

# MER-MEDICAL EXAMINATION REPORT

DATE OF EXAMINATION	25/11/23
NAME	CHETAN SHRIVASTAV
AGE	33
HEIGHT	180 Cm
WEIGHT	90 KG
BP	121/81
ECG	NORMAL
X-RAY	NORMAL
PRESENT AILMENTS	NO
DETAILS OF PAST AILMENTS (IF AY)	NO
COMMENTS/ADVICE :SHE/HE IS PHYSICALLY FIT	YES



Signature With Stamp Of Medical Examiner

Mr. Chetan

33/M

25/11/23

C/O - For eye checkup

DVAE 6/6  
Eglass 6/6

NVAE N/6  
N/6

Colour vision - Normal

*Sharva*

**DR. SHARVA PANDYA**  
MBBS, MS (OPHTH.)  
RMC : 021537 (MBBS) 007516 (MS.)  
JAI DRISHTI EYE HOSPITAL  
UDAIPUR (RAJ.)

चित्रकूट नगर, उदयपुर में हमारी  
नेत्र चिकित्सा सेवाएं शीघ्र उपलब्ध होंगी।

Cosmetology Partner :

Jai Drishti Eye Hospital, 23A, Residency Road, Opp. Equitas Bank, Sardarpura, Udaipur

जय दृष्टि आई हॉस्पिटल, 23-ए, रेजिडेंसी रोड, एक्विटास बैंक के सामने, सरदारपुरा, उदयपुर



www.vibracolor.com  
91-982901591

Name	:	Chetan shrivastav	Age	:	33 Yrs. / M-
Thanks To	:	Mediwheel Wellness	Date	:	25/11/2023

## X-RAY CHEST (PA VIEW)

Both lung fields appear normal.  
No e/o Koch's lesion or consolidation seen.  
Both CP angles appear clear.  
Both domes of diaphragm appear normal.  
Heart size and aorta are within normal limits.  
Bony thorax under vision appears normal.  
Both hila appear normal.

  
Consultant Radiologist



(This report is not valid for any Medico-legal purpose)



Lead: I

ECG Analysis Results



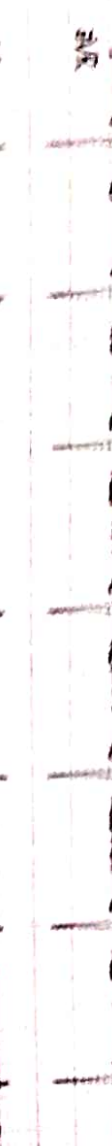
Lead: II

800 Normal Sinus Rhythm



Lead: III

401 Short P-R Interval



Lead: aVR

611 T Abnormal/Pe T



Lead: aVL

PR/ST/QTc: 69 50 -36



Lead: aVF

QT/QTc Interval: 390 410



Lead: V1

RV/ST/QTc: 69 50 -36



Lead: V2

RV/ST/QTc: 69 50 -36



Lead: V3

RV/ST/QTc: 69 50 -36



Lead: V4

RV/ST/QTc: 69 50 -36



Lead: V5

RV/ST/QTc: 69 50 -36

ST EMB (mV)

I	II	III	aVR	aVL	aVF
+0.00	-0.01	-0.01	+0.00	+0.00	-0.01
V1	V2	V3	V4	V5	V6
+0.08	+0.01	+0.00	+0.00	+0.00	+0.00

V2 33 Technician

Note: Unstandard Report Used in Print

Name	: Chetan shrivastav	Age	: 33 Yrs. / M-
Thanks To	: Mediwheel Wellness	Date	: 25/11/2023

## ULTRASOUND STUDY OF WHOLE ABDOMEN

**LIVER**  
Liver is normal in size, shape & bright in echotexture. No focal mass lesion is seen. Intra hepatic biliary radicles are normal. Portal vein is normal in caliber.

**GALL BLADDER**  
Gall bladder is well distended. The wall thickness appears normal. No evidence of calculus or mass lesion is seen. C.B.D. appears normal.

**PANCREAS**  
Pancreas is normal in size, shape & echotexture. No focal mass lesion is seen.

**SPLEEN**  
Spleen is normal in size, shape & echotexture. No focal mass lesion is seen.

**BOTH KIDNEYS**  
Both kidneys are normal in size, shape & echotexture. Renal parenchyma appears normal. No evidence of hydronephrosis, calculus or cortical scarring is seen in either kidney.  
Right kidney measures : 10.3 x 4.7 cms.  
Left kidney measures : 10.9 x 4.6 cms.

**URINARY BLADDER**  
Urinary bladder is well distended and appears normal in contour. The wall thickness appears normal.

