

CID	: 2120532416	SID	: 177803922760
Name	: MR.ROSBIN CYRIL	Registered	: 24-Jul-2021 / 08:56
Age / Gender	: 33 Years/Male	Collected	: 24-Jul-2021 / 08:56
Ref. Dr	: -	Reported	: 25-Jul-2021 / 09:01
Reg.Location	: Kandivali East (Main Centre)	Printed	: 25-Jul-2021 / 12:39

**PHYSICAL EXAMINATION REPORT**

**History and Complaints:**

Hypothyroid since 2 yrs, bronchitis childhood.

**EXAMINATION FINDINGS:**

<b>Height (cms):</b>	178 cms	<b>Weight (kg):</b>	87 kgs
<b>Temp (0c):</b>	Afebrile	<b>Skin:</b>	Normal
<b>Blood Pressure (mm/hg):</b>	110/80	<b>Nails:</b>	Normal
<b>Pulse:</b>	72/min	<b>Lymph Node:</b>	Not palpable

**Systems**

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

**IMPRESSION:**

*↑ Triglycerides*

**ADVICE:**

*↓ Fatty diet  
 Regular exercise  
 7. Rosulip (Clamp)  
 5-10 months*

*Repeat Lipid-profile  
 after 3mc*

**CHIEF COMPLAINTS:**

- 1) Hypertension: No
- 2) IHD: No
- 3) Arrhythmia: No

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

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- |  |     |
|--|-----|
| 4) Diabetes Mellitus                     | No  |
| 5) Tuberculosis                          | No  |
| 6) Asthama                               | No  |
| 7) Pulmonary Disease                     | No  |
| 8) Thyroid/ Endocrine disorders          | Yes |
| 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    | Occasional |
| 2) Smoking    | No         |
| 3) Diet       | Mixed      |
| 4) Medication | Yes        |

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

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
Row House No. 3, Aangan,  
Thakur Village, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700000

**Dr. Jagruti Dhale**  
MBBS  
Consultant Physician  
Reg. No. 69548