



LABORATORY REPORT

Name : Mr. Lovekrishnan Kanodia
Sex/Age : Male/32 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403100589
Reg. Date : 08-Mar-2024 10:11 AM
Collected On :
Report Date : 08-Mar-2024 02:26 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :174

Weight (kgs) :69.0

Blood Pressure : 116/70mmHg

Pulse : 59/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

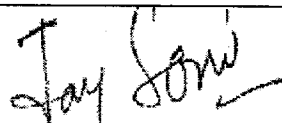
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



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Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

Page 2 of 4



नाम Lovekrishnan Jitendrakumar
Name Kanodia

कर्मचारी कूट क्र. 111884
Employee Code No.

जारीकर्ता प्राधिकारी
Issuing Authority

Kanodia
धारक के हस्ताक्षर
Signature of Holder

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



Now 9824574588
D-401 Maple Parmeshwar
Chandkheda Ahmedabad
382424



TEST REPORT

| | | |
|--|--------------------|--|
| Reg. No : 403100589 | Ref Id : | Collected On : 08-Mar-2024 10:12 AM |
| Name : Mr. Lovekrishnan Kanodia | | Reg. Date : 08-Mar-2024 10:11 AM |
| Age/Sex : 32 Years / Male | Pass. No. : | Tele No. : 9824574588 |
| Ref. By : | | Dispatch At : |
| Sample Type : EDTA | | Location : CHPL |

| Parameter | Results | Unit | Biological Ref. Interval |
|-----------|---------|------|--------------------------|
|-----------|---------|------|--------------------------|

COMPLETE BLOOD COUNT (CBC)

| | | | |
|---|--------|-------------|--------------|
| Hemoglobin (Colorimetric method) | 14.0 | g/dL | 13.5 - 18 |
| Hematocrit (Calculated) | 41.80 | % | 40 - 50 |
| RBC Count (Electrical Impedance) | 4.94 | million/cmm | 4.73 - 5.5 |
| MCV (Calculated) | 84.5 | fL | 83 - 101 |
| MCH (Calculated) | 28.3 | Pg | 27 - 32 |
| MCHC (Calculated) | 33.5 | % | 31.5 - 34.5 |
| RDW (Calculated) | 11.5 | % | 11.5 - 14.5 |
| WBC Count Flowcytometry with manual Microscopy | L 3480 | /cmm | 4000 - 10000 |
| MPV (Calculated) | 9.6 | fL | 6.5 - 11.5 |

| <u>DIFFERENTIAL WBC COUNT</u> | [%] | | <u>EXPECTED VALUES</u> | [Abs] | <u>EXPECTED VALUES</u> |
|-------------------------------|-------|---|------------------------|-----------|------------------------|
| Neutrophils (%) | 50 | % | 40 - 80 | 1740 /cmm | 2000 - 7000 |
| Lymphocytes (%) | 40 | % | 20 - 40 | 1392 /cmm | 1000 - 3000 |
| Eosinophils (%) | 05 | % | 0 - 6 | 174 /cmm | 200 - 1000 |
| Monocytes (%) | 05 | % | 2 - 10 | 174 /cmm | 20 - 500 |
| Basophils (%) | 0 | % | 0 - 2 | 0 /cmm | 0 - 100 |

PERIPHERAL SMEAR STUDY

RBC Morphology Normocytic and Normochromic.
WBC Morphology Leucopenia

PLATELET COUNTS

Platelet Count (Electrical Impedance) 208000 /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.

Approved By : 
Dr. Purvish Darji
MD (Pathology)

Approved On : 08-Mar-2024 10:41 AM

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**TEST REPORT**

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| Age/Sex | : 32 Years / Male | Pass. No. | : | Tele No. | : 9824574588 |
| Ref. By | : | | | Dispatch At | : |
| Sample Type | : EDTA | | | Location | : CHPL |

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

HEMATOLOGY**BLOOD GROUP & RH**

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

| | |
|--------|----------|
| ABO | "O" |
| Rh (D) | Positive |
| Note | - |

ERYTHROCYTE SEDIMENTATION RATE [ESR]


| | | | |
|--|---|-------|---------------------|
| ESR 1 hour <i>Westergreen method</i> | 7 | mm/hr | ESR AT 1 hour : 1-7 |
|--|---|-------|---------------------|

ERYTHRO SEDIMENTATION RATE, BLOOD -

Erythrocyte sedimentation rate (ESR) is a non-specific phenomenon 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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TEST REPORT

