



**LABORATORY REPORT**

<b>Name</b> :	Mr. Rishi Kundwani	<b>Reg. No</b> :	312101494
<b>Sex/Age</b> :	Male/43 Years	<b>Reg. Date</b> :	30-Dec-2023 08:47 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	30-Dec-2023 03:30 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) :173

Weight (kgs) :90.7

Blood Pressure : 128/82mmHg

Pulse : 74/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

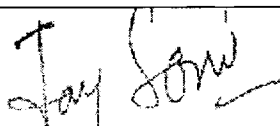
Respiratory system - AEBE

Central Nervous System - No FND

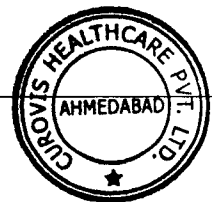
Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

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Dr.Jay Soni  
M.D, GENERAL MEDICINE




DR.MUKESH LADDHA

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भारत सरकार  
 आधर

Issue Date: 30/01/2012



ऋषि कुन्दानी  
 Rishi Kundwani  
 जन्म तिथि/DOB: 14/09/1980  
 पुरुष/ MALE

4181 5958 6058  
 VID : 9197 6808 8359 4964

मेरा आधार, मेरी पहचान

*Handwritten:* 992826221



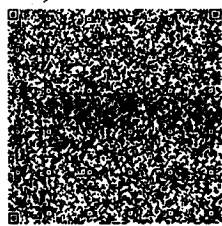
**Dr. Jay Soni**  
 M.D. (General Medicine)  
 Reg. No.: G-23899

भारत सरकार  
 आधर

डाउनलोड तिथि: 30/03/2012

पता:  
 S/O श्याम सुंदर कुन्दानी, 141-बी /105, शिप्रा पथ, डी  
 डी गार्डन के सामने, जयपुर, जयपुर,  
 राजस्थान - 302020

Address:  
 S/O Shyam Sunder Kundwani, 141-B /105  
 Rama Krishna Apartment, Shipra Path, opp D  
 D garden, Jaipur, Jaipur,  
 Rajasthan - 302020



4181 5958 6058  
 VID : 9197 6808 8359 4964

1947 | help@uidai.gov.in | www.uidai.gov.in



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<b>Age/Sex</b> : 43 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9928262221
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : EDTA		<b>Location</b> : CHPL

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

Hemoglobin (Colorimetric method)	14.6	g/dL	13.5 - 18
Hematocrit (Calculated)	43.50	%	40 - 50
RBC Count (Electrical Impedance)	5.36	million/cmm	4.73 - 5.5
MCV (Calculated)	L 81.2	fL	83 - 101
MCH (Calculated)	27.3	Pg	27 - 32
MCHC (Calculated)	33.6	%	31.5 - 34.5
RDW (Calculated)	11.5	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	H 10700	/cmm	4000 - 10000
MPV (Calculated)	10.4	fL	6.5 - 11.5

DIFFERENTIAL WBC COUNT	[ % ]		EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Neutrophils (%)	60	%	40 - 80	6420 /cmm	2000 - 7000
Lymphocytes (%)	29	%	20 - 40	3103 /cmm	1000 - 3000
Eosinophils (%)	03	%	0 - 6	856 /cmm	200 - 1000
Monocytes (%)	08	%	2 - 10	321 /cmm	20 - 500
Basophils (%)	00	%	0 - 2	0 /cmm	0 - 100

### PERIPHERAL SMEAR STUDY

RBC Morphology Normocytic and Normochromic.  
WBC Morphology Normal

### PLATELET COUNTS

Platelet Count (Electrical Impedance) 329000 /cmm 150000 - 450000  
Electrical Impedance  
Platelets Platelets are adequate with normal morphology.  
Parasites Malarial parasite is not detected.  
Comment -

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\* This test has been out sourced.

*Deep*  
Approved By : Dr. Deep Patel  
MD (Pathology)

Approved On : 30-Dec-2023 01:46 PM  
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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : EDTA		<b>Location</b> : CHPL

<b>Parameter</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>
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**HEMATOLOGY****BLOOD GROUP & RH**

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

<b>ABO</b>	"B"
<b>Rh (D)</b>	Positive
<b>Note</b>	-

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**

<b>ESR 1 hour</b> <i>Westergreen method</i>	02	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 of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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Approved By : Dr. Deep Patel  
MD (Pathology)

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**Age/Sex** : 43 Years / Male      **Pass. No.** :      **Tele No.** : 9928262221  
**Ref. By** :      **Dispatch At** :  
**Sample Type** : Serum,Flouride PP      **Location** : CHPL

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

**BIO - CHEMISTRY**

**Fasting Blood Sugar (FBS)**      96.40      mg/dL      70 - 110  
*GOD-POD Method*

**Post Prandial Blood Sugar (PPBS)**      101.1      mg/dL      70 - 140  
*GOD-POD Method*

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\* This test has been out sourced.

