

B



भारत सरकार



अमित सिन्हा

Amit Sinha

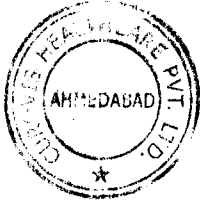
जन्म तिथि / DOB : 08/06/1976

पुरुष / MALE



4480 3670 4842

मेरा आधार, मेरी पहचान



Amit Sinha
754401812

Bp-130/90

12:40

✓ MBR

TMT 2 DECHO

Dr. Jay Soni

M.D. (General Medicine)

Reg. No.: G-23899



भारतीय विशिष्ट पहचान प्राधिकरण
DEPARTMENT OF INDIA

पता:

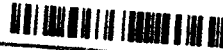
S/O शत्रुघ्न प्रसाद, नई कॉलोनी,
कायस्थ टोला, शिव मंदिर के पास,
शेरपुर, शेरपुर उर्फ नारायणपुर
अनंत, मुजफ्फरपुर,
बिहार - 842005

Date: 05/06/2017

Address

S/O Shatrughan Prasad
New Colony Kayasth Tola
Sherpur Near Shiv Mandir
Sherpur urf Narayanpur
Anant Muzaffarpur M.i.c.
Bihar - 842005

4480 3670 4842



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1800 300 1947

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P.O. Box No. 1947,
Bengaluru-560 001

Kclo-HIN (since 2017)



LABORATORY REPORT

Name : Mr. Amit Sinha
Sex/Age : Male/47 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 402100806
Reg. Date : 10-Feb-2024 04:53 PM
Collected On :
Report Date : 10-Feb-2024 06:23 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) : 167

Weight (kgs) : 92.0

Blood Pressure : 110/70mmHg

Pulse : 73/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

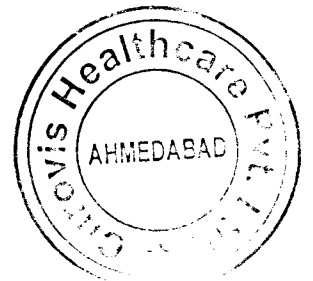
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

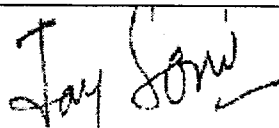
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



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Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

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TEST REPORT

Reg. No : 402100806	Ref Id :	Collected On : 10-Feb-2024 10:53 AM
Name : Mr. Amit Sinha		Reg. Date : 10-Feb-2024 04:53 PM
Age/Sex : 47 Years / Male	Pass. No. :	Tele No. : 7544018100
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)	16.6	g/dL	13.5 - 18
Hematocrit (Calculated)	H 50.50	%	40 - 50
RBC Count (Electrical Impedance)	5.30	million/cmm	4.73 - 5.5
MCV (Calculated)	95.3	fL	83 - 101
MCH (Calculated)	31.4	Pg	27 - 32
MCHC (Calculated)	32.9	%	31.5 - 34.5
RDW (Calculated)	L 11.4	%	11.5 - 14.5
WBC Count <small>Flowcytometry with manual Microscopy</small>	8240	/cmm	4000 - 10000
MPV (Calculated)	11.3	fL	6.5 - 11.5

<u>DIFFERENTIAL WBC COUNT</u>	[%]		<u>EXPECTED VALUES</u>	[Abs]	<u>EXPECTED VALUES</u>
Neutrophils (%)	60	%	40 - 80	4944 /cmm	2000 - 7000
Lymphocytes (%)	32	%	20 - 40	2637 /cmm	1000 - 3000
Eosinophils (%)	02	%	0 - 6	494 /cmm	200 - 1000
Monocytes (%)	06	%	2 - 10	165 /cmm	20 - 500
Basophils (%)	0	%	0 - 2	0 /cmm	0 - 100

PERIPHERAL SMEAR STUDY


RBC Morphology : Normocytic and Normochromic.
WBC Morphology : Normal

PLATELET COUNTS

Platelet Count (Electrical Impedance) : 179000 /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 : 10-Feb-2024 07:31 PM
Page 1 of 11



TEST REPORT

Reg. No : 402100806 Ref Id : Collected On : 10-Feb-2024 10:53 AM
Name : Mr. Amit Sinha Reg. Date : 10-Feb-2024 04:53 PM
Age/Sex : 47 Years / Male Pass. No. : Tele No. : 7544018100
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	"B"
Rh (D)	Positive
Note	-

ERYTHROCYTE SEDIMENTATION RATE [ESR]


ESR 1 hour 05 mm/hr ESR AT 1 hour : 1-7
Westergreen method

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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* This test has been outsourced.

