



गौरी अरवि
Government of India

गौरी अरवि
Doshi Bhavesh
पुरुष / Male
DOB : 13/11/1981



8671 5477 5113

गौरी अरवि

गौरी अरवि अरवि अरवि

Handwritten signature

9925049632



बैंक ऑफ़ बड़ौदा Bank of Baroda



To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

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

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

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	BHAVESH DOSHI J
DATE OF BIRTH	13-11-1981
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	07-09-2024
BOOKING REFERENCE NO.	24S161364100112480S
SPOUSE DETAILS	
EMPLOYEE NAME	MRS. DOSHI SHIRALI B
EMPLOYEE EC NO.	161364
EMPLOYEE DESIGNATION	CUSTOMER SERVICE ASSOCIATE
EMPLOYEE PLACE OF WORK	AHMEDABAD,S M ROAD
EMPLOYEE BIRTHDATE	31-05-1986

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 **01-09-2024** till **31-03-2025**. 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's spouse 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 & Marketing Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))



LABORATORY REPORT

Name : Mr. Bhavesh Desai	Reg. No : 409100799
Sex/Age : Male/42 Years	Reg. Date : 16-Sep-2024 02:44 PM
Ref. By :	Collected On :
Client Name : Mediwheel	Report Date : 17-Sep-2024 07:48 AM

Medical Summary

GENERAL EXAMINATION

Height (cms) :186

Weight (kgs) : 94.20

Blood Pressure : 122/84mmHg

Pulse : 70/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

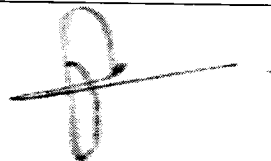
Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

This is an electronically authenticated report



Dr. Parth S Patel
MBBS. MD. FNB

DR.MUKESH LADDHA

Page 15 of


TEST REPORT

Reg. No : 409100799	Ref Id :	Collected On : 16-Sep-2024 05:11 PM
Name : Mr. Bhavesh Desai		Reg. Date : 16-Sep-2024 02:44 PM
Age/Sex : 42 Years / Male	Pass. No. :	Tele No. : 9925049632
Ref. By :		Dispatch At :
Sample Type : EDTA		Location : CHPL

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

Hemoglobin (Colorimetric method)	14.5	g/dL	13.5 - 18
Hematocrit (Calculated)	44.70	%	40 - 50
RBC Count (Electrical Impedance)	5.10	million/cmm	4.73 - 5.5
MCV (Calculated)	87.7	fL	83 - 101
MCH (Calculated)	28.5	Pg	27 - 32
MCHC (Calculated)	32.4	%	31.5 - 34.5
RDW (Calculated)	L 11.0	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	6640	/cmm	4000 - 10000
MPV (Calculated)	10.2	fL	6.5 - 11.5

DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	54.80	%	40 - 80	3639 /cmm	2000 - 7000
Lymphocytes (%)	34.10	%	20 - 40	2264 /cmm	1000 - 3000
Eosinophils (%)	1.50	%	0 - 6	618 /cmm	200 - 1000
Monocytes (%)	9.30	%	2 - 10	100 /cmm	20 - 500
Basophils (%)	0.30	%	0 - 2	20 /cmm	0 - 100

PERIPHERAL SMEAR STUDY

RBC Morphology Normocytic and Normochromic.
 WBC Morphology Normal


PLATELET COUNTS

Platelet Count (Electrical Impedance) 196000 /cmm 150000 - 450000
 Electrical Impedance
 Platelets Platelets are adequate with normal morphology.
 Parasites Malarial parasite is not detected.
 Comment -

We/Laboratory hereby declare that we may require to place some information in the public domain/available publicly because of regulatory/statutory requirements.

This is an electronically authenticated report.

* This test has been out sourced.

Approved By : 
 Dr. Purvish Darji
 MD (Pathology)

Approved On : 16-Sep-2024 07:24 PM Page 1 of 17

**TEST REPORT**

Reg. No	: 409100799	Ref Id	:	Collected On	: 16-Sep-2024 05:11 PM
Name	: Mr. Bhavesh Desai			Reg. Date	: 16-Sep-2024 02:44 PM
Age/Sex	: 42 Years / Male	Pass. No.	:	Tele No.	: 9925049632
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
Tube Agglutination (Forward & Reverse grouping) Method

"AB"

Rh (D)
Tube Agglutination (Forward & Reverse grouping) Method

Positive

Note

-

ERYTHROCYTE SEDIMENTATION RATE [ESR]

