

MEDICAL EXAMINATION FORM

Employee ID: _____

Mobile number: 9095552001

Name: Sundar Raj D

Department: _____

Age: 37

Designation: _____

Gender: M

Date: 20/08/22

Date of birth: 14/SEP/1984

Marital Status: Married

CLINICAL HISTORY

	Pre-existing Conditions/ Diseases	Yes/No	Since how long?	Are you taking treatment? Please give details	Any family members have these?
	Hypertension	No		NA	/
	Diabetes	No			
	Heart disease	No			
Past / Family History:	Thyroid disorder	No			
	Asthma/COPD	No			
	Seizures(Fits)	No			
	CNS/ Psychiatric diseases	No			
	Jaundice	No			
	TB	No			
	Cancer	No			

Details of Surgery/ Hospitalization

Undergone any surgery? If Yes, provide details: NA

History of Hospitalization: If Yes, provide details: NA

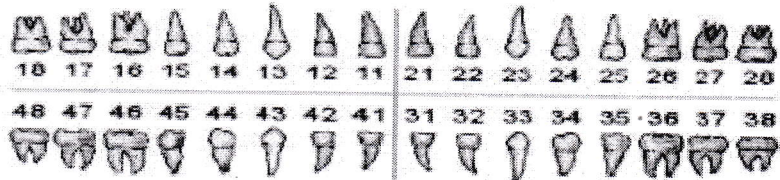
Personal history:	Type	Yes/No	Since how long?	Quantity/day Frequency	Tried quitting?
	Smoking	No	—	—	—
Alcohol	Yes	20 yrs	Monthly once	Never	
Tobacco	No	—	—	—	
Any other	—	—	—	—	

Sundar Raj D
*Signature of Employee

GENERAL PHYSICAL EXAMINATION

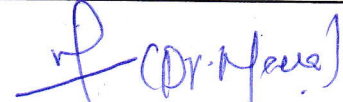
Height 179 cms Weight 75.7 Kg Bp 130/70 mmHg 63 Pulse/min
 BMI 23.6 Temperature _____ (Fahrenheit)

SYSTEMIC EXAMINATION

Cardiovascular system	O/E did you find normal first and second heart sounds and no murmurs? If 'NO' give details : N																															
Respiratory system	O/E did you find normal vesicular breath sounds & no added sounds? If 'NO' give details : N																															
Abdomen	O/E did you find a soft, non-tender abdomen with no hepato/splenomegaly? If 'YES' give details : N																															
Central nervous system	Cranial nerves : Motor and sensory : N																															
Dental Examination	Chief Complaint : Findings : <div style="text-align: center; margin: 10px 0;">  </div> Treatment Required : Tooth Cleaning/Scaling : Tooth Removal/Extraction : Dental Fillings/Restorations : Orthodontic Treatment/Braces :																															
Eye & Vision test	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2"></th> <th colspan="4">Without glasses</th> <th colspan="3">With glasses</th> </tr> <tr> <th>VA</th> <th>DV</th> <th>NV</th> <th>CV</th> <th>DV</th> <th>NV</th> <th>CV</th> </tr> </thead> <tbody> <tr> <td>Right</td> <td></td> <td>6/6</td> <td>N6</td> <td>N</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Left</td> <td></td> <td>6/6</td> <td>N6</td> <td>N</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> Any other findings in the eye:		Without glasses				With glasses			VA	DV	NV	CV	DV	NV	CV	Right		6/6	N6	N				Left		6/6	N6	N			
	Without glasses				With glasses																											
	VA	DV	NV	CV	DV	NV	CV																									
Right		6/6	N6	N																												
Left		6/6	N6	N																												

ABNORMAL FINDINGS, COMMENTS, & ADVISE BY DOCTOR

Calcium & Vit D3 supplements as advised.


 Name, MMC Reg. No., Qualification & Sign of the medical officer
Dr. Meera Sheela Moorthy, M.B.B.S.
 Reg. No: 137181
 MEDALL Scans and Labs Pvt. Ltd.
 No.110/111, Burma Colony,
 Rajiv Gandhi Salai (OMR),
 Perungudi, Chennai - 600 096.

