



LABORATORY REPORT

Name : Mr. Bhavesh Dudani
Sex/Age : Male/28 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 402101799
Reg. Date : 24-Feb-2024 01:57 PM
Collected On :
Report Date : 24-Feb-2024 04:35 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :165

Weight (kgs) :55.9

Blood Pressure : 118/78mmHg

Pulse : 74/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

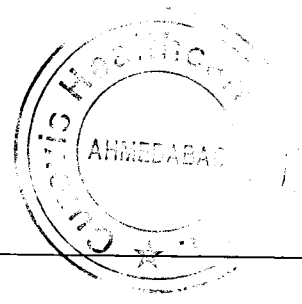
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

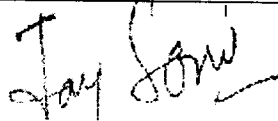
Central Nervous System - No FND

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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TEST REPORT

Reg. No : 402101799 Ref Id : Collected On : 24-Feb-2024 09:59 AM
Name : Mr. Bhavesh Dudani Reg. Date : 24-Feb-2024 01:57 PM
Age/Sex : 28 Years / Male Pass. No. : Tele No. : 8306564350
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)	14.6	g/dL	13.5 - 18
Hematocrit (Calculated)	45.00	%	40 - 50
RBC Count (Electrical Impedance)	5.29	million/cmm	4.73 - 5.5
MCV (Calculated)	85.0	fL	83 - 101
MCH (Calculated)	27.7	Pg	27 - 32
MCHC (Calculated)	32.5	%	31.5 - 34.5
RDW (Calculated)	11.5	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	6520	/cmm	4000 - 10000
MPV (Calculated)	9.9	fL	6.5 - 11.5

DIFFERENTIAL WBC COUNT	[%]	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	61	% 40 - 80	3977 /cmm	2000 - 7000
Lymphocytes (%)	31	% 20 - 40	2021 /cmm	1000 - 3000
Eosinophils (%)	02	% 0 - 6	391 /cmm	200 - 1000
Monocytes (%)	06	% 2 - 10	130 /cmm	20 - 500
Basophils (%)	0	% 0 - 2	0 /cmm	0 - 100

PERIPHERAL SMEAR STUDY


RBC Morphology Normocytic and Normochromic.
WBC Morphology Normal

PLATELET COUNTS

Platelet Count (Electrical Impedance) 334000 /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. Purvish Darji
MD (Pathology)

Approved On : 24-Feb-2024 02:43 PM
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TEST REPORT

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Name : Mr. Bhavesh Dudani		Reg. Date : 24-Feb-2024 01:57 PM
Age/Sex : 28 Years / Male	Pass. No. :	Tele No. : 8306564350
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]


ESR 1 hour <i>Westergreen method</i>	4	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 (<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. Purvish Darji
MD (Pathology)

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TEST REPORT


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Name : Mr. Bhavesh Dudani		Reg. Date : 24-Feb-2024 01:57 PM
Age/Sex : 28 Years / Male	Pass. No. :	Tele No. : 8306564350
Ref. By :		Dispatch At :
Sample Type : Serum,Flouride PP		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Fasting Blood Sugar (FBS) <small>GOD-POD Method</small>	128.80	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) <small>GOD-POD Method</small>	129.1	mg/dL	70 - 140

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TEST REPORT

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Name : Mr. Bhavesh Dudani		Reg. Date : 24-Feb-2024 01:57 PM
Age/Sex : 28 Years / Male	Pass. No. :	Tele No. : 8306564350
Ref. By :		Dispatch At :
Sample Type : Stool		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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STOOL EXAMINATION

Colour	Brown
Consistency	Semi Solid

CHEMICAL EXAMINATION

Occult Blood	Negative
<i>Peroxidase Reaction with o-Dianisidine</i>	
Reaction	Acidic
<i>Double Indicator</i>	

MICROSCOPIC EXAMINATION

Mucus	Nil
Pus Cells	Nil
Red Cells	Nil
Epithelial Cells	Nil
Vegetable Cells	Nil
Trophozoites	Nil
Cysts	Nil
Ova	Nil
Neutral Fat	Nil
Monilia	Nil
Note	-


Note: Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.

False negative: False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occasional unruptured RBCs.

False positive: False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, broccoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.

