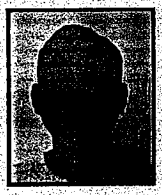
(7) Mediweel

भारत सरकार



પરમાર મનોજકુમાર ઈશ્વરભાઈ
Parmar Manojkumar Ishvarbhai
DOB: 23-12-1986
Gender:Male

**8430 1774 0621**

आधार - आम आदमी का अधिकार

---

आधार

भारतीय विशिष्ट पहचान प्राधिकरण
GOVT OF INDIA

Address:
૨૨૯, આંબેડકર વાસ, કૂટી મસ્જીદ ની પાછળ, દરિયાપુર, અમદાવાદ, અમદાવાદ, ગુજરાત, 380001

229, Ambedkar Vas, B/h Futi Masjid, Dariyapur, Ahmadabad City, Ahmadabad, Gujarat, 380001

Blood. U

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 1947, Bengaluru-560 001

M. I. Parmar.

9998849355

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LABORATORY REPORT

| | | | | | |
|---|---|---|---|---|---|
| **Name** | : | Mr. Manojkumar Ishvarbhai Parmar | **Reg. No** | : | 404100764 |
| **Sex/Age** | : | Male/37 Years | **Reg. Date** | : | 13-Apr-2024 02:25 PM |
| **Ref. By** | : | | **Collected On** | : | |
| **Client Name** | : | Mediwheel | **Report Date** | : | 15-Apr-2024 01:11 PM |

## Medical Summary

GENERAL EXAMINATION

Height (cms) :182

Weight (kgs) :108.5

Blood Pressure : 110/70mmHg

Pulse : 63/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

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

**DR.MUKESH LADDHA**



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# TEST REPORT

| | | | |
|---|---|---|---|
| **Reg. No** | : 404100764 **Ref Id** : | **Collected On** | : 13-Apr-2024 08:25 AM |
| **Name** | : Mr. Manojkumar Ishvarbhai Parmar | **Reg. Date** | : 13-Apr-2024 02:25 PM |
| **Age/Sex** | : 37 Years / Male **Pass. No.** : | **Tele No.** | : 9998899355 |
| **Ref. By** | : | **Dispatch At** | : |
| **Sample Type** | : EDTA | **Location** | : CHPL |

| Parameter | Results | Unit | Biological Ref. Interval |
|---|---|---|---|
| **COMPLETE BLOOD COUNT (CBC)** | | | |
| Hemoglobin (Colorimetric method) | 13.9 | g/dL | 13.5 - 18 |
| Hematrocrit (Calculated) | 41.40 | % | 40 - 50 |
| RBC Count (Electrical Impedance) | L **4.61** | million/cmm | 4.73 - 5.5 |
| MCV (Calculated) | 89.6 | fL | 83 - 101 |
| MCH (Calculated) | 30.1 | Pg | 27 - 32 |
| MCHC (Calculated) | 33.6 | % | 31.5 - 34.5 |
| RDW (Calculated) | L **10.6** | % | 11.5 - 14.5 |
| WBC Count<br>Flowcytometry with manual Microscopy | 5660 | /cmm | 4000 - 10000 |
| MPV (Calculated) | 10.1 | fL | 6.5 - 11.5 |

| DIFFERENTIAL WBC COUNT | [ % ] | | EXPECTED VALUES | [ Abs ] | | EXPECTED VALUES |
|---|---|---|---|---|---|---|
| Neutrophils (%) | 44.50 | % | 40 - 80 | 2519 | /cmm | 2000 - 7000 |
| Lymphocytes (%) | H **45.60** | % | 20 - 40 | 2581 | /cmm | 1000 - 3000 |
| Eosinophils (%) | 4.30 | % | 0 - 6 | 289 | /cmm | 200 - 1000 |
| Monocytes (%) | 5.10 | % | 2 - 10 | 243 | /cmm | 20 - 500 |
| Basophils (%) | 0.50 | % | 0 - 2 | 28 | /cmm | 0 - 100 |

| | | | |
|---|---|---|---|
| **PERIPHERAL SMEAR STUDY** | | | |
| RBC Morphology | Normocytic and Normochromic. | | |
| WBC Morphology | Normal | | |
| **PLATELET COUNTS** | | | |
| Platelet Count (Electrical Impedance)<br>Electrical Impedance | 260000 | /cmm | 150000 - 450000 |
| Platelets | Platelets are adequate with normal morphology. | | |
| Parasites | Malarial parasite is not detected. | | |
| Comment | - | | |

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* This test has been out sourced.

