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- Dr. Adarsh S Naik
- Dr. Ajay R Kaushik
- Dr. Andrea Jose
- Dr. Archana Terasa P.
- Dr. Ashraya Nayaka T.E
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- Dr. Neha Rathi Kamal
- Dr. Nihaal Ahmed F.D.
- Dr. Patil Sandip Dattatray
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- Dr. Priyanka Shyam
- Dr. Priyanka Singh
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- Dr. Srinivas Rao V.K.
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- 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: 11. 11. 23

Eye Fitness Certificate

This is to certify that Mr/Mrs/Ms. kalidas. Shunmugaselvan kAge. 36/M.

Male/Female, our MRNO...130.2542.7

	OD	OS
Visual Acuity	CF.5.M-4:00 6/6	CF 501-4:00 6/6
Near Vision	N6	N6
Colour Vision	Normal	Normal
B.S.V	Narmad	Normal
Central Fields	Normeu	Normal
Anterior Segment	Normes	Normal
Fundus	Normal	Normal

Fit with glasses	9		
Fit without glasses		_	
unfit		_	

Dr.UMA.M MBBS, DO, MS
REG. No. 92948
THE EYE OUNDATION

Medical Constanti,

The Eye Foundation,

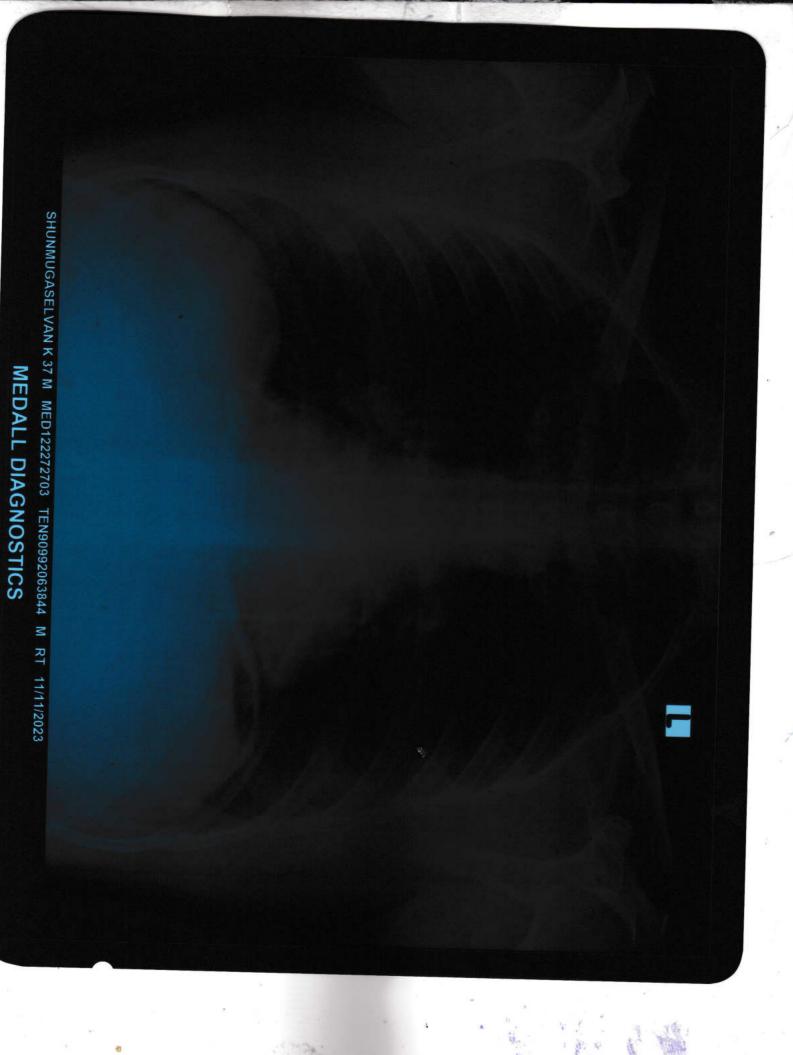
Tirunelveli.

BRANCHES: Tirupur, Bengaluru - Bellandur & Chamrajpet, Kochi, Ooty, Mettupalayam, Sungam - CBE, Erode, Pollachi, Salem, Malappuram, Tirunelveli, Madurai, Trichy

MEDICAL EXAMINATION REPORT Shanongeselvan Gender M/F Date of Birth Position Selected For Identification marks A. HISTORY: 1. Do you have, or are you being treated for, any of the following coeditions? (please tick all that apply)? Cancer High Blood Pressure Arthritis Depression/ bipolar disorder High Cholesterol Asthama, Bronchitis, Emphysema Diabetes Migraine Headaches Back or spinal problems Heart Disease Sinusitis or Allergic Rhinitis **Epilepsy** Any other serious problem for (Hay Fever) which you are receiving medical attention 2. List the medications taken Regularly. NO 3. List allergies to any known medications or chemicals NO 4. Alcohol: Occasional 5. Smoking: Yes Quit(more than 3 years) No " 6. Respiratory Function : a. Do you become unusually short of breath while walking fast or taking stair - case? b. Do you usually cough a lot first thing in morning? Yes c. Have you vomited or coughed out blood? Yes 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) Vigrous 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 b. Do you experiences ringing in your ears? Yes c. Do you experience discharge from your ears? Yes d. Have you ever been diagnosed with industrial deafness? Yes 9. Musculo - Skeletal History a. Neck: Have you ever injured or experienced pain? Yes b. Back: If Yes; approximate date (MM/YYYY) c. Shoulder, Elbow, Writs, Hands Consulted a medical professional? Yes d. Hips, Knees, Ankles, Legs Resulted in time of work? Yes Surgery Required? Yes Ongoing Problems ? Yes No

