

Name : Mrs. RAJA SUTHA M K
PID No. : MED120924770
SID No. : 622006999
Age / Sex : 26 Year(s) / Female
Ref. Dr : MediWheel

Register On : 26/03/2022 10:35 AM
Collection On : 26/03/2022 11:02 AM
Report On : 27/03/2022 1:31 PM
Printed On : 28/03/2022 12:14 PM
Type : OP

Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.04	10 ³ / μ l	< 0.2
Platelet Count (Blood/Impedance Variation)	318	10 ³ / μ l	150 - 450
MPV (Blood/Derived from Impedance)	06.91	fL	8.0 - 13.3
PCT(Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	35	mm/hr	< 20

BIOCHEMISTRY

BUN / Creatinine Ratio	8.5		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	78.2	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) 100.3 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) 7.4 mg/dL 7.0 - 21

Creatinine (Serum/Modified Jaffe) 0.87 mg/dL 0.6 - 1.1

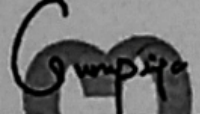
Uric Acid (Serum/Enzymatic) 7.7 mg/dL 2.6 - 6.0

Glycosylated Haemoglobin (HbA1c)


HbA1C (Whole Blood/HPLC) 6.0 % 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) 125.5 mg/dL



DR GURUPRIYA J
PATHOLOGIST
Reg No : 15-48036



Dr.E.Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

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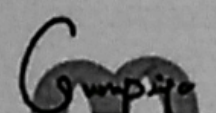
Investigation	Observed Value	Unit	Biological Reference Interval
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INTERPRETATION: Comments
 HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to 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.

Investigation	Observed Value	Unit	Biological Reference Interval
Liver Function Test			
Bilirubin(Total) (Serum)	0.40	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.12	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.28	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	22.5	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	40.7	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	20.9	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	48.3	U/L	42 - 98
Total Protein (Serum/Biuret)	7.62	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.9	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.72	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.80		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	231.6	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	205.6	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/Immuno-inhibition)	52.6	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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Investigation	Observed Value	Unit	Biological Reference Interval
LDL Cholesterol (Serum/Calculated)	137.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	41.1	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	179.0	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)	4.4		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)	3.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triliodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.93	ng/ml	0.7 - 2.04
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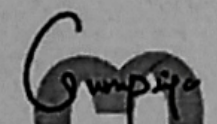
INTERPRETATION:

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))	6.27	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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Investigation	Observed Value	Unit	Biological Reference Interval
TSH (Thyroid Stimulating Hormone) (Serum) /Chemiluminescent Immunometric Assay (CLIA)	4.18	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.

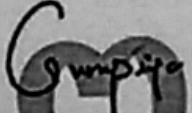
3.Values&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.


CLINICAL PATHOLOGY

Urine Analysis - Routine

Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Slightly Turbid		Clear
Protein (Urine)	Trace		Negative
Glucose (Urine)	Negative		Negative
Pus Cells (Urine)	6-8	/hpf	NIL
Epithelial Cells (Urine)	3-4	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --


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Age & Gender	26Y/FEMALE	Visit Date	26/03/2022
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Thanks for your reference

**REAL - TIME 2D & 4D ULTRASOUND DONE WITH VOLUSON 730 EXPERT .
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 10.6 x 4.8 cm. Normal architecture. The collecting system is not dilated.

The left kidney measures 10.1 x 4.7 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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Uterus: The uterus is anteverted, and measures 7.0 x 4.2 x 5.3 cm.
Myometrial echoes are homogeneous.
The endometrium is central and normal measures 3mm in thickness.

Ovaries: The right ovary measure 3.1 x 1.9 cm.
The left ovary measures 2.1 x 1.4 cm.
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.

