



**LABORATORY REPORT**

<b>Name</b> :	Mr. Dineshbhai K Patel	<b>Reg. No</b> :	301101202
<b>Sex/Age</b> :	Male/56 Years	<b>Reg. Date</b> :	28-Jan-2023 10:44 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	28-Jan-2023 03:05 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) : 178

Weight (kgs) : 77.8

Blood Pressure : 130/90mmHg

Pulse :122 /Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

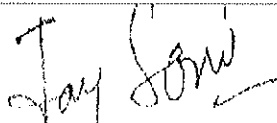
Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

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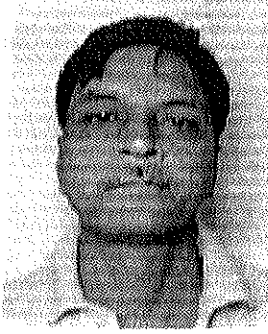


**Dr. Jay Soni**  
M.D, GENERAL MEDICINE



ભારત સરકાર

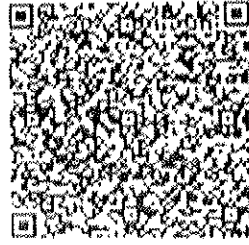
Government of India



પટેલ દિનેશભાઈ કાનજીભાઈ  
Patel Dineshbhai Kanjibhai

જન્મ તારીખ / DOB : 04/10/1966

પુરુષ / Male



6564 5312 1002

આધાર - સામાન્ય માન્યતા અધિકાર

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




**TEST REPORT**

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<b>Age/Sex</b> : 56 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9265388807
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : EDTA Whole Blood

Parameter	Results	Unit	Biological Ref. Interval
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**COMPLETE BLOOD COUNT (CBC)**  
 Specimen: EDTA blood

Hemoglobin	14.7	g/dL	13.0 - 18.0
Hematocrit (Calculated)	L <b>42.80</b>	%	47 - 52
RBC Count	L <b>4.55</b>	million/cmm	4.7 - 6.0
MCV	94.0	fL	78 - 110
MCH (Calculated)	H <b>32.3</b>	Pg	27 - 31
MCHC (Calculated)	34.4	%	31 - 35
RDW (Calculated)	12.8	%	11.5 - 14.0
WBC Count	9160	/cmm	4000 - 10500
MPV (Calculated)	9.3	fL	7.4 - 10.4

DIFFERENTIAL WBC COUNT	[ % ]		EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Neutrophils (%)	58	%	42.0 - 75.2	5313 /cmm	2000 - 7000
Lymphocytes (%)	36	%	20 - 45	3298 /cmm	1000 - 3000
Eosinophils (%)	02	%	0 - 6	366 /cmm	200 - 1000
Monocytes (%)	04	%	2 - 10	183 /cmm	20 - 500
Basophils (%)	00	%	0 - 1	0 /cmm	0 - 100

**PERIPHERAL SMEAR STUDY**


RBC Morphology Normocytic and Normochromic.  
 WBC Morphology Normal

**PLATELET COUNTS**

Platelet Count (Volumetric Impedance) 244000 /cmm 150000 - 450000  
 Platelets Platelets are adequate with normal morphology.  
 Parasites Malarial parasite is not detected.  
 Comment -

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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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**BLOOD GROUP & RH**

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


ABO	"O"
Rh (D)	Positive
Note	-

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

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**HEMATOLOGY**
**ERYTHROCYTE SEDIMENTATION RATE [ESR]**


<b>ESR 1 hour</b> <i>Infrared measurement</i>	32	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 (<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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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Flouride F, Flouride PP

Parameter	Result	Unit	Biological Ref. Interval
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**FASTING PLASMA GLUCOSE**  
 Specimen: Flouride plasma

Fasting Blood Sugar (FBS)	99.30	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)	100.3	mg/dL	70 - 140
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*GOD-POD Method*

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Stool

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

Colour	Brown
Consistency	Semi Solid

**CHEMICAL EXAMINATION**

Occult Blood	Negative
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*Peroxidase Reaction with o Diamidino*

Reaction	Acidic
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*Double Indicator***MICROSCOPIC EXAMINATION**

Mucus	Nil
Pus Cells	Nil
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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Parameter	Result	Unit	Biological Ref. Interval
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**Lipid Profile**

Cholesterol	199.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
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*Enzymatic, colorimetric method*

Triglyceride	140.30	mg/dL	Normal < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
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*Enzymatic, colorimetric method*

HDL Cholesterol	46.40	mg/dL	High Risk : < 40 Low Risk : = 60
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*Accolorator selective detergent method*

LDL	124.54	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
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*Calculated*

VLDL	28.06	mg/dL	15 - 35
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*Calculated*

