



Balaji Medical Centre

An ISO 9001 : 2015 Accredited Organization

✉: info@balajimedicalcentre.com / dr@balajimedicalcentre.com

CHENNAI : Old No.18, New No.4, Jagadeeswaran Street, T.Nagar, Chennai - 600 017. INDIA. ☎: +91 044-2436 4651 / 52 / 53
 No.38, Manikodi Srinivasan Nagar Main Road, Rajiv Gandhi Salai, Perungudi, Chennai - 600 096. INDIA. ☎: +91 044-2986 5513 / 14
TUTICORIN : Plot No.51, Door No.20/10, Roche Colony, South Beach Road, Tuticorin - 628 001. INDIA. ☎: +91 0461-2332719 / 20
KOCHI : No.42, / 1898, Old Railway Station Road, Ernakulam North, Kochi - 682 018. INDIA. ☎: +91 0484-2395006 / 07 / 08
VIZAG : Door No.39-11-63/4-1, Murali Nagar, Visakhapatnam, Andhra Pradesh - 530 007. INDIA. ☎: +91 0891-2710299 / 399
MANGALORE : Shop No.5, Door No.1-65/31, Kulur-Kavoor, Airport Road, Vivek Nagar, Panjimogaru, Mangalore - 575 013. INDIA. ☎: +91 0824-2972719 / 20



Patient : **Mr. NANDINI V S**
 Age / Sex : 30 Y / Male DOB : 21-08-1993
 Referrer : INSURANCE
 Branch : BMC-KOCHI

SID No. : 03001877
 Coll Date & Time : 13/01/2024 10:02:33
 Report Date & Time : 13/01/2024 11:57:28

TEST NAME	RESULT	REFERENCE RANGE	UNITS	METHOD
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BIOCHEMISTRY

GLUCOSE, FASTING Specimen: Fluoride plasma	102	Normal : 70 - 110 Impaired Fasting Glucose : 110 - 125 High : > 126	mg/dL	Hexokinase
UREA Specimen: Serum	19.0	13 - 43	mg/dL	EIA
BUN (BLOOD UREA NITROGEN) Specimen: Serum	9.5	6.0 - 20.0	mg/dL	EIA
CREATININE Specimen: Serum	0.80	0.70 - 1.20	mg/dL	Jaffe Without Compensation
URIC ACID Specimen: Serum	4.9	3.5 - 7.2	mg/dL	Uricase-PAP
CALCIUM Specimen: Serum	9.8	8.8 - 10.6	mg/dL	Arsenazo III
TOTAL PROTEIN Specimen: Serum	7.8	6.0 - 8.3	g/dL	Biuret
BILIRUBIN DIRECT Specimen: Serum	0.10	<0.4	mg/dL	DCA

“HEALTHIER MARINERS TOWARDS A WEALTHIER NATION”



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TEST NAME	RESULT	REFERENCE RANGE	UNITS	METHOD
BILIRUBIN INDIRECT Specimen: Serum	0.90	0.2 - 1.00	mg/dL	Calculation
BILIRUBIN TOTAL Specimen: Serum	1.00	0.3 - 1.2	mg/dL	DCA
ALBUMIN Specimen: Serum	4.1	3.5 - 5.2	g/dL	BCG
GLOBULIN	3.5	2.5 - 3.5	g/dL	
SGOT (AST) Specimen: Serum	33	<50	U/L	IFCC
SGPT (ALT) Specimen: Serum	34	<50	U/L	IFCC
ALKALINE PHOSPHATASE Specimen: Serum	63	30 - 150	U/L	IFCC
A/G RATIO Specimen: Serum	1.2	1.2 - 2.2		
GAMMA GT Specimen: Serum	30	9 - 52	IU/L	IFCC

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TOTAL CHOLESTEROL Specimen: Serum	185	Desirable : < 200 Borderline High : 200 - 239 High : > 240	mg/dL	CHOD-PAP
TRIGLYCERIDES Specimen: Serum	95	Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : > 500	mg/dL	Lipase/Glycerol kinase
HDL CHOLESTEROL Specimen: Serum	44	40 - 60	mg/dL	Direct Immuno Inhibition
LDL-CHOLESTEROL Specimen: Serum	122	Optimal : < 100 Near Optimal : 100 - 129 Borderline high : > 130 High risk > 160	mg/dL	Calculation
VLDL CHOLESTEROL Specimen: Serum	19	Upto 30	mg/dL	Calculation

