

MER- MEDICAL EXAMINATION REPORT

Date of Examination	23/12/23		
NAME	ANURAG YADAV		
AGE	34	Gender	M
HEIGHT(cm)	→	WEIGHT (kg)	→ Bmi -
B.P.			
ECG	normal		
X Ray	normal		
Vision Checkup	-		
Present Ailments	NO		
Details of Past ailments (If Any)	none		
Comments / Advice : She /He is Physically Fit	medicinally fit		
<p>Client did not get his test done because of his present reason.</p>			

S. R. Singh

Signature with Stamp of Medical Examiner



Dr. ANITA RATHI  
 MBBS, DCP  
 Reg. No. 37370

भारत सरकार  
GOVERNMENT OF INDIA



अनुराग यादव  
Anurag Yadav  
जन्म तिथि/DOB: 03/07/1989  
पुरुष / MALE



5814 1958 6701

आधार-आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण  
भारतीय विशिष्ट पहचान प्राधिकरण



पता: Address:  
संबोधित: देशराज यादव, S/O: Desraj Yadav, Dhanusa road,  
धनुषा रोड, भादेशवा, Bhadeswa, Lucknow,  
महानगर, Uttar Pradesh - 227305  
उत्तर प्रदेश - 227305

5814 1958 6701

Aadhaar - Aam Admi ka Adhikar



Dear sir

You have been informed that ent ophthal ,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 centre instead we do TMT test .



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

Date	: 23-Dec-2023		
Name	: <b>Mr. ANURAG YADAV</b>	Age	: 34 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

Haemoglobin	14.9	gm%	14 - 17
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Total Leucocyte Count	6700	Cells/cumm.	4000-11000
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Differential Leucocyte Count			
Polymorphs	63	%	45 - 70
Lymphocytes	26	%	20 - 45
Eosinophils	06	%	0 - 6
Monocytes	05	%	0 - 8
Basophils	00	%	0 - 1

Erythrocyte Sedimentation Rate (Wintrobe)			
ESR	06	mm in 1st Hr.	0 - 9
PCV	45.2	cc%	40 - 52
Corrected ESR	02	mm in 1st Hr.	0 - 9

Platelet Count	2.47	lakh/cumm.	1.5 - 4.0
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Red Cells Count	4.59	million/cmm	3.90 to 5.80
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Absolute values			
MCV	96.4	fL	77 - 97
MCH	31.0	pg	27 - 31
MCHC	33.0	gm /dl	31 - 34

**Dr. Sanjay Rastogi**  
Page 1 of 1 (BARC)

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M.B.B.S., DCP

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

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



Date	: 23-Dec-2023		
Name	: <b>Mr. ANURAG YADAV</b>	Age	: 34 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

## General Blood Picture

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

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Name	: <b>Mr. ANURAG YADAV</b>	Age	: 34 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

Blood Group & Rh	"B" Negative		
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Urine Sugar (Fasting)	NIL		
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Urine Sugar (PP)	NIL		
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Serum Gamma G.T.	30	IU/L	11 - 50
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Plasma Glucose - F GOD-POD Method	104	mg/dl	70 - 110
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Plasma Glucose - PP GOD POD Method	116	mg/dl	110 - 170
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LFT T&D			
Total Bilirubin	0.60	mg%	0.2 - 1.0
Direct Bilirubin	0.38	mg%	0.0 to 0.40
Indirect Bilirubin	0.22	mg%	0.10 to 0.90
S.G.P.T	38	IU/L	5 - 40
S.G.O.T	29	IU/L	5 - 50
ALP	108	IU/L	40 to 129

KFT			
UREA	22.4	mg %	15 - 50
CREATININE	0.99	mg %	0.5 - 1.5
URIC ACID	5.0	mg %	2 - 7
CALCIUM	9.8	mg %	8.8 - 10.0

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Date	: 23-Dec-2023	Age	: 34 Yrs.
Name	: <b>Mr. ANURAG YADAV</b>	Sex	: Male
Ref.By	: APOLLO HEALTH		

**LIPID PROFILE**

Triglycerids	136	mg%	70 - 190
S. Cholestrol S.	196	mg%	130 - 230
S. HDL Cholestrol	48.4	mg%	35 - 75
S. LDL Cholestrol	120.4	mg%	75 - 150
VLDL	27.2	mg%	0 - 34
Chol / HDL factor	4.05		
LDL / HDL Factor	2.49		

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**COMMENTS**

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\* 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	: 23-Dec-2023	Age	: 34 Yrs.
Name	: <b>Mr. ANURAG YADAV</b>	Sex	: Male
Ref.By	: APOLLO HEALTH		

