


MER- MEDICAL EXAMINATION REPORT

Date of Examination	26/6/2023		
NAME	GANGA Singh		
AGE	53	Gender	F.
HEIGHT(cm)	149	WEIGHT (kg)	82
B.P.	116/68		
ECG	Normal		
X Ray	Normal		
Vision Checkup	Using Lens Glasses.		
Present Ailments	None		
Details of Past ailments (If Any)	No		
Comments / Advice : She /He is Physically Fit	Medicines Rx		



  
 Signature with Stamp of Medical Examiner  
 Dr. Smita Rastogi  
 MBBS, DCP.  
 Reg. No. 37370.

भारत सरकार

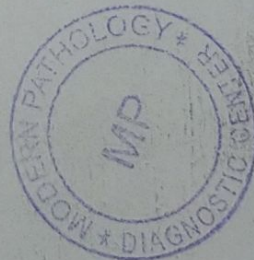
गंगा सिंह  
Ganga Singh  
जन्म तिथि/ DOB: 28/03/1970  
महिला / FEMALE

8754 5252 0984

मेरा आधार, मेरी पहचान

जगजा

Ganga Singh



सेवा  
मॉडर्न पैथोलॉजी डायग्नोस्टिक सेंटर

सर आपके अहा Diel consultation अवस्था नहीं  
है इस वेस्ट को होसका अकी समीक्षा कर पा  
जाए और आपके अहा 2D इका अवस्था नहीं है  
इस लिए मेरा T.M.T टेस्ट कर दिमाकार  
में इसमें समेत है।

गंगा सिंह  
PA - 26/06/2023

गंगा Ganga Singh



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

Date	: 26-Jun-2023		
Name	: <b>Mrs. GANGA SINGH</b>	Age	: 53 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Female
Plasma Glucose - F GOD-POD Method	<b>187</b>	mg/dl	70 - 110
Plasma Glucose - PP GOD POD Method	<b>266</b>	mg/dl	110 - 170
Serum Gamma G.T.	24	IU/L	11 - 50
Urine Sugar (Fasting)	NIL		
Urine Sugar (PP)	NIL		
<b>KFT</b>			
UREA	19.4	mg %	15 - 50
CREATININE	0.85	mg %	0.5 - 1.5
URIC ACID	5.6	mg %	2 - 6
CALCIUM	9.0	mg %	8.8 - 10.0
Blood Group & Rh	"AB" Positive		
Haemoglobin	12.7	gm%	11 - 14
Total Leucocyte Count	7800	Cells/cumm.	4000-11000
<b>Differential Leucocyte Count</b>			
Polymorphs	65	%	45 - 70
Lymphocytes	26	%	20 - 45
Eosinophils	04	%	0 - 6
Monocytes	05	%	0 - 8
Basophils	00	%	0 - 1
<b>Erythrocyte Sedimentation Rate (Wintrobe)</b>			
ESR	18	mm in 1st Hr.	0 - 19
PCV	41.9	cc%	40 - 52
Corrected ESR	04	mm in 1st Hr.	0 - 19

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

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Date	: 26-Jun-2023		
Name	: <b>Mrs. GANGA SINGH</b>	Age	: 53 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Female

Platelet Count	1.67	lakh/cumm.	1.5 - 4.0
----------------	------	------------	-----------

Red Cells Count	4.58	million/cmm	3.90 to 4.60
-----------------	------	-------------	--------------

Absolute values			
MCV	91.6	fL	77 - 97
MCH	27.7	pg	27 - 31
MCHC	31.2	gm /dl	31 - 34

General Blood Picture	
<b>RBCs</b>	RBCs are Normocytic & Normochromic. No Normoblasts are seen.
<b>WBCs</b>	TLC is within normal range. DLC shows normal counts. No immature cells of WBC seen.
<b>PLATELETS</b>	Platelets are adequate in number and morphology.
<b>OTHERS</b>	No haemoparasites are seen.
<b>IMPRESSION</b>	Normal GBP

