

			LABORATORY REPORT			
Name	:	Mr. Hiren Bhagat		Reg. No	:	312101149
Sex/Age	:	Male/41 Years		Reg. Date	:	23-Dec-2023 09:17 AM
Ref. By	:			Collected On	:	
Client Name	:	Mediwheel		Report Date	:	23-Dec-2023 01:37 PM

Medical Summary

GENERAL EXAMINATION

Height (cms):174

Weight (kgs):104.8

Blood Pressure: 126/86mmHg

Pulse: 88/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy - N/A

This is an electronically authenticated report

M.D, GENERAL MEDICINE

AHMEDABAD

Page 3 of 5



मुहारा - आम आदमी का अधिकार

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



HI ST.

ના દ્વારા: દિગેશપન્દ્ર, 27,શ્રેનિક પાર્ક, રાદેર રોડ, નવચુગ કોલેજ પાછળ, યુરત, સુરત, નવચુગ કોલેજ, સુરત સિટી, યુરત, ગુજરાત, 395009

Address:
, S/o: Dineshchandra, 27, Shrenik
Park, Rander Road, B/h. Navyug
College, Surat, Surat, Navyug
College, Surat City, Surat, Gujarat,
395009

help@uidai.gov.in www.uldai.gov.in P.O. Box No. 1947, Bengaluru-660 001







Reg. No

: 312101149

Ref Id

Collected On

: 23-Dec-2023 09:17 AM

Name

: Mr. Hiren Bhagat

Reg. Date

: 23-Dec-2023 09:17 AM

Age/Sex

Tele No.

: 9712990255

: 41 Years / Male Pass. No. :

Dispatch At

Ref. By

CHD

Sample Type : EDTA				Location	; C	HPL
Parameter	Results		Unit	Biological	Ref. Inte	erval
	CON	IPLET	E BLOOD COUNT (CB	(C)		
Hemoglobin (Colorimetric method)	13.9		g/dL	13.5 - 18		
Hematrocrit (Calculated)	41.70		%	40 - 50		
RBC Count (Electrical Impedance)	5.05		million/cmm	4.73 - 5.5		
MCV (Calculated)	L 82.6		fL	83 - 101		
MCH (Calculated)	27.4		Pg	27 - 32		
MCHC (Calculated)	33.2		%	31.5 - 34.5		
RDW (Calculated)	L 11.0		%	11.5 - 14.5		
WBC Count Flowcytometry with manual Microscopy	7410		/cmm	4000 - 100	00	
MPV (Calculated)	9.8		fL	6.5 - 11.5		
DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[Abs]	l	EXPECTED VALUES
Neutrophils (%)	56	%	40 - 80	4150	/cmm	2000 - 7000
Lymphocytes (%)	35	%	20 - 40	2594	/cmm	1000 - 3000
Eosinophils (%)	02	%	0 - 6	519	/cmm	200 - 1000
Monocytes (%)	07	%	2 - 10	148	/cmm	20 - 500
Basophils (%)	00	%	0 - 2	0	/cmm	0 - 100
PERIPHERAL SMEAR STUDY						
RBC Morphology	Normocy	tic and l	Normochromic.			
WBC Morphology	Normal					
PLATELET COUNTS						
Platelet Count (Electrical Impedance Electrical Impedance	e) 361000		/cmm	150000 - 4	50000	
Platelets	Platelets	are ade	equate with normal morpho	ology.		
Parasites	Malarial _I	oarasite	is not detected.			
Comment	-					

This is an electronically authenticated report.

* This test has been out sourced.

Approved By:

Dr. Deep Patel

MD (Pathology)

Approved On:

23-Dec-2023 10:14 AM Page 1 of 12

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075







TEST REPORT Reg. No : 312101149 Ref Id

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: 23-Dec-2023 09:17 AM

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Ref. By

/ Male

Dispatch At

Sample Type : EDTA

Location

: CHPL

Parameter

Result

Unit

Biological Ref. Interval

HEMATOLOGY

BLOOD GROUP & RH

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

ABO

"O"

Rh (D)

Positive

Note

ERYTHROCYTE SEDIMANTATION RATE [ESR]

ESR 1 hour Westergreen method 04

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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23-Dec-2023 02:14 PM Page 2 of 12

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Name

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/ Male

Pass. No.

