Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroleum Development Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	Shajahan Kaat
Forenames	Kadeeja
Address	
Home telephone number	78472491

Place of examination	Date 20/11/2023		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 24/5/1977	Nationality: Indian	Country of birth: Indian	Religion: Hindu
☐ Male ☐ Female	☐ Married ☐ Single ☐ Separated /Divorced	Relationship to employee ☐ Wife ☐ Son ☐ Daughter	Number of children:

Reason for examination: Pre-Employment ☐ Job: Pre-Overseas ☐ Area:

Name and address of family doctor	List your last 3 jobs (1) (2)
Are you a Registered Disabled Person? (UK only) ☐	Do you belong to any Medical Insurance Scheme? ☐

DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments)

	Y	N		Y	N		Y	N
1. Sinus trouble		✓	21. Cancer		✓	HAVE YOU EVER BEEN:-		
2. Neck swelling/glands		✓	22. Heart Disease		✓	40. Rejected for employment or insurance for medical reasons		✓
3. Difficulty in vision		✓	23. Rheumatic fever		✓			
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	41. Awarded benefits for industrial injury/illness		✓
5. Asthma/bronchitis		✓	25. High blood preasure		✓			
6. Hayfever /other significant allergy		✓	26. Stroke		✓	42. Treated for a mental condition e.g. depression		✓
7. Any skin trouble		✓	27. Serious chest pain		✓			
8. Tuberculosis		✓	28. Any blood disease		✓	43. Treated for problem drinking or drug abuse		✓
9. Shortness of breath		✓	29. Kidney disease		✓			
10. Coughed/vomited blood		✓	30. Blood in urine		✓	44. Exposed to toxic substance or noise		✓
11. Severe abdominal pain		✓	31. Diabetes		✓			
12. Stomach ulcer		✓	32. Headaches/migraine		✓	FOR WOMEN ONLY		✓
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓	Have you ever had:-		
14. Jaundice or hepatitis		✓	34. Epilepsy		✓	45. An abnormal smear		
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓	46. Any gynaecological treatment		
16. Marked change in bowel habits		✓	36. Surgical operation		✓			
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓	47. Are you pregnant?		
18. Marked change in weight		✓	38. Tropical disease		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
19. Varicose veins		✓	39. Fear of heights		✓			
20. Lump in breast/armpit		✓						

How much tobacco each day? 1/2 | Average daily alcohol consumption

Have you ever taken elicited drugs? ( ) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes ( ) Tuberculosis ( ) Epilepsy ( ) Asthma ( ) Eczema ( )
Heart disease ( ) High blood pressure ( ) Stroke ( ) Blood Disease ( ) Cancer ( )

PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-

I declared these statements to be true to the best of my knowledge and belief and I agree that the result of this medical examination in general terms may be revealed to the Company if required, and the details sent to my own doctor if this is considered necessary by the examining medical officer. I am also aware that PDO reserve the right to dismiss me if it was found that I have purposely withheld important medical information.

Date: 20/11/2023 Signature of Applicant:

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
✓		1. Eyes & Pupils	
✓		2. E.N.T.	
✓		3. Teeth & Mouth	
✓		4. Lungs & Chest	
✓		5. Cardiovascular System	
✓		6. Abdo. Viscera	
✓		7. Hernial Orifices	
✓		8. Anus & Rectum	
✓		9. Genito-urinary	
✓		10. Extremities	
✓		11. Musculo-skeletal	
✓		12. Skin & Varicose Vns.	
✓		13. C.N.S	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE /mins.	HEARING L / R	VISION	DISTANT R	DISTANT L	NEAR R	NEAR L	Colour Vision	Blood Group
163	71	26.6	130/88	80.		Uncorrected	6/6		6/6			
						Corrected						

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalyses	✓		7. Audiogram
✓		2. Hb. Bloodcount, ESR			8. Lung Function
✓		3. LFT, RFT, RBS	✓		9. Chest X-Ray
		4. Drug Screen		✓	10. ECG
✓		5. Lipids (40 years +)	✓		11. CVS risk for 40 yrs. & above
✓		6. Sickle Cell test	✓		12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

ECG changes shows of ? old MI, Troponin T is normal.
Advised to consult cardiologist for further evaluation & stress.

