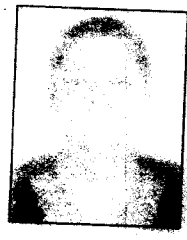

पूनम कुमारी
Poonam Kumari
जन्म तिथि / DOB: 28/11/1993
महिला / FEMALE

2968 3914 3596

मेरा आधार, मेरी पहचान

Breakfast
2PB 12:02

8977609244

2:02
PPBS

Blood

Blood
X-Ras

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

DRUGS HEALTHCARE PVT. LTD. AHMEDABAD

आधार

पता:
D/O राम सिंह लोधी, वॉर्ड न 37
हाउस न 457, पेप्टेक सिटी के पहले,
देरी रोड, छतरपुर, छतरपुर,
मध्य प्रदेश - 471001

Address:
D/O Ram Singh Lodhi, ward
no 37 house no 457, peptech
city ke pahle, deri road,
Chhatarpur, Chhatarpur,
Madhya Pradesh - 471001

Date: 08/05/2017

1947
1800 300 1947
help@uidai.gov.in
www.uidai.gov.in
P.O. Box No. 1947,
Bengaluru-560 001

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LABORATORY REPORT

Name	: Mrs. Poonam Kumari	**Reg. No**	:	402100771
Sex/Age	: Female/30 Years	**Reg. Date**	:	10-Feb-2024 02:21 PM
Ref. By	:	**Collected On**	:	
Client Name	: Mediwheel	**Report Date**	:	10-Feb-2024 06:23 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) : 160

Weight (kgs) : 59.7

Blood Pressure : 120/70mmHg

Pulse : 87/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

Curovis Healthcare Pvt. Ltd. AHMEDABAD

This is an electronically authenticated report

Dr.Jay Soni
M.D, GENERAL MEDICINE

DR.MUKESH LADDHA

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MC-3466

TEST REPORT

Reg. No	: 402100771	**Ref Id** :		**Collected On**	: 10-Feb-2024 08:35 AM
Name	: Mrs. Poonam Kumari			**Reg. Date**	: 10-Feb-2024 02:21 PM
Age/Sex	: 30 Years / Female	**Pass. No.** :		**Tele No.**	: 8976092244
Ref. By	:			**Dispatch At**	:
Sample Type	: EDTA			**Location**	: CHPL

COMPLETE BLOOD COUNT (CBC)

Parameter	Results	Unit	Biological Ref. Interval
Hemoglobin (Colorimetric method)	14.2	g/dL	12.5 - 16
Hematrocrit (Calculated)	42.40	%	40 - 50
RBC Count (Electrical Impedance)	5.12	million/cmm	4.73 - 5.5
MCV (Calculated)	L **82.8**	fL	83 - 101
MCH (Calculated)	27.8	Pg	27 - 32
MCHC (Calculated)	33.6	%	31.5 - 34.5
RDW (Calculated)	11.5	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	6860	/cmm	4000 - 10000
MPV (Calculated)	11.2	fL	6.5 - 12.0

DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[Abs]		EXPECTED VALUES
Neutrophils (%)	63	%	40 - 80	4322	/cmm	2000 - 7000
Lymphocytes (%)	30	%	20 - 40	2058	/cmm	1000 - 3000
Eosinophils (%)	03	%	0 - 6	274	/cmm	200 - 1000
Monocytes (%)	04	%	2 - 10	206	/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) Electrical Impedance	335000	/cmm	150000 - 450000
Platelets	Platelets are adequate with normal morphology.		
Parasites	Malarial parasite is not detected.		
Comment	-		

This is an electronically authenticated report.
* This test has been out sourced.

Approved By : Dr. Purvish Darji
MD (Pathology)

Approved On : 10-Feb-2024 02:54 PM

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TEST REPORT

Reg. No	: 402100771	**Ref Id** :		**Collected On**	: 10-Feb-2024 08:35 AM
Name	: Mrs. Poonam Kumari			**Reg. Date**	: 10-Feb-2024 02:21 PM
Age/Sex	: 30 Years / Female	**Pass. No.** :		**Tele No.**	: 8976092244
Ref. By	:			**Dispatch At**	:
Sample Type	: EDTA			**Location**	: CHPL

Parameter	Result	Unit	Biological Ref. Interval

HEMATOLOGY

BLOOD GROUP & RH

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

ABO	"AB"		
Rh (D)	Negative		
Note	-		

ERYTHROCYTE SEDIMANTATION RATE [ESR]

ESR 1 hour *Westergreen method*	05	mm/hr	ESR AT 1 hour : 3-12

ERYTHRO SEDIMENTION 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 prenancy 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 (o-1mm) in polycythaemia, hypofibrinogenemia or or congestive cardiac failure and when there are abnormalities or the red cells such as poikilocytosis, spherocytosis or sickle cells.

This is an electronically authenticated report.

* This test has been out sourced.

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

Approved On : 10-Feb-2024 03:56 PM

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TEST REPORT

Reg. No	: 402100771	**Ref Id**	:	**Collected On**	: 10-Feb-2024 08:35 AM
Name	: Mrs. Poonam Kumari			**Reg. Date**	: 10-Feb-2024 02:21 PM
Age/Sex	: 30 Years / Female	**Pass. No.**	:	**Tele No.**	: 8976092244
Ref. By	:			**Dispatch At**	:
Sample Type	: Serum,Flouride PP			**Location**	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
BIO - CHEMISTRY			
Fasting Blood Sugar (FBS) *GOD-POD Method*	73.70	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) *GOD-POD Method*	125.1	mg/dL	70 - 140

This is an electronically authenticated report.

