



ભારત સરકાર

Unique Identification Authority of India



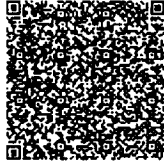
નોંધણીની ઓળખ / Enrollment No 1081/15303/50520

21/09/2013  
To,  
પ્રજાપતિ મહેશકુમાર શંકારલાલ  
Prajapati Maheshkumar Shankarlal  
S/O: Prajapati Shankarlal Maganlal  
20  
sanskardham society  
near nalanda-2-modasa modasa  
Modasa  
Modas Modasa Sabarkantha  
Gujarat 383315  
9428555412

Ref: 224 / 281 / 216607 / 216678 / P



SH342653284FT



તમારો આધાર નંબર / Your Aadhaar No. :

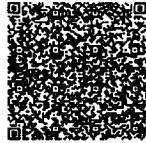
**3507 6429 3987**

આધાર - સામાન્ય માણસનો અધિકાર



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પ્રજાપતિ મહેશકુમાર શંકારલાલ  
Prajapati Maheshkumar Shankarlal  
જન્મ તારીખ / DOB : 17/06/1964  
પુરુષ / Male



**3507 6429 3987**

આધાર - સામાન્ય માણસનો અધિકાર

*Handwritten signature and text*



**LABORATORY REPORT**

<b>Name</b> :	Mr. Maheshkumar Shankarlal Prajapati	<b>Reg. No</b> :	409101431
<b>Sex/Age</b> :	Male/60 Years	<b>Reg. Date</b> :	28-Sep-2024 11:33 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	28-Sep-2024 04:18 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) : 175

Weight (kgs) : 93.95

Blood Pressure : 90/60mmHg

Pulse : 57/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

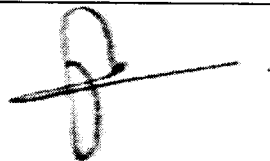
Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

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**Dr. Parth S Patel**  
MBBS, MD, FNB

**DR.MUKESH LADDHA**

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## TEST REPORT

<b>Reg. No</b> : 409101431	<b>Ref Id</b> :	<b>Collected On</b> : 28-Sep-2024 11:38 AM
<b>Name</b> : Mr. Maheshkumar Shankarlal Prajapati		<b>Reg. Date</b> : 28-Sep-2024 11:33 AM
<b>Age/Sex</b> : 60 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9428555412
<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)	L 13.3	g/dL	13.5 - 18
Hematocrit (Calculated)	41.60	%	40 - 50
RBC Count (Electrical Impedance)	L 4.64	million/cmm	4.73 - 5.5
MCV (Calculated)	89.5	fL	83 - 101
MCH (Calculated)	28.6	Pg	27 - 32
MCHC (Calculated)	31.9	%	31.5 - 34.5
RDW (Calculated)	13.8	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	5610	/cmm	4000 - 10000
MPV (Calculated)	9.9	fL	6.5 - 11.5

<u>DIFFERENTIAL WBC COUNT</u>	[ % ]		<u>EXPECTED VALUES</u>	[ Abs ]	<u>EXPECTED VALUES</u>
Neutrophils (%)	46.40	%	40 - 80	2603 /cmm	2000 - 7000
Lymphocytes (%)	38.80	%	20 - 40	2177 /cmm	1000 - 3000
Eosinophils (%)	H 7.40	%	0 - 6	398 /cmm	200 - 1000
Monocytes (%)	7.10	%	2 - 10	415 /cmm	20 - 500
Basophils (%)	0.30	%	0 - 2	17 /cmm	0 - 100

### PERIPHERAL SMEAR STUDY

RBC Morphology Normocytic and Normochromic.  
WBC Morphology Normal


### PLATELET COUNTS

Platelet Count (Electrical Impedance) 189000 /cmm 150000 - 450000  
Electrical Impedance  
Platelets Platelets are adequate with normal morphology.  
Parasites Malarial parasite is not detected.  
Comment -

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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

**ABO** "A"  
*Tube Agglutination (Forward & Reverse grouping) Method*

**Rh (D)** Positive  
*Tube Agglutination (Forward & Reverse grouping) Method*

**Note** -

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**

**ESR 1 hour** 2 mm/hr ESR AT 1 hour : 1-7  
*Westergreen method*

**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 (<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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**Name** : Mr. Maheshkumar Shankarlal Prajapati      **Collected On** : 28-Sep-2024 11:38 AM  
**Age/Sex** : 60 Years / Male      **Pass. No.** :      **Reg. Date** : 28-Sep-2024 11:33 AM  
**Ref. By** :      **Tele No.** : 9428555412  
**Sample Type** : Flouride F, Flouride PP      **Dispatch At** :  
**Location** : CHPL

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

<b>Fasting Blood Sugar (FBS)</b> <i>GOD-POD Method</i>	99.50	mg/dL	70 - 110
<b>Post Prandial Blood Sugar (PPBS)</b> <i>GOD-POD Method</i>	97.9	mg/dL	70 - 140