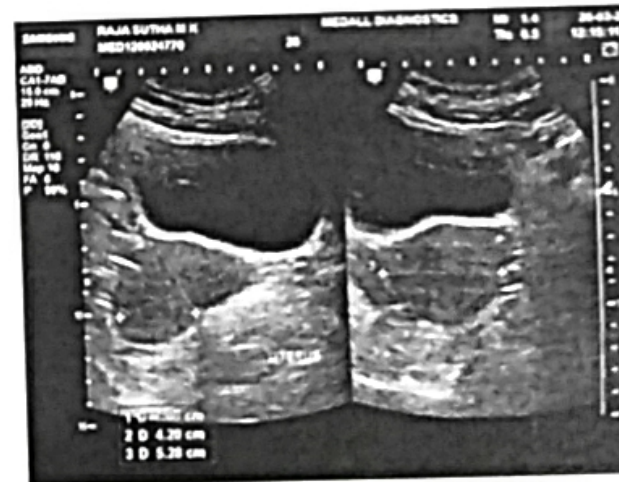
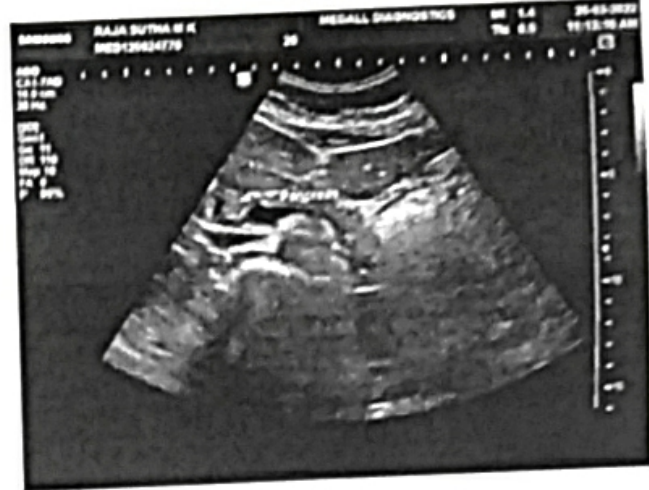
IMPRESSION :

➤ **No significant abnormality.**

**DR. PRARTHANA ANTOLINE ABHIA. DNB RD.,
CONSULTANT RADIOLOGIST.**



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Age & Gender	26Y/FEMALE	Visit Date	26/03/2022
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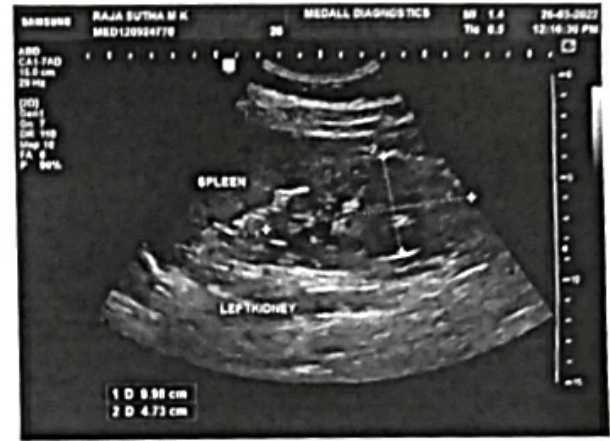
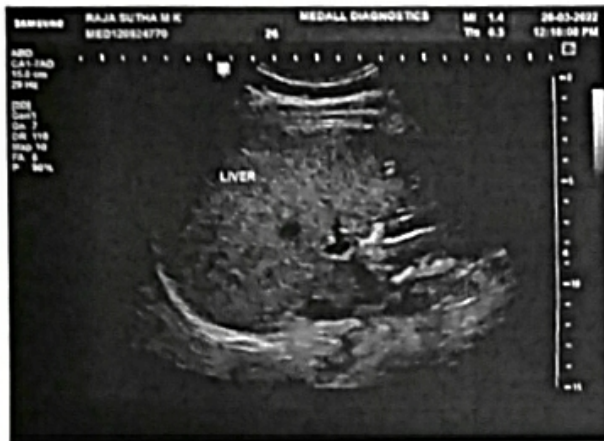


