



भारत सरकार



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार  
Unique Identification Authority of India  
Government of India

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

8409975703

*Sanjeev*

To  
संजीव कुमार आनंद  
Sanjeev Kumar Anand  
S/O: Bipin Bhari Mandal  
village-pharka post-pharka thana-sabour  
Pharka  
Pharka  
Sabour Bhagalpur  
Bihar 813210  
8409975703

08/11/2015

302357456



MA027574563ET



आपका आधार क्रमांक / Your Aadhaar No. :

**6436 6923 9360**

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India



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

6436 6923 9360



आधार - आम आदमी का अधिकार



**LABORATORY REPORT**

Name : Mr. Sanjeev Kumar Anand  
Sex/Age : Male/37 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 403101609  
Reg. Date : 23-Mar-2024 06:31 PM  
Collected On :  
Report Date : 26-Mar-2024 04:15 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) :166

Weight (kgs) :72.9

Blood Pressure : 118/78mmHg

Pulse : 69/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

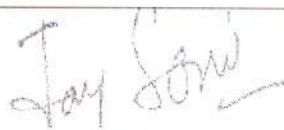
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

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

This is an electronically authenticated report



**Dr. Jay Soni**  
M.D, GENERAL MEDICINE

**DR. MUKESH LADDHA**

Page 12 of 1


**TEST REPORT**

Reg. No	: 403101609	Ref Id	:	Collected On	: 23-Mar-2024 10:31 AM
Name	: Mr. Sanjeev Kumar Anand	Reg. Date	: 23-Mar-2024 06:31 PM	Tele No.	: 8409975703
Age/Sex	: 37 Years / Male	Pass. No.	:	Dispatch At	:
Ref. By	:	Location	: CHPL		
Sample Type	: EDTA				

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

**COMPLETE BLOOD COUNT (CBC)**

Hemoglobin (Colorimetric method)	13.8	g/dL	13.5 - 18
Hematocrit (Calculated)	41.10	%	40 - 50
RBC Count (Electrical Impedance)	L 4.60	million/cmm	4.73 - 5.5
MCV (Calculated)	89.4	fL	83 - 101
MCH (Calculated)	30.0	Pg	27 - 32
MCHC (Calculated)	33.6	%	31.5 - 34.5
RDW (Calculated)	12.3	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	6490	/cmm	4000 - 10000
MPV (Calculated)	10.8	fL	6.5 - 11.5

DIFFERENTIAL WBC COUNT	[ % ]		EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Neutrophils (%)	60.70	%	40 - 80	3939 /cmm	2000 - 7000
Lymphocytes (%)	32.30	%	20 - 40	2096 /cmm	1000 - 3000
Eosinophils (%)	1.50	%	0 - 6	337 /cmm	200 - 1000
Monocytes (%)	5.20	%	2 - 10	97 /cmm	20 - 500
Basophils (%)	0.30	%	0 - 2	19 /cmm	0 - 100

**PERIPHERAL SMEAR STUDY**

RBC Morphology: Normocytic and Normochromic.  
 WBC Morphology: Normal

**PLATELET COUNTS**

Platelet Count (Electrical Impedance): 154000 /cmm 150000 - 450000

Electrical Impedance

Platelets: Platelets are adequate with normal morphology.

Parasites: Malarial parasite is not detected.

Comment: -

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By :   
 Dr. Purvish Darji  
 MD (Pathology)

Approved On : 24-Mar-2024 06:15 PM  
 Page 1 of 12





**TEST REPORT**

Reg. No	: 403101609	Ref Id	:	Collected On	: 23-Mar-2024 10:31 AM
Name	: Mr. Sanjeev Kumar Anand			Reg. Date	: 23-Mar-2024 06:31 PM
Age/Sex	: 37 Years / Male	Pass. No.	:	Tele No.	: 8409975703
Ref. By	:			Dispatch At	:
Sample Type	: EDTA			Location	: CHPL

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

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

**ERYTHRO SEDIMENTATION 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 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 (o-1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities or the red cells such as poikilocytosis, spherocytosis or sickle cells.

