DDRC SRL Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NET WORK

Patient Ref. No. 666000002446898

Cert. No. MC-2812

CLIENT CODE : CA00010147
CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
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KERALA, INDIA
Tel : 93334 93334, Fax : CIN - U85190MH2006PTC161480
Email : customercare.ddrc@srl.in

PATIENT NAME : SHIJO I THOMAS PATIENT ID : **SHIJM2611844182**

ACCESSION NO : **4182VK011493** AGE : 38 Years SEX : Male

DRAWN : RECEIVED : 26/11/2022 08:42 REPORTED : 28/11/2022 12:06

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status	Results	Biological Reference Interval	Units

MEDIWHEEL HEALTH CHECKUP BELOW 40(M)2DECHO

OPTHAL			
OPTHAL	REPORT ATTACHED		
*** PHYSICAL EXAMINATION**			
PHYSICAL EXAMINATION	REPORT ATTACHED		

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*** BUN/CREAT RATIO**			
BUN/CREAT RATIO	8.7		
CREATININE, SERUM			
CREATININE	1.26	18 - 60 yrs : 0.9 - 1.3	mg/dL
*** GLUCOSE, POST-PRANDIAL, PLASMA**			
GLUCOSE, POST-PRANDIAL, PLASMA	94	Diabetes Mellitus : > or = 200. Impaired Glucose tolerance/ Prediabetes : 140 - 199. Hypoglycemia : < 55.	mg/dL
GLUCOSE, FASTING, PLASMA			
GLUCOSE, FASTING, PLASMA	108	Diabetes Mellitus : > or = 126. Impaired fasting Glucose/ Prediabetes : 101 - 125. Hypoglycemia : < 55.	mg/dL
*** GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD**			
GLYCOSYLATED HEMOGLOBIN (HBA1C)	5.8	Normal : 4.0 - 5.6%.% Non-diabetic level : < 5.7%. Diabetic : >6.5% Glycemic control goal More stringent goal : < 6.5 %. General goal : < 7%. Less stringent goal : < 8%. Glycemic targets in CKD :- If eGFR > 60 : < 7%. If eGFR < 60 : 7 - 8.5%.	
MEAN PLASMA GLUCOSE	119.8		mg/dL
*** LIPID PROFILE, SERUM**			
CHOLESTEROL	189	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
TRIGLYCERIDES	107	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
HDL CHOLESTEROL	48	General range : 40-60	mg/dL

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DIRECT LDL CHOLESTEROL	126		Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	**141**	High	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
CHOL/HDL RATIO	3.9		3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO	2.6		0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
VERY LOW DENSITY LIPOPROTEIN	21.4		Desirable value : 10 - 35	mg/dL
*** LIVER FUNCTION TEST WITH GGT**				
BILIRUBIN, TOTAL	1.08		General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.32		General Range : < 0.2	mg/dL
BILIRUBIN, INDIRECT	**0.76**	High	0.00 - 0.60	mg/dL
TOTAL PROTEIN	7.1		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.6		20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.5		2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO	1.8		General Range : 1.1 - 2.5	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25		Adults : < 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20		Adults : < 45	U/L
ALKALINE PHOSPHATASE	76		Adult(<60yrs) : 40 -130	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	25		Adult (Male) : < 60	U/L
TOTAL PROTEIN, SERUM				
TOTAL PROTEIN	7.1		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
URIC ACID, SERUM				
URIC ACID	6.6		Adults : 3.4-7	mg/dL
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD				

