

ID:

Name:

Sex: M

Birth date:

years

cm

kg

mmHg

Medication:

Symptoms:

History:

Heart rate

82

bpm

PR int

202

ms

QRS dur

90

ms

QT/QTc(E) int

352/ 391

ms

PR/QRST axis

63/ 21/ 56

°

RV5/SV1 amp

2.06/ 1.33

mV

RV5+SV1 amp

3.39

mV

1100 Sinus rhythm

4068 Nonspecific Twave abnormality

9130 \*\* borderline ECG \*\*

*Prinshubheli*

Unconfirmed Report

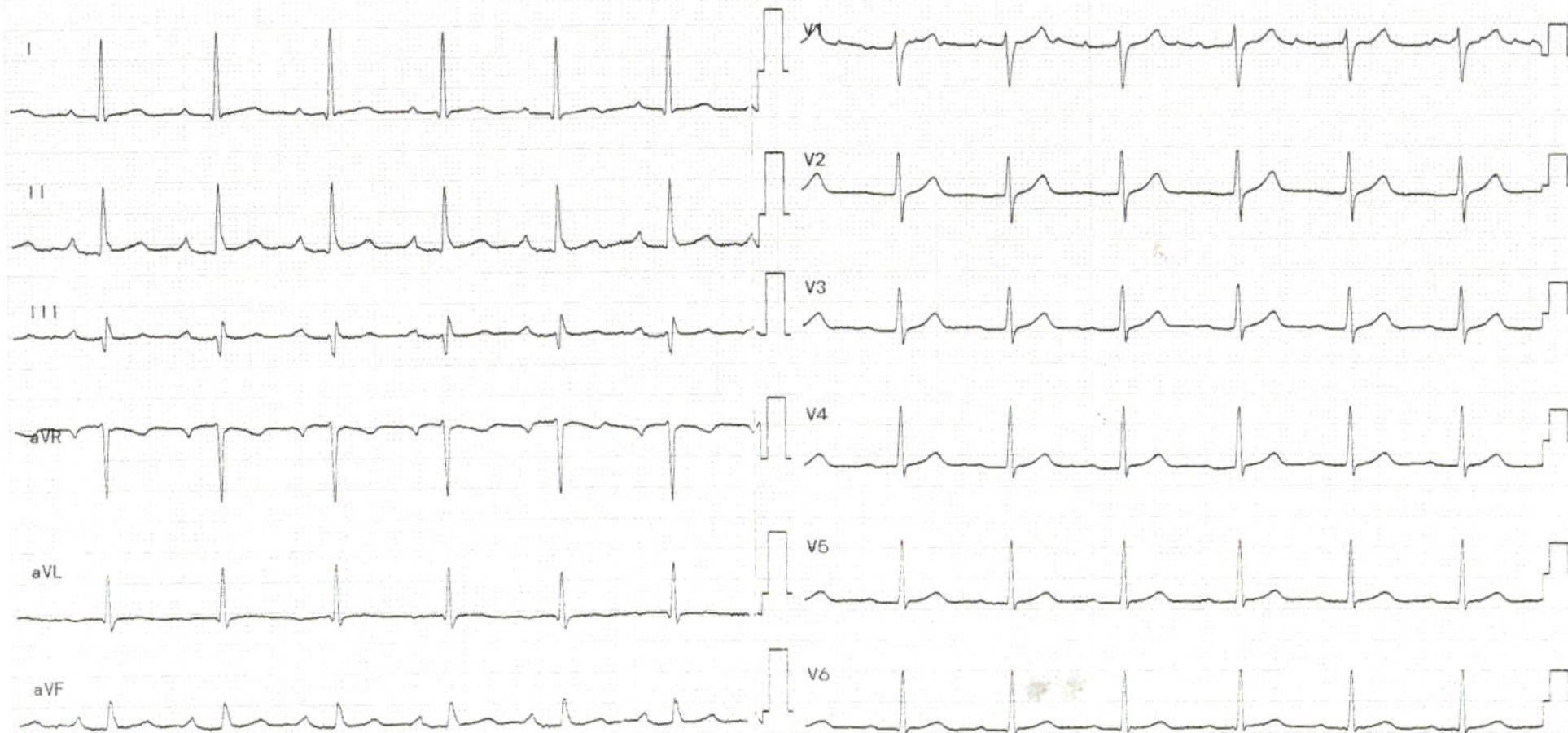
Reviewed by:

10 mm/mV

25 mm/s

Filter: H50 d 100 Hz

5 mm/mV



Patient Name: GIRISH AHIR		UHID: 362947	
Age / Sex: 56 Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby Hospital	Date: 11/04/2024	

**ULTRASOUND OF ABDOMEN AND PELVIS**

Liver is normal in size and grade I fatty changes. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R.  
Portal vein appears normal.

