

Name : Mr. ARUNKUMAR T
PID No. : MED122017985
SID No. : 623017449
Age / Sex : 42 Year(s) / Male
Ref. Dr : MediWheel

Register On : 22/07/2023 8:44 AM
Collection On : 22/07/2023 9:26 AM
Report On : 22/07/2023 1:58 PM
Printed On : 25/07/2023 3:46 PM
Type : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.04	10 ³ / μ l	< 0.2
Platelet Count (Blood/Impedance Variation)	310	10 ³ / μ l	150 - 450
MPV (Blood/Derived from Impedance)	07.30	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.23	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	12	mm/hr	< 15

BIOCHEMISTRY

BUN / Creatinine Ratio	7.8		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	95.5	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F)	Negative	Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	139.5	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)	Trace	Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.4	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	1.19	mg/dL	0.9 - 1.3
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Uric Acid (Serum/Enzymatic)	6.5	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum)	0.50	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.12	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.38	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	18.3	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum)	15.7	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	32.5	U/L	< 55
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Dr. R. Lavanya MD
Consultant - Pathologist
Reg No: 90632

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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	69.8	U/L	53 - 128
Total Protein (Serum/Biuret)	7.72	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.20	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.52	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.19		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	227.2	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	173.3	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.

HDL Cholesterol (Serum/Immuno-inhibition)	40.1	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	152.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	34.7	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	187.1	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.



R. Lavanya
Dr.R.Lavanya MD
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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.7		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)	4.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	3.8		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/Ion exchange HPLC by D10)	6.2	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood) 131.24 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

Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.33	ng/mL	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0
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INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL

PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).

Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.

PSA levels tend to increase in all men as they age.

Clinical Utility of PSA:

~In the early detection of Prostate cancer.

~As an aid in discriminating between Prostate cancer and Benign Prostatic disease.

~To detect cancer recurrence or disease progression.



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --




Dr. R. Lavanya MD
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Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.0cm
LVID s ... 2.5cm
EF ... 70%
IVS d ... 0.9 cm
IVS s ... 0.8cm
LVPW d ... 1.1cm
LVPW s ... 1.1cm
LA ... 3.5cm
AO ... 3.7cm
TAPSE ... 26mm
IVC ... 0.8cm

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: 0.70m/s A: 0.95m/s
E/A Ratio: 0.73 E/E: 5.61

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Aortic valve: AV Jet velocity: 1.77m/s

Tricuspid valve: TV Jet velocity: 2.13 m/s

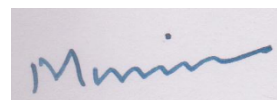
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mmHg.

Pulmonary valve: PV Jet velocity: 1.47m/s

IMPRESSION:

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



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

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ARUNKUMAR T 42 M MED122017985 TEN90021363844 M RT 7/22/2023

