

Mediwheel <wellness@mediwheel.in>

Sun 3/17/2024 12:53 PM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>

Cc:customercare@mediwheel.in <customercare@mediwheel.in>



011-41195959

Hi Manipal Hospital,

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

Hospital Package Name : Mediwheel Full Body Health Checkup Male Above 40

Patient Package Name : Mediwheel Full Body Health Checkup Male Above 40

Contact Details : 9143409298

Appointment Date : 23-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Member Information		
Booked Member Name	Age	Gender
MR. SINGH ROHIT	49 year	Male

We request you to facilitate the employee on priority.

Thanks,

Mediwheel Team

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भारत सरकार



रोहित सिंह

Rohit Singh

जन्म तिथि/ DOB: 02/09/1974

पुरुष / MALE

3238 4035 8375



मेरा आधार, मेरी पहचान

h



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Address:

पता:
S/O जगदीश सिंह, डी-
1301, सैवी विल्ले डे, राज
नगर एक्सटेन्शन, मैनापुर
गाँव, गाजियाबाद,
उत्तर प्रदेश - 201017

S/O Jagdish Singh, D-1301,
SAVY VILLE DE, RAJ NAGAR
EXTENSION, Mainapur Village,
Ghaziabad,
Uttar Pradesh - 201017



1947
1800 300 1947

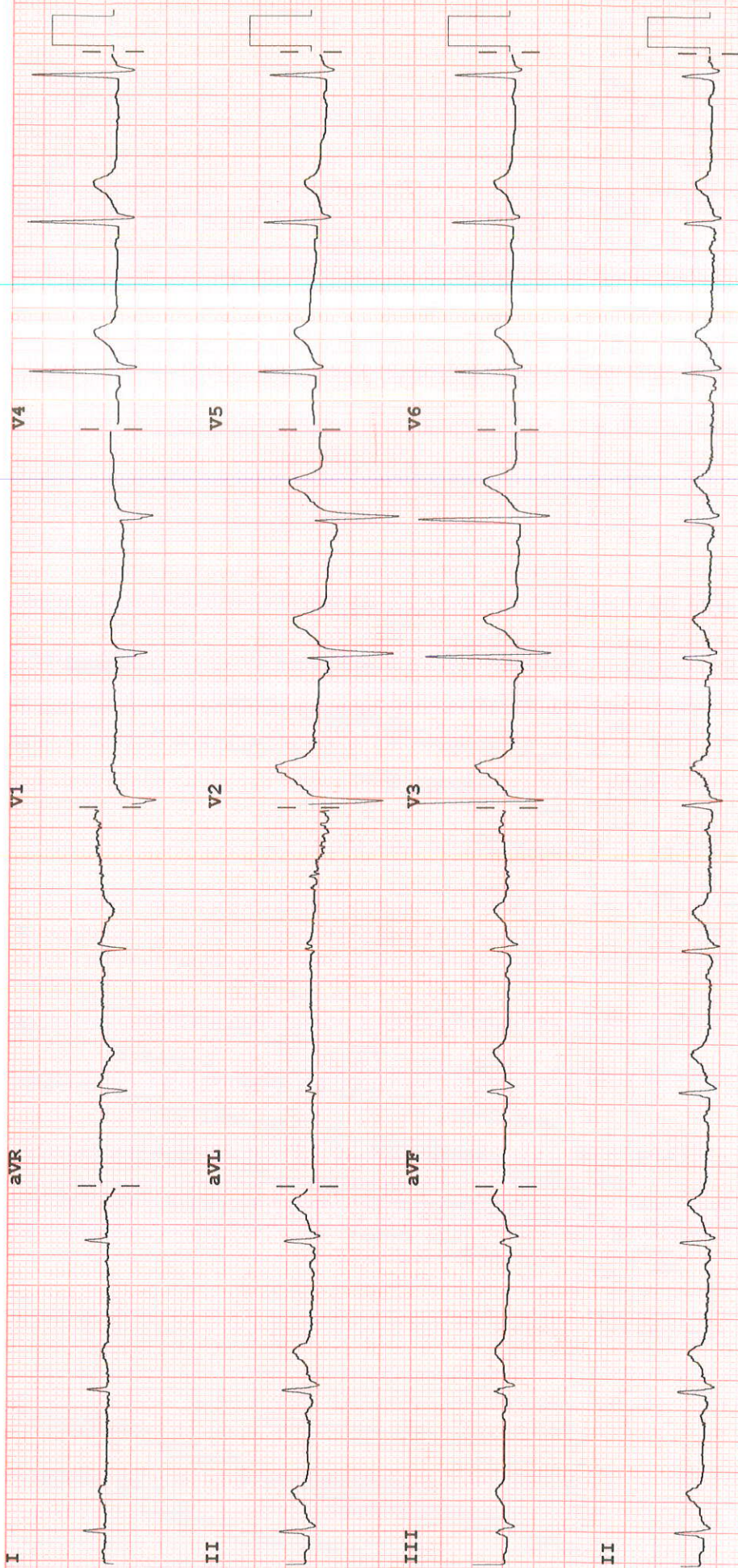
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P.O. Box No. 1947,
Bengaluru-560 001

- 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 P?