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IMMUNOASSAY

THYROID FUNCTION TEST

T3 TOTAL Specimen: Serum	71.0	70 - 204	ng/dL	CLIA
T4 TOTAL Specimen: Serum	4.90	4.82 - 15.65	µg/dL	CLIA
THYROID STIMULATING HORMONE (TSH) Specimen: Serum	0.400	0.38 - 5.33	µIU/mL	CLIA

HAEMATOLOGY

BLOOD GROUP & RH FACTOR

Specimen: EDTA Whole Blood

BLOOD GROUP	A			Slide agglutination
Rh FACTOR	Positive			

ESR(Erythrocyte Sedimentation Rate) Specimen: EDTA Whole Blood	07	1 - 15	mm/hr	Westergren
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COMPLETE BLOOD COUNT

HAEMOGLOBIN Specimen: EDTA Whole Blood	13.2	13.5-18	g/dL	Electrical Impedence
RBC COUNT Specimen: EDTA Whole Blood	4.90	4.7-6.0	million cells/cumm	Electrical Impedence

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TEST NAME	RESULT	REFERENCE RANGE	UNITS	METHOD
PCV Specimen: EDTA Whole Blood	43.3	42 - 52	%	Electrical Impedence
MCV(Mean Cell Volume) Specimen: EDTA Whole Blood	79.0	78 - 100	fL	Electrical Impedence
MCH Specimen: EDTA Whole Blood	28.3	27 - 31	pg	Electrical Impedence
MCHC Specimen: EDTA Whole Blood	33.0	32 - 36	g/dL	Electrical Impedence
RDW(Red Cell Distribution Width) Specimen: EDTA Whole Blood	12.5	11.5 - 14	%	Electrical Impedence
TOTAL WBC COUNT Specimen: EDTA Whole Blood	7300	4000-10500	cells/cumm	Electrical Impedence
PLATELET COUNT Specimen: EDTA Whole Blood	2.00	1.50-4.50	lakhs/cumm	Electrical Impedence
MPV Specimen: EDTA Whole Blood	6.2	6-9.5	fL	Electrical Impedence
PDW(Platelet Distribution Width) Specimen: EDTA Whole Blood	16.0	9-17	%	Electrical Impedence
DIFFERENTIAL COUNT Specimen: EDTA Whole Blood				
NEUTROPHIL	49.0	40-80	%	Microscopy
LYMPHOCYTE	37.0	20-40	%	Microscopy
EOSINOPHIL	5.0	1 - 6	%	Microscopy
MONOCYTE	8.0	2 - 10	%	Microscopy
BASOPHIL	1.0	< 2	%	Microscopy

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DIFFERENTIAL COUNT Specimen: EDTA Whole Blood				
ABSOLUTE NEUTROPHIL	3577	2000 - 7000	cells/cumm	
ABSOLUTE LYMPHOCYTE	2701	1000 - 4000	cells/cumm	
ABSOLUTE EOSINOPHIL	365	20 - 500	cells/cumm	
ABSOLUTE MONOCYTE	584	200 - 1000	cells/cumm	
ABSOLUTE BASOPHIL	73	20 - 100	cells/cumm	

CLINICAL PATHOLOGY

URINE ROUTINE ANALYSIS

Specimen: Urine

Colour	Pale yellow	Pale yellow		
Appearance	Clear	Clear		
Glucose	Negative			Dipstick, Automated
Bilirubin	Negative			Dipstick, Automated
Ketone	Negative		/HPF	Microscopy
Specific gravity	1.020	Nil	/HPF	Microscopy
Blood	Nil	Nil	/HPF	Microscopy
pH	6.0	4 - 8		
Protein	Negative			
Urobilinogen	Normal	Normal		

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URINE ROUTINE ANALYSIS

Specimen: Urine

Nitrite	Negative	Negative		
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URINE DEPOSIT

Specimen: Urine

Crystals	Absent			
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Epithelial Cells	1-2			
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Pus Cells	1-2			
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RBC	Nil			
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URINE BILE SALT

Specimen: Urine

Negative		Dipstick, Automated
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URINE BILE PIGMENT

Specimen: Urine

Negative		Dipstick, Automated
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URINE CAST

Specimen: Urine

Nil		Dipstick, Automated
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Dr. Rajendran Vellachalil Kunjan (Reg No.15123)

Approval No.: KRL/KCH/23/2022

----- End of the Report -----

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- KAKINADA** : 70-17-15/1, RR Nagar, Road No.2, Kakinada, Andhra Pradesh -533003.INDIA ☎ : 0884-2345555, 0884-3500132.

