



Name : Mrs. VIDHYA V  
 PID No. : MED120940995  
 SID No. : 622007551  
 Age / Sex : 32 Year(s) / Female  
 Ref. Dr : MediWheel

Register On : 02/04/2022 10:16 AM  
 Collection On : 02/04/2022 11:21 AM  
 Report On : 03/04/2022 4:11 PM  
 Printed On : 04/04/2022 12:50 PM  
 Type : OP

Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.04	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (Blood/Impedance Variation)	334	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood/Derived from Impedance)	08.32	fL	8.0 - 13.3
PCT(Automated Blood cell Counter)	0.28	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	20	mm/hr	< 20

### BIOCHEMISTRY

BUN / Creatinine Ratio	10.7		
Glucose Postprandial (PPBS) (Plasma - PP/ GOD-PAP)	87.6	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)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.0	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.65	mg/dL	0.6 - 1.1
Uric Acid (Serum/Enzymatic)	2.4	mg/dL	2.6 - 6.0
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.9	%	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 %

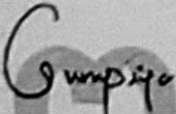
Estimated Average Glucose (Whole Blood)	122.63	mg/dL	
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#### INTERPRETATION: Comments

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.

#### Liver Function Test

Bilirubin(Total) (Serum)	0.70	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.18	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.52	mg/dL	0.1 - 1.0

  
 DR GURUPRIYA J  
 PATHOLOGIST  
 Reg No : 13-48036

  
 Dr.E.Saravanan M.D(Path)  
 Consultant Pathologist  
 Reg No : 73347



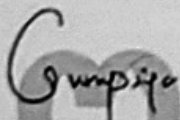
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	15.5	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	31.4	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	14.2	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	47.1	U/L	42 - 98
Total Protein (Serum/Biuret)	6.45	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.2	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.25	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.87		1.1 - 2.2
<b>Lipid Profile</b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	134.6	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	247.9	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)	31.2	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	53.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	49.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	103.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



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 Consultant Pathologist  
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<b>INTERPRETATION:</b> 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.			
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)*	4.3		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)	7.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

## IMMUNOASSAY

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.12	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.

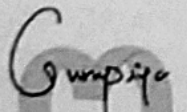
T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	9.33	µg/dl	4.2 - 12.0
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#### INTERPRETATION:


##### 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.

TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	0.92	µIU/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.

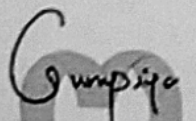
3.Values <math>\leq 0.03 \mu\text{U/mL}</math> need to be clinically correlated due to presence of rare TSH variant in some individuals.

**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)	1-2	/hpf	NIL
Epithelial Cells (Urine)	2-3	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --



