

MER- MEDICAL EXAMINATION REPORT

Date of Examination	29/3/24		
NAME	HIMADAR JAINWAL		
AGE	36	Gender	R.
HEIGHT(cm)	165	WEIGHT (kg)	69 Bms - 25.3
B.P.	110/70		
ECCG	Normal		
X Ray	—		
Vision Checkup	—		
Present Ailments	None		
Details of Past ailments (If Any)	No		
Comments / Advice : She /He is Physically Fit	मेरीमें फिट		
<p>One X-ray test not done due to pregnancy.</p>			



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



भारत सरकार
Government of India



Issue Date: 21/06/2013



हिमाद्री जायसवाल
Himadri Jaiswal
जन्म तिथि / DOB : 06/11/1986
महिला / Female



9377 7399 3812

मेरा आधार, मेरी पहचान



To,
Modern Diagnostic Centre
Lucknow

Not opting for X-Ray & TMT

Dear Sir/Madam,

I would like to state that I am not willing to opt for X-Ray & TMT due to pregnancy.

This is for your kind information and useful action.

Regards



Himachi Jainwal

9179 383689



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.

A handwritten signature in blue ink, consisting of a stylized 'A' followed by a checkmark-like flourish.

CLINIC :

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Gomti Nagar, Lucknow - 226 010
Ph.: 0522-4008184, 4308184 • 8112323230
Mob.: 7618884441, 9450389932, 8177063877

Date	: 29-Mar-2024		
Name	: Mrs. HIMADRI JAISWAL		
Ref.By	: APOLLO HEALTH	Age	: 37 Yrs.
		Sex	: Female
Haemoglobin	11.4	gm%	11 - 14
Total Leucocyte Count	11200	Cells/cumm.	4000-11000
Differential Leucocyte Count			
Polymorphs	79	%	45 - 70
Lymphocytes	15	%	20 - 45
Eosinophils	01	%	0 - 6
Monocytes	05	%	0 - 8
Basophils	00	%	0 - 1
Erythrocyte Sedimentation Rate (Wintrobe)			
ESR	14	mm in 1st Hr.	0 - 19
PCV	35.2	cc%	40 - 52
Corrected ESR	04	mm in 1st Hr.	0 - 19
Platelet Count	2.48	lakh/cumm.	1.5 - 4.0
Red Cells Count	3.76	million/cmm	3.90 to 4.60
Absolute values			
MCV	93.4	fL	77 - 97
MCH	30.3	pg	27 - 31
MCHC	32.4	gm /dl	31 - 34

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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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Report needs clinicopathological correlation ♦ Not for Medico Legal Purpose

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



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Date	: 29-Mar-2024			
Name	: Mrs. HIMADRI JAISWAL		Age	: 37 Yrs.
Ref.By	: APOLLO HEALTH		Sex	: Female
Plasma Glucose - F GOD-POD Method	84	mg/dl	70 - 110	
Plasma Glucose - PP GOD POD Method	119	mg/dl	110 - 170	
Blood Group & Rh	"B" Positive			
KFT				
UREA	20.1	mg %	15 - 50	
CREATININE	0.66	mg %	0.5 - 1.5	
URIC ACID	5.6	mg %	2 - 6	
CALCIUM	9.6	mg %	8.8 - 10.0	

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Date : 29-Mar-2024
Name : **Mrs. HIMADRI JAISWAL**
Ref.By : APOLLO HEALTH
Age : 37 Yrs.
Sex : Female

LFT T&D

Total Bilirubin	0.51	mg%	0.2 - 1.0
Direct Bilirubin	0.28	mg%	0.0 to 0.40
Indirect Bilirubin	0.23	mg%	0.10 to 0.90
S.G.P.T	14	IU/L	5 - 40
S.G.O.T	10	IU/L	5 - 50
ALP	76	IU/L	35 to 104