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ABO GROUP	TYPE O			
RH TYPE	NEGATIVE			
BLOOD COUNTS,EDTA WHOLE BLOOD				
HEMOGLOBIN	14.1		13.0 - 17.0	g/dL
RED BLOOD CELL COUNT	5.26		4.5 - 5.5	mil/μL
WHITE BLOOD CELL COUNT	6.28		4.0 - 10.0	thou/μL
PLATELET COUNT	284		150 - 410	thou/μL
RBC AND PLATELET INDICES				
HEMATOCRIT	42.2		40 - 50	%
MEAN CORPUSCULAR VOL	**80.3**	**Low**	83 - 101	fL
MEAN CORPUSCULAR HGB.	**26.8**	**Low**	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.4		31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	17.0		12.0 - 18.0	%
MENTZER INDEX	15.3			
MEAN PLATELET VOLUME	7.6		6.8 - 10.9	fL
WBC DIFFERENTIAL COUNT				
SEGMENTED NEUTROPHILS	41		40 - 80	%
LYMPHOCYTES	**47**	**High**	20 - 40	%
MONOCYTES	9		2 - 10	%
EOSINOPHILS	3		1 - 6	%
BASOPHILS	0		0 - 2	%
ABSOLUTE NEUTROPHIL COUNT	2.57		2.0 - 7.0	thou/μL
ABSOLUTE LYMPHOCYTE COUNT	2.95		1 - 3	thou/μL
ABSOLUTE MONOCYTE COUNT	0.57		0.20 - 1.00	thou/μL
ABSOLUTE EOSINOPHIL COUNT	0.19		0.02 - 0.50	thou/μL
ABSOLUTE BASOPHIL COUNT	0.0			thou/μL
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	0.9			
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD				
SEDIMENTATION RATE (ESR)	8		0 - 14	mm at 1 hr
STOOL: OVA & PARASITE	RESULT PENDING			
*** SUGAR URINE - POST PRANDIAL**				
SUGAR URINE - POST PRANDIAL	NOT DETECTED		NOT DETECTED	
*** THYROID PANEL, SERUM**				

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T3	111.10	80 - 200	ng/dL
T4	6.58	5.1 - 14.1	µg/dl
TSH 3RD GENERATION	3.060	21-50 yrs : 0.4 - 4.2	µIU/mL
PHYSICAL EXAMINATION, URINE			
COLOR	PALE YELLOW		
APPEARANCE	CLEAR		
CHEMICAL EXAMINATION, URINE			
PH	5.0	4.7 - 7.5	
SPECIFIC GRAVITY	1.009	1.003 - 1.035	
PROTEIN	NEGATIVE	NOT DETECTED	
GLUCOSE	NEGATIVE	NOT DETECTED	
KETONES	NEGATIVE	NOT DETECTED	
BLOOD	NEGATIVE	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
NITRITE	NEGATIVE	NOT DETECTED	
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
WBC	0-1	0-5	/HPF
EPITHELIAL CELLS	0-1	0-5	/HPF
CASTS	NEGATIVE		
CRYSTALS	NEGATIVE		
REMARKS	NIL		
*** SUGAR URINE - FASTING**			
SUGAR URINE - FASTING	NOT DETECTED	NOT DETECTED	

Interpretation(s)
CREATININE, SERUM-Higher than normal level may be due to:
• Blockage in the urinary tract
• Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
• Loss of body fluid (dehydration)
• Muscle problems, such as breakdown of muscle fibers
• Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:
• Myasthenia Gravis
• Muscular dystrophy
GLUCOSE, POST-PRANDIAL, PLASMA-
ADA Guidelines for 2hr post prandial glucose levels is only after ingestion of 75grams of glucose in 300 ml water,over a period of 5 minutes.

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GLUCOSE, FASTING, PLASMA-
ADA 2012 guidelines for adults as follows:
Pre-diabetics: 100 - 125 mg/dL
Diabetic: > or = 126 mg/dL

(Ref: Tietz 4th Edition & ADA 2012 Guidelines)
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-**Used For**:

1.Evaluating the long-term control of blood glucose concentrations in diabetic patients.
2.Diagnosing diabetes.
3.Identifying patients at increased risk for diabetes (prediabetes).
The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patients metabolic control has remained continuously within the target range.
1.eAG (Estimated average glucose) converts percentage HbA1c to md/dl, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as eAG (mg/dl) = 28.7 * HbA1c - 46.7

HbA1c Estimation can get affected due to :
I.Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
II.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.
III.Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiates addiction are reported to interfere with some assay methods,falsely increasing results.
IV.Interference of hemoglobinopathies in HbA1c estimation is seen in
a.Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
b.Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
c.HbF > 25% on alternate paltform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy
LIPID PROFILE, SERUM-Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease This test can help determine your risk of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don''''''''''''''t cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn''''''''''''''t need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk.It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the ""good"" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely.HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease.
Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

Recommendations:
Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.
TOTAL PROTEIN, SERUM-
Serum total protein,also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease
Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage),Burns,Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome,Protein-losing enteropathy etc.