LFT T&D			
Total Bilirubin	0.57	mg%	0.2 - 1.0
Direct Bilirubin	0.12	mg%	0.0 to 0.40
Indirect Bilirubin	0.45	mg%	0.10 to 0.90
S.G.P.T	35	IU/L	5 - 40
S.G.O.T	30	IU/L	5 - 50
ALP	87	IU/L	35 to 104

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Date : 26-Jun-2023  
Name : **Mrs. GANGA SINGH** Age : 53 Yrs.  
Ref.By : APOLLO HEALTH Sex : Female

### LIPID PROFILE

Triglycerids	110	mg%	70 - 190
S. Cholestrol S.	164	mg%	130 - 230
S. HDL Cholestrol	40.1	mg%	35 - 75
S. LDL Cholestrol	101.9	mg%	75 - 150
VLDL	22	mg%	0 - 34
Chol / HDL factor	4.09	Ratio	
LDL / HDL Factor	2.54		

### 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 lowers LDL and raises 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 Beta-blocker 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	: 26-Jun-2023	Age	: 53 Yrs.
Name	: <b>Mrs. GANGA SINGH</b>	Sex	: Female
Ref.By	: APOLLO HEALTH		

### Glycosylated Haemoglobin

Glycosylated Haemoglobin	9.0	%	4.5 TO 6.0
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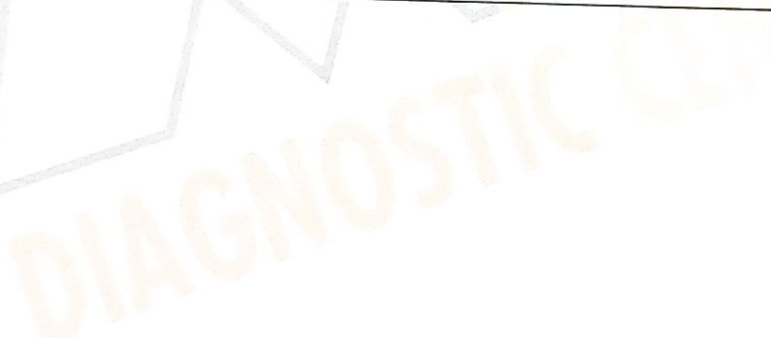
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INTERPRETATION AND COMMENTS

=====

- 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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Date	: 26-Jun-2023		
Name	: Mrs. GANGA SINGH	Age	: 53 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Female

### THYROID TEST

Tri-iodothyronine (T3)	1.80	nmol/L	0.50 to 2.50
Thyroxine (T4)	8.40	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	3.18	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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Date	: 26-Jun-2023	Age	: 53 Yrs.
Name	: <b>Mrs. GANGA SINGH</b>	Sex	: Female
Ref.By	: APOLLO HEALTH		

### Urine Examination

<b>PHYSICAL</b>		
Colour	Straw	
Turbidity	Nil	
Deposit	Nil	
Reaction	Acidic	
*Specific Gravity	1.010	
<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	

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TEST REQUEST ID :012306260017	SAMPLE DATE	:26/Jun/2023 08:49AM
NAME :Mrs. GANGA SINGH	SAMPLE REC. DATE	:26/Jun/2023 08:49AM
AGE/SEX :53.2 YRS/FEMALE	REPORTED DATE	:26/Jun/2023 11:29AM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01260017

## 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 \*\*\*

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**DR. PANKAJ UPADHYAYA**

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Mob.: 7618884441, 9450389932, 8177063877

Patient name: Mrs Ganga Singh  
Ref By. : Apollo Health

Age/Sex 53/F  
26/06/2023

## E.C.G. REPORT

1. Rhythm	:	Sinus, Regular
2. Atrial Rate	:	84/mt
3. Ventricular Rate	:	84/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. SMITA MOHAN MD  
Reg. No. 44559  
Signature of Doctor

