

Regn Date :
Name : Mrs. Bijapuki Nasimabam
Regn No : Iqbal

Age / Sex : 58y Female
Rpt Date/Time :
Ref Dr :

GYNAECOLOGICAL EXAMINATION REPORT

EXAMINATION :					
RS	:	AEBE	CVS	:	S, S ₂ audible
BREAST EXAMINATION	:	Mammography done	PER ABDOMEN	:	Soft, Non tender
PER VAGINAL	:	Pap smear done.			

MENSTRUAL HISTORY :			
MENARCHE	:	18 years	h/o Hysterectomy in 2014 due to multiple fibroid
PAST MENSTRUAL HISTORY	:	Regular	

OBSTETRIC HISTORY	
G ₁ P ₁ L ₁ A ₀	

PERSONAL HISTORY :					
ALLERGIES	:	Not known	BLADDER HABITS	:	Normal
BOWEL HABITS	:	Regular	DRUG HISTORY	:	Ys, for DM & Hypertension.
PREVIOUS SURGERIES	:	h/o Hysterectomy due to multiple fibroid in 2014			

FAMILY HISTORY :
father had Diabetes Mellitus, had died of Diabetic complication

CHIEF GYNAE COMPLAINTS :
None.

RECOMMENDATIONS :
1. K/clo DM on medication, USG shows grade 1 fatty liver.
2. follow up with treating physician for optimal control of DM.

Dr. (Mrs) SANGEETA MAMWANI

M.B.B.S.
Reg. No. 71051

Sangeeta Mamwani

CID : 2426208887
Name : MRS. BIJAPURI NASIMABANU IQBAL
Age / Gender : 58 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)



Authenticity Check
Use a QR Code Scanner Application To Scan the Code

Collected : 18-Sep-2024 / 09:16
Reported : 18-Sep-2024 / 12:57

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.0	12.0-15.0 g/dL	Spectrophotometric
RBC	5.07	3.8-4.8 mil/cmm	Elect. Impedance
PCV	43.0	36-46 %	Calculated
MCV	84.8	80-100 fl	Measured
MCH	27.5	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	14.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7620	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	34.8	20-40 %	
Absolute Lymphocytes	2651.8	1000-3000 /cmm	Calculated
Monocytes	5.6	2-10 %	
Absolute Monocytes	426.7	200-1000 /cmm	Calculated
Neutrophils	55.0	40-80 %	
Absolute Neutrophils	4191.0	2000-7000 /cmm	Calculated
Eosinophils	4.5	1-6 %	
Absolute Eosinophils	342.9	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	7.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	267000	150000-400000 /cmm	Elect. Impedance
MPV	10.7	6-11 fl	Measured
PDW	19.5	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-

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Collected : 18-Sep-2024 / 11:48
 Reported : 18-Sep-2024 / 14:14

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	102.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	148.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
 *** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
 M.D. (PATH), DPB
 Pathologist and AVP (Medical Services)



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	7.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	157.1	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
EXAMINATION OF FAECES

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
CHEMICAL EXAMINATION			
Reaction (pH)	Acidic (6.5)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
MICROSCOPIC EXAMINATION			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present ++	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

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*** End Of Report ***



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.013	1.002-1.035	Refractive index
Reaction (pH)	5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
Glucose	Present +++ (500 mg/dl)	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	1.2	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2/hpf	
Epithelial Cells / hpf	3.0	0-5/hpf	
Hyaline Casts	0.0	0-1/ hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	0.0	Absent	
Bacteria / hpf	25.0	0-29.5/hpf	
Yeast	0.0	Absent	
Others	-		

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IQBAL
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Reported : 18-Sept-2024 / 11:19

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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

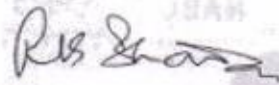
The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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


Dr R K Bhandari
M D , DMRE
MMC REG NO. 34078

Patient's Name :BIJAPURI NASIMABANU IQBAL Age : 58 YRS / FEMALE

Requesting Doctor :---

DATE: 18.09.2024

CID. No : 2426208887

2D-ECHO & COLOUR DOPPLER REPORT

Fibrodegenerative changes noted in Mitral and Aortic valve.
Structurally Normal : TV / PV. No significant valvular stenosis.

Trivial Mitral Regurgitation, Trivial Aortic Regurgitation
Trivial Pulmonary Regurgitation,

Trivial Tricuspid regurgitation. No Pulmonary arterial hypertension.
PASP by TR jet vel.method = 26 mm Hg.

LV / LA / RA / RV - Normal in dimension.
IAS / IVS is Intact.

Left Ventricular Diastolic Dysfunction [LVDD] is Grade I / IV.
No Doppler evidence of raised LVEDP

No regional wall motion abnormality. No thinning / scarring / dyskinesia of LV
wall noted. Normal LV systolic function. LVEF = 60 % by visual estimation.

No e/o thrombus in LA /LV.
No e/o Pericardial effusion.