LDL / HDL RATIO	2.68		0 - 3.5
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*Calculated*

Cholesterol /HDL Ratio	4.29		0 - 5.0
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*Calculated*

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
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**BIO - CHEMISTRY**
**LFT WITH GGT**

<b>Total Protein</b> <i>Buret Reaction</i>	6.72	gm/dL	6.3 - 8.2
<b>Albumin</b> <i>By Bromocresol Green</i>	4.80	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
<b>Globulin</b> <i>Calculated</i>	1.92	g/dL	2.3 - 3.5
<b>A/G Ratio</b> <i>Calculated</i>	2.50		0.8 - 2.0
<b>SGOT</b> <i>UV without PBP</i>	25.10	U/L	0 - 40
<b>SGPT</b> <i>UV without PBP</i>	14.80	U/L	0 - 40
<b>Alakaline Phosphatase</b> <i>p - Nitrophenylphosphate (PNPP)</i>	34.4	U/L	41 - 137
<b>Total Bilirubin</b> <i>Vanadate Oxidation</i>	0.81	mg/dL	0 - 1.2
<b>Conjugated Bilirubin</b>	0.23	mg/dL	0.0 - 0.4
<b>Unconjugated Bilirubin</b> <i>Calculated</i>	0.58	mg/dL	0.0 - 1.1
<b>GGT</b> <i>SZASZ Method</i>	30.30	mg/dL	15 - 73

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


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<b>Location</b> : CHPL		<b>Sample Type</b> : Serum

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Location : CHPL      Sample Type : Serum


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**BIO - CHEMISTRY**

<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	4.20	mg/dL	Adult : 3.5 - 8.5 Child : 2.5 - 5.5
<b>Creatinine</b> <i>Enzymatic Method</i>	1.01	mg/dL	Adult : 0.72 - 1.18 Child : 0.5 - 1.0
<b>BUN</b> <i>UV Method</i>	7.50	mg/dL	Adult : 7.0 - 20.0 Child : 5.0 - 18.0

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**HEMOGLOBIN A1 C ESTIMATION**  
Specimen: Blood EDTA

*Hb A1C	5.8	% 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	119.76	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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<b>Location</b> : CHPL		<b>Sample Type</b> : Urine Spot

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

Quantity	10 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**


pH	6	4.6 - 8.0
Sp. Gravity	1.010	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)	2 - 3/hpf	Absent
Erythrocytes (Red Cells)	5 - 6/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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**IMMUNOLOGY**
**THYROID FUNCTION TEST**

<b>T3 (Triiodothyronine)</b> <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	1.04	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.

<b>T4 (Thyroxine)</b> <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	10.30	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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**Dr.Keyur Patel**  
 M.B.DCP

**Generated On :** 28-Jan-2023 06:06 PM

**Approved On :** 28-Jan-2023 03:08 PM

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**TEST REPORT**

<b>Reg. No</b> : 301101202	<b>Ref Id</b> :	<b>Collected On</b> : 28-Jan-2023 10:44 AM
<b>Name</b> : Mr. Dineshbhai K Patel		<b>Reg. Date</b> : 28-Jan-2023 10:44 AM
<b>Age/Sex</b> : 56 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9265388807
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Serum

**TSH** 4.230  $\mu$ U/ml 0.55 - 4.78  
*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  $\mu$ U/mL

Second Trimester : 0.2 to 3.0  $\mu$ U/mL

Third trimester : 0.3 to 3.0  $\mu$ U/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

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By : **Dr. Keyur Patel**

M.B.DCP

Generated On : 28-Jan-2023 06:06 PM

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**TEST REPORT**

<b>Reg. No</b> : 301101202	<b>Ref Id</b> :	<b>Collected On</b> : 28-Jan-2023 10:44 AM
<b>Name</b> : Mr. Dineshbhai K Patel		<b>Reg. Date</b> : 28-Jan-2023 10:44 AM
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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Serum

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

<b>*TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)</b>	0.37	ng/mL	0 - 4
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*CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY*

Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.


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

Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

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

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Approved By :   
Dr. Keyur Patel  
MB DCP

Generated On : 28-Jan-2023 06:06 PM

Approved On : 28-Jan-2023 01:13 PM

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**LABORATORY REPORT**

<b>Name</b> :	Mr. Dineshbhai K Patel	<b>Reg. No</b> :	301101202
<b>Sex/Age</b> :	Male/56 Years	<b>Reg. Date</b> :	28-Jan-2023 10:44 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	28-Jan-2023 02:22 PM

Electrocardiogram

Findings

Multiple APC+.

Rest Within Normal Limit.

