



**LABORATORY REPORT**

<b>Name</b> :	Ms. Minaz Belim	<b>Reg. No</b> :	303100524
<b>Sex/Age</b> :	Female/32 Years	<b>Reg. Date</b> :	11-Mar-2023 08:51 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	11-Mar-2023 03:17 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) : 155

Weight (kgs) : 55.7

Blood Pressure : 128/80mmHg

Pulse : 107/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

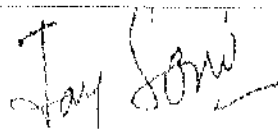
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



This is an electronically authenticated report



**Dr. Jay Soni**  
M.D, GENERAL MEDICINE

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Arcolomi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. ALLAUDIN BELIM JUNED
EC NO.	170883
DESIGNATION	SINGLE WINDOW OPERATOR B
PLACE OF WORK	DEVKARAN NA MUVADA
BIRTHDATE	02-10-1987
PROPOSED DATE OF HEALTH CHECKUP	11-03-2023
BOOKING REFERENCE NO.	22M170883100045470E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **01-03-2023** till **31-03-2023**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcolomi Healthcare Limited))



भारत सरकार

GOVERNMENT OF INDIA

मीनाज युनेद बेलिम  
Minaz Juned Bellim  
१०४: ८११७५/ DOB: 05/11/1990  
स्त्री / FEMALE



2618 8366 4686

भारतीय आधार, भारी ओणम

*Handwritten signature*

9998 635625

**Dr. Jay Soni**  
M.D. (General Medicine)  
Reg. No.: G-23899


**TEST REPORT**

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<b>Age/Sex</b> : 32 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9998635620
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> :		<b>Sample Type</b> : EDTA Whole Blood

Paramotor	Results	Unit	Biological Ref. Interval
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**COMPLETE BLOOD COUNT (CBC)**  
 Specimen: EDTA blood

Hemoglobin Colorimetric method	L 11.6	g/dL	12.5 - 16.0
Hematocrit (Calculated) Calculated	L 35.90	%	37 - 47
RBC Count	4.41	million/cmm	4.2 - 5.4
MCV	81.3	fL	78 - 100
MCH (Calculated)	L 26.3	Pg	27 - 31
MCHC (Calculated)	32.4	%	31 - 35
RDW (Calculated)	13.0	%	11.5 - 14.0
WBC Count	8750	/cmm	4000 - 10500
MPV (Calculated)	9.5	fL	7.4 - 10.4

DIFFERENTIAL WBC COUNT	[ % ]		EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Neutrophils (%)	72.10	%	42.02 - 75.2	6309 /cmm	2000 - 7000
Lymphocytes (%)	L 19.20	%	20 - 45	1680 /cmm	1000 - 3000
Eosinophils (%)	1.40	%	0 - 6	621 /cmm	200 - 1000
Monocytes (%)	7.10	%	2 - 10	123 /cmm	20 - 500
Basophils (%)	0.20	%	0 - 1	18 /cmm	0 - 100

**PERIPHERAL SMEAR STUDY**

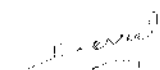
RBC Morphology Normocytic and Normochromic.  
 WBC Morphology TC & DC as above.

**PLATELET COUNTS**

Platelet Count (Volumetric Impedance) 404000 /cmm 150000 - 450000  
 Platelets Platelets are adequate with normal morphology.  
 Parasites Malarial parasite is not detected.  
 Comment -

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\* This test has been out sourced.

