

MER- MEDICAL EXAMINATION REPORT

Date of Examination	25/11/23		
NAME	SUNIL KANT		
AGE	50	Gender	M
HEIGHT(cm)	163	WEIGHT (kg)	79 Bmf - 29.7
B.P.	110/70		
ECG	normal		
X Ray	normal		
Vision Checkup	very poor eyes.		
Present Ailments	none		
Details of Past ailments (If Any)	no		
Comments / Advice : She /He is Physically Fit	MEDICINE P.P		




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

सुनील कोरने
GOVERNMENT OF ANDHRA



सुनील कोरने
Sunil Kore
जन्म तिथि/DOB: 01/10/1973
पुंरा MALE

3523 8719 5825

वि.सं. ११३३ ४३११ ६३११ १६०३
महाराष्ट्र शासन, अहमदनगर

For checked
[Signature]



You have been informed that ent dental diet 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.





MODERN PATHOLOGY & DIAGNOSTIC CENTRE

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. : 7616884441, 9450389932, 8177063877

Date	: 25-Nov-2023		
Name	: Mr. SUNIL KANT	Age	: 50 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male
Hæmoglobin	15.5	gm%	14 - 17
Total Leucocyte Count	7600	Cells/cumm.	4000-11000
Differential Leucocyte Count			
Polymorphs	63	%	45 - 70
Lymphocytes	30	%	20 - 45
Eosinophils	03	%	0 - 6
Monocytes	04	%	0 - 8
Basophils	00	%	0 - 1
Erythrocyte Sedimentation Rate (Wintrobe)			
ESR	06	mm in 1st Hr.	0 - 9
PCV	48.8	cc%	40 - 52
Corrected ESR	02	mm in 1st Hr.	0 - 9
Platelet Count	2.38	lakh/cumm.	1.5 - 4.0
Red Cells Count	5.31	million/cmm	3.90 to 5.80
Absolute values			
MCV	91.9	fL	77 - 97
MCH	29.2	pg	27 - 31
MCHC	31.8	gm /dl	31 - 34

Dr. Sanjay Rastogi
Page 1 (End of Report)
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

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Date : 25-Nov-2023

Age : 50 Yrs.

Name : **Mr. SUNIL KANT**

Sex : Male

Ref.By : APOLLO HEALTH

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	: 25-Nov-2023		
Name	: Mr. SUNIL KANT	Age	: 50 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

Plasma Glucose - F GOD-POD Method	205	mg/dl	70 - 110
--------------------------------------	------------	-------	----------

Plasma Glucose - PP GOD POD Method	271	mg/dl	110 - 170
---------------------------------------	------------	-------	-----------

KFT			
UREA	19.8	mg %	15 - 50
CREATININE	1.10	mg %	0.5 - 1.5
URIC ACID	5.9	mg %	2 - 7
CALCIUM	9.5	mg %	8.8 - 10.0

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Date : 25-Nov-2023
Name : Mr. SUNIL KANT
Ref.By : APOLLO HEALTH
Age : 50 Yrs.
Sex : Male

LFT T&D			
Total Bilirubin	0.72	mg%	0.2 - 1.0
Direct Bilirubin	0.30	mg%	0.0 to 0.40
Indirect Bilirubin	0.42	mg%	0.10 to 0.90
S.G.P.T	57	IU/L	5 - 40
S.G.O.T	40	IU/L	5 - 50
ALP	102	IU/L	40 to 129

Serum Gamma G.T. 30 IU/L 11 - 50

Blood Group & Rh "B" Positive

Serum Vitamin B12
Serum Vit. B 12 296 pg/mL 210 - 910
CLIA

INTERPRETATION:-

- * Vitamin B 12 or cyanocobalamin is a complex corrinoid compound found exclusively from the animal dietary sources as the meat, eggs and milk.
- * It is critical for the DNA synthesis, that in turn effects the maturation of the erythrocytes and the formation of the myelin sheath.
- * It is used to find out the Neurological abnormalities and the impaired DNA synthesis associated with the Macrocytic Anaemias.

Urine Sugar (Fasting) TRACES

Urine Sugar (PP) TRACES

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Date : 25-Nov-2023

Name : **Mr. SUNIL KANT**

Age : 50 Yrs.

Ref.By : APOLLO HEALTH

Sex : Male

THYROID TEST

Tri-iodothyronine (T3)	1.66	nmol/L	0.50 to 2.50
Thyroxine (T4)	8.85	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	5.89	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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Name : **Mr. SUNIL KANT**

Age : 50 Yrs.

Ref.By : APOLLO HEALTH

Sex : Male

Glycosylated Haemoglobin

Glycosylated Haemoglobin 9.4 % 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 : **Mr. SUNIL KANT**

Age : 50 Yrs.

Ref.By : APOLLO HEALTH

Sex : Male

LIPID PROFILE

Triglycerids	132	mg%	70 - 190
S. Cholestrol S.	214	mg%	130 - 230
S. HDL Cholestrol	40.4	mg%	35 - 75
S. LDL Cholestrol	147.2	mg%	75 - 150
VLDL	26.4	mg%	0 - 34
Chol / HDL factor	5.3		
LDL / HDL Factor	3.64		

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	: 25-Nov-2023	Age	: 50 Yrs.
Name	: Mr. SUNIL KANT	Sex	: Male
Ref.By	: APOLLO HEALTH		

25- OH VITAMIN D3

25 (OH) - Vitamin D3	28.3	ng/ml	30 to 100
ELISA			

REFERENCE RANGE :

Deficiency :	< 20	ng/ml
Insufficiency :	20 to 30	ng/ml
Sufficiency :	30 to 100	ng/ml
Toxicity :	> 100	ng/ml

** Vitamin D is a steroid hormone involved in the intestinal absorption of calcium and the regulation of the calcium homeostasis.

There are two different forms of Vitamin D - D2 & D3.

** D2 is synthetic product that is predominantly absorbed from the fortified food. Physiological D3 levels result not only from the dietary uptake but can also be produced in the skin during sun exposure.

** The concentration of 25 (OH) vitamin D decreases with age and the deficiency is common among elderly persons

** Clinical applications of 25 (OH) vit D measurements are the diagnosis and therapy control of post menopausal Osteoporosis, rickets Osteomalasia, renal osteodystrophy, pregnancy and neonatal hypocalcemia

** Vit D intoxication mostly occurs during large intake of pharmaceutical preparations of VIT D and may lead to Hypercalcemia, hypercalcuria and nephrocalcinosis

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



Date : 25-Nov-2023

Name : **Mr. SUNIL KANT**

Age : 50 Yrs.

Ref.By : APOLLO HEALTH

Sex : Male

PSA

PSA

0.97

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 : 25-Nov-2023

Name : **Mr. SUNIL KANT**

Age : 50 Yrs.

