



LABORATORY REPORT

Name : Mr. Kevalkumar Chimanbhai Patel
Sex/Age : Male/34 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 302101104
Reg. Date : 25-Feb-2023 09:22 AM
Collected On :
Report Date : 25-Feb-2023 02:32 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :167

Weight (kgs) :66.1

Blood Pressure : 118/78mmHg

Pulse : 59/Min

No Clubbing/Cynosis/Pallor/PedalOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

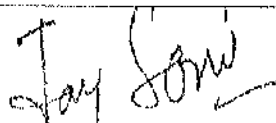
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE

To
કેવલકુમાર ચીમનભાઈ પટેલ
Kevalkumar Chimanbhai Patel
S/O: Chimanbhai Patel
madhawas
kankrol Kankrol
Kankrol Himalnagar Sabarkantha
Gujarat 383001
9909304600

18/01/2013
17564706



MN175647065DF



તમારો આધાર નંબર / Your Aadhaar No. :

9580 6740 0075

આધાર - સામાન્ય માણસનો અધિકાર



ભારત સરકાર

GOVERNMENT OF INDIA



કેવલકુમાર ચીમનભાઈ પટેલ
Kevalkumar Chimanbhai Patel
જન્મનું વર્ષ / Year of Birth : 1988
પુરુષ / Male

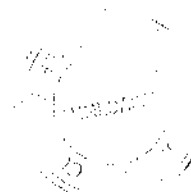
9580 6740 0075



આધાર - સામાન્ય માણસનો અધિકાર

From
mobile 9909304600
03-10-1988

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




TEST REPORT

Reg. No : 302101104	Ref Id :	Collected On : 25-Feb-2023 09:22 AM
Name : Mr. Kevalkumar Chimanbhai Patel		Reg. Date : 25-Feb-2023 09:22 AM
Age/Sex : 34 Years / Male	Pass. No. :	Tele No. : 9909304600
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

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

Hemoglobin	13.9	g/dL	13.0 - 18.0
Hematocrit (Calculated)	L 43.10	%	47 - 52
RBC Count	5.30	million/cmm	4.7 - 6.0
MCV	81.4	fL	78 - 110
MCH (Calculated)	L 26.2	Pg	27 - 31
MCHC (Calculated)	32.2	%	31 - 35
RDW (Calculated)	13.3	%	11.5 - 14.0
WBC Count	6030	/cmm	4000 - 10500
MPV (Calculated)	9.2	fL	7.4 - 10.4

DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	56.20	%	42.0 - 75.2	3389 /cmm	2000 - 7000
Lymphocytes (%)	33.10	%	20 - 45	1996 /cmm	1000 - 3000
Eosinophils (%)	2.00	%	0 - 6	513 /cmm	200 - 1000
Monocytes (%)	8.50	%	2 - 10	121 /cmm	20 - 500
Basophils (%)	0.20	%	0 - 1	12 /cmm	0 - 100

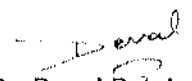
PERIPHERAL SMEAR STUDY

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

PLATELET COUNTS

Platelet Count (Volumetric Impedance) : 293000 /cmm 150000 - 450000
 Platelets : Platelets are adequate with normal morphology.
 Parasites : Malarial parasite is not detected.
 Comment : -

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Approved By : 
Dr. Deval Patel
 MD (Pathology)

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Location	: CHPL			Sample Type	: EDTA Whole Blood

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HEMATOLOGY**BLOOD GROUP & RH**

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

ABO	"A"
Rh (D)	Positive
Note	-

ERYTHROCYTE SEDIMENTATION RATE [ESR]

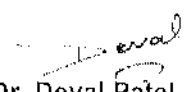
ESR 1 hour	02	mm/hr	ESR AT 1 hour : 1-7
<i>Infra red measurement</i>			

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 (<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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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Flouride F, Flouride PP

Parameter	Result	Unit	Biological Ref. Interval
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FASTING PLASMA GLUCOSE

Specimen: Flouride plasma

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	91.50	mg/dL	70 - 110
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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.

