

MER- MEDICAL EXAMINATION REPORT

Date of Examination	9/2/24		
NAME	MANISH KUMAR SRIVASTAVA		
AGE	51	Gender	m
HEIGHT(cm)	168	WEIGHT (kg)	77
B.P.	120/70		
ECG	normal		
X Ray	normal		
Vision Checkup	-		
Present Ailments	None		
Details of Past ailments (If Any)	No		
Comments / Advice : She /He is Physically Fit	Medically Fit		



Dr. Sandeep Raslogi  
 MBBS, DCP  
 Signature with Stamp of Medical Examiner




UIDAI



**मनोज कुमार शिवस्तव**  
**Manoj Kumar Shrivastava**  
DOB: 30/08/1972  
SEX: MALE

5167 0733 8145

VID : 9130 0139 1195 6519

मेरा आधार, मेरी पहचान

M2






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You have been informed that ent ,opthal,diet 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.

*MLG*



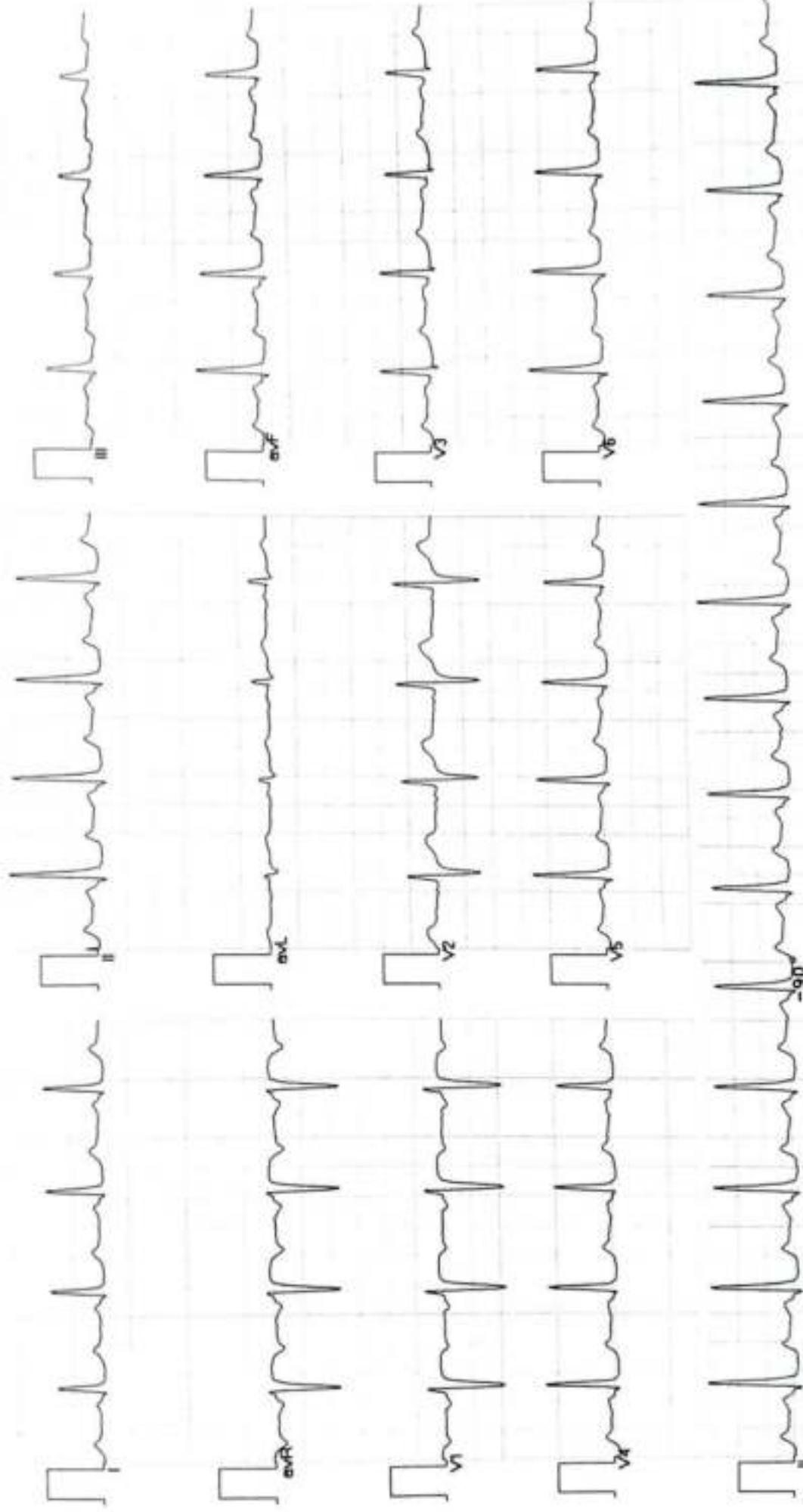
# Modern Pathology And Diagnostic Centre

110 / MANISH KUMAR SRIVASTAVA / 51 Yrs / M / 168Cms. / 77Kgs. / Non Smoker

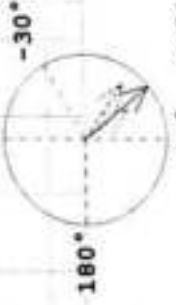
Heart Rate : 87 bpm / Tested On : 09-Feb-24 11:39:27 / HF 100 Hz · LF 0.05 Hz · Sn 1.00 Cm/mV / Sw 25 mm/s

/ Revid By : APOLLO HEALTH

## ECG



Normal ECG



Vent Rate : 87 bpm  
PR Interval : 114 ms  
QRS Duration: 98 ms  
QT/QTc Int : 370/417 ms  
P-QRS-T axis: 56.00• 51.00• 35.00•

Allergens ECG (Pisces)(PIS215191030)

Dr. AMIT MOHAN MD  
Reg. No. 44559



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Gomti Nagar, Lucknow - 226 010  
Ph. : 0522-4008184, 4308184 • 811232323  
Mob. : 7618884441, 9450389932, 8177063677



TEST REQUEST ID :012402090024	SAMPLE DATE	:09/Feb/2024 09:55AM
NAME :Mr. MANISH KUMAR SRIVASTAVA	SAMPLE REC. DATE	:09/Feb/2024 09:55AM
AGE/SEX :51 YRS/MALE	REPORTED DATE	:09/Feb/2024 11:53AM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01090024

## USG WHOLE ABDOMEN-MALE

**Liver:** is normal in size (131 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 (112 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

**Both Kidneys:** are normal in size (RK- 103 x 47 mm & LK - 109 x 56 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 enlarged in size (42 x 36 x 33 mms, wt = 26.6 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:** GRADE-1 BPH.

\*\*\* End Of Report \*\*\*

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

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DR. PANKAJ UPADHYAYA  
Consultant Radiologist

Checked By: Ashish Singh





MODERN PATHOLOGY AND DIAGNOSTIC CENTER

Gomti Nagar Lucknow

MANISH KUMAR SRIVASTAVA / 51 Yrs / M / 168 Cms / 77 Kg  
Date: 09 - 02 - 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	098	58 %	120/70	117	00	
Supine	00:17	0:13	00.0	00.0	01.0	091	54 %	120/70	109	00	
Standing	00:21	0:04	00.0	00.0	01.0	091	54 %	120/70	109	00	
HV	00:27	0:06	00.0	00.0	01.0	090	53 %	120/70	108	00	
ExStart	00:43	0:16	00.0	00.0	01.0	096	57 %	120/70	115	00	
BRUCE Stage 1	03:43	3:00	02.7	10.0	04.7	135	80 %	126/82	170	00	
BRUCE Stage 2	06:43	3:00	04.0	12.0	07.1	155	92 %	130/86	201	00	
PeakEx	06:48	0:05	00.0	00.0	07.2	158	93 %	134/88	211	00	
Recovery	07:48	1:00	00.0	00.0	01.2	128	76 %	132/86	168	00	
Recovery	08:48	2:00	00.0	00.0	01.0	113	67 %	128/84	144	00	
Recovery	09:48	3:00	00.0	00.0	01.0	109	64 %	124/82	135	00	
Recovery	09:53	3:05	00.0	00.0	01.0	109	64 %	122/80	132	00	