**PROSTATE**  
Prostate is normal in size, shape and echotexture.  
No obvious abdominal lymphadenopathy is seen.  
No free fluid is seen in peritoneal cavity.

**OPINION:**  
• Grade I fatty liver.



*Raj*  
MD (Radio-Diagnosis)  
Consultant Radiologist

(This report is not valid for any Medico-legal purpose)  
ENCL: - PCPNDT Registration Certificate is printed on the back side of this report.

Patient Name	: Chetan shrivastav	Location	: Udaipur
Age/Sex	: 33 Yrs. /-M	Visit No	:
MRN No.	:	Order	:
Ref. Doctor	: Heath checkup	Date	:
		Report	: 27/11/2023
		Date	:

## Echocardiography

### Final Interpretation

1. No RWMA, Normal LV systolic function, LVEF – 60%
2. Normal Cardiac chamber dimensions
3. Trace MR, Trace TR, Normal PASP.
4. No clot/mass pathology.
5. IVC Normal

### M-Mode/2-D Description:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized. RV systolic function is normal.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** It appears normal.
- **Tricuspid Valve:** It appears normal.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

### Doppler Analysis:

- **Pulmonic Regurgitation** : Nil
- **Mitral Regurgitation** : Trace
- **Aortic Regurgitation** : Nil
- **Tricuspid Regurgitation** : Trace
- **Diastolic Parameters** :

P.T.O.

# Upra Scans & Labs

## Echocardiography

### Measurements (mm):

	Observed values	Normal values
Aortic root diameter	28	20-36 (22mm/M <sup>2</sup> )
Aortic valve opening		15-26
Left atrium size	30	19-40

	End Diastole	End Systole	Normal Values
Left ventricle size	43	21	(ED=37-56; Es=22-40)
Interventricular septum	11	15	(ED=6-12)
Posterior wall thickness	11	15	(ED=5-10)

LV Ejection Fraction (%)	60%	55%-80%
HR		

### Maximum Velocity across valve (cm/s)

Pulmonary	113	Aortic	184

Mitral Inflow Pattern		Normal values
E/A	120/70	1-25
DT	175	160-200ms
PHT		
PVs:PVd		PVs>PVd


  
 Consultant Radiologist

(This report is not valid for any Medico-legal purpose)

2-B, Ground Floor, Court Choraha, Main Road Tehsil Ke Samne, Udaipur 313001 (Raj.)

Mob.: 7229961115, 7229970005, 7229901188

(24 x 7 Customer Service) Email : Kshipralabsudaipur@gmail.com



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<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Interval</u>
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### KIDNEY FUNCTION TEST

UREA <i>(Urease &amp; glutamate dehydrogenase)</i>	28.9	mg/dL	10 - 50
Creatinine <i>(Jaffe method)</i>	0.91	mg/dL	0.5 - 1.4
Uric Acid <i>(Enzymatic colorimetric)</i>	4.2	mg/dL	2.5 - 7.0

----- End Of Report -----





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### COMPLETE BLOOD COUNT (CBC)

SPECIMEN: EDTA BLOOD

Hemoglobin	11.9	g/dL	13.0 - 17.0
RBC Count	6.68	million/cmm	4.5 - 5.5
Hematocrit (PCV)	37.3	%	40 - 54
MCH	17.8	Pg	27 - 32
MCV	55.8	fL	83 - 101
MCHC	31.9	%	31.5 - 34.5
RDW	16.5	%	11.5 - 14.5
WBC Count	8900	/cmm	4000 - 11000

### DIFFERENTIAL WBC COUNT (Flow cytometry)

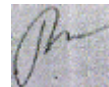
Neutrophils (%)	69	%	38 - 70
Lymphocytes (%)	27	%	20 - 40
Monocytes (%)	03	%	2 - 8
Eosinophils (%)	01	%	0 - 6
Basophils (%)	00	%	0 - 2
Neutrophils	6141	/cmm	
Lymphocytes	2403	/cmm	
Monocytes	267	/cmm	
Eosinophils	89	/cmm	
Basophils	0	/cmm	
Platelet Count (Flow cytometry)	307000	/cmm	150000 - 450000
MPV	8.1	fL	7.5 - 11.5

### ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	09	mm/hr	0 - 14
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*Modified Westergren Method*

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<b>LIPID PROFILE</b>			
Cholesterol <i>(Enzymatic colorimetric)</i>	186.0	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>(Enzymatic colorimetric)</i>	166.5	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	33.30	mg/dL	15 - 35
LDL CHOLESTEROL	101.50	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <i>Homogeneous enzymatic colorimetric</i>	51.2	mg/dL	30 - 70
Cholesterol /HDL Ratio <i>Calculated</i>	3.63		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	1.98		0 - 3.5