* This test has been out sourced.

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

Approved On : 10-Feb-2024 07:09 PM

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TEST REPORT

Reg. No	: 402100771	**Ref Id**	:	**Collected On**	: 10-Feb-2024 08:35 AM
Name	: Mrs. Poonam Kumari			**Reg. Date**	: 10-Feb-2024 02:21 PM
Age/Sex	: 30 Years / Female	**Pass. No.**	:	**Tele No.**	: 8976092244
Ref. By	:			**Dispatch At**	:
Sample Type	: Serum			**Location**	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
	Lipid Profile		
Cholesterol	168.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
Enzymatic, colorimetric method			
Triglyceride	91.30	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
Enzymatic, colorimetric method			
HDL Cholesterol	39.90	mg/dL	Low: <40 High: >60
Accelerator selective detergent method			
LDL	109.84	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
Calculated			
VLDL	18.26	mg/dL	15 - 35
Calculated			
LDL / HDL RATIO	2.75		0 - 3.5
Calculated			
Cholesterol /HDL Ratio	4.21		0 - 5.0
Calculated			

This is an electronically authenticated report.
* This test has been out sourced.

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

Approved On : 10-Feb-2024 03:33 PM

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TEST REPORT

Reg. No	: 402100771	**Ref Id**	:	**Collected On**	: 10-Feb-2024 08:35 AM
Name	: Mrs. Poonam Kumari			**Reg. Date**	: 10-Feb-2024 02:21 PM
Age/Sex	: 30 Years / Female	**Pass. No.**	:	**Tele No.**	: 8976092244
Ref. By	:			**Dispatch At**	:
Sample Type	: Serum			**Location**	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
	LFT WITH GGT		
Total Protein	8.36	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
Biuret Reaction			
Albumin	5.53	g/dL	
By Bromocresol Green			
Globulin (Calculated)	2.83	g/dL	2.3 - 3.5
A/G Ratio (Calulated)	1.95		0.8 - 2.0
SGOT	23.30	U/L	0 - 40
UV without P5P			
SGPT	32.0	U/L	0 - 40
UV without P5P			
Alakaline Phosphatase	**125.3**	IU/l	42 - 98
P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate			
Total Bilirubin	0.56	mg/dL	0.3 - 1.2
Vanadate Oxidation			
Direct Bilirubin	0.15	mg/dL	0.0 - 0.4
Vanadate Oxidation			
Indirect Bilirubin	0.41	mg/dL	0.0 - 1.1
Calculated			

This is an electronically authenticated report.
* This test has been out sourced.

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

Approved On : 10-Feb-2024 07:09 PM

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TEST REPORT

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Name	: Mrs. Poonam Kumari			**Reg. Date**	: 10-Feb-2024 02:21 PM
Age/Sex	: 30 Years / Female	**Pass. No.**	:	**Tele No.**	: 8976092244
Ref. By	:			**Dispatch At**	:
Sample Type	: Serum			**Location**	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
BIO - CHEMISTRY			
Uric Acid *Enzymatic, colorimetric method*	4.12	mg/dL	2.6 - 6.0
Creatinine *Enzymatic Method*	0.62	mg/dL	0.6 - 1.1
BUN *UV Method*	9.00	mg/dL	6.0 - 20.0

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* This test has been out sourced.

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

Approved On : 10-Feb-2024 03:24 PM

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TEST REPORT

Reg. No	: 402100771	**Ref Id** :	**Collected On**	: 10-Feb-2024 08:35 AM
Name	: Mrs. Poonam Kumari		**Reg. Date**	: 10-Feb-2024 02:21 PM
Age/Sex	: 30 Years / Female	**Pass. No.** :	**Tele No.**	: 8976092244
Ref. By	:		**Dispatch At**	:
Sample Type	: EDTA		**Location**	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
HEMOGLOBIN A1 C ESTIMATION **Specimen: Blood EDTA**			
*Hb A1C	5.0	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
Boronate Affinity with Fluorescent Quenching			
Mean Blood Glucose	96.80	mg/dL	
Calculated			

Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy,etc.

* Some danger of hypoglycemic reaction in Type I diabetics.

* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously synthesised in the red blood cell throught 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 measurnment which eflects 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:

*Errneous 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)

This is an electronically authenticated report.

* This test has been out sourced.

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

Approved On : 12-Feb-2024 09:26 AM

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TEST REPORT

Reg. No	: 402100771	**Ref Id**	:	**Collected On**	: 10-Feb-2024 08:35 AM
Name	: Mrs. Poonam Kumari			**Reg. Date**	: 10-Feb-2024 02:21 PM
Age/Sex	: 30 Years / Female	**Pass. No.**	:	**Tele No.**	: 8976092244
Ref. By	:			**Dispatch At**	:
Sample Type	: Urine Spot			**Location**	: CHPL

Test	Result	Unit	Biological Ref. Interval
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	1.020		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)	1 - 3/hpf		Nil
Erythrocytes (Red Cells)	**30 - 40/hpf**		Nil
Epithelial Cells	Occasional		Nil
Crystals	Absent		Absent
Casts	Absent		Absent
Amorphous Material	Absent		Absent
Bacteria	Absent		Absent
Remarks	-		

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* This test has been out sourced.

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

Approved On : 10-Feb-2024 03:49 PM

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TEST REPORT

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Name	: Mrs. Poonam Kumari		**Reg. Date**	: 10-Feb-2024 02:21 PM
Age/Sex	: 30 Years / Female	**Pass. No.** :	**Tele No.**	: 8976092244
Ref. By	:		**Dispatch At**	:
Sample Type	: Serum		**Location**	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
IMMUNOLOGY			
THYROID FUNCTION TEST			
T3 (Triiodothyronine) *CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY*	1.20	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) *CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY*	11.50	µg/dL	3.2 - 12.6

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).

