



Name : Mrs. RUTH C  
PID No. : MED122093704  
SID No. : 623020411  
Age / Sex : 31 Year(s) / Female  
Ref. Dr : MediWheel

Register On : 25/08/2023 9:47 AM  
Collection On : 25/08/2023 10:13 AM  
Report On : 25/08/2023 5:22 PM  
Printed On : 26/08/2023 4:27 PM  
Type : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>Absolute Basophil count</b> (Blood/Impedance Variation & Flow Cytometry)	0.03	10 <sup>3</sup> / $\mu$ l	< 0.2
<b>Platelet Count</b> (Blood/Impedance Variation)	328	10 <sup>3</sup> / $\mu$ l	150 - 450
<b>MPV</b> (Blood/Derived from Impedance)	08.58	fL	8.0 - 13.3
<b>PCT</b> (Automated Blood cell Counter)	0.28	%	0.18 - 0.28
<b>ESR (Erythrocyte Sedimentation Rate)</b> (Blood/Automated ESR analyser)	18	mm/hr	< 20

## BIOCHEMISTRY

<b>BUN / Creatinine Ratio</b>	13.2		
<b>Glucose Fasting (FBS)</b> (Plasma - F/GOD-PAP)	99.4	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.

<b>Glucose, Fasting (Urine)</b> (Urine - F)	Negative	Negative
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<b>Glucose Postprandial (PPBS)</b> (Plasma - PP/GOD-PAP)	112.3	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.

<b>Urine Glucose(PP-2 hours)</b> (Urine - PP)	Negative	Negative
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<b>Blood Urea Nitrogen (BUN)</b> (Serum/Urease UV / derived)	10.7	mg/dL	7.0 - 21
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<b>Creatinine</b> (Serum/Modified Jaffe)	0.81	mg/dL	0.6 - 1.1
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<b>Uric Acid</b> (Serum/Enzymatic)	5.1	mg/dL	2.6 - 6.0
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### Liver Function Test

<b>Bilirubin(Total)</b> (Serum)	0.30	mg/dL	0.1 - 1.2
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<b>Bilirubin(Direct)</b> (Serum/Diazotized Sulfanilic Acid)	0.08	mg/dL	0.0 - 0.3
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<b>Bilirubin(Indirect)</b> (Serum/Derived)	0.22	mg/dL	0.1 - 1.0
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<b>SGOT/AST (Aspartate Aminotransferase)</b> (Serum/Modified IFCC)	20.7	U/L	5 - 40
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<b>SGPT/ALT (Alanine Aminotransferase)</b> (Serum)	26.3	U/L	5 - 41
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<b>GGT(Gamma Glutamyl Transpeptidase)</b> (Serum/IFCC / Kinetic)	17.8	U/L	< 38
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Dr. R. Lavanya MD  
Consultant - Pathologist  
Reg No: 90632

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<b>Alkaline Phosphatase (SAP)</b> (Serum/Modified IFCC)	85.4	U/L	42 - 98
<b>Total Protein</b> (Serum/Biuret)	7.50	gm/dL	6.0 - 8.0
<b>Albumin</b> (Serum/Bromocresol green)	4.10	gm/dL	3.5 - 5.2
<b>Globulin</b> (Serum/Derived)	3.40	gm/dL	2.3 - 3.6
<b>A : G RATIO</b> (Serum/Derived)	1.21		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
<b>Cholesterol Total</b> (Serum/CHOD-PAP with ATCS)	188.6	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
<b>Triglycerides</b> (Serum/GPO-PAP with ATCS)	96.2	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.

<b>HDL Cholesterol</b> (Serum/Immunoinhibition)	<b>39.7</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
<b>LDL Cholesterol</b> (Serum/Calculated)	<b>129.7</b>	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
<b>VLDL Cholesterol</b> (Serum/Calculated)	19.2	mg/dL	< 30
<b>Non HDL Cholesterol</b> (Serum/Calculated)	148.9	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.



