



MEENAKSHI S MED122355512 TEN91351452473 F RT 12/23/2023

MEDALL DIAGNOSTICS

Dr. Abiramasundari D.
 Dr. Adarsh S Naik
 Dr. Ajay R Kaushik
 Dr. Andrea Jose
 Dr. Archana Terasa P.
 Dr. Ashraya Nayaka T.E
 Dr. Ashwin Segi
 Dr. Chitra Ramamurthy
 Dr. Gautam Kukadia
 Dr. Gitansha Shreyas Sachdev
 Dr. Gopal R.
 Dr. Gopinathan G.S
 Dr. Hemant Murthy
 Dr. Hemamalini
 Dr. Iris
 Dr. Jatinder Singh
 Dr. Jezeels K.
 Dr. Krishnan R.
 Dr. Maimunnisa M.
 Dr. Manjula
 Dr. Mohamed Faizal S.
 Dr. Mohd Shahbaaz
 Dr. Mugdha Kumar
 Dr. Muralidhar R.
 Dr. Muralidhar N.S.
 Dr. Nagesh
 Dr. Naveen P.
 Dr. Neha Prakash Zanjal
 Dr. Neha Rathi Kamal
 Dr. Nilzaal Ahmed F.D.
 Dr. Pali Sandip Dattatray
 Dr. Pranesh Ravi
 Dr. Praveen Muraly
 Dr. Preethi
 Dr. Priyanka R.
 Dr. Priyanka Shyam
 Dr. Priyanka Singh
 Dr. Raline Solomon
 Dr. Ramamurthy D.
 Dr. Rashmita Kukadia
 Dr. Ravi J.
 Dr. Rifky Kamil K.
 Dr. Sagar Basu
 Dr. Sahana Manish
 Dr. Sakthi Rajeswari N.
 Dr. Sethukkarasi
 Dr. Sharmila M.
 Dr. Shreesh Kumar K.
 Dr. Shreyas Ramamurthy
 Dr. Smitha Sharma
 Dr. Soundarya B.
 Dr. Srinivas Rao V.K.
 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.



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: 23/12/23

Eye Fitness Certificate

This is to certify that Mr/Mrs/Ms Meerakshi S Age 43 yrs

Male/Female, our MRNO 13040973

	OD	OS
Visual Acuity	-0.75 DS / -0.75 DC @ 140° (6/6)	-0.75 / -0.50 DC @ 55° (6/6)
Near Vision	+1.25 (NB)	+1.25 (NB)
Colour Vision	21/21	21/21
B.S.V	Normal	Normal
Central Fields	Normal	Normal
Anterior Segment	Normal	Normal
Fundus	Normal	Normal

Medical Consultant,
 The Eye Foundation,
 Tirunelveli.

Dr. S. MOHAMED FAIZAL MBBS, D.O., FAHM,
 Medical Superintendent
 Reg.No. 85747
THE EYE FOUNDATION
 Tirunelveli

MEDICAL EXAMINATION REPORT

Name Meehan Gender M / F Date of Birth

Position Selected For Identification marks

A. HISTORY:

1. Do you have, or are you being treated for, any of the following conditions? (please tick all that apply)?

- | | | |
|---|--|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Cancer | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Depression/ bipolar disorder | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Asthama, Bronchitis, Emphysema | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Back or spinal problems | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Sinusitis or Allergic Rhinitis (Hay Fever) |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Any other serious problem for which you are receiving medical attention | |

2. List the medications taken Regularly. NO

3. List allergies to any known medications or chemicals NO

4. Alcohol : Yes No Occasional

5. Smoking : Yes No Quit (more than 3 years)

6. Respiratory Function :

- a. Do you become unusually short of breath while walking fast or taking stair - case? Yes No
- b. Do you usually cough a lot first thing in morning? Yes No
- 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)
 - Vigorous 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, Wrists, 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