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| Age/Sex : 32 Years / Male | Pass. No. : | Tele No. : 9824574588 |
| Ref. By : | | Dispatch At : |
| Sample Type : Serum,Flouride PP | | Location : CHPL |


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

BIO - CHEMISTRY

| | | | |
|--|-------|-------|----------|
| Fasting Blood Sugar (FBS) <i>GOD-POD Method</i> | 94.00 | mg/dL | 70 - 110 |
| Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i> | 101.6 | mg/dL | 70 - 140 |

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| Age/Sex : 32 Years / Male | Pass. No. : | Tele No. : 9824574588 |
| Ref. By : | | Dispatch At : |
| Sample Type : Serum | | Location : CHPL |

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

Lipid Profile

| | | | |
|---|--------------|-------|---|
| Cholesterol | 210.00 | mg/dL | Desirable: <200.0 Borderline High: 200-239 High: >240.0 |
| <i>Enzymatic, colorimetric method</i> | | | |
| Triglyceride | 74.90 | mg/dL | Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0 |
| <i>Enzymatic, colorimetric method</i> | | | |
| HDL Cholesterol | 42.10 | mg/dL | Low: <40 High: >60 |
| <i>Accelerator selective detergent method</i> | | | |
| LDL | 152.92 | mg/dL | Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0 |
| <i>Calculated</i> | | | |
| VLDL | 14.98 | mg/dL | 15 - 35 |
| <i>Calculated</i> | | | |
| LDL / HDL RATIO | 3.63 | | 0 - 3.5 |
| <i>Calculated</i> | | | |
| Cholesterol /HDL Ratio | 4.99 | | 0 - 5.0 |
| <i>Calculated</i> | | | |

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 MD (Pathology)

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TEST REPORT

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Age/Sex : 32 Years / Male **Pass. No.** : **Reg. Date** : 08-Mar-2024 10:11 AM
Ref. By : **Tele No.** : 9824574588
Sample Type : Serum **Dispatch At** :
Location : CHPL


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

| | | | |
|--|-------|-------|--|
| Total Protein | 7.16 | 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 | 4.35 | g/dL | |
| <i>By Bromocresol Green</i> | | | |
| Globulin (Calculated) | 2.81 | g/dL | 2.3 - 3.5 |
| A/G Ratio (Calculated) | 1.55 | | 0.8 - 2.0 |
| SGOT | 21.00 | U/L | 0 - 40 |
| <i>UV without P5P</i> | | | |
| SGPT | 14.70 | U/L | 0 - 40 |
| <i>UV without P5P</i> | | | |
| Alakaline Phosphatase | 57.5 | IU/l | 53 - 128 |
| <i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i> | | | |
| Total Bilirubin | 0.52 | mg/dL | 0.3 - 1.2 |
| <i>Vanadate Oxidation</i> | | | |
| Direct Bilirubin | 0.12 | mg/dL | 0.0 - 0.4 |
| <i>Vanadate Oxidation</i> | | | |
| Indirect Bilirubin | 0.40 | mg/dL | 0.0 - 1.1 |
| <i>Calculated</i> | | | |
| GGT | 17.00 | U/L | < 55 |
| <i>SZASZ Method</i> | | | |

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| Age/Sex : 32 Years / Male | Pass. No. : | Tele No. : 9824574588 |
| Ref. By : | | Dispatch At : |
| Sample Type : Serum | | Location : CHPL |


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

BIO - CHEMISTRY

| | | | |
|---|-------|-------|------------|
| Uric Acid <i>Enzymatic, colorimetric method</i> | 5.63 | mg/dL | 3.5 - 7.2 |
| Creatinine <i>Enzymatic Method</i> | 0.91 | mg/dL | 0.9 - 1.3 |
| BUN <i>UV Method</i> | 10.50 | mg/dL | 6.0 - 20.0 |

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| Age/Sex : 32 Years / Male | Pass. No. : | Tele No. : 9824574588 |
| Ref. By : | | Dispatch At : |
| Sample Type : EDTA | | Location : CHPL |

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

HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

| | | | |
|---------|-----|---------------|--|
| *Hb A1C | 5.0 | % 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 | 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 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 effects 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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| Approved On : | 08-Mar-2024 02:09 PM |
|----------------------|----------------------|

