

MER- MEDICAL EXAMINATION REPORT

Date of Examination	6/4/24		
NAME	PRIYANKA SINGH		
AGE	43	Gender	F
HEIGHT(cm)	167	WEIGHT (kg)	97 BMI - 34.8
B.P.	108/70		
ECG	normal		
X Ray	normal		
Vision Checkup	—		
Present Ailments	none		
Details of Past ailments (If Any)	no		
Comments / Advice : She /He is Physically Fit	MEDICINEY RIT		




Dr. Smita Rastogi
 MBBS, DCP
 Reg. No. 7570

Signature with Stamp of Medical Examiner

भारत सरकार
Government of India

Issue Date: 24-03-2012



Priyanka Singh
Date of Birth/DOB: 25/01/1981
Female/ FEMALE

6388 3300 3402
VID : 9186 0607 2077 0778

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Download Date: 28/02/2023

Address:
C/O: Shailendra Nath Singh, 613p-19 kh 238,
near eknath temple, keshav nagar, Nirala
Nagar, Lucknow,
Uttar Pradesh - 226020



6388 3300 3402
VID : 9186 0607 2077 0778

1947 | help@uidai.gov.in | www.uidai.gov.in

Singh



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.

Sp Singh



CLINIC :

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

Date	: 06-Apr-2024			
Name	: Mrs. PRIYANKA SINGH		Age	: 43 Yrs.
Ref.By	: APOLLO HEALTH		Sex	: Female
Haemoglobin	12.6	gm%	11 - 14	
Total Leucocyte Count	8400	Cells/cumm.	4000-11000	
Differential Leucocyte Count				
Polymorphs	59	%	45 - 70	
Lymphocytes	32	%	20 - 45	
Eosinophils	03	%	0 - 6	
Monocytes	06	%	0 - 8	
Basophils	00	%	0 - 1	
Erythrocyte Sedimentation Rate (Wintrobe)				
ESR	08	mm in 1st Hr.	0 - 19	
PCV	31.1	cc%	40 - 52	
Corrected ESR	02	mm in 1st Hr.	0 - 19	
Platelet Count	1.98	lakh/cumm.	1.5 - 4.0	
Red Cells Count	4.48	million/cmm	3.90 to 4.60	
Absolute values				
MCV	85.2	fL	77 - 97	
MCH	27.5	pg	27 - 31	
MCHC	31.1	gm /dl	31 - 34	

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M.B.B.S., DCP

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

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Date	: 06-Apr-2024		
Name	: Mrs. PRIYANKA SINGH	Age	: 43 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

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Date	: 06-Apr-2024		
Name	: Mrs. PRIYANKA SINGH		
Ref.By	: APOLLO HEALTH		Age : 43 Yrs.
			Sex : Female
Plasma Glucose - F GOD-POD Method	94	mg/dl	70 - 110
Plasma Glucose - PP GOD POD Method	126	mg/dl	110 - 170
Blood Group & Rh	"B" Positive		
LFT T&D			
Total Bilirubin	0.59	mg%	0.2 - 1.0
Direct Bilirubin	0.14	mg%	0.0 to 0.40
Indirect Bilirubin	0.45	mg%	0.10 to 0.90
S.G.P.T	33	IU/L	5 - 40
S.G.O.T	26	IU/L	5 - 50
ALP	87	IU/L	35 to 104
Serum Gamma G.T.	18	IU/L	11 - 50
KFT			
UREA	19.2	mg %	15 - 50
CREATININE	0.80	mg %	0.5 - 1.5
URIC ACID	5.4	mg %	2 - 6
CALCIUM	9.5	mg %	8.8 - 10.0
Urine Sugar (Fasting)	NIL		
Urine Sugar (PP)	NIL		

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Date : 06-Apr-2024
Name : **Mrs. PRIYANKA SINGH**
Ref.By : APOLLO HEALTH
Age : 43 Yrs.
Sex : Female

LIPID PROFILE

Triglycerids	124	mg%	70 - 190
S. Cholestrol S.	136	mg%	130 - 230
S. HDL Cholestrol	40.8	mg%	35 - 75
S. LDL Cholestrol	70.4	mg%	75 - 150
VLDL	24.8	mg%	0 - 34
Chol / HDL factor	3.33		
LDL / HDL Factor	1.73		

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	: 06-Apr-2024	Age	: 43 Yrs.
Name	: Mrs. PRIYANKA SINGH	Sex	: Female
Ref.By	: APOLLO HEALTH		

THYROID TEST

Tri-iodothyronine (T3)	1.60	nmol/L	0.50 to 2.50
Thyroxine (T4)	6.59	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	2.18	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 : 06-Apr-2024
Name : **Mrs. PRIYANKA SINGH**
Ref.By : APOLLO HEALTH
Age : 43 Yrs.
Sex : Female

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

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	: 06-Apr-2024		
Name	: Mrs. PRIYANKA SINGH		
Ref.By	: APOLLO HEALTH	Age	: 43 Yrs.
		Sex	: Female

Urine Examination

PHYSICAL		
Colour	Straw	
Turbidity	Nil	
Deposit	Nil	
Reaction	Acidic	
*Specific Gravity	1.025	
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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TEST REQUEST ID :012404060028	SAMPLE DATE	:06/Apr/2024 09:21AM
NAME :Mrs. PRIYANKA SINGH	SAMPLE REC. DATE	:06/Apr/2024 09:21AM
AGE/SEX :43 YRS/FEMALE	REPORTED DATE	:06/Apr/2024 11:28AM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01060028

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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UMRD
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Consultant Radiologist

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Ph.: 0522-4008184, 4308184 📞 8112323230
Mob.: 7618884441, 9450389932, 8177063877

Patient name: Mrs Priyanka Singh
Ref By. Apollo Health

Age/Sex 43/F
06/04/2024

E.C.G. REPORT

1. Rhythm	:	Sinus, Regular
2. Atrial Rate	:	82/mt
3. Ventricular Rate	:	82/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.

