

Name : Mrs. MEENAKSHI S
 PID No. : MED121503977
 SID No. : 622025826
 Age / Sex : 41 Year(s) / Female
 Ref. Dr : MediWheel

Register On : 26/11/2022 9:21 AM
 Collection On : 26/11/2022 9:48 AM
 Report On : 26/11/2022 4:27 PM
 Printed On : 28/11/2022 12:39 PM
 Type : OP



Investigation

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (Blood /Agglutination) 'B' 'Positive'

HAEMATOLOGY

Complete Blood Count With - ESR

Observed Value **Unit** **Biological Reference Interval**

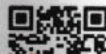
Haemoglobin (Blood/Spectrophotometry)	10.01	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	33.24	%	37 - 47
RBC Count (Blood/Impedance Variation)	04.45	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/Derived from Impedance)	74.67	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	22.48	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	30.11	g/dL	32 - 36
RDW-CV(Derived from Impedance)	14.2	%	11.5 - 16.0
RDW-SD(Derived from Impedance)	37.11	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	9950	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	57.90	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	34.40	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	02.00	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	05.30	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00.40	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	5.76	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	3.42	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.20	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.53	10 ³ / µl	< 1.0

The results pertain to sample tested.

B. Supraja
 DR SUPRAJA B MD
 Consultant Pathologist
 Reg NO : 95961



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Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.04	10 ³ / μ l	< 0.2
Platelet Count (Blood/Impedance Variation)	323	10 ³ / μ l	150 - 450
MPV (Blood/Derived from Impedance)	09.34	fL	8.0 - 13.3
PCT(Automated Blood cell Counter)	0.30	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	45	mm/hr	< 20

BIOCHEMISTRY

BUN / Creatinine Ratio	10.6		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	180.9	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)	Negative	Negative
Glucose Postprandial (PPBS) (Plasma - PP/ GOD-PAP)	242.6	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)	9.3	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.87	0.6 - 1.1
Uric Acid (Serum/Enzymatic)	4.1	2.6 - 6.0
Liver Function Test		
Bilirubin(Total) (Serum)	0.60	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.21	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.39	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	30.8	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	26.3	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	27.4	< 38

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Investigation	Observed Value	Unit	Biological Reference Interval
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	140.8	U/L	42 - 98
Total Protein (Serum/Biuret)	7.26	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.02	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.24	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.24		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	191.4	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	184.2	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.

HDL Cholesterol (Serum/Immunoinhibition)	38.7	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	115.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	36.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	152.7	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.

The results pertain to sample tested.

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Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.9		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)	4.8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3		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)	8.0	%	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) 182.9 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))	1.35	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))	11.15	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.

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Investigation

	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	3.85	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 $0.03 \mu\text{IU/mL}$ 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)	3-4	/hpf	NIL
Epithelial Cells (Urine)	2-3	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --

B. Supraja
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R

MEENAKSHI S 41 F MED121503977 TEN87836363844 F RT 26-Nov-22
MEDALL DIAGNOSTICS

Customer Name	MRS. MEENAKSHI. S	Customer ID	MED121503977
Age & Gender	41Y/FEMALE	Visit Date	26/11/2022
Ref Doctor	MEDIWHEEL		

Thanks for your reference

DIGITAL X- RAY CHEST PA VIEW

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Both costophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

