

T/C

• मधुमेह • वातरोग • गठियारोग • हृदयरोग • थायराइड • श्वसन रोग • दमा • मोटा

WT - 50 kg  
H - 156 cm  
BP - 120/70  
P - 84 mb

Mrs. Rupanjita Pradhan  
Age - 30 y

23/8/24

CBC - 12.2 / 4.64 / 5.08 / 112 / 15

RBS - F - 82.0 / PP - 116.0

Creatinine - 0.87

U. Acid - 4.85

HbA1c - 5.5

Lipid - 173.0 / 101.0 / 40.0 / 112.80

LFT - 28 / 32 / 114

TSH - 5.44

NO H/O DM / HTN

NO ACUTE UPHRS



**Dr. Animesh Choudhary**  
MD Medicine  
Reg. No. CGMC 3583/2011  
Apollo Clinic, Raipur



|                                      |  |
|--------------------------------------|--|
| Patient Name : Mrs.RUPANWITA PRASHAN | Collected : 08/Mar/2024 03:46PM              |
| Age/Gender : 30 Y 0 M 0 D /F         | Received : 08/Mar/2024 04:38PM               |
| UHID/MR No : DSUS.0000006698         | Reported : 08/Mar/2024 06:50PM               |
| Visit ID : DSUSOPV7810               | Status : Final Report                        |
| Ref Doctor : APOLLO CLINIC           | Client Name : PUP APOLLO CLINIC SAMRIDDHI AR |
| IP/OP NO :                           | Patient location : Raipur,Raipur             |

**DEPARTMENT OF IMMUNOLOGY**

| Test Name  | Result | Unit   | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| <b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b> |        |        |                 |        |
| TRI-iodothyronine (T3, TOTAL)                      | 1.54   | ng/mL  | 0.6-1.81        | CLIA   |
| THYROXINE (T4, TOTAL)                              | 9.9    | µg/dL  | 3.2-12.6        | CLIA   |
| THYROID STIMULATING HORMONE (TSH)                  | 5.44   | µIU/mL | 0.35-5.5        | CLIA   |

**Comment:**

| For pregnant females | Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association) |
|----------------------|---|
| First trimester      | 0.1 - 2.5   |
| Second trimester     | 0.2 - 3.0   |
| Third trimester      | 0.3 - 3.0   |

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

| TSH   | T3   | T4   | FT4  | Conditions  |
|-------|------|------|------|---|
| High  | Low  | Low  | Low  | Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis                    |
| High  | N    | N    | N    | Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy. |
| N/Low | Low  | Low  | Low  | Secondary and Tertiary Hypothyroidism   |
| Low   | High | High | High | Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy                   |
| Low   | N    | N    | N    | Subclinical Hyperthyroidism   |
| Low   | Low  | Low  | Low  | Central Hypothyroidism, Treatment with Hyperthyroidism  |
| Low   | N    | High | High | Thyroiditis, Interfering Antibodies   |
| N/Low | High | N    | N    | T3 Thyrotoxicosis, Non thyroidal causes   |
| High  | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma  |

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



**Patient Name** : MRS RUPANWITA PRADHAN  
**UHID/ MR No** : 9601  
**Visit Date** : 08/03/2024  
**Sample Collected On** : 08/03/2024 03:15PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 30 Y. Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 08/03/2024 06:12PM

