

Name : Mrs. SIVARANJANI G
PID No. : MED122430980
SID No. : 624002351
Age / Sex : 33 Year(s) / Female
Ref. Dr : MediWheel

Register On : 27/01/2024 11:23 AM
Collection On : 27/01/2024 12:28 PM
Report On : 28/01/2024 3:49 PM
Printed On : 29/01/2024 6:24 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)	0.01	10 ³ / μ l	< 0.2
Platelet Count (Blood/Impedance Variation)	301	10 ³ / μ l	150 - 450
MPV (Blood/Derived from Impedance)	8.1	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.24	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	28	mm/hr	< 20

BIOCHEMISTRY

BUN / Creatinine Ratio	10.3		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	134.3	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) 181.2 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) Trace Negative

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived) 9.3 mg/dL 7.0 - 21

Creatinine (Serum/Modified Jaffe) 0.90 mg/dL 0.6 - 1.1

Uric Acid (Serum/Enzymatic) 3.1 mg/dL 2.6 - 6.0

Liver Function Test

Bilirubin(Total) (Serum) 0.80 mg/dL 0.1 - 1.2

Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) 0.29 mg/dL 0.0 - 0.3

Bilirubin(Indirect) (Serum/Derived) 0.51 mg/dL 0.1 - 1.0

SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC) 21.2 U/L 5 - 40

SGPT/ALT (Alanine Aminotransferase) (Serum) 30.1 U/L 5 - 41

GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic) 25.1 U/L < 38



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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	68.8	U/L	42 - 98
Total Protein (Serum/Biuret)	7.42	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.32	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.10	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	183.0	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	76.2	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)	44.1	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	123.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	15.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	138.9	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.



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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)	4.1		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)	1.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	2.8		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)	7.1	%	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) 157.07 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))	1.38	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))	6.28	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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TSH (Thyroid Stimulating Hormone) (Serum) /Chemiluminescent Immunometric Assay (CLIA))	41.49	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)	Clear		Clear
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Pus Cells (Urine)	2-3	/hpf	NIL
Epithelial Cells (Urine)	3-4	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --



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Age & Gender	33Y/FEMALE	Visit Date	27 Jan 2024
Ref Doctor Name	MediWheel		

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.3 cm
LVID s ... 2.6cm
EF ... 71%
IVS d ... 0.6 cm
IVS s ... 0.6cm
LVPW d ... 0.5cm
LVPW s ... 1.5cm
LA ... 2.7cm
AO ... 2.6cm
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: 1.09m/s A: 0.72m/s

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E/A Ratio: 1.52 E/E:12. 84

Aortic valve: AV Jet velocity: 1.44m/s

Tricuspid valve: TV Jet velocity: 1.82m/s

TRPG:

13.27mmHg.

Pulmonary valve: PV Jet velocity: 1.31m/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 (11.6 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 8.7 x 3.4 cm. Normal architecture. The collecting system is not dilated. The left kidney measures 9.2 x 4.1 cm. Normal architecture.

Urinary bladder: The urinary bladder is smooth walled and uniformly transonic. The collecting system is not dilated. There is no intravesical mass or calculus.

Uterus: The uterus is anteverted, and measures 6.9 x 5.1 x 3.7 cm. Myometrial echoes are homogeneous.

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The endometrium is central and normal measures 10.5 mm in thickness.

Single moderate size nabothian cyst noted in cervix.

Ovaries The right ovary measure 2.7 x 2.1 cm.
The left ovary measures 3.3 x 2.1 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

- Grade I fatty liver.

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

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Age & Gender	33Y/FEMALE	Visit Date	27 Jan 2024
Ref Doctor Name	MediWheel		

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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.

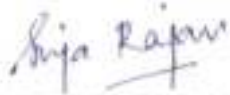
Bilateral lung fields appear normal.

