



LABORATORY REPORT

Name : Mr. Naman Chavda
Sex/Age : Male/30 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 307101254
Reg. Date : 22-Jul-2023 09:30 AM
Collected On :
Report Date : 22-Jul-2023 04:42 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :171

Weight (kgs) :66.8

Blood Pressure : 120/80mmHg

Pulse : 72/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

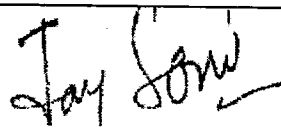
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



This is an electronically authenticated report



Dr. Jay Soni

M.D, GENERAL MEDICINE

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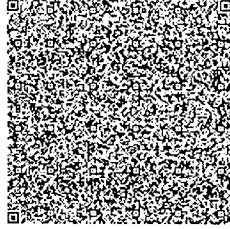
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Government of India

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Unique Identification Authority of India

નામંકન ક્રમ સંખ્યા/ Enrolment No.: 1308/00148/42320

To
શાવડા નામન
Chavda Naman
S/O: Jayeshkumar
12
Mrugya Nagar Society
Opp. Vastrapur Railway Station
Vastrapur
Ahmadabad City
Ahmedabad Gujarat - 380015
8866049437

Signature Not Verified
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તમારો આધાર નંબર / Your Aadhaar No. :

2096 9186 9645
VID : 9133 3490 1783 3200

મારો આધાર, મારી ઓળખ



ભારત સરકાર
Government of India



Issue Date: 01/05/2013



શાવડા નામન
Chavda Naman
જન્મ તારીખ/DOB: 03/09/1992
પુરુષ/ MALE

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

2096 9186 9645
VID : 9133 3490 1783 3200

મારો આધાર, મારી ઓળખ



Government of India



નિર્દેશ

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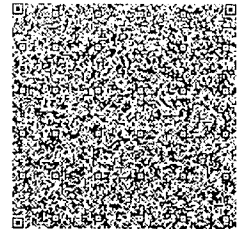
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Download Date: 02/04/2022

સરનામું :
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સ્ટેશન સામે, વસ્ત્રાપુર, અમદાવાદ શહેર, અમદાવાદ,
ગુજરાત - 380015

Address:
S/O: Jayeshkumar, 12, Mrugya Nagar Society,
Opp. Vastrapur Railway Station, Vastrapur,
Ahmadabad City, Ahmedabad,
Gujarat - 380015



2096 9186 9645

VID : 9133 3490 1783 3200

1947

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N. S. Ch...
8866049437



TEST REPORT

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Name : Mr. Naman Chavda		Reg. Date : 22-Jul-2023 09:30 AM
Age/Sex : 30 Years / Male	Pass. No. :	Tele No. : 8866049437
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

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

Hemoglobin (Colorimetric method)	15.4	g/dL	13.0 - 18.0
Hematocrit (Calculated)	L 43.20	%	47 - 52
RBC Count (Electrical Impedance)	4.83	million/cmm	4.7 - 6.0
MCV (Calculated)	89.4	fL	78 - 110
MCH (Calculated)	H 31.9	Pg	27 - 31
MCHC (Calculated)	H 35.6	%	31 - 35
RDW (Calculated)	L 10.8	%	11.5 - 14.0
WBC Count Flowcytometry with manual Microscopy	6110	/cmm	4000 - 10500
MPV (Calculated)	9.2	fL	7.4 - 10.4

<u>DIFFERENTIAL WBC COUNT</u>	[%]	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	70.00 %	42.0 - 75.2	4277 /cmm	2000 - 7000
Lymphocytes (%)	L 15.50 %	20 - 45	947 /cmm	1000 - 3000
Eosinophils (%)	5.00 %	0 - 6	550 /cmm	200 - 1000
Monocytes (%)	9.00 %	2 - 10	306 /cmm	20 - 500
Basophils (%)	0.50 %	0 - 1	31 /cmm	0 - 100

PERIPHERAL SMEAR STUDY


RBC Morphology Normocytic and Normochromic.
WBC Morphology Normal

PLATELET COUNTS

Platelet Count (Electrical Impedance) 239000 /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. Bhavi Patel
MD (Pathology)

Approved On : 22-Jul-2023 11:06 AM

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Age/Sex	: 30 Years / Male	Pass. No.	:	Tele No.	: 8866049437
Ref. By	:			Dispatch At	:
Location	: CHPL			Sample Type	: EDTA Whole Blood

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

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 (<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. Keyur V Patel
MB, DCP

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Name	: Mr. Naman Chavda			Reg. Date	: 22-Jul-2023 09:30 AM
Age/Sex	: 30 Years / Male	Pass. No.	:	Tele No.	: 8866049437
Ref. By	:			Dispatch At	:
Location	: CHPL			Sample Type	: Flouride F, Flouride PP

Parameter	Result	Unit	Biological Ref. Interval
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FASTING PLASMA GLUCOSE

Specimen: Flouride plasma

Fasting Blood Sugar (FBS)	95.40	mg/dL	70 - 110
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GOD-POD Method

Criteria for the diagnosis of diabetes

1. HbA1c \geq 6.5 *

Or

2. Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.