Test Report Status	**Results**	**Units**

URIC ACID, SERUM-
Causes of Increased levels
Dietary
• High Protein Intake.
• Prolonged Fasting,
• Rapid weight loss.
Gout
Lesch nyhan syndrome.
Type 2 DM.
Metabolic syndrome.

Causes of decreased levels
• Low Zinc Intake
• OCP's
• Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels
• Drink plenty of fluids
• Limit animal proteins
• High Fibre foods
• Vit C Intake
• Antioxidant rich foods
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-
Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.
BLOOD COUNTS,EDTA WHOLE BLOOD-
The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.
RBC AND PLATELET INDICES-
Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.
WBC DIFFERENTIAL COUNT-
The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504
This ratio element is a calculated parameter and out of NABL scope.
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD-**TEST DESCRIPTION** :-
Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.
TEST INTERPRETATION
Increase in: Infections, Vasculities, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.
Finding a very accelerated ESR**(>100 mm/hour)** in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).
In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.
Decreased in: Polycythermia vera, Sickle cell anemia

LIMITATIONS
False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia
False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :
1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.

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SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT''S TEST
THYROID PANEL, SERUM-
Triiodothyronine T3 , is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.
Thyroxine T4, Thyroxine’s principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active.
In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.
Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3

Levels in Pregnancy	TOTAL T4 (µg/dL)	TSH3G (µIU/mL)	TOTAL T3 (ng/dL)
First Trimester	6.6 - 12.4	0.1 - 2.5	81 - 190
2nd Trimester	6.6 - 15.5	0.2 - 3.0	100 - 260
3rd Trimester	6.6 - 15.5	0.3 - 3.0	100 - 260

Below mentioned are the guidelines for age related reference ranges for T3 and T4.

	T3 (ng/dL)	T4 (µg/dL)
New Born:	75 - 260	1-3 day: 8.2 - 19.9
.		1 Week: 6.0 - 15.9

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.
Kindly note: Method specific reference ranges are appearing on the report under biological reference range.

Reference:
1. Burtis C.A., Ashwood E. R. Bruns D.E. Teitz textbook of Clinical Chemistry and Molecular Diagnostics, 4th Edition.
2. Gowenlock A.H. Varley's Practical Clinical Biochemistry, 6th Edition.
3. Behrman R.E. Kilegman R.M., Jenson H. B. Nelson Text Book of Pediatrics, 17th Edition
SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST

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PATIENT NAME : SHIJO I THOMAS PATIENT ID : **SHIJM2611844182**

ACCESSION NO : **4182VK011493** AGE : 38 Years SEX : Male

DRAWN : RECEIVED : 26/11/2022 08:42 REPORTED : 28/11/2022 12:06

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status	Results	Units

MEDIWHEEL HEALTH CHECKUP BELOW 40(M)2DECHO

*** ECG WITH REPORT**

REPORT

REPORT GIVEN

*** 2D - ECHO WITH COLOR DOPPLER**

REPORT

REPORT GIVEN

*** USG ABDOMEN AND PELVIS**

REPORT

REPORT GIVEN

*** CHEST X-RAY WITH REPORT**

REPORT

REPORT GIVEN

****End Of Report****
Please visit www.srlworld.com for related Test Information for this accession
TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