Approved By :  **Dr. Purvish Darji**
MD (Pathology)

Approved On : 12-Feb-2024 09:40 AM
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TEST REPORT

Reg. No : 402100806 **Ref Id** : **Collected On** : 10-Feb-2024 10:53 AM
Name : Mr. Amit Sinha **Reg. Date** : 10-Feb-2024 04:53 PM
Age/Sex : 47 Years / Male **Pass. No.** : **Tele No.** : 7544018100
Ref. By : **Dispatch At** :
Sample Type : Serum, Flouride PP **Location** : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Fasting Blood Sugar (FBS) <small>GOD-POD Method</small>	83.30	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) <small>GOD-POD Method</small>	126.8	mg/dL	70 - 140

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Approved By : 
Dr. Purvish Darji
MD (Pathology)

Approved On : 10-Feb-2024 07:26 PM
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TEST REPORT

Reg. No : 402100806	Ref Id :	Collected On : 10-Feb-2024 10:53 AM
Name : Mr. Amit Sinha		Reg. Date : 10-Feb-2024 04:53 PM
Age/Sex : 47 Years / Male	Pass. No. :	Tele No. : 7544018100
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	258.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	218.90	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High: > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	50.70	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	163.52	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	43.78	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	3.23		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	5.09		0 - 5.0
<i>Calculated</i>			

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Dr. Purvish Darji
MD (Pathology)

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TEST REPORT

Reg. No : 402100806	Ref Id :	Collected On : 10-Feb-2024 10:53 AM
Name : Mr. Amit Sinha		Reg. Date : 10-Feb-2024 04:53 PM
Age/Sex : 47 Years / Male	Pass. No. :	Tele No. : 7544018100
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL


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

LFT WITH GGT

Total Protein	7.90	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	4.93	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.97	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	1.66		0.8 - 2.0
SGOT	31.60	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	38.4	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	87.7	IU/l	53 - 128
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.59	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.11	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.48	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	27.90	U/L	< 55
<i>SZASZ Method</i>			

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* This test has been out sourced.

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Dr. Purvish Darji
MD (Pathology)

Approved On : 10-Feb-2024 09:10 PM
Page 5 of 11



TEST REPORT

Reg. No : 402100806 **Ref Id** : **Collected On** : 10-Feb-2024 10:53 AM
Name : Mr. Amit Sinha **Reg. Date** : 10-Feb-2024 04:53 PM
Age/Sex : 47 Years / Male **Pass. No.** : **Tele No.** : 7544018100
Ref. By : **Dispatch At** :
Sample Type : Serum **Location** : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	4.61	mg/dL	3.5 - 7.2
Creatinine <i>Enzymatic Method</i>	1.03	mg/dL	0.9 - 1.3
BUN <i>UV Method</i>	9.80	mg/dL	6.0 - 20.0

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Dr. Purvish Darji
MD (Pathology)

Approved On : 10-Feb-2024 07:26 PM
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TEST REPORT

Reg. No : 402100806	Ref Id :	Collected On : 10-Feb-2024 10:53 AM
Name : Mr. Amit Sinha		Reg. Date : 10-Feb-2024 04:53 PM
Age/Sex : 47 Years / Male	Pass. No. :	Tele No. : 7544018100
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	5.5	% 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	111.15	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 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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* This test has been out sourced.

Approved By :	 Dr. Purvish Darji MD (Pathology)
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Approved On :	12-Feb-2024 09:27 AM
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**TEST REPORT**

Reg. No	: 402100806	Ref Id	:	Collected On	: 10-Feb-2024 10:53 AM
Name	: Mr. Amit Sinha			Reg. Date	: 10-Feb-2024 04:53 PM
Age/Sex	: 47 Years / Male	Pass. No.	:	Tele No.	: 7544018100
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	15 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)


pH	6.0	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	
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 : 10-Feb-2024 07:28 PM
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TEST REPORT

Reg. No : 402100806	Ref Id :	Collected On : 10-Feb-2024 10:53 AM
Name : Mr. Amit Sinha		Reg. Date : 10-Feb-2024 04:53 PM
Age/Sex : 47 Years / Male	Pass. No. :	Tele No. : 7544018100
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

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

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>	6.30	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.

This is an electronically authenticated report.

* This test has been out sourced.

Approved By : 
 Dr. Purvish Darji
 MD (Pathology)

Approved On : 12-Feb-2024 09:40 AM



TEST REPORT

Reg. No : 402100806	Ref Id :	Collected On : 10-Feb-2024 10:53 AM
Name : Mr. Amit Sinha		Reg. Date : 10-Feb-2024 04:53 PM
Age/Sex : 47 Years Male	Pass. No. :	Tele No. : 7544018100
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

TSH 1.320 μ IU/ml 0.35 - 5.50
CHEMILUMINESCENT 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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* This test has been out sourced.


Approved By : Dr. Purvish Darji
MD (Pathology)

Approved On : 12-Feb-2024 09:40 AM
Page 10 of 1



TEST REPORT

Reg. No : 402100806	Ref Id :	Collected On : 10-Feb-2024 10:53 AM
Name : Mr. Amit Sinha		Reg. Date : 10-Feb-2024 04:53 PM
Age/Sex : 47 Years / Male	Pass. No. :	Tele No. : 7544018100
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>	0.23	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 : 12-Feb-2024 09:40 AM
Page 11 of 1



LABORATORY REPORT

Name :	Mr. Amit Sinha	Reg. No :	402100806
Sex/Age :	Male/47 Years	Reg. Date :	10-Feb-2024 04:53 PM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	10-Feb-2024 04:59 PM

Electrocardiogram

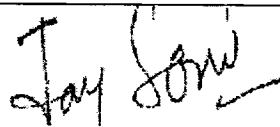
Findings

Normal Sinus Rhythm.

Within Normal Limit.



