

MER- MEDICAL EXAMINATION REPORT

Date of Examination	7/3/24		
NAME	Nishant Vishwakarma		
AGE	28	Gender	M
HEIGHT(cm)	177	WEIGHT (kg)	73 <i>breast 23.3.</i>
B.P.	120/86		
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 Nil		



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

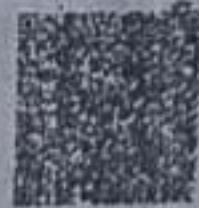


विशाल विश्वकर्मा

Vishal Vishwakarma

जन्म तिथि/ DOB: 22/02/1996

पुरुष / MALE



8585 1814 2617

मेरा आधार, मेरी पहचान

*Vishal Vishwakarma*



You have been informed that ent ,diet, ophal 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.

*Dr. P. S. Chakraborty*





# MODERN PATHOLOGY & DIAGNOSTIC CENTRE

DIAGNOSTIC CENTRE

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



**CLINIC :**

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

Date	: 07-Mar-2024			
Name	: Mr. VISHAL VISHWAKARMA		Age	: 28 Yrs.
Ref.By	: APOLLO HEALTH		Sex	: Male
Haemoglobin	14.1	gm%	14 - 17	
Total Leucocyte Count	5900	Cells/cumm.	4000-11000	
<b>Differential Leucocyte Count</b>				
Polymorphs	51	%	45 - 70	
Lymphocytes	41	%	20 - 45	
Eosinophils	02	%	0 - 6	
Monocytes	06	%	0 - 8	
Basophils	00	%	0 - 1	
<b>Erythrocyte Sedimentation Rate (Wintrobe)</b>				
ESR	04	mm in 1st Hr.	0 - 9	
PCV	43.8	cc%	40 - 52	
Corrected ESR	02	mm in 1st Hr.	0 - 9	
Platelet Count	2.83	lakh/cumm.	1.5 - 4.0	
Red Cells Count	4.63	million/cmm	3.90 to 5.80	
<b>Absolute values</b>				
MCV	94.5	fL	77 - 97	
MCH	30.5	pg	27 - 31	
MCHC	32.2	gm /dl	31 - 34	
Plasma Glucose - F GOD-POD Method	97	mg/dl	70 - 110	
Plasma Glucose - PP GOD-POD Method	115	mg/dl	110 - 170	
Blood Group & Rh	"O" Positive			

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**Dr. Smita Rastogi**  
Contd... 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	: 07-Mar-2024		
Name	: Mr. VISHAL VISHWAKARMA	Age	: 28 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

KFT			
UREA	21.1	mg %	15 - 50
CREATININE	0.60	mg %	0.5 - 1.5
URIC ACID	5.0	mg %	2 - 7
CALCIUM	9.8	mg %	8.8 - 10.0

LFT T&D			
Total Bilirubin	0.52	mg%	0.2 - 1.0
Direct Bilirubin	0.19	mg%	0.0 to 0.40
Indirect Bilirubin	0.33	mg%	0.10 to 0.90
S.G.P.T	41	IU/L	5 - 40
S.G.O.T	34	IU/L	5 - 50
ALP	105	IU/L	40 to 129

Serum Gamma G.T.	14	IU/L	11 - 50
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Urine Sugar (Fasting)	NIL
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Urine Sugar (PP)	NIL
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Date	: 07-Mar-2024	Age	: 28 Yrs.
Name	: Mr. VISHAL VISHWAKARMA	Sex	: Male
Ref.By	: APOLLO HEALTH		

### LIPID PROFILE

Triglycerids	81	mg%	70 - 190
S. Cholestrol S.	151	mg%	130 - 230
S. HDL Cholestrol	46.0	mg%	35 - 75
S. LDL Cholestrol	88.8	mg%	75 - 150
VLDL	16.2	mg%	0 - 34
Chol / HDL factor	3.28		
LDL / HDL Factor	1.93		

### 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	: 07-Mar-2024	Age	: 28 Yrs.
Name	: <b>Mr. VISHAL VISHWAKARMA</b>	Sex	: Male
Ref.By	: APOLLO HEALTH		

### THYROID TEST

Tri-iodothyronine (T3)	1.16	nmol/L	0.50 to 2.50
Thyroxine (T4)	5.60	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	9.68	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	: 07-Mar-2024	Age	: 28 Yrs.
Name	: <b>Mr. VISHAL VISHWAKARMA</b>	Sex	: Male
Ref.By	: APOLLO HEALTH		

### Glycosylated Haemoglobin

<b>Glycosylated Haemoglobin</b>	5.5	%	4.5 TO 6.0
=====			
<b>INTERPRETATION AND COMMENTS</b>			
=====			
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 : 07-Mar-2024

