



LABORATORY REPORT

Name : Mr. Pavan Kumar Mangal
Sex/Age : Male/32 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 302101101
Reg. Date : 25-Feb-2023 09:15 AM
Collected On :
Report Date : 25-Feb-2023 02:25 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :160

Weight (kgs) :54.1

Blood Pressure : 108/68mmHg

Pulse : 73/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

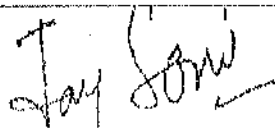
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



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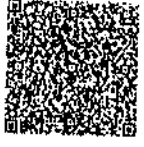


Dr. Jay Soni
M.D, GENERAL MEDICINE

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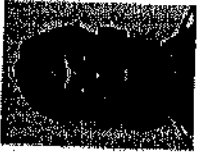
CUROVIS HEALTHCARE PVT. LTD.

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आधार - आम आदमी का अधिकार
 4568 1074 2170

पवन कुमार मंगल
 Pavan Kumar Mangal
 जन्म वर्ष / Year of Birth : 1990
 पुरुष / Male



04-12-1990

2010938909
 Jaysoni

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





LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. MANGAL PAVAN KUMAR
EC NO.	179023
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	AHMEDABAD, KRISHNA NAGAR
BIRTHDATE	04-12-1990
PROPOSED DATE OF HEALTH CHECKUP	25-02-2023
BOOKING REFERENCE NO.	22M179023100044478E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **23-02-2023** till **31-03-2023**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))


TEST REPORT

Reg. No : 302101101	Ref Id : PKG10000248	Collected On : 25-Feb-2023 09:15 AM
Name : Mr. Pavan Kumar Mangal		Reg. Date : 25-Feb-2023 09:15 AM
Age/Sex : 32 Years / Male	Pass. No. :	Tele No. : 7014938909
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)

Specimen: EDTA blood

Hemoglobin	15.4	g/dL	13.0 - 18.0
Hematocrit (Calculated)	47.10	%	47 - 52
RBC Count	5.48	million/cmm	4.7 - 6.0
MCV	86.0	fL	78 - 110
MCH (Calculated)	28.1	Pg	27 - 31
MCHC (Calculated)	32.7	%	31 - 35
RDW (Calculated)	14.0	%	11.5 - 14.0
WBC Count	9140	/cmm	4000 - 10500
MPV (Calculated)	9.5	fL	7.4 - 10.4

DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	58.00	%	42.0 - 75.2	5301 /cmm	2000 - 7000
Lymphocytes (%)	33.20	%	20 - 45	3034 /cmm	1000 - 3000
Eosinophils (%)	1.80	%	0 - 6	594 /cmm	200 - 1000
Monocytes (%)	6.50	%	2 - 10	165 /cmm	20 - 500
Basophils (%)	0.50	%	0 - 1	46 /cmm	0 - 100

PERIPHERAL SMEAR STUDY

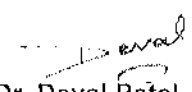
RBC Morphology : Normocytic and Normochromic.
 WBC Morphology : TC & DC as above.

PLATELET COUNTS

Platelet Count (Volumetric Impedance) : 303000 /cmm 150000 - 450000
 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. Deval Patel
 MD (Pathology)

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Ref. By	:	Sample Type	: EDTA Whole Blood		
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	"O"
Rh (D)	Positive
Note	-

ERYTHROCYTE SEDIMENTATION RATE [ESR]

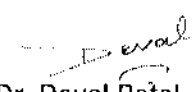
ESR 1 hour <i>Intra red measurement</i>	22	mm/hr	ESR AT 1 hour : 1-7
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ERYTHRO SEDIMENTATION RATE, BLOOD -

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 of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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Age/Sex : 32 Years / Male	Pass. No. :	Tele No. : 7014938909
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)	109.70	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

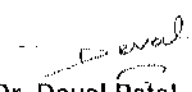
Specimen: Flouride plasma

Post Prandial Blood Sugar (PPBS)	112.0	mg/dL	70 - 140
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GOD-POD Method

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Ref. By	:	Sample Type	: Serum		
Location	: CHPL				

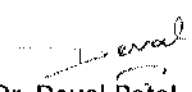
Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	226.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
<i>Enzymatic, colorimetric method</i>			
Triglyceride	310.70	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	37.60	mg/dL	High Risk: < 40 Low Risk: = 60
<i>Accelerator selective detergent method</i>			
LDL	126.26	mg/dL	Optimal: < 100.0 Near / above optimal: 100-129 Boderline High: 130-159 High: 160-189 Very High: >190.0
<i>Calculated</i>			
VLDL	62.14	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	3.36		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	6.01		0 - 5.0
<i>Calculated</i>			