Name : Mr. SUNDARRAJ D

PID No. : ADY309671

SID No. : 1286220005934

Age / Sex : 37 Year(s) / Male

Type : OP

Ref. Dr : MediWheel

Register On : 13/08/2022 9:53 AM

Collection On : 13/08/2022 10:33 AM

Report On : 14/08/2022 7:46 AM

Printed On : 22/08/2022 1:24 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BLOOD GROUPING AND Rh TYPING

'A' 'Positive'

(EDTA Blood/Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	12.9	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	38.9	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.76	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	81.6	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	27.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.2	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.3	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	39.2	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6030	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	63.7	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	20.2	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	10.4	%	01 - 06



VERIFIED BY



APPROVED BY

The results pertain to sample tested.

Page 1 of 7

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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	5.2	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.5	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.83	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.22	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.63	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.32	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.03	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	236	10 ³ / μ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	11.1	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.261	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	5	mm/hr	< 15
BUN / Creatinine Ratio	10.1		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	86.1	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: \geq 126


DR. GURUPRIYA J
PATHOLOGIST
Reg No : 13-48036

VERIFIED BY


Dr. E. Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

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The results pertain to sample tested.

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Name : Mr. SUNDARRAJ D

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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/GOD - POD)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	102.0	mg/dL	70 - 140
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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.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.5	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	1.03	mg/dL	0.9 - 1.3
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INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	6.9	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.91	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.22	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.69	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	20.5	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	18.1	U/L	5 - 41
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DR GURUPRIYA J
PATHOLOGIST
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Consultant Pathologist
Reg No : 73347

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Page 3 of 7

Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED, #17, RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD, GUINDY, CHENNAI, TAMIL NADU, INDIA,.

Name : Mr. SUNDARRAJ D

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SID No. : 1286220005934

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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	15.5	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	64.1	U/L	53 - 128
Total Protein (Serum/Biuret)	6.94	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.17	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.77	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.51		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	215.7	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	120.2	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/Immunoinhibition)	42.5	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	149.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	24	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	173.2	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)	5.1		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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.4	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %



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Page 5 of 7

Name : Mr. SUNDARRAJ D

PID No. : ADY309671

Register On : 13/08/2022 9:53 AM

SID No. : 1286220005934

Collection On : 13/08/2022 10:33 AM

Age / Sex : 37 Year(s) / Male

Report On : 14/08/2022 7:46 AM

Type : OP

Printed On : 22/08/2022 1:24 PM

Ref. Dr : MediWheel



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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Estimated Average Glucose (Whole Blood)	108.28	mg/dL	
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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 glycaemic 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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total	0.83	ng/ml	0.7 - 2.04
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(Serum/Chemiluminescent Immunometric Assay
(CLIA))

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	7.09	µg/dl	4.2 - 12.0
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(Serum/Chemiluminescent Immunometric Assay
(CLIA))

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)	1.12	µIU/mL	0.35 - 5.50
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(Serum/Chemiluminescent Immunometric Assay
(CLIA))

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.


DR GURUPRIYA J
PATHOLOGIST
Reg No : 13-48036

VERIFIED BY


Dr.E.Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

APPROVED BY

The results pertain to sample tested.

Page 6 of 7

Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED,#17,RACE VIEW COLONY,2ND STREET, RACE COURSE ROAD, GUINDY, CHENNAI, TAMIL NADU, INDIA,.