IVC normal in dimension with good inspiratory collapse.
Normal RV systolic function (by TAPSE)

IMPRESSION:

**NORMAL LV SYSTOLIC FUNCTION, LVEF = 60 % ,
NO RWMA, NO PAH, GRADE I LVDD,
NO LV HYPERTROPHY.**

M-MODE STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	10	mm	Mitral Valve E velocity	0.8	m/s
LVIDd	40	mm	Mitral Valve A velocity	0.9	m/s
LVPWd	10	mm	E/A Ratio	0.8	-
IVSs	15	mm	Mitral Valve Deceleration Time	230	ms
LVIDs	25	mm	E/E'	9	-
LVPWs	15	mm	TAPSE	20	
			Aortic valve		
IVRT	-	ms	AVmax	1.2	m/s
			AV Peak Gradient	6	mmHg
2D STUDY			LVOT Vmax	0.8	m/s
LVOT	16	mm	LVOT gradient	2.6	mmHg
LA	35	mm	Pulmonary Valve		
RA	28	mm	PVmax	0.9	m/s
RV [RVID]	22	mm	PV Peak Gradient	3	mmHg
IVC	10	mm	Tricuspid Valve		
			TR jet vel.	2.3	m/s
			PASP	26	mmHg

*** End of Report **



DR RAVI CHAVAN

CARDIOLOGIST
REG.NO.2004 /06/2468

Disclaimer: 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.

Authenticity Check



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Reg. Date : 18-Sep-2024
Reported : 18-Sept-2024 / 13:50

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MAMMOGRAPHY AND SONOMAMMOGRAPHY

Bilateral mammograms have been obtained a low radiation dose film screen technique in the cranio-caudal and oblique projections. Film markers are in the axillary / lateral portions of the breasts.
Bilateral breast density ACR CATEGORY II

No evidence of focal asymmetric density / spiculated high density mass lesion / retraction/clusters of microcalcification is seen. No abnormal skin thickening is seen.

Sonomammography of both breasts show normal parenchymal echotexture.
No obvious focal area of altered echoes seen on both sides.

No significant axillary lymphadenopathy is seen.

IMPRESSION:

NORMAL MAMMOGRAPHY AND SONOMAMMOGRAPHY OF BOTH BREASTS.
RIGHT BREAST - BIRADS CATEGORY I
LEFT BREAST - BIRADS CATEGORY I

*Suggest: Follow up mammography after one year is suggested.
Please bring all the films for comparison.*

ACR BIRADS CATEGORY

[American college of radiology breast imaging reporting and data system].

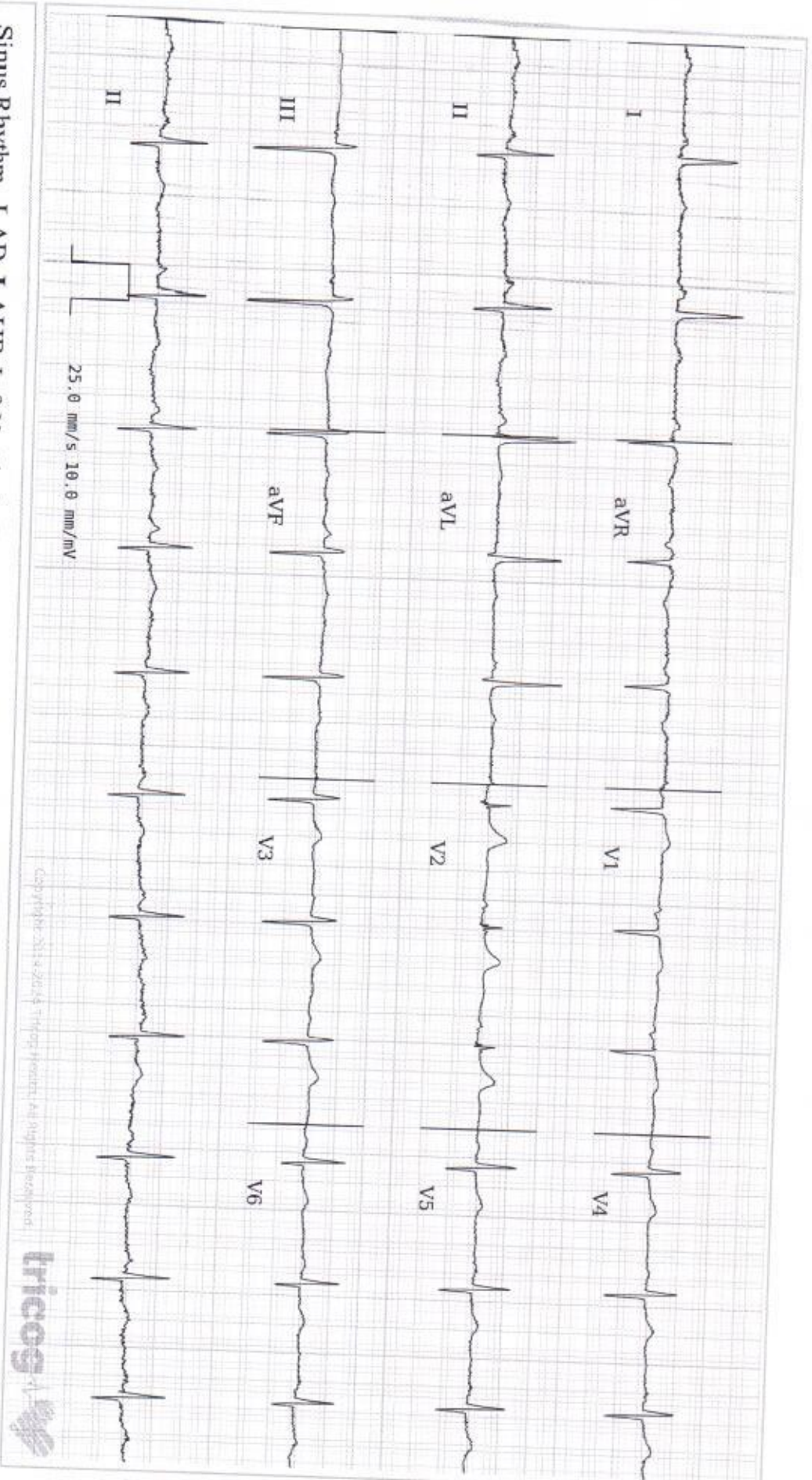
- 0 Negative
- I Benign finding
- II Probably benign finding.
- III
- IV Suspicious (Indeterminate).
- V Highly suggestive of malignancy.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

