



26140 211024

Registration ID : 26140

Sample Collection : 21/10/2024 09:20:23

Name : MR. SUDHAKAR SONAWANE

Sample Received : 21/10/2024 09:20:23

Age/Sex : 64 Yrs. / M

Printed : 22/10/2024 17:37:54

Report Released : 21/10/2024 18:22:00

Ref. By : BANK OF BARODA

Sent By : Arcofemi Healthcare Pvt Ltd

COMPLETE BLOOD COUNT

| Test | Result | Unit | Biological Ref Range |
|---|----------------------------|---------------------|-----------------------------|
| Hemoglobin (SLS) Photometric | : 12.3 | g/dL | 13-18 g/dL |
| Total RBC (Electrical Impedence) | : 3.79 | 10 ⁶ /μL | 3.0-6.0 10 ⁶ /μL |
| Hematocrit (PCV) (Calculated) | : 36.5 | % | 36-54 % |
| Mean Corpuscular Volume (MCV) (calculated) | : 96.3 | fL | 78-101 fL |
| Mean Corpuscular Hemoglobin (MCH) (Calculated) | : 32.5 | pg | 27-32 pg |
| Mean Corpuscular Hemoglobin Concentration (MCHC) (Calculated) | : 33.7 | g/dL | 31.5-34.5 g/dL |
| Red Cell Distribution Width (RDW- CV) (Electrical Impedence) | : 12.80 | % | 12-15 % |
| Total Leucocytes Count (Light Scattering) | : 6900 | /cumm | 4000-11000 /cumm |
| Neutrophils (Calculated) | : 51 | % | 40-75 % |
| Eosinophils Percentage (Calculated) | : 07 | % | 1-6 % |
| Lymphocyte Percentage (Calculated) | : 33 | % | 20-45 % |
| Basophils Percentage (Calculated) | : 0 | % | 0-1 % |
| Monocytes Percentage (Calculated) | : 08 | % | 1-10 % |
| RBC Morphology | : Normocytic, Normochromic | | |
| WBC Morphology | : Normal Morphology | | |
| Platelet Count (Electrical Impedence) | : 156000 | /ul | 150000-450000 /ul |
| Platelets on Smear | : Adequate | | Adequate |

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.

(Collected At: 21/10/2024 09:20:23, Received At: 21/10/2024 09:20:23, Reported At: 21/10/2024 18:22:00)

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



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





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| | | | |
|-----------------|-------------------------|-------------------------------|-----------------------|
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| | Sent By | : Arcofemi Healthcare Pvt Ltd | |

Blood Sugar Fasting (FBS) & Post Prandial Blood Sugar (PPBS)

| Test | Result | Unit | Biological Ref. Range |
|---|----------|-------|---|
| GLUCOSE (SUGAR) FASTING, (Fluoride Plasma Used) | : 115 | mg/dL | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl |
| <i>Method: GOD-POD</i> | | | |
| Fasting Urine Glucose | : Absent | | Absent |
| GLUCOSE (SUGAR) PP, (Fluoride Plasma Used) | : 128 | mg/dl | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl |
| PP Urine Glucose | : Absent | | Absent |

Test Done on - Automated Biochemistry Analyzer (EM 200)

*All Samples Processed At Excellas Clinics Mulund Centre .

(Collected At: 21/10/2024 09:20:23, Received At: 21/10/2024 09:20:23, Reported At: 21/10/2024 18:22:23)

HbA1c (Whole Blood)

| Test | Result | Unit | Reference Range |
|---|----------|-------|---|
| HbA1c-Glycosylated Haemoglobin | : 6.00 | % | Non-diabetic: 4-6 Excellent Control: 6-7 Fair to good control: 7-8 Unsatisfactory control: 8-10 Poor Control: >10 |
| <i>EDTA Whole Blood, Method: HPLC</i> | | | |
| Estimated Average Glucose (eAG) | : 125.50 | mg/dl | 65.1-136.3 mg/dL mg/dl |
| <i>EDTA Whole Blood, Method: Calculated</i> | | | |

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 Association) 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: 21/10/2024 09:20:23, Received At: 21/10/2024 09:20:23, Reported At: 21/10/2024 19:24:58)



