

MER- MEDICAL EXAMINATION REPORT

Date of Examination	9/3/24		
NAME	Smt AERA Bano HASBANI		
AGE	33	Gender	F.
HEIGHT(cm)	153	WEIGHT (kg)	56 BMI- 23.9
B.P.	110/70		
ECG	Normal		
X Ray	—		
Vision Checkup	—		
Present Ailments	None		
Details of Past ailments (If Any)	No		
Comments / Advice : She /He is Physically Fit	Medicinally Fit		



Dr. Shilpa Rastogi
 MBBS, DCP
 Reg. No. 35370

Signature with Stamp of Medical Examiner

भारत सरकार
Government of India

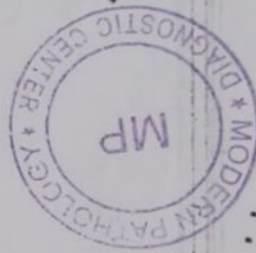
शर्हीरा बानो हसबानी
Shaera Bano Hasbani
जन्म तिथि / DOB: 13/08/1990
महिला / Female

आधार पहचान का प्रमाण है, शहराधिकार का नहीं।
Aadhaar is a proof of identity, not of citizenship.

7691 7179 7977

मेरा आधार, मेरी पहचान

Handwritten signature



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: व/० सलमान अली, हाउस नंबर लब ०२३०,
लखपेडाबाग, नवाबगंज, बड़ा बांकी, उत्तर प्रदेश,
225001
Address: W/O SALMAN ALI, HOUSE
NUMBER LB 0230, LAKHPEDABAGH,
Nawabganj, Bara Banki, Uttar Pradesh,
225001

7691 7179 7977

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

I am not ready for the pap smear test because of my personal reasons.





MODERN PATHOLOGY & 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

Patient name: Mrs Shaera bano Hasbani
Ref By. Apollo Health

Age/Sex 33/F
09/03/2024

E.C.G. REPORT

1. Rhythm	:	Sinus, Regular
2. Atrial Rate	:	76/mt
3. Ventricular Rate	:	76/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. AMIT MOHAN 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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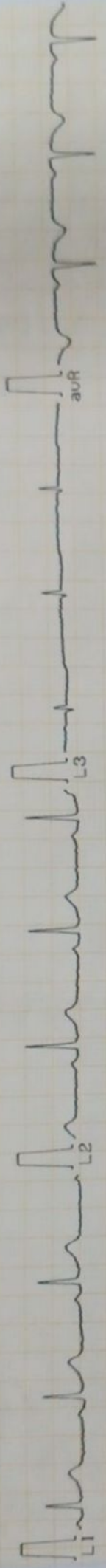
Name **SHAHEERA BANO**

Age --- Yrs M/F

10mm/mV

25mm/S

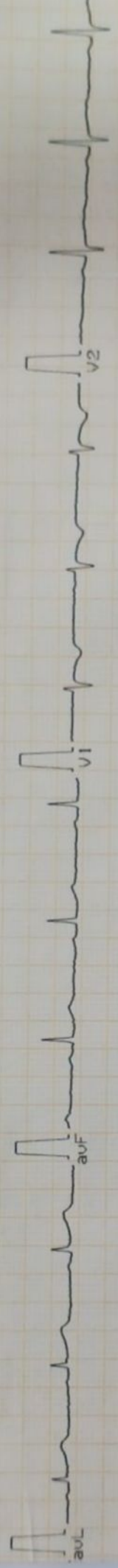
0.1-35 Hz BLC



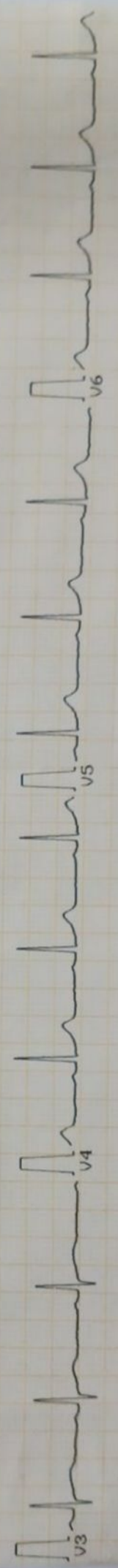
Signature

Lead II Med. FACEA 101

ECG PRINT



ECG PRINT



Signature
Dr. **AMIT MOHAN**, MD
Reg. No. 44559



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TEST REQUEST ID :012403090013	SAMPLE DATE	:09/Mar/2024 08:57AM
NAME :Mrs. SHAEERA BANO HASBANI	SAMPLE REC. DATE	:09/Mar/2024 08:57AM
AGE/SEX :33 YRS/FEMALE	REPORTED DATE	:09/Mar/2024 12:05PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01090013

USG WHOLE ABDOMEN-FEMALE

Liver: is normal in size (128 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 (104 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

Both Kidneys: are normal in size (RK- 95 x 45 mm & LK -101 x 50 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 (51 x 37 x 26 mms), shape and echotexture. It is anteverted. Myometrium is homogenous. No focal mass is seen. Endometrial thickness is normal. 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: NORMAL STUDY.

