

Name : Mr. Rahul Sharma

Sex/Age ; Male/30 Years

Ref. By :

Client Name : Mediwheel

LABORATORY REPORT

Reg. No : 301101200

Reg. Date

28-Jan-2023 10:33 AM

Collected On

Report Date : 28-Jan-2023 03:03 PM

Medical Summary

GENERAL EXAMINATION

Height (cms): 161

Weight (kgs): 65.1

Blood Pressure: 120/80mmHg

Pulse:62 /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

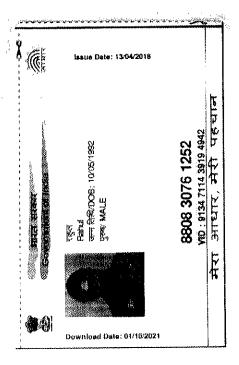
Epilepsy - N/A

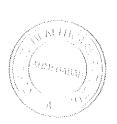
This is an electronically authenticated report

Dr.Jay Soni

M.D, GENERAL MEDICINE

Page 3 of 4





94-6-1-1-93811 380

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







Ref Id

Collected On

: 28-Jan-2023 10:33 AM

Reg. No Name

: 301101200

TEST REPORT

Reg. Date

: 28-Jan-2023 10:33 AM

Age/Sex

: Mr. Rahul Sharma : 30 Years

/ Male

Tele No.

Pass. No.

: 9467793814

Ref. By

Dispatch At

: EDTA Whole Blood

Location

: CHPL

Sample Type

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

Spaciman	EDTA blood
<u> </u>	PRIVINGAR

Hemoglobin	15.8	g/dL	13.0 - 18.0
Hematrocrit (Calculated)	L 46.40	%	47 - 52
RBC Count	5.36	million/cmm	4.7 ~ 6.0
MCV	86.5	fl_	78 - 110
MCFL (Calculated)	29.5	Pg	27 - 31
MCHC (Calculated)	34.1	%	31 - 35
RDW (Calculated)	12.5	%	11.5 ~ 14.0
WBC Count	6490	/cmm	4000 - 10500
MPV (Calculated)	10.0	ſL.	7.4 - 10.4

DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[Abs]		EXPECTED VALUES
Neutrophils (%)	58	%	42.0 - 75.2	3764	/cmm	2000 - 7000
Lymphocytes (%)	36	%	20 - 45	2336	/cmm	1000 - 3000
Eosinophils (%)	02	%	0 - 6	260	/cmm	200 - 1000
Monocytes (%)	04	%	2 - 10	130	/cmm	20 - 500
Basophils (%)	00	%	0 - 1	0	/cmm	0 - 100

PERIPHERAL SMEAR STUDY

RBC Morphology Normocytic and Normochronic.

WBC Morphology Normal

PLATELET COUNTS

Platelet Count (Volumetric 150000 150000 - 450000 /cmm

Impedance) Platelets

Platelets are adequate with normal morphology.

Parasites Malarial parasite is not detected

Comment

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Generated On : 28-Jan-2023 06:05 PM

* This test has been out sourced.

Approved By:

Dr.Keyur Patel

M.B.DCP

Approved On:

28-Jan-2023 04:15 PM







Reg. No : 301101200

: Mr. Rahul Sharma

Age/Sex : 30 Years

Name

Ref. By

/ Male

Ref Id

Pass. No.

Collected On

: 28-Jan-2023 10:33 AM

Reg. Date

: 28-Jan-2023 10:33 AM

Tele No.

: 9467793814

Dispatch At

Sample Type

: EDTA Whole Blood

Location : CHPL
Parameter

Result

Unit

Biological Ref. Interval

HEMATOLOGY

ERYTHROCYTE SEDIMANTATION RATE [ESR]

ESR 1 hour

03

mm/hr

ESR AT1 hour: 1-7

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 polkilocytosis, spherocytosis or sickle cells.

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Dr.Keyur Patel

M.B.DCP

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28-Jan-2023 03:09 PM

Page 2 of 11

CUROVIS HEALTHCARE PVT. LTD.

Generated On: 28-Jan-2023 06:05 PM







: 301101200 Ref ld

: Mr. Rahul Sharma

: 30 Years

: CHPL

I Male Pass. No.

Collected On

: 28-Jan-2023 10:33 AM

: 9467793814

Reg. Date

: 28-Jan-2023 10:33 AM

Tele No.
Dispatch At

Sample Type

: Flouride F, Flouride PP

Parameter Result Unit Biological Ref. Interval

FASTING PLASMA GLUCOSE Specimen: Flouride plasma

Fasting Blood Sugar (FBS)

95.10

mg/dL

70 - 110

GOD-POD Method

Reg. No

Age/Sex

Ref. By

Location

Name

Criteria for the diagnosis of diabetes

1. HbA1c >/= 6.5 *

Or

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

Or

 Two hour plasma glucose >/= 200mg/dt. 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)

74.9

mg/dl.

