

MER- MEDICAL EXAMINATION REPORT

Date of Examination	12/8/23		
NAME	SUNITA KUMWANA		
AGE	40	Gender	F.
HEIGHT(cm)	147	WEIGHT (kg)	71 BMR 32.9
B.P.	134/84		
EKG	Abnormal		
X Ray	Normal		
Vision Checkup			
Present Ailments	None		
Details of Past ailments (If Any)	No		
Comments / Advice : She /He is Physically Fit	Abnormal ECG Report		
<p>ECG test not done. (client is not ready).</p>			



Dr. Smriti Rastogi
 MBBS, DCP
 Reg. No. 3155

Signature with Stamp of Medical Examiner



भारत सरकार
GOVERNMENT OF INDIA



सुनीता कुशवाहा
Sunita Kushwaha
जन्म तिथि/ DOB: 24/10/1982
महिला / FEMALE



2464 4470 3919

आधार-आम आदमी का अधिकार



Aut
12/08/23



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

Address:

W/O: अजय सिंह, 128/99 -
ए ब्लॉक-एस, यशोदा नगर,
किदवई नगर, कानपुर नगर,
उत्तर प्रदेश - 208011

W/O: Ajay Singh, 128/99 -a block-a,
yashoda nagar, Kidwai Nagar,
Kanpur Nagar,
Uttar Pradesh - 208011

2464 4470 3919

Aadhaar-Aam Admi ka Adhikar

सेवा में,

मार्डिन पेंथालाजी गोमती नगर
लखनऊ

मैं स्त्रीला कुशवाहा आपकी पेंथालाजी में कुल बाड़ी
चेकअप कराने की इच्छुक हूँ। जिसमें आपके भरोसे ENT
डायाग्नोसिस व Eye, 2D Echo की जांच भी हो सके।
इसके साथ पर T.M.T जांच कर दी जाए।

Amk
12/08/23





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	: 12-Aug-2023	Age	: 40 Yrs.
Name	: Mrs. SUNITA KUSHWAHA	Sex	: Female
Ref.By	: APOLLO HEALTH		

Haemoglobin	10.5	gm%	11 - 14
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Total Leucocyte Count	7400	Cells/cumm.	4000-11000
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Differential Leucocyte Count			
Polymorphs	66	%	45 - 70
Lymphocytes	28	%	20 - 45
Eosinophils	02	%	0 - 6
Monocytes	04	%	0 - 8
Basophils	00	%	0 - 1

Erythrocyte Sedimentation Rate (Wintrobe)			
ESR	18	mm in 1st Hr.	0 - 19
PCV	34.9	cc%	40 - 52
Corrected ESR	04	mm in 1st Hr.	0 - 19

Platelet Count	2.72	lakh/cumm.	1.5 - 4.0
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Red Cells Count	4.28	million/cmm	3.90 to 4.60
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Absolute values			
MCV	81.4	fL	77 - 97
MCH	28.4	pg	27 - 31
MCHC	31.2	gm /dl	31 - 34

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

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 : 12-Aug-2023

Name : **Mrs. SUNITA KUSHWAHA**

Age : 40 Yrs.

Ref.By : APOLLO HEALTH

Sex : Female

General Blood Picture

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

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Date	: 12-Aug-2023	Age	: 40 Yrs.
Name	: Mrs. SUNITA KUSHWAHA	Sex	: Female
Ref.By	: APOLLO HEALTH		

KFT			
UREA	22.4	mg %	15 - 50
CREATININE	0.51	mg %	0.5 - 1.5
URIC ACID	5.6	mg %	2 - 6
CALCIUM	9.6	mg %	8.8 - 10.0

Blood Group & Rh	"A" Positive		
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Serum Gamma G.T.	18	IU/L	11 - 50
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Plasma Glucose - PP GOD POD Method	141	mg/dl	110 - 170
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Plasma Glucose - F GOD-POD Method	96	mg/dl	70 - 110
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Contd... M.B.B.S., DCP

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Date : 12-Aug-2023

Name : **Mrs. SUNITA KUSHWAHA**

Age : 40 Yrs.

Ref.By : APOLLO HEALTH

Sex : Female

LFT T&D

Total Bilirubin	0.72	mg%	0.2 - 1.0
Direct Bilirubin	0.35	mg%	0.0 to 0.40
Indirect Bilirubin	0.37	mg%	0.10 to 0.90
S.G.P.T	22	IU/L	5 - 40
S.G.O.T	16	IU/L	5 - 50
ALP	95	IU/L	35 to 104

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Date : 12-Aug-2023
Name : **Mrs. SUNITA KUSHWAHA** Age : 40 Yrs.
Ref.By : APOLLO HEALTH Sex : Female

LIPID PROFILE

Triglycerids	87	mg%	70 - 190
S. Cholestrol S.	168	mg%	130 - 230
S. HDL Cholestrol	40.9	mg%	35 - 75
S. LDL Cholestrol	109.7	mg%	75 - 150
VLDL	17.4	mg%	0 - 34
Chol / HDL factor	4.11		
LDL / HDL Factor	2.68		

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 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	: 12-Aug-2023	Age	: 40 Yrs.
Name	: Mrs. SUNITA KUSHWAHA	Sex	: Female
Ref.By	: APOLLO HEALTH		

THYROID TEST

Tri-iodothyronine (T3)	1.50	nmol/L	0.50 to 2.50
Thyroxine (T4)	7.45	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	3.18	mIU/ ml	0.3 to 6.0

=====

COMMENTS

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- 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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Mob.: 7618884441, 9450389932, 8177063877

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Date : 12-Aug-2023

Name : **Mrs. SUNITA KUSHWAHA**

Age : 40 Yrs.