**Approved By :** **Dr. Purvish Darji**
MD (Pathology)

**Approved On :** 13-Apr-2024 03:11 PM



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| **Age/Sex** | : 37 Years / Male **Pass. No.** : | **Tele No.** | : 9998899355 |
| **Ref. By** | : | **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** | "A" | | |
| **Rh (D)** | Positive | | |
| **Note** | - | | |

### ERYTHROCYTE SEDIMANTATION RATE [ESR]

| | | | |
|---|---|---|---|
| **ESR 1 hour**<br>*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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MD (Pathology)

**Approved On :** 13-Apr-2024 04:39 PM



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| **Age/Sex** | : 37 Years / Male **Pass. No.** : | **Tele No.** | : 9998899355 |
| **Ref. By** | : | **Dispatch At** | : |
| **Sample Type** | : Flouride F,Flouride PP | **Location** | : CHPL |

| Parameter | Result | Unit | Biological Ref. Interval |
|---|---|---|---|
| **BIO - CHEMISTRY** | | | |
| **Fasting Blood Sugar (FBS)**<br>*GOD-POD Method* | 104.10 | mg/dL | 70 - 110 |
| **Post Prandial Blood Sugar (PPBS)**<br>*GOD-POD Method* | 106.8 | mg/dL | 70 - 140 |

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| **Age/Sex** | : 37 Years / Male **Pass. No.** : | **Tele No.** | : 9998899355 |
| **Ref. By** | : | **Dispatch At** | : |
| **Sample Type** | : Serum | **Location** | : CHPL |

| Parameter | Result | Unit | Biological Ref. Interval |
|---|---|---|---|
| | **Lipid Profile** | | |
| Cholesterol | 208.00 | mg/dL | Desirable: <200.0<br>Borderline High: 200-239<br>High: >240.0 |
| *Enzymatic, colorimetric method* | | | |
| Triglyceride | 210.10 | mg/dL | Normal: <150.0<br>Borderline: 150-199<br>High: 200-499<br>Very High : > 500.0 |
| *Enzymatic, colorimetric method* | | | |
| HDL Cholesterol | 33.40 | mg/dL | Low: <40<br>High: >60 |
| *Accelerator selective detergent method* | | | |
| LDL | 132.58 | mg/dL | Optimal: < 100.0<br>Near Optimal: 100-129<br>Borderline High: 130-159<br>High : 160-189<br>Very High : >190.0 |
| *Calculated* | | | |
| VLDL | **42.02** | mg/dL | 15 - 35 |
| *Calculated* | | | |
| LDL / HDL RATIO | **3.97** | | 0 - 3.5 |
| *Calculated* | | | |
| Cholesterol /HDL Ratio | **6.23** | | 0 - 5.0 |
| *Calculated* | | | |

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| **Age/Sex** | : 37 Years / Male **Pass. No.** : | **Tele No.** | : 9998899355 |
| **Ref. By** | : | **Dispatch At** | : |
| **Sample Type** | : Serum | **Location** | : CHPL |

