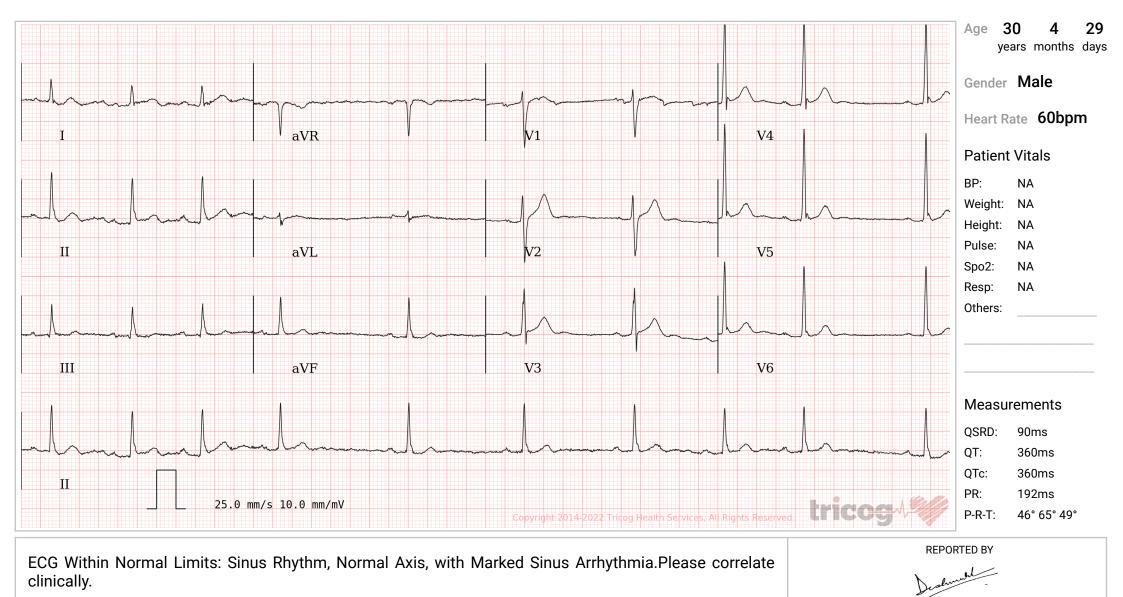
SUBURBAN DIAGNOSTICS - J B NAGAR, ANDHERI EAST



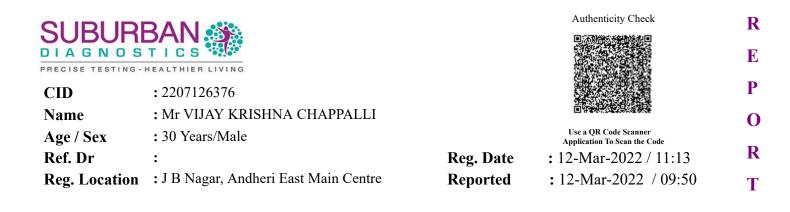
Patient Name:VIJAY KRISHNA CHAPPALLIDate and Time:12th Mar 22 10:57 AMPatient ID:2207126376



Dr Ashish Deshmukh M.B.B.S. , MD (Medicine)

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.

59997



USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, (12.0 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 is well visualised and appears normal.No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen. Right kidney measures 10.0 x 3.9 cm. Left kidney measures 9.8 x 4.2 cm.

SPLEEN:

The spleen is normal in size 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.

PROSTATE:

The prostate is normal in size and 2.9 x 2.7 x 2.6 cm volume is 11.0 g.

IMPRESSION:

No significant abnormality is seen.