ASSESSMENT:

☑ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT

Date 20/11/2023 Name (Block Capitals): Dr. / Nurse [illegible] Signature

REVIEW/CONSULTATION

Date Name (Block Capitals): Dr. / Nurse Signature

Appendix 18: Fitness to Work Certificate

Employee Data			Date 29/11/2023
Name Shajahan Kandi			Department/Company
I.D No. 79485771	Age 46/y		Occupation

Type of Medical Evaluation				Mark those applying √
A1	Aircraft refuelling		A6	Fire / Emergency response team work
A2	Breathing apparatus		A7	Professional driving
A3	Business traveller		A8	Remote location work
A4	Catering and food preparation		A9	Transfers – group A country
A5	Crane or forklift driving & all heavy vehicles		A10	Transfers – group B country

Health Advisor Statement : The above named person has been examined according to the statements laid down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work status for the above tasks is as follows:

Fit with no restrictions			✓
Fit with following restriction(s)			
The employee is fit for above work but should avoid the following task(s)	*Temporary restriction*	*Permanent restriction*	
Work near moving machinery or sharp edges			
Working at height			
Puling, pushing, or carrying weight over ____ Kg			
Ascend/descend ladders or stairs			
Operate motor vehicles, forklifts or heavy machinery			
Use of a respirator			
Repetitive twisting of valves or wrenches			
Flying			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			Date 29/11/2023

Dr. Rakesh Kalsi

Appendix 20: (Form SQ5): Epworth Screening Quest. for Sleep Apnoea

Name: Shajahan. K. P. Department/Company:

I. D No. 7HA7771 Tel # 7HA7191 Occupation:

This questionnaire will help identify if you have any health condition which may need a more detailed medical assessment as part of your fitness to work determination. If you have any queries please contact your local Health Services staff. All information provided on this form and during consultations remains strictly confidential. When further clinical evaluation is required following completion of a screening questionnaire, the details should be recorded on Q1 and E1 forms.

How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown below)

0 Would never doze

1 Slight chance of dozing

2 Moderate chance of dozing

3 High chance of dozing

0	sitting and reading
0	watching TV
0	sitting inactive in a public place (e.g. theatre or meeting)
0	as a passenger in the car for an hour without a break
1	Lying down to rest in the afternoon when circumstances permit
0	Sitting a talking with someone
0	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	1

If you score a total of 15 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

Declaration I Shajahan (Print Name) certify that to the best of my knowledge the above information supplied is correct, true and complete.

Signature: Date: 20/11/2023

Framingham Risk Assessment form

Framingham Risk Assessment (For all professional drivers, crane operators, forklift operator or other employees who are above 40 years of age):

Employee Name: Shahan Karat K.
Emp #: 79148
Date of Assessment: 9.11.23

1	Age	Years 46	
2	Gender	Female/Male	
3	Total Cholesterol	mmol/L 5.99	
4	HDL Cholesterol	mmol/L 1.31	
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	mm Hg 130	
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 6.5 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

DR. RAKESH VELLA
LICENCE NO: 17238
GENERAL PRACTITIONER

Laboratory Investigation Report

Patient Name	SHAJAHAN KARAT KADAVATH	**Requesting Date/Time**	20/11/2023 9:25AM
DOB/Gender	24/05/1977 (46 Yrs/Male)	**Collection Date/Time**	20/11/2023 9:27AM
MRN / Nationality	700282711 / India	**Reception Date/Time**	20/11/2023 9:42AM
Requesting Physician	Dr. OP SELF	**Reporting Date/Time**	20/11/2023 10:40AM
Lab Number	7014319		
Test Priority	Routine	**Reporting Stage**	Final