*Deep*  
**Approved By** : Dr. Deep Patel  
MD (Pathology)

**Approved On** : 30-Dec-2023 01:35 PM  
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MC-3466



## TEST REPORT

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


Parameter	Result	Unit	Biological Ref. Interval
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### Lipid Profile

Cholesterol	224.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	206.70	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	49.20	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	133.46	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	41.34	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.71		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.55		0 - 5.0
<i>Calculated</i>			

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MD (Pathology)

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


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### LFT WITH GGT

Total Protein	6.80	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	4.73	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.07	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	2.29		0.8 - 2.0
SGOT	25.80	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	16.70	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	69.5	IU/l	53 - 128
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.62	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.13	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.49	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	20.60	U/L	< 55
<i>SZASZ Method</i>			

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Dr. Deep Patel  
MD (Pathology)

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Ref. By :      Pass. No. :      Tele No. : 9928262221  
Sample Type : Serum      Dispatch At :  
Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**BIO - CHEMISTRY**

<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	4.66	mg/dL	3.5 - 7.2
<b>Creatinine</b> <i>Enzymatic Method</i>	0.72	mg/dL	0.9 - 1.3
<b>BUN</b> <i>UV Method</i>	8.50	mg/dL	6.0 - 20.0

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

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

*Hb A1C	5.0	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
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*Boronate Affinity with Fluorescent Quenching*

Mean Blood Glucose	96.80	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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Approved By :   
Dr. Deep Patel  
MD (Pathology)

Approved On : 30-Dec-2023 02:20 PM  
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MC-3466



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

Test	Result	Unit	Biological Ref. Interval
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### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATION

Quantity	20 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

#### CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	7.0	4.6 - 8.0
Sp. Gravity	1.000	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)	Nil	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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*Deep*  
**Approved By :** Dr. Deep Patel  
 MD (Pathology)

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

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### IMMUNOLOGY

#### THYROID FUNCTION TEST

<b>T3 (Triiodothyronine)</b> <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.22	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.

<b>T4 (Thyroxine)</b> <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	8.70	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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*Deep*  
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MD (Pathology)

**Approved On : 30-Dec-2023 03:11 PM**  
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**Ref. By** :      **Dispatch At** :  
**Sample Type** : Serum      **Location** : CHPL

**TSH**      1.740      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-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 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 Saunders, 2012:2170

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**IMMUNOLOGY**

<b>TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)</b> <small>CMIA</small>	0.92	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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<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	30-Dec-2023 03:01 PM

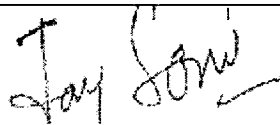
**Electrocardiogram**

**Findings**

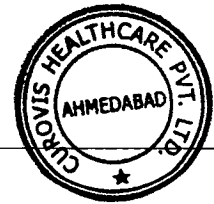
Normal Sinus Rhythm.

Within Normal Limit.

This is an electronically authenticated report



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



**DR. MUKESH LADDHA**

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RISHI  
KUNDURANI

10

43 years / 91 kg  
Male

173 cm / 91 kg

HR 74/min

Intervals:

RR 812 ms

P 68 ms

PR 116 ms

QRS 84 ms

QT 380 ms

QTc 422 ms  
(Bazett)

10 mm/mV

Axis: 41°

P 26°

T 51°

P (II) 0.12 mV

S (VI) -0.72 mV

R (V5) 1.56 mV

Sokol 2.28 mV

10 mm/mV



10 mm/mV

25 mm/s

0.05-25 Hz 500

55F 585

30.11.2023 09:15:58

CURIOUS MEASUREMENTS

*RS*

SCHILLER



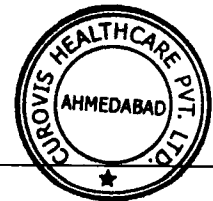
**LABORATORY REPORT**

<b>Name</b> : Mr. Rishi Kundwani	<b>Reg. No</b> : 312101494
<b>Sex/Age</b> : Male/43 Years	<b>Reg. Date</b> : 30-Dec-2023 08:47 AM
<b>Ref. By</b> :	<b>Collected On</b> :
<b>Client Name</b> : Mediwheel	<b>Report Date</b> : 30-Dec-2023 12:56 PM

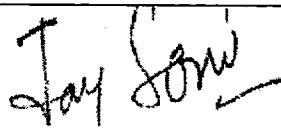
**2D Echo Colour Doppler**

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: 38 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.