FINDINGS :

Exercise Time : 06:05  
 Max HR Attained : 158 bpm 93% of Target 169  
 Max BP Attained : 134/88 (mm/Hg)  
 Max WorkLoad Attained : 7.2 Fair response to induced stress  
 Test End Reasons : Test Complete

REPORT :

CONCLUSIONS:

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

*(Signature)*  
 D. S. K. HOSEAN  
 MD  
 Reg. No. 44559



**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

MANISH KUMAR SRIVASTAVA / 51 Yrs / M / 168 Cms / 77 Kg / HR : 98

**BRUCE:Supine(0:07)**

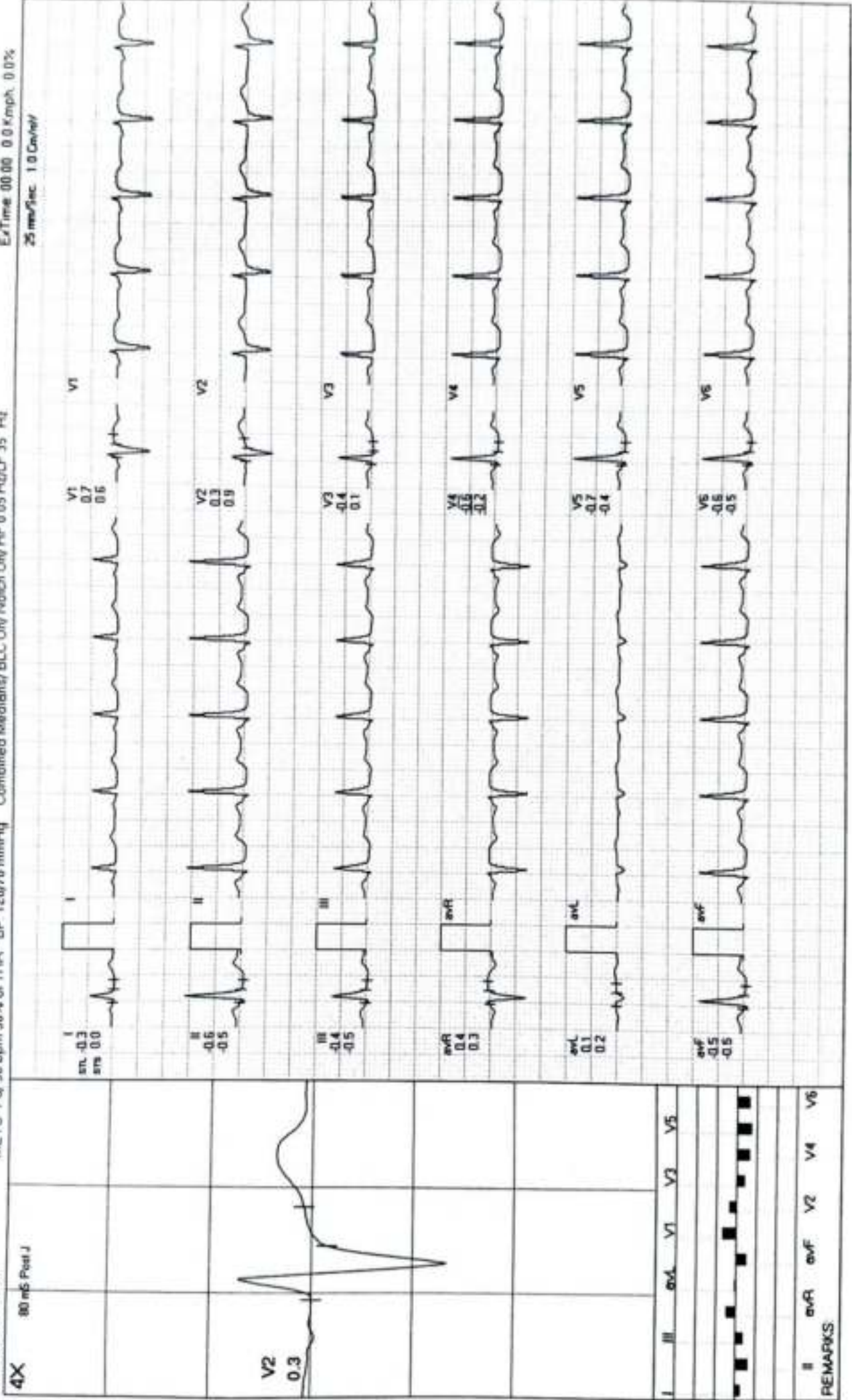


Date 08-02-2024

METS 1.0/ 98 bpm 58% of THR BP 120/70 mmHg Combined Medians/BLC On/ H/F 0.05 Hz/LF 35 Hz

ExTime 00:00 0.0 Km/h 0.0%

25 mm/sec 1.0 Cm/Div



REMARKS



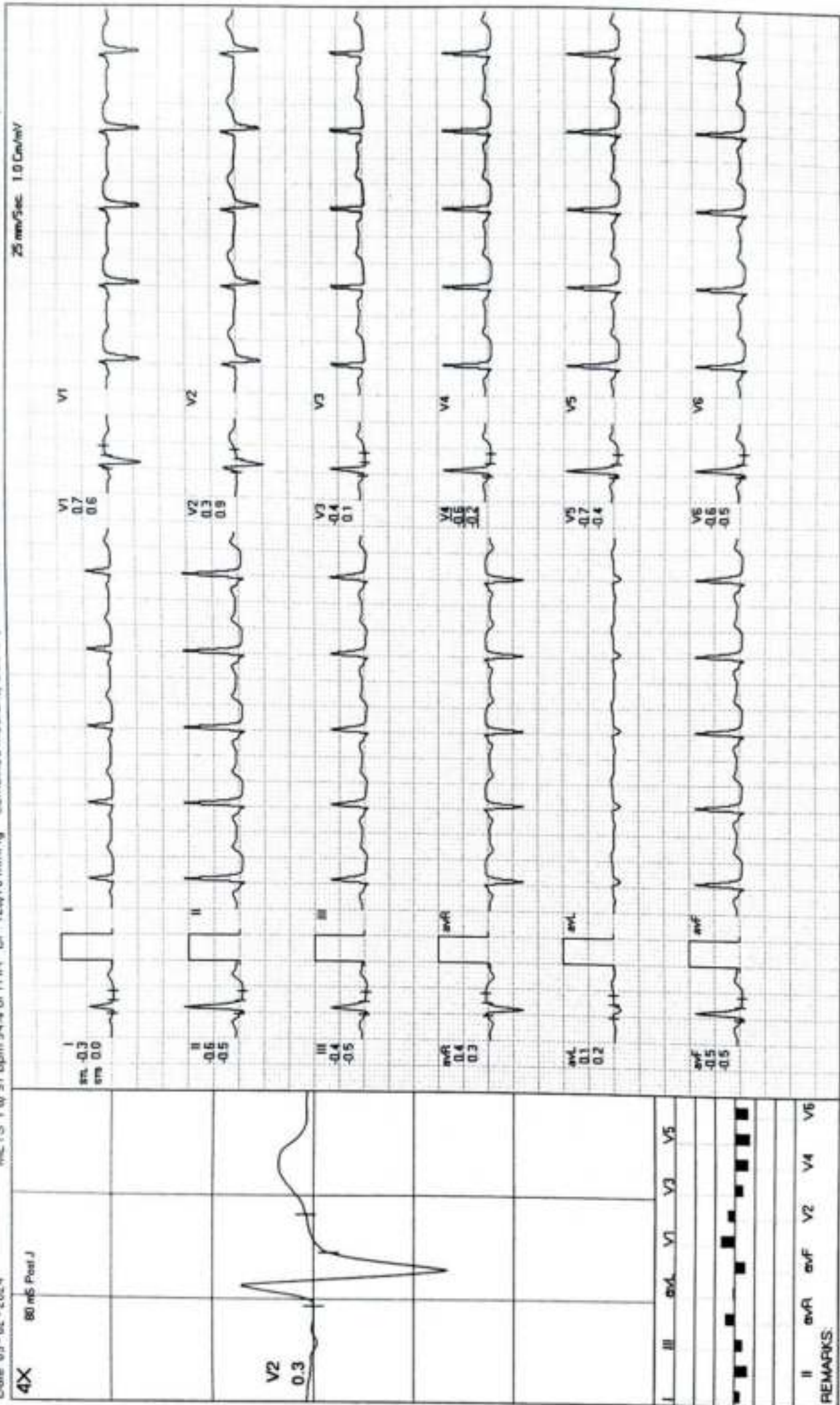
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**BRUCE:Supine(0:13)**



