



**LABORATORY REPORT**

<b>Name</b> :	Mr. Krishna Kumar	<b>Reg. No</b> :	401100619
<b>Sex/Age</b> :	Male/46 Years	<b>Reg. Date</b> :	13-Jan-2024 10:17 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	13-Jan-2024 03:33 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) : 175

Weight (kgs) : 85.7

Blood Pressure :110/70 mmHg

Pulse :68 /Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

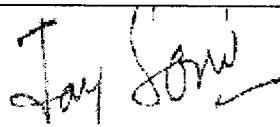
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



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

**DR. MUKESH LADDHA**

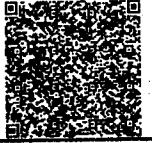
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સરનામું નંબર  
[Redacted]



ક્રીષ્ણા કુમાર  
Krishna Kumar  
જન્મ તારીખ / DOB: 15/01/1977  
પુરુષ / MALE



8687 9592 2924

મારો આધાર, મારી ઓળખ



*Krishna Kumar*

9687270747

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



નિયંત્રિત પહોંચાણ પ્રાધિકરણ  
[Redacted] OF INDIA

સરનામું :  
S/O પરમા નંદ શર્મા, ઈ-604, અવધ  
એન્ક્લેવ, વૃંદાવન-7 પાસે, 100 ફીટ  
હેબતપુર થાલેજ રોડ, થાલેજ,  
અમદાવાદ,  
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S/O Parma Nand Sharma, E-  
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## TEST REPORT

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : EDTA		<b>Location</b> : CHPL

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

Hemoglobin (Colorimetric method)	16.1	g/dL	13.5 - 18
Hematocrit (Calculated)	45.80	%	40 - 50
RBC Count (Electrical Impedance)	5.20	million/cmm	4.73 - 5.5
MCV (Calculated)	88.1	fL	83 - 101
MCH (Calculated)	30.9	Pg	27 - 32
MCHC (Calculated)	H 35.1	%	31.5 - 34.5
RDW (Calculated)	11.8	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	7850	/cmm	4000 - 10000
MPV (Calculated)	10.9	fL	6.5 - 11.5

DIFFERENTIAL WBC COUNT	[ % ]	EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Neutrophils (%)	58	% 40 - 80	4553 /cmm	2000 - 7000
Lymphocytes (%)	36	% 20 - 40	2826 /cmm	1000 - 3000
Eosinophils (%)	03	% 0 - 6	236 /cmm	200 - 1000
Monocytes (%)	03	% 2 - 10	236 /cmm	20 - 500
Basophils (%)	00	% 0 - 2	0 /cmm	0 - 100

### PERIPHERAL SMEAR STUDY


RBC Morphology Normocytic and Normochromic.  
WBC Morphology Normal

### PLATELET COUNTS

Platelet Count (Electrical Impedance) 152000 /cmm 150000 - 450000  
Electrical Impedance  
Platelets Platelets are adequate with normal morphology.  
Parasites Malarial parasite is not detected.  
Comment -

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\* This test has been out sourced.

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

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : EDTA		<b>Location</b> : CHPL

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

**BLOOD GROUP & RH**

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

<b>ABO</b>	"A"
<b>Rh (D)</b>	Positive
<b>Note</b>	-

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**


<b>ESR 1 hour</b> <i>Westergreen method</i>	04	mm/hr	ESR AT 1 hour : 1-7
------------------------------------------------	----	-------	---------------------

**ERYTHRO SEDIMENTATION RATE, BLOOD -**

Erythrocyte sedimentation rate (ESR) is a non-specific phenomenon 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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Dr. Keyur Patel  
M.B.DCP

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<b>Age/Sex</b> : 46 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9687270747
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum,Flouride PP		<b>Location</b> : CHPL

<b>Parameter</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>
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**BIO - CHEMISTRY**

<b>Fasting Blood Sugar (FBS)</b> <i>GOD-POD Method</i>	93.30	mg/dL	70 - 110
<b>Post Prandial Blood Sugar (PPBS)</b> <i>GOD-POD Method</i>	76.7	mg/dL	70 - 140

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**Age/Sex** : 46 Years / Male      **Pass. No.** :      **Reg. Date** : 13-Jan-2024 10:17 AM  
**Ref. By** :      **Tele No.** : 9687270747  
**Sample Type** : Serum      **Dispatch At** :  
**Location** : CHPL


