



**LABORATORY REPORT**

**Name** : Mrs. Vibha Kumari  
**Sex/Age** : Female/43 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 401100620  
**Reg. Date** : 13-Jan-2024 10:21 AM  
**Collected On** :  
**Report Date** : 13-Jan-2024 03:34 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) : 159

Weight (kgs) : 69.6

Blood Pressure :120/70 mmHg

Pulse :71 /Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

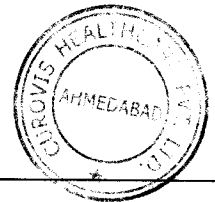
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

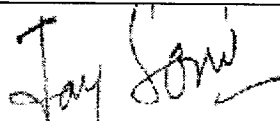
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



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

**DR. MUKESH LADDHA**

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भारत सरकार



विष्णु कुमारी  
Vibha Kumari  
जन्म तारीख / DOB: 12/11/1980  
स्त्री / FEMALE



9313 4435 4662

भारी आधार, भारी ओणभ



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



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

भारतीय विशिष्ट पहचान प्राधिकरण

सरना भुं :

W/O दिष्णु कुमारी, ई-604, अवध  
एन्क्लेव, वृंदावन-7 पास, 100 फीट  
थलतेज हेबतपुर रोड, थलतेज,  
अमदावाड,  
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Address:

W/O Krishna Kumar, E-604,  
Avadh Enclave, Near  
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www.uidai.gov.in

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

Vibha Kumari

M- 9825617413

**TEST REPORT**

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**Age/Sex** : 43 Years / Female      **Pass. No.** :      **Tele No.** : 9825617413  
**Ref. By** :      **Dispatch At** :  
**Sample Type** : EDTA      **Location** : CHPL

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

Hemoglobin (Colorimetric method)	12.7	g/dL	12.5 - 16
Hematocrit (Calculated)	L 35.40	%	40 - 50
RBC Count (Electrical Impedance)	L 4.19	million/cmm	4.73 - 5.5
MCV (Calculated)	84.5	fL	83 - 101
MCH (Calculated)	30.4	Pg	27 - 32
MCHC (Calculated)	H 36.0	%	31.5 - 34.5
RDW (Calculated)	12.3	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	6010	/cmm	4000 - 10000
MPV (Calculated)	11.4	fL	6.5 - 12.0

<b>DIFFERENTIAL WBC COUNT</b>	<b>[ % ]</b>		<b>EXPECTED VALUES</b>	<b>[ Abs ]</b>	<b>EXPECTED VALUES</b>
Neutrophils (%)	60	%	40 - 80	3606 /cmm	2000 - 7000
Lymphocytes (%)	35	%	20 - 40	2104 /cmm	1000 - 3000
Eosinophils (%)	02	%	0 - 6	180 /cmm	200 - 1000
Monocytes (%)	03	%	2 - 10	120 /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)      179000      /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.

Approved By :   
Dr. Keyur Patel  
M.B.DCP

Approved On : 13-Jan-2024 03:23 PM

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

Parameter	Result	Unit	Biological Ref. Interval
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**HEMATOLOGY****BLOOD GROUP & RH**

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

ABO	"B"
Rh (D)	Positive
Note	-

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**


<b>ESR 1 hour</b> <i>Westergreen method</i>	04	mm/hr	ESR AT 1 hour : 3-12
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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 (<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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M.B.DCPApproved On : 13-Jan-2024 06:25 PM  
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**Ref. By** :      **Dispatch At** :  
**Sample Type** : Serum,Flouride PP      **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>	98.50	mg/dL	70 - 110
<b>Post Prandial Blood Sugar (PPBS)</b> <i>GOD-POD Method</i>	96.2	mg/dL	70 - 140

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


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

**Lipid Profile**

Cholesterol	250.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	143.60	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	53.40	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	167.88	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	28.72	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	3.14		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.68		0 - 5.0
<i>Calculated</i>			

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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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**LFT WITH GGT**

Total Protein	7.15	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	4.55	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.60	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	1.75		0.8 - 2.0
SGOT	28.30	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	25.60	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	91.4	IU/l	42 - 98
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.61	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.11	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.50	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	19.30	U/L	< 38
<i>SZASZ Method</i>			

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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>
------------------	---------------	-------------	---------------------------------

