

MER- MEDICAL EXAMINATION REPORT

Date of Examination	30/12/23		
NAME	PRAEYA CHATURVEDI		
AGE	30	Gender	F.
HEIGHT(cm)	165	WEIGHT (kg)	99
B.P.	120/78		
EKG	—		
X Ray	none		
Vision Checkup	—		
Present Ailments	none		
Details of Past ailments (If Any)	No		
Comments / Advice : She /He is Physically Fit	MEDICALLY FIT		
<p>Client is not ready for ECG, Tmt & USG Test.</p>			



Dr. Smita Pathogi
 MBBS, DCP
 Registrar

Signature with Stamp of Medical Examiner



भारत सरकार
Government of India



प्रज्ञा चतुर्वेदी
Pragya Chaturvedi
जन्म तिथि / DOB : 01/01/1993
महिला / Female



9445 9279 7657

आधार - आम आदमी का अधिकार



Pragya

Dear Sir,

Due to some personal reasons, we are unable to
take TMT, ^{Ech} test.

Thankyou

Pragya
30/12/2023



You have been informed that ent dental othal 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.



Pragya

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

Date	: 30-Dec-2023		
Name	: Mrs. PRAGYA CHATURVEDI	Age	: 30 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Female

Plasma Glucose - F GOD-POD Method	104	mg/dl	70 - 110
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Plasma Glucose - PP GOD POD Method	110	mg/dl	110 - 170
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Urine Sugar (Fasting)	NIL		
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Urine Sugar (PP)	NIL		
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KFT			
UREA	19.2	mg %	15 - 50
CREATININE	0.81	mg %	0.5 - 1.5
URIC ACID	5.3	mg %	2 - 6
CALCIUM	9.5	mg %	8.8 - 10.0

Blood Group & Rh	"O" Positive		
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LFT T&D			
Total Bilirubin	0.53	mg%	0.2 - 1.0
Direct Bilirubin	0.18	mg%	0.0 to 0.40
Indirect Bilirubin	0.35	mg%	0.10 to 0.90
S.G.P.T	42	IU/L	5 - 40
S.G.O.T	36	IU/L	5 - 50
ALP	87	IU/L	35 to 104

Serum Gamma G.T.	16	IU/L	11 - 50
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Dr. Smita Rastogi
M.B.B.S., DCP

Contd...

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

e-mail : mpdcgn@gmail.com ♦ For online reports - www.modernpath.in

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MODERN PATHOLOGY & DIAGNOSTIC CENTRE

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



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Date	: 30-Dec-2023	Age	: 30 Yrs.
Name	: Mrs. PRAGYA CHATURVEDI	Sex	: Female
Ref.By	: APOLLO HEALTH		

Glycosylated Haemoglobin

Glycosylated Haemoglobin	5.9	%	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	: 30-Dec-2023	Age	: 30 Yrs.
Name	: Mrs. PRAGYA CHATURVEDI	Sex	: Female
Ref.By	: APOLLO HEALTH		

LIPID PROFILE

Triglycerids	136	mg%	70 - 190
S. Cholestrol S.	192	mg%	130 - 230
S. HDL Cholestrol	41.2	mg%	35 - 75
S. LDL Cholestrol	123.6	mg%	75 - 150
VLDL	27.2	mg%	0 - 34
Chol / HDL factor	4.66		
LDL / HDL Factor	3		

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 : 30-Dec-2023

Name : **Mrs. PRAGYA CHATURVEDI**

Age : 30 Yrs.

Ref.By : APOLLO HEALTH

Sex : Female

THYROID TEST

Tri-iodothyronine (T3)	1.75	nmol/L	0.50 to 2.50
Thyroxine (T4)	9.20	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	2.67	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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Ref.By	: APOLLO HEALTH	Sex	: Female

Urine Examination

PHYSICAL		
Colour	Straw	
Turbidity	Nil	
Deposit	Nil	
Reaction	Acidic	
*Specific Gravity	1.010	
CHEMICAL		
Protein	Nil	
Sugar	Nil	
*Bile Salts	Nil	
*Bile Pigments	Nil	
Phosphate	Nil	
MICROSCOPIC		
Pus Cells	Nil	/hpf
Epithelial Cells	0-1	/hpf
Red Blood Cells	Nil	/hpf
Casts	Nil	
Crystals	Nil	
Others	Nil	

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Name	: Mrs. PRAGYA CHATURVEDI		Age	: 30 Yrs.
Ref.By	: APOLLO HEALTH		Sex	: Female
Haemoglobin	10.6	gm%	11 - 14	
Total Leucocyte Count	6500	Cells/cumm.	4000-11000	
Differential Leucocyte Count				
Polymorphs	62	%	45 - 70	
Lymphocytes	30	%	20 - 45	
Eosinophils	03	%	0 - 6	
Monocytes	05	%	0 - 8	
Basophils	00	%	0 - 1	
Erythrocyte Sedimentation Rate (Wintrobe)				
ESR	18	mm in 1st Hr.	0 - 19	
PCV	34.8	cc%	40 - 52	
Corrected ESR	06	mm in 1st Hr.	0 - 19	
Platelet Count	2.10	lakh/cumm.	1.5 - 4.0	
Red Cells Count	4.48	million/cmm	3.90 to 4.60	
Absolute values				
MCV	77.8	fL	77 - 97	
MCH	23.5	pg	27 - 31	
MCHC	30.3	gm /dl	31 - 34	

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Page 1 (End Of Report)
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TEST REQUEST ID :012312300029	SAMPLE DATE	:30/Dec/2023 10:50AM
NAME :Mrs. PRAGYA CHATURVEDI	SAMPLE REC. DATE	:30/Dec/2023 10:50AM
AGE/SEX :30 YRS/FEMALE	REPORTED DATE	:30/Dec/2023 11:29AM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01300029

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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DR. PANKAJ UPADHYAYA

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