

MER- MEDICAL EXAMINATION REPORT

Date of Examination	26/10/24		
NAME	Dharmendra Verma		
AGE	20	Gender	m
HEIGHT(cm)	164	WEIGHT (kg)	64 B.M.I. 23.8
B.P.	120/72		
ECG	Normal		
X Ray	Normal		
Vision Checkup	→		
Present Ailments	None		
Details of Past ailments (If Any)	None		
Comments / Advice : She /He is Physically Fit	Medicines fit		



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

You have been informed that dental, dietician, ^{opt.}
ent consultations is not available at our
centre. if you are ready than test can be start .
2D echo test facility is not available at our centre,
instead we do TMT **test**.
If you are ready then your test can be start.

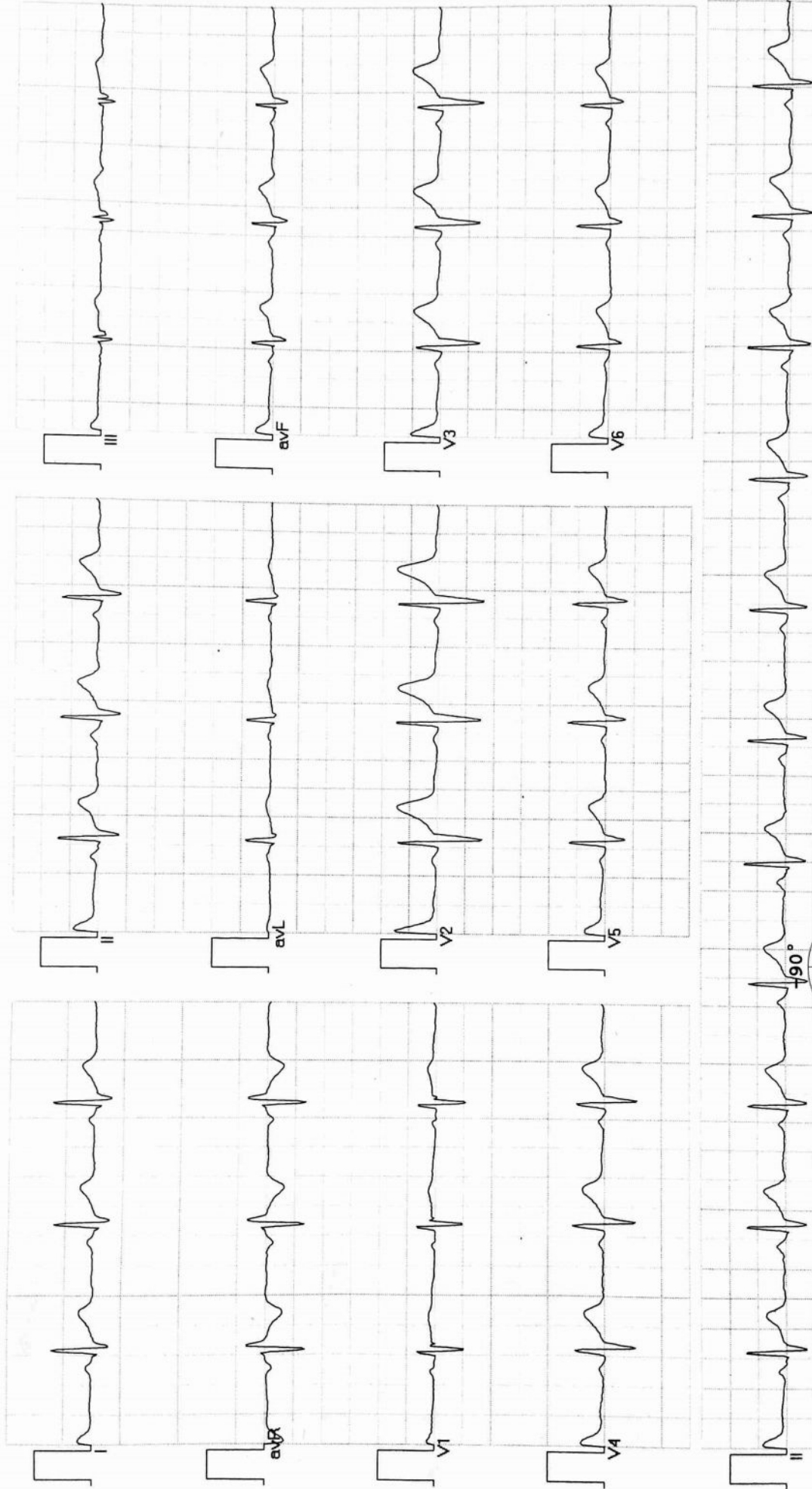


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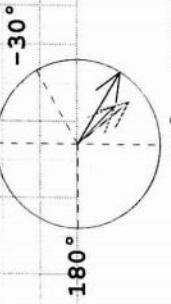
329 / DHARMENDRA VERMA / 28 Yrs / M / 164Cms. / 64Kgs. / Non Smoker

Heart Rate : 68 bpm / Tested On : 26-Oct-24 13:16:20 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

ECG



Vent Rate : 68 bpm
PR Interval : 142 ms
QRS Duration: 94 ms
QT/QTc Int : 380/394 ms
P-QRS-T axis: 45.00° 31.00° 51.00°



Normal ECG

DIAN MIT MISHRA
Reg. No. 44559

Axis
90° R 31° T 51° P 45°

Allergers ECG (Pisces) (PIS215191030)



MODERN PATHOLOGY & DIAGNOSTIC CENTRE

DIAGNOSTIC CENTRE

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



CLINIC :

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

Date	: 26-Oct-2024		
Name	: Mr. DHARMENDRA VERMA	Age	: 28 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

Haemoglobin	16.2	gm%	14 - 17
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Total Leucocyte Count	8100	Cells/cumm.	4000-11000
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Differential Leucocyte Count			
Polymorphs	57	%	45 - 70
Lymphocytes	30	%	20 - 45
Eosinophils	05	%	0 - 6
Monocytes	08	%	0 - 8
Basophils	00	%	0 - 1

Erythrocyte Sedimentation Rate (Wintrobe)			
ESR	06	mm in 1st Hr.	0 - 9
PCV	50.1	cc%	40 - 52
Corrected ESR	00	mm in 1st Hr.	0 - 9

Platelet Count	1.64	lakh/cumm.	1.5 - 4.0
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Red Cells Count	5.79	million/cmm	3.90 to 5.80
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Absolute values			
MCV	86.5	fL	77 - 97
MCH	28.0	pg	27 - 31
MCHC	32.3	gm /dl	31 - 34

Plasma Glucose - F GOD-POD Method	84	mg/dl	70 - 110
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Plasma Glucose - PP GOD POD Method	96	mg/dl	110 - 170
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Blood Group & Rh	"O" Positive		
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Page-1
Dr. Sanjay Rastogi
M.B.B.S., DCP, CRIAT (BARC)

