

Age **33** **5** **17**  
 years months days

Gender **Male**

Heart Rate **75bpm**

**Patient Vitals**

BP: NA  
 Weight: NA  
 Height: NA  
 Pulse: NA  
 Spo2: NA  
 Resp: NA  
 Others: \_\_\_\_\_

**Measurements**

QSRD: 80ms  
 QT: 368ms  
 QTc: 410ms  
 PR: 108ms  
 P-R-T: 12° 25° 28°

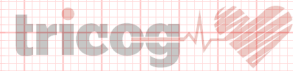
**ECG Within Normal Limits: Sinus Rhythm, Normal Axis. No significant ST-T changes. Please correlate clinically.**

REPORTED BY

*Smita Valani*

Dr. Smita Valani  
 MBBS, D. Cardiology  
 2011/03/0587

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.





CID : 2208524591  
Name : MR.SUHAS KODIYALAMATH  
Age / Gender : 33 Years / Male  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 26-Mar-2022 / 08:26  
Reported : 26-Mar-2022 / 12:37

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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

### CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.9	13.0-17.0 g/dL	Spectrophotometric
RBC	<b>5.53</b>	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.3	40-50 %	Measured
MCV	80	80-100 fl	Calculated
MCH	<b>26.9</b>	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	<b>16.9</b>	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8290	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	34.7	20-40 %	
Absolute Lymphocytes	2876.6	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	
Absolute Monocytes	654.9	200-1000 /cmm	Calculated
Neutrophils	49.7	40-80 %	
Absolute Neutrophils	4120.1	2000-7000 /cmm	Calculated
Eosinophils	<b>7.3</b>	1-6 %	
Absolute Eosinophils	<b>605.2</b>	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	33.2	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### **PLATELET PARAMETERS**

Platelet Count	393000	150000-400000 /cmm	Elect. Impedance
MPV	8.1	6-11 fl	Calculated
PDW	13.7	11-18 %	Calculated

### **RBC MORPHOLOGY**

Hypochromia	Mild
Microcytosis	Occasional



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Collected : 26-Mar-2022 / 08:26  
Reported : 26-Mar-2022 / 12:51

Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB 4 2-15 mm at 1 hr. Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



MC-2111



*Bmhasakar*

Dr.KETAKI MHASKAR  
M.D. (PATH)  
Pathologist

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Name : MR.SUHAS KODIYALAMATH  
Age / Gender : 33 Years / Male  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 26-Mar-2022 / 08:26  
Reported : 26-Mar-2022 / 12:24

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	96.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	87.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.43	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.29	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	18.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	19.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	22.7	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	117.2	40-130 U/L	Colorimetric
BLOOD UREA, Serum	22.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.6	6-20 mg/dl	Calculated
CREATININE, Serum	1.01	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	90	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.4	3.5-7.2 mg/dl	Enzymatic



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**Age / Gender** : 33 Years / Male  
**Consulting Dr.** : -  
**Reg. Location** : Bhayander East (Main Centre)

**Collected** : 26-Mar-2022 / 13:06  
**Reported** : 26-Mar-2022 / 16:57

Urine Sugar (Fasting)	Absent	Absent
Urine Ketones (Fasting)	Absent	Absent
Urine Sugar (PP)	Absent	Absent
Urine Ketones (PP)	Absent	Absent

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
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MC-2111

**Dr. ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist & Lab**  
**Director**

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Reg. Location : Bhayander East (Main Centre)

Collected : 26-Mar-2022 / 08:26  
Reported : 26-Mar-2022 / 15:22

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

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*Anupa*

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CID : 2208524591  
Name : MR.SUHAS KODIYALAMATH  
Age / Gender : 33 Years / Male  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 26-Mar-2022 / 08:26  
Reported : 26-Mar-2022 / 15:25

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	<b>Trace</b>	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	
Others	-		

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
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CID : 2208524591  
Name : MR.SUHAS KODIYALAMATH  
Age / Gender : 33 Years / Male  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 26-Mar-2022 / 08:26  
Reported : 26-Mar-2022 / 17:14

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**

ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

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MC-2111

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CID : 2208524591  
Name : MR.SUHAS KODIYALAMATH  
Age / Gender : 33 Years / Male  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

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Reported : 26-Mar-2022 / 12:28

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	244.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	165.5	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	39.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	205	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	172.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	33.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.4	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
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CID : 2208524591  
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Age / Gender : 33 Years / Male  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

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Reported : 26-Mar-2022 / 11:54

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.92	0.35-5.5 microIU/ml	ECLIA

**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

**Reference:**

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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



*Anupa*

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CID#	: 2208524591	SID#	: 177802408490
Name	: MR.SUHAS KODIYALAMATH	Registered	: 26-Mar-2022 / 08:25
Age / Gender	: 33 Years/Male	Collected	: 26-Mar-2022 / 08:25
Consulting Dr.	: -	Reported	: 26-Mar-2022 / 13:13
Reg.Location	: Bhayander East (Main Centre)	Printed	: 26-Mar-2022 / 13:41

## **USG WHOLE ABDOMEN**

### **LIVER:**

The liver is normal in size (14.9 cm), shape and shows smooth margins. It shows increased parenchymal echotexture. The intra hepatic biliary and portal radicals appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein appears normal.

