

Customer Name	MRS.N.MUTHU LEKSHMI	Customer ID	MED120503853
Age & Gender	24Y/FEMALE	Visit Date	24/11/2021
Ref Doctor	MediWheel		

Thanks for your reference

**REAL - TIME 2D & 4D ULTRASOUND DONE WITH VOLUSON 730 EXPERT .
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 11.1 x 3.7 cm. Normal architecture. The collecting system is not dilated.

The left kidney measures 10.7 x 5.1 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.



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Uterus: The uterus is anteverted, and measures 6.9 x 4.7 x 5.4 cm.
Myometrial echoes are homogeneous.
The endometrium is central and normal measures 4mm in thickness.

Ovaries: The right ovary is obscured by bowel gas.
The left ovary measures 2.9 x 2.6 cm.
No significant mass or cyst is seen in the ovaries.
Parametria are free.

RIF: Iliac fossae are normal.
No mass or fluid collection is seen in the right iliac fossa.
The appendix is not visualized.
There is no free or loculated peritoneal fluid.
No para aortic lymphadenopathy is seen.

IMPRESSION :

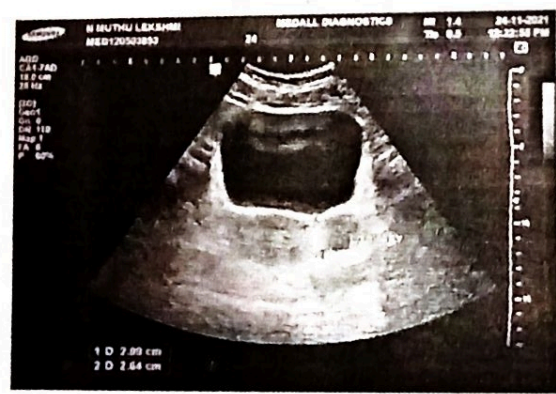
- No significant abnormality.


DR. PRARTHANA ANTOLINE ABHIA. DNB RD.,
CONSULTANT RADIOLOGIST.



Medall Healthcare Pvt Ltd 10/5, HARSHA COMPLEX,
NORTH BYE PASS ROAD, Vannarapetai, Tirunelveli-627003

Customer Name	MRS.N.MUTHU LKSHMI	Customer ID	MED120503853
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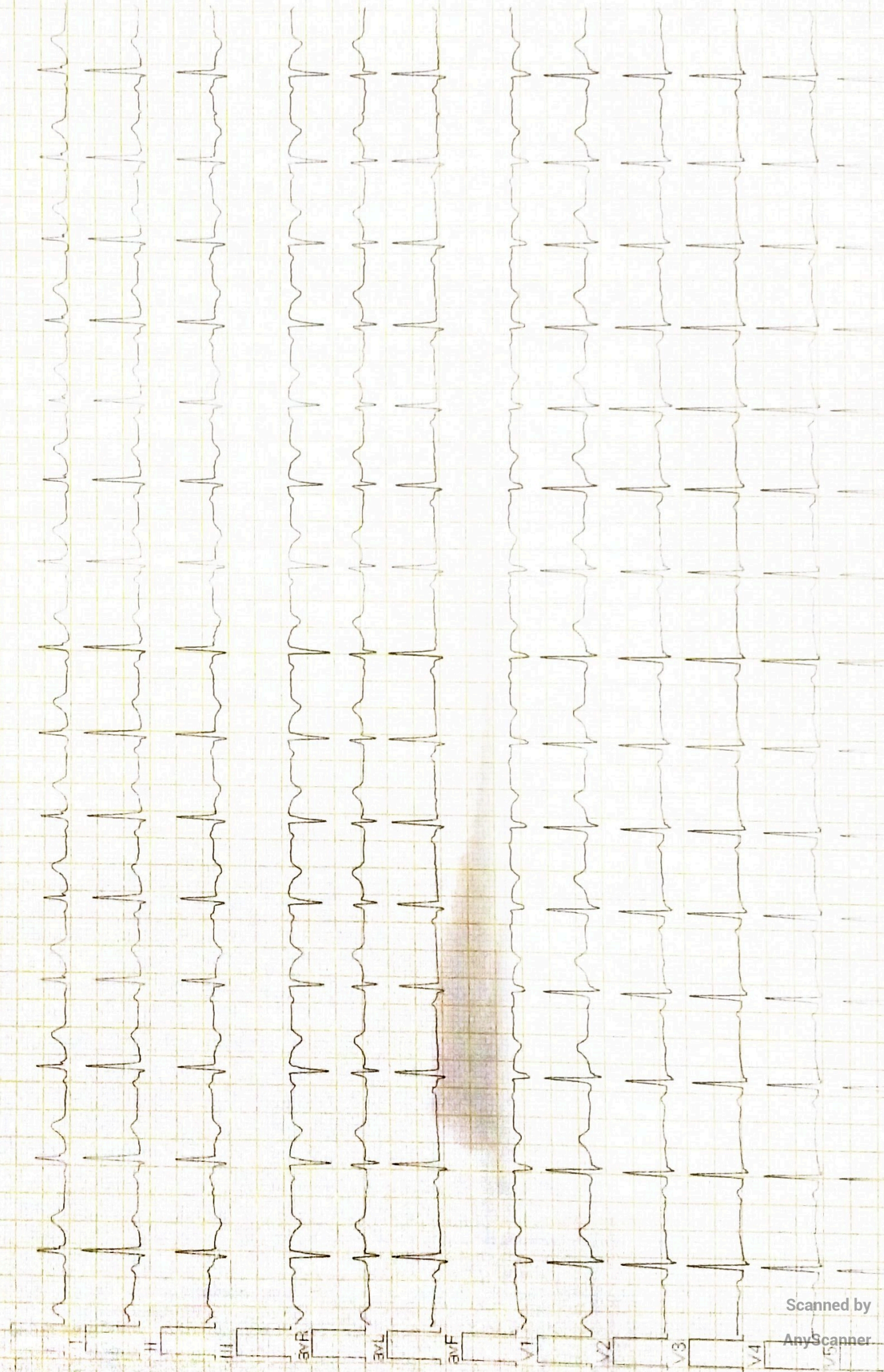
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0503853 / Muthulekshmi 24Yrs / Female 75 Kgs / 155 Cms BP: _____

