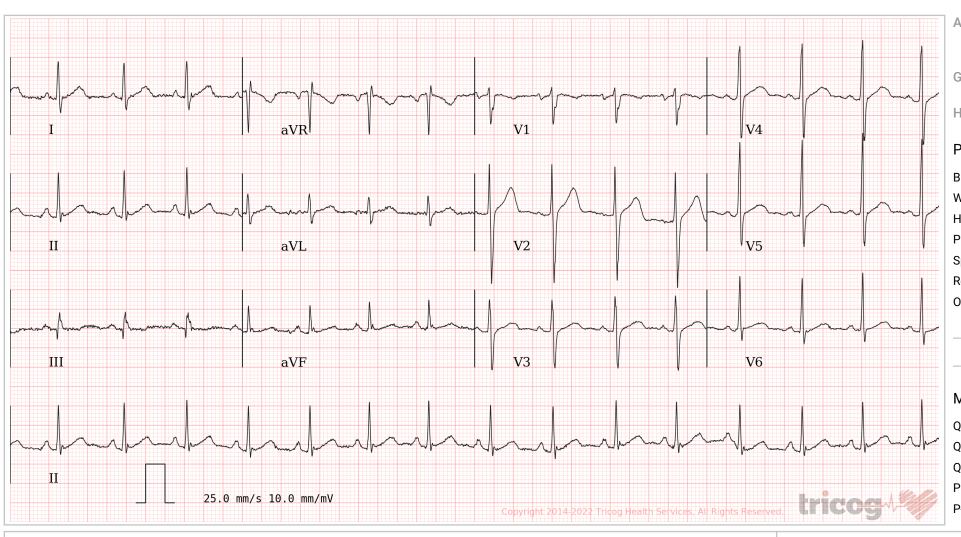
# SUBURBAN DIAGNOSTICS

## SUBURBAN DIAGNOSTICS - SWARGATE, PUNE

Patient Name: SHRIVASTAVA ABHAY KUMAR Date and Time: 26th Mar 22 10:37 AM

Patient ID: 2208525205



Age 29 2 16 years months days

Gender Male

Heart Rate 94bpm

### **Patient Vitals**

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others:

#### Measurements

QSRD: 82ms

QT: 358ms

QTc: 447ms

PR: 138ms

P-R-T: 58° 46° 35°

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

REPORTED BY

Dr.Milind Shinde MBBS, DNB Medicine 2011/05/1544

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.



Name : MR.SHRIVASTAVA ABHAY KUMAR

Age / Gender : 29 Years / Male

Consulting Dr. Collected Reported

Reg. Location : Swargate, Pune (Main Centre)



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:26-Mar-2022 / 09:30 :26-Mar-2022 / 11:31

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

CBC (Complete Blood Count), Blood			
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
<b>RBC PARAMETERS</b>			
Haemoglobin	14.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.66	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.9	40-50 %	Calculated
MCV	92	80-100 fl	Calculated
MCH	30.3	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	15.3	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7600	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	BSOLUTE COUNTS		
Lymphocytes	26.0	20-40 %	
Absolute Lymphocytes	1976.0	1000-3000 /cmm	Calculated
Monocytes	5.0	2-10 %	
Absolute Monocytes	380.0	200-1000 /cmm	Calculated
Neutrophils	64.8	40-80 %	
Absolute Neutrophils	4924.8	2000-7000 /cmm	Calculated
Eosinophils	4.1	1-6 %	
Absolute Eosinophils	311.6	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	7.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

## **PLATELET PARAMETERS**

Platelet Count	302000	150000-400000 /cmm	Elect. Impedance
MPV	9.6	6-11 fl	Calculated
PDW	17.5	11-18 %	Calculated

**RBC MORPHOLOGY** 

Hypochromia Microcytosis

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Name : MR.SHRIVASTAVA ABHAY KUMAR

: 29 Years / Male Age / Gender

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Macrocytosis

Anisocytosis Mild

Poikilocytosis

Polychromasia

**Target Cells** 

Basophilic Stippling

Normoblasts

Others

**WBC MORPHOLOGY** 

PLATELET MORPHOLOGY

**COMMENT** 

Specimen: EDTA Whole Blood

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

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**CID** : 2208525205

Name : MR.SHRIVASTAVA ABHAY KUMAR

Age / Gender : 29 Years / Male

Consulting Dr. : -

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**Reported** :26-Mar-2022 / 11:36