DR GURUPRIYA J  
PATHOLOGIST  
Reg No : 13-48036



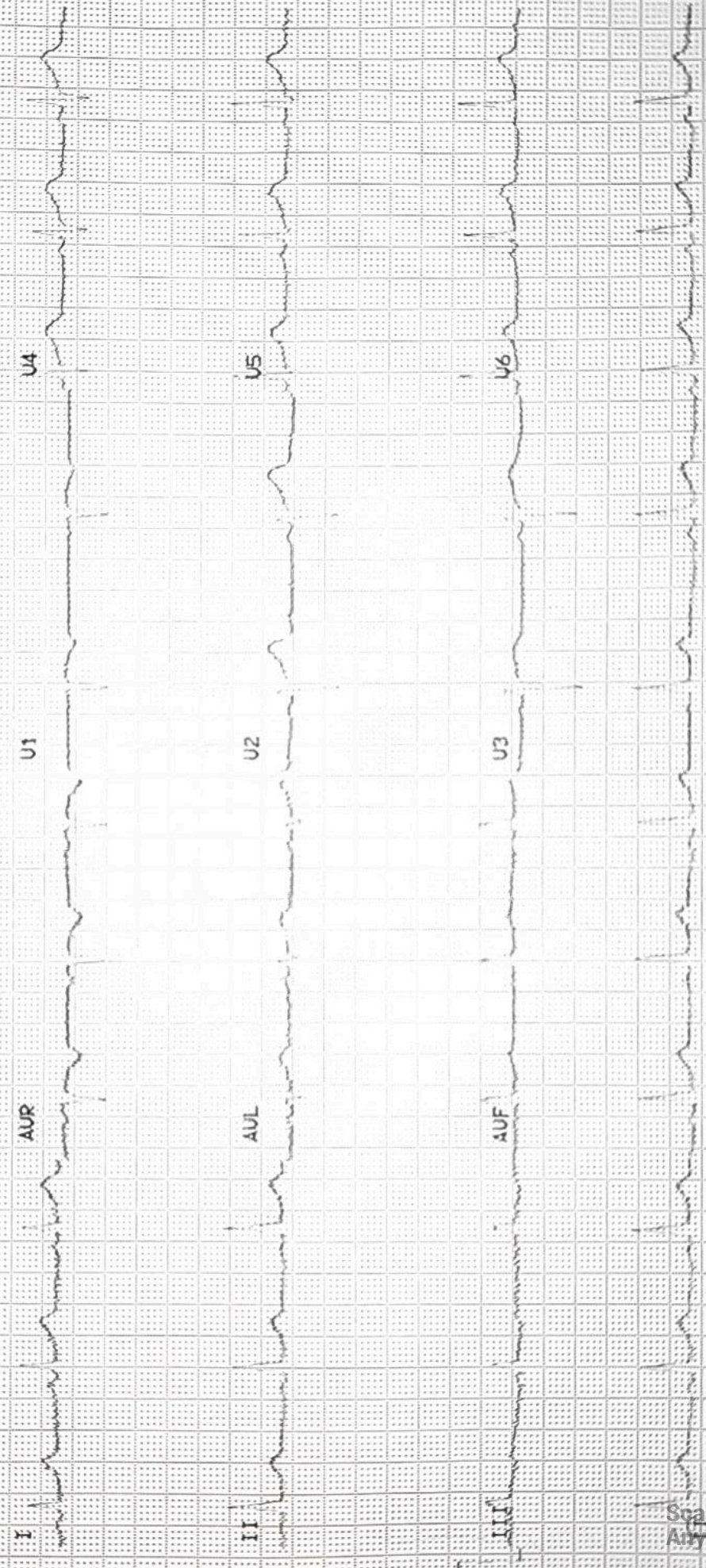
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Measurement Results: Interpretation: < P < T < QRS normal ECG

S 414 / 433 ms -90  
 aUR aUL  
 PRP 88 ms -0 I  
 916 / 915 ms  
 PRS/T 20 / 50 / 20 degrees  
 V/QTcBD 50 / 52 ms III +90 II  
 aVF  
 aVF  
 aVF  
 8

Unconfirmed report.



<b>Customer Name</b>	<b>MRS.VIDHYA V</b>	<b>Customer ID</b>	<b>MED120940995</b>
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<b>Ref Doctor</b>	<b>MediWheel</b>		

*Thanks for your reference*

**ECHOCARDIOGRAM WITH COLOUR DOPPLER:**

LVID d ... 4.4cm  
 LVID s ... 2.5cm  
 EF ... 75%  
 IVS d ...1.0cm  
 IVS s ... 0.7cm  
 LVPW d ... 0.5cm  
 LVPW s ...1.1cm  
 LA ... 3.3cm  
 AO ... 2.9cm  
 TAPSE ... 17mm

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 .

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Doppler:

Mitral valve : E: 0.79m/s      A: 0.63m/s  
E/A Ratio: 1.26      E/E: 11.73

Aortic valve: AV Jet velocity: 2.68 m/s

Tricuspid valve: TV Jet velocity: 2.15 m/s

Pulmonary valve: PV Jet velocity: 1.44 m/s

IMPRESSION:

1. Normal chambers & Valve.
2. No regional wall motion abnormality present.
3. Normal LV systolic function.
4. Pericardial effusion - Nil.
5. No pulmonary artery hypertension.

