

CID	: 2120214318	SID	: 177803874238
Name	: MR.ARYAN KUMAR	Registered	: 21-Jul-2021 / 09:41
Age / Gender	: 33 Years/Male	Collected	: 21-Jul-2021 / 09:41
Ref. Dr	: -	Reported	: 30-Jul-2021 / 11:54
Reg.Location	: Mulund West (Main Centre)	Printed	: 30-Jul-2021 / 11:55

PHYSICAL EXAMINATION REPORT

History and Complaints:

NO SYMPTOMS EXCEPT ABNORMAL PAIN.

P/H/O- NONE

F/H/O- FATHER-T2DM, HYPERTENSION, CKD ON DIALYSIS
 MOTHER- HYPERTENSION

EXAMINATION FINDINGS:

Height (cms):	171 CMS	Weight (kg):	76 KGS
Temp (0c):	AFEBRILE	Skin:	NAD
Blood Pressure (mm/hg):	118/82 MMHG	Nails:	NAD
Pulse:	76/ MIN	Lymph Node:	NOT PALPABLE

Systems

Cardiovascular: S1S2(+), NO MURMUR

Respiratory: AEBE, NO ADVENTITIOUS SOUNDS

Genitourinary: NAD

GI System: NO TENDERNESS, NO ORGANOMEGALY.

CNS: CONSCIOUS, ORIENTED, NO ABNORMALITIES DETECTED.

IMPRESSION:

NORMAL PHYSICAL EXAMINATION

IMPRESSION ON REPORTS:

1. EOSINOPHILIA
2. THROMBOCYTOPENIA WITH MEGAPLETELETS ON SMEAR
3. MARGINALLY HIGH ESR
4. MARGINALLY RAISED LDL AND NON-HDL CHOLESTEROL WITH LOW HDL CHOLESTEROL
5. HIGH TSH LEVELS
6. MUCUS IN STOOL
7. USG ABDOMEN- FATTY LIVER WITH SMALL ECHOGENIC MOBILE FOCUS IN GALL BLADDER

ADVICE:

1. SERUM IgE LEVELS SUGGESTED
2. REPEAT COMPLETE BLOOD COUNT IN 2 WEEKS
3. LOW FAT DIET RECOMMENDED, REPEAT LIPID PROFILE IN 3 MONTHS
4. NEEDS FREE T3 AND FREE T4 LEVELS- IF ABNORMAL, STARTING THYROXINE SUPPLEMENTATION NEEDS TO BE CONSIDERED
5. NEEDS STOOL FOR OVA AND CYST WITH STOOL CULTURE REPORTS
6. NEEDS CT ABDOMEN AND PELVIS WITH SOS CONTRAST TO VISUALIZE GALL BLADDER

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PATHOLOGY

7. REGULAR EXERCISE RECOMMENDED AND WEIGHT REDUCTION RECOMMENDED

CHIEF COMPLAINTS:

- | | |
|--|----|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | NO |
| 5) Tuberculosis | NO |
| 6) Asthama | NO |
| 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 | NIL |
| 2) Smoking | NIL |
| 3) Diet | MIXED |
| 4) Medication | NIL |

*** End Of Report ***



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