

Patient Name: ANKIT TEWARI

Date and Time: 27th Nov 21 10:44 AM

Patient ID: 2133133839

Age **30** **4** **6**
 years months days

Gender **Male**

Heart Rate **82 bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

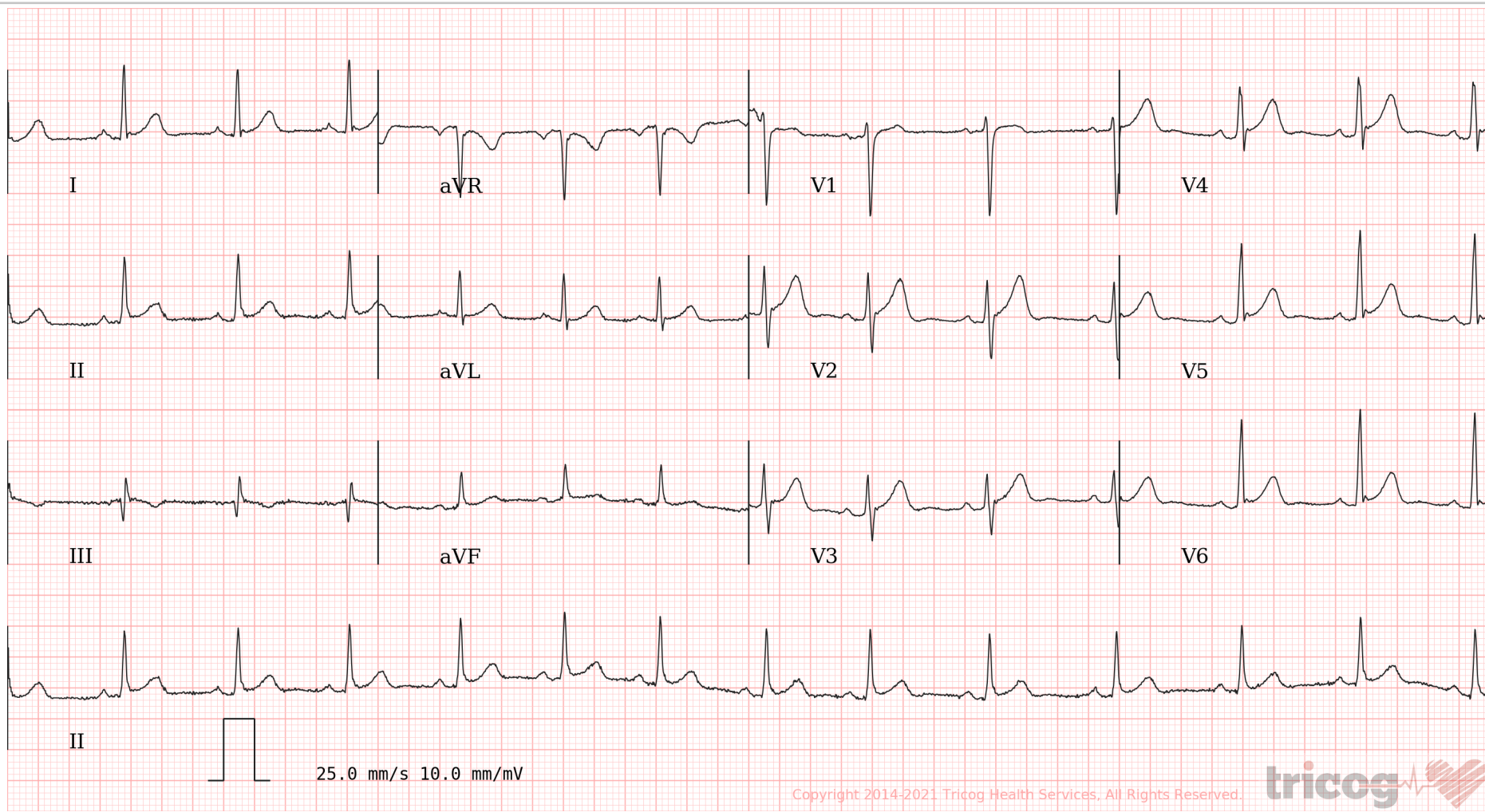
QSRD: 78 ms

QT: 340 ms

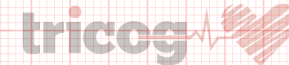
QTc: 397 ms

PR: 142 ms

P-R-T: 18° 29° 21°



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

REPORTED BY

Dr Nitin Sonavane
 M.B.B.S.AFLH, D.DIAB,D.CARD
 Consultant Cardiologist
 87714



CID : 2133133839
Name : Mr ANKIT TEWARI
Age / Sex : 30 Years/Male
Ref. Dr :
Reg.Location : Borivali West

Reg.Date : 27-Nov-2021 / 17:42
Reported : 27-Nov-2021 / 18:56
Printed : 27-Nov-2021 / 18:56

USG WHOLE ABDOMEN

LIVER: Liver is normal in size 12.9 cm , shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is partially contracted.

PORTAL VEIN: Portal vein (12 mm) is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 8.8 x 4.2 cm. Left kidney measures 12.2 x 5.2 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size (10.4 cm), shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture. Prostate measures 4.3 x 3.7 x 3.3 cm and prostatic weight is 28.8 gm. No evidence of any focal lesion.

No free fluid or significant lymphadenopathy is seen.



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Reported : 27-Nov-2021 / 18:56
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Opinion:

No significant abnormality is detected.

