

MER- MEDICAL EXAMINATION REPORT

Date of Examination	24/12/24		
NAME	SATISH KUMAR		
AGE	59	Gender	m
HEIGHT(cm)	172	WEIGHT (kg)	91 BMR-30.8
B.P.	136/88		
ECG	normal		
X Ray	normal		
Vision Checkup	—		
Present Ailments	None		
Details of Past ailments (If Any)	No		
Comments / Advice : She /He is Physically Fit	Medicinesly fit		


 Signature with Stamp of Medical Examiner




MODERN PATHOLOGY & DIAGNOSTIC CENTRE

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Ph: 0522-4008184, 4308184 • 8112323230
Mob: 7618884441, 9450389932, 8177063877

Date	: 24-Feb-2024		
Name	: Mr. SATISH KUMAR	Age	: 59 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male
Haemoglobin	14.3	gm%	14 - 17
Total Leucocyte Count	6200	Cells/cumm.	4000-11000
Differential Leucocyte Count			
Polymorphs	58	%	45 - 70
Lymphocytes	30	%	20 - 45
Eosinophils	06	%	0 - 6
Monocytes	06	%	0 - 8
Basophils	00	%	0 - 1
Erythrocyte Sedimentation Rate (Wintrobe)			
ESR	08	mm in 1st Hr.	0 - 9
PCV	45.0	cc%	40 - 52
Corrected ESR	02	mm in 1st Hr.	0 - 9
Platelet Count	1.60	lakh/cumm.	1.5 - 4.0
Red Cells Count	4.99	million/cmm	3.90 to 5.80
Absolute values			
MCV	90.2	fL	77 - 97
MCH	28.6	pg	27 - 31
MCHC	31.7	gm /dl	31 - 34

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Dr. Smita Rastogi
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Results, adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.

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Date : 24-Feb-2024

Name : **Mr. SATISH KUMAR**

Age : 59 Yrs.

Ref.By : APOLLO HEALTH

Sex : Male

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	: 24-Feb-2024			
Name	: Mr. SATISH KUMAR		Age	: 59 Yrs.
Ref.By	: APOLLO HEALTH		Sex	: Male
Plasma Glucose - F GOD-POD Method	114	mg/dl	70 - 110	
Plasma Glucose - PP GOD POD Method	165	mg/dl	110 - 170	
Blood Group & Rh	"A" Positive			
LFT T&D				
Total Bilirubin	0.60	mg%	0.2 - 1.0	
Direct Bilirubin	0.28	mg%	0.0 to 0.40	
Indirect Bilirubin	0.32	mg%	0.10 to 0.90	
S.G.P.T	54	IU/L	5 - 40	
S.G.O.T	46	IU/L	5 - 50	
ALP	97	IU/L	40 to 129	
Serum Gamma G.T.	24	IU/L	11 - 50	
KFT				
UREA	26.1	mg %	15 - 50	
CREATININE	0.81	mg %	0.5 - 1.5	
URIC ACID	5.8	mg %	2 - 7	
CALCIUM	9.3	mg %	8.8 - 10.0	
Urine Sugar (Fasting)	NIL			
Urine Sugar (PP)	NIL			

Page 1 **Dr. Sanjay Rastogi**
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Date	: 24-Feb-2024	Age	: 59 Yrs.
Name	: Mr. SATISH KUMAR	Sex	: Male
Ref.By	: APOLLO HEALTH		

LIPID PROFILE			
Triglycerids	160	mg%	70 - 190
S. Cholestrol S.	171	mg%	130 - 230
S. HDL Cholestrol	44.2	mg%	35 - 75
S. LDL Cholestrol	94.8	mg%	75 - 150
VLDL	32	mg%	0 - 34
Chol / HDL factor	3.87		
LDL / HDL Factor	2.14		

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COMMENTS

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* 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

Page 2
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Date	: 24-Feb-2024	Age	: 59 Yrs.
Name	: Mr. SATISH KUMAR	Sex	: Male
Ref.By	: APOLLO HEALTH		

THYROID TEST

Tri-Iodothyronine (T3)	1.14	nmol/L	0.50 to 2.50
Thyroxine (T4)	5.60	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	2.14	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	: 24-Feb-2024	Age	: 59 Yrs.
Name	: Mr. SATISH KUMAR	Sex	: Male
Ref.By	: APOLLO HEALTH		

Glycosylated Haemoglobin

Glycosylated Haemoglobin	6.3	%	4.5 TO 6.0
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INTERPRETATION AND COMMENTS

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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	: 24-Feb-2024	Age	: 59 Yrs.
Name	: Mr. SATISH KUMAR	Sex	: Male
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PSA

Electro CLIA 1.12 ng/ml

=====

Expected values and Comments

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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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Name : Mr. SATISH KUMAR

Age : 59 Yrs.

Ref.By : APOLLO HEALTH

Sex : Male

Urine Examination

PHYSICAL

Colour	Straw
Turbidity	Nil
Deposit	Nil
Reaction	Acidic
*Specific Gravity	1.025

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	

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Gomti Nagar Lucknow

Report



satish kumar / 59 Yrs / M / 172 Cms / 91 Kg

Date: 24 - 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	080	50 %	136/88	108	00	
Standing	00:08	0:04	00.0	00.0	01.0	075	47 %	136/88	102	00	
HV	00:13	0:05	00.0	00.0	01.0	075	47 %	136/88	102	00	
ExStart	00:23	0:10	00.0	00.0	01.0	075	47 %	136/88	102	00	
BRUCE Stage 1	03:23	3:00	02.7	10.0	04.7	135	84 %	142/92	191	00	
BRUCE Stage 2	06:23	3:00	04.0	12.0	07.1	159	99 %	146/94	232	00	
PeakEx	06:38	0:15	05.5	14.0	07.4	158	98 %	144/92	227	00	
Recovery	07:38	1:00	00.0	00.0	01.2	140	87 %	140/90	196	00	
Recovery	08:38	2:00	00.0	00.0	01.0	120	75 %	138/90	165	00	
Recovery	09:38	3:00	00.0	00.0	01.0	106	66 %	138/90	146	00	
Recovery	09:54	3:16	00.0	00.0	01.0	108	67 %	138/88	149	00	

FINDINGS :

Exercise Time : 06:15
Max HR Attained : 159 bpm 99% of Target 161
Max BP Attained : 146/94 (mm/Hg)
Max WorkLoad Attained : 7.4 Fair response to induced stress
Test End Reasons : Test Complete

REPORT :

CONCLUSIONS:

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


Dr. ANURAG MOHAN
 MD
 Reg. No. 44559

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Safish Aumar / 59 Yrs / M / 172 Cms / 91 Kg / HR : 80

BRUCE:Supine(0:05)

