

Name : Mr. MICHAEL DURAI
 PID No. : MED121744750
 SID No. : 623006472
 Age / Sex : 37 Year(s) / Male
 Ref. Dr : MediWheel

Register On : 18/03/2023 9:28 AM
 Collection On : 18/03/2023 9:58 AM
 Report On : 18/03/2023 1:56 PM
 Printed On : 18/03/2023 2:04 PM
 Type : OP



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)	242	10 ³ / μ l	150 - 450
MPV (Blood/Derived from Impedance)	09.09	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	29	mm/hr	< 15

BIOCHEMISTRY

BUN / Creatinine Ratio	10.1		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	84.7	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) 99.2 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) 13.4 mg/dL 7.0 - 21

Creatinine (Serum/Modified Jaffe) 1.32 mg/dL 0.9 - 1.3

Uric Acid (Serum/Enzymatic) 3.6 mg/dL 3.5 - 7.2

Liver Function Test

Bilirubin(Total) (Serum) 0.72 mg/dL 0.1 - 1.2

Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) 0.25 mg/dL 0.0 - 0.3

Bilirubin(Indirect) (Serum/Derived) 0.47 mg/dL 0.1 - 1.0

SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC) 20.9 U/L 5 - 40

SGPT/ALT (Alanine Aminotransferase) (Serum) 12.5 U/L 5 - 41

GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic) 11.6 U/L < 55

revised



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

The results pertain to sample tested.

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	70.6	U/L	53 - 128
Total Protein (Serum/Biuret)	7.02	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.95	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.07	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.29		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	151.2	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	70.4	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)	44.3	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	92.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	14.1	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	106.9	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

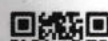
INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.4		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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/Ion exchange HPLC by D10)	5.7	%	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) 116.89 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))	1.31	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))	10.86	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.



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	2.91	µIU/mL	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)

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)	Clear		Clear
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Pus Cells (Urine)	1-2	/hpf	NIL
Epithelial Cells (Urine)	2-3	/hpf	NIL
RBCs (Urine)	NIL	/hpf	NIL

