

X10

MER- MEDICAL EXAMINATION REPORT

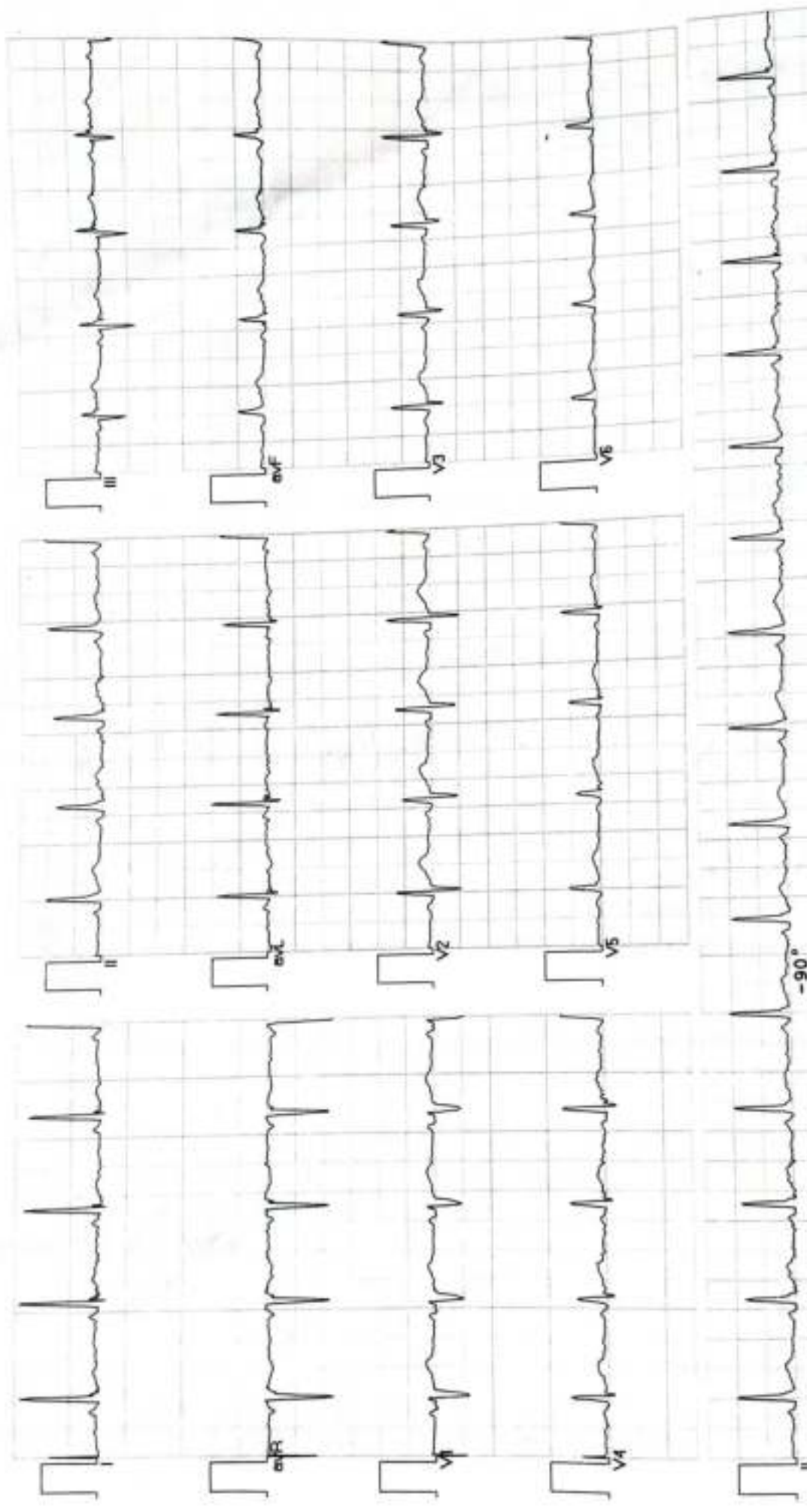
Date of Examination	28/10/23		
NAME	Ashish Srivastava		
AGE	37	Gender	M
HEIGHT(cm)	177	WEIGHT (kg)	88 BMI-28.1
B.P.	126/80		
BCG	norml		
X Ray			
Vision Checkup	norml		
Present Ailments	None		
Details of Past ailments (If Any)	No		
Comments / Advice : She /He is Physically Fit	Medicinesy Rip		
X-Ray Test is pending by chest.			



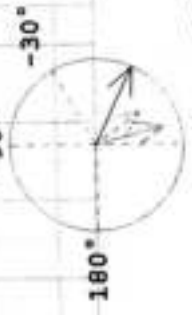
Dr. Smita Rastogi
MBBS, DCP
Reg. No. 37370

S. Rastogi

Signature with Stamp of Medical Examiner



Vent Rate : 91 bpm
 PR Interval : 110 ms
 QRS Duration : 84 ms
 QT/QTc Int : 314/368 ms
 P-QRS-T axis: 53.00 • 25.00 • 75.00 •



Axis
 90° R 25° T 75° P 53°

Normal ECG

Dr. ANANT MISHRA MD
 Reg. No. 44559



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, 817706387



TEST REQUEST ID :012310280015	SAMPLE DATE	:28/Oct/2023 09:39AM
NAME :Mr. ASHISH SRIVASTAVA	SAMPLE REC. DATE	:28/Oct/2023 09:39AM
AGE/SEX :37 YRS/MALE	REPORTED DATE	:30/Oct/2023 11:43PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01280015

USG WHOLE ABDOMEN-MALE

Liver: is normal in size (144 mm in c/c span). Parenchymal echogenicity is normal. No focal echovariant lesion is seen. Intrahepatic biliary radicles are not dilated. Portal vein is normal in diameter.