DR. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No – 2014/11/4764
Consultant Radiologist

SUBURBAN DIAGNOSTICS - ANDHERI WEST
Patient Name: BIJAPURI NASIMABANU IQBAL Date and Time: 18th Sep 24 10:26 AM
Patient ID: 2426208887



Sinus Rhythm, LAD, LAHB, Left Ventricular Hypertrophy. Please correlate clinically.

Age: 5
Gender:
Heart R:
Patient Y:
BP:
Weight:
Height:
Pulse:
SpO2:
Resp:
Others:

Measuren
QRSd: 7
QT: 3
QTcB: 4
PR: 1
P-R-T: 2

REPORTED BY

[Signature]

DR RAVI CHAVAN
MD, D-CARD, D-DIABETES
Cardiologist & Diabetologist
2004/06/2468

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vital signs are entered by the clinician and not derived from the ECG.

SUBURBAN DIAGNOSTICS

Patient Details

Date: 18-Sep-24

Time: 10:34:28

Name: BIJAPURI NASIMBANU IQBAL ID: 2426208887

Age: 58 y

Sex: F

Height: 159 cms

Weight: 70 Kgs

Clinical History: DM, HYPOTHYROID, DYSLIPIDEMIA

Medications: YES

Test Details

Protocol: Bruce

Pr.MHR: 162 bpm

THR: 137 (85 % of Pr.MHR) bpm

Total Exec. Time: 5 m 56 s

Max. HR: 115 (71% of Pr.MHR) bpm

Max. Mets: 7.00

Max. BP: 170 / 70 mmHg

Max. BP x HR: 19550 mmHg/min

Min. BP x HR: 5460 mmHg/min

Test Termination Criteria: REFUSED TO WALK @ HIGHER SPEED

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 13	1.0	0	0	78	150 / 70	-0.21 II	0.71 I
Standing	0 : 6	1.0	0	0	81	150 / 70	-0.21 II	0.71 I
Hyperventilation	0 : 41	1.0	0	0	81	150 / 70	-5.31 III	-5.31 V2
1	3 : 0	4.6	1.7	10	103	160 / 70	-1.70 I	1.42 I
Peak Ex	2 : 56	7.0	2.5	12	115	170 / 70	-0.64 I	1.77 II
Recovery(1)	1 : 0	1.8	1	0	103	150 / 70	-0.85 I	2.48 I
Recovery(2)	1 : 0	1.0	0	0	88	150 / 70	-0.64 I	1.77 II
Recovery(3)	0 : 10	1.0	0	0	87	150 / 70	-0.42 I	1.06 II

Interpretation

FAIR EFFORT TOLERANCE

NORMAL CHRONOTROPIC RESPONSE, THR NOT ACHIEVED, REFUSED TO WALK @ HIGHER SPEED

NORMAL INOTROPIC RESPONSE

NO ANGINA/ ANGINA EQUIVALENTS


NO ARRHYTHMIAS

NO SIGNIFICANT ST-T CHANGES FROM BASELINE @ WORKLOAD ACHIEVED (7 METS)

IMPRESSION: STRESS TEST IS INCONCLUSIVE FOR STRESS INDUCIBLE

ISCHAEMIA i/v/o THR NOT ACHIEVED

Disclaimer: Negative stress test does not rule out Coronary Artery Disease. Positive stress test is suggestive but not confirmatory of Coronary Artery Disease.



Dr. Ravi Charan
 MD, D Card
 Consultant Cardiologist
 2024/09/24/68

SUBURBAN DIAGNOSTICS

Test Report

BIJAPURI NASIMBANU IQBAL (58 F)

ID: 2426208887

Date: 18-Sep-24

Exec Time: 0 m 0 s

Stage Time: 0 m 7 s

HR: 79 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 137 bpm)

