

MER- MEDICAL EXAMINATION REPORT

Date of Examination	23/12/23		
NAME	RAMESH kumar Gupta		
AGE	37	Gender	M
HEIGHT(cm)	172	WEIGHT (kg)	90 Bms-30.4
B.P.	140/90		
ECG	normal		
X Ray	normal		
Vision Checkup	normal		
Present Ailments	None		
Details of Past ailments (If Any)	None		
Comments / Advice : She /He is Physically Fit	Medicines Fit		

Sharma

Signature with Stamp of Medical Examiner

Dr. SMITA Rastogi
MBBS, DCP
Reg. No. 37370





भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

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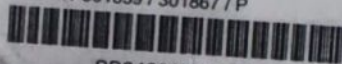
नामांकन क्रम / Enrollment No.: 0656/54079/00290

To,

रमेश कुमार गुप्ता
Ramesh Kumar Gupta
C/O Thakur Prasad Gupta
pipra lala
maharaj ganj
Shyam Deurawa
Shyamdeorva Nautanwa Maharajganj
Uttar Pradesh 273306
7317461393

10/10/2013

Ref: 1161 / 04M / 301839 / 301867 / P



SB842096960FH



आपका आधार क्रमांक / Your Aadhaar No. :

2020 5618 0983

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भारत सरकार
Government of India



रमेश कुमार गुप्ता
Ramesh Kumar Gupta
जन्म तिथि / DOB : 01/07/1986
पुरुष / Male



2020 5618 0983

मेरा आधार, मेरी पहचान



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Gomti Nagar, Lucknow - 226 010
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Mob.: 7618884441, 9450389932, 8177063877

Date	: 23-Dec-2023		
Name	: Mr. RAMESH KUMAR GUPTA	Age	: 37 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male
Haemoglobin	14.2	gm%	14 - 17
Total Leucocyte Count	9700	Cells/cumm.	4000-11000
Differential Leucocyte Count			
Polymorphs	56	%	45 - 70
Lymphocytes	42	%	20 - 45
Eosinophils	01	%	0 - 6
Monocytes	01	%	0 - 8
Basophils	00	%	0 - 1
Erythrocyte Sedimentation Rate (Wintrobe)			
ESR	06	mm in 1st Hr.	0 - 9
PCV	43.2	cc%	40 - 52
Corrected ESR	00	mm in 1st Hr.	0 - 9
Platelet Count	1.90	lakh/cumm.	1.5 - 4.0
Red Cells Count	5.10	million/cmm	3.90 to 5.80
Absolute values			
MCV	91.2	fL	77 - 97
MCH	30.0	pg	27 - 31
MCHC	32.4	gm /dl	31 - 34

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Page 1 (End of Report)
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Results, adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.

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Date	: 23-Dec-2023		
Name	: Mr. RAMESH KUMAR GUPTA	Age	: 37 Yrs.
Ref.By	: APOLLO HEALTH	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.
PLATFLETS	Platelets are adequate in number and morphology.
OTHERS	No haemoparasites are seen.
IMPRESSION	Normal GBP

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Date	: 23-Dec-2023			
Name	: Mr. RAMESH KUMAR GUPTA		Age	: 37 Yrs.
Ref.By	: APOLLO HEALTH		Sex	: Male

Serum Gamma G.T.	38	IU/L	11 - 50
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Blood Group & Rh	"B" Positive		
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KFT			
UREA	22.9	mg %	15 - 50
CREATININE	0.79	mg %	0.5 - 1.5
URIC ACID	5.3	mg %	2 - 7
CALCIUM	9.2	mg %	8.8 - 10.0

Plasma Glucose - F GOD-POD Method	148	mg/dl	70 - 110
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Plasma Glucose - PP GOD POD Method	260	mg/dl	110 - 170
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LFT T&D			
Total Bilirubin	0.74	mg%	0.2 - 1.0
Direct Bilirubin	0.38	mg%	0.0 to 0.40
Indirect Bilirubin	0.36	mg%	0.10 to 0.90
S.G.P.T	139	IU/L	5 - 40
S.G.O.T	106	IU/L	5 - 50
ALP	106	IU/L	40 to 129

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Date	: 23-Dec-2023		
Name	: Mr. RAMESH KUMAR GUPTA	Age	: 37 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

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	0-2	/hpf	
Red Blood Cells	Nil	/hpf	
Casts	Nil		
Crystals	Nil		
Others	Nil		

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Date	: 23-Dec-2023	Age	: 37 Yrs.
Name	: Mr. RAMESH KUMAR GUPTA	Sex	: Male
Ref.By	: APOLLO HEALTH		