Name : Mr. SUNDARRAJ D
PID No. : ADY309671
SID No. : 1286220005934
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Type : OP
Ref. Dr : MediWheel

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Urine Analysis - Routine</u>			
COLOUR (Urine)	Pale yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated ~ Flow cytometry)	1 - 2	/hpf	NIL
Epithelial Cells (Urine/Automated ~ Flow cytometry)	1 - 2	/hpf	NIL
RBCs (Urine/Automated ~ Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated ~ Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated ~ Flow cytometry)	NIL	/hpf	NIL
Others (Urine)	NIL		

INTERPRETATION:Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

DR GURUPRIYA J
PATHOLOGIST
Reg No : 13-48036

VERIFIED BY

Dr. E. Saravanan M.D (Path)
Consultant Pathologist
Reg No : 73347

APPROVED BY

-- End of Report --

Name	MR.SUNDARRAJ D	ID	ADY309671
Age & Gender	37Y/MALE	Visit Date	13 Aug 2022
Ref Doctor Name	MediWheel		

SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows fatty changes with no focal abnormality.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal and measures 10.0 cms.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 10.6 x 4.3 cms.

The left kidney measures 9.2 x 4.7 cms.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

Name	MR.SUNDARRAJ D	ID	ADY309671
Age & Gender	37Y/MALE	Visit Date	13 Aug 2022
Ref Doctor Name	MediWheel		

The prostate measures 3.0 x 3.0 x 3.1 cms and is normal sized with a volume of 15 cc.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized.

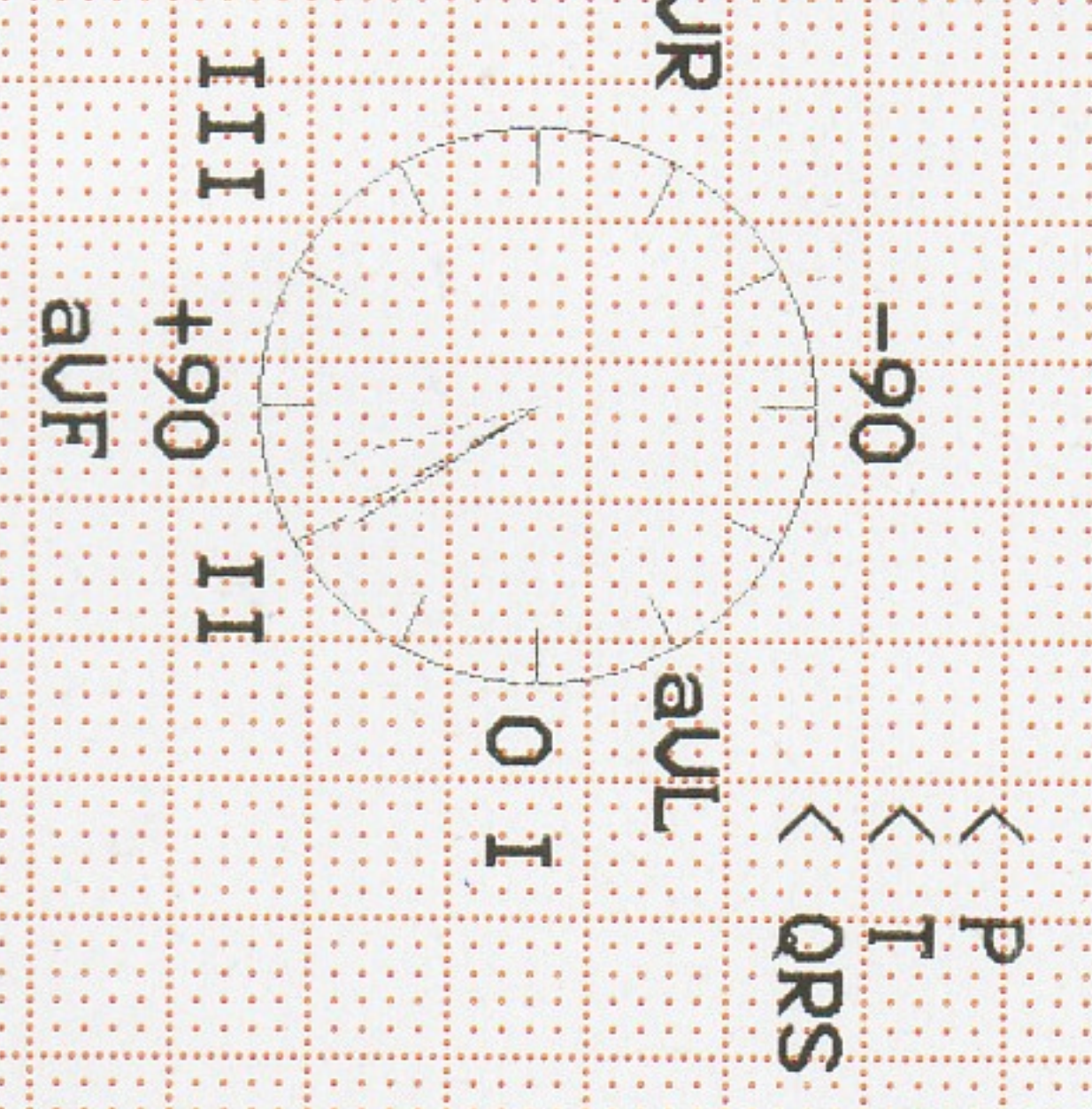
IMPRESSION:

