

Tt5188tt8+

2809 ans



			LABORATORY REPORT			
Name	:	Mr. Manish Kataria		Reg. No	:	409101413
Sex/Age	:	Male/26 Years		Reg. Date	:	28-Sep-2024 10:22 AM
Ref. By	:			Collected On	:	
Client Name	:	Mediwheel		Report Date	:	28-Sep-2024 04:10 PM

### **Medical Summary**

### **GENERAL EXAMINATION**

Height (cms): 160

Weight (kgs): 73.05

Blood Pressure: 128/70mmHg

Pulse:86/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** 

Page 15 of







Accuracy, Care. Forever

**TEST REPORT** 

Ref Id

Name

: 409101413

: Mr. Manish Kataria

Age/Sex

Reg. No

Ref. By

: 26 Years / Male

Pass. No. :

Collected On : 28-Sep-2024 10:25 AM

Reg. Date

: 28-Sep-2024 10:22 AM

Tele No.

: 7877831377

Dispatch At

Sample Type : EDTA				Location	: C	HPL
Parameter	Results		Unit	Biological	Ref. Into	erval
	CO	<b>IPLET</b>	E BLOOD COUNT (CB	C)		
Hemoglobin (Colorimetric method)	15.9		g/dL	13.5 - 18		
Hematrocrit (Calculated)	H 51.00		%	40 - 50		
RBC Count (Electrical Impedance)	H 5.63		million/cmm	4.73 - 5.5		
MCV (Calculated)	90.7		fL	83 - 101		
MCH (Calculated)	28.3		Pg	27 - 32		
MCHC (Calculated)	L 31.2		%	31.5 - 34.5	;	
RDW (Calculated)	12.3		%	11.5 - 14.5		
WBC Count Flowcytometry with manual Microscopy	8610		/cmm	4000 - 100		
MPV (Calculated)	10.7		fL	6.5 - 11.5		
DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[ Abs ]		EXPECTED VALUES
Neutrophils (%)	56	%	40 - 80	4822	/cmm	2000 - 7000
Lymphocytes (%)	36	%	20 - 40	3100	/cmm	1000 - 3000
Eosinophils (%)	03	%	0 - 6	431	/cmm	200 - 1000
Monocytes (%)	05	%	2 - 10	258	/cmm	20 - 500
Basophils (%)	0	%	0 - 2	0	/cmm	0 - 100
PERIPHERAL SMEAR STUDY						
RBC Morphology	Normocyt	ic and N	Normochromic.			
WBC Morphology	Normal		To the control of the			
PLATELET COUNTS						
Platelet Count (Electrical Impedance)	234000		/cmm	150000 4	50000	
Electrical Impedance			/GIIIII	150000 - 4	50000	
Platelets	Platelets are adequate with normal morphology.					
Parasites	Malarial parasite is not detected.					
Comment	-		40100104.			

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\* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

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Age/Sex

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/ Male

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Dispatch At

: CHPL

Sample Type : EDTA

**Parameter** 

Result

Location Unit

**HEMATOLOGY** 

**BLOOD GROUP & RH** 

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

**ABO** 

Tube Agglutination (Forward & Reverse grouping) Method

"O"

Rh (D)

Tube Agglutination (Forward & Reverse grouping) Method

Positive

Note

**ERYTHROCYTE SEDIMANTATION RATE [ESR]** 

ESR 1 hour

Westergreen method

2

mm/hr

ESR AT 1 hour: 1-7

### ERYTHRO SEDIMENTION 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 prenancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (o-1mm) in polycythaemia, hypofibrinogenemia or or congestive cardiac failure and when there are abnormalities or the red cells such as poikilocytosis, spherocytosis or sickle cells.

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Dispatch At

Sample Type: Flouride F, Flouride PP Location : CHPL **Parameter** Result Unit Biological Ref. Interval **BIO - CHEMISTRY** Fasting Blood Sugar (FBS)
GOD-POD Method 93.70 mg/dL 70 - 110 Post Prandial Blood Sugar (PPBS) 88.5 mg/dL 70 - 140 GOD-POD Method

**TEST REPORT** 

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■ www.curovis.co.in







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/ Male

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Ref. By

Dispatch At

**Parameter** 

Sample Type: Stool

Location

: CHPL

Result

Unit Biological Ref. Interval

STOOL EXAMINATION

Colour

Brown

Consistency

Semi Solid

CHEMICAL EXAMINATION

Occult Blood

Negative

Non Benzidine Test

Reaction

Acidic

Strip Test Double indicator (Colour change)

MICROSCOPIC EXAMINATION

Mucus

Nil

Pus Cells

1 - 2/hpf

Red Cells

Nil

**Epithelial Cells** 

Nil

Vegetable Cells **Trophozoites** 

Nil

Cysts

Nil Nil

Ova

Nil

Neutral Fat

Nil

Monilia

Note

Nil

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 occassinal unruptured RBCs.