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TEST REPORT

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Name : Mr. Bhavesh Dudani		Reg. Date : 24-Feb-2024 01:57 PM
Age/Sex : 28 Years / Male	Pass. No. :	Tele No. : 8306564350
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
Lipid Profile			
Cholesterol	185.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	45.60	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	54.90	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	120.98	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	9.12	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.20		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	3.37		0 - 5.0
<i>Calculated</i>			

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Age/Sex : 28 Years / Male	Pass. No. :	Tele No. : 8306564350
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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LFT WITH GGT

Total Protein	7.55	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	5.29	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.26	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	2.34		0.8 - 2.0
SGOT	17.90	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	16.20	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	53.3	IU/l	53 - 128
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.93	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.21	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.72	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	16.90	U/L	< 55
<i>SZASZ Method</i>			

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TEST REPORT

Reg. No : 402101799 **Ref Id** :
Name : Mr. Bhavesh Dudani
Age/Sex : 28 Years / Male **Pass. No.** :
Ref. By :
Sample Type : Serum

Collected On : 24-Feb-2024 09:59 AM
Reg. Date : 24-Feb-2024 01:57 PM
Tele No. : 8306564350
Dispatch At :
Location : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	2.99	mg/dL	3.5 - 7.2
Creatinine <i>Enzymatic Method</i>	0.73	mg/dL	0.9 - 1.3
BUN <i>UV Method</i>	9.00	mg/dL	6.0 - 20.0

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Age/Sex	: 28 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	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
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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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Age/Sex : 28 Years / Male	Pass. No. :	Tele No. : 8306564350
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	30 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)


pH	6.0	4.6 - 8.0
Sp. Gravity	1.005	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	
Nitrite	Nil	Nil
Blood	Nil	Nil

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	Occasional/hpf	Nil
Erythrocytes (Red Cells)	Nil	Nil
Epithelial Cells	1 - 2/hpf	Nil
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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TEST REPORT

Reg. No : 402101799	Ref Id :	Collected On : 24-Feb-2024 09:59 AM
Name : Mr. Bhavesh Dudani		Reg. Date : 24-Feb-2024 01:57 PM
Age/Sex : 28 Years Male	Pass. No. :	Tele No. : 8306564350
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY
THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	0.98	ng/mL	0.86 - 1.92
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Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

T4 (Thyroxine) <i>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</i>	11.60	µg/dL	3.2 - 12.6
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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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 MD (Pathology)

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Age/Sex : 28 Years / Male	Pass. No. :	Tele No. : 8306564350
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

TSH 1.050 μ IU/ml 0.35 - 5.50
CHEMILUMINESCENT 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 μ IU/mL
Second Trimester : 0.2 to 3.0 μ IU/mL
Third trimester : 0.3 to 3.0 μ IU/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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Age/Sex : 28 Years / Male	Pass. No. :	Tele No. : 8306564350
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) <i>CMA</i>	1.62	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.

