

26590 041124	Registration II	D :	26590	Sample Collection	: 04/11/2024 09:18:15
Name : MR. KAI	RTIK GORI			Sample Received	: 04/11/2024 09:18:15
Age/Sex : 30 Yrs. /	M Printed	:	05/11/2024 15:26:51	Report Released	: 04/11/2024 14:07:13
Ref. By : J M FIN, SERVIC	,	:	Arcofemi Healthcare Pvt I	_td	

		С	OMPLETE BLOOD) COUNT
Test		Result	Unit	Biological Ref Range
Hemoglobin	:	12.5	g/dL	13-18 g/dL
(SLS) Photometric				
Total RBC	:	6.00	10^6/μL	3.0-6.0 10^6/μL
(Electrical Impedence)		40.1	0/	
Hematocrit (PCV)	:	43.1	%	36-54 %
Mean Corpuscular Volume (MCV) (calulated)	:	71.8	fL	78-101 fL
Mean Corpuscular Hemoglobin	:	20.8	pg	27-32 pg
(MCH)				
(Calculated) Mean Corpuscular Hemoglobin	:	29.0	g/dL	31.5-34.5 g/dL
Concentration (MCHC)	•	_0.0	9, 42	
(Calculated)				
Red Cell Distribution Width (RDW)	. :	17.00	%	12-15 %
CV)	•			
(Electrical Impedence)				
Total Leucocytes Count	:	5700	/cumm	4000-11000 /cumm
(Light Scattering)		45	0/	
Neutrophils	:	45	%	40-75 %
(Calculated)				
Eosinophils Percentage	:	02	%	1-6 %
(Calculated)				
Lymphocyte Percentage	:	45	%	20-45 %
(Calculated)				
Basophils Percentage	:	0	%	0-1 %
(Calculated)				
Monocytes Percentage	:	08	%	1-10 %
(Calculated)				
RBC Morphology	:	Normocytic,	Normochromic	
WBC Morphology	:	Normal Mor	ohology	
Platelet Count (Electrical Impedence)	:	237000	/ul	150000-450000 /ul
Platelets on Smear	:	Adequate		Adequate
E.S.R	:	07	mm at 1hr	0-20 mm at 1hr
Sample Type:EDTA whole blood(Westergren)				

Sample Type:EDTA whole blood(Westergren)

Sample Type : EDTA Whole Blood Test done with THREE PART CELL COUNTER (Sysmex KX-21)

*All Samples Processed At Excellas Clinics Mulund Centre .

*ESR NOT IN NABL scope.





Dr. Santosh Khairnar M.D. (Pathologist) Reg. No.-2000/08/2926





Sample Collection

Sample Received

Name	: MR. KARTIK GORI

Age/Sex : 30 Yrs. / M Ref. By : J M FINANCE

SERVICES LTD

Printed

: 05/11/2024 15:26:51

Sent By : A

Registration ID : 26590

: Arcofemi Healthcare Pvt Ltd

51 Report Released

: 04/11/2024 09:18:15

: 04/11/2024 09:18:15

: 04/11/2024 14:07:13

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:07:13)

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



Dr. Santosh Khairnar M.D. (Pathologist) Reg. No.-2000/08/2926



DIAGNOSTICS | IMAGING | VACCINATION | CONSULTATIONS | CORPORATE HEALTH CHECK-UPS

HEL)



: MR. KARTIK GORI Name Age/Sex : 30 Yrs. / M Ref. By : J M FINANCE Sent By SERVICES LTD

Printed

Registration ID : 26590

: 05/11/2024 15:26:51

: Arcofemi Healthcare Pvt Ltd

Sample Collection Sample Received **Report Released**

: 04/11/2024 09:18:15 : 04/11/2024 09:18:15

: 04/11/2024 14:30:49

Test	ougui	Result	Post Prandial Blood Su	Biological Ref. Range
GLUCOSE (SUGAR) FASTING,	:	111	mg/dL	Non-Diabetic: < 100 mg/dl
(Fluoride Plasma Used)				Impaired Fasting Glucose: 100- 125 mg/dl Diabetic: >/= 126 mg/d
Method: GOD-POD				
GLUCOSE (SUGAR) PP, (Fluoride Plasma Used)	:	79	mg/dl	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140

Test Done on - Automated Biochemistry Analyzer (EM 200)

*All Samples Processed At Excellas Clinics Mulund Centre .

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:30:49)

HbA1c (Whole Blood)				
Test		Result	Unit	Reference Range
HbA1C-Glycosylated Haemoglobin	:	5.50	%	Non-diabetic: 4-6
				Excellent Control: 6-7
				Fair to good control: 7-8
				Unsatisfactory control: 8-10
				Poor Control: >10
EDTA Whole Blood, Method: HPLC				
Estimated Average Glucose (eAG)	:	111.15	mg/dl	65.1-136.3 mg/dL mg/dl
EDTA Whole Blood, Method: Calculated				

Interpretation:

1.The term HbA1c refers to Glycated Haemoglobin. Measuring HbA1c gives an overall picture of what the average blood sugar levels have been over a period of weeks/month. Higher the HbA1c, the greater the risk of developing diabetes-related complications.

2.HbA1c has been endorsed by clinical groups and ADA (American Diabetes Assocation) guidelines 2012, for the diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is between 4-6%. Patients with HBA1c value between 6.0-6.5% are considered at risk for developing diabetes in the future. Trends in HbA1c area a better indicator of glucose control than standalone test.

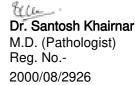
3.To estimate the eAG from the HbA1c value, the following equation is used: eAG(mg/dl) =28.7*A1c-46.7.

4. Diabetic must aspire to keep values under 7% to avoid the various complications resulting from diabetes.

*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 17:37:58)











26590 041124 Name : MR. KARTIK GORI Age/Sex : 30 Yrs. / M	Registration ID Printed	: 26590 : 05/11/2024 15:26	Sample Collection Sample Received :51 Report Released	: 04/11/2024 09:18:15 : 04/11/2024 09:18:15 : 04/11/2024 14:30:49			
Ref. By : J M FINANCE SERVICES LTD	Sent By	: Arcofemi Healthc	·				
	BLOOD GROUP						
Test	Test Result Unit Biological Ref. Range						
Blood Group	: 'O' Rh Po	OSITIVE					
Slide and Tube AggIlutination Test							
(Collected At: 04/11/2024 09:18:15,	Received At: 04/11/202	24 09:18:15, Reported	At: 04/11/2024 14:50:18)				
End Of Report							



Dr. Santosh Khairnar M.D. (Pathologist) Reg. No.-2000/08/2926





26590 041124	Registration ID) : 26590	Sample Collection	: 04/11/2024 09:18:15
Name : MR. KAF	RTIK GORI		Sample Received	: 04/11/2024 09:18:15
Age/Sex : 30 Yrs. /	M Printed	: 05/11/2024 15:26:51	Report Released	: 04/11/2024 14:31:03
Ref. By : J M FINA SERVICI	,	: Arcofemi Healthcare Pvt	Ltd	

