

MER- MEDICAL EXAMINATION REPORT

Date of Examination	25/10/24		
NAME	ANIL KUMAR		
AGE	33	Gender	M
HEIGHT(cm)	165	WEIGHT (kg)	84
B.P.	116/70		
ECG	Normal		
X Ray	Normal		
Vision Checkup	Normal		
Present Ailments	No		
Details of Past ailments (If Any)	No		
Comments / Advice : She /He is Physically Fit	Physically fit		

S. Kala



Signature with Stamp of Medical Examiner

Dr. Smita Paslani
MBBS, DCH
Reg. No. 37370

भारत सरकार
GOVERNMENT OF INDIA



अनिल कुमार

ANIL KUMAR

जन्म तिथि/ DOB: 13/06/1991

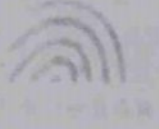
पुरुष / MALE



8276 5617 5768

आधार-आम आदमी का अधिकार

Handwritten signature



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

S/O: रामापति, ग्राम पकड़ी
भोजपुर पोस्ट बलयाँ
जगदीशपुर टांडा, अम्बेडकर
नगर, बलया जगदीशपुर,
अम्बेडकर नगर,
उत्तर प्रदेश - 224190

Address:

S/O: Ramapati, vill. pakdi bhojpur
post balaya jagdeeshpur tanda,
ambedkar nagar, Balya Jagdishpur,
Ambedkar Nagar,
Uttar Pradesh - 224190

8276 5617 5768

Aadhaar-Aam Admi ka Adhikar

You have been informed that dental, dietician, ent consultations is not available at our centre. if you are ready than test can be start . 2D echo test facility is not available at our centre, instead we do TMT **test**.

If you are ready then your test can be start.





MODERN PATHOLOGY & DIAGNOSTIC CENTRE

DIAGNOSTIC CENTRE

Dr. R. P. Rastogi
M.B.B.S., M.D. (Path & Bact)



CLINIC :

1/4A, Vineet Khand, (Opp Jaipuria Management)
Gomti Nagar, Lucknow - 226 010
Ph.: 0522-4008184, 4308184 • 8112323230
Mob.: 7618884441, 9450389932, 8177063877

Date	: 25-Oct-2024		
Name	: Mr. ANIL KUMAR	Age	: 33 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

Haemoglobin	14.7	gm%	14 - 17
-------------	------	-----	---------

Total Leucocyte Count	7300	Cells/cumm.	4000-11000
-----------------------	------	-------------	------------

Differential Leucocyte Count			
Polymorphs	68	%	45 - 70
Lymphocytes	22	%	20 - 45
Eosinophils	04	%	0 - 6
Monocytes	06	%	0 - 8
Basophils	00	%	0 - 1

Erythrocyte Sedimentation Rate (Wintrobe)			
ESR	06	mm in 1st Hr.	0 - 9
PCV	46.6	cc%	40 - 52
Corrected ESR	02	mm in 1st Hr.	0 - 9

Platelet Count	1.58	lakh/cumm.	1.5 - 4.0
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Red Cells Count	4.71	million/cmm	3.90 to 5.80
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Absolute values			
MCV	99.0	fL	77 - 97
MCH	31.2	pg	27 - 31
MCHC	31.6	gm /dl	31 - 34

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Dr. Smita Rastogi
M.B.B.S., DCP

Results, adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.

SAMPLE COLLECTION FACILITY AVAILABLE

Report needs clinicopathological correlation ♦ Not for Medico Legal Purpose

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Date : 25-Oct-2024

Name : **Mr. ANIL KUMAR**

Age : 33 Yrs.

Ref.By : APOLLO HEALTH

Sex : Male

General Blood Picture

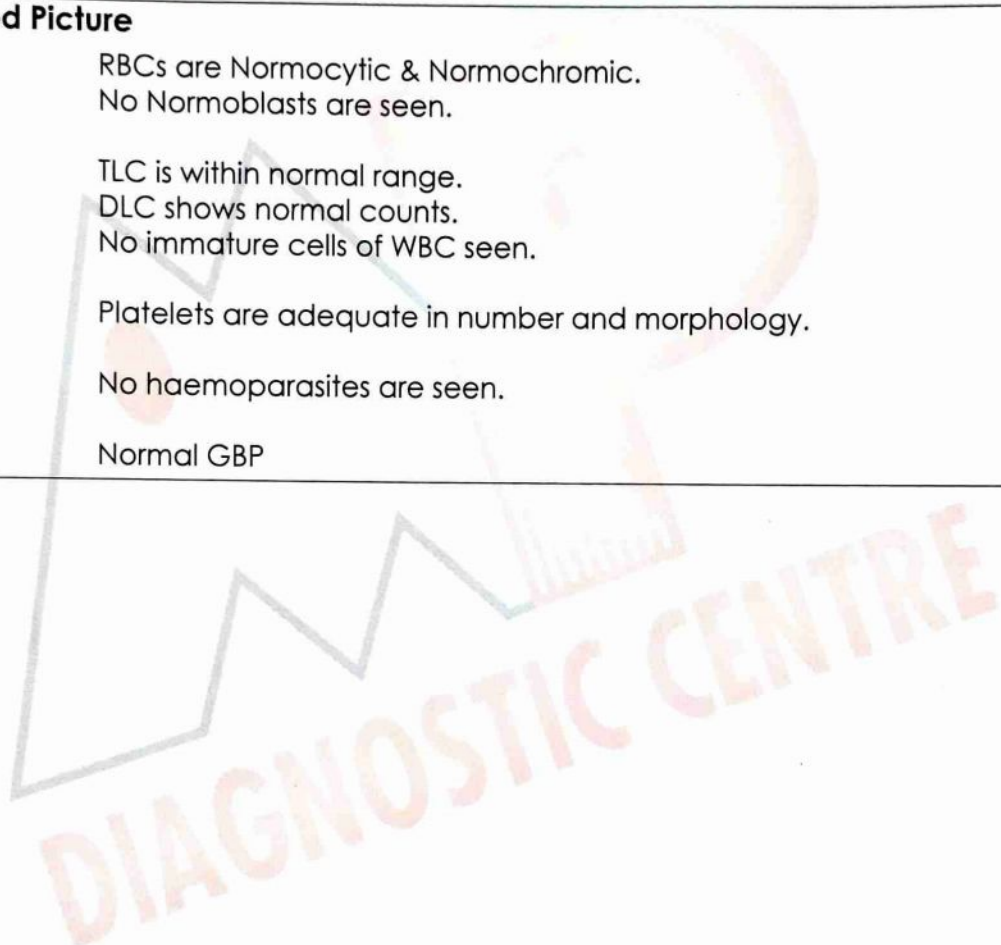
RBCs RBCs are Normocytic & Normochromic.
No Normoblasts are seen.

WBCs TLC is within normal range.
DLC shows normal counts.
No immature cells of WBC seen.

PLATELETS Platelets are adequate in number and morphology.

OTHERS No haemoparasites are seen.

IMPRESSION Normal GBP



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Date : 25-Oct-2024

Name : **Mr. ANIL KUMAR**

Age : 33 Yrs.

Ref.By : APOLLO HEALTH

Sex : Male

Plasma Glucose - F GOD-POD Method	92	mg/dl	70 - 110
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Plasma Glucose - PP GOD POD Method	104	mg/dl	110 - 170
---------------------------------------	------------	-------	-----------

Blood Group & Rh	"A" Positive		
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KFT			
UREA	23.6	mg %	15 - 50
CREATININE	0.96	mg %	0.5 - 1.5
URIC ACID	4.6	mg %	2 - 7
CALCIUM	9.5	mg %	8.8 - 10.0

LFT T&D

Total Bilirubin	0.56	mg%	0.2 - 1.0
Direct Bilirubin	0.14	mg%	0.0 to 0.40
Indirect Bilirubin	0.42	mg%	0.10 to 0.90
S.G.P.T	38	IU/L	5 - 40
S.G.O.T	30	IU/L	5 - 50
ALP	76	IU/L	40 to 129

Serum Gamma G.T.	18	IU/L	11 - 50
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Urine Sugar (Fasting)	NIL
-----------------------	-----

Urine Sugar (PP)	NIL
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Date	: 25-Oct-2024	Age	: 33 Yrs.
Name	: Mr. ANIL KUMAR	Sex	: Male
Ref.By	: APOLLO HEALTH		

LIPID PROFILE

Triglycerids	151	mg%	70 - 190
S. Cholestrol S.	215	mg%	130 - 230
S. HDL Cholestrol	46.2	mg%	35 - 75
S. LDL Cholestrol	138.6	mg%	75 - 150
VLDL	30.2	mg%	0 - 34
Chol / HDL factor	4.65		
LDL / HDL Factor	3		

COMMENTS

* Triglycerides (TG) are the main dietary lipids. Cholesterol constitutes a small part of the dietary lipids, it is mostly synthesised in the liver. Both TG and Chol. are transported through the plasma by lipoproteins (Chylomicrons, VLDL, LDL, IDL, HDL).

