PID No.
 : MED121651945
 Register On
 : 07/03/2024 8:13 AM

 SID No.
 : 522403838
 Collection On
 : 07/03/2024 9:07 AM

 Age / Sex
 : 35 Year(s) / Male
 Report On
 : 07/03/2024 5:26 PM

 Type
 : 0P
 Printed On
 : 08/03/2024 7:56 AM

Ref. Dr : MediWheel

| Investigation | Observed <u>Value</u> | <u>Unit</u> | <u>Biological</u> <u>Reference Interval</u> |
|---|--------------------------|-------------|--|
| Complete Blood Count With - ESR | | | |
| Haemoglobin (EDTA Blood'Spectrophotometry) | 15.3 | g/dL | 13.5 - 18.0 |
| Packed Cell Volume(PCV)/Haematocrit (EDTA Blood) | 43.7 | % | 42 - 52 |
| RBC Count (EDTA Blood) | 5.19 | mill/cu.mm | 4.7 - 6.0 |
| Mean Corpuscular Volume(MCV) (EDTA Blood) | 84.1 | fL | 78 - 100 |
| Mean Corpuscular Haemoglobin(MCH) (EDTA Blood) | 29.4 | pg | 27 - 32 |
| Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood) | 35.0 | g/dL | 32 - 36 |
| RDW-CV | 13.0 | % | 11.5 - 16.0 |
| RDW-SD | 38.27 | fL | 39 - 46 |
| Total Leukocyte Count (TC) (EDTA Blood) | 9400 | cells/cu.mm | 4000 - 11000 |
| Neutrophils (Blood) | 51.2 | % | 40 - 75 |
| Lymphocytes (Blood) | 34.9 | % | 20 - 45 |
| Eosinophils (Blood) | 5.7 | % | 01 - 06 |
| Monocytes (Blood) | 7.7 | % | 01 - 10 |
| Basophils (Blood) | 0.5 | % | 00 - 02 |

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.







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|---|--------------------------|-------------|--|
| Absolute Neutrophil count (EDTA Blood) | 4.81 | 10^3 / μl | 1.5 - 6.6 |
| Absolute Lymphocyte Count (EDTA Blood) | 3.28 | 10^3 / μl | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (EDTA Blood) | 0.54 | 10^3 / μl | 0.04 - 0.44 |
| Absolute Monocyte Count (EDTA Blood) | 0.72 | 10^3 / μl | < 1.0 |
| Absolute Basophil count (EDTA Blood) | 0.05 | 10^3 / μl | < 0.2 |
| Platelet Count (EDTA Blood) | 290 | 10^3 / μl | 150 - 450 |
| MPV (Blood) | 9.0 | fL | 7.9 - 13.7 |
| PCT (Automated Blood cell Counter) | 0.26 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate) (Citrated Blood) | 6 | mm/hr | < 15 |
| Glucose Fasting (FBS) (Plasma - F/GOD-PAP) | 84.49 | mg/dL | Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126 |

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

| Glucose, Fasting (Urine) | Negative | | Negative |
|-----------------------------|----------|-------|----------|
| (Urine - F/GOD - POD) | | | |
| Glucose Postprandial (PPBS) | 82.51 | mg/dL | 70 - 140 |
| (Plasma - PP/GOD-PAP) | | | |

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Blood Urea Nitrogen (BUN) 8.9 mg/dL 7.0 - 21 (Serum/Urease UV / derived)







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|--|---------------------------------|-------------|--|
| Creatinine (Serum/ <i>Modified Jaffe</i>) | 0.90 | mg/dL | 0.9 - 1.3 |

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

| Uric Acid | 6.60 | mg/dL | 3.5 - 7.2 |
|---|-------|-------|-----------|
| (Serum/Enzymatic) | | | |
| <u>Liver Function Test</u> | | | |
| Bilirubin(Total) (Serum/DCA with ATCS) | 0.91 | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) | 0.23 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect) (Serum/Derived) | 0.68 | mg/dL | 0.1 - 1.0 |
| SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC) | 17.60 | U/L | 5 - 40 |
| SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC) | 29.90 | U/L | 5 - 41 |
| GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic) | 22.49 | U/L | < 55 |
| Alkaline Phosphatase (SAP) (Serum/Modified IFCC) | 70.1 | U/L | 53 - 128 |
| Total Protein (Serum/Biuret) | 7.89 | gm/dl | 6.0 - 8.0 |
| Albumin (Serum/Bromocresol green) | 5.06 | gm/dl | 3.5 - 5.2 |
| Globulin (Serum/Derived) | 2.83 | gm/dL | 2.3 - 3.6 |
| A : G RATIO (Serum/Derived) | 1.79 | | 1.1 - 2.2 |
| | | | |







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| Investigation | <u>Observed</u> <u>Value</u> | <u>Unit</u> | <u>Biological</u> <u>Reference Interval</u> |
|---|---------------------------------|-------------|---|
| <u>Lipid Profile</u> | | | |
| Cholesterol Total (Serum/CHOD-PAP with ATCS) | 223.90 | mg/dL | Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240 |
| Triglycerides (Serum/GPO-PAP with ATCS) | 226,25 | mg/dL | Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500 |

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the õusualö circulating level of triglycerides during most part of the day.

| 1 | | | |
|---|-------|-------|---|
| HDL Cholesterol (Serum/Immunoinhibition) | 41.78 | mg/dL | Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40 |
| LDL Cholesterol (Serum/Calculated) | 136.8 | mg/dL | Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190 |
| VLDL Cholesterol (Serum/Calculated) | 45.3 | mg/dL | < 30 |
| Non HDL Cholesterol (Serum/Calculated) | 182.1 | mg/dL | Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220 |

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.







