

MER- MEDICAL EXAMINATION REPORT

Date of Examination	26/10/24		
NAME	ANSHIKA PACHAURI		
AGE	31	Gender	F.
HEIGHT(cm)	159	WEIGHT (kg)	62 BMB-24.5
B.P.	110/70		
ECG	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		



  
 Signature with Stamp of Medical Examiner  
 Dr. Smita Rastogi  
 MBBS, DCP  
 Reg. No. 37370


 भारत सरकार  
 GOVERNMENT OF INDIA




अंशिका पचौरी  
 Anshika Pachauri  
 पिता - विनोद चंद्र पचौरी  
 Father - Vinod Chandra Pachauri  
 जन्म वर्ष / Year of Birth: 1993  
 महिला / Female  
 4632 5082 0220




  
 आचार - आम आदमी का अधिकार






 भारतीय विशिष्ट पहचान प्राधिकरण  
 UNIQUE IDENTIFICATION AUTHORITY OF INDIA


पता : D/O विनोद चंद्र पचौरी, 160,  
 अग्रगण्य गृह, अग्रगण्य हाउस, एताह, सिटी,  
 एताह, उत्तर प्रदेश, 207001

Address: D/O Vinod Chandra  
 Pachauri, 160, kamia nagar,  
 awagarh house, etah, City,  
 Etah, Uttar Pradesh, 207001

  
 1847  
 1800 180 1847

  
 help@uai.gov.in

  
 www.uai.gov.in

  
 P.O. Box No. 1847  
 Gurgaon-126 001

Anshika

You have been informed that dental, dietician, <sup>opt</sup>ent consultations is not available at our centre. if you are ready than test can be start . 2D echo test facility is not available at our centre, instead we do TMT **test**.

If you are ready then your test can be start.

*Dr. N. K. S.*



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

Date	: 26-Oct-2024		
Name	: Mrs. ANSHIKA PACHAURI	Age	: 31 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Female
Haemoglobin	13.2	gm%	11 - 14
Total Leucocyte Count	5200	Cells/cumm.	4000-11000
<b>Differential Leucocyte Count</b>			
Polymorphs	68	%	45 - 70
Lymphocytes	23	%	20 - 45
Eosinophils	02	%	0 - 6
Monocytes	07	%	0 - 8
Basophils	00	%	0 - 1
<b>Erythrocyte Sedimentation Rate (Wintrobe)</b>			
ESR	16	mm in 1st Hr.	0 - 19
PCV	42.5	cc%	40 - 52
• Corrected ESR	04	mm in 1st Hr.	0 - 19
Platelet Count	1.52	lakh/cumm.	1.5 - 4.0
Red Cells Count	4.51	million/cmm	3.90 to 4.60
<b>Absolute values</b>			
MCV	87.4	fL	77 - 97
MCH	27.3	pg	27 - 31
MCHC	31.2	gm /dl	31 - 34

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

Results, adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.  
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Report needs clinicopathological correlation ♦ Not for Medico Legal Purpose

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**DIAGNOSTIC CENTRE**

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



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Date : 26-Oct-2024

Name : **Mrs. ANSHIKA PACHAURI**

Ref.By : APOLLO HEALTH

Age : 31 Yrs.

Sex : Female

**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

Page 1 of 1  
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**Dr. Smjita Rastogi**  
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Date	: 26-Oct-2024		
Name	: <b>Mrs. ANSHIKA PACHAURI</b>	Age	: 31 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Female

Plasma Glucose - F GOD-POD Method	84	mg/dl	70 - 110
--------------------------------------	----	-------	----------

Plasma Glucose - PP GOD POD Method	105	mg/dl	110 - 170
---------------------------------------	-----	-------	-----------

Blood Group & Rh	"A" Positive		
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<b>KFT</b>			
UREA	20.4	mg %	15 - 50
CREATININE	0.69	mg %	0.5 - 1.5
URIC ACID	5.2	mg %	2 - 6
CALCIUM	9.6	mg %	8.8 - 10.0

<b>LFT T&amp;D</b>			
Total Bilirubin	0.66	mg%	0.2 - 1.0
Direct Bilirubin	0.25	mg%	0.0 to 0.40
Indirect Bilirubin	0.41	mg%	0.10 to 0.90
S.G.P.T	21	IU/L	5 - 40
S.G.O.T	15	IU/L	5 - 50
ALP	85	IU/L	35 to 104

Serum Gamma G.T.	19	IU/L	11 - 50
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Urine Sugar (Fasting)	NIL		
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Urine Sugar (PP)	NIL		
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Date	: 26-Oct-2024	Age	: 31 Yrs.
Name	: Mrs. ANSHIKA PACHAURI	Sex	: Female
Ref.By	: APOLLO HEALTH		

### THYROID TEST

Tri-iodothyronine (T3)	1.48	nmol/L	0.50 to 2.50
Thyroxine (T4)	6.50	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	2.58	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 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	: 26-Oct-2024	Age	: 31 Yrs.
Name	: Mrs. ANSHIKA PACHAURI	Sex	: Female
Ref.By	: APOLLO HEALTH		

### LIPID PROFILE

Triglycerids	116	mg%	70 - 190
S. Cholestrol S.	154	mg%	130 - 230
S. HDL Cholestrol	40.1	mg%	35 - 75
S. LDL Cholestrol	90.7	mg%	75 - 150
VLDL	23.2	mg%	0 - 34
Chol / HDL factor	3.84		
LDL / HDL Factor	2.26		

### 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	: 26-Oct-2024	Age	: 31 Yrs.
Name	: Mrs. ANSHIKA PACHAURI	Sex	: Female
Ref.By	: APOLLO HEALTH		

Glycosylated Haemoglobin	Glycosylated Haemoglobin		
	4.9	%	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		
<p>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.</p>			

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Date	: 26-Oct-2024	Age	: 31 Yrs.
Name	: Mrs. ANSHIKA PACHAURI	Sex	: Female
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	Occasional	/hpf
Red Blood Cells	Nil	/hpf
Casts	Nil	
Crystals	Nil	
Others	Nil	

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Mob.: 7618884441, 9450389932, 8177063877

SAMPLE DATE : 26/10/2024  
NAME : Mrs Anshika Pachauri  
AGE/SEX : 31/YRS/FEMALE  
REFERRED BY : Apollo Health

Test Name	Result	Bio. Ref. Range	Unit
-----------	--------	-----------------	------

## CLINICAL PATHOLOGY TEST REPORT

PAP

**GROSS:**

Smears collected from the ecto and the endo cervix. Slides prepared and stained with PAP stain.