* LDL is the major cholesterol particle in plasma and high levels are strongly implicated in the formation of atheroma. An increase in the LDL leads to hypercholesterolemia, and therefore a risk factor for IHD. LDL increases with age particularly in females. Oestrogen lower LDL and raise HDL. Raised chol. in females is mostly due to disturbed thyroid function.

* Increase in VLDL leads to hyperglyceridaemia. Raised TGs are associated with increased risk of CHD. Very high TGs increase the risk of Pancreatitis. Cholesterol is often raised due to Diabetes, Renal disease, Diuretic or Betablocker therapy.

TYPES OF HYPERLIPOPROTEINEMIAS

TYPE 1: Normal cholesterol TG greatly raised	TYPE 3: Cholesterol increased TG increased
TYPE 2a: Cholesterol increased LDL increased TG normal	TYPE 4: Cholesterol normal /increased VLDL increased TG increased
TYPE 2b Chol. increased VLDL raised TG increased LDL increased	TYPE 5: Cholesterol increased LDL reduced VLDL increased TG greatly increased

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Date	: 25-Oct-2024		
Name	: Mr. ANIL KUMAR	Age	: 33 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

Thyroid Stimulating Hormone

TSH CLIA	2.13	mlU/ml	0.3 to 6.0
=====			
COMMENTS AND INTERPRETATION			
=====			
<p>* Ultra sensitive fourth generation is more reliable to assure that the TSH is actually < 0.1 mIU/L.</p> <p>Subnormal TSH : Suggests Hyperthyroidism Elevated TSH : Suggests Hypothyroidism Raised TSH and normal FT4/FT3: Subclinical hypothyroidism or in elderly Transiently decreased TSH ; "Sick Euthyroid Syndrome" seen the hospitalized patients recieving treatment with corticosteroid or Dopamine</p> <p>* Asian women are at a greater risk of Gestational Thyrotoxicosis specially in the 15 to 16 weeks of pregnancy</p> <p>* TSH is more sensitive in than FT4 in detecting changes in the thyroid function because the pituitary gland through negative feed back regulation, is a sensitive bioindicator of the thyroid function. Small changes in the Ft4 concentrations can cause large changes in the TSH levels.</p> <p>* Elevated TSH levels may also be indicative of rare TSH secreting Pituitary Tumour giving rise to Secendory Hyperthyroidism.</p>			

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Date	: 25-Oct-2024	Age	: 33 Yrs.
Name	: Mr. ANIL KUMAR	Sex	: Male
Ref.By	: APOLLO HEALTH		

Glycosylated Haemoglobin

Glycosylated Haemoglobin	5.2	%	4.5 TO 6.0
=====			
INTERPRETATION AND COMMENTS			
=====			
NON DIABETIC :	4.5 to 6.0 %		
GOOD CONTROL:	6.0 to 7.0		
FAIR CONTROLLED	7.0 AND 8.0		
UNCONTROLLED	8.0 AND ABOVE		
<p>Glycosylated haemoglobin is the adducted glucose in the haemoglobin of the red blood cells, this adduction is stable for the life time of the RBC (i.e 120 days). There fore the measure of glycosylated haemoglobin reflects the average blood glucose concentration over the preseding several weeks. The sudden change in blood glucose level would not effect the glycosylated haemoglobin level ,which serves as a better marker of long term metabolic control and the efficacy of therapy.</p>			

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Date : 25-Oct-2024

Name : **Mr. ANIL KUMAR**

Age : 33 Yrs.

Ref.By : APOLLO HEALTH

Sex : Male

Urine Examination

PHYSICAL		
Colour	Straw	
Turbidity	Nil	
Deposit	Nil	
Reaction	Acidic	
*Specific Gravity	1.010	
CHEMICAL		
Protein	Nil	
Sugar	Nil	
*Bile Salts	Nil	
*Bile Pigments	Nil	
Phosphate	Nil	
MICROSCOPIC		
Pus Cells	Nil	/hpf
Epithelial Cells	Occasional	/hpf
Red Blood Cells	Nil	/hpf
Casts	Nil	
Crystals	Nil	
Others	Nil	

Dr. Sanjay Rastogi
Page 5 (End Of Report)
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Dr. Smita Rastogi
M.B.B.S., DCP

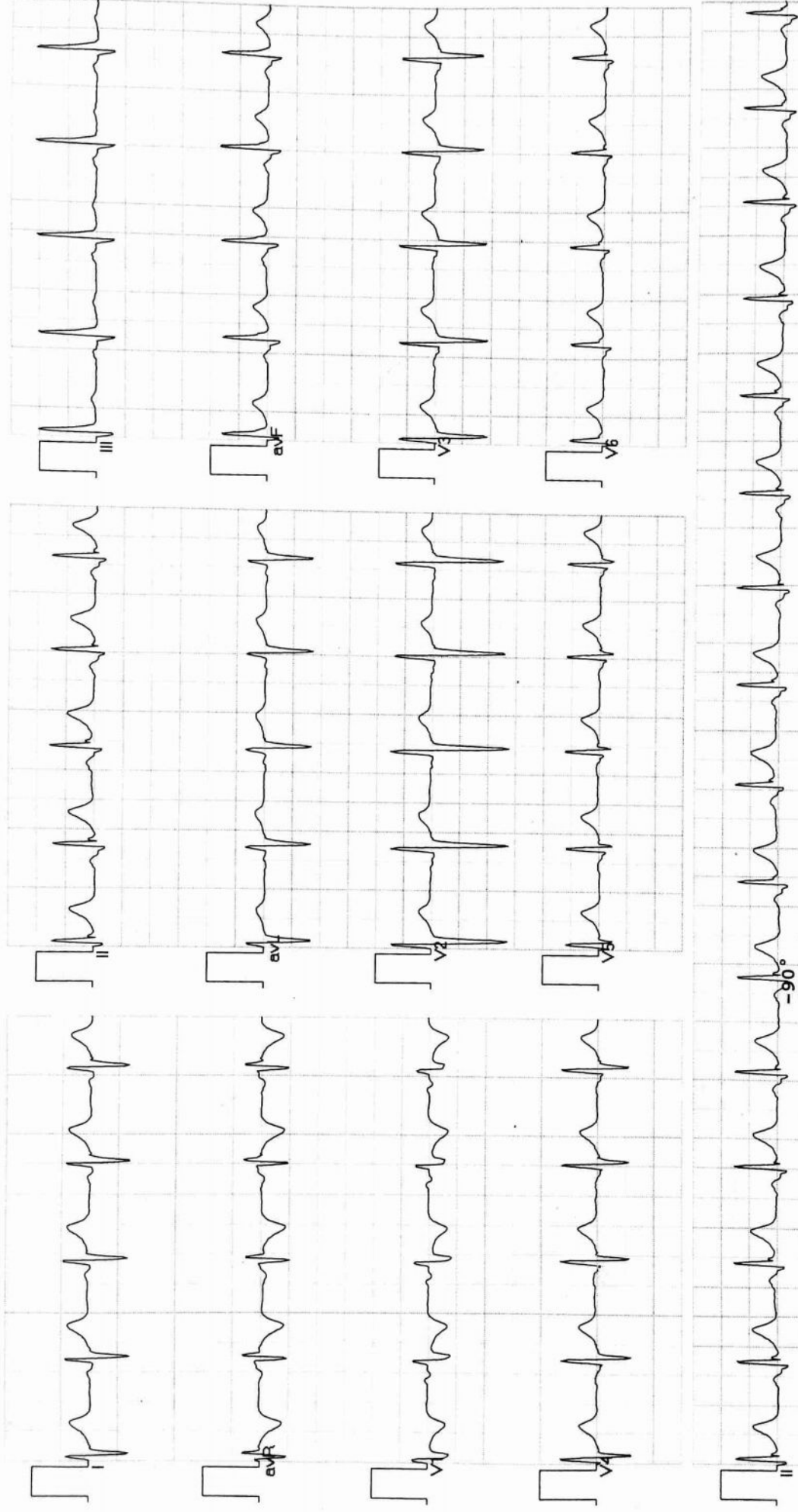
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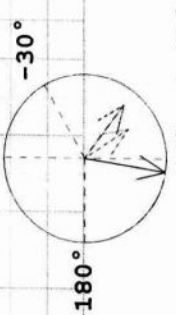
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Vent Rate : 91 bpm
 PR Interval : 130 ms
 QRS Duration: 86 ms
 QT/QTc Int : 342/396 ms
 P-QRS-T axis: 57.00 • 99.00 • 37.00 •



Allergens ECG (Pisces)(PIS215191030)

Normal ECG
 Dr. SHAMIR RUSHDAN
 MD
 DR. AMIT MOHAI
 MBBS, DMD
 Reg. No: 44559
 Reg. No: 3737659
 Reg. No. 44559



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Dr. R. P. Rastogi
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Ph.: 0522-4008184, 4308184 • 8112323230
Mob.: 7618884441, 9450389932, 8177063877

Registration Date 25/10/2024

Age : 33Sex: M

Name : Mr Anil Kumar

Ref By: Health Assure

EYES EXAMINATION REPORT

EYE SIGHT	DISTANT VISION		NEAR VISION	
	RIGHT	LEFT	RIGHT	LEFT
WITHOUT GLASSES	6/6	6/6	N-8	N-10
WITH GLASSES				
POWER OF GLASSES IF USED			Not using power glasses	
FUNDUS	NORMAL			
COLOR VISION	Present Normal according to ISHIHARA'S CHART			
PUPILS	Normally reacting to light and accommodation			

Dr. H. S. Khollia
M.B.B.S., D.O.M.S.