LIPID PROFILE					
Test		Result	Unit	Biological Ref. Range	
Total Cholesterol	:	117	mg/dl	Desirable: <200 Borderline high = 200-239 High: > 239	
Serum, Method: CHOD-PAP					
S. Triglyceride	:	48	mg/dl	Desirable: <161 Borderline High: 161 - 199 High: > 200 - 499/ Very High:>499	
Serum, Method: GPO-Trinder					
HDL Cholesterol serum,Direct method	:	33	mg/dl	35.3-79.5 mg/dl	
LDL Cholesterol	:	74.40	mg/dl	Optimal: <100; Near Optimal: 100-129; Borderline High: 130-159; High: 160-189; Very high: >190	
Serum, (Calculated)					
VLDL Cholesterol Serum, Method: Calculated	:	9.6	mg/dl	5-30 mg/dl	
LDL/HDL Ratio	:	2.3		Optimal: <2.5 Near Optimal: 2.5-3.5 High >3.5	
Serum, Method: Calculated					
TC/HDL Ratio	:	3.5		Optimal: <3.5 Near Optimal: 3.5 - 5.0 High >5.0	

Serum, Method: Calculated

Test Done on - Automated Biochemistry Analyzer (EM 200).

Interpretation

1. Triglycerides: When triglycerides are very high greater than 1000 mg/dL, there is a risk of developing pancreatitis in children and adults. Triglycerides change dramatically in response to meals, increasing as much as 5 to 10 times higher than fasting levels just a few hours after eating. Even fasting levels vary considerably day to day. Therefore, modest changes in fasting triglycerides measured on different days are not considered to be abnormal.

2. HDL-Cholesterol: HDL- C is considered to be beneficial, the so-called "good" cholesterol, because it removes excess cholesterol from tissues and carries it to the liver for disposal.

3. LDL-Cholesterol: Desired goals for LDL-C levels change based on individual risk factors.

*All Samples Processed At Excellas Clinics Mulund Centre

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:31:03)

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





Dr. Santosh Khairnar M.D. (Pathologist) Reg. No.-2000/08/2926





		•
Name	: MR. KARTIK GORI	
Age/Sex	: 30 Yrs. / M	Printed
Ref. By	: J M FINANCE SERVICES LTD	Sent By

Registration ID : 26590

: 05/11/2024 15:26:51 : Arcofemi Healthcare Pvt Ltd

Sample Collection Sample Received Report Released

- : 04/11/2024 09:18:15
- : 04/11/2024 09:18:15

: 04/11/2024 14:31:30

LIVER FUNCTION TEST						
Test		Result	Unit	Biological Ref. Range		
S. Bilirubin (Total)	:	0.68	mg/dl	0-2.0 mg/dl		
Serum, Method: Diazo (walter & Gerarde)						
S. Bilirubin (Direct)	:	0.35	mg/dl	0-0.4 mg/dl		
Serum, Method: Diazo (walter & Gerarde)						
S. Bilirubin (Indirect)	:	0.33	mg/dl	0.10-1.0 mg/dl		
Serum, Method: Calculated						
Aspartate Transaminase (AST/SGOT)	:	21.4	IU/L	0-35 IU/L		
Serum, Method: UV Kinetic with P5P						
Alanine Transaminase (ALT/SGPT)	:	26.9	IU/L	0-45 IU/L		
Serum, Method: UV Kinetic with P5P						
S. Alkaline Phosphatase	:	100	IU/L	53-128 IU/L		
Serum, Method: IFCC with AMP buffer						
Total Proteins	:	6.9	gm/dl	6.4-8.3 gm/dl		
Serum, Method: Biuret						
S. Albumin	:	4.0	gm/dl	3.5-5.2 gm/dl		
Serum, Method: BCG S. Globulin		2.9	gm/dl	2.3-3.5 gm/dl		
Serum, Method: Calculated	•	2.5	gm/di	2.3-3.3 gm/di		
A/G Ratio		1.38		0.90-2.00		
Serum, Method: Calculated	•	1.00		0.00 2.00		
Gamma GT		29	U/L	0-55 U/L		
Serum, Method: G glutamyl carboxy nitroanilide	•		0,2			
Test Done on - Automated Biochemistry Analyzer (EM 20	00).				

*All Samples Processed At Excellas Clinics Mulund Centre .

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:31:30)

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Name : MR. KARTIK GORI			Sample Received	: 04/11/2024 09:18:15
Age/Sex : 30 Yrs. / M	Printed	: 05/11/2024 15:26:51	Report Released	: 04/11/2024 14:32:31
Ref. By : J M FINANCE SERVICES LTD	Sent By	: Arcofemi Healthcare Pvt	Ltd	

SERUM CREATININE							
Test Result Unit Biological Ref. Range							
S. Creatinine	: 0.89	mg/dl	0.7-1.3 mg/dl				
Corum Mathady Ensumatio							

Serum, Method: Enzymatic

Test Done on - Automated Biochemistry Analyzer (EM 200).

*All Samples Processed At Excellas Clinics Mulund Centre

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:32:31)

		BLOOD UREA	NITROGEN (BUN)	
Test		Result	Unit	Biological Ref. Range
Urea	:	15.20	mg/dl	19-45 mg/dl
Serum, Method: Urease - GLDH				
Blood Urea Nitrogen	:	7.10	mg/dl	5-18 mg/dl
Test Done on - Automated Biochemistry Anal	lyzer (EM	200)		
*All Samples Processed At Excellas Clinics Mulund Ce	entre			

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:32:37)

SERUM URIC ACID				
Test	Result	Unit	Biological Ref. Range	
S. Uric Acid	: 6.30	mg/dl	3.5-7.2 mg/dl	
Serum, Method: Uricase - POD				
Test Done on - Automated Biochem	istry Analyzer (EM 200)			

Test Done on - Automated Biochemistry Analyzer (EM 200).