Test	Result	Flag	Units	Reference Range	Sample Type	Methodology
BIOCHEMISTRY						
Random Blood Sugar (RBS)	6.81		mmol/L	3.7 - 7.8		Hexokinase
LIPID PROFILE						
LIPID PROFILE						
Cholesterol - Total	5.99		mmol/L	Desirable : <5.17 Borderline High : 5.17 - 6.18 High : >6.21	Serum	Enz. Colorimetric
Triglyceride	1.27		mmol/L	0.73 - 1.8	Serum	Enz. Colorimetric
HDL Cholesterol	1.31		mmol/L	No Risk : >1.68 Moderate Risk : 1.15 - 1.68 High Risk : <1.15	Serum	
LDL Cholesterol	4.10		mmol/L	Desirable: < 3.34 Borderline High : 3.37 - 4.12 High : >4.14	Serum	CALCULATED
VLDL	0.58		mmol/L	0.128 - 0.645		
Cholesterol / HDL Ratio	4.57		mmol/L	3.5 - 5		Calculation
LIVER FUNCTION TEST						
LIVER FUNCTION TEST						
Bilirubin-Total	0.644		mg/dl	0.1 - 1.2		
Direct Bilirubin	0.186		mg/dl	< 0.2	Serum	Diazo
SGOT (AST)	22.29		IU/L	0 - 40	Serum	

ASHWINI RATHEESAN

Ms. ASHWINI RATHEESAN PANIKAR
PANIKAR

Dr. Shayfa Palliyali
Specialist Pathologist

OMAN AL-KHAIR HOSP

* Service mark as Outsource

This is an electronically authenticated report and doesn't require a wet signature

Printed date and time: 11/20/2023 10:40:56

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 7155 9977
D : +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M: +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧٧٩٩٥٥٧٧+٩٦٨
www.aster.om
مستشفى عمان الخير ش.م.م
ص.ب: ٤٠٠ الرمز البريدي: ٥١١
عبري سلطنة عمان

Laboratory Investigation Report

Patient Name	SHAJAHAN KARAT KADAVATH	Requesting	20/11/2023 9:25AM
DOB/Gender	24/05/1977 (46 Yrs/Male)		
MRN / Nationality	700282711 / India	Collection Date/Time	20/11/2023 9:27AM
Requesting Physician	Dr. OP SELF	Reception Date/Time	20/11/2023 9:42AM
Lab Number	7014319	Reporting Date/Time	20/11/2023 10:40AM
Test Priority	Routine	Reporting Stage	Final

SGPT (ALT)	25.23		IU/L	10 - 60	Serum	IFCC ;Tris buffer without P5P ; Kinsearch
Alkaline Phosphatase	117.13		IU/L	Adult: 37-116 1- 5 days : <245 6 days - 1 yr : 104-462 1 - 12 yrs : 42-300 13 - 17 yrs female : 47-187 13 -17 yrs male : 52-390	Serum	Colorimetric assay ; AMP buffer IFCC ; kinetic
Gamma GT	41.23	H	U/L	5 - 40	Serum	Enzymatic colorimetric assay ; IFCC; Kinetic
Total Protein	7.78		g/dl	6.6 - 8.7		Colorimetric assay (Biuret reaction, endpoint)
Albumin	4.86		g/dl	3.2 - 5.4	Serum	Homogeneous enzymatic colorimetric assay:End point
Globulin	2.92		g/dl	2.3 - 3.2	Serum	Calculation
A/G Ratio	1.7		Ratio			

RENAL FUNCTION TEST

RENAL FUNCTION TEST

Urea	4.03		mmol/L	2 - 9	Serum	Kinetic test, urease and glutamate dehydrogenase

ASHWIN RATHEESAN

Ms. ASHWIN RATHEESAN PANIKAR
PANIKAR

Dr. Shayla Palliyalil
Specialist Pathologist

OMAN AL-KHAIR HOSPITAL

* Service mark as Outsource

This is an electronically authenticated report and doesn't require a wet signature