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





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BLOOD GROUP


| Test | Result | Unit | Biological Ref. Range |
|-------------|-------------------|------|-----------------------|
| Blood Group | : 'O' Rh POSITIVE | | |

Slide and Tube Agglutination Test

(Collected At: 21/10/2024 09:20:23, Received At: 21/10/2024 09:20:23, Reported At: 22/10/2024 14:21:09)

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Dr. Santosh Khairnar
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Report Released : 21/10/2024 18:23:34

Ref. By : BANK OF BARODA

Sent By : Arcofemi Healthcare Pvt Ltd

LIPID PROFILE

| Test | Result | Unit | Biological Ref. Range |
|-----------------------------------|---------|-------|--|
| Total Cholesterol | : 163 | mg/dl | Desirable: <200 Borderline high = 200-239 High: > 239 |
| <i>Serum, Method: CHOD-PAP</i> | | | |
| S. Triglyceride | : 141 | mg/dl | Desirable: <161 Borderline High: 161 - 199 High: > 200 - 499/ Very High:>499 |
| <i>Serum, Method: GPO-Trinder</i> | | | |
| HDL Cholesterol | : 52 | mg/dl | 35.3-79.5 mg/dl |
| <i>serum,Direct method</i> | | | |
| LDL Cholesterol | : 82.80 | mg/dl | Optimal: <100; Near Optimal: 100-129; Borderline High: 130-159; High: 160-189; Very high: >190 |
| <i>Serum, (Calculated)</i> | | | |
| VLDL Cholesterol | : 28.2 | mg/dl | 5-30 mg/dl |
| <i>Serum, Method: Calculated</i> | | | |
| LDL/HDL Ratio | : 1.6 | | Optimal: <2.5 Near Optimal: 2.5-3.5 High >3.5 |
| <i>Serum, Method: Calculated</i> | | | |
| TC/HDL Ratio | : 3.1 | | Optimal: <3.5 Near Optimal: 3.5 - 5.0 High >5.0 |
| <i>Serum, Method: Calculated</i> | | | |

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.

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Report Released : 21/10/2024 18:25:13

Ref. By : BANK OF BARODA

Sent By : Arcofemi Healthcare Pvt Ltd

LIVER FUNCTION TEST

| Test | Result | Unit | Biological Ref. Range |
|--|---------------|-------|-----------------------|
| S. Bilirubin (Total) <i>Serum, Method: Diazo (walter & Gerarde)</i> | : 1.03 | mg/dl | 0-2.0 mg/dl |
| S. Bilirubin (Direct) <i>Serum, Method: Diazo (walter & Gerarde)</i> | : 0.27 | mg/dl | 0-0.4 mg/dl |
| S. Bilirubin (Indirect) <i>Serum, Method: Calculated</i> | : 0.76 | mg/dl | 0.10-1.0 mg/dl |
| Aspartate Transaminase (AST/SGOT) <i>Serum, Method: UV Kinetic with P5P</i> | : 72.0 | IU/L | 0-35 IU/L |
| Alanine Transaminase (ALT/SGPT) <i>Serum, Method: UV Kinetic with P5P</i> | : 53.0 | IU/L | 0-45 IU/L |
| S. Alkaline Phosphatase <i>Serum, Method: IFCC with AMP buffer</i> | : 69.0 | IU/L | 56-119 IU/L |
| Total Proteins <i>Serum, Method: Biuret</i> | : 6.6 | gm/dl | 6.4-8.3 gm/dl |
| S. Albumin <i>Serum, Method: BCG</i> | : 4.2 | gm/dl | 3.2-4.6 gm/dl |
| S. Globulin <i>Serum, Method: Calculated</i> | : 2.4 | gm/dl | 2.3-3.5 gm/dl |
| A/G Ratio <i>Serum, Method: Calculated</i> | : 1.75 | | 0.90-2.00 |
| Gamma GT <i>Serum, Method: G glutamyl carboxy nitroanilide</i> | : 127 | U/L | 0-55 U/L |


