

Issue Date: 22/12/2011



ભગવતીપ્રસાદ એલ તિવારી

Bhagwatiprasad L Tiwari

જન્મ તારીખ / DOB: 01/01/1970

પુરુષ / MALE

Mobiie No.: 9979017347

5722 4817 1961

VID : 9193 4090 8017 9370

મારો આધાર કાર્ડ, મારી ઓળખ

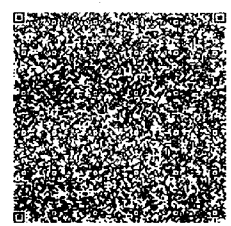
ભગવતીપ્રસાદ એલ તિવારી



ભારતીય આધાર પ્રાધિકરણ
India

સરનામું :
S/O ભાગવતપ્રસાદ તિવારી, વચ્ચ-પુલ, ઘનશ્યામ કોમ્પ્લેક્સ,
ચાંદલોડિયા રોડ, અમદાવાદ સીટી, અમદાવાદ,
ગુજરાત - 382481

Address:
S/O Lalitprashad Tiwari, Y-101, GHANSHYAM
COMPLEX, CHANDLODIA ROAD, Ahmadabad
City, Ahmadabad, Gujarat - 382481



5722 4817 1961
VID : 9193 4090 8017 9370



1947

help@uidai.gov.in

www.uidai.gov.in

8866660766



LABORATORY REPORT

Name : Mr. Bhagwatiprasad L Tiwari
Sex/Age : Male/54 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 408101325
Reg. Date : 30-Aug-2024 09:07 AM
Collected On :
Report Date : 30-Aug-2024 03:02 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) : 170

Weight (kgs) : 89.3

Blood Pressure : 180/80mmHg

Pulse :68 /Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

This is an electronically authenticated report



Dr. Parth S Patel
MBBS. MD. FNB

DR.MUKESH LADDHA



TEST REPORT

Reg. No : 408101325	Ref Id :	Collected On : 30-Aug-2024 09:13 AM
Name : Mr. Bhagwatiprasad L Tiwari		Reg. Date : 30-Aug-2024 09:07 AM
Age/Sex : 54 Years / Male	Pass. No. :	Tele No. : 8866660766
Ref. By :		Dispatch At :
Sample Type : EDTA		Location : CHPL

Parameter	Results	Unit	Biological Ref. Interval
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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (Colorimetric method)	13.7	g/dL	13.5 - 18
Hematocrit (Calculated)	L 39.90	%	40 - 50
RBC Count (Electrical Impedance)	4.73	million/cmm	4.73 - 5.5
MCV (Calculated)	84.3	fL	83 - 101
MCH (Calculated)	28.8	Pg	27 - 32
MCHC (Calculated)	34.2	%	31.5 - 34.5
RDW (Calculated)	H 14.6	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	6680	/cmm	4000 - 10000
MPV (Calculated)	10.8	fL	6.5 - 11.5

<u>DIFFERENTIAL WBC COUNT</u>	[%]		<u>EXPECTED VALUES</u>	[Abs]	<u>EXPECTED VALUES</u>
Neutrophils (%)	48.40	%	40 - 80	3233 /cmm	2000 - 7000
Lymphocytes (%)	H 42.00	%	20 - 40	2806 /cmm	1000 - 3000
Eosinophils (%)	1.60	%	0 - 6	508 /cmm	200 - 1000
Monocytes (%)	7.60	%	2 - 10	107 /cmm	20 - 500
Basophils (%)	0.40	%	0 - 2	27 /cmm	0 - 100

PERIPHERAL SMEAR STUDY

RBC Morphology Normocytic and Normochromic.
WBC Morphology Normal


PLATELET COUNTS

Platelet Count (Electrical Impedance) 156000 /cmm 150000 - 450000
Electrical Impedance
Platelets Platelets are adequate with normal morphology.
Parasites Malarial parasite is not detected.
Comment -

We/Laboratory hereby declare that we may require to place some information in the public domain/available publicly because of regulatory/statutory requirements.

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* This test has been out sourced.

