



Patient Ref. No. 66600003021298

CLIENT CODE : CA00010147 - MEDIWHEEL  
ARCOFEMI HEALTHCARE LIMITED  
CLIENT'S NAME AND ADDRESS :  
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
F701A, LADO SARAI, NEW DELHI,  
SOUTH DELHI, DELHI,  
SOUTH DELHI 110030  
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Opp.110KV Substation, Ashwini Junction  
TRICHUR, 680022  
KERALA, INDIA  
Tel : 93334 93334  
Email : customercare.ddrc@srl.in

PATIENT NAME : KRISHNAKUMAR PATIENT ID : KRISM1401844177

ACCESSION NO : 4177WA001243 AGE : 39 Years SEX : Male ABHA NO :

DRAWN : RECEIVED : 14/01/2023 09:00 REPORTED : 16/01/2023 15:54

REFERRING DOCTOR : DR. A M ANTO CLIENT PATIENT ID :

Test Report Status	Results	Biological Reference Interval	Units
Preliminary			

**MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT**

<b>OPHTHAL</b>	
OPHTHAL	ATTACHED
<b>TREADMILL TEST</b>	
TREADMILL TEST	COMPLETED
<b>PHYSICAL EXAMINATION</b>	
PHYSICAL EXAMINATION	COMPLETED



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BUN/CREAT RATIO

BUN/CREAT RATIO 8.1 5.00 - 15.00

CREATININE, SERUM

CREATININE 0.74 18 - 60 yrs : 0.9 - 1.3 mg/dL

GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA 103 Diabetes Mellitus : > or = 200. mg/dL
Impaired Glucose tolerance/
Prediabetes : 140 - 199.
Hypoglycemia : < 55.

GLUCOSE FASTING,FLUORIDE PLASMA

GLUCOSE, FASTING, PLASMA 99 Diabetes Mellitus : > or = 126. mg/dL
Impaired fasting Glucose/
Prediabetes : 101 - 125.
Hypoglycemia : < 55.

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

GLYCOSYLATED HEMOGLOBIN (HBA1C) 5.6 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%.

MEAN PLASMA GLUCOSE 114.0 < 116.0 mg/dL

LIPID PROFILE, SERUM

CHOLESTEROL 302 High Desirable : < 200 mg/dL
Borderline : 200-239
High : >or= 240

TRIGLYCERIDES 166 High Normal : < 150 mg/dL
High : 150-199
Hypertriglyceridemia : 200-499
Very High : > 499

HDL CHOLESTEROL 47 General range : 40-60 mg/dL



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DIRECT LDL CHOLESTEROL 228 High Optimum : < 100 mg/dL
Above Optimum : 100-139
Borderline High : 130-159
High : 160-189
Very High : >or= 190

NON HDL CHOLESTEROL 255 High Desirable: Less than 130 mg/dL
Above Desirable: 130 - 159
Borderline High: 160 - 189
High: 190 - 219
Very high: > or = 220

CHOL/HDL RATIO 6.4 High 3.30 - 4.40

LDL/HDL RATIO 4.9 High 0.5 - 3.0

VERY LOW DENSITY LIPOPROTEIN 33.2 High < or = 30.0 mg/dL

LIVER FUNCTION TEST WITH GGT

BILIRUBIN, TOTAL 0.65 General Range : < 1.1 mg/dL

BILIRUBIN, DIRECT 0.23 General Range : < 0.3 mg/dL

BILIRUBIN, INDIRECT 0.42 0.00 - 1.00 mg/dL

TOTAL PROTEIN 6.4 Ambulatory : 6.4 - 8.3 g/dL
Recumbant : 6 - 7.8

ALBUMIN 4.9 20-60yrs : 3.5 - 5.2 g/dL

GLOBULIN 1.5 Low 2.0 - 4.1 g/dL

ALBUMIN/GLOBULIN RATIO 3.3 High 1.0 - 2.0 RATIO

ASPARTATE AMINOTRANSFERASE (AST/SGOT) 18 Adults : < 40 U/L

ALANINE AMINOTRANSFERASE (ALT/SGPT) 26 Adults : < 45 U/L

ALKALINE PHOSPHATASE 59 Adult(<60yrs) : 40 - 130 U/L

GAMMA GLUTAMYL TRANSFERASE (GGT) 65 Adult (male) : < 60 U/L

TOTAL PROTEIN, SERUM

TOTAL PROTEIN 6.4 Ambulatory : 6.4 - 8.3 g/dL
Recumbant : 6 - 7.8

URIC ACID, SERUM

URIC ACID 6.0 Adults : 3.4-7 mg/dL

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP TYPE A

METHOD : GEL CARD METHOD

RH TYPE POSITIVE

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN 16.6 13.0 - 17.0 g/dL



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RED BLOOD CELL COUNT	5.70	High 4.5 - 5.5	mil/ $\mu$ L
WHITE BLOOD CELL COUNT	4.97	4.0 - 10.0	thou/ $\mu$ L
PLATELET COUNT	276	150 - 410	thou/ $\mu$ L
<b>RBC AND PLATELET INDICES</b>			
HEMATOCRIT	48.5	40 - 50	%
MEAN CORPUSCULAR VOL	85.1	83 - 101	fL
MEAN CORPUSCULAR HGB.	29.2	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	34.3	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	13.2	11.6 - 14.0	%
MENTZER INDEX	14.9		
MEAN PLATELET VOLUME	8.8	6.8 - 10.9	fL
<b>WBC DIFFERENTIAL COUNT</b>			
SEGMENTED NEUTROPHILS	53	40 - 80	%
LYMPHOCYTES	40	20 - 40	%
MONOCYTES	02	2 - 10	%
EOSINOPHILS	05	1 - 6	%
BASOPHILS	00	< 1 - 2	%
ABSOLUTE NEUTROPHIL COUNT	2.63	2.0 - 7.0	thou/ $\mu$ L
ABSOLUTE LYMPHOCYTE COUNT	1.99	1 - 3	thou/ $\mu$ L
ABSOLUTE MONOCYTE COUNT	0.10	Low 0.20 - 1.00	thou/ $\mu$ L
ABSOLUTE EOSINOPHIL COUNT	0.25	0.02 - 0.50	thou/ $\mu$ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.4		
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD</b>			
SEDIMENTATION RATE (ESR)	05	0 - 14	mm at 1 hr
<b>SUGAR URINE - POST PRANDIAL</b>			
SUGAR URINE - POST PRANDIAL	NOT DETECTED	NOT DETECTED	
<b>THYROID PANEL, SERUM</b>			
T3	115.65	20-50 yrs : 60-181	ng/dL
T4	10.10	3.2 - 12.6	$\mu$ g/dl
TSH 3RD GENERATION	2.180	18-49 yrs : 0.4 - 4.2	$\mu$ IU/mL



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Interpretation(s)

Triiodothyronine T3, Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect 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. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low. Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of 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. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Table with 6 columns: Sr. No., TSH, Total T4, FT4, Total T3, Possible Conditions. Contains 9 rows of clinical correlations.

REF: 1. TIETZ Fundamentals of Clinical chemistry 2.Guidlines of the American Thyroid association during pregnancy and Postpartum, 2011.