Ref.By : APOLLO HEALTH

Sex : Male

Urine Examination

PHYSICAL

Colour	Straw
Turbidity	Nil
Deposit	Nil
Reaction	Acidic
*Specific Gravity	1.030

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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TEST REQUEST ID	:012311250023	SAMPLE DATE	:25/Nov/2023 09:15AM
NAME	:Mr. SUNIL KANT	SAMPLE REC. DATE	:25/Nov/2023 09:15AM
AGE/SEX	:50 YRS/MALE	REPORTED DATE	:25/Nov/2023 01:15PM
REFERRED BY	: Apollo Health and Lifestyle Limited,	BARCODE NO	:01250023

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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TEST REQUEST ID :012311250023	SAMPLE DATE	:25/Nov/2023 09:15AM
NAME :Mr. SUNIL KANT	SAMPLE REC. DATE	:25/Nov/2023 09:15AM
AGE/SEX :50 YRS/MALE	REPORTED DATE	:25/Nov/2023 01:28PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01250023

USG WHOLE ABDOMEN-MALE

Liver: is mildly enlarged in size (156 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 (106 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

Both Kidneys: are normal in size (RK- 97 x 48 mm & LK -94 x 42 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 (41 x 32 x 31 mms, wt = 21 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.

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Consultant Radiologist

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Registration Date 25/11/2023

Age : 50 Sex: M

Name : Mr Sunil Kant

Ref By: Apollo Health

EYES EXAMINATION REPORT

EYE SIGHT	DISTANT VISION		NEAR VISION	
	RIGHT	LEFT	RIGHT	LEFT
WITHOUT GLASSES	6/9	6/9	N-9	N-9
WITH GLASSES	6/6	6/6	N-6	N-6
POWER OF GLASSES IF USED	Power not confirmed			
FUNDUS	NORMAL			
COLOR VISION	Present Normal according to ISHIHARA'S CHART			
PUPILS	Normally reacting to light and accommodation			

Dr. H. S. Kholia
M.B.B.S., D.O.M.S.



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Patient name: **Mr Sunil Kant**
Ref By: **Apollo Health**


Age/Sex **50/M**
25/11/2023

E.C.G. REPORT

1. Rhythm	:	Sinus, Regular
2. Atrial Rate	:	88/mt
3. Ventricular Rate	:	88/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.


Signature of Doctor
Dr. AMIT MOHAN
MD
Reg. No. 44559

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MODERN PATHOLOGY AND DIAGNOSTIC CENTER

Gomti Nagar Lucknow

Report



SUNIL KANT / 50 Yrs / M / 163 Cms / 79 Kg
 Date: 25 - 11 - 2023 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	083	49 %	110/70	091	00	
Standing	00:08	0:05	00.0	00.0	01.0	083	49 %	110/70	091	00	
HV	00:12	0:04	00.0	00.0	01.0	083	49 %	110/70	091	00	
ExStart	00:32	0:20	00.0	00.0	01.0	081	48 %	110/70	089	00	
BRUCE Stage 1	03:32	3:00	02.7	10.0	04.7	136	80 %	122/82	165	00	
BRUCE Stage 2	06:32	3:00	04.0	12.0	07.1	149	88 %	134/88	199	00	
PeakEx	06:42	0:10	05.5	14.0	07.3	150	88 %	136/92	204	00	
Recovery	07:42	1:00	00.0	00.0	01.2	124	73 %	132/90	163	00	
Recovery	08:42	2:00	00.0	00.0	01.0	109	64 %	124/86	135	00	
Recovery	09:42	3:00	00.0	00.0	01.0	102	60 %	118/82	120	00	
Recovery	09:51	3:09	00.0	00.0	01.0	105	62 %	118/82	123	00	

FINDINGS :

Exercise Time : 06:10
 Max HR Attained : 150 bpm 88% of Target 170
 Max BP Attained : 136/92 (mm/Hg)
 Max WorkLoad Attained : 7.3 Fair response to induced stress
 Test End Reasons : Test Complete

REPORT :

CONCLUSIONS:

1. STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE.

Dr. AMIT MOHAN
 MD
 Reg. No. 44559

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SUNIL KANT / 50 Yrs / M / 163 Cms / 79 Kg / HR : 83

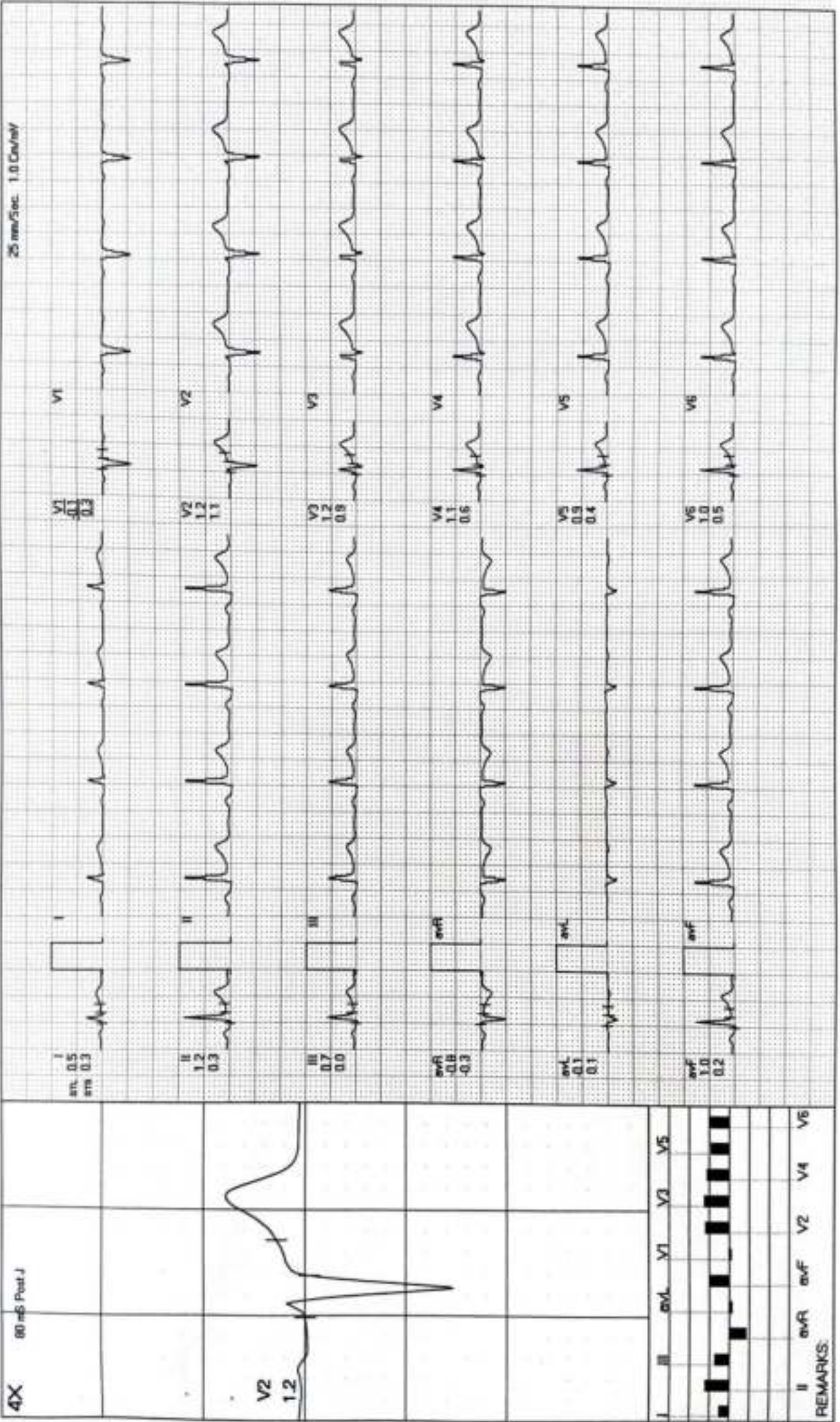
BRUCE: Standing(0:05)



