


MER- MEDICAL EXAMINATION REPORT

Date of Examination	23/12/22		
NAME	P. R. W. C. E.		
AGE	31	Gender	m
HEIGHT(cm)	179	WEIGHT (kg)	92 Bmi - 28.7
B.P.	120/84		
ECG	norm		
X Ray	norm		
Vision Checkup	-		
Present Ailments	no		
Details of Past ailments (If Any)	none		
Comments / Advice : She /He is Physically Fit	Medicinesy Rit		


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





Handwritten signature in blue ink.



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 .

A handwritten signature in blue ink, appearing to be 'R. H.' with a flourish above the letters.

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

Date	: 23-Dec-2023		
Name	: Mr. PRINCE		
Ref.By	: APOLLO HEALTH		Age : 31 Yrs.
			Sex : Male
Haemoglobin	15.2	gm%	14 - 17
Total Leucocyte Count	8400	Cells/cumm.	4000-11000
Differential Leucocyte Count			
- Polymorphs	46	%	45 - 70
Lymphocytes	30	%	20 - 45
- Eosinophils	20	%	0 - 6
Monocytes	04	%	0 - 8
Basophils	00	%	0 - 1
Erythrocyte Sedimentation Rate (Wintrobe)			
ESR	08	mm in 1st Hr.	0 - 9
PCV	46.3	cc%	40 - 52
Corrected ESR	00	mm in 1st Hr.	0 - 9
Platelet Count	3.82	lakh/cumm.	1.5 - 4.0
Red Cells Count	4.45	million/cmm	3.90 to 5.80
Absolute values			
MCV	81.4	fL	77 - 97
MCH	30.6	pg	27 - 31
MCHC	32.9	gm /dl	31 - 34

Page 1 of 1 (Final Report)
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.

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MODERN PATHOLOGY & DIAGNOSTIC CENTRE

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



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Date : 23-Dec-2023

Name : **Mr. PRINCE**

Ref.By : APOLLO HEALTH

Age : 31 Yrs.

Sex : Male

General Blood Picture

RBCs RBCs are Normocytic & Normochromic.
No Normoblasts are seen.

WBCs TLC is within normal range.
Eosinophils are increased
No immature cells of WBC seen.

PLATELETS Platelets are adequate in number and morphology.

OTHERS No haemoparasites are seen.

IMPRESSION EOSINOPHILIA

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Date	: 23-Dec-2023			
Name	: Mr. PRINCE		Age	: 31 Yrs.
Ref.By	: APOLLO HEALTH		Sex	: Male
Blood Group & Rh	"A" Positive			
Urine Sugar (Fasting)	NIL			
Urine Sugar (PP)	NIL			
Serum Gamma G.T.	19	IU/L	11 - 50	
Plasma Glucose - F GOD-POD Method	104	mg/dl	70 - 110	
Plasma Glucose - PP GOD-POD Method	126	mg/dl	110 - 170	
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	36	IU/L	5 - 40	
S.G.O.T	31	IU/L	5 - 50	
ALP	84	IU/L	40 to 129	
KFT				
UREA	17.8	mg %	15 - 50	
CREATININE	1.27	mg %	0.5 - 1.5	
URIC ACID	4.5	mg %	2 - 7	
CALCIUM	9.5	mg %	8.8 - 10.0	

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Date	: 23-Dec-2023		
Name	: Mr. PRINCE	Age	: 31 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

LIPID PROFILE

Triglycerids	88	mg%	70 - 190
S. Cholestrol S.	177	mg%	130 - 230
S. HDL Cholestrol	49.1	mg%	35 - 75
S. LDL Cholestrol	110.3	mg%	75 - 150
VLDL	17.6	mg%	0 - 34
Chol / HDL factor	3.6		
LDL / HDL Factor	2.25		

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



Date	: 23-Dec-2023	Age	: 31 Yrs.
Name	: Mr. PRINCE	Sex	: Male
Ref.By	: APOLLO HEALTH		

Urine Examination

PHYSICAL		
Colour	Straw	
Turbidity	Nil	
Deposit	Nil	
Reaction	Acidic	
*Specific Gravity	1.015	
CHEMICAL		
Protein	Nil	
Sugar	Nil	
*Bile Salts	Nil	
*Bile Pigments	Nil	
Phosphate	Nil	
MICROSCOPIC		
Pus Cells	Nil	/hpf
Epithelial Cells	1-2	/hpf
Red Blood Cells	Nil	/hpf
Casts	Nil	
Crystals	Nil	
Others	Nil	

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Date	: 23-Dec-2023	Age	: 31 Yrs.
Name	: Mr. PRINCE	Sex	: Male
Ref.By	: APOLLO HEALTH		

THYROID TEST

Tri-iodothyronine (T3)	1.85	nmol/L	0.50 to 2.50
Thyroxine (T4)	9.40	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	1.64	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 : 23-Dec-2023	Age : 31 Yrs.
Name : Mr. PRINCE	Sex : Male
Ref.By : APOLLO HEALTH	

Glycosylated Haemoglobin

Glycosylated Haemoglobin	5.6	%	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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TEST REQUEST ID :012312230028	SAMPLE DATE	:23/Dec/2023 09:53AM
NAME :Mr. PRINCE	SAMPLE REC. DATE	:23/Dec/2023 09:53AM
AGE/SEX :31 YRS/MALE	REPORTED DATE	:23/Dec/2023 12:34PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01230028

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

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

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Dr. R. P. Rastogi
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Ph.: 0522-4008184, 4308184 • 8112323230
Mob : 7618884441, 9450389932, 8177063877



TEST REQUEST ID :012312230028	SAMPLE DATE	:23/Dec/2023 09:53AM
NAME :Mr. PRINCE	SAMPLE REC. DATE	:23/Dec/2023 09:53AM
AGE/SEX :31 YRS/MALE	REPORTED DATE	:23/Dec/2023 12:16PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01230028

USG WHOLE ABDOMEN-MALE

Liver: is normal in size (148 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 mildly enlarged in size (124 mm), with normal shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

Both Kidneys: are normal in size (RK- 100 x 46 mm & LK -106 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 (33 x 31 x 26 mms, wt = 14.3 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-III FATTY LIVER
- MILD SPLEENOMEGALY

