

PATIENT NAME : NAYANAMUKIL V C

REF. DOCTOR : DR. A M ANTO

CODE/NAME & ADDRESS : CA00010147 -

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,SOUTH DELHI,
DELHI,
SOUTH DELHI 110030
8800465156ACCESSION NO : **4177WI001150**

PATIENT ID : NAYAF0909864177

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 37 Years Female

DRAWN :

RECEIVED : 09/09/2023 13:57:58

REPORTED : 10/09/2023 11:36:20

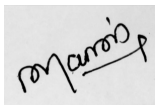
Test Report Status	<u>Preliminary</u>	Results	Biological Reference Interval	Units
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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT RESULT PENDING**TREADMILL TEST** RESULT PENDING**OPHTHAL**

OPHTHAL COMPLETED

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION COMPLETED



MANJU SHAJI
RADIOGRAPHER



View Details



View Report

PERFORMED AT :

DDRC AGILUS PATHLABS LIMITED
Room A1, Ground Floor, Sitaram Tejal,
Opp.110KV Substation, Ashwini Junction
TRICHUR, 680022
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@agilus.in



Patient Ref. No. 66600005893588

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

COMPLETED

USG ABDOMEN AND PELVIS

RESULT PENDING

CHEST X-RAY WITH REPORT**REPORT**

COMPLETED

HAEMATOLOGY - CBC**MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT****BLOOD COUNTS, EDTA WHOLE BLOOD**

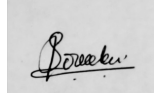
HEMOGLOBIN	12.6	12.0 - 15.0	g/dL
RED BLOOD CELL COUNT	4.52	3.8 - 4.8	mil/ μ L
WHITE BLOOD CELL COUNT	5.75	4.0 - 10.0	thou/ μ L
PLATELET COUNT	262	150 - 410	thou/ μ L

RBC AND PLATELET INDICES

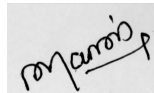
HEMATOCRIT	36.2	36 - 46	%
MEAN CORPUSCULAR VOL	80.1 Low	83 - 101	fL
MEAN CORPUSCULAR HGB.	27.9	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	34.9 High	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	14.0	11.6 - 14.0	%
MENTZER INDEX	17.7		
MEAN PLATELET VOLUME	8.9	6.8 - 10.9	fL



DR. SINDHU GEORGE, MBBS, MD
(Reg No TCMC:28380)
QUALITY MANAGER



SREEDEVI MP
LAB TECHNOLOGIST



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RADIOGRAPHER

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WBC DIFFERENTIAL COUNT

SEGMENTED NEUTROPHILS	52	40 - 80	%
LYMPHOCYTES	37	20 - 40	%
MONOCYTES	04	2 - 10	%
EOSINOPHILS	07 High	1 - 6	%
BASOPHILS	00	< 1 - 2	%
ABSOLUTE NEUTROPHIL COUNT	2.99	2.0 - 7.0	thou/ μ L
ABSOLUTE LYMPHOCYTE COUNT	2.13	1 - 3	thou/ μ L
ABSOLUTE MONOCYTE COUNT	0.23	0.20 - 1.00	thou/ μ L
ABSOLUTE EOSINOPHIL COUNT	0.40	0.02 - 0.50	thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.5		

ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD

SEDIMENTATION RATE (ESR)	22 High	0 - 20	mm at 1 hr
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SUGAR URINE - POST PRANDIAL

SUGAR URINE - POST PRANDIAL	NOT DETECTED	NOT DETECTED
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SUGAR URINE - FASTING

SUGAR URINE - FASTING	NOT DETECTED	NOT DETECTED
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IMMUNOHAEMATOLOGY


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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP	TYPE A
RH TYPE	POSITIVE

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

BLOOD UREA NITROGEN	6	Adult(<60 yrs) : 6 to 20	mg/dL
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BUN/CREAT RATIO

BUN/CREAT RATIO	9.8
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CREATININE, SERUM

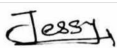
CREATININE	0.61	18 - 60 yrs : 0.6 - 1.1	mg/dL
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GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA	64	Diabetes Mellitus : > or = 200. Impaired Glucose tolerance/ Prediabetes : 140 - 199. Hypoglycemia : < 55.	mg/dL
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GLUCOSE FASTING,FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR)	91	Diabetes Mellitus : > or = 126. Impaired fasting Glucose/	mg/dL
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Prediabetes : 101 - 125.