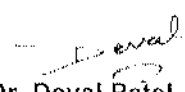
*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i>	89.1	mg/dL	70 - 140
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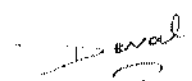
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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	208.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
<i>Enzymatic, colorimetric method</i>			
Triglyceride	192.50	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	34.00	mg/dL	High Risk : < 40 Low Risk : = 60
<i>Accelerator selective detergent method</i>			
LDL	135.50	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	38.50	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	3.99		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	6.12		0 - 5.0
<i>Calculated</i>			

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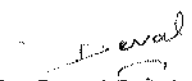
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BIO - CHEMISTRY
LFT WITH GGT

Total Protein <i>Buret Reaction</i>	7.33	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
Albumin <i>By Bromocresol Green</i>	5.31	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
Globulin <i>Calculated</i>	2.02	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	2.63		0.8 - 2.0
SGOT <i>UV without P5P</i>	25.10	U/L	0 - 40
SGPT <i>UV without P5P</i>	27.90	U/L	0 - 40
Alakaline Phosphatase <i>P-nitrophenyl phosphatase-AMP Buffer, Multiplo-point rate</i>	29.1	IU/l	53 - 128
Total Bilirubin <i>Vanadate Oxidation</i>	0.83	mg/dL	0 - 1.2
Conjugated Bilirubin	0.18	mg/dL	0.0 - 0.4

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum
Unconjugated Billirubin <i>Calculated</i>	0.65	mg/dL 0.0 - 1.1
GGT <i>SZASZ Method</i>	22.90	mg/dL < 49

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Deval
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Location	: CHPL			Sample Type	: Serum

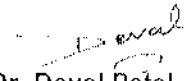
Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	5.97	mg/dL	3.5 - 7.2
Creatinine <i>Enzymatic Method</i>	1.01	mg/dL	0.9 - 1.3
BUN <i>UV Method</i>	9.50	mg/dL	6.0 - 20.0

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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HEMOGLOBIN A1 C ESTIMATION
Specimen: Blood EDTA

*Hb A1C	5.5	% 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	111.15	mg/dL
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Calculated

Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 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.

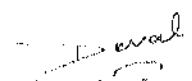
*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

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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MC-3466



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Age/Sex : 34 Years / Male	Pass. No. :	Tele No. : 9909304600
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Urine Spot

Test	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity	30 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

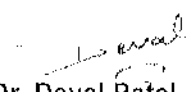
pH	7	4.6 - 8.0
Sp. Gravity	1.010	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	
Nitrite	Nil	Nil
Blood	Nil	Nil

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	1 - 2/hpf	Absent
Erythrocytes (Red Cells)	Nil	Absent
Epithelial Cells	2 - 4/hpf	Absent
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY
THYROID FUNCTION TEST

T3 (Triiodothyronine) <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.08	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.

T4 (Thyroxine) <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	5.40	µg/dL	3.2 - 12.6
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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).

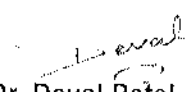
In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

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.

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

TSH 1.000 μ 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 μ U/mL

Second Trimester : 0.2 to 3.0 μ U/mL

Third trimester : 0.3 to 3.0 μ U/mL

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

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Reg. No : 302101104	Ref Id :	Collected On : 25-Feb-2023 09:22 AM
Name : Mr. Kevalkumar Chimanbhai Patel		Reg. Date : 25-Feb-2023 09:22 AM
Age/Sex : 34 Years / Male	Pass. No. :	Tele No. : 9909304600
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

IMMUNOLOGY

*TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)	0.62	ng/mL	0 - 4
---	------	-------	-------

CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.