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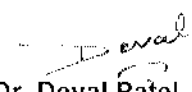
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BIO - CHEMISTRY
LFT WITH GGT

Total Protein <i>Diuret Reaction</i>	8.32	gm/dL	Premature 1 Day : 3.4 - 5.0 1 Day to 1 Month : 4.6 - 6.8 2 to 12 Months : 4.8 - 7.6 1 Year : 6.0 - 8.0 Adults : 6.6 - 8.7
Albumin <i>By Bromocresol Green</i>	5.41	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
Globulin <i>Calculated</i>	2.91	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.86		0.8 - 2.0
SGOT <i>UV without P5P</i>	27.90	U/L	0 - 40
SGPT <i>UV without P5P</i>	32.50	U/L	0 - 40
Alkaline Phosphatase <i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>	86.6	IU/l	53 - 128
Total Bilirubin <i>Vanadate Oxidation</i>	0.50	mg/dL	0 - 1.2
Conjugated Bilirubin	0.12	mg/dL	0.0 - 0.4

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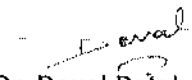
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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum
Unconjugated Bilirubin <i>Calculated</i>	0.38	mg/dL 0.0 - 1.1
GGT <i>SZASZ Method</i>	19.50	mg/dl. < 49

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Location	: CHPL				

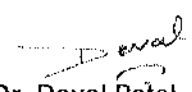
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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	5.08	mg/dL	3.5 - 7.2
Creatinine <i>Enzymatic Method</i>	0.77	mg/dL	0.9 - 1.3
BUN <i>UV Method</i>	7.50	mg/dL	6.0 - 20.0

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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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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

*Hb A1C	5.4	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
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Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose	108.28	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 effects 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:

*Errneous 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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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	40 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

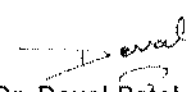
pH	5	4.6 - 8.0
Sp. Gravity	1.000	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	
Nitrite	Nil	Nil
Blood	Nil	Nil

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	2 - 4/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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Location : CHPL		Sample Type : Serum

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IMMUNOLOGY
THYROID FUNCTION TEST

T3 (Triiodothyronine) <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.71	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>	10.10	µg/dL	3.2 - 12.6
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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).

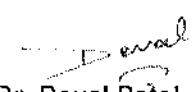
In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

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 : 32 Years / Male **Pass. No.** : **Tele No.** : 7014938909
Ref. By : **Dispatch At** :
Location : CHPL **Sample Type** : Serum

TSH 1.550 µIU/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 µIU/mL
Second Trimester : 0.2 to 3.0 µIU/mL
Third trimester : 0.3 to 3.0 µIU/mL
Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philladelphia: WB Saunders,2012:2170

This is an electronically authenticated report.
* This test has been out sourced.

Deval Patel
Approved By : Dr. Deval Patel
MD (Pathology)

Generated On : 25-Feb-2023 07:03 PM

Approved On : 25-Feb-2023 01:24 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 : 302101101	Ref Id : PKG10000248	Collected On : 25-Feb-2023 09:15 AM
Name : Mr. Pavan Kumar Mangal		Reg. Date : 25-Feb-2023 09:15 AM
Age/Sex : 32 Years / Male	Pass. No. :	Tele No. : 7014938909
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

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

IMMUNOLOGY

*TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)	0.63	ng/mL	0 - 4
<small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>			

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.

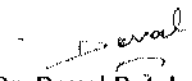
Percentage of free PSA = free PSA/total PSA X 100

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 -----

This is an electronically authenticated report.

* This test has been out sourced.

Approved By : 
Dr. Deval Patel
MD (Pathology)

Approved On : 25-Feb-2023 01:24 PM
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Generated On : 25-Feb-2023 07:03 PM

CUROVIS HEALTHCARE PVT. LTD.

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



LABORATORY REPORT

Name : Mr. Pavan Kumar Mangal
Sex/Age : Male/32 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 302101101
Reg. Date : 25-Feb-2023 09:15 AM
Collected On :
Report Date : 25-Feb-2023 01:53 PM

Electrocardiogram

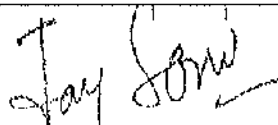
Findings

Normal Sinus Rhythm.

Within Normal Limit.



