

Health Check up Booking Confirmed Request(bobS50208),Package Code-
PKG10000241, Beneficiary Code-14139

M Mediwheel

To: PHC [MH-Ghaziabad]

Cc: customercare@mediwheel.in

Thu 11/16/2023 4:14 PM



Mediwheel
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Hi Manipal Hospitals,

Diagnostic/Hospital Location :NH-24 Hapur Road,Oppo. Bahmeta Village, Near Lancroft
Golf Links Apartment, City:Ghaziabad

We have received the confirmation for the following booking .

Beneficiary Name : PKG10000241

Beneficiary Name : Varsha

Member Age : 36

Member Gender : Female

Member Relation: Spouse

Package Name : Medi-Wheel Metro Full Body Health Checkup Female Below 40

Location : DHINDHAWALI,Uttar Pradesh-251318

Contact Details : 7599245464

Booking Date : 07-11-2023

Appointment Date : 25-11-2023

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and



भारत सरकार
Unique Identification Authority of India
Government of India

नामांकन क्रम / Enrollment No.: 0000/00220/94523

To
वर्षा
Varsha
W/O, Munish
B 10 Rajbala Bhawan Bhagat Road
Radhe Enclave Govind Puri
Modinagar
Modi Nagar
Ghaziabad
Uttar Pradesh 201204
7599245464

27/05/2014

310277733



MA102777339FT



आपका आधार क्रमांक / Your Aadhaar No. :

7069 3177 8002

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India



वर्षा
Varsha
जन्म तिथि / DOB : 22/10/1985
महिला / Female



7069 3177 8002

आधार - आम आदमी का अधिकार

Varsha

varsha
40years
Female
Asian

Vent. rate 65 bpm
PR interval 160 ms
QRS duration 78 ms
QT/QTc 408/424 ms
P-R-T axes 59 87 65