This is an electronically authenticated report



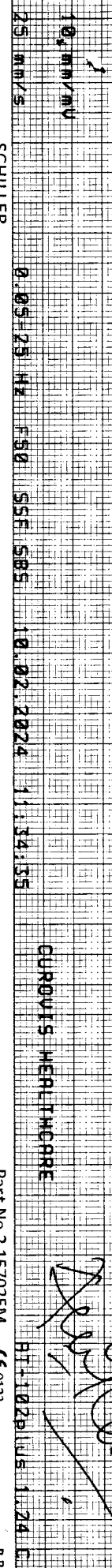
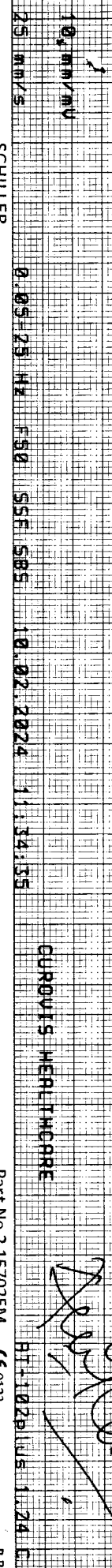
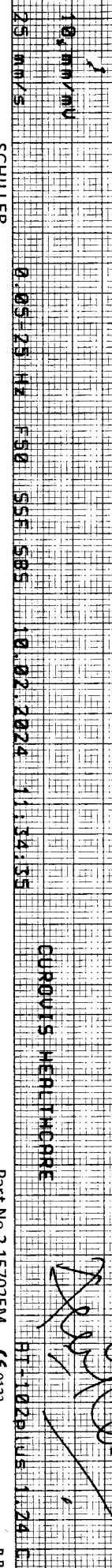
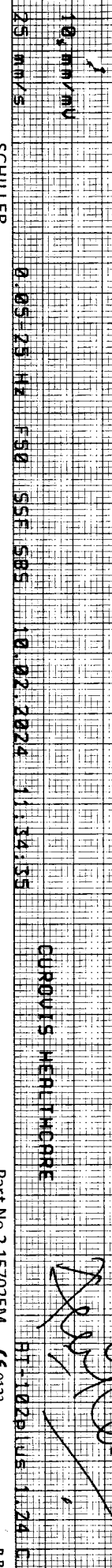
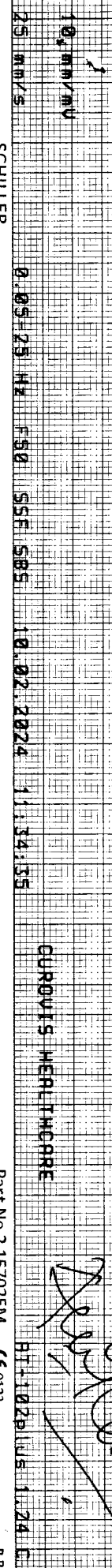
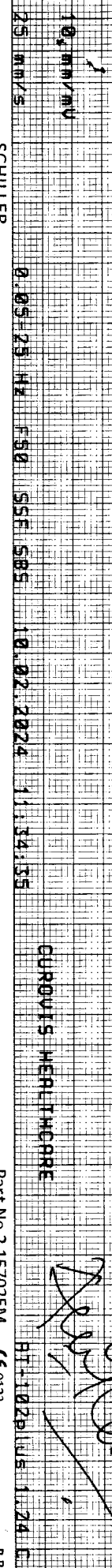
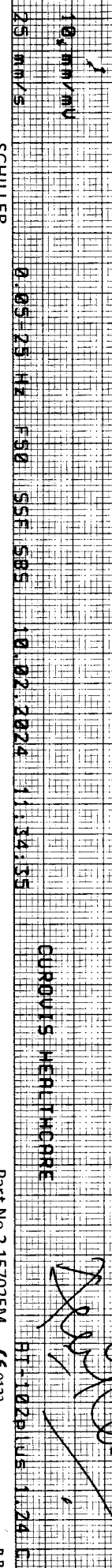
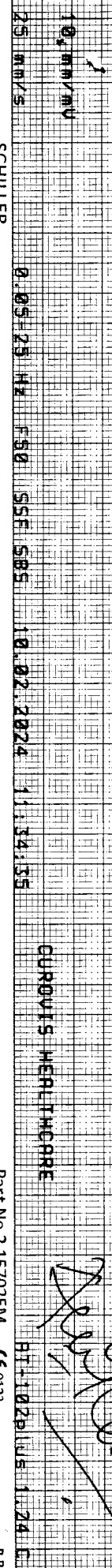
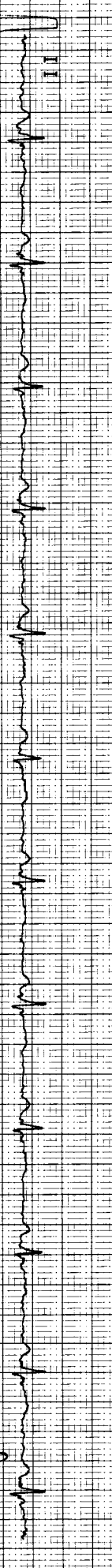
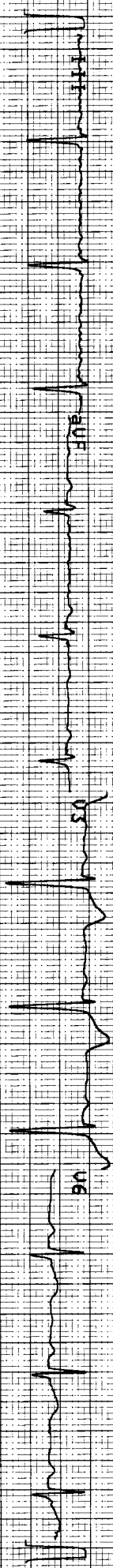
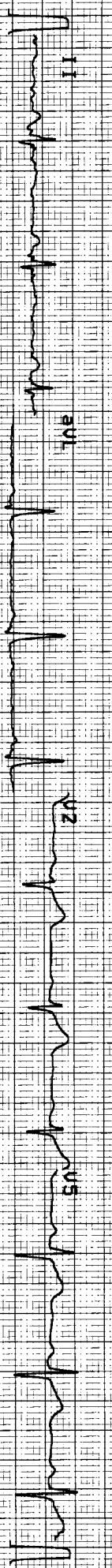
Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