*** End Of Report ***

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DR. PANKAJ UPADHYAYA

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

Consultant Radiologist

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)



Patient name: Mr Prince
Ref By. Apollo Health

Age/Sex 31/M
23/12/2023

E.C.G. REPORT

1. Rhythm	:	Sinus, Regular
2. Atrial Rate	:	74/mt
3. Ventricular Rate	:	74/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. Sanjay Rastogi
M.B.B.S., DCP, CRIAT (BARC)

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

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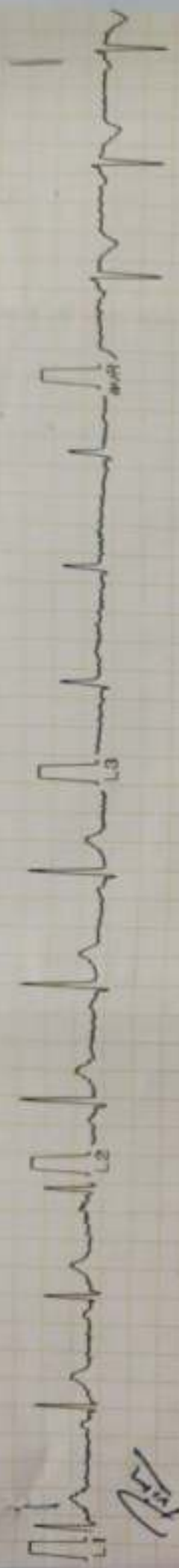
Name Mr. Prince

Age Vrs M/F

10mm/mV

25mm/s

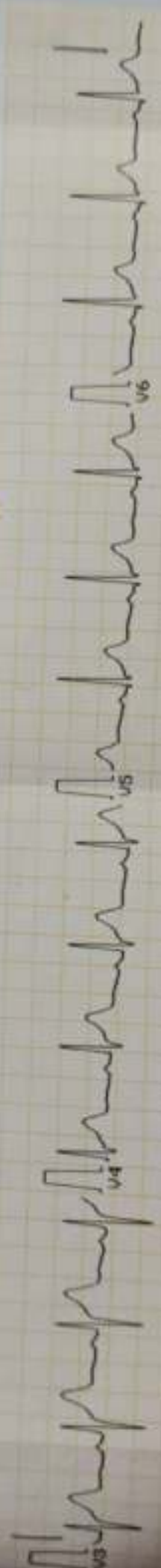
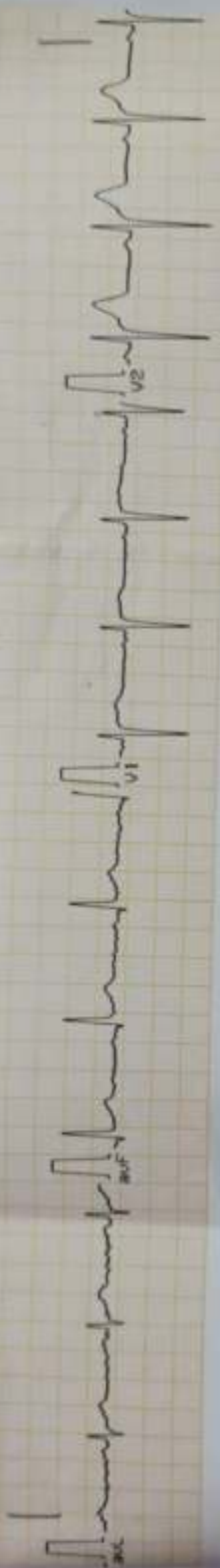
0.1-35 Hz BLC



AS

ClarituMed_ECG50-1CH

Dr.



Dr. AMY HICKS
 Reg No. 44559
 M.D.

MODERN PATHOLOGY AND DIAGNOSTIC CENTER

Gomti Nagar Lucknow

Report



PRINCE / 31 Yrs / M / 179 Cms / 92 Kg

Date: 23 - 12 - 2023

Referred 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	094	50 %	120/84	112	00	
Standing	00:07	0:04	00.0	00.0	01.0	094	50 %	120/84	112	00	
HV	00:12	0:05	00.0	00.0	01.0	096	51 %	120/84	115	00	
ExStart	00:20	0:08	00.0	00.0	01.0	096	51 %	120/84	115	00	
BRUCE Stage 1	03:20	3:00	02.7	10.0	04.7	146	77 %	120/84	175	00	
BRUCE Stage 2	06:20	3:00	04.0	12.0	07.1	179	95 %	128/92	229	00	
PeakEx	06:25	0:05	00.0	00.0	07.2	182	96 %	140/98	254	00	
Recovery	07:25	1:00	00.0	00.0	01.1	146	77 %	138/96	201	00	
Recovery	08:25	2:00	00.0	00.0	01.0	126	67 %	134/92	168	00	
Recovery	09:25	3:00	00.0	00.0	01.0	113	60 %	130/90	146	00	
Recovery	09:30	3:06	00.0	00.0	01.0	113	60 %	126/86	142	00	

FINDINGS :

Exercise Time : 06:05
Max HR Attained : 182 bpm 96% of Target 189
Max BP Attained : 140/98 (mm/Hg)
Max WorkLoad Attained : 7.2 Fair response to induced stress
Test End Reasons : Test Complete

REPORT :

CONCLUSIONS:

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


 DR. AMITABH ANAND
 MD
 Reg. No. 16559

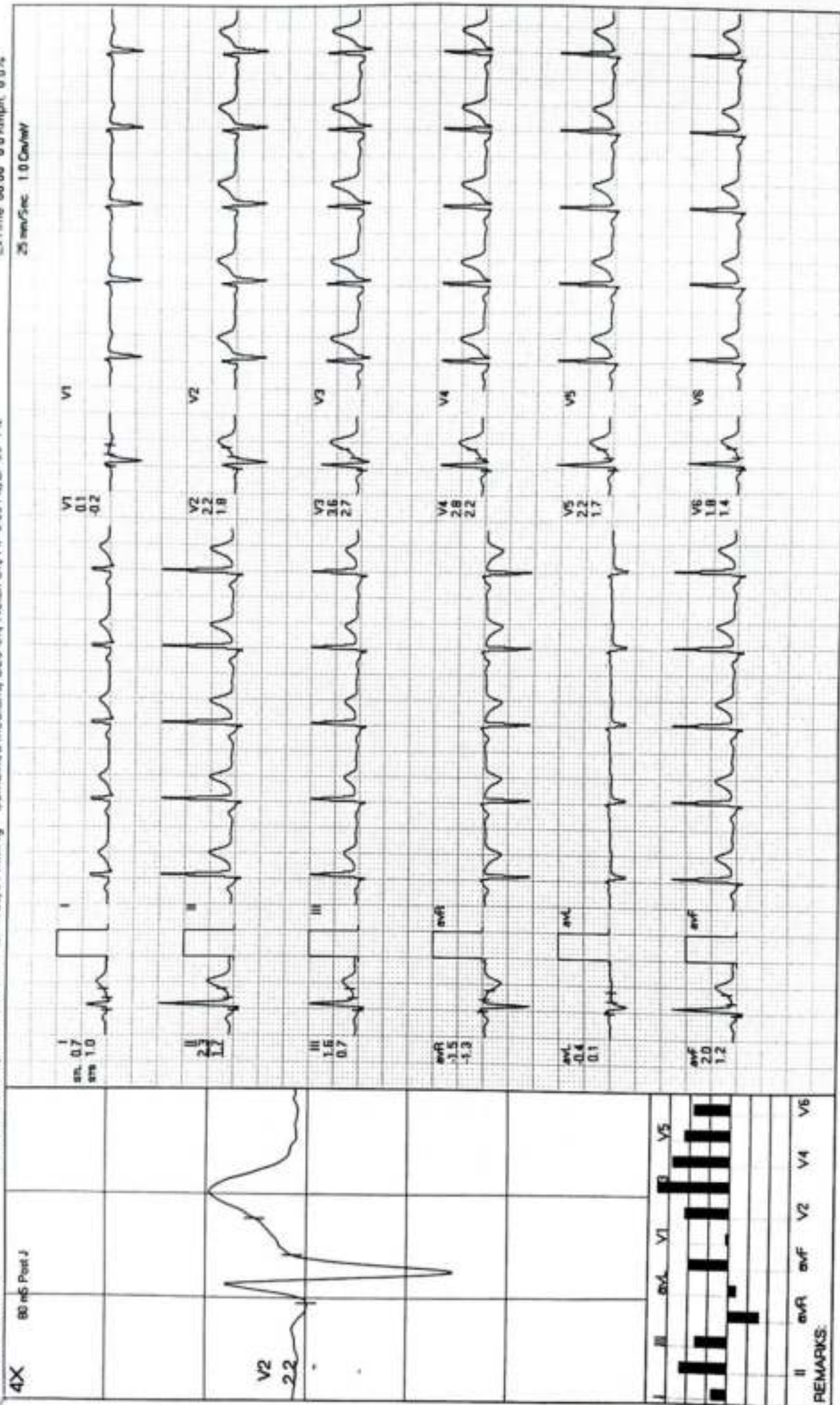
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PRINCE / 31 Yrs / M / 179 Cms / 92 Kg / HR : 94

BRUCE:Supine(0:06)



Date: 23-12-2023 METS 1.0 / 94 bpm 50% of THR BP 120/84 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz
 4X 80 mS Post J ErTime 00:00 0.0 KmPh 0.0%
 25 mm/Sec 1.0 Cal/mV



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

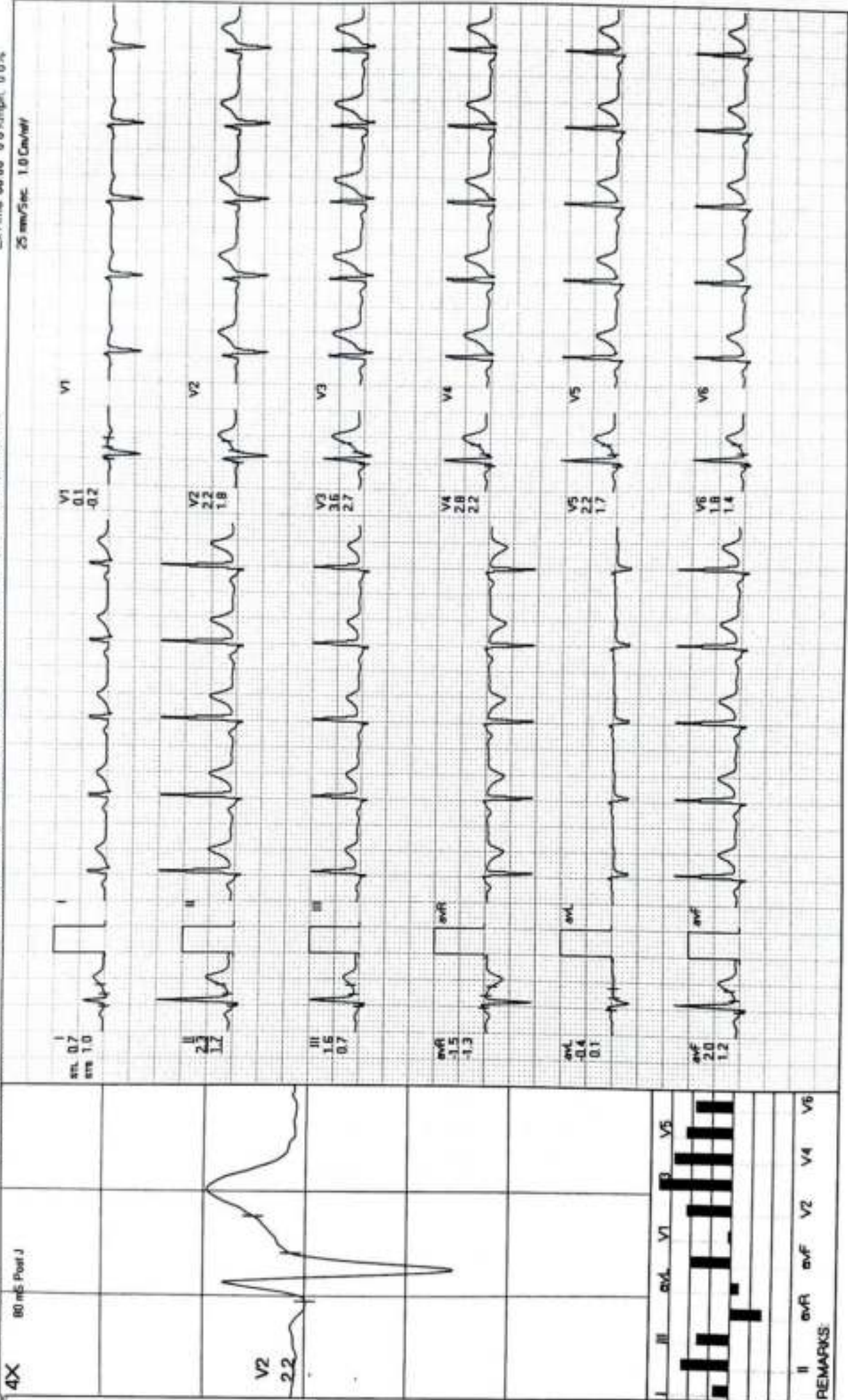
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PRINCE / 31 Yrs / M / 179 Cms / 92 Kg / HR . 96

