



LABORATORY REPORT

Name : Mrs. Daxa Nikhil Kanawala	Reg. No : 402101797
Sex/Age : Female/55 Years	Reg. Date : 24-Feb-2024 01:52 PM
Ref. By :	Collected On :
Client Name : Mediwheel	Report Date : 24-Feb-2024 04:35 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :156

Weight (kgs) :84.0

Blood Pressure : 120/80mmHg

Pulse : 75/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

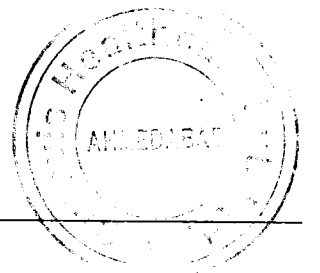
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

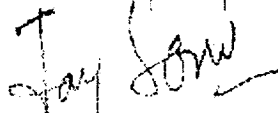
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

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भारत सरकार

[5]



भारतीय विशिष्ट ओळखास प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नोंधणीनी ओळख / Enrollment No 2141/43572/00363

To,
दक्षा निखिल कानावाला
Daxa Nikhil Kanawala
A-702
Vaibhav Tower
Nr.Mansi Char Rasta Jodhpur Satellite
Ahmadabad City
Manekbag Ahmadabad City Ahmedabad
Gujarat 380015
9173902466

20/07/2016

Ref: 199 / 21S / 34863 / 34997 / P



SA308115957FT



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



तुमारे आधार नंबर / Your Aadhaar No. :

5959 0373 8154

तुमारे आधार, तुमारी ओळख

9173902466



भारत सरकार

Government of India

दक्षा निखिल कानावाला
Daxa Nikhil Kanawala

जन्म तारीख / DOB : 27/07/1968
स्त्री / Female



5959 0373 8154

तुमारे आधार, तुमारी ओळख



TEST REPORT

Reg. No : 402101779	Ref Id :	Collected On : 24-Feb-2024 08:53 AM
Name : Mrs. Daxa Nikhil Kanawala		Reg. Date : 24-Feb-2024 08:53 AM
Age/Sex : 55 Years / Female	Pass. No. :	Tele No. : 9173902466
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)	12.6	g/dL	12.5 - 16
Hematocrit (Calculated)	L 36.30	%	40 - 50
RBC Count (Electrical Impedance)	L 4.32	million/cmm	4.73 - 5.5
MCV (Calculated)	84.0	fL	83 - 101
MCH (Calculated)	29.1	Pg	27 - 32
MCHC (Calculated)	H 34.6	%	31.5 - 34.5
RDW (Calculated)	13.0	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	4340	/cmm	4000 - 10000
MPV (Calculated)	9.1	fL	6.5 - 12.0

DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	54	%	40 - 80	2344 /cmm	2000 - 7000
Lymphocytes (%)	36	%	20 - 40	1562 /cmm	1000 - 3000
Eosinophils (%)	03	%	0 - 6	304 /cmm	200 - 1000
Monocytes (%)	07	%	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) : 257000 /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 09:36 AM
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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	"A"
Rh (D)	Positive
Note	-

ERYTHROCYTE SEDIMENTATION RATE [ESR]


ESR 1 hour <i>Westergreen method</i>	7	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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Approved By : Dr. Purvish Darji
MD (Pathology)**Approved On :** 24-Feb-2024 04:59 PM
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TEST REPORT

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Name : Mrs. Daxa Nikhil Kanawala **Reg. Date** : 24-Feb-2024 08:53 AM
Age/Sex : 55 Years / Female **Pass. No.** : **Tele No.** : 9173902466
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) <i>GOD-POD Method</i>	100.00	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i>	107.2	mg/dL	70 - 140

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MD (Pathology)

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TEST REPORT

Reg. No : 402101779	Ref Id :	Collected On : 24-Feb-2024 08:53 AM
Name : Mrs. Daxa Nikhil Kanawala		Reg. Date : 24-Feb-2024 08:53 AM
Age/Sex : 55 Years / Female	Pass. No. :	Tele No. : 9173902466
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	197.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	94.40	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	41.20	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	136.92	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	18.88	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	3.32		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.78		0 - 5.0
<i>Calculated</i>			

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Approved By : 
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MD (Pathology)

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Sample Type : Serum		Location : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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LFT WITH GGT

Total Protein	6.84	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	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.24	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	2.05		0.8 - 2.0
SGOT	20.50	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	23.20	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	110.1	IU/l	39 - 118
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.48	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	0.37	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	18.30	U/L	< 38
<i>SZASZ Method</i>			

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Age/Sex : 55 Years / Female **Pass. No.** : **Tele No.** : 9173902466
Ref. By : **Dispatch At** :
Sample Type : Serum **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	2.6 - 6.0
Creatinine <i>Enzymatic Method</i>	0.69	mg/dL	0.6 - 1.1
BUN <i>UV Method</i>	12.10	mg/dL	6.0 - 20.0

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Age/Sex : 55 Years / Female	Pass. No. :	Tele No. : 9173902466
Ref. By :		Dispatch At :
Sample Type : EDTA		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

*Hb A1C	5.3	% 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	105.41	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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 MD (Pathology)

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**TEST REPORT**

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Age/Sex : 55 Years / Female	Pass. No. :	Tele No. : 9173902466
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	Clear	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	5.0	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	
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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Approved By : 
Dr. Purvish Darji
MD (Pathology)

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TEST REPORT

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Name : Mrs. Daxa Nikhil Kanawala **Reg. Date** : 24-Feb-2024 08:53 AM
Age/Sex : 55 Years | Female **Pass. No.** : **Tele No.** : 9173902466
Ref. By : **Dispatch At** :
Sample Type : Serum **Location** : CHPL

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

IMMUNOLOGY

THYROID FUNCTION TEST

T3 (Triiodothyronine) <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	0.99	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.

