

MER- MEDICAL EXAMINATION REPORT

Date of Examination	8/7/2023		
NAME	Asni Menborg		
AGE	26	Gender	F.
HEIGHT(cm)	158	WEIGHT (kg)	96
B.P.	122/84		
ECG	normal		
X Ray	normal		
Vision Checkup	wigham eyes.		-5.75 CN normal. -5.25
Present Ailments	Tetra 20.0 for myopia (175).		
Details of Past ailments (If Any)	Choking 2012.		
Comments / Advice : She /He is Physically Fit	medicines fix		



Dr. Smita Rastogi
MBBS, DCP
S. Rastogi

Signature with Stamp of Medical Examiner



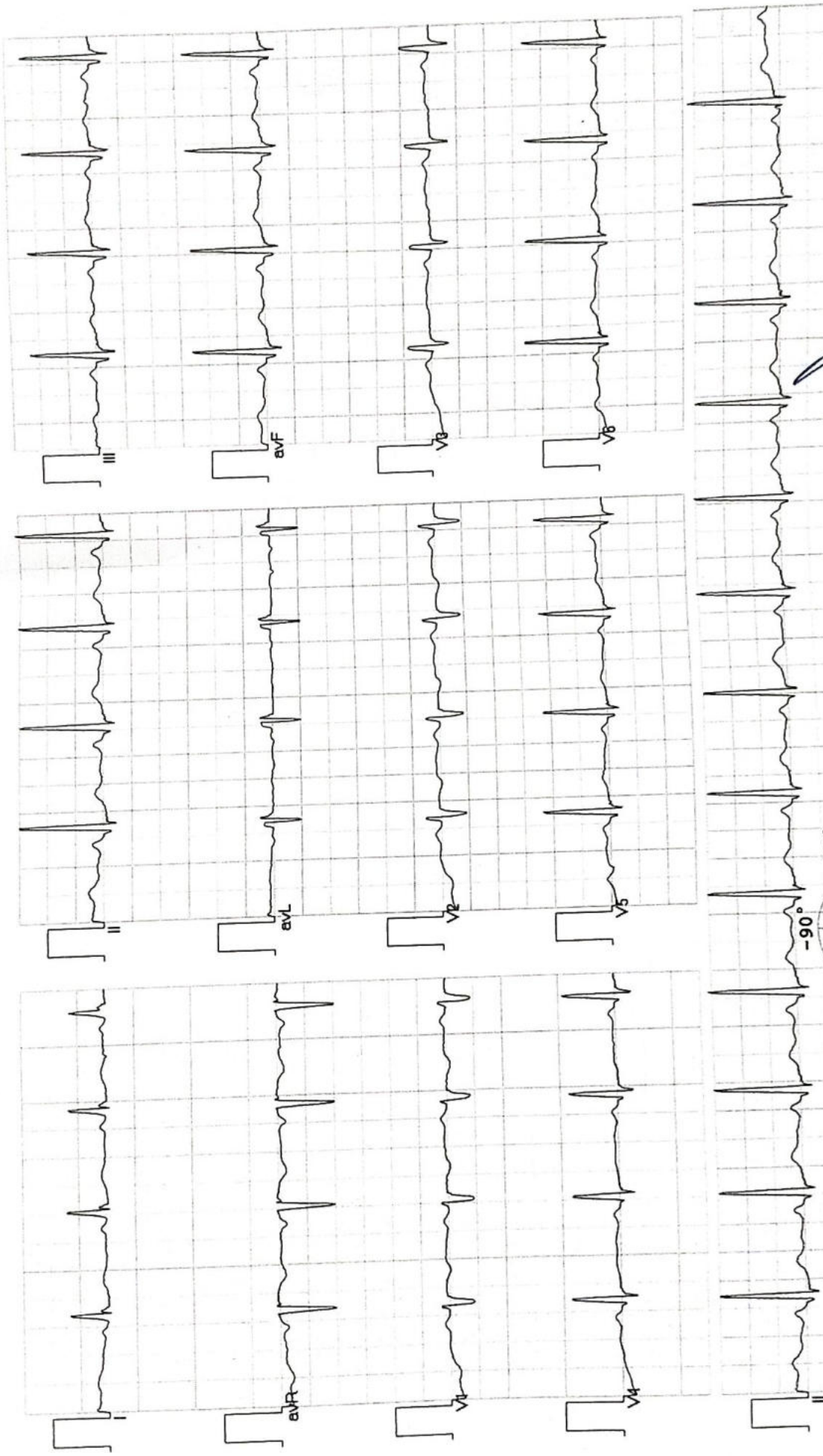
ECG

Modern Pathology And Diagnostic Centre

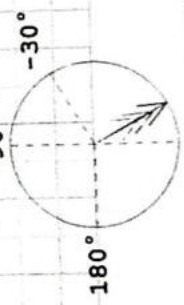
79 / ashi mehrotra / 26 Yrs / F / Non Smoker

Heart Rate : 83 bpm / Tested On : 08-Jul-23 10:26:17 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

/ Refd By.: APOLLO HEALTH



Vent Rate : 83 bpm
 PR Interval : 146 ms
 QRS Duration: 86 ms
 QT/QTc Int : 364/404 ms
 P-QRS-T axis: 60.00° 61.00° 62.00°



normal ECG

[Signature] MOHAN MD

Reg. No. 44559

Allengers ECG (Pisces)(PIS215191030)

To,
Modern Pathology,
Gomti Nagar
Lucknow.

Dear Sir,

Sms :- Regarding Annual Health Check up.
Ashi Mehrotra
Bank of Baroda.

With reference to the above, it is
to inform you that I booked Annual check up
from your pathology on 08/07/2023 and for that
I gave my concern to complete the Annual Health
up without consultation of physician and
giving my concern to do the tests which is
available with your pathology. I would
also like to not undergo with pap smear test
& wish to go ahead with other check-ups.

Dated: 08/07/2023.

Luo.

Sms faithfully,
Ashi Mehrotra
Ashi Mehrotra,
(E.C.No. 198988)





MODERN PATHOLOGY & DIAGNOSTIC CENTRE

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



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Ph.: 0522-4008184, 4308184 • 8112323230
Mob.: 7618884441, 9450389932, 8177063877

Registration Date 08/07/2023
Name : Ms Ashi Mehrotra
Ref By: Apollo Health Care

Age : 26 Sex: F

Dr. H. S. Kholia
M.B.B.S., D.O.M.S.
Consultant Ophthalmologist
Registration No.: 34062 (M.C.I., U.P.)

EYES EXAMINATION REPORT

EYE SIGHT	DISTANT VISION		NEAR VISION	
	RIGHT	LEFT	RIGHT	LEFT
WITHOUT GLASSES	6/36	6/36	N-6	N-6
WITH GLASSES	6/6	6/6		
POWER OF GLASSES IF USED	-5.75	-5.25		
FUNDUS	NORMAL			
COLOR VISION	Present Normal according to ISHIHARA'S CHART			
PUPILS	Normally reacting to light and accommodation			



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

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TEST REQUEST ID :012307080023	SAMPLE DATE	:08/Jul/2023 09:09AM
NAME :Mrs. ASHI MEHROTRA	SAMPLE REC. DATE	:08/Jul/2023 09:09AM
AGE/SEX :26 YRS/FEMALE	REPORTED DATE	:08/Jul/2023 12:22PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01080023

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
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DR. PANKAJ UPADHYAYA

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

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Mob : 7618884441, 9450389932, 8177063871



TEST REQUEST ID :012307080023	SAMPLE DATE	:08/Jul/2023 09:09AM
NAME :Mrs. ASHI MEHROTRA	SAMPLE REC. DATE	:08/Jul/2023 09:09AM
AGE/SEX :00 YRS/FEMALE	REPORTED DATE	:08/Jul/2023 12:15PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01080023

USG WHOLE ABDOMEN-FEMALE

Liver: is enlarged in size (157 mm). Parenchymal echogenicity is increased. No focal echovariant lesion is seen. Intrahepatic biliary radicles are not dilated.

Gall Bladder: is not seen (operated).

CBD: is normal in diameter 3.3 mm. 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 (108 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

Both Kidneys: are normal in size (RK- 99 x 42 mm & LK – 104 x 49 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 (62 x 29 x 37 mms), shape and echotexture. It is anteverted. Myometrium is homogenous. No focal mass is seen. Endometrial thickness is normal.

DR. PANKAJ UPADHYAYA
Consultant Radiologist

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

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

Print Date/Time: 08/07/2023, 12:15 PM

Checked By: Ashish Singh

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

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AGE/SEX	:00 YRS/FEMALE	REPORTED DATE	:08/Jul/2023 12:15PM
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Cervix appears normal in size, shape and echotexture. No evidence of collection in cervical canal.

Bilateral Ovaries and adnexae

Right ovary: 36 x 31 x 29 mm with vol: 17.5 cc.

Left ovary : 37 x 33 x 28 mm with vol : 18.6 cc.

Both ovaries are enlarged in size with normal shape and echotexture. Multiple small cysts are seen between 6 to 8 mm arranged at periphery with central echogenic stroma.

There is no free fluid in peritoneal cavity.


OPINION:-

- HEPATOMEGALY WITH GRADE-II FATTY LIVER
- BILATERAL POLYCYSTIC OVARIAN DISEASE.

ADV: SERUM FSH & LH ESTIMATION.