**MICROSCOPIC:**

Smears studied show adequate representing material, comprising mainly of squamous epithelial cells. These cells have abundant pale pink eosinophilic cytoplasm and normal appearing round to oval nuclei. Smears from the endocervix show fair number of "stripped nuclei" of the endometrial cells. Occasional small cluster of the endometrial cells are seen. These cells have indistinct cellular borders, scanty basophilic cytoplasm and oval nuclei with clumped chromatin. Smears from both the sites are mildly infiltrated with inflammatory cells, mostly polymorphs

**IMPRESSION:** SMEARS SUGGESTIVE OF NORMAL PAP SMEAR WITH MODERATE INFLAMMATION

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

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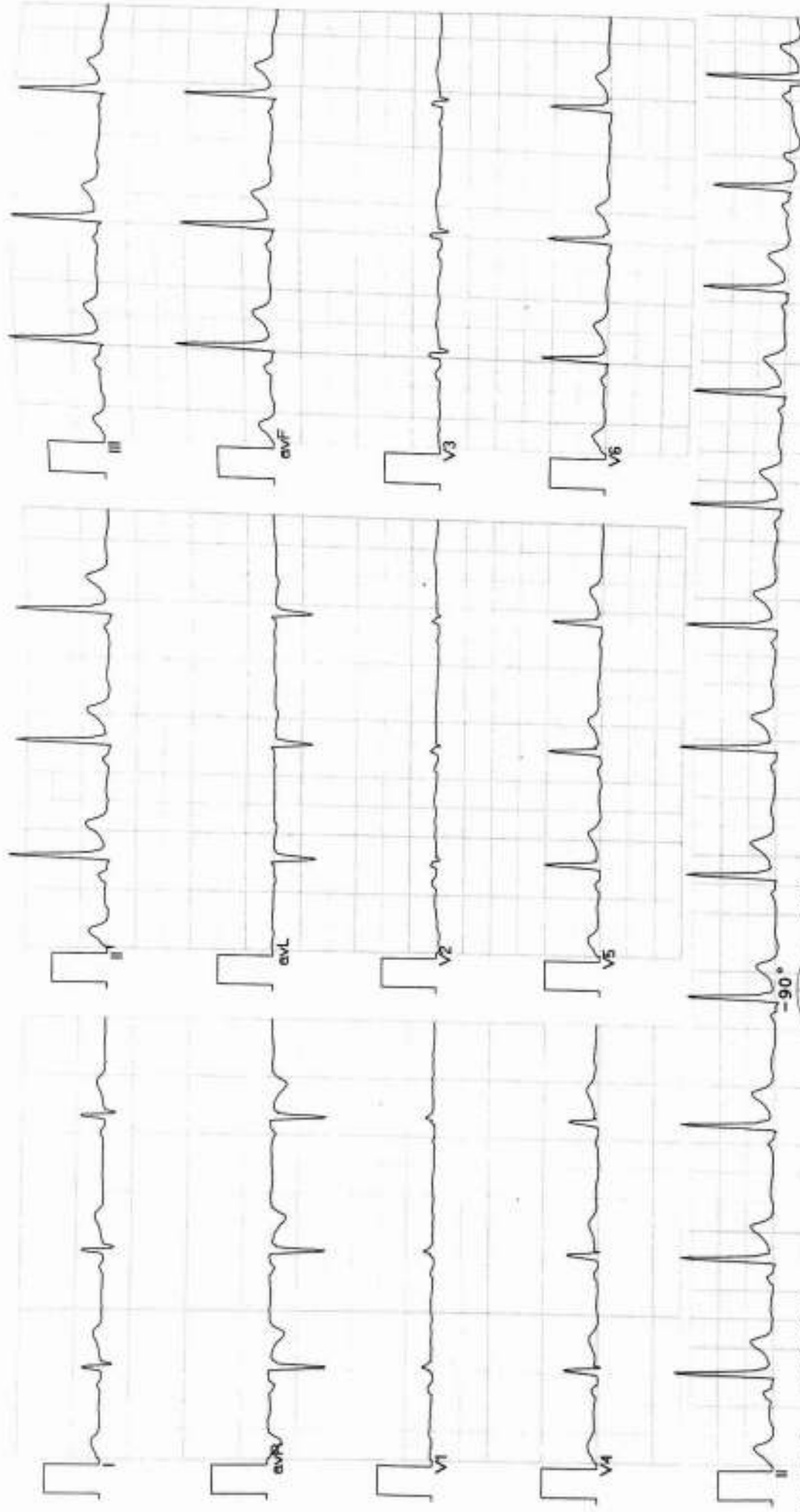


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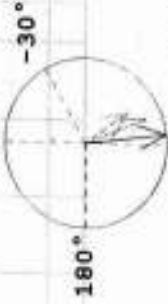
332 / ANSHIKA PACHAURI / 31 Yrs / F / 159Cms. / 62Kgs. / Non Smoker

Heart Rate : 70 bpm / Tested On : 27-Oct-24 14:43:09 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

/ Rehd By.: APOLLO HEALTH



Vent Rate : 70 bpm  
PR Interval : 138 ms  
QRS Duration: 76 ms  
QT/QTc Int : 350/373 ms  
P-QRS-T axis: 54.00° 83.00° 68.00°



Axis

90° R 83° T 68° P 54°

Normal ECG

*Dr. Amit Mohan*

Dr. AMIT MOHAN  
MD  
Reg. No. 44559



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TEST REQUEST ID :012410260067	SAMPLE DATE	:26/Oct/2024 11:14AM
NAME :Mrs. ANSHIKA PACHAURI	SAMPLE REC. DATE	:26/Oct/2024 11:14AM
AGE/SEX :31 YRS/FEMALE	REPORTED DATE	:26/Oct/2024 11:43AM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01260067

**USG WHOLE ABDOMEN-FEMALE**

**Liver:** is enlarged in size ( 151 mm). Parenchymal echogenicity is normal. No focal echovariant lesion is seen. Intrahepatic biliary radicles are not dilated.

**Gall Bladder:** is well distended. Few tiny (atleast 5-6) echogenic foci ,largest measuring ~ 5.4 mm casting posterior acoustic shadowing noted in lumen of gall bladder. Wall is of normal thickness.

**CBD:** is normal in diameter 2.6 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 ( 89 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

**Right Kidney:** is normal in size 103x38 mm, shape, position and excursion. Parenchymal echogenicity and echotexture is normal with maintained corticomedullary differentiation. No mass, cyst, or calculi is seen. Pelvicalyceal system is not dilated. Ureter is not dilated.

**Left Kidney:** is normal in size 105x44 mm, shape, position and excursion. Parenchymal echogenicity and echotexture is normal with maintained corticomedullary differentiation. No mass, cyst, or calculi is seen. Pelvicalyceal system is not dilated. Ureter is not dilated.



*Surbhi*

**Dr.Surbhi**  
MBBS,MD (Radiodiagnosis)

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AGE/SEX :31 YRS/FEMALE	REPORTED DATE	:26/Oct/2024 11:43AM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01260067

**Urinary bladder:** is well distended. Lumen is anechoic. Wall is of normal thickness. No mass or calculus is seen. Bilateral VUJ are clear.

