



LABORATORY REPORT

Name : Mrs. Divya Kumari Verman
Sex/Age : Female/33 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 402101859
Reg. Date : 24-Feb-2024 04:36 PM
Collected On :
Report Date : 24-Feb-2024 04:43 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :150

Weight (kgs) :59.9

Blood Pressure : 120/80mmHg

Pulse : 80/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

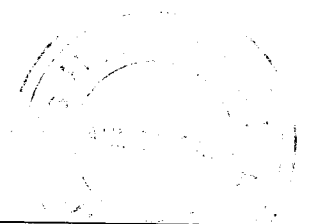
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

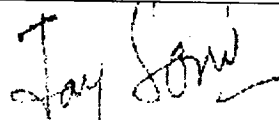
Central Nervous System - No FND

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

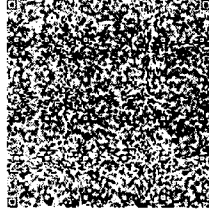
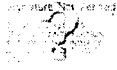


भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrolment No.: 0000/00719/60875

To
Divya Kumari Verma
C/O WO ANUP BURMAN
NISHITA COMPLEX 1G FIRST FLOOR,
B BLOCK
DOMJUR
Makardaha
Howrah West Bengal - 711409
7004560738



आपका आधार क्रमांक / Your Aadhaar No. :

6806 4910 6288
VID : 9193 1368 5545 9874

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Divya Kumari Verma
Date of Birth/DOB: 04/10/1990
Female; FEMALE

6806 4910 6288
VID : 9193 1368 5545 9874

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- आधार विशिष्ट और सुरक्षित है।
- सुरक्षित क्यूआर कोड/ऑफलाइन एक्सएमएल/ऑनलाइन प्रमाणीकरण का उपयोग करके पहचान सत्यापित करें।
- आधार के सभी रूप जैसे आधार पत्र, पीवीसी कार्ड, ई-आधार और एम-आधार समान रूप से मान्य हैं। 12 अंकों की आधार संख्या के स्थान पर आभासी (वर्चुअल) आधार पहचान (VID) का भी उपयोग किया जा सकता है।
- 10 साल में कम से कम एक बार आधार अपडेट जरूर करें।
- आधार आपको विभिन्न सरकारी और गैर-सरकारी योजनाओं/सेवाओं का लाभ उठाने में मदद करता है।
- आधार में अपना मोबाइल नंबर और ई-मेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ उठाने के लिए स्मार्टफोन पर mAadhaar ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स को लॉक/अनलॉक करने की विशेषता का उपयोग सुरक्षा सुनिश्चित करने के लिए करें।
- आधार (पत्र/ नंबर) चाहने वाली संस्थायों को उचित सहमति लेने के लिए बाध्य किया गया है।
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent

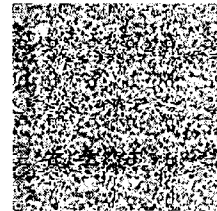


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Address:

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Makardaha, Howrah,
West Bengal - 711409



6806 4910 6288
VID : 9193 1368 5545 9874



1947



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

Divya

70048800

9748760592

Bloodlab



TEST REPORT

Reg. No : 402101859	Ref Id :	Collected On : 24-Feb-2024 10:36 AM
Name : Mrs. Divya Kumari Verman		Reg. Date : 24-Feb-2024 04:36 PM
Age/Sex : 33 Years / Female	Pass. No. :	Tele No. : 9748760593
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)	12.5	g/dL	12.5 - 16
Hematocrit (Calculated)	L 36.50	%	40 - 50
RBC Count (Electrical Impedance)	L 4.24	million/cmm	4.73 - 5.5
MCV (Calculated)	86.0	fL	83 - 101
MCH (Calculated)	29.5	Pg	27 - 32
MCHC (Calculated)	34.3	%	31.5 - 34.5
RDW (Calculated)	L 10.8	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	7820	/cmm	4000 - 10000
MPV (Calculated)	11.1	fL	6.5 - 12.0