-- End of Report --

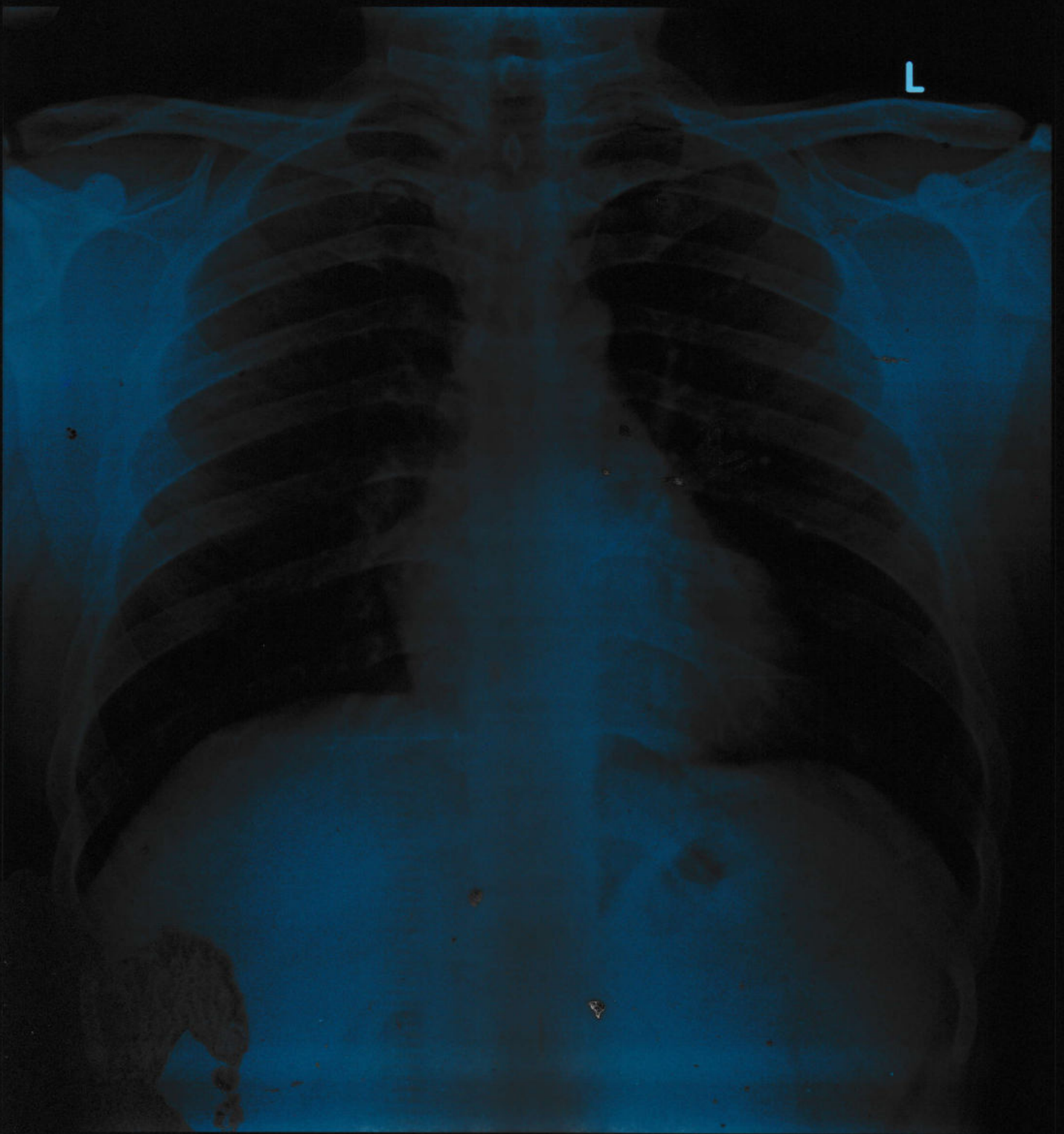


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MICHAEL DURAI 37 M MED121744750 TEN88803163844 M RT 3/18/2023

MEDALL DIAGNOSTICS

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Age & Gender	37Y/MALE	Visit Date	18/03/2023
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Thanks for your reference

DIGITAL X- RAY CHEST PA VIEW

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

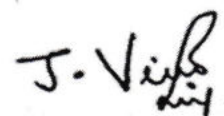
Costo and cardiophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

❖ **NO SIGNIFICANT ABNORMALITY DEMONSTRATED.**



DR. J. VINOLIN NIVETHA, M.D.R.D.,
Consultant Radiologist.
Reg. No: 115999.



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Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.5 cm
 LVID s ... 2.6 cm
 EF ... 73 %
 IVS d ... 0.9 cm
 IVS s ... 1.2 cm
 LVPW d ... 0.8 cm
 LVPW s ... 0.9 cm
 LA ... 2.7 cm
 AO ... 3.4 cm
 TAPSE ... 23mm
 IVC ... 0.7cm

Left ventricle , Left atrium normal.

Right ventricle, Right atrium normal.

No regional wall motion abnormality present.

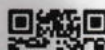
Mitral valve, Aortic valve, Tricuspid valve & Pulmonary valve normal.

Aorta normal.

Inter atrial septum intact.

Inter ventricular septum intact.

No pericardial effusion .



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Doppler:

Mitral valve : E: 0.80 m/s A: 0.62m/s
E/A Ratio:1.28 E/E: 9.72

Aortic valve: AV Jet velocity: 1.54 m/s

Tricuspid valve: TV Jet velocity: 2.38 m/s

TRPG: 22.70mmHg.

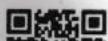
Pulmonary valve: PV Jet velocity: 1.42 m/s

IMPRESSION:

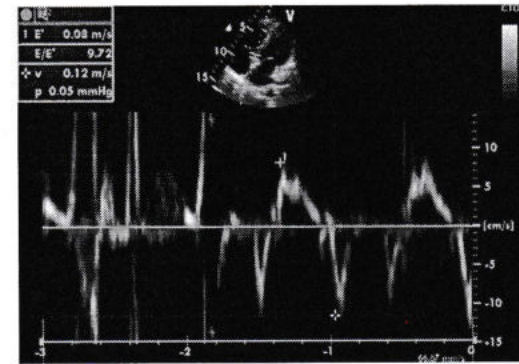
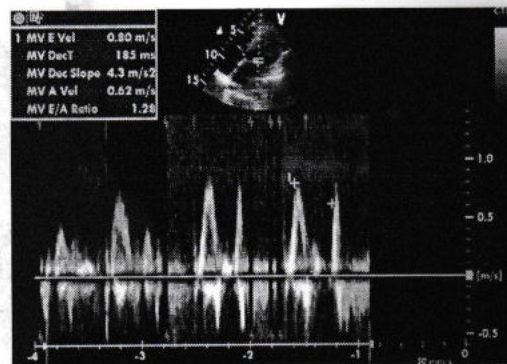
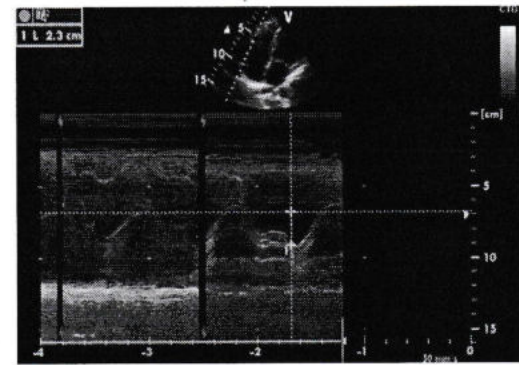
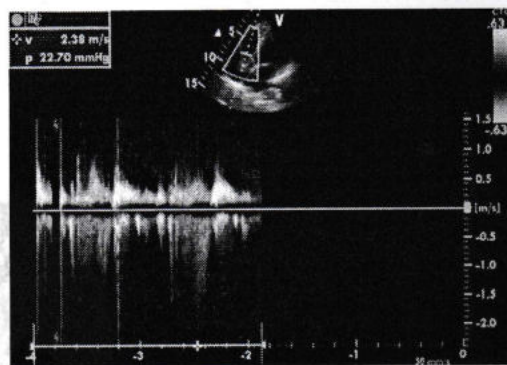
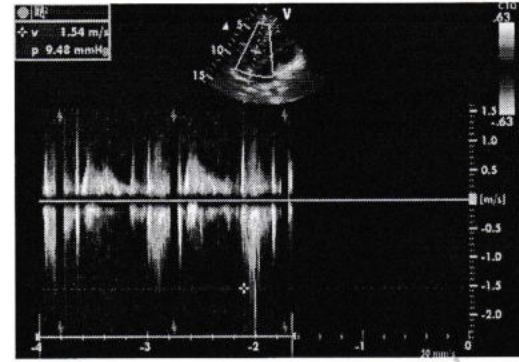
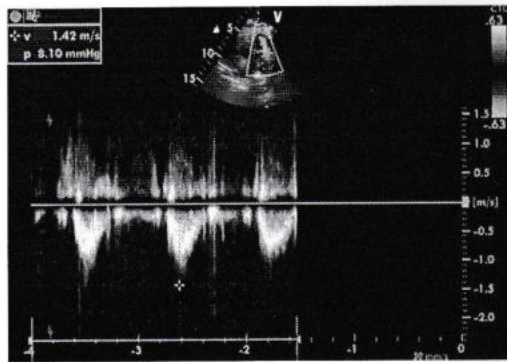
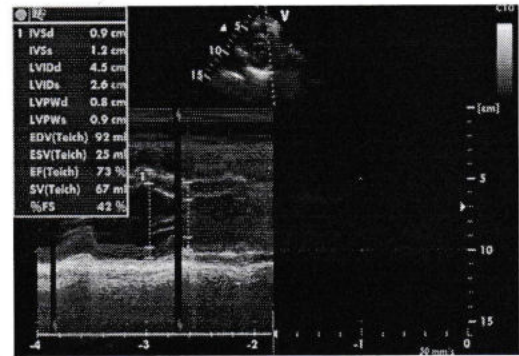
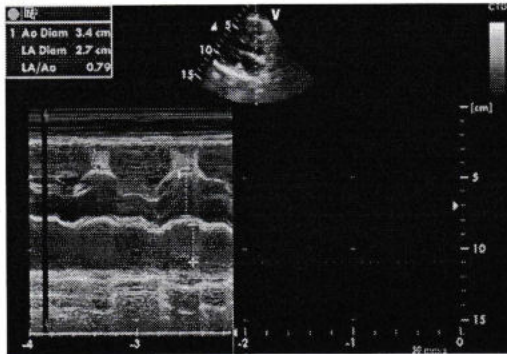
1. Normal chambers & Valves.
2. No regional wall motion abnormality present.
3. Normal LV systolic function.
4. Pericardial effusion - Nil.
5. No pulmonary artery hypertension.



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



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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 is obscured by bowel gas.

Spleen: The spleen is normal.

Kidneys: The right kidney measures 10.3 x 4.6 cm. Normal architecture. The collecting system is not dilated.

The left kidney measures 9.8 x 5.0 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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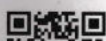
Prostate: The prostate measures 3.5 x 3.5 x 3.2 cm and is normal sized.
Corresponds to a weight of about 21.75 gms.
The echotexture is homogeneous.
The seminal vesicles are normal.

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.

