# SUBURBAN DIAGNOSTICS - KANDIVALI EAST

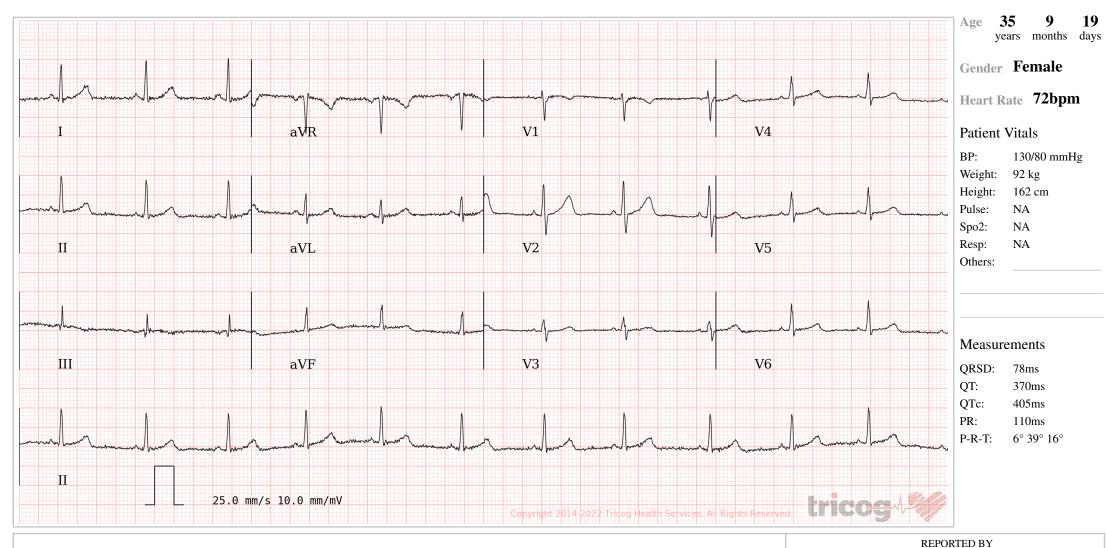


Patient Name: NISHA MANRAL

Patient ID:

2219022653

Date and Time: 9th Jul 22 11:26 AM



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

REFORTED BT

DR AKHIL PARULEKAR MBBS.MD. MEDICINE, DNB Cardiology Cardiologist 2012082483

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.



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CID : 2219022653

Name : Mrs NISHA MANRAL

Age / Sex : 35 Years/Female

Ref. Dr : Reg. Date : 09-Jul-2022

Reg. Location : Kandivali East Main Centre Reported : 09-Jul-2022 / 12:12

# **USG WHOLE ABDOMEN**

## LIVER:

The liver is normal in size, 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 is well visualised and appears normal. No evidence of solid or cystic mass lesion.

## **KIDNEYS:**

Both the kidneys are normal in size shape and echotexture.

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

Right kidney measures 9.6 x 4.0 cm. Left kidney measures 10.9 x 4.7 cm.

## **SPLEEN:**

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

### **URINARY BLADDER:**

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

#### **UTERUS:**

The uterus is anteverted and appears normal. It measures 7.8 x 4.0 x 4.0 cm in size. The endometrial thickness is 6.5 mm.

IUCD is seen in situ.



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## **OVARIES:**

Both the ovaries are well visualised and appears normal. There is no evidence of any ovarian or adnexal mass seen. Right ovary =  $2.1 \times 2.0 \times 1.9 \text{ cm}$  (volume - 4.5cc) Left ovary =  $2.7 \times 2.3 \times 1.8 \text{ cm}$  (volume -6.5 cc)

<b>IMPRESS</b>	ION:-
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Grade I fatty liver.

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

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

KLIGHERA

Dr.FAIZUR KHILJI MBBS,RADIO DIAGNOSIS Reg No-74850 Consultant Radiologist

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 cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.



Name : Mrs NISHA MANRAL

Age / Sex : 35 Years/Female

Ref. Dr :

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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.