*R.L.*  
Dr.R.Lavanya MD  
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<b>Total Cholesterol/HDL Cholesterol Ratio</b> (Serum/Calculated)	4.8		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
<b>Triglyceride/HDL Cholesterol Ratio</b> <b>(TG/HDL)</b> (Serum/Calculated)	2.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
<b>LDL/HDL Cholesterol Ratio</b> (Serum/ Calculated)	3.3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
<b>HbA1C</b> (Whole Blood/Ion exchange HPLC by D10)	<b>6.5</b>	%	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) 139.85 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**

<b>T3 (Triiodothyronine) - Total</b> (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.

<b>T4 (Tyroxine) - Total</b> (Serum/ Chemiluminescent Immunometric Assay (CLIA))	8.73	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.



*R. Lavanya*  
Dr.R.Lavanya MD  
Consultant - Pathologist  
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TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	4.94	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;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)	1-2	/hpf	NIL
Epithelial Cells (Urine)	2-3	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --



  
Dr.R.Lavanya MD  
Consultant - Pathologist  
Reg No: 90632

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Ref Doctor Name	MediWheel		

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.7cm  
LVID s ... 2.8cm  
EF ... 71%  
IVS d ...0.6cm  
IVS s ... 0.7cm  
LVPW d ... 0.4cm  
LVPW s ... 0.9cm  
LA ... 2.4cm  
AO ... 2.4cm  
TAPSE ... 20mm

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: 1.16m/s            A: 0.70m/s  
E/A Ratio: 1.66    E/E: 14.16

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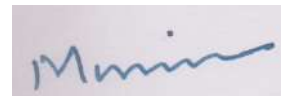
Aortic valve: AV Jet velocity: 1.66m/s

Tricuspid valve: TV Jet velocity: 1.74 m/s TRPG: 12.15mmHg.

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. MANIKANDAN. MD.DM.(Cardio)  
Cardiologist

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Age & Gender	31Y/FEMALE	Visit Date	25 Aug 2023
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. Parenchymal echoes are increased in intensity. No focal lesions. Surface is smooth. 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 9.9 x 3.9 cm. Normal architecture.

The collecting system is not dilated.

The left kidney measures 9.9 x 4.1 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 pulled upto the anterior abdominal wall (H/o. caesarean), and measures 8.1 x 4.0 cm.  
Myometrial echoes are homogeneous.  
The endometrium is central and normal measures 7.5 mm in thickness.

Ovaries: The right ovary measures 2.8 x 2.9 cm.  
The left ovary measures 2.6 x 2.8 cm.  
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 :

- Grade I fatty liver.

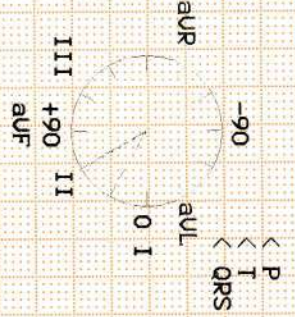
DR. T. ANNIE STALIN MBBS., F.USG.,  
SONOLOGIST.  
REG. NO: 85764.

