Name -	: Mrs. SONIYA D SILUVAI ANTE	NEETA	Register On :	26/03/2022 10:27 AM	3
PID No.	: MED120924756		Collection On :	26/03/2022 10:58 AM	
SID No.	: 622006995		Report On :	27/03/2022 5:38 PM	medall
Age / Sex	: 36 Year(s) / Female		Printed On	28/03/2022 12:12 PM	DIAGNOSTICS experts who care
Ref. Dr	: MediWheel		Type :	OP	experts wild care
Investiga	tion	Observed Value	Unit	Biological Reference Interval	
IMMU	NOHAEMATOLOGY				
	GROUPING AND Rh TYPING (Blood	'O' 'Positive'			
and the second se	ATOLOGY				
	e Blood Count With - ESR				
	lobin (Blood/Spectrophotometry)	09.02) ,	g/dL	12.5 - 16.0	
Packed (Blood/De	Cell Volume(PCV)/Haematocrit erived from Impedance)	30.32	%	37 - 47	
RBC Cou	unt (Blood/Impedance Variation)	04.33	mill/cu.mm	4.2 - 5.4	
Mean Co Derived f	rpuscular Volume(MCV) (Blood/ irom Impedance)	70.07	fL.	78 - 100	
Mean Co (Blood/D	erived from Impedance)	20.84	Pg	27 - 32	
Mean Co concent Impedan	orpuscular Haemoglobin ration(MCHC) (Blood/Derived from ce)	29.73	g/dL	32 - 36	
and the second	(Derived from Impedance)	16.6	%	11.5 - 16.0	
RDW-SD	(Derived from Impedance)	40.71	fL	39 - 46	
Total Le Impedan	ukocyte Count (TC) (Blood/ ace Variation)	7410	cells/cu.mm	4000 - 11000	
Neutrop Flow Cyt	hils (Blood/Impedance Variation & tometry)	54.90	%	40 - 75	
Lympho Flow Cy	cytes (Blood/Impedance Variation & tometry)	40.60	%	20 - 45	
Eosinop Flow Cy	bhils (Blood/Impedance Variation & tometry)	03.10	%	01 - 06	
Monocy	tes (Blood/Impedance Variation & tometry)	01.00	%	01 - 10	
Basoph	ils (Blood/Impedance Variation & Flo		%	00 - 02	
INTERP	PRETATION: Tests done on Automate opically.	ed Five Part cell cour			
Absolu Impeda	te Neutrophil count (Blood/ nce Variation & Flow Cytometry)	4.07	10^3 / µl	1.5 - 6.6	
Absolu	te Lymphocyte Count (Blood/	3.01	10^3 / µl	1.5 - 3.5	

 Impedance Variation & Flow Cytometry)

 Absolute Eosinophil Count (AEC) (Blood/

 Impedance Variation & Flow Cytometry)

 Absolute Monocyte Count (Blood/

 Impedance Variation & Flow Cytometry)

10^3 / μl 1.5 - 3.5 10^3 / μl 0.04 - 0.44 10^3 / μl < 1.0

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Name PID No. SID No. Age / Sex Ref. Dr	: Mrs. SONIYA D SILUVAI ANTE : MED120924756 : 622006995 : 36 Year(s)/ Female : MediWheel	NEETA	Register On Collection On Report On Printed On Type	:	26/03/2022 10:27 AM 26/03/2022 10:58 AM 27/03/2022 5:38 PM 28/03/2022 12:12 PM OP	C medall DIAGNOSTICS experts who care
Investigati Absolute E Variation &	on Basophil count (Blood/Impedance Flow Cytometry)	Observed Value 0.03	<u>Unit</u> 10^3 / μl		<u>Biological Reference Interva</u> < 0.2	I
	ount (Blood/Impedance Variation)	342	10^3 / µl		150 - 450	
the second se	d/Derived from Impedance)	09.86	fL		8.0 - 13.3	
and the second se	nated Blood cell Counter)	0.34	%		0.18 - 0.28	
ESR (Ervt	hrocyte Sedimentation Rate) omated ESR analyser)	45	mm/hr		< 20	
BIOCH	EMISTRY					
and the second provident of the second se	atinine Ratio	14.16				
Glucose F PAP)	Fasting (FBS) (Plasma - F/GOD-	78.8	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.

