



24968 240924

Name	: MR. NITESH PANDYA	Registration ID	: 24968	Sample Collection	: 24/09/2024 08:40:58
Age/Sex	: 51 Yrs. / M	Printed	: 04/10/2024 15:54:22	Sample Received	: 24/09/2024 08:40:58
Ref. By	: J M FINANCE SERVICES LTD	Sent By	: Arcofemi Healthcare Pvt Ltd	Report Released	: 24/09/2024 14:18:10

**COMPLETE BLOOD COUNT**

Test	Result	Unit	Biological Ref Range
Hemoglobin (SLS) Photometric	: 14.0	g/dL	13-18 g/dL
Total RBC (Electrical Impedence)	: 4.52	10 <sup>6</sup> /μL	3.0-6.0 10 <sup>6</sup> /μL
Hematocrit (PCV) (Calculated)	: 42.6	%	36-54 %
Mean Corpuscular Volume (MCV) (calculated)	: 94.2	fL	78-101 fL
Mean Corpuscular Hemoglobin (MCH) (Calculated)	: 31.0	pg	27-32 pg
Mean Corpuscular Hemoglobin Concentration (MCHC) (Calculated)	: 32.9	g/dL	31.5-34.5 g/dL
Red Cell Distribution Width (RDW- CV) (Electrical Impedence)	: 12.80	%	12-15 %
Total Leucocytes Count (Light Scattering)	: 5400	/cumm	4000-11000 /cumm
<b>Neutrophils</b> (Calculated)	: 70	%	40-75 %
<b>Eosinophils Percentage</b> (Calculated)	: 01	%	1-6 %
Lymphocyte Percentage (Calculated)	: 24	%	20-45 %
Basophils Percentage (Calculated)	: 0	%	0-1 %
Monocytes Percentage (Calculated)	: 05	%	1-10 %
RBC Morphology	: Normocytic, Normochromic		
WBC Morphology	: Normal Morphology		
Platelet Count (Electrical Impedence)	: 337000	/ul	150000-450000 /ul
Platelets on Smear	: Adequate		Adequate
E.S.R	: 06	mm at 1hr	0-20 mm at 1hr

Sample Type: EDTA whole blood (Westergren)

Sample Type : EDTA Whole Blood

Test done with THREE PART CELL COUNTER (Sysmex KX-21)

\*All Samples Processed At Excellas Clinics Mulund Centre .

\*ESR NOT IN NABL scope.



*Dr. Santosh Khairnar*  
**Dr. Santosh Khairnar**  
 M.D. (Pathologist)  
 Reg. No.-  
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----- End Of Report -----



NABL M(ELT)-00683

  
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### Blood Sugar Fasting (FBS) & Post Prandial Blood Sugar (PPBS)

Test	Result	Unit	Biological Ref. Range
GLUCOSE (SUGAR) FASTING, (Fluoride Plasma Used)	: 92	mg/dL	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl
<i>Method: GOD-POD</i>			
Fasting Urine Glucose	: Absent		Absent
GLUCOSE (SUGAR) PP, ( Fluoride Plasma Used )	: 94	mg/dl	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl
PP Urine Glucose	: Absent		Absent

Test Done on - Automated Biochemistry Analyzer (EM 200)

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### HbA1c (Whole Blood)

Test	Result	Unit	Reference Range
HbA1C-Glycosylated Haemoglobin	: <b>4.80</b>	%	Non-diabetic: 4-6 Excellent Control: 6-7 Fair to good control: 7-8 Unsatisfactory control: 8-10 Poor Control: >10

EDTA Whole Blood, Method: HPLC

Estimated Average Glucose (eAG)	: 91.06	mg/dl	65.1-136.3 mg/dL mg/dl
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EDTA Whole Blood, Method: Calculated

#### Interpretation:

- The term HbA1c refers to Glycated Haemoglobin. Measuring HbA1c gives an overall picture of what the average blood sugar levels have been over a period of weeks/month. Higher the HbA1c, the greater the risk of developing diabetes-related complications.
- HbA1c has been endorsed by clinical groups and ADA (American Diabetes Association) guidelines 2012, for the diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is between 4-6%. Patients with HbA1c value between 6.0-6.5% are considered at risk for developing diabetes in the future. Trends in HbA1c area a better indicator of glucose control than standalone test.
- To estimate the eAG from the HbA1c value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$ .
- Diabetic must aspire to keep values under 7% to avoid the various complications resulting from diabetes.