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:32:42)





Dr. Santosh Khairnar M.D. (Pathologist) Reg. No.-2000/08/2926





26590 041124		Registration ID	: 26590	Sample Collection	: 04/11/2024 09:18:15
Name : M	IR. KARTIK GORI			Sample Received	: 04/11/2024 09:18:15
Age/Sex : 3	0 Yrs. / M	Printed	: 05/11/2024 15:26:51	Report Released	: 04/11/2024 14:32:31
,	M FINANCE SERVICES LTD	Sent By	: Arcofemi Healthcare Pvt L	_td	
		BUN	CREAT BATIO (BCB)		

	BOIN ONLF			
Test	Result	Unit	Biological Ref. Range	
BUN/Creatinine ratio	: 7.98		5-20	
Serum, Method: Calculated				

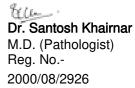
NOTE:

A blood urea nitrogen (BUN)/creatinine ratio (BCR) >20 is used to distinguish pre-renal azotemia (PRA) and acute tubular necrosis (ATN) (Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:33:02)

SERUM ALKALINE PHOSPHATASE				
Test	Result	Unit	Biological Ref. Range	
S. Alkaline Phosphatase	: 100	IU/L	53-128 IU/L	
Serum, Method: IFCC with AMP buffer				
Test Done on - Automated Biochem *All Samples Processed At Excellas Clin	, , , ,			
(Collected At: 04/11/2024 09:18:15,	Received At: 04/11/2024 09:18:	15, Reported At: 04/11/20	024 14:33:41)	

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







DIAGNOSTICS | IMAGING | VACCINATION | CONSULTATIONS | CORPORATE HEALTH CHECK-UPS

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Ref. By	: J M FINANCE SERVICES LTD	Sent By	: Arcofemi Healthcare Pvt	Ltd	
Age/Sex	: 30 Yrs. / M	Printed	: 05/11/2024 15:26:51	Report Released	: 04/11/2024 14:58:17
Name	: MR. KARTIK GORI			Sample Received	: 04/11/2024 09:18:15
26590 041124		Registration ID	: 26590	Sample Collection	: 04/11/2024 09:18:15

THYROID FUNCTION TEST					
Test		Result	Unit	Biological Ref. Range	
Total T3	:	1.5	ng/dl	0.70-2.04 ng/dl	
Serum, Method: CLIA Total T4	:	10.59	μg/dl	5.1-14.1 μg/dl	
Serum, Method: CLIA					
TSH (Thyroid Stimulating Hormone)	:	3.49	µIU/mI	0.27-5.3 μIU/ml	

Serum, Method: CLIA

Interpretation Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyperthyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis ,estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age ,marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and Ft4 is to be done to determine hyper or hypothyroidism.

*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:58:17)

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



Dr. Santosh Khairnar M.D. (Pathologist) Reg. No.-2000/08/2926





26590 041124	Registration ID	: 26590	Sample Collection	: 04/11/2024 09:18:15
Name : MR. KA	RTIK GORI		Sample Received	: 04/11/2024 09:18:15
Age/Sex : 30 Yrs.	/ M Printed	: 05/11/2024 15:26:51	Report Released	: 04/11/2024 16:05:03
Ref. By : J M FIN SERVIO	ANCE Sent By CES LTD	: Arcofemi Healthcare Pvt I	Ltd	
		VITAMIN D3		

	VII	AMIN D3	
Test	Result	Unit	Biological Ref. Range
25 (OH) VIT D	: 12.0	ng/ml	Deficient : Less than or equal to
			20, Insufficient : 21 - 29,
			Sufficient : More than or equal to
			30

Note:

Vitamin D deficiency can be associated with rickets in children; osteoporosis and secondary hyper-parathyroidism in adults.

Recent studies have established a link between low circulating vitamin D levels and an increasing risk of Diabetes, cardiovascular or autoimmune diseases as well as various forms of cancer. Vitamin D testing has become an assay of general health status.

Vitamin D is found mainly in two forms; vitamin D2 (ERGOCALCIFEROL) and vitamin D3 (CHOLECALCIFEROL).

Vitamin D3 is synthesized by action of solar ultraviolet radiation on the skin. It is also present in food(mostly in fatty fish). Vitamin D2 is from exogenous origin only. Small amounts of vitamin D2 are present in food (mushrooms and vegetables). Both vitamin D2 and D3 are used for medical supplementation and are identically metabolized by the body.

The active from of the molecule is the 1,25-(OH)2 vitamin D (Calcitriol) which is obtained from vitamin D through two successive hydroxylation reactions. The first hydroxylation occurs in the liver to yield 25(OH)vitiman D (calcidilol) The second hydroxylation occurs in the kidney and other tissues as well to yield biologically active 1,25 -(OH)2 Vitamin D. The 25-(OH) Vitamin D is the main strorage form of vitamin D in the human body. It is found in high concentrations in serum or plasma which

makes 25 - (OH) Vitamin D the preferred analyte for the determination of vitamin D nutritional status.

*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 16:05:03)

VITAMIN - B12			
Test	Result	Unit	Biological Ref. Range
Vitamin B12	: 327.0	pg/ml	183 - 822 pg/ml

Method: ECLIA

Vitamin B12 deficiency impacts red blood cell synthesis, resulting in megaloblastic anemia due to abnormal DNA synthesis. In addition it impairs neurological function, in particular de-myelination of nerves in part due to abnormal methylation, leading to peripheral neuropathy, dementia, poor cognitive performance and depression. Other effects of Vitamin B12 deficiency or depletion are increased risk of neural tubular defects, osteoporosis, cerebro-vascular and cardiovascular diseases. Vit B12 levels are decreased in megalobstic anemia, partial/total gastrectomy, perniciuos anemia, peripheral neuropathies, chronic alcoholism, senile dementia and treated epilepsy. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis. Holo Transcobalamin II levels are more accurate marker of active Vitamin B12 component. High levels of Vitamin B12 may be due to exogenous supplementation.

*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 16:05:12)

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



Dr. Santosh Khairnar M.D. (Pathologist) Reg. No.-2000/08/2926





26590 041124	Registration ID	: 26590	Sample Collection	: 04/11/2024 09:18:15
Name : MR. KARTII	K GORI		Sample Received	: 04/11/2024 09:18:15
Age/Sex : 30 Yrs. / M	Printed	: 05/11/2024 15:26:51	Report Released	: 04/11/2024 14:12:49
Ref. By : J M FINANC SERVICES	,	: Arcofemi Healthcare Pvt	Ltd	

EXAMINATION OF URINE					
Test		Result	Unit	Biological Ref. Range	
PHYSICAL EXAMINAT	ΓΙΟΝ				
Quantity	:	10	ml		
Colour	:	Pale yellow			
Appearance	:	Clear			
Reaction (pH)	:	6.0		4.5 - 8.0	
Specific Gravity	:	1.025		1.010 - 1.030	
CHEMICAL EXAMINA	TION				
Protein	:	Absent		Absent	
Glucose	:	Absent		Abesnt	
Ketones Bodies	:	Absent		Abesnt	
Occult Blood	:	Absent		Absent	
Bilirubin	:	Absent		Absent	
Jrobilinogen	:	Absent		Normal	
MICROSCOPIC EXAM	IINATION				
Epithelial Cells	:	0 - 1	/ hpf		
Pus cells	:	0 - 1	/ hpf		
Red Blood Cells	:	Absent	/ hpf		
Casts	:	Absent	/ lpf	Absent / lpf	
Crystals	:	Absent		Absent	
OTHER FINDINGS					
Yeast Cells	:	Absent		Absent	
Bacteria	:	Absent		Absent	
Mucus Threads	:	Absent			
Spermatozoa	:	Absent			
Deposit	:	Absent		Absent	
Amorphous Deposits	:	Absent		Absent	
sample type:Urine					
Method:Visual and Micr	oscopic				
	·	04/44/0004/004045		((0, (0))	

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:12:49)

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





Dr. Santosh Khairnar M.D. (Pathologist) Reg. No.-2000/08/2926





Name : MR. KARTIK GORI Age/Sex : 30 Yrs. / M Ref. By : J M FINANCE SERVICES LTD

Printed

Sent By

Registration ID : 26590

: 05/11/2024 15:26:51

: Arcofemi Healthcare Pvt Ltd

Sample Collection Sample Received Report Released : 04/11/2024 09:18:15

: 04/11/2024 09:18:15

: 05/11/2024 12:51:16

X RAY CHEST PA VIEW

Both the lung fields appear normal.