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

**Lipid Profile**

Cholesterol	194.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	175.20	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	41.10	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	117.86	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	<b>35.04</b>	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.87		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.72		0 - 5.0
<i>Calculated</i>			

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M.B.DCP

**Approved On** : 13-Jan-2024 03:04 PM



## TEST REPORT

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<b>Age/Sex</b> : 46 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9687270747
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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### LFT WITH GGT

Total Protein	7.33	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	4.96	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.37	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	<b>2.09</b>		0.8 - 2.0
SGOT	28.40	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	29.00	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	80.2	IU/l	53 - 128
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	1.00	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.23	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.77	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	22.10	U/L	< 55
<i>SZASZ Method</i>			

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


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

**BIO - CHEMISTRY**

<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	5.97	mg/dL	3.5 - 7.2
<b>Creatinine</b> <i>Enzymatic Method</i>	0.77	mg/dL	0.9 - 1.3
<b>BUN</b> <i>UV Method</i>	13.10	mg/dL	6.0 - 20.0

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : EDTA		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**HEMOGLOBIN A1 C ESTIMATION**

Specimen: Blood EDTA

*Hb A1C	5.0	% 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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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Urine Spot		<b>Location</b> : 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	1.020	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)	1 - 2/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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M.B.DCP

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

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**IMMUNOLOGY**

**THYROID FUNCTION TEST**

<b>T3 (Triiodothyronine)</b> <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.19	ng/mL	0.86 - 1.92
-------------------------------------------------------------------------------------------	------	-------	-------------

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

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

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

<b>T4 (Thyroxine)</b> <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	7.60	µg/dL	3.2 - 12.6
-----------------------------------------------------------------------------------	------	-------	------------

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


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

**Limitations:**

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

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M.B.DCP

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

**TSH**      1.900      µIU/ml      0.35 - 5.50  
*CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY*

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 µIU/mL


Second Trimester : 0.2 to 3.0 µIU/mL

Third trimester : 0.3 to 3.0 µIU/mL

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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**IMMUNOLOGY**

<b>TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)</b> <small>CMIA</small>	0.80	ng/mL	0 - 4
---------------------------------------------------------------------	------	-------	-------

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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**LABORATORY REPORT**

**Name** : Mr. Krishna Kumar  
**Sex/Age** : Male/46 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 401100619  
**Reg. Date** : 13-Jan-2024 10:17 AM  
**Collected On** :  
**Report Date** : 13-Jan-2024 03:40 PM

**Electrocardiogram**

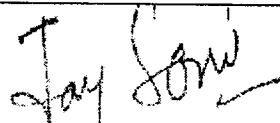
**Findings**

Normal Sinus Rhythm.

Within Normal Limit.



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

**DR. MUKESH LADDHA**

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KRISHNA  
KUMAR

47

46 years / 86 kg  
175 cm / 86 kg  
Male

HR 68/min

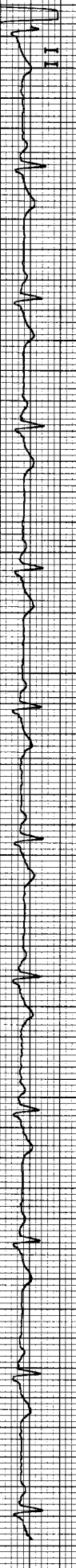
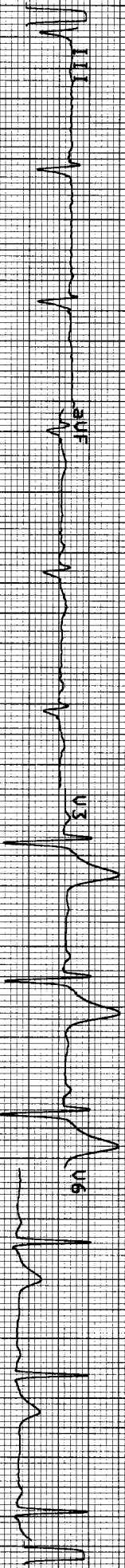
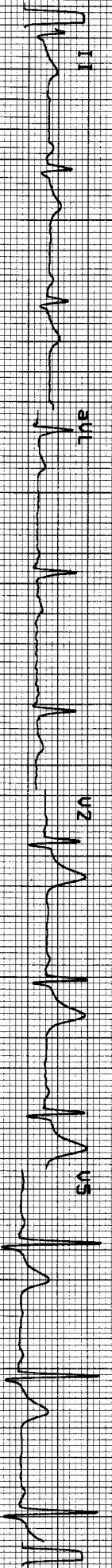
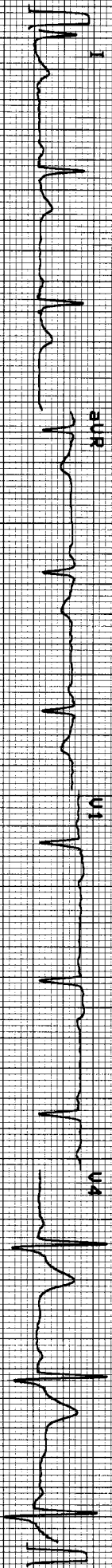
P axis: 38°