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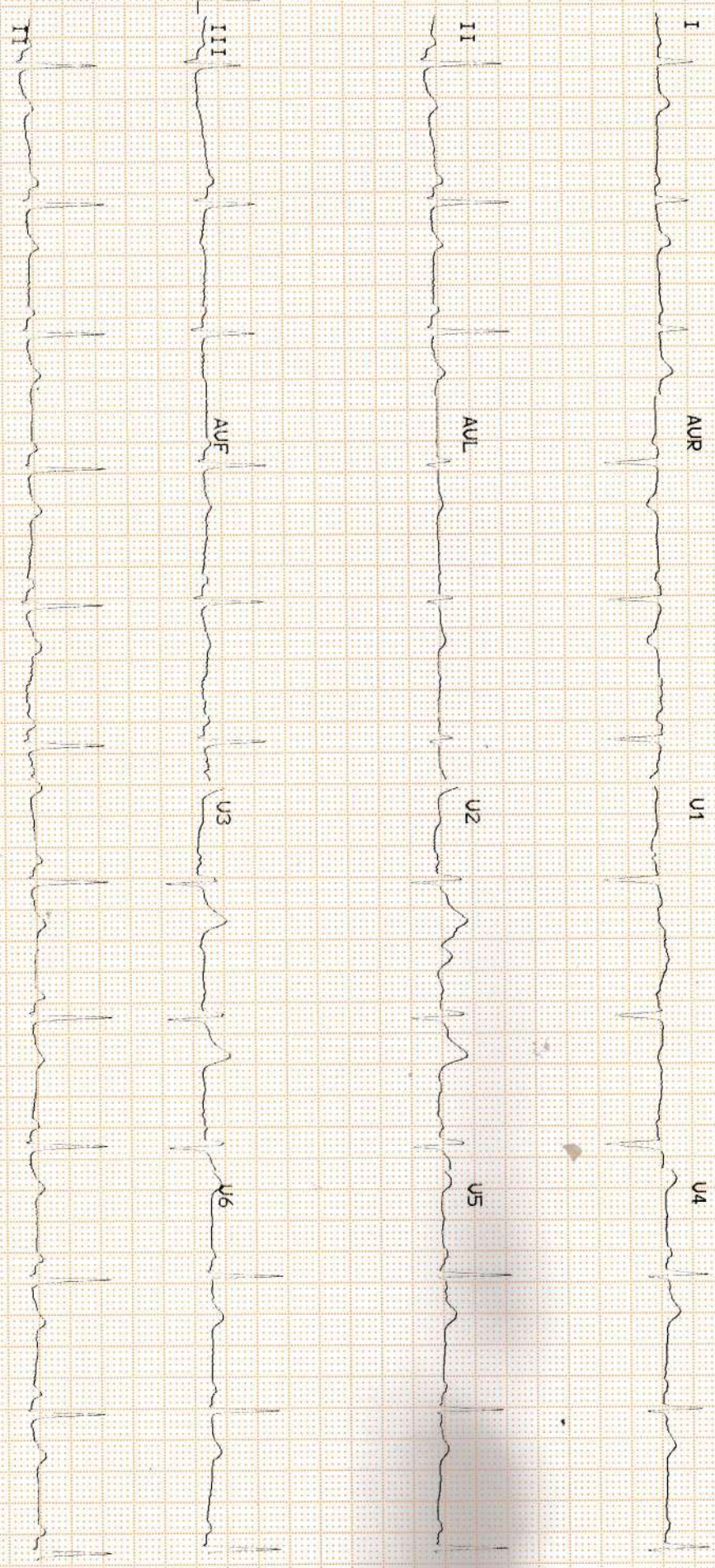


AGE:        
 Measurement Results:        
 QRS      :      84 ms        
 QT/QTcB      :      404 / 429 ms        
 PR      :      148 ms        
 P      :      110 ms        
 RR/PP      :      874 / 880 ms        
 P/QRS/T      :      58 / 61 / 31 degrees