Dr. AMIT MOHAN
MD
Reg No. 44559
Signature of Doctor

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Name Priyanka Singh

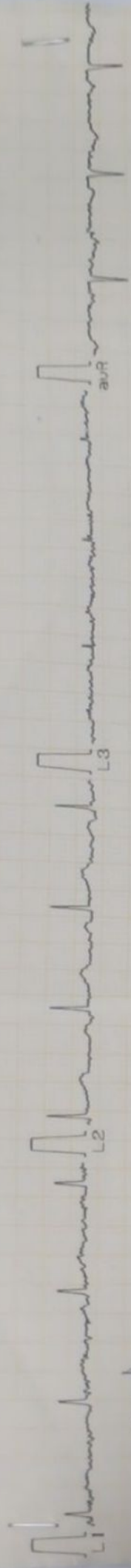
Age ___ Yrs M/F

10mm/mV

25mm/s

0.1-35 Hz

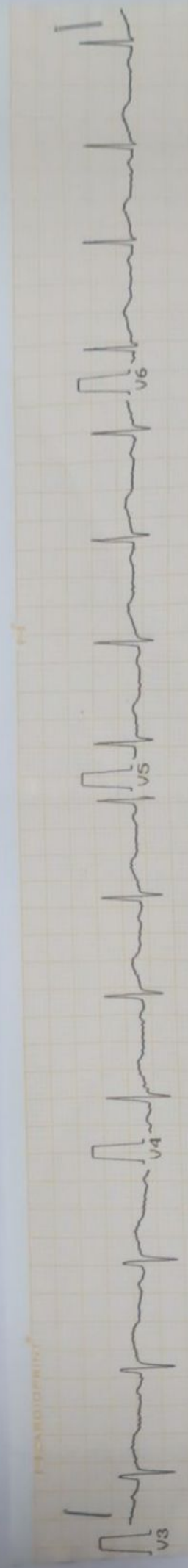
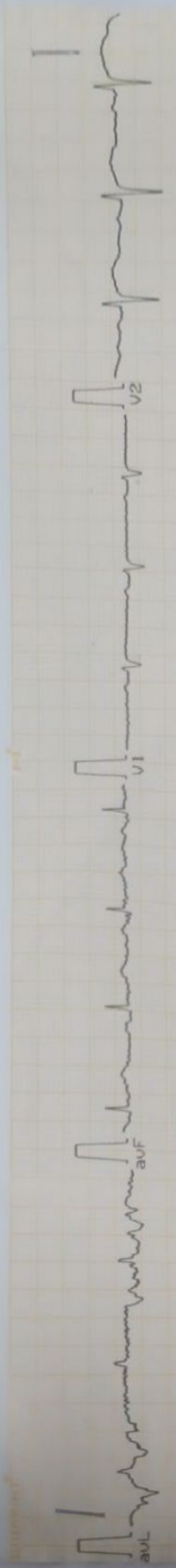
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Dr.:



Dr. AMIT MOHAN
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Reg. No. 44559



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NAME	:Mrs. PRIYANKA SINGH	SAMPLE REC. DATE	:06/Apr/2024 09:21AM
AGE/SEX	:43 YRS/FEMALE	REPORTED DATE	:06/Apr/2024 11:44AM
REFERRED BY	: Apollo Health and Lifestyle Limited,	BARCODE NO	:01060028

USG B/L SONOMEMOGRAPHY

Bilateral breasts in all quadrants are normal in echotexture, no obvious focal / diffuse mass lesion seen. No architectural distortion is seen.

Bilateral breasts are relatively normal in size.

No evidence of any obvious focal / diffuse ductal dilatation is seen.

Subareolar regions are normal grossly.

Axilla and axillary tails are normal.

No evidence of any obvious loco-regional axillary lymphadenopathy seen.

OPINION:

- NO SIGNIFICANT ABNORMALITY DETECTED.

Please correlate clinically.

*** End Of Report ***

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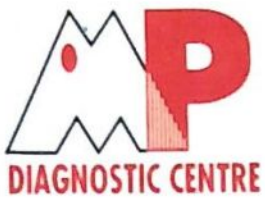
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AGE/SEX :43 YRS/FEMALE	REPORTED DATE	:06/Apr/2024 12:11PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01060028

USG WHOLE ABDOMEN-FEMALE

Liver: is mildly enlarged in size (159 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 (113 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

Both Kidneys: are normal in size (RK- 96 x 41 mm & LK -102 x 38 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 (85 x 62 x 40 mms), shape and echotexture. It is anteverted. Myometrium is homogenous. No focal mass is seen. Endometrial thickness is normal

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AGE/SEX :43 YRS/FEMALE	REPORTED DATE	:06/Apr/2024 12:11 PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01060028

9.6 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:

- MILD HEPATOMEGALY.

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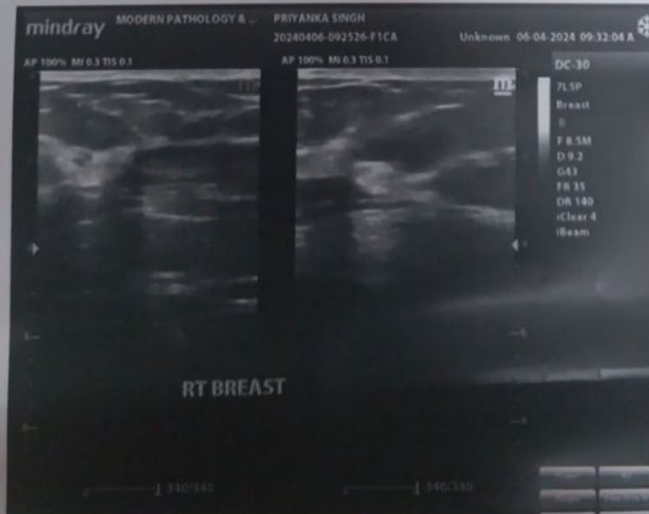
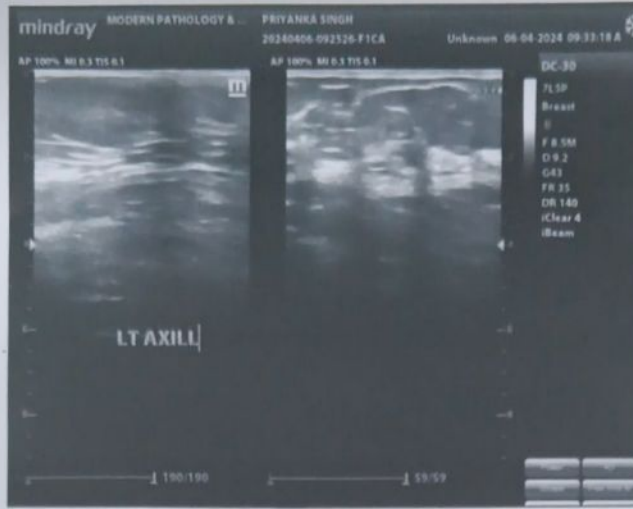
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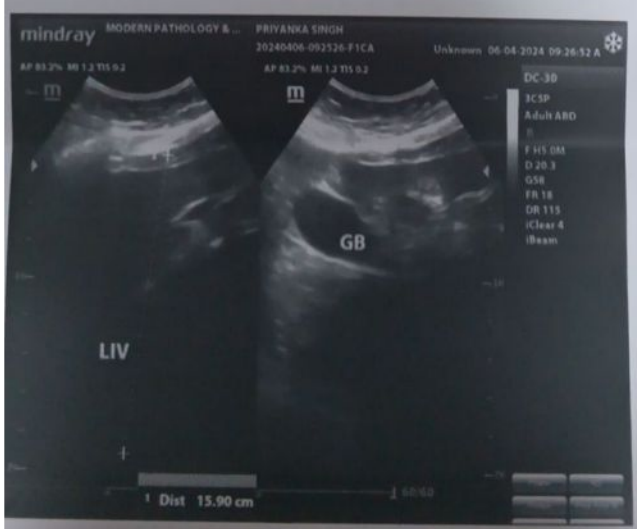
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Report