✓ **NO SIGNIFICANT ABNORMALITY DEMONSTRATED.**


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

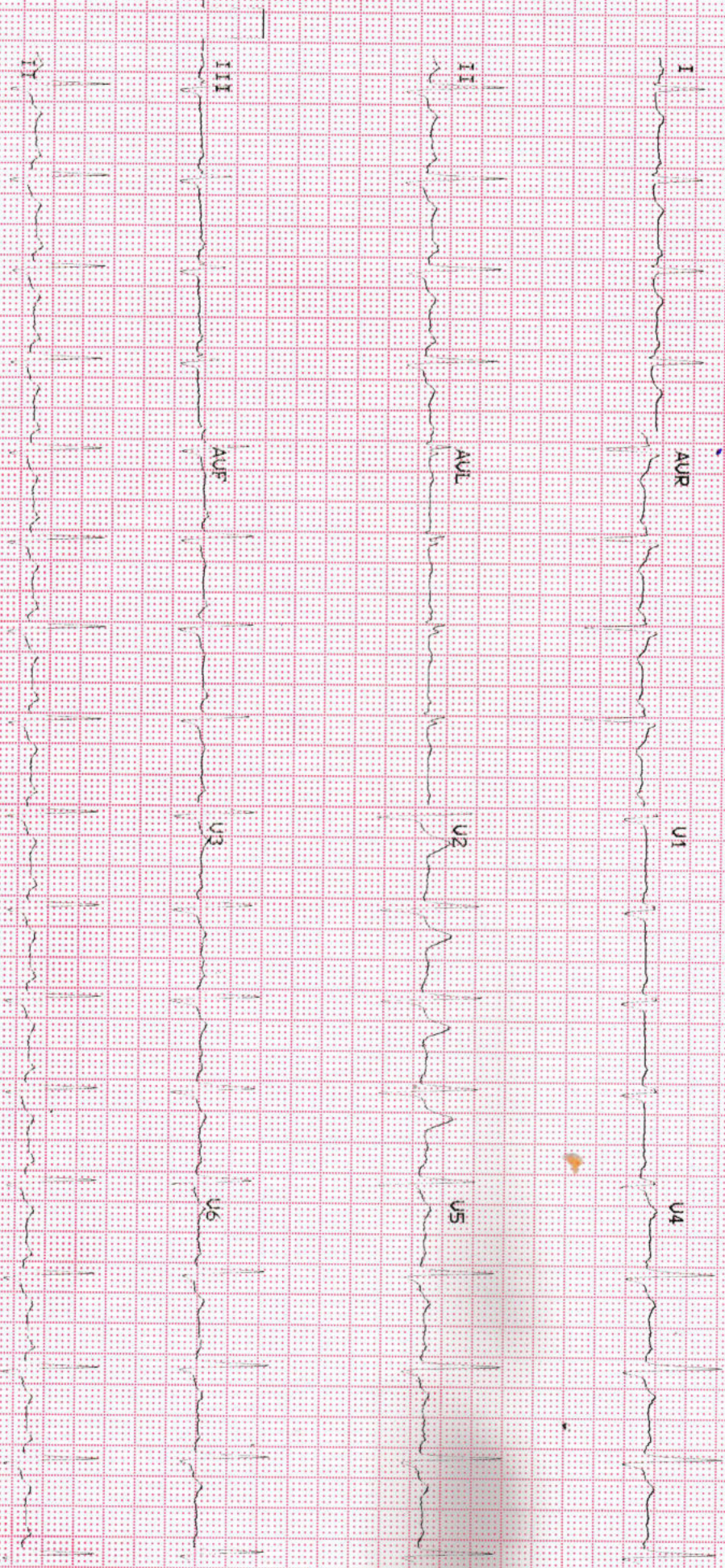
Measurement Results:

QRS	112 ms		< P
QT/QTcB	330 / 425 ms	-90	< T
pp	142 ms		< QRS
P	114 ms		aVL
FR/PP	604 / 605 ms		10 I
P/ORS/T	55 / 50 / 35 degrees		
QTd/QTcBd	22 / 28 ms		
Sokolow	1.5 mV		
NK	15		

Interpretation:

R/S inversion area between U1 and U2
probably normal ECG

Unconfirmed report.



04 MAR 2001 12:02:45 AM 20mm/s 25mm 1000Hz 400µV 50µV 100ms

MEMO AND CLIPS

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ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 5.1 cm
 LVID s ... 2.8cm
 EF ... 76%
 IVS d ...0.6cm
 IVS s ... 1.1cm
 LVPW d ... 0.7cm
 LVPW s ... 1.1 cm
 LA ... 3.4cm
 AO ... 3.2cm
 TAPSE ... 21mm

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.