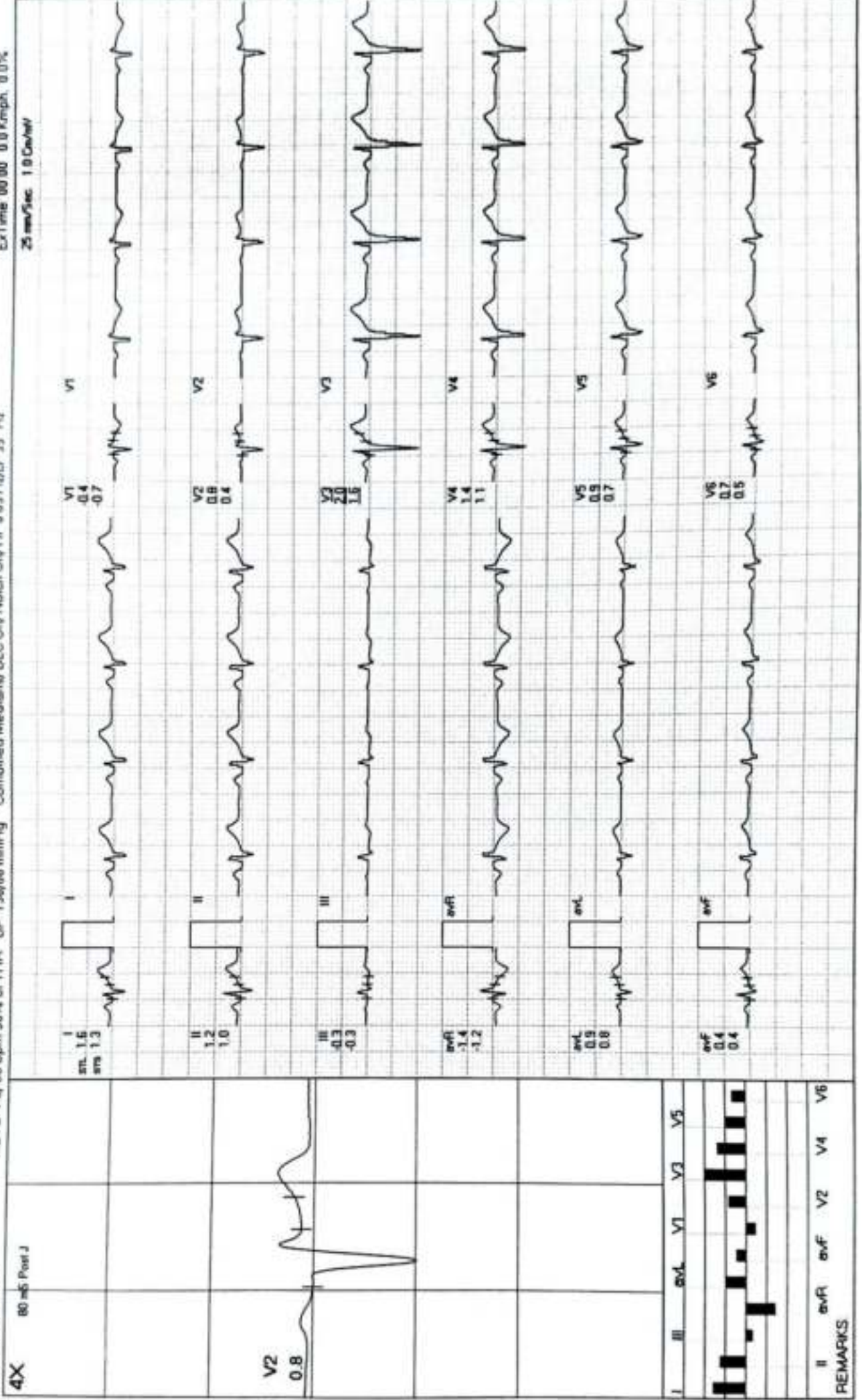


Date 24-02-2024

METS 1 0/80 bpm 50% of THR BP 135/88 mmHg Combined Medians/BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime 00:00 0.0 Kmph 0.0%

25 mm/sec 1.0 Cm/Div



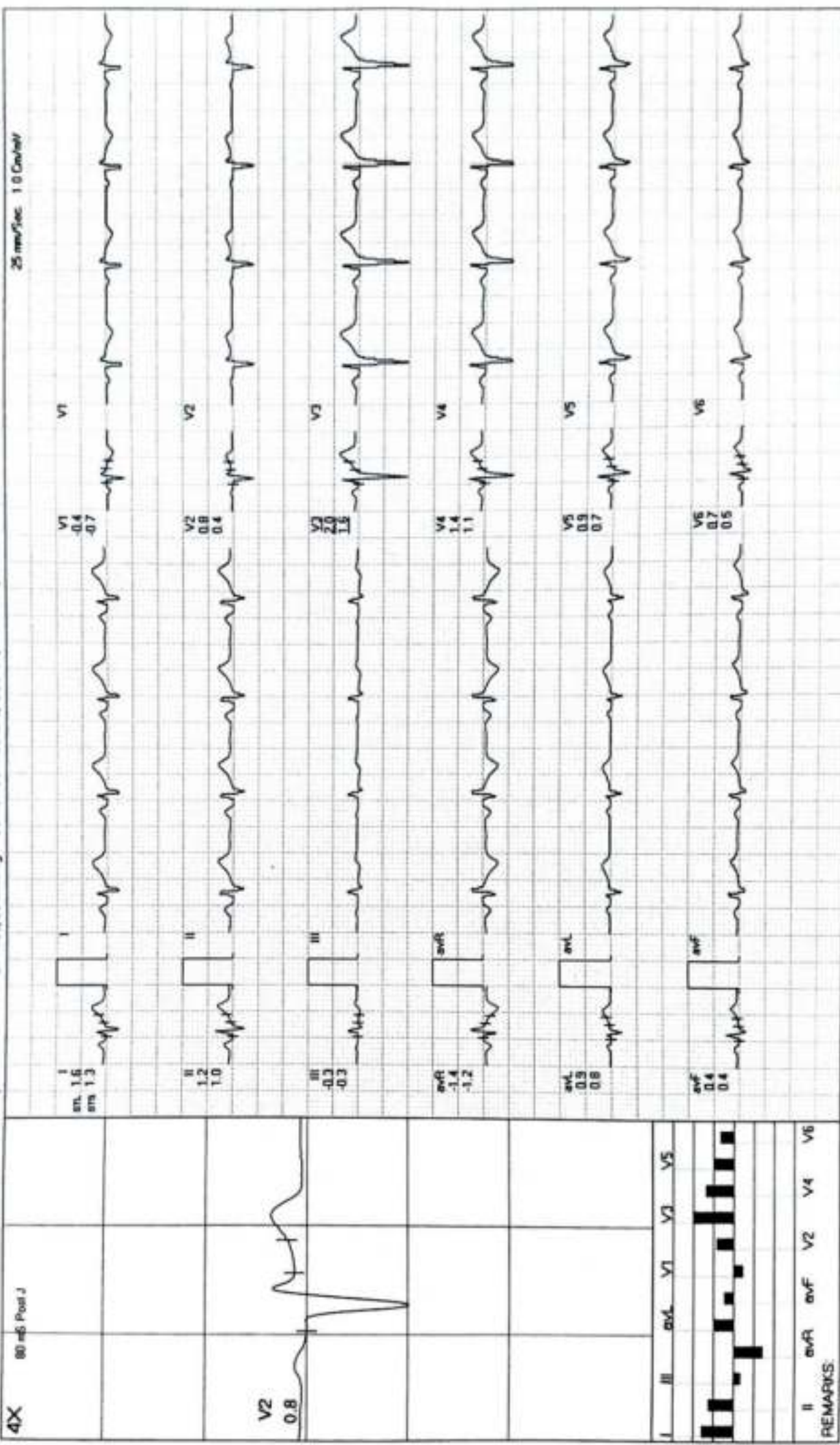
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Satish Kumar / 59 Yrs / M / 172 Cms / 91 Kg / HR : 75

BRUCE: Standing(0:05)



Date: 24-02-2024 METS: 1.0/75 bpm 47% of THR BP: 136/88 mmHg Combined Medians/ECLC-Or/Notch Or/HF 0.05 Hz/LF 35 Hz ExTime 00:00 0.0 Kmph 0.0%