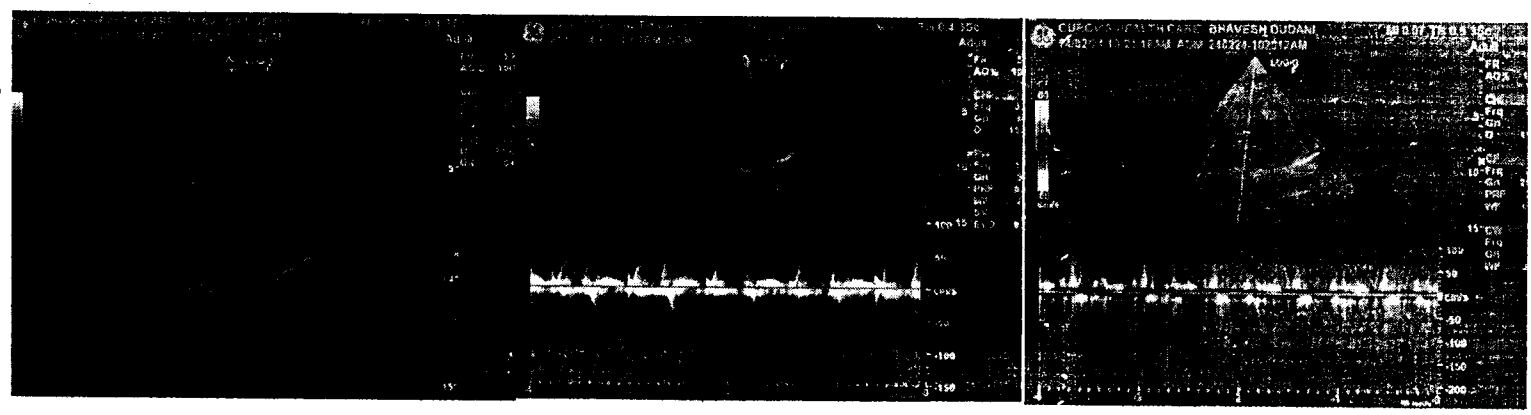
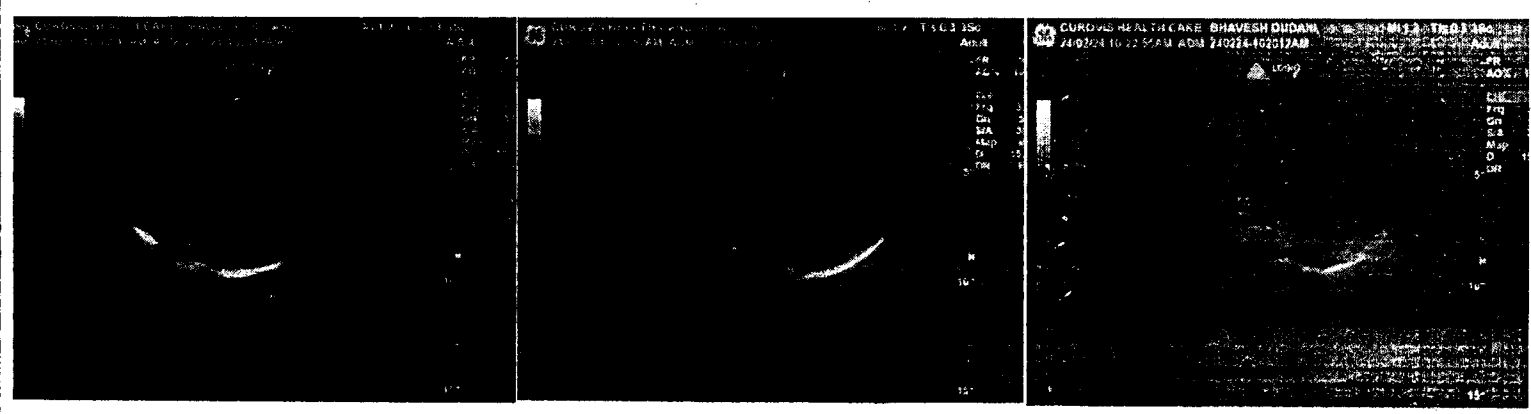
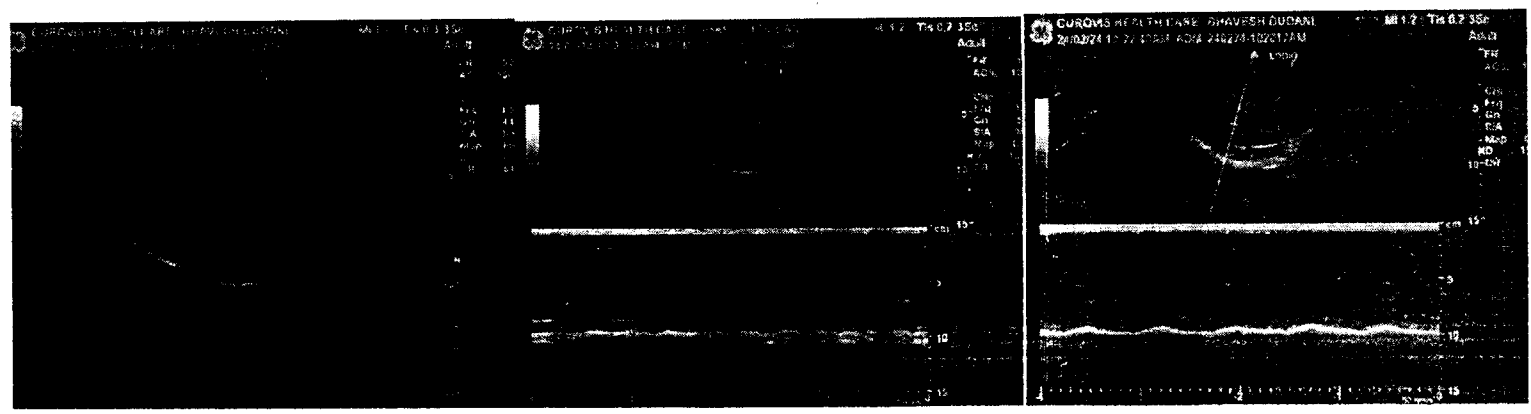
----- End Of Report -----