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By :   
Dr. Purvish Darji  
MD (Pathology)

Approved On : 24-Mar-2024 06:15 PM  
Page 2 of 12



**TEST REPORT**

Reg. No : 403101609      Ref Id :  
Name : Mr. Sanjeev Kumar Anand  
Age/Sex : 37 Years / Male      Pass. No. :  
Ref. By :  
Sample Type : Flouride F, Flouride PP  
Collected On : 23-Mar-2024 01:12 AM  
Reg. Date : 23-Mar-2024 06:31 PM  
Tele No. : 8409975703  
Dispatch At :  
Location : CHPL

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

**BIO - CHEMISTRY**

<b>Fasting Blood Sugar (FBS)</b> <i>GOD-POD Method</i>	<b>292.80</b>	mg/dL	70 - 110
<b>Post Prandial Blood Sugar (PPBS)</b> <i>GOD-POD Method</i>	<b>326.3</b>	mg/dL	70 - 140

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By :   
Dr. Purvish Darji  
MD (Pathology)

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


**TEST REPORT**

<b>Reg. No</b> : 403101609	<b>Ref Id</b> :	<b>Collected On</b> : 23-Mar-2024 10:31 AM
<b>Name</b> : Mr. Sanjeev Kumar Anand		<b>Reg. Date</b> : 23-Mar-2024 06:31 PM
<b>Age/Sex</b> : 37 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 8409975703
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
<b>Lipid Profile</b>			
Cholesterol	148.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	92.20	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	41.80	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	87.76	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	18.44	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.10		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	3.54		0 - 5.0
<i>Calculated</i>			

This is an electronically authenticated report.

\* This test has been out sourced.

 Approved By :   
 Dr. Purvish Darji  
 MD (Pathology)

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




**TEST REPORT**

<b>Reg. No</b> : 403101609	<b>Ref Id</b> :	<b>Collected On</b> : 23-Mar-2024 10:31 AM
<b>Name</b> : Mr. Sanjeev Kumar Anand		<b>Reg. Date</b> : 23-Mar-2024 06:31 PM
<b>Age/Sex</b> : 37 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 8409975703
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

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

**LFT WITH GGT**

Total Protein	7.36	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	4.68	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.68	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	1.75		0.8 - 2.0
SGOT	23.00	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	<b>55.30</b>	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	115.2	IU/l	53 - 128
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.84	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.23	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.61	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	69.10	U/L	< 55
<i>SZASZ Method</i>			

This is an electronically authenticated report.

\* This test has been out sourced.

 Approved By :   
 Dr. Purvish Darji  
 MD (Pathology)

 Approved On : 24-Mar-2024 06:15 PM  
 Page 5 of 12



**TEST REPORT**

Reg. No : 403101609      Ref Id :      Collected On : 23-Mar-2024 10:31 AM  
Name : Mr. Sanjeev Kumar Anand      Reg. Date : 23-Mar-2024 06:31 PM  
Age/Sex : 37 Years / Male      Pass. No. :      Tele No. : 8409975703  
Ref. By :      Dispatch At :  
Sample Type : Serum      Location : CHPL

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

**BIO - CHEMISTRY**

<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	3.47	mg/dL	3.5 - 7.2
<b>Creatinine</b> <i>Enzymatic Method</i>	0.63	mg/dL	0.9 - 1.3
<b>BUN</b> <i>UV Method</i>	10.80	mg/dL	6.0 - 20.0

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By :   
Dr. Purvish Darji  
MD (Pathology)

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




**TEST REPORT**

Reg. No	: 403101609	Ref Id	:	Collected On	: 23-Mar-2024 10:31 AM
Name	: Mr. Sanjeev Kumar Anand			Reg. Date	: 23-Mar-2024 06:31 PM
Age/Sex	: 37 Years   Male	Pass. No.	:	Tele No.	: 8409975703
Ref. By	:			Dispatch At	:
Sample Type	: EDTA			Location	: CHPL

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

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

*Hb A1C	11.9	% 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  
 Calculated

294.83 mg/dL

**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)

This is an electronically authenticated report.

\* This test has been out sourced.