ESR 1 hour <i>Westergreen method</i>	05	mm/hr	ESR AT 1 hour : 1-7
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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 (0-1mm) 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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Approved By : 
Dr. Purvish Darji
MD (Pathology)

Approved On : 17-Sep-2024 12:20 PM Page 2 of 17



TEST REPORT

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Name : Mr. Bhavesh Desai		Reg. Date : 16-Sep-2024 02:44 PM
Age/Sex : 42 Years / Male	Pass. No. :	Tele No. : 9925049632
Ref. By :		Dispatch At :
Sample Type : Flouride F, Flouride PP		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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
BIO - CHEMISTRY

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	104.00	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i>	96.5	mg/dL	70 - 140

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Approved By : 
Dr. Purvish Darji
MD (Pathology)

Approved On : 17-Sep-2024 10:19 AM


TEST REPORT

Reg. No : 409100799	Ref Id :	Collected On : 16-Sep-2024 05:12 PM
Name : Mr. Bhavesh Desai		Reg. Date : 16-Sep-2024 02:44 PM
Age/Sex : 42 Years / Male	Pass. No. :	Tele No. : 9925049632
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	193.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Cholesterol Oxidase, esterase, peroxidase</i>			
Triglyceride	86.70	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Glycerol-3-Phosphate Oxidase Peroxidase</i>			
HDL Cholesterol	40.60	mg/dL	Low : <40 High : >60
<i>4-Aminoantipyrine-CHE-Cholesterol Oxidase-POD</i>			
LDL	135.06	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	17.34	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	3.33		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.75		0 - 5.0
<i>Calculated</i>			

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 MD (Pathology)

Approved On : 16-Sep-2024 07:18 PM Page 4 of 17



TEST REPORT

Reg. No : 409100799	Ref Id :	Collected On : 16-Sep-2024 05:12 PM
Name : Mr. Bhavesh Desai		Reg. Date : 16-Sep-2024 02:44 PM
Age/Sex : 42 Years / Male	Pass. No. :	Tele No. : 9925049632
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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LFT WITH GGT

Total Protein	7.09	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	4.86	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs : 3.5 - 5.2 60 - 90 yrs : 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
<i>Bromocresol Green</i>			
Globulin (Calculated)	2.23	g/dL	2.3 - 3.5
<i>Calculated</i>			
A/G Ratio (Calculated)	2.18		0.8 - 2.0
SGOT	24.50	U/L	0 - 35
<i>L-Aspartate a - Ketoglutarate</i>			
SGPT	18.80	U/L	0 - 45
<i>Pyruvate to Lactate - IFCC</i>			
Alakaline Phosphatase	106.6	IU/l	53 - 128
<i>4-Nitrophenol phosphate (AMP)</i>			

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MD (Pathology)

Approved On : 16-Sep-2024 07:18 PM



TEST REPORT

Reg. No : 409100799 **Ref Id** :
Name : Mr. Bhavesh Desai **Collected On** : 16-Sep-2024 05:12 PM
Age/Sex : 42 Years / Male **Pass. No.** : **Reg. Date** : 16-Sep-2024 02:44 PM
Ref. By : **Tele No.** : 9925049632
Sample Type : Serum **Dispatch At** :
Location : CHPL

Total Bilirubin 0.71 mg/dL Cord : Premature & full term : <2.0
0-1 day : Premature : <8.0
0-1 day : Full term : 1.4 - 8.7
1-2 day : Premature : <12
1-2 day : Full term : 3.4 - 11.5
3-5 day : Premature : <16
3-5 day : Full term : 1.5 - 12.0
Adult : 0.3 - 1.2

Vanadate Oxidation

Direct Bilirubin 0.16 mg/dL 0.0 - 0.4

Vanadate

Indirect Bilirubin 0.55 mg/dL 0.0 - 1.1

Calculated


GGT 21.20 U/L < 55

γ-Glutamyltransferase - IFCC

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Approved On : 16-Sep-2024 07:18 PM Page 6 of 17



TEST REPORT

Reg. No : 409100799 **Ref Id** : **Collected On** : 16-Sep-2024 05:12 PM
Name : Mr. Bhavesh Desai **Reg. Date** : 16-Sep-2024 02:44 PM
Age/Sex : 42 Years / Male **Pass. No.** : **Tele No.** : 9925049632
Ref. By : **Dispatch At** :
Sample Type : Serum **Location** : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Uric Acid <i>Uricase - Peroxidase</i>	3.47	mg/dL	3.5 - 7.2
Creatinine <i>Sarcosine Oxidase peroxidase</i>	0.99	mg/dL	0.7 - 1.3
BUN <i>Urease - UV Method</i>	6.90	mg/dL	6.0 - 20.0

