



Patient Ref. No. 66600002020452

CLIENT CODE : CA00010147

CLIENT'S NAME AND ADDRESS :  
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
F701A, LADO SARAI, NEW DELHI,  
SOUTH DELHI, DELHI,  
SOUTH DELHI 110030  
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TRICHUR, 680020  
KERALA, INDIA  
Tel : 9446425900  
Email : thrissur.ddrc@srl.in

PATIENT NAME : JOHBIN K JOHNY

PATIENT ID : JOHBM2210894177

ACCESSION NO : 4177VJ002540 AGE : 33 Years SEX : Male

ABHA NO :

DRAWN : RECEIVED : 22/10/2022 10:12

REPORTED : 25/10/2022 10:36

REFERRING DOCTOR : DR.SINDHU

CLIENT PATIENT ID :

| Test Report Status | Final | Results | Biological Reference Interval | Units |
|--------------------|-------|---------|-------------------------------|-------|
|--------------------|-------|---------|-------------------------------|-------|

**MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT**

**OPHTHAL**

OPHTHAL COMPLETED

**TREADMILL TEST**

TREADMILL TEST COMPLETED

**PHYSICAL EXAMINATION**

PHYSICAL EXAMINATION COMPLETED



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**MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT**

**BUN/CREAT RATIO**

BUN/CREAT RATIO 8.5 5 - 15

**CREATININE, SERUM**

CREATININE 0.94 18 - 60 yrs : 0.9 - 1.3 mg/dL

**GLUCOSE, POST-PRANDIAL, PLASMA**

GLUCOSE, POST-PRANDIAL, PLASMA 179 **High** Diabetes Mellitus : > or = 200 mg/dL  
mg/dL.  
Impaired Glucose tolerance/  
Prediabetes : 140 to 199 mg/dL.  
Hypoglycemia : < 55 mg/dL.

**GLUCOSE, FASTING, PLASMA**

GLUCOSE, FASTING, PLASMA 96 Diabetes Mellitus : > or = 126 mg/dL  
mg/dL.  
Impaired fasting Glucose/  
Prediabetes : 101 to 125 mg/dL.  
Hypoglycemia : < 55 mg/dL.

**GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD**

GLYCOSYLATED HEMOGLOBIN (HBA1C) 6.1 Normal : 4.0 - 5.6 %.  
Non-diabetic level : < 5.7%.  
More stringent goal : < 6.5 %.  
General goal : < 7%.  
Less stringent goal : < 8%.  
Glycemic targets in CKD :-  
If eGFR > 60 : < 7%.  
If eGFR < 60 : 7 - 8.5%.

MEAN PLASMA GLUCOSE 128.4 **High** < 116.0 mg/dL

**CORONARY RISK PROFILE (LIPID PROFILE), SERUM**

CHOLESTEROL 214 **High** Desirable: <200 mg/dL  
BorderlineHigh : 200-239  
High : > or = 240

TRIGLYCERIDES 163 **High** Normal : < 150 mg/dL  
High : 150-199  
Hypertriglyceridemia : 200-499  
Very High: > 499

HDL CHOLESTEROL 38 **Low** 40 - 60 mg/dL



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DIRECT LDL CHOLESTEROL 164 High Adult levels: mg/dL
Optimal < 100
Near optimal/above optimal: 100-129
Borderline high : 130-159
High : 160-189
Very high : = 190

NON HDL CHOLESTEROL 176 High Desirable: Less than 130 mg/dL
Above Desirable: 130 - 159
Borderline High: 160 - 189
High: 190 - 219
Very high: > or = 220

CHOL/HDL RATIO 5.6 High 3.30 - 4.40

LDL/HDL RATIO 4.3 High 0.5 - 3.0

VERY LOW DENSITY LIPOPROTEIN 32.6 High < or = 30.0 mg/dL

LIVER FUNCTION TEST WITH GGT

BILIRUBIN, TOTAL 0.29 < 1.1 mg/dL

BILIRUBIN, DIRECT 0.14 0.0 - 0.2 mg/dL

BILIRUBIN, INDIRECT 0.15 0.00 - 1.00 mg/dL

TOTAL PROTEIN 7.2 Ambulatory : 6.4 - 8.3 g/dL
Recumbant : 6 - 7.8

ALBUMIN 4.7 3.5 - 5.2 g/dL

GLOBULIN 2.5 2.0 - 4.1 g/dL

ALBUMIN/GLOBULIN RATIO 1.9 1.0 - 2.0 RATIO

ASPARTATE AMINOTRANSFERASE 29 < 40 U/L

ALANINE AMINOTRANSFERASE 45 < 45 U/L

ALANINE AMINOTRANSFERASE (ALT/SGPT)

ALKALINE PHOSPHATASE 85 40 - 130 U/L

GAMMA GLUTAMYL TRANSFERASE (GGT) 26 < 60 U/L

URIC ACID, SERUM

URIC ACID 3.8 3.4 - 7.0 mg/dL

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP 0

METHOD : GEL CARD METHOD

RH TYPE POSITIVE

BLOOD COUNTS

HEMOGLOBIN 15.3 13.0 - 17.0 g/dL

RED BLOOD CELL COUNT 5.65 High 4.5 - 5.5 mil/µL



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Table header with columns: Test Report Status, Final, Results, Units

Main table containing test results for White Blood Cell Count, Platelet Count, RBC and Platelet Indices, WBC Differential Count - NLR, and Erythro Sedimentation Rate, Blood. Includes values like 7.70, 274, 45.2, 79.9, 27.1, 33.9, 12.4, 9.6, 56, 4.31, 40, 3.08, 1.4, 02, 0.15, 02, 0.15, 00, 13, and various units.



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Table with 4 columns: Test Report Status, Results, Units, and a blank header cell. Status is 'Final'.

SUGAR URINE - POST PRANDIAL

Table with 3 columns: Test Name, Results, and Units. Includes rows for SUGAR URINE - POST PRANDIAL, T3, T4, and TSH 3RD GENERATION.

URINE ANALYSIS

Table with 3 columns: Test Name, Results, and Units. Includes rows for COLOR, APPEARANCE, PH, SPECIFIC GRAVITY, GLUCOSE, PROTEIN, BILIRUBIN, WBC, RED BLOOD CELLS, and BACTERIA.

CHEMICAL EXAMINATION, URINE

Table with 3 columns: Test Name, Results, and Units. Includes rows for KETONES, BLOOD, UROBILINOGEN, and NITRITE.

MICROSCOPIC EXAMINATION, URINE

Table with 3 columns: Test Name, Results, and Units. Includes rows for EPITHELIAL CELLS, CASTS, and CRYSTALS.

SERUM BLOOD UREA NITROGEN

Table with 3 columns: Test Name, Results, and Units. Includes row for BLOOD UREA NITROGEN.

SUGAR URINE - FASTING

Table with 3 columns: Test Name, Results, and Units. Includes row for SUGAR URINE - FASTING.



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Interpretation(s)

CREATININE, SERUM-

Higher than normal level may be due to:

- Blockage in the urinary tract
Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
Loss of body fluid (dehydration)
Muscle problems, such as breakdown of muscle fibers
Problems during pregnancy, such as seizures (eclampsia), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:

- Myasthenia Gravis
Muscular dystrophy

GLUCOSE, POST-PRANDIAL, PLASMA-

ADA Guidelines for 2hr post prandial glucose levels is only after ingestion of 75grams of glucose in 300 ml water,over a period of 5 minutes.

GLUCOSE, FASTING, PLASMA-

ADA 2012 guidelines for adults as follows:

Pre-diabetics: 100 - 125 mg/dL

Diabetic: > or = 126 mg/dL

(Ref: Tietz 4th Edition & ADA 2012 Guidelines)

GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD-

Glycosylated hemoglobin (GHb) has been firmly established as an index of long-term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. Formation of GHb is essentially irreversible, and the concentration in the blood depends on both the life span of the red blood cell (average 120 days) and the blood glucose concentration. Because the rate of formation of GHb is directly proportional to the concentration of glucose in the blood, the GHb concentration represents the integrated values for glucose over the preceding 6-8 weeks.

