

MER- MEDICAL EXAMINATION REPORT

Date of Examination	23/3/24	
NAME	Simani Jno BM	
AGE	30	Gender
HEIGHT(cm)	159	WEIGHT (kg)
B.P.	120/76	
ECG	normal	
X Ray	—————	
Vision Checkup	—	
Present Ailments	None	
Details of Past ailments (If Any)	None	
Comments / Advice : She /He is Physically Fit	Medicines Nil	
(As per client) X-ray Not Required		but was not done.

Signature with Stamp of Medical Examiner

Dr. Sima Khatun  
 M.B.B.S. D.C.P.  
 Reg. No. 37370



भारत सरकार

Government of India



हिमानी डोभाल

HIMANI DOBHAL

जन्म तिथि / DOB : 19/07/1993

महिला / Female



5372 4804 6866

आधार - आम आदमी का अधिकार

*Handwritten signature*

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

*My name is Donald*



To,  
Modern Pathology  
& Diagnostic Centre  
1/4A, Vineet Khand  
Gomti Nagar, LKO

23/03/2024

Dear sir

Re: Opting out for X-ray

This is to inform you that I am opting out  
of X-Ray as I have no need of it.

Kindly accept the application

Regards

Himani Doblal

Himani Doblal

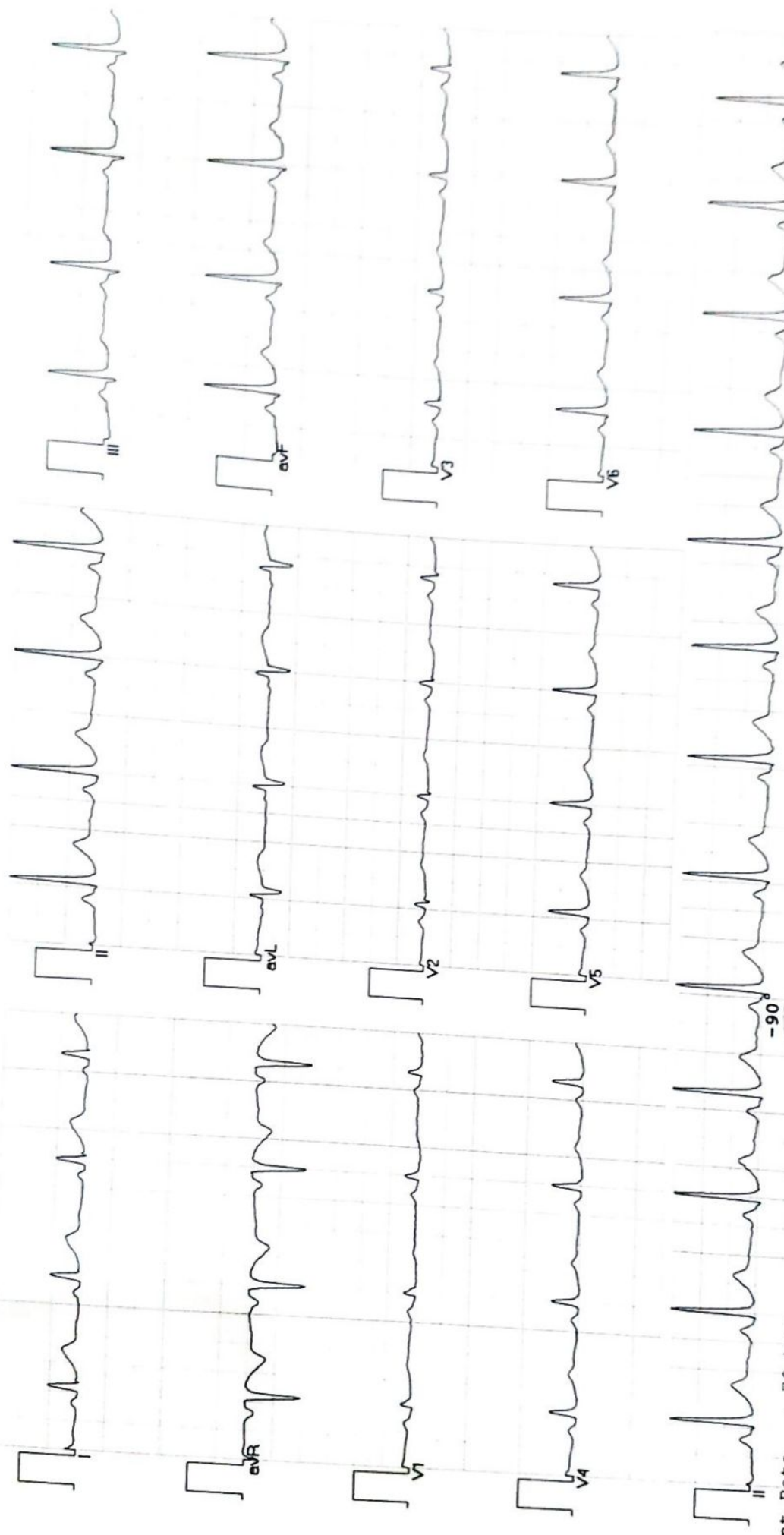




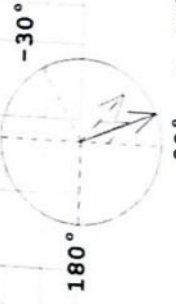
Modern Pathology And Diagnostic Centre

164 / HIMANI DOBHAL / 30 Yrs / F / 159Cms. / 84Kgs. / Non Smoker  
Heart Rate : 79 bpm / Tested On : 23-Mar-24 12:48:07 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s  
/ Refd By.: APOLLO HEALTH

ECG



Vent Rate : 79 bpm  
PR Interval : 132 ms  
QRS Duration: 80 ms  
QT/QTc Int : 368/401 ms  
P-QRS-T axis: 65.00° 67.00° 41.00°



Axis  
90° R 67° T 41° P 65°

nonp **SEANIT DANG** MB

Reg No. 42759

Primer D.D. mal

Allergens ECG (Pisces)(PIS215191030)

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

Date	: 23-Mar-2024		
Name	: <b>Mrs. HIMANI DOBHAL</b>		
Ref.By	: APOLLO HEALTH		Age : 30 Yrs.
			Sex : Female
Haemoglobin	11.8	gm%	11 - 14
Total Leucocyte Count	6500	Cells/cumm.	4000-11000
<b>Differential Leucocyte Count</b>			
Polymorphs	57	%	45 - 70
Lymphocytes	36	%	20 - 45
Eosinophils	01	%	0 - 6
Monocytes	06	%	0 - 8
Basophils	00	%	0 - 1
<b>Erythrocyte Sedimentation Rate (Wintrobe)</b>			
ESR	14	mm in 1st Hr.	0 - 19
PCV	37.8	cc%	40 - 52
* Corrected ESR	04	mm in 1st Hr.	0 - 19
Platelet Count	1.56	lakh/cumm.	1.5 - 4.0
Red Cells Count	3.91	million/cmm	3.90 to 4.60
<b>Absolute values</b>			
MCV	96.1	fL	77 - 97
MCH	30.3	pg	27 - 31
MCHC	31.2	gm /dl	31 - 34





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Dr. R. P. Rastogi  
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Date : 23-Mar-2024

Name : **Mrs. HIMANI DOBHAL**

Age : 30 Yrs.