*** End Of Report ***

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Consultant Radiologist

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

Print Date Time: 08/07/2023 12:15 PM

Checked By: Ashish Singh

Page 2 of 2

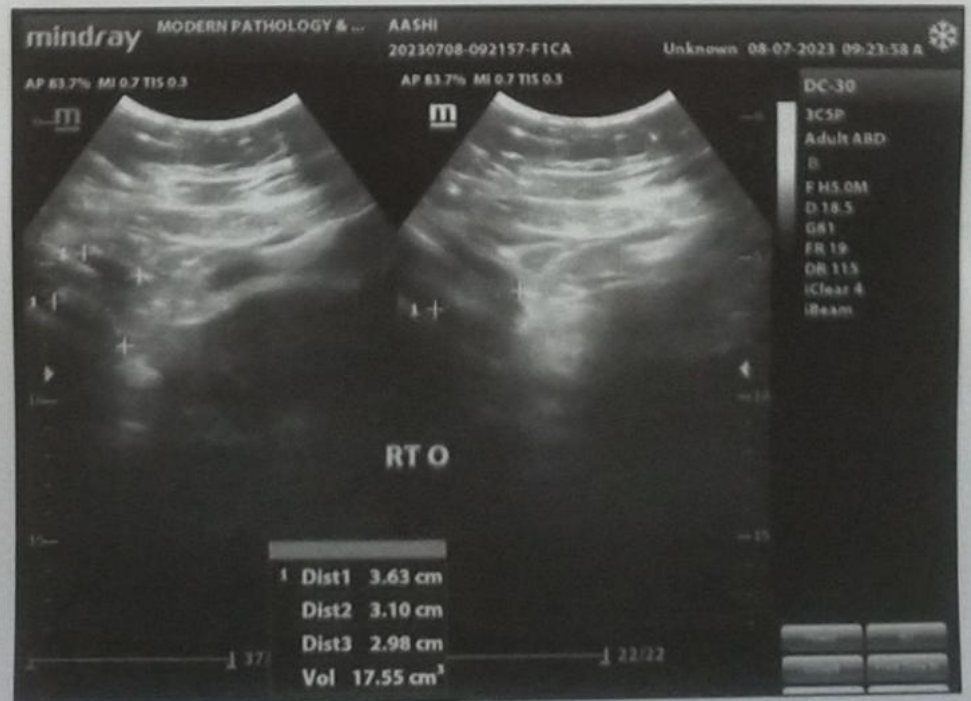
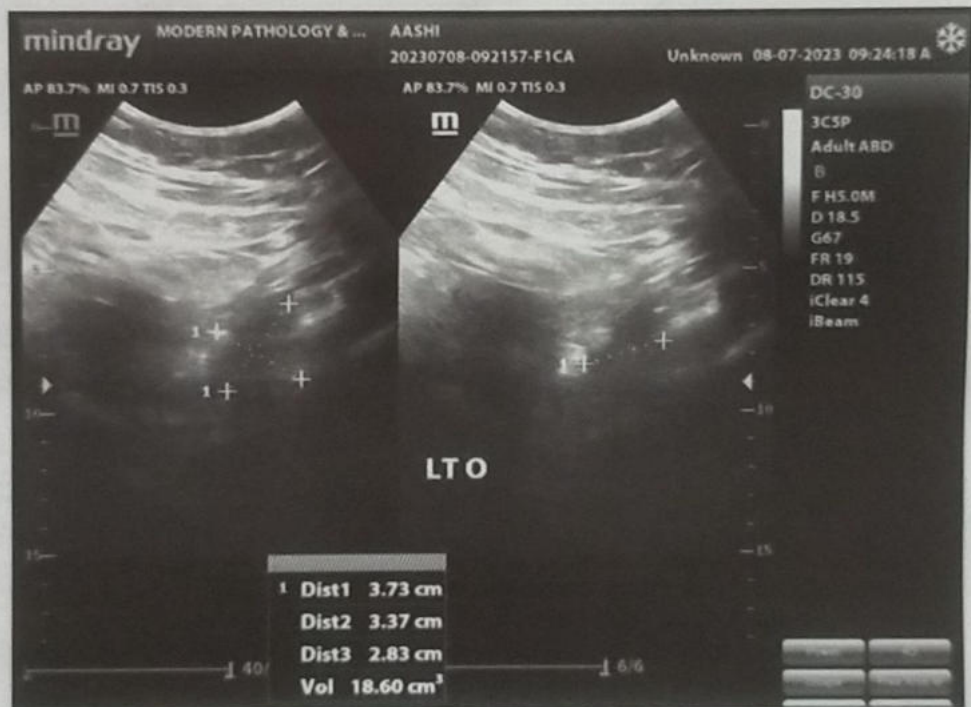
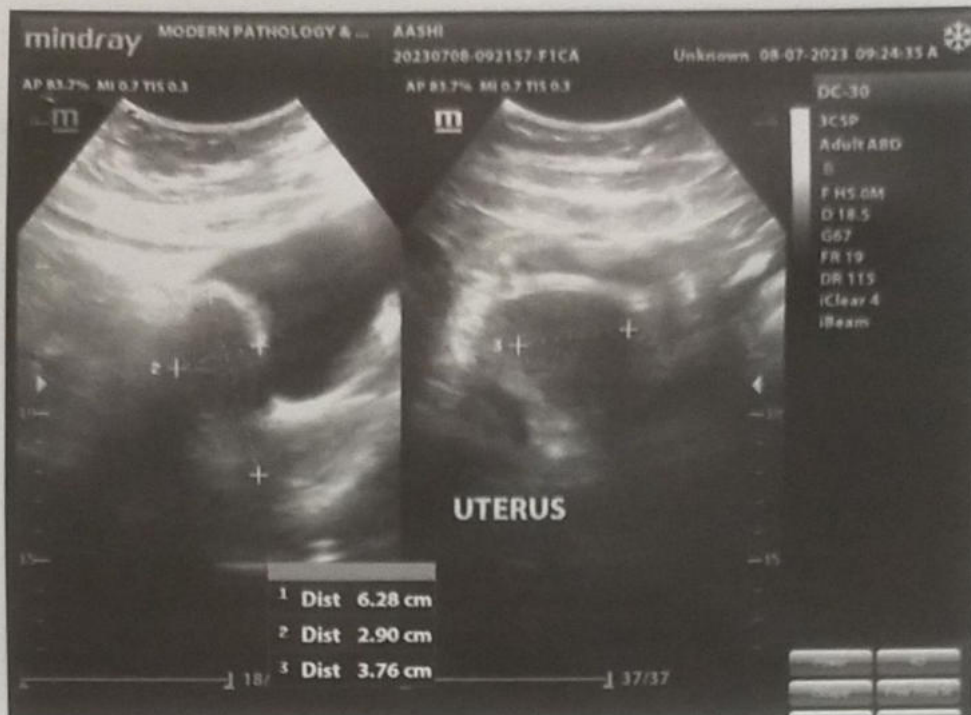
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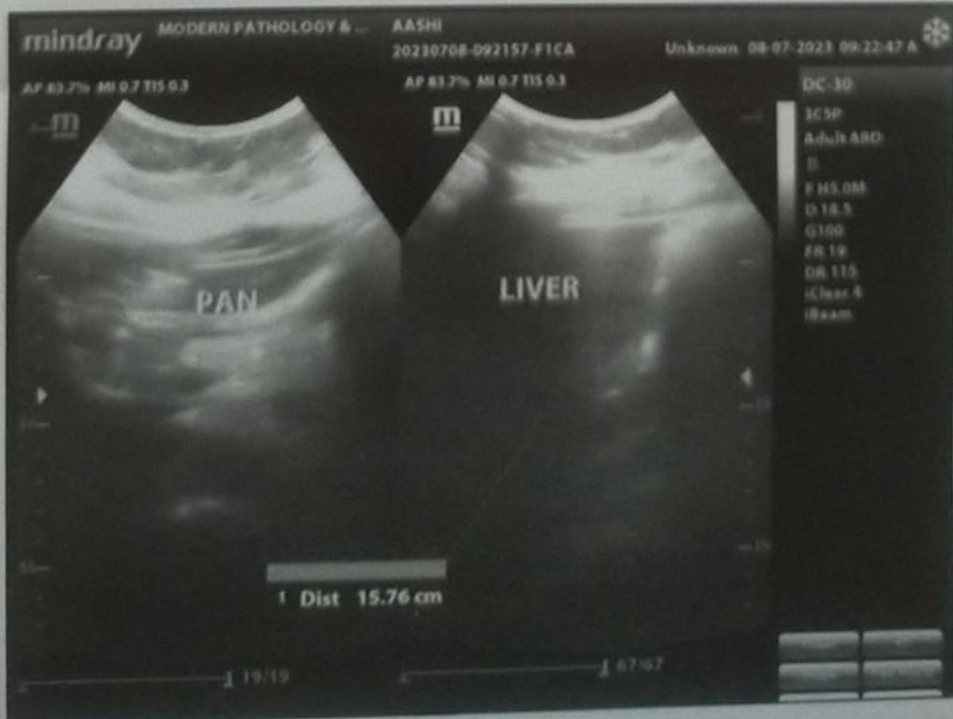
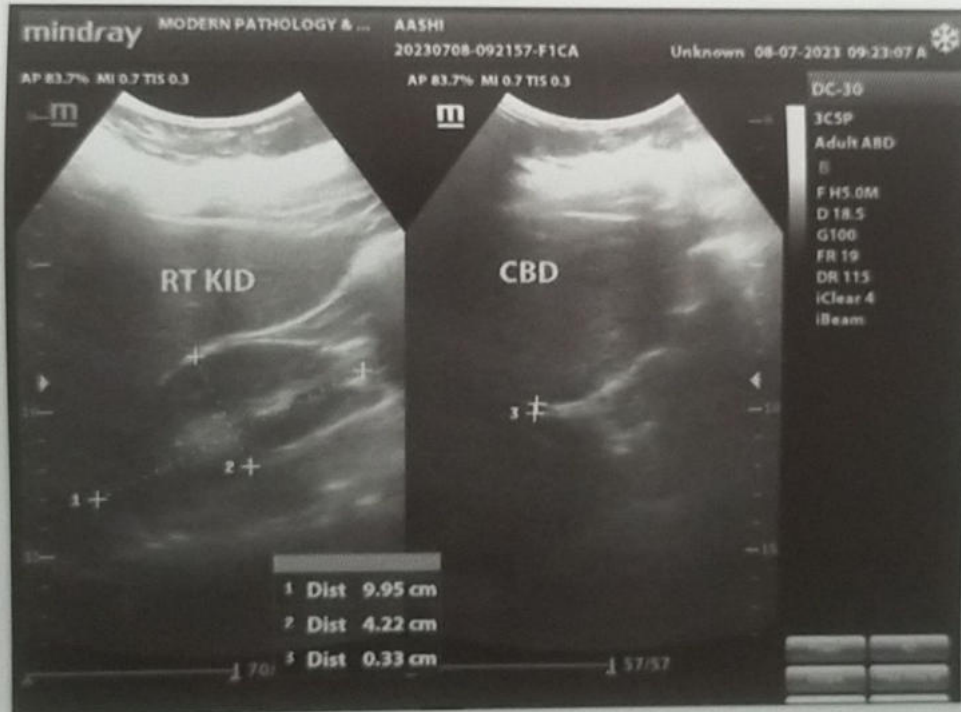
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Date	: 08-Jul-2023		
Name	: Ms. ASHI MEHROTRA	Age	: 26 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Female

