



Balaji Medical Centre

An ISO 9001:2015 Accredited Organization
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CHENNAI : No.5 (3/2), Jagadeeswaran Street, T.Nagar, Chennai-600 017. INDIA ☎ : 044-24364651 / 52 / 53
No.38, Manikodi Srinivasan Nagar Main Road, Rajiv Gandhi Salai, Perungudi, Chennai-600 096. INDIA ☎ : 044-29865513 / 14
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VIZAG : Door No.39-11- 63/4-1, Murali Nagar, Visakhapatnam, Andhra Pradesh-530 007. INDIA ☎ : 0891-2710299 / 399
MANGALORE : Shop No.5, Door No.1-65/31, Kulur-Kavoor Airport Road, Vivek Nagar, Panjimogaru, Mangalore-575 013.INDIA ☎ : 0824-2972719 / 20.
KAKINADA : 70-17-15/1, RR Nagar, Road No.2, Kakinada, Andhra Pradesh -533003.INDIA ☎ : 0884-2345555, 0884-3500132.

PHYSICAL EXAMINATION

Date Of Exam : 28/08/2023
Name : Ms. SAJNA JOY K.J

REG.NO: KO23080000910

(28/Female)

Type Of Exam : Physical

Reference : BANK OF BARODA

Reference : DR.A.H.BALAJI

The doctor has examined this client at Balaji Medical Centre for updated Physical examination and found the following.

Blood Pressure : 120/80 mmHg
Pulse : 70/mt
Respiration Rate : 16/mt
Height : 160Cms
Weight : 75.0 Kgs2/m2\
BMI : 29.1 Kgs2/m2


Dr. RAJENDRAN VELLACHALIL KUNJAN
Reg. No.: 15123
Approval NO.: KRL / KCH / 23 / 2022

“HEALTHIER MARINERS TOWARDS A WEALTHIER NATION”



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LABORATORY REPORT

Reg.No: KO23080000910

Name : Ms. SAJNA JOY K.J
Age : 28 Yrs
Ref By : DR.A.H.BALAJI

Date : 28/08/2023
Sex : Female

COMPLETE BLOOD COUNT (CBC)

INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
ERYTHROCYTE (RBC) COUNT	5.1	mill/cu.mm	4.7-6.0
HAEMOGLOBIN (Hb)	14.0S	gm/dl	12-15
PCV (PACKED CELL VOLUME)	46.0	%	42-52
MCV (MEAN CORPUSCULAR VOLUME)	81.0	fl	78-100
MCH (MEAN CORPUSCULAR HAEMOGLOBIN)	29.0	pg	27-31
MCHC (MEAN CORPUSCULAR Hb CONC.N.)	34.0	g/dl	32-36
RDW (RED CELL DISTRIBUTION WIDTH)	13.0	%	11.5-14.0
TOTAL LEUCOCYTES (WBC) COUNT	7400	Cells /cu.mm	4000-10500
ABSOLUTE NEUTROPHILS COUNT	4345	/c.mm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT	2844	/c.mm	1000-3000
ABSOLUTE MONOCYTE COUNT	395	/c.mm	200-1000
ABSOLUTE EOSINOPHIL COUNT	237	/c.mm	20-500
ABSOLUTE BASOPHIL COUNT	79	/c.mm	20-100
NEUTROPHILS	54.0	%	40-80
LYMPHOCYTES	36.0	%	20-40
MONOCYTES	8.0	%	2.0-10
EOSINOPHILS	3.0	%	1-6
BASOPHILS	1.0	%	0-2
PLATELET COUNT	2.0	10 ³ /μl	1.50-4.50
MPV (MEAN PLATELET VOLUME)	7.0	fL	6-9.5
PCT (PLATELET HAEMATOCRIT)	0.2	%	0.2-0.5
PDW (PLATELET DISTRIBUTION WIDTH)	16	%	9-17

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Name : Ms. SAJNA JOY K.J
Age : 28Yrs
Ref By : DR.A.H.BALAJI