MANISH KUMAR SRIVASTAVA / 51 Yrs / M / 168 Cms / 77 Kg / HR : 91

Date 09-02-2024 METS 1 0/ 91 bpm 54% of THR BP 120/70 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime 00:00 0.0 Km/Ph 0.0%



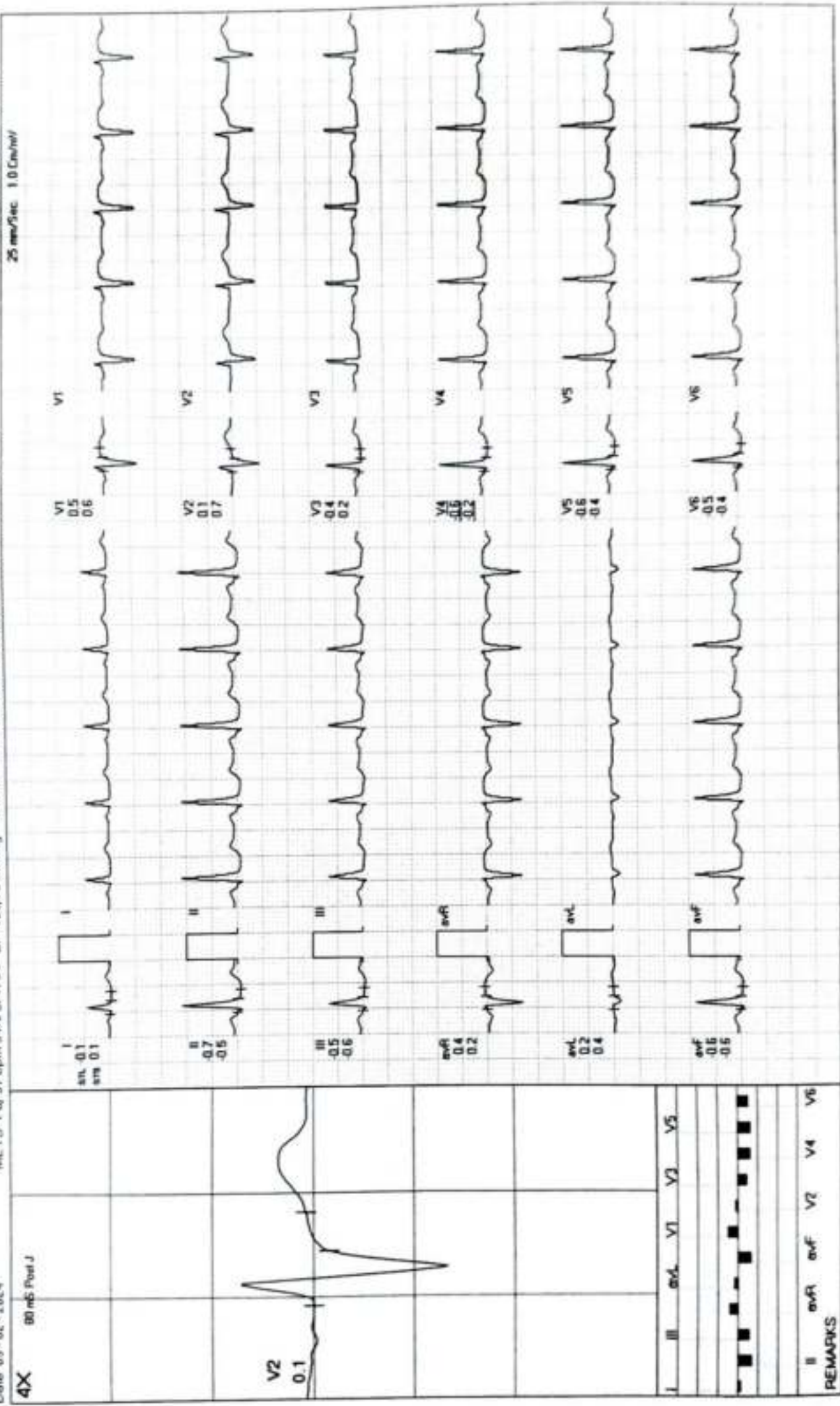
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**BRUCE:Standing(0:13)**



MANISH KUMAR SRINAVASTAVA / 51 Yrs / M / 168 Cms / 77 Kg / HR . 91

Date: 09 - 02 - 2024 METS 1.0/ 91 bpm 54% of THR BP 120/70 mmHg Combined Medians/ BLC On/ Notch On/ HF B 05 Hz/ LF 35 Hz ExTime 00:00 0.0 Ymph. 0.0%



REMARKS

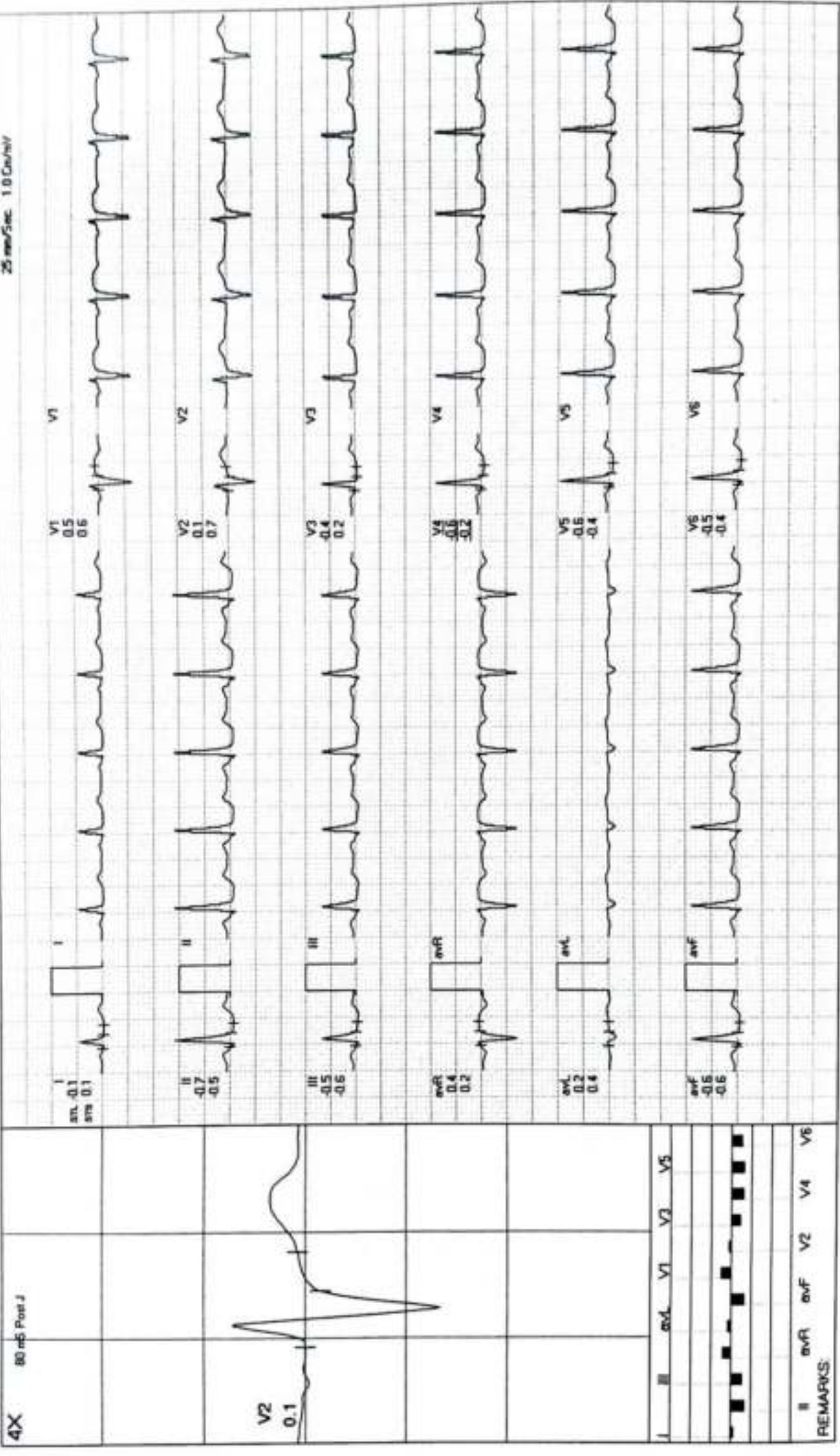


BRUCE:HV(0:06)

