

MER- MEDICAL EXAMINATION REPORT

Date of Examination	10/8/24		
NAME	MUNAMMAD HABIB		
AGE	48	Gender	M
HEIGHT(cm)	172	WEIGHT (kg)	78 B.M.I. 25.5
B.P.	116/78		
ECG	normal		
X Ray	normal		
Vision Checkup	→		
Present Ailments	normal		
Details of Past ailments (If Any)	no		
Comments / Advice : She /He is Physically Fit	medicinally fit		



Dr. Smriti Rastogi
 M.B.B.S, D.C.P.
 Reg. No. 37370
 Signature with Stamp of Medical Examiner



Handwritten signature



You have been informed that, ophthalmological, dental consultation or dietician consultation facility is not available at our centre. If you are ready then your test can be started.

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

Muhammad Habob
10/08/24
muhammad habob

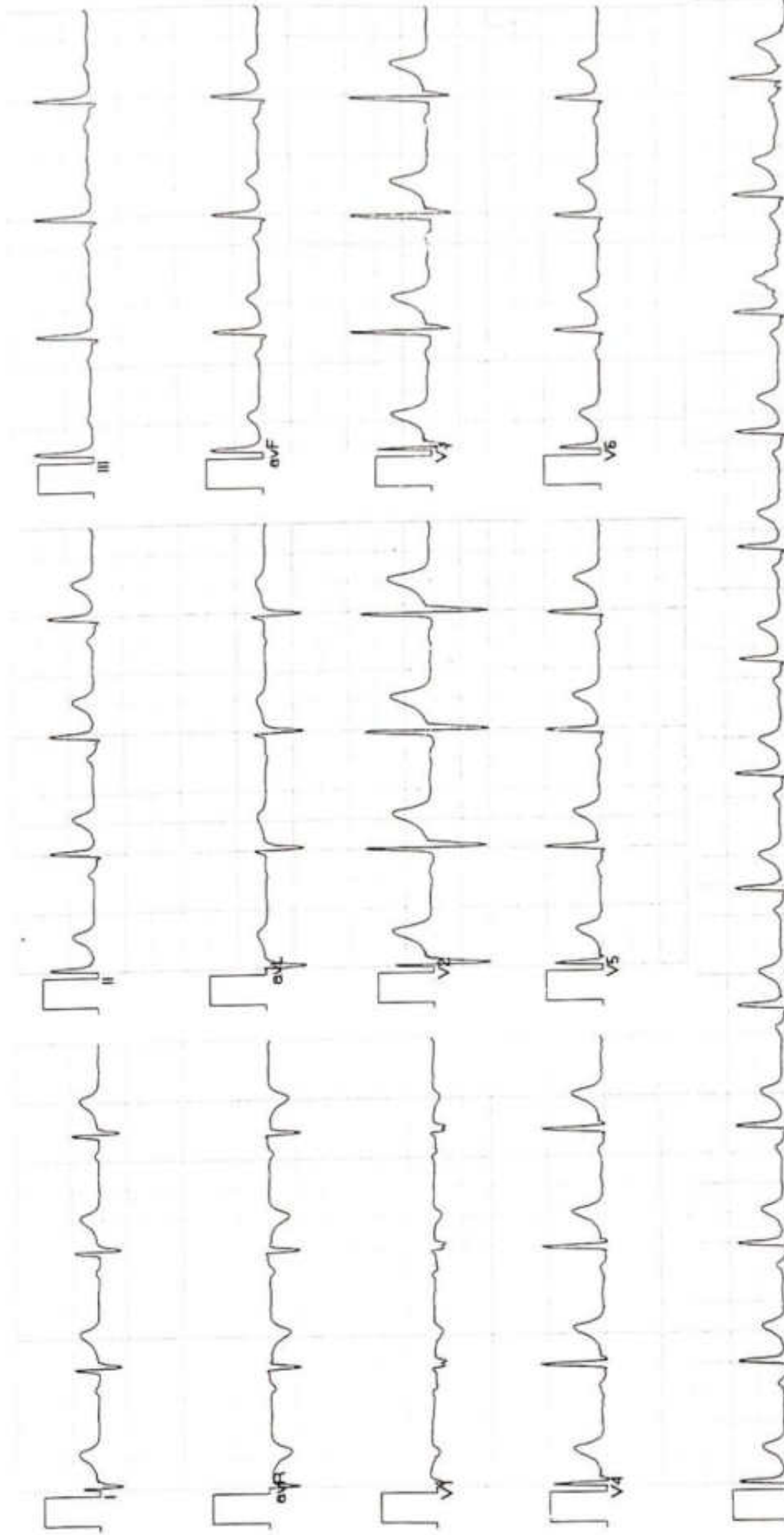


Modern Pathology And Diagnostic Centre

265 / MUHAMMAD HABIB / 49 Yrs / M / 175Cms. / 78Kgs. / Non Smoker

Heart Rate : 76 bpm / Tested On : 10-Aug-24 12:37:41 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

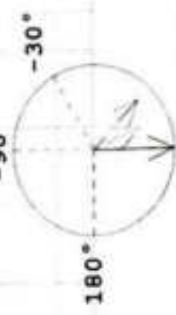
ECG



normal ECG

Signature

Dr. AMIT MOHAN MD
Reg. No. 44559



Vent Rate : 76 bpm
 PR Interval : 174 ms
 QRS Duration : 94 ms
 QT/QTc Int : 358/386 ms
 P-QRS-T axis: 66.00° 89.00° 43.00°

Allergens ECG (Pisces)(PIS215191030)

Axis
R 89° T 43° P 66°



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Gomti Nagar, Lucknow - 226 010
Ph.: 0522-4008184, 4308184 ☎ 8112323330
Mob.: 7618884441, 9450389932, 8177069877



TEST REQUEST ID :012408100037	SAMPLE DATE	:10/Aug/2024 11:25AM
NAME :Mr. MUHAMMAD HABIB	SAMPLE REC. DATE	:10/Aug/2024 11:25AM
AGE/SEX :00 YRS/MALE	REPORTED DATE	:10/Aug/2024 11:53AM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01100037

USG WHOLE ABDOMEN-MALE

Liver: is mildly enlarged in size (164 mm). Parenchymal echogenicity is normal. No focal echovariant lesion is seen. Intrahepatic biliary radicles are not dilated.

Gall Bladder: is well distended. Wall is of normal thickness. **An echogenic shadow meas ~ 5.0 mm without posterior acoustic shadowing is seen arising from posterior wall of GB wall ..likely- Gall bladder polyp.**

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 (111 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

Right Kidney: is normal in size 105x47 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. Ureter is not dilated.

Left Kidney: is normal in size 99x44 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. Ureter is not dilated.



DR. PANKAJ UPADHYAYA
Consultant Radiologist

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

Print Date/Time: 10/08/2024 11:53 AM

Checked By: Ashish Singh1

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NAME :Mr. MUHAMMAD HABIB	SAMPLE REC. DATE	:10/Aug/2024 11:25AM
AGE/SEX :00 YRS/MALE	REPORTED DATE	:10/Aug/2024 11:53AM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01100037

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

Prostate: is normal in size (27x37x40 mms, wt = 21.5 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:

- MILD HEPATOMEGALY
- GALL BLADDER POLYP.

