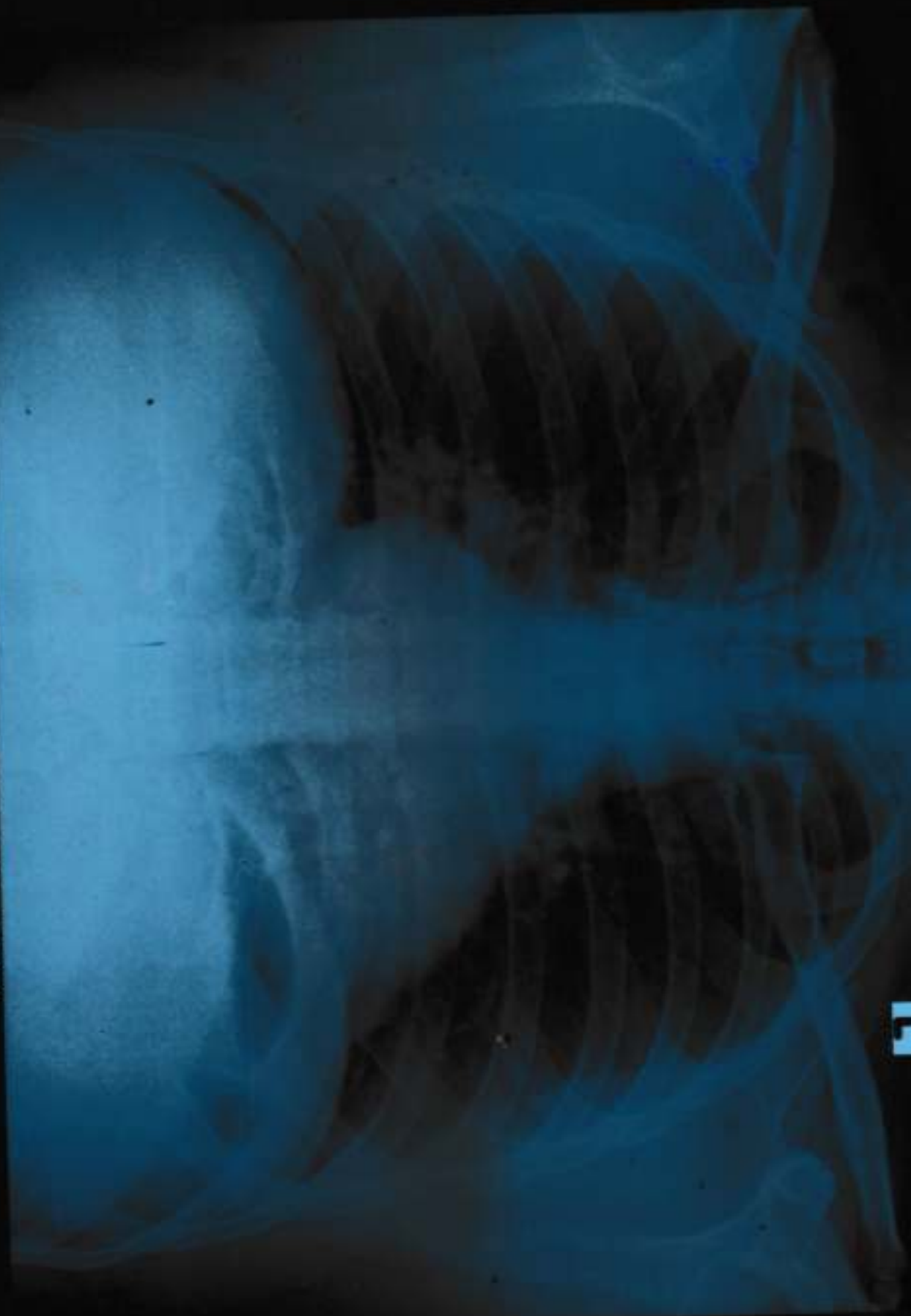


GANESAN S 37 M MED122430996 TEN91767663844 M RT 1/27/2024

MEDALL DIAGNOSTICS

11



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 Kuraikose
 Dr. Gautam Kukadia
 Dr. Gilansha Shreyas Sachdev
 Dr. Gopal R.
 Dr. Gopinathan G.S
 Dr. Hemanth 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.
 Dr. Nagesh
 Dr. Naveen P.
 Dr. Neha Prakash Zanjal
 Dr. Neha Rathi Kamal
 Dr. Nihaal Ahmed F.D.
 Dr. Patil Sandip Dattatray
 Dr. Pavithra
 Dr. Praburam Niranjan G
 Dr. Pranesh Ravi
 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. Rifky Kamil K.
 Dr. Sagar Basu
 Dr. Sahana Manish
 Dr. Sakthi Rajeswari N.
 Dr. Sethukkarasi
 Dr. Shalini Butola
 Dr. Sharmila M.