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



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

**DR. MUKESH LADDHA**

Page 1 of 1



Name: Rishi Kundwani

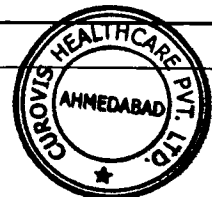
**M MODE FINDINGS:**

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%
<b>TRICUSPID VALVE</b>		<b>LV COMPLIANCE</b>	
Normal		Stage I diastolic dysfunction	

PULMONARY VALVE	OBSERVED	NORMAL VALUES	MVO AREA
EF Slope		6-115 mm	By Planimetry :
A' Wave -			
Midsystolic notch -			By PHT :
Flutter -			
Other Findings			

DIMENSIONS:			AORTIC VALVE		
1. Lvd. (Diastole)	46 mm		Cuspal Opening	16mm	
2. Lvd. (Systole)	28 mm	24-42 mm	Closure line	Central	
3. RVID (Diastole)	13mm	7-23 mm	Eccentricity index	1	
4. IVS (Diastole)	12mm		Other findings	Absent	
5. IVS (Systole)	14mm				
6. LVPWT (Diastole)	12mm	6-11 mm			
7. LVPM (Systole)	12mm				
8. Aortic root	32 mm	22-37 mm			
9. Left Atrium:	36 mm	19-40 mm			
10. LVEF	60%				

COLOUR DOPPLER FINDINGS:			
STRUCTURE	REGURG GRADING	VELOCITY1 m/sec Max/Mean	GRADIENT 5 Mm Hg 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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<b>Client Name</b> : Mediwheel	<b>Report Date</b> : 30-Dec-2023 04:20 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.

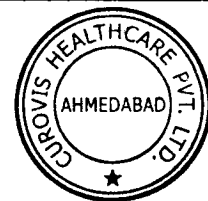
**COMMENT: No significant abnormality is detected.**

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

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





**LABORATORY REPORT**

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<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	30-Dec-2023 04:18 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 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.*

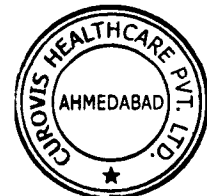
**COMMENTS :**

**Grade I fatty liver.**

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





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<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	30-Dec-2023 03:41 PM

### Eye Check - Up

No Eye Complaints

#### RIGHT EYE

SP: -0.25

CY: -1.25

AX: 13

#### LEFT EYE

SP : -0.50

CY : -1.00

AX :150

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

Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

ColorVision : Normal

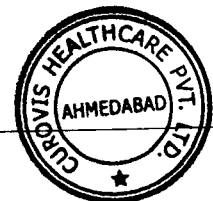
Comments: Normal

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

This is an electronically authenticated report



Dr Kejal Patel  
MB,DO(Ophth)



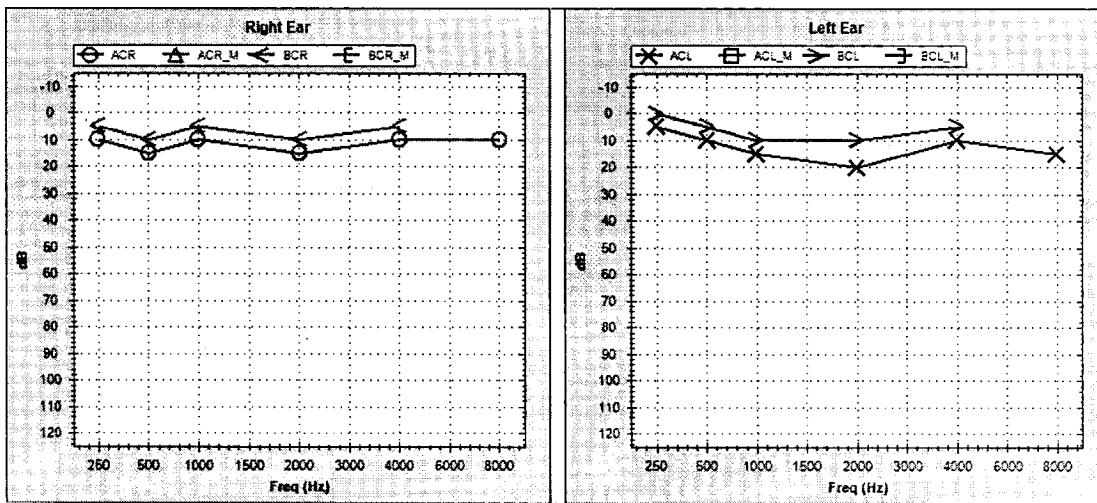


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Reg. No : 312101494  
 Reg. Date : 30-Dec-2023 08:47 AM  
 Collected On :  
 Report Date : 30-Dec-2023 04:04 PM

## AUDIOGRAM



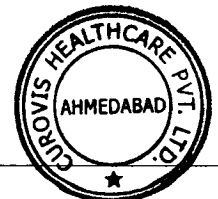
EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	UnMasked	Masked	UnMasked	
LEFT		□	×	⌋	>	Blue
RIGHT		△	○	⌈	<	Red

NO RESPONSE : Add ↓ below the respective symbols

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

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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



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*Jay Soni*

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 M.D, GENERAL MEDICINE