- **Fatty liver**

(for further evaluation)

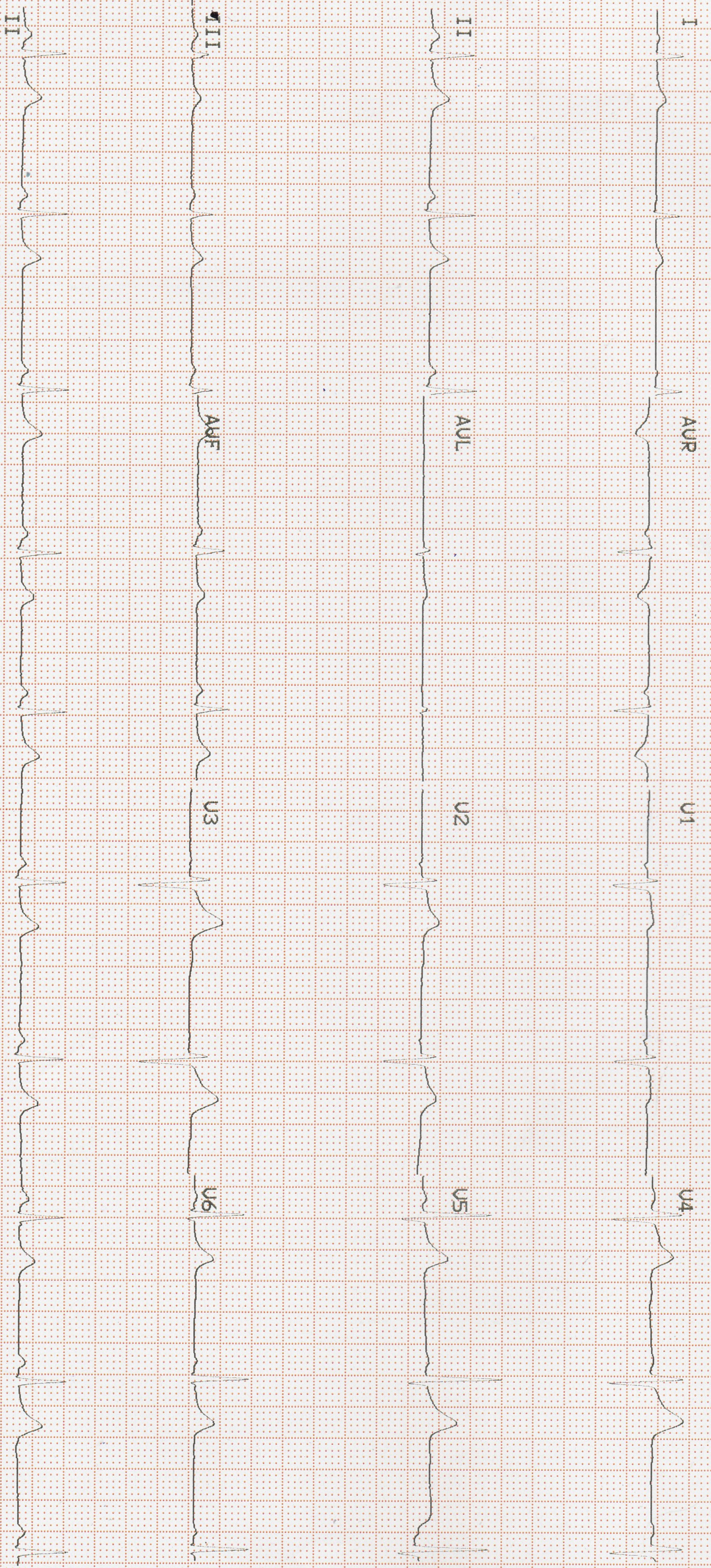
DR. ANITHA PARAMASIVAN
(Consultant Sonologist)