Diabetic: >= 126

Glucose, Fasting (Urine) (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP GOD-PAP)	/ 94.9	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)	8.50	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.60	mg/dL	0.6 - 1.1
Uric Acid (Serum/Enzymatic)	5.8	mg/dL	2.6 - 6.0
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 % mg/dL Estimated Average Glucose (Whole Blood) 114.02



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aravanan M.D(Path) **Consultant Pathologist** Reg No : 73347

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Name	: Mrs. SONIYA D SILUVAI ANTE	INEETA	Register On	:	26/03/2022 10:27 AM
PID No.	: MED120924756		Collection On	:	26/03/2022 10:58 AM
SID No.	: 622006995		Report On		27/03/2022 5:38 PM medall
Age / Sex	: 36 Year(s)/ Female		Printed On	:	DIAGNOSTICS
Ref. Dr	: MediWheel			-	experts who care
Kel. Di			Туре	:	OP
HbA1c pro glycemic o Conditions hypertrigly Conditions	TATION: Comments	nary glucose determin deficiency anemia, Vi Alcohol, Lead Poison or chronic blood loss	ations. itamin B12 & Folat ing, Asplenia can s, hemolytic anemi	e (giv	ve falsely elevated HbA1C values. Hemoglobinopathies.
Liver Fund		-			
Bilirubin(1	fotal) (Serum)	0.6	mg/dL		0.1 - 1.2
Bilirubin(C Acid)	Direct) (Serum/Diazotized Sulfanilic	0.15	mg/dL		0.0 - 0.3
Bilirubin(l	ndirect) (Serum/Derived)	0.45	mg/dL		0.1 - 1.0
	(Aspartate Aminotransferase) dified IFCC)	14.8	U/L		5 - 40
SGPT/ALT (Serum)	(Alanine Aminotransferase)	21.8	U/L		5 - 41
	ma Glutamyl Transpeptidase) CC / Kinetic)	10.6	U/L		< 38
Alkaline P Modified IF	hosphatase (SAP) (Serum/ CC)	58.9	U/L		42 - 98
Total Prot	ein (Serum/Biuret)	6.91	gm/dl		6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.3	gm/dl		3.5 - 5.2
Globulin (Serum/Derived)	2.61	gm/dL		2.3 - 3.6
A: G RAT	IO (Serum/Derived)	1.65			1.1 - 2.2
Lipid Prof	lle_				
Cholester ATCS)	ol Total (Serum/CHOD-PAP with	196.0	mg/dL		Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerie	des (Serum/GPO-PAP with ATCS)	103.4	mg/dL	1	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) 55.0

mg/dL

Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50



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

Name PID No. SID No. Age / Sex	: Mrs. SONIYA D SILUVAI ANT : MED120924756 : 622006995 : 36 Year(s)/ Female	ENEETA	Register On Collection On Report On Printed On	:	27/03/2022 5:38 PM 28/03/2022 12:12 PM	C medall DIAGNOSTICS experts who care
Ref. Dr	: MediWheel		Туре	:	0P	
<u>Investigati</u> LDL Chole	ion esterol (Serum/Calculated)	Observed Value 120.3	<u>Unit</u> mg/dL		Biological Reference Interval Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190	1
M DI Cho	esterol (Serum/Calculated)	20.7	mg/dL		< 30	
	Cholesterol (Serum/Calculated)	141.0	mg/dL		Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220	
2 It is the s	ETATION: 1.Non-HDL Cholesterol sum of all potentially atherogenic p of and is a co-primary target for cho	roteins including LDL,	IDL, VLDL and city	lar ylo		rol.
	lesterol/HDL Cholesterol Ratio	3.6			Optimal: < 3.3 Low Risk: 3.4 - 4.4	

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.6	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)	1.9	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

THYROID PROFILE / TFT T3 (Trilodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay	0.93	ng/ml	0.7 - 2.04	
(CLIA))				

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.

			40 400
T4 (Tyroxine) - Total (Serum/	8.25	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.