<u>DIFFERENTIAL WBC COUNT</u>	[%]		<u>EXPECTED VALUES</u>	[Abs]	<u>EXPECTED VALUES</u>
Neutrophils (%)	63	%	40 - 80	4927 /cmm	2000 - 7000
Lymphocytes (%)	29	%	20 - 40	2268 /cmm	1000 - 3000
Eosinophils (%)	03	%	0 - 6	391 /cmm	200 - 1000
Monocytes (%)	05	%	2 - 10	235 /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) 207000 /cmm 150000 - 450000
Electrical Impedance
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 : 24-Feb-2024 04:57 PM
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TEST REPORT

Reg. No : 402101859 Ref Id : Collected On : 24-Feb-2024 10:36 AM
Name : Mrs. Divya Kumari Verman Reg. Date : 24-Feb-2024 04:36 PM
Age/Sex : 33 Years / Female Pass. No. : Tele No. : 9748760593
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>	10	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 (0-1mm) 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 05:00 PM
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TEST REPORT

Reg. No : 402101859	Ref Id :	Collected On : 24-Feb-2024 01:10 AM
Name : Mrs. Divya Kumari Verman		Reg. Date : 24-Feb-2024 04:36 PM
Age/Sex : 33 Years / Female	Pass. No. :	Tele No. : 9748760593
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>	78.20	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i>	86.4	mg/dL	70 - 140

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Dr. Purvish Darji
MD (Pathology)

Approved On : 24-Feb-2024 06:21 PM
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TEST REPORT

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Name : Mrs. Divya Kumari Verman **Reg. Date** : 24-Feb-2024 04:36 PM
Age/Sex : 33 Years / Female **Pass. No.** : **Tele No.** : 9748760593
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	5.0	% 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	96.80	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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Approved By : 
Dr. Purvish Darji
MD (Pathology)

Approved On : 26-Feb-2024 09:08 AM



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Age/Sex : 33 Years / Female **Pass. No.** : **Tele No.** : 9748760593
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	6.5	4.6 - 8.0
Sp. Gravity	1.000	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	-	

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

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Approved By : 
Dr. Purvish Darji
MD (Pathology)

Approved On : 25-Feb-2024 04:43 PM
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TEST REPORT

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Age/Sex : 33 Years / Female	Pass. No. :	Tele No. : 9748760593
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	152.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	69.00	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	47.00	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	91.20	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	13.80	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	1.94		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	3.23		0 - 5.0
<i>Calculated</i>			

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Age/Sex : 33 Years / Female **Pass. No.** : **Reg. Date** : 24-Feb-2024 04:36 PM
Ref. By : **Tele No.** : 9748760593
Sample Type : Serum **Dispatch At** :
Location : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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LFT WITH GGT

Total Protein	7.58	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	5.07	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.51	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	2.02		0.8 - 2.0
SGOT	25.90	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	25.50	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	62.4	IU/l	42 - 98
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.47	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.08	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.39	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	16.50	U/L	< 38
<i>SZASZ Method</i>			

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Sample Type : Serum **Location** : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	2.02	mg/dL	2.6 - 6.0
Creatinine <i>Enzymatic Method</i>	0.38	mg/dL	0.6 - 1.1
BUN <i>UV Method</i>	8.90	mg/dL	6.0 - 20.0

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IMMUNOLOGY

THYROID FUNCTION TEST

T3 (Triiodothyronine) <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.08	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) <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	11.00	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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Sample Type : Serum **Tele No.** : 9748760593
Dispatch At :
Location : CHPL

TSH 1.820 μ IU/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 IU/mL


Second Trimester : 0.2 to 3.0 μ IU/mL

Third trimester : 0.3 to 3.0 μ IU/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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Page 10 of 1



LABORATORY REPORT

Name :	Mrs. Divya Kumari Verman	Reg. No :	402101859
Sex/Age :	Female/33 Years	Reg. Date :	24-Feb-2024 04:36 PM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	26-Feb-2024 01:16 PM

Electrocardiogram

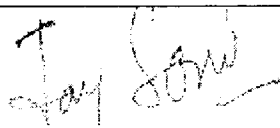
Findings

Normal Sinus Rhythm.