This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE

PRAVANKUMAR

HR 73/min

P Axis: 54°

BRANCH

05

Intervals:

QRS 59

Male

RR 82/m

T 21°

32 years

P 184 ms

P (II) 0.11 mV

160 cm / 54 kg

PR 132 ms

S (U1) -1.10 mV

QR5 94 ms

R (U5) 1.84 mV

QT 328 ms

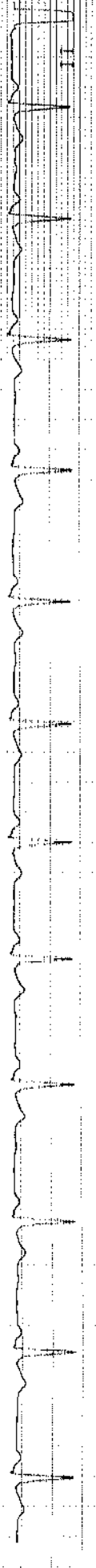
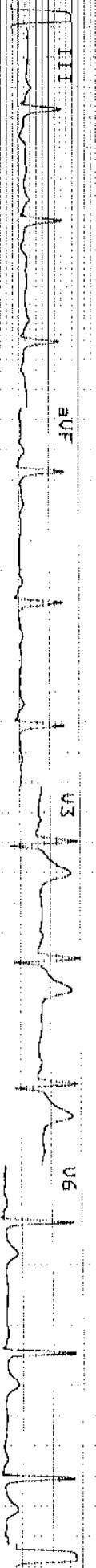
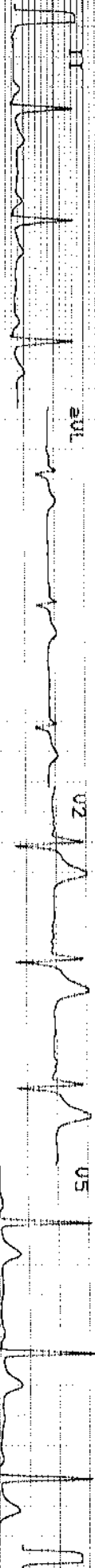
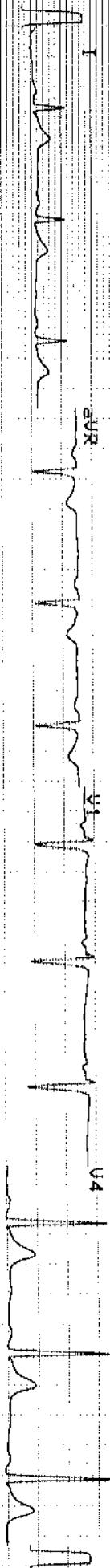
Sokol. 2.94 mV

QTc 364 ms

(Bazett)

10 mm/mV

10 mm/mV



10 mm/mV

25 mm/s

0.05-25 Hz

FS2

555 525

20 21 22 23

23:25:34

CARDIUS HEALTHCARE

AT-102plus 1.24 C



LABORATORY REPORT

Name : Mr. Pavan Kumar Mangal
Sex/Age : Male/32 Years
Ref. By :
Client Name : Medlwheel

Reg. No : 302101101
Reg. Date : 25-Feb-2023 09:15 AM
Collected On :
Report Date : 25-Feb-2023 01:53 PM

2D Echo Colour Doppler

OBSERVATION:

2 D Echo and color flow studies were done in long and short axis, apical and Sub coastal views.

1. Normal LV size. No RWMA at rest.
2. Normal RV and RA. No Concentric LVH.
3. All Four valves are structurally normal.
4. Good LV systolic function. LVEF = 60%.
5. Normal LV Compliance.
6. Trivial TR. Mild MR. No AR.
7. No PAH.
8. Intact IAS and IVS.
9. No Clot, No Vegetation.
10. No pericardial effusion.

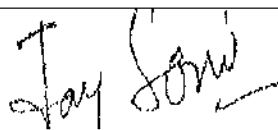
CONCLUSION

1. Normal LV size with Good LV systolic function.
2. No Concentric LVH . Normal LV Compliance
3. Trivial TR with No PAH. Mild MR. No AR
4. No RWMA at rest.

This echo doesn't rule out any kind of congenital cardiac anomalies.



This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE



LABORATORY REPORT

Name : Mr. Pavan Kumar Mangal
Sex/Age : Male/32 Years
Ref. By :
Client Name : Medlwheel

Reg. No : 302101101
Reg. Date : 25-Feb-2023 09:15 AM
Collected On :
Report Date : 25-Feb-2023 03:49 PM

USG ABDOMEN

Liver appears normal in size & echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.