B.P.: 150 / 70

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

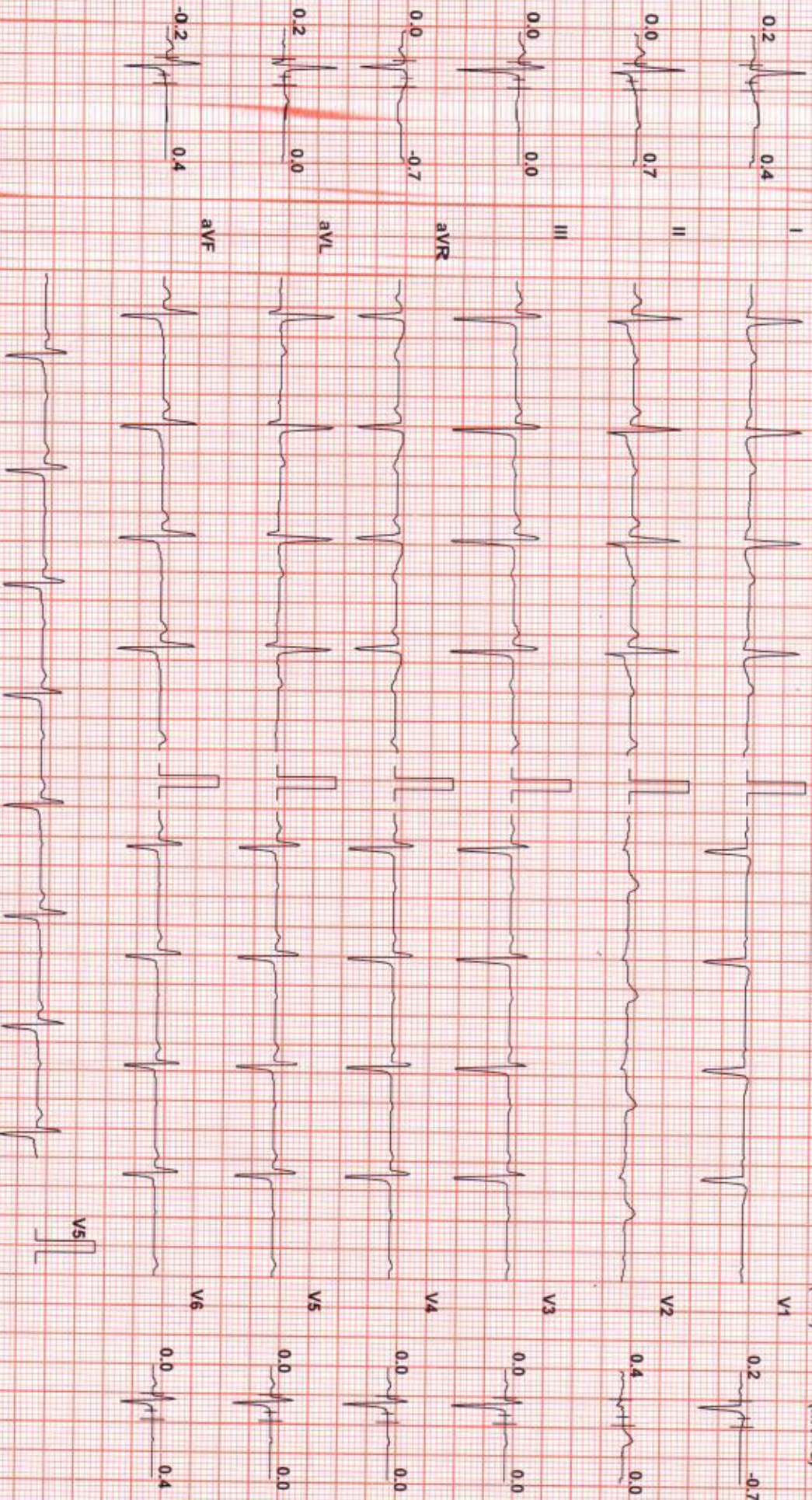


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

50 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schlier Spannen 4.7

Linked Median

SUBURBAN DIAGNOSTICS

Test Report

BIJAPURI NASIMEBANU IQBAL (58 F)

ID: 2426208887

Date: 18-Sep-24

Exec Time: 10 m 0 s

Stage Time: 0 m 0 s

HR: 81 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 137 bpm)

