: Mr. SRIRAM K.S

PID No.

: MED121082564

SID No.

: 622011933

Age / Sex

: 27 Year(s) / Male

Ref. Dr

: MediWheel

Register On

: 28/05/2022 7:48 AM

Collection On:

28/05/2022 10:00 AM

Report On

: 29/05/2022 3:10 PM

Printed On

: 30/05/2022 1:27 PM

Type

: OP

Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
IMMUNOHAEMATOLOGY			
BLOOD GROUPING AND Rh TYPING (Blood /Agglutination)	'A' 'Positive'		
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (Blood/Spectrophotometry)	12.88	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	38.57	%	42 - 52
RBC Count (Blood/Impedance Variation)	03.82	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	100.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	33.68	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	33.39	g/dL	32 - 36
RDW-CV(Derived from Impedance)	12.3	%	11.5 - 16.0
RDW-SD(Derived from Impedance)	43.39	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	6600	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	58.00	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	32.00	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	05.30	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	04.40	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00.30	%	00 - 02
INTERPRETATION: Tests done on Automated microscopically.	Five Part cell counter. All	abnormal resu	Its are reviewed and confirmed
Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	3.83	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	2.11	10^3 / μΙ	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.35	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.29	10^3 / μΙ	< 1.0







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Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.02	10^3 / μl	< 0.2
Platelet Count (Blood/Impedance Variation)	278	10^3 / µl	150 - 450
MPV (Blood/Derived from Impedance)	06.66	fL	7.9 - 13.7
PCT(Automated Blood cell Counter)	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	35	mm/hr	< 15
BIOCHEMISTRY			
BUN / Creatinine Ratio	15.8		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	84.0	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)

Negative

Negative

Glucose Postprandial (PPBS) (Plasma - PP/ GOD-PAP)

86.5

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.

Blood Urea Nitrogen (BUN) (Serum/Urease* UV / derived)	11.6	mg/dL	7.0 - 21	
Creatinine (Serum/Modified Jaffe)	0.73	mg/dL	0.9 - 1.3	
Uric Acid (Serum/Enzymatic)	5.6	mg/dL	3.5 - 7.2	
Liver Function Test				
Bilirubin(Total) (Serum)	4.90	mg/dL	0.1 - 1.2	
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.32	mg/dL	0.0 - 0.3	
Bilirubin(Indirect) (Serum/Derived)	4.58	mg/dL	0.1 - 1.0	
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	13.7	U/L	5 - 40	
SGPT/ALT (Alanine Aminotransferase) (Serum)	17.2	U/L	5 - 41	
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	16.1	U/L	< 55	
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	61.6	U/L	53 - 128	
Total Protein (Serum/Biuret)	5.95	gm/dL	6.0 - 8.0	



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

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Type : OP

Investigation Albumin (Serum/Bromocresol green) Globulin (Serum/Derived) A: G RATIO (Serum/Derived) Lipid Profile	Observed Value 4.70 1.25 3.76	Unit gm/dL gm/dL	Biological Reference Interval 3.5 - 5.2 2.3 - 3.6 1.1 - 2.2
Cholesterol Total (Serum/CHOD-PAP with ATCS)	123.5	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	97.8	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)	24.7	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	79.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated) Non HDL Cholesterol (Serum/Calculated)	19.6 98.8	mg/dL mg/dL	< 30 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) 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





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(TG/HDL) (Serum/Calculated)

Triglyceride/HDL Cholesterol Ratio

Optimal: < 2.5

Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0

LDL/HDL Cholesterol Ratio (Serum/

Calculated)

3.2

4

Optimal: 0.5 - 3.0

Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/Ion exchange HPLC by D10)

%

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 %

50.88

mg/dL

Estimated Average Glucose (Whole Blood)

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

0.96

ng/ml

0.7 - 2.04

(CLIA)) 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

6.21

µg/dl

µIU/mL

4.2 - 12.0

0.35 - 5.50

INTERPRETATION:

Comment:

(CLIA))

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 1.87

/Chemiluminescent Immunometric Assay

(CLIA))

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

The results pertain to sample tested.

Reg No : 13-48036

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Unit

Biological Reference Interval

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 lodine intake, TPO status, Serum HCG concentration, race, Ethnicity and

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)

0-1

/hpf

NIL

Epithelial Cells (Urine)

1-2

/hpf

NIL

RBCs (Urine)

Nil

/hpf

NIL

-- End of Report --



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



Customer Name	MR.SRIRAM K.S	Customer ID	MED121082564
Age & Gender	27Y/MALE	Visit Date	28/05/2022
Ref Doctor	MediWheel		

Thanks for your reference

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 partially distended with no demonstrable 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 10.4 x 4.0 cm. Normal architecture.

The collecting system is not dilated.

The left kidney measures 10.1 x 4.2 cm. Normal architecture.

The collecting system is not dilated.

Urinary

bladder:

The urinary bladder is partially filled.



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Age & Gender	27Y/MALE	Visit Date	28/05/2022
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Prostate: The prostate measures $3.1 \times 3.6 \times 3.2$ cm and is normal sized.