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

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	: Mrs. SONIYA D SILUVAI ANTENEETA	Register On	:	26/03/2022 10:27 AM	3
Name PID No.	: MED120924758	Collection On	:	26/03/2022 10:58 AM	
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the second s	: 38 Year(s)/ Female	Printed On	:	28/03/2022 12:12 PM	DIAGNOSTICS experts who care
Ref. Dr	: Med/Wheel	Type	:	OP	

Investigation TSH (Thyroid Stimulating Hormone) (Serun (Chemiluminescent Immunometric Assay	Observed Value m 0.80	<mark>Unit</mark> µIU/mL	Biological Reference Interval 0.35 - 5.50
---	--------------------------	-----------------------------	--

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)

1.TSH reference range during pregnancy depends on lodine intake, TPO status, Serum HCG concentration, race, Ethnicity and

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.

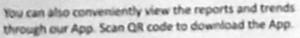
CLINICAL PATHOLOGY

Urine Analysis - Routine. Colour (Urine) Appearance (Urine)	Pale yellow Clear		Yellow to Amber Clear
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Pus Cells (Urine)	1-2	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NI	/hpf	NIL

- End of Report -



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Customer Name	MRS.SONIYA D SILUVAI ANTENEETA	Customer ID	MED120924756
Age & Gender	36Y/FEMALE	Visit Date	26/03/2022
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 in size. A calculus of size 1.6 cm noted in body of gall bladder. Wall thickness appears normal. No pericholecystic inflammatory changes.

- Pancreas: The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.
- Spleen: The spleen is normal.
- **Kidneys:** The right kidney measures 9.1 x 4.5 cm. Normal architecture. The collecting system is not dilated.

The left kidney measures 11.7 x 4.5 cm. Normal architecture. The collecting system is not dilated.

Urinary bladder:

adder: The urinary bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.





Customer Name	MRS.SONIYA D SILUVAI ANTENEETA	Customer ID	MED120924756
Age & Gender	36Y/FEMALE	Visit Date	26/03/2022
Ref Doctor	MediWheel		

Uterus: The uterus is anteverted, and measures 6.5 x 3.5 cm. Myometrial echoes are homogeneous. The endometrium is central and normal measures 3 mm in thickness.

Ovaries: The right ovary measure 3.3 x 2.2 x 2.2 cm. Volume: 8.25 cc. Multiple (10 to 12) small peripheral follicles each measuring less than 5mm with thickened stroma noted in both ovaries. The left ovary measures 3.1 x 2.1 x 1.9 cm. Volume: 5.86 cc No significant mass 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:

Cholelithiasis with no features of cholecystitis.

Polycystic changes right ovary.
 Suggested Clinical & biochemical correlation

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.SONIYA D SILUVAI	Customer ID	MED120924756
	ANTENEETA		
Age & Gender	36Y/FEMALE	Visit Date	26/03/2022
Ref Doctor	MediWheel		1 = 0,00, = 0 = 1

















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Customer Name	MRS.SONIYA D SILUVAI	Customer ID	MED120924756
Age & Gender	ANTENEETA 36Y/FEMALE	Visit Date	26/03/2022
Ref Doctor	MediWheel		