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HR 72 bpm

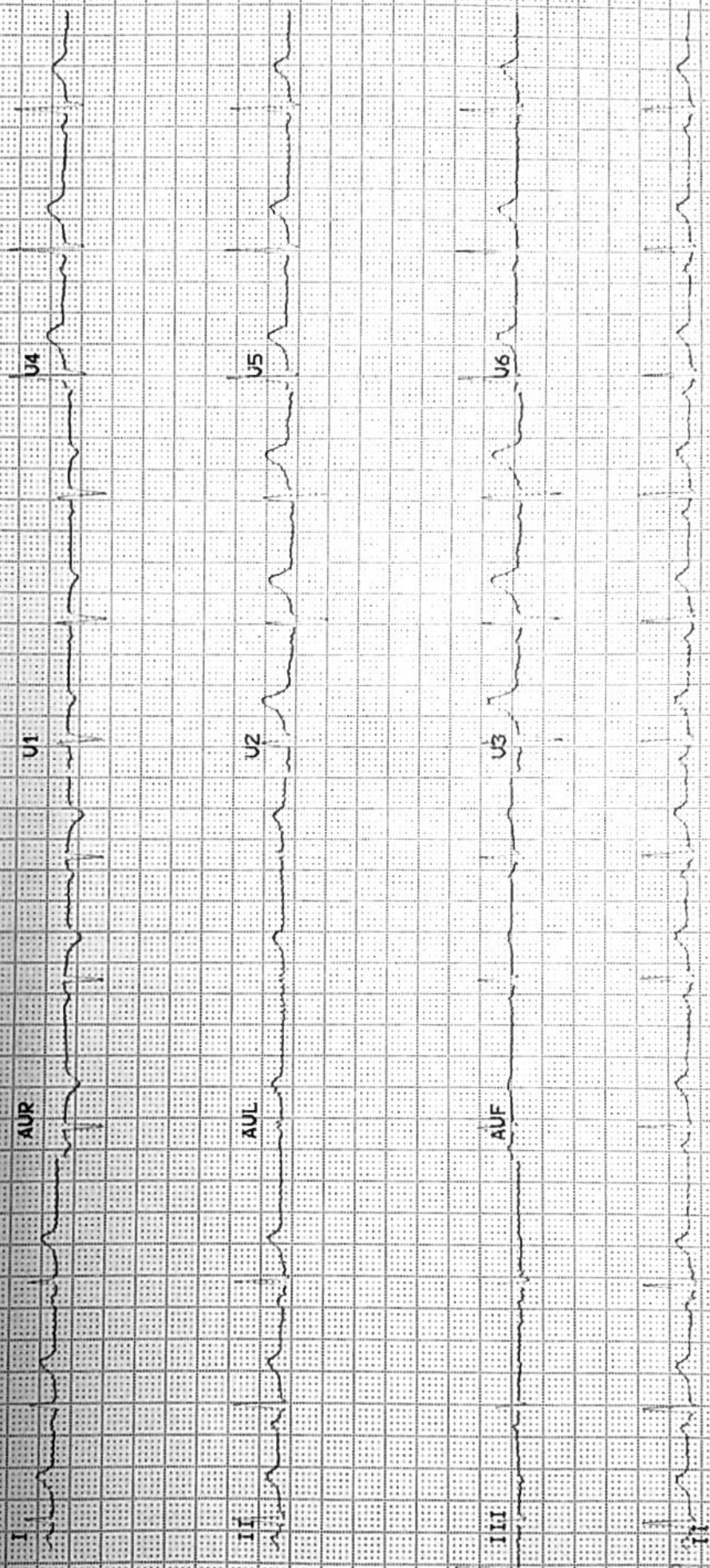
Measurement Results

QRS 94 ms
 QT/QTcB 410 / 452 ms
 PR 128 ms
 P 102 ms
 RR/PP 822 / 830 ms
 P/QRS/T 55 / 55 / 25 degrees
 QTID/QTcBD 40 / 44 ms
 Sokolow 111 +90 11
 NK 1.5 mV
 10 aVF

Interpretation:

normal ECG

Unconfirmed report



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ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.7 cm
 LVID s ... 2.9cm
 EF ... 70%
 IVS d ...0.6cm
 IVS s ... 1.0cm
 LVPW d ... 0.5cm
 LVPW s ... 0.8cm
 LA ... 3.1cm
 AO ... 2.7cm
 TAPSE ... 22mm
 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 .



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Doppler:

Mitral valve : E: 1.04m/s A: 0.73m/s
 E/A Ratio: 1.42 E/E: 10.05

Aortic valve: AV Jet velocity: 1.64 m/s

Tricuspid valve: TV Jet velocity: 2.30 m/s TRPG: 21.22 mmHg.