T4 (Thyroxine) <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	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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* This test has been out sourced.

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

Approved On : 24-Feb-2024 01:27 PM
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TEST REPORT

Reg. No : 402101779 **Ref Id** :
Name : Mrs. Daxa Nikhil Kanawala
Age/Sex : 55 Years / Female **Pass. No.** :
Ref. By :
Sample Type : Serum

Collected On : 24-Feb-2024 08:53 AM
Reg. Date : 24-Feb-2024 08:53 AM
Tele No. : 9173902466
Dispatch At :
Location : CHPL

TSH 4.240 μ U/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 μ U/mL


Second Trimester : 0.2 to 3.0 μ U/mL

Third trimester : 0.3 to 3.0 μ U/mL

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

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TEST REPORT

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Age/Sex : 55 Years / Female	Pass. No. :	Tele No. : 9173902466
Ref. By :		Dispatch At :
Sample Type : Body Fluid		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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CYTOPATHOLOGY
CYTOLOGY REPORT

CYTOLOGY REPORT

Specimen :
Conventional PAP smear

Gross Examination :
Single unstained slide is received. PAP stain is done.

Microscopic Examination :
Smear is satisfactory for evaluation.
Many sheets and clusters of superficial and intermediate squamous epithelial cells are seen.
No evidence of intraepithelial lesion / malignancy.


Impression :
Cervical smear - Negative for intraepithelial lesion or malignancy.

(The Bethesda System for the reporting of cervical cytology, 2014).

Note - The PAP test is a screening procedure to aid in the detection of cervical cancer and its precursors. Because false negative results may occur, regular PAP tests are recommended.

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

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Approved By : **Dr. Purvish Darji**
MD (Pathology)
Approved On : 24-Feb-2024 02:33 PM
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LABORATORY REPORT

Name : Mrs. Daxa Nikhil Kanawala
Sex/Age : Female/55 Years
Ref. By :
Client Name : Mediwheel

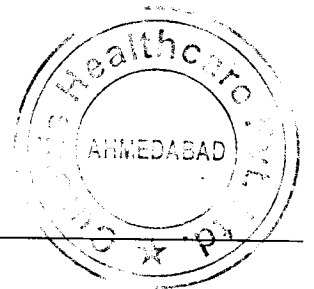
Reg. No : 402101779
Reg. Date : 24-Feb-2024 08:53 AM
Collected On :
Report Date : 24-Feb-2024 10:53 AM

Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.



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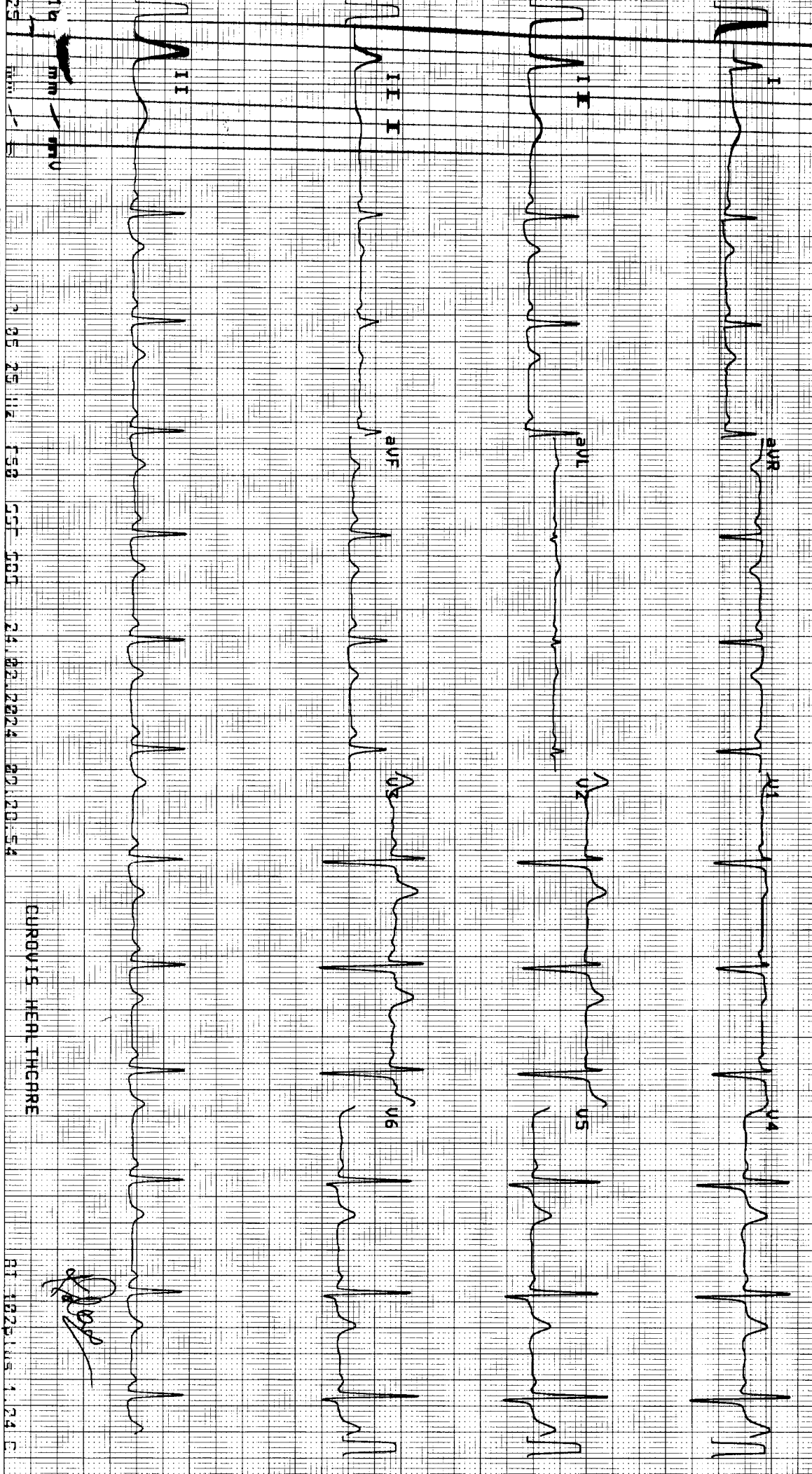
Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