REMARKS:
 II aVR aVF V2 V4 V6

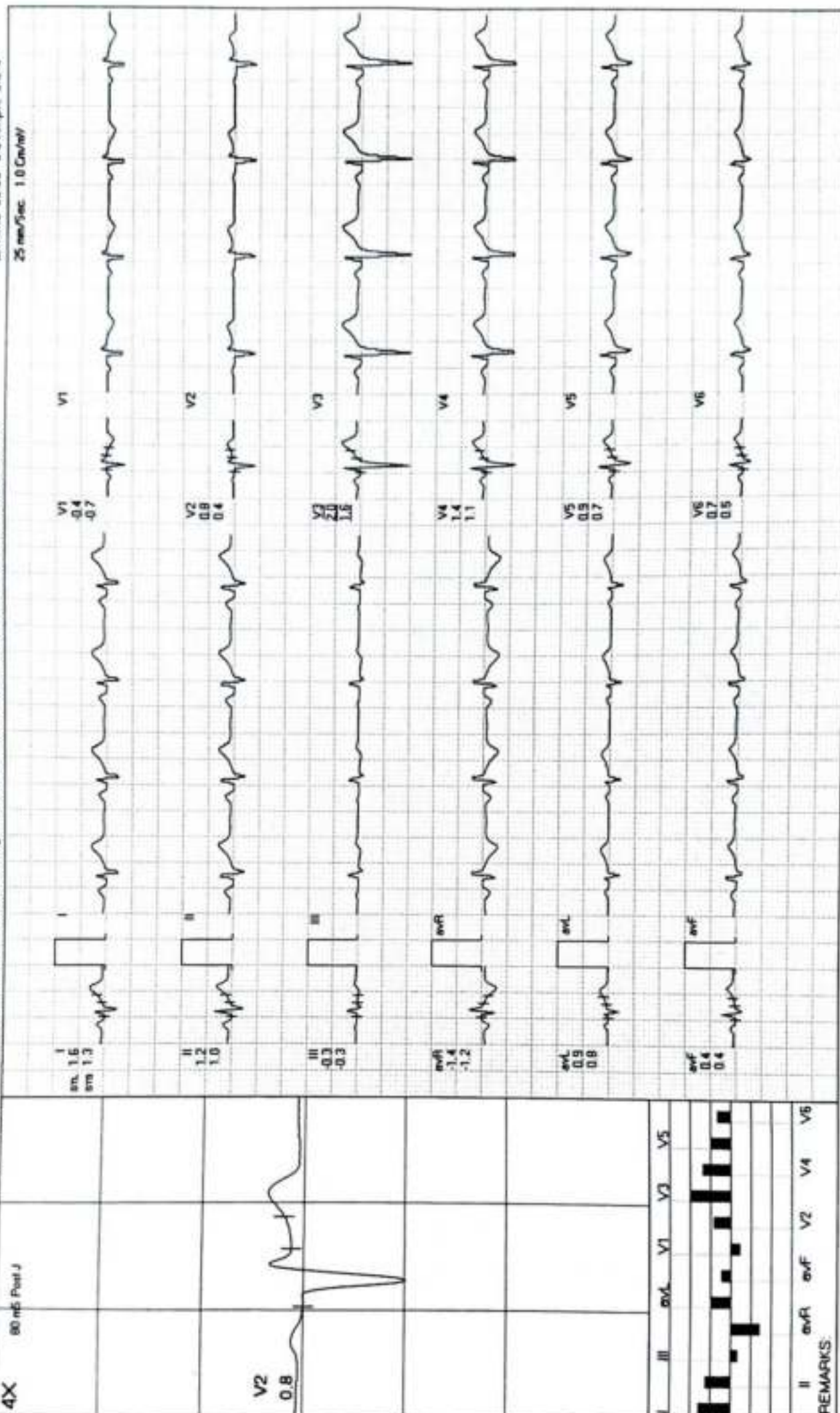
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satish Kumar / 59 Yrs / M / 172 Cms / 91 Kg / HR : 75

BRUCE:HV(0:06)



Date 24-02-2024 METS 1 M/75 bpm 47% of THR BP 136/88 mmHg Combined Medians/BLC On/ H/F 0.05 Hz/LF 35 Hz ExTime 00:00 0.0 Kmph 0.0%



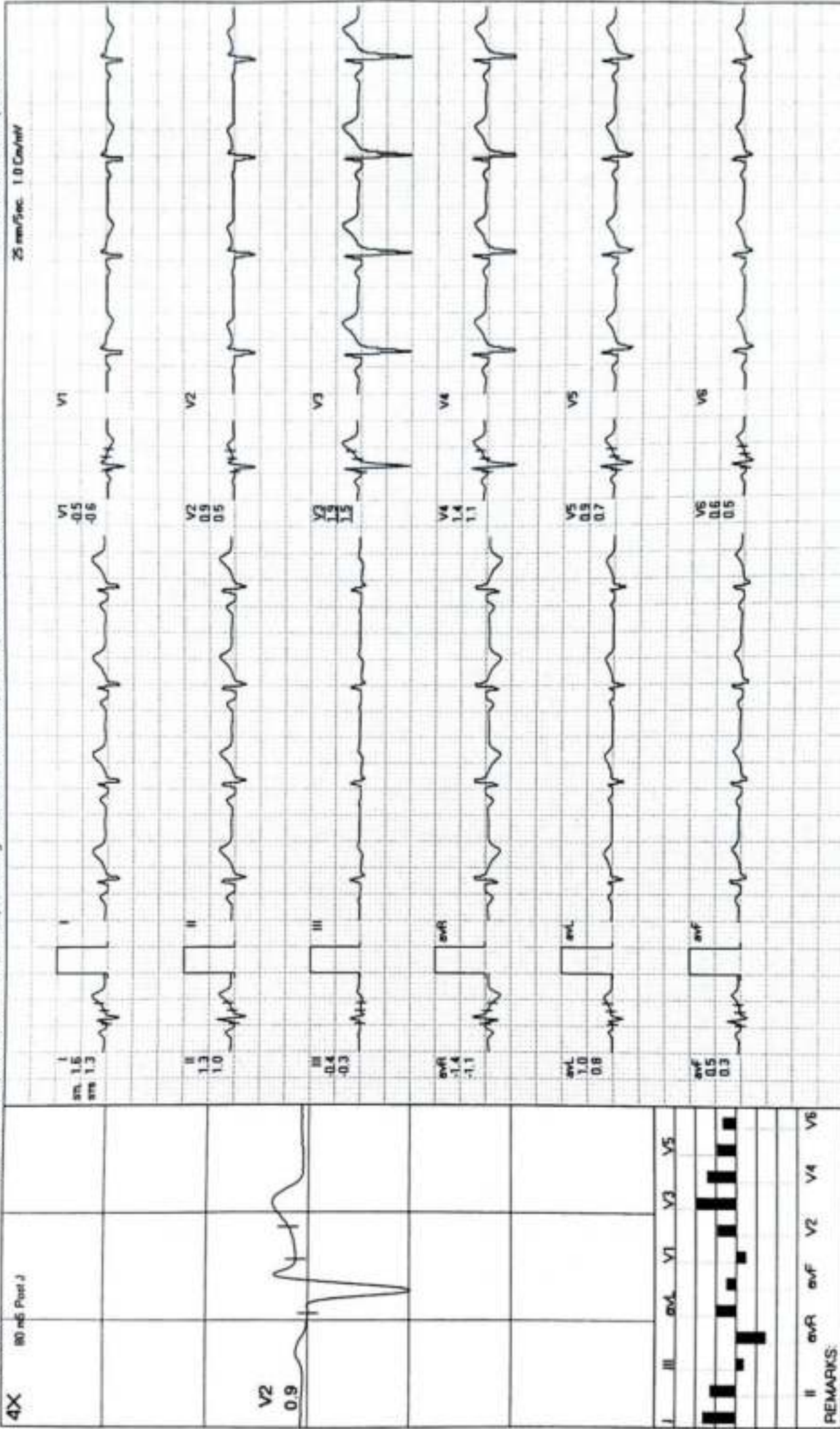
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satish kumar / 59 Yrs / M / 172 Cms / 91 Kg / HR : 75

ExStart



Date: 24-02-2024 METS 1.0/75 bpm 47% of THR BP: 135/88 mmHg Combined Medians/ BLC.Ov/ Notch Ov/ HF 0.05 Hz/LF 35 Hz



