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MOHIDEEN THAHIR M K 57 M MED122430927 TEN91766763844 M RT 1/27/2024

MEDALL DIAGNOSTICS

Patient Name	MR. Mohideen ^{Thalax}	Date	27.01.24
Age	57	Visit ID	MED122430927
Gender	male	Corporate	



GENERAL PHYSICAL EXAMINATION

Identification Mark:

Height: 164 cms
 Weight: 74.1 kgs
 Pulse: 72 /minute
 Blood Pressure: 118/76 mm of Hg
 BMI : 27.5
 (Underweight = <18.5
 Normal weight = 18.5-24.9
 Overweight = 25-29.9)

Chest:
 Expiration: cms
 Inspiration: cms
 Abdomen Measurement: cms
 Eyes: Ears:
 Throat: Neck nodes:
 RS: CVS:
 PA: CNS:

ALOL
 ATC
 T-AZTOR Wmg
 one - 1 -
 (x 6 months)

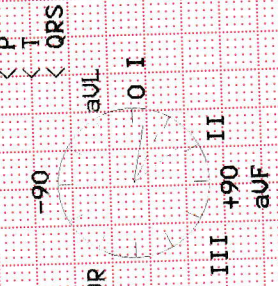
No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE: MEDICAL FIT FOR EMPLOYMENT (YES / NO)


 Signature

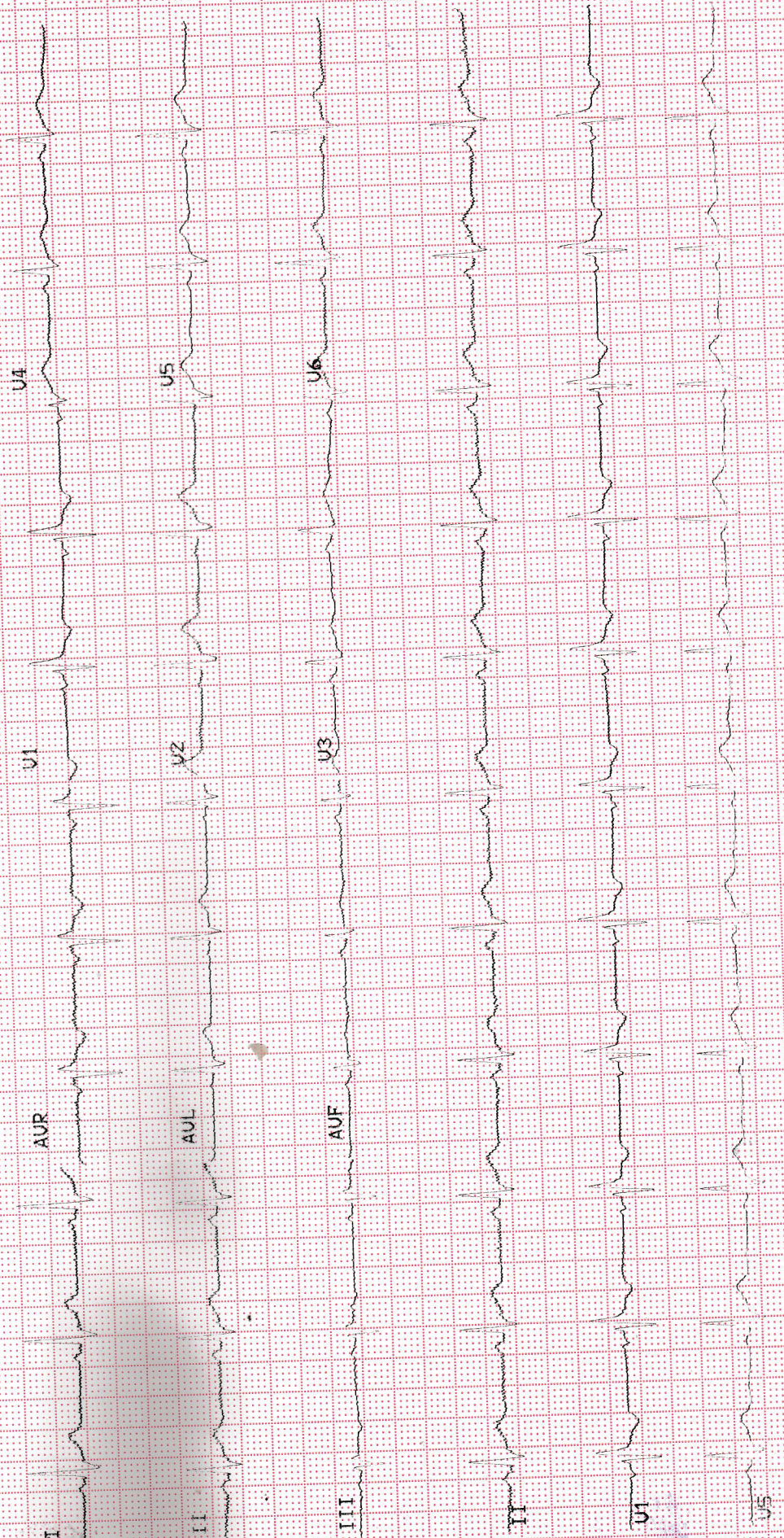
Dr. S. MANIKANDAN, M.D., D.M., (Cardio)
 Reg. No: 61785, Consultant Cardiologist
 Medall Diagnostics