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

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

KLIN FRA

Dr.FAIZUR KHILJI MBBS,RADIO DIAGNOSIS Reg No-74850 Consultant Radiologist



Name : Mrs NISHA MANRAL

Age / Sex : 35 Years/Female

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Name : MRS.NISHA MANRAL

Age / Gender : 35 Years / Female

Consulting Dr. : -

**Reg. Location**: Kandivali East (Main Centre)



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:09-Jul-2022 / 15:01

# **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

CBC (Complete Blood Count), Blood					
<u>PARAMETER</u>	RESULTS	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>		
RBC PARAMETERS					
Haemoglobin	11.6	12.0-15.0 g/dL	Spectrophotometric		
RBC	4.02	3.8-4.8 mil/cmm	Elect. Impedance		
PCV	35.9	36-46 %	Measured		
MCV	89	80-100 fl	Calculated		
MCH	29.0	27-32 pg	Calculated		
MCHC	32.4	31.5-34.5 g/dL	Calculated		
RDW	13.6	11.6-14.0 %	Calculated		
WBC PARAMETERS					
WBC Total Count	4900	4000-10000 /cmm	Elect. Impedance		
WBC DIFFERENTIAL AND ABSO	LUTE COUNTS				
Lymphocytes	36.5	20-40 %			
Absolute Lymphocytes	1788.5	1000-3000 /cmm	Calculated		
Monocytes	3.0	2-10 %			
Absolute Monocytes	147.0	200-1000 /cmm	Calculated		
Neutrophils	58.2	40-80 %			
Absolute Neutrophils	2851.8	2000-7000 /cmm	Calculated		
Eosinophils	2.2	1-6 %			
Absolute Eosinophils	107.8	20-500 /cmm	Calculated		
Basophils	0.1	0.1-2 %			
Absolute Basophils	4.9	20-100 /cmm	Calculated		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

## **PLATELET PARAMETERS**

Immature Leukocytes

Platelet Count	211000	150000-400000 /cmm	Elect. Impedance
MPV	11.8	6-11 fl	Calculated
PDW	22.0	11-18 %	Calculated

## **RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-

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Age / Gender : 35 Years / Female

Consulting Dr. : - Collected : 09-Jul-2022 / 10:22

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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 25 2-20 mm at 1 hr. Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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# **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	89.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	90.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.38	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.21	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	14.1	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	13.9	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	14.8	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	86.6	35-105 U/L	Colorimetric
BLOOD UREA, Serum	19.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.66	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	108	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.7	2.4-5.7 mg/dl	Enzymatic

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: 35 Years / Female Age / Gender

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







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

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

**BIOLOGICAL REF RANGE PARAMETER RESULTS** METHOD

**HPLC** Glycosylated Hemoglobin Non-Diabetic Level: < 5.7 % 5.1 (HbA1c), EDTA WB - CC

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

99.7 Estimated Average Glucose 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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c salue **Dr.LEENA SALUNKHE** M.B.B.S, DPB (PATH) **Pathologist** 

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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 (5.5)

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







Monterno **Dr.RASHMI MONTEIRO** M.D. (PATH) **Pathologist** 

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:09-Jul-2022 / 16:28

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

DADAMETER	DECLU TO		METHOD
<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	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	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 Occasional 0-2/hpf

Epithelial Cells / hpf 0-1

CastsAbsentAbsentCrystalsAbsentAbsentAmorphous debrisAbsentAbsent

Bacteria / hpf 5-6 Less than 20/hpf

Others -









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Name : MRS.NISHA MANRAL

Age / Gender : 35 Years / Female

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

**PARAMETER RESULTS** 

**ABO GROUP** В

Rh TYPING **POSITIVE** 

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

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
- AABB technical manual

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Age / Gender : 35 Years / Female

Consulting Dr. : -

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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	185.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	79.6	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	49.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	136.4	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	120.0	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	16.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO,	2.4	0-3.5 Ratio	Calculated

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  $^{***}$  End Of Report  $^{***}$ 









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**Reported** :09-Jul-2022 / 17:48

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
Free T3, Serum	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.4	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	1.09	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



Name : MRS.NISHA MANRAL

Age / Gender : 35 Years / Female

Consulting Dr. : - Collected : 09-Jul-2022 / 10:22

Reg. Location : Kandivali East (Main Centre) Reported :09-Jul-2022 / 17:48

#### 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 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: 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)







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

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SID# : 177800556133

Name : MRS.NISHA MANRAL Registered : 09-Jul-2022 / 10:19

Age / Gender : 35 Years/Female Collected : 09-Jul-2022 / 10:19

Consulting Dr. : - Reported : 10-Jul-2022 / 09:08

Reg.Location : Kandivali East (Main Centre) Printed : 10-Jul-2022 / 09:12

# PHYSICAL EXAMINATION REPORT

# **History and Complaints:**

: 2219022653

Covid -2021

### **EXAMINATION FINDINGS:**

Height (cms):162 cmsWeight (kg):92 kgsTemp (0c):AfebrileSkin:NormalBlood Pressure (mm/hg):130/80Nails:Normal

Pulse: 72/min Lymph Node: Not Palpable

## **Systems**

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

#### **IMPRESSION:**

## **ADVICE:**

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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SID# : 177800556133

Name : MRS.NISHA MANRAL Registered : 09-Jul-2022 / 10:19

Age / Gender : 35 Years/Female Collected : 09-Jul-2022 / 10:19

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Reg.Location : Kandivali East (Main Centre) Printed : 10-Jul-2022 / 09:12

# **CHIEF COMPLAINTS:**

: 2219022653

1)	Hypertension:	No
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** LSCS-2,7 yrs ago

17) Musculoskeletal System No

## **PERSONAL HISTORY:**

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Mixed
4)	Medication	No

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

CENTRAL	PROCESSING LAR	2nd Floor	Acton	Sundanyar	Complex	Above Merc	adas Shawroom	Andhari Wast	400053

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