Approved By : 
Dr. Purvish Darji
MD (Pathology)

Approved On : 30-Aug-2024 10:11 AM



TEST REPORT

Reg. No : 408101325 Ref Id : Collected On : 30-Aug-2024 09:13 AM
Name : Mr. Bhagwatiprasad L Tiwari Reg. Date : 30-Aug-2024 09:07 AM
Age/Sex : 54 Years / Male Pass. No. : Tele No. : 8866660766
Ref. By : Dispatch At :
Sample Type : EDTA Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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HEMATOLOGY

BLOOD GROUP & RH

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

ABO	"A"
Rh (D)	Positive
Note	-

ERYTHROCYTE SEDIMENTATION RATE [ESR]

ESR 1 hour <i>Westergreen method</i>	06	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 or the red cells such as poikilocytosis, spherocytosis or sickle cells.

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Approved By : 
Dr. Purvish Darji
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Approved On : 30-Aug-2024 02:59 PM
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TEST REPORT

Reg. No : 408101325	Ref Id :	Collected On : 30-Aug-2024 09:13 AM
Name : Mr. Bhagwatiprasad L Tiwari		Reg. Date : 30-Aug-2024 09:07 AM
Age/Sex : 54 Years / Male	Pass. No. :	Tele No. : 8866660766
Ref. By :		Dispatch At :
Sample Type : Flouride F, Flouride PP		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	179.60	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i>	204.5	mg/dL	70 - 140

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TEST REPORT


Reg. No : 408101325	Ref Id :	Collected On : 30-Aug-2024 09:13 AM
Name : Mr. Bhagwatiprasad L Tiwari		Reg. Date : 30-Aug-2024 09:07 AM
Age/Sex : 54 Years / Male	Pass. No. :	Tele No. : 8866660766
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
Lipid Profile			
Cholesterol	256.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	293.20	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	43.50	mg/dL	Low : <40 High : >60
<i>Accelerator selective detergent method</i>			
LDL	153.86	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	58.64	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	3.54		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	5.89		0 - 5.0
<i>Calculated</i>			

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Approved By : 
 Dr. Purvish Darji
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Approved On : 30-Aug-2024 01:53 PM



TEST REPORT

Reg. No : 408101325	Ref Id :	Collected On : 30-Aug-2024 09:13 AM
Name : Mr. Bhagwatiprasad L Tiwari		Reg. Date : 30-Aug-2024 09:07 AM
Age/Sex : 54 Years / Male	Pass. No. :	Tele No. : 8866660766
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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LFT WITH GGT

Total Protein	7.42	gm/dL	1Day: 3.4-5.0 1Day to 1Month: 4.6-6.8 2 to 12Months: 4.8-7.6 >=1Year : 6.0-8.0 Adults : 6.6-8.7
<i>Biuret Reaction</i>			
Albumin	5.54	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)	1.88	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	2.95		0.8 - 2.0
SGOT	23.20	U/L	0 - 35
<i>UV without P5P</i>			
SGPT	25.30	U/L	0 - 45
<i>UV without P5P</i>			
Alakaline Phosphatase	104.6	IU/l	41 - 137
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			

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TEST REPORT

Reg. No : 408101325 **Ref Id** :
Name : Mr. Bhagwatiprasad L Tiwari
Age/Sex : 54 Years / Male **Pass. No.** :
Ref. By :
Sample Type : Serum
Collected On : 30-Aug-2024 09:13 AM
Reg. Date : 30-Aug-2024 09:07 AM
Tele No. : 8866660766
Dispatch At :
Location : CHPL

Total Bilirubin 0.43 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 0.12 mg/dL 0.0 - 0.4

Vanadate Oxidation

Indirect Bilirubin 0.31 mg/dL 0.0 - 1.1

Calculated


GGT 35.90 U/L < 55

SZASZ kinetic Method

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Name : Mr. Bhagwatiprasad L Tiwari **Reg. Date** : 30-Aug-2024 09:07 AM
Age/Sex : 54 Years / Male **Pass. No.** : **Tele No.** : 8866660766
Ref. By : **Dispatch At** :
Sample Type : Serum **Location** : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	4.76	mg/dL	3.5 - 7.2
Creatinine <i>Enzymatic Method</i>	0.89	mg/dL	0.7 - 1.3
BUN <i>UV Method</i>	11.30	mg/dL	6.0 - 20.0