\*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

(Collected At: 24/09/2024 08:40:58, Received At: 24/09/2024 08:40:58, Reported At: 25/09/2024 10:07:54)



*Signature*  
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**BLOOD GROUP**


Test	Result	Unit	Biological Ref. Range
Blood Group	: 'O' Rh POSITIVE		

Slide and Tube Agglutination Test

(Collected At: 24/09/2024 08:40:58, Received At: 24/09/2024 08:40:58, Reported At: 24/09/2024 12:45:15)

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**LIPID PROFILE**

Test	Result	Unit	Biological Ref. Range
Total Cholesterol	: 153	mg/dl	Desirable: <200 Borderline high = 200-239 High: > 239
<i>Serum, Method: CHOD-PAP</i>			
S. Triglyceride	: 92	mg/dl	Desirable: <161 Borderline High: 161 - 199 High: > 200 - 499/ Very High:>499
<i>Serum, Method: GPO-Trinder</i>			
HDL Cholesterol	: 47	mg/dl	35.3-79.5 mg/dl
<i>serum,Direct method</i>			
LDL Cholesterol	: 87.60	mg/dl	Optimal: <100; Near Optimal: 100-129; Borderline High: 130-159; High: 160-189; Very high: >190
<i>Serum, (Calculated)</i>			
VLDL Cholesterol	: 18.4	mg/dl	5-30 mg/dl
<i>Serum, Method: Calculated</i>			
LDL/HDL Ratio	: 1.9		Optimal: <2.5 Near Optimal: 2.5-3.5 High >3.5
<i>Serum, Method: Calculated</i>			
TC/HDL Ratio	: 3.3		Optimal: <3.5 Near Optimal: 3.5 - 5.0 High >5.0
<i>Serum, Method: Calculated</i>			

Test Done on - Automated Biochemistry Analyzer (EM 200).

**Interpretation**

1. Triglycerides: When triglycerides are very high greater than 1000 mg/dL, there is a risk of developing pancreatitis in children and adults. Triglycerides change dramatically in response to meals, increasing as much as 5 to 10 times higher than fasting levels just a few hours after eating. Even fasting levels vary considerably day to day. Therefore, modest changes in fasting triglycerides measured on different days are not considered to be abnormal.
2. HDL-Cholesterol: HDL- C is considered to be beneficial, the so-called "good" cholesterol, because it removes excess cholesterol from tissues and carries it to the liver for disposal.
3. LDL-Cholesterol: Desired goals for LDL-C levels change based on individual risk factors.

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**LIVER FUNCTION TEST**

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total) <i>Serum, Method: Diazo (walter &amp; Gerarde)</i>	: 1.28	mg/dl	0-2.0 mg/dl
S. Bilirubin (Direct) <i>Serum, Method: Diazo (walter &amp; Gerarde)</i>	: <b>0.54</b>	mg/dl	0-0.4 mg/dl
S. Bilirubin (Indirect) <i>Serum, Method: Calculated</i>	: 0.74	mg/dl	0.10-1.0 mg/dl
Aspartate Transaminase (AST/SGOT) <i>Serum, Method: UV Kinetic with P5P</i>	: 17.6	IU/L	0-35 IU/L
Alanine Transaminase (ALT/SGPT) <i>Serum, Method: UV Kinetic with P5P</i>	: 5.9	IU/L	0-45 IU/L
S. Alkaline Phosphatase <i>Serum, Method: IFCC with AMP buffer</i>	: 67.0	IU/L	53-128 IU/L
Total Proteins <i>Serum, Method: Biuret</i>	: 6.5	gm/dl	6.4-8.3 gm/dl
S. Albumin <i>Serum, Method: BCG</i>	: 4.2	gm/dl	3.5-5.2 gm/dl
S. Globulin <i>Serum, Method: Calculated</i>	: 2.3	gm/dl	2.3-3.5 gm/dl
A/G Ratio <i>Serum, Method: Calculated</i>	: 1.83		0.90-2.00
Gamma GT <i>Serum, Method: G glutamyl carboxy nitroanilide</i> <i>Test Done on - Automated Biochemistry Analyzer (EM 200).</i>	: 23	U/L	0-55 U/L

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**THYROID FUNCTION TEST**

Test	Result	Unit	Biological Ref. Range
Total T3	: 1.2	ng/dl	0.70-2.04 ng/dl
<i>Serum, Method: CLIA</i>			
Total T4	: 11.57	µg/dl	5.1-14.1 µg/dl
<i>Serum, Method: CLIA</i>			
TSH (Thyroid Stimulating Hormone)	: 5.30	µIU/ml	0.27-5.3 µIU/ml
<i>Serum, Method: CLIA</i>			

Interpretation Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyperthyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis ,estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age ,marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and Ft4 is to be done to determine hyper or hypothyroidism.

