



भारताय विशिष्ट पहचात प्राधिकरणं भारत सरकार

नामांकर्ने क्रम / Enrollment No.: 2017/60657/44681

8409995703

संजीव कुमार आनंद Sanjeev Kumar Anand Sanjeev Numar Assault S/O: Bipin Bihari Mandal village-pharka post-pharka thana-sabour Pharka Pharka Sabour Bhagalpur

Bihar 813210 8409975703





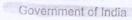
आपका आधार क्रमांक / Your Aadhaar No. :

6436 6923 9360

आधार - आम आदमी का अधिकार



भारत सरकार





संजीव कुमार आनंद Sanjeev Kumar Anand जन्म तिथि / DOB : 04/08/1986 पुरुष / Male



6436 6923 9360

आधार - आम आदमी का अधिकार



LABORATORY REPORT

Name

Mr. Sanjeev Kumar Anand

Sex/Age

Male/37 Years

Ref. By Client Name

Mediwheel

Reg. No

403101609

Reg. Date

23-Mar-2024 06:31 PM

Collected On

Report Date

26-Mar-2024 04:15 PM

Medical Summary

GENERAL EXAMINATION

Height (cms):166

Weight (kgs):72.9

Blood Pressure: 118/78mmHg

Pulse: 69/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

End Of Report

This is an electronically authenticated report

M.D, GENERAL MEDICINE

DR.MUKESH LADDHA

Page 12 of 1

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075







Reg. No

: 403101609

Ref Id

Collected On

: 23-Mar-2024 10:31 AM

Name

: Mr. Sanjeev Kumar Anand

Reg. Date

: 23-Mar-2024 06:31 PM

Age/Sex

: 37 Years

/ Male

Pass. No.

Tele No.

: 8409975703

Ref. By

Dispatch At

Sample Type : EDTA

Location

CHDI

Sample Type : EDTA				Location	; C	HPL
Parameter	Results		Unit	Biological	Ref. Inte	erval
	CON	/IPLETE	E BLOOD COUNT (CB	C)		
Hemoglobin (Colorimetric method)	13.8		g/dL	13.5 - 18		
Hematrocrit (Calculated)	41.10		%	40 - 50		
RBC Count (Electrical Impedance)	L 4.60		million/cmm	4.73 - 5.5		
MCV (Calculated)	89.4		fL	83 - 101		
MCH (Calculated)	30.0		Pg	27 - 32		
MCHC (Calculated)	33.6		%	31.5 - 34.5		
RDW (Calculated)	12.3		%	11.5 - 14.5		
WBC Count Flowcytometry with manual Microscopy	6490		/cmm	4000 - 100	00	
MPV (Calculated)	10.8		fL	6.5 - 11.5		
DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[Abs]	1	EXPECTED VALUES
Neutrophils (%)	60.70	%	40 - 80	3939	/cmm	2000 - 7000
Lymphocytes (%)	32.30	%	20 - 40	2096	/cmm	1000 - 3000
Eosinophils (%)	1.50	%	0 - 6	337	/cmm	200 - 1000
Monocytes (%)	5.20	%	2 - 10	97	/cmm	20 - 500
Basophils (%)	0.30	%	0 - 2	19	/cmm	0 - 100
PERIPHERAL SMEAR STUDY						
RBC Morphology	Normocy	tic and N	Normochromic.			
WBC Morphology	Normal					
PLATELET COUNTS						
Platelet Count (Electrical Impedance	e) 154000		/cmm	150000 - 4	50000	
Platelets	Platelets	are ade	quate with normal morpho	logy.		
Parasites	Malarial	parasite	is not detected.			
Comment	-					

This is an electronically authenticated report.

Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

24-Mar-2024 0

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075

^{*} This test has been out sourced.







TEST REPORT Reg. No : 403101609

Ref Id Collected On

Name : Mr. Sanjeev Kumar Anand

Reg. Date : 23-Mar-2024 06:31 PM : 37 Years / Male Pass. No. Tele No. : 8409975703

Dispatch At Ref. By

Location : CHPL Sample Type : EDTA

Unit Biological Ref. Interval Result Parameter

HEMATOLOGY

BLOOD GROUP & RH

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

ABO

"B"

Rh (D)

Age/Sex

Positive

Note

ERYTHROCYTE SEDIMANTATION RATE [ESR]

ESR 1 hour Westergreen method 02

ESR AT1 hour: 1-7

: 23-Mar-2024 10:31 AM

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.