### **GALL BLADDER:**

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus or mass lesions seen in the visualised lumen.

### **COMMON BILE DUCT:**

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

**PANCREAS:** The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

### **KIDNEYS:**

Right kidney measures 10.5 x 4.3 cm. Left kidney measures 11.2 x 5.1 cm.  
Both the kidneys are normal in size, shape, position and echotexture.  
Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal.  
No evidence of any calculus, hydronephrosis or mass lesion seen.

### **SPLEEN:**

The spleen is normal in size (10.6 cm) and echotexture. No evidence of focal lesion is noted.

### **URINARY BLADDER:**

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

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Consulting Dr.	: -	Reported	: 26-Mar-2022 / 13:13
Reg.Location	: Bhayander East (Main Centre)	Printed	: 26-Mar-2022 / 13:41

**PROSTATE:**

The prostate is normal in size measuring 3.5 x 2.9 x 2.7 cms and weighs 15.2 gms.  
Parenchyma appears normal. No obvious calcification or mass lesion made out.

There is no evidence of any lymphadenopathy or ascites.

**IMPRESSION:**

- **Grade II fatty infiltration of liver.**
- **No other significant abnormality made out.**

**Kindly correlate clinically.**

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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



**Dr.Vibha Kamble**  
**MBBS, DMRD**



CID#	: 2208524591	SID#	: 177802408490
Name	: MR.SUHAS KODIYALAMATH	Registered	: 26-Mar-2022 / 08:25
Age / Gender	: 33 Years/Male	Collected	: 26-Mar-2022 / 08:25
Consulting Dr.	: -	Reported	: 26-Mar-2022 / 17:04
Reg.Location	: Bhayander East (Main Centre)	Printed	: 26-Mar-2022 / 17:15

### X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

#### **IMPRESSION:**

**No significant abnormality detected.**

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



**Dr.Vibha Kamble**  
**MBBS, DMRD**

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Name	: MR.SUHAS KODIYALAMATH	Registered	: 26-Mar-2022 / 08:25
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Consulting Dr.	: -	Reported	: 26-Mar-2022 / 16:15
Reg.Location	: Bhayander East (Main Centre)	Printed	: 26-Mar-2022 / 16:28

## PHYSICAL EXAMINATION REPORT

### History and Complaints:

No Complaint

### EXAMINATION FINDINGS:

<b>Height (cms):</b>	166	<b>Weight (kg):</b>	86
<b>Temp (0c):</b>	Afebrile	<b>Skin:</b>	NAD
<b>Blood Pressure (mm/hg):</b>	140/80	<b>Nails:</b>	NAD
<b>Pulse:</b>	86/min	<b>Lymph Node:</b>	Not Palpable

### Systems

**Cardiovascular:** S1S2-Normal

**Respiratory:** Chest -Clear

**Genitourinary:** NAD

**GI System:** NAD

**CNS:** NAD

### IMPRESSION:

### ADVICE:

### CHIEF COMPLAINTS:

- |                             |    |
|-----------------------------|----|
| 1) <b>Hypertension:</b>     | No |
| 2) <b>IHD</b>               | No |
| 3) <b>Arrhythmia</b>        | No |
| 4) <b>Diabetes Mellitus</b> | No |

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**HEALTHLINE - MUMBAI:** 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

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CID# : 2208524591  
Name : MR.SUHAS KODIYALAMATH  
Age / Gender : 33 Years/Male  
Consulting Dr. : -  
Reg.Location : Bhayander East (Main Centre)

SID# : 177802408490  
Registered : 26-Mar-2022 / 08:25  
Collected : 26-Mar-2022 / 08:25  
Reported : 26-Mar-2022 / 16:15  
Printed : 26-Mar-2022 / 16:28

- |  |    |
|--|----|
| 5) Tuberculosis                          | No |
| 6) Asthama                               | No |
| 7) Pulmonary Disease                     | No |
| 8) Thyroid/ Endocrine disorders          | No |
| 9) Nervous disorders                     | No |
| 10) GI system                            | No |
| 11) Genital urinary disorder             | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder            | No |
| 14) Cancer/lump growth/cyst              | No |
| 15) Congenital disease                   | No |
| 16) Surgeries                            | No |
| 17) Musculoskeletal System               | No |

**PERSONAL HISTORY:**

- |               |            |
|---------------|------------|
| 1) Alcohol    | Yes        |
| 2) Smoking    | No         |
| 3) Diet       | Vegetarian |
| 4) Medication | No         |

**CENTRAL PROCESSING LAB:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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



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