Printed date and time 11/20/2023 10:40:56

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M: +968 7155 9977
O: +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M: +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٢٥+٩٦٨
نقال: ٧٦٥٥٩٩٧٧+٩٦٨
www.aster.om
مستشفى عمان الخير ش.م.م
ص.ب: ٤٠٠ الرمز البريدي: ٥١١
عبري سلطنة عمان

Laboratory Investigation Report

Patient Name	SHAJAHAN KARAT KADAVATH	**Requesting Date/Time**	20/11/2023 9:25AM
DOB/Gender	24/05/1977 (46 Yrs/Male)	**Collection Date/Time**	20/11/2023 9:27AM
MRN / Nationality	700282711 / India	**Reception Date/Time**	20/11/2023 9:42AM
Requesting Physician	Dr. OP SELF	**Reporting Date/Time**	20/11/2023 10:00AM
Lab Number	7014319		
Test Priority	Routine	**Reporting Stage**	Final

Creatinine	77.38	umol/L	Male: 62 - 106 Female: 44 - 80 Neonates: 21 - 91 Children (2 To 12 Month) : 15 - 37 Children (1 To 9 Years) : 21 - 53 Children (9 To 15 Years) : 34 -77	Serum	Kinetic colorimetric assay based on Jaffe method

End Of Report

HAEMATOLOGY

ESR / ERYTHROCYTE SEDIMENTATION RATE

Erythrocyte Sedimentation Rate	05	mm/hr	1 - 15	W. B. EDTA	Modified Westergren
Sickle Cell Screening	Negative		Negative		

ASHWINI RATHEESAN

Ms. ASHWINI RATHEESAN PANIKAR
PANIKAR

Dr. Shayfa Palliyalil
Specialist Pathologist

* Service mark as Outsource

This is an electronically authenticated report and doesn't require a wet signature

Printed date and time 11/20/2023 10:10:00

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M: +968 7155 9977
D: +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M: +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧٦٥٥٩٩٧٧+٩٦٨
www.aster.om
مستشفى عمان الخير ش.م.م
ص.ب: ٤٠٠ الرمز البريدي: ٥١١
عبري سلطنة عمان

Laboratory Investigation Report

Patient Name	SHAJAHAN KARAT KADAVATH	**Requesting Date/Time**	20/11/2023 9:26AM
DOB/Gender	24/05/1977 (46 Yrs/Male)	**Collection Date/Time**	20/11/2023 9:27AM
MRN / Nationality	700282711 / India	**Reception Date/Time**	20/11/2023 9:42AM
Requesting Physician	Dr. OP SELF	**Reporting Date/Time**	20/11/2023 10:40AM
Lab Number	7014319	**Reporting Stage**	Final
Test Priority	Routine		

CBC (COMPLETE BLOOD COUNT)

COMPLETE BLOOD COUNT

WBC Count	7.30	10^3/uL	4 - 11	EDTA WB	Impedance
DIFFERENTIAL COUNT (%)					
Neutrophils	47.9	%	45 - 75	EDTA WB	Impedance and Absorbance
Lymphocytes	44.4	%	20 - 45	EDTA WB	Optical
Eosinophils	2.2	%	1 - 6	EDTA WB	
Monocytes	5.1	%	2 - 10	EDTA WB	Impedance and Absorbance
Basophils	0.4	%	0 - 1	EDTA WB	Impedance and Absorbance
Hb/Hemoglobin	15.6	g/dl	13 - 17	EDTA WB	Photometry
RBC Count	5.14	10^6 / uL		EDTA WB	Impedance
Platelet Count	312	10^3/uL		EDTA WB	
HCT (Hematocrit)	46.0	%	37 - 51	EDTA WB	Calculation
MCV	89.5	fl	83 - 101	W. B. EDTA	Measurement
MCH	30.3	pg	27 - 32	W. B. EDTA	Calculation
MCHC	33.9	g/dl	31 - 37	W. B. EDTA	Calculation