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TEST REPORT

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| Age/Sex : 32 Years / Male | Pass. No. : | Tele No. : 9824574588 |
| 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 | 6.0 | 4.6 - 8.0 |
| Sp. Gravity | 1.015 | 1.001 - 1.035 |
| Protein | Nil | Nil |
| Glucose | Nil | Nil |
| Ketone Bodies | Nil | Nil |
| Urobilinogen | Nil | Nil |
| Bilirubin | Nil | |
| Nitrite | Nil | Nil |
| Blood | Nil | Nil |

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

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

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Approved By : 
Dr. Purvish Darji
MD (Pathology)

Approved On : 08-Mar-2024 11:56 AM



TEST REPORT

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| Age/Sex : 32 Years / Male | Pass. No. : | Tele No. : 9824574588 |
| Ref. By : | | Dispatch At : |
| Sample Type : Serum | | Location : CHPL |

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

IMMUNOLOGY

THYROID FUNCTION TEST

| | | | |
|---|------|-------|-------------|
| T3 (Triiodothyronine) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i> | 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.

| | | | |
|---|------|-------|------------|
| T4 (Thyroxine) <i>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</i> | 9.80 | 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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Dr. Purvish Darji
MD (Pathology)

Approved On : 08-Mar-2024 12:11 PM



TEST REPORT

Reg. No : 403100589 **Ref Id** :
Name : Mr. Lovekrishnan Kanodia
Age/Sex : 32 Years / Male **Pass. No.** :
Ref. By :
Sample Type : Serum **Collected On** : 08-Mar-2024 10:12 AM
Reg. Date : 08-Mar-2024 10:11 AM
Tele No. : 9824574588
Dispatch At :
Location : CHPL

TSH 1.390 μ IU/ml 0.35 - 5.50
CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 μ IU/mL


Second Trimester : 0.2 to 3.0 μ IU/mL

Third trimester : 0.3 to 3.0 μ IU/mL

Referance : 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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IMMUNOLOGY

| | | | |
|---|------|-------|-------|
| TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) <small>CMIA</small> | 0.43 | 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.

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

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MD (Pathology)

Approved On : 08-Mar-2024 11:46 AM
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LABORATORY REPORT

Name : Mr. Lovekrishnan Kanodia
Sex/Age : Male/32 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403100589
Reg. Date : 08-Mar-2024 10:11 AM
Collected On :
Report Date : 09-Mar-2024 03:30 PM

Electrocardiogram

Findings

Sinus Bradycardia.

T inversion in inferior leads.

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



This is an electronically authenticated report

Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

Page 1 of 1

L. QUEKREISHMAN

KRANDIR

29

32 years

174 cm / 69 kg

Male

HR 59/min

Axis: ZB

Intervals: RR 1010 ms

P 78 ms

PR 126 ms

QRS 98 ms

QT 368 ms

QTc 368 ms (Bazett)

10 mm/mV

P 85

QRS 50

T -43

P (II) 0.10 mV

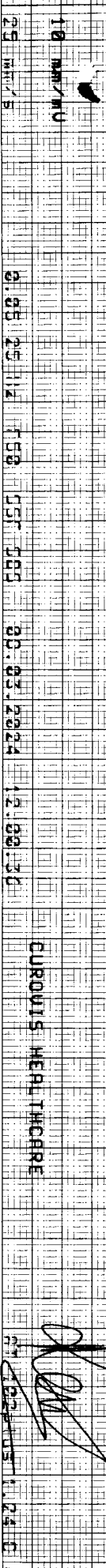
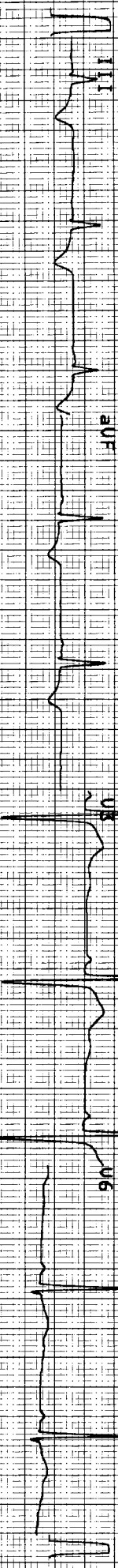
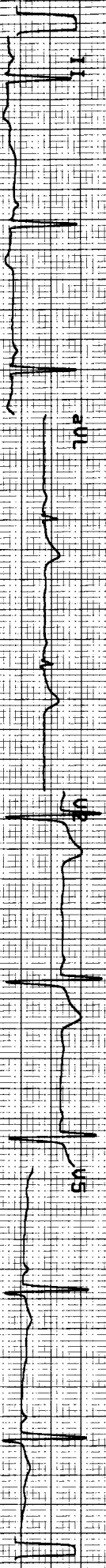
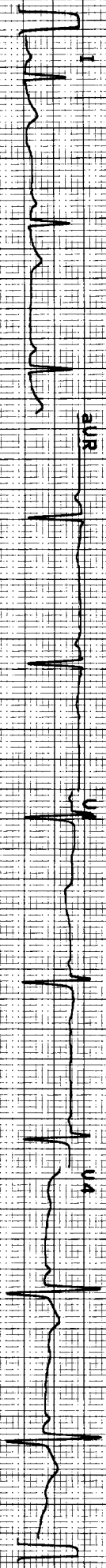
Q (VI) -1.00 mV