Hypoglycemia : < 55.

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

GLYCOSYLATED HEMOGLOBIN (HBA1C)	5.4	Normal	: 4.0 -	%
		5.6%.		
		Non-diabetic level	: < 5.7%.	
		Diabetic	: >6.5%	

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%.
< 116.0

MEAN PLASMA GLUCOSE	108.3			mg/dL
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LIVER FUNCTION TEST WITH GGT

BILIRUBIN, TOTAL	0.53	General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.19	General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	0.34	0.00 - 1.00	mg/dL
TOTAL PROTEIN	6.9	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	5.0	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	1.9 Low	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO	2.6 High	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	12	Adults : < 33	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	Adults : < 34	U/L
ALKALINE PHOSPHATASE	67	Adult(<60yrs) : 35 - 105	U/L



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GAMMA GLUTAMYL TRANSFERASE (GGT)	7	Adult (female) : < 40	U/L
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN	6.9	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
URIC ACID, SERUM			
URIC ACID	4.2	Adults : 2.4-5.7	mg/dL

BIOCHEMISTRY - LIPID

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

LIPID PROFILE, SERUM

CHOLESTEROL	212	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
TRIGLYCERIDES	82	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
HDL CHOLESTEROL	42	General range : 40-60	mg/dL
LDL CHOLESTEROL, DIRECT	164 High	Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	170 High	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL

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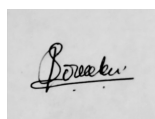
Test Report Status	Preliminary	Results	Units
VERY LOW DENSITY LIPOPROTEIN		16.4	< or = 30.0 mg/dL
CHOL/HDL RATIO		5.1 High	3.30 - 4.40
LDL/HDL RATIO		3.9 High	0.5 - 3.0

SPECIALISED CHEMISTRY - HORMONE
MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT
THYROID PANEL, SERUM

T3	109.56	Non-Pregnant : 60-181	ng/dL
		Pregnant Trimester-wise	
		1st : 81-190	
		2nd : 100-260	
		3rd : 100-260	
T4	9.70	3.2 - 12.6	µg/dl
TSH 3RD GENERATION	3.090	18-49 yrs(Non-Pregnant) :0.4-4.2	µIU/mL
		Pregnant (Trimester wise):	
		1st : 0.1-2.5	
		2nd : 0.2-3.0	
		3rd : 0.3-3.0	

CLINICAL PATH - URINALYSIS
MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT
PHYSICAL EXAMINATION, URINE

COLOR	PALE YELLOW
APPEARANCE	CLEAR


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CHEMICAL EXAMINATION, URINE

PH	6.0	4.7 - 7.5	
SPECIFIC GRAVITY	1.005	1.003 - 1.035	
PROTEIN	NOT DETECTED	NOT DETECTED	
GLUCOSE	NOT DETECTED	NOT DETECTED	
KETONES	NOT DETECTED	NOT DETECTED	
BLOOD	NOT DETECTED	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
NITRITE	NOT DETECTED	NOT DETECTED	

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
WBC	2-3	0-5	/HPF
EPITHELIAL CELLS	5-7	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	

CLINICAL PATH - STOOL ANALYSIS

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

PHYSICAL EXAMINATION,STOOL

COLOUR	BROWN	
CONSISTENCY	SEMI FORMED	
MUCUS	ABSENT	NOT DETECTED
VISIBLE BLOOD	ABSENT	ABSENT

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MICROSCOPIC EXAMINATION,STOOL

PUS CELLS	1-2		/hpf
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
CYSTS	NOT DETECTED	NOT DETECTED	
OVA	NOT DETECTED		

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Patient Ref. No. 66600005893588