American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

Post Prandial Blood Sugar (PPBS)	98.9	mg/dL	70 - 140
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GOD-POD Method

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Dr. Bhavi Patel
MD (Pathology)

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Age/Sex : 30 Years / Male	Pass. No. :	Tele No. : 8866049437
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
Lipid Profile			
Cholesterol	205.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	82.50	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	41.10	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	147.40	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	16.50	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	3.59		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.99		0 - 5.0
<i>Calculated</i>			

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Age/Sex : 30 Years / Male **Pass. No.** : **Tele No.** : 8866049437
Ref. By : **Dispatch At** :
Location : CHPL **Sample Type** : Serum


Parameter **Result** **Unit** **Biological Ref. Interval**

LFT WITH GGT

Total Protein	7.62	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	5.28	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>By Bromocresol Green</i>			
Globulin (Calculated)	2.34	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	2.26		0.8 - 2.0
SGOT	24.20	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	16.80	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	69.2	IU/l	53 - 128
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.71	mg/dL	0 - 1.2
<i>Vanadate Oxidation</i>			
Conjugated Bilirubin	0.23	mg/dL	0.0 - 0.4
Unconjugated Bilirubin	0.48	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	18.60	mg/dL	< 49
<i>SZASZ Method</i>			

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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	5.40	mg/dL	3.5 - 7.2
Creatinine <i>Enzymatic Method</i>	0.69	mg/dL	0.9 - 1.3
BUN <i>UV Method</i>	11.90	mg/dL	6.0 - 20.0

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Location : CHPL		Sample Type : EDTA Whole Blood

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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

*Hb A1C	4.9	% 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	93.93	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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Location : CHPL		Sample Type : Urine Spot

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

Quantity	30 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear


CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	6.0	4.6 - 8.0
Sp. Gravity	1.025	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	Absent
Erythrocytes (Red Cells)	Nil	Absent
Epithelial Cells	1 - 2/hpf	Absent
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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 Dr. Bhavi Patel
 MD (Pathology)

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Location : CHPL		Sample Type : Serum

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IMMUNOLOGY
THYROID FUNCTION TEST

T3 (Triiodothyronine) <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.67	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) <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	10.7	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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TEST REPORT

Reg. No : 307101254	Ref Id :	Collected On : 22-Jul-2023 09:30 AM
Name : Mr. Naman Chavda		Reg. Date : 22-Jul-2023 09:30 AM
Age/Sex : 30 Years / Male	Pass. No. :	Tele No. : 8866049437
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

TSH 1.42 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 Eddition. Philadelphia: WB Saunders,2012:2170

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* This test has been out sourced.

Approved By : 
Dr. Bhavi Patel
MD (Pathology)

Generated On : 24-Jul-2023 09:36 AM

Approved On : 22-Jul-2023 02:12 PM Page 10 of 1

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TEST REPORT

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

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

IMMUNOLOGY

*TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.75	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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LABORATORY REPORT

Name : Mr. Naman Chavda
Sex/Age : Male/30 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 307101254
Reg. Date : 22-Jul-2023 09:30 AM
Collected On :
Report Date : 22-Jul-2023 03:36 PM

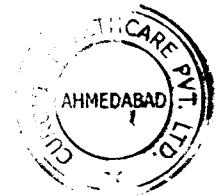
Electrocardiogram

Findings

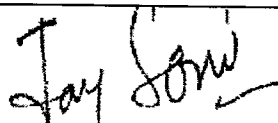
Normal Sinus Rhythm.

Within Normal Limit.