Collected

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

		<u>METHOD</u>	
107.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase	
149.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase	
0.97	0.1-1.2 mg/dl	Colorimetric	
0.25	0-0.3 mg/dl	Diazo	
0.72	0.1-1.0 mg/dl	Calculated	
7.6	6.4-8.3 g/dL	Biuret	
4.8	3.5-5.2 g/dL	BCG	
2.8	2.3-3.5 g/dL	Calculated	
1.7	1 - 2	Calculated	
18.6	5-40 U/L	NADH (w/o P-5-P)	
18.0	5-45 U/L	NADH (w/o P-5-P)	
20.7	3-60 U/L	Enzymatic	
44.8	40-130 U/L	Colorimetric	
27.5	12.8-42.8 mg/dl	Kinetic	
12.8	6-20 mg/dl	Calculated	
1	0.67-1.17 mg/dl	Enzymatic	
94	>60 ml/min/1.73sqm	Calculated	
6.5	3.5-7.2 mg/dl	Enzymatic	
	0.97 0.25 0.72 7.6 4.8 2.8 1.7 18.6 18.0 20.7 44.8 27.5 12.8	Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl Piabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl Diabetic: >/= 120 mg/d	

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CID : 2208525205

Name : MR.SHRIVASTAVA ABHAY KUMAR

Age / Gender : 29 Years / Male

Consulting Dr. : - Collected : 26-Mar-2022 / 12:19

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Urine Sugar (Fasting)AbsentAbsentUrine Ketones (Fasting)AbsentAbsent

Urine Sugar (PP) Present (+) Absent
Urine Ketones (PP) Absent Absent

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Age / Gender : 29 Years / Male

Consulting Dr. Collected : 26-Mar-2022 / 09:30

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

#### **BIOLOGICAL REF RANGE PARAMETER RESULTS** METHOD

Glycosylated Hemoglobin **HPLC** 5.0 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

Estimated Average Glucose 96.8 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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: 29 Years / Male Age / Gender

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## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES**

**RESULTS BIOLOGICAL REF RANGE PARAMETER** 

PHYSICAL EXAMINATION

Colour Brown Brown Form and Consistency Semi Solid Semi Solid Mucus Trace Absent Blood Absent Absent

**CHEMICAL EXAMINATION** 

Reaction (pH) Acidic (6.0)

Occult Blood Absent Absent

**MICROSCOPIC EXAMINATION** 

Protozoa Absent Absent Flagellates **Absent** Absent Ciliates Absent Absent **Parasites** Absent Absent Macrophages Absent Absent Mucus Strands Flakes + Absent Fat Globules Absent Absent RBC/hpf Absent Absent WBC/hpf Occasional Absent Yeast Cells Absent **Absent Undigested Particles** Present + Concentration Method (for ova) No ova detected Absent Reducing Substances Absent







**Dr.SHRUTI RAMTEKE** M.B.B.S, DCP (PATH) **Pathologist** 

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Name : MR.SHRIVASTAVA ABHAY KUMAR

: 29 Years / Male Age / Gender

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## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</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
MICROSCOPIC EXAMINATION	<u>N</u>		
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	

Red Blood Cells / hpf 0-2/hpf Absent

Epithelial Cells / hpf 0-1

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

Bacteria / hpf 6-8 Less than 20/hpf









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Age / Gender : 29 Years / Male

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

**RESULTS PARAMETER** 

**ABO GROUP** Α

Rh TYPING Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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.GOURAV AGRAWAL** DCP, DNB (Path) **Pathologist** 

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CID : 2208525205

Name : MR.SHRIVASTAVA ABHAY KUMAR

Age / Gender : 29 Years / Male

Consulting Dr. : - Collected : 26-Mar-2022 / 09:30

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<b>AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE</b>
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	174.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	152.9	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	38.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	136.6	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	106.0	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
VLDL CHOLESTEROL, Serum	30.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate  $^{***}$  End Of Report  $^{***}$ 









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Free T3, Serum

CID : 2208525205

Name : MR.SHRIVASTAVA ABHAY KUMAR

Age / Gender : 29 Years / Male

Consulting Dr. : - Collected : 26-M

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Reported

2.6-5.7 pmol/L

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:26-Mar-2022 / 09:30 :26-Mar-2022 / 12:27

**CMIA** 

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Kindly note change in reference range and method w.e.f. 16/08/2019

5.6

Free T4, Serum 12.5 9-19 pmol/L CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019

sensitiveTSH, Serum 2.67 0.35-4.94 microIU/ml CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 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 & heart failure, severe burns, trauma & surgery etc.