Measurement Results:
QRS : 90 ms
QT/QTcB : 416 / 401 ms
PR : 130 ms
P : 100 ms
RR/PP : 1052 / 1070 ms
P/QRS/T : 74 / 56 / 60 degrees



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

Unconfirmed report.



Signature

Name	SUNDARRAJ D	ID	ADY309671
Age & Gender	37Y/M	Visit Date	Aug 13 2022 9:52AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

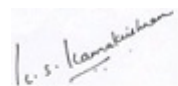
Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

The CP angles are not included in the study and cannot be commented upon.

Bilateral domes of diaphragm are normal.

Visualised bones and soft tissues appear normal.



Dr. Rama Krishnan. MD, DNB.,
Consultant Radiologist.
Medall Healthcare Pvt Ltd.

Name : Mrs. JAYARANI A
PID No. : MED121240570
SID No. : 1286220005935
Age / Sex : 32 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 13/08/2022 9:57 AM
Collection On : 13/08/2022 10:34 AM
Report On : 13/08/2022 7:07 PM
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(EDTA Blood/Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	13.0	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	36.8	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.11	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	89.5	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	31.5	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	35.2	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	12.3	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	39.9	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	7440	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	58.5	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	32.9	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	3.8	%	01 - 06



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 Report On : 13/08/2022 7:07 PM
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	4.3	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.5	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.35	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.45	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.28	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.32	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.04	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	357	10 ³ / μ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.7	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.311	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	4	mm/hr	< 20
BUN / Creatinine Ratio	10.0		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	76.8	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: \geq 126


DR. GURUPRIYA J
 PATHOLOGIST
 Reg No : 13-48036

VERIFIED BY


 Dr. E. Saravanan M.D(Path)
 Consultant Pathologist
 Reg No : 73347

APPROVED BY

The results pertain to sample tested.

Page 2 of 8

Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED, #17, RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD, GUINDY, CHENNAI, TAMIL NADU, INDIA,.

Name : Mrs. JAYARANI A
 PID No. : MED121240570
 SID No. : 1286220005935
 Age / Sex : 32 Year(s) / Female
 Type : OP
 Ref. Dr : MediWheel

Register On : 13/08/2022 9:57 AM
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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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/GOD - POD)	Negative		Negative
---	----------	--	----------

Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	132.3	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.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
---	----------	--	----------

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	6.0	mg/dL	7.0 - 21
--	-----	-------	----------

Creatinine (Serum/Modified Jaffe)	0.60	mg/dL	0.6 - 1.1
--------------------------------------	------	-------	-----------

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	3.4	mg/dL	2.6 - 6.0
--------------------------------	-----	-------	-----------

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.57	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.17	mg/dL	0.0 - 0.3
---	------	-------	-----------

Bilirubin(Indirect) (Serum/Derived)	0.40	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	20.8	U/L	5 - 40
--	------	-----	--------

SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	19.4	U/L	5 - 41
--	------	-----	--------

DR GURUPRIYA J
 PATHOLOGIST
 Reg No : 13-48036

VERIFIED BY

Dr. E. Saravanan M.D (Path)
 Consultant Pathologist
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APPROVED BY

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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	17.3	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	68.4	U/L	42 - 98
Total Protein (Serum/Biuret)	7.29	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.25	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.04	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.40		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	163.2	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	152.8	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/Immunoinhibition)	38.9	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
---	-------------	-------	--



VERIFIED BY



APPROVED BY

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
LDL Cholesterol (Serum/Calculated)	93.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	30.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	124.3	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)	4.2		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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	3.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.4		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	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 %



VERIFIED BY



APPROVED BY

The results pertain to sample tested.