ExTime 00:00 0.0 Km/Ph 0.0%

25 mm/Sec 1.0 Cm/mV

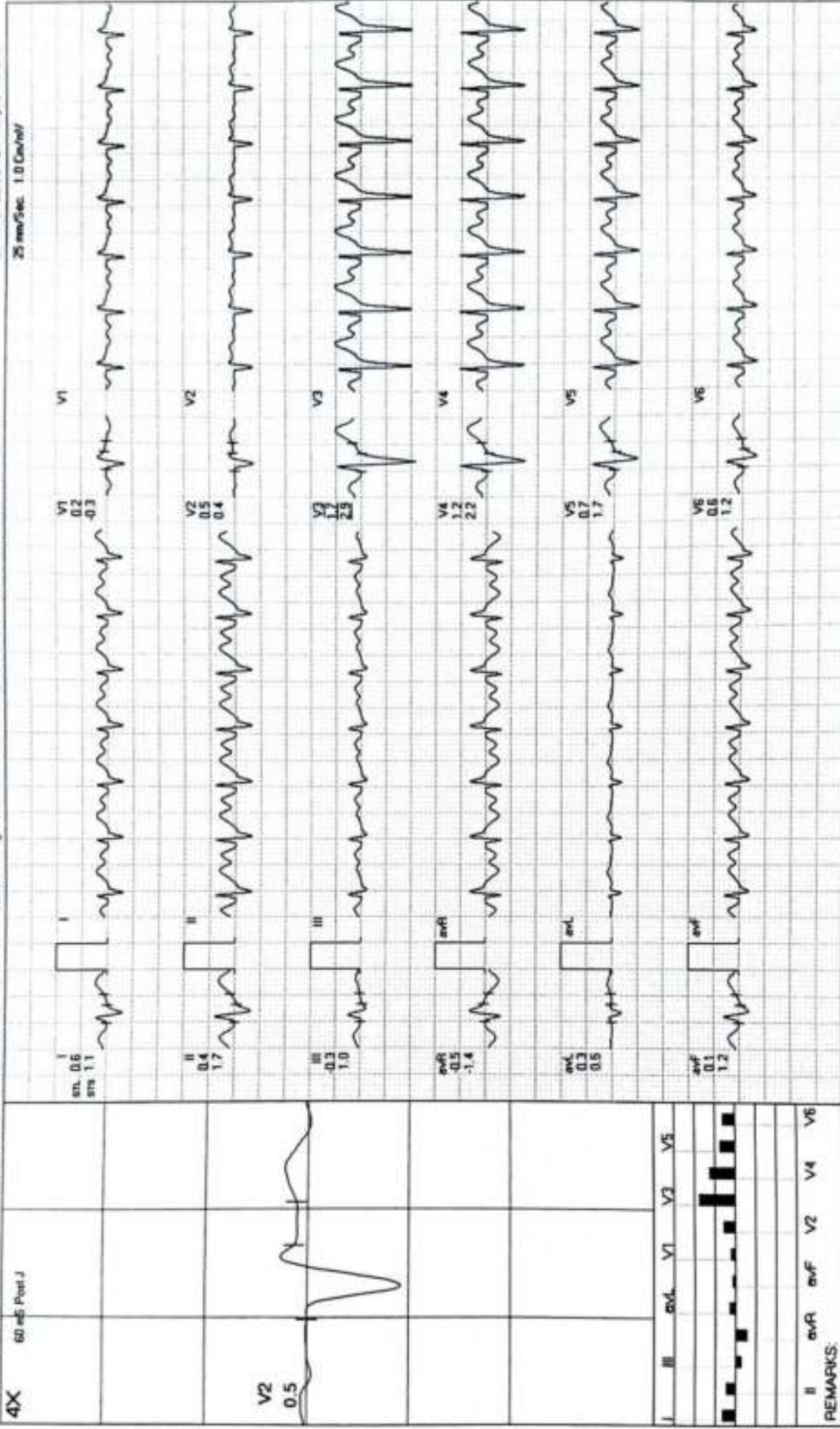
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safish kumar / 59 Yrs / M / 172 Cms / 91 Kg / HR : 135

BRUCE: Stage 1(3:00)



Date: 24-02-2024 METS: 4.7 / 135 bpm 84% of THR BP: 142/92 mmHg Combined Medians/ ELC On/ HF 0.05 Hz/LF 35 Hz ExTime 03:00 2.7 Kmph. 10.0%



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sabish kumar / 59 Yrs / M / 172 Cms / 91 Kg / HR : 159

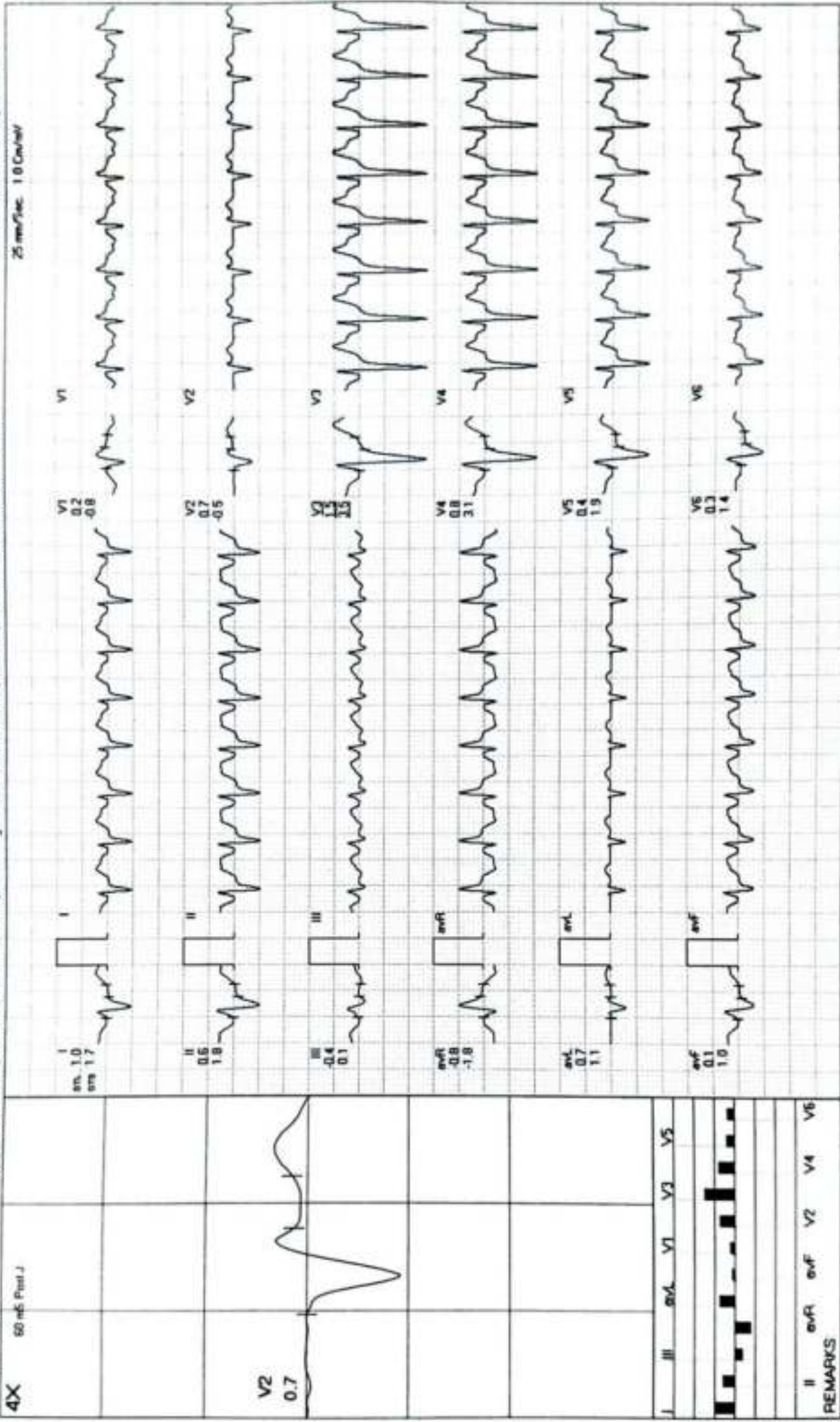
BRUCE: Stage 2(3:00)



