

Name : Mrs. MAGDALIN .S
PID No. : MED120842455
SID No. : 622004759
Age / Sex : 44 Year(s)/ Female
Ref. Dr : MediWheel

Register On : 28/02/2022 9:41 AM
Collection On : 28/02/2022 10:00 AM
Report On : 01/03/2022 12:24 PM
Printed On : 02/03/2022 12:47 PM
Type : OP

Investigation	Observed Value	Unit	Biological Reference Interval
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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.

Liver Function Test

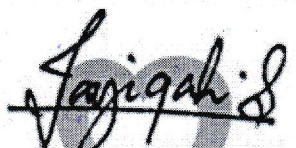
Bilirubin(Total) (Serum)	0.60	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.14	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.46	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	26.2	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	33.9	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	17.2	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	72.7	U/L	42 - 98
Total Protein (Serum/Biuret)	6.68	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.2	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.48	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.69		1.1 - 2.2

Lipid Profile


Cholesterol Total (Serum/CHOD-PAP with ATCS)	208.7	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	91.5	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)	36.6	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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DR.FAYIQAH MD(PATH)
CONSULTANT - PATHOLOGIST
REG NO:116685



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



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Investigation	Observed Value	Unit	Biological Reference Interval
LDL Cholesterol (Serum/Calculated)	153.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	18.3	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	172.1	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.7		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)	2.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	4.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.94	ng/ml	0.7 - 2.04
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INTERPRETATION:

Comment :

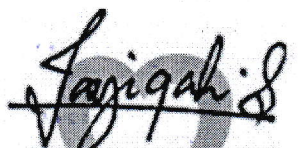
Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	9.22	µg/dl	4.2 - 12.0
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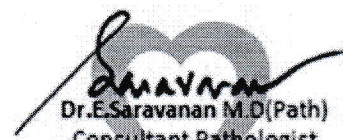
INTERPRETATION:

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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Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.03	10 ³ / μ l	< 0.2
Platelet Count (Blood/Impedance Variation)	269	10 ³ / μ l	150 - 450
MPV (Blood/Derived from Impedance)	09.09	fL	8.0 - 13.3
PCT(Automated Blood cell Counter)	0.24	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	35	mm/hr	< 20

BIOCHEMISTRY

BUN / Creatinine Ratio	11.3		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	93.3	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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	123	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)	Negative	Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	12.1	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	1.07	mg/dL	0.6 - 1.1
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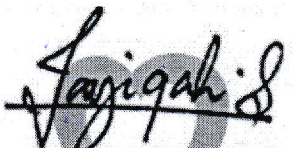
Uric Acid (Serum/Enzymatic)	5.8	mg/dL	2.6 - 6.0
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Glycosylated Haemoglobin (HbA1c)


HbA1C (Whole Blood/HPLC)	6.2	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	131.24	mg/dL
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TSH (Thyroid Stimulating Hormone) (Serum) /Chemiluminescent Immunometric Assay (CLIA))	4.49	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.

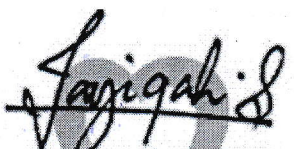
3.Values&0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

CLINICAL PATHOLOGY


Urine Analysis - Routine

Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Turbid		Clear
Protein (Urine)	Trace		Negative
Glucose (Urine)	Negative		Negative
Pus Cells (Urine)	1-2	/hpf	NIL
Epithelial Cells (Urine)	2-3	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --



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Thanks for your reference

**REAL - TIME 2D & 4D ULTRASOUND DONE WITH VOLUSON 730 EXPERT .
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 10.2 x 4.5 cm. Normal architecture. The collecting system is not dilated.

The left kidney measures 10.4 x 4.5 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.



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Uterus: The uterus is anteverted, bulky and measures 9.2 x 5.8 x 6.9 cm.
Myometrial echoes are homogeneous.
The endometrium is central and normal measures 4mm in thickness.

Ovaries: The right ovary measure 2.6 x 1.2 cm.
The left ovary measures 2.8 x 1.7cm.
No significant mass or cyst is seen in the ovaries.
Parametria are free.

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.