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MANISH KUMAR SRIVASTAVA / 51 Yrs / M / 168 Cms / 77 Kg / HR : 90

Date: 09-02-2024 METS 1 0/90 bpm 53% of THR BP: 120/70 mmHg Combined Mediens/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz ExTime 00:00 0.0 Yr/Ph. 0.0%





ExStart

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MANISH KUMAR SRINIVASTAVA / 51 Yrs / M / 168 Cms / 77 Kg / HR : 96

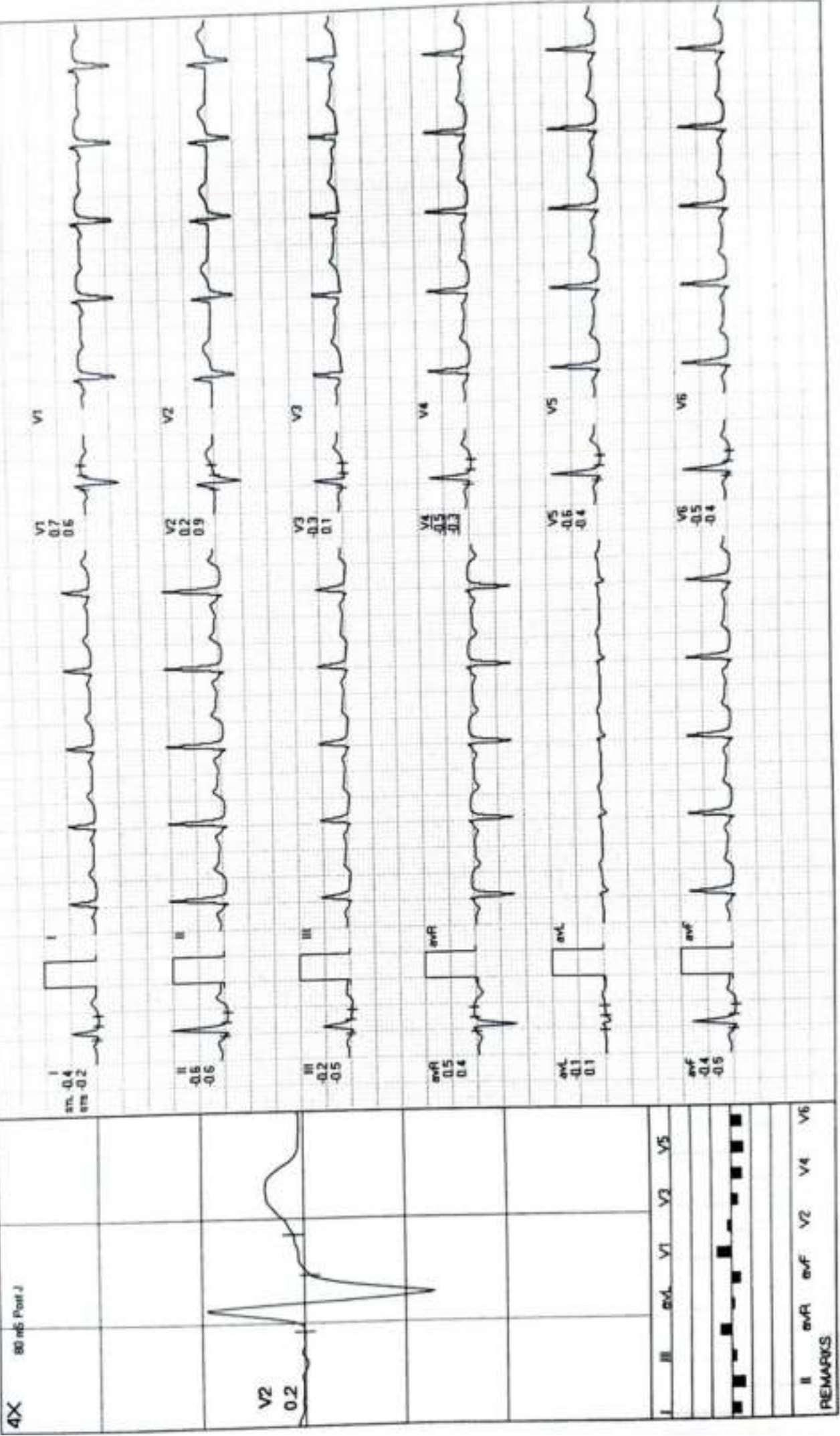
ExTime 00:00 0.0 Kmph: 0.0%

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

25 mm/sec 1.0 Cm/Div

METS 1.0/96 bpm 57% of THR BP 120/70 mmHg

Date 09-02-2024



REMARKS

II aVR aVL V2 V4 V6



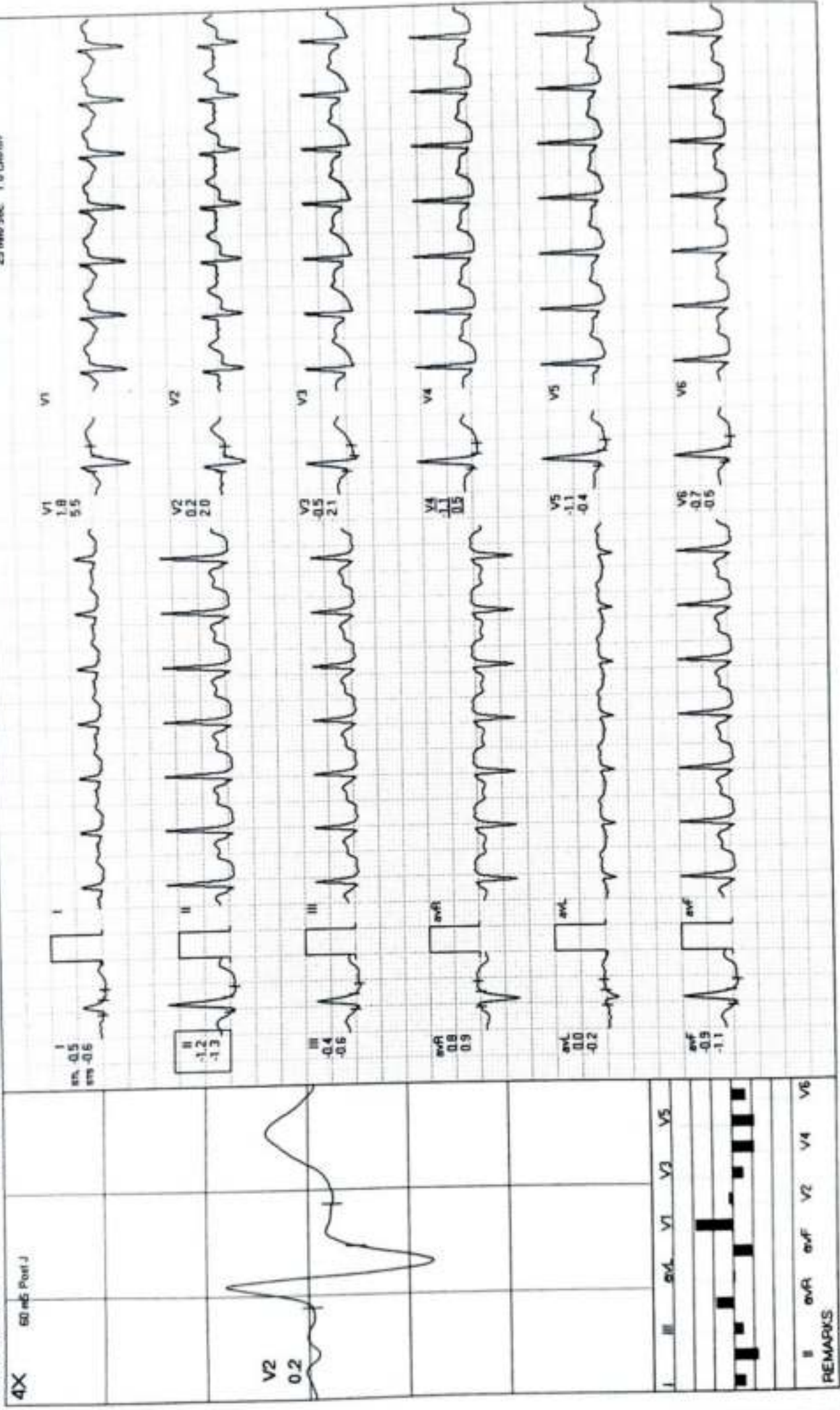
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**BRUCE: Stage 1(3:00)**



