



LABORATORY REPORT

Name : Mrs. Amiben Pankajkumar Zaveri
Sex/Age : Female/26 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 307101253
Reg. Date : 22-Jul-2023 09:28 AM
Collected On :
Report Date : 22-Jul-2023 04:42 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :146

Weight (kgs) :51.1

Blood Pressure : 100/60mmHg

Pulse : 66/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

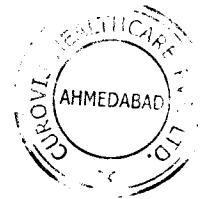
Cardio vascular System - S1,S2 Normal, No Murmur

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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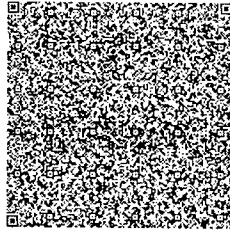
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Government of India

ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ
Unique Identification Authority of India

નામોંકન ક્રમ સંખ્યા/ Enrolment No.: 0648/00156/01517

To
ઝવેરી અમીબેન પંકજકુમાર
Zaveri Amiben Pankajkumar
D/O: Zaveri Pankajkumar
Plot No. 599/1
Sector 3
Near G-2
Sector-3/C
Gandhinagar
Gandhinagar Gujarat - 382006
8980414224

Signature Not Verified
Digitally signed by Zaveri Amiben Pankajkumar
DN: cn=Zaveri Amiben Pankajkumar, o=UIDAI, ou=UIDAI, email=Zaveri Amiben Pankajkumar@uidai.gov.in, c=IN
Date: 2022.08.17 10:58:01 UTC



તમારો આધાર નંબર / Your Aadhaar No. :

4819 7158 7012

VID : 9135 8500 3613 5255

મારો આધાર, મારી ઓળખ



ભારત સરકાર
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ઝવેરી અમીબેન પંકજકુમાર
Zaveri Amiben Pankajkumar
જન્મ તારીખ/DOB: 01/07/1997
સ્ત્રી/ FEMALE

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

4819 7158 7012

VID : 9135 8500 3613 5255

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નિર્દેશ

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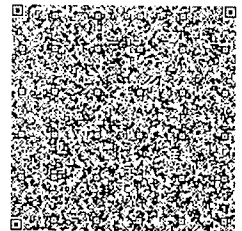
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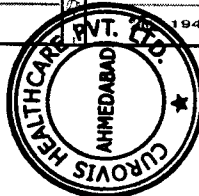


સરનામું :
પિતૃભવન/માઇનુ નામ: ઝવેરી પંકજકુમાર, પ્લોટ નં. 599/1,
સેક્ટર 3, ગ-2 પાર્ક, સેક્ટર-3/સી, ગાંધીનગર, ગાંધીનગર,
ગુજરાત - 382006
Address:
D/O: Zaveri Pankajkumar, Plot No. 599/1,
Sector 3, Near G-2, Sector-3/C, Gandhinagar,
Gandhinagar,
Gujarat - 382006



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VID : 9135 8500 3613 5255



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8816249437



TEST REPORT

Reg. No : 307101253	Ref Id :	Collected On : 22-Jul-2023 09:28 AM
Name : Mrs. Amiben Pankajkumar Zaveri		Reg. Date : 22-Jul-2023 09:28 AM
Age/Sex : 26 Years / Female	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)	L 12.3	g/dL	12.5 - 16.0
Hematocrit (Calculated)	L 34.90	%	37 - 47
RBC Count (Electrical Impedance)	L 4.11	million/cmm	4.2 - 5.4
MCV (Calculated)	84.8	fL	78 - 100
MCH (Calculated)	29.8	Pg	27 - 31
MCHC (Calculated)	H 35.1	%	31 - 35
RDW (Calculated)	L 9.4	%	11.5 - 14.0
WBC Count Flowcytometry with manual Microscopy	L 3770	/cmm	4000 - 10500
MPV (Calculated)	9.0	fL	7.4 - 10.4

