



Balaji Medical Centre

An ISO 9001:2015 Accredited Organization
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- CHENNAI** : No.5 (3/2), Jagadeeswaran Street,T.Nagar,Chennai-600 017. INDIA ☎ : 044-24364651 / 52 / 53
No.38, Manikodi Srinivasan Nagar Main Road, Rajiv Gandhi Salai, Perungudi, Chennai-600 096. INDIA ☎ : 044-29865513 / 14
- TUTICORIN** : Plot No.51, Door No.20/10, Roche Colony, South Beach Road,Tuticorin - 628 001.INDIA ☎ : 0461-2332719 / 20
- CUDDALORE** : No.26, Dowlath Nagar, Semmandalam, Cuddalore - 607001.INDIA ☎ : 04142-202150,203150
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- VIZAG** : Door No.39-11- 63/4-1, Murali Nagar, Visakhapatnam,Andhra Pradesh-530 007. INDIA ☎ : 0891-2710299 / 399
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- KAKINADA** : 70-17-15/1,RR Nagar,Road No.2, Kakinada, Andhra Pradesh -533003.INDIA ☎ : 0884-2345555, 0884-3500132.

PHYSICAL EXAMINATION

Date Of Exam : 15/07/2023

Name : Mr.VISWAJITH D

Reg.No: **KO23070000547**
(30/Female)

Reference : BANK OF BARODA

Ref By : DR.A.H.BALAJI,

The doctor has examined this client at Balaji Medical Centre for updated Physical examination and found the following.

Blood Pressure : 120/70mmHg
Pulse : 80/mt
Respiration Rate : 18/mt
Height : 178Cms
Weight : 76.3 Kgs
BMI : 24.1 kg/m²


Dr. RAJENDRAN VELLACHALIL KUNJAN
Reg. No.: 15123
Approval NO.: KRL / KCH / 23 / 2022

“HEALTHIER MARINERS TOWARDS A WEALTHIER NATION”



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Date:15/07/2023

Reg.No: K023070000547

MEDICAL FITNESS CERTIFICATE

This is to certify that I have examined Mr.VISWAJITH D

who is found to be medically **FIT**. He is not found to be suffering from any contagious disease or ailment. He is **FIT** to perform her duty .


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LABORATORY REPORT

Reg.No: **KO23070000547**

Name : Mr.VISWAJITH D
Age : 30Yrs
Ref By : DR.A.H.BALAJI,

Date : 15/07/2023
Sex : MALE

COMPLETE BLOOD COUNT (CBC)

INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
ERYTHROCYTE (RBC) COUNT	5.4	mill/cu.mm	4.7-6.0
HAEMOGLOBIN (Hb)	16.4	gm/dl	13.5-18
PCV (PACKED CELL VOLUME)	45.9	%	42-52
MCV (MEAN CORPUSCULAR VOLUME)	83.6	fl	78-100
MCH (MEAN CORPUSCULAR HAEMOGLOBIN)	29.9	pg	27-31
MCHC (MEAN CORPUSCULAR Hb CONCN.)	35.0	g/dl	32-36
RDW (RED CELL DISTRIBUTION WIDTH)	13.0	%	11.5-14.0
TOTAL LEUCOCYTES (WBC) COUNT	7700	Cells /cu.mm	4000-10500
ABSOLUTE NEUTROPHILS COUNT	4312	/c.mm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT	2695	/c.mm	1000-3000
ABSOLUTE MONOCYTE COUNT	385	/c.mm	200-1000
ABSOLUTE EOSINOPHIL COUNT	231	/c.mm	20-500
ABSOLUTE BASOPHIL COUNT	77	/c.mm	20-100
NEUTROPHILS	56.0	%	40-80
LYMPHOCYTES	35.0	%	20-40
MONOCYTES	5.0	%	2.0-10
EOSINOPHILS	3.0	%	1-6
BASOPHILS	1.0	%	0-2
PLATELET COUNT	2.5	$10^3/\mu\text{l}$	1.50-4.50
MPV (MEAN PLATELET VOLUME)	7.9	fl	6-9.5
PCT (PLATELET HAEMATOCRIT)	0.26	%	0.2-0.5
PDW (PLATELET DISTRIBUTION WIDTH)	16	%	8.3-15.6