BRUCE:HV(0:07)



Date: 23-12-2023 METS: 1.0/96 bpm 51% of THR BP: 120/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz
 4X 80 mS Post J ExTime 00:00 0.0 Kmpt 0.0%
 25 mm/Sec 1.0 Cm/mV



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

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PRINCE / 31 Yrs / M / 179 Cms / 92 Kg / HR : 96

ExStart

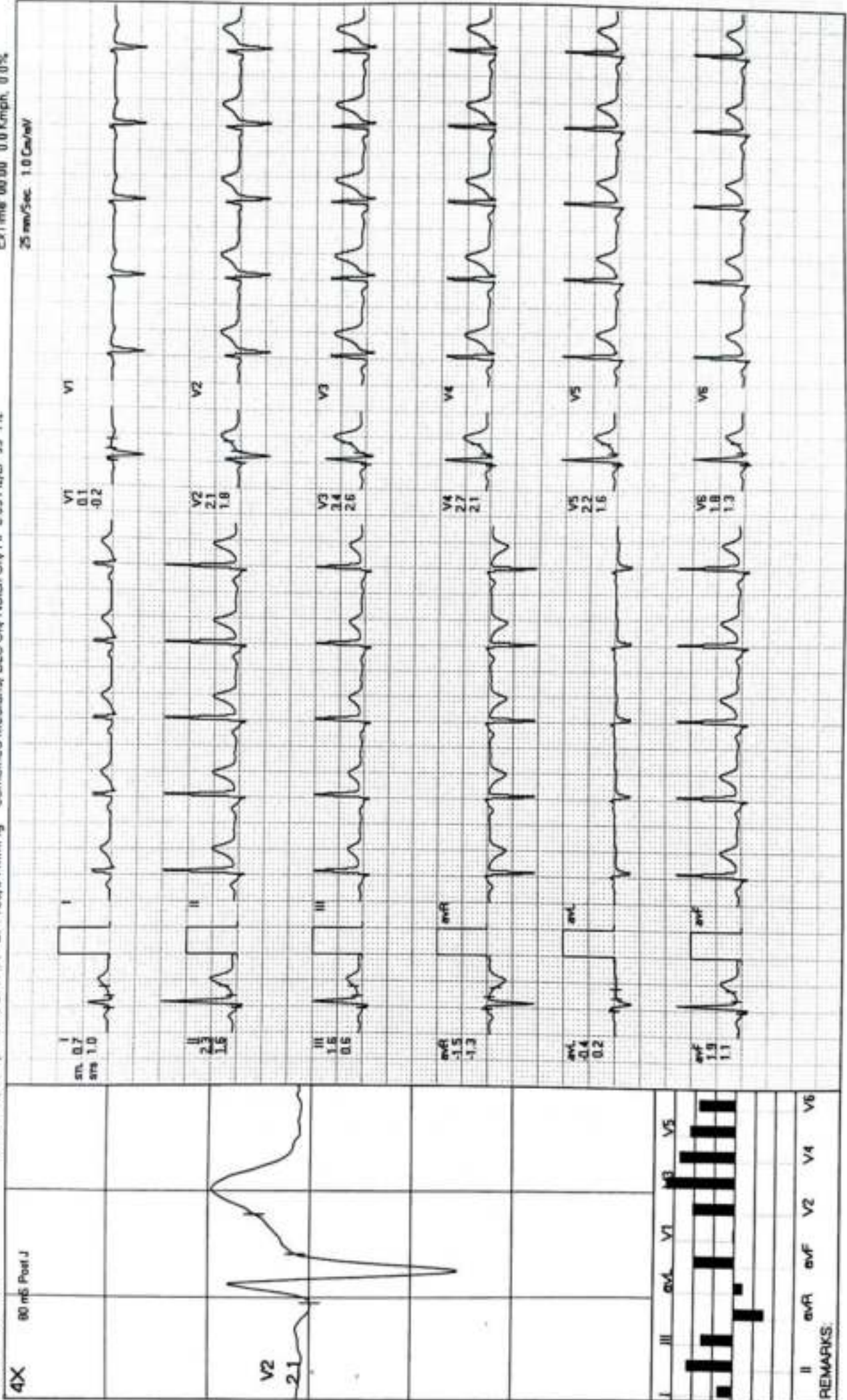


Date: 23-12-2023

METS: 1.0 / 96 bpm 51% of THR BP: 120/84 mmHg Combined Medians/BLC On/ Natch 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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BRUCE: Stage 1 (3:00)



PRINCE / 31 Yrs / M / 179 Cms / 92 Kg / HR : 146

Date: 23-12-2023 METS 4.7 / 146 bpm 77% of THR BP 120/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

