

**MEDICAL EXAMINATION REPORT (MER)**

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. <u>U.M. krish sathi</u>
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	<u>16.09.1990</u> Gender: <u>F/M</u>
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

**PHYSICAL DETAILS:**

a. Height <u>154</u> (cms)	b. Weight <u>49</u> (Kgs)	c. Girth of Abdomen <u>77</u> (cms)
d. Pulse Rate <u>70</u> (/Min)	e. Blood Pressure:	Systolic <u>100</u> Diastolic <u>60</u>
	1 <sup>st</sup> Reading	
	2 <sup>nd</sup> Reading	

**FAMILY HISTORY:**

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father		/ NS	
Mother			
Brother(s)			
Sister(s)			

**HABITS & ADDICTIONS:** Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
—	—	—

**PERSONAL HISTORY**

- a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. Hypothy Y/N
- b. Have you undergone/been advised any surgical procedure? Y/N
- c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? Y/N
- d. Have you lost or gained weight in past 12 months? Y/N

**Have you ever suffered from any of the following?**

- Psychological Disorders or any kind of disorders of the Nervous System? Y/N
- Any disorders of Respiratory system? Y/N
- Any Cardiac or Circulatory Disorders? Y/N
- Enlarged glands or any form of Cancer/Tumour? Y/N
- Any Musculoskeletal disorder? Y/N
- Any disorder of Gastrointestinal System? Y/N
- Unexplained recurrent or persistent fever, and/or weight loss Y/N
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports Y/N
- Are you presently taking medication of any kind? Thyrom Y/N

• Any disorders of Urinary System?

Y/N

• Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin

Y/N

**FOR FEMALE CANDIDATES ONLY**

a. Is there any history of diseases of breast/genital organs?

PCOD

Y/N

d. Do you have any history of miscarriage/abortion or MTP

Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)

Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries?

Y/N

f. Are you now pregnant? If yes, how many months?

Y/N

**CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER**

➤ Was the examinee co-operative?

Y/N

➤ Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job?

Y/N

➤ Are there any points on which you suggest further information be obtained?

Y/N

➤ Based on your clinical impression, please provide your suggestions and recommendations below;

Medical consult

➤ Do you think he/she is MEDICALLY FIT or UNFIT for employment.

FIT

**MEDICAL EXAMINER'S DECLARATION**

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

*[Signature]*

Seal of Medical Examiner :

Dr. GEORGE THOMAS  
MD, FCSI, FIAE  
MEDICAL EXAMINER  
Reg: 88614

Name & Seal of DDRC SRL Branch :

Date & Time :

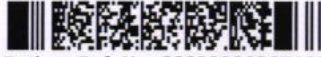


27/03/2023

**DDRC SRL Diagnostics Limited**

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036  
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.



Patient Ref. No. 66600003871906

CLIENT CODE : CA00010147 - MEDIWHEEL  
 CLIENT'S NAME AND ADDRESS:

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
 F701A, LADO SARAI, NEW DELHI,  
 SOUTH DELHI, DELHI,  
 SOUTH DELHI 110030  
 DELHI INDIA  
 8800465156

DDRC SRL DIAGNOSTICS  
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 PANAMPALLY NAGAR, 682036  
 KERALA, INDIA  
 Tel : 93334 93334  
 Email : customercare.ddrc@srl.in

PATIENT NAME : KRISH SAKTHI

PATIENT ID : KRISF3009924107

ACCESSION NO : 4126WC008888 AGE : 32 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 25/03/2023 09:13

REPORTED : 25/03/2023 17:28

REFERRING DOCTOR : DR. MEDIWHEEL

CLIENT PATIENT ID :

Test Report Status	Results	Biological Reference Interval	Units
Preliminary			

**MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT****TREADMILL TEST**

TREADMILL TEST

TEST NOT DONE



DDRC SRL  
 Diagnostic Services



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**MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT****BLOOD UREA NITROGEN (BUN), SERUM**

BLOOD UREA NITROGEN	8	Adult(<60 yrs) : 6 to 20	mg/dL
METHOD : UREASE - UV			

**BUN/CREAT RATIO**

BUN/CREAT RATIO	11.59		
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**CREATININE, SERUM**

