

Patient Name : Mr.NAGESH KUMAR E
Age/Gender : 59 Y 2 M 30 D/M
UHID/MR No : SALW.0000143895
Visit ID : SALWOPV223268
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 35ES7672

Collected : 11/Oct/2024 08:35AM
Received : 11/Oct/2024 09:34AM
Reported : 11/Oct/2024 10:14AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY: MICROSCOPIC


RBC : Predominantly Normocytic Normochromic RBCS.

WBC : Normal in count and distribution. No abnormal cells seen..

PLATELET : Adequate on smear.

PARASITES : No haemoparasites seen.

IMPRESSION : Normal blood picture.


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST
SIN No:BED240237295

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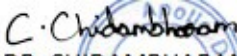
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15	g/dL	13-17	Spectrophotometer
PCV	45.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.55	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	82.4	fL	83-101	Calculated
MCH	27	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	12.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,160	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	74.8	%	40-80	Electrical Impedence
LYMPHOCYTES	20.4	%	20-40	Electrical Impedence
EOSINOPHILS	1.5	%	1-6	Electrical Impedence
MONOCYTES	3.0	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	0-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6103.68	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1664.64	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	122.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	244.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	24.48	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.67		0.78- 3.53	Calculated
PLATELET COUNT	198000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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Age/Gender : 59 Y 2 M 30 D/M	Received : 11/Oct/2024 11:26AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	Positive			Forward & Reverse Grouping with Slide/Tube Agglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY.

Veena Singh

Dr.Veena Singh,
M.D(Pathology)
Consultant Pathologist

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SIN No:HA07822719

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly Known as Nova Specialty Hospitals Private Limited)

CIN : U85100TG2009PTC099414

Registered Office:No.7-1-617A,615&616, Imperial Towers, 7th Floor, Opp.Ameerpet Metro Station Ameerpet, Hyderabad, Telangana-500 038.

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

Patient Name : Mr.NAGESH KUMAR E	Collected : 11/Oct/2024 11:39AM
Age/Gender : 59 Y 2 M 30 D/M	Received : 11/Oct/2024 12:38PM
UHID/MR No : SALW.0000143895	Reported : 11/Oct/2024 01:17PM
Visit ID : SALWOPV223268	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	143	mg/dL	60-100	Oxidase & Peroxidase-reflectance spectrophotometry

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

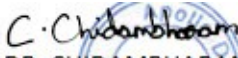
- The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	278	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.
Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:PLP1486940




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preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.


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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	8.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	203	mg/dL		Calculated


Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1c values is a better indicator of Glycemic control than a single test.
- Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:EDT240092618

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

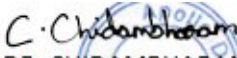
Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	167	mg/dl	150-219	CHE-COD-POD - colorimetric, reflectance Spectropho
TRIGLYCERIDES	173	mg/dl	50-149	LPL -GPO-POD Colorimetric, reflectance Spectropho
HDL CHOLESTEROL	40	mg/dL	37-67	CHE-COD-POD - colorimetric, reflectance Spectropho
NON-HDL CHOLESTEROL	127	mg/dL	<130	Calculated
LDL CHOLESTEROL	92.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	34.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.18		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.28		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:SE04834612




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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

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Patient Name : Mr.NAGESH KUMAR E
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DEPARTMENT OF BIOCHEMISTRY


ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29	U/L	4-44	Peroxidase oxidation of Diarylimidazole Leuco Dye
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	8-38	Peroxidase oxidation of Diarylimidazole Leuco Dye
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	151.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto
PROTEIN, TOTAL	7.00	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.70	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.30	g/dL	2.0-3.5	Calculated
A/G RATIO	2.04		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

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1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.


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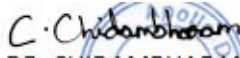
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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.79	mg/dL	0.6-1.1	Ammonia Concentration Measurement - color change o
UREA	16.26	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	7.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.00	mg/dL	4-7	Uricase Peroxidase - colorimetric, reflectance spe
CALCIUM	9.00	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.6-4.4	PNP-XOD-POD - Colorimetric, reflectance spectroph
SODIUM	145	mmol/L	136-149	Ion Selective Electrode-potentiometric
POTASSIUM	4.3	mmol/L	3.8-5	Ion Selective Electrode-potentiometric
CHLORIDE	101	mmol/L	98-106	Ion Selective Electrode-potentiometric
PROTEIN, TOTAL	7.00	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.70	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.30	g/dL	2.0-3.5	Calculated
A/G RATIO	2.04		0.9-2.0	Calculated

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	26.00	U/L	16-73	catalytic activity- reflectance spectrophotometry


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Patient Name : Mr.NAGESH KUMAR E	Collected : 11/Oct/2024 08:35AM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.95	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.31	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.266	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy

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DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24143304

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24143304

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mr.NAGESH KUMAR E	Collected : 11/Oct/2024 08:35AM
Age/Gender : 59 Y 2 M 30 D/M	Received : 11/Oct/2024 09:49AM
UHID/MR No : SALW.0000143895	Reported : 11/Oct/2024 10:21AM
Visit ID : SALWOPV223268	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35ES7672	