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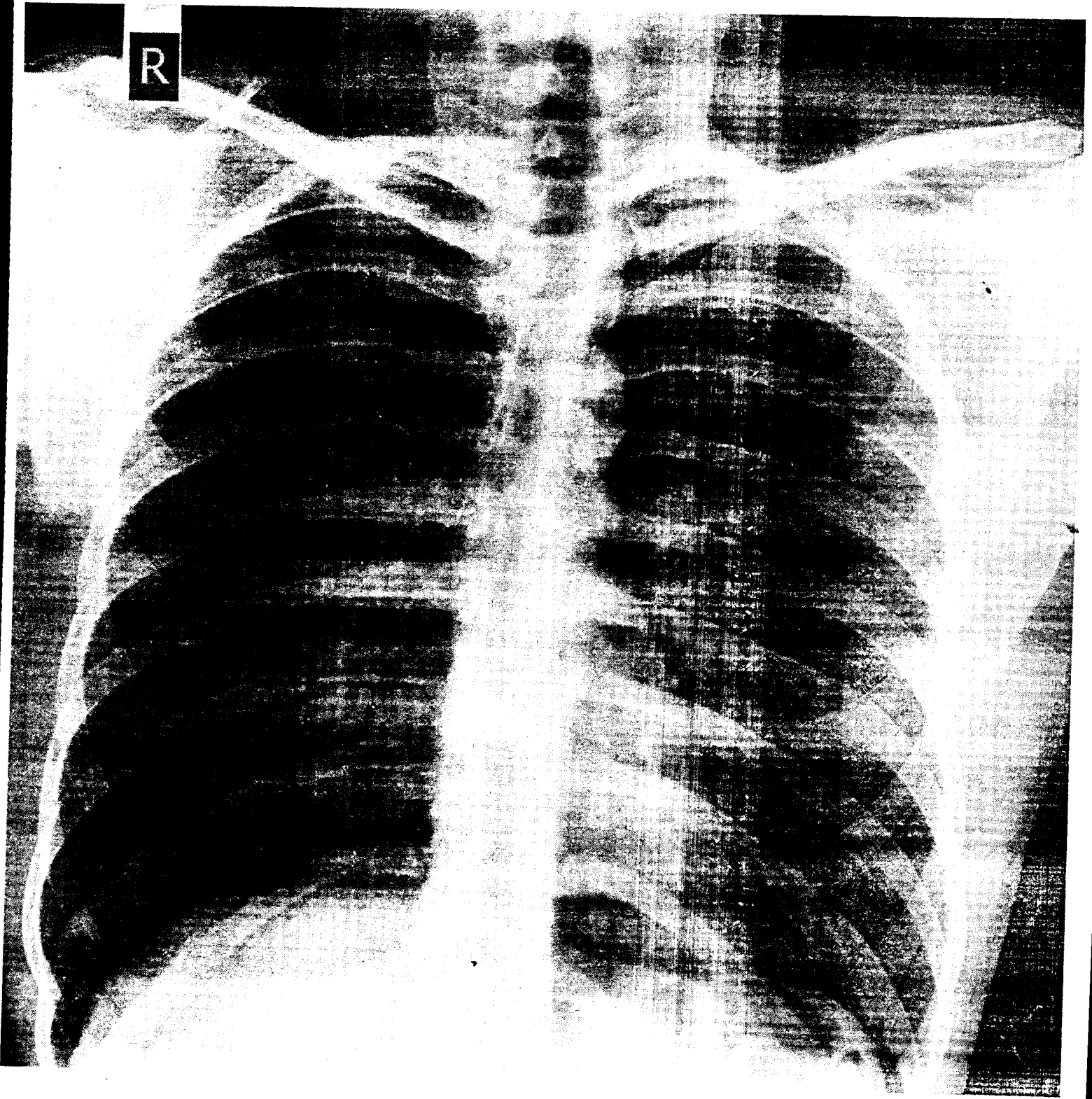