Any condition that alters the life span of the red blood cells has the potential to alter the GHb level. Samples from patients with hemolytic anemias will exhibit decreased glycosylated hemoglobin values due to the shortened life span of the red cells. This effect will depend upon the severity of the anemia. Samples from patients with polycythemia or post-splenectomy may exhibit increased glycosylated hemoglobin values due to a somewhat longer life span of the red cells.

Glycosylated hemoglobins results from patients with HbSS, HbCC, and HbSC and HbD must be interpreted with caution, given the pathological processes, including anemia, increased red cell turnover, transfusion requirements, that adversely impact HbA1c as a marker of long-term glycemic control. In these conditions, alternative forms of testing such as glycosylated serum protein (fructosamine) should be considered.

"Targets should be individualized; More or less stringent glycemic goals may be appropriate for individual patients. Goals should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycemia unawareness, and individual patient considerations."

References

- Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, edited by Carl A Burtis, Edward R.Ashwood, David E Bruns, 4th Edition, Elsevier publication, 2006, 879-884.
Forsham PH. Diabetes Mellitus:A rational plan for management. Postgrad Med 1982, 71,139-154.
Mayer TK, Freedman ZR: Protein glycosylation in Diabetes Mellitus: A review of laboratory measurements and their clinical utility. Clin Chim Acta 1983, 127, 147-184.

CORONARY RISK PROFILE (LIPID PROFILE), SERUM-
Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease This test can help determine your risk of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn't need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk.It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the ""good"" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely.HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease. Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment



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accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

Recommendations:

Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.

URIC ACID, SERUM-

Causes of Increased levels

Dietary

- High Protein Intake.
• Prolonged Fasting,
• Rapid weight loss.

Gout

Lesch nyhan syndrome.

Type 2 DM.

Metabolic syndrome.

Causes of decreased levels

- Low Zinc Intake
• OCP's
• Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels

- Drink plenty of fluids
• Limit animal proteins
• High Fibre foods
• Vit C Intake
• Antioxidant rich foods

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.

BLOOD COUNTS-

The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

RBC AND PLATELET INDICES-

The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

WBC DIFFERENTIAL COUNT - NLR-

The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.

(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504 This ratio element is a calculated parameter and out of NABL scope.

ERYTHRO SEDIMENTATION RATE, BLOOD-

Erythrocyte sedimentation rate (ESR) is a non - specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0 -1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Reference :

- 1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition
2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin
3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis, 10th Edition"

SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT'S TEST

THYROID PANEL, SERUM-

Triiodothyronine T3 , is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and



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heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH. Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active.

In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3

Table with 4 columns: Levels in, TOTAL T4 (µg/dL), TSH3G (µIU/mL), TOTAL T3 (ng/dL). Rows include Pregnancy, First Trimester, 2nd Trimester, and 3rd Trimester.

Below mentioned are the guidelines for age related reference ranges for T3 and T4.

Table with 2 columns: T3 (ng/dL) and T4 (µg/dL). Rows include New Born (75 - 260) and 1 Week (6.0 - 15.9).

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.

Kindly note: Method specific reference ranges are appearing on the report under biological reference range.

Reference:

- 1. Burtis C.A., Ashwood E. R. Bruns D.E. Teitz textbook of Clinical Chemistry and Molecular Diagnostics, 4th Edition.
2. Gowenlock A.H. Varley's Practical Clinical Biochemistry, 6th Edition.
3. Behrman R.E. Kilegman R.M., Jenson H. B. Nelson Text Book of Pediatrics, 17th Edition

MICROSCOPIC EXAMINATION, URINE-

Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of hemolytic anemia

SERUM BLOOD UREA NITROGEN-

Causes of Increased levels

Pre renal

- High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal
• Renal Failure

Post Renal

- Malignancy, Nephrolithiasis, Prostatism

Causes of decreased levels

- Liver disease
• SIADH.

SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST



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**MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT**

**ECG WITH REPORT**

**REPORT**

COMPLETED

**USG ABDOMEN AND PELVIS**

**REPORT**

COMPLETED

**CHEST X-RAY WITH REPORT**

**REPORT**

COMPLETED

**\*\*End Of Report\*\***

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**ANU CHANDRAN P**  
LAB TECHNICIAN

**DR. SINDHU GEORGE**  
QUALITY MANAGER

**MANJU SHAJI**  
RADIOGRAPHER




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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. JOHBIN K JOHNY   |
| 2. Mark of Identification | : | (Mole/Scar/any other (specify location)):  <i>Joan</i> |
| 3. Age/Date of Birth      | : | 33, 8-3-1989 Gender: F/M  |
| 4. Photo ID Checked       | : | (Passport/Election Card/PAN Card/Driving Licence/Company ID)  |

**PHYSICAL DETAILS:**

|                               |                          |                                    |
|-------------------------------|--------------------------|------------------------------------|
| a. Height ..... 165 (cms)     | b. Weight ..... 91 (Kgs) | c. Girth of Abdomen ..... 97 (cms) |
| d. Pulse Rate ..... 80 (/Min) | e. Blood Pressure:       | Systolic Diastolic                 |
|                               | 1 <sup>st</sup> Reading  | 120 80                             |
|                               | 2 <sup>nd</sup> Reading  | 120 80                             |

**FAMILY HISTORY:**

| Relation   | Age if Living | Health Status | If deceased, age at the time and cause |
|------------|---------------|---------------|--|
| Father     |               |               | 71, 140 fall.                          |
| Mother     | 57            | Good          |  |
| Brother(s) |               |               |  |
| Sister(s)  |               |               |  |

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

| Tobacco in any form | Sedative | Alcohol    |
|---------------------|----------|------------|
| occasional          | No       | occasional |

**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? **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

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

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

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

Y/N

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

Y/N

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

Y/N

**CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER**

➤ Was the examinee co-operative?

Y/N

➤ Is there anything about the examinee'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;

*IUT, Dyslipidemia. Lifestyle modification suggested.  
Wedge's fatty liver, hepatomegaly. Crabs consultation suggested*

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

*FIT*

**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 :

*Sindhu George*

Seal of Medical Examiner :

Dr. SINDHU GEORGE  
MBBS, MD (Biochemistry)  
Reg. No: 28380  
Consultant Biochemist

Name & Seal of DDRC SRL Branch :



Date & Time :

**DDRC SRL Diagnostics Private Limited**

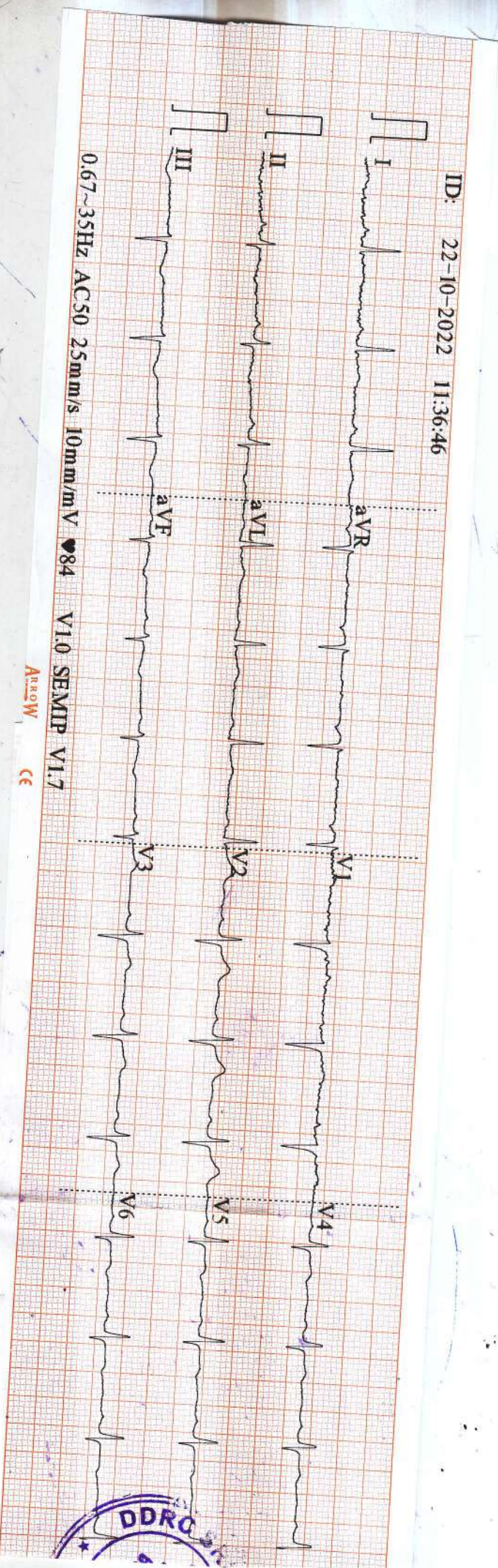
Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036  
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.

