



011-41195959

Dear **Manipal Hospital**

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

**You confirm this booking?**

Name : MS. CHANDRAWATI  
Contact Details : 8279690978  
Hospital Package Name : Mediwheel Full Body Health Checkup Female Above 40  
Appointment Date : 09-03-2024

Member Information		
Booked Member Name	Age	Gender
MS. CHANDRAWATI	42 year	Female

**Tests included in this Package -**

- Mammography
- Stool Test
- Gynae Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- Lipid Profile
- Kidney Profile
- Liver profile

Thanks,  
Mediwheel Team  
Please Download Mediwheel App



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आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

CHANDRAWATI  
LAXMAN SINGH

18/07/1981  
Permanent Account Number

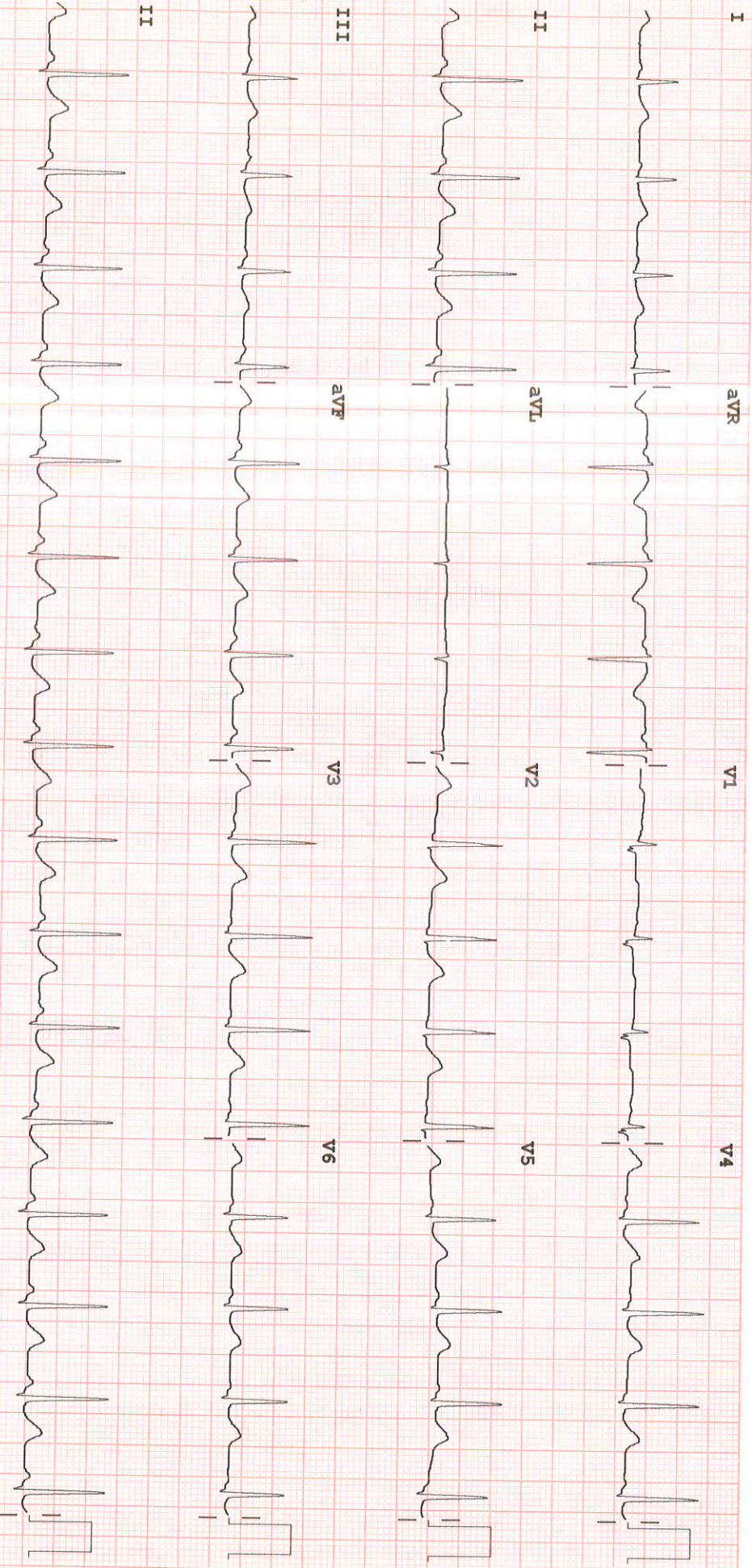
APHPC1817R

Signature



30092010

*[Handwritten signature in blue ink]*



- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis

Dev:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60 ~ 0.15-100 Hz

PH100B CL P2



Patient Name	<b>MRS CHANDRAWATI</b>	Location	Ghaziabad
Age/Sex	42 Year(s)/Female	Visit No	: V00000000001-GHZB
MRN No	<b>MH011761162</b>	Order Date	:09/03/2024
Ref. Doctor	Dr. ABHISHEK SINGH	Report Date	:09/03/2024

### Echocardiography

#### Final Interpretation

1. No RWMA, LVEF=60%.
2. Normal CCD.
3. No MR, No AR.
4. No TR, Normal PASP.
5. No intracardiac clot/mass/pericardial pathology.
6. IVC normal

#### Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal.
- **Tricuspid Valve:** It appears normal.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

#### Description:

- LV is normal size with normal contractility.

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 E info@manihospitals.com [www.manipalhospitals.com](http://www.manipalhospitals.com)



**LABORATORY REPORT**

<b>Name</b>	: MRS CHANDRAWATI	<b>Age</b>	: 42 Yr(s) Sex :Female