Gall bladder is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. CBD appears normal.

Pancreas appears normal in size and echotexture.  
Spleen appears normal in size and appearance. No focal lesion seen.

Right kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Urinary bladder well distended and appears normal. No evidence of any intraluminal mass or calculi.

Prostate is normal in size and measures 33 x 38 x 36 mm (Approx. vol- 24 cc). It has smooth outlines and normal reflectivity.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

**IMPRESSION:**

- Grade I fatty liver.
- No other significant abnormality is seen.

Thanks for referral.



**DR. ASHUTOSH GANDHI**  
DMRD (Radiodiagnosis)  
G-14916

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CIN: L85110GJ2004PLC044667



Patient's Name: Girish Ahir

UHID: 362947

Age: 56 yrs / male

Date: 11 / 04 / 2024

## ECHOCARDIOGRAPHY REPORT

### Valves:-

Mitral valve :Normal, No MR

Aortic valve :Normal, No AR

Tricuspid valve :Normal, No TR

Pulmonary valve:Normal, No PR

### Chambers:-

Left Atrium:Normal

Right Atrium:Normal

Right Ventricle:Normal size cavity, Good RV systolic function With TAPSE:20

Left Ventricle: **Normal size cardiac chambers**, No Regional wall Motion abnormality.  
Normal LV systolic function  
with Ejection Fraction 60 %.  
**Grade I Diastolic Flow Pattern.**

### Septae:-

IVS: Intact. No residual VSD.

IAS :Intact.

Pericardium:Normal.

IVC:13 mm with more than 50% collapsibility.

**OTHER FINDINGS :- Bilateral lung angle clear**

### CONCLUSION:-

- Normal LV Systolic function
- No RWMA
- Grade I LVDD
- EF 60 %



DR.SUSHIL YADAV

Consultant Clinical cardiologist

**Note : Normal echo study does not rule out underlying Coronary artery disease**

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CIN: L85110GJ2004PLC044667

Patient ID:	SUR0000362947	Patient Name:	GIRISHBHAI AHIR
Age:	56 Years	Sex:	M
Accession Number:	4001 MHC	Modality:	DX
Referring Physician:	DR. SHALBY	Study:	CHEST PA
Study Date:	11-Apr-2024		

**CHEST X-RAY (PA)**

Mild cardiomegaly with prominent bronchovascular markings bilaterally.

Both costo-phrenic angles appear clear.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

**IMPRESSION:**

- Mild cardiomegaly with prominent bronchovascular markings bilaterally.

Thanks for referral.



DR. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)

G-14916

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PID : SUR0000362947 OP-001

REPORT STATUS : Interim



Patient Name : Mr Girish C Ahir / Registered On : 11-Apr-2024 09:25 AM  
Lab ID : 404900675 Collected On : 11-Apr-2024 09:00 AM  
Gender/Age : Male / 55 Years DOB : 11-Jun-1968 Received On : 11-Apr-2024 10:25 AM  
Ref. By : Dr. Health Check Up . Shalby Sample Type : Urine

## URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
<b>Physical Examination</b>			
Colour *	Pale Yellow		Pale yellow
Transparency	Clear		Clear
<b>Chemical Examination</b>			
Glucose	<i>Glucose-oxidase/oxidase reaction</i> Negative		Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i> Negative		Negative
Ketone	<i>Sodium Nitroprusside reaction</i> Negative		Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i> <=1.005	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Negative		Negative
pH	<i>Double Indicator principle</i> 5.0	PH value	4.6 - 8.0
Protein	<i>Protein Error of Indicator Principle</i> Negative		Negative
Urobilinogen *	<i>Modified Ehrlich reaction</i> 0.2	EU/dL	Upto 1.0 mg/dL (EU/dL)
Nitrite *	<i>Diazotization reaction of nitrite with an aromatic amine</i> Negative		Negative
Leucocyte	<i>Leucocyte Esterase Test</i> Negative		Negative
<b>Microscopic Examination</b>			
Pus cells	0-2/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	Nil		Nil
Cast *	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