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

CBD: 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 (100 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

Both Kidneys: are normal in size (RK- 104 x 52 mm & LK – 111 x 49 mm), shape, position and excursion. Parenchymal echogenicity and echotexture is normal with maintained corticomedullary differentiation. **Pelvicalyceal system and ureter upto its distal third is mildly dilated and shows echogenic calculus (6.2 mm) impacted at vesico-ureteric junction on right side.**

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

Prostate: is normal in size (37 x 32 x 30 mms, wt = 18 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.

There is no free fluid in peritoneal cavity.

Dr. Sanjay Rastogi
M.B.B.S., DCP, CRIAT (BARC)

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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DR. PANKAJ UPADHYAYA
Consultant Radiologist

CLINIC :
1/4A, Vineet Khand, (Opp Jaipuria Management)
Gomti Nagar, Lucknow - 226 010
Ph.: 0522-4008184, 4308184 • 8112323230
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AGE/SEX :37 YRS/MALE	REPORTED DATE	:30/Oct/2023 11:43PM
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OPINION:

**RIGHT VESICO-URETERIC JUNCTION CALCULUS CAUSING IPSILATERAL GRADE - I
HYDRONEPHROSIS WITH PROXIMAL HYDROURETER.**

Please correlate clinically.

*** End Of Report ***

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M.B.B.S., DCP, CRIAT (BARC)

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MODERN PATHOLOGY AND DIAGNOSTIC CENTER

Gomti Nagar Lucknow

Report



ashish srivastava / 37 Yrs / M / 177 Cms / 88 Kg

Date: 28 - 10 - 2023 Refd By : APOLLO HEALTH Examined By:

Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	102	56 %	128/80	128	00	
Standing	00:08	0:04	00.0	00.0	01.0	102	56 %	126/80	128	00	
HV	00:12	0:04	00.0	00.0	01.0	094	51 %	126/80	118	00	
ExStart	00:30	0:18	00.0	00.0	01.0	100	55 %	126/80	126	00	
BRUCE Stage 1	03:30	3:00	02.7	10.0	04.7	125	68 %	132/86	165	00	
BRUCE Stage 2	06:30	3:00	04.7	12.0	08.0	157	86 %	140/92	219	00	
PeakEx	06:46	0:16	05.5	14.0	08.2	160	87 %	144/96	230	00	
Recovery	07:46	1:00	00.0	00.0	02.1	127	69 %	140/94	177	00	
Recovery	08:46	2:00	00.0	00.0	01.0	111	61 %	134/90	148	00	
Recovery	09:46	3:00	00.0	00.0	01.0	110	60 %	130/86	143	00	
Recovery	09:59	3:13	00.0	00.0	01.0	115	63 %	128/84	147	00	

FINDINGS :

Exercise Time : 06:16
 Max HR Attained : 160 bpm 87% of Target 183
 Max BP Attained : 144/96 (mm/Hg)
 Max WorkLoad Attained : 8.2 Fair response to induced stress
 Test End Reasons : Test Complete

REPORT :

CONCLUSIONS:

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

Dr. MIT MOJAN MD
 Reg. No. 44559

MODERN PATHOLOGY AND DIAGNOSTIC CENTER

ashish srivastava / 37 Yrs / M / 177 Cms / 88 Kg / HR : 100

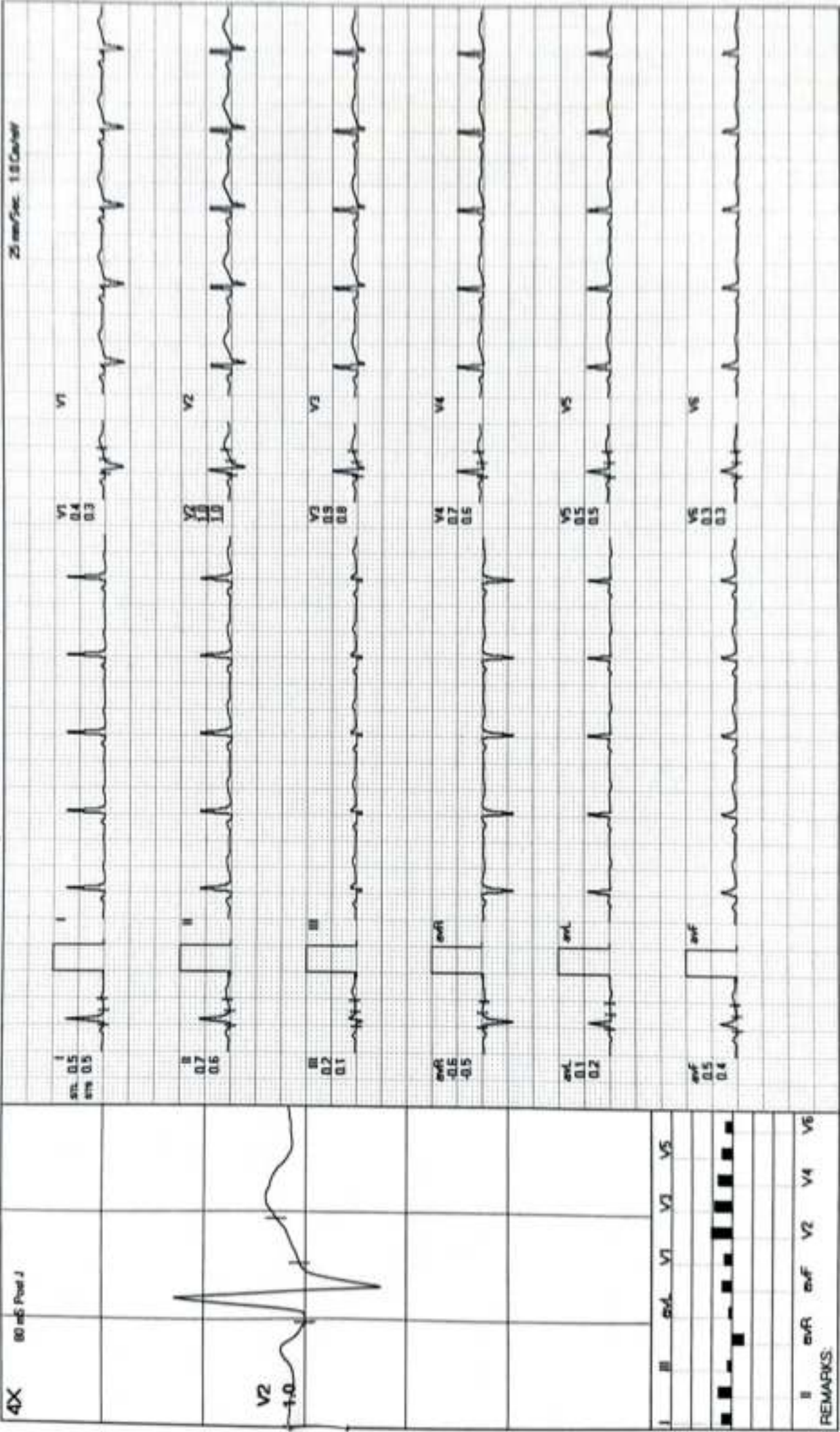
ExStart



Date: 28-10-2023

MEETS: 1.0/100 bpm 55% of THR BP: 126/80 mmHg Combined Medians/BLC. On/Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime 00:00 0.0 Kmph 0.0%



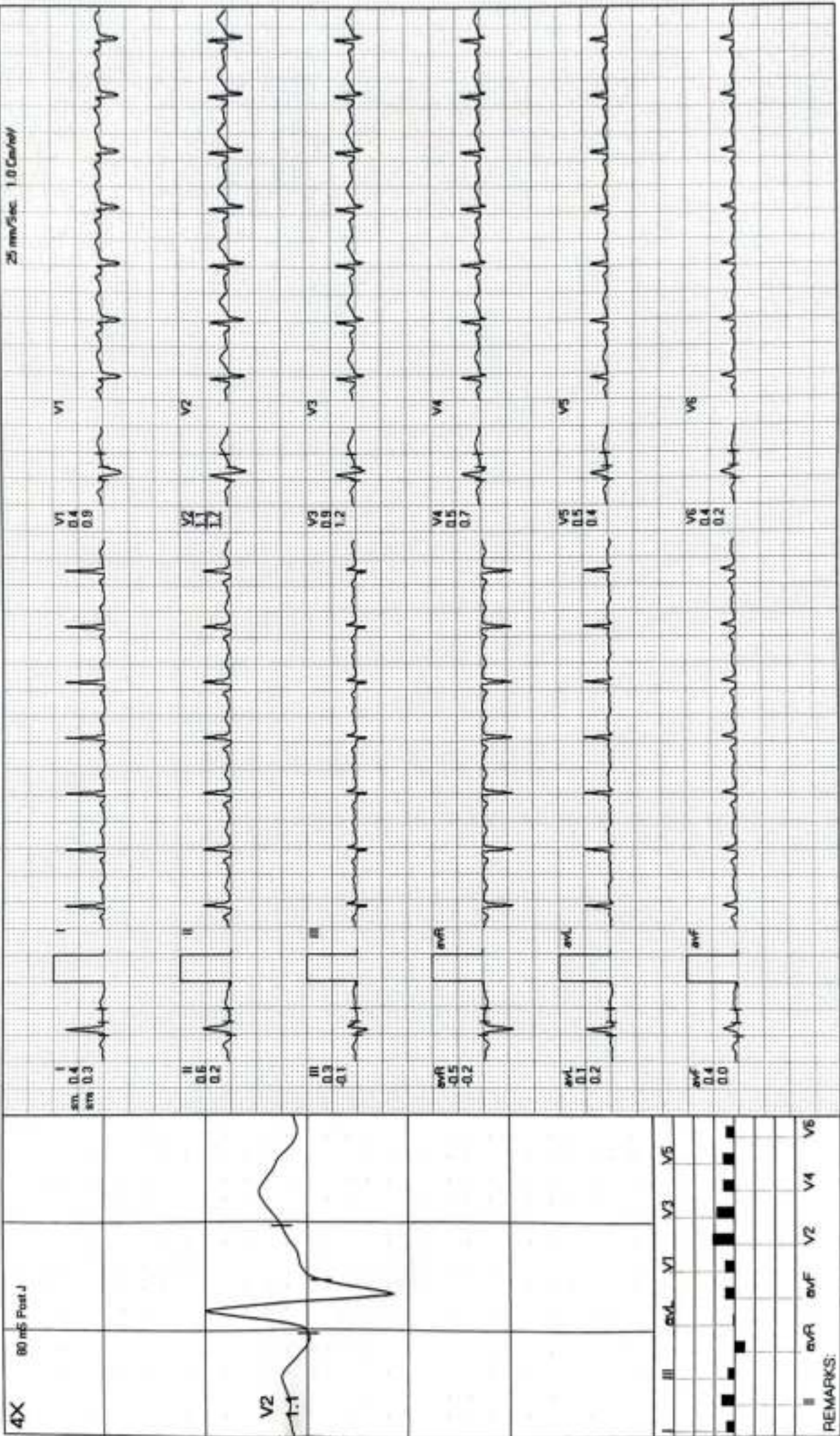
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ashish srivastava / 37 Yrs / M / 177 Cms / 88 Kg / HR : 125

BRUCE: Stage 1(3:00)



Date: 28-10-2023 METS: 4.7/125 bpm 68% of THR BP: 132/86 mmHg Combined Mediens/ BLC On/ Notch On/ HF 0.05 Hz/ LF 95 Hz ExTime: 03:00 2.7 Kmph 10.0%