<b>Registration No</b>	: MH011761162	<b>Lab No</b>	: 202403001099
<b>Patient Episode</b>	: H18000001894	<b>Collection Date</b>	: 09 Mar 2024 10:18
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 09 Mar 2024 14:20
<b>Receiving Date</b>	: 09 Mar 2024 10:18		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>THYROID PROFILE, Serum</b>			<b>Specimen Type : Serum</b>
T3 - Triiodothyronine (ELFA)	0.820	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.560	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	3.610	μIU/mL	[0.250-5.000]

**NOTE :**

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect. In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.

The TSH assay aids in diagnosing thyroid or hypophysial disorders.

The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

**The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.**

**LABORATORY REPORT**

Name : MRS CHANDRAWATI Age : 42 Yr(s) Sex :Female  
Registration No : MH011761162 Lab No : 202403001099  
Patient Episode : H18000001894 Collection Date : 09 Mar 2024 10:18  
Referred By : HEALTH CHECK MGD Reporting Date : 10 Mar 2024 13:43  
Receiving Date : 09 Mar 2024 10:18

**BLOOD BANK**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
------	--------	------	-------------------------------

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing B Rh(D) Positive

**Technical note:**

*ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.*

Page 2 of 2

**NOTE:**

# - Abnormal Values

-----END OF REPORT-----

Dr. Alka Dixit Vats  
Consultant Pathologist



**LABORATORY REPORT**

Name : MRS CHANDRAWATI  
Registration No : MH011761162  
Patient Episode : H18000001894  
Referred By : HEALTH CHECK MGD  
Receiving Date : 09 Mar 2024 10:18

Age : 42 Yr(s) Sex :Female  
Lab No : 202403001099  
Collection Date : 09 Mar 2024 10:18  
Reporting Date : 09 Mar 2024 12:22

**HAEMATOTOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDEANCE)	4.64	millions/cumm	[3.80-4.80]
<b>HEMOGLOBIN</b>	<b>10.0 #</b>	<b>g/dl</b>	<b>[12.0-15.0]</b>
Method:cyanide free SLS-colorimetry			
<b>HEMATOCRIT (CALCULATED)</b>	<b>34.5 #</b>	<b>%</b>	<b>[36.0-46.0]</b>
<b>MCV (DERIVED)</b>	<b>74.4 #</b>	<b>fL</b>	<b>[83.0-101.0]</b>
<b>MCH (CALCULATED)</b>	<b>21.6 #</b>	<b>pg</b>	<b>[25.0-32.0]</b>
<b>MCHC (CALCULATED)</b>	<b>29.0 #</b>	<b>g/dl</b>	<b>[31.5-34.5]</b>
<b>RDW CV% (DERIVED)</b>	<b>15.4 #</b>	<b>%</b>	<b>[11.6-14.0]</b>
Platelet count	292	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	11.3		
WBC COUNT (TC) (IMPEDEANCE)	5.85	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	68.0	%	[40.0-80.0]
Lymphocytes	23.0	%	[20.0-40.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
<b>ESR</b>	<b>26.0 #</b>	<b>mm/1sthour</b>	<b>[0.0-</b>





**LABORATORY REPORT**

<b>Name</b>	: MRS CHANDRAWATI	<b>Age</b>	: 42 Yr(s) Sex :Female
<b>Registration No</b>	: MH011761162	<b>Lab No</b>	: 202403001099
<b>Patient Episode</b>	: H18000001894	<b>Collection Date</b>	: 09 Mar 2024 13:42
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 10 Mar 2024 13:12
<b>Receiving Date</b>	: 09 Mar 2024 13:42		

**CLINICAL PATHOLOGY**

**ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine**

**MACROSCOPIC DESCRIPTION**

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	6.5	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

**CHEMICAL EXAMINATION**

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

**MICROSCOPIC EXAMINATION (Automated/Manual)**

Pus Cells	2-4 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	4-6 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



**LABORATORY REPORT**

**Name** : MRS CHANDRAWATI  
**Registration No** : MH011761162  
**Patient Episode** : H18000001894  
**Referred By** : HEALTH CHECK MGD  
**Receiving Date** : 09 Mar 2024 10:18

**Age** : 42 Yr(s) Sex :Female  
**Lab No** : 202403001099  
**Collection Date** : 09 Mar 2024 10:18  
**Reporting Date** : 09 Mar 2024 14:14

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.3	%	[0.0-5.6]
Method: HPLC			
			As per American Diabetes Association (ADA) HbA1c in % Non diabetic adults >= 18years <5.7 Prediabetes (At Risk )5.7-6.4 Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG) 105 mg/dl

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

**Serum LIPID PROFILE**

Serum TOTAL CHOLESTEROL	188	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	144	mg/dl	[<150]
			Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	55	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	29	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	104.0	mg/dl	[<120.0]
			Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129



**LABORATORY REPORT**

Name : MRS CHANDRAWATI  
Registration No : MH011761162  
Patient Episode : H18000001894  
Referred By : HEALTH CHECK MGD  
Receiving Date : 09 Mar 2024 10:18

Age : 42 Yr(s) Sex :Female  
Lab No : 202403001099  
Collection Date : 09 Mar 2024 10:18  
Reporting Date : 09 Mar 2024 12:11

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	3.4		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.9		<3 Optimal 3-4 Borderline >6 High Risk

Note:  
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

**KIDNEY PROFILE**

Specimen: Serum			
UREA	22.9	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	10.7	mg/dl	[8.0-20.0]
Method: Calculated			
<b>CREATININE, SERUM</b>	<b>0.64 #</b>	<b>mg/dl</b>	<b>[0.70-1.20]</b>
Method: Jaffe rate-IDMS Standardization			
URIC ACID	4.3	mg/dl	[4.0-8.5]
Method:uricase PAP			
<b>SODIUM, SERUM</b>	<b>135.70 #</b>	<b>mmol/L</b>	<b>[136.00-144.00]</b>
POTASSIUM, SERUM	4.20	mmol/L	[3.60-5.10]
SERUM CHLORIDE	105.1	mmol/L	[101.0-111.0]
Method: ISE Indirect			