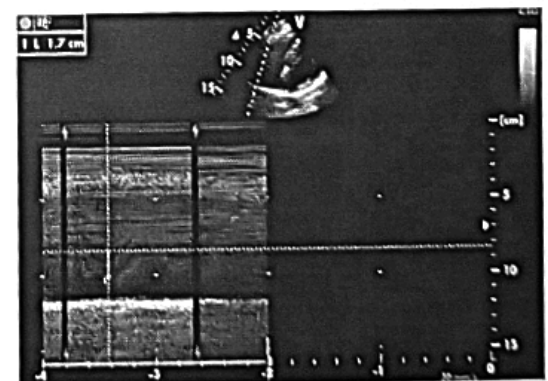
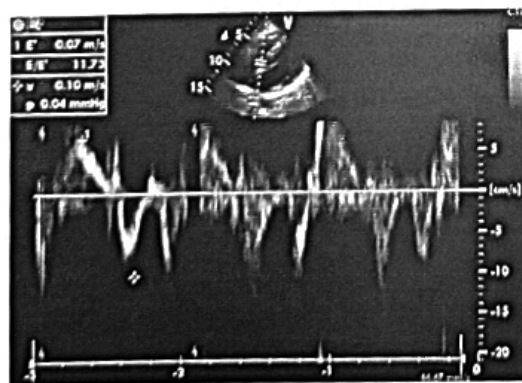
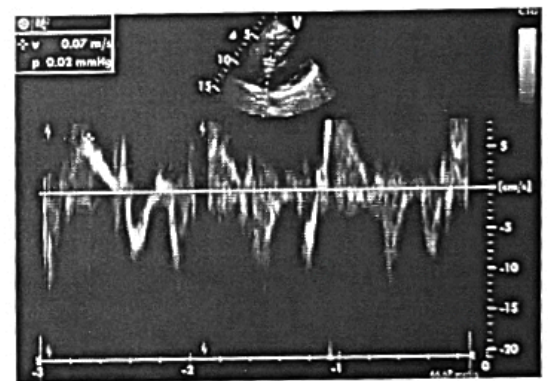
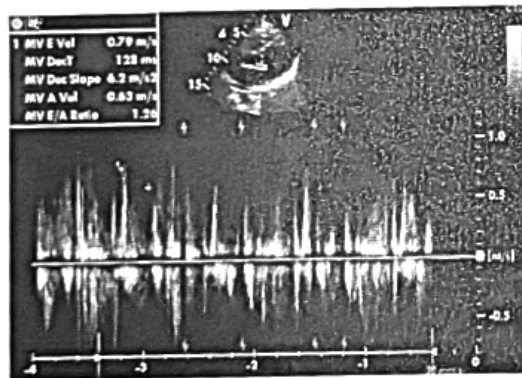
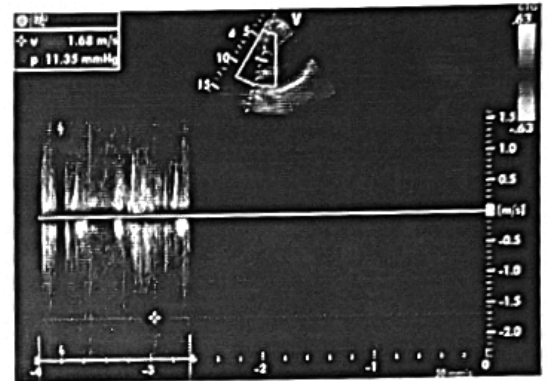
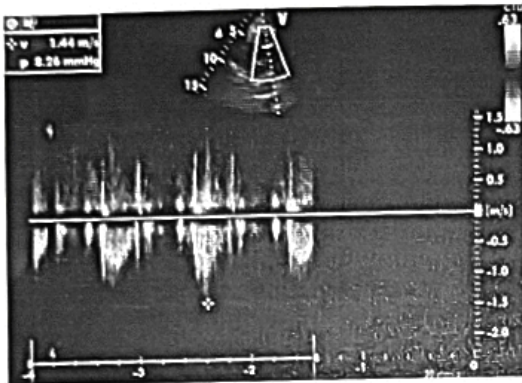
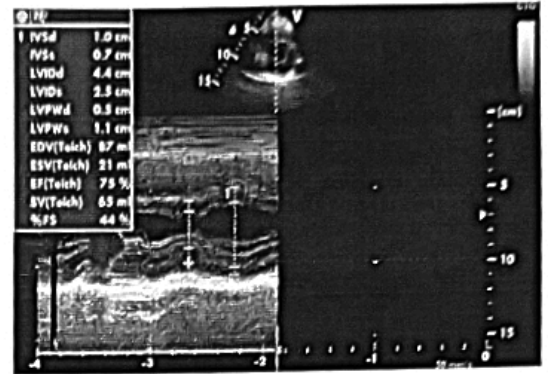
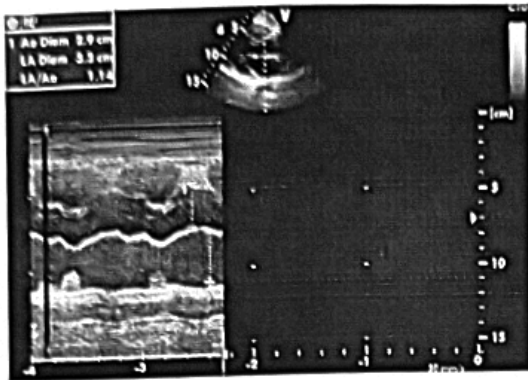


Dr. S. MANIKANDAN. MD.DM.(Cardio)  
Cardiologist





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*Thanks for your reference*

**REAL - TIME 2D & 4D ULTRASOUND DONE WITH VOLUSON 730 EXPERT .  
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 normal sized and smooth walled and contains no calculus.

