

MER- MEDICAL EXAMINATION REPORT

Date of Examination	23/3/24		
NAME	RANU KANONIA		
AGE	32	Gender	m
HEIGHT(cm)	169	WEIGHT (kg)	65 B.M.I - 22.8
B.P.	110/66		
ECG	normal		
X Ray	normal		
Vision Checkup	→		
Present Ailments	None		
Details of Past ailments (If Any)	No		
Comments / Advice : She /He is Physically Fit	Medicines Nil		

Signature with Stamp of Medical Examiner

Dr. Smita K. Das
MBBS, DCA
Reg. No. 37370



भारत सरकार

Government of India



राहुल कनोजीया
Rahul Kanojia

जन्म तिथि / DOB: 10/03/1992
पुरुष / Male

7953 5994 2437



आधार - आम आदमी का अधिकार



(Handwritten signature)

You have been informed that ent ,diet, opthal consultation facility is not available at our centre. If you are ready then your test can be start

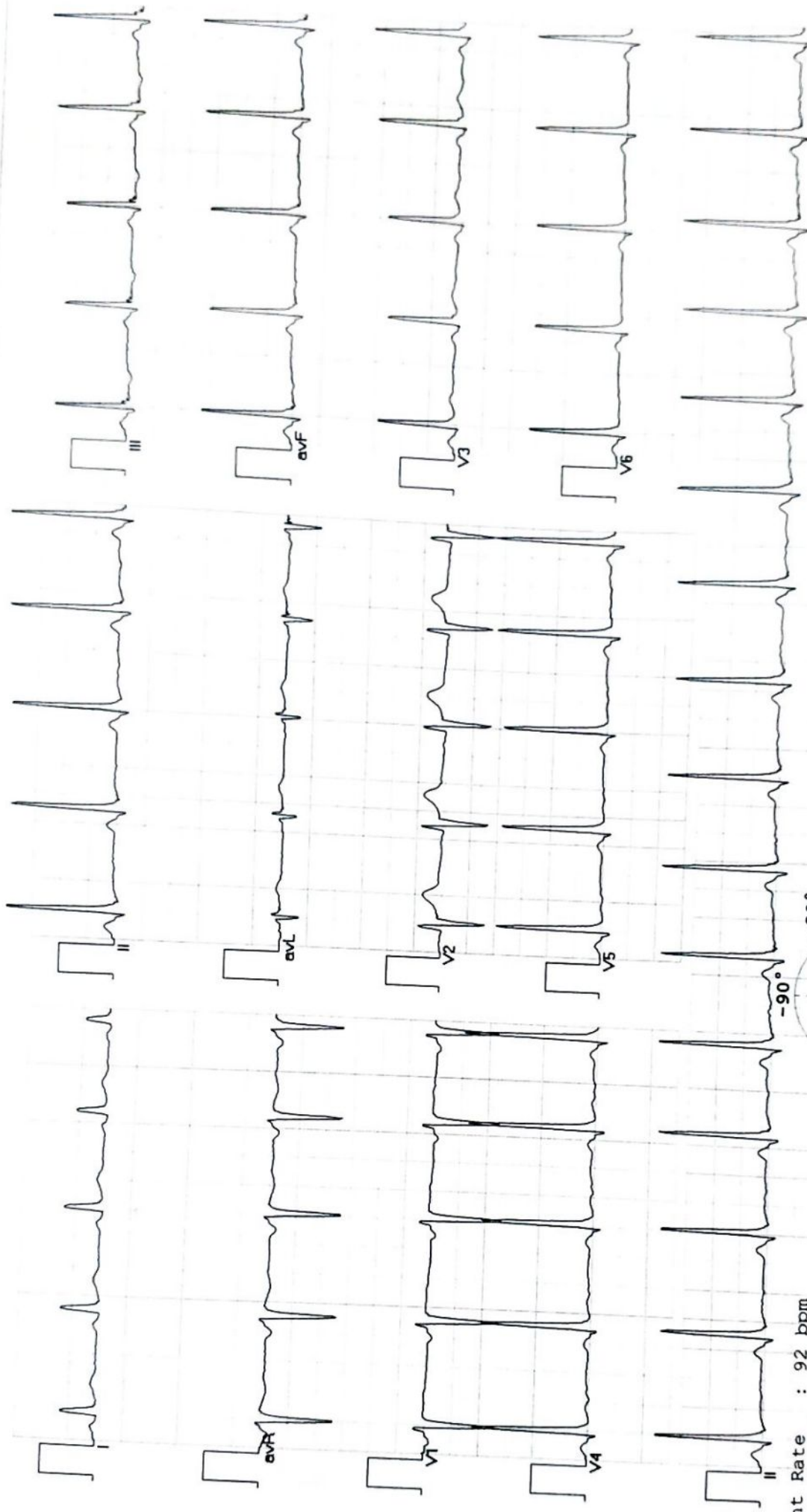
2D echo test facility is not available at our center, instead we do TMT test.

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Modern Pathology And Diagnostic Centre

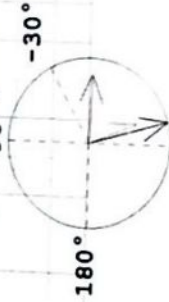
165 / RAHUL KANOJIA / 32 Yrs / M / 169Cms. / 65Kgs. / Non Smoker
Heart Rate : 92 bpm / Tested On : 23-Mar-24 13:25:40 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By.: APOLLO HEALTH

ECG



Vent Rate : 92 bpm
PR Interval : 120 ms
QRS Duration: 90 ms
QT/QTc Int : 314/370 ms
P-QRS-T axis: 68.00° 74.00° 2.00°

Allergens ECG (Pisces) (PIS215191030)



normal ECG

DR. AMIT MOHAN
Reg. No. 44339

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

Date	: 23-Mar-2024		
Name	: Mr. RAHUL KANOJIA	Age	: 32 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male
Haemoglobin	15.1	gm%	14 - 17
Total Leucocyte Count	5800	Cells/cumm.	4000-11000
Differential Leucocyte Count			
Polymorphs	51	%	45 - 70
Lymphocytes	30	%	20 - 45
Eosinophils	15	%	0 - 6
Monocytes	04	%	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	2.65	lakh/cumm.	1.5 - 4.0
Red Cells Count	5.11	million/cmm	3.90 to 5.80
Absolute values			
MCV	91.2	fL	77 - 97
MCH	29.6	pg	27 - 31
MCHC	32.4	gm /dl	31 - 34

Page 1 of 1
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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 : 23-Mar-2024
Name : **Mr. RAHUL KANOJIA**
Ref.By : APOLLO HEALTH
Age : 32 Yrs.
Sex : Male

KFT			
UREA	18.4	mg %	15 - 50
CREATININE	1.47	mg %	0.5 - 1.5
URIC ACID	5.3	mg %	2 - 7
CALCIUM	9.7	mg %	8.8 - 10.0

Blood Group & Rh "B" Positive

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

Plasma Glucose - PP
GOD POD Method 105 mg/dl 110 - 170

Urine Sugar (Fasting) NIL

Urine Sugar (PP) NIL

Serum Gamma G.T. 28 IU/L 11 - 50

LFT T&D			
Total Bilirubin	0.51	mg%	0.2 - 1.0
Direct Bilirubin	0.28	mg%	0.0 to 0.40
Indirect Bilirubin	0.23	mg%	0.10 to 0.90
S.G.P.T	28	IU/L	5 - 40
S.G.O.T	21	IU/L	5 - 50
ALP	92	IU/L	40 to 129

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Date	: 23-Mar-2024	Age	: 32 Yrs.
Name	: Mr. RAHUL KANOJIA	Sex	: Male
Ref.By	: APOLLO HEALTH		

LIPID PROFILE

Triglycerids	106	mg%	70 - 190
S. Cholestrol S.	149	mg%	130 - 230
S. HDL Cholestrol	45.1	mg%	35 - 75
S. LDL Cholestrol	82.7	mg%	75 - 150
VLDL	21.2	mg%	0 - 34
Chol / HDL factor	3.3		
LDL / HDL Factor	1.83		

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 : 23-Mar-2024

Name : **Mr. RAHUL KANOJIA**

Ref.By : APOLLO HEALTH

Age : 32 Yrs.

