

			LABORATORY REPORT			
Name	:	Mr. Sintu Saha		Reg. No		200101004
Sex/Age		Male/38 Years		neg. No	;	206101094
. •	•	Male/36 fears		Reg. Date	:	17-Jun-2022 09:04 AM
Ref. By	:			Collected On		17 ton 2022 00 04 444
Client Name		Mediwheel		conected Off	:	17-Jun-2022 09:04 AM
one it it it is		MediMil661		Report Date	:	17-Jun-2022 03:58 PM

Medical Certificate

GENERAL EXAMINATION

Height (cms): 159

Weight (kgs): 66.4

Blood Pressure :128/80 mmHg

Pulse: 84/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

Page 3 of 4



धारक के हस्ताक्षर

Total Each & Market &

Sank of Barries

नम झॅ. मिन्दु माहा Name DR. SINTU SAHA

कर्मधारी कृट क. 165668 Employee Code No जारीकर्ता प्राधिकारी Issuing Authority

W.D. (General Medicine)







Name : Mr. Sintu Saha

: CHPL

: 206101094

: 38 Years / Male Ref Id

Pass. No.

Collected On

Reg. Date

: 17-Jun-2022 09:04 AM

Tele No.

: 8420362101

Dispatch At

Sample Type

: EDTA Whole Blood

Parameter

Reg. No

Age/Sex

Ref. By

Location

Results

Unit

Biological Ref. Interval

COMPLETE BLOOD COUNT (CBC) Specimen: EDTA blood

DIECEDENTIAL MOC COLINY		f 0/ 3	milme own by the time	
MPV (Calculated)	-	110.5	fl	7.4 - 10.4
WBC Count (Volumetric Impedance))	7560	/cmm	4000 - 10500
RDW (Calculated)		13.3	%	11.5 - 14.0
MCHC (Calculated)		35.6	%	31 - 35
MCH (Calculated)	1	33.9	Pg	27 - 31
MCV (Calculated)		95.1	fL	78 - 110
RBC Count (Volumetric Impedance)		4.79	million/cmm	4.7 - 6.0
Hematrocrit (Calculated)	L	45.60	%	47 - 52
Hemoglobin (Spectrophotometric Measurement)		16.2	g/dL	13.0 - 18.0

DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[Abs]		EXPECTED VALUES
Neutrophils (%)	69.50	%	42.0 - 75.2	5254	/cmm	2000 - 7000
L.ymphocytes (%)	25.40	%	20 - 45	1920	/cmm	1000 - 3000
Eosinophils (%)	1.80	%	0 - 6	227	/cmm	200 - 1000
Monocytes (%)	3.00	%	2 ~ 10	136	/cmm	20 - 500
Basophils (%)	0.30	%	0 - 1	23	/cmm	0 - 100

PERIPHERAL SMEAR STUDY

RBC Morphology

Normocytic and Normochromic.

WBC Morphology

Normal

PLATELET COUNTS

Platelet Count (Volumetric

Impedance)

212000

/cmm

150000 - 450000

Platelets

Platelets are adequate with normal morphology.

Parasites

Malarial parasite is not detected.

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Dr.Keyur

M.B.DCP

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17-Jun-2022 11:21 AM Page 1 of 13

CUROVIS HEALTHCARE PVT. LTD.





Reg. No : 206101094

Name : Mr. Sintu Saha

Age/Sex : 38 Years

: CHPL

/ Male

Pass. No.

Ref Id

Reg. Date

: 17-Jun-2022 09:04 AM

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: 8420362101

Dispatch At

Collected On

Sample Type

: EDTA Whole Blood

Parameter

Ref. By

Location

Result

Unit

Biological Ref. Interval

HEMATOLOGY

BLOOD GROUP & RH

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

ABO

"B"

Rh (D)

Positive

Note

ERYTHROCYTE SEDIMANTATION RATE [ESR]

ESR (After 1 hour)

Intra red measurement

02

mm/hr

ESR AT 1 hour: 1-7

ESR AT 2 hour: 8-15

ERYTHRO SEDIMENTION 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 prenancy 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 (o-1mm) in polycythaemia, hypofibrinogenemia or or congestive cardiac failure and when there are abnormalities or the red cells such as poikilocytosis, spherocytosis or sickle cells.

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CUROVIS HEALTHCARE PVT. LTD.





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: 17-Jun-2022 09:04 AM

Age/Sex

: 38 Years

Pass. No.

Tele No.

: 8420362101

Ref. By

/ Male

Unit

Location

: CHPL

Dispatch At Sample Type

: Serum Flouride PP

Parameter

Result

Biological Ref. Interval

FASTING PLASMA GLUCOSE Specimen: Flouride plasma

Fasting Blood Sugar (FBS)

89.70

mg/dL

70 - 110

Criteria for the diagnosis of diabetes

1. HbA1c >/= 6.5 *

Or

Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or

- 3. Two hour plasma glucose >/= 200mg/dL during an oral glucose tolerence 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 >/= 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)

94.0

mg/dL

70 - 140

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CUROVIS HEALTHCARE PVT. LTD.





