



**LABORATORY REPORT**

**Name** : Ms. Khushali Pratik Shastri  
**Sex/Age** : Female/34 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 307100409  
**Reg. Date** : 08-Jul-2023 08:31 AM  
**Collected On** :  
**Report Date** : 08-Jul-2023 02:21 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) :150

Weight (kgs) :68.4

Blood Pressure : 124/86mmHg

Pulse : 81/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

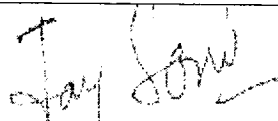
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



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Dr. Jay Soni

M.D. GENERAL MEDICINE

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सत्यमेव जयते



भारतीय विशिष्ट ओળખाण प्रणाली

भारत सरकार

Unique Identification Authority of India

Government of India

ओळखणी ओळख / Enrollment No. 0664/10681/38595

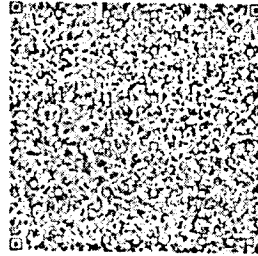
15/08/2017

91076502

To  
Khushali Pratik Shastri  
भुशाली प्रतिक शास्त्री  
C/O Pratik Shastri  
37  
Manmohan Nagar Society  
Near Sharda Petrol Pump  
Chandkheda  
Ahmedabad  
Chandkheda, Ahmedabad City, Ahmedabad,  
Gujarat - 382424  
8487902916



KA910765025FH



तुमारे आधार नंबर / Your Aadhaar No. :

Dr. Jay Soni **9330 0072 6174**

M.D. (General Medicine)

Reg. No. G-238

तुमारे आधार, मारी ओळख

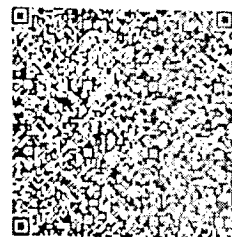


भारत सरकार

Government of India



भुशाली प्रतिक शास्त्री  
Khushali Pratik Shastri  
जन्म तारीख / DOB: 16/11/1988  
स्त्री / Female



9330 0072 6174

8487902916  
Ahmedabad



## TEST REPORT

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<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 12.1	g/dL	12.5 - 16.0
Hematocrit (Calculated)	L 35.30	%	37 - 47
RBC Count (Electrical Impedance)	L 4.14	million/cmm	4.2 - 5.4
MCV (Calculated)	85.2	fL	78 - 100
MCH (Calculated)	29.2	Pg	27 - 31
MCHC (Calculated)	34.3	%	31 - 35
RDW (Calculated)	L 11.0	%	11.5 - 14.0
WBC Count Flowcytometry with manual Microscopy	7500	/cmm	4000 - 10500
MPV (Calculated)	9.4	fL	7.4 - 10.4

DIFFERENTIAL WBC COUNT	[ % ]		EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Neutrophils (%)	72.20	%	42.02 - 75.2	5415 /cmm	2000 - 7000
Lymphocytes (%)	L 18.00	%	20 - 45	1350 /cmm	1000 - 3000
Eosinophils (%)	1.50	%	0 - 6	585 /cmm	200 - 1000
Monocytes (%)	7.80	%	2 - 10	113 /cmm	20 - 500
Basophils (%)	0.50	%	0 - 1	38 /cmm	0 - 100


### PERIPHERAL SMEAR STUDY

RBC Morphology Normocytic and Normochromic.  
WBC Morphology Normal

### PLATELET COUNTS

Platelet Count (Electrical Impedance) 366000 /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>Parameter</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>
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**HEMATOLOGY**

**BLOOD GROUP & RH**

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

<b>ABO</b>	"A"
<b>Rh (D)</b>	Positive
<b>Note</b>	-

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**


<b>ESR 1 hour</b> <i>Westergreen method</i>	4	mm/hr	ESR AT 1 hour : 3-12
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**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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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Flouride F, Flouride PP

Parameter	Result	Unit	Biological Ref. Interval
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**FASTING PLASMA GLUCOSE**  
Specimen: Flouride plasma

Fasting Blood Sugar (FBS) **181.90** mg/dL 70 - 110  
*GOD-POD Method*

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  $\geq 200$ mg/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) **185.4** mg/dL 70 - 140  
*GOD-POD Method*

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

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

**Lipid Profile**

Cholesterol	262.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	276.80	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	38.00	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	168.64	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	55.36	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	4.44		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	6.89		0 - 5.0
<i>Calculated</i>			

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**LFT WITH GGT**

Total Protein	7.08	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	4.78	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)	2.30	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	<b>2.08</b>		0.8 - 2.0
SGOT	17.00	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	17.60	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	73.0	IU/l	42 - 98
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.54	mg/dL	0 - 1.2
<i>Vanadate Oxidation</i>			
Conjugated Bilirubin	0.08	mg/dL	0.0 - 0.4
Unconjugated Bilirubin	0.46	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	24.40	mg/dL	< 32
<i>SZASZ Method</i>			