## Urine Examination

<b>PHYSICAL</b>		
Colour	Straw	
Turbidity	Nil	
Deposit	Nil	
Reaction	Acidic	
*Specific Gravity	1.030	
<b>CHEMICAL</b>		
Protein	Nil	
Sugar	Nil	
*Bile Salts	Nil	
*Bile Pigments	Nil	
Phosphate	Nil	
<b>MICROSCOPIC</b>		
Pus Cells	Nil	/hpf
Epithelial Cells	Few	/hpf
Red Blood Cells	Nil	/hpf
Casts	Nil	
Crystals	Nil	
Others	Nil	

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Ref.By	: APOLLO HEALTH	Sex	: Male

### THYROID TEST

Tri-iodothyronine (T3)	1.90	nmol/L	0.50 to 2.50
Thyroxine (T4)	8.14	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	1.38	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 : 23-Dec-2023

Name : **Mr. ANURAG YADAV**

Age : 34 Yrs.

Ref.By : APOLLO HEALTH

Sex : Male

## Glycosylated Haemoglobin

**Glycosylated Haemoglobin**                      5.5                      %                      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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Mob.: 7618884441, 9450389932, 8177063877



TEST REQUEST ID :012312230006	SAMPLE DATE	:23/Dec/2023 08:37AM
NAME :Mr. ANURAG YADAV	SAMPLE REC. DATE	:23/Dec/2023 08:37AM
AGE/SEX :34 YRS/MALE	REPORTED DATE	:23/Dec/2023 01:00PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01230006

## USG WHOLE ABDOMEN-MALE

**Liver:** is normal in size (133 mm). **Parenchymal echogenicity is increased.** 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 (99 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

**Both Kidneys:** are normal in size (RK- 99 x 46 mm & LK -99 x 46 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 (35 x 27 x 26 mms, wt = 13.1 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: GRADE-I FATTY LIVER.**

\*\*\* End Of Report \*\*\*

Dr. Sanjay Rastogi  
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DR. PANKAJ UPADHYAYA  
Consultant Radiologist

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

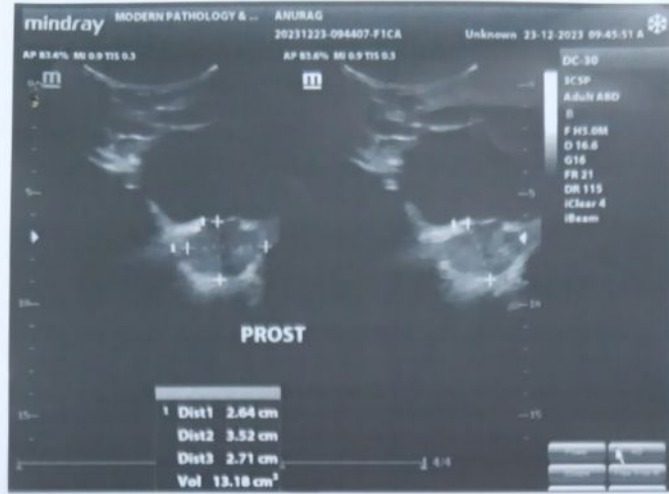
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TEST REQUEST ID :012312230006	SAMPLE DATE	:23/Dec/2023 08:37AM
NAME :Mr. ANURAG YADAV	SAMPLE REC. DATE	:23/Dec/2023 08:37AM
AGE/SEX :34 YRS/MALE	REPORTED DATE	:23/Dec/2023 12:35PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01230006

## 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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Patient name: Mr Anurag yadav  
Ref By. Apollo Health

Age/Sex 34/M  
23/12/2023

## E.C.G. REPORT

1. Rhythm	:	Sinus, Regular
2. Atrial Rate	:	84/mt
3. Ventricular Rate	:	84/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 Mishra*  
Signature of Doctor  
Reg. No. 1559

