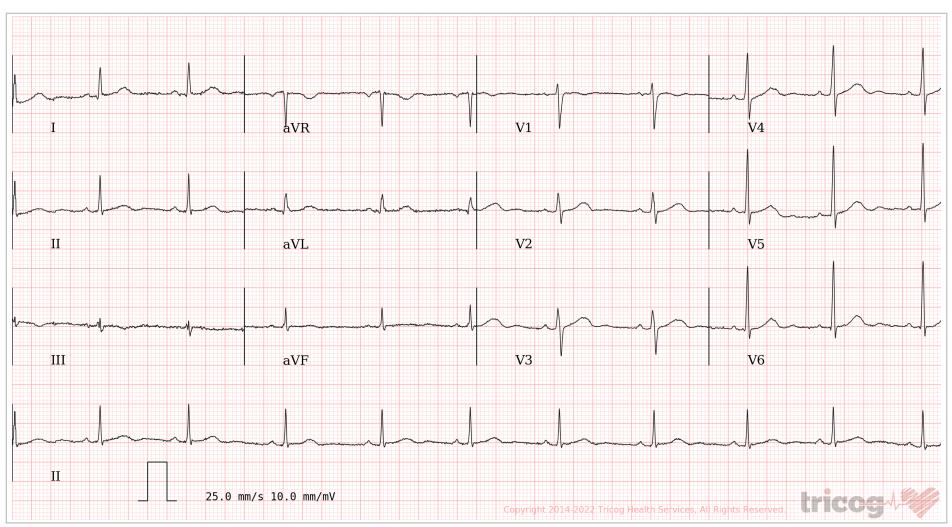
# SUBURBAN DIAGNOSTICS PRECISE TESTING HEALTHIER LIVING

# SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Patient Name: JYOTSNA. Date and Time: 12th Mar 22 1:47 PM

Patient ID: 2207127981



Age 37 1 19 years months days

Gender Female

Heart Rate 64bpm

#### **Patient Vitals**

BP: 110/80 mmHg

Weight: 66 kg

Height: 162 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QSRD: 78ms

QT: 408ms

QTc: 420ms

PR: 148ms

P-R-T: 40° 29° 20°

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

REPORTED BY

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.



CID : 2207127981

Name : Mrs Jyotsna .

Age / Sex : 37 Years/Female

Ref. Dr :

Reg. Location : Kandivali East Main Centre

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: 12-Mar-2022 / 13:11

R

: 14-Mar-2022 / 12:01

# X-RAY CHEST PA VIEW

Reg. Date

Reported

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.



This report is prepared and physically checked by Dr Akash Chhari before dispatch.

DR. Akash Chhari

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

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Page 1of



Name : MRS.JYOTSNA .

Age / Gender : 37 Years / Female

Consulting Dr. : - Collected : 12-Mar-2022 / 11:45

Reg. Location : Kandivali East (Main Centre) Reported

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:12-Mar-2022 / 15:54

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

PARAMETERRESULTSBIOLOGICAL REF RANGEMETHODRBC PARAMETERS	CBC (Complete Blood Count), Blood			
Haemoglobin13.712.0-15.0 g/dLSpectrophotometricRBC4.643.8-4.8 mil/cmmElect. ImpedancePCV41.536-46 %Measured	<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
RBC         4.64         3.8-4.8 mil/cmm         Elect. Impedance           PCV         41.5         36-46 %         Measured	RBC PARAMETERS			
PCV 41.5 36-46 % Measured	Haemoglobin	13.7	12.0-15.0 g/dL	Spectrophotometric
	RBC	4.64	3.8-4.8 mil/cmm	Elect. Impedance
MCV 90 80-100 fl Calculated	PCV	41.5	36-46 %	Measured
	MCV	90	80-100 fl	Calculated
MCH 29.6 27-32 pg Calculated	MCH	29.6	27-32 pg	Calculated
MCHC 33.1 31.5-34.5 g/dL Calculated	MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW 14.3 11.6-14.0 % Calculated	RDW	14.3	11.6-14.0 %	Calculated
WBC PARAMETERS	WBC PARAMETERS			
WBC Total Count 3730 4000-10000 /cmm Elect. Impedance	WBC Total Count	3730	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS				
Lymphocytes 46.5 20-40 %	Lymphocytes	46.5	20-40 %	
Absolute Lymphocytes 1734.5 1000-3000 / cmm Calculated	Absolute Lymphocytes	1734.5	1000-3000 /cmm	Calculated
Monocytes 7.9 2-10 %	Monocytes	7.9	2-10 %	
Absolute Monocytes 294.7 200-1000 /cmm Calculated	Absolute Monocytes	294.7	200-1000 /cmm	Calculated
Neutrophils 42.9 40-80 %	Neutrophils	42.9	40-80 %	
Absolute Neutrophils 1600.2 2000-7000 /cmm Calculated	Absolute Neutrophils	1600.2	2000-7000 /cmm	Calculated
Eosinophils 2.3 1-6 %	Eosinophils	2.3	1-6 %	
Absolute Eosinophils 85.8 20-500 /cmm Calculated	Absolute Eosinophils	85.8	20-500 /cmm	Calculated
Basophils 0.4 0.1-2 %	Basophils	0.4	0.1-2 %	
Absolute Basophils 14.9 20-100 /cmm Calculated	Absolute Basophils	14.9	20-100 /cmm	Calculated

