

Patient Name	SyEDALIFATHMA	Date	27.11.24
Age	52	Visit ID	MED122A30967
Gender	Female	Corporate	



GENERAL PHYSICAL EXAMINATION

Identification Mark:

Height: 153 cms
 Weight: 70 kgs
 Pulse: 82 /minute
 Blood Pressure: 117/76 mm of Hg

BMI : 29.9
 (Underweight = <18.5
 Normal weight = 18.5-24.9
 Overweight = 25-29.9)

Chest:

Expiration: cms

Inspiration: cms

Abdomen Measurement: cms

Eyes: Ears:

Throat: Neck nodes:

RS: CVS:

PA: CNS:

to add
 T-RUNNER lung
 one

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE: MEDICAL FIT FOR EMPLOYMENT (YES / NO)

Signature

Dr. S. MANIKANDAN, M.D., D.M., (Cardio)
 Reg.No: 61785, Consultant Cardiologist
 Medall Diagnostics



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: 27.01.24

Eye Fitness Certificate

This is to certify that Mr/Mrs/MS. Syed AU Pathina Age 45/10

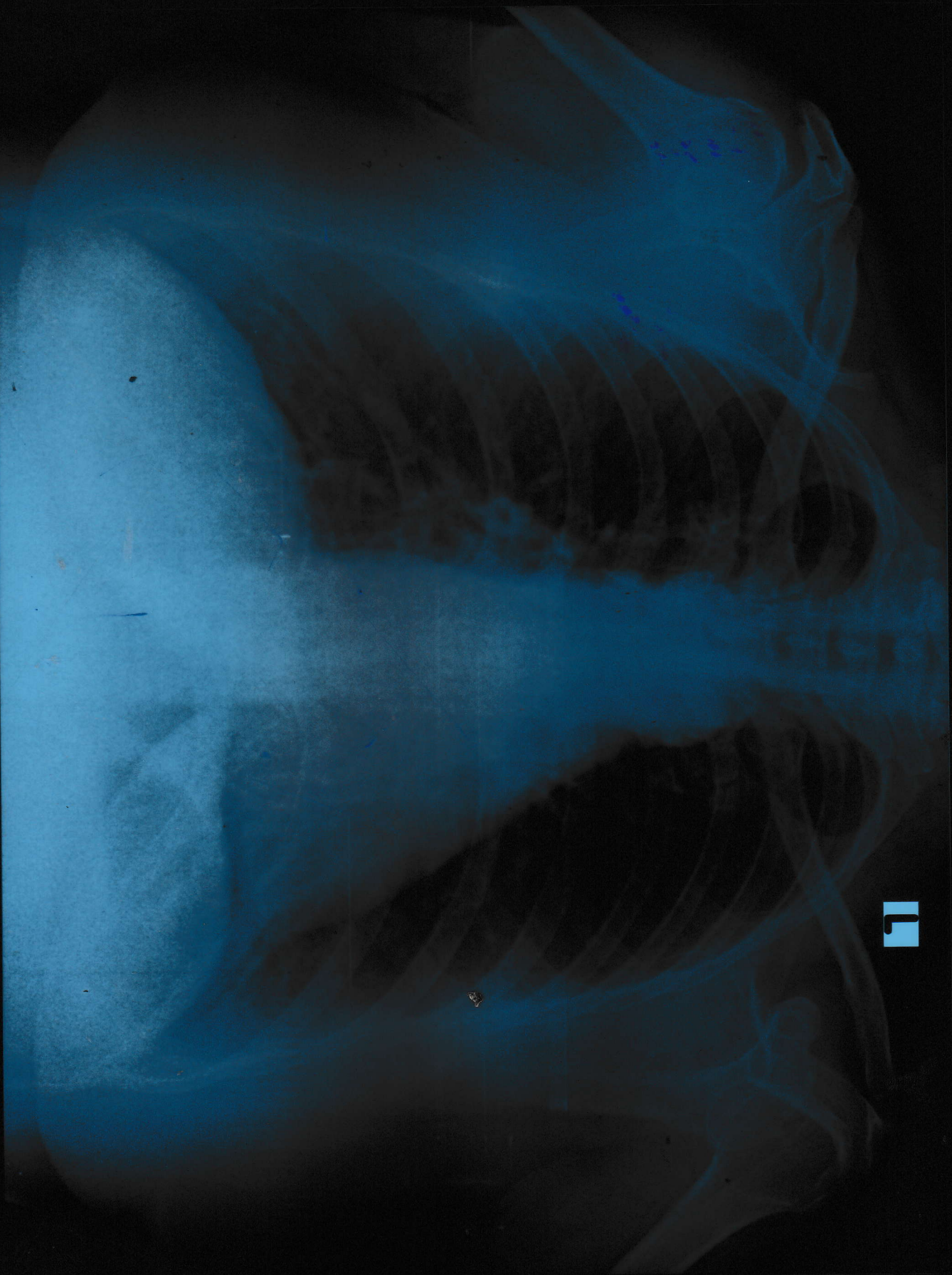
Male/Female, our MRNO. 13042788

	OD	OS
Visual Acuity	<u>6/12 +1.50 x170 6/6</u>	<u>6/12 +1.00 x160 6/6</u>
Near Vision	<u>+2.25 N6</u>	<u>+1.75 N6</u>
Colour Vision	<u>Normal</u>	<u>Normal</u>
B.S.V	<u>Normal</u>	<u>Normal</u>
Central Fields	<u>Normal</u>	<u>Normal</u>
Anterior Segment	<u>Normal</u>	<u>Normal</u>
Fundus	<u>Normal</u>	<u>Normal</u>

Fit with glasses	<input type="checkbox"/>
Fit without glasses	<input checked="" type="checkbox"/>
unfit	<input type="checkbox"/>

Dr.UMA.M MBBS, DO, MS
 Medical Consultant,
 THE EYE FOUNDATION,
 Tirunelveli.

- 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
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- Dr. Rifky Kamil K.
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- Dr. Sharmila M.
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- 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. Vaishnavi M.
- Dr. Vamsi K.
- Dr. Vidhya N.
- Dr. Vijay Kumar S.
- Dr. Visalatchi



SYED ALIFATHIMA M MED122430957 TEN91766952473 F RT 1/27/2024

MEDALL DIAGNOSTICS

R.CC

L.CC

R.MLO

L.MLO

SYED ALI FATHIMA M 52 F MED122430957 TEN91766963844 F RT 1/27/2024

MEDALL DIAGNOSTICS

Name : Mrs. SYED ALI FATHIMA M
PID No. : MED122430957
SID No. : 624002348
Age / Sex : 52 Year(s) / Female
Ref. Dr : MediWheel

Register On : 27/01/2024 11:12 AM
Collection On : 27/01/2024 12:18 PM
Report On : 28/01/2024 2:47 PM