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

**Spleen:** The spleen is normal.

**Kidneys:** The right kidney measures 11.8 x 5.3 cm. Normal architecture. The collecting system is not dilated.

The left kidney measures 12.3 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.



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**Uterus:** The uterus is anteverted, and measures 10.0 x 3.0 x 5.6 cm.  
Myometrial echoes are homogeneous.  
The endometrium is central and normal measures 0.12 cm in thickness.

**Ovaries:** The right ovary measure 3.1 x 2.7 x 2.7 cm. Volume: 11.75 cc  
The left ovary measures 3.3 x 2.2 x 2.2 cm. Volume: 8.20 cc  
Multiple (10 to 12 ) small peripheral follicles each measuring less than 5mm with thickened stroma noted in both ovaries.  
No significant mass 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.

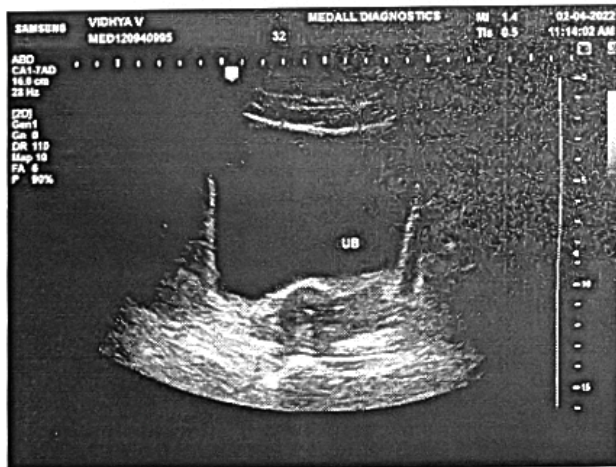
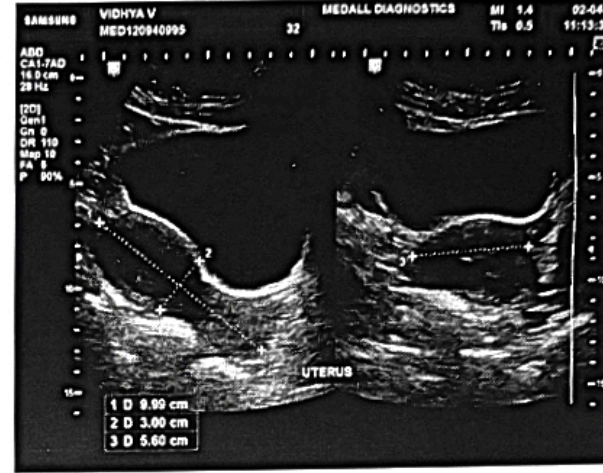
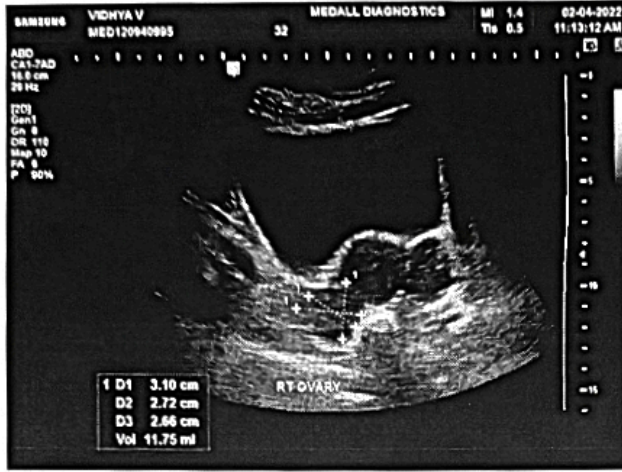
**IMPRESSION :**

- ✓ Polycystic changes in both ovaries.  
- *Suggested Clinical & biochemical correlation.*

