


MER- MEDICAL EXAMINATION REPORT

Date of Examination	26/2/24		
NAME	Ashwini Kumar		
AGE	36	Gender	m
HEIGHT(cm)	172	WEIGHT (kg)	72 BMS 24.3
B.P.	120/84		
ECG	normal		
X Ray	normal		
Vision Checkup	—		
Present Ailments	None		
Details of Past ailments (If Any)	No		
Comments / Advice : She /He is Physically Fit	Medicines Nil		




Signature with Stamp of Medical Examiner
 D. Ashita K...
 Reg. No. 375...

पुनर्वसन केंद्र Union Bank
6 मंजूर



नाम : अश्वनी कुमार गुप्ता
Name : ASHWANI KUMAR GUPTA
कर्मचारी नं. / Employee No. : 759926
जन्म तिथि / Birth Date : 25.05.1987
रक्त ग्रुप / Blood Group : A3+

हस्ताक्षर / Signature : 

स्थान / Place : R.O. ANCOHYA
जारी करे की तिथि / Date : 12.10.2020

प्रमाणित अधिकारी / Issuing Authority

Ashwan



You have been informed that othal checkup facility is not available at our centre.

Johnson



भारत सरकार
GOVERNMENT OF INDIA

अश्वनी कुमार गुप्ता
Ashwani Kumar Gupta

जन्म वर्ष / Year of Birth : 1987
पुरुष / Male

4786 9527 8126

आधार — आम आदमी का अधिकार

Ashwan



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता : S/O विनोद कुमार गुप्ता,
एम.आई.जी ३५७, अयोध्या रोड, अवध
पुरी कॉलोनी अमानीगंज, फैजाबाद,
फैजाबाद, उत्तर प्रदेश, 224001

Address: S/O Vinod Kumar
Gupta, m.i.g 357, ayodhya
road, awdh puri colony
amanigani, Faizabad,
Faizabad, Uttar Pradesh,
224001

1847 1800 1847
help@uidai.gov.in www.uidai.gov.in P.O. Box No. 1847, Bengaluru-560 001



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Mob.: 7618884441, 9450389932, 8177063877

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



Patient name: Mr Ashwini Kumar
Ref By. Apollo Health

Age/Sex 36/M
26/02/2024

E.C.G. REPORT

1. Rhythm	:	Sinus, Regular
2. Atrial Rate	:	78/mt
3. Ventricular Rate	:	78/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. R. P. RASTOGI
MD
Reg. No. 44559

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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Report needs clinicopathological correlation ♦ Not for Medico Legal Purpose

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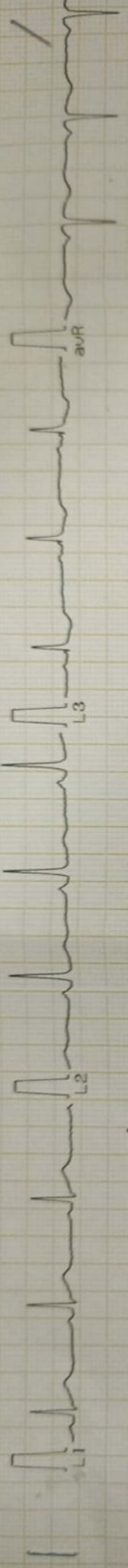
Name Aswathi Kumar Chetty

Age _____

Yrs _____

M/F _____

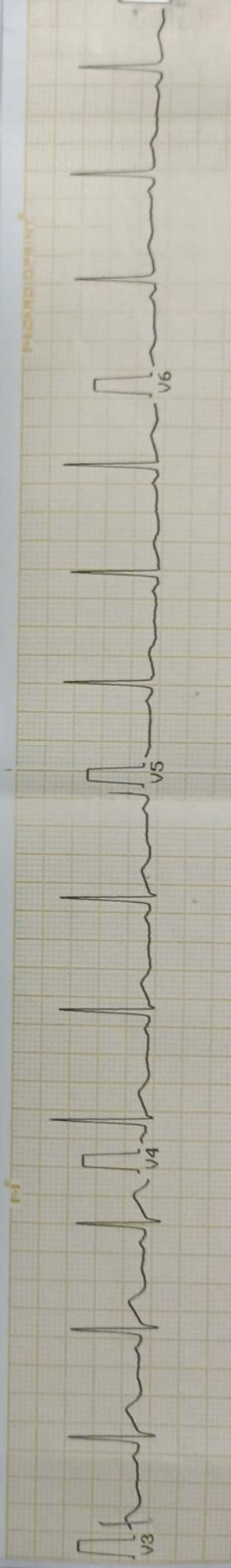
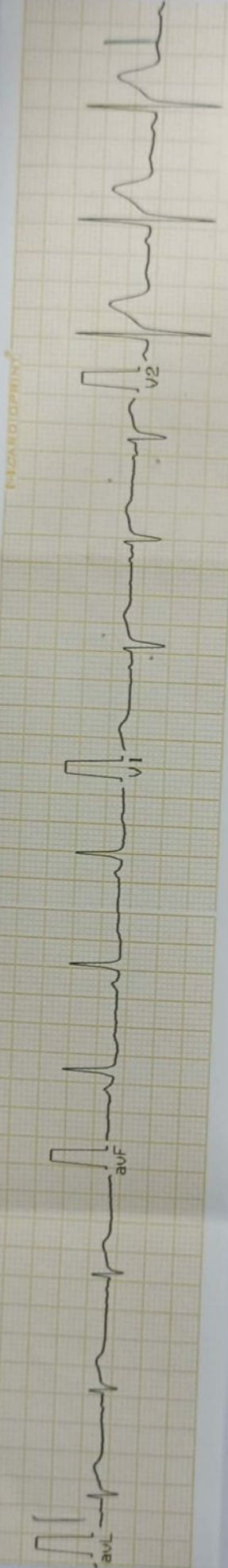
25mm/s, 50mm/mV 0.1-35 Hz BLC