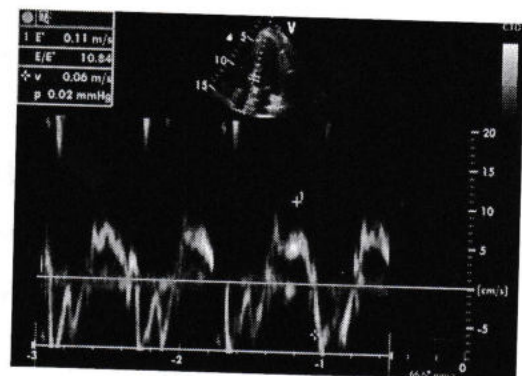
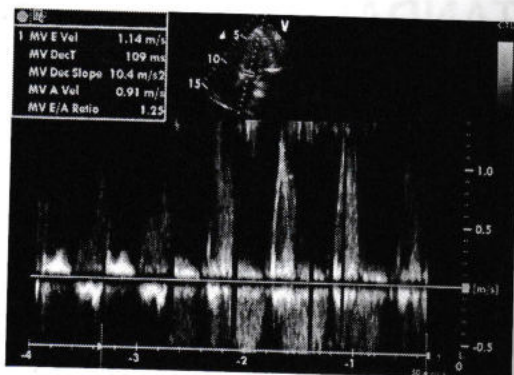
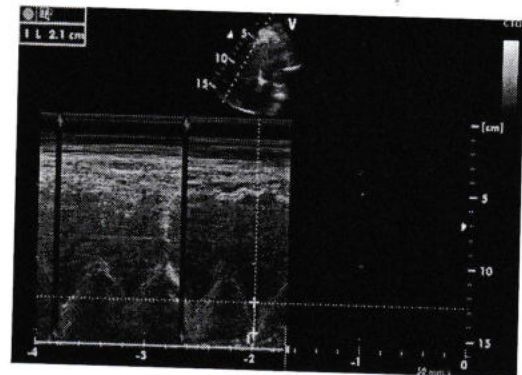
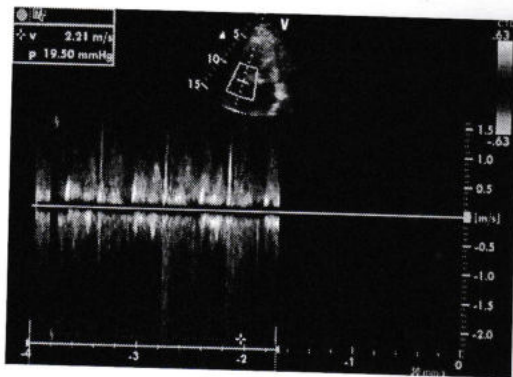
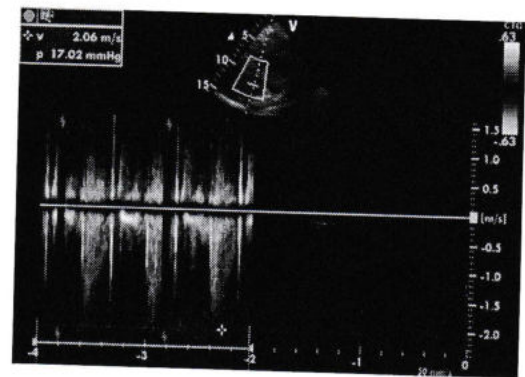
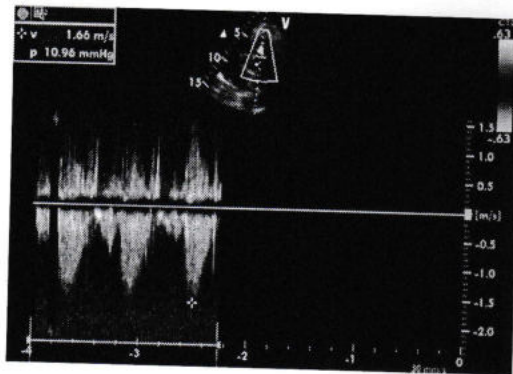
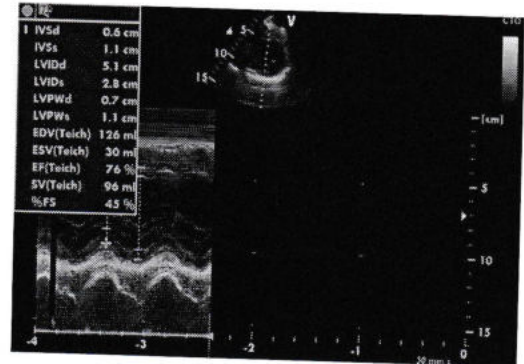
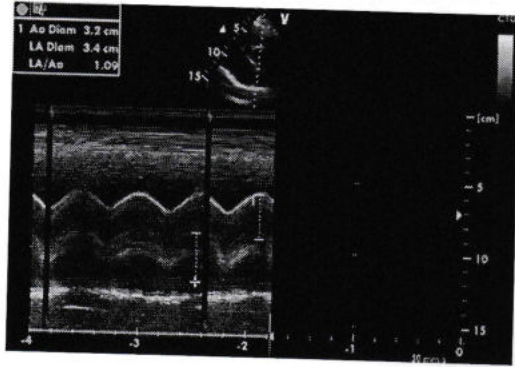
Aorta normal.