This is an electronically authenticated report



**Dr. Jay Soni**  
M.D, GENERAL MEDICINE

DINESHBHAI

HR 122/min

Axis: 37°

PATEL

Intervals:

P 31°

34

RR 492 ms

T 152°

56 years

Male

P 102 ms

178 cm / 78 kg

PR 134 ms

P (II) 8.12 mV

QRS 86 ms

S (V1) -1.44 mV

QT 308 ms

R (V5) 1.93 mV

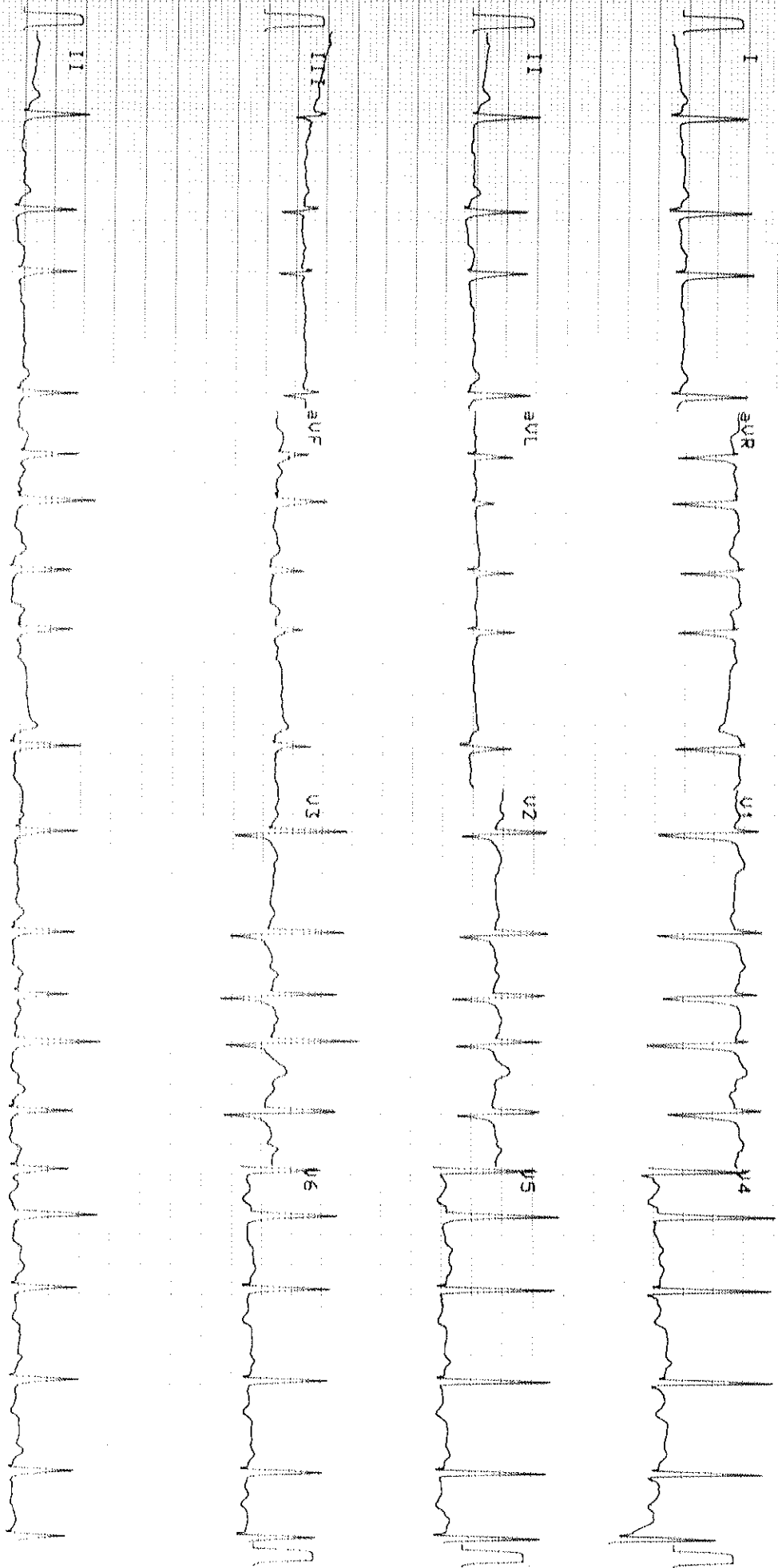
QTc 440 ms

Sokol. 3.37 mV

(Bazett)