<u>DIFFERENTIAL WBC COUNT</u>	[%]		<u>EXPECTED VALUES</u>	[Abs]	<u>EXPECTED VALUES</u>
Neutrophils (%)	64.50	%	42.02 - 75.2	2432 /cmm	2000 - 7000
Lymphocytes (%)	25.40	%	20 - 45	958 /cmm	1000 - 3000
Eosinophils (%)	1.10	%	0 - 6	328 /cmm	200 - 1000
Monocytes (%)	8.70	%	2 - 10	41 /cmm	20 - 500
Basophils (%)	0.30	%	0 - 1	11 /cmm	0 - 100


PERIPHERAL SMEAR STUDY

RBC Morphology Normocytic and Normochromic.
WBC Morphology Leucopenia

PLATELET COUNTS

Platelet Count (Electrical Impedance) 200000 /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. Bhavi Patel
MD (Pathology)

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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	"O"
Rh (D)	Positive
Note	-


ERYTHROCYTE SEDIMENTATION RATE [ESR]

ESR 1 hour <i>Westergreen method</i>	06	mm/hr	ESR AT 1 hour : 3-12
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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 (0-1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities or the red cells such as poikilocytosis, spherocytosis or sickle cells.

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Age/Sex : 26 Years / Female	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) <i>GOD-POD Method</i>	88.90	mg/dL	70 - 110
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Criteria for the diagnosis of diabetes

1. HbA1c ≥ 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 ≥ 200 mg/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 ≥ 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) <i>GOD-POD Method</i>	94.0	mg/dL	70 - 140
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Age/Sex : 26 Years / Female	Pass. No. :	Tele No. : 8866049437
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	158.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	60.90	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	38.60	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	107.22	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	12.18	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.78		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.09		0 - 5.0
<i>Calculated</i>			

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Age/Sex : 26 Years / Female	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	7.28	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	4.73	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)	2.55	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	1.85		0.8 - 2.0
SGOT	28.60	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	16.00	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	63.7	IU/l	42 - 98
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.25	mg/dL	0 - 1.2
<i>Vanadate Oxidation</i>			
Conjugated Bilirubin	0.08	mg/dL	0.0 - 0.4
Unconjugated Bilirubin	0.17	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	16.90	mg/dL	< 32
<i>SZASZ Method</i>			

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Age/Sex : 26 Years / Female **Pass. No.** : **Tele No.** : 8866049437
Ref. By : **Dispatch At** :
Location : CHPL **Sample Type** : Serum

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	2.76	mg/dL	2.6 - 6.0
Creatinine <i>Enzymatic Method</i>	0.57	mg/dL	0.6 - 1.1
BUN <i>UV Method</i>	9.30	mg/dL	6.0 - 20.0

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Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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HEMOGLOBIN A1 C ESTIMATION
Specimen: Blood EDTA

*Hb A1C	4.6	% 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	85.32	mg/dL
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Calculated

Degree of Glucose Control Normal Range:

Poor Control >7.0% *

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

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

* Some danger of hypoglycemic reaction in Type I diabetics.

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

EXPLANATION :-

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

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

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


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

HbA1c assay Interferences:

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

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Dr. Keyur V. Patel
M.B.DCP

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Age/Sex : 26 Years / Female	Pass. No. :	Tele No. : 8866049437
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Urine Spot

Test	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity	20 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear


CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	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	Present (+)	Nil

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	1 - 2/hpf	Absent
Erythrocytes (Red Cells)	2 - 5/hpf	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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Ref. By	:			Dispatch At	:
Location	: CHPL			Sample Type	: Serum

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

THYROID FUNCTION TEST

T3 (Triiodothyronine) <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.40	ng/mL	0.86 - 1.92
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Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

T4 (Thyroxine) <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	8.2	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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* This test has been out sourced.

Approved By : 
Dr. Bhavi Patel
MD (Pathology)

Generated On : 24-Jul-2023 09:34 AM

Approved On : 22-Jul-2023 02:12 PM

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CUROVIS HEALTHCARE PVT. LTD.

