

Name : Mrs. MANI MEGALAI V
PID No. : MED122011197
SID No. : 623016837
Age / Sex : 30 Year(s) / Female
Ref. Dr : MediWheel

Register On : 15/07/2023 10:18 AM
Collection On : 15/07/2023 11:18 AM
Report On : 15/07/2023 5:54 PM
Printed On : 17/07/2023 4:55 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)	0.03	10 ³ / μ l	< 0.2
Platelet Count (Blood/Impedance Variation)	288	10 ³ / μ l	150 - 450
MPV (Blood/Derived from Impedance)	09.22	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	18	mm/hr	< 20

BIOCHEMISTRY

BUN / Creatinine Ratio	13.9		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	70.6	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 Postprandial (PPBS) (Plasma - PP/GOD-PAP)	98.4	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)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.5	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.61	mg/dL	0.6 - 1.1
Uric Acid (Serum/Enzymatic)	3.4	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)	0.19	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.21	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	26.5	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	19.1	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	18.5	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	72.7	U/L	42 - 98
Total Protein (Serum/Biuret)	7.58	gm/dL	6.0 - 8.0



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

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Albumin (Serum/Bromocresol green)	4.10	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.48	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.18		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	154.1	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	97.6	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)	38.9	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	95.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	19.5	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	115.2	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)	4		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
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.5		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)	5.3	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood) 105.41 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))	1.03	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))	9.32	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))	0.65	µIU/mL	0.35 - 5.50
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Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 5.0cm
LVID s ... 3.0cm
EF ... 70%
IVS d ...0.9cm
IVS s ... 0.9cm
LVPW d ... 0.4cm
LVPW s ... 1.5cm
LA ... 2.9cm
AO ... 2.6cm
TAPSE ... 20m m

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: 0.98m/s A: 0.73m/s
E/A Ratio: 1.35 E/E: 13.05

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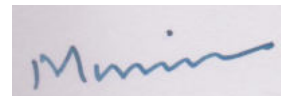
Aortic valve: AV Jet velocity: 1.36m/s

Tricuspid valve: TV Jet velocity: 1.20 m/s TRPG: 5.81 mm Hg.

Pulmonary valve: PV Jet velocity: 1.28m/s

IMPRESSION:

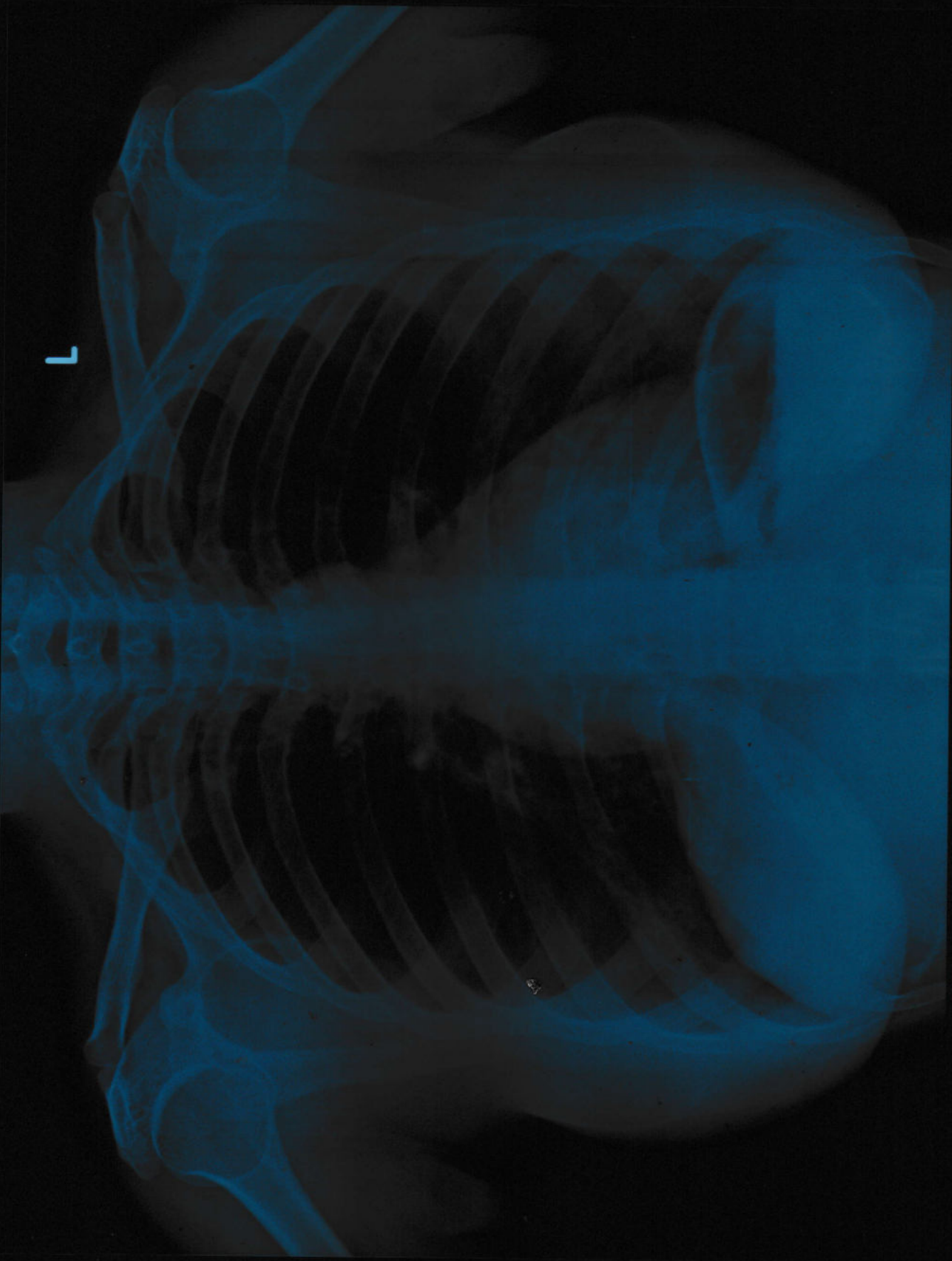
1. **Normal chambers & Valves.**
2. **No regional wall motion abnormality present.**
3. **Normal LV systolic function.**
4. **Pericardial effusion - Nil.**
5. **No pulmonary artery hypertension.**