R (V5) 1.27 mV

Sokol. 2.93 mV

10 mm/mV

Sokolow-Lyon
↑



10 mm/mV

0.05 25 Hz 150 555 00.03.2024 12.00:30

CURIOUS HEALTHCARE

[Signature]



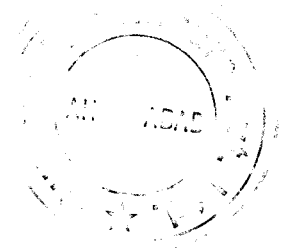
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Client Name : Mediwheel

Reg. No : 403100589
Reg. Date : 08-Mar-2024 10:11 AM
Collected On :
Report Date : 08-Mar-2024 11:06 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, No PR, No AR.
7. No PAH, RVSP: 22 mm Hg.
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.

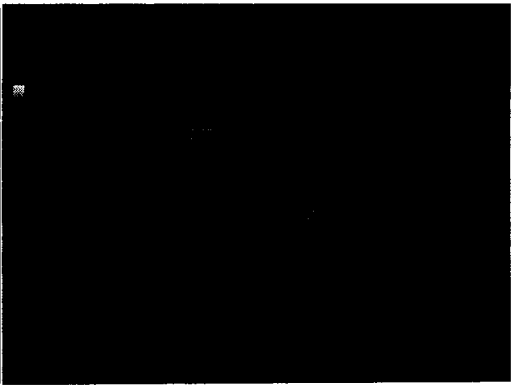
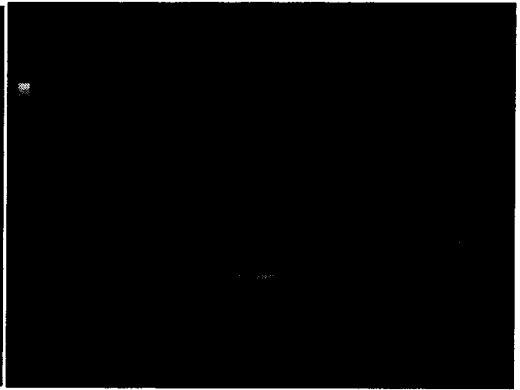
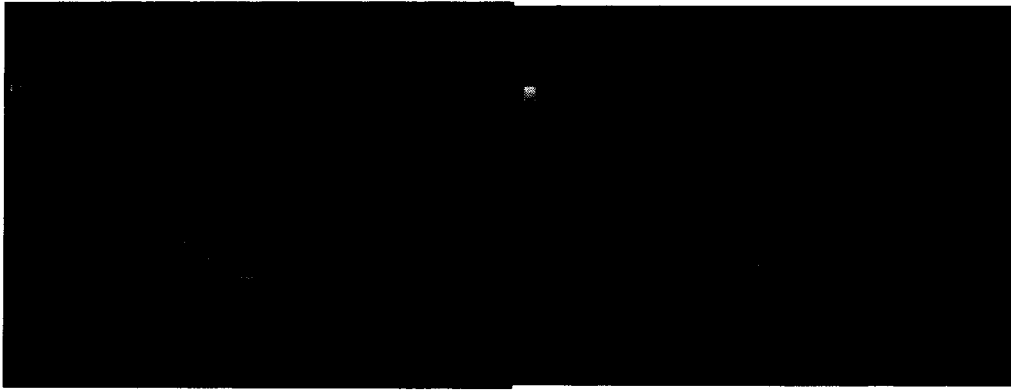
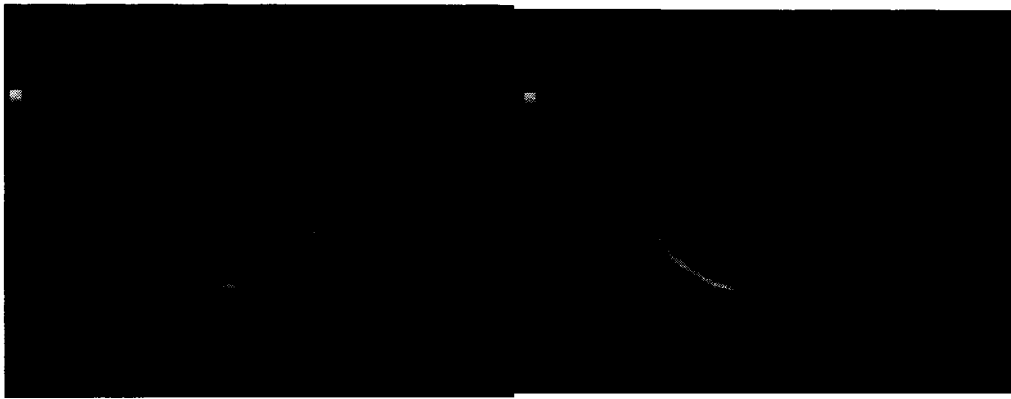


