

- Dr. Abiramasundari D.
- Dr. Ajay R Kaushik
- Dr. Andrea Jose
- Dr. Archana Terasa P.
- Dr. Ashraya Nayaka T.E
- Dr. Ashwin Segi
- Dr. Chitra Ramamurthy
- Dr. Fijo Kurakose
- Dr. Gautam Kukada
- Dr. Gitansha Shreyas Sachdev
- Dr. Gopal R.
- Dr. Gopinathan G.S
- Dr. Hamanth Murthy
- Dr. Iris
- Dr. Jatinder Singh
- Dr. Jezeela K.
- Dr. Krishnan R.
- Dr. Maimunnisa M.
- Dr. Manjula
- Dr. Mohamed Faizal S.
- Dr. Mugdha Kumar
- Dr. Muralidhar R.
- Dr. Muralidhar N.S.
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- Dr. Navreen P.
- Dr. Neha Prakash Zanjali
- Dr. Neha Razvi Kamal
- Dr. Nirhaal Ahmed F.D.
- Dr. Palli Sandip Dattatray
- Dr. Pavithra
- Dr. Praburam Niranjan G
- Dr. Praneesh Ravi
- Dr. Praveen Murthy
- Dr. Preethi
- Dr. Priyanka R.
- Dr. Priyanka Anandamoorthi
- Dr. Priyanka Shyam
- Dr. Priyanka Singh
- Dr. Ralini Solomon
- Dr. Ramamurthy D.
- Dr. Rashmita Kukadia
- Dr. Ravi J.
- Dr. Rifky Kamil K.
- Dr. Sagar Basu
- Dr. Sahara Manish
- Dr. Sakshi Rajeswari N.
- Dr. Selhukkarsai
- Dr. Shalini Butola
- Dr. Sharmila M.
- Dr. Shresh Kumar K.
- Dr. Shreyas Ramamurthy
- Dr. Smitha Sharma
- Dr. Soundarya B.
- Dr. Srinivas Rao V.K.
- Dr. Suchieta Jennil P
- Dr. Sumanth
- Dr. Swathi Baliga
- Dr. Tamilarasi S.
- Dr. Thenarasun S.A.
- Dr. Umesh Krishna
- Dr. Uma M.
- Dr. Vashnavi 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: 27.01.24

Eye Fitness Certificate

This is to certify that Mr/Mrs/Ms. Seiya Revathy. V Age 28/P

Male/Female, our MRNO. 130#2796

	OD	OS
Visual Acuity	<u>6/5 - 0.50 x 100 6/6</u>	<u>6/5 - 0.50 x 65 6/6</u>
Near Vision	<u>N6</u>	<u>N6</u>
Colour Vision	<u>Normal</u>	<u>Normal</u>
B.S.V	<u>Normal</u>	<u>Normal</u>
Central Fields	<u>Normal</u>	<u>Normal</u>
Anterior Segment	<u>Normal</u>	<u>Normal</u>
Fundus	<u>Normal</u>	<u>Normal</u>

Fit with Glass

Dr. UMA MBBS, DO, MS
 REG. No. 92948
 THE EYE FOUNDATION
 Medical Consultant
 The Eye Foundation,
 Tirunelveli.

Patient Name	Mrs. Sivasubathi	Date	29.1.24
Age	28/F	Visit ID	MEDI22431005
Gender	Female	Corporate	



GENERAL PHYSICAL EXAMINATION

Identification Mark:

Height: 168 cms
 Weight: 74 kgs
 Pulse: 79 /minute
 Blood Pressure: 127/81 mm of Hg

BMI : 26.2
 (Underweight = <18.5
 Normal weight = 18.5-24.9
 Overweight = 25-29.9)

Chest:
 Expiration: cms
 Inspiration: cms
 Abdomen Measurement: cms
 Eyes: Ears:
 Throat: Neck nodes:
 RS: CVS:
 PA: CNS:

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE: MEDICAL FIT FOR EMPLOYMENT (YES / NO)


 Signature
 S. MANIKANDAN, M.B., D.M., (Cardio)
 Reg. No: 61785, Consultant Cardiologist
 Medall Diagnostics

Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Low voltage QRS
 Borderline ECG

< P
 < T
 < QRS

-90
 eUL
 -0 I

Present Results:
 378 / 82 ms
 152 ms
 102 ms
 806 / 800 ms
 46 / 39 / 8 degrees

III +90 II
 eUF

Unconfirmed report.