*** End Of Report ***



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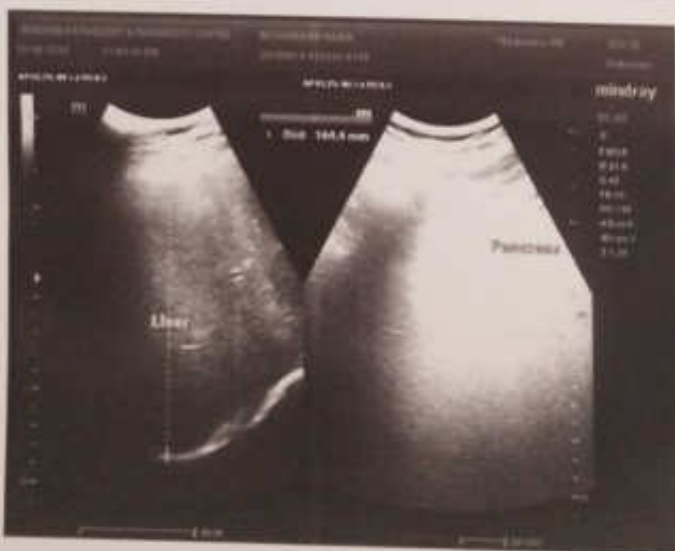
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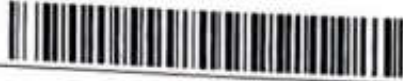
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TEST REQUEST ID :012408100037	SAMPLE DATE	:10/Aug/2024 11:25AM
NAME :Mr. MUHAMMAD HABIB	SAMPLE REC. DATE	:10/Aug/2024 11:25AM
AGE/SEX :49 YRS/MALE	REPORTED DATE	:10/Aug/2024 02:16PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01100037

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.

Please correlate clinically.

*** End Of Report ***



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

Surbhi
Dr.Surbhi
MBBS,MD (Radiodiagnosis)

Dr. Smita Rastogi
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Date	: 10-Aug-2024		
Name	: Mr. MUHAMMAD HABIB	Age	: 49 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male
Haemoglobin	13.8	gm%	14 - 17
Total Leucocyte Count	5000	Cells/cumm.	4000-11000
Differential Leucocyte Count			
Polymorphs	58	%	45 - 70
Lymphocytes	35	%	20 - 45
Eosinophils	02	%	0 - 6
Monocytes	05	%	0 - 8
Basophils	00	%	0 - 1
Erythrocyte Sedimentation Rate (Wintrobe)			
ESR	12	mm in 1st Hr.	0 - 9
PCV	43.1	cc%	40 - 52
Corrected ESR	04	mm in 1st Hr.	0 - 9
Platelet Count	1.63	lakh/cumm.	1.5 - 4.0
Red Cells Count	4.80	million/cmm	3.90 to 5.80
Absolute values			
MCV	87.7	fL	77 - 97
MCH	28.7	pg	27 - 31
MCHC	31.9	gm /dl	31 - 34

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Date	: 10-Aug-2024		
Name	: Mr. MUHAMMAD HABIB		
Ref.By	: APOLLO HEALTH	Age	: 49 Yrs.
		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 : 10-Aug-2024

Name : **Mr. MUHAMMAD HABIB**

Age : 49 Yrs.

Ref.By : APOLLO HEALTH

Sex : Male

Plasma Glucose - F GOD-POD Method	169	mg/dl	70 - 110
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Plasma Glucose - PP GOD POD Method	215	mg/dl	110 - 170
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Blood Group & Rh	"O" Negative		
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KFT			
UREA	19.7	mg %	15 - 50
CREATININE	1.03	mg %	0.5 - 1.5
URIC ACID	5.6	mg %	2 - 7
CALCIUM	9.3	mg %	8.8 - 10.0

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Date	: 10-Aug-2024		
Name	: Mr. MUHAMMAD HABIB	Age	: 49 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

LFT T&D			
Total Bilirubin	0.57	mg%	0.2 - 1.0
Direct Bilirubin	0.20	mg%	0.0 to 0.40
Indirect Bilirubin	0.37	mg%	0.10 to 0.90
S.G.P.T	31	IU/L	5 - 40
S.G.O.T	25	IU/L	5 - 50
ALP	102	IU/L	40 to 129

Serum Gamma G.T.	32	IU/L	11 - 50
------------------	----	------	---------

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

Urine Sugar (PP)	Nil
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Date : 10-Aug-2024	
Name : Mr. MUHAMMAD HABIB	Age : 49 Yrs.
Ref.By : APOLLO HEALTH	Sex : Male

PSA

PSA 0.43 ng/ml
Electro CLIA

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	: 10-Aug-2024		
Name	: Mr. MUHAMMAD HABIB	Age	: 49 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

THYROID TEST

Tri-iodothyronine (T3)	1.80	nmol/L	0.50 to 2.50
Thyroxine (T4)	7.14	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	2.36	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 : 10-Aug-2024	Age : 49 Yrs.
Name : Mr. MUHAMMAD HABIB	Sex : Male
Ref.By : APOLLO HEALTH	

Glycosylated Haemoglobin

Glycosylated Haemoglobin	8.8	%	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	: 10-Aug-2024		
Name	: Mr. MUHAMMAD HABIB	Age	: 49 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

LIPID PROFILE

Triglycerids	338	mg%	70 - 190
S. Cholestrol S.	202	mg%	130 - 230
S. HDL Cholestrol	44.0	mg%	35 - 75
S. LDL Cholestrol	90.4	mg%	75 - 150
VLDL	67.6	mg%	0 - 34
Chol / HDL factor	4.59		
LDL / HDL Factor	2.05		

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	: 10-Aug-2024		
Name	: Mr. MUHAMMAD HABIB	Age	: 49 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

Urine Examination

PHYSICAL			
Colour	Straw		
Turbidity	Nil		
Deposit	Nil		
Reaction	Acidic		
*Specific Gravity	1.015		
CHEMICAL			
Protein	Nil		
Sugar	Nil		
*Bile Salts	Nil		
*Bile Pigments	Nil		
Phosphate	Nil		
MICROSCOPIC			
Pus Cells	Nil	/hpf	
Epithelial Cells	0-1	/hpf	
Red Blood Cells	Nil	/hpf	
Casts	Nil		
Crystals	Nil		
Others	Nil		

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Gomti Nagar Lucknow

Report



MUHAMMAD HABIB / 49 Yrs / M / 175 Cms / 78 Kg

Date: 10 - 08 - 2024 Refd By : APOLLO HEALTH Examined By:

Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	079	46 %	116/76	091	00	
Standing	00:10	0:04	00.0	00.0	01.0	079	46 %	116/76	091	00	
HV	00:14	0:04	00.0	00.0	01.0	077	45 %	116/76	089	00	
ExStart	00:26	0:12	00.0	00.0	01.0	077	45 %	116/76	089	00	
BRUCE Stage 1	03:26	3:00	02.7	10.0	04.7	140	82 %	134/80	187	00	
PeakEx	06:11	2:45	04.0	12.0	06.9	162	95 %	136/86	220	00	
Recovery	07:11	1:00	00.0	00.0	01.0	127	74 %	134/82	170	00	
Recovery	08:11	2:00	00.0	00.0	01.0	119	70 %	130/80	154	00	
Recovery	09:11	3:00	00.0	00.0	01.0	102	60 %	124/80	126	00	
Recovery	09:31	3:20	00.0	00.0	01.0	102	60 %	124/80	126	00	

FINDINGS :

Exercise Time : 05:45
 Max HR Attained : 162 bpm 95% of Target 171
 Max BP Attained : 136/86 (mmv/Hg)
 Max WorkLoad Attained : 6.9 Fair response to induced stress
 Test End Reasons : Test Complete, Fatigue

REPORT :