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Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

Page 1 of 4



LOVEKRISHNA AGE 32 080324-101813AM

08/03/2024

CUROVIS HEALTH CARE



LABORATORY REPORT

| | |
|--|---|
| Name : Mr. Lovekrishnan Kanodia | Reg. No : 403100589 |
| Sex/Age : Male/32 Years | Reg. Date : 08-Mar-2024 10:11 AM |
| Ref. By : | Collected On : |
| Client Name : Mediwheel | Report Date : 08-Mar-2024 04:35 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.

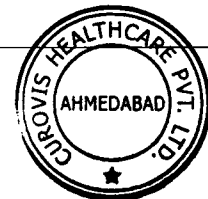
COMMENT: No significant abnormality is detected.

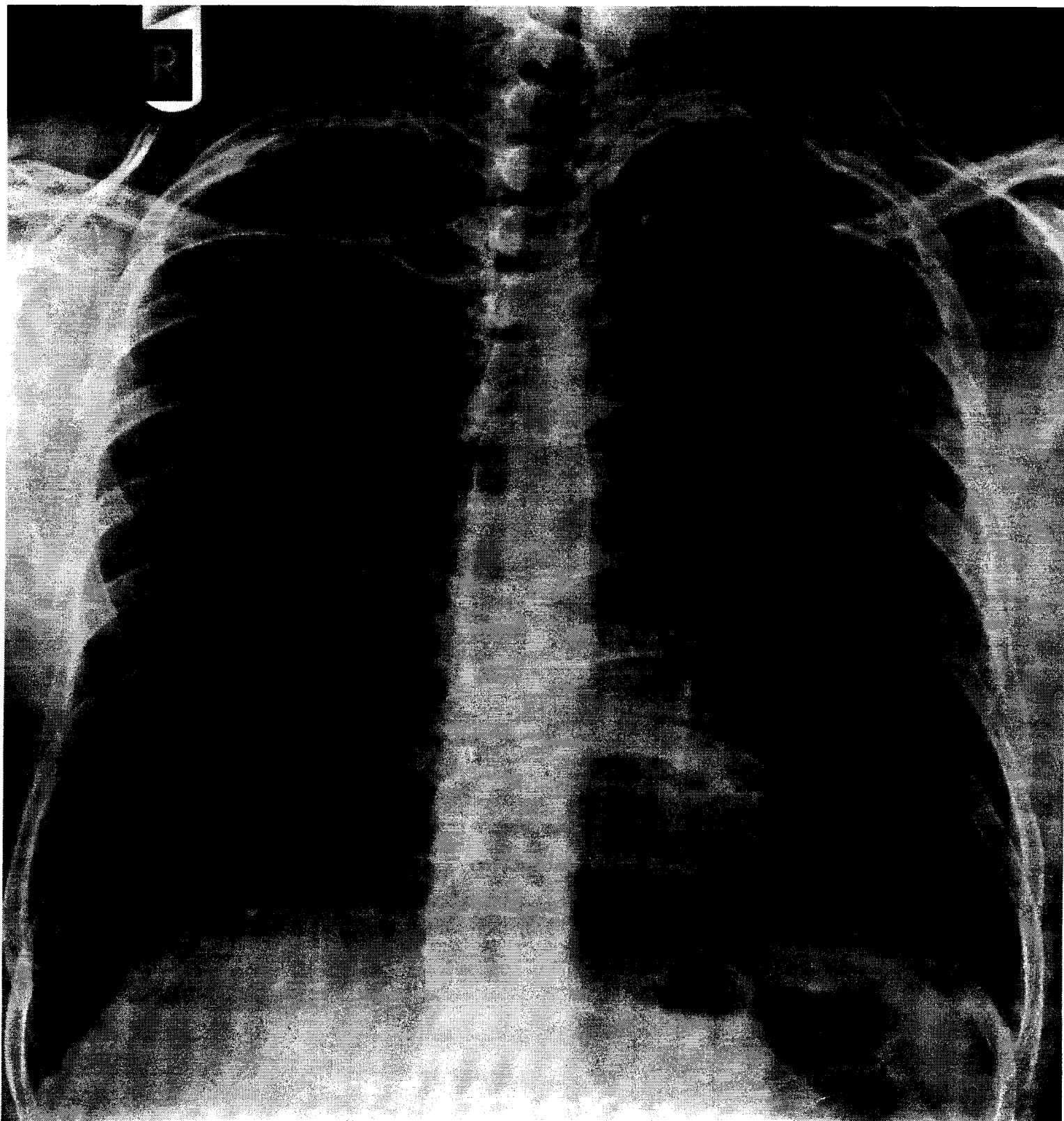
----- End Of Report -----

This is an electronically authenticated report



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





LOVEKRISHNAN KANODIYA 32Y/M

08/03/2024

CUROVIS HEALTHCARE



LABORATORY REPORT

| | | | |
|----------------------|--------------------------|-----------------------|----------------------|
| Name : | Mr. Lovekrishnan Kanodia | Reg. No : | 403100589 |
| Sex/Age : | Male/32 Years | Reg. Date : | 08-Mar-2024 10:11 AM |
| Ref. By : | | Collected On : | |
| Client Name : | Mediwheel | Report Date : | 08-Mar-2024 04:35 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 biliary or portal radicals. PV is normal in caliber.

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

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

Spleen appears normal in size & echopattern. No evidence of focal lesions.

Both kidneys are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

Urinary bladder is partially distended. No evidence of calculus or mass.

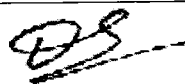
Prostate appears normal in size and echopattern. No evidence of focal lesions.

No evidence of free fluid in peritoneal cavity.
No evidence of para-aortic lymph adenopathy.
No evidence of dilated small bowel loops.

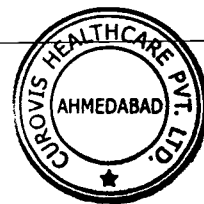
COMMENTS :