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<b>Name</b> : Mr. Maheshkumar Shankarlal Prajapati		<b>Reg. Date</b> : 28-Sep-2024 11:33 AM
<b>Age/Sex</b> : 60 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9428555412
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
<b>Lipid Profile</b>			
Cholesterol	309.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Cholesterol Oxidase, esterase, peroxidase</i>			
Triglyceride	269.80	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Glycerol-3-Phosphate Oxidase Peroxidase</i>			
HDL Cholesterol	47.20	mg/dL	Low : <40 High : >60
<i>4-Aminoantipyrine-CHE-Cholesterol Oxidase-POD</i>			
LDL	207.84	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	<b>53.96</b>	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	<b>4.40</b>		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	<b>6.55</b>		0 - 5.0
<i>Calculated</i>			

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## TEST REPORT


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Name	: Mr. Maheshkumar Shankarlal Prajapati	Reg. Date	: 28-Sep-2024 11:33 AM	Tele No.	: 9428555412
Age/Sex	: 60 Years / Male	Pass. No.	:	Dispatch At	:
Ref. By	:	Location	: CHPL		
Sample Type	: Serum				

Parameter	Result	Unit	Biological Ref. Interval
<b>LFT WITH GGT</b>			
Total Protein	7.18	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	4.60	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs : 3.5 - 5.2 60 - 90 yrs : 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
<i>Bromocresol Green</i>			
Globulin (Calculated)	2.58	g/dL	2.3 - 3.5
<i>Calculated</i>			
A/G Ratio (Calculated)	1.78		0.8 - 2.0
SGOT	<b>39.50</b>	U/L	0 - 35
<i>L-Aspartate a - Ketoglutarate</i>			
SGPT	41.60	U/L	0 - 45
<i>Pyruvate to Lactate - IFCC</i>			
Alakaline Phosphatase	74.6	IU/l	41 - 137
<i>4-Nitrophenol phosphate (AMP)</i>			

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**Name** : Mr. Maheshkumar Shankarlal Prajapati      **Reg. Date** : 28-Sep-2024 11:33 AM  
**Age/Sex** : 60 Years / Male      **Pass. No.** :      **Tele No.** : 9428555412  
**Ref. By** :      **Dispatch At** :  
**Sample Type** : Serum      **Location** : CHPL

**Total Bilirubin**      1.65      mg/dL      Cord : Premature & full term : <2.0  
0-1 day : Premature : <8.0  
0-1 day : Full term : 1.4 - 8.7  
1-2 day : Premature : <12  
1-2 day : Full term : 3.4 - 11.5  
3-5 day : Premature : <16  
3-5 day : Full term : 1.5 - 12.0  
Adult : 0.3 - 1.2

*Vanadate Oxidation*

**Direct Bilirubin**      0.33      mg/dL      0.0 - 0.4

*Vanadate*

**Indirect Bilirubin**      1.32      mg/dL      0.0 - 1.1

*Calculated*


**GGT**      56.90      U/L      < 55

*γ-Glutamyltransferase - IFCC*

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<b>Age/Sex</b> : 60 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9428555412
<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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**BIO - CHEMISTRY**

<b>Uric Acid</b> <i>Uricase - Peroxidase</i>	<b>7.24</b>	mg/dL	3.5 - 7.2
<b>Creatinine</b> <i>Sarcosine Oxidase peroxidase</i>	1.01	mg/dL	0.7 - 1.3
<b>BUN</b> <i>Urease - UV Method</i>	7.50	mg/dL	6.0 - 20.0

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## TEST REPORT

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Name	: Mr. Maheshkumar Shankarlal Prajapati	Reg. Date	: 28-Sep-2024 11:33 AM	Tele No.	: 9428555412
Age/Sex	: 60 Years / Male	Pass. No.	:	Dispatch At	:
Ref. By	:	Location	: CHPL		
Sample Type	: EDTA				

Parameter	Result	Unit	Biological Ref. Interval
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### HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

*Hb A1C	6.1	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
---------	-----	---------------	--

Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose	128.37	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 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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<b>Age/Sex</b> : 60 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9428555412
<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	5	4.6 - 8.0
Sp. Gravity	1.025	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	Nil
Nitrite	Nil	Nil
Blood	Nil	Nil


**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

Leucocytes (Pus Cells)	Occasional/hpf	Nil
Erythrocytes (Red Cells)	Nil	Nil
Epithelial Cells	Occasional	Nil
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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Ref. By	:			Dispatch At	:
Sample Type	: Serum			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
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### IMMUNOLOGY

#### THYROID FUNCTION TEST

<b>T3 (Triiodothyronine)</b> <i>CLIA-Sandwich Immunoassay</i>	0.89	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> <i>CLIA-Sandwich Immunoassay</i>	7.50	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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**TEST REPORT**

**Reg. No** : 409101431      **Ref Id** :      **Collected On** : 28-Sep-2024 11:38 AM  
**Name** : Mr. Maheshkumar Shankarlal Prajapati      **Reg. Date** : 28-Sep-2024 11:33 AM  
**Age/Sex** : 60 Years / Male      **Pass. No.** :      **Tele No.** : 9428555412  
**Ref. By** :      **Dispatch At** :  
**Sample Type** : Serum      **Location** : CHPL

**TSH**      5.250      µIU/ml      0.35 - 5.50  
*CLIA-Sandwich 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

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

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

This is an electronically authenticated report.