B.P: 150 / 70

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

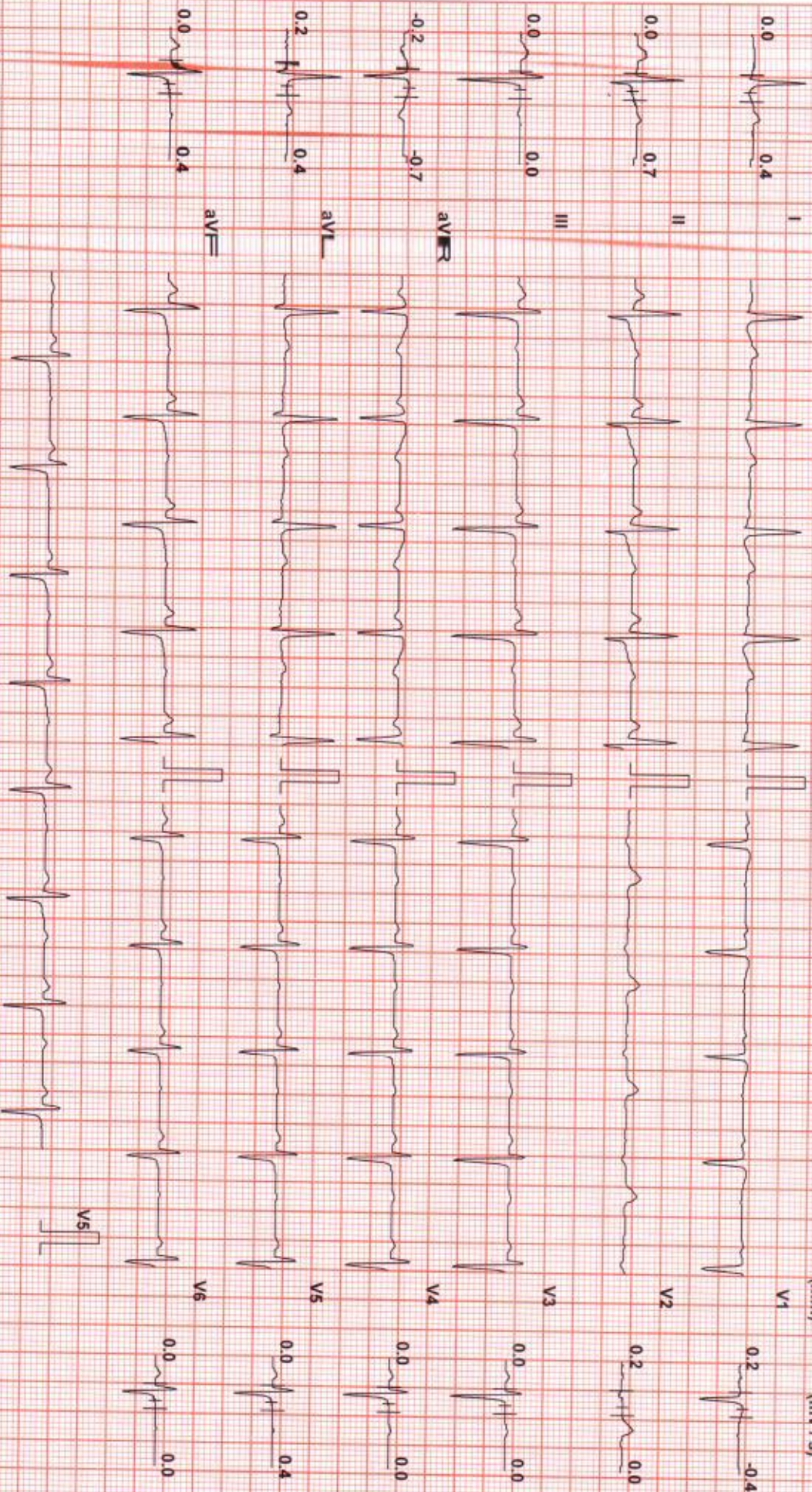


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spaceland V4.7

Linked Median

SUBURBAN DIAGNOSTICS

Test Report

BIJAPURI NASIMBANU IQBAL (58 F)

ID: 24226208887

Date: 18-Sep-24

Exec Time: 0 m 0 s

Stage Time: 0 m 35 s

HR: 81 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 137 bpm)

