

CID	: 2123122673	SID	: 177804031551
Name	: MR.RAJENDRAKUMAR BHESANIYA	Registered	: 19-Aug-2021 / 09:24
Age / Gender	: 35 Years/Male	Collected	: 19-Aug-2021 / 09:24
Ref. Dr	: -	Reported	: 20-Aug-2021 / 11:47
Reg.Location	: Vashi (Main Centre)	Printed	: 20-Aug-2021 / 11:54

## PHYSICAL EXAMINATION REPORT

**History and Complaints:**  
**Asymptomatic for routine check up.**

### EXAMINATION FINDINGS:

<b>Height (cms):</b>	171	<b>Weight (kg):</b>	65
<b>Temp (0c):</b>	Normal	<b>Skin:</b>	Normal
<b>Blood Pressure (mm/hg):</b>	90/60	<b>Nails:</b>	Normal
<b>Pulse:</b>	60/min	<b>Lymph Node:</b>	Not Palpable / Not Tender

### Systems

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

**IMPRESSION: CBC, ESR, FBS, PPBS, BIL, SGOT, SGPT, ALK, BUN, CREAT, UA, TSH, HbA1C, URINE TEST - ALL NORMAL.**

ABNORMAL LIPID PROFILE

BLOOD GROUP - A POSITIVE

ECG, USG ABDOMEN AND CXR NOTED, TMT NEGATIVE

**ADVICE: To consult family physician with all the reports.**

CONSULT GENERAL SURGEON WITH USG REPORT.

CONSULT ENT SURGEON.

DIET AND LIFESTYLE MANGEMENT, QUIT SMOKING, MONITOR FASTING LIPID PROFILE AND CONSULT FAMILY PHYSICIAN, REGULAR FOLLOW UP.

FOLLOW COVID VACCINATION SCHEDULE AS PER GOVERNMENT NORMS AND FITNESS.

**CHIEF COMPLAINTS: 1st dose of covid vaccine taken.**

- |  |    |
|--|----|
| 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 |

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- |  |    |
|--|----|
| 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                            | No |

**PERSONAL HISTORY:**

- |               |                               |
|---------------|-------------------------------|
| 1) Alcohol    | Rarely                        |
| 2) Smoking    | Weekly - 1 stick since 1 year |
| 3) Diet       | Veg                           |
| 4) Medication | None                          |