Cardiac silhouette is within normal limits.

Bilateral hilar shadows appear normal.

Bilateral costophrenic angles appear normal.

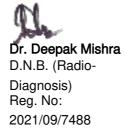
Bony thorax appears normal.

Soft tissues appear normal.

IMPRESSION:

No significant abnormality detected.









Name	: MR. KARTIK GORI
Age/Sex	: 30 Yrs. / M
Ref. By	: J M FINANCE
	SERVICES LTD

	Registration ID	:	26590
GORI			
	Printed	:	05/11/2
E	Sent By	:	Arcofe

: 05/11/2024 15:26:51 : Arcofemi Healthcare Pvt Ltd

Sample Collection Sample Received Report Released

- : 04/11/2024 09:18:15
- : 04/11/2024 09:18:15
- : 05/11/2024 12:51:16



(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 05/11/2024 12:51:16)

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



Dr. Deepak Mishra D.N.B. (Radio-Diagnosis) Reg. No: 2021/09/7488





Name : MR. KARTIK GORI Age/Sex : 30 Yrs. / M Ref. By : J M FINANCE SERVICES LTD Registration ID : 26590

Printed Sent By Sa : 05/11/2024 15:26:51 R : Arcofemi Healthcare Pvt Ltd

Sample Collection Sample Received Report Released : 04/11/2024 09:18:15

: 04/11/2024 09:18:15

: 04/11/2024 14:33:03

USG ABDOMEN & PELVIS - MALE

Liver:- is normal in size (13.9 cms) and shows normal parenchymal echogenicity. No focal or diffuse lesion is seen. The portal and hepatic veins are normal. No IHBR dilatation seen.

Gall Bladder:- is well distended. No calculus or mass lesion is seen. No GB wall thickening or pericholecystic fluid is seen.

CBD :- is normal.

Pancreas:-is normal in size and reflectivity. No focal lesion seen.

Spleen:- is normal in size (9.2 cms) and reflectivity. No focal lesion is seen.

Kidneys:- Both Kidneys are normal in size, shape, position. They show normal reflectivity. CMD is maintained. No calculi or hydronephrosis seen on either side.

Right kidney -10.1×5.6 cms Left kidney -10.8×6.1 cms

Urinary Bladder:- is well distended and shows normal wall thickness. No intraluminal lesion seen.

Prostate:- is normal in size, reflectivity and measures 2.8 x 2.6 x 2.5 cms (Volume – 9.8 cc). No focal lesions.

No ascites is seen. No significant lymphadenopathy is seen.

Umbilical Hernia noted with omentum as its content measures 2.7 cms.

IMPRESSION:

· Reducible fat containing umbilical hernia.

Thanks for the Referral



Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15,

Rep**DreDcepak**/**Mishra**/:33:03) D.N.B. (Radio-Diagnosis) Reg. No: 2021/09/7488





Sample Collection

: MR. KARTIK GORI Name

Age/Sex

: 30 Yrs. / M Ref. By

: J M FINANCE SERVICES LTD Registration ID : 26590

Printed Sent By : 05/11/2024 15:26:51

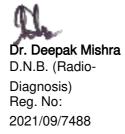
: Arcofemi Healthcare Pvt Ltd

Sample Received Report Released

- : 04/11/2024 09:18:15
- : 04/11/2024 09:18:15
- : 04/11/2024 14:33:03

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









: MR. KARTIK GORI Name Age/Sex : 30 Yrs. / M Ref. By : J M FINANCE SERVICES LTD

Printed Sent By

Registration ID : 26590

: 05/11/2024 15:26:51

Report Released : Arcofemi Healthcare Pvt Ltd

Sample Collection : 04/11/2024 09:18:15 Sample Received : 04/11/2024 09:18:15

: 04/11/2024 16:54:03

OPTHALMIC EVALUATION

Examination	Right Eye	Left Eye
Distance Vision	6/6	6/6
Near Vision	N/6	N/6
Color Vision	Nor	rmal
Remarks	Nor	rmal

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 16:54:03)

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





Excellas Clinics Pvt Ltd

B-1, Vikas Paradise Comm, Below Axis Bank, LBS Marg, Mulund W, Mumbal 3513/KARTIK GORI 30 Yrs/Malo 107 Kg/183 Cms Date: 04-Nov-2024 10:53:31 AM

0.

Ref. By : MEDIWHEEL Medication : NIL Objective :

PVC Comments R.P.P. H.R. B.P. METS StageTime PhaseTime Speed Grade Stage XICO (mmi-lg) digmit (Win:Sec) (Win.Sect (mobil 120 78 120/80 1.0 65 Supine 120/80 68 1.0 57 Standing 88 120/80 1.0 74 HV 87 1.0 73 120/80 ExStart 120/80 122 1.7 4.7 107 3:00 3:01 10.0 Stage 1 7.1 130/80 154 119 6:01 2.5 12.0 Stage 2 3:00 140/90 190 10.2 136 9:01 3.4 14.0 3:00 Stage 3 11.2 170 150/100 255 9:52 4.2 16.0 PeakEx 0:51 146 160/100 233 4.3 0.0 1:00 0.0 Recovery 103 150/100 154 0.0 0.0 1.0 2:00 Recovery 1.0 98 140/90 137 0.0 3:00 0.0 Recovery 1.0 130/80 133 103 0.0 0.0 3:06 Recovery

Findings :

Exercise Time : 9:52 minutes DR. MANSI SOLANKI : 170 bpm 89% of Max Predictable HR 190 Max HR attained MBBS 10D CENERAL MEDICINE Max BP : 160/100(mmHg) REG, NO. MMC 2024042065 WorkLoad attained : 11.2 (Good Effort Tolerance) No Significant ST segment changes seen during exercise or recovery No Angina/Arrhythmia/S3/murmur : Test is negative for inducible ischaemia. Final Impression Maxmum Depression: 6:39 Disclaimer :Negative stress test does not rule out coronary artery disease