Gall bladder is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

Pancreas Visualized portion appears normal in size and echopattern. No evidence of focal lesions.

Spleen appears normal in size & echopattern. No evidence of focal lesions.

Both kidneys are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

Urinary bladder is partially distended. No evidence of calculus or mass.

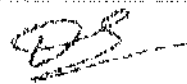
Prostate appears normal in size and echopattern. No evidence of focal lesions.

No evidence of free fluid in peritoneal cavity.
No evidence of para-aortic lymph adenopathy.
No evidence of dilated small bowel loops.

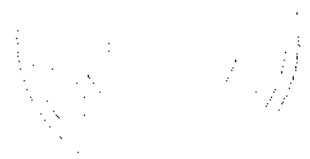
COMMENTS :

NO SIGNIFICANT ABNORMALITY DETECTED.

This is an electronically authenticated report



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





LABORATORY REPORT

Name : Mr. Pavan Kumar Mangal
Sex/Age : Male/32 Years
Ref. By :
Client Name : Medlwheel

Reg. No : 302101101
Reg. Date : 25-Feb-2023 09:15 AM
Collected On :
Report Date : 25-Feb-2023 03:50 PM

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

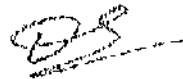
Both costo-phrenic angles appear free of fluid.

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



Page 2 of 2

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LABORATORY REPORT

Name :	Mr. Pavan Kumar Mangal	Reg. No :	302101101
Sex/Age :	Male/32 Years	Reg. Date :	25-Feb-2023 09:15 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	25-Feb-2023 02:03 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -2.50

CY: -1.00

AX: 57

LEFT EYE

SP: -3.00

CY: -0.75

AX: 125

	Without Glasses	With Glasses
Right Eye	6/24	6/5
Left Eye	6/24	6/5

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

Fundus Examination - Within Normal Limits.

Color Vision : Normal

Comments: Normal

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



This is an electronically authenticated report

Dr Kejal Patel
MB,DO(Ophth)

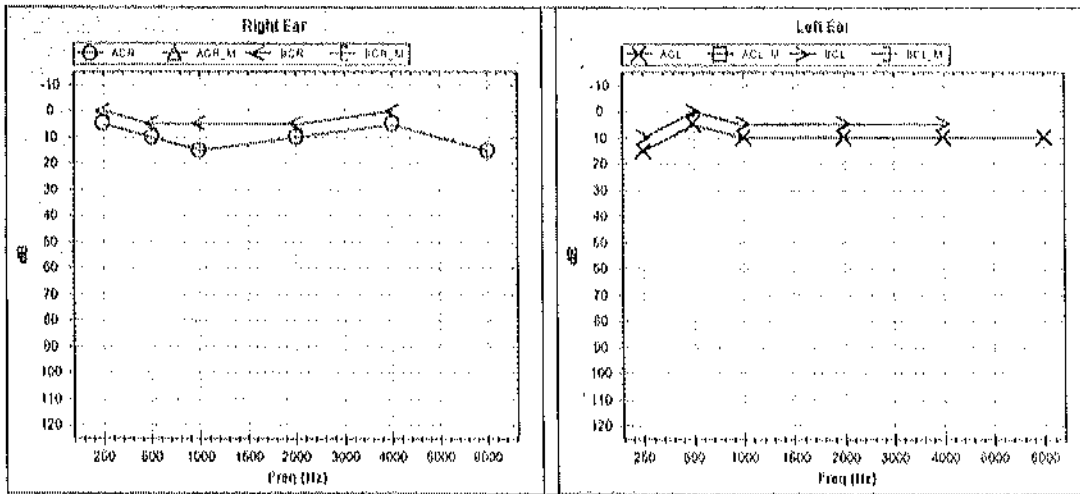
NAME:- PAWAN KUMAR.

ID NO:-

AGE:- 32Y/ M

DATE:- 25/02/2023

AUDIOGRAM



EAR	MODE	Air Conduction		Bone Conduction		Colour Code	Threshold In dB	
		Masked	UnMasked	Masked	UnMasked		RIGHT	LEFT
LEFT		□	×	☐	>	Blue	AIR CONDUCTION	10.5
RIGHT		△	○	☐	<	Red	BONE CONDUCTION	
NO RESPONSE: Add ↓ below the respective symbols							SPEECH	

Comments:- Bilateral Hearing Sensitivity Within Normal Limits.