Name : Mr. VISHAL VISHWAKARMA

Age : 28 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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Page 6 (End Of Report)  
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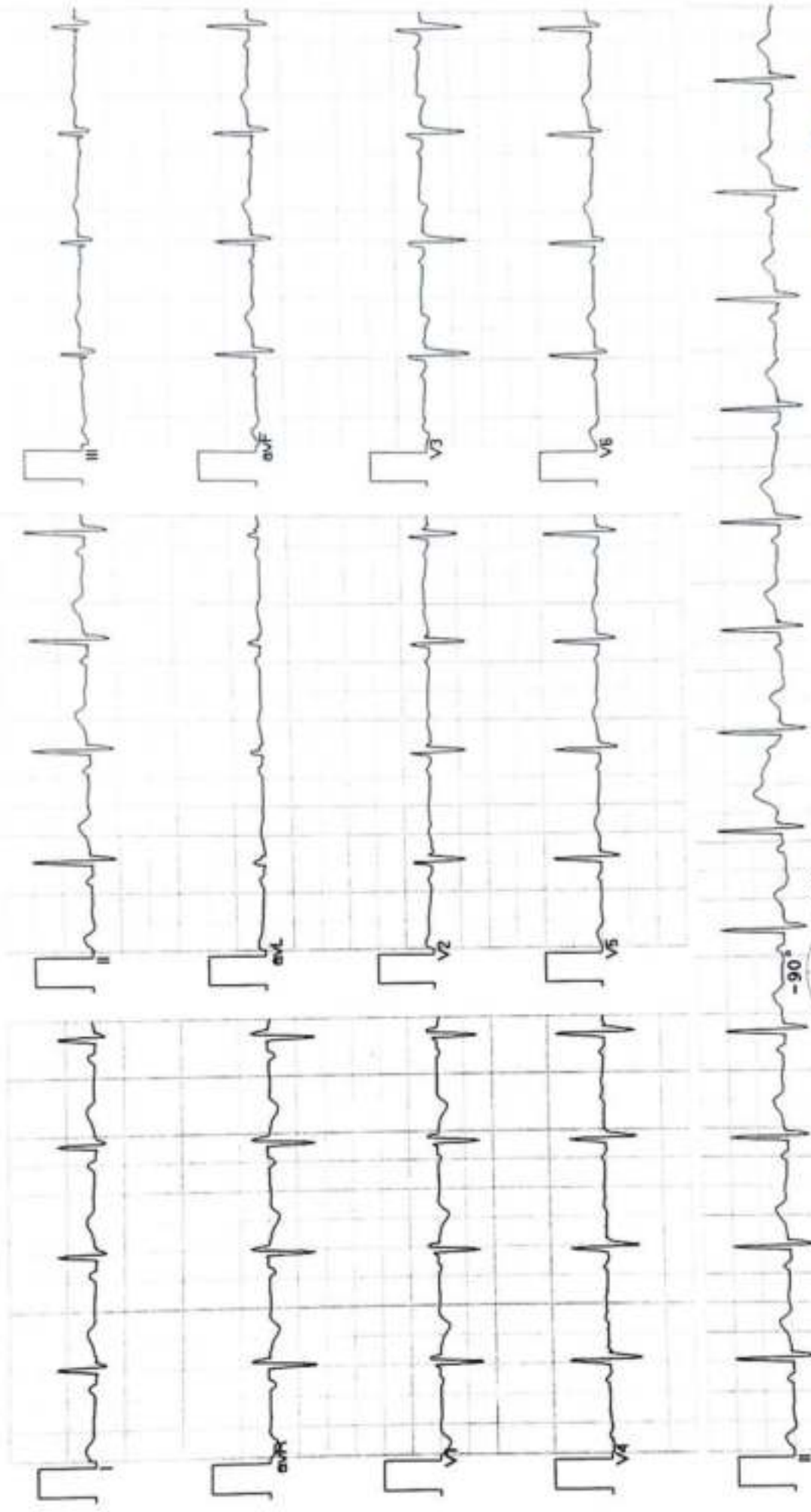
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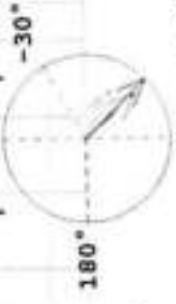


ECG

Modern Pathology And Diagnostic Centre  
133 / VISHAL VISHWAKARMA / 27 Yrs / M / 177Cms. / 73Kgs / Non Smoker  
Heart Rate : 81 bpm / Tested On : 07-Mar-24 13:09:03 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s  
/ Refd By: APOLLO HEALTH



Vent Rate : 81 bpm  
PR Interval : 132 ms  
QRS Duration: 84 ms  
QT/QTc Int : 364/401 ms  
P-QRS-T axis: 26.00 • 45.00 • 48.00 •



Axis  
90° R 45° T 48° P 26°

Normal ECG

Dr. Anit Moilan  
Dr. Anit Moilan  
Dr. Anit Moilan

Allergers ECG (Piscers)(PIS215191030)





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Mob : 7618884441, 9450389932, 817706187



TEST REQUEST ID	:012403070014	SAMPLE DATE	:07/Mar/2024 08:52AM
NAME	:Mr. VISHAL VISHWAKARMA	SAMPLE REC. DATE	:07/Mar/2024 08:52AM
AGE/SEX	:28 YRS/MALE	REPORTED DATE	:07/Mar/2024 01:38PM
REFERRED BY	: Apollo Health and Lifestyle Limited,	BARCODE NO	:01070014

## USG WHOLE ABDOMEN-MALE

**Liver:** is normal in size (136 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- 103 x 40 mm & LK -101 x 44 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.

**Prostate:** is normal in size (27 x 26 x 24 mms, wt = 9.4 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.**

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NAME :Mr. VISHAL VISHWAKARMA	SAMPLE REC. DATE	:07/Mar/2024 08:52AM
AGE/SEX :28 YRS/MALE	REPORTED DATE	:07/Mar/2024 01:09PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01070014

**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**  
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**DR. PANKAJ UPADHYAYA**

**Dr. Smita Rastogi**  
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# MODERN PATHOLOGY AND DIAGNOSTIC CENTER

Gomti Nagar Lucknow

Report



VISHAL VISHWAKARMA / 27 Yrs / M / 177 Cms / 73 Kg

Date: 07 - 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	084	44 %	120/86	100	00	
Standing	00:08	0:05	00.0	00.0	01.0	084	44 %	120/86	100	00	
HV	00:12	0:04	00.0	00.0	01.0	084	44 %	120/86	100	00	
ExStart	00:16	0:04	02.7	10.0	01.1	089	46 %	120/86	106	00	
BRUCE Stage 1	03:16	3:00	02.7	10.0	04.7	107	55 %	128/90	136	00	
BRUCE Stage 2	06:16	3:00	04.0	12.0	07.1	130	67 %	134/94	174	00	
PeakEx	08:12	1:56	05.5	14.0	09.1	167	87 %	142/96	237	00	
Recovery	09:12	1:00	00.0	00.0	01.2	127	66 %	138/92	175	00	
Recovery	10:12	2:00	00.0	00.0	01.0	106	55 %	134/88	142	00	
Recovery	11:12	3:00	00.0	00.0	01.0	100	52 %	130/86	130	00	
Recovery	11:22	3:10	00.0	00.0	01.0	094	49 %	126/86	118	00	

## FINDINGS :

Exercise Time : 07:56  
 Max HR Attained : 167 bpm 87% of Target 193  
 Max BP Attained : 142/96 (mm/Hg)  
 Max WorkLoad Attained : 9.1 Good response to induced stress  
 Test End Reasons : Test Complete