In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:
1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

This is an electronically authenticated report.
* This test has been out sourced.

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

Approved On : 10-Feb-2024 03:44 PM

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TEST REPORT

Reg. No	: 402100771	**Ref Id**	:	**Collected On**	: 10-Feb-2024 08:35 AM
Name	: Mrs. Poonam Kumari			**Reg. Date**	: 10-Feb-2024 02:21 PM
Age/Sex	: 30 Years / Female	**Pass. No.**	:	**Tele No.**	: 8976092244
Ref. By	:			**Dispatch At**	:
Sample Type	: Serum			**Location**	: CHPL

TSH *CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY*	5.500	µIU/ml	0.35 - 5.50

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-relasing 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 ----------

This is an electronically authenticated report.
* This test has been out sourced.

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

Approved On : 10-Feb-2024 03:44 PM

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LABORATORY REPORT

Name	:	Mrs. Poonam Kumari	**Reg. No**	:	402100771
Sex/Age	:	Female/30 Years	**Reg. Date**	:	10-Feb-2024 02:21 PM
Ref. By	:		**Collected On**	:	
Client Name	:	Mediwheel	**Report Date**	:	**10-Feb-2024 05:05 PM**

Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.

Curovis Healthcare Pvt. Ltd. AHMEDABAD

This is an electronically authenticated report

Dr.Jay Soni
M.D, GENERAL MEDICINE

DR.MUKESH LADDHA

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POONAM
KOKADE
28
..... Female
40 years
154 cm / 73 kg

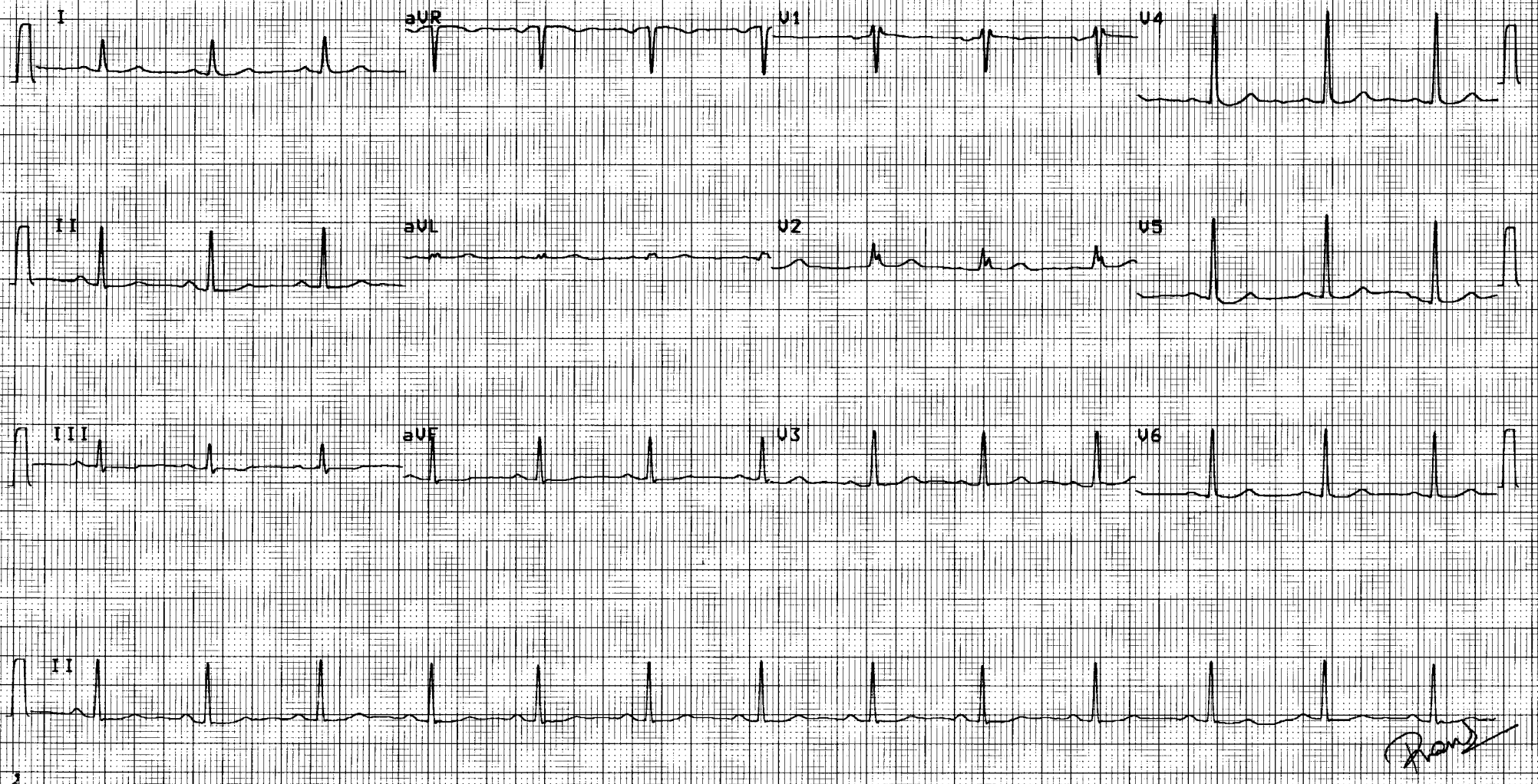
HR 79/min

Intervals:
RR 760 ms
P 98 ms
PR 156 ms
QRS 78 ms
QT 362 ms
QTC 416 ms
(Bazett)
10 mm/mV