\*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

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**SERUM CREATININE**

Test	Result	Unit	Biological Ref. Range
S. Creatinine	: 0.97	mg/dl	0.7-1.3 mg/dl
<i>Serum, Method: Enzymatic</i>			

Test Done on - Automated Biochemistry Analyzer (EM 200).

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**PROSTATE SPECIFIC ANTIGEN**

Test	Result	Unit	Biological Ref. Range
PSA - TOTAL	: 0.82	ng/ml	0- 4 ng/ml

Serum, Method: CLIA

**NOTE :**

Prostate specific antigen is a seminal fluid protein produced by normal and malignant epithelial cells of prostate gland and is recognized as a tumour marker for evaluation of prostate cancer activity.

In normal individuals, S.PSA levels do not exceed 4.0 ng/ml.

S.PSA level is useful in detection of cancer of prostate gland and in detection of recurrence of prostate cancer after radical prostatectomy. Serum PSA levels may also be elevated in conditions like BPH, UTI, Digital rectal examination, Transurethral ultrasonography. Confirmation of prostate cancer can be done by transrectal ultrasonography and prostate biopsy.

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**BLOOD UREA NITROGEN (BUN)**

Test	Result	Unit	Biological Ref. Range
Urea	: 18.70	mg/dl	18-55 mg/dl

Serum, Method: Urease - GLDH

Blood Urea Nitrogen : 8.74 mg/dl 5-18 mg/dl

Test Done on - Automated Biochemistry Analyzer (EM 200)

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**SERUM URIC ACID**


Test	Result	Unit	Biological Ref. Range
S. Uric Acid	: 5.20	mg/dl	3.5-7.2 mg/dl

Serum, Method: Uricase - POD

Test Done on - Automated Biochemistry Analyzer (EM 200).

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**BUN CREAT RATIO (BCR)**

Test	Result	Unit	Biological Ref. Range
BUN/Creatinine ratio	: 9.00		5-20

Serum, Method: Calculated

**NOTE:**

A blood urea nitrogen (BUN)/creatinine ratio (BCR) &gt;20 is used to distinguish pre-renal azotemia (PRA) and acute tubular necrosis (ATN)

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**SERUM ALKALINE PHOSPHATASE**

Test	Result	Unit	Biological Ref. Range
S. Alkaline Phosphatase	: 67.0	IU/L	53-128 IU/L

Serum, Method: IFCC with AMP buffer

Test Done on - Automated Biochemistry Analyzer (EM 200)

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NABL MCLT-00683

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**VITAMIN D3**

Test	Result	Unit	Biological Ref. Range
25 (OH) VIT D	: <b>29.3</b>	ng/ml	Deficient : Less than or equal to 20, Insufficient : 21 - 29, Sufficient : More than or equal to 30

**Note:**  
 Vitamin D deficiency can be associated with rickets in children; osteoporosis and secondary hyper-parathyroidism in adults. Recent studies have established a link between low circulating vitamin D levels and an increasing risk of Diabetes, cardiovascular or autoimmune diseases as well as various forms of cancer. Vitamin D testing has become an assay of general health status. Vitamin D is found mainly in two forms; vitamin D2 (ERGOCALCIFEROL) and vitamin D3 (CHOLECALCIFEROL). Vitamin D3 is synthesized by action of solar ultraviolet radiation on the skin. It is also present in food (mostly in fatty fish) . Vitamin D2 is from exogenous origin only. Small amounts of vitamin D2 are present in food (mushrooms and vegetables). Both vitamin D2 and D3 are used for medical supplementation and are identically metabolized by the body. The active form of the molecule is the 1,25-(OH)<sub>2</sub> vitamin D (Calcitriol) which is obtained from vitamin D through two successive hydroxylation reactions. The first hydroxylation occurs in the liver to yield 25(OH)vitamin D (calcidiol) The second hydroxylation occurs in the kidney and other tissues as well to yield biologically active 1,25-(OH)<sub>2</sub> Vitamin D. The 25-(OH) Vitamin D is the main storage form of vitamin D in the human body. It is found in high concentrations in serum or plasma which makes 25 - (OH) Vitamin D the preferred analyte for the determination of vitamin D nutritional status.