Haemoglobin	11.9	gm%	11 - 14
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Total Leucocyte Count	9800	Cells/cumm.	4000-11000
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Differential Leucocyte Count			
Polymorphs	62	%	45 - 70
Lymphocytes	30	%	20 - 45
Eosinophils	04	%	0 - 6
Monocytes	04	%	0 - 8
Basophils	00	%	0 - 1

Erythrocyte Sedimentation Rate (Wintrobe)			
ESR	18	mm in 1st Hr.	0 - 19
PCV	36.5	cc%	40 - 52
Corrected ESR	06	mm in 1st Hr.	0 - 19

Platelet Count	4.51	lakh/cumm.	1.5 - 4.0
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Red Cells Count	4.18	million/cmm	3.90 to 4.60
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Absolute values			
MCV	87.2	fL	77 - 97
MCH	28.4	pg	27 - 31
MCHC	31.5	gm /dl	31 - 34

Plasma Glucose - F GOD-POD Method	94	mg/dl	70 - 110
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Plasma Glucose - PP GOD POD Method	103	mg/dl	110 - 170
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Date : 08-Jul-2023	Age : 26 Yrs.
Name : Ms. ASHI MEHROTRA	Sex : Female
Ref.By : APOLLO HEALTH	

KFT			
UREA	17.4	mg %	15 - 50
CREATININE	0.98	mg %	0.5 - 1.5
URIC ACID	5.0	mg %	2 - 6
CALCIUM	9.6	mg %	8.8 - 10.0

Blood Group & Rh	"AB" Positive
------------------	---------------

LFT T&D			
Total Bilirubin	0.64	mg%	0.2 - 1.0
Direct Bilirubin	0.28	mg%	0.0 to 0.40
Indirect Bilirubin	0.36	mg%	0.10 to 0.90
S.G.P.T	44	IU/L	5 - 40
S.G.O.T	35	IU/L	5 - 50
ALP	91	IU/L	35 to 104

Serum Gamma G.T.	29	IU/L	11 - 50
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Urine Sugar (Fasting)	NIL
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Urine Sugar (PP)	NIL
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Dr. R. P. Rastogi
 M.B.B.S., M.D. (Path & Bact)



Date : 08-Jul-2023
 Name : Ms. ASHI MEHROTRA
 Ref.By : APOLLO HEALTH
 Age : 26 Yrs.
 Sex : Female

LIPID PROFILE

Triglycerids	263	mg%	70 - 190
S. Cholestrol S.	223	mg%	130 - 230
S. HDL Cholestrol	40.4	mg%	35 - 75
S. LDL Cholestrol	130	mg%	75 - 150
VLDL	52.6	mg%	0 - 34
Chol / HDL factor	5.52	Ratio	
LDL / HDL Factor	3.22		

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 : 08-Jul-2023	Age : 26 Yrs.
Name : Ms. ASHI MEHROTRA	Sex : Female
Ref.By : APOLLO HEALTH	

THYROID TEST

Tri-iodothyronine (T3)	1.74	nmol/L	0.50 to 2.50
Thyroxine (T4)	8.25	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	1.92	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 : 08-Jul-2023

Name : **Ms. ASHI MEHROTRA**

Age : 26 Yrs.

Ref.By : APOLLO HEALTH

Sex : Female

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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Date : 08-Jul-2023	Age : 26 Yrs.
Name : Ms. ASHI MEHROTRA	Sex : Female
Ref.By : APOLLO HEALTH	

Glycosylated Haemoglobin

Glycosylated Haemoglobin	5.4	%	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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MODERN PATHOLOGY AND DIAGNOSTIC CENTER

Gomti Nagar Lucknow

Report



ashi mehrotra / 26 Yrs / M / 0 Cms / 0 Kg

Date: 08 - 07 - 2023 Refd By : APOLLO HEALTH Examined By:

Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	096	49 %	122/84	117	00	
Standing	00:08	0:04	00.0	00.0	01.0	090	46 %	122/84	109	00	
HV	00:13	0:05	00.0	00.0	01.0	090	46 %	122/84	109	00	
ExStart	00:20	0:07	00.0	00.0	01.0	090	46 %	122/84	109	00	
BRUCE Stage 1	03:20	3:00	02.7	10.0	04.7	136	70 %	134/90	182	00	
BRUCE Stage 2	06:20	3:00	04.0	12.0	07.1	171	88 %	140/94	239	00	
PeakEx	06:30	0:10	05.5	14.0	07.3	173	89 %	140/94	242	00	
Recovery	07:30	1:00	00.0	00.0	01.2	142	73 %	136/92	193	00	
Recovery	08:30	2:00	00.0	00.0	01.0	116	60 %	130/88	150	00	
Recovery	09:30	3:00	00.0	00.0	01.0	105	54 %	126/86	132	00	
Recovery	09:48	3:18	00.0	00.0	01.0	112	58 %	126/86	141	00	

FINDINGS :

Exercise Time : 06:10
 Max HR Attained : 173 bpm 89% of Target 194
 Max BP Attained : 140/94 (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
 Reg. No. 14559

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ashi mehra / 26 Yrs / M / 0 Cms / 0 Kg / HR : 96

BRUCE:Supine(0:05)

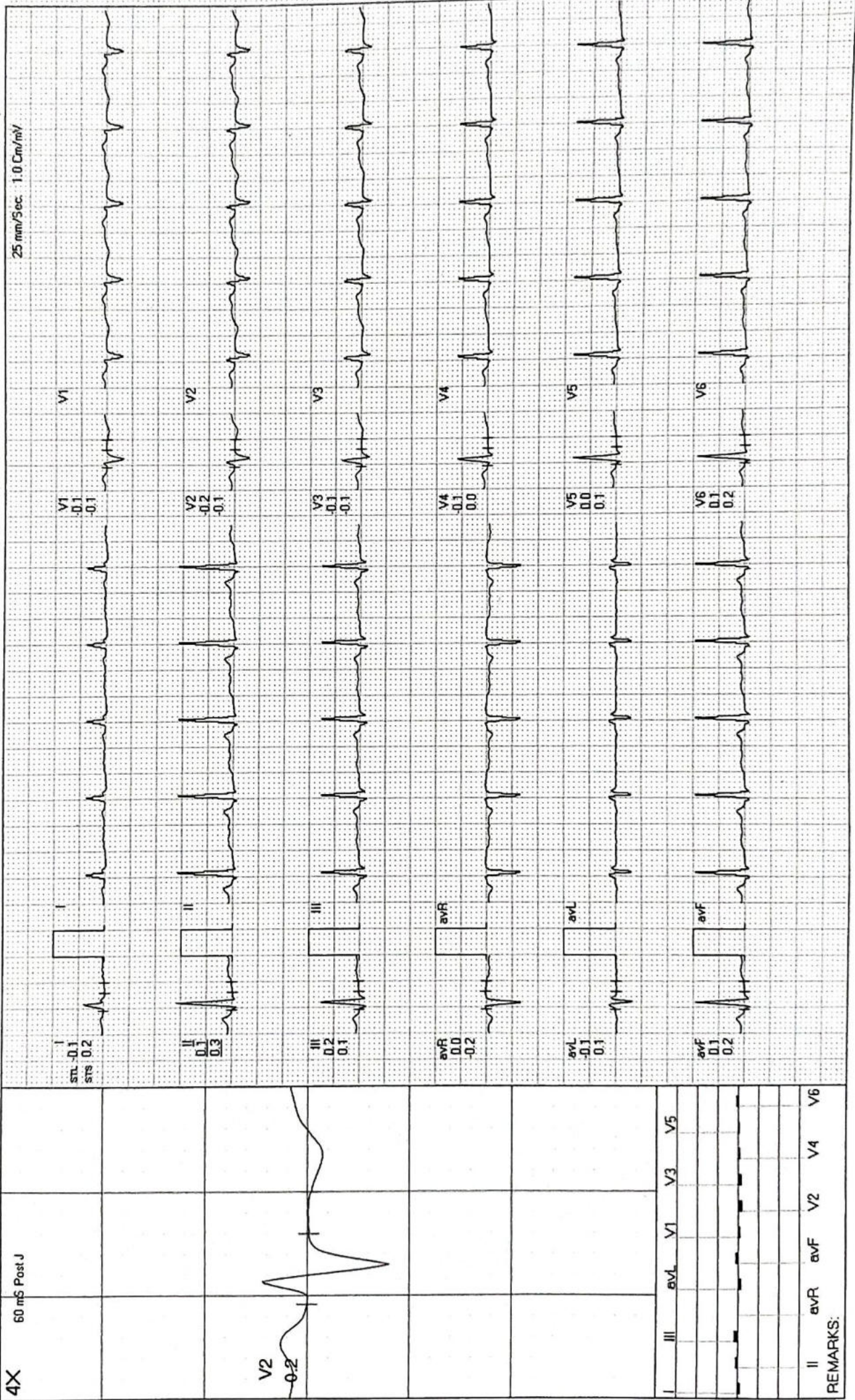


Date: 08-07-2023

METS: 1.0/ 96 bpm 49% of THR BP: 122/84 mmHg Combined Medians/BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Kmph. 0.0%

