



**LABORATORY REPORT**

<b>Name</b> :	Mr. Abhishek Pandey	<b>Reg. No</b> :	312100425
<b>Sex/Age</b> :	Male/40 Years	<b>Reg. Date</b> :	09-Dec-2023 10:10 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	09-Dec-2023 03:23 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) :179

Weight (kgs) :114.8

Blood Pressure : 134/80mmHg

Pulse : 71/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

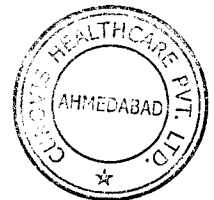
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

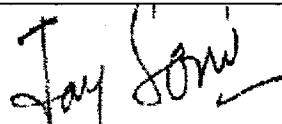
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly


Epilepsy – N/A




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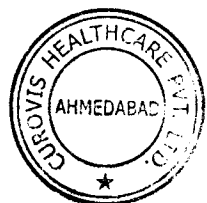
**Dr. Jay Soni**  
M.D, GENERAL MEDICINE


**भारत सरकार**  
**Government of India**



**अभिषेक पाण्डेय**  
**Abhishek Pandey**  
**जन्म तिथि/DOB: 16/10/1983**  
**पुल्य/MALE**

**3865 2250 8797**  
VO: 9174 4893 8358 2011

**मेरा आधार, मेरी पहचान**



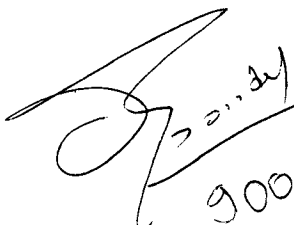
**Dr. Jay Soni**  
**M.D. (General Medicine)**  
**Reg. No.: G-23899**


**भारतीय विशिष्ट पहचान प्राधिकरण**  
**Unique Identification Authority of India**

**पते:**  
**SO: राधे श्याम पाण्डेय, मकान नंबर 02, सरस्वती नगर,**  
**उत्कल विश्वविद्यालय, धर्मशाला रोड, ग्वाल्होर,**  
**मध्य प्रदेश - 474011**

**Address:**  
**SO: Radhe Shyam Pandey, House Number**  
**02, Saraswati Nagar, Thadipur Gwalior,**  
**University Road, Gwalior, Gwalior,**  
**Madhya Pradesh - 474011**

**3865 2250 8797**  
VO: 9174 4893 8358 2011

  
**9009666705**



## TEST REPORT

<b>Reg. No</b> : 312100425	<b>Ref Id</b> :	<b>Collected On</b> : 09-Dec-2023 10:10 AM
<b>Name</b> : Mr. Abhishek Pandey		<b>Reg. Date</b> : 09-Dec-2023 10:10 AM
<b>Age/Sex</b> : 40 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9009666705
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : EDTA		<b>Location</b> : CHPL

Parameter	Results	Unit	Biological Ref. Interval
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### COMPLETE BLOOD COUNT (CBC)

Hemoglobin (Colorimetric method)	14.9	g/dL	13.5 - 18
Hematocrit (Calculated)	42.00	%	40 - 50
RBC Count (Electrical Impedance)	L <b>4.66</b>	million/cmm	4.73 - 5.5
MCV (Calculated)	90.3	fL	83 - 101
MCH (Calculated)	32.0	Pg	27 - 32
MCHC (Calculated)	H <b>35.5</b>	%	31.5 - 34.5
RDW (Calculated)	L <b>11.4</b>	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	7600	/cmm	4000 - 10000
MPV (Calculated)	10.4	fL	6.5 - 11.5

<u>DIFFERENTIAL WBC COUNT</u>	[ % ]		EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Neutrophils (%)	46	%	40 - 80	3496 /cmm	2000 - 7000
Lymphocytes (%)	40	%	20 - 40	3040 /cmm	1000 - 3000
Eosinophils (%)	04	%	0 - 6	760 /cmm	200 - 1000
Monocytes (%)	10	%	2 - 10	304 /cmm	20 - 500
Basophils (%)	00	%	0 - 2	0 /cmm	0 - 100

### PERIPHERAL SMEAR STUDY


RBC Morphology Normocytic and Normochromic.  
WBC Morphology Normal

### PLATELET COUNTS

Platelet Count (Electrical Impedance) 318000 /cmm 150000 - 450000  
Electrical Impedance  
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. Deep Patel  
MD (Pathology)

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Age/Sex : 40 Years / Male      Pass. No. :      Tele No. : 9009666705  
Ref. By :      Dispatch At :  
Sample Type : EDTA      Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**HEMATOLOGY**