Dr. Smita Rastogi
Contd... 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	: 26-Oct-2024	Age	: 28 Yrs.
Name	: Mr. DHARMENDRA VERMA	Sex	: Male
Ref.By	: APOLLO HEALTH		

KFT			
UREA	21.4	mg %	15 - 50
CREATININE	0.78	mg %	0.5 - 1.5
URIC ACID	4.5	mg %	2 - 7
CALCIUM	9.7	mg %	8.8 - 10.0

Serum Gamma G.T.	22	IU/L	11 - 50
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LFT T&D			
Total Bilirubin	0.50	mg%	0.2 - 1.0
Direct Bilirubin	0.14	mg%	0.0 to 0.40
Indirect Bilirubin	0.36	mg%	0.10 to 0.90
S.G.P.T	47	IU/L	5 - 40
S.G.O.T	38	IU/L	5 - 50
ALP	84	IU/L	40 to 129

Urine Sugar (Fasting)	NIL
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Urine Sugar (PP)	NIL
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Date : 26-Oct-2024	Age : 28 Yrs.
Name : Mr. DHARMENDRA VERMA	Sex : Male
Ref.By : APOLLO HEALTH	

LIPID PROFILE

Triglycerids	109	mg%	70 - 190
S. Cholestrol S.	142	mg%	130 - 230
S. HDL Cholestrol	44.2	mg%	35 - 75
S. LDL Cholestrol	76	mg%	75 - 150
VLDL	21.8	mg%	0 - 34
Chol / HDL factor	3.21		
LDL / HDL Factor	1.72		

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 lowers LDL and raises 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. Smita Rastogi
M.B.B.S., DCP

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Date : 26-Oct-2024

Name : **Mr. DHARMENDRA VERMA**

Age : 28 Yrs.

Ref.By : APOLLO HEALTH

Sex : Male

THYROID TEST

Tri-iodothyronine (T3)	1.86	nmol/L	0.50 to 2.50
Thyroxine (T4)	6.92	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	2.05	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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Page 4
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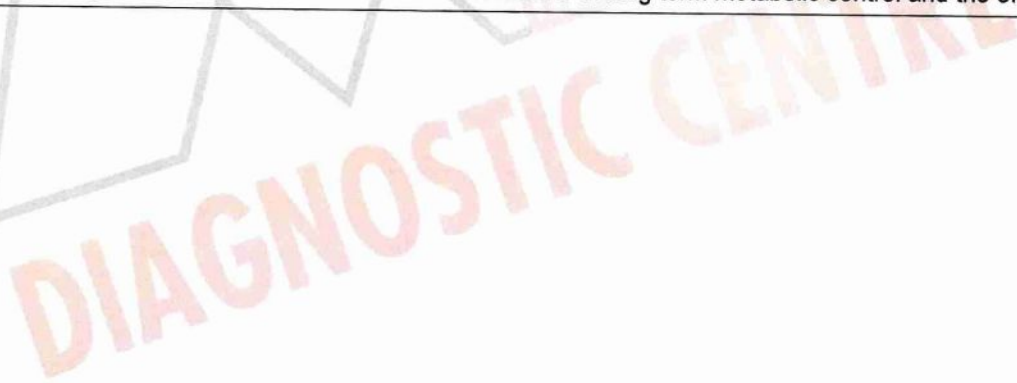
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Date	: 26-Oct-2024	Age	: 28 Yrs.
Name	: Mr. DHARMENDRA VERMA	Sex	: Male
Ref.By	: APOLLO HEALTH		

Glycosylated Haemoglobin

Glycosylated Haemoglobin	5.0	%	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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Report

MODERN PATHOLOGY AND DIAGNOSTIC CENTER

Gomti Nagar lucknow

DHARMENDRA VERMA / 28 Yrs / M / 164 Cms / 64 Kg

Date: 26 - 10 - 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	070	36 %	120/72	084	00	
Standing	00:08	0:05	00.0	00.0	01.0	070	36 %	120/72	084	00	
HV	00:13	0:05	00.0	00.0	01.0	071	37 %	120/72	085	00	
ExStart	00:16	0:03	02.7	10.0	01.1	069	36 %	120/72	082	00	
BRUCE Stage 1	03:16	3:00	02.7	10.0	04.7	110	57 %	138/90	151	00	
PeakEx	04:46	1:30	04.0	12.0	05.9	140	73 %	138/90	193	00	
Recovery	05:46	1:00	00.0	00.0	01.0	086	45 %	136/86	116	00	
Recovery	06:46	2:00	00.0	00.0	01.0	085	44 %	132/84	112	00	
Recovery	07:46	3:00	00.0	00.0	01.0	077	40 %	128/82	098	00	
Recovery	08:24	3:38	00.0	00.0	01.0	079	41 %	124/80	097	00	

FINDINGS :

Exercise Time : 04:30
Max HR Attained : 140 bpm 73% of Target 192
Max BP Attained : 138/90 (mm/Hg)
Max WorkLoad Attained : 5.9 Fair 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. AMIT PRADHAN
MD

Reg. No: 44559

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DHARMENDRA VERMA / 28 Yrs / M / 164 Cms / 64 Kg / HR : 70