Ref.By : APOLLO HEALTH

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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M.B.B.S., DCP, CRIAT (BARC)

**Dr. Smriti 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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Date : 23-Mar-2024  
Name : **Mrs. HIMANI DOBHAL**  
Ref.By : APOLLO HEALTH  
Age : 30 Yrs.  
Sex : Female

Urine Sugar (Fasting) NIL

Urine Sugar (PP) NIL

**KFT**

UREA	17.2	mg %	15 - 50
CREATININE	0.80	mg %	0.5 - 1.5
URIC ACID	5.1	mg %	2 - 6
CALCIUM	9.4	mg %	8.8 - 10.0

Plasma Glucose - F  
GOD-POD Method 105 mg/dl 70 - 110

Plasma Glucose - PP  
GOD POD Method 166 mg/dl 110 - 170

Blood Group & Rh "A" Positive

**LFT T&D**

Total Bilirubin	0.52	mg%	0.2 - 1.0
Direct Bilirubin	0.18	mg%	0.0 to 0.40
Indirect Bilirubin	0.34	mg%	0.10 to 0.90
S.G.P.T	23	IU/L	5 - 40
S.G.O.T	19	IU/L	5 - 50
ALP	84	IU/L	35 to 104

Serum Gamma G.T. 16 IU/L 11 - 50

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Date	: 23-Mar-2024	Age	: 30 Yrs.
Name	: <b>Mrs. HIMANI DOBHAL</b>	Sex	: Female
Ref.By	: APOLLO HEALTH		

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	
<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 : 23-Mar-2024

Name : **Mrs. HIMANI DOBHAL**

Ref.By : APOLLO HEALTH

Age : 30 Yrs.

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	
Epithelial Cells	Occasional	/hpf
Red Blood Cells	Nil	/hpf
Casts	Nil	/hpf
Crystals	Nil	
Others	Nil	

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Date : 23-Mar-2024  
Name : **Mrs. HIMANI DOBHAL**  
Ref.By : APOLLO HEALTH  
Age : 30 Yrs.  
Sex : Female

### LIPID PROFILE

Triglycerids			
S. Cholestrol S.	197	mg%	70 - 190
S. HDL Cholestrol	216	mg%	130 - 230
S. LDL Cholestrol	41.2	mg%	35 - 75
VLDL	135.4	mg%	75 - 150
Chol / HDL factor	39.4	mg%	0 - 34
LDL / HDL Factor	5.24		
	3.29		

### 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<br>TG greatly raised                         | TYPE 3: Cholesterol increased<br>TG increased  |
| TYPE 2a: Cholesterol increased<br>LDL increased<br>TG normal            | TYPE 4: Cholesterol normal /increased<br>VLDL increased<br>TG increased                |
| TYPE 2b Chol. increased<br>VLDL raised<br>TG increased<br>LDL increased | TYPE 5: Cholesterol increased<br>LDL reduced<br>VLDL increased<br>TG greatly increased |

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Date : 23-Mar-2024

Name : Mrs. HIMANI DOBHAL

Ref.By : APOLLO HEALTH

Age : 30 Yrs.

Sex : Female

### THYROID TEST

Tri-iodothyronine (T3)	1.80	nmol/L	0.50 to 2.50
Thyroxine (T4)	6.12	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	4.02	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.

Page 5 of 5 { End Of Report }  
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TEST REQUEST ID :012403230027	SAMPLE DATE	:23/Mar/2024 09:13AM
NAME :Mrs. HIMANI DOBHAL	SAMPLE REC. DATE	:23/Mar/2024 09:13AM
AGE/SEX :39 YRS/FEMALE	REPORTED DATE	:23/Mar/2024 12:50PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01230027

## USG WHOLE ABDOMEN-FEMALE

**Liver:** is normal in size (144 mm). Parenchymal echogenicity is normal. 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 (116 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

**Both Kidneys:** are normal in size (RK- 91 x 41 mm & LK -105 x 48 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 (84 x 56 x 33 mms), shape and echotexture. It is anteverted. Myometrium is homogenous. No focal mass is seen. Endometrial thickness is normal 5.9 mm. Cervix appears normal in size, shape and echotexture. No evidence of collection in cervical canal.

**Bilateral Ovaries and adnexae** Both ovaries are normal in size, 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: NORMAL STUDY.**

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

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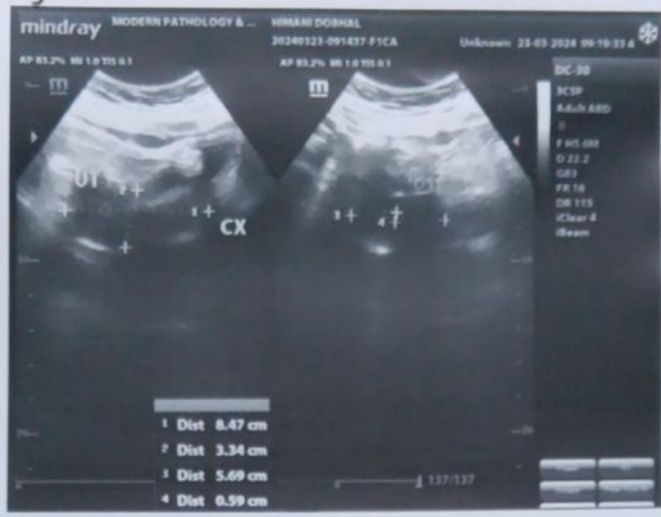
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# MODERN PATHOLOGY AND DIAGNOSTIC CENTER

Gomti Nagar Lucknow

Report



HIMANI DOBHAI / 30 Yrs / F / 159 Cms / 84 Kg  
 Date: 23 - 03 - 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	091	48 %	120/76	109	00	
Standing	00:07	0:04	00.0	00.0	01.0	091	48 %	120/76	109	00	
HV	00:10	0:03	00.0	00.0	01.0	082	43 %	120/76	098	00	
ExStart	00:23	0:13	00.0	00.0	01.0	088	46 %	120/76	105	00	
BRUCE Stage 1	03:23	3:00	02.7	10.0	04.7	140	74 %	126/80	176	00	
BRUCE Stage 2	06:23	3:00	04.0	12.0	07.1	161	85 %	132/84	212	00	
PeakEx	06:27	0:04	00.0	00.0	07.2	159	84 %	140/88	222	00	
Recovery	07:27	1:00	00.0	00.0	01.2	126	66 %	136/84	171	00	
Recovery	08:27	2:00	00.0	00.0	01.0	109	57 %	130/80	141	00	
Recovery	09:27	3:00	00.0	00.0	01.0	099	52 %	124/80	122	00	
Recovery	09:37	3:10	00.0	00.0	01.0	101	53 %	124/80	125	00	

## FINDINGS :

Exercise Time : 06:04  
 Max HR Attained : 161 bpm 85% of Target 190  
 Max BP Attained : 140/88 (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. NAIT MOHAN  
 Regd. No. 10, 068



BRUCE:Supine(0:05)

