

MER- MEDICAL EXAMINATION REPORT

Date of Examination	11/11/23		
NAME	SANSAY K.R. THAKRE		
AGE	51	Gender	M
HEIGHT(cm)	172	WEIGHT (kg)	77 BME-26.0
B.P.	130/82		
ECCG	Normal		
X Ray	PLEURAL EFFUSION... 23		
Vision Checkup	wearing glasses.		
Present Ailments	None		
Details of Past ailments (If Any)	No		
Comments / Advice : She /He is Physically Fit	MEDICINE UNFIT		



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

Signature with Stamp of Medical Examiner



# 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	: 11-Nov-2023		
Name	: <b>Mr. SANJAY KUMAR TIWARI</b>	Age	: 51 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male
Haemoglobin	15.2	gm%	14 - 17
Total Leucocyte Count	5900	Cells/cumm.	4000-11000
<b>Differential Leucocyte Count</b>			
Polymorphs	48	%	45 - 70
Lymphocytes	33	%	20 - 45
Eosinophils	11	%	0 - 6
Monocytes	08	%	0 - 8
Basophils	00	%	0 - 1
<b>Erythrocyte Sedimentation Rate (Wintrobe)</b>			
ESR	09	mm in 1st Hr.	0 - 9
PCV	46.6	cc%	40 - 52
Corrected ESR	04	mm in 1st Hr.	0 - 9
Platelet Count	2.75	lakh/cumm.	1.5 - 4.0
Red Cells Count	4.93	million/cmm	3.90 to 5.80
<b>Absolute values</b>			
MCV	94.5	fL	77 - 97
MCH	30.7	pg	27 - 31
MCHC	32.5	gm /dl	31 - 34

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**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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Date	: 11-Nov-2023	Age	: 51 Yrs.
Name	: <b>Mr. SANJAY KUMAR TIWARI</b>	Sex	: Male
Ref.By	: APOLLO HEALTH		

**General Blood Picture**

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

**WBCs** TLC is within normal range.  
Eosinophils are increased  
No immature cells of WBC seen.

**PLATELETS** Platelets are adequate in number and morphology.

**OTHERS** No haemoparasites are seen.

**IMPRESSION** EOSINOPHILIA

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Ref.By	: APOLLO HEALTH	Sex	: Male

### LFT T&D

Total Bilirubin	0.76	mg%	0.2 - 1.0
Direct Bilirubin	0.29	mg%	0.0 to 0.40
Indirect Bilirubin	0.47	mg%	0.10 to 0.90
S.G.P.T	16	IU/L	5 - 40
S.G.O.T	28	IU/L	5 - 50
ALP	87	IU/L	40 to 129

Serum Gamma G.T.	32	IU/L	11 - 50
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Blood Group & Rh	"AB" Positive
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KFT			
UREA	19.4	mg %	15 - 50
CREATININE	1.17	mg %	0.5 - 1.5
URIC ACID	5.6	mg %	2 - 7
CALCIUM	9.2	mg %	8.8 - 10.0

Urine Sugar (Fasting)	NIL
-----------------------	-----

Urine Sugar (PP)	NIL
------------------	-----

Plasma Glucose - F GOD-POD Method	95	mg/dl	70 - 110
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Plasma Glucose - PP GOD POD Method	<b>104</b>	mg/dl	110 - 170
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Ref.By	: APOLLO HEALTH	Sex	: Male

## Glycosylated Haemoglobin

Glycosylated Haemoglobin	5.2	%	4.5 TO 6.0
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### 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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Ref.By	: APOLLO HEALTH	Sex	: Male

### THYROID TEST

Tri-iodothyronine (T3)	1.36	nmol/L	0.50 to 2.50
Thyroxine (T4)	6.45	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	2.92	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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### PSA

PSA  
Electro CLIA 0.48 ng/ml

Expected values and Comments

NORMAL : 0.00 to 4.0

Less than 40 years	0.6 to 1.3
41 to 50 Years	0.6 to 2.0
51 to 60 Years	0.8 to 3.0
61 to 70 Years	1.0 to 4.0
Over 70 years	1.6 to 4.5

- \* PSA is a reliable Tumor Marker for already diagnosed Prostatic Carcinomas .Though present in many tissues including breast, salivary glands etc.,
- \* PSA production is the glandular epithelium of the prostate gland. PSA is,therefore,remarkably specific for the prostate.
- \* Baseline levels measured prior to therapeutic intervention and followed later by serial, periodical measurements will predict the outcome of the therapy. It also helps in early discovery of recurrences, relapses and metastases.
- \* In general, Tumour Marker levels are directly related to the tumour mass and the stage of the cancer.
- \* However, it is the rate of change of the tumour marker level which is more important, rather than its absolute value. A 50 % change may be considered clinically significant.
- \* It must be emphasized that PSA may also be elevated in Benign Prostatic Hyperplasia and Inflammatory conditions of the surrounding Genito-Urinary Tract.
- \* PSA may be done along with Free PSA that provides additional information

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Date : 11-Nov-2023

Name : **Mr. SANJAY KUMAR TIWARI**

Age : 51 Yrs.

Ref.By : APOLLO HEALTH

Sex : Male

### LIPID PROFILE

Triglycerids	72	mg%	70 - 190
S. Cholestrol S.	167	mg%	130 - 230
S. HDL Cholestrol	39.4	mg%	35 - 75
S. LDL Cholestrol	113.2	mg%	75 - 150
VLDL	14.4	mg%	0 - 34
Chol / HDL factor	4.24		
LDL / HDL Factor	2.87		

### 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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Ref.By	: APOLLO HEALTH	Sex	: Male

### Urine Examination

<b>PHYSICAL</b>			
Colour	Straw		
Turbidity	Nil		
Deposit	Nil		
Reaction	Acidic		
*Specific Gravity	1.025		
<b>CHEMICAL</b>			
Protein	Nil		
Sugar	Nil		
*Bile Salts	Nil		
*Bile Pigments	Nil		
Phosphate	Nil		
<b>MICROSCOPIC</b>			
Pus Cells	Nil	/hpf	
Epithelial Cells	0-2	/hpf	
Red Blood Cells	Nil	/hpf	
Casts	Nil		
Crystals	Nil		
Others	Nil		

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TEST REQUEST ID :012311110003	SAMPLE DATE	:11/Nov/2023 08:31AM
NAME :Mr. SANJAY KUMAR TIWARI	SAMPLE REC. DATE	:11/Nov/2023 08:31AM
AGE/SEX :51 YRS/MALE	REPORTED DATE	:11/Nov/2023 12:37PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01110003

### XRAY CHEST PA

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

### OPINION:

**INDISTINCT BILATERAL C.P.ANGLES...? PLEURAL EFFUSION....?? PLEURAL THICKENING.**

Please correlate clinically.

