

Mediwheel <wellness@mediwheel.in>

Fri 3/29/2024 4:05 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 Below 40

**Patient Package Name** : Mediwheel Full Body Health Checkup Male Below 40

**Hospital Address** : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links  
Aparment

**Contact Details** : 9897884256

**Appointment Date** : 01-04-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 8:00am-8:30am

Member Information		
Booked Member Name	Age	Gender
Siddharth	31 year	Male

We request you to facilitate the employee on priority.

Thanks,  
Mediwheel Team  
Please Download Mediwheel App



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Issue Date: 25/05/2015



सिद्धार्थ  
Siddharth  
जन्म तिथि / DOB : 03/07/1992  
पुरुष / MALE

2759 8930 6683

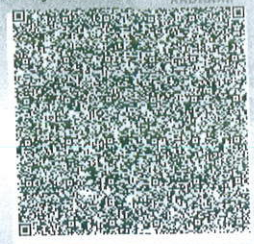
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता: बी-128, दूसरा फ्लोर, आर. के. पुरम,  
गोविन्दपुरम, गाज़ियाबाद, उत्तर प्रदेश, 201013  
Address: B-128, 2nd Floor, R. K. Puram,  
Govindpuram, Ghaziabad, Uttar Pradesh,  
201013

Print Date: 07/05/2021



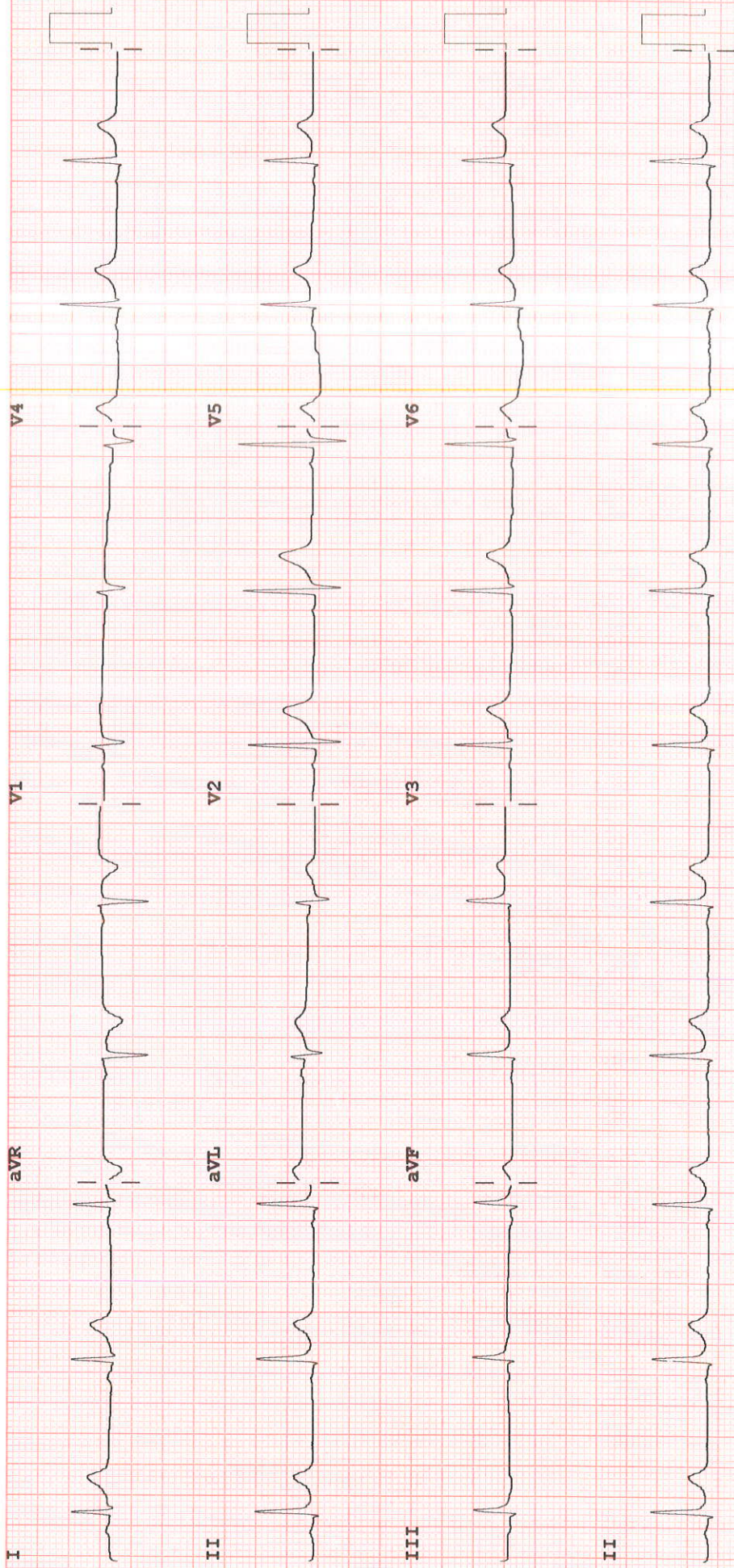
2759 8930 6683

1947 help@uidai.gov.in www.uidai.gov.in

*Siddharth*

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

PH100B CL P?

F 60~ 0.15-100 Hz

Dev:



Patient Name	MR SIDDHARTH	Location	: Ghaziabad
Age/Sex	: 32Year(s)/male	Visit No	: V0000000001-GHZZ
MRN No	MH013257867	Order Date	: 01/04/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 01/04/2024

<b>Protocol</b>	: Bruce	<b>MPHR</b>	: 188BPM
<b>Duration of exercise</b>	: 7min 35sec	<b>85% of MPH</b>	: 159BPM
<b>Reason for termination</b>	: THR achieved	<b>Peak HR Achieved</b>	: 215BPM
<b>Blood Pressure (mmHg)</b>	: Baseline BP : 120/80mmHg	<b>% Target HR</b>	: 114%
	Peak BP : 150/90mmHg	<b>METS</b>	: 9.4METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	62	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	119	130/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	162	140/90	Nil	No ST changes seen	Nil
STAGE 3	1:35	215	150/90	Nil	No ST changes seen	Nil
RECOVERY	5:43	116	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

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Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com



