



<b>Registration Id</b> : 1070990020	<b>Registration Date/Time</b> : 7/8/2017 / 08:03 AM
<b>Patient Name</b> :	<b>Collection Date / Time</b> : 08/07/2017 / 8:15 AM
<b>Referred By</b> : RELIGARE HEALTH INSURANCE	<b>Reporting Date / Time</b> : 08/07/2017 / 02:25PM
	<b>Age /Sex</b> : 33 Years Male

Investigation	Patients Value			Reference	
	Low	Normal	High		
GGTP		60.88		12.0 - 64.0	U/L
Bilirubin (Total)		0.92		0.20 - 1.20	mg/dl
Bilirubin (Direct)		0.32		0 - 0.50	mg/dl
Bilirubin (Indirect)		0.60		0.0 - 1.0	mg/dl
SGOT/AST			65.40*	5.0 - 34.0	U/L
SGPT/ALT			150.70*	0 - 55.0	U/L
Alkaline Phosphatase		84.00		40 - 150	U/L
Total Proteins		7.30		6.40 - 8.30	gm/dl
Albumin		4.46		3.50 - 5.00	gm/dl
Globulin		2.84		2.3 - 3.5	gm/dl
A/G Ratio		1.57		1.10 - 2.20	
Creatinine		1.13		0.72 - 1.25	mg/dl
Blood Urea		23.5		19.0 - 44.0	mg/dl
Blood Urea Nitrogen		11.00		8.90 - 20.60	mg/dl
Uric Acid			8.51*	3.50 - 7.20	mg/dl
<b>Comment : Clinical correlation suggested.</b> <b>: Rechecked with fresh sample collected on 10/07/2017</b> <b>*Rechecked</b>					

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<b>Referred By</b> : RELIGARE HEALTH INSURANCE	<b>Reporting Date / Time</b> : 08/07/2017 / 02:35PM
	<b>Age /Sex</b> : 33 Years Male

Investigation

Patients Value

Reference

Low

Normal

High

**LIPID PROFILE**

**LIPID PROFILE**

S. Triglycerides			152.00*	Upto 150	mg/dl
Total Cholesterol			244.00*	0 - 200	mg/dl
HDL Cholesterol	32.00*			40 - 60	mg/dl
LDL Cholesterol			209.22*	Upto 100	mg/dl
VLDL Cholesterol		30.4		7 - 35	mg/dl
LDL/HDL Ratio			6.54*	2.5 - 3.5	
TC/HDL Ratio			7.63*	3.0 - 5.0	

**\*Rechecked**

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**Reporting Date / Time** : 08/07/2017 / 01:55PM  
**Age /Sex** : 33 Years / Male

## CBC

**Sample Type:** EDTA Whole Blood

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>	<u>Reference Range</u>
Leucocytes Count	: 8900	/c.mm	4000 - 10000
Method : Flowcytometry using a Semi-Conductor Laser)			
Method :	: Impedance		
Erythrocytes	: 4.66	mill/c.mm	4.5 - 5.5
Method : Hydro Dynamic Focusing)			
Method :	: Impedance		
Haemoglobin	: 14.6	gm %	13.5 - 18.0
Method : Colorimetric Technique - Cyanide Free)			
Method :	: Photometry		
Packed Cell Volume	: 42.4	%	40.0 - 50.0
Method : Calculated Parameters)			
Method :	: Numeric Integration		
MCV	: 91.0	fl	83 - 101
Method : Calculated Parameters)			
Method :	: Calculated		
MCH	: 31.4	Pg	27 - 32
Method : Calculated Parameters)			
Method :	: Calculated		
MCHC	: 34.5	g/dl	31.5 - 34.5
Method : Calculated Parameters)			
Method :	: Calculated		
RDW	: 12.3	%	11.6 - 14.0
Method : Calculated Parameters)			
Method :	: Calculated		
Platelet Count	: 296	10 <sup>3</sup> /c.mm	150 - 450
Method : Hydro Dynamic Focusing)			
Method :	: Impedance		
MPV	: * 7.6	fl	9.0 - 13.0
Method : Calculated Parameters)			
Method :	: Calculated		
Neutrophils	: 55	%	40 - 80
Lymphocytes	: 29	%	20 - 40
Monocytes	: 7	%	2 - 10
Eosinophils	: * 9	%	01 - 06

