




भारत सरकार
GOVERNMENT OF INDIA





गीताबेन भागवतीप्रशद तिवारी
Gitaben Bhagwatiprashad Tiwari
जन्मज वर्ष / Year of Birth : 1968
स्त्री / Female



8648 9483 4372


जनसंख्या - सामान्य मापदण्डो अधिकार


गीता तिवारी


भारतीय विशिष्ट अभिज्ञापन प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA


संरनामः
W/O भागवतीप्रसाद लालदास
तिवारी, वाय-101, चान्श्याम
कॉम्प्लेक्स, चान्दलोडिया रोड,
अहमदाबाद सीटी, चान्दलोडिया,
अहमदाबाद, गुजरात, 382481

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W/O Bhagwatiprasad
Laldaprasad Tiwari, Y-101,
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Bhawan, New Delhi-110002

8866660766



LABORATORY REPORT

Name : Mrs. Gitaben Bhagwatiprasad Tiwari
Sex/Age : Female/56 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 408101327
Reg. Date : 30-Aug-2024 09:16 AM
Collected On :
Report Date : 30-Aug-2024 03:06 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) : 170

Weight (kgs) : 89.30

Blood Pressure : 180/80mmHg

Pulse : 68/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


TEST REPORT

Reg. No : 408101327	Ref Id :	Collected On : 30-Aug-2024 09:21 AM
Name : Mrs. Gitaben Bhagwatiprasad Tiwari		Reg. Date : 30-Aug-2024 09:16 AM
Age/Sex : 56 Years / Female	Pass. No. :	Tele No. : 8866660766
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)	13.7	g/dL	12.5 - 16
Hematocrit (Calculated)	43.90	%	40 - 50
RBC Count (Electrical Impedance)	5.06	million/cmm	4.73 - 5.5
MCV (Calculated)	86.8	fL	83 - 101
MCH (Calculated)	27.2	Pg	27 - 32
MCHC (Calculated)	L 31.3	%	31.5 - 34.5
RDW (Calculated)	12.8	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	H 12770	/cmm	4000 - 10000
MPV (Calculated)	10.3	fL	6.5 - 12.0

DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	68.40	%	40 - 80	8735 /cmm	2000 - 7000
Lymphocytes (%)	L 16.70	%	20 - 40	2133 /cmm	1000 - 3000
Eosinophils (%)	1.80	%	0 - 6	1647 /cmm	200 - 1000
Monocytes (%)	H 12.90	%	2 - 10	230 /cmm	20 - 500
Basophils (%)	0.20	%	0 - 2	26 /cmm	0 - 100

PERIPHERAL SMEAR STUDY

RBC Morphology Normocytic and Normochromic.
 WBC Morphology Leucocytosis.


PLATELET COUNTS

Platelet Count (Electrical Impedance) 322000 /cmm 150000 - 450000
 Electrical Impedance
 Platelets Platelets are adequate with normal morphology.
 Parasites Malarial parasite is not detected.
 Comment -

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Approved By : 
 Dr. Purvish Darji
 MD (Pathology)

Approved On : 30-Aug-2024 10:06 AM



TEST REPORT

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Name : Mrs. Gitaben Bhagwatiprasad Tiwari **Reg. Date** : 30-Aug-2024 09:16 AM
Age/Sex : 56 Years / Female **Pass. No.** : **Tele No.** : 8866660766
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 : 08 mm/hr ESR AT 1 hour : 3-12
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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Age/Sex : 56 Years / Female	Pass. No. :	Tele No. : 8866660766
Ref. By :		Dispatch At :
Sample Type : Flouride F		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	316.20	mg/dL	70 - 110
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Approved On : 30-Aug-2024 08:04 PM
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**TEST REPORT**

Reg. No : 408101327	Ref Id :	Collected On : 30-Aug-2024 09:21 AM
Name : Mrs. Gitaben Bhagwatiprasad Tiwari		Reg. Date : 30-Aug-2024 09:16 AM
Age/Sex : 56 Years / Female	Pass. No. :	Tele No. : 8866660766
Ref. By :		Dispatch At :
Sample Type : Stool		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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STOOL EXAMINATION

Colour	Brown
Consistency	Semi Solid

CHEMICAL EXAMINATION

Occult Blood	Negative
<i>Peroxidase Reaction with o-Dianisidine</i>	
Reaction	Acidic
<i>Double Indicator</i>	

MICROSCOPIC EXAMINATION

Mucus	Nil
Pus Cells	2 - 3/hpf
Red Cells	Nil
Epithelial Cells	Nil
Vegetable Cells	Nil
Trophozoites	Nil
Cysts	Nil
Ova	Nil
Neutral Fat	Nil
Monilia	Nil
Note	-

Note: Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.


False negative: False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occasional unruptured RBCs.

False positive: False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, broccoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.