10 mm/mV

10 mm/mV



25 mm/s

2.05-25 Hz F52 55F 53S

28.01.2023 12:29:46

CURIOUS HEALTHCARE

*[Handwritten Signature]*

28.01.2023 12:29:46



**LABORATORY REPORT**

<b>Name</b> :	Mr. Dineshbhai K Patel	<b>Reg. No</b> :	301101202
<b>Sex/Age</b> :	Male/56 Years	<b>Reg. Date</b> :	28-Jan-2023 10:44 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	28-Jan-2023 02:22 PM

**2D Echo Colour Doppler**

**OBSERVATION:**

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

1. Normal LV size. No RWMA at rest.
2. Normal RV and RA. Concentric LVH.
3. All Four valves are structurally normal.
4. Good LV systolic function. LVEF = 60%.
5. Stage I diastolic dysfunction.
6. Trivial TR. Mild MR. No AR.
7. Mild PAH. RVSP = 46 mmHG.
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. Concentric LVH . Stage I diastolic dysfunction
3. Trivial TR with Mild 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. Dineshbhai K Patel	Reg. No	: 301101202
Sex/Age	: Male/56 Years	Reg. Date	: 28-Jan-2023 10:44 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 28-Jan-2023 03:18 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.

**42x36 mm sized simple cortical cyst in mid pole of right kidney.**

**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.

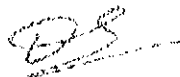
No evidence of para-aortic lymph adenopathy.

No evidence of dilated small bowel loops.

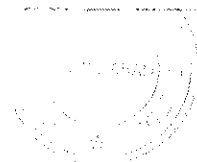
**COMMENTS :**

**Simple cortical cyst in mid pole of right kidney .**

This is an electronically authenticated report



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





**LABORATORY REPORT**

Name	: Mr. Dineshbhai K Patel	Reg. No	: 301101202
Sex/Age	: Male/56 Years	Reg. Date	: 28-Jan-2023 10:44 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 28-Jan-2023 03:19 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





**LABORATORY REPORT**

**Name** : Mr. Dineshbhai K Patel **Reg. No** : 301101202  
**Sex/Age** : Male/56 Years **Reg. Date** : 28-Jan-2023 10:44 AM  
**Ref. By** : **Collected On** :  
**Client Name** : Mediwheel **Report Date** : 28-Jan-2023 03:02 PM

**Eye Check - Up**

No Eye Complaints

**RIGHT EYE**

SP: +0.00

CY: -0.00

AX: 00

**LEFT EYE**

SP : +0.50

CY : -0.50

AX : 112

	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

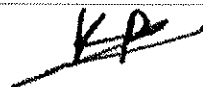
Fundus Examination - Within Normal Limits.

ColorVision : Normal

Comments: Normal

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

This is an electronically authenticated report



**Dr Kejal Patel**  
MB,DO(Ophth)

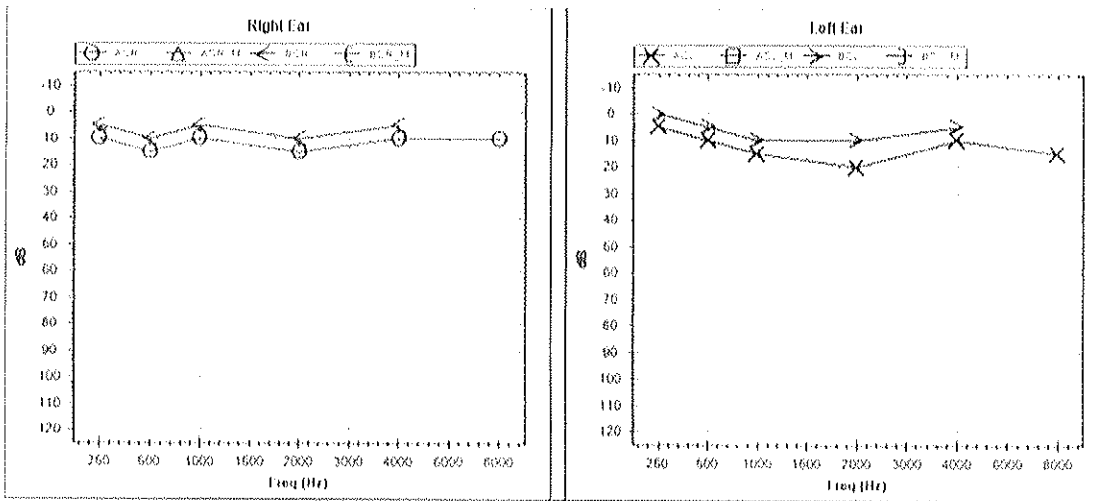
NAME:- DINESHBHAI PATEL.

ID NO :-

AGE:- 56Y/ M

Date:- 28/01/2023

## 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	11.5
BONE CONDUCTION		
SPEECH		

Comments:- Bilateral Hearing Sensitivity Within Normal Limits.

