

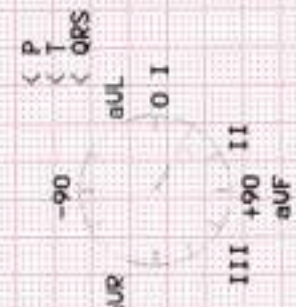
IL

SIVA SANKARI P MED122452897 TEN91898552473 F RT 2/10/2024

MEDALL DIAGNOSTICS

Measurement Results:

PR : 166 ms
 QRS : 374 / 460 ms
 ST : 154 ms
 QT : 98 ms
 QTc : 654 / 635 ms
 QT/QTc : 48 / 29 / 38 degrees



Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Normal ECG

Unconfirmed report



MEDICAL EXAMINATION REPORT

Name P. Siva Sankar Gender M / F Date of Birth 12.06.1983
 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"/> Asthma, 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. NO

3. List allergies to any known medications or chemicals NO

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 : Have you ever injured or experienced pain? Yes No
- b. Back : If Yes : approximate date (MM/YYYY) Yes No
- c. Shoulder, Elbow, Wrists, Hands : Consulted a medical professional ? Yes No
- d. Hips, Knees, Ankles, Legs : Resulted in time of work? Yes No
- Surgery Required ? Yes No
- Ongoing Problems ? 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 :

a. Height b. Weight Blood Pressure pulse - 85

Chest measurements: a. Normal b. Expanded

Waist Circumference Ear, Nose & Throat

Skin Respiratory System

Vision Nervous System

Circulatory System Genito-urinary System

Gastro-intestinal 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

Date: 10 Oct. 2024

J. K. L.

Signature of Medical Officer
Dr. S. MANIKANDAN, M.D., D.M., (Cardio)
 Reg. No: 61785, Consultant Cardiologist
 Medall Diagnostic
 Tirunelveli - 4

Name : Mrs. SIVA SANKARI P
PID No. : MED122452897
SID No. : 624003654
Age / Sex : 40 Year(s) / Female
Ref. Dr : MediWheel

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Investigation **Observed Value** **Unit** **Biological Reference Interval**

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (Blood /Agglutination) 'B' 'Positive'

HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (Blood/Spectrophotometry)	10.4	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	35.7	%	37 - 47
RBC Count (Blood/Impedance Variation)	3.91	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/Derived from Impedance)	91	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	26.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	29.2	g/dL	32 - 36
RDW-CV (Derived from Impedance)	14.3	%	11.5 - 16.0
RDW-SD (Derived from Impedance)	45.55	fL	39 - 46
Total Leukocyte Count (TC) (Blood/Impedance Variation)	9100	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	63.4	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	28.3	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	2.4	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	5.6	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.3	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Absolute Neutrophil count (Blood/Impedance Variation & Flow Cytometry)	5.77	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (Blood/Impedance Variation & Flow Cytometry)	2.58	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/Impedance Variation & Flow Cytometry)	0.22	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (Blood/Impedance Variation & Flow Cytometry)	0.51	$10^3 / \mu\text{l}$	< 1.0




DR S SARANYAA
Consultant Pathologist
Reg.No.93548

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Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.03	10 ³ / μ l	< 0.2
Platelet Count (Blood/Impedance Variation)	320	10 ³ / μ l	150 - 450
MPV (Blood/Derived from Impedance)	7.9	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.25	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	38	mm/hr	< 20

BIOCHEMISTRY

BUN / Creatinine Ratio	10.3		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	98.3	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)	Negative	Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	135.2	mg/dL	70 - 140
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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)	Negative	Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.5	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	1.02	mg/dL	0.6 - 1.1
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Uric Acid (Serum/Enzymatic)	5.4	mg/dL	2.6 - 6.0
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Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	6.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	125.5	mg/dL
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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.

Liver Function Test

Bilirubin(Total) (Serum)	0.50	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.21	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.29	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	19.2	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	18.0	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	12.1	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	64.3	U/L	42 - 98
Total Protein (Serum/Biuret)	7.52	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.25	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.27	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.30		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	144.9	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	85.4	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)	44.1	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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LDL Cholesterol (Serum/Calculated)	83.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	17.1	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	100.8	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.3		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)	1.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.90	ng/ml	0.7 - 2.04
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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/Chemiluminescent Immunometric Assay (CLIA))	9.74	µg/dl	4.2 - 12.0
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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.




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TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	2.92	μIU/mL	0.35 - 5.50
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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)	1-2	/hpf	NIL
Epithelial Cells (Urine)	3-4	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --




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PAP Smear by LBC(Liquid based Cytology)

PAP Smear by LBC(Liquid based Cytology)

SPECIMEN NO : Cy 347/2024

MICROSCOPIC FINDINGS:

ADEQUACY : Satisfactory.

PREDOMINANT CELLS : Superficial cells.

BACKGROUND : Clean.

ORGANISMS : No specific organisms.

IMPRESSION :

Negative for intraepithelial lesion/ malignancy.



Name	MRS.SIVA SANKARI P	ID	MED122452897
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Ref Doctor Name	MediWheel		

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.0cm
LVID s ... 2.3cm
EF ... 74%
IVS d ... 0.7 cm
IVS s ... 0.7cm
LVPW d ... 0.8cm
LVPW s ... 1.0cm
LA ... 2.6cm
AO ... 3.1cm
TAPSE ... 18mm

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: 0.76m/s A: 0.51m/s
E/A Ratio: 1.49 E/E: 9.35

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Aortic valve: AV Jet velocity: 1.51 m/s

Tricuspid valve: TV Jet velocity: 1.22 m/s

TRPG:

5.95mmHg.

Pulmonary valve: PV Jet velocity: 1.23 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

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Thanks for your reference
SONOGRAM REPORT
WHOLE ABDOMEN

Poor penetration of USG due to thick abdominal wall

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 with no demonstrable calculus. Wall thickness appears normal. (post prandial status)

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 4.3 cm. Normal architecture. The collecting system is not dilated. The left kidney measures 9.3 x 3.9 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.

Uterus: The uterus pulled upto the anterior abdominal wall (H/o. caesarean), and

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measures 8.1 x 3.3 cm.

Myometrial echoes appear homogeneous.

The endometrium is central and normal measures 6.5 mm in thickness.

Ovaries The right ovary measures 2.4 x 2.1 cm.
The left ovary measures 2.6 x 2.0 cm.
A follicle measuring about 1.8 x 1.4 cm noted in left ovary.
No significant mass or cyst 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

- Grade I fatty liver.

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

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Name	MRS.SIVA SANKARI P	ID	MED122452897
Age & Gender	40Y/FEMALE	Visit Date	10 Feb 2024
Ref Doctor Name	MediWheel		

Name	Mrs. SIVA SANKARI P	Customer ID	MED122452897
Age & Gender	40Y/F	Visit Date	Feb 10 2024 10:41AM
Ref Doctor	MediWheel		

Thanks for your reference

DIGITAL X- RAY CHEST PA VIEW

Scattered artefact noted.

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Costo and cardiophrenic angles appear normal.

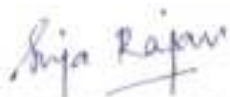
Bilateral lung fields appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

- i. NO SIGNIFICANT ABNORMALITY DEMONSTRATED.**


Dr.A.Suja Rajan DMRD., DNB.,
Consultant Radiologist