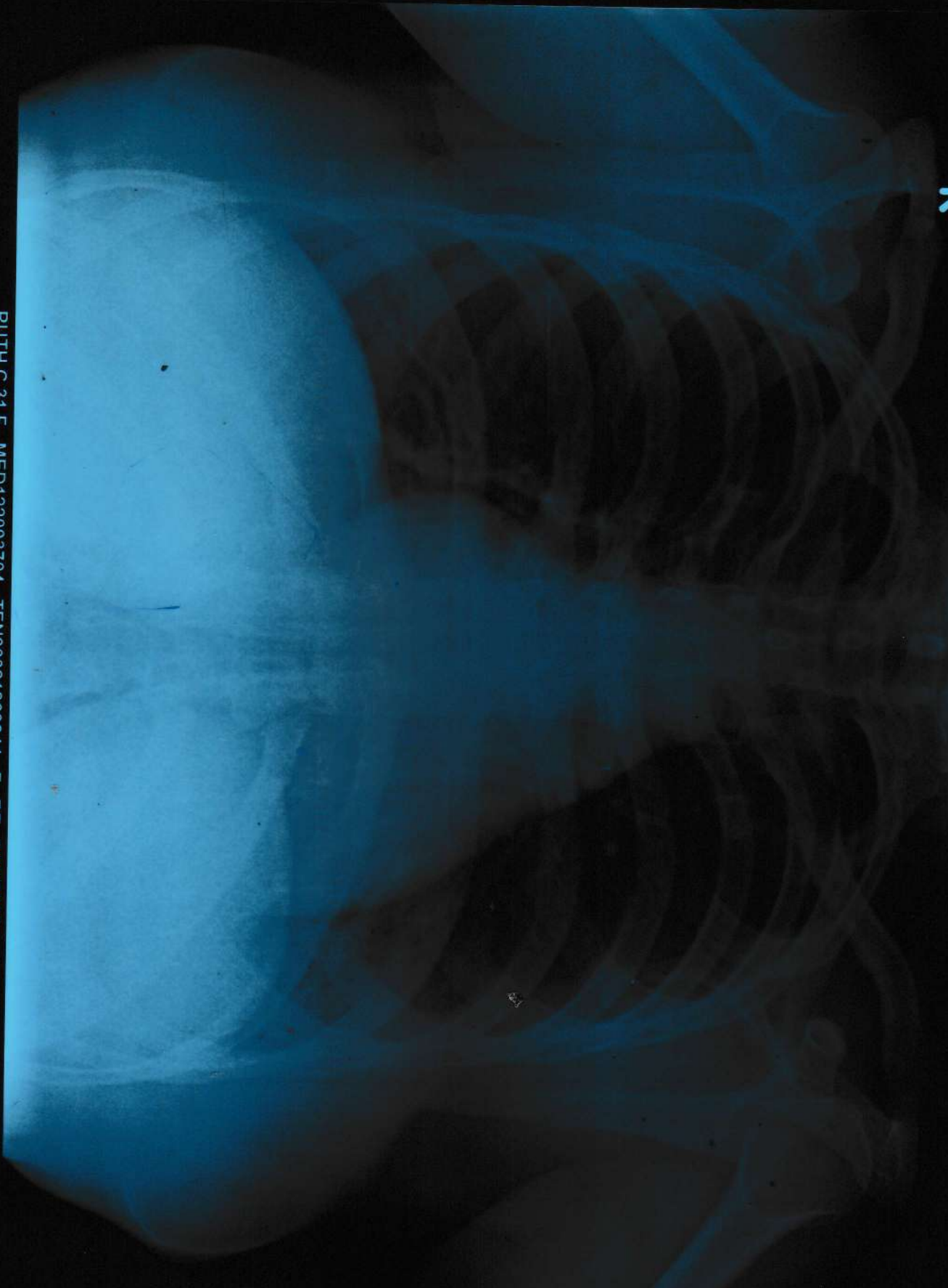
Interpretation:        
 12SL - Interpretation:        
 Normal sinus rhythm        
 Normal ECG

Unconfirmed report.





R



RUTH C 31 F MED122093704 TEN90321863844 F RT 8/25/2023

**MEDALL DIAGNOSTICS**





**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 <input type="checkbox"/> No <input checked="" type="checkbox"/>  | •Kneeling : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Squatting : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| •Climbing : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Sitting : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| •Standing : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Bending : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
- 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 83

a. Height <input type="text" value="149"/>	b. Weight <input type="text" value="63.4"/>	Blood Pressure <input type="text" value="114 / 80 mmhg"/>
Chest measurements: <input type="text"/>	a. Normal <input type="text"/>	b. Expanded <input type="text"/>
Waist Circumference <input type="text" value="-"/>	Ear, Nose & Throat <input type="text" value="Normal"/>	
Skin <input type="text" value="Normal"/>	Respiratory System <input type="text" value="Normal"/>	
Vision <input type="text" value="Normal"/>	Nervous System <input type="text" value="Normal"/>	
Circulatory System <input type="text" value="normal"/>	Genito-urinary System <input type="text" value="normal"/>	
Gastro-intestinal System <input type="text" value="normal"/>	Colour Vision <input type="text" value="Normal"/>	

Discuss Particulars of Section B :-

**C. REMARKS OF PATHOLOGICAL TESTS :**

Chest X-ray <input type="text" value="Normal"/>	ECG <input type="text" value="Normal"/>
Complete Blood Count <input type="text" value="H2.71"/>	Urine routine <input type="text" value="Normal"/>
Serum cholesterol <input type="text" value="188"/>	Blood sugar <input type="text" value="F-99.4 P-P-112.3"/>
Blood Group <input type="text" value="O positive"/>	S.Creatinine <input type="text" value="0.81"/>

