



MEDICAL EXAMINATION REPORT Name subothernen Gender M/F Date of Birth 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)? 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? Yes 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? c. Do you experience discharge from your ears? Yes Yes d. Have you ever been diagnosed with industrial deafness? Yes 9. Musculo - Skeletal History a. Neck: Have you ever injured or experienced pain? b. Back: Yes 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 No Surgery Required? Yes No Ongoing Problems ?

Yes

No

١.,	10. Function History			
	b. Do you have pain	or discomfort when lifting	or handling heavy objects	? Yes No
	b. Do you have knee	pain when squatting or kr	neeling 2	I es No
	d. Do you have back	pain when forwarding or t	wisting?	
	d. Do you have pain o	or difficulty when lifting obj	jects above your shoulder	Yes No No height? Yes No No
	e. Do you have pair appropriate respon	when doing any of the se)	e following for prolonged	periods (Please circle
	-Climbia	•Kneeling	Yes No	•Squating : Yes No
5:83.5 2	-011	•Sitting : •Bending :	Yes No	_
	f. Do you have pain w	hen working with hand to	ole?	dr-
	g. Do you experience	any difficulty operating ma	achinory?	Yes No
18	h. Do you have difficul	ty operating computer inst	trument?	Yes No
В.			amont;	Yes No
ω,	CLINICAL EXAMINATIO	N.: []		Y 1
	a. Height 60	b. Weight 71.6	Blood Pressure	Pulse! 79
	Chest measurements:	a. Normal	b. Expanded	136/76 mmhg
o4 .	Waist Circumference	-	Ear, Nose & Throat⊓	Normal
	Skin	Normal	Respiratory System	
	Vision	Normal	Nervous System	Normal
	Circulatory System	Normal		Normal
	Gastro-intestinal System	Normal	Genito- urinary System	Normal
	Discuss Particulars of Section B :-	TOTTICA	Colour Vision	Normal
C.	DEMARKS OF PARTY		Y	
О.	REMARKS OF PATHOLO Chest X -ray	GICAL TESTS:		
		Normal	ECG	Normal
	Complete Blood Count [13.35	Urine routine	
	Serum cholesterol	172	Blood sugar	Normal
	Blood Group			F 49 1PP-257
D.	CONCLUSION:	m'positie	S.Creatinine	1.07
	Any further investigations rec	auired	Any precautions sugges	ted
	No	2	NO	
Ε	FITNESS CERTIFICATION			
			*	· C
	or all the above han	red recruit does not app	pear to be suffering from	any disease communicable
	or otherwise, constitution	onal weakness or bo	odily informity except	and the desired
		I do not consider t		mployment in the Company. S
Г				improvinent in the Company. S
L	Candidate is free fr	om Contagious/Comr	nunicable disease	*
		1	The state of the s	
i				'day
ate:	9.11.23			octure of M. III

2 DS.

Signature of Medical Adviser

* S. MANIKANDAN, M.B., D.M., (Cer *8.No: \$1785, Consultant Cardiology

Register On Name : Mr. SUBOTHANAN A : 09/11/2023 9:37 AM PID No. **Collection On :** 09/11/2023 10:24 AM : MED122270888 SID No. : 623026866 Report On : 10/11/2023 3:39 PM Age / Sex : 48 Year(s) / Male **Printed On** : 10/11/2023 4:50 PM

Ref. Dr : MediWheel Type : OP

<u>Investigation</u>	Observed Value	<u>Unit</u>	Biological Reference Interval
IMMUNOHAEMATOLOGY			
BLOOD GROUPING AND Rh TYPING (Blood /Agglutination)	'A' 'Positive'		
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (Blood/Spectrophotometry)	13.35	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	39.93	%	42 - 52
RBC Count (Blood/Impedance Variation)	04.41	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	90.52	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	30.26	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	33.42	g/dL	32 - 36
RDW-CV(Derived from Impedance)	10.0	%	11.5 - 16.0
RDW-SD(Derived from Impedance)	31.68	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	8050	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	46.30	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	45.30	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	03.50	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	04.40	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00.50	%	00 - 02
INTERPRETATION: Tests done on Automated microscopically.	Five Part cell counter. A	All abnormal resu	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)	3.65	10^3 / μΙ	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.28	10^3 / μΙ	0.04 - 0.44
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.35	10^3 / μΙ	< 1.0