B.P.: 150 / 70

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

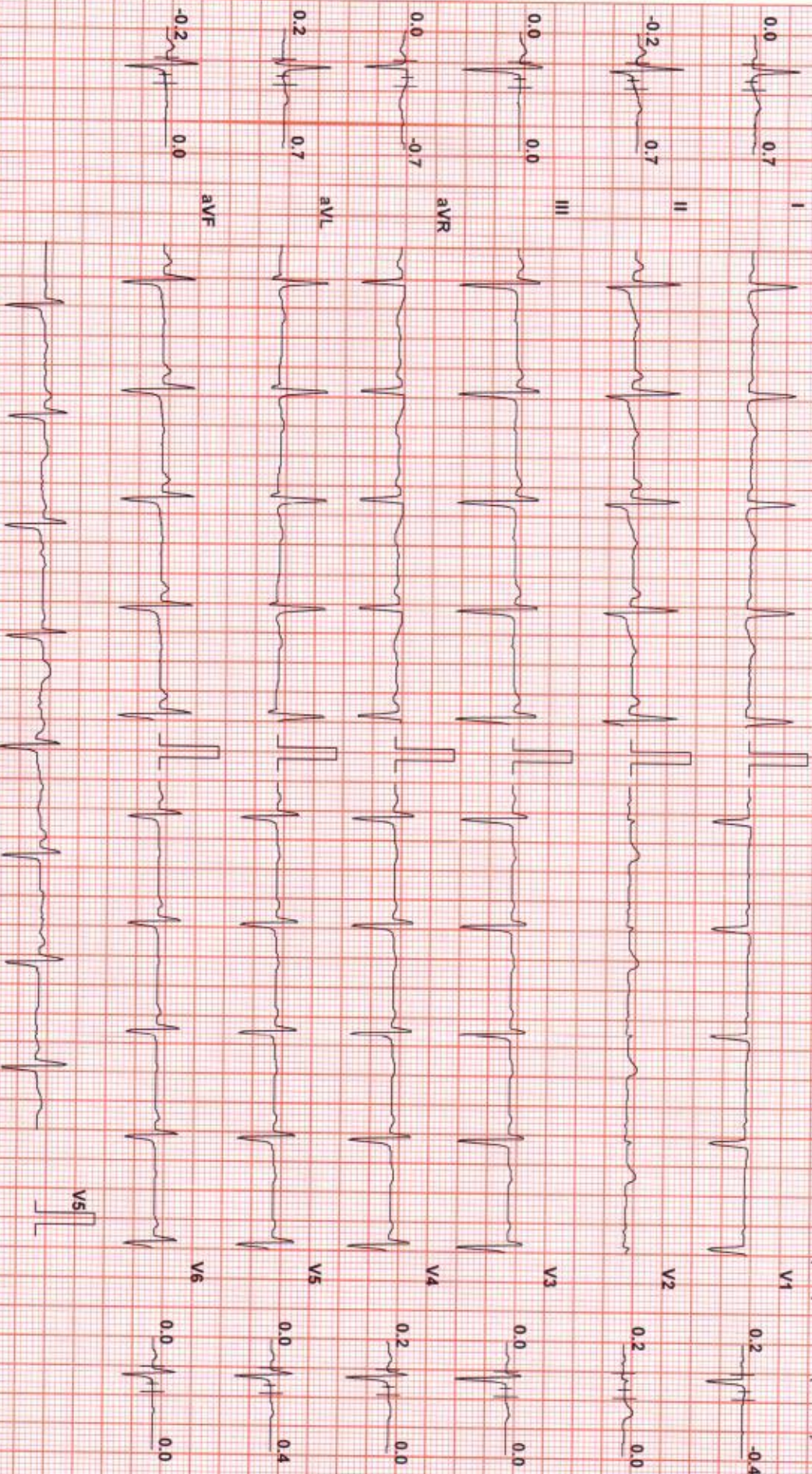


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr ON

Amp: 10 mm

Isr = R: 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Standard V 4.7

Linked Median

SUBURBAN DIAGNOSTICS

Test Report

BIJA PURI NASIM ANU IQBAL (58 F)

ID: 2426208887

Date: 18-Sep-24

Exec Time : 2 m 54 s Stage Time : 2 m 54 s

HR: 102 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10%

(THR: 137 bpm)

