

Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo Stress Test/TMT | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

CID : **2120214345** SID : 177803876342

 Name
 : MRS.RUCHIKA BAKSHI
 Registered
 : 21-Jul-2021 / 09:44

 Age / Gender
 : 29 Years/Female
 Collected
 : 21-Jul-2021 / 09:44

 Ref. Dr
 : Reported
 : 30-Jul-2021 / 11:34

 Reg.Location
 : Mulund West (Main Centre)
 Printed
 : 30-Jul-2021 / 11:36

# PHYSICAL EXAMINATION REPORT

# **History and Complaints:**

NO SYMPTOMS P/H/O- NONE SIGNIFICANT F/H/O- NONE SIGNIFICANT

#### **EXAMINATION FINDINGS:**

Height (cms):166 CMSWeight (kg):63 KGSTemp (0c):AFEBRILESkin:NADBlood Pressure (mm/hg):110/80 MMHGNails:NAD

Pulse: 92/ MIN Lymph Node: NOT PALPABLE

## **Systems**

Cardiovascular: S1S2(+), NO MURMUR

Respiratory: AEBE, NO ADVENTITIOUS SOUNDS

Genitourinary: NAD

GI System: NO TENDERNESS, NO ORGAOMEGALY

CNS: CONSCIOUS, ORIENTED, NO ABNORMALITIES DETECTED

## IMPRESSION:

**NORMAL PHYSICAL EXAMINATION** 

# **IMPRESSION ON BLOOD RESULTS:**

- 1. LOW HB LEVELS
- 2. HIGH RDW
- 3. HIGH ESR
- 4. HIGH TSH

### **ADVICE:**

- 1. NEEDS SERUM IRON STUDIES, VITAMIN B12, FOLIC ACID LEVELS- IF ABNORMAL, STARTING SUPPLEMENTATION NEEDS TO BE CONSIDERED.
- 2. NEEDS FREE T3 AND FREE T4 LEVELS- IF ABNORMAL, STARTING THYROXINE SUPPLEMENTATION NEEDS TO BE CONSIDERED.
- 3. REPEAT CBC, ESR IN 1 MONTH.

#### **CHIEF COMPLAINTS:**

1) Hypertension: NO



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2)	IHD	NO
3)	Arrhythmia	NO
4)	Diabetes Mellitus	NO
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:**

Alcohol
 Smoking
 Diet
 Medication
 NIL
 MIXED

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

Dr.ADRITA BANERJEE
MBBS,MD (Medicine) Reg No. G-54078