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Gomti Nagar LucknowE

PRIYANKA SINGH / 43 Yrs / F / 167 Cms / 97 Kg

Date: 06 - 04 - 2024 Refd By : APOLLO HEALTH Examined By:

Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	093	53 %	108/70	100	00	
Standing	00:08	0:04	00.0	00.0	01.0	093	53 %	108/70	100	00	
HV	00:12	0:04	00.0	00.0	01.0	086	49 %	108/70	092	00	
ExStart	00:37	0:25	00.0	00.0	01.0	090	51 %	108/70	097	00	
PeakEx	02:46	2:09	02.7	10.0	03.7	130	73 %	136/90	176	00	
Recovery	03:46	1:00	00.0	00.0	03.7	098	55 %	134/86	131	00	
Recovery	04:46	2:00	00.0	00.0	03.7	093	53 %	130/82	120	00	
Recovery	05:46	3:00	00.0	00.0	03.7	090	51 %	124/80	111	00	
Recovery	06:18	3:31	00.0	00.0	03.7	089	50 %	124/80	110	00	

FINDINGS :

Exercise Time : 02:09
 Max HR Attained : 130 bpm 73% of Target 177
 Max BP Attained : 136/90 (mm/Hg)
 Max WorkLoad Attained : 3.7 Poor 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.


 Dr. ANSHU MOHAN
 MD

Reg. No. 44559

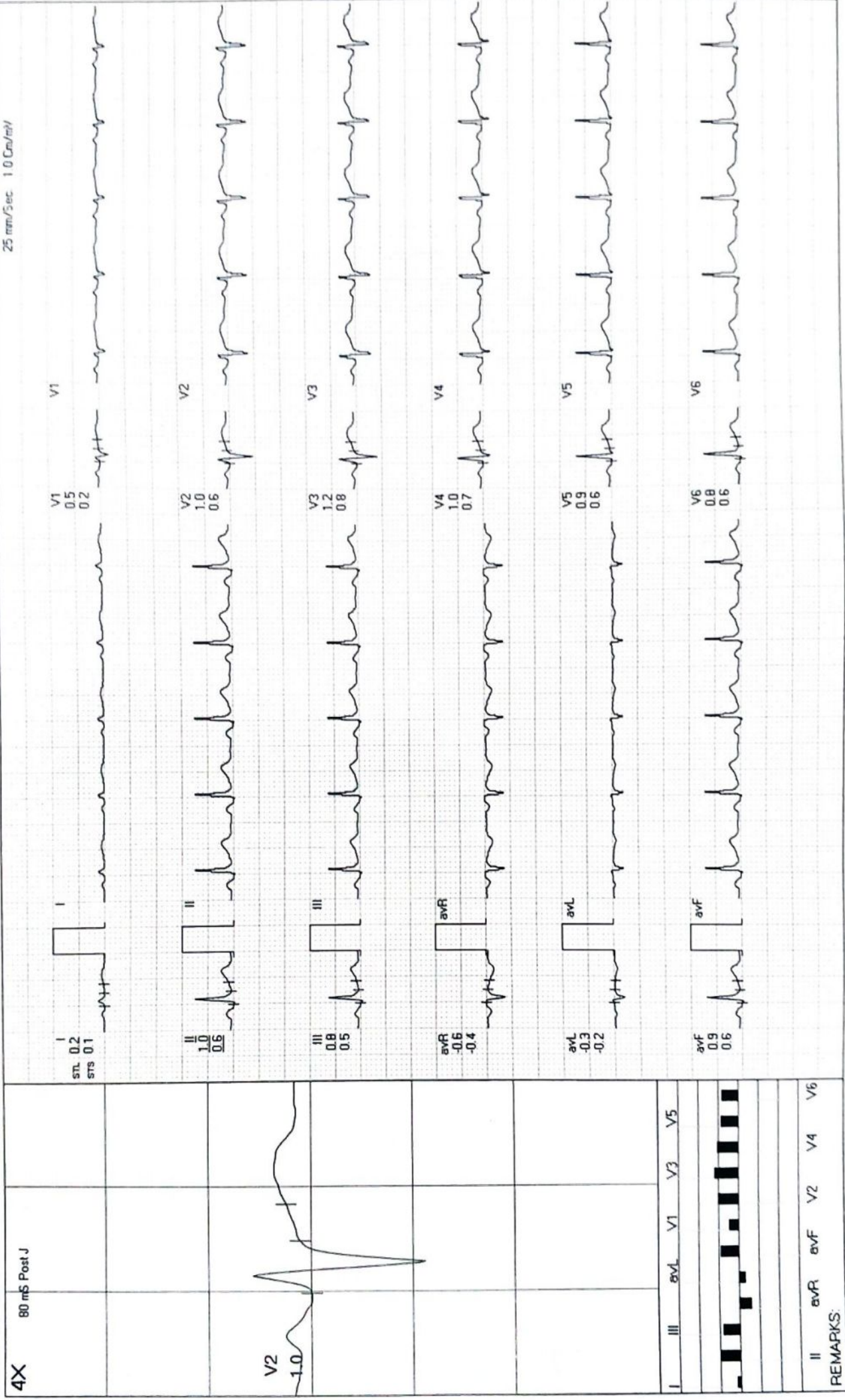
MODERN PATHOLOGY AND DIAGNOSTIC CENTER

BRUCE:Supine(0:06)



PRIYANKA SINGH / 43 Yrs / F / 167 Cms / 97 Kg / HR : 93

Date: 06 - 04 - 2024 METS 1.0/93 bpm 53% of THR BP-108/70 mmHg Combined Medians/BLC On/ HF 0.05 Hz/LF 35 Hz ExTime 00:00 0.0 Kmph. 0.0%
 25 mm/Sec. 1.0 Cm/Div