DEPARTMENT OF CLINICAL PATHOLOGY

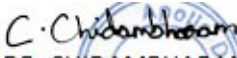
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modifed Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-3	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

Page 17 of 18


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UR2416086




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Age/Gender : 59 Y 2 M 30 D/M
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

*** End Of Report ***


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UR2416086

Page 18 of 18




Patient Name : Mr.NAGESH KUMAR E
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TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UR2416086




CERTIFICATE OF MEDICAL FITNESS

This is _____ inical examination
of _____ on 11/10/24
After 1 _____
that he _____ inical examination it has been found

Mr. NAGESH KUMAR E
SALW.0000143895 59/M

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended • Unfit 	


Dr. RAJMADHANGIR
 M.D. INTERNAL MEDICINE
 GENERAL PHYSICIAN
 APOLLO SPECTRA HOSPITALS
 Alwarpet, REG No: 104481

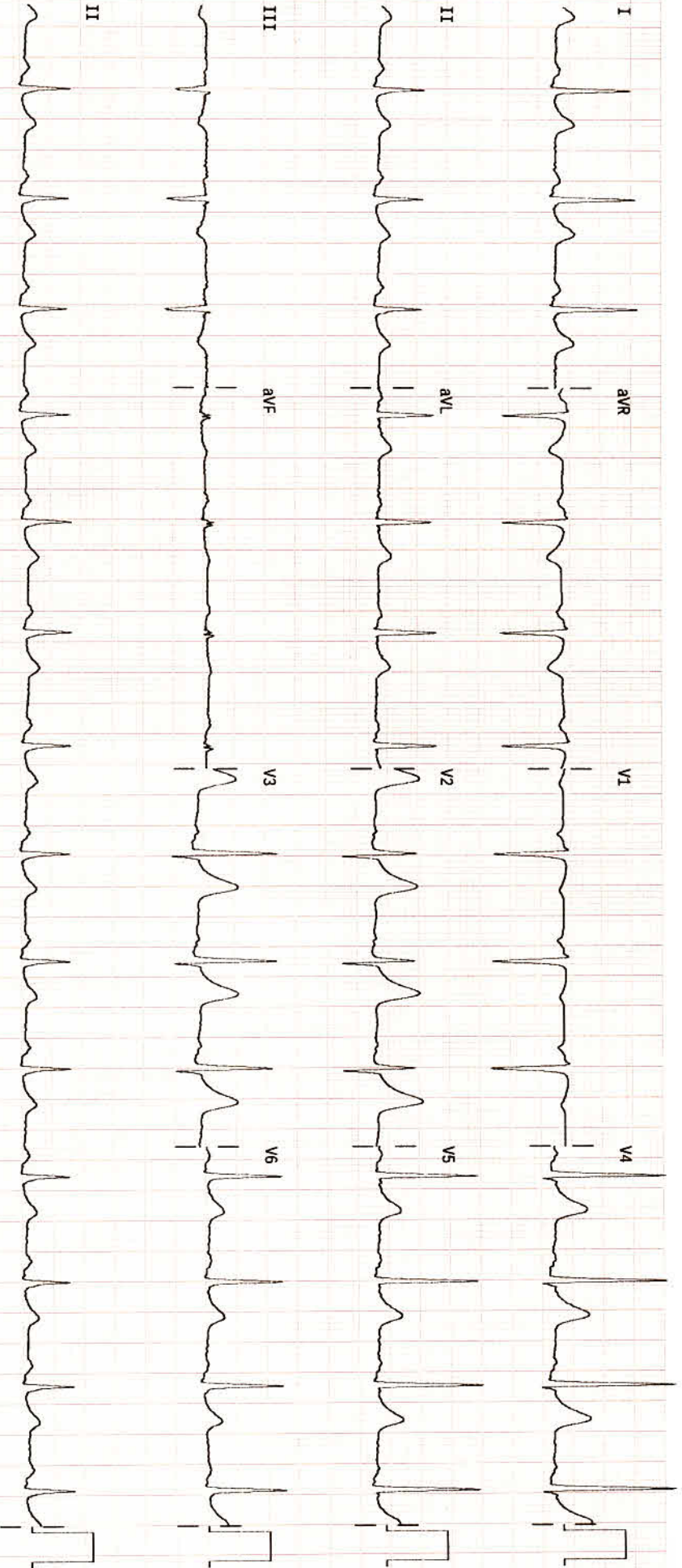
Dr. _____
Medical Officer
 Apollo Spectra Alwarpet

This certificate is not meant for medico-legal purposes

Rate: 84 Sinus rhythm.....normal P axis, V-rate 50-99
 . Abnormal R-wave progression, early transition.....QRS area>0 in V2
 PR 154 . Minimal ST elevation, anterior leads.....ST >0.10mV, V1-V4
 QRSd 83 . Baseline wander in lead(s) V6
 QT 346
 QTcB 410

