

Name : Mr. PONRAJ P
PID No. : MED120925943
SID No. : 622007106
Age / Sex : 48 Year(s) / Male
Ref. Dr : MediWheel

Register On : 28/03/2022 9:57 AM
Collection On : 28/03/2022 10:51 AM
Report On : 29/03/2022 6:15 PM
Printed On : 30/03/2022 12:16 PM
Type : OP

Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.01	10 ³ / μ l	< 0.2
Platelet Count (Blood/Impedance Variation)	288	10 ³ / μ l	150 - 450
MPV (Blood/Derived from Impedance)	07.68	fL	7.9 - 13.7
PCT(Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	10	mm/hr	< 15

BIOCHEMISTRY

BUN / Creatinine Ratio	20		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	83.7	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) 118.7 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) 19.4 mg/dL 7.0 - 21

Creatinine (Serum/Modified Jaffe) 0.97 mg/dL 0.9 - 1.3

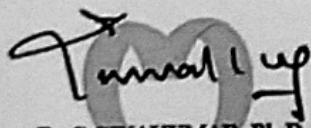
Uric Acid (Serum/Enzymatic) 5.0 mg/dL 3.5 - 7.2

Glycosylated Haemoglobin (HbA1c)


HbA1C (Whole Blood/HPLC) 5.6 % 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) 114.02 mg/dL



Dr S SIVAKUMAR Ph.D
Consultant Microbiologist



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

The results pertain to sample tested.

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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 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.

Liver Function Test

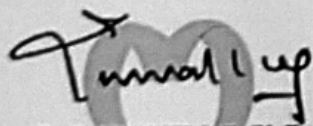
Billirubin(Total) (Serum)	0.70	mg/dL	0.1 - 1.2
Billirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.19	mg/dL	0.0 - 0.3
Billirubin(Indirect) (Serum/Derived)	0.51	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	21.8	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	21.8	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	13.5	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	56.3	U/L	53 - 128
Total Protein (Serum/Biuret)	7.31	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.8	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.51	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.91		1.1 - 2.2

Lipid Profile


Cholesterol Total (Serum/CHOD-PAP with ATCS)	166.3	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	79.0	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)	46.4	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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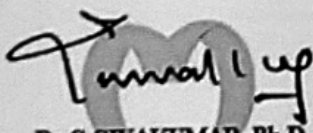
Investigation	Observed Value	Unit	Biological Reference Interval
LDL Cholesterol (Serum/Calculated)	104.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	15.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	119.9	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)	3.6		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)	1.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

IMMUNOASSAY

Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.747	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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.26	ng/ml	0.7 - 2.04
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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))	8.55	µg/dl	4.2 - 12.0
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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))	1.38	µIU/mL	0.35 - 5.50
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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.

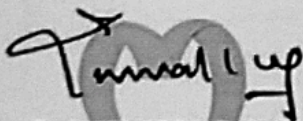
2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&l;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

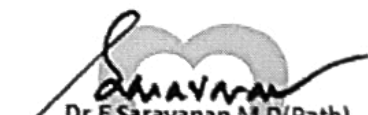
CLINICAL PATHOLOGY

Urine Analysis - Routine

Colour (Urine)	Pale Yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear



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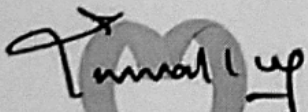
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Pus Cells (Urine)	1-2	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --



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Measurement Results:

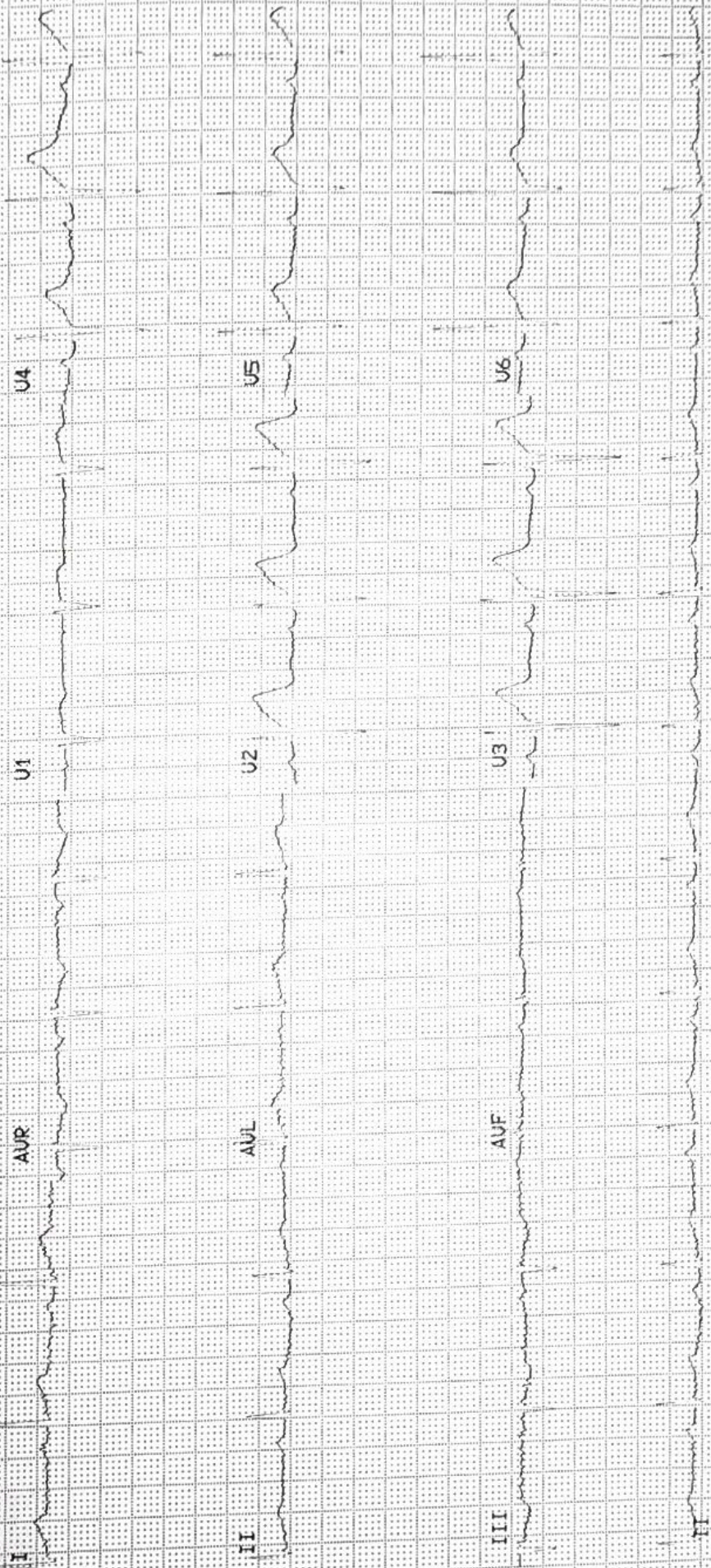
QRS 102 ms
 QT/QTcB 392 / 419 ms
 PR 174 ms
 P 104 ms
 RR/PP 874 / 865 ms
 P/QRS/T 35 / 5 / 5 degrees
 QTd/QTcBD 58 / 62 ms
 Sokolow 2.1 mV
 NK 9

aUR
 -90
 aUL
 0 I
 III +90 II
 aVF

Interpretation:

probably MI (inferior)
 suspected left ventr. hypertrophy
 S waves up to U6
 probably abnormal ECG

Unconfirmed report.



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Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.8 cm
 LVID s ... 3.1cm
 EF ... 65%
 IVS d ...1.7cm
 IVS s ... 1.3cm
 LVPW d ... 0.9cm
 LVPW s ... 1.5cm
 LA ... 3.7cm
 AO ... 2.7cm
 TAPSE ... 23mm
 IVC ... 0.8 cm

Left ventricle : Increased wall thickness.