TMT INVESTIGATION REPORT

Patient Name : MR ROHIT SINGH	Location : Ghaziabad
Age/Sex : 49Year(s)/male	Visit No : V0000000001-GHZZB
MRN No : MH011792284	Order Date : 23/03/2024
Ref. Doctor : DR BHUPENDRA SINGH	Report Date : 23/03/2024

Protocol	: Bruce	MPHR	: 171BPM
Duration of exercise	: 09min 40sec	85% of MPHR	: 145BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 190BPM
Blood Pressure (mmHg)	: Baseline BP : 126/80mmHg Peak BP : 150/90mmHg	% Target HR	: 111%
		METS	: 11.2METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	67	126/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	104	130/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	127	140/90	Nil	No ST changes seen	Nil
STAGE 3	3:00	175	150/90	Nil	No ST changes seen	Nil
STAGE 4	0:40	186	150/90	Nil	No ST changes seen.	Nil
RECOVERY	5:15	105	140/84	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:

readmill 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

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LABORATORY REPORT

Name	: MR ROHIT SINGH	Age	: 49 Yr(s) Sex :Male
Registration No	: MH011792284	Lab No	: 202403003426
Patient Episode	: H18000001979	Collection Date	: 23 Mar 2024 09:45
Referred By	: HEALTH CHECK MGD	Reporting Date	: 23 Mar 2024 13:00
Receiving Date	: 23 Mar 2024 09:45		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	0.930	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.140	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.570	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	: MR ROHIT SINGH	Age	: 49 Yr(s) Sex :Male
Registration No	: MH011792284	Lab No	: 202403003426
Patient Episode	: H18000001979	Collection Date	: 23 Mar 2024 09:45
Referred By	: HEALTH CHECK MGD	Reporting Date	: 24 Mar 2024 12:28
Receiving Date	: 23 Mar 2024 09:45		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type : Serum			
PROSTATE SPECIFIC ANTIGEN (PSA-Total):	1.490	ng/mL	[<2.500]

Method :ELFA

Note :1.This is a recommended test for detection of prostate cancer along with Digital Recta Examination (DRE) in males above 50 years of age
 damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.
 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
 3. PSA levels may appear consistently elevated / depressed due to the interference by hetero antibodies & nonspecific protein binding
 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massag indwelling catheterization, and ultrasonography and needle biopsy of prostate is not recomme as they falsely elevate levels
 5. PSA values regardless of levels should not be interpreted as absolute evidence of the pre or absence of disease. All values should be correlated with clinical findings and results of other investigations
 6. Sites of Non - prostatic PSA production are breast epithelium, salivary glands, peri - urethral & anal glands, cells of male urethra && breast mil
 7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity

Recommended Testing Intervals

- * Pre-operatively (Baseline)
- * 2-4 days post-operatively
- * Prior to discharge from hospital
- * Monthly follow-up if levels are high or show a rising trend

**LABORATORY REPORT**

Name : MR ROHIT SINGH Age : 49 Yr(s) Sex : Male
Registration No : MH011792284 Lab No : 202403003426
Patient Episode : H18000001979 Collection Date : 23 Mar 2024 09:45
Referred By : HEALTH CHECK MGD Reporting Date : 23 Mar 2024 12:46
Receiving Date : 23 Mar 2024 09:45

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood

Blood Group & Rh typing O Rh(D) Positive

Technical note:

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

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NOTE:

- Abnormal Values

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name	: MR ROHIT SINGH	Age	: 49 Yr(s) Sex :Male
Registration No	: MH011792284	Lab No	: 202403003426
Patient Episode	: H18000001979	Collection Date	: 23 Mar 2024 09:45
Referred By	: HEALTH CHECK MGD	Reporting Date	: 23 Mar 2024 12:14
Receiving Date	: 23 Mar 2024 09:45		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	3.82 #	millions/cumm	[4.50-5.50]
HEMOGLOBIN	12.0 #	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	36.7 #	%	[40.0-50.0]
MCV (DERIVED)	96.1	fL	[83.0-101.0]
MCH (CALCULATED)	31.4	pg	[25.0-32.0]
MCHC (CALCULATED)	32.7	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	12.6	%	[11.6-14.0]
Platelet count	195	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	11.60	fL	
WBC COUNT (TC) (IMPEDEANCE)	4.17	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	53.0	%	[40.0-80.0]
Lymphocytes	37.0	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	16.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: MR ROHIT SINGH	Age	: 49 Yr(s) Sex :Male
Registration No	: MH011792284	Lab No	: 202403003426
Patient Episode	: H18000001979	Collection Date	: 23 Mar 2024 09:45
Referred By	: HEALTH CHECK MGD	Reporting Date	: 23 Mar 2024 12:50
Receiving Date	: 23 Mar 2024 09:45		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.0	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association (ADA)			
HbA1c in %			
Non diabetic adults ≥ 18 years < 5.7			
Prediabetes (At Risk) 5.7-6.4			
Diagnosing Diabetes ≥ 6.5			
Estimated Average Glucose (eAG)	97	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	157	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239
TRIGLYCERIDES (GPO/POD)	65	mg/dl	High risk:>240
			[<150]
			Borderline high:151-199
HDL- CHOLESTEROL	43	mg/dl	High: 200 - 499
Method : Enzymatic Immunoimhibition			Very high:>500
VLDL- CHOLESTEROL (Calculated)	13	mg/dl	[35-65]
CHOLESTEROL, LDL, CALCULATED	101.0	mg/dl	[<120.0]
Above optimal-100-129			Near/
			Borderline High:130-159
			High Risk:160-189



Name : MR ROHIT SINGH
Registration No : MH011792284
Patient Episode : H18000001979
Referred By : HEALTH CHECK MGD
Receiving Date : 23 Mar 2024 09:45

Age : 49 Yr(s) Sex : Male
Lab No : 202403003426
Collection Date : 23 Mar 2024 09:45
Reporting Date : 24 Mar 2024 12:27

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio (Calculated)	3.7		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	2.3		<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 Method: GLDH, Kinatic assay	24.6	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN Method: Calculated	11.5	mg/dl	[8.0-20.0]
CREATININE, SERUM Method: Jaffe rate-IDMS Standardization	1.06	mg/dl	[0.70-1.20]
URIC ACID Method: uricase PAP	3.4 #	mg/dl	[4.0-8.5]

SODIUM, SERUM	145.00 #	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	3.60	mmol/L	[3.60-5.10]
SERUM CHLORIDE Method: ISE Indirect	108.0	mmol/L	[101.0-111.0]



Name : MR ROHIT SINGH
Registration No : MH011792284
Patient Episode : H18000001979
Referred By : HEALTH CHECK MGD
Receiving Date : 23 Mar 2024 09:45

Age : 49 Yr(s) Sex : Male
Lab No : 202403003426
Collection Date : 23 Mar 2024 09:45
Reporting Date : 24 Mar 2024 12:26

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated) Technical Note	82.0	ml/min/1.73sq.m	[>60.0]
<p>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.</p>			

LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.81	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.29	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.52	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.19	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.04	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.20	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.30		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	21.00	U/L	[0.00-40.00]



LABORATORY REPORT



Name : MR ROHIT SINGH
Registration No : MH011792284
Patient Episode : H18000001979
Referred By : HEALTH CHECK MGD
Receiving Date : 23 Mar 2024 09:45

Age : 49 Yr(s) Sex : Male
Lab No : 202403003426
Collection Date : 23 Mar 2024 09:45
Reporting Date : 24 Mar 2024 12:28

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	17.00	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	155.0 #	IU/L	[32.0-91.0]
GGT	20.0	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-----

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Alka

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT



Name : MR ROHIT SINGH
Registration No : MH011792284
Patient Episode : H18000001979
Referred By : HEALTH CHECK MGD
Receiving Date : 23 Mar 2024 09:45

Age : 49 Yr(s) Sex : Male
Lab No : 202403003427
Collection Date : 23 Mar 2024 09:45
Reporting Date : 24 Mar 2024 12:28

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma			
GLUCOSE, FASTING (F) Method: Hexokinase	89.0	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.