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Name : MR.SHRIVASTAVA ABHAY KUMAR

Age / Gender : 29 Years / Male

Consulting Dr. Collected :26-Mar-2022 / 09:30

:26-Mar-2022 / 12:27 Reg. Location : Swargate, Pune (Main Centre) Reported

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)







moshield Dr.SHAMLA KULKARNI M.D.(PATH) **Pathologist** 

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: 2208525205

CID#

SID# : 177805058018

Name : MR.SHRIVASTAVA ABHAY KUMAR Registered : 26-Mar-2022 / 09:20

Age / Gender : 29 Years/Male Collected : 26-Mar-2022 / 09:20

Consulting Dr. : - Reported : 26-Mar-2022 / 10:17

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## **USG WHOLE ABDOMEN**

**LIVER**: Normal in size (measures 13.3 cms) and **shows generalised increased echogenicity. 1.5 x 1.2 cm subtle iso-hypoechoic area in right lobe.** No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

**GALL BLADDER**: Well distended. **2.8 mm echogenic focus seen within.** Wall thickness is normal. No evidence of any pericholecystic collection.

PANCREAS: Normal in size and echotexture. Pancreatic duct is normal.

**SPLEEN**: Normal in size and echopattern. No focal lesion. Splenic vein is normal.

**RIGHT KIDNEY**: Measures 9.5 x 4.2 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

**LEFT KIDNEY**: Measures 9.7 x 4.1 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

## Retroperitonium and flanks obscured due to bowel gas.

Paraaortic and paracaval region appears to be normal.

No evidence of lymphnodes noted.

No free fluid in abdomen.

URINARY BLADDER: Well distended. No calculi. Wall thickness is normal.

**PROSTATE**: Normal in size and shows normal echotexture.

### **IMPRESSION:**

Normal size liver with fatty changes.

Small subtle iso-hypoechoic area in right lobe of liver to represent fat sparing area / atypical hemangioma.

Tiny gall bladder polyp.

Clinical correlation is indicated.

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Name : MR.SHRIVASTAVA ABHAY KUMAR Registered : 26-Mar-2022 / 09:20

Age / Gender : 29 Years/Male Collected : 26-Mar-2022 / 09:20

Consulting Dr. Reported : 26-Mar-2022 / 10:17

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**Dr.NIKHIL JOSHI** MBBS, DMRE **CONSULTANT RADIOLOGIST** 

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CID#

SID# : 177805058018

Name : MR.SHRIVASTAVA ABHAY KUMAR Registered : 26-Mar-2022 / 09:20

Age / Gender : 29 Years/Male Collected : 26-Mar-2022 / 09:20

Consulting Dr. : - Reported : 26-Mar-2022 / 12:58

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## X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm are normal.

: 2208525205

The cardio and costophrenic angles are clear.

Bony thorax is normal.

Bilateral bony cervical ribs seen C7 vertebra.(left larger than right)

**IMPRESSION**: Essentially normal X-ray of the chest.

Clinical corelation is indicated.

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

Dr.NIKHIL JOSHI MBBS , DMRE CONSULTANT RADIOLOGIST

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R

SID# : 177805058018

Name : MR.SHRIVASTAVA ABHAY KUMAR Registered : 26-Mar-2022 / 09:20

Age / Gender : 29 Years/Male Collected : 26-Mar-2022 / 09:20

Consulting Dr. : - Reported : 26-Mar-2022 / 12:06

Reg.Location : Swargate, Pune (Main Centre) Printed : 26-Mar-2022 / 12:16

## PHYSICAL EXAMINATION REPORT

## **History and Complaints:**

: 2208525205

NO

CID#

### **EXAMINATION FINDINGS:**

Height (cms):154cmWeight (kg):72kgTemp (0c):AfebrileSkin:NormalBlood Pressure (mm/hg):130/80mmHgNails:Healthy

Pulse: 78/min Lymph Node: Not Palpable

**Systems** 

Cardiovascular: S1 S2 Normal No Murmurs

**Respiratory:** Normal **Genitourinary:** Normal

**GI System:** Soft non tender no Oragnomegaly

CNS: Normal

IMPRESSION:

ADVICE:

### **CHIEF COMPLAINTS:**

Hypertension: NO
 IHD NO
 Arrhythmia NO
 Diabetes Mellitus NO
 Tuberculosis NO

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

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

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CID# SID# : 2208525205 : 177805058018

Name : MR.SHRIVASTAVA ABHAY KUMAR Registered : 26-Mar-2022 / 09:20

Age / Gender : 29 Years/Male Collected : 26-Mar-2022 / 09:20

Consulting Dr. : -Reported : 26-Mar-2022 / 12:06

Printed Reg.Location : Swargate, Pune (Main Centre) : 26-Mar-2022 / 12:16

6) Asthama NO

NO 7) Pulmonary Disease

Thyroid/ Endocrine disorders NO

**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 16) Surgeries NO

NO 17) Musculoskeletal System

## **PERSONAL HISTORY:**

NO 1) Alcohol NO 2) **Smoking** 3) Diet Mixed Medication NO

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

NO

Dr.I U BAMB

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