxine) - Total</b> (Serum/ Chemiluminescent Immunometric Assay (CLIA))	10.12	µg/dl	4.2 - 12.0
--	-------	-------	------------

**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.

  
**SARAVANA KUMAR.R**  
 Quality Manager



  
**Dr Archana K MID Ph.D**  
 Consultant Pathologist  
 Reg No : 79967

Name : Mr. SELVANAYAGAM S  
PID No. : MED122430972  
SID No. : 624002350  
Age / Sex : 39 Year(s) / Male  
Ref. Dr : MediWheel

Register On : 27/01/2024 11:18 AM  
Collection On : 27/01/2024 12:17 PM  
Report On : 28/01/2024 2:48 PM  
Printed On : 29/01/2024 6:13 PM  
Type : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	3.97	μIU/mL	0.35 - 5.50

**INTERPRETATION:**

Reference range for cord blood - upto 20  
1 st trimester: 0.1-2.5  
2 nd trimester 0.2-3.0  
3 rd trimester : 0.3-3.0  
(Indian Thyroid Society Guidelines)

**Comment :**

- 1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.
- 2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.
- 3.Values &lt;0.03 μIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

## CLINICAL PATHOLOGY

### Urine Analysis - Routine

Colour (Urine)	Pale Yellow		Yellow to Amber
Appearance (Urine)	Slightly Turbid		Clear
Protein (Urine)	Trace		Negative
Glucose (Urine)	Negative		Negative
Pus Cells (Urine)	5-7	/hpf	NIL
Epithelial Cells (Urine)	3-4	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --

  
SARAVANA KUMAR.R  
Quality Manager



  
Dr Archana K MID Ph.D  
Consultant Pathologist  
Reg No : 79967

Name	MR.SELVANAYAGAM S	ID	MED122430972
Age & Gender	39Y/MALE	Visit Date	27 Jan 2024
Ref Doctor Name	MediWheel		

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 5.1cm  
LVID s ... 2.9cm  
EF ... 73%  
IVS d ... 1.0 cm  
IVS s ... 1.4cm  
LVPW d ... 1.1cm  
LVPW s ... 1.6cm  
LA ... 2.9cm  
AO ... 3.0cm  
TAPSE ... 21mm  
IVC ... 1.0cm

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: 0.84m/s      A: 0.64m/s  
E/A Ratio: 1.32      E/E: 13.91

Name	MR.SELVANAYAGAM S	ID	MED122430972
Age & Gender	39Y/MALE	Visit Date	27 Jan 2024
Ref Doctor Name	MediWheel		

Aortic valve: AV Jet velocity: 1.26m/s

Tricuspid valve: TV Jet velocity: 2.28m/s

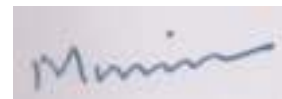
TRPG:

20.88mmHg.

Pulmonary valve: PV Jet velocity: 1.07m/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.MANIKANDANMD.DM.(Cardio)  
Cardiologist

Name	MR.SELVANAYAGAM S	ID	MED122430972
Age & Gender	39Y/MALE	Visit Date	27 Jan 2024
Ref Doctor Name	MediWheel		

Name	MR.SELVANAYAGAM S	ID	MED122430972
Age & Gender	39Y/MALE	Visit Date	27 Jan 2024
Ref Doctor Name	MediWheel		

Name	MR.SELVANAYAGAM S	ID	MED122430972
Age & Gender	39Y/MALE	Visit Date	27 Jan 2024
Ref Doctor Name	MediWheel		

Thanks for your reference

## 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 appears contracted .

**Pancreas** The pancreas head and visualized part of body appears normal. Rest of the body of pancreas and tail obscured by bowel gas.

**Spleen** The spleen is normal.

**Kidneys** The right kidney measures 9.1 x 4.5 cm. Normal architecture.  
The collecting system is not dilated.  
The left kidney measures 9.3x 4.6 cm. Normal architecture.

**Urinary bladder:** The urinary bladder is smooth walled and uniformly transonic.  
The collecting system is not dilated.  
There is no intravesical mass or calculus.

**Prostate:** The prostate measures 3.6 x 3.4 x 3.1 cm and is normal sized.

Name	MR.SELVANAYAGAM S	ID	MED122430972
Age & Gender	39Y/MALE	Visit Date	27 Jan 2024
Ref Doctor Name	MediWheel		

Corresponds to a weight of about 20.35 gms.  
The echotexture is homogeneous.  
The seminal vesicles are normal.

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

➤ No significant abnormality.

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



Name	Mr. SELVANAYAGAM S	Customer ID	MED122430972
Age & Gender	39Y/M	Visit Date	Jan 27 2024 11:17AM
Ref Doctor	MediWheel		

*Thanks for your reference*

**DIGITAL X- RAY CHEST PA VIEW**

**Trachea appears normal.**

Cardiothoracic ratio is within normal limits.

Costo and cardiophrenic angles appear normal.

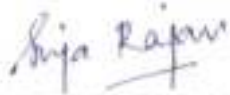
Bilateral lung fields appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

**IMPRESSION:**

**i. NO SIGNIFICANT ABNORMALITY DEMONSTRATED.**

  
Dr.A.Suja Rajan DMRD., DNB.,  
Consultant Radiologist