**LABORATORY REPORT**

<b>Name</b>	: MRS CHANDRAWATI	<b>Age</b>	: 42 Yr(s) Sex :Female
<b>Registration No</b>	: MH011761162	<b>Lab No</b>	: 202403001099
<b>Patient Episode</b>	: H18000001894	<b>Collection Date</b>	: 09 Mar 2024 10:18
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 09 Mar 2024 12:11
<b>Receiving Date</b>	: 09 Mar 2024 10:18		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	110.4	ml/min/1.73sq.m	[>60.0]
Technical Note eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.			
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	0.60	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.10	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.50	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.62	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.70	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.72		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	36.00	U/L	[0.00-40.00]



**LABORATORY REPORT**

Name : MRS CHANDRAWATI Age : 42 Yr(s) Sex :Female  
Registration No : MH011761162 Lab No : 202403001099  
Patient Episode : H18000001894 Collection Date : 09 Mar 2024 10:18  
Referred By : HEALTH CHECK MGD Reporting Date : 09 Mar 2024 12:11  
Receiving Date : 09 Mar 2024 10:18

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	88.50 #	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	227.0 #	IU/L	[32.0-91.0]
GGT	194.0 #	U/L	[7.0-50.0]

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

-----END OF REPORT-----

**Dr. Alka Dixit Vats**  
Consultant Pathologist



**LABORATORY REPORT**

Name : MRS CHANDRAWATI Age : 42 Yr(s) Sex :Female  
Registration No : MH011761162 Lab No : 202403001100  
Patient Episode : H18000001894 Collection Date : 09 Mar 2024 10:19  
Referred By : HEALTH CHECK MGD Reporting Date : 10 Mar 2024 12:51  
Receiving Date : 09 Mar 2024 10:19

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	104.0	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).  
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),  
Drugs-  
insulin, ethanol, propranolol, sulfonyleureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----

Dr. Charu Agarwal  
Consultant Pathologist



**LABORATORY REPORT**

Name : MRS CHANDRAWATI  
Registration No : MH011761162  
Patient Episode : H18000001894  
Referred By : HEALTH CHECK MGD  
Receiving Date : 09 Mar 2024 15:21

Age : 42 Yr(s) Sex :Female  
Lab No : 202403001101  
Collection Date : 09 Mar 2024 15:21  
Reporting Date : 10 Mar 2024 12:51

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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**PLASMA GLUCOSE**

Specimen: Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	108.0	mg/dl	[80.0-140.0]
Method: Hexokinase			

Note:  
Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

-----END OF REPORT-----

Dr. Charu Agarwal  
Consultant Pathologist

**RADIOLOGY REPORT**

NAME	MRS , CHANDRAWATI	STUDY DATE	09/03/2024 10:46AM
AGE / SEX	42 y / F	HOSPITAL NO.	MH011761162
ACCESSION NO.	R7022630	MODALITY	CR
REPORTED ON	09/03/2024 11:18AM	REFERRED BY	HEALTH CHECK MGD

## XR- CHEST PA VIEW

## FINDINGS:

LUNGS: Normal.  
TRACHEA: Normal.  
CARINA: Normal.  
RIGHT AND LEFT MAIN BRONCHI: Normal.  
PLEURA: Normal.  
HEART: Normal.  
RIGHT HEART BORDER: Normal.  
LEFT HEART BORDER: Normal.  
PULMONARY BAY: Normal.  
PULMONARY HILA: Normal.  
AORTA: Normal.  
THORACIC SPINE: Normal.  
OTHER VISUALIZED BONES: Normal.  
VISUALIZED SOFT TISSUES: Normal.  
DIAPHRAGM: Normal.  
VISUALIZED ABDOMEN: Surgical clips are seen in right hypochondrium.  
VISUALIZED NECK: Normal.