End Of Report

SEROLOGY & IMMUNOLOGY

HIV(HUMAN IMMUNODEFICIENCY VIRUS)

HIV (Human Immunodeficiency Viruses)	0.191	COI	Non Reactive: <1.0 Reactive: =>1.0	Serum	ECLIA
HIV - Remarks	Non-reactive		Non-Reactive		

METHOD: ELECTROCHEMILUMINESCENCE ASSAY (ECLIA)
Specimen: SERUM

ASHWINI RATHEESAN

Ms. ASHWINI RATHEESAN PANIKAR
PANIKAR

Dr. Shayfa Palliyalil
Specialist Pathologist

* Service mark as Outsource

This is an electronically authenticated report and doesn't require a wet signature

Printed date and time 11/20/2023 10:40:56
Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : + 968 2568 8075
F : + 968 2568 8025
M: +968 7155 9977
O: +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M: +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧٧٩٩٥٥٧٧+٩٦٨
www.aster.om
مستشفى عمان الخير ش.م.م
ص.ب: ٤٠٠ الزمر الزريبي ٥١١
عبري سلطنة عمان

Laboratory Investigation Report

Patient Name	SHAJAHAN KARAT KADAVATH	Requesting Date/Time	20/11/2023 9:25AM
DOB/Gender	24/05/1977 (46 Yrs/Male)	Collection Date/Time	20/11/2023 9:27AM
MRN / Nationality	700282711 / India	Reception Date/Time	20/11/2023 9:42AM
Requesting Physician	Dr. OP SELF	Reporting Date/Time	20/11/2023 10:40AM
Lab Number	7014319	Reporting Stage	Final
Test Priority	Routine		

HBSAG / HEPATITIS B SURFACE ANTIGEN

HBsAg (Hepatitis B surface Antigen)	0.362	COI	Non-Reactive (0 - 1.0) Reactive (>1.0)	Serum	ECLIA
HBsAg (Hepatitis B surface Antigen) -	Non-reactive		Non-Reactive		

METHOD: Electrochemiluminescence immunoassay(ECLIA)
Specimen: SERUM

HCV / HEPATITIS C VIRUS ANTIBODY

HEPATITIS C VIRUS ANTIBODY	0.049	COI	Non-Reactive (0 - 1.0) Reactive (>1.0)		
HEPATITIS C VIRUS ANTIBODY-	Non-reactive				

METHOD: ELECTROCHEMILUMINESCENCE ASSAY (ECLIA)
Specimen: SERUM

End Of Report

CLINICAL PATHOLOGY

URINE ROUTINE

URINE ANALYSIS

CHEMICAL EXAMINATION

Glucose	Negative		Negative		GOD-POD
Protein	Negative		Negative		Protein error of pH indicator
Ketone	Negative		Negative		legal's test
Bilirubin	Negative		Negative		
pH	5.5				Litmus paper
Urobilinogen	Negative		Trace		Diazo

MICROSCOPIC EXAMINATION

RBCs	0-2	/hpf	0 - 2	URINE	
Pus Cells	1-2	/hpf	0 - 3	URINE	Microscopy
Epithelial Cells	NIL				

Ms. ASHWINI RATHEESAN PANIKAR

ASHWINI RATHEESAN PANIKAR

Dr. Shayfa Palliyalil
Specialist Pathologist

* Service mark as Outsource

This is an electronically authenticated report and doesn't require a wet signature

Printed date and time 11/20/2023 10:40:58

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M: +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧٧٩٩٥٥٧٧+٩٦٨
www.aster.om
مستشفى عمان الخير ش.م.م
ص.ب: ٤٠٠ الرمز البريدي: ٥١١
عبري سلطنة عمان

Laboratory Investigation Report

Patient Name	SHAJAHAN KARAT KADAVATH	**Requesting Date/Time**	20/11/2023 9:25AM
DOB/Gender	24/05/1977 (46 Yrs/Male)	**Collection Date/Time**	20/11/2023 9:27AM
MRN / Nationality	700282711 / India	**Reception Date/Time**	20/11/2023 9:42AM
Requesting Physician	Dr. OP SELF	**Reporting Date/Time**	20/11/2023 10:40AM
Lab Number	7014319	**Reporting Stage**	Final
Test Priority	Routine		