LIPID PROFILE

Triglycerids	361	mg%	70 - 190
S. Cholestrol S.	305	mg%	130 - 230
S. HDL Cholestrol	44.0	mg%	35 - 75
S. LDL Cholestrol	188.8	mg%	75 - 150
VLDL	72.2	mg%	0 - 34
Chol / HDL factor	6.93		
LDL / HDL Factor	4.29		

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	: 23-Dec-2023		
Name	: Mr. RAMESH KUMAR GUPTA	Age	: 37 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

THYROID TEST

Tri-iodothyronine (T3)	1.70	nmol/L	0.50 to 2.50
Thyroxine (T4)	7.90	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	3.20	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. RAMESH KUMAR GUPTA	Age	: 37 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

Glycosylated Haemoglobin

Glycosylated Haemoglobin	6.2	%	4.5 TO 6.0
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=====

INTERPRETATION AND COMMENTS

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- 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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TEST REQUEST ID :012312230041	SAMPLE DATE	:23/Dec/2023 10:45AM
NAME :Mr. RAMESH KUMAR GUPTA	SAMPLE REC. DATE	:23/Dec/2023 10:45AM
AGE/SEX :37 YRS/MALE	REPORTED DATE	:23/Dec/2023 12:33PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01230041

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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DR. PANKAJ UPADHYAYA

Dr. Smita Rastogi
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Patient name: Mr Ramesh Kumar Gupta
Ref By. Apollo Health

Age/Sex 37/M
23/12/2023

E.C.G. REPORT

1. Rhythm	:	Sinus, Regular
2. Atrial Rate	:	86/mt
3. Ventricular Rate	:	86/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
Reg. No. 14559

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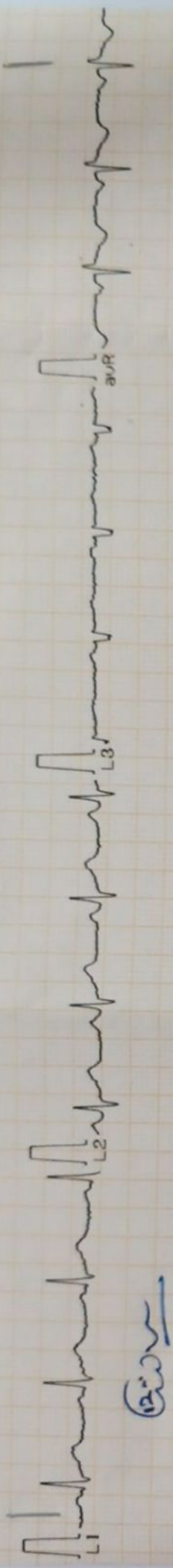
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Name Ramesh Konar wopla Age Yrs M/F 10mm/mV 25mm/s 0.1-35 Hz BLC

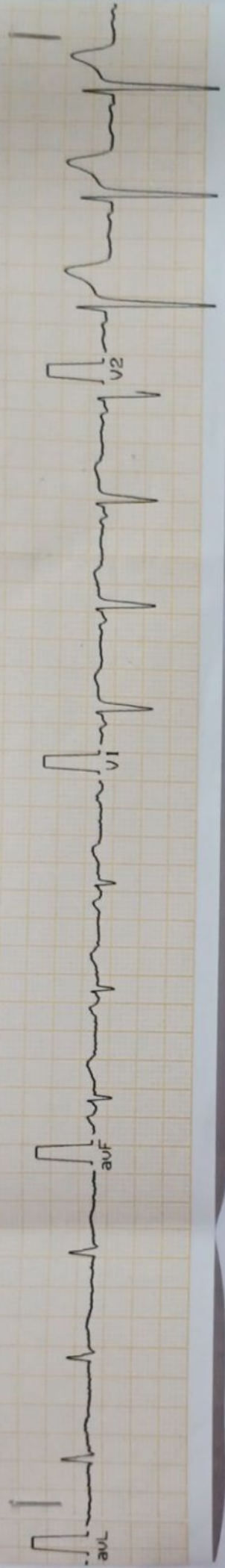


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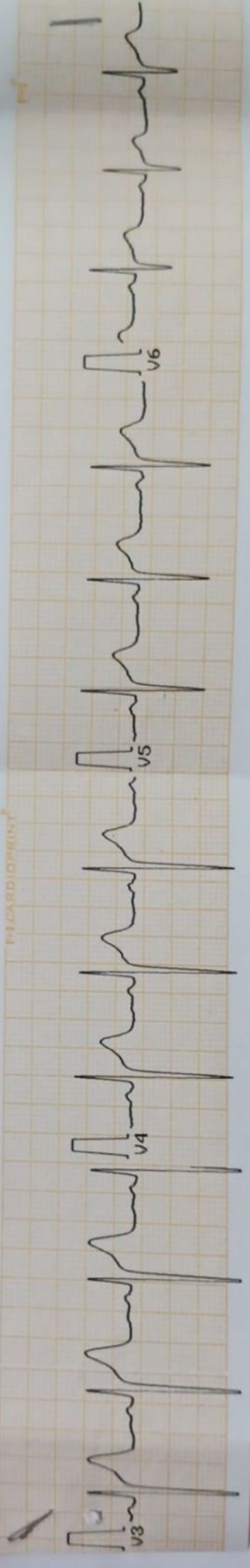
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Dr.