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O PXR
 K PNR
 1 2
 5 5
 1 5 6
 Female
 84 kg

HR 75/min
 Paxis: P 52 °
 DR5 54 °
 T 41 °
 Intervals:
 RR 905 ms
 P 142 ms
 PR 154 ms
 DR5 86 ms
 QT 364 ms
 QTc 409 ms
 (Bazett)
 10 mm/mV



SCHILLER
 1 05 25 Hz
 F58
 55
 505
 24.02.2024
 20.20.54

EUROVIS HEALTHCARE

[Handwritten signature]

RT 1020 V5 1.24 C



LABORATORY REPORT

Name : Mrs. Daxa Nikhil Kanawala
Sex/Age : Female/55 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 402101779
Reg. Date : 24-Feb-2024 08:53 AM
Collected On :
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2D Echo Colour Doppler

1. No LVH.
2. Normal sized LA, LV, RA, RV.
3. Normal LV systolic function, LVEF: 65%.
4. No RWMA.
5. Reduced LV compliance.
6. All cardiac valves are structurally normal.
7. Trivial MR, Trivial TR, No PR, No AR.
8. No PAH, RVSP: 26 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.

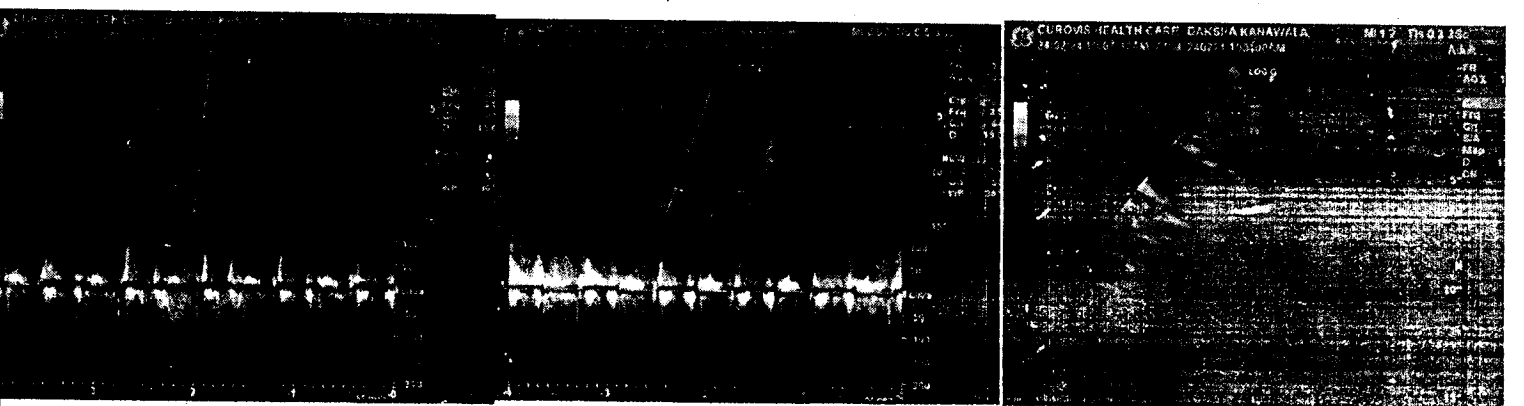
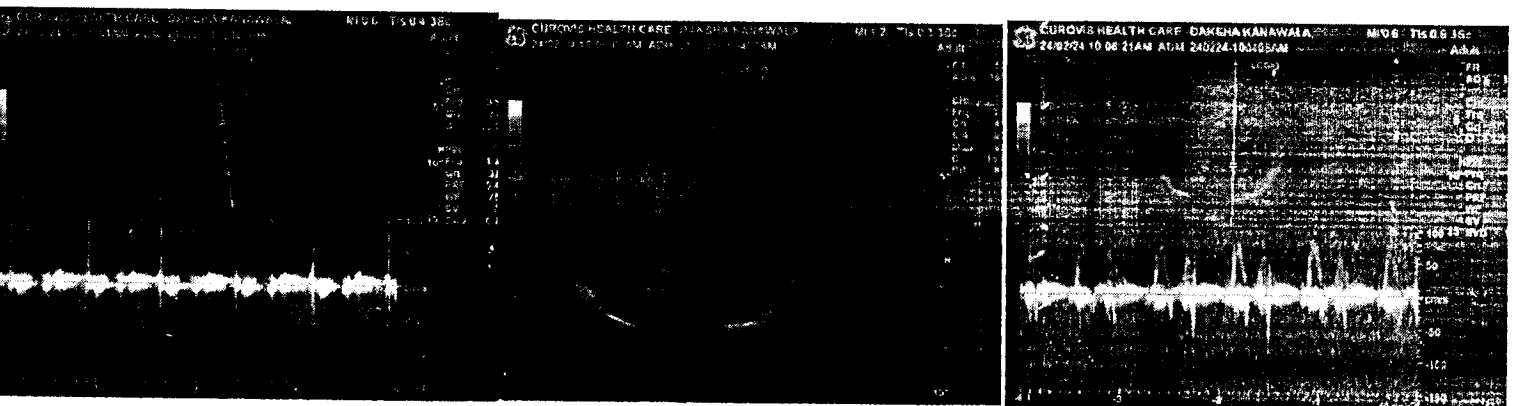
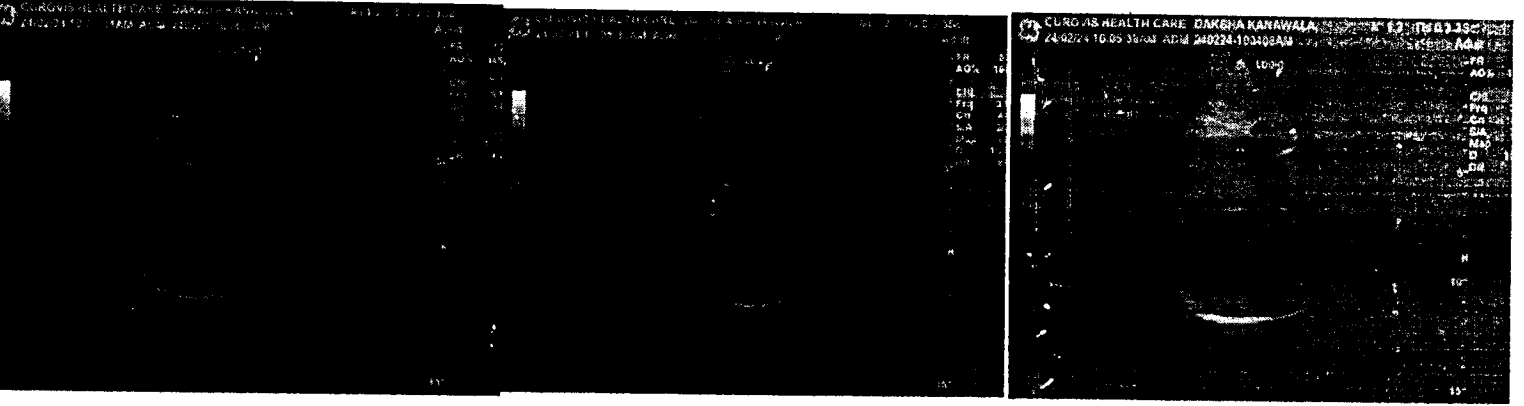
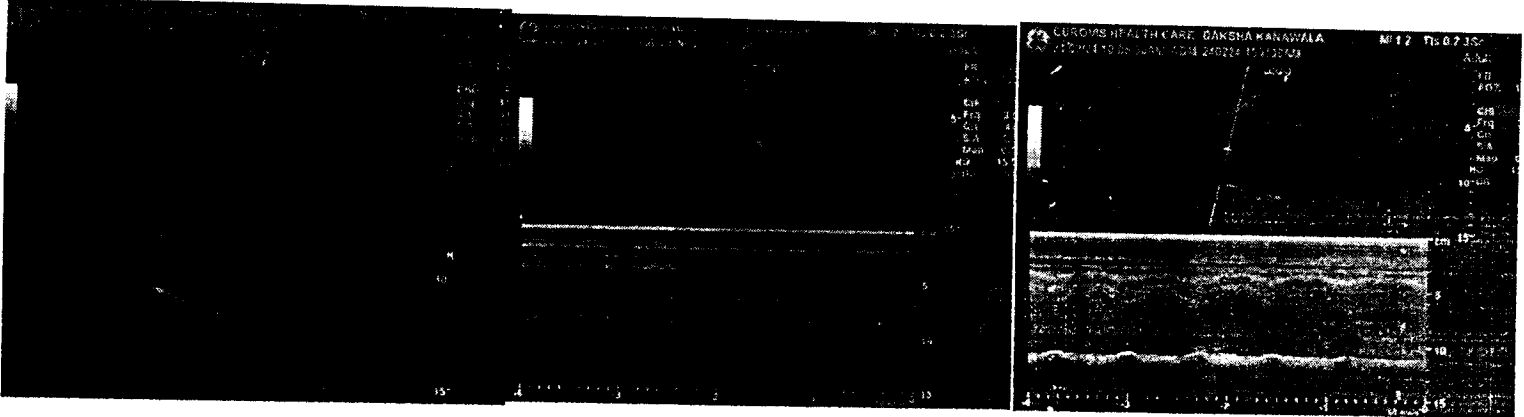