Bacteria	Present	Absent	Microscopy
Calcium -oxalate	NIL		
Triple-phosphate	NIL		
Uric acid crystal	NIL		
Amorphous urate	NIL		
Amorphous Phosphate	NIL		
Hyaline casts	NIL		
Granular Casts	NIL		
Yeast cells	NIL		

End Of Report

ASHWINI RATHEESAN

Ms. ASHWINI RATHEESAN PANIKAR
PANIKAR

Dr. Shayfa Palliyalil
Specialist Pathologist

* Service mark as Outsource

This is an electronically authenticated report and doesn't require a wet signature

Printed date and time 11/20/2023 10:40:50

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : + 968 2568 8075
F : + 968 2568 8025
M: +968 7155 9977
D: +968 7155 9977
E : oakh.ibri@asterhospital.com
(Aster@Home)
M: +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٧٥+٩٦٨
نقال: ٧٧٩٩٥٧٥٥+٩٦٨
www.aster.om
مستشفى عمان الخير ش.م.م
ص.ب ٤٠٠، الرمز البريدي ٥١١
عبري سلطنة عمان

Aster HOSPITAL
We'll Treat You Well

أستر مستشفى
نحن نعتني بك دائما

Laboratory Investigation Report

Patient Name	SHAJAHAN KARAT KADAVATH	Requesting Date/Time	20/11/2023 10:24AM
DOB/Gender	24/05/1977 (46 Yrs/Male)	Collection Date/Time	20/11/2023 10:36AM
MRN / Nationality	700282711 / India	Reception Date/Time	20/11/2023 10:37AM
Requesting Physician	Dr. OP SELF	Reporting Date/Time	20/11/2023 10:42AM
Lab Number	7014339	Reporting Stage	Final
Test Priority	Routine		

BIOCHEMISTRY

Troponin T	0.009	ng/ml	Normal : <0.014 Risk : >0.014 Cut-off for AMI : >0.050	Serum

Remarks: Cardiac troponin T (cTnT) is a cardio-specific, highly sensitive marker for myocardial damage. cTnT increases rapidly after acute myocardial infarction (AMI) and may persist up to 2 weeks thereafter. Result interpretation has to integrate the clinical assessment, including ischemic symptoms and electrocardiographic changes. In contrast to ST elevation myocardial infarction (STEMI) the diagnosis of NonSTEMI heavily relies on measured cTn results. Myocardial cell injury leading to elevated cTnT concentrations in the blood can also occur in other clinical conditions such as myocarditis, heart contusion, pulmonary embolism and drug-induced cardiotoxicity. Chronic elevations of cTn can be detected in clinically stable patients such as patients with ischemic or non-ischemic heart failure, in patients with different forms of cardiomyopathy, renal failure, sepsis and diabetes.

"End Of Report"

ASHWINI RATHEESAN

Ms. ASHWINI RATHEESAN PANIKAR
PANIKAR

Dr. Shayfa Palliyalil
Specialist Pathologist

* Service mark as Outsource

This is an electronically authenticated report and doesn't require a wet signature

Printed date and time : 1/20/2023 10:42:11

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M: +968 7155 9977
D: +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M: +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧١٥٥٩٩٧٧+٩٦٨
www.aster.om
مستشفى عمان الخير ش.م.م
ص.ب.٤٠٠ الرمز البريدي: ٥١١
عبري سلطنة عمان

Patient Name	CHALIYAN KARAT KARAVATH		
Gender	Male	**Age**	46Y 5M
Study DateTime	2023-11-20 09:57:23	**Referring Physician**	OP SELF

X-RAY CHEST

FINDINGS:
Lungs clear.
Both CP angles clear.
Cardiac silhouette normal.
Domes of diaphragm normal.
Bones and soft tissues normal.