Ex Time 03:00 2.7 Kmph. 10.0%
25 mm/sec. 1.0 Cm/Div



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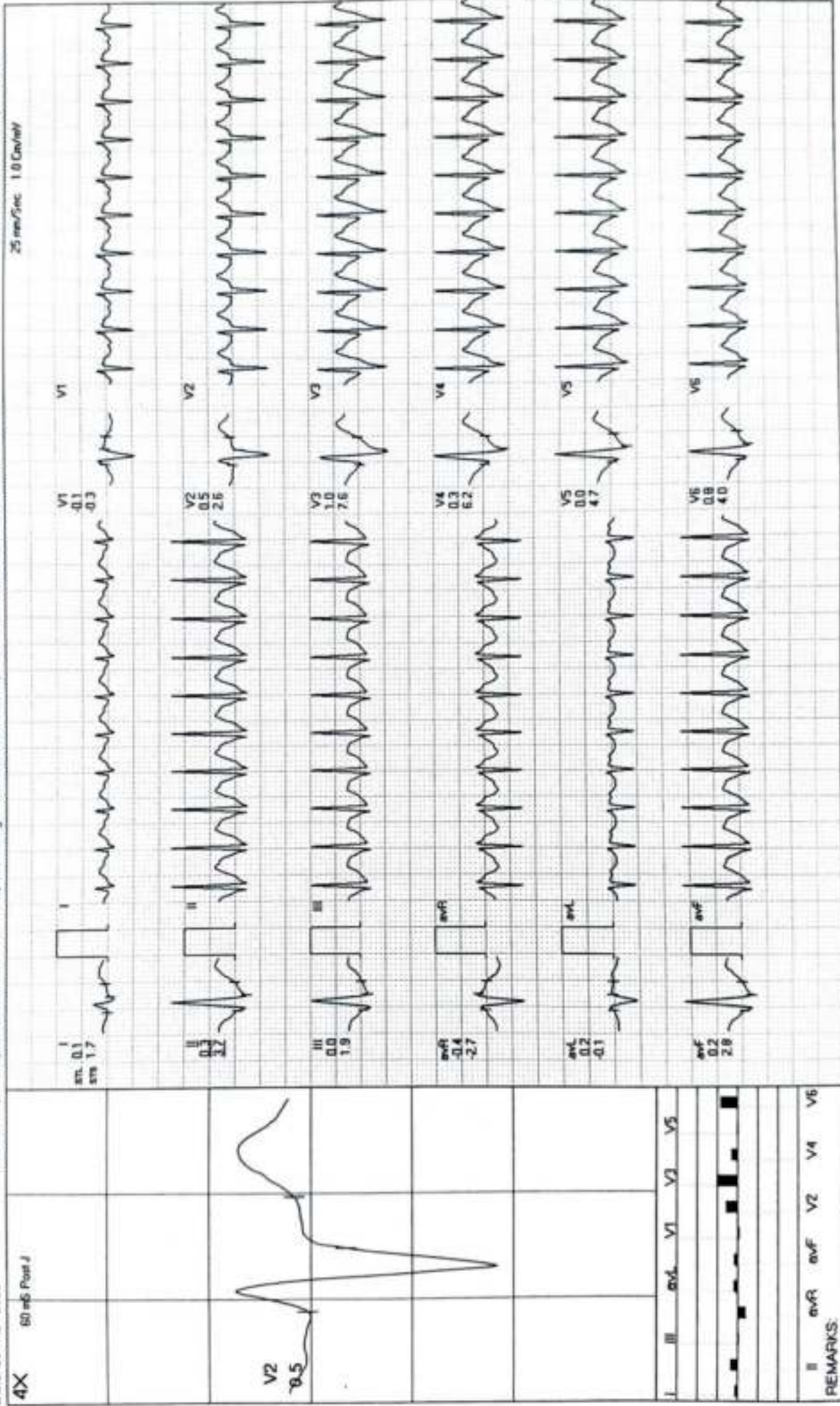
BRUCE: Stage 2(3:00)



PRINCE / 31 Yrs / M / 179 Cms / 92 Kg / HR : 179

Date: 23-12-2023 METS 7.1/179 bpm 95% of THR BP 128/92 mmHg Combined Medians/BLC On/ Notch On/HF 0.05 Hz/LF 35 Hz

ExTime 06:00 4.0 Km/ph 12.0%



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PRINCE / 31 Yrs / M / 173 Cms / 92 Kg / HR : 182

