

CID	: 2125332988	SID	: 177804116539
Name	: Mrs MOOLYA SANGITA TANIYA	Registered	: 10-Sep-2021 / 11:10
Age / Sex	: 33 Years / Female	Reported	: 10-Sep-2021 / 14:56
Ref. Dr	:	Printed	: 10-Sep-2021 / 14:56
Reg.Location	: Bhayander East Main Centre		

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## **USG WHOLE ABDOMEN**

### **LIVER:**

The liver is normal in size (13.7 cm), shape and shows smooth margins. It shows normal parenchymal echotexture. A 8.5 mm well defined, hyperechoic lesion is made out in the left lobe of liver. No obvious abnormal vascularity made out - s/o haemangioma. No other obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

### **GALL BLADDER:**

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus or mass lesions seen in the visualised lumen.

### **COMMON BILE DUCT:**

The visualized common bile duct is normal in caliber. Terminal common bile duct is obscured due to bowel gas artifacts.

### **PANCREAS:**

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

### **KIDNEYS:**

Right kidney measures 11.6 x 3.8 cm. Left kidney measures 12.0 x 4.9 cm.

Both the kidneys are normal in size, shape, position and echotexture.

Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

### **SPLEEN:**

The spleen is normal in size (8.8 cm) and echotexture. No evidence of focal lesion is noted. Parenchyma appears normal.

### **URINARY BLADDER:**

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

There is no evidence of any lymphadenopathy or ascites.

### **UTERUS:**

The uterus is anteverted and appears normal. It measures 6.3 x 5.2 x 3.6 cms. Myometrial echoes are normal. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrial thickness is 10.2 mm and appears normal.

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**OVARIES:**

Right ovary : 3.7 x 2.3 x 2.4 cm, Vol : 11.7 cc.

Left ovary : 3.2 x 1.4 x 1.6 cm, Vol : 4.0 cc.

Both the ovaries are well visualised and appear normal in size, shape, position and echotexture. A 15.8 mm follicular cyst is seen in the right ovary.

There is no evidence of any ovarian or adnexal mass seen.

No free fluid is seen in the pouch of douglas.

**IMPRESSION:**

- **Small haemangioma in the left lobe of liver.**
- **No other significant abnormality made out.**

**Kindly correlate clinically.**

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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



DR.VIBHA S KAMBLE  
MBBS ,DMRD  
Reg No -65470  
Consultant Radiologist

CID : 2125332988  
Name : Mrs MOOLYA SANGITA TANIYA  
Age / Sex : 33 Years / Female  
Ref. Dr :  
Reg.Location : Bhayander East Main Centre

SID : 177804116539  
Registered : 10-Sep-2021 / 09:45  
Reported : 10-Sep-2021 / 10:20  
Printed : 10-Sep-2021 / 10:20

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

Both 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 and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

#### **IMPRESSION:**

**No significant abnormality detected.**

**Kindly correlate clinically.**

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



DR.VIBHA S KAMBLE  
MBBS ,DMRD  
Reg No -65470  
Consultant Radiologist



CID : 2125332988  
Name : MRS.MOOLYA SANGITA TANIYA  
Age / Gender : 33 Years / Female  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 10-Sep-2021 / 09:19  
Reported : 10-Sep-2021 / 11:54

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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	86.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.7	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.47	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	15.1	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	10.4	5-33 U/L	NADH (w/o P-5-P)
BLOOD UREA, Serum	14.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.55	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	135	>60 ml/min/1.73sqm	Calculated

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

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



MC-2111



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Age / Gender : 33 Years / Female  
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Reg. Location : Bhayander East (Main Centre)

Collected : 10-Sep-2021 / 09:19  
Reported : 10-Sep-2021 / 12:06

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
ESR, EDTA WB-ESR	19	2-20 mm at 1 hr.	Westergren

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

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



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CID : 2125332988  
Name : MS.MOOLYA SANGITA TANIYA  
Age / Gender : 33 Years / Female  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 10-Sep-2021 / 09:19  
Reported : 10-Sep-2021 / 12:41

