



Age **35** **7** **22**  
years months days

Gender **Female**

Heart Rate **84 bpm**

**Patient Vitals**

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: \_\_\_\_\_

**Measurements**

QSRD: 80 ms

QT: 342 ms

QTc: 404 ms

PR: 122 ms

P-R-T: 68° 68° 34°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Rest within normal limit. Please correlate clinically.

REPORTED BY

Dr. Girish Agarwal  
MD Medicine  
2002/02/478



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**CID** : 2204331963  
**Name** : Mrs SHREYA SINGH  
**Age / Sex** : 35 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Khar West Main Centre

**Reg. Date** : 12-Feb-2022 / 10:01  
**Reported** : 12-Feb-2022 / 13:28

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## USG WHOLE ABDOMEN

**LIVER:** Liver is normal in size (measures 13.5 cm). It shows **bright echotexture, suggestive of grade I fatty infiltration.** There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended. **Minimal sludge is noted within gall bladder lumen.** Wall thickness is within normal limits.

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Pancreas head and part of body is seen, appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any mass lesion.

Right kidney measures 11.6 x 4.0 cm.

Left kidney measures 11.7 x 4.6 cm.

**Approx. 3 mm calculus is noted at mid pole of left kidney.**

**SPLEEN:** Spleen is normal in size (7.8 cm) and echotexture. No focal lesion is seen.

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

**UTERUS:** Uterus is **anteverted, mildly bulky** in size and measures 9.3 x 5.6 x 4.1 cm.

**Uterine myometrium shows mildly heterogenous echotexture.**

**Approx. 11 x 9 mm posterior intramural uterine fibroid is noted.**

**Approx. 8 x 7 mm anterior intramural uterine fibroid is noted.**

Endometrial echo is in midline and measures 11.6 mm.

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**Cervix appears mildly bulky.**

**OVARIES:** Both ovaries are well visualised.

The right ovary measures 3.3 x 1.6 cm .

The left ovary measures 3.4 x 1.9 cm. **A dominant follicle of size 18 x 12 mm is noted in left ovary.**

**Minimal free fluid in pouch of douglas.**

No significant lymphadenopathy is seen.

**IMPRESSION:**

- **Fatty liver (grade I).**
- **Minimal sludge is noted within gall bladder lumen.**
- **Left renal non-obstructive calculus.**
- **Uterus appears mildly bulky and shows mildly heterogenous echotexture with small uterine fibroids.**
- **Mildly bulky cervix.**
- **Minimal free fluid in pouch of douglas.**

**Suggest 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 cases for confirmation/exclusion of diagnosis. Patient was explain 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 center for rectification. Please interpret accordingly.

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

**This report is prepared and physically checked by Dr Vishal Mulchandani before dispatch.**

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**Reg. Date** : 12-Feb-2022 / 10:01  
**Reported** : 12-Feb-2022 / 13:28

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*Vishal K. M.*

Dr. Vishal Kumar Mulchandani  
MD DMRE  
REG No : 2006/03/1660  
Consultant Radiologist

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**Ref. Dr** :  
**Reg. Location** : Khar West Main Centre

**Reg. Date** : 12-Feb-2022 / 10:35  
**Reported** : 12-Feb-2022 / 13:08

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### X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size is 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.**

**SUGGEST CLINICAL CORRELATION**

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

**This report is prepared and physically checked by Dr Vishal Mulchandani before dispatch.**

**Dr. Vishal Kumar Mulchandani**  
MD DMRE  
REG No : 2006/03/1660  
Consultant Radiologist

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Name : MRS.SHREYA SINGH  
Age / Gender : 35 Years / Female  
Consulting Dr. : -  
Reg. Location : Khar West (Main Centre)

Collected : 12-Feb-2022 / 09:29  
Reported : 12-Feb-2022 / 13:10

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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.24	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.1	36-46 %	Measured
MCV	85.3	80-100 fl	Calculated
MCH	28.5	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	14.6	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5850	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	20.6	20-40 %	
Absolute Lymphocytes	1200	1000-3000 /cmm	Calculated
Monocytes	7.5	2-10 %	
Absolute Monocytes	440	200-1000 /cmm	Calculated
Neutrophils	71.1	40-80 %	
Absolute Neutrophils	4140	2000-7000 /cmm	Calculated
Eosinophils	0.4	1-6 %	
Absolute Eosinophils	30	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	20	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	423000	150000-400000 /cmm	Elect. Impedance
MPV	7.3	6-11 fl	Calculated
PDW	10.7	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-



