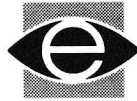


L

SANNASI T 42 M MED122522574 TEN92331663844 M RT 3/29/2024
MEDALL DIAGNOSTICS

- Dr. Abiramasundari D.
- Dr. Ajay R Kaushik
- Dr. Andrea Jose
- Dr. Archana Terasa P.
- Dr. Ashraya Nayaka T.E
- Dr. Ashwin Segi
- Dr. Chitra Ramamurthy
- Dr. Fijo Kuraikose
- Dr. Gautam Kukadia
- Dr. Gitansha Shreyas Sachdev
- Dr. Gopal R.
- Dr. Gopinathan G.S
- Dr. Hemanth Murthy
- Dr. Iris
- Dr. Jatinder Singh
- Dr. Jezeela K.
- Dr. Krishnan R.
- Dr. Maimunnisa M.
- Dr. Manjula
- Dr. Mohamed Faizal S.
- Dr. Mugdha Kumar
- Dr. Muralidhar R.
- Dr. Muralidhar N.S.
- Dr. Nagesh
- Dr. Naveen P.
- Dr. Neha Prakash Zanjali
- Dr. Neha Rathi Kamal
- Dr. Nihaal Ahmed F.D.
- Dr. Patil Sandip Dattatray
- Dr. Pavithra
- Dr. Praburam Niranjan G
- Dr. Pranesh Ravi
- Dr. Praveen Muraly
- Dr. Preethi
- Dr. Priyanka R.
- Dr. Priyanka Anandamoorthi
- Dr. Priyanka Shyam
- Dr. Priyanka Singh
- Dr. Raline Solomon
- Dr. Ramamurthy D.
- Dr. Rashmita Kukadia
- Dr. Ravi J.
- Dr. Rifky Kamil K.
- Dr. Sagar Basu
- Dr. Sahana Manish
- Dr. Sakthi Rajeswari N.
- Dr. Sethukkarasi
- Dr. Shalini Butola
- Dr. Sharmila M.
- Dr. Shreesh Kumar K.
- Dr. Shreyas Ramamurthy
- Dr. Smitha Sharma
- Dr. Soundarya B.
- Dr. Srinivas Rao V.K.
- Dr. Suchieta Jennil P
- Dr. Sumanth
- Dr. Swathi Baliga
- Dr. Tamilarasi S.
- Dr. Thenarasun S.A.
- Dr. Umesh Krishna
- Dr. Uma M.
- Dr. Vamsi K.
- Dr. Vidhya N.
- Dr. Vijay Kumar S.
- Dr. Visalatchi



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.



Date: 29/12/24

Eye Fitness Certificate

This is to certify that Mr/Mrs/Ms. Sannasi T, Age 42yrs

Male/Female, our MRNO. 13046111

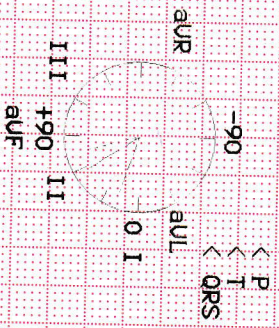
	OD	OS
Visual Acuity	6/6	6/6
Near Vision	+1.25 N6	+1.25 N6
Colour Vision	Normal	Normal
B.S.V	Present	Present
Central Fields	Normal	Normal
Anterior Segment	Normal	Normal
Fundus	Normal	Normal

Medical Consultant,
The Eye Foundation,
Tirunelveli.

Dr. S. MOHAMED FAIZAL MBBS. DO., FAEH.,
Medical Superintendent
Reg.No. 85747
THE EYE FOUNDATION
Tirunelveli

Measurement Results:

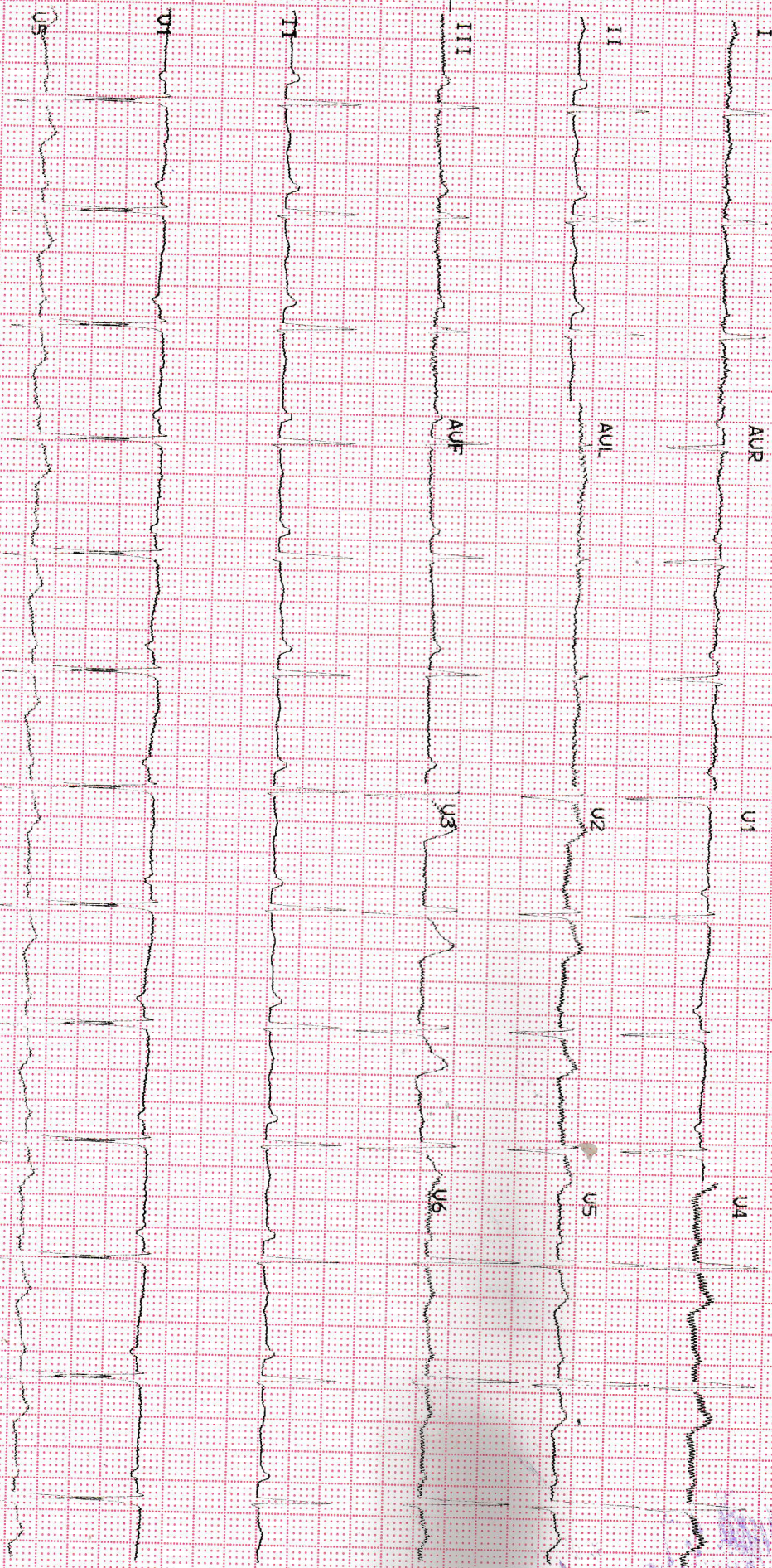
QRS 80 ms
 QT/QTcB 362 / 417 ms
 PR 186 ms
 P 108 ms
 RR/PP 752 / 750 ms
 P/QRS/T 74 / 56 / 20 degrees



Interpretation:

12SL - Interpretation:
 Normal sinus rhythm
 Possible left atrial enlargement
 Nonspecific T wave abnormality
 Abnormal ECG

Unconfirmed report



MEDICAL EXAMINATION REPORT

Name SANNASI.T Gender M / F Date of Birth 23/03/1982
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.