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**Reporting Date / Time** : 08/07/2017 / 01:55PM

**Age /Sex** : 33 Years / Male

Basophils : 0 % 00 - 01

Microcytes : -

Macrocytes : -

Anisocytosis : -

Poikilocytosis : -

Hypochromia : -

\*\* END OF REPORT \*\*

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Reporting Date / Time : 08/07/2017 / 04:00PM  
Age /Sex : 33 Years / Male

### Erythrocyte Sedimentation Rate (ESR)

Sample Type: EDTA Whole Blood

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>	<u>Reference Range</u>
<u>ERYTHROCYTE SEDIMENTATION RATE</u>			
ESR	: 6	mm / 1hr.	0 - 10

Method : Westergren

Done on Fully Automated Vesmatic 80 ESR Analyzer (Diesse)

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- Although the ESR is a non-specific phenomenon, its measurement is clinically useful in disorders associated with an increased production of acute-phase proteins.
- In rheumatoid arthritis or tuberculosis, it provides an index of progress of the disease, and it is of value in diagnosis of temporal arteritis and polymyalgia rheumatica. It is also useful as a screening test in the routine examination of patients.
- The ESR is higher in women than in men, and correlates with sex differences in fibrinogen levels.
- The ESR is influenced by age, stage of the menstrual cycle and drugs (eg: corticosteroids, contraceptive pills, etc), it is especially low (0-1 mm) in polycythaemia, hypofibrinogenaemia and in congestive cardiac failure, and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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**Reporting Date / Time** : 08/07/2017 / 03:00PM

**Age /Sex** : 33 Years / Male

### **Blood Group**

**Sample Type:** EDTA Whole Blood

#### **TEST**

ABO And RhD Typing

Method

#### **OBSERVED VALUE**

: B - Positive

: HAEMAGGLUTINATION METHOD USING ERYTHROCYTE MAGNETISING  
TECHNOLOGY

\*\* END OF REPORT \*\*

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Age / Sex : 33 Years / Male

### 25-OH Vitamin D

Sample Type: SERUM

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>	<u>Reference Range</u>
25-OH Vitamin D	: 20.4	ng/ml	Deficiency : Below 10 Insufficiency: 10 to 30 Sufficiency : 30 to 100 Toxicity : Above 100

Method : CMIA)

Method : CMIA

....

#### INTERPRETATION:

-Vitamin D is a fat-soluble steroid prohormone mainly produced photochemically in the skin from 7-dehydrocholesterol.

-Two forms of Vitamin D are biologically relevant-vitamin D3 (Cholecalciferol) & Vitamin D2 (Ergocalciferol). Both vitamins D2 & D3 can be absorbed from food, with vitamin D2 being an artificial source, but only an estimated 10-20% of vitamin D is supplied through nutritional intake. Vitamin D3 and D2 can be found in vitamin supplements.

-Vitamin D is converted to the active hormone 1,25-(OH)<sub>2</sub>-vitamin d (Calcitriol) through two hydroxylation reactions. The first hydroxylation converts vitamin D into 25-OH vitamin D and occurs in liver. the second hydroxylation converts 25-OH vitamin d into biologically active 1,25-(OH)<sub>2</sub>-vitamin D and occurs in the kidneys as well as in many other cells of the body.

-Vitamin D deficiency is a cause of secondary hyperparathyroidism and diseases resulting in impaired bone metabolism (like rickets, osteoporosis, osteomalacia). Reduced 25-OH vitamin D concentrations in blood (vitamin D insufficiency) have been associated with an increasing risk of many chronic diseases, including common cancers, autoimmune or infectious diseases or cardiovascular problems.