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**VITAMIN - B12**

Test	Result	Unit	Biological Ref. Range
Vitamin B12	: <b>149.0</b>	pg/ml	183 - 822 pg/ml

Method: ECLIA  
 Vitamin B12 deficiency impacts red blood cell synthesis, resulting in megaloblastic anemia due to abnormal DNA synthesis. In addition it impairs neurological function, in particular de-myelination of nerves in part due to abnormal methylation, leading to peripheral neuropathy, dementia, poor cognitive performance and depression. Other effects of Vitamin B12 deficiency or depletion are increased risk of neural tubular defects , osteoporosis, cerebro-vascular and cardiovascular diseases. Vit B12 levels are decreased in megalobstic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia and treated epilepsy. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis. Holo Transcobalamin II levels are more accurate marker of active Vitamin B12 component. High levels of Vitamin B12 may be due to exogenous supplementation.

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**EXAMINATION OF URINE**

Test	Result	Unit	Biological Ref. Range
<b><u>PHYSICAL EXAMINATION</u></b>			
Quantity :	30	ml	
Colour :	Pale yellow		
Appearance :	Clear		
Reaction (pH) :	6.5		4.5 - 8.0
Specific Gravity :	1.010		1.010 - 1.030
<b><u>CHEMICAL EXAMINATION</u></b>			
Protein :	Absent		Absent
Glucose :	Absent		Absent
Ketones Bodies :	Absent		Absent
Occult Blood :	Absent		Absent
Bilirubin :	Absent		Absent
Urobilinogen :	Absent		Normal
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Epithelial Cells :	1 - 2	/ hpf	
Pus cells :	1 - 2	/ hpf	
Red Blood Cells :	Absent	/ hpf	
Casts :	Absent	/ lpf	Absent / lpf
Crystals :	Absent		Absent
<b><u>OTHER FINDINGS</u></b>			
Yeast Cells :	Absent		Absent
Bacteria :	Absent		Absent
Mucus Threads :	Absent		
Spermatozoa :	Absent		
Deposit :	Absent		Absent
Amorphous Deposits :	Absent		Absent

sample type:Urine

Method:Visual and Microscopic

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**2D Echo Color Doppler**

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**REASON FOR STUDY: AHC**

**CONCLUSION:**

- NORMAL SIZE LA, LV, RA AND RV\_
- **GOOD LV FUNCTION. L.V.E.F:55% WITH NO RWMA.\_**
- GOOD RV FUNCTION. TAPSE: 19 MM\_
- STRUCTURALLY NORMAL MITRAL,TRICUSPID, AORTIC AND PULMONARY LEAFLETS.\_
- NO CLOTS IN LA AND LV.\_
- NO EVIDENCE OF LEFT VENTRICULAR HYPERTROPHY\_
- NO EVIDENCE OF PERICARDIAL EFFUSION.\_
- NO EVIDENCE OF PULMONARY HYPERTENSION.\_

**CONVENTIONAL DOPPLER:**

- **PEAK E: 94 DT: 188 PEAK A: 66 LATERAL E/E': 07**
- **NORMAL E TO A RATIO IN LV INFLOW.**

**COLOUR DOPPLER:** SHOWS TRIVIAL MR.

GRADE	<I/III MR	GRADE	0 /III TR
GRADE	0/IV AR	GRADE	0/IV PR

**IMPRESSION:**

GOOD LV SYSTOLIC FUNCTION.  
NO DD



Dr. Yogesh Solanki  
DrNB Interventional  
Cardiology  
Reg.No -2015/05/3063





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	OBSERVED
<b>MITRAL VALVE:</b>	
ANTERIOR LEAFLETS EXCURSION	NORMAL
POSTERIOR LEAFLETS EXCURSION	NORMAL
E.P.S.S	----
<b>TRICUSPID VALVE:</b>	
EXCURSION	NORMAL
OTHER FINDINGS	----
<b>AORTIC VALVE:</b>	
CUSPS OPENING	NORMAL
<b>PULMONARY VALVE:</b>	
EXCURSION	NORMAL
<b>DIMENSIONS</b>	
AORTIC ROOT	28
LEFT ATRIUM	22
LVID (D)	38
LVID (S)	23
IVST (D)	08
PWT (D)	08
RVID (D)	----

	VELOCITY(M/SEC)	STENOSIS GRADIENT PEAK/MEAN (MMHG)	REGURGITATION GRADING
MITRAL	----	----	<I/III
TRICUSPID	----	----	0/III
AORTIC	1	4	0/IV
PULMONARY	----	----	0/IV