'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat



TEST REPORT

Reg. No : 307101253 **Ref Id** : **Collected On** : 22-Jul-2023 09:28 AM
Name : Mrs. Amiben Pankajkumar Zaveri **Reg. Date** : 22-Jul-2023 09:28 AM
Age/Sex : 26 Years / Female **Pass. No.** : **Tele No.** : 8866049437
Ref. By : **Dispatch At** :
Location : CHPL **Sample Type** : Serum


TSH 3.82 $\mu\text{IU/ml}$ 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 $\mu\text{IU/mL}$
Second Trimester : 0.2 to 3.0 $\mu\text{IU/mL}$
Third trimester : 0.3 to 3.0 $\mu\text{IU/mL}$
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

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

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LABORATORY REPORT

Name :	Mrs. Amiben Pankajkumar Zaveri	Reg. No :	307101253
Sex/Age :	Female/26 Years	Reg. Date :	22-Jul-2023 09:28 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	22-Jul-2023 03:36 PM

Electrocardiogram

Findings

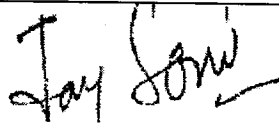
T inversion in III,avf,V1-V3.

Rest Within Normal Limit.

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Dr. Jay Soni
M.D, GENERAL MEDICINE

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RMIBEN
ZHUERI

20

Female

26 years

146 cm / 51 kg

HR 66/min

Axis: 66°

Intervals:

RR 912 ms

P 96 ms

PR 146 ms

QRS 76 ms

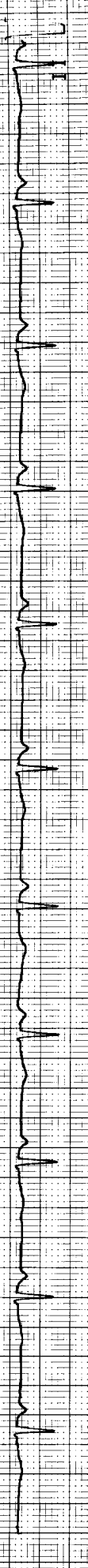
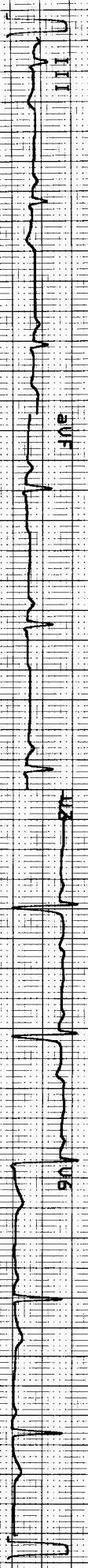
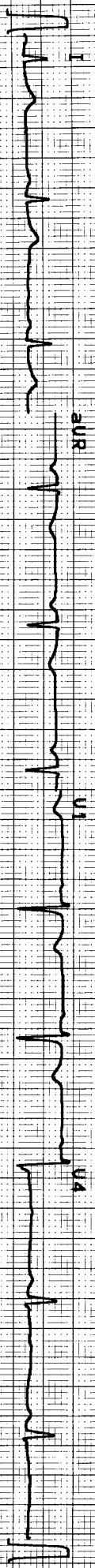
QT 390 ms

QTc 411 ms
(Bazett)

10 mm/mV

↓ in aVF, V1-V2

10 mm/mV



10 mm/mV
25 mm/s
0.05-25 Hz
f50
55f
585
22.07.2023
09:36:35
CURIOUS HEALTHCARE
RT=10291.05 1.124 C

[Handwritten signature]



LABORATORY REPORT

Name : Mrs. Amiben Pankajkumar Zaveri
Sex/Age : Female/26 Years
Ref. By :
Client Name : Mediwheel

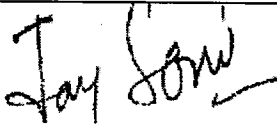
Reg. No : 307101253
Reg. Date : 22-Jul-2023 09:28 AM
Collected On :
Report Date : 22-Jul-2023 03:20 PM

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, RVSP: 30 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

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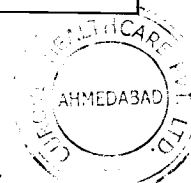
M MODE FINDINGS:

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)	38 mm		Cuspal Opening	16mm	
2. Lvd. (Systole)	22 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 :	Mrs. Amiben Pankajkumar Zaveri	Reg. No :	307101253
Sex/Age :	Female/26 Years	Reg. Date :	22-Jul-2023 09:28 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.

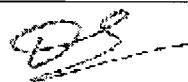
Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

COMMENT: No significant abnormality is detected.