Interpretation:
12SL Interpretation:
Normal sinus rhythm
Incomplete right bundle branch block
Borderline ECG

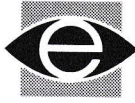


Measurement Results:
 PR 116 ms
 QRS 384 / 408 ms
 QT 330 ms
 QTc 100 ms
 ST/T 878 / 380 ms
 ST/T 52 / 11 / 27 degrees

Unconfirmed report



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. Gitansha 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 Zanjali
 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. Tamilarasi 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. Visalatchi



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. Mohideen Thahir M.K., Age 54 / m,

Male/Female, our MRNO. 18042785

	OD	OS
Visual Acuity	<u>6/15 +2.50 6/6</u>	<u>6/15 +2.50 6/6</u>
Near Vision	<u>+2.00 N6</u>	<u>+2.00 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
 REG. No. 92948
 Medical Consultant,
 The Eye Foundation,
 Tirunelveli.

Name : Mr. MOHIDEEN THAHIR M K
PID No. : MED122430927
SID No. : 624002345
Age / Sex : 57 Year(s) / Male
Ref. Dr : MediWheel

Register On : 27/01/2024 10:59 AM
Collection On : 27/01/2024 12:11 PM
Report On : 28/01/2024 2:54 PM
Printed On : 29/01/2024 6:37 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)	0.02	10 ³ / μ l	< 0.2
Platelet Count (Blood/Impedance Variation)	184	10 ³ / μ l	150 - 450
MPV (Blood/Derived from Impedance)	8.7	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.16	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	18	mm/hr	< 20

BIOCHEMISTRY

BUN / Creatinine Ratio	11.1		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	92.3	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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	108.9	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.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative	Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	12.3	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	1.10	mg/dL	0.9 - 1.3
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Uric Acid (Serum/Enzymatic)	6.1	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum)	0.80	mg/dL	0.1 - 1.2
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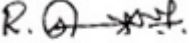
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.28	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.52	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	17.5	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum)	14.3	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	40.3	U/L	< 55
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SARAVANA KUMAR.R
 Quality Manager




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

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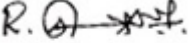
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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	103.2	U/L	56 - 119
Total Protein (Serum/Biuret)	7.32	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.01	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.31	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.21		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	243.6	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	122.3	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)	40.1	mg/dL	Optimal(Negative Risk Factor): >= 80 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	179	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	24.5	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	203.5	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.


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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	6.1		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)	3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	4.5		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)	5.7	%	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) 116.89 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 glycaemic 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

Prostate specific antigen - Total(PSA) (Serum/Manometric method)	1.48	ng/mL	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0
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INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL

PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).

Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.

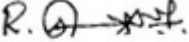
PSA levels tend to increase in all men as they age.

Clinical Utility of PSA:

• In the early detection of Prostate cancer.

• As an aid in discriminating between Prostate cancer and Benign Prostatic disease.

• To detect cancer recurrence or disease progression.


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Investigation Observed Value Unit Biological Reference Interval

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/
Chemiluminescent Immunometric Assay
(CLIA)) 0.93 ng/ml 0.4 - 1.81

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)) 7.51 µg/dl 4.2 - 12.0

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 3.570 µIU/mL 0.35 - 5.50
/Chemiluminescent Immunometric Assay
(CLIA))

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.

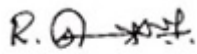
2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&l;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)	2-3	/hpf NIL
Epithelial Cells (Urine)	1-2	/hpf NIL


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RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --


SARAVANA KUMAR.R
Quality Manager




Dr Archana K MD Ph.D
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Age & Gender	57Y/MALE	Visit Date	27 Jan 2024
Ref Doctor Name	MediWheel		

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.7cm
LVID s ... 2.7cm
EF ... 72%
IVS d ... 0.8cm
IVS s ... 1.1cm
LVPW d ... 0.8cm
LVPW s ... 1.1cm
LA ... 3.0cm
AO ... 2.5cm
TAPSE ... 25mm
IVC ...1.0cm

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: 0.94m/s A: 0.81m/s
E/A Ratio: 1.32 E/E: .88

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Aortic valve: AV Jet velocity: 1.83m/s

Tricuspid valve: TV Jet velocity: 2.16m/s

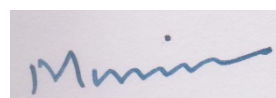
TRPG:

18.60mmHg.

Pulmonary valve: PV Jet velocity: 1.32m/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

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Age & Gender	57Y/MALE	Visit Date	27 Jan 2024
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SONOGRAM REPORT

WHOLE ABDOMEN

Poor penetration of USG due to thick abdominal wall

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 8.8 x 4.0 cm. Normal architecture.

The collecting system is not dilated.

The left kidney measures 9.3 x 4.5 cm. Normal architecture.

The collecting system is not dilated.

Urinary bladder: The urinary bladder is smooth walled and uniformly transonic.

Prostate: There is no intravesical mass or calculus. The prostate measures 3.9 x 3.3 x 3.2 cm. Corresponds to a weight of about 22.36 gms.

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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.

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DIGITAL X- RAY CHEST PA VIEW

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Costo and cardiophrenic angles appear normal.

Bilateral lung fields appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

i. NO SIGNIFICANT ABNORMALITY DEMONSTRATED.



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