Inter atrial septum intact.

Inter ventricular septum intact.

No pericardial effusion .

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Thanks for your reference

REAL - TIME 2D & 4D ULTRASOUND DONE WITH VOLUSON 730 EXPERT .

SONOGRAM REPORT

WHOLE ABDOMEN

Suboptimal study due to obesity .

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.

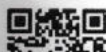
Pancreas: The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

Spleen: The spleen is normal.

Kidneys: The right kidney measures 12.1 x 5.3 cm. Normal architecture. The collecting system is not dilated.

The left kidney measures 11.2 x 6.4cm. 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 8.6 x 4.1 x 5.5 cm.
Myometrial echoes are homogeneous.
The endometrium is central and normal measures 11 m in thickness.

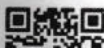
Ovaries: The right ovary measure 3.3 x 1.8 cm.
The left ovary measures 3.8 x 2.6 cm
A dominant follicle noted in left ovary.
No significant mass or cyst is seen in the ovaries.
Parametria are free.

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.

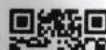
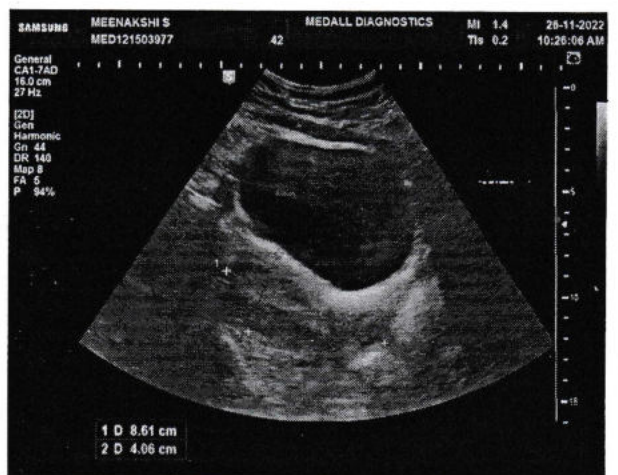
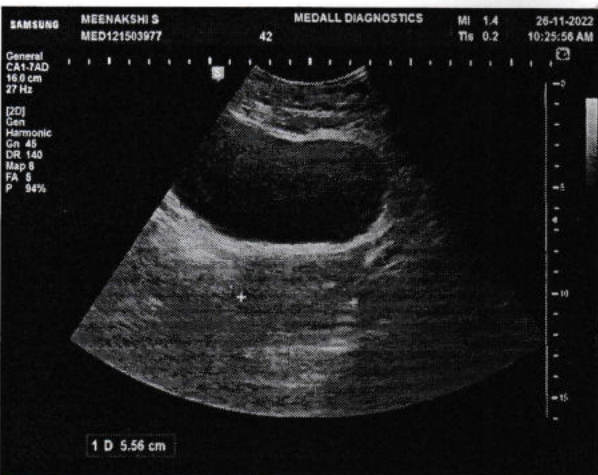
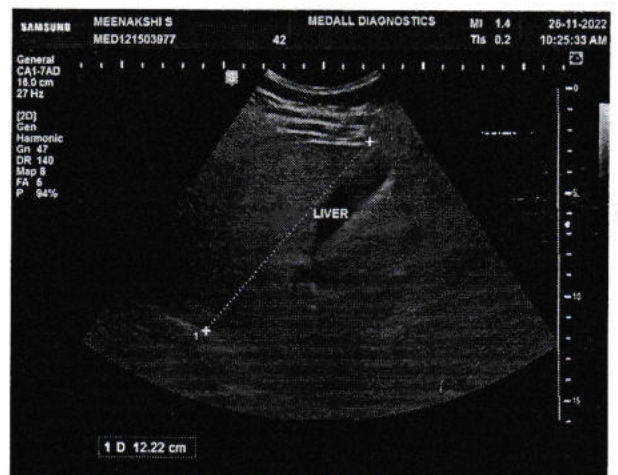
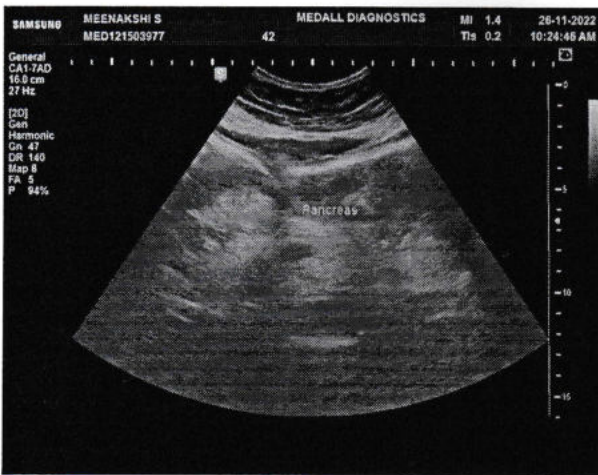
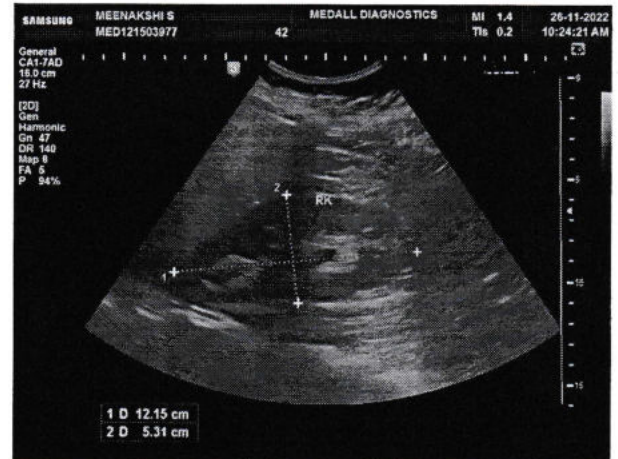
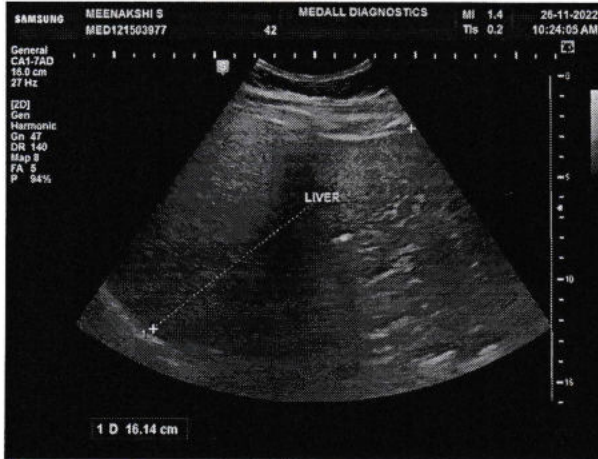
IMPRESSION :

- Grade I fatty liver.

