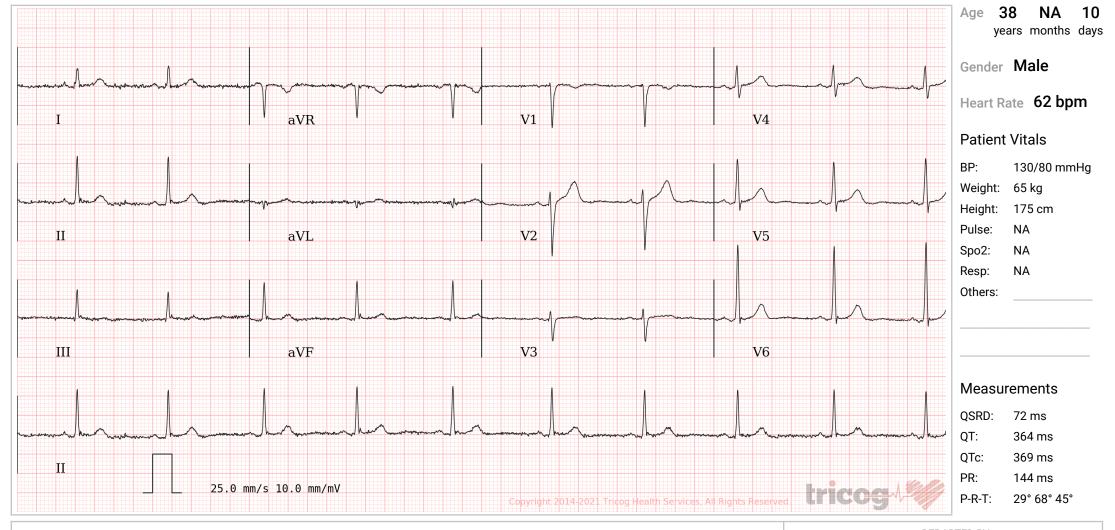
SUBURBAN DIAGNOSTICS - KANDIVALI EAST



Patient Name: ASHISH MANDOWARA Patient ID: 2134540086 Date and Time: 11th Dec 21 10:43 AM



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



DR AKHIL PARULEKAR MBBS.MD. MEDICINE, DNB Cardiology Cardiologist 2012082483

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.

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	NG · HEALTHIER LIVING			Р
CID Name	: 2134540086 : Mr ASHISH MANDOWARA			0
Age / Sex Ref. Dr Reg. Location	: 38 Years/Male : : Kandivali East Main Centre	Reg. Date Reported	: 11-Dec-2021 / 09:51 : 11-Dec-2021 / 20:03	R T

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.

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. X ray is known to have inter observer variations.

Further / follow up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly.

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

Dr.Vivek Singh MD Radiodiagnosis Reg No: 2013/03/0388

Click here to view images http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2021121109301953 Page 1 to1

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CID : 2134540086 Name : MR.ASHISH MANDOWARA Age / Gender : 38 Years / Male Consulting Dr. : -Reg. Location : Kandivali East (Main Centre)



:11-Dec-2021 / 09:29 :11-Dec-2021 / 12:39

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE BLOOD SUGAR REPORT

PARAMETER

<u>RESULTS</u>

BIOLOGICAL REF RANGE METHOD

GLUCOSE (SUGAR) FASTING, 90.1 Fluoride Plasma Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl

Reported

Hexokinase

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



Anto

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

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CID	: 2134540086
Name	: MR.ASHISH MANDOWARA
Age / Gender	: 38 Years / Male
Consulting Dr.	: -
Reg. Location	: Kandivali East (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>CBC (Complete Blood Count), Blood</u>				
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>	
RBC PARAMETERS				
Haemoglobin	14.2	13.0-17.0 g/dL	Spectrophotometric	
RBC	4.77	4.5-5.5 mil/cmm	Elect. Impedance	
PCV	41.9	40-50 %	Measured	
MCV	88	80-100 fl	Calculated	
MCH	29.8	27-32 pg	Calculated	
MCHC	34.0	31.5-34.5 g/dL	Calculated	
RDW	14.0	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	8160	4000-10000 /cmm	Elect. Impedance	
WBC DIFFERENTIAL AND ABS	OLUTE COUNTS			
Lymphocytes	35.8	20-40 %		
Absolute Lymphocytes	2921.3	1000-3000 /cmm	Calculated	
Monocytes	7.9	2-10 %		
Absolute Monocytes	644.6	200-1000 /cmm	Calculated	
Neutrophils	48.2	40-80 %		
Absolute Neutrophils	3933.1	2000-7000 /cmm	Calculated	
Eosinophils	7.1	1-6 %		
Absolute Eosinophils	579.4	20-500 /cmm	Calculated	
Basophils	1.0	0.1-2 %		
Absolute Basophils	81.6	20-100 /cmm	Calculated	
Immature Leukocytes				