Advice/Pastetive=stress-test is suggestive but not confirmatory of coronary artery

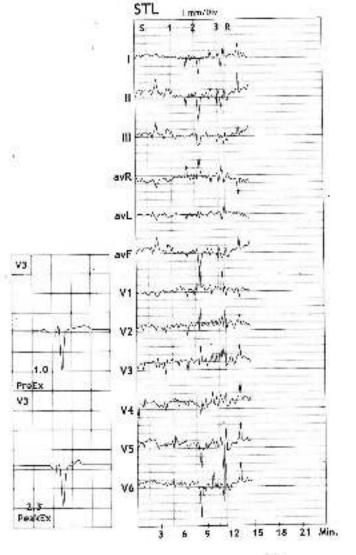
disease.

http://www.iffandie.com @ RVS DirectTest (VEGALOL_VE 0.12)

Summary





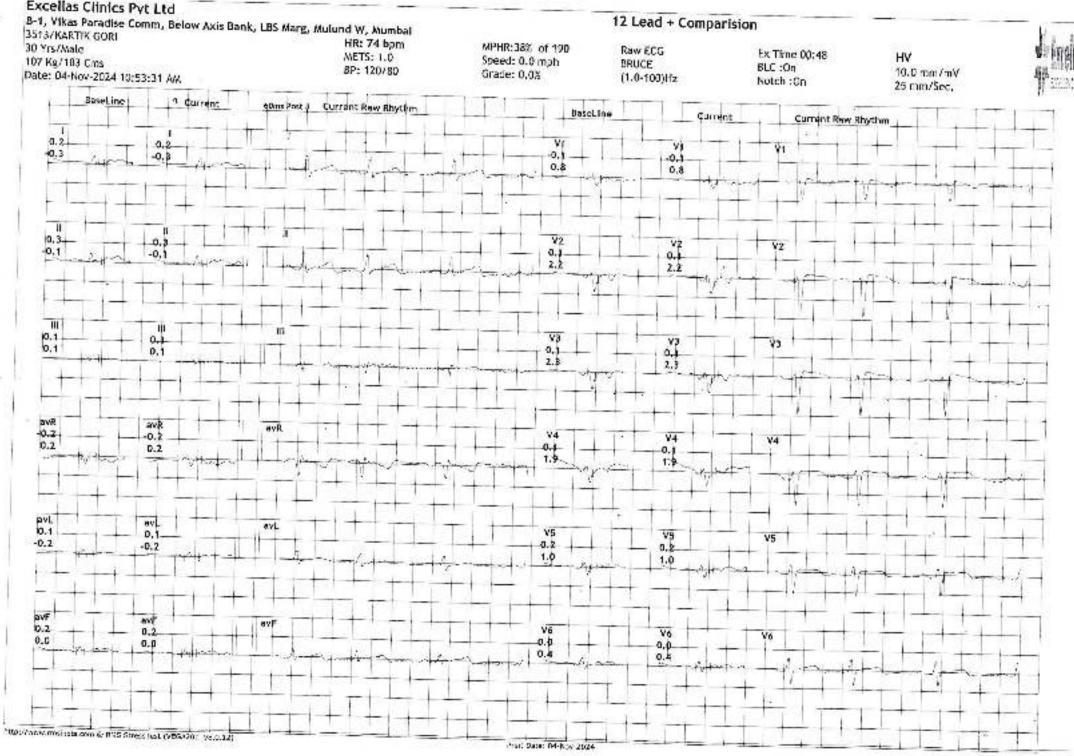




New

xcellas Clinics I -1. Vikas Paradise (Pyt Ltd Comm, Below Axis Bar	k IBS base	Noticed M. R. 1.			12 Lead	Comparisio	a		li.
513/KARTIK GORI 0 Yrs/Male 07 Kg/183 Cms 106: 04-Nev-2024 10		in, Los Marg, I	Mulund W, Mumbaj HR: 66 bpm METS: 1.0 NP: 120/80	MPHR:34 Speed: 0, Grade: 0,	0 mph	Raw ECG BRUCE (1.0-100)H		Ex Time 00:35 BLC :On Notch :On	SUPINE 10.0 mm/mV 25 mm/Sec.	di line in Managar
BaseLine	Current	60ms Part J	Gurrent Raw Rhythm	TT	BaseLt	ne	Current	Current Rew REyt	m	
0.5 0.7	0.5 0.7 ////				V1 0.0 0.4		V1 0.0 0,4 1,3+			
	0.9 0.6 1.6				V2 0,7 2,8		V2 0.F 2.F			
11 0.4 -0.1	0.1 				y₿ 0.0 2.5 					
avR 0.7 0.8 -1,0+	2vR -0.7 -0.8	***			V2 0.8 2.3	0				
av	avL 2.0 0.5				V5 0.8 1.9 ~ A.F.	0,				
avF 0.7 0.2	0.7 0.7 0.2	av			V8 0.7 1.1 		P	V6		
non unstrals com © Bus	Shees (ct. (Vet. 3101_103.12)	++			Dote: 14-407-2024					1