**Uterus:** is slightly bulky in size ( 40x52x89 mms vol 100 cc), normal in shape and echotexture. It is anteverted. Myometrium is homogenous. No focal mass is seen. Endometrial thickness is normal 5.6 mm. **Cervix appears slightly bulky in size 33.0 mm**, normal in shape and echotexture. No evidence of collection in cervical canal.

**Bilateral Ovaries and adnexae:** Both ovaries are normal in size (RO - 12x28x33 mms vol 6.3 cc & LO - 11x25x37 mms vol 6.0 cc ) shape and echotexture. No adnexal solid or cystic mass lesion is seen.

Both iliac fossae are clear. No obvious bowel pathology is noted. There is no free fluid in peritoneal cavity.

### OPINION:-

- CHOLELITHIASIS
- HEPATOMEGALY
- SLIGHTLY BULKY UTERUS AND CERVIX.



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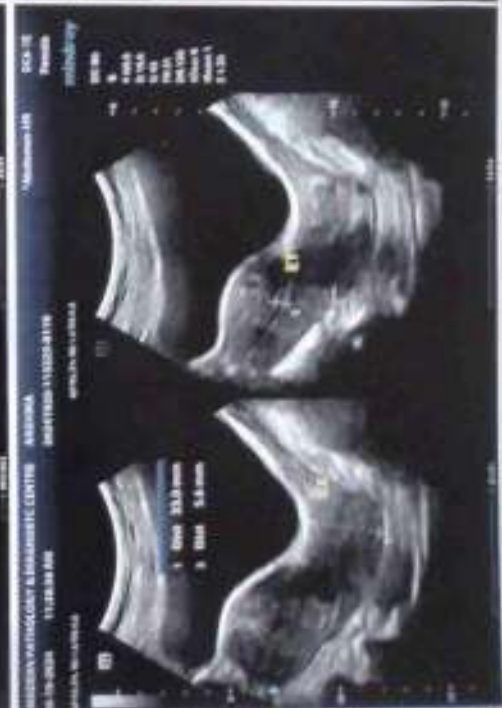
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NAME :Mrs. ANSHIKA PACHAURI	SAMPLE REC. DATE	:26/Oct/2024 11:14AM
AGE/SEX :31 YRS/FEMALE	REPORTED DATE	:26/Oct/2024 01:08PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01260067

### 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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**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

Gomti Nagar Lucknow

Report



**ANSHIKA PACHAURI / 31 Yrs / F / 159 Cms / 62 Kg**

**Date: 27 - 10 - 2024 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	082	43 %	110/70	090	00	
Standing	00:07	0:04	00.0	00.0	01.0	082	43 %	110/70	090	00	
HV	00:12	0:05	00.0	00.0	01.0	076	40 %	110/70	083	00	
ExStart	00:18	0:06	00.0	00.0	01.0	076	40 %	110/70	083	00	
BRUCE Stage 1	03:18	3:00	02.7	10.0	04.7	121	64 %	126/80	152	00	
PeakEx	05:05	1:47	04.0	12.0	08.1	136	72 %	134/86	182	00	
Recovery	06:05	1:00	00.0	00.0	01.0	090	48 %	132/84	118	00	
Recovery	07:05	2:00	00.0	00.0	01.0	084	44 %	128/80	107	00	
Recovery	08:05	3:00	00.0	00.0	01.0	080	42 %	124/80	099	00	
Recovery	08:39	3:34	00.0	00.0	01.0	080	42 %	124/80	099	00	

**FINDINGS :**

- Exercise Time : 04:47
- Max HR Attained : 136 bpm 72% of Target 189
- Max BP Attained : 134/86 (mm/Hg)
- Max WorkLoad Attained : 6.1 Fair response to induced stress
- Test End Reasons : Fatigue , Stopped By Client

**REPORT :**

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

*(Signature)*  
 Dr. AMIN MOHAMMAD  
 Reg. No. 44539



MODERN PATHOLOGY AND DIAGNOSTIC CENTER

ANSHIKA PACHAURI / 31 Yrs / F / 159 Cms / 62 Kg / HR : 82

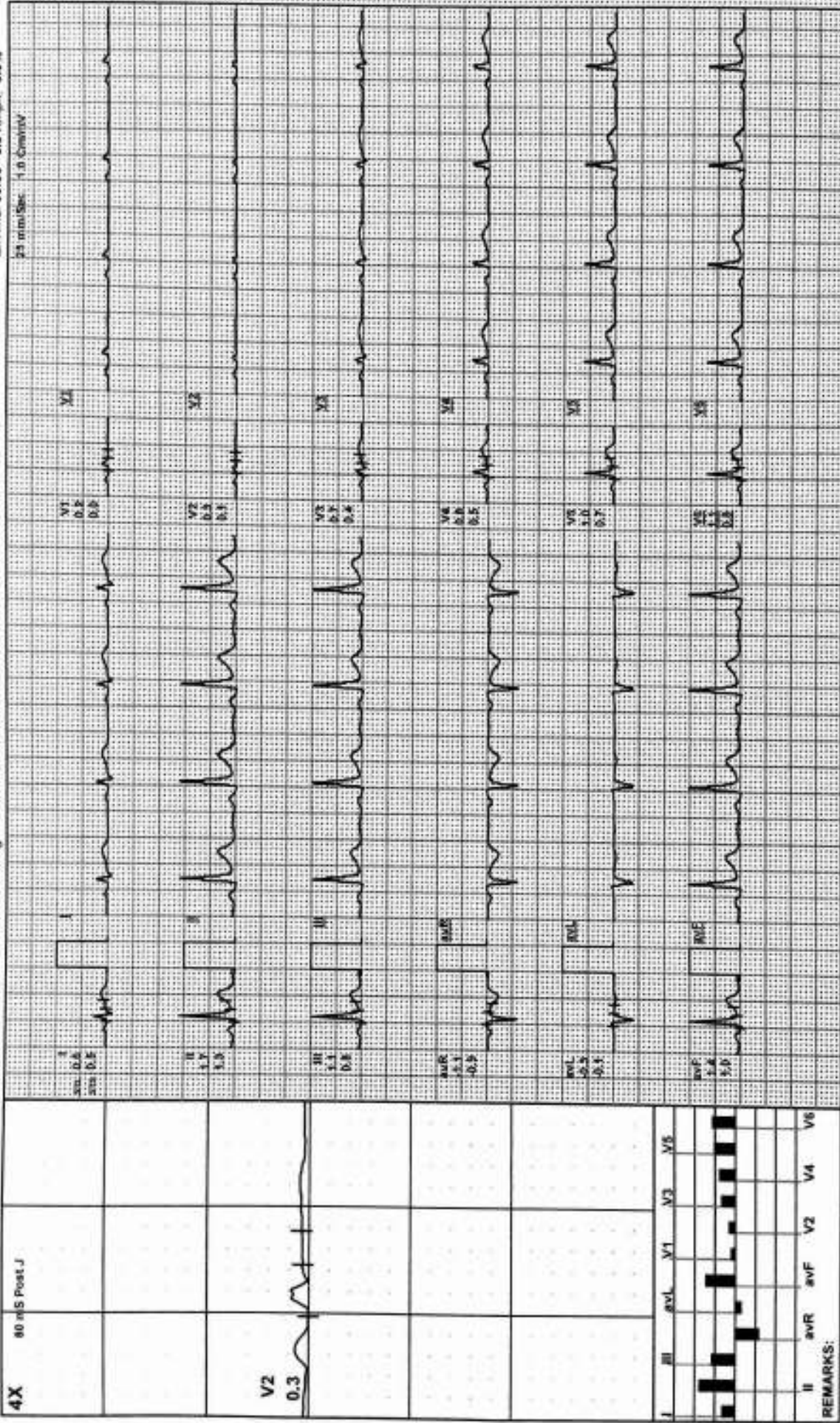
BRUCE:Supine(0:05)



