



Balaji Medical Centre

An ISO 9001:2015 Accredited Organization
info@balajimedicalcentre.com, dr@balajimedicalcentre.com



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
TUTICORIN : Plot No.51, Door No.20/10, Roche Colony, South Beach Road, Tuticorin - 628 001.INDIA ☎: 0461-2332719 / 20
KOCHI : No.66/2345A, Veekshnam Road, Ernakulam, Kochi-682018 . INDIA ☎: 0484-2395006 / 07 / 08
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.

REG. NO: MA23030000254

DATE: 25/03/2023

MEDICAL FITNESS CERTIFICATE

This is to certify that I have examined **Ms. NEETU(32/F)**

Who is found to be Medically **FIT**.

She is not found to be suffering from any contagious Disease or Ailment.

Dietary Counseling was provided from our end.

She is **FIT** to perform her duty.

Dr. VIDYA KUMARI
Reg.No. 10306
DGS Approval No. KA/MG/08/2022

“HEALTHIER MARINERS TOWARDS A WEALTHIER NATION”



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PHYSICAL EXAMINATION

Date Of Exam : 25/03/2023 Reg. No:MA23030000254
Name : Ms. NEETU (32/Female)
Type Of Exam : Physical
Reference : Apollo Health and Lifestyle Limited

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

Temperature	:	36.5C
Blood Pressure	:	110/60mmHg
Pulse	:	96/mt
Respiration Rate	:	17/mt
Waist (cm)	:	80Cms
Height	:	154Cms
Weight	:	69.4Kgs
BMI	:	29.3kg/m ²

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Name: Ms. NEETU
Date: 25/03/2023
Ref : Dr. A.H. Balaji

Reg. No :MA23030000254

OPHTHALMIC REPORT

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

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LABORATORY REPORT

DATE : 25/03/2023 REG. NO : MA23030000254
NAME : Ms. NEETU
AGE : 32YRS SEX : Female
REF BY : DR.A.H.BALAJI

COMPLETE BLOOD COUNT (CBC)

INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
ERYTHROCYTE (RBC) COUNT	4.6	mill/cu.mm	4.7-6.0
HAEMOGLOBIN (Hb)	12.3	gm/dl	13.5-18
PCV (PACKED CELL VOLUME)	36.9	%	42-52
MCV (MEAN CORPUSCULAR VOLUME)	78.4	fl	78-100
MCH (MEAN CORPUSCULAR HAEMOGLOBIN)	30.5	pg	27-31
MCHC (MEAN CORPUSCULAR Hb CONCN.)	35.6	g/dl	32-36
RDW (RED CELL DISTRIBUTION WIDTH)	12.7	%	11.5-14.0
TOTAL LEUCOCYTES (WBC) COUNT	7200	Cells /cu.mm	4000-10500
ABSOLUTE NEUTROPHILS COUNT	4000	/c.mm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT	2400	/c.mm	1000-3000
ABSOLUTE MONOCYTE COUNT	520	/c.mm	200-1000
ABSOLUTE EOSINOPHIL COUNT	210	/c.mm	20-500
ABSOLUTE BASOPHIL COUNT	60	/c.mm	20-100
NEUTROPHILS	57.0	%	40-80
LYMPHOCYTES	34.0	%	20-40
MONOCYTES	5.0	%	2-10
EOSINOPHILS	3.0	%	1-6
BASOPHILS	1.0	%	0-2
PLATELET COUNT	2.6	10 ³ /μl	150-450
MPV (MEAN PLATELET VOLUME)	6.7	fL	6-9.5
PCT (PLATELET HAEMATOCRIT)	0.2	%	0.2-0.5
PDW (PLATELET DISTRIBUTION WIDTH)	15.3	%	9-17

Dr. MDVA KUMARI
695 No. 10306
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DATE : 25/03/2023 REG. NO : MA23030000254
NAME : Ms. NEETU
AGE : 32YRS SEX : Female
REF BY : DR.A.H.BALAJI

ROUTINE EXAMINATION URINE

INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
<u>GENERAL EXAMINATION:</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	CLEAR		CLEAR
REACTION (pH)	5.5		4.5 - 8
SPECIFIC GRAVITY	1.025		1.010 - 1.030
<u>CHEMICAL EXAMINATION (AUTOMATED DIPSTICK METHOD):</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
RED BLOOD CELLS	NIL	/hpf	0 - 2
PUS CELLS (WBCs)	2-4	/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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Date : 25/03/2023 Reg. No : MA23030000254
Name : Ms. NEETU
Age : 32Yrs 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 westergrens (for manual testing)).