Date: 24-02-2024

METS: 7.1 / 159 bpm 99% of THR BP: 146/94 mmHg Combined Medians/BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:00 4.0 Km/Ph. 12.0%



I
am: 1.0
rm: 1.7

II
0.6
1.8

III
-0.4
0.1

aVR
-0.8
-1.8

aVL
0.7
1.1

aVF
0.1
1.0

V1
0.2
-0.8

V2
0.7
-0.5

V3
1.2
1.5

V4
0.8
3.1

V5
0.4
1.9

V6
0.3
1.4

25 mm/Sec. 1.0 Cm/mV

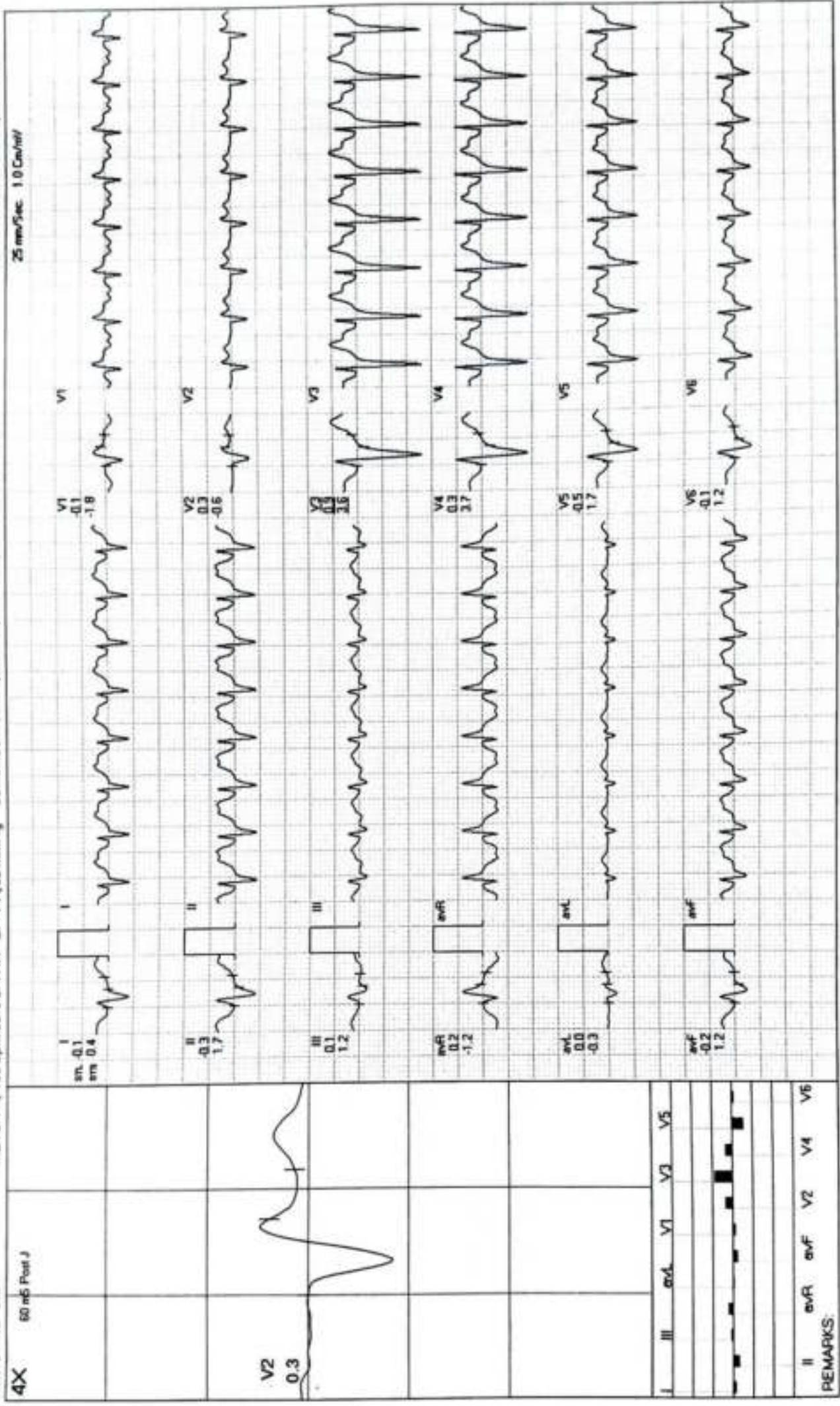
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satish kumar / 59 Yrs / M / 172 Cms / 91 Kg / HR : 158

PeakEx



Date: 24-02-2024 METS: 7.4/158 bpm 98% of THR BP: 144/92 mmHg Combined Medians/BLC: On/ HF 0.05 Hz/LF 35 Hz ExTime 06:15 5.5 Kmph. 14.0%



REMARKS:
II aVR aVF V2 V4 V5

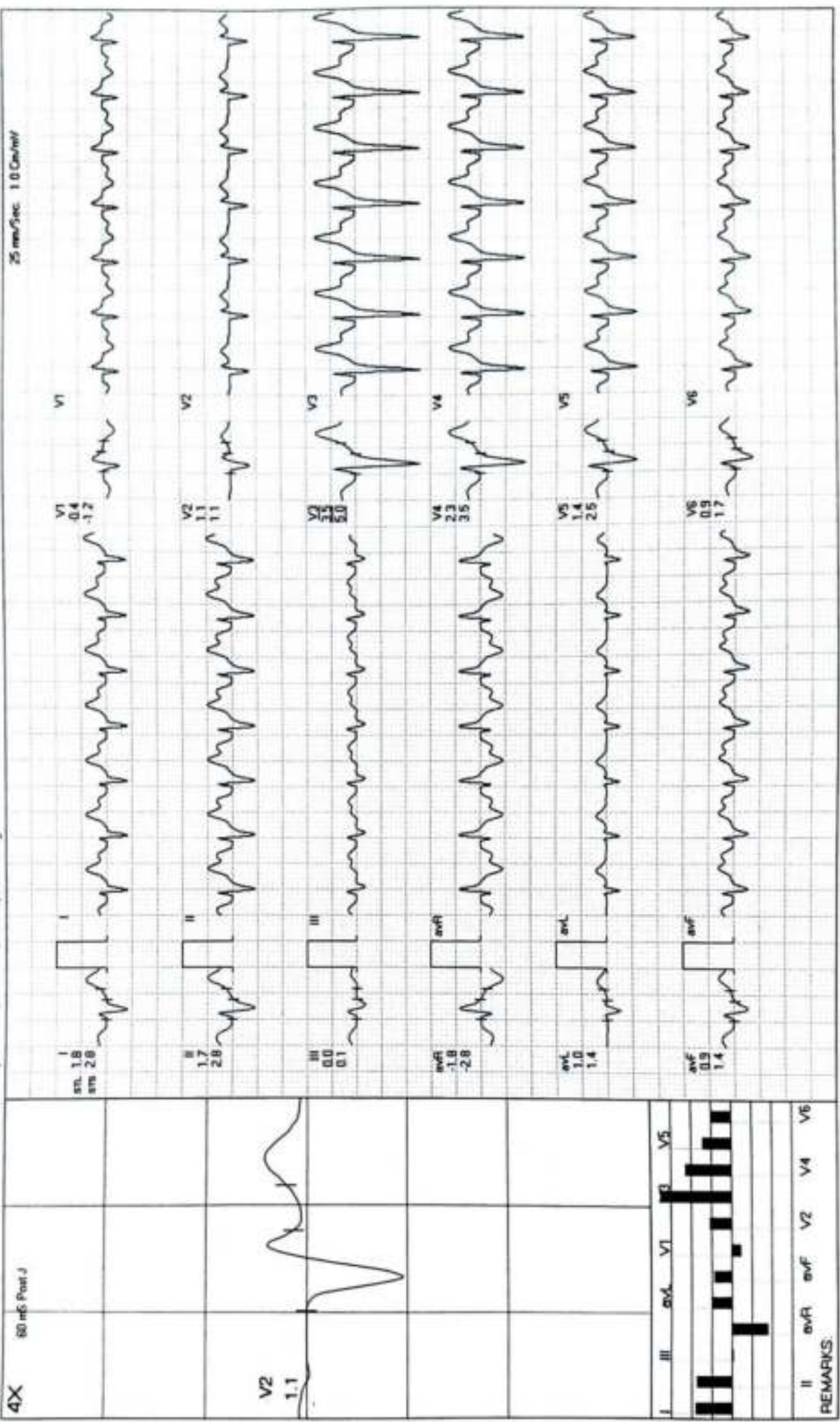
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satish Kumar / 59 Yrs / M / 172 Cms / 91 Kg / HR : 140