Date: 27 - 10 - 2024

METS: 1.0/ 82 bpm 43% of THR BP: 110/70 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Kmph 0.0%





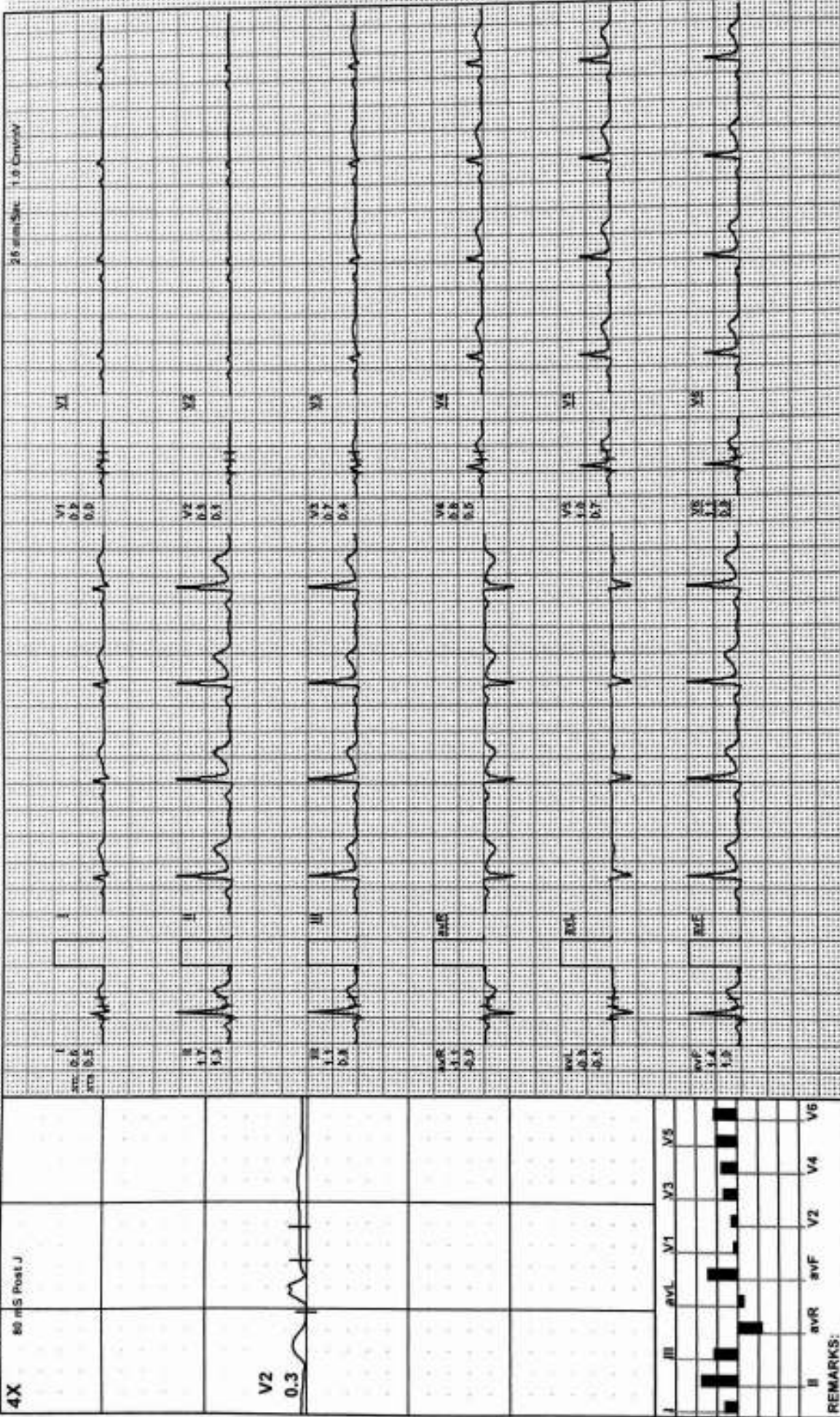
**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

ANSHIKA PACHAURI / 31 Yrs / F / 159 Cms / 62 Kg / HR : 82

**BRUCE: Standing(0:05)**



Date: 27 - 10 - 2024 METS: 1.0/ 82 bpm 43% of THR BP: 110/70 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime 00:00 0.0 Km/ph 0.0%



REMARKS:



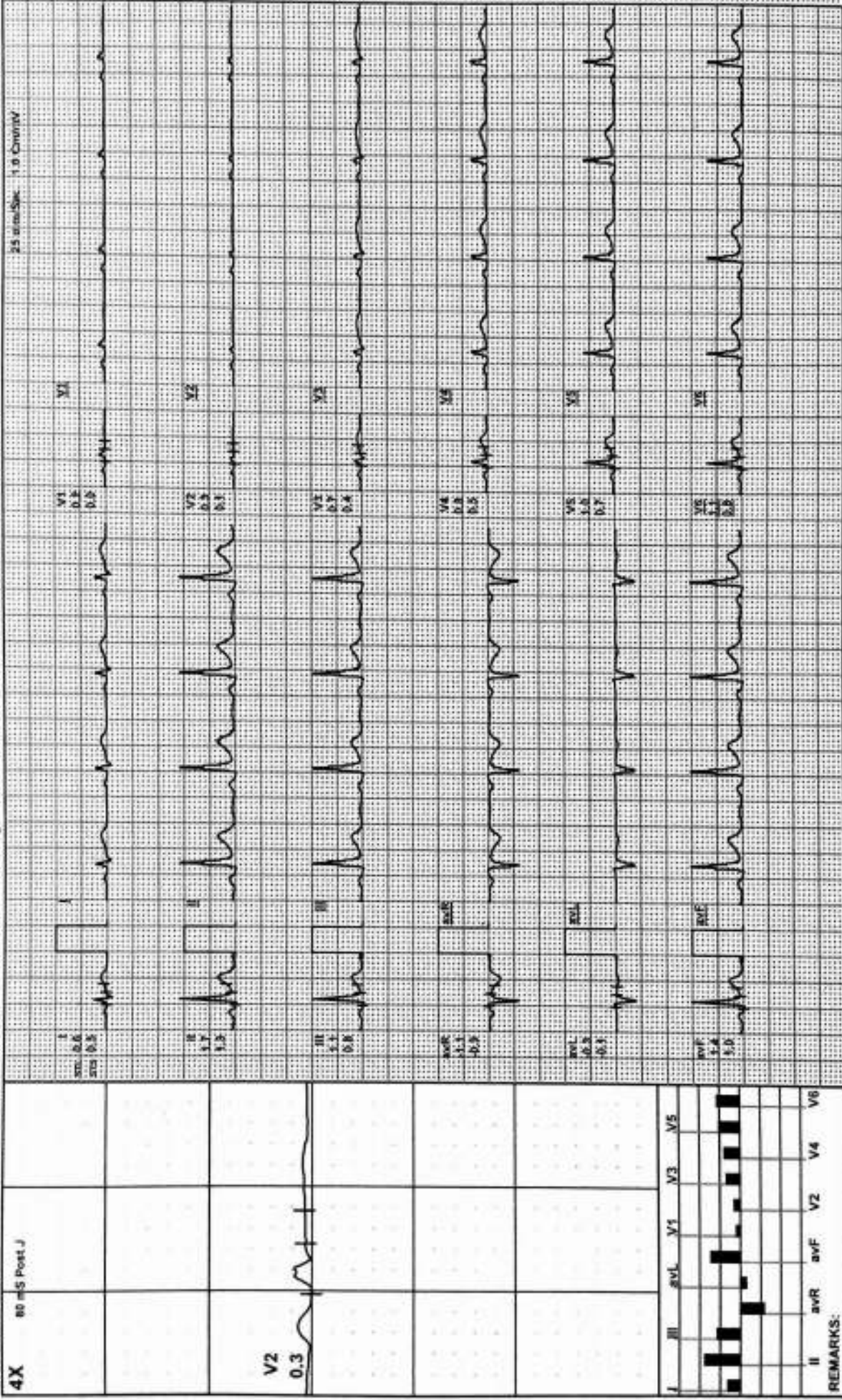
**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

ANSHIKA PACHAURI / 31 Yrs / F / 159 Cms / 62 Kg / HR : 76

**BRUCE:HV(0:06)**

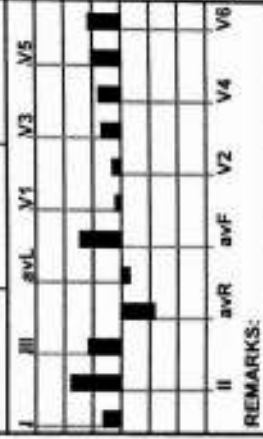


Date: 27 - 10 - 2024 METS: 1.0/ 76 bpm 40% of THR BP: 110/70 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz Ext time: 00:00 0.0 Kmph 0.0%



**4X** 80 mS Post J

V2  
0.3



REMARKS:







**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

ANSHIKA PACHAURI / 31 Yrs / F / 159 Cms / 62 Kg / HR : 121

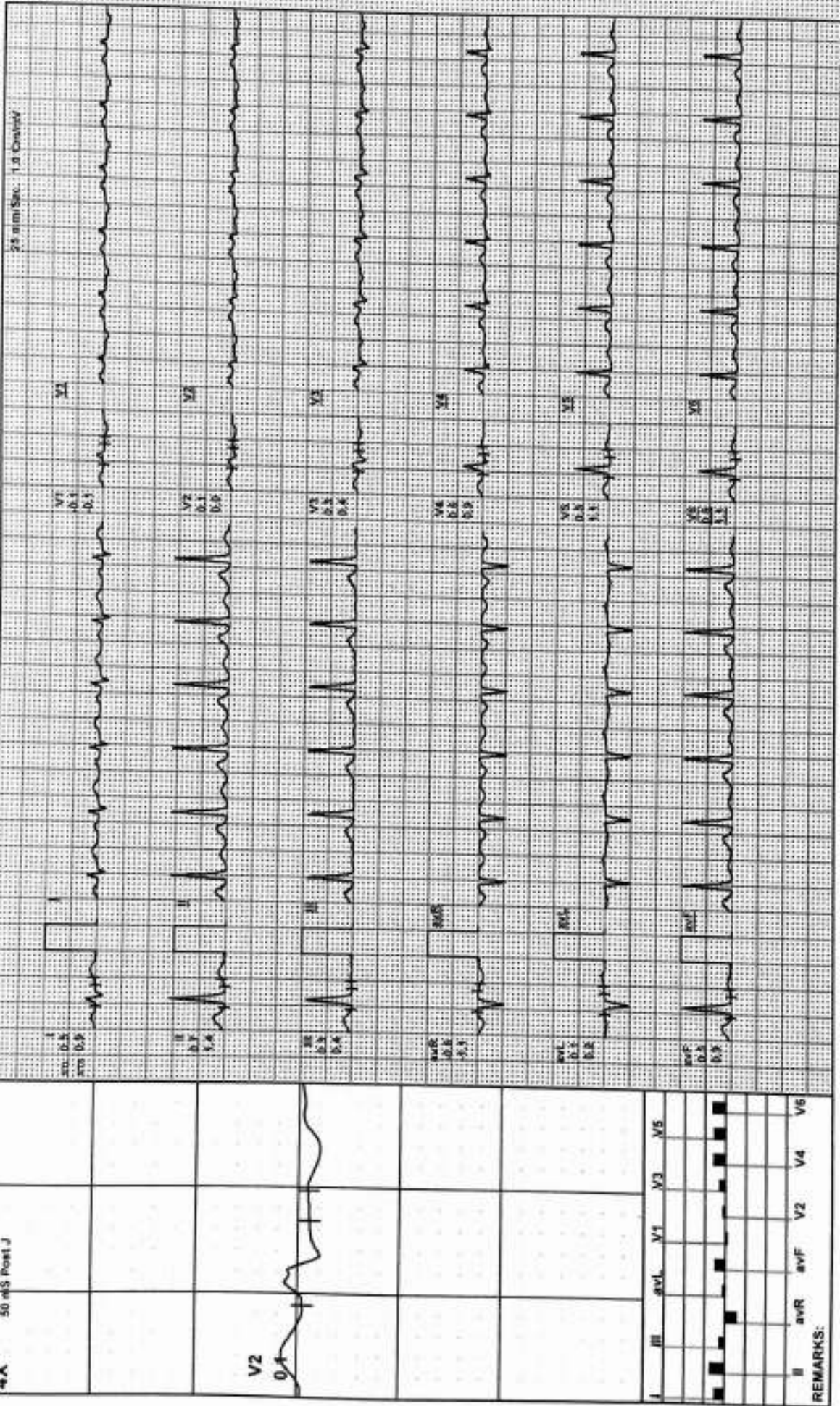
**BRUCE: Stage 1(3:00)**



Date: 27 - 10 - 2024

METS: 4.7/ 121 bpm 64% of THR BP: 126/80 mmHg Combined Median/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime 03:00 2.7 Kmph 10.0%