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT



Name : MR ROHIT SINGH
Registration No : MH011792284
Patient Episode : H18000001979
Referred By : HEALTH CHECK MGD
Receiving Date : 23 Mar 2024 14:06

Age : 49 Yr(s) Sex : Male
Lab No : 202403003428
Collection Date : 23 Mar 2024 14:06
Reporting Date : 24 Mar 2024 12:29

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	89.0	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

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

Page 8 of 8

Dr. Charu Agarwal
Consultant Pathologist

**RADIOLOGY REPORT**

NAME	MR Rohit SINGH	STUDY DATE	23/03/2024 10:11AM
AGE / SEX	49 y / M	HOSPITAL NO.	MH011792284
ACCESSION NO.	R7108581	MODALITY	CR
REPORTED ON	23/03/2024 10:31AM	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: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

No significant abnormality noted.

Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

NAME	MR Rohit SINGH	STUDY DATE	23/03/2024 10:48AM
AGE / SEX	49 y / M	HOSPITAL NO.	MH011792284
ACCESSION NO.	R7108582	MODALITY	US
REPORTED ON	23/03/2024 11:42AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS WITH PVR FINDINGS

LIVER: appears normal in size (measures 124mm) 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 87 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9 mm.

COMMON BILE DUCT: Appears normal in size and measures 4 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 99 x 34 mm.

Left Kidney: measures 111 x 51 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.

Pre-void urine volume 295-cc.

Post-void residual urine volume 20 cc (Insignificant).

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 34 x 32 x 26 mm with volume 15 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.

Recommend clinical correlation.



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

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



Manipal Hospital Ghaziabad
NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad 201 002
0120 3535 353 / +91 88609 45566



HEALTH CHECK RECORD

Hospital No: MH011792284	Visit No: H18000001979																						
Name: MR ROHIT SINGH	Age/Sex: 49 Yrs/Male																						
Doctor Name: DR.SHISHIR NARAIN	Specialty: HC SERVICE MGD																						
Date: 23/03/2024 01:48PM																							
BP Systolic: 125 mmHg	BP Diastolic: 80 mmHg	Pulse Rate: 60beats per minute																					
Saturation(Oxygen): 97%	Height: 164cm	Weight : 52.1kg																					
BMI: 19.37	Pain Score: 00	Fall Risk: 01																					
Vulnerable: 01																							
<p>OPD Notes :</p> <p>PRESENT OPHTHALMIC COMPLAINS -</p> <p>SYSTEMIC/ OPHTHALMIC HISTORY -</p> <p>EXAMINATION DETAILS</p> <table border="1"> <thead> <tr> <th></th> <th>RIGHT EYE</th> <th>LEFT EYE</th> </tr> </thead> <tbody> <tr> <td>VISION</td> <td>6/6P</td> <td>6/6</td> </tr> <tr> <td>CONJ</td> <td>NORMAL</td> <td>NORMAL</td> </tr> <tr> <td>CORNEA</td> <td>CLEAR</td> <td>CLEAR</td> </tr> <tr> <td>LENS</td> <td>CLEAR</td> <td>CLEAR</td> </tr> <tr> <td>OCULAR MOVEMENTS</td> <td>FULL</td> <td>FULL</td> </tr> <tr> <td>NCT</td> <td>17</td> <td>17</td> </tr> </tbody> </table> <p>FUNDUS EXAMINATION</p> <p>OPTIC DISC TILTED DISC C:D 0.4 C:D 0.3</p> <p>MACULAR AREA FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT</p> <p>GLASS POWER</p> <p>RE : PLANO / +0.50 DCYL X 50 6/6</p> <p>LE : PLANO 6/6</p> <p>ADD B/E +2.25 DSP N/6</p> <p>ADVISE / TREATMENT</p> <p>E/D AQUALINA 4 TIMES DAILY BE</p> <p>REVIEW AFTER 6 MTH</p>				RIGHT EYE	LEFT EYE	VISION	6/6P	6/6	CONJ	NORMAL	NORMAL	CORNEA	CLEAR	CLEAR	LENS	CLEAR	CLEAR	OCULAR MOVEMENTS	FULL	FULL	NCT	17	17
	RIGHT EYE	LEFT EYE																					
VISION	6/6P	6/6																					
CONJ	NORMAL	NORMAL																					
CORNEA	CLEAR	CLEAR																					
LENS	CLEAR	CLEAR																					
OCULAR MOVEMENTS	FULL	FULL																					
NCT	17	17																					

DR.SHISHIR NARAIN
Reg. No.: 9538

Manipal Health Enterprises Pvt. Ltd.

CIN: U85110KA2010PTC052540

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Manipal Hospitals - Ghaziabad

Dr. Anant Vir Jain, MS, Fellow Aravind Eye Care Systems, Madurai. Cataract, Cornea & Glaucoma

Dr. Shishir Narain, MS, FRCSEd FRCOphth, Fellow Sankara Nethralaya, Retina & Uveitis

Helpline: 99996 51125

& DAY CARE CENTRE