PHYSICAL EXAMINATION

Date Of Exam : 13/01/2024 REG. NO: KO24010000416

Name : Ms. NANDINI V.S (30/ Female)

Type Of Exam : PHYSICAL

Reference : BANK OF BARODA

The doctor has examined this client at Balaji Medical Centre for updated Physical examination and found the following.

Blood Pressure : 110/70mmHg
Pulse : 70/mt
Respiration Rate : 18/mt
Height : 154Cms
Weight : 91.2 Kgs
BMI : 38.5 Kg/m²


Dr. RAJENDRAN VELLACHALIL KUNJAN
Reg. No.:15123
Approval No.:KRL / KCH / 23 / 2022

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Reg. No: KO24010000416

Date: 13/01/2024

MEDICAL FITNESS CERTIFICATE

This is to certify that I have examined, Ms. NANDINI V.S
Who is found to be medically **FIT**. She is not found to be suffering from any
contagious disease or ailment. She is **FIT** to perform her duty.


Dr. RAJENDRAN VEERACHALIL KUNJAN
Reg. No.:15123
Approval No.:KRL / KCH / 23 / 2022

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Reg. No: KO24010000416

ECG REPORT

Date: 13/01/2024

Name : Ms. NANDINI V.S
Age : 30yrs
Sex : Female
Ref : BANK OF BARODA

Impression : WITHIN NORMAL LIMIT


Dr. RAJENDRA VELLACHALIL KUNJAN
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Reg. No: KO24010000416

DIGITAL RADIOGRAPH - CHEST PA VIEW

Date: 13/01/2024

Name : Ms.NANDINI V.S
Age : 30yrs
Sex : Female
Ref : BANK OF BARODA

The cardiomedastinal silhouette is normal.

The lungs are well inflated. No focal mass lesion, lobar collapse or consolidation is seen. No pleural effusion is detected.

The soft tissues and bones appear unremarkable.

Conclusion:

- Normal chest radiograph.

Dr. RAJENDRAN VELACHALIL KUNJAN
Reg. No.: 15123
Approval No.: KRL / KCH / 23 / 2022

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REG NO: **KO24010000416**

LABORATORY REPORT

Name : Ms NANDINI V S Date : 13/01/2024
Age : 30 yrs Sex : Female
Ref : BANK OF BARODA

<u>Tests</u>	<u>Value/Results</u>	<u>Units</u>	<u>Reference Interval</u>
PERIPHERAL SMEAR EXAMINATION			
RED BLOOD CELL MORPHOLOGY	: NORMAL		
W B C MORPHOLOGY	: NORMAL		
PLATELET MORPHOLOGY	: NORMAL		


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Reg. No: KO24010000416

LABORATORY REPORT

Name : Ms NANDINI V S
Age : 30Yrs
Reference: BANK OF BARODA

Date: 13/01/2024
Sex: Female

BIOCHEMISTRY

Investigation	Observed value	unit	biological reference interval
HbA1c-Glycated Haemoglobin (HPLC)	5.2	%	non-diabetic: ≤ 5.6 pre-diabetic: 5.7-6.4 Diabetic : ≥ 6.5
Estimated Average glucose (e AG)	102.54	mg/dl	

INTERPRETATION & REMARK:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG)
 - HbA1c has been endorsed by clinical group & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
 - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 - Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
 - To estimate the eAG from the HbA1c value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
 - Interference of hemoglobinopathies in HbA1c estimation.
 - for HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
 - Heterozygous state detected (D10/turbo is corrected for HbS & HbC trait)
 - In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent control - 6 to 7%, fair to good control - 7 to 8%, unsatisfactory control - 8 to 10% and poor control - More than 10%
- NOTE : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

---End of report---

Dr. RAJENDRAN VELLACHALI KUNJAN

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LABORATORY REPORT

Name : Ms NANDINI V S Reg. No. KO24010000416
Date : 13/01/2024

Age : 30 Yrs Sex : Female

Reference : BANK OF BARODA

<u>Tests</u>	<u>Value/Results</u>	<u>Units</u>	<u>Reference Interval</u>
<u>BIOCHEMISTRY</u>			
Glucose(PP)	130	mg/dL	120-140


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 Name : MS.NARDINI V S Date : 13-01-2024