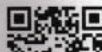
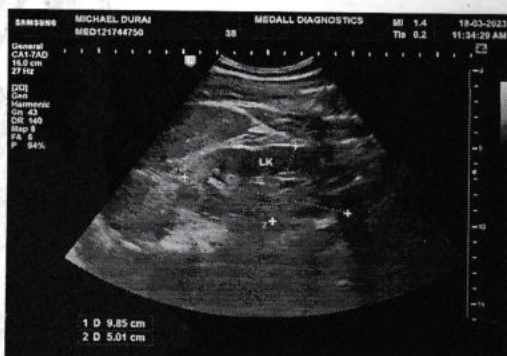
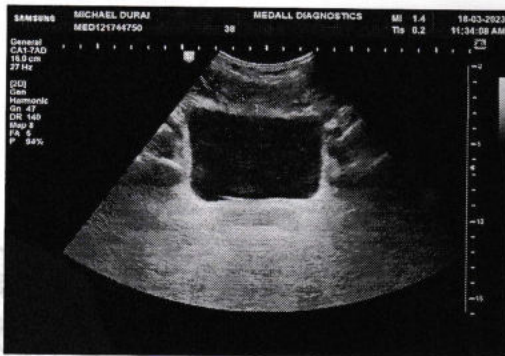
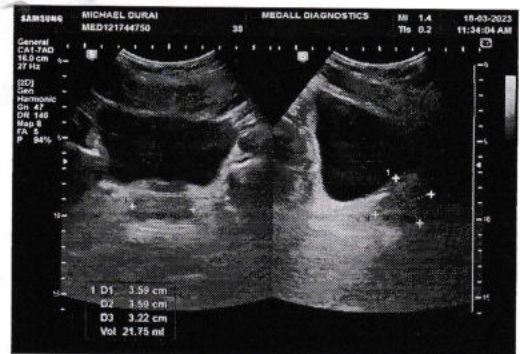
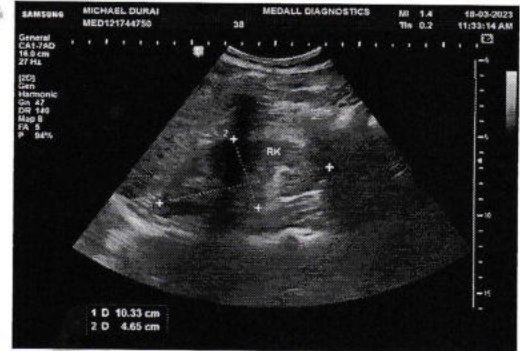
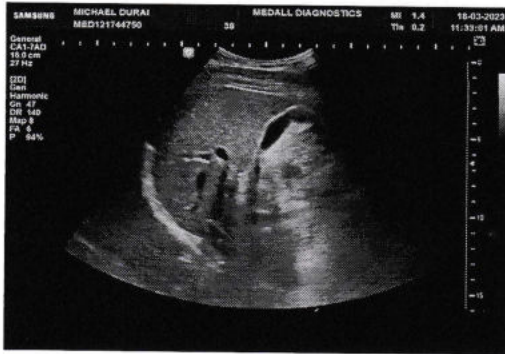
IMPRESSION :

➤ **No significant abnormality.**


DR. J. VINOLIN NIVETHA, M.D.R.D.,
Consultant Radiologist
Reg. No: 115999



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Ref Doctor	MediWheel		



MEDICAL EXAMINATION REPORT

Name Michael Owen Gender M / F Date of Birth 29.6.1985

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)
- 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 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

Height 158.6 Weight 63.6 Blood Pressure 116 / 68 mmhg

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

Handwritten notes: Chest - 95, Hip - 87, Pulse - 82

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 : 20-3-23

Signature of Medical Adviser

Dr. S. MANIKANDAN, M.D., D.M., (Cardio)
Reg. No: 61785, Consultant Cardiologist



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.



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Dr. Umesh Krishna
Dr. Vaishnavi M.
Dr. Vamsi K.
Dr. Vidhya N.
Dr. Vijay Kumar S.
Dr. Visalatchi
Vishnu Kuppusamy Pounraju


Date: 18/3/22

Eye Fitness Certificate

This is to certify that Mr/Mrs/Ms Michael durai, Age 37,

Male/Female, our MRNO 13026624

	OD	OS
Visual Acuity	2.00/-0.750 x 90° 6/6	1.75/0.750 x 70° 6/6
Near Vision	N6	N6
Colour Vision	Normal	Normal
B.S.V	Normal	Normal
Central Fields	Normal	Normal
Anterior Segment	Normal	Normal
Fundus	Normal	Normal


Medical Consultant,
The Eye Foundation,
Tirunelveli.

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