Page 5 of 8

Name : Mrs. JAYARANI A
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.02	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.

T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	8.45	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.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.56	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.


DR GURUPRIYA J
PATHOLOGIST
Reg No : 13-48036

VERIFIED BY


Dr. E. Saravanan M.D (Path)
Consultant Pathologist
Reg No : 73347

APPROVED BY

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Urine Analysis - Routine</u>			
COLOUR (Urine)	Pale yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated ~ Flow cytometry)	1 - 2	/hpf	NIL
Epithelial Cells (Urine/Automated ~ Flow cytometry)	1 - 2	/hpf	NIL
RBCs (Urine/Automated ~ Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated ~ Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated ~ Flow cytometry)	NIL	/hpf	NIL
Others (Urine)	NIL		

INTERPRETATION:Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Stool Analysis - ROUTINE

Colour (Stool)	Brown	Brown
Blood (Stool)	Absent	Absent
Mucus (Stool)	Absent	Absent


DR GURUPRIYA J
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Reaction (Stool)	Acidic		Acidic
Consistency (Stool)	Semi Solid		Semi Solid
Ova (Stool)	NIL		NIL
Others (Stool)	NIL		NIL
Cysts (Stool)	NIL		NIL
Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	1 - 2	/hpf	NIL
Macrophages (Stool)	NIL		NIL
Epithelial Cells (Stool)	1 - 2	/hpf	NIL



DR GURUPRIYA J
PATHOLOGIST
Reg No : 13-48036

VERIFIED BY



Dr. E. Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

APPROVED BY

-- End of Report --

Name	MRS.JAYARANI A	ID	MED121240570
Age & Gender	32Y/FEMALE	Visit Date	13 Aug 2022
Ref Doctor Name	MediWheel		

SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows uniform echotexture with no focal abnormality.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal and measures 9.7 cms.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 10.0 x 4.1 cms.

The left kidney measures 9.9 x 5.0 cms.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The uterus is anteverted, and measures 7.3 x 3.0 cms.

Name	MRS.JAYARANI A	ID	MED121240570
Age & Gender	32Y/FEMALE	Visit Date	13 Aug 2022
Ref Doctor Name	MediWheel		

Myometrial echoes are homogeneous.

The endometrial thickness is 4.7 mm.

The right ovary measures 2.3 X 1.9 cms.

The left ovary measures 2.5 X 2.0 cms.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized.

IMPRESSION:

- **Normal study.**

(for further evaluation)

DR. ANITHA PARAMASIVAN
(Consultant Sonologist)

Name	MRS.JAYARANI A	ID	MED121240570
Age & Gender	32Y/FEMALE	Visit Date	13 Aug 2022
Ref Doctor Name	MediWheel		

MAC1200 ST, MRS JAYARANI A, MEDALL
Female, 32 Years (23.06.1990), Pacemaker Patient