REMARKS:
 II avR avF V2 V4 V6
 I III avL V1 V3 V5

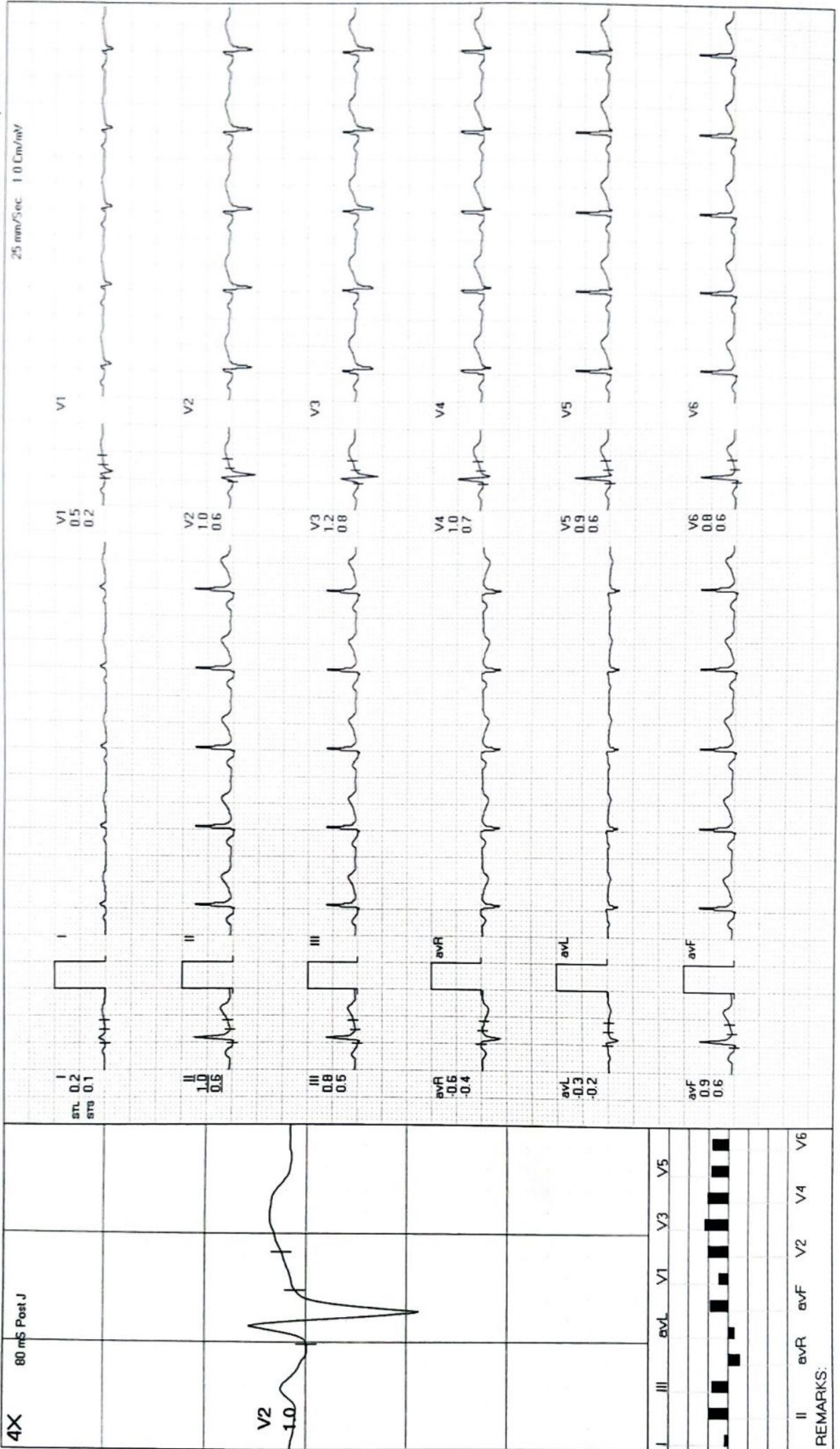
MODERN PATHOLOGY AND DIAGNOSTIC CENTER

PRIYANKA SINGH / 43 Yrs / F / 167 Cms / 97 Kg / HR : 93

BRUCE: Standing(0:05)



Date: 06-04-2024 METS: 1.0 / 93 bpm 53% of THR BP 108/70 mmHg Combined Medions/BLC On/ HF 0.05 Hz/LF 35 Hz ExTime 00:00 0.0 Kmph 0.0%



REMARKS:

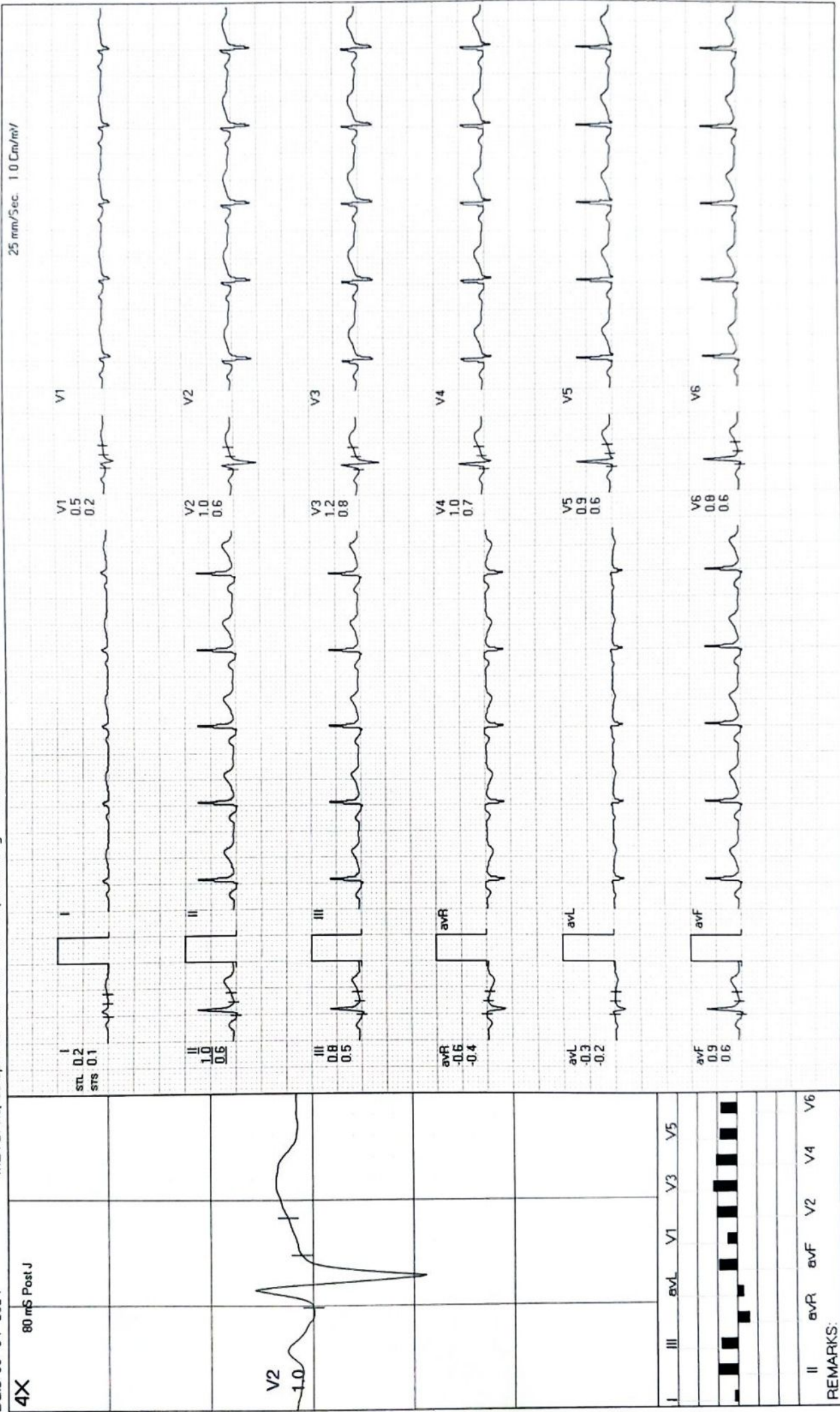
MODERN PATHOLOGY AND DIAGNOSTIC CENTER

BRUCE:HV(0:07)



PRIYANKA SINGH / 43 Yrs / F / 167 Cms / 97 Kg / HR : 86

Date: 06-04-2024 METS: 1.0/ 86 bpm 49% of THR BP: 108/70 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

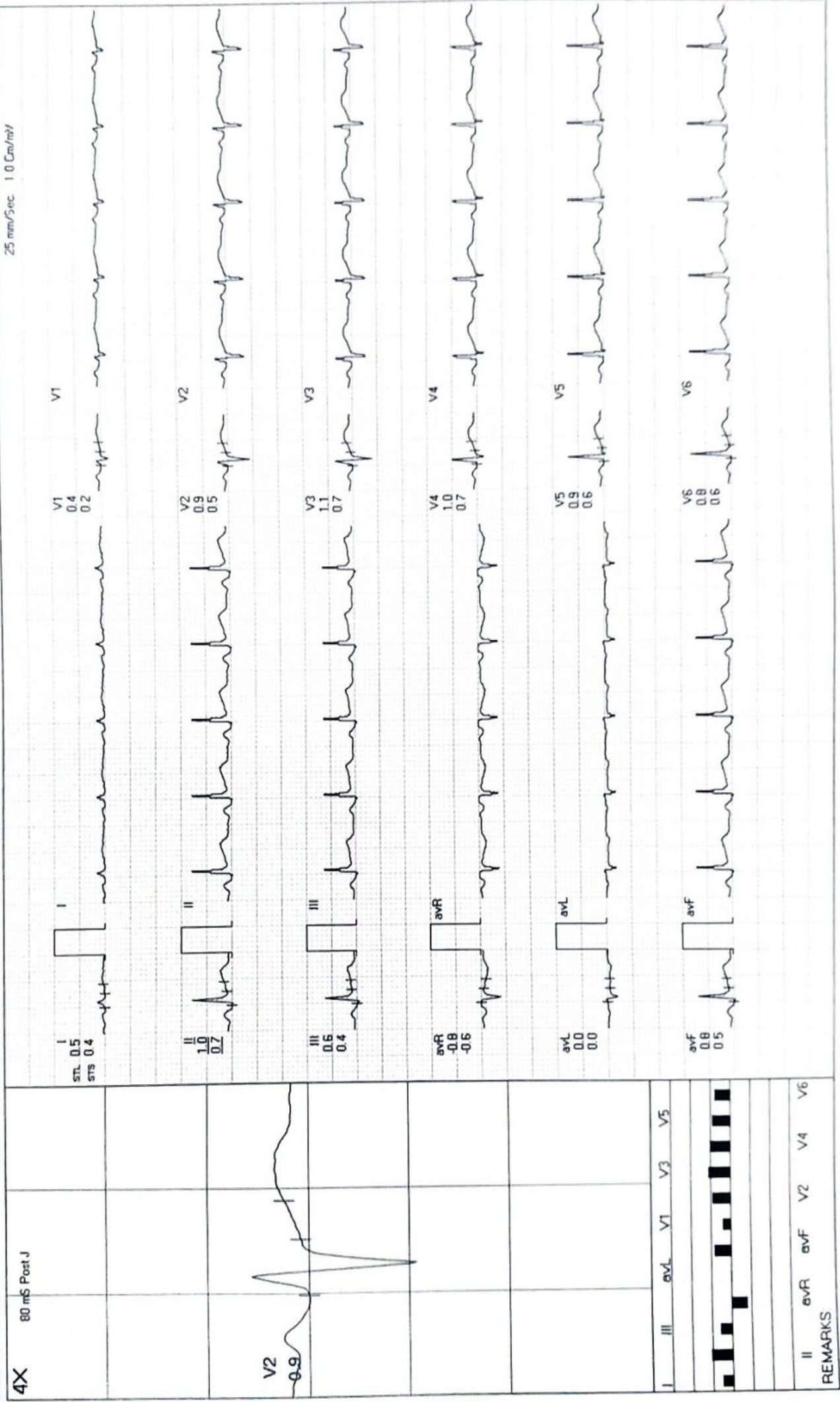
PRIYANKA SINGH / 43 Yrs / F / 167 Cms / 97 Kg / HR : 90

ExStart



ExTime 00:00 0.0 Kmph. 0.0%
25 mm/Sec 1.0 Cm/mV

Date: 06-04-2024 METS: 1.0/90 bpm 51% of THR BP: 108/70 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz



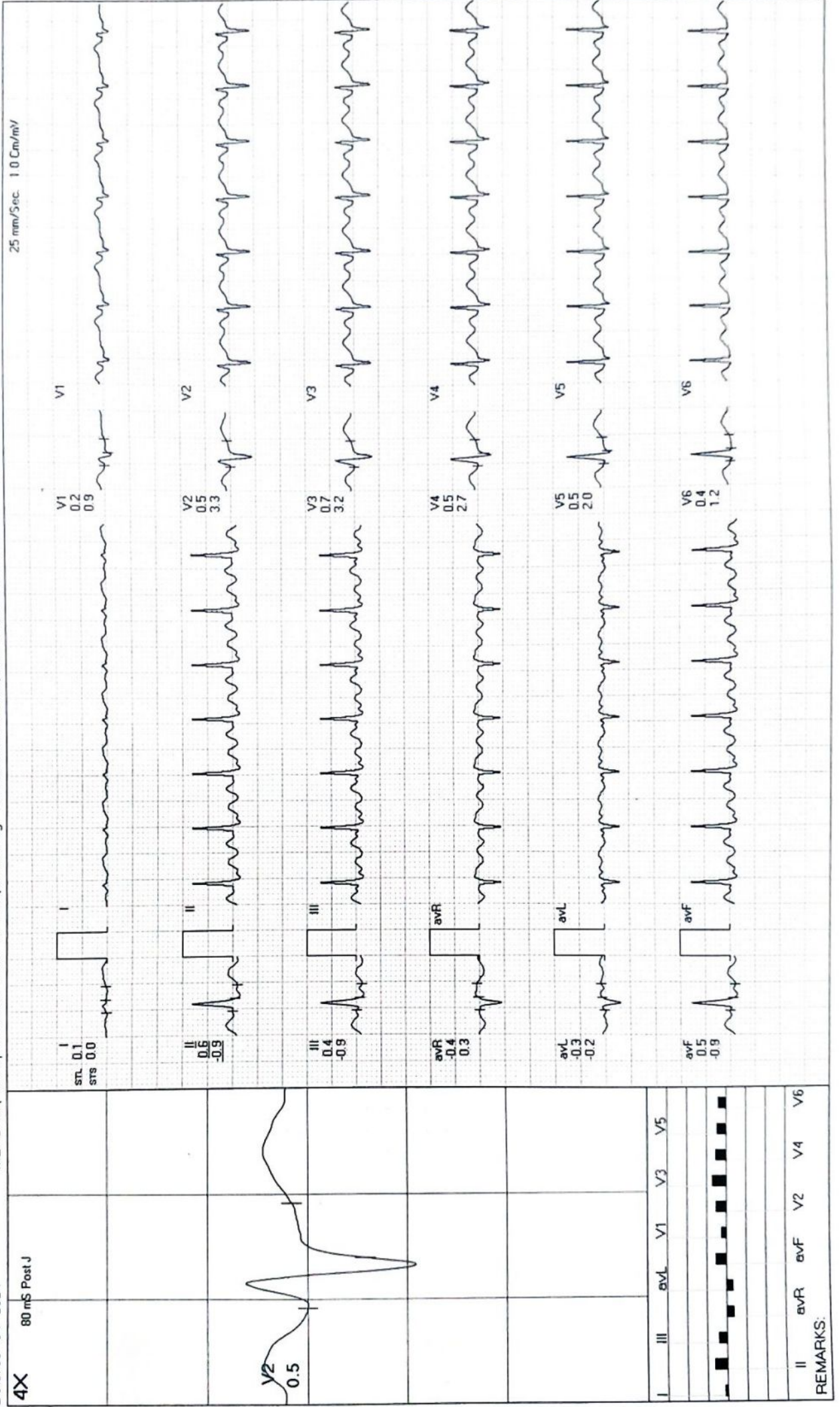
MODERN PATHOLOGY AND DIAGNOSTIC CENTER

PeakEx



PRIYANKA SINGH / 43 Yrs / F / 167 Cms / 97 Kg / HR : 130

Date: 06-04-2024 METS: 3.7 / 130 bpm 73% of THR BP: 136/90 mmHg Combined Medians/BLC On/ HF 0.05 Hz/LF 35 Hz ExTime 02:10 2.7 Kmph, 10.0%



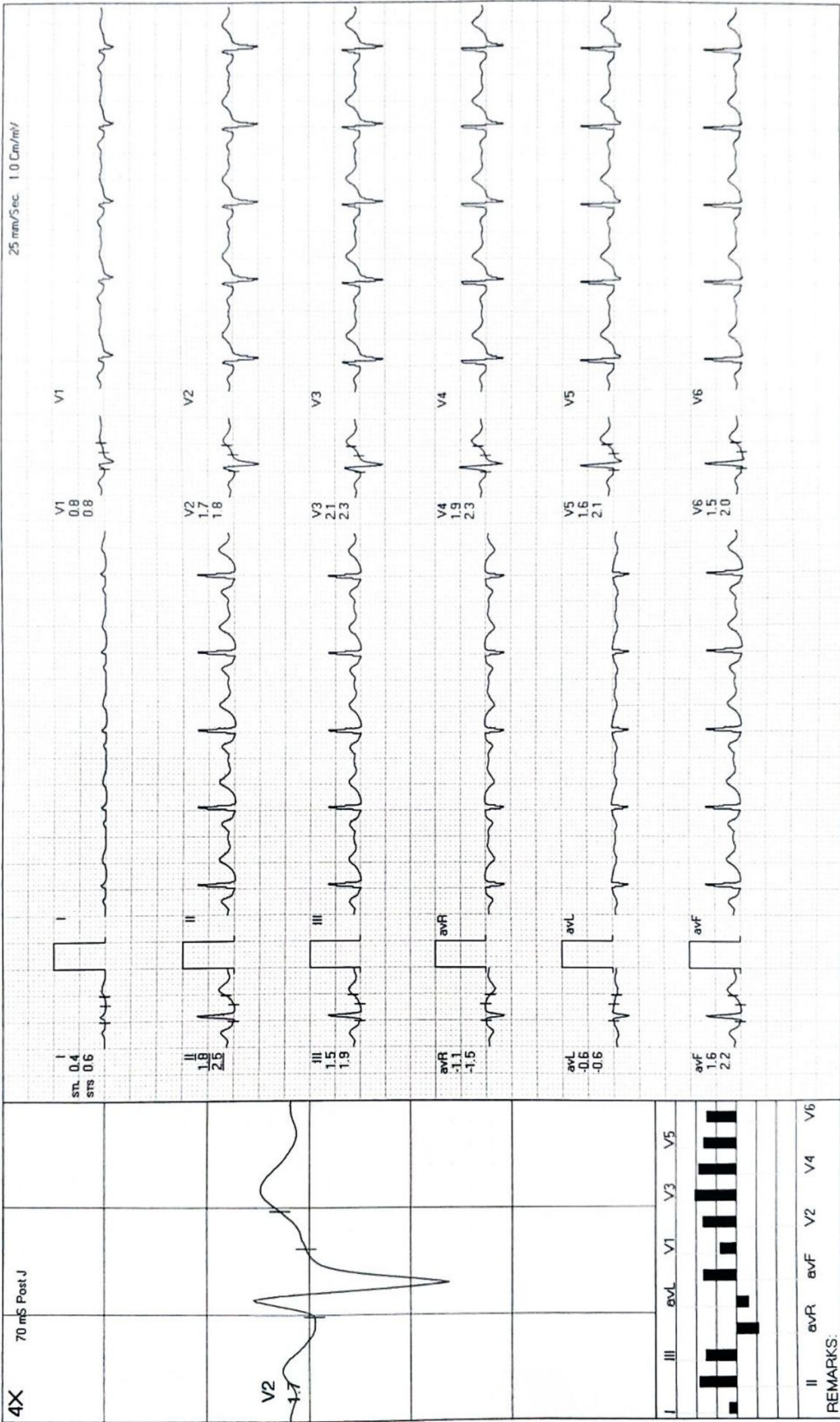
MODERN PATHOLOGY AND DIAGNOSTIC CENTER

PRIYANKA SINGH / 43 Yrs / F / 167 Cms / 97 Kg / HR : 98

Recovery(1:00)