Approved By :   
 Dr. Deval Patel  
 MD (Pathology)

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*Deval Patel*  
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Parameter	Result	Unit	Biological Ref. Interval
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**HEMATOLOGY**
**BLOOD GROUP & RH**

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

<b>ABO</b>	"O"
<b>Rh (D)</b>	Positive
<b>Note</b>	-

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**


<b>ESR 1 hour</b> <i>Intra red measurement</i>	10	mm/hr	ESR AT 1 hour : 3-12
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**ERYTHRO SEDIMENTATION RATE, BLOOD -**

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0-1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> :		<b>Sample Type</b> : Flouride F,Flouride PP

Parameter	Result	Unit	Biological Ref. Interval
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**FASTING PLASMA GLUCOSE**

Specimen: Flouride plasma

Fasting Blood Sugar (FBS)	105.20	mg/dL	70 - 110
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*GOD-POD Method*

Criteria for the diagnosis of diabetes

1. HbA1c  $\geq$  6.5 \*
- Or
2. Fasting plasma glucose  $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
- Or
3. Two hour plasma glucose  $\geq$  200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
- Or
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq$  200 mg/dL.

\*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.  
 American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

**POST PRANDIAL PLASMA GLUCOSE**


Specimen: Flouride plasma

Post Prandial Blood Sugar (PPBS)	110.1	mg/dL	70 - 140
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*GOD-POD Method*

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<b>Location</b> :		<b>Sample Type</b> : Serum

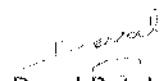
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**Lipid Profile**

Cholesterol	182.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
<i>Enzymatic, colorimetric method</i>			
Triglyceride	77.40	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	56.00	mg/dL	High Risk: < 40 Low Risk: = 60
<i>Accelerator selective detergent method</i>			
LDL	110.62	mg/dL	Optimal: < 100.0 Near / above optimal: 100-129 Boderline High: 130-159 High: 160-189 Very High: >190.0
<i>Calculated</i>			
VLDL	15.48	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	1.97		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	3.25		0 - 5.0
<i>Calculated</i>			

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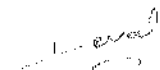
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**BIO - CHEMISTRY**
**LFT WITH GGT**

<b>Total Protein</b> <i>Bromat Reaction</i>	6.84	gm/dL	Premature 1 Day : 3.4 - 5.0 1 Day to 1 Month : 4.6 - 6.8 2 to 12 Months : 4.8 - 7.6 1 Year : 6.0 - 8.0 Adults : 6.6 - 8.7
<b>Albumin</b> <i>By Bromocresol Green</i>	4.48	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs: 3.5 - 5.2 60 - 90 yrs: 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
<b>Globulin</b> <i>Calculated</i>	2.36	g/dL	2.3 - 3.5
<b>A/G Ratio</b> <i>Calculated</i>	1.90		0.8 - 2.0
<b>SGOT</b> <i>UV without P5P</i>	16.90	U/L	0 - 40
<b>SGPT</b> <i>UV without P5P</i>	17.40	U/L	0 - 40
<b>Alkaline Phosphatase</b> <i>P-nitrophenyl phosphatase-AMP Buffer, Multiplo-point rate</i>	68.3	IU/l	42 - 98
<b>Total Bilirubin</b> <i>Vanadate Oxidation</i>	0.50	mg/dL	0 - 1.2
<b>Conjugated Bilirubin</b>	0.16	mg/dL	0.0 - 0.4

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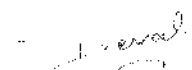
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**Ref. By** :      **Dispatch At** :  
**Location** :      **Sample Type** : Serum

**Unconjugated Bilirubin**      0.34      mg/dL      0.0 - 1.1  
*Calculated*

**GGT**      18.40      mg/dL      < 32  
*SZASZ Method*

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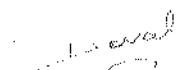
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**BIO - CHEMISTRY**

<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	3.43	mg/dL	2.6 - 6.0
<b>Creatinine</b> <i>Enzymatic Method</i>	0.49	mg/dL	0.6 - 1.1
<b>BUN</b> <i>UV Method</i>	6.30	mg/dL	6.0 - 20.0

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Parameter	Result	Unit	Biological Ref. Interval
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**HEMOGLOBIN A1 C ESTIMATION**

Specimen: Blood EDTA

*Hb A1C	4.5	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
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*Boronate Affinity with Fluorescent Quenching*

Mean Blood Glucose	82.45	mg/dL
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*Calculated*
**Degree of Glucose Control Normal Range:**

Poor Control &gt;7.0% \*

Good Control 6.0 - 7.0 %\*\*Non-diabetic level &lt; 6.0 %

\* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

\* Some danger of hypoglycemic reaction in Type I diabetics.

\* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area

**EXPLANATION :-**

\*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.

\*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

\*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

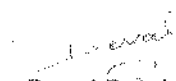
\*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

**HbA1c assay Interferences:**

\*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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<b>Location</b> :		<b>Sample Type</b> : Urine Spot

Test	Result	Unit	Biological Ref. Interval
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**URINE ROUTINE EXAMINATION**
**PHYSICAL EXAMINATION**

Quantity	40 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

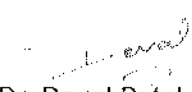
pH	6	4.6 - 8.0
Sp. Gravity	1.005	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	
Nitrite	Nil	Nil
Blood	Trace	Nil

**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

Leucocytes (Pus Cells)	1 - 2/hpf	Absent
Erythrocytes (Red Cells)	Occasional/hpf	Absent
Epithelial Cells	1 - 2/hpf	Absent
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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**IMMUNOLOGY**
**THYROID FUNCTION TEST**

<b>T3 (Triiodothyronine)</b> <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.37	ng/mL	0.86 - 1.92
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Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

<b>T4 (Thyroxine)</b> <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	10.90	µg/dL	3.2 - 12.6
--	-------	-------	------------

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).

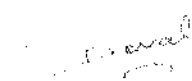
In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring F T4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

**Limitations:**

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

This is an electronically authenticated report.

\* This test has been out sourced.

**Approved By :**   
**Dr. Deval Patel**  
 MD (Pathology)

**Generated On :** 11-Mar-2023 06:31 PM

**Approved On :** 11-Mar-2023 02:04 PM

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**TEST REPORT**

<b>Reg. No</b> : 303100524	<b>Ref Id</b> :	<b>Collected On</b> : 11-Mar-2023 08:51 AM
<b>Name</b> : Ms. Minaz Belim		<b>Reg. Date</b> : 11-Mar-2023 08:51 AM
<b>Age/Sex</b> : 32 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9998635620
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> :		<b>Sample Type</b> : Serum

**TSH** 3.100  $\mu$ U/ml 0.35 - 5.50  
 CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5  $\mu$ U/mL

Second Trimester : 0.2 to 3.0  $\mu$ U/mL

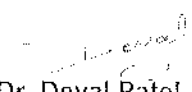
Third trimester : 0.3 to 3.0  $\mu$ U/mL

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition, Philadelphia: WB Saunders,2012:2170

----- End Of Report -----

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By :   
 Dr. Deval Patel  
 MD (Pathology)

Generated On : 11-Mar-2023 06:31 PM

Approved On : 11-Mar-2023 02:04 PM

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'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat



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## LABORATORY REPORT

Name : Ms. Minaz Belim

Sex/Age : Female/32 Years

Ref. By :

Client Name : Med/wheel

Reg. No : 303100524

Reg. Date : 11-Mar-2023 08:51 AM

Collected On :

Report Date : 11-Mar-2023 04:10 PM

## Electrocardiogram

### Findings

Sinus Tachycardia.

Rest Within Normal Limit.

This is an electronically authenticated report

Dr. Jay Soni

M.D, GENERAL MEDICINE

Page 1 of 4

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MINRZ  
BELIN  
23

Female

32 years  
155 cm / 56 kg

HR 107/min

Intervals:  
RR 561 ms  
P 96 ms  
PR 136 ms  
QRS 66 ms  
QT 308 ms  
QTc 416 ms  
(Bazett)