REMARKS:

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ashish srivastava / 37 Yrs / M / 177 Cms / 88 Kg / HR : 157

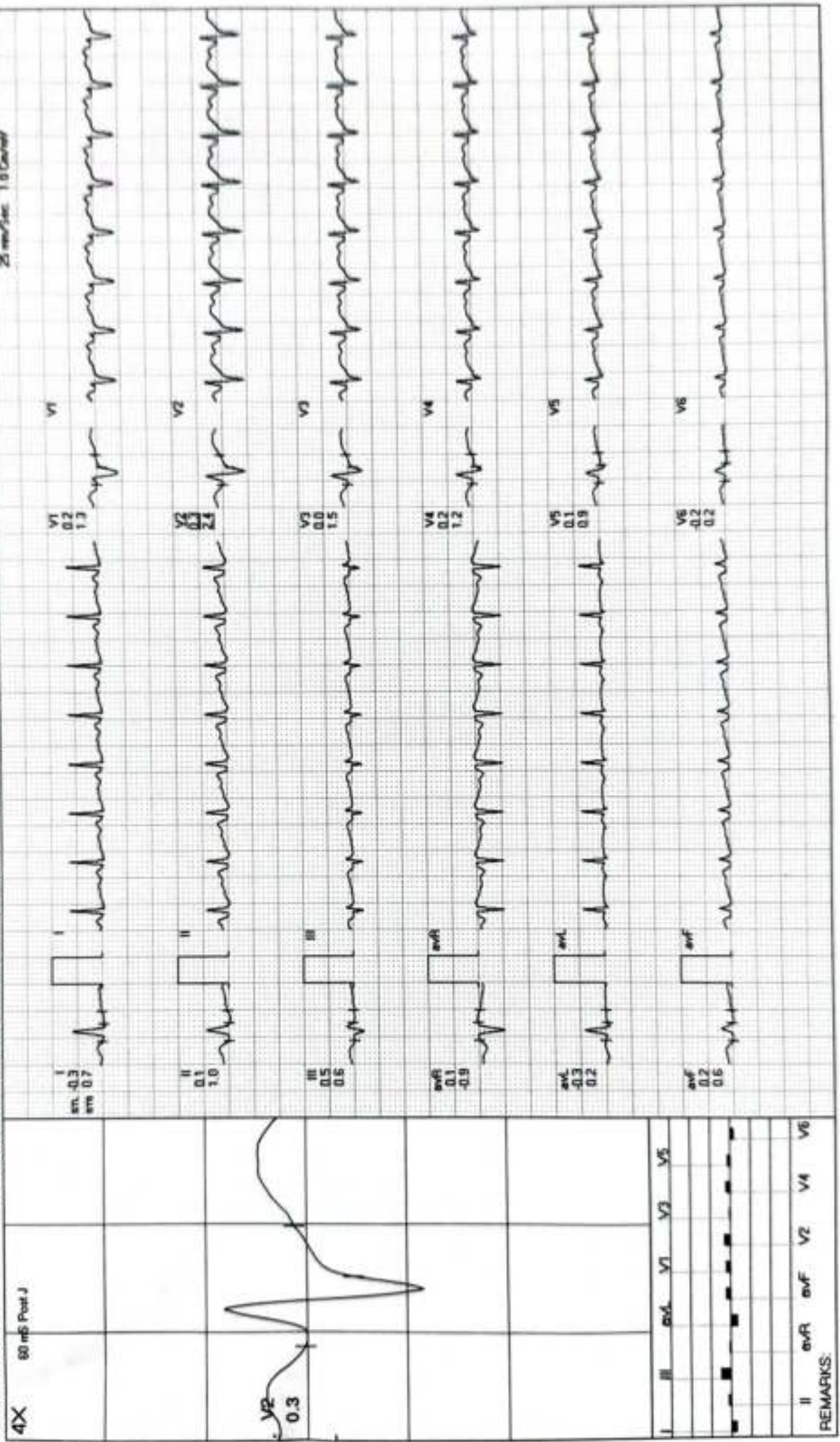
BRUCE: Stage 2(3:00)



ExTime 06:00 4.7 Kmph 12.0%
25 mm/Sec 1.0 Cal/cm

MEETS 8.0/ 157 bpm 86% of THR BP 140/92 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