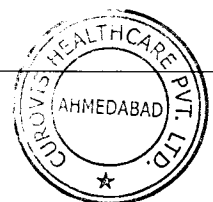
----- End Of Report -----

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DR DHAIVAL PATEL
Consultant Radiologist
MB,DMRE

Reg No:0494



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LABORATORY REPORT

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USG ABDOMEN

Liver appears normal in size & 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.

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 lesion.

Uterus appears normal. No adnexal mass is seen.

No evidence of ascites.

No evidence of lymph adenopathy.

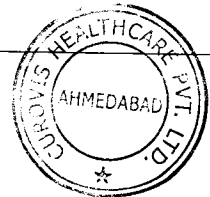
No evidence of dilated small bowel loops.

COMMENTS :

NO SIGNIFICANT ABNORMALITY DETECTED.

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



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LABORATORY REPORT

Name : Mrs. Amiben Pankajkumar Zaveri **Reg. No** : 307101253
Sex/Age : Female/26 Years **Reg. Date** : 22-Jul-2023 09:28 AM
Ref. By : **Collected On** :
Client Name : Mediwheel **Report Date** : 22-Jul-2023 04:51 PM

Eye Check - Up

No Eye Complaints

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

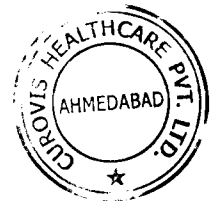
Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

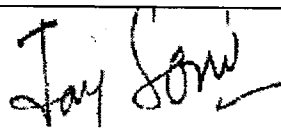
Color Vision : Normal

Comments: Normal

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Dr. Jay Soni

M.D, GENERAL MEDICINE

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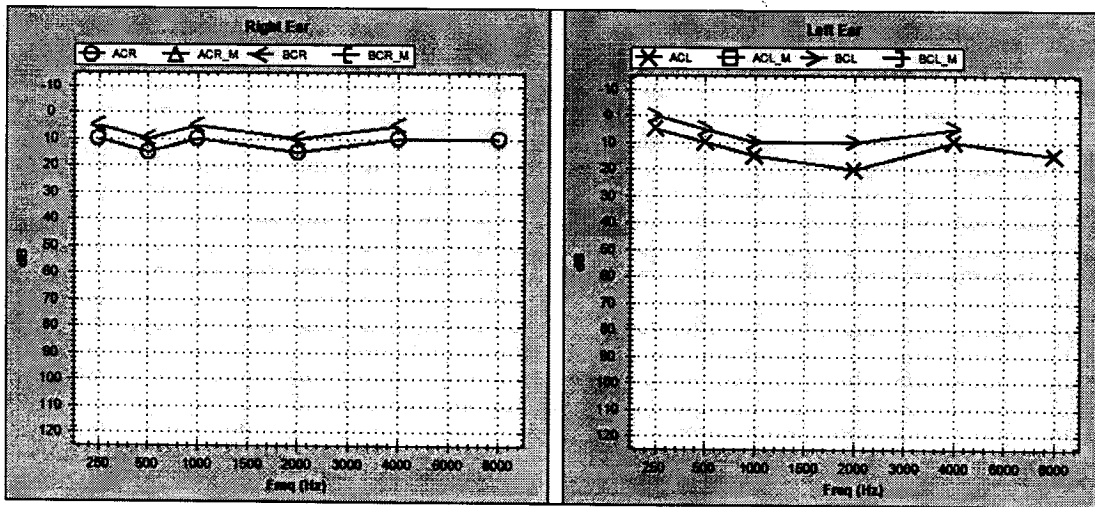
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LABORATORY REPORT

Name : Mrs. Amiben Pankajkumar Zaveri
Sex/Age : Female/26 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 307101253
Reg. Date : 22-Jul-2023 09:28 AM
Collected On :
Report Date : 22-Jul-2023 04:51 PM

AUDIOGRAM

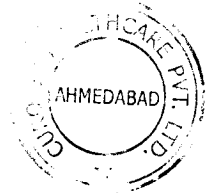


EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	UnMasked	Masked	UnMasked	
LEFT		□	×	⌋	>	Blue
RIGHT		△	○	⌈	<	Red

NO RESPONSE : Add ↓ below the respective symbols

Threshold in dB	RIGHT	LEFT
AIR CONDUCTION	10.5	11
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits.



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Dr. Jay Soni

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