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**BIO - CHEMISTRY**

<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	4.07	mg/dL	2.6 - 6.0
<b>Creatinine</b> <i>Enzymatic Method</i>	0.49	mg/dL	0.6 - 1.1
<b>BUN</b> <i>UV Method</i>	10.20	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	8.9	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
---------	-----	---------------	--

*Boronate Affinity with Fluorescent Quenching*

Mean Blood Glucose	208.73	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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Dr. Keyur V Patel  
MB, DCP

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**Location** : CHPL      **Sample Type** : Urine Spot

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

**PHYSICAL EXAMINATION**

Quantity	30 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

pH	5	4.6 - 8.0
Sp. Gravity	1.015	1.001 - 1.035
Protein	Nil	Nil
Glucose	<b>Present (+)</b>	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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**IMMUNOLOGY****THYROID FUNCTION TEST**

<b>T3 (Triiodothyronine)</b> <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	0.99	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>	10.70	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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**Location** : CHPL      **Sample Type** : Serum

**TSH**      2.790      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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MD (Pathology)

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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**

<b>Reg. No</b> : 307100409	<b>Ref Id</b> :	<b>Collected On</b> : 08-Jul-2023 08:31 AM
<b>Name</b> : Ms. Khushali Pratik Shastri		<b>Reg. Date</b> : 08-Jul-2023 08:31 AM
<b>Age/Sex</b> : 34 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 8487902916
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Body Fluid

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

**CYTOPATHOLOGY**  
**CYTOLOGY REPORT**

**CYTOLOGY REPORT**

**CYTOLOGY REPORT**

Specimen :  
Conventional PAP smear

Gross Examination :  
Single unstained slide is received. PAP stain is done.

Microscopic Examination :  
Smear is obscured by severe inflammation. Few Sheets and clusters of superficial and intermediate squamous cells are seen on severe inflammatory background. No evidence of intraepithelial lesion / malignancy.


Impression :  
Cervical smear - Negative for intraepithelial lesion or malignancy.  
Advice: Repeat smear after inflammation subsides if clinically indicated.  
(The Bethesda System for the reporting of cervical cytology, 2014).

Note - The PAP test is a screening procedure to aid in the detection of cervical cancer and its precursors. Because false negative results may occur, regular PAP tests are recommended.

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

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\* This test has been out sourced.

Approved By :   
Dr. Bhavi Patel  
MD (Pathology)

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**CUROVIS HEALTHCARE PVT. LTD.**

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



**LABORATORY REPORT**

**Name** : Ms. Khushali Pratik Shastri  
**Sex/Age** : Female/34 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 307100409  
**Reg. Date** : 08-Jul-2023 08:31 AM  
**Collected On** :  
**Report Date** : 08-Jul-2023 02:01 PM

**Electrocardiogram**

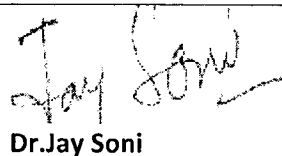
**Findings**

Normal Sinus Rhythm.

Within Normal Limit.



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Dr. Jay Soni

M.D. GENERAL MEDICINE

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KHUSHALI  
MEHTA  
6

Female  
34 years / 68 kg  
150 cm

HR 81/min

Intervals:

RR 741 ms

P 114 ms

PR 164 ms

QRS 82 ms

QT 362 ms

QTc 421 ms  
(Bazette)

Axis: P 35°

QRS 72°

T 64°

P (II) 0.14 mV

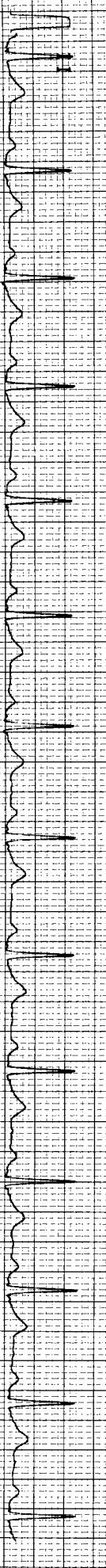
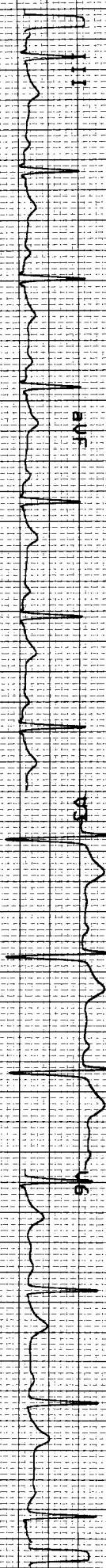
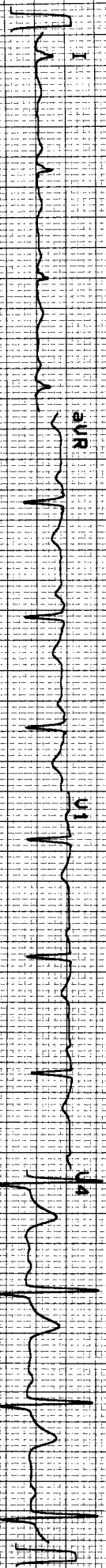
S (V1) -0.82 mV