Date: 28-10-2023



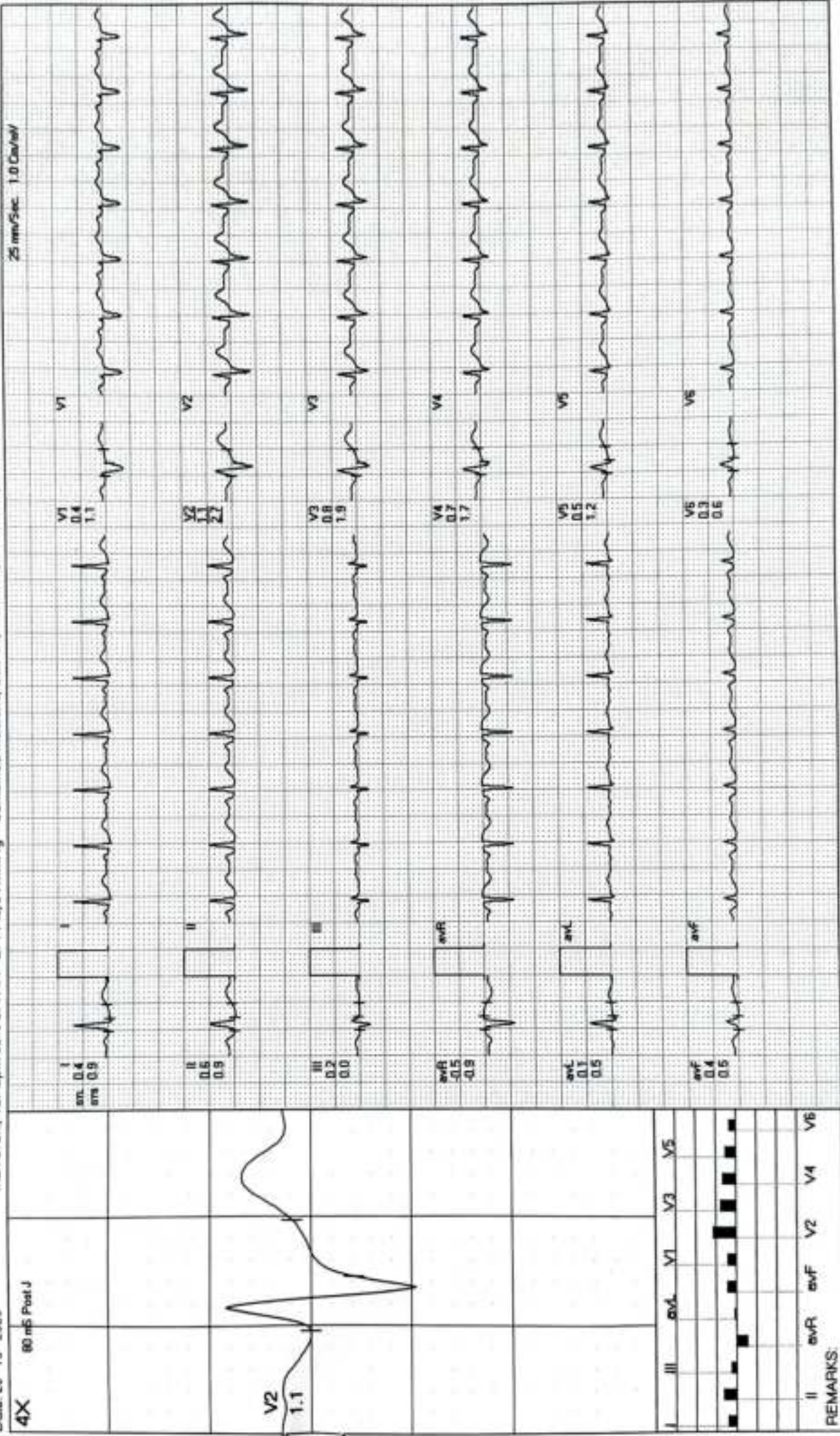
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ashish srivastava / 37 Yrs / M / 177 Cms / 88 Kg / HR : 127

Recovery(1:00)



Date: 28-10-2023 METS: 2.1/127 bpm 69% of THR BP: 140/94 mmHg Combined Medians/BLC Or/ HF 0.05 Hz/LF 35 Hz ExTime: 06:16 0.0 Kmph. 0.0%



REMARKS:

MODERN PATHOLOGY AND DIAGNOSTIC CENTER

ashish srivastava / 37 Yrs / M / 177 Cms / 88 Kg / HR : 111

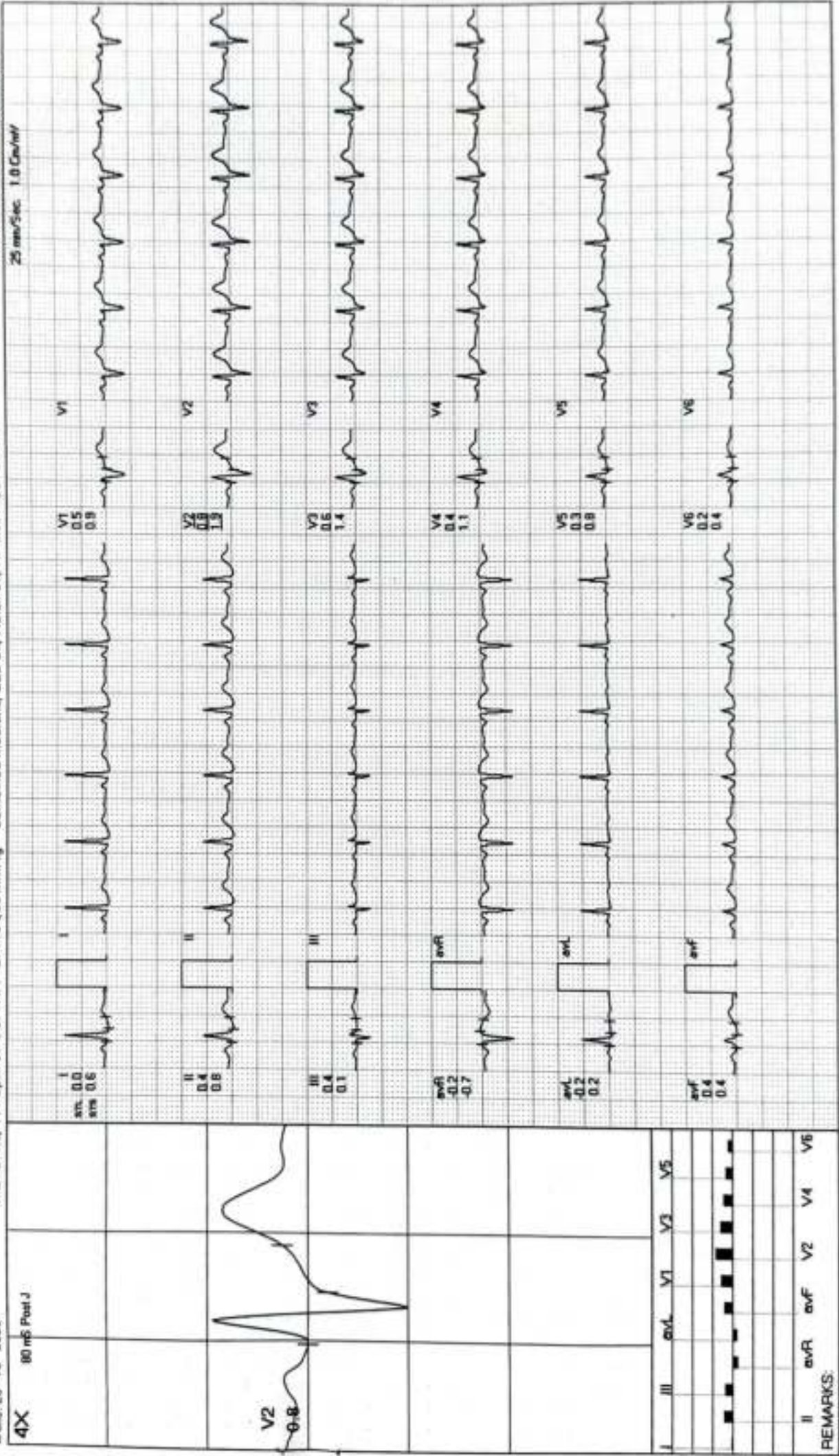
Recovery(2:00)