NOTE: It is advisable to detect Free T3,FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

PHYSICAL EXAMINATION, URINE

COLOR PALE YELLOW
APPEARANCE CLEAR

CHEMICAL EXAMINATION, URINE

PH 6.0 4.7 - 7.5
SPECIFIC GRAVITY 1.005 1.003 - 1.035



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Table with 4 columns: Test Report Status, Preliminary, Results, Units. Rows include PROTEIN, GLUCOSE, KETONES, BLOOD BILIRUBIN, UROBILINOGEN, NITRITE, MICROSCOPIC EXAMINATION, URINE, RED BLOOD CELLS, WBC, EPITHELIAL CELLS, CASTS, CRYSTALS, BACTERIA, BLOOD UREA NITROGEN (BUN), SERUM, BLOOD UREA NITROGEN, SUGAR URINE - FASTING, PHYSICAL EXAMINATION, STOOL, CHEMICAL EXAMINATION, STOOL, MICROSCOPIC EXAMINATION, STOOL.

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-High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc. Additional test HbA1c GLUCOSE FASTING, FLUORIDE PLASMA- TEST DESCRIPTION

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in

Diabetes mellitus, Cushing's syndrome (10 - 15%), chronic pancreatitis (30%). Drugs: corticosteroids, phenytoin, estrogen, thiazides.

Decreased in



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Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy (adrenocortical, stomach, fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases (e.g., galactosemia), Drugs- insulin, ethanol, propranolol; sulfonyleureas, tolbutamide, and other oral hypoglycemic agents.

NOTE:
While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals. Thus, glycosylated hemoglobin (HbA1c) levels are favored to monitor glycemic control.
High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.
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 patient's metabolic control has remained continuously within the target range.
1. eAG (Estimated average glucose) converts percentage HbA1c to mg/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 platform (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



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Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc.

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, Multiple Sclerosis

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, Vasculitides, 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: Polycythemia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs (Vitamin A, Dextran etc), Hypercholesterolemia

False Decreased : Poikilocytosis, (Sickle Cells, 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. AACCC Press, 7th edition. Edited by S. Soldin; 3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis, 10th edition.

SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT'S TEST

BLOOD UREA NITROGEN (BUN), SERUM-Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)

Causes of decreased level include Liver disease, SIADH.

SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST



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ARCOFEMI HEALTHCARE LIMITED  
CLIENT'S NAME AND ADDRESS :  
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
F701A, LADO SARAI, NEW DELHI,  
SOUTH DELHI, DELHI,  
SOUTH DELHI 110030  
DELHI INDIA  
8800465156

DDRC SRL DIAGNOSTICS  
Room A1, Ground Floor, Sitaram Tejal,  
Opp.110KV Substation, Ashwini Junction  
TRICHUR, 680022  
KERALA, INDIA  
Tel : 93334 93334  
Email : customercare.ddrc@srl.in

PATIENT NAME : KRISHNAKUMAR PATIENT ID : KRISM1401844177

ACCESSION NO : 4177WA001243 AGE : 39 Years SEX : Male ABHA NO :

DRAWN : RECEIVED : 14/01/2023 09:00 REPORTED : 16/01/2023 15:54

REFERRING DOCTOR : DR. A M ANTO CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
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**MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT**

**ECG WITH REPORT**

**REPORT**

**COMPLETED**

**USG ABDOMEN AND PELVIS**

**REPORT**

**COMPLETED**

**CHEST X-RAY WITH REPORT**

**REPORT**

**COMPLETED**

**\*\*End Of Report\*\***

Please visit [www.srlworld.com](http://www.srlworld.com) for related Test Information for this accession

**DR.HARI SHANKAR, MBBS MD**  
**HEAD - Biochemistry & Immunology**

**SREEDEVI MP**  
**LAB TECHNOLOGIST**

**MANJU SHAJI**  
**RADIOGRAPHER**

**DR. SINDHU GEORGE**  
**QUALITY MANAGER**



Scan to View Details



Scan to View Report



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. KRISHNA KUMAR - K
2. Mark of Identification	: (Mole/Scar/any other (specify location)): Near RT eye
3. Age/Date of Birth	: 27.3.1985 Gender: F/M
4. Photo ID Checked	: (Passport/Election Card/PAN Card/Driving Licence/Company ID) AADHAR

**PHYSICAL DETAILS:**

a. Height ..... 1.72 ..... (cms)	b. Weight ..... 65 ..... (Kgs)	c. Girth of Abdomen ..... 83 ..... (cms)
d. Pulse Rate ..... 70 ..... (/Min)	e. Blood Pressure:	Systolic Diastolic
	1 <sup>st</sup> Reading	110 76
	2 <sup>nd</sup> Reading	

**FAMILY HISTORY:**

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	70	DM	
Mother	66	good	
Brother(s)	41, 43	"	
Sister(s)	-	-	

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

Tobacco in any form	Sedative	Alcohol
no	no	no

**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**

**DDRC SRL Diagnostics Limited**

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036  
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Corp. Office: DDRC SRL Tower, G-131, Panampilly Nagar, Ernakulam - 682 036. Ph No. 2310688, 2318222. web: www.ddrcsrl.com

• 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

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

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

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

Y/N

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

Y/N

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

Y/N

**CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER**

➤ Was the examinee co-operative?

Y/N

➤ Is there anything about the examinee'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;

LIPID Profile high

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

FIT

**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 :

*[Handwritten Signature]*

Seal of Medical Examiner

Dr. A. M. ANTO IOFHS (Rtd.)  
B.Sc, MBBS; D.M (Cal), PGDHA  
Reg. No. 5667  
CONSULTANT  
DDRC SRL Diagnostic Services  
THRISSUR - 20

Name & Seal of DDRC SRL Branch :



Date & Time :

16-1-2023

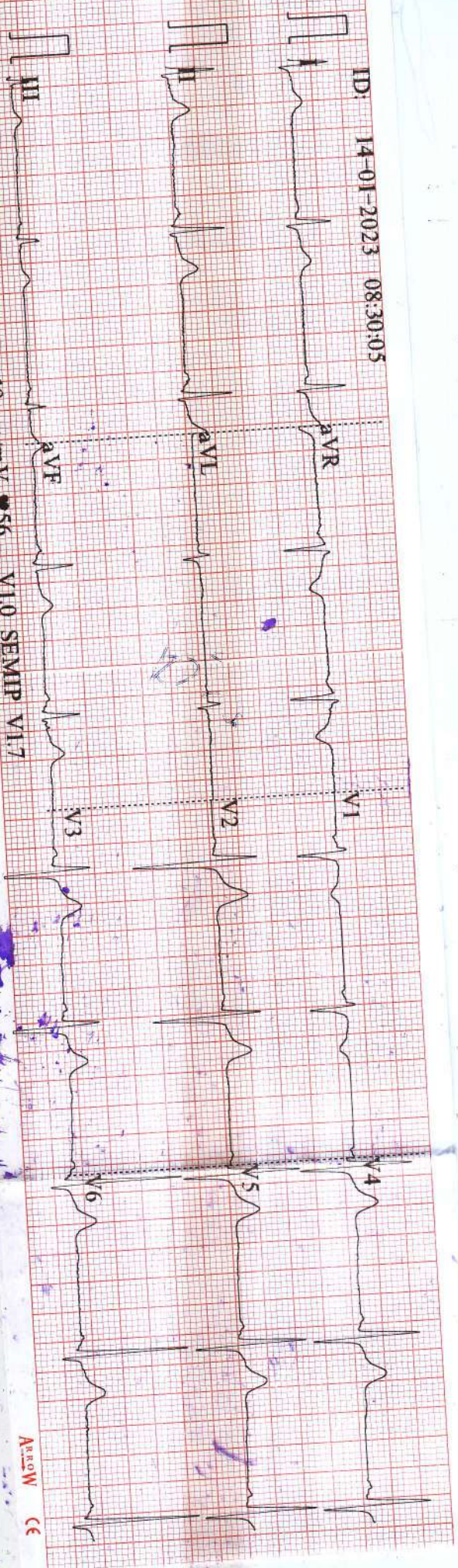
**DDRC SRL Diagnostics Limited**

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036  
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.