----- End of Report -----

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REPORT STATUS : Interim



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 Lab ID : 404900675 Collected On : 11-Apr-2024 09:00 AM  
 Gender/Age : Male / 55 Years DOB : 11-Jun-1968 Received On : 11-Apr-2024 10:19 AM  
 Ref. By : Dr. Health Check Up . Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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**BLOOD COUNT AND INDICIES**

HAEMOGLOBIN	Colorimetric Non Cyanide	14.4	g/dL	13.0 - 17.0
RBC COUNT	Electrical Impedance	4.91	mill/cmm	4.5 - 5.5
HCT	Calculated	42.9	%	40 - 50
MCV	Calculated based on the RBC histogram	87.3	fL	83 - 101
MCH	Calculated	29.3	pg	27 - 32
MCHC	Calculated	33.6	g/dL	31.5 - 34.5
RDW	Calculated	11.9	%	13.3 - 18.3

**TOTAL LEUCOCYTE COUNT**

Total WBC Count	Electrical Impedance	5860	cells/cmm	4000 - 10000
-----------------	----------------------	------	-----------	--------------

**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS	Flow Cytometry	48	%	40 - 80
LYMPHOCYTES	Flow Cytometry	45	%	20 - 40
EOSINOPHILS	Flow Cytometry	3	%	1 - 6
MONOCYTES	Flow Cytometry	4	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

**PLATELET INDICES**

PLATELET COUNT	Electrical Impedance	274000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	7.4	fL	7.5 - 12.0

**PERIPHERAL SMEAR EXAMINATION**

RBCs Normochromic and Normocytic.  
 WBCs Total and differential leucocyte counts are within normal limit  
 PLATELETs Adequate in number and normal in morphology.  
 MALARIAL PARASITE Malarial parasites are not seen on smear examination.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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PID : SUR0000362947 OP-001

REPORT STATUS : Interim



Patient Name : Mr Girish C Ahir	/	Registered On : 11-Apr-2024 09:25 AM
Lab ID : 404900675		Collected On : 11-Apr-2024 09:00 AM
Gender/Age : Male / 55 Years	DOB : 11-Jun-1968	Received On : 11-Apr-2024 10:19 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

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

(Tube agglutination: Forward &amp; reverse)

ABO Type

"B"

RH Type

POSITIVE

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
<b>ESR 1st hour *</b> <i>Modified Westergren Method</i>	10	mm in 1 hour	0 - 20
<b>HBA1C</b>			
<b>HbA1c - Glycated Haemoglobin *</b> <i>Boronate Affinity Assay</i>	6.1	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemic control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

Estimated Average Glucose (eAG) (mg/dL) \* 128 mg/dL

*Calculated*

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 Gender/Age : Male / 55 Years DOB : 11-Jun-1968 Received On : 11-Apr-2024 10:26 AM  
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Fluoride F, Urine (PP),  
 Fluoride PP, Urine (F),S

Parameter	Result	Unit	Biological Ref. Interval
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**PLASMA GLUCOSE LEVEL****FASTING PLASMA GLUCOSE**

Plasma Glucose (F)	90	mg/dL	74 - 106
--------------------	----	-------	----------

GOD/POD (Glucose Oxidase/Peroxidase) Colorimetric

Urine Sugar (F)	ABSENT	mg/dL	Absent
-----------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

**POST PRANDIAL PLASMA GLUCOSE**

Plasma Glucose (PP)	95	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
---------------------	----	-------	--

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)	ABSENT	mg/dL	Absent
------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

**Liver Function Test****Liver Function Test**

SGPT (ALT)	27	U/L	21 - 72
------------	----	-----	---------

Multi Point Rate with P-5-P

SGOT (AST)	22	U/L	17 - 59
------------	----	-----	---------

Multi Point Rate with P-5-P

Alkaline Phosphatase	65	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
----------------------	----	-----	--

PNPP, AMP Buffer

GGT *	43	U/L	15 - 73
-------	----	-----	---------

L-gamma-glutamyl-4-nitroanilide:glycylglycine Kinetic

S. PROTEIN	7.2	g/dL	6.3 - 8.2
------------	-----	------	-----------

Biuret (Alkaline cupric sulfate), End Point

Albumin	4.4	g/dL	3.5 - 5.0
---------	-----	------	-----------

Bromocresol Green (BCG), Colorimetric

S. GLOBULIN	2.8	g/dL	2.3 - 3.6
-------------	-----	------	-----------

Calculated

A/G Ratio	1.6	Ratio	1.0 - 2.3
-----------	-----	-------	-----------

Calculated

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PID : SUR0000362947 OP-001

REPORT STATUS : Interim



Patient Name : Mr Girish C Ahir /

Registered On : 11-Apr-2024 09:25 AM

Lab ID : 404900675

Collected On : 11-Apr-2024 09:00 AM

Gender/Age : Male / 55 Years

DOB : 11-Jun-1968

Received On : 11-Apr-2024 10:26 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Fluoride F, Urine (PP),  
Fluoride PP, Urine (F),SLiver Function Test**Bilirubin Total**