**Dr. Sanjay Rastogi**  
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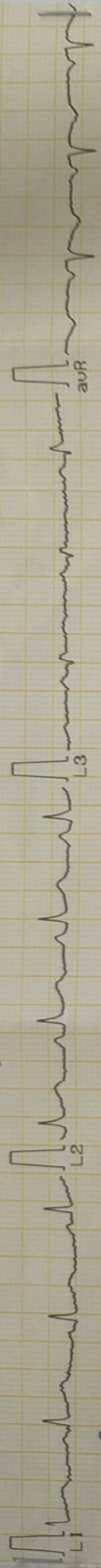
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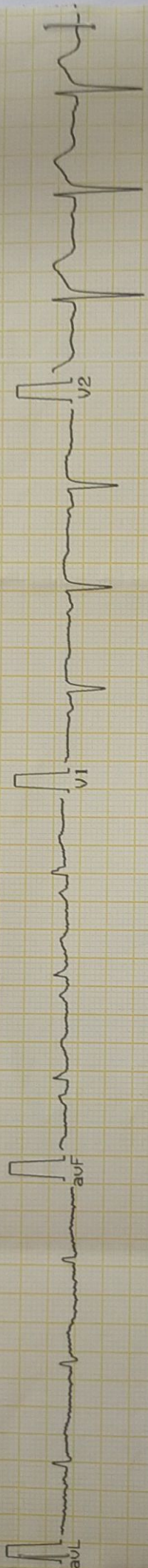
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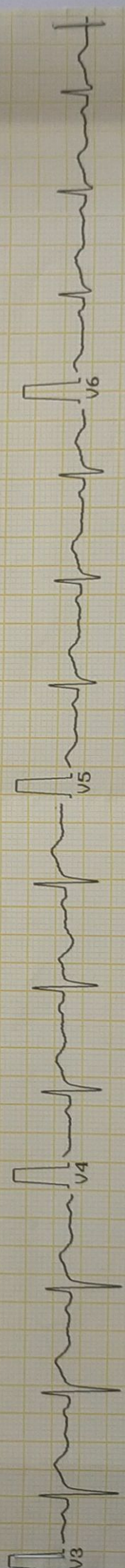
Name \_\_\_\_\_ Age \_\_\_\_\_ Yrs M/F \_\_\_\_\_  
 10mm/mV 25mm/s 0.1-35 Hz BLC  
 I L1 L2 L3 aVR  
 RANA Singh  
 11077 Ganga Singh  
 Dr. \_\_\_\_\_  
 ClarituMed ECG50-1CH



ECGPRINT  
 aVL V1 V2  
 aVF V4 V5 V6



ECGPRINT  
 V3 V4 V5 V6



Dr. AMIT MOHAN  
 Reg. No. 11039



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NAME :Mrs. GANGA SINGH	SAMPLE REC. DATE	:26/Jun/2023 08:49AM
AGE/SEX :53.2 YRS/FEMALE	REPORTED DATE	:26/Jun/2023 12:26PM
REFERRED BY :Self	BARCODE NO	:01260017

## USG WHOLE ABDOMEN-FEMALE

**Liver:** is enlarged in size (181 mm). Parenchymal echogenicity is increased. 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 mildly enlarged in size (129 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

**Both Kidneys:** are normal in size (RK-111 x 54 mm & LK -113 x 58 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.

**Uterus** is normal in size (69 x 29 x 36 mms), shape and echotexture. It is anteverted. Myometrium is homogenous. No focal mass is seen. Endometrial thickness is normal. Cervix appears normal in size, shape and echotexture. No evidence of collection in cervical canal.

**Bilateral Ovaries and adnexae** Both ovaries are atrophic. Both iliac fossae are clear. No obvious bowel pathology is noted. There is no free fluid in peritoneal cavity.