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Reported : 12-Feb-2022 / 13:00

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

Specimen: EDTA Whole Blood

ESR, EDTA WB 11 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

*Jyot Thakker*  
**Dr. JYOT THAKKER**  
M.D. (PATH), DPB  
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Consulting Dr. : -  
Reg. Location : Khar West (Main Centre)

Collected : 12-Feb-2022 / 09:29  
Reported : 12-Feb-2022 / 14:16

**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	79.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	92.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.54	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.34	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	20.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	18.5	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	10.2	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	55.8	35-105 U/L	Colorimetric
BLOOD UREA, Serum	18.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.67	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	106	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.2	2.4-5.7 mg/dl	Enzymatic





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**Reg. Location** : Khar West (Main Centre)

**Collected** : 12-Feb-2022 / 13:00  
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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 CPL, Andheri West  
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MC-2111

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

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Reg. Location : Khar West (Main Centre)

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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

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*J. Thakker*

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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>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	15	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
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:**

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 \*\*\*



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Reg. Location : Khar West (Main Centre)

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Reported : 12-Feb-2022 / 13:51

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	164.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	84.9	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	53.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	111.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	94.0	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	17.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

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



MC-2111



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**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	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.3	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	3.41	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



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**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*

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

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

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

CID#	: 2204331963	SID#	: 177400504504
Name	: MRS.SHREYA SINGH	Registered	: 12-Feb-2022 / 09:26
Age / Gender	: 35 Years/Female	Collected	: 12-Feb-2022 / 09:26
Consulting Dr.	: -	Reported	: 14-Feb-2022 / 09:37
Reg.Location	: Khar West (Main Centre)	Printed	: 14-Feb-2022 / 09:43

**EYE-GENERAL EXAM**

<u>Parameter</u>	<u>Biological Ref Range</u>	<u>Method</u>
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DONE

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



**Dr.RAFAT PARKAR**  
**MBBS**  
**CONSULTANT PHYSICIAN**



CID#	: 2204331963	SID#	: 177400504504
Name	: MRS.SHREYA SINGH	Registered	: 12-Feb-2022 / 09:26
Age / Gender	: 35 Years/Female	Collected	: 12-Feb-2022 / 09:26
Consulting Dr.	: -	Reported	: 14-Feb-2022 / 09:37
Reg.Location	: Khar West (Main Centre)	Printed	: 14-Feb-2022 / 09:44

## **PHYSICAL EXAMINATION REPORT**

**History and Complaints: NIL**

### **EXAMINATION FINDINGS:**

<b>Height (cms):</b>	157 CMS	<b>Weight (kg):</b>	68 KGS
<b>Temp (0c):</b>	AFEBRILE	<b>Skin:</b>	NAD
<b>Blood Pressure (mm/hg):</b>	140 / 100 mmHg	<b>Nails:</b>	NAD
<b>Pulse:</b>	80 / MIN	<b>Lymph Node:</b>	NOT PALPABLE

### **Systems**

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

**IMPRESSION: PLATELET COUNT - 423000 , USG ABD - ABNORMAL FINDINGS ARE NOTED , ALL OTHER ATTACHED REPORTS ARE WNL.**

**ADVICE: CONSULT FAMILY PHYSICIAN /MD. PHYSICIAN IN VIEW OF ABOVE FINDINGS.**

### **CHIEF COMPLAINTS:**

1) <b>Hypertension:</b>	H.T 1 WEEK - NOT TAKING ANY MEDICINE
2) <b>IHD</b>	NO
3) <b>Arrhythmia</b>	NO
4) <b>Diabetes Mellitus</b>	NO

**CENTRAL PROCESSING LAB:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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- |  |               |
|--|---------------|
| 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                            | 1 LSCS - 2017 |
| 17) Musculoskeletal System               | NO            |

**PERSONAL HISTORY:**

- |               |                        |
|---------------|------------------------|
| 1) Alcohol    | ONCE A MONTH x 4-5 YRS |
| 2) Smoking    | NIL                    |
| 3) Diet       | VEG                    |
| 4) Medication | NIL                    |

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



*Rafatkar*

**Dr.RAFAT PARKAR**  
**MBBS**  
**CONSULTANT PHYSICIAN**