**BIO - CHEMISTRY**

<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	5.13	mg/dL	2.6 - 6.0
<b>Creatinine</b> <i>Enzymatic Method</i>	0.57	mg/dL	0.6 - 1.1
<b>BUN</b> <i>UV Method</i>	10.80	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	5.1	% 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	99.67	mg/dL
--------------------	-------	-------

*Calculated*
**Degree of Glucose Control Normal Range:**

Poor Control &gt;7.0% \*

Good Control 6.0 - 7.0 %\*\*Non-diabetic level &lt; 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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**Age/Sex** : 43 Years / Female      **Pass. No.** :      **Tele No.** : 9825617413  
**Ref. By** :      **Dispatch At** :  
**Sample Type** : Urine Spot      **Location** : CHPL

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

**PHYSICAL EXAMINATION**

Quantity	20 cc	
Colour	Pale Yellow	
Clarity	Slight Turbid	Clear

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**


pH	5.0	4.6 - 8.0
Sp. Gravity	1.010	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	
Nitrite	Nil	Nil
Blood	Present (++)	Nil

**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

Leucocytes (Pus Cells)	30 - 35/hpf	Nil
Erythrocytes (Red Cells)	40 - 45/hpf	Nil
Epithelial Cells	2 - 3/hpf	Nil
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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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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**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>	6.40	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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**Sample Type** : Serum      **Location** : CHPL

**TSH**      4.610      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 Sounders,2012:2170

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

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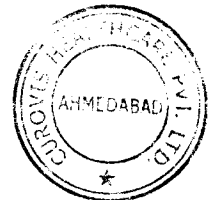
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<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	13-Jan-2024 03:41 PM

**Electrocardiogram**

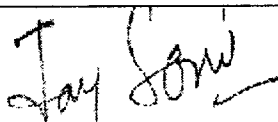
**Findings**

Normal Sinus Rhythm.

Within Normal Limit.



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**DR. MUKESH LADDHA**

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VIBHR  
KUMARI

46  
Female

HR 71/min

P axis: 38°

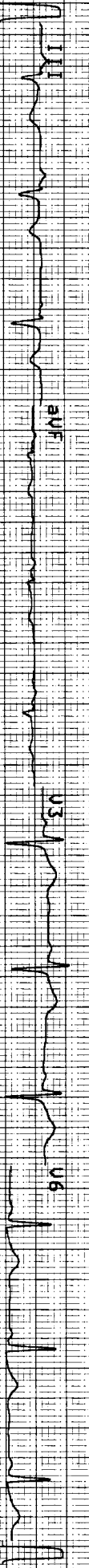
43 years / 70 kg  
159 cm

Intervals:  
RR 845 ms  
P 86 ms  
PR 112 ms  
QRS 70 ms  
QT 366 ms  
QTc 402 ms  
(Bazett)

QRS 0°  
T -4°  
P (II) 0.10 mV  
S (V1) -0.56 mV  
R (V5) 0.89 mV  
Sokol 1.45 mV

10 mm/mV

10 mm/mV



10 mm/mV  
25 mm/s

0.05-25 Hz 500 55F 5B5

13.11.2024 13:02:58

CIMRQUIS HERAL HOSPARE

PT 1028105 1.24.0

Vibha Kumari



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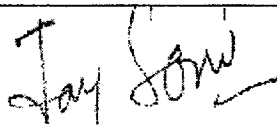
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<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	13-Jan-2024 03:41 PM

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



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Name: Mrs. Vibha Kumari

**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. LVPW (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







**LABORATORY REPORT**

**Name** : Mrs. Vibha Kumari  
**Sex/Age** : Female/43 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 401100620  
**Reg. Date** : 13-Jan-2024 10:21 AM  
**Collected On** :  
**Report Date** : 13-Jan-2024 04:36 PM

**X RAY CHEST PA**

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

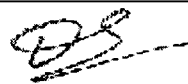
Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

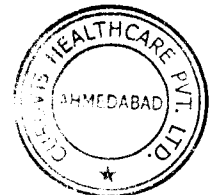
Both domes of diaphragm appear normal.

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

This is an electronically authenticated report



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



Page 2 of 3



**LABORATORY REPORT**

<b>Name</b> :	Mrs. Vibha Kumari	<b>Reg. No</b> :	401100620
<b>Sex/Age</b> :	Female/43 Years	<b>Reg. Date</b> :	13-Jan-2024 10:21 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	13-Jan-2024 04:36 PM

**USG ABDOMEN**

**Liver** appears normal in size & 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.

**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 lesion.

**Uterus** appears normal. No adnexal mass is seen.

No evidence of ascites.