  
 Approved By : Dr. Purvish Darji  
 MD (Pathology)

Approved On : 26-Mar-2024 09:32 AM  
 Page 7 of 12


**TEST REPORT**

<b>Reg. No</b> : 403101609	<b>Ref Id</b> :	<b>Collected On</b> : 23-Mar-2024 10:31 AM
<b>Name</b> : Mr. Sanjeev Kumar Anand		<b>Reg. Date</b> : 23-Mar-2024 06:31 PM
<b>Age/Sex</b> : 37 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 8409975703
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Urine Spot		<b>Location</b> : CHPL

Test	Result	Unit	Biological Ref. Interval
------	--------	------	--------------------------

**URINE ROUTINE EXAMINATION**
**PHYSICAL EXAMINATION**

Quantity	20 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

pH	5.0	4.6 - 8.0
Sp. Gravity	1.030	1.001 - 1.035
Protein	Nil	Nil
Glucose	Present (++)	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)	2 - 5/hpf	Nil
Erythrocytes (Red Cells)	Nil	Nil
Epithelial Cells	1 - 2/hpf	Nil
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

This is an electronically authenticated report.

\* This test has been out sourced.

 Approved By :   
 Dr. Purvish Darji  
 MD (Pathology)

 Approved On : 24-Mar-2024 06:15 PM  
 Page 8 of 12




**TEST REPORT**

<b>Reg. No</b> : 403101609	<b>Ref Id</b> :	<b>Collected On</b> : 23-Mar-2024 10:31 AM
<b>Name</b> : Mr. Sanjeev Kumar Anand		<b>Reg. Date</b> : 23-Mar-2024 06:31 PM
<b>Age/Sex</b> : 37 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 8409975703
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

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

**IMMUNOLOGY**
**THYROID FUNCTION TEST**

<b>T3 (Triiodothyronine)</b>	1.02	ng/mL	0.86 - 1.92
------------------------------	------	-------	-------------

CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

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.

<b>T4 (Thyroxine)</b>	7.20	µg/dL	3.2 - 12.6
-----------------------	------	-------	------------

CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY

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 :** 24-Mar-2024 06:15 PM  
 Page 9 of 12







**TEST REPORT**

Reg. No	: 403101609	Ref Id	:	Collected On	: 23-Mar-2024 10:31 AM
Name	: Mr. Sanjeev Kumar Anand			Reg. Date	: 23-Mar-2024 06:31 PM
Age/Sex	: 37 Years / Male	Pass. No.	:	Tele No.	: 8409975703
Ref. By	:			Dispatch At	:
Sample Type	: Serum			Location	: CHPL

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

**IMMUNOLOGY**

TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) <small>CMIA</small>	0.41	ng/mL	0 - 4
--	------	-------	-------

Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.

Percentage of free PSA = free PSA/total PSA X 100

Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By :   
Dr. Purvish Darji  
MD (Pathology)

Approved On : 24-Mar-2024 06:15 PM  
Page 11 of 1



**LABORATORY REPORT**

Name : Mr. Sanjeev Kumar Anand  
Sex/Age : Male/37 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 403101609  
Reg. Date : 23-Mar-2024 06:31 PM  
Collected On :  
Report Date : 26-Mar-2024 04:02 PM

**Electrocardiogram**

**Findings**

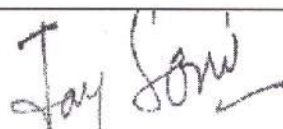
Normal Sinus Rhythm.

Within Normal Limit.