Axis:
P 41 °
QRS 49 °
T 26 °

P (II) 0.09 mV
S (V1) -0.83 mV
R (V5) 1.60 mV
Sokol. 2.43 mV

10 mm/mV



10 mm/mV

25 mm/s 0.05-25 Hz F50 SSF SBS 10.02.2024 11:14:38

CUROVIS HEALTHCARE

AT-102plus 1.24 C

SCHILLER

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LABORATORY REPORT

Name	: Mrs. Poonam Kumari		**Reg. No**	:	402100771
Sex/Age	: Female/30 Years		**Reg. Date**	:	10-Feb-2024 02:21 PM
Ref. By	:		**Collected On**	:	
Client Name	: Mediwheel		**Report Date**	:	10-Feb-2024 05:05 PM

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. Normal LV compliance.
6. All cardiac valves are structurally normal.
7. No MR, Trace TR, Trivial 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.

Curovis Healthcare Pvt. Ltd. AHMEDABAD

This is an electronically authenticated report

Dr.Jay Soni
M.D, GENERAL MEDICINE

DR.MUKESH LADDHA

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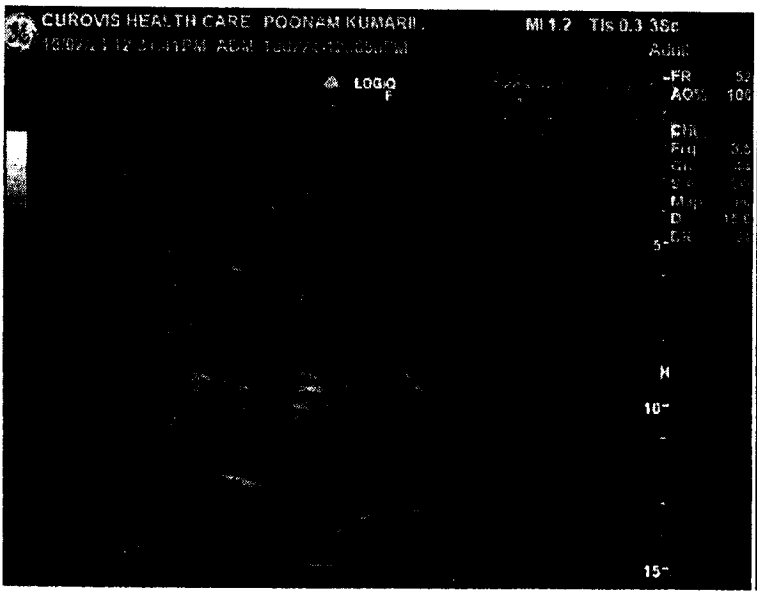