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MD (Pathology)

Approved On : 16-Sep-2024 07:10 PM Page 7 of 17


TEST REPORT

Reg. No : 409100799	Ref Id :	Collected On : 16-Sep-2024 05:11 PM
Name : Mr. Bhavesh Desai		Reg. Date : 16-Sep-2024 02:44 PM
Age/Sex : 42 Years / Male	Pass. No. :	Tele No. : 9925049632
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	5.3	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
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Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose	105.41	mg/dL
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Calculated

Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

* Some danger of hypoglycemic reaction in Type I diabetics.

* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.

*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.


HbA1c assay Interferences:

*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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MD (Pathology)

Approved On : 17-Sep-2024 05:41 PM Page 8 of 17

**TEST REPORT**

Reg. No	: 409100799	Ref Id	:	Collected On	: 16-Sep-2024 04:11 PM
Name	: Mr. Bhavesh Desai			Reg. Date	: 16-Sep-2024 02:44 PM
Age/Sex	: 42 Years / Male	Pass. No.	:	Tele No.	: 9925049632
Ref. By	:			Dispatch At	:
Sample Type	: Urine Spot			Location	: CHPL

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

Quantity	20 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	5	4.6 - 8.0
Sp. Gravity	1.010	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	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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MD (Pathology)

Approved On : 16-Sep-2024 04:40 PM Page 9 of 17



TEST REPORT

Reg. No : 409100799	Ref Id :	Collected On : 16-Sep-2024 05:12 PM
Name : Mr. Bhavesh Desai		Reg. Date : 16-Sep-2024 02:44 PM
Age/Sex : 42 Years / Male	Pass. No. :	Tele No. : 9925049632
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>CLIA-Sandwich Immunoassay</i>	1.12	ng/mL	0.86 - 1.92
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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>CLIA-Sandwich Immunoassay</i>	10.80	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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MD (Pathology)

Approved On : 17-Sep-2024 05:19 AM



TEST REPORT

Reg. No : 409100799	Ref Id :	Collected On : 16-Sep-2024 05:12 PM
Name : Mr. Bhavesh Desai		Reg. Date : 16-Sep-2024 02:44 PM
Age/Sex : 42 Years / Male	Pass. No. :	Tele No. : 9925049632
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

TSH 1.860 μ IU/ml 0.35 - 5.50
CLIA-Sandwich 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 Eddition. Philadelphia: WB Saunders,2012:2170

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MD (Pathology)

Approved On : 17-Sep-2024 09:19 AM Page 13 of 13



TEST REPORT

Reg. No : 409100799	Ref Id :	Collected On : 16-Sep-2024 05:12 PM
Name : Mr. Bhavesh Desai		Reg. Date : 16-Sep-2024 02:44 PM
Age/Sex : 42 Years / Male	Pass. No. :	Tele No. : 9925049632
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) <small>CMIA</small>	0.47	ng/mL	0 - 4
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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.

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Approved On : 17-Sep-2024 09:19 AM Page 14 of 19



LABORATORY REPORT

Name :	Mr. Bhavesh Desai	Reg. No :	409100799
Sex/Age :	Male/42 Years	Reg. Date :	16-Sep-2024 02:44 PM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	16-Sep-2024 04:11 PM

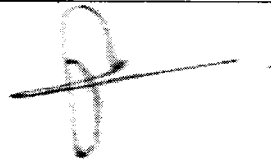
Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.