Age : 30 YRS

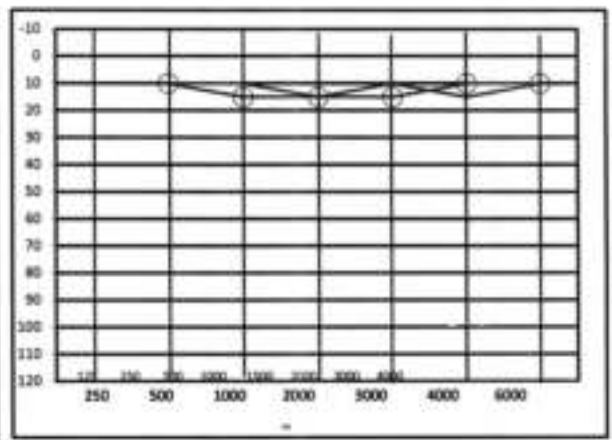
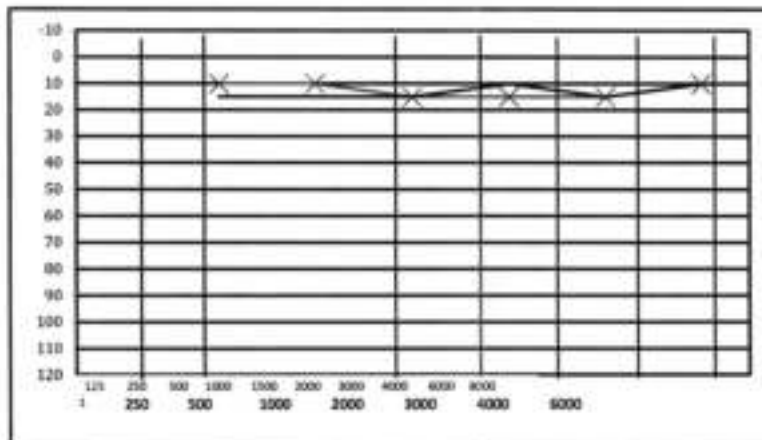
Ref : BANK OF BARODA



LEFT

RIGHT

Hearing Threshold in db



Hearing Threshold in db

Frequency in Hz.

Frequency in Hz.

HEAR	Air Condition		Bone Condition		Colour Code
	Masked	Un Masked	Masked	Un Masked	
LEFT	△	X		<	Blue
RIGHT	□	○		>	Red

NO: RESPONSE: Add below the respective symbols

Threshold in db	LEFT	RIGHT
AIR CONDUCTION		
BONE CONDUCTION		

Testing equipment: Graphic Audiometer

AUDIOMETRIC INTERPRETATION

NORMAL AUDIOMETRY

Dr. RAJENDRAN VELLACHALIL KUNJAN
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REG.NO: KO24010000416

Name: Ms. NANDINI V.S

Date: 13/01/2024

Reference : BANK OF BARODA

OPHTHALMIC REPORT

	RIGHT	LEFT
Distant Vision:	6/36	6/36
With Glass:	6/6	6/6
Near Vision:	N/5	N/5
Colour Vision:	Normal	Normal
Anterior Segment:	Normal	Normal
Intra Ocular Pressure:	Normal	Normal
Fundus :	Normal	Normal

Dr. RAJENDRAN V. LACHALIL KUNJAN
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Patient Id	KO24010000416	Study Date	13-01-2024
Name	NANDINI V.S	Description	Female-Whole Abdomen
Age/Sex	30/FEMALE	Ref.Doctor	DR.A.H.BALAJI

Real time B-mode ultrasonography of Abdomen, KUB, Uterus and Ovaries done.

Abdomen

Liver Filled with homogeneous parenchymal echoes. No abscess or mass lesion in the liver. Gallbladder walls appeared normal. No calculi seen in the gallbladder. Common duct appeared normal. No calculi seen in the common duct.
Pancreas appeared normal. Spleen appeared normal.
Aorta appeared normal. No free fluid in the peritoneal cavity.
No Para aortic lymphadenopathy. Adrenal glands appeared normal.

KUB

Cortex and collecting system of both kidneys appeared normal. No calculi seen. Right Kidney measured 11.3 X 4.6 cms. Left Kidney measured 9.1 X 4.6cms. Both ureters appeared normal. No dilatation seen.
Bladder appeared normal. Postvoid showed satisfactory emptying of bladder. (Volume = 32 ml)

Pelvis

Trans abdominal sonography of the pelvis done. Normal appearing uterus with homogenous myometrial echoes. Cavity echo appeared normal.

Right Ovary appeared normal. Left Ovary appeared normal.

Both adnexae appeared normal.

Impression

- NORMAL APPEARING LIVER, GALLBLADDER, COMMON DUCT, PANCREAS, SPLEEN, AORTA, BOTH KIDNEYS, BLADDER, UTERUS, BOTH OVARIES.