Page 1 of 6

PMIT
 SINHA
 31
 48 years
 167 cm / 92 kg
 Male

HR 73/min
 Axis: P 26°
 QRS -22°
 T 24°
 Intervals:
 PR 919 ms
 P 110 ms
 PR 172 ms
 QRS 80 ms
 QT 350 ms
 QTc 389 ms
 (Bazett)
 10 mm/mV



25 mm/s
 10 mm/mV
 0.05-29 Hz F50 SSF S85
 10.02.2024 11:34:35
 CURDVIS HEALTHCARE
 Part No. 2.157025M © 0123
 HT-102PLUS 1.24 C
 RBD



LABORATORY REPORT

Name : Mr. Amit Sinha	Reg. No : 402100806
Sex/Age : Male/47 Years	Reg. Date : 10-Feb-2024 04:53 PM
Ref. By :	Collected On :
Client Name : Mediwheel	Report Date : 10-Feb-2024 04:59 PM

2D Echo Colour Doppler

1. Mild concentric LVH.
2. Normal sized LA, LV, RA, RV.
3. Normal LV systolic function, LVEF: 60%.
4. No RWMA.
5. Reduced LV compliance.
6. All cardiac valves are structurally normal.
7. Trivial MR, Trivial TR, Trivial PR, No AR.
8. No PAH, RVSP: 25 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.

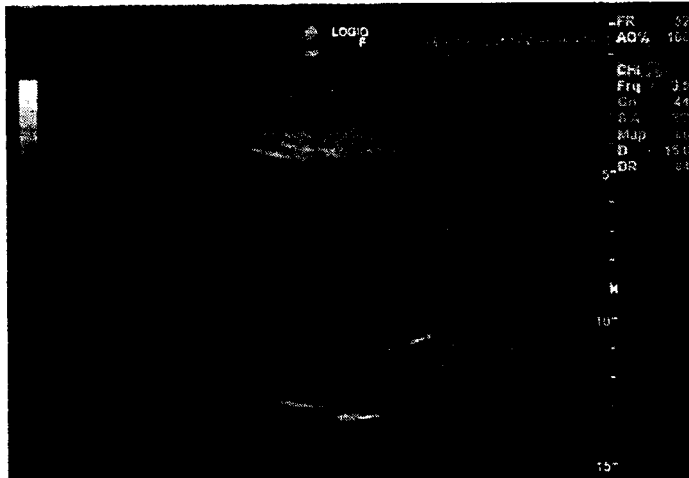


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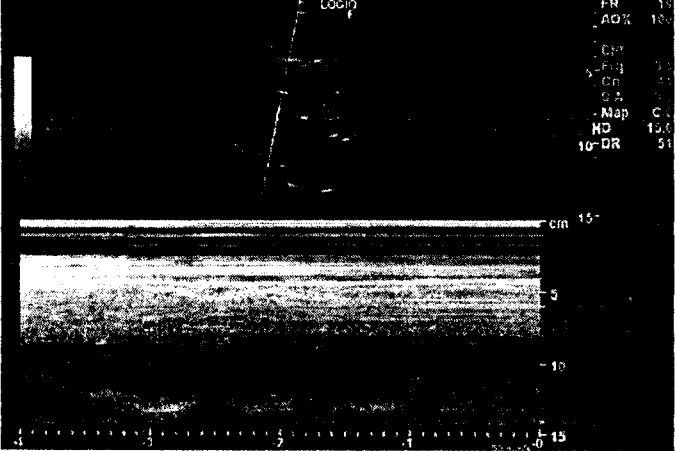
Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