1. STRESS TEST IS NON CONCLUSIVE. TEST IS STOPPED BY CLIENT , NOT IN POSITION TO PERFORM FURTHER.

Dr. ANKIT MOHAN
 Reg. No. 4159

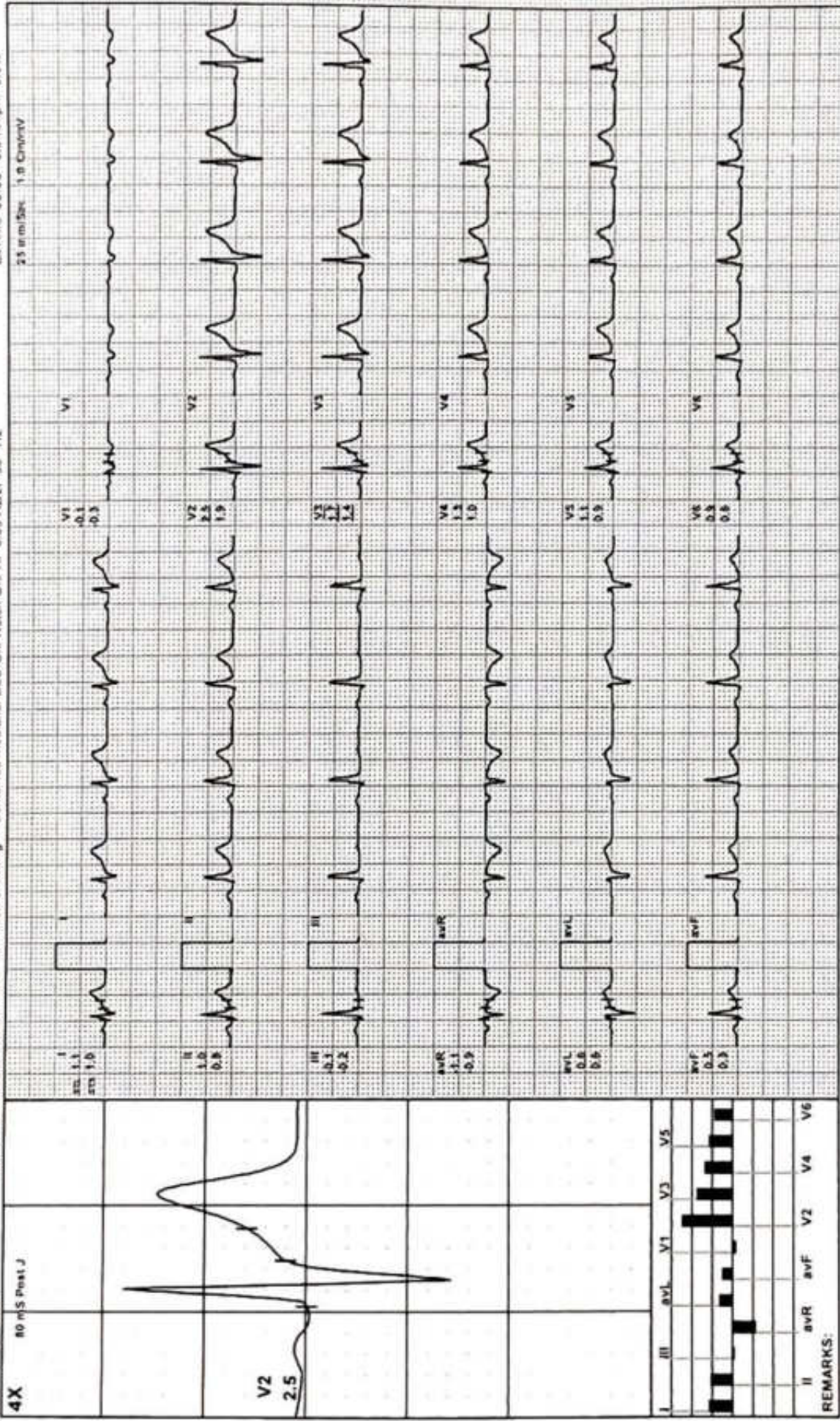
MODERN PATHOLOGY AND DIAGNOSTIC CENTER

MUHAMMAD HABIB / 49 Yrs / M / 175 Cms / 78 Kg / HR : 79

BRUCE:Supine(0:06)



Date 10 - 08 - 2024 METS 1.0/79 bpm 46% of THR BP 116/76 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime 00:00 0.0 Kmph 0.0%



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MUHAMMAD HABIB / 49 Yrs / M / 175 Cms / 78 Kg / HR : 79

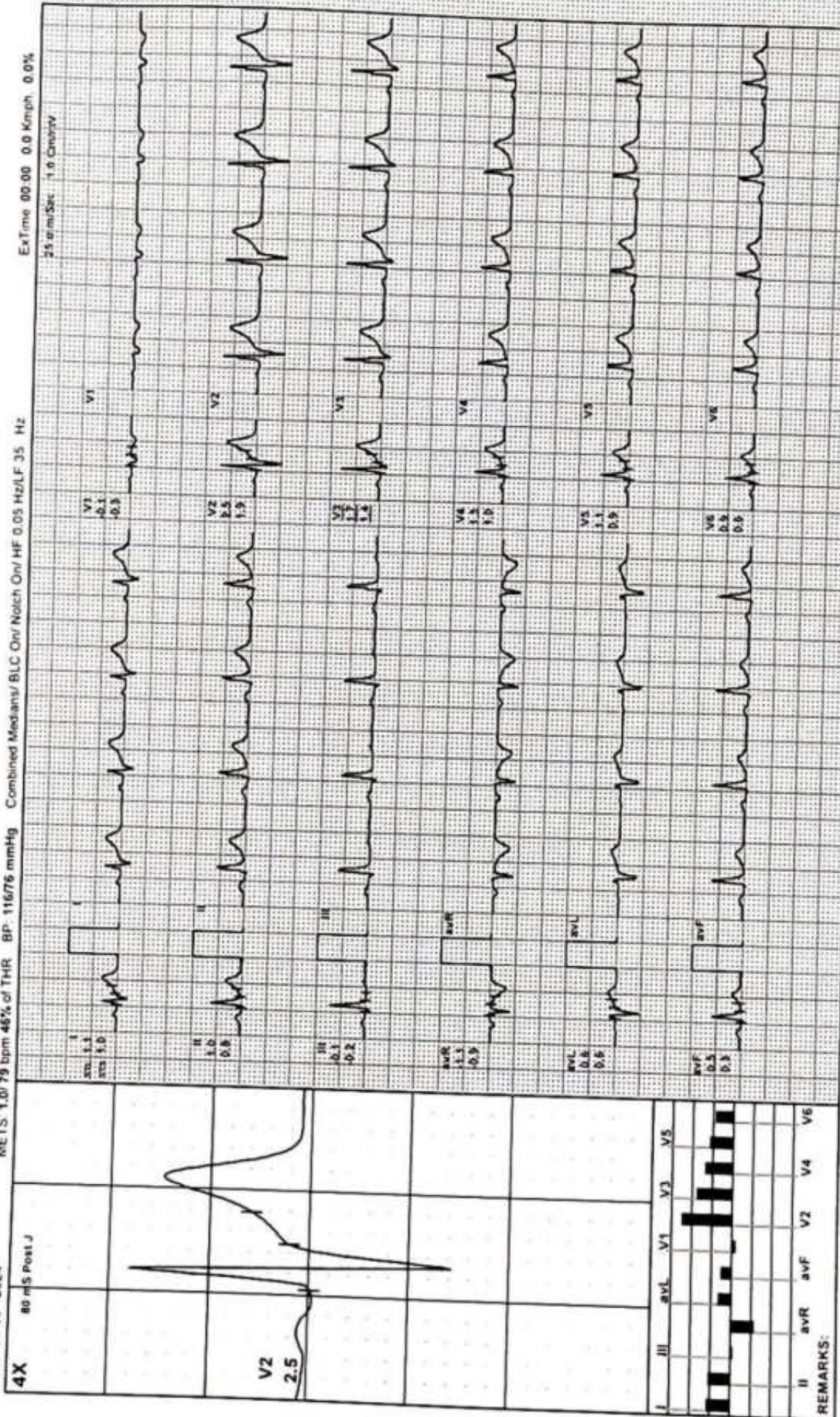
BRUCE: Standing(0:05)