NOTE : Results rechecked and confirmed

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

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Ref. By : BANK OF BARODA

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SERUM CREATININE

| Test | Result | Unit | Biological Ref. Range |
|---------------|--------|-------|-----------------------|
| S. Creatinine | : 0.83 | mg/dl | 0.7-1.3 mg/dl |

Serum, Method: Enzymatic

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

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BLOOD UREA NITROGEN (BUN)

| Test | Result | Unit | Biological Ref. Range |
|------|---------|-------|-----------------------|
| Urea | : 22.60 | mg/dl | 18-55 mg/dl |

Serum, Method: Urease - GLDH

Blood Urea Nitrogen : 10.56 mg/dl 5-18 mg/dl

Test Done on - Automated Biochemistry Analyzer (EM 200)

*All Samples Processed At Excellas Clinics Mulund Centre

(Collected At: 21/10/2024 09:20:23, Received At: 21/10/2024 09:20:23, Reported At: 21/10/2024 18:25:32)

SERUM URIC ACID

| Test | Result | Unit | Biological Ref. Range |
|--------------|--------|-------|-----------------------|
| S. Uric Acid | : 3.87 | mg/dl | 3.5-7.2 mg/dl |

Serum, Method: Uricase - POD

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

(Collected At: 21/10/2024 09:20:23, Received At: 21/10/2024 09:20:23, Reported At: 21/10/2024 18:25:40)



Dr. Santosh Khairnar
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Ref. By : BANK OF BARODA

Sent By : Arcofemi Healthcare Pvt Ltd

BUN CREAT RATIO (BCR)

| Test | Result | Unit | Biological Ref. Range |
|----------------------|---------|------|-----------------------|
| BUN/Creatinine ratio | : 12.53 | | 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: 21/10/2024 09:20:23, Received At: 21/10/2024 09:20:23, Reported At: 21/10/2024 18:25:50)

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




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| Ref. By : BANK OF BARODA | Report Released : 21/10/2024 18:26:02 |
| Sent By : Arcofemi Healthcare Pvt Ltd | |

THYROID FUNCTION TEST

| Test | Result | Unit | Biological Ref. Range |
|-----------------------------------|---------|--------|-----------------------|
| Total T3 | : 1.1 | ng/dl | 0.70-2.04 ng/dl |
| <i>Serum, Method: CLIA</i> | | | |
| Total T4 | : 11.67 | µg/dl | 5.1-14.1 µg/dl |
| <i>Serum, Method: CLIA</i> | | | |
| TSH (Thyroid Stimulating Hormone) | : 2.41 | µIU/ml | 0.5-8.9 µIU/ml |
| <i>Serum, Method: CLIA</i> | | | |

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: 21/10/2024 09:20:23, Received At: 21/10/2024 09:20:23, Reported At: 21/10/2024 18:26:02)

PROSTATE SPECIFIC ANTIGEN

| Test | Result | Unit | Biological Ref. Range |
|---------------------|--------|-------|-----------------------|
| PSA - TOTAL | : 0.29 | ng/ml | 0- 4 ng/ml |
| Serum, Method: CLIA | | | |

NOTE :

Prostate specific antigen is a seminal fluid protein produced by normal and malignant epithelial cells of prostate gland and is recognized as a tumour marker for evaluation of prostate cancer activity.

In normal individuals, S.PSA levels do not exceed 4.0 ng/ml.

S.PSA level is useful in detection of cancer of prostate gland and in detection of recurrence of prostate cancer after radical prostatectomy. Serum PSA levels may also be elevated in conditions like BPH, UTI, Digital rectal examination, Transurethral ultrasonography. Confirmation of prostate cancer can be done by transrectal ultrasonography and prostate biopsy.