Printed On : 29/01/2024 6:54 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)	0.03	10 ³ / µl	< 0.2
Platelet Count (Blood/Impedance Variation)	260	10 ³ / µl	150 - 450
MPV (Blood/Derived from Impedance)	7.8	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.20	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	12	mm/hr	< 30

BIOCHEMISTRY

BUN / Creatinine Ratio	13.2		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	151.0	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) **Positive(+)** Negative

Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP) **249.2** 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) 10.3 mg/dL 7.0 - 21

Creatinine (Serum/Modified Jaffe) 0.78 mg/dL 0.6 - 1.1

Uric Acid (Serum/Enzymatic) 2.8 mg/dL 2.6 - 6.0

Liver Function Test

Bilirubin(Total) (Serum) 0.70 mg/dL 0.1 - 1.2

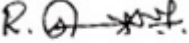
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) 0.23 mg/dL 0.0 - 0.3

Bilirubin(Indirect) (Serum/Derived) 0.47 mg/dL 0.1 - 1.0

SGOT/AST (Aspartate Aminotransferase)
(Serum/Modified IFCC) 23.3 U/L 5 - 40

SGPT/ALT (Alanine Aminotransferase)
(Serum) 19.8 U/L 5 - 41

GGT(Gamma Glutamyl Transpeptidase)
(Serum/IFCC / Kinetic) 15.3 U/L < 38


SARAVANA KUMAR.R
 Quality Manager




Dr Archana K MD Ph.D
 Consultant Pathologist
 Reg.No : 79967

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PID No. : MED122430957
SID No. : 624002348
Age / Sex : 52 Year(s) / Female
Ref. Dr : MediWheel

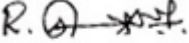
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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	75.2	U/L	53 - 141
Total Protein (Serum/Biuret)	7.52	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.32	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.20	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.35		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	257.3	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	239.1	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)	39.4	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	170.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	47.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	217.9	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.