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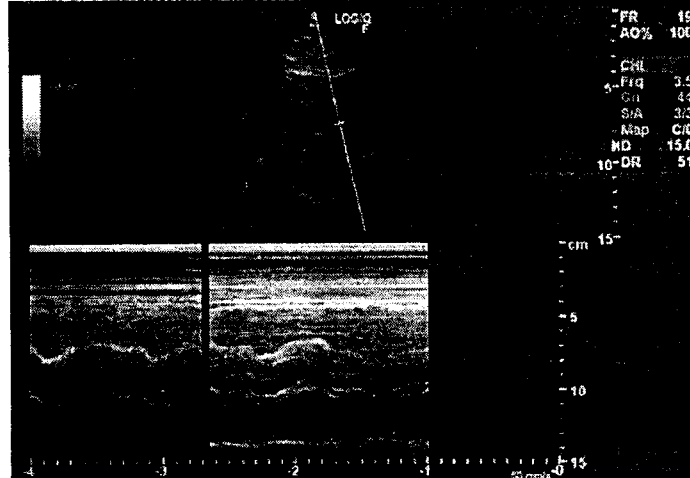
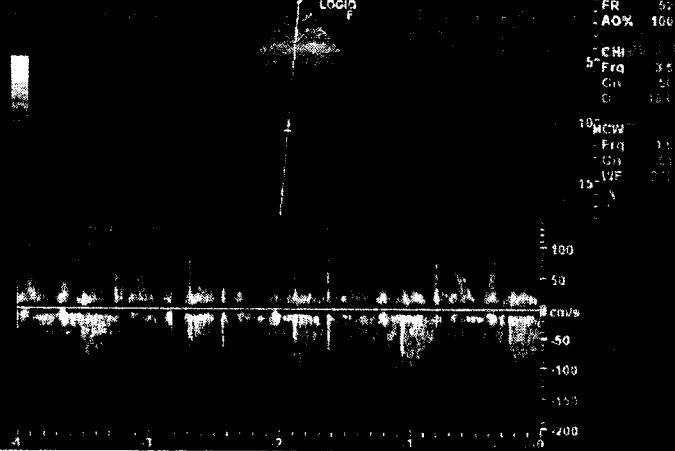
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10/02/24 11:46:58AM ADM 100224-114323AM



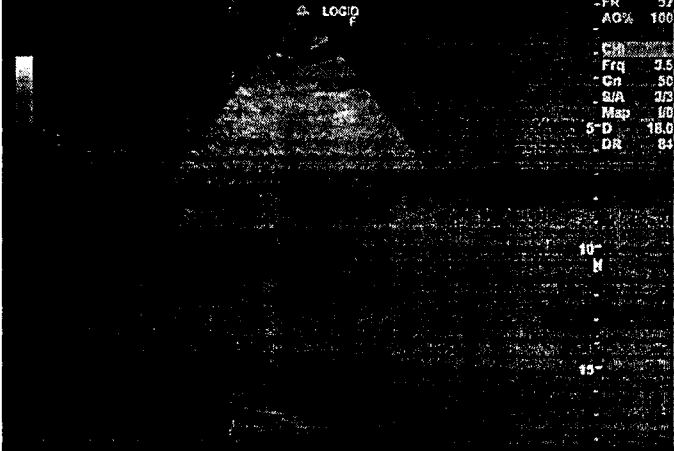
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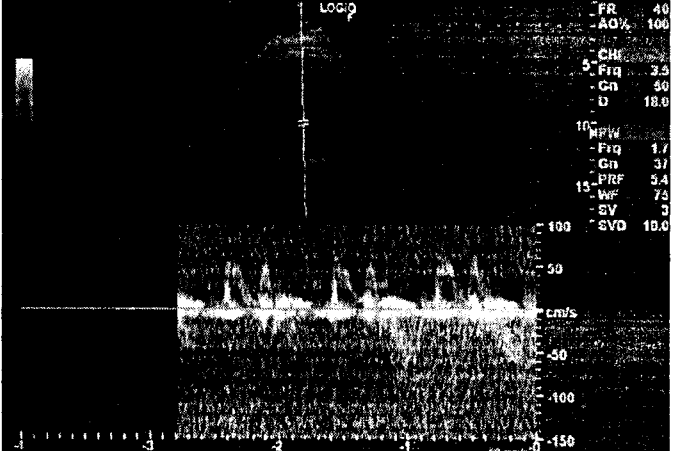
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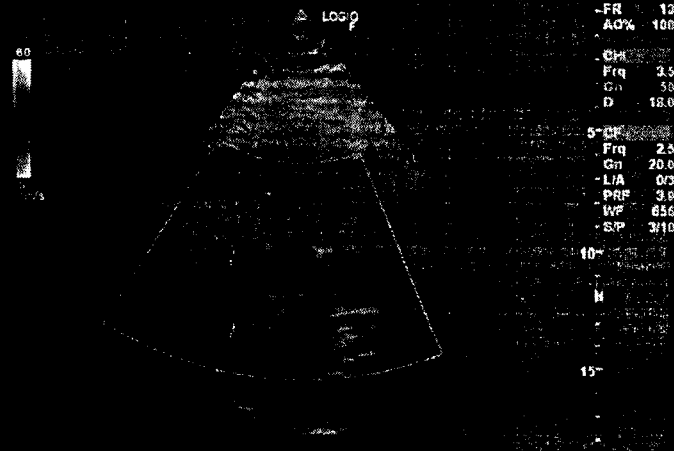
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10/02/24 11:47:15AM ADM 100224-114323AM



CUROVIS HEALTH CARE AMIT SINHA
10/02/24 11:47:23AM ADM 100224-114323AM



CUROVIS HEALTH CARE AMIT SINHA
10/02/24 11:47:42AM ADM 100224-114323AM



AMIT SINHA 100224-114323AM

10/02/2024

CUROVIS HEALTH CARE



LABORATORY REPORT

Name : Mr. Amit Sinha
Sex/Age : Male/47 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 402100806
Reg. Date : 10-Feb-2024 04:53 PM
Collected On :
Report Date : 10-Feb-2024 09:20 PM

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Blunting of right cp angle p/o minimal pleural or thickening.

Both domes of diaphragm appear normal.