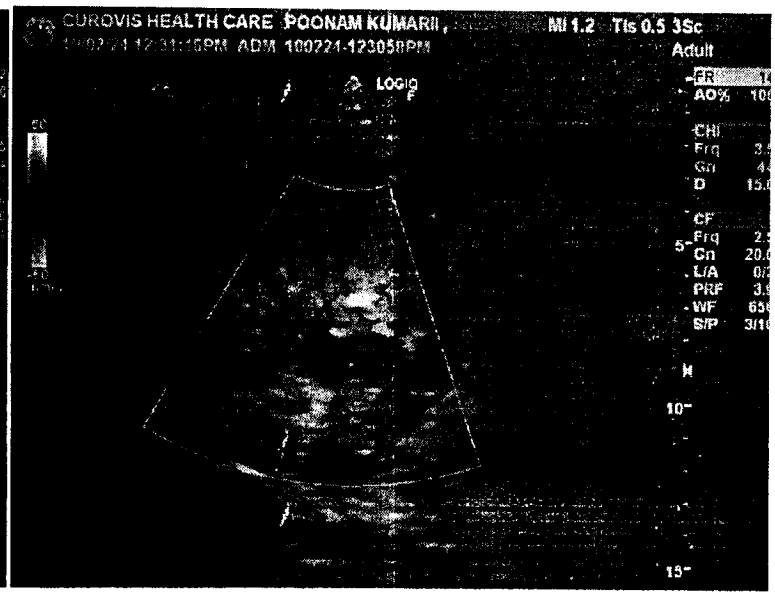

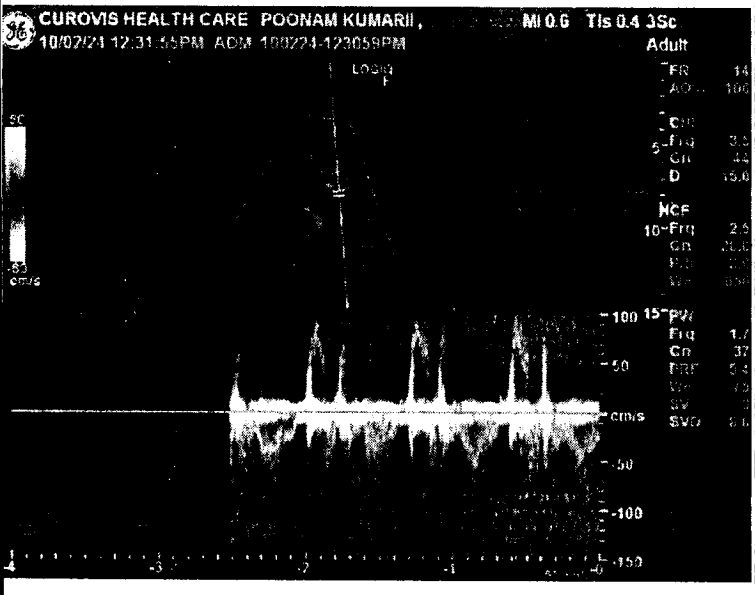

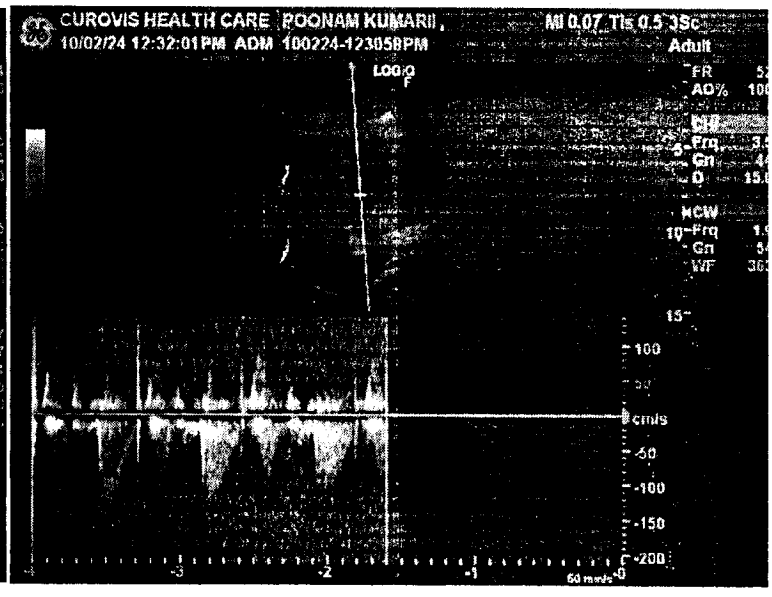

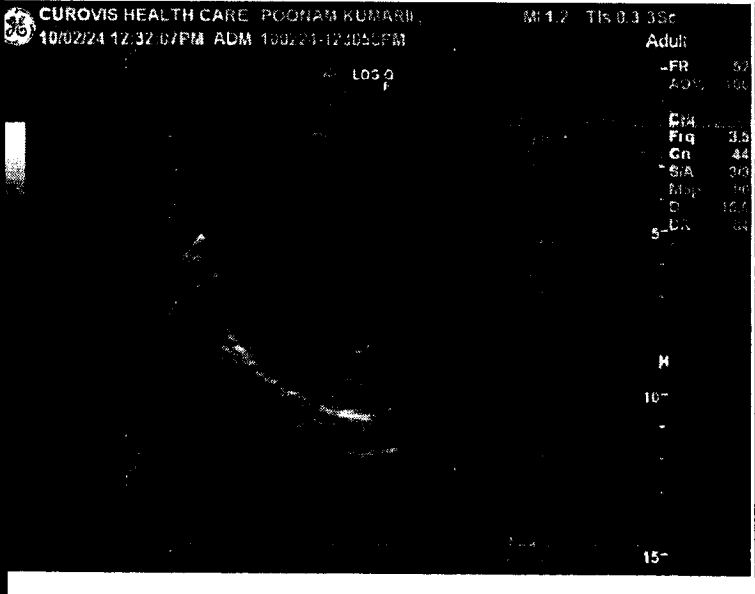

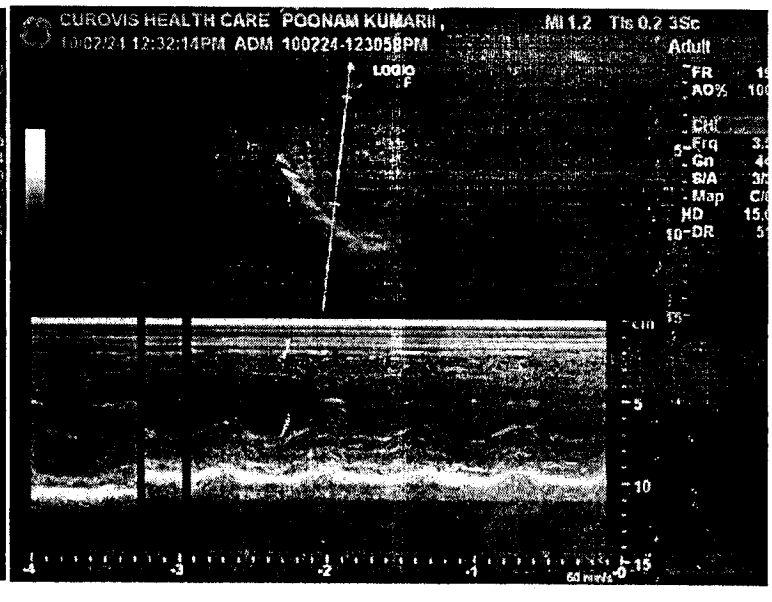

POONAM KUMARII 100224-123058PM 10/02/2024

CUROVIS HEALTH CARE

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LABORATORY REPORT

Name	:	Mrs. Poonam Kumari	**Reg. No**	:	402100771
Sex/Age	:	Female/30 Years	**Reg. Date**	:	10-Feb-2024 02:21 PM
Ref. By	:		**Collected On**	:	
Client Name	:	Mediwheel	**Report Date**	:	10-Feb-2024 08:18 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 ----------