Recovery(1:00)



Date: 24-02-2024 METS 1.2/1.40 bpm 87% of THR BP 140/90 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz



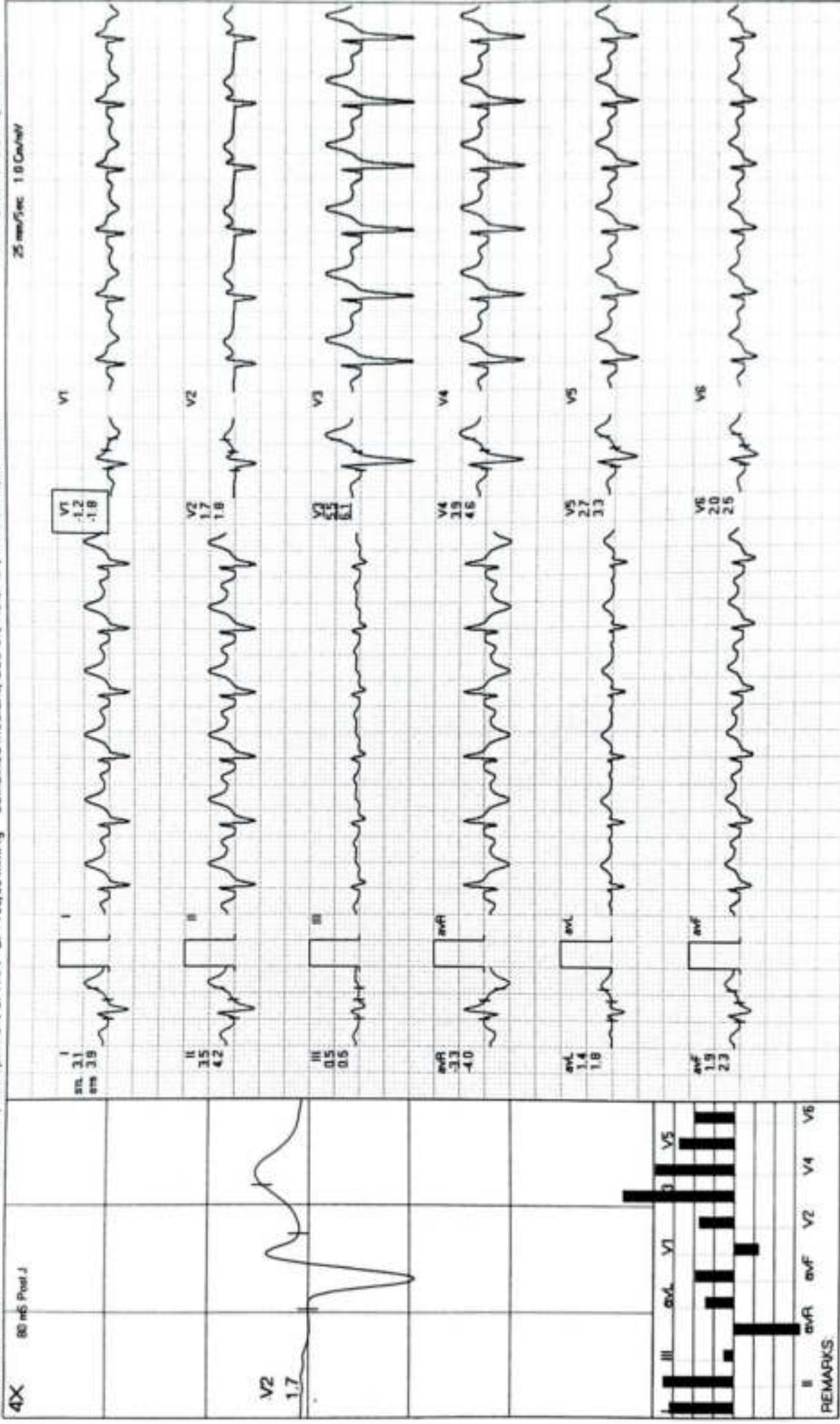
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satish kumar / 59 Yrs / M / 172 Cms / 91 Kg / HR : 120

Recovery(2:00)



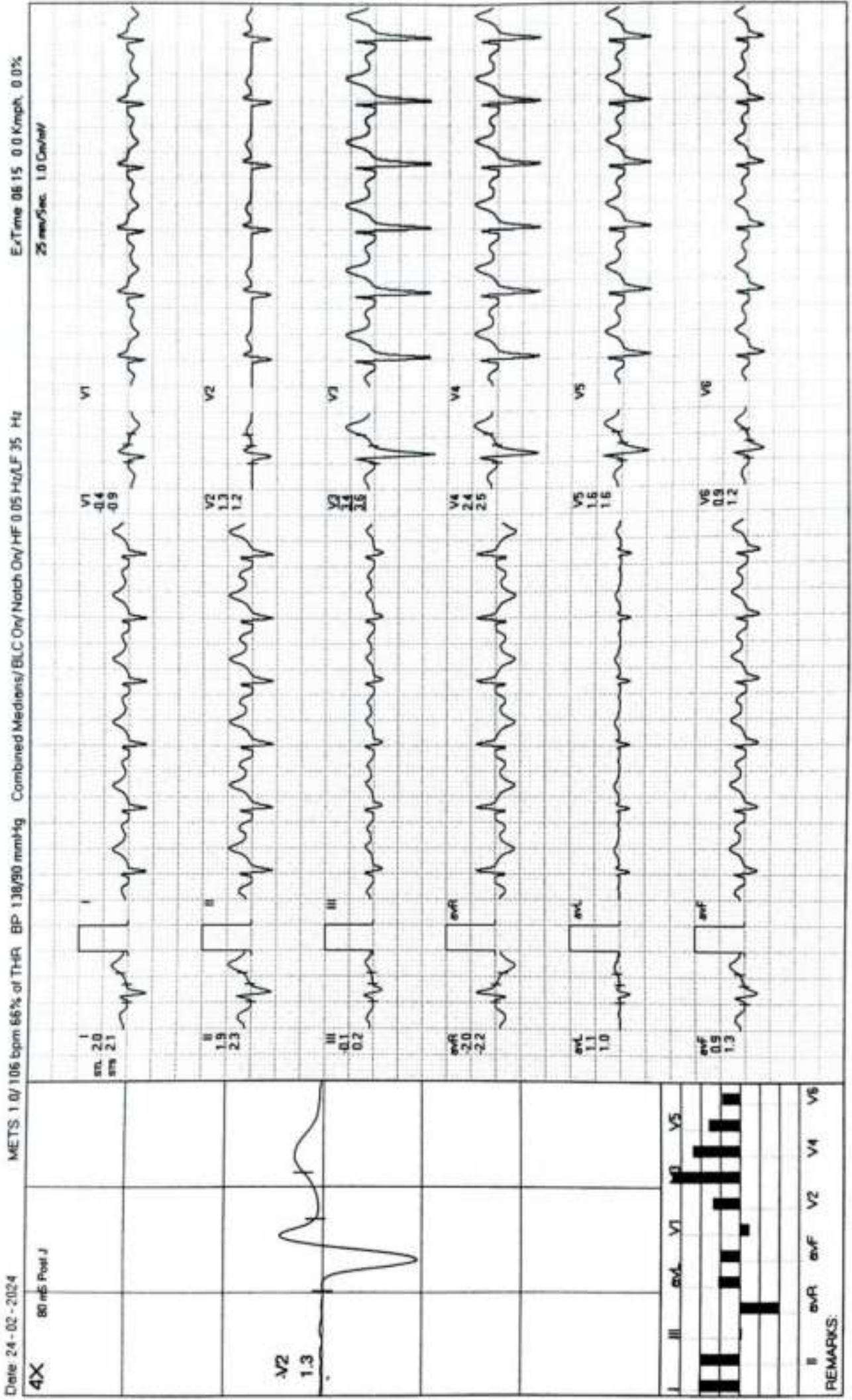
Date: 24-02-2024 METS: 1.6/120 bpm 75% of THR BP: 138/90 mmHg Combined Medians/BL/C Ov/Notch Ov/HF 0.05 Hz/LF 35 Hz ExTime 06:15 0.0 Km/ph. 0.07%