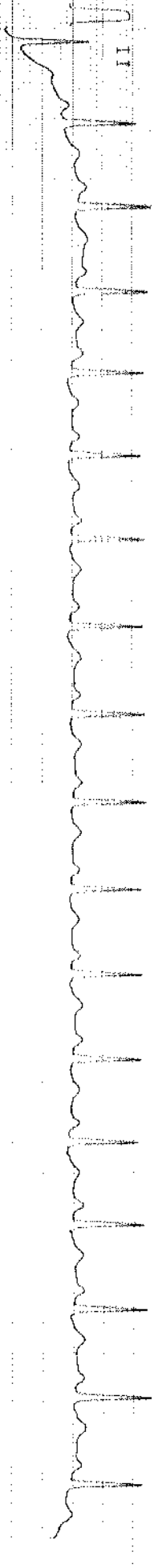
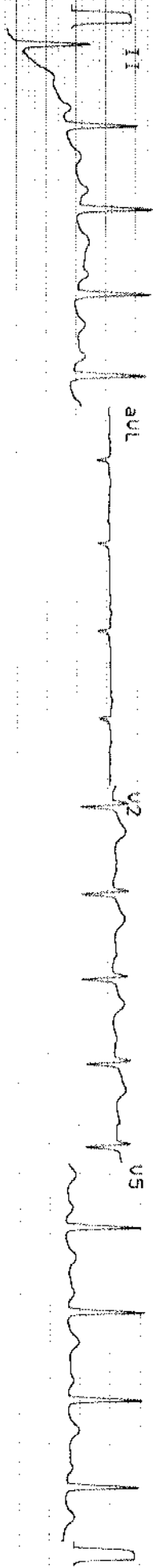
Rx is: 54 °  
P QRS T 56 °

P (II) 0.16 mV  
S (V1) -1.23 mV  
R (V5) 1.37 mV  
Sokol. 2.87 mV

S. Tohyama

10 mm/mV

10 mm/mV



10 mm/mV

25 mm/s

2.95-25 Hz 500 55F 585

11.03.2023 11:28:25

CURAVIS HEALTHCARE

AT-102Plus 1.24 C



**LABORATORY REPORT**

<b>Name</b> :	Ms. Minaz Belim	<b>Reg. No</b> :	303100524
<b>Sex/Age</b> :	Female/32 Years	<b>Reg. Date</b> :	11-Mar-2023 08:51 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	11-Mar-2023 04:10 PM

**2D Echo Colour Doppler**

**OBSERVATION:**

2 D Echo and color flow studies were done in long and short axis, apical and Sub costal views.

1. Normal LV size. No RWMA at rest.
2. Normal RV and RA. No Concentric LVH.
3. All Four valves are structurally normal.
4. Good LV systolic function. LVEF = 60%.
5. Normal LV Compliance.
6. Trivial TR. Mild MR. No AR.
7. No PAH. RVSP = 32 mmHG.
8. Intact IAS and IVS.
9. No Clot, No Vegetation.
10. No pericardial effusion.

**CONCLUSION**

1. Normal LV size with Good LV systolic function.
2. No Concentric LVH. Normal LV Compliance
3. Trivial TR with No PAH. Mild MR. No AR
4. No RWMA at rest.

**This echo doesn't rule out any kind of congenital cardiac anomalies.**

This is an electronically authenticated report



**Dr. Jay Soni**  
M.D, GENERAL MEDICINE



**LABORATORY REPORT**

<b>Name</b> :	Ms. Minaz Belim	<b>Reg. No</b> :	303100524
<b>Sex/Age</b> :	Female/32 Years	<b>Reg. Date</b> :	11-Mar-2023 08:51 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	11-Mar-2023 05:15 PM

**X RAY CHEST PA**

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

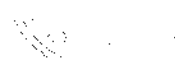
**COMMENT: No significant abnormality is detected.**

----- End Of Report -----

This is an electronically authenticated report



**DR DHAVAL PATEL**  
Consultant Radiologist  
MB,DMRE  
Reg No:0494





**LABORATORY REPORT**

<b>Name</b> :	Ms. Minaz Belim	<b>Reg. No</b> :	303100524
<b>Sex/Age</b> :	Female/32 Years	<b>Reg. Date</b> :	11-Mar-2023 08:51 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	11-Mar-2023 05:14 PM

**USG ABDOMEN**

**Liver** appears normal in size & in echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.

**Gall bladder** is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

**Pancreas** Visualized portion appears normal in size and echopattern. No evidence of focal lesions.

**Spleen** appears normal in size & echopattern.

**Both kidneys** are normal in size, shape and position. C.M, differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

**Urinary bladder** is partially distended. No evidence of calculus or mass lesion.

**Uterus** appears normal. No adnexal mass is seen.

No evidence of ascites.

