

Handwritten text, possibly a date or reference number: 1-5-88 E 2016


Boes

Blood-22



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

Form 7

Signature of 


Valid till (Overseas): 22-08-1998

Address: : JAGANNATH PRASAD  
: AT HANDBA  
: DIST. CHITAMPAR  
: STATE BIHAR

REGISTRATION NO. : G-23899

TYPE : GENERAL (LAW NOT APPLICABLE ONLY)

Valid till (Overseas): 22-08-1998

Signature of 

Address of Issuing Authority

REGISTRATION NO. : G-23899

Handwritten text: Blood



**LABORATORY REPORT**

**Name** : Mr. Kameshwar Kumar Jagan Nath Prasad  
**Sex/Age** : Male/34 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 402100778  
**Reg. Date** : 10-Feb-2024 02:43 PM  
**Collected On** :  
**Report Date** : 10-Feb-2024 06:23 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) : 178

Weight (kgs) : 81.2

Blood Pressure : 118/70mmHg

Pulse : 66/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

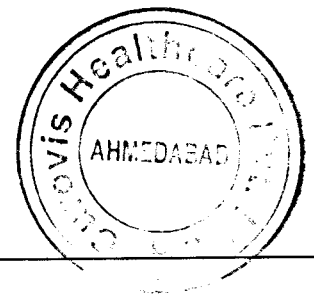
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

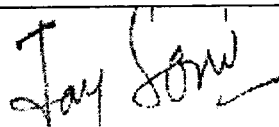
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



This is an electronically authenticated report



Dr. Jay Soni  
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

Page 3 of 5



## TEST REPORT

<b>Reg. No</b> : 402100778	<b>Ref Id</b> :	<b>Collected On</b> : 10-Feb-2024 09:43 AM
<b>Name</b> : Mr. Kameshwar Kumar Jagan Nath Prasad		<b>Reg. Date</b> : 10-Feb-2024 02:43 PM
<b>Age/Sex</b> : 34 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9102778571
<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)	16.0	g/dL	13.5 - 18
Hematocrit (Calculated)	49.10	%	40 - 50
RBC Count (Electrical Impedance)	H <b>5.92</b>	million/cmm	4.73 - 5.5
MCV (Calculated)	L <b>82.9</b>	fL	83 - 101
MCH (Calculated)	27.0	Pg	27 - 32
MCHC (Calculated)	32.6	%	31.5 - 34.5
RDW (Calculated)	11.5	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	6530	/cmm	* 4000 - 10000
MPV (Calculated)	11.0	fL	6.5 - 11.5

DIFFERENTIAL WBC COUNT	[ % ]	EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Neutrophils (%)	54	% 40 - 80	3526 /cmm	2000 - 7000
Lymphocytes (%)	38	% 20 - 40	2481 /cmm	1000 - 3000
Eosinophils (%)	02	% 0 - 6	392 /cmm	200 - 1000
Monocytes (%)	06	% 2 - 10	131 /cmm	20 - 500
Basophils (%)	0	% 0 - 2	0 /cmm	0 - 100

### PERIPHERAL SMEAR STUDY


RBC Morphology Normocytic and Normochromic.  
WBC Morphology Normal

### PLATELET COUNTS

Platelet Count (Electrical Impedance) **103000** /cmm 150000 - 450000  
Electrical Impedance  
Platelets **Large platelets are seen.**  
Parasites Malarial parasite is not detected.  
Comment -

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\* This test has been out sourced.

Approved By :   
Dr. Purvish Darji  
MD (Pathology)

Approved On : 10-Feb-2024 04:09 PM



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**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** "B"

**Rh (D)** Positive

**Note** -

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**


**ESR 1 hour** 03 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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**Approved By** : **Dr. Purvish Darji**  
MD (Pathology)

**Approved On** : 11-Feb-2024 06:11 PM  
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**Name** : Mr. Kameshwar Kumar Jagan Nath Prasad      **Reg. Date** : 10-Feb-2024 02:43 PM  
**Age/Sex** : 34 Years / Male      **Pass. No.** :      **Tele No.** : 9102778571  
**Ref. By** :      **Dispatch At** :  
**Sample Type** : Serum,Flouride PP      **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>	83.20	mg/dL	70 - 110
<b>Post Prandial Blood Sugar (PPBS)</b> <i>GOD-POD Method</i>	123.0	mg/dL	70 - 140

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**Approved By** :   
Dr. Purvish Darji  
MD (Pathology)