ID: 22-10-2022 11:36:46

0.67~35Hz AC50 25mm/s 10mm/mV 84 V1.0 SEMIP V1.7

ARROW CE



ID:

Male

33 Years

cm

kg

eg *Wahid Taveerhan*

mmHg

Diagnosis Information:

Sinus Rhythm

Poor R Wave Progression (V3, V4)

Flattened T Wave (V6)

Low Voltage (Chest Leads)



83

104

156

76

340/401

30/-7/-22

0.453/0.620

bpm

ms

ms

ms

ms

ms

mV

PR

QRS

QT/QTc

P/QRST

RV5/SVI

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Arrow

*[Signature]*

*John. K. Johny*

Report Confirmed by:

**Name: JOHBIN K JOHNY****Age/Sex: 33 Y/ M****Date: 22.10.2022****AC 2540****CHEST X-RAY (PA View):**

Trachea is central.

Cardiac shadow appears normal in size and configuration.

Both lung fields are clear.

Bilateral costophrenic and cardiophrenic angles are clear.

No focal consolidation, effusion, pulmonary edema, or pneumothorax.

Both hila appear normal.

Bony thorax and soft tissues are unremarkable.

**IMPRESSION:**

- **No significant abnormality detected.**



  
**DR. JESWIN PAULSON DMRD**  
CONSULTANT RADIOLOGIST

Dr. Jeswin Paulson MBBS, DMRD  
Reg. No. 43581  
Consultant Radiologist



# Drishyam Eye Care Hospital LLP

See The World With Us



## VISION CERTIFICATE

This is to certify that.....JOBIN K JHONY.....has been examined and results are as follows

|                            | Right Eye   | Left Eye    |
|----------------------------|-------------|-------------|
| Distant Vision             | 6/6         | 6/6         |
| Near vision                | N6          | N6          |
| IOP(Intra ocular pressure) | 12 mm of Hg | 12 mm of Hg |
| Anterior segment           | Normal      | Normal      |
| Fundus                     | Normal      | Normal      |
| Squint                     | NIL         | NIL         |
| Colour Vision              | Normal      | Normal      |

Doctor's Signature

*Surya*

Dr. SURYA SURENDRAN  
MBBS/DO  
Reg. No: 38632

Place : Thrissur  
Date : 22/10/22

Contact: 0487 22 222 99  
www.drishyameye.com  
info@drishyameye.com

**Drishyam Eye Care Hospital LLP**  
Opp. BSNL Office, Kovilakathumpadam, Thrissur,  
Kerala -680022 | Mob: +91 7025 11 11 99

|   |                            |                         |
|---|----------------------------|-------------------------|
| <b>Patient Name:</b> Mr. JOHBIN K JOHNY | <b>Age:</b> 33 Y           | <b>Sex:</b> Male        |
| <b>Ref. Consultant:</b>                 | <b>AC No:</b> 4177VJ002540 | <b>Date:</b> 24.10.2022 |
| <b>Clinical details:</b>                |                            |                         |

### USG ABDOMEN

Liver measures 17.5 cm, enlarged in size and shows mild diffuse increase in echogenicity. No focal lesions seen. PV and CBD are normal in course and calibre. No dilatation of intrahepatic biliary radicles seen. Subphrenic spaces are normal.

Gall bladder is partially distended and grossly appears normal.

Spleen measures 8.4 cm, normal in size and echotexture. No focal or diffuse lesions seen.

Pancreas: Head and body visualized, normal in size and echotexture. No focal lesions seen. No duct dilatation or calcification seen. Tail is obscured.

Right kidney measures 10 x 3.6 cm and left kidney measures 9.6 x 4.6 cm. Both kidneys are normal in size and cortical echogenicity. Cortico medullary differentiation is maintained. No calculus or dilatation of pelvicalyceal system on both sides.


Urinary bladder is distended and appears normal. No calculus or mass seen.

Prostate measures 14 cc, normal in size and echotexture.

No ascites. No definite evidence of any abnormal bowel dilatation / wall thickening seen.

### IMPRESSION

- Fatty (Grade I) hepatomegaly.

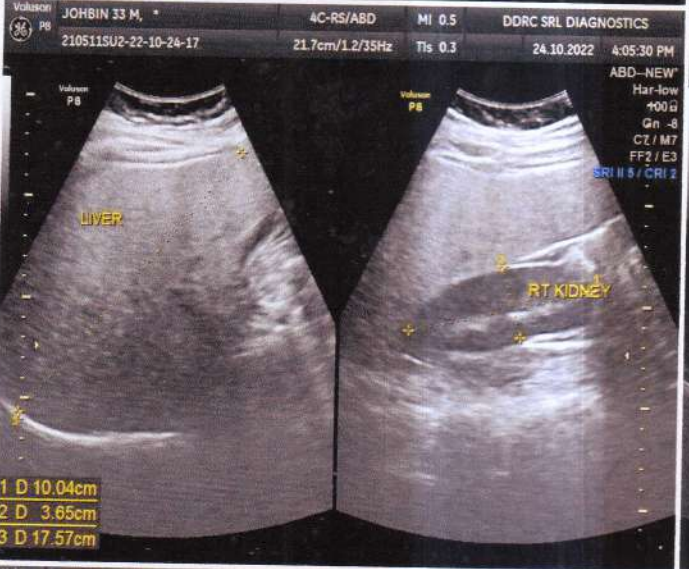
  
**DR. JESWIN PAULSON DMRD**  
CONSULTANT RADIOLOGIST

*Thanks for your referral. Ultrasound reports need not be fully accurate. It has to be correlated clinically and with relevant investigations.*

Dr. Jeswin Paulson MBBS, DMRD  
Reg. No. 43581  
Consultant Radiologist



|              |                       |            |                 |
|--------------|-----------------------|------------|-----------------|
| Patient name | Mr. JOHBIN 33 M       | Age/Sex    | 33 Years / Male |
| Patient ID   | 210511SU2-22-10-24-17 | Visit No   | 1               |
| Referred by  | Dr. SELF              | Visit Date | 24/10/2022      |



From: johbin k Johny <johbin.k.johny@gmail.com>

Date: 22/10/2022, 08:57 am

To: thrissur.ddrc@srl.in

- IMG\_4437.jpg



**भारत सरकार**  
**GOVERNMENT OF INDIA**



ജോബിൻ കെ ജോണി  
Johbin K Johny  
DoB: 08/03/1989  
MALE

**3978 5239 2581**

---

Mera Aadhaar, Meri Pehchaan

- IMG\_4438.jpg



**भारतीय विशिष्ट पहचान प्राधिकरण**  
**UNIQUE IDENTIFICATION AUTHORITY OF INDIA**



|   |   |
|---|---|
| <p>-, 10 521 കൂനമ്മാവ് ജോ<br/>വില, കുട്ടുപാത,ലാസക്ക്<br/>എതിർവശം, -, മരുതറോഡ്<br/>പി ഒ, പാലക്കാട്, പാലക്കാട്,<br/>കേരളം, 678007</p> | <p>10/521 KOONAMMAVE<br/>JO VILLA,<br/>KOOTTUPATHA,<br/>OPPOSITE LAZZA,<br/>MARUTHARODE P O,<br/>Palakkad, Palakkad,<br/>Kerala, 678007</p> |
|---|---|