## REPORT :

### CONCLUSIONS:

1. STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE.

*(Signature)*  
 DR. AMIT KUMAR  
 Ref: 10/03/2024



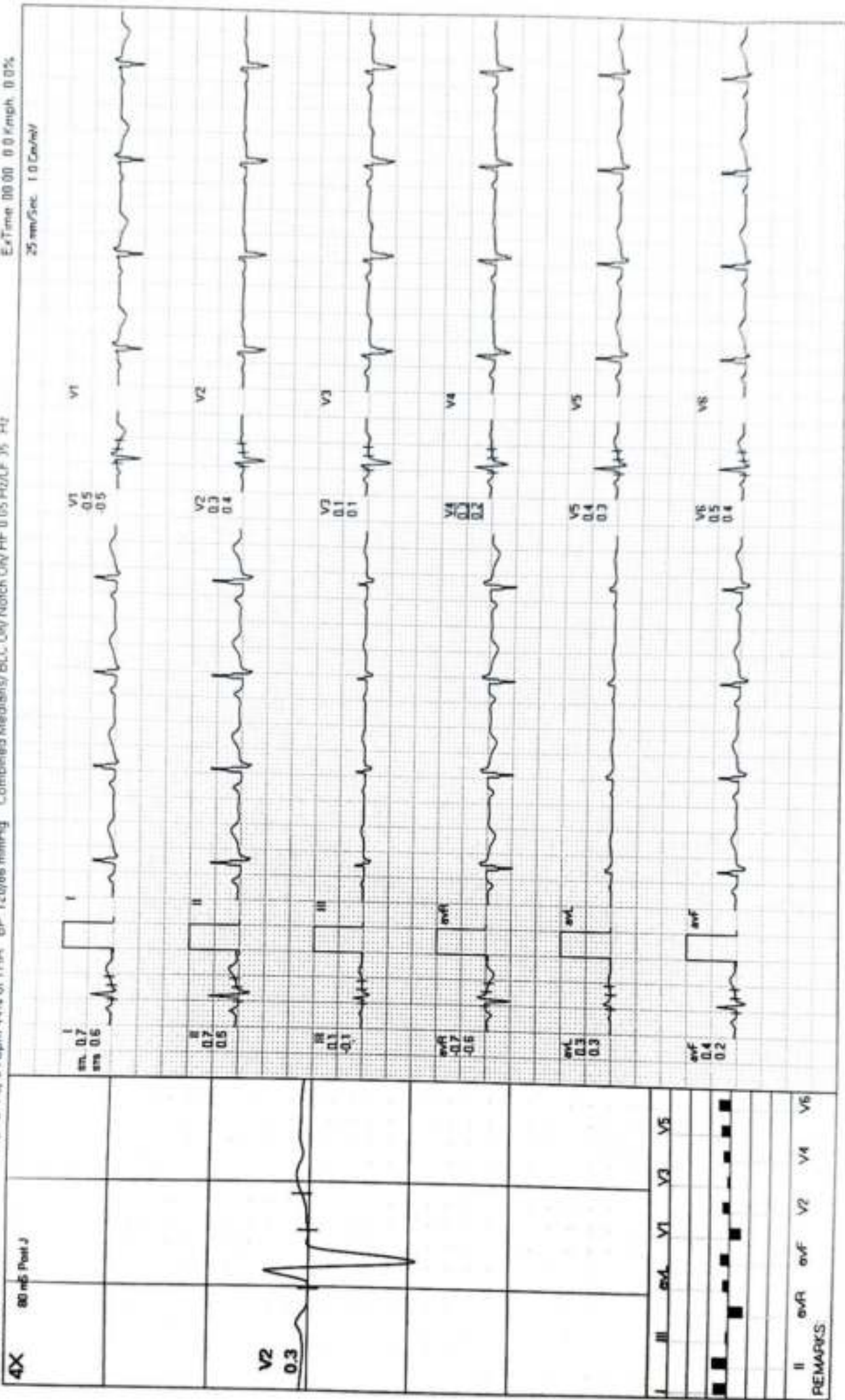
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VISHAL VISHNAKARMA / 27 Yrs / M / 177 Cms / 73 Kg / HR : 84

**BRUCE:Supine(0:06)**



Date 07-03-2024 METS 1 0/84 bpm 44% of THR BP 120/86 mmHg Combined Medians/BLC. On/Notch On/HF 0.05 Hz/LF 35 Hz  
 4X 80 mS Post J ExTime 00:00 0.0 Km/hp 0.0% 25 mm/Sec 1.0 Cm/mV



REMARKS  
 II aVR aVF V2 V4 V5

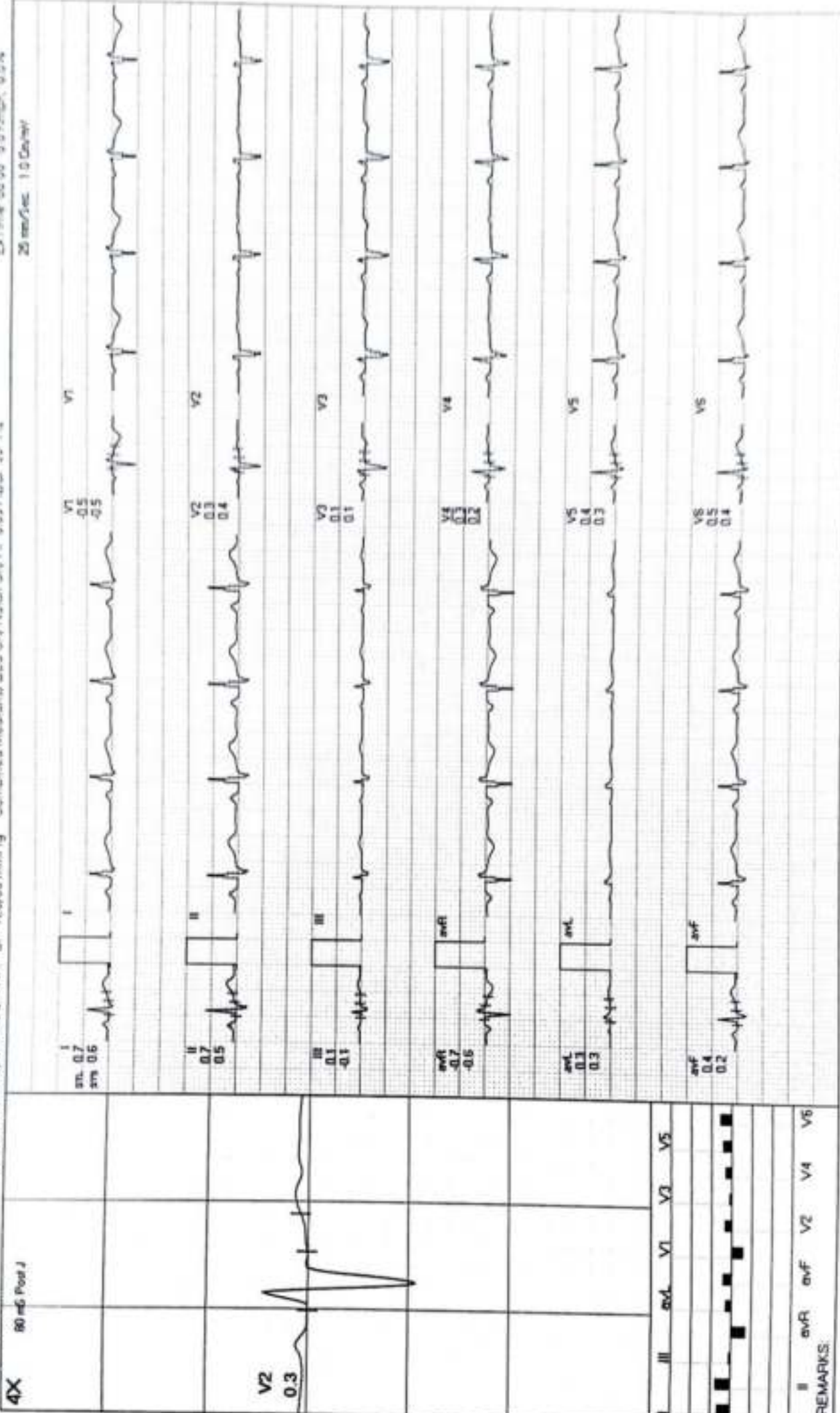
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VISHAL VISHWAKARMA / 27 Yrs / M / 177 Cms / 73 Kg / HR : 84