(Collected At: 24/09/2024 08:40:58, Received At: 24/09/2024 08:40:58, Reported At: 25/09/2024 15:38:55)

----- End Of Report -----

**Dr. Yogesh Solanki**  
 DrNB Interventional  
 Cardiology  
 Reg.No -2015/05/3063




24968 240924

Registration ID : 24968

Sample Collection : 24/09/2024 08:40:58

Name : MR. NITESH PANDYA

Sample Received : 24/09/2024 08:40:58

Age/Sex : 51 Yrs. / M

Printed : 04/10/2024 15:54:22

Report Released : 25/09/2024 15:36:41

Ref. By : J M FINANCE  
SERVICES LTD

Sent By : Arcofemi Healthcare Pvt Ltd

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**OPHTHALMIC EVALUATION**

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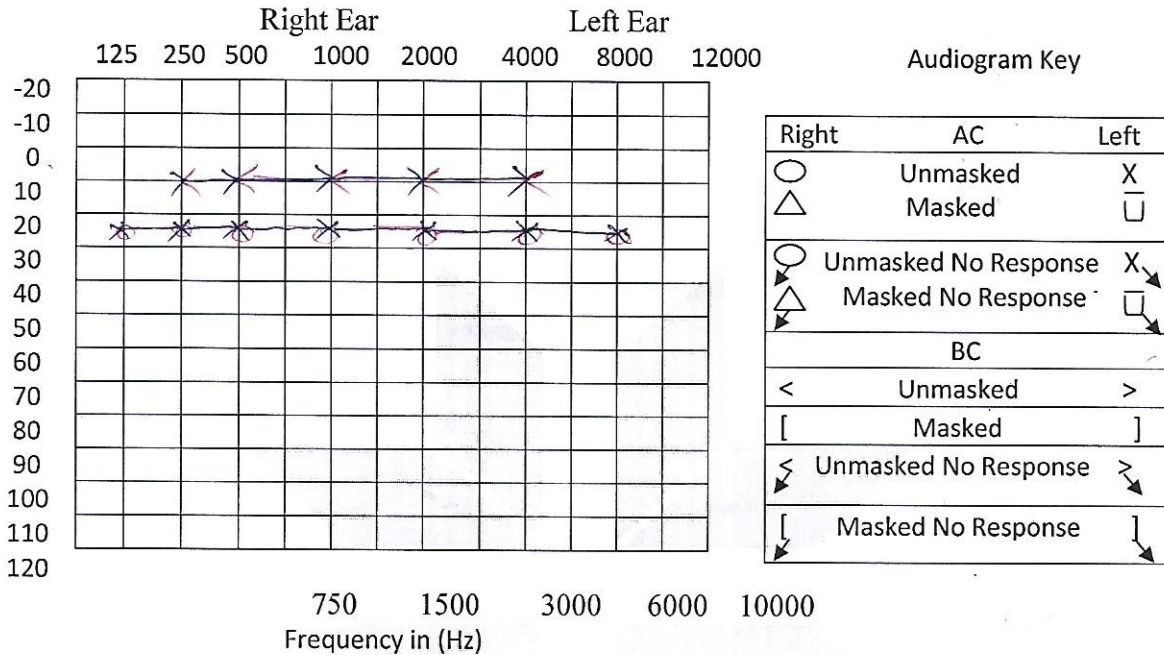
<b>Examination</b>	<b>Right Eye</b>	<b>Left Eye</b>
Distance Vision - with glass	6/6	6/6
Near Vision - with glass	N/6	N/6
Color Vision	Normal	
Remarks	Normal	

(Collected At: 24/09/2024 08:40:58, Received At: 24/09/2024 08:40:58, Reported At: 25/09/2024 15:36:41)

----- End Of Report -----



<b>NAME : MR. NITESH PANDYA</b>	<b>AGE/SEX: 51 YRS/MALE</b>
<b>REF BY : MEDIWHEEL</b>	<b>DATE: 24/09/2024</b>

**AUDIOGRAM**


Responses : Reliable / Fairly Reliable / Not Reliable      Speech Audiometry

Test Conduction : Satisfactory / Not Satisfactory

If any other specify

Procedure : Standard / Play

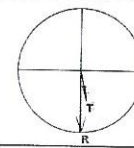
Audiological Interpretations :