4X 60 mS Post J



REMARKS:

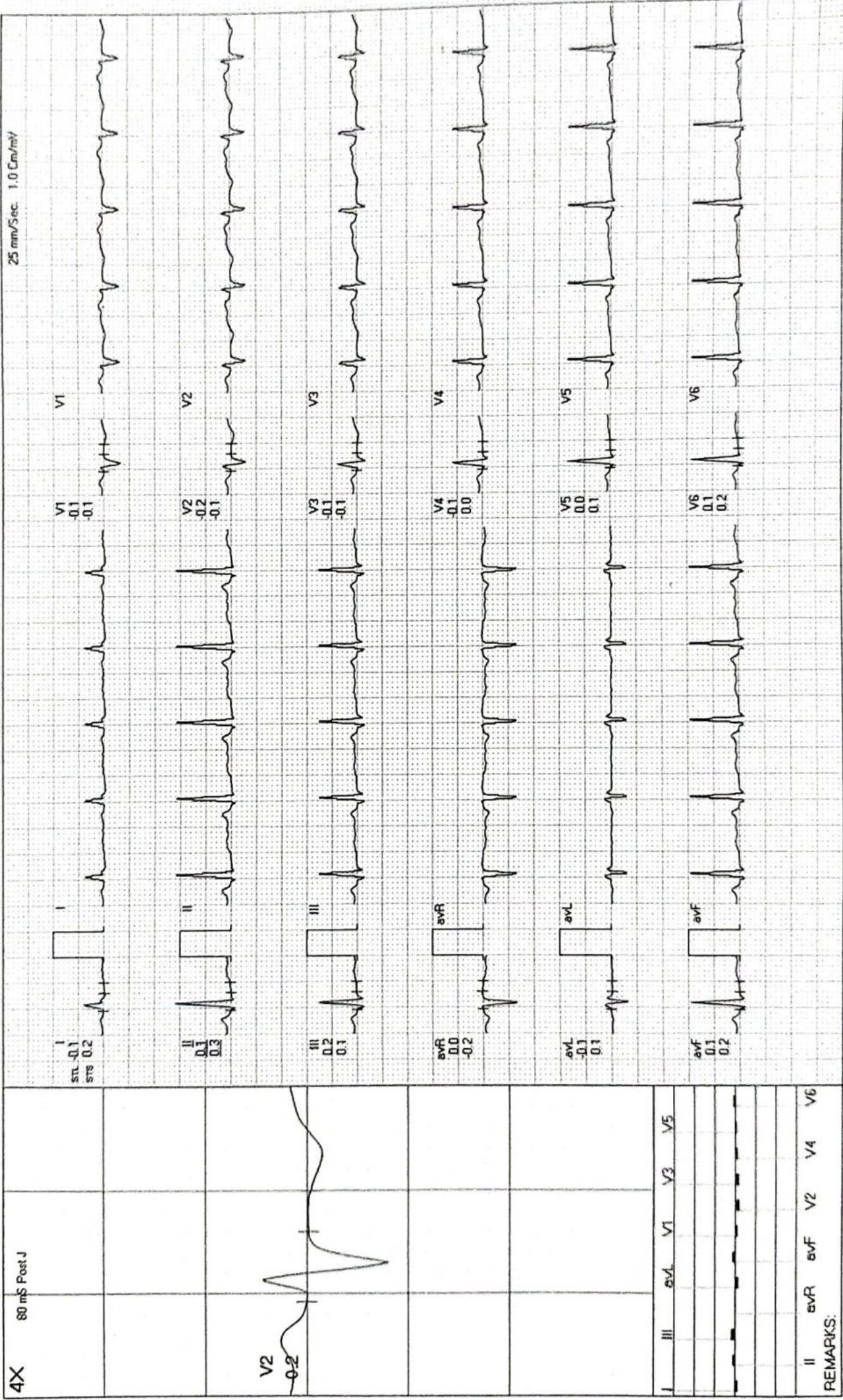
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ashimetrotra / 26 Yrs / M / 0 Cms / 0 Kg / HR : 90

BRUCE: Standing (0:05)



Date: 08-07-2023 METS: 1.0/ 90 bpm 46% of THR BP: 122/84 mmHg Combined Medians/BLC Or/ Notch Or/ HF 0.05 Hz/LF 35 Hz ExTime: 00:00 0.0 Kmph. 0.0%



REMARKS:
 I III aVL V1 V3 V5
 II aVR aVF V2 V4 V6

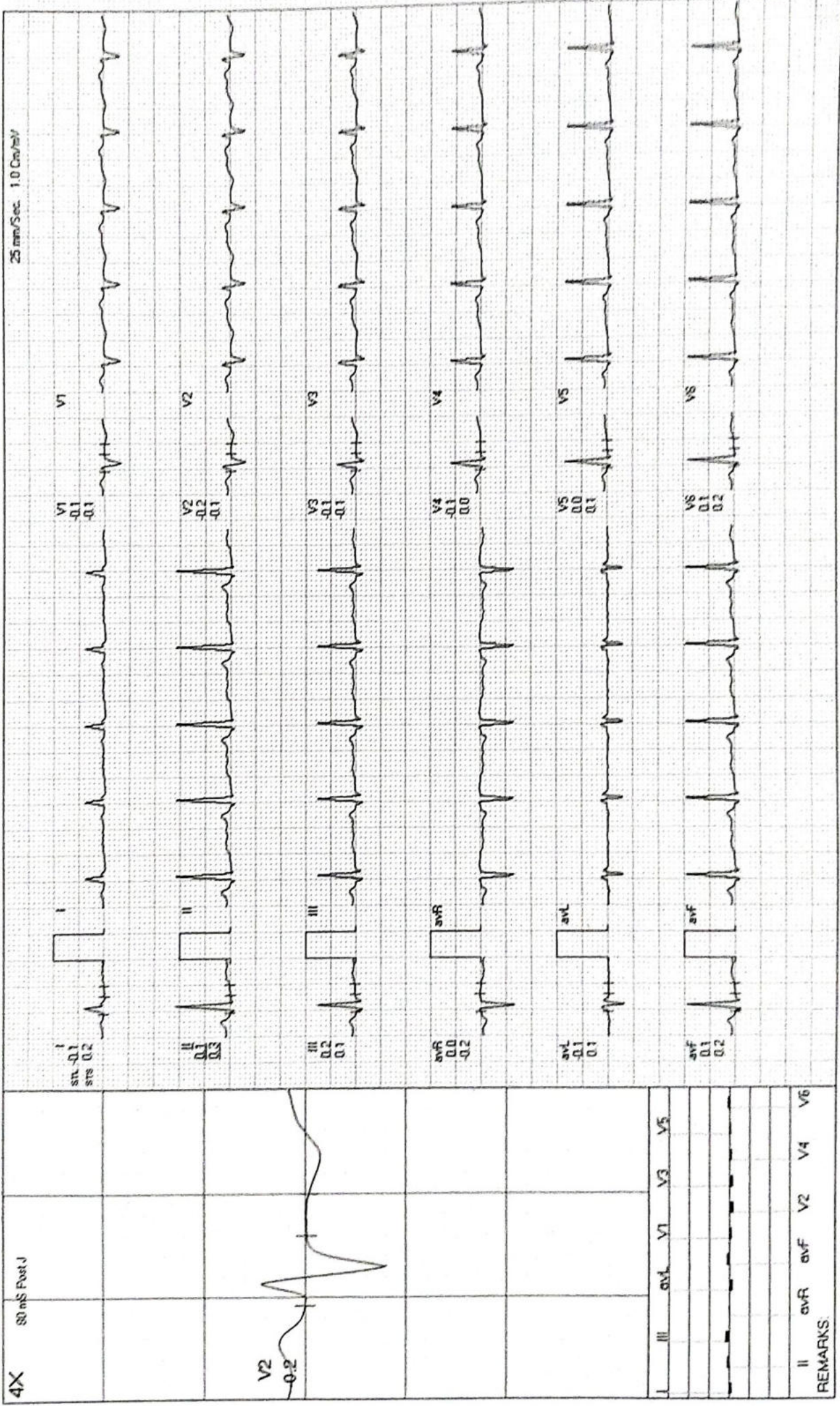
MODERN PATHOLOGY AND DIAGNOSTIC CENTER

ashi mehra / 26 Yrs / M / 0 Cms / 0 Kg / HF : 90

BRUCE:HV(0:06)