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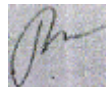
Parameter	Result	Unit	Reference Interval
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**NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP**<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

**LDL CHOLESTEROL**  
**CHOLESTEROL**  
**HDL CHOLESTEROL**  
**TRIGLYCERIDES**  
Optimal<100  
Desirable<200  
Low<40  
Normal<150  
Near Optimal 100-129  
Border Line 200-239  
High >60  
Border High 150-199  
Borderline 130-159  
High >240  
-  
High 200-499  
High 160-189  
-  
-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
  - For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpreation available from the lab
  - All tests are done according to NCEP guidelines and with FDA approved kits.
  - LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- # For test performed on specimens received or collected from non-KSHIPRA locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender.  
KSHIPRA will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.  
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----- End Of Report -----





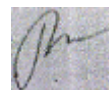
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<b>LIVER FUNCTION TEST</b>			
Total Bilirubin <i>Colorimetric diazo method</i>	0.68	mg/dL	0.10 - 1.0
Conjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.24	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.44	mg/dL	0.0 - 1.1
SGOT <i>(Enzymatic)</i>	21.3	U/L	0 - 37
SGPT <i>(Enzymatic)</i>	27.8	U/L	0 - 40
Alakaline Phosphatase <i>(Colorimetric standardized method)</i>	102.3	U/L	53 - 130
<b><u>Protien with ratio</u></b>			
Total Protein <i>(Colorimetric standardized method)</i>	7.2	g/dL	6.5 - 8.7
Albumin <i>(Colorimetric standardized method)</i>	4.1	mg/dL	3.5 - 5.3
Globulin <i>Calculated</i>	3.10	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.32		0.8 - 2.0

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### HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C <i>Boronate Affinity with Fluorescent Quenching</i>	5.9	% of Total Hb	Poor Control : > 7.0 % Good Control : 6.2-7.0 % Non-diabetic Level : 4.3-6.2 %
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Mean Blood Glucose <i>Calculated</i>	132.74	mg/dL	
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#### **Degree of Glucose Control Normal Range:**

Poor Control >7.0% \*

Good Control 6.0 - 7.0 %\*\*Non-diabetic level < 6.0 %

\* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

\* Some danger of hypoglycemic reaction in Type I diabetics.

\* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

#### **EXPLANATION :-**

\*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HbA1c in the cell reflects the average blood glucose concentration it encounters.

\*The level of HbA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

\*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

\*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

#### **HbA1c assay Interferences:**

\*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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**PLASMA GLUCOSE**

Fasting Blood Sugar (FBS) <i>Hexokinase Method</i>	87.9	mg/dL	70 - 110
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Post Prandial Blood Sugar (PPBS) <i>Hexokinase Method</i>	129.1	mg/dL	70 - 140
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**Criteria for the diagnosis of diabetes** 1. HbA1c  $\geq$  6.5 \*

Or

2. Fasting plasma glucose  $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose  $\geq$  200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

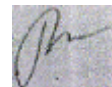
Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq$  200 mg/dL.

\*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.

American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

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### THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>Chemiluminescence</i>	1.19	ng/mL	0.87 - 1.81
T4 (Thyroxine) <i>Chemiluminescence</i>	10.81	µg/dL	5.89 - 14.9
TSH ( ultra sensitive ) <i>Chemiluminescence</i>	2.154	µIU/ml	0.34 - 5.6

**SUMMARY** The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones. TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid. **LIMITATION** Presence of autoantibodies may cause unexpected high value of TSH

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### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATION

Quantity : 20 cc  
Colour : Pale Yellow  
Appearance : Clear

#### CHEMICAL EXAMINATION ( BY REFLECTANCE PHOTOMETRIC METHOD)

pH	6.0	5.0 - 8.0
Sp. Gravity	1.015	1.002 - 1.03
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urine Bile salt and Bile Pigment	Nil	
Urine Bilirubin	Nil	
Nitrite	Nil	
Leucocytes	Nil	
Blood	Nil	

#### MICROSCOPIC EXAMINATION (MANUAL BY MCIROSCOPY)

Leucocytes (Pus Cells)	Occasional/hpf
Erythrocytes (Red Cells)	Occasional/hpf
Epithelial Cells	1-2/hpf
Amorphous Material	Nil
Casts	Nil
Crystals	Nil
Bacteria	Nil
Monilia	Nil

----- End Of Report -----