ID: 011510836

25-Nov-2023 10:58:50

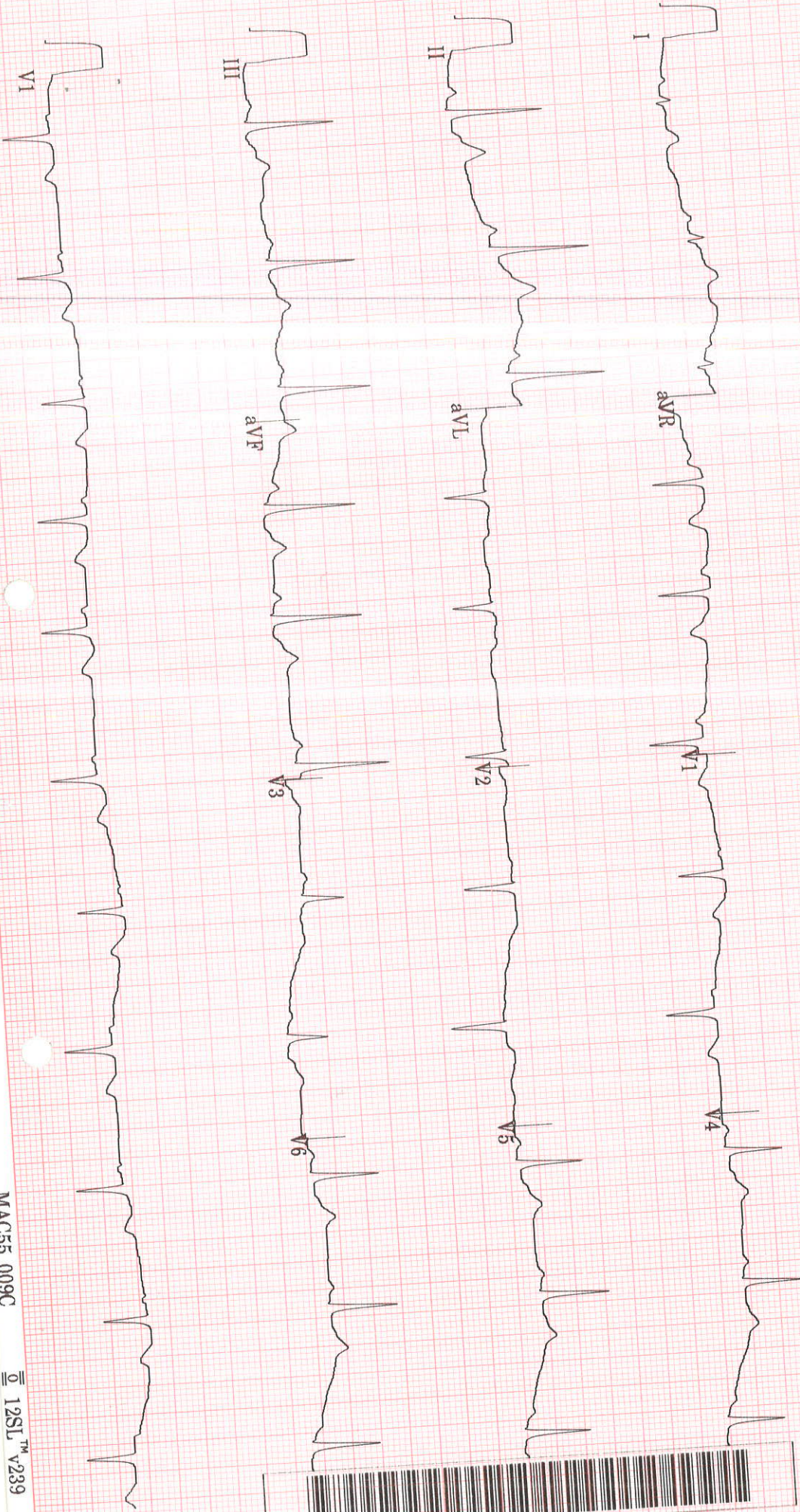
Manipal Hospitals, Ghaziabad

*** Poor data quality, interpretation may be adversely affected
Normal sinus rhythm with sinus arrhythmia
Normal ECG

Technician:
Test ind:

Referred by: hep

Unconfirmed





TMT INVESTIGATION REPORT

Patient Name	VARSHA	Location	: Ghaziabad
Age/Sex	: 40Year(s)/Female	Visit No	: V0000000001-GHZB
MRN No	MH011510836	Order Date	: 25/11/2023
Ref. Doctor	: HCP	Report Date	: 25/11/2023

Protocol : Bruce
Duration of exercise : 5min 00sec
Reason for termination : THR achieved
Blood Pressure (mmHg) : Baseline BP : 110/80mmHg
 Peak BP : 134/84mmHg
MPHR : 180BPM
85% of MPHR : 153BPM
Peak HR Achieved : 157BPM
% Target HR : 87%
METS : 7.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	91	110/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	134	120/80	Nil	No ST changes seen	Nil
STAGE 2	2:00	157	134/84	Nil	No ST changes seen	Nil
RECOVERY	4:13	84	130/80	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.


Dr. Bhupendra Singh
 MD, DM (CARDIOLOGY), FACC
 Sr. Consultant Cardiology

Dr. Abhishek Singh
 MD, DNB (CARDIOLOGY), MNAMS
 Sr. Consultant Cardiology

Dr. Sudhanshu Mishra
 MD
 Cardiology Registrar

Manipal Hospital, Ghaziabad

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

P: 0120-3535353

Page 1 of 2

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 Info@manihospitals.com www.manipalhospitals.com

Name : MRS VARSHA
Registration No : MH011510836
Patient Episode : O03001230249
Referred By : MANIPAL HOSPITALS GHAZIABAD
Receiving Date : 25 Nov 2023 20:33

Age : 38 Yr(s) Sex :Female
Lab No : 32231110360
Collection Date : 25 Nov 2023 20:19
Reporting Date : 26 Nov 2023 07:31

BIOCHEMISTRY

THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	1.210	ng/ml	[0.800-2.040]
T4 - Thyroxine (ECLIA)	9.820	µg/dl	[5.500-11.000]
Thyroid Stimulating Hormone (ECLIA)	4.630 #	µIU/mL	[0.340-4.250]
1st Trimester:0.6 - 3.4	micIU/mL		
2nd Trimester:0.37 - 3.6	micIU/mL		
3rd Trimester:0.38 - 4.04	micIU/mL		

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

* References ranges recommended by the American Thyroid Association

- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
- 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

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

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY



Name : MRS VARSHA Age : 38 Yr(s) Sex :Female
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BIOCHEMISTRY

THYROID PROFILE, Serum

Specimen Type : Serum

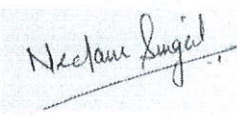
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-----END OF REPORT-----



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY





LABORATORY REPORT

Name : MRS VARSHA
Registration No : MH011510836
Patient Episode : H18000001480
Referred By : HEALTH CHECK MGD
Receiving Date : 25 Nov 2023 09:45

Age : 38 Yr(s) Sex :Female
Lab No : 202311004066
Collection Date : 25 Nov 2023 09:45
Reporting Date : 25 Nov 2023 11:29