Date : 28/08/2023
Sex : Female

ROUTINE EXAMINATION URINE			
INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
GENERAL EXAMINATION:			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	CLEAR		CLEAR
REACTION (pH)	6.0		4.5 - 8
SPECIFIC GRAVITY	1.020		1.010 - 1.030
CHEMICAL EXAMINATION (AUTOMATED DIPSTICK METHOD):			
URINE PROTEIN(ALBUMIN)	ABSENT		ABSENT
URINE GLUCOSE(SUGAR)	ABSENT		ABSENT
URINE KETONES(ACETONE)	ABSENT		ABSENT
BILE SALTS	ABSENT		ABSENT
BILE PIGMENTS	ABSENT		ABSENT
UROBILINOGEN	NORMAL		NORMAL
NITRITE	NEGATIVE		NEGATIVE
MICROSCOPIC EXAMINATION			
RED BLOOD CELLS	NIL	/hpf	0 - 2
PUS CELLS (WBCs)	2-3	/hpf	0 - 5
EPITHELIAL CELLS	2-3	/hpf	0 - 5
CRYSTALS	ABSENT	/hpf	ABSENT
CAST	ABSENT	/hpf	ABSENT
AMORPHOUS DEPOSITS	ABSENT	/hpf	ABSENT
BACTERIA	ABSENT	/hpf	ABSENT

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LABORATORY REPORT

REG.NO: K023080000910

Name : MS. SAJNA JOY K.JI		Date : 28/08/2023	
Age : 28Yrs		Sex : FEMALE	
Ref By : DR. A.H.BALAJI,			
INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
ESR – Erythrocyte Sedimentation Rate (EDTA Whole Blood, Automated-Capillary photometry aggregation/ Manual – Westergrens method)	04	mm/hr	0-15

Method: Automated Westergren

Interpretation;

1. It indicates presence and intensity of an inflammatory process, never diagnosis of a specific disease, Chance are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation and hypothyroidism.

Remark: ESR Performed using capillary photometric aggregation (for automated analysis) & westergrens (for manual testing).

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REG.NO: KO23080000910

LABORATORY REPORT

Name : Ms. SAJNA JOY K.J
Age : 28Yrs
Reference : BANK OF BARODA
Ref By : DR.A.H.BALAJI,

Date:28/08/2023

Sex: Female

BIO-CHEMISTRY

	<u>Value/Result</u>	<u>Units</u>	<u>Reference Interval</u>
Serum Glucose (F)	: 95.0	mg/dl	70-110
Serum Glucose (PP)	: 126.0	mg/dl	120-140
Creatinine	: 0.9	mg/dL	0.2-1.2
Urea	: 22.0	mg/dL	15-40
Uric acid	: 5.1	mg/dl	4.7 - 6.1
BUN	: 9	mg/dl	6-21

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REG.NO: KO23080000910

Name : Ms . SAJNA JOY K.J

Date :28/08/2023

Age : 28Yrs

Sex : Female

Reference : BANK OF BARODA

Ref By : DR. A.H.BALAJI.,

LIVER FUNCTION TEST

TEST	PATIENT'S VALUES	UNITS	NORMAL INTERVAL	
			FROM	TO
Serum Bilirubin (Total)	0.9	mg/dl	0.2	1.2
Serum Bilirubin (Direct)	0.1	mg/dl	-	<0.3
Serum Bilirubin (Indirect)	0.8	mg/dl	0.1	1
S. Akaline Phosphatas	69.0	U/L	-	<150
Serum Gamma G.T.	25.0	U/L	4	40
Serum G. P. T.	28.0	U/L	10	40
Serum G. O. T.	29.0	U/L	10	42
Serum Total Proteins	6.8	gm/dl	6.0	7.8
Albumin	4.3	gm/dl	3.5	5.0
Globulin	2.5	gm/dl	2.3	3.5
Albumin: Globulin Ratio	1.3	-	-	-

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Date : 28/08/2023 Reg. No : KO23080000910

Name : Ms. SAJNA JOY K.J Age : 28yrs

Sex : Female

Reference : BANK OF BARODA

Ref By : DR.A.H. BALAJI

Test Name	Result	Units	Ref.Interval
LIPID SCREEN, SERUM (Spectrophotometry)			
Cholesterol	220.00	mg/dL	(<200.00)
Triglycerides	93.0	mg/dL	(<150.00)
HDL Cholesterol	40.00	mg/dL	(<60.00)
LDL Cholesterol, Calculated	161.4	mg/dL	(<100.00)
VLDL Cholesterol, Calculated	18.6	mg/dL	(<30.00)

Note:

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total cholesterol, Triglycerides, HDL & LDL Cholesterol.
- ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is <400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is >400 mg/dL.