IMPRESSION:
- **No significant abnormality seen.**

DR. NITHINMON CU
SPECIALIST RADIOLOGY
MOH Licence: 21058
ASTER HOSPITAL, IBRI

Dr. Nithinmon Chakiriyil Ulahannan
Specialist Radiology
DNB Radiodiagnosis
MOH License No: 21058

Please intimate us for any typing mistake and send the report for correction within 7 days. The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinically correlation is required to enable the clinician to reach the final diagnosis.

OMAN AL-KHAIR HOSPITAL

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 7155 9977
@ : +968 7155 9977
E : oakh.ibri@asterhospital.com
(Aster@Home)
M: +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥ +٩٦٨
فاكس: ٢٥٦٨٨٠٢٥ +٩٦٨
نقال: ٧٧٩٩٧٥٧٥ +٩٦٨
www.aster.om
مستشفى عمان الخير ش.م.م
ص.ب: ٤٠٠ الرمز البريدي: ٥١١
عبري، سلطنة عمان

700282711 SHAHAN
46 Years Male

20-Nov-23 09:51:23 AM
ASTER HOSPITAL IBRI (Emergency)

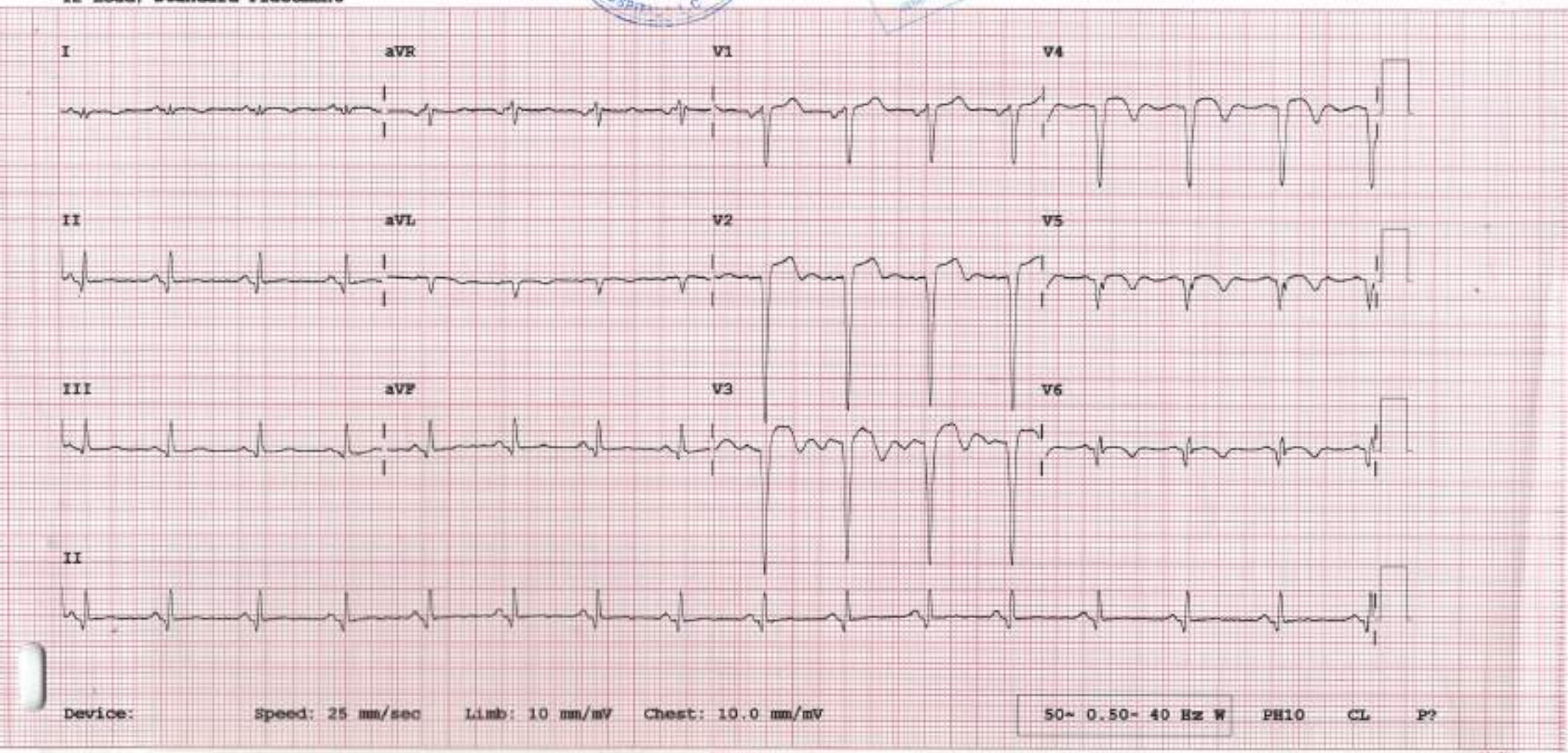
Rate	92
RR	652
PR	125
QRSD	93
QT	341
QTc	422