| Parameter | Result | Unit | Biological Ref. Interval |
|---|---|---|---|
| | **LFT WITH GGT** | | |
| Total Protein | 7.10 | gm/dL | 1Day: 3.4-5.0<br>1Day to 1Month: 4.6-6.8<br>2 to 12Months: 4.8-7.6<br>>=1Year : 6.0-8.0<br>Adults : 6.6-8.7 |
| *Biuret Reaction* | | | |
| Albumin | 4.12 | g/dL | 0 - 4 days: 2.8 - 4.4<br>4 days - 14 yrs: 3.8 - 5.4<br>14 – 19 yrs: 3.2 – 4.5<br>20 - 60 yrs : 3.5 - 5.2<br>60 - 90 yrs : 3.2 - 4.6<br>> 90 yrs: 2.9 - 4.5 |
| *By Bromocresol Green* | | | |
| Globulin (Calculated) | 2.98 | g/dL | 2.3 - 3.5 |
| A/G Ratio (Calulated) | 1.38 | | 0.8 - 2.0 |
| SGOT | **42.50** | U/L | 0 - 40 |
| *UV without P5P* | | | |
| SGPT | **69.40** | U/L | 0 - 40 |
| *UV without P5P* | | | |
| Alakaline Phosphatase | **128.9** | IU/l | 53 - 128 |
| *P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate* | | | |
| Total Bilirubin | 0.54 | mg/dL | 0.3 - 1.2 |
| *Vanadate Oxidation* | | | |
| Direct Bilirubin | 0.11 | mg/dL | 0.0 - 0.4 |
| *Vanadate Oxidation* | | | |
| Indirect Bilirubin | 0.43 | mg/dL | 0.0 - 1.1 |
| *Calculated* | | | |
| GGT | 71.70 | U/L | < 55 |
| *SZASZ Method* | | | |

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| **Age/Sex** | : 37 Years / Male **Pass. No.** : | **Tele No.** | : 9998899355 |
| **Ref. By** | : | **Dispatch At** | : |
| **Sample Type** | : Serum | **Location** | : CHPL |

| Parameter | Result | Unit | Biological Ref. Interval |
|---|---|---|---|
| **BIO - CHEMISTRY** | | | |
| **Uric Acid**<br>*Enzymatic, colorimetric method* | 4.55 | mg/dL | 3.5 - 7.2 |
| **Creatinine**<br>*Enzymatic Method* | 0.90 | mg/dL | 0.9 - 1.3 |
| **BUN**<br>*UV Method* | 10.70 | mg/dL | 6.0 - 20.0 |

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| **Age/Sex** | : 37 Years / Male **Pass. No.** : | **Tele No.** | : 9998899355 |
| **Ref. By** | : | **Dispatch At** | : |
| **Sample Type** | : EDTA | **Location** | : CHPL |

| Parameter | Result | Unit | Biological Ref. Interval |
|---|---|---|---|
| | **HEMOGLOBIN A1 C ESTIMATION**<br>**Specimen: Blood EDTA** | | |
| *Hb A1C | 5.4 | % of Total Hb | Normal : < 5.7 %<br>Pre-Diabetes : 5.7 % - 6.4 %<br>Diabetes : 6.5 % or higher |
| *Boronate Affinity with Fluorescent Quenching* | | | |
| Mean Blood Glucose | 108.28 | mg/dL | |
| *Calculated* | | | |

**Degree of Glucose Control Normal Range:**

Poor Control >7.0% *
Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %
* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy,etc.
* Some danger of hypoglycemic reaction in Type I diabetics.
* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

**EXPLANATION :-**

*Total haemoglobin A1 c is continuously synthesised in the red blood cell throught its 120 days life span.The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days,HbA1c has been accepted as a measurnment which eflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

**HbA1c assay Interferences:**

*Errneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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**Approved By :** Dr. Purvish Darji
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| **Age/Sex** | : 37 Years / Male **Pass. No.** : | **Tele No.** | : 9998899355 |
| **Ref. By** | : | **Dispatch At** | : |
| **Sample Type** | : Urine Spot | **Location** | : CHPL |

| Test | Result | Unit | Biological Ref. Interval |
|---|---|---|---|
| **URINE ROUTINE EXAMINATION** | | | |
| **PHYSICAL EXAMINATION** | | | |
| Quantity | 30 cc | | |
| Colour | Pale Yellow | | |
| Clarity | Clear | | Clear |
| **CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)** | | | |
| pH | 5.0 | | 4.6 - 8.0 |
| Sp. Gravity | 1.015 | | 1.001 - 1.035 |
| Protein | Nil | | Nil |
| Glucose | Nil | | Nil |
| Ketone Bodies | Nil | | Nil |
| Urobilinogen | Nil | | Nil |
| Bilirubin | 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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MD (Pathology)