ID: 14-01-2023 08:30:05

0.67~35Hz AC50 25mm/s 10mm/mV ●56 V10 SEMIP V17



Arrow CE





Name: KRISHNAKUMAR

Age/Sex: 39 Y/ M

Date: 14.01.2023

AC1243

**CHEST X-RAY (PA View):**

Trachea is central.

Cardiac shadow appears normal in size and configuration.

Both lung fields are clear.

Bilateral costophrenic and cardiophrenic angles are clear.

No focal consolidation, effusion, pulmonary edema, or pneumothorax.

Both hila appear normal.

Bony thorax and soft tissues are unremarkable.

**IMPRESSION:**

➤ No significant abnormality detected.



  
DR. JESWIN PAULSON DMRD  
CONSULTANT RADIOLOGIST



# Drishyam Eye Care Hospital LLP

See The World With Us



## VISION CERTIFICATE

This is to certify that KRISHNAKUMAR L ..... 39/4 has been examined and results are as follows

	Right Eye	Left Eye
Distant Vision	: 6/6 plane	: 6/6
Near vision	: 16	: 16
IOP(Intra ocular pressure)	: 18 mm of Hg (C/N/L)	: 16 mm of Hg.
Anterior segment	: normal	: normal.
Fundus	: normal	: normal.
Squint	: nil	: nil.
Colour Vision	: normal	: normal.

Doctor's Signature

Place : Thrissur  
Date : 14/1/2023



[Signature]  
Dr. VIJAYA KUMARI  
MBBS, DO, MCh, FRCS (Ed)  
SR. CONSULTANT OPHTHALMOLOGIST  
Reg. No. 19138

Contact: 0487 22 222 99  
www.drishyameye.com  
info@drishyameye.com

**Drishyam Eye Care Hospital LLP**  
Opp. BSNL Office, Kovilakathumpadam, Thrissur,  
Kerala -680022 | Mob: +91 7025 11 11 99

<b>Patient Name: Mr. KRISHNAKUMAR</b>	<b>Age: 39 Y</b>	<b>Sex: Male</b>
<b>Ref. Consultant:</b>	<b>AC No: 4177VLWA001243</b>	<b>Date: 14.01.2023</b>
<b>Clinical details:</b>		

### USG ABDOMEN

Liver measures 13.3 cm, normal in size and **shows mild diffuse increase in echogenicity**. No focal lesions seen. PV and CBD are normal in course and calibre. No dilatation of intrahepatic biliary radicles seen. Subphrenic spaces are normal.

Gall bladder is distended and appears normal. No calculus or mass seen.

Spleen measures 7.4 cm, normal in size and echotexture. No focal or diffuse lesions seen.

Pancreas: Head and body visualized, normal in size and echotexture. No focal lesions seen. No duct dilatation or calcification seen. Tail is obscured. .

Right kidney measures 9.2 x 3.6 cm and left kidney measures 8.4 x 4.5 cm. Both kidneys are normal in size and cortical echogenicity. Cortico medullary differentiation is maintained. No calculus or dilatation of pelvicalyceal system on both sides.

Urinary bladder is distended and appears normal. No calculus or mass seen.

Prostate measures 14 cc, normal in size and echotexture.

No ascites. No definite evidence of any abnormal bowel dilatation / wall thickening seen.

### IMPRESSION

- **Grade I fatty infiltration of liver.**

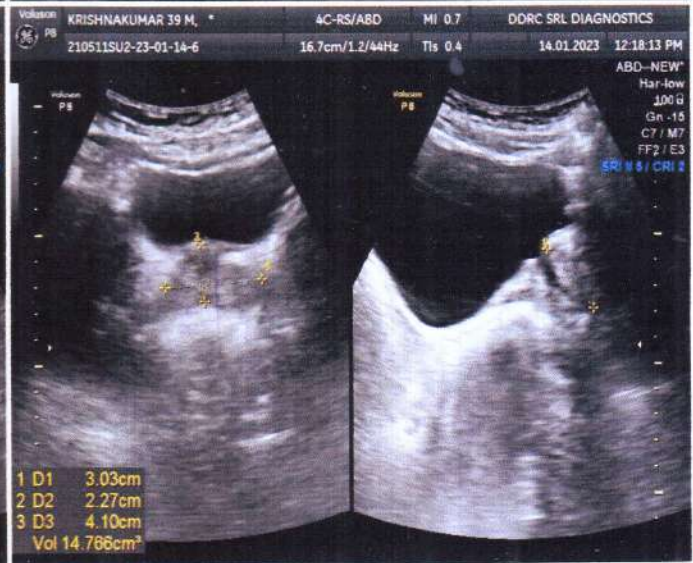
**DR. JESWIN PAULSON DMRD**  
**CONSULTANT RADIOLOGIST**

*Thanks for your referral. Ultrasound reports need not be fully accurate. It has to be correlated clinically and with relevant investigations.*

Dr. Jeswin Paulson, DMRD  
 Reg. No. 43581  
 Consultant Radiologist



Patient name	Mr. KRISHNAKUMAR 39 M	Age/Sex	39 Years / Male
Patient ID	210511SU2-23-01-14-6	Visit No	1
Referred by	Dr. SELF	Visit Date	14/01/2023