Date: 26-10-2023

METS: 1.0/111 bpm 61% of THR BP: 134/90 mmHg Combined Medians/BLC Ov/ Notch Ov/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:16 0.0 Kmph 0.0%



REMARKS:

MODERN PATHOLOGY AND DIAGNOSTIC CENTER

ashish srivastava / 37 Yrs / M / 177 Cms / 88 Kg / HR : 110

Recovery(3:00)

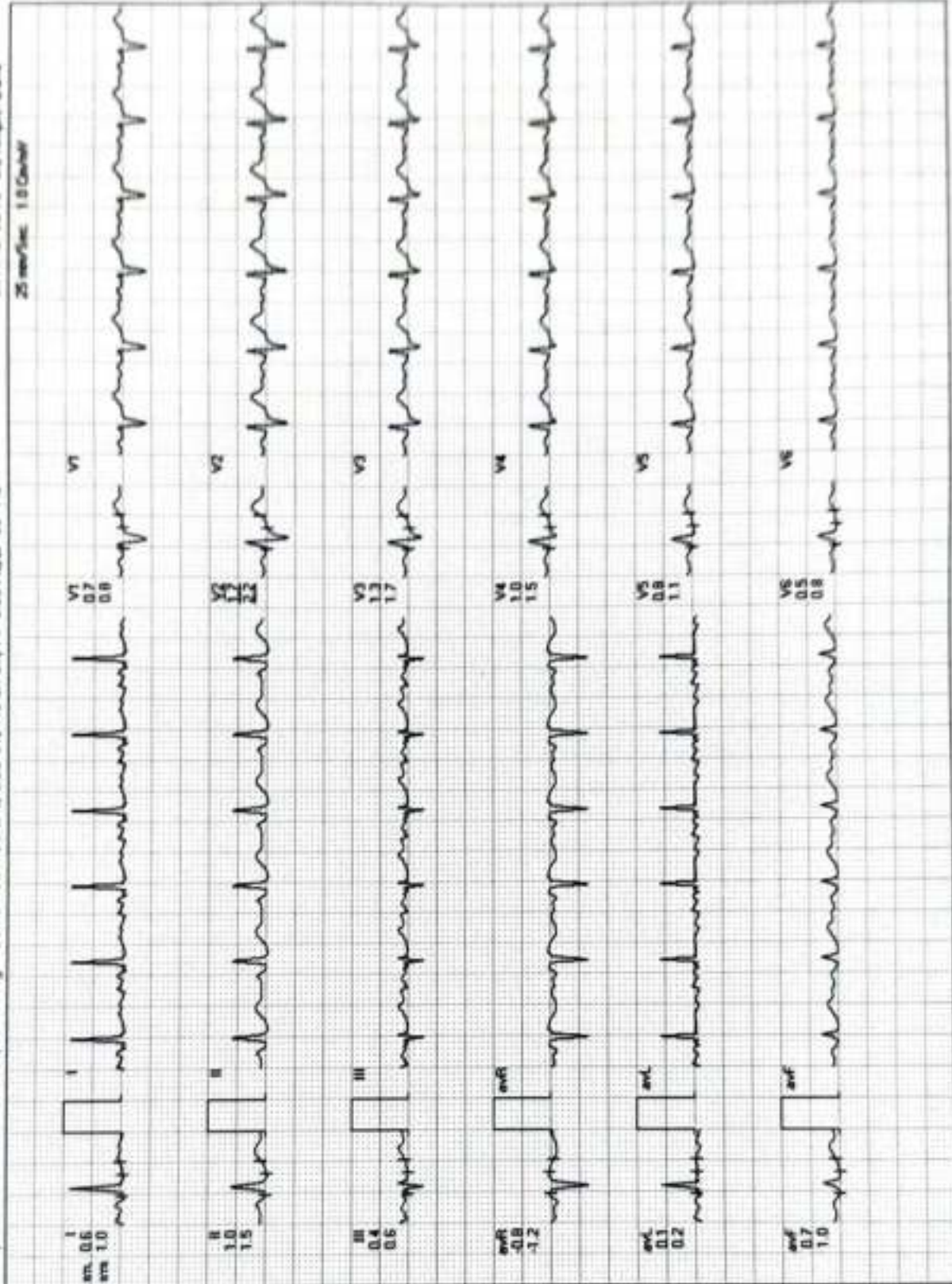
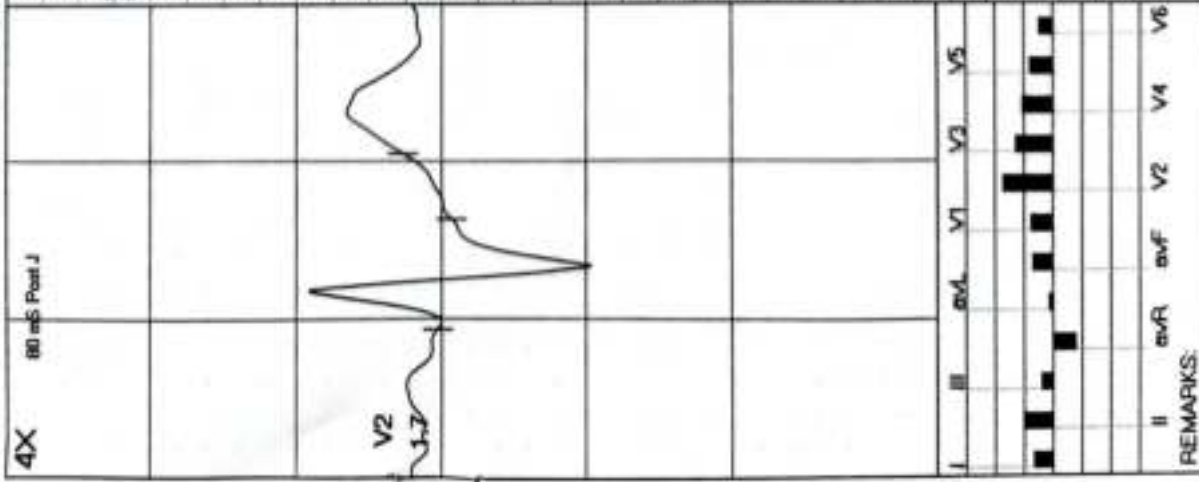