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SELVAREVATHI V 28 F MED122431005 TEN91767763844 F RT 1/27/2024

MEDALL DIAGNOSTICS



Name : Mrs. SELVAREVATHI V
PID No. : MED122431005
SID No. : 624002356
Age / Sex : 28 Year(s) / Female
Ref. Dr : MediWheel

Register On : 27/01/2024 11:31 AM
Collection On : 27/01/2024 12:05 PM
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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)	12.6	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	41.1	%	37 - 47
RBC Count (Blood/Impedance Variation)	4.14	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	99	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	30.4	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	34.6	g/dL	32 - 36
RDW-CV(Derived from Impedance)	12.8	%	11.5 - 16.0
RDW-SD(Derived from Impedance)	44.35	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	9100	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	73.3	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	18.6	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	1.2	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	6.7	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.2	%	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)	6.67	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	1.69	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.11	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.61	10 ³ / µl	< 1.0


SARAVANA KUMAR.R
Quality Manager




Dr Archana K MID Ph.D
Consultant Pathologist
Reg No : 79967

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Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.02	10 ³ / µl	< 0.2
Platelet Count (Blood/Impedance Variation)	312	10 ³ / µl	150 - 450
MPV (Blood/Derived from Impedance)	7.7	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.24	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	29	mm/hr	< 20

BIOCHEMISTRY

BUN / Creatinine Ratio	11.5		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	78.7	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)	109.6	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)	9.4	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.82	mg/dL	0.6 - 1.1
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Uric Acid (Serum/Enzymatic)	3.9	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum)	1.10	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.32	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.78	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	23.3	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum)	24.5	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	16.8	U/L	< 38
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SARAVANA KUMAR.R
 Quality Manager




Dr Archana K MID Ph.D
 Consultant Pathologist
 Reg No : 79967

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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)	69.3	U/L	42 - 98
Total Protein (Serum/Biuret)	6.98	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.68	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.30	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.12		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	149.9	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	81.5	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)	44.1	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	89.5	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	16.3	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	105.8	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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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.4		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)	1.8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2		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)	5.2	%	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) 102.54 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))	0.98	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))	10.65	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.


SARAVANA KUMAR.R
 Quality Manager




Dr Archana K MID Ph.D
 Consultant Pathologist
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	1.21	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)	Pale Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Pus Cells (Urine)	1-3	/hpf	NIL
Epithelial Cells (Urine)	1-2	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --


SARAVANA KUMAR.R
Quality Manager




Dr Archana K MID Ph.D
Consultant Pathologist
Reg No : 79967

Name	MRS.SELVAREVATHI V	ID	MED122431005
Age & Gender	28Y/FEMALE	Visit Date	27 Jan 2024
Ref Doctor Name	MediWheel		

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.8cm
LVID s ... 2.8cm
EF ... 72%
IVS d ... 1.0 cm
IVS s ... 0.8cm
LVPW d ... 0.6cm
LVPW s ... 1.4cm
LA ... 3.0cm
AO ... 2.9cm
TAPSE ... 24 mm

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: 0.95m/s A: 0.65m/s

Name	MRS.SELVAREVATHI V	ID	MED122431005
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E/A Ratio: 1.45

Aortic valve: AV Jet velocity: 1.31m/s

Tricuspid valve: TV Jet velocity: 2.63m/s

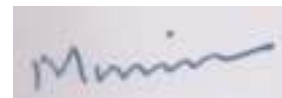
TRPG:

27.62mmHg.

Pulmonary valve: PV Jet velocity: 1.22m/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	MRS.SELVAREVATHI V	ID	MED122431005
Age & Gender	28Y/FEMALE	Visit Date	27 Jan 2024
Ref Doctor Name	MediWheel		

Name	MRS.SELVAREVATHI V	ID	MED122431005
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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 and shows uniform echotexture with no focal abnormality. There is no intra or extra hepatic biliary ductal dilatation.

Gallbladder The gall bladder is contracted .

Pancreas The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

Spleen The spleen is normal.

Kidneys The right kidney measures 10.0 x 4.3 cm. Normal architecture.

The collecting system is not dilated.

The left kidney measures 10.4 x 5.1 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 7.2 x 4.1 cm.

Myometrial echoes are homogeneous.

The endometrium measures 10.1 mm in thickness.

Name	MRS.SELVAREVATHI V	ID	MED122431005
Age & Gender	28Y/FEMALE	Visit Date	27 Jan 2024
Ref Doctor Name	MediWheel		

Ovaries The right ovary measures 3.1 x 2 .8 cm.
The left ovary measures 2.3 x 2.6 cm.
Multiple small follicle s measuring less than 1 cm noted in both ovaries.
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

- No significant abnormality.

DR.T.ANNIE STALIN ~~MB~~,F.USG.,
SONOLOGIST.

Name	MRS.SELVAREVATHI V	ID	MED122431005
Age & Gender	28Y/FEMALE	Visit Date	27 Jan 2024
Ref Doctor Name	MediWheel		

Name	MRS.SELVAREVATHI V	ID	MED122431005
Age & Gender	28Y/FEMALE	Visit Date	27 Jan 2024
Ref Doctor Name	MediWheel		

Name	Mrs. SELVAREVATHI V	Customer ID	MED122431005
Age & Gender	28Y/F	Visit Date	Jan 27 2024 11:30AM
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.

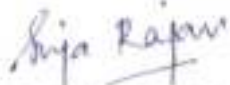
Bilateral lung fields appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

i. NO SIGNIFICANT ABNORMALITY DEMONSTRATED.


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