



**LABORATORY REPORT**

**Name** : Mr. Pratik Rajeshbhai Shastri  
**Sex/Age** : Male/34 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 307100410  
**Reg. Date** : 08-Jul-2023 08:33 AM  
**Collected On** :  
**Report Date** : 08-Jul-2023 02:22 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) :166

Weight (kgs) :89.5

Blood Pressure : 130/80mmHg

Pulse :73 /Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

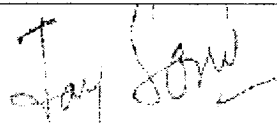
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



This is an electronically authenticated report



Dr. Jay Soni

M.D. GENERAL MEDICINE

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सत्यमेव जयते  
भारत सरकार



आधार

भारतीय विशिष्ट ओળभाए प्राधिकरण

भारत सरकार

Unique Identification Authority of India  
Government of India

नामांकन क्रम संख्या / Enrollment No.: 2017/00444/01658

To  
शास्त्री प्रतिक राजेशभाई  
Shastri Pratik Rajeshbhai  
S/O Rajeshbhai,  
37 - MANMOHAN NAGAR, NR SHARDA PETROL  
PUMP,  
CHANDKHEDA,  
VTC: AHMEDABAD,  
District: Gandhinagar,  
State: Gujarat,

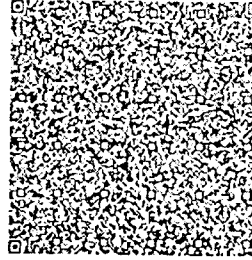
23/02/2012

187406531

PIN Code: 382424,  
Mobile: 9824893143



UA032872432IN



तुमारे आधार नंबर / Your Aadhaar No. :

5821 8578 7671

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

भारो आधार, भारी ओળभ

9824893143  
Rajesh

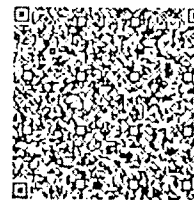


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Government of India



शास्त्री प्रतिक राजेशभाई  
Shastri Pratik Rajeshbhai  
जन्म तारीख / DOB : 26/01/1989  
पुरुष / MALE



5821 8578 7671

भारो आधार भारी ओળभ


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<b>Age/Sex</b> : 34 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9824893143
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : EDTA Whole Blood

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

Hemoglobin (Colorimetric method)	L 12.9	g/dL	13.0 - 18.0
Hematocrit (Calculated)	L 38.00	%	47 - 52
RBC Count (Electrical Impedance)	L 4.54	million/cmm	4.7 - 6.0
MCV (Calculated)	83.7	fL	78 - 110
MCH (Calculated)	28.5	Pg	27 - 31
MCHC (Calculated)	34.0	%	31 - 35
RDW (Calculated)	L 9.6	%	11.5 - 14.0
WBC Count Flowcytometry with manual Microscopy	8260	/cmm	4000 - 10500
MPV (Calculated)	9.9	fL	7.4 - 10.4

<b>DIFFERENTIAL WBC COUNT</b>	<b>[ % ]</b>	<b>EXPECTED VALUES</b>	<b>[ Abs ]</b>	<b>EXPECTED VALUES</b>
Neutrophils (%)	58.50 %	42.0 - 75.2	4832 /cmm	2000 - 7000
Lymphocytes (%)	31.80 %	20 - 45	2627 /cmm	1000 - 3000
Eosinophils (%)	2.40 %	0 - 6	562 /cmm	200 - 1000
Monocytes (%)	6.80 %	2 - 10	198 /cmm	20 - 500
Basophils (%)	0.50 %	0 - 1	41 /cmm	0 - 100


**PERIPHERAL SMEAR STUDY**

RBC Morphology Normocytic and Normochromic.  
 WBC Morphology Normal

**PLATELET COUNTS**

Platelet Count (Electrical Impedance) 365000 /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.

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 Dr. Bhavi Patel  
 MD (Pathology)

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<b>Location</b> : CHPL		<b>Sample Type</b> : EDTA Whole Blood

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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** 7 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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**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>	217.70	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>	293.8	mg/dL	70 - 140
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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Lipid Profile</b>			
Cholesterol	250.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	369.90	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	37.00	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	139.02	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	73.98	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	3.76		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	6.76		0 - 5.0
<i>Calculated</i>			

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Parameter	Result	Unit	Biological Ref. Interval
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### LFT WITH GGT

Total Protein	7.20	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	4.95	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)	2.25	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	2.20		0.8 - 2.0
SGOT	53.90	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	64.90	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	72.3	IU/l	53 - 128
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.97	mg/dL	0 - 1.2
<i>Vanadate Oxidation</i>			
Conjugated Bilirubin	0.21	mg/dL	0.0 - 0.4
Unconjugated Bilirubin	0.76	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	57.50	mg/dL	< 49
<i>SZASZ Method</i>			

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

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

<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	6.53	mg/dL	3.5 - 7.2
<b>Creatinine</b> <i>Enzymatic Method</i>	0.67	mg/dL	0.9 - 1.3
<b>BUN</b> <i>UV Method</i>	8.60	mg/dL	6.0 - 20.0