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Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

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DAKSHA KANAWALA 240224-100408AM

24/02/2024

CUROVIS HEALTH CARE



LABORATORY REPORT

Name :	Mrs. Daxa Nikhil Kanawala	Reg. No :	402101779
Sex/Age :	Female/55 Years	Reg. Date :	24-Feb-2024 08:53 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	24-Feb-2024 08:52 PM

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

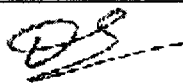
Cardiac size appears within normal limits.

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



R

DAKSHA KANAVALA 55Y

24/02/2024

CUROVIS HEALTHCARE



LABORATORY REPORT

Name :	Mrs. Daxa Nikhil Kanawala	Reg. No :	402101779
Sex/Age :	Female/55 Years	Reg. Date :	24-Feb-2024 08:53 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	24-Feb-2024 08:50 PM

USG ABDOMEN

Liver appear normal in size shows bright homogenous parenchymal echotexture,s/p/o fatty liver grade-I

No focal lesion is noted.

Biliary radicals are not dilated. **CBD** appear normal in caliber.

Portal vein appears normal in caliber. No evidence of periportal collaterals.

Gall Bladder is normally distended, No evidence of calculi or cholecystitis..

Pancreas appears normal size and echotexture. No significant peripancreatic fat echogenicity / free fluid seen.

Spleen is normal in size & shows normal echotexture. **19x17mm sized cyst in lower pole.**

Both kidneys appear normal in size shows normal cortical echogenicity with normal C-M Differentiation.

No obvious focal lesion.

No evidence of calculus/ hydronephrosis.

Urinary bladder partially distended and grossly appears normal. No evidence of calculus or wall thickening or mass lesion at present.

Uterus: appears anteverted, normal in size and shape. No e/o focal lesion. Endometrial thickness is within normal limits.

No obvious adnexal lesion.

Gaseous large bowel loops.

No evidence of abnormal dilatation of bowel loops.