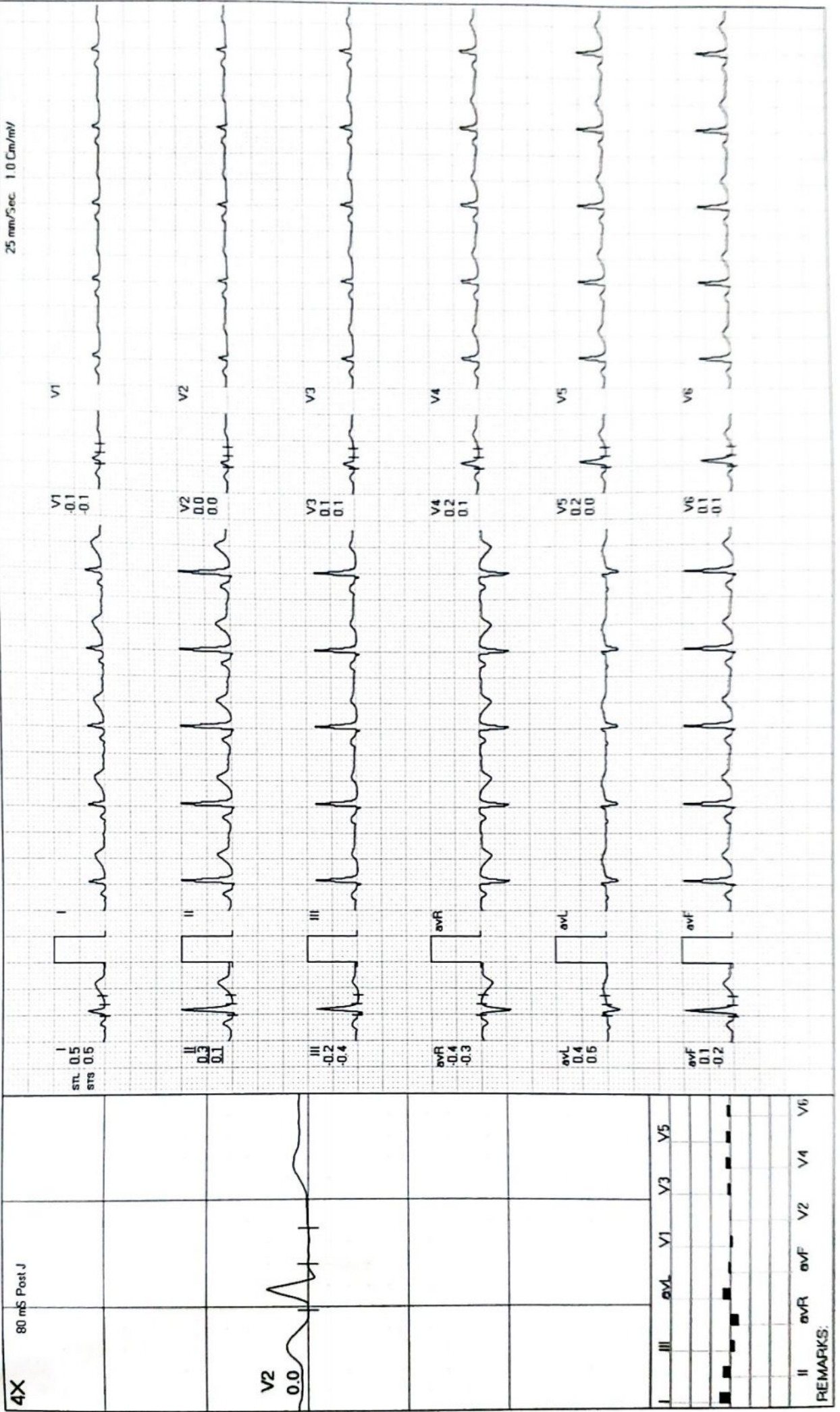
MODERN PATHOLOGY AND DIAGNOSTIC CENTER

HIMANI DOBHAL / 30 Yrs / F / 159 Cms / 84 Kg / HR : 91

Date: 23 - 03 - 2024

METS: 1.0 / 91 bpm 48% of THR BP: 120/76 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime 00:00 0.0 Km/h 0.0%





MODERN PATHOLOGY AND DIAGNOSTIC CENTER

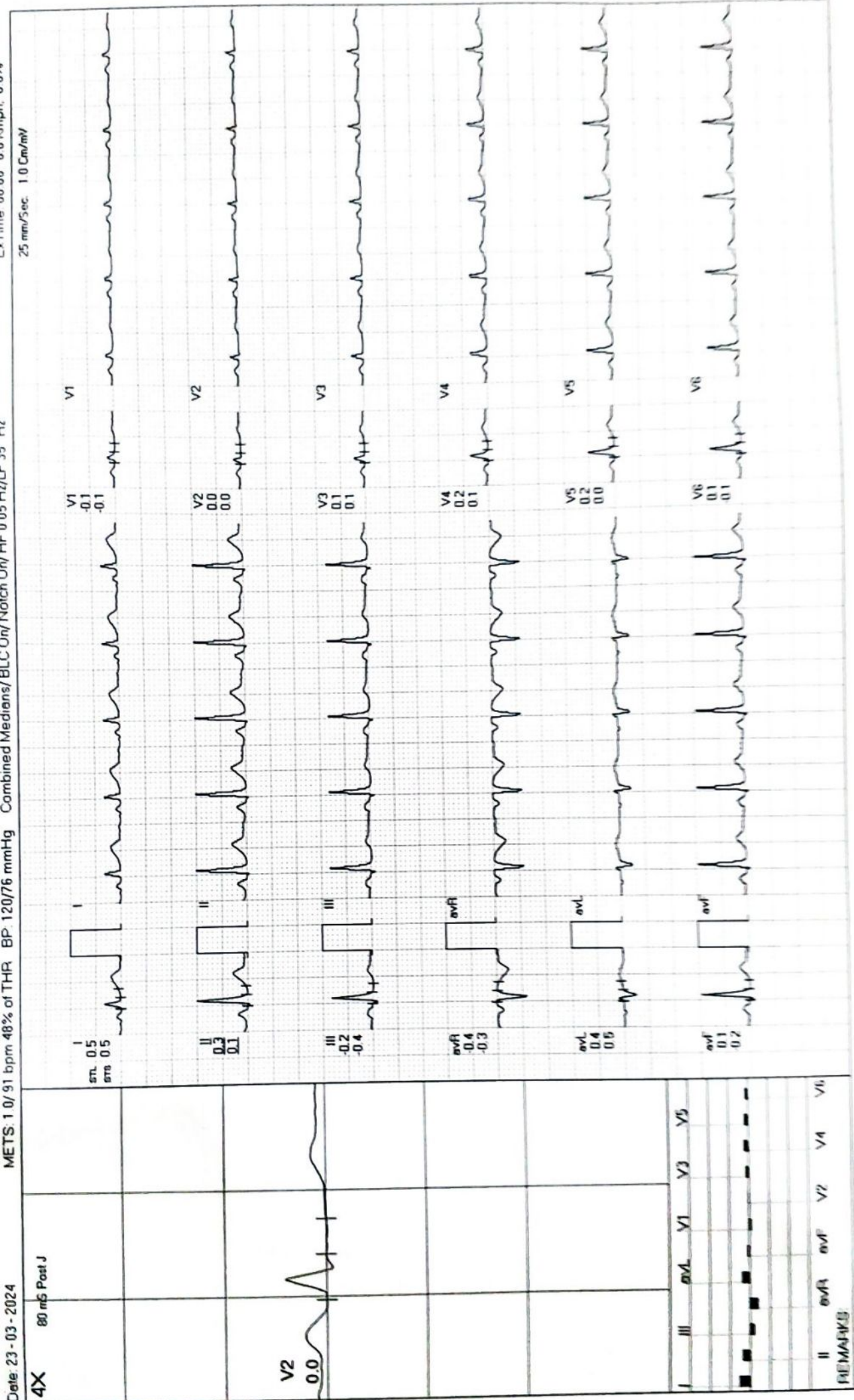
BRUCE:Standing(0:04)



HIMANI DOBHAL / 30 Yrs / F / 159 Cms / 84 Kg / HR : 91

ExTime 00:00 0.0 Km/h 0.0%

METS: 1.0 / 91 bpm 48% of THR BP 120/76 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz



4X 80 mS Post J

V2 0.0

III	aVL	V1	V3	V5	
II	aVR	aVF	V2	V4	V6

REMARKS:



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HIMANI DOBHAL / 30 Yrs / F / 159 Cms / 84 Kg / HR : 82