Ref.By : APOLLO HEALTH

Sex : Female

Glycosylated Haemoglobin

Glycosylated Haemoglobin	5.9	%	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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Date	: 12-Aug-2023	Age	: 40 Yrs.
Name	: Mrs. SUNITA KUSHWAHA	Sex	: Female
Ref.By	: APOLLO HEALTH		

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

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

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M.B.B.S., M.D. (Path & Bact)



Date	: 12-Aug-2023	Age	: 40 Yrs.
Name	: Mrs. SUNITA KUSHWAHA	Sex	: Female
Ref.By	: APOLLO HEALTH		

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	Occasional	/hpf
Red Blood Cells	Nil	/hpf
Casts	Nil	
Crystals	Nil	
Others	Nil	

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NAME : Mrs. SUNITA KUSHWAHA SAMPLE REC.DATE : 12/08/2023
AGE/SEX : 40 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 NORMALIGNANCY.

*** End Of Report ***

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Patient name: Mrs Sunita Kushwaha
Ref By. : Apollo Health

Age/Sex 40/F
12/08/2023

E.C.G. REPORT

1. Rhythm	:	Sinus, Regular
2. Atrial Rate	:	126/mt
3. Ventricular Rate	:	126/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	:	Iversion in v3,avf,2,v5,v6,v3

FINAL IMPRESSION

T wave inversion in lead V3 and AVf indicating old inferior myocardial ischemia.

Twave inversion in lead 2, V5,V6 indicating old lateral myocardial ischemia.

T wave inversion in lead V3 but not loss of R wave indicating borderline for anterior myocardial ischemia.

However multilead T wave inversion is sometimes non specific , thus confirmatory tests required .

ABNORMAL ECG.

Signature of Doctor

Dr. AMIT MOHAN
MD
Reg. No. 44559

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Name Sunil K. Kesharshi Age Yrs M/F 10mm/mV 25mm/s 0.1-35 Hz BLC

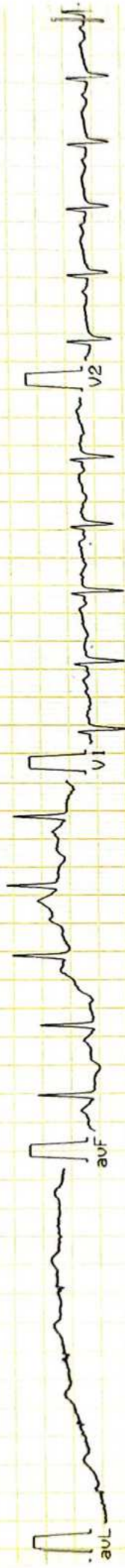


Handwritten signature/initials

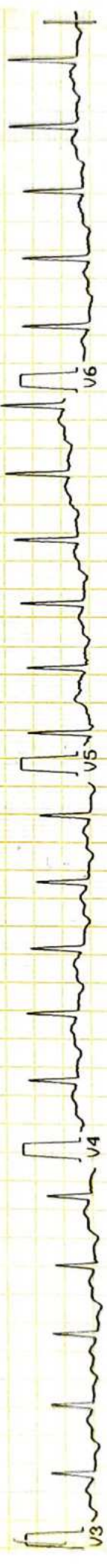
CiLab Med ECG50-1CH

Dr.

ECG CARDIOPRINT



ECG CARDIOPRINT



AMIT MOJAN
MD
Reg No. 44559



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TEST REQUEST ID :012308120036	SAMPLE DATE	:12/Aug/2023 09:33AM
NAME :Mrs. SUNITA KUSHWAHA	SAMPLE REC. DATE	:12/Aug/2023 09:33AM
AGE/SEX :40 YRS/FEMALE	REPORTED DATE	:12/Aug/2023 12:24PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01120036

USG WHOLE ABDOMEN-FEMALE

Liver: is enlarged in size (154 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 (93 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

Both Kidneys: are normal in size (RK-122 x 39 mm & LK -123 x 50 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 (82 x 47 x 58 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 normal in size (RO - 30 x 27 mms & LO - 36 x 26 mms), shape and echotexture. No adnexal solid or cystic mass lesion is seen.

Both iliac fossae are clear. No obvious bowel pathology is noted. There is no free fluid in peritoneal cavity.

OPINION: HEPATOMEGALY.