BHAVESH DUDANI 240224-102012AM

24/02/2024

CUROVIS HEALTH CARE

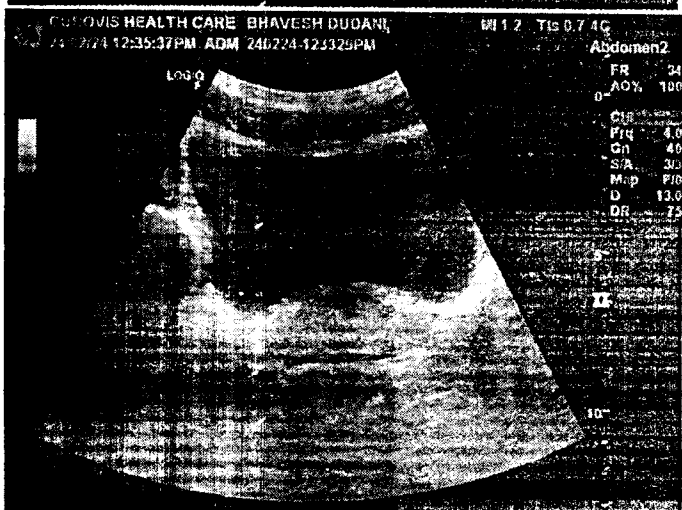
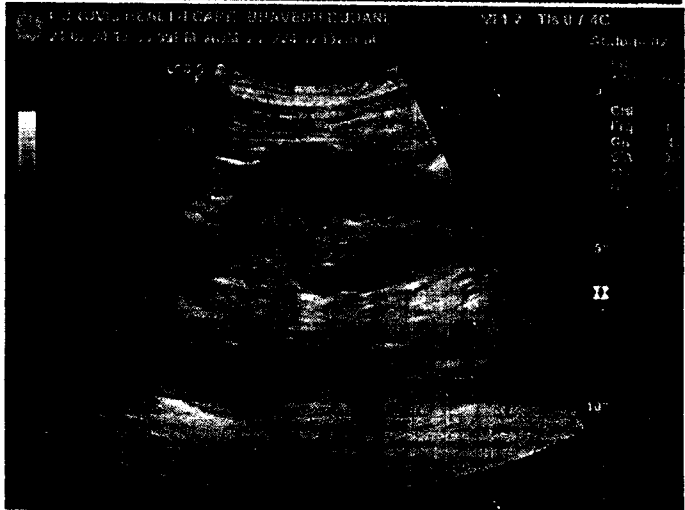
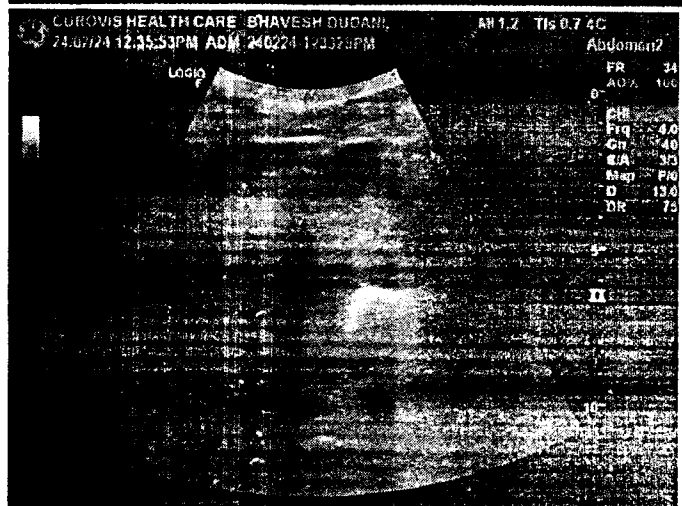