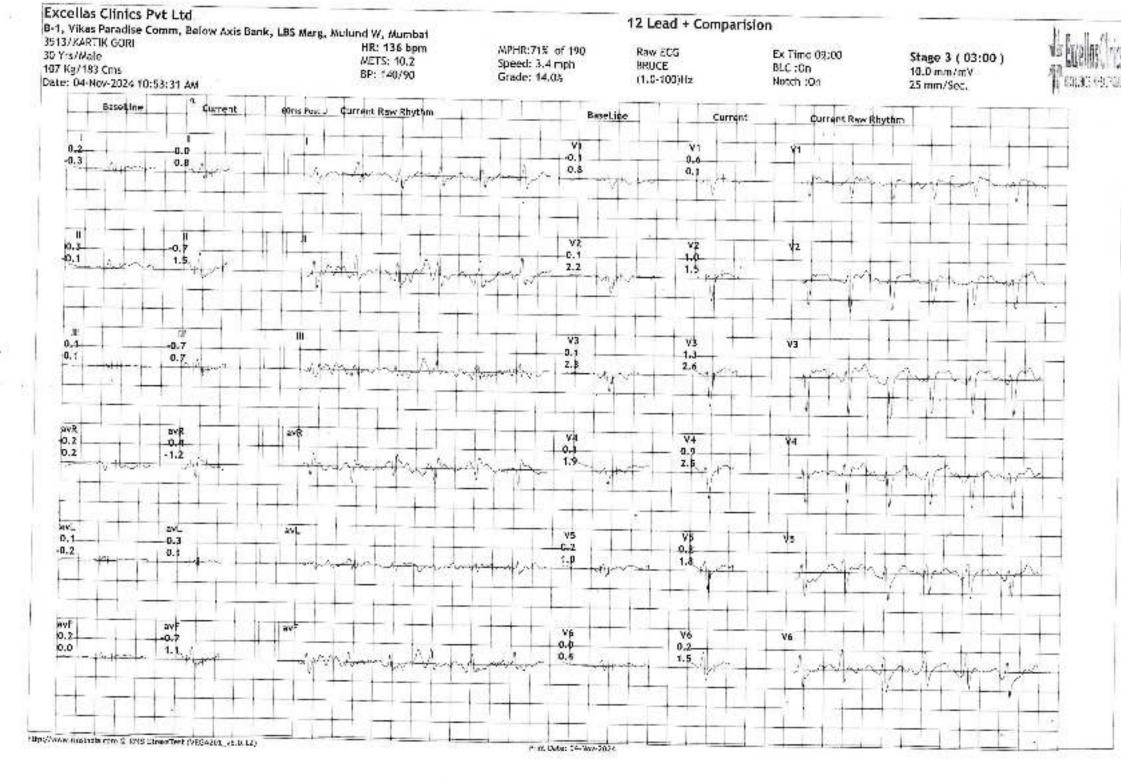
1, Vikas	s Clinics P s Paradise Co	vt Ltd omm, Below Ax	is Bank, LBS Mare	Molund W, Mumbai			12 Lead + Corr	parision		he is a
13/KAR Yrs/Mai 7 Kg/18	TIK GORI Le			HR: 50 bpm METS: 1.0 BP: 120/80		26% of 190 0.0 mph 0.0%	Raw ECG SRUCE (1.0-100)Hz	Ex Time 00:41 BLC :On Notch :On	STANDING 10.0 mm/mV 25 mm/Sec.	f fathsi. Maassa
	SaseLine	Curren	it 60ms Pest .	Current Row Ringtom	TTL	BaseL	the c	urrent Current Row Shy	tom	
0,5 0.7		0.5 0.7 ->y/y+				v) -0.4 	V1 0.0 0.4			~
11 0.9 0.6		0,4 0,6 / / 4					· v2 0.7 2.2	¥2		*
111 0.4 0.1		-0,1 -0,1 -0,1				V3 0.8 2.8	v3 0.9 2.5	v ₃		
avR 0.7 0.8		avR -0.7 -0.8				V4 0.8 2.3 7	Vit 0,8 2.3			
avL 0,0 0,5	4	avi. 0,0 0.5 4)1				V3 0.8 1.9	УВ О.В 1.9 -			
97 9.7 9.2	4	ave 0.7 0.2 				V6 0.7 1.1	V6 0.7 1.8	y-~y-~		-
	du con × 845 3	Treefag (vesager,				P m. Xiu: 04-ilor-20				



Vikas /KAR rs/Ma (g/18	s Clinics Py s Paradise Co TIK GORI de 13 Cins Nov-2024 10:5	mm, Bel		, LBS Marg,	HR: MET	/, Mum 73 bp S: 1.0 120/8(m		MPHR; 3 Speed: Grade:	0.0 m	nph	R. Bi	Lead + Cor aw ECG RUCE LO-100)Hz	mparisio	EX Time BLC :Or Notch :	1			trt Imm/mV nm/Sec.,	V-facelus W assesses
	SaseLine		Current	Cris Past J	Current	Raw Rh	ytêm				8.	asoE10e		Current		Current R	aw Rhyt	6 111		
1 0.2 0.3		0.5 0.6	44		-Ju-		-J.	~		∱	Vi -0.1 0.8		V1 -0.3 0.4		¥1					
 0.3 0.1		1.0 0.6	J	и 	and an		4	4			V2 0.1 2.2		V2 0.5 1.7		¥2		e	M	<u></u>	
111 0.1 0.1		III 0.5 -0.1						-		~	V3 0.1 2.3		VB 1.0 2.4		¥3					
ovR 6.2 0.2		JVR -0.8 -0.7	10~	avft		1				~	v4 0.1 1.9~	- Ny ive	V4 0.8 -1 2.1		¥4		<u>e</u> ~.		r-i-	
WL 0.1 0.2		avt. 0.0 0.3	-41-	an.	low	P	~				V5 0.2 1.0	-Hg-12-3	• • • • • •		¢5		~~~	N		
kvF D.2 D.C		avF 0.8 0.3	40	av‡	ما بوالن ما		-4-	~~		~	V5 0,0 0,4	-	V6 0,8 1.1					N	~~~	 ~
	intacom () EPS	·	VIG0201 VE 0 V2							Zabar 1	Dece: Di-b	w50%								

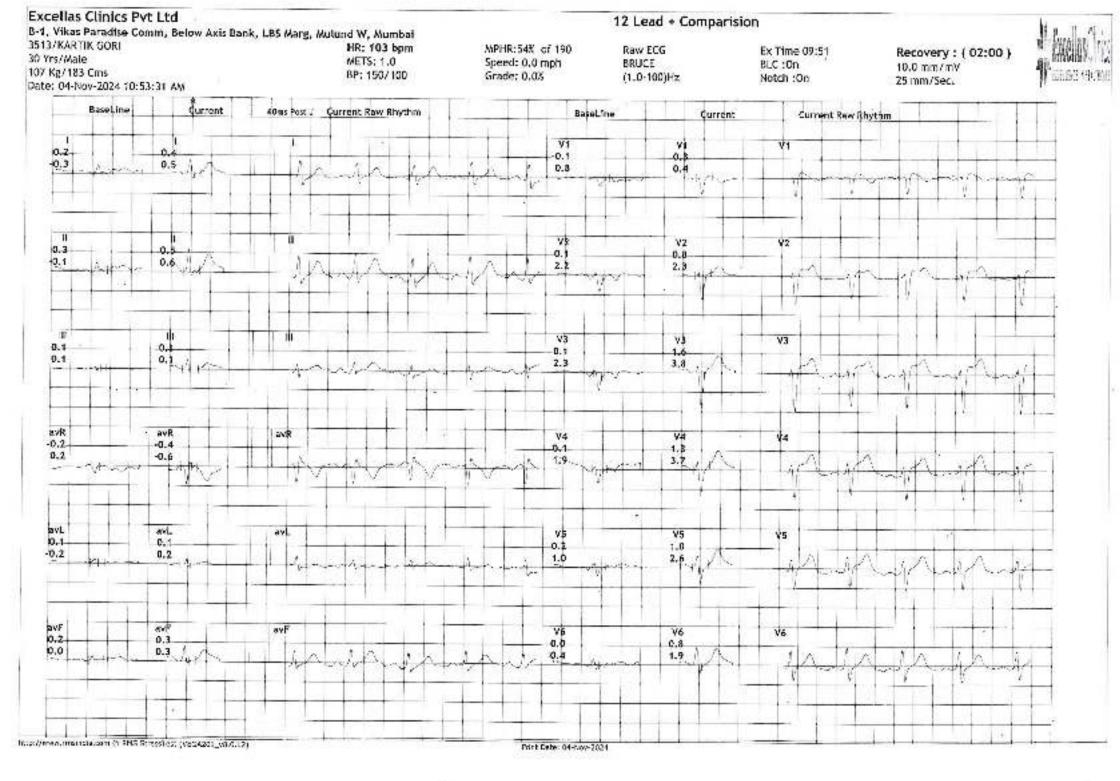
1, Vikas 13/KART Yrs/Mab 7 Kg/183	itik gori ile	mm, Be	elow Axis Ba	ank, LBS	Merg,)	Mulund W, Mumbat HR: 102 bpm METS: 4.7 BP: 120/80		MPHR:538 Speed: 1.3 Grade: 10	7 mph	Ran BRI	Lead + Co w ECG WCE .0-100)Hz	omparisio	ON EX Time 0 BLC :On Notch :On	pettito		Stage 1 10.0 mm 25 mm/?			
	Baseline	10.00	Current	600	is Post J	Current Raw Rhythm	<u> </u>	11	B	Beseline		Current	c	urrent Raw	v Rhythr	0	_		ĺ.
0.2 -0.3		0.1	-				,	-	V1 -0,1 0.8		vi 0.5 0.5		v i 					-	ALC: NOT THE OWNER.
11 0.3 -0.1		0.5 0.4	- 11 -		-		t.		VE 0.1 2.2	~yN+	V2 0.8 1.3		v2						
111 10.1 10.1		U 0.3 -0.2			n //				V3 0.1 2.3		V2 1.4 2.3		ev i	X					1
avR 0.2 0.2		svR -0.3 -0.6	21-944 - 24-		WR N				V4 0.1 1:9~		-, 2,5		V4		1.00				
avL 0.1 40.2	-	av. -0.1 10.4		AV	w.				v5 a.k 1.0				¥5	Se sufe		4~	, 		
avF 0.2 0.0		avF 0.4 0.1		av	P				V6 0.0 0.4		V6 1.0 1.6_		V6		~	14/ 14/			
	_	Ť		+														+	