Date: 25-11-2023

METS: 1.0/83 bpm 49% of THR BP: 110/70 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTmr: 00:00 0.0 Kmph. 0.0%



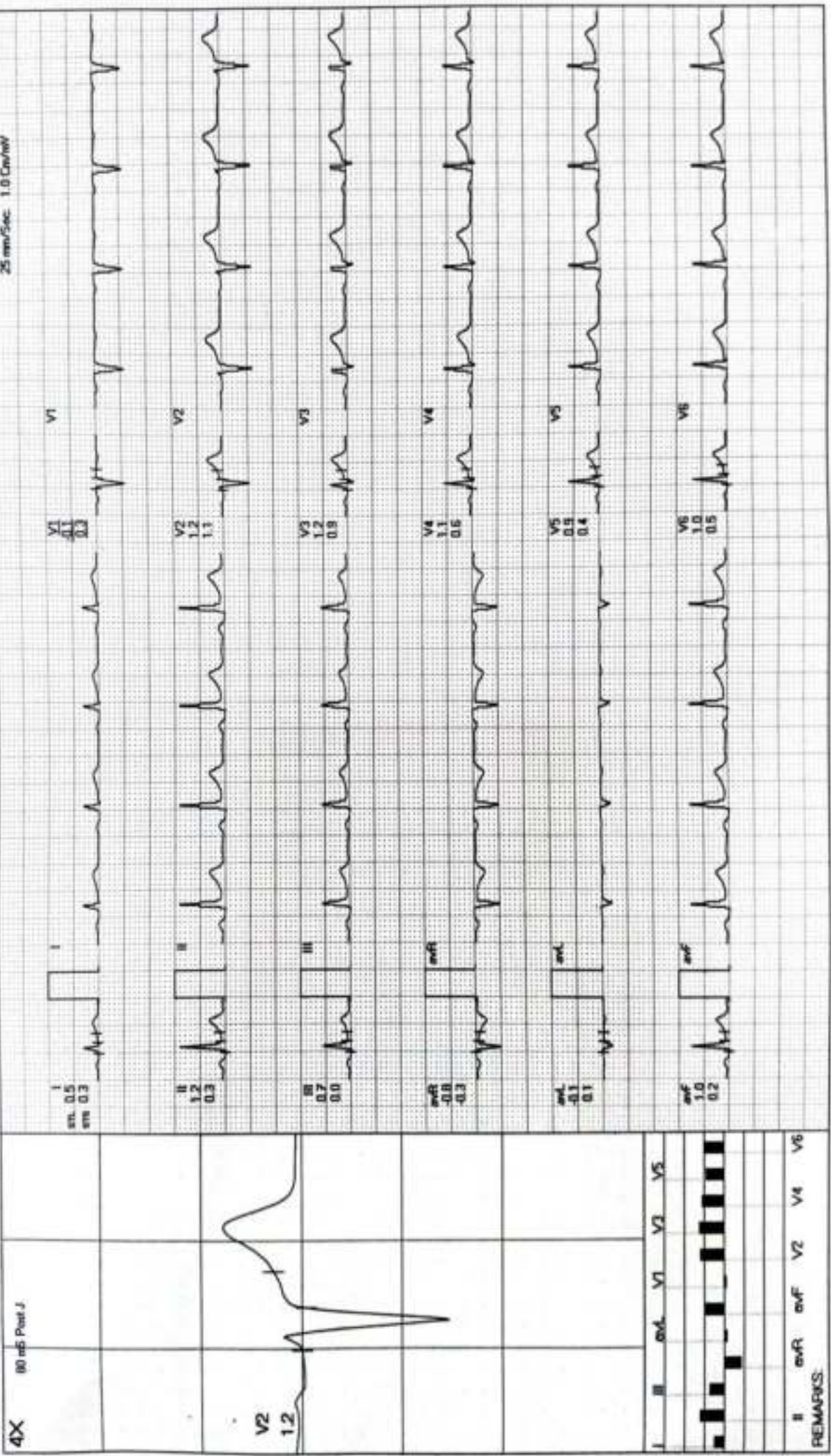
MODERN PATHOLOGY AND DIAGNOSTIC CENTER

SUNIL KANT / 50 Yrs / M / 163 Cms / 79 Kg / HR : 83

BRUCE:HV(0:06)



Date: 25-11-2023 METS: 1.0/93 bpm 49% of THR BP: 110/70 mmHg Combined Meds/BLK On/ Natch On/ HF 0.05 Hz/LF 35 Hz ExTime 00:00 0.0 Kmph. 0.0%
 4X 90 mS Post J 25 mm/Sec. 1.0 Cm/mV



I	II	aVR	aVL	V1	V2	V3	V4	V5	V6
■	■	■	■	■	■	■	■	■	■

REMARKS: ■ aVR ■ aVL ■ V1 ■ V2 ■ V3 ■ V4 ■ V5 ■ V6

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SUNIL KANT / 50 Yrs / M / 163 Cms / 79 Kg / HR : 81