R (V5) 1.72 mV

Sokol. 2.60 mV

10 mm/mV

10 mm/mV



25 mm/s

SCHILLER 0.05-25 Hz FS2 SSF 585 08.07.2023 09:04:50

CUROVIS HEALTHCARE

Part No.2.157017M R12.02 P1 us . . 24 C L80

*Khushali Mehta*



**LABORATORY REPORT**

**Name** : Ms. Khushali Pratik Shastri  
**Sex/Age** : Female/34 Years  
**Ref. By** :  
**Client Name** : Mediwheel

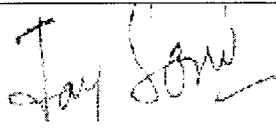
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**2D Echo Colour Doppler**

1. No concentric LVH.
2. Normal sized LA, LV, RA, RV.
3. Normal LV systolic function, LVEF: 60%.
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.
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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**CUROVIS HEALTHCARE PVT. LTD.**

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**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%
TRICUSPID VALVE		LV COMPLIANCE	
Normal		REDUCED	

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)	10mm		Other findings	Absent	
5. IVS (Systole)	12mm				
6. LVPWT (Diastole)	10mm	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

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LABORATORY REPORT

Name	: Ms. Khushali Pratik Shastri	Reg. No	: 307100409
Sex/Age	: Female/34 Years	Reg. Date	: 08-Jul-2023 08:31 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.

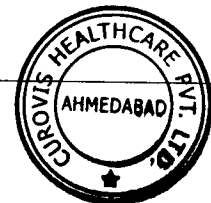
**COMMENT: No significant abnormality is detected.**

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

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



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LABORATORY REPORT

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<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 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.

**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 lesion.

**Uterus** appears normal. No adnexal mass is seen.

No evidence of ascites.

*No evidence of lymph adenopathy.*

*No evidence of dilated small bowel loops.*

COMMENTS :

**Grade I fatty liver.**

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



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**Eye Check - Up**

No Eye Complaints

RIGHT EYE

SP: -0.25

CY: -0.50

AX: 69

LEFT EYE

SP : +0.25

CY : -0.50

AX :81

	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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**Dr Kejal Patel**  
 MB, DD (Ophth)

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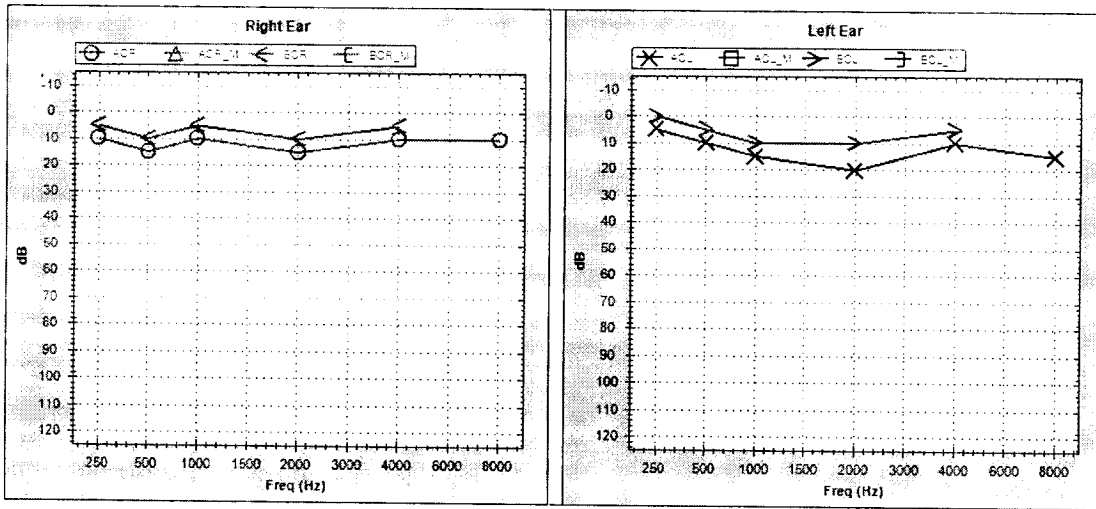


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**AUDIOGRAM**



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	10.5	11
BONE CONDUCTION		
SPEECH		

Comments: - Bilateral Hearing Sensitivity Within Normal Limits.



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Dr Kejal Patel  
MB, DCO (PhD)

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