BABU K MATHEW HOD -BIOCHEMISTRY	DR.VAISHALI RAJAN HOD - HAEMATOLOGY	PADMANABHAN NAIR HOD - HORMONES	DR. SRI SRUTHY CONSULTANT MICROBIOLOGIST

Scan to View Details

Scan to View Report

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

NAME : MR SHIJO I THOMAS	AGE:38/M	DATE:26/11/2022

CHEST X-RAY REPORT

CHEST X-RAY PA VIEW : Trachea central
No cardiomegaly
Normal vascularity
No parenchymal lesion.
Costophrenic and cardiophrenic angles clear

➢ **IMPRESSION** : **Normal Chest Xray**

ELECTRO CARDIOGRAM : NSR :68/minute
No evidence of ischaemia

➢ **IMPRESSION** : **Normal Ecg.**

Dr. SERIN LOPEZ. MBBS
MEDICAL OFFICER
DDRC SRL Diagnostics Ltd.
Aster Square, Medical College P.O., TVM
Reg. No. 77656

DDRC SRL Diagnostics Ltd MEDICALCOLLEGE

DR SERIN LOPEZ MBBS
Reg No 77656
DDRC SRL DIAGNOSTICS Services

COLOUR DOPPLER
ULTRASOUND SCANNING
ECHO

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

RADIOLOGY DIVISION

ECHO REPORT

Name: SHIJO.I.THOMAS	Age/Sex:38Y/M	Date:26/11/2022

Left Ventricle:-

	Diastole	Systole
IVS	1.13cm	1.20cm
LV	4.87cm	2.89cm
LVPW	1.16cm	1.24cm

EF - 71% FS - 40%

AO	LA
3.39cm	3.88cm

PV - 0.82m/s
AV - 1.28m/s
MVE - 1.09m/s
MVA - 0.84m/s
E/A - 1.30

IMPRESSION:-

- Normal chambers dimensions
- No RWMA
- Good LV systolic function
- No diastolic dysfunction
- No AS,AR,MS,MR,TR,PAH
- No Vegetation/clot/effusion
- IAS/IVS intact

Consultant Cardiologist

DDRC SRL DIAGNOSTICS PVT. LTD. TRIVANDRUM MEDICAL COLLEGE BRANCH

DR. J. PRABAKARAN
Consulting Cardiologist
TCMC Reg No: 72354

COMPLETE IMAGING SOLUTIONS

DDRC SRL Diagnostics Private Limited
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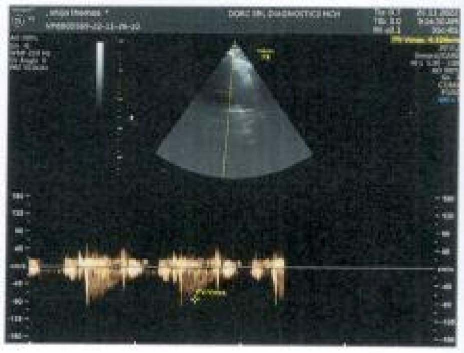
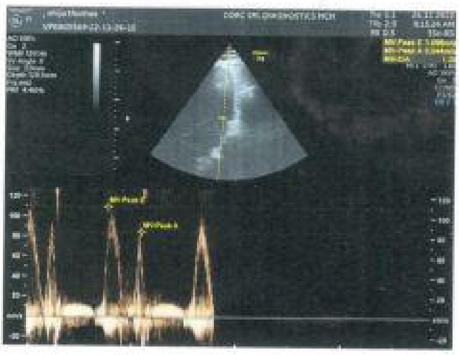
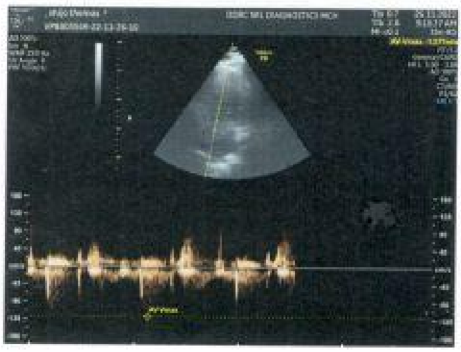
Corp. Office: DDRC SRL Tower, G-131, Panampilly Nagar, Ernakulam, Kerala - 682 036. Web: www.ddrcsrl.com