Date: 28-10-2023

METS: 1.0/110 bpm 60% of THR BP: 130/86 mmHg Combined Medians/ BLC On/ Notch On/ MF 0.05 Hz/LF 35 Hz

ExTime: 08:16 8.0 Kmph 8.8%

4X (80 ms Post J)



25 mm/sec 1.0mV

REMARKS:

MODERN PATHOLOGY AND DIAGNOSTIC CENTER

ashish srivastava / 37 Yrs / M / 177 Cms / 88 Kg / HR : 115

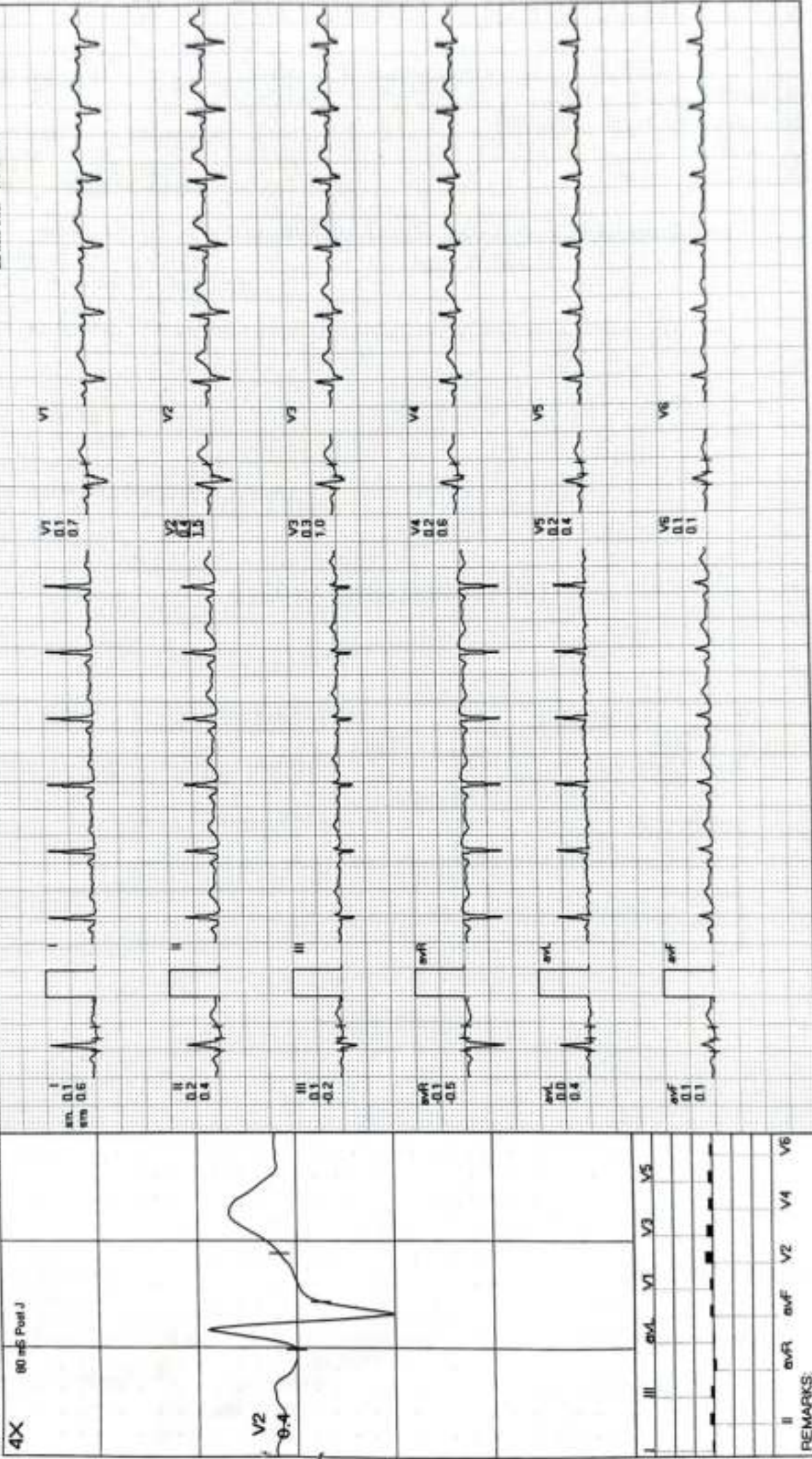
Recovery(3:13)



ExTime 06:16 0.0 Kmph 0.0%

Date 28-10-2023 METS: 1.0/115 bpm 63% of THR BP: 128/64 mmHg Combined Medians/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

25 mm/Sec 1.0 Cm/mV



REMARKS:

CLINIC :

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

Registration Date 28/10/2023

Age : 37 Sex: M

Name : Mr Ashish srivastava

Ref By: Apollo Health

Dr. H. S. Kholia

M.B.B.S., D.O.M.S.

