

- 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 Zanjal
- Dr. Neha Rathi Kamal
- Dr. Nihaal Ahmed F.D.
- Dr. Patil Sandip Dattatray
- Dr. Pavithra
- Dr. Praburam Niranjan G
- Dr. Pranessh 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. Vamsi K. Dr. Vidhya N.
- Dr. Vijay Kumar S.

## 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.

.com

Date: 23/3/24

**Eye Fitness Certificate** 

This is to certify that Mr/Mrs/Ms. Vasanth. mf ,Age 36

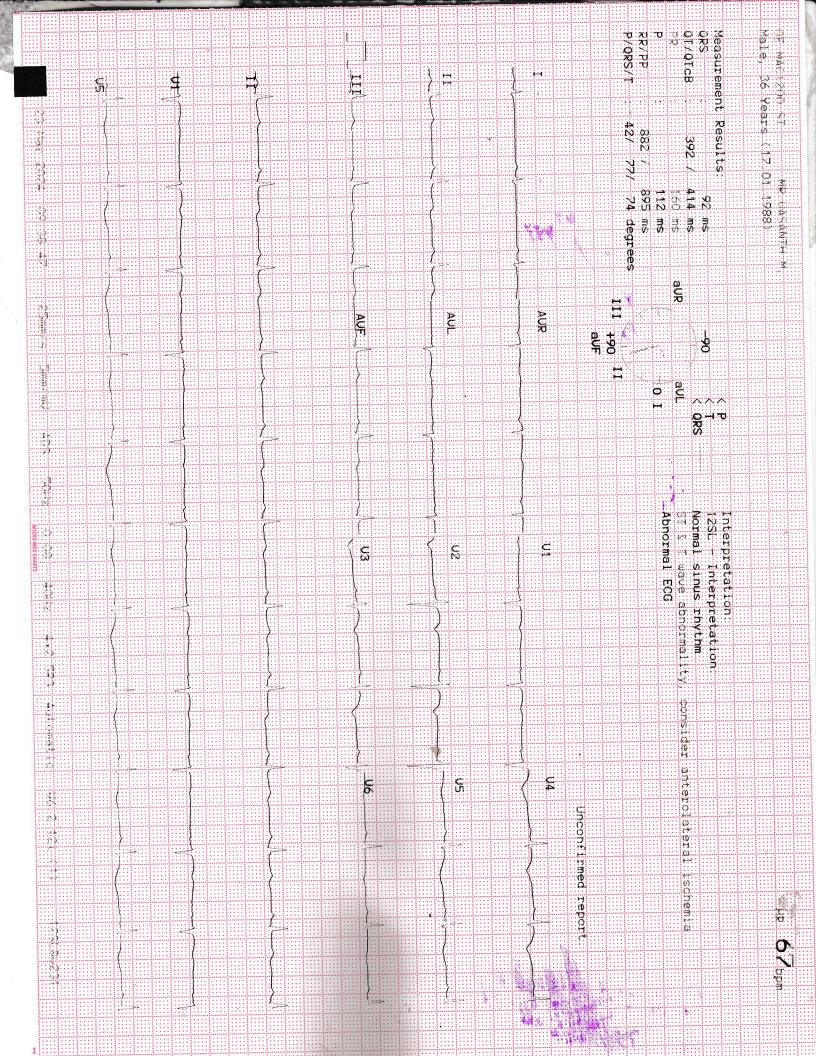
|                  | OD  | OS     |  |
|------------------|-----|--------|--|
| Visual Acuity    | 6/6 |        |  |
| Near Vision      | 26  | 1176   |  |
| Colour Vision    | N   | ) onal |  |
| B.S.V            |     | repent |  |
| Central Fields   | •   | Jamol  |  |
| Anterior Segment |     | Normal |  |
|                  | ^   | Jones  |  |
| Fundus           |     |        |  |

Oh

Medical Consultant, The Eye Foundation, Tirunelveli.

HAMED FAIZAL MASS, DO., FAEH., adical Superintendent Reg. No. 85747
THE EYE FOUNDATION
Tirunelveli

Chamrainet Kochi Ooty Cooppor Mettupalayam, Sungam - CBE.



