: Mrs. RENUGA GETZIYAL S Name

: MED120924646 PID No. : 622006988 SID No.

: 32 Year(s)/ Female Age / Sex

: MediWheel Ref. Dr

26/03/2022 9:19 AM Register On 26/03/2022 10:59 AM Collection On :

27/03/2022 1:41 PM Report On

28/03/2022 12:10 PM **Printed On**

Biological Reference Interval

OP Type

11-14



Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
IMMUNOHAEMATOLOGY			
BLOOD GROUPING AND Rh TYPING (Blood /Agglutination)	'AB' 'Positive'		
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (Blood/Spectrophotometry)	12.89	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	40.32	%	37 - 47
RBC Count (Blood/Impedance Variation)	05.02	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	80.25	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	25.65	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	31.97	g/dL	32 - 36
RDW-CV(Derived from Impedance)	16.0	%	11.5 - 16.0
RDW-SD(Derived from Impedance)	44.94	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	9800	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	54.70	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	40.30	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	03.50	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	01.00	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00.50	%	00 - 02
INTERPRETATION: Tests done on Automated microscopically.	I Five Part cell counter	r. All abnormal res	ults are reviewed and confirmed
Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	5.36	10^3 / μΙ	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	3.95	10^3 / μΙ	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.34	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.10	10^3 / µl	< 1.0



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





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Type

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medall DIAGNOSTICS experts who care

Investigation Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	Observed Value 0.05	<u>Unit</u> 10^3 / μl	Biological Reference Interval < 0.2
Platelet Count (Blood/Impedance Variation) MPV (Blood/Derived from Impedance) PCT(Automated Blood cell Counter) ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	248 09.47 0.23 25	10^3 / μl fL % mm/hr	150 - 450 8.0 - 13.3 0.18 - 0.28 < 20
BIOCHEMISTRY BUN / Creatinine Ratio Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	9.1 98.1	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

Glucose, Fasting (Urine) (Urine - F) Negative Negative Glucose Postprandial (PPBS) (Plasma - PP/ 143.2 GOD-PAP) mg/dL 70 - 140

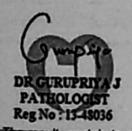
INTERPRETATION:

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

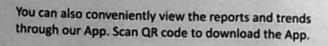
Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.0	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe) Uric Acid (Serum/Enzymatic) Glycosylated Haemoglobin (HbA1c)	0.87 7.2	mg/dL mg/dL	0.6 - 1.1 2.6 - 6.0
HbA1C (Whole Blood/HPLC)	7.6	%	Normal: 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 %

Estimated Average Glucose (Whole Blood) 171.42 mg/dL



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





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Ref. Dr : MediWheel

Liver Function Test
Bilirubin(Total) (Serum)

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0.1 - 1.2

Type : OP

ma/dL



Investigation Observed Value Unit Biological Reference Interval

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.

0.60

Dill abilitional (colon)	0.00	mg/ac	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.15	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.45	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	11.8	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	23.9	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	18.5	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	44.4	U/L	42 - 98
Total Protein (Serum/Biuret)	6.21	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.4	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	1.81	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	2.43		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	203.0	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240

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 diumal 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)

Triglycerides (Serum/GPO-PAP with ATCS)

40.9

130.8

mg/dL

mg/dL

Optimal(Negative Risk Factor): >= 60

Borderline: 50 - 59 High Risk: < 50

Optimal: < 150

Borderline: 150 - 199 High: 200 - 499



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Consultant Pathologist
Reg No : 73347



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Type

Investigation	
LDL Cholesterol	(Serum/Cald

Observed Value 135.9

Unit mg/dL Biological Reference Interval

Optimal: < 100

Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190

VLDL Cholesterol (Serum/Calculated)

Non HDL Cholesterol (Serum/Calculated)

mg/dL mg/dL < 30

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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)

26.2

162.1

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)