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 ; approximaté date (MM/YYYY)
- 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Kneeling : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Squatting : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| •Climbing : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Sitting : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| •Standing : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Bending : Yes <input type="checkbox"/> No <input type="checkbox"/> | |
- 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

chest - 39
Hip - 40
Pulse - 77

B. CLINICAL EXAMINATION :

a. Height <input type="text" value="166.5"/>	b. Weight <input type="text" value="44.8"/>	Blood Pressure <input type="text" value="124 / 76 mmhg"/>
Chest measurements: a. Normal <input type="text"/>	b. Expanded <input type="text"/>	
Waist Circumference <input type="text" value="-"/>	Ear, Nose & Throat <input type="text" value="normal"/>	
Skin <input type="text" value="normal"/>	Respiratory System <input type="text" value="normal"/>	
Vision <input type="text" value="normal"/>	Nervous System <input type="text" value="normal"/>	
Circulatory System <input type="text" value="normal"/>	Genito-urinary System <input type="text" value="normal"/>	
Gastro-intestinal System <input type="text" value="normal"/>	Colour Vision <input type="text" value="normal"/>	

Discuss Particulars of Section B :-

C. REMARKS OF PATHOLOGICAL TESTS :

Chest X-ray <input type="text" value="normal"/>	ECG <input type="text" value="Normal"/>
Complete Blood Count <input type="text" value="13.7"/>	Urine routine <input type="text" value="normal"/>
Serum cholesterol <input type="text" value="200"/>	Blood sugar <input type="text" value="F. 90.2 PP-11.6"/>
Blood Group <input type="text" value="O positive"/>	S.Creatinine <input type="text" value="0.97"/>

D. CONCLUSION :

Any further investigations required <input type="text" value="NO"/>	Any precautions suggested <input type="text" value="NO"/>
---	---

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 : 29/03/2024

[Handwritten Signature]

[Handwritten Signature]
 Signature of Medical Adviser

DR. S. MANIKANDAN, M.D., D.I.C.C.
 Reg. No. 61785, Consultant Cardiology
 Medical Diagnostics

Name : Mr. SANNASI.T
PID No. : MED122522574
SID No. : 624007937
Age / Sex : 42 Year(s) / Male
Ref. Dr : MediWheel

Register On : 29/03/2024 10:03 AM
Collection On : 29/03/2024 10:09 AM
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Printed On : 01/04/2024 4:17 PM
Type : OP



Investigation Observed Value Unit Biological Reference Interval

IMMUNOHAEMATOLOGY

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

HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (Blood/Spectrophotometry)	13.7	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	44.1	%	42 - 52
RBC Count (Blood/Impedance Variation)	4.62	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/Derived from Impedance)	96	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	29.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	31.0	g/dL	32 - 36
RDW-CV (Derived from Impedance)	13.8	%	11.5 - 16.0
RDW-SD (Derived from Impedance)	46.37	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	8100	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	50.8	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	37.7	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	3.0	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	8.3	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.2	%	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)	4.11	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	3.05	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.24	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.67	$10^3 / \mu\text{l}$	< 1.0



Dr. R. Lavanya MD
Consultant - Pathologist
Reg No: 90632

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.02	10 ³ / μ l	< 0.2
Platelet Count (Blood/Impedance Variation)	254	10 ³ / μ l	150 - 450
MPV (Blood/Derived from Impedance)	9.0	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.23	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	12	mm/hr	< 15

BIOCHEMISTRY

BUN / Creatinine Ratio	16.37		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	90.2	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)	111.6	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)	Negative	Negative
---	----------	----------

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	15.88	mg/dL	7.0 - 21
--	-------	-------	----------

Creatinine (Serum/Modified Jaffe)	0.97	mg/dL	0.9 - 1.3
--	------	-------	-----------

Uric Acid (Serum/Enzymatic)	6.8	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum)	0.90	mg/dL	0.1 - 1.2
---------------------------------	------	-------	-----------

Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.18	mg/dL	0.0 - 0.3
---	------	-------	-----------


Bilirubin(Indirect) (Serum/Derived)	0.72	mg/dL	0.1 - 1.0
--	------	-------	-----------

SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	20.9	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum)	22.2	U/L	5 - 41
---	------	-----	--------

GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	22.6	U/L	< 55
---	------	-----	------




Dr. R. Lavanya MD
Consultant - Pathologist
Reg No: 90632

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	105.2	U/L	53 - 128
Total Protein (Serum/Biuret)	6.80	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.60	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.20	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.13		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	200.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	108.2	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)	35.6	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	143.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	21.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	165.2	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.