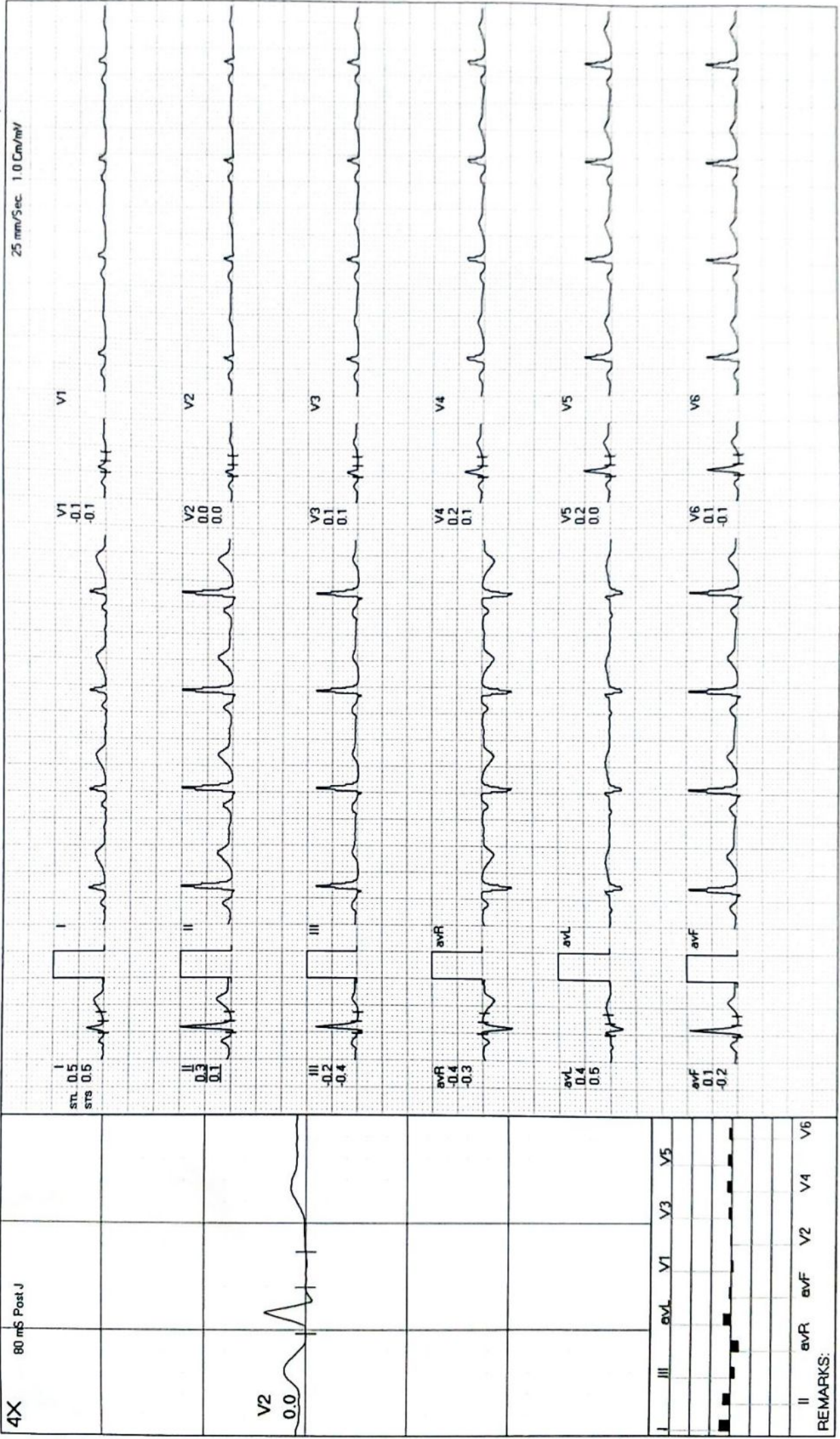
BRUCE:HV(0:06)



Date: 23-03-2024

METS: 1.0/82 bpm 43% of THR BP: 120/76 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime 00:00 0.0 Km/h 0.0%



REMARKS:



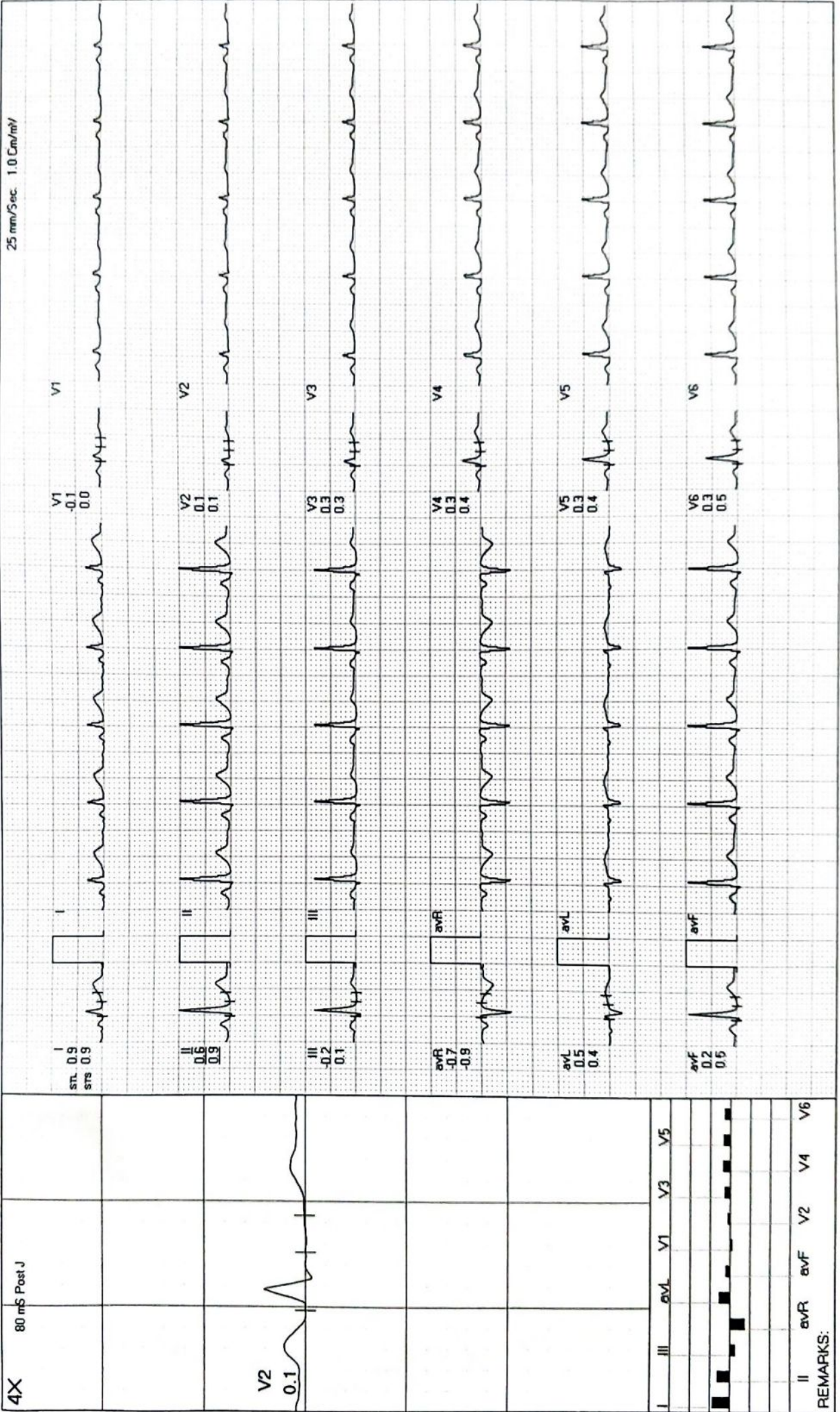
**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