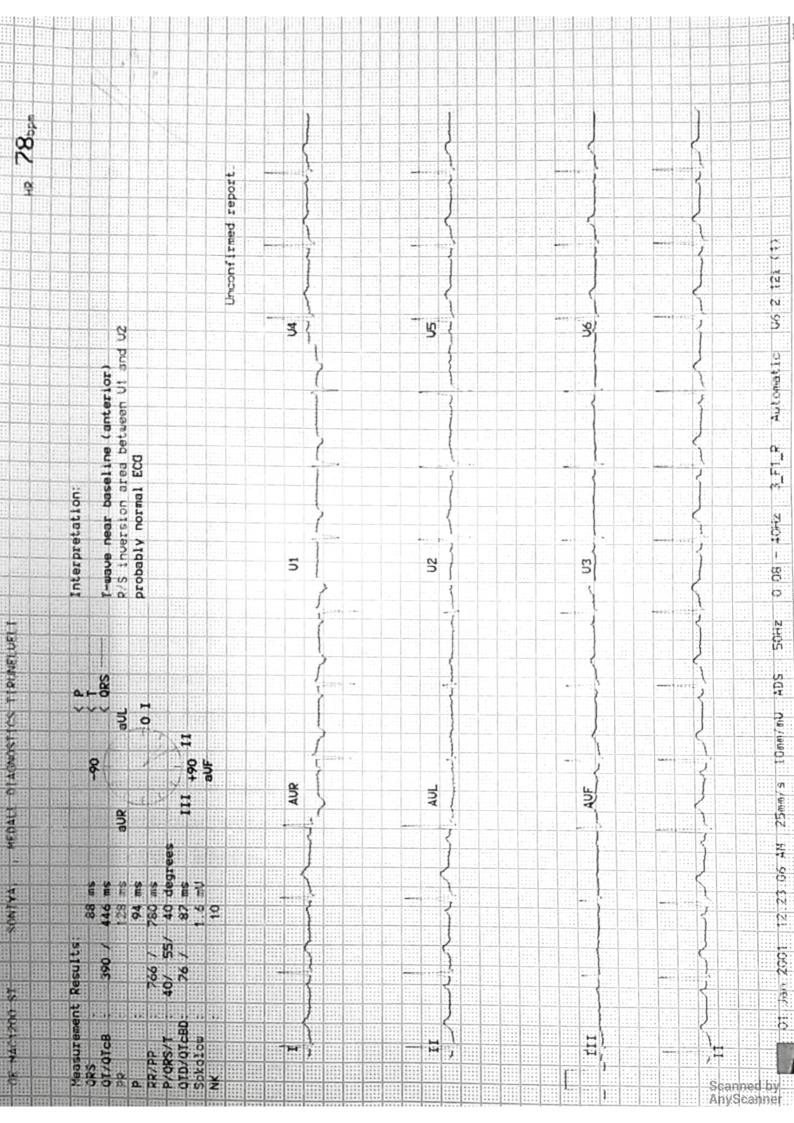














Customer Name	MRS.SONIYA D SILUVAI ANTENEETA	Customer ID	MED120924756
Age & Gender	36Y/FEMALE	Visit Date	26/03/2022
Ref Doctor	MediWheel		

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d	5.0cm
LVID s	2.9cm
EF	73%
IVS d	1.0cm
IVS s	0.8cm
LVPW d	0.5cm
LVPW s	1.2cm
LA	2.9cm
AO	3.0cm
TAPSE	27mm

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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Customer Name	MRS.SONIVA D SHARAS		
Age & Gender	MRS.SONIYA D SILUVAI ANTENEETA 36Y/FEMALE	Customer ID	MED 10000 (mm
Ref Doctor	MediWheel	Visit Date	MED120924756
	- incurwheel		26/03/2022

Doppler:

Mitral valve : E: 1.15m/s A: 0.85m/s E/A Ratio: 1.35 E/E: 11.35

Aortic valve: AV Jet velocity: 1.98 m/s

Tricuspid valve: TV Jet velocity: 2.84 m/s

Pulmonary valve: PV Jet velocity: 1.67 m/s

TRPG: 32.17 mmHg.

IMPRESSION:

- 1. Normal chambers & Valve.
- 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

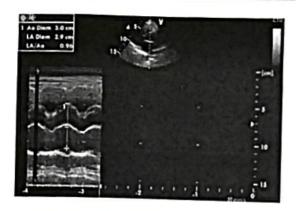


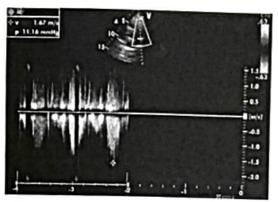
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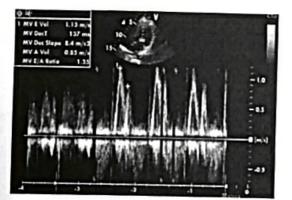


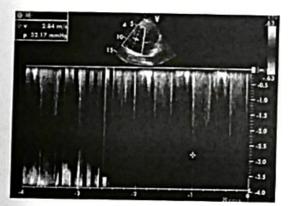
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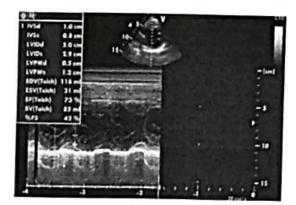
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Age & Gender	36Y/FEMALE	Visit Date	26/03/2022
Ref Doctor	MediWheel		20/03/2022