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS	<u> </u>		
Platelet Count	291000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	13.0	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis			

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CID	: 2134540086			P
Name	: MR.ASHISH MANDOWARA			0
Age / Gender	: 38 Years / Male		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	:11-Dec-2021 / 09:29	
Reg. Location	: Kandivali East (Main Centre)	Reported	:11-Dec-2021 / 13:39	т
Macrocytosis	<u>-</u>			

Macrocytosis	
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic,Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Eosinophilia
Specimen: EDTA Whole Blood	

2-15 mm at 1 hr.

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

6



ESR, EDTA WB-ESR

Bmhaskar

Westergren

Authenticity Check

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Dr.KETAKI MHASKAR M.D. (PATH) Pathologist

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BLOOD UREA, Serum

CREATININE, Serum

URIC ACID, Serum

BUN, Serum

eGFR, Serum

:2134540086

: -

: 38 Years / Male

: MR.ASHISH MANDOWARA

: Kandivali East (Main Centre)

15.9

7.4

0.89

102

5.4

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE PARAMETER RESULTS **BIOLOGICAL REF RANGE METHOD** GLUCOSE (SUGAR) FASTING, Hexokinase 90.1 Non-Diabetic: < 100 mg/dl Fluoride Plasma Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl GLUCOSE (SUGAR) PP, Fluoride 67.3 Non-Diabetic: < 140 mg/dl Hexokinase Plasma PP/R Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl BILIRUBIN (TOTAL), Serum 0.3 0.1-1.2 mg/dl Colorimetric BILIRUBIN (DIRECT), Serum 0.11 0-0.3 mg/dl Diazo BILIRUBIN (INDIRECT), Serum 0.19 0.1-1.0 mg/dl Calculated TOTAL PROTEINS, Serum 7.2 6.4-8.3 g/dL Biuret ALBUMIN, Serum 4.8 3.5-5.2 g/dL BCG GLOBULIN. Serum 2.4 2.3-3.5 g/dL Calculated A/G RATIO, Serum 1 - 2 Calculated 2 SGOT (AST), Serum 19.7 5-40 U/L NADH (w/o P-5-P) SGPT (ALT), Serum 34.4 NADH (w/o P-5-P) 5-45 U/L GAMMA GT, Serum 21.6 3-60 U/L Enzymatic ALKALINE PHOSPHATASE. 117.9 40-130 U/L Colorimetric Serum

> 12.8-42.8 mg/dl 6-20 mg/dl 0.67-1.17 mg/dl

Kinetic

Calculated

Enzymatic

Calculated

Enzymatic

>60 ml/min/1.73sqm 3.5-7.2 mg/dl

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• 2134540086			Ρ
			0
: MR.ASHISH MANDOWARA			0
:38 Years / Male		Use a QR Code Scanner Application To Scan the Code	R
: -	Collected	:11-Dec-2021 / 09:29	
: Kandivali East (Main Centre)	Reported	:11-Dec-2021 / 16:40	т
	: 2134540086 : MR.ASHISH MANDOWARA : 38 Years / Male : -	: 2134540086 : MR.ASHISH MANDOWARA : 38 Years / Male : - Collected	: 2134540086 : MR.ASHISH MANDOWARA : 38 Years / Male : - Collected : 11-Dec-2021 / 09:29

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

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



Anto

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

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Name	: MR.ASHISH MANDOWARA
Age / Gender	: 38 Years / Male
Consulting Dr. Reg. Location	: - : Kandivali East (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c) RESULTS BIOLOGICAL REF RANGE METHOD

PARAMETER

Glycosylated Hemoglobin
(HbA1c), EDTA WB - CC5.6Non-Diabetic Level: < 5.7 %
Prediabetic Level: 5.7-6.4 %
Diabetic Level: >/= 6.5 %HPLCEstimated Average Glucose
(eAG), EDTA WB - CC114.0mg/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 ***





Dr.SHASHIKANT DIGHADE

M.D. (PATH)

Pathologist



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CID	: 2134540086
Name	: MR.ASHISH MANDOWARA
Age / Gender	: 38 Years / Male
Consulting Dr. Reg. Location	: - :Kandivali East (Main Centre)

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:11-Dec-2021 / 09:29 :11-Dec-2021 / 18:36

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

EXAMINATION OF FALCES		
PARAMETER	<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 (5.0)	-
Occult Blood	Trace	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