MANISH KUMAR SRIVASTAVA / 51 Yrs / M / 168 Cms / 77 Kg / HIR : 135

Date: 09-02-2024 METS: 4.7 / 135 bpm 80% of THR BP: 126/82 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz ExTime 03:00 2.7 Kmph 10.0% 25 mm/Sec 1.0 Cm/Div



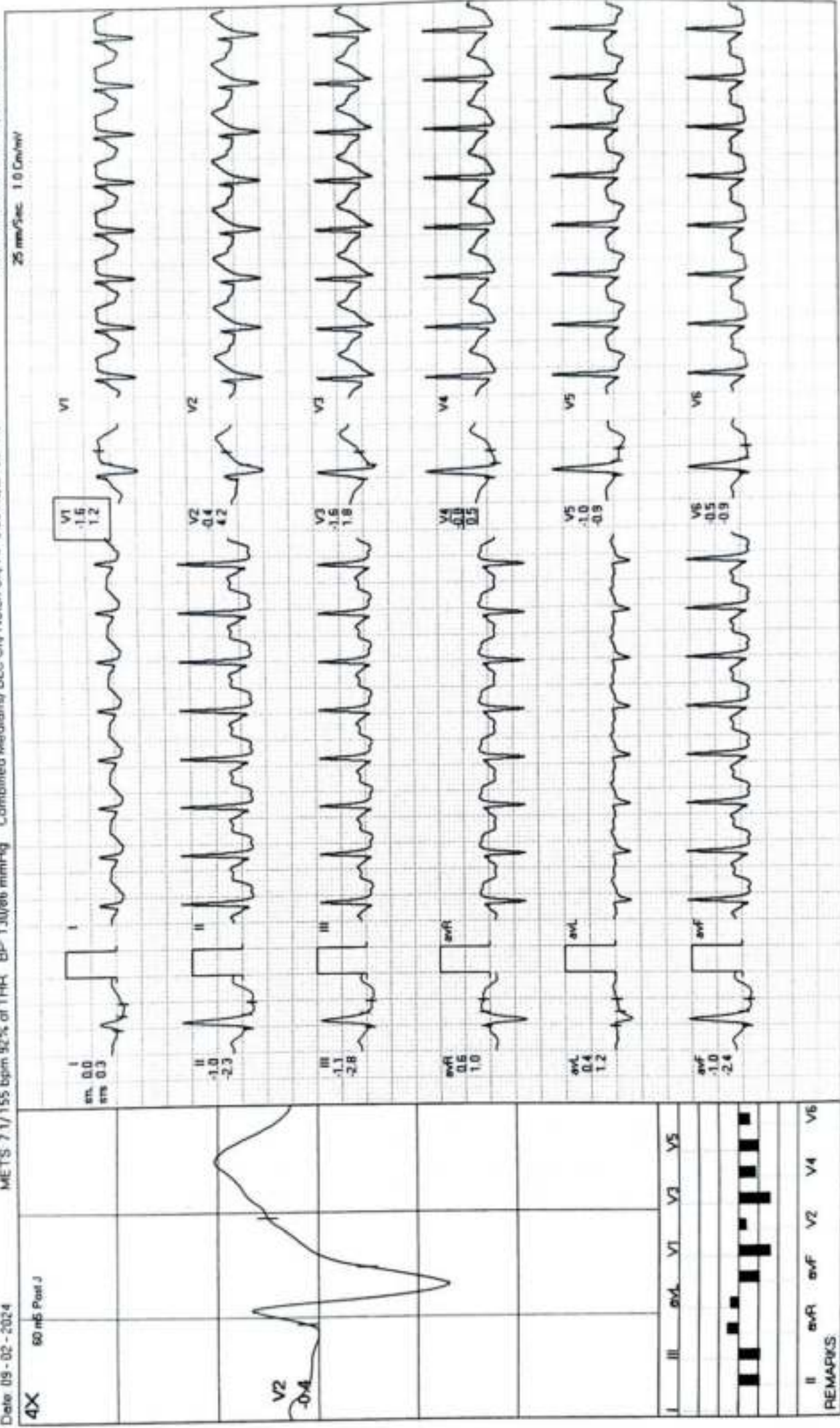
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**BRUCE: Stage 2(3:00)**



MANISH KUMAR SRIVASTAVA / 51 Yrs / M / 168 Cms / 77 Kg / HR : 155

Date: 09-02-2024 METS: 7.1 / 155 bpm 92% of THR BP: 130/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ F 35 Hz ExTime 06:00 4.0 KmpH, 12.0%





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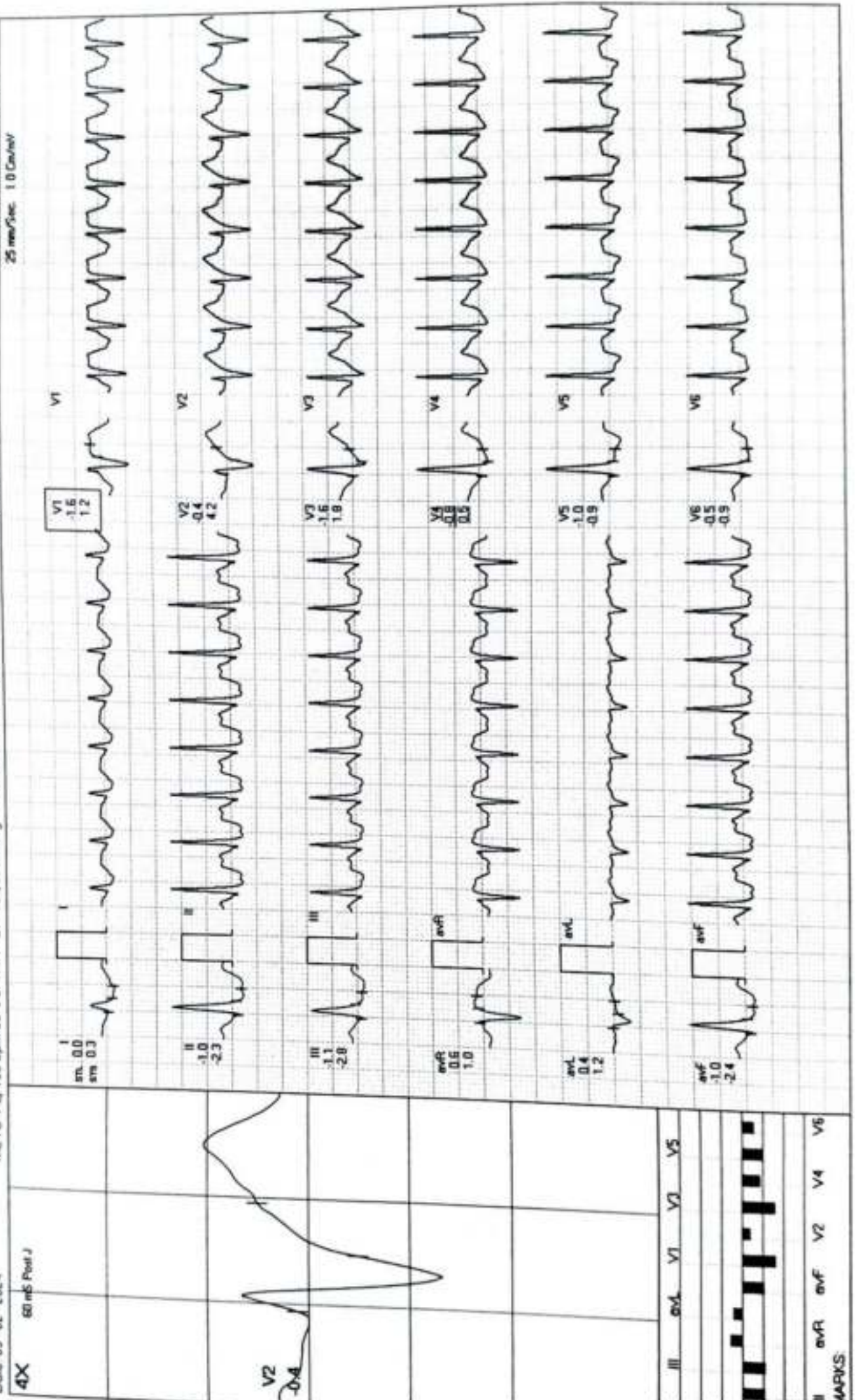
MANISH KUMAR SRIVASTAVA / 51 Yrs / M / 168 Cms / 77 Kg / HR : 158