**Approved On** : 10-Feb-2024 04:10 PM  
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## TEST REPORT

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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	134.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	107.90	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	42.50	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	69.92	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	21.58	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	1.65		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	3.15		0 - 5.0
<i>Calculated</i>			

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Approved By :   
Dr. Purvish Darji  
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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**LFT WITH GGT**

Total Protein	7.86	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	5.39	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.47	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	2.18		0.8 - 2.0
SGOT	34.50	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	63.7	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	101.7	IU/l	53 - 128
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	1.03	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.25	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.78	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	26.00	U/L	< 55
<i>SZASZ Method</i>			

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 MD (Pathology)

**Approved On : 10-Feb-2024 07:11 PM**  
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**Ref. By** :      **Dispatch At** :  
**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>	5.35	mg/dL	3.5 - 7.2
<b>Creatinine</b> <i>Enzymatic Method</i>	0.60	mg/dL	0.9 - 1.3
<b>BUN</b> <i>UV Method</i>	6.90	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	5.4	% 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	108.28	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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**Approved By :**   
Dr. Purvish Darji  
MD (Pathology)

**Approved On :** 12-Feb-2024 09:26 AM


**TEST REPORT**

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<b>Name</b> : Mr. Kameshwar Kumar Jagan Nath Prasad		<b>Reg. Date</b> : 10-Feb-2024 02:43 PM
<b>Age/Sex</b> : 34 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9102778571
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Urine Spot		<b>Location</b> : 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	6.5	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	Nil	Nil

**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

Leucocytes (Pus Cells)	Nil	Nil
Erythrocytes (Red Cells)	Nil	Nil
Epithelial Cells	Occasional	Nil
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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**Approved By : Dr. Purvish Darji**  
 MD (Pathology)

**Approved On : 10-Feb-2024 03:53 PM**



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<b>Age/Sex</b> : 34 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9102778571
<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> <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.17	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> <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	11.40	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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Dr. Purvish Darji  
MD (Pathology)

**Approved On :** 10-Feb-2024 04:29 PM  
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**TEST REPORT**

**Reg. No** : 402100778      **Ref Id** :  
**Name** : Mr. Kameshwar Kumar Jagan Nath Prasad  
**Age/Sex** : 34 Years / Male      **Pass. No.** :  
**Ref. By** :  
**Sample Type** : Serum

**Collected On** : 10-Feb-2024 09:43 AM  
**Reg. Date** : 10-Feb-2024 02:43 PM  
**Tele No.** : 9102778571  
**Dispatch At** :  
**Location** : CHPL

**TSH**      1.990      µIU/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 µIU/mL


Second Trimester : 0.2 to 3.0 µIU/mL

Third trimester : 0.3 to 3.0 µIU/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>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>	0.72	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)

**Approved On** : 10-Feb-2024 04:23 PM



**LABORATORY REPORT**

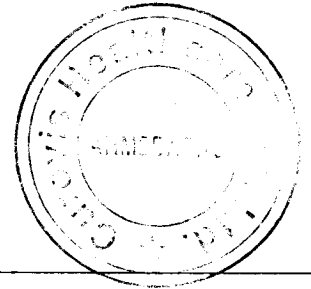
<b>Name</b> :	Mr. Kameshwar Kumar Jagan Nath Prasad	<b>Reg. No</b> :	402100778
<b>Sex/Age</b> :	Male/34 Years	<b>Reg. Date</b> :	10-Feb-2024 02:43 PM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	10-Feb-2024 05:03 PM

**Electrocardiogram**

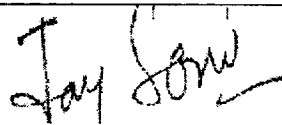
**Findings**

Normal Sinus Rhythm.

Within Normal Limit.



This is an electronically authenticated report



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

**DR. MUKESH LADDHA**

KAMESHWAR  
KUMAR

30

Male

34 years

178 cm / 81 kg

HR 66/min

Rx15: 67°

Intervals:

PR 913 ms

P 110 ms

PR 122 ms

QR5 88 ms

QT 352 ms

QTc 321 ms  
(Bazett)