## OPINION:

- HEPATOMEGALY WITH GRADE-II FATTY LIVER
- MILD SPLEENOMEGALY

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

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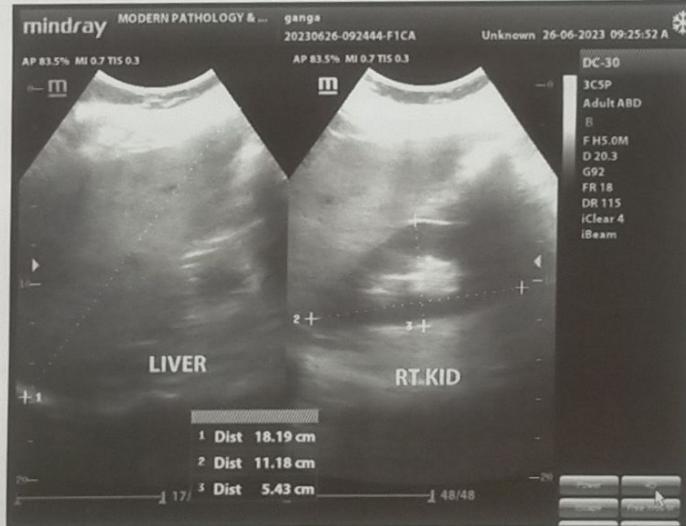
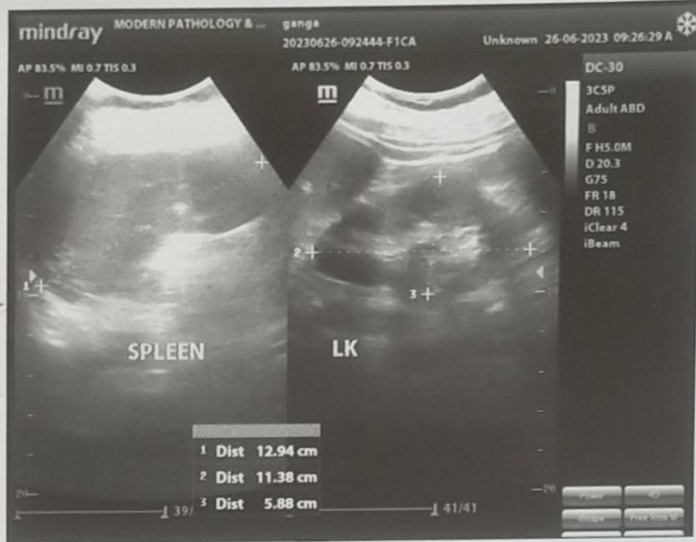
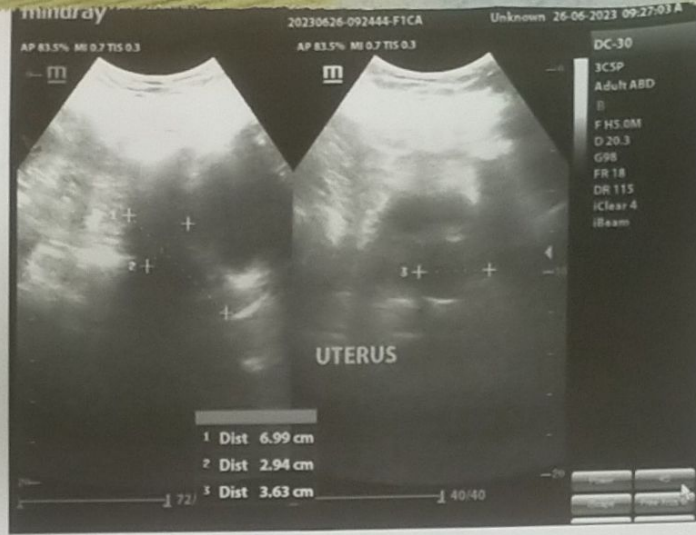
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Mob.: 7618884441, 9450389932, 817706387



NAME : Mrs. Ganga Singh      SAMPLE REC.DATE : 26/06/2023  
AGE/SEX : 53 YRS/FEMALE  
REFERRED BY : Apollo Health

TestName	Result	Bio.Ref.Range	Unit
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## CYTOLOGY REPORT TEST REPORT

PAP SMEAR LBC-INFECTION

**SPECIMEN:**

LIQUID-BASED PREPARATION (PAP SMEAR).

**MICROSCOPY:**

**SPECIMEN ADEQUACY:**

Satisfactory for evaluation without evidence of end cervical/transformation zone component.

**MICROSCOPIC OBSERVATIONS:**

Smear contains superficial and intermediate cells. Moderate inflammatory cells present.