 Dr. Shreesh 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. Tamlaras S.
 Dr. Thenarasun S.A.
 Dr. Umesh Krishna
 Dr. Uma M.
 Dr. Vaishnavi M.
 Dr. Vamsi K.
 Dr. Vidhya N.
 Dr. Vijay Kumar S.
 Dr. Vinodhini



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. Ganesan S Age 37/m

Male/Female, our MRNO. 18042795

	OD	OS
Visual Acuity	<u>CF 5m - 3.25 + 3.25 x 106/7</u>	<u>6/60 - 2.50 - 3.00 x 105/75</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 glasses	<input checked="" type="checkbox"/>
Fit without glasses	<input type="checkbox"/>
unfit	<input type="checkbox"/>

Dr. UMA M MBBS, DO, MS
 Medical Consultant
 The Eye Foundation,
 Tirunelveli.

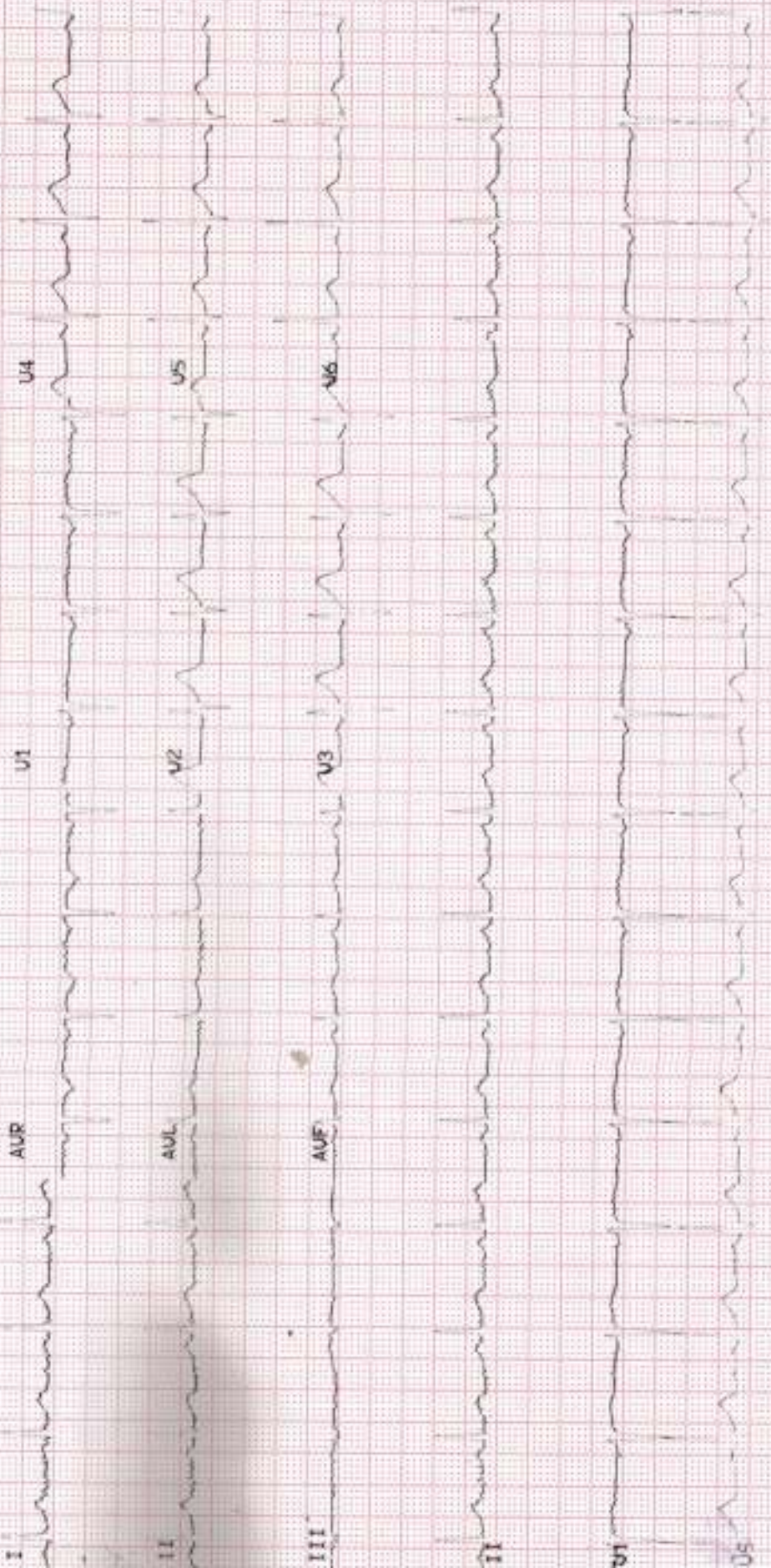
Measurement Results:

P	80 ms
PR	128 ms
QRS	106 ms
QT	342 ms
QTc	422 ms
QT/QTc	1.23 / 1.15
PR/PRc	1.06 / 1.00
QT/QTc	53 / 27 / 32 degrees



Interpretation
 I2SL - Interpretation
 Normal sinus rhythm
 Normal ECG

Unconfirmed report.



MEDICAL EXAMINATION REPORT

Name GANESAN. S Gender M / F Date of Birth 08-06-1986
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 :

Pulse - 98

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

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


Signature of Medical Adviser

Date : 29.1.23



Dr.S. MANIKANDAN, M.D., D.M. (Car.S.),
Reg.No: 61785, Consultant Cardiologist
Medall Diagnostics
Tirunelveli - 2

Name : Mr. GANESAN S
PID No. : MED122430996
SID No. : 624002354
Age / Sex : 37 Year(s) / Male
Ref. Dr : MediWheel

Register On : 27/01/2024 11:27 AM
Collection On : 27/01/2024 12:14 PM
Report On : 28/01/2024 2:48 PM
Printed On : 29/01/2024 5:38 PM
Type : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.08	10 ³ / µl	< 0.2
Platelet Count (Blood/Impedance Variation)	277	10 ³ / µl	150 - 450
MPV (Blood/Derived from Impedance)	9.1	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.25	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	16	mm/hr	< 15

BIOCHEMISTRY

BUN / Creatinine Ratio	11.7		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	234.1	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) **Positive(++)** Negative

Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP) **424.3** mg/dL 70 - 140

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) **Positive(++++)** Negative

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived) 12.0 mg/dL 7.0 - 21

Creatinine (Serum/Modified Jaffe) 1.02 mg/dL 0.9 - 1.3

Uric Acid (Serum/Enzymatic) 3.9 mg/dL 3.5 - 7.2

Liver Function Test

Bilirubin(Total) (Serum) **1.50** mg/dL 0.1 - 1.2

Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) **0.59** mg/dL 0.0 - 0.3

Bilirubin(Indirect) (Serum/Derived) 0.91 mg/dL 0.1 - 1.0

SGOT/AST (Aspartate Aminotransferase)
(Serum/Modified IFCC) 18.9 U/L 5 - 40

SGPT/ALT (Alanine Aminotransferase)
(Serum) 31.1 U/L 5 - 41

GGT(Gamma Glutamyl Transpeptidase)
(Serum/IFCC / Kinetic) 13.2 U/L < 55


SARAVANA KUMAR.R
 Quality Manager




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

Name : Mr. GANESAN S
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Age / Sex : 37 Year(s) / Male
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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)	104.5	U/L	53 - 128
Total Protein (Serum/Biuret)	7.20	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.98	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.22	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.24		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	153.6	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	77.5	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)	45.2	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	92.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	15.5	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	108.4	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.