Consultant Ophthalmologist

Registration No.: 34062 (M.C.I., U.P.)

EYES EXAMINATION REPORT

EYE SIGHT	DISTANT VISION		NEAR VISION	
	RIGHT	LEFT	RIGHT	LEFT
WITHOUT GLASSES	6/6	6/6	N-6	N-6
WITH GLASSES				
POWER OF GLASSES IF USED				
FUNDUS	NORMAL			
COLOR VISION	Present Normal according to ISHIHARA'S CHART			
PUPILS	Normally reacting to light and accommodation			



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M.B.B.S., DCP, CRIAT (BARC)

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M.B.B.S., DCP

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



Date	: 28-Oct-2023		
Name	: Mr. ASHISH SRIVASTAVA	Age	: 37 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male
Haemoglobin	14.8	gm%	14 - 17
Total Leucocyte Count	7900	Cells/cumm.	4000-11000
Differential Leucocyte Count			
Polymorphs	51	%	45 - 70
Lymphocytes	36	%	20 - 45
Eosinophils	05	%	0 - 6
Monocytes	08	%	0 - 8
Basophils	00	%	0 - 1
Erythrocyte Sedimentation Rate (Wintrobe)			
ESR	06	mm in 1st Hr.	0 - 9
PCV	46.1	cc%	40 - 52
Corrected ESR	02	mm in 1st Hr.	0 - 9
Platelet Count	2.98	lakh/cumm.	1.5 - 4.0
Red Cells Count	5.13	million/cmm	3.90 to 5.80
Absolute values			
MCV	89.9	fL	77 - 97
MCH	28.8	pg	27 - 31
MCHC	32.1	gm /dl	31 - 34

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Ph.: 0522-4008184, 4308184 • 8112323230
Mob.: 7618884441, 9450389932, 8177063877

Date	: 28-Oct-2023		
Name	: Mr. ASHISH SRIVASTAVA	Age	: 37 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

KFT			
UREA	29.4	mg %	15 - 50
CREATININE	1.10	mg %	0.5 - 1.5
URIC ACID	5.2	mg %	2 - 7
CALCIUM	9.7	mg %	8.8 - 10.0

Blood Group & Rh	"B" Positive
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Urine Sugar (Fasting)	NIL
-----------------------	-----

Urine Sugar (PP)	NIL
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Serum Gamma G.T.	36	IU/L	11 - 50
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Plasma Glucose - F GOD-POD Method	106	mg/dl	70 - 110
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Plasma Glucose - PP GOD-POD Method	119	mg/dl	110 - 170
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LFT T&D			
Total Bilirubin	0.63	mg%	0.2 - 1.0
Direct Bilirubin	0.18	mg%	0.0 to 0.40
Indirect Bilirubin	0.45	mg%	0.10 to 0.90
S.G.P.T	59	IU/L	5 - 40
S.G.O.T	46	IU/L	5 - 50
ALP	95	IU/L	40 to 129

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Date : 28-Oct-2023	Age : 37 Yrs.
Name : Mr. ASHISH SRIVASTAVA	Sex : Male
Ref.By : APOLLO HEALTH	

LIPID PROFILE

Triglycerids	122	mg%	70 - 190
S. Cholestrol S.	233	mg%	130 - 230
S. HDL Cholestrol	48.2	mg%	35 - 75
S. LDL Cholestrol	160.4	mg%	75 - 150
VLDL	24.4	mg%	0 - 34
Chol / HDL factor	4.83		
LDL / HDL Factor	3.33		

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 : 28-Oct-2023	
Name : Mr. ASHISH SRIVASTAVA	Age : 37 Yrs.
Ref.By : APOLLO HEALTH	Sex : Male

Urine Examination

PHYSICAL		
Colour	Straw	
Turbidity	Nil	
Deposit	Nil	
Reaction	Acidic	
*Specific Gravity	1.020	
CHEMICAL		
Protein	Nil	
Sugar	Nil	
*Bile Salts	Nil	
*Bile Pigments	Nil	
Phosphate	Nil	
MICROSCOPIC		
Pus Cells	Nil	/hpf
Epithelial Cells	1-2	/hpf
Red Blood Cells	Nil	/hpf
Casts	Nil	
Crystals	Nil	
Others	Nil	

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Date : 28-Oct-2023

Name : **Mr. ASHISH SRIVASTAVA**

Age : 37 Yrs.

Ref.By : APOLLO HEALTH

Sex : Male

Glycosylated Haemoglobin

Glycosylated Haemoglobin 5.3 % 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

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.

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Date	: 28-Oct-2023		
Name	: Mr. ASHISH SRIVASTAVA	Age	: 37 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

THYROID TEST

Tri-iodothyronine (T3)	1.90	nmol/L	0.50 to 2.50
Thyroxine (T4)	7.84	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	4.38	mIU/ ml	0.3 to 6.0

COMMENTS

- 1) Primary hyperthyroidism is accompanied by elevated Serum T3 and T4 values along with depressed TSH levels.
- 2) Primary Hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 3) Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis.
- 4) Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels maybe encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- 5) Elevated TSH levels may also be indicative of TSH secreting Pituitary Tumour.

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