

**MER- MEDICAL EXAMINATION REPORT**

Date of Examination	9/2/24		
NAME	ABHINAV CHANDRA SRIVASTAVA		
AGE	30	Gender	M
HEIGHT(cm)	161	WEIGHT (kg)	83 B.M.I - 32.0
B.P.	124/84		
ECCG	normal		
X Ray	normal		
Vision Checkup	-		
Present Ailments	None		
Details of Past ailments (If Any)	No		
Comments / Advice : She /He is Physically Fit	MEDICALLY FIT		



Dr. Shilpa Pastogi  
 MBBS, DCP  
 Reg. No. 100735

**Signature with Stamp of Medical Examiner**

भारत सरकार  
Government of India

अभिषेक चन्द्र श्रीवास्तव  
Abhishek Chandra Srivastava  
जन्म तिथि/DOB: 10/06/1985  
पुरुष/ MALE

7795 3213 3221

मेरा आधार मेरी पहचान

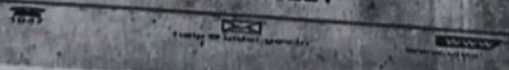


भारत सरकार  
Unique Identification Authority of India

Address:  
S/O: Ram Chandra Srivastava,  
159/18, Subhan Nagar, Lucknow,  
Lucknow,  
Uttar Pradesh - 226018

पता:  
संबोधित: राम चन्द्र श्रीवास्तव, 159/18, सुभान  
नगर, लखनऊ, लखनऊ,  
उत्तर प्रदेश - 226018

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

A handwritten signature in blue ink, consisting of several loops and a small mark at the end.

**CLINIC :**

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

Patient name: Mr Abhishek Chandra Srivastava  
Ref By. Apollo Health

Age/Sex 38/M  
09/02/2024

## E.C.G. REPORT

1. Rhythm	:	Sinus, Regular
2. Atrial Rate	:	70/mt
3. Ventricular Rate	:	70/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*  
Signature of Doctor  
Reg No. 44559

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M.B.B.S., DCP, CRIAT (BARC)

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

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Name Abhishek Chandig

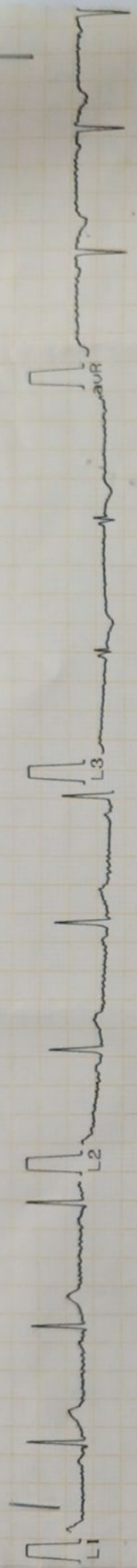
Age --- Yrs M/F

10mm/mV

25mm/s

0.1-35 Hz

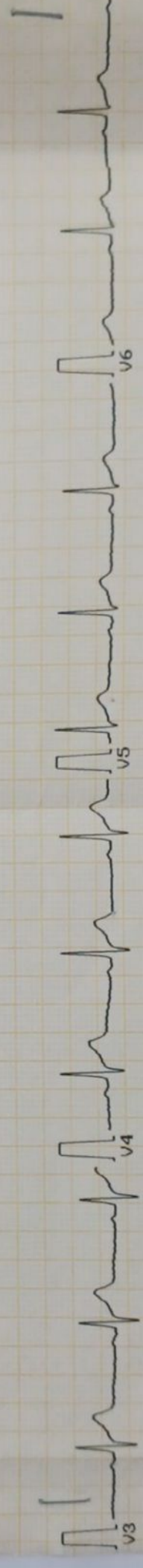
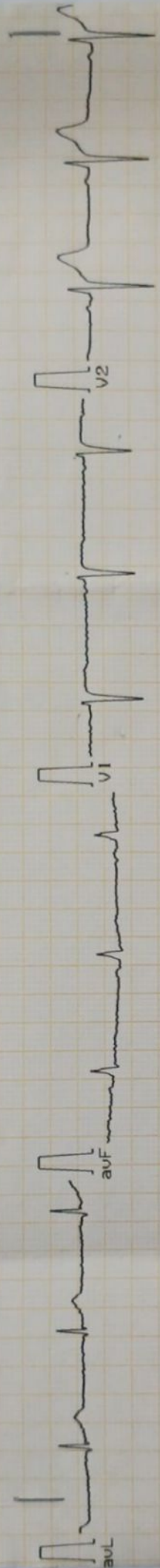
BLC