This is an electronically authenticated report

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

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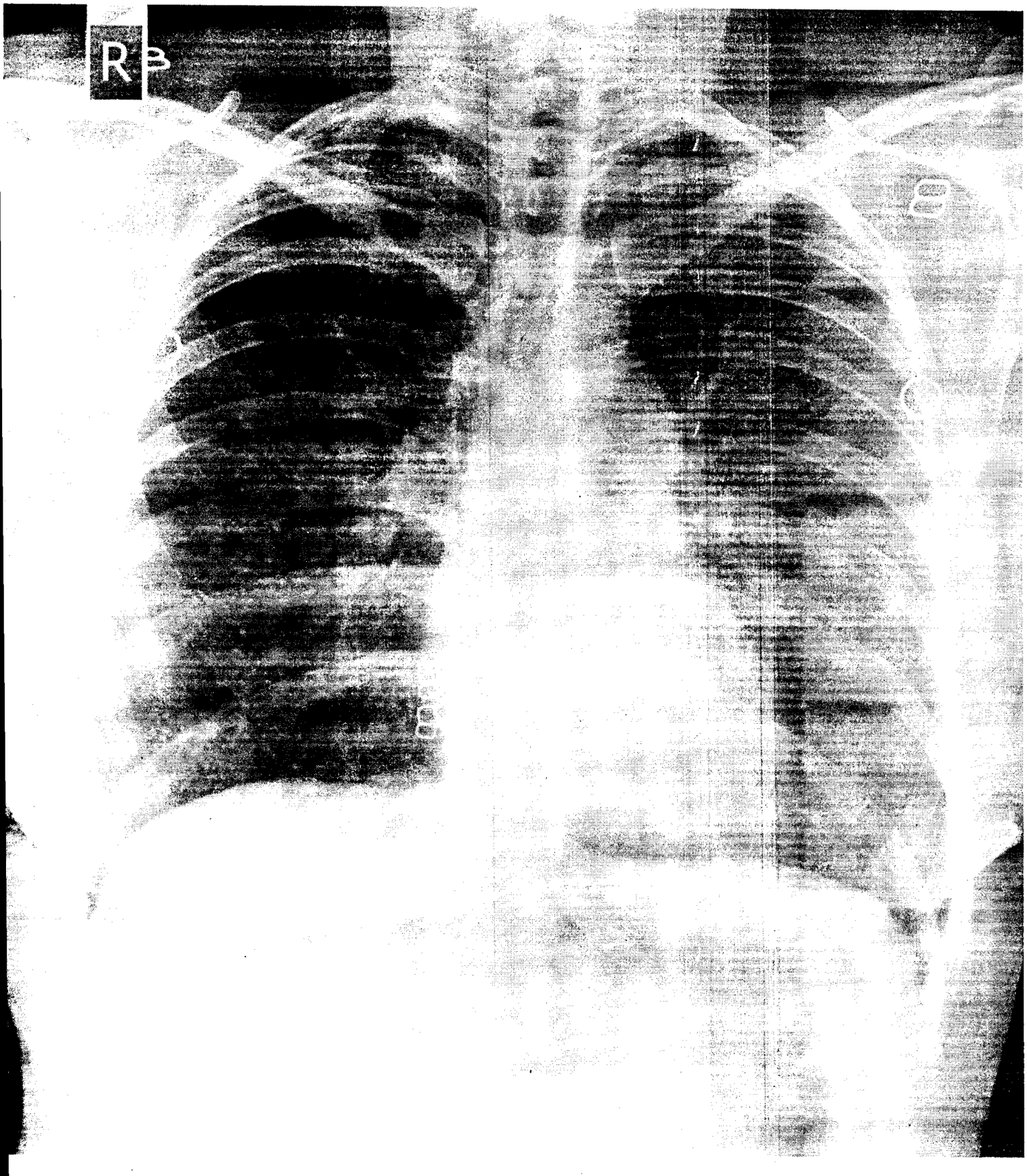

POONAM KUMARI 30/Y **10/02/2024**

CUROVIS HEALTHCARE

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LABORATORY REPORT

Name	: Mrs. Poonam Kumari	**Reg. No**	:	402100771
Sex/Age	: Female/30 Years	**Reg. Date**	:	10-Feb-2024 02:21 PM
Ref. By	:	**Collected On**	:	
Client Name	: Mediwheel	**Report Date**	:	10-Feb-2024 08:19 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 billiary 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

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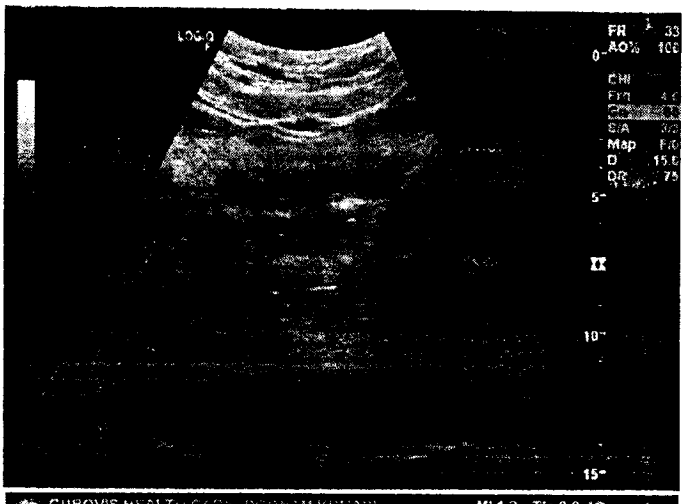