	10. Function History			
	a. Do you have pain or	discomfort when lifting or	handling heavy objects?	Yes No
		ain when squatting or knee		Yes No
	c. Do you have back pa	ain when forwarding or twis	sting?	Yes No
	d. Do you have pain or	difficulty when lifting object	cts above your shoulder hei	ght? Yes No
	e. Do you have pain appropriate response	when doing any of the e	following for prolonged pe	-
	•Walking: Yes No	•Kneeling:	Yes No	quating: Yes No
	·Climbing: Yes No	•Sitting:	Yes No	,g
	•Standing : Yes No	•Bending :	Yes No	4
	f. Do you have pain wh	nen working with hand tool	The state of the s	Yes No
		my difficulty operating mac		Yes No
	h. Do you have difficult	y operating computer instru	ument?	Yes No
B.	CLINICAL EXAMINATION	L:		Pulse:93
	a. Height 65	b. Weight 65.1	Blood Pressure	130/86 mmhg
	Chest measurements:	a. Normal	b. Expanded	To mining i
	Waist Circumference		Ear, Nose & Throat	normal
	Skin	Normal	Respiratory System	Normal
	Vision	Normal	Nervous System	Normal
	Circulatory System	Normal	Genito- urinary System	
	Gastro-intestinal System	Normal	Colour Vision	Normal
	Discuss Particulars of Section B :-		1	
C.	REMARKS OF PATHOLO	344	7	
	Chest X -ray	Normal	ECG	Normal
	Complete Blood Count	18-49	Urine routine	Normal
	Serum cholesterol	210.5	Blood sugar	F-285.6 P.P.4
	Blood Group	O/posita	S.Creatinine	
D.	CONCLUSION: Any further investigations re	equired	Any precautions suggest	ed
			Dennerolvneh	opinion op
E.	FITNESS CERTIFICATION		L	
L .				
				any disease communicable
	or otherwise, constitu	tional weakness or I	bodily informity except	
	7 41-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	I do not conside	r this as disqualification for e	mployment in the Company.
	Candidate is free	from Contagious/Con	nmunicable disease	
				*
			2	
Date	e:)r.S. MASig	rature of Medical Adviser

r.S. MANIGRATURE of Medical Adviser
.eg.Ne: 67745, Consultant Cardiol.
Modell Diagnostics
Tirunelveli - 3.



Ref. Dr : MediWheel Type : OP

<u>Investigation</u>	Observed Value	<u>Unit</u>	Biological Reference Interval
IMMUNOHAEMATOLOGY			
BLOOD GROUPING AND Rh TYPING (Blood /Agglutination)	'O' 'Positive'		
<u>HAEMATOLOGY</u>			
Complete Blood Count With - ESR			
Haemoglobin (Blood/Spectrophotometry)	18.49	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	54.62	%	42 - 52
RBC Count (Blood/Impedance Variation)	05.84	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	93.59	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	31.69	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	33.86	g/dL	32 - 36
RDW-CV(Derived from Impedance)	11.8	%	11.5 - 16.0
RDW-SD(Derived from Impedance)	38.65	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	7290	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	51.10	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	35.90	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	05.90	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	05.80	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	01.30	%	00 - 02
INTERPRETATION: Tests done on Automated microscopically.	Five Part cell counter.	All abnormal resi	ults are reviewed and confirmed
Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	3.73	10^3 / μΙ	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	2.62	10^3 / μΙ	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.43	10^3 / μΙ	0.04 - 0.44
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.42	10^3 / μΙ	< 1.0





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

Ref. Dr : MediWheel Type : OP

<u>Investigation</u>	Observed Value	<u>Unit</u>	Biological Reference Interval
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.09	10^3 / μΙ	< 0.2
Platelet Count (Blood/Impedance Variation)	222	10^3 / μΙ	150 - 450
MPV (Blood/Derived from Impedance)	07.94	fL	7.9 - 13.7
PCT(Automated Blood cell Counter)	0.18	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	10	mm/hr	< 15
BIOCHEMISTRY			
BUN / Creatinine Ratio	9.94		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	285.6	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, Fasting (Urine) (Urine - F)	Positive(++)		Negative
Glucose Postprandial (PPBS) (Plasma - PP/	407.3	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)	Positive(++++)		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.25	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.93	mg/dL	0.9 - 1.3
Uric Acid (Serum/Enzymatic)	3.9	mg/dL	3.5 - 7.2
Liver Function Test			
Bilirubin(Total) (Serum)	0.70	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.23	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)	16.9	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	56.5	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	32.5	U/L	< 55