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TEST REPORT

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Name : Mr. Bhagwatiprasad L Tiwari		Reg. Date : 30-Aug-2024 09:07 AM
Age/Sex : 54 Years / Male	Pass. No. :	Tele No. : 8866660766
Ref. By :		Dispatch At :
Sample Type : EDTA		Location : CHPL

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

*Hb A1C	8.3	% 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	191.51	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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MD (Pathology)

Approved On : 31-Aug-2024 12:40 PM
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TEST REPORT

Reg. No : 408101325 Ref Id : Collected On : 30-Aug-2024 09:13 AM
Name : Mr. Bhagwatiprasad L Tiwari Reg. Date : 30-Aug-2024 09:07 AM
Age/Sex : 54 Years / Male Pass. No. : Tele No. : 8866660766
Ref. By : Dispatch At :
Sample Type : Urine Spot Location : CHPL

Test	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity	30 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	7.5	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	Nil
Nitrite	Nil	Nil
Blood	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	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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Approved On : 30-Aug-2024 01:08 PM
Page 9 of 18



TEST REPORT

Reg. No	: 408101325	Ref Id	:	Collected On	: 30-Aug-2024 09:13 AM
Name	: Mr. Bhagwatiprasad L Tiwari	Reg. Date	:	30-Aug-2024 09:07 AM	
Age/Sex	: 54 Years / Male	Pass. No.	:	Tele No.	: 8866660766
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) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	1.15	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) <i>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</i>	12.40	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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MD (Pathology)

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TEST REPORT

Reg. No : 408101325	Ref Id :	Collected On : 30-Aug-2024 09:13 AM
Name : Mr. Bhagwatiprasad L Tiwari		Reg. Date : 30-Aug-2024 09:07 AM
Age/Sex : 54 Years / Male	Pass. No. :	Tele No. : 8866660766
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

TSH 2.070 μ 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 μ IU/mL

Second Trimester : 0.2 to 3.0 μ IU/mL


Third trimester : 0.3 to 3.0 μ IU/mL

Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders, 2012:2170

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TEST REPORT

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Age/Sex : 54 Years / Male	Pass. No. :	Tele No. : 8866660766
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) <small>CMIA</small>	0.25	ng/mL	0 - 4
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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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Page 14 of 1



LABORATORY REPORT

Name : Mr. Bhagwatiprasad L Tiwari
Sex/Age : Male/54 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 408101325
Reg. Date : 30-Aug-2024 09:07 AM
Collected On :
Report Date : 30-Aug-2024 12:57 PM

Electrocardiogram

Findings

Generaljed t wave inversion.

Advice.2d echo.