*** End Of Report ***

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Consultant Radiologist

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AP 83.9% MI 0.7 TIS 0.3

AP 83.6% MI 0.7 TIS 0.2

DC-30

3C5P
Adult ABD
B
F HS.0M
D 20.3
G54
FR 18
DR 115
iClear 4
iBeam



- 1 Dist 15.45 cm
- 2 Dist 12.28 cm
- 3 Dist 3.94 cm

27/

13/13

-20

Buttons: Paper, Stop, Freeze, Print, Home

AP 83.9% MI 0.7 TIS 0.3

AP 83.9% MI 0.7 TIS 0.3

DC-30

3C5P
Adult ABD
B
F HS.0M
D 16.6
G100
FR 21
DR 115
iClear 4
iBeam



31/31

59/59

Buttons: Paper, Stop, Freeze, Print, Home



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



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TEST REQUEST ID :012308120036	SAMPLE DATE	:12/Aug/2023 09:33AM
NAME :Mrs. SUNITA KUSHWAHA	SAMPLE REC. DATE	:12/Aug/2023 09:33AM
AGE/SEX :40 YRS/FEMALE	REPORTED DATE	:12/Aug/2023 12:09PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01120036

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

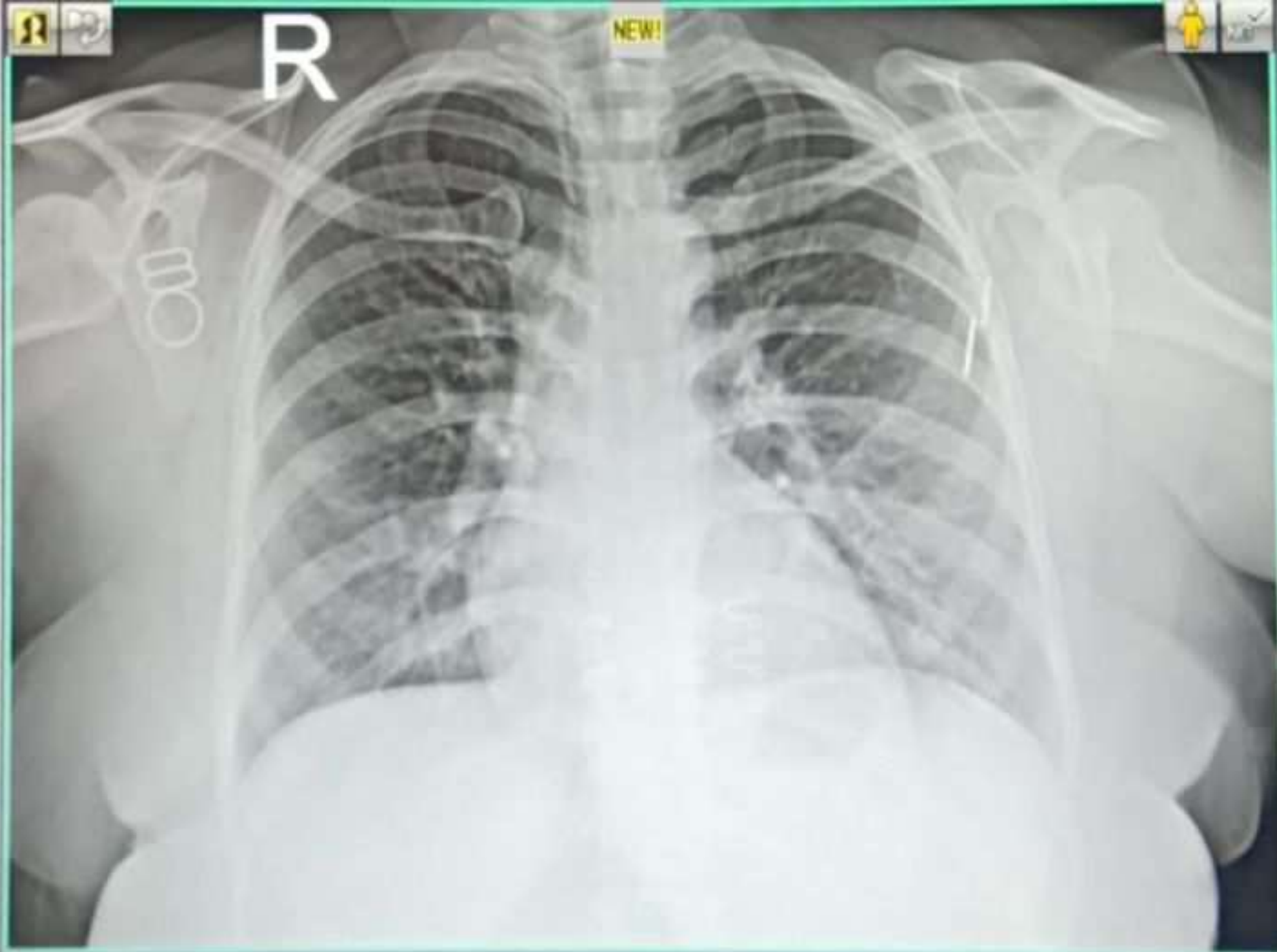
Results, adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.

Consultant Radiologist QUALITY AVAILABLE

Report needs clinicopathological correlation ♦ Not for Medico Legal Purpose

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