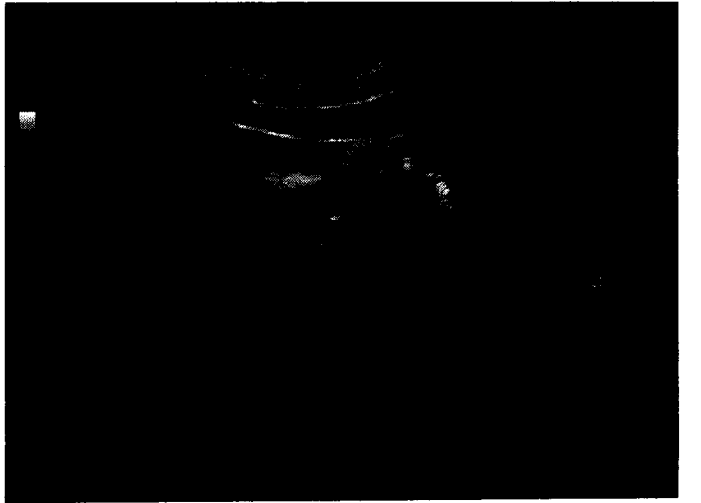
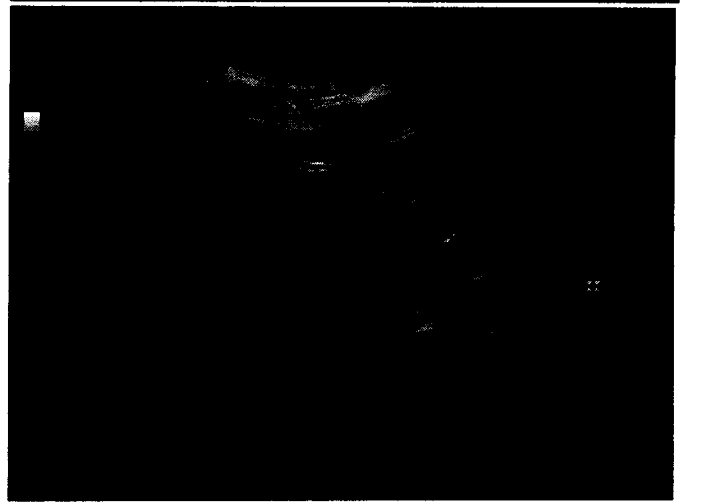