*[Signature]*

ClarityMed\_ECG50-1CH

Dr:



*[Signature]*  
DR. AMIT MOHAN  
MD  
Reg. No. 44559

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Date : 09-Feb-2024  
Name : **Mr. ABHISHEK CHANDRA SRIVASTAVA**  
Ref.By : APOLLO HEALTH  
Age : 38 Yrs.  
Sex : Male

Haemoglobin	15.6	gm%	14 - 17
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Total Leucocyte Count	8400	Cells/cumm.	4000-11000
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Differential Leucocyte Count			
Polymorphs	70	%	45 - 70
Lymphocytes	21	%	20 - 45
Eosinophils	05	%	0 - 6
Monocytes	04	%	0 - 8
Basophils	00	%	0 - 1

Erythrocyte Sedimentation Rate (Wintrobe)			
ESR	06	mm in 1st Hr.	0 - 9
PCV	48.2	cc%	40 - 52
Corrected ESR	02	mm in 1st Hr.	0 - 9

Platelet Count	1.51	lakh/cumm.	1.5 - 4.0
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Red Cells Count	5.78	million/cmm	3.90 to 5.80
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Absolute values			
MCV	83.4	fL	77 - 97
MCH	27.0	pg	27 - 31
MCHC	32.3	gm /dl	31 - 34

Page 1 (End of Report)  
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M.B.B.S., M.D. (Path & Bact)



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Date : 09-Feb-2024

Name : **Mr. ABHISHEK CHANDRA SRIVASTAVA**

Age : 38 Yrs.

Ref.By : APOLLO HEALTH

Sex : Male

## 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	: 09-Feb-2024		
Name	: <b>Mr. ABHISHEK CHANDRA SRIVASTAVA</b>	Age	: 38 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

Plasma Glucose - F GOD-POD Method	<b>126</b>	mg/dl	70 - 110
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Plasma Glucose - PP GOD POD Method	<b>164</b>	mg/dl	110 - 170
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Blood Group & Rh	"B" Positive		
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<b>KFT</b>			
UREA	16.2	mg %	15 - 50
CREATININE	1.35	mg %	0.5 - 1.5
URIC ACID	5.1	mg %	2 - 7
CALCIUM	9.7	mg %	8.8 - 10.0

Serum Bilirubin	0.47	mg%	0.2 - 1.0
Direct Bilirubin	0.16	mg%	0.0 to 0.40
Indirect Bilirubin	0.31	mg%	0.10 to 0.90

SGOT	<b>106</b>	IU/L	UPTO 40
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SGPT	<b>139</b>	IU/L	Upto 40
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S. Alkaline Phosphatase	140	IU/L	100 - 275
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Serum Gamma G.T.	18	IU/L	11 - 50
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Page 1  
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Date	: 09-Feb-2024	Age	: 38 Yrs.
Name	: <b>Mr. ABHISHEK CHANDRA SRIVASTAVA</b>	Sex	: Male
Ref.By	: APOLLO HEALTH		

### LIPID PROFILE

Triglycerids	169	mg%	70 - 190
S. Cholestrol S.	249	mg%	130 - 230
S. HDL Cholestrol	46.2	mg%	35 - 75
S. LDL Cholestrol	169	mg%	75 - 150
VLDL	33.8	mg%	0 - 34
Chol / HDL factor	5.39		
LDL / HDL Factor	3.66		

### 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 there fore 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 freattly increased

Page 2 **Dr. Sanjay Rastogi**  
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Ref.By	: APOLLO HEALTH	Sex	: Male

### THYROID TEST

Tri-iodothyronine (T3)	1.58	nmol/L	0.50 to 2.50
Thyroxine (T4)	9.26	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	3.55	mIU/ ml	0.3 to 6.0

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#### 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 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 : 09-Feb-2024

Name : Mr. ABHISHEK CHANDRA SRIVASTAVA

Age : 38 Yrs.