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. NAYANAMUKIL V.S
2. Mark of Identification	: (Mole/Scar/any other (specify location)): at side face
3. Age/Date of Birth	: 2-3-1986 15-8-1985 Gender: F/M
4. Photo ID Checked	: (Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height 1.49 ... (cms)	b. Weight 47 (Kgs)	c. Girth of Abdomen ... 80 ... (cms)
d. Pulse Rate 68 (Min)	e. Blood Pressure:	Systolic Diastolic
	1 st Reading	100 70
	2 nd Reading	

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	72	stroke	
Mother	68	good	
Brother(s)	40	good	
Sister(s)			

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

Tobacco in any form	Sedative	Alcohol
no	no	no

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. 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 |
| b. Have you undergone/been advised any surgical procedure? 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 disorder of Gastrointestinal System? Y/N |
| • Any disorders of Respiratory system? Y/N | • Unexplained recurrent or persistent fever, and/or weight loss Y/N |
| • Any Cardiac or Circulatory Disorders? Y/N | • Have you been tested for HIV/HBsAg / HCV before? If yes attach reports Y/N |
| • Enlarged glands or any form of Cancer/Tumour? Y/N | • Are you presently taking medication of any kind? Y/N |
| • Any Musculoskeletal disorder? Y/N | |

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

Corp. Office: DDRC SRL Tower, G-131, Panampilly Nagar, Ernakulam - 682 036. Ph No. 2310688, 2318222. web: www.ddrcsrl.com

- 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? ~~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~~
- c. Do you suspect any disease of Uterus, Cervix or Ovaries? ~~Y/N~~
- d. Do you have any history of miscarriage/abortion or MTP ~~Y/N~~
- e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc ~~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 examine'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;

Reduced fatty food

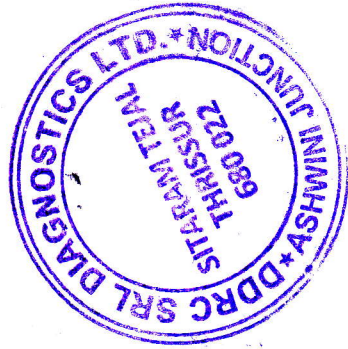
- Do you think he/she is **MEDICALLY FIT** or **UNFIT** for employment. *FIT*

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. A. M. ANTO IOFHS (Rtd.)
B.Sc, MBBS; DIH (Cal), PGDHA
Reg. No. 5667
CONSULTANT
DDRC SRL Diagnostic Services
THRISSUR - 20**



Name & Seal of DDRC SRL Branch :

Date & Time : *11-9-2023*

DDRC SRL Diagnostics Limited

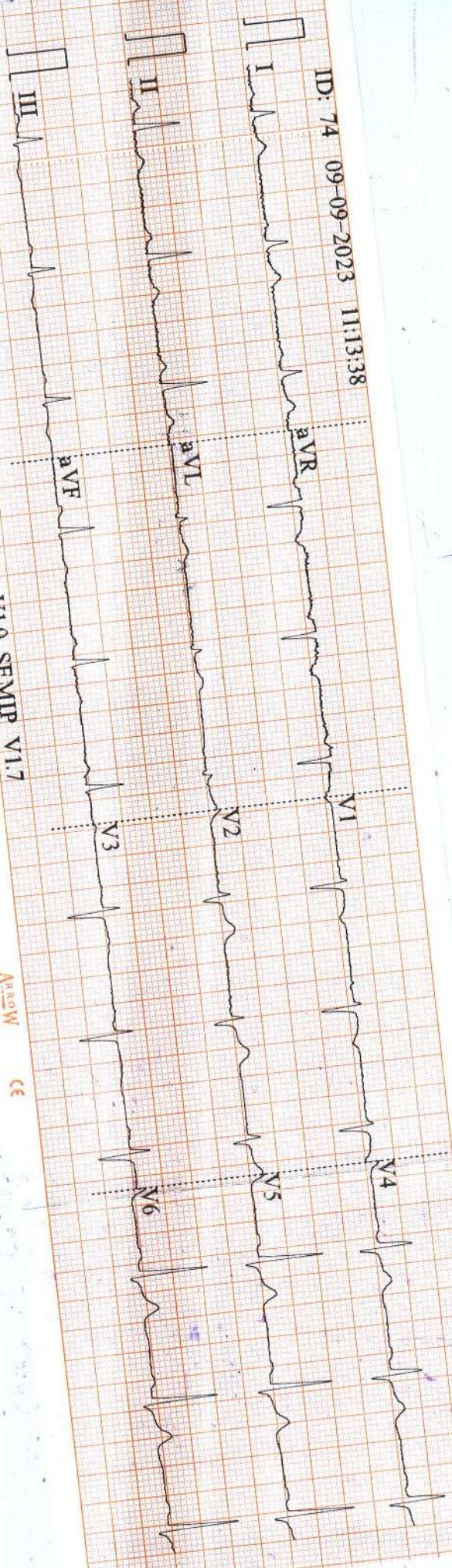
Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