Corresponds to a weight of about 18.93 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:

> No significant abnormality.

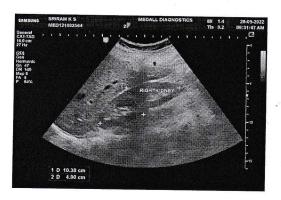
DR.T.ANNIE STALIN MBBS.,F.USG., SONOLOGIST.

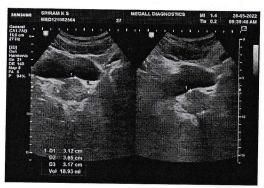
Medall Healthcare Pvt Ltd 10/5,HARSHA COMPLEX, NORTH BYE PASS ROAD,Vannarapetai,Tirunelveli-627003

Customer Name	MR.SRIRAM K.S	Customer ID	MED121082564
Age & Gender	27Y/MALE	Visit Date	28/05/2022
Ref Doctor	MediWheel		20,00,2022



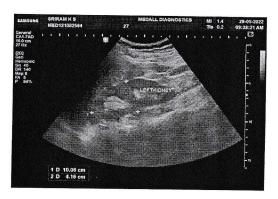














Customer Name	MR.SRIRAM. K.S	Customer ID	MED121082564
Age & Gender	27Y/MALE	Visit Date	28/05/2022
Ref Doctor	MediWheel		20,00,2022

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 5.3cm LVID s ... 3.2cm EF ... 70% IVS d ...0.6cm IVS s ... 0.8cm LVPW d ... 0.9cm LVPW s ... 1.2cm LA ... 3.3cm AO ... 2.9cm **TAPSF** ... 18mm

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 .



Customer Name	MR.SRIRAM K.S	Customer ID	MED121082564
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Doppler:

Mitral valve : E: 1.01m/s

A: 0.79m/s

E/A Ratio: 1.29

E/E: 12.76

Aortic valve: AV Jet velocity: 1.54m/s

Tricuspid valve: TV Jet velocity: 1.68 m/s

TRPG: 11.35mmHg.

Pulmonary valve: PV Jet velocity: 1.39 m/s

IMPRESSION:

1. Normal chambers & Valves.

2. No regional wall motion abnormality present.

3. Normal LV systolic function.

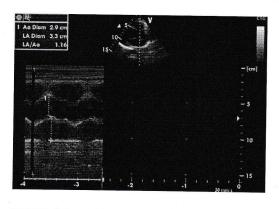
4. Pericardial effusion - Nil.

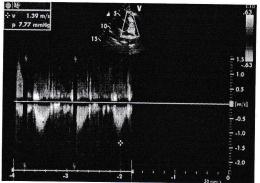
5. No pulmonary artery hypertension.

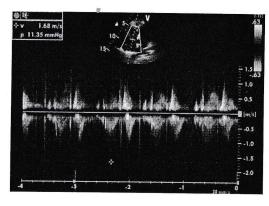
Dr. S. MANIKANDAN. MD.DM.(Cardio) Cardiologist

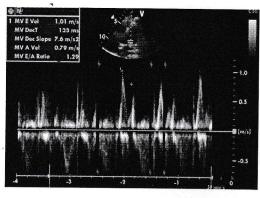
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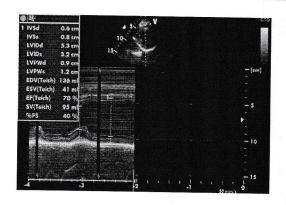
Customer Name	MR.SRIRAM K.S	Customer ID	MED121082564
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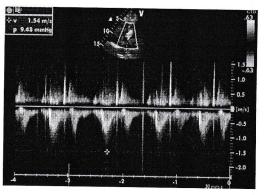


