- Dr. Abiramasundari D.
- Dr. Alay R Kaushik
- Dr. Andrea Jose
- Dr. Archana Terasa P.
- Dr. Ashraya Nayaka T.E.
- Dr. Ashwin Segi-
- Dr. Chitra Ramamurthy
- Dr. Fijo Kuraikose
- Dr. Gautam Kukadia
- Dr. Gitansha Shreyas Sachdev
- Dr. Gopal R.
- Dr. Gopinathan G.S.
- Dr. Hemanth Murthy
- Dr. Iris
- Dr. Jatinder Singh
- Dr. Jezeela K.
- Dr. Krishnan R.
- Dr. Maimunnisa M.
- Dr. Manjula
- Dr. Mohamed Faizal S.
- Dr. Mugdha Kumar
- Dr. Muralidhar R.
- Dr. Muralidhar N.S.
- Dr. Nagesh
- Dr. Naveen P.
- Dr. Nehe Prakash Zanjal
- Dr. Neha Rathi Kamal
- Dr. Nihaal Ahmed F.D.
- Dr. Patil Sandip Dattatray
- Dr. Pavithra
- Dr. Praburam Niranjan G
- Or. Pranessh Ravi
- Dr. Praveen Muraly
- Dr. Preethi
- Dr. Priyanka R.
- Dr. Priyanka Anandamoorthi
- Dr. Priyanka Shyum
- Dr. Priyanka Singh
- Dr. Rakne Solomon
- Dr. Ramamurthy D.
- Dr. Rashmita Kukadia
- Ur. Hashmita NUNGOR
- Dr. Ravi J.
- Dr. Rifky Kamil K.
- Dr. Sagar Basu
- Dr. Sahana Manish
- Dr. Sakthi Rajeswari N.
- Dr. Sethukkarasi
- Dr. Shalini Butola
- Dr. Sharmila M.
- Dr. Shreesh Kumar K.
- Dr. Shreyas Ramamurthy
- Dr. Smitha Sharma
- Dr. Soundarya B.
- Dr. Srinivas Rao V.K.
- Dr. Suchiela Jennil P
- Dr. Sumanth
- Dr. Swathi Baliga
- Dr. Tamilerasi S.
- Dr. Thenarasun S.A.
- Dr. Umesh Krishna
- Dr. Uma M.
- Dr. Vamsi K.
- Dr. Vidhya N. Dr. Vijay Kumar S.



THE EYE FOUNDATION

SUPER SPECIALITY EYE HOSPITALS

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

Tel: 0462 435 6655 / 6622

E-mail: tirunelveli@theeyefoundation.com Website: www.theeyefoundation.com

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

Date: 0913124

Eve Fitness Certificate

This is to certify that Mr/Mrs/Ms Tharaniha Devi Age 2241

Mate/Female, our MRNO 1 3023927

OD

OS

Visual Acuity

616

616

Near Vision

N6

Monnal

, Vo

Colour Vision

B.S.V

Fundus

Present

Dresent

Central Fields

Donnal

Normal

Anterior Segment

Normal

normal

Medical Consultant, The Eye Foundation, Tirunelyeli.

Dr. PATIL SANDIP DATTATRAY MBBS, M.S. (OPHTHAL) REG. No: G 59864 THE EYE FOUNDATION TIRUNELVELI

Female Copy St. mps THAN	manufacture on the contract of		± 73°
Measurement Results: 104 ms QRS 17/0Tc8 408 / 449 ms	S30 > 06-	Interpretation. 125L - Interpretation. Sinus rhythm with sinus arrhythmia	MACL-WIT 9
792 / 820	\$	Borderline ECG	
35	auf 111 +90 11		
			Unconfirmed report.
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MEDICAL EXAMINATION REPORT