Within Normal Limit.

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

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Dr.Jay Soni
M.D, GENERAL MEDICINE

DR.MUKESH LADDHA

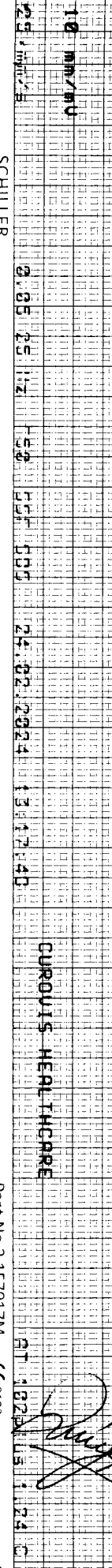
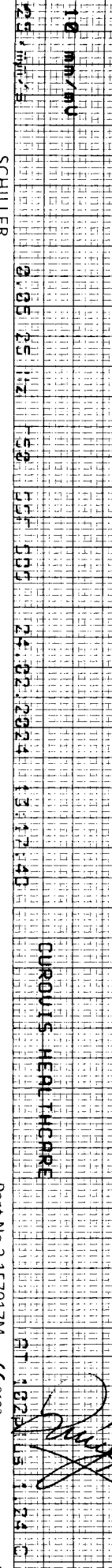
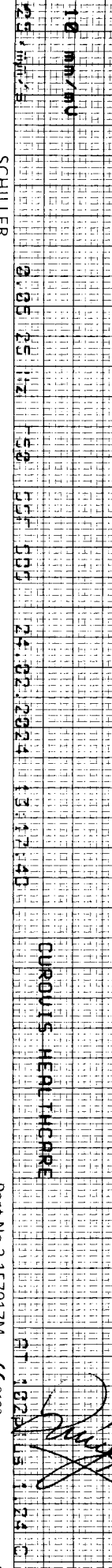
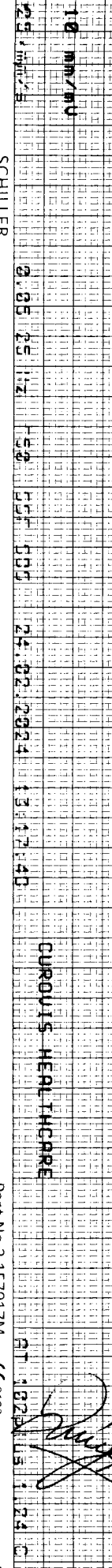
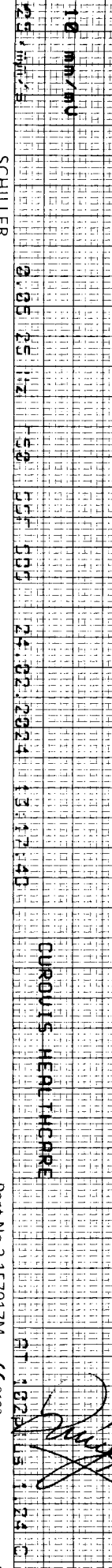
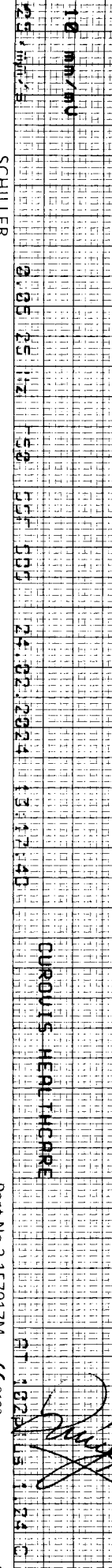
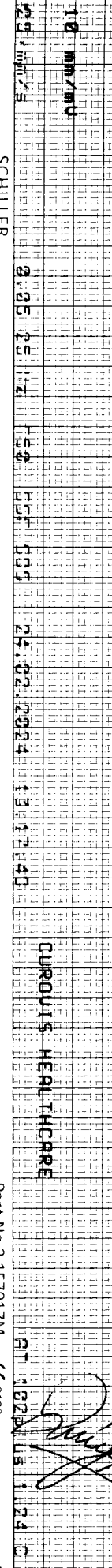
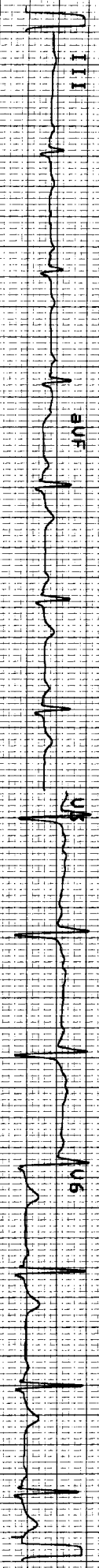
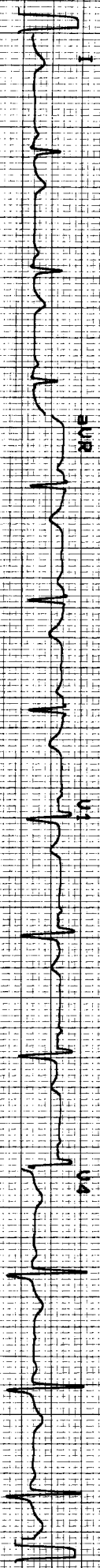
Page 1 of 2