HR: 93 bpm
10mm/mV 25mm/Sec

MEU WHEEL Test Date: 24-Nov-2021(10:51:22) Notch: 50Hz 0.05Hz 35Hz

PR Interval: 120 ms
QRS Duration: 88 ms
QT/QTc: 348/435ms
P-QRS-T Axis: 61 - 48 - -3 (Deg)



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ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.7 cm
 LVID s ... 3.0cm
 EF ... 67%
 IVS d ...0.6cm
 IVS s ... 0.9cm
 LVPW d ... 0.6cm
 LVPW s ... 1.1 cm
 LA ... 2.6cm
 AO ... 2.9cm
 TAPSE ... 18 mm

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 .

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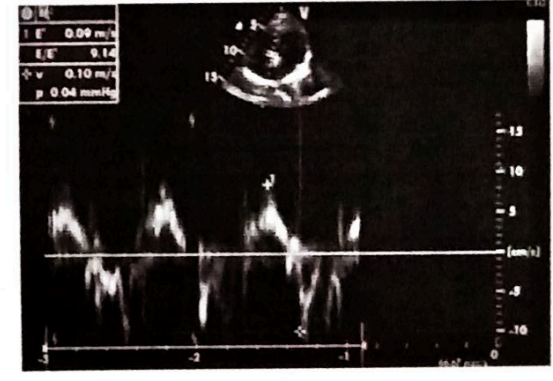
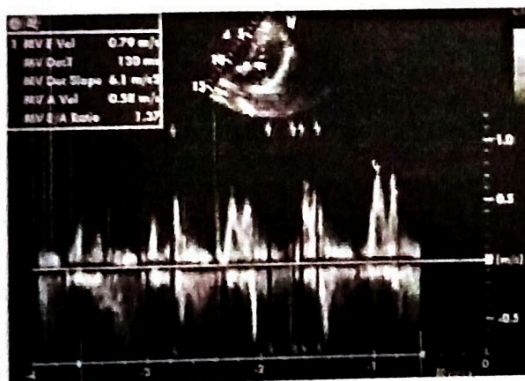
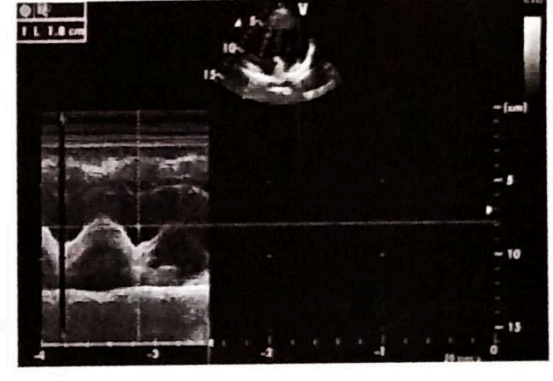