3.2

Optimal: < 2.5

Mild to moderate risk: 2.5 - 5.0

High Risk: > 5.0

LDL/HDL Cholesterol Ratio (Serum/

Calculated)

3.3

Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0

High Risk: > 6.0

<u>IMMUNOASSAY</u>

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay

Chemiluminescent Immunometric Assay

1.41

ng/ml

0.7 - 2.04

(CLIA)) INTERPRETATION:

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/

8.10

µg/dl

4.2 - 12.0

(CLIA)) INTERPRETATION:

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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Type : OP



Investigation Observed Value Unit Biological Reference Interval

TSH (Thyroid Stimulating Hormone) (Serum 2.05 µIU/mL 0.35 - 5.50

/Chemiluminescent Immunometric Assay

(CLIA))

PID No.

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) Pale yellow Yellow to Amber

Appearance (Urine) Clear Clear

Protein (Urine) Negative Negative

Glucose (Urine) Negative Negative

Pus Cells (Urine) 0-1 /hpf NIL

Epithelial Cells (Urine) 1-2 /hpf NIL

RBCs (Urine) Nil /hpf NIL

-- End of Report --









Customer Name	MRS.RENUGA GETZIYAL S	Customer ID	MED120924646
Age & Gender	32Y/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 sized and smooth walled and contains

no calculus.

Pancreas: The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

Spleen: The spleen is normal.

Kidneys: The right kidney measures 9.9 x 3.7 cm. Normal architecture.

The collecting system is not dilated.

The left kidney measures 9.7 x 5.1 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.





Customer Name	MRS.RENUGA GETZIYAL S	Customer ID	MED120924646
Age & Gender	32Y/FEMALE	Visit Date	26/03/2022
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Uterus:

The uterus is anteverted, and measures 6.7 x 3.1 x 4.1 cm.

Myometrial echoes are homogeneous.

The endometrium is central and normal measures 5 mm in thickness.

Ovaries:

The right ovary measures 3.3 x 1.8 x 2.3 cm volume 7.25 cc.

The left ovary measures 4.1 x 2.1 x 2.7 cm volume of 12.07 cc Multiple (10 to12) small peripheral follicles each measuring less

than 5 mm with thickened stroma noted in left ovary.

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.

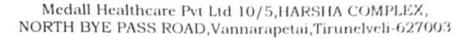
There is no free or loculated peritoneal fluid. No para aortic lymphadenopathy is seen.

IMPRESSION:

✓ Polycystic changes left ovary.

- Suggested Clinical & biochemical correlation.

DR. PRARTHANA ANTOLINE ABHIA. DNB RD., CONSULTANT RADIOLOGIST.



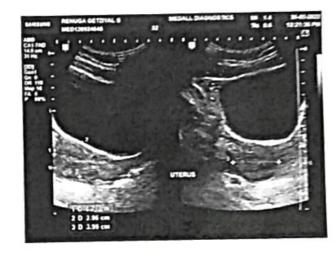


Customer Name	MRS.RENUGA GETZIYAL S	Customer ID	MED120924646
Age & Gender	32Y/FEMALE	Visit Date	26/03/2022
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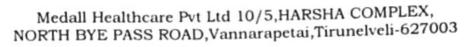


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	GETZIYAL S		26/03/2022
Age & Gender	32Y/FEMALE	Visit Date	20/00/2
Ref Doctor	MediWheel		