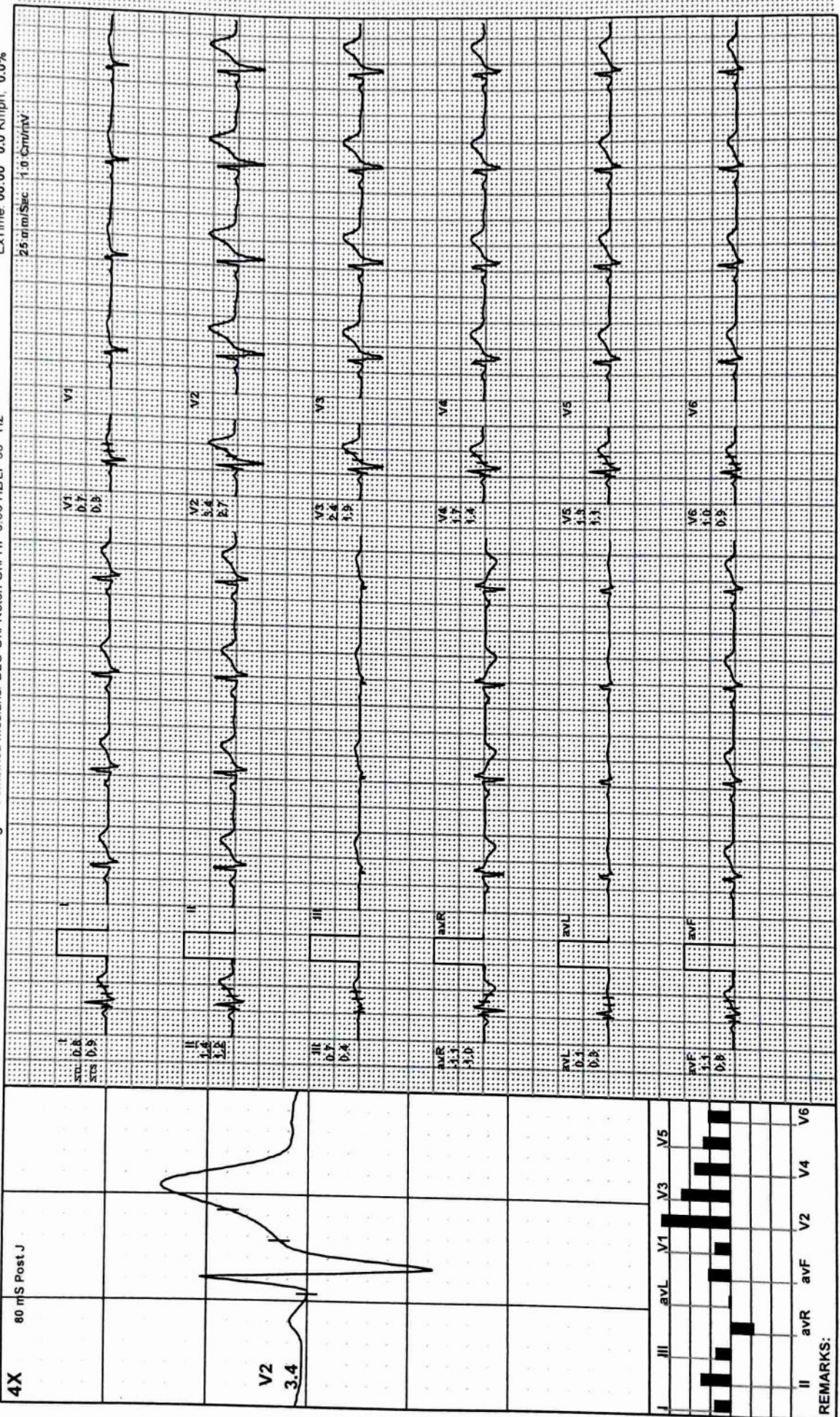
BRUCE:Supine(0:06)



Date: 26 - 10 - 2024

METS: 1.0/ 70 bpm 36% of THR BP: 120/72 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Kmph, 0.0%



4X 80 mS Post J

REMARKS:



BRUCE: Standing(0:05)

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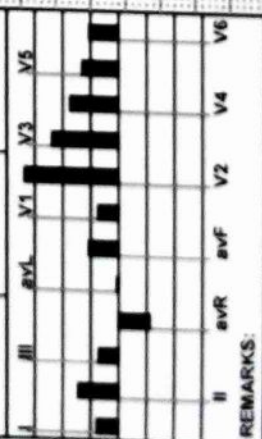
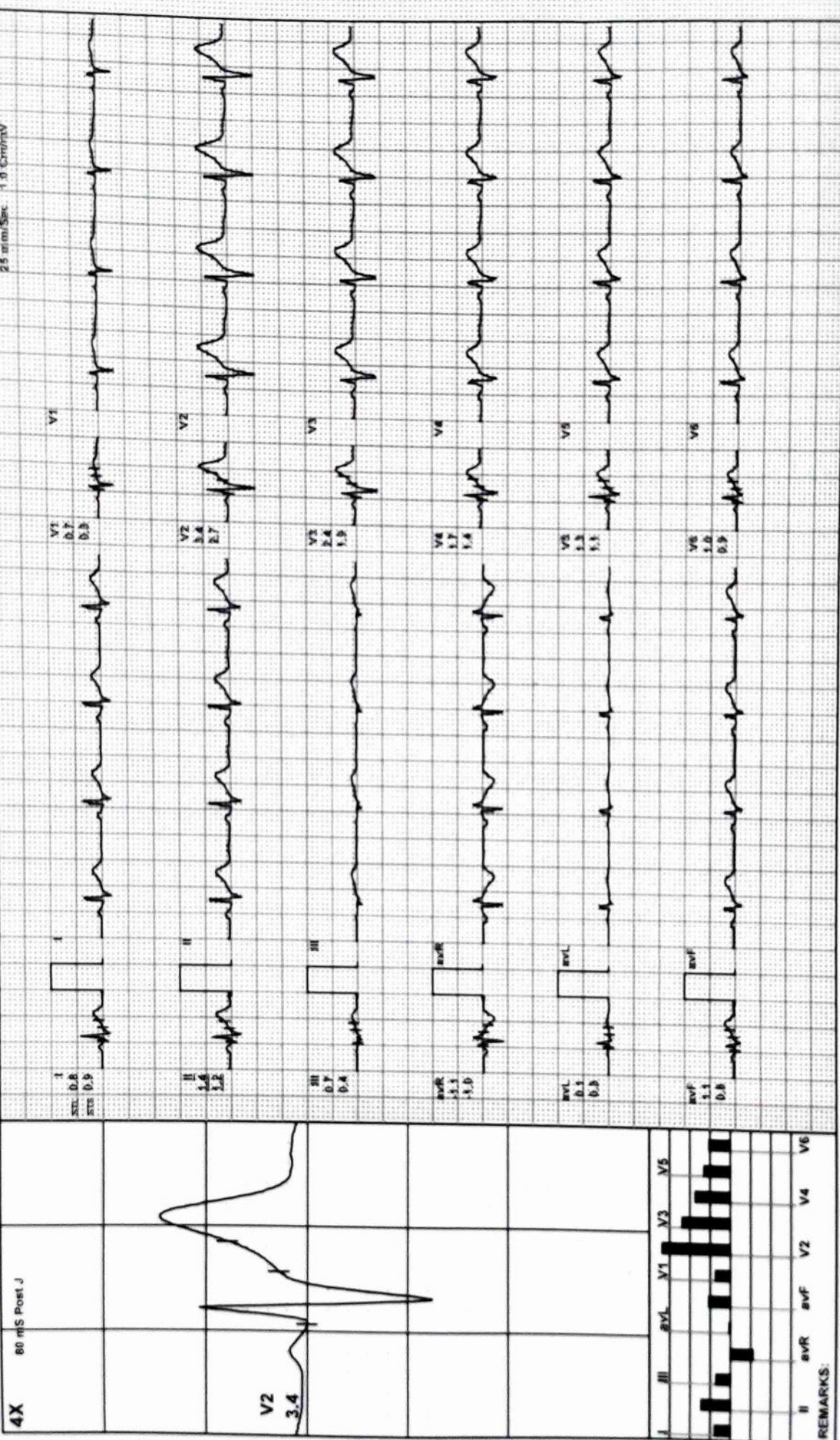
DHARMENDRA VERMA / 28 Yrs / M / 164 Cms / 64 Kg / HR : 70

ExTime 00:00 0.0 Kmph. 0.0%

25 mm/Sec. 1.0 cm/mV

METS 1.0/ 70 bpm 36% of THR BP 120/72 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

Date: 26 - 10 - 2024



REMARKS:

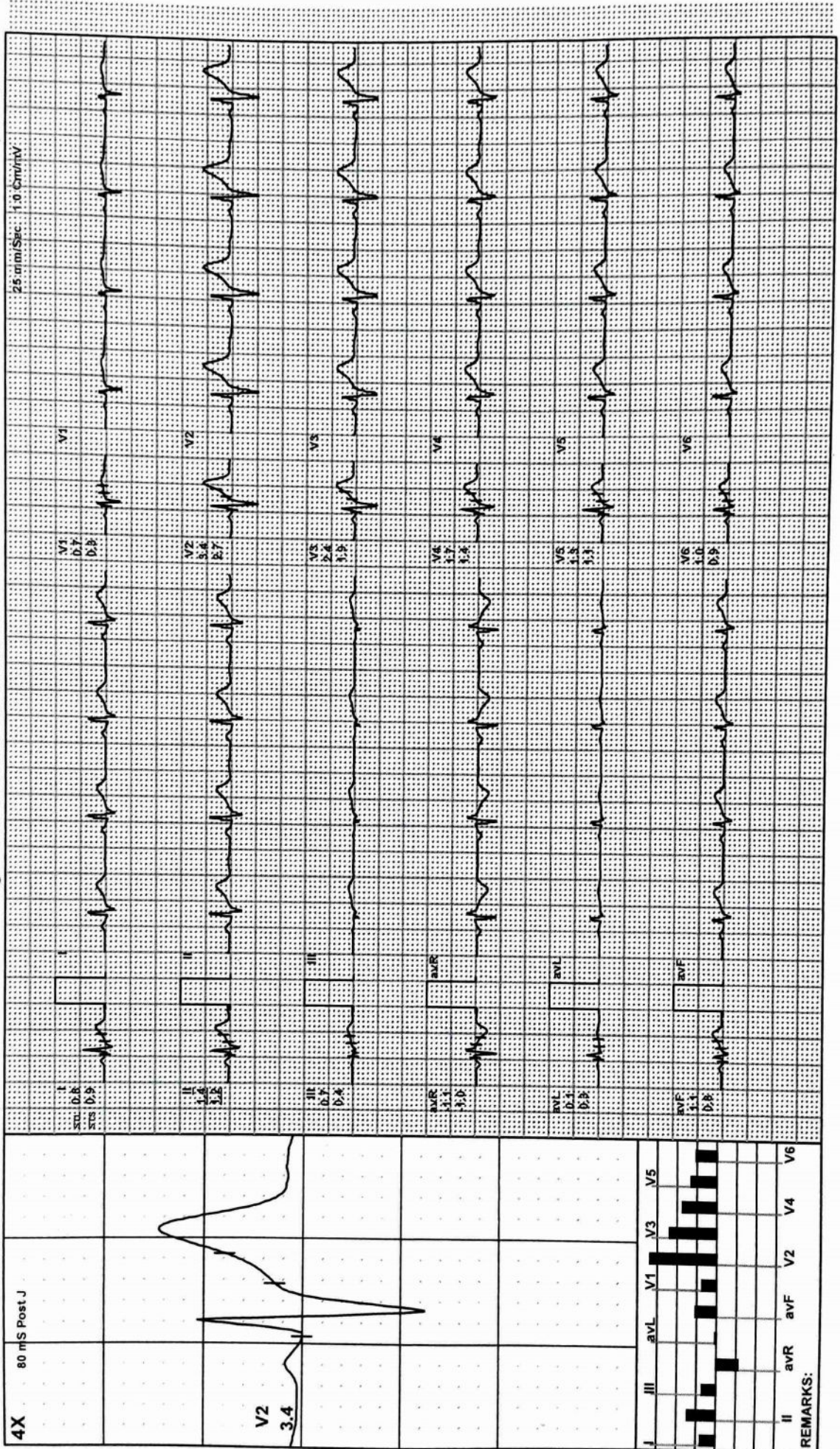


BRUCE:HV(0:05)

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DHARMENDRA VERMA / 28 Yrs / M / 164 Cms / 64 Kg / HR : 71

Date: 26 - 10 - 2024 METS: 1.0/71 bpm 37% of THR BP: 120/72 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 35 Hz EXTTime: 00:00 0.0 Krph, 0.0%



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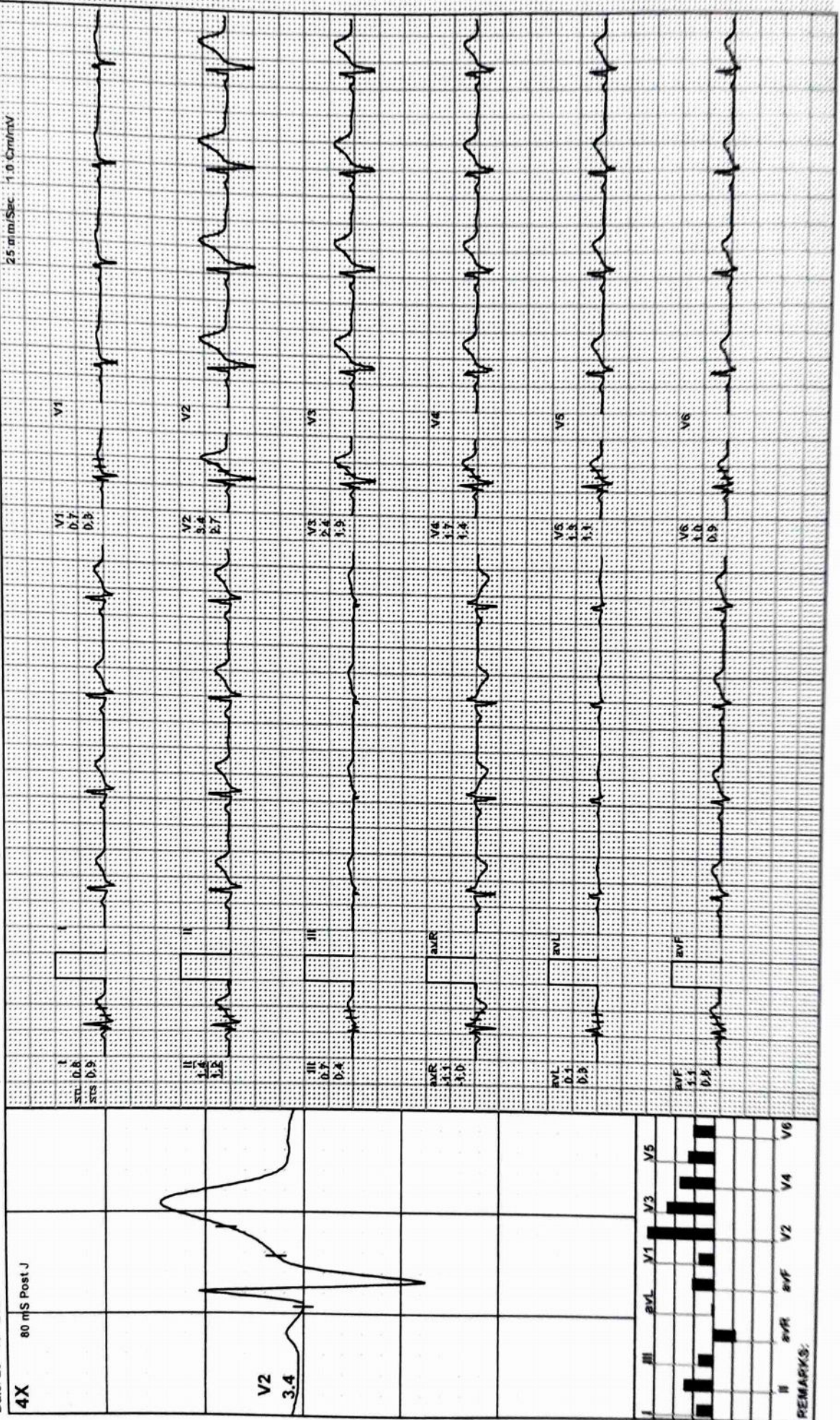
DHARMENDRA VERMA / 28 Yrs / M / 164 Cms / 64 Kg / HR : 69