### HAEMATOLOGY

| Investigation  | Observed Value | Unit        | Biological Reference Interval |
|--|----------------|-------------|-------------------------------|
| <b>HEMOGRAM</b>  |                |             |                               |
| Haemoglobin(HB)<br>Method: CELL COUNTER                    | 12.2           | gm/dl       | 12 - 16                       |
| Erythrocyte (RBC) Count<br>Method: CELL COUNTER            | 4.64           | mill/cu.mm. | 4.20 - 6.00                   |
| PCV (Packed Cell Volume)<br>Method: CELL COUNTER           | <b>36.60</b>   | %           | 39 - 52                       |
| MCV (Mean Corpuscular Volume)<br>Method: CELL COUNTER      | 78.9           | fL          | 76.00 - 100                   |
| MCH (Mean Corpuscular Haemoglobin)<br>Method: CELL COUNTER | 26.3           | pg          | 26 - 34                       |
| MCHC (Mean Corpuscular Hb Concn.)<br>Method: CELL COUNTER  | 33.3           | g/dl        | 32 - 35                       |
| RDW (Red Cell Distribution Width)<br>Method: CELL COUNTER  | 13.1           | %           | 11- 16                        |
| Total Leucocytes (WBC) Count<br>Method: CELL COUNTER       | 5.08           | cells/cumm  | 3.50 - 11.00                  |
| Neutrophils<br>Method: CELL COUNTER                        | 57             | %           | 40.0 - 73.0                   |
| Lymphocytes<br>Method: CELL COUNTER                        | 36             | %           | 15.0 - 45.0                   |
| Eosinophils<br>Method: CELL COUNTER                        | 03             | %           | 1-6%                          |
| Monocytes  | 04             | %           | 4.0 - 12.0                    |
| Basophils<br>Method: CELL COUNTER                          | 00             | %           | 0.0 - 2.0                     |

**End of Report**  
*Results are to be corelated clinically*

Lab Technician / Technologist  
 path



**DR DHANANJAY RAMCHANDRA PRASA**  
 M.D. PATHOLOGY

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**Patient Name** : MRS RUPANWITA PRADHAN  
**UHID/ MR No** : 9601  
**Visit Date** : 08/03/2024  
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**Sponsor Name** :

**Age/Gender** : 30 Y Female  
**OP Visit No** : OPD-UNIT-II-2  
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### HAEMATOLOGY

| Investigation  | Observed Value | Unit       | Biological Reference Interval |
|--|----------------|------------|-------------------------------|
| Platelet Count<br>Method: CELL COUNTER                             | 112            | lacs/cu.mm | 150-400                       |
| ESR- Erythrocyte Sedimentation Rate<br>Method: Westergren's Method | 15             | mm /HR     | 0 - 20                        |

### Blood Group (ABO Typing)

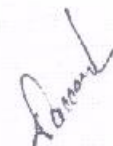
Blood Group (ABO Typing) B  
RhD factor (Rh Typing) POSITIVE

### End of Report

Results are to be correlated clinically

Lab Technician / Technologist  
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DR DHANANJAY RAMCHANDRA PRASA  
M.D. PATHOLOGY

**Patient Name** : MRS RUPANWITA PRADHAN  
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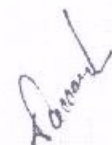

**Age/Gender** : 30 Y. Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 08/03/2024 06:12PM

### BIO CHEMISTRY

| Investigation   | Observed Value | Unit  | Biological Reference Interval |
|---|----------------|-------|-------------------------------|
| <b>GLUCOSE - (POST PRANDIAL)</b>                      |                |       |                               |
| Glucose -Post prandial<br>Method: REAGENT GRADE WATER | 116.0          | mg/dl | 70-140                        |
| <b>GLUCOSE (FASTING)</b>                              |                |       |                               |
| Glucose- Fasting<br>SUGAR REAGENT GRADE WATER         | 82.0           | mg/dl | 70 - 120                      |
| <b>KFT - RENAL PROFILE - SERUM</b>                    |                |       |                               |
| BUN-Blood Urea Nitrogen<br>METHOD: Spectrophotometric | 09             | mg/dl | 7 - 20                        |
| <b>Creatinine</b><br>METHOD: Spectrophotometric       | 0.87           | mg/dl | 0.6-1.4                       |
| <b>Uric Acid</b><br>Method: Spectrophotometric        | 4.35           | mg/dL | 2.6 - 7.2                     |

**End of Report**  
*Results are to be correlated clinically*

Lab Technician / Technologist  
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**+91 96918 26363**  
**0771 4033341**

**Patient Name** : MRS RUPANWITA PRADHAN  
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**Age/Gender** : 30 Y. Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 08/03/2024 06:12PM

### BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---------------|----------------|------|-------------------------------|
|---------------|----------------|------|-------------------------------|