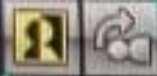
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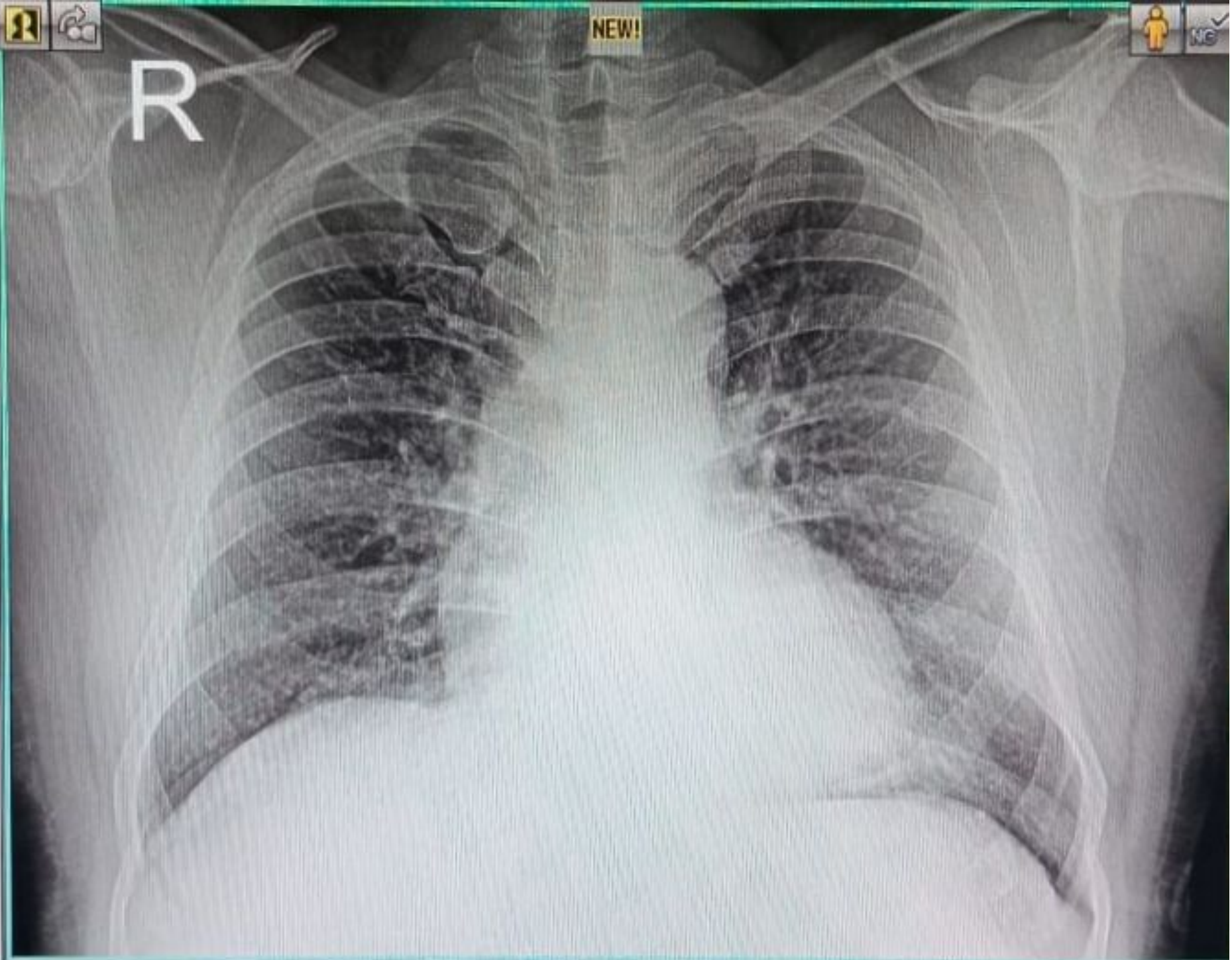
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(Signature)
Reg. No. 44559



NEW!



R



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