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Name : Ms. NEETU
Age : 32Yrs Sex : Female
Ref By : DR.A.H.BALAJI

BIOCHEMISTRY

<u>Investigation</u>	<u>Observed value</u>	<u>unit</u>	<u>biological reference interval</u>
HbA1C-Glycated Haemoglobin (HPLC)	4.5	%	non-diabetic: <= 5.6 pre-diabetic: 5.7-6.4 Diabetic : >= 6.5
Estimated Average glucose (e AG)	82.45	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 HbA1C are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anemia (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 haemoglobinopathies in HbA1c estimation.
 - for HbF >25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring Diabetic status.
 - Heterozygous 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 glycaemic control.
Excellent control-6 to 7%, fair to good control -7 to 8%, unsatisfactory control -8 to 10% and poor control -More than 10%

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Name : Ms. NEETU
Age : 32Yrs Sex : Female
Reference : Apollo Health and Lifestyle Limited
Ref By : DR. A.H. BALAJI

<u>Tests</u>	<u>Value/Results</u>	<u>Units</u>	<u>Reference Interval</u>
<u>BIO-CHEMISTRY</u>			
Blood Sugar (F)	: 97	mg/dl	70-110
Blood Sugar (PPBS)	: 128	mg/dl	120-140


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Name : Ms. NEETU

Age : 32 yrs Sex : Female

Reference : Apollo Health and Lifestyle Limited

Ref By : DR. A.H. BALAJI

LIVER FUNCTION TEST

TEST	PATIENT'S VALUES	UNITS	NORMAL RANGE	
			FROM	TO
Serum Bilirubin (Total)	0.6	mg/dl	0.1	1.2
Serum Bilirubin (Direct)	0.1	mg/dl	-	<0.3
Serum Bilirubin (Indirect)	0.5	mg/dl	0.1	1
S. Alkaline Phosphatas	59.0	U/L	-	<150
Serum Gamma G.T.	15.0	U/L	4	40
Serum G. P. T.	27.0	U/L	10	40
Serum G. O. T.	24.0	U/L	10	42
Serum Total Proteins	7.4	gm/dl	6.0	7.8
Albumin	4.0	gm/dl	3.5	5.0
Globulin	3.4	gm/dl	2.6	3.5
Albumin: Globulin Ratio	1.1	-	-	-

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Reference : APOLLO HEALTH AND LIFESTYLE LIMITED
Ref By : DR.A.H. BALAJI

Test Name	Result	Units	Ref.Interval
LIPID SCREEN, SERUM (Spectrophotometry)			
Cholesterol	224.00	mg/dL	(<200.00)
Triglycerides	145.00	mg/dL	(<150.00)
HDL Cholesterol	37.1	mg/dL	(<40.00)
LDL Cholesterol, Calculated	92.6	mg/dL	(<100.00)
VLDL Cholesterol, Calculated	29.0	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. NEETU (32/Female)
Reference : Apollo Health and Lifestyle Ltd
Ref. By : DR.A.H.BALAJI
Reported On : 25/03/2023

<u>TEST</u>	<u>Value/Results</u>	<u>Units</u>	<u>REFERENCE INTERVAL</u>
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RENAL FUNCTION TEST

Urea	:	20	mg/dL	15-40
Creatinine	:	0.8	mg/dL	0.2-1.2
BUN	:	9	mg/dL	6-21
Blood Uric Acid	:	5.4	mg/dL	4.7-6.1


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LABORATORY REPORT

Reg. No : MA23030000254 Date : 25/03/2023
Name : Ms. NEETU
Age : 32yrs Sex : Female
Ref By : DR.A.H. BALAJI