DIVYA
 VERMAN
 60
 33 years
 150 cm / 60 kg
 Female

HR 80/min
 Intervals:
 PR 138 ms
 QRS 86 ms
 QT 358 ms
 QTc 393 ms
 (Bazett)
 10 mm/mV

Axis:
 P 47°
 QRS 31°
 T 41°

P (I1) 0.13 mV
 S (U1) -0.70 mV
 R (U5) 1.26 mV
 Sokol. 2.09 mV



10 mm/mV
 CURIOUS HEALTHCARE
 RT 102215 1.24 C



LABORATORY REPORT

Name : Mrs. Divya Kumari Verman
Sex/Age : Female/33 Years
Ref. By :
Client Name : Mediwheel

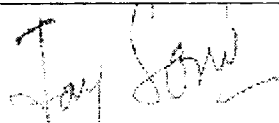
Reg. No : 402101859
Reg. Date : 24-Feb-2024 04:36 PM
Collected On :
Report Date : 26-Feb-2024 01:16 PM

2D Echo Colour Doppler

1. Mild concentric LVH.
2. Normal sized LA, LV, RA, RV.
3. Normal LV systolic function, LVEF: 60%.
4. No RWMA.
5. Reduced LV compliance.
6. All cardiac valves are structurally normal.
7. Trivial MR, Trivial TR, Trivial PR, No AR.
8. No PAH, RVSP: 30 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.

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

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Dr. Jay Soni
M.D, GENERAL MEDICINE



DR. MUKESH LADDHA

Page 2 of 2



LABORATORY REPORT

Name :	Mrs. Divya Kumari Verman	Reg. No :	402101859
Sex/Age :	Female/33 Years	Reg. Date :	24-Feb-2024 04:36 PM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	24-Feb-2024 10:10 PM

X RAY CHEST PA

Both lung fields appear clear.

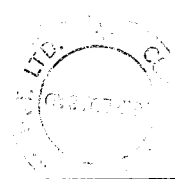
No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

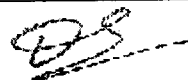
Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

COMMENT: No significant abnormality is detected.



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Consultant Radiologist
MB,DMRE
Reg No:0494



R

DIVYA DURMAN 33Y

24/02/2024

CUROVIS HEALTHCARE



LABORATORY REPORT

Name :	Mrs. Divya Kumari Verman	Reg. No :	402101859
Sex/Age :	Female/33 Years	Reg. Date :	24-Feb-2024 04:36 PM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	24-Feb-2024 10:10 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.