R. Lavanya
 Dr.R.Lavanya MD
 Consultant - Pathologist
 Reg No: 90632

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.6		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		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	4		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/Ion exchange HPLC by D10)	5.2	%	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) 102.54 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) (Serum/Manometric method)	0.57	ng/mL	Normal: 0.0 - 4.0 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:

• In 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>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.20	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.

T4 (Tyroxine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	8.07	µg/dL	4.2 - 12.0
--	------	-------	------------

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 / Chemiluminescent Immunometric Assay (CLIA))	3.08	µIU/mL	0.35 - 5.50
---	------	--------	-------------

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)	Yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Protein (Urine)	Negative	Negative
Glucose (Urine)	Negative	Negative
Pus Cells (Urine)	3 - 4	/hpf NIL
Epithelial Cells (Urine)	2 - 3	/hpf NIL



R. Lavanya
Dr.R.Lavanya MD
Consultant - Pathologist
Reg No: 90632

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --




Dr.R.Lavanya MD
Consultant - Pathologist
Reg No: 90632

Name	MR.SANNASI.T	ID	MED122522574
Age & Gender	42Y/MALE	Visit Date	29 Mar 2024
Ref Doctor Name	MediWheel		



Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.4cm
 LVID s ... 2.7cm
 EF ... 69%
 IVS d ... 1.0 cm
 IVS s ... 1.2 cm
 LVPW d ... 0.7cm
 LVPW s ... 0.9cm
 LA ... 2.7cm
 AO ... 3.4cm
 TAPSE ... 24mm
 IVC ... 0.9cm

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 .

Name	MR.SANNASIT	ID	MED122522574
Age & Gender	42Y/MALE	Visit Date	29 Mar 2024
Ref Doctor Name	MediWheel		



Doppler:

Mitral valve : E: 0.76m/s A: 0.57m/s
E/A Ratio: 1.33 E/E: 5.91

Aortic valve: AV Jet velocity: 2.00m/s

Tricuspid valve: TV Jet velocity: 2.12 m/s TRPG: 17.98

mmHg.

Pulmonary valve: PV Jet velocity: 1.60m/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.SANNASIT	ID	MED122522574
Age & Gender	42Y/MALE	Visit Date	29 Mar 2024
Ref Doctor Name	MediWheel		



Name	MR.SANNASI.T	ID	MED122522574
Age & Gender	42Y/MALE	Visit Date	29 Mar 2024
Ref Doctor Name	MediWheel		



Name	MR.SANNASIT	ID	MED122522574
Age & Gender	42Y/MALE	Visit Date	29 Mar 2024
Ref Doctor Name	MediWheel		



Name	MR.SANNASI.T	ID	MED122522574
Age & Gender	42Y/MALE	Visit Date	29 Mar 2024
Ref Doctor Name	MediWheel		



Thanks for your reference

SONOGRAM REPORT

WHOLE ABDOMEN

Liver: The liver is normal in size (12.6 cm). 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 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 10.7 x 4.5 cm. Normal architecture.

The collecting system is not dilated.
The left kidney measures 11.4 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.

Name	MR.SANNASI.T	ID	MED122522574
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Prostate: The prostate measures 3.1 x 2.4 x 2.4 cm and is normal sized.
Corresponds to a weight of about 9.76 gms.
The echotexture is homogeneous.
The seminal vesicles are normal.

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

IMPRESSION

- Grade I fatty liver

DR.A. SUJA RAJAN., DMRD, DNB
Consultant Radiologist
Reg. No.106909.

Name	Mr. SANNASI.T	ID	MED122522574
Age & Gender	42Y/M	Visit Date	Mar 29 2024 10:01AM
Ref Doctor	MediWheel		

Thanks for your reference

DIGITAL X- RAY CHEST PA VIEW

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Costo and cardiophrenic angles appear normal.

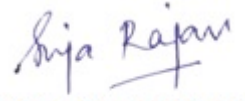
Bilateral lung fields appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

- i. NOSIGNIFICANTABNORMALITDEMONSTRATED.



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