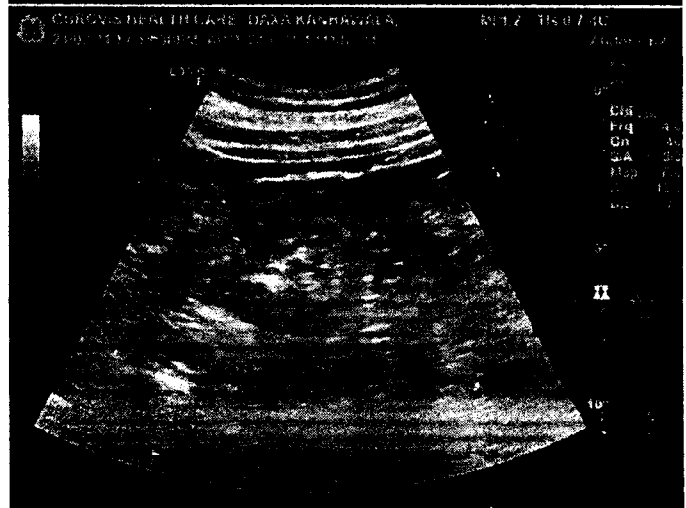
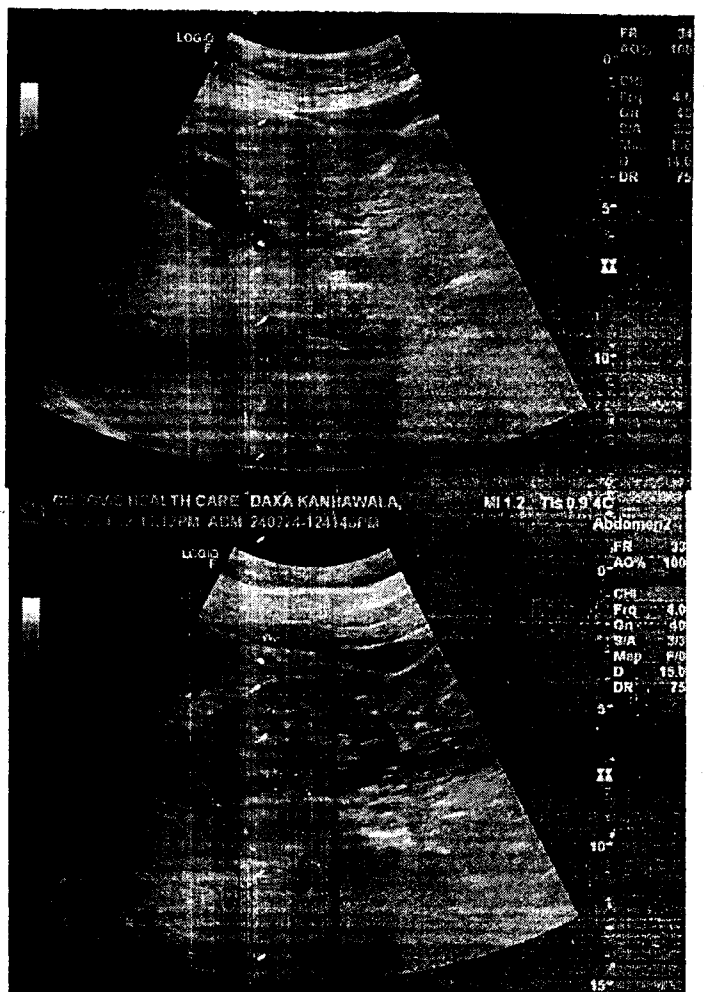
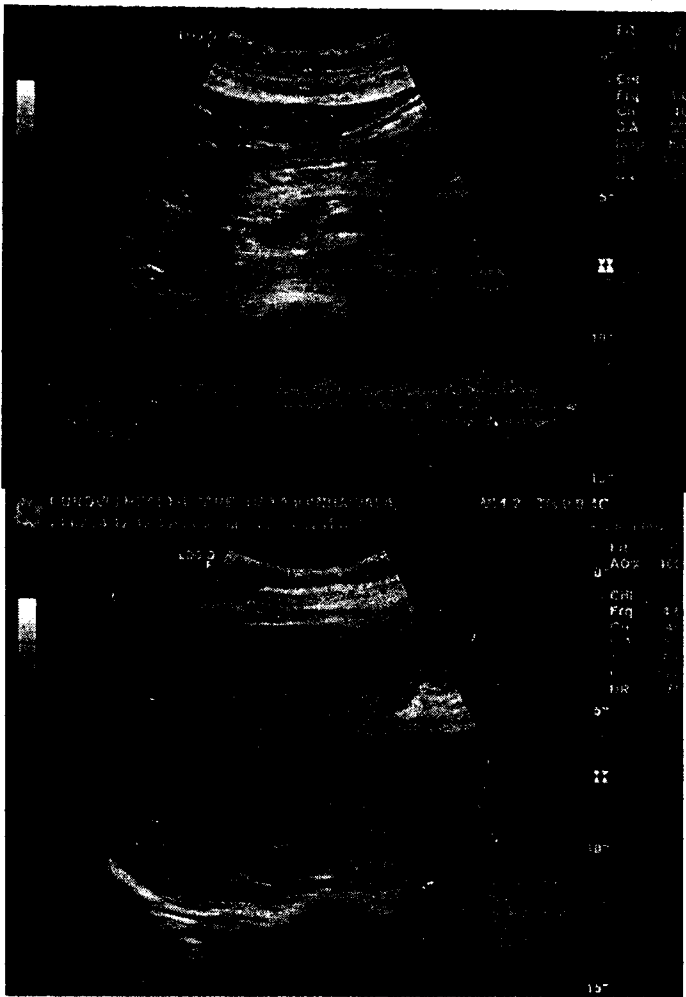
No significant of ascites.

No e/o enlarged mesenteric or para aortic lymphadenopathy at present.

This is an electronically authenticated report

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





DAXA KANHAWALA 240224-124148PM

24/02/2024

CUROVIS HEALTH CARE



LABORATORY REPORT

Name	: Mrs. Daxa Nikhil Kanawala	Reg. No	: 402101779
Sex/Age	: Female/55 Years	Reg. Date	: 24-Feb-2024 08:53 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 24-Feb-2024 08:53 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.