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| **Age/Sex** | : 37 Years / Male **Pass. No.** : | **Tele No.** | : 9998899355 |
| **Ref. By** | : | **Dispatch At** | : |
| **Sample Type** | : Serum | **Location** | : CHPL |

| Parameter | Result | Unit | Biological Ref. Interval |
|---|---|---|---|
| **IMMUNOLOGY** | | | |
| **THYROID FUNCTION TEST** | | | |
| **T3 (Triiodothyronine)**<br>*CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY* | 1.12 | 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)**<br>*CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY* | 8.40 | 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 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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**Approved By :** **Dr. Purvish Darji**
MD (Pathology)

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| **Age/Sex** | : 37 Years / Male **Pass. No.** : | **Tele No.** | : 9998899355 |
| **Ref. By** | : | **Dispatch At** | : |
| **Sample Type** | : Serum | **Location** | : CHPL |

| | | | |
|---|---|---|---|
| **TSH** | 2.670 | µIU/ml | 0.35 - 5.50 |
| *CHEMILUMINECENT 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-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

This is an electronically authenticated report.
* This test has been out sourced.

**Approved By :** **Dr. Purvish Darji**
MD (Pathology)

**Approved On :** 13-Apr-2024 04:45 PM



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# TEST REPORT

| | | | |
|---|---|---|---|
| **Reg. No** | : 404100764 **Ref Id** : | **Collected On** | : 13-Apr-2024 08:25 AM |
| **Name** | : Mr. Manojkumar Ishvarbhai Parmar | **Reg. Date** | : 13-Apr-2024 02:25 PM |
| **Age/Sex** | : 37 Years / Male **Pass. No.** : | **Tele No.** | : 9998899355 |
| **Ref. By** | : | **Dispatch At** | : |
| **Sample Type** | : Serum | **Location** | : CHPL |

| Parameter | Result | Unit | Biological Ref. Interval |
|---|---|---|---|
| **IMMUNOLOGY** | | | |
| **TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)** *CMIA* | 0.99 | 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.

This is an electronically authenticated report.
* This test has been out sourced.

**Approved By :** **Dr. Purvish Darji**
MD (Pathology)

**Approved On :** 13-Apr-2024 03:51 PM



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LABORATORY REPORT

| | | | | | |
|---|---|---|---|---|---|
| **Name** | : | Mr. Manojkumar Ishvarbhai Parmar | **Reg. No** | : | 404100764 |
| **Sex/Age** | : | Male/37 Years | **Reg. Date** | : | 13-Apr-2024 02:25 PM |
| **Ref. By** | : | | **Collected On** | : | |
| **Client Name** | : | Mediwheel | **Report Date** | : | 13-Apr-2024 02:58 PM |

## Electrocardiogram

### Findings

Normal Sinus Rhythm.

Within Normal Limit.

This is an electronically authenticated report

Dr.Jay Soni
M.D, GENERAL MEDICINE

DR.MUKESH LADDHA



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manoj
parmar
8
.....  Male
36 years
182 cm / 108 kg