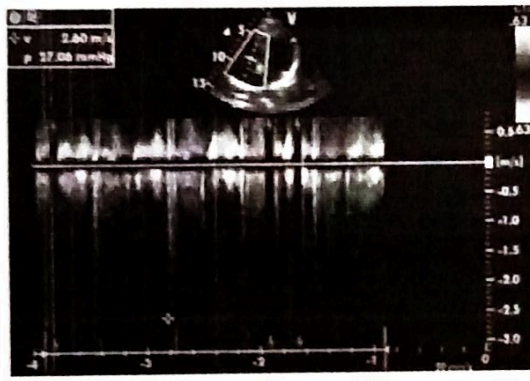
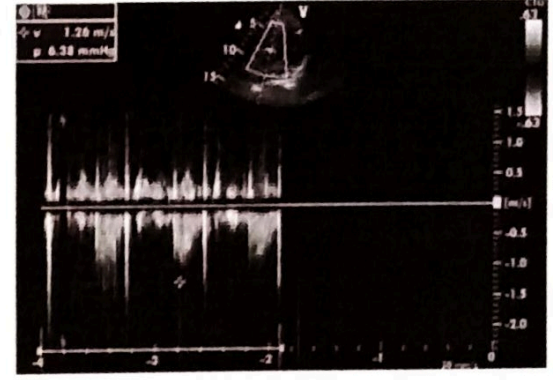
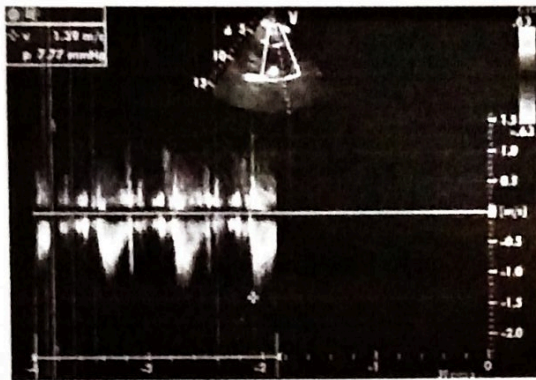
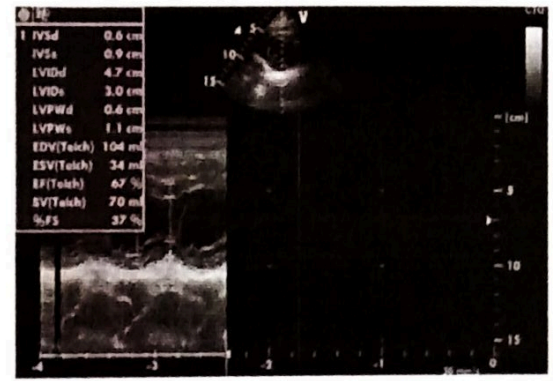
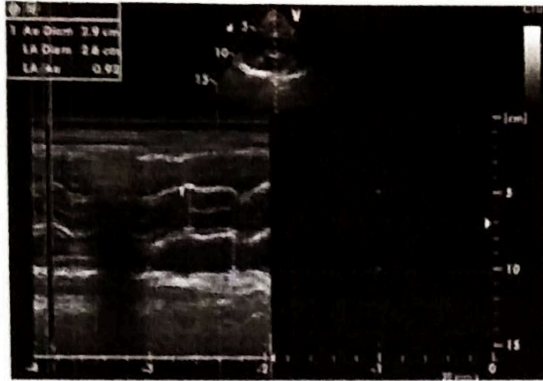
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MEDALL

Medall Healthcare Pvt Ltd 10/5, HARSHA COMPLEX,
NORTH BYE PASS ROAD, Vannarapetai, Tirunelveli-627003

Customer Name	MRS.N.MUTHU LEKSHMI	Customer ID	MED120503853
Age & Gender	34Y/FEMALE	Visit Date	24/11/2021
Ref Doctor	MediWheel		



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MEDICAL EXAMINATION REPORT

Name Mrs. Meenu Lakshmi Gender M / F Date of Birth
 Position Selected For Identification marks