Pulmonary valve: PV Jet velocity: 1.36 m/s

IMPRESSION:

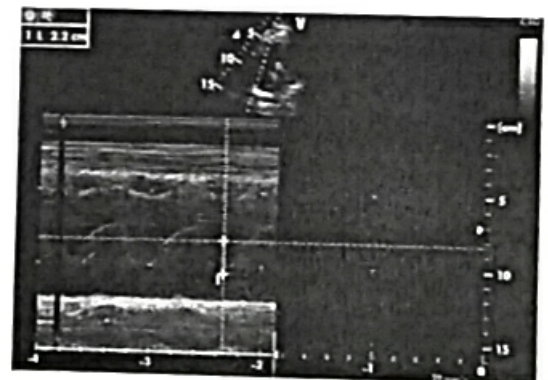
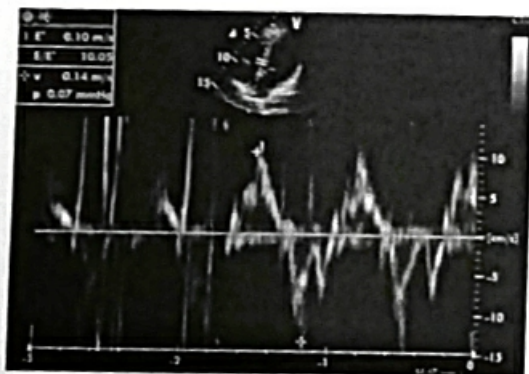
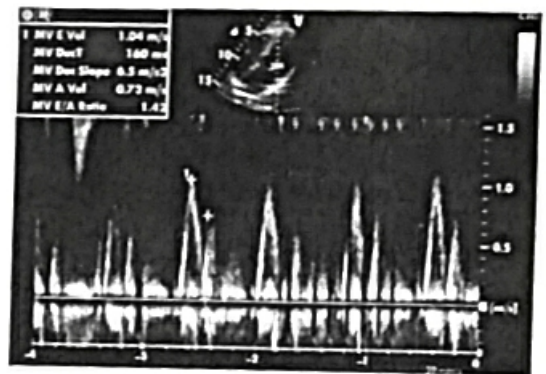
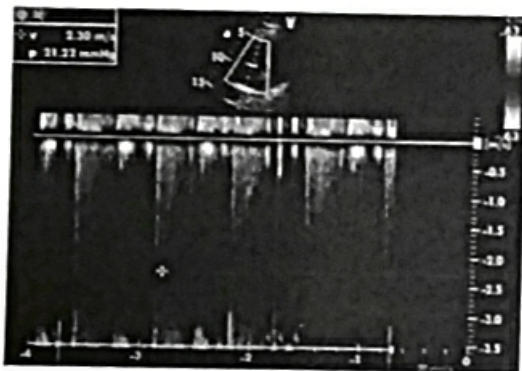
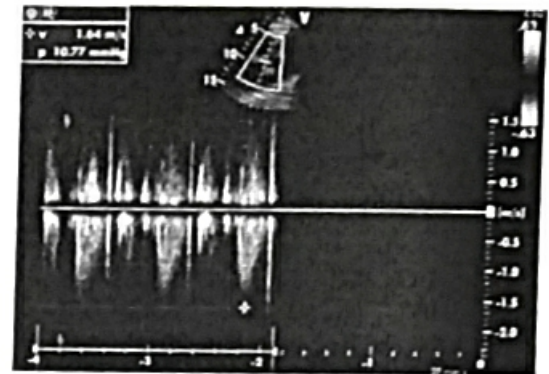
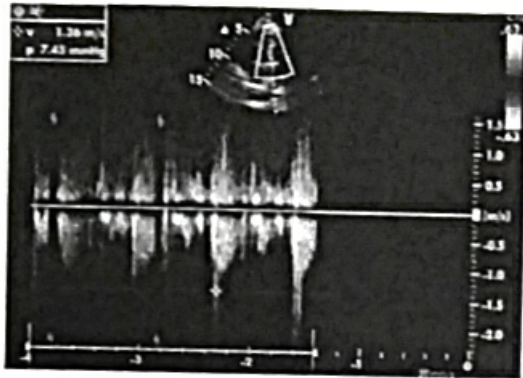
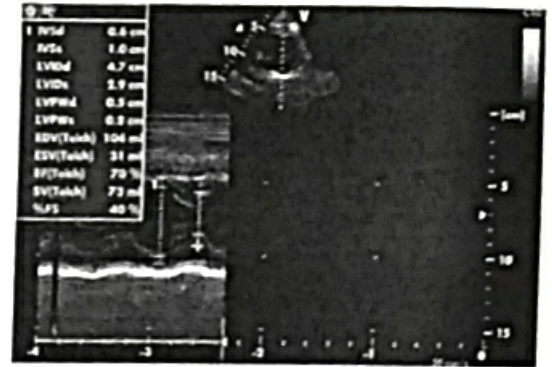
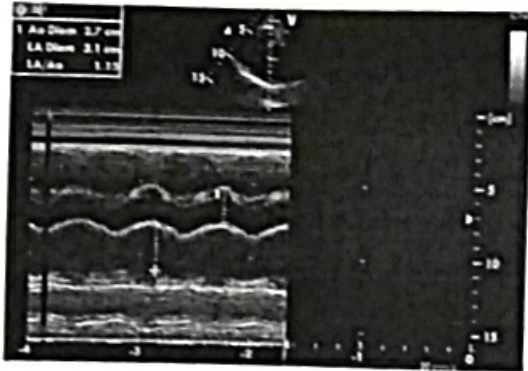
1. Normal chambers & Valve.
2. No regional wall motion abnormality present.
3. Normal LV systolic function.
4. Pericardial effusion - Nil.
5. No pulmonary artery hypertension.