Collected On

: 23-Dec-2023 09:17 AM

Reg. Date

: 23-Dec-2023 09:17 AM

Tele No.

: 9712990255

Dispatch At

CHDI Location

Sample Type: Serum, Flouride PP		Location	: CHPL
Parameter	Result	Unit	Biological Ref. Interval
	BIO - CHEMISTRY		
Fasting Blood Sugar (FBS) GOD-POD Method	102.20	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) GOD-POD Method	114.2	mg/dL	70 - 140

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23-Dec-2023 01:09 PM Page 3 of 12

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075

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

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\$\cdot\ \text{www.curovis.co.in}\$







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/ Male

Pass. No. : Tele No. : 9712990255

Ref. By

Dispatch At

Sample Type : Serum

Location : CHPL

Sample Type : Serum		Location	CHPL
Parameter	Result	Unit	Biological Ref. Interval
	Lipid Profile		
Cholesterol	200.00	mg/dL	Desirable: <200.0 Borderline High: 200- 239 High: >240.0
Enzymatic, colorimetric method			
Triglyceride	98.80	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High: > 500.0
Enzymatic, colorimetric method			
HDL Cholesterol	41.00	mg/dL	Low: <40 High: >60
Accelerator selective detergent method			
LDL Calculated	139.24	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130- 159 High : 160-189 Very High : >190.0
VLDL	40.70		15 05
VLDL Calculated	19.76	mg/dL	15 - 35
LDL / HDL RATIO Calculated	3.40		0 - 3.5
Cholesterol /HDL Ratio	4.88		0 - 5.0

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Approved By:

Dr. Deep Patel

MD (Pathology)

Approved On:

23-Dec-2023 10:49 AM Page 4 of 12





Reg. No

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Dispatch At

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Location

: CHPL

Sample Type : Serum

Parameter

Result

Unit

Biological Ref. Interval

IMMUNOLOGY

THYROID FUNCTION TEST

T3 (Triiodothyronine)

CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

1.08

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)

CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY

8.90

µg/dL

3.2 - 12.6

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

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

Limitations:

- 1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding
- 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.

This is an electronically authenticated report.

\+91 79 4039 2653

* This test has been out sourced.

Approved By:

Dr. Deep Patel

MD (Pathology)

Approved On:

C+91 75730 30001 Info@curovis.co.in www.curovis.co.in

23-Dec-2023 11:09 AM Page 10 of 1

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075





: 312101149 Reg. No

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: 23-Dec-2023 09:17 AM

Age/Sex

: 41 Years / Male

Pass. No. Tele No. : 9712990255

Ref. By

Dispatch At

Location

: CHPL

Sample Type : Serum

TSH

CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY

1.450 uIU/ml

0.35 - 5.50

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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MD (Pathology)

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23-Dec-2023 11:09 AM Page 11 of 1





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Age/Sex

: 41 Years / Male

Pass. No. : Tele No. : 9712990255

Ref. By

Dispatch At

Sample Type: Serum

Location

: CHPL

Parameter

Result

Unit Biological Ref. Interval

IMMUNOLOGY

TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)

0.53

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.

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

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Dr. Deep Patel

MD (Pathology)

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23-Dec-2023 10:58 AM Page 12 of 1

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075







Ref Id Reg. No : 312101149

Name : Mr. Hiren Bhagat

Age/Sex : 41 Years / Male

Ref. By

Pass. No.

Collected On

: 23-Dec-2023 09:17 AM

Reg. Date

: 23-Dec-2023 09:17 AM

Tele No.