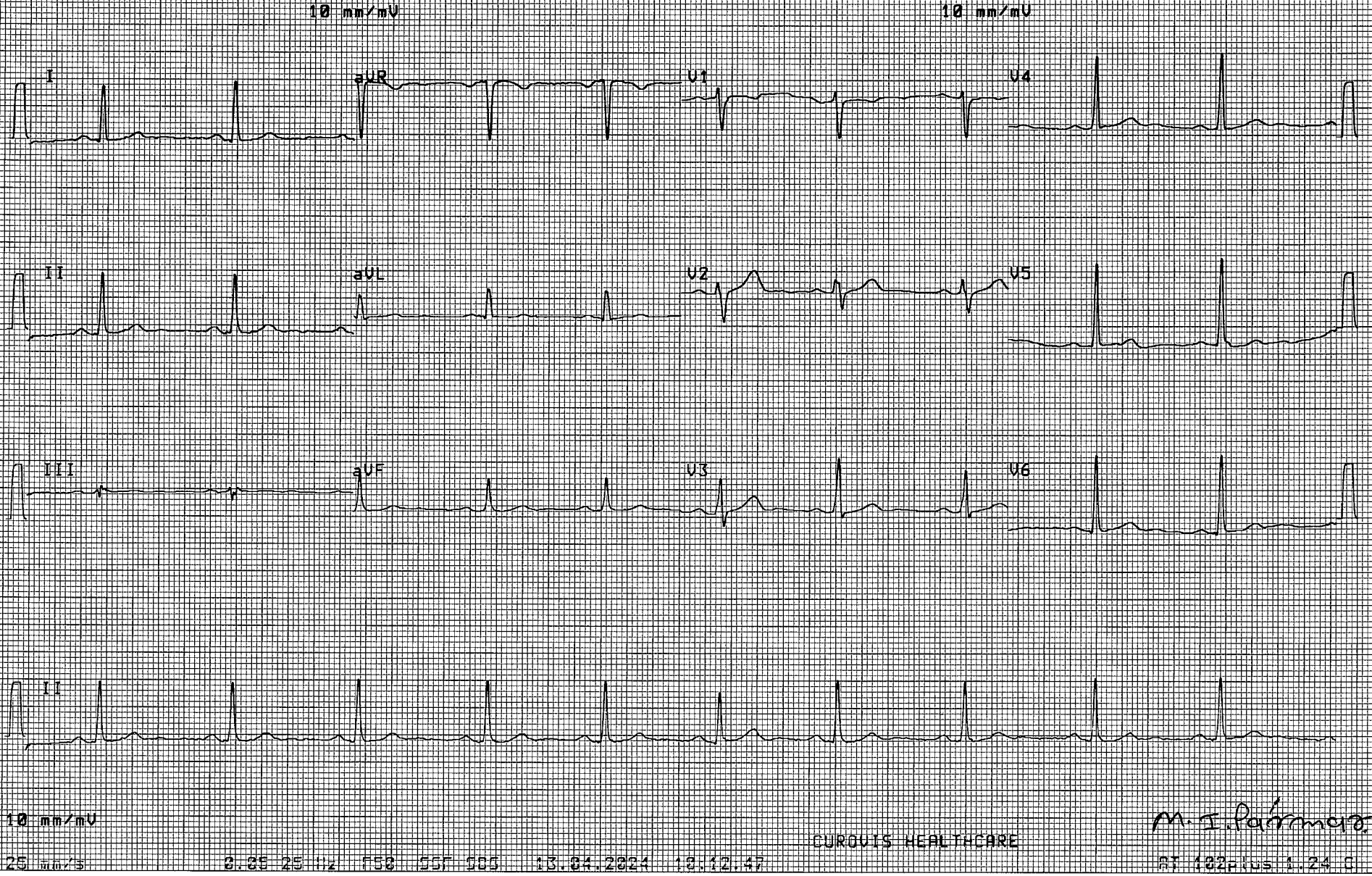
HR 63/min

Intervals:
RR 950 ms
P 114 ms
PR 170 ms
QRS 86 ms
QT 392 ms
QTC 404 ms
(Bazett)

Axis:
P 41 °
QRS 39 °
T 31 °

P (II) 0.11 mV
S (V1) -0.74 mV
R (V5) 1.63 mV
Sokol. 2.37 mV

10 mm/mV




M. I. Parmar

CUROVIS HEALTHCARE

SCHILLER

Part No.2.157017M CE 0123

R.BB

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LABORATORY REPORT

| | | | | | |
|---|---|---|---|---|---|
| **Name** | : | Mr. Manojkumar Ishvarbhai Parmar | **Reg. No** | : | 404100764 |
| **Sex/Age** | : | Male/37 Years | **Reg. Date** | : | 13-Apr-2024 02:25 PM |
| **Ref. By** | : | | **Collected On** | : | |
| **Client Name** | : | Mediwheel | **Report Date** | : | 13-Apr-2024 02:58 PM |

## 2D Echo Colour Doppler

1. Normal sized LA, LV, RA, RV.
2. Normal LV systolic function, LVEF: 60%.
3. No RWMA.
4. Normal LV compliance.
5. All cardiac valves are structurally normal.
6. Trivial MR, Trivial TR, Trivial PR, Trivial AR.
7. No PAH, RVSP: 24 mm Hg, AOVP : 1.3 m/s , PVP:0.6 m/s
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.

