

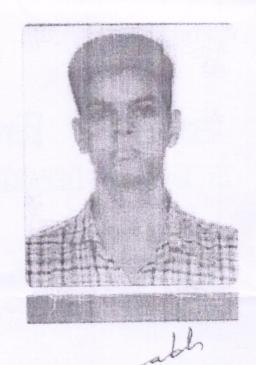
# बैक ऑफ बड़ोदा Bank of Baroda

नाम Name

Saurabh Kotnala

कर्मचारी कूट क्र. 184267 Employee Code No.

जारीकर्ता <mark>प्राधिकारी</mark> Issuing Authority March 1820289834



धारक के हस्ताक्षर Signature of Holder



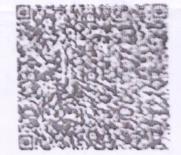
# GOVERNMENT OF INDIA



सौरभ कोटनाला Saurabh Kotnala जन्म तिथि/ DOB: 22/05/1996 पुरुष / MALE

for medical churk up

May 2028 9834



9952 9193 2099

मेरा आधार, मेरी पहचान



### LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator, Mediwheel (Arcofemi Healthcare Limited) Helpline number: 011- 41195959

Dear Sir / Madam.

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. KOTNALA SAURABH
EC NO.	184267
DESIGNATION	SMELF CREDIT
PLACE OF WORK	MEHSANA,RO MEHSANA
BIRTHDATE	22-05-1996
PROPOSED DATE OF HEALTH CHECKUP	08-03-2024
BOOKING REFERENCE NO.	23M184267100096116E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **04-03-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager HRM Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



			LABORATORY REPORT			
Name	:	Mr. Saurabh Kotnala		Reg. No	:	403101577
Sex/Age	:	Male/27 Years		Reg. Date	:	23-Mar-2024 05:32 PM
Ref. By	:			Collected On	:	
Client Name		Mediwheel		Report Date	:	26-Mar-2024 04:05 PM

#### **Medical Summary**

GENERAL EXAMINATION

Height (cms):176

Weight (kgs):60.5

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

DR.MUKESH LADDHA

Page 3 of 5

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/ Male

Reg. No

: 403101577

Ref Id

Collected On

: 23-Mar-2024 09:32 AM

Name

: Mr. Saurabh Kotnala

Reg. Date

: 23-Mar-2024 05:32 PM

Age/Sex

: 27 Years

Pass. No.

Tele No. Dispatch At : 7830289834

ef. By				Location	: CHI	PL
ample Type : EDTA  Parameter F	Results		Unit	Biological R	ef. Interv	/al
Talantoto	COMP	LETE E	BLOOD COUNT (CB	BC)		
Hematrocrit (Calculated) RBC Count (Electrical Impedance)	14.5 44.20 4.90 90.2 29.6		g/dL % million/cmm fL Pg	13.5 - 18 40 - 50 4.73 - 5.5 83 - 101 27 - 32		
MCHC (Calculated) RDW (Calculated)	32.8 12.1		%	31.5 - 34.5 11.5 - 14.5		
WBC Count Flowcytometry with manual Microscopy MPV (Calculated)	7780 11.5		/cmm fL	4000 - 1000 6.5 - 11.5	00	
DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	S [Abs]		EXPECTED VALUE
Neutrophils (%)	63.30	%	40 - 80	4925 2163	/cmm	2000 - 7000
Lymphocytes (%) Eosinophils (%)	27.80 1.70	%	20 - 40	537	/cmm	200 - 1000 20 - 500
Monocytes (%) Basophils (%)	0.30	%	2 - 10 0 - 2	23	/cmm	0 - 100
PERIPHERAL SMEAR STUDY  RBC Morphology  WBC Morphology	Normocy Normal	tic and N	Normochromic.			
PLATELET COUNTS  Platelet Count (Electrical Impedance Electrical Impedance			/cmm	150000 -	450000	
Platelets Parasites Comment			equate with normal more is not detected.	phology.		

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

24-Mar-2024 05:36 PM of 11

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Pass. No.