# MEDICAL EXAMINATION REPORT

| Name Wascurth  | Gender M / F Date of Birth  |   |
|--|---|---|
| Position Selected For  | Identification marks  |   |
| A. HISTORY:  |   |   |
| 1. Do you have, or are you being treate Anxiety Arthritis Asthama, Bronchitis, Emphysema Back or spinal problems Epilepsy  2. List the medications taken Regularions 3. List allergies to any known medicate         | Depression/ bipolar disorder Diabetes Heart Disease Any other serious problem for which you are receiving medical attention  Iy.  | Blood Pressure Cholesterol aine Headaches sitis or Allergic Rhinitis Fever) |
|  | it(more than 3 years)   |   |
| <ul><li>6. Respiratory Function:</li><li>a. Do you become unusually short of b</li><li>b. Do you usually cough a lot first thing</li><li>c. Have you vomited or coughed out</li></ul>                                |   | Yes No Yes No No  |
| <ul> <li>7. Cardiovascular Function &amp; Physica</li> <li>a. Exercise Type: (Select 1)</li> <li>No Activity</li> <li>Very Light Activity (Seated At Des</li> <li>Light Activity (Walking on level su</li> </ul>     | sk, Standing)   |   |
| <ul><li>Moderate Activity (Brisk walking, o</li><li>Vigrous Activity (Soccer, Running)</li></ul>   | dancing, weeding)   |   |
| <ul><li>b. Exercise Frequency: Regular (les</li><li>c. Do you feel pain in chest when er</li></ul>   | ss than 3 days/ week) / Irregular (more than ngaging in physical activity?  | 3 days/ Week) Yes No  |
| <ul> <li>8. Hearing:</li> <li>a. Do you have history of hearing tro</li> <li>b. Do you experiences ringing in you</li> <li>c. Do you experience discharge from</li> <li>d. Have you ever been diagnosed w</li> </ul> | ur ears?<br>m your ears?  | Yes No Yes No Yes No Yes No   |
| 9. Musculo - Skeletal History  a. Neck: b. Back: c. Shoulder, Elbow, Writs, Hands d. Hips, Knees, Ankles, Legs   | Have you ever injured or experienced pain? If Yes; approximate date (MM/YYYY) Consulted a medical professional? Resulted in time of work? Surgery Required? Ongoing Problems? | Yes No Yes No Yes No Yes No Yes No  |