**ORGANISMS:** Not present.

**IMPRESSION/DIAGNOSIS:**

NEGATIVE FOR INTRA EPITHELIAL LESION NORMAL ALIGNANCY.

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

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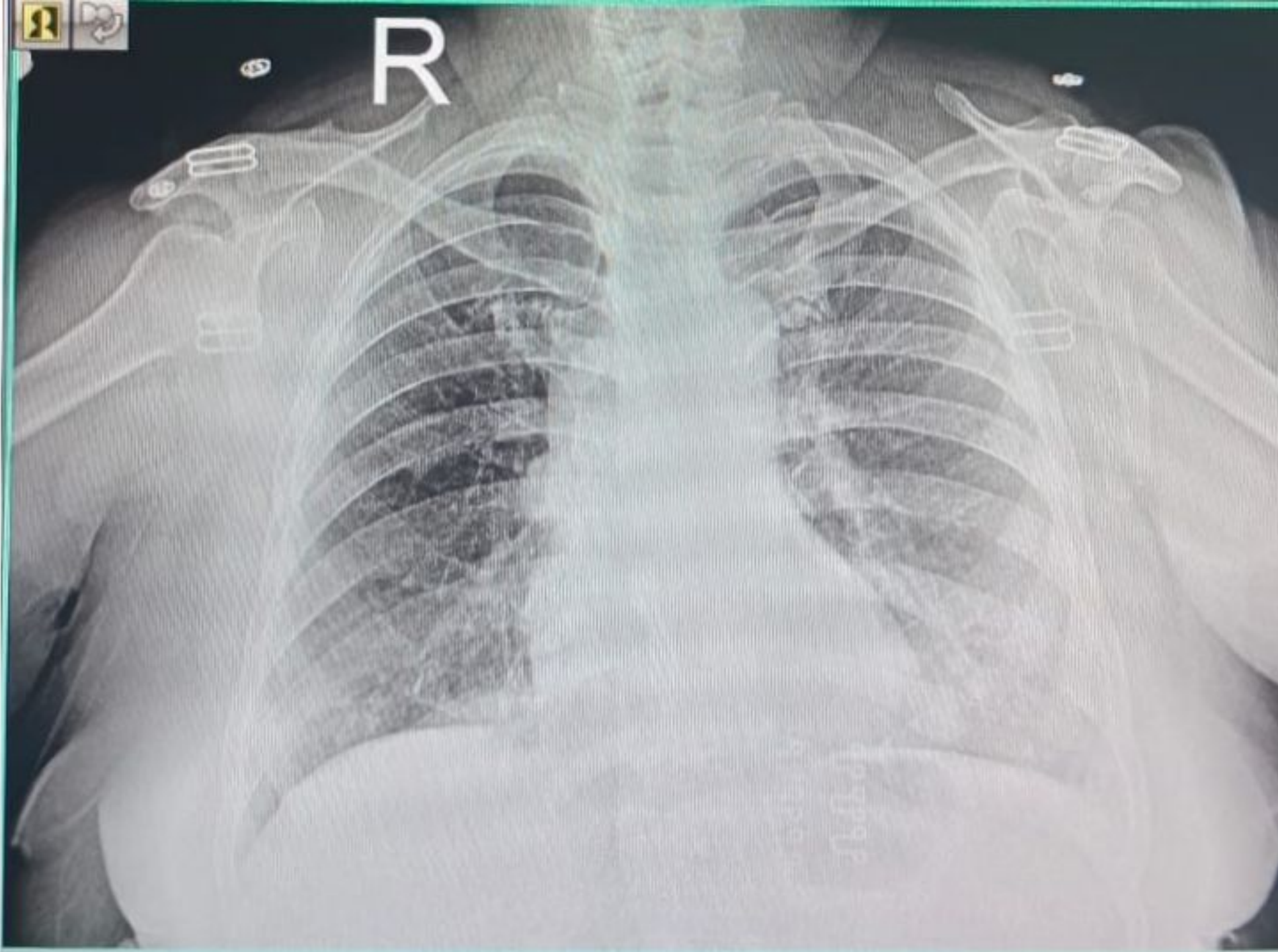
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