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GOPI S 49 M MED121759020 TEN88850363844 M RT 3/22/2023

MEDALL DIAGNOSTICS

Customer Name	MR.GOPI S	Customer ID	MED121759020
Age & Gender	49Y/MALE	Visit Date	22/03/2023
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.

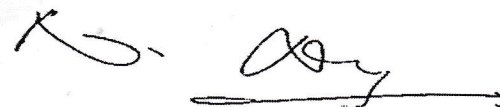
Both costophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

**IMPRESSION:**

✓ **NO SIGNIFICANT ABNORMALITY DEMONSTRATED.**



**DR. DANIEL STANLEY PETER, M.D.R.D.,  
CONSULTANT RADIOLOGIST.  
REG.NO: 82342.**

Measurement Results:

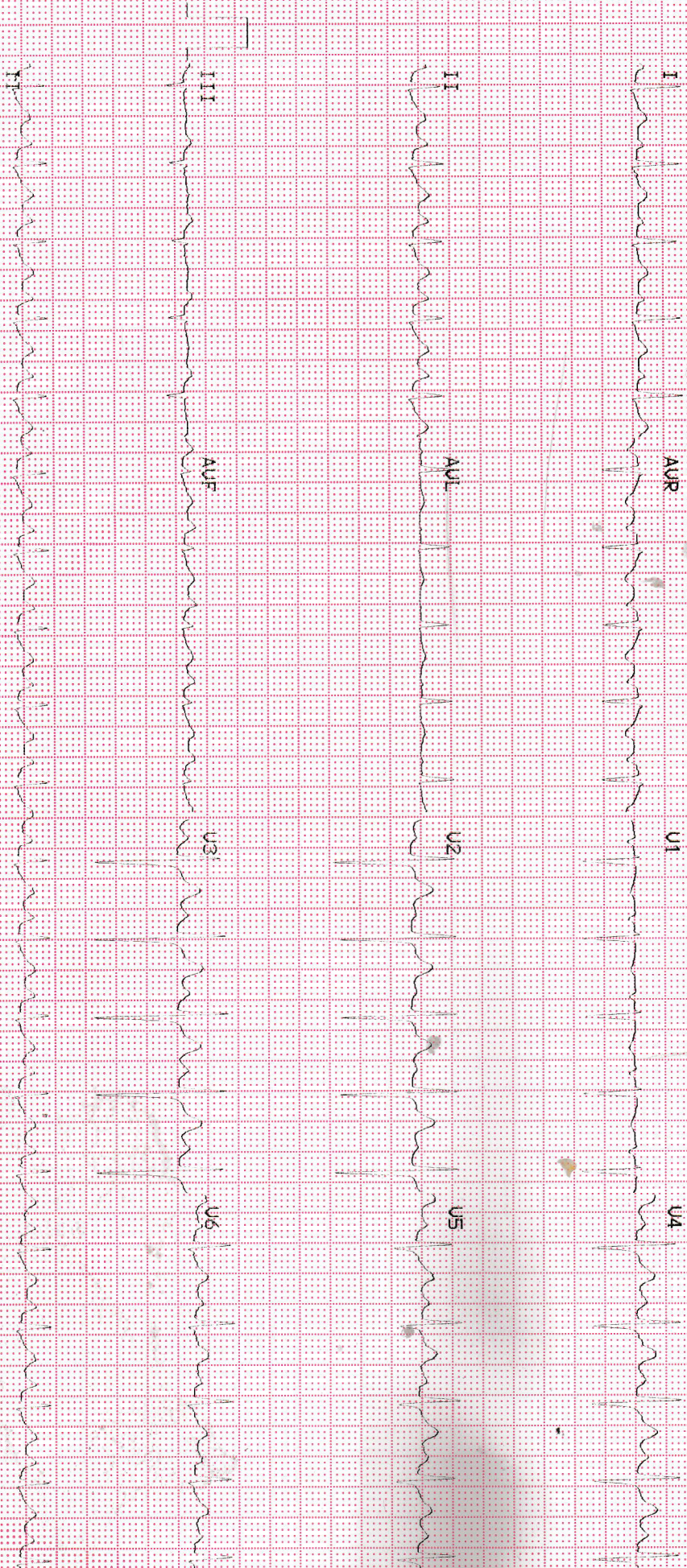
QRS 84 ms  
 QT/QTcB 314 / 439 ms  
 PRP 152 ms  
 P 108 ms  
 RR/PP 512 / 510 ms  
 P/QRS/T 60 / 10 / 45 degrees  
 QTd/QTcBd 14 / 20 ms  
 Sx: 91mw 1.4 mV  
 NK 16

< P  
 < T  
 < QRS  
 -90  
 aUL  
 0 I  
 III 190  
 aUF  
 II

Interpretation:

sinus tachycardia  
 probably abnormal ECG

Unconfirmed report.