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Dr. Smita Rastogi
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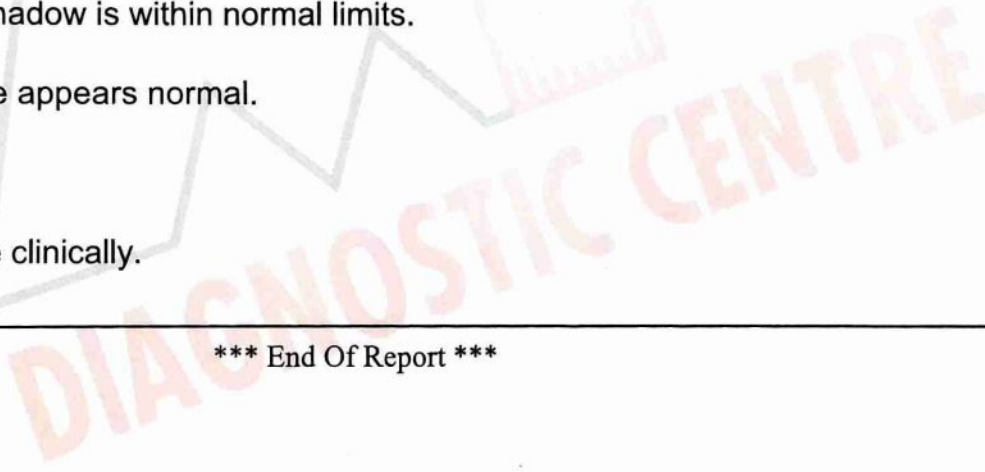
TEST REQUEST ID :012410250013	SAMPLE DATE	:25/Oct/2024 08:42AM
NAME :Mr. ANIL KUMAR	SAMPLE REC. DATE	:25/Oct/2024 08:42AM
AGE/SEX :33 YRS/MALE	REPORTED DATE	:25/Oct/2024 12:17PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01250013

XRAY CHEST PA

- Trachea is central in position.
- **Bilateral hillar shadows are prominent.**
- Rest of the lung fields are normally aerated.
- Both C.P. angles are clear.
- Cardiac shadow is within normal limits.
- Bony cage appears normal.

Please correlate clinically.

*** End Of Report ***



Anjay Rastogi
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Surbhi
Dr. Surbhi
MBBS, MD (Radiodiagnosis)

Dr. Smita Rastogi
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Report

MODERN PATHOLOGY AND DIAGNOSTIC CENTER

Gomti Nagar lucknow

ANIL KUMAR / 33 Yrs / M / 165 Cms / 84 Kg
Date: 25 - 10 - 2024 Refd By : APOLLO HEALTH Examined By:

Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:07	0:07	00.0	00.0	01.0	091	49 %	116/70	105	00	
Standing	00:11	0:04	00.0	00.0	01.0	091	49 %	116/70	105	00	
HV	00:16	0:05	00.0	00.0	01.0	099	53 %	116/70	114	00	
ExStart	00:20	0:04	02.7	10.0	01.1	097	52 %	116/70	112	00	
BRUCE Stage 1	03:20	3:00	02.7	10.0	04.7	134	72 %	126/84	168	00	
BRUCE Stage 2	06:20	3:00	04.0	12.0	07.1	155	83 %	132/86	204	00	
PeakEx	06:35	0:15	05.5	14.0	07.4	160	86 %	140/90	224	00	
Recovery	07:35	1:00	00.0	00.0	01.2	126	67 %	138/88	173	00	
Recovery	08:35	2:00	00.0	00.0	01.0	113	60 %	134/84	151	00	
Recovery	09:35	3:00	00.0	00.0	01.0	109	58 %	130/82	141	00	
Recovery	09:51	3:16	00.0	00.0	01.0	112	60 %	124/80	138	00	

FINDINGS :

Exercise Time : 06:15
 Max HR Attained : 160 bpm 86% of Target 187
 Max BP Attained : 140/90 (mm/Hg)
 Max WorkLoad Attained : 7.4 Fair response to induced stress
 Test End Reasons : Test Complete, Fatigue

REPORT :

CONCLUSIONS:

1. STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE.


 Dr. ANIL KUMAR MD
 Reg. No. 44559

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ANIL KUMAR / 33 Yrs / M / 165 Cms / 84 Kg / HR : 91

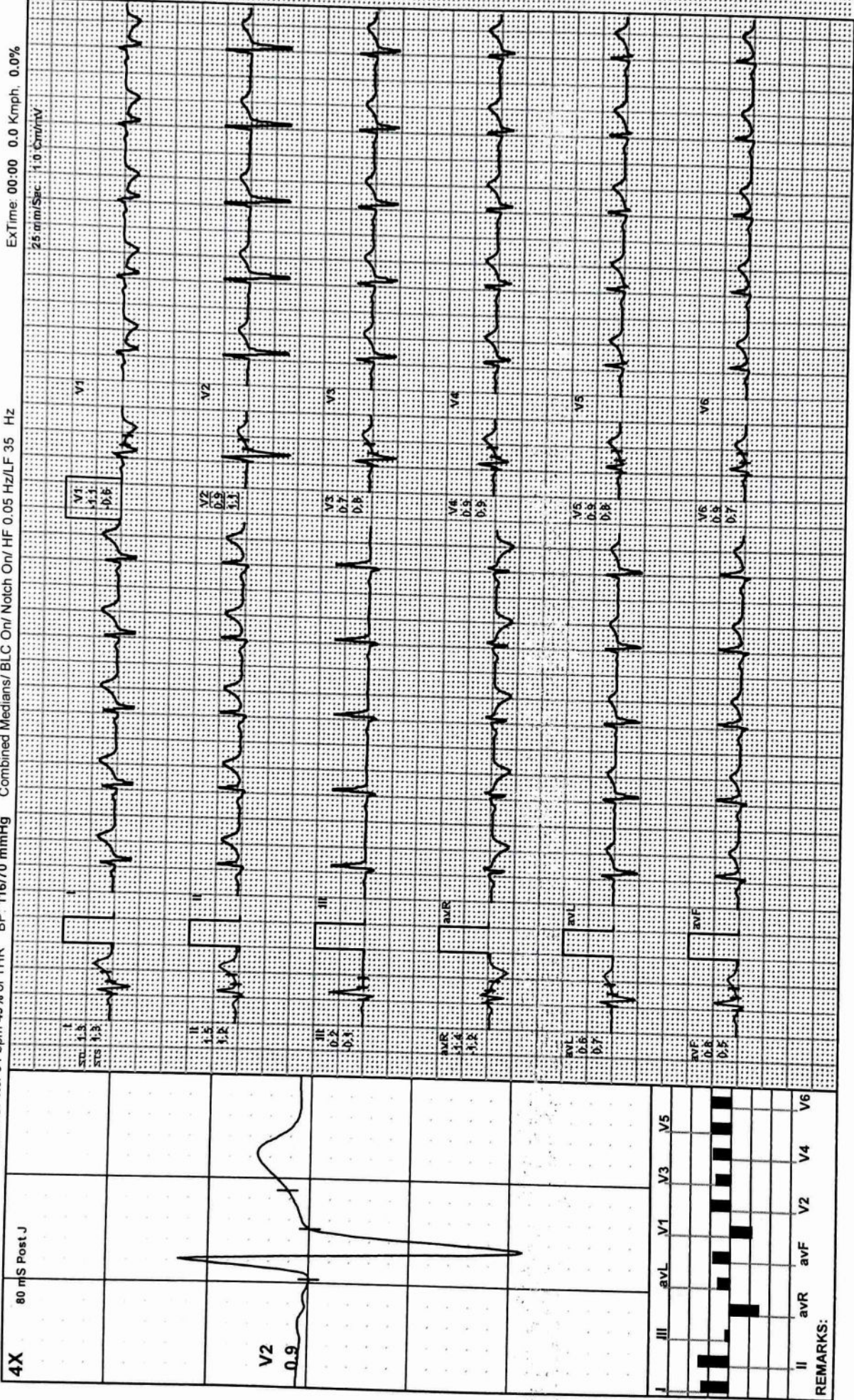
BRUCE:Supine(0:07)