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	0-2	/hpf
Red Blood Cells	Nil	/hpf
Casts	Nil	
Crystals	Nil	
Others	Nil	

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Date	: 23-Mar-2024	Age	: 32 Yrs.
Name	: Mr. RAHUL KANOJIA	Sex	: Male
Ref.By	: APOLLO HEALTH		

THYROID TEST

Tri-iodothyronine (T3)	1.80	nmol/L	0.50 to 2.50
Thyroxine (T4)	5.18	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	2.20	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 estrogeren 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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Date : 23-Mar-2024
Name : **Mr. RAHUL KANOJIA**
Ref.By : APOLLO HEALTH
Age : 32 Yrs.
Sex : Male

Glycosylated Haemoglobin 5.4 % **Glycosylated Haemoglobin** 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 : 23-Mar-2024

Name : **Mr. RAHUL KANOJIA**

Ref.By : APOLLO HEALTH

Age : 32 Yrs.

Sex : Male

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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TEST REQUEST ID :012403230031	SAMPLE DATE	:23/Mar/2024 09:17AM
NAME :Mr. RAHUL KANOJIA	SAMPLE REC. DATE	:23/Mar/2024 09:17AM
AGE/SEX :32 YRS/MALE	REPORTED DATE	:23/Mar/2024 12:44PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01230031

USG WHOLE ABDOMEN-MALE

Liver: is normal in size (142 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 (100 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

Both Kidneys: are normal in size (RK- 91 x 35 mm & LK -95 x 40 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 normal in size (39 x 31 x 30 mms, wt = 19.7 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:

- NORMAL STUDY.

*** End Of Report ***

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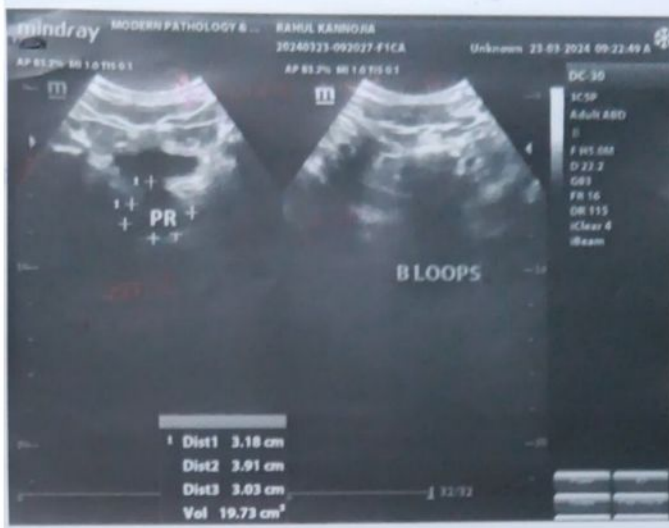
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Gomti Nagar Lucknow

RAHUL KANOJIA / 32 Yrs / M / 169 Cms / 65 Kg
Date: 23 - 03 - 2024 Refd By : APOLLO HEALTH Examined By:

Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	091	48 %	110/66	100	00	
Standing	00:09	0:06	00.0	00.0	01.0	091	48 %	110/66	100	00	
HV	00:17	0:08	00.0	00.0	01.0	099	53 %	110/66	108	00	
ExStart	00:37	0:20	00.0	00.0	01.0	090	48 %	110/66	099	00	
BRUCE Stage 1	03:37	3:00	02.7	10.0	04.7	123	65 %	124/80	152	00	
BRUCE Stage 2	06:37	3:00	04.0	12.0	07.1	149	79 %	136/86	202	00	
PeakEx	07:27	0:50	05.5	14.0	08.0	163	87 %	140/90	228	00	
Recovery	08:27	1:00	00.0	00.0	01.2	143	76 %	138/88	197	00	
Recovery	09:27	2:00	00.0	00.0	01.0	125	66 %	134/84	167	00	
Recovery	10:27	3:00	00.0	00.0	01.0	114	61 %	130/82	148	00	
Recovery	10:37	3:10	00.0	00.0	01.0	111	59 %	124/80	137	00	

FINDINGS :

Exercise Time : 06:50
 Max HR Attained : 163 bpm 87% of Target 188
 Max BP Attained : 140/90 (mm/Hg)
 Max WorkLoad Attained : 8 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 MD
 Reg. No. 44559

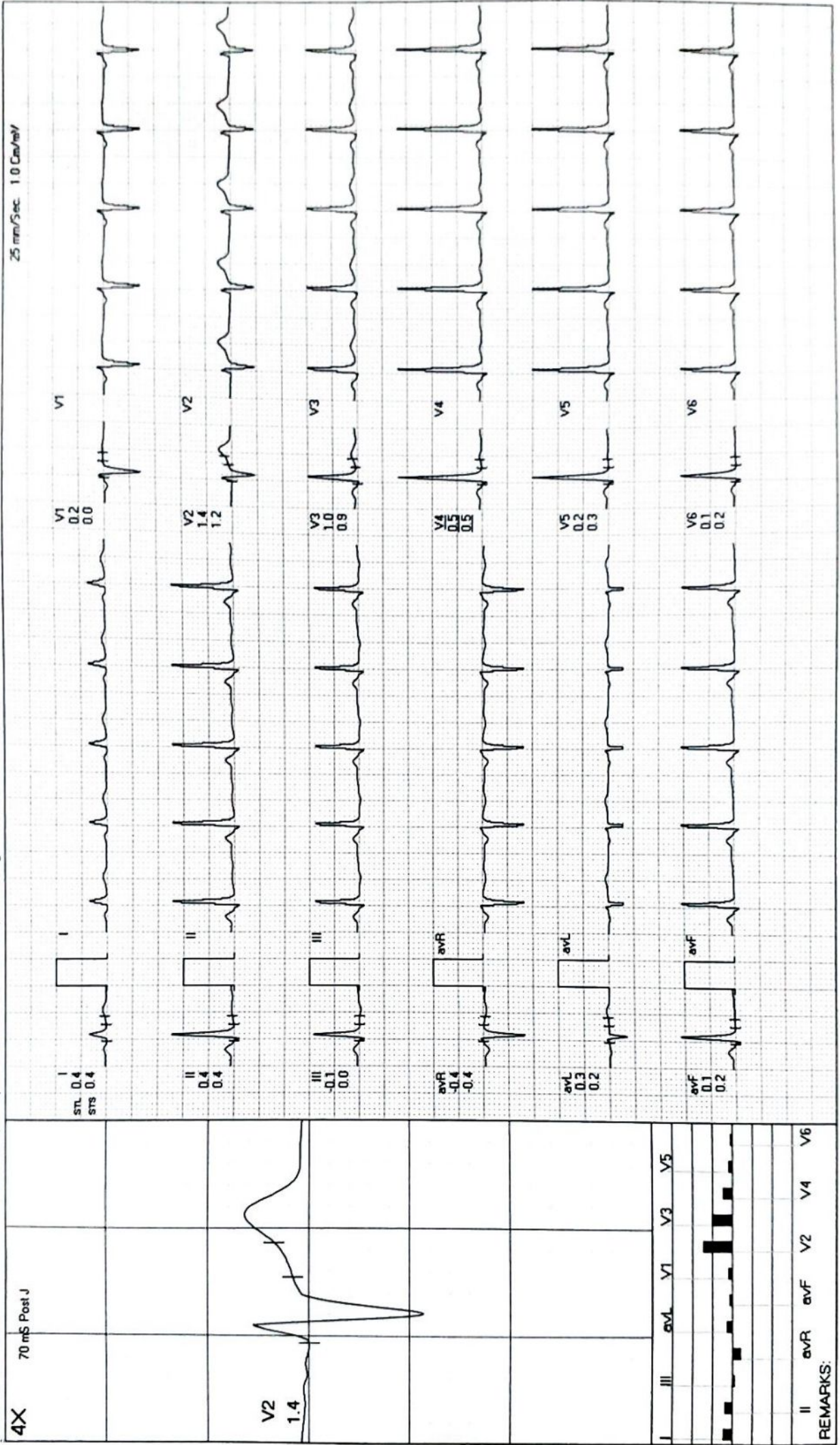
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RAHUL KANQUJA / 32 Yrs / M / 169 Cms / 65 Kg / HR : 91