This is an electronically authenticated report.

* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

24-Mar-2024 06:15 PM 12

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075



Post Prandial Blood Sugar (PPBS)

GOD-POD Method





		TEST	REPOR	Т	
Reg. No	: 403101609	Ref Id :		Collected On	: 23-Mar-2024 01:12 AM
Name	: Mr. Sanjeev Ku	mar Anand		Reg. Date	: 23-Mar-2024 06:31 PM
Age/Sex	: 37 Years / N	lale Pass. No	. :	Tele No.	: 8409975703
Ref. By	1			Dispatch At	
Sample Typ	e: Flouride F,Flour	ride PP		Location	: CHPL
Parameter			Result	Unit	Biological Ref. Interval
		BIO	- CHEMIS	TRY	
Fasting Blo	ood Sugar (FBS)		292.80	mg/dL	70 - 110

326.3

mg/dL

70 - 140

This is an electronically authenticated report.

* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

24-Mar-2024 06:15 PM Page 3 of 12

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075







			TEST	REPORT		
Reg. No	: 403101609	Ref Id	1		Collected On	: 23-Mar-2024 10:31 AM
Name	: Mr. Sanjeev	Kumar Anand			Reg. Date	: 23-Mar-2024 06:31 PM
Age/Sex	: 37 Years	/ Male	Pass. No.		Tele No.	: 8409975703
Ref. By	1				Dispatch At	
	pe : Serum				Location	: CHPL
Parameter				Result	Unit	Biological Ref. Interval
			Li	pid Profile		
Cholesterol				148.00	mg/dL	Desirable: <200.0 Borderline High: 200- 239 High: >240.0
Enzymatic, colo Triglyceride	orimetric method			92.20	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High: > 500.0
Enzymatic, colo HDL Chole	primetric method esterol			41.80	mg/dL	Low: <40 High: >60

18.44

2.10

3.54

This is an electronically authenticated report.

* This test has been out sourced.

Accelerator selective detergent method

LDL

Calculated

Calculated

Calculated

LDL / HDL RATIO

Cholesterol /HDL Ratio

VLDL Calculated

Approved By:

mg/dL

Dr. Purvish Darji

MD (Pathology)

Optimal: < 100.0

High: 160-189 Very High: >190.0

159

15 - 35

0 - 3.5

0 - 5.0

Near Optimal: 100-129 Borderline High: 130-

Approved On:

24-Mar-2024 06:15 PM Page 4 of 12

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075







TEST REPORT Ref Id Collected On : 23-Mar-2024 10:31 AM : 403101609 Reg. No : 23-Mar-2024 06:31 PM Name : Mr. Sanjeev Kumar Anand Reg. Date Age/Sex : 8409975703 : 37 Years / Male Pass. No. Tele No. Dispatch At Ref. By Location : CHPL Sample Type : Serum Biological Ref. Interval Result Unit Parameter LFT WITH GGT 1Day: 3.4-5.0 7.36 Total Protein gm/dL 1Day to 1Month: 4.6-6.8 2 to 12Months: 4.8-7.6 >=1Year: 6.0-8.0 Adults: 6.6-8.7 Biuret Reaction 4.68 g/dL Albumin By Bromocresol Green 2.3 - 3.52.68 q/dL Globulin (Calculated) 0.8 - 2.01.75 A/G Ratio (Calulated) 0-40 23.00 U/L SGOT UV without P5P U/L 0 - 40 55.30 SGPT UV without P5P IU/I 53 - 128 Alakaline Phosphatase 115.2 P-nitrophenyl phosphatase-AMP Buffer, Multiple-point 0.3 - 1.20.84 mg/dL Total Bilirubin Vanadate Oxidation 0.0 - 0.4mg/dL 0.23 Direct Bilirubin Vanadate Oxidation 0.0 - 1.1mg/dL 0.61 Indirect Bilirubin Calculated < 55 69.10 U/L GGT SZASZ Method

This is an electronically authenticated report.

* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

24-Mar-2024 06:15

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075



BUN UV Method





		TEST	REPORT		
Reg. No	: 403101609	Ref ld :		Collected On	: 23-Mar-2024 10:31 AM
Name	: Mr. Sanjeev Kun	nar Anand		Reg. Date	: 23-Mar-2024 06:31 PM
Age/Sex	: 37 Years / Ma	ale Pass. No.	1	Tele No.	: 8409975703
Ref. By	;			Dispatch At	
Sample Typ	pe : Serum			Location	: CHPL
Parameter			Result	Unit	Biological Ref. Interval
		BIO -	CHEMISTRY		
Uric Acid Enzymatic, colori	imetric method		3.47	mg/dL	3.5 - 7.2
Creatinine Enzymatic Metho	od		0.63	mg/dL	0.9 - 1.3

10.80

This is an electronically authenticated report.

* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

24-Mar-2024 06:15 PM Page 6 of 12

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075

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

6.0 - 20.0

mg/dL





Reg. No

: 403101609

Ref Id

Collected On

: 23-Mar-2024 10:31 AM

Name

: Mr. Sanjeev Kumar Anand

Reg. Date

: 23-Mar-2024 06:31 PM

Age/Sex

: 37 Years

Pass. No.

Tele No.

: 8409975703

Ref. By

Dispatch At

Sample Type : EDTA

Location

Unit

: CHPL

Result Parameter

/ Male

HEMOGLOBIN A1 C ESTIMATION Specimen: Blood EDTA

*Hb A1C

11.9

% of Total Hb

Normal: < 5.7 %

Pre-Diabetes: 5.7 % -

Biological Ref. Interval

6.4 %

Diabetes: 6.5 % or

higher

Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose

294.83

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 eflects 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)

This is an electronically authenticated report.

* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

26-Mar-2024 09:32

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075







Reg. No

: 403101609

Ref Id

Collected On

: 23-Mar-2024 10:31 AM

Name

: Mr. Sanjeev Kumar Anand

Reg. Date

: 23-Mar-2024 06:31 PM

Age/Sex

: 37 Years

/ Male

Pass. No.

Tele No.

: 8409975703

Ref. By

Dispatch At

Sample Type: Urine Spot

Location

: CHPL

Test

Result

Unit

Biological Ref. Interval

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity

20 cc

Colour

Pale Yellow

Clarity

Clear

Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH

5.0

4.6 - 8.0

Sp. Gravity

1.030

1.001 - 1.035

Protein

Nil

Nil

Glucose

Nil

Ketone Bodies

Present (++) Nil

Nil

Urobilinogen

Nil Nil Nil

Bilirubin Nitrite

Nil

Nil

Nil Nil

Blood

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)

2 - 5/hpf

Nil

Erythrocytes (Red Cells)

Nil

Nil

Epithelial Cells

1 - 2/hpf

Nil

Crystals

Absent

Absent

Casts

Absent

Absent

Amorphous Material

Absent Absent Absent

Absent

Bacteria Remarks

This is an electronically authenticated report.

* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

24-Mar-2024 06;

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075





Reg. No

: 403101609

Ref Id

Collected On

: 23-Mar-2024 10:31 AM

Name

: Mr. Sanjeev Kumar Anand

Reg. Date

: 23-Mar-2024 06:31 PM

Age/Sex

: 37 Years

/ Male

Pass. No.

Tele No.

: 8409975703

Ref. By

Dispatch At

Sample Type: Serum

Location

: CHPL

Parameter

Result

Unit

Biological Ref. Interval

IMMUNOLOGY

THYROID FUNCTION TEST

T3 (Triiodothyronine)

CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

1 02

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

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

7.20

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
- 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.

This is an electronically authenticated report.

* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

24-Mar-2024 06:15 PM

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075





Reg. No

: 403101609

Ref Id

Collected On

: 23-Mar-2024 10:31 AM

Name

: Mr. Sanjeev Kumar Anand

/ Male

Reg. Date

: 23-Mar-2024 06:31 PM

Age/Sex

: 37 Years

Pass. No.

Tele No.