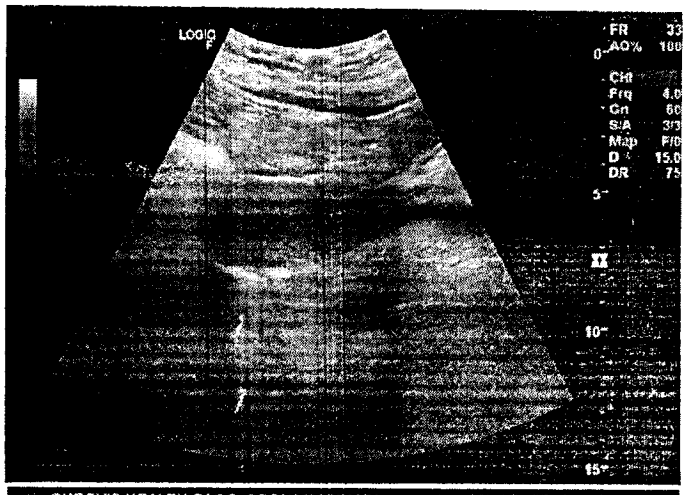

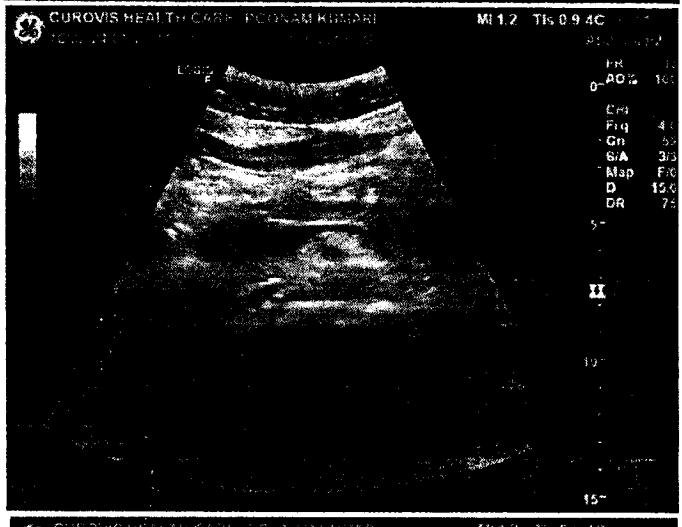

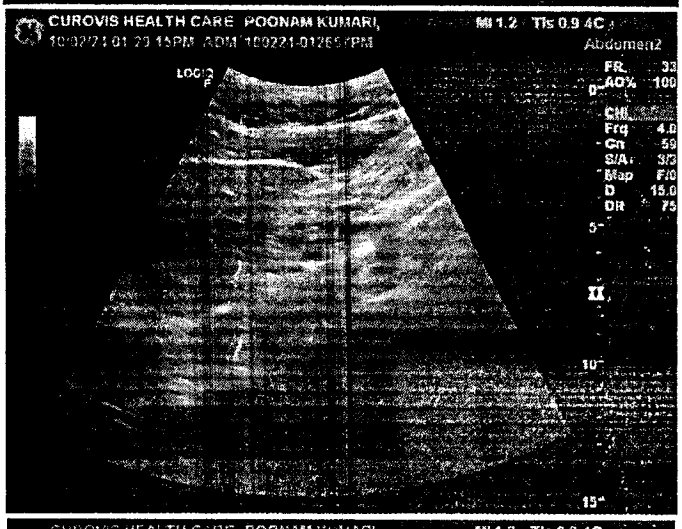

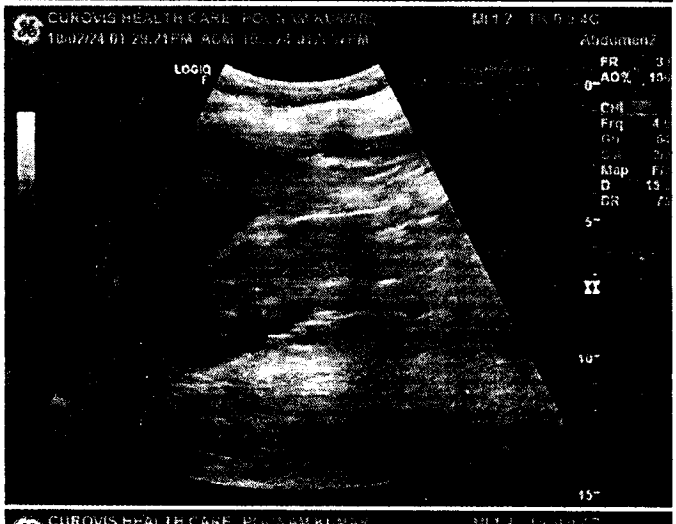

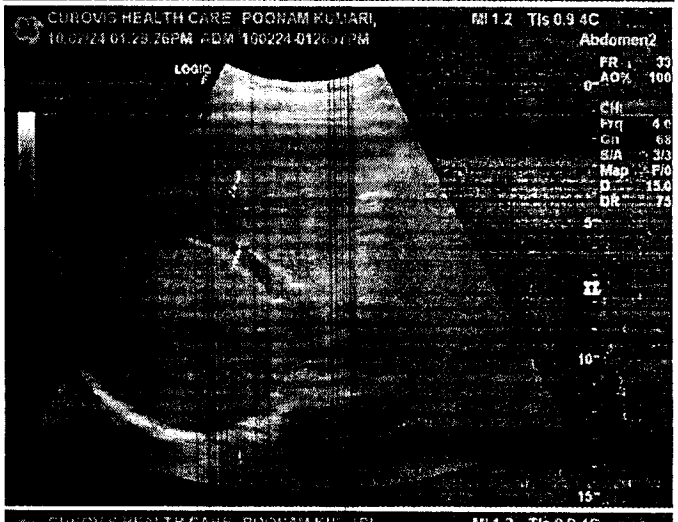

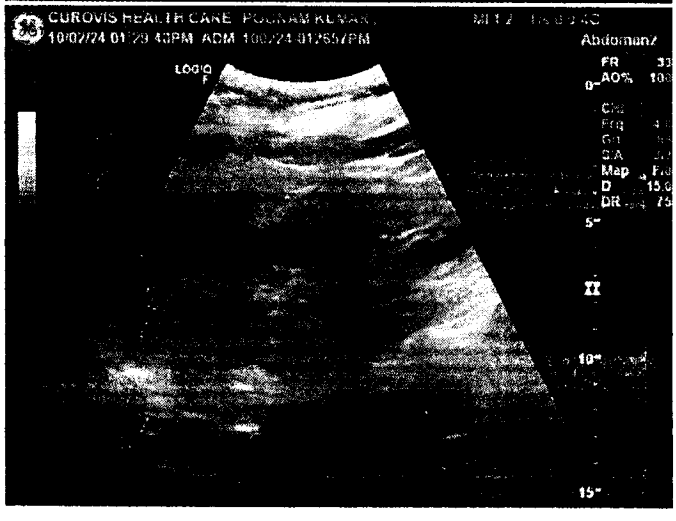

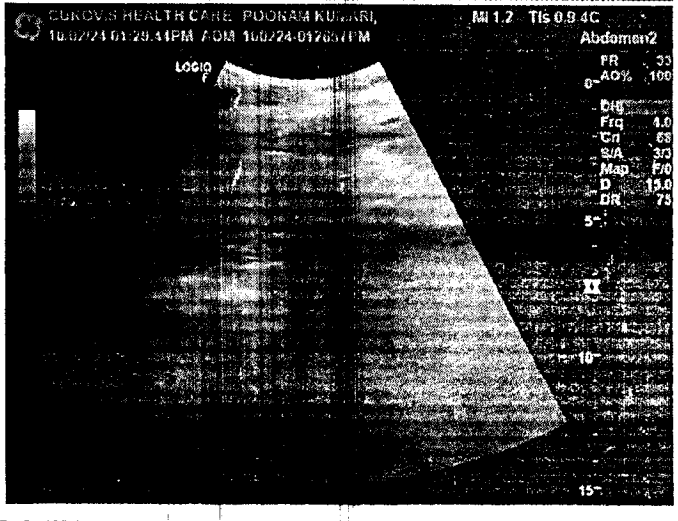

POONAM KUMARI 100224-012657PM 10/02/2024

CUROVIS HEALTH CARE

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LABORATORY REPORT

Name	:	Mrs. Poonam Kumari	**Reg. No**	:	402100771
Sex/Age	:	Female/30 Years	**Reg. Date**	:	10-Feb-2024 02:21 PM
Ref. By	:		**Collected On**	:	
Client Name	:	Mediwheel	**Report Date**	:	10-Feb-2024 06:29 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -3.75

CY: -0.50

AX: 33

LEFT EYE

SP : -3.75

CY : -1.00

AX :150

	Without Glasses	With Glasses
Right Eye	6/24	6/5