sition Selected For	Identification marks	
HISTORY:		
	ated for, any of the following coeditions?	(please tick all that ap
Anxiety		ligh Blood Pressure
=		ligh Cholesterol
Arthritis		figraine Headaches
Asthama, Bronchitis, Emphysema		inusitis or Allergic Rhini
Back or spinal problems		Hay Fever)
Epilepsy	Any other serious problem for which you are receiving medical attention	Contract to the second
2. List the medications taken Regula	arly. NO	
3. List allergies to any known medic	ations or chemicals):
4. Alcohol : Yes No	Occasional	
	(uit(more than 3 years)	
6. Respiratory Function :	THE SERVICE OF THE SERVICE OF THE SERVICE OF	
a. Do you become unusually short of	f breath while walking fast or taking stair - cas	se? Yes No
b. Do you usually cough a lot first to	hing in morning?	Yes No
c. Have you vomited or coughed o	ut blood?	Yes No
7. Cardiovascular Function & Physi	cal Activity :	
a, Exercise Type: (Select 1)		
 No Activity 		
 Very Light Activity (Seated At De 	esk, Standing)	
 Light Activity (Walking on level s 	urface, house cleaning)	
 Moderate Activity (Brisk walking. 	dancing, weeding)	
 Vigrous Activity (Soccer, Runnin 		
	ess than 3 days/ week) / Irregular (more that	an 3 days/ Week)
b. Exercise Frequency: Regular (le		🖂 🗆
 b. Exercise Frequency: Regular (le c. Do you feel pain in chest when e 	ingaging in physical activity?	Yes No
c. Do you feel pain in chest when e	engaging in physical activity?	Yes No
	9	Yes No
c. Do you feel pain in chest when e	roubles?	
c. Do you feel pain in chest when e 8. Hearing: a. Do you have history of hearing to	roubles? our ears?	Yes No
c. Do you feel pain in chest when e 8. Hearing: a. Do you have history of hearing to b. Do you experiences ringing in yo	roubles? our ears? om your ears?	Yes No
c. Do you feel pain in chest when e 8. Hearing: a. Do you have history of hearing to b. Do you experiences ringing in you c. Do you experience discharge from	roubles? our ears? om your ears?	Yes No Yes No Yes No
c. Do you feel pain in chest when e 8. Hearing: a. Do you have history of hearing to b. Do you experiences ringing in you c. Do you experience discharge fro d. Have you ever been diagnosed	roubles? our ears? om your ears?	Yes No Yes No Yes No Yes No
c. Do you feel pain in chest when e 8. Hearing: a. Do you have history of hearing to b. Do you experiences ringing in yo c. Do you experience discharge fro d. Have you ever been diagnosed to 9. Musculo - Skeletal History	roubles? our ears? om your ears? with industrial deafness? Have you ever injured or experienced pain? If Yes; approximate date (MM/YYYY)	Yes No Yes No Yes No Yes No Yes No
c. Do you feel pain in chest when e 8. Hearing: a. Do you have history of hearing to b. Do you experiences ringing in yo c. Do you experience discharge fro d. Have you ever been diagnosed to 9. Musculo - Skeletal History a. Neck: b. Back: c. Shoulder, Elbow, Writs, Hands	roubles? our ears? om your ears? with industrial deafness? Have you ever injured or experienced pain? If Yes; approximate date (MM/YYYY) Consulted a medical professional?	Yes No Yes No Yes No Yes No Yes No Yes No
c. Do you feel pain in chest when e 8. Hearing: a. Do you have history of hearing to b. Do you experiences ringing in yo c. Do you experience discharge fro d. Have you ever been diagnosed to 9. Musculo - Skeletal History a. Neck: b. Back:	roubles? our ears? om your ears? with industrial deafness? Have you ever injured or experienced pain? If Yes; approximate date (MM/YYYY)	Yes No Yes No Yes No Yes No Yes No

10. Function History			
, a. Do you have pain o	r discomfort when lifting o	r handling heavy objects?	Yes No V
	ain when squatting or kno		Yes No
	ain when forwarding or tv		
		ects above your shoulder heigh	Yes No
		following for prolonged period	140
appropriate respons	e)		N (State State)
•Walking: Yes No	•Kneeling:	Yes No -Squ	ating: Yes No
•Climbing : Yes No	•Sitting :	Yes No No	
 Standing: Yes No. 	•Bending :	Yes No	
f. Do you have pain wi	hen working with hand too	ols?	Yes No
g. Do you experience a	any difficulty operating ma	chinery?	Yes No
 h. Do you have difficult 	y operating computer inst	rument?	Yes No
CLINICAL EXAMINATION	v -	Charl-31 Sg	pulse!
		HiP-33	tuse.
a. Height 15	b. Weight 56	Blood Pressure	13/70 mmhg
Chest measurements:	a. Normal	b. Expanded	
Waist Circumference	-	Ear, Nose & Throat	Normal
Skin	Normal	Respiratory System	Normal
Vision	Normal	Nervous System	Normal
Circulatory System	Normal	Genito- urinary System	Normal
Gastro-intestinal System	Normal	Colour Vision	N orma
Dronies Particulars of Section 6: >			21.03170
REMARKS OF PATHOLO	OGICAL TESTS:		
Chest X -ray	Normal	ECG	Normal
Complete Blood Count	11.2	Urine routine	Normal
Serum cholesterol	181	Blood sugar	-82.6. P.P-975
Blood Group	A Naga Liv		0.89
CONCLUSION:	Li ingladas	2 s.creatimie	0.0
Any further investigations re	equired	Any precautions suggested	
h	10	No ·	
	V -	100	
FITNESS CERTIFICATION	ic .		
Certified that the above no	amed recruit does not a	ppear to be suffering from a	v disease communicable
or otherwise, constitu	A CHARLES TO COOK PROSESSION AND THE UNION	bodily informity except	, and a communication
		THE STATE OF THE S	
		or this as disquialification for one	lowment in the Company
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			oymont in the company
	from Contagious/Con		Company

M. ol Q

Signature of Medical Adviser
Dr.S. MANIKANDAN, M.D., D.M., (Car.:
.ag.No: 61785, Consultant Cardio!
Medall Diagnostics
Tirunelveli - 3.