# MEDICAL EXAMINATION REPORT

Name Gopi.S Gender  M /  F Date of Birth 24/05/1973  
Position Selected For \_\_\_\_\_ Identification marks \_\_\_\_\_

## A. HISTORY:

1. Do you have, or are you being treated for, any of the following conditions? (please tick all that apply)?

- |                                                         |                                                                                                  |                                                                     |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Anxiety                        | <input type="checkbox"/> Cancer                                                                  | <input type="checkbox"/> High Blood Pressure                        |
| <input type="checkbox"/> Arthritis                      | <input type="checkbox"/> Depression/ bipolar disorder                                            | <input type="checkbox"/> High Cholesterol                           |
| <input type="checkbox"/> Asthama, Bronchitis, Emphysema | <input type="checkbox"/> Diabetes                                                                | <input type="checkbox"/> Migraine Headaches                         |
| <input type="checkbox"/> Back or spinal problems        | <input type="checkbox"/> Heart Disease                                                           | <input type="checkbox"/> Sinusitis or Allergic Rhinitis (Hay Fever) |
| <input type="checkbox"/> Epilepsy                       | <input type="checkbox"/> 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 : Yes  No  Occasional

5. Smoking : Yes  No  Quit(more than 3 years)

6. Respiratory Function :

- a. Do you become unusually short of breath while walking fast or taking stair - case? Yes  No
- b. Do you usually cough a lot first thing in morning? Yes  No
- c. Have you vomited or coughed out blood? Yes  No

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)
  - Vigorous 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  No

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 :

b. Back :

c. Shoulder, Elbow, Wrists, Hands

d. Hips, Knees, Ankles, Legs

Have you ever injured or experienced pain?

If Yes ; approximate date (MM/YYYY)

Consulted a medical professional ?

Resulted in time of work?

Surgery Required ?

Ongoing Problems ?

Yes  No

Yes  No

Yes  No

Yes  No

**10. Function History**

- a. Do you have pain or discomfort when lifting or handling heavy objects? Yes  No
- b. Do you have knee pain when squatting or kneeling? Yes  No
- c. Do you have back pain when forwarding or twisting? Yes  No
- d. Do you have pain or difficulty when lifting objects above your shoulder height? Yes  No
- e. Do you have pain when doing any of the following for prolonged periods (Please circle appropriate response)
  - Walking : Yes  No
  - Kneeling : Yes  No
  - Squatting : Yes  No
  - Climbing : Yes  No
  - Sitting : Yes  No
  - Standing : Yes  No
  - Bending : Yes  No
- f. Do you have pain when working with hand tools? Yes  No
- g. Do you experience any difficulty operating machinery? Yes  No
- h. Do you have difficulty operating computer instrument? Yes  No

**B. CLINICAL EXAMINATION :**

Chest - 95  
Hip - 34  
Pulse - 120

a. Height  b. Weight  Blood Pressure  mmhg

Chest measurements: a. Normal  b. Expanded

Waist Circumference

Skin

Vision

Circulatory System

Gastro-intestinal System

Ear, Nose & Throat

Respiratory System

Nervous System

Genito-urinary System

Colour Vision

Discuss Particulars of Section B :-

**C. REMARKS OF PATHOLOGICAL TESTS :**

Chest X-ray  ECG

Complete Blood Count  Urine routine

Serum cholesterol  Blood sugar

Blood Group  S.Creatinine

**D. CONCLUSION :**

Any further 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 infirmity except \_\_\_\_\_ . I do not consider this as disqualification for employment in the Company. S

Candidate is free from Contagious/Communicable disease

[Signature]