Test Name	Result	Units	Ref.Range
THYROID PROFILE, TOTAL, SERUM (CLIA)			
T3, Total	108.0	ng/dl	(70-204)
T4, Total	9.08	ug/dL	(5.0-12.5)
TSH	2.40	uIU/ml	(0.45-4.5)

Reference Range for pregnancy:

TSH	REFERENCE RANGE IN Uiu/mL
Pregnancy	
1 st Trimester	0.30-4.50
2 nd Trimester	0.50-4.60
3 rd Trimester	0.80-5.20

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


Dr. VIDYA KUMARI
Reg.No. 10306
DGS Approval No. KA/MG/08/2022

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No.38, Manikodi Srinivasan Nagar Main Road, Rajiv Gandhi Salai, Perungudi, Chennai-600 096. INDIA ☎: 044-29865513 / 14
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LABORATORY REPORT

Reg. No : MA23030000254 Date: 25/03/2023

Name : Ms. NEETU
Sex: Female

Age : 32Yrs

Reference : Apollo Health and Lifestyle Limited

Ref By : DR. A.H. BALAJI

HAEMATOLOGY

Blood Group & Rh Type : "B" POSITIVE

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Date: 25/03/2023

Reg. No : MA23030000254

TO WHOMSOEVER IT MAY CONCERN

This is to certify that I have examined **Ms. NEETU (32/F)**

for her Dental condition.

No dental issues, Her Dental condition and oral hygiene are good.


Dr. S. Naresh
BDS
Reg. No.: 11291

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DIGITAL RADIOGRAPH – CHEST PA- VIEW

Date : 25/03/2023 Reg. No : MA23030000254
Name : Ms. NEETU
Age : 32yrs
Sex : Female
Ref By : DR.A.H.BALAJI

The cardio mediastinal 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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ECG REPORT

Date : 25/03/2023 Reg. No : MA23030000254
Name : Ms. NEETU
Age : 32yrs
Sex : Female
Ref By : DR. A. H. BALAJI
Impression : Normal Sinus Rhythm.


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NAME : Ms. NEETU AGE : 32YRS /F

STUDY DATE : 25/03/2023 ID.NO : MA23030000254

PNDT. REG. NO : 06/2018-19 REF. BY : APOLLO

USG COMPLETE ABDOMEN

LIVER:

Is Normal in size. Hepatic Parenchyma is intrinsically normal.
No focal lesion seen in liver.
IHBR and CBD are normal in caliber. Portal vein is normal

Gall Bladder:

Is well distended and is normal. No calculus seen. No abnormal wall thickening.

Pancreas:

The head, tail and body of the pancreas are normal. No dilatation of pancreatic duct.

Spleen:

Is normal in size. No focal parenchymal lesions.

RT. Kidneys measures 9.4x4.2cms, normal in size.
Cortico medullary differentiation is maintained.
No calculus noted. Pelvicalyceal system is normal.

LT. Kidneys measures 9.2x4.0cms, normal in size.
Cortico medullary differentiation is maintained.
No calculus noted. Pelvicalyceal system is normal.

Urinary Bladder:

Is well distended and normal. No abnormal wall thickening.
No intraluminal echoes/calculus.

No free fluid in abdomen.

No evidence of any significant lymphadenopathy seen.

Impression:

Normal Study of Liver, Gall bladder, Spleen, Pancreas, Right kidney, Left kidney, Urinary bladder.


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Reg.No. 10306
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भारत सरकार
Government of India