QRS -11°

T 24°

Intervals:  
RR 884 ms  
P 110 ms  
PR 146 ms  
QRS 88 ms  
QT 360 ms  
QTc 383 ms  
(Bazett)  
10 mm/mV

P (II) 0.10 mV  
S (V1) -0.79 mV  
R (V5) 1.65 mV  
Sokol. 2.43 mV



10 mm/mV

*Shiva Kumar*

CURIOUS HEALTHCARE

25 mm/s

0.05 25 Hz F50 SSF S85 13.01.2024 15:29:06

PT 102 plus 1.24 C



**LABORATORY REPORT**

<b>Name</b> : Mr. Krishna Kumar	<b>Reg. No</b> : 401100619
<b>Sex/Age</b> : Male/46 Years	<b>Reg. Date</b> : 13-Jan-2024 10:17 AM
<b>Ref. By</b> :	<b>Collected On</b> :
<b>Client Name</b> : Mediwheel	<b>Report Date</b> : 13-Jan-2024 03:40 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. Mild MR, Trivial TR, Trivial PR, No AR.
8. Mild PAH, RVSP: 42 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.



This is an electronically authenticated report

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

**DR. MUKESH LADDHA**

Page 2 of 5



Name: Mr. Krishna Kumar

**M MODE FINDINGS:**

MITRAL VALVE	OBSERVED	NORMAL VALUES	LV FUNCTION
Anterior leaflet	Normal		LVA(d) :
EF Slope		70-150mm/sec	LVL (d) :
Opening Amplitude			LVA(s) :
Posterior leaflet	Normal		LVL(s) :
E.P.S.S.		mm	LVV(d) :
Mitral Valve Prolapse	No		LVV(s) :
Vegetation	No		LVEF : 60%
TRICUSPID VALVE		LV COMPLIANCE	
Normal		Reduced LV Compliance	

PULMONARY VALVE	OBSERVED	NORMAL VALUES	MVO AREA
EF Slope		6-115 mm	By Planimetry :
A' Wave -			
Midsystolic notch -			By PHT :
Flutter -			
Other Findings			

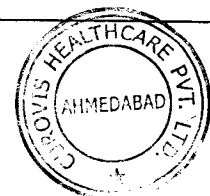
**DIMENSIONS:**

**AORTIC VALVE**

1. Lvd. (Diastole)	46 mm		Cuspal Opening	16mm	
2. Lvd. (Systole)	28 mm	24-42 mm	Closure line	Central	
3. RVID (Diastole)	13mm	7-23 mm	Eccentricity index	1	
4. IVS (Diastole)	11mm		Other findings	Absent	
5. IVS (Systole)	12mm				
6. LVPWT (Diastole)	11mm	6-11 mm			
7. LVPM (Systole)	12mm				
8. Aortic root	32 mm	22-37 mm			
9. Left Atrium:	36 mm	19-40 mm			
10. LVEF	60%				

**COLOUR DOPPLER FINDINGS:**

STRUCTURE	REGURG GRADING	VELOCITY1 m/sec Max/Mean	GRADIENT 5 Mm Hg Peak/Mean
MITRAL VALVE	Mild	0.90	3.30
TRICUSPID VALVE	Trivial	0.58	1.40
PULMONARY VALVE	Trivial	0.75	2.25
AORTIC	No	1.20	6.0





**LABORATORY REPORT**

<b>Name</b> :	Mr. Krishna Kumar	<b>Reg. No</b> :	401100619
<b>Sex/Age</b> :	Male/46 Years	<b>Reg. Date</b> :	13-Jan-2024 10:17 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	13-Jan-2024 04:36 PM