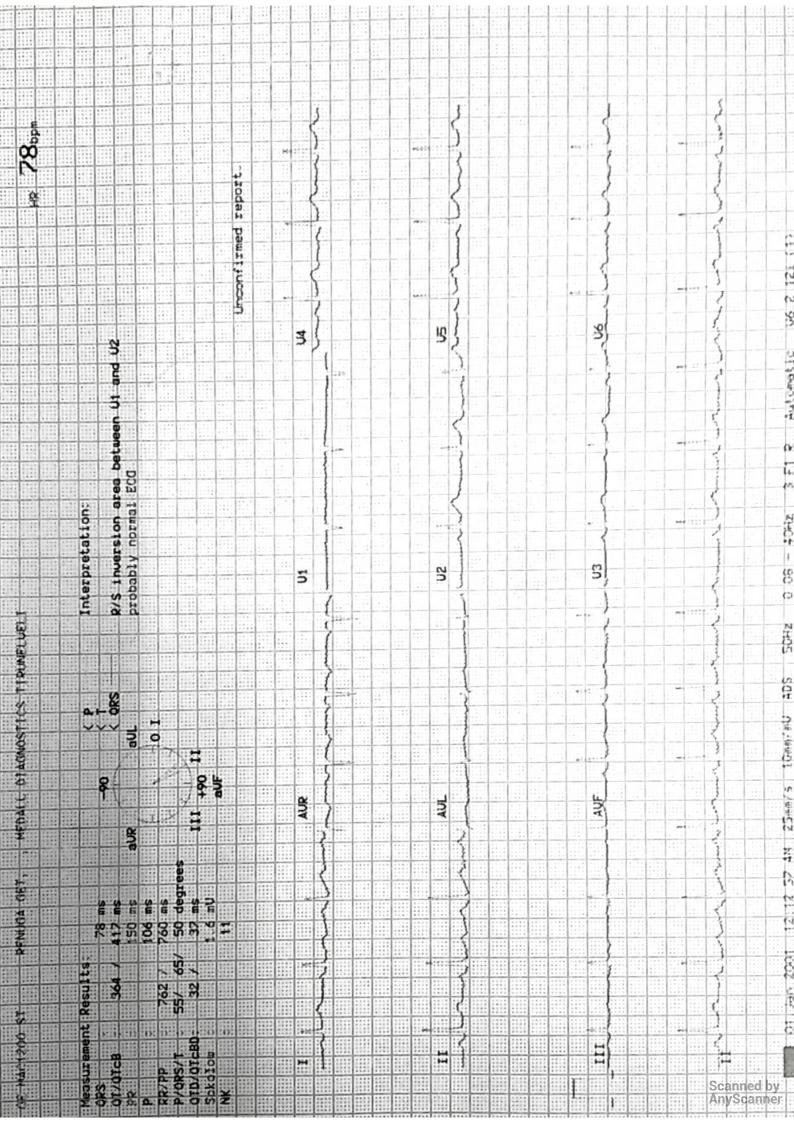














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And the second of the second o		Customer ID	MED120924646
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Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.5cm LVID s ... 2.6cm EF ... 74% IVS d ...0.9cm IVS s ... 1.3cm LVPW d ... 0.4cm LVPW s ... 0.8cm LA ... 2.6cm AO ... 2.9cm TAPSE ... 21mm IVC ... 1.2 cm

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 .





Customer Name			
- acudei	32Y/FEMALE	Customer ID	Manage
Ref Doctor	MediWheel	Visit Data	MED120924646
			26/03/2022

Doppler:

Mitral valve : E: 0.92m/s

A: 0.76m/s

E/A Ratio: 1.22

E/E: 11.58

Aortic valve: AV Jet velocity: 1.82 m/s

Tricuspid valve: TV Jet velocity: 2.70 m/s

TRPG: 29.18 mmHg.

Pulmonary valve: PV Jet velocity: 1.63 m/s

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.