HIMANI DOBHAL / 30 Yrs / F / 159 Cms / 84 Kg / HR : 88

**ExStart**



Date: 23-03-2024 METS: 1.0/88 bpm 46% of THR BP: 120/76 mmHg Combined Medians/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime 00:00 0.0 Kmph, 0.0%  
 25 mm/Sec. 1.0 Cm/mV



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

REMARKS:



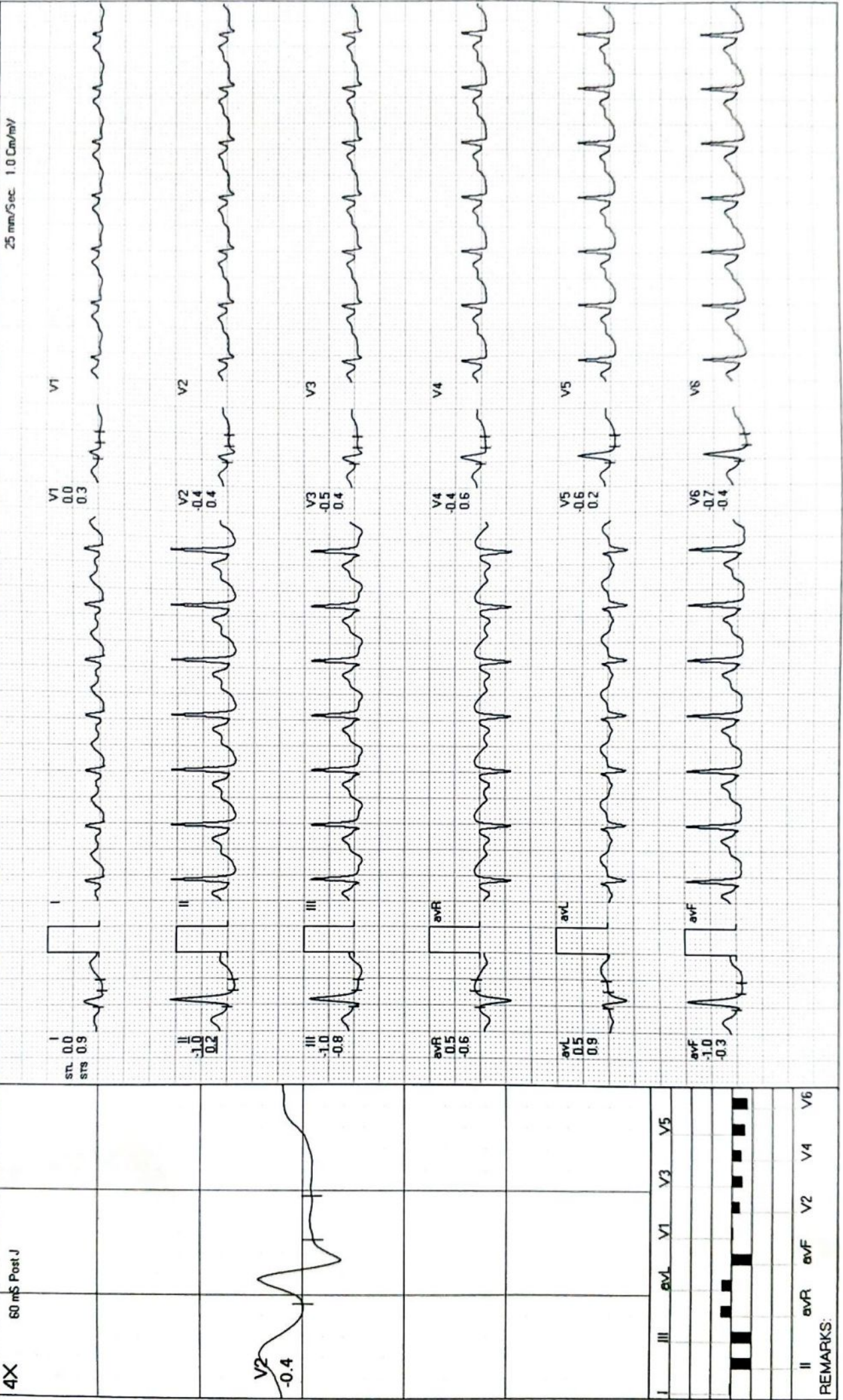
**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

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



HIMANI DOBHAL / 30 Yrs / F / 159 Cms / 84 Kg / HR : 140

Date: 23-03-2024 METS: 4.7 / 140 bpm 74% of THR BP: 126/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz



ExTime 03:00 2.7 Kmph. 10.0%

25 mm/Sec. 1.0 Cm/mV





BRUCE: Stage 2(3:00)