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



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Dr. Jay Soni
M.D, GENERAL MEDICINE

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NAME: NATHAN
CHRUDA
21

Sex: Male

Age: 30 years
Height: 171 cm
Weight: 67 kg

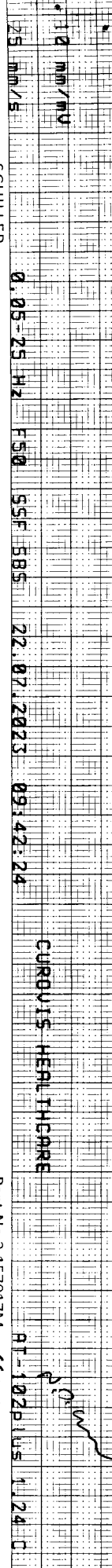
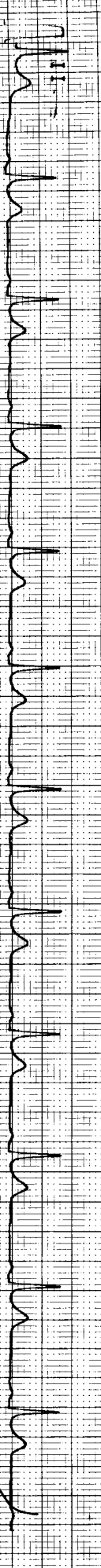
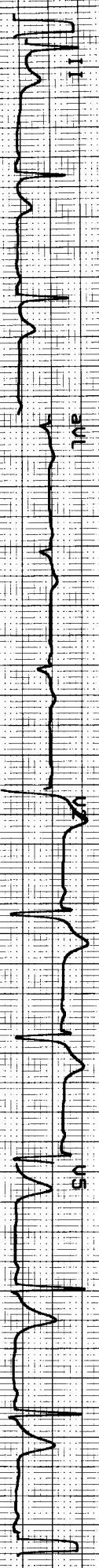
HR: 72/min

Axis: 26°
P: 0RS 71°
T: 32°

Intervals:
RR: 828 ms
P: 98 ms
PR: 138 ms
QR5: 78 ms
QT: 322 ms
QTc: 358 ms
(Bazett)

P (I): 0.07 mV
S (V1): -0.78 mV
R (V5): 1.31 mV
Sokol.: 2.24 mV

10 mm/mV



10 mm/mV

0.05-25 Hz

FSQ 55F 585

22.07.2023 09:42:24

CURVUS HEALTHCARE

RT-102PLUS 1.24 C

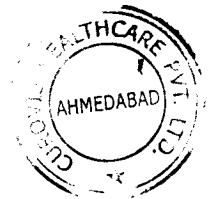


LABORATORY REPORT

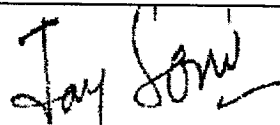
Name :	Mr. Naman Chavda	Reg. No :	307101254
Sex/Age :	Male/30 Years	Reg. Date :	22-Jul-2023 09:30 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	22-Jul-2023 03:19 PM

2D Echo Colour Doppler

1. No concentric LVH.
2. Normal sized LA, LV, RA, RV.
3. Normal LV systolic function, LVEF: 60%.
4. No RWMA.
5. Normal LV compliance.
6. All cardiac valves are structurally normal.
7. Trivial MR, Trivial TR, Trivial PR, No AR.
8. No PAH.
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

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Name: Naman Chavda

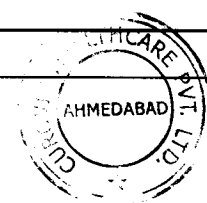
M MODE FINDINGS:

MITRAL VALVE	OBSERVED	NORMAL VALUES	LV FUNCTION
Anterior leaflet	Normal		LVA(d) :
EF Slope		70-150mm/sec	LVL (d) :
Opening Amplitude			LVA(s) :
Posterior leaflet	Normal		LVL(s) :
E.P.S.S.		mm	LVV(d) :
Mitral Valve Prolapse	No		LVV(s) :
Vegetation	No		LVEF : 60%
TRICUSPID VALVE		LV COMPLIANCE	
Normal		Normal	

PULMONARY VALVE	OBSERVED	NORMAL VALUES	MVO AREA
EF Slope		6-115 mm	By Planimetry :
A' Wave -			
Midsystolic notch -			By PHT :
Flutter -			
Other Findings			

DIMENSIONS:			AORTIC VALVE		
1. Lvd. (Diastole)	42 mm		Cuspal Opening	16mm	
2. Lvd. (Systole)	23 mm	24-42 mm	Closure line	Central	
3. RVID (Diastole)	13mm	7-23 mm	Eccentricity index	1	
4. IVS (Diastole)	10mm		Other findings	Absent	
5. IVS (Systole)	12mm				
6. LVPWT (Diastole)	10mm	6-11 mm			
7. LVPM (Systole)	11mm				
8. Aortic root	30 mm	22-37 mm			
9. Left Atrium:	36 mm	19-40 mm			
10. LVEF	60%				