Collection On : 09/03/2024 9:49 AM

Report On : 09/03/2024 3:24 PM

Printed On : 10/03/2024 10:56 AM

Type : OP



<u>Investigation</u>	Observed Value	<u>Unit</u>	Biological Reference Interval
IMMUNOHAEMATOLOGY			
BLOOD GROUPING AND Rh TYPING (Blood /Agglutination)	'A' 'Negative'		
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (Blood/Spectrophotometry)	11.2	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	37.8	%	37 - 47
RBC Count (Blood/Impedance Variation)	4.24	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	89	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	26.4	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	29.7	g/dL	32 - 36
RDW-CV(Derived from Impedance)	14.2	%	11.5 - 16.0
RDW-SD(Derived from Impedance)	44.23	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	5700	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	51.4	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	37.9	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	3.0	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	7.5	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.2	%	00 - 02
INTERPRETATION: Tests done on Automated microscopically.	Five Part cell counter. A	All abnormal resu	ults are reviewed and confirmed
Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	2.93	10^3 / μΙ	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	2.16	10^3 / μΙ	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.17	10^3 / μΙ	0.04 - 0.44
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.43	10^3 / μΙ	< 1.0



PID No.

SID No.

Ref. Dr

Age / Sex

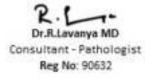
: MED122506522

: 34 Year(s) / Female

: 624006331

: MediWheel





: 624006331 Report On : 09/03/2024 3:24 PM

Age / Sex : 34 Year(s) / Female Printed On : 10/03/2024 10:56 AM

Ref. Dr : MediWheel Type : OP



<u>Investigation</u>	Observed Value	<u>Unit</u>	Biological Reference Interval
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.01	10^3 / μΙ	< 0.2
Platelet Count (Blood/Impedance Variation)	203	10^3 / μΙ	150 - 450
MPV (Blood/Derived from Impedance)	7.8	fL	8.0 - 13.3
PCT(Automated Blood cell Counter)	0.16	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	20	mm/hr	< 20
BIOCHEMISTRY			
BUN / Creatinine Ratio	9.9		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	82.6	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

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

Glucose, Fasting (Urine) (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/	97.5	mg/dL	70 - 140

GOD-PAP) INTERPRETATION:

PID No.

SID No.

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)	8.8	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.89	mg/dL	0.6 - 1.1
Uric Acid (Serum/Enzymatic)	2.8	mg/dL	2.6 - 6.0
Liver Function Test			
Bilirubin(Total) (Serum)	0.40	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.24	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	34.1	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	22.5	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	24.4	U/L	< 38





Dr.R.Lavanya MD
Consultant - Pathologist
Reg No: 90632

: 624006331 Report On : 09/03/2024 3:24 PM

Age / Sex : 34 Year(s) / Female Printed On : 10/03/2024 10:56 AM

Ref. Dr : MediWheel Type : OP

PID No.

SID No.



Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	80.9	U/L	42 - 98
Total Protein (Serum/Biuret)	6.85	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.01	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.84	gm/dL	2.3 - 3.6
A: GRATIO (Serum/Derived)	1.41		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	181.6	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	89.5	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

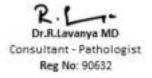
INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence 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)	43.1	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	120.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	17.9	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	138.5	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.







: 624006331 Report On : 09/03/2024 3:24 PM

Age / Sex : 34 Year(s) / Female Printed On : 10/03/2024 10:56 AM

Ref. Dr : MediWheel Type : OP



<u>Investigation</u>	Observed Value	<u>Unit</u>	Biological Reference Interval
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)	2.1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	2.8		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/Ion exchange HPLC by D10)	5.5	%	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) 111.15 mg/dL

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies,

Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ 1.06 ng/mL 0.7 - 2.04

Chemiluminescent Immunometric Assay

(CLIA))

PID No.

SID No.

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/ 7.76 μg/dL 4.2 - 12.0

Chemiluminescent Immunometric Assay

(CLIA))

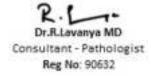
INTERPRETATION:

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.







