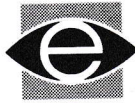


VASANTH M 36 M MED122518618 TEN92278663844 M RT 3/23/2024

MEDALL DIAGNOSTICS

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 Niranjana 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. 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: 23/3/24

Eye Fitness Certificate

This is to certify that Mr/Mrs/Ms Naranth. M, Age 36,

Male/Female, our MRNO 13045847

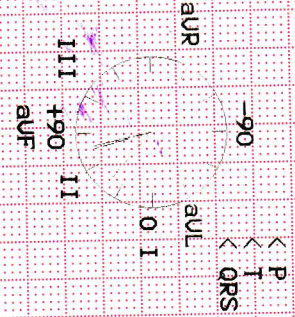
	OD	OS
Visual Acuity	6/6	6/6
Near Vision	N6	N6
Colour Vision	Normal	Normal
B.S.V	Present	Present
Central Fields	Normal	Normal
Anterior Segment	Normal	Normal
Fundus	Normal	Normal

Medical Consultant,
 The Eye Foundation,
 Tirunelveli.

MOHAMED FAIZAL MBBS, DD, FAEM,
 Medical Superintendent
 Reg.No. 85747
 THE EYE FOUNDATION
 Tirunelveli

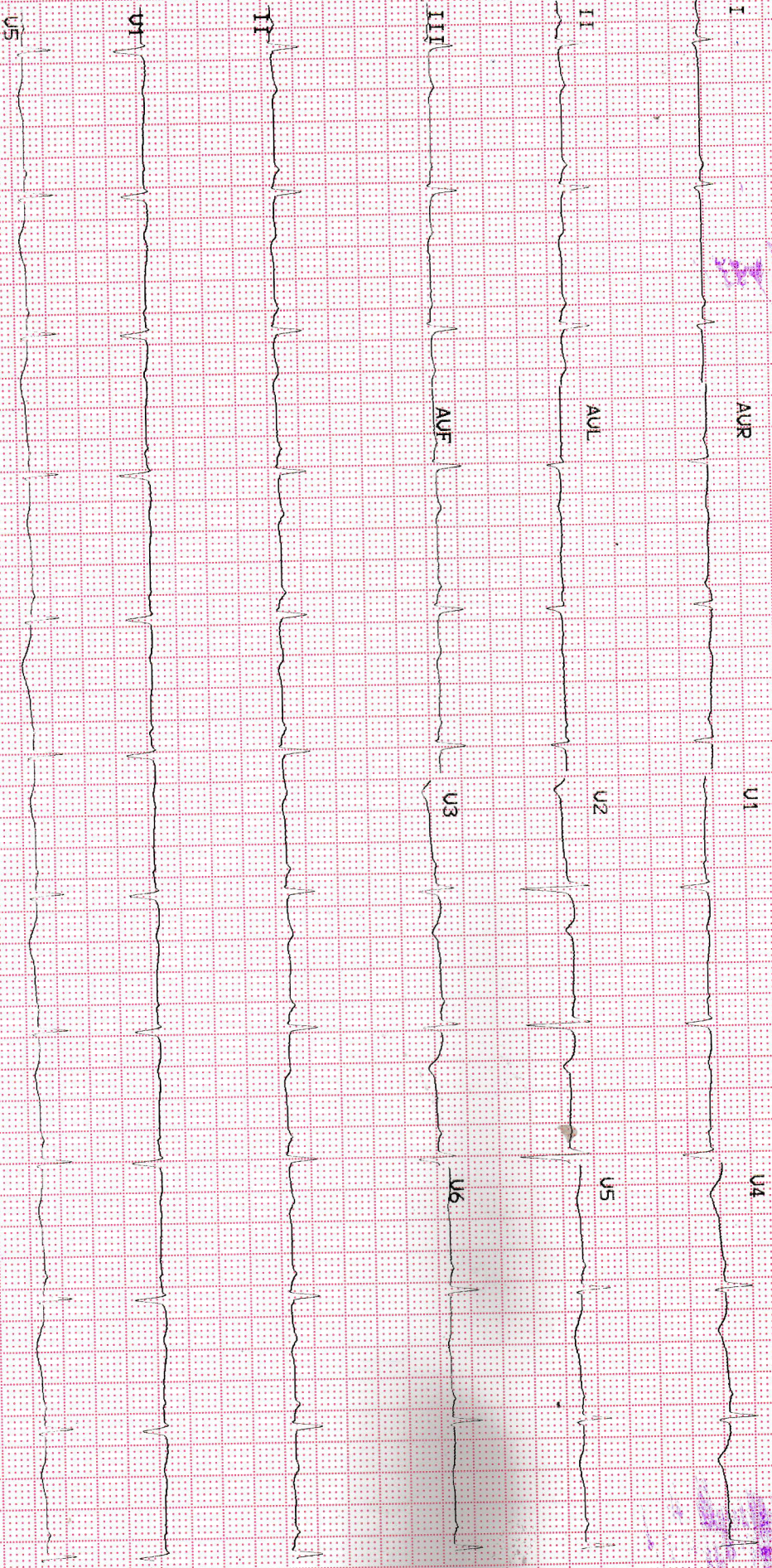
Measurement Results:

QRS 92 ms
QT/QTcB 392 / 414 ms
PR 160 ms
P 112 ms
RR/PP 882 / 895 ms
P/QRS/T 42 / 77 / 74 degrees



Interpretation:
12SL - Interpretation:
Normal sinus rhythm
ST & T wave abnormality; consider anterolateral ischemia
Abnormal ECG

Unconfirmed report



10. Function History

- a. Do you have pain or discomfort when lifting or handling heavy objects?
- b. Do you have knee pain when squatting or kneeling?
- c. Do you have back pain when forwarding or twisting?
- d. Do you have pain or difficulty when lifting objects above your shoulder height?
- e. Do you have pain when doing any of the following for prolonged periods (Please circle appropriate response)

Yes No

Yes No

Yes No

Yes No

- 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?
- g. Do you experience any difficulty operating machinery?
- h. Do you have difficulty operating computer instrument?

Yes No

Yes No

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

Signature of Medical Adviser

Date : _____

M. Varadachari

Dr.S. MANIKANDAN, M.D.,D.M.,(Card)
 Reg.No: 61785, Consultant Cardiologist
 Medall Diagnostics
 Tirunelveli - 3

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



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.01	10 ³ / μl	< 0.2
Platelet Count (Blood/Impedance Variation)	238	10 ³ / μl	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

BIOCHEMISTRY

BUN / Creatinine Ratio	15.8		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	88.9	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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	117.0	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)	16.3	mg/dL	7.0 - 21
--	------	-------	----------

Creatinine (Serum/Modified Jaffe)	1.03	mg/dL	0.9 - 1.3
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Uric Acid (Serum/Enzymatic)	6.5	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum)	0.40	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (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) (Serum/Modified IFCC)	20.6	U/L	5 - 40
---	------	-----	--------

SGPT/ALT (Alanine Aminotransferase) (Serum)	37.3	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	39.1	U/L	< 55
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R. Lavanya
 Dr.R.Lavanya MD
 Consultant - Pathologist
 Reg No: 90632

Name : Mr. VASANTH M
PID No. : MED122518618
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Ref. Dr : MediWheel

Register On : 23/03/2024 8:37 AM
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Report On : 23/03/2024 4:46 PM
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Type : OP




<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Alkaline Phosphatase (SAP) (Serum/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 : G RATIO (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 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	237.2	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)	38.4	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	121.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	47.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	168.7	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.




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

Name : Mr. VASANTH M
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.4		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)	6.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	3.2		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)	5.2	%	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) 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/ Chemiluminescent Immunometric Assay (CLIA))	0.89	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))	6.99	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.



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

Name	MR.VASANTH M	ID	MED122518618
Age & Gender	36Y/MALE	Visit Date	23 Mar 2024
Ref Doctor 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
LA ... 2.9cm
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 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.

A handwritten signature in blue ink, appearing to read "Mani", on a light-colored background.

Dr. S.MANIKANDANMD.DM.(Cardio)
Cardiologist

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



Name	MR.VASANTH M	ID	MED122518618
Age & Gender	36Y/MALE	Visit Date	23 Mar 2024
Ref Doctor 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 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 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 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		

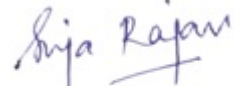
Thanks for your reference

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. NOSIGNIFICANTBNORMALITDEMONSTRATED.



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