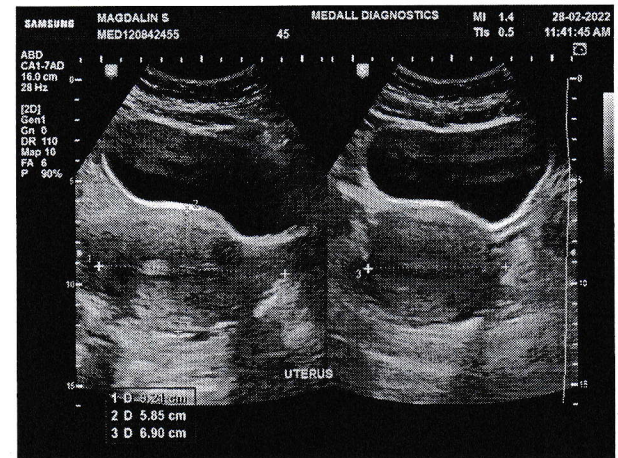
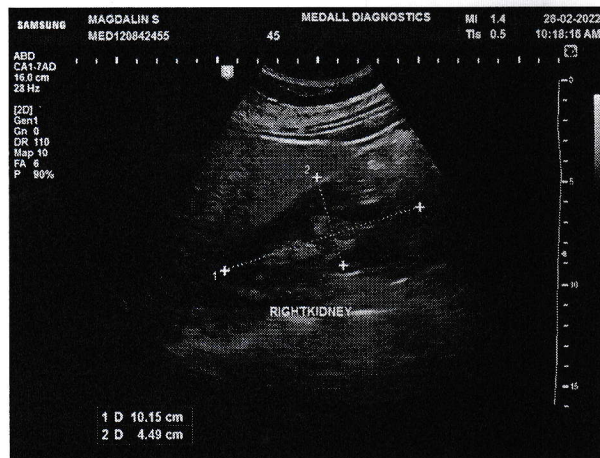
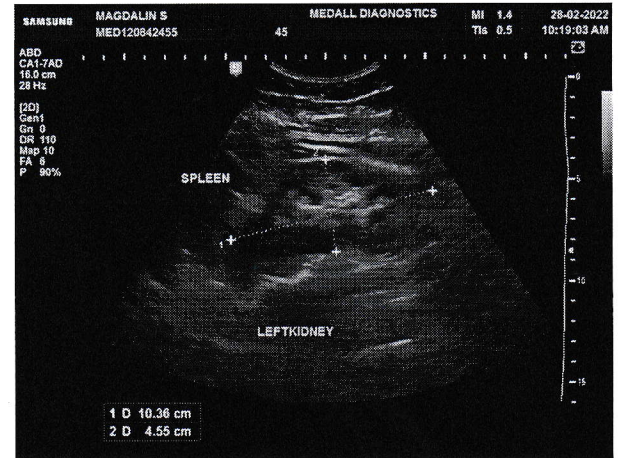
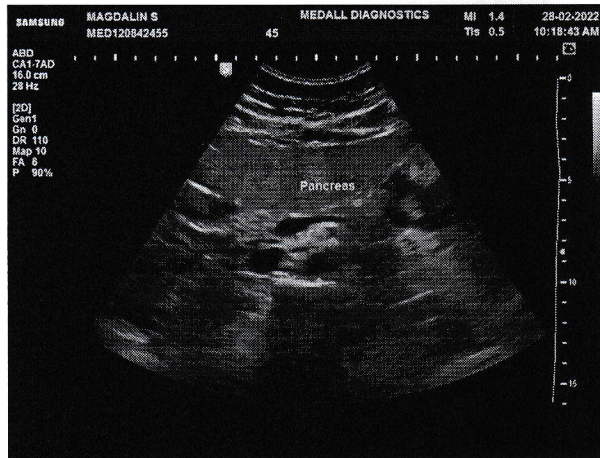
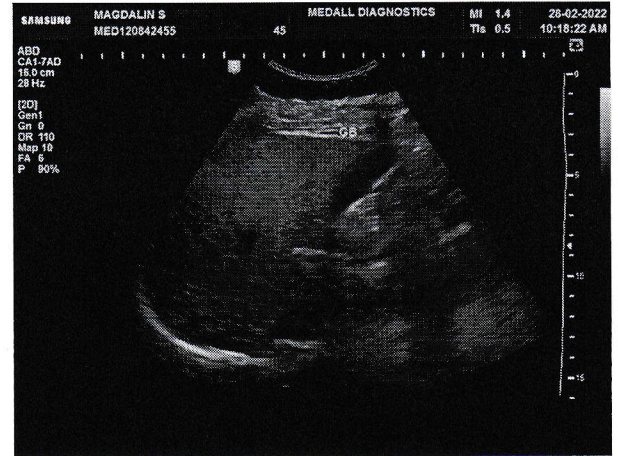
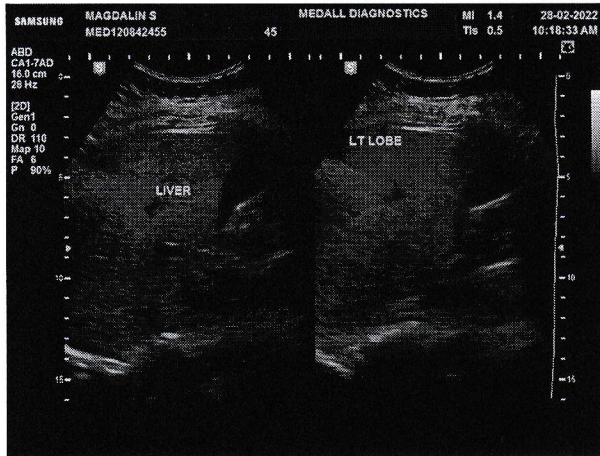
IMPRESSION :