Date: 06-04-2024 METS 3.7/98 bpm 55% of THR BP: 134/86 mmHg Combined Medians/BLC On/ HF 0.05 Hz/LF 35 Hz ExTime 02:09 0.0 Km/h 0.0%



REMARKS:
II avR avF V2 V4 V6

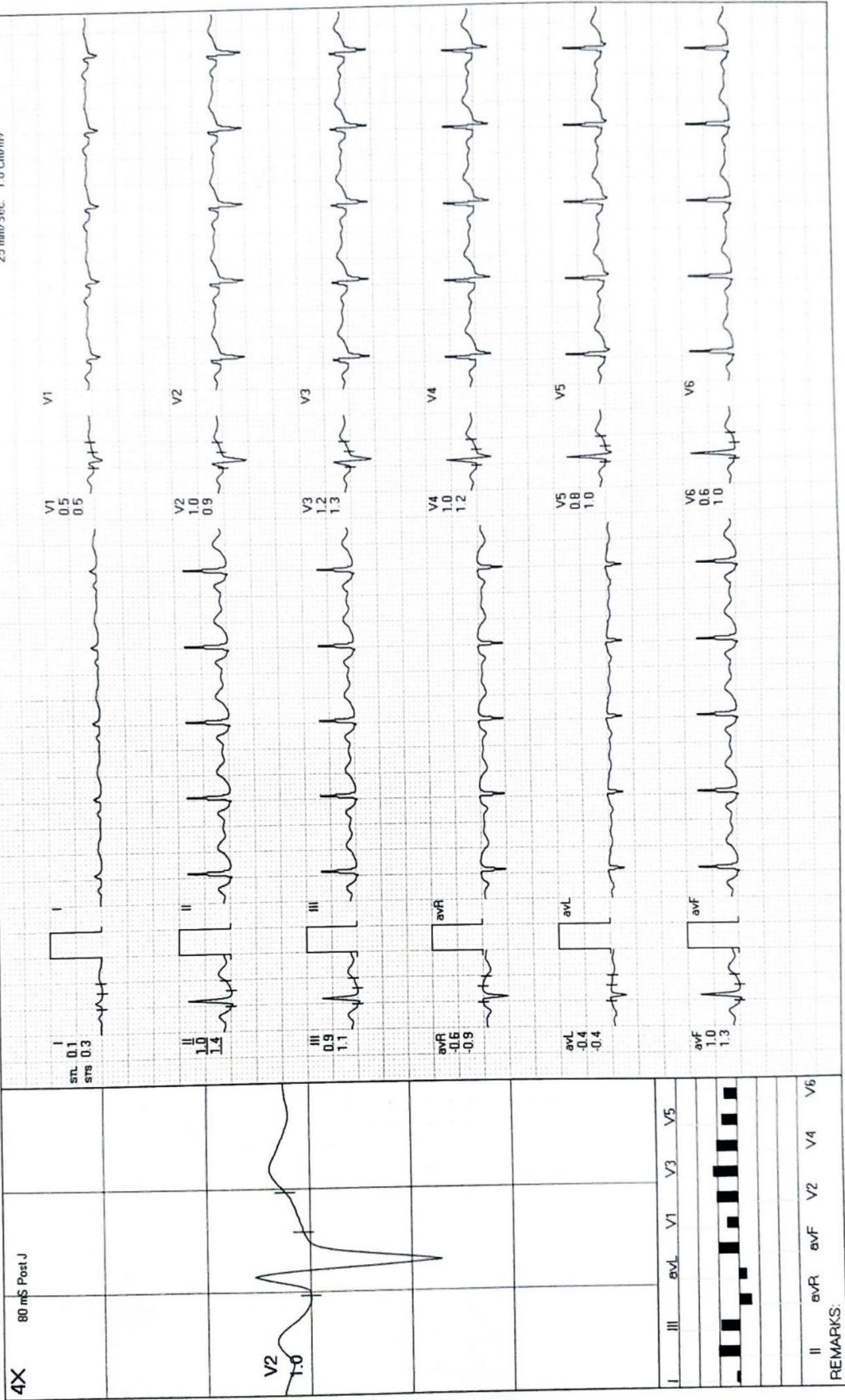
MODERN PATHOLOGY AND DIAGNOSTIC CENTER

PRIYANKA SINGH / 43 Yrs / F / 167 Cms / 97 Kg / HR : 93

Recovery(2:00)



Date: 06 - 04 - 2024 METS: 3.7/93 bpm 53% of THR BP: 130/82 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz ExTime 02:09 0.0 Kmph. 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