**D. CONCLUSION :**

Any further investigations required	Any precautions suggested
<b>NO</b>	<b>NO</b>


**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 : 25.08.23

→ QW

  
 Signature of Medical Adviser  
**Dr. S. MANIKANDAN, M.D., D.M. (Cardio)**  
 Reg. No: 61785, Consultant Cardiologist  
 Medall Diagnostic  
 Tirumalveli - 3



CONSULTANTS :

- Dr. Abiramasundari D
- Dr. Adarsh S Naik
- Dr. Ajay R Kaushik
- Dr. Andrea Jose
- Dr. Ashraya Nayaka T.E
- Dr. Ashwin Segi
- Dr. Ayllette Jude Dsilva
- Dr. Chandra Shekar C.S.
- Dr. Chitra Ramamurthy
- Dr. Gautam Kukadia
- Dr. Girish Reddy G.C.
- Dr. Gitansha Shreyas Sachdev
- Dr. Gopal R.
- Dr. Gopinathan G.S
- Dr. Hameed Obedulla
- Dr. Hemanth Murthy
- Dr. Hemamallini
- Dr. Iris
- Dr. Jatinder Singh
- Dr. Jezeela K.
- Dr. Khalid Lateef
- Dr. Krishnan R.
- Dr. Maimunnisa M.
- Dr. Manjula
- Dr. Mohamed Faizal S.
- Dr. Mohd Shahbaaz
- Dr. Mugdha Kumar
- Dr. Muralidhar R.
- Dr. Muralidhar N.S.
- Dr. Nagesh
- Dr. Nikitha
- Dr. Pranessh Ravi
- Dr. Praveen Muraly
- Dr. Preethi
- Dr. Priyanka R.
- Dr. Priyanka Shyam
- Dr. Priyanka Singh
- Dr. Raline Solomon
- Dr. Ramamurthy D.
- Dr. Rashmita Kukadia
- Dr. Rathinasamy V.
- Dr. Ravi J.
- Dr. Romit Salian
- Dr. Sagar Basu
- Dr. Sahana Manish
- Dr. Sakthi Rajeswari N.
- Dr. Shreesh Kumar K.
- Dr. Shreyas Ramamurthy
- Dr. Shylesh Dabke
- Dr. Soundarya B.
- Dr. Srinivas Rao V.K.
- Dr. Sumanth
- Dr. Sunitha
- Dr. Sushma Poojary
- Dr. Swathi Baliga
- Dr. Tamilarasi S.
- Dr. Thenarasun S.A.
- Dr. Umesh Krishna
- Dr. Vaishnavi M.
- Dr. Vamsi K.
- Dr. Vidhya N.
- Dr. Vijay Kumar S.
- Dr. Visalatchi
- Dr. Vishnu Kuppusamy Pounraju

Date: 25/8/23

Eye Fitness Certificate

This is to certify that Mr/Mrs/Ms Ruth C Age 31 yrs,

Male/Female, our MRNO.....13035083

	OD	OS
Visual Acuity	<u>6/6</u>	<u>6/6</u>
Near Vision	<u>N6</u>	<u>N6</u>
Colour Vision	<u>21/21</u>	<u>21/21</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	
Fit without glasses	<u>✓</u> <u>Fit</u>
unfit	

Medical Consultant,  
The Eye Foundation,  
Tirunelveli.

**Dr. PREETHI.K** MBBS,MS,FMR  
REG. No. 105495  
THE EYE FOUNDATION  
Tirunelveli



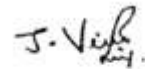
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*Thanks for your reference*  
**DIGITAL X- RAY CHEST PA VIEW**

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:**

- i. NO SIGNIFICANT ABNORMALITY DEMONSTRATED.**



DR. J. VINOLIN NIVETHA, M.D.R.D.,  
Consultant Radiologist.  
Reg. No: 115999.