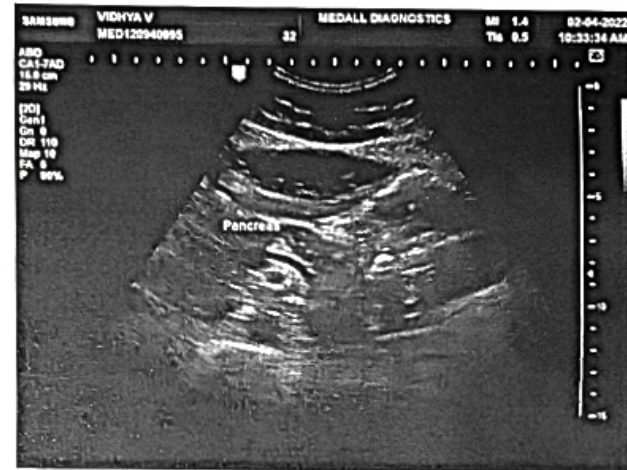
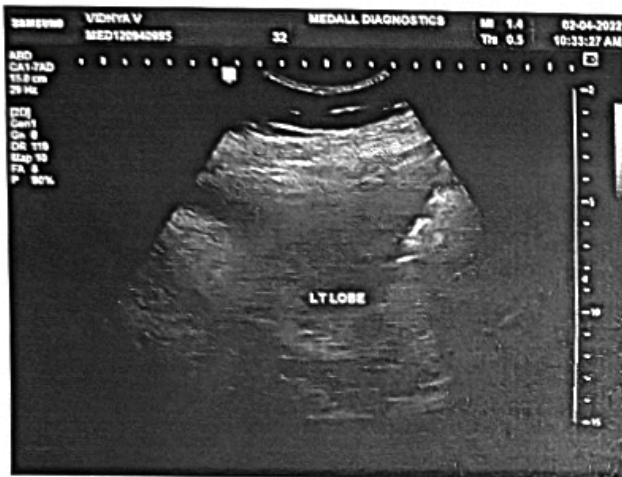
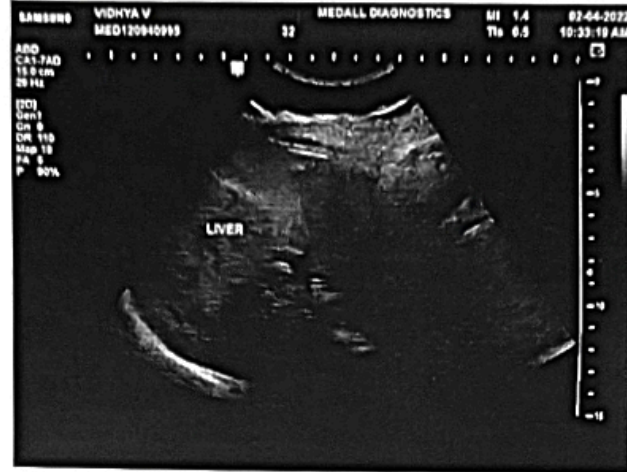
  
**DR. PRARTHANA ANTOLINE ABHIA. DNB RD.,**  
**CONSULTANT RADIOLOGIST.**



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Age & Gender	32Y/FEMALE	Visit Date	02/04/2022
Ref Doctor	MediWheel		



# MEDICAL EXAMINATION REPORT

Name Vidhya. V Gender M / F 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) Yes  No
- 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
  - Climbing : Yes  No
  - Standing : Yes  No
  - Kneeling : Yes  No
  - Sitting : Yes  No
  - Bending : Yes  No
  - Squatting : 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   
 Chest measurements: a. Normal  b. Expanded   
 Waist Circumference   
 Skin   
 Vision   
 Circulatory System   
 Gastro-intestinal System   
 Ear, Nose & Throat   
 Respiratory System   
 Nervous System   
 Genito-urinary 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

Date : 21/7/22

Dr. S. MANI MOHAN, M.D. (Cardio)  
 Asst. Professor of Cardiology  
 TIRUNELVELI MEDICAL COLLEGE HOSPITAL  
 TIRUNELVELI.  
 Reg No : 61785

Customer Name	Mrs. Vidhya .V	Customer ID	Med120940925
Age & Gender	32 y / Female	Visit Date	02/04/2022.

### Eye Screening

With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	N6	N6
Distance Vision	6	6
Colour Vision	Normal	Normal

with  
spec

Observation / Comments: Nil





இந்திய அரசாங்கம்  
Government of India

வித்யா வி  
Vidhya. V



பிறந்த நாள் - DOB: 24/06/1990  
பாலினம் - Female



6247 7456 5050

ஆதார் - சாதாரண மனிதனின் அதிகாரம்

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**DIGITAL X- RAY CHEST PA VIEW**

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Costo and cardiophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

**IMPRESSION:**

❖ **NO SIGNIFICANT ABNORMALITY DEMONSTRATED.**



**DR. PRARTHANA ANTOLINE ABHIA, DNB, RD.,**

**Consultant Radiologist**

**Reg. No: 112512**



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VIDHYA V 32 F MED120940995 TEN84975663844 F RT 02-Apr-22