This is an electronically authenticated report



Dr. Parth S Patel
MBBS. MD. FNB

DR.MUKESH LADDHA

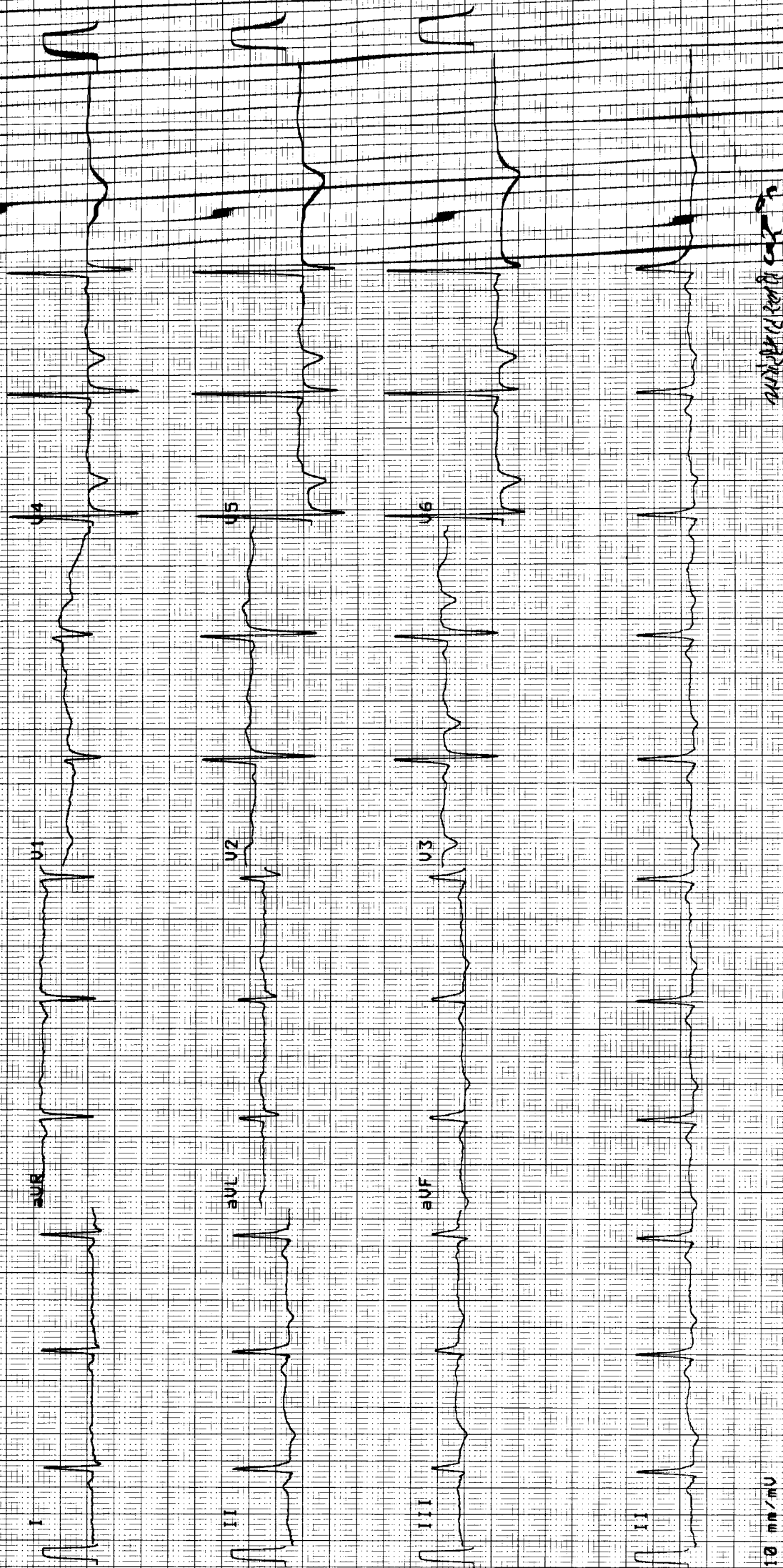
Bhagwati prasad
 Tiwar
 13
 Male
 55 years
 170 cm / 89 kg

HR 68/min
 Axis: P 42°
 QRS 38°
 T -64°

Intervals:
 RR 879 ms
 P 106 ms
 PR 126 ms
 QRS 100 ms
 QT 372 ms
 QTc 400 ms
 (Bazett)
 10 mm/mV

Generalized T wave inversion
 ASD, 2p Echo

10 mm/mV



10 mm/mV

CUROVIS HEALTHCARE

Part No.2.157048M
 CE 0123

6:55:25 AM 150 557 565 10:30:2024 10:55:00
 CURUVIS HEALTHCARE

10:55:00
 CE 0123

S.B.C



LABORATORY REPORT


Name : Mr. Bhagwatiprasad L Tiwari
Sex/Age : Male/54 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 408101325
Reg. Date : 30-Aug-2024 09:07 AM
Collected On :
Report Date : 30-Aug-2024 12:57 PM

2D Echo Colour Doppler

1. Normal sized LA, LV, RA, RV.
2. Fair LV systolic function, LVEF: 55 %.
3. No RWMA.
4. Reduced LV compliance.
5. All cardiac valves are structurally normal.
6. Trivial MR, Mild TR, Trivial PR, Trivial AR.
7. Mild PAH, RVSP: 36 mmHg, AOVP: 1.5 m/s, PVP: 0.85 m/s
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.

