

Dr. Abiramasundari D.
 Dr. Ajay R Kaushik
 Dr. Andrea Jose
 Dr. Archana Teresa P.
 Dr. Ashraya Nayaka TE
 Dr. Ashwin Segi
 Dr. Chitra Ramamurthy
 Dr. Fijo Kurakose
 Dr. Gautam Kukadia
 Dr. Gitansha Shreyas Sachdev
 Dr. Gopal R.
 Dr. Gopinathan G.S
 Dr. Hemant Murthy
 Dr. Iris
 Dr. Jalinder Singh
 Dr. Jezeela K.
 Dr. Krishnan R.
 Dr. Maimunisa M.
 Dr. Marjula
 Dr. Mohamed Faizal S.
 Dr. Mugda Kumar
 Dr. Muralidhar R.
 Dr. Muralidhar N.S.
 Dr. Nagesh
 Dr. Naveen P.
 Dr. Neha Prakash Zanjal
 Dr. Neha Rathi Kamal
 Dr. Nihal Ahmed F.D.
 Dr. Patil Sandip Dattatray
 Dr. Pavithra
 Dr. Praburam Niranjan G
 Dr. Pranesh Raw
 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 Bulota
 Dr. Sharmila M.
 Dr. Shraesh Kumar K.
 Dr. Shreyas Ramamurthy
 Dr. Smitha Sharma
 Dr. Soundarya B.
 Dr. Srinivas Rao V.K.
 Dr. Suchieta Jenni P
 Dr. Sumanth
 Dr. Swathi Baliga
 Dr. Tamilarasi S.
 Dr. Thenarasun S.A.
 Dr. Umesh Krishna
 Dr. Urna 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: 16/01/24

Eye Fitness Certificate

This is to certify that Mr/Mrs/Ms Ananthan. R Age 38

Male/Female, our MRNO 13042067

	OD	OS
Visual Acuity	<u>6/6</u>	<u>6/6</u> ^{cy} <u>-2.5</u>
Near Vision	<u>Ng</u>	<u>Ng</u>
Colour Vision	<u>Normal</u>	
B.S.V	<u>Present</u>	
Central Fields	<u>Normal</u>	
Anterior Segment	<u>Normal</u>	
Fundus	<u>Normal</u>	

Medical Consultant,
 The Eye Foundation,
 Tirunelveli.

MUHAMMAD FAIZAL M.D.S. D.O. FAHM,
 Medical Superintendent
 Reg.No. 85747
 THE EYE FOUNDATION
 Tirunelveli

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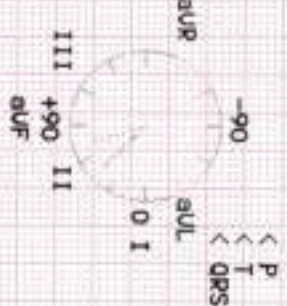
ANANTHAN R 38 M MED122403011 TEN91557963844 M RT 1/16/2024

MEDALL DIAGNOSTICS

AGE:

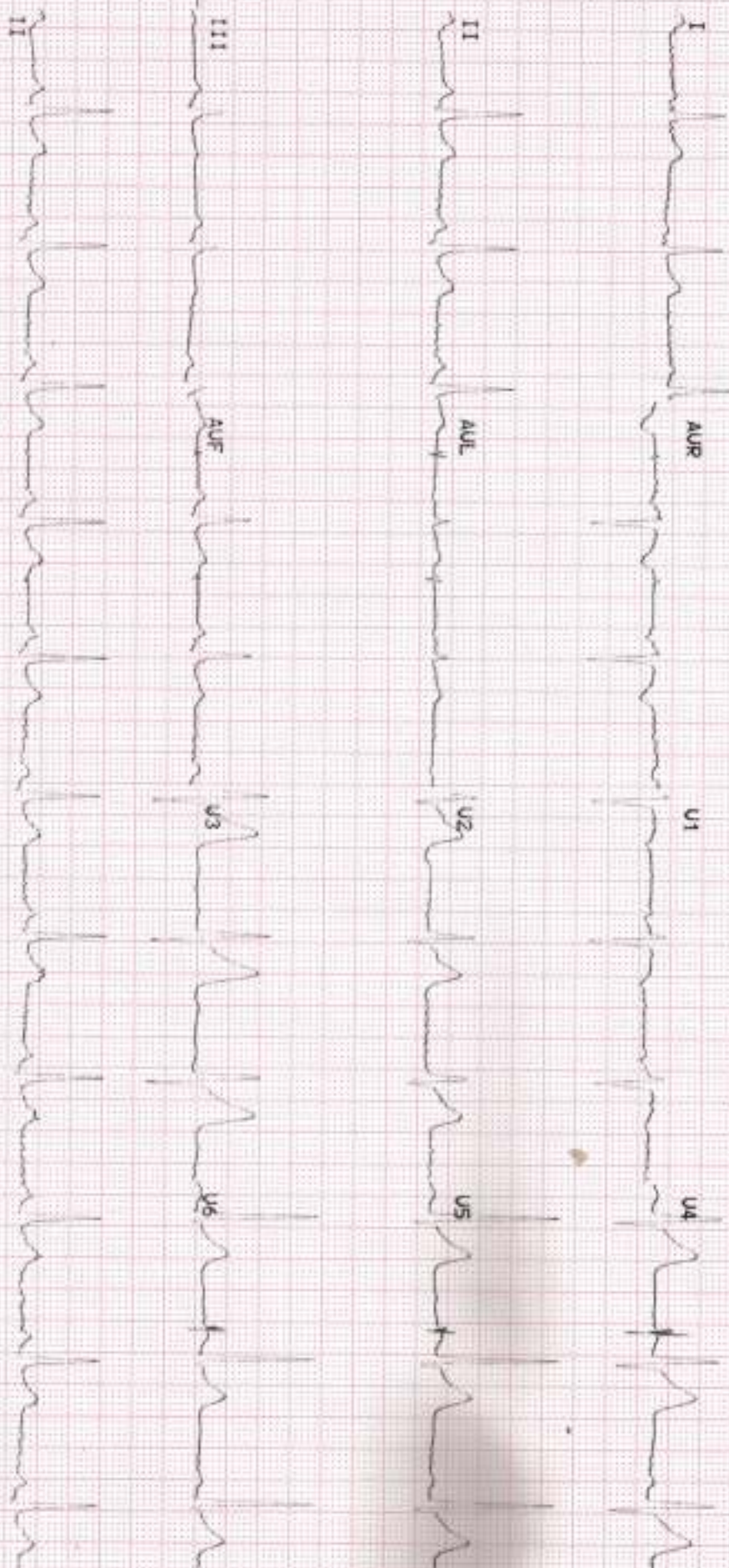
Measurement Results:

QRS	96 ms
QT/QTcB	382 / 403 ms
PP	168 ms
P	134 ms
RR/PP	896 / 895 ms
P/ORS/T	72 / 47 / 44 degrees



Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Normal ECG

Unconfirmed report.



MEDICAL EXAMINATION REPORT

Name Gender 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.

3. List allergies to any known medications or chemicals

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

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 •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 mmhg

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

Pulse: 70

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 : 16.1.23



 Signature of Medical Adviser
Dr. S. MANIKANDAN, M.D., D.M.,
 Reg. No: 81785, Consultant Cardiology...
Medall Diagnostics
 Tirunelveli - 3.

Name : Mr. ANANTHAN R
PID No. : MED122403011
SID No. : 624001267
Age / Sex : 38 Year(s) / Male
Ref. Dr : MediWheel

Register On : 16/01/2024 9:28 AM
Collection On : 16/01/2024 9:54 AM
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Type : OP

Investigation **Observed Value** **Unit** **Biological Reference Interval**

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (Blood /Agglutination) 'B' 'Positive'

HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (Blood/Spectrophotometry)	14.6	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	38.7	%	42 - 52
RBC Count (Blood/Impedance Variation)	4.92	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/Derived from Impedance)	78.5	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	29.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	35.2	g/dL	32 - 36
RDW-CV (Derived from Impedance)	13.7	%	11.5 - 16.0
RDW-SD (Derived from Impedance)	37.64	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	5570	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	45.2	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	39.5	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	8.9	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	5.4	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	1.0	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	2.52	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	2.20	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.50	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.30	$10^3 / \mu\text{l}$	< 1.0



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Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.06	10 ³ / µl	< 0.2
Platelet Count (Blood/Impedance Variation)	196	10 ³ / µl	150 - 450
MPV (Blood/Derived from Impedance)	9.5	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	42	mm/hr	< 15

BIOCHEMISTRY

BUN / Creatinine Ratio	10.4		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	98.0	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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	169.0	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)	9.3	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.89	mg/dL	0.9 - 1.3
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Uric Acid (Serum/Enzymatic)	4.4	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum)	1.20	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.43	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.77	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	29.0	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum)	43.8	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	27.5	U/L	< 55
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	82.4	U/L	53 - 128
Total Protein (Serum/Biuret)	7.20	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.10	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.10	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.32		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	202.4	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	251.3	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)	38.0	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	114.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	50.3	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	164.4	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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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.3		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)	6.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	3		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)	6.0	%	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) 125.5 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))	1.00	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))	6.48	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))	6.15	μ IU/mL	0.35 - 5.50
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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 \leq 0.03 μ IU/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)	2-4	/hpf	NIL
Epithelial Cells (Urine)	1-2	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --



Name	MR.ANANTHAN R	ID	MED122403011
Age & Gender	38Y/MALE	Visit Date	16 Jan 2024
Ref Doctor Name	MediWheel		

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.6cm
LVID s ... 2.8cm
EF ... 70%
IVS d ... 1.1 cm
IVS s ... 1.0cm
LVPW d ... 0.8cm
LVPW s ... 1.5cm
LA ... 2.8cm
AO ... 2.9cm
TAPSE ... 26mm
IVC ... 1.2cm

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: 0.86m/s A: 0.58m/s

Name	MR.ANANTHAN R	ID	MED122403011
Age & Gender	38Y/MALE	Visit Date	16 Jan 2024
Ref Doctor Name	MediWheel		

E/A Ratio: 1.47 E/E: 11.76

Aortic valve: AV Jet velocity: 1.42m/s

Tricuspid valve: TV Jet velocity: 2.01 m/s

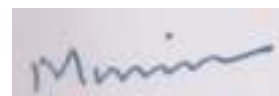
TRPG: 16.21

mmHg.

Pulmonary valve: PV Jet velocity: 1.26m/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

Name	MR.ANANTHAN R	ID	MED122403011
Age & Gender	38Y/MALE	Visit Date	16 Jan 2024
Ref Doctor Name	MediWheel		

Thanks for your reference

SONOGRAM REPORT

WHOLE ABDOMEN

Poor penetration of USG due to thick abdominal wall

Liver: The liver is normal in size. 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 partially distended with no demonstrable calculus. Wall thickness appears normal.

Pancreas: The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

Spleen: The spleen is normal.

Kidneys: The right kidney measures 9.6 x 4.2 cm. Normal architecture.

The collecting system is not dilated.

The left kidney measures 10.1 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.

Name	MR.ANANTHAN R	ID	MED122403011
Age & Gender	38Y/MALE	Visit Date	16 Jan 2024
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Prostate: The prostate measures 3.6 x 2.8 x 2.5 cm and is normal sized.
Corresponds to a weight of about 14.12 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

- Mild fatty changes in liver

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

Name	Mr. ANANTHAN R	Customer ID	MED122403011
Age & Gender	38Y/M	Visit Date	Jan 16 2024 9:28AM
Ref Doctor	MediWheel		

Thanks for your reference

DIGITAL X- RAY CHEST PA VIEW

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

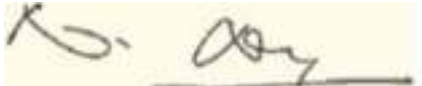
Both costophrenic angles appear normal.

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
Reg. No: 82342