**BRUCE: Standing(0:05)**



Date: 07-03-2024  
 METS: 1.0/84 bpm 44% of THR  
 BP: 120/86 mmHg  
 Combined Modality/EIC On/Notch On/HRF 0.05 Hz  
 Ext: 00:00 0.5 cmph, 0.0%  
 20 mm/sec 1.0 cm/10mm



REMARKS:

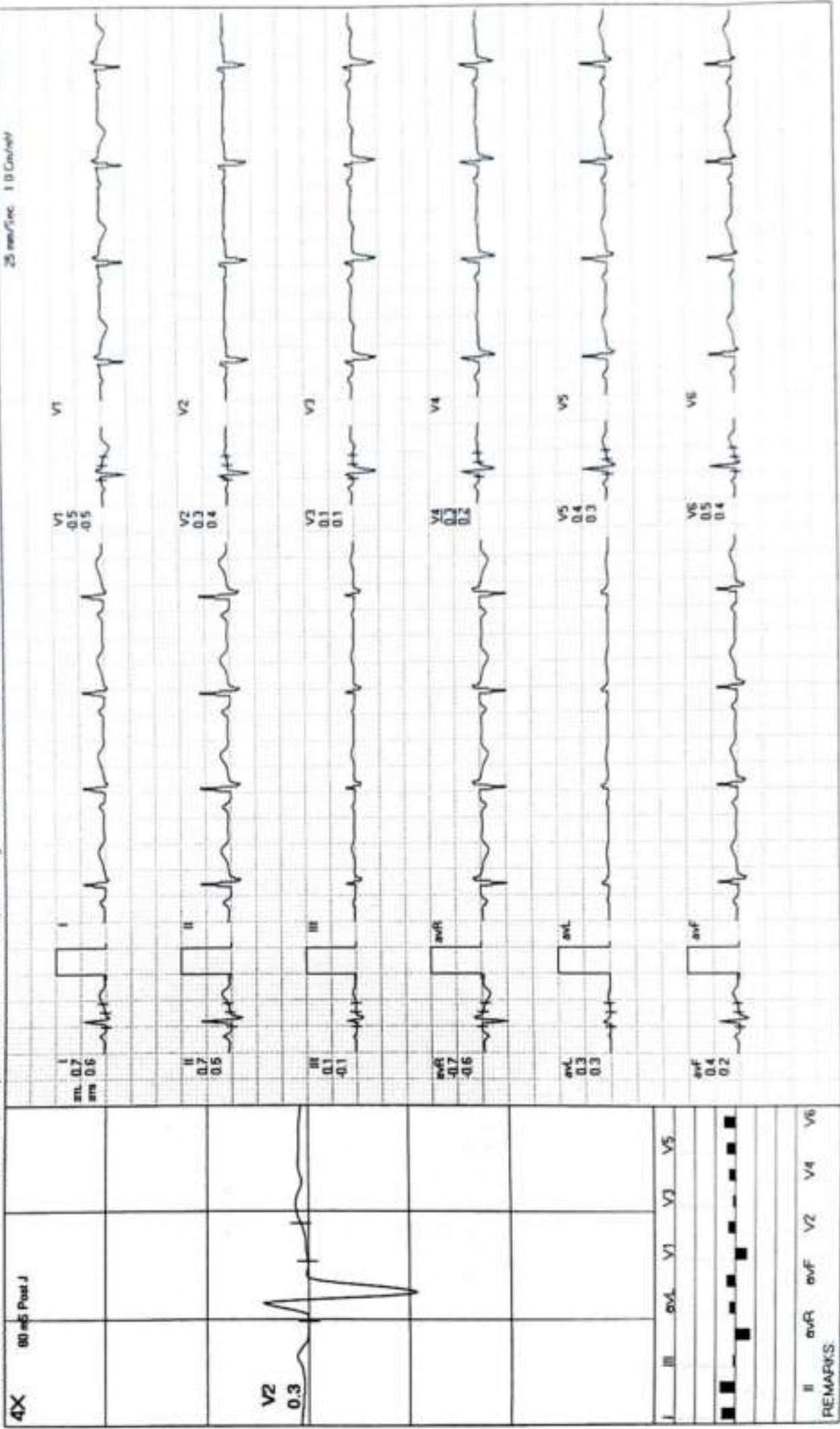
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VISHAL VISHWAKARMA / 27 Yrs / M / 177 Cms / 73 Kg / HR : 84

**BRUCE:HV(0:05)**



Date: 07-03-2024 METS 1.0/84 bpm 44% of THR BP: 120/86 mmHg Combined Medians/ BLC On/ Notch On/ >F 0.05 Hz/LF 35 Hz ExTime 00:00 0.0 Km/ph 0.0%



REMARKS:



**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

VISHAL VISHWAKARMA / 27 Yrs / M / 177 Cms / 73 Kg / HR . 89

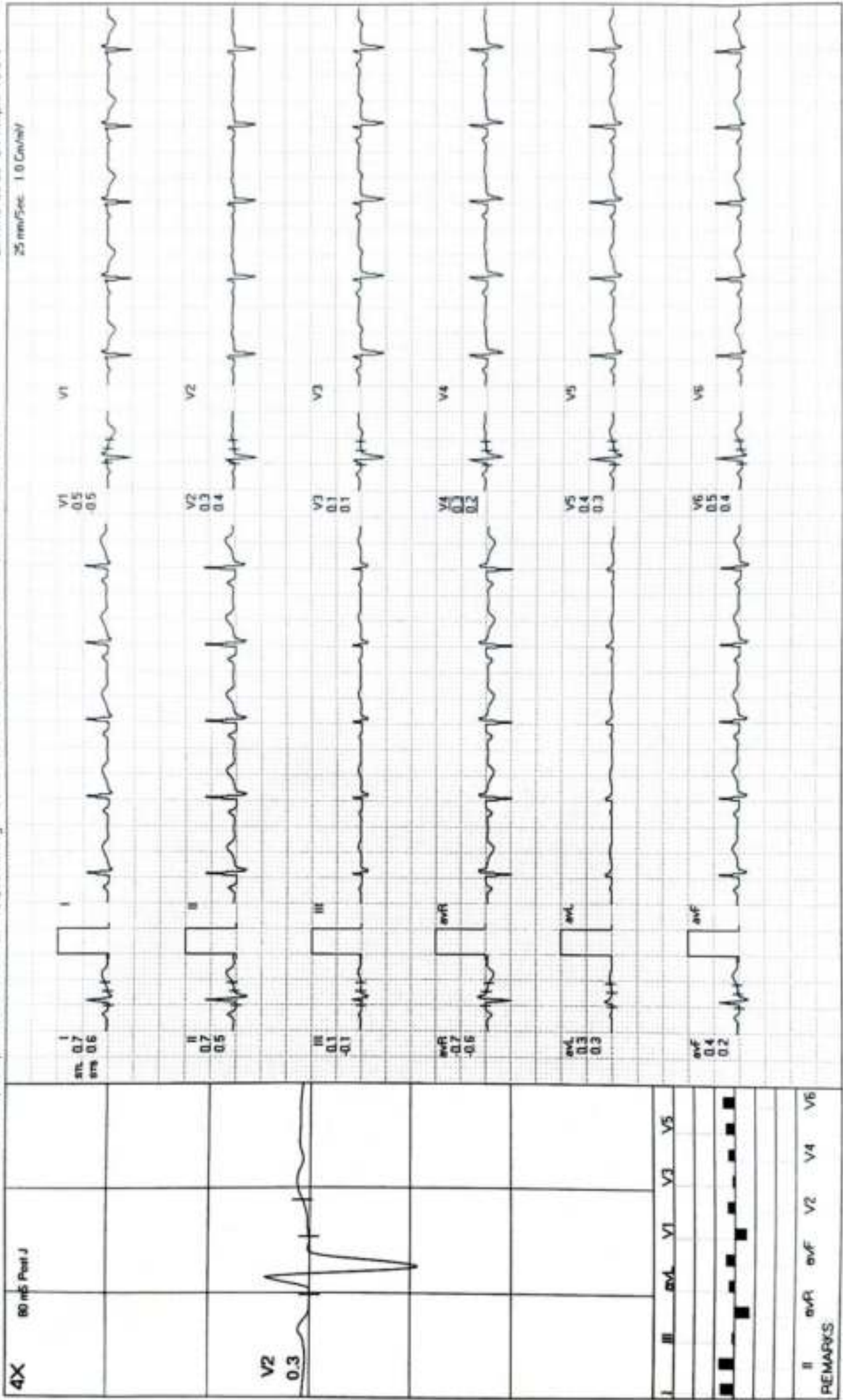
**ExStart**



Date: 07-03-2024 METS 1 1/89 bpm 46% of THR BP 120/86 mmHg Combined Medications/BLC On/Match Day/HF 0.05 Hz/3F 35 Hz

ExTime 00:00 2.7 Kmph 10.0%

25 mm/Sec 1.0 Cav/Div



REMARKS

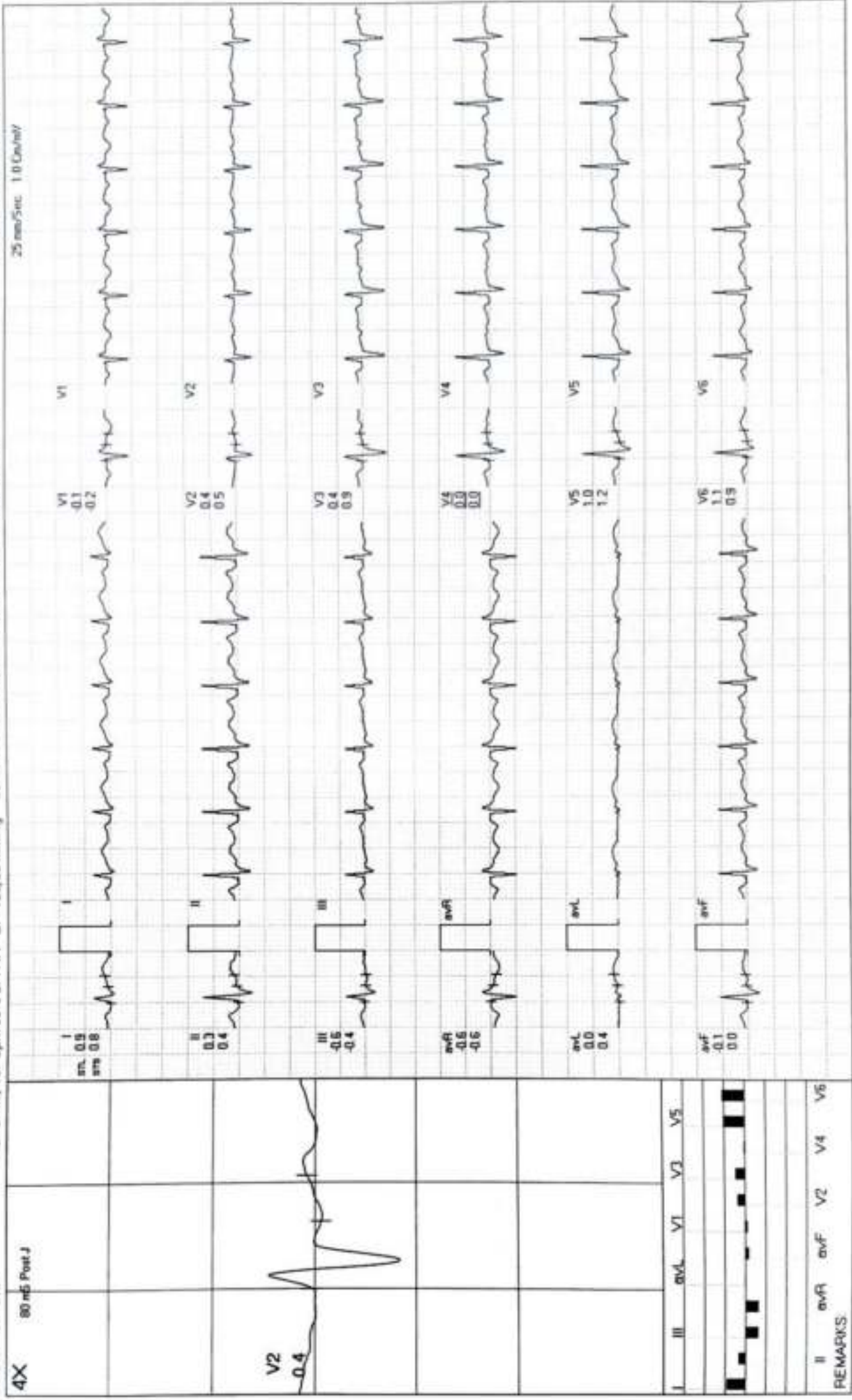
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VISHAL VISHWAKARMA / 27 Yrs / M / 177 Cms / 73 Kg / HR : 107