\*Kindly note the change in reference range.

\*\* END OF REPORT \*\*

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Reporting Date / Time : 08/07/2017 / 02:40PM

Age / Sex : 33 Years / Male

### Vitamin B 12 Level

Sample Type: SERUM

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>	<u>Reference Range</u>
Cobalamin (Vitamin B12)	: 274.0	pg/ml	187 - 883
Method	: CMIA		

....

- Vitamin B12 is a cofactor in the synthesis of methionine from homocystiene, is implicated in the formation of myelin and along with folate, is required for DNA synthesis.

- There are a number of conditions that are associated with low serum B12 levels including iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.

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Age /Sex : 33 Years / Male

### Thyroid Function Test

Sample Type: SERUM

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>	<u>Reference Range</u>
Total T3 (Tri-iodothyronine) Method : CMIA)	: 83.93	ng/dl	58 - 159
Total T4 (Thyroxine) Method : CMIA)	: 6.21	ug/dl	4.51 - 11.66
Ultrasensitive TSH Method	: * 5.5753	uIU/ml	0.35 - 4.94

...

- In cases of primary hypothyroidism, T3 and T4 levels are low and TSH is significantly elevated. In the case of pituitary dysfunction, either due to intrinsic hypothalamic or pituitary disease i.e central hypothyroidism, normal or marginally elevated basal TSH levels are often seen despite significant reduction in T4 and T3 levels.

- Primary hyperthyroidism (eg: Grave-s disease, nodular goiter) is associated with high levels of thyroid hormones and depressed or undetectable levels of TSH.

\*\* END OF REPORT \*\*

Comment : Clinical correlation suggested.

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**Age /Sex** : 33 Years / Male

### Prostate Specific Antigen

**Sample Type:** SERUM

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>	<u>Reference Range</u>
Prostate Specific Antigen,Serum	: 0.318	ng/ml	Normal : 0.0 - 4.0 Borderline : 4.0 - 10.0

Method : CMIA)

**Method** : CMIA

....

- Increasing levels of PSA are associated with prostatic pathology;including prostatitis, benign prostatic hyperplasia (BPH) and cancer of the prostate.

\*\* END OF REPORT \*\*

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Reporting Date / Time : 08/07/2017 / 05:15PM

Age /Sex : 33 Years / Male

### Glycosylated Haemoglobin (HbA1c)

Sample Type: EDTA Whole Blood

TEST

OBSERVED VALUE

Reference Range

HbA1c : 5.4

>8% : Action suggested

<7% : Goal

<6% : Non-Diabetic Level

Method : High Pressure Liquid Chromatography (HPLC)

1.HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over three months.

2.HbA1c is falsely low in diabetics with hemolytic disease.In these individuals a plasma fructosamine level may be used which evaluates diabetes over 15 days.

3.Trends in HbA1c are a better indicator of diabetic control than a soliditary test.

4.HbA1c should not be used to diagnose diabetes mellitus.

NOTE:HbA1c PARAMETER IS NGSP LEVEL 1 CERTIFIED.

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**Age /Sex** : 33 Years / Male

## Urine Routine

**Sample Type:** Urine

### Reference Range

#### PHYSICAL EXAMINATION

Quantity	: 30 ml	---
Colour	: Yellow	---
Appearance	: SLIGHT HAZY	---
Deposit	: ABSENT	---

#### CHEMICAL EXAMINATION

pH	: 5.0	4.6 - 8.0
Specific Gravity	: 1.020	1.003 - 1.035
Albumin	: NEGATIVE	NEGATIVE
Sugar	: Negative	NEGATIVE
Ketone Bodies	: Negative	NEGATIVE
Nitrite	: Negative	NEGATIVE
Blood	: NEGATIVE	Absent
Bile Pigments	: NEGATIVE	NEGATIVE
Bile Salts	: Negative	NEGATIVE
Urobilinogen	: Normal	NORMAL