11/ C Out	and a second rate	s Bank, LBS Marg, A	Aulund W, Mumbai		12 6	ead + Comparis	on		b
e 1 Cms			HB: 119 bpm METS: 7.1 B ^p : 130/80	MPHR:62% of Speed: 2.5 mp Grade: 12.0%	in BRL	JCE .	Ex Time 06:00 BLC :On Notch :On	Stage 2 (03:00) 10.0 mm/mV 25 mm/Sec.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Baseline	a Gurrent	gome Post J	Curnent Raw Ringthm	1111	flatel low				1
	0.0 0.6 1 1				V1				
	0.1 0.7 1 pp					V2 0,9 1,9 1,9			
				+ - 0	4				
	-0.1	+			1	V4 0.7 2.8			
	avl	-+			2	ν5 0,4 2,0 ,γ			
	0.1		et on state	- 0.0		V6 0.4 1.5			
	Crns 2024 10:5: Bescilline 	Crns 2024 10:53:31 Avs Baselline 0.0 0.0 0.6 0.6 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1	Crns 2024 10:53:31 AM Besculine n Gurrent opens bost / 0.0 0.0 0.0 0.1 0.1 0.1 0.1 0.1	Criss METS: 7.1 BP: 130/80 Besculture n Currient 0.0 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.2 0.3 0.4	METS: 7.1 BP: 130/80 Speed: 2.5 mg Grade: \$2,05 BaseLine a Current gone box 2 Current Raw Rhythm 0.0 0.6	METS: 7.1 Speed: 2.5 mph BH W2024 10:53:31 Avi BP: 130/80 Grade: 12.08 (1.0 Besclifter n Gurrént gons los 2 Currient Raw Ringtom Bajal low 0.0 0.1 0.2 0.2 0.2 0.4 0.4 0.4 0.1 0.2 0.4	METS: 7.1 BP: 130/80 Speed: 2.5 mpin BRUCE (1.0-100)Hz Baccitow a Current 0.0 gens bas. gens bas. Current 0.0 gens bas. Current 0.0 gens bas. Current 0.0 gens bas. Current 0.0 gens bas. gens bas. Current 0.0 gens bas. Current 0.0 gens bas. Grade: 12.0% gens bas. Grade: 12.0% gens bas. gens bas. Grade: 12.0% gens bas. gens bas. Grade: 12.0% gens bas. Grade: 12.0% gens bas. gens bas. Grade: 12.0% gens bas. Grade: 12.0% gens bas. gens bas. Grade: 12.0% gens bas. Grade: 12.0% gens bas. gens bas.<	METS: 7.1 Be: 130/20 Speed: 2.5 mph Grade: 12.05 BBUC: 0n (1.0-100)Hz BUC: 0n Modah .0n Basestow n Compt gene houz Compt figure fig	Cros METRS / 1 Speed: 2, 5 mpn DBR/C2 DV IMPE (0; 0) Speed: 2, 6 mpn DBR/C2 DV IMPE (0; 0) Speed: 2, 6 mpn S