Name : Mrs. THARANIHA DEVI

PID No. : MED122506522

SID No. : 624006331

Age / Sex : 34 Year(s) / Female

Ref. Dr : MediWheel

Register On : 09/03/2024 9:27 AM

Collection On : 09/03/2024 9:49 AM

Report On : 09/03/2024 3:24 PM

Printed On : 10/03/2024 10:56 AM

Yellow to Amber

NIL

Type : OP



<u>Investigation</u> <u>Observed Value</u> <u>Unit</u> <u>Biological Reference Interval</u>

TSH (Thyroid Stimulating Hormone) (Serum 2.66 μIU/mL 0.35 - 5.50

/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.

CLINICAL PATHOLOGY

Urine Analysis - Routine

Epithelial Cells (Urine)

Colour (Urine)

Appearance (Urine)	Clear		Clear
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Pus Cells (Urine)	2-4	/hpf	NIL

1-3

Pale vellow

RBCs (Urine) Nil /hpf NIL

-- End of Report --

/hpf







Name	MRS.THARANIHA DEVI	ID	MED122506522
Age & Gender	34Y/FEMALE	Visit Date	09 Mar 2024
Ref Doctor Name	MediWheel		



Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.3cm LVID s ... 2.6cm ... 71% EF IVS d ...1.1cm IVS s ...0.8cm LVPW d $\dots 0.7$ cm LVPW s ... 1.1cm ... 2.8cm LA ΑO ... 3.2cm TAPSE ... 25mm

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: 1.11m/s A: 0.71m/s

Name	MRS.THARANIHA DEVI	ID	MED122506522
Age & Gender	34Y/FEMALE	Visit Date	09 Mar 2024
Ref Doctor Name	MediWheel		



E/A Ratio: 1.55 E/E: 12.65

Aortic valve: AV Jet velocity: 1.26m/s

Tricuspid valve: TV Jet velocity: 1.47 m/s TRPG: 8.60mmHg.

Pulmonary valve: PV Jet velocity: 1.23m/s

IMPRESSION:

1. Normal chambers Valves.

2. No regional wall motion abnormality present.

3. Normal LV systolic function.

4. Pericardial effusion - Nil.

5. No pulmonary artery hypertension.

Dr. S.MANIKANDANMD.DM.(Cardio)
Cardiologist

Name	MRS.THARANIHA DEVI	ID	MED122506522
Age & Gender	34Y/FEMALE	Visit Date	09 Mar 2024
Ref Doctor Name	MediWheel		



Name	MRS.THARANIHA DEVI	ID	MED122506522
Age & Gender	34Y/FEMALE	Visit Date	09 Mar 2024
Ref Doctor Name	MediWheel		



Thanks for your reference

SONOGRAM REPORT

WHOLE ABDOMEN

Liver: The liver is normal in size and shows uniform echotexture with

no focal abnormality. There is no intra or extra hepatic biliary

ductal dilatation.

Gallbladder The gall bladder is normal sized and smooth walled and contains

no 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 8.5 x 3.6 cm. Normal architecture.

The collecting system is not dilated.

The left kidney measures 9.1 x 3.6 cm. Normal architecture.

The collecting system is not dilated.

Urinary

bladder. The urinary bladder is smooth walled and uniformly transonic.

There is no intravesical mass or calculus.

Uterus: The uterus is anteverted, and measures 7.8 x 5.1 x 3.8 cm.

Name	MRS.THARANIHA DEVI	ID	MED122506522
Age & Gender	34Y/FEMALE	Visit Date	09 Mar 2024
Ref Doctor Name	MediWheel		



Myometrial echoes are homogeneous.

The endometrium is central and normal measures 8.6 mm in thickness.

Ovaries The right ovary measure 3.5 x 1.4 cm.

The left ovary measures 2.6 x 2.6 cm.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

There is no free or loculated peritoneal fluid. No para aortic lymphadenopathy is seen.

IMPRESSION

> No significant abnormality.

DR.A. SUJA RAJAN., DMRD, DNB Consultant Radiologist Reg. No.106909.

Name	MRS.THARANIHA DEVI	ID	MED122506522
Age & Gender	34Y/FEMALE	Visit Date	09 Mar 2024
Ref Doctor Name	MediWheel		



Name	MRS.THARANIHA DEVI	ID	MED122506522
Age & Gender	34Y/FEMALE	Visit Date	09 Mar 2024
Ref Doctor Name	MediWheel		





Name	Mrs. THARANIHA DEVI	ID	MED122506522
Age & Gender	34Y/F	Visit Date	Mar 9 2024 9:27AM
Ref Doctor	MediWheel		

Thanks for your reference

DIGITAL X- RAY CHEST PA VIEW

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Costo and cardiophrenic angles appear normal.

Bilateral lung fields appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

i. NOSIGNIFICANABNORMALITIDEMONSTRATED.

DR.R. SUDHAGAR. MBBS., DMRD