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

DR. ROHIT MALIK
DNB, DMRD, DMRE (MUM)
RADIO DIAGNOSIS



CID : 2133133839
Name : Mr ANKIT TEWARI
Age / Sex : 30 Years/Male
Ref. Dr :
Reg.Location : Borivali West

Reg.Date : 27-Nov-2021 / 10:49
Reported : 27-Nov-2021 / 16:39
Printed : 27-Nov-2021 / 16:39

X-RAY CHEST PA VIEW

Mid inspiratory film.

Both lung fields are clear.

The cardiac size and shape are within normal limits.

Both costo-phrenic angles appear normal.

Visualized bony thorax appears unremarkable.

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

DR. ROHIT MALIK
DNB, DMRD, DMRE (MUM)
RADIO DIAGNOSIS



CID : 2133133839
Name : MR.ANKIT TEWARI
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 27-Nov-2021 / 10:40
Reported : 27-Nov-2021 / 14:50

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.2	13.0-17.0 g/dL	Spectrophotometric
RBC	4.79	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.7	40-50 %	Measured
MCV	89	80-100 fl	Calculated
MCH	29.6	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	15.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5250	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	31.3	20-40 %	
Absolute Lymphocytes	1643.3	1000-3000 /cmm	Calculated
Monocytes	7.2	2-10 %	
Absolute Monocytes	378.0	200-1000 /cmm	Calculated
Neutrophils	56.8	40-80 %	
Absolute Neutrophils	2982.0	2000-7000 /cmm	Calculated
Eosinophils	4.2	1-6 %	
Absolute Eosinophils	220.5	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	26.3	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	202000	150000-400000 /cmm	Elect. Impedance
MPV	10.5	6-11 fl	Calculated
PDW	20.1	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-
Macrocytosis	-



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Reported : 27-Nov-2021 / 13:45

Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 13 2-15 mm at 1 hr. Westergren

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



MC-2111



Bmhaskar

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Pathologist

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Name : MR.ANKIT TEWARI
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 27-Nov-2021 / 10:40
Reported : 27-Nov-2021 / 13:12

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	96.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.41	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.25	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	36.0	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	65.2	5-45 U/L	NADH (w/o P-5-P)
ALKALINE PHOSPHATASE, Serum	94.3	40-130 U/L	Colorimetric
BLOOD UREA, Serum	19.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.85	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	112	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.7	3.5-7.2 mg/dl	Enzymatic

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



MC-2111



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Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 27-Nov-2021 / 10:40
Reported : 27-Nov-2021 / 18:43

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Specimen Type, Urine	Random sample		
URINARY MICROALBUMIN, Urine	5.0 mg/l		Imm.Turbidimetry
URINARY CREATININE, Urine	195.67 mg/dl		Enzymatic
URINARY MICROALBUMIN TO URINARY CREATININE RATIO, Urine	2.6	Spot Collection (mg/g Creatinine) 1) Normal < 30 2) Microalbuminuria 30 - 300 3) Clinical Albuminuria > 300	Calculated

Method: Fully Automated Immunoturbidimetric Assay

- 1) Microalbuminuria is a reliable risk indicator for renal and cardiovascular disorders in diabetes and hypertension.
- 2) Microalbuminuria precedes and is highly predictive of diabetic nephropathy and end-stage renal disease.
- 3) By measuring Microalbuminuria one can monitor the patients response to the chosen line of therapy.

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

*** End Of Report ***



MC-2111

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Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 27-Nov-2021 / 10:40
Reported : 27-Nov-2021 / 17:01

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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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.2	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

*** End Of Report ***



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Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 27-Nov-2021 / 10:40
Reported : 27-Nov-2021 / 19:06

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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>
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
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	8-10	Less than 20/hpf	
Others	-		

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
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Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 27-Nov-2021 / 10:40
Reported : 27-Nov-2021 / 17:32

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
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.

References:

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

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*** End Of Report ***



MC-2111

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M. D. (PATH)
Pathologist

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Name : MR.ANKIT TEWARI
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 27-Nov-2021 / 10:40
Reported : 27-Nov-2021 / 14:50

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	163.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	90.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	41.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	122.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	105.0	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	17.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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*** End Of Report ***



MC-2111



Bmhasakar

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Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 27-Nov-2021 / 10:40
Reported : 27-Nov-2021 / 12:39

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.83	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 ***



MC-2111



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CID : 2133133839 SID : 177804522251
 Name : MR.ANKIT TEWARI Registered : 27-Nov-2021 / 10:27
 Age / Gender : 30 Years/Male Collected : 27-Nov-2021 / 10:27

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):	172cms	Weight (kg):	98.5kg
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80 mm of hg	Nails:	Normal
Pulse:	80/min	Lymph Node:	Not palpable

Systems

Cardiovascular: S1S2 audible
Respiratory: AEBE
Genitourinary: NAD
GI System: Liver & Spleen not palpable
CNS: NAD

IMPRESSION:

ADVICE:

CHIEF COMPLAINTS:

- | | |
|------------------------------------------|----|
| 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 |

CID : 2133133839

SID : 177804522251

Name : MR.ANKIT TEWARI

Registered : 27-Nov-2021 / 10:27

Age / Gender : 30 Years/Male

Collected : 27-Nov-2021 / 10:27

- 15) **Congenital disease** NO
16) **Surgeries** NO
17) **Musculoskeletal System** NO

PERSONAL HISTORY:

- 1) **Alcohol** NO
2) **Smoking** 6 to 7 /day since 4yrs
3) **Diet** Mix
4) **Medication** NO

*** End Of Report ***

Dr.NITIN SONAVANE
PHYSICIAN