--AXIS--

P	66
QRS	105
T	123

12 Lead; Standard Placement

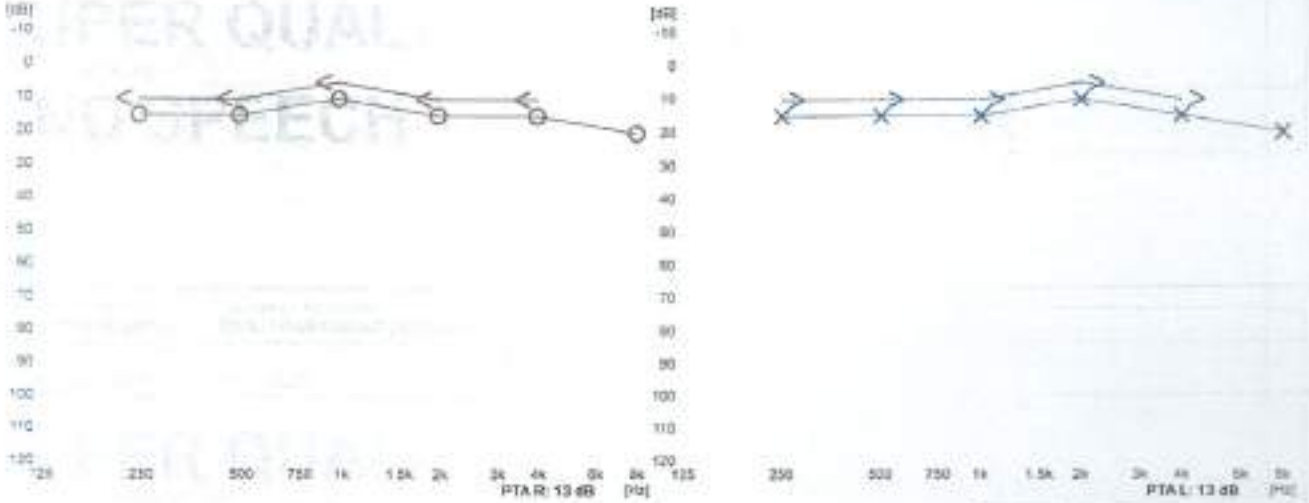
>>> Acute MI <<<



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV 50~ 0.50~ 40 Hz W PH10 CL P?

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code	Last name , First name	Born
700282711/79148771	SHAJAHAN KARAT , KAD[illegible]2023	
Test type	Test date	
Tonal audiometry	20.11.2023	



Legend	R	L
Air	O	X
Air/Masked	Δ	□
Bone	<	>
Bone/Masked	[	]
MCL	M	M
UCL	m	m
Free Field	Ø	%
Free Field/Aided	A	A
Binaural	B	
No response	↓	

Comments
BILATERAL NORMAL HEARING SENSITIVITY

Signature:

Date: 20/11/2023