BRUCE:Supine(0:07)



Date: 23-03-2024 METS 1.0/91 bpm at THR BP 110/66 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz ExTime 00:00 0.0 Kmpt. 0.0%
 25 mm/Sec. 1.0 Cm/mV

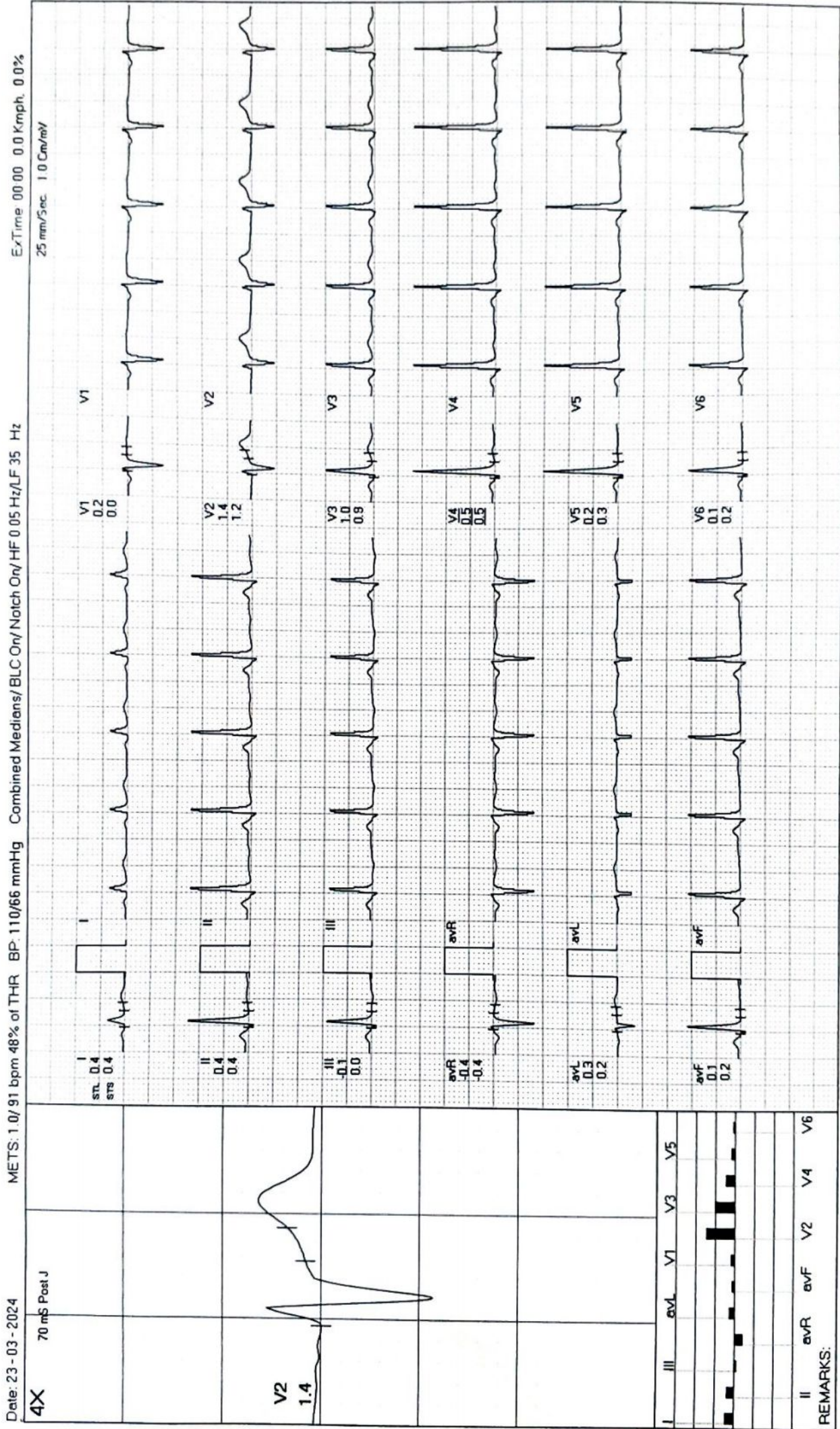


REMARKS:

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RAHUL KANOJIA / 32 Yrs / M / 169 Cms / 65 Kg / HR : 91