0.9

mg/dL

*Azobilirubin/Dyphylline/Diazonium Salt*

0-1 day (premature) 1.0 - 8.0

0-1 day (full term) : 2.0 - 6.0

1-2 day (premature) : 6.0 - 12.0

1-2 day (full term) : 6.0 - 10.0

3-5 day (premature) : 10.0 - 14.0

3-5 day (full term) : 4.0 - 8.0

**Bilirubin Unconjugated**

0.6

mg/dL

*End-point Colorimetric (Dual wavelength spectrophotometric)*

Adult : 0.2 - 1.3

Unconjugated bilirubin

Adults: 0.0-1.1

Neonates: 0.6-10.5

**Bilirubin Direct**

0.3

mg/dL

*Calculated*

Conjugated bilirubin and

Delta bilirubin (Bilirubin

covalently bound to albumin)

0.0-0.4

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Gender/Age : Male / 55 Years	DOB : 11-Jun-1968	Received On : 11-Apr-2024 10:26 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>LIPID PROFILE</b>			
<b>LIPID PROFILE</b>			
<b>Cholesterol</b> <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	188	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	204	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
<b>HDL CHOLESTEROL DIRECT *</b> <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	38	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	150	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>LDL Cholesterol</b> <i>Calculated</i>	109	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129  Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
<b>VLDL</b> <i>Calculated</i>	41	mg/dL	6 - 38
<b>LDL/dHDL *</b> <i>Calculated</i>	2.9		2.5 - 3.5
<b>Chol/dHDL *</b> <i>Calculated</i>	4.9	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

**RENAL FUNCTION TEST****RENAL FUNCTION TEST**

<b>Urea Nitrogen (BUN)</b> <i>Urease colorimetric</i>	9	mg/dL	9 - 20
<b>UREA</b> <i>Calculated</i>	19	mg/dL	19 - 43
<b>Creatinine</b> <i>Enzymatic - Creatinine amidohydrolase</i>	0.97	mg/dL	0.66 - 1.25
<b>S. URIC ACID</b> <i>Uricase/Peroxidase. Colorimetric</i>	4.8	mg/dL	3.5 - 8.5
<b>Calcium</b> <i>Arsenazo III dye</i>	8.5	mg/dL	8.4 - 10.2
<b>Phosphorus *</b> <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.9	mg/dL	2.5 - 4.5
<b>Sodium</b> <i>Direct Ion Selective Electrode</i>	138	mmol/L	137 - 145
<b>S. POTASSIUM</b> <i>Direct Ion Selective Electrode</i>	4.49	mmol/L	3.5 - 5.1
<b>Chloride</b> <i>Direct Ion Selective Electrode</i>	103	mmol/L	98 - 107

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Registered On : 11-Apr-2024 09:25 AM

Lab ID : 404900675

Collected On : 11-Apr-2024 09:00 AM

Gender/Age : Male / 55 Years

DOB : 11-Jun-1968

Received On : 11-Apr-2024 10:30 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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## IMMUNOLOGY

## THYROID PROFILE (TFT)

<b>Total T3 *</b>	119	ng/dL	87 - 178
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Chemiluminescence immunoassay (CLIA)

T3 Total in ng/mL	0-3 days	1.00-7.40
	4-30 days	Not Established
	1-11 months	1.05-2.45
	1-5 years	1.05 - 2.59
	6-10 years	0.94-2.41
	11-15 years	0.82-2.13
	16-20 years	0.80-2.10

<b>Total T4 *</b>	10.08	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
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Chemiluminescence immunoassay (CLIA)

T4 Total in µg/dL	1-3 days	11.80-22.60
	4-7 days	Not Established
	1-2 weeks	9.80-16.60
	15-30 days	Not Established
	1-4 months	7.20-14.40
	4-12 months	7.80-16.50
	1-5 years	7.30-15.00
	5-10 years	6.40-13.30
	10-15 years	5.60-11.70

<b>TSH *</b>	1.382	µIU/mL	0.38 - 5.33
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Chemiluminescence immunoassay (CLIA)

## INTERPRETATION:

- The principal clinical use for hTSH measurement is for the assessment of thyroid status.
- In patients with intact hypothalamic-pituitary function, hTSH is measured to:
  - exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
  - monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
  - follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
  - assess the response to TRH stimulation testing.
- As more sensitive and precise methods become available, hTSH measurements are also increasingly used to identify subclinical or latent hypothyroidism or hyperthyroidism.