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

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**DR. PANKAJ UPADHYAYA**

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Patient name: Mr Sanjay Kumar Tiwari  
Ref By. Apollo Health


Age/Sex 51/M  
11/11/2023

### E.C.G. REPORT

1. Rhythm	:	Sinus, Regular
2. Atrial Rate	:	62/mt
3. Ventricular Rate	:	62/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.**

  
Dr. AMIT MOHAN  
MD  
No. 44559  
Signature of Doctor

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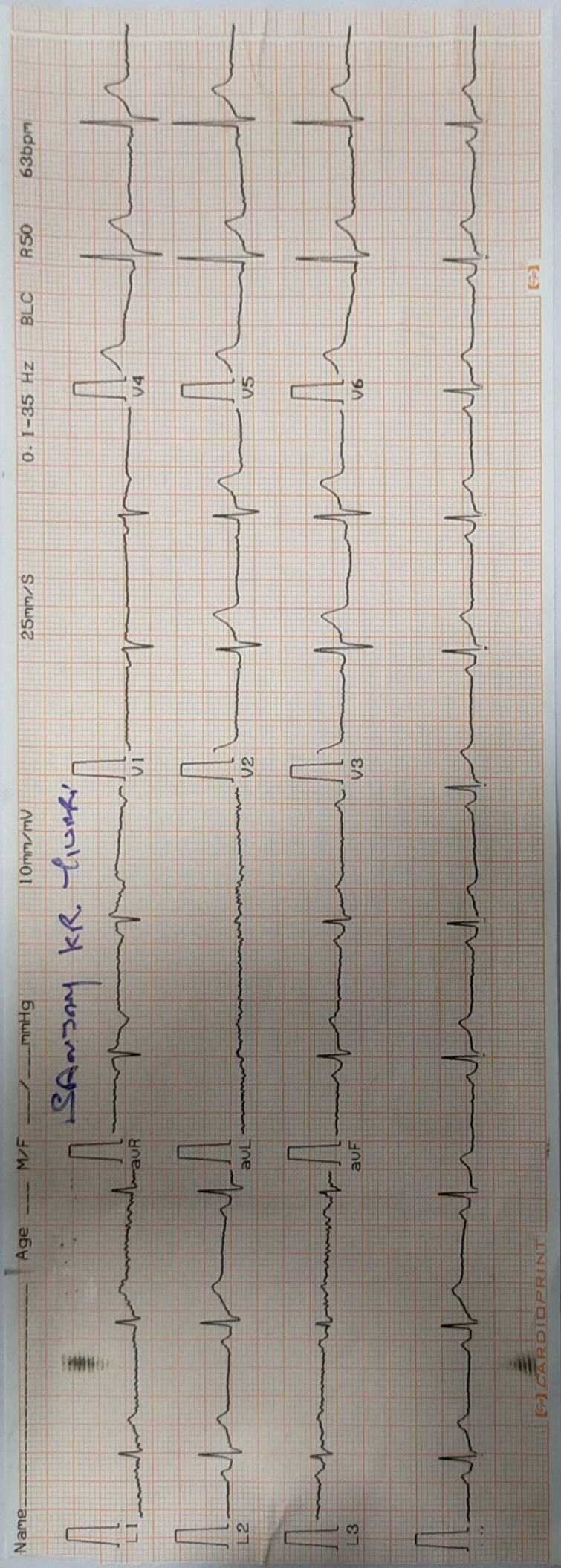
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Registration Date 11/11/2023

Age : 51 Sex: M

Name : Mr Sanjay Kumar Tiwari

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-12	N-12
WITH GLASSES			N-6	N-6
POWER OF GLASSES IF USED			+1.75	+1.75
FUNDUS	NORMAL			
COLOR VISION	Present Normal according to ISHIHARA'S CHART			
PUPILS	Normally reacting to light and accommodation			



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Gomti Nagar Lucknow

Report



**SANJAY KUMAR TIWARI / 51 Yrs / M / 0 Cms / 0 Kg**

Date: 11 - 11 - 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	076	45 %	130/82	098	00	
Standing	00:09	0:05	00.0	00.0	01.0	076	45 %	130/82	098	00	
HV	00:13	0:04	00.0	00.0	01.0	076	45 %	130/82	098	00	
ExStart	00:17	0:04	02.7	10.0	01.1	066	39 %	130/82	085	00	
BRUCE Stage 1	03:17	3:00	02.7	10.0	04.7	109	64 %	136/88	148	00	
BRUCE Stage 2	06:17	3:00	04.0	12.0	07.1	128	76 %	140/90	179	00	
PeakEx	06:47	0:30	05.5	14.0	07.6	136	80 %	142/94	193	00	
Recovery	07:47	1:00	00.0	00.0	01.2	082	54 %	140/82	128	00	
Recovery	08:47	2:00	00.0	00.0	01.0	100	59 %	136/88	136	00	
Recovery	09:47	3:00	00.0	00.0	01.0	099	59 %	132/84	130	00	
Recovery	10:47	4:00	00.0	00.0	01.0	086	51 %	128/82	110	00	
Recovery	10:55	4:08	00.0	00.0	01.0	086	51 %	128/82	110	00	

## FINDINGS :

**Exercise Time** : 06:30  
**Max HR Attained** : 136 bpm 80% of Target 169  
**Max BP Attained** : 142/94 (mm/Hg)  
**Max WorkLoad Attained** : 7.6 Fair response to induced stress  
**Test End Reasons** : Test Complete

## REPORT :

CONCLUSIONS:

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

  
 DR. ANIL KUMAR TIWARI  
 MID  
 Reg. No. 44559

**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

**SANJAY KUMAR TIWARI / 51 Yrs / M / 0 Cms / 0 Kg / HR : 76**

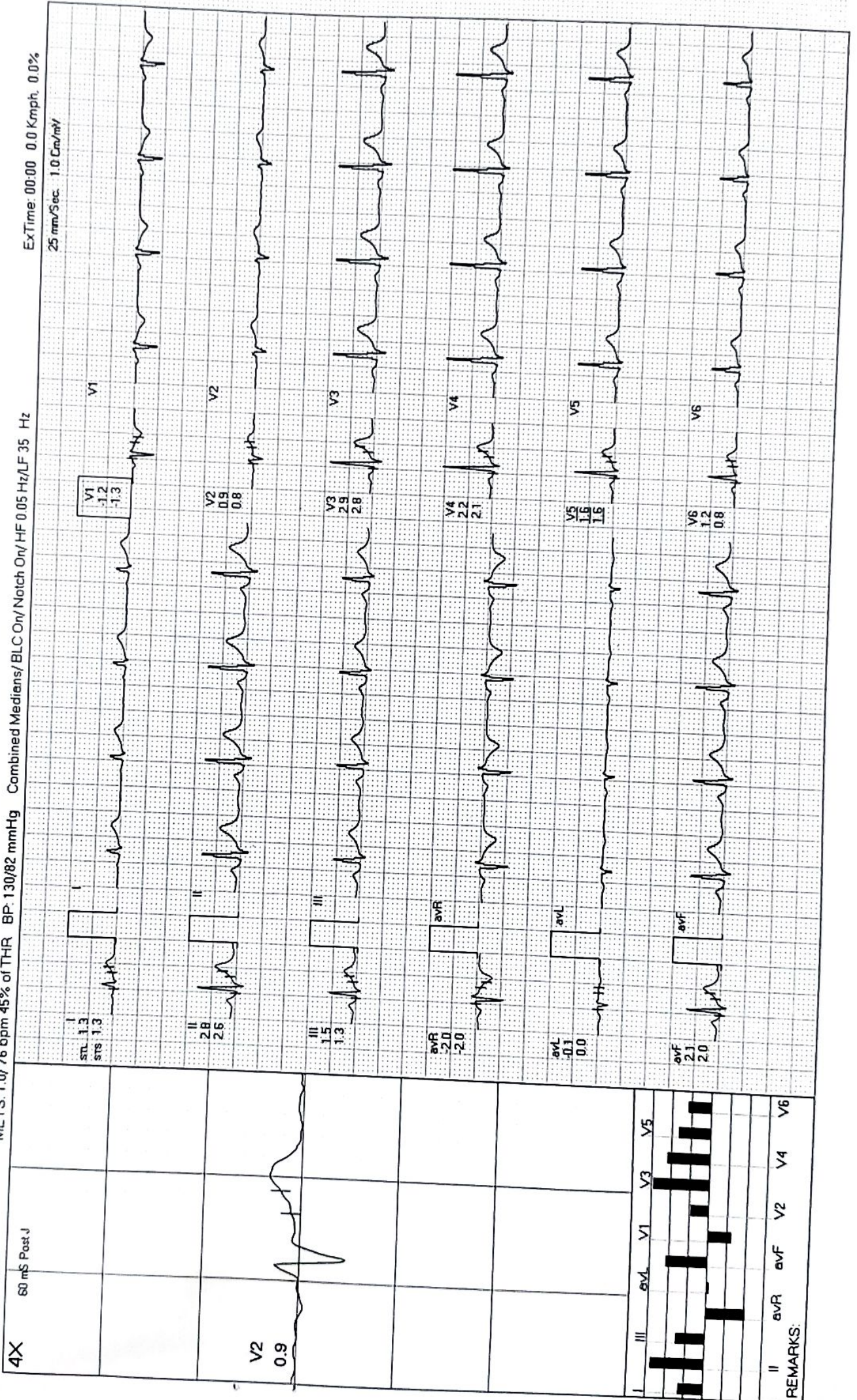
**BRUCE:Supine(0:06)**



Date: 11-11-2023

METS: 1.0/76 bpm 45% of THR BP: 130/82 mmHg Combined Medians/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Kmph. 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:  
II avR avF V2 V4 V6