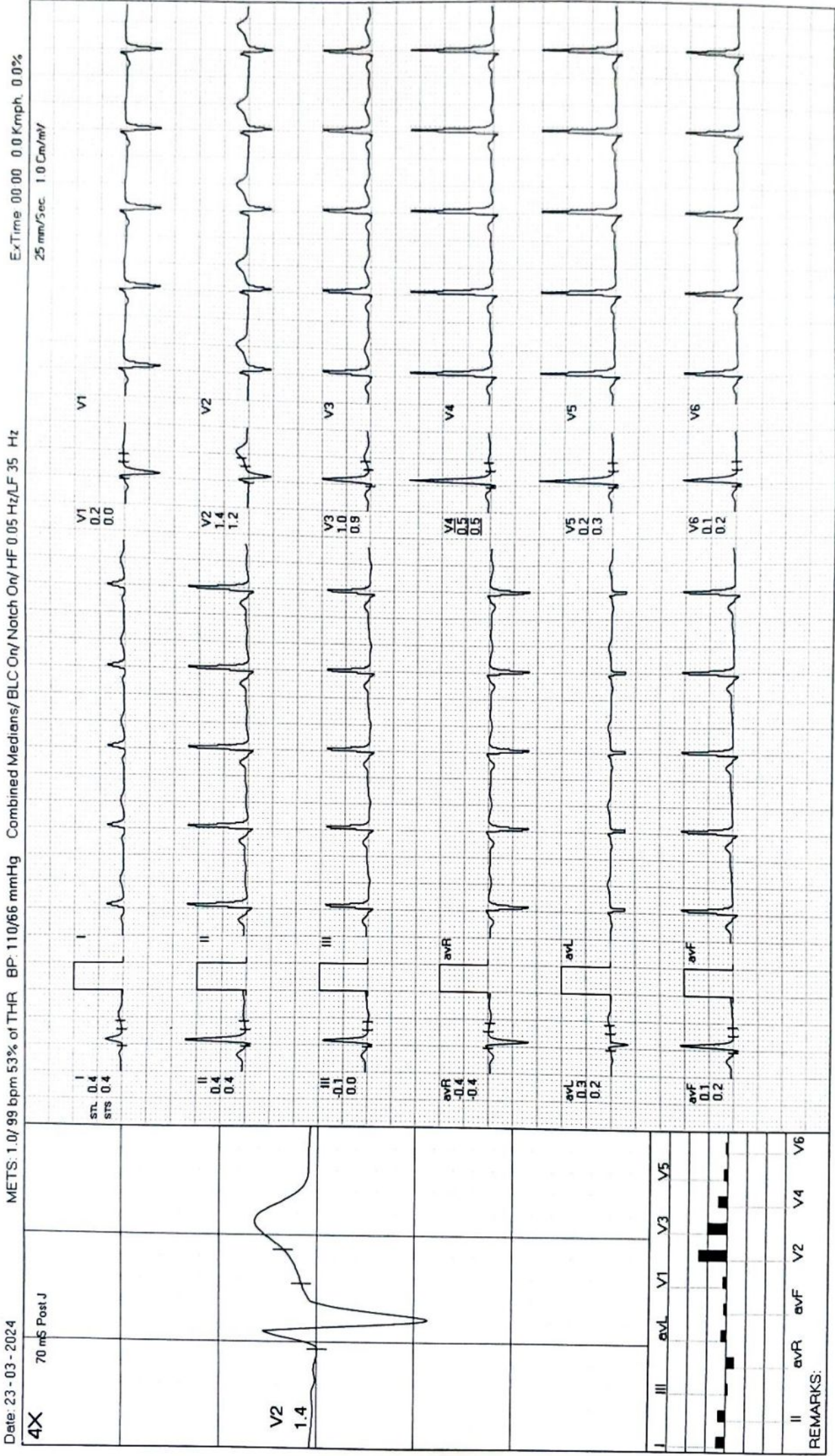
BRUCE: Standing(0:06)



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RAHUL KANOJIA / 32 Yrs / M / 169 Cms / 65 Kg / HR : 99

BRUCE:HV(0:08)



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RAHUL KANOJIA / 32 Yrs / M / 169 Cms / 65 Kg / HR : 90

ExStart

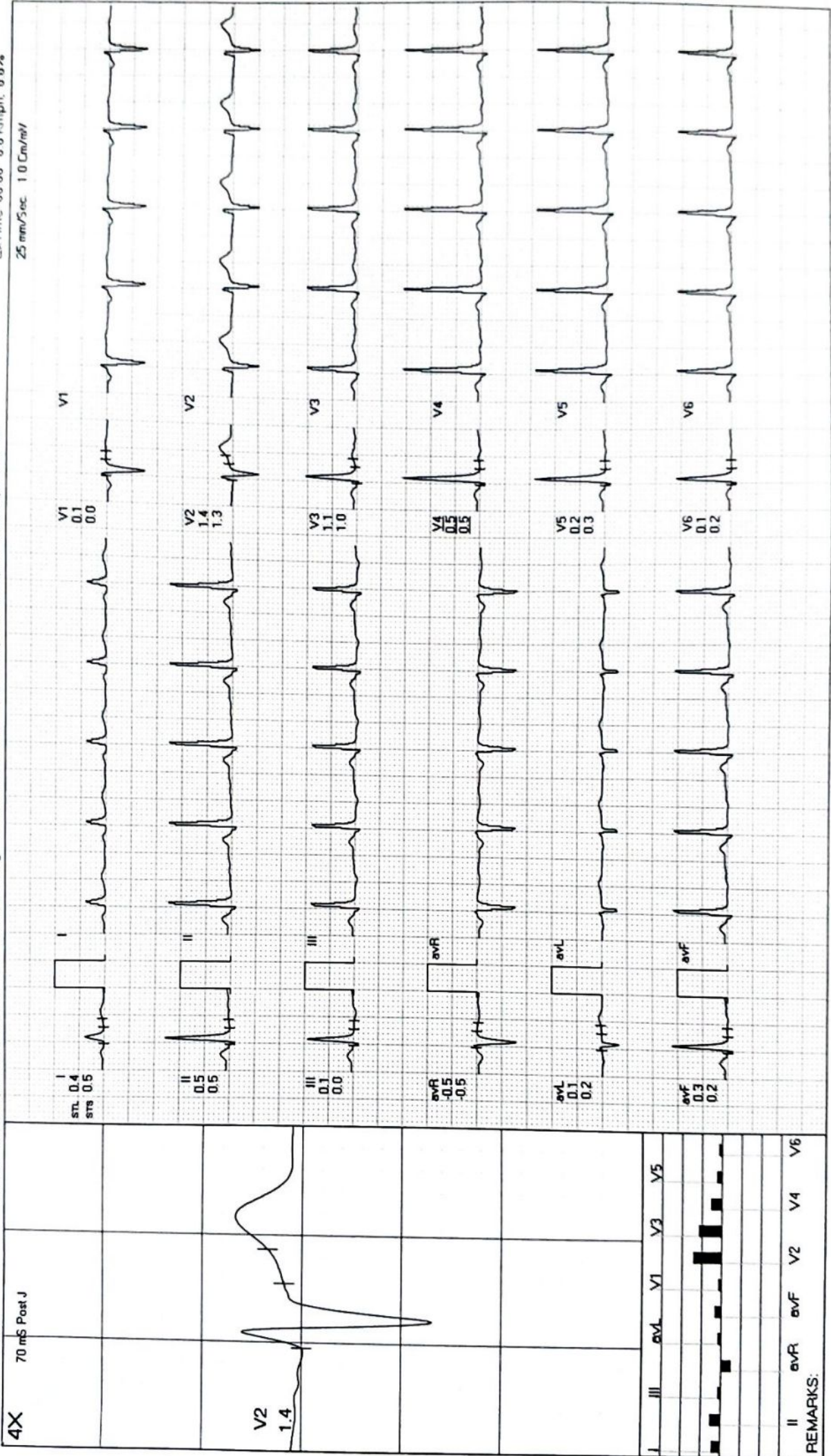


Date: 23-03-2024

METS: 1.0 / 90 bpm 48% of THR BP: 110/66 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:

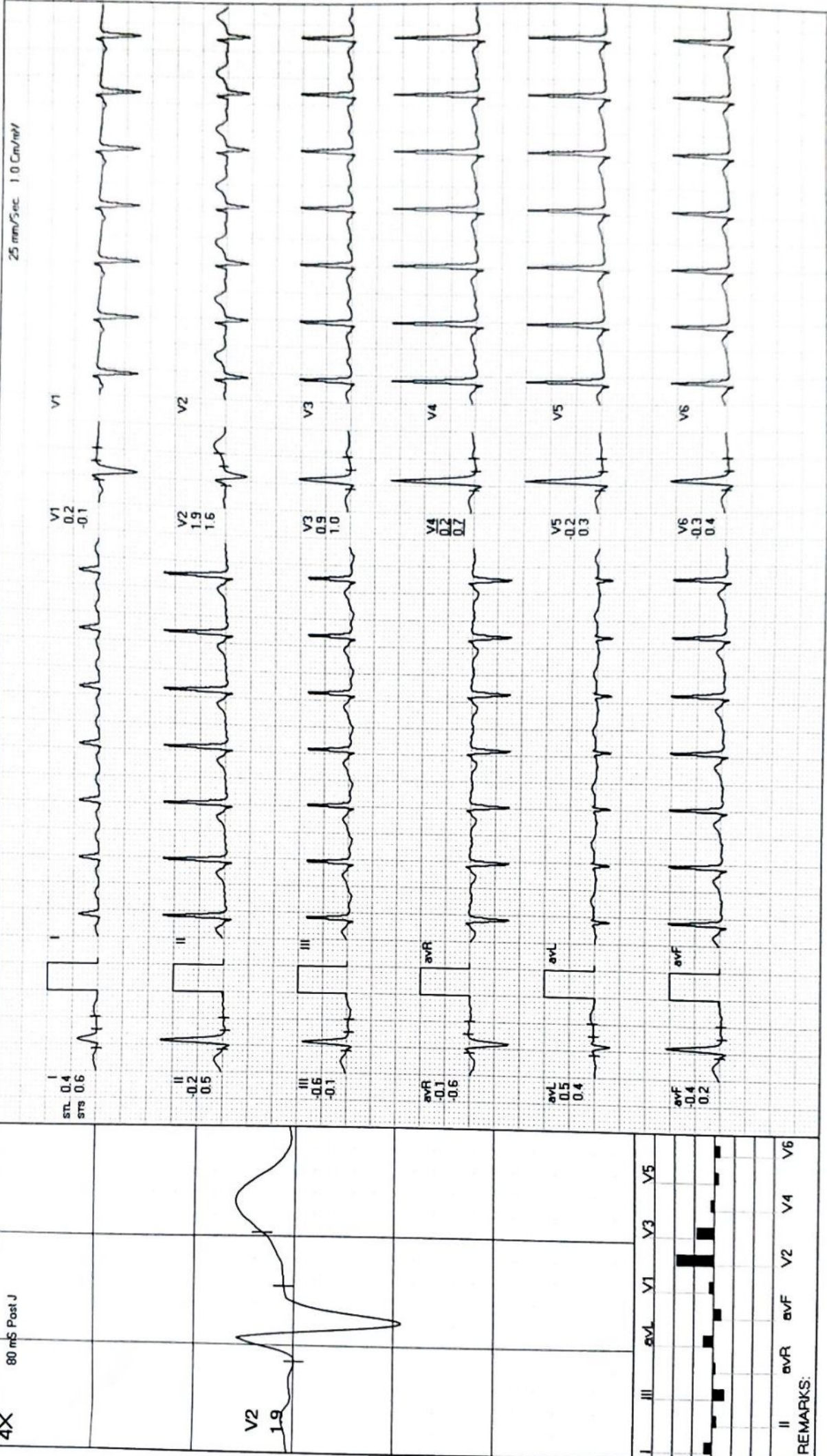
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RAHUL KANQUJA / 32 Yrs / M / 169 Cms / 65 Kg / HR : 123

BRUCE: Stage 1 (3:00)



Date: 23-03-2024 METS: 4.7/123 bpm 65% of THR BP: 124/80 mmHg Combined Medians/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz



REMARKS:

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RAHUL KANOJIA / 32 Yrs / M / 169 Cms / 65 Kg / HR : 163

PeakEx

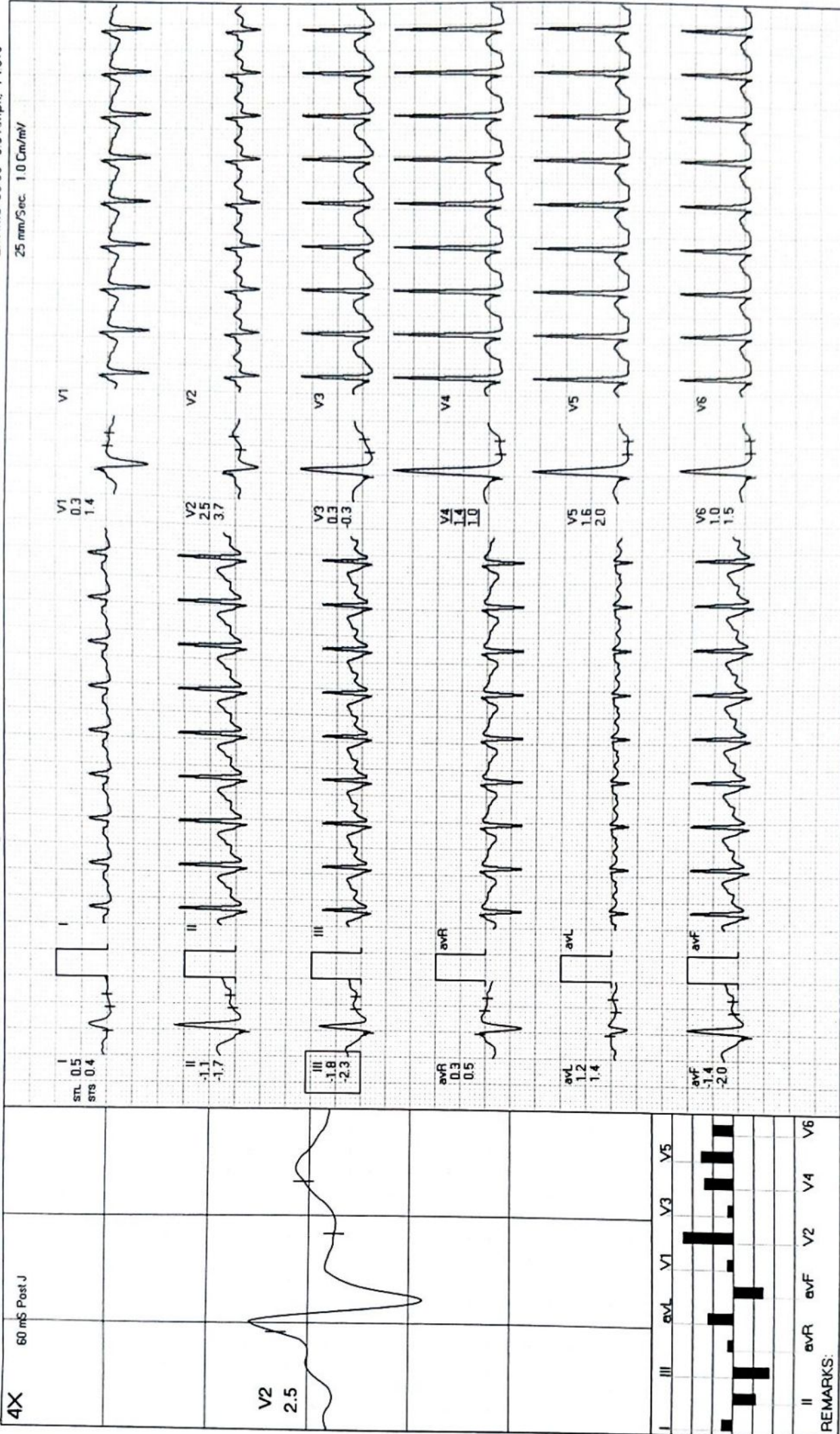


Date: 23 - 03 - 2024

METS: 8.0 / 163 bpm 87% of THR BP: 140/90 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime 06:50 5.5 Kmph. 14.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