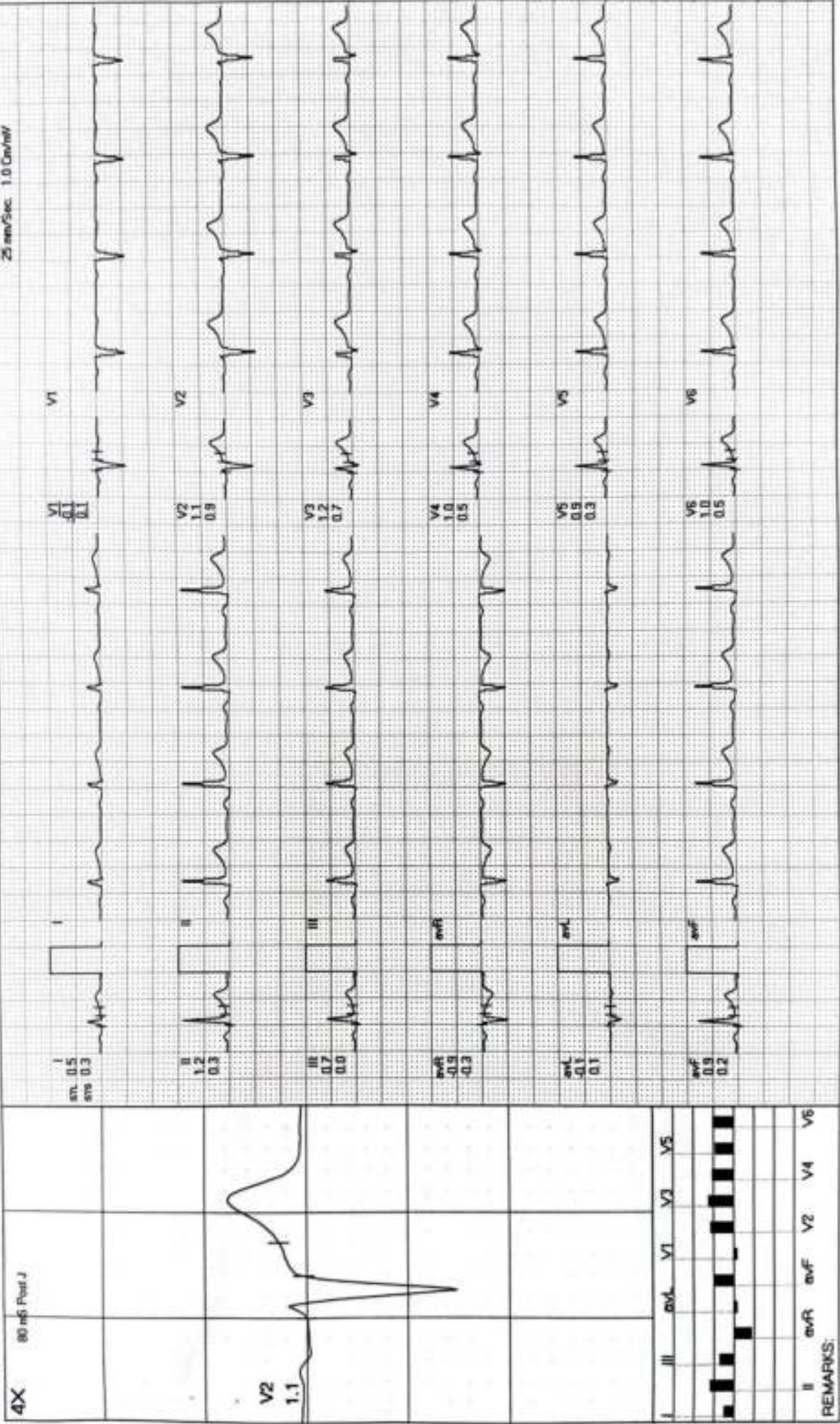
ExStart



Date: 25-11-2023

METS: 1.0/81 bpm 48% of TH-R BP: 110/70 mmHg Combined Mediations/BL.C 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



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SUNIL KANT / 50 Yrs / M / 163 Cms / 79 Kg / HR : 136

BRUCE: Stage 1 (3:00)

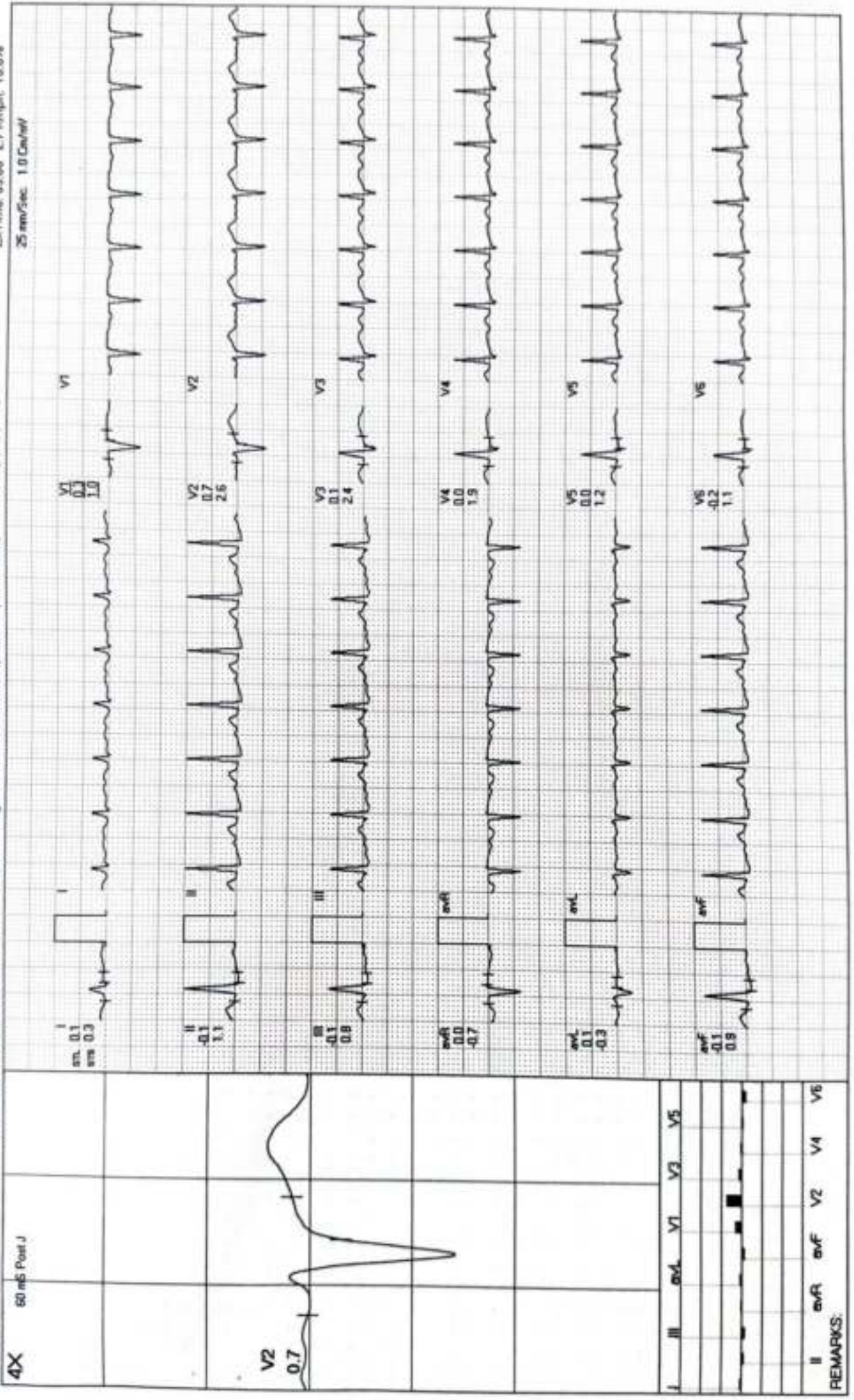


Date: 25-11-2023

METS: 4.7 / 136 bpm 80% of THR BP: 122/82 mmHg

Combined Medians/ELC On/ HF 0.05 Hz/LF 35 Hz

ExTime 03:00 2.7 Kmph, 10.0%



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BRUCE: Stage 2 (3:00)