(Collected At: 21/10/2024 09:20:23, Received At: 21/10/2024 09:20:23, Reported At: 21/10/2024 18:26:10)

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Signature
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Ref. By : BANK OF BARODA

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EXAMINATION OF URINE

| Test | Result | Unit | Biological Ref. Range |
|---------------------------------------|---------------|-------|-----------------------|
| <u>PHYSICAL EXAMINATION</u> | | | |
| Quantity | 20 | ml | |
| Colour | Pale yellow | | |
| Appearance | Slightly Hazy | | |
| Reaction (pH) | 5.0 | | 4.5 - 8.0 |
| Specific Gravity | 1.010 | | 1.010 - 1.030 |
| <u>CHEMICAL EXAMINATION</u> | | | |
| Protein | Absent | | Absent |
| Glucose | Absent | | Absent |
| Ketones Bodies | Absent | | Absent |
| Occult Blood | Absent | | Absent |
| Bilirubin | Absent | | Absent |
| Urobilinogen | Absent | | Normal |
| <u>MICROSCOPIC EXAMINATION</u> | | | |
| Epithelial Cells | 0 - 2 | / hpf | |
| Pus cells | 1 - 2 | / hpf | |
| Red Blood Cells | Absent | / hpf | |
| Casts | Absent | / lpf | Absent / lpf |
| Crystals | Absent | | Absent |
| <u>OTHER FINDINGS</u> | | | |
| 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 Microscopic

(Collected At: 21/10/2024 09:20:23, Received At: 21/10/2024 09:20:23, Reported At: 21/10/2024 18:26:55)

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Age/Sex : 64 Yrs. / M

Printed : 22/10/2024 17:37:54

Report Released : 22/10/2024 17:30:48

Ref. By : BANK OF BARODA

Sent By : Arcofemi Healthcare Pvt Ltd

2D Echo Color Doppler

REASON FOR STUDY: HEALTH CHECK UP

CLINICAL DIAGNOSIS: IHD POST PTCA

CONCLUSION:

- NORMAL SIZE LA, LV, RA AND RV_
- **MODERATE LV DYSFUNCTION AT REST. L.V.E.F: 40 % WITH DISTAL IVS APEX AND DISTAL ANTERO LATERAL WALL OF LV THIN AND AKINETIC .**
- GOOD RV FUNCTION. RVSM: 13_
- STRUCTURALLY NORMAL MITRAL,TRICUSPID AND PULMONARY LEAFLETS._
- **SCLEROSED AORTIC VALVE.**
- NO CLOTS IN LA AND LV._
- NO EVIDENCE OF LEFT VENTRICULAR HYPERTROPHY_
- NO EVIDENCE OF PERICARDIAL EFFUSION._
- NO EVIDENCE OF PULMONARY HYPERTENSION._

CONVENTIONAL DOPPLER:

- **INFLOW SUGGESTIVE OF ABNORMAL RELAXATION OF LV.**

COLOUR DOPPLER: SHOWS NO EVIDENCE OF MR,AR,TR OR PR.

IMPRESSION:

MODERATE LV DYSFUNCTION AT REST WITH RWMA AS ABOVE
TYPE II DD



Dr. Yogesh Solanki

DrNB Interventional

Cardiology

Reg.No -2015/05/3063





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| | OBSERVED |
|------------------------------|----------|
| MITRAL VALVE: | |
| ANTERIOR LEAFLETS EXCURSION | NORMAL |
| POSTERIOR LEAFLETS EXCURSION | NORMAL |
| E.P.S.S | ---- |
| TRICUSPID VALVE: | |
| EXCURSION | NORMAL |
| OTHER FINDINGS | ---- |
| AORTIC VALVE: | |
| CUSPS OPENING | NORMAL |
| PULMONARY VALVE: | |
| EXCURSION | NORMAL |
| DIMENSIONS | |
| AORTIC ROOT | 28 |
| LEFT ATRIUM | 35 |
| LVID (D) | 54 |
| LVID (S) | 30 |
| IVST (D) | 08 |
| PWT (D) | 09 |
| RVID (D) | ---- |

| | VELOCITY(M/SEC) | STENOSIS GRADIENT PEAK/MEAN (MMHG) | REGURGITATION GRADING |
|-----------|-----------------|---------------------------------------|--------------------------|
| MITRAL | ---- | ---- | 0/III |
| TRICUSPID | ---- | ---- | 0/III |
| AORTIC | 1.1 | 5 | 0/IV |
| PULMONARY | ---- | ---- | 0/IV |

(Collected At: 21/10/2024 09:20:23, Received At: 21/10/2024 09:20:23, Reported At: 22/10/2024 17:30:48)

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

Dr. Yogesh Solanki
 DrNB Interventional
 Cardiology
 Reg.No -2015/05/3063





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Report Released : 22/10/2024 17:29:06

Ref. By : BANK OF BARODA

Sent By : Arcofemi Healthcare Pvt Ltd

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.