**3978 5239 2581**

---

Mera Aadhaar, Meri Pehchaan

Age > 33,

PH: 9020120616

*Johbin*

JOHBIN K JOHNY (33 M)

ID: 26154

Date: 22-Oct-22

Exec Time : 0 m 0 s

Stage Time : 0 m 30 s HR: 82 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 Km/h

Grade: 0 %

(THR: 168 bpm)

B.P: 120 / 80

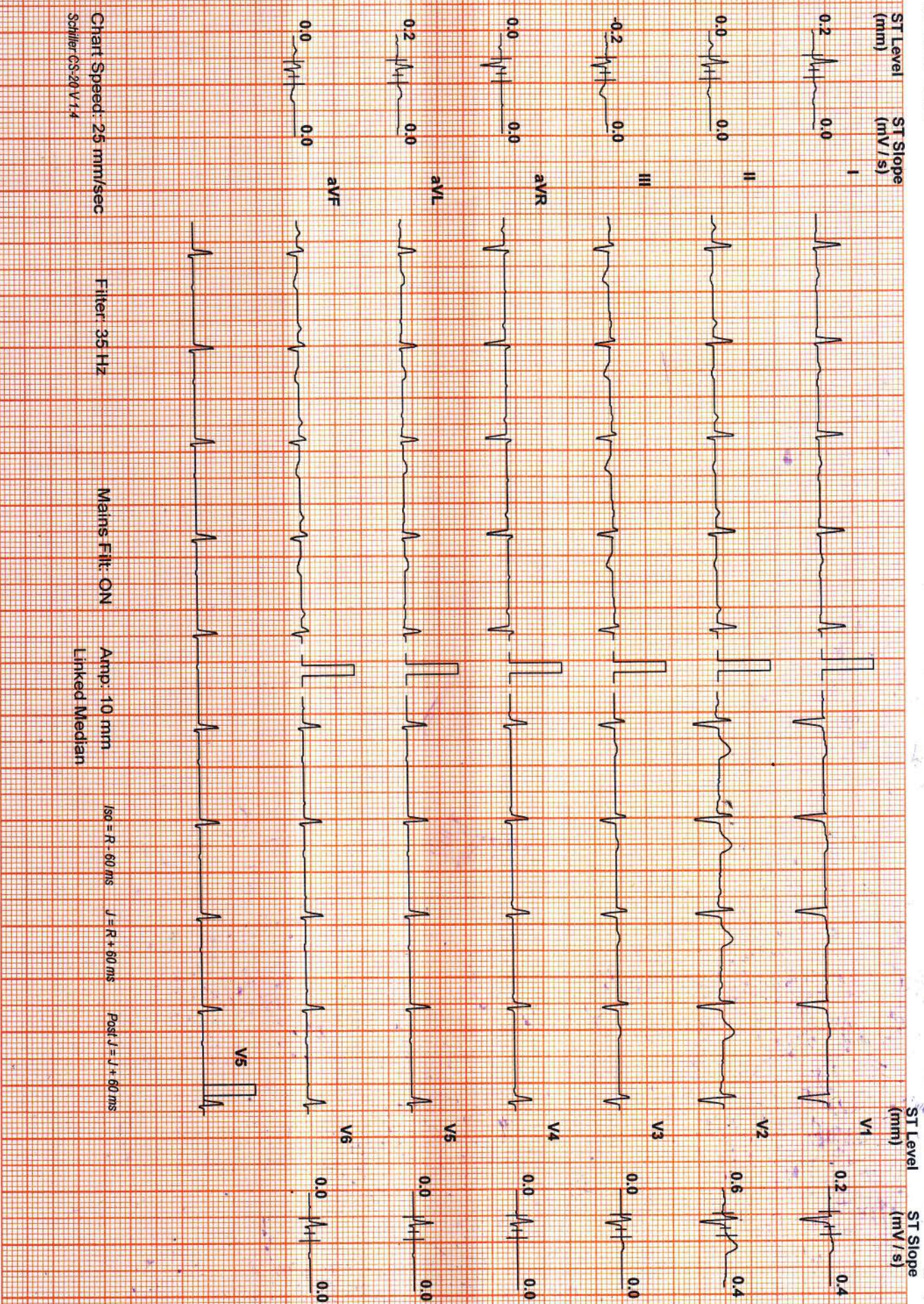


Chart Speed: 25 mm/sec  
Schiller GS-20 V1.4

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm  
Linked Median

Isd = R - 60 ms J = R + 60 ms  
Post J = V + 60 ms

DDRC SRL

JOHBIN K JOHNY (33 M)

ID: 26154

Date: 22-Oct-22

Exec Time : 0 m 0 s

Stage Time : 0 m 31 s HR: 97 bpm

Protocol: Bruce

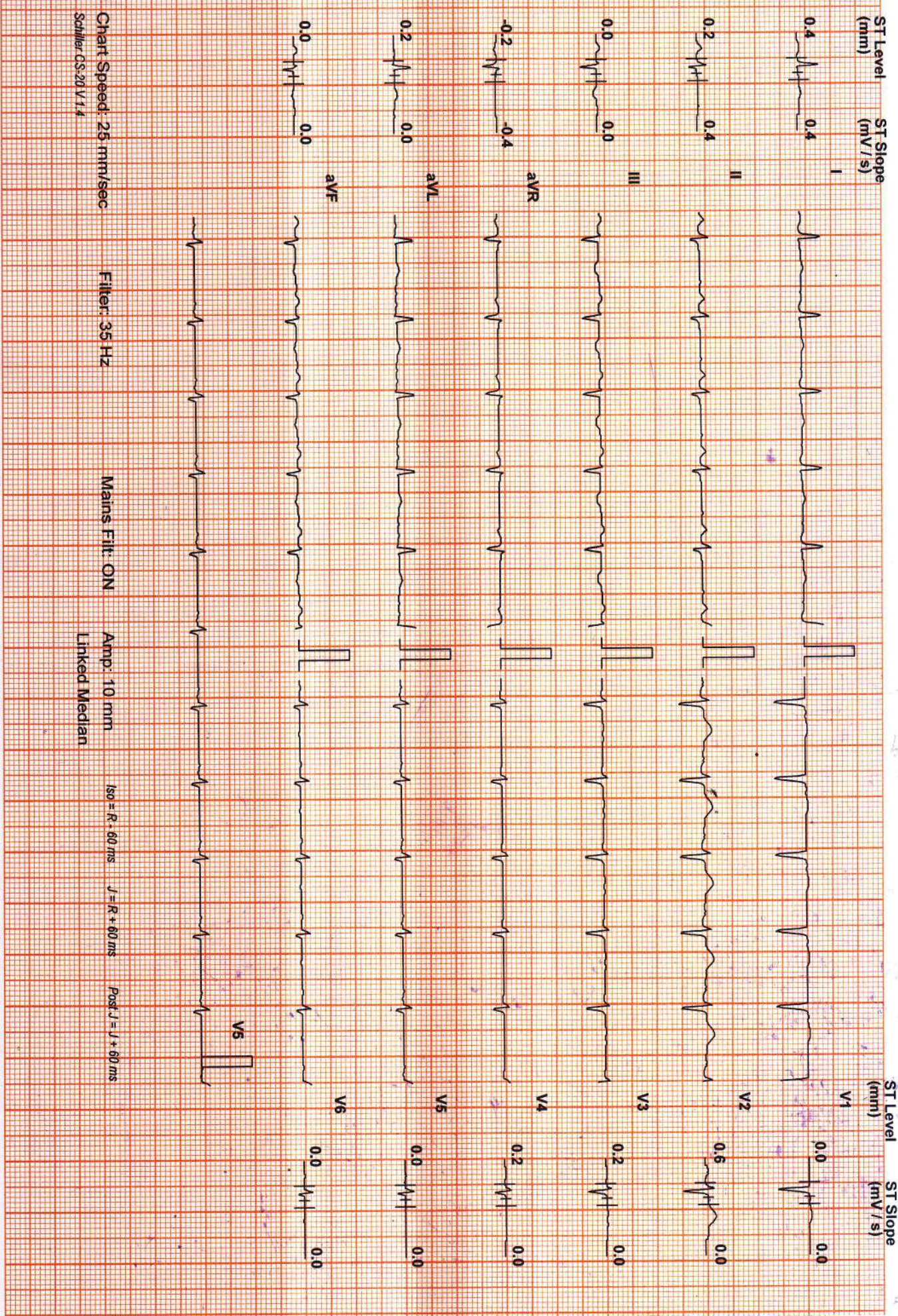
Stage: Standing

Speed: 0 Km/h

Grade: 0 %

(THR: 168 bpm)