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



This is an electronically authenticated report



**Dr. Jay Soni**  
M.D, GENERAL MEDICINE

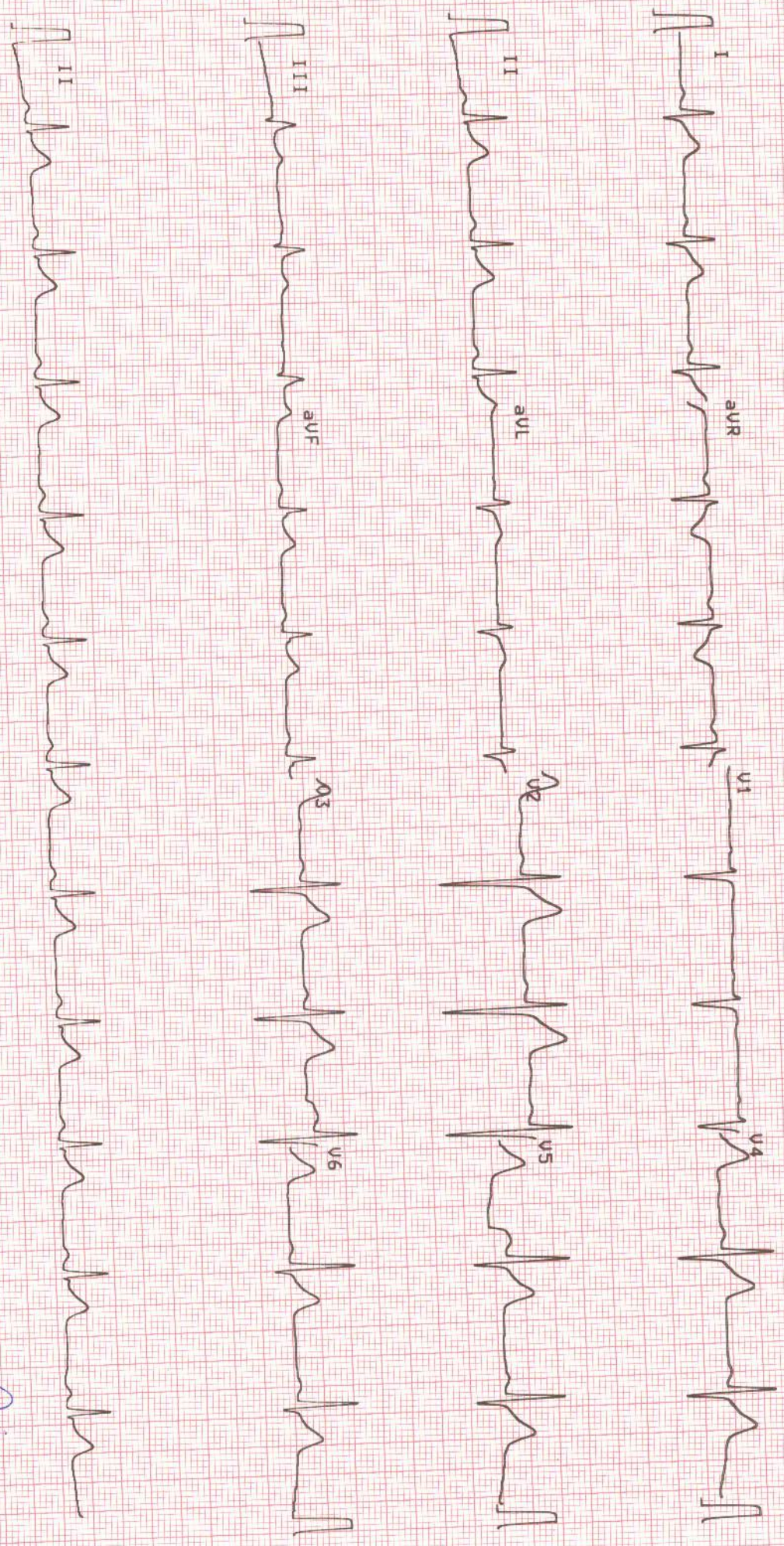
**DR. MUKESH LADDHA**

Page 1 of 1



**SANJEEV**  
**ANAND**  
**S0**  
 37 years / 73 kg  
 166 cm / 73 kg  
 Male

**HR 69/min**  
**Axis:**  
 P 41°  
 QRS 74°  
 T 41°  
**Intervals:**  
 RR 872 ms  
 P 114 ms  
 PR 152 ms  
 QRS 94 ms  
 QT 354 ms  
 QTc 381 ms  
 (Bazett)  
 10 mm/mV



10 mm/mV  
 25 mm/s  
 SCHILLER  
 8.05 25 114 750 557 505 23.03.2024 14.13.24  
 CURVOIS HEALTHCARE  
 Part No.2.157017M  
 182515 1.74 C  
 R 86