| 10. Function History   | hon                         | dling heavy objects?                                   | Yes No   |
|--|-----------------------------|--|--|
| - an dicco   | omfort when lifting or name | ulling (104.)  | Yes No   |
| 1 0 0010 \0  | Hell Suuatti S              |  | Yes No   |
| Do you have back pain w  | Hell lowards                | have your shoulder height?                             | Yes No   |
| d. Do you have pain or diffi   | culty when lifting objects  | above your shoulder height? owing for prolonged period | s (Please circle   |
| a. Bo you have pain whe  | n doing any of the foll     | owing for prolonged period                             |  |
| e. Do you have pain the appropriate response)  |                             | •Squat   | ing: Yes No  |
|  | •Kneeling: Y                | es No  |  |
| •Walking . Too   |                             | es No  |  |
| •Climbing . 163  | •Bending: Y                 | res No   | Yes No   |
| •Standing.   | working with hand tools?    | ?  | Yes No   |
|  |                             |  | Yes No   |
| <ul><li>g. Do you experience any</li><li>h. Do you have difficulty of</li></ul>  | perating computer instru    |  |  |
| h. Do you have difficulty of   | man lump                    |  | Julsc184   |
| B. CLINICAL EXAMINATION  | <b>:</b> 0                  |  | 29 183 mmhg  |
| WAS  | b. Weight 3                 | Blood Pressure   |  |
| a. Height 179  | a. Normal                   | b. Expanded  |  |
| Chest measurements:  | a. Norma.                   | Ear, Nose & Throat⊡                                    | Normal   |
| Waist Circumference  |                             | Respiratory System                                     | Normal   |
|  | Normal                      |  | Normal   |
| Skin   | Normal                      | Nervous System   | 10.001   |
| Vision   | Normal                      | Genito- urinary System                                 | Normal   |
| Circulatory System   | Normal                      | Colour Vision  | NOTTE  |
| Gastro-intestinal System   |                             |  | 14   |
| Discuss Particulars of Section B:-   |                             |  |  |
|  | TESTS :                     |  | Nomal  |
| C. REMARKS OF PATHOL   | Normal Normal               | ECG  |  |
| Chest X -ray   | IVOT IT OF                  | Urine routine  | Normal   |
| Complete Blood Count   | 13.9                        | Blood sugar  | F-88-9 P-117-0   |
| Serum cholesterol  | 807·1                       |  | 1.03   |
|  | Bipositiv                   | S.Creatinine   |  |
| Blood Group  D. CONCLUSION:  |                             | Any precautions sugge                                  | ested  |
| Any further investigations   | required                    | 7 Tily p   |  |
| Ally large   | No                          | No   |  |
|  |                             | 1  |  |
| E. FITNESS CERTIFICAT  | ION 🗆                       | to be suffering fi                                     | ept  |
| E. FIINESS CENTIFICATION above   | e named recruit does no     | ot appear to be suitching in                           | ont  |
|  | stitutional weakness        | or bodily informity exce                               | Lement in the Company.   |
| or otherwise, con  | L do not co                 | nsider this as disqualification                        | for employment in the Company.   |
|  |                             |  | Market State of the Control of the C |
|  | - Contagious                | s/Communicable disease                                 | )  |
| Candidate is   | free from Contagious        |  | Th   |
|  |                             |  | V  |
|  |                             |  | Signature of Medical Adviser   |
| and the second s |                             | - 0 LEADING AND  | CLAIM MALL DEM 11 SEC.   |
| Date:  |                             | Dr.S. MANIKAN  | DAN, M.D.,D:M:,(Cardin)  |
| Date :   | П<br>М,                     | Reg. No. 61785, C                                      | Consultant Cardiolog   |
| Date:  | 7                           | Reg.No: 61785, 0                                       | Consultant Cardiolog   |

Name : Mr. VASANTH M Register On : 23/03/2024 8:37 AM

Printed On : 25/03/2024 7:30 AM

Type : OP



| <u>Investigation</u>   | Observed Value            | <u>Unit</u>      | Biological Reference Interval   |
|--|---------------------------|------------------|---------------------------------|
| <b>IMMUNOHAEMATOLOGY</b>   |                           |                  |                                 |
| <b>BLOOD GROUPING AND Rh TYPING</b> (Blood /Agglutination)                       | 'B' 'Positive'            |                  |                                 |
| <b>HAEMATOLOGY</b>   |                           |                  |                                 |
| Complete Blood Count With - ESR  |                           |                  |                                 |
| Haemoglobin (Blood/Spectrophotometry)  | 13.9                      | g/dL             | 13.5 - 18.0                     |
| Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)               | 44.8                      | %                | 42 - 52                         |
| RBC Count (Blood/Impedance Variation)  | 4.71                      | mill/cu.mm       | 4.7 - 6.0                       |
| Mean Corpuscular Volume(MCV) (Blood/<br>Derived from Impedance)                  | 95                        | fL               | 78 - 100                        |
| Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)                 | 29.4                      | pg               | 27 - 32                         |
| Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)  | 30.9                      | g/dL             | 32 - 36                         |
| RDW-CV(Derived from Impedance)   | 12.7                      | %                | 11.5 - 16.0                     |
| RDW-SD(Derived from Impedance)   | 42.23                     | fL               | 39 - 46                         |
| Total Leukocyte Count (TC) (Blood/<br>Impedance Variation)                       | 6500                      | cells/cu.mm      | 4000 - 11000                    |
| <b>Neutrophils</b> (Blood/Impedance Variation & Flow Cytometry)                  | 51.1                      | %                | 40 - 75                         |
| <b>Lymphocytes</b> (Blood/Impedance Variation & Flow Cytometry)                  | 40.4                      | %                | 20 - 45                         |
| <b>Eosinophils</b> (Blood/Impedance Variation & Flow Cytometry)                  | 3.0                       | %                | 01 - 06                         |
| <b>Monocytes</b> (Blood/Impedance Variation & Flow Cytometry)                    | 5.3                       | %                | 01 - 10                         |
| <b>Basophils</b> (Blood/Impedance Variation & Flow Cytometry)                    | 0.2                       | %                | 00 - 02                         |
| <b>INTERPRETATION:</b> Tests done on Automated microscopically.                  | Five Part cell counter. A | ll abnormal resu | ults are reviewed and confirmed |
| Absolute Neutrophil count (Blood/<br>Impedance Variation & Flow Cytometry)       | 3.32                      | 10^3 / μΙ        | 1.5 - 6.6                       |
| Absolute Lymphocyte Count (Blood/<br>Impedance Variation & Flow Cytometry)       | 2.63                      | 10^3 / μΙ        | 1.5 - 3.5                       |
| Absolute Eosinophil Count (AEC) (Blood/<br>Impedance Variation & Flow Cytometry) | 0.20                      | 10^3 / μΙ        | 0.04 - 0.44                     |
| Absolute Monocyte Count (Blood/<br>Impedance Variation & Flow Cytometry)         | 0.34                      | 10^3 / μΙ        | < 1.0                           |