Reg. No

: 403101577

Ref Id

Collected On

: 23-Mar-2024 09:32 AM

Name

: Mr. Saurabh Kotnala

Reg. Date

: 23-Mar-2024 05:32 PM

Age/Sex

/ Male : 27 Years

Tele No. Dispatch At : 7830289834

Ref. By

Sample Type : EDTA

Location

: CHPL

Parameter

Result

Unit

Biological Ref. Interval

#### **HEMATOLOGY**

## BLOOD GROUP & RH

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

ABO

"A"

Rh (D)

Positive

Note

#### ERYTHROCYTE SEDIMANTATION RATE [ESR]

ESR 1 hour Westergreen method 03

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 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 05:36 PM 11

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L+91 79 4039 2653





Pass. No.



TE	ST	RF	PC	RT
1 1-	01		-1 -	1 6 1

Reg. No

: 403101577

Ref Id

Collected On

: 23-Mar-2024 09:32 AM

Name

: Mr. Saurabh Kotnala

Reg. Date

: 23-Mar-2024 05:32 PM

Age/Sex

: 27 Years

Tele No.

: 7830289834

/ Male

Dispatch At

Ref. By

GOD-POD Method

Sample Type: Flouride F, Flouride PP

Location

: CHPL

	Result	Unit	Biological Ref. Interval
Parameter	BIO - CHEMISTRY		
Fasting Blood Sugar (FBS)  GOD-POD Method	82.20	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS)	84.0	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:

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TEST REPO	ORI	
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Reg. No

: 403101577

Ref Id

Collected On

: 23-Mar-2024 09:32 AM

Name

: Mr. Saurabh Kotnala

Reg. Date

: 23-Mar-2024 05:32 PM

Age/Sex

: 27 Years / Male

Pass. No.

Tele No. Dispatch At : 7830289834

Ref. By

	Location	: CHPL
Result	Unit	Biological Ref. Interval
Lipid Profile		
202.00	mg/dL	Desirable: <200.0 Borderline High: 200- 239 High: >240.0
07.10	ma/dl	Normal: <150.0
97.10	1119/02	Borderline: 150-199 High: 200-499 Very High : > 500.0
40.80	ma/dL	Low: <40
49.00		High: >60
132.78	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130- 159 High: 160-189 Very High: >190.0
19.42	mg/dL	15 - 35
2.67		0 - 3.5
4.06		0 - 5.0
	Lipid Profile 202.00  97.10  49.80  132.78	Result         Unit           Lipid Profile         202.00         mg/dL           97.10         mg/dL           49.80         mg/dL           132.78         mg/dL           19.42         mg/dL           2.67         mg/dL

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By:

Dr. Purvish Darji

0

MD (Pathology)

Approved On:

24-Mar-2024 05:36 PM

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TEST REPORT	TE	ST	R	EP	0	R	T
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Reg. No

: 403101577 Ref Id

: Mr. Saurabh Kotnala

Age/Sex

Name

Ref. By

: 27 Years

/ Male

Pass. No.

Collected On

: 23-Mar-2024 09:32 AM

Reg. Date

: 23-Mar-2024 05:32 PM

Tele No.

: 7830289834

Dispatch At

Location

: CHPL

Sample Type : Serum		Location	: CHPL
Parameter	Result	Unit	Biological Ref. Interval
	LFT WITH GGT		
Total Protein	7.47	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
Biuret Reaction	5.20	g/dL	
Albumin	5.39	graL	
By Bromocresol Green	2.00	g/dL	2.3 - 3.5
Globulin (Calculated)	2.08	groc	0.8 - 2.0
A/G Ratio (Calulated)	2.59	110	0-40
SGOT	33.70	U/L	0 - 40
UV without P5P	44.70	U/L	0 - 40
SGPT	41.70	U/L	0 10
UV without P5P	00.0	IU/I	53 - 128
Alakaline Phosphatase	82.8	1071	
P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate			
Total Bilirubin	1.03	mg/dL	0.3 - 1.2
Vanadate Oxidation			0.0 - 0.4
Direct Bilirubin	0.29	mg/dL	0.0 - 0.4
Vanadate Oxidation		mad/dl	0.0 - 1.1
Indirect Bilirubin	0.74	mg/dL	0.0 - 1.1
Calculated	22.20	U/L	< 55
GGT	22.30	OIL	
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 05:31