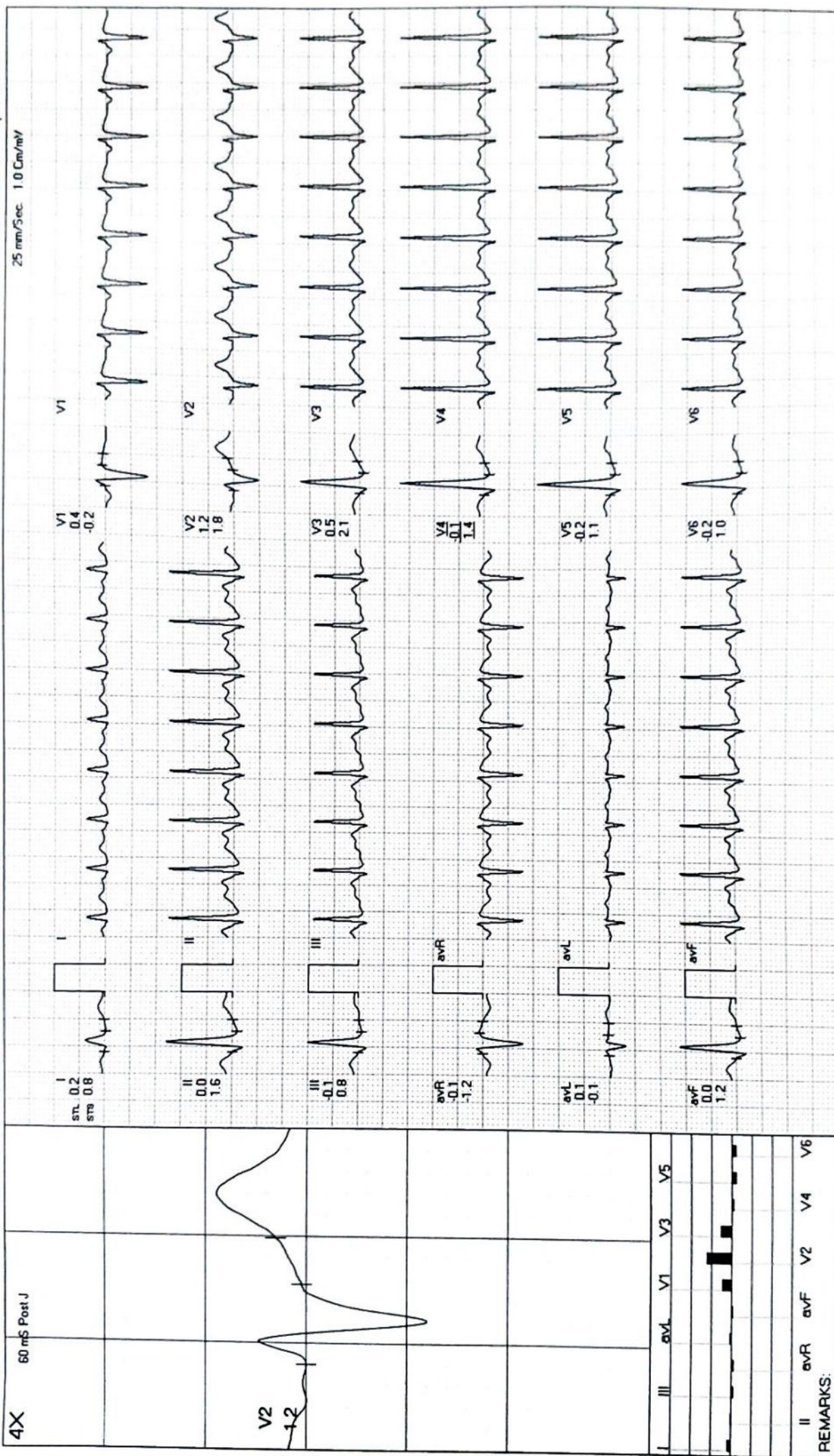
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RAHUL KANOJIA / 32 Yrs / M / 169 Cms / 65 Kg / HR : 143

Recovery(1:00)



Date: 23-03-2024 METS: 1.2/143 bpm 76% of THR BP: 138/88 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz ExTime 06:50 0.0 Kmph 0.0%
 25 mm/Sec 1.0 Cm/mV



REMARKS:
 II avR avF V2 V4 V6

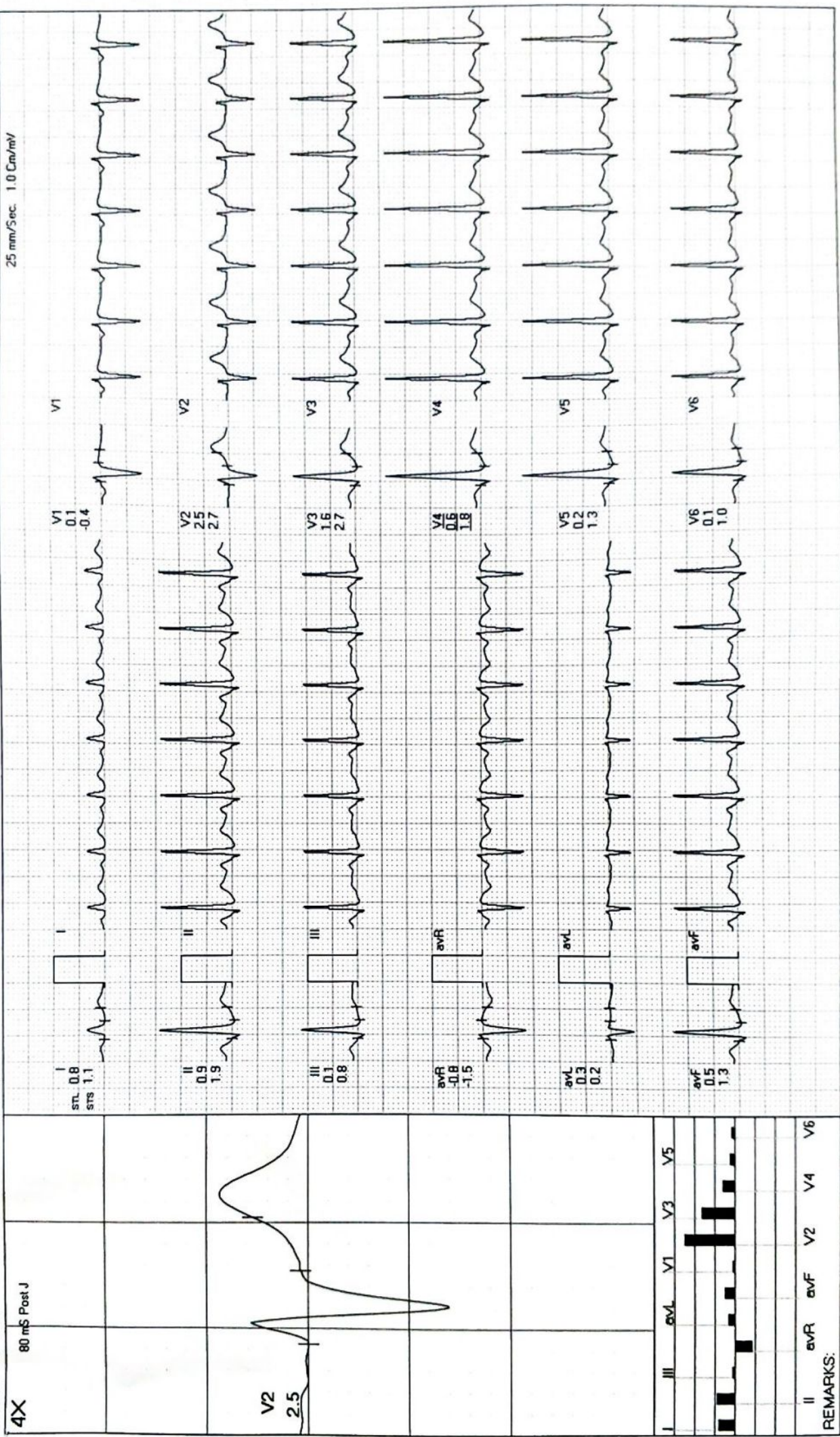
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RAHUL KANOJIA / 32 Yrs / M / 169 Cms / 65 Kg / HR : 125