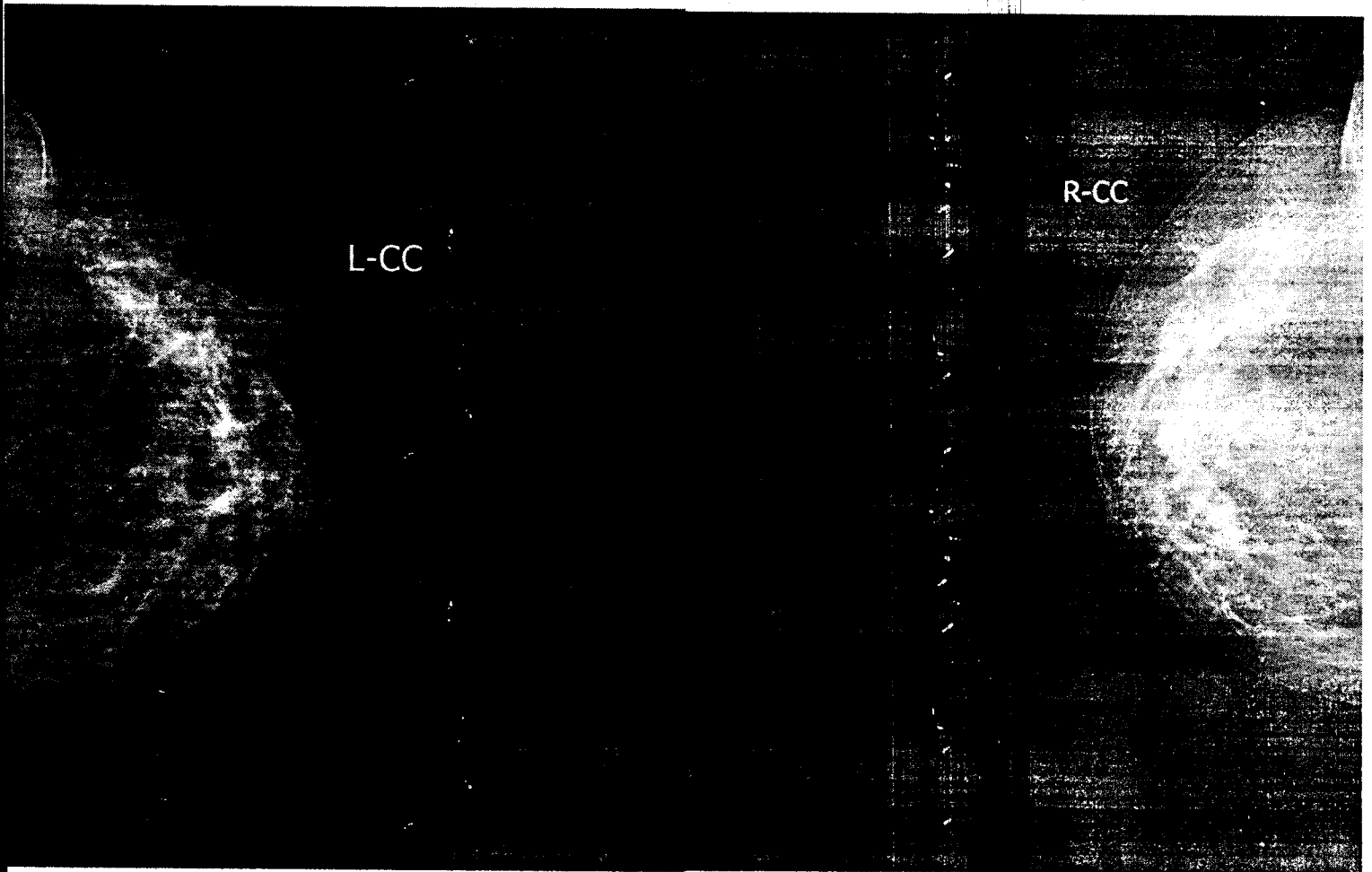
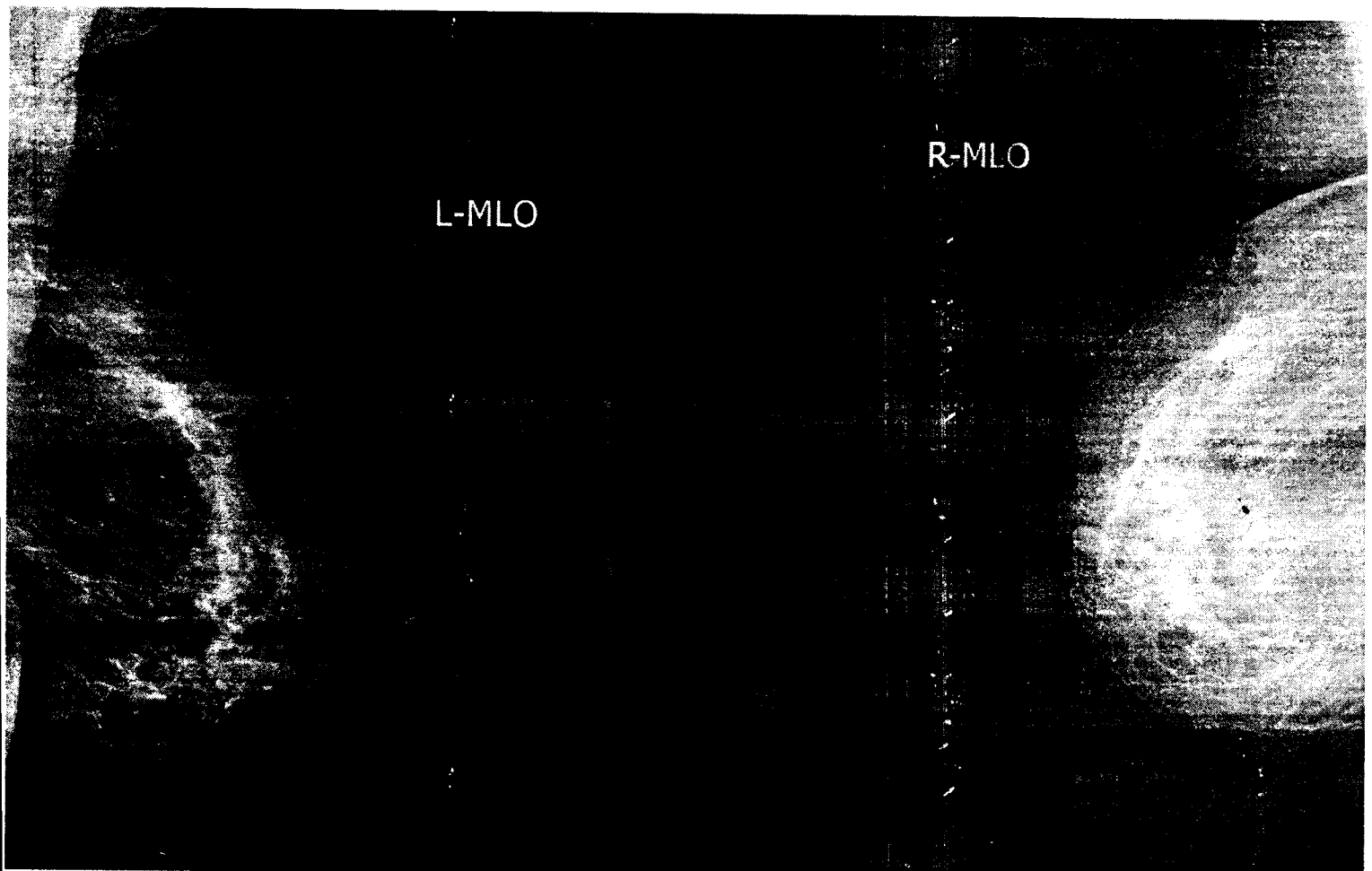
The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds.