SARAVANA KUMAR.R
 Quality Manager




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

Name : Mr. GANESAN S
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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)	1.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.1		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)	8.3	%	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) 191.51 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))	1.15	ng/ml	0.7 - 2.04
--	------	-------	------------

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))	10.95	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 MD Ph.D
 Consultant Pathologist
 Reg No : 79967

Name : Mr. GANESAN S
PID No. : MED122430996
SID No. : 624002354
Age / Sex : 37 Year(s) / Male
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Report On : 28/01/2024 2:48 PM
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Type : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	1.05	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&#amp;#2264;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)	Positive(++)		Negative
Pus Cells (Urine)	3-5	/hpf	NIL
Epithelial Cells (Urine)	2-3	/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	MR.GANESAN S	ID	MED122430996
Age & Gender	37Y/MALE	Visit Date	27 Jan 2024
Ref Doctor Name	MediWheel		

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.7cm
LVID s ... 3.0cm
EF ... 65%
IVS d ... 0.9cm
IVS s ... 1.0cm
LVPW d ... 0.9cm
LVPW s ... 1.0cm
LA ... 2.8cm
AO ... 3.3cm
TAPSE ... 22mm

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: 0.87m/s A: 0.63m/s
E/A Ratio:1.38 E/E: 11.15

Name	MR.GANESAN S	ID	MED122430996
Age & Gender	37Y/MALE	Visit Date	27 Jan 2024
Ref Doctor Name	MediWheel		

Aortic valve: AV Jet velocity: 1.32 m/s

Tricuspid valve: TV Jet velocity: 2.10m/s

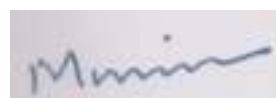
TRPG:

17.68mmHg.

Pulmonary valve: PV Jet velocity: 1.41m/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.GANESAN S	ID	MED122430996
Age & Gender	37Y/MALE	Visit Date	27 Jan 2024
Ref Doctor Name	MediWheel		

Name	MR.GANESAN S	ID	MED122430996
Age & Gender	37Y/MALE	Visit Date	27 Jan 2024
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Name	MR.GANESAN S	ID	MED122430996
Age & Gender	37Y/MALE	Visit Date	27 Jan 2024
Ref Doctor Name	MediWheel		

Thanks for your reference

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 partially distended with no demonstrable calculus wall thickness appears normal.

Pancreas: The pancreas head and visualized part of body appears normal. Rest of the body of pancreas and tail obscured by bowel gas.

Spleen The spleen is normal.

Kidneys The right kidney measures 9.1 x 4.4 cm. Normal architecture. The collecting system is not dilated. The left kidney measures 10.0 x 4.3 cm. Normal architecture.

Urinary bladder: The urinary bladder is smooth walled and uniformly transonic. The collecting system is not dilated. There is no intravesical mass or calculus.

Name	MR.GANESAN S	ID	MED122430996
Age & Gender	37Y/MALE	Visit Date	27 Jan 2024
Ref Doctor Name	MediWheel		

Prostate: The prostate measures 3.5 x 3.5 x 3.4 cm and is normal sized.
Corresponds to a weight of about 22.31 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

- No significant abnormality.

DR. T. ANNIE STALIN MBBS., F.USG.,
SONOLOGIST.
REG. NO: 85764.

Name	MR.GANESAN S	ID	MED122430996
Age & Gender	37Y/MALE	Visit Date	27 Jan 2024
Ref Doctor Name	MediWheel		

Name	Mr. GANESAN S	Customer ID	MED122430996
Age & Gender	37Y/M	Visit Date	Jan 27 2024 11:27AM
Ref Doctor	MediWheel		

Thanks for your reference

DIGITAL X- RAY CHEST PA VIEW

Inadequate inspiratory effort.

Trachea appears normal.

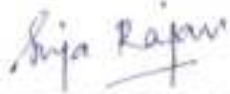
Cardiothoracic ratio is within normal limits.

Costo and cardiophrenic angles appear normal.

Visualised bilateral lung fields appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.


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