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<u>Investigation</u>	Observed Value	<u>Unit</u>	Biological Reference Interval
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.04	10^3 / μΙ	< 0.2
Platelet Count (Blood/Impedance Variation)	310	10^3 / μl	150 - 450
MPV (Blood/Derived from Impedance)	07.68	fL	7.9 - 13.7
PCT(Automated Blood cell Counter)	0.24	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	28	mm/hr	< 15
BIOCHEMISTRY			
BUN / Creatinine Ratio	7.9		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	142.6	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)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	257.2	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)	8.5	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.07	mg/dL	0.9 - 1.3
Uric Acid (Serum/Enzymatic)	4.1	mg/dL	3.5 - 7.2
Liver Function Test			
Bilirubin(Total) (Serum)	0.82	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.29	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.53	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	16.2	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	27.3	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	47.2	U/L	< 55





Ref. Dr : MediWheel Type : OP

<u>Investigation</u>	Observed Value	<u>Unit</u>	Biological Reference Interval
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	81.7	U/L	53 - 128
Total Protein (Serum/Biuret)	7.54	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.41	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.13	gm/dL	2.3 - 3.6
A: GRATIO (Serum/Derived)	1.41		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	172.3	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	143.7	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)	46.4	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	97.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	28.7	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	125.9	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.





Ref. Dr : MediWheel Type : OP

Investigation Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	Observed Value 3.7	<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)	3.1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	2.1		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)	7.7	%	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) 174.29 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

Prostate specific antigen - Total(PSA) 0.26 ng/mL Normal: 0.0 - 4.0

(Serum/Manometric method)

Inflammatory & Non Malignant conditions of Prostate & genitourinary

system: 4.01 - 10.0

Suspicious of Malignant disease of

Prostate: > 10.0

INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL

PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).

Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.

PSA levels tend to increase in all men as they age.

Clinical Utility of PSA:

an the early detection of Prostate cancer.

As an aid in discriminating between Prostate cancer and Benign Prostatic disease.

To detect cancer recurrence or disease progression.





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<u>Investigation</u>	Observed Value	<u>Unit</u>	Biological Reference Interval
THYROID PROFILE / TFT			
T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.14	ng/mL	0.7 - 2.04

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.

4.2 - 12.0 T4 (Tyroxine) - Total (Serum/ 10.93 μg/dl 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.

TSH (Thyroid Stimulating Hormone) (Serum 0.35 - 5.501.14 μIU/mL /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 lodine intake, TPO status, Serum HCG concentration, race, Ethnicity and

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)	Negative		Negative
Pus Cells (Urine)	4-5	/hpf	NIL
Epithelial Cells (Urine)	2-3	/hpf	NIL





Consultant - Pathologist Reg No: 90632

Type : OP

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

RBCs (Urine) Nil /hpf NIL

-- End of Report --



Ref. Dr

: MediWheel



Name	MR.SUBOTHANAN A	ID	MED122270888
Age & Gender	48Y/MALE	Visit Date	09 Nov 2023
Ref Doctor Name	MediWheel	•	

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.7cm LVID s ... 3.0cm EF ... 66% IVS d ...1.1cm IVS s ... 0.9cm LVPW d ... 0.2cm LVPW s ... 1.1cm ... 3.0cm LA AO ... 2.5cm TAPSE ... 21mm ... 0.7cm IVC

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: 0.88m/s A: 0.71m/s

E/A Ratio: 1.25 E/E: 8.97

Name	MR.SUBOTHANAN A	ID	MED122270888
Age & Gender	48Y/MALE	Visit Date	09 Nov 2023
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Aortic valve: AV Jet velocity: 1.29 m/s

Tricuspid valve: TV Jet velocity: 1.80 m/s TRPG: 12.90mmHg.

Pulmonary valve: PV Jet velocity: 1.36m/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.SUBOTHANAN A	ID	MED122270888
Age & Gender	48Y/MALE	Visit Date	09 Nov 2023
Ref Doctor Name	MediWheel		-

Thanks for your reference

SONOGRAM REPORT

WHOLE ABDOMEN

Poor penetration of USG due to thick abdominal wall

Liver: The liver is normal in sizeParenchymal echoes are increased in

intensity. No focal lesions. Surface is smoot 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 10.6 x 5.3 cm. Normal architecture.

The collecting system is not dilated.

The left kidney measures 10.9 x 5.8 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.SUBOTHANAN A	ID	MED122270888
Age & Gender	48Y/MALE	Visit Date	09 Nov 2023
Ref Doctor Name	MediWheel	-	

Prostate: The prostate measures 3.6 x 3.2 x 2.9 cm and is normal sized.

Corresponds to a weight of about 18.01 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.

IMPRESION

Grade I fatty liver.

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

Name	Mr. SUBOTHANAN A	Customer ID	MED122270888
Age & Gender	48Y/M	Visit Date	Nov 9 2023 9:36AM
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.

Consultant Radiologist Reg. No: 82342