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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	12.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.34	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.0	36-46 %	Measured
MCV	85	80-100 fl	Calculated
MCH	28.0	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	14.8	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6540	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	26.3	20-40 %	
Absolute Lymphocytes	1720.0	1000-3000 /cmm	Calculated
Monocytes	8.5	2-10 %	
Absolute Monocytes	555.9	200-1000 /cmm	Calculated
Neutrophils	61.8	40-80 %	
Absolute Neutrophils	4041.7	2000-7000 /cmm	Calculated
Eosinophils	3.0	1-6 %	
Absolute Eosinophils	196.2	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	26.2	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### **PLATELET PARAMETERS**

Platelet Count	248000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	15.7	11-18 %	Calculated

### **RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-
Macrocytosis	-



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**Collected** : 10-Sep-2021 / 09:19  
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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, EDTA WB-ESR 19 2-20 mm at 1 hr. Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
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MC-2111



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Reg. Location : Bhayander East (Main Centre)

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Reported : 10-Sep-2021 / 12:31

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	86.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma - PP/R	82.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.7	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.47	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	15.1	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	10.4	5-33 U/L	NADH (w/o P-5-P)
ALKALINE PHOSPHATASE, Serum	62.4	35-105 U/L	Colorimetric
BLOOD UREA, Serum	14.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.55	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	135	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.3	2.4-5.7 mg/dl	Enzymatic

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

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



MC-2111



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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	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	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

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Collected : 10-Sep-2021 / 09:19  
Reported : 10-Sep-2021 / 15:26

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
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	-	-
<b><u>CHEMICAL EXAMINATION</u></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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

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



MC-2111



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Collected : 10-Sep-2021 / 09:19  
Reported : 10-Sep-2021 / 14:46

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

<u>PARAMETER</u>	<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.

**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	180.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	65.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	56.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	124.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	112.0	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
VLDL CHOLESTEROL, Serum	12.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.3	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	2.23	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA

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**Reg. Location** : Bhayander East (Main Centre)

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**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 transiently altered because 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 Borivali Lab, Borivali West

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



MC-2111



*Anupa*

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

**Consultant Pathologist & Lab Director**

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**For Feedback -** customerservice@suburbandiagnosics.com | **www.suburbandiagnosics.com**

CID	: 2125332988	SID	: 177804116539
Name	: MS.MOOLYA SANGITA TANIYA	Registered	: 10-Sep-2021 / 09:04
Age / Gender	: 33 Years/Female	Collected	: 10-Sep-2021 / 09:04
Ref. Dr	: -	Reported	: 11-Sep-2021 / 13:14
Reg.Location	: Bhayander East (Main Centre)	Printed	: 11-Sep-2021 / 13:17

## **PHYSICAL EXAMINATION REPORT**

### **History and Complaints:**

No Complaint

### **EXAMINATION FINDINGS:**

<b>Height (cms):</b>	152	<b>Weight (kg):</b>	62
<b>Temp (0c):</b>	Afebrile	<b>Skin:</b>	NAD
<b>Blood Pressure (mm/hg):</b>	120/80	<b>Nails:</b>	NAD
<b>Pulse:</b>	82/min	<b>Lymph Node:</b>	Not Palpable

### **Systems**

**Cardiovascular:** S1S2-Normal

**Respiratory:** Chest -Clear

**Genitourinary:** NAD

**GI System:** NAD

**CNS:** NAD

**IMPRESSION:** CBC, Biochemistry, Diabetic profile, Thyroid profile are WNL.

USG is s/o Small hemangioma in left lobe of Liver.

**ADVICE:** Expert opinion.

### **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>Asthma</b>            | No |

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

**PERSONAL HISTORY:**

- |               |       |
|---------------|-------|
| 1) Alcohol    | No    |
| 2) Smoking    | No    |
| 3) Diet       | Mixed |
| 4) Medication | No    |

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