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BUN UV Method





		TEST	REPORT		
Reg. No	: 403101577 Ref I	d :		Collected On	: 23-Mar-2024 09:32 AM
Name	: Mr. Saurabh Kotnala			Reg. Date	: 23-Mar-2024 05:32 PM
Age/Sex	: 27 Years / Male	Pass. No.	1	Tele No.	: 7830289834
Ref. By				Dispatch At	
Sample Typ	e : Serum			Location	: CHPL
Parameter			Result	Unit	Biological Ref. Interval
		BIO -	CHEMISTRY		
Uric Acid Enzymatic, color	imetric method		3.77	mg/dL	3.5 - 7.2
Creatinine Enzymatic Metho	od		0.70	mg/dL	0.9 - 1.3
			0.40	maldl	60-200

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

24-Mar-2024 05:36 PM Page 6 of 11

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





Reg. No Name

Ref. By

: 403101577

Ref Id

: Mr. Saurabh Kotnala

Age/Sex

: 27 Years

/ Male

Pass. No.

Collected On

: 23-Mar-2024 09:32 AM

Reg. Date

: 23-Mar-2024 05:32 PM

Tele No.

: 7830289834

Dispatch At

Location

: CHPL

Parameter

Sample Type : EDTA

Result

Biological Ref. Interval Unit

#### HEMOGLOBIN A1 C ESTIMATION Specimen: Blood EDTA

\*Hb A1C

4.6

% 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

85.32

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.

\*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

\*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in glucose levels 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.

\*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 09:29

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: 403101577 Reg. No Name

: Mr. Saurabh Kotnala

: 27 Years Age/Sex

Ref. By

Sample Type: Urine Spot

Male

Ref Id

Pass. No.

Collected On

: 23-Mar-2024 09:32 AM

Reg. Date

: 23-Mar-2024 05:32 PM

Tele No.

: 7830289834

Dispatch At

: CHPL Location

Biological Ref. Interval Unit Result Test

#### URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

20 cc Quantity

Pale Yellow Colour

Clear Clear Clarity

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

4.6 - 8.0 5.0 рН

1.001 - 1.035 1.005 Sp. Gravity

Nil Nil Protein Nil Nil

Glucose Nil Ketone Bodies

Nil Nil Urobilinogen Nil

Bilirubin Nil Nil Nitrite Nil Nil Blood

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Nil Occasional/hpf Leucocytes (Pus Cells) Nil

Nil Erythrocytes (Red Cells) Nil Occasional

Epithelial Cells Absent Absent Crystals Absent Absent Casts

Absent Absent Amorphous Material Absent Absent Bacteria

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

Remarks

Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

23-Mar-2024 07:11 PM Page 8 of 11





TEST REPORT : 23-Mar-2024 09:32 AM Collected On Ref Id : 403101577 Reg. No : 23-Mar-2024 05:32 PM Reg. Date : Mr. Saurabh Kotnala Name : 7830289834 Tele No. / Male Pass. No. : 27 Years Age/Sex Dispatch At

Ref. By : CHPL Location Sample Type : Serum

Biological Ref. Interval Unit Result Parameter

#### **IMMUNOLOGY**

#### THYROID FUNCTION TEST

T3 (Triiodothyronine) CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

ng/mL 0.98

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.

10.00 T4 (Thyroxine) CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY

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.

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 05:36 PM

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Ref Id : 403101577 Reg. No

: Mr. Saurabh Kotnala Name

Age/Sex

: 27 Years / Male

Pass. No.

Collected On

: 23-Mar-2024 09:32 AM

Reg. Date

: 23-Mar-2024 05:32 PM : 7830289834

Tele No.