NAME	MR , SIDDHARTH	STUDY DATE	01/04/2024 10:05AM
AGE / SEX	31 y / M	HOSPITAL NO.	MH013257867
ACCESSION NO.	R7158249	MODALITY	CR
REPORTED ON	01/04/2024 10:14AM	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 , SIDDHARTH	STUDY DATE	01/04/2024 12:19PM
AGE / SEX	31 y / M	HOSPITAL NO.	MH013257867
ACCESSION NO.	R7158250	MODALITY	US
REPORTED ON	01/04/2024 9:16PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS****FINDINGS**

LIVER: Liver is normal in size (measures 124 mm), shape and echotexture. Rest normal.  
 SPLEEN: Spleen is normal in size (measures 76 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 3 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 92 x 43 mm.  
 Left Kidney: measures 97 x 44 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.  
 PROSTATE: Prostate is normal in size, shape and echotexture. It measures 44 x 36 x 19 mm with volume 16 cc. Rest normal.  
 SEMINAL VESICLES: Normal.  
 BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

**-No significant abnormality noted.**

Recommend clinical correlation.



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

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



**LABORATORY REPORT**

<b>Name</b> :	MR SIDDHARTH	<b>Age</b> :	31 Yr(s) Sex :Male
<b>Registration No</b> :	MH013257867	<b>Lab No</b> :	202404000060
<b>Patient Episode</b> :	H18000002035	<b>Collection Date</b> :	01 Apr 2024 09:52
<b>Referred By</b> :	HEALTH CHECK MGD	<b>Reporting Date</b> :	01 Apr 2024 12:49
<b>Receiving Date</b> :	01 Apr 2024 09:52		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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**THYROID PROFILE, Serum**

**Specimen Type : Serum**

T3 - Triiodothyronine (ELFA)	0.920	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.300	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.920	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 SIDDHARTH  
Registration No : MH013257867  
Patient Episode : H18000002035  
Referred By : HEALTH CHECK MGD  
Receiving Date : 01 Apr 2024 09:52  
Age : 31 Yr(s) Sex :Male  
Lab No : 202404000060  
Collection Date : 01 Apr 2024 09:52  
Reporting Date : 01 Apr 2024 12:36