#### HbA1c (Glycosalated Haemoglobin)

5.5

%

Non-diabetic: ≤5.6, Pre-Diabetic 5.7-6.4, Diabetic: ≥6.5

- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflam

- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 \times A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
  - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - C. Heterozygous state dete

**End of Report**  
*Results are to be correlated clinically*

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**DR DHANANJAY RAMCHANDRA PRASAD**  
 M.D. PATHOLOGY

**Apollo Clinic**

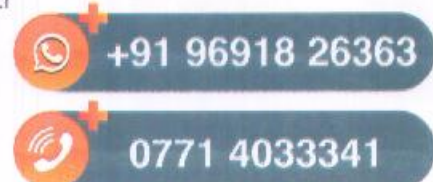
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**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 30 Y. Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 08/03/2024 06:12PM

### BIO CHEMISTRY

| Investigation                       | Observed Value | Unit  | Biological Reference Interval  |
|-------------------------------------|----------------|-------|--|
| <b>LIPID PROFILE TEST (PACKAGE)</b> |                |       |  |
| Cholesterol - Total                 | 173.0          | mg/dl | Desirable: < 200<br>Borderline High: 200-239<br>High: >= 240   |
| Triglycerides level                 | 101.0          | mg/dl | Normal : < 150<br>Borderline High : 150-199<br>Very High : >=500   |
| Method: Spectrophotometric          |                |       |  |
| HDL Cholesterol                     | 40.0           | mg/dl | Major risk factor for heart disease: < 40<br>Negative risk factor for heart disease :>60   |
| Method: Spectrophotometric          |                |       |  |
| LDL Cholesterol                     | 112.80         | mg/dl | Optimal:< 100      Near<br>Optimal :100 – 129<br>Borderline High : 130-159<br>High : 160-189      Very<br>HiOptimal:< 100      Near<br>Optimal :100 – 129<br>Borderline High : 130-159<br>High : 160-189      Very High<br>: >=1 |
| Method: Spectrophotometric          |                |       |  |
| VLDL Cholesterol                    | 20.20          | mg/dl | 6 - 38   |
| Total Cholesterol/HDL Ratio         | 4.33           |       | 3.5 - 5  |
| Method: Spectrophotometric          |                |       |  |

**End of Report**  
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Lab Technician / Technologist  
 path



**Patient Name** : MRS RUPANWITA PRADHAN  
**UHID/ MR No** : 9601  
**Visit Date** : 08/03/2024  
**Sample Collected On** : 08/03/2024 03:15PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 30 Y, Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 08/03/2024 06:12PM

### BIO CHEMISTRY

| Investigation   | Observed Value | Unit  | Biological Reference Interval |
|---|----------------|-------|-------------------------------|
| <b>LIVER FUNCTION TEST</b>                              |                |       |                               |
| <b>Bilirubin - Total</b><br>Method: Spectrophotometric  | 1.0            | mg/dl | 0.1-1.2                       |
| <b>Bilirubin - Direct</b><br>Method: Spectrophotometric | 0.2            | mg/dl | 0.05-0.3                      |
| <b>Bilirubin (Indirect)</b><br>Method: Calculated       | 0.80           | mg/dl | 0 - 1                         |
| <b>SGOT (AST)</b><br>Method: Spectrophotometric         | 28             | U/L   | 0 - 32                        |
| <b>SGPT (ALT)</b><br>Method: Spectrophotometric         | 32             | U/L   | 0 - 33                        |
| <b>ALKALINE PHOSPHATASE</b>                             | 114            | U/L   | 25-147                        |
| <b>Total Proteins</b><br>Method: Spectrophotometric     | 6.6            | g/dl  | 6 - 8                         |
| <b>Albumin</b><br>Method: Spectrophotometric            | 3.9            | mg/dl | 3.4 - 5.0                     |
| <b>Globulin</b><br>Method: Calculated                   | 2.7            | g/dl  | 1.8 - 3.6                     |
| <b>A/G Ratio</b><br>Method: Calculated                  | 1.44           | %     | 1.1 - 2.2                     |