➤ **Bulky uterus.**


**DR. PRARTHANA ANTOLINE ABHIA. DNB RD.,
CONSULTANT RADIOLOGIST.**

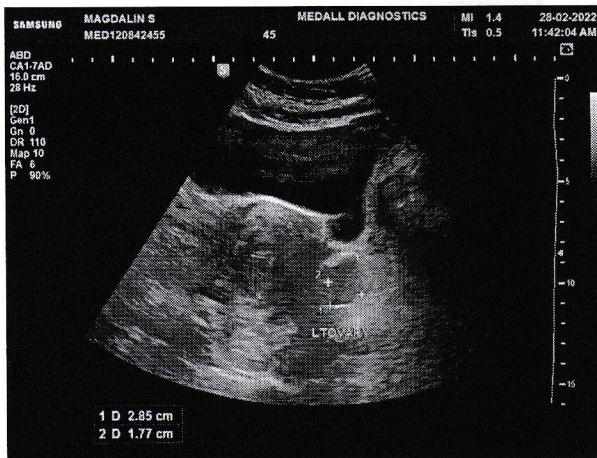
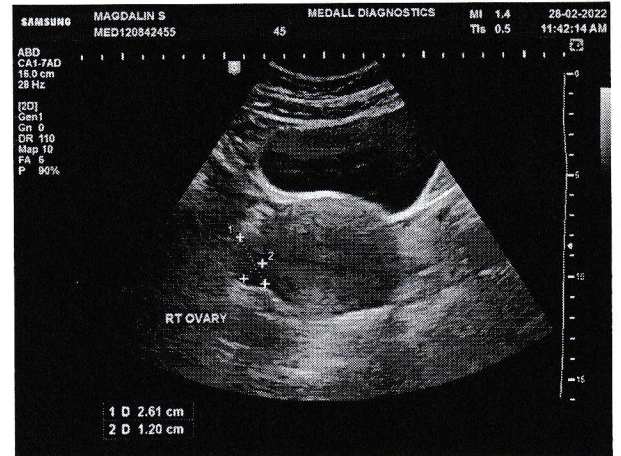
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NORTH BYE PASS ROAD, Vannarapetai, Tirunelveli-627003

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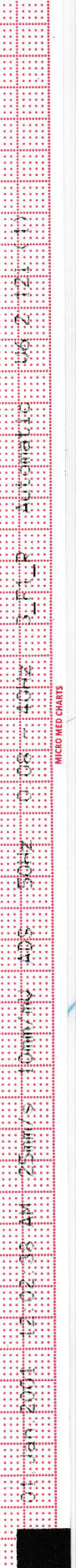
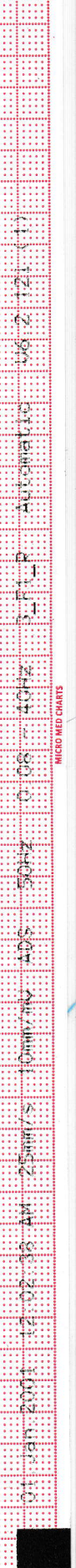
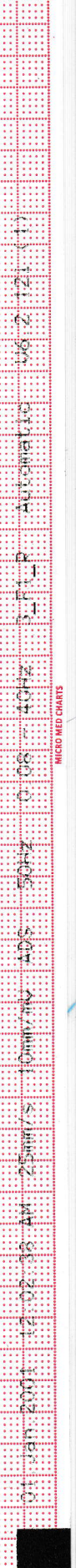
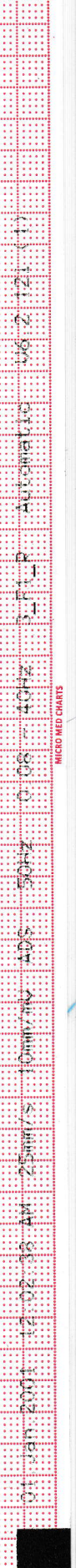
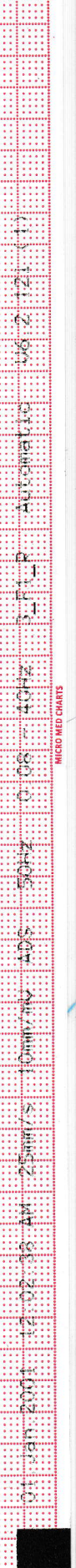
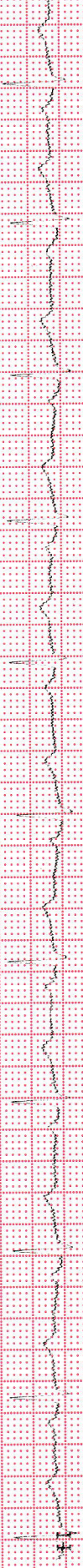
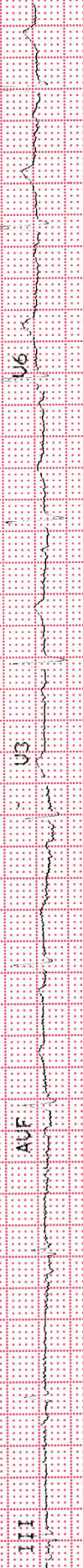
Measurement Results:

P 938 / 50 / 40 / 45 degrees
 S/T 18 / 19 ms
 QTcBD 1.2 mV
 Low 8

aUR -90
 aUL
 O I
 III +90
 aVF

Interpretation:
 RSP' pattern
 Q/S inversion area between U1 and U2
 prolonged QT
 probably normal ECG

Unconfirmed report



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ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.7 cm
 LVID s ... 2.9cm
 EF ... 68%
 IVS d ...0.8cm
 IVS s ... 0.8cm
 LVPW d ... 0.7cm
 LVPW s ... 1.1 cm
 LA ... 3.9cm
 AO ... 2.5cm
 TAPSE ...23 mm
 LA size ... 3.2 x4.3 cm
 Left ventricle, Left atrium normal.
 Right ventricle, Right atrium normal.
 No regional wall motion abnormality present.
 Mitral valve : AML & PML thickened, restricted mobility.
 MVOA - 1.2 cm²
 Aortic valve –Thickened.
 Tricuspid valve, Pulmonary valve normal.
 Aorta normal.
 Inter atrial septum intact.
 Inter ventricular septum intact.
 No pericardial effusion .



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Doppler:

Mitral valve : Mitral regurgitation-Mild.

MV Jet velocity: 1.34 m/s

MV max PG : 7.17 mmHg.

MV mean PG: 4.51 mmHg.

Aortic valve: AV Jet velocity: 1.55 m/s

Tricuspid valve: TV Jet velocity: 3.05 m/s TRPG: 37.20 mmHg.