Dr. RAJENDRAN VELLACHALI KUNJAN
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Approval NO.: KRL / KCH / 28.3.2023.6

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LABORATORY REPORT

Reg.No: **KQ33070000547**

Name : Mr.VISWAJITH D Date : 15/07/2023
Age : 30Yrs Sex : MALE
Ref By : DR.A.H.BALAJI,

ROUTINE EXAMINATION URINE

INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
GENERAL EXAMINATION:			
COLOUR	YELLOW		PALE YELLOW
APPEARANCE	CLEAR		CLEAR
REACTION (pH)	6.0		4.5 - 8
SPECIFIC GRAVITY	1.020		1.010 - 1.030
CHEMICAL EXAMINATION (AUTOMATED DIPSTICK METHOD):			
URINE PROTEIN(ALBUMIN)	ABSENT		ABSENT
URINE GLUCOSE(SUGAR)	ABSENT		ABSENT
URINE KETONES(ACETONE)	ABSENT		ABSENT
BILE SALTS	ABSENT		ABSENT
BILE PIGMENTS	ABSENT		ABSENT
UROBILINOGEN	NORMAL		NORMAL
NITRITE	NEGATIVE		NEGATIVE
MICROSCOPIC EXAMINATION			
RED BLOOD CELLS	NIL	/hpf	0 - 2
PUS CELLS (WBCs)	1-2	/hpf	0 - 5
EPITHELIAL CELLS	1-2	/hpf	0 - 5
CRYSTALS	ABSENT	/hpf	ABSENT
CAST	ABSENT	/hpf	ABSENT
AMORPHOUS DEPOSITS	ABSENT	/hpf	ABSENT
BACTERIA	ABSENT	/hpf	ABSENT

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LABORATORY REPORT

Reg.No: **KO23070000547**

Name : Mr.VISWAJITH D		Date :15/07/2023	
Age : 30Yrs		Sex :MALE	
Ref By :DR. A.H.BALAJI.,			
INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
ESR – Erythrocyte Sedimentation Rate (EDTA Whole Blood, Automated-Capillary photometry aggregation/ Manual – Westergrens method)	08	mm/hr	0-15

Method: Automated Westergren Interpretation;

1. It indicates presence and intensity of an inflammatory process, never diagnosis of a specific disease, Chance are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation and hypothyroidism.

Remark: ESR Performed using capillary photometric aggregation (for automated analysis) & westergrens (for manual testing).


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Reg.No: KO23070000547

LABORATORY REPORT

Date : 15/07/2023

Sex : male

Name : Mr.VISWAJITH D
Age : 30Yrs
Reference : BANK OF BARODA
Ref By : DR.A.H.BALAJI,

<u>BIO-CHEMISTRY</u>	<u>Value/Result</u>	<u>Units</u>	<u>Reference Interval</u>
BUN	: 15	mg/dL	6-21
Creatinine	: 1.2	mg/dL	0.2-1.2
Uric Acid	: 6.1	mg/dL	3.0-7.0
Urea	: 30	mg/dL	15-40
Glucose (F)	: 84	mg/dL	70-110
Glucose (PP)	: 121	mg/dL	120-140


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LABORATORY REPORT

Reg.No: KO23070000547

Name : Mr.VISWAJITH D

Date : 15/07/2023

Age : 30yrs

Sex : male

Reference : BANK OF BARODA

Ref By : DR. A.H.BALAJI

LIVER FUNCTION TEST

TEST	PATIENT'S VALUES	UNITS	NORMAL INTERVAL	
			FROM	TO
Serum Bilirubin (Total)	0.7	mg/dl	0.2	1.2
Serum Bilirubin (Direct)	0.1	mg/dl	-	<0.3
Serum Bilirubin (Indirect)	0.6	mg/dl	0.1	1
Serum G. P. T.	40	U/L	10	40
Serum G. O. T.	30	U/L	10	42
Serum Gamma G.T.	39	U/L	4	40
Serum Total Proteins	7.0	gm/dl	6.0	7.8
Albumin	2.4	gm/dl	3.5	5.0
Globulin	2.6	gm/dl	2.6	3.5
ALP	59	U/L	-	<150
Albumin: Globulin Ratio	1.5	-	-	-