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

Name : Mr. SHUNMUGASELVAN K Register On : 11/11/2023 10:02 AM PID No. : MED122272703 Collection On : 11/11/2023 10:50 AM SID No. : 623027024 : 11/11/2023 1:48 PM Report On Age / Sex : 37 Year(s) / Male : 14/11/2023 5:34 PM **Printed On**

Ref. Dr : MediWheel Type : OP

<u>Investigation</u>	Observed Value	<u>Unit</u>	Biological Reference Interval
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	157.2	U/L	53 - 128
Total Protein (Serum/Biuret)	7.18	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.0	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.18	gm/dL	2.3 - 3.6
A: GRATIO (Serum/Derived)	1.26		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	210.5	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	98.8	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)	42.1	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	148.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	19.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	168.4	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.





Consultant - Pathologist Reg No: 90632

Ref. Dr : MediWheel Type : OP

Investigation Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	Observed Value 5	<u>Unit</u>	Biological Reference Interval 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)	2.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	3.5		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)	10.9	%	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) 266.13 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/ 1.02 ng/mL 0.7 - 2.04 Chemiluminescent Immunometric Assay

(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.

T4 (Tyroxine) - Total (Serum/ 9.03 μg/dL 4.2 - 12.0 Chemiluminescent Immunometric Assay

(CLIA))

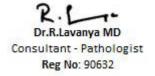
INTERPRETATION:

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.







Ref. Dr : MediWheel Type : OP

<u>Investigation</u> <u>Observed Value</u> <u>Unit</u> <u>Biological Reference Interval</u>

TSH (Thyroid Stimulating Hormone) (Serum **0.04** μIU/mL 0.35 - 5.50

/Chemiluminescent Immunometric Assay

(CLIA))

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&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 Slightly Turbid		Yellow to Amber Clear
Protein (Urine)	Trace		Negative
Glucose (Urine)	Positive(++)		Negative
Pus Cells (Urine)	4-5	/hpf	NIL
Epithelial Cells (Urine)	2-3	/hpf	NIL
RBCs (Urine)	Nil,Yeast cells Present.	/hpf	NIL

-- End of Report --





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

Name	MR.SHUNMUGASELVAN K	ID	MED122272703
Age & Gender	37Y/MALE	Visit Date	11 Nov 2023
Ref Doctor Name	MediWheel		

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 5.0cm LVID s ... 2.9cm EF ... 73% ... 0.9 cm IVS d ... 1.1cm IVS s LVPW d ... 0.4cm LVPW s ... 1.1cm ... 3.1cm LA AO ... 3.1cm ... 27mm TAPSE IVC ... 0.5cm

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: 0.80m/s A: 0.62m/s

E/A Ratio:1.28 E/E: 8.10

Name	MR.SHUNMUGASELVAN K	ID	MED122272703
Age & Gender	37Y/MALE	Visit Date	11 Nov 2023
Ref Doctor Name	MediWheel	•	

Aortic valve: AV Jet velocity: 1.58 m/s

Tricuspid valve: TV Jet velocity: 1.85m/s TRPG: 13.71

mmHg.

Pulmonary valve: PV Jet velocity: 1.20 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.MANIKANDANMD.DM.(Cardio)

Cardiologist

Name	MR.SHUNMUGASELVAN K	ID	MED122272703
Age & Gender	37Y/MALE	Visit Date	11 Nov 2023
Ref Doctor Name	MediWheel	-	

Name	MR.SHUNMUGASELVAN K	ID	MED122272703
Age & Gender	37Y/MALE	Visit Date	11 Nov 2023
Ref Doctor Name	MediWheel	-	

Name	MR.SHUNMUGASELVAN K	ID	MED122272703
Age & Gender	37Y/MALE	Visit Date	11 Nov 2023
Ref Doctor Name	MediWheel		

Thanks for your reference

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 partially distended with no demonstrable calculus.

Wall thickness appears normal.

Pancreas The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

Spleen The spleen is normal.

Kidneys The right kidney measures 10.1 x 4.7 cm. Normal architecture.

The collecting system is not dilated.

The left kidney measures 10.3 x 5.2 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.

Name	MR.SHUNMUGASELVAN K	ID	MED122272703
Age & Gender	37Y/MALE	Visit Date	11 Nov 2023
Ref Doctor Name	MediWheel	•	

Prostate: The prostate measures 3.9 x 3.3 x 3.0 cm and is normal sized.

Corresponds to a weight of about 21.17 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.T.ANNIE STALIN MBBS.,F.USG., SONOLOGIST.

Name	Mr. SHUNMUGASELVAN K	Customer ID	MED122272703
Age & Gender	37Y/M	Visit Date	Nov 11 2023 10:02AM
Ref Doctor	MediWheel		

Thanks for your reference

DIGITAL X- RAY CHEST PA VIEW

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Both costophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

• NO SIGNIFICANT ABNORMALITY DEMONSTRATED.

Page 1 of 1