DDRC SRL
Diagnostic Services

MEDICAL EXAMINATION REPORT (MER)

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. Shojo T-Thomas
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	88/on Gender: F/M
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height ....183cm.... (cms) b. Weight ....149.... (Kgs) c. Girth of Abdomen .... (cms)

d. Pulse Rate ....81.... (/Min) e. Blood Pressure:

	Systolic	Diastolic
1st Reading	130	100
2nd Reading		

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father			
Mother			
Brother(s)			
Sister(s)			

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
	–	–

PERSONAL HISTORY

a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity, If No, please attach details. Y/N

b. Have you undergone/been advised any surgical procedure? Y/N

c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? Y/N

d. Have you lost or gained weight in past 12 months? Y/N

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? Y/N
- Any disorders of Respiratory system? Y/N
- Any Cardiac or Circulatory Disorders? Y/N
- Enlarged glands or any form of Cancer/Tumour? Y/N
- Any Musculoskeletal disorder? Y/N
- Any disorder of Gastrointestinal System? Y/N
- Unexplained recurrent or persistent fever, and/or weight loss Y/N
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports Y/N
- Are you presently taking medication of any kind? Y/N

- Any disorders of Urinary System? Y/N
- Any disorder of the Eyes, Ears Nose, Throat or Mouth & Skin Y/N

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs? Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports) Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries? Y/N

d. Do you have any history of miscarriage/ abortion or MTP Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc Y/N

f. Are you now pregnant? If yes, how many months? Y/N

CONFIDENTAIL COMMENTS FROM MEDICAL EXAMINER

- Was the examinee co-operative? Y/N
- Is there anything about the examine's health, lifestyle that might affect him/her in the near future with regard to his/her job? Y/N
- Are there any points on which you suggest further information be obtained? Y/N
- Based on your clinical impression, please provide your suggestions and recommendations below;

Obesity Gr

....

....

- Do you think he/she is MEDICALLY FIT or UNFIT for employment.