PeakEx



ExTime 06:06 0.0 Kmph 0.0%

Date 09-02-2024 METS 7.2/158 bpm 93% at THR BIP 134/88 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz







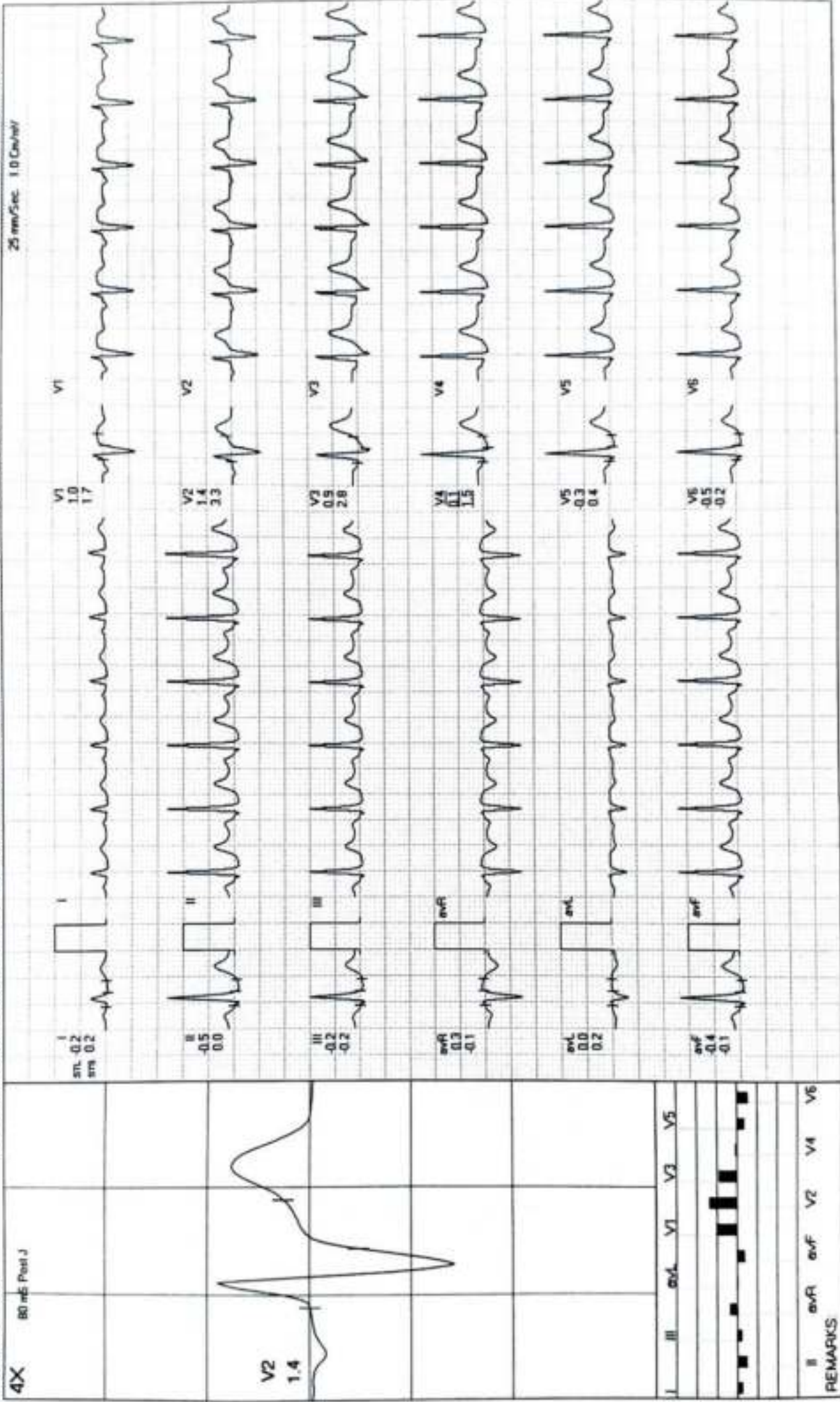
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**Recovery(2:00)**



**MANISH KUMAR SRIVASTAVA / 51 Yrs / M / 168 Cms / 77 Kg / HR : 113**

Date: 09-02-2024 METS: 1.0/113 bpm 67% of THR BP: 128/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz ExTime: 06:05 0.0 Km/Ph: 0.0%