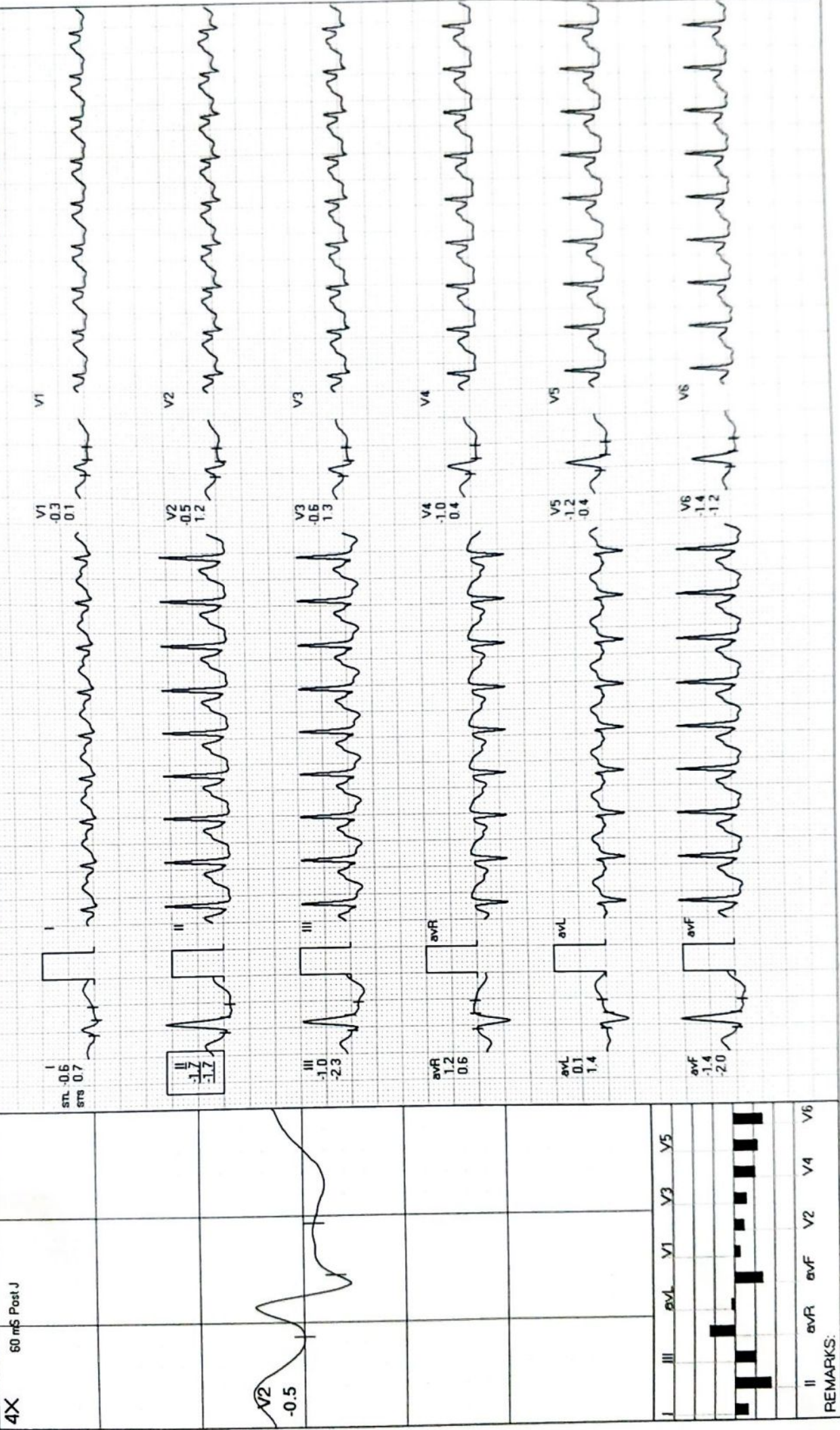
MODERN PATHOLOGY AND DIAGNOSTIC CENTER

HIMANI DOBHAL / 30 Yrs / F / 159 Cms / 84 Kg / HR : 161

ExTime 06:00 40 Km/h, 12.0%

Date: 23-03-2024 METS: 7.1/161 bpm 85% of THR BP: 132/84 mmHg Combined Medians/BLC On/ HF 0.05 Hz/LF 35 Hz

25 mm/sec. 1.0 Cm/mV



REMARKS:



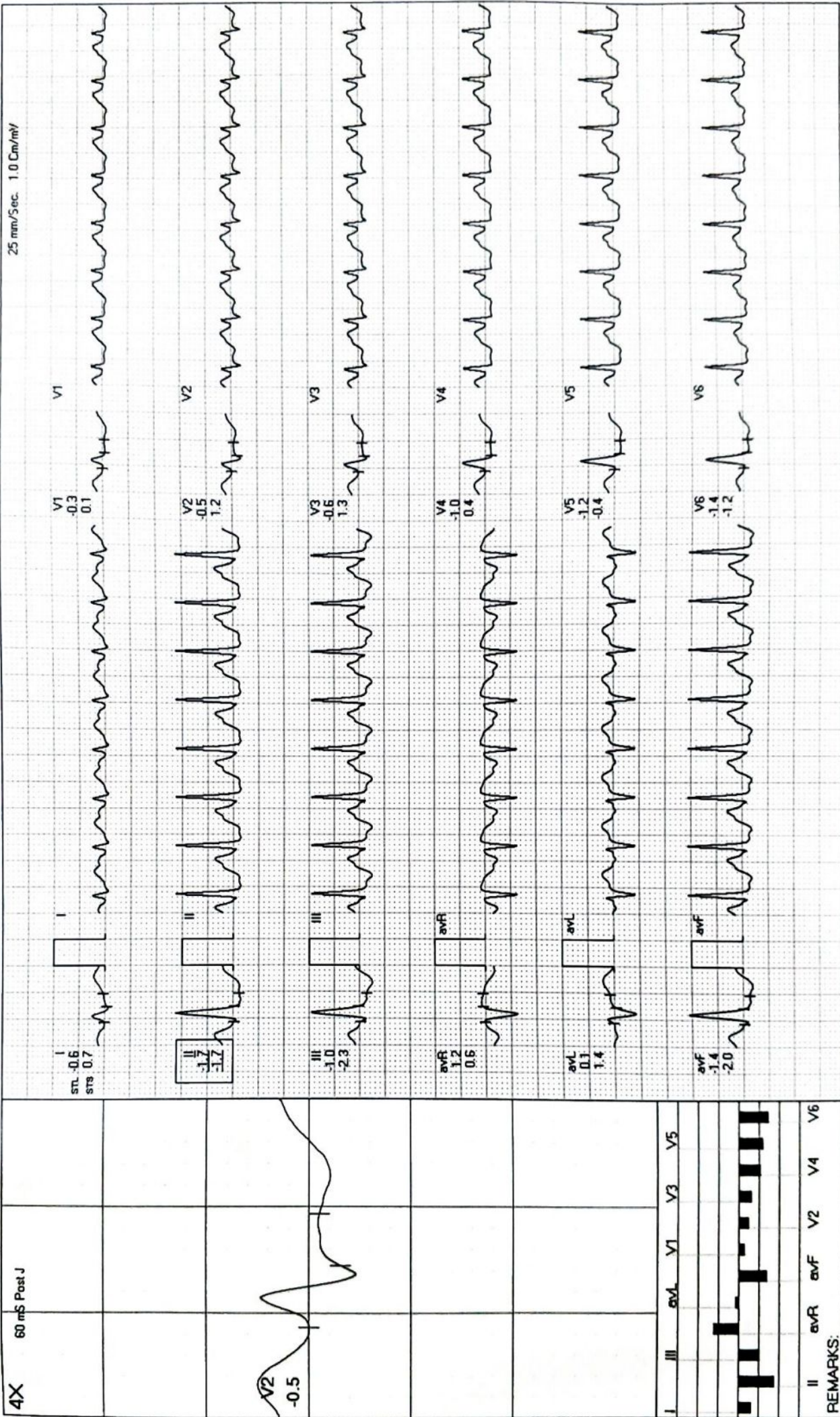
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HIMANI DOBHAL / 30 Yrs / F / 159 Cms / 84 Kg / HR : 159

**PeakEx**



Date: 23-03-2024 METS: 7.2/159 bpm 84% of THR BP: 140/88 mmHg Combined Medians/BLC On/ HF 0.05 Hz/LF 35 Hz ExTime 06:05 0.0 Kmph. 0.0%



REMARKS:



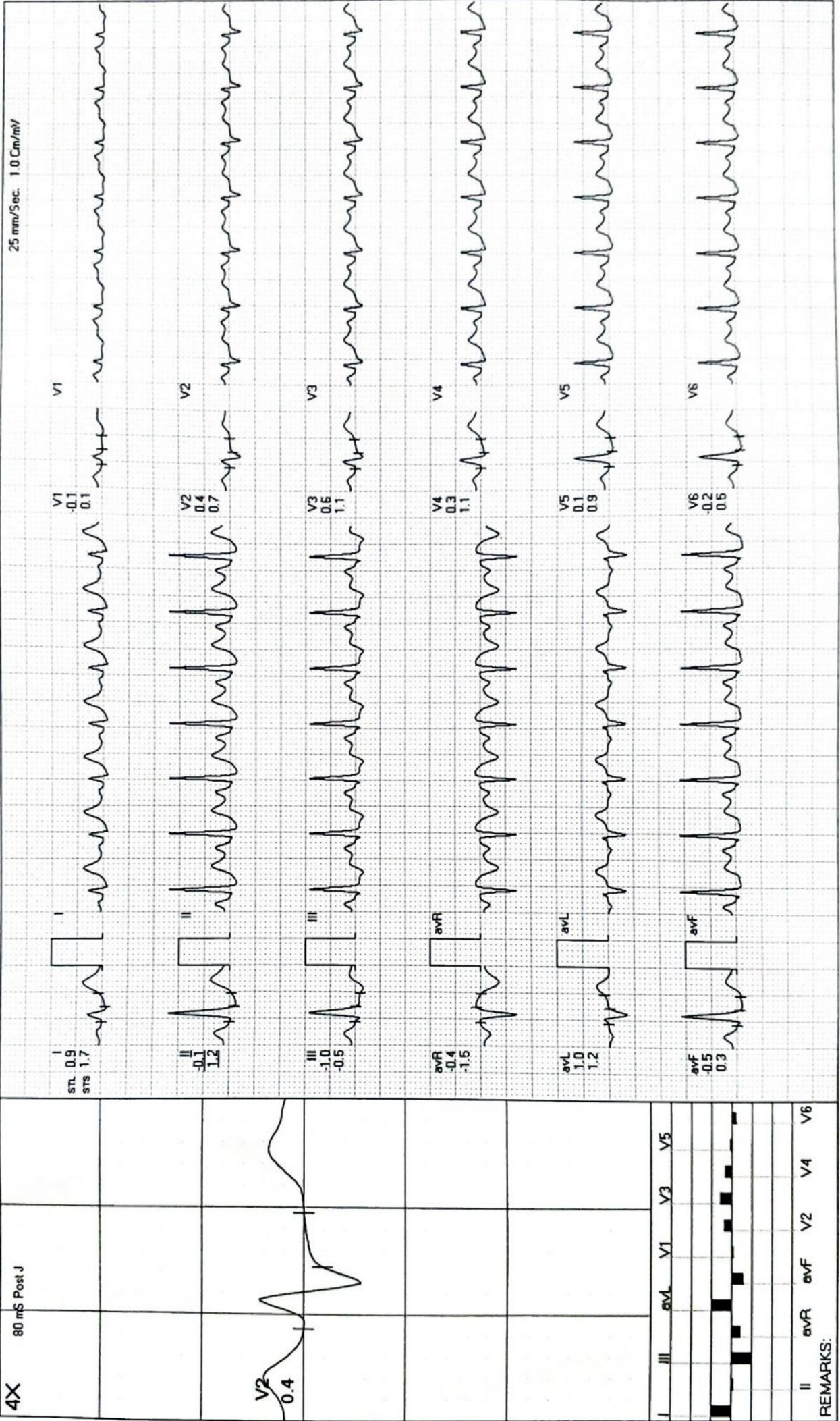
**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

HIMANI DOBHAL / 30 Yrs / F / 159 Cms / 84 Kg / HR : 126

Recovery(1:00)



Date: 23-03-2024 METS 1.2/126 bpm 66% of THR BP: 136/84 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz ExTime 06:04 0.0 Kmph. 0.0%



REMARKS:



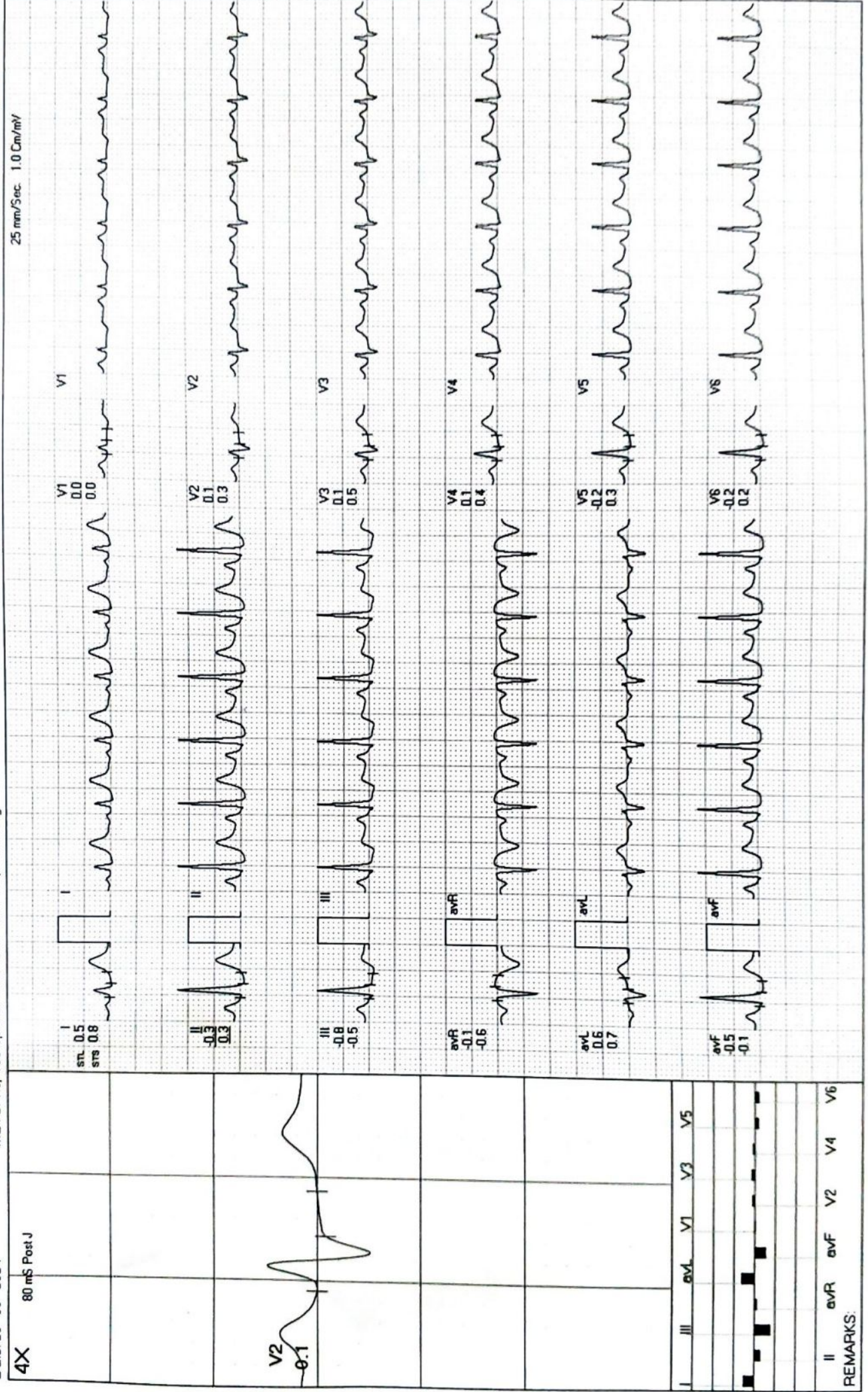
**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

HIMANI DOBHAL / 30 Yrs / F / 159 Cms / 84 Kg / HR : 109

**Recovery(2:00)**



Date: 23-03-2024 METS: 1.0/109 bpm 57% of THR BP: 130/80 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz ExTime 06:04 0.0 Kmph. 0.0%  
 4X 80 mS Post J 25 mm/Sec. 1.0 Cm/mV



REMARKS:





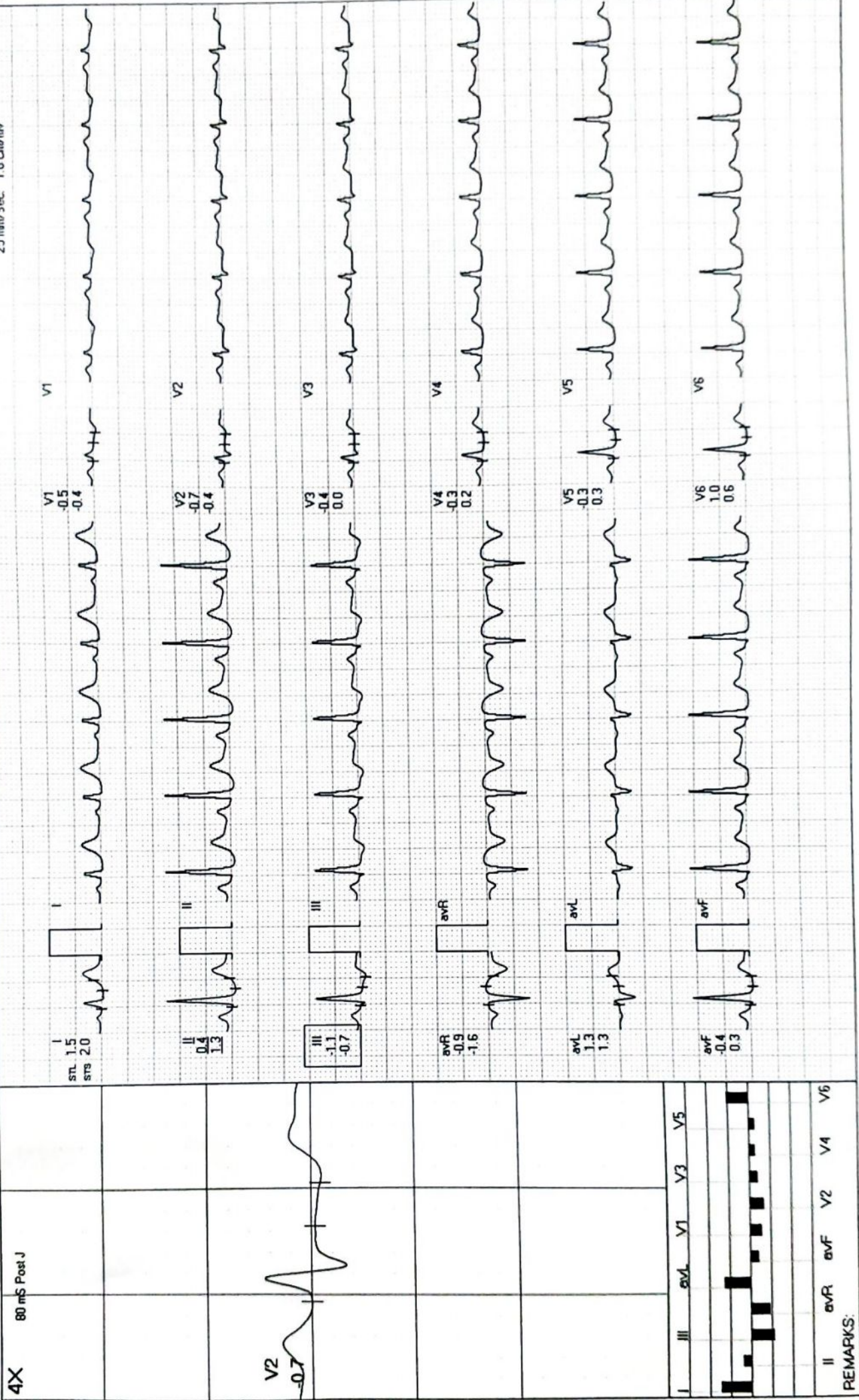
Recovery(3:00)

# MODERN PATHOLOGY AND DIAGNOSTIC CENTER

HIMANI DOBHAL / 30 Yrs / F / 159 Cms / 84 Kg / HR : 99

ExTime 06:04 0.0 Kmph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

Date: 23-03-2024 METS 1.0/99 bpm 52% of THR BP: 124/80 mmHg Combined Medians/BLC On/ HF 0.05 Hz/LF 35 Hz



REMARKS:



**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

HIMANI DOBHAL / 30 Yrs / F / 159 Cms / 84 Kg / HR : 101

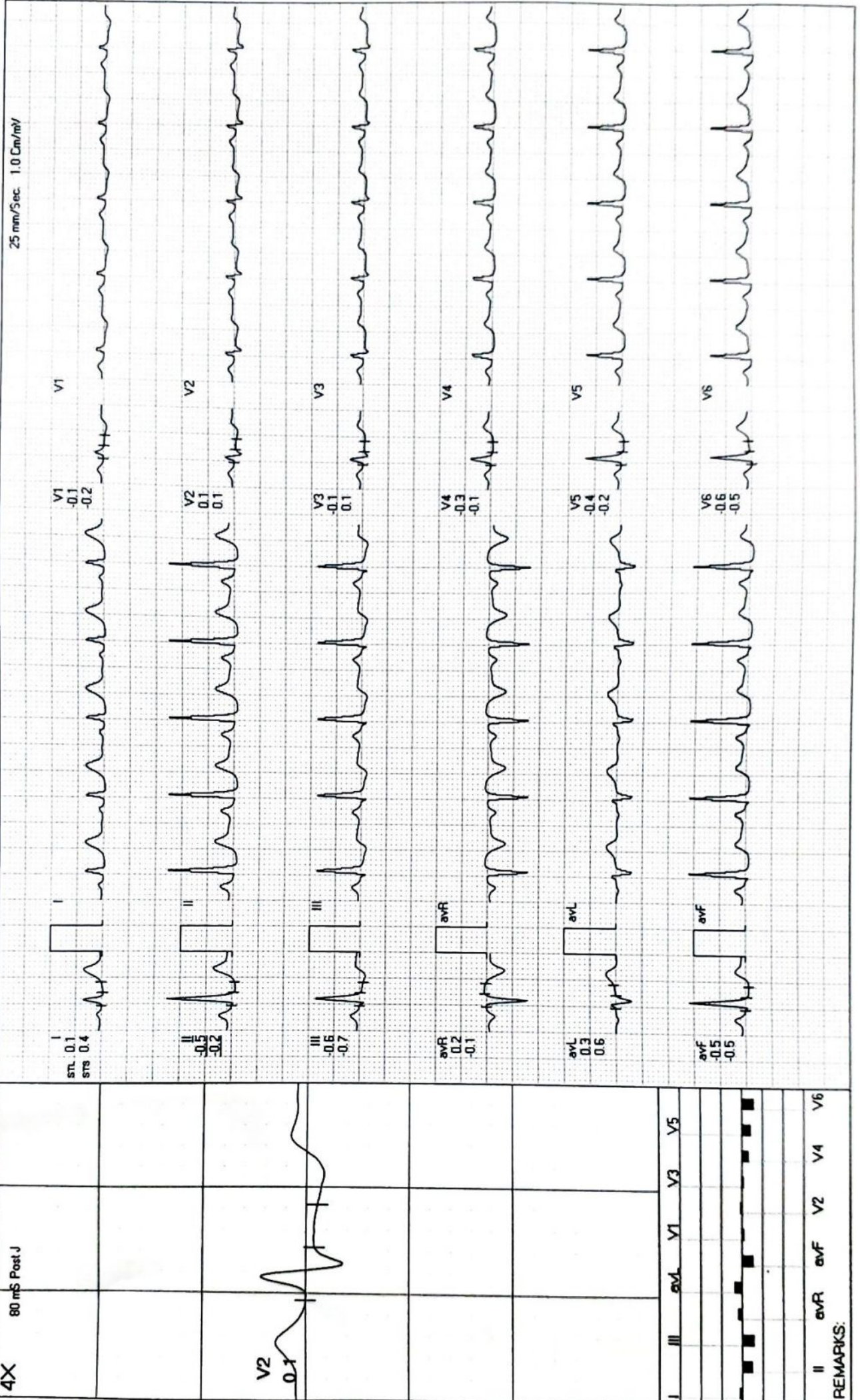
Recovery(3:10)



Date: 23-03-2024

METS: 1.0/101 bpm 53% of THR BP: 124/80 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime 06:04 0.0 Kmph 0.0%







# MODERN PATHOLOGY & DIAGNOSTIC CENTRE

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

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



SAMPLE DATE : 23/03/2024  
NAME : Mrs Himani Dhobal  
AGE/SEX : 30/YRS/FEMALE  
REFERRED BY : Apollo Health

Test Name	Result	Bio. Ref. Range	Unit
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## 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 \*\*\*

**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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