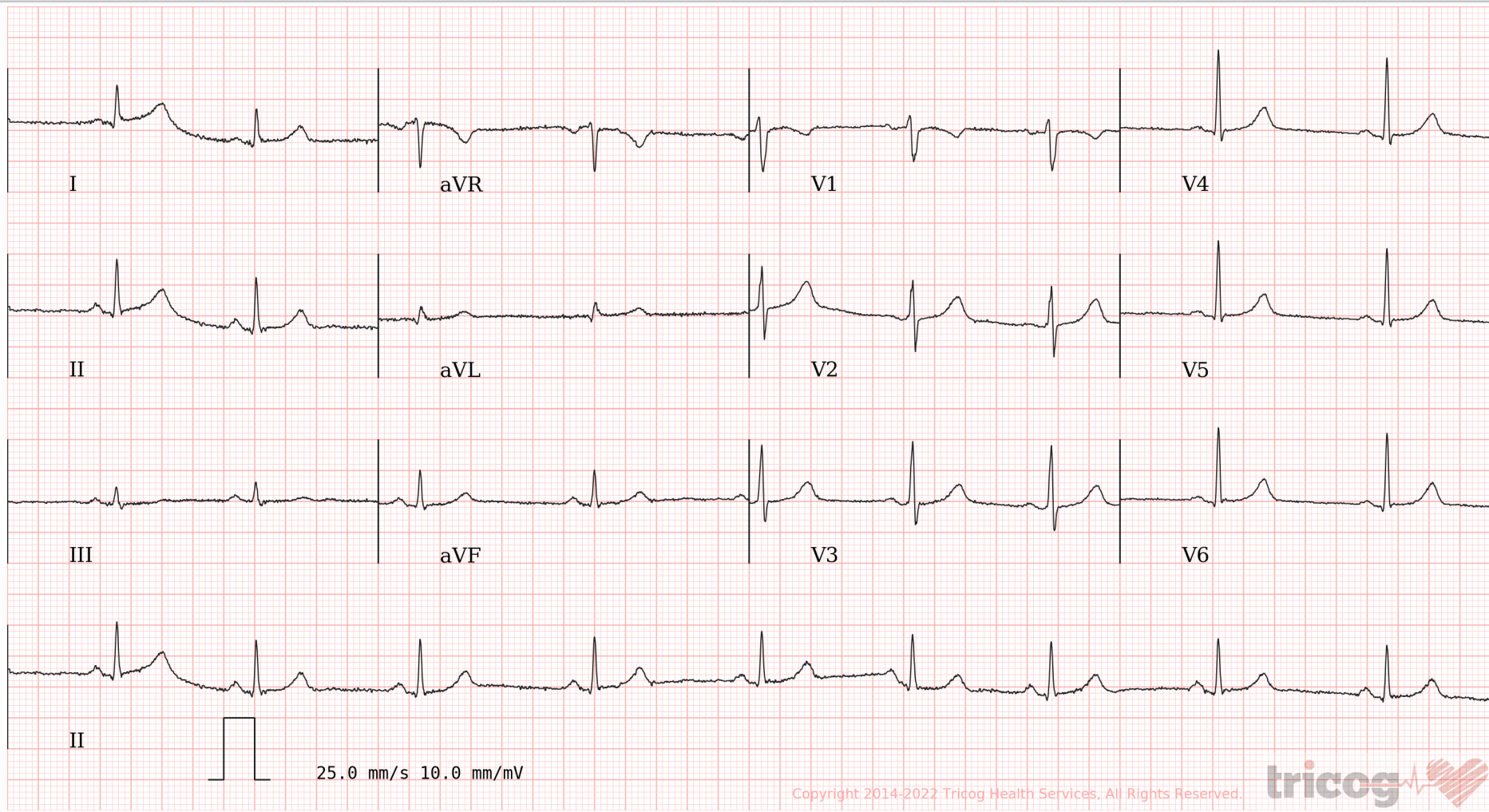


Patient Name: BHUMIKA .
 Patient ID: 2202247109

Date and Time: 22nd Jan 22 11:25 AM



Age **36** **9** **12**
 years months days

Gender **Female**

Heart Rate **58 bpm**

Patient Vitals

BP: NA
 Weight: NA
 Height: NA
 Pulse: NA
 Spo2: NA
 Resp: NA
 Others: _____

Measurements

QSRD: 78 ms
 QT: 426 ms
 QTc: 418 ms
 PR: 142 ms
 P-R-T: 71° 45° 34°

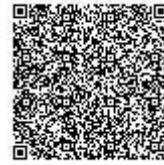
ECG Within Normal Limits: Sinus Bradycardia, with Sinus Arrhythmia. Please correlate clinically.

REPORTED BY

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.





Use a QR Code Scanner
Application To Scan the Code

CID : 2202247109
Name : Mrs Bhumika .
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 22-Jan-2022 / 11:47
Reported : 22-Jan-2022 / 11:48

R
E
P
O
R
T

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.1 cm), shape and smooth margins. It shows normal 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, body and partial tail 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 9.1 x 3.9 cm. Left kidney measures 10.1 x 4.8 cm.

SPLEEN:

The spleen is normal in size (8.4 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 well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal. It measures 7.5 x 5.0 x 3.2 cms in size.
The endometrial thickness is 7.8 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 3.1 x 2.2 x 1.4 cm (Volume is 5.0 cc).
Left ovary = 2.8 x 2.6 x 1.6 cm (Volume is 5.9 cc).