PID No.

SID No.

Ref. Dr

Age / Sex

: 36 Year(s) / Male

: MediWheel

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Dr.R.Lavanya MD

Consultant - Pathologist

Reg No: 90632

: Mr. VASANTH M Register On : 23/03/2024 8:37 AM

: MED122518618 Collection On : 23/03/2024 9:49 AM

: 624007408 Report On : 23/03/2024 4:46 PM : 36 Year(s) / Male : 25/03/2024 7:30 AM **Printed On** 

Ref. Dr : MediWheel

Type : OP



| <u>Investigation</u>  | Observed Value | <u>Unit</u> | <b>Biological Reference Interval</b>                         |
|---|----------------|-------------|--|
| <b>Absolute Basophil count</b> (Blood/Impedance Variation & Flow Cytometry) | 0.01           | 10^3 / μΙ   | < 0.2  |
| Platelet Count (Blood/Impedance Variation)                                  | 238            | 10^3 / μΙ   | 150 - 450  |
| MPV (Blood/Derived from Impedance)  | 8.6            | fL          | 7.9 - 13.7   |
| PCT(Automated Blood cell Counter)   | 0.20           | %           | 0.18 - 0.28  |
| ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)         | 18             | mm/hr       | < 15   |
| <b>BIOCHEMISTRY</b>   |                |             |  |
| BUN / Creatinine Ratio  | 15.8           |             |  |
| <b>Glucose Fasting (FBS)</b> (Plasma - F/GOD-PAP)                           | 88.9           | mg/dL       | Normal: < 100<br>Pre Diabetic: 100 - 125<br>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) | 117.0    | mg/dL | 70 - 140 |

#### **INTERPRETATION:**

Name

PID No.

SID No.

Age / Sex

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  |
|--|----------|-------|-----------|
| <b>Blood Urea Nitrogen (BUN)</b> (Serum/Urease UV / derived)   | 16.3     | mg/dL | 7.0 - 21  |
| Creatinine (Serum/Modified Jaffe)                              | 1.03     | mg/dL | 0.9 - 1.3 |
| Uric Acid (Serum/Enzymatic)                                    | 6.5      | mg/dL | 3.5 - 7.2 |
| Liver Function Test  |          |       |           |
| Bilirubin(Total) (Serum)                                       | 0.40     | mg/dL | 0.1 - 1.2 |
| <b>Bilirubin(Direct)</b> (Serum/Diazotized Sulfanilic Acid)    | 0.18     | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect) (Serum/Derived)                            | 0.22     | mg/dL | 0.1 - 1.0 |
| SGOT/AST (Aspartate Aminotransferase)<br>(Serum/Modified IFCC) | 20.6     | U/L   | 5 - 40    |
| SGPT/ALT (Alanine Aminotransferase)<br>(Serum)                 | 37.3     | U/L   | 5 - 41    |
| GGT(Gamma Glutamyl Transpeptidase)<br>(Serum/IFCC / Kinetic)   | 39.1     | U/L   | < 55      |



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: Mr. VASANTH M Register On : 23/03/2024 8:37 AM

Report On : 23/03/2024 4:46 PM

Age / Sex : 36 Year(s) / Male Printed On : 25/03/2024 7:30 AM

Ref. Dr : MediWheel Type : OP

Name

PID No.