Date: 10 - 08 - 2024

METS: 1.0/ 79 bpm 45% of THR BP: 116/76 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

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



REMARKS:

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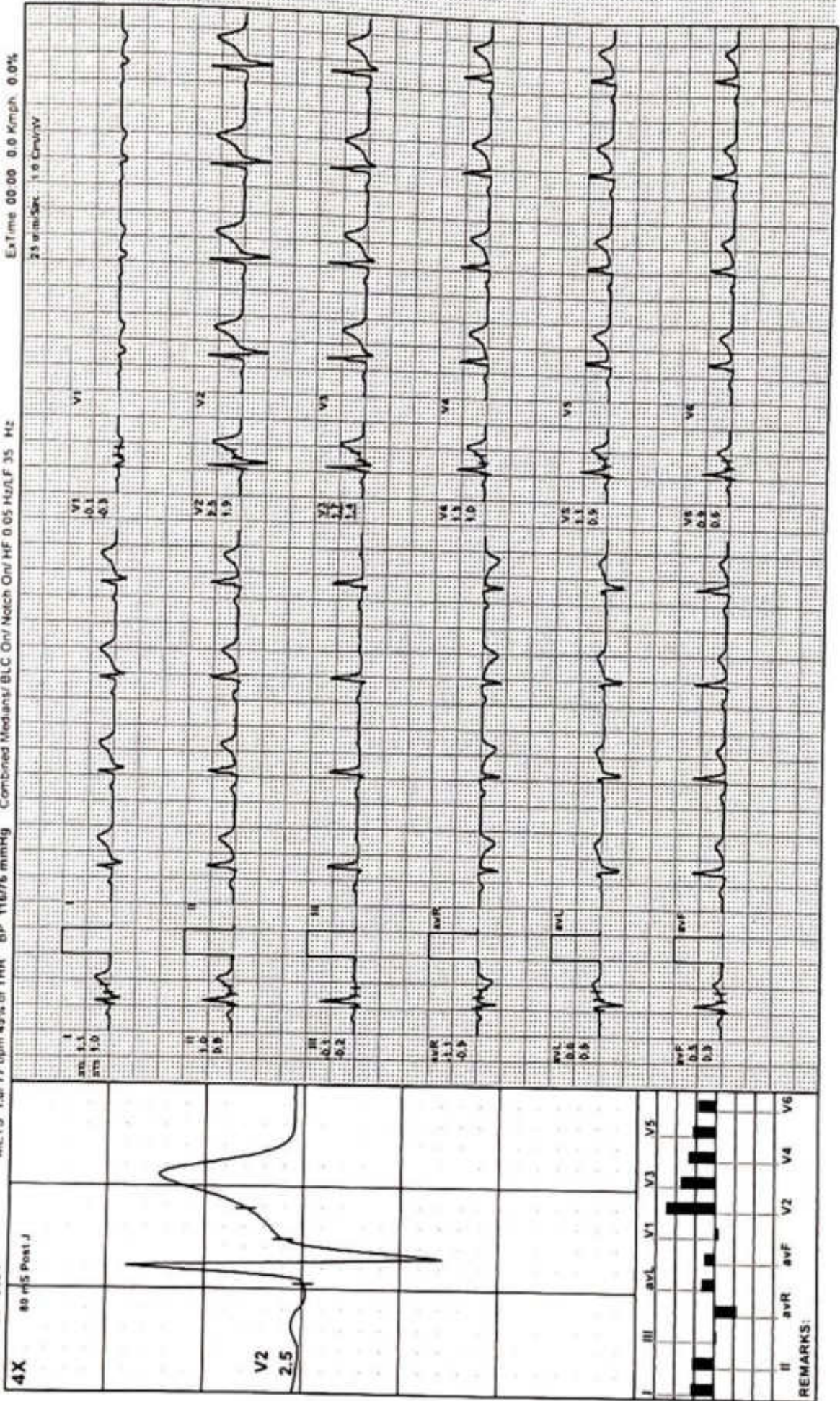
MUHAMMAD HABIB / 49 Yrs / M / 175 Cms / 78 Kg / HR : 77

BRUCE:HV(0:06)



Date 10-08-2024

METS 1.0/ 77 bpm 45% of THR BP 116/76 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz



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MUHAMMAD HABIB / 49 Yrs / M / 175 Cms / 78 Kg / HR : 77