B.P.: 120 / 80



JOHBIN K JOHNY (33 M)

Protocol: Bruce

ID: 26154  
Stage: 1

Date: 22-Oct-22 Exec Time : 3 m 0 s Stage Time : 3 m 0 s HR: 125 bpm  
Speed: 2.7 Km/h Grade: 10 % (THR: 168 bpm) B.P: 120 / 80

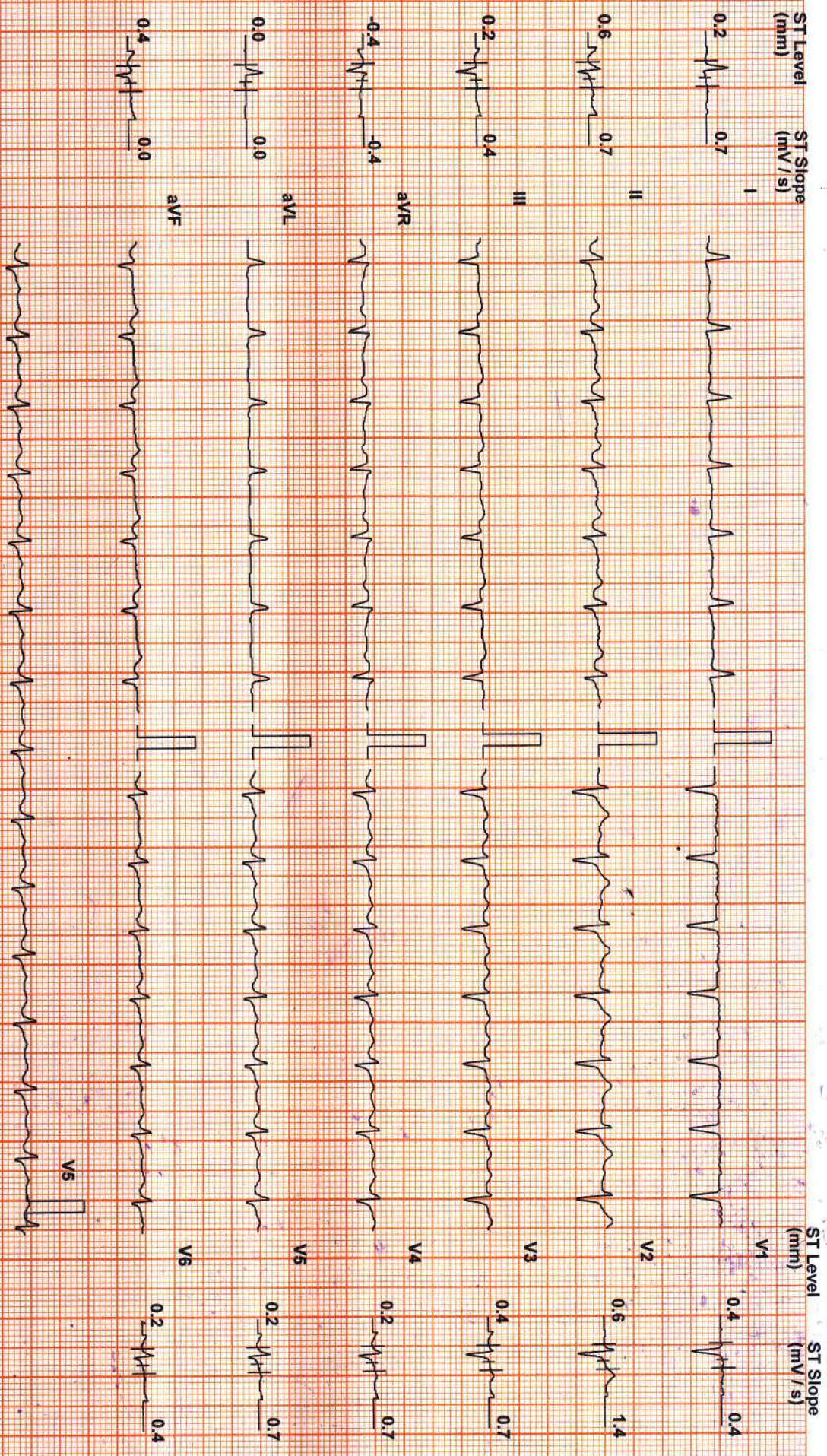


Chart Speed: 25 mm/sec  
Scale: GS-20 V14

Filter: 35 Hz

Main: Fil: ON

Amp: 10 mm  
Linked Median

ISO = R - 60 ms J = R + 60 ms Post J = J + 60 ms

JOHBIN K JOHNY (33 M)

ID: 26154

Date: 22-Oct-22

Exec Time : 6 m 0 s

Stage Time : 3 m 0 s

HR: 142 bpm

Protocol: Bruce

Stage: 2

Speed: 4 Km/h

Grade: 12 %

(THR: 168 bpm)