: 9712990255

Dispatch At

Sample Type : Serum		Location	: CHPL
Parameter	Result	Unit	Biological Ref. Interval
	LFT WITH GGT		
Total Protein	6.94	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
Biuret Reaction			
Albumin	4.57	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
By Bromocresol Green			
Globulin (Calculated)	2.37	g/dL	2.3 - 3.5
A/G Ratio (Calulated)	1.93		0.8 - 2.0
SGOT UV without P5P	18.40	U/L	0 - 40
SGPT UV without P5P	18.90	U/L	0 - 40
Alakaline Phosphatase P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate	106.8	IU/I	53 - 128
Total Bilirubin	0.74	mg/dL	0.3 - 1.2
Vanadate Oxidation			
Direct Bilirubin	0.15	mg/dL	0.0 - 0.4
Vanadate Oxidation			
Indirect Bilirubin	0.59	mg/dL	0.0 - 1.1
Calculated			
GGT	17.30	U/L	< 55
SZASZ Method			

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Approved By:

Dr. Deep Patel

MD (Pathology)

Approved On:

23-Dec-2023 10:49 AM Page 5 of 12

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075







Ref Id Reg. No : 312101149

: Mr. Hiren Bhagat

: 41 Years Age/Sex

Name

Ref. By

/ Male

Pass. No. :

Collected On

: 23-Dec-2023 09:17 AM

Reg. Date

: 23-Dec-2023 09:17 AM

Tele No.

: 9712990255

Dispatch At

Location

· CHPI

Sample Type : Serum		Location	: CHPL
Parameter	Result	Unit	Biological Ref. Interval
	BIO - CHEMISTRY		
Uric Acid Enzymatic, colorimetric method	4.92	mg/dL	3.5 - 7.2
Creatinine Enzymatic Method	0.92	mg/dL	0.9 - 1.3
BUN UV Method	8.20	mg/dL	6.0 - 20.0

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Approved By:

Dr. Deep Patel

MD (Pathology)

Approved On:

23-Dec-2023 10:44 AM Page 6 of 12

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075 'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat





: 312101149 Ref Id Reg. No

Name : Mr. Hiren Bhagat

: 41 Years / Male Pass. No.

Collected On

: 23-Dec-2023 09:17 AM

Reg. Date

: 23-Dec-2023 09:17 AM

Tele No.

: 9712990255

Dispatch At

Location

: CHPL

Parameter Result Unit Biological Ref. Interval

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

*Hb A1C

Age/Sex

Ref. By

5.2

% of Total Hb

Normal: < 5.7 %

Pre-Diabetes: 5.7 % -

64%

Diabetes: 6.5 % or

higher

Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose

Sample Type : EDTA

102.54

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.

- *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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Approved By:

Dr. Deep Patel

MD (Pathology)

Approved On:

23-Dec-2023 04:18 PM Page 7 of 12

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075







: 312101149

TEST REPORT

Collected On

: 23-Dec-2023 09:17 AM

Name

: Mr. Hiren Bhagat

Reg. Date

: 23-Dec-2023 09:17 AM

Age/Sex

Reg. No

: 41 Years / Male

Pass. No.

Tele No.

: 9712990255

Ref. By

Ref Id

Dispatch At

Sample Type: Urine Spot

Location

: CHPL

Test

Result

Unit

Biological Ref. Interval

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity

20 cc

Colour

Pale Yellow

Clarity

Clear

Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

рΗ

5.0

4.6 - 8.0

Sp. Gravity

1.025

Protein

1.001 - 1.035

Nil

Nil Nil

Glucose **Ketone Bodies** Nil

Urobilinogen

Nil Nil Nil Nil

Bilirubin

Nil

Nitrite Blood

Nil

Nil

Nil

Nil

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells) Erythrocytes (Red Cells) **Epithelial Cells**

Nil Nil Nil

2 - 3/hpf

Nil

Crystals

Nil

Absent

Absent

Casts

Absent

Absent

Amorphous Material Bacteria

Absent Absent Absent Absent

Remarks

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Approved By:

Dr. Deep Patel

MD (Pathology)

Approved On:

23-Dec-2023 19:52 AM Page 8 of 12

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075



LABORATORY REPORT Mr. Hiren Bhagat Name Reg. No 312101149 Male/41 Years Sex/Age Reg. Date 23-Dec-2023 09:17 AM Ref. By **Collected On Client Name** Mediwheel **Report Date** 23-Dec-2023 01:13 PM