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Name : Mr.VISWAJITH D
Age : 30 yrs
Reference : BANK OF BARODA
Ref By : DR.A.H. BALAJI

Date: 15-07-2023

Sex : male

Test Name	Result	Units	Ref.Interval
LIPID SCREEN, SERUM (Spectrophotometry)			
Cholesterol	200.00	mg/dL	(<200.00)
Triglycerides	97.00	mg/dL	(<150.00)
HDL Cholesterol	49.0	mg/dL	(40.00-60.00)
LDL Cholesterol, Calculated	100.0	mg/dL	(<100.00)
VLDL Cholesterol, Calculated	19.4	mg/dL	(<30.00)

Note:

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total cholesterol, Triglycerides, HDL & LDL Cholesterol.
- ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is <400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is >400 mg/dL.

INTERPRETATION	TOTAL CHOLESTEROL in mg/dL	Triglyceride in mg/dL	LDL CHOLESTEROL in mg/dL
Optimal	< 200	<150	<100
Above Optimal	-	-	100-129
Boderline High	200-239	150-199	130-159
High	>=240	200-499	160-189
Very High	-	>=500	>=190

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REG.NO: KO23070000547

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Age : 30Yrs
Ref By : DR.A.H.BALAJI,

Date : 15/07/2023
Sex : MALE

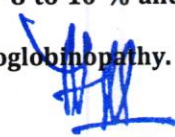
BIOCHEMISTRY

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
HbA1C-Glycated Haemoglobin (HPLC)	5.3	%	non-diabetic: <= 5.6 pre-diabetic: 5.7-6.4 Diabetic : >= 6.5
Estimated Average glucose (e AG)	105.41	mg/dl	

INTERPRETATION &REMARK:

- HbA1c is used for monitoring diabetic control.it reflects the estimated average glucose.(eAG)
 - HbA1c has been endorsed by clinical group & ADA(American Diabetes Association)guidelines 2017,for diagnosis of diabetes using a cut-off point of 6.5%.
 - Trends in HbA1Care a better indicator of diabetic control than a solitary test .
 - Low glycated haemoglobin(below4%) in a non-diabetic individual are often associated with systemic inflammatory diseases,chronicanaemia (especially severe iron deficiency &haemolytic),chronic renal failure and liver diseases.clinical correlation suggested.
 - To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
 - Interference of heamoglobinopathies in HbA1c estimation.
 - forHbF>25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c
 - Homozygous hemoglobinopathy is detected,fructosamine is recommended for monitoring diabetic status.
 - Herterozygous state detected (D10/turbo is corrected for HbS&HbC trait)
 - In known diabetic patients,following values can be considered as a tool for monitoring the glycemic control.Excellent control-6 to 7%,fair to good control -7 to 8%,unsatisfactory control -8 to 10 % and poor control - More than 10%
- NOTE :Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

---End of report ---


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LABORATORY REPORT

REG.NO:K023070000547

Name : Mr.VISWAJITH D Date : 15/07/2023
Age : 30 Yrs Sex: male
Reference : BANK OF BARODA
Ref By : DR. A.H. BALAJI

HAEMOTOLOGY

Blood Group & Rh Type : "A" POSITIVE

Dr. RAJENDRAN VELLACHALIL KUNJAN
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LABORATORY REPORT

Name : Mr.VISWAJITH D
Age : 30 yrs
Reference : BANK OF BARODA
Ref By : DR.A.H. BALAJI

Reg No: KO23070000547
Date : 15/07/2023
Sex : male

Test Name	Result	Units	Ref.Range
THYROID PROFILE,TOTAL,SERUM (CLIA)			
T3,Total	88.38	ng/dl	(80-200)
T4,Total	6.70	ug/dL	(3.2-12.6)
TSH	1.38	uIU/ml	(0.35-5.50)

Note:1 TSH levels are subject to circadian variation,reaching peak levels between 2-4.a.m.and at a Minimum between 6-10pm.The variation is of the order of 50%,hence time of the day has Influence on the measured serum TSH concentrations.