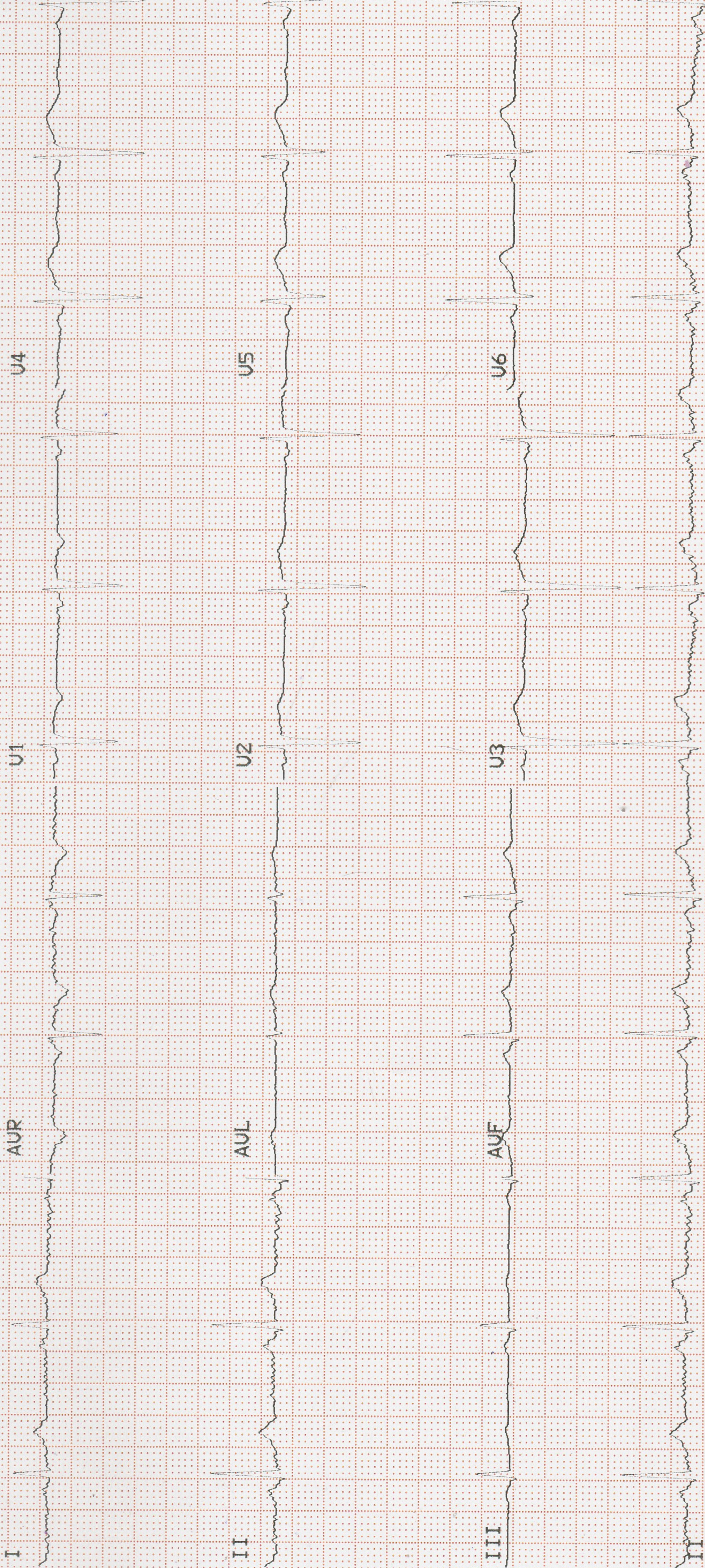
HR 64 bpm

Measurement Results:

PR	92 ms	< P
QTcB	424 / 437 ms	< T
PP	144 ms	< QRS
PP	130 ms	aVL
PP	944 / 935 ms	0 I
QRS/T	60 / 56 / 48 degrees	III +90 II
		aVF

Interpretation:
12SL - Interpretation:
Normal sinus rhythm
Normal ECG

Unconfirmed report.



A. Jayarani

Name	JAYARANI A	ID	MED121240570
Age & Gender	32Y/F	Visit Date	Aug 13 2022 9:56AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

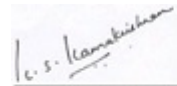
Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: Essentially normal study.



Dr. Rama Krishnan. MD, DNB.,
Consultant Radiologist,
Medall Healthcare Pvt Ltd.