B.P: 120 / 80

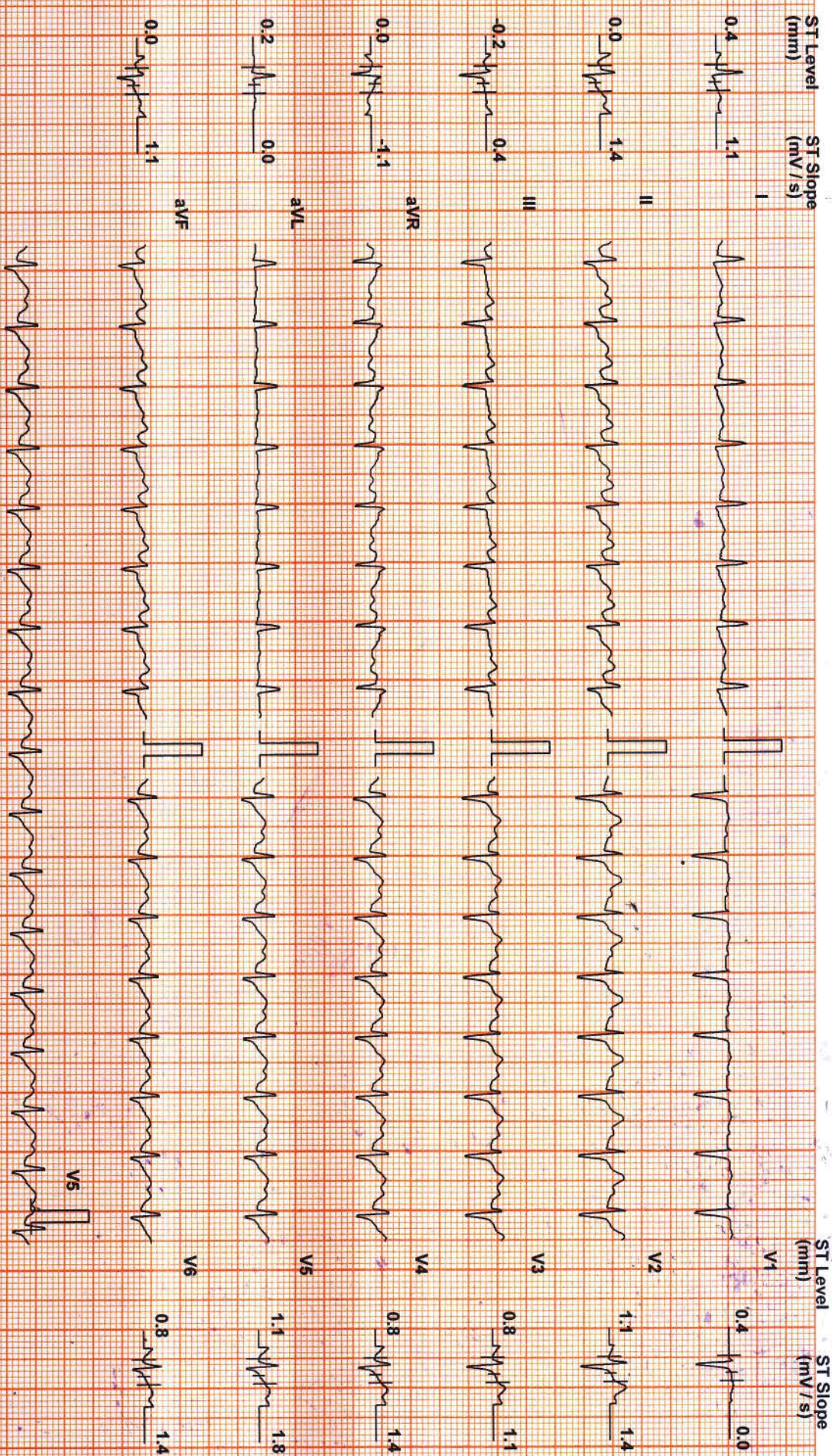


Chart Speed: 25 mm/sec  
Schiller-GS-20 V 1.4

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm  
Linked Median

ISO = R + 60 ms    J = R + 60 ms    Post J = J + 60 ms

DDRC SRL

JOHBIN K JOHNY (33 M)