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Reg. No

Age/Sex

Ref. By

: Mr. Sintu Saha

: 206101094

: 38 Years i Male Pass. No.

Ref Id

Collected On : 17-Jun-2022 12:24 PM

Reg. Date

: 17-Jun-2022 09:04 AM

Tele No.

: 8420362101

Dispatch At

			•
Location : CHPL		Sample Type	: Serum
Parameter	Result	Unit	Biological Ref. Interval
	Lipid Profile		
Cholesterol	180.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
Triglyceride	245.50	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
HDL Cholesterol	52.40	mg/dL	High Risk : < 40 Low Risk : = 60
LDL Calculated	78.50	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130- 159 High : 160-189 Very High : >190.0
VLDL Calculated	49.10	mg/dL	15 - 35
LDL / HDL RATIO Calculated	1.50		0 - 3.5
Cholesterol /HDL Ratio	3.44		0 - 5.0

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CUROVIS HEALTHCARE PVT. LTD.





/ Male

Reg. No : 206101094

Ref Id

Collected On : 17-Jun-2022 12:24 PM

Name

: Mr. Sintu Saha

Reg. Date

: 17-Jun-2022 09:04 AM

Ref. By

Pass. No.

Tele No.

: 8420362101

Age/Sex Location

: CHPL

: 38 Years

Dispatch At

Sample Type : Serum

LOCATION : CHPL		Sample Typ	e : Serum
Parameter	Result	Unit	Biological Ref. Interval
	BIO - CHEMISTRY		
	LF	T WITH GGT	
Total Protein	7.76	gm/dL	6.3 - 8.2
Albumin	5.09	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 Calculated	2.67	g/dL	2.3 - 3.5
A/G Ratio Calculated	1.91		0.8 - 2.0
SGOT	30.20	U/L	0 - 40
SGPT	44.30	U/L	0 - 40
Alakaline Phosphatase	189.3	U/L	38 - 126
Total Bilirubin	1.19	mg/dL	0 - 1.2
Conjugated Bilirubin	0.30	mg/dL	0.0 - 0.4
Unconjugated Bilirubin Sulph acid dpl/call-benz	0.89	mg/dL	0.0 - 1.1
GGT	72.40	mg/dL	15 - 73

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Age/Sex

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Tele No.

: 8420362101

Ref. By

Dispatch At

Location

: CHPL

Sample Type : Serum

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Ref. By

/ Male

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Collected On : 17-Jun-2022 12:24 PM

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: 17-Jun-2022 09:04 AM

Tele No.

: 8420362101

Dispatch At

Location : CHPL		Sample Typ	e : Serum
Parameter	Result	Unit	Biological Ref. Interval
	BIO - CHEMISTRY		
Uric Acid	6.72	mg/dL	Adult : 3.5 - 8.5 Child : 2.5 - 5.5
Creatinine	0.73	mg/dL	Adult : 0.72 - 1.18 Child : 0.5 - 1.0
BUN	8.60	mg/dL	Adult : 7.0 - 20.0 Child : 5.0 - 18.0

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CUROVIS HEALTHCARE PVT. LTD.





: 206101094

TEST REPORT

Ref Id Collected On

Reg. Date

: 17-Jun-2022 12:24 PM : 17-Jun-2022 09:04 AM

Name Age/Sex

Reg. No

: Mr. Sintu Saha : 38 Years / Male

Pass. No.

Tele No.

: 8420362101

Ref. By

Dispatch At

Location

: CHPL

Sample Type

: EDTA Whole Blood

Parameter

Unit

Biological Ref. Interval

HEMOGLOBIN A1 C ESTIMATION Specimen: Blood EDTA

Result

Hb A1C

Boronate Affinity with Fluorescent Quenching

5.1

% of Total Hb

Normal: < 5.7 %

Pre-Diabetes: 5.7 % ~

6.4 %

Diabetes: 6.5 % or

higher

Mean Blood Glucose Calculated

99.67

mg/dL

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 throught 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 measurnment which effects 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:

*Errneous 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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Name

: Mr. Sintu Saha

Reg. Date

: 17-Jun-2022 09:04 AM

Age/Sex

: 38 Years

i Male Pass. No. Tele No.