**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

*SANJAY KUMAR TIWARI / 51 Yrs / M / 0 Cms / 0 Kg / HR : 76*

**BRUCE:HV(0:05)**

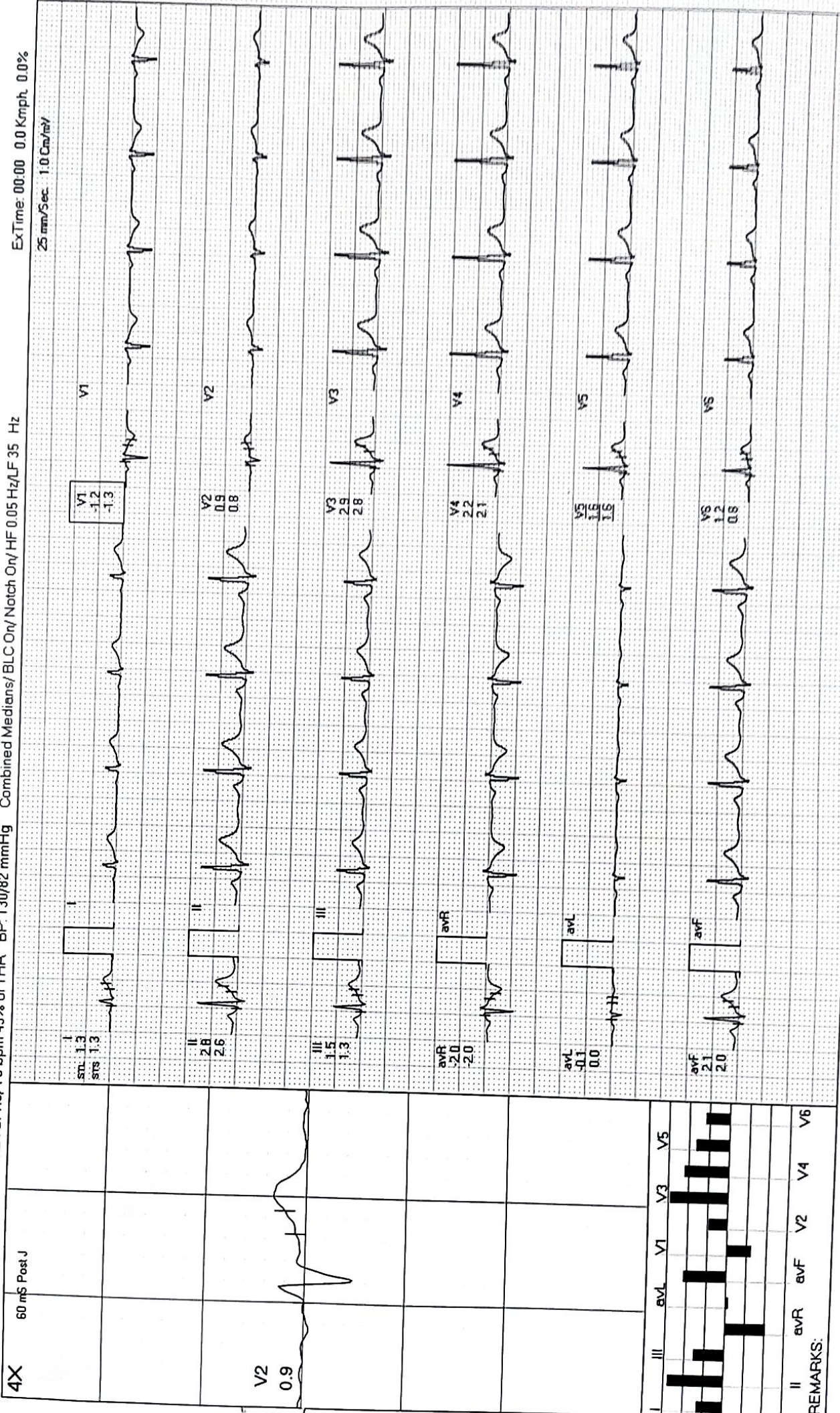


Date: 11 - 11 - 2023

METS: 1.07 76 bpm 45% of THR BP: 130/82 mmHg Combined Medians/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Kmph 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

# MODERN PATHOLOGY AND DIAGNOSTIC CENTER

SANJAY KUMAR TIWARI / 51 Yrs / M / 0 Cms / 0 Kg / HR : 66

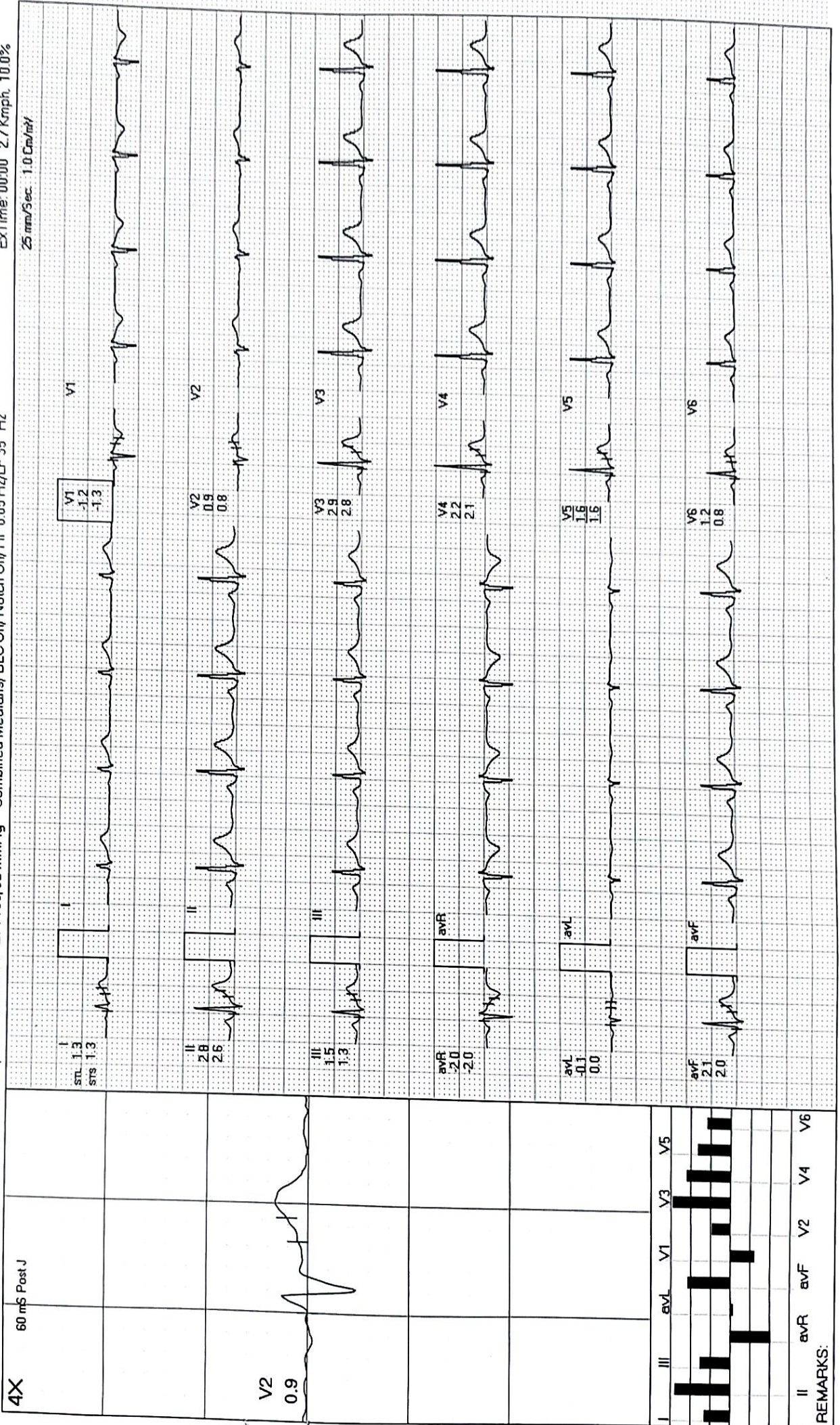


Date: 11 - 11 - 2023

METS: 1.1/66 bpm 39% of THR BP: 130/82 mmHg Combined Medians/BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 2.7 Kmph. 10.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

