

MER- MEDICAL EXAMINATION REPORT

Date of Examination	3/03/24		
NAME	Vikram Singh		
AGE	30	Gender	m
HEIGHT(cm)	175	WEIGHT (kg)	75 BMI - 24.5
B.P.	120/80		
ECG	Normal		
X Ray	Normal		
Vision Checkup	→		
Present Ailments	None		
Details of Past ailments (If Any)	No		
Comments / Advice : She /He is Physically Fit	ME Duesing Pp		




Dr. Shrikanth Reddy  
 MBBS, DCP  
 Reg. No. 27870

Signature with Stamp of Medical Examiner

भारत सरकार  
Government of India

भारत सरकार 24/11/2014



नाम विक्रम सिंह  
Date of Birth: 10/10/1985  
Sex: MALE

8633 7730 0976  
VID : 9106 1443 2136 2524  
मेरा आधार, मेरी पहचान




*Handwritten signature*

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नाम: S/O विक्रम सिंह, प्लॉट नं 16, कामला नगर, अंधा नगर, कानपुर, उत्तर प्रदेश - 227202

Address: S/O Randheer Singh, plot no 16, kamla nagar, am bahawan, kamlabad badhoi, Balshi Ka Talab\*\*, Lucknow, Uttar Pradesh - 227202



8633 7730 0976  
VID : 9106 1443 2136 2524

1847 | help@uidai.gov.in | www.uidai.gov.in



# MODERN PATHOLOGY & 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	: 03-Mar-2024		
Name	: <b>Mr. VIKRAM SINGH</b>	Age	: 38 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

Haemoglobin	14.9	gm%	14 - 17
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Total Leucocyte Count	7500	Cells/cumm.	4000-11000
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Differential Leucocyte Count			
Polymorphs	50	%	45 - 70
Lymphocytes	37	%	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	48.3	cc%	40 - 52
Corrected ESR	02	mm in 1st Hr.	0 - 9

Platelet Count	1.99	lakh/cumm.	1.5 - 4.0
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Red Cells Count	5.62	million/cmm	3.90 to 5.80
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Absolute values			
MCV	85.9	fL	77 - 97
MCH	26.5	pg	27 - 31
MCHC	30.8	gm /dl	31 - 34

Plasma Glucose - F GOD-POD Method	134	mg/dl	70 - 110
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Plasma Glucose - PP GOD POD Method	218	mg/dl	110 - 170
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Blood Group & Rh	"B" Positive		
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**Dr. Sanjay Rastogi**  
M.B.B.S., DCP, CRIAT (BARC)

**Dr. Smita Rastogi**  
Contd... 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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DIAGNOSTIC CENTRE

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Name	: <b>Mr. VIKRAM SINGH</b>	Age	: 38 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

KFT			
UREA	18.1	mg %	15 - 50
CREATININE	1.12	mg %	0.5 - 1.5
URIC ACID	5.3	mg %	2 - 7
CALCIUM	9.7	mg %	8.8 - 10.0

Serum Bilirubin	0.69	mg%	0.2 - 1.0
Direct Bilirubin	0.21	mg%	0.0 to 0.40
Indirect Bilirubin	0.48	mg%	0.10 to 0.90

SGOT	<b>45</b>	IU/L	UPTO 40
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SGPT	<b>63</b>	IU/L	Upto 40
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S. Alkaline Phosphatase	152	IU/L	100 - 275
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Serum Gamma G.T.	16	IU/L	11 - 50
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Date	: 03-Mar-2024	Age	: 38 Yrs.
Name	: <b>Mr. VIKRAM SINGH</b>	Sex	: Male
Ref.By	: APOLLO HEALTH		

### LIPID PROFILE

Triglycerids	156	mg%	70 - 190
S. Cholestrol S.	186	mg%	130 - 230
S. HDL Cholestrol	46.4	mg%	35 - 75
S. LDL Cholestrol	108.4	mg%	75 - 150
VLDL	31.2	mg%	0 - 34
Chol / HDL factor	4.01		
LDL / HDL Factor	2.34		

### 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	: 03-Mar-2024		
Name	: Mr. VIKRAM SINGH	Age	: 38 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

### THYROID TEST

Tri-iodothyronine (T3)	1.80	nmol/L	0.50 to 2.50
Thyroxine (T4)	6.48	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	2.48	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 may be 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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M.B.B.S., DCP, CRIAT (BARC)