भारत सरकार  
Government of India

अभार

Issue Date: 17/01/2013

Krishnakumar  
DOB: 27/03/1983  
Male

2556 6475 0741

मेरा आधार, मेरी पहचान



KRISHNAKUMAR R

Krish

AGE 39

9847003031

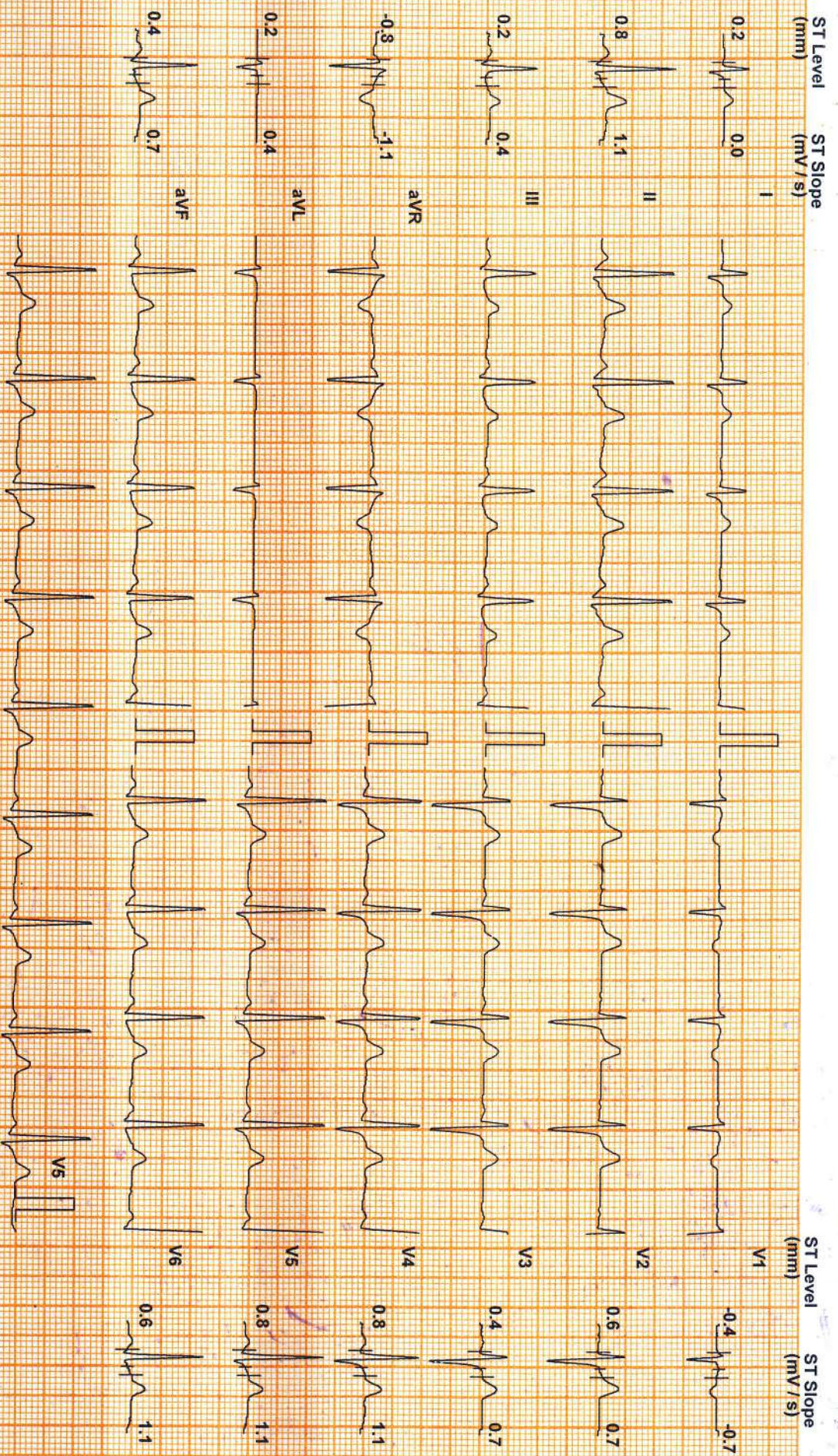


Chart Speed: 25 mm/sec  
Schiller CS-20 V1.4

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm  
Linked Median

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

**KRISHNAKUMAR K (39 M)**

Protocol: Bruce

ID: 26280

Stage: Standing

**DDRC SRL**

Date: 14-Jan-23

Speed: 0 Km/h

Exec Time : 0 m 0 s

Grade: 0 %

Stage Time : 0 m 41 s **HR: 111 bpm**

(THR: 162 bpm)

B.P: 110/76

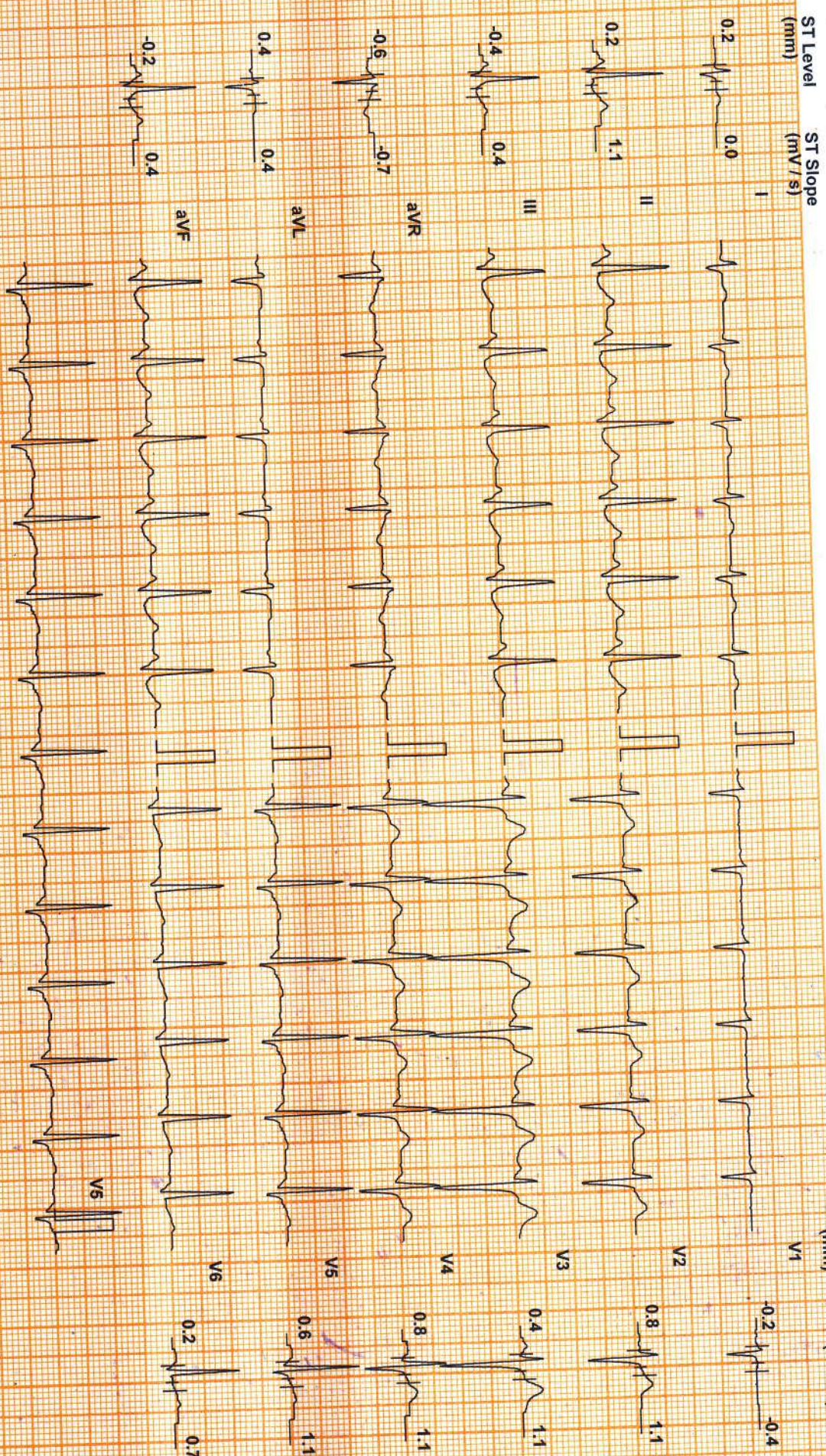


Chart Speed: 25 mm/sec  
Schiller CS-20 V1.4

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm  
Linked Median

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

**DDRC SRL DIAGNOSTICS LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.**

**DDRC SRL**

**KRISHNAKUMAR K (39 M)**

ID: 26280

Date: 14-Jan-23

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

**HR: 127 bpm**

Protocol: Bruce

Stage: 1

Speed: 2.7 Km/h

Grade: 10 %

(THR: 162 bpm)