#### MICROSCOPIC EXAMINATION

Epithelial Cells	: 3-4/hpf	---
Pus Cells	: 5-6/hpf	0 - 5 cells/hpf
Red Blood Cells	: ABSENT	0 - 2 cells/hpf
Casts	: ABSENT	
Crystals	: ABSENT	
Amorphous Materials	: ABSENT	
Bacteria	: ABSENT	
Yeast Cells	: ABSENT	
Trichomonas Vaginalis	: ABSENT	
Mucus	: PRESENT	

**METHOD:** Chemical Examination is done by Strip Method

\*\* END OF REPORT \*\*

**Comment :** Bile Salt And Bile Pigment Rechecked Manually.

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**Reporting Date / Time** : 08/07/2017 / 04:02PM  
**Age /Sex** : 33 Years / Male

### **General Physical Examination Report**

Sample Type: Others

<u>TEST</u>	<u>OBSERVED VALUE</u>
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#### **GENERAL PHYSICAL EXAMINATION**

Weight	: 86.2 kgs.
Height	: 171 cm.
Pulse	: 68/min
BP	: 120/80 mm of Hg.
Temperature	: Normal
Skin	: Normal
Lymph Nodes	: Not enlarged
Oedema	: Absent
Thyroid	: Not enlarged
Respiration	: Normal
Remark	: Normal.

#### **ABDOMINAL EXAMINATION**

REMARK	: Soft No tenderness / Guarding / Rigidity. No Hepatosplenomegaly
--------	-------------------------------------------------------------------------

#### **CARDIOVASCULAR SYSTEM**

REMARK	: Heart Sounds : S1 & S2 Normal. No abnormal Heart Sounds or murmur on auscultation.
--------	-----------------------------------------------------------------------------------------

#### **RESPIRATORY SYSTEM**

REMARK	: Breath sounds : Vesicular breathing with normal breath sounds on both lungs No adventitious sounds detected on respiratory system examination.
--------	-----------------------------------------------------------------------------------------------------------------------------------------------------

#### **NERVOUS SYSTEM**

REMARK	: Conscious cooperative well oriented. No sensorimotor or cranial nerve abnormality.
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#### **MUSCULOSKELETAL SYSTEM**

REMARK	: Normal range of movements at all joints.
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**Registration Date/Time** : 7/8/2017 / 08:03 AM

**Collection Date / Time** : 08/07/2017 08:16 AM

**Reporting Date / Time** : 08/07/2017 / 10:38AM

**Age /Sex** : 33 Years / Male

### **DIGITAL X-RAY**

### **CHEST PA VIEW**

Both the lung fields are unremarkable.

The cardiac and aortic outlines are normal.

The pleural spaces are clear.

No hilar or mediastinal mass is seen.

Domes of diaphragm are normal in position and contour.

No skeletal abnormality is seen.

### **CONCLUSION :**

**No significant abnormality is seen.**

**DR. CHIRAG KHAJANCHI**

**M.D.**

**CONSULTING RADIOLOGIST**

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Age /Sex : 33 Years / Male

EYE CHECKUP

History of eye related complaints :Nil  
History of systemic illness :Nil  
History of eye surgery :Nil

DVn Vn U/A : RE - 6/6 LE - 6/6

Near Vn U/A : RE - N6 LE - N6

ANTERIOR SEGMENT : Both eyes normal.

MEDIA : Both eyes clear.

CENTRAL FUNDUS : Both eyes normal.  
(undilated)

COLOUR VISION : Normal.

(Ishihara test )

CONCLUSION : Both eyes within normal limits.