Dispatch At

Location

: CHPL

Sample Type : Serum

Ref. By

3.610

uIU/ml

0.35 - 5.50

TSH 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

Referance : Carl A.Burtis, Edward R.Ashwood, David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Third trimester: 0.3 to 3.0 µIU/mL

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

This is an electronically authenticated report.

\* This test has been out sourced.

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Dr. Purvish Darji

MD (Pathology)

Approved On:

24-Mar-2024 05:36 PM

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Reg. No

: 403101577

Ref Id

Collected On

: 23-Mar-2024 09:32 AM

Name

: Mr. Saurabh Kotnala

Reg. Date

: 23-Mar-2024 05:32 PM

Age/Sex

: 27 Years / Male Pass. No.

Tele No.

: 7830289834

Ref. By

Parameter

Dispatch At Location

: CHPL

Sample Type : Serum

Result

Unit

Biological Ref. Interval

**IMMUNOLOGY** 

TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)

0.98

ng/mL

0-4

CMIA 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

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

24-Mar-2024 05:36

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LABORATORY REPORT 

Mr. Saurabh Kotnala Name

Sex/Age Male/27 Years

Ref. By

Mediwheel **Client Name** 

Reg. No

403101577

Reg. Date

23-Mar-2024 05:32 PM

**Collected On** 

26-Mar-2024 08:14 AM Report Date

#### Electrocardiogram

**Findings** 

Normal Sinus Rhythm.

Within Normal Limit.