70 - 140

GOD-POD Mothod

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Dr.Keyur Patel

M.B.DCP

Approved On:

28-Jan-2023 03:09 PM

Page 3 of 11

Generated On : 28-Jan-2023 06:05 PM







TEST REPORT Reg. No : 301101200 Ref Id Collected On : 28-Jan-2023 10:33 AM Name : Mr. Rahul Sharma Reg. Date : 28-Jan-2023 10:33 AM Age/Sex : 30 Years / Male Pass. No. Tele No. : 9467793814 Ref. By Dispatch At Location : CHPL Sample Type : EDTA Whole Blood Parameter Result Unit Biological Ref. Interval

BLOOD GROUP & RH

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

вΒ" **ABO** Rh (D) Positive Note

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Dr.Keyur Patel

M.B.DCP

Generated On : 28-Jan-2023 08:32 PM Approved On:

28-Jan-2023 06:14 PM







TEST R	EPORT

Reg. No

: 301101200

Ref Id

Collected On

: 28-Jan-2023 10:33 AM

Name

: Mr. Rahul Sharma

Reg. Date

: 28-Jan-2023 10:33 AM

Age/Sex

: 30 Years

Tele No.

: 9467793814

Ref. By

7 Male

Pass. No.

Dispatch At

Location : CHPL		Sample Typ	oe : Serum
Parameter	Result	Unit	Biological Ref. Interval
	Lipid Profile		
Cholesterol	225.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
Enzymatic, colorimetric method			
Triglyceride	295.30	mg/dl.	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
Enzymatic, coloninatus mothod			
HDL Cholesterol	43.90	mg/dl.	High Risk : ≤ 40 Low Risk : = 60
Accelerator selective detergent method			
LDL	122.04	mg/dl.	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130- 159 High : 160-189 Very High : ≥190.0
Calculated			
VLDL Calculated	59.06	mg/dL	15 - 35
LDL / HDL RATIO Calculated	2.78		0 - 3.5
Cholesterol /HDL Ratio	5.13		0 ~ 5.0

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M.B.DCP

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28-Jan-2023 03:09 PM

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		TEST REPORT		
Reg. No	: 301101200	Ref Id	Collected On	: 28-Jan-2023 10:33 AM
Name	: Mr. Rahul Sharma		Reg. Date	: 28-Jan-2023 10:33 AM
Age/Sex	: 30 Years / Male	Pass. No.	Tele No.	: 9467793814
Ref. By	;		Dispatch At	† 1

 Location
 : CHPL
 Sample Type
 : Serum

 Parameter
 Result
 Unit
 Biological Ref. Interval

T GTGITTOTO	Noant	Onit	Diological Ref. Interval
	BIO - CHEMISTRY		
	LF	T WITH GGT	
Total Protein Band Reaction	7.28	gm/dl.	6.3 - 8.2
Albumin By Bromocrosof Groon	5.15	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	2.13	g/dL	2.3 - 3.5
A/G Ratio Calculated	2.42		0.8 - 2.0
SGOT UV without P5P	29.10	U/L	0 - 40
SGPT UV without P5P	26.20	U/L	0 - 40
Alakaline Phosphatase p · Nitrophonylphosphate (PNP)	19.7	U/L	53 - 128
Total Bilirubin Vanadato Oxidation	1.83	mg/dL	0 - 1.2
Conjugated Bilirubin	0.36	mg/dL	0.0 - 0.4
Unconjugated Bilirubin Colculated	1.47	mg/dL	0.0 - 1.1
GGT SZASZ Method	28.90	mg/dL	15 - 73

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M.B.DCP

Generated On : 28-Jan-2023 06:05 PM

Approved On:

28-Jan-2023 03:09 PM

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Reg. No

: 301101200

Ref Id

Collected On

: 28-Jan-2023 10:33 AM

Name

: Mr. Rahul Sharma

Reg. Date

Tele No.

: 28-Jan-2023 10:33 AM

Age/Sex Ref. By

Location

: 30 Years

: CHPL

7 Male

Pass. No. :

Dispatch At

Sample Type

: Serum

: 9467793814

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* This test has been out sourced.