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





Monterino

Dr.RASHMI MONTEIRO M.D. (PATH) Pathologist

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CID	: 2134540086
Name	: MR.ASHISH MANDOWARA
Age / Gender	: 38 Years / Male
Consulting Dr. Reg. Location	: - : Kandivali East (Main Centre)



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Application To Scan the Code Collected Reported

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
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)	40	-	-
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 EXAMINATIO	<u>N</u>		
Leukocytes(Pus cells)/hpf	5-6	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	-		

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





BMhaskar

Dr.KETAKI MHASKAR M.D. (PATH) Pathologist

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CID : 2134540086 Name : MR.ASHISH MANDOWARA Age / Gender : 38 Years / Male Consulting Dr. : -Reg. Location : Kandivali East (Main Centre)

Collected Reported

:11-Dec-2021 / 09:29 :11-Dec-2021 / 15:24

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Application To Scan the Code

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

PARAMETER

<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

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

*** End Of Report **



Anoto

Dr.ANUPA DIXIT M.D.(PATH) Pathologist

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: -

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

THIER LIVING	
: 2134540086	
: MR.ASHISH MANDOWARA	
: 38 Years / Male	

: Kandivali East (Main Centre)



Use a OR Code Scanner

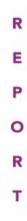
Application To Scan the Code

:11-Dec-2021 / 09:29

:11-Dec-2021 / 14:05

Collected

Reported



AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
223.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
82.2	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
45.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
178.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
162.0	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
16.2	< /= 30 mg/dl	Calculated
5.0	0-4.5 Ratio	Calculated
3.6	0-3.5 Ratio	Calculated
	223.3 82.2 45.1 178.2 162.0 16.2 5.0 3.6	223.3 Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl82.2Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl45.1Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl Borderline-high:130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl Borderline High: 130 - 159 mg/dl Borderline High: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl Borderline High: 160 - 189 mg/dl Very High: >/= 190 mg/dl16.2< /= 30 mg/dl 0-4.5 Ratio

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





Bmhaskar

Dr.KETAKI MHASKAR M.D. (PATH) Pathologist

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

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т

CID	: 2134540086
Name	: MR.ASHISH MANDOWARA
Age / Gender	: 38 Years / Male
Consulting Dr. Reg. Location	: - : Kandivali East (Main Centre)



AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	3.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	6.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	71.27	0.35-5.5 microIU/ml	ECLIA

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 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	othyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine se inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.	
Low	High	High	yperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, regnancy 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 Borivali Lab, Borivali West

*** End Of Report ***



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PRECISE TESTING . HEALTHIER LIVING

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

CID	: 2134540086	SID	: 177401493721
Name	: MR.ASHISH MANDOWARA	Registered	: 11-Dec-2021 / 09:29
Aae / Gender	: 38 Years/Male	Collected	: 11-Dec-2021 / 09:29
PHYSICAL EXAMINATION REPORT			

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):	175 cms	Weight (kg):	65 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg)	: 130/80	Nails:	Normal
Pulse:	62 min	Lymph Node:	Not Palpable

Systems

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

IMPRESSION:

ADVICE:

CHIEF COMPLAINTS:

1)	Hypertension:	No
2)	IHD	No
3)	Arrhythmia	No

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PRECISE TESTING . HEALTHIER LIVING

: 177401493721

: 11-Dec-2021 / 09:29 : 11-Dec-2021 / 09:29

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

CID	: 2134540086		SID
Name	: MR.ASHISH MANDOW	/ARA	Registered
Aae / Gender 4) Diabetes Me 5) Tuberculosi		No No	Collected
6) Asthama	-	No	
7) Pulmonary I	Disease	No	
8) Thyroid/ En	docrine disorders	No	
9) Nervous dis	orders	No	
10) GI system		No	
11) Genital urina	ary disorder	No	
12) Rheumatic j	oint diseases or symp	toms No	
13) Blood disea	se or disorder	No	
14) Cancer/lum	o growth/cyst	No	
15) Congenital	disease	No	
16) Surgeries		No	
17) Musculoske	letal System	No	

PERSONAL HISTORY:

1)	Alcohol	Occasioanly
2)	Smoking	No
3)	Diet	Veg
4)	Medication	No

*** End Of Report ***

Disclaimer: 1) Please note that laboratory results serve as an aid to diagnosis and should be interpreted in relation to clinical findings. Please reter back to the laboratory if there is any discrepancy between clinical and laboratory diagnosis. 2) (ii) Part of this test report can't be produced without written approval of lab (iii) The test samples are submitted by the patient/picked up by the lab personnel. (iii) The report pertains to submitted samples only.