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

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L



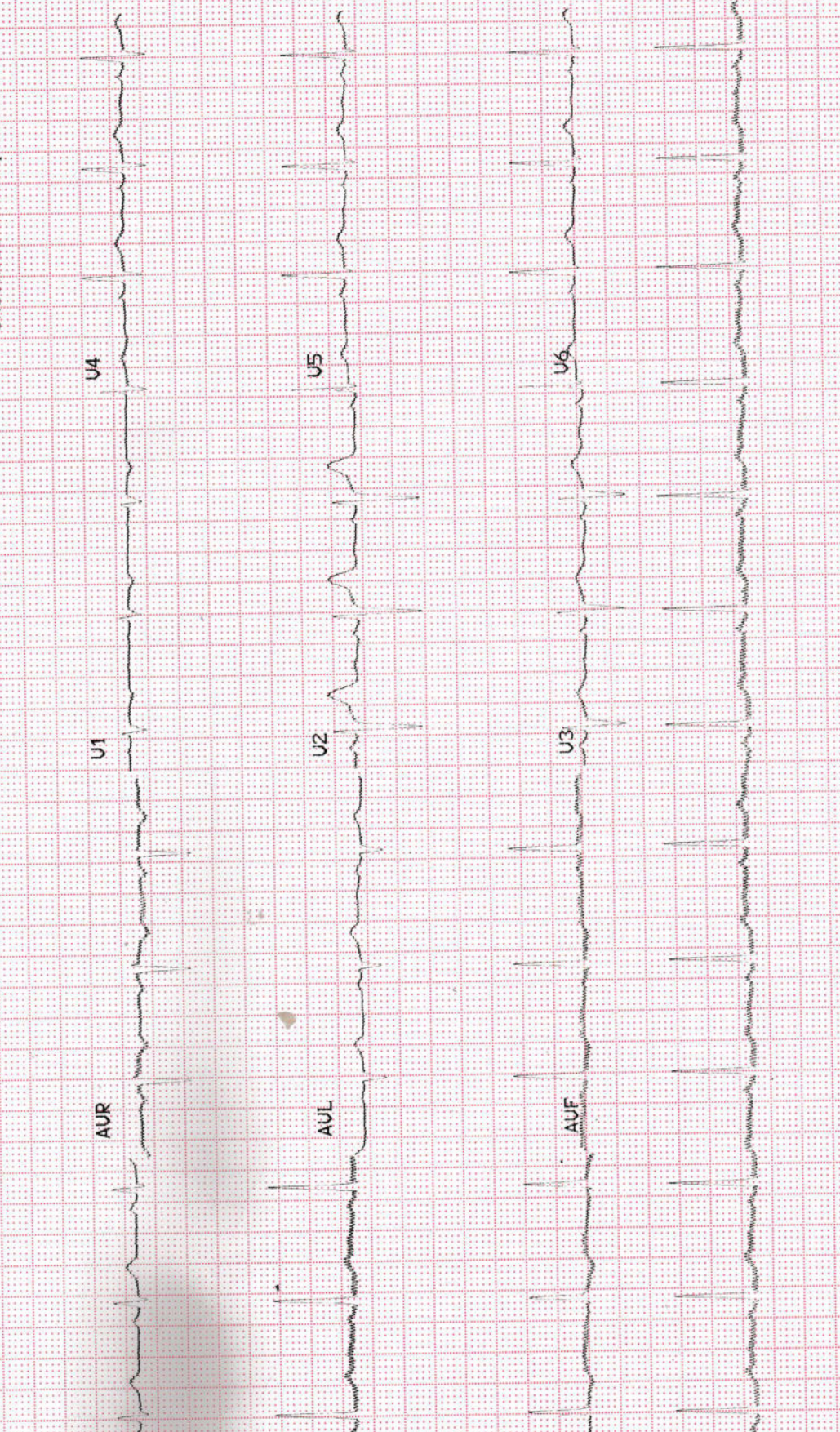
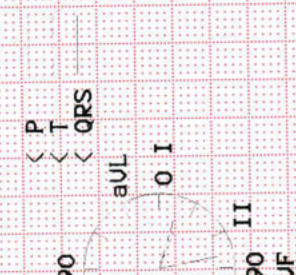
MANI MEGALAI V 30 F MED122011197 TEN89958363844 F RT 7/15/2023

MEDALL DIAGNOSTICS

Interpretation:
 12SL Interpretation:
 Normal sinus rhythm
 Normal ECG

Unconfirmed report.

Measurement Results:
 P 78 ms
 QRS 354 / 408 ms
 T 22 / 78 / 17 degrees



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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 8.7 x 4.0 cm. Normal architecture.
The collecting system is not dilated.
The left kidney measures 9.0 x 4.8 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 6.1 x 3.9 x 2.7 cm.
Myometrial echoes are homogeneous.
The endometrium is central and normal measures 7 mm in

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thickness.

Ovaries: The right ovary measures 2.7 x 1.9 cm.
The left ovary measures 2.2 x 1.7 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. J. VINOLIN NIVETHA, M.D.R.D.,
Consultant Radiologist.
Reg. No: 115999.

