

Name : Mr. RAMALINGAM C
PID No. : MED122025349
SID No. : 623018096
Age / Sex : 54 Year(s) / Male
Ref. Dr : MediWheel

Register On : 29/07/2023 8:52 AM
Collection On : 29/07/2023 9:19 AM
Report On : 31/07/2023 2:49 PM
Printed On : 31/07/2023 4:41 PM
Type : OP

<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)	241	10 ³ / μ l	150 - 450
MPV (Blood/Derived from Impedance)	07.55	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.18	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	15	mm/hr	< 20

BIOCHEMISTRY

BUN / Creatinine Ratio	10.92		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	73.2	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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	98.4	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)	10.04	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.92	mg/dL	0.9 - 1.3
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Uric Acid (Serum/Enzymatic)	3.6	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum)	0.70	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.38 (Rechecked)	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.32	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	19.3	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum)	15.6	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	14.0	U/L	< 55
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Dr. R. Lavanya MD
Consultant - Pathologist
Reg No: 90632

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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	68.1	U/L	56 - 119
Total Protein (Serum/Biuret)	7.19	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.80	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.39	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	2.01		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	120.3	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	82.8	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)	43.5	mg/dL	Optimal(Negative Risk Factor): >= 80 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	60.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	16.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	76.8	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.




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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	2.8		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)	1.4		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)	6.1	%	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) 128.37 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)	0.19	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
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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.



R. Lavanya
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RBCs (Urine)	NIL	/hpf	NIL

-- End of Report --




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Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 5.3 cm
LVID s ... 3.2 cm
EF ... 70 %
IVS d ...0.6 cm
IVS s ... 0.7 cm
LVPW d ... 0.5 cm
LVPW s ... 1.2 cm
LA ... 2.9 cm
AO ... 3.7 cm
TAPSE ... 22 mm
IVC ... 0.8 cm

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: 0.86 m/s A:0.67 m/s
E/A Ratio: 1.28 E/E: 9.29

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Aortic valve: AV Jet velocity: 1.60 m/s

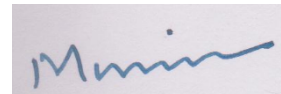
Tricuspid valve: TV Jet velocity: 2.62 m/s

TRPG: 27.36mmHg.

Pulmonary valve: PV Jet velocity: 1.32 m/s

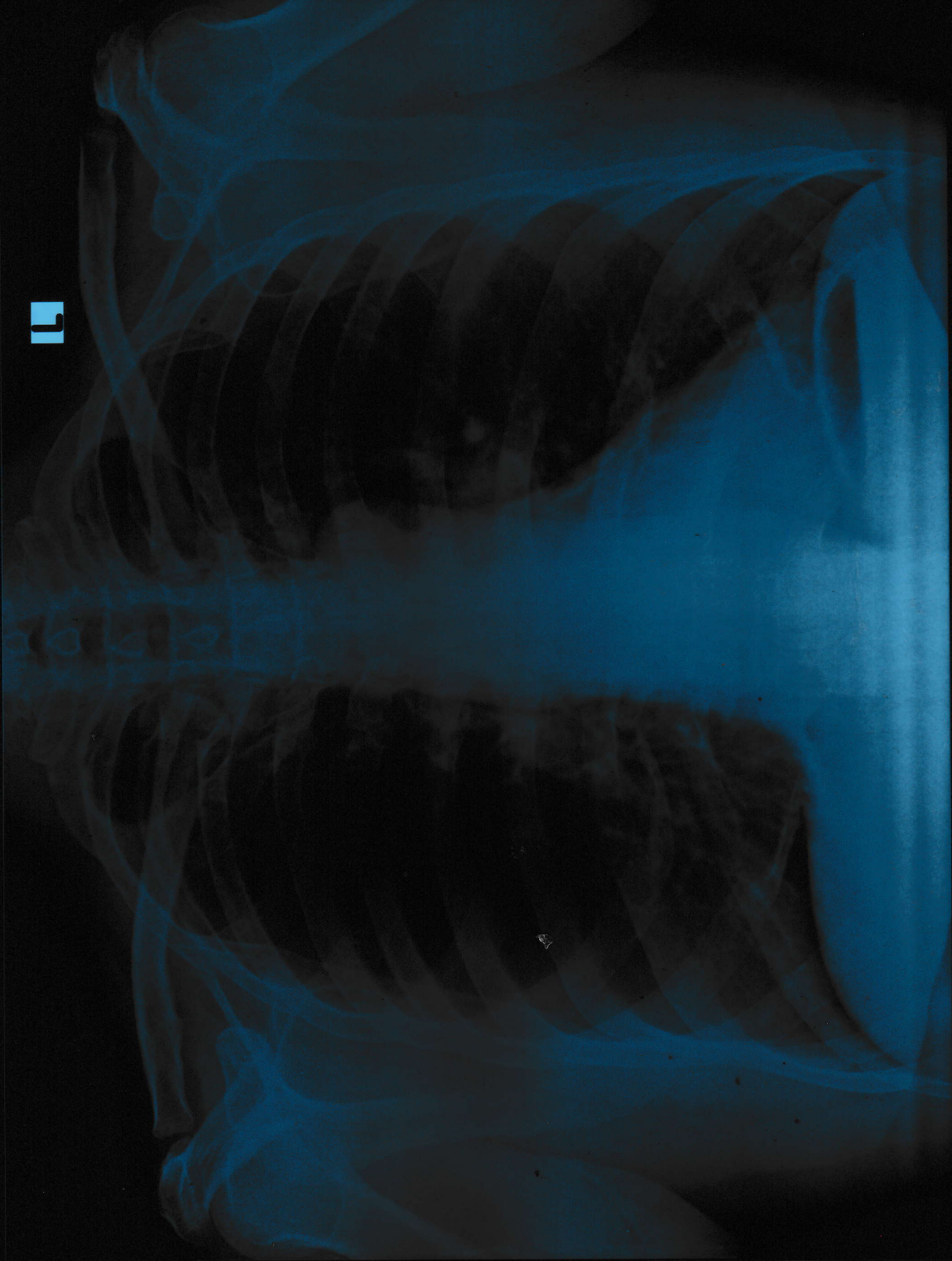
IMPRESSION:

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. MANIKANDAN. MD.DM.(Cardio)
Cardiologist

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RAMALINGAM C 54 M MED122025349 TEN90086863844 M RT 7/29/2023

MEDALL DIAGNOSTICS

SE MAR 01 2001 ST MD RAMALINGAM MEDICAL DIAGNOSTICS TITUMFLUETLY
Male

AGE:

Measurement Results: 96 ms

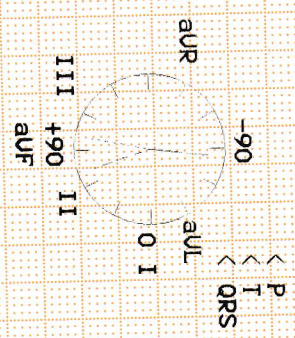
QRS : 376 / 408 ms

QT/QTcB : 146 ms

P : 98 ms

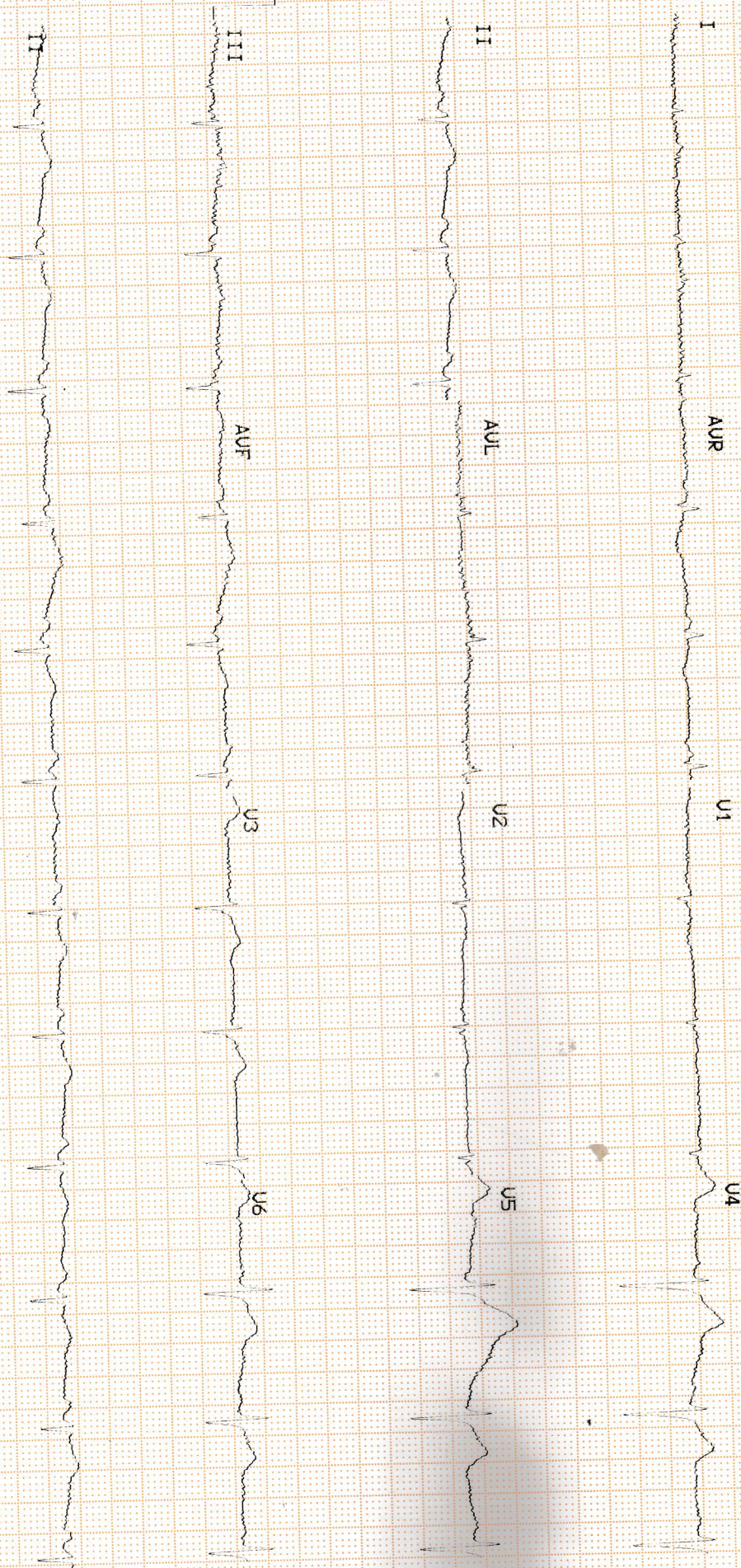
RR/PP : 844 / 845 ms

P/QRS/T : 102/ -82/ 71 degrees



Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Left axis deviation
 Pulmonary disease pattern
 Abnormal ECG

Unconfirmed report.



01 Jan 2001 12:02:59 AM 25mm/s 10mm/mV ABS 5CHZ 0.16 40HZ 3.F1.P Automatic U6 2 121 (4) 12SLBv231

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Thanks for your reference

SONOGRAM REPORT

WHOLE ABDOMEN

Liver: The liver is normal in size and shows uniform echotexture with no focal abnormality. 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 10.1 x 5.0 cm. Normal architecture. The collecting system is not dilated. Cyst of size 2.2 x 1.7 cm noted in upper pole of right kidney.

The left kidney measures 10.2 x 5.6 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 3.6 x 3.4 x 2.9 cm and is normal sized.
Corresponds to a weight of about 18.82 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 :

- Right renal simple cyst.

DR. J. VINOLIN NIVETHA, M.D.R.D.,
Consultant Radiologist.
Reg. No: 115999.



THE EYE FOUNDATION

SUPER SPECIALITY EYE HOSPITALS

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Dr. Vamsi K.
Dr. Vidhya N.
Dr. Vijay Kumar S.
Dr. Visalatchi
Dr. Vishnu Kuppasamy Pounraju