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TEST REPORT

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Age/Sex : 56 Years / Female	Pass. No. :	Tele No. : 8866660766
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	249.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	291.90	mg/dL	Normal: <150.0 Borderline High: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	52.40	mg/dL	Low : <40 High : >60
<i>Accelerator selective detergent method</i>			
LDL	138.22	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	58.38	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.64		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.75		0 - 5.0
<i>Calculated</i>			

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Age/Sex : 56 Years / Female	Pass. No. :	Tele No. : 8866660766
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

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


LFT WITH GGT

Total Protein	7.52	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	5.46	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)	2.06	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	2.65		0.8 - 2.0
SGOT	30.10	U/L	0 - 31
<i>UV without P5P</i>			
SGPT	47.40	U/L	0 - 34
<i>UV without P5P</i>			
Alakaline Phosphatase	125.0	IU/l	39 - 118
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			

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TEST REPORT

Reg. No : 408101327 **Ref Id** :
Name : Mrs. Gitaben Bhagwatiprasad Tiwari
Age/Sex : 56 Years / Female **Pass. No.** :
Ref. By :
Sample Type : Serum

Collected On : 30-Aug-2024 09:21 AM
Reg. Date : 30-Aug-2024 09:16 AM
Tele No. : 8866660766
Dispatch At :
Location : CHPL

Total Bilirubin 0.35 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 0.08 mg/dL 0.0 - 0.4

Vanadate Oxidation

Indirect Bilirubin 0.27 mg/dL 0.0 - 1.1

Calculated


GGT 32.50 U/L < 38

SZASZ kinetic Method

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Age/Sex : 56 Years / Female **Pass. No.** : **Tele No.** : 8866660766
Ref. By : **Dispatch At** :
Sample Type : Serum **Location** : CHPL

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

BIO - CHEMISTRY

Uric Acid 2.99 mg/dL 2.6 - 6.0
Enzymatic, colorimetric method


Creatinine 0.69 mg/dL 0.6 - 1.1
Enzymatic Method

BUN 10.00 mg/dL 6.0 - 20.0
UV Method

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Age/Sex : 56 Years / Female	Pass. No. :	Tele No. : 8866660766
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	9.4	% 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	223.08	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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Approved On : 31-Aug-2024 12:40 PM
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TEST REPORT

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Name : Mrs. Gitaben Bhagwatiprasad Tiwari		Reg. Date : 30-Aug-2024 09:16 AM
Age/Sex : 56 Years / Female	Pass. No. :	Tele No. : 8866660766
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	4.6 - 8.0
Sp. Gravity	1.015	1.001 - 1.035
Protein	Nil	Nil
Glucose	Present (++)	Nil
Ketone Bodies	Present (+)	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	Nil
Nitrite	Nil	Nil
Blood	Nil	Nil


MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	2 - 4/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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Dr. Purvish Darji
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Approved On : 30-Aug-2024 03:56 PM
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TEST REPORT

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Name : Mrs. Gitaben Bhagwatiprasad Tiwari		Reg. Date : 30-Aug-2024 09:16 AM
Age/Sex : 56 Years / Female	Pass. No. :	Tele No. : 8866660766
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) <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.06	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>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	12.60	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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Age/Sex : 56 Years / Female **Pass. No.** : **Tele No.** : 8866660766
Ref. By : **Dispatch At** :
Sample Type : Serum **Location** : CHPL

TSH 4.740 µIU/ml 0.35 - 5.50
CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY

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

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 µIU/mL

Second Trimester : 0.2 to 3.0 µIU/mL


Third trimester : 0.3 to 3.0 µIU/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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Age/Sex : 56 Years / Female	Pass. No. :	Tele No. : 8866660766
Ref. By :		Dispatch At :
Sample Type : Body Fluid		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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CYTOPATHOLOGY
CYTOLOGY REPORT

CYTOLOGY REPORT

Specimen :
Conventional PAP smear

Gross Examination :
Single unstained slide is received. PAP stain is done.

Microscopic Examination :
Smear is satisfactory for evaluation.
Many sheets and clusters of superficial and intermediate squamous epithelial cells are seen.
No evidence of intraepithelial lesion / malignancy.

Impression :
Cervical smear - Negative for intraepithelial lesion or malignancy.

(The Bethesda System for the reporting of cervical cytology, 2014).


Note - The PAP test is a screening procedure to aid in the detection of cervical cancer and its precursors. Because false negative results may occur, regular PAP tests are recommended.

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

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Page 19 of 1



LABORATORY REPORT

Name : Mrs. Gitaben Bhagwatiprasad Tiwari
Sex/Age : Female/56 Years
Ref. By :
Client Name : Mediwheel

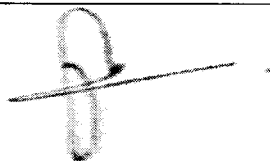
Reg. No : 408101327
Reg. Date : 30-Aug-2024 09:16 AM
Collected On :
Report Date : 30-Aug-2024 12:57 PM

Electrocardiogram

Findings

Sinus arrhythmia.