SARAVANA KUMAR.R
 Quality Manager




Dr Archana K MD Ph.D
 Consultant Pathologist
 Reg.No : 79967

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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	6.5		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)	6.1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	4.3		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)	7.3	%	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) 162.81 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

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	0.94	ng/ml	0.4 - 1.81
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INTERPRETATION:

Comment :

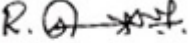
Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	10.24	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.


SARAVANA KUMAR.R
 Quality Manager




Dr Archana K MD Ph.D
 Consultant Pathologist
 Reg.No : 79967

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	4.78	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 :

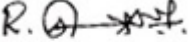
- 1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.
- 2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.
- 3.Values&#amp;#2264;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)	Positive(+)		Negative
Pus Cells (Urine)	3-5	/hpf	NIL
Epithelial Cells (Urine)	1-2	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --


SARAVANA KUMAR.R
Quality Manager




Dr Archana K MD Ph.D
Consultant Pathologist
Reg.No : 79967

Name	MRS.SYED ALI FATHIMA M	ID	MED122430957
Age & Gender	52Y/FEMALE	Visit Date	27 Jan 2024
Ref Doctor Name	MediWheel		

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.3cm
LVID s ... 2.6cm
EF ... 70%
IVS d ... 0.8 cm
IVS s ... 1.1cm
LVPW d ... 0.7cm
LVPW s ... 1.3 cm
LA ... 3.2cm
AO ... 3.2cm
TAPSE ... 26mm

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: 0.68 m/s A: 0.51m/s

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E/A Ratio:1.34 E/E: 5.86

Aortic valve: AV Jet velocity: 1.63m/s

Tricuspid valve: TV Jet velocity: 2.12m/s

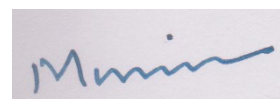
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17.99mmHg.

Pulmonary valve: PV Jet velocity:1.13 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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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 11.3 x 5.3 cm. Normal architecture.
The collecting system is not dilated.
The left kidney measures 12.9 x 4.9 cm. Normal architecture.

Urinary bladder: The collecting system is not dilated.
The urinary bladder shows minimally diffuse wall thickening(5mm).
There is no intravesical mass or calculus.

Uterus: The uterus is anteverted, and measures 8.0 x5.2 x 2.8 cm.
Myometrial echoes are homogeneous.

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The endometrium is central and normal measures 5.3 mm in thickness.

Ovaries The right ovary measure 1.6 x 1.0 cm.
The left ovary measures 2.2 x 1.0 cm.
No significant mass or cyst is seen in the ovaries.
Parametria are free.

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

IMPRESSION

- Urinary bladder shows minimal diffuse wall thickening-?cystitis.

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

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Thanks for your reference
DIGITAL MAMMOGRAM OF BOTH BREASTS

Both breasts were studied in medio - lateral oblique and craniocaudal views.

Right breast:

Breast is composed of glandular tissue interspersed with connective tissue.

No evidence of micro / macro calcification noted in it.

Normal vascular markings are seen in right breast.

The skin, nipple, areola and subcutaneous tissues appear normal.

Few small axillary lymphnodes.

Left breast:

Breast is composed of glandular tissue interspersed with connective tissue.

No evidence of micro / macro calcification noted in it.

Normal vascular markings are seen in left breast.

The skin, nipple, areola and subcutaneous tissues appear normal.

Few small axillary lymphnodes.

USG SCREENING: No mass / cyst/ duct dilatation.

IMPRESSION:

- ✓ No significant abnormality demonstrated BIRADS 1 (Normal)

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

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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. NO SIGNIFICANT ABNORMALITY DEMONSTRATED.



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