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

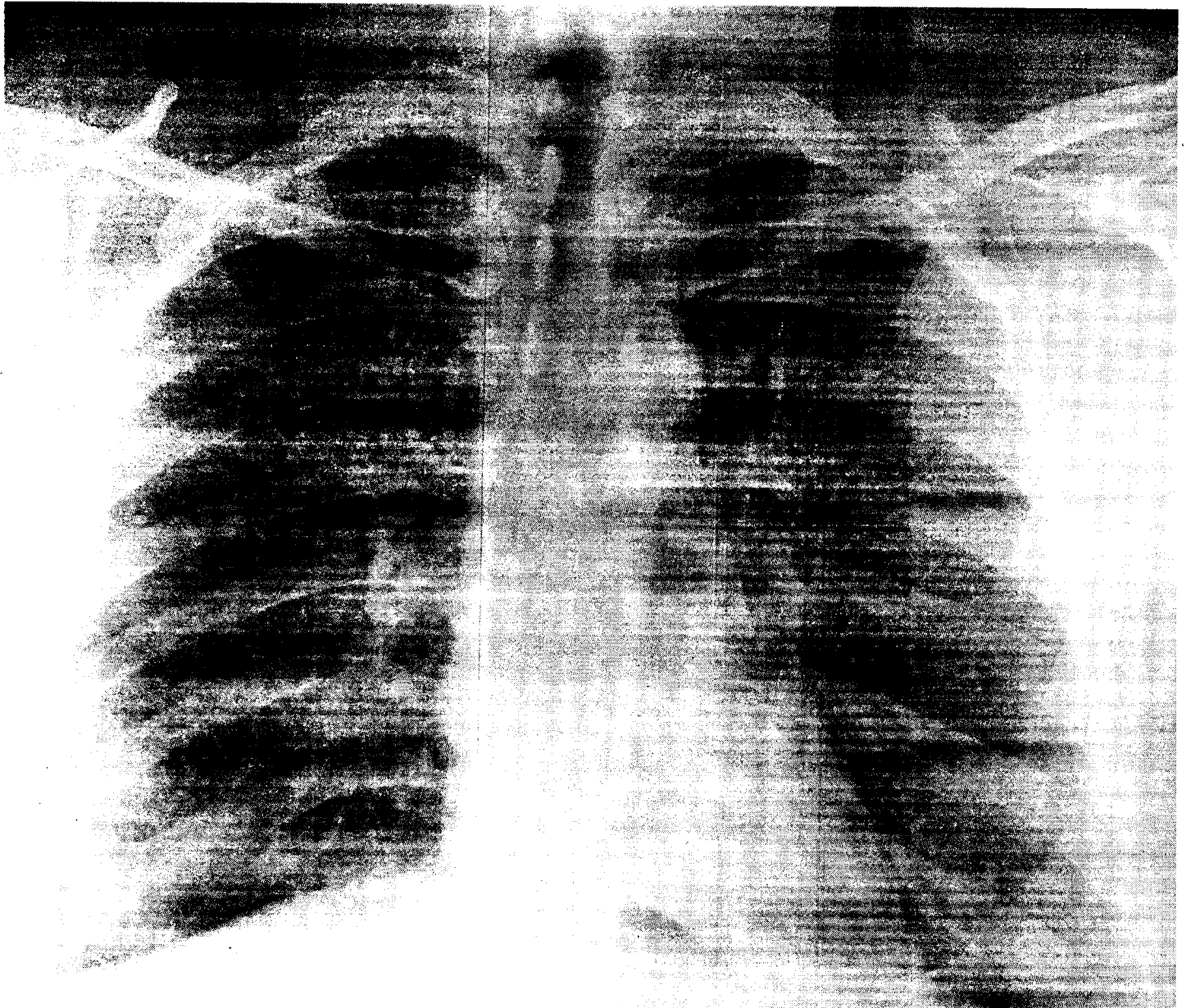
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DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494

Page 1 of 1

R



AMIT SINHA 48Y/M

10/02/2024

CUROVIS HEALTHCARE



LABORATORY REPORT

Name :	Mr. Amit Sinha	Reg. No :	402100806
Sex/Age :	Male/47 Years	Reg. Date :	10-Feb-2024 04:53 PM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	10-Feb-2024 08:30 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 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 :