Protocol: Bruce

ID: 26154

Date: 22-Oct-22

Exec Time : 7 m 28 s Stage Time : 1 m 28 s

HR: 157 bpm

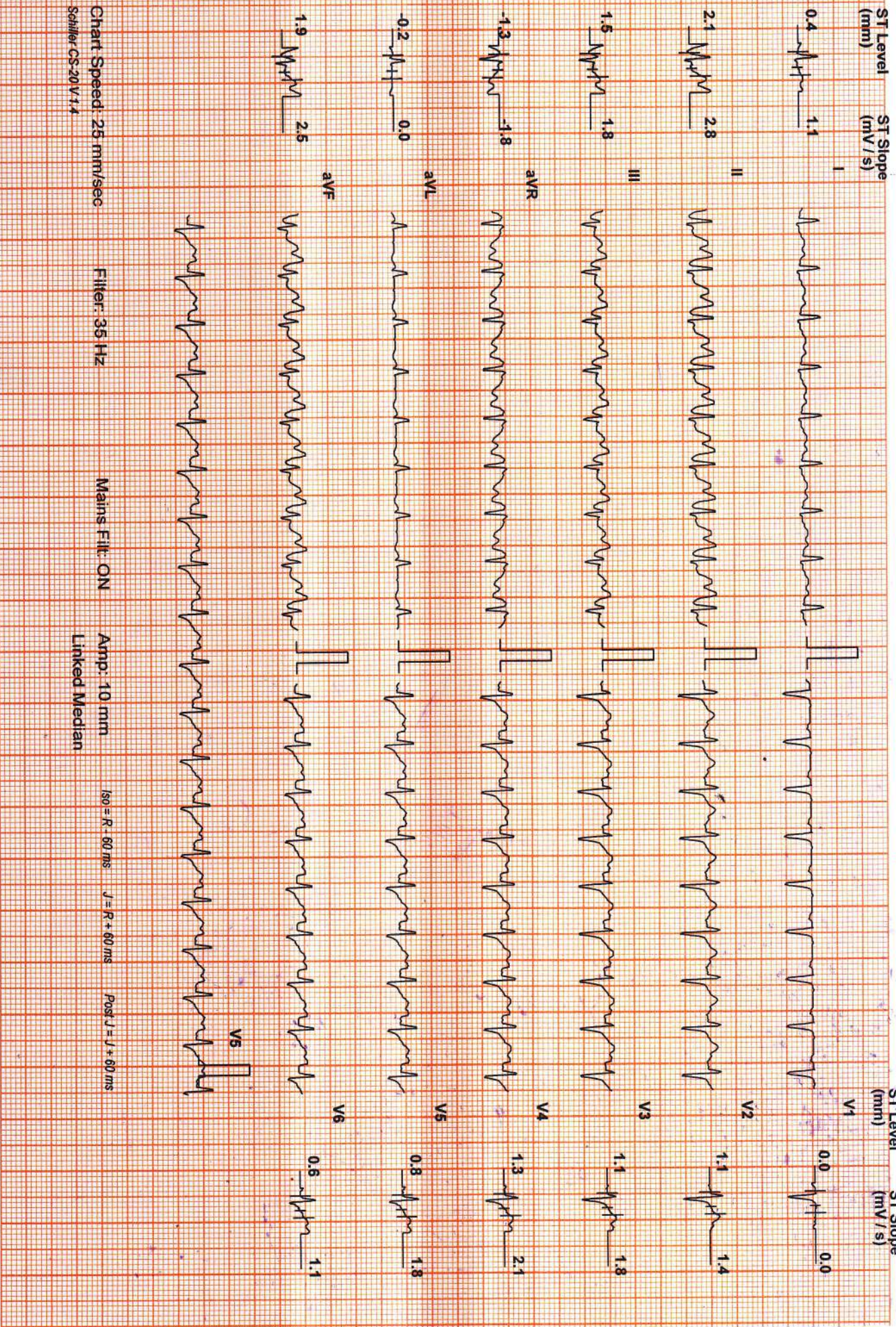
Stage: Peak Ex

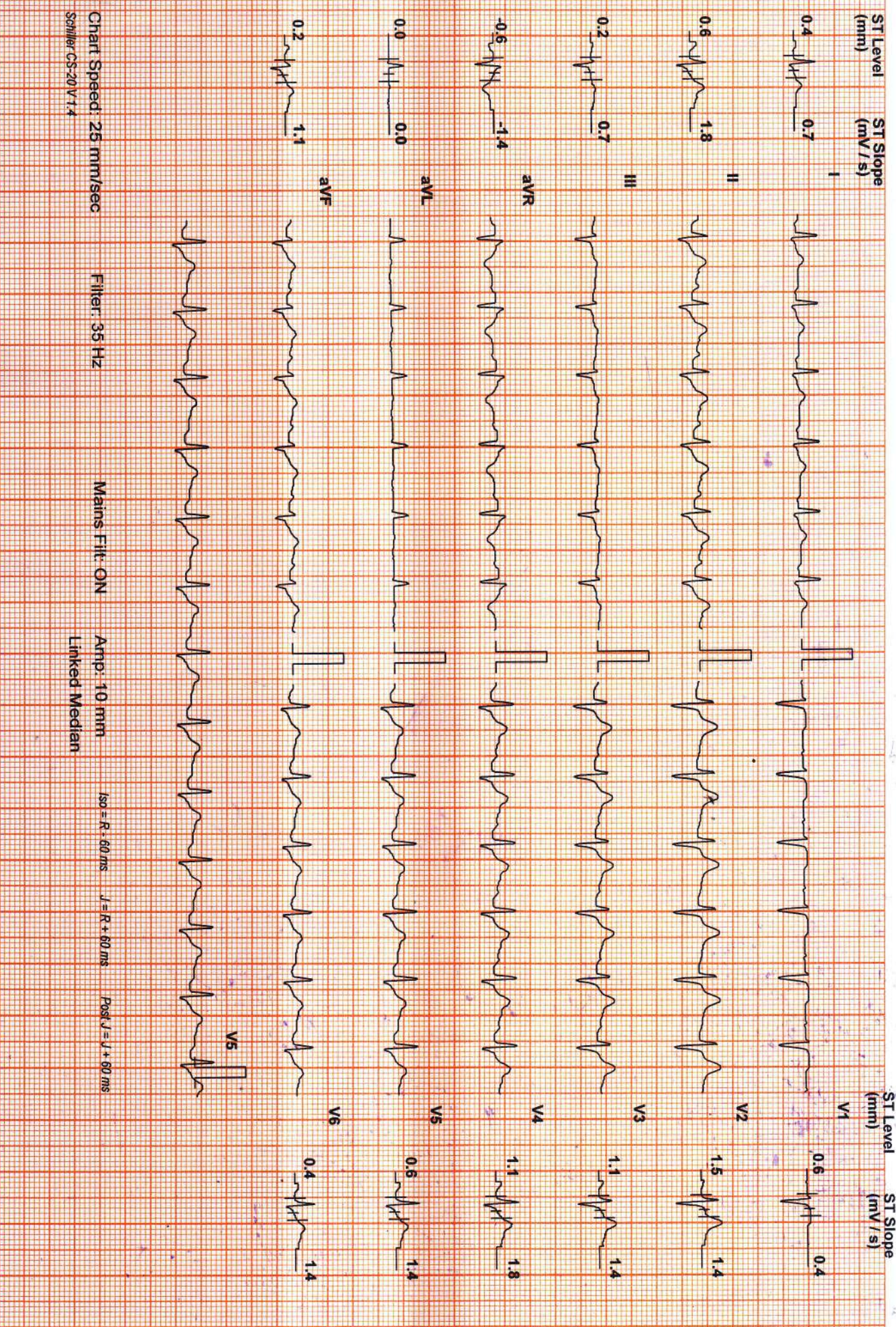
Speed: 5.4 Km/h

Grade: 14 %

(THR: 168 bpm)

B.P: 120 / 80







JOHBIN K JOHNY (33 M)

ID: 26154

Date: 22-Oct-22

Recovery : 4 m 0 s

Stage Time : 2 m 0 s

HR: 100 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 Km/h

Grade: 0 %

(THR: 168 bpm)

B.P: 120 / 80

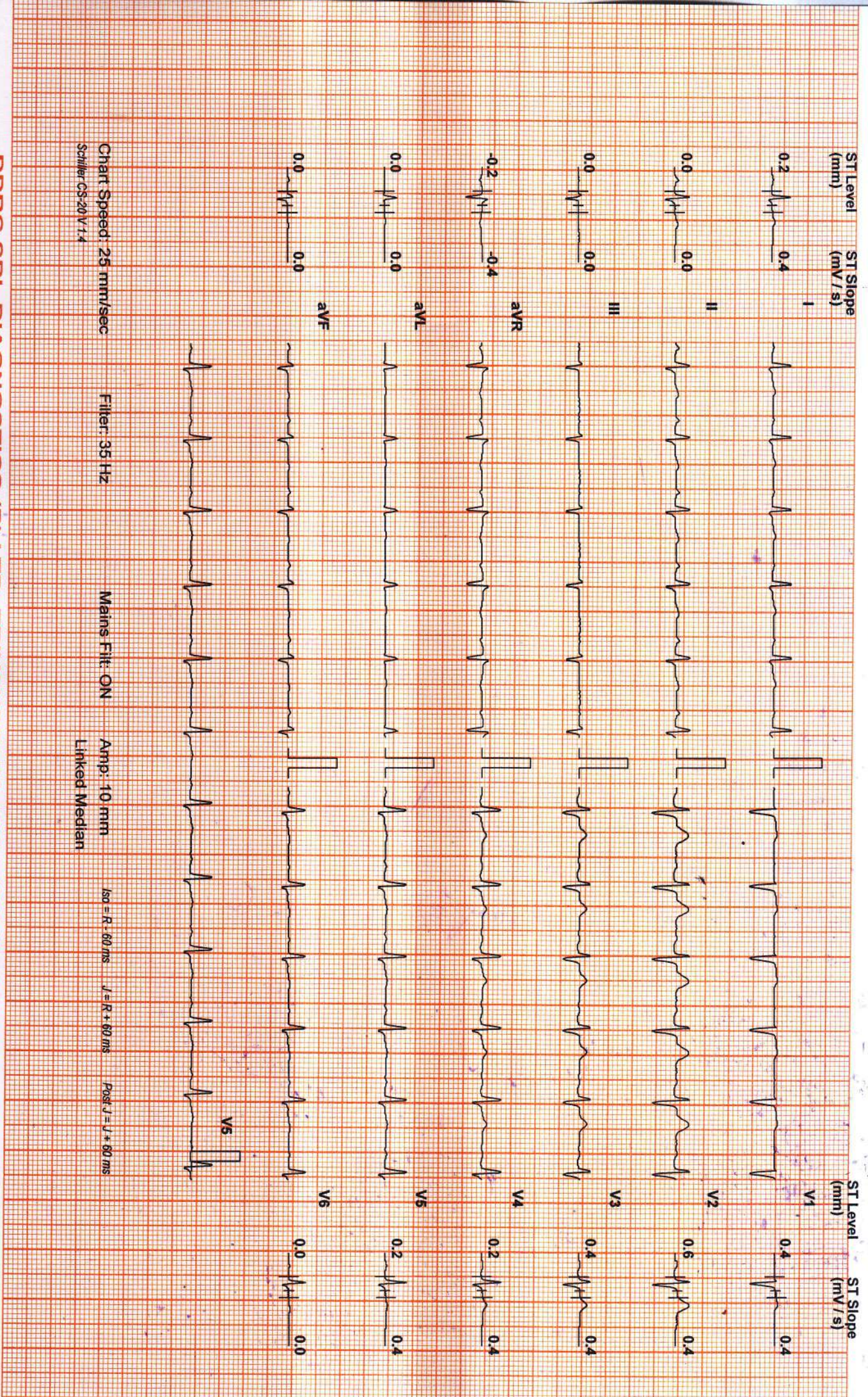


Chart Speed: 25 mm/sec  
Schiller CS-20 V1.4

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm  
Linked Median

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

JOHBIN K JOHNY (33 M)

ID: 26154

Date: 22-Oct-22

Recovery : 6 m 0 s

Stage Time : 2 m 0 s

HR: 103 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 Km/h

Grade: 0 %

(THR: 168 bpm)