INTERPRETATION	TOTAL CHOLESTEROL in mg/dL	Triglyceride in mg/dL	LDL CHOLESTEROL in mg/dL
Optimal	< 200	<150	<100
Above Optimal	-	-	100-129
Boderline High	200-239	150-199	130-159
High	>=240	200-499	160-189
Very High	-	>=500	>=190

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Name : Ms. SAJNA JOY K.J Date : 28/08/2023
Age : 28YRS Sex : Female
Ref By : DR.A.H. BALAJI

<u>Tests</u>	<u>Value/Results</u>	<u>Units</u>	<u>Reference Interval</u>
<u>PERIPHERAL SMEAR EXAMINATION</u>			
RED BLOOD CELL MORPHOLOGY :	NORMAL		
W B C MORPHOLOGY :	NORMAL		
PLATELET MORPHOLOGY :	NORMAL		


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Reg No: KO23080000910

Age : 28yrs

Date : 28/08/2023

Sex : Female

Reference : BANK OF BARODA

Ref By: DR.A.H. BALAJI

Test Name	Result	Units	Ref.Range
THYROID PROFILE,TOTAL,SERUM (CLIA)			
T3>Total	130.0	ng/dl	(80-200)
T4>Total	8.0	ug/dL	(3.2-12.6)
TSH	4.0	uIU/ml	(0.35-5.50)

Note:1 TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m. and at a Minimum between 6-10pm. The variation is of the order of 50%, hence time of the day has Influence on the measured serum TSH concentrations.

2 Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

3 Physiological rise in Total T3 /T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic-Pituitary hypothyroidism
- Inappropriate TSH secretion
- Non thyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

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LABORATORY REPORT

REG.NO: KO23080000910

Name : Mr. SAJNA JOY K.J

Date:28/08/2023

Age : 28Yrs

Sex: male

Ref By : DR. A.H. BALAJI,

HAEMOTOLOGY

Blood Group & Rh Type : "B" NEGATIVE

Dr. RAJENDRAN VELLACHALIL KUMARAN

Reg. No.: 15123

Approval NO.: KRL / KCH / 23 / 2023

"HEALTHIER MARINERS TOWARDS A WEALTHIER NATION"



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LABORATORY REPORT

Reg. No : KO23080000910

Name : **Ms. SAJNA JOY K.J**

Date : 28/08/2023

Age : 28Yrs

Sex : FEMALE

Ref By : **DR.A.H.BALAJI, MBBS, FCIP, PGDPC, PGDHSC, PGCIIH**

BIOCHEMISTRY

<u>Investigation</u>	<u>Observed value</u>	<u>unit</u>	<u>biological referenceinterval</u>
HbA1C-Glycated Haemoglobin (HPLC)	5.0	%	non-diabetic: <= 5.6 pre- diabetic: 5.7-6.4 Diabetic : > = 6.5
Estimated Average glucose (e AG)	96.8	mg/dl	

INTERPRETATION &REMARK:

- HbA1c is used for monitoring diabetic control.it reflects the estimated average glucose.(eAG)
- HbA1c has been endorsed by clinical group & ADA(American Diabetes Association)guidelines 2017,for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1Care a better indicator of diabetic control than a solitary test .
- Low glycated haemoglobin(below4%) in a non-diabetic individual are often associated with systemic inflammatory diseases,chronicanaemia (especially severe iron deficiency &haemolytic),chronic renal failure and liver diseases.clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used:
eAG(mg/dl) =28.7*A1c-46.7
- Interference of heamoglobinopathies in HbA1c estimation.
 - forHbF>25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c
 - Homozygous hemoglobinopathy is detected,fructosamine is recommended for monitoring diabetic status.
 - Herterozygous state detected (D10/turbo is corrected for HbS&HbC trait)
- In known diabetic patients,following values can be considered as a tool for monitoring the glyemic control.Excellent control-6 to 7%,fair to good control -7 to 8%,unsatisfactory control -8 to 10 % and poor control -More than 10%

NOTE :Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

---End of report ---

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REG.NO: KO23080000910

DIGITAL RADIOGRAPH - CHEST PA VIEW

Date: 28/08/2023

Name : Ms. SAJNA JOY K.J
Age : 28yrs
Sex : Female
Ref By : DR.A.H.BALAJI

The cardiomediastinal silhouette is normal.