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satish kumar / 59 Yrs / M / 172 Cms / 91 Kg / HR : 106

Recovery(3:00)



MODERN PATHOLOGY AND DIAGNOSTIC CENTER

Satish Kumar / 59 Yrs / M / 172 Cms / 91 Kg / HR : 108

Recovery(3:16)

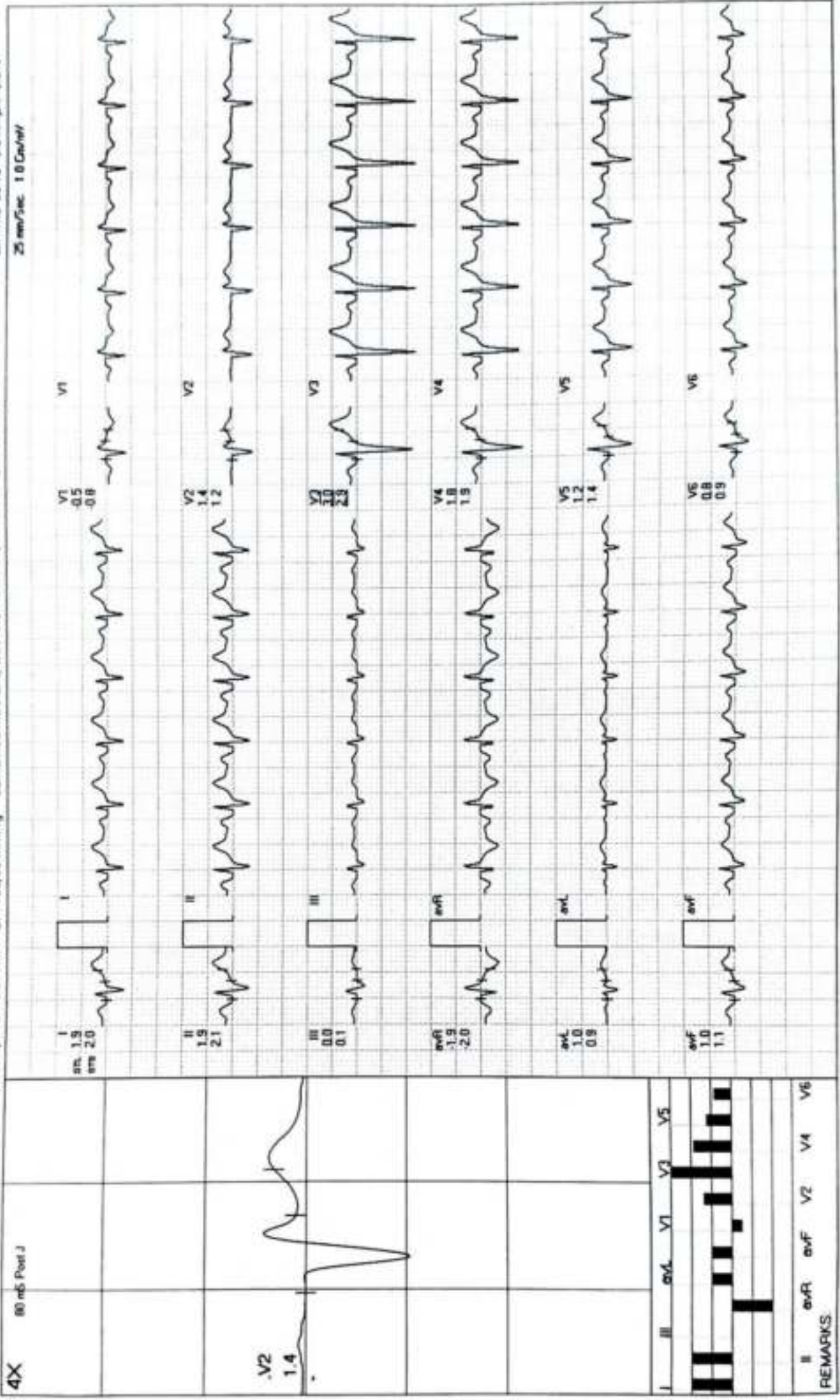


Date 24-02-2024

METS 1.0/108 bpm 67% of THR BP 138/88 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/F 35 Hz

ExTime 06:15 0.0 Km/Ph 0.0%

25 mm/Sec 1.0 Cal/mV



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TEST REQUEST ID	:012402240020	SAMPLE DATE	:24/Feb/2024 09:10AM
NAME	:Mr. SATISH KUMAR	SAMPLE REC. DATE	:24/Feb/2024 09:10AM
AGE/SEX	:59 YRS/MALE	REPORTED DATE	:24/Feb/2024 11:35AM
REFERRED BY	: Apollo Health and Lifestyle Limited,	BARCODE NO	:01240020

USG WHOLE ABDOMEN-MALE

Liver: is borderline enlarged in size (151 mm). Parenchymal echogenicity is increased. 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 (103 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

Both Kidneys: are normal in size (RK- 101 x 48 mm & LK – 97 x 58 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 (40 x 39 x 38 mms, wt = 31.8 gms), with normal shape

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Dr. Smita Rastogi
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Results, adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.