WBC Differential Count by Absorbance & Impedance method/Microscopy.

#### **PLATELET PARAMETERS**

Platelet Count	305000	150000-400000 /cmm	Elect. Impedance
MPV	9.0	6-11 fl	Calculated
PDW	15.2	11-18 %	Calculated

### **RBC MORPHOLOGY**

Immature Leukocytes

Hypochromia	-
Microcytosis	_

Page 1 of 10

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Name : MRS.JYOTSNA .

: 37 Years / Female Age / Gender

Consulting Dr. Collected :12-Mar-2022 / 11:45

Reported :12-Mar-2022 / 15:45 : Kandivali East (Main Centre) Reg. Location

Macrocytosis

Anisocytosis

Poikilocytosis

Polychromasia

**Target Cells** 

Basophilic Stippling

Normoblasts

Others Normocytic, Normochromic

**WBC MORPHOLOGY** 

PLATELET MORPHOLOGY

**COMMENT** Leucopenia

Specimen: EDTA Whole Blood

ESR, EDTA WB 2-20 mm at 1 hr. Westergren

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









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**PARAMETER** 

BUN, Serum

eGFR, Serum

CREATININE, Serum

URIC ACID, Serum

CID : 2207127981

Name : MRS.JYOTSNA .

: 37 Years / Female Age / Gender

Consulting Dr.

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**METHOD** 

Hexokinase

Hexokinase

Calculated

Enzymatic

Calculated

Enzymatic

AERFOCAMI HEALTHCARE	<u>: BELOW 40 MALE/FEMALE</u>
<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>

GLUCOSE (SUGAR) FASTING. 87.3 Non-Diabetic: < 100 mg/dl Fluoride Plasma Impaired Fasting Glucose:

5.5

0.60

120

3.6

100-125 mg/dl

6-20 mg/dl

0.51-0.95 mg/dl

2.4-5.7 mg/dl

>60 ml/min/1.73sqm

Diabetic: >/= 126 mg/dl

GLUCOSE (SUGAR) PP, Fluoride 67.6 Non-Diabetic: < 140 mg/dl Plasma PP/R

Impaired Glucose Tolerance: 140-199 mg/dl

Collected

Reported

		Diabetic: >/= 200 mg/dl		
BILIRUBIN (TOTAL), Serum	0.26	0.1-1.2 mg/dl	Colorimetric	
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo	
BILIRUBIN (INDIRECT), Serum	0.13	0.1-1.0 mg/dl	Calculated	
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret	
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG	
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated	
A/G RATIO, Serum	2	1 - 2	Calculated	
SGOT (AST), Serum	19.1	5-32 U/L	NADH (w/o P-5-P)	
SGPT (ALT), Serum	27.7	5-33 U/L	NADH (w/o P-5-P)	
GAMMA GT, Serum	13.8	3-40 U/L	Enzymatic	
ALKALINE PHOSPHATASE, Serum	55.4	35-105 U/L	Colorimetric	
BLOOD UREA, Serum	11.8	12.8-42.8 mg/dl	Kinetic	

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Name : MRS.JYOTSNA .

Age / Gender : 37 Years / Female

Consulting Dr. : -

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**Reported** :12-Mar-2022 / 18:38

Collected

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 \*\*\*







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

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Name : MRS.JYOTSNA .