**End of Report**  
Results are to be corelated clinically

Lab Technician / Technologist  
path



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**DR DHANANJAY RAMCHANDRA PRASAD**  
M.D. PATHOLOGY

**Apollo Clinic**

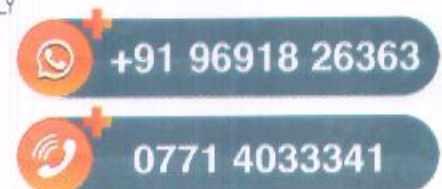
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**Patient Name** : MRS RUPANWITA PRADHAN  
**UHID/ MR No** : 9601  
**Visit Date** : 08/03/2024  
**Sample Collected On** : 08/03/2024 03:15PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 30 Y Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 08/03/2024 06:40PM

### CLINICAL PATHOLOGY

| Investigation                    | Observed Value | Unit | Biological Reference Interval |
|----------------------------------|----------------|------|-------------------------------|
| <b>URINE ROUTINE EXAMINATION</b> |                |      |                               |
| <b>Physical Examination</b>      |                |      |                               |
| Volum of urine                   | 30ML           |      |                               |
| Appearance                       | Clear          |      | Clear                         |
| Colour                           | Pale Yellow    |      | Colourless                    |
| Specific Gravity                 | 1.015          |      | 1.001 - 1.030                 |
| Reaction (pH)                    | 7.0            |      |                               |
| <b>Chemical Examination</b>      |                |      |                               |
| Protein(Albumin) Urine           | Absent         |      | Absent                        |
| Glucose(Sugar) Urine             | Absent         |      | Absent                        |
| Blood                            | Absent         |      | Absent                        |
| Leukocytes                       | Absent         |      | Absent                        |
| Ketone Urine                     | Absent         |      | Absent                        |
| Bilirubin Urine                  | Absent         |      | Absent                        |
| Urobilinogen                     | Absent         |      | Absent                        |
| Nitrite (Urine)                  | Absent         |      | Absent                        |
| <b>Microscopic Examination</b>   |                |      |                               |
| RBC (Urine)                      | 0-1            | /hpf | 0 - 2                         |
| Pus cells                        | 4 - 6          | /hpf | 0 - 5                         |
| Epithelial Cell                  | 2 - 4          | /hpf | 0 - 5                         |
| Crystals                         | Not Seen       | /hpf | Not Seen                      |
| Bacteria                         | Not Seen       | /hpf | Not Seen                      |
| Budding yeast                    | Not Seen       | /hpf |                               |

**End of Report**  
*Results are to be corelated clinically*

Lab Technician / Technologist  
 path



08-03-2024 12:14:43 PM

MRS RUPANWITA PRASHAN  
Male 30Years

HR : 97 bpm  
P : 94 ms  
PR : 126 ms  
QRS : 82 ms  
QT/QTc : 338/430 ms  
P/QRS/T : 58/20/24 °  
RV5/SV1 : 0.487/0.754 mV