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

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Dispatch At

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Sample Type : Serum

Location

: CHPL

Cample Type - Celum		Location	, OHFL		
Parameter	Result	Unit	Biological Ref. Interval		
	Lipid Profile				
Cholesterol	243.00	mg/dL	Desirable: <200.0 Borderline High: 200- 239 High: >240.0		
Cholesterol Oxidase, esterase, peroxidase					
Triglyceride	121.00	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High: > 500.0		
Glycerol-3-Phosphate Oxidase Peroxidase					
HDL Cholesterol	61.30	mg/dL	Low : <40 High : >60		
4-Aminoantipyrine-CHE-Cholesterol Oxidase-POD			g		
LDL  Calculated	157.50	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130- 159 High : 160-189 Very High : >190.0		
VLDL	24.00				
Calculated	24.20	mg/dL	15 - 35		
LDL / HDL RATIO Calculated	2.57		0 - 3.5		
Cholesterol /HDL Ratio Calculated	3.96		0 - 5.0		

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Dispatch At

Location

: CHPL

		OTIFE		
Result	Unit	Biological Ref. Interval		
WITH GGT				
7.71	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		
5.65	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		
2.06	g/dL	2.3 - 3.5		
2.74		0.8 - 2.0		
32.70	U/L	0 - 35		
64.80	U/L	0 - 45		
131.6	IU/I	53 - 128		
	7.71 5.65 2.06 2.74 32.70 64.80	WITH GGT         7.71       gm/dL         5.65       g/dL         2.06       g/dL         2.74       32.70       U/L         64.80       U/L		

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Name : Mr. Manish Kataria		Reg. Date	: 28-Sep-2024 10:22 AM
Age/Sex : 26 Years / Male	Pass. No. :	Tele No.	: 7877831377
Ref. By		Dispatch At	:
Sample Type : Serum		Location	: CHPL
Total Bilirubin	0.72	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	0.21	mg/dL	0.0 - 0.4
Vanadate	ψ. <u>-</u> .	9. ~=	
Indirect Bilirubin  Calculated	0.51	mg/dL	0.0 - 1.1
GGT Y-Glutamyltransferase - IFCC	65.10	U/L	< 55

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28-Sep-2024 0 Page 7 of 18







: 409101413 Ref Id Reg. No

Name : Mr. Manish Kataria

Age/Sex : 26 Years

/ Male Ref. By

Pass. No. :

Collected On : 28-Sep-2024 10:25 AM

Reg. Date

: 28-Sep-2024 10:22 AM

Tele No.

: 7877831377

Dispatch At

Sample Type : Serum	pe : Serum		: CHPL		
Parameter	Result		Biological Ref. Interval		
	BIO - CHEMISTRY				
Uric Acid Uricase - Peroxidase	8.42	mg/dL	3.5 - 7.2		
Creatinine Sarcosine Oxidase peroxidase	1.16	mg/dL	0.7 - 1.3		
BUN Urease - UV Method	7.20	mg/dL	6.0 - 20.0		

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Ref Id Reg. No : 409101413

: 26 Years

Collected On

Reg. Date

: 28-Sep-2024 10:25 AM : 28-Sep-2024 10:22 AM

: Mr. Manish Kataria Name

Tele No.

Unit

: 7877831377

Ref. By

Age/Sex

**Parameter** 

/ Male Pass. No.

Dispatch At

Location

: CHPL

Sample Type : EDTA

**HEMOGLOBIN A1 C ESTIMATION** 

Result

Specimen: Blood EDTA

\*Hb A1C 5.0 % of Total Hb Normal: < 5.7 %

Pre-Diabetes: 5.7 % -

Biological Ref. Interval

6.4 %

Diabetes: 6.5 % or

higher

Boronate Affinity with Fluorescent Quenching

96.80 Mean Blood Glucose 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 throught 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 measurnment which eflects 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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Name

: Mr. Manish Kataria

Reg. Date

: 28-Sep-2024 10:22 AM

Age/Sex

/ Male

Tele No.