ExStart



ExTime 00:00 2.7 Kmph. 10.0%

METS: 1.1/ 69 bpm 36% of THR BP: 120/72 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 35 Hz



4X 80 mS Post J

V2
3.4

I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
0.8	1.1	0.8	0.1	0.1	1.1	0.7	1.1	1.1	1.1	1.1	1.1
0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8

REMARKS:

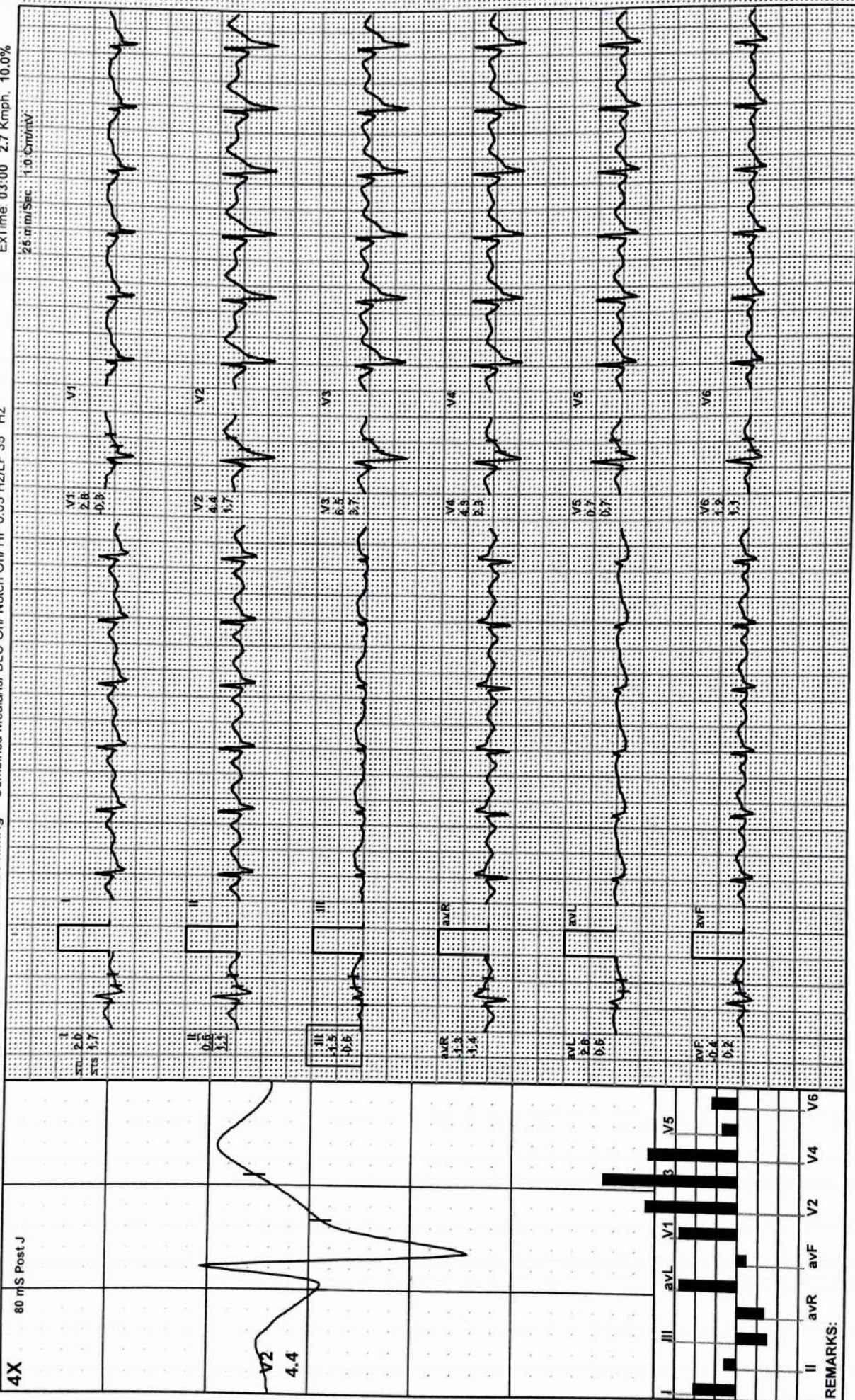
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DHARMENDRA VERMA / 28 Yrs / M / 164 Cms / 64 Kg / HR : 110

BRUCE: Stage 1 (3:00)



Date: 26 - 10 - 2024 METS: 4.71 110 bpm 57% of THR BP: 138/90 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 35 Hz EXTime 03:00 2.7 Kmph. 10.0%



REMARKS:

MODERN PATHOLOGY AND DIAGNOSTIC CENTER

DHARMENDRA VERMA / 28 Yrs / M / 164 Cms / 64 Kg / HR : 140

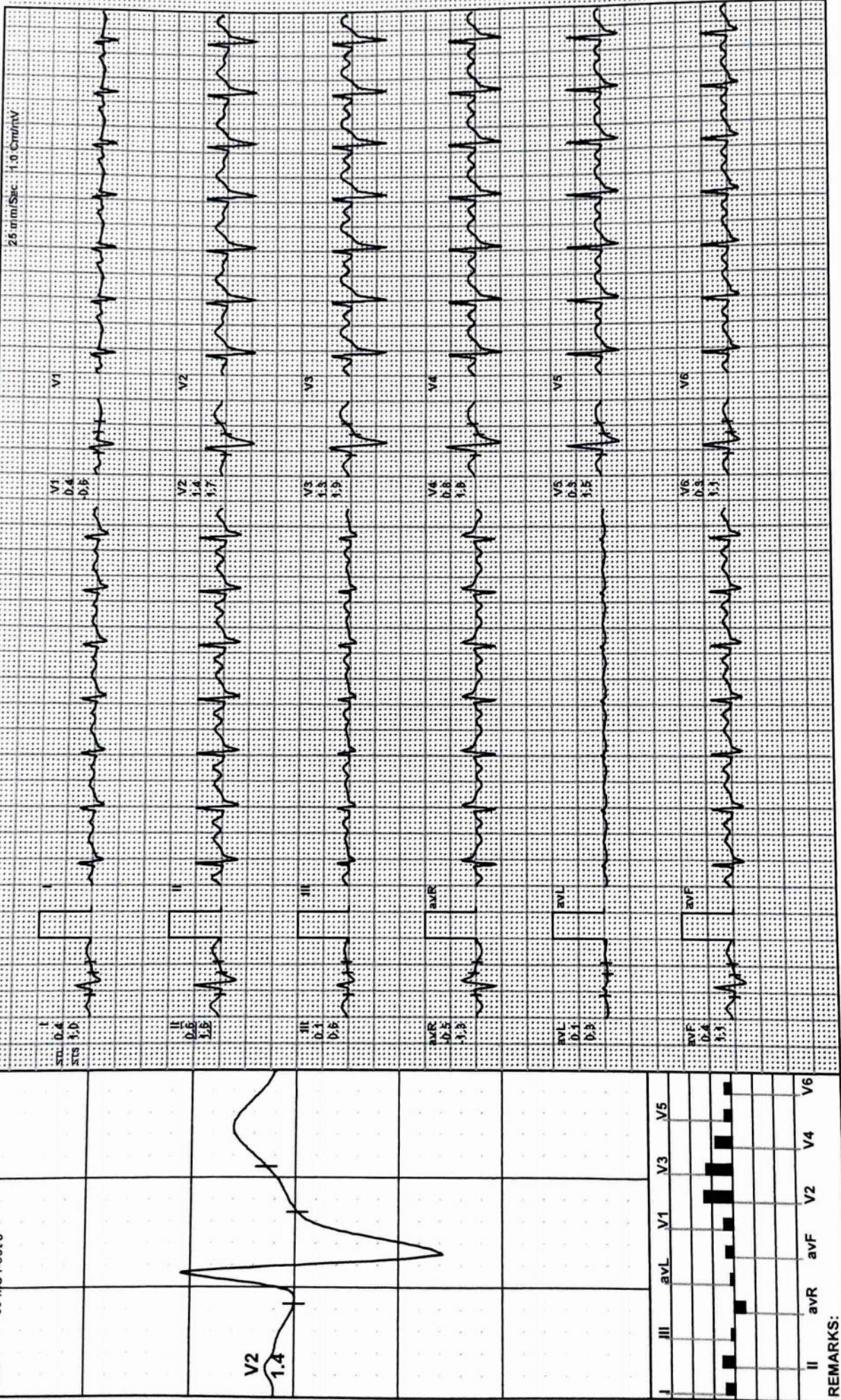
PeakEx



Date: 26 - 10 - 2024

METS: 5.9/ 140 bpm 73% of THR BP: 138/90 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime: 04:30 4.0 Kmph, 12.0%



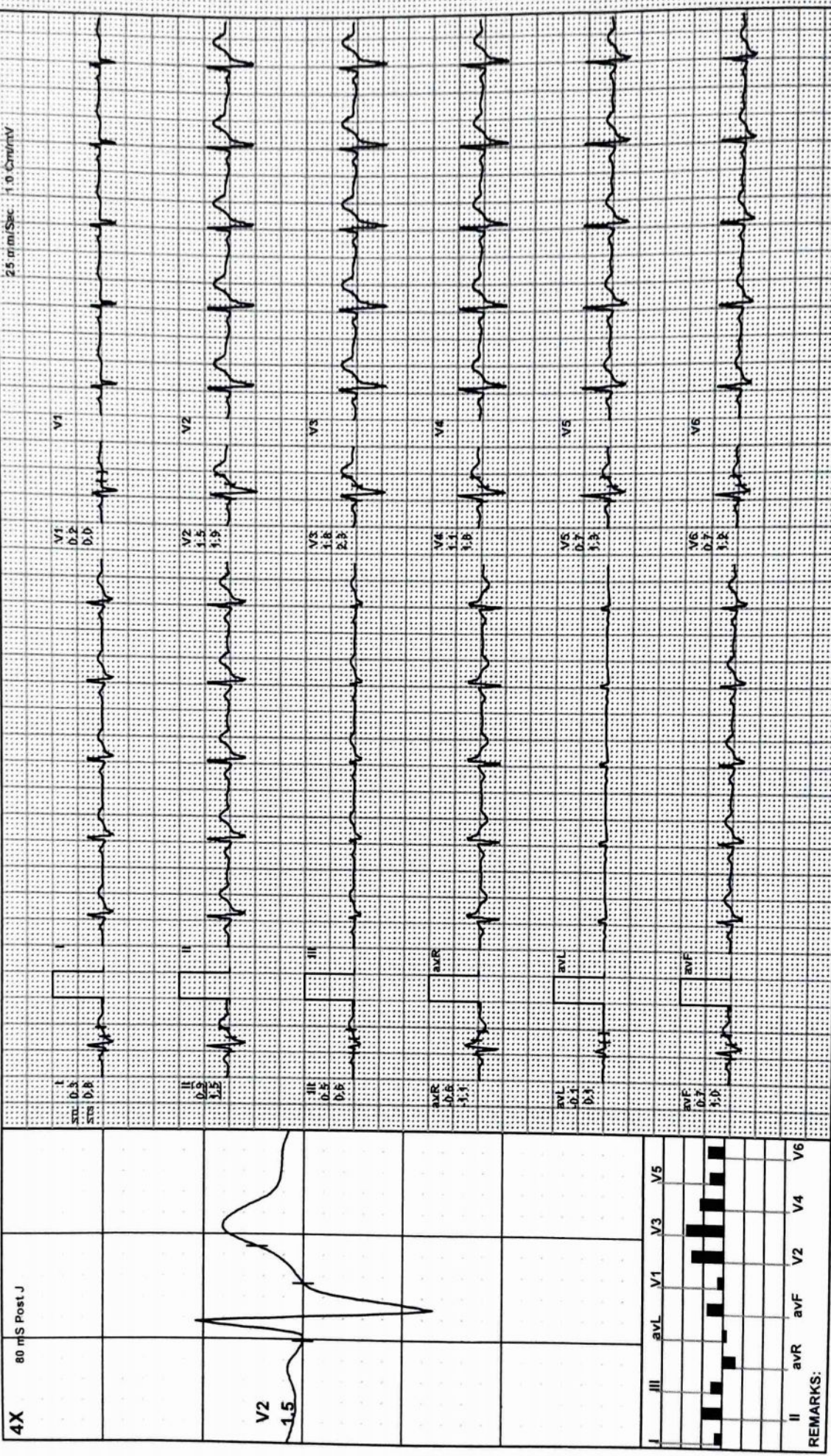
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DHARMENDRA VERMA / 28 Yrs / M / 164 Cms / 64 Kg / HR : 86