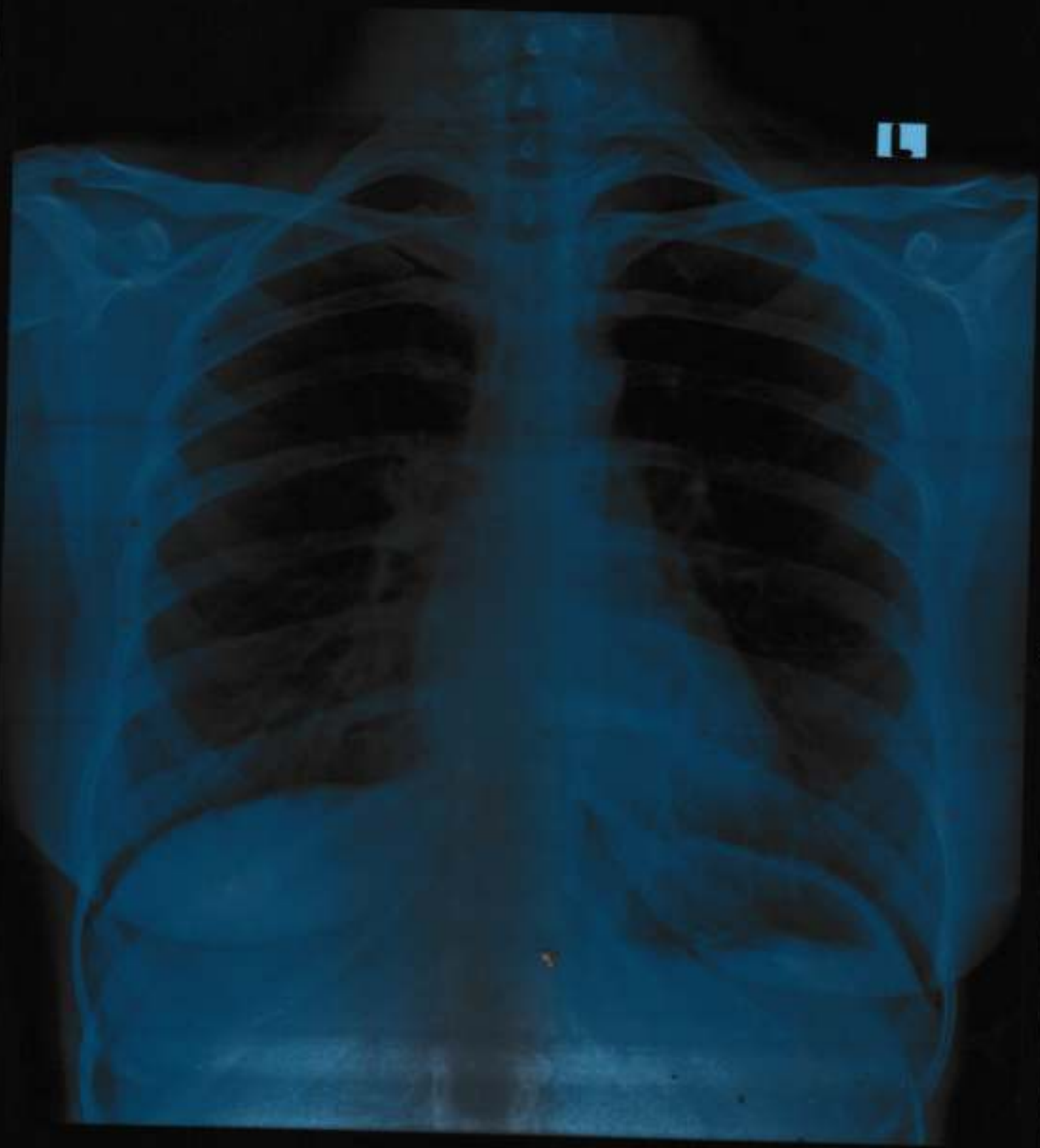
Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

i. NO SIGNIFICANT ABNORMALITY DEMONSTRATED.


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



SIVARANJANI G 33 F MED122430980 TEN91767263844 F RT 1/27/2024

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 Kurakose
 Dr. Gautam Kukadia
 Dr. Gitansha Shreyas Sachdev
 Dr. Gopal R.
 Dr. Gopinathan G.S
 Dr. Hemanth Murthy
 Dr. Iria
 Dr. Jatinder Singh
 Dr. Jezeela K.
 Dr. Krishnan R.
 Dr. Maimunnisa M.
 Dr. Marijula
 Dr. Mohamed Faizal S.
 Dr. Mugdha Kumar
 Dr. Muralidhar R.
 Dr. Muralidhar N.S.
 Dr. Nagegh
 Dr. Naveen P.
 Dr. Neha Prakash Zanjal
 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. Ritky Kamil K.
 Dr. Sagar Basu
 Dr. Sahana Manish
 Dr. Sakthi Rajeswari N.
 Dr. Sethukarasi
 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. Vaishnavi 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: 27/1/2024

Eye Fitness Certificate

This is to certify that Mr/Mrs/Ms Sivaranjani Age 34 yrs

Male/Female, our MRNO 13005247

	OD	OS
Visual Acuity	$\frac{Dsp}{-4.25} / \frac{Dcy}{-0.50} @ 180^\circ (6/6)$	$\frac{Dsp}{-9.00} / \frac{Dcy}{-2.00} @ 160^\circ (6/6)$
Near Vision	..... <u>NG</u> .....	..... <u>NG</u>
Colour Vision	..... <u>21/21</u> .....	..... <u>21/21</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 checked="" type="checkbox"/> <u>Fit</u>
Fit without glasses	
unfit	

[Signature]
 Medical Consultant,
 The Eye Foundation,
 Tirunelveli.

107333

THE EYE FOUNDATION

No. 1859, City Shopping Centre

Trivandrum Road, Kokkirakulam,

TIRUNELVELI- 627 009.

Patient Name	SEVRANNAI	Date	27.1.24
Age	33	Visit ID	MEDI22430980
Gender	FEMALE	Corporate	



GENERAL PHYSICAL EXAMINATION

Identification Mark:

Height: 146 cms
 Weight: 44 kgs
 Pulse: 86 /minute
 Blood Pressure: 107/80 mm of Hg
 BMI : 20.6
(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:

Pre-diabetic.
 Diet control
 life style modification.
 also
 7 HYLUMET 500 SR
 ()

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

NOTE: MEDICAL FIT FOR EMPLOYMENT (YES / NO)

Signature

Dr. S. MAANIKANDAN, M.D., D.M., (Cardio)
 Reg. No: 61785, Consultant Cardiologist
 Medall Diagnostics
 Tirunelveli - 3.