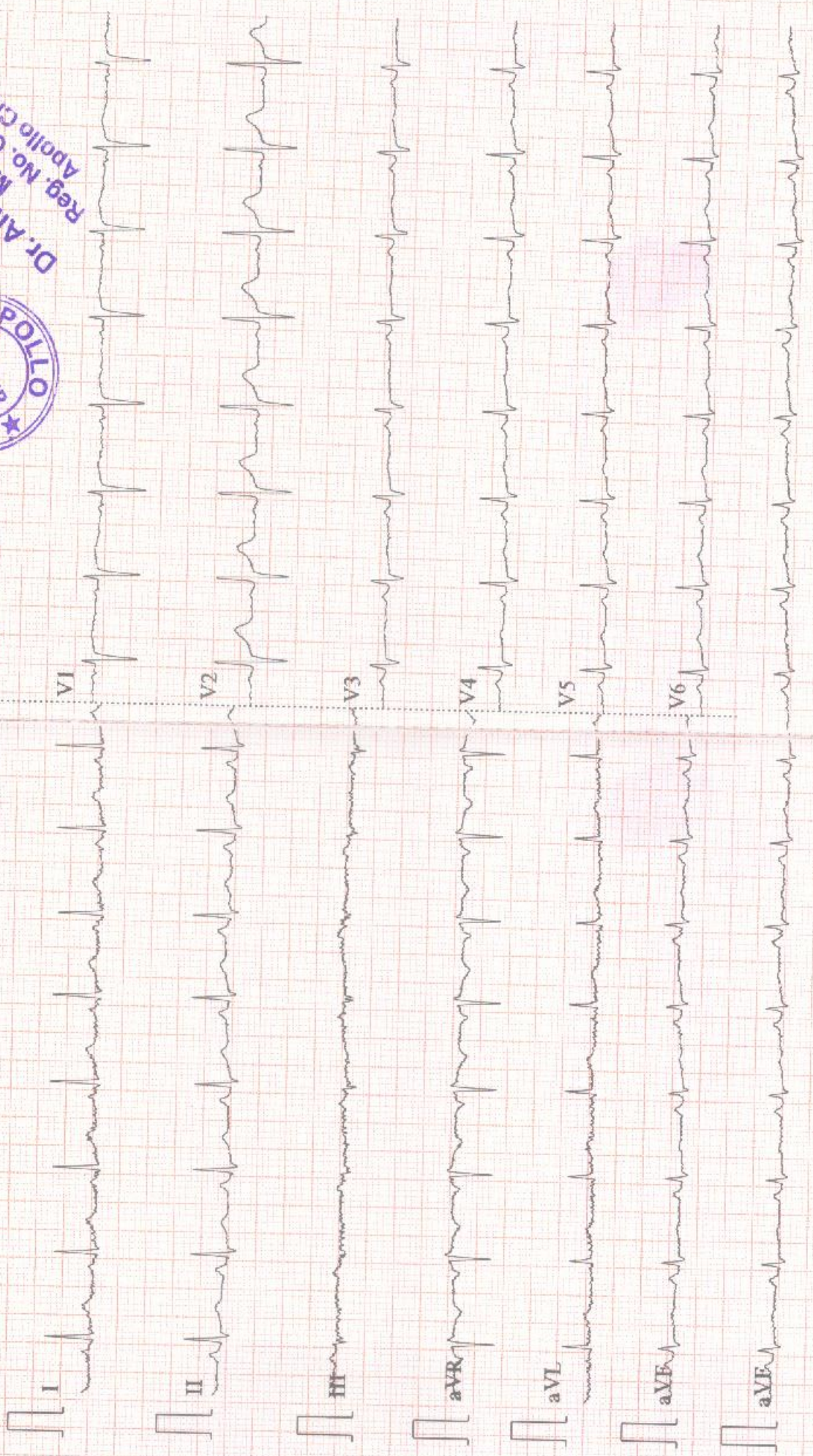
Diagnosis Information:

Sinus rhythm  
Anterior T wave abnormality is nonspecific  
Borderline ECG



Report Confirmed by:

Dr. Animesh Choudhary  
Reg. No. CGMC 3583/2014  
Apollo Clinic Raipur



**NAME OF PATIENT: MRS. RUPANWITA PRADHAN**

**AGE: 30YRS/FEMALE**

**REFERRED BY: BOB**

**DATE: 08/03/2024**

**CHEST X - RAY PA VIEW**

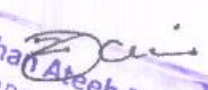
**FINDINGS:**

- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

**IMPRESSION:**

- **NO SIGNIFICANT ABNORMALITY SEEN.**

**Advised: Clinical correlation and further evaluation if clinically indicated.**

  
Dr. Zeeshan Ateeb Dani  
MBBS, MD  
Consultant Radiologist  
Reg. No. MCI-23741  
**DR. ZEESHAN ATEEB DANI**  
(MD)  
CONSULTANT RADIOLOGIST



This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. This report is not for medico-legal purposes.

**PATIENT NAME: MRS. RUPANWITA PRADHAN**  
**REF BY: BOB**

**AGE / SEX: 30 YRS/F**  
**DATE: 08.03.2024**

**USG ABDOMEN**

**Liver:** Liver is normal in size smooth in outline & echotexture. IHBR's are not dilated. CBD is not dilated. Portal vein and hepatic veins are normal.