Date: 29/07/23

Eye Fitness Certificate

This is to certify that Mr/Mrs/Ms. Ramalingam .c Age 54 yrs

Male/ Female, our MRNO...13033608

	OD	OS
Visual Acuity	+0.75/+0.50 x 160 6/6	+1.25 x 5 6/6
Near Vision	+2.25 N6	+2.25 N6
Colour Vision	Normal	Normal
B.S.V	Present	Present
Central Fields	Normal	Normal
Anterior Segment	Early cataract	Early cataract
Fundus	Normal	Normal

Dr. S. MOHAMED FAIZAL MBBS, D.O., F.A.C.S.
Medical Superintendent
Reg. No. 85747
THE EYE FOUNDATION
Tirunelveli
Medical Consultant,
The Eye Foundation,
Tirunelveli.

MEDICAL EXAMINATION REPORT

Name raemal ingem Gender M / F Date of Birth
 Position Selected For Identification marks

A. HISTORY:

1. Do you have, or are you being treated for, any of the following coeditions? (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)
 - 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 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, Writs, 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 :

wt 87
ht 139

pulse: 73

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

Date : 21/7/23.


 Signature of Medical Adviser
Dr. S. MANIKANDAN, M.B., B.M., (C)
 Reg. No: 61785, Consultant Cardiologist

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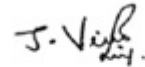
Thanks for your reference

DIGITAL X- RAY CHEST PA VIEW

Trachea appears normal.
Cardiothoracic ratio is within normal limits.
Bilateral lung fields appear normal.
Costo and cardiophrenic angles appear normal.
Visualised bony structures appear normal.
Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

i. NO SIGNIFICANT ABNORMALITY DEMONSTRATED.



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