SID No.

: 624007408



| <u>Investigation</u>                                 | Observed Value | <u>Unit</u> | <b>Biological Reference Interval</b>  |
|--|----------------|-------------|---|
| Alkaline Phosphatase (SAP) (Serum/<br>Modified IFCC) | 117.4          | U/L         | 53 - 128  |
| Total Protein (Serum/Biuret)                         | 7.32           | gm/dL       | 6.0 - 8.0   |
| Albumin (Serum/Bromocresol green)                    | 4.20           | gm/dL       | 3.5 - 5.2   |
| Globulin (Serum/Derived)                             | 3.12           | gm/dL       | 2.3 - 3.6   |
| A: GRATIO (Serum/Derived)                            | 1.35           |             | 1.1 - 2.2   |
| <u>Lipid Profile</u>                                 |                |             |   |
| Cholesterol Total (Serum/CHOD-PAP with ATCS)         | 207.1          | mg/dL       | Optimal: < 200<br>Borderline: 200 - 239<br>High Risk: >= 240                    |
| Triglycerides (Serum/GPO-PAP with ATCS)              | 237.2          | mg/dL       | Optimal: < 150<br>Borderline: 150 - 199<br>High: 200 - 499<br>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) | 38.4  | mg/dL | Optimal(Negative Risk Factor): >= 60<br>Borderline: 40 - 59<br>High Risk: < 40                                   |
|--|-------|-------|--|
| LDL Cholesterol (Serum/Calculated)       | 121.3 | mg/dL | Optimal: < 100<br>Above Optimal: 100 - 129<br>Borderline: 130 - 159<br>High: 160 - 189<br>Very High: >= 190      |
| VLDL Cholesterol (Serum/Calculated)      | 47.4  | mg/dL | < 30   |
| Non HDL Cholesterol (Serum/Calculated)   | 168.7 | mg/dL | Optimal: < 130<br>Above Optimal: 130 - 159<br>Borderline High: 160 - 189<br>High: 190 - 219<br>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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Dr.R.Lavanya MD
Consultant - Pathologist
Reg No: 90632

: Mr. VASANTH M Register On : 23/03/2024 8:37 AM

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Age / Sex : 36 Year(s) / Male Printed On : 25/03/2024 7:30 AM

Ref. Dr : MediWheel Type : OP



| <u>Investigation</u>   | Observed Value | <u>Unit</u> | Biological Reference Interval  |
|--|----------------|-------------|--|
| Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)     | 5.4            |             | Optimal: < 3.3<br>Low Risk: 3.4 - 4.4<br>Average Risk: 4.5 - 7.1<br>Moderate Risk: 7.2 - 11.0<br>High Risk: > 11.0 |
| Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated) | 6.2            |             | Optimal: < 2.5<br>Mild to moderate risk: 2.5 - 5.0<br>High Risk: > 5.0   |
| LDL/HDL Cholesterol Ratio (Serum/<br>Calculated)               | 3.2            |             | Optimal: 0.5 - 3.0<br>Borderline: 3.1 - 6.0<br>High Risk: > 6.0  |
| Glycosylated Haemoglobin (HbA1c)                               |                |             |  |
| <b>HbA1C</b> (Whole Blood/Ion exchange HPLC by D10)            | 5.2            | %           | Normal: 4.5 - 5.6<br>Prediabetes: 5.7 - 6.4<br>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) 102.54 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/ 0.89 ng/mL 0.7 - 2.04

Chemiluminescent Immunometric Assay (CLIA))

(CLIA))

Name

PID No.