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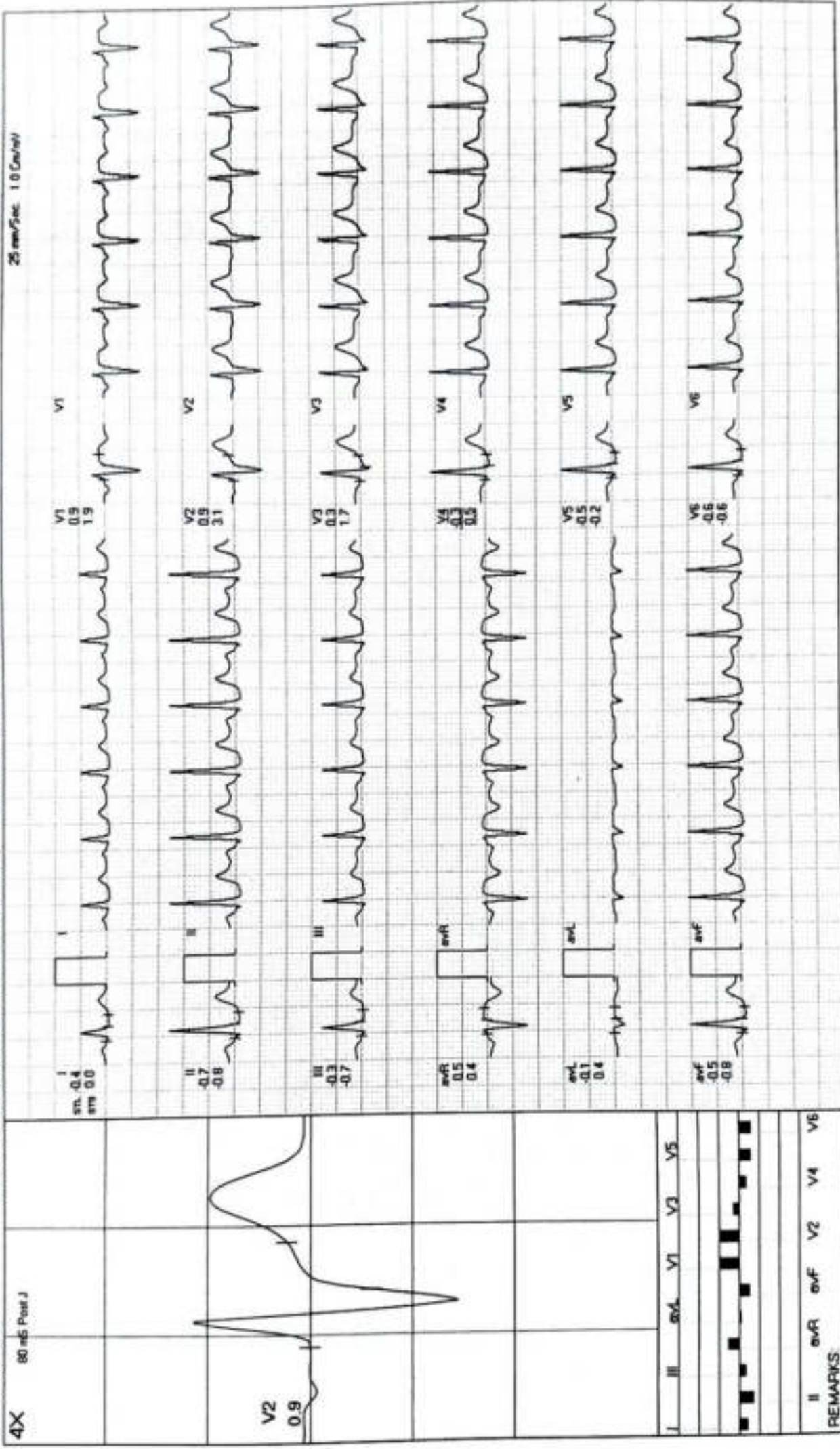
MANISH KUMAR SRIVASTAVA / 51 Yrs / M / 168 Cms / 77 Kg / HR : 109

**Recovery(3:00)**



Date: 09 - 02 - 2024 METS: 1.0 / 109 bpm 64% of THR BP: 124/82 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

ExTime 06:05 0.0 Km/Ph 0.0%



REMARKS



**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

MANISH KUMAR SRIVASTAVA / 51 Yrs / M / 168 Cms / 77 Kg / HR : 109

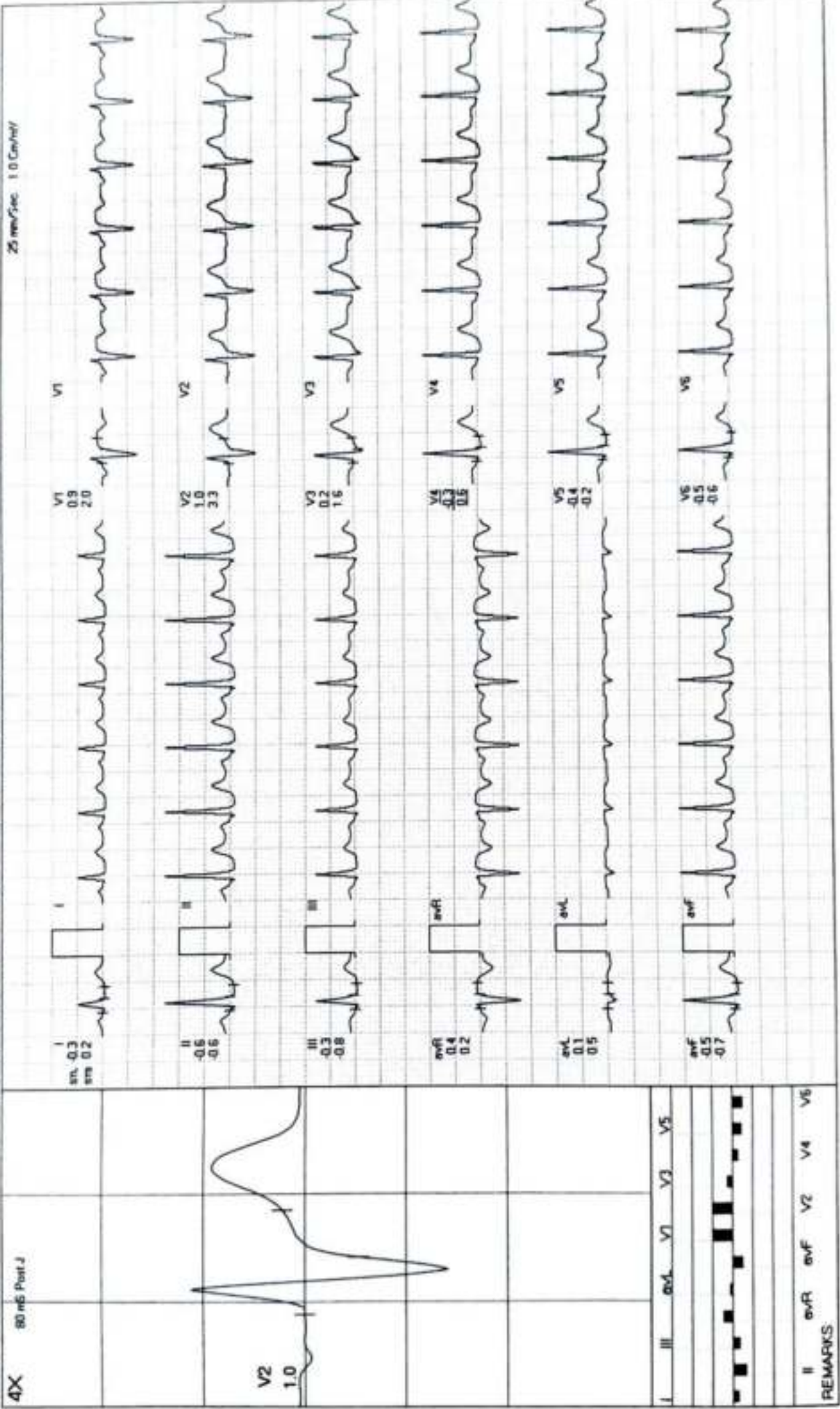
**Recovery(3:05)**



Date 09 - 02 - 2024

METS 1.0/109 bpm 64% of THR BP 122/80 mmHg Combined Mediana/ BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime 06:05 0.0 Km/Ph 0.0%





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

Date	: 09-Feb-2024		
Name	: <b>Mr. MANISH KUMAR SRIVASTAVA</b>	Age	: 51 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

Haemoglobin	<b>13.8</b>	gm%	14 - 17
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Total Leucocyte Count	<b>6700</b>	Cells/cumm.	4000-11000
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Differential Leucocyte Count			
Polymorphs	51	%	45 - 70
Lymphocytes	41	%	20 - 45
Eosinophils	04	%	0 - 6
Monocytes	04	%	0 - 8
Basophils	00	%	0 - 1

Erythrocyte Sedimentation Rate (Wintrobe)			
ESR	08	mm in 1st Hr.	0 - 9
PCV	42.4	cc%	40 - 52
Corrected ESR	02	mm in 1st Hr.	0 - 9

Platelet Count	<b>1.06</b>	lakh/cumm.	1.5 - 4.0
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Red Cells Count	<b>4.09</b>	million/cmm	3.90 to 5.80
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Absolute values			
MCV	90.4	fL	77 - 97
MCH	30.8	pg	27 - 31
MCHC	32.6	gm /dl	31 - 34

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**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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Date	: 09-Feb-2024	Age	: 51 Yrs.
Name	: <b>Mr. MANISH KUMAR SRIVASTAVA</b>	Sex	: Male
Ref.By	: APOLLO HEALTH		

## 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 reduced in number and morphology.
OTHERS	No haemoparasites are seen.
IMPRESSION	THROMBOCYTOPENIA