**SANJAY KUMAR TIWARI / 51 Yrs / M / 0 Cms / 0 Kg / HR : 109**

**BRUCE: Stage 1(3:00)**

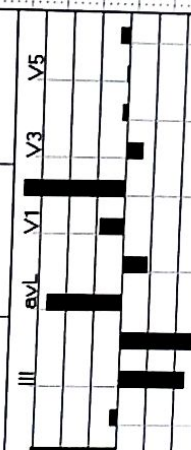
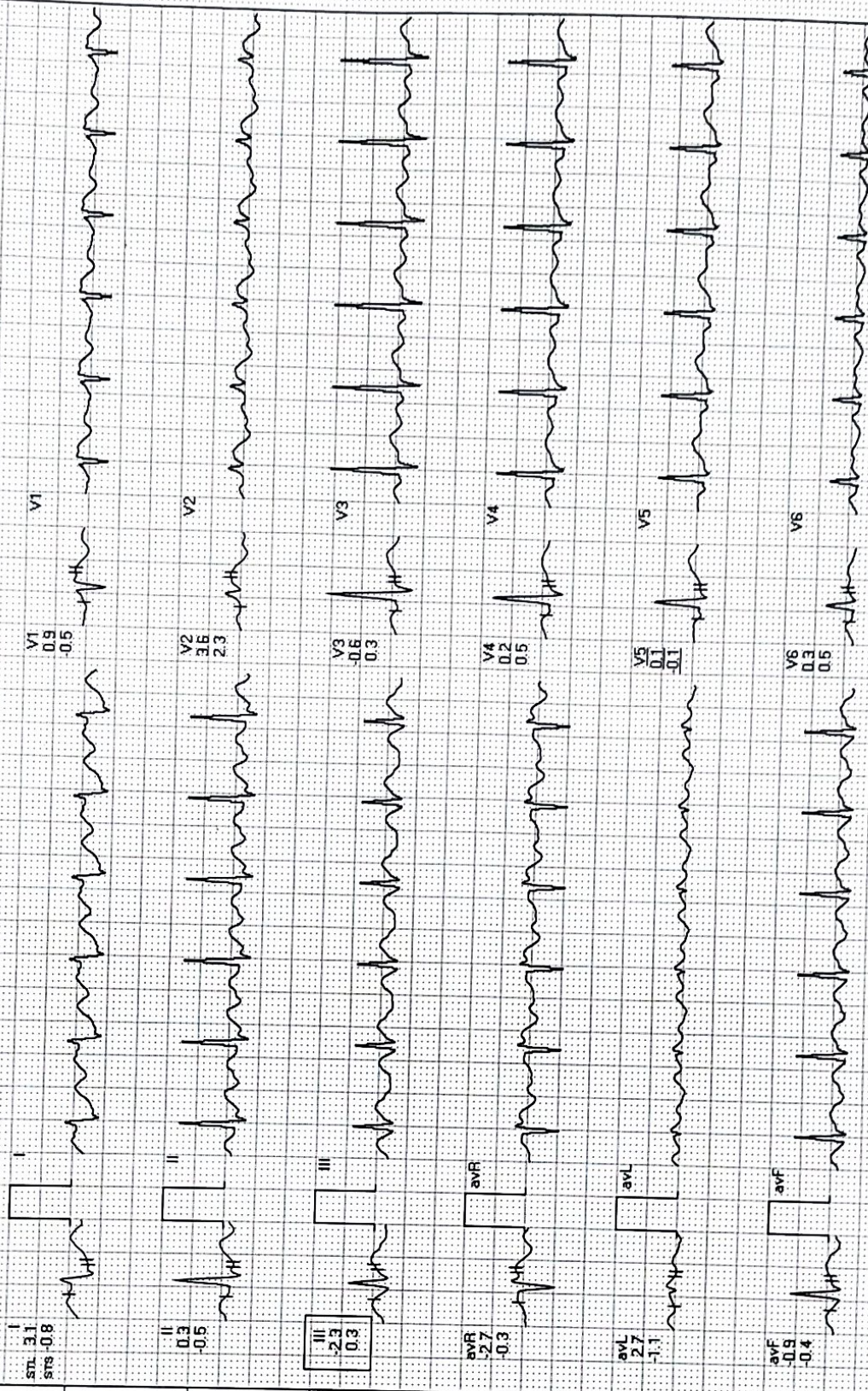


Date: 11-11-2023

METS: 4.7/109 bpm 64% of THR BP: 136/86 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 35 Hz

4X 30 ms Post J

ExTime: 03:00 2.7 Kmph. 10.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:



# MODERN PATHOLOGY AND DIAGNOSTIC CENTER

SANJAY KUMAR TIWARI / 51 Yrs / M / 0 Cms / 0 Kg / HR : 136



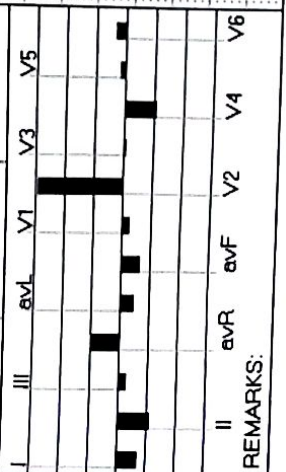
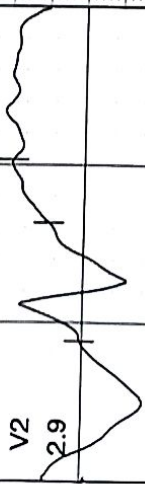
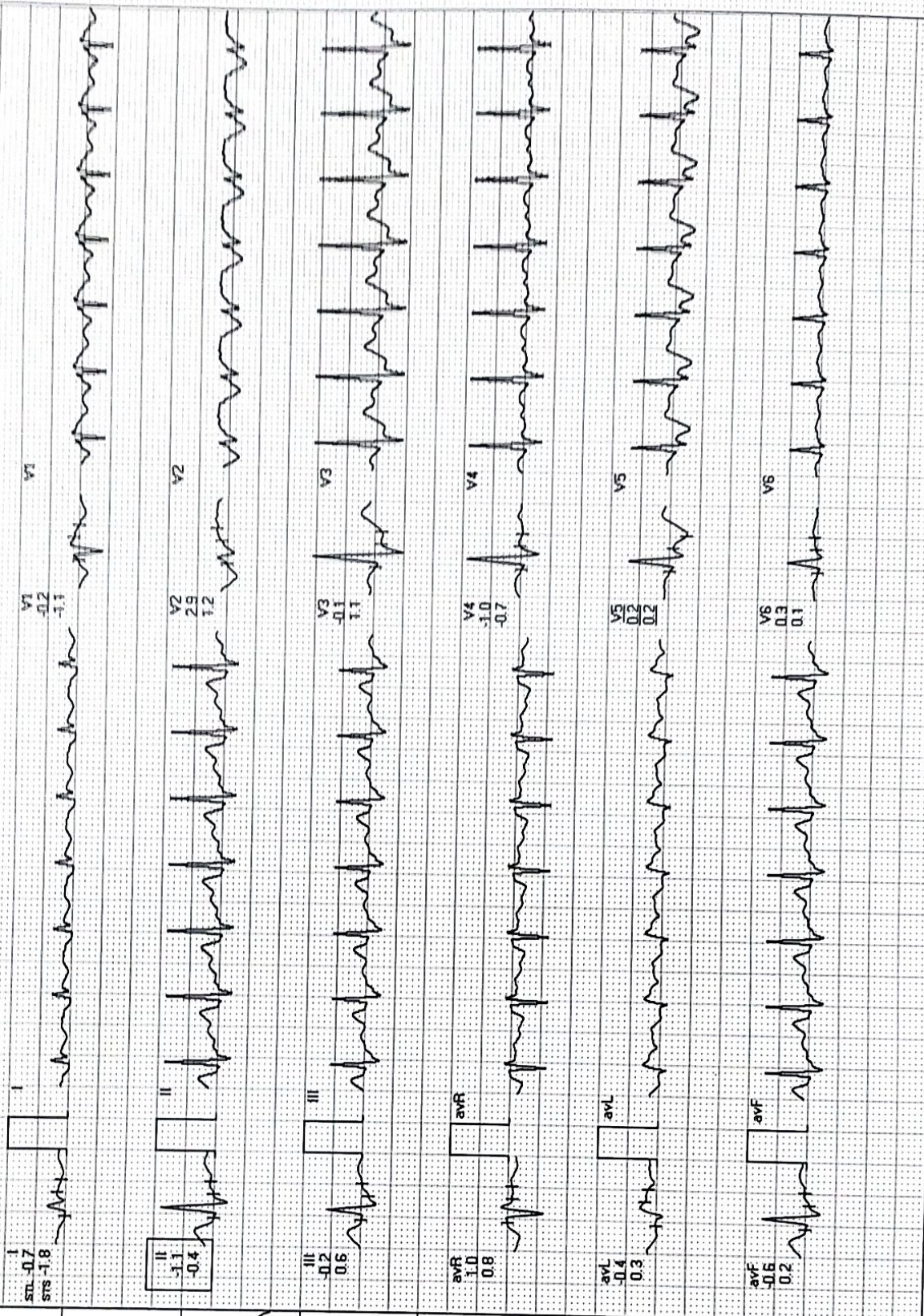
Date: 11 - 11 - 2023