10 mm/mV

P 64°

T 46°

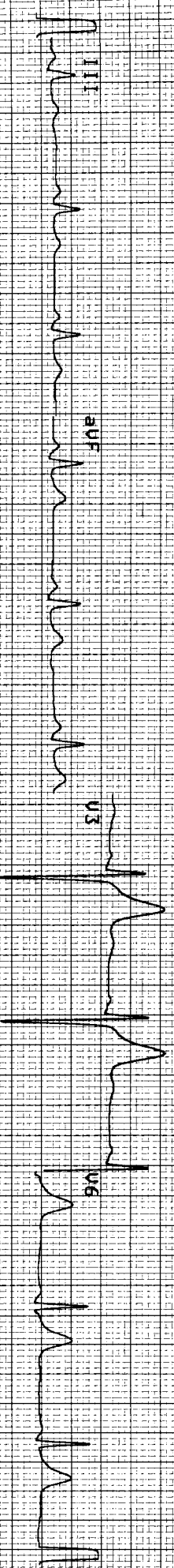
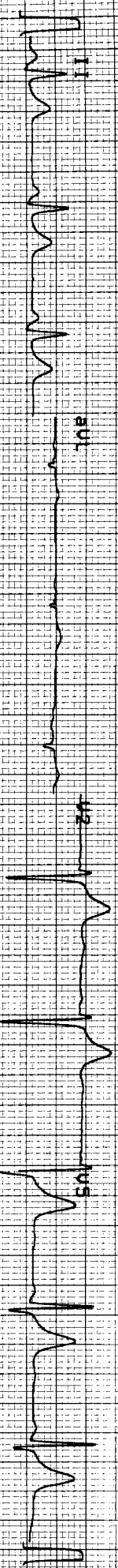
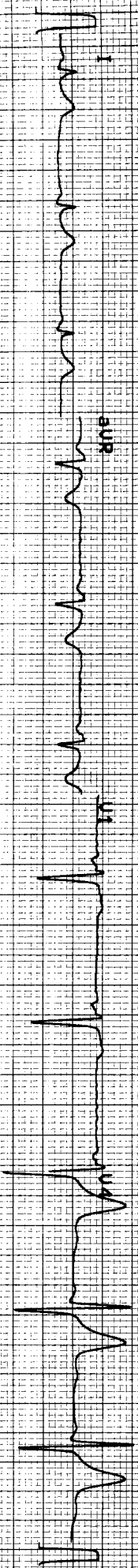
P (II) 0.14 mV

S (V1) -1.16 mV

R (V5) 1.34 mV

Sokol. 2.90 mV

10 mm/mV



*Kameshwar Kumar*

10 mm/mV  
25 mm/s

0.05 25 Hz 550 585 10.02.2024 11:24:59

CURIOUS HEALTHCARE

HT 102P US 1.24.0

SCHILLER

Part No.2.157025M

CE 0123

R.80



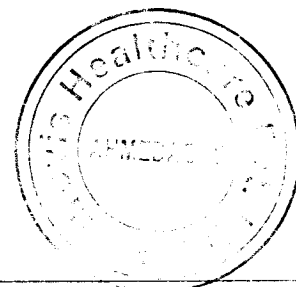
**LABORATORY REPORT**

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**Sex/Age** : Male/34 Years  
**Ref. By** :  
**Client Name** : Mediwheel

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**Collected On** :  
**Report Date** : 10-Feb-2024 05:03 PM

**2D Echo Colour Doppler**

1. No LVH.
2. Normal sized LA, LV, RA, RV.
3. Normal LV systolic function, LVEF: 65%.
4. No RWMA.
5. Normal LV compliance.
6. All cardiac valves are structurally normal.
7. Trivial MR, Trivial TR, Trivial PR, No AR.
8. No PAH, RVSP: 31 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.