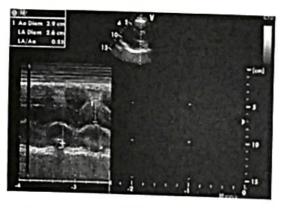
Dr. S. MANIKANDAN. MD.DM.(Cardio)
Cardiologist

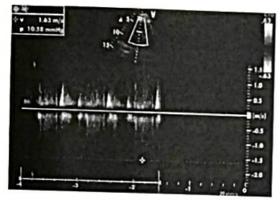


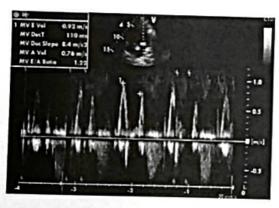


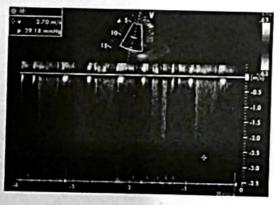
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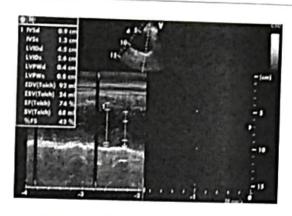
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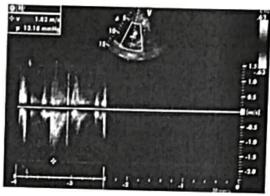


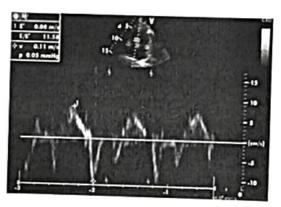


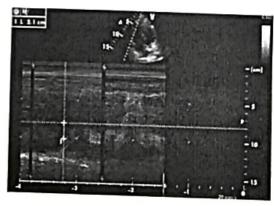














MEDICAL EXAMINATION REPORT Date of Birth 27/04/1788 Name Mrs - Ronuga Ge+ 2949 Gender M/F **Position Selected For** Identification marks HISTORY: 1. Do you have, or are you being treated for, any of the following coeditions? (please tick all that apply)? Anxiety Cancer High Blood Pressure **Arthritis** Depression/ bipolar disorder High Cholesterol Asthama, Bronchitis, Emphysema Diabetes Migraine Headaches Back or spinal problems Heart Disease Sinusitis or Allergic Rhinitis **Epilepsy** (Hay Fever) 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: Occasional 5. Smoking: Yes Quit(more than 3 years) 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) o Light Activity (Walking on level surface, house cleaning) o 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 8. Hearing: a. Do you have history of hearing troubles? Yes 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, Writs, Hands Consulted a medical professional? Yes d. Hips, Knees, Ankles, Legs Resulted in time of work? Yes Surgery Required? Yes Nο Ongoing Problems ? Yes No

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10. Function History□	
a. Do you have pain or discomfort when lifting or	handling heavy objects?
b. Do you have knee pain when squatting or kne	reling?
c. Do you have back pain when forwarding or tw	risting?
d. Do you have pain or difficulty when lifting obje	cts above your shoulder height?
Do you have pain when doing any of the appropriate response)	
•Walking: Yes No •Kneeling:	Yes No Squating: Yes No
•Climbing: Yes No •Sitting:	oddding. Tes No
	Yes No No
and the state of t	Yes No
f. Do you have pain when working with hand too	ols?
g. Do you experience any difficulty operating ma	chinery? Yes No
h. Do you have difficulty operating computer instr	rument? Yes No
B. CLINICAL EXAMINATION :	
a. Height 149 b. Weight 75.4	Blood Pressure
Chest measurements:	
Waist Circumference	Ear, Nose & Throat □ V
Skin	Respiratory System
Vision	
Circulatory System	Nervous System N
	Genito- urinary System
Gastro-intestinal System	Colour Vision N
Discuss Particulars of Section B :-	bl
. REMARKS OF PATHOLOGICAL TESTS:	
Chest X -ray	ECG 😓
Complete Blood Count	Urine routine
Serum cholesterol	Blood sugar
Blood Group	S.Creatinine -
D. <u>CONCLUSION</u> : Any further investigations required	Any precautions suggested
Any luriner 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 informity except
. I do not consid	der this as disqualification for employment in the Company. S
Candidate is free from Contagious/Co	ommunicable disease
Carialdate is not nom contagrees.	0 1
21-03-22.	
Date: dt-03-22.	Dr. S. Manner of Medical Adviser Asst. Professor of Cardiology
1000	Tires - LVCLI MEDICAL COLLEGE (IQSPITAL
43.17	TIRUNELVELI. Reg No : 61785 Scanned