Dr.Shivani Agrawat.  
CONSULTING OPHTHALMOLOGIST

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Age /Sex : 33 Years / Male

### **DIET CONSULTATION**

After evaluating your present eating pattern, dietary habits & medical history, as discussed during the consultation, the following changes are suggested in your diet,

#### **Diet Tips for lowering TSH, Dyslipidemia (High Triglycerides), Vit D insufficiency, Weight Loss, Uric acid (Borderline) :**

- ❖ Use of olive oil which is heart healthy fat helps to increase HDL & lower LDL cholesterol.
- ❖ Include beans & legumes, whole grains, high fiber fruit, nuts, chia etc.
- ❖ Limit your intake of foods full of saturated fats, trans fats & dietary cholesterol.  
**As veg :-** butter, full fat dairy products, palm oil, coconut oil, etc.
- ❖ Eat a lot more fiber rich foods (especially, soluble fiber foods like beans, oats, barley, peas, fruits & vegs).
- ❖ Choose protein rich plant foods (such as legumes / beans, nuts & seeds) over meat.
- ❖ Have kashmiri garlic early morning on empty stomach (4-5 cloves).
- ❖ Consume a large bowl of raw veg salads for both lunch & dinner.
- ❖ Take 2 tsp of flax seeds twice in a day **OR** have coriander seeds water once a day.
- ❖ Include both Soluble and insoluble fibre through Raw salads, whole fruits, Green leafy vegetables, Oats, whole grain cereals, with skin pulses and flax seeds.
- ❖ Avoid intake of refined cereals like Maida. Starch which come in all bakery products and processed foods.
- ❖ Consume only 500ml oil/person/month avoiding all other sources of visible fat like fried foods, cheese, butter etc.,
- ❖ Exercise regularly (30 -45 mins /5 days week).
- ❖ Body makes Vit D when exposed to UV rays of sun. 15 mins of daily sun exposure (without sunscreen) in the morning is recommended.

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		<b>Age /Sex</b>	: 33 Years / Male

❖ Certain Vit D food sources - contain small amounts of Vit D.

**Veg :** Fortified milk.

Fortified juice.

Fortified cereals.

Codliver oil (1/2 tbspn /day).

❖ Have Vit D sachet / tablet for 5 weeks (One sachet once a week).

❖ Expose yourself in early sunlight for 10 mins / day.

❖ Take your physician's opinion in view of Vit D.

❖ Restrict sweets & sweet fruits to moderate amounts.

❖ Restrict beans, whole pulses, spinach, cauliflower, sprouts, legumes to once a day.

❖ Avoid cabbage and cabbage family in raw form. You can consume it in cooked form.

❖ Restrict soya and soya products to 2 times a weeks.

❖ Weight reduction is advised (Normal Range : 72-76 kg Fat loss).

For more information log on to our website [www.nmmedical.com](http://www.nmmedical.com) & for a **personalized tailor made diet,ask for My health plan.**

**Dt. Mrs. Shivani Ingle**  
**(Dietician)**

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**Reporting Date / Time** : 08/07/2017 / 09:51AM

**Age /Sex** : 33 Years / Male

### **REAL TIME ABDOMINAL ULTRASOUND REPORT**

#### **LIVER** :

It is normal in size and shows mild generalized increase in echogenicity suggestive of fatty changes (Grade I). No evidence of any solid or cystic intra-hepatic lesion is noted. The portal vein and hepatic veins appear normal. No evidence of any dilated intra or extra hepatic biliary radicals noted.

#### **GALL-BLADDER** :

Is normal in size. No calculi or mass seen. Wall thickness is normal. No pericholecystic abnormality seen.

#### **PANCREAS** :

Is normal in size. Parenchyma is normal. No focal lesion seen.

#### **SPLEEN** :

Is normal in size. Parenchyma is normal. No focal lesion seen. Splenic vein is normal.

Aorta and retroperitoneal structures appear normal.

#### **URINARY BLADDER** :

Is normal in size, capacity and contour. No focal lesion seen. Wall thickness is normal.