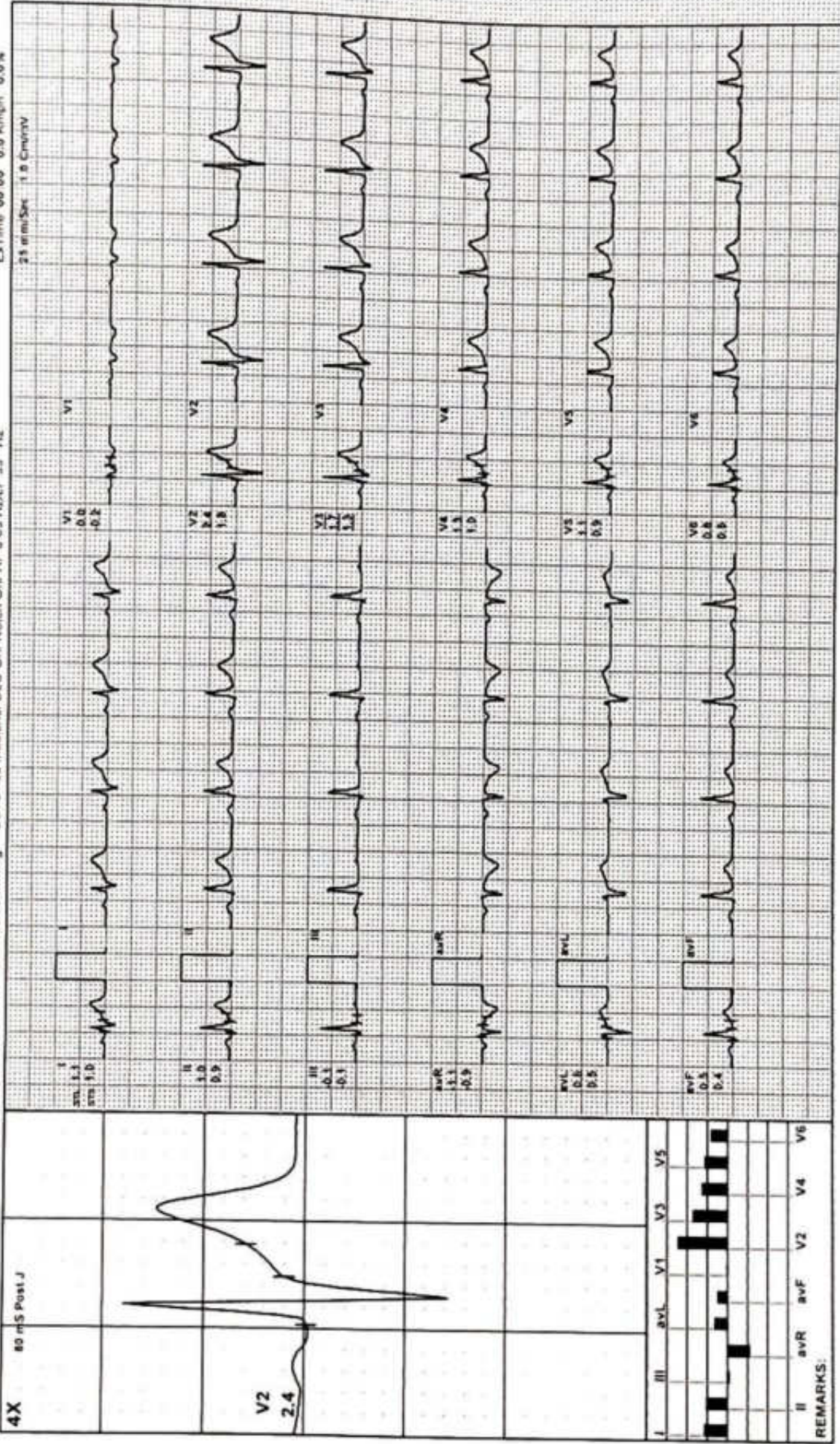
ExStart



Date 10 - 08 - 2024

METS: 1.0/77 bpm 45% of THR BP 116/76 mmHg Combined Medians/ BLC On/ Notch On/ MF 0.05 Hz/LF 25 Hz

ExTime 00:00 0.0 Km/h 0.0%



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MUHAMMAD HABIB / 49 Yrs / M / 175 Cms / 78 Kg / HR : 140

BRUCE: Stage 1 (3:00)

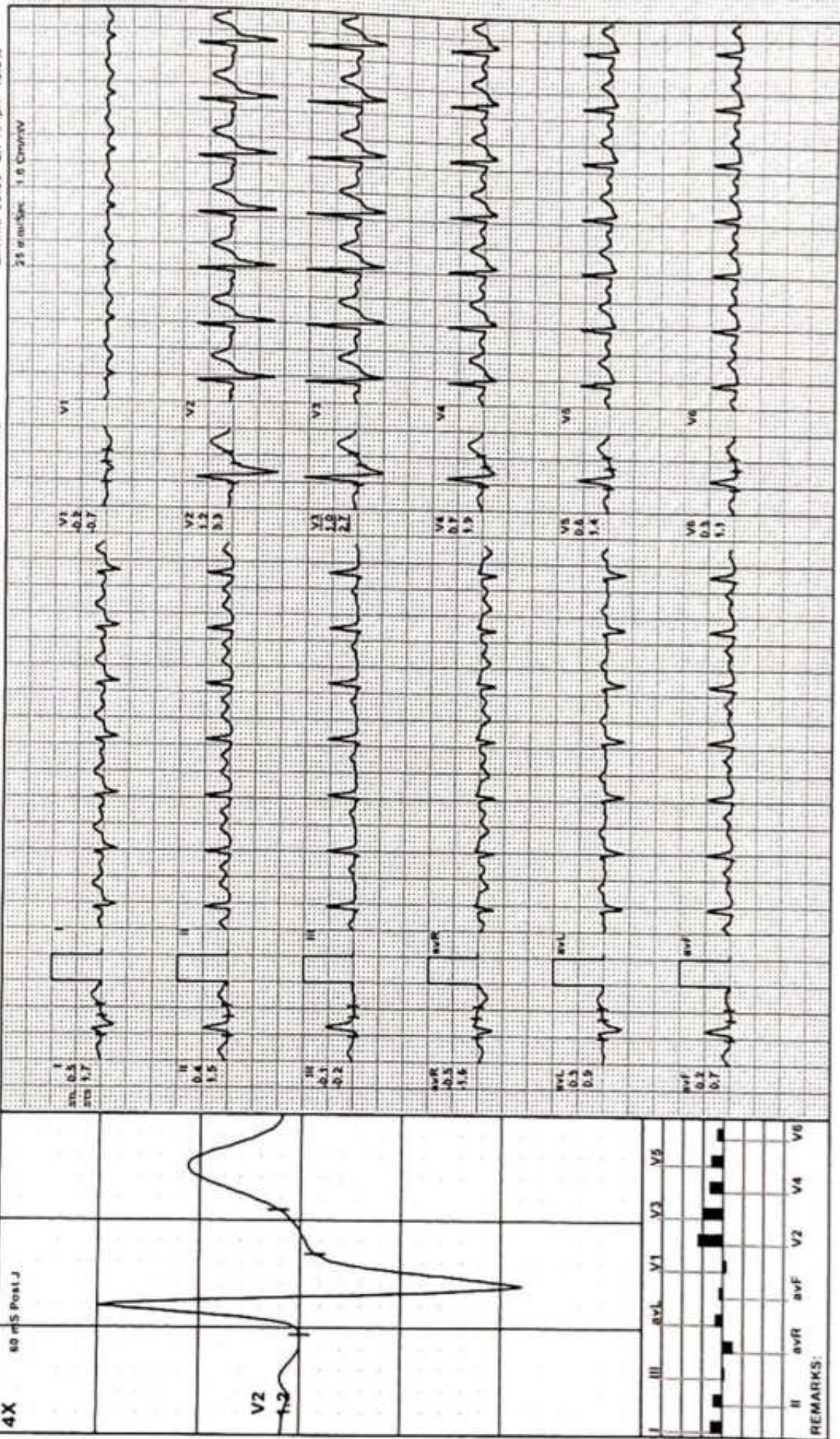
ACHD

Date: 10 - 08 - 2024

METS 4.7/ 140 bpm 82% of THR BP 134/80 mmHg

Combined Medians/ BLC Ovr Match Ovr HF 0.05 Hz/LF 35 Hz

Ex Time 03.00 2.7 Km/Ph 10.0%



REMARKS:

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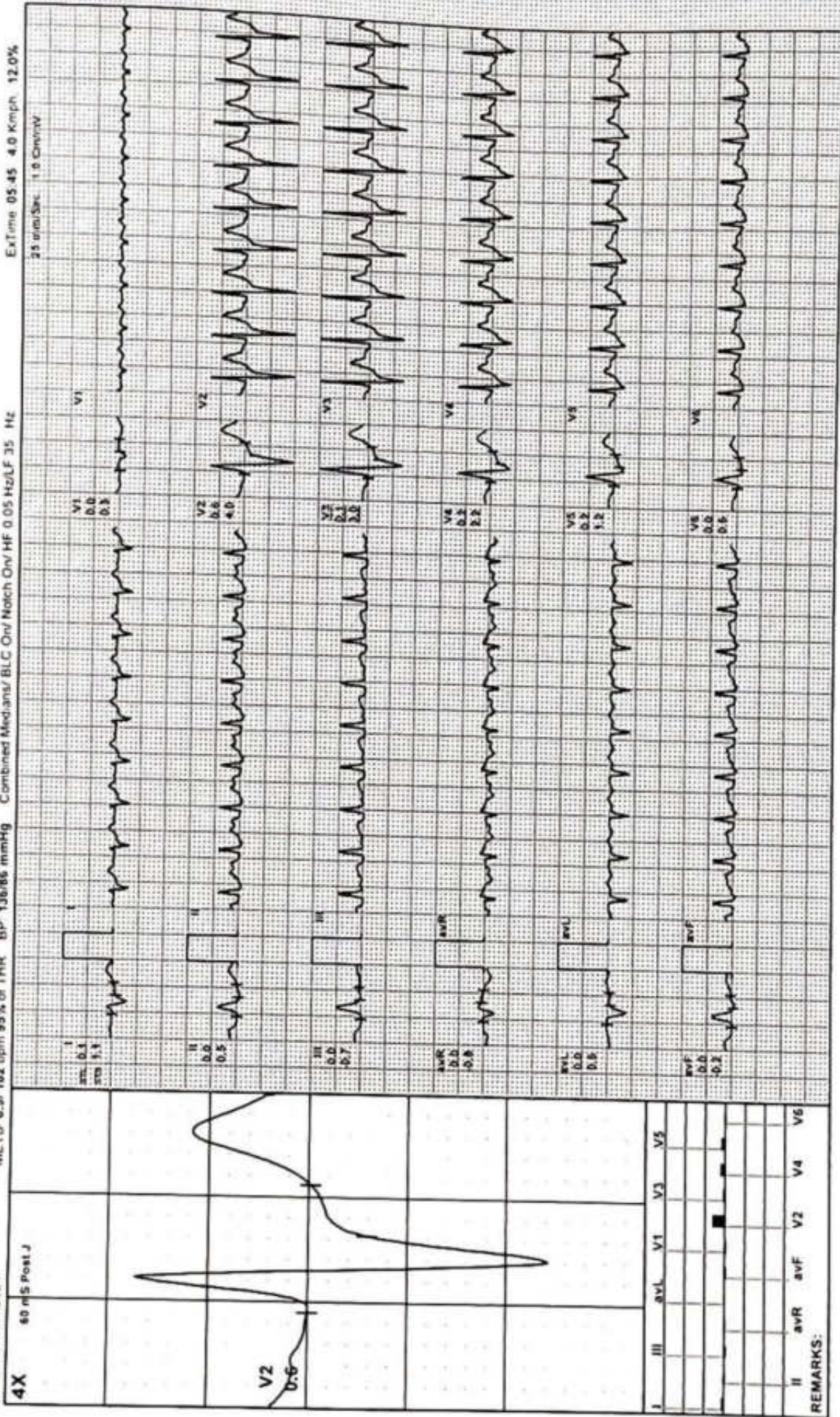
MUHAMMAD HABIB / 49 Yrs / M / 175 Cms / 78 Kg / HR : 162

PeakEx



Date 10 - 08 - 2024

METS: 6.9 / 162 bpm 95% of THR BP: 136/86 mmHg Combined Medians/ BLC On/ Match On/ HF 0.05 Hz/LF 35 Hz



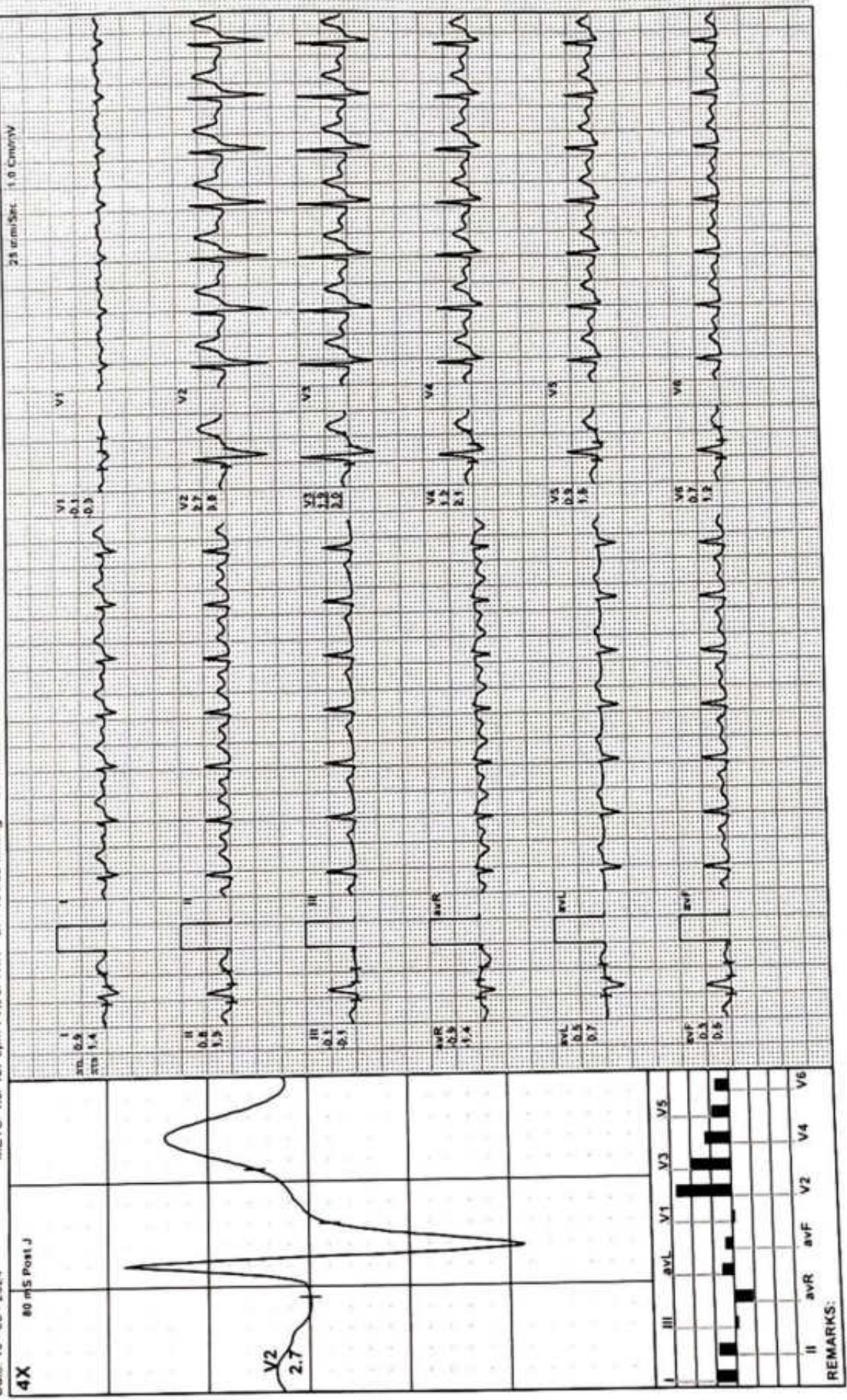
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MUHAMMAD HABIB / 49 Yrs / M / 175 Cms / 78 Kg / HR : 127

Recovery(1:00)

ACTPL

Date: 10 - 06 - 2024 METS: 1.0/ 127 bpm 74% of THR BP: 134/82 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz Ex Time 05:45 0.0 Kmph 0.0%