Recovery(1:00)



Date: 26 - 10 - 2024 METS: 1.0/ 86 bpm 45% of THR BP: 136/86 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz ExTime: 04:30 0.0 Kmph. 0.0%



4X

80 mS Post J

V2
1.5

REMARKS:

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DHARMENDRA VERMA / 28 Yrs / M / 164 Cms / 64 Kg / HR : 77

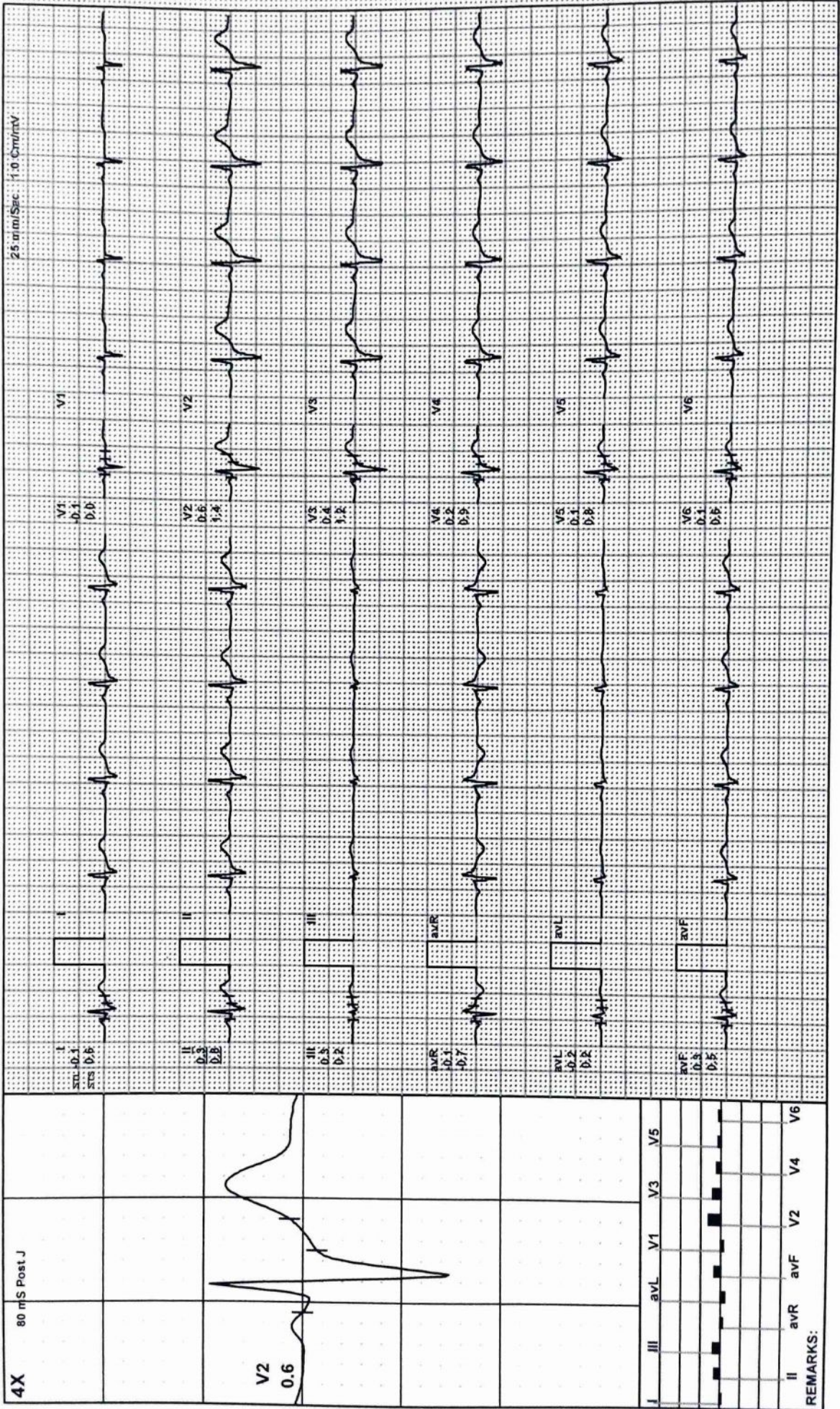
Recovery(3:00)



Date: 26 - 10 - 2024

METS: 1.0/77 bpm 40% of THR BP: 128/82 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime 04:30 0.0 Kmph, 0.0%



REMARKS:



Recovery(3:38)

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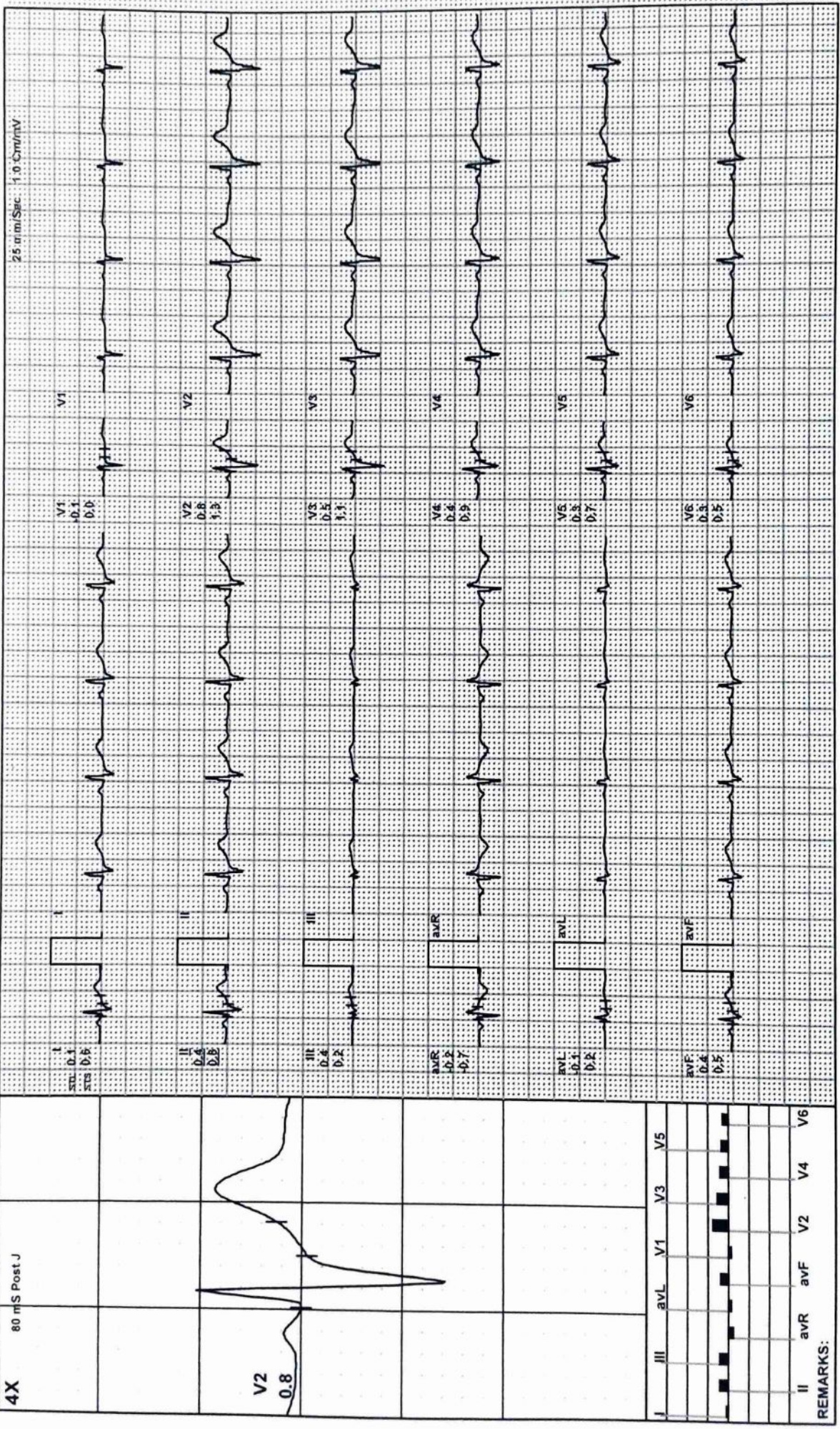
DHARMENDRA VERMA / 28 Yrs / M / 164 Cms / 64 Kg / HR : 79