- 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 No
 - Kneeling : Yes No
 - Squatting : Yes No
 - Climbing : Yes No
 - Sitting : Yes No
 - Standing : Yes No
 - Bending : Yes No
- 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 b. Weight Blood Pressure pulse 70

Chest measurements: a. Normal b. Expanded

Waist Circumference

Skin

Vision

Circulatory System

Gastro-intestinal System

Ear, Nose & Throat

Respiratory System

Nervous System

Genito-urinary 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

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 : 27-12-23


 Signature of Medical Adviser
Dr. S. MANIKANDAN, M.D., D.M., (Card)
 Reg. No: 61785, Consultant Cardiologist
 Medall Diagnostics
 Tirunelveli - 3

Name : Mrs. MEENAKSHI S
PID No. : MED122355512
SID No. : 623030569
Age / Sex : 43 Year(s) / Female
Ref. Dr : MediWheel

Register On : 23/12/2023 10:38 AM
Collection On : 23/12/2023 11:20 AM
Report On : 23/12/2023 4:36 PM
Printed On : 27/12/2023 4:36 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 / μ l	< 0.2
Platelet Count (Blood/Impedance Variation)	346	10 ³ / μ l	150 - 450
MPV (Blood/Derived from Impedance)	9.5	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.33	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	58	mm/hr	< 20

BIOCHEMISTRY

BUN / Creatinine Ratio	11.0		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	141	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)	Trace	Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	280	mg/dL	70 - 140
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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
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.87	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.80	mg/dL	0.6 - 1.1
Uric Acid (Serum/Enzymatic)	5.0	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)	0.30	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.50	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	42	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	36	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	23.2	U/L	< 38



R. Lavanya
 Dr. R. Lavanya MD
 Consultant - Pathologist
 Reg No: 90632

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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	103	U/L	42 - 98
Total Protein (Serum/Biuret)	7.20	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.90	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.30	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.18		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	200	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	246	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)	40	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	110.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	49.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	160.0	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.




Dr. R. Lavanya MD
Consultant - Pathologist
Reg No: 90632

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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)	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)	6.2		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)	8.6	%	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) 200.12 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))	1.48	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))	9.51	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.




Dr. R. Lavanya MD
Consultant - Pathologist
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TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))

2.85

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

-- End of Report --




Dr.R.Lavanya MD
Consultant - Pathologist
Reg No: 90632

Name	MRS.MEENAKSHI S	ID	MED122355512
Age & Gender	43Y/FEMALE	Visit Date	23 Dec 2023
Ref Doctor Name	MediWheel		

Thanks for your reference

SONOGRAM REPORT

WHOLE ABDOMEN

Liver: The liver is normal in size (12.8 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 11.8 x 4.8 cm. Normal architecture. The collecting system is not dilated. The left kidney measures 11.8 x 5.9 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.

Uterus: The uterus is anteverted, and measures 11.1 x 5.7 x 3.7 cm. Myometrial echoes are homogeneous.

Name	MRS.MEENAKSHI S	ID	MED12235512
Age & Gender	43Y/FEMALE	Visit Date	23 Dec 2023
Ref Doctor Name	MediWheel		

The endometrium is central and normal measures 6.9 mm in thickness.

Ovaries The right ovary measure 4.6 x 2.7 cm.
The left ovary measures 3.7 x 2.5 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 II fatty liver.

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

Name	MRS.MEENAKSHI S	ID	MED122355512
Age & Gender	43Y/FEMALE	Visit Date	23 Dec 2023
Ref Doctor Name	MediWheel		

Name	MRS.MEENAKSHI S	ID	MED12235512
Age & Gender	43Y/FEMALE	Visit Date	23 Dec 2023
Ref Doctor Name	MediWheel		

Name	Mrs. MEENAKSHI S	Customer ID	MED122355512
Age & Gender	43Y/F	Visit Date	Dec 23 2023 10:38AM
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.

IMPRESSON :

i. NO SIGNIFICANT ABNORMALITY DEMONSTRATED.


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