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

DR TEJAL R MISTRY M.B.B.S D.M.R.E. Reg No -2010/03/0652 Consultant Radiologist

Click here to view images http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2022031209121063

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PRECISE TESTING	· HEALTHIER LIVING			
CID	: 2207126376			Р
Name	: Mr VIJAY KRISHNA CHAPPALLI			0
Age / Sex	: 30 Years/Male		Use a QR Code Scanner Application To Scan the Code	
Ref. Dr	:	Reg. Date	: 12-Mar-2022 / 11:13	R
Reg. Location	J B Nagar, Andheri East Main Centre	Reported	: 12-Mar-2022 / 09:50	Τ

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CID	: 2207126376			Р
Name	: Mr VIJAY KRISHNA CHAPPALLI			0
Age / Sex	: 30 Years/Male		Use a QR Code Scanner Application To Scan the Code	Ŭ
Ref. Dr	:	Reg. Date	: 12-Mar-2022 / 09:43	R
Reg. Location	: J B Nagar, Andheri East Main Centre	Reported	: 12-Mar-2022 / 11:37	Τ

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.

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

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DR TEJAL R MISTRY M.B.B.S D.M.R.E. Reg No -2010/03/0652 **Consultant Radiologist**

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CID : 2207126376 Name : MR.VIJAY KRISHNA CHAPPALLI Age / Gender : 30 Years / Male Consulting Dr. : -Reg. Location : J B Nagar, Andheri East (Main Centre)



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood				
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>	
RBC PARAMETERS				
Haemoglobin	16.2	13.0-17.0 g/dL	Spectrophotometric	
RBC	5.59	4.5-5.5 mil/cmm	Elect. Impedance	
PCV	48.8	40-50 %	Measured	
MCV	87.3	80-100 fl	Calculated	
MCH	28.9	27-32 pg	Calculated	
MCHC	33.1	31.5-34.5 g/dL	Calculated	
RDW	16.2	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	5160	4000-10000 /cmm	Elect. Impedance	
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS			
Lymphocytes	44.1	20-40 %		
Absolute Lymphocytes	2280	1000-3000 /cmm	Calculated	
Monocytes	6.4	2-10 %		
Absolute Monocytes	330	200-1000 /cmm	Calculated	
Neutrophils	47.7	40-80 %		
Absolute Neutrophils	2460	2000-7000 /cmm	Calculated	
Eosinophils	1.5	1-6 %		
Absolute Eosinophils	80	20-500 /cmm	Calculated	
Basophils	0.3	0.1-2 %		
Absolute Basophils	10	20-100 /cmm	Calculated	
Immature Leukocytes				

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS	<u>S</u>		
Platelet Count	264000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	14.1	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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Age / Gender	: 30 Years / Male		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr. Reg. Location	: - : J B Nagar, Andheri East (Main Centre)	Collected Reported	:12-Mar-2022 / 09:10 :12-Mar-2022 / 13:12	т

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Macrocytosis	-		
Anisocytosis	-		
Poikilocytosis	-		
Polychromasia	-		
Target Cells	-		
Basophilic Stippling	-		
Normoblasts	-		
Others	Normocytic,Normochromic		
WBC MORPHOLOGY	-		
PLATELET MORPHOLOGY	-		
COMMENT	-		
Specimen: EDTA Whole Blood			
ESR, EDTA WB	3	2-15 mm at 1 hr.	Westergren

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE				
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	79.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase	
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	60.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase	
BILIRUBIN (TOTAL), Serum	0.90	0.1-1.2 mg/dl	Colorimetric	
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Diazo	
BILIRUBIN (INDIRECT), Serum	0.62	0.1-1.0 mg/dl	Calculated	
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret	
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG	
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated	
A/G RATIO, Serum	1.8	1 - 2	Calculated	
SGOT (AST), Serum	17.5	5-40 U/L	NADH (w/o P-5-P)	
SGPT (ALT), Serum	12.7	5-45 U/L	NADH (w/o P-5-P)	
GAMMA GT, Serum	19.6	3-60 U/L	Enzymatic	
ALKALINE PHOSPHATASE, Serum	68.6	40-130 U/L	Colorimetric	
BLOOD UREA, Serum	28.9	12.8-42.8 mg/dl	Kinetic	
BUN, Serum	13.5	6-20 mg/dl	Calculated	
CREATININE, Serum	1.11	0.67-1.17 mg/dl	Enzymatic	
eGFR, Serum	83	>60 ml/min/1.73sqm	Calculated	
URIC ACID, Serum	5.1	3.5-7.2 mg/dl	Enzymatic	