Date: 08-07-2023 METS: 1.0/ 90 bpm 46% of THR BP: 122/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 00:00 0.0 Kmph, 0.0%



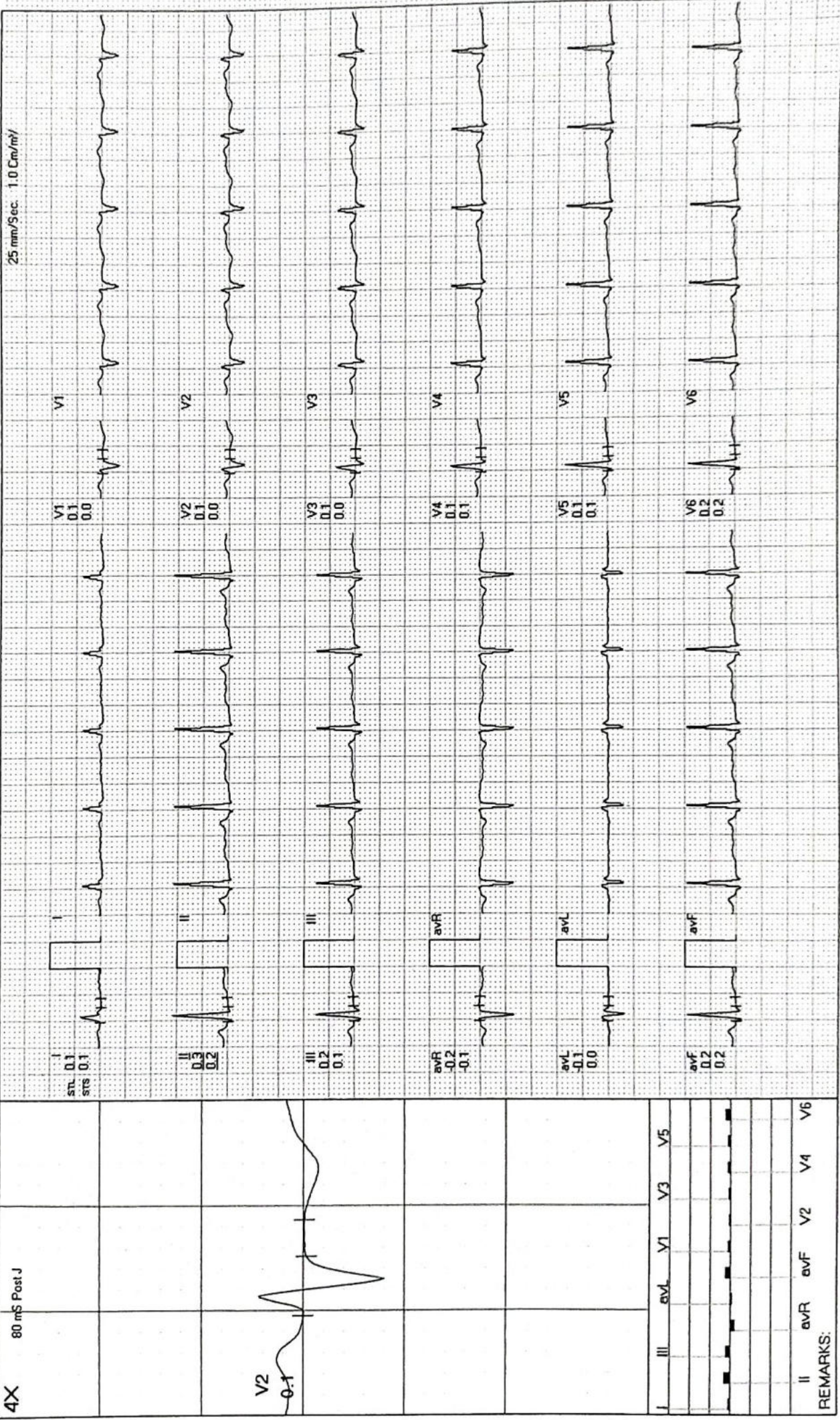
REMARKS:

MODERN PATHOLOGY AND DIAGNOSTIC CENTER

ashi mehra / 26 Yrs / M / 0 Cms / 0 Kg / HR : 90



Date: 08 - 07 - 2023 METS: 1.0/ 90 bpm 46% of THR BP: 122/84 mmHg Combined Medians/BLC On/ HF 0.05 Hz/LF 35 Hz ExTime: 00:00 0.0 Kmph, 0.0%



REMARKS:

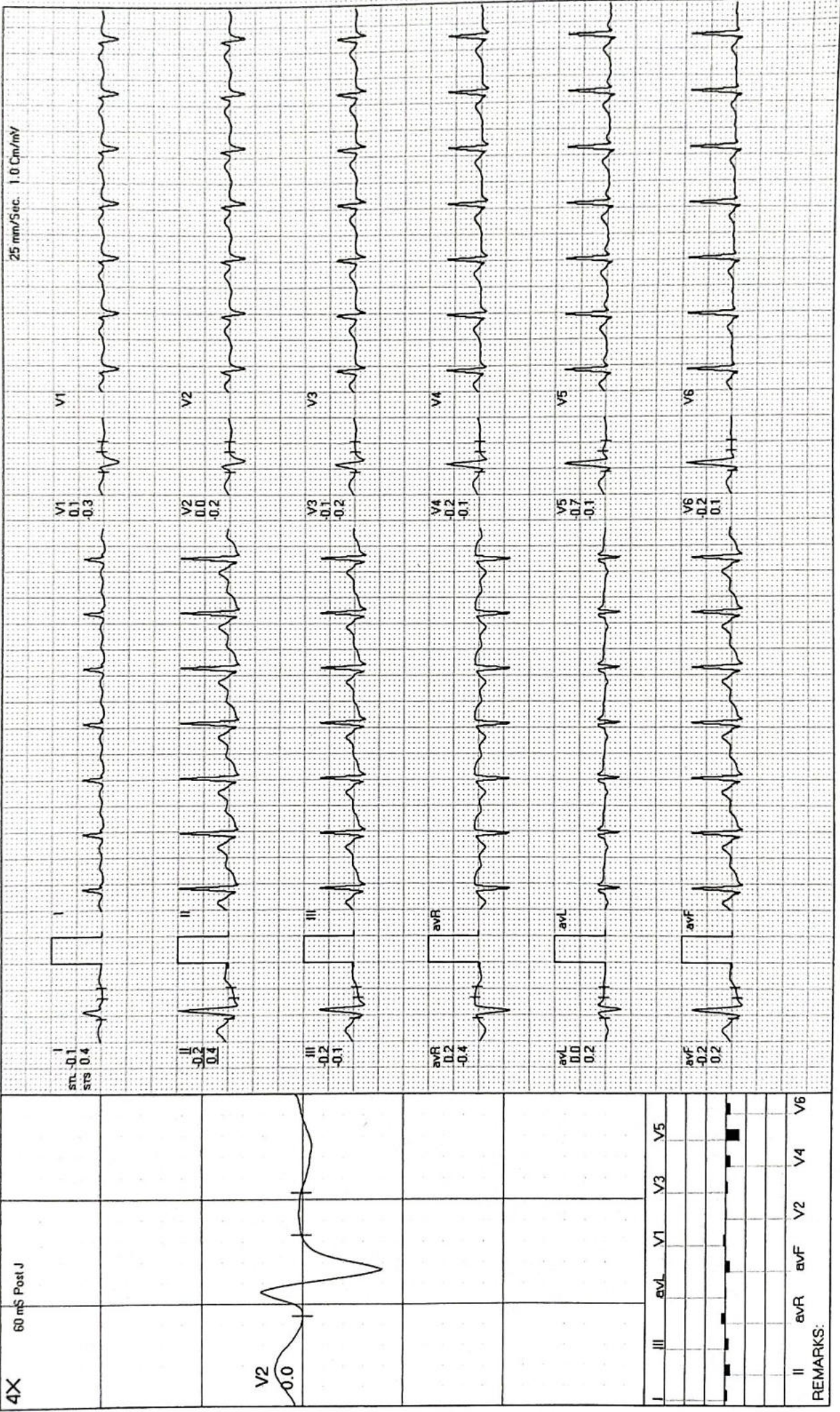
MODERN PATHOLOGY AND DIAGNOSTIC CENTER

ashi mehra / 26 Yrs / M / 0 Cms / 0 Kg / HR : 136

BRUCE: Stage 1(3:00)



Date: 06 - 07 - 2023 METS: 4.7/136 bpm 70% of THR BP: 134/90 mmHg Combined Medians/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExtTime: 03:00 2.7 Kmph. 10.0%



REMARKS:

MODERN PATHOLOGY AND DIAGNOSTIC CENTER

ashi mehra / 26 Yrs / M / 0 Cms / 0 Kg / HR : 171

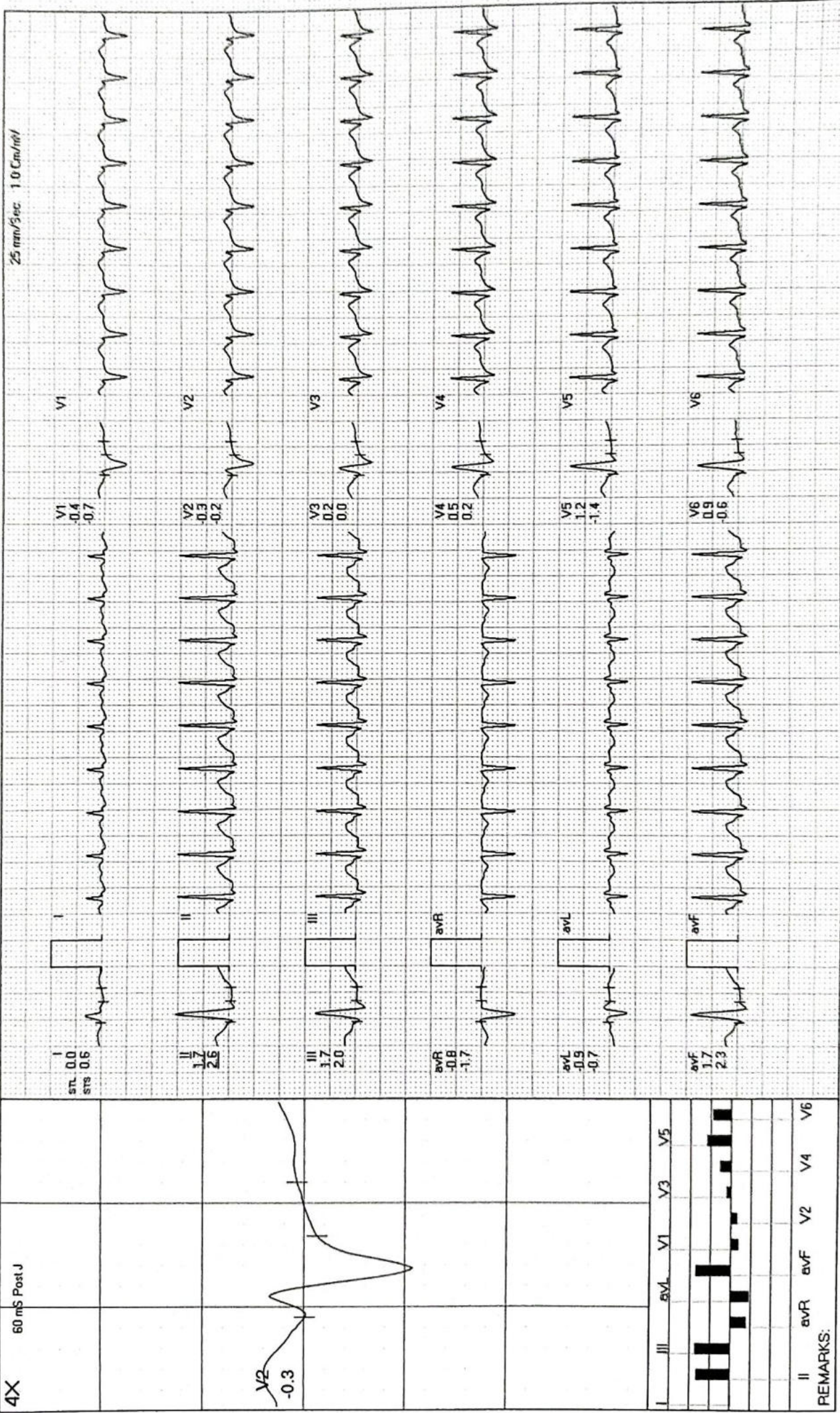
BRUCE: Stage 2(3:00)



Date: 08 - 07 - 2023

METS: 7.1 / 171 bpm 88% of THR BP: 140/94 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:00 4.0 Kmph, 12.0%



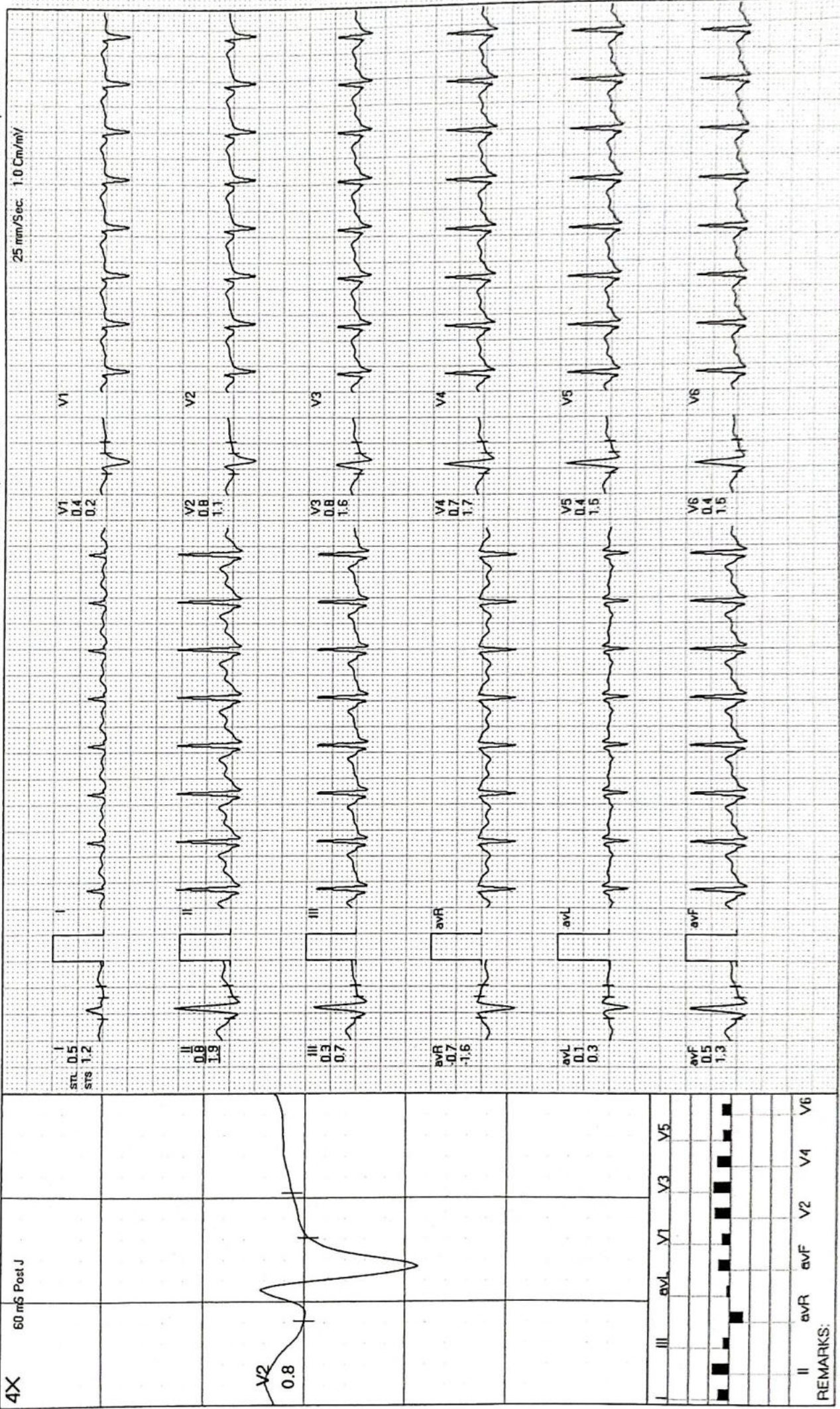
MODERN PATHOLOGY AND DIAGNOSTIC CENTER

ashi mehra / 26 Yrs / M / 0 Cms / 0 Kg / HR : 142

Recovery(1:00)



Date: 08-07-2023 METS: 1.2/142 bpm 73% of THR BP: 136/92 mmHg Combined Medians/BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz ExTime: 06:10 0.0 Kmph, 0.0%



REMARKS:

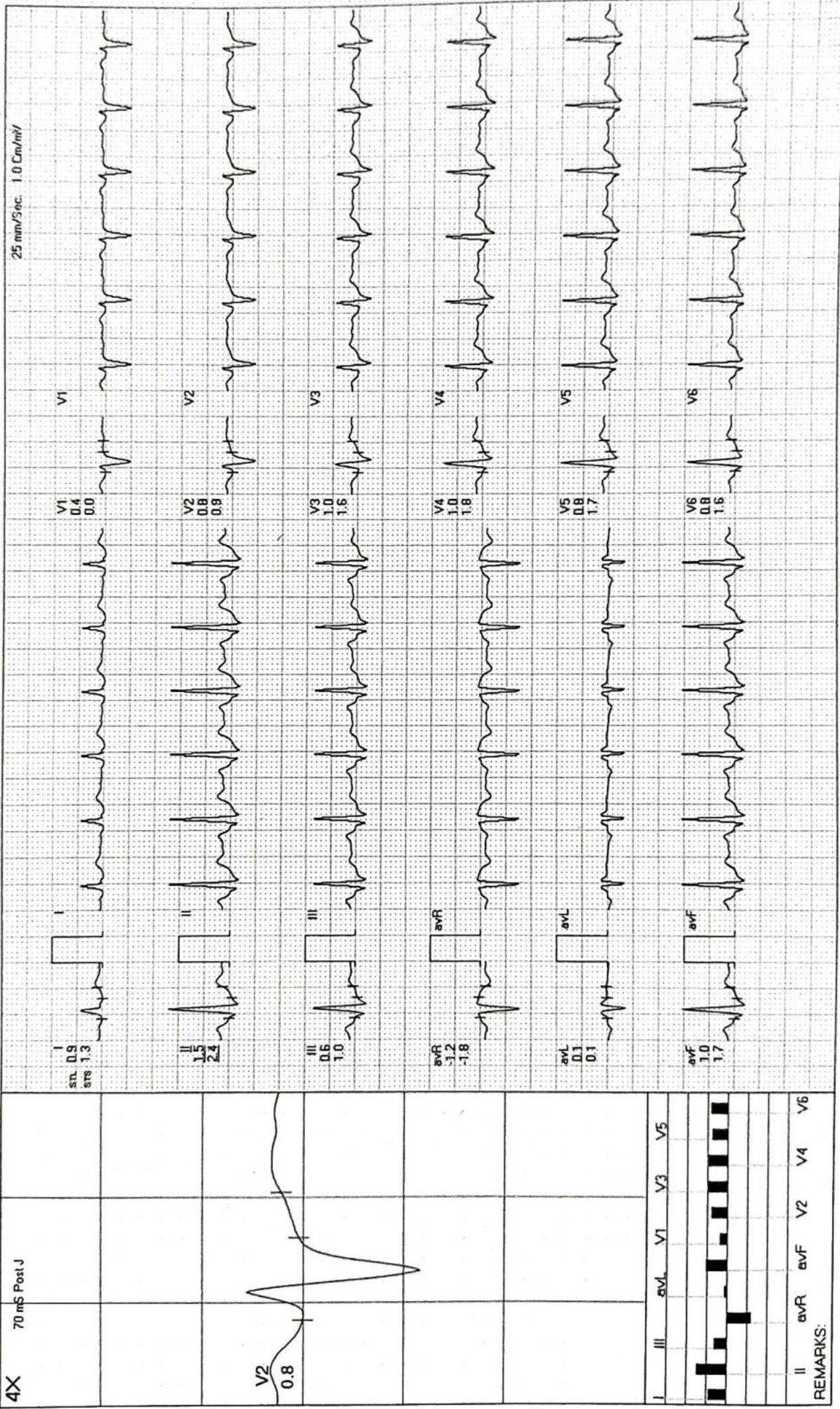
MODERN PATHOLOGY AND DIAGNOSTIC CENTER

ashi mehra / 26 Yrs / M / 0 Cms / 0 Kg / HR : 116

Recovery(2:00)



Date: 08-07-2023 METS: 1.0/ 116 bpm 60% of THR BP: 130/88 mmHg Combined Medians/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 06:10 0.0 Kmph. 0.0%



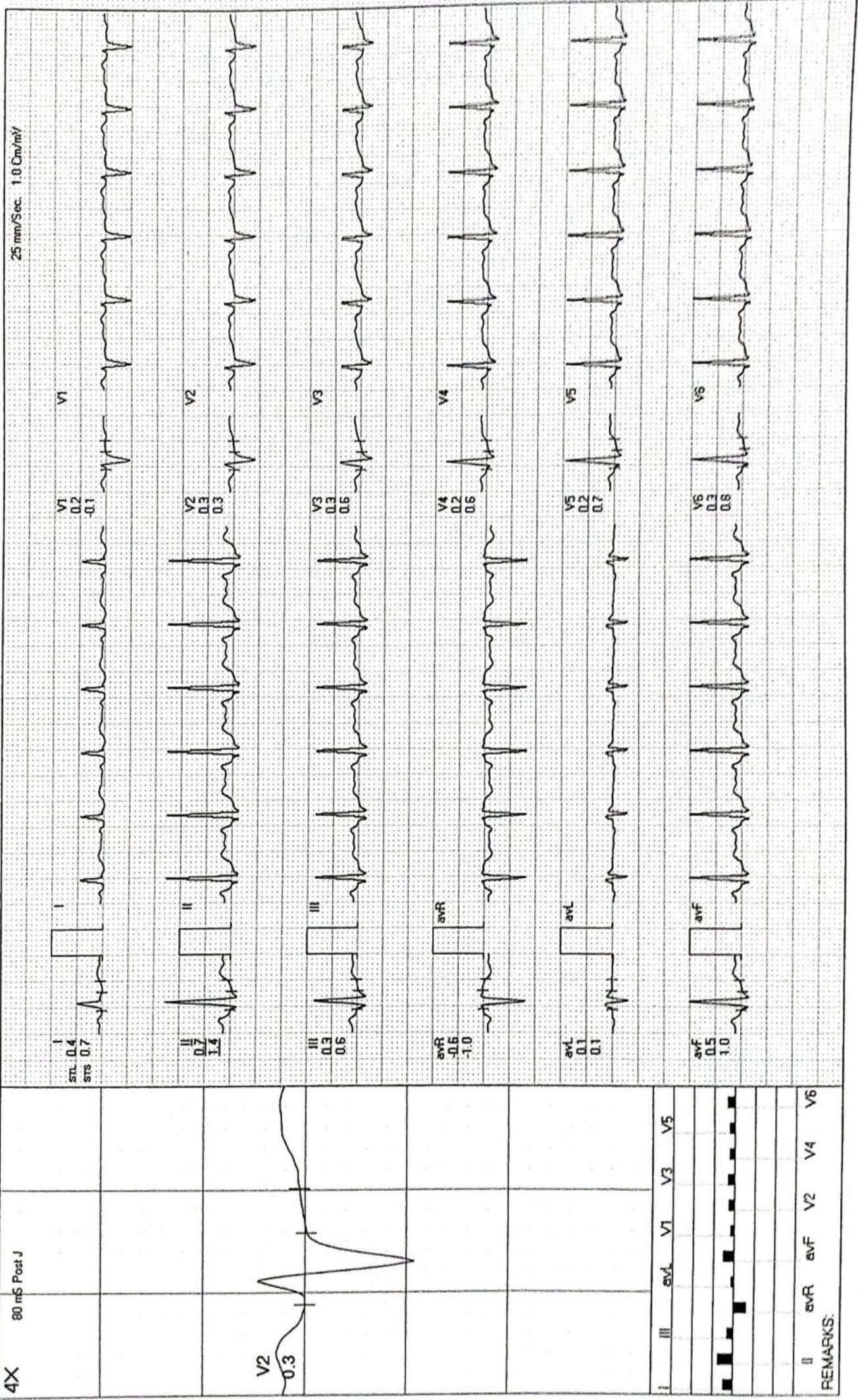
MODERN PATHOLOGY AND DIAGNOSTIC CENTER

asthi mehra / 26 Yrs / M / 0 Cms / 0 Kg / HR : 105

Recovery(3:00)



Date: 08-07-2023 METS: 1.07/105 bpm 54% of THR BP: 126/86 mmHg Combined Medians/BLC On/ HF 0.05 Hz/LF 35 Hz ExTime: 06:10 0.0 Kmph 0.0%



MODERN PATHOLOGY AND DIAGNOSTIC CENTER

ashi mehrotra / 26 Yrs / M / 0 Cms / 0 Kg / HR : 112

Recovery(3:18)