**BLOOD GROUP & RH**

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

ABO : "O"

Rh (D) : Positive

Note : -

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**


**ESR 1 hour** : 05 mm/hr      ESR AT 1 hour : 1-7  
*Westergreen method*

**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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MD (Pathology)

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**TEST REPORT**

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**Name** : Mr. Abhishek Pandey  
**Age/Sex** : 40 Years / Male      **Pass. No.** :  
**Ref. By** :  
**Sample Type** : Serum,Flouride PP


**Collected On** : 09-Dec-2023 10:10 AM  
**Reg. Date** : 09-Dec-2023 10:10 AM  
**Tele No.** : 9009666705  
**Dispatch At** :  
**Location** : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**BIO - CHEMISTRY**

<b>Fasting Blood Sugar (FBS)</b> <i>GOD-POD Method</i>	99.2	mg/dL	70 - 110
<b>Post Prandial Blood Sugar (PPBS)</b> <i>GOD-POD Method</i>	109.8	mg/dL	70 - 140

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MD (Pathology)

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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### Lipid Profile

Cholesterol	217.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	229.10	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	46.10	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	125.08	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	<b>45.82</b>	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.71		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.71		0 - 5.0
<i>Calculated</i>			

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
<b>LFT WITH GGT</b>			
Total Protein	7.10	gm/dL	1Day: 3.4-5.0 1Day to 1Month: 4.6-6.8 2 to 12Months: 4.8-7.6 >=1Year : 6.0-8.0 Adults : 6.6-8.7
<i>Biuret Reaction</i>			
Albumin	4.89	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
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.21	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	2.21		0.8 - 2.0
SGOT	29.30	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	31.40	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	75.2	IU/l	53 - 128
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.37	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.06	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.31	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	29.20	U/L	< 55
<i>SZASZ Method</i>			

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*Deep*

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**Sample Type** : Serum      **Location** : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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**BIO - CHEMISTRY**

<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	6.30	mg/dL	3.5 - 7.2
<b>Creatinine</b> <i>Enzymatic Method</i>	0.92	mg/dL	0.9 - 1.3
<b>BUN</b> <i>UV Method</i>	14.10	mg/dL	6.0 - 20.0

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : EDTA		<b>Location</b> : CHPL

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

Specimen: Blood EDTA

*Hb A1C	5.2	% 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	102.54	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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**Age/Sex** : 40 Years / Male      **Pass. No.** :      **Tele No.** : 9009666705  
**Ref. By** :      **Dispatch At** :  
**Sample Type** : Urine Spot      **Location** : CHPL

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

**PHYSICAL EXAMINATION**

Quantity	20 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**


pH	5.0	4.6 - 8.0
Sp. Gravity	1.025	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)	Nil	Nil
Erythrocytes (Red Cells)	Nil	Nil
Epithelial Cells	2 - 3/hpf	Nil
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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### IMMUNOLOGY

#### THYROID FUNCTION TEST

<b>T3 (Triiodothyronine)</b> <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	1.08	ng/mL	0.86 - 1.92
---	------	-------	-------------

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> <i>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</i>	6.90	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 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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MD (Pathology)

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

**TSH** 2.040  $\mu$ U/ml 0.35 - 5.50  
CHEMILUMINECENT 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

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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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

<b>Parameter</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>
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**IMMUNOLOGY**

<b>TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)</b> <small>CMIA</small>	0.61	ng/mL	0 - 4
---	------	-------	-------

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 -----

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MD (Pathology)

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**LABORATORY REPORT**

**Name** : Mr. Abhishek Pandey  
**Sex/Age** : Male/40 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 312100425  
**Reg. Date** : 09-Dec-2023 10:10 AM  
**Collected On** :  
**Report Date** : 09-Dec-2023 02:41 PM

**Electrocardiogram**

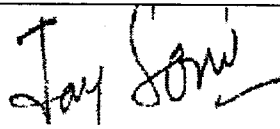
**Findings**

Normal Sinus Rhythm.

Within Normal Limit.