Ref.By : APOLLO HEALTH

Sex : Male

## Glycosylated Haemoglobin

Glycosylated Haemoglobin 6.4 % 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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Name	: <b>Mr. ABHISHEK CHANDRA SRIVASTAVA</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	1.025		
<b>CHEMICAL</b>			
Protein	Nil		
Sugar	Nil		
*Bile Salts	Nil		
*Bile Pigments	Nil		
Phosphate	Nil		
<b>MICROSCOPIC</b>			
Pus Cells	Nil	/hpf	
Epithelial Cells	0-1	/hpf	
Red Blood Cells	Nil	/hpf	
Casts	Nil		
Crystals	Nil		
Others	Nil		

Page 5 (2 of 4) Report  
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TEST REQUEST ID :012402090014	SAMPLE DATE	:09/Feb/2024 09:17AM
NAME :Mr. ABHISHEK CHANDRA SRIVASTAVA	SAMPLE REC. DATE	:09/Feb/2024 09:27AM
AGE/SEX :38 YRS/MALE	REPORTED DATE	:09/Feb/2024 11:20AM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01090014

## 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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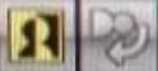
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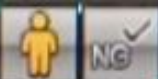
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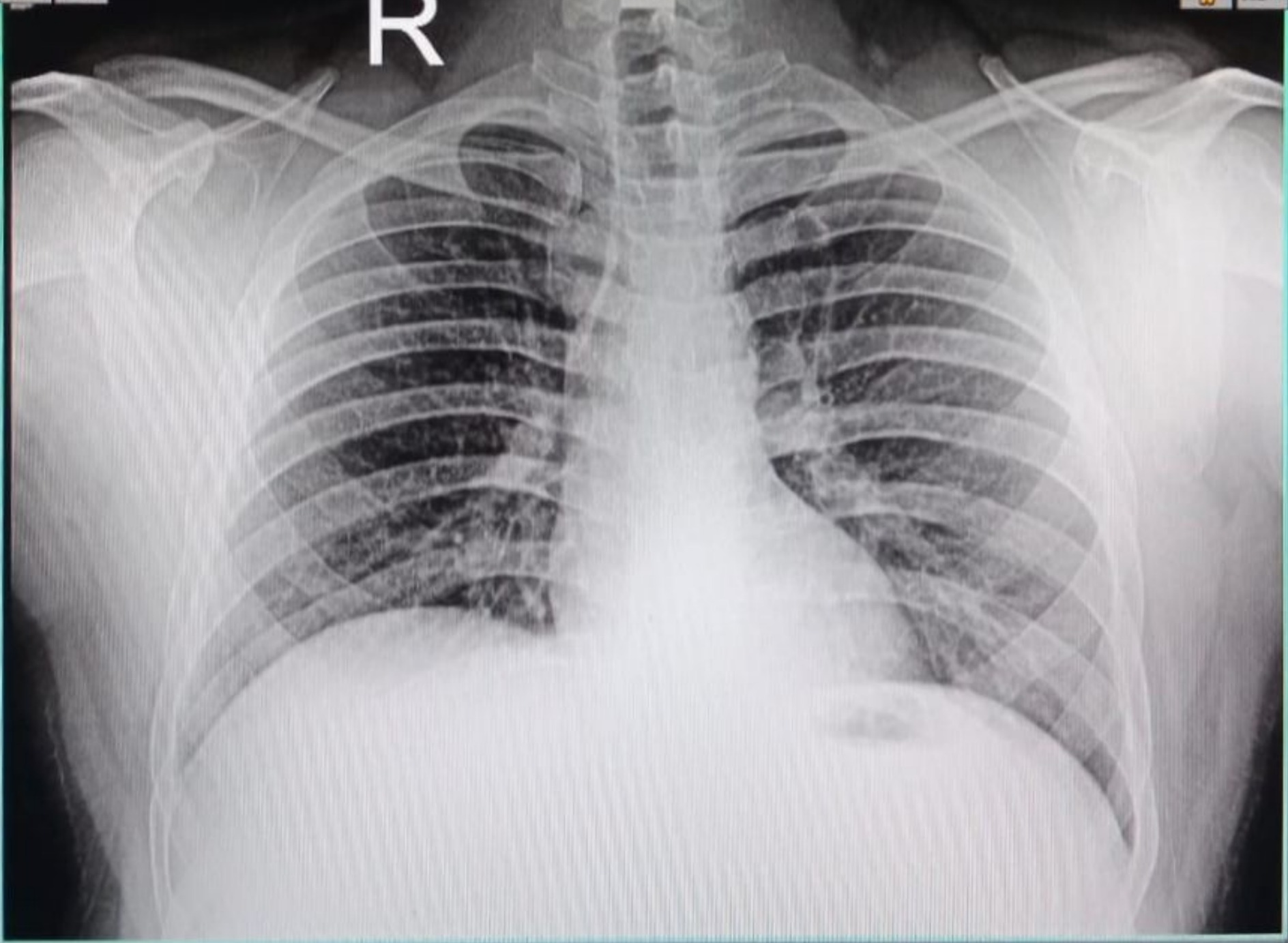
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NEW!



R



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