B.P: 110 / 76

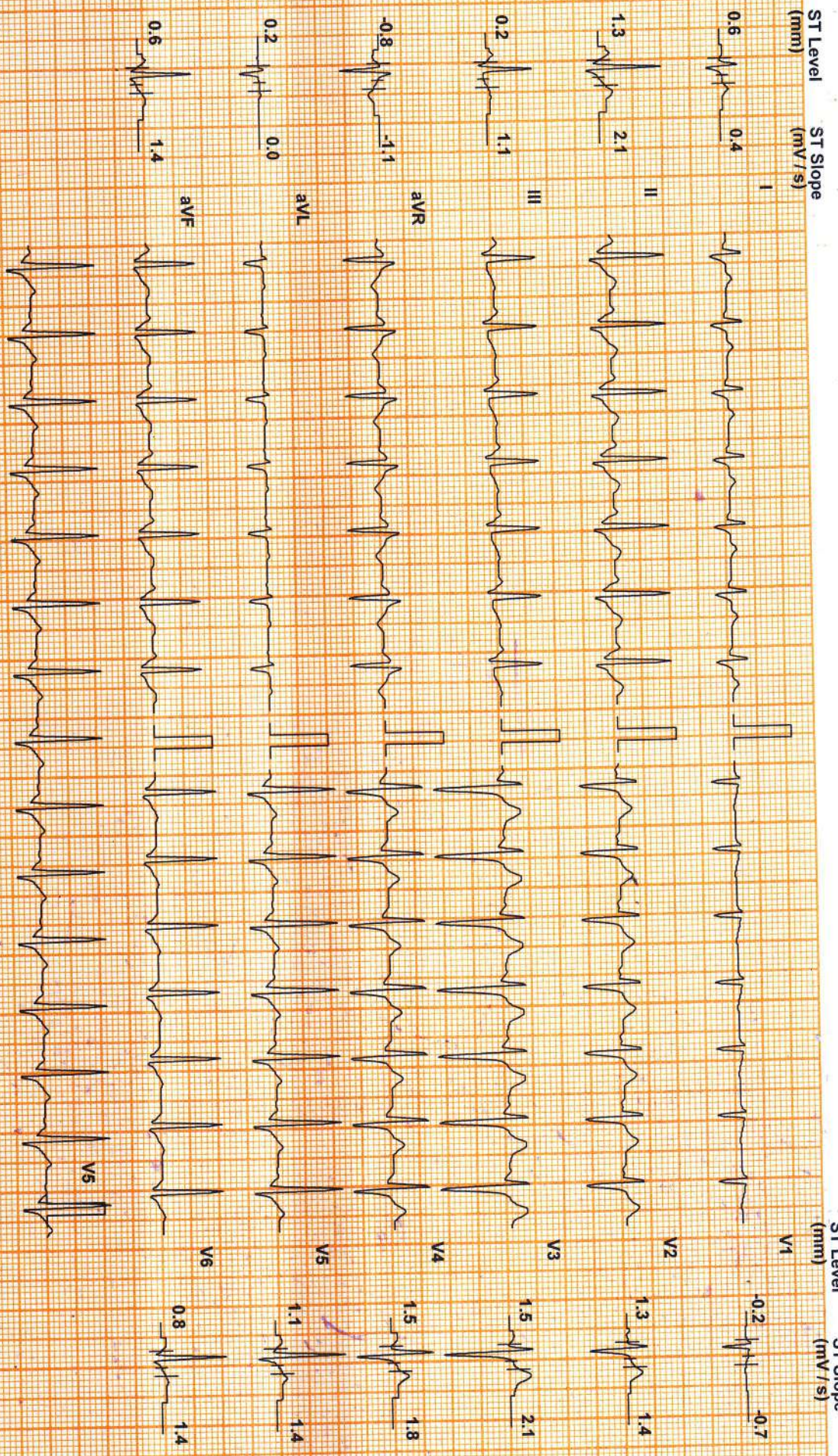


Chart Speed: 25 mm/sec  
Schiller CS-20 V1.4

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm  
Linked Median

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

KRISHNAKUMAR K (39 M)

ID: 26280

Date: 14-Jan-23

Exec Time : 6 m 0 s

Stage Time : 3 m 0 s

HR: 143 bpm

Protocol: Bruce

Stage: 2

Speed: 4 Km/h

Grade: 12 %

(THR: 162 bpm)

B.P: 110 / 76

DDRC SRL

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

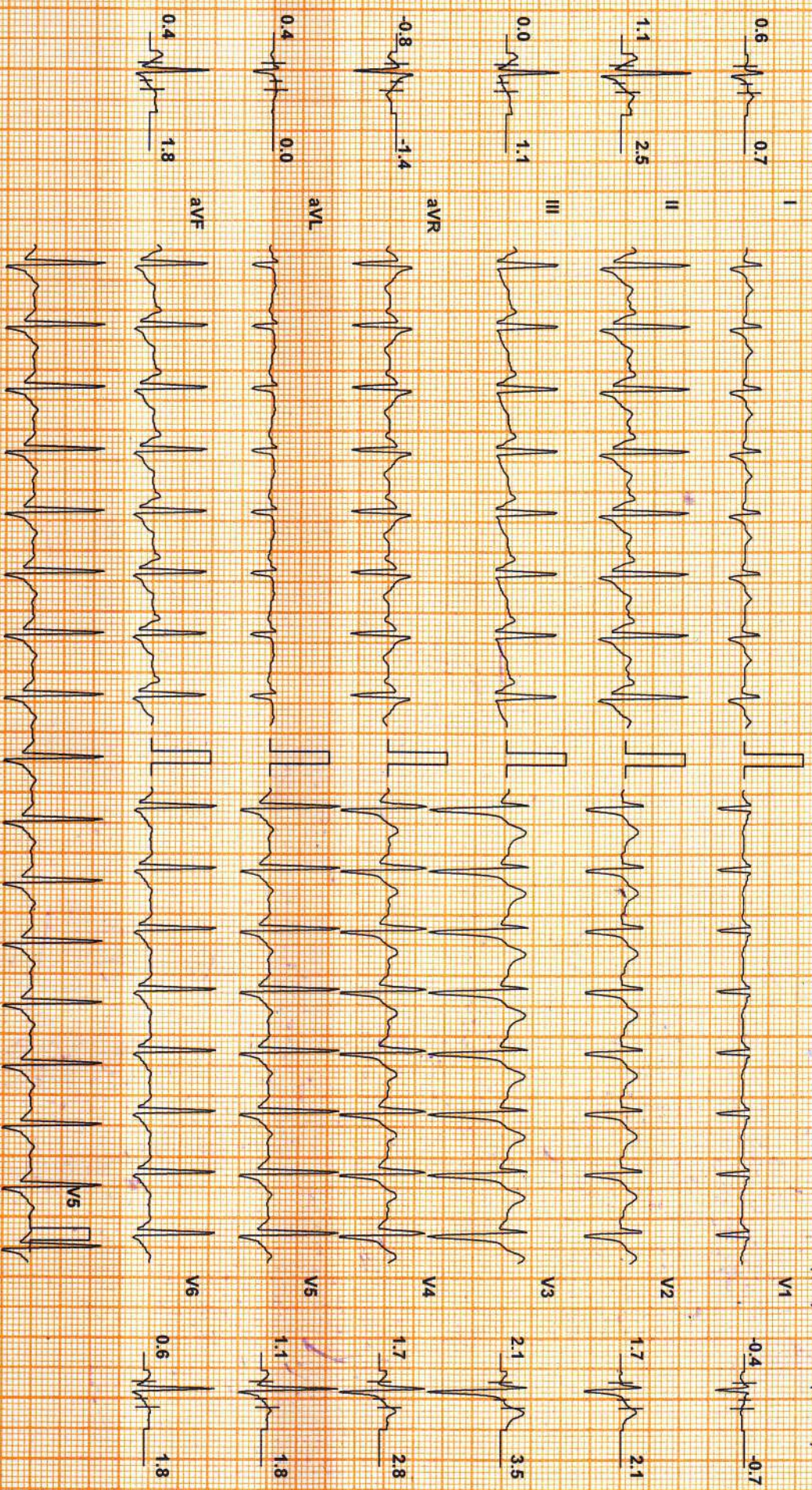


Chart Speed: 25 mm/sec  
Schlier CS-20 V 1.4

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm  
Linked Median

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Protocol: Bruce

Stage: Peak Ex

Speed: 5.4 Km/h

Grade: 14 %

(THR: 162 bpm)