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.

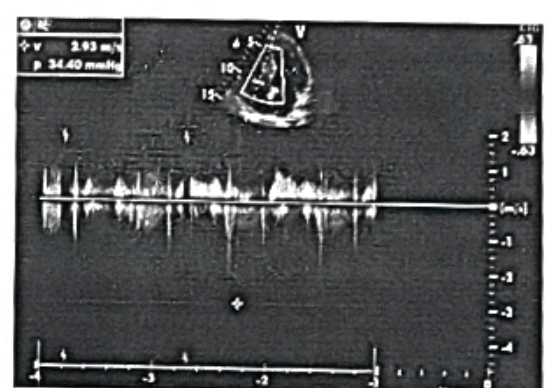
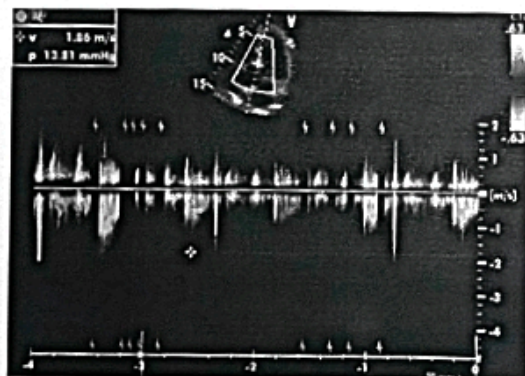
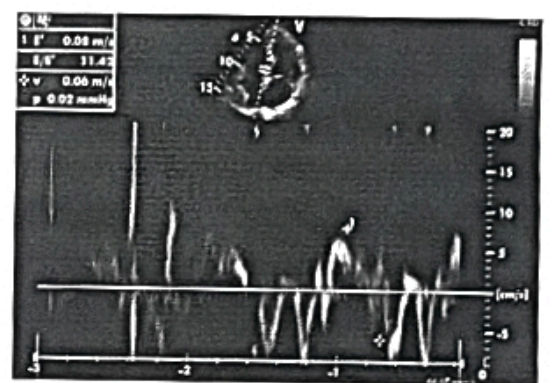
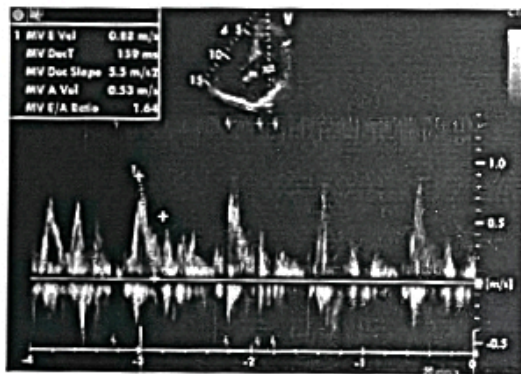
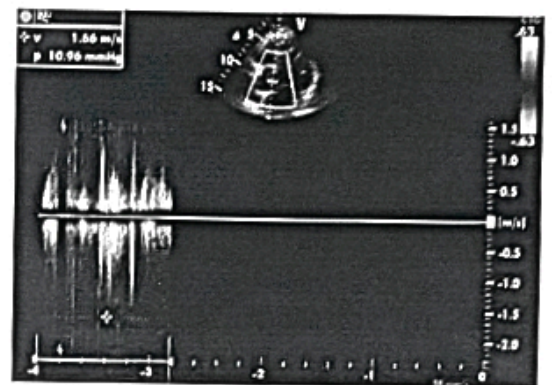
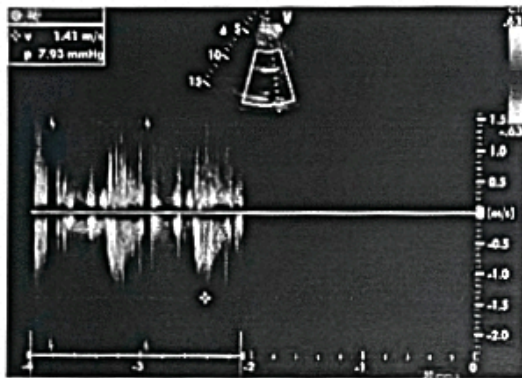
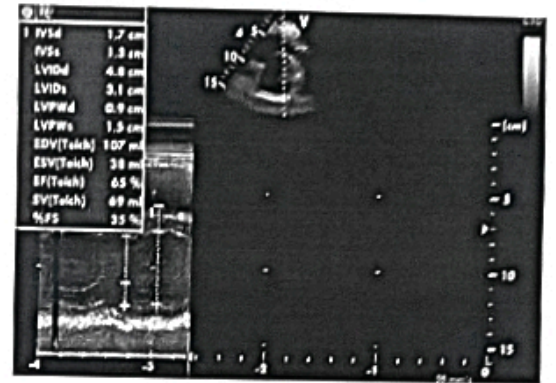
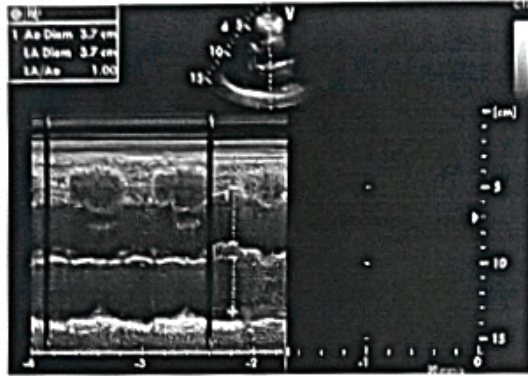
Inter atrial septum intact.