Pulmonary valve: PV Jet velocity: 1.04 m/s

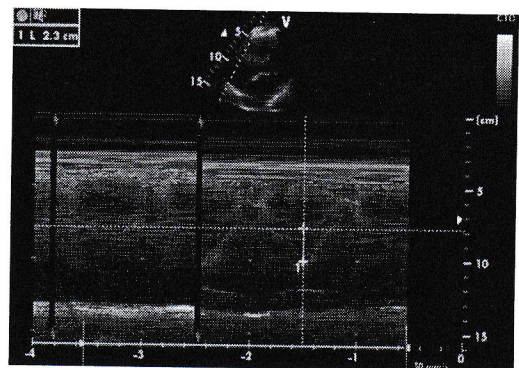
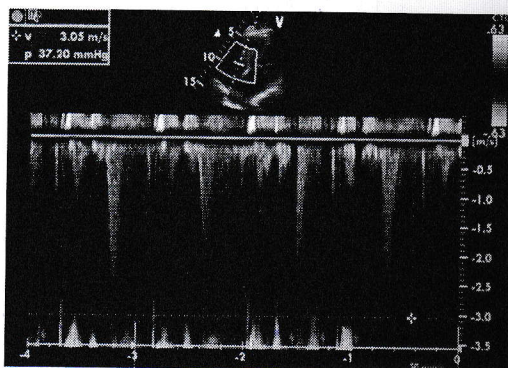
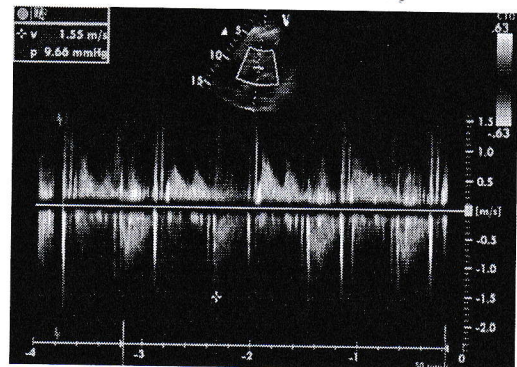
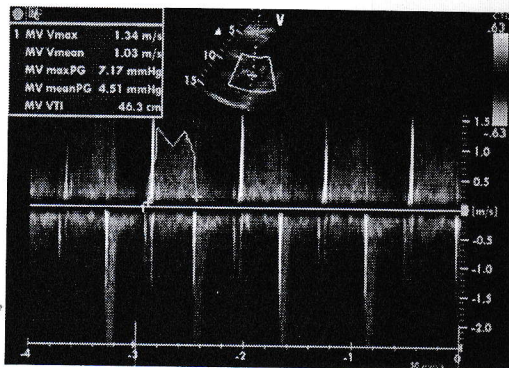
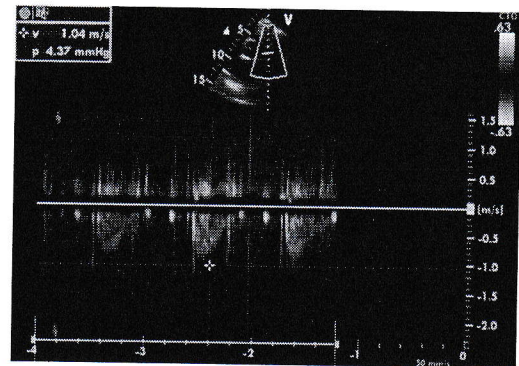
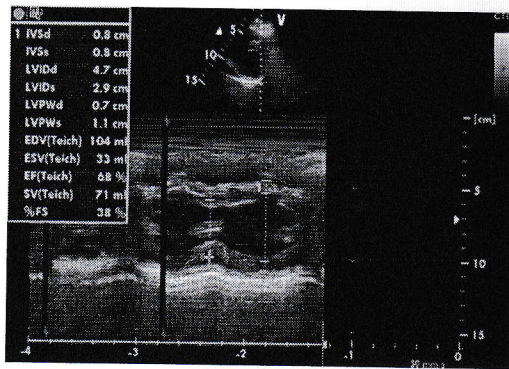
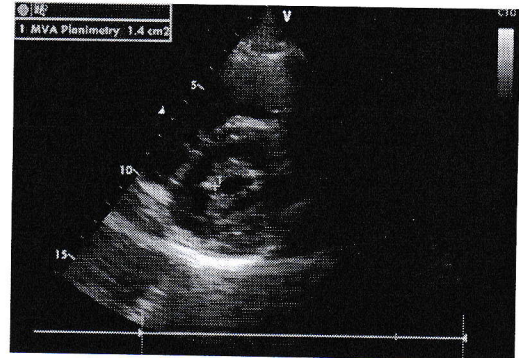
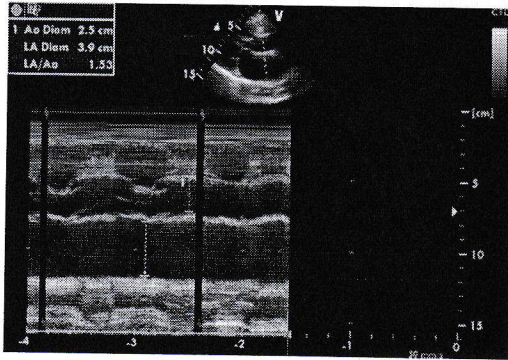
IMPRESSION:

1. Rheumatic heart disease.
2. Severe Mitral stenosis and Mild Mitral regurgitation.
3. No regional wall motion abnormality present.
4. Normal biventricular function.
5. Mild pulmonary artery hypertension.
6. Pericardial effusion - Nil.
7. No LA/LV clot.


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

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MAGDALIN S 44 F MED120842455 TEN84394763844 F RT 28
MEDALL DIAGNOSTICS

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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.**