**Gall bladder:** - Distended & normal.

**Pancreas & Paraaortic Region:** Normal.

**Spleen:** Is normal in size measures cm, and echotexture.

| Kidneys                          | RIGHT       | LEFT        |
|----------------------------------|-------------|-------------|
| SIZE                             | 9.36X3.31Cm | 9.06x3.89Cm |
| CORTICAL ECHOGENICITY            | Normal      | Normal      |
| CORTICOMEDULLARY DIFFERENTIATION | Maintained  | Maintained  |
| PCS                              | Not Dilated | Not Dilated |
| Any other remarks                | Nil         | Nil         |

**Urinary bladder:** Distended & normal.

**Uterus** is normal in size ( 6.85 x 4.96 x 3.92 cm, Vol. – 69 cc ) and echotexture. Endometrial thickness 5.4 mm.

**Right Ovary:** Normal in size ( 3.33 x 1.95 cm), shape and echotexture.

**Left Ovary:** Normal in size ( 3.92 x 2.30 cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

**IMPRESSION:**

**USG abomen within normal limit.**

**Advised clinical correlation/further evaluation if clinically indicated.**



Dr. Zeeshan Ateeb Dani  
MBBS, MD  
Consultant Radiologist  
Reg. No. CGMC-2324/200

**DR. ZEESHAN ATEEB DANI**  
**(MD)**  
**CONSULTANT RADIOLOGIST**

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.

## ECHOCARDIOGRAPHY REPORT

|                               |                        |                        |
|-------------------------------|------------------------|------------------------|
| NAME : MRS. RUPANWITA PRADHAN | Age/Sex: 30Yrs/Female  | ECG : Sinus Rhythm     |
| OPD/ IPD : OPD                | STUDY DATE: 08/03/2024 | REGN. NO. : FRAI.00000 |
| Ref.By Dr : BOB               |                        |                        |

### M-MODE MEASUREMENTS:-

|                      | Patient Value (cm) | Normal Value (cm) |                          | Patient Value (cm) | Normal Value (cm) |
|----------------------|--------------------|-------------------|--------------------------|--------------------|-------------------|
| AorticRoot Diameter  | 2.6                | 2.0 – 3.7         | IVS Thickness            | ED = 0.8 ES = 1.2  | 0.6 – 1.1         |
| AorticValve Opening  | 1.8                | 1.5 – 2.6         | PW Thickness             | ED = 0.8 ES = 1.2  | 0.6 – 1.1         |
| LA Dimension         | 3.0                | 1.9 – 4.0         | RA Dimension             | ---                | 2.6               |
| LVID(D)              | 4.0                | 3.7 – 5.5         | RV Dimension             | ---                | 2.6               |
| LVID(s)              | 2.5                | 2.2 – 4.0         | TAPSE                    | ----               | 1.6 – 2.6         |
| LV EJECTION FRACTION | > 60%              |                   | (NORMAL VALUE: 55 – 60%) |                    |                   |

### 2D ECHO, COLOR FLOW & DOPPLER ASSESSMENT

Left Ventricle : LV Size & contractility is Normal, NO RWMA, Calculated EF IS > 60%

Left Atrium : LA Size is Normal

Right Ventricle : Normal

Right Atrium : Normal

IAS/IVS : Intact

Pericardium : Normal, there is no Pericardial Effusion.

Mitral Valve : E>A , Normal

Tricuspid Valve : Normal

Aortic Valve : Normal

Pulmonary Valve : Pulmonary valve appears normal in morphology.