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

RBHISHEK  
PRADY  
22

40 years  
179 cm / 115 kg  
Male

HR 71/min

Intervals:  
PR 849 ms  
P 118 ms  
PR 162 ms

Axis:  
P 30°  
QRS 21°  
T 41°

QRS 90 ms  
QT 374 ms  
QTc 407 ms  
(Bazett)  
P (I1) 0.07 mV  
S (U1) -0.30 mV  
R (U5) 0.80 mV  
Sokol. 1.36 mV  
10 mm/mV



25 mm/s  
10 mm/mV

0.05-25 Hz FS0 55F 5B5 09.12.2023 10:51:31

SCHILLER  
CURIOUS HEALTHCARE

*[Signature]*  
R1-102plus 1.24 C



**LABORATORY REPORT**

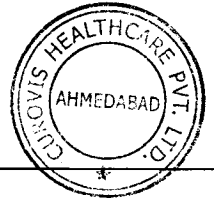
**Name** : Mr. Abhishek Pandey  
**Sex/Age** : Male/40 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 312100425  
**Reg. Date** : 09-Dec-2023 10:10 AM  
**Collected On** :  
**Report Date** : 09-Dec-2023 02:02 PM

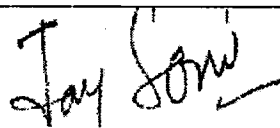
**2D Echo Colour Doppler**

1. Mild concentric LVH.
2. Normal sized LA, LV, RA, RV.
3. Normal LV systolic function, LVEF: 60%.
4. No RWMA.
5. Reduced LV compliance.
6. All cardiac valves are structurally normal.
7. Mild MR, Trivial TR, Trivial PR, No AR.
8. Mild PAH, RVSP: 44 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.

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



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



Name: Abhishek Pandey

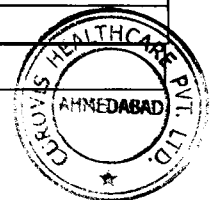
**M MODE FINDINGS:**

MITRAL VALVE	OBSERVED	NORMAL VALUES	LV FUNCTION
Anterior leaflet	Normal		LVA(d) :
EF Slope		70-150mm/sec	LVL (d) :
Opening Amplitude			LVA(s) :
Posterior leaflet	Normal		LVL(s) :
E.P.S.S.		mm	LVV(d) :
Mitral Valve Prolapse	No		LVV(s) :
Vegetation	No		LVEF : 60%
<b>TRICUSPID VALVE</b>		<b>LV COMPLIANCE</b>	
Normal		Reduced LV Compliance	

PULMONARY VALVE	OBSERVED	NORMAL VALUES	MVO AREA
EF Slope		6-115 mm	By Planimetry :
A' Wave -			
Midsystolic notch -			By PHT :
Flutter -			
Other Findings			

DIMENSIONS:			AORTIC VALVE		
1. Lvd. (Diastole)	46 mm		Cuspal Opening	16mm	
2. Lvd. (Systole)	28 mm	24-42 mm	Closure line	Central	
3. RVID (Diastole)	13mm	7-23 mm	Eccentricity index	1	
4. IVS (Diastole)	11mm		Other findings	Absent	
5. IVS (Systole)	12mm				
6. LVPWT (Diastole)	11mm	6-11 mm			
7. LVPM (Systole)	12mm				
8. Aortic root	32 mm	22-37 mm			
9. Left Atrium:	36 mm	19-40 mm			
10. LVEF	60%				

COLOUR DOPPLER FINDINGS:			
STRUCTURE	REGURG GRADING	VELOCITY1 m/sec Max/Mean	GRADIENT 5 Mm Hg Peak/Mean
MITRAL VALVE	Mild	0.90	3.30
TRICUSPID VALVE	Trivial	0.58	1.40
PULMONARY VALVE	Trivial	0.75	2.25
AORTIC	No	1.20	6.0





**LABORATORY REPORT**

**Name** : Mr. Abhishek Pandey  
**Sex/Age** : Male/40 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 312100425  
**Reg. Date** : 09-Dec-2023 10:10 AM  
**Collected On** :  
**Report Date** : 09-Dec-2023 06:04 PM

**X RAY CHEST PA**

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

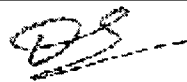
Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

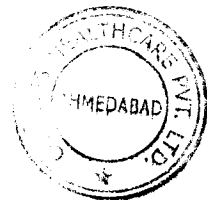
**COMMENT: No significant abnormality is detected.**

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

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





**LABORATORY REPORT**

**Name** : Mr. Abhishek Pandey  
**Sex/Age** : Male/40 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 312100425  
**Reg. Date** : 09-Dec-2023 10:10 AM  
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**Report Date** : 09-Dec-2023 06:00 PM

**USG ABDOMEN**

**LIVER: Liver is normal in size and bright echotexture.**

Intra-hepatic biliary radicals are not dilated.

No focal lesion is seen.

**PORTAL VEIN** is normal in course and caliber. **CBD** appears normal.

**GALL BLADDER:** Distended and normal. No evidence of calculus or mass lesion.

**PANCREAS:** obscured by excessive bowel gas.

**SPLEEN:** Spleen is normal in size & echopattern.

**KIDNEYS:**

Both kidneys are normal in size and echotexture.