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<b>Location</b> : CHPL		<b>Sample Type</b> : EDTA Whole Blood

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**HEMOGLOBIN A1 C ESTIMATION**

Specimen: Blood EDTA

*Hb A1C	9.3	% 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	220.21	mg/dL
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*Calculated*
**Degree of Glucose Control Normal Range:**

Poor Control &gt;7.0% \*

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

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

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

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

**EXPLANATION :-**

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

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

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

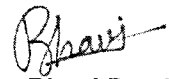
\*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

**HbA1c assay Interferences:**

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

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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	20 cc		
Colour	Pale Yellow		
Clarity	Clear	Clear	

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

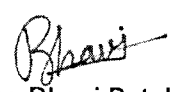
pH	6	4.6 - 8.0
Sp. Gravity	1.025	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	
Nitrite	Nil	Nil
Blood	Nil	Nil

**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

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

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

**THYROID FUNCTION TEST**

<b>T3 (Triiodothyronine)</b> <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	1.01	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>	7.40	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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**Ref. By** :      **Dispatch At** :  
**Location** : CHPL      **Sample Type** : Serum

**TSH**      2.850       $\mu\text{IU/ml}$       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  $\mu\text{IU/mL}$   
Second Trimester : 0.2 to 3.0  $\mu\text{IU/mL}$   
Third trimester : 0.3 to 3.0  $\mu\text{IU/mL}$   
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

This is an electronically authenticated report.  
\* This test has been out sourced.

Approved By :   
Dr. Bhavi Patel  
MD (Pathology)

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Approved On : 08-Jul-2023 12:36 PM  
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**CUROVIS HEALTHCARE PVT. LTD.**

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



**TEST REPORT**

Reg. No : 307100410      Ref Id :      Collected On : 08-Jul-2023 08:33 AM  
Name : Mr. Pratik Rajeshbhai Shastri      Reg. Date : 08-Jul-2023 08:33 AM  
Age/Sex : 34 Years / Male      Pass. No. :      Tele No. : 9824893143  
Ref. By :      Dispatch At :  
Location : CHPL      Sample Type : Serum

**Parameter      Result      Unit      Biological Ref. Interval**

**IMMUNOLOGY**

**\*TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)**      0.22      ng/mL      0 - 4  
CHEMILUMINECENT 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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**LABORATORY REPORT**

Name : Mr. Pratik Rajeshbhai Shastri  
Sex/Age : Male/34 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 307100410  
Reg. Date : 08-Jul-2023 08:33 AM  
Collected On :  
Report Date : 08-Jul-2023 01:58 PM

**Electrocardiogram**

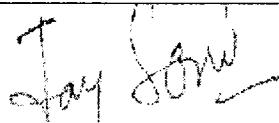
**Findings**

Normal Sinus Rhythm.

Within Normal Limit.



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Dr. Jay Soni

M.D. GENERAL MEDICINE

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PRITIK  
SHRIMTRI  
7

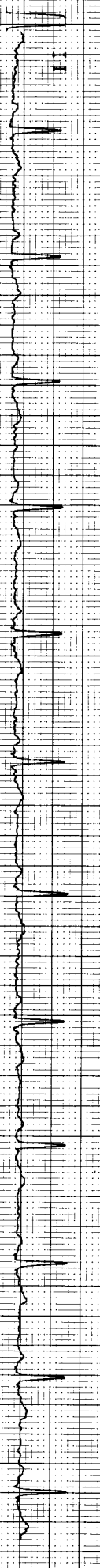
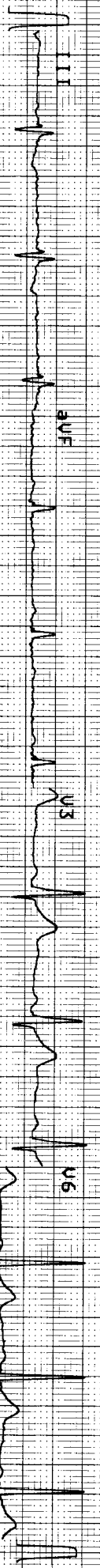
34 years / Male  
166 cm / 89 kg

HR 73/min

Axis: 32°

Intervals: P 32°  
RR 825 ms QRS 28°  
P 102 ms T 19°  
PR 142 ms  
QRS 86 ms  
QT 352 ms  
QTc 391 ms (Bazett)  
10 mm/mV

P (II) 0.10 mV  
S (VI) -0.90 mV  
R (V5) 1.87 mV  
Sokol. 2.78 mV



25 mm/s SCHILLER 0.05-25 Hz F50 55F 585 08.07.2023 09:08:24

CURIOUS HEALTHCARE

AT1102plus 1.24 L

Part No.2.157017M CE 0123 L80



LABORATORY REPORT

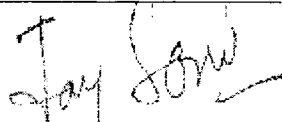
Name	: Mr. Pratik Rajeshbhai Shastri	Reg. No	: 307100410
Sex/Age	: Male/34 Years	Reg. Date	: 08-Jul-2023 08:33 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 08-Jul-2023 01:58 PM

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: 42 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.