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

This is an electronically authenticated report



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



DAKSHA KANAVALA 55Y

24/02/2024

CUROVIS HEALTHCARE



LABORATORY REPORT

Name : Mrs. Daxa Nikhil Kanawala
 Sex/Age : Female/55 Years
 Ref. By :
 Client Name : Mediwheel

Reg. No : 402101797
 Reg. Date : 24-Feb-2024 01:52 PM
 Collected On :
 Report Date : 24-Feb-2024 02:39 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: +0.75

CY: -0.25

AX: 159

LEFT EYE

SP: +0.75

CY: -0.75

AX: 47

	Without Glasses	With Glasses
Right Eye	6/5	N.A
Left Eye	6/5	N.A

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

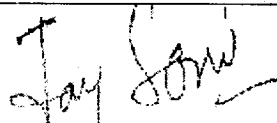
Fundus Examination - Within Normal Limits.

Color Vision : Normal

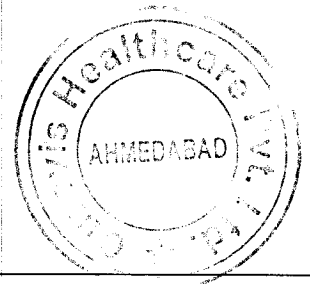
Comments: Left eye cataract surgery in 2019.

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

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Dr. Jay Soni
 M.D, GENERAL MEDICINE



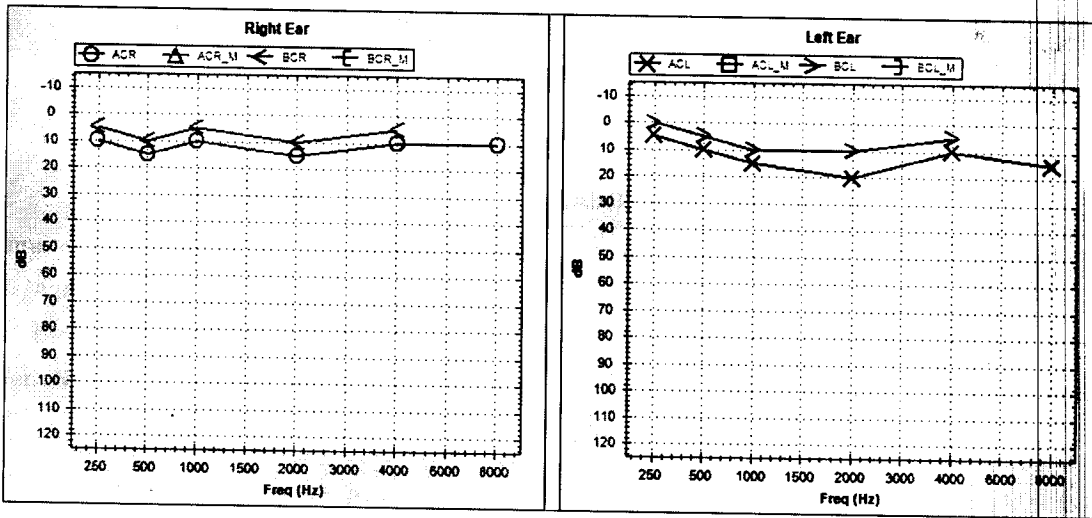


LABORATORY REPORT

Name : Mrs. Daxa Nikhil Kanawala
 Sex/Age : Female/55 Years
 Ref. By :
 Client Name : Mediwheel

Reg. No : 402101797
 Reg. Date : 24-Feb-2024 01.52 PM
 Collected On :
 Report Date : 24-Feb-2024 02:39 PM

AUDIOGRAM



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

NO RESPONSE : Add ↓ below the respective symbols

Threshold In dB	RIGHT	LEFT
AIR CONDUCTION	11	11
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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



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