Dr. RAJENDRAN V. S. CHALIL KUNJAN

Reg. No.:15123

Approval No.:KRL / KCH / 23 / 2022

“HEALTHIER MARINERS TOWARDS A WEALTHIER NATION”

Balaji Medical Centre Kochi

Address: No.66/2345A, Veekshnam Road, Emakulam Kochi - 682018 82018 Kerala India

Echocardiography Report

PATIENT NAME V.S NANDINI	AGE 30 yrs	HEIGHT NA	WEIGHT NA	BSA NA	DATE TIME 2024/01/13 17:21
PATIENT ID K02401000416	GENDER Female	REFERRING PHYSICIAN NA	REPORTED BY DR. JEEVARATHINAM, N		

PROCEDURE

An ECHO exam was performed including 2D, M-mode, Spectral, Color-flow.

SUMMARY

Normal chambers size and shape
Normal LV systolic function (LVEF - 64%)
No regional wall motion abnormality seen at rest
LV diastolic function - normal filling pattern
Normal valves
No e/o intracardiac clot / vegetation / pericardial effusion
Limited echo study

LEFT VENTRICLE

Measurement	Value	Reference	Measurement	Value	Reference
Systolic Function			Dimensions		
LVEF MOD A4C (%)	64.66	(74-54)	LVIDd (cm)	3.98	(3.8-5.2)
%FS (%)	29.40	(>25)	LVIDs (cm)	2.81	(2.2-3.5)
SV MOD A4C (ml)	69.66	(57-117)	IVSd (cm)	0.89	(0.6-0.9)
LVEDV MOD A4C (ml)	107.74	(46-106)	LVPWd (cm)	0.80	(0.6-0.9)
LVESV MOD A4C (ml)	38.08	(14-42)	LVd Mass (g)	99.81	(67-162)
Diastolic Function			RWT	0.40	(0.22-0.42)
MV E Vel (m/s)	0.79	(0.6-0.8)	LV Area		
MV A Vel (m/s)	0.36	(0.2-0.35)	LV FAC A4C (%)	48.71	(>25)
MV E/A Ratio	2.19	(>=0.8)	LVAd A4C (cm ²)	30.92	(-)
			LVAAs A4C (cm ²)	15.86	(-)

LEFT ATRIUM

Measurement	Value	Reference
LA Diam (cm)	3.41	(2.7-3.8)
LA/Ao	1.26	(<1.3)

AORTIC VALVE & AORTA

Measurement	Value	Reference
AV Outflow		
AV Vmax (m/s)	0.81	(<2.6)
AV maxPG (mmHg)	2.62	(<30)
LVOT/ Aorta		
Ao Diam (cm)	2.71	(<3.7)
Ao/LA	0.87	(-)

PULMONARY VALVE AND PULMONARY ARTERY

Measurement	Value	Reference
Pulmonary Outflow		
PV Vmax (m/s)	1.01	(-)
PV maxPG (mmHg)	4.08	(<36)

OBSERVATIONS :

Left Ventricle	Size - Left ventricle normal in size LV geometry - Normal LV geometry Systolic function - LV systolic function - normal Regional wall motion - No regional wall motion abnormality Diastolic function - LV diastolic function - normal filling pattern
Left Atrium	Size - Normal left atrium size
Right Atrium	Size - Normal right atrium size
Right Ventricle	Size - Normal right ventricular size Systolic function - Right ventricular systolic function - normal
Aortic Valve	Regurgitation - No aortic regurgitation
Mitral Valve	Regurgitation - No mitral regurgitation
Tricuspid Valve	Regurgitation - Trivial tricuspid regurgitation
Pulmonic Valve	Regurgitation - No pulmonic regurgitation
Pericardium	Effusion - No pericardial effusion
Inter Ventricular Septum	IVS - Intact interventricular septum
Inter Atrial Septum	IAS - Intact, thinned at fossa ovalis
Pulmonary Hypertension	Probability - Low probability of pulmonary hypertension

Disclaimer: This report is generated based on the review of Echocardiography images transmitted and does not consider the patient's current symptoms or medical history. The quality or accuracy of the report is dependent on the quality and accuracy of the Echo images transmitted. The report is not meant or valid for any medico legal purposes.



Reported By:
DR. JEEVARATHINAM. N
Clinical Cardiologist

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GOVERNMENT OF INDIA 

 **Nandini V S**
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FEMALE
Mobile No: 9947052882
VID : 9129 1885 7854 3438



7979 2757 1923

Aadhaar - Aam Aadmi ka Adhikar

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