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M.B.DCP

Generated On: 28-Jan-2023 06:05 PM

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28-Jan-2023 03:09 PM

Page 6 of 11



UV Mothod





		TEST REPORT		
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Name	: Mr. Rahul Sharma		Reg. Date	: 28-Jan-2023 10:33 AM
Age/Sex	: 30 Years / Male	Pass. No. :	Tele No.	: 9467793814
Ref. By	:		Dispatch At	•
Location	: CHPL		Sample Type	: Serum
Parameter		Result	Unit	Biological Ref. Interval
		BIO - CHEMISTRY		
Uric Acid Enzymatic, colon	imetric method	4.96	mg/dl	Adult: 3.5 - 8.5 Child: 2.5 - 5.5
Creatinine Enzymatic Motte	∂d	0.67	mg/dL	Adult : 0.72 - 1.18 Child : 0.5 - 1.0
BUN		7.70	mg/dl.	Adult: 7.0 - 20.0

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Dr.Keyur Patel

Child: 5.0 - 18.0

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28-Jan-2023 03:09 PM Page 7 of 11





: 301101200 Reg. No

Name : Mr. Rahul Sharma

: CHPL

Age/Sex

: 30 Years

/ Male

Pass. No.

Ref Id

Collected On

: 28-Jan-2023 10:33 AM

Reg. Date

: 28-Jan-2023 10:33 AM

Tele No.

: 9467793814

Dispatch At

Sample Type

: EDTA Whole Blood

Parameter Result Unit Biological Ref. Interval

HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

*Hb A1C

Ref. By

Location

5.0

% of Total Hb

Normal: < 5.7 %

Pre-Diabetes: 5.7 % -

6.4 %

Diabetes: 6.5 % or

higher

Boronato Atlinity with Litiorescent Quenching

Mean Blood Glucose

96.80

mg/dl...

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 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 alucose 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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Approved On:

28-Jan-2023 04:39 PM

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Generated On : 28-Jan-2023 06:05 PM







Reg. No : 301101200 Name

: CHPL

: Mr. Rahul Sharma

Age/Sex

Ref. By

Location

: 30 Years

7 Male Pass. No.

Ref Id

Collected On

: 28-Jan-2023 10:33 AM

Reg. Date

: 28-Jan-2023 10:33 AM

Tele No.

: 9467793814

Dispatch At

Sample Type

Urine Spot

Test

Result

Unit

Biological Ref. Interval

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity

30 cc

Colour

Pale Yellow

Clarity

Clear

Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pΗ

6.5

1.010

4.6 - 8.0

Sp. Gravity

1.001 - 1.035

Protein Glucose Nil Nil Nil Nil

Nil

Ketone Bodies Urobilinogen

Nil

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)

Amorphous Material

Nil

Absent

Epithelial Cells

1 - 2/hpf

Absent

Crystals

Absent

Absent

Casts

Absent

Absent

Absent

Absent

Bacteria

Absent

Absent

Remarks

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Dr.Keyur Patel

M.B.DCP

Generated On: 28-Jan-2023 06:05 PM

Approved On:

28-Jan-2023 02:59 PM

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Reg. No

: 301101200

Ref Id

Collected On

: 28-Jan-2023 10:33 AM

Name

: Mr. Rahul Sharma

Reg. Date

: 28-Jan-2023 10:33 AM

Age/Sex

Location

: 30 Years / Male

Tele No.

: 9467793814

Ref. By

Pass. No.

Dispatch At

: CHPL

Sample Type

Serum

Parameter

Result

Unit

Biological Ref. Interval

IMMUNOLOGY

THYROID FUNCTION TEST

T3 (Triiodothyronine)

CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY

0.85

na/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.

T4 (Thyroxine)

CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY

7.00

ua/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
- 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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Approved By:

Dr.Keyur Patel

M.B.DCP

Generated On: 28-Jan-2023 06:05 PM

Approved On:

28-Jan-2023 03:09 PM





Reg. No : 301101200

Ref Id

Name : Mr. Rahul Sharma

Age/Sex : 30 Years

: CHPL

Ref. By

Location

/ Male

Pass. No.

Collected On

: 28-Jan-2023 10:33 AM

Reg. Date

: 28-Jan-2023 10:33 AM

Tele No.

: 9467793814

Dispatch At

Sample Type : Serum

TSH

3.870

µIU/mI

0.55 - 4.78

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-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 µIÚ/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

..... Lnd Of Report

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Dr.Keyur Patel

M.B.DCP

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28-Jan-2023 03:09 PM

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			LABORATORY REPORT		**********	
Name	:	Mr. Rahul Sharma		Reg. No		301101200
Sex/Age	:	Male/30 Years		Reg. Date	;	28-Jan-2023 10:33 AM
Ref. By	:			Collected On	;	
Client Name		Mediwheel		Report Date	:	28-Jan-2023 02:19 PM

Electrocardiogram

Fi	nd	in	q	9

Normal Sinus Rhythm.