A. HISTORY:

1. Do you have, or are you being treated for, any of the following conditions? (please tick all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Cancer | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Depression/ bipolar disorder | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Asthama, Bronchitis, Emphysema | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Back or spinal problems | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Sinusitis or Allergic Rhinitis (Hay Fever) |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Any other serious problem for which you are receiving medical attention | |

2. List the medications taken Regularly.

3. List allergies to any known medications or chemicals

4. Alcohol : Yes No Occasional

5. Smoking : Yes No Quit (more than 3 years)

6. Respiratory Function :

- a. Do you become unusually short of breath while walking fast or taking stair - case? Yes No
- b. Do you usually cough a lot first thing in morning? Yes No
- c. Have you vomited or coughed out blood? Yes No

7. Cardiovascular Function & Physical Activity :

- a. Exercise Type: (Select 1)
- No Activity
 - Very Light Activity (Seated At Desk, Standing)
 - Light Activity (Walking on level surface, house cleaning)
 - Moderate Activity (Brisk walking, dancing, weeding)
 - Vigorous Activity (Soccer, Running)
- b. Exercise Frequency: Regular (less than 3 days/ week) / Irregular (more than 3 days/ Week)
- c. Do you feel pain in chest when engaging in physical activity? Yes No

8. Hearing :

- a. Do you have history of hearing troubles? Yes No
- b. Do you experiences ringing in your ears? Yes No
- c. Do you experience discharge from your ears? Yes No
- d. Have you ever been diagnosed with industrial deafness? Yes No

9. Musculo - Skeletal History

- a. Neck : Have you ever injured or experienced pain? Yes No
- b. Back : If Yes ; approximate date (MM/YYYY) Yes No
- c. Shoulder, Elbow, Wrists, Hands : Consulted a medical professional ? Yes No
- d. Hips, Knees, Ankles, Legs : Resulted in time of work? Yes No
- Surgery Required ? Yes No
- Ongoing Problems ? Yes No

10. Function History

- a. Do you have pain or discomfort when lifting or handling heavy objects? Yes No
- b. Do you have knee pain when squatting or kneeling? Yes No
- c. Do you have back pain when forwarding or twisting? Yes No
- d. Do you have pain or difficulty when lifting objects above your shoulder height? Yes No
- e. Do you have pain when doing any of the following for prolonged periods (Please circle appropriate response)
- | | | |
|---|---|--|
| •Walking : Yes <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 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 b. Weight Blood Pressure mmHg

Chest measurements: a. Normal b. Expanded Pulse

Waist Circumference

Skin

Vision

Circulatory System

Gastro-intestinal System

Ear, Nose & Throat

Respiratory System

Nervous System

Genito-urinary System

Colour Vision

(Specify Particulars of Section B -)

C. REMARKS OF PATHOLOGICAL TESTS :

Chest X-ray	<input type="text" value="—"/>	ECG	<input type="text" value="—"/>
Complete Blood Count	<input type="text" value="—"/>	Urine routine	<input type="text" value="—"/>
Serum cholesterol	<input type="text" value="—"/>	Blood sugar	<input type="text" value="—"/>
Blood Group	<input type="text" value="—"/>	S. Creatinine	<input type="text" value="—"/>

D. CONCLUSION :

Any further investigations required

Any precautions suggested

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 : 24/11/21

Signature of Medical Adviser
Dr. S. MANIKANDAN M.D.D.M. (Cardio)
 Asst. Professor of Cardiology
 TIRUNELVELI MEDICAL COLLEGE HOSPITAL
 TIRUNELVELI.
 Reg No. 0436

Eye Examination Report

Candidate Name: Mrs. Meethy Lakshmi

Age/ Gender: 34y / F

Date: 24-11-21

This is to certify that I have examined Mrs./Ms. Meethy Lakshmi hereby, his/her visual standards are as follows :

Without Glasses		With Glasses		Color Vision (Normal/Defective)
R	L	R	L	Normal

Doctor Signature:

Doctor Stamp

Dr. S. MANIKANDAN M.D.D.M., (Cardio)
Asst. Professor of Cardiology
TIRUNELVELI MEDICAL COLLEGE HOSPITAL
TIRUNELVELI.
Reg No : 61785



இந்திய அரசாங்கம்
Government of India



முத்து லெட்சுமி நாகராஜன்
Muthu Lekshmi Nagarajan
பிறந்த நாள்/DOB: 25/09/1987
பெண்/ FEMALE