: 8420362101

Ref. By Location

Dispatch At

: CHPL

Sample Type

: Urine Spot

Test

Result

Unit

Biological Ref. Interval

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity

20 cc

Colour

Pale Yellow

Clarity

Clear

Sediments

Nil

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

рН

5.0

4.6 - 8.0

Sp. Gravity

1.025

1.001 - 1.035

Protein

Nil

Glucose

Nil

Nil

Bile Salt

Absent

Bile Pigment

Ketone Bodies

Absent Absent

Urobilinogen Bilirubin

Nil

Nitrite

Nil

Blood

Nit

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)

Nil

Erythrocytes (Red Cells)

Nil

Epithelial Cells

1 - 2/hpf

/hpf

Calcium Oxalate

Absent

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Name : Mr. Sintu Saha

: CHPL

Reg. Date

: 17-Jun-2022 09:04 AM

Age/Sex : 38 Years

/ Male Pass. No. Tele No.

: 8420362101

Ref. By

Dispatch At

Sample Type : Urine Spot

Uric Acid

Location

Absent

Triple Phosphate

Absent

Amorphous Material

Absent

Casts

Nil

Bacteria

Absent

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TEST REPORT Ref Id

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: 17-Jun-2022 12:24 PM

Reg. No Name

: Mr. Sintu Saha

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Age/Sex

: 38 Years i Male Tele No.

: 8420362101

Ref. By

Pass. No.

Dispatch At

Location

: CHPL

Sample Type

: Serum

Parameter

Result

Unit

Biological Ref. Interval

IMMUNOLOGY

THYROID FUNCTION TEST

T3 (Triiodothyronine)

CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

1.21

ng/mL

0.6 - 1.81

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)

CHEMILÚMINESCENT MICROPARTICLE IMMUNOASSAY

8.30

ng/mL

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

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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Age/Sex

: 38 Years

Pass. No.

Tele No.

: 8420362101

Ref. By Location / Male

Dispatch At Sample Type

: Serum

: CHPL

TSH

1.164

µIU/mI

0.67 - 4.16

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-relasing 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 µlU/mL Second Trimester: 0.2 to 3.0 µIU/mL Third trimester: 0.3 to 3.0 µIU/mL

Referance: Carl A.Burtis, Edward R.Ashwood, David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular

Diagnostics. 5th Eddition. Philadelphia: WB Sounders, 2012:2170

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Dispatch At

: CHPL

Sample Type

: Serum

Location **Parameter**

Unit

Biological Ref. Interval

Result **IMMUNOLOGY**

TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)

0.36

ng/mL

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 -----

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Name	:	Mr. Sintu Saha		Reg. No	:	206101094
Sex/Age	:	Male/38 Years		Reg. Date	:	17-Jun-2022 09:04 AM
Ref. By	:			Collected On	:	17-Jun-2022 09:04 AM
Client Name	:	Medlwheel		Report Date	:	17-Jun-2022 03:58 PM

Electrocardiogram*

Findings

Normal Sinus Rhythm.

Within Normal Limit.