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CID	: 2207126376			Ρ
Name	: MR.VIJAY KRISHNA CHAPPALLI			0
Age / Gender	: 30 Years / Male		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	:-	Collected	:12-Mar-2022 / 09:10	
Reg. Location	: J B Nagar, Andheri East (Main Centre)	Reported	:12-Mar-2022 / 18:14	т

Urine Sugar (Fasting) Absent Absent Urine Ketones (Fasting) Absent Absent

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

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: 12-Mar-2022 / 09:10

:12-Mar-2022 / 15:47

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Consulting Dr. Reg. Location	: - : J B Nagar, Andheri East (Main Centre)	Collected Reported
Age / Gender	: 30 Years / Male	
Name	: MR.VIJAY KRISHNA CHAPPALLI	
CID	: 2207126376	

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)			
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
Glycosylated Hemoglobin	5.0	Non-Diabetic Level: < 5.7 %	HPLC

Glycosylated Hemoglobin
(HbA1c), EDTA WB - CC5.0Non-Diabetic Level: < 5.7 %
Prediabetic Level: 5.7-6.4 %
Diabetic Level: >/= 6.5 %HPLCEstimated Average Glucose
(eAG), EDTA WB - CC96.8mg/dlCalculated

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 ***





M. Jain

Dr.MILLU JAIN M.D.(PATH) Pathologist

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CID :2207126376 Name : MR. VIJAY KRISHNA CHAPPALLI : 30 Years / Male Age / Gender Consulting Dr. : -Reg. Location : J B Nagar, Andheri East (Main Centre)



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE
PHYSICAL EXAMINATION		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
CHEMICAL EXAMINATION		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
MICROSCOPIC EXAMINATION		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present ++	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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Dr.SHASHIKANT DIGHADE M.D. (PATH) Pathologist

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CID : 2207126376 Name : MR.VIJAY KRISHNA CHAPPALLI Age / Gender : 30 Years / Male Consulting Dr. : -Reg. Location : J B Nagar, Andheri East (Main Centre) Authenticity Check

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

			METHOD
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	15	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
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	2-3	Less than 20/hpf	
Others	-		

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Dr.SHASHIKANT DIGHADE M.D. (PATH) Pathologist

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RECISE TESTING · HEALTHIER LIVING CID :2207126376 Name : MR. VIJAY KRISHNA CHAPPALLI Use a OR Code Scanner Age / Gender : 30 Years / Male Application To Scan the Code Consulting Dr. : -Collected : 12-Mar-2022 / 09:10 : J B Nagar, Andheri East (Main Centre) Reported :12-Mar-2022 / 17:46 Reg. Location

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

PARAMETER

RESULTS

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

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

*** End Of Report **



Anapa

Authenticity Check

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

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Authenticity Check

Use a QR Code Scanner Application To Scan the Code

:12-Mar-2022 / 09:10

:12-Mar-2022 / 14:17



CID	: 2207126376
Name	: MR.VIJAY KRISHNA CHAPPALLI
Age / Gender	: 30 Years / Male
Consulting Dr. Reg. Location	: - :J B Nagar, Andheri East (Main Centre)

AERFOCAMI HEALTHCARE	E BELOW 40	MALE/FEMALE

Collected

Reported

		LIPID PROF	FILE	
<u> </u>	PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
(CHOLESTEROL, Serum	210.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
-	TRIGLYCERIDES, Serum	240.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
I	HDL CHOLESTEROL, Serum	34.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
	NON HDL CHOLESTEROL, Serum	176.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
I	DL CHOLESTEROL, Serum	131.3	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
,	/LDL CHOLESTEROL, Serum	45.0	< /= 30 mg/dl	Calculated
	CHOL / HDL CHOL RATIO, Serum	6.2	0-4.5 Ratio	Calculated
	LDL CHOL / HDL CHOL RATIO, Serum	3.9	0-3.5 Ratio	Calculated

Note: LDL test is performed by direct measurment.