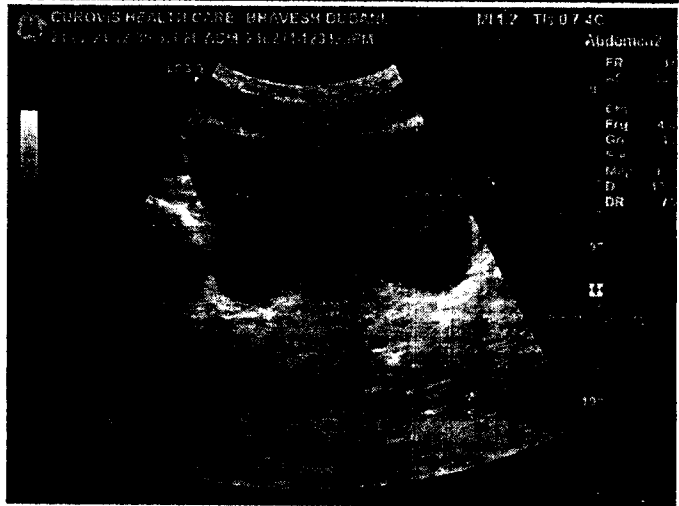
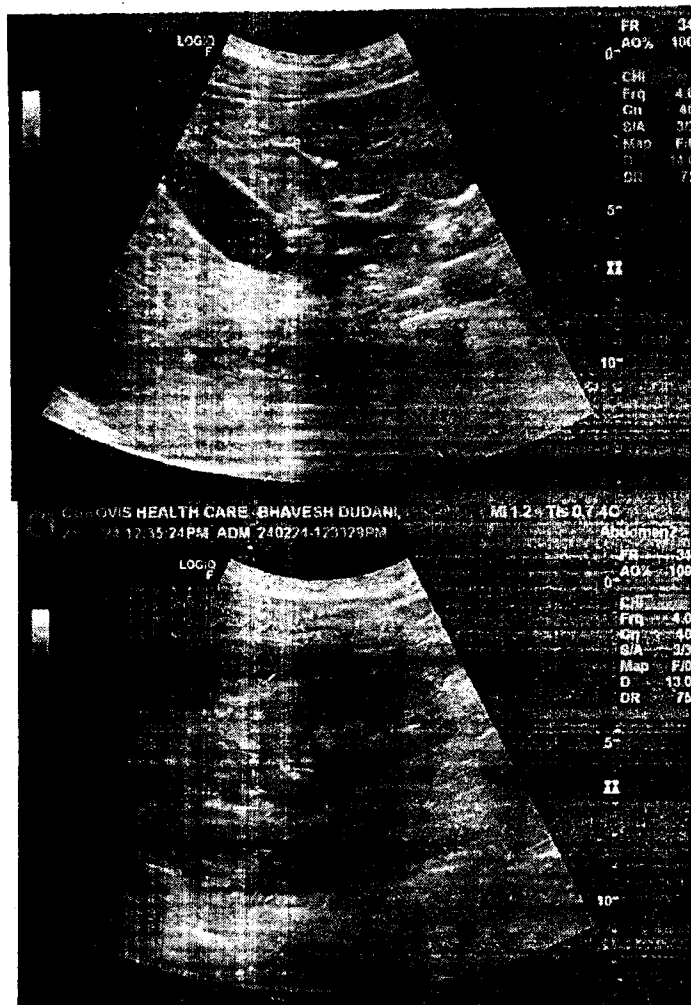
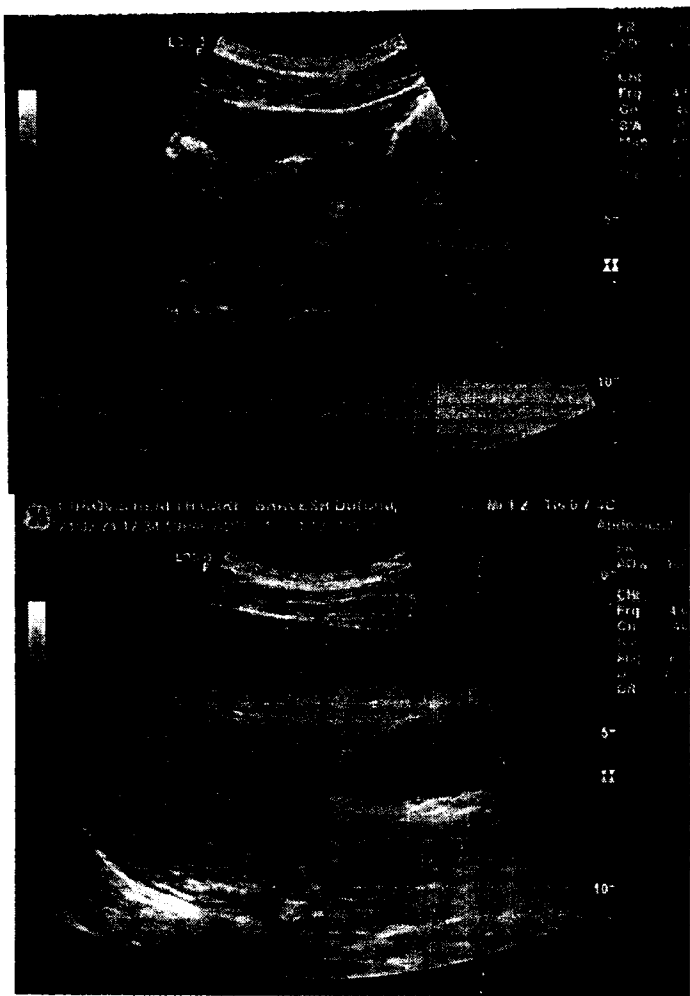
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BHAVESH DUDANI 28Y