Inter ventricular septum intact.

No pericardial effusion .



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**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: obscured by bowel gas.

Spleen: The spleen is normal.

Kidneys: The right kidney measures 9.7 x 4.2 cm. Normal architecture. The collecting system is not dilated.
A calculus of size 4.5 mm is noted in lower pole of right kidney.

The left kidney measures 10.2 x 5.4 cm. Normal architecture. The collecting system is not dilated.



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Urinary

bladder: The urinary bladder is partially filled. No demonstrable internal echoes noted.

Prostate: The prostate measures 3.1 x 3.4 x 3.5 cm and is normal sized. Corresponds to a weight of about 19.04 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.

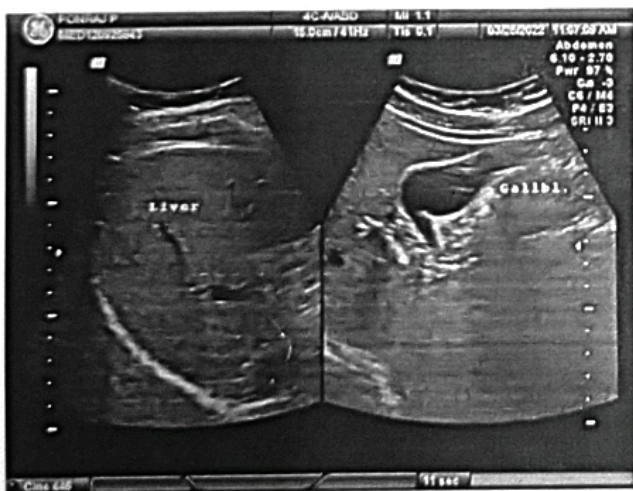
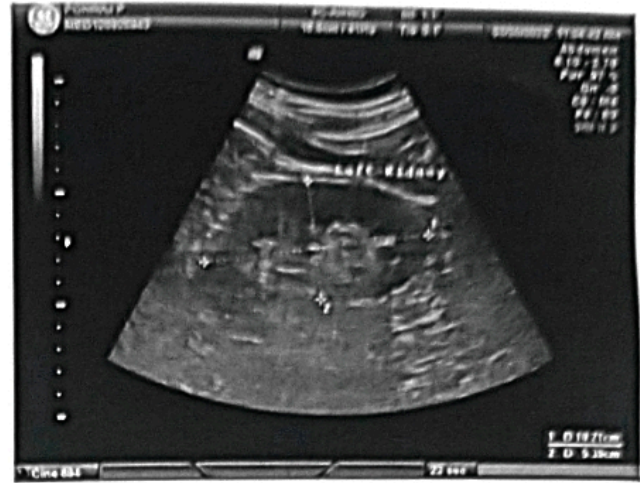
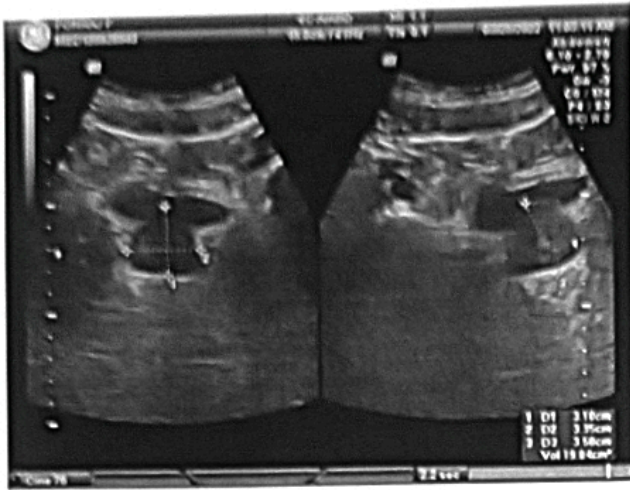
IMPRESSION :

- Right renal calculus.


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



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MEDICAL EXAMINATION REPORT

Name Ponraj 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) <i>✓</i> |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Any other serious problem for which you are receiving medical attention | |

2. List the medications taken Regularly.

Amlokind 0.5

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 <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| b. Back : | If Yes ; approximate date (MM/YYYY) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| c. Shoulder, Elbow, Wrists, Hands | Consulted a medical professional ? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| d. Hips, Knees, Ankles, Legs | Resulted in time of work? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Surgery Required ? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Ongoing Problems ? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