Signature of Medical Adviser

Date: 22.2.23



# 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.



## CONSULTANTS :

- Dr. Abiramasundari D
- Dr. Adarsh S Naik
- Dr. Ajay R Kaushik
- Dr. Andrea Jose
- Dr. Ashraya Nayaka T.E
- Dr. Ashwin Segi
- Dr. Aylette Jude Dsilva
- Dr. Chandra Shekar C.S.
- Dr. Chitra Ramamurthy
- Dr. Gautam Kukadia
- Dr. Girish Reddy G.C.
- Dr. Gitansha Shreyas Sachdev
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- Dr. Gopinathan G.S
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- Dr. Nagesh
- Dr. Nikitha
- Dr. Pranesh Ravi
- Dr. Praveen Muraly
- Dr. Preethi
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- Dr. Thenarasun S.A.
- Dr. Umesh Krishna
- Dr. Vaishnavi M.
- Dr. Vamsi K.
- Dr. Vidhya N.
- Dr. Vijay Kumar S.
- Dr. Visalatchi
- Dr. Vishnu Kuppasamy Pounraju

Date: 22.3.23

## Eye Fitness Certificate

This is to certify that Mr/Mrs/Ms. Gopi S Age 56/m

Male/Female, our MRNO. 13005075

	OD	OS
Visual Acuity	+0.75 6/6	+1.00 6/6
Near Vision	+1.75	+1.75
Colour Vision		
B.S.V		
Central Fields		
Anterior Segment		
Fundus	Nil	Nil

Fit with glasses	✓
Fit without glasses	-
unfit	-

Medical Consultant,  
The Eye Foundation  
Tirunelveli.

**Dr. PATIL SANDIP DATTATRAY**  
MBBS, M.S. (OPHTHALM)  
REG. No : G 59864  
THE EYE FOUNDATION  
TIRUNELVELI.

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**REAL - TIME 2D & 4D ULTRASOUND DONE WITH VOLUSON 730 EXPERT .  
SONOGRAM REPORT**

**WHOLE ABDOMEN**

**Liver:** The liver is normal in size. Parenchymal echoes are increased in intensity. No focal lesions. Surface is smooth. There is no intra or extra hepatic biliary ductal dilatation.

**Gallbladder:** The gall bladder is partially distended.  
Multiple calculi (about 5 in numbers) the largest measuring about 8 mm are noted in gall bladder.  
Wall thickness appear normal. No pericholecystic fluid collection.

**Pancreas:** The pancreas shows a normal configuration and echotexture.  
The pancreatic duct is normal.

**Spleen:** The spleen is normal.

**Kidneys:** The right kidney measures 9.6 x 4.7 cm. Normal architecture.  
The collecting system is not dilated.

The left kidney measures 10.5 x 4.9 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.



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**Prostate:** The prostate measures 4.0 x 2.8 x 2.7 cm and is normal sized.  
Corresponds to a weight of about 16.40 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 :**

- Mild fatty changes in liver.
- Cholelithiasis.