Eye Examination Report

Candidate Name: Mrs. Ranga artzgal. 3

Age/ Gender:

324/F

26-03-22.

standards are as follows:

This is to certify that I have examined Mrs/Ms. Ranga hetaly hereby, his/her visual

Without Glasses With Glasses				Color Vision (Normal/Defective)		
R N/N	L	6/6	R W/N	L 6/8.	Norma	

Dr. S.MANIKANDAN M.D.D.M., (Cardio)

Doctor Signature: Asst. Professor of Cardiology

TIRLINGLUEL MEDICAL COLLEGE (2007) TIRUNELVELI MEDICAL COLLEGE I IQSPITAL

Doctor Stamp

TIRUNELVELI. Reg No : 61785

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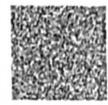
இந்திய அரசாங்கம் Government of India

இந்திய தனித்துவ அடையாள ஆணையம் Unique Identification Authority of India

பதிவேட்டு என் / Enrollment No.: 0000/00739/91526

ரேணுகா கெத்சியாள் சா Renuga Getziyal S 8, HIGH SCHOOL STREET 1, PANNAIVILAI BUNGALOW, VTC: Pannaivilai, PO: Pannaivilai, District: Thoothukkudi, State: Tamil Nadu, PIN Code: 628751, Mobile: 9566886684





உங்கள் ஆதார் எண் / Your Aadhaar No. :

2502 0765 5244

எனது ஆதார், எனது அடையாளம்



DIGU MORRISAN Government of India





ரேஹுகா கெத்சியாள் சா Renuga Getziyal S பிறந்த நாள் / DOB : 27/04/1988 Quetrurés / Female

2502 0765 5244

எனது ஆதார், எனது அடையாளம்







தகவல்

- ஆநார் அடையானத்திற்கான சான்று ருடியுரினமக்கு *அ*ல்ல.
- பாதுகாப்பான படி குறியீடு! ஆப்லைன் xxx, / ஆன்லைன் அம்கோரத்தைப் பயன்படுத்தி அடையாளத்தை சரியாந்க்கவும்.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code / Offline XML / Online Authentication.
 - 🥅 ஆகார் நாடு முழுவதிலும் செல்லுப்புயாகும்
 - 🔳 பல்வேறு அரசு மற்றும் அரசு சாரா சேவைகளை எளிதில் பேற ஆதார் உதவுகிறது.
 - உங்கள் மொசையல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்
 - ாக்கர்கள் செயலியைப் பயன்படுத்தி உங்கள் ஸ்மார்ட் போளில் ஆதாரை எடுத்துச் செல்லுங்கள
 - Aadhaar is valid throughout the country.
 - Aadhaar helps you avail various Government and non-Government services easily.
 - Keep your mobile number & email ID updated in Aadhaar.
 - Carry Aadhaar in your smart phone use mAadhaar App.

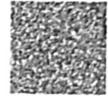


BABIL SHIPPER BURE AND SHOW IN Unique Identification Authority of India



முகவரி: சு ஹை ஸ்கூல் தெரு 1 Ustransmillener Lifesenn பண்ணையினை, தூந்துக்குடி, தமிழ் \$#Q. 628751

Address: 8, HIGH SCHOOL STREET 1. PANNAIVILAI BUNGALOW, Pannaivilai Thoothukkudi, Tamil Nadu, 628751



2502 0765 5244



help@uidal.gov.in

mww.uldai.gov.in



		C. Asmor ID	MED120924646
Customer Name	MRS.RENUGA GETZIYAL	Customer ID Visit Date	26.03.2022
Age & Gender		Visit Date	
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.

DR. PRARTHANA ANTOLINE ABHIA, DNB, RD., Consultant Radiologist

Reg. No: 112512