: 8409975703

Ref. By

Dispatch At

Sample Type : Serum

Location

: CHPL

TSH

1.290

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-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 µIU/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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* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

24-Mar-2024 06:15

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075





Reg. No

: 403101609

Ref Id

Collected On

: 23-Mar-2024 10:31 AM

Name

: Mr. Sanjeev Kumar Anand

Male

Reg. Date

: 23-Mar-2024 06:31 PM

Age/Sex

: 37 Years

Pass. No.

Tele No.

: 8409975703

Ref. By

Dispatch At

Sample Type : Serum

Location

: CHPL

Parameter

Result

Unit

Biological Ref. Interval

IMMUNOLOGY

TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) CMIA

0.41

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.

This is an electronically authenticated report.

* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

24-Mar-2024 06;

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075



			LABORATORY REPORT			
Name	:	Mr. Sanjeev Kumar Anand		Reg. No		403101609
Sex/Age		Male/37 Years			•	
	•			Reg. Date	:	23-Mar-2024 06:31 PM
Ref. By	:			Collected On		
Client Name		Mediwheel		_	•	
	•	····carwiicer		Report Date	:	26-Mar-2024 04:02 PM

Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.

End Of Report



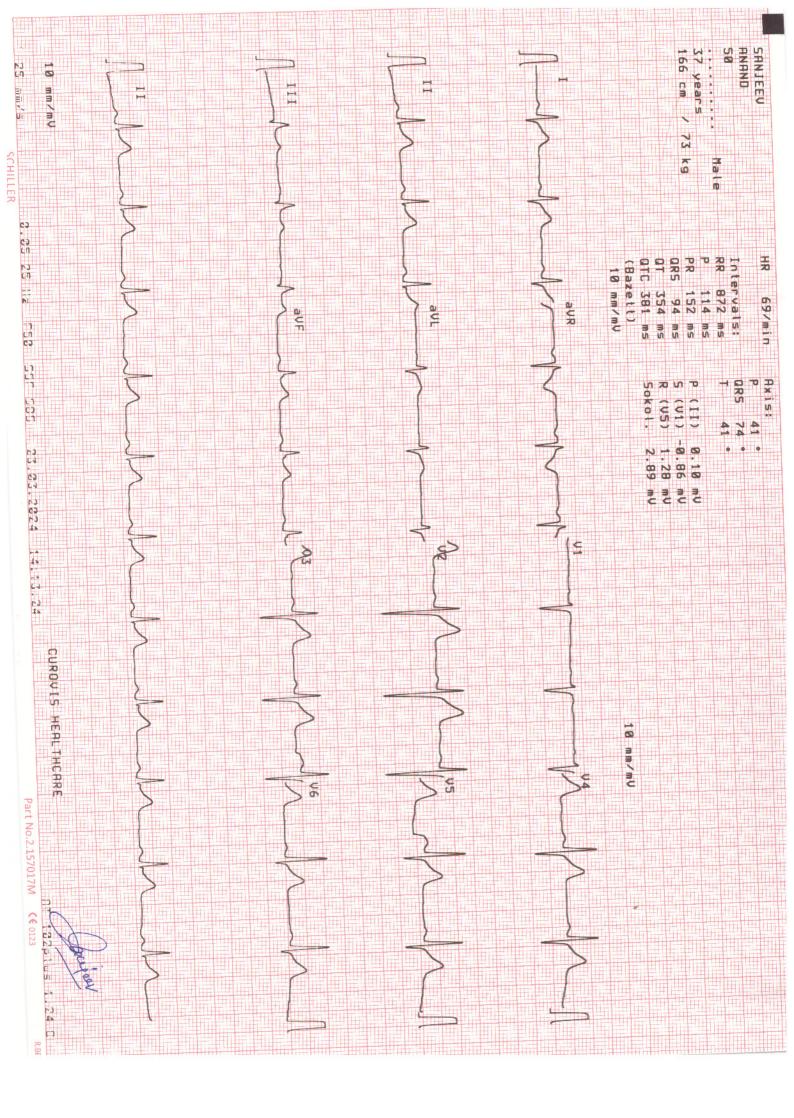
This is an electronically authenticated report