**LABORATORY REPORT**

**Name** : Mr. Sanjeev Kumar Anand  
**Sex/Age** : Male/37 Years  
**Ref. By** :  
**Client Name** : Mediwheel

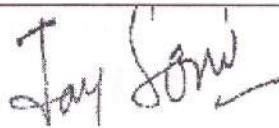
**Reg. No** : 403101609  
**Reg. Date** : 23-Mar-2024 06:31 PM  
**Collected On** :  
**Report Date** : 26-Mar-2024 08:24 AM

**2D Echo Colour Doppler**

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



This is an electronically authenticated report



**Dr. Jay Soni**  
M.D, GENERAL MEDICINE

**DR. MUKESH LADDHA**

Page 1 of 3



**LABORATORY REPORT**

Name : Mr. Sanjeev Kumar Anand  
Sex/Age : Male/37 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 403101609  
Reg. Date : 23-Mar-2024 06:31 PM  
Collected On :  
Report Date : 23-Mar-2024 07:06 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





**LABORATORY REPORT**

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

**USG ABDOMEN**

**Liver** appears normal in size & **increased in echogenicity**. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic 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.

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

**COMMENTS :**

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

This is an electronically authenticated report

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



**LABORATORY REPORT**

<b>Name</b> :	Mr. Sanjeev Kumar Anand	<b>Reg. No</b> :	403101609
<b>Sex/Age</b> :	Male/37 Years	<b>Reg. Date</b> :	23-Mar-2024 06:31 PM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	26-Mar-2024 10:50 AM

**Eye Check - Up**

No Eye Complaints

RIGHT EYE

SP: +0.50

CY: -0.75

AX: 77

LEFT EYE

SP : +0.50

CY : -0.25

AX : 93

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

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

Fundus Examination - Within Normal Limits.


ColorVision : Normal

Comments: Normal

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



This is an electronically authenticated report

  
**Dr Kejal Patel**  
MB,DO(Ophth)



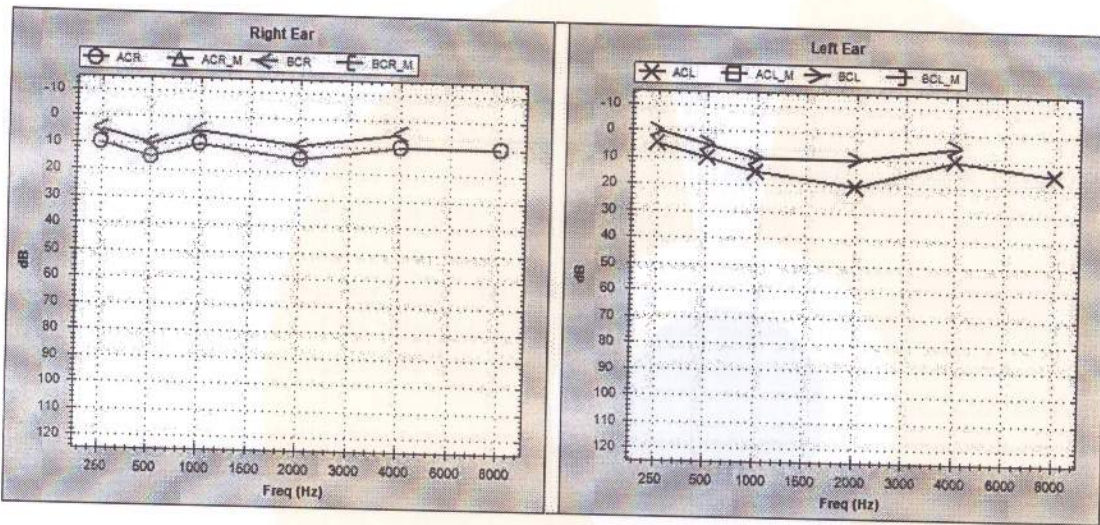


**LABORATORY REPORT**

Name : Mr. Sanjeev Kumar Anand  
Sex/Age : Male/37 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 403101609  
Reg. Date : 23-Mar-2024 06:31 PM  
Collected On :  
Report Date : 26-Mar-2024 10:50 AM

**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	11.5	10.5
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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



This is an electronically authenticated report

*Kejal Patel*  
**Dr Kejal Patel**  
MB,DO(Ophth)