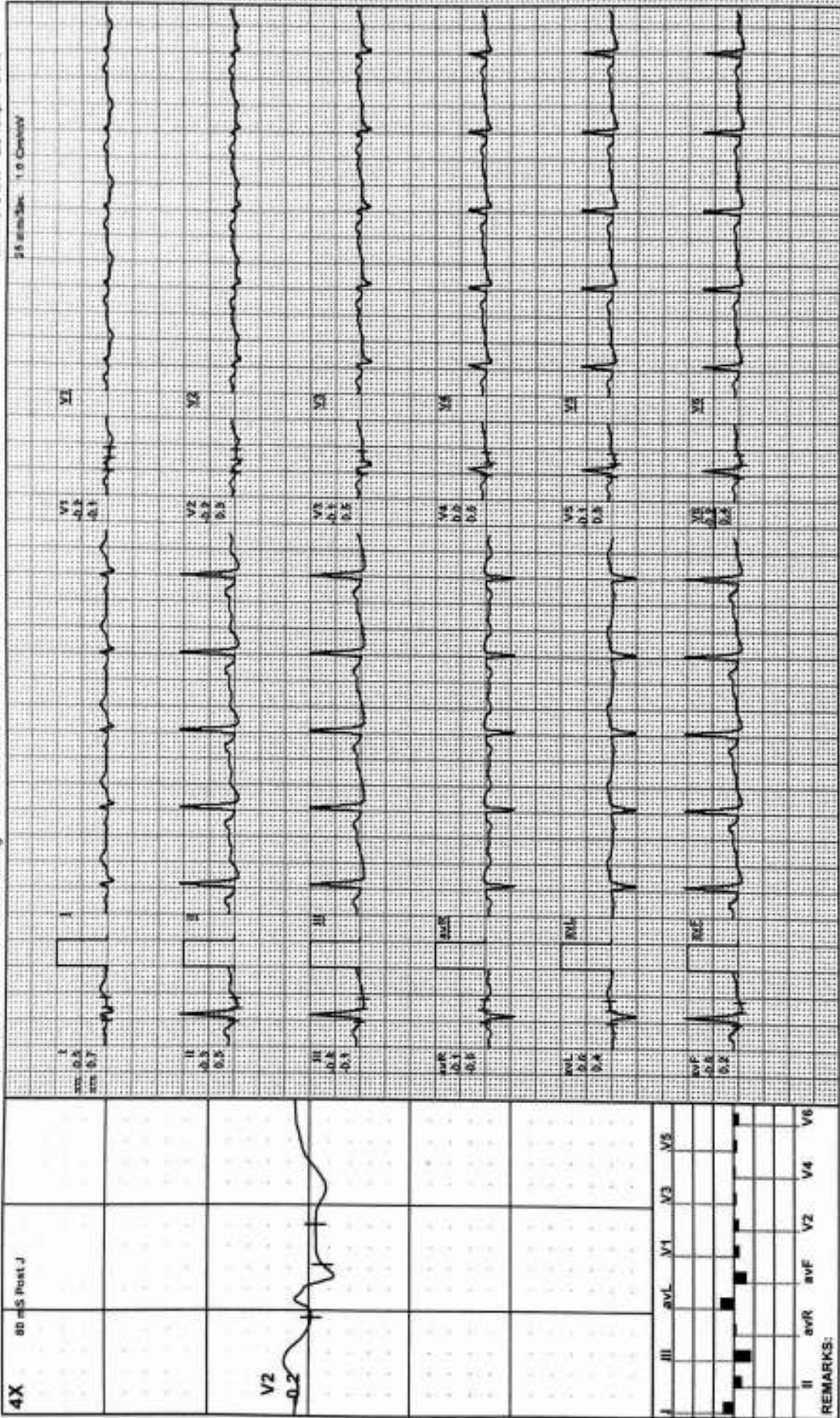
**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

ANSHIKA PACHAURI / 31 Yrs / F / 159 Cms / 62 Kg / HR : 90

Recovery(1:00)



Date: 27 - 10 - 2024 METS: 1.0/ 90 bpm 48% of THR BP: 132/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExtTime: 04:47 0.0 Kmph 0.0%





**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

ANSHIKA PACHAURI / 31 Yrs / F / 159 Cms / 62 Kg / HR : 84

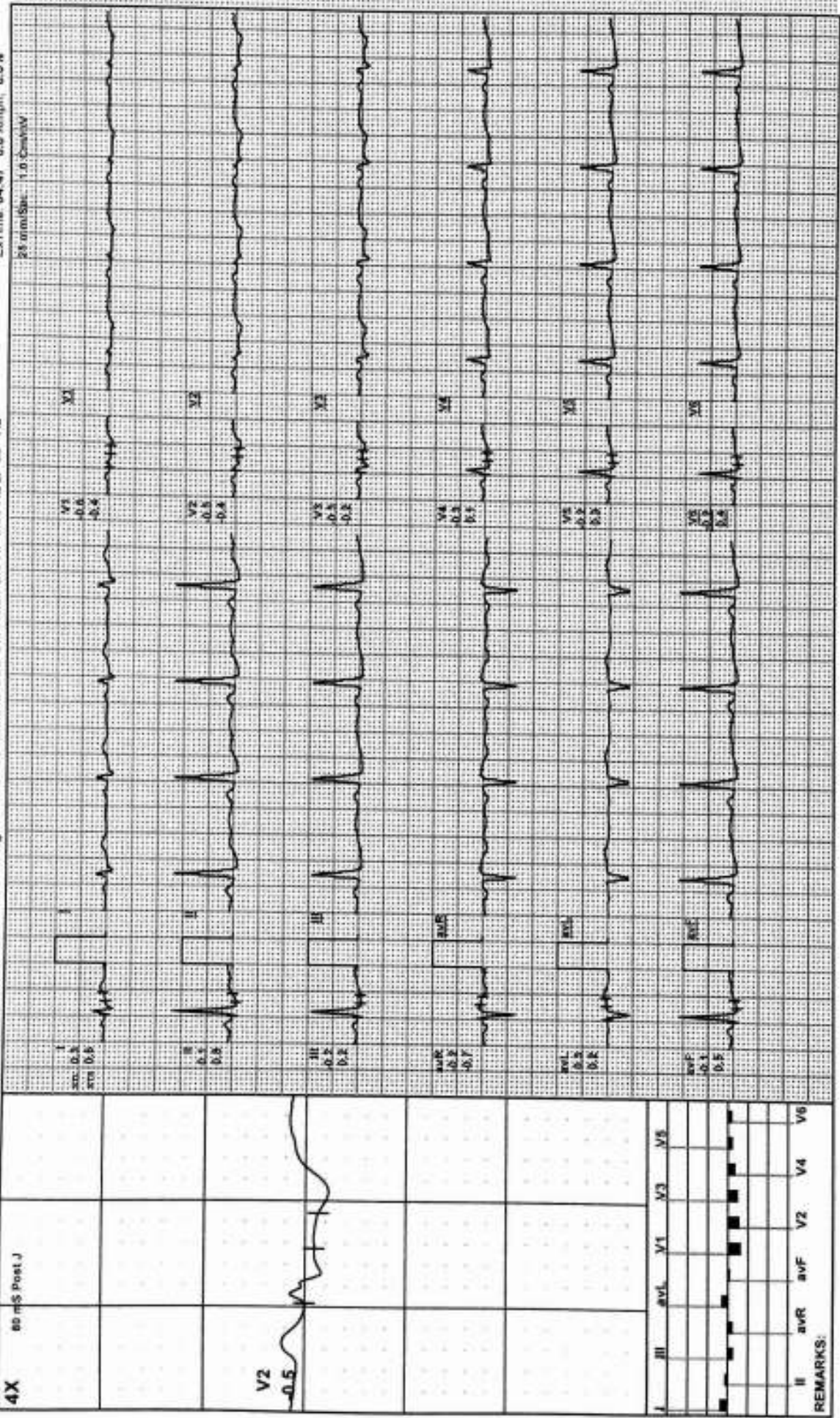
Recovery(2:00)