: 7877831377

: 26 Years

Pass. No.

Dispatch At

Ref. By

Sample Type: Urine Spot

Location

: CHPL

Test

Result

Unit

Biological Ref. Interval

### URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATION

Quantity

20 cc

Colour Clarity

Pale Yellow

Clear

Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

рΗ

5

4.6 - 8.0

Sp. Gravity

1.010

1.001 - 1.035

Protein Glucose Nil

Nil

Ketone Bodies

Nil Nil Nil

Urobilinogen

Nil

Nil

Bilirubin

Nil

Nil Nil

Nitrite Blood Nil

Nil

Nil Nil

#### MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)

Occasional/hpf

Nil

Erythrocytes (Red Cells)

Nil

Nil

**Epithelial Cells** 

Occasional

Nil

Crystals

Absent

Absent

Casts

Absent

Absent

**Amorphous Material** Bacteria

Absent Absent Absent Absent

Remarks

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: 28-Sep-2024 10:22 AM

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Reg. No : 409101413 Ref ld

Retia :

Name : Mr. Manish Kataria

**Age/Sex** : 26 Years / Male **Pass. No.** : **Tele No.** : 7877831377

Ref. By Dispatch At

Sample Type: Serum Location: CHPL

Parameter Result Unit Biological Ref. Interval

#### **IMMUNOLOGY**

#### **THYROID FUNCTION TEST**

T3 (Triiodothyronine)
CLIA-Sandwich Immunoassay

1.01 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)**8.40 μg/dL 3.2 - 12.6

CLIA-Sandwich Immunoassay

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).

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

#### Limitations:

- 1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
- 2.F T4 values may be decreased in patients taking carbamazepine.
- 3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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Tele No.

: 7877831377

: 26 Years

Pass. No.

Ref. Bv

Dispatch At

Location

: CHPL

**TSH** 

Sample Type: Serum

1.580

uIU/ml

0.35 - 5.50

CLIA-Sandwich 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-relasing 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 Sounders, 2012:2170

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Unit

: 7877831377

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Dispatch At

: CHPL

Sample Type: Serum

**Parameter** 

TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)

1.07

Result

**IMMUNOLOGY** 

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.

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Ref. By	:			Collected On	:	
Client Name	:	Mediwheel		Report Date	:	28-Sep-2024 04:53 PM

# **2D Echo Colour Doppler**

- 1. Normal sized LA, LV, RA, RV.
- 2. Normal LV systolic function, LVEF: 60 %.
- 3. No RWMA.
- 4. Normal LV compliance.
- 5. All cardiac valves are structurally normal.
- 6. No MR, Trivial TR, Trivial PR, No AR.
- 7. No PAH, RVSP: 20 mmHg, AOVP: 0.9 m/s, PVP: 0.79 m/s
- 8. IAS/IVS: Intact.
- 9. No clot/vegetation/pericardial effusion.
- 10. No coarctation of aorta.

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Dr. Parth S Patel MBBS. MD. FNB

DR.MUKESH LADDHA

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			LABORATORY REPORT		
Name	:	Mr. Manish Kataria		Reg. No	 409101413
Sex/Age	:	Male/26 Years		Reg. Date	28-Sep-2024 10:22 AM
Ref. By	:			Collected On	20-3ep-2024 10.22 AIVI
Client Name	_:	Mediwheel		Report Date	28-Sep-2024 01:57 PM

# X RAY CHEST PA

Both lung fields show 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.

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.

This is an electronically authenticated report

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

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**CUROVIS HEALTHCARE PVT. LTD.** 



			LABORATORY REPORT			
Name	:	Mr. Manish Kataria		Reg. No	:	409101413
Sex/Age	:	Male/26 Years		Reg. Date	:	28-Sep-2024 10:22 AM
Ref. By	:			Collected On	:	
Client Name	:	Mediwheel		Report Date	:	28-Sep-2024 01:33 PM

### **USG ABDOMEN**

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

Grade I fatty liver.

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 and for further intervention.