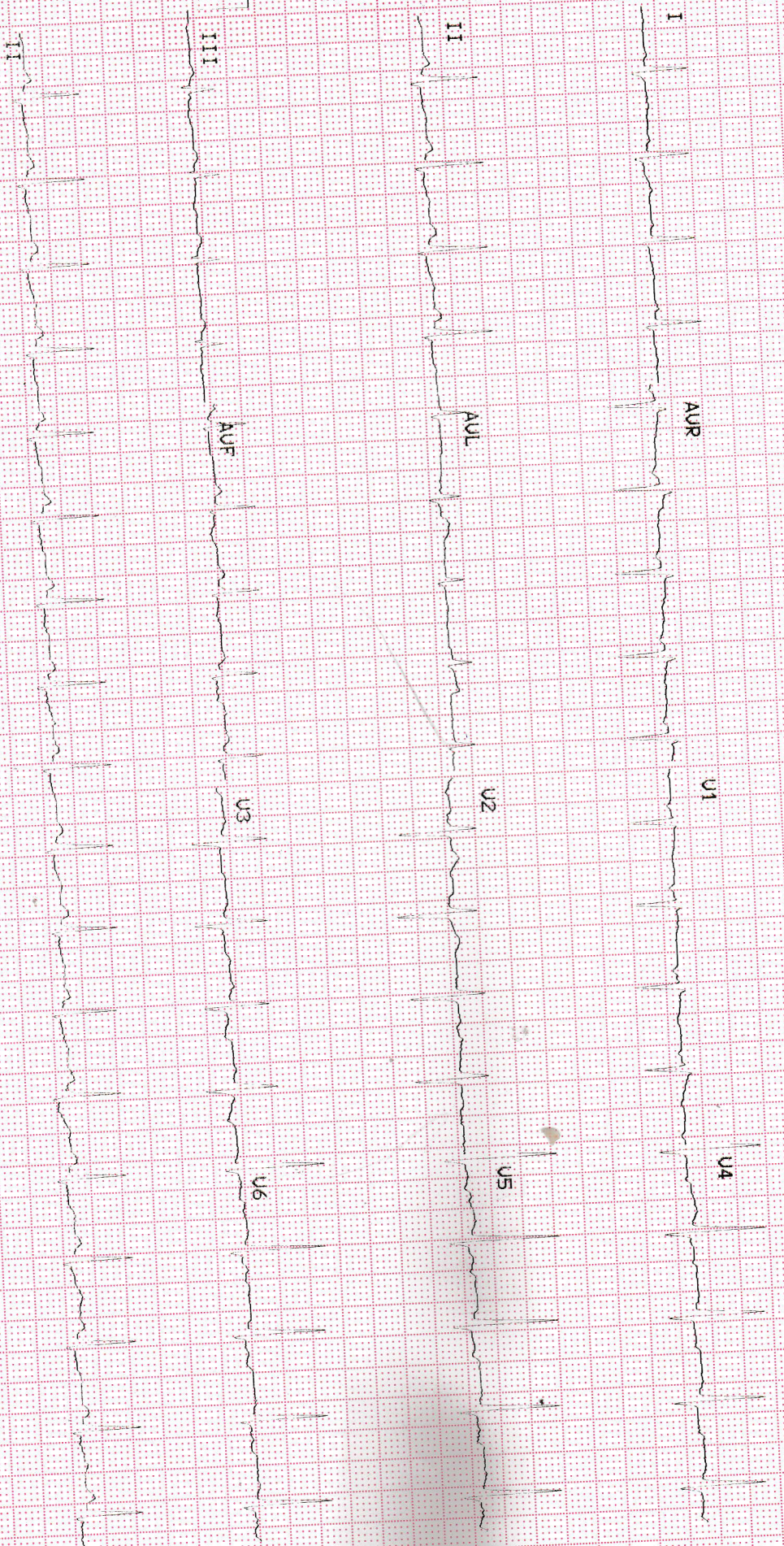
MEDALL DIAGNOSTICS

AGE: _____
 Measurement Results:
 QRS 86 ms
 QT/QTcB 322 / 433 ms
 PR 122 ms
 P 98 ms
 RR/PP 546 / 550 ms
 P/QRS/T 66 / 50 / 85 degrees



Interpretation
 12SL - Interpretation
 Sinus tachycardia
 Nonspecific ST and T wave abnormality
 Abnormal ECG

Unconfirmed Report.



02 MAR 2004 12:25:08 AM 25mm/s 10mm/mV ADS 60Hz 0.1mV 40Hz 3cm/s 4mm/mV 60/2/2/1/1/1 12SL/12/1

MICO MED CHARTS

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Ref Doctor Name	MediWheel		

Thanks for your reference
SONOGRAM REPORT
WHOLE ABDOMEN

Suboptimal imaging due to poor penetration of USG with thick abdominal wall

Liver: The liver is normal in size. Parenchymal echoes are increased in intensity. No focal lesions. Surface is smooth. There is no intra or extra hepatic biliary ductal dilatation.

Gallbladder: The gall bladder is partially distended with no demonstrable calculus.

Pancreas: The pancreas shows a normal configuration and echotexture.
The pancreatic duct is normal.

Spleen: The spleen is normal.

Kidneys: The right kidney measures 9.9 x 4.5 cm. Normal architecture.
The collecting system is not dilated.
The left kidney measures 9.8 x 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.