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

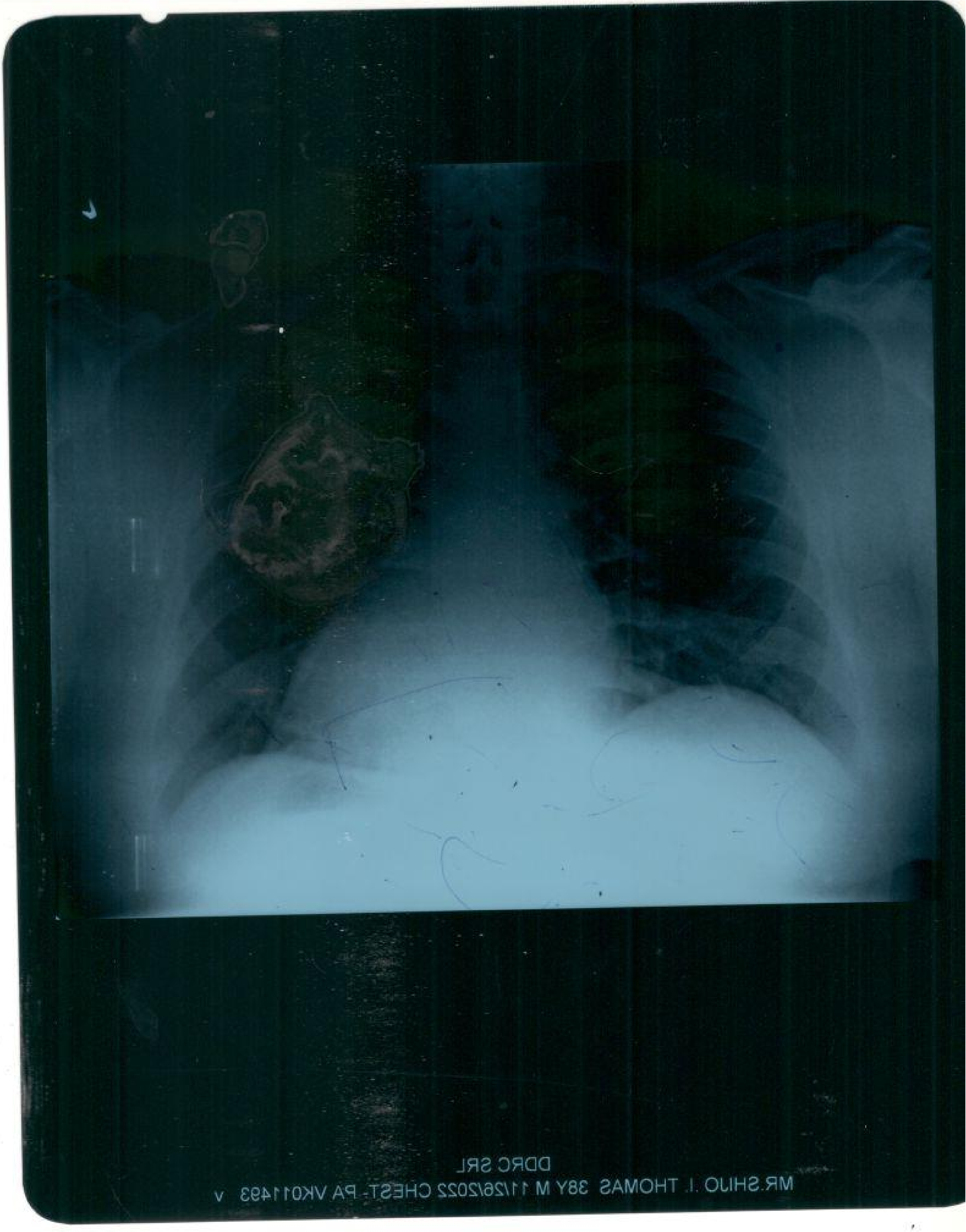
Dr. SERIN LOPEZ. MBBS
MEDICAL OFFICER
DDRC SRL Diagnostics Ltd.
Aster Square, Medical College P.O., TVM
Reg. 56

Seal of Medical Examiner :

Name & Seal of DDRC SRL Branch :

DDRC SRL Diagnostics Pvt MEDICAL COLLEGE

Date & Time : 26/4/2021


DDRC SRL
MR.SHIJO .I. THOMAS 38Y M 11/26/2022 CHEST- PA VK011493 V

V1	V2	V3	V4

ID: 011526

Diagnosis Information:

Male / mmHg
35Years
cm kg

Mr Shijo. I. Thomas

HR : 68 bpm
P : 119 ms
PR : 173 ms
QRS : 99 ms
QT/QTc : 419/449 ms
P/QRS/T : 59/14/17 °
RV5/SV1 : 0.734/0.557 mV Report Confirmed by:

DDRC SRL Diag... MEDICAL COLLEGE ...

Dr. SERIN LOPEZ. MBBS
MEDICAL OFFICER
DDRC SRL Diagnostics Ltd.
Aster Square, Medical College P.O., TVM
Reg. No. 77656