Dr. Smriti Rastogi  
Contd... M.B.B.S., DCP

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Date	: 03-Mar-2024		
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Ref.By	: APOLLO HEALTH	Sex	: Male

### Glycosylated Haemoglobin

Glycosylated Haemoglobin	6.4	%	4.5 TO 6.0
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INTERPRETATION AND COMMENTS

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- 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	: 03-Mar-2024		
Name	: <b>Mr. VIKRAM SINGH</b>	Age	: 38 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

### Urine Examination

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

**Dr. Sanjay Rastogi**  
Page 6 of 6  
M.B.B.S., DCP, CRAT (BARC)

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TEST REQUEST ID :012403030021	SAMPLE DATE	:03/Mar/2024 08:40AM
NAME :Mr. VIKRAM SINGH	SAMPLE REC. DATE	:03/Mar/2024 08:40AM
AGE/SEX :38 YRS/MALE	REPORTED DATE	:03/Mar/2024 12:06PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01030021

## XRAY CHEST PA

- Trachea is central in position.
- Bilateral lung fields are normally aerated.
- Both hilar shadows are normal.
- Both C.P. angles are clear.
- Cardiac shadow is within normal limits.
- Bony cage appears normal.

## OPINION: NORMAL STUDY.

Please correlate clinically.

\*\*\* End Of Report \*\*\*

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

DR PANKAJ UPADHYAYA

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Mob.: 7618884441, 9450389932, 8177063877

Patient name: Mr Vikram Singh  
Ref By. Apollo Health

Age/Sex 38/M  
03/03/2024

## E.C.G. REPORT

1. Rhythm	:	Sinus, Regular
2. Atrial Rate	:	72/mt
3. Ventricular Rate	:	72/mt
4. P – Wave	:	Normal
5. P R Interval	:	Normal
6. Q R S	:	
Axis	:	Normal
R/S Ratio	:	Normal
Configuration	:	Normal
7. Q T c Interval	:	Normal
8. S-T Segment	:	Normal
9. T-Wave	:	Normal