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Approved On : 11-Apr-2024 12:21 PM

Dr Pankaj Agrawal

M.B., D.C.P  
Consulting PathologistRegd. Office: Shalby Limited, Opp. Karnavati Club, S.G. Road, Ahmedabad, Gujarat, India.  
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PID : SUR0000362947 OP-001

REPORT STATUS : Interim



Patient Name : Mr Girish C Ahir /

Registered On : 11-Apr-2024 09:25 AM

Lab ID : 404900675

Collected On : 11-Apr-2024 09:00 AM

Gender/Age : Male / 55 Years

DOB : 11-Jun-1968

Received On : 11-Apr-2024 10:30 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

**PROSTATE SPECIFIC ANTIGEN \***

1.3

ng/mL

0.0 - 4.0

Chemiluminescence immunoassay (CLIA)

**Clinical Use:**

1. An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
2. Followup and management of Prostate cancer patients.
3. Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

**Note:**

1. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
2. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
3. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
4. 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 followup if levels are high or show a rising trend

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M.D. (Medicine)

Reg No: G 17770.

Mo: 9825338408

Consultant Physician & Ex. Professor Of Medicine

OPD Days: Monday.Saturday

Shalby MD Physician Clinic

Prakash C. Ahir  
56 M

OPR NO:

Date: 22/04/24

Weight: 73.31kg

Height: 171cm

Patient Name:-

Age / Sex :-

Chief Complaints:-

No clb

Nutritional assessment:-

- Obese
- Well nourished
- Mild-moderate nourished
- Severely mal-nourished

Pulse: 72/min

BP: 150/90mm

SpO2: 100%

Drug / Food Allergy:-

Past History :-

NAD

Family History:-

Systemic Examination:-

RS }  
CVS }  
RA } NAD  
CNS }

Provisional Diagnosis:-

## SHALBY HOSPITAL, SURAT

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org  
CIN: L85110GJ2004PLC044667

Feb. Tenlisoy 20 (30)  
- 2 - out

Feb. Teluride 20mg (30)  
- 2 -





**DR. RUJUTA SHELAT**

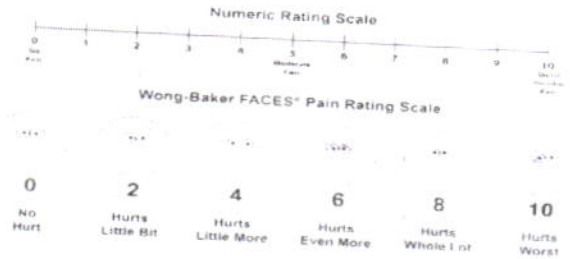
Consultant Ophthalmologist

Reg. No.:- G-48712

Name :- *Girish C Ahir*

Date:- *11/02/2018*

Chief Complaints:- *Routine Eye check up*



Pain Assessment:-

Past History:-

Family History:-

Allergy:- *No drug allergy*

Personal History:- **Habits:-** Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

BP:- Pulse:- Temp:-

Systemic Examination:-

HT:- *Nil* WT:-

Visual Acuity:- *6/6*

PH Vision:- *6/6*

NCT *18*  
*18*

*SR +0.50*  
*+0.00* *Both Eye*

Ant. Segment

Both Eye

*WNL*

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CIN: L85110GJ2004PLC044667

12-2023 11:39

SPH	CYL	AX
0.75	+0.50	110
0.75	+0.50	111
1.00	+0.25	111
-----		
+ 0.75	+0.50	111

SPH	CYL	AX
0.50	+0.25	46
0.50	+0.50	51
0.50	+0.50	34
-----		
+ 0.50	+0.50	34

D= 65

GrandSeiko.com  
SR-3300K S/N: 76BB0963

Anterior Chamber

Rt. EYE

Lt. EYE

Investigation:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

Signature of the Consultant

*with low lat on*

*Refractive Error*

*Classes*

*2 months / 502*

*AN*