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)			
SPECIMEN-EDTA Whole Blood			
RBC COUNT (IMPEDENCE)	4.67	millions/cumm	[3.80-4.80]
HEMOGLOBIN	13.2	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	41.8	%	[36.0-46.0]
MCV (DERIVED)	89.5	fL	[83.0-101.0]
MCH (CALCULATED)	28.3	pg	[25.0-32.0]
MCHC (CALCULATED)	31.6	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.0	%	[11.6-14.0]
Platelet count	302	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	10.2		
WBC COUNT (TC) (IMPEDENCE)	7.53	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	65.0	%	[40.0-80.0]
Lymphocytes	25.0	%	[20.0-40.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	26.0 #	mm/1sthour	[0.0-



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Collection Date : 25 Nov 2023 09:45
Reporting Date : 25 Nov 2023 18:29

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	4.9	%	[0.0-5.6]
Estimated Average Glucose (eAG)	94	mg/dl	

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

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.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(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)



LABORATORY REPORT

Name : MRS VARSHA
Registration No : MH011510836
Patient Episode : H18000001480
Referred By : HEALTH CHECK MGD
Receiving Date : 25 Nov 2023 10:39

Age : 38 Yr(s) Sex :Female
Lab No : 202311004066
Collection Date : 25 Nov 2023 10:39
Reporting Date : 25 Nov 2023 13:37

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	1-2 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	4-6 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	213 #	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239
TRIGLYCERIDES (GPO/POD)	83	mg/dl	High risk:>240
			[<150]
HDL- CHOLESTEROL	57.0	mg/dl	Borderline high:151-199
Method : Enzymatic Immunoimhibition			High: 200 - 499
VLDL- CHOLESTEROL (Calculated)	17	mg/dl	Very high:>500
CHOLESTEROL, LDL, CALCULATED	139.0 #	mg/dl	[35.0-65.0]
			[0-35]
Above optimal-100-129			[<120.0]
			Near/
T.Chol/HDL.Chol ratio(Calculated)	3.7		Borderline High:130-159
			High Risk:160-189
			<4.0 Optimal
			4.0-5.0 Borderline
			>6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.4		<3 Optimal
			3-4 Borderline
			>6 High Risk



LABORATORY REPORT

Name : MRS VARSHA
Registration No : MH011510836
Patient Episode : H18000001480
Referred By : HEALTH CHECK MGD
Receiving Date : 25 Nov 2023 09:45

Age : 38 Yr(s) Sex :Female
Lab No : 202311004066
Collection Date : 25 Nov 2023 09:45
Reporting Date : 25 Nov 2023 11:36

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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	25.2	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	11.8	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.69 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.4	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	137.60	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.77	mmol/L	[3.60-5.10]
SERUM CHLORIDE	101.2	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	110.8	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.



LABORATORY REPORT

Name : MRS VARSHA
Registration No : MH011510836
Patient Episode : H18000001480
Referred By : HEALTH CHECK MGD
Receiving Date : 25 Nov 2023 09:45

Age : 38 Yr(s) Sex :Female
Lab No : 202311004066
Collection Date : 25 Nov 2023 09:45
Reporting Date : 25 Nov 2023 18:31

TEST	BIOCHEMISTRY		BIOLOGICAL REFERENCE INTERVAL
	RESULT	UNIT	
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.48	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.09	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.39	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.90	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.55	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.35	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.35		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	20.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	19.80	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	79.0	IU/L	[32.0-91.0]
GGT	17.0	U/L	[7.0-50.0]



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BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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.

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.

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MRS VARSHA
Registration No : MH011510836
Patient Episode : H18000001480
Referred By : HEALTH CHECK MGD
Receiving Date : 25 Nov 2023 09:45

Age : 38 Yr(s) Sex :Female
Lab No : 202311004067
Collection Date : 25 Nov 2023 09:45
Reporting Date : 25 Nov 2023 11:18

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	88.0	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, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MRS VARSHA
Registration No : MH011510836
Patient Episode : H18000001480
Referred By : HEALTH CHECK MGD
Receiving Date : 25 Nov 2023 14:58

Age : 38 Yr(s) Sex :Female
Lab No : 202311004068
Collection Date : 25 Nov 2023 14:58
Reporting Date : 25 Nov 2023 16:08

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	104.0	mg/dl	[80.0-140.0]
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			

NOTE:
- Abnormal Values

Page 8 of 8

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

Dr. Alka Dixit Vats
Consultant Pathologist



RADIOLOGY REPORT

NAME	MRS VARSHA	STUDY DATE	25/11/2023 9:59AM
AGE / SEX	38 y / F	HOSPITAL NO.	MH011510836
ACCESSION NO.	R6450849	MODALITY	CR
REPORTED ON	25/11/2023 10:54AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Prominent bronchovascular markings are seen in both lung fields.
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: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

Prominent bronchovascular markings are seen in both lung fields.