Within Normal Limit.

This is an electronically authenticated report

Dr.Jay Soni

M.D, GENERAL MEDICINE

18 mm/mV 25 mm/s 8.85-25 Hz FS8 SS		a Ur	a			RAHUL HR 62/min 5HARMA Intervals: 27 RA P67 ms RR 967 ms P 182 ms 161 cm / 65 kg PR 154 ms
SF 585 28.22.22.11.222.2	12 Citamore	Toleron Company of the Company of th		Account of the second of the s	5 (V1) -1.36 mV R (V5) 2.87 mV 5akol. 3.81 mV	XX X 1 S 1
CURGUIS HEALTHCARE						



			LABORATORY REPORT			
Name:	:	Mr. Rahul Sharma	Reg. N	o	:	301101200
Sex/Age	:	Male/30 Years	Reg. Da	ate	:	28-Jan-2023 10:33 AM
Ref. By	:		Collect	ted On	:	
Client Name	:	Mediwheel	Report	t Date	:	28-Jan-2023 02:19 PM

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. No Concentric LVH.
- 3. All Four valves are structurally normal.
- Good LV systolic function. LVEF = 60%.
- 5. Normal 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.
- 2. No Concentric LVH . Normal 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.

This is an electronically authenticated report

Dr.Jay Soni

M.D, GENERAL MEDICINE

Page 2 of 4



TRATTE E LI ESTE EL BORRETRA E LA BO

Ref. By

			LABORATORY REPORT			
Name	;	Mr. Rahul Sharma		Reg. No	:	301101200
Sex/Age	:	Male/30 Years		Reg. Date	:	28-Jan-2023 10:33 AM

: Collected On

Client Name : Mediwheel Report Date : 28-Jan-2023 03:18 PM

USG ABDOMEN

Liver appears normal in size & echogenicity. 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 shows 11.0 mm sized GB calculus.

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 peritonical cavity.

No evidence of para-aortic lymph adenopathy.

No evidence of dilated small bowel loops.

COMMENTS:

Solitary GB calculus - No GB wall edema.

This is an electronically authenticated report.

43-

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





			LABORATORY REPORT	100000000000000000000000000000000000000	
Name	:	Mr. Rahul Sharma	Reg. No	:	301101200
Sex/Age	:	Male/30 Years	Reg. Date	:	28-Jan-2023 10:33 AM
Ref. By	;		Collected On	:	
Client Name	:	Mediwheel	Report Date		28-Jan-2023 03:19 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

C.S.

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



Page 2 of 2



LABORATORY REPORT

Name

Mr. Rahul Sharma

Sex/Age

Mediwheel

Ref. By

Client Name

Male/30 Years

Reg. No

301101200

Reg. Date

28-Jan-2023 10:33 AM

Collected On

Report Date

28-Jan-2023 03:03 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: ~1.00

CY: ±0.00

AX: 00

LEFT EYE

SP:-0.75

CY; ±0.00

AX:00

Į	- 5000903022231120 S2000000000000000000000000000000000	Without Glasses	With Glasses
Ì	Right Eye	6/9	6/5
	Left Eye	6/6	6/5

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)

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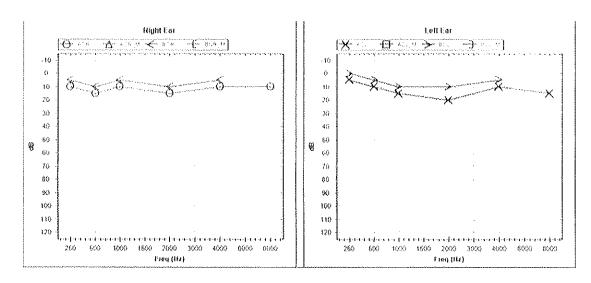
NAME:- RAHUL SHARMA.

ID NO :-

AGE:- 30Y/ M

Date: - 28/01/2023

AUDIOGRAM



MODE		Air Conduction		Bone Conduction		Colour		RIGHT	LEFT
	EAR	Masked	UnVasked	Masiled	Unt∕askod				
	[[]]		×	~	>	- 181 ac	AIR CONDUCTION	10	10.5
	k((); ()	Δ	0	!	<	#*a + i	BONE CONDUCTION		
NO RESPONSE: Add J. below the respective symbols						ols	SPEECH		

Comments:- Bilateral Hearing Sensitivity Within Normal Limits.