PeakEx

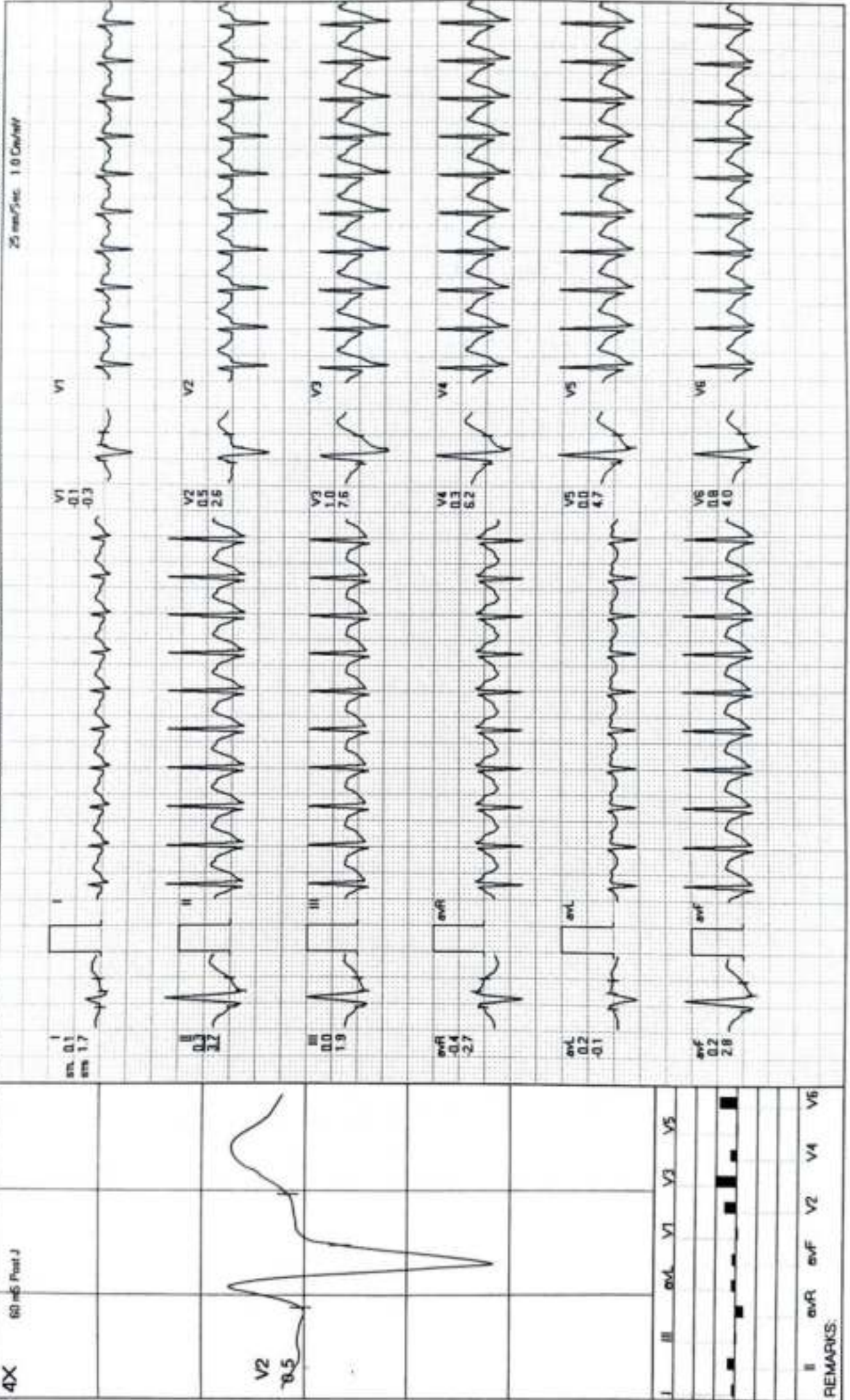


Date: 23-12-2023

METS: 7.2 / 182 bpm 96% of THR BP: 140/98 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/JF 35 Hz

ExTime: 06:06 0.0 Kmph 0.0%

4X 60 mS Post J



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

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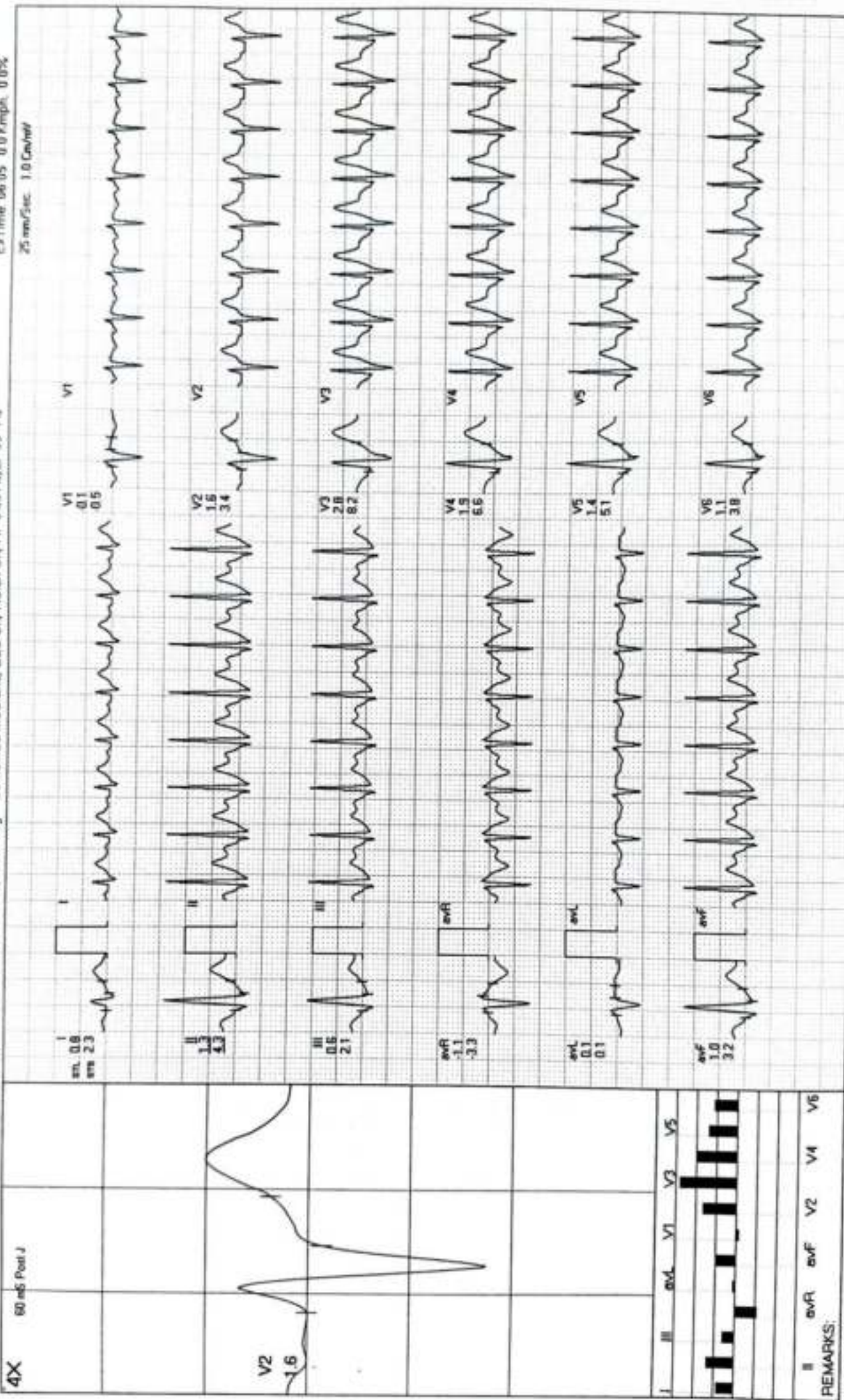
PRINCE / 31 Yrs / M / 179 Cms / 92 Kg / HR : 146

Recovery(1:00)



Date: 23-12-2023 METS: 1.1/146 bpm 77% of THR BP: 138/96 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/AF 35 Hz

ExTime 06:05 0.0 Y/Imp/ 0.05%
25 mm/Sec. 1.0 Cm/Div



REMARKS:

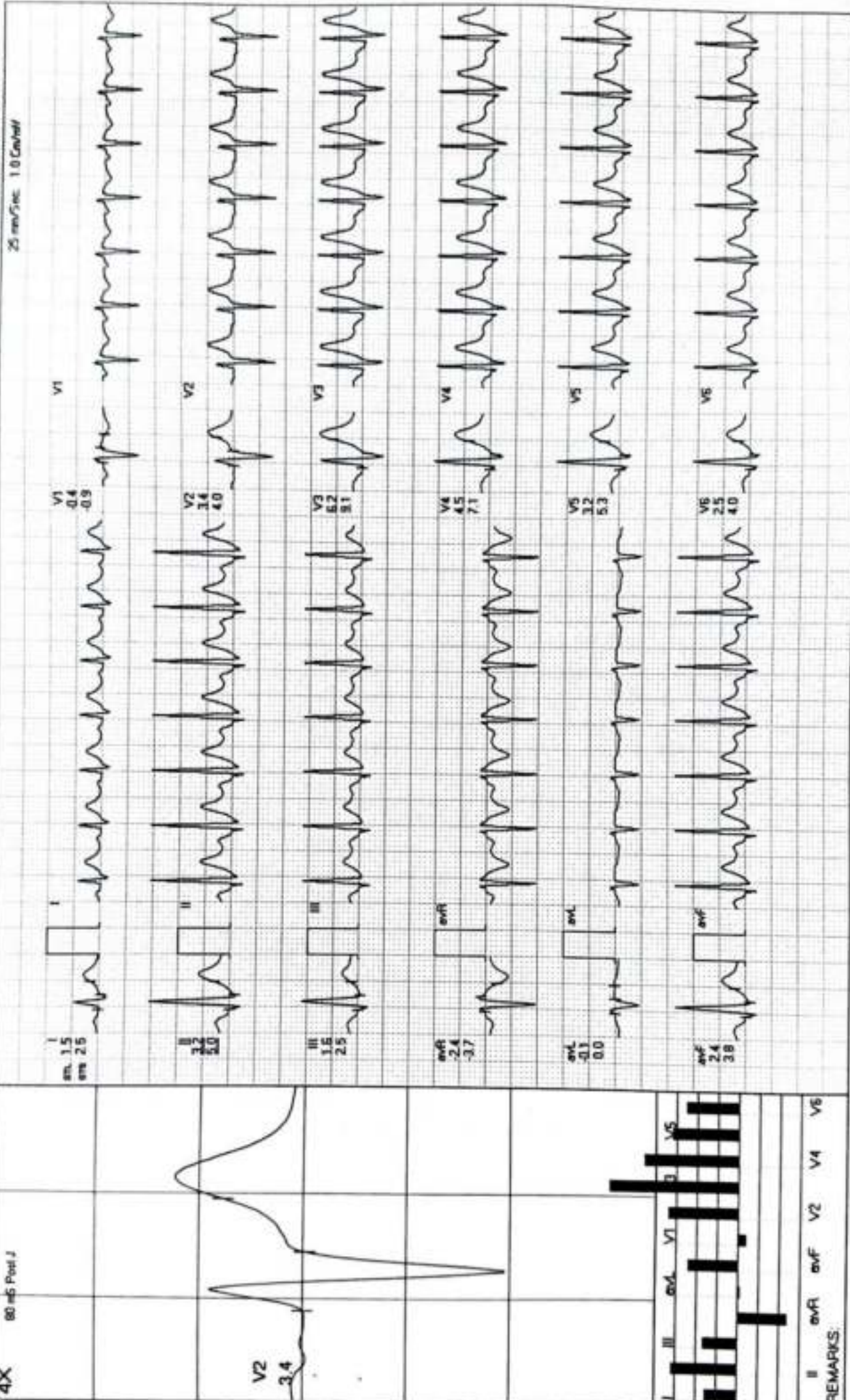
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PRINCE / 31 Yrs / M / 179 Cms / 92 Kg / HR : 126

Recovery(2:00)



Date: 23-12-2023 METS 1 0/126 bpm 67% of THR BP 134/92 mmHg Combined Medians/BLC Ov/Notch Ov/HF 0.05 Hz/LF 35 Hz ExTime 06:05 0.0 Km/Ph 0.0%



REMARKS:

MODERN PATHOLOGY AND DIAGNOSTIC CENTER

PRINCE / 31 Yrs / M / 179 Cms / 92 Kg / HR : 113

Recovery(3:00)