Date: 26 - 10 - 2024

METS: 1.0/79 bpm 41% of THR BP: 124/80 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 04:30 0.0 Kmph. 0.0%



REMARKS:

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Mob.: 7618884441, 9450389932, 817706387



TEST REQUEST ID :012410260081	SAMPLE DATE	:26/Oct/2024 11:42AM
NAME :Mr. DHARMENDARA VERMA	SAMPLE REC. DATE	:26/Oct/2024 11:42AM
AGE/SEX :00 YRS/MALE	REPORTED DATE	:26/Oct/2024 12:38PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01260081

USG WHOLE ABDOMEN-MALE

Liver: is normal in size (124 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 (85 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

Right Kidney: is normal in size 81x37 mm, shape, position and excursion. Parenchymal echogenicity and echotexture is normal with maintained corticomedullary differentiation. No mass, cyst, or calculi is seen. Pelvicalyceal system is not dilated. Ureter is not dilated.

Left Kidney: is normal in size 84x40 mm, shape, position and excursion. Parenchymal echogenicity and echotexture is normal with maintained corticomedullary differentiation. No mass, cyst, or calculi is seen. Pelvicalyceal system is not dilated. Ureter is not dilated.



Dr. Sanjay Rastogi
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Surbhi
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NAME :Mr. DHARMENDARA VERMA	SAMPLE REC. DATE	:26/Oct/2024 11:42AM
AGE/SEX :00 YRS/MALE	REPORTED DATE	:26/Oct/2024 12:38PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01260081

Urinary bladder: is well distended. Lumen is anechoic. Wall is of normal thickness. No mass or calculus is seen.

Prostate: is normal in size (17x21x42 mms, wt = 8.5 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:

• **NORMAL STUDY.**

*** End Of Report ***



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Surbhi
Dr. Surbhi
MBBS, MD (Radiodiagnosis)

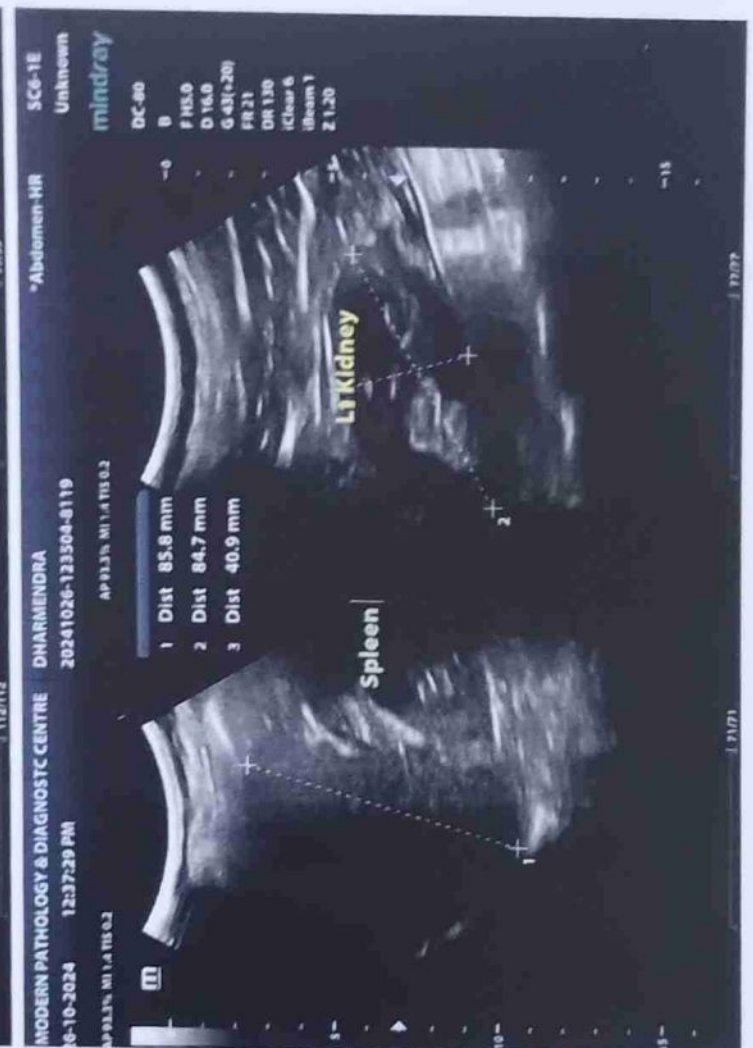
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TEST REQUEST ID :012410260081	SAMPLE DATE	:26/Oct/2024 11:42AM
NAME :Mr. DHARMENDARA VERMA	SAMPLE REC. DATE	:26/Oct/2024 11:42AM
AGE/SEX :28 YRS/MALE	REPORTED DATE	:26/Oct/2024 01:06PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01260081

XRAY CHEST PA

- Trachea is central in position.
- **Prominent broncho vascular markings and prominent bilateral hilar shadow likely- Bronchitis.**
- Rest of the lung fields are normally aerated.
- Both C.P. angles are clear.
- Cardiac shadow is within normal limits.
- Bony cage appears normal.

Please correlate clinically.

*** End Of Report ***



Ranjay Rastogi
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24102600117 MR DHARMENDRA VERMA M CHEST PA SELF
26/10/2024 MODERN PATHOLOGY & ULTRASOUND CENTRE,UP