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



**Dr.SHEPHALI BODKHE**  
**MBBS**

Age **35** **2** **18**  
 years months days

Gender **Male**

Heart Rate **63 bpm**

**Patient Vitals**

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

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

**Measurements**

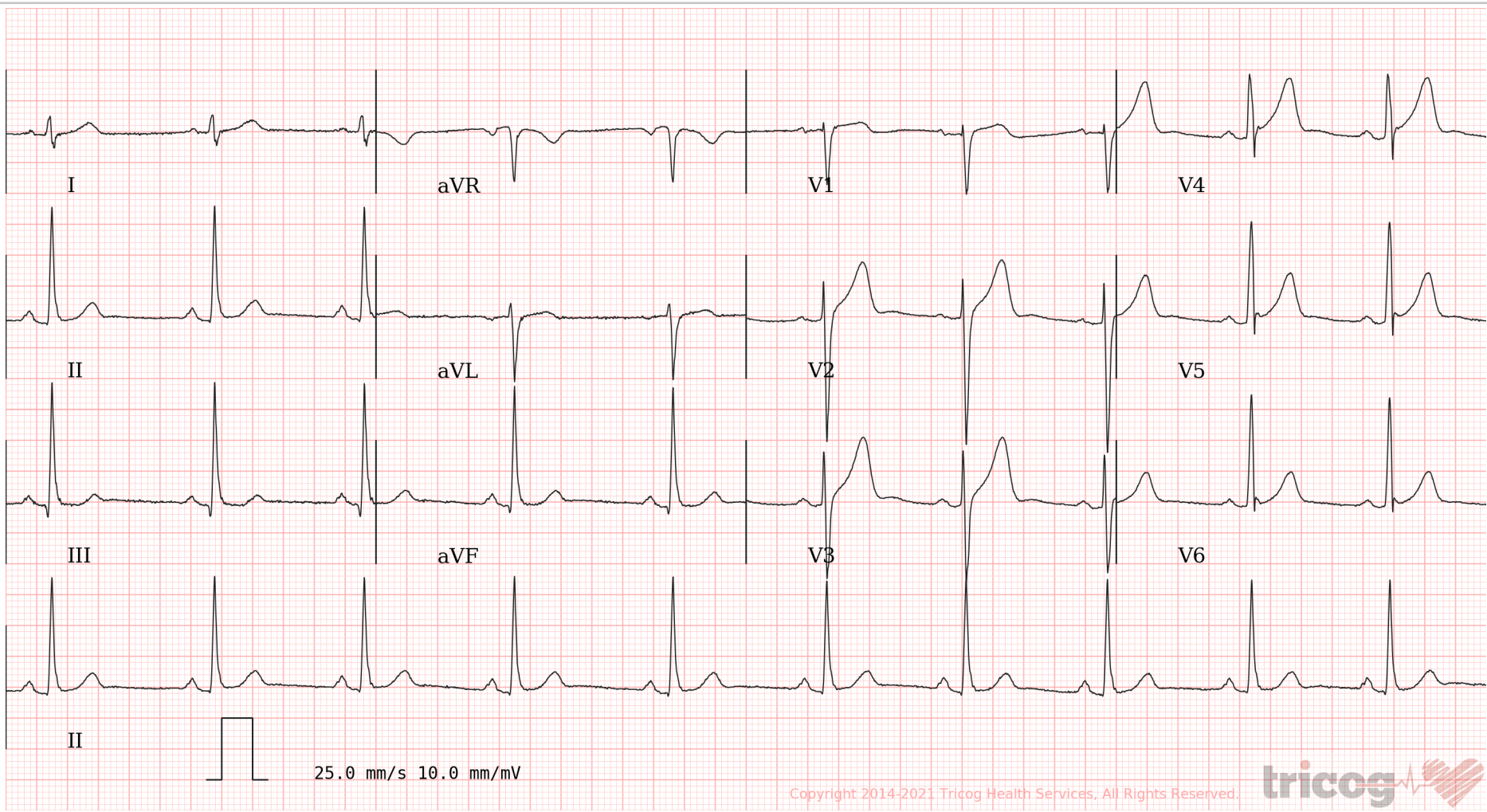
QSRD: 90 ms

QT: 380 ms

QTc: 388 ms

PR: 160 ms

P-R-T: 78° 90° 62°



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**ECG Within Normal Limits: Sinus Rhythm, Normal Axis, Early Repolarization Pattern in Anterior wall leads. This may be a normal variant for Healthy Individuals. Otherwise. Please correlate clinically.**

REPORTED BY

*Dr. Anand N Motwani*

Dr. Anand N Motwani  
 M.D (General Medicine)  
 Reg No 39329 M.M.C



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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

### CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	17.0	13.0-17.0 g/dL	Spectrophotometric
RBC	5.38	4.5-5.5 mil/cmm	Elect. Impedance
PCV	51.8	40-50 %	Measured
MCV	96	80-100 fl	Calculated
MCH	31.5	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	13.2	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5150	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	30.5	20-40 %	
Absolute Lymphocytes	1570.8	1000-3000 /cmm	Calculated
Monocytes	9.8	2-10 %	
Absolute Monocytes	504.7	200-1000 /cmm	Calculated
Neutrophils	55.4	40-80 %	
Absolute Neutrophils	2853.1	2000-7000 /cmm	Calculated
Eosinophils	3.5	1-6 %	
Absolute Eosinophils	180.3	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	41.2	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### **PLATELET PARAMETERS**

Platelet Count	204000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	12.0	11-18 %	Calculated

### **RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-
Macrocytosis	-



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

Specimen: EDTA Whole Blood

ESR, Citrate WB 4 2-15 mm at 1 hr. Westergren

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



*Amit Taori*

**Dr. AMIT TAORI**  
M.D ( Path )  
PATHOLOGIST

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

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**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	83.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
CHOLESTEROL, Serum	205.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	47.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
LDL CHOLESTEROL, Serum	141.0	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	Colorimetric
TRIGLYCERIDES, Serum	81.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
BILIRUBIN (TOTAL), Serum	0.93	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.3	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.63	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	20.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	17.9	5-45 U/L	NADH (w/o P-5-P)
ALKALINE PHOSPHATASE, Serum	64.3	40-130 U/L	Colorimetric
BLOOD UREA, Serum	21.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.0	6-20 mg/dl	Calculated

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CREATININE, Serum	0.97	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	94	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.3	3.5-7.2 mg/dl	Enzymatic

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



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TEST**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
sensitiveTSH, Serum	2.53	0.35-5.5 microIU/ml	ECLIA

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East

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



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Reported : 19-Aug-2021 / 15:12

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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	4.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	79.6	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

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Reported : 19-Aug-2021 / 14:46

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

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

**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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	205.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	81.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	47.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	157.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	141.0	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	Colorimetric

The LDL value is calculated by Friedewalds equation.

VLDL CHOLESTEROL, Serum	16.6	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

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



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## **USG WHOLE ABDOMEN**

### **LIVER :**

The liver is normal in size, 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. No evidence of pericholecystic fluid seen. Multiple mobile calculi are noted in the gall bladder of average size 4 to 5 mm. Few of them are seen adhered to the anterior wall.

### **PANCREAS :**

The pancreas 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 11.0 x 3.4 cm. Left kidney measures 10.0 x 4.1 cm.

### **SPLEEN :**

The spleen is normal in size and shape 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. It shows thin walls and sharp mucosa.  
No evidence of calculus is noted. No mass or diverticulum is seen.

### **PROSTATE :**

The prostate is normal in size and measures 3.2 x 2.6 x 2.8 cms and weighs 12.8 gms.

### **IMPRESSION :**

Cholelithiasis without cholecystitis.



**Dr. SHILPA BERI**  
**MBBS, DMRE, FMF ID**  
**153235**  
**RADIOLOGIST**

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### **X-RAY CHEST PA VIEW**

#### **X-RAY CHEST PA VIEW**

Both lung fields are clear. Azygous lobe is seen in right apex (normal variant).

Both costo-phrenic angles are clear.

Bilateral hilar prominence is seen ? vascular ? lymphadenopathy.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The trachea is central.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal except for bifid anterior end of right 4th rib.

Kindly correlate clinically.



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