Cortico-medullary differentiation of both kidneys is maintained.

No e/o calculus or hydronephrosis seen on either side.

**Simple cortical cyst of size 41x41mm is seen in lower pole of right kidney.**

**URINARY BLADDER:** appears normal. No calculus or mass seen.

**PROSTATE:** measures normal in size and in echogenicity.

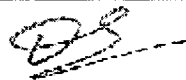
Bowel loops appear normal. No any inflammatory wall thickening or mass lesion is seen.

No lymphadenopathy seen.

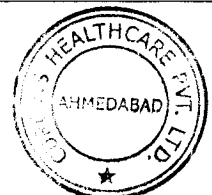
No evidence of free fluid seen in abdomen.

**IMPRESSION:**

This is an electronically authenticated report



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





**LABORATORY REPORT**

**Name** : Mr. Abhishek Pandey  
**Sex/Age** : Male/40 Years  
**Ref. By** :  
**Client Name** : Mediwheel

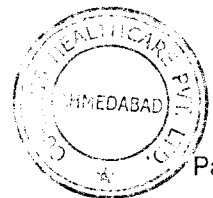
**Reg. No** : 312100425  
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- **Fatty liver grade-II**
- **Right renal simple cortical cyst.**

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





**LABORATORY REPORT**

Name : Mr. Abhishek Pandey  
Sex/Age : Male/40 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 312100425  
Reg. Date : 09-Dec-2023 10:10 AM  
Collected On :  
Report Date : 09-Dec-2023 02:46 PM

**Eye Check - Up**

No Eye Complaints

**RIGHT EYE**

SP: -0.25

CY: -0.50

AX: 23

**LEFT EYE**

SP : +0.00

CY : -0.75

AX :143

	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.

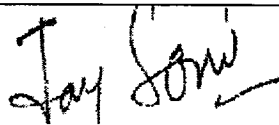
ColorVision : Normal

Comments: Normal

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



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M.D, GENERAL MEDICINE

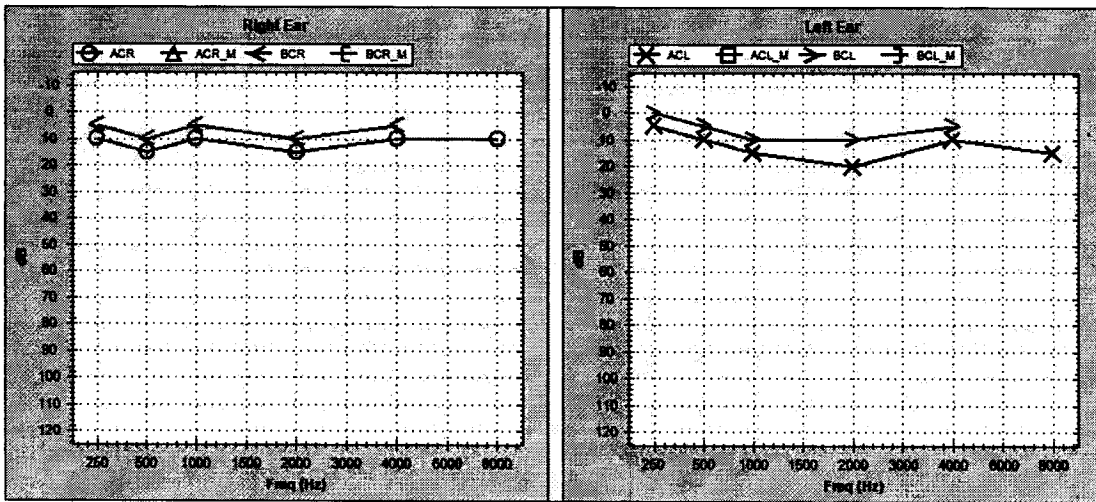


## LABORATORY REPORT

Name : Mr. Abhishek Pandey  
 Sex/Age : Male/40 Years  
 Ref. By :  
 Client Name : Mediwheel

Reg. No : 312100425  
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## AUDIOGRAM



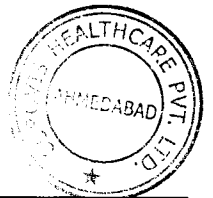
EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	UnMasked	Masked	UnMasked	
LEFT		□	×	⌋	>	Blue
RIGHT		△	○	⌈	<	Red

NO RESPONSE : Add ↓ below the respective symbols

Threshold in dB	RIGHT	LEFT
AIR CONDUCTION	11	10.5
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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



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*Jay Soni*

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 M.D., GENERAL MEDICINE

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