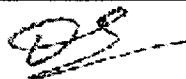
*No evidence of lymph adenopathy.*

*No evidence of dilated small bowel loops.*

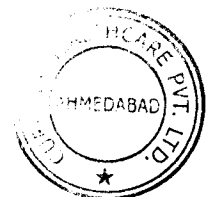
**COMMENTS :**

**NO SIGNIFICANT ABNORMALITY DETECTED.**

This is an electronically authenticated report



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





**LABORATORY REPORT**

<b>Name</b> :	Mrs. Vibha Kumari	<b>Reg. No</b> :	401100620
<b>Sex/Age</b> :	Female/43 Years	<b>Reg. Date</b> :	13-Jan-2024 10:21 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	13-Jan-2024 04:37 PM

**BILATERAL MAMMOGRAM :-**

(Dedicated digital mammography with Craniocaudal and media lateral oblique view was performed.)

- Normal fibroglandular breast parenchyma is noted in breast on either side.
- No evidence of clustered micro calcification.
- No evidence of mass or architectural distortion is seen.
- No evidence of skin thickening or nipple retraction is seen.
- No evidence of axillary lymphadenopathy.

**COMMENT :**

- **No significant abnormality detected. (BIRADS - I).**
- **No direct or indirect sign of malignancy seen.**

**BIRADS Categories:**

- 0 Need imaging evaluation.
- I Negative
- II Benign finding
- III probably benign finding.
- IV Suspicious abnormality.
- V Highly suggestive of malignancy.

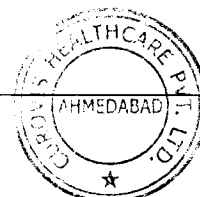
The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds.

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

This is an electronically authenticated report



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





**LABORATORY REPORT**

**Name** : Mrs. Vibha Kumari  
**Sex/Age** : Female/43 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 401100620  
**Reg. Date** : 13-Jan-2024 10:21 AM  
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**Report Date** : 13-Jan-2024 02:39 PM

**Eye Check - Up**

No Eye Complaints

**RIGHT EYE**

SP: -0.75

CY: -0.25

AX: 76

**LEFT EYE**

SP : -0.50

CY : -0.50

AX :87

	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 -----



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MB,DO(Ophth)

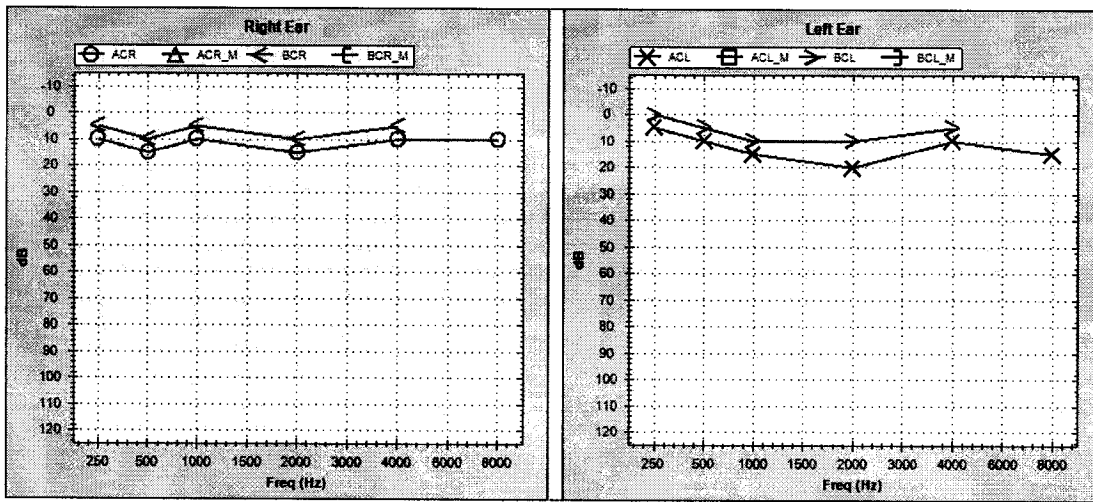


## LABORATORY REPORT

Name : Mrs. Vibha Kumari  
 Sex/Age : Female/43 Years  
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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	10.5	10.5
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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



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