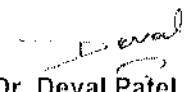
Percentage of free PSA = free PSA/total PSA X 100

Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

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

This is an electronically authenticated report.

* This test has been out sourced.

Approved By : 
Dr. Deval Patel
 MD (Pathology)

Approved On : 25-Feb-2023 01:28 PM
 Page 12 of 1

Generated On : 25-Feb-2023 07:10 PM

CUROVIS HEALTHCARE PVT. LTD.

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



LABORATORY REPORT

Name : Mr. Kevalkumar Chimanbhai Patel
Sex/Age : Male/34 Years
Ref. By :
Client Name : Mediwheel

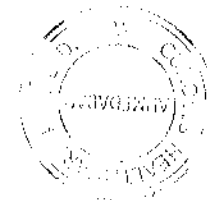
Reg. No : 302101104
Reg. Date : 25-Feb-2023 09:22 AM
Collected On :
Report Date : 25-Feb-2023 01:50 PM

Electrocardiogram

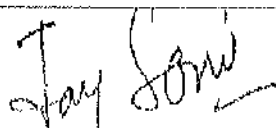
Findings

LAD.

Rest Within Normal Limit.



This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE

KEVBLKUMBR

HR 59/min

Axis: 58°

PROTEL

Intervals:

P 58°
QR5 -22°
T 23°

10

Date

RR 1022 ms

P (II) 0.18 mV
S (VI) -1.00 mV
R (V5) 1.89 mV
Sokolj 3.20 mV
(Eszell)

34 years

P 102 ms

PR 156 ms

167 cm / 66 kg

QR5 88 ms

QT 364 ms

QTc 368 ms

10 mm/mV

10 mm/mV

10 mm/mV

10 mm/mV

10 mm/mV

10 mm/mV

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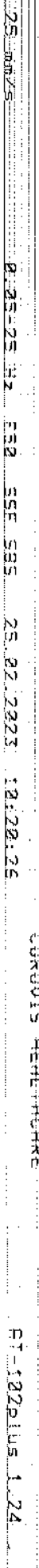
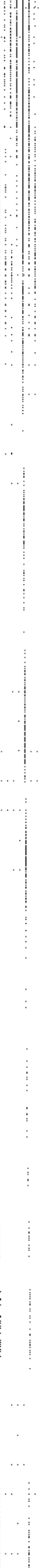
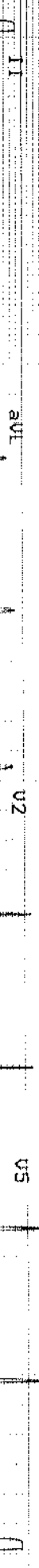
10 mm/mV

10 mm/mV

10 mm/mV

LAD

10 mm/mV



25.08.25 Hz 552 556 585 25.02.2023 10:20:26

10 mm/mV

CURIOUS HEALTHCARE

FT-102plus 1.24



LABORATORY REPORT

Name : Mr. Kevalkumar Chhimanbhai Patel	Reg. No : 302101104
Sex/Age : Male/34 Years	Reg. Date : 25-Feb-2023 09:22 AM
Ref. By :	Collected On :
Client Name : Mediwheel	Report Date : 25-Feb-2023 01:50 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 = 34 mmHG.
8. Intact IAS and IVS.
9. No Clot, No Vegetation.
10. No pericardial effusion.

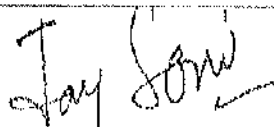
CONCLUSION

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

Name :	Mr. Kevalkumar Chhimanbhai Patel	Reg. No :	302101104
Sex/Age :	Male/34 Years	Reg. Date :	25-Feb-2023 09:22 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	25-Feb-2023 03:49 PM

USG ABDOMEN

Liver appears normal in size, show **increased homogenous parenchymal echo**. 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 appears normal in size and echopattern. No evidence of focal lesions.