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|--|---------------------------------|-------------|--|
| Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated) | 5.4 | | Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0 |
| Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated) | 5.4 | | Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0 |
| LDL/HDL Cholesterol Ratio (Serum/Calculated) | 3.3 | | Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0 |
| Glycosylated Haemoglobin (HbA1c) | | | |
| HbA1C (Whole Blood/ <i>HPLC</i>) | 5.2 | % | Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5 |

INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

Estimated Average Glucose 102.54 mg/dL

(Whole Blood)

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.21 ng/ml 0.7 - 2.04 (Serum/*ECLIA*)







The results pertain to sample tested.

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| Investigation | <u>Observed</u> | <u>Unit</u> | <u>Biological</u> |
|---------------|-----------------|-------------|--------------------|
| | Value | | Reference Interval |

INTERPRETATION:

Comment:

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total

9.13 $\mu g/dl$

4.2 - 12.0

(Serum/ECLIA)

INTERPRETATION:

Comment:

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone)

0.910

µIU/mL

0.35 - 5.50

(Serum/ECLIA)

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0 3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment:

- 1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.
- 2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- 3. Values & amplt 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

PHYSICAL EXAMINATION (URINE

COMPLETE)

| Colour | Yellow | Yellow to Amber |
|--------|--------|-----------------|
| | | |

(Urine)

Appearance Clear Clear

(Urine)

Volume(CLU) 25

(Urine)

CHEMICAL EXAMINATION (URINE

COMPLETE)

pH 5.5 4.5 - 8.0 (Urine)







PID No. : MED121651945 **Register On** : 07/03/2024 8:13 AM : 522403838 SID No. **Collection On** : 07/03/2024 9:07 AM Age / Sex : 35 Year(s) / Male Report On : 07/03/2024 5:26 PM : OP **Type Printed On** : 08/03/2024 7:56 AM

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| Investigation | <u>Observed</u> <u>Value</u> | <u>Unit</u> | <u>Biological</u> Reference Interval |
|--|---------------------------------|-----------------------|--|
| Specific Gravity (Urine) | 1.008 | | 1.002 - 1.035 |
| Ketone (Urine) | Negative | | Negative |
| Urobilinogen (Urine) | Normal | | Normal |
| Blood (Urine) | Negative | | Negative |
| Nitrite (Urine) | Negative | | Negative |
| Bilirubin (Urine) | Negative | | Negative |
| Protein (Urine) | Negative | | Negative |
| Glucose (Urine/GOD - POD) | Negative | | Negative |
| Leukocytes(CP) (Urine) | Negative | | |
| MICROSCOPIC EXAMINATION (URINE COMPLETE) | | | |
| Pus Cells (Urine) | 0-1 | /hpf | NIL |
| Epithelial Cells (Urine) | 0-1 | /hpf | NIL |
| RBCs (Urine) | NIL | /HPF | NIL |
| Others (Urine) | NIL | | |
| INTERPRETATION: Note: Done with Autom reviewed and confirmed microscopically. | ated Urine Analyser & | & Automated urine sec | limentation analyser. All abnormal reports are |
| Casts | NIL | /hpf | NIL |







(Urine)

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Investigation
Observed Unit Value
Crystals
(Urine)
Observed Unit Peference Interval
NIL /hpf
NIL
NIL







PID No. : MED121651945 Register On : 07/03/2024 8:13 AM : 522403838 Collection On : 07/03/2024 9:07 AM SID No. Age / Sex : 35 Year(s) / Male Report On : 07/03/2024 5:26 PM **Type** : OP **Printed On**

Ref. Dr : MediWheel

Investigation Observed <u>Unit</u> **Biological Value** Reference Interval BUN / Creatinine Ratio 6.0 - 22.0 9.8



: 08/03/2024 7:56 AM



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Ref. Dr : MediWheel

InvestigationObserved
ValueUnit
Reference Interval

URINE ROUTINE





-- End of Report --

| Name | MR.ARJUN SHETTY | ID | MED121651945 |
|-----------------|-----------------|------------|--------------|
| Age & Gender | 35Y/MALE | Visit Date | 07 Mar 2024 |
| Ref Doctor Name | MediWheel | - | |

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (14.7 cm) and shows increased echogenicity with focal fatty sparing. No evidence of intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended. CBD is not dilated.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN shows normal shape, size and echopattern.