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Name **Mst. Anurag Yadav**

Age --- Yrs M/F

10mm/mV

25mm/s

0.1-35 Hz BLC

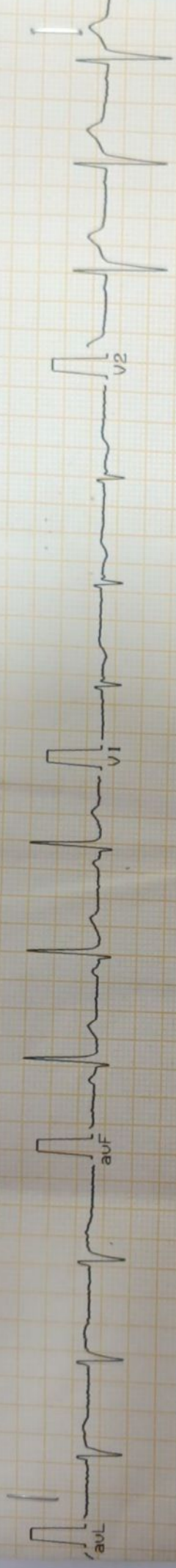


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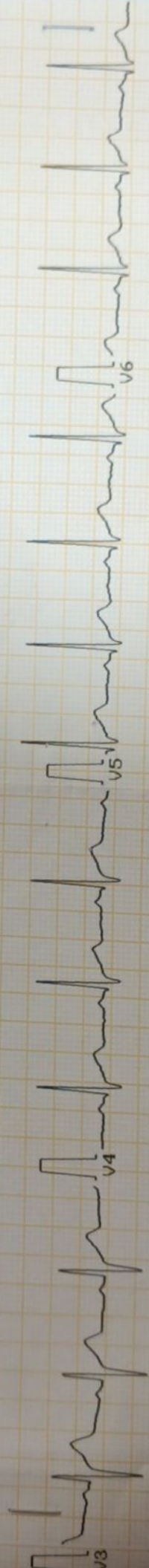
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Dr.:

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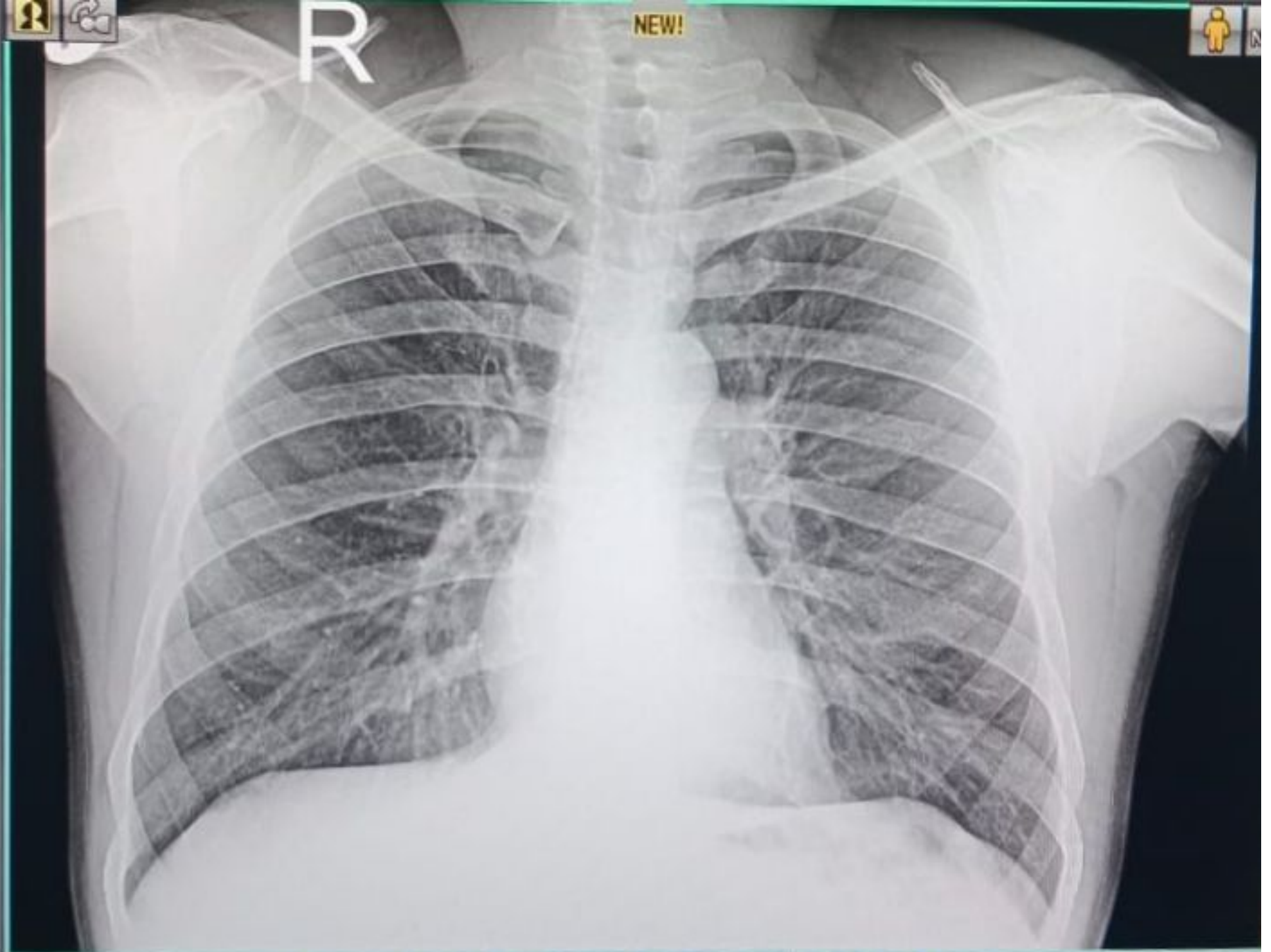


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MD  
NRI, GANAPATI, BBSR





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