METS: 7.6 / 136 bpm 80% of THR BP: 142/94 mmHg Combined Medians/EKG Or/ Natch Or/ HF 0.05 Hz/LF 35 Hz

4X 60 mS Post J

ExTime: 06:30 5.5 Km/Ch 14.0%

25 mm/Sec 1.00 Cal/cm



REMARKS:

**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

**SANJAY KUMAR TIWARI / 51 Yrs / M / 0 Cms / 0 Kg / HR : 92**

**Recovery(1:00)**



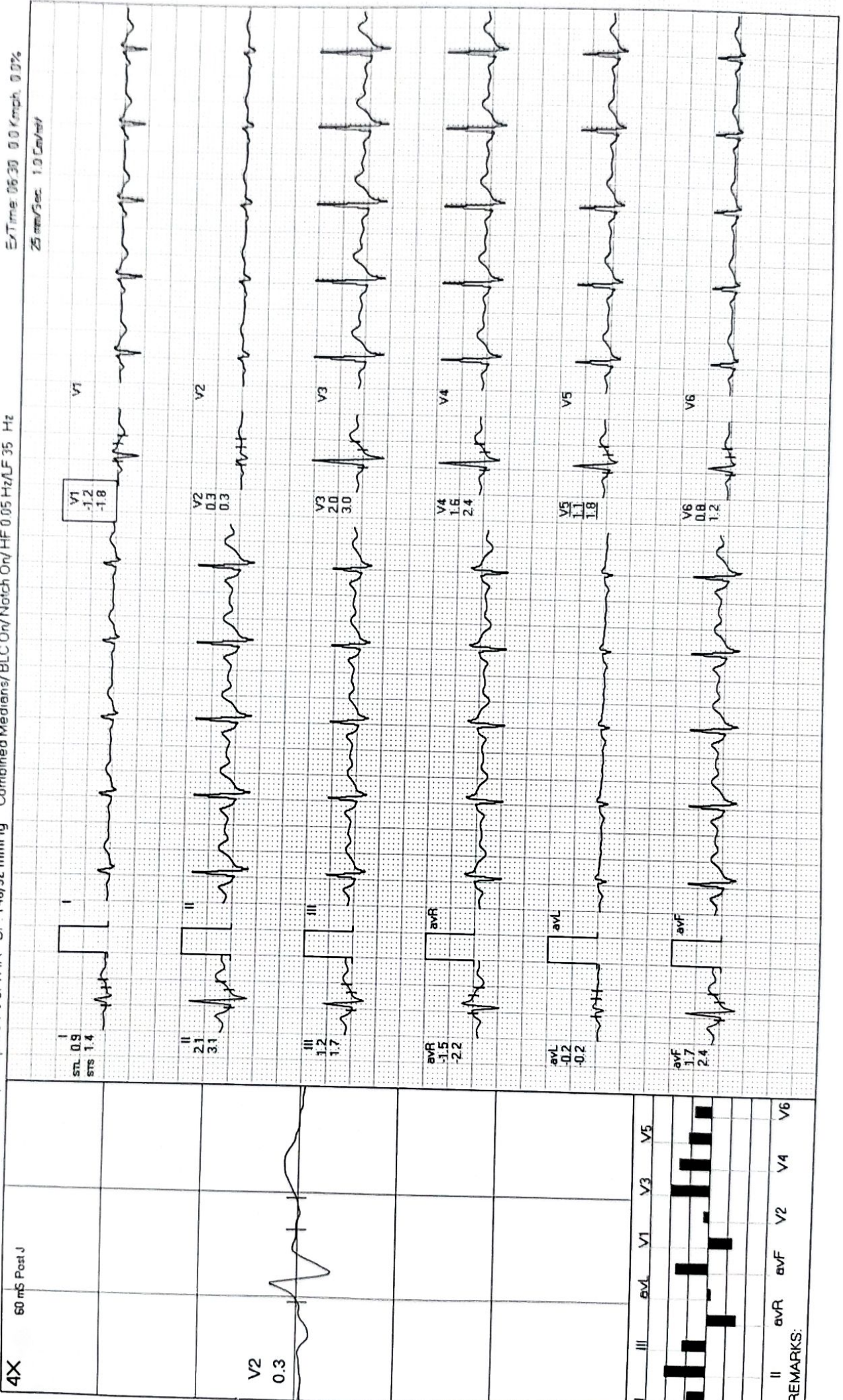
Date: 11-11-2023

METS: 1.2/92 bpm 54% of THR BP: 140/92 mmHg

Combined Medians/BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:30 0.0 kmph, 0.0%