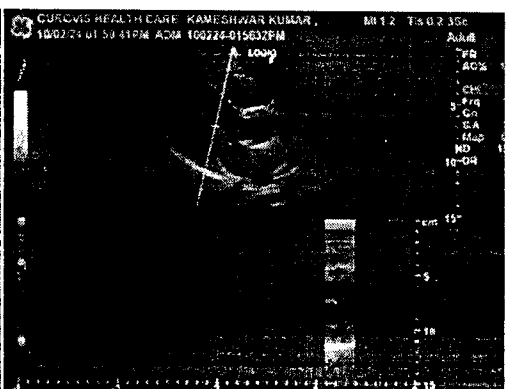
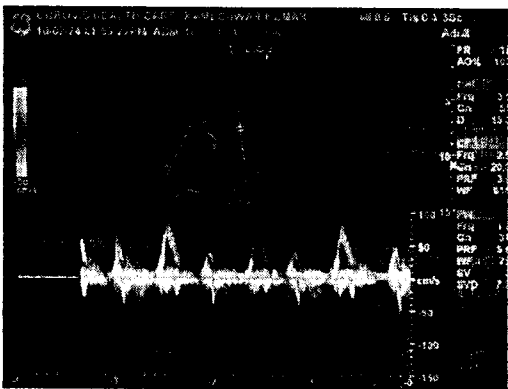
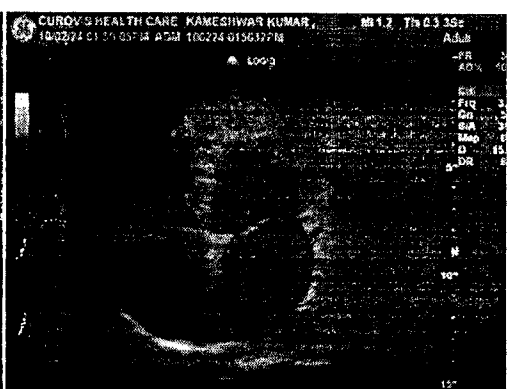
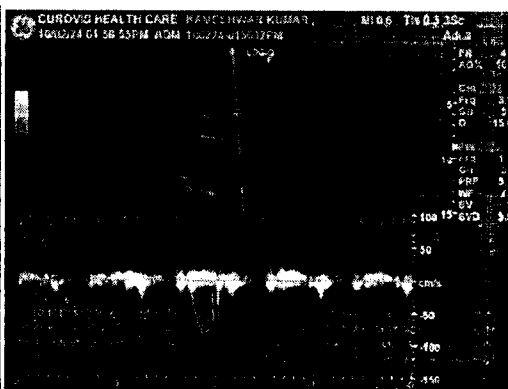
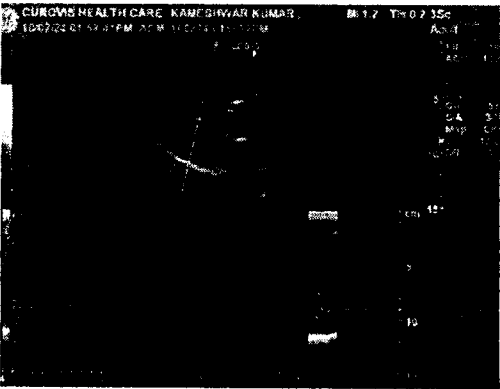
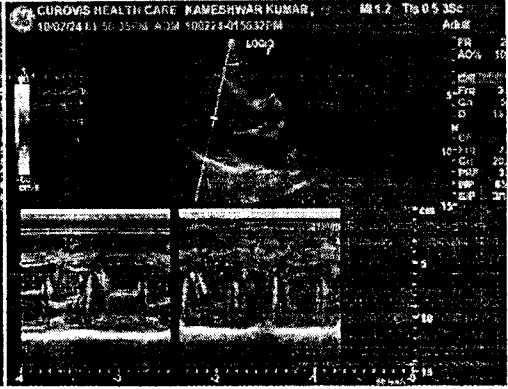
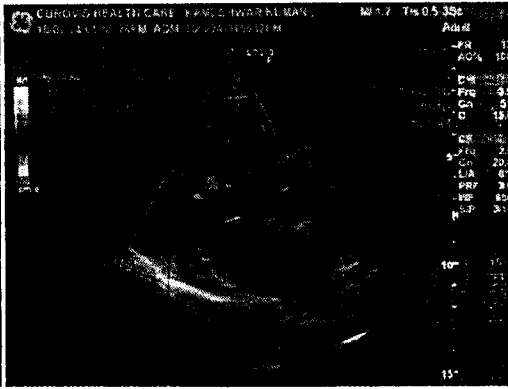
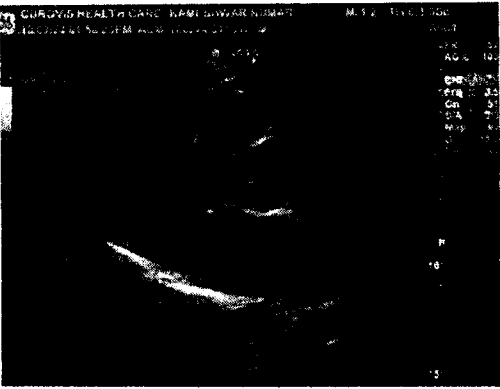
This is an electronically authenticated report

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

**DR. MUKESH LADDHA**

Page 2 of 5





KAMESHWAR KUMAR 100224-015632PM

10/02/2024

CUROVIS HEALTH CARE



**LABORATORY REPORT**

<b>Name</b> :	Mr. Kameshwar Kumar Jagan Nath Prasad	<b>Reg. No</b> :	402100778
<b>Sex/Age</b> :	Male/34 Years	<b>Reg. Date</b> :	10-Feb-2024 02:43 PM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	10-Feb-2024 07:59 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.