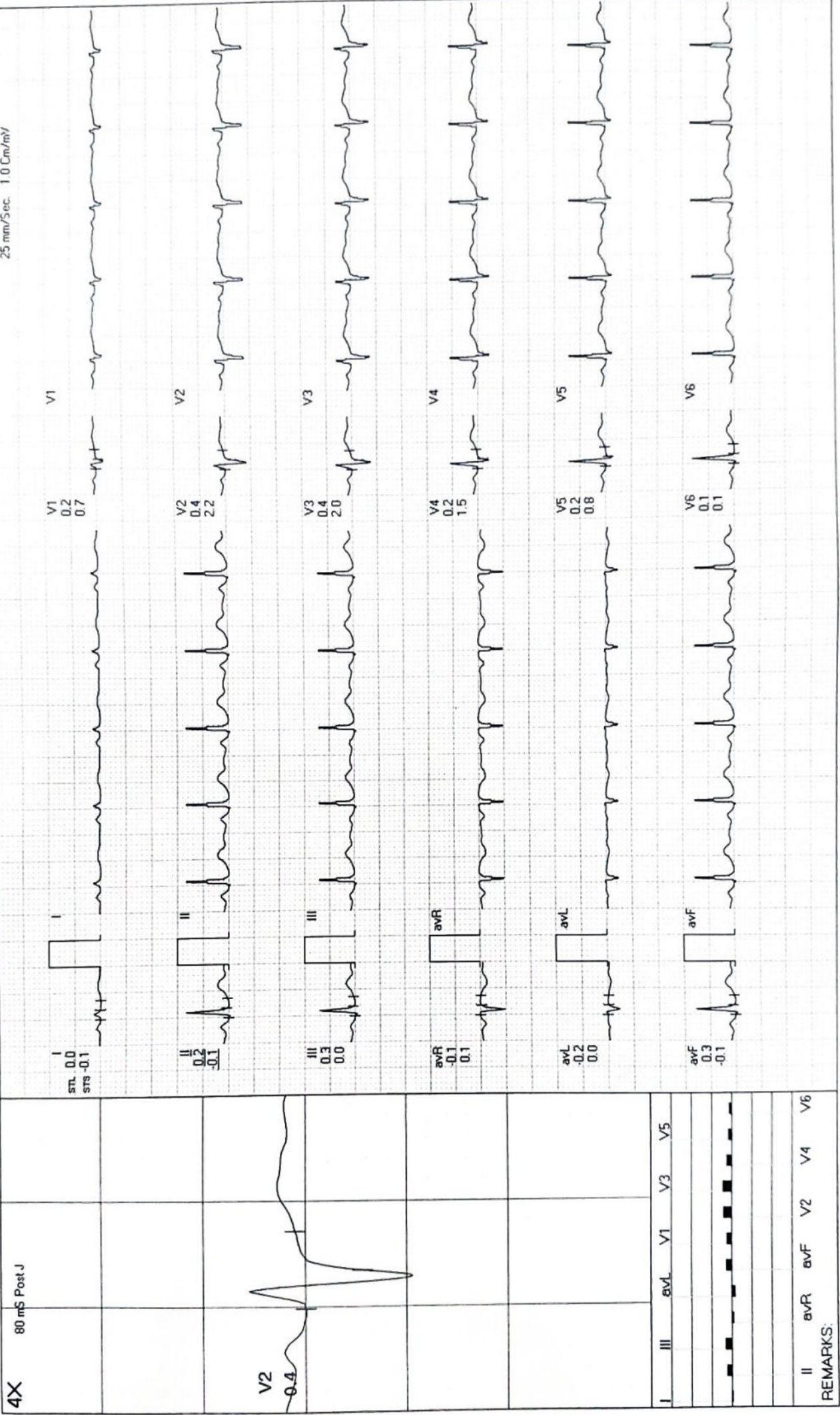
MODERN PATHOLOGY AND DIAGNOSTIC CENTER

PRIYANKA SINGH / 43 Yrs / F / 167 Cms / 97 Kg / HR : 90

Recovery(3:00)



Date 06 - 04 - 2024 METS: 3.7/90 bpm 51% of THR BP 124/80 mmHg Combined Medians/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime 02:09 0.0 Kmph 0.0%



REMARKS:
II avR avF V2 V4 V6

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

SAMPLE DATE : 06/04/2024
NAME : Mrs Priyanka Singh
AGE/SEX : 43/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

e-mail : mpdcgn@gmail.com ♦ For online reports - www.modernpath.in

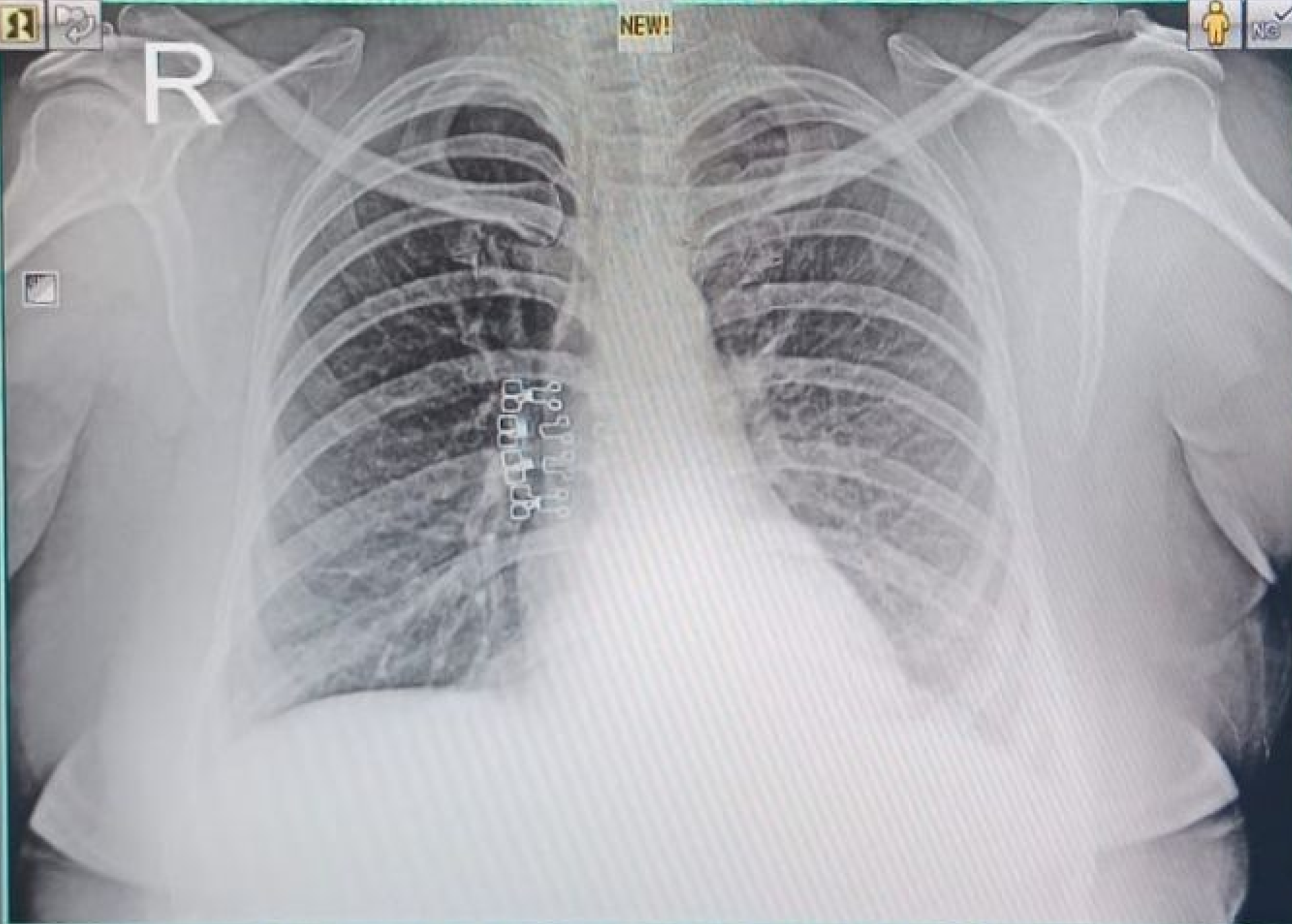
♦ Please ask for your computerized bill ♦ Pay only the printed collection charges



NEW!



R



24040604094 MRS PRIYANKA SINGH 43 YRS F DR SELF CHEST PA
04/06/2024 MODERN PATHOLOGY & DIAGNOSTIC CENTRE GOMTI NAGAR LUCKNOW