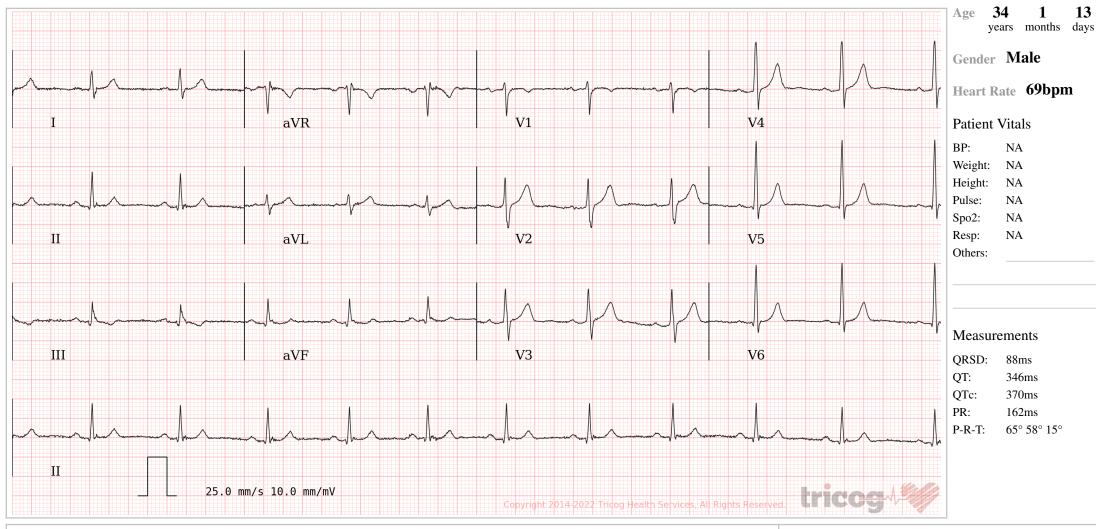
SUBURBAN DIAGNOSTICS - MALAD WEST



Patient Name: SWAPNIL RAUT

Patient ID: 2219513265

Date and Time: 14th Jul 22 9:37 AM



ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

REPORTED BY

Soul. ?.

DR SONALI HONRAO MD (General Medicine) Physician 2001/04/1882

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.



Name : Mr Swapnil Raut Age / Sex : 34 Years/Male

Ref. Dr :

Reg. Location: Malad West Main Centre



R E

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Reported : 14-Jul-2022/10:22

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.2 cm), shape and smooth margins. **It shows bright parenchymal echo pattern.** The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

The pancreas head and partial body is visualized and appears normal. No evidence of solid or cystic mass lesion. Rest of the pancreas is obscured due to bowel gas shadows.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 8.9 x 4.4 cm.

Left kidney measures 9.6 x 5.3 cm.

SPLEEN:

The spleen is normal in size (9.6 cm), and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is minimally distended and reveal no intraluminal abnormality.

PROSTATE:

The prostate is normal in size and volume is 12.0 cc.



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IMPRESSION:

Grade I / II fatty infiltration of liver.

Suggestion: Clinicopathological correlation.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

-----End of Report-----

This report is prepared and physically checked by Dr Vivek Singh before dispatch.

Dr. Vivek Singh

MD Radiodiagnosis Reg No: 2013/03/0388



Name : Mr Swapnil Raut Age / Sex : 34 Years/Male

Ref. Dr

Reg. Location: Malad West Main Centre

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Reg. Date : 14-Jul-2022

Reported : 14-Jul-2022/10:22



Name : Mr Swapnil Raut Age / Sex : 34 Years/Male

Ref. Dr :

Reg. Location: Malad West Main Centre



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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X- ray is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

End of Report	
---------------	--

This report is prepared and physically checked by Dr Vivek Singh before dispatch.

Dr.Vivek Singh

MD Radiodiagnosis

Reg No: 2013/03/0388



: Mr Swapnil Raut Name

Age / Sex : 34 Years/Male

Ref. Dr

Reg. Location : Malad West Main Centre

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Reg. Date : 14-Jul-2022

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Name : MR.SWAPNIL RAUT

Age / Gender : 34 Years / Male

Consulting Dr. : -

Reg. Location : Malad West (Main Centre)



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: 14-Jul-2022 / 09:00

Reported :14-Jul-2022 / 12:16

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood			
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	14.6	13.0-17.0 g/dL	Spectrophotometric
RBC	4.89	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.4	40-50 %	Calculated
MCV	88.8	80-100 fl	Measured
MCH	29.9	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	15.7	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7310	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	ABSOLUTE COUNTS		
Lymphocytes	34.9	20-40 %	
Absolute Lymphocytes	2551.2	1000-3000 /cmm	Calculated
Monocytes	7.4	2-10 %	
Absolute Monocytes	540.9	200-1000 /cmm	Calculated
Neutrophils	55.7	40-80 %	
Absolute Neutrophils	4071.7	2000-7000 /cmm	Calculated
Eosinophils	2.0	1-6 %	
Absolute Eosinophils	146.2	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	223000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Measured
PDW	14.1	11-18 %	Calculated

RBC MORPHOLOGY

Immature Leukocytes

Hypochromia	-
Microcytosis	_

Page 1 of 11

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Name : MR.SWAPNIL RAUT

Age / Gender : 34 Years / Male

Consulting Dr. : - Collected : 14-Jul-2022 / 09:00

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Macrocytosis -

Anisocytosis -

Poikilocytosis -

Polychromasia -

Target Cells -

Basophilic Stippling -

Normoblasts -

Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 14 2-15 mm at 1 hr. Westergren