#### **KIDNEYS** :

Both the kidneys are normal in size, shape, position, axis and contour. Parenchyma is normal. Cortico-medullary differentiation is well maintained.

The right kidney measures 10.9 x 4.1 cms.

The left kidney measures 10.1 x 4.6 cms.

No evidence of any renal mass, hydronephrosis or renal calculi noted.

#### **PROSTATE** :

Is normal in size. It measures 2.9 x 2.5 x 2.9 cms. Volume measures 11 gms.

No ascites or lymphadenopathy noted.

#### **CONCLUSION** :

**Grade I fatty liver.**

**No other significant abnormality noted.**

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**Reporting Date / Time** : 08/07/2017 / 09:51AM

**Age /Sex** : 33 Years / Male

**DR. CHIRAG P. KHAJANCHI**  
**M.D.**

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### **SPIROMETRY**

**IMPRESSION : Within normal limits.**

**DR RAUNAQ SINGH**  
**M.D.**

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		Age /Sex	: 33 Years / Male

### **STRESS TEST**

Indication : Routine

Resting ECG : T wave inversion

Medication : Nil

Protocol : Bruce + Manual

Ex.Time : 7.30 min

Estd Workload : 11.40 mets

End Point : Achieved THR.

Max HR achieved : 164 bpm ( 86% of MHR)

Max BP : 150 / 80 mm Hg.

Symptoms : Nil

Signs : Nil

ECG changes : No significant ST-T changes during exercise and recovery.

Arrhythmias : Nil

Conduction disturbances : Nil

Impression : Negative for inducible ischaemia at workload achieved.  
Good effort tolerance.  
Normal heart rate and BP response.

**DR. VIPUL MARU**

**M.D( Medi), M.B.B.S ( Mum), F.I.CM (Criticalcare), PGDip ( Echo ).**

Negative stress test does not rule out Coronary heart disease, and Positive stress test is suggestive, but not confirmatory of Coronary heart disease, hence clinical correlation is mandatory.

**NOTE : This is Electronically generated report. Signature is not required.**



Registration Id	: 1070990020	Registration Date/Time	: 7/8/2017 / 08:03 AM
Patient Name	:	Collection Date / Time	: 08/07/2017 08:16 AM
Referred By	: Religare Health Insurance	Reporting Date / Time	: 08/07/2017 / 04:30PM
		Age /Sex	: 33 Years / Male

#### ASSESSMENTS

**Raised SGOT , SGPT.**

**Uric acid high .**

**Dyslipidemia .**

**25-OH vitamin D is in insufficiency range.**

**TSH 5.7.**

**ECG : T wave inversion II III, avF V5-V6.**

**USG : Grade I fatty liver .**

#### RECOMMENDATION

**Regular exercise.**

**Low fat,low protein diet.**

**Vitamin D supplements .**

**Consult hepatologist in view of USG, SGPT , SGOT .**

**Consult Cardiologist in view of ECG.**

**Consult Physician with your reports.**

**Referred to treating physician for favour of further management.**

**(Treatment suggested above to be started on advise of treating Physician.)**

**Date: 10.07.2017**

**Dr. Sneha Prabhu  
Consulting Physician.**

There are limitations of general physical examination with its routine investigations to uncover evidence of all hidden and asymptomatic diseases. Therefore any new symptoms developing in the interval between the routine Medical Check-ups should be called to the attention of a physician, to let his rule on its significance.

**NOTE : This is Electronically generated report.Signature is not required.**





**Registration Id** : 1070990020

**Patient Name** :

**Referred By** : Religare Health Insurance

**Registration Date/Time** : 7/8/2017 / 08:03 AM

**Collection Date / Time** : 08/07/2017 08:16 AM

**Reporting Date / Time** : 08/07/2017 / 12:00AM

**Age /Sex** : 33 Years / Male

**NOTE : This is Electronically generated report.Signature is not required.**