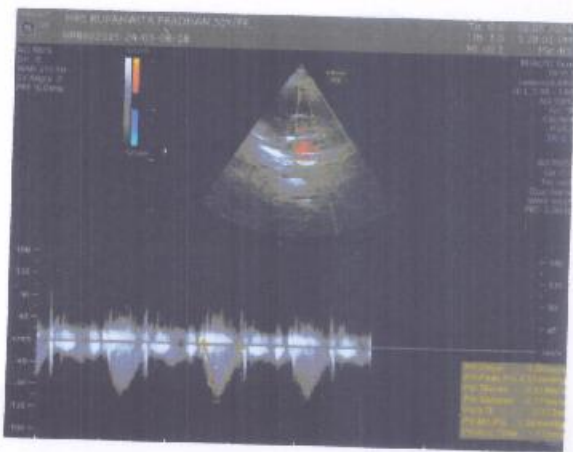
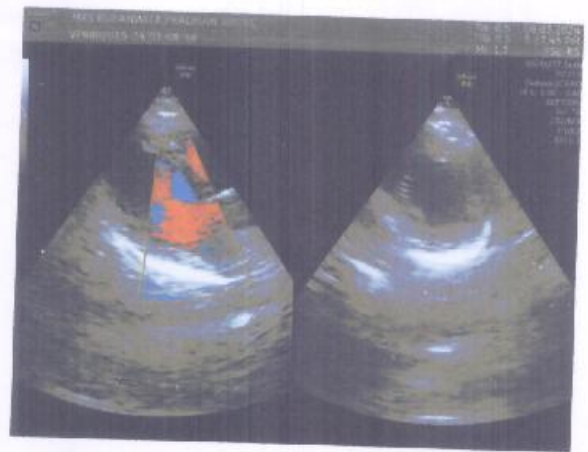
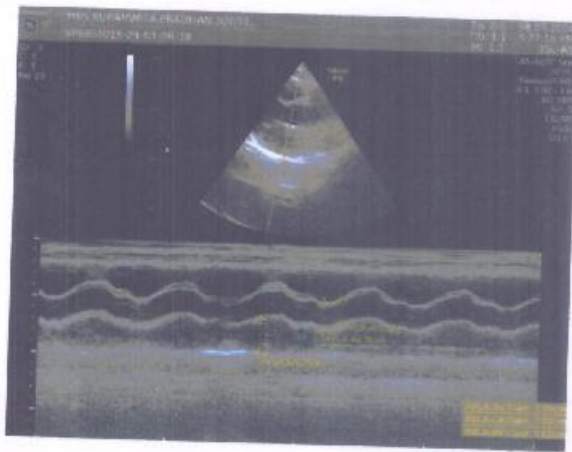
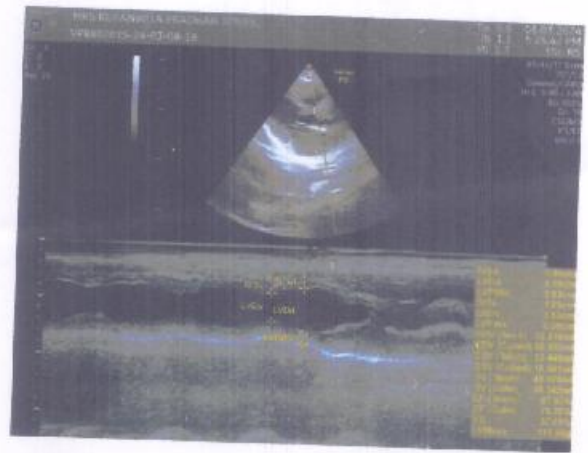
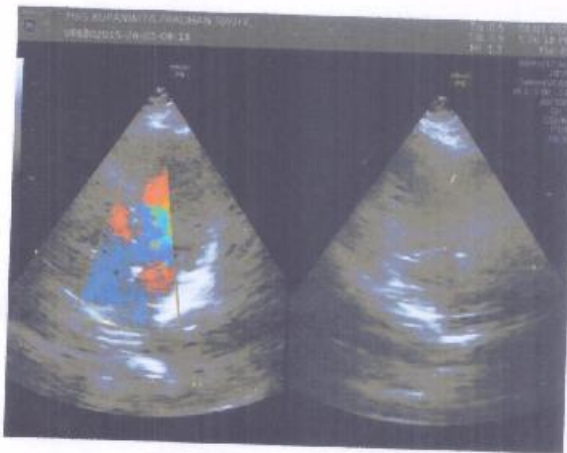
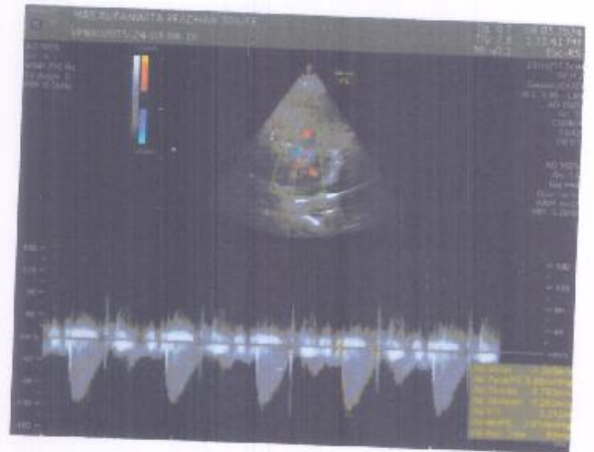
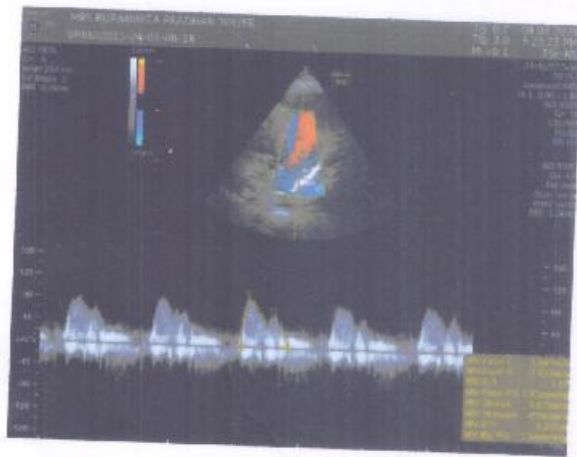
Systemic venous : IVC normal in size with normal Inspiratory collapse.