5306 8922 4425
VID 9185 1808 0071 8177



எனது ஆதார். எனது அடையாளம்

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DIGITAL X- RAY CHEST PA VIEW

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Both costophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

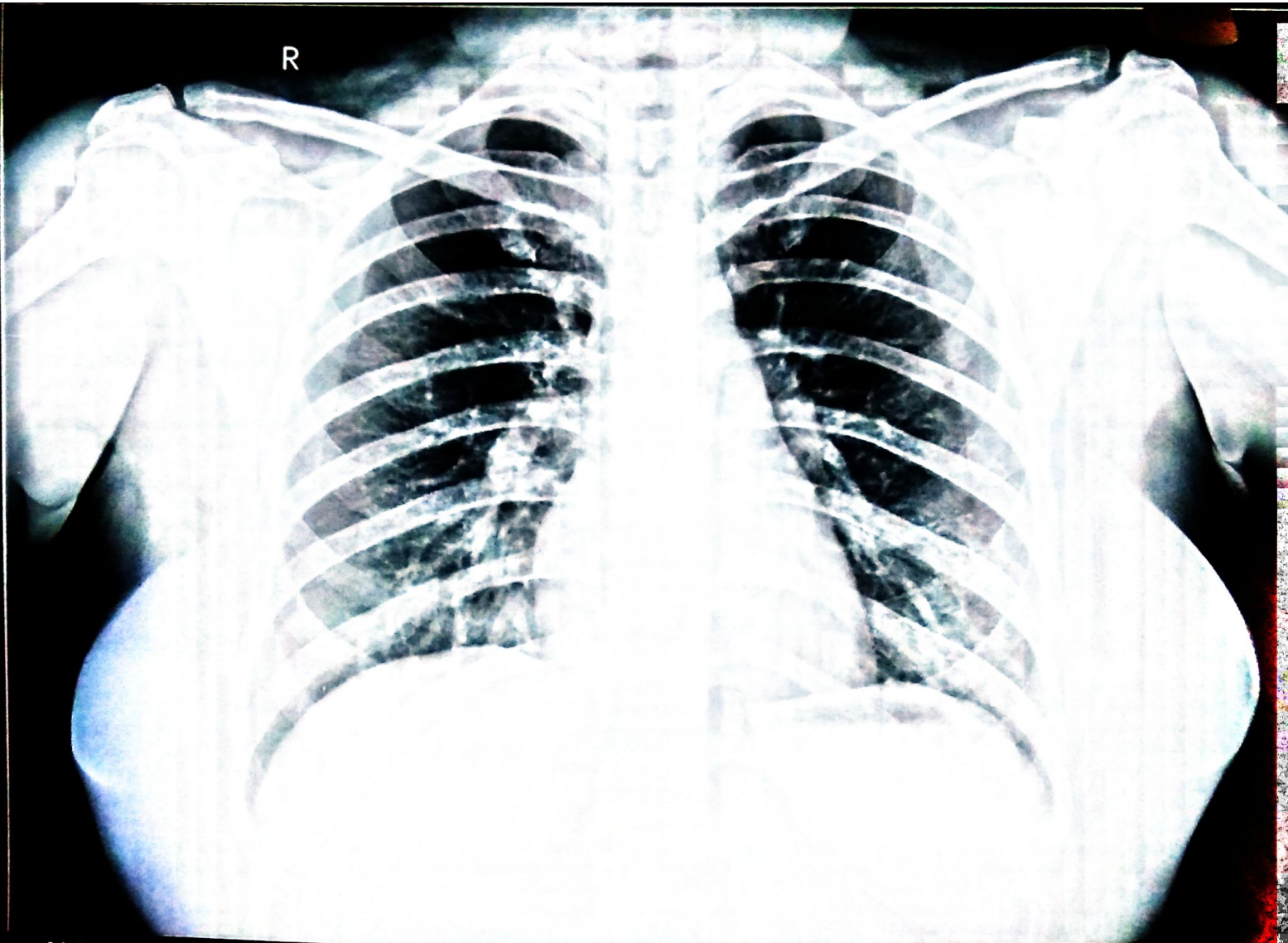
IMPRESSION:

- **No significant abnormality demonstrated.**



DR. PRARTHANA ANTOLINE ABHIA, DNB, RD.,
Consultant Radiologist
Reg. No: 112512





N MUTHU LEKSHMI 34 F MED120503853 TEN83053863844 F RT 24-Nov-21
MEDALL DIAGNOSTICS

Name : Mrs. N.MUTHU LEKSHMI
 PID No. : MED120503853
 SID No. : 621038642
 Age / Sex : 34 Year(s) / Female
 Ref. Dr : MediWheel

Register On : 24/11/2021 9:57 AM
 Collection On : 24/11/2021 10:32 AM
 Report On : 24/11/2021 3:15 PM
 Printed On : 26/11/2021 12:16 PM
 Type : OP

Investigation

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (Blood /Agglutination) 'A' 'Positive'

HAEMATOLOGY

Complete Blood Count With - ESR

Investigation	Observed Value	Unit	Biological Reference Interval
Haemoglobin (Blood/Spectrophotometry)	13.52	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	42.40	%	37 - 47
RBC Count (Blood/Impedance Variation)	05.09	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	83.27	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	26.55	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	31.88	g/dL	32 - 36
RDW-CV(Derived from Impedance)	13.1	%	11.5 - 16.0
RDW-SD(Derived from Impedance)	38.18	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	5710	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	51.10	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	45.90	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	02.50	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	00.20	%	02 - 08
Basophils (Blood/Impedance Variation & Flow Cytometry)	00.30	%	00 - 01

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	2.92	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	2.62	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.14	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.01	10 ³ / µl	< 1.0

B. Supraj
 DR SUPRAJA B MD
 Consultant Pathologist
 Reg NO - 96961

The results pertain to sample tested.



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Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.02	10 ³ / μ l	< 0.2
Platelet Count (Blood/Impedance Variation)	370	10 ³ / μ l	150 - 450
MPV (Blood/Derived from Impedance)	06.78	fL	8.0 - 13.3
PCT(Automated Blood cell Counter)	0.25	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	65	mm/hr	< 20

BIOCHEMISTRY

BUN / Creatinine Ratio	12.8		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	89.8	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/GOD-PAP) 101 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) 10.2 mg/dL 7.0 - 21

Creatinine (Serum/Modified Jaffe) 0.8 mg/dL 0.6 - 1.1

Uric Acid (Serum/Enzymatic) 2.5 mg/dL 2.6 - 6.0

Liver Function Test

Bilirubin(Total) (Serum) 0.50 mg/dL 0.1 - 1.2

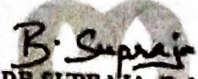
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) 0.17 mg/dL 0.0 - 0.3

Bilirubin(Indirect) (Serum/Derived) 0.33 mg/dL 0.1 - 1.0

SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC) 38.7 U/L 5 - 40

SGPT/ALT (Alanine Aminotransferase) (Serum) 35.7 U/L 5 - 41

SGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic) 29.8 U/L < 38


 DR SUPRAJA B MD
 Consultant Pathologist
 Reg NO - 86961

The results pertain to sample tested.



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Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5		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)	3.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.3		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)	5.2	%	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) 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.

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA)) 1.25 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)) 10.55 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.

B. Supraja
DR SUPRAJA B MD
 Consultant Pathologist
 Reg NO : 95961

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Investigation	Observed Value	Unit	Biological Reference Interval
TSH (Thyroid Stimulating Hormone) (Serum Chemiluminescent Immunometric Assay (CLIA))	6.98	µIU/mL	0.35 - 5.50

INTERPRETATION:

Reference range for cord blood - upto 20

1st trimester: 0.1-2.5

2nd trimester 0.2-3.0

3rd 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 < 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

CLINICAL PATHOLOGY

Urine Analysis - Routine

Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Slightly Turbid		Clear
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
WBCs (Urine)	2-3	/hpf	NIL
Epithelial Cells (Urine)	3-4	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --


DR SUPRAJA B MD
 Consultant Pathologist
 Reg NO : 98961

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Investigation	Observed Value	Unit	Biological Reference Interval
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	50.9	U/L	42 - 98
Total Protein (Serum/Biuret)	7.3		
Albumin (Serum/Bromocresol green)	4.6	gm/dl	6.0 - 8.0
Globulin (Serum/Derived)	2.70	gm/dl	3.5 - 5.2
A : G RATIO (Serum/Derived)	1.70	gm/dL	2.3 - 3.6
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	164.0	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	106.9	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)	33	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	109.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	21.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	131.0	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.


 DR SUPRAJA B. MD
 Consultant Pathologist
 Reg NO : 95961

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