## FINAL IMPRESSION

**E.C.G. is within normal limits.**

Signature of Doctor  
Dr. AMIT MOHAN  
MD  
Reg. No. 44559

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M.B.B.S., DCP

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Name Vikram Singh

Age     

Yrs     

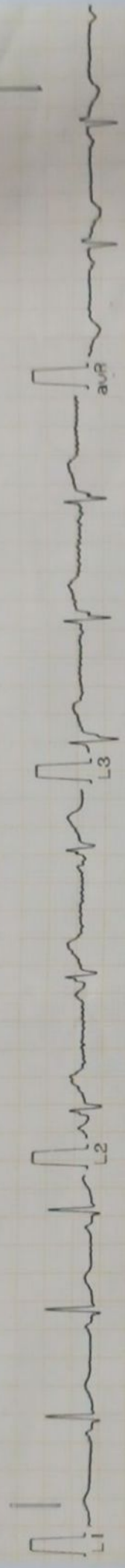
M/F     

10mm/mV

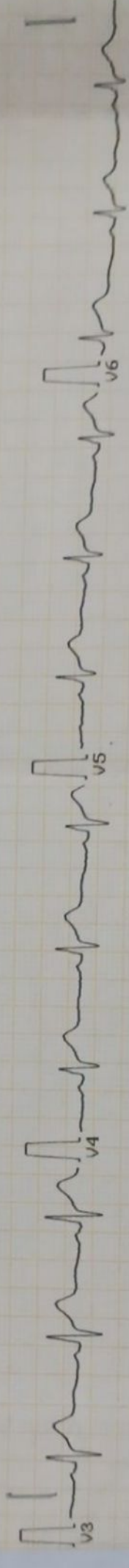
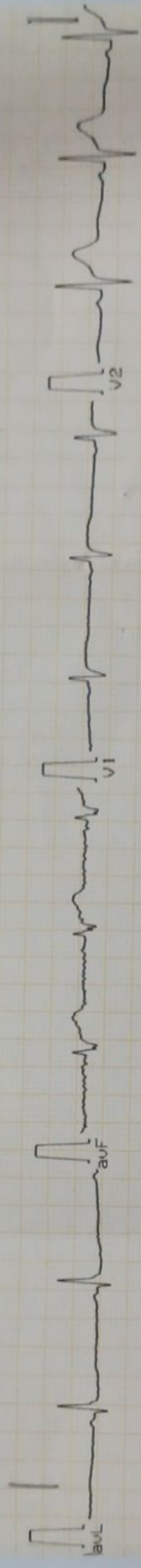
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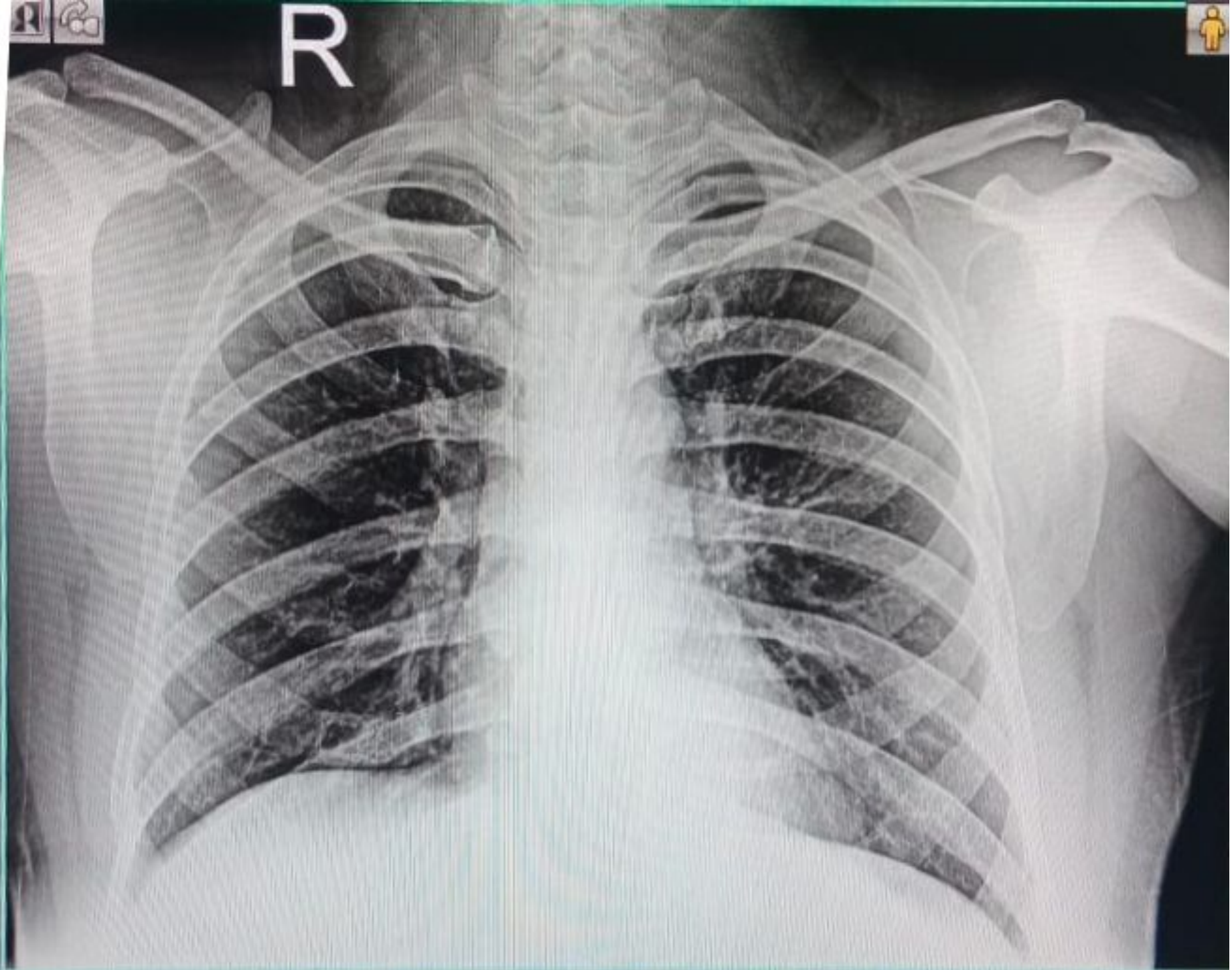
BLC



*[Signature]*  
Dr.       
Clacit Med ECG50-1CH



*[Signature]*  
Dr. AMIT MOHAN  
Reg. No. 44559



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