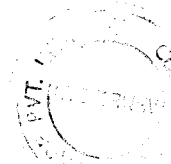
No evidence of ascites.

No evidence of lymph adenopathy.

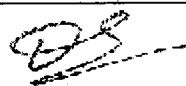
No evidence of dilated small bowel loops.

COMMENTS :

NO SIGNIFICANT ABNORMALITY DETECTED.



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Consultant Radiologist
MB,DMRE
Reg No:0494



LABORATORY REPORT

Name : Mrs. Divya Kumari Verman	Reg. No : 402101859
Sex/Age : Female/33 Years	Reg. Date : 24-Feb-2024 04:36 PM
Ref. By :	Collected On :
Client Name : Mediwheel	Report Date : 24-Feb-2024 10:10 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.

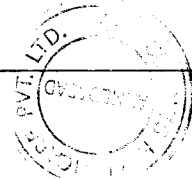
The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds.

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

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Consultant Radiologist
MB,DMRE
Reg No:0494



L-CC

R-CC

DIVYA DURMAN 33Y

24/02/2024

CUROVIS HEALTHCARE



LABORATORY REPORT

Name : Mrs. Divya Kumari Verman
Sex/Age : Female/33 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 402101859
Reg. Date : 24-Feb-2024 04:36 PM
Collected On :
Report Date : 24-Feb-2024 05:07 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -0.50

CY: -0.50

AX: 08

LEFT EYE

SP : -0.25

CY : -0.75

AX :180

	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.

ColorVision : Normal

Comments: Normal

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



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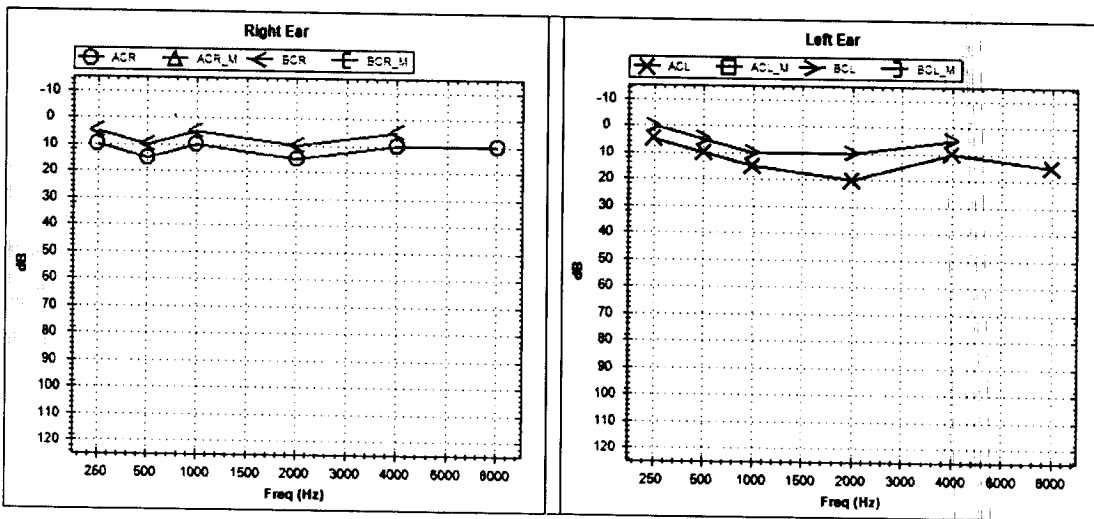


LABORATORY REPORT

Name : Mrs. Divya Kumari Verman
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Reg. No : 402101859
 Reg. Date : 24-Feb-2024 04:36 PM
 Collected On :
 Report Date : 24-Feb-2024 05:07 PM

AUDIOGRAM



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

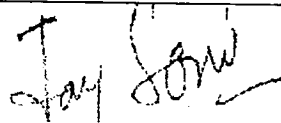
NO RESPONSE : Add ↓ below the respective symbols

Threshold in dB	RIGHT	LEFT
AIR CONDUCTION	10.5	10.5
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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

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