MODERN PATHOLOGY AND DIAGNOSTIC CENTER

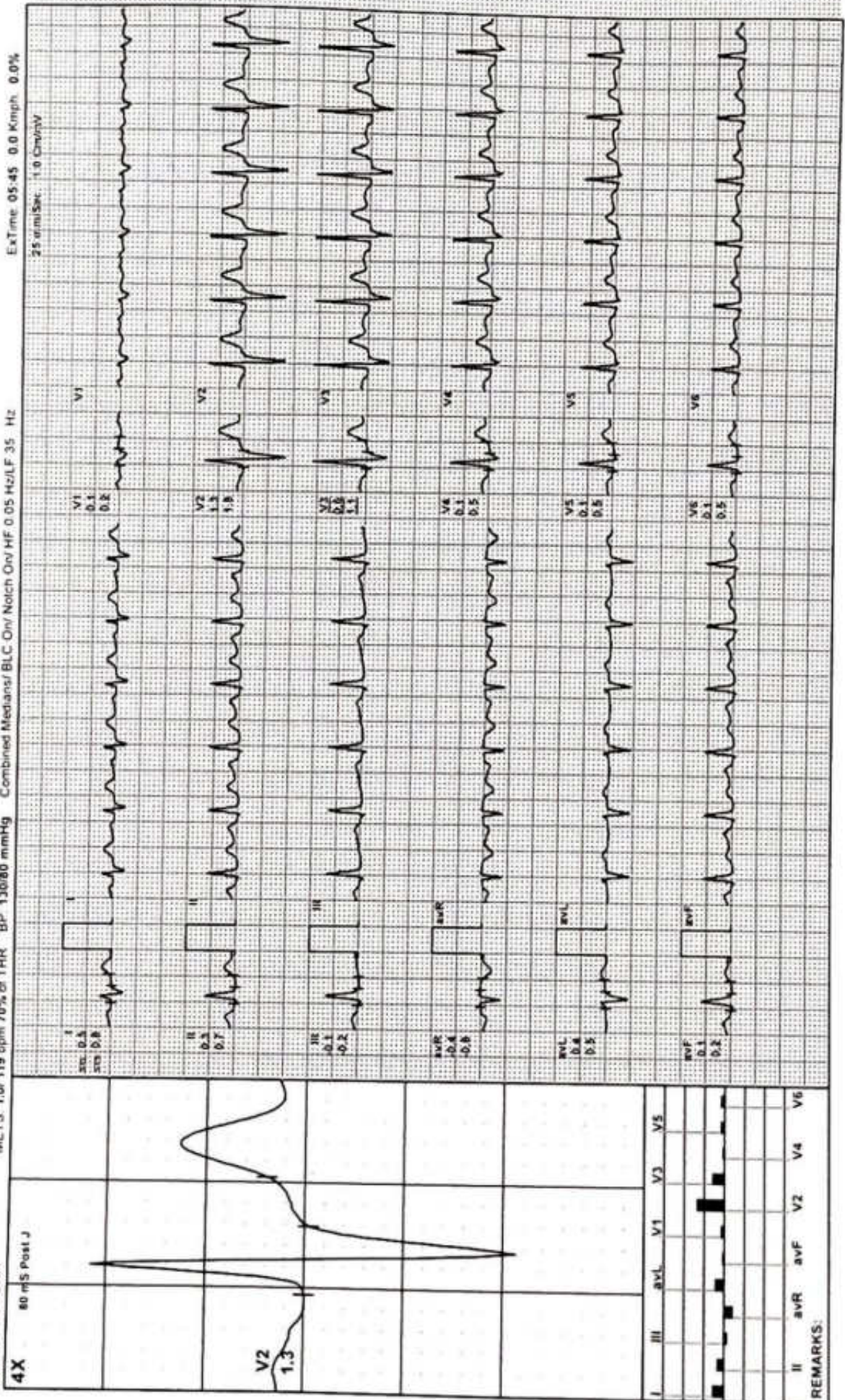
MUHAMMAD HABIB / 49 Yrs / M / 175 Cms / 78 Kg / HR : 119

Recovery(2:00)



Date: 10 - 08 - 2024

METS: 1.0/ 119 bpm 70% of THR BP: 130/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz



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MUHAMMAD HABIB / 49 Yrs / M / 175 Cms / 78 Kg / HR : 102

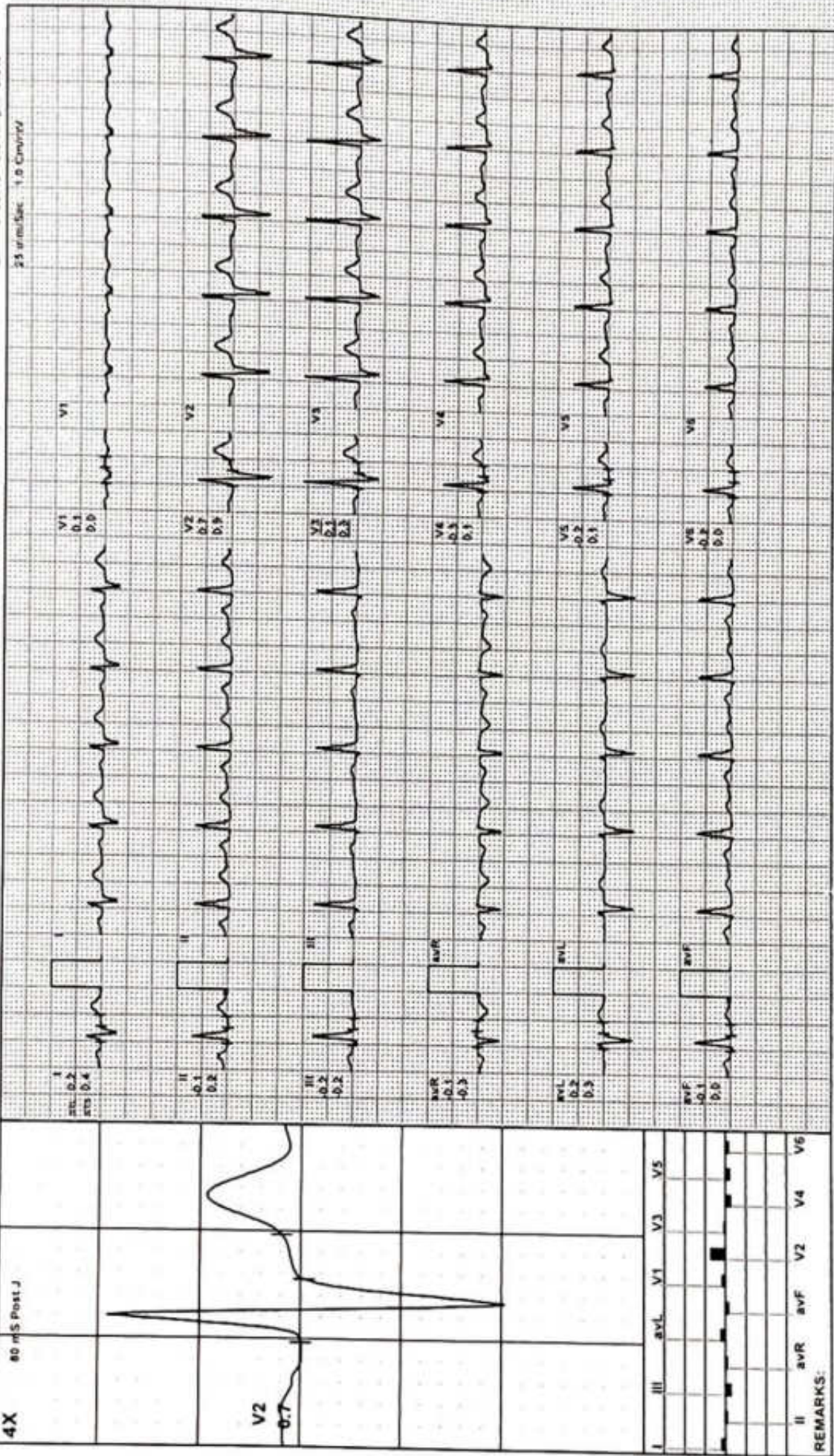
Recovery(3:00)



Date: 10 - 08 - 2024

METS 1.0/ 102 bpm 60% of THR BP: 124/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime 05:45 0.0 Km/Ph 0.0%