Electrocardiogram

Findings

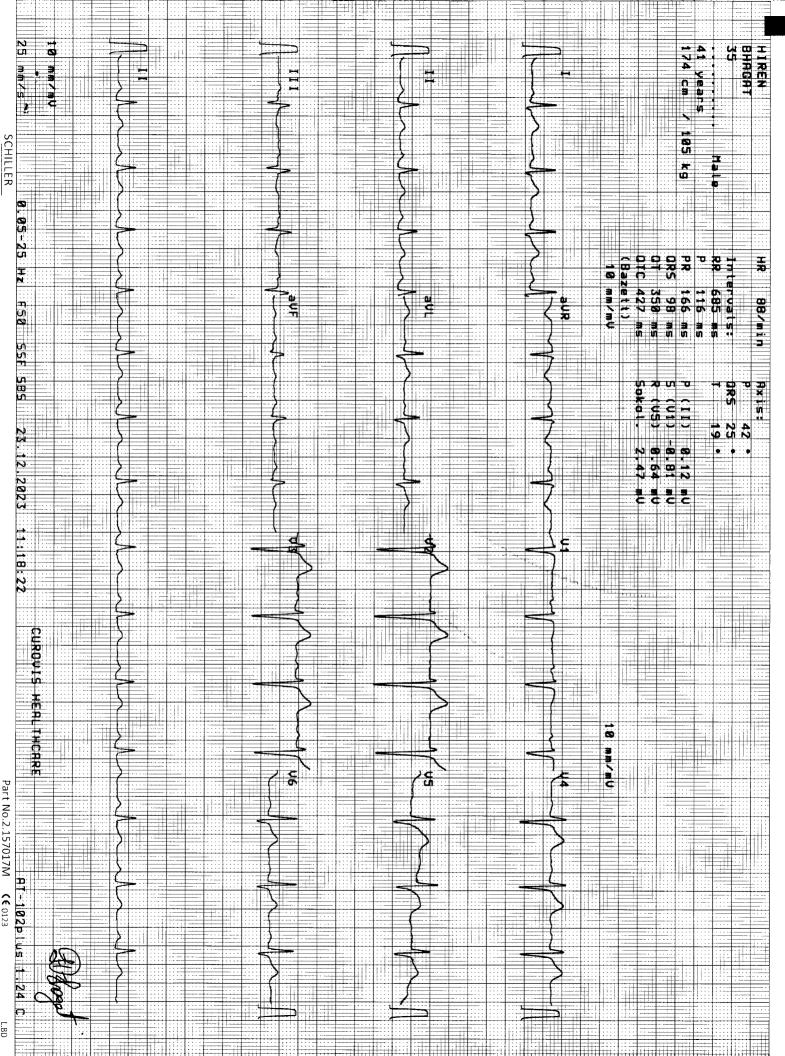
Normal Sinus Rhythm.

Within Normal Limit.

This is an electronically authenticated report

Dr.Jay SoniM.D, GENERAL MEDICINE

Page 1 of 5





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Ref. By	:			Collected On	:	
Client Name	:	Mediwheel		Report Date	:	23-Dec-2023 01:13 PM

2D Echo Colour Doppler

- 1. Concentric LVH.
- 2. Normal sized LA, LV, RA, RV.
- 3. Normal LV systolic function, LVEF: 60%.
- 4. No RWMA.
- 5. Stage I diastolic dysfunction.
- 6. All cardiac valves are structurally normal.
- 7. Mild MR, Trivial TR, Trivial PR, No AR.
- 8. Mild PAH, RVSP: 42 mm Hg.
- 9. IAS/IVS: Intact.
- 10. No clot/vegetation/pericardial effusion.
- 11. No coarctation of aorta.