CREATININE	0.69	18 - 60 yrs : 0.6 - 1.1	mg/dL
METHOD : JAFFE KINETIC METHOD			

**GLUCOSE, POST-PRANDIAL, PLASMA**

RESULT PENDING

**GLUCOSE FASTING, FLUORIDE PLASMA**

GLUCOSE, FASTING, PLASMA	72	Diabetes Mellitus : > or = 126. Impaired fasting Glucose/ Prediabetes : 101 - 125. Hypoglycemia : < 55.	mg/dL
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**GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD**

GLYCOSYLATED HEMOGLOBIN (HBA1C)	4.8	Normal : 4.0 - 5.6%. Non-diabetic level : < 5.7%. Diabetic : >6.5%	%
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 Glycemic control goal  
 More stringent goal : < 6.5%.  
 General goal : < 7%.  
 Less stringent goal : < 8%.
**Glycemic targets in CKD :-**
 If eGFR > 60 : < 7%.  
 If eGFR < 60 : 7 - 8.5%.

MEAN PLASMA GLUCOSE	91.1	< 116.0	mg/dL
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**LIPID PROFILE, SERUM**

CHOLESTEROL	203	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
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TRIGLYCERIDES	174	High Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
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HDL CHOLESTEROL	65	General range : 40-60	mg/dL
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DIRECT LDL CHOLESTEROL	118	Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	138	High Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
VERY LOW DENSITY LIPOPROTEIN	34.8	Desirable value : 10 - 35	mg/dL
CHOL/HDL RATIO	3.1	Low 3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO	1.8	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
<b>LIVER FUNCTION TEST WITH GGT</b>			
BILIRUBIN, TOTAL	0.79	General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.10	General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	0.69	High 0.00 - 0.60	mg/dL
TOTAL PROTEIN	6.8	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.1	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.7	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO	1.5	1.00 - 2.00	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24	Adults : < 33	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	9	Adults : < 34	U/L
ALKALINE PHOSPHATASE	59	Adult (<60yrs) : 35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	8	Adult (female) : < 40	U/L
<b>TOTAL PROTEIN, SERUM</b>			
TOTAL PROTEIN	6.8	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
<b>URIC ACID, SERUM</b>			

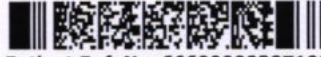


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URIC ACID		4.5	mg/dL
Adults : 2.4-5.7			
<b>ABO GROUP &amp; RH TYPE, EDTA WHOLE BLOOD</b>			
ABO GROUP		TYPE B	
RH TYPE		POSITIVE	
<b>BLOOD COUNTS, EDTA WHOLE BLOOD</b>			
HEMOGLOBIN	11.9	Low 12.0 - 15.0	g/dL
RED BLOOD CELL COUNT	4.18	3.8 - 4.8	mil/ $\mu$ L
WHITE BLOOD CELL COUNT	5.75	4.0 - 10.0	thou/ $\mu$ L
PLATELET COUNT	267	150 - 410	thou/ $\mu$ L
<b>RBC AND PLATELET INDICES</b>			
HEMATOCRIT	35.4	Low 36 - 46	%
MEAN CORPUSCULAR VOL	84.7	83 - 101	fL
MEAN CORPUSCULAR HGB.	28.4	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.6	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	13.4	12.0 - 18.0	%
MENTZER INDEX	20.3		
MEAN PLATELET VOLUME	8.4	6.8 - 10.9	fL
<b>WBC DIFFERENTIAL COUNT</b>			
SEGMENTED NEUTROPHILS	58	40 - 80	%
LYMPHOCYTES	37	20 - 40	%
MONOCYTES	4	2 - 10	%
EOSINOPHILS	1	1 - 6	%
BASOPHILS	0	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT	3.34	2.0 - 7.0	thou/ $\mu$ L
ABSOLUTE LYMPHOCYTE COUNT	2.13	1 - 3	thou/ $\mu$ L
ABSOLUTE MONOCYTE COUNT	0.23	0.20 - 1.00	thou/ $\mu$ L
ABSOLUTE EOSINOPHIL COUNT	0.06	0.02 - 0.50	thou/ $\mu$ L
ABSOLUTE BASOPHIL COUNT	0.00	0.00 - 0.10	thou/ $\mu$ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.6		
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD</b>			
SEDIMENTATION RATE (ESR)	15	0 - 20	mm at 1 hr
<b>SUGAR URINE - POST PRANDIAL</b>		RESULT PENDING	