\* This test has been out sourced.

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

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**TEST REPORT**

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

<b>Parameter</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>
------------------	---------------	-------------	---------------------------------

**IMMUNOLOGY**

<b>TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)</b> <i>CMA</i>	0.68	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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**LABORATORY REPORT**

<b>Name</b> :	Mr. Maheshkumar Shankarlal Prajapati	<b>Reg. No</b> :	409101431
<b>Sex/Age</b> :	Male/60 Years	<b>Reg. Date</b> :	28-Sep-2024 11:33 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	28-Sep-2024 04:59 PM

**2D Echo Colour Doppler**

1. Normal sized LA, LV, RA, RV.
2. Fair LV systolic function, LVEF: 55 %.
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: 19 mmHg, AOVP: 0.97 m/s, PVP: 0.67 m/s
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.

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**Dr. Parth S Patel**  
MBBS, MD, FNB

**DR.MUKESH LADDHA**

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<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	28-Sep-2024 02:01 PM

**X RAY CHEST PA**

Both lung fields show prominent broncho-vascular markings.

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.

Radiological interpretation is professional opinion and not the final diagnosis. Please see your referring doctor for interpretation of these results. Not valid for medico legal purposes. Results are subject to variations due to technical limitations and patient's preparation, hence correlation with clinical findings and other investigation should be carried out to know the nature of illness.

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

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

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<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	28-Sep-2024 03:52 PM

**USG ABDOMEN**

Liver appears normal in size & increased echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.  
Gall bladder is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.  
Pancreas Visualized portion appears normal in size and echopattern. No evidence of focal lesions.  
Spleen appears normal in size & echopattern. No evidence of focal lesions.  
Both kidneys are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.  
Urinary bladder is partially distended. No evidence of calculus or mass.  
Prostate appears normal in size and echopattern. No evidence of focal lesions.  
No evidence of free fluid in peritoneal cavity.  
*No evidence of para-aortic lymph adenopathy.*  
*No evidence of dilated small bowel loops.*  
Comments :  
Grade I fatty liver.

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<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	28-Sep-2024 04:36 PM

**Eye Check - Up**

No Eye Complaints

**RIGHT EYE**

SP: +2.25

CY: -0.50

AX:93

**LEFT EYE**

SP : +2.25

CY : -0.50

AX :101

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

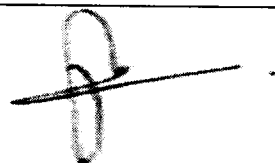
Near Vision: Right Eye - N/6, Left Eye - N/6

ColorVision : Normal

Comments: Normal

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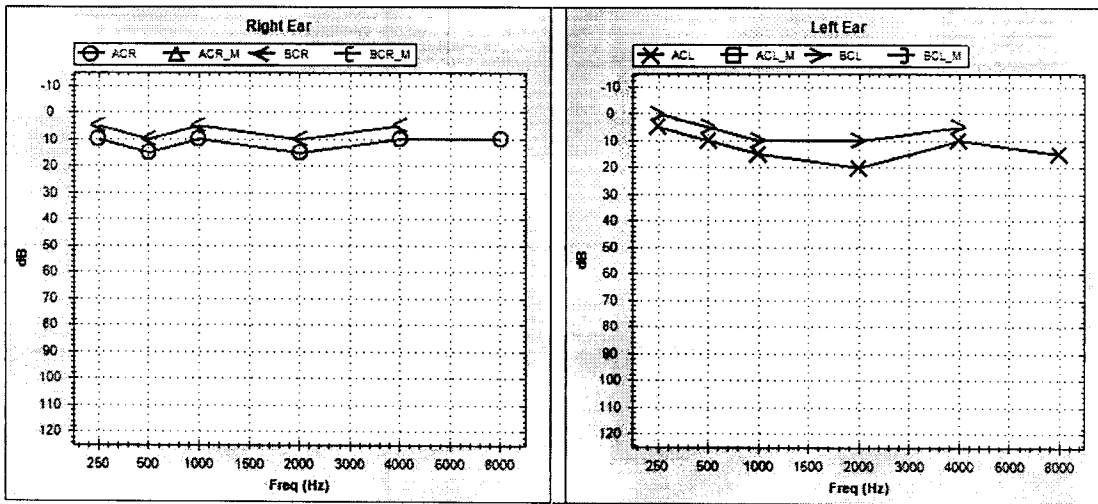


## LABORATORY REPORT

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 Sex/Age : Male/60 Years  
 Ref. By :  
 Client Name : Mediwheel

Reg. No : 409101431  
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## 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	11.5	11.5
BONE CONDUCTION		
SPEECH		

Comments: - Bilateral Hearing Sensitivity Within Normal Limits.

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<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	30-Sep-2024 03:34 PM

**Electrocardiogram**

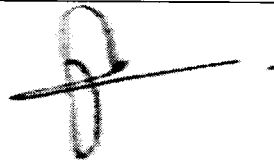
**Findings**

Normal Sinus Rhythm.

Within Normal Limit.

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