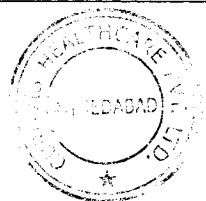
**COMMENT: No significant abnormality is detected.**

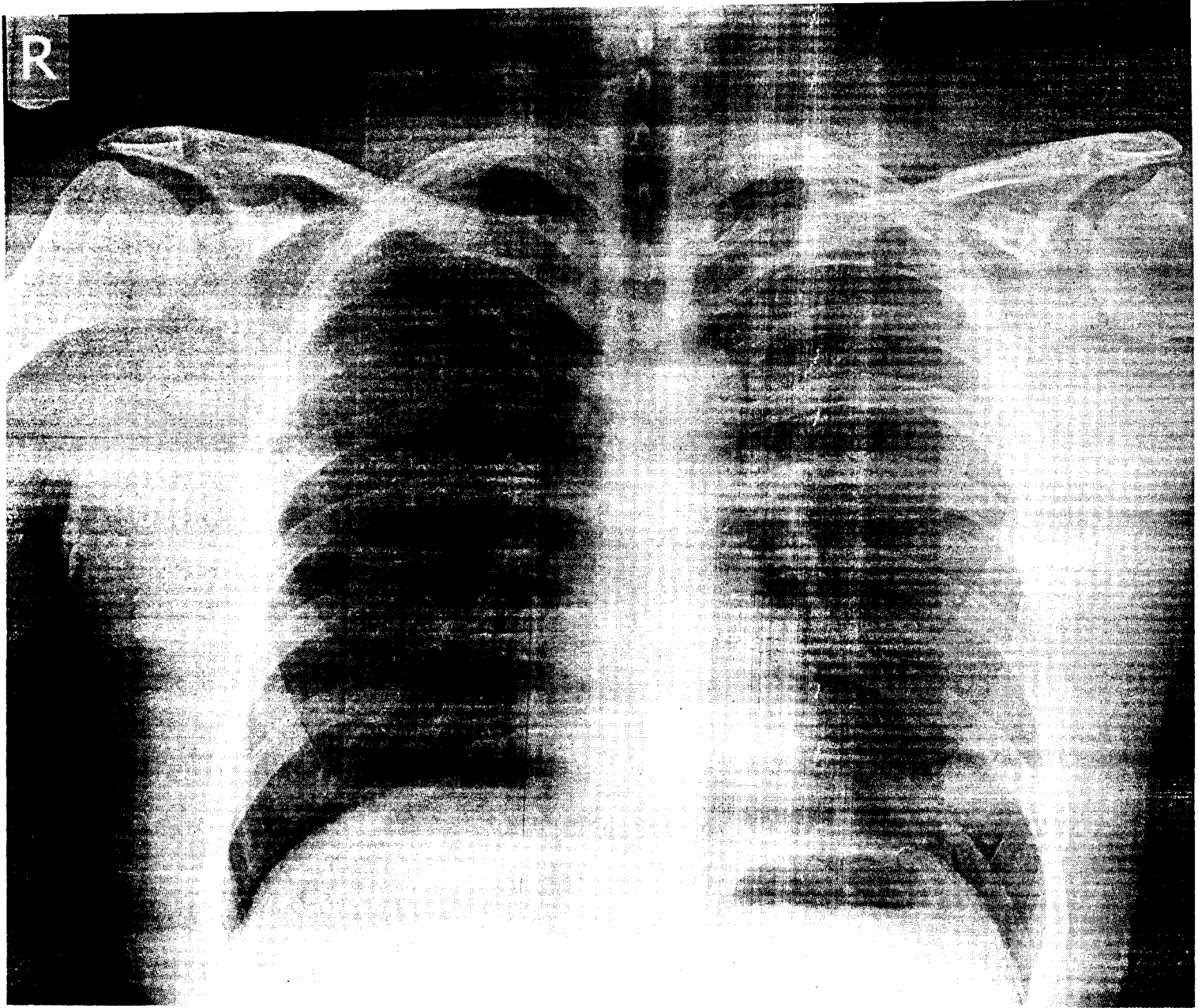
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**DR DHAVAL PATEL**  
Consultant Radiologist  
MB,DMRE  
Reg No:0494





**KAMESHWAR KUMAR 34/Y**

**10/02/2024**

**CUROVIS HEALTHCARE**



**LABORATORY REPORT**

Name : Mr. Kameshwar Kumar Jagan Nath Prasad  
Sex/Age : Male/34 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 402100778  
Reg. Date : 10-Feb-2024 02:43 PM  
Collected On :  
Report Date : 10-Feb-2024 07:58 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.