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Date	: 09-Feb-2024		
Name	: <b>Mr. MANISH KUMAR SRIVASTAVA</b>	Age	: 51 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

Plasma Glucose - F GOD-POD Method	80	mg/dl	70 - 110
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Plasma Glucose - PP GOD-POD Method	117	mg/dl	110 - 170
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<b>LFT T&amp;D</b>			
Total Bilirubin	0.48	mg%	0.2 - 1.0
Direct Bilirubin	0.14	mg%	0.0 to 0.40
Indirect Bilirubin	0.34	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	82	IU/L	40 to 129

Serum Gamma G.T.	27	IU/L	11 - 50
------------------	----	------	---------

<b>KFT</b>			
UREA	19.4	mg %	15 - 50
CREATININE	0.84	mg %	0.5 - 1.5
URIC ACID	5.7	mg %	2 - 7
CALCIUM	9.5	mg %	8.8 - 10.0

Blood Group & Rh	"A" Positive
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Urine Sugar (Fasting)	NIL
-----------------------	-----

Urine Sugar (PP)	NIL
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Name	: <b>Mr. MANISH KUMAR SRIVASTAVA</b>	Sex	: Male
Ref.By	: APOLLO HEALTH		

## THYROID TEST

Tri-iodothyronine (T3)	1.52	nmol/L	0.50 to 2.50
Thyroxine (T4)	7.10	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	1.08	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 may be 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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Name	: <b>Mr. MANISH KUMAR SRIVASTAVA</b>	Sex	: Male
Ref.By	: APOLLO HEALTH		

### LIPID PROFILE

Triglycerids	127	mg%	70 - 190
S. Cholestrol S.	175	mg%	130 - 230
S. HDL Cholestrol	42.6	mg%	35 - 75
S. LDL Cholestrol	107	mg%	75 - 150
VLDL	25.4	mg%	0 - 34
Chol / HDL factor	4.11		
LDL / HDL Factor	2.51		

### 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. Smriti Rastogi  
Contd... M.B.B.S., DCP

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Date	: 09-Feb-2024	Age	: 51 Yrs.
Name	: <b>Mr. MANISH KUMAR SRIVASTAVA</b>	Sex	: Male
Ref.By	: APOLLO HEALTH		

## PSA

PSA	0.81	ng/ml
Electro CLIA		

### Expected values and Comments

NORMAL :	0.00 to 4.0
Less than 40 years	0.6 to 1.3
41 to 50 Years	0.6 to 2.0
51 to 60 Years	0.8 to 3.0
61 to 70 Years	1.0 to 4.0
Over 70 years	1.6 to 4.5

- \* PSA is a reliable Tumor Marker for already diagnosed Prostatic Carcinomas. Though present in many tissues including breast, salivary glands etc.,
- \* PSA production is the glandular epithelium of the prostate gland. PSA is, therefore, remarkably specific for the prostate.
- \* Baseline levels measured prior to therapeutic intervention and followed later by serial, periodical measurements will predict the outcome of the therapy. It also helps in early discovery of recurrences, relapses and metastases.
- \* In general, Tumour Marker levels are directly related to the tumour mass and the stage of the cancer.
- \* However, it is the rate of change of the tumour marker level which is more important, rather than its absolute value. A 50 % change may be considered clinically significant.
- \* It must be emphasized that PSA may also be elevated in Benign Prostatic Hyperplasia and Inflammatory conditions of the surrounding Genito-Urinary Tract.
- \* PSA may be done along with Free PSA that provides additional information

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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.

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Date : 09-Feb-2024	Age : 51 Yrs.
Name : <b>Mr. MANISH KUMAR SRIVASTAVA</b>	Sex : Male
Ref.By : APOLLO HEALTH	

### 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		
<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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Dr. Smith Rastogi  
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TEST REQUEST ID :012402090024	SAMPLE DATE	:09/Feb/2024 09:55AM
NAME :Mr. MANISH KUMAR SRIVASTAVA	SAMPLE REC. DATE	:09/Feb/2024 09:55AM
AGE/SEX :51 YRS/MALE	REPORTED DATE	:09/Feb/2024 11:21AM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01090024

## 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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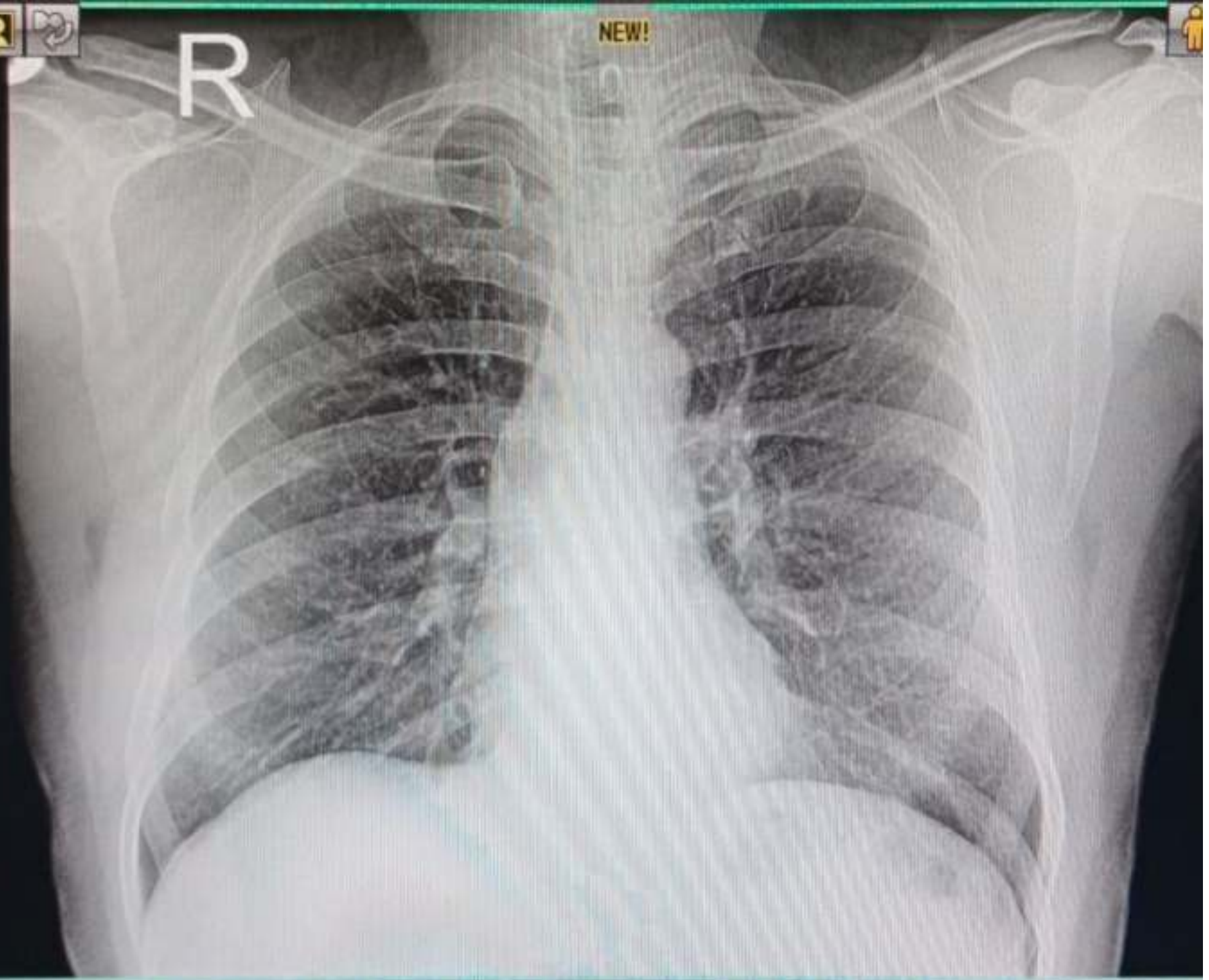
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DR. PANKAJ UPADHYAYA  
DMRD  
Consultant Radiologist



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