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



Date 07-03-2024 METS 4.7/107 bpm 55% of THR BP 128/98 mmHg Combined Meds/BLK On/Noch On/HF 0.05 Hz/L.F 35 Hz ExTime 03:00 2.7 Kmph, 10.0%







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VISHAL VISHNAKARMA / 27 Yrs / M / 177 Cms / 73 Kg / HR : 167

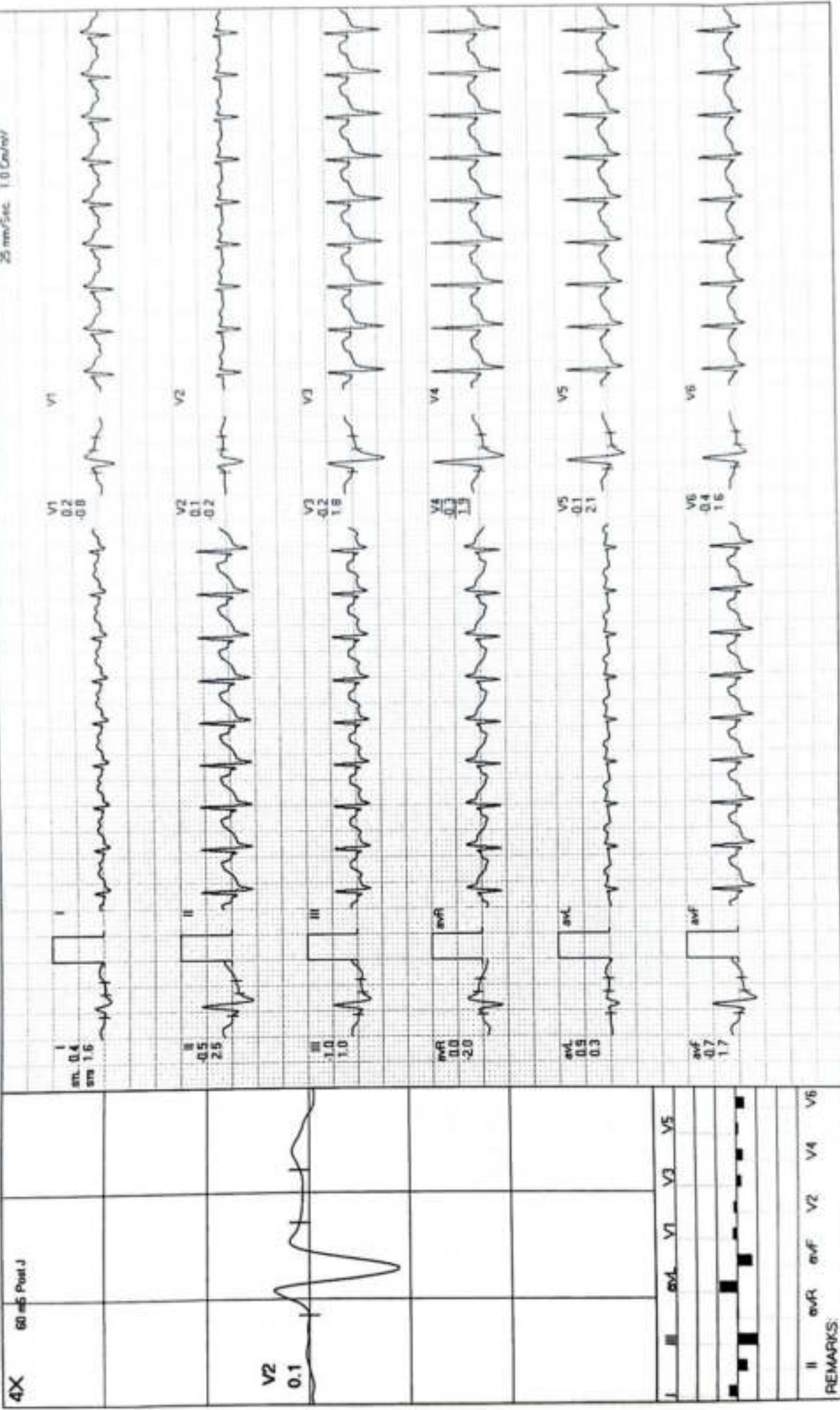
PeakEx



Date 07-03-2024 METS 9.1/167 bpm 87% of THR BP 142/96 mmHg Combined Medians/BLC Cnv/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime 07:56 5.5 Km/Ph. 14.0%

25 mm/Sec 1.0 Cmv/Div



REMARKS:

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VISHAL VISHWAKARMA / 27 Yrs / M / 177 Cms / 73 Kg / HR : 127