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 No
 - Kneeling : Yes No
 - Squatting : Yes No
 - Climbing : Yes No
 - Sitting : Yes No
 - Standing : Yes No
 - Bending : Yes No
- 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

Waist Circumference Ear, Nose & Throat

Skin Respiratory System

Vision Nervous System

Circulatory System Genito-urinary System

Gastro-intestinal System Colour Vision

Discuss Particulars of Section B :-

C. REMARKS OF PATHOLOGICAL TESTS

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

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. :

Candidate is free from Contagious/Communicable disease

Date :

P. Prasad

S. Manikandan
 Signature of Medical Officer
 Dr. S. MANIKANDAN M.D. (Genl)
 Asst. Professor of Cardiology
 TIRUNELVELI MEDICAL COLLEGE HOSPITAL
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Eye Examination Report

Candidate Name: Mr. Porraj . P

Age/ Gender: 48y / M


Date: 28-03-2022

This is to certify that I have examined Mr. /Ms. Porraj . P hereby, his/her visual standards are as follows :

Without Glasses		With Glasses		Color Vision (Normal/Defective)
R N/N	L 6/6	R N/N	L 6/6	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



બંક ઓફ બારોડા
Bank of Baroda



નામ
Name : P. PONRAJ

કર્તાક્રમ નં
CC No : 75604

સહી
Issuing Authority

P. Ponraj
સહી
Signature of Member

Customer Name	MR. PONRAJ P	Customer ID	MED12025943
Age & Gender	48 Y/FEMALE	Visit Date	28.03.2022
Ref Doctor	C/O. MIDWHEEL		

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:

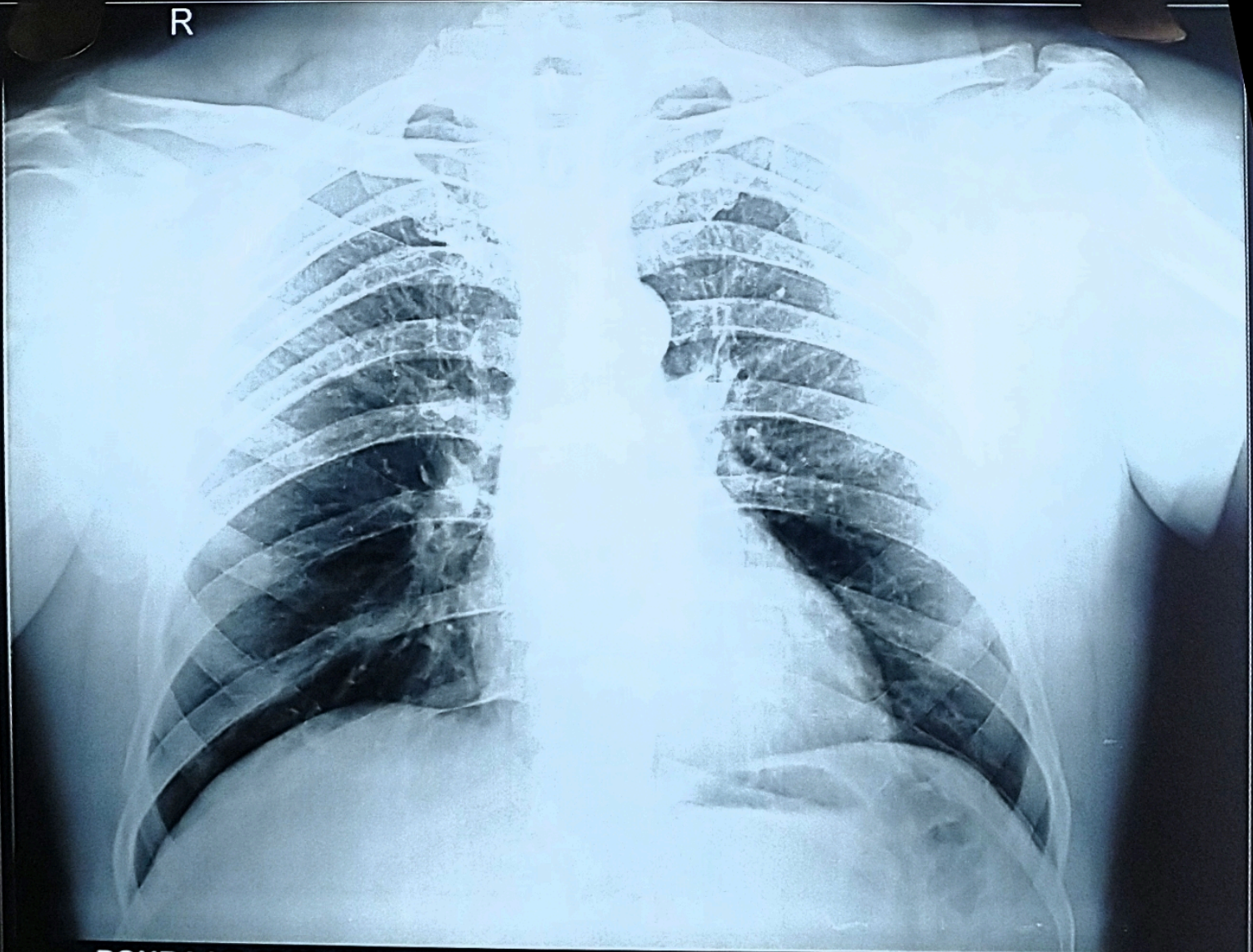
❖ **NO SIGNIFICANT ABNORMALITY DEMONSTRATED.**



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



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PONRAJ P 48 M MED120925943 TEN84930763844 M RT 28-Mar-22
MEDALL DIAGNOSTICS