**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.*

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**NOTE:**

# - Abnormal Values

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

**Dr. Charu Agarwal**  
Consultant Pathologist





Name : MR SIDDHARTH  
Registration No : MH013257867  
Patient Episode : H18000002035  
Referred By : HEALTH CHECK MGD  
Receiving Date : 01 Apr 2024 09:52

Age : 31 Yr(s) Sex :Male  
Lab No : 202404000060  
Collection Date : 01 Apr 2024 09:52  
Reporting Date : 01 Apr 2024 12:24

### HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.80	millions/cumm	[4.50-5.50]
HEMOGLOBIN	13.5	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	42.0	%	[40.0-50.0]
MCV (DERIVED)	87.5	fL	[83.0-101.0]
MCH (CALCULATED)	28.1	pg	[25.0-32.0]
MCHC (CALCULATED)	32.1	g/dl	[31.5-34.5]
<b>RDW CV% (DERIVED)</b>	<b>14.7 #</b>	%	<b>[11.6-14.0]</b>
Platelet count	246	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	11.90	fL	
WBC COUNT (TC) (IMPEDENCE)	7.58	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	57.0	%	[40.0-80.0]
Lymphocytes	34.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	20.0 #	mm/1sthour	[0.0-



Name : MR SIDDHARTH Age : 31 Yr(s) Sex :Male  
Registration No : MH013257867 Lab No : 202404000060  
Patient Episode : H18000002035 Collection Date : 01 Apr 2024 09:52  
Referred By : HEALTH CHECK MGD Reporting Date : 01 Apr 2024 18:07  
Receiving Date : 01 Apr 2024 09:52

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.6	%	[0.0-5.6]
Estimated Average Glucose (eAG)	114	mg/dl	

As per American Diabetes Association (ADA)  
HbA1c in %  
Non diabetic adults  $\geq 18$  years  $< 5.7$   
Prediabetes (At Risk) 5.7-6.4  
Diagnosing Diabetes  $\geq 6.5$

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** : MR SIDDHARTH  
**Registration No** : MH013257867  
**Patient Episode** : H18000002035  
**Referred By** : HEALTH CHECK MGD  
**Receiving Date** : 01 Apr 2024 12:19

**Age** : 31 Yr(s) Sex :Male  
**Lab No** : 202404000060  
**Collection Date** : 01 Apr 2024 12:19  
**Reporting Date** : 01 Apr 2024 16:55

**CLINICAL PATHOLOGY**

**MICROSCOPIC EXAMINATION (Automated/Manual)**

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

**Serum LIPID PROFILE**

Serum TOTAL CHOLESTEROL	175	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase, esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	122	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	41	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	24	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	110.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			
T.Chol/HDL.Chol ratio (Calculated)	4.3		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	2.7		<3 Optimal 3-4 Borderline >6 High Risk



**LABORATORY REPORT**

Name : MR SIDDHARTH  
Registration No : MH013257867  
Patient Episode : H18000002035  
Referred By : HEALTH CHECK MGD  
Receiving Date : 01 Apr 2024 09:52

Age : 31 Yr(s) Sex :Male  
Lab No : 202404000060  
Collection Date : 01 Apr 2024 09:52  
Reporting Date : 01 Apr 2024 11:58

**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	16.5	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
<b>BUN, BLOOD UREA NITROGEN</b>	<b>7.7 #</b>	<b>mg/dl</b>	<b>[8.0-20.0]</b>
Method: Calculated			
<b>CREATININE, SERUM</b>	<b>0.69 #</b>	<b>mg/dl</b>	<b>[0.70-1.20]</b>
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.9	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	139.70	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.32	mmol/L	[3.60-5.10]
SERUM CHLORIDE	105.3	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	126.5	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** : MR SIDDHARTH  
**Registration No** : MH013257867  
**Patient Episode** : H18000002035  
**Referred By** : HEALTH CHECK MGD  
**Receiving Date** : 01 Apr 2024 09:52