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Dr. Abiramasundari D.
 Dr. Adarsh S Naik
 Dr. Ajay R Kaushik
 Dr. Andrea Jose
 Dr. Archana Terasa P.
 Dr. Ashraya Nayaka T.E
 Dr. Ashwin Segi
 Dr. Chandra Shekar C.S.
 Dr. Chitra Ramamurthy
 Dr. Gautam Kukadia
 Dr. Gitansha Shreyas Sachdev
 Dr. Gopal R.
 Dr. Gopinathan G.S
 Dr. Hemanth Murthy
 Dr. Hemamalini
 Dr. Iris
 Dr. Jatinder Singh
 Dr. Jezeela K.
 Dr. Krishnan R.
 Dr. Maimunnisa M.
 Dr. Manjula
 Dr. Mohamed Faizal S.
 Dr. Mohd Shahbaaz
 Dr. Mugdha Kumar
 Dr. Muralidhar R.
 Dr. Muralidhar N.S.
 Dr. Nagesh
 Dr. Naveen P.
 Dr. Neha Prakash Zanjali
 Dr. Neha Rathi Kamal
 Dr. Nihaal Ahmed F.D.
 Dr. Patil Sandip Dattatray
 Dr. Pranesh Ravi
 Dr. Praveen Muraly
 Dr. Preethi
 Dr. Priyanka R.
 Dr. Priyanka Shyam
 Dr. Priyanka Singh
 Dr. Raline Solomon
 Dr. Ramamurthy D.
 Dr. Rashmita Kukadia
 Dr. Rathinasamy V.
 Dr. Ravi J.
 Dr. Rifky Kamil K.
 Dr. Romit Sallian
 Dr. Sagar Basu
 Dr. Sahana Manish
 Dr. Sakthi Rajeswari N.
 Dr. Sethukkarasi
 Dr. Sharmila M.
 Dr. Shreesh Kumar K.
 Dr. Shreyas Ramamurthy
 Dr. Smitha Sharma
 Dr. Soundarya B.
 Dr. Srinivas Rao V.K.
 Dr. Sumanth
 Dr. Swathi Baliga
 Dr. Tamlaras S.
 Dr. Thenarasun S.A.
 Dr. Umesh Krishna
 Dr. Uma M.
 Dr. Vaishnavi M.
 Dr. Vamsi K.
 Dr. Vidhya N.
 Dr. Vijay Kumar S.
 Dr. Visalatchi



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: 15.07.23

Eye Fitness Certificate

This is to certify that Mr/Mrs/MS. Mani Megaloi M, Age 30/yr,

Male/Female, our MRNO. 1303285-6

	OD	OS
Visual Acuity	-5.50 6/6	-6.00 / -0.75 x 5.6/6
Near Vision	Nb	Nb
Colour Vision	Normal	Normal
B.S.V	Normal	Normal
Central Fields	Normal	Normal
Anterior Segment	Normal	Normal
Fundus	Normal	Normal

Dr. S. MOHAMED FAIZAL MBBS, DO, FAER. Fit with Glass
 Medical Superintendent
 Reg. No. 85747
 THE EYE FOUNDATION
 Tirunelveli
 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 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 Pulse - 82

Chest measurements: a. Normal b. Expanded

Waist Circumference

Skin

Vision

Circulatory System

Gastro-intestinal System

Ear, Nose & Throat

Respiratory System

Nervous System

Genito-urinary System

Colour Vision

Discuss Particulars of Section B :-

C. REMARKS OF PATHOLOGICAL TESTS :

Chest X-ray ECG

Complete Blood Count Urine routine

Serum cholesterol Blood sugar

Blood Group S.Creatinine

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 : 15.7.23

Any 15/7/23

[Signature]
Signature of Medical Adviser

Dr. S. MANIKANDAN, M.D., D.M., (Cardiology)
Reg. No: 61785, Consultant Cardiologist
Medall Diagnostics
Tirunelveli

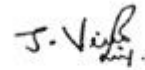
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DIGITAL X- RAY CHEST PA VIEW

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.



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