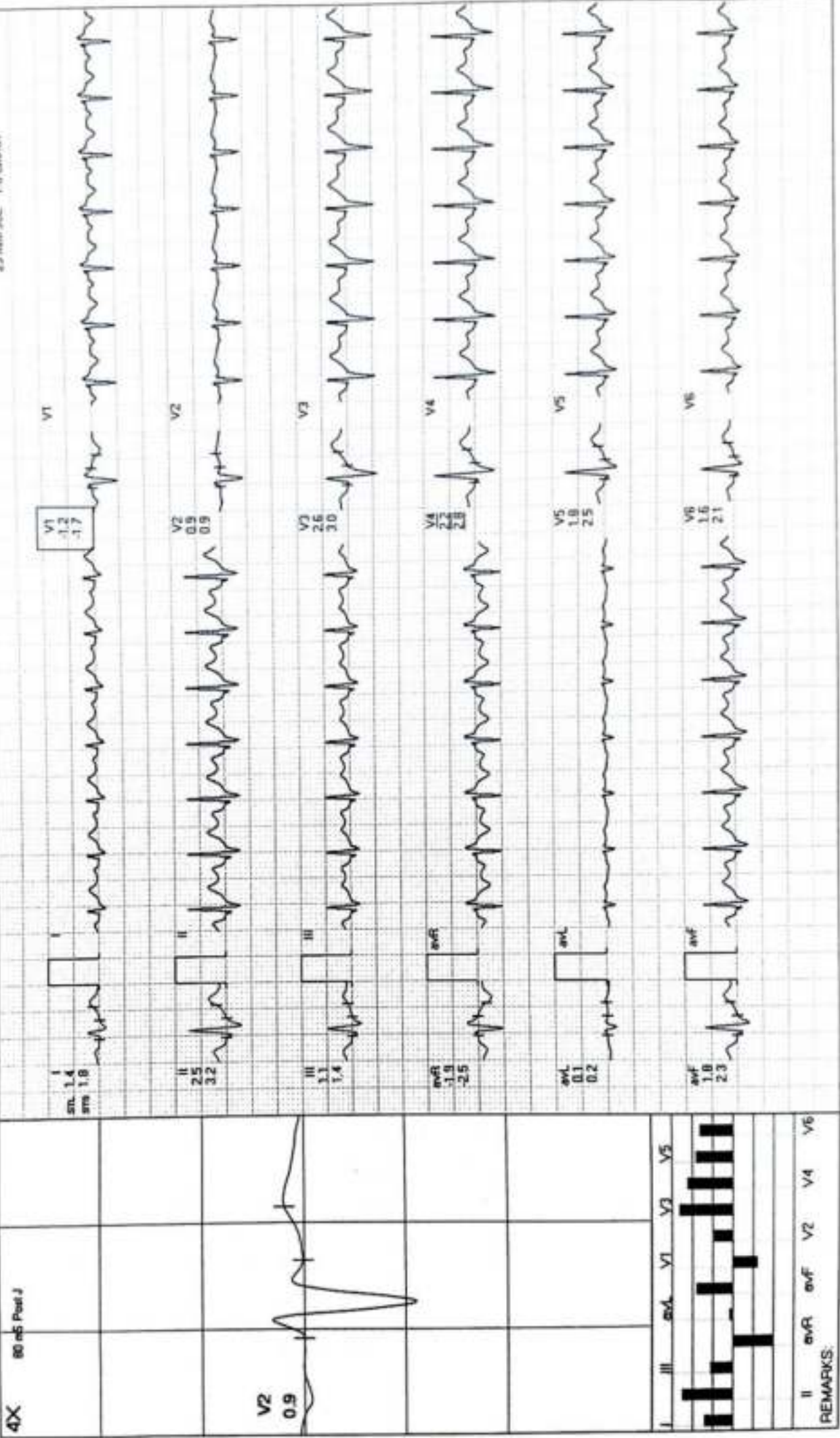
Recovery(1:00)



ExTime 07:56 0.0 Km/Ph 0.0%

Date 07-03-2024 METS: 1.2/127 bpm 66% of THR BP: 138/92 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

25 mm/Sec 1.0 Cm/Div



REMARKS:



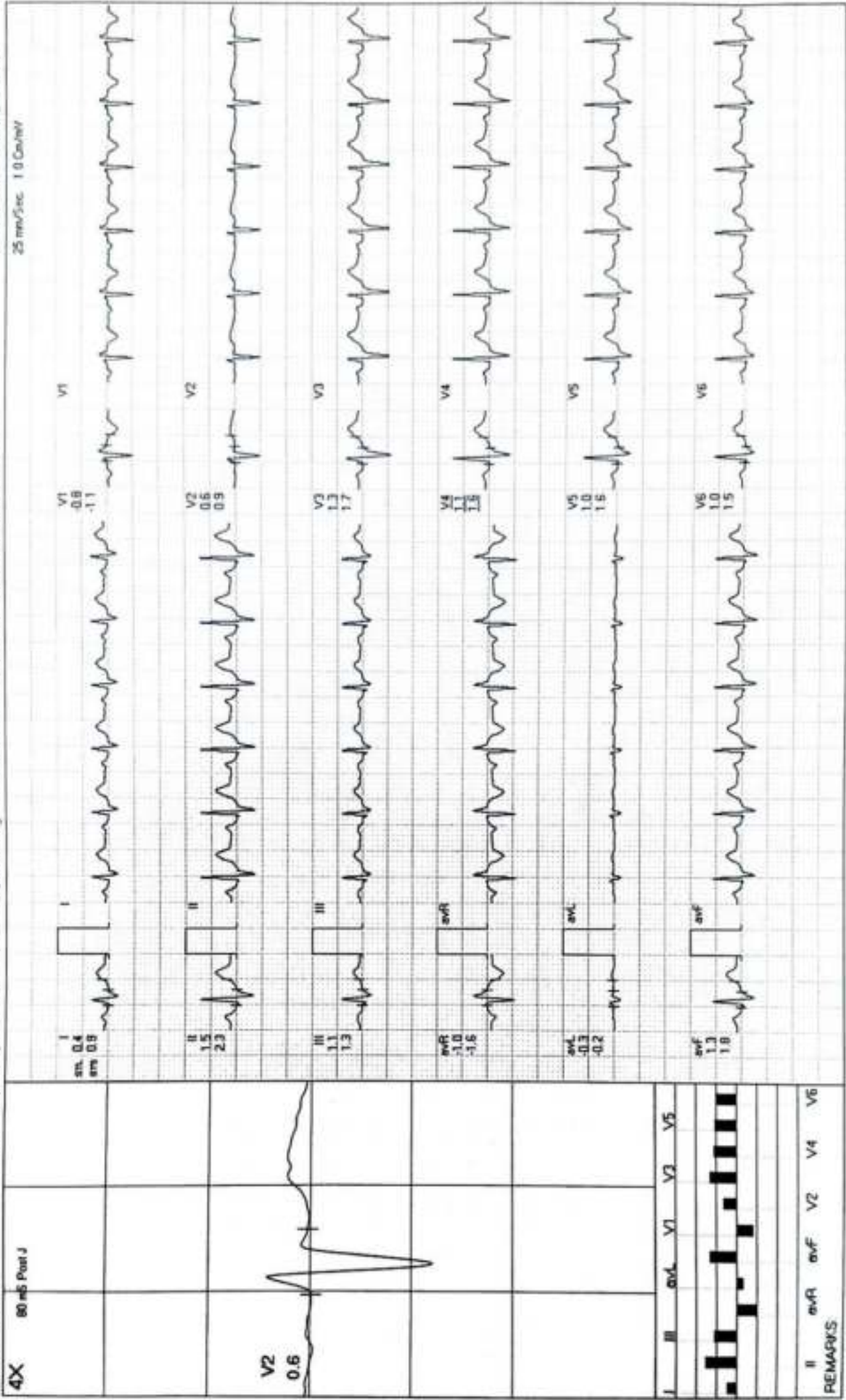
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**VISHAL VISHWAKARMA / 27 Yrs / M / 177 Cms / 73 Kg / HR : 106**