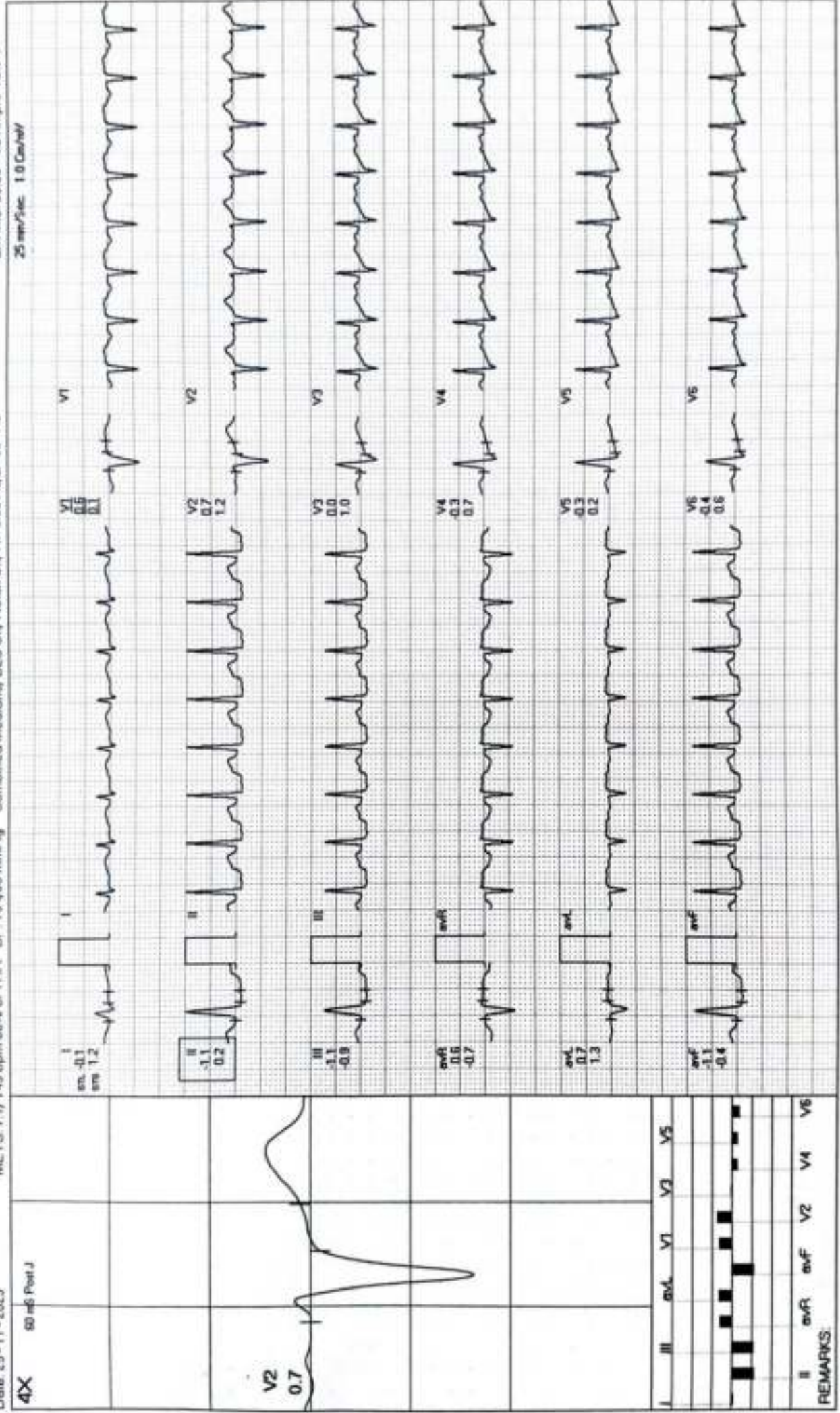


SUNIL KANT / 50 Yrs / M / 163 Cms / 79 Kg / HR : 149

Date: 25-11-2023

METS: 7.1/149 bpm 88% of THR BP: 134/88 mmHg Combined Medications/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:00 4.0 Km/ph. 12.0%



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SUNIL KANT / 50 Yrs / M / 163 Cms / 79 Kg / HR : 150

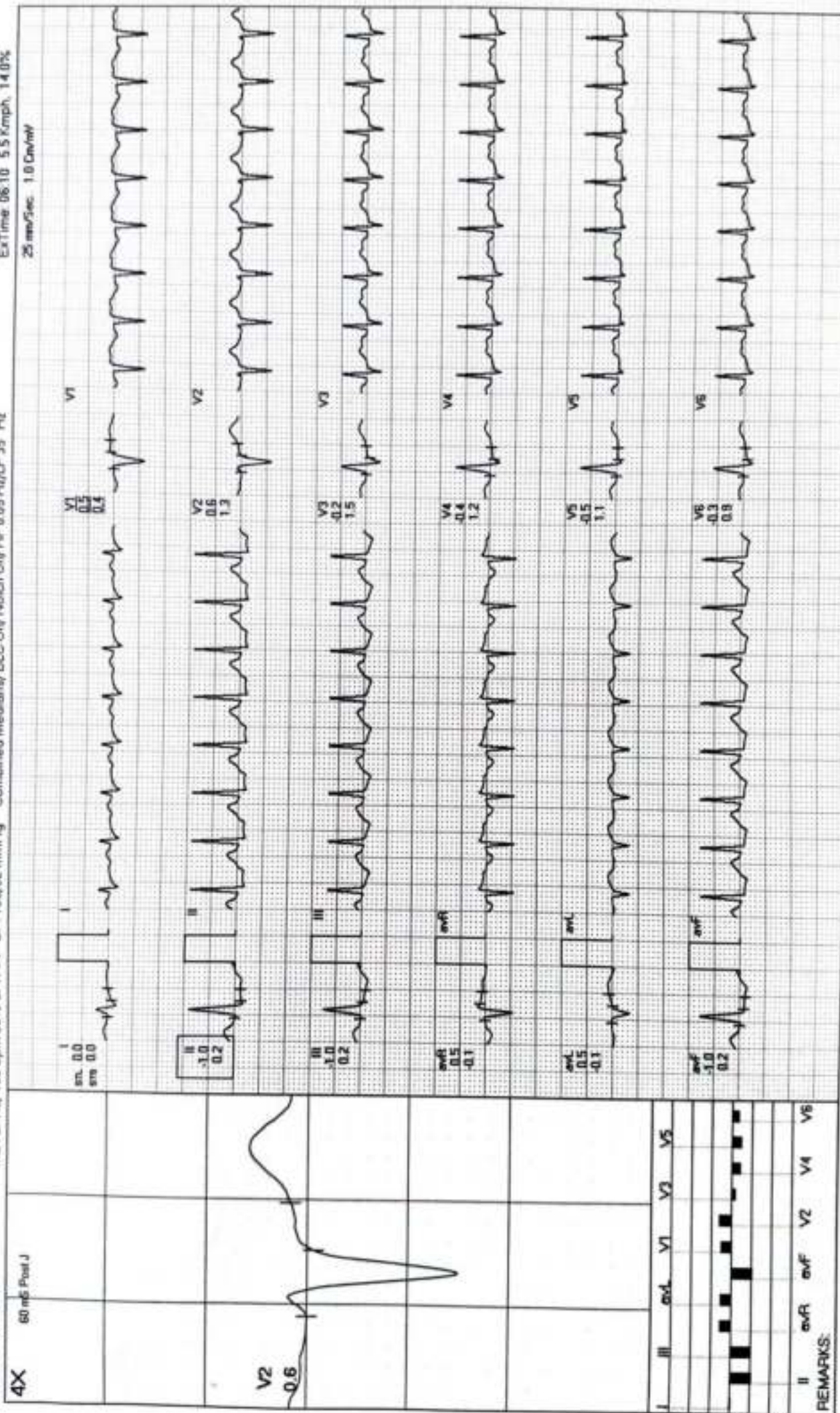
PeakEx



Date: 25-11-2023

METS: 7.3/150 bpm 88% of ThR BP: 136/92 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:10 5.5 Kmph, 14.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