Test Ear	P.T.A. dBHL
Right	25
Left	25

**BILATERAL HEARING CONDUCTION SENSITIVITY WITHIN NORMAL LIMITS**

**EXCELLAS CLINICS PVT. LTD**  
 B-1, Vilas Paradise Commercial,  
 Below Axis Bank, LSC Marg,  
 Near Sahakar Mata Mandir,  
 Mulund (West), Mumbai - 400080  
**AUDIOLOGIST**





New in JPC (A) → correlate clinically  
New in multiple leads



<b>NAME: MR. NITESH PANDYA</b>	<b>AGE : 51 Y/M</b>
<b>REF BY: MEDIWHEEL</b>	<b>DATE : 24-09-2024</b>

### USG ABDOMEN AND PELVIS

**Liver:-** is normal in size (11.5 cms) and shows normal parenchymal echogenicity. No focal or diffuse lesion is seen. The portal and hepatic veins are normal. No IHBR dilatation seen.

**Gall Bladder:-** is well distended. No calculus or mass lesion is seen. No GB wall thickening or pericholecystic fluid is seen.

**CBD :-** is normal.

**Pancreas:-** is normal in size and reflectivity. No focal lesion seen.

**Spleen:-** is normal in size (7.9 cms) and reflectivity. No focal lesion is seen.

**Kidneys:-** Both Kidneys are normal in size, shape, position. They show normal reflectivity. CMD is maintained. No calculi or hydronephrosis seen on either side.  
Right kidney – 9.1 x 3.7 cms  
Left kidney – 9.2 x 4.7 cms

**Urinary Bladder:-** is well distended and shows normal wall thickness. No intraluminal lesion seen.

**Prostate:-** is normal in size, reflectivity and measures 3.2 x 4.3 x 3.3 cms (Volume – 23 cc). No focal lesions.

No ascites is seen. No significant lymphadenopathy is seen.

### IMPRESSION:

- No significant abnormality is seen.

*Thanks for the Referral*



**DR. Deepak Mishra**  
**D.N.B. (Radio-Diagnosis)**  
**Reg. No: 2021/09/7488**

## MEDICAL EXAMINATION REPORT

Name <input checked="" type="checkbox"/> Mr./Mrs./ Miss	Nitesh	
Sex	<input checked="" type="checkbox"/> Male/ <input type="checkbox"/> Female	
Age (yrs.)	UHID :	
Date	23 09 / 2024	Bill No. :
Marital Status	<input checked="" type="checkbox"/> Married/ <input type="checkbox"/> No. of Children / <input type="checkbox"/> Unmarried/ <input type="checkbox"/> Widow : (2)	
Present Complaints	- No	
Past Medical History Surgical :	- PHW covid-19 in 2022 (Home based Rx taken) - <del>No</del> Patient having vertigo (occasionally) since 15 year (Doing exercises for it)	
Personal History	Diet : <input checked="" type="checkbox"/> Veg / <input type="checkbox"/> Mixed : Addiction : Smoking <input type="checkbox"/> / Tobacco Chewing <input type="checkbox"/> / Alcohol <input checked="" type="checkbox"/> once in 4 month since 15 year Any Other	
Family History	Father =	HT / DM / IHD / Stroke / Any Other → No
	Mother =	Mother = HT / DM / IHD / Stroke / Any Other → Passed away
	Siblings =	Siblings = HT / DM / IHD / Stroke / Any Other → No
History of Allergies	Drug Allergy <input checked="" type="checkbox"/> No Any Other	
History of Medication	For HT / DM / IHD / Hypothyroidism <input checked="" type="checkbox"/> No Any Other	
On Examination (O/E)	G. E. : N/A R. S. : clear C. V. S. : S1S2 ⊕ C. N. S. : Conscious alert P/A : soft NT Any Other Positive Findings : No	

Height	169 cms	Weight	54.5 Kgs
BMI	19.1		
Pulse (per min.)	78/min	Blood Pressure (mm of Hg)	110/70 mm of Hg
SP02 - 97% on RA		Gynaecology	
Examined by	Dr.		
Complaint & Duration			
Other symptoms (Mict, bowels etc)			
Menstrual History	Menarche _____ Cycle _____ Loss _____		
	Pain _____ I.M.B. _____ P.C.B. _____		
	L.M.P. _____ Vaginal Discharge _____		
	Cx. Smear _____ Contraception _____		
Obstetric History			
Examination :			
Breast			
Abdomen			
P.S.			
P.V.			
Gynaecology Impression & Recommendation			
Recommendation			
Physician Impression			
Examined by :	<ul style="list-style-type: none"> <li>- Overweight = To Reduce Weight</li> <li>- Underweight = To Increase Weight</li> </ul>		