--AXIS--
 P 28
 QRS 5
 T 6
 12 Leads; Standard Placement

- OTHERWISE NORMAL ECG -
 Unconfirmed Diagnosis



Device:

Speed: 25mm/sec

Limb: 10.0mm/mV

Chest: 10.00mm/mV

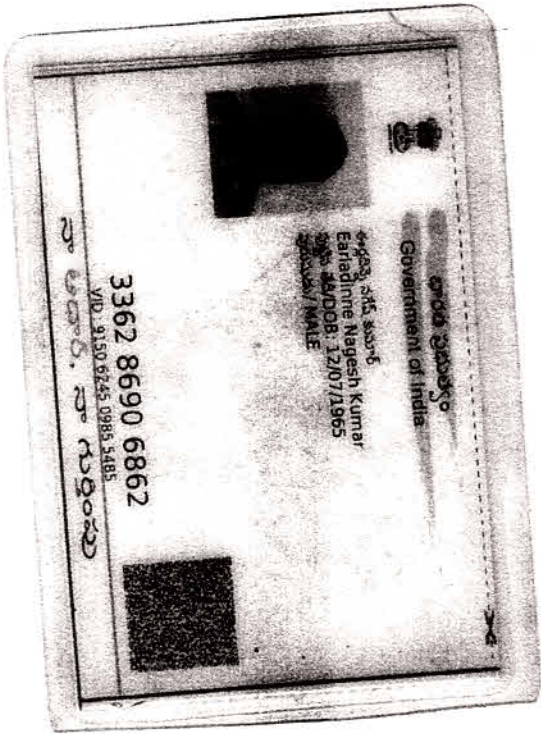
F 50- 0.15-100 HZ

110C CL

P?

PHILIPS

REORDER M3708A



Government of India



←-→ Eardine Nagesh Kumar
DOB: 12/07/1965
GENDER: MALE

3362 8690 6862

UID: 9150 6245 0985 5485

२ ७००.२ २१००३



OPHTHALMIC RECORD

NAME :

AGE :

Mr. NAGESH KUMAR E
SALW.0000143895 59/M

DATE :

11.10.24

I.D. No. :

REFERRAL DETAILS :

MHe

ALLERGIES :

Not aware

OCULAR HISTORY :

OU: no specific ocular co.

SYSTEMIC ILLNESS :

H/o DM x 4yrs.

CURRENT MEDICATION :

statf te..

INVESTIGATIONS :

Dm under control.

MAIN DIAGNOSIS

TREATMENT GIVEN

RE

LE

PRESENT GLASSES :

NV ADD :

(x 3mth)

$\overline{0.75} / \overline{2.50} \times 80$

$\overline{1.00}$

VN. WITH PG :

Add: cv:
6/6 Mb

+2.50
6/6 Mb

VISION UNAIDED :

VN WITH PH :

RETINOSCOPY

Ar

$\overline{0.50} / \overline{2.75} \times 80$

$\overline{0.75}$

SUBJECTIVE :

$\overline{0.50} / \overline{2.50} \times 80$
(6/6)

$\overline{0.75}$ (6/6)

Add: cv: +2.50
(Mb)

ANTERIOR SEGMENT :

same as old

By

color m :

cv: normal

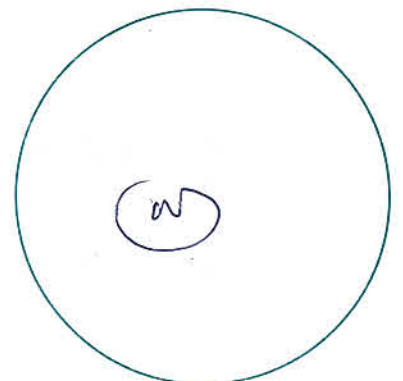
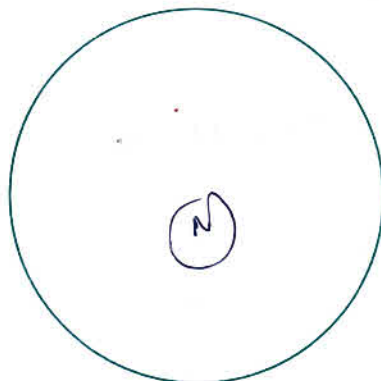
OU: Ant segment with

IOP

① (6mmHg)
② (6mmHg)

@ 9.10 AM

FUNDUS :



MAIN DIAGNOSIS :

OU Myopia

ADVICE / DISCUSSION :

- New glasses

1/2/500

REVIEW :



SIGNATURE

Patient Name	: Mr. NAGESH KUMAR E	Age/Gender	: 59 Y/M
UHID/MR No.	: SALW.0000143895	OP Visit No	: SALWOPV223268
Sample Collected on	:	Reported on	: 11-10-2024 11:43
LRN#	: RAD2424787	Specimen	:
Ref Doctor	: DR VIJENDRA MAKK REDDY		
Emp/Auth/TPA ID	: 35ES7672		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

■ **NORMAL STUDY.**



Dr. ARUN KUMAR S
MBBS, DMRD, DNB
Radiology