Date: 25 - 10 - 2024

METS: 1.0/ 91 bpm 49% of THR BP: 116/70 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Kmph. 0.0%



REMARKS:

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ANIL KUMAR / 33 Yrs / M / 165 Cms / 84 Kg / HR : 91

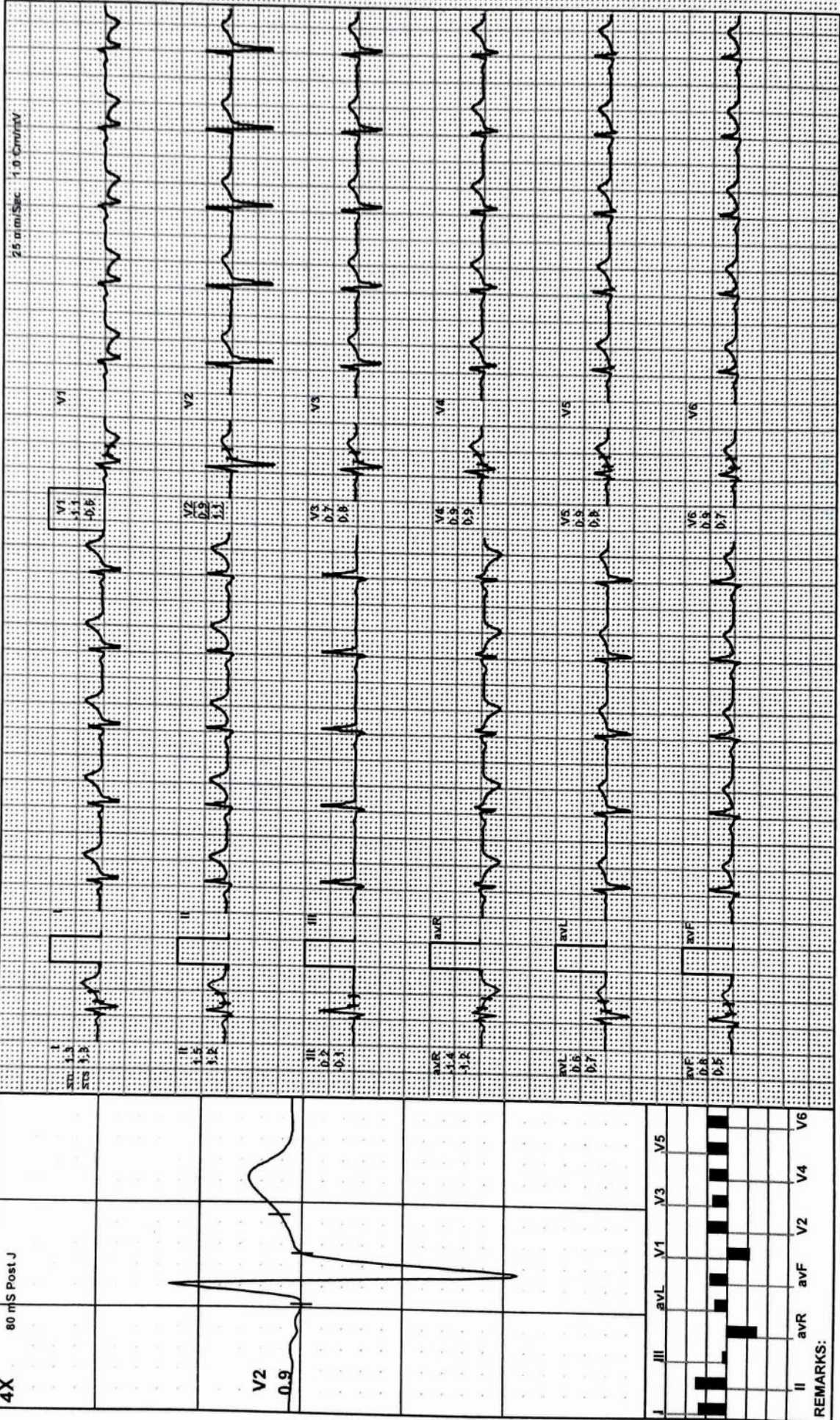
BRUCE: Standing(0:06)



Date: 25 - 10 - 2024

METS: 1.0/ 91 bpm 49% of THR BP: 116/70 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Kmph. 0.0%



REMARKS:

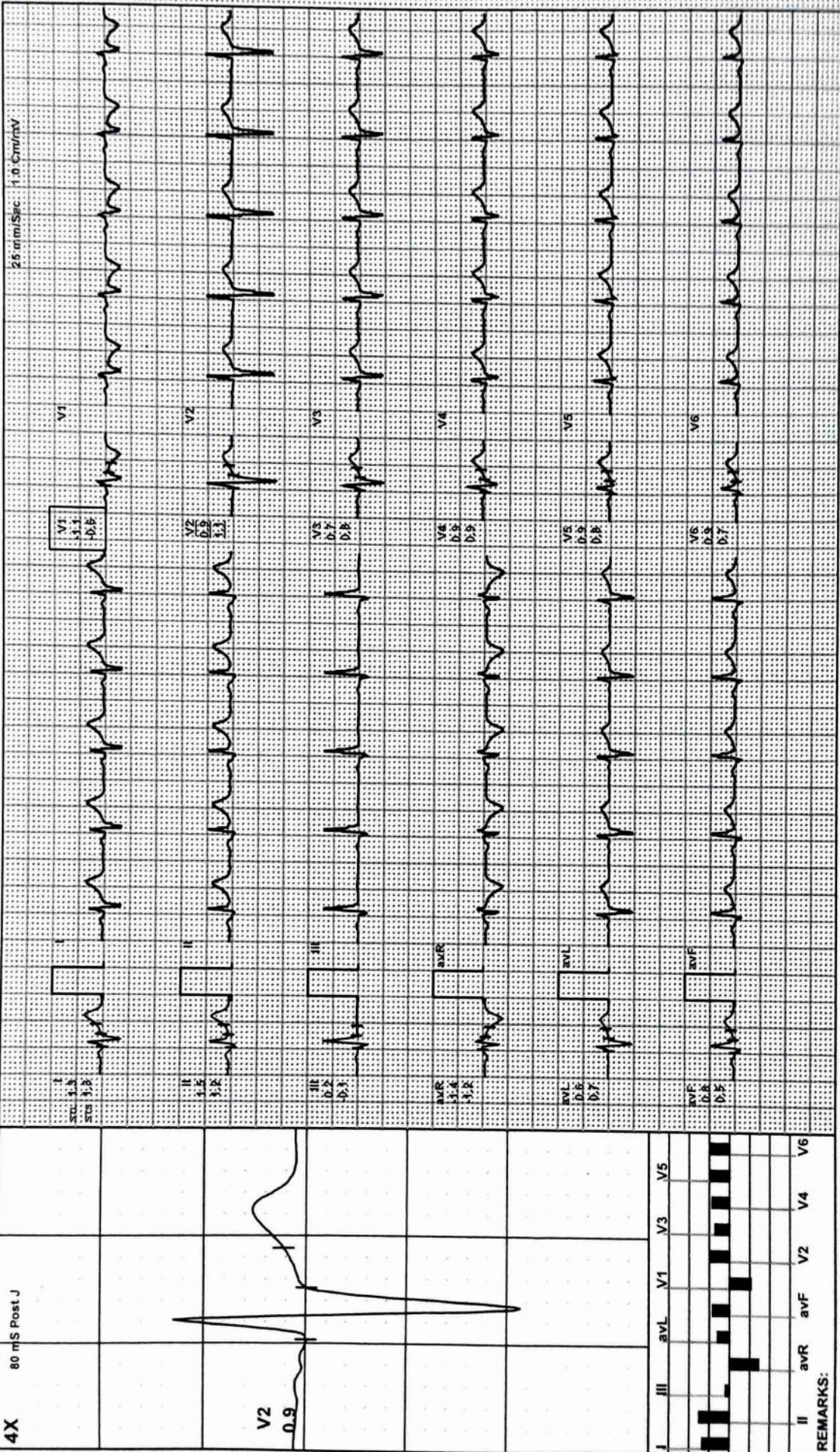
MODERN PATHOLOGY AND DIAGNOSTIC CENTER

ANIL KUMAR / 33 Yrs / M / 165 Cms / 84 Kg / HR : 99

BRUCE:HV(0:05)



Date: 25 - 10 - 2024 METS: 1.0/ 99 bpm 53% of THR BP: 116/70 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 35 Hz ExTime: 00:00 0.0 Kmph, 0.0%