Standard

DRUM REGI

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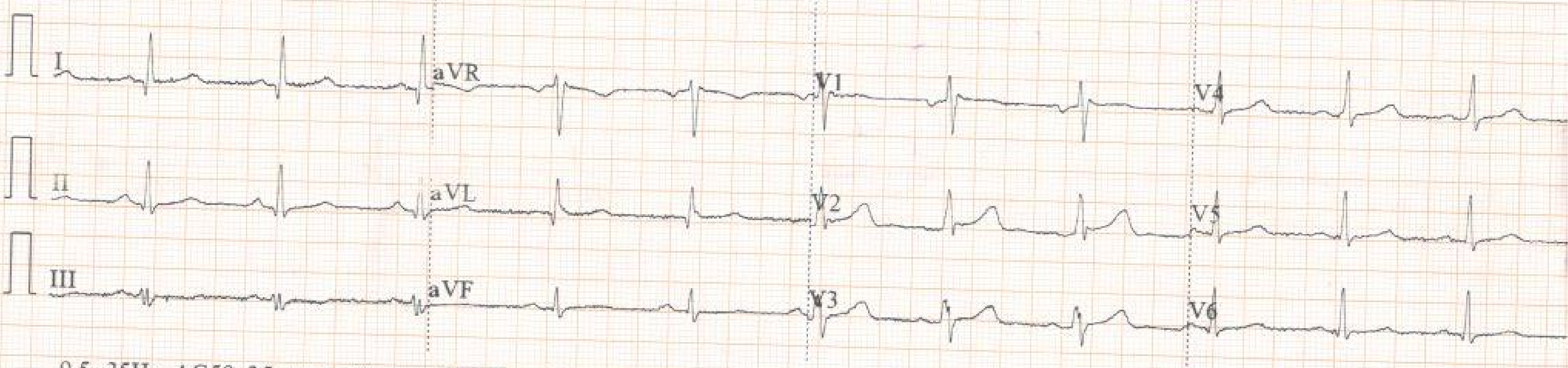

0.5~35Hz AC50 25mm/s 10mm/mV ♥70 V1.0 SEMIP V1.7 DDRCSRL

ARROW CE

Acc no:**4182VK011493**	**Name: Mr. Shijo I Thomas**	Age: **38 y**	Sex: **Male**	Date:**26.11.22**

US SCAN WHOLE ABDOMEN

LIVER is enlarged in size (18.5 cm). Margins are regular. **Hepatic parenchyma shows increased echogenicity.** No focal lesions seen. No dilatation of intrahepatic biliary radicles. CBD is not dilated. **Portal vein is prominent in caliber (12.8 mm) & shows hepatopetal flow.**

GALL BLADDER is distended and lumen clear. No calculi / polyp noted. Wall thickness is normal. No pericholecystic fluid seen.

SPLEEN is normal in size (10 cm) and parenchymal echotexture. No focal lesion seen.

PANCREAS Head and body visualized, appears normal in size and parenchymal echotexture. Pancreatic duct is not dilated.

RIGHT KIDNEY is normal in size (12.2 x 4.9 cm) and shows normal parenchymal echotexture. Cortico medullary differentiation is maintained. Parenchymal thickness is normal. No echogenic focus with shadowing suggestive of renal calculi seen. No dilatation of pelvicalyceal system seen. Ureter is not dilated. Perinephric spaces are normal.

LEFT KIDNEY is normal in size (11.7 x 5.9 cm) and shows normal parenchymal echotexture. Cortico medullary differentiation is maintained. Parenchymal thickness is normal. No echogenic focus with shadowing suggestive of renal calculi seen. No dilatation of pelvicalyceal system seen. Ureter is not dilated. Perinephric spaces are normal.

PARAAORTIC AREA Obscured by bowel air.

URINARY BLADDER is distended, normal in wall thickness, lumen clear.

PROSTATE is normal in size (vol - 17 cc) and shows normal echotexture. No focal lesion seen.

Suboptimally evaluation due to technical difficulties.

No ascites or pleural effusion.

Gaseous distention of bowel loops noted. No obvious bowel wall thickening seen sonologically.

CONCLUSION:-

Suboptimal evaluation due to limited acoustic window.

- **Hepatomegaly with grade I / II fatty changes -** *Suggest LFT correlation.*

Dr. Nisha Unni MD , DNB (RD)
Consultant radiologist.

Thanks, your feedback will be appreciated.
(Please bring relevant investigation reports during all visits).
Because of technical and technological limitations complete accuracy cannot be assured on imaging.
Suggested correlation with clinical findings and other relevant investigations consultations , and if required repeat imaging recommended in the event of controversities. AR