M.D, GENERAL MEDICINE

DR.MUKESH LADDHA

Page 1 of 1

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075





			LABORATORY REPORT			
Name	:	Mr. Sanjeev Kumar Anand		Reg. No	:	403101609
Sex/Age	:	Male/37 Years		Reg. Date		23-Mar-2024 06:31 PM
Ref. By	:			Collected On	:	
Client Name	:	Mediwheel		Report Date	:	26-Mar-2024 08:24 AM

2D Echo Colour Doppler

- 1. Normal sized LA, LV, RA, RV.
- 2. Normal LV systolic function, LVEF: 60%.
- 3. No RWMA.
- 4. Normal LV compliance.
- 5. All cardiac valves are structurally normal.
- 6. Trivial MR, Trivial TR, Trivial PR, Trivial AR.
- 7. No PAH, RVSP: 23 mm Hg.
- 8. IAS/IVS: Intact.
- 9. No clot/vegetation/pericardial effusion.
- 10. No coarctation of aorta.



This is an electronically authenticated report

M.D, GENERAL MEDICINE

DR.MUKESH LADDHA

Page 1 of 3

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075



LABORATORY REPORT 403101609 Reg. No Mr. Sanjeev Kumar Anand Name 23-Mar-2024 06:31 PM Reg. Date Male/37 Years Sex/Age Collected On Ref. By 23-Mar-2024 07:06 PM Report Date Mediwheel Client Name

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 DHAVAL PATEL Consultant Radiologist MB, DMRE Reg No:0494

Page 2 of 2



			LABORATORY REPORT			
Name	:	Mr. Sanjeev Kumar Anand		Reg. No	:	403101609
Sex/Age	:	Male/37 Years		Reg. Date	; .	23-Mar-2024 06:31 PM
Ref. By	:			Collected On	:	
Client Name	:	Mediwheel		Report Date	:	23-Mar-2024 07:06 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 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 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.

38 x 14 mm sized well defined round subcutaneous tissue lesion with minimal vascularity in left lumber region. COMMENTS:

- Grade I fatty liver.
- subcutaneous tissue well defined round lesion with minimal vascularity in left lumber region.

This is an electronically authenticated report

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

Page 1 of 2

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075 'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat



LABORATORY REPORT

Mr. Sanjeev Kumar Anand Reg. No 403101609 Name

23-Mar-2024 06:31 PM Reg. Date Sex/Age Male/37 Years

Collected On Ref. By

Report Date 26-Mar-2024 10:50 AM **Client Name** Mediwheel

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: +0.50

CY: -0.75

AX: 77

LEFT EYE

SP: +0.50

CY: -0.25

AX:93

	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)

Page 3 of 3

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075 'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat



LABORATORY REPORT

Name

Mr. Sanjeev Kumar Anand

Sex/Age

Male/37 Years

Ref. By

Client Name Mediwheel Reg. No

403101609

Reg. Date

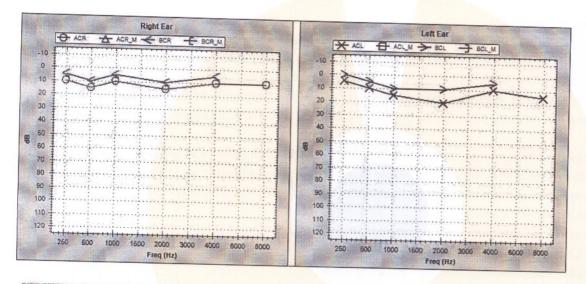
23-Mar-2024 06:3 1 PM

Collected On

Report Date

26-Mar-2024 10:50 AM

AUDIOGRAM

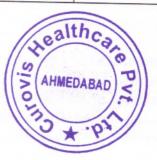


	Air Cor	duction	Bone Co	onduction	Colour
EAR _	Masked	UnMasked	Masked	UnMasked	Code
LEFT		X	J	>	Blue
RIGHT	Δ	0	С	(Red

Threshold In dB	RIGHT	LEFT
AIR CONDUCTION	11.5	10.5
BONE CONDUCTION		
SPEECH	100000000000000000000000000000000000000	

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

----- End Of Report -



This is an electronically authenticated report

Dr Kejal Patel MB,DO(Ophth)

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