REMARKS:

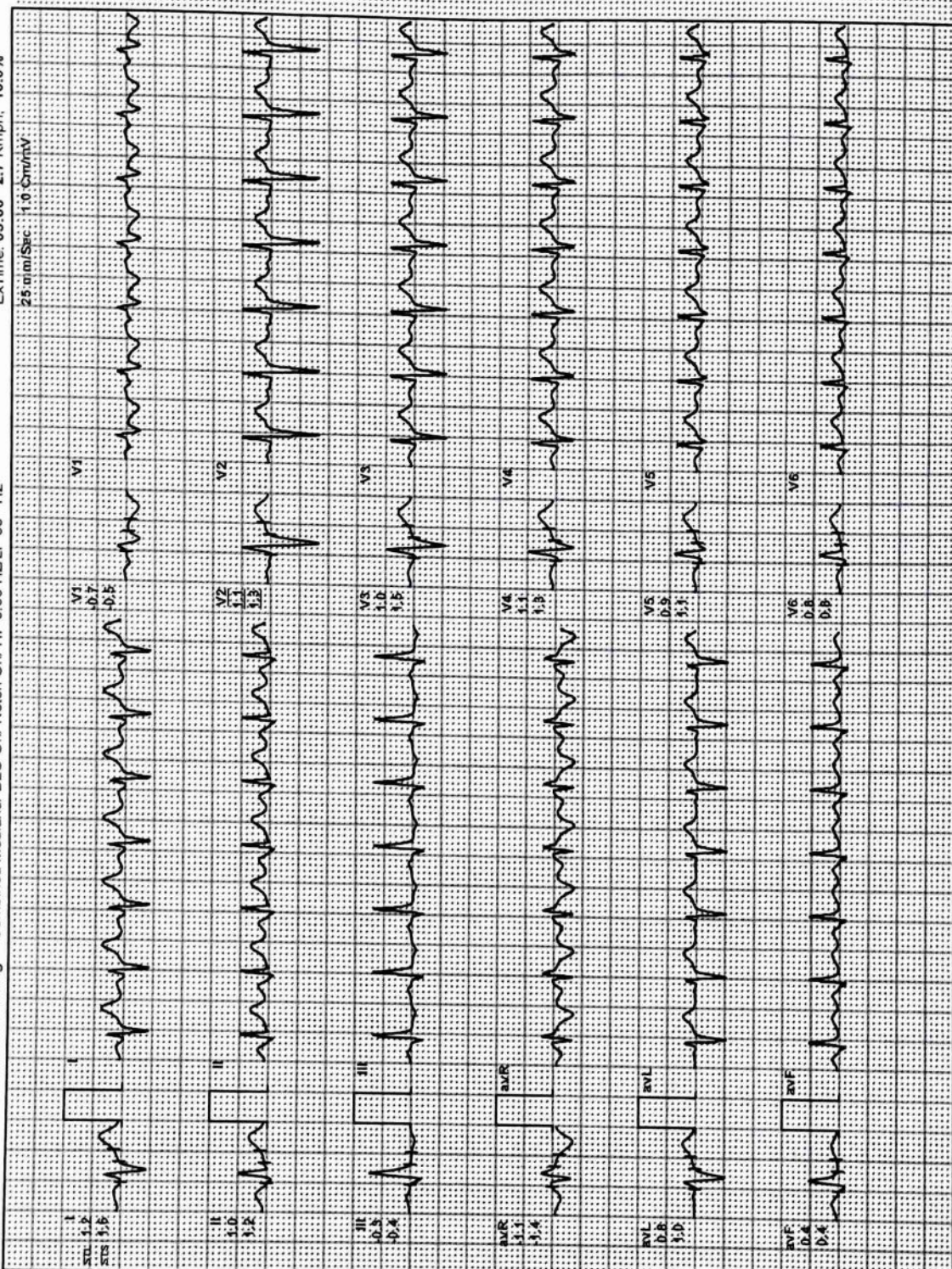
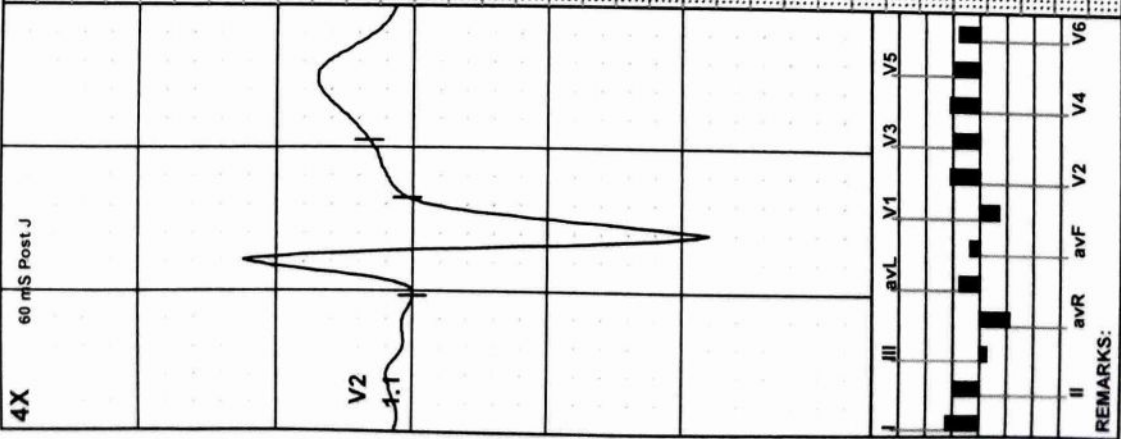
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ANIL KUMAR / 33 Yrs / M / 165 Cms / 84 Kg / HR : 134

BRUCE: Stage 1(3:00)



Date: 25 - 10 - 2024 METS: 4.71 134 bpm 72% of THR BP: 126/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExtTime: 03:00 2.7 Kmph, 10.0%



REMARKS:

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ANIL KUMAR / 33 Yrs / M / 165 Cms / 84 Kg / HR : 160

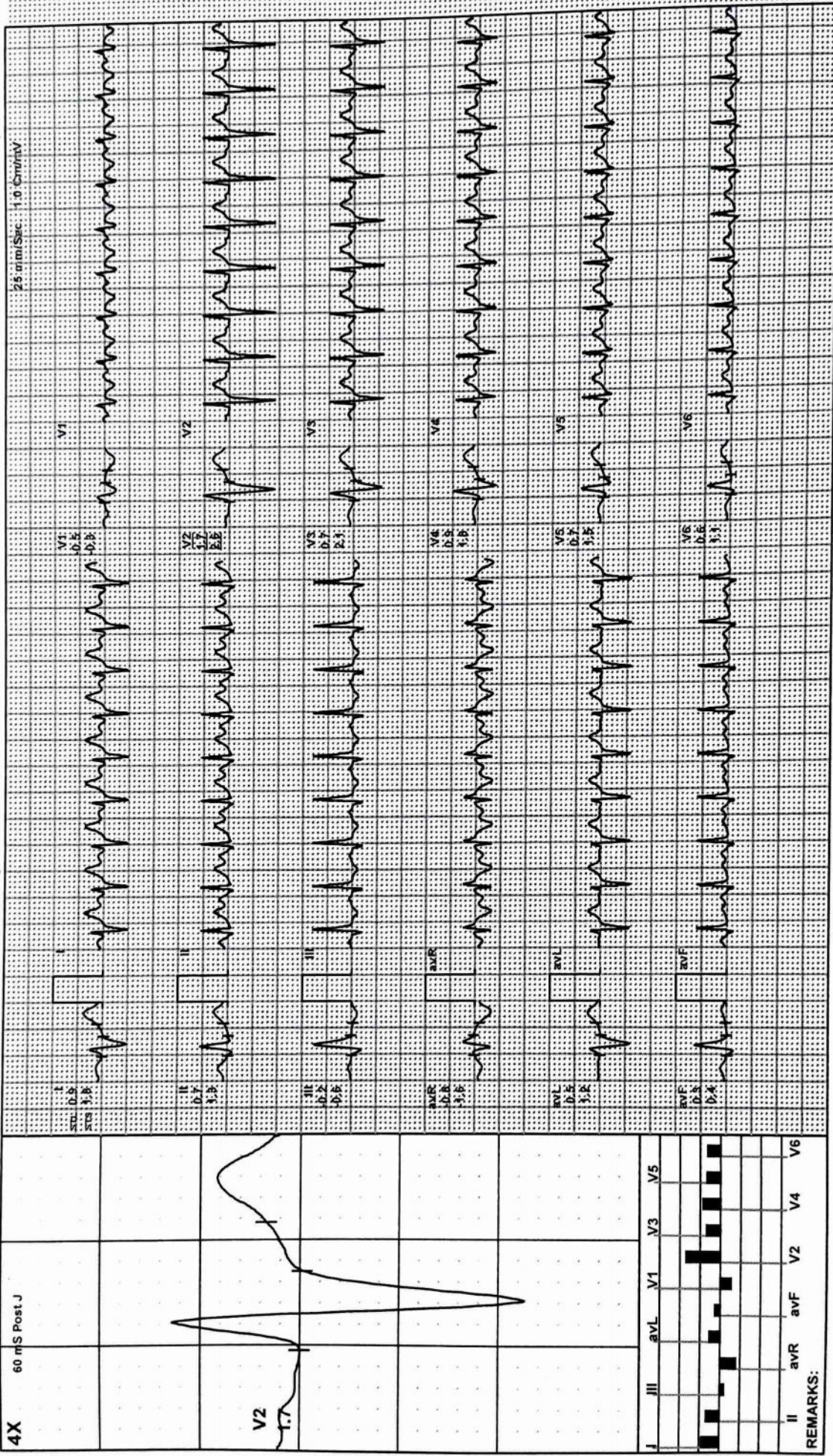
PeakEx



Date: 25 - 10 - 2024

METS: 7.4 / 160 bpm 86% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:15 5.5 KmPh. 14.0%