  
**DR.T.ANNIE STALIN MBBS.,F.USG.,  
SONOLOGIST.**

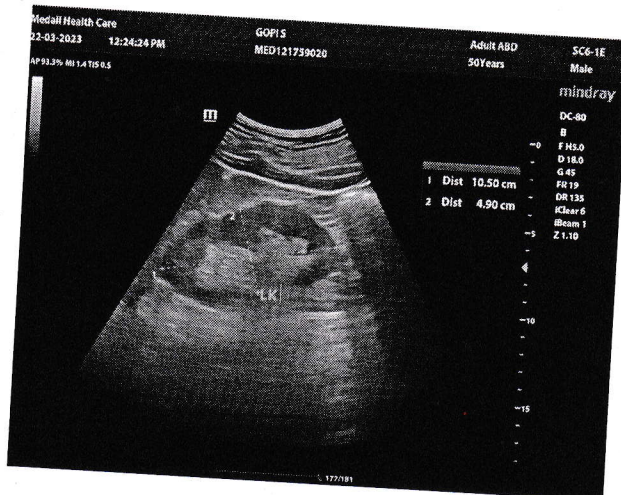
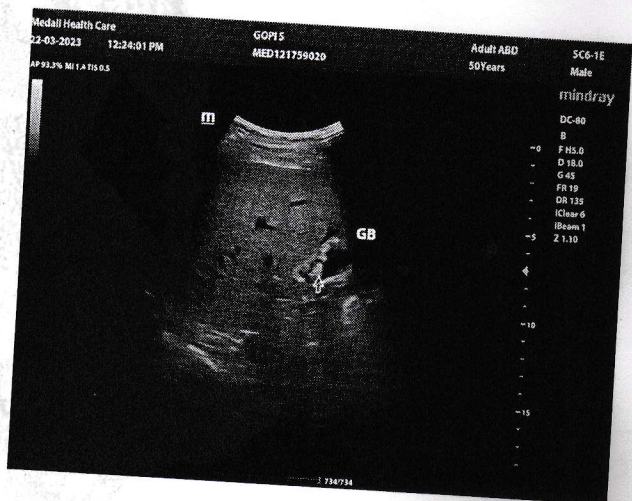
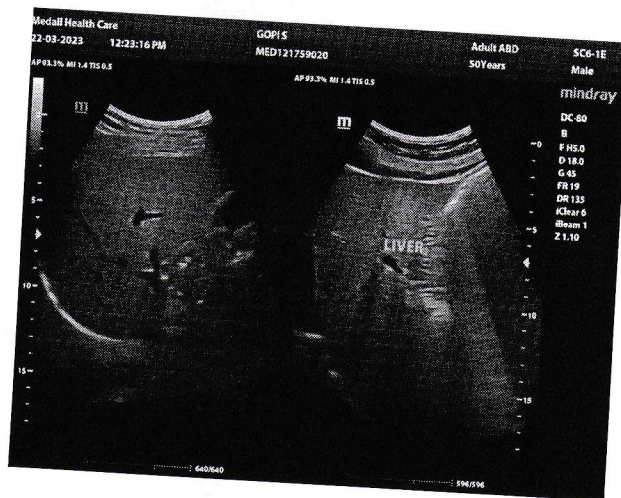
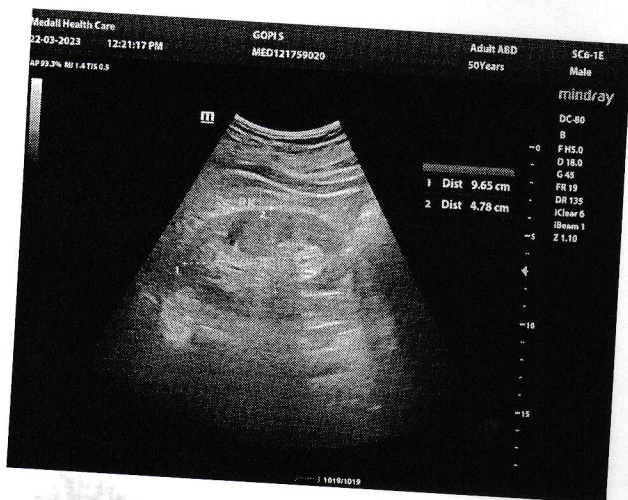
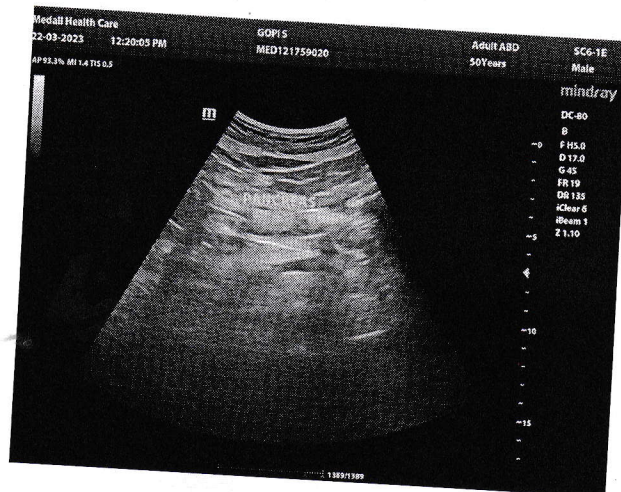
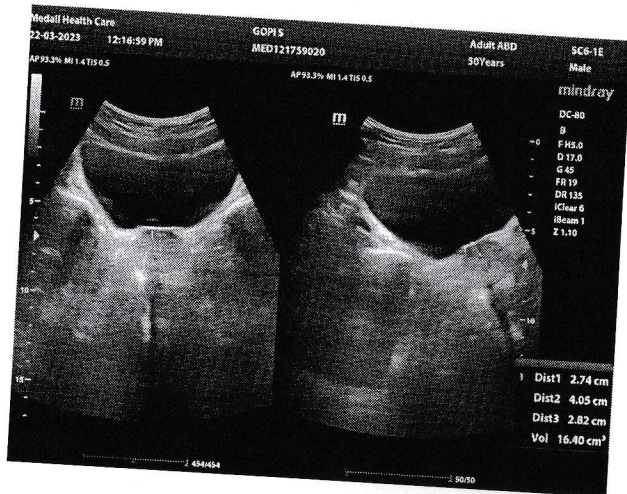