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Prostate: The prostate measures 3.6 x 3.4 x 2.8 cm and is normal sized.
Corresponds to a weight of about 18.49 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 :

- Grade I fatty liver.

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



THE EYE FOUNDATION

SUPER SPECIALITY EYE HOSPITAL

City Shopping Centre, Kokkirakulam, Trivandrum Road, Tirunelveli - 627 003.

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H.O : D.B. Road, Coimbatore - 641 002.



CONSULTANTS :

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Dr. Chitra Ramamurthy
Dr. Gautam Kukadia
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Dr. Gopal R.
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Dr. Hemamalini
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Dr. Vaishnavi M.
Dr. Vamsi K.
Dr. Vasuraj Saini
Dr. Vidhya N.
Dr. Vijay Kumar S.
Dr. Vijaya Lakshmi
Dr. Vishnu Kuppusamy Pounraju

Date: 22.07.23

Eye Fitness Certificate

This is to certify that Mr/Mrs/Ms. T. Arun Kumar Age 42/41

Male/Female, our MRNO... 13033270

	OD	OS
Visual Acuity	-	+0.50 b/b
Near Vision	+1.00	+1.00 N6
Colour Vision	Normal	Normal
B.S.V	Normal	Normal
Central Fields	Normal	Normal
Anterior Segment	Normal	Normal
Fundus	Normal	Normal

Fit with Glass

Dr. UMA M MBBS, DO, MS
REG. No. 92948
Medical Consultant
THE EYE FOUNDATION
Tirunelveli.

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 <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Kneeling : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Squatting : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| •Climbing : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Sitting : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| •Standing : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Bending : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
- f. Do you have pain when working with hand tools? Yes No
 - g. Do you experience any difficulty operating machinery? Yes No
 - h. Do you have difficulty operating computer instrument? Yes No

B. CLINICAL EXAMINATION :

a. Height <input type="text" value="163"/>	b. Weight <input type="text" value="80"/>	Blood Pressure <input type="text" value="150/90 mmhg"/>
Chest measurements: a. Normal <input type="text"/>	b. Expanded <input type="text"/>	
Waist Circumference <input type="text" value="-"/>	Ear, Nose & Throat <input type="text" value="Normal"/>	
Skin <input type="text" value="Normal"/>	Respiratory System <input type="text" value="Normal"/>	
Vision <input type="text" value="Normal"/>	Nervous System <input type="text" value="Normal"/>	
Circulatory System <input type="text" value="Normal"/>	Genito-urinary System <input type="text" value="Normal"/>	
Gastro-intestinal System <input type="text" value="Normal"/>	Colour Vision <input type="text" value="Normal"/>	

Pulse - 115

Discuss Particulars of Section B :-

C. REMARKS OF PATHOLOGICAL TESTS :

Chest X-ray <input type="text" value="Normal"/>	ECG <input type="text" value="Normal"/>
Complete Blood Count <input type="text" value="15.48"/>	Urine routine <input type="text" value="Normal"/>
Serum cholesterol <input type="text" value="227.2"/>	Blood sugar <input type="text" value="F-95.5, P.P-139.5"/>
Blood Group <input type="text" value="A Positive"/>	S.Creatinine <input type="text" value="1.19"/>

D. CONCLUSION :

Any further investigations required <input type="text" value="-"/>	Any precautions suggested <input type="text" value="-"/>
--	--

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 : 22.7.25

[Signature]

[Signature]
 Signature of Medical Adviser
3. MANIKANDAN, M.D., D.M.
 No: 61785, Consultant Cardiologist
Medall Diagnostics
 Tirunelveli - 3.

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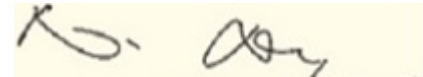
Thanks for your reference

DIGITAL X- RAY CHEST PA VIEW

Trachea appears normal.
Cardiothoracic ratio is within normal limits.
Bilateral lung fields appear normal.
Costo and cardiophrenic angles appear normal.
Visualised bony structures appear normal.
Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

i. NO SIGNIFICANT ABNORMALITY DEMONSTRATED.



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