B.P: 110 / 76

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

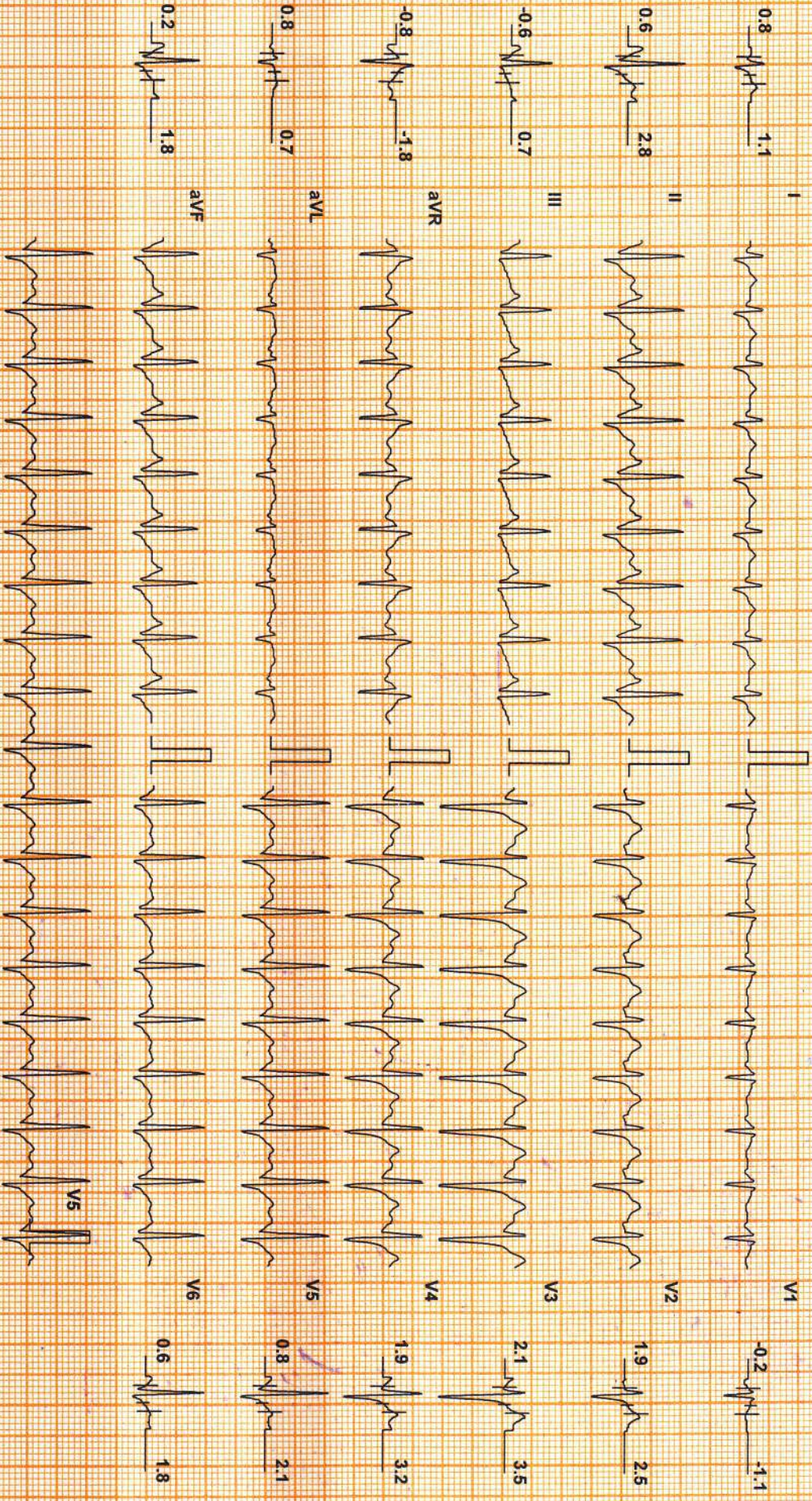


Chart Speed: 25 mm/sec  
Schiller CS-20 V1.4

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm  
Linked Median

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

**KRISHNAKUMAR K (39 M)**

**DDRC SRL**

Protocol: Bruce

ID: 26280

Date: 14-Jan-23

Recovery : 2 m 0 s

Stage Time : 2 m 0 s

HR: 103 bpm

ST Level (mm)    ST Slope (mV/s)

Stage: Recovery(1)

Speed: 0 Km/h

Grade: 0 %

(THR: 162 bpm)