COLOUR DOPPLER FINDINGS:			
STRUCTURE	REGURG GRADING	VELOCITY1 m/sec Max/Mean	GRADIENT 5 Mm Hg Peak/Mean
MITRAL VALVE	Trivial	0.80	3.30
TRICUSPID VALVE	Trivial	0.60	1.40
PULMONARY VALVE	Trivial	0.85	2.25
AORTIC	No	1.20	6.0



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LABORATORY REPORT

Name :	Mr. Naman Chavda	Reg. No :	307101254
Sex/Age :	Male/30 Years	Reg. Date :	22-Jul-2023 09:30 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	22-Jul-2023 05:17 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.

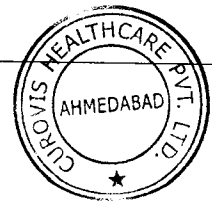
COMMENT: No significant abnormality is detected.

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

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



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LABORATORY REPORT

Name :	Mr. Naman Chavda	Reg. No :	307101254
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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.

Bilateral renal concretion

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.

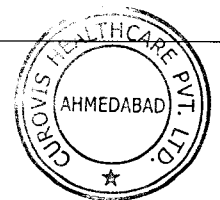
COMMENTS :

- **Grade I fatty liver.**
- **Bilateral renal concretion.**

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DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE

Reg No:0494



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Ref. By :
Client Name : Mediwheel

Reg. No : 307101254
Reg. Date : 22-Jul-2023 09:30 AM
Collected On :
Report Date : 22-Jul-2023 04:52 PM

Eye Check - Up

No Eye Complaints

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

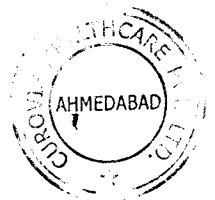
Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

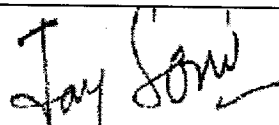
Color Vision : Normal

Comments: Normal

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M.D, GENERAL MEDICINE

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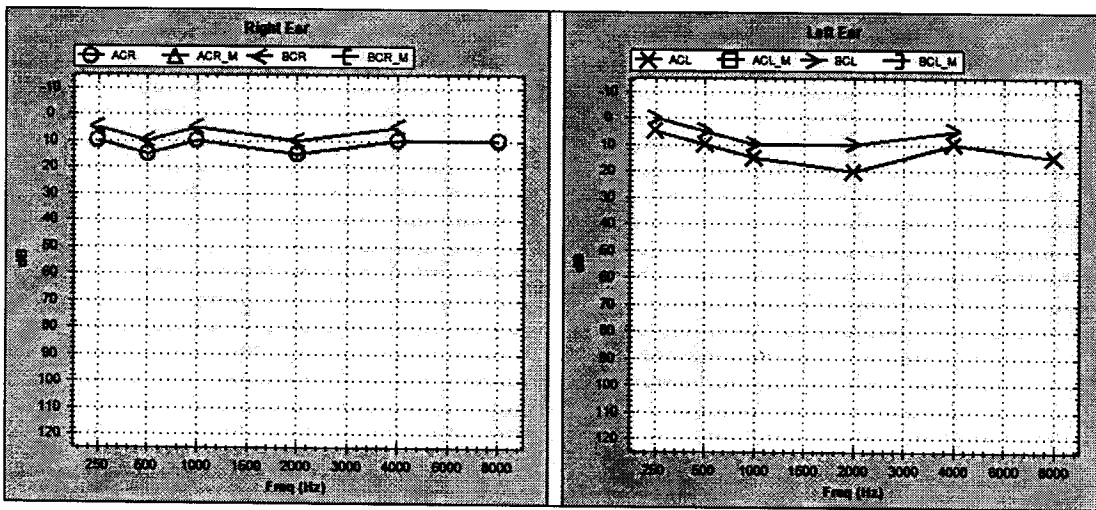
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AUDIOGRAM

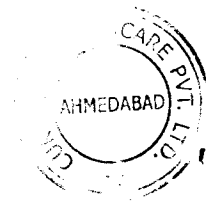


EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	UnMasked	Masked	UnMasked	
LEFT		□	×	⌋	>	Blue
RIGHT		△	○	⌈	<	Red

NO RESPONSE : Add ↓ below the respective symbols

Threshold In dB	RIGHT	LEFT
AIR CONDUCTION	10.5	10
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits.



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Jay Soni
 Dr. Jay Soni

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