नीतू
Neetu
जन्म तिथि/DOB: 01/01/1991
महिला/ FEMALE



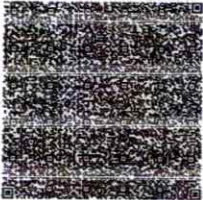
4617 4678 5967

VID: 9139 4372 7842 6353

मेरा आधार, मेरी पहचान

VID: 9139 4372 7842 6353
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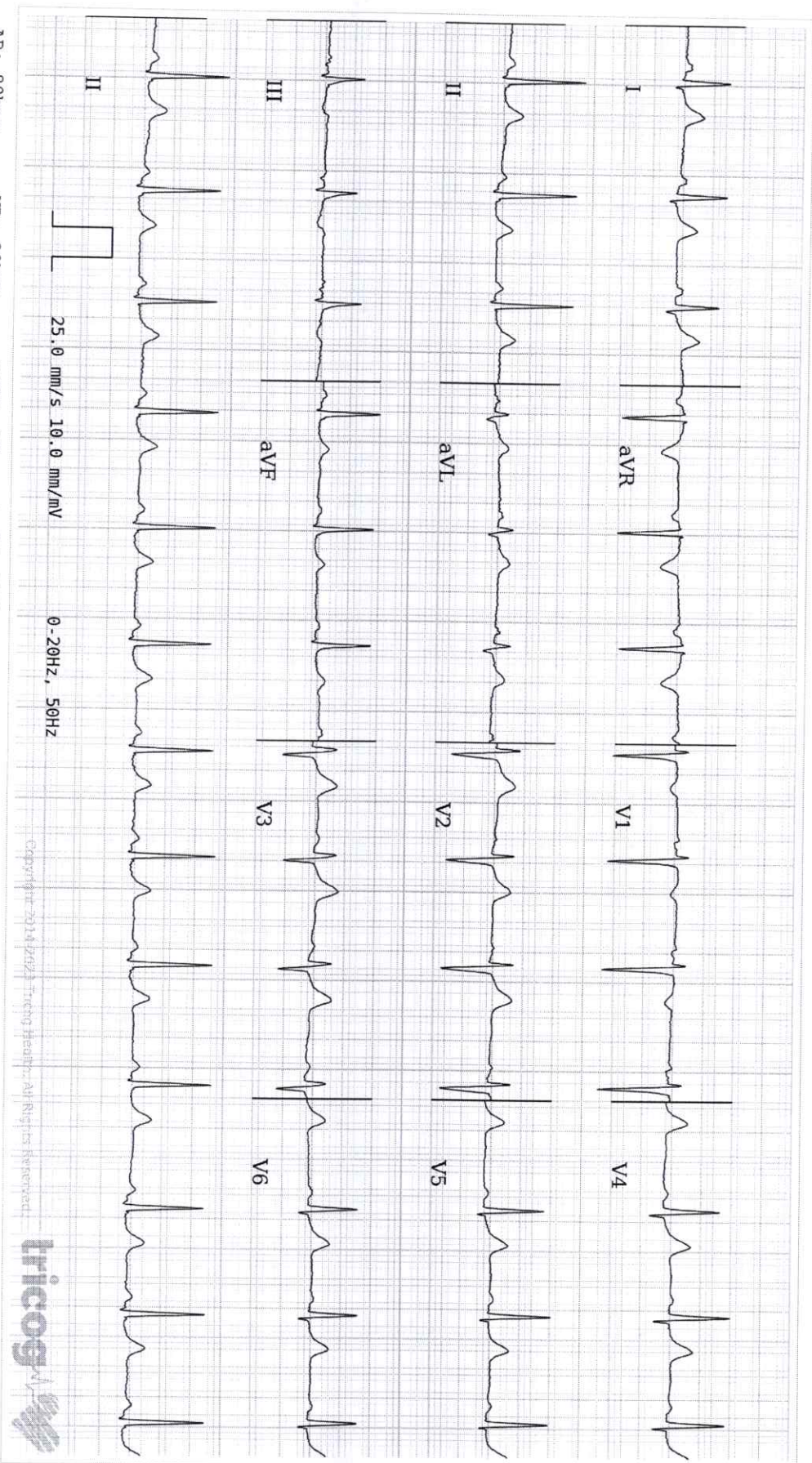


पता: चन्दा कुमार, मोहाला-बंकपुर, पटवा, पटना, बिहार - 803201

W/O: Chandan Kumar, Mohalla-Bankipur
Gorahi, Post-Fatuha, Thana-Fatuha,
Fatwah, Patna,
Bihar - 803201

Unique Identification Authority of India

Neetu



ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

REPORTED BY



Balaji Medical Centre Mangalore

Address: shree Heights building ,Shop no 5, Door no 1-65/31,Kulur-Kavoor,Airport Road Vivek Nagar Panjimogaru, Mangaluru 575013 Karnataka India