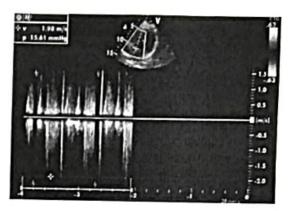


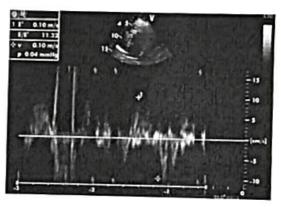


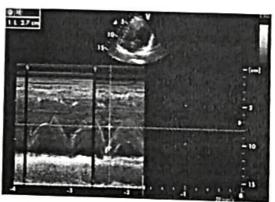












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MEDICAL E	XAMINATION REPORT	
Name Soniya D & Siluva	Anten Gender M/F Dute et 244	
Position Selected For	Identification marks	
HISTORY:	t the following coeditions? (ple	ease tick all that apply)?
1. Do you have, or are you being trea	ited for, any of the following coeditions? (ple	Blood Pressure
Anxiety		Cholesterol
Arthritis	Migra	aine Headaches
Asthama, Bronchitis, Emphysema		sitis or Allergic Rhinitis
Back or spinal problems	(ridy	Fever)
Epilepsy	Any other serious problem for which you are receiving medical attention	
2. List the medications taken Regula		
3. List allergies to any known medic	ations or chemicals	
	ccasional	
	uit(more than 3 years)	
6. Respiratory Function :		Yes No
a. Do you become unusually short of	f breath while walking fast or taking stair - case?	Yes No
b. Do you usually cough a lot first th	ning in morning?	
c. Have you vomited or coughed o		
7. Cardiovascular Function & Physic	cal Activity :	
a. Exercise Type: (Select 1)		
- No Activity	the Standing)	
 Very Light Activity (Seated At De 	urface house cleaning)	
 Very Light Activity (Walking on level s Light Activity (Walking on level s 	dancing weeding)	
o Moderate Activity (Brisk walking	a)	
o Vigrous Activity (Soccer, Runnin	ar then 2 days/week) / Irregular (more than	3 days/ Week)
b. Exercise Frequency: Regular (le	ess than 3 days/ week) / Irregular (more than	Yes No
c. Do you feel pain in chest when e	ngaging in physical activity?	
		Yes No
a Do you have history of hearing in	oubles?	Yes No
b Do you experiences ringing in yo	our ears?	Yes No
De vou experience discharge fro	m your ears?	Yes No
d. Have you ever been diagnosed	with industrial deatness?	
9. Musculo - Skeletal History	Have you ever injured or experienced pain?	Yes No
a. Neck :	If Yes ; approximate date (MM/YYYY)	
b. Back :	Consulted a medical professional ?	Yes No
c. Shoulder, Elbow, Writs, Hands	Resulted in time of work?	Yes No
d. Hips, Knees, Ankles, Legs	Surgery Required ?	Yes No
	Ongoing Problems ?	Yes No

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	10. Function History								
	b. Do you have knee pc. Do you have back p	discomfort when lifting or h ain when squatting or kneeli ain when forwarding or twist difficulty when lifting object	ing ? ting?	Yes No Ye					
	e. Do you have pain when doing any of the following for prolonged periods (Please circle appropriate response)								
	•Walking: Yes No ·Kneeling: Yes No ·Squating: Yes No •Climbing: Yes No ·Sitting: Yes No ·Sitting: Yes No ·Squating: Yes Yes No ·Squating: Yes Yes <td< th=""></td<>								
	g. Do you experience a	nen working with hand tools any difficulty operating mach y operating computer instru	ninery?	Yes					
в.		N_:_							
	a. Height 153 Chest measurements:	b. Weight 773	Blood Pressure b. Expanded	224-83 mmhg Pulus-90					
	Waist Circumference	6	Ear, Nose & Throat	N V					
	Skin	Normal	Respiratory System	1					
	Vision	6	Nervous System						
	Circulatory System	N	Genito- urinary System						
	Gastro-intestinal System	P .	Colour Vision						
	Discuss Particulars of Section B >	r Norm.)							
c.	REMARKS OF PATHOL	OGICAL TESTS :	_						
	Chest X -ray	<u> </u>	ECG	<u> </u>					
	Complete Blood Count		Urine routine	-					
	Serum cholesterol	-	Blood sugar	-					
D.	Blood Group	-	S.Creatinine	~					
υ.	Any further investigations r	equired	Any precautions sugge	sted					
		-		PWS an -O					
E.	FITNESS CERTIFICATION	No							
	Certified that the above n	amed recruit does not a	ppear to be suffering fro	om any disease communicable					
	or otherwise, constitu	utional weakness or							
		I do not conside	er this as disqualification to	or employment in the Company. S					
	Candidate is free	e from Contagious/Cor	mmunicable disease						
	21.03 [2]								
Jate	in the	de la companya de la comp	Dr S MA	Signature of Medical Adviser NIKANDAN M.D.D.M. (Cardio)					
	- Dom	ſ		ELI MEDICAL COLLEGE INSPECTATION					

Eye Examination Report

Candidate Name: Mrs. Soniya D Stluva Antonoota.