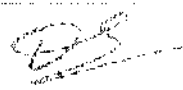
*No evidence of lymph adenopathy.*

*No evidence of dilated small bowel loops.*

**COMMENTS :**

**NO SIGNIFICANT ABNORMALITY DETECTED.**

This is an electronically authenticated report

  
**DR DHAVAL PATEL**  
Consultant Radiologist  
MB,DMRE  
Reg No:0494





**LABORATORY REPORT**

<b>Name</b> :	Ms. Minaz Bellm	<b>Reg. No</b> :	303100524
<b>Sex/Age</b> :	Female/32 Years	<b>Reg. Date</b> :	11-Mar-2023 08:51 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	11-Mar-2023 02:25 PM

**Eye Check - Up**

No Eye Complaints

**RIGHT EYE**

SP: -0.50

CY: -0.25

AX: 176

**LEFT EYE**

SP: -0.50

CY: -0.25

AX: 180

	Without Glasses	With Glasses
Right Eye	6/5	N.A
Left Eye	6/5	N.A

Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

Color Vision : Normal

Comments: Normal



----- End Of Report -----

This is an electronically authenticated report



**Dr Kejal Patel**  
MB,DO(Ophth)

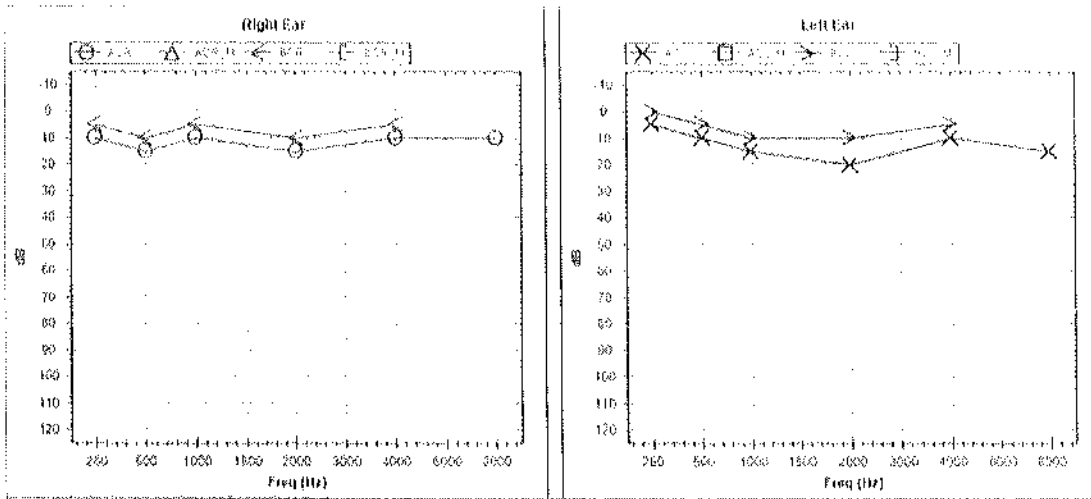
NAME:- MINAZ BELIM.

ID NO:-

AGE:- 32Y / F

Date:- 11/03/2023

## AUDIOGRAM



EAR	MODE	Air Conduction		Bone Conduction		Colour Code	Threshold In dB	RIGHT	LEFT
		Masked	UnMasked	Masked	UnMasked				
LEFT		□	X	∩	>	Blue	AIR CONDUCTION	10	10.5
RIGHT		△	○	∪	<	Red	BONE CONDUCTION		
NO RESPONSE : Add ↓ below the respective symbols							SPEECH		

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.