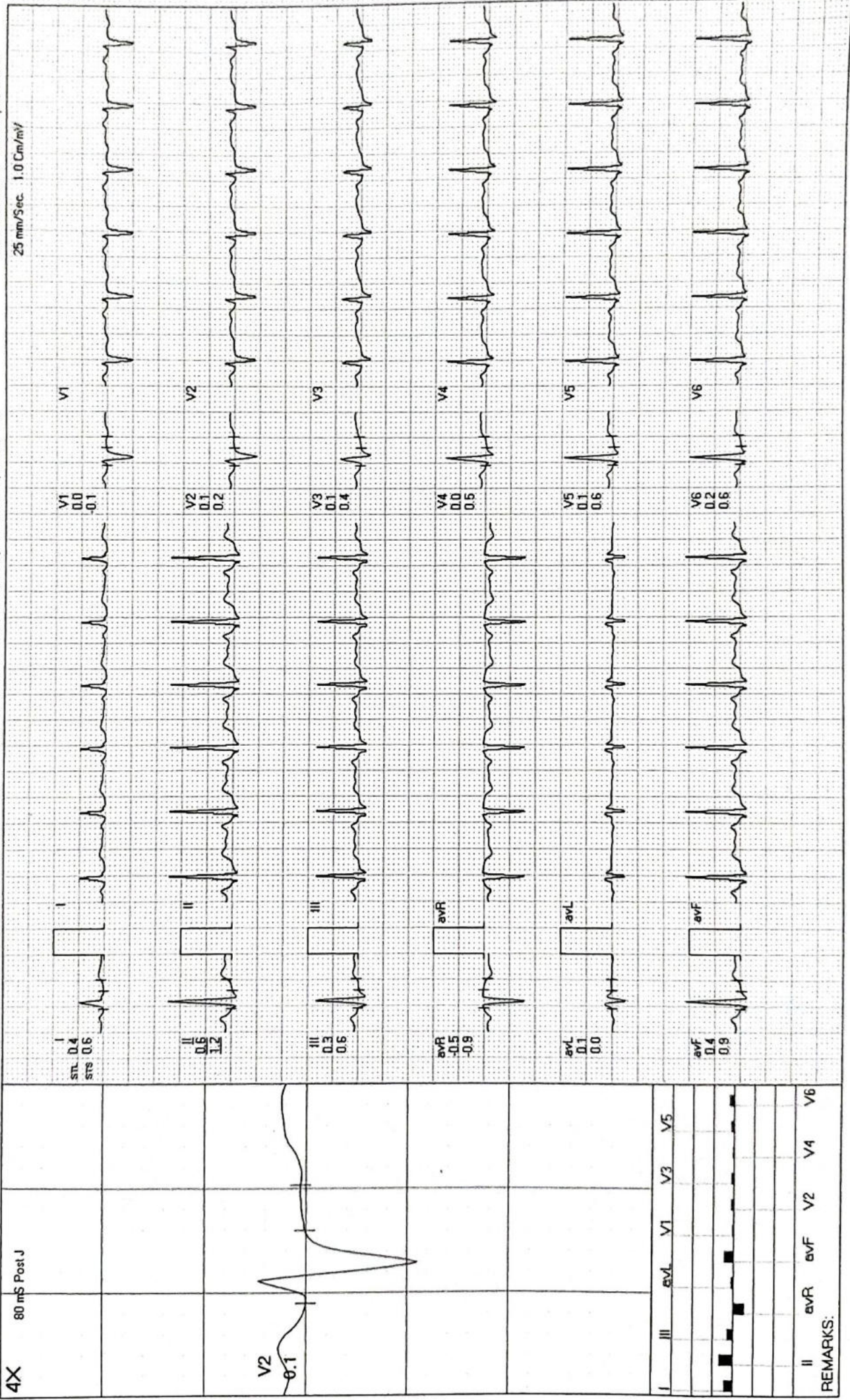


Date: 08-07-2023

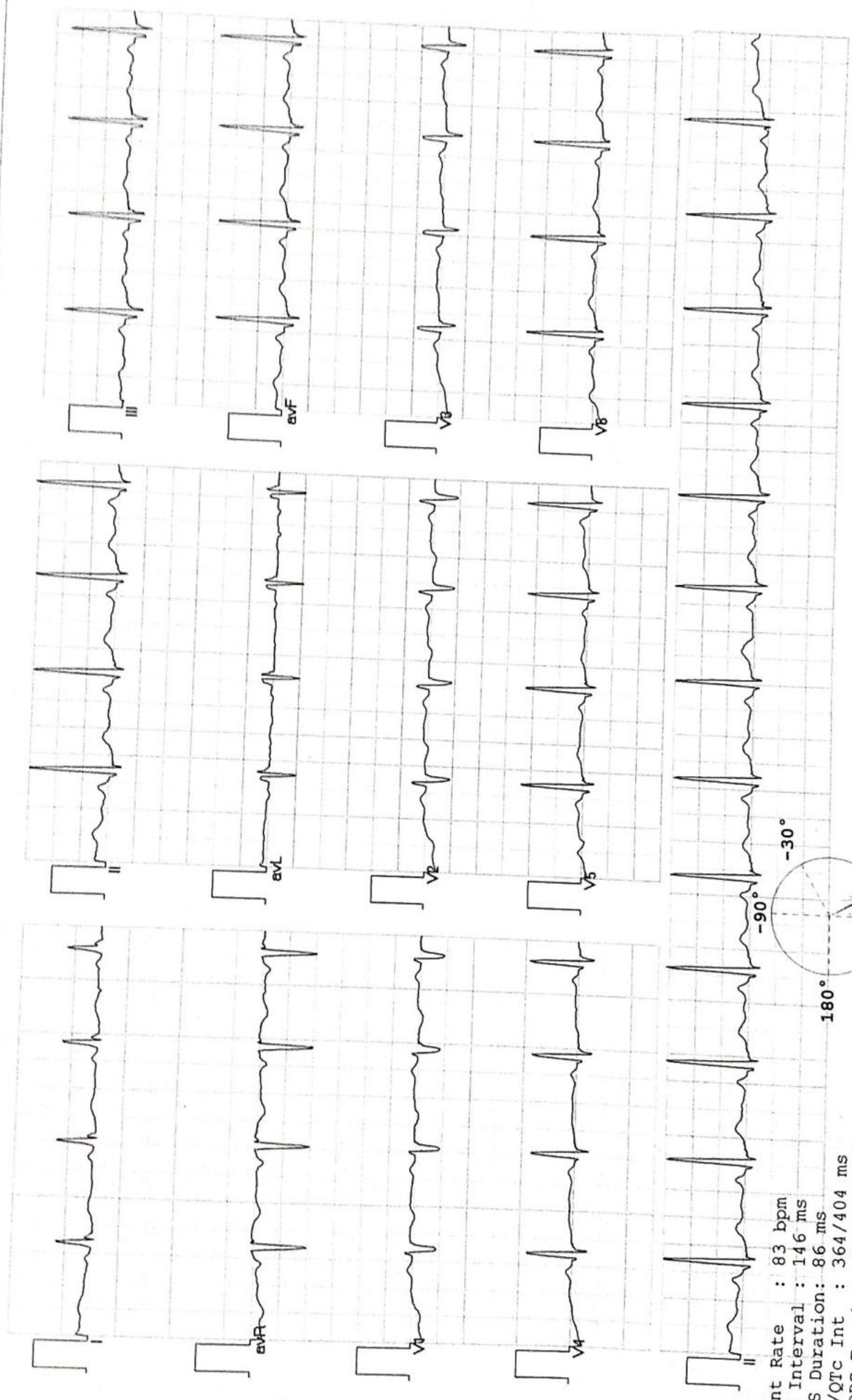
METS: 1.0 / 112 bpm 58% of THR BP: 126/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:10 0.0 Kmph 0.0%

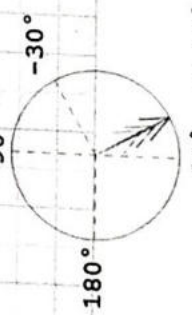
25 mm/Sec 1.0 Cm/mV



REMARKS:

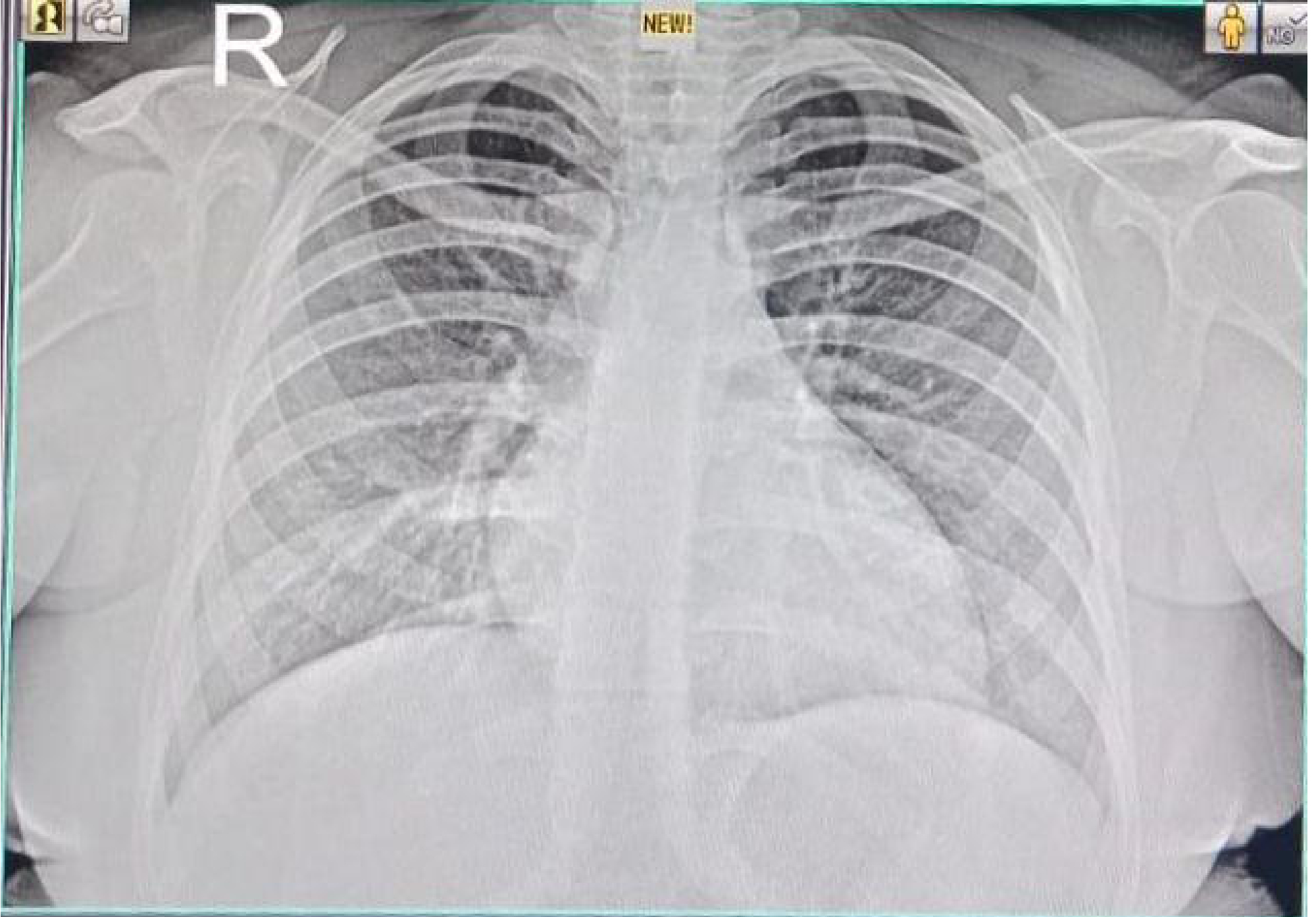


Vent Rate : 83 bpm
 PR Interval : 146 ms
 QRS Duration: 86 ms
 QT/QTc Int : 364/404 ms
 P-QRS-T axis: 60.00• 61.00• 62.00•



Allengers ECG (Fishes)(PIS215191030)

Axis
 90° R 61° T 62° P 60°



23070801081 MISS ASHI MEHROTRA 00 YRS F DR SELF CHEST PA
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