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

Urine Sugar (Fasting)	NIL
-----------------------	-----

Urine Sugar (PP)	NIL
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Date	: 29-Mar-2024	Age	: 37 Yrs.
Name	: Mrs. HIMADRI JAISWAL	Sex	: Female
Ref.By	: APOLLO HEALTH		

Glycosylated Haemoglobin

Glycosylated Haemoglobin	5.3	%	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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Date	: 29-Mar-2024	Age	: 37 Yrs.
Name	: Mrs. HIMADRI JAISWAL	Sex	: Female
Ref.By	: APOLLO HEALTH		

LIPID PROFILE

Triglycerids	258	mg%	70 - 190
S. Cholestrol S.	290	mg%	130 - 230
S. HDL Cholestrol	44.8	mg%	35 - 75
S. LDL Cholestrol	193.6	mg%	75 - 150
VLDL	51.6	mg%	0 - 34
Chol / HDL factor	6.47		
LDL / HDL Factor	4.32		

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	: 29-Mar-2024		
Name	: Mrs. HIMADRI JAISWAL	Age	: 37 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Female

THYROID TEST

Tri-iodothyronine (T3)	1.81	nmol/L	0.50 to 2.50
Thyroxine (T4)	6.40	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	3.76	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	: 29-Mar-2024		
Name	: Mrs. HIMADRI JAISWAL	Age	: 37 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Female

Urine Examination

PHYSICAL		
Colour	Straw	
Turbidity	Nil	
Deposit	Nil	
Reaction	Acidic	
*Specific Gravity	1.010	
CHEMICAL		
Protein	Nil	
Sugar	Nil	
*Bile Salts	Nil	
*Bile Pigments	Nil	
Phosphate	Nil	
MICROSCOPIC		
Pus Cells	Nil	/hpf
Epithelial Cells	Occasional	/hpf
Red Blood Cells	Nil	/hpf
Casts	Nil	
Crystals	Nil	
Others	Nil	

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TEST REQUEST ID	:012403290047	SAMPLE DATE	:29/Mar/2024 09:54AM
NAME	:Mrs. HIMADRI JAISWAL	SAMPLE REC. DATE	:29/Mar/2024 09:54AM
AGE/SEX	:36 YRS FEMALE	REPORTED DATE	:29/Mar/2024 11:56AM
REFERRED BY	: Apollo Health and Lifestyle Limited,	BARCODE NO	:01290047

USG FETAL/OBS

Single live intrauterine fetus with cephalic position at the time of study.

Fetal movements are noted. Heart rate is 151 BPM & regular.

Estimated gestational age According to: -

BPD - 20 weeks 04 days.

HC - 19 weeks 03 days.

AC - 20 weeks 00 day.

FL - 19 weeks 05 days.

Composite GA - 19 weeks 06 DAYS ± 15 DAYS.

GA by LMP -(11.11.2023) 19 weeks 06 days

Liquor is adequate amount. Four quadrant AFI is 12.27cm.

Placenta is at posterior wall of uterus. Its maturity grade is "I". No evidence of retro placental collection.

There is no evidence of a loose loop of cord around neck.

Estimated fetal body weight approx. = 372 gms.

EDD BY CGA 17.08.2024

INFERENCE:

SINGLE LIVE INTRAUTERINE FETUS OF APPROX. 19 WKS 06 DAYS ± 15 days.

I DR. PANKAJ declare that while conducting ultrasonography/image scanning on MRS. HIMADRI JAISWAL, I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

*** End Of Report ***

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Mob: 7618884441, 9450389932, 817706387



TEST REQUEST ID :012403290047	SAMPLE DATE	:29/Mar/2024 09:54AM
NAME :Mrs. HIMADRI JAISWAL	SAMPLE REC. DATE	:29/Mar/2024 11:49AM
AGE/SEX :36 YRS/FEMALE	REPORTED DATE	:29/Mar/2024 11:52AM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01290047

USG UPPER ABDOMEN FEMALE

Liver : is normal in size (145 mm). Parenchymal echogenicity is normal. No focal echovariant lesion is seen. Intrahepatic biliary radicles are not dilated.