**Age** : 31 Yr(s) Sex :Male  
**Lab No** : 202404000060  
**Collection Date** : 01 Apr 2024 09:52  
**Reporting Date** : 01 Apr 2024 11:58

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.58	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.09	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN(SERUM) <i>Method: Calculation</i>	0.49	mg/dl	[0.10-0.90]
TOTAL PROTEINS(SERUM) <i>Method: BIURET</i>	6.60	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.26	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	2.30	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.82		[1.00-2.50]
AST(SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	20.00	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	29.40	U/L	[17.00-63.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	58.0	IU/L	[32.0-91.0]
GGT	28.0	U/L	[7.0-50.0]



**LABORATORY REPORT**

Name : MR SIDDHARTH  
Registration No : MH013257867  
Patient Episode : H18000002035  
Referred By : HEALTH CHECK MGD  
Receiving Date : 01 Apr 2024 09:52

Age : 31 Yr(s) Sex :Male  
Lab No : 202404000060  
Collection Date : 01 Apr 2024 09:52  
Reporting Date : 01 Apr 2024 11:58

**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.

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

**Dr. Charu Agarwal**  
Consultant Pathologist



**LABORATORY REPORT**

<b>Name</b>	: MR SIDDHARTH	<b>Age</b>	: 31 Yr(s) Sex :Male
<b>Registration No</b>	: MH013257867	<b>Lab No</b>	: 202404000061
<b>Patient Episode</b>	: H18000002035	<b>Collection Date</b>	: 01 Apr 2024 09:52
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 01 Apr 2024 11:58
<b>Receiving Date</b>	: 01 Apr 2024 09:52		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	97.0	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.

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

**Dr. Charu Agarwal**  
Consultant Pathologist



**LABORATORY REPORT**

Name : MR SIDDHARTH  
Registration No : MH013257867  
Patient Episode : H18000002035  
Referred By : HEALTH CHECK MGD  
Receiving Date : 01 Apr 2024 15:20

Age : 31 Yr(s) Sex : Male  
Lab No : 202404000062  
Collection Date : 01 Apr 2024 15:20  
Reporting Date : 01 Apr 2024 16:53

**BIOCHEMISTRY**

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

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS	113.0	mg/dl	[80.0-140.0]
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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

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

Dr. Alka Dixit Vats  
Consultant Pathologist





**OUTPATIENT RECORD**

Hospital No: MH013257867	Visit No: H18000002035	
Name: MR SIDDHARTH	Age/Sex: 31 Yrs/Male	
Doctor Name: HEALTH CHECK MGD	Specialty: HC SERVICE MGD	
Date: 01/04/2024 09:45AM		
BP Systolic: 126 mmHg	BP Diastolic: 69 mmHg	Pulse Rate: 68beats per minute
Saturation(Oxygen): 99%	Pain Score: 00	Fall Risk: 01
Vulnerable: 01	Mean Arterial Pressure-MAP: 88 mmHg	MEWS Total: 0points

**OPD Notes :**

PRESENT OPHTHALMIC COMPLAINS - ROUTINE EYE CHECK UP  
SYSTEMIC/ OPHTHALMIC HISTORY -  
NO FAMILY H/O GLAUCOMA

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/6P	6/9
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
ANTERIOR CHAMBER/ IRIS	N	N
LENS		
OCULAR MOVEMENTS	FULL	FULL
NCT	.17	.16
FUNDUS EXAMINATION		
A) VITREOUS	C:D 0.3	C:D 0.3
B) OPTIC DISC		
C) MACULAR AREA	FOVEAL REFLEX PRESENT	FOVEAL REFLEX PRESENT

**DIAGNOSIS: DRY EYES**

**ADVISE / TREATMENT**  
E/D NISOL 4 TIMES DAILY BE  
REVIEW AFTER 6 MONTHS OR SOS

HEALTH CHECK MGD

Manipal Health Enterprises Pvt. Ltd.

CIN: U85110KA2010PTC052540

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

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**Eye Trust Clinic**  
& DAY CARE CENTRE



In association with  
**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