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Dr. Jay Soni

M.D. GENERAL MEDICINE

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LABORATORY REPORT

Name	: Mr. Pratik Rajeshbhai Shastri	Reg. No	: 307100410
Sex/Age	: Male/34 Years	Reg. Date	: 08-Jul-2023 08:33 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 08-Jul-2023 05:14 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.

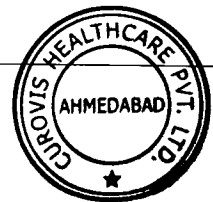
**COMMENT: No significant abnormality is detected.**

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

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



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LABORATORY REPORT

<b>Name</b> :	Mr. Pratik Rajeshbhai Shastri	<b>Reg. No</b> :	307100410
<b>Sex/Age</b> :	Male/34 Years	<b>Reg. Date</b> :	08-Jul-2023 08:33 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	08-Jul-2023 05:13 PM

USG ABDOMEN

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

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

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

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

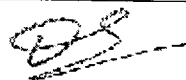
No evidence of para-aortic lymph adenopathy.

No evidence of dilated small bowel loops.

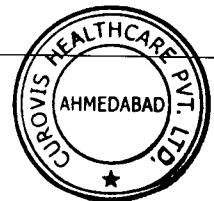
COMMENTS :

- **Grade II fatty liver.**

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



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**LABORATORY REPORT**

**Name** : Mr. Pratik Rajeshbhai Shastri **Reg. No** : 307100410  
**Sex/Age** : Male/34 Years **Reg. Date** : 08-Jul-2023 08:33 AM  
**Ref. By** : **Collected On** :  
**Client Name** : Mediwheel **Report Date** : 08-Jul-2023 12:54 PM

**Eye Check - Up**

No Eye Complaints

**RIGHT EYE**

SP: +0.00

CY: +0.00

AX: 00

**LEFT EYE**

SP : +0.00

CY : -0.75

AX :150

	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: Right and Left eye lejar surgery in 2008.

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



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Dr Kejal Patel

MB,DO(Ophth)

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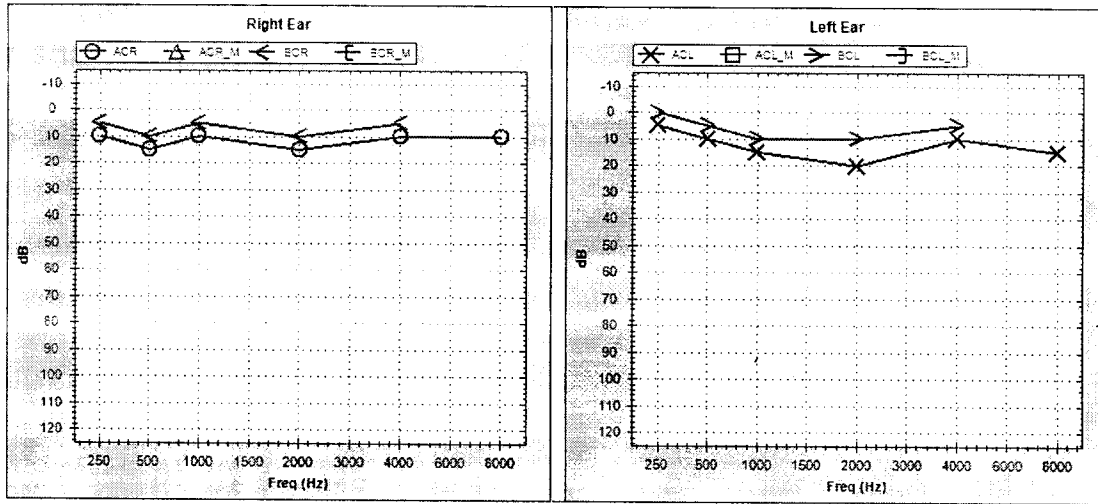


**LABORATORY REPORT**

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

Reg. No : 307100410  
Reg. Date : 08-Jul-2023 08:33 AM  
Collected On :  
Report Date : 08-Jul-2023 12:54 PM

**AUDIOGRAM**

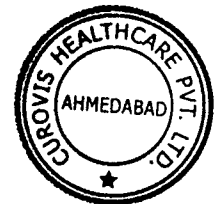


EAR \ MODE	Air Conduction		Bone Conduction		Colour Code
	Masked	UnMasked	Masked	UnMasked	
LEFT	□	X	∩	>	Blue
RIGHT	Δ	○	∪	<	Red

NO RESPONSE : Add ↓ below the respective symbols

Threshold In dB	RIGHT	LEFT
AIR CONDUCTION	10	10
BONE CONDUCTION		
SPEECH		

Comments: - Bilateral Hearing Sensitivity Within Normal Limits.



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Dr Kejal Patel  
MBBS, DNB (ENT)

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