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

ID: 74 09-09-2023 11:13:38

0.67~35Hz AC50 25mm/s 10mm/mV ♣72 V1.0 SEMIP V1.7

Arrow CE



ID: 74

Female
37 Years
cm

mmHg

kg

eg wNL



Diagnosis Information:

Sinus Rhythm
Normal ECG

Newfengmm
Dr. P. J. S. (Cardiologist)
V. A. S. (Nurse)
Thirissur
680 022

HR

P

PR

QRS

QT/QTc

P/QRS/T

RV5/SVI

bpm

ms

ms

ms

64

392

15

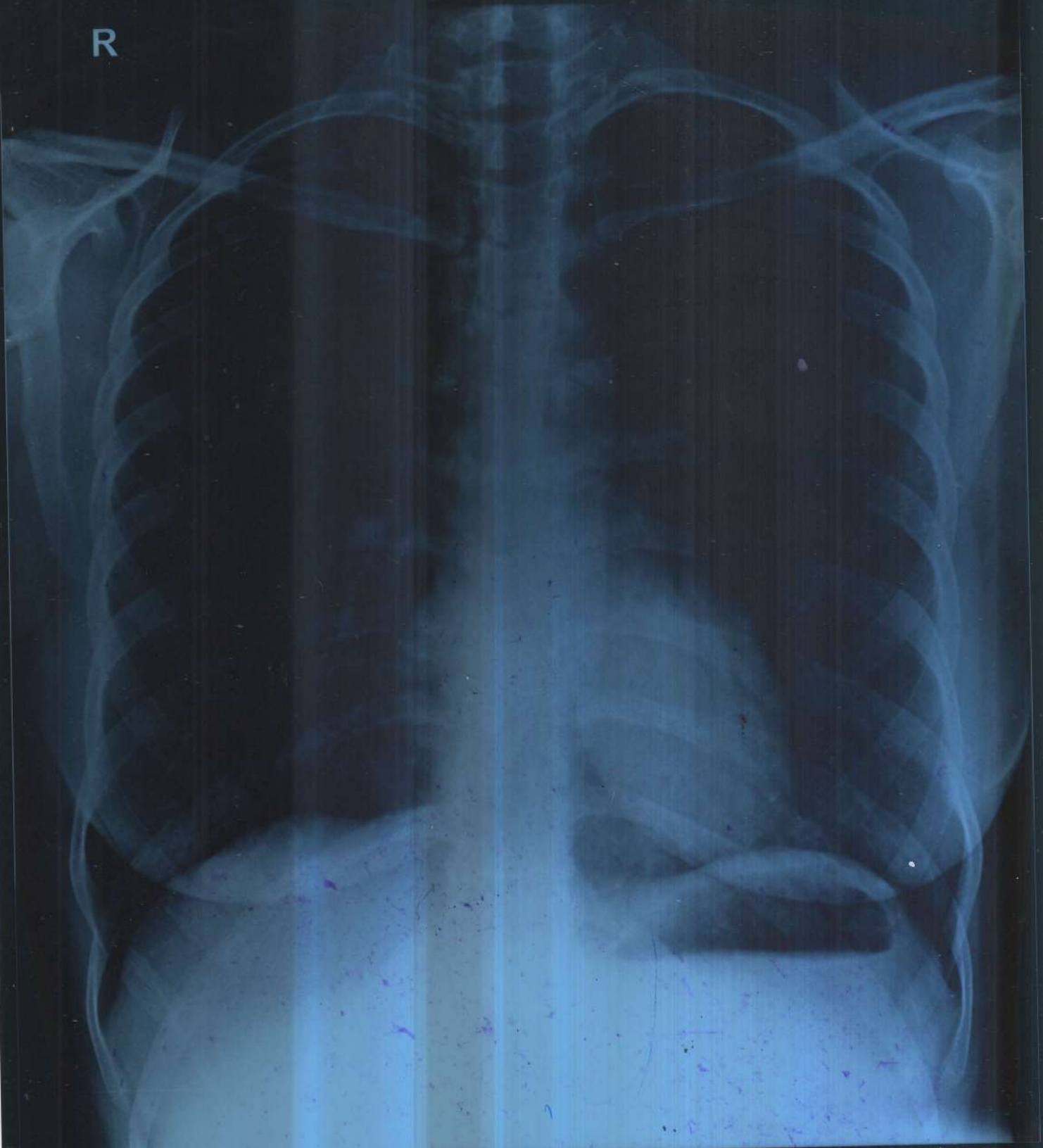
1.083

0.544

mV

Report Confirmed by:

R



NAYANAMUKIL V C 37Y/F WI 1150 CHEST-PA 09-Sep-23 11:02 AM

DDRC AGILUS, THRISSUR. PH9446425900

Name: NAYANAMUKIL V. C**Date: 11.09.2023****Age/Sex: 37 Y / FEMALE****CHEST X-RAY (PA View):**

Trachea is central.

Cardiac shadow appears normal in size and configuration.

Both lung fields are clear.

Bilateral costophrenic and cardiophrenic angles are clear.

No focal consolidation, effusion, pulmonary edema or pneumothorax.

Both hila appear normal.

Bony thorax and soft tissues are unremarkable.

IMPRESSION:

- No significant abnormality detected.



Dr. BHARATH CHANDRAN G
MBBS, MD
CONSULTANT RADIOLOGIST
Reg. No.: 53107 (TCMC)

DR. BHARATH CHANDRAN G.
MBBS, MD-REG NO: 53107(TCMC)
CONSULTANT RADIOLOGIST