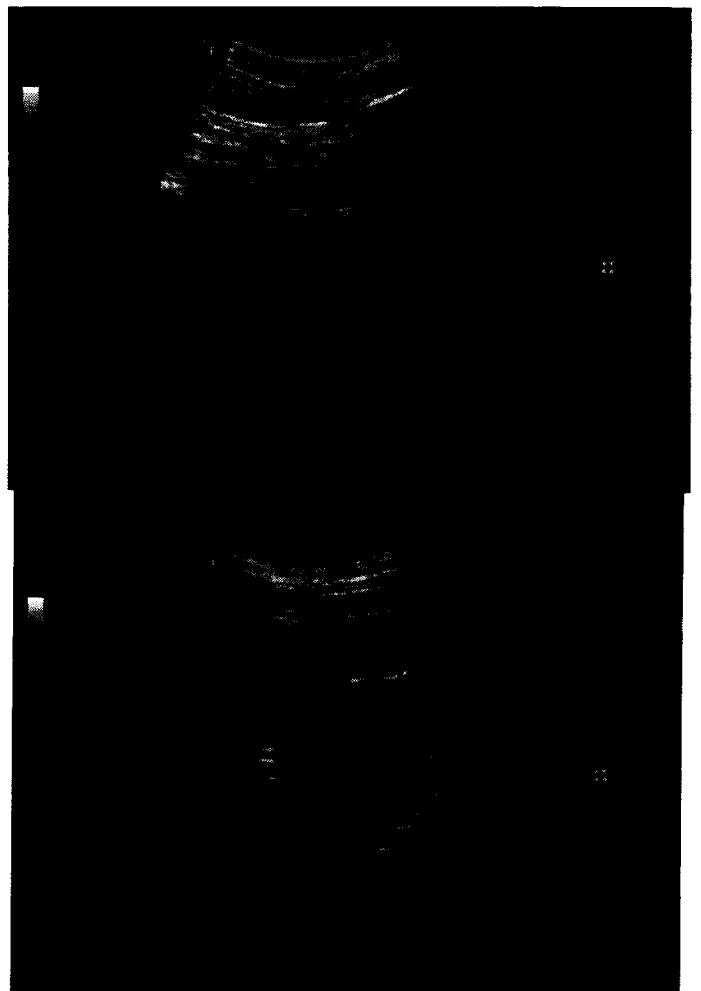
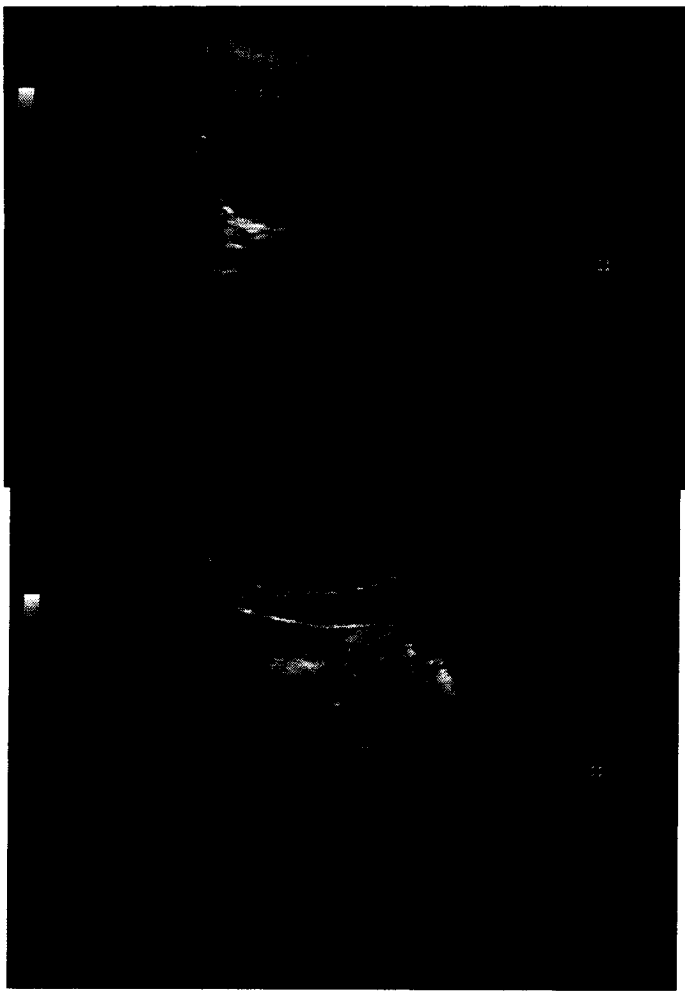
NO SIGNIFICANT ABNORMALITY DETECTED.