REMARKS:

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ANIL KUMAR / 33 Yrs / M / 165 Cms / 84 Kg / HR : 126

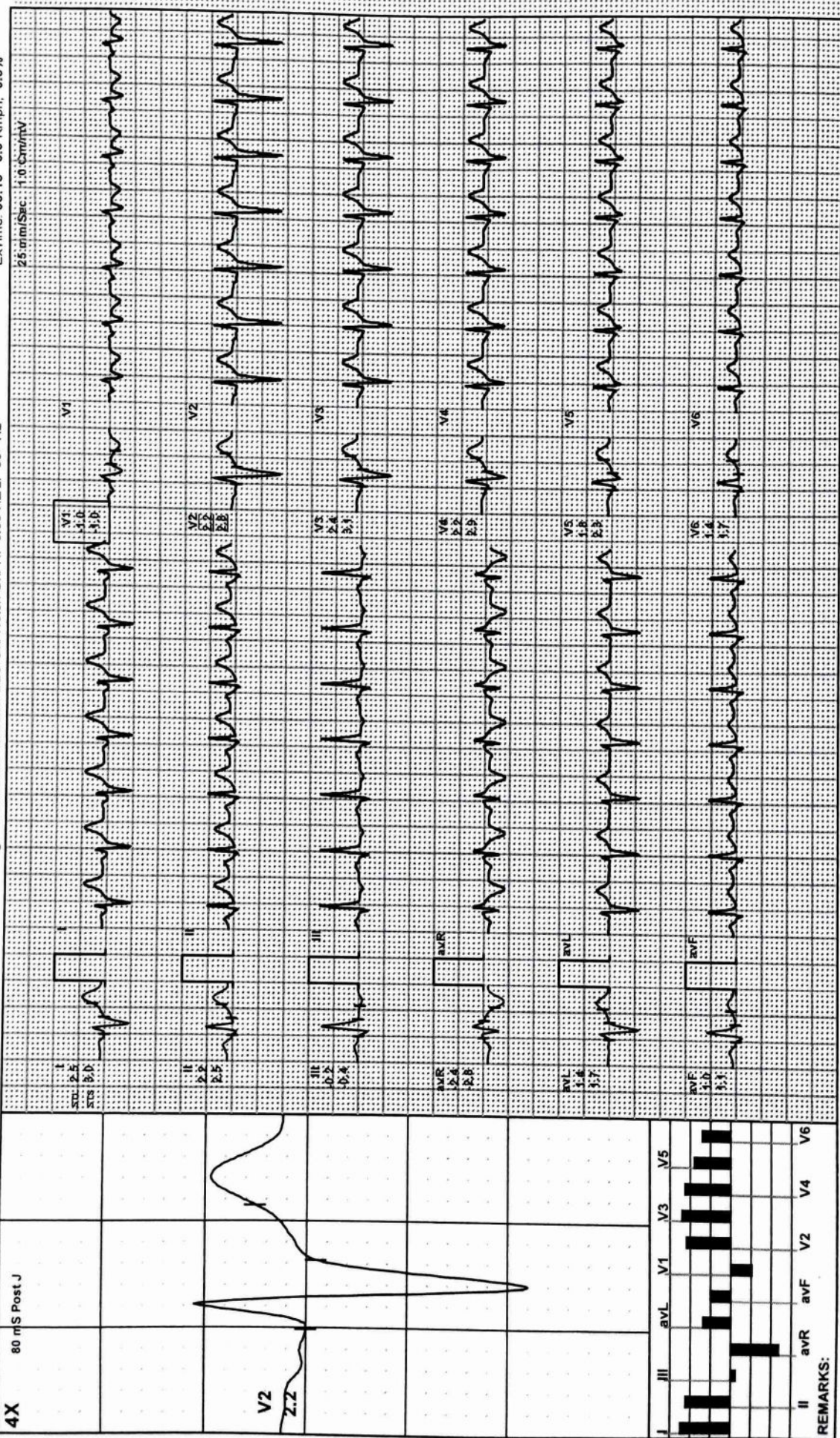
Recovery(1:00)



Date: 25 - 10 - 2024

METS: 1.2/ 126 bpm 67% of THR BP: 138/88 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:15 0.0 Kmph, 0.0%



REMARKS:

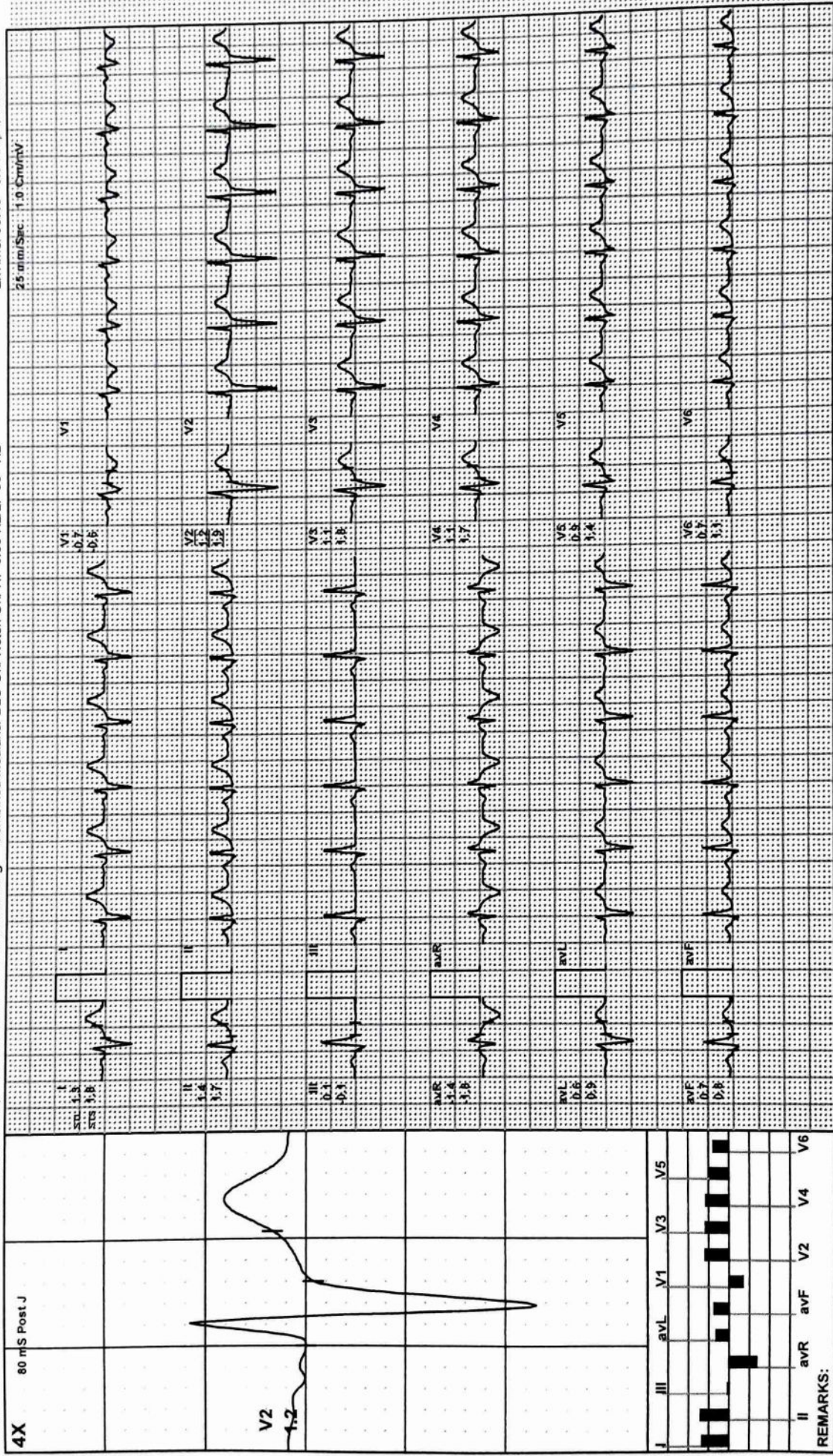
MODERN PATHOLOGY AND DIAGNOSTIC CENTER

ANIL KUMAR / 33 Yrs / M / 165 Cms / 84 Kg / HR : 113

Recovery(2:00)