*** End Of Report ***

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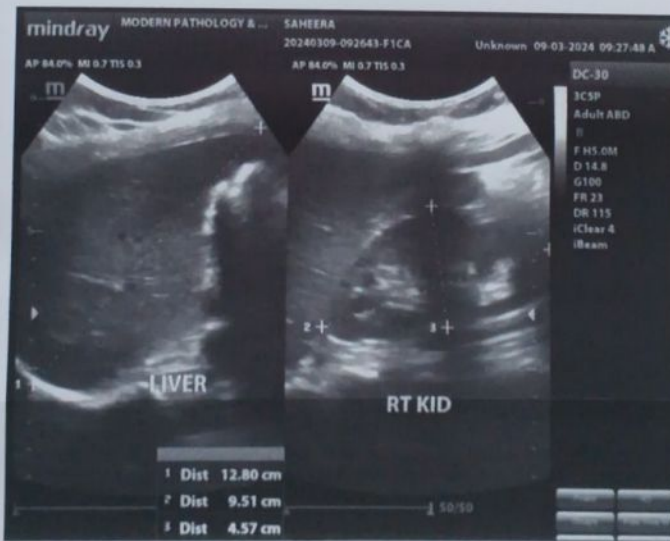
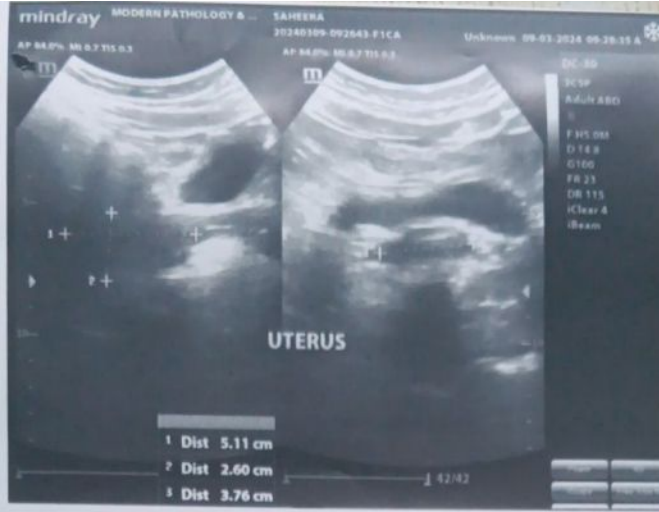
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Date	: 09-Mar-2024			
Name	: Mrs. SHAEERA BANO HASBANI		Age	: 33 Yrs.
Ref.By	: APOLLO HEALTH		Sex	: Female
Haemoglobin	12.0	gm%	11 - 14	
Total Leucocyte Count	5800	Cells/cumm.	4000-11000	
Differential Leucocyte Count				
Polymorphs	55	%	45 - 70	
Lymphocytes	38	%	20 - 45	
Eosinophils	02	%	0 - 6	
Monocytes	05	%	0 - 8	
Basophils	00	%	0 - 1	
Erythrocyte Sedimentation Rate (Wintrobe)				
ESR	10	mm in 1st Hr.	0 - 19	
PCV	38.9	cc%	40 - 52	
Corrected ESR	02	mm in 1st Hr.	0 - 19	
Platelet Count	1.82	lakh/cumm.	1.5 - 4.0	
Red Cells Count	4.47	million/cmm	3.90 to 4.60	
Absolute values				
MCV	86.9	fL	77 - 97	
MCH	27.8	pg	27 - 31	
MCHC	31.4	gm /dl	31 - 34	

Dr. Sanjay Rastogi
Page 17 of 17 (Report)
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Date : 09-Mar-2024

Name : **Mrs. SHAERA BANO HASBANI**

Age : 33 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	: 09-Mar-2024		
Name	: Mrs. SHAEERA BANO HASBANI	Age	: 33 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Female
Plasma Glucose - F GOD-POD Method	91	mg/dl	70 - 110
KFT			
UREA	17.2	mg %	15 - 50
CREATININE	0.75	mg %	0.5 - 1.5
URIC ACID	5.0	mg %	2 - 6
CALCIUM	9.2	mg %	8.8 - 10.0
Blood Group & Rh	"O" Positive		
Serum Gamma G.T.	22.1	IU/L	11 - 50

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Date	: 09-Mar-2024	Age	: 33 Yrs.
Name	: Mrs. SHAERA BANO HASBANI	Sex	: Female
Ref.By	: APOLLO HEALTH		

LIPID PROFILE

Triglycerids	91	mg%	70 - 190
S. Cholestrol S.	155	mg%	130 - 230
S. HDL Cholestrol	44.0	mg%	35 - 75
S. LDL Cholestrol	92.8	mg%	75 - 150
VLDL	18.2	mg%	0 - 34
Chol / HDL factor	3.52		
LDL / HDL Factor	2.11		

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	: 09-Mar-2024	Age	: 33 Yrs.
Name	: Mrs. SHAERA BANO HASBANI	Sex	: Female
Ref.By	: APOLLO HEALTH		

THYROID TEST

Tri-iodothyronine (T3)	1.55	nmol/L	0.50 to 2.50
Thyroxine (T4)	6.28	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	1.79	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	: 09-Mar-2024	Age	: 33 Yrs.
Name	: Mrs. SHAEERA BANO HASBANI	Sex	: Female
Ref.By	: APOLLO HEALTH		

Glycosylated Haemoglobin

Glycosylated Haemoglobin	5.5	%	4.5 TO 6.0
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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	: 09-Mar-2024		
Name	: Mrs. SHAEERA BANO HASBANI	Age	: 33 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Female

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	Few	/hpf
Red Blood Cells	Nil	/hpf
Casts	Nil	
Crystals	Nil	
Others	Nil	