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MBBS. MD. FNB

DR.MUKESH LADDHA



LABORATORY REPORT

Name	: Mr. Bhagwatiprasad L Tiwari	Reg. No	: 408101325
Sex/Age	: Male/54 Years	Reg. Date	: 30-Aug-2024 09:07 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 30-Aug-2024 03:32 PM

X RAY CHEST PA

Both lung fields shows prominent broncho-vascular markings.

No evidence of any active infiltrations or consolidation.

Mild cardiomegaly

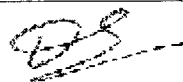
Both costo-phrenic angles appear free of fluid.

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.

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

This is an electronically authenticated report



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



LABORATORY REPORT

Name	: Mr. Bhagwatiprasad L Tiwari	Reg. No	: 408101325
Sex/Age	: Male/54 Years	Reg. Date	: 30-Aug-2024 09:07 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 30-Aug-2024 01:22 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 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 : grade II fatty liver

Gas filled bowel loops

This is an electronically authenticated report



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



LABORATORY REPORT

Name : Mr. Bhagwatiprasad L Tiwari
Sex/Age : Male/54 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 408101325
Reg. Date : 30-Aug-2024 09:07 AM
Collected On :
Report Date : 30-Aug-2024 03:32 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: +2.50

CY: -0.50

AX: 57

LEFT EYE

SP : +2.50

CY : -0.75

AX :171

	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

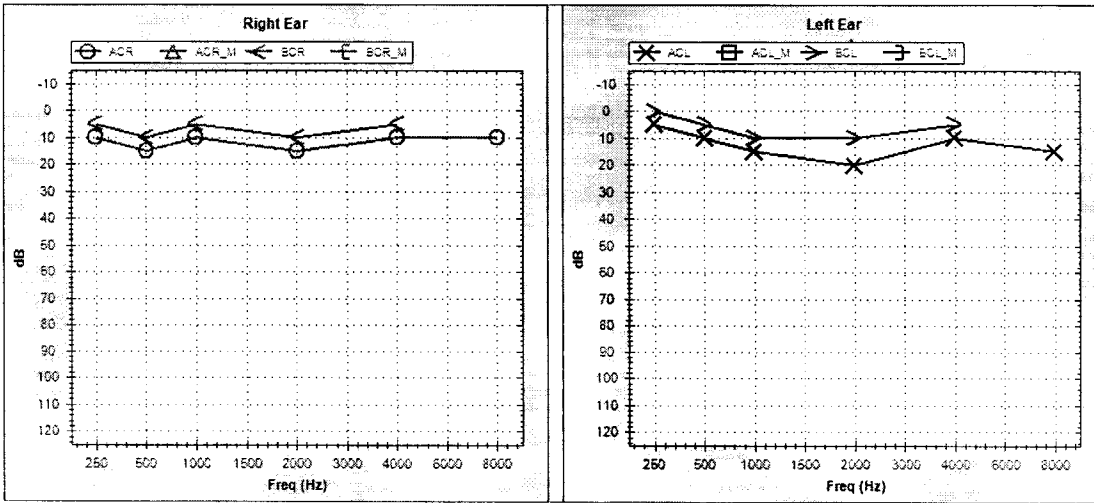


LABORATORY REPORT

Name : Mr. Bhagwatiprasad L Tiwari
Sex/Age : Male/54 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 408101325
Reg. Date : 30-Aug-2024 09:07 AM
Collected On :
Report Date : 30-Aug-2024 03:32 PM

AUDIOGRAM



EAR \ MODE	Air Conduction		Bone Conduction		Colour Code
	Masked	UnMasked	Masked	UnMasked	
LEFT	□	X	⊞	>	Blue
RIGHT	△	○	⇐	<	Red
NO RESPONSE: Add ↓ below the respective symbols					

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

Comments: - Bilateral Hearing Sensitivity Within Normal Limits.

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MBBS. MD. FNB