Spleen appears normal in size & normal in 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 contour is normal, No evidence of calculus or mass lesion.

Prostate is normal in size, show homogenous echo, outline is smooth.

No evidence of ascites.

No any lymphadenopathy seen.

No evidence of dilated small bowel loops.

COMMENTS :

- **Grade I fatty liver.**

This is an electronically authenticated report



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





LABORATORY REPORT

Name	: Mr. Kevalkumar Chimanbhal Patel	Reg. No	: 302101104
Sex/Age	: Male/34 Years	Reg. Date	: 25-Feb-2023 09:22 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 25-Feb-2023 03:50 PM

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

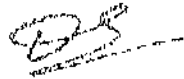
Both costo-phrenic angles appear free of fluid.

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



Page 2 of 2

CUROVIS HEALTHCARE PVT. LTD.

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

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LABORATORY REPORT

Name :	Mr. Kevalkumar Chimanbhai Patel	Reg. No :	302101104
Sex/Age :	Male/34 Years	Reg. Date :	25-Feb-2023 09:22 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	25-Feb-2023 02:05 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -0.50

CY: -0.75

AX: 117

LEFT EYE

SP : -0.75

CY : -0.50

AX :74

	Without Glasses	With Glasses
Right Eye	6/9	6/5
Left Eye	6/9	6/5

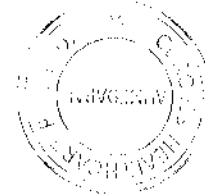
Near Vision: Right Eye - N/6, Left Eye - N/6

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)

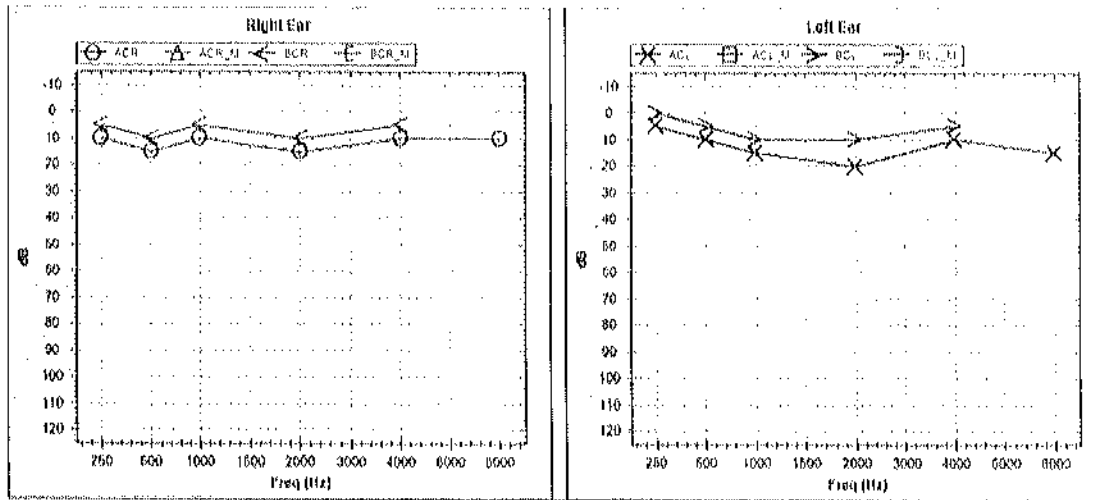
NAME: - KEVAL PATEL.

ID NO :-

AGE:- 34Y / M

Date:- 25/02/2023

AUDIOGRAM



EAR	MODE	Air Conduction		Bone Conduction		Colour Code	Threshold In dB	RIGHT	LEFT
		Masked	UnMasked	Masked	UnMasked				
LEFT		◻	X	◻	>	B1	AIR CONDUCTION	10.5	11
RIGHT		Δ	O	◻	<	B2	BONE CONDUCTION		
NO RESPONSE : Add ↓ below the respective symbols							SPEECH		

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.