This is an electronically authenticated report



Dr. Parth S Patel
MBBS. MD. FNB

DR.MUKESH LADDHA

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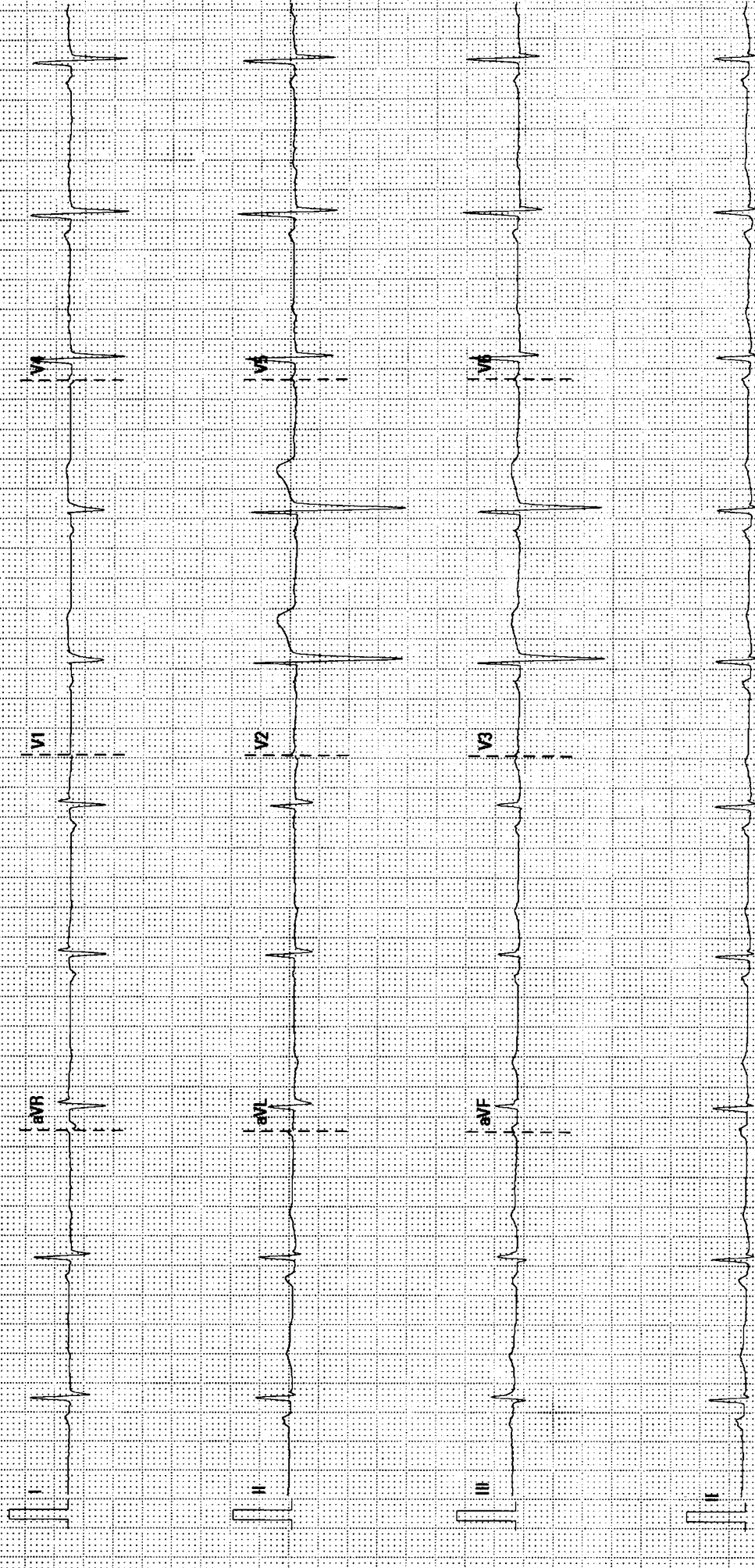
ID: 20240916142036
Name: bhavesh_doshi
Age: 43 Years
Gender: Male

16-09-2024 02:21:25 PM

Vent. Rate: 60 bpm
PR Interval: 172 ms
QRS Duration: 84 ms
QT/QTc Interval: 410/410 ms
P/QRS/T Axis: 53/44/95 deg
QTc-Hodges:

Sinus rhythm
Lateral T-wave abnormality is nonspecific
Borderline ECG

Unconfirmed Diagnosis



Handwritten signature

25 mm/s

10 mm/mV

300 Hz

AE PLUS

02.10.004728.4.1

SIN-F-21.03261.1



LABORATORY REPORT

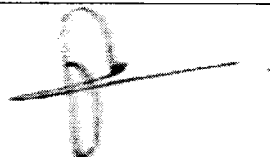
Name : Mr. Bhavesh Desai
Sex/Age : Male/42 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 409100799
Reg. Date : 16-Sep-2024 02:44 PM
Collected On :
Report Date : 16-Sep-2024 04:11 PM

2D Echo Colour Doppler

1. Normal sized LA, LV, RA, RV.
2. Fair LV systolic function, LVEF: 55 %.
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: 24 mmHg, AOVP: 0.9 m/s
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.