This is an electronically authenticated report

Dr.Jay Soni
M.D, GENERAL MEDICINE

DR.MUKESH LADDHA



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**LABORATORY REPORT**

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|---|---|---|---|---|---|
| **Name** | : | Mr. Manojkumar Ishvarbhai Parmar | **Reg. No** | : | 404100764 |
| **Sex/Age** | : | Male/37 Years | **Reg. Date** | : | 13-Apr-2024 02:25 PM |
| **Ref. By** | : | | **Collected On** | : | |
| **Client Name** | : | Mediwheel | **Report Date** | : | 13-Apr-2024 05:04 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

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**LABORATORY REPORT**

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|---|---|---|---|---|---|
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| **Sex/Age** | : | Male/37 Years | **Reg. Date** | : | 13-Apr-2024 02:25 PM |
| **Ref. By** | : | | **Collected On** | : | |
| **Client Name** | : | Mediwheel | **Report Date** | : | 13-Apr-2024 05:04 PM |

## 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.*

***COMMENTS :***
**Grade I fatty liver.**

This is an electronically authenticated report

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

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LABORATORY REPORT

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| **Sex/Age** | : | Male/37 Years | **Reg. Date** | : | 13-Apr-2024 02:25 PM |
| **Ref. By** | : | | **Collected On** | : | |
| **Client Name** | : | Mediwheel | **Report Date** | : | 15-Apr-2024 09:04 AM |

## Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: +0.25

CY: -0.75

AX: 11

LEFT EYE

SP : +0.50

CY : -1.00

AX :02

| | 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

Fundus Examination - Within Normal Limits.

ColorVision : Normal

Comments: Normal

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

This is an electronically authenticated report

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



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## LABORATORY REPORT

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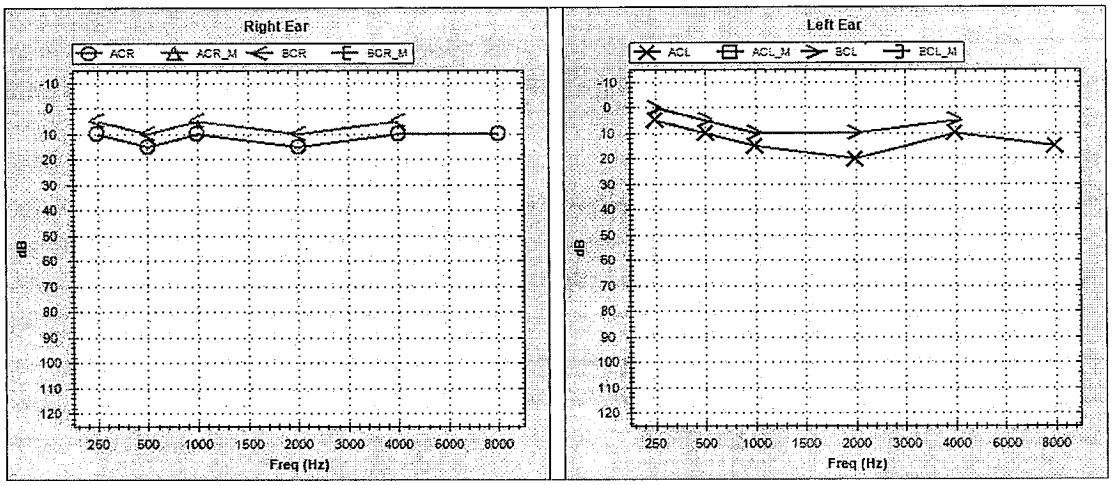
| **Ref. By** | : | | **Collected On** | : | |
| **Client Name** | : | Mediwheel | **Report Date** | : | 15-Apr-2024 09:04 AM |

# AUDIOGRAM




| MODE / EAR | 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 | 10 |
| BONE CONDUCTION | | |
| SPEECH | | |

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

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

This is an electronically authenticated report

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



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