## IMPRESSION:

Bilateral lung fields are clear.

*Please correlate clinically*



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

\*\*\*\*\*End Of Report\*\*\*\*\*





NAME	MRS , CHANDRAWATI	STUDY DATE	09/03/2024 11:50AM
AGE / SEX	42 y / F	HOSPITAL NO.	MH011761162
ACCESSION NO.	R7022631	MODALITY	US
REPORTED ON	09/03/2024 1:25PM	REFERRED BY	HEALTH CHECK MGD

### USG ABDOMEN & PELVIS FINDINGS

LIVER: Liver is normal in size (measures 144 mm), shape and echotexture. Rest normal.  
 SPLEEN: Spleen is normal in size (measures 73 mm), shape and echotexture. Rest normal.  
 PORTAL VEIN: Appears normal in size and measures 10 mm.  
 COMMON BILE DUCT: Appears normal in size and measures 5.7 mm.  
 IVC, HEPATIC VEINS: Normal.  
 BILIARY SYSTEM: Normal.  
 GALL BLADDER: not seen (surgically removed - post cholecystectomy status).  
 PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.  
 KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.  
 Right Kidney: measures 95 x 32 mm.  
 Left Kidney: measures 97 x 41 mm.  
 PELVI-CALYCEAL SYSTEMS: Compact.  
 NODES: Not enlarged.  
 FLUID: Nil significant.  
 URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.  
 UTERUS: Uterus is anteverted, normal in size (measures 79 x 45 x 42mm), shape and echotexture.  
 Endometrium is thickened and echogenic, measuring 17.2 mm, suggesting endometrial hyperplasia. Trace fluid is seen in endometrial canal. Cervix appears normal.  
 OVARIES: Right ovary is bulky in size (measures 38 x 34 x 25 mm with volume 17.1 cc), but normal in shape and echotexture. Rest normal.  
 Left ovary is normal in size (measures mm with volume 3.8 cc), shape and echotexture. Rest normal.  
 Trace free fluid is seen in cul-de-sac.  
 BOWEL: Visualized bowel loops appear normal.

### IMPRESSION

- Thickened and echogenic endometrium suggesting endometrial hyperplasia.
- Bulky right ovary.

**ADV: US-TVS for better assessment of uterus and bilateral adnexa.**

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

\*\*\*\*\*End Of Report\*\*\*\*\*

**HEALTH CHECK RECORD**

Hospital No: MH011761162	Visit No: H18000001894
Name: MRS CHANDRAWATI	Age/Sex: 42 Yrs/Female
Doctor Name: DR.SHISHIR NARAIN	Specialty: HC SERVICE MGD
Date: 09/03/2024 12:45PM	

## OPD Notes :

PRESENT OPHTHALMIC COMPLAINS - HEALTH CHECK UP

SYSTEMIC/ OPHTHALMIC HISTORY - N/C

NO FAMILY H/O GLAUCOMA

EXAMINATION DETAILS

RIGHT EYE

LEFT EYE

VISION

6/6

6/6

CONJ

NORMAL

NORMAL

CORNEA

CLEAR

CLEAR

ANTERIOR CHAMBER/ IRIS

N

N

LENS

CLEAR

CLEAR

OCULAR MOVEMENTS

FULL

FULL

NCT

14

16

FUNDUS EXAMINATION

A) VITREOUS

B) OPTIC DISC

C:D 0.3

C:D 0.3

C) MACULAR AREA

FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT

**POWER OF GLASS**

Right eye: PLANO -6/6

Left eye: PLANO -6/6

NEAR ADD BE +1.25 DSPH N/6

DIAGNOSIS: DRY EYES

ADVISE / TREATMENT

E/D NST 4 TIMES DAILY BE

REVIEW AFTER 6 MONTHS

DR.SHISHIR NARAIN

Reg. No.: 9538