VISION CERTIFICATE

This is to certify that... NAYANAMUKIL. V.C. (31/f) ...has been examined and results are as follows

	Right Eye	Left Eye
Distant Vision	: 6/6 (plano)	6/6
Near vision	: N6 (with out glass)	N6
IOP(Intra ocular pressure)	: 20 (mm of Hg)	19 (mm of Hg)
Anterior segment	: Normal	Normal
Fundus	: Normal	Normal
Squint	: Nil	nil
Colour Vision	: Normal	Normal

Doctor's Signature



Dr. SHALOSNOVA
MBBS, MS Ophthalmology
Reg.No: 35904 TCMC
Ophthalmology Consultant

Place : Thrissur
Date : 9/9/2023





ഭാരതീയ സവിശേഷ തിരിച്ചറിയൽ അതോറിറ്റി

ഭാരത സർക്കാർ
Unique Identification Authority of India
Government of India

പേരുചേർക്കൽ നമ്പർ / Enrollment No. : 2007/32247/08026

To
Nayanamukil V C
നയനാമുകിൽ വി സി
KARIATTUKARAKKARAN HOUSE
PELTAS ROAD KARYATTUKARA
ELTHURUTH P O
Elthuruth S.O
Thrissur
Kerala - 680611

23/12/2012



KL025524088DF

2552408



നിങ്ങളുടെ ആധാർ നമ്പർ / Your Aadhaar No. :

2693 1234 5710

ആധാർ - സാധാരണക്കാരന്റെ അവകാശം



Nayanamukil V C

37

9995852261



ഭാരത സർക്കാർ
GOVERNMENT OF INDIA

നയനാമുകിൽ വി സി
Nayanamukil V C
ഭർത്താവ് : പ്രവീൺ കെ സി
Husband : PRAVEEN K C



ജനന വർഷം / Year of Birth: 1986
സ്ത്രീ / Female

2693 1234 5710



ആധാർ - സാധാരണക്കാരന്റെ അവകാശം