The lungs are well inflated. No focal mass lesion, lobar collapse or consolidation is seen.
No pleural effusion is detected.

The soft tissues and bones appear unremarkable.

Conclusion:

- Normal chest radiograph.

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REG.NO: KO23080000910

ECG REPORT

Date: 28/06/2023

Name : Ms. SAJNA JOY K.J
Age : 28yrs
Sex : Female
Ref By : DR. A.H.BALAJI
Impression : Within normal limits.


Dr. RAJENDRAN VELLACHALIL KUNJAN
Reg. No.: 15123
Approval NO.: KRL / KCH / 23 / 2022

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REG.NO: KO23080000910

ENT REPORT

Date: 28/08/2023

Name : Ms. SAJNA JOY K.J
Age : 28yrs

Sex : Female

Ref By : DR. A.H.BALAJI

Impression : Normal Study.

Dr. RAJENDRAN VELLACHALIL KUNJAN

Reg. No.: 15123

Approval NO.: KRL / KCH / 23 / 2022

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Reg.No: KO23080000910

Name: Ms. SAJNA JOY K.J

Date: 28/08/2023

Ref: DR.A.H. BALAJI

OPHTHALMIC REPORT

	RIGHT	LEFT
Distant Vision:	6/6	6/6
Near Vision:	N/5	N/5
Colour Vision:	Normal	Normal
Anterior Segment:	Normal	Normal
Intra Ocular Pressure:	Normal	Normal
Fundus:	Normal	Normal


Dr. RAJENDRAN VELLACHALIL KUNJAN
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Patient Id	KO230800000910	Study Date	28-08-2023
Name	SAJNA JOY K.J	Description	Female-Whole Abdomen
Age/Sex	28/Year:Female	Ref.Doctor	DR.A.H.BALAJI

Real time B-mode ultrasonography of Abdomen, KUB, Uterus and Ovaries done.
Abdomen

Liver Filled with homogeneous parenchymal echoes. No abscess or mass lesion in the liver.
Gallbladder walls appeared normal. No calculi seen in the gallbladder.
Common duct appeared normal. No calculi seen in the common duct.
Pancreas appeared normal.
Spleen appeared normal.
Aorta appeared normal.
No free fluid in the peritoneal cavity.
No Para aortic lymphadenopathy.
Adrenal glands appeared normal.

KUB

Cortex and collecting system of both kidneys appeared normal. No calculi seen.
Right Kidney measured 10.3 X 3.5 cms.
Left Kidney measured 8.9 X 4.7 cms.
Both ureters appeared normal. No dilatation seen.
Bladder appeared normal. Postvoid showed satisfactory emptying of bladder. (Volume = 32 ml)

Pelvis

Trans abdominal sonography of the pelvis done. Normal appearing uterus with homogenous myometrial echoes. Cavity echo appeared normal.
Right Ovary appeared normal. Left Ovary appeared normal.
Both adnexae appeared normal.

Impression

- NORMAL APPEARING LIVER, GALLBLADDER, COMMON BILE DUCT, PANCREAS, SPLEEN, AORTA, BOTH KIDNEYS, BLADDER, UTERUS, BOTH OVARIES.

DR. RAJENDRAN VELLACHALIL KUNJAN
Reg. No. 15123

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“HEALTHIER MARINERS TOWARDS A WEALTHIER NATION”

Balaji Medical Centre Kochi

Address: No.66/2345A, Veekshnam Road, Ernakulam Kochi - 682018 82018 Kerala India

Echocardiography Report

PATIENT NAME JOY K.J SANJNA	AGE 28 yrs	HEIGHT NA	WEIGHT NA	BSA NA	DATE TIME 2023/08/28 13:47
PATIENT ID KO23080000910	GENDER Female	REFERRING PHYSICIAN NA	REPORTED BY DR. JEEVARATHINAM. N		

PROCEDURE

An ECHO exam was performed including 2D, M-mode, Spectral, Color-flow.