B.P: 160 / 70

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

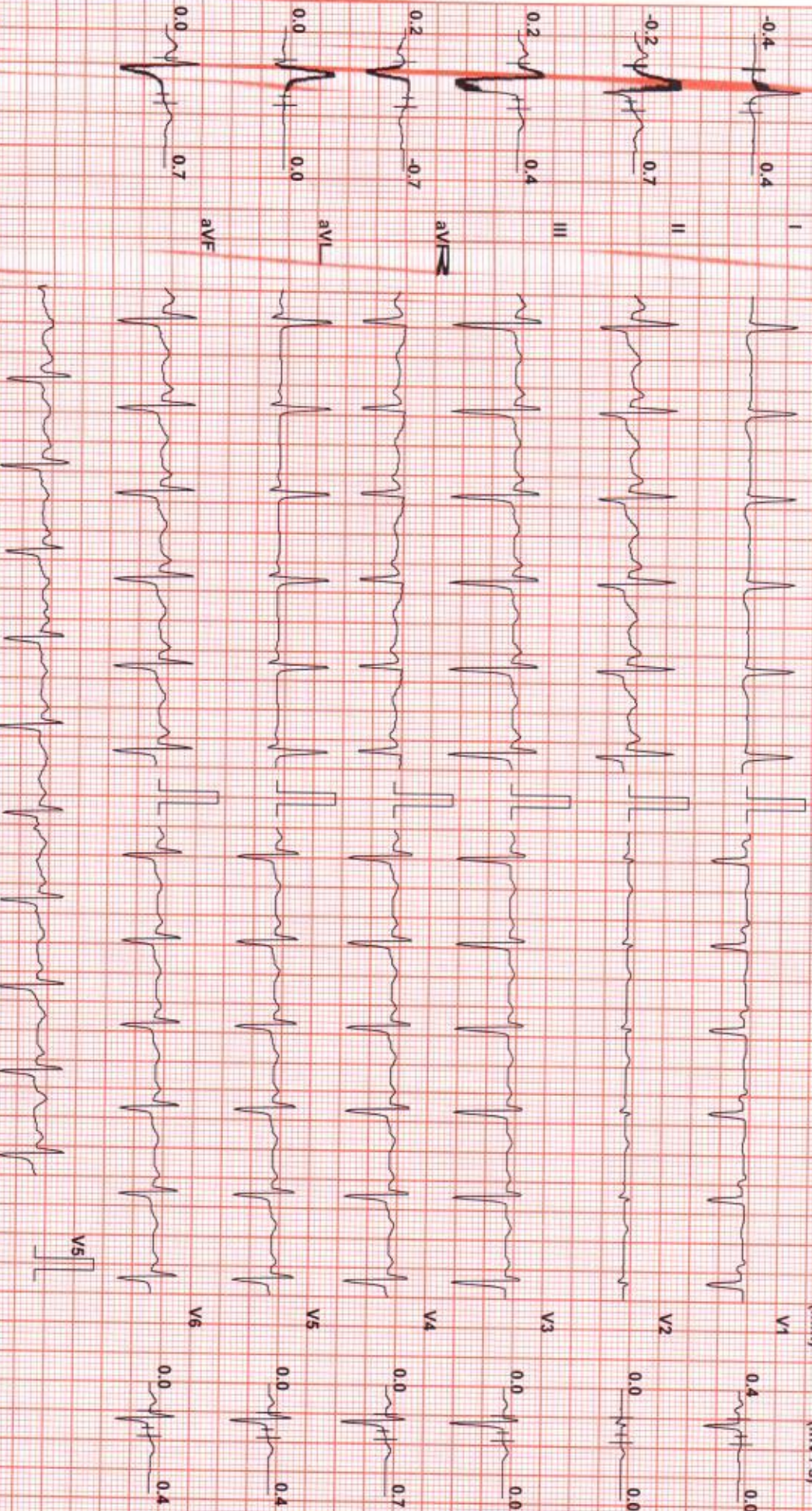


Chart Speed: 25 mm/sec

Schiller Speed: 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Pos: J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS

BIJAPURI NASIMBANU IQBAL (58 F)

ID: 2426208887

Date: 18-Sep-24

Exec Time : 5 m 55 s Stage Time : 2 m 55 s

HR: 115 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 2.5 mph

Grade: 12 %

(THR: 137 bpm)

B.P: 170 / 70

ST Level (mm)

ST Slope (mV / s)

ST Level (mm)

ST Slope (mV / s)

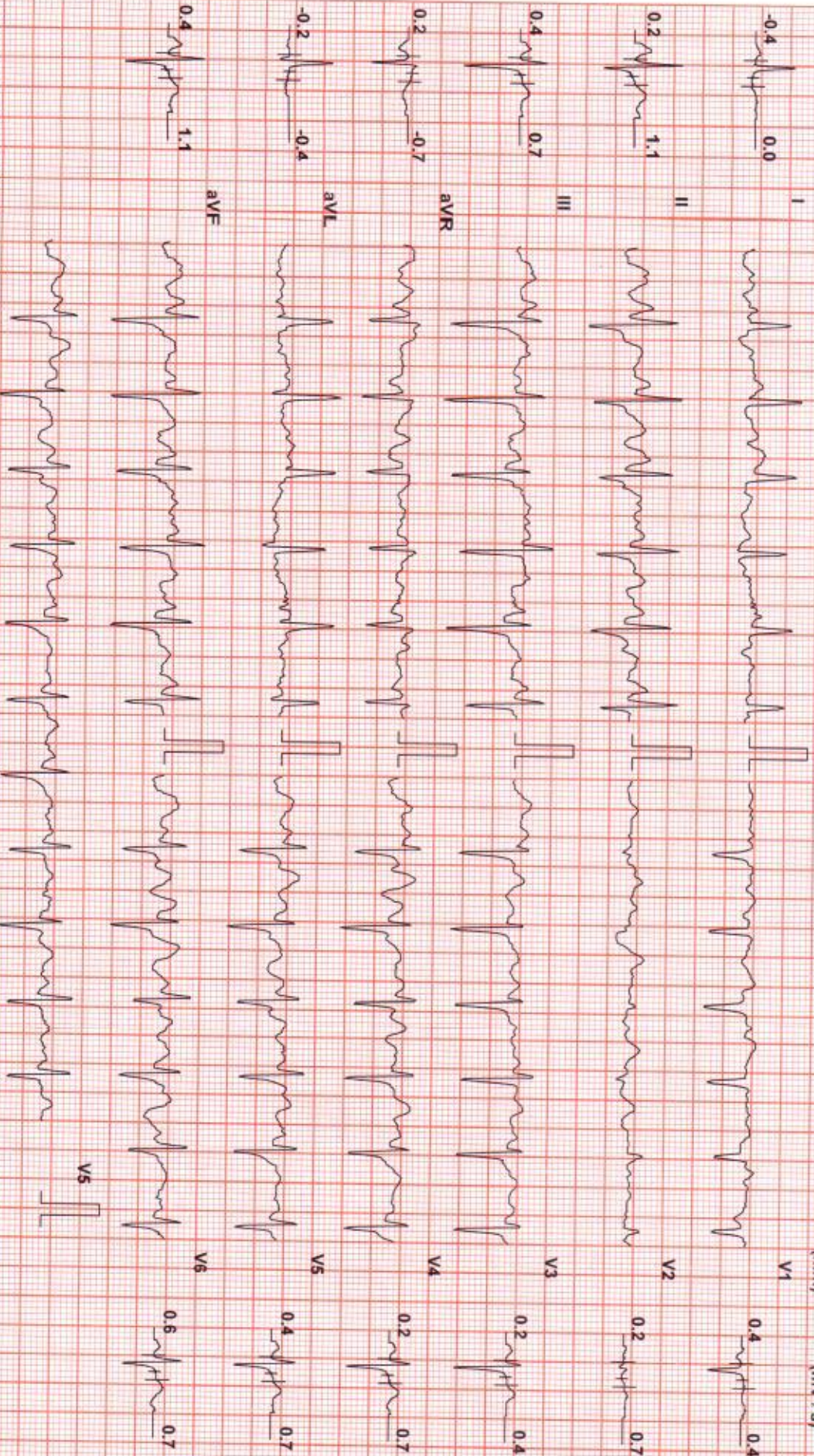


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Standard V47

SUBURBAN DIAGNOSTICS

Test Report

BIJAPURI NASIMBANU IQBAL (58 F)