**Recovery(2:00)**



Date 07-03-2024 METS 1.0/106 bpm 55% of THR BP 134/88 mmHg Combined Medians/ ELC-On/ HF 0.05 Hz/LF 35 Hz ExTime 07:56 0.0 Km/hr 0.0%







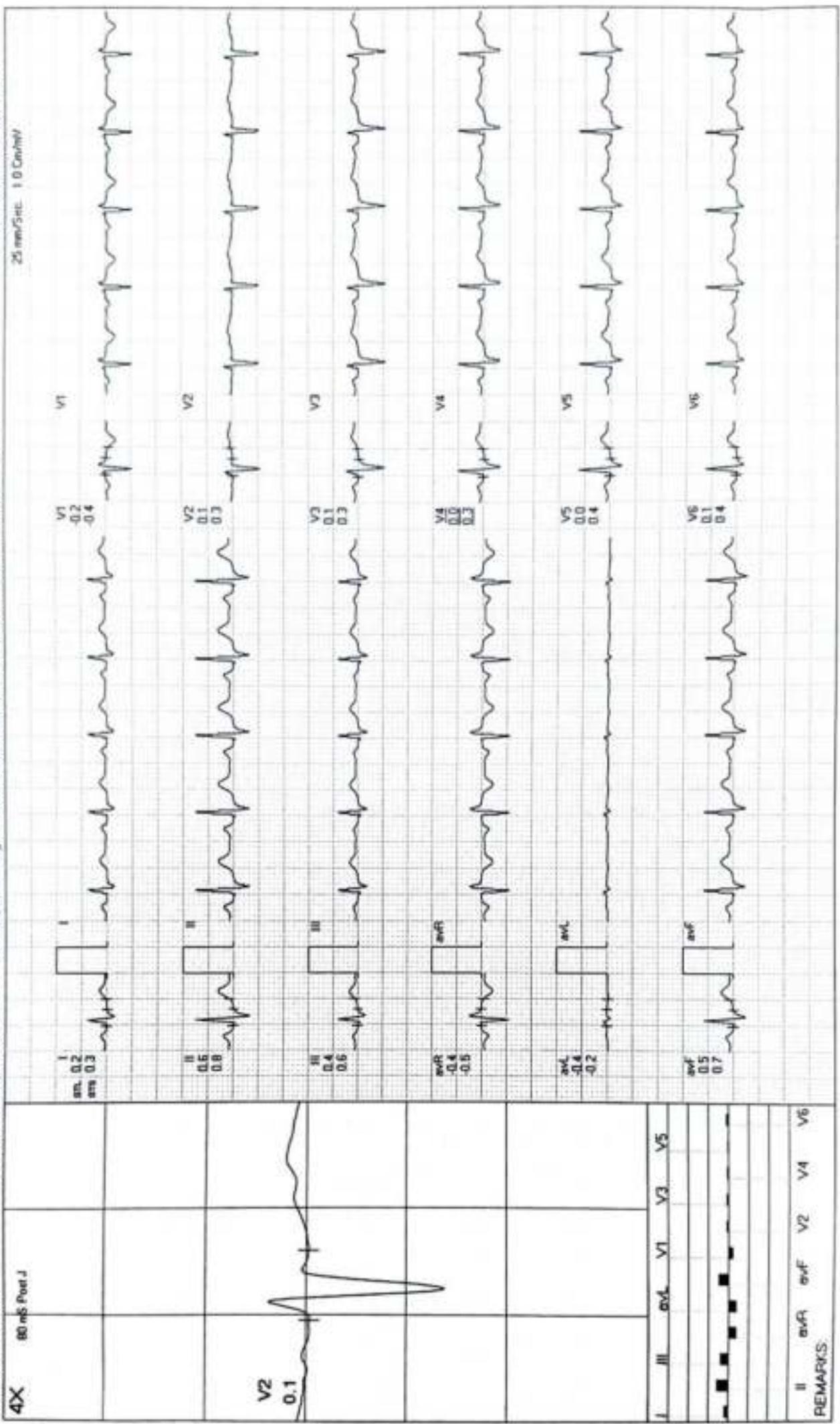
**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

VISHAL VISHWAKARMA / 27 Yrs / M / 177 Cms / 73 Kg / HR : 94

**Recovery(3:10)**



Date: 07-03-2024 METS: 1.0/94 bpm 49% of THR BP: 126/86 mmHg Combined Meds: B/C Only HF 0.05 Hz/LF 35 Hz ExTime 07:56 0.0 Kmph 0.0%



REMARKS: II aVR aVF V2 V4 V6



24030703697 MR VISHAL 00 YRS M SELF CHEST PA  
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