This is an electronically authenticated report



Dr. Parth S Patel
MBBS. MD. FNB

DR.MUKESH LADDHA

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LABORATORY REPORT

Name : Mr. Bhavesh Desai
Sex/Age : Male/42 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 409100799
Reg. Date : 16-Sep-2024 02:44 PM
Collected On :
Report Date : 16-Sep-2024 07:01 PM

X RAY CHEST PA

Both lung fields show prominent broncho-vascular markings.

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.

Comments:-

No significant abnormality detected.

Radiological interpretation is professional opinion and not the final diagnosis. Please see your referring doctor for interpretation of these results. Not valid for medico legal purposes. Results are subject to variations due to technical limitations and patient's preparation, hence correlation with clinical findings and other investigation should be carried out to know the nature of illness.

This is an electronically authenticated report

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



LABORATORY REPORT

Name	: Mr. Bhavesh Desai	Reg. No	: 409100799
Sex/Age	: Male/42 Years	Reg. Date	: 16-Sep-2024 02:44 PM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 16-Sep-2024 06:23 PM

USG ABDOMEN

Liver appears normal in size & increased echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.

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

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

Spleen appears normal in size & echopattern. 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 :

Grade I fatty liver

Gas filled bowel loops.

Radiological interpretation is professional opinion and not the final diagnosis. Please see your referring doctor for interpretation of these results. Not valid for medico legal purposes. Results are subject to variations due to technical limitations and patient's preparation, hence correlation with clinical findings and other investigation should be carried out to know the nature of illness and for further intervention.

This is an electronically authenticated report



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



LABORATORY REPORT

Name : Mr. Bhavesh Desai **Reg. No** : 409100799
Sex/Age : Male/42 Years **Reg. Date** : 16-Sep-2024 02:44 PM
Ref. By : **Collected On** :
Client Name : Mediwheel **Report Date** : 18-Sep-2024 11:35 AM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -0.75

CY: -1.00

AX: 128

LEFT EYE

SP : -1.75

CY : -1.00

AX :49

	Without Glasses	With Glasses
Right Eye	6/6	N.A
Left Eye	6/6	N.A

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

ColorVision : Normal

Comments: Normal

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

This is an electronically authenticated report



Dr Kejal Patel
MB,DO(Ophth)

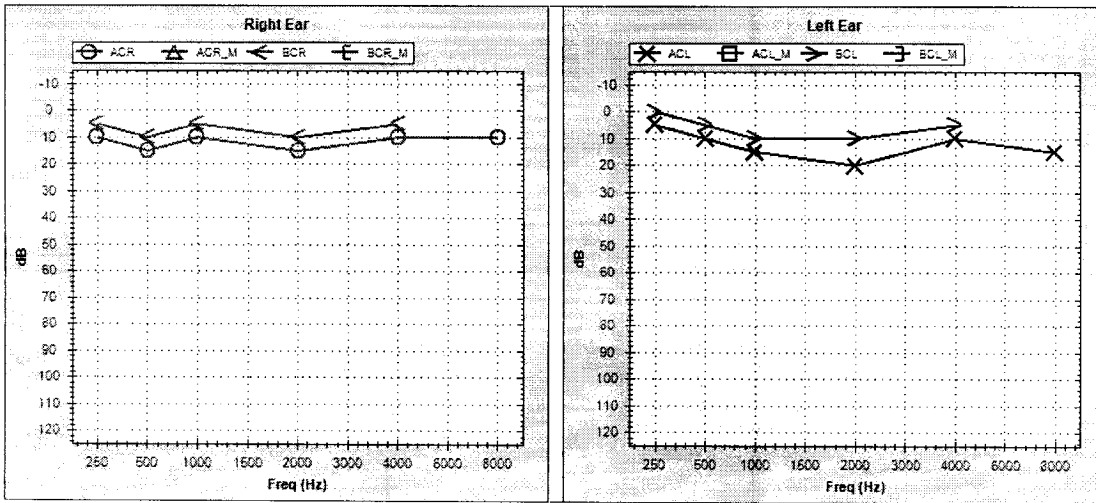


LABORATORY REPORT

Name : Mr. Bhavesh Desai
Sex/Age : Male/42 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 409100799
Reg. Date : 16-Sep-2024 02:44 PM
Collected On :
Report Date : 16-Sep-2024 04:26 PM

AUDIOGRAM



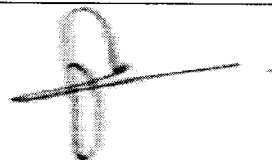
EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	UnMasked	Masked	UnMasked	
LEFT		□	×	☐	>	Blue
RIGHT		△	○	☐	<	Red

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.

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Dr. Parth S Patel
MBBS. MD. FNB