24/02/2024

CUROVIS HEALTHCARE



BHAVESH DUDANI 240224-123329PM

24/02/2024

CUROVIS HEALTH CARE

BHAVESH DUDANI (28 M)

ID: 1221191

Date: 24/02/2024

Height: 165 cms

Ethnic: Asian

Best Report

Clinical History :

Time: 9:32:30 AM

Weight: 56 Kgs

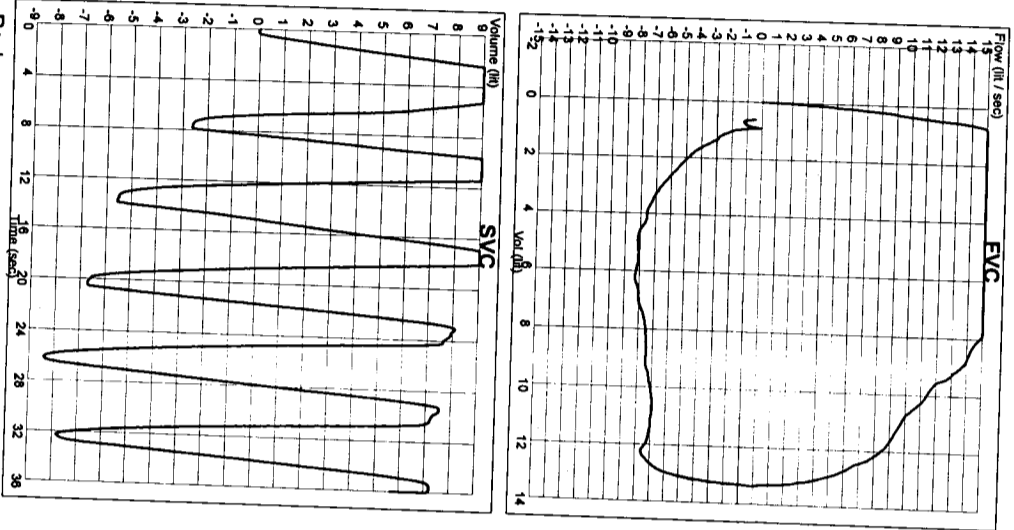
Norm: Indian

Medications :



Interpretation :

Pre _____
Post _____



Params	Pred	Pre		
		Best Effort	Best Value	% Pred
FVC(L)	355	1336	1336	376.3
FEV0.5(L)	—	754	754	—
FEV1.0(L)	289	1278	1278	442.2
FEV3.0(L)	335	0	0	0.0
FEV0.5/FVC(%)	—	56.44	56.44	—
FEV1.0/FVC(%)	83.49	95.7	95.7	114.6
FEV3.0/FVC(%)	—	0	0	—
FEF25%-75%(L/s)	333	15.88	15.88	476.9
FEF75%-85%(L/s)	—	10.61	10.61	—
FEF25%(L/s)	—	17.6	17.6	—
FEF50%(L/s)	393	16.98	16.98	432.1
FEF75%(L/s)	1.65	11.39	11.39	690.3
FEF0.2-1.2(L/s)	—	13.32	13.32	—
PEF(L/s)	7.29	17.6	17.6	241.4
FMFT(s)	—	0.43	0.43	—
FVC(L)	—	13.74	13.74	—
FM1(L)	—	4.04	4.04	—
FM1/FVC(%)	—	29.44	29.44	—
FM1/FVC(%)	—	30.27	30.27	—
PIF(L/s)	—	8.3	8.3	—
FIF50%(L/s)	—	8.02	8.02	—
SVC(L)	343	20.07	20.07	585.1
ERV(L)	—	6.34	6.34	—
IRV(L)	—	3.01	3.01	—
TIVSVC(L)	—	10.72	10.72	—



Note: Bring this document in next visit. Prescription is valid for 1 Month or as per advise.

CUROVIS HEALTHCARE PVT. LTD.

'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380'054, Gujarat





LABORATORY REPORT

Name : Mr. Bhavesh Dudani
Sex/Age : Male/28 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 402101799
Reg. Date : 24-Feb-2024 01:57 PM
Collected On :
Report Date : 24-Feb-2024 06:06 PM

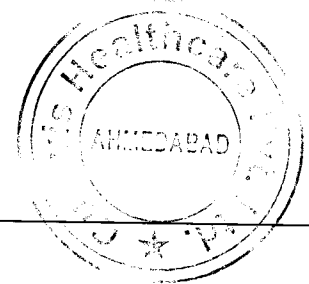
Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.

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



This is an electronically authenticated report

Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDA

Page 1 of 1



LABORATORY REPORT

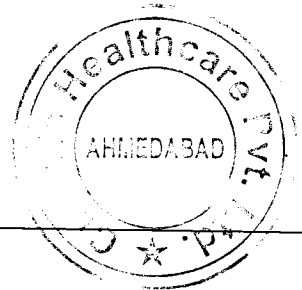
Name : Mr. Bhavesh Dudani
Sex/Age : Male/28 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 402101799
Reg. Date : 24-Feb-2024 01:57 PM
Collected On :
Report Date : 24-Feb-2024 06:04 PM

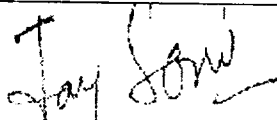
2D Echo Colour Doppler

1. Normal LV size. No RWMA at rest.
2. Normal RV and RA. No LVH.
3. All Four valves are structurally normal.
4. Good LV systolic function. LVEF = 60%.
5. Reduced LV compliance.
6. No TR. Trivial MR. No AR.
7. No PAH. RVSP = 29 mmHG.
8. Intact IAS and IVS.
9. No Clot, No Vegetation.
10. No pericardial effusion.