Use a QR Code Scanner
Application To Scan the Code

CID : 2202247109
Name : Mrs Bhumika .
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 22-Jan-2022 / 11:47
Reported : 22-Jan-2022 / 11:48

R
E
P
O
R
T

IMPRESSION:-

No significant abnormality is seen.

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-----

Dr. Vivek Singh
MD Radiodiagnosis
Reg No: 2013/03/0388



Use a QR Code Scanner
Application To Scan the Code

CID : 2202247109
Name : Mrs Bhumika .
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 22-Jan-2022 / 12:33
Reported : 22-Jan-2022 / 17:49

R
E
P
O
R
T

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.

TO BE CORRELATED 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-----

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862



Use a QR Code Scanner
Application To Scan the Code

CID : 2202247109
Name : MRS.BHUMIKA DILAWARI BAJAJ
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 22-Jan-2022 / 10:50
Reported : 22-Jan-2022 / 14:45

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	12.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.03	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.9	36-46 %	Measured
MCV	91.6	80-100 fl	Calculated
MCH	29.7	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	15.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6810	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.4	20-40 %	
Absolute Lymphocytes	1865.9	1000-3000 /cmm	Calculated
Monocytes	5.5	2-10 %	
Absolute Monocytes	374.6	200-1000 /cmm	Calculated
Neutrophils	57.6	40-80 %	
Absolute Neutrophils	3922.6	2000-7000 /cmm	Calculated
Eosinophils	8.8	1-6 %	
Absolute Eosinophils	599.3	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	47.7	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	317000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	14.9	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-



Use a QR Code Scanner
Application To Scan the Code

CID : 2202247109
Name : MRS.BHUMIKA DILAWARI BAJAJ
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 22-Jan-2022 / 10:50
Reported : 22-Jan-2022 / 13:36

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

Specimen: EDTA Whole Blood

ESR **39** 2-20 mm at 1 hr. Westergren

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



Amar Das Gupta
Dr. AMAR DASGUPTA, MD, PhD
Consultant Hematopathologist
Director - Medical Services

Dr. Vrushi Shroff
Dr. VRUSHALI SHROFF
M.D.(PATH)
Pathologist

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

Page 2 of 8

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

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com



Use a QR Code Scanner
Application To Scan the Code

CID : 2202247109
Name : MRS.BHUMIKA DILAWARI BAJAJ
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 22-Jan-2022 / 10:50
Reported : 22-Jan-2022 / 13:51

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	73.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.32	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.18	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	11.6	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	12.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	9.0	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	68.8	35-105 U/L	Colorimetric
BLOOD UREA, Serum	19.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.70	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	101	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.7	2.4-5.7 mg/dl	Enzymatic

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



MC-2111



Anupa

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

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

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

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com



CID : 2202247109
Name : MRS.BHUMIKA DILAWARI BAJAJ
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 22-Jan-2022 / 10:50
Reported : 22-Jan-2022 / 14:47

Use a QR Code Scanner
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	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 ***



MC-2111



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)

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

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

For Feedback - customerservice@suburbandiagnosics.com | **www.suburbandiagnosics.com**



CID : 2202247109
Name : MRS.BHUMIKA DILAWARI BAJAJ
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 22-Jan-2022 / 10:50
Reported : 22-Jan-2022 / 15:59

Use a QR Code Scanner
Application To Scan the Code

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

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

References:

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

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

*** End Of Report ***



MC-2111



Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist

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

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

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com



CID : 2202247109
Name : MRS.BHUMIKA DILAWARI BAJAJ
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 22-Jan-2022 / 10:50
Reported : 22-Jan-2022 / 15:05

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	175.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	89.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	43.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	132.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	114.0	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	18.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

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



MC-2111

Dr. Vrushali Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist

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

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

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com



CID : 2202247109
 Name : MRS.BHUMIKA DILAWARI BAJAJ
 Age / Gender : 36 Years / Female
 Consulting Dr. : -
 Reg. Location : Malad West (Main Centre)

Collected : 22-Jan-2022 / 10:50
 Reported : 22-Jan-2022 / 13:51

Use a QR Code Scanner
 Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	3.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.8	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	4.11	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



CID : 2202247109
Name : MRS.BHUMIKA DILAWARI BAJAJ
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 22-Jan-2022 / 10:50
Reported : 22-Jan-2022 / 13:51

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)

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



Anupa Dixit

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

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

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

For Feedback - customerservice@suburbandiagnosics.com | **www.suburbandiagnosics.com**

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 : 2202247109 SID : 177804846790
Name : MRS.BHUMIKA DILAWARI BAJAJ Registered : 22-Jan-2022 / 10:49
Age / Gender : 36 Years/Female Collected : 22-Jan-2022 / 10:49

PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms):	151 cms	Weight (kg):	69 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120 / 80 mm of Hg	Nails:	Normal
Pulse:	54 / min	Lymph Node:	Normal

Systems

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

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 | Since 3-4 years |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |

CID : 2202247109
Name : MRS.BHUMIKA DILAWARI BAJAJ
Age / Gender : 36 Years/Female

SID : 177804846790
Registered : 22-Jan-2022 / 10:49
Collected : 22-Jan-2022 / 10:49

- 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 in 2020.
17) **Musculoskeletal System** No

PERSONAL HISTORY:

- 1) **Alcohol** No
2) **Smoking** No
3) **Diet** Veg
4) **Medication** Eltroxin 100 mcg

*** End Of Report ***



Dr.Sonali Honrao
MD physician
Sr. Manager-Medical Services (Cardiology)