25 mm/Sec. 1.0 Cm/ht



REMARKS: II avR avF V2 V4 V6





**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

*SANJAY KUMAR TIWARI / 51 Yrs / M / 0 Cms / 0 Kg / HR : 99*

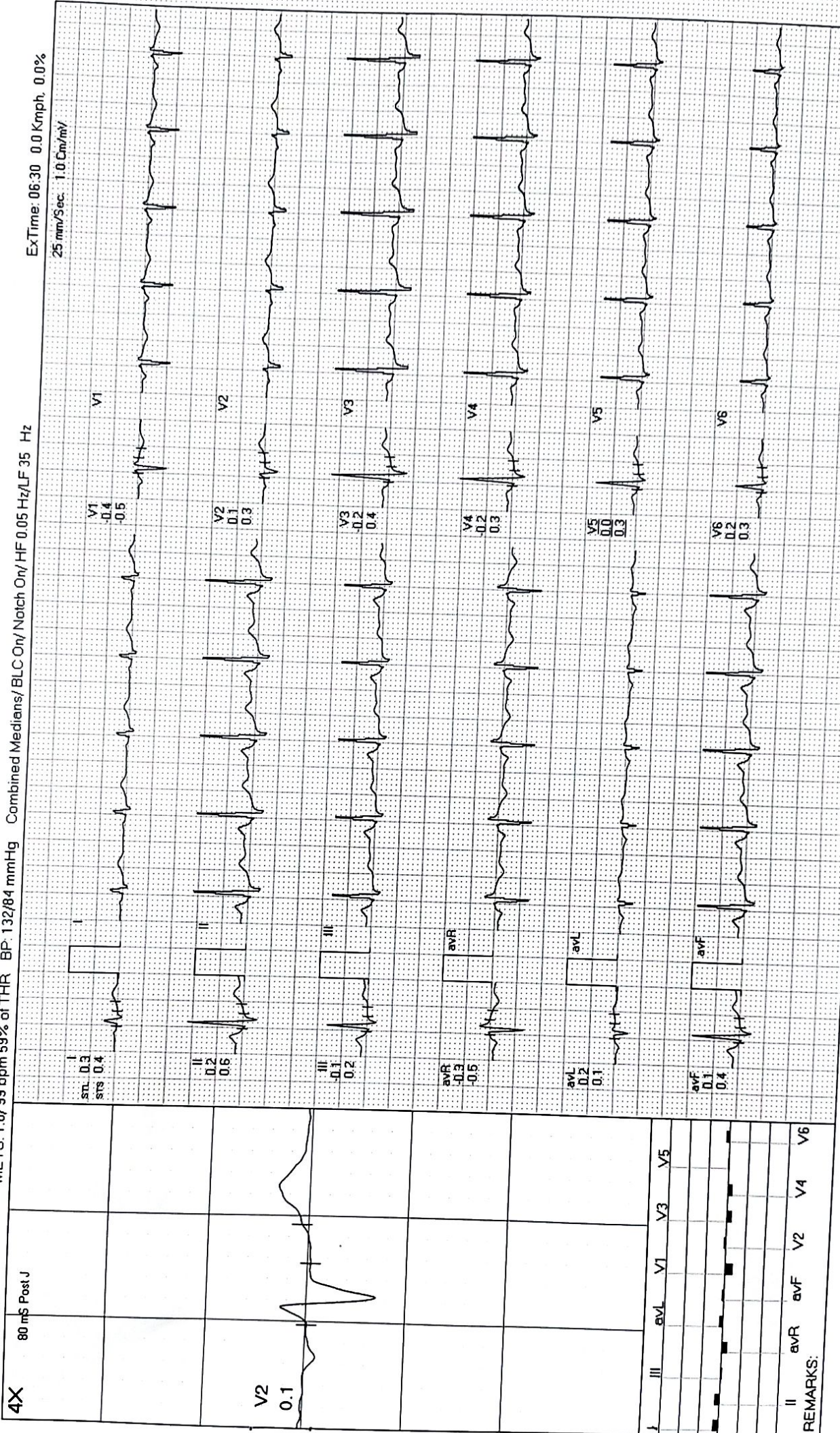
**Recovery(3:00)**



Date: 11-11-2023

METS: 1.0/ 99 bpm 59% of THR BP: 132/84 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:30 0.0 Kmph. 0.0%  
25 mm/Sec. 1.0 Cm/mV



4X 80 mS Post J

V2  
0.1

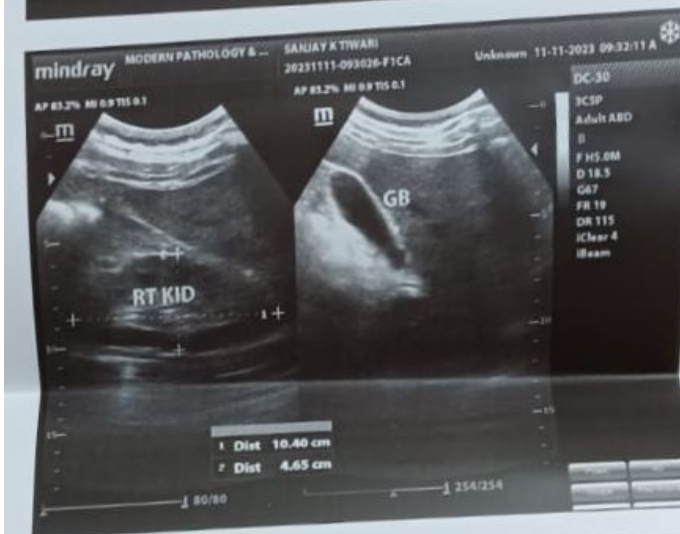
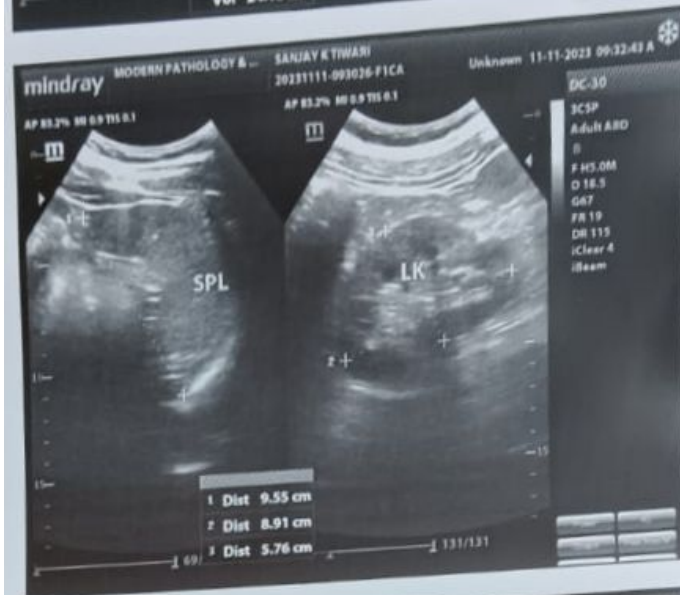
III aVL V1 V3 V5