B.P: 120 / 80

DDRC SRL

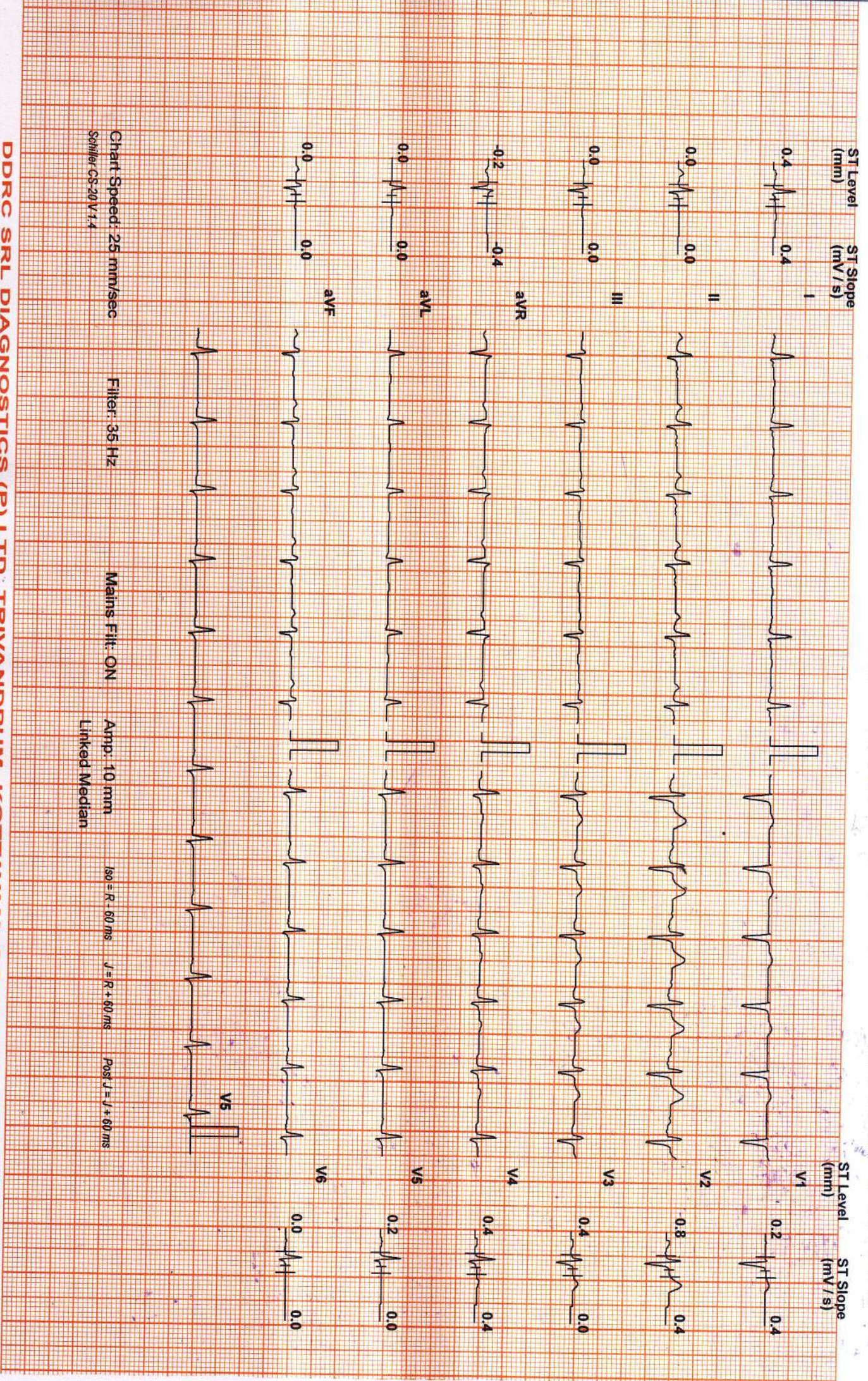


Chart Speed: 25 mm/sec  
Schiller CS-20 V1.4

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT,

# DDRC SRL

**Patient Details**                      **Date:** 22-Oct-22                      **Time:** 12:38:38 PM  
**Name:** JOHBIN K JOHNY ID: 26154  
**Age:** 33 y                                      **Sex:** M                                      **Height:** 165 cms                                      **Weight:** 91 Kgs  
**Clinical History:**

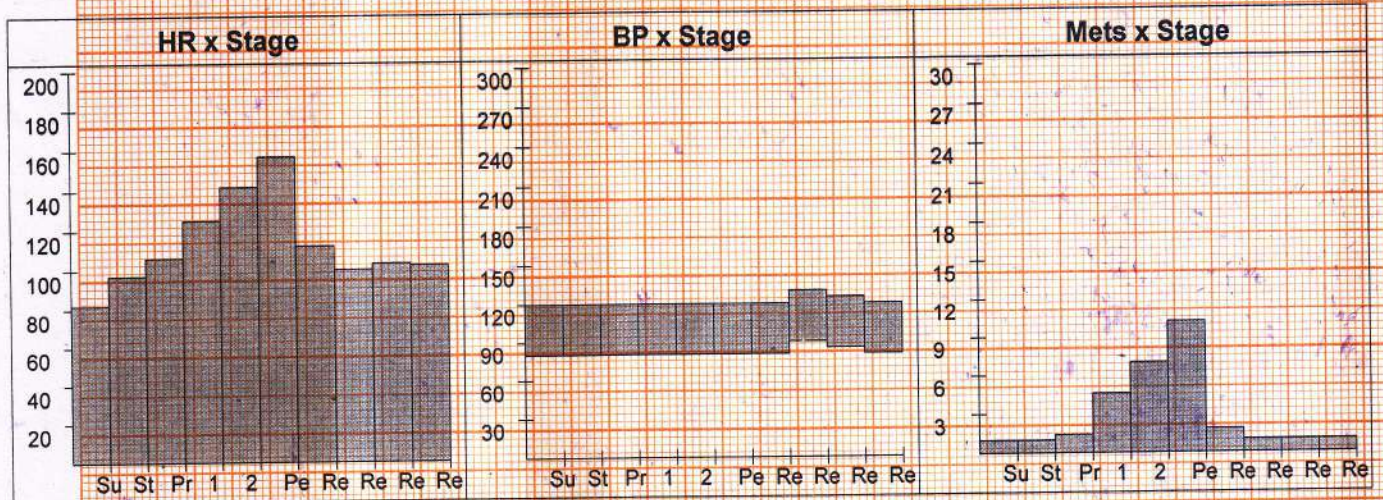
**Medications:**

**Test Details**

**Protocol:** Bruce                                      **Pr.MHR:** 187 bpm                                      **THR:** 168 (90 % of Pr.MHR) bpm  
**Total Exec. Time:** 7 m 28 s                                      **Max. HR:** 157 ( 84% of Pr.MHR )bpm                                      **Max. Mets:** 10.20  
**Max. BP:** 130 / 90 mmHg                                      **Max. BP x HR:** 20410 mmHg/min                                      **Min. BP x HR:** 6560 mmHg/min  
**Test Termination Criteria:**

**Protocol Details**

| Stage Name  | Stage Time<br>(min : sec) | Mets | Speed<br>(Km/h) | Grade<br>(%) | Heart<br>Rate<br>(bpm) | Max. BP<br>(mm/Hg) | Max. ST<br>Level<br>(mm) | Max. ST<br>Slope<br>(mV/s) |
|-------------|---------------------------|------|-----------------|--------------|------------------------|--------------------|--------------------------|----------------------------|
| Supine      | 0 : 30                    | 1.0  | 0               | 0            | 82                     | 120 / 80           | -0.21 III                | 0.71 V2                    |
| Standing    | 0 : 31                    | 1.0  | 0               | 0            | 97                     | 120 / 80           | -0.85 aVL                | 1.42 V2                    |
| 1           | 3 : 0                     | 4.6  | 2.7             | 10           | 125                    | 120 / 80           | -0.64 aVR                | 1.42 II                    |
| 2           | 3 : 0                     | 7.0  | 4               | 12           | 142                    | 120 / 80           | -0.42 aVR                | 2.12 V2                    |
| Peak Ex     | 1 : 28                    | 10.2 | 5.4             | 14           | 157                    | 120 / 80           | -1.27 aVR                | 2.83 II                    |
| Recovery(1) | 2 : 0                     | 1.8  | 1.6             | 0            | 112                    | 120 / 80           | -1.27 aVR                | 3.89 V3                    |
| Recovery(2) | 2 : 0                     | 1.0  | 0               | 0            | 100                    | 130/90             | -0.64 aVR                | 1.77 II                    |
| Recovery(3) | 2 : 0                     | 1.0  | 0               | 0            | 103                    | 125/85             | -0.42 aVR                | 1.42 I                     |
| Recovery(4) | 0 : 4                     | 1.0  | 0               | 0            | 102                    | 120 / 80           | -1.06 aVR                | -1.06 III                  |



DDRC SRL

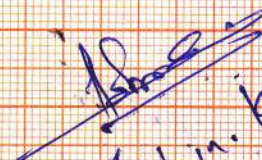
Patient Details                      Date: 22-Oct-22                      Time: 12:38:38 PM  
Name: JOHBIN K JOHNY ID: 26154  
Age: 33 y                      Sex: M                      Height: 165 cms                      Weight: 91 Kgs

Interpretation

Exercised upto 7 minutes 28sec  
no angina  
no arrhythmia  
no ST depression  
Test negative for inducible ischemia

  
Dr. PRAMOD. V. S.  
MD (Medicine), DM (Card)                      Reg. No: 27268  
Consultant Cardiologist  
SWINI HOSPITAL, TRISSUR  
0472-2667524/201



  
John K. Johnny

Ref. Doctor: -----

Doctor: -----

( Summary Report edited by user )