MODERN PATHOLOGY AND DIAGNOSTIC CENTER

SUNIL KANT / 50 Yrs / M / 163 Cms / 79 Kg / HR : 124

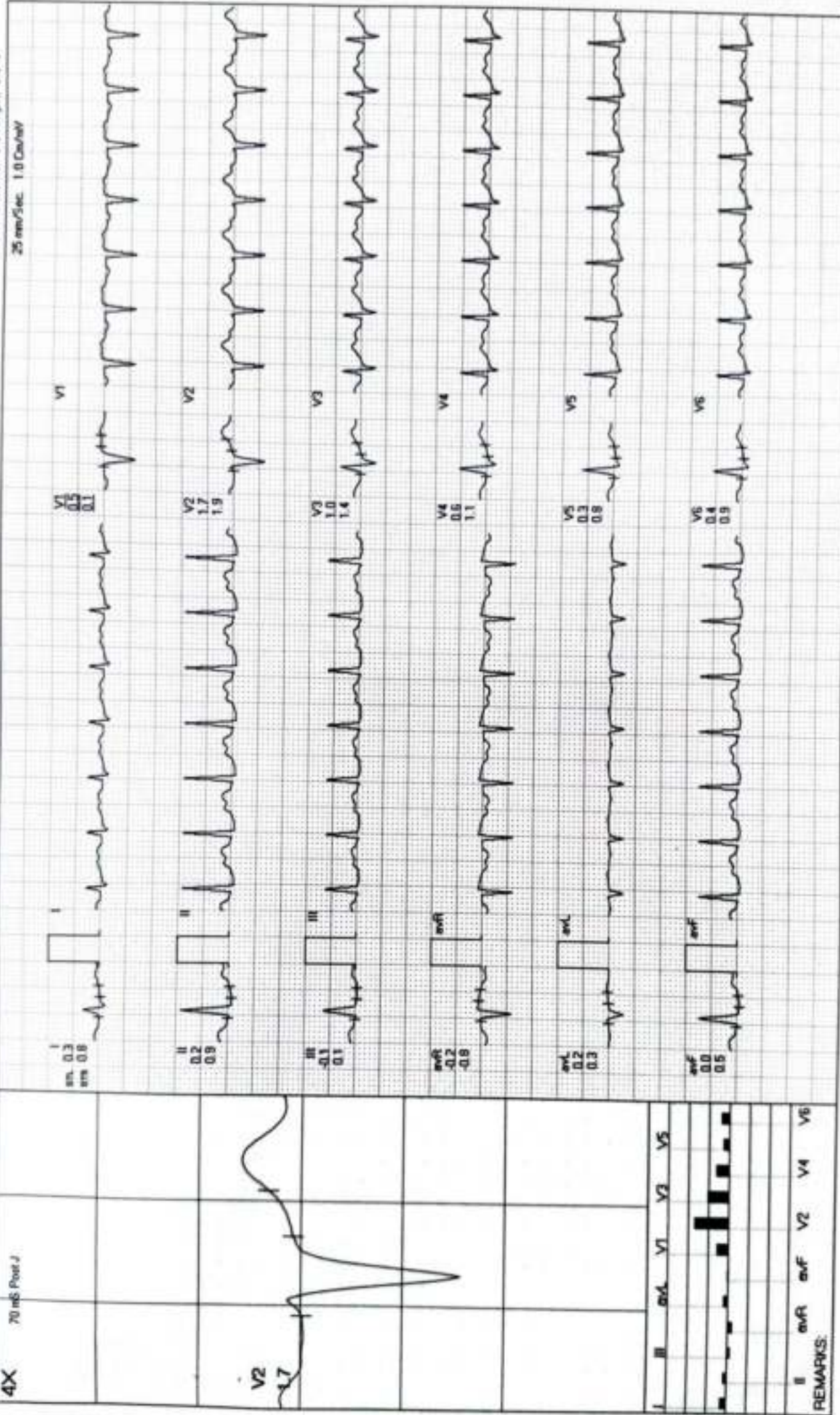
Recovery(1:00)



Date: 25-11-2023

METS: 1.2/124 bpm 73% of Th-R BP: 132/90 mmHg Combined Medians/BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:10 0.0 Km/ph, 0.0%



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SUNIL KANT / 50 Yrs / M / 163 Cms / 79 Kg / HR : 109

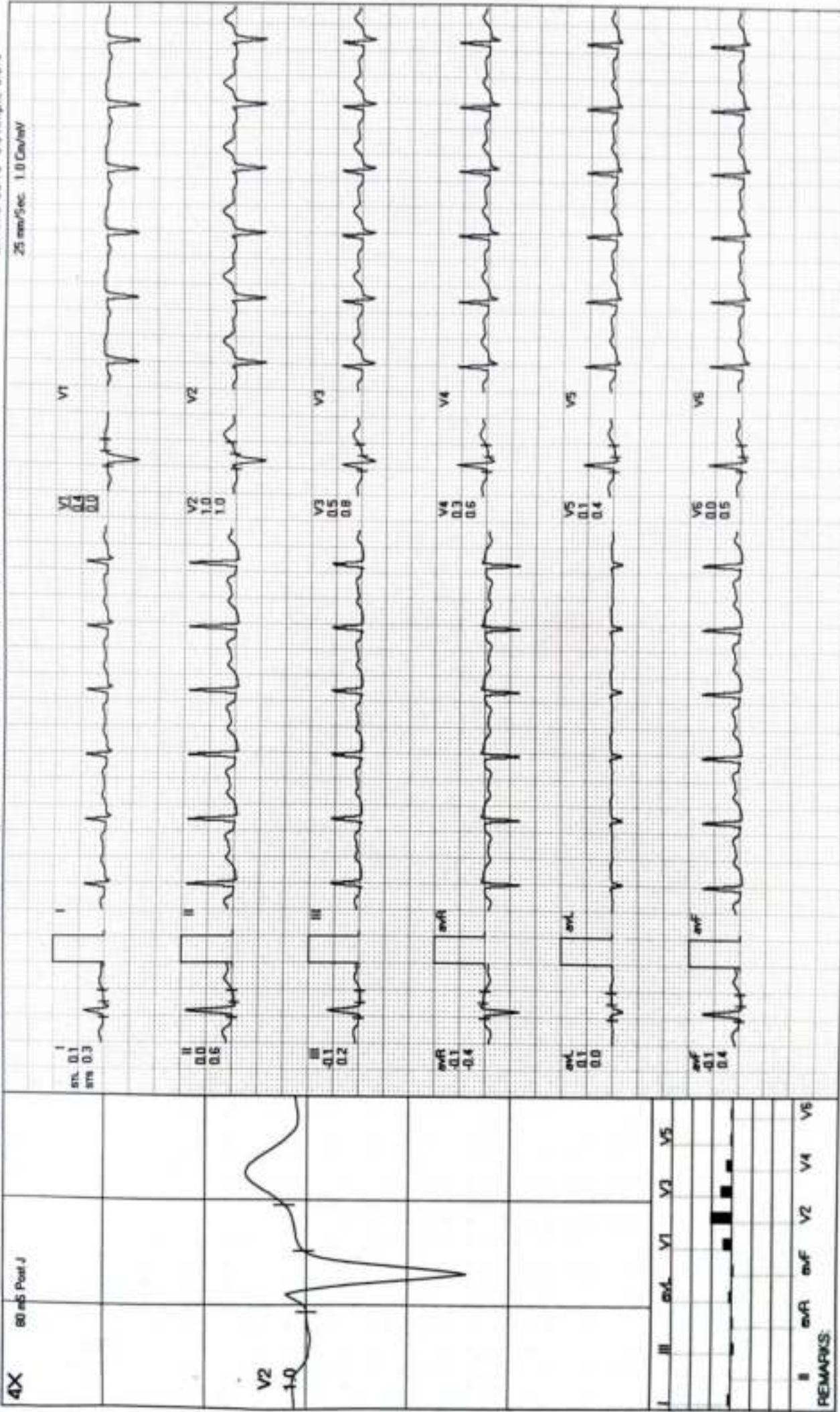
Recovery(2:00)