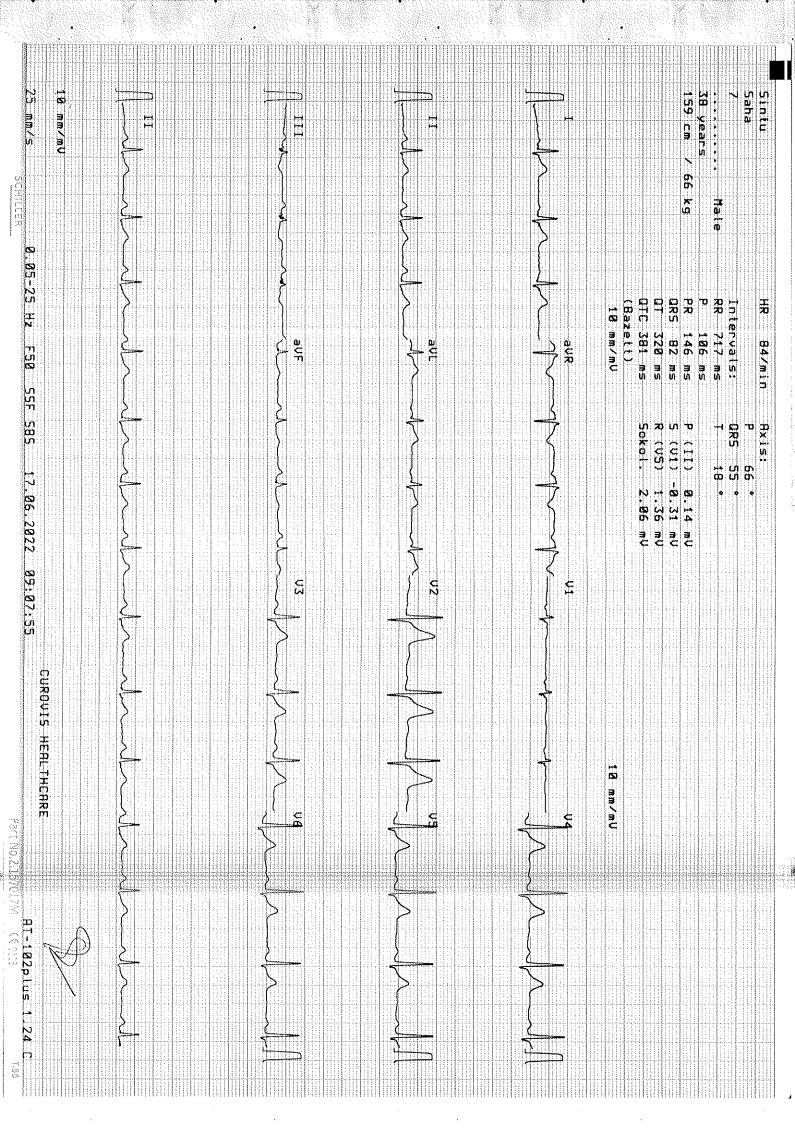


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Dr.Jay Soni

M.D, GENERAL MEDICINE

Page 1 of 4





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Sex/Age	:	Male/38 Years		Reg. Date		17-Jun-2022 09:04 AM
Ref. By	:			Collected On	•	
Client Name	:	Mediwheel			:	17-Jun-2022 09:04 AM
Cilent Name	_:	Mediwheel		Report Date	:	17-Jun-2022 03

2D Echo Colour Doppler

OBSERVATION:

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

- 1. Normal LV size. No RWMA at rest.
- 2. Normal RV and RA. Mild Concentric LVH.
- All Four valves are structurally normal.
- Good LV systolic function. LVEF = 60%.
- 5. Reduced LV Compliance.
- 6. Trivial TR. Mild MR. No AR.
- 7. Mild PAH. RVSP = 40 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.
- Mild Concentric LVH . Reduced LV Compliance
- 3. Trivial TR with Mild PAH. Mild MR. No AR
- 4. No RWMA at rest.

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

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M.D, GENERAL MEDICINE

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			LABORATORY REPORT			
Name	:	Mr. Sintu Saha		Reg. No	;	206101094
Sex/Age	:	Male/38 Years		Reg. Date	;	17-Jun-2022 09:04 AM
Ref. By	:			Collected On	:	
Client Name	:	Mediwheel		Report Date	:	17-Jun-2022 04:38 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.ATUL PATEL
M.D Radio-diagnosis



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Ref. By	:		Collected	On :	
Client Name	:	Mediwheel	Report Da	te :	17-Jun-2022 04:38 PM

USG ABDOMEN

Liver appears normal in size, show homogenous parenchymal echo. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic billiary 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. 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 contour is normal, No evidence of calculus or mass.

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

No paraaortic lymphadenopathy seen.

No evidence of dilated small bowel loops.

COMMENTS:

Normal study.

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M.D Radio-diagnosis

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CUROVIS HEALTHCARE PVT. LTD.



			LABORATORY REPORT	***************************************		
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Ref. By	:			Collected On	•	17-Jun-2022 09:04 AM
Client Name	:	Mediwheel		Report Date	:	17-Jun-2022 01:52 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -0.50

CY: -1.00

AX: 27

LEFT EYE

SP:-1.00

CY: -0.50

AX:140

	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

This is an electronically authenticated report

Comments: Normal

- End Of Report

Dr Kejal Patel MB,DO(Ophth)

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CUROVIS HEALTHCARE PVT. LTD.

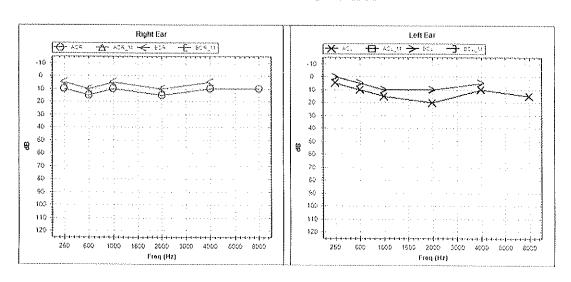


CLIENT NAME:- SINTU SAHA.

AGE:- 38Y/M

Date:- 17/06/2022.

AUDIOGRAM



MODE	Air Conduction		Bone Conduction		Colour		7/1007/11111111111111111111111111111111	2411-2012-4-4-2-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4
EAR	Masked	tieVasked	Masked	Uni/Jaskes	Cone	***************************************	RIGHT	LEFT
ILEL		X		>	El »	AIR CONDUCTION	1.0	10.5
RiGhi	Δ	0	C	<	limi	BONE CONDUCTION		
NO RESPONSE: Add 4 below the respective symbols					ols	SPEECH		

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.



CUROVIS HEALTHCARE PVT. LTD.