Date: 25 - 10 - 2024 METS: 1.0/ 113 bpm 60% of THR BP: 134/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 06:15 0.0 Kmph, 0.0%





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DIAGNOSTIC CENTRE
CLINIC :
1/4A, Vineet Khand, (Opp Jaipuria Management)
Gomti Nagar, Lucknow - 226 010
Ph.: 0522-4008184, 4308184 • 8112323230
Mob.: 7618884441, 9450389932, 8177061817

Dr. R. P. Rastogi
M.B.B.S., M.D. (Path & Bac)



TEST REQUEST ID :012410250013	SAMPLE DATE	:25/Oct/2024 08:42AM
NAME :Mr. ANIL KUMAR	SAMPLE REC. DATE	:25/Oct/2024 08:42AM
AGE/SEX :33 YRS/MALE	REPORTED DATE	:25/Oct/2024 10:15AM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01250013

USG WHOLE ABDOMEN-MALE

Liver: is normal in size (137 mm). **Parenchymal echogenicity is increased.** No focal echovariant lesion is seen. Intrahepatic biliary radicles are not dilated.

Gall Bladder: is well distended. Lumen is anechoic. Wall is of normal thickness.

CBD: is normal in diameter. Portal vein is normal in diameter.

Pancreas: is normal in size, shape and echotexture. No focal echovariant lesion is seen. Pancreatic duct is not dilated.

Spleen: is normal in size (84 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

Right Kidney: is normal in size 105x40 mm, shape, position and excursion. Parenchymal echogenicity and echotexture is normal with maintained corticomedullary differentiation. No mass, cyst is seen. **There is e/o an echogenic focus measuring~ 4.0 mm casting posterior acoustic shadowing noted in middle calyx.** Pelvicalyceal systems are not dilated. Ureter is not dilated.

Left Kidney: is normal in size 94x38 mm, shape, position and excursion. Parenchymal echogenicity and echotexture is normal with maintained corticomedullary differentiation. No mass, cyst is seen. **A concretion is seen meas ~1.7 mm in lower calyx.** Pelvicalyceal systems are not dilated. Ureter is not dilated.



Surbhi

Dr.Surbhi
MBBS,MD (Radiodiagnosis)

Dr. Smita Rastogi
M.B.B.S., DCP

Results, adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.

SAMPLE COLLECTION FACILITY AVAILABLE

Report needs clinicopathological correlation ♦ Not for Medico Legal Purpose

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Urinary bladder: is partially distended. Lumen is anechoic. Wall is of normal thickness. No mass or calculus is seen.

Prostate: is normal in size (28x29x36 mms, wt = 16.1 gms), shape and echotexture. No focal echovariant lesion is seen. Prostatic capsule appears to be intact. Median lobe is not projecting in UB lumen. Both seminal vesicles appear normal.

Both iliac fossae are clear. No obvious bowel pathology is noted. There is no free fluid in peritoneal cavity.

OPINION:

- FATTY LIVER GRADE -I
- RIGHT RENAL CALCULUS
- LEFT RENAL CONCRETION.