B.P: 110 / 76

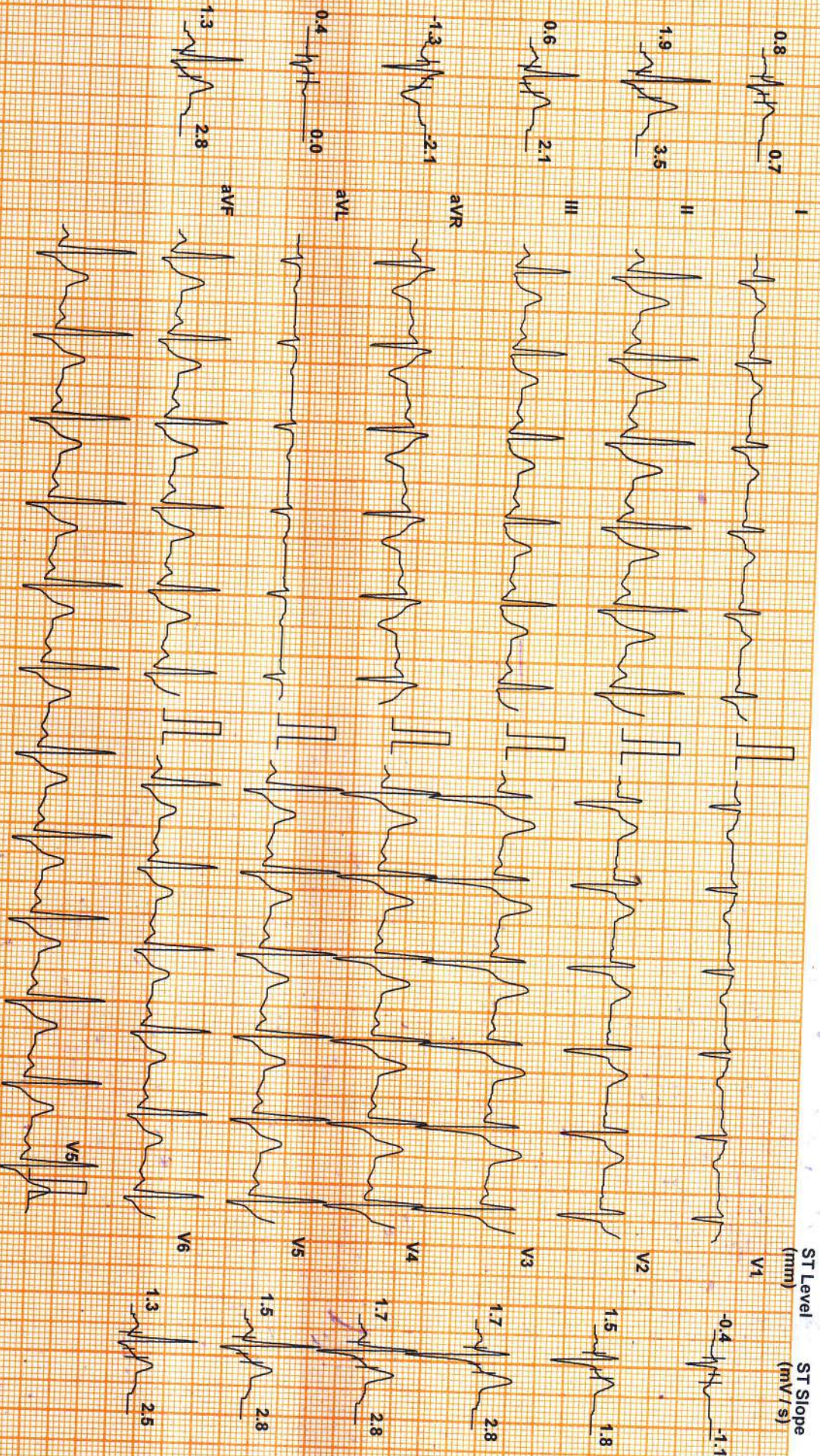


Chart Speed: 25 mm/sec  
Schiller CS-20 V 1.4

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm  
Linked Median

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



KRISHNAKUMAR K (39 M)

DDRC SRL

Protocol: Bruce

ID: 26280

Date: 14-Jan-23

Recovery : 4 m 0 s

Stage Time : 2 m 0 s

HR: 94 bpm

ST Level (mm) ST Slope (mV/s)

Stage: Recovery(2)

Speed: 0 Km/h

Grade: 0 %

(THR: 162 bpm)