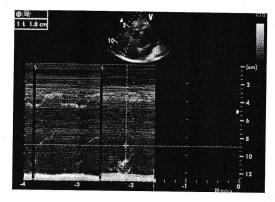


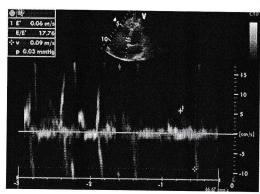


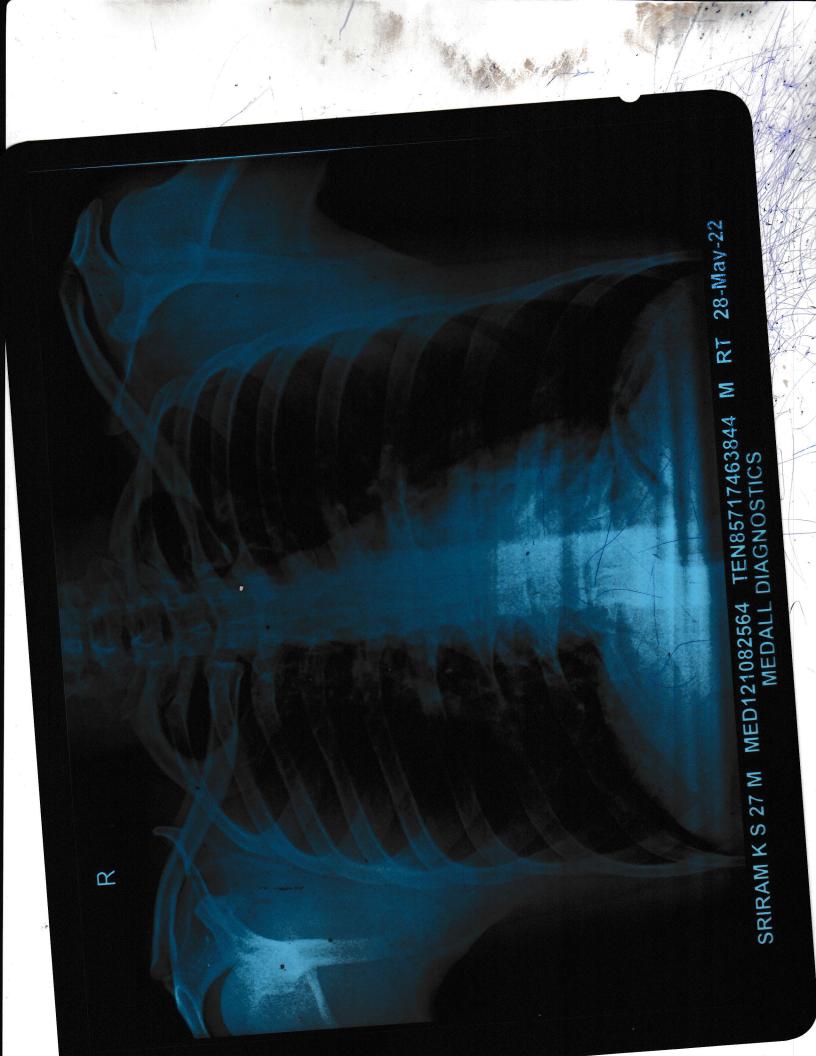














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Thanks for your reference

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:

❖ NO SIGNIFICANT ABNORMALITY DEMONSTRATED.

DR. DANIEL STANLEY PETER, M.D.R.D., Consultant Radiologist

MEDICAL EXAMINATION REPORT Sogram. Name Date of Birth Gender M/F 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)? Anxiety Cancer High Blood Pressure **Arthritis** Depression/ bipolar disorder High Cholesterol Asthama, Bronchitis, Emphysema **Diabetes** Migraine Headaches Back or spinal problems **Heart Disease** Sinusitis or Allergic Rhinitis (Hay Fever) Any other serious problem for which you are receiving medical attention **Epilepsy** 2. List the medications taken Regularly. 3. List allergies to any known medications or chemicals 4. Alcohol: Yes No Occasional 5. Smoking: Yes Quit(more than 3 years) No 6. Respiratory Function: a. Do you become unusually short of breath while walking fast or taking stair - case? b. Do you usually cough a lot first thing in morning? 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) 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?			
	b. Do you have knee pain when squatting or kne	peling ?			
	c. Do you have back pain when forwarding or tw	isting?			
	d. Do you have pain or difficulty when lifting obje	ots above your should and all the			
	e Do you have pain when doing any of the	Yes No			
	e. Do you have pain when doing any of the appropriate response)	following for prolonged periods (Please circle			
	•Walking : Yes No •Kneeling :	Yes No Squating: Yes No			
	•Climbing : Yes No •Sitting :	Yes No			
	•Standing : Yes No ● •Bending :	Yes No			
	f. Do you have pain when working with hand tool	ls?			
	g. Do you experience any difficulty operating mad	chinery? Yes No			
	h. Do you have difficulty operating computer instru	Ilment?			
В.	CLINICAL EXAMINATION:	Yes No			
-					
	a. Height 73 b. Weight 78	Blood Pressure 120 / 70 mmhg			
	Chest measurements: a. Normal	b. Expanded Pulm-90			
	Waist Circumference	Ear, Nose & Throat□			
	Skin	Respiratory System			
	Vision	Nervous System			
	Circulatory System	Genito- urinary System			
	Gastro-intestinal 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				
	ertified that the above named recruit does not appear to be suffering from any disease communicable				
	or otherwise, * constitutional weakness or bodily informity except				
	, and the second				
	. I do not consider this as disqualification for employment in the Company. S				
	Candidate is free from Contagious/Communicable disease				
	Contaglous/Com	municable disease			
		1/2/			
Date	. 28/5/22				
Jale		Dr. S.MANIKSignature of Medical Adviser			
	= Swan XS.				
	- Y duan'n	TIRUNELVELI MEDICAL COLLEGE HOSPITAL TIRUNELVELI.			
		Daniel Line Land			

Asst. Professor of Cardiology
TIRUNELVELI MEDICAL COLLEGE HOSPITAL
TIRUNELVELI.
Reg No : 61785

4	Customer Name	KS SRURAM	Customer ID	
	Age & Gender	27 - M	Visit Date	28/5/2022

Eye Screening

With spectacles / without spectacles (strike out whichever is not applicable)

Observation / Comments:

0:1