

CID : 2133132478 SID : 177804521646  
Name : MR.AMIT PURI Registered : 27-Nov-2021 / 08:29  
Age / Gender : 40 Years/Male Collected : 27-Nov-2021 / 08:29

### **PHYSICAL EXAMINATION REPORT**

#### **History and Complaints:**

No Complaint

#### **EXAMINATION FINDINGS:**

<b>Height (cms):</b>	161	<b>Weight (kg):</b>	59
<b>Temp (0c):</b>	Afebrile	<b>Skin:</b>	NAD
<b>Blood Pressure (mm/hg):</b>	100/70	<b>Nails:</b>	NAD
<b>Pulse:</b>	76/min	<b>Lymph Node:</b>	Not Palpable

#### **Systems**

**Cardiovascular:** S1S2-Normal  
**Respiratory:** Chest-Clear  
**Genitourinary:** Normal  
**GI System:** Normal  
**CNS:** Normal

#### **IMPRESSION: CBC, ECG, TMT, LFT Diabetic Profile are WNL**

USG is s/o GRADE 1 FATTY LIVER

#### **ADVICE: Expert consultation**

#### **CHIEF COMPLAINTS:**

- |   |    |
|---|----|
| 1) <b>Hypertension:</b>                         | No |
| 2) <b>IHD</b>                                   | No |
| 3) <b>Arrhythmia</b>                            | No |
| 4) <b>Diabetes Mellitus</b>                     | No |
| 5) <b>Tuberculosis</b>                          | No |
| 6) <b>Asthama</b>                               | No |
| 7) <b>Pulmonary Disease</b>                     | No |
| 8) <b>Thyroid/ Endocrine disorders</b>          | No |
| 9) <b>Nervous disorders</b>                     | No |
| 10) <b>GI system</b>                            | No |
| 11) <b>Genital urinary disorder</b>             | No |
| 12) <b>Rheumatic joint diseases or symptoms</b> | No |

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

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- |                                      |    |
|--------------------------------------|----|
| 13) <b>Blood disease or disorder</b> | No |
| 14) <b>Cancer/lump growth/cyst</b>   | No |
| 15) <b>Congenital disease</b>        | No |
| 16) <b>Surgeries</b>                 | No |
| 17) <b>Musculoskeletal System</b>    | No |

**PERSONAL HISTORY:**

- |                      |            |
|----------------------|------------|
| 1) <b>Alcohol</b>    | No         |
| 2) <b>Smoking</b>    | No         |
| 3) <b>Diet</b>       | Vegetarian |
| 4) <b>Medication</b> | No         |

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