Gall Bladder: is well distended. **Multiple echogenic calculi with dense distal shadowing are seen in lumen, largest 11 mm in size.** 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 (103 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

Both Kidneys: are normal in size (RK- 106 x 38 mm & LK -107 x 43 mm), shape, position, 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.

OPINION:-

- CHOLELITHIASIS.

*** End Of Report ***

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Name: HIMANDARI JAISWAL (DOB:) Age: Ref Physician:
 ID: 20240329-100547-F1CA Operator: EDD(MP): 17/08/2024
 LMP: 11/11/2023 GA: 19w6d EDD(AUA): 17/08/2024

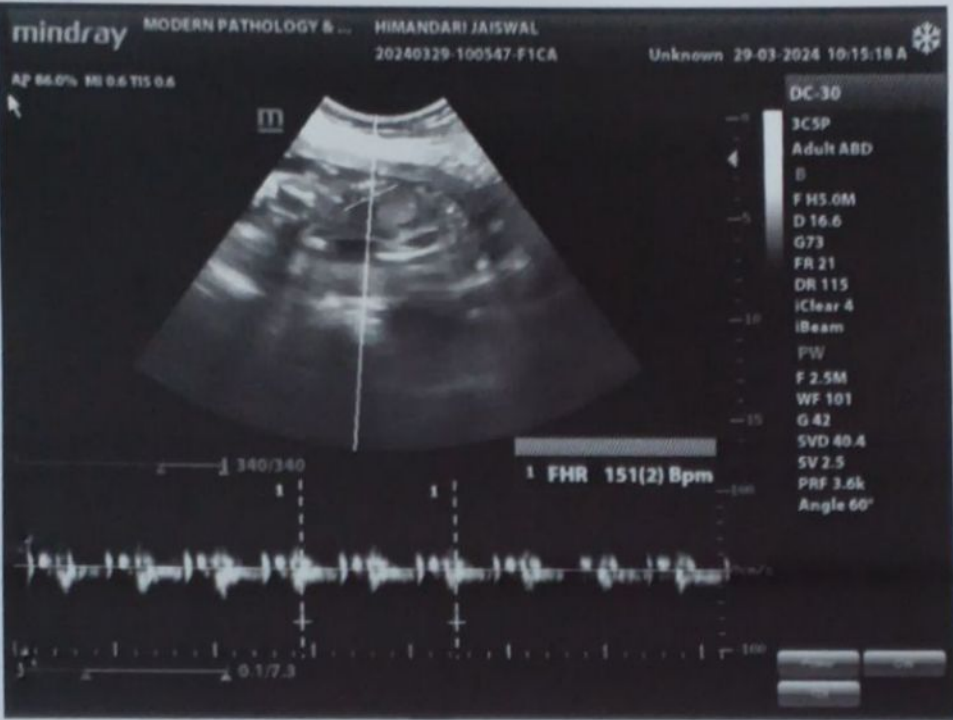
Report Type: Biometrics

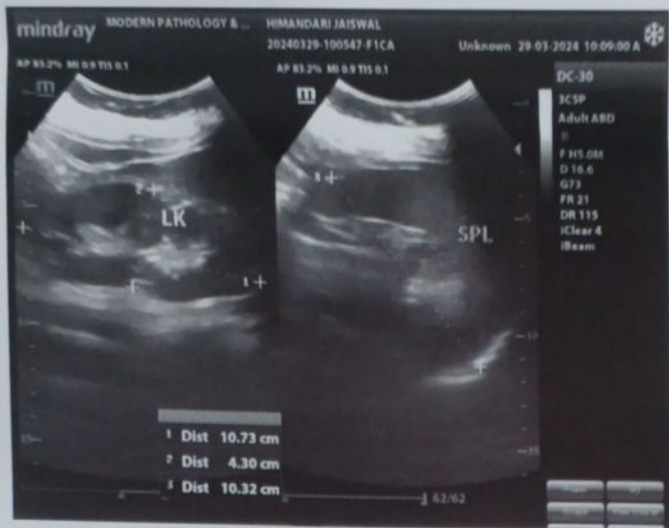
2D Measurements	Formula	Value	SD
EFW			
EFW	HadlockAC,FL,BPD	325g	277g-372g
EFW-GA	Hadlock	19w6d	
EFW-GPD(MP)(Hadlock)		52.39%	
EFW-GPAUA(Hadlock)		52.39%	