This is an electronically authenticated report

Dr.Jay Soni

M.D, GENERAL MEDICINE

Page 2 of 5



Name: Hiren Bhagat

M MODE FINDINGS:

MITRAL VALVE	OBSERVED	NORMAL VALUES	LV FUNCTION		
Anterior leaflet	Normal		LVA(d):		
EF Slope		70-150mm/sec	LVL (d):		
Opening Amplitude			LVA(s):		
Posterior leaflet	Normal		LVL(s):		
E.P.S.S.		mm	LVV(d):		
Mitral Valve Prolapse	No		LVV(s):		
Vegetation	No		LVEF : 60%		
TRICUSPID VALVE		LV COMPLIANCE	<u> </u>		
Normal		Stage I diastolic dysfunction			

r	OBSERVED	NORMAL VALUES	MV	O AREA		
VALVE						
EF Slope		6-115 mm	Ву	Planimetry:		
A' Wave -						
Midsystolic notch -	<u>-</u>		Ву	PHT :		
Flutter -						
Other Findings						
DIMENSIONS:	<u> </u>			AORTIC VALVE		
1. Lvd. (Diastole)	46 mm			Cuspal Opening	16mm	
2. Lvd. (Systole)	28 mm	24-42 m	m	Closure line	Central	
3. RVID (Diastole)	13mm	7-23 m	m	Eccentricity index	1	
4. IVS (Diastole)	12mm			Other findings	Absent	
5. IVS (Systole)	14mm					— <u> </u>
6. LVPWT (Diastole	e) 12mm	6-11 m	m			
7. LVPM (Systole)	12mm					
8. Aortic root	32 mm	22-37 m	m			
9. Left Atrium:	36 mm	19-40 m	m			
10. LVEF	60%					

STRUCTURE	REGURG	VELOCITY1	GRADIENT
	GRADING	m/sec	5 Mm Hg
		Max/Mean	Peak/Mean
MITRAL VALVE	Mild	0.90	3.30
TRICUSPID VALVE	Trivial	0.58	1.40
PULMONARY VALVE	Trivial	0.75	2.25
AORTIC	No	1.20	6.0



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Ref. By	:		Collected On	:	
Client Name	:	Mediwheel	Report Date	:	23-Dec-2023 01:18 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.

This is an electronically authenticated report

E---

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

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Ref. By	:			Collected On	:	
Client Name	:	Mediwheel		Report Date	:	25-Dec-2023 09:28 AM

USG ABDOMEN

Liver appears normal in size & **increased in 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.

<u>COMMENTS</u> :	
Grade I fatty liver.	
	End Of Report

This is an electronically authenticated report

DR DHAVAL PATEL
Consultant Radiologist
MR DMRF

MB,DMRE Reg No:0494 AMITEDABAD -

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			LABORATORY REPORT			
Name	:	Mr. Hiren Bhagat		Reg. No	:	312101149
Sex/Age	:	Male/41 Years		Reg. Date	:	23-Dec-2023 09:17 AM
Ref. By	:			Collected On	:	
Client Name	:	Mediwheel		Report Date	:	23-Dec-2023 02:37 PM

Eye Check - Up

No Eye Complaints

	Without Glasses	With Glasses
Right Eye		6/5
Left Eye	6/36	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)

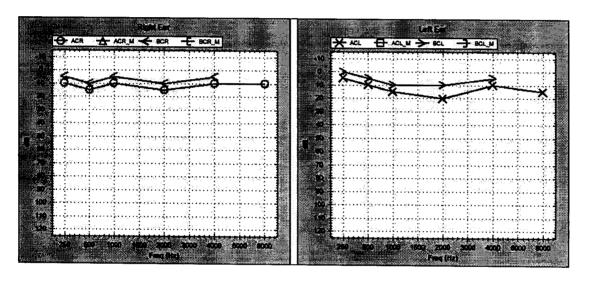
AHMEDABAD

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AUDIOGRAM



	Air Conduction		Bone Co			
EAR	Masked	UnMasked	Masked	UnMasked	Code	
LEFT	0	X	כ	>	Blue	
RIGHT	Δ	0	Е	(Red	

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

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

-- End Of Report -----

This is an electronically authenticated report

Dr Kejal Patel

MB,DO(Ophth)

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