II aVR aVF V2 V4 V6

REMARKS:









# MODERN PATHOLOGY & DIAGNOSTIC CENTRE

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



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Mob.: 7618884441, 9450389932, 8177063877

IT/MSGE/INF/DIR/ST/10/MS/P

TEST REQUEST ID :012311110003	SAMPLE DATE	:11/Nov/2023 08:31AM
NAME :Mr. SANJAY KUMAR TIWARI	SAMPLE REC. DATE	:11/Nov/2023 08:31AM
AGE/SEX :51 YRS/MALE	REPORTED DATE	:11/Nov/2023 01:01PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01110003

## USG WHOLE ABDOMEN-MALE

**Liver:** is normal in size (149 mm). Parenchymal echogenicity is normal. 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 (95 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

**Both Kidneys:** are normal in size (RK- 104 x 46 mm & LK – 89 x 57 mm), shape, position and excursion. Parenchymal echogenicity and echotexture is normal with maintained corticomedullary differentiation. No mass, cyst or calculi is seen. Pelvicalyceal systems are not dilated. Ureters are not dilated.

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

**Prostate: is enlarged in size** (41 x 33 x 32 mms, wt = 24.1 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: GRADE-1 BPH.**

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

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

DR. PANKAJ UPADHYAYA  
Consultant Radiologist

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

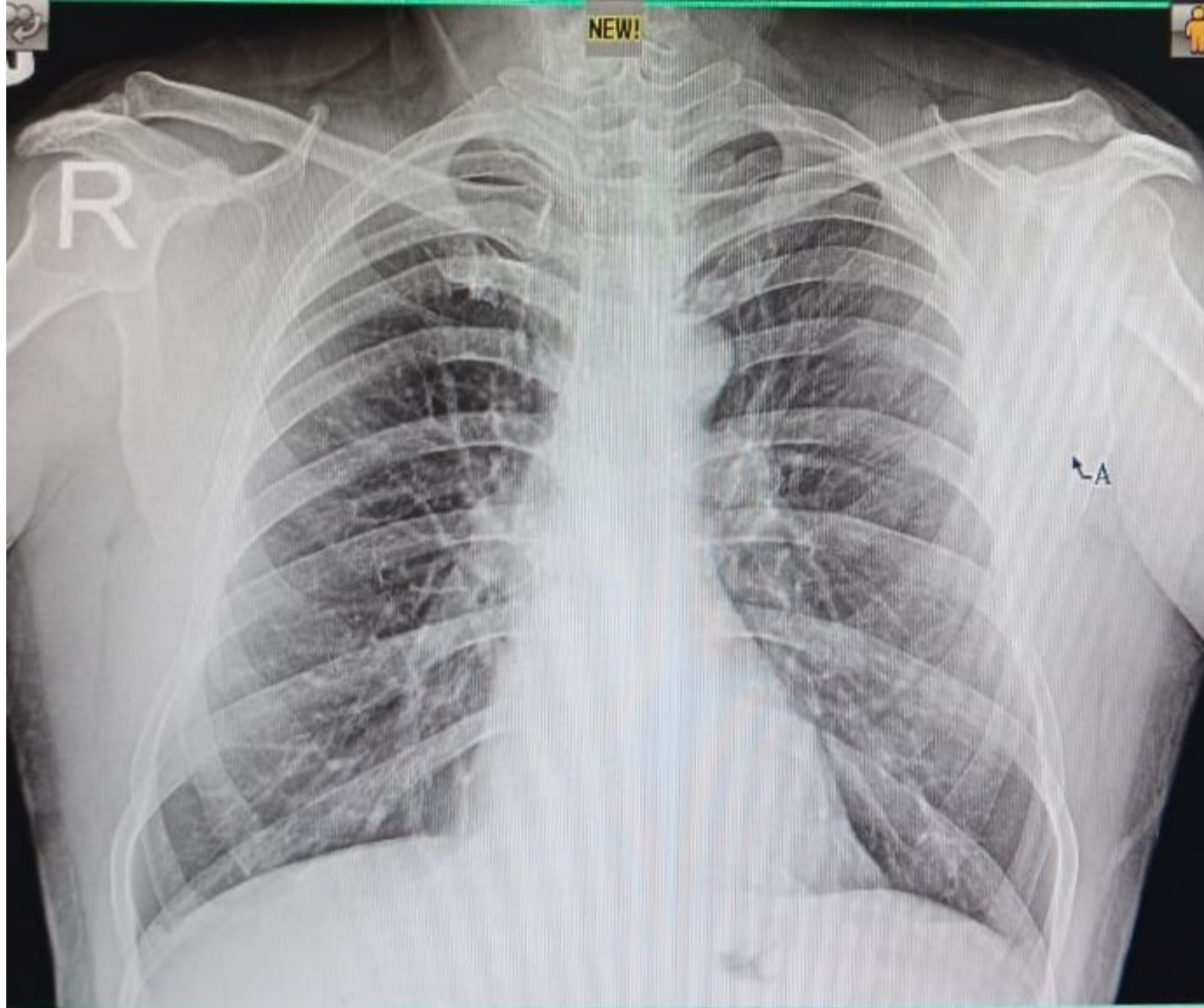
Results, adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards. Page 1 of 2

SAMPLE COLLECTION FACILITY AVAILABLE

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23111102525 MR SANJAY KUMAR TIWARI 51 YRS M DR SELF CHEST PA  
11/11/2023 MODERN PATHOLOGY & DIAGNOSTIC CENTRE GOMTI NAGAR LUCKNOW