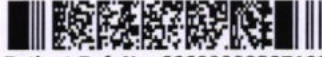


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## THYROID PANEL, SERUM

T3	124.50	Non-Pregnant Women 80.0 - 200.0 Pregnant Women 1st Trimester: 105.0 - 230.0 2nd Trimester: 129.0 - 262.0 3rd Trimester: 135.0 - 262.0	ng/dL
T4	13.82	Non-Pregnant Women 5.10 - 14.10 Pregnant Women 1st Trimester: 7.33 - 14.80 2nd Trimester: 7.93 - 16.10 3rd Trimester: 6.95 - 15.70	µg/dl
TSH 3RD GENERATION	27.220	High Non-Pregnant : 0.4-4.2 Pregnant Trimester-wise : 1st : 0.1 - 2.5 2nd : 0.2 - 3 3rd : 0.3 - 3	µIU/mL

## Comments

Kindly correlate clinically.  
 Kindly contact lab within 24 hrs if clinically not correlated.  
 Repeat estimation recommended on fresh sample within 24 hours if clinically not correlated

PHYSICAL EXAMINATION, URINE	RESULT PENDING
CHEMICAL EXAMINATION, URINE	RESULT PENDING
MICROSCOPIC EXAMINATION, URINE	RESULT PENDING
SUGAR URINE - FASTING	RESULT PENDING
PHYSICAL EXAMINATION, STOOL	RESULT PENDING
CHEMICAL EXAMINATION, STOOL	RESULT PENDING
MICROSCOPIC EXAMINATION, STOOL	RESULT PENDING



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Test Report Status **Preliminary**

Results

Units

**MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT****ECG WITH REPORT****REPORT**

TEST COMPLETED

**USG ABDOMEN AND PELVIS****REPORT**

TEST NOT DONE

**CHEST X-RAY WITH REPORT****REPORT**

TEST COMPLETED

**\*\*End Of Report\*\***Please visit [www.ddrcsrl.com](http://www.ddrcsrl.com) for related Test Information for this accession

DR.HARI SHANKAR, MBBS MD  
 (Reg No - TCMC:62092)  
 HEAD - Biochemistry &  
 Immunology

DR.VIJAY K N, MBBS MD(PATH)  
 (Reg No - KMC:91816)  
 HEAD-HAEMATOLOGY &  
 CLINICAL PATHOLOGY

DR.SMITHA PAULSON, MD  
 (PATH), DPB  
 (Reg No - TCMC:35960)  
 LAB DIRECTOR & HEAD-  
 HISTOPATHOLOGY &  
 CYTOLOGY



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 **बैंक ऑफ़ बड़ोदा**  
**Bank of Baroda**

नाम/ Name : **U. M. Krish Sakthi**

पदनाम/ Designation : **Business Associate**

धारक के हस्ताक्षर/ Signature of Holder :  


05 Jan 2022  
घारी करने की तारीख  
Date of Issue

  
क्षेत्रीय प्रमुख  
Regional Head

ए.सी. नं. 112068  
E.C. No.



*h/s-letl*



From

U.M. Krish Sakthi &amp; Dr. Vivek Lakshmanan

25.03.2023

TO

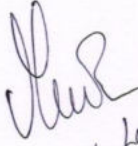
The Authorized person, DDRC

Dear Sir,

We would like to do only Blood Investigation & x-ray.  
We are not opting to do the other tests which are  
included in the package. kindly do the needful and send  
the reports to our email id's Sakthi161@gmail.com &  
Vivekdr@yahoo.com

Thanking you.

Ksaktk.  
KRISH SAKTHI.

  
Dr. Vivek Lakshmanan.  
25/3/2023.



NAME: MRS KRISH SAKTHI	STUDY DATE 25/03/2023
AGE / SEX : 32 YRS / F	REPORTING DATE 25/03/2023
REFERRED BY :MEDIWHEEL	ACC NO : 4126WC008888

**X - RAY - CHEST PA VIEW**

- Both the lung fields are clear.
- B/L hila and mediastinal shadows are normal.
- Cardiac silhouette appears normal.
- Cardio - thoracic ratio is normal.
- Bilateral CP angles and domes of diaphragm appear normal.

**IMPRESSION: NORMAL STUDY**

Kindly correlate clinically

*Navneet*

**Dr. NAVNEET KAUR, MBBS,MD**  
**Consultant Radiologist.**