	Formula	Value	1	2	3	Method	GA	SD
BPD	Hadlock	4.82cm	78.52%	4.82		Avg	20w4d	18w6d-22w2d
HC	Hadlock	16.71cm	21.19%	16.71		Avg	19w3d	18w6d-20w6d
AC	Hadlock	14.69cm	48.80%	14.69		Avg	20w0d	19w6d-22w0d
FL	Hadlock	3.14cm	37.81%	3.14		Avg	10w5d	17w6d-21w4d

	Value	1	2	3	Method
OFD(K)	5.81cm	5.81			Avg

Buttons: Print, Print View, Export, Image Select, Analyse, OK, Cancel, Clear All, Next, OB Graph







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



Patient name: Mrs Himadri Jaiswal
Ref By. Apollo Health care

Age/Sex 36/F
29/03/2024

E.C.G. REPORT

1. Rhythm	:	Sinus, Regular
2. Atrial Rate	:	80/mt
3. Ventricular Rate	:	80/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. AMIT MOHAN
MD
Reg. No. 44559

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Name

Heemodi Jaiswal

Age

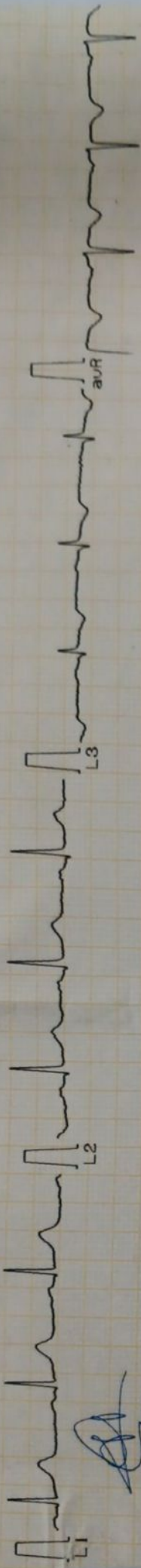
Yrs

M/F

25mm/s

0.1-35 Hz

BLC

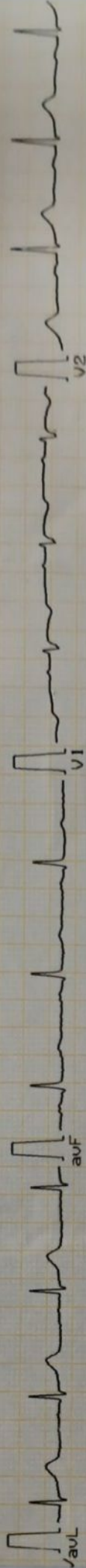


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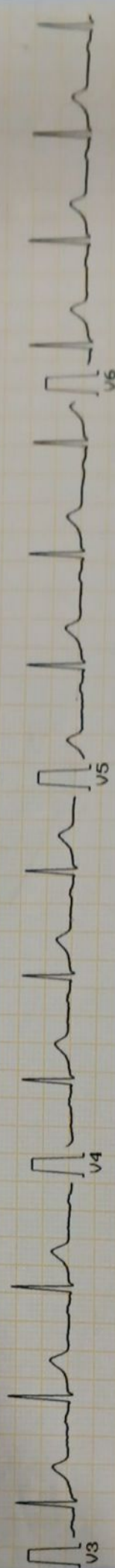
ClarituMed ECG50-1CH

Dr:

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Dr. AMIT MOHAN
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 MD
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SAMPLE DATE : 29/03/2024
NAME : Mrs Himadri jaiswal
AGE/SEX : 36/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

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