idise Comm, Belaw ORI 224 10:53:31 AN 4 ine 200	1		Hund W, Mumbal HR: 163 bpm MET5: 11.2 BP: 150/100	m	MPHR:85% of Speed: 4,2 m Grade: 16.0%	mph	Raw E0 BRUCE			Ex Time BLC : On			Peake 10.0 m	Ex nm/m¥		
Nine <u>?Cı</u>	ment a				Grane: 16.08	6	(1.0-10			Notch :0			25 mm			T and a part of the second sec
	승규는 관람을 하는 것	60ms Pont J Cu	Cornent Rew Rhyt	m	\square	Ba	asoline	-	Currient		Current (Kaw Rhythr	m			1
1.5 1.7 1.7		l Jacob	in the second	(~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Makylanda	V1 -0.1 0.8		V? 0.7 -0.3		¥1	, changer and		-yn-	njicanj	(maj)a	
0.8 1000 0.8	H	1	philippi	nel n		V2 0,1 2.2		V2 2.6 1.9	₩ <u>₩</u>	v2	en j	2410	400		hily P	
-0,9 -0,8 -0,8 +/5+		III Silverity	4-4-1-4	e l cost ilit.	elpo Alpa	V3 0.1 2.3		V2 2,3 2.3		• • • • •			2472		<u></u>	
avR -1.0 -1.3 -1.3	•⊾	ave 1-Acad	for any and	- Majoo	All and the	V4 0.1 1.9	Styr 1-1	V4 2.0 2.5	h ₁ x ² 3	¥4	- Anger I			د میں دم رو از		
812 1.2 1.3 -jn f		avi	mar / m	4.~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	enter a la conservente de la c	vs 0.2 1.0		vs 2.4 3.0	4	¥5	eret.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Service .	de la composition de la compos		<u></u>
avf d,g 0.1)		lant Country	Acie A.	; inter	or Myron	V6 0.0 0.4	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	V6 -0.4 1.8	l _{er}	V6		لي. ايم	14	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
	avR 4.0 4.0 4.0 4.0 4.0 4.0 4.0 4.0	avR 41.0 4	II II 0.8 1 0.8 1 0.8 1 0.8 1 0.8 1 0.8 1 0.8 1 0.8 1 0.8 1 0.9 1 0.9 1 0.9 1 0.9 1 0.9 1 0.9 1 0.9 1 1.3 1 1.3 1 1.3 1 1.3 1 0.9 1		0.8 1		0.8 0.8 0.4 <td>0.8 0.8 0.4<td>II II VI VI<</td><td>N N Y</td><td>N N V2 V3 V4 V4<td>NB VB VB<</td><td>N N Y</td><td>0 0</td><td>0 0</td><td>0.8 0.8 V8 V8 V8 V2 0.8 1 0.4 2.8 V3 0.8 0.4 0.4 2.8 V3 0.8 0.4 0.4 2.3 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.5 0.4</td></td></td>	0.8 0.8 0.4 <td>II II VI VI<</td> <td>N N Y</td> <td>N N V2 V3 V4 V4<td>NB VB VB<</td><td>N N Y</td><td>0 0</td><td>0 0</td><td>0.8 0.8 V8 V8 V8 V2 0.8 1 0.4 2.8 V3 0.8 0.4 0.4 2.8 V3 0.8 0.4 0.4 2.3 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.5 0.4</td></td>	II II VI VI<	N N Y	N N V2 V3 V4 V4 <td>NB VB VB<</td> <td>N N Y</td> <td>0 0</td> <td>0 0</td> <td>0.8 0.8 V8 V8 V8 V2 0.8 1 0.4 2.8 V3 0.8 0.4 0.4 2.8 V3 0.8 0.4 0.4 2.3 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.5 0.4</td>	NB VB VB<	N N Y	0 0	0 0	0.8 0.8 V8 V8 V8 V2 0.8 1 0.4 2.8 V3 0.8 0.4 0.4 2.8 V3 0.8 0.4 0.4 2.3 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.8 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.5 0.4

KARTIK GORI 1/Male g/183 Cms	10:53:31 AV.	nk, LBS Marg, Mulund W, Mumbai HR: 146 bpm METS: 4.2 PP: 160/100	MPHR:76% of 190 Spead: 0.0 mph Grade: 0.0%	Raw ECG BRUCE (1.0-100)Hz	Ex Time 09:51 BLC :On Notch :On	Recovery : (01:00) 10.0 mm/mV 25 mm/Sec.	T and
Baseli	ne Cyrrent	dome Post J Currant Raw Rhytom	DașeLine	Gurrent	Current Raw Rin	,thim	
0,2 0,3	0.4 	1 And the second		Vi 0.2 0.1	v 1		v
8 0.3 0_1	0.5 ~~ ^{1.5} \/ ₂ / ~	I Andra	v2 0.4 2.2 	· V2 0.6 1.9	¥2		
10.1 0.1	Ш 0,1 0,1 0,1 1,5 1,1 2,1		vy 0.5 2.3 V	V3 0,9 2,6 ///1	va A A A A		
avR D.2 D.2 V ^{ort} ta	avR -0.4 -1.4	avr Valence		V4 0.8 2.9 	- V4		
nd. 0.1 0.2	avL 0.1 0.6	3WL	V5 0.2 1.0 		V5		-
49F 0.2 0.0	avF 0.3 0.8 /	air Nic Verdanter	V6 C.0 C.4 C.4	V6 0,5 2,1,1,/,,7,	V6	- fright	-J _l
	+						



KAR s/Ma g/18	TIK GORI	mm, Below Axis Ban 3:31 AV)	d W, Mumbai RR; 98 bpm wETS: 1.0 5P: 140/90	MPHR:51% Speed: 0.1 Grade: 0.1	0 mph	Raw ECG BRUCE (1.0-100)Ha	C.	Ex Time 09:51 BLC :On Notch :On	Recovery : 10.0 mm/m 25 mm/Sec.	1997/09/2012	1 parte
	BaseLine	Current	60ms Post J Curry	nt Raw Rhythm		Basel	Jne	Current	Current Raw Rhy	thm		
0.2 0.3		1 0.1 0.9 				V1 -0.1 0.8		vi 5.2				
II 0.3			1 1			V2 6.1		V2	ÝZ			
0,1	<u></u>	is A			ц,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22		L 4 И У				
10 0.1 0.1		111 0.9 0.6	- 1 			V3 0.1 2.3	2					-
IVR 0,2 0,2	-	avR -0.5 -1.3 -1.7	avR 1	- -		v4 0.1 1.9	1	v4 05		nin	γ^{\wedge}	~
svL 0-1 0.2		av. -0.5 0.2	avL			VS 0.5 1.0		vs LB		hin		*
wF).2).0		20F 0.9 1.0_1+/	avr J. J.	-in-in	Jr.	vs 0.0 0.4 - 1			V6	h.jh		-
		+										



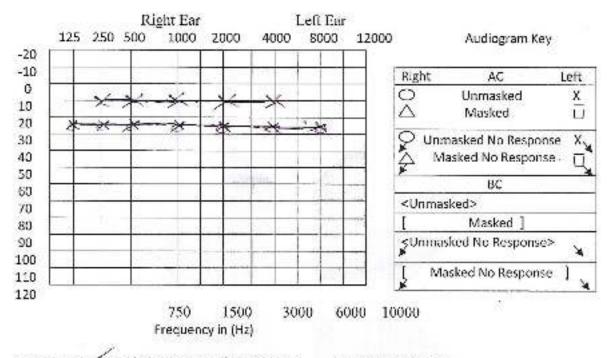
NAME : MR. KARTIK GORI REF BY: MEDIWHEEL

AGE: 30 YRS / MALE

à.

DATE: 04/11/2024

AUDIOGRAM



Responses: Reliable / Fairly Reliable / Not Reliable

Speech Audiometry

Test Conduction: Satisfactory / Not Satisfactory If any other specify Procedure: Standard / Play

AudiologicalInterpretations:

-

Test	P.T.A.
Ear	dBIIL
Right	25
Left	25

BILATERAL HEARING CONDUCTION SENSITIVITY WITHIN NORMAL LIMITS

EXCELLAS INCOS PVT. LTD 6-1, V9 (mmorelal. Bel SS Morth, N AUDIOLOGIST Muword (West), Mumbel - 400080

Mare Cart K	4 10 mp/my 2's m		
Age 10050			PTTP#
BP (iumRg)			
Date \$10706/101 11:55 AM			
VESTA 3011 (Ver 3.15.33PC) WWW.rmsindia.com		 <u>дав</u> –	