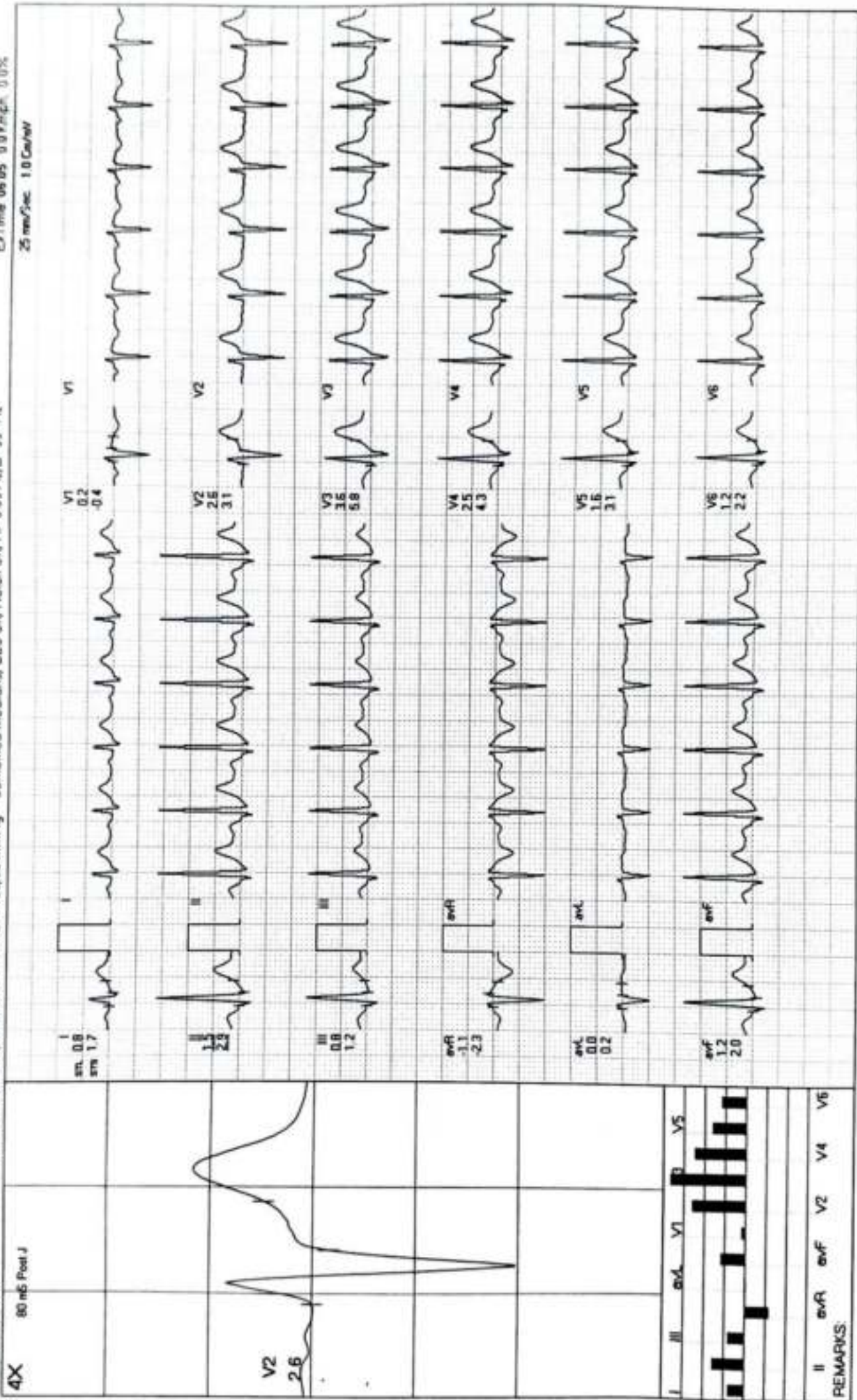


Date 23-12-2023

METS 1.0/113 bpm 60% of THR BP: 130/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime 06:05 0.9 V/Imp 0.0%

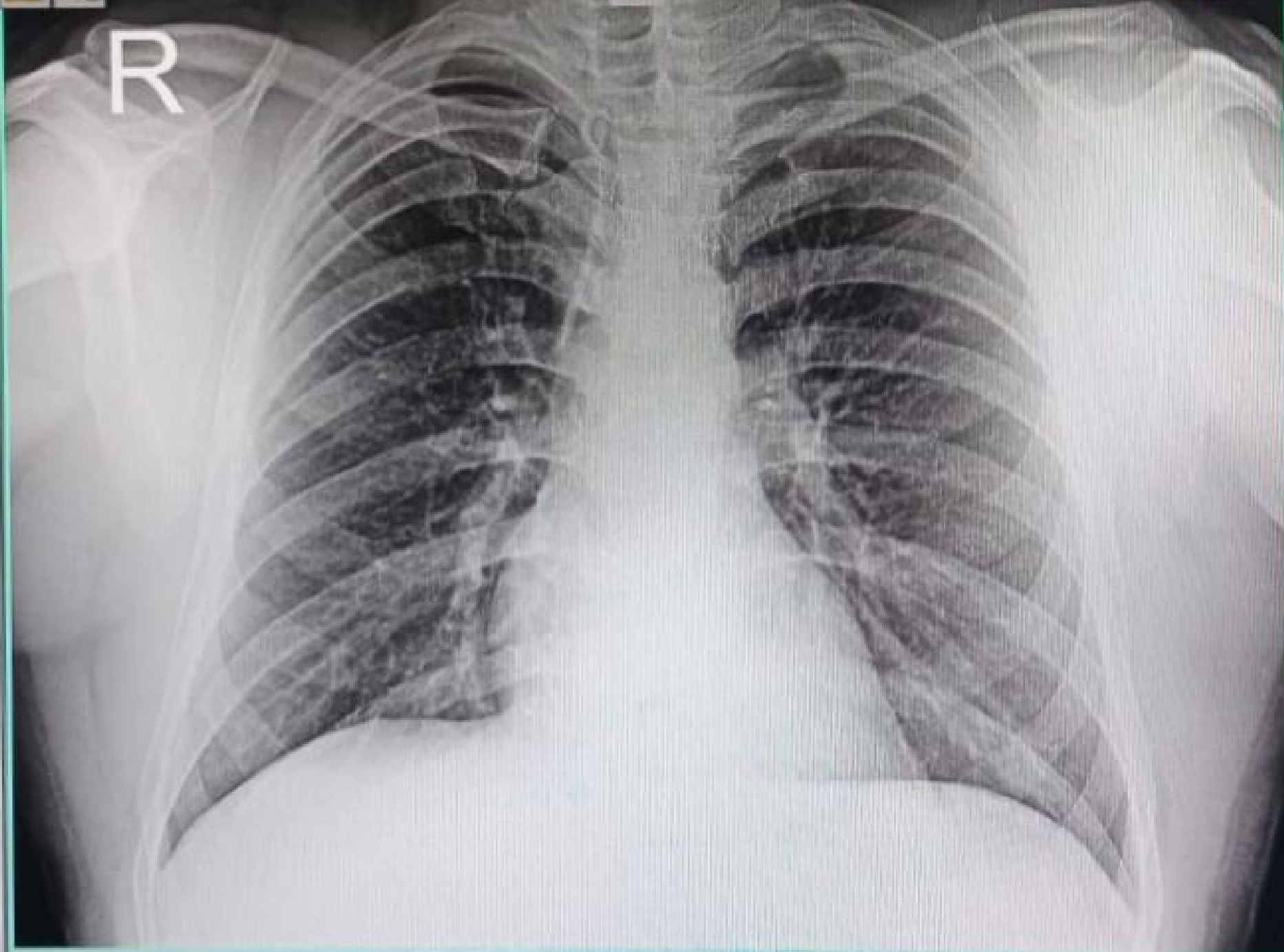
25 mm/Sec 1.0 Cal/Div



REMARKS:



NEW!



23122302930 MR PRINCE 00 YRS M DR SELF CHEST PA
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