Date: 27 - 10 - 2024

METS: 1.0/ 84 bpm 44% of THR BP: 128/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 04:47 0.0 Kmph, 0.0%





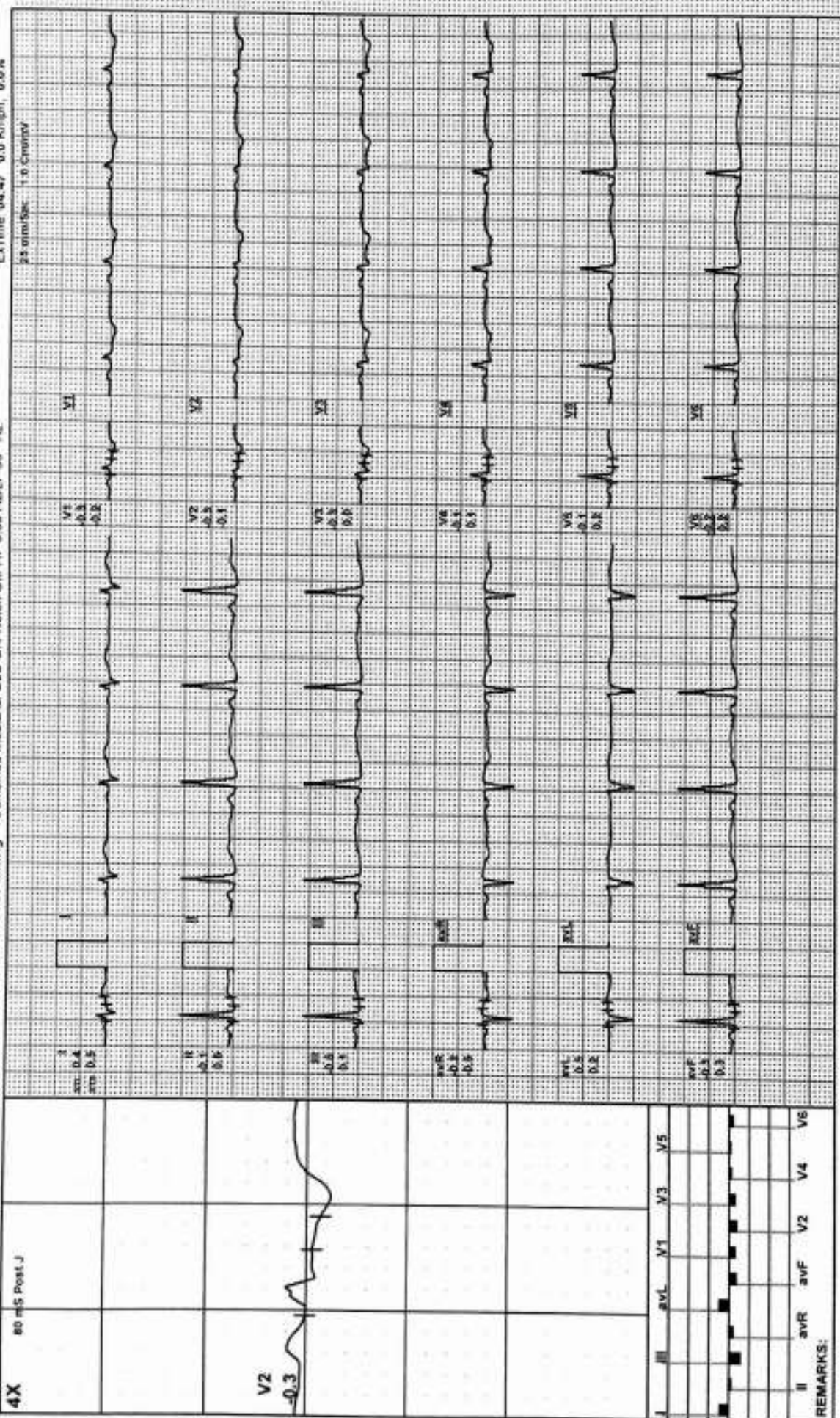
**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

ANSHIKA PACHAURI / 31 Yrs / F / 159 Cms / 62 Kg / HR : 80

**Recovery(3:00)**



Date: 27 - 10 - 2024 METS: 1.0/ 80 bpm 42% of THR BP: 124/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: 04:47 0.0 Kmph, 0.0%