**p/h/o cholecystectomy**

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

**Spleen** appears normal in size & echopattern. No evidence of focal lesions.

**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.

**Prostate** appears normal in size and echopattern. No evidence of focal lesions.

No evidence of free fluid in peritoneal cavity.

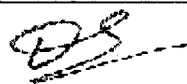
No evidence of para-aortic lymph adenopathy.

No evidence of dilated small bowel loops.

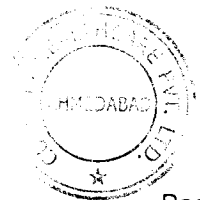
**COMMENTS :**

**p/h/o cholecystectomy.**

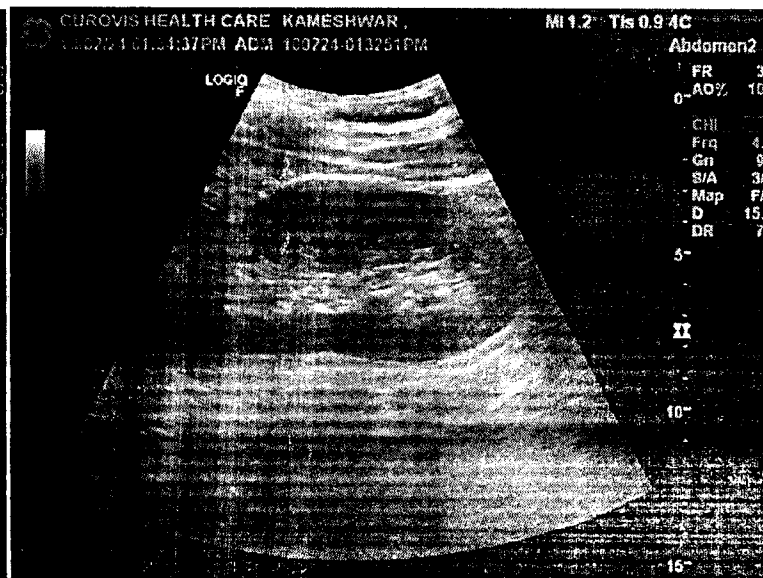
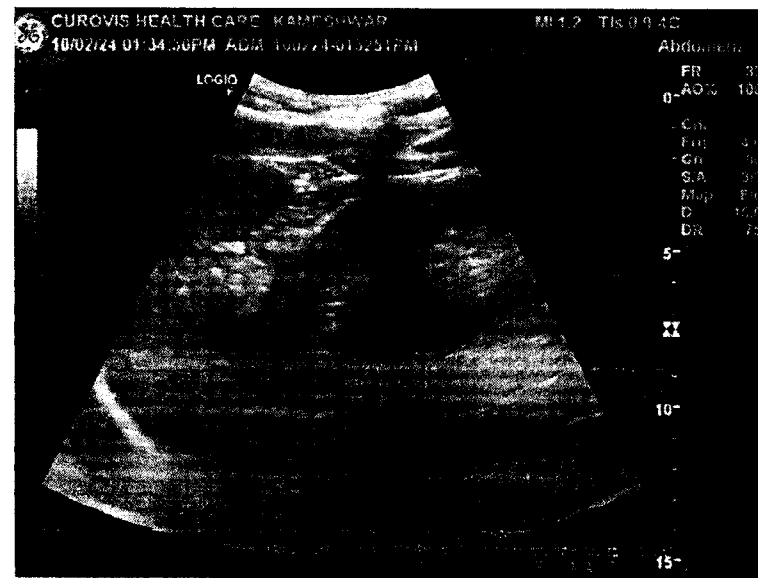
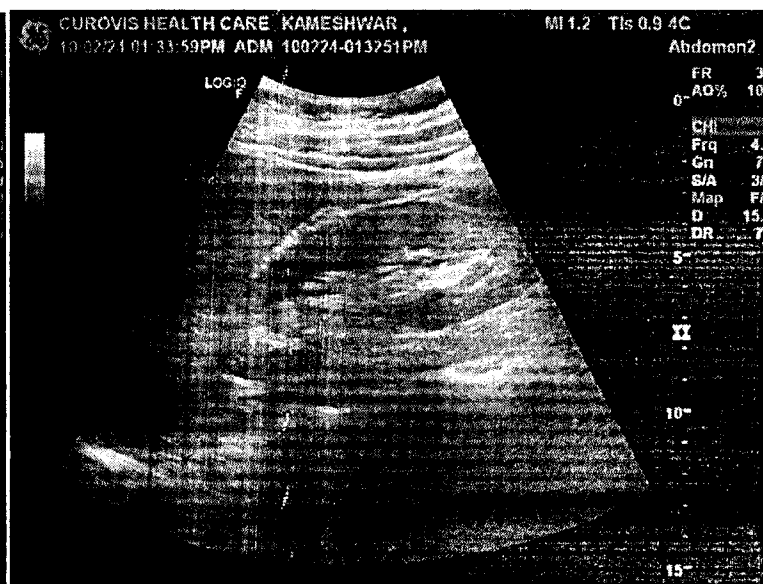
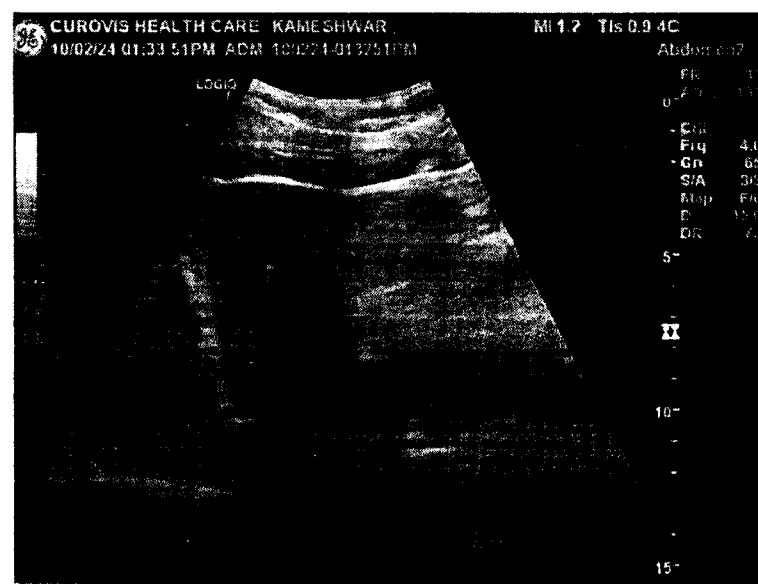
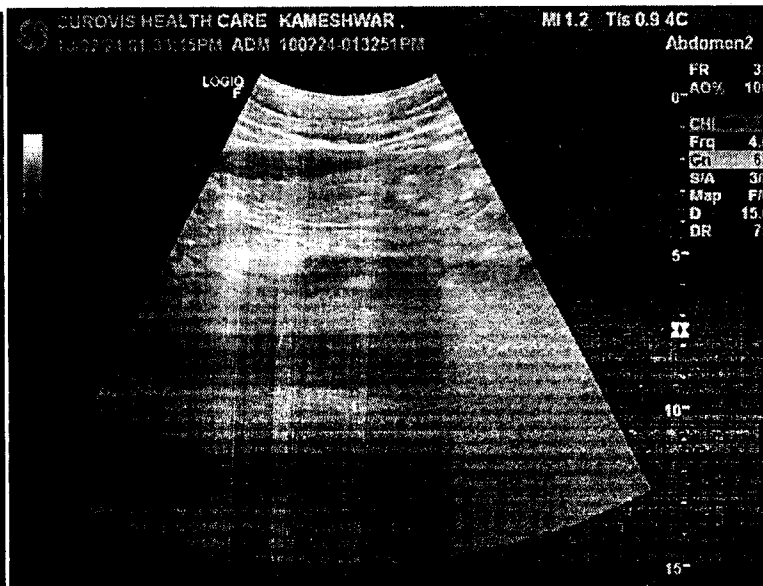
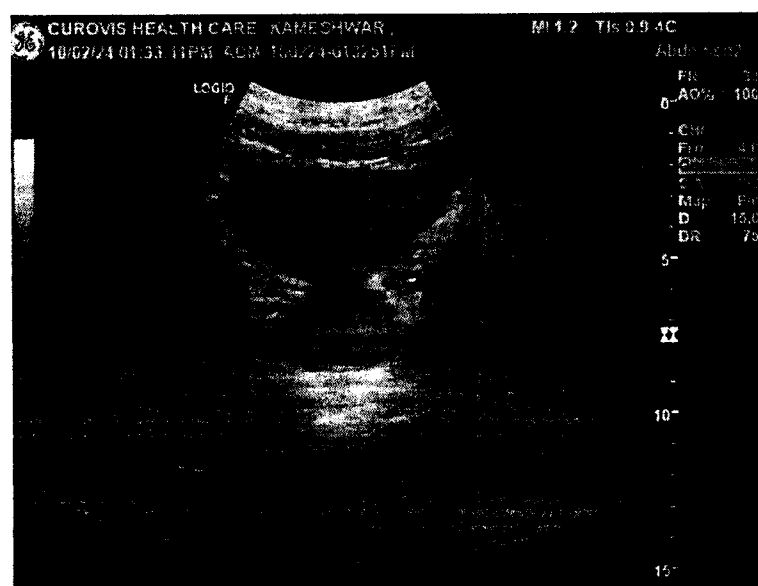
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**DR DHAVAL PATEL**  
Consultant Radiologist  
MB,DMRE  
Reg No:0494