**X RAY CHEST PA**

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

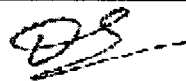
Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

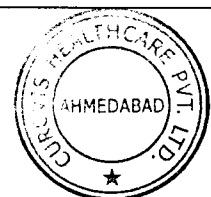
**COMMENT: No significant abnormality is detected.**

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

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





**LABORATORY REPORT**

<b>Name</b> :	Mr. Krishna Kumar	<b>Reg. No</b> :	401100619
<b>Sex/Age</b> :	Male/46 Years	<b>Reg. Date</b> :	13-Jan-2024 10:17 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	13-Jan-2024 04:35 PM

**USG ABDOMEN**

**Liver** appears normal in size & **increased 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.

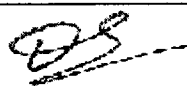
No evidence of para-aortic lymph adenopathy.

No evidence of dilated small bowel loops.

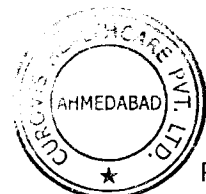
**COMMENTS:**

**Grade I fatty liver.**

This is an electronically authenticated report



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



Page 1 of 2



**LABORATORY REPORT**

**Name** : Mr. Krishna Kumar  
**Sex/Age** : Male/46 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 401100619  
**Reg. Date** : 13-Jan-2024 10:17 AM  
**Collected On** :  
**Report Date** : 13-Jan-2024 02:31 PM

**Eye Check - Up**

No Eye Complaints

**RIGHT EYE**

SP: -1.25

CY: -0.25

AX: 46

**LEFT EYE**

SP : -0.50

CY : -0.50

AX :148

	Without Glasses	With Glasses
Right Eye	6/9	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 -----



This is an electronically authenticated report



**Dr Kejal Patel**  
MB,DO(Ophth)

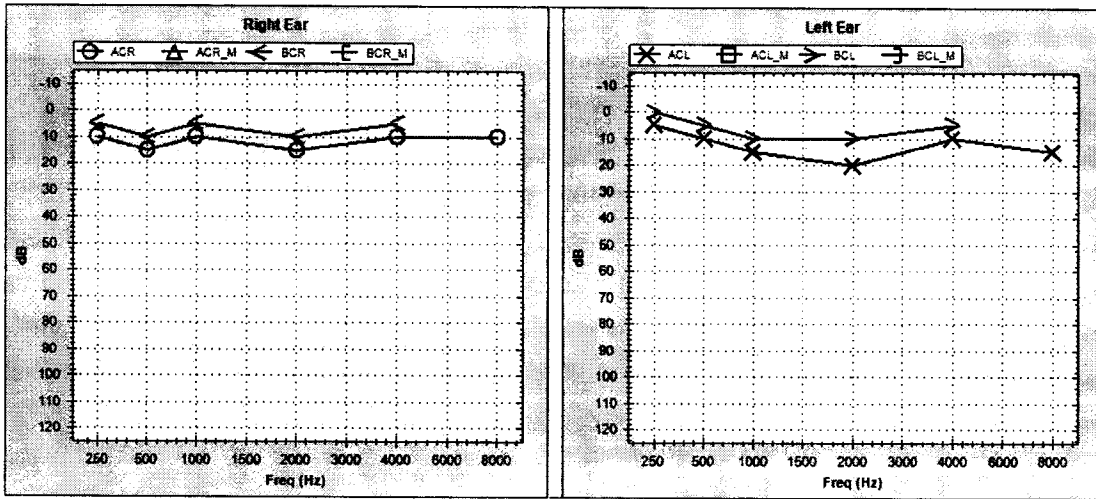


**LABORATORY REPORT**

Name : Mr. Krishna Kumar  
Sex/Age : Male/46 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 401100619  
Reg. Date : 13-Jan-2024 10:17 AM  
Collected On :  
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**AUDIOGRAM**



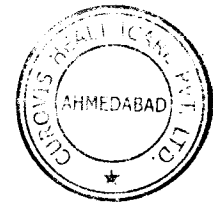
EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	UnMasked	Masked	UnMasked	
LEFT		□	×	☞	>	Blue
RIGHT		△	○	☐	<	Red

NO RESPONSE : Add ↓ below the respective symbols

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

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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



This is an electronically authenticated report

*Kejal Patel*  
**Dr Kejal Patel**  
MB,DO(Ophth)