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







Dr.ANUPA DIXIT M.D.(PATH) Pathologist

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Name : MR.SWAPNIL RAUT

: 34 Years / Male Age / Gender

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RIOLOGICAL PEE PANGE METHOD

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	92.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	101.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.75	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.27	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.48	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	24.0	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	26.5	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	14.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	113.6	40-130 U/L	Colorimetric
BLOOD UREA, Serum	21.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.91	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	101	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.1	3.5-7.2 mg/dl	Enzymatic

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

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Name : MR.SWAPNIL RAUT

Age / Gender : 34 Years / Male

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Reported

:14-Jul-2022 / 19:38

Urine Sugar (Fasting)AbsentAbsentUrine Ketones (Fasting)AbsentAbsent

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

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







Dr.ANUPA DIXIT
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Consultant Pathologist & Lab
Director

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Name : MR.SWAPNIL RAUT

Age / Gender : 34 Years / Male

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

<u>PARAMETER</u> <u>RESULTS</u> <u>BIOLOGICAL REF RANGE</u> <u>METHOD</u>

Glycosylated Hemoglobin 5.4 Non-Diabetic Level: < 5.7 % HPLC (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

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Estimated Average Glucose 108.3 mg/dl Calculated

(eAG), EDTA WB - CC

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.

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Name : MR.SWAPNIL RAUT

: 34 Years / Male Age / Gender

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

BIOLOGICAL REF RANGE RESULTS PARAMETER

PHYSICAL EXAMINATION

Colour Brown Brown Form and Consistency Semi Solid Semi Solid Mucus Absent Absent Blood Absent Absent

CHEMICAL EXAMINATION

Reaction (pH) Acidic (6.5)

Occult Blood Absent Absent

MICROSCOPIC EXAMINATION

Protozoa Absent Absent Flagellates **Absent Absent** Ciliates Absent Absent **Parasites** Absent Absent Macrophages Absent Absent Mucus Strands Absent Absent Fat Globules Absent Absent RBC/hpf Absent Absent WBC/hpf Absent Absent Yeast Cells Absent **Absent Undigested Particles** Present ++ Concentration Method (for ova) No ova detected Absent Reducing Substances Absent







Auto **Dr.ANUPA DIXIT** M.D.(PATH) **Pathologist**

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Name : MR.SWAPNIL RAUT

Age / Gender : 34 Years / Male

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	05	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	

Epithelial Cells / hpf 0-1

Casts Absent Absent Crystals **Absent Absent** Amorphous debris **Absent** Absent

Bacteria / hpf 2-3 Less than 20/hpf

Others

Note: Sample quantity less than 12 ml.

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Name : MR.SWAPNIL RAUT

Age / Gender : 34 Years / Male

Consulting Dr. Collected : 14-Jul-2022 / 09:00

Reported :14-Jul-2022 / 15:37 Reg. Location : Malad West (Main Centre)

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

PARAMETER RESULTS

ABO GROUP 0

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.

Refernces:

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	159.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	60.5	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	46.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	113.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	101.0	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	12.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West *** End Of Report ***







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Age / Gender : 34 Years / Male

Consulting Dr. : - Collected : 14-Jul-2022 / 09:00

Reg. Location : Malad West (Main Centre) Reported :14-Jul-2022 / 12:54

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.86	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 high abnormal upto 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 trasiently altered becuase 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:

- 1. 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.
- 2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

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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Consultant Pathologist & Lab
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Name : MR.SWAPNIL RAUT

Age / Gender : 34 Years / Male

Consulting Dr.

Reg. Location : Malad West (Main Centre)



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:14-Jul-2022 / 12:54

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Name

Consulting Dr. : -

E

R

CID# : **2219513265** SID# : 177802004870

Registered : 14-Jul-2022 / 08:46

Age / Gender : 34 Years/Male Collected : 14-Jul-2022 / 08:46

Reported : 14-Jul-2022 / 16:37

Reg.Location : Malad West (Main Centre) Printed : 14-Jul-2022 / 16:42

PHYSICAL EXAMINATION REPORT

History and Complaints: Nil

: MR.SWAPNIL RAUT

EXAMINATION FINDINGS:

Height (cms): 183 Weight (kg): 99

Temp (0c):NormalSkin:NormalBlood Pressure (mm/hg):120/80Nails:NormalPulse:68/MinLymph Node:Normal

Systems

Cardiovascular: NAD
Respiratory: NAD
Genitourinary: NAD
GI System: NAD
CNS: NAD

IMPRESSION:

ADVICE:

CHIEF COMPLAINTS:

Hypertension: No
 IHD No
 Arrhythmia No
 Diabetes Mellitus No

5) **Tuberculosis** 11 Years ago

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CID#

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: **2219513265** SID# : 177802004870

No

Name : MR.SWAPNIL RAUT Registered : 14-Jul-2022 / 08:46

Age / Gender : 34 Years/Male Collected : 14-Jul-2022 / 08:46

Consulting Dr. : - Reported : 14-Jul-2022 / 16:37

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6) Asthama No

7) **Pulmonary Disease** No

8) Thyroid/ Endocrine disorders No

10) **GI system** No

11) **Genital urinary disorder** Kidney stones 3 years ago

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:

9) Nervous disorders

1) Alcohol Occasional

2) Smoking No3) Diet Veg4) Medication NO

*** End Of Report ***

Dr.Sonali Honrao
MD physician
Sr. Manager-Medical Services
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