Signature

ClarituMed FCG50-1CH

Dr:



Dr. AMIT MOHAN
MD
Reg. No. 44559



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M.B.B.S., M.D. (Path & Bact)



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TEST REQUEST ID	:012402260024	SAMPLE DATE	:26/Feb/2024 09:50AM
NAME	:Mr. ASHWANI KUMAR GUPTA	SAMPLE REC. DATE	:26/Feb/2024 09:50AM
AGE/SEX	:36 YRS/MALE	REPORTED DATE	:26/Feb/2024 11:37AM
REFERRED BY	: Apollo Health and Lifestyle Limited,	BARCODE NO	:01260024

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

DR. PANKAJ UPADHYAYA

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

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Date	: 26-Feb-2024			
Name	: Mr. ASHWANI KUMAR GUPTA		Age	: 26 Yrs.
Ref.By	: APOLLO HEALTH		Sex	: Male
Haemoglobin	15.2	gm%	14 - 17	
Total Leucocyte Count	7200	Cells/cumm.	4000-11000	
Differential Leucocyte Count				
Polymorphs	61	%	45 - 70	
Lymphocytes	32	%	20 - 45	
Eosinophils	02	%	0 - 6	
Monocytes	05	%	0 - 8	
Basophils	00	%	0 - 1	
Erythrocyte Sedimentation Rate (Wintrobe)				
ESR	06	mm in 1st Hr.	0 - 9	
PCV	47.7	cc%	40 - 52	
Corrected ESR	02	mm in 1st Hr.	0 - 9	
Platelet Count	1.91	lakh/cumm.	1.5 - 4.0	
Red Cells Count	5.28	million/cmm	3.90 to 5.80	
Absolute values				
MCV	90.2	fL	77 - 97	
MCH	28.8	pg	27 - 31	
MCHC	32.0	gm /dl	31 - 34	

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Date : 26-Feb-2024

Name : **Mr. ASHWANI KUMAR GUPTA**

Age : 26 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.
PLATELETS	Platelets are adequate in number and morphology.
OTHERS	No haemoparasites are seen.
IMPRESSION	Normal GBP

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

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Date	: 26-Feb-2024			
Name	: Mr. ASHWANI KUMAR GUPTA		Age	: 26 Yrs.
Ref.By	: APOLLO HEALTH		Sex	: Male
Plasma Glucose - F GOD-POD Method	106	mg/dl	70 - 110	
Plasma Glucose - PP GOD POD Method	118	mg/dl	110 - 170	
Blood Group & Rh	"B" Positive			
KFT				
UREA	19.8	mg %	15 - 50	
CREATININE	0.83	mg %	0.5 - 1.5	
URIC ACID	5.3	mg %	2 - 7	
CALCIUM	9.5	mg %	8.8 - 10.0	
LFT T&D				
Total Bilirubin	0.51	mg%	0.2 - 1.0	
Direct Bilirubin	0.24	mg%	0.0 to 0.40	
Indirect Bilirubin	0.27	mg%	0.10 to 0.90	
S.G.P.T	34	IU/L	5 - 40	
S.G.O.T	32	IU/L	5 - 50	
ALP	96	IU/L	40 to 129	

Dr. Sanjay Rastogi
M.B.B.S., DCP, CRIAT (BARC)

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

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M.B.B.S., M.D. (Path & Bact)

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Date	: 26-Feb-2024			
Name	: Mr. ASHWANI KUMAR GUPTA		Age	: 26 Yrs.
Ref.By	: APOLLO HEALTH		Sex	: Male
Serum Gamma G.T.	18	IU/L	11 - 50	



Dr. Sanjay Rastogi
M.B.B.S., DCP, CRIAT (BARC)

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Contd... M.B.B.S., DCP

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Date : 26-Feb-2024
Name : **Mr. ASHWANI KUMAR GUPTA** Age : 26 Yrs.
Ref.By : APOLLO HEALTH Sex : Male

LIPID PROFILE

Triglycerids	108	mg%	70 - 190
S. Cholestrol S.	144	mg%	130 - 230
S. HDL Cholestrol	46.4	mg%	35 - 75
S. LDL Cholestrol	76	mg%	75 - 150
VLDL	21.6	mg%	0 - 34
Chol / HDL factor	3.1		
LDL / HDL Factor	1.64		

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	: 26-Feb-2024		
Name	: Mr. ASHWANI KUMAR GUPTA	Age	: 26 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

THYROID TEST

Tri-iodothyronine (T3)	1.60	nmol/L	0.50 to 2.50
Thyroxine (T4)	6.14	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	1.58	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 : 26-Feb-2024

Name : **Mr. ASHWANI KUMAR GUPTA**

Age : 26 Yrs.

Ref.By : APOLLO HEALTH

Sex : Male

Glycosylated Haemoglobin

Glycosylated Haemoglobin	5.7	%	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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M.B.B.S., DCP, CRIAT (BARC)

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Date : 26-Feb-2024

Name : Mr. ASHWANI KUMAR GUPTA

Age : 26 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	Occasional	/hpf
Red Blood Cells	Nil	/hpf
Casts	Nil	
Crystals	Nil	
Others	Nil	

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