Age/Gender: 864/F

Date: 20-03-21

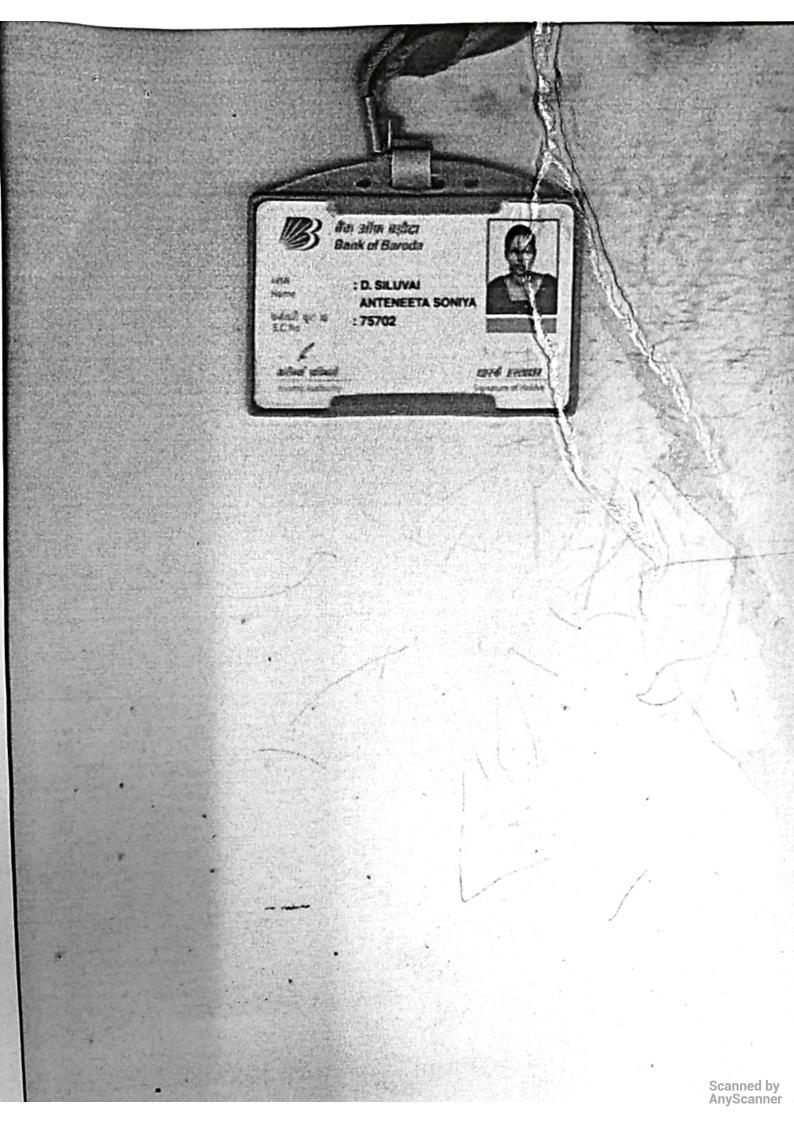
This is to certify that I have examined Mr Ms. Son y D Siluva hereby, his/her visual standards are as follows :

Without Glasses		With Glasses					Color Vision (Normal/Defective)			
R N/N		L	6/6	RN	N	L	67	٤.	Norma	

Doctor Signature:

Doctor Stamp

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





	A STATEMETA	Customer ID	MED120924756
Customer Name	MRS.SONIYA D SILUVAI ANTENEETA		26.03.2022
Age & Gender	36 Y/FEMALE	Visit Date	10.00.1
Ref Doctor	MEDI WHEEL		

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.

Yailler)

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



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