Echocardiography Report

PATIENT NAME NEETU	AGE 32 yrs	HEIGHT 154 cm	WEIGHT 89 kg	BSA 37.53 kg/m ²	DATE TIME 2023/03/27 10:20
PATIENT ID MA23030000254	GENDER Female	REFERRING PHYSICIAN DR. VIDYA KUMARI	REPORTED BY DR. JEEVARATHINAM. N		

PROCEDURE

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

SUMMARY

- Normal LV chamber size and shape
- Normal LV systolic function EF=60%
- No regional wall motion abnormality
- Normal LV Diastolic filling pattern
- Normal valves
- Low probability of PASP
- Mild Mitral regurgitation

LEFT VENTRICLE

Measurement	Value	Reference	Measurement	Value	Reference
Systolic Function			Dimensions		
LVEF MOD BP (%)	60.12	(74-54)	LVIDd (cm)	3.88	(3.8-5.2)
SV MOD BP (ml)	45.29	(14-42)	LVIDd Index (cm/m ²)	2.07	(2.3-3.1)
SI MOD BP (ml/m ²)	24.22	(38-66)	LVIDs (cm)	2.08	(2.2-3.5)
LVEDV MOD BP (ml)	75.33	(46-106)	LVIDs Index (cm/m ²)	1.11	(1.3-2.1)
LVEDVInd MOD BP (ml/m ²)	40.28	(29-61)	IVSd (cm)	0.79	(0.6-0.9)
LVESV MOD BP (ml)	30.04	(14-42)	LVPWd (cm)	0.81	(0.6-0.9)
LVESVInd MOD BP (ml/m ²)	16.06	(8-24)	LVd Mass (g)	88.92	(67-162)
Diastolic Function			LVd Mass Index (g/m ²)	47.55	(43-95)
MV E Vel (m/s)	0.93	(0.6-0.8)	RWT (-)	0.42	(0.22-0.42)
MV A Vel (m/s)	0.53	(0.2-0.35)	LV Area		
MV E/A Ratio (-)	1.75	(>=0.8)	LV FAC A4C (%)	50.45	(>25)
			LVAd A4C (cm ²)	28.70	(-)
			LVAAs A4C (cm ²)	14.22	(-)
			LV FAC A2C (%)	30.91	(-)
			LVAd A2C (cm ²)	18.05	(-)
			LVAAs A2C (cm ²)	12.47	(-)

LEFT ATRIUM

Measurement	Value	Reference	Measurement	Value	Reference
LA Diam (cm)	3.36	(2.7-3.8)	LAESV MOD BP (ml)	37.32	(38-46)
LA/Ao (-)	1.30	(<1.3)	LAESVInd MOD BP (ml/m ²)	19.96	(16-34)

RIGHT ATRIUM

Measurement	Value	Reference
IVC (M-Mode)		
	52.03	(>50%)

IVC Collaps Index (%)

IVC Diam Ins (cm)	0.59	(-)
IVC Diam Exp (cm)	1.23	(<2)
RAP(MM) (mmHg)	3.00	(0-5)

AORTIC VALVE & AORTA

Measurement	Value	Reference
AV Outflow		
AV Vmax (m/s)	1.19	(<2.6)
AV maxPG (mmHg)	5.66	(<30)
LVOT/ Aorta		
Ao Diam (cm)	2.58	(<3.7)
Ao/LA	0.87	(-)

PULMONARY VALVE AND PULMONARY ARTERY

Measurement	Value	Reference
Pulmonary Outflow		
PV Vmax (m/s)	0.88	(-)
PV maxPG (mmHg)	3.10	(<36)

OBSERVATIONS :

Left Ventricle	LV geometry - Normal LV Systolic function - Normal
LV Regional Wall Motion	All Left ventricular segments contract normally.
Left Atrium	No LA enlargement
Right Ventricle	The right ventricle is normal in size and function.
Right Atrium	The right atrium is normal in size and function.
Aortic Valve	The aortic valve is trileaflet, and appears structurally normal. No aortic stenosis or regurgitation.
Mitral Valve	The mitral valve is normal.
Tricuspid Valve	The tricuspid valve appears structurally normal.
Heart Failure	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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