Page 1 of 2



KAMESHWAR 100224-013251PM

10/02/2024

CUROVIS HEALTH CARE



**LABORATORY REPORT**

<b>Name</b> :	Mr. Kameshwar Kumar Jagan Nath Prasad	<b>Reg. No</b> :	402100778
<b>Sex/Age</b> :	Male/34 Years	<b>Reg. Date</b> :	10-Feb-2024 02:43 PM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	10-Feb-2024 06:34 PM

**Eye Check - Up**

No Eye Complaints

**RIGHT EYE**

SP: +0.50

CY: -0.50

AX: 92

**LEFT EYE**

SP : +0.00

CY : +0.00

AX :00

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

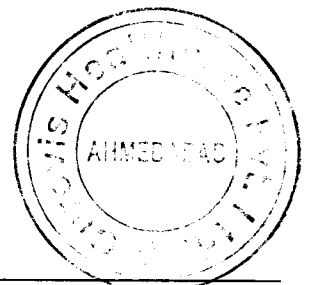
Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.


ColorVision : Normal

Comments: Normal

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



This is an electronically authenticated report

  
Dr Kejal Patel  
MB,DO(Ophth)

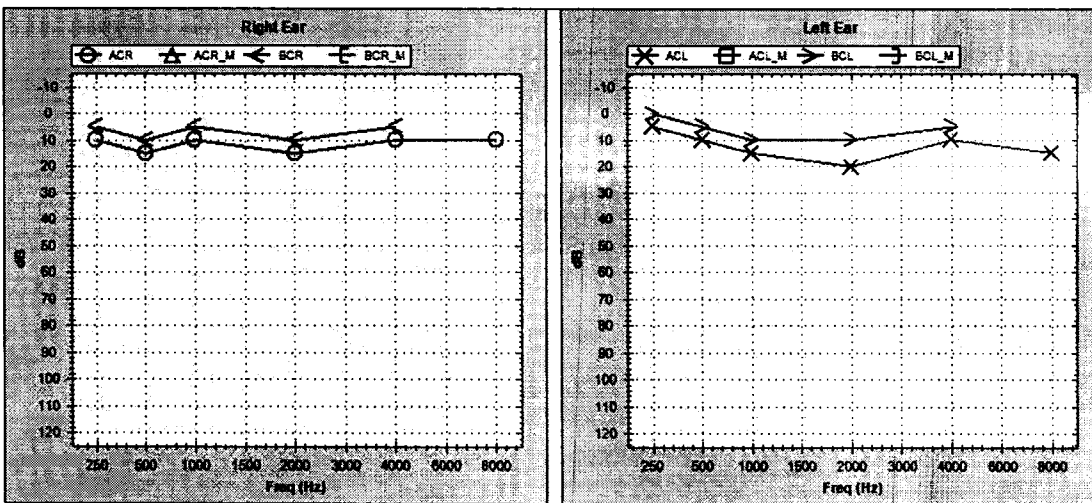


## LABORATORY REPORT

Name : Mr. Kameshwar Kumar Jagan Nath Prasad  
 Sex/Age : Male/34 Years  
 Ref. By :  
 Client Name : Mediwheel

Reg. No : 402100778  
 Reg. Date : 10-Feb-2024 02:43 PM  
 Collected On :  
 Report Date : 10-Feb-2024 06:34 PM

## 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	10.5	10.5
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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



This is an electronically authenticated report

  
 Dr Kejal Patel  
 MB,DO(Ophth)