SID No.

#### 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/ 6.99 μg/dL 4.2 - 12.0

Chemiluminescent Immunometric Assay

(CLIA))

#### 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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Dr.R.Lavanya MD

Consultant - Pathologist

Reg No: 90632

Name : Mr. VASANTH M PID No. : MED122518618

SID No. : 624007408

Age / Sex : 36 Year(s) / Male

Ref. Dr : MediWheel Register On : 23/03/2024 8:37 AM

Collection On : 23/03/2024 9:49 AM Report On : 23/03/2024 4:46 PM

**Printed On** : 25/03/2024 7:30 AM

Type : OP



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

TSH (Thyroid Stimulating Hormone) (Serum 6.46 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 & amplt; 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) Yellow Yellow to Amber Appearance (Urine) Clear Clear Protein (Urine) Negative Negative Glucose (Urine) Negative Negative Pus Cells (Urine) 2-3 /hpf NIL NIL Epithelial Cells (Urine) 1-2 /hpf RBCs (Urine) Nil /hpf NIL

-- End of Report --



×

Consultant - Pathologist Reg No: 90632

| Name               | MR.VASANTH M | ID         | MED122518618 |
|--------------------|--------------|------------|--------------|
| Age & Gender       | 36Y/MALE     | Visit Date | 23 Mar 2024  |
| Ref Doctor<br>Name | MediWheel    |            |              |



#### Thanks for your reference

## ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.6cm LVID s ... 2.7cm EF ... 70% IVS d ...0.6cm IVS s ... 0.7cm LVPW d ... 0.9cm LVPW s ... 1.0cm ... 2.9cm LA AO ... 3.0cm TAPSE ... 22mm IVC ... 0.9cm

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: 0.84m/s A: 0.57m/s

| Name               | MR.VASANTH M | ID         | MED122518618 |
|--------------------|--------------|------------|--------------|
| Age & Gender       | 36Y/MALE     | Visit Date | 23 Mar 2024  |
| Ref Doctor<br>Name | MediWheel    |            |              |



E/A Ratio: 1.47 E/E: 10.58

Aortic valve: AV Jet velocity: 1.34 m/s

Tricuspid valve: TV Jet velocity: 2.33 m/s TRPG: 21.77mmHg.

Pulmonary valve: PV Jet velocity: 0.99m/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.VASANTH M | ID         | MED122518618 |
|--------------------|--------------|------------|--------------|
| Age & Gender       | 36Y/MALE     | Visit Date | 23 Mar 2024  |
| Ref Doctor<br>Name | MediWheel    |            |              |



| Name               | MR.VASANTH M | ID         | MED122518618 |
|--------------------|--------------|------------|--------------|
| Age & Gender       | 36Y/MALE     | Visit Date | 23 Mar 2024  |
| Ref Doctor<br>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 normal sized and smooth walled and co ntains 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 10.3 x 4.4 cm. Normal architecture.

The collecting system is not dilated.

The left kidney measures 11.1 x 6.2 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.

| Name               | MR.VASANTH M | ID         | MED122518618 |
|--------------------|--------------|------------|--------------|
| Age & Gender       | 36Y/MALE     | Visit Date | 23 Mar 2024  |
| Ref Doctor<br>Name | MediWheel    |            |              |



Prostate: The prostate measures 4.8 x 2.6 x 2.5 cm and is normal sized.

Corresponds to a weight of about 16.46 gms.

The echotexture is homogeneous. The seminal vesicles are normal.

There is no free or loculated peritoneal fluid. No para aortic lymphadenopathy is seen.

## **IMPRESSION**

No significant abnormality.

DR.A. SUJA RAJAN., DMRD, DNB Consultant Radiologist Reg. No.106909.



| Name         | Mr. VASANTH M | ID         | MED122518618       |
|--------------|---------------|------------|--------------------|
| Age & Gender | 36Y/M         | Visit Date | Mar 23 2024 8:37AM |
| Ref Doctor   | MediWheel     |            |                    |

Thanks for your reference

## **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. NOSIGNIFICANABNORMALITIMEMONSTRATED.

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