SUMMARY

Normal chambers size and shape
Normal LV systolic function. LVEF - 63 %
No regional wall motion abnormality
Normal LV diastolic function
Normal valves

LEFT VENTRICLE

Measurement	Value	Reference	Measurement	Value	Reference
Systolic Function			Dimensions		
LVEF MOD BP (%)	63.89	(74-54)	LVIDd (cm)	3.85	(3.8-5.2)
SV MOD BP (ml)	51.97	(14-42)	LVIDs (cm)	2.54	(2.2-3.5)
LVEDV MOD BP (ml)	81.34	(46-106)	IVSd (cm)	0.76	(0.6-0.9)
LVESV MOD BP (ml)	29.37	(14-42)	LVPWd (cm)	0.64	(0.6-0.9)
Diastolic Function			LVD Mass (g)	73.51	(67-162)
MV E Vel (m/s)	0.50	(0.6-0.8)	RWT	0.33	(0.22-0.42)
MV A Vel (m/s)	0.37	(0.2-0.35)	LV Area		
MV E/A Ratio	1.35	(>=0.8)	LV FAC A4C (%)	45.11	(>25)
LV E' Lat (m/s)	0.15	(<10)	LVAAd A4C (cm ²)	27.00	(-)
LV E/E' Lat	3.33	(<13)	LVAAs A4C (cm ²)	14.82	(-)
LV A' Lat (m/s)	0.24	(-)	LV FAC A2C (%)	50.05	(-)
			LVAAd A2C (cm ²)	19.78	(-)
			LVAAs A2C (cm ²)	9.88	(-)

LEFT ATRIUM

Measurement	Value	Reference	Measurement	Value	Reference
LA Diam (cm)	2.85	(2.7-3.8)	LAESV MOD BP (ml)	27.96	(38-46)
LA/Ao	0.98	(<1.3)			

RIGHT ATRIUM

Measurement	Value	Reference	Measurement	Value	Reference
RAAs A4C (cm ²)	13.06	(<=18)	IVC (M-Mode)		
RALs A4C (cm)	4.75	(-)	IVC Collaps Index (%)	66.93	(>50%)
			IVC Diam Ins (cm)	0.42	(-)
			IVC Diam Exp (cm)	1.27	(<2)
			RAP(MM) (mmHg)	3.00	(0-5)

AORTIC VALVE & AORTA

LVOT/ Aorta

Ao Diam (cm)	2.91	(<3.7)
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TRICUSPID VALVE

Measurement	Value	Reference
TR Vmax (m/s)	1.19	(<2.8)
TR maxPG (mmHg)	5.66	(<35)
RVSP (mmHg)	8.66	(<36)

PULMONARY VALVE AND PULMONARY ARTERY

Measurement	Value	Reference
Pulmonary Outflow		
PV Vmax (m/s)	0.59	(-)
PV maxPG (mmHg)	1.39	(<36)

OBSERVATIONS :

Left Ventricle	Size - Left ventricle normal in size LV geometry - Normal LV geometry Systolic function - LV systolic function - normal Diastolic function - LV diastolic function - normal
Left Atrium	Size - Normal left atrium size
Right Atrium	Size - Normal right atrium size
Right Ventricle	Size - Normal right ventricular size
Aortic Valve	Structure and function - Normal trileaflet aortic valve
Mitral Valve	Structure and function - Normal mitral valve
Tricuspid Valve	Regurgitation - Trivial tricuspid regurgitation
Pulmonic Valve	Structure and function - Normal pulmonic valve
Aorta	Size - Normal aorta
Inferior Vena Cava	Size - Normal IVC size
Inter Ventricular Septum	IVS - Intact interventricular septum
Pulmonary Hypertension	Probability - Low probability of pulmonary hypertension
Heart Failure	HF Category - No evidence of heart failure with preserved ejection fraction

Disclaimer: This report is generated based on the review of Echocardiography images transmitted and does not consider the patient's current symptoms or medical history. The quality or accuracy of the report is dependent on the quality and accuracy of the Echo images transmitted. The report is not meant or valid for any medico legal purposes



Reported By:
DR. JEEVARATHINAM. N
Clinical Cardiologist

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