Date: 25-11-2023

METS: 1.0/109 bpm 64% of THR BP: 124/86 mmHg Combined Medians/BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime 06:10 0.0 Kmph 0.0%



REMARKS:

MODERN PATHOLOGY AND DIAGNOSTIC CENTER

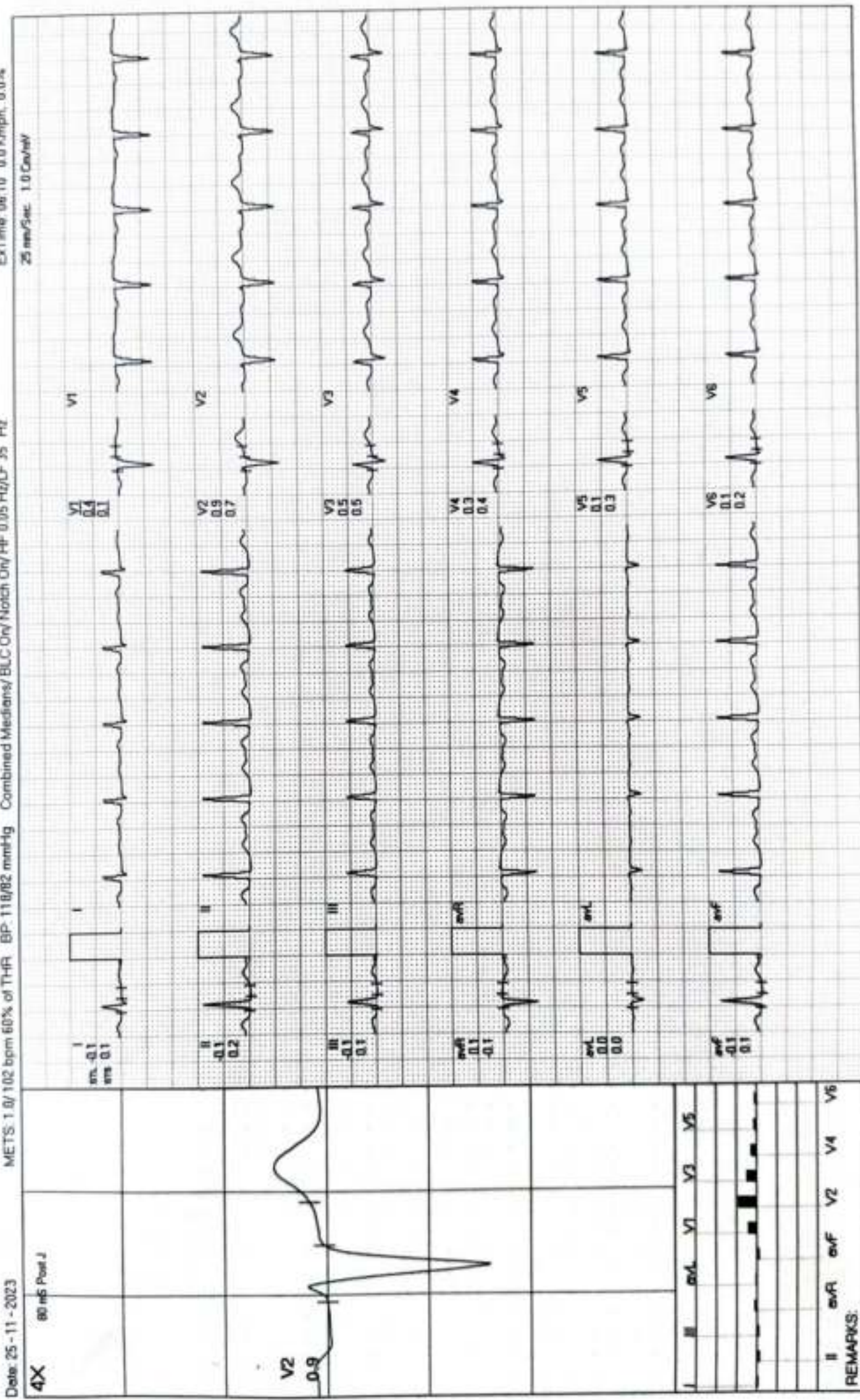
SUNIL KANT / 50 Yrs / M / 163 Cms / 79 Kg / HR : 102

Recovery(3:00)



ExTime 06:10 0.0 Kmph. 0.0%

METS: 1.0/ 102 bpm 60% of THR BP: 118/82 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 35 Hz



REMARKS:



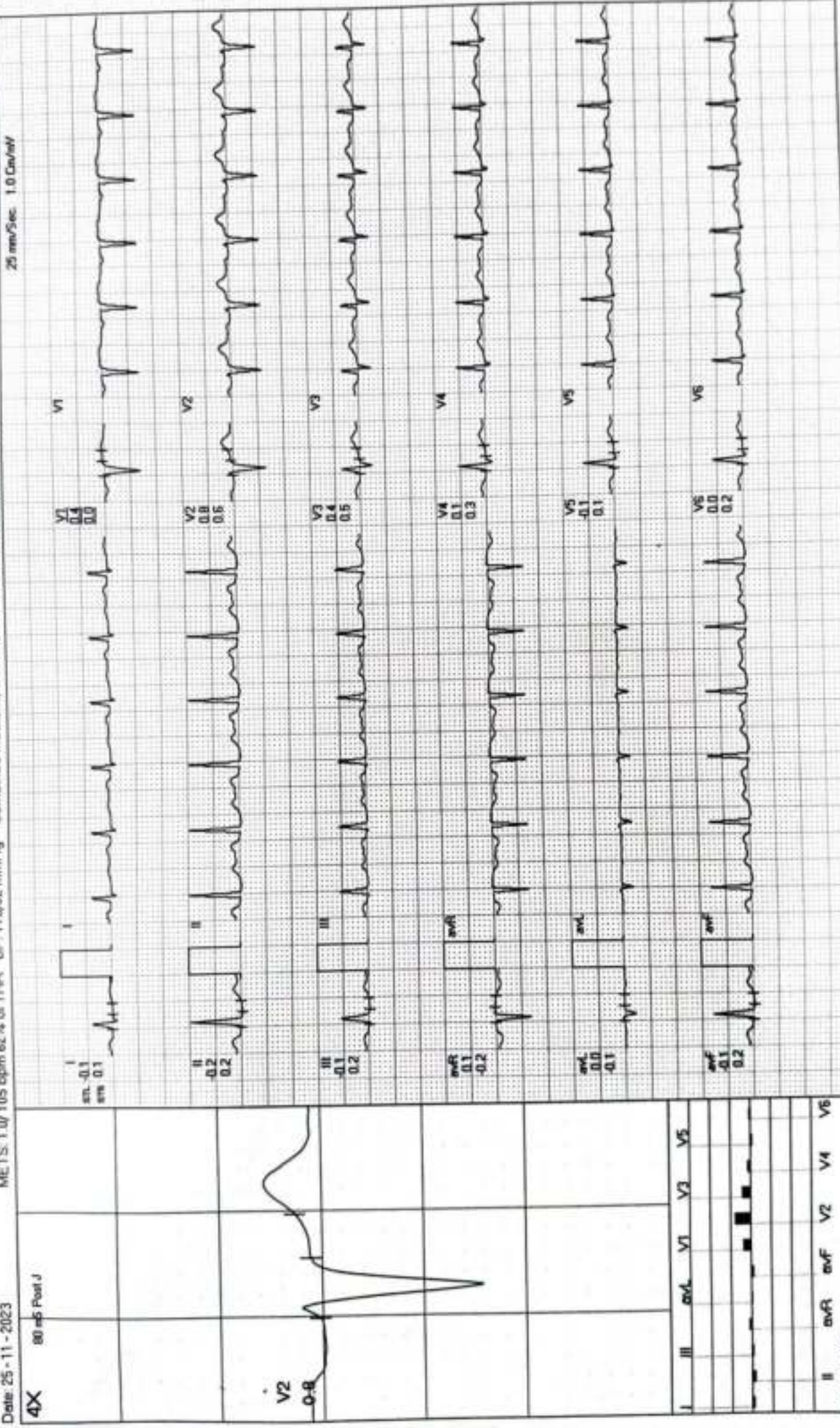
Recovery(3:09)

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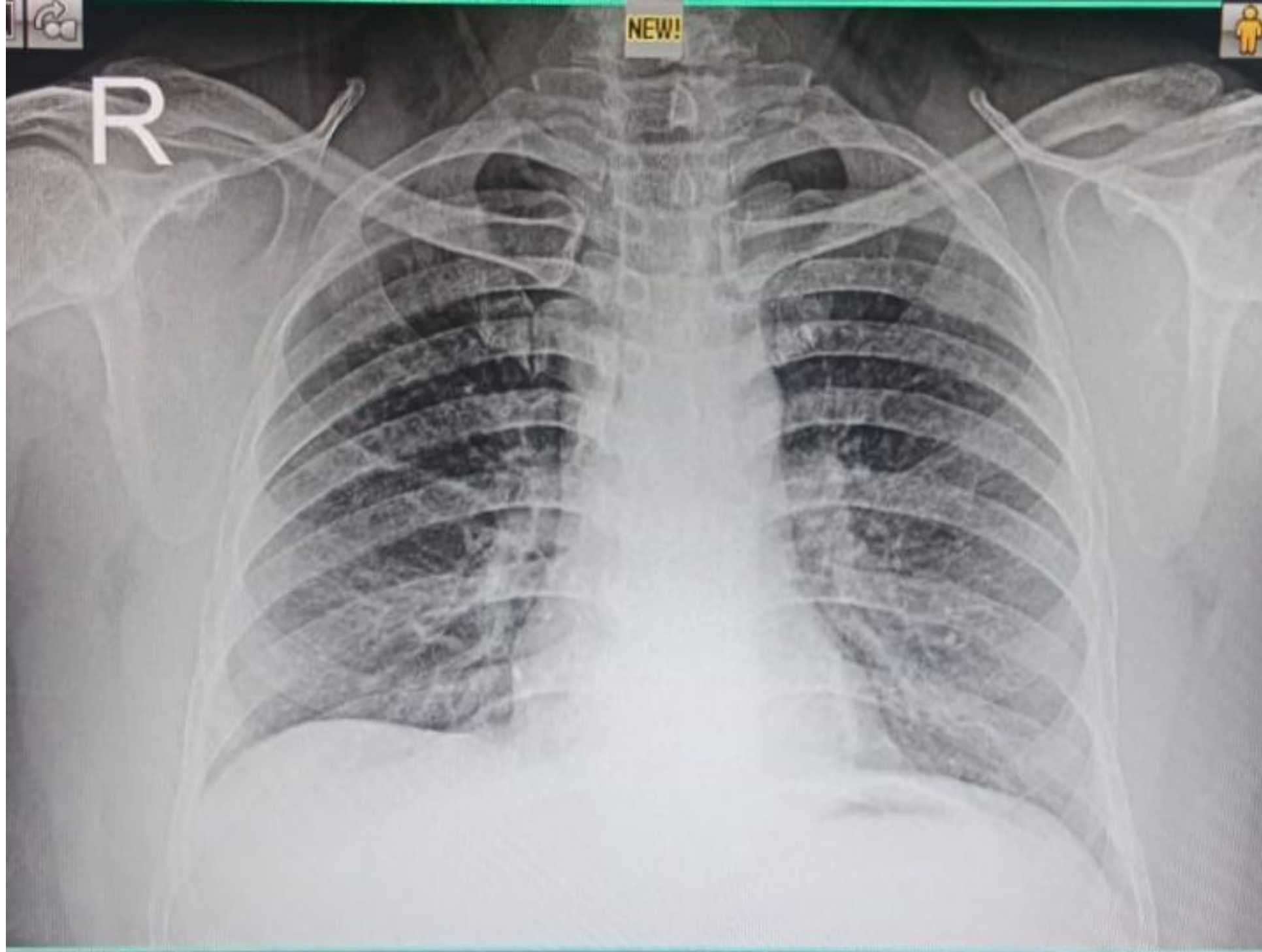
SUNIL KANT / 50 Yrs / M / 163 Cms / 79 Kg / HR : 105

ExTime: 06:10 0.0 Kmph. 0.0%

Date: 25-11-2023 METS: 1.0/105 bpm 62% of THR BP: 118/82 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/ AF 35 Hz



REMARKS:



23112502650 MR SUNIL KANT 50YRS M DR SELF CHEST PA
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