This is an electronically authenticated report

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

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**CUROVIS HEALTHCARE PVT. LTD.** 



			LABORATORY REPORT			
Name	:	Mr. Manish Kataria		Reg. No	:	409101413
Sex/Age	:	Male/26 Years		Reg. Date	:	28-Sep-2024 10:22 AM
Ref. By	:			Collected On	:	
Client Name	,	Mediwheel		Report Date		28-Sen-2024 04:31 PM

### Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -0.75

CY: -0.25

AX:40

LEFT EYE

SP : -0.50

CY: -0.75

AX:173

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

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

ColorVision: Normal

Comments: Normal

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

This is an electronically authenticated report

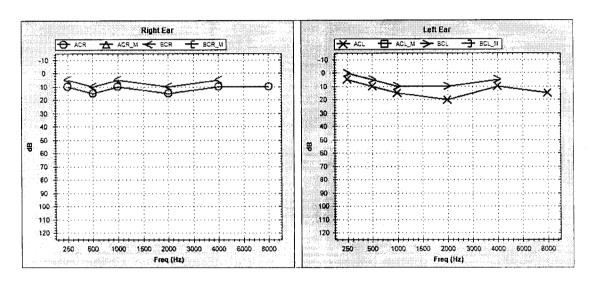
Dr. Parth S Patel MBBS. MD. FNB

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			LABORATORY REPORT	4704		
Name	:	Mr. Manish Kataria		Reg. No	:	409101413
Sex/Age	:	Male/26 Years		Reg. Date	:	28-Sep-2024 10:22 AM
Ref. By	:			Collected On	:	
Client Name	:	Mediwheel		Report Date	:	28-Sep-2024 04:31 PM

# **AUDIOGRAM**



MODE	Air Conduction		Bone Co	3	
EAR	Masked	UnMasked	Masked	UnMasked	Code
LEFT	О	X	3	>	Blue
RIGHT	Δ	0	С	<	Red

Threshold In dB	RIGHT	LEFT
AIR CONDUCTION	11.5	10.5
BONE CONDUCTION		
SPEECH		

**Comments: -** Bilateral Hearing Sensitivity Within Normal Limits.

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Dr. Parth S Patel MBBS. MD. FNB

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			LABORATORY REPORT			
Name	:	Mr. Manish Kataria		Reg. No	:	409101413
Sex/Age	:	Male/26 Years		Reg. Date	:	28-Sep-2024 10:22 AM
Ref. By	:			Collected On	:	
Client Name	:	Mediwheel		Report Date	:	30-Sep-2024 02:36 PM

## **Electrocardiogram**

<u>Findings</u>	
I heart block.	
	End Of Report

This is an electronically authenticated report

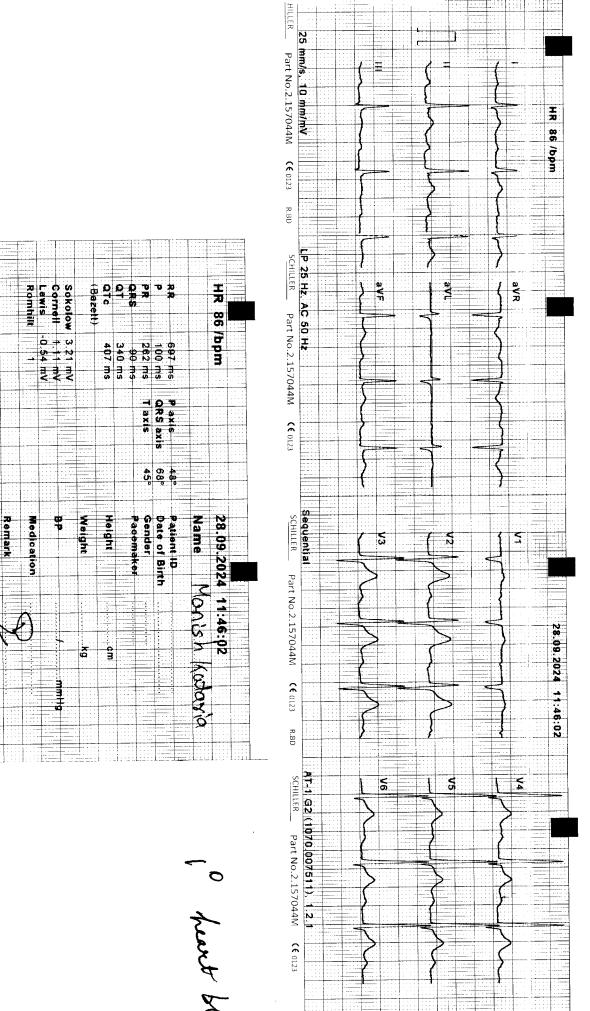
Dr. Parth S Patel

**DR.MUKESH LADDHA** 

MBBS. MD. FNB Note: Bring this document in next visit. Prescription is valid for 1 Month or as per advise.

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Part No.2.157044M

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