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





LAVKKRISHNAN 080324-113752AM

08/03/2024

CUROVIS HEALTH CARE



LABORATORY REPORT

| | | | |
|----------------------|--------------------------|-----------------------|----------------------|
| Name : | Mr. Lovekrishnan Kanodia | Reg. No : | 403100589 |
| Sex/Age : | Male/32 Years | Reg. Date : | 08-Mar-2024 10:11 AM |
| Ref. By : | | Collected On : | |
| Client Name : | Mediwheel | Report Date : | 08-Mar-2024 01:29 PM |

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: +0.00

CY: -0.25

AX: 03

LEFT EYE

SP : -0.25

CY : +0.00

AX :00

| | Without Glasses | With Glasses |
|-----------|-----------------|--------------|
| Right Eye | 6/5 | N.A |
| Left Eye | 6/5 | N.A |

Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

ColorVision : Normal

Comments: Right and Left eye laser surgery in 2023.

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



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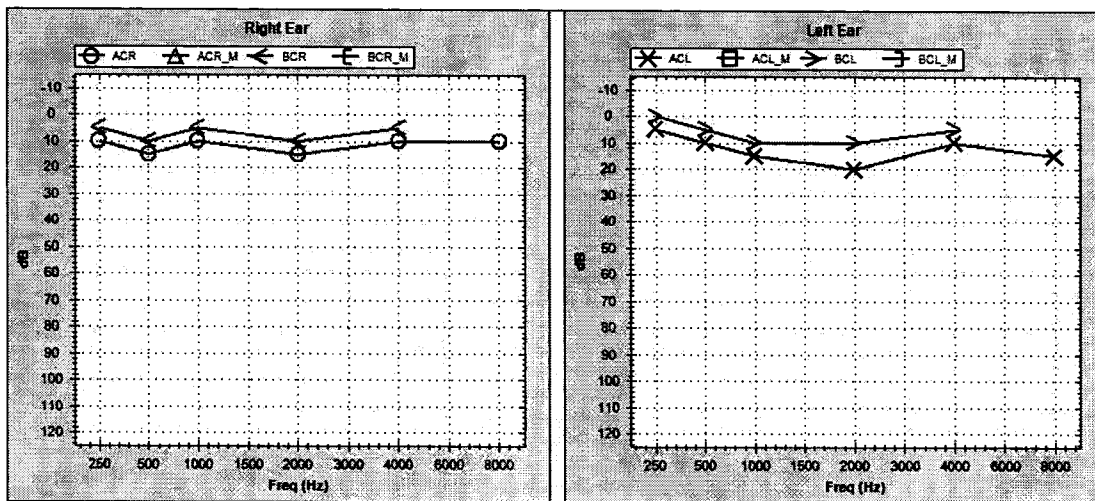


LABORATORY REPORT

Name : Mr. Lovekrishnan Kanodia
 Sex/Age : Male/32 Years
 Ref. By :
 Client Name : Mediwheel

Reg. No : 403100589
 Reg. Date : 08-Mar-2024 10:11 AM
 Collected On :
 Report Date : 08-Mar-2024 01:29 PM

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 | 10.5 |
| BONE CONDUCTION | | |
| SPEECH | | |

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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



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