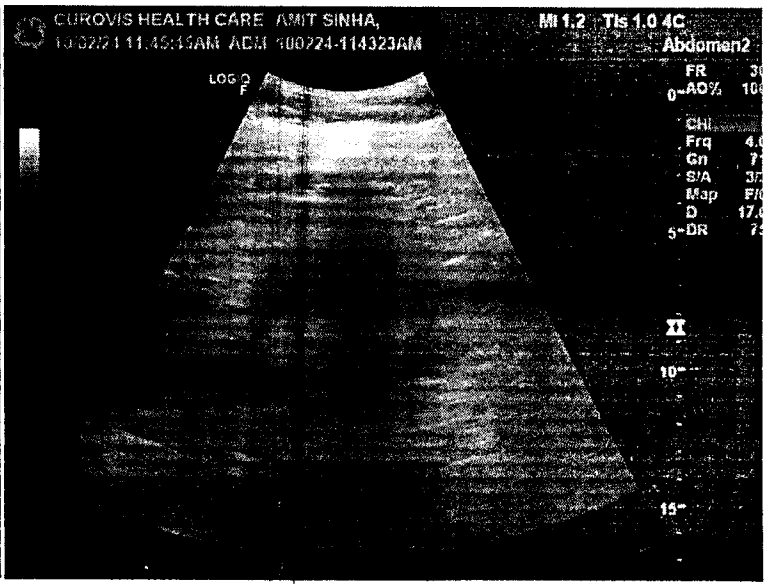
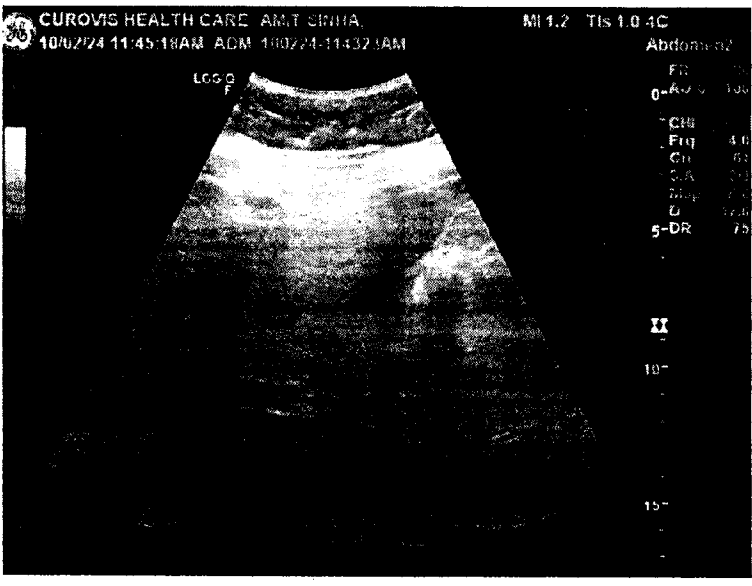
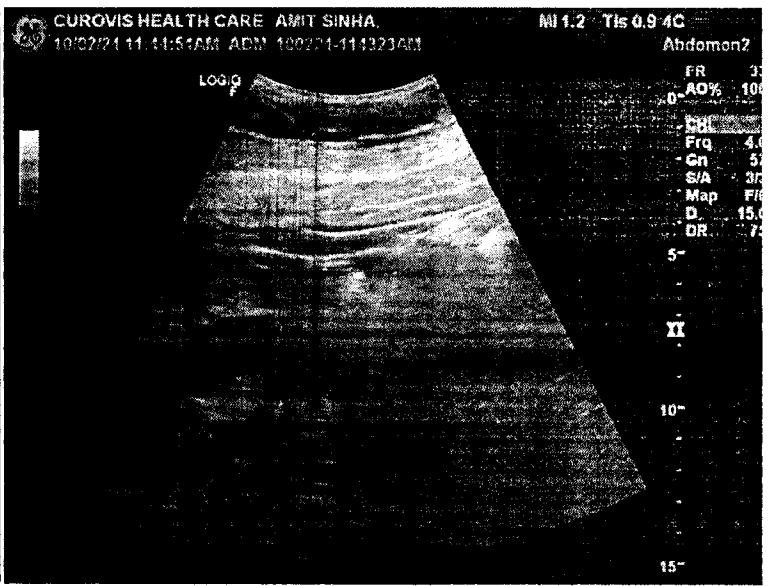
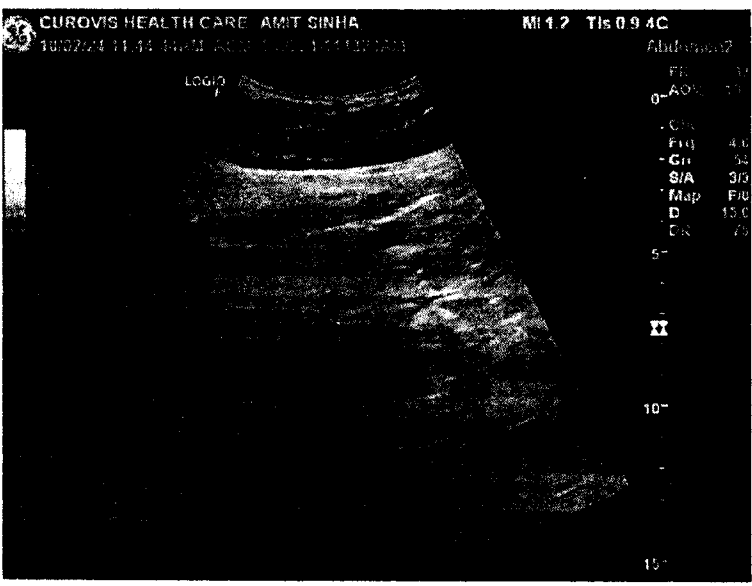
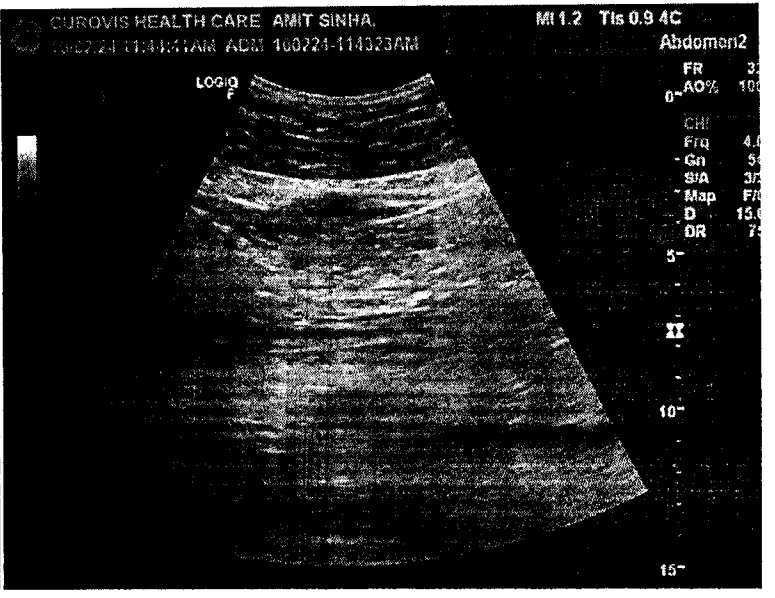
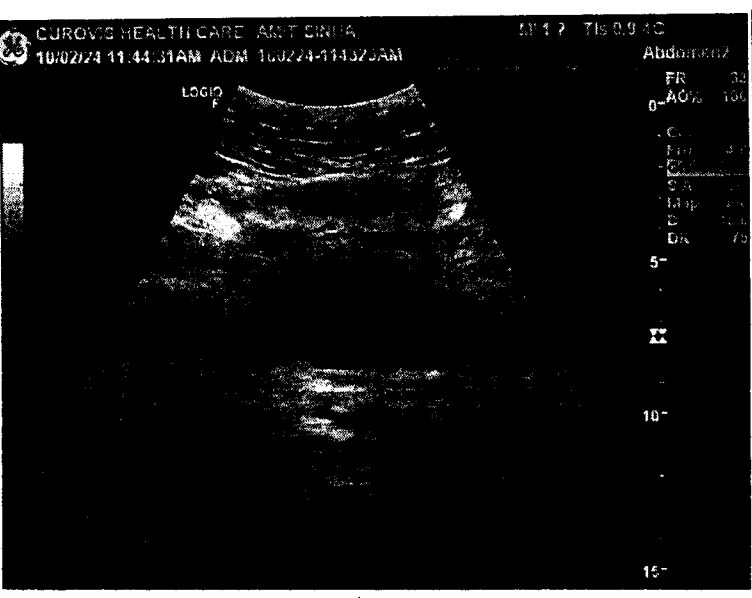
Grade II fatty liver.