MEDICAL EXAMINATION FORM

Employee ID:

Mobile number: 9488738009

Name: Jayarani, A

Department:

Age: 32

Designation:

Gender: F

Date: 20/8/22

Date of birth: 23/6/1990

Marital Status: Married

CLINICAL HISTORY

	Pre-existing Conditions/ Diseases	Yes/No	Since how long?	Are you taking treatment? Please give details	Any family members have these?
	Hypertension	NO	NA	NIL	Father & Mother
	Diabetes	NO	NA		Father & Mother
	Heart disease	NO	NA		
Past / Family History:	Thyroid disorder	NO	NA		
	Asthma/COPD	NO	NA		
	Seizures(Fits)	NO	NA		
	CNS/ Psychiatric diseases	NO	NA		
	Jaundice	NO	NA		
	TB	NO	NA		
	Cancer	NO	NA		

Details of Surgery/ Hospitalization

Undergone any surgery? If Yes, provide details: 2 C-section, 1 DNC

History of Hospitalization: If Yes, provide details: NIL

Personal history:

Type	Yes/No	Since how long?	Quantity/day Frequency	Tried quitting?
Smoking	NO			NIL
Alcohol	NO			
Tobacco	NO			
Any other	NO			

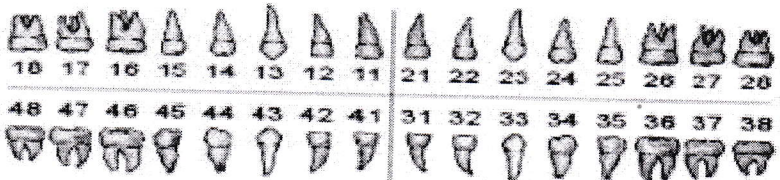
A. Jayarani

*Signature of Employee

GENERAL PHYSICAL EXAMINATION


Height 167 cms Weight 66.5 Kg Bp 130/90 mmHg 74 Pulse/min
 BMI 23.8 Temperature _____ (Fahrenheit)

SYSTEMIC EXAMINATION

Cardiovascular system	O/E did you find normal first and second heart sounds and no murmurs? If 'NO' give details : N																												
Respiratory system	O/E did you find normal vesicular breath sounds & no added sounds? If 'NO' give details : N																												
Abdomen	O/E did you find a soft, non-tender abdomen with no hepato/splenomegaly? If 'YES' give details : N																												
Central nervous system	Cranial nerves : Motor and sensory : N																												
Dental Examination	<p>Chief Complaint :</p> <p>Findings :</p>  <p>Treatment Required :</p> <p>Tooth Cleaning/Scaling :</p> <p>Tooth Removal/Extraction :</p> <p>Dental Fillings/Restorations :</p> <p>Orthodontic Treatment/Braces :</p>																												
Eye & Vision test	<table border="1"> <thead> <tr> <th colspan="4">Without glasses</th> <th colspan="3">With glasses</th> </tr> <tr> <th>VA</th> <th>DV</th> <th>NV</th> <th>CV</th> <th>DV</th> <th>NV</th> <th>CV</th> </tr> </thead> <tbody> <tr> <td>Right</td> <td><u>6/6</u></td> <td><u>N6</u></td> <td>N</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Left</td> <td><u>6/6</u></td> <td><u>N6</u></td> <td>N</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Without glasses				With glasses			VA	DV	NV	CV	DV	NV	CV	Right	<u>6/6</u>	<u>N6</u>	N				Left	<u>6/6</u>	<u>N6</u>	N			
	Without glasses				With glasses																								
	VA	DV	NV	CV	DV	NV	CV																						
	Right	<u>6/6</u>	<u>N6</u>	N																									
Left	<u>6/6</u>	<u>N6</u>	N																										
Any other findings in the eye:																													

ABNORMAL FINDINGS, COMMENTS, & ADVISE BY DOCTOR

To take Vit D3 supplements as advised.
Moderate Exercise.
Diet control.


 Name, MMC Reg. No., Qualification & Sign of the medical officer
Dr. Meera Sheela Moorthy, M.D.
 Reg. No: 137181
 MEDALL Scans and Labs Pvt. Ltd.
 No.110/111, Burma Colony,
 Rajiv Gandhi Salai (OMR),
 Perungudi, Chennai - 600 096.