SAMPLE COLLECTION FACILITY AVAILABLE •

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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



TEST REQUEST ID :012402240020	SAMPLE DATE	:24/Feb/2024 09:10AM
NAME :Mr. SATISH KUMAR	SAMPLE REC. DATE	:24/Feb/2024 09:10AM
AGE/SEX :59 YRS/MALE	REPORTED DATE	:24/Feb/2024 11:35AM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01240020

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:

- BORDERLINE HEPATOMEGALY WITH GRADE-II FATTY LIVER
- GRADE-I BPH

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DR. PANKAJ UPADHYAYA
Consultant Radiologist

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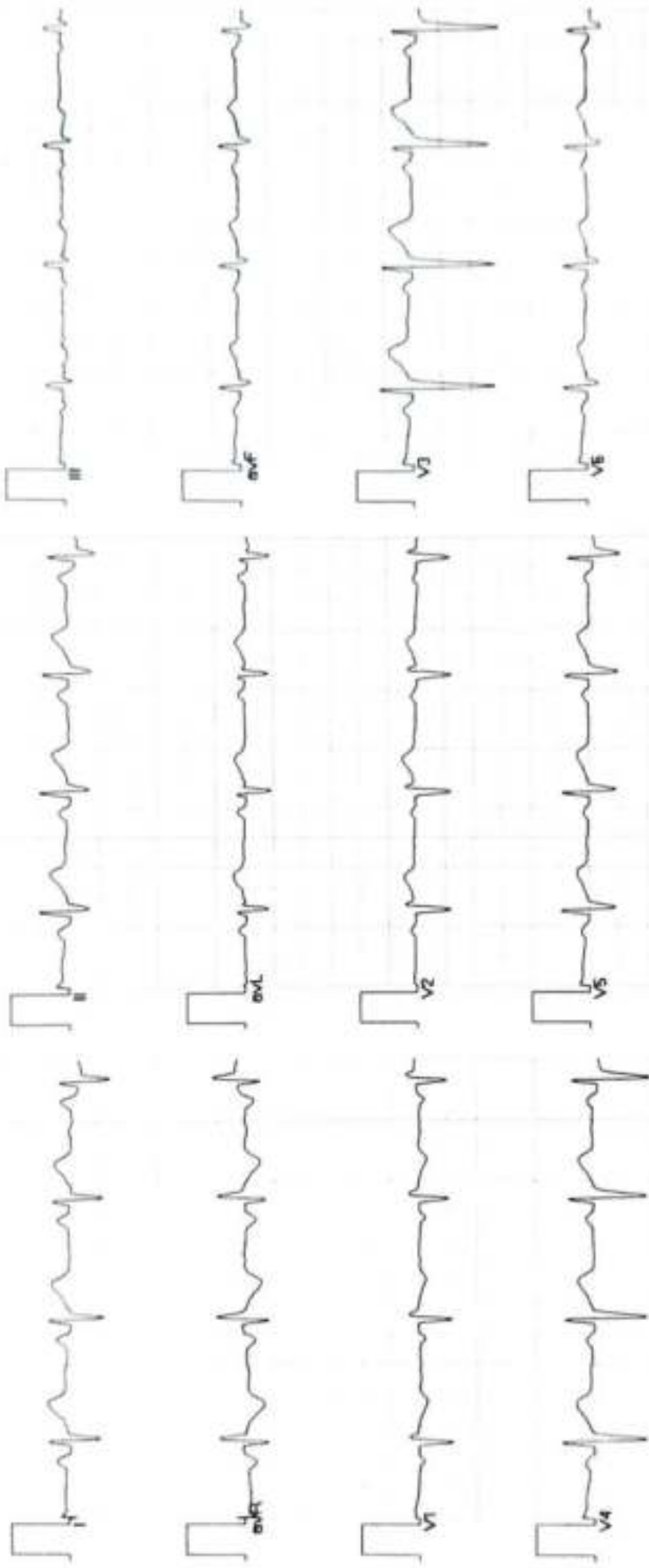
Modern Pathology And Diagnostic Centre

122 / salish kumar / 59 Yrs / M / Non Smoker

Heart Rate : 158 bpm / Tested On : 24-Feb-24 11:04:45 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

/ Refd By : APOLLO HEALTH

ECG



Vent Rate : 158 bpm
PR Interval : 158 ms
QRS Duration : 84 ms
QT/QTc Int : 360/393 ms
P-QRS-T axis: 35.00° 113.00° 29.00°



Normal ECG

DR. AMIT MOHAN
REG. No. 4-6559

Allergens ECG (Piscus)(PIS215191030)



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DIAGNOSTIC CENTRE

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NAME :Mr. SATISH KUMAR	SAMPLE REC. DATE	:24/Feb/2024 09:10AM
AGE/SEX :59 YRS/MALE	REPORTED DATE	:24/Feb/2024 12:28PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01240020

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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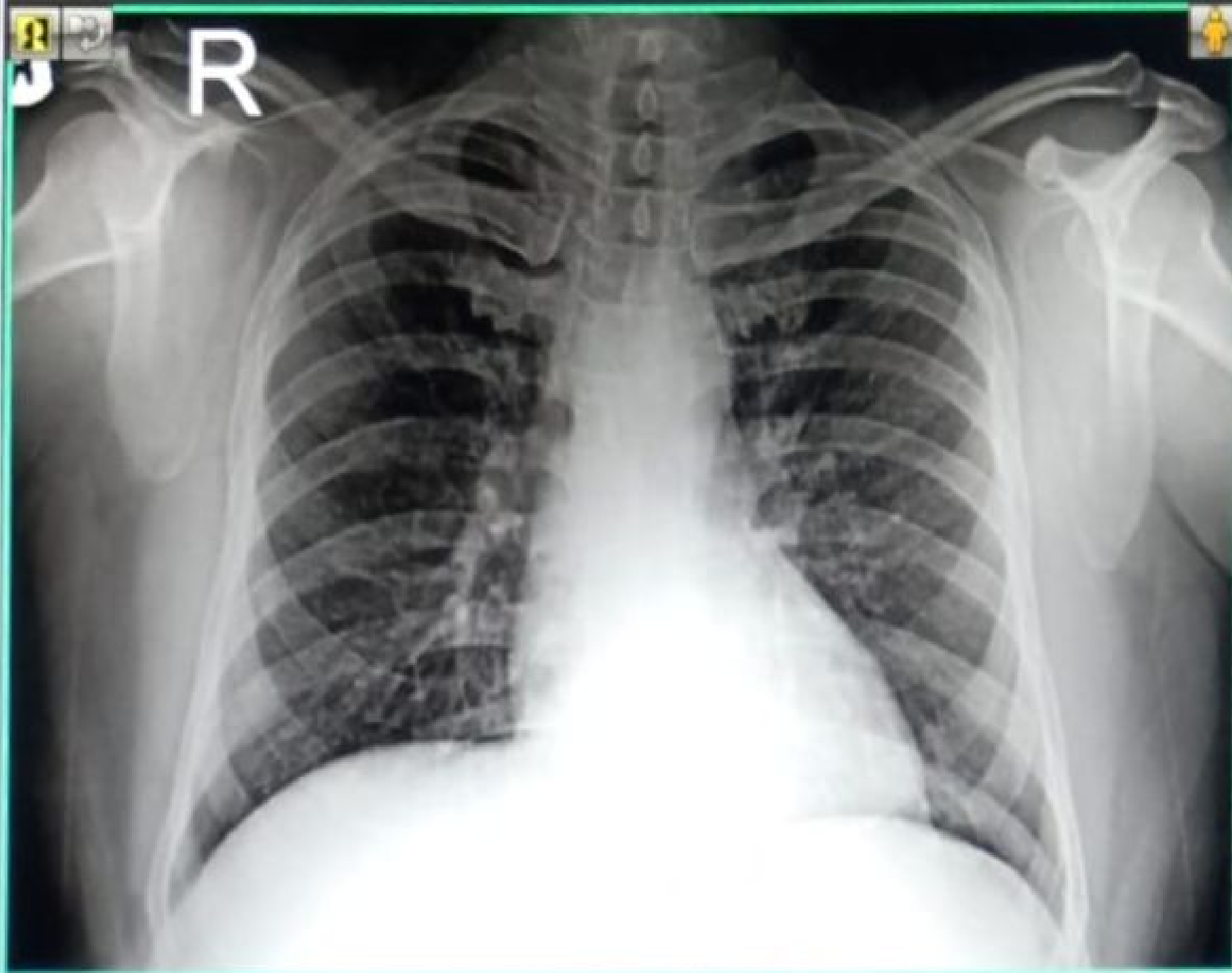
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DMRD
Consultant Radiologist

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24022403535 MR SATISH KUMAR 60 YRS M SELF CHEST PA
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