2 Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

3 Physiological rise in Total T3 /T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic-Pituitary hypothyroidism
- Inappropriate TSH secretion
- Non thyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood


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REG NO: **K023070000547**

LABORATORY REPORT

Name : Mr.VISWAJITH D Date : 15/07/2023
Age : 30 Yrs Sex : male
Ref By : DR.A.H. BALAJI

<u>Tests</u>	<u>Value/Results</u>	<u>Units</u>	<u>Reference Interval</u>
PERIPHERAL SMEAR EXAMINATION			
RED BLOOD CELL MORPHOLOGY	: NORMAL		
W B C MORPHOLOGY	: NORMAL		
PLATELET MORPHOLOGY	: NORMAL		


Dr. RAJENDRAN VELLACHALIL KUNJAN
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Reg.No: **KO23070000547**

DIGITAL RADIOGRAPH - CHEST PA VIEW

Date: 15-07-2023

Age : 30 Yrs

Name : Mr.VISWAJITH D

Sex : male

Ref By : DR.A.H.BALAJI

The cardiomediastinal silhouette is normal.

The lungs are well inflated.No focal mass lesion, lobar collapse or consolidation is seen.
No pleural effusion is detected.

The soft tissues and bones appear unremarkable.

Conclusion:

- Normal chest radiograph.


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Reg.No: **KO23070000547**

ECG REPORT

Name : Mr.VISWAJITH D

Date: 15-07-2023

Age : 30yrs

Sex : male

Ref By : DR. A.H.BALAJI,

Impression : Normal Study


Dr. RAJENDRAN VELLACHALIL KUNJAN
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Name: Mr.VISWAJITH D Reg.No: **KO23070000547**

Ref: **DR.A.H. BALAJI**

Date: 15/07/2023

OPHTHALMIC REPORT

	RIGHT	LEFT
Distant Vision:	6/12	6/6
With Glass:	6/6	6/6
Near Vision:	N/5	N/5
Colour Vision:	Normal	Normal
Anterior Segment:	Normal	Normal
Intra Ocular Pressure:	Normal	Normal
Fundus:	Normal	Normal


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Name : MR.VISWAJITH.D

Age : 30Yrs /M

Study Date : 15/07/2023

ID.NO:KO23070000547

PNDDT. REG.NO : C5-14663/14

Ref By INSURANCE

USG COMPLETE ABDOMEN

Liver:

Is normal in size. Hepatic parenchyma is intrinsically normal.
No focal lesion seen in liver.
IHBR and CBD are normal in caliber. Portal vein is normal

Gall Bladder:

Is well distended and is normal. No calculus seen. No abnormal wall thickening

Pancreas:

The head, tail and body of the pancreas are normal. No dilatation of pancreatic duct.

Spleen:

Is normal in size. No focal parenchymal lesions.

Kidneys

RT. Kidney measures 9.2 X 3.8 cms, normal in size.
Cortico medullary differentiation is maintained. No calculus noted. Pelvicalyceal system is normal.

LT. Kidney measures 8.4 X 4.1 . cms, normal in size.
Cortico medullary differentiation is maintained. No calculus noted. Pelvicalyceal system is normal.

Urinary Bladder:

Is well distended and normal. No abnormal wall thickening. No intraluminal echoes/calculus.

Prostate:

Normal in size and measures 2.8 X 3.2 X 3.1 cms (Volume~14.527 cc). Seminal vesicles are normal.