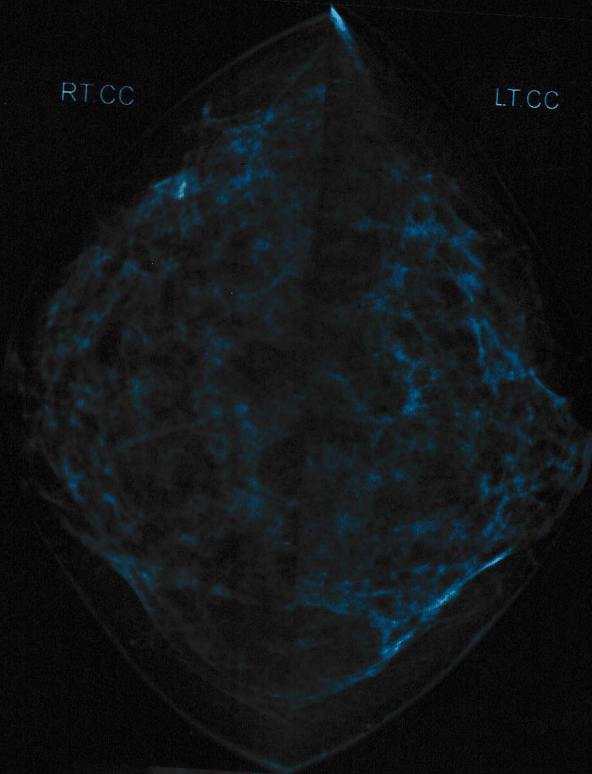


DR. PRARTHANA ANTOLINE ABHIA, DNB, RD.,
Consultant Radiologist
Reg. No: 112512



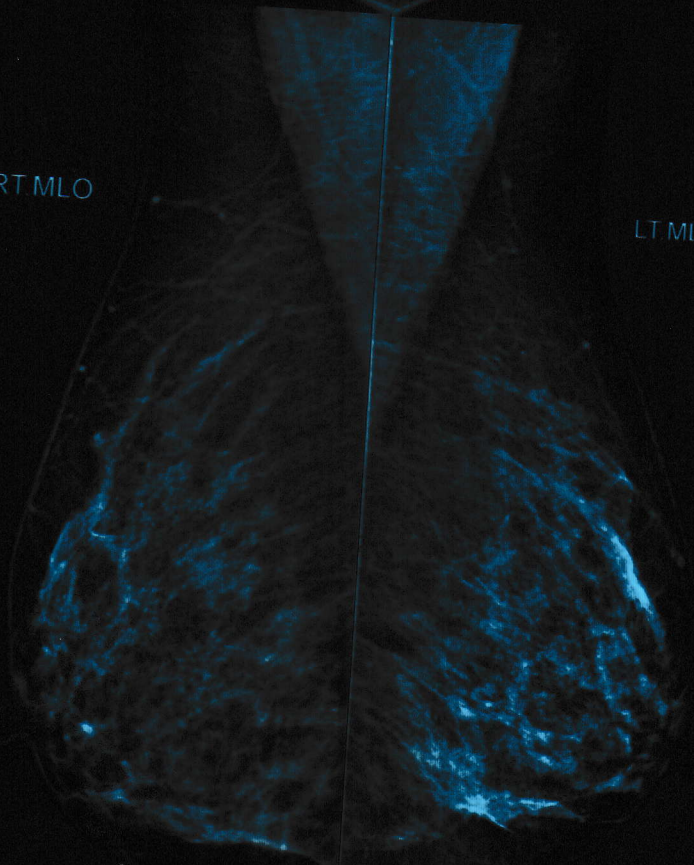
RTCC

LTCC



RTMLO

LTMLO



MAGDALIN S 44 F MED120842455 TEN84394752473 F RT 28
MEDALL DIAGNOSTICS

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DIGITAL MAMMOGRAM OF BOTH BREASTS

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

ACR Pattern 'B'

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.
 No evidence of significant axillary lymphadenopathy.

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.
 No evidence of significant axillary lymphadenopathy.

USG SCREENING : No mass / cyst / duct dilatation.

IMPRESSION:

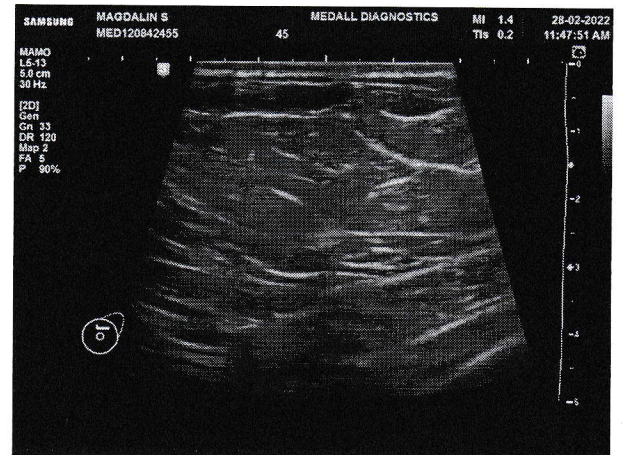
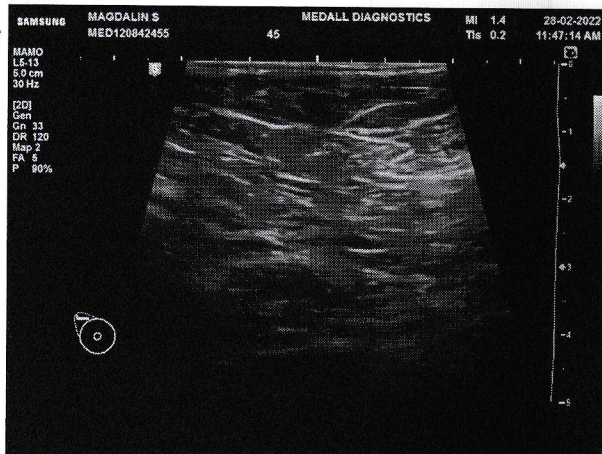
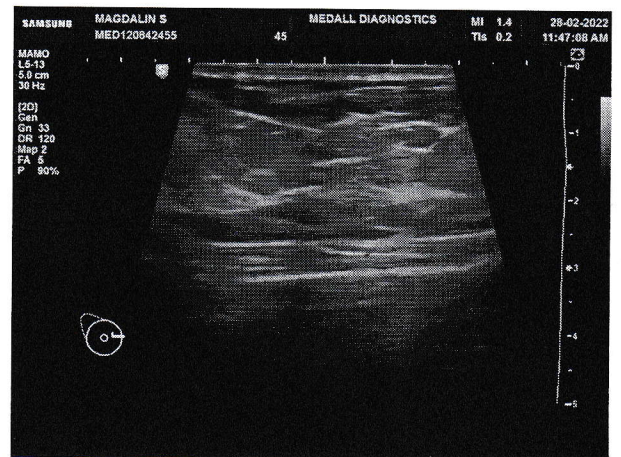
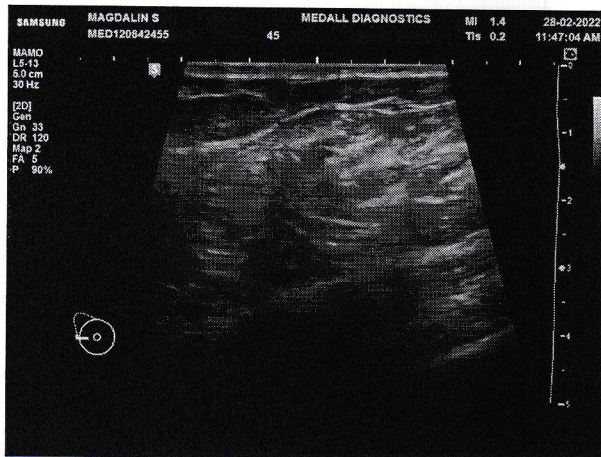
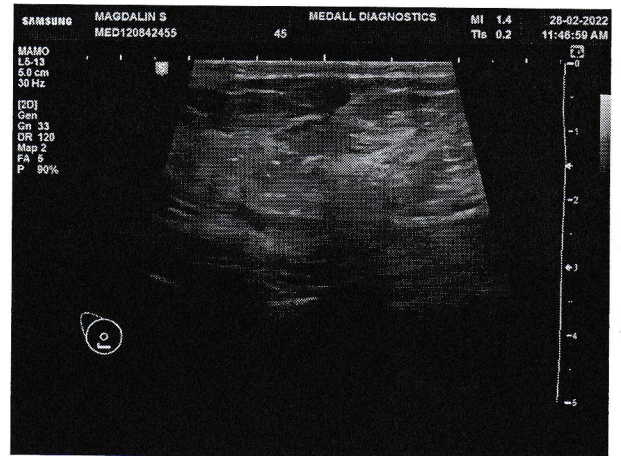
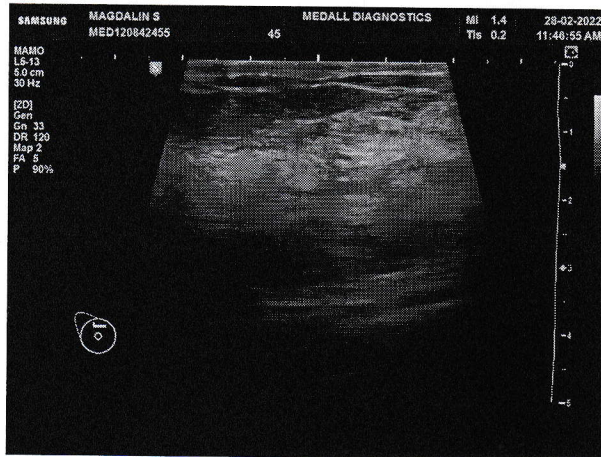
- ✓ No significant abnormality demonstrated – BIRADS – 1 (Normal).