This is an electronically authenticated report



Dr. Parth S Patel
MBBS. MD. FNB

DR.MUKESH LADDHA

gitaben
tiwari
14
.....
44 years
143 cm / 54 kg

Female

HR 100/min

Axis:

P 34°
QRS 90°
T 53°

Intervals:

RR 602 ms
P 108 ms
PR 154 ms
QRS 80 ms
QT 344 ms
QTc 447 ms
(Bazett)
10 mm/mV

P (II) 0.17 mV
S (V1) -0.20 mV
R (V5) 1.84 mV
Sokol. 3.17 mV

Sinus arrhythmia

10 mm/mV

aVR

V1

V4

aVL

V2

V5

aVF

V3

V6

10 mm/mV

DR. P. P. P.



LABORATORY REPORT

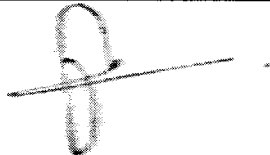
Name : Mrs. Gitaben Bhagwatiprasad Tiwari
Sex/Age : Female/56 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 408101327
Reg. Date : 30-Aug-2024 09:16 AM
Collected On :
Report Date : 30-Aug-2024 12:57 PM

2D Echo Colour Doppler

1. Normal sized LA, LV, RA, RV.
2. Fair LV systolic function, LVEF: 55 %.
3. No RWMA.
4. Grade I Diastolic Dysfunction.
5. All cardiac valves are structurally normal.
6. Trivial MR, Trivial TR, Trivial PR, Trivial AR.
7. No PAH, RVSP: 27 mmHg, AOVP: 1.0 m/s, PVP: 0.81 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



LABORATORY REPORT

Name	: Mrs. Gitaben Bhagwatiprasad Tiwari	Reg. No	: 408101327
Sex/Age	: Female/56 Years	Reg. Date	: 30-Aug-2024 09:16 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 30-Aug-2024 03:35 PM

X RAY CHEST PA

Both lung fields shows 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.

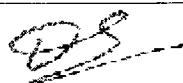
COMMENTS :

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.

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

This is an electronically authenticated report



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



LABORATORY REPORT

Name :	Mrs. Gitaben Bhagwatiprasad Tiwari	Reg. No :	408101327
Sex/Age :	Female/56 Years	Reg. Date :	30-Aug-2024 09:16 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	30-Aug-2024 01:24 PM

USG ABDOMEN

Liver appears mild enlarged in size 15.2 cm & 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.

Uterus is normal

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/II fatty liver

Mild hepatomegaly

Gas filled bowel loops

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DR DHAVAL PATEL
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MB,DMRE
Reg No:0494



LABORATORY REPORT

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Reg. Date : 30-Aug-2024 09:16 AM
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Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -0.25

CY: -1.50

AX: 59

LEFT EYE

SP : -2.00

CY : -2.00

AX :121


	Without Glasses	With Glasses
Right Eye	6/6	6/6
Left Eye	6/36	6/6

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

ColorVision : Normal

Comments: Normal

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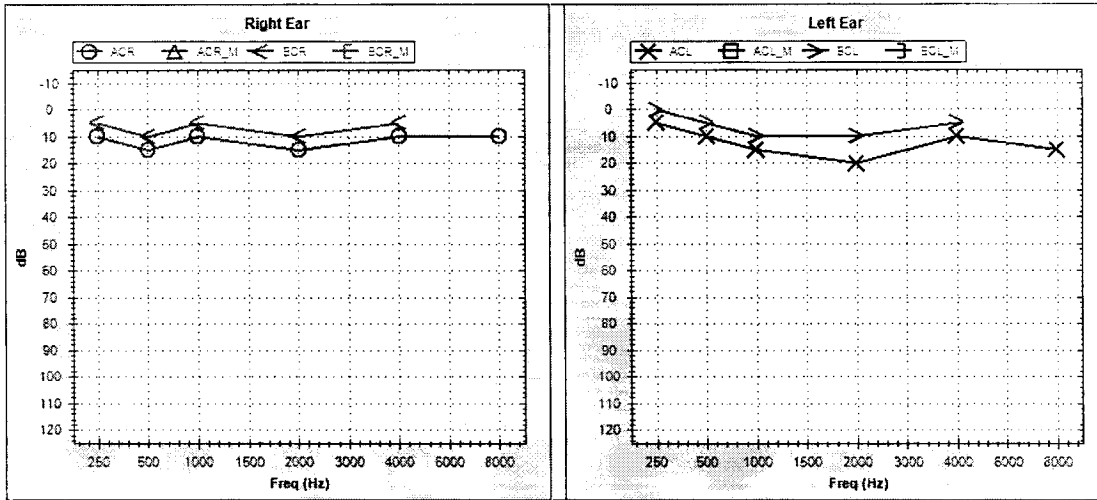


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AUDIOGRAM



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	11.5	11.5
BONE CONDUCTION		
SPEECH		

Comments: - Bilateral Hearing Sensitivity Within Normal Limits.

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