Impression:

- Normal Study of Liver, Gallbladder, Spleen, Pancreas, Right kidney, Left kidney, Urinary bladder and Prostate.


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“HEALTHIER MARINERS TOWARDS A WEALTHIER NATION”

Balaji Medical Centre Kochi

Address: No.66/2345A, Veekshnam Road, Ernakulam Kochi - 682018 82018 Kerala India

Echocardiography Report

PATIENT NAME D VISWAJITH	AGE 30 yrs	HEIGHT NA	WEIGHT NA	BSA NA	DATE TIME 2023/07/15 15:24
PATIENT ID KO230700000547	GENDER Male	REFERRING PHYSICIAN NA	REPORTED BY DR. JEEVARATHINAM. N		

PROCEDURE

An ECHO exam was performed including 2D, M-mode, Spectral, Color-flow.

SUMMARY

Normal chambers size and shape
Normal LV systolic function. LVEF - 66 %
No obvious regional wall motion abnormality
Normal LV diastolic filling pattern
Limited and very poor echo windows

LEFT VENTRICLE

Measurement	Value	Reference	Measurement	Value	Reference
Systolic Function			Dimensions		
EF(Teich) (%)	72.65	(72-52)	LVIDd (cm)	4.81	(4.2-5.8)
SV(Teich) (ml)	78.49	(72-144)	LVIDs (cm)	2.80	(2.5-4.0)
EDV(Teich) (ml)	108.04	(62-150)	IVSd (cm)	0.91	(0.6-1.0)
ESV(Teich) (ml)	29.55	(21-51)	LVPWd (cm)	0.94	(0.6-1.0)
Diastolic Function			LVD Mass (g)	153.79	(88-224)
MV E Vel (m/s)	0.54	(0.6-0.8)	RWT	0.39	(0.24-0.42)
MV A Vel (m/s)	0.41	(0.2-0.35)	LV Area		
MV E/A Ratio	1.32	(>=0.8)	LV FAC A2C (%)	49.39	(-)
			LVAAd A2C (cm ²)	31.20	(-)
			LVAs A2C (cm ²)	15.79	(-)

LEFT ATRIUM

Measurement	Value	Reference
LA Diam (cm)	3.09	(2.0-4.0)
LA/Ao	1.18	(<1.3)

RIGHT ATRIUM

Measurement	Value	Reference
IVC (M-Mode)		
IVC Collaps Index (%)	64.71	(>50%)
IVC Diam Ins (cm)	0.30	(-)
IVC Diam Exp (cm)	0.85	(<2)
RAP(MM) (mmHg)	3.00	(0-5)

AORTIC VALVE & AORTA

Measurement	Value	Reference
LVOT/ Aorta		

PULMONARY VALVE AND PULMONARY ARTERY

Measurement	Value	Reference
Pulmonary Outflow		
PV Vmax (m/s)	0.83	(<1.9)
PV maxPG (mmHg)	2.76	(<36)

OBSERVATIONS :

Left Ventricle	Size - Left ventricle normal in size LV geometry - Normal LV geometry Systolic function - LV systolic function - normal Diastolic function - LV diastolic function - normal filling pattern
Left Atrium	Size - Normal left atrium size
Right Ventricle	Size - Normal right ventricular size
Mitral Valve	Structure and function - Normal mitral valve
Tricuspid Valve	Regurgitation - Trivial tricuspid regurgitation
Aorta	Size - Normal aorta
Inferior Vena Cava	Size - Normal IVC size
Pulmonary Hypertension	Probability - Low probability of pulmonary hypertension
Heart Failure	HF Category - No evidence of heart failure with preserved ejection fraction

Disclaimer: This report is generated based on the review of Echocardiography images transmitted and does not consider the patient's current symptoms or medical history. The quality or accuracy of the report is dependent on the quality and accuracy of the Echo images transmitted. The report is not meant or valid for any medico legal purposes



Reported By:
DR. JEEVARATHINAM. N
Clinical Cardiologist

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