Dr. S. MANIKANDAN. MD.DM.(Cardio)
Cardiologist



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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 checked="" 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

B. CLINICAL EXAMINATION

a. Height <input type="text" value="165"/>	b. Weight <input type="text" value="83.3"/>	Blood Pressure <input type="text" value="120/90 mmhg"/>
Chest measurements: <input type="text"/>	a. Normal <input checked="" type="checkbox"/>	b. Expanded <input type="text" value="Pulsus - 90"/>
Waist Circumference <input type="text" value="N"/>	Ear, Nose & Throat <input type="text" value="N"/>	
Skin <input type="text" value="N"/>	Respiratory System <input type="text" value="N"/>	
Vision <input type="text" value="N"/>	Nervous System <input type="text" value="N"/>	
Circulatory System <input type="text" value="N"/>	Genito-urinary System <input type="text" value="N"/>	
Gastro-intestinal System <input type="text" value="N"/>	Colour Vision <input type="text" value="N"/>	

Discuss Particulars of Section B :-
 Ears - Normal

C. REMARKS OF PATHOLOGICAL TESTS

Chest X-ray	<input type="text" value="-"/>	ECG	<input type="text" value="-"/>
Complete Blood Count	<input type="text" value="-"/>	Urine routine	<input type="text" value="-"/>
Serum cholesterol	<input type="text" value="-"/>	Blood sugar	<input type="text" value="-"/>
Blood Group	<input type="text" value="-"/>	S.Creatinine	<input type="text" value="-"/>

D. CONCLUSION

Any further investigations required	<input type="text" value="-"/>	Any precautions suggested	<input type="text" value="-"/>
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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 : 26/03/21

Signature of Medical Adviser
 Dr. S. MANIKANDAN M.D.D.M., (Cardio)
 Asst. Professor of Cardiology
 TIRUNELVELI MEDICAL COLLEGE HOSPITAL
 TIRUNELVELI
 Reg No : 61785

Eye Examination Report

Candidate Name: Raja Sutha.

Age/ Gender: 26y / Female

Date: 26-08-2022.

This is to certify that I have examined Mr./Ms. Raja Sutha hereby, his/her visual standards are as follows :

Without Glasses		With Glasses		Color Vision (Normal/Defective)
R <u>N/N</u>	L <u>6/6</u>	R <u>N/N</u>	L <u>6/6</u>	<u>Normal</u>

Doctor Signature Dr. S. MANIKANDAN M.D.D.M., (Cardio)
Asst. Professor of Cardiology
Doctor Stamp TIRUNELVELI MEDICAL COLLEGE HOSPITAL
TIRUNELVELI.
Reg No : 61785

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MUTHUSANMATH ATTAPPAN

आयकर वेब पोर्टल
FJHPM5792Q



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नई मुंबई-400 614.

Aarjeev Sarvagya Kamble

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1800-1801801

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DIGITAL X- RAY CHEST PA VIEW

Trachea appears normal.

Few small calcified radiodense lesions noted in right upper zone.

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:

- ❖ **Few small calcified radiodense lesions noted in right upper zone.-?Calcified granulomata.**



**DR. PRARTHANA ANTOLINE ABHIA, DNB, RD.,
Consultant Radiologist**



R

RAJA SUTHA M K 26 F MED120924770 TEN84920063844 F RT