Age / Gender : 37 Years / Female

Consulting Dr. Collected : 12-Mar-2022 / 11:45

Reported :12-Mar-2022 / 18:12 Reg. Location : Kandivali East (Main Centre)

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

**BIOLOGICAL REF RANGE PARAMETER RESULTS** METHOD

Glycosylated Hemoglobin **HPLC** 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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**Dr.SHASHIKANT DIGHADE** M.D. (PATH) **Pathologist** 

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: 37 Years / Female Age / Gender

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# **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE** LIRINF FXAMINATION REPORT

ORINE EXAMINATION REPORT				
<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>		
Pale yellow	Pale Yellow	-		
5.0	4.5 - 8.0	Chemical Indicator		
1.020	1.001-1.030	Chemical Indicator		
Clear	Clear	-		
30	-	-		
Absent	Absent	pH Indicator		
Absent	Absent	GOD-POD		
Absent	Absent	Legals Test		
2+	Absent	Peroxidase		
Absent	Absent	Diazonium Salt		
Normal	Normal	Diazonium Salt		
Absent	Absent	Griess Test		
3-4	0-5/hpf			
	Pale yellow 5.0 1.020 Clear 30  Absent Absent Absent 2+ Absent Normal Absent	Pale yellow 5.0 4.5 - 8.0 1.020 1.001-1.030 Clear Clear 30 -  Absent Normal Absent		

Red Blood Cells / hpf 2-3 0-2/hpf

Epithelial Cells / hpf 1-2

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

Bacteria / hpf +(>20/hpf) Less than 20/hpf

Others









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Name : MRS.JYOTSNA .

Age / Gender : 37 Years / Female

Consulting Dr. Collected

: Kandivali East (Main Centre) Reg. Location



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: 12-Mar-2022 / 11:45

Reported :12-Mar-2022 / 19:37

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

**PARAMETER RESULTS** 

**ABO GROUP** Α

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

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Name : MRS.JYOTSNA .

: 37 Years / Female Age / Gender

Consulting Dr. Collected :12-Mar-2022 / 11:45

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	144.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	156.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	41.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	103.1	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	72.0	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	31.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.7	0-3.5 Ratio	Calculated

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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M fain **Dr.MILLU JAIN** M.D.(PATH) **Pathologist** 

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Name : MRS.JYOTSNA .

Age / Gender : 37 Years / Female

Consulting Dr. : -

Reg. Location : Kandivali East (Main Centre)



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**Reported** :12-Mar-2022 / 16:27

Collected

# 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	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.3	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	1.72	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.JYOTSNA.

Age / Gender : 37 Years / Female

Consulting Dr. : - Collected :12-Mar-2022 / 11:45

Reg. Location : Kandivali East (Main Centre) Reported :12-Mar-2022 / 16:27



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)







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: **2207127981** SID# : 177804730766

Name : MRS.JYOTSNA . Registered : 12-Mar-2022 / 11:46

Age / Gender : 37 Years/Female Collected : 12-Mar-2022 / 11:46

Consulting Dr. : - Reported : 13-Mar-2022 / 11:21

Reg.Location : Kandivali East (Main Centre) Printed : 13-Mar-2022 / 11:32

# PHYSICAL EXAMINATION REPORT

# **History and Complaints:**

No

CID#

## **EXAMINATION FINDINGS:**

Height (cms):162 cmsWeight (kg):66 kgsTemp (0c):AfebrileSkin:NormalBlood Pressure (mm/hg):110/80Nails:Normal

Pulse: 72/min Lymph Node: Not palpable

# **Systems**

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

#### **IMPRESSION:**

#### ADVICE:

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CID# SID# : 2207127981 : 177804730766

Name : MRS.JYOTSNA . Registered : 12-Mar-2022 / 11:46

Age / Gender : 37 Years/Female Collected : 12-Mar-2022 / 11:46

Consulting Dr. : -Reported : 13-Mar-2022 / 11:21

Printed Reg.Location : Kandivali East (Main Centre) : 13-Mar-2022 / 11:32

#### **CHIEF COMPLAINTS:**

1)	Hypertension:	No
----	---------------	----

2) **IHD** No

3) Arrhythmia No

**Diabetes Mellitus** No

**Tuberculosis** 5) No

6) Asthama No

7) Pulmonary Disease No

**Thyroid/ Endocrine disorders** No 8)

**Nervous disorders** 9) 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

LSCS 2011 16) Surgeries

17) Musculoskeletal System No

#### PERSONAL HISTORY:

No 1) Alcohol 2) **Smoking** No **Diet** 3) Veg Medication No

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