This is an electronically authenticated report



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





AMIT SINHA 100224-114323AM

10/02/2024

CUROVIS HEALTH CARE



LABORATORY REPORT

Name : Mr. Amit Sinha
Sex/Age : Male/47 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 402100806
Reg. Date : 10-Feb-2024 04:53 PM
Collected On :
Report Date : 10-Feb-2024 07:00 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -1.25

CY: -0.75

AX: 30

LEFT EYE

SP : -1.25

CY : -0.50

AX :134

	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

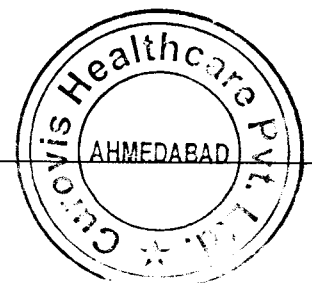
Comments: Normal

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

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Dr Kejal Patel
MB,DO(Ophth)



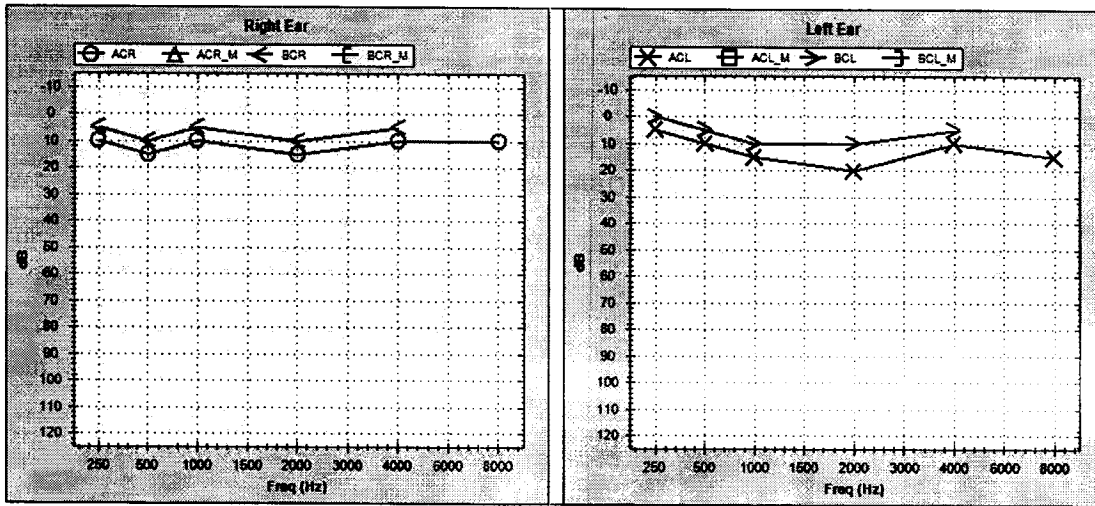


LABORATORY REPORT

Name : Mr. Amit Sinha
 Sex/Age : Male/47 Years
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Reg. No : 402100806
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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	11	11
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits.



This is an electronically authenticated report

Kejal Patel
 Dr Kejal Patel
 MB,DO(Ophth)