**DR. PRARTHANA ANTOLINE ABHIA. DNB RD.,
 CONSULTANT RADIOLOGIST.
 Reg No 112512**

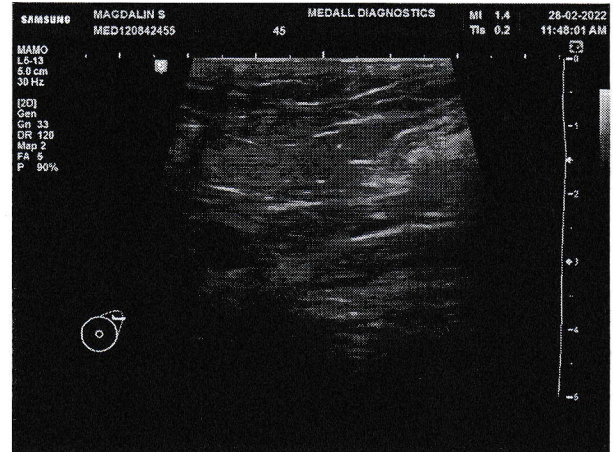
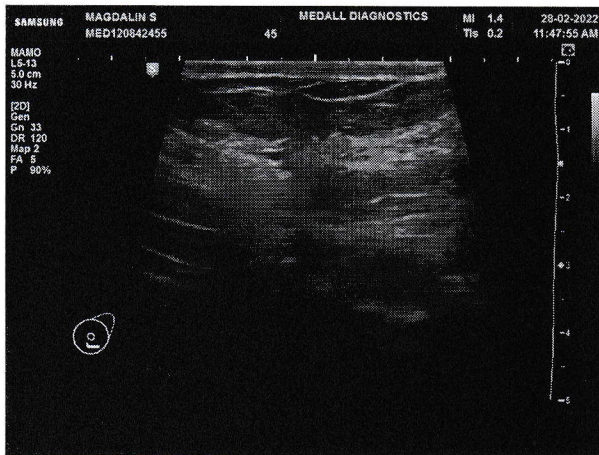
Medall Healthcare Pvt Ltd 10/5, HARSHA COMPLEX,
NORTH BYE PASS ROAD, Vannarapetai, Tirunelveli-627003

Customer Name	MRS.MAGDALIN .S	Customer ID	MED120842455
Age & Gender	44Y/FEMALE	Visit Date	28/02/2022
Ref Doctor	MediWheel		



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

Customer Name	MRS.MAGDALIN .S	Customer ID	MED120842455
Age & Gender	44Y/FEMALE	Visit Date	28/02/2022
Ref Doctor	MediWheel		



10. Function History

- 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
 - Climbing : Yes No
 - Standing : Yes No
 - Kneeling : Yes No
 - Sitting : Yes No
 - Bending : Yes No
 - Squatting : 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

Chest measurements: a. Normal b. Expanded

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	<input type="text" value="✓"/>	ECG	<input type="text" value="✓"/>
Complete Blood Count	<input type="text" value="✓"/>	Urine routine	<input type="text" value="✓"/>
Serum cholesterol	<input type="text" value="✓"/>	Blood sugar	<input type="text" value="✓"/>
Blood Group	<input type="text" value="✓"/>	S.Creatinine	<input type="text" value="✓"/>

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 RHD,
Arteriosclerosis. I do not consider this as disqualification for employment in the Company. S

Candidate is free from Contagious/Communicable disease

Date : 28/2/22

A. Madalini

Mmm
Signature of Medical Adviser
Dr. S.M. Asst. Professor of Cardiology
TIRUNELVELI MEDICAL COLLEGE HOSPITAL
TIRUNELVELI

Eye Examination Report

Candidate Name: Mrs. Magdalin. S

Age/ Gender: 44 Y / Female

Date: 28/02/22

This is to certify that I have examined Mr./Ms. Magdalin. S hereby, his/her visual standards are as follows :

Without Glasses		With Glasses		Color Vision (Normal/Defective)
R	L	R	L	Normal

Doctor Signature: **Dr. S. MANIKANDAN M.D.D.M., (Cardio)**
Asst. Professor of Cardiology
Doctor Stamp: **TIRUNELVELI MEDICAL COLLEGE HOSPITAL**
TIRUNELVELI.
Reg No : 61785

இந்திய அரசாங்கம்
Government of India
மேகலா சேவின்
Magdali Selvin
தந்தை - தேவராஜ்
Father : DEVARAJ
பிறந்தாண்டு / Year of Birth : 1977
Quarant / Female

2881 4514 8581

ஆதார் - சாதாரண மனிதனின் அதிகாரம்



தமிழ்நாடு அன்பாசமுடிரம் தாலுகா
Unique Identification Authority of India

முதலாளி
W/O செல்வின் எஸ் சி
அய்யனர்குளம் செல்தெரு,
அம்பாசமுத்திரம்,
அம்பாசமுத்திரம்,
திருச்செவ்வூர், தமிழ்நாடு,
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