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

*** End Of Report ***





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Dr.LEENA SALUNKHE M.B.B.S, DPB (PATH) Pathologist

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Authenticity Check Use a OR Code Scanner

R

CID :2207126376 Name : MR. VIJAY KRISHNA CHAPPALLI Age / Gender : 30 Years / Male Consulting Dr. : -: J B Nagar, Andheri East (Main Centre) Reg. Location

Application To Scan the Code Collected Reported

: 12-Mar-2022 / 09:10 :12-Mar-2022 / 13:27

ECLIA

ECLIA

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS PARAMETER RESULTS **BIOLOGICAL REF RANGE** METHOD Free T3, Serum 4.6 3.5-6.5 pmol/L **ECLIA** Free T4, Serum

11.5-22.7 pmol/L

0.35-5.5 microIU/ml

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

14.2

3.00

Clinical Significance:

sensitiveTSH, Serum

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)

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



Anoto

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CID#	2207126376	SID#	: 177802481665	0
Name	: MR.VIJAY KRISHNA CHAPPALLI	Registered	: 12-Mar-2022 / 09:11	R
Age / Gender	: 30 Years/Male	Collected	: 12-Mar-2022 / 09:11	т
Consulting Dr.	:-	Reported	: 14-Mar-2022 / 12:17	
Reg.Location	: J B Nagar, Andheri East (Main Centre)	Printed	: 14-Mar-2022 / 12:24	

PHYSICAL EXAMINATION REPORT

History and Complaints:

NO PRESENT MEDICAL COMPLAINTS

EXAMINATION FINDINGS:

Height (cms):	167 CMS	Weight (kg):	61 KGS
Temp (0c):	AFEBRILE	Skin:	C/O RASHES SINCE 2012 ? P A S T H / O PLASMAPHERESIS
Blood Pressure (mm/hg):	110/80 mmHg	Nails:	NAD
Pulse:	60 bpm	Lymph Node:	NOT PALPABLE

Systems

Cardiovascular: S1 S2 HEARD **Respiratory:** AEBE Genitourinary: NORMAL GI System: NORMAL CNS: NORMAL

IMPRESSION:

CLIENT IS IN GOOD GENERAL HEALTH, DERANGED LIPID PROFILE.

ADVICE:

DIETARY MODIFICATION, HEALTHY LIFESTYLE AND PHYSICAL ACTIVITY.

CHIEF COMPLAINTS:

1) Hypertension:

NO

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CID#	: 2207126376		SID#	: 177802481665	0
Name : MR.VIJAY KRISHNA CHAPPALLI			Registered	: 12-Mar-2022 / 09:11	R
Age / Gender : 30 Years/Male			Collected	: 12-Mar-2022 / 09:11	т
Consult	ing Dr. : -		Reported	: 14-Mar-2022 / 12:17	
Reg.Lo	cation : J B Nagar, Andheri East (Main Cer	ntre)	Printed	: 14-Mar-2022 / 12:24	
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 symptor	ns NO			
,	Blood disease or disorder	NO			
14) Cancer/lump growth/cyst		GRAND	FATHER H/O C	ARCINOMA	
15) Congenital disease		NO			
16) Surgeries			DCONUS B/L -2	012, IOL IN 2017	
17)	Musculoskeletal System	NO			
PE	RSONAL HISTORY:				
1)	Alcohol	NO			

- 1) Alcohol NO NO 2) Smoking Diet **VEGETERIAN** 3) 4) Medication NIL
 - *** End Of Report ***



Amanday

Dr.AMANDA FERNANDES CONSULTANT PHYSICIAN

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