Recovery(2:00)



Date: 23-03-2024 METS: 1.0 / 125 bpm 66% of THR BP: 134/84 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz ExTime 06:50 0.0 Kmph, 0.0%



REMARKS:

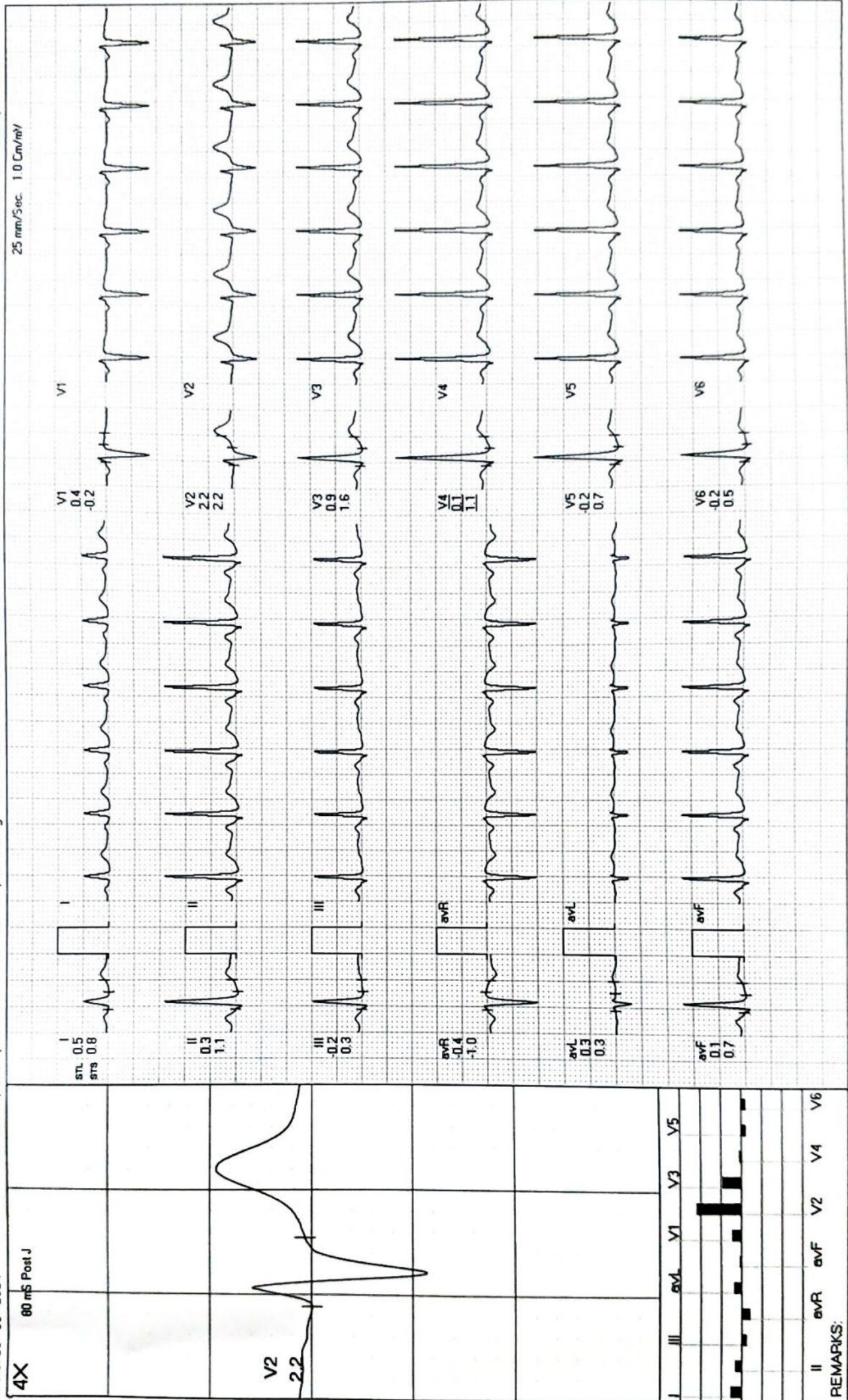
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RAHUL KANUJIA / 32 Yrs / M / 169 Cms / 65 Kg / HR : 114

Recovery(3:00)



Date: 23-03-2024 METS: 1.0/114 bpm 61% of THR BP: 130/82 mmHg Combined Medians/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime 06:50 0.0 Kmph. 0.0%
 25 mm/Sec. 1.0 Cm/mV



REMARKS:

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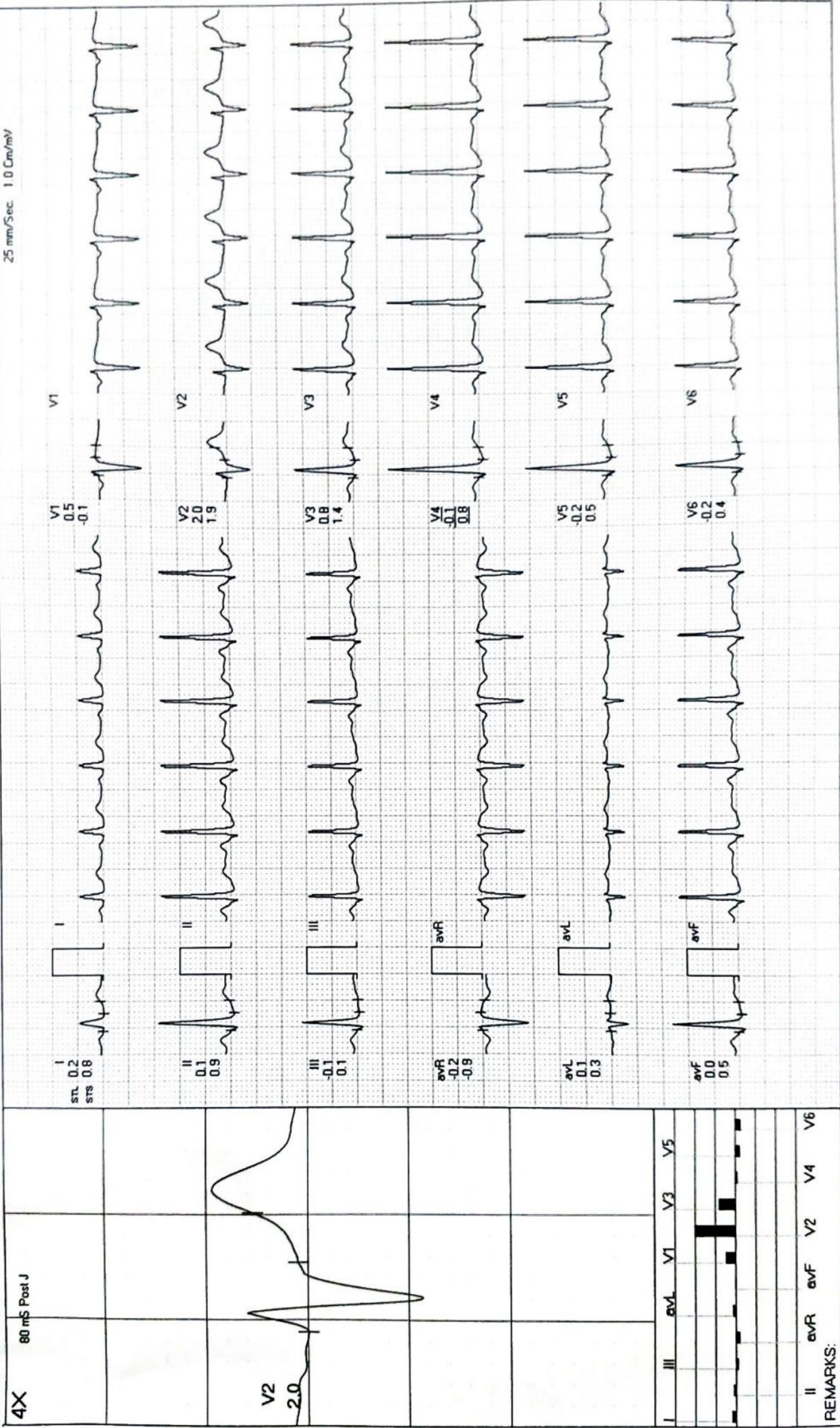
RAHUL KANOJIA / 32 Yrs / M // 169 Cms / 65 Kg / HR : 111

Recovery(3:10)



ExTime 06:50 0.0 Km/h 0.0%

Date: 23-03-2024 METS: 1.0/111 bpm 59% of THR BP: 124/80 mmHg Combined Medians/BLC On/ HF 0.05 Hz/LF 35 Hz



REMARKS:



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



TEST REQUEST ID :012403230031	SAMPLE DATE	:23/Mar/2024 09:17AM
NAME :Mr. RAHUL KANOJIA	SAMPLE REC. DATE	:23/Mar/2024 09:17AM
AGE/SEX :32 YRS/MALE	REPORTED DATE	:23/Mar/2024 11:08AM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01230031

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

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

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

AMRD CONSULTATION FACILITY AVAILABLE

Report needs clinicopathological correlation ♦ Not for Medico Legal Purpose

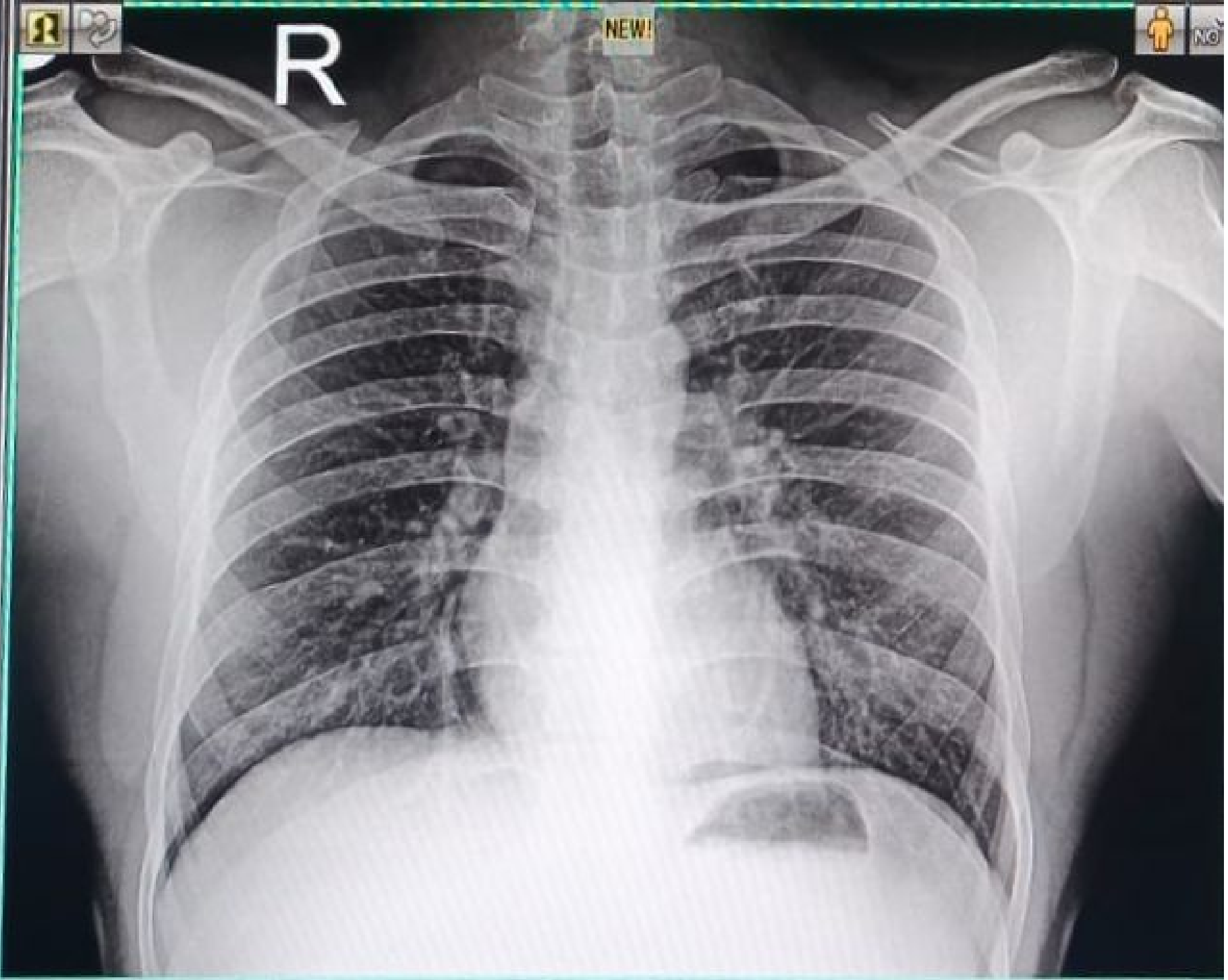
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