Diastolic Function : Normal.

**FINAL IMPRESSION** : NO RWMA AT REST.  
NORMAL LV SYSTOLIC FUNCTION.  
NORMAL CARDIAC CHAMBER AND NORMAL VALVES.  
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



**DR. DEEPAN DAS**  
MBBS, DIP. CARDIOLOGY  
CONSULTANT DEPT. OF NIC



**EXAMINATION OF EYES :- ( BY OPHTHALMOLOGIST )**

Patient Name Mrs. Rupansita Pradhan

Date 8/3/24

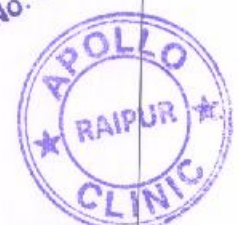
Sex/Age f / 30 year

MR No .....

Employee Id .....

|                                  |     |            |        |            |
|----------------------------------|-----|------------|--------|------------|
| EXTERNAL EXAMINATION             |     |            |        |            |
| SQUINT                           |     |            |        |            |
| NO                               |     |            |        |            |
| NYSTAGMUS                        |     |            |        |            |
| COLOUR VISION                    |     |            |        |            |
| NORMAL                           |     |            |        |            |
| FUNDUS:(RE):-                    |     | <u>WNL</u> | (LE):- | <u>WNL</u> |
| INDIVIDUAL COLOUR IDENTIFICATION |     |            |        |            |
| <u>Good</u>                      |     |            |        |            |
| DISTANT VISION:(RE):-            |     | <u>6/6</u> | (LE):- | <u>6/6</u> |
| NEAR VISION:(RE):-               |     | <u>N/G</u> | (LE):- | <u>N/G</u> |
| NIGHT BLINDNESS                  |     |            |        |            |
| <u>NAD</u>                       |     |            |        |            |
|                                  | SPH | CYL        | AXIS   | ADD        |
| RIGHT                            | ←   |            |        |            |
| LEFT                             |     |            |        |            |
| REMARKS :-                       |     |            |        |            |

Dr. Vikas Mishra  
MBBS, MS (Ophthalmologist)  
Reg. No. CGMC 621/2006



Age 30/f

name Rupamita

H/O → RCF 4 years ago.

̄ +6

→ mild accusa cases ̄ +8

→ ~~transder~~

Biber