This is an electronically authenticated report

Dr.Jay Soni

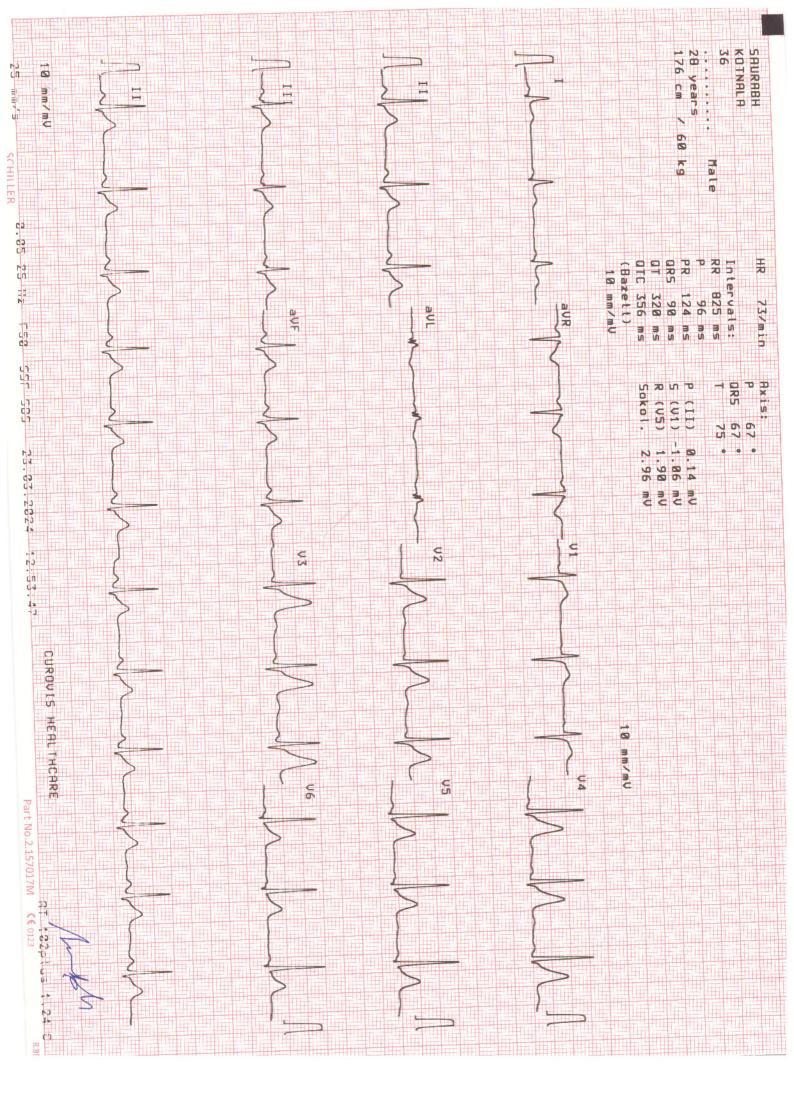
M.D, GENERAL MEDICINE

DR.MUKESH LADDHA

Page 1 of 5

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





			LABORATORY REPORT			
Name	:	Mr. Saurabh Kotnala		Reg. No	:	403101577
Sex/Age	:	Male/27 Years		Reg. Date	:	23-Mar-2024 05:32 PM
Ref. By	:			Collected On	:	
Client Name	:	Mediwheel		Report Date	:	26-Mar-2024 08:14 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. No MR, No TR, No PR, No AR.
- 7. No PAH, RVSP: 20 mm Hg.
- 8. IAS/IVS: Intact.
- 9. No clot/vegetation/pericardial effusion.
- 10. No coarctation of aorta.



This is an electronically authenticated report

Dr.Jay Soni

M.D, GENERAL MEDICINE

DR.MUKESH LADDHA

Page 2 of 5

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



		LABORATORY REPORT			
Name	Mr. Saurabh Kotnala		Reg. No	;	403101577
Sex/Age	Male/27 Years		Reg. Date	;	23-Mar-2024 05:32 PM
Ref. By			Collected On	:	
Client Name	Mediwheel		Report Date	:	23-Mar-2024 06:46 PM

#### X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

COMMENT: No significant abnormality is detected.

-- End Of Report

This is an electronically authenticated report

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

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			LABORATORY REPORT			
Name	:	Mr. Saurabh Kotnala		Reg. No	:	403101577
Sex/Age	:	Male/27 Years		Reg. Date	:	23-Mar-2024 05:32 PM
Ref. By	:			Collected On	:	
Client Name	:	Mediwheel		Report Date	:	23-Mar-2024 06:45 PM

#### USG ABDOMEN

Liver appears normal in size & 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.

#### **COMMENTS:**

NO SIGNIFICANT ABNORMALITY DETECTED.

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



Male/27 Years

LABORATORY REPORT Name Mr. Saurabh Kotnala

Reg. No 403101577

Ref. By Collected On

**Client Name** Mediwheel **Report Date** 26-Mar-2024 10:54 AM

Reg. Date

23-Mar-2024 05:32 PM

#### Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -1.25

Sex/Age

CY: -0.75

AX: 69

LEFT EYE

SP: -1.25

CY: -0.50

AX:91

	Without Glasses	With Glasses
Right Eye	6/9	6/5
Left Eye	6/9	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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LABORATORY REPORT

Name Mr. Saurabh Kotnala

Sex/Age Male/27 Years

Ref. By

**Client Name** Mediwheel Reg. No 403101577

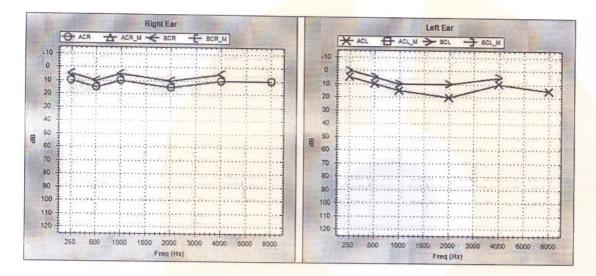
Reg. Date

23-Mar-2024 05:32 PM

Collected On

**Report Date** 26-Mar-2024 10:54 AM

#### **AUDIOGRAM**



MODE	Air Cor	nduction	Bone Co	onduction	Colour
EAR	Masked	UnMasked	Masked	UnMasked	Code
LEFT		×	כ	>	Blue
RIGHT	Δ	0		<	Red

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

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

-- End Of Report -



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Dr Kejal Patel MB,DO(Ophth)

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