ID: 2426208887

Date: 18-Sep-24

Exec Time: 5 m 56 s Stage Time: 0 m 54 s

HR: 107 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 137 bpm)

B.P: 150 / 70

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

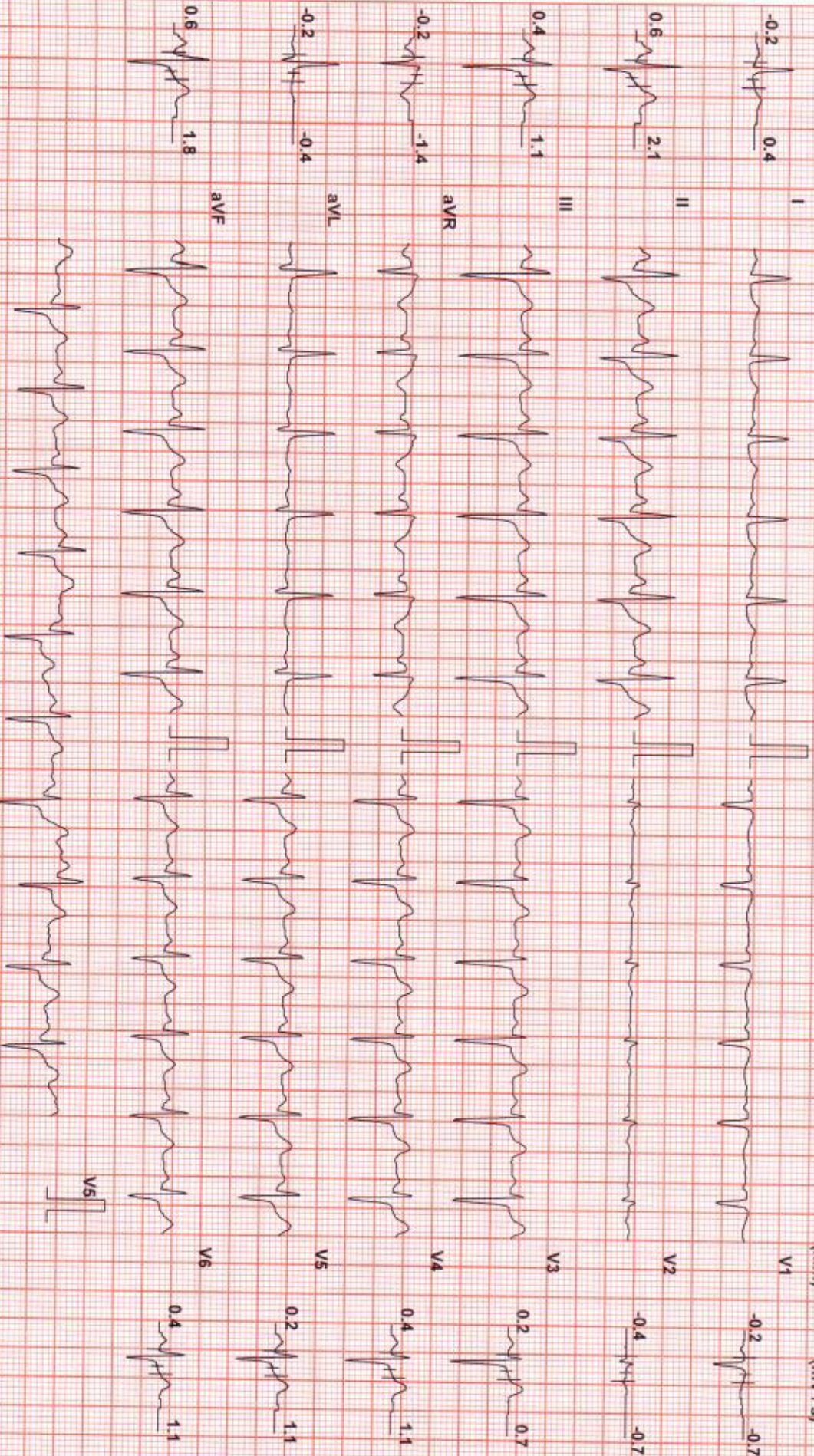


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schler Spender V47

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

BIJAPURI NASIMBANU IQBAL (58 F) ID: 2426208887 Date: 18-Sep-24 Exec Time : 5 m 56 s Stage Time : 0 m 54 s HR: 94 bpm

Protocol: Bruce Stage: Recovery(2) Speed: 0 mph Grade: 0 % (THR: 137 bpm) B.P: 150 / 70

ST Level (mm)	ST Slope (mV/s)	ST Level (mm)	ST Slope (mV/s)
-0.4	0.4	V1	0.4
-0.4	0.7	V2	0.2
-0.2	0.0	V3	0.0
0.6	-0.4	V4	-0.2
0.0	0.4	V5	0.2
-0.4	0.4	V6	0.2



Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms
Schiller Standan V 4.7

Linked Median

Date:- 18/09/24

CID: 2426208887

Name:- Binayini Tebal

Sex / Age: / F 158

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

Nil

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	←————→			6/5	←————→			6/5
Near	←————→			N.6	←————→			N.6

Colour Vision: Normal / Abnormal

Remark: vision Normal