Dr. Reshma Gokran
MD (Radiologist)
Reg. No-
2009/09/3296





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Ref. By : BANK OF BARODA

Sent By : Arcofemi Healthcare Pvt Ltd



MR. SUDHAKAR SONAWANE. AGE:-66YRS/MALE. R24 CHEST PA 21-Oct-24 11:03 AM
EXCELLAS CLINICS PVT LTD TEL:-022-25695661/71

(Collected At: 21/10/2024 09:20:23, Received At: 21/10/2024 09:20:23, Reported At: 22/10/2024 17:29:06)

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



Dr. Reshma Gokran
MD (Radiologist)
Reg. No-
2009/09/3296





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Report Released : 22/10/2024 10:33:10

Ref. By : BANK OF BARODA

Sent By : Arcofemi Healthcare Pvt Ltd

USG ABDOMEN & PELVIS - MALE**Liver:-** is normal in size (15.0 cms) **and shows raised 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 **and shows a calculus measuring 6.4 mm.** 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 (8.4 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 – 9.5 x 4.2 cms

Left kidney – 9.6 x 4.9 cms

Urinary Bladder:- is well distended and shows normal wall thickness.

No intraluminal lesion seen.

Prostate:- is normal in size, reflectivity and measures 3.3 x 3.4 x 3.5 cms

(Volume – 21.5 cc). No focal lesions.

No ascites is seen. No significant lymphadenopathy is seen.

IMPRESSION:

- **Grade I fatty liver.**
- **Cholelithiasis.**

*Thanks for the Referral**(Collected At: 21/10/2024 09:20:23, Received At: 21/10/2024 09:20:23, Reported At: 22/10/2024 10:33:10)*

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


Dr. Deepak Mishra

D.N.B. (Radio-

Diagnosis)

Reg. No:

2021/09/7488





26140 211024

Registration ID : 26140

Sample Collection : 21/10/2024 09:20:23

Name : MR. SUDHAKAR SONAWANE

Sample Received : 21/10/2024 09:20:23

Age/Sex : 64 Yrs. / M

Printed : 22/10/2024 17:37:54

Report Released : 22/10/2024 16:37:41

Ref. By : BANK OF BARODA

Sent By : Arcofemi Healthcare Pvt Ltd

OPHTHALMIC EVALUATION

| Examination | Right Eye | Left Eye |
|----------------------------|------------------|-----------------|
| Distance Vision With Glass | 6/6 | 6/6 |
| Near Vision With Glass | N/6 | N/6 |
| Color Vision | Normal | |
| Remarks | Normal | |

(Collected At: 21/10/2024 09:20:23, Received At: 21/10/2024 09:20:23, Reported At: 22/10/2024 16:37:41)

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



MEDICAL EXAMINATION REPORT

Name : Mr./Mrs./Miss SUDHAKAR SUTNARWANE Date 21/10/2024
 Sex : Male/Female Age (yrs): 64

Marital status: Married/Unmarried

Present complaints: No

K/C/O - ~~DM/HTN/IHD/T.B./Hypothyroidism~~ DM, HTN

Past history: - Medical illness No

Surgical illness No

Family history: Father - ~~HTN/DM/IHD~~

Mother - ~~HTN/DM/IHD~~

History of Allergies: No

History of Medication: Anti Hypertensives & Anti diabetic medication

On examination (O/E): (General Physical Examination)

General conditions. Good

Height (in cm): 167

Weight (in Kg): 74.2

BMI: 28.4

Temp - Afebrile

Pulse (per min) - 70/min

Respiration Rate (per min) - 16/min

BP- 120/80

Conjunctiva -

Sclera-

Tongue-

Skin-

Nasal cavity-

Lymph nodes-

Neck veins-

Oedema-

Cyanosis-

Clubbing-

Varicose veins-

Joints

Systemic Examination:

- PA

- CVS

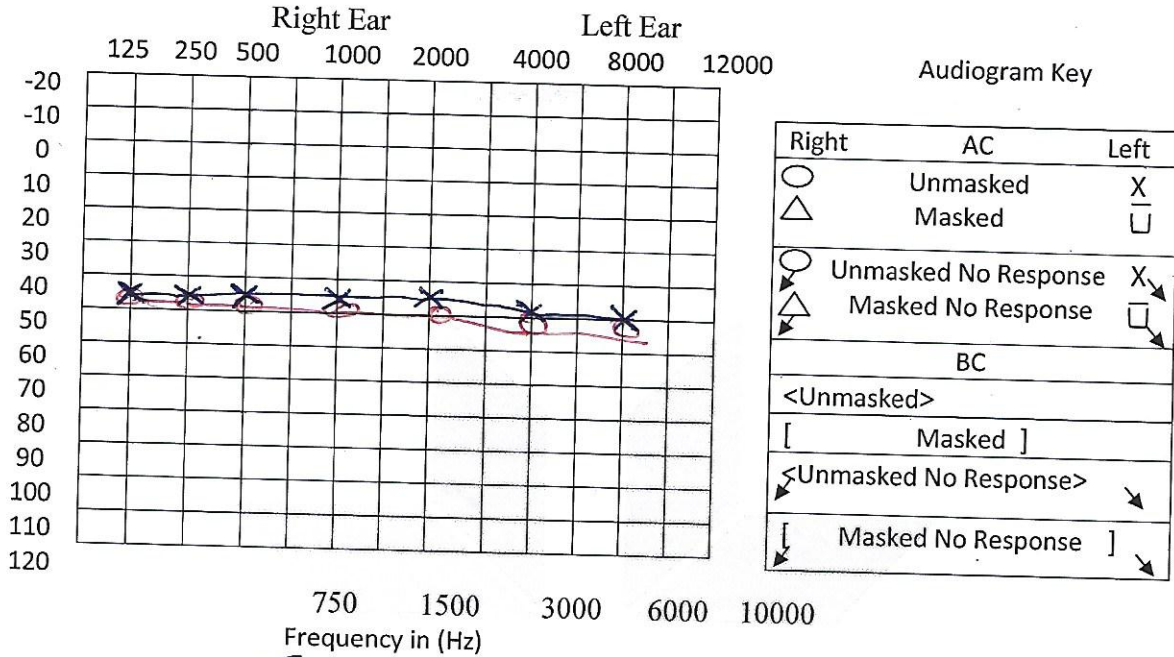
- RS

- CNS

NAD

| | |
|-----------------------------|-------------------|
| NAME : Mr.Sudhakar Sonawane | AGE: 64 Yrs/ Male |
| REF BY: Mediwheel | DATE:21/10/2024 |

AUDIOGRAM



Responses: Reliable / Fairly Reliable / Not Reliable Speech Audiometry

Test Conduction: Satisfactory / Not Satisfactory

If any other specify

Procedure: Standard / Play

Audiological Interpretations:

| Test Ear | P.T.A. dBHL |
|----------|-------------|
| Right | 40 |
| Left | 45 |

MODERATE HEARING LOSS IN BOTH FREQUENCY LEVELS OF BOTH EARS

BILATERAL HEARING CONDUCTION SENSITIVITY WITHIN NORMAL LIMITS

AUDIOLOGIST

EXCELLAS CLINICS PVT. LTD.

B-1, Vikas Paradise Commercial,
Below Axis Bank, LBS Marg,
Near Santoshi Mata Mandir,
Mulund (West), Mumbai - 400080

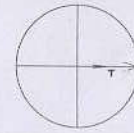
Excellas Clinics Private Ltd

B1, Vikas Paradise Commercial, Below Axis Bank, LBS Marg, Mulund (W),

10225/Sudhakar Sonawane 64Yrs/Male Kgs/ Cms BP: ___/___ mmHg

Ref.: Test Date: 21-Oct-2024(10:59:58) Notch: 50Hz 0.05Hz - 100Hz 10mm/mV 25mm/Sec

HR: 64 bpm



PR Interval: ms
QRS Duration: ms
QT/QTc: 20/21ms
P-QRS-T Axis: 0 - 0 - 0 (Deg)