Left Eye	6/36	6/5

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

Fundus Examination - Within Normal Limits.

ColorVision : Normal

Comments: Normal

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

Curovis Healthcare Pvt. Ltd. AHMEDABAD

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Dr Kejal Patel
MB,DO(Ophth)

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LABORATORY REPORT

Name	:	Mrs. Poonam Kumari	**Reg. No**	:	402100771
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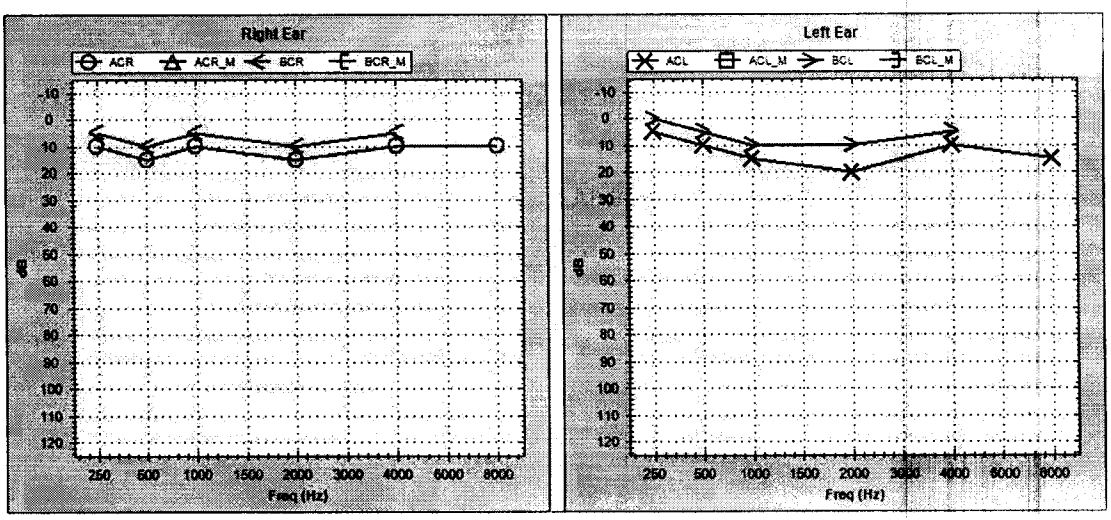
AUDIOGRAM



MODE / EAR	Air Conduction		Bone Conduction		Colour Code
	Masked	UnMasked	Masked	UnMasked	
LEFT	□	X	⊐	>	Blue
RIGHT	△	O	⊏	<	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 ----------

AHMEDABAD

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