B.P: 110/76

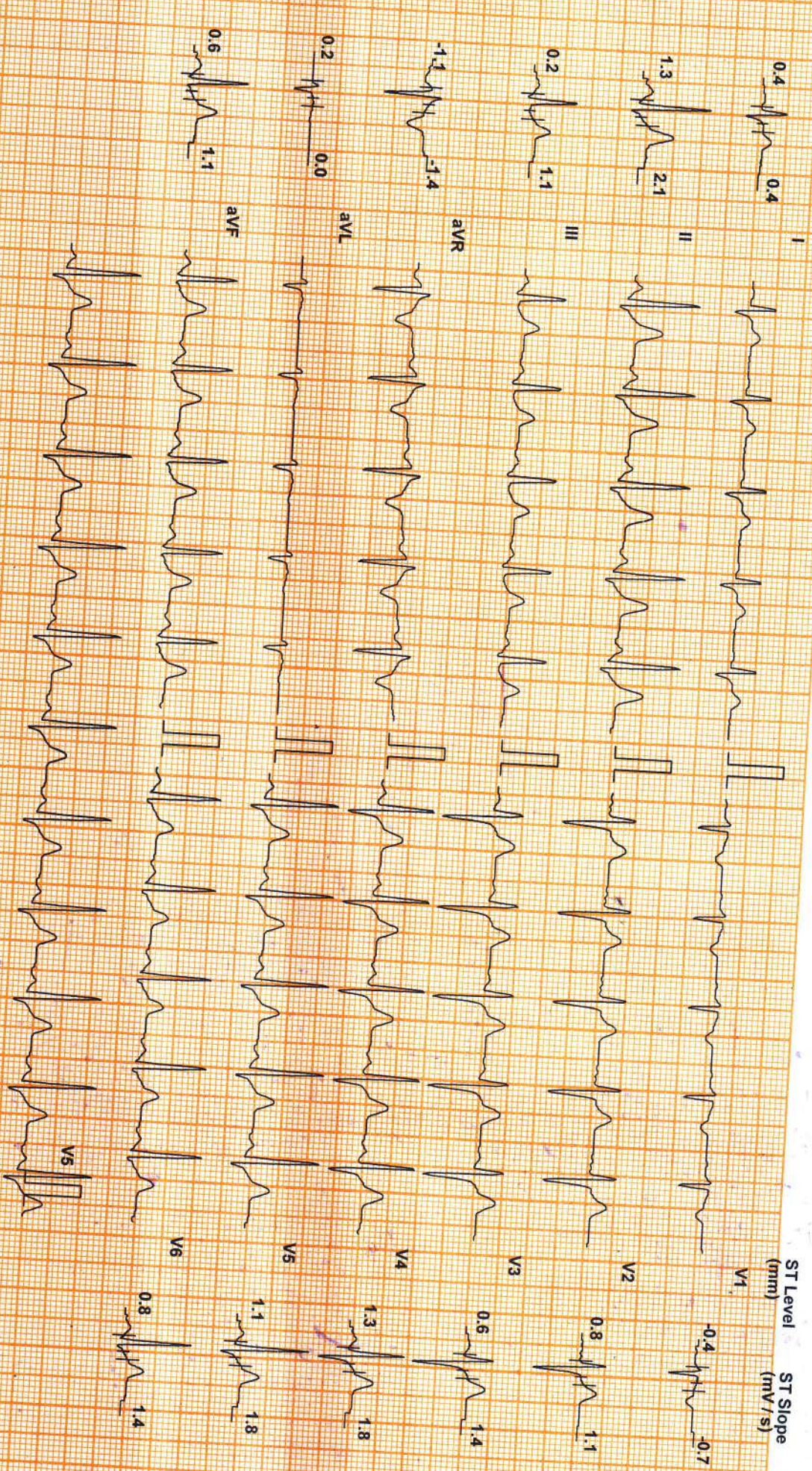


Chart Speed: 25 mm/sec  
Schiller CS-20 V1.4

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm  
Linked Median

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

DDRC SRL DIAGNOSTICS LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

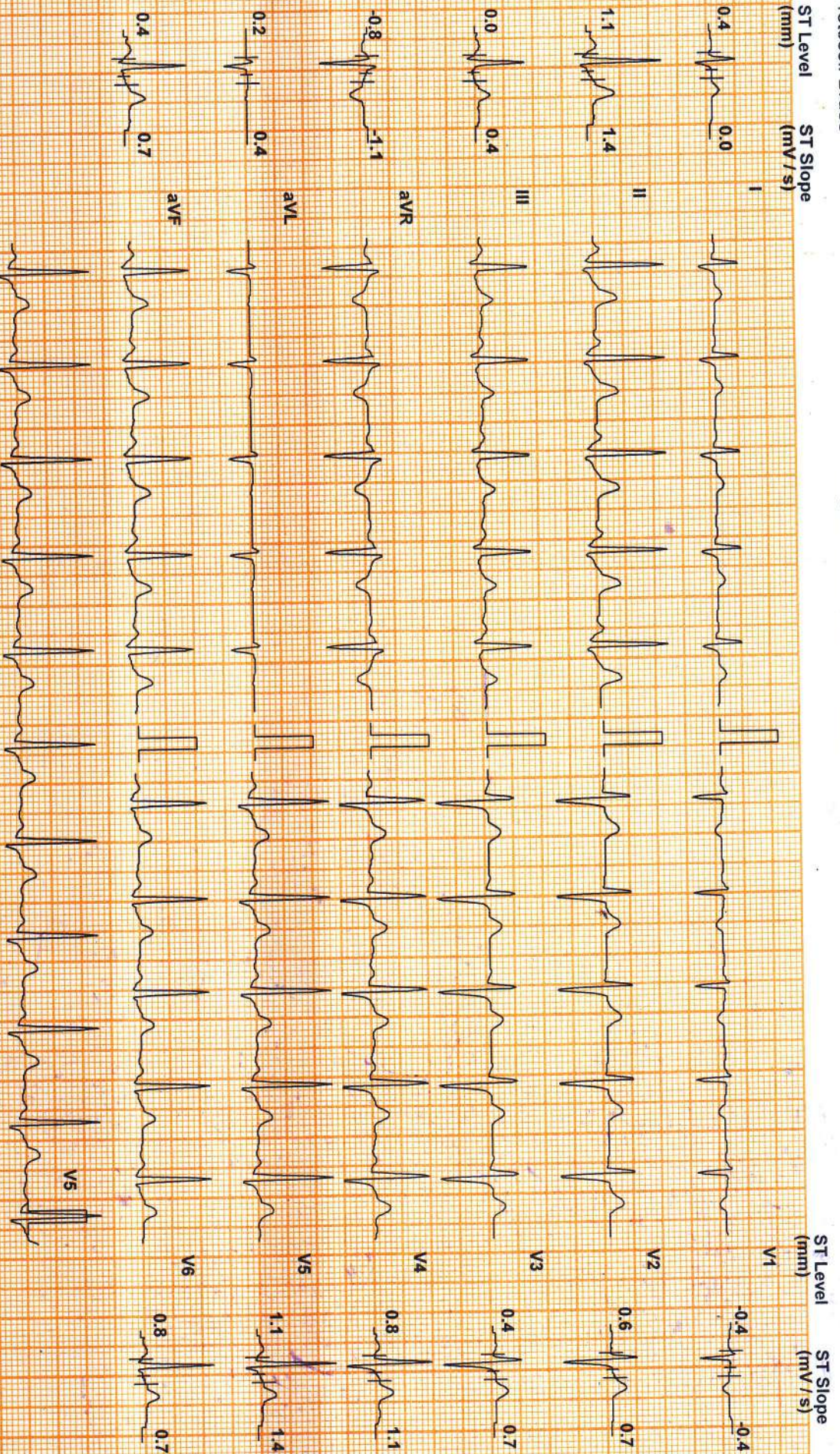


Chart Speed: 25 mm/sec  
Schiller CS-20 V 1.4

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Linked Median

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

## DDRC SRL

### Patient Details

Name: KRISHNAKUMAR K ID: 26280  
 Age: 39 y Sex: M  
 Clinical History:

Date: 14-Jan-23

Time: 1:46:58 PM

Height: 172 cms

Weight: 65 Kgs

### Medications:

### Test Details

Protocol: Bruce

Pr.MHR: 181 bpm

THR: 162 (90 % of Pr.MHR) bpm

Total Exec. Time: 7 m 36 s

Max. HR: 162 ( 90% of Pr.MHR) bpm

Max. Mets: 10.20

Max. BP: 120 / 84 mmHg

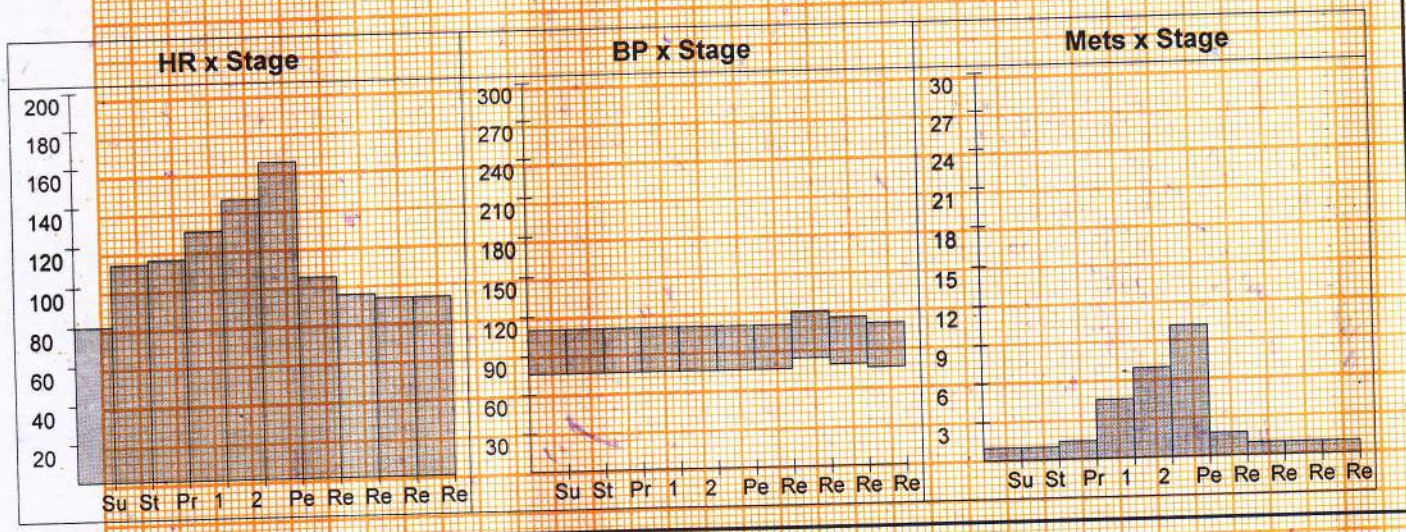
Max. BP x HR: 19440 mmHg/min

Min. BP x HR: 6080 mmHg/min

Test Termination Criteria:

### Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 30	1.0	0	0	80	110 / 76	-0.85 aVR	1.42 V5
Standing	0 : 41	1.0	0	0	111	110 / 76	-0.85 aVR	1.42 V3
1	3 : 0	4.6	2.7	10	127	110 / 76	-0.85 aVR	2.48 V3
2	3 : 0	7.0	4	12	143	110 / 76	-1.06 aVR	3.54 V3
Peak Ex	1 : 36	10.2	5.4	14	162	110 / 76	-1.06 aVR	3.54 V3
Recovery(1)	2 : 0	1.8	1.6	0	103	110 / 76	-1.91 aVR	5.66 V3
Recovery(2)	2 : 0	1.0	0	0	94	120 / 84	-1.27 aVR	3.54 II
Recovery(3)	2 : 0	1.0	0	0	92	115 / 79	-1.06 aVR	2.12 II
Recovery(4)	0 : 3	1.0	0	0	92	110 / 76	-0.85 aVR	1.42 II



DDRC SRL

Patient Details

Date: 14-Jan-23

Time: 1:46:58 PM

Name: KRISHNAKUMAR K ID: 26280

Age: 39 y

Sex: M

Height: 172 cms

Weight: 65 Kgs

Interpretation

Exercised apt 7 minutes 36 sec

No angina

No arrhythmias

No ST depression

TMT negative for inducible ischemia



Dr. PRANAV P. R.  
MD (Medicine), DM (Card)  
Reg. No. 27253  
Consultant Cardiologist  
DDRC SRL, Trivandrum

KRISHNAKUMAR  
Kish

Ref. Doctor: -----

Doctor: -----

( Summary Report edited by user )

DDRC SRL DIAGNOSTICS LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.