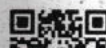
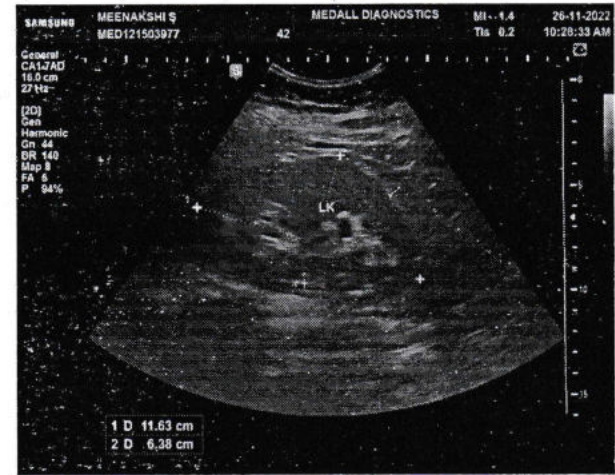
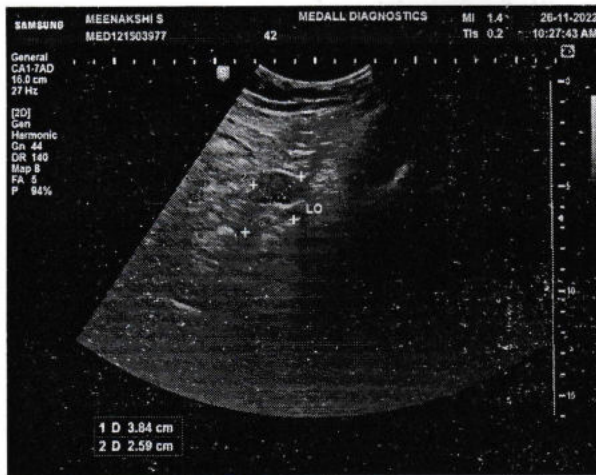
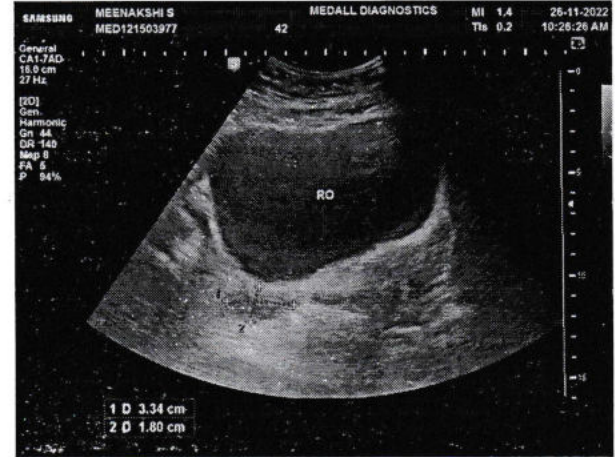

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Reg. No: 115999.



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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 :

a. Height b. Weight Blood Pressure Pulse - 89

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	<input type="text" value="—"/>	ECG	<input type="text" value="—"/>
Complete Blood Count	<input type="text" value="—"/>	Urine routine	<input type="text" value="—"/>
Serum cholesterol	<input type="text" value="—"/>	Blood sugar	<input type="text" value="—"/>
Blood Group	<input type="text" value="—"/>	S.Creatinine	<input type="text" value="—"/>

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 : 26.11.22

Signature of Medical Adviser

Dr. S.MANIKANDAN M.D.D.M. (Cardio)
 Asst. Professor

Customer Name	Mrs. meehak shis	Customer ID	MED121503977
Age & Gender	41 F	Visit Date	26.11.22

Eye Screening

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

	Right Eye	Left Eye
Near Vision	N/A	N/A
Distance Vision	9/9	9/9
Colour Vision	Normal	Normal

Observation / Comments: nil



भारत सरकार
GOVERNMENT OF INDIA



मीनाक्षी मुत्तुकृष्णन
Meenakshi Muthukrishnan
பிறந்த ஆண்டு: 1980
பெண் Female



9270 2179 3737



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

முகவரி:
W/O முத்துகிருஷ்ணன்,
எண் 7/53, சுடலை
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திம்மராஜபுரம்
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