*** End Of Report ***



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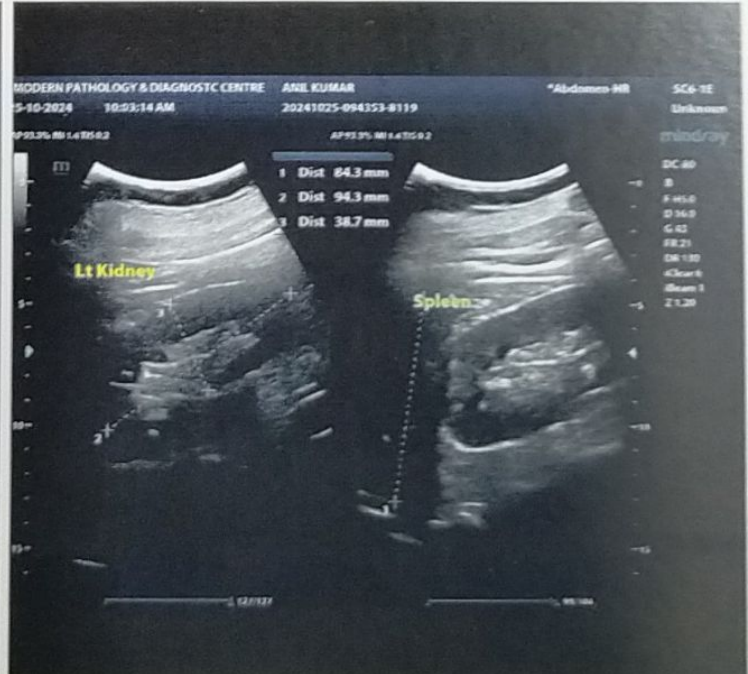
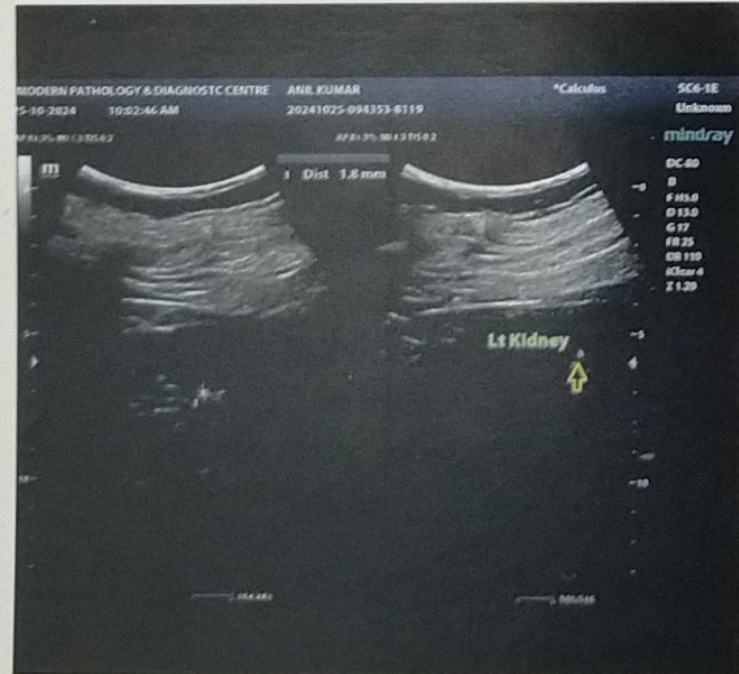
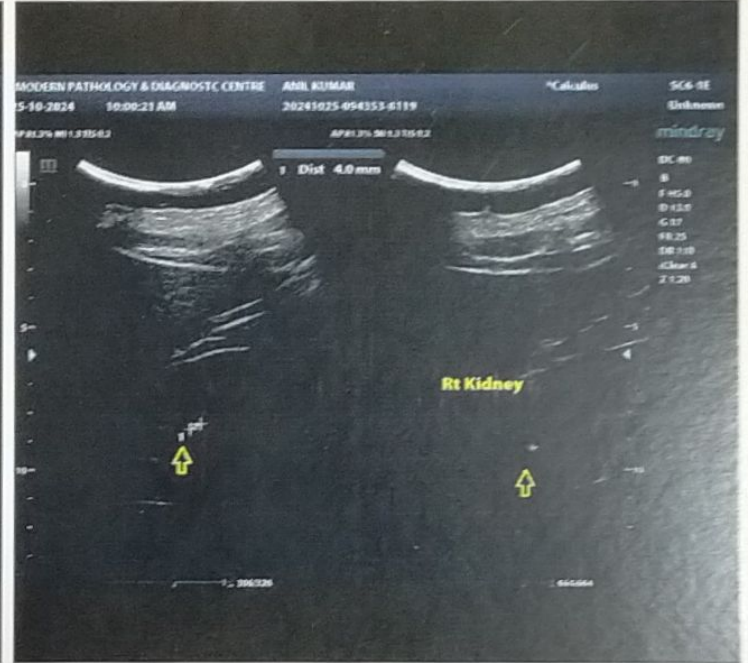
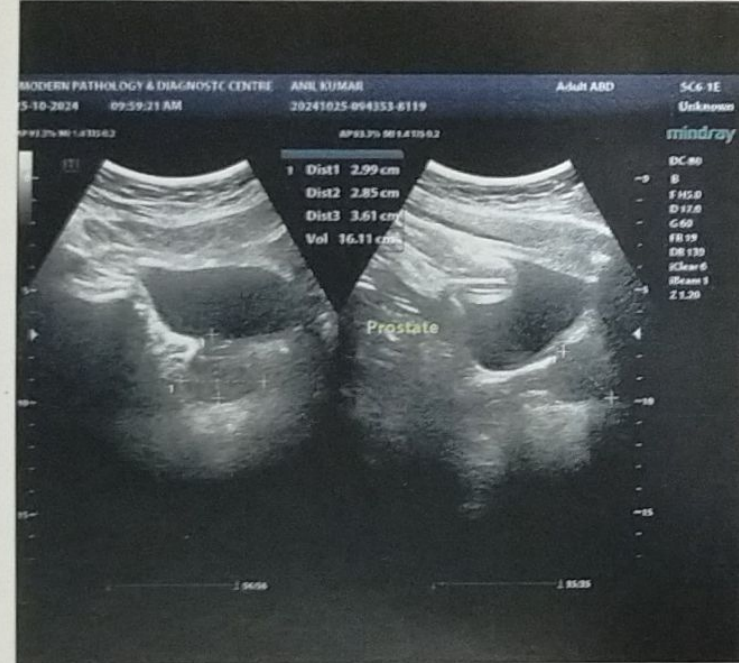
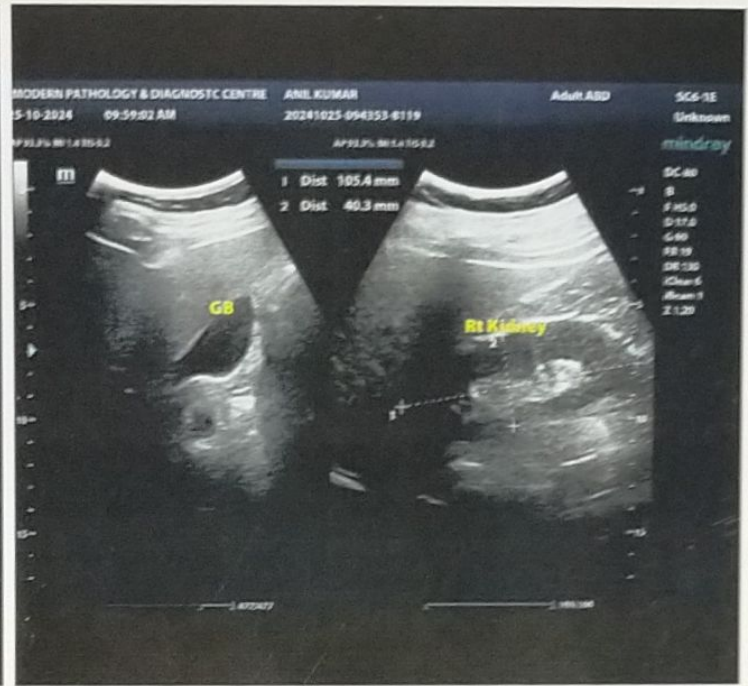
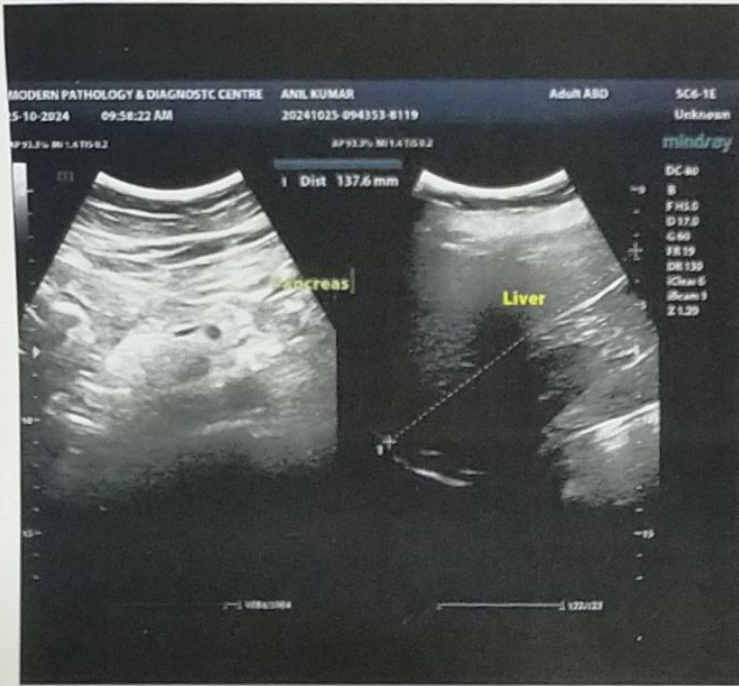
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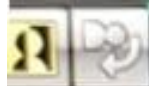
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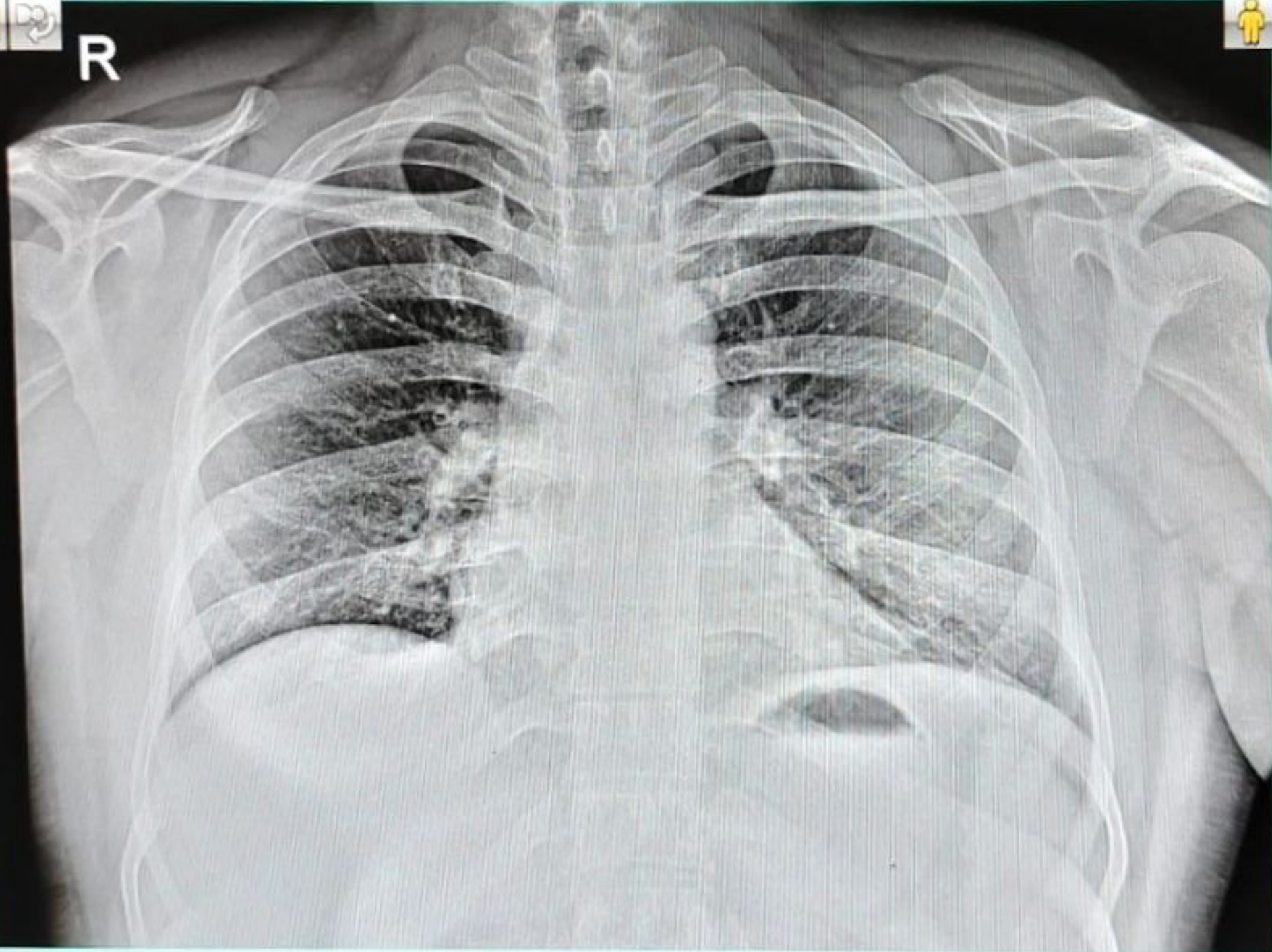
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R



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