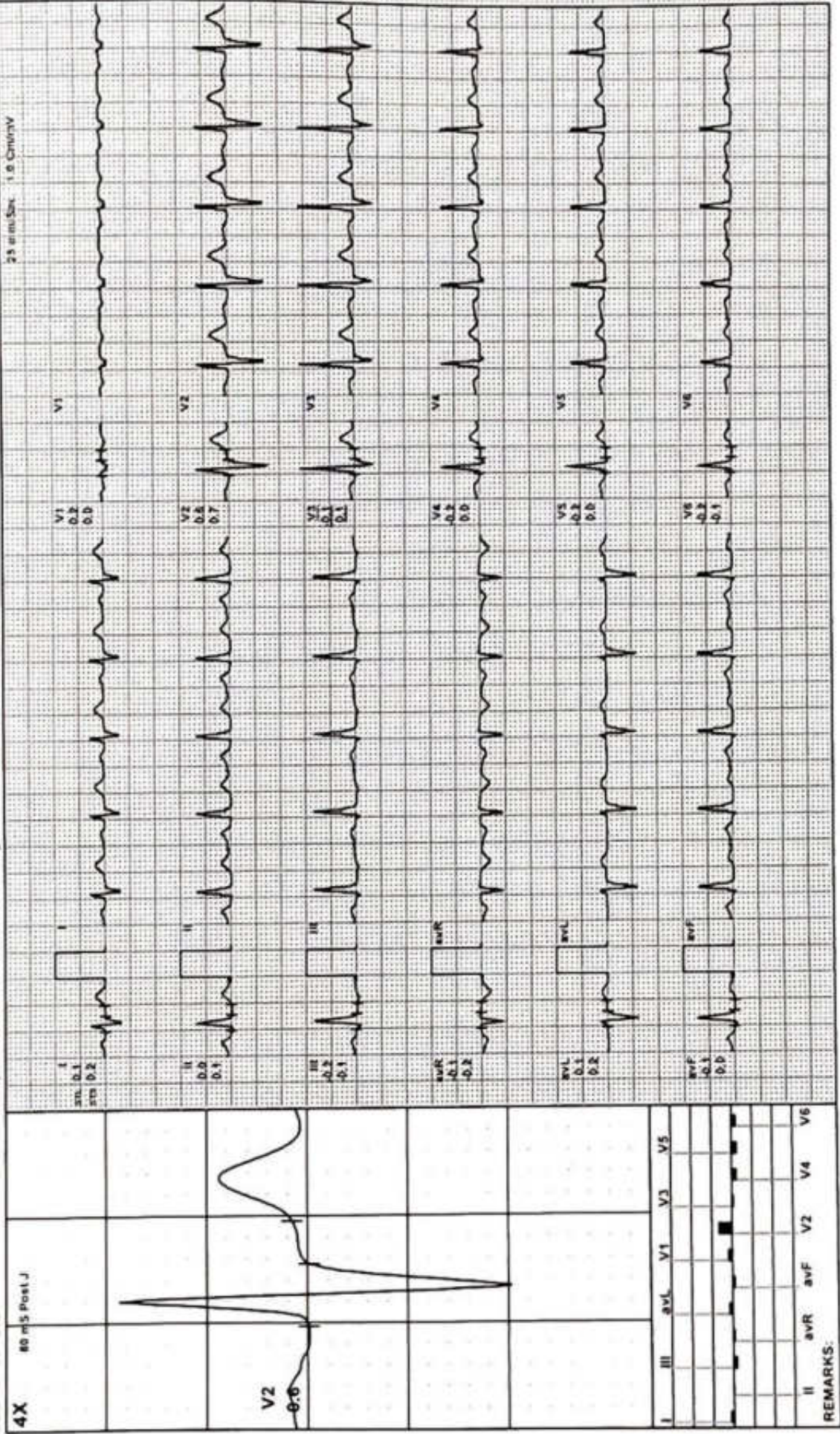
MODERN PATHOLOGY AND DIAGNOSTIC CENTER

MUHAMMAD HABIB / 49 Yrs / M / 175 Cms / 78 Kg / HR : 102

Recovery(3:20)



Date: 10 - 08 - 2024 METS: 1.0/ 102 bpm 60% of THR BP: 124/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz Ext Time: 05:45 0.0 Km/Ph. 0.0%

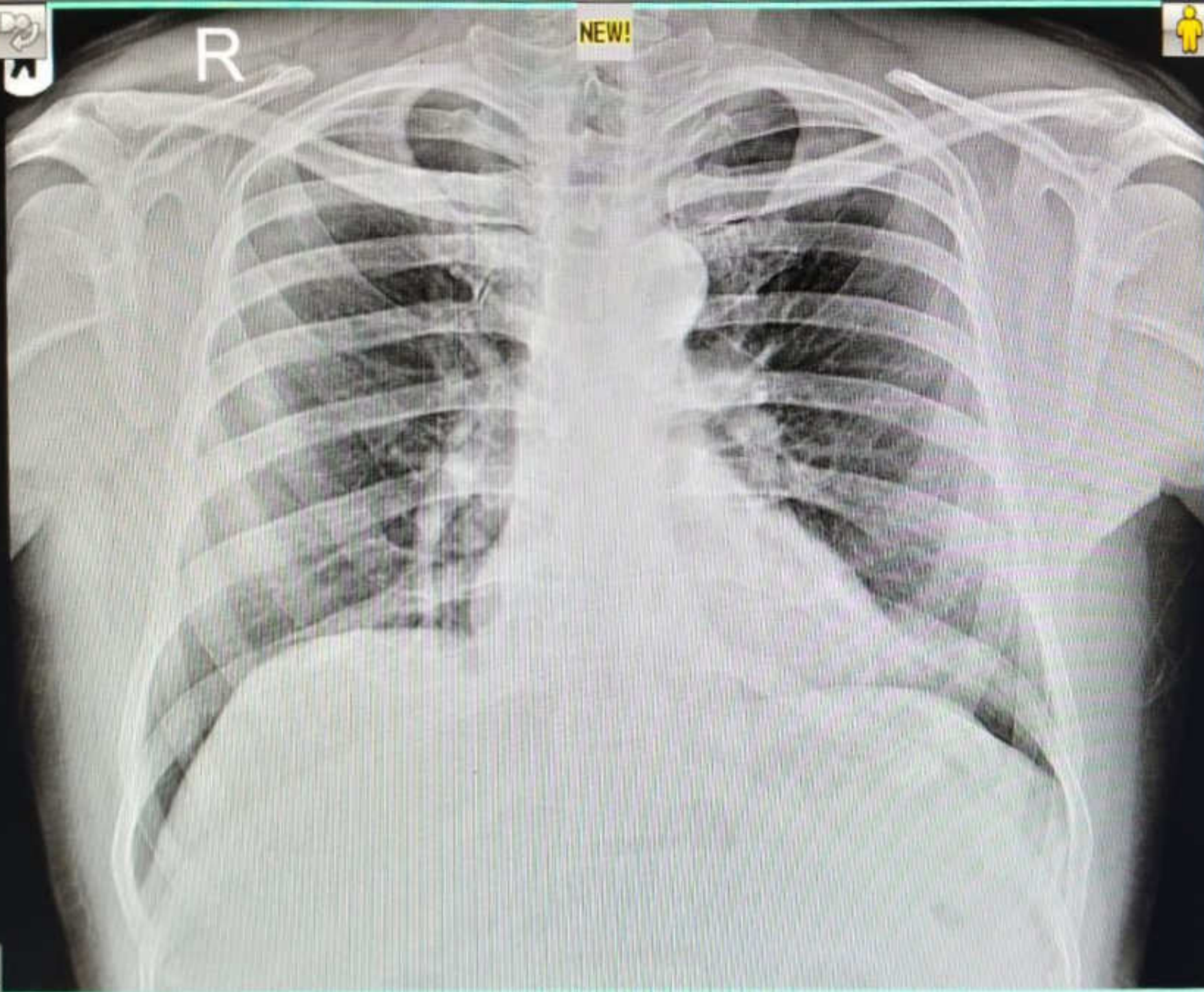




NEW!



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