**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

ANSHIKA PACHAURI / 31 Yrs / F / 159 Cms / 62 Kg / HR : 80

**Recovery(3:34)**

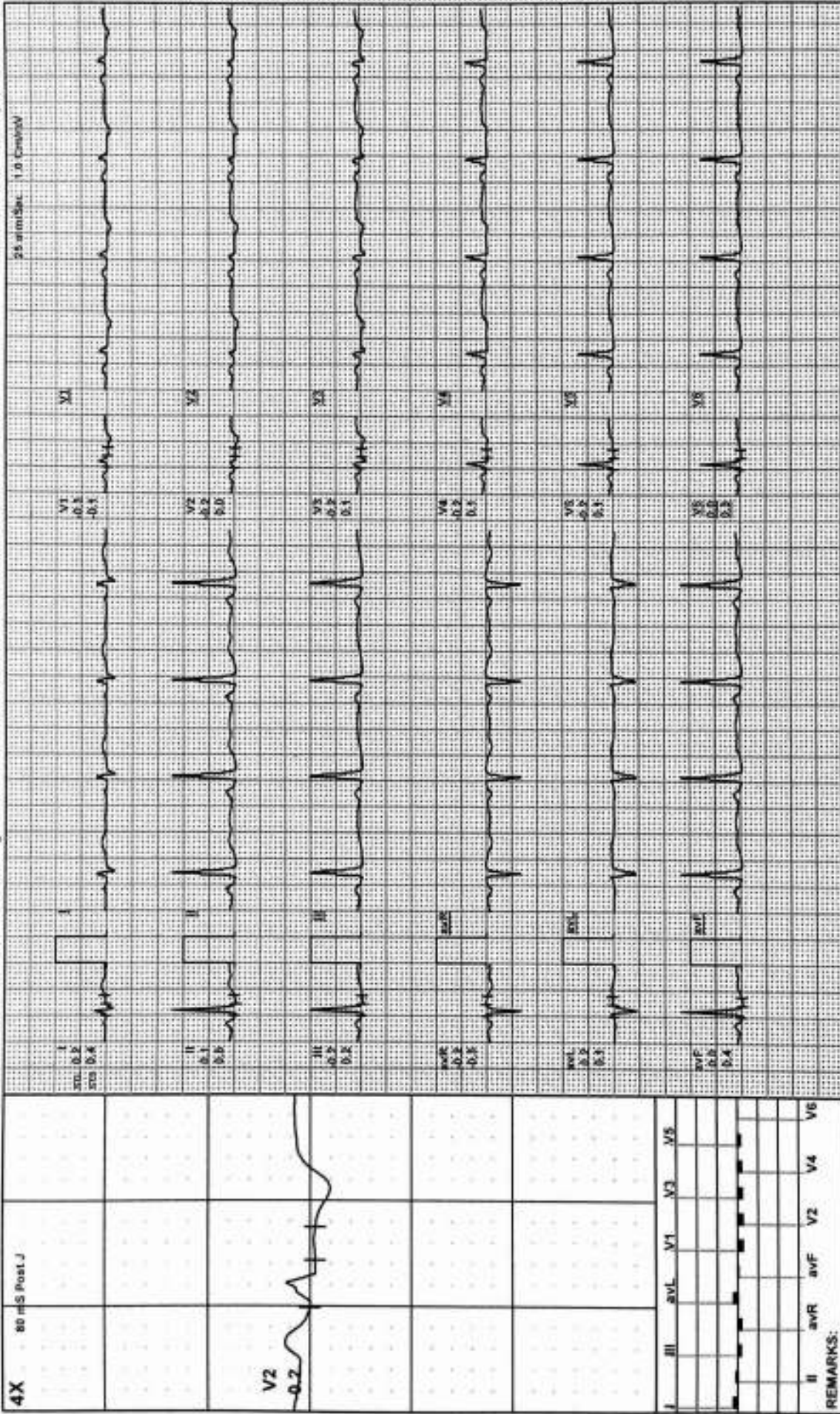


Date: 27 - 10 - 2024

METS: 1.0/ 80 bpm 42% of THR BP: 124/80 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

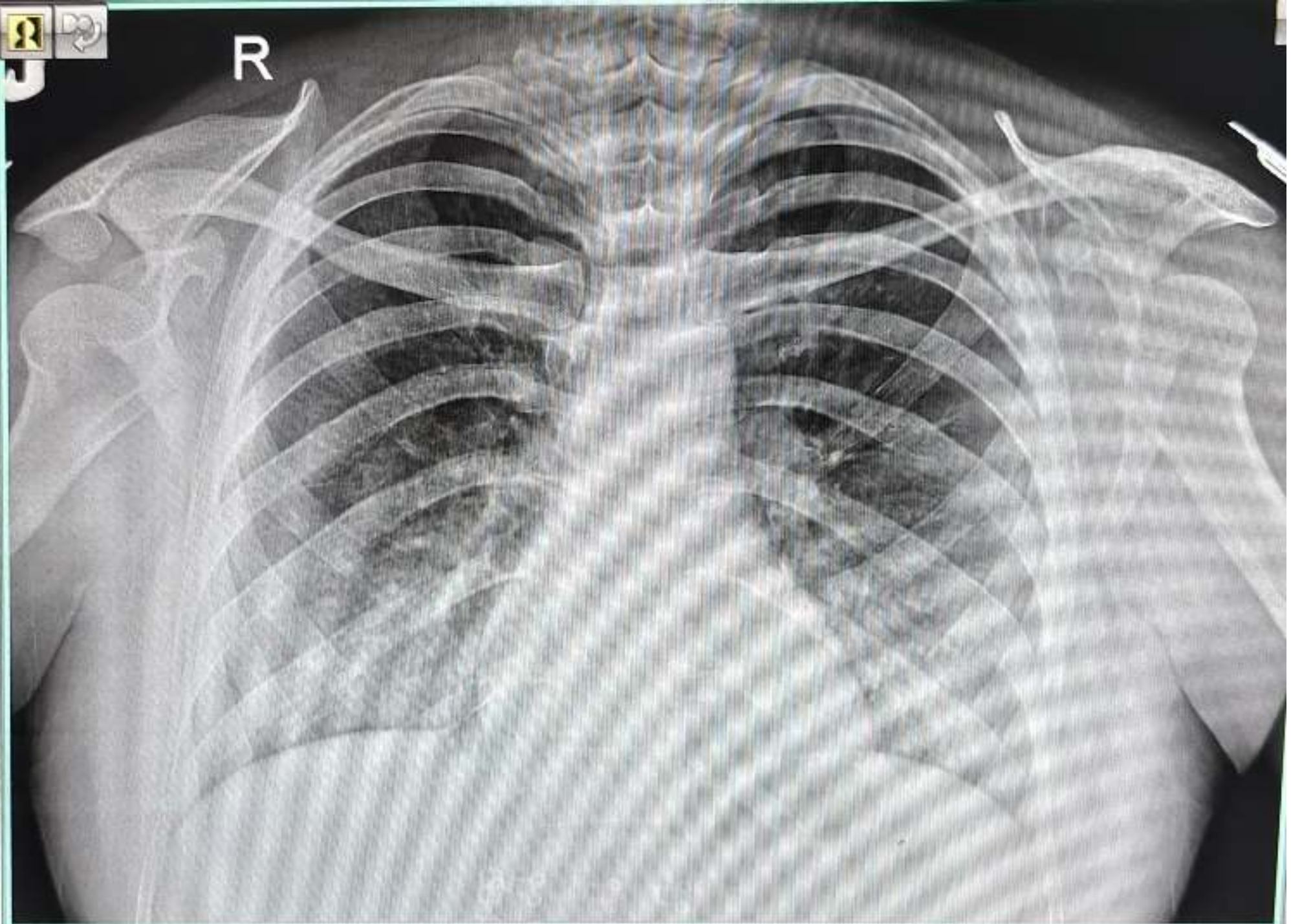
ExTime: 04:47 0.0 Kmph, 0.0%







R



24102600114 MRS ANSHIKA F CHEST PA SELF  
26/10/2024 MODERN PATHOLOGY & ULTRASOUND CENTRE, UP