Please correlate clinically

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

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



RADIOLOGY REPORT

NAME	MRS VARSHA	STUDY DATE	25/11/2023 10:22AM
AGE / SEX	38 y / F	HOSPITAL NO.	MH011510836
ACCESSION NO.	R6450646	MODALITY	US
REPORTED ON	25/11/2023 10:52AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears normal in size (measures 145 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.
SPLEEN: Spleen is normal in size (measures 82 mm), shape and echotexture. Rest normal.
PORTAL VEIN: Appears normal in size and measures 8.3 mm.
COMMON BILE DUCT: Appears normal in size and measures 3.5 mm.
IVC, HEPATIC VEINS: Normal.
BILIARY SYSTEM: Normal.
GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.
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 97 x 38 mm.
Left Kidney: measures 87 x 41 mm. It shows a concretion measuring 3.1 mm at lower calyx.
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 92 x 40 x 22 mm), shape and echotexture. A seedling intramural fibroid is seen in anterior myometrium measuring 8 x 6 mm.
Endometrial thickness measures 6.4 mm. Cervix appears normal.
OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.
BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- Diffuse grade I fatty infiltration in liver.
- Left renal concretion.
- Seedling intramural uterine fibroid.

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

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



HEALTH CHECK RECORD

Hospital No: MH011510836	Visit No: H18000001480																																				
Name: MRS VARSHA	Age/Sex: 38 Yrs/Female																																				
Doctor Name: DR. ANANT VIR JAIN	Specialty: HC SERVICE MGD																																				
Date: 25/11/2023 01:28PM																																					
<p>OPD Notes :</p> <p>PRESENT OPHTHALMIC COMPLAINS - HC SYSTEMIC/ OPHTHALMIC HISTORY -NIL NO FAMILY H/O GLAUCOMA</p>																																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">EXAMINATION DETAILS</th> <th style="text-align: center;">RIGHT EYE</th> <th style="text-align: center;">LEFT EYE</th> </tr> </thead> <tbody> <tr> <td>VISION</td> <td style="text-align: center;">6/12</td> <td style="text-align: center;">6/12</td> </tr> <tr> <td>CONJ</td> <td style="text-align: center;">NORMAL</td> <td style="text-align: center;">NORMAL</td> </tr> <tr> <td>CORNEA</td> <td style="text-align: center;">CLEAR</td> <td style="text-align: center;">CLEAR</td> </tr> <tr> <td>ANTERIOR CHAMBER/ IRIS</td> <td style="text-align: center;">N</td> <td style="text-align: center;">N</td> </tr> <tr> <td>LENS</td> <td style="text-align: center;">CLEAR</td> <td style="text-align: center;">CLEAR</td> </tr> <tr> <td>OCULAR MOVEMENTS</td> <td style="text-align: center;">FULL</td> <td style="text-align: center;">FULL</td> </tr> <tr> <td>NCT</td> <td style="text-align: center;">18</td> <td style="text-align: center;">17</td> </tr> <tr> <td colspan="3">FUNDUS EXAMINATION</td> </tr> <tr> <td>A) VITREOUS</td> <td></td> <td></td> </tr> <tr> <td>B) OPTIC DISC</td> <td style="text-align: center;">C:D 0.2</td> <td style="text-align: center;">C:D 0.2</td> </tr> <tr> <td>C) MACULAR AREA</td> <td colspan="2" style="text-align: center;">FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT</td> </tr> </tbody> </table>		EXAMINATION DETAILS	RIGHT EYE	LEFT EYE	VISION	6/12	6/12	CONJ	NORMAL	NORMAL	CORNEA	CLEAR	CLEAR	ANTERIOR CHAMBER/ IRIS	N	N	LENS	CLEAR	CLEAR	OCULAR MOVEMENTS	FULL	FULL	NCT	18	17	FUNDUS EXAMINATION			A) VITREOUS			B) OPTIC DISC	C:D 0.2	C:D 0.2	C) MACULAR AREA	FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT	
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FUNDUS EXAMINATION																																					
A) VITREOUS																																					
B) OPTIC DISC	C:D 0.2	C:D 0.2																																			
C) MACULAR AREA	FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT																																				
<p>POWER OF GLASS</p> <p>Right eye: PLANO / -1.25 Dcyl x 140degree 6/6 Left eye: PLANO / -1.50Dcyl x40 degree 6/6 ADD : +1.25 Dsph N/6</p>																																					
<p>ADVISE / TREATMENT</p> <p>E/D NISOL 4 TIMES DAILY BE REVIEW AFTER 6 MONTHS</p>																																					

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