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



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M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

Page 1 of 1



LABORATORY REPORT

Name :	Mr. Bhavesh Dudani	Reg. No :	402101799
Sex/Age :	Male/28 Years	Reg. Date :	24-Feb-2024 01:57 PM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	24-Feb-2024 09:16 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

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LABORATORY REPORT

Name :	Mr. Bhavesh Dudani	Reg. No :	402101799
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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. 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 :

NO SIGNIFICANT ABNORMALITY DETECTED.



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



LABORATORY REPORT

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Sex/Age :	Male/28 Years	Reg. Date :	24-Feb-2024 01:57 PM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	24-Feb-2024 02:38 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -1.25

CY: -0.50

AX: 80

LEFT EYE

SP : -1.25

CY : +0.00

AX :00

	Without Glasses	With Glasses
Right Eye	6/9	6/5
Left Eye	6/12	6/5

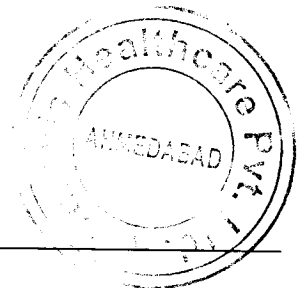
Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

ColorVision : Normal

Comments: Normal

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



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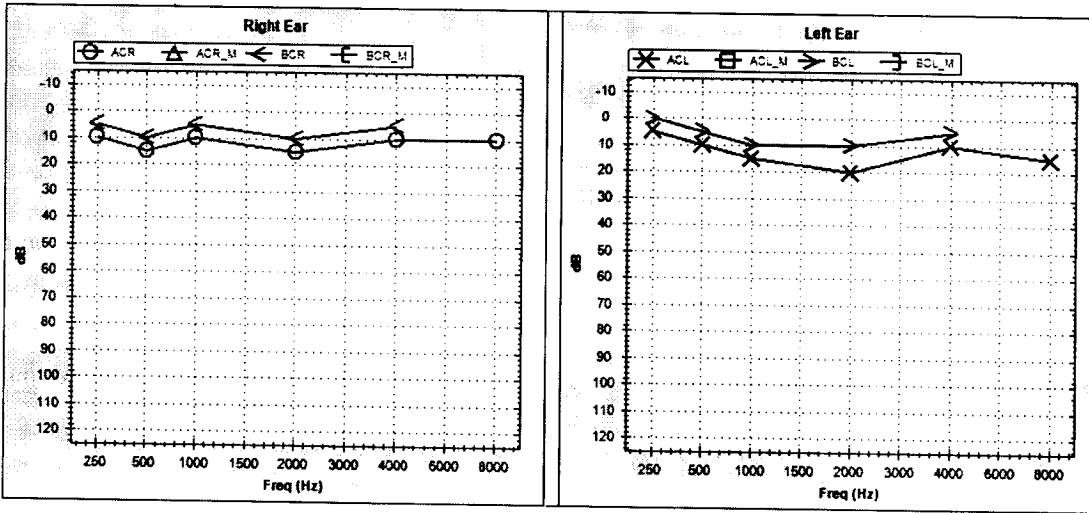


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AUDIOGRAM



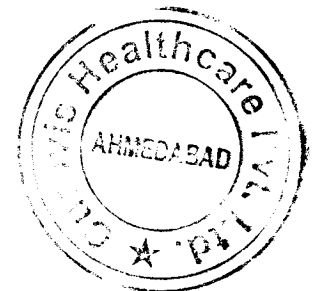
EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	UnMasked	Masked	UnMasked	
LEFT		□	×	⌋	>	Blue
RIGHT		△	○	⌈	<	Red

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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 M.D, GENERAL MEDICINE



Aadhaar No. Issued: 201109121988

સાધારણ ઓળખાણ કાર્ડ નં. 201109121988
સર્વિસ નં. / DUID: 201109121988
SPN / Issue

આધાર એ ઓળખાણ કાર્ડ છે. અધિકારિત સ્તરે તેના નિર્ણયો નહીં.
તેની ભૂલોના કારણે કોઈપણ સંબંધિત સુવિધાઓ મેળવી શકાશે નહીં.
Aadhaar is proof of Identity, not of citizenship
or date of birth. It should be used with verification (online
authentication or scanning or QR code / offline XMI).

5317 3819 9740

સેરા આધાર, સેરા પહેવાર



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

[Handwritten Signature]
8306564350

Blood-4