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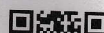
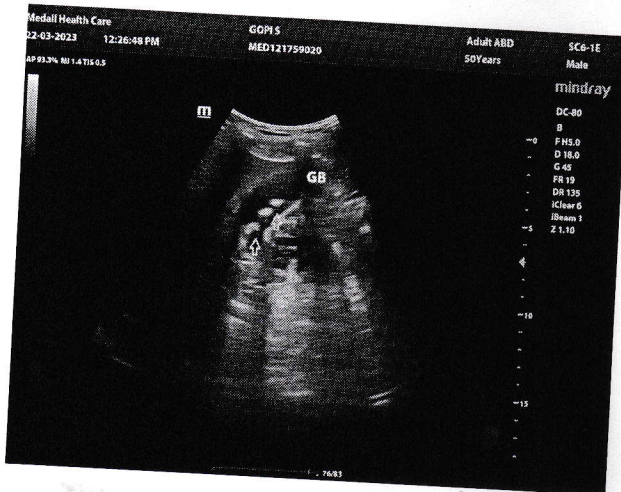
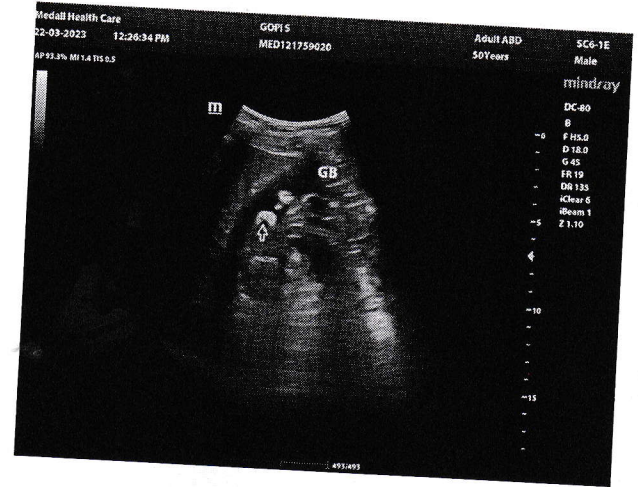
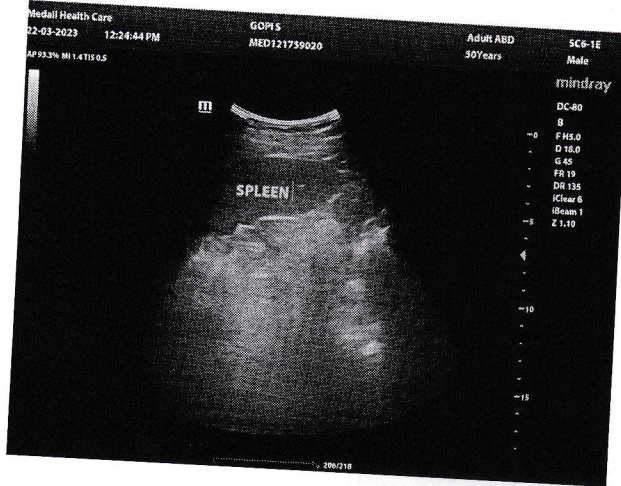
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**ECHOCARDIOGRAM WITH COLOUR DOPPLER:**

LVID d ... 4.9 cm  
 LVID s ... 3.0 cm  
 EF ... 70 %  
 IVS d ... 0.9 cm  
 IVS s ... 1.1 cm  
 LVPW d ... 0.5 cm  
 LVPW s ... 1.2 cm  
 LA ... 2.7 cm  
 AO ... 2.9 cm  
 TAPSE ... 25mm

Left ventricle, Left atrium normal.

Right ventricle, Right atrium normal.

No regional wall motion abnormality present.

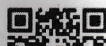
Mitral valve, Aortic valve, Tricuspid valve & Pulmonary valve normal.

Aorta normal.

Inter atrial septum intact.

Inter ventricular septum intact.

No pericardial effusion .



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Doppler:

Mitral valve : E: 0.92 m/s      A: 1.12 m/s  
E/A Ratio: 0.82      E/E: 14.02

Aortic valve: AV Jet velocity: 1.45 m/s

Tricuspid valve: TV Jet velocity: 1.60 m/s      TRPG: 10.21mmHg.

Pulmonary valve: PV Jet velocity: 1.29m/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. MANIKANDAN. MD.DM.(Cardio)  
Cardiologist



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