KIDNEYS

Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

| | Bipolar length (cms) | Parenchymal thickness (cms) |
|--------------|----------------------|-----------------------------|
| Right Kidney | 12.7 | 1.4 |
| Left Kidney | 12.1 | 1.3 |

URINARY BLADDER shows normal shape and wall thickness. It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape, size and echopattern.

No evidence of ascites.

IMPRESSION:

- Grade I fatty infiltration of liver.
- No other significant abnormality detected.

DR. HEMANANDINI V.N CONSULTANT RADIOLOGIST

| Name | MR.ARJUN SHETTY | ID | MED121651945 |
|-----------------|-----------------|------------|--------------|
| Age & Gender | 35Y/MALE | Visit Date | 07 Mar 2024 |
| Ref Doctor Name | MediWheel | - | |

Hn/Mi

| Name | MR.ARJUN SHETTY | ID | MED121651945 |
|-----------------|-----------------|------------|--------------|
| Age & Gender | 35Y/MALE | Visit Date | 07 Mar 2024 |
| Ref Doctor Name | MediWheel | - | |

2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA 2.28 cms. LEFT ATRIUM 2.42 cms. **AVS** 1.47 cms. LEFT VENTRICLE (DIASTOLE) 4.06 cms. (SYSTOLE) 2.26 cms. **VENTRICULAR SEPTUM** (DIASTOLE) 1.34 cms. (SYSTOLE) 1.86 cms. **POSTERIOR WALL** (DIASTOLE) 1.08 cms. (SYSTOLE) 1.44 cms. **EDV** 72 ml. **ESV** 17 ml. FRACTIONAL SHORTENING 38 % **EJECTION FRACTION** 60 % **EPSS** cms. **RVID** 1.80 cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE: E - 0.8 m/s A -0.6 m/s NO MR.

AORTIC VALVE: 1.1 m/s NO AR.

TRICUSPID VALVE: E - 0.4 m/s A -0.3 m/s NO TR.

PULMONARY VALVE: 0.8 m/s NO PR.

| Name | MR.ARJUN SHETTY | ID | MED121651945 | |
|-----------------|-----------------|------------|--------------|--|
| Age & Gender | 35Y/MALE | Visit Date | 07 Mar 2024 | |
| Ref Doctor Name | MediWheel | - | | |

2D ECHOCARDIOGRAPHY FINDINGS:

Left Ventricle : Normal size, Normal systolic function.

: No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral Valve : Normal. No mitral valve prolapsed.

Aortic Valve : Normal. Trileaflet.

Tricuspid Valve : Normal.

Pulmonary Valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 60 %.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

DR. YASHODA RAVI CONSULTANT CARDIOLOGIST

| Name | Mr. ARJUN SHETTY | Customer ID | MED121651945 |
|--------------|------------------|-------------|-------------------|
| Age & Gender | 35Y/M | Visit Date | Mar 7 2024 8:12AM |
| Ref Doctor | MediWheel | | |

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: No significant abnormality detected.

DR.S.SHWETHA.,MDRD, CONSULTANT RADIOLOGIST



OPTICAL STORE

#12 LAKSHMI NILAYA, GROUND FLOOR, 2ND MAIN ROAD, VYALIKAVAL, BENGALURU-560003 PH. 9611444957

| | Anju 35/m | 2hett | ኔ | | Ph. 98 | 4452 | 1191 |
|---------------------------------|----------------------------|------------|----------------|---------------|------------|-----------------|------|
| RE/LE | mplaints / D O V / Headacl | Blurring / | Burning / Itch | ning / Pricki | ing | | |
| Past His | | | | Asthama . | -Ve N:V | : | |
| Visual A | cuity | | | | | | |
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| | SPH | CYL | AXIS | SPH | CYL | AXIS | |
| Distance | | Plans | _ 6/6 | | Plans | | 6/6 |
| Near | | | | | | | |
| Advise | | | | | Rayi Ku | Lomo mar H I | EL. |

(Consultant Optometrist)



| Patient Name ARJUN SHETTY | Date | 07/03/2024 |
|---------------------------|-----------------|------------|
| Age 35 9 76 | Visit Number | 592403838 |
| Sex Mall | Corporate | mediaheel |

GENERAL PHYSICAL EXAMINATION

Identification Mark:

Height: 179.

cms

Weight: 38-4

Pulse: 82

/minute

Blood Pressure : 10190

mm of Hg

BMI

BMI INTERPRETATION

Underweight = <18.5

Normal Weight = 18.5-24.9

Overweight = 25-29.9

Chest:

Expiration:

cms

Op - Appendiceto J.

Inspiration:

cms

Abdomen Measurement:

cms

Eyes: 2 NATO
Throat:

Ears: clin cally Nm

Neck nodes: Not palpalle

RS: B(i NURS) Hulo.

cvs: (82 @

PA: STATE BSE

cns: Conerious & orientel.

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE: MEDICAL FIT FOR EMPLOYMENT YES / NO

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