

प्रति,

समन्वयक,
Mediwheel (Arcofemi Healthcare Limited)
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	ASHISH PAL
जन्म की तारीख	29-06-1991
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	09-03-2024
बुकिंग संदर्भ सं.	23M181763100098250S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MRS. PAL SHWETA
कर्मचारी की क.कू.संख्या	181763
कर्मचारी का पद	SINGLE WINDOW OPERATOR A
कर्मचारी के कार्य का स्थान	GHAZIABAD, CLOCK TOWER
कर्मचारी के जन्म की तारीख	26-01-1994

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक **07-03-2024** से **31-03-2024** तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited)से संपर्क करें।)



भारत सरकार
Government of India



आशीष पाल
Ashish Pal
जन्म तिथि / DOB: 29/06/1991
पुरुष / Male



3018 1075 9052

- आम आदमी का अधिकार

Unique Identification Authority of India

पता:
आत्मज: छिदुवा, नई बस्ती,
पीडब्ल्यूडी स्टोर के पास भरुवा
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Ashish



MANIPAL HOSPITAL GHAZIABAD
NH-24 HAPUR ROAD, NEAR LANDCRAFT GOLF LINKS, GHAZIABAD-201002
CIN: U85110KA2003PTC033055

BILL OF SUPPLY

PAYOR : Arcofemi Healthcare Limited 2022-20

Hosp No. : MH007151944
Episode No: H18000001896
Name : ASHISH PAL
Age/Sex : 32 Y / Male
Address : BANGALORE, 29, 560043
Phone : 8892674470
GSTIN : 09AACCC2943F1ZU

Bill No. : MGD23OCR0004701
Episode Dt : 09/03/2024
Bill Date : 09/03/2024 10:17AM
Doctor : HEALTH CHECK MGD
Dept. : HC SERVICE MGD
PAN No : AACCC2943F

#	Particulars	Unit	Price	Tax%	TaxAmt	Amount
1	BELLOW 4OYRS MEDIWHEELS (MALE) MGD	1	2100.00			2100.00
Total :						2100.00
Patient Share :						0.00
Net Payable :						0.00
Arcofemi Healthcare Limited 2022-20 Share :						2100.00
Net Payable :						2100.00

(Bill to Arcofemi Healthcare Limited 2022-20 a sum of Rupees Two Thousand One Hundred only)

Generated/Printed By
(Pratiksha Singh)



TMT INVESTIGATION REPORT

Patient Name	MR ASHISH PAL	Location	: Ghaziabad
Age/Sex	: 32Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH007151944	Order Date	: 09/03/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 09/03/2024

Protocol : Bruce
Duration of exercise : 10min 25sec
Reason for termination : THR achieved
Blood Pressure (mmHg) : Baseline BP : 120/80mmHg
 Peak BP : 150/90mmHg

MPHR : 188BPM
85% of MPHR : 162BPM
Peak HR Achieved : 176BPM
% Target HR : 93%
METS : 12.4METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	76	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	119	120/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	142	130/84	Nil	No ST changes seen	Nil
STAGE 3	3:00	165	140/90	Nil	No ST changes seen	Nil
STAGE 4	0:50	175	150/90	Nil	No ST changes seen	Nil
RECOVERY	5:12	101	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

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Page 1 of 2

Manipal Health Enterprises Private Limited

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LABORATORY REPORT

Name	: ASHISH PAL	Age	: 32 Yr(s) Sex :Male
Registration No	: MH007151944	Lab No	: 202403001105
Patient Episode	: H18000001896	Collection Date	: 09 Mar 2024 10:32
Referred By	: HEALTH CHECK MGD	Reporting Date	: 10 Mar 2024 12:51
Receiving Date	: 09 Mar 2024 10:32		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	0.940	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	5.520	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	6.010	# μ IU/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 : ASHISH PAL Age : 32 Yr(s) Sex : Male
Registration No : MH007151944 Lab No : 202403001105
Patient Episode : H18000001896 Collection Date : 09 Mar 2024 10:32
Referred By : HEALTH CHECK MGD Reporting Date : 10 Mar 2024 13:46
Receiving Date : 09 Mar 2024 10:32

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) Negative		

Technical note:

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

Page 2 of 2

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name	: ASHISH PAL	Age	: 32 Yr(s) Sex :Male
Registration No	: MH007151944	Lab No	: 202403001105
Patient Episode	: H18000001896	Collection Date	: 09 Mar 2024 10:32
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Mar 2024 12:55
Receiving Date	: 09 Mar 2024 10:32		

HAEMATOTOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.87	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.6	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	45.6	%	[40.0-50.0]
MCV (DERIVED)	93.6	fL	[83.0-101.0]
MCH (CALCULATED)	30.0	pg	[25.0-32.0]
MCHC (CALCULATED)	32.0	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.5	%	[11.6-14.0]
Platelet count	239	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	11.1		
WBC COUNT(TC) (IMPEDENCE)	5.38	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	56.0	%	[40.0-80.0]
Lymphocytes	34.0	%	[20.0-40.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	10.0	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: ASHISH PAL	Age	: 32 Yr(s) Sex :Male
Registration No	: MH007151944	Lab No	: 202403001105
Patient Episode	: H18000001896	Collection Date	: 09 Mar 2024 10:32
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Mar 2024 16:40
Receiving Date	: 09 Mar 2024 10:32		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.3	%	[0.0-5.6]
			As per American Diabetes Association (ADA) HbA1c in % Non diabetic adults >= 18years <5.7 Prediabetes (At Risk) 5.7-6.4 Diagnosing Diabetes >= 6.5
Estimated Average Glucose (eAG)	105	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 glyceemic 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	: ASHISH PAL	Age	: 32 Yr(s) Sex :Male
Registration No	: MH007151944	Lab No	: 202403001105
Patient Episode	: H18000001896	Collection Date	: 09 Mar 2024 12:42
Referred By	: HEALTH CHECK MGD	Reporting Date	: 10 Mar 2024 13:16
Receiving Date	: 09 Mar 2024 12:42		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

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

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	209 #	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	86	mg/dl	[<150]
			Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	58	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	17	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	134.0 #	mg/dl	[<120.0]
			Near/ Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio (Calculated)	3.6		<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

Above optimal-100-129



LABORATORY REPORT

Name	: ASHISH PAL	Age	: 32 Yr(s) Sex :Male
Registration No	: MH007151944	Lab No	: 202403001105
Patient Episode	: H18000001896	Collection Date	: 09 Mar 2024 10:32
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Mar 2024 12:13
Receiving Date	: 09 Mar 2024 10:32		

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	17.9	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	8.4	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.81	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	6.0	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	137.20	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.13	mmol/L	[3.60-5.10]
SERUM CHLORIDE	104.4	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	117.6	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	: ASHISH PAL	Age	: 32 Yr(s) Sex :Male
Registration No	: MH007151944	Lab No	: 202403001105
Patient Episode	: H18000001896	Collection Date	: 09 Mar 2024 10:32
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Mar 2024 12:13
Receiving Date	: 09 Mar 2024 10:32		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.74	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.15	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.59	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	6.90	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.63	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>	2.04		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	32.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	57.80	U/L	[17.00-63.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	111.0 #	IU/L	[32.0-91.0]
GGT	63.0 #	U/L	[7.0-50.0]



LABORATORY REPORT

Name : ASHISH PAL Age : 32 Yr(s) Sex : Male
Registration No : MH007151944 Lab No : 202403001105
Patient Episode : H18000001896 Collection Date : 09 Mar 2024 10:32
Referred By : HEALTH CHECK MGD Reporting Date : 09 Mar 2024 12:13
Receiving Date : 09 Mar 2024 10:32

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

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-----

Alka

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name	: ASHISH PAL	Age	: 32 Yr(s) Sex :Male
Registration No	: MH007151944	Lab No	: 202403001107
Patient Episode	: H18000001896	Collection Date	: 09 Mar 2024 10:32
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Mar 2024 12:13
Receiving Date	: 09 Mar 2024 10:32		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	86.0	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-----

Alka

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : ASHISH PAL Age : 32 Yr(s) Sex :Male
Registration No : MH007151944 Lab No : 202403001108
Patient Episode : H18000001896 Collection Date : 09 Mar 2024 16:35
Referred By : HEALTH CHECK MGD Reporting Date : 10 Mar 2024 12:51
Receiving Date : 09 Mar 2024 16:35

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen:Plasma
GLUCOSE, POST PRANDIAL (PP), 2 HOURS 116.0 mg/dl [80.0-140.0]
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

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

Dr. Charu Agarwal
Consultant Pathologist



NAME	, ASHISH PAL	STUDY DATE	09/03/2024 12:27PM
AGE / SEX	32 y / M	HOSPITAL NO.	MH007151944
ACCESSION NO.	R7022739	MODALITY	US
REPORTED ON	09/03/2024 2:26PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: appears normal in size (measures 114 mm) 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 85 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 86 x 31 mm.

Left Kidney: measures 93 x 43 mm. It shows a concretion measuring 3.3 mm at upper calyx.

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 36 x 25 x 25 mm with volume 12 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.

-Left renal concretion.

Recommend clinical correlation.



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

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



NAME	, ASHISH PAL	STUDY DATE	09/03/2024 10:58AM
AGE / SEX	32 y / M	HOSPITAL NO.	MH007151944
ACCESSION NO.	R7022738	MODALITY	CR
REPORTED ON	09/03/2024 3:18PM	REFERRED BY	HEALTH CHECK MGD

FINDINGS:

XR- CHEST PA VIEW

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*****

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

URN : MH007151944

OUTPATIENT RECORD

Hospital No:	MH007151944	Visit No:	H18000001896
Name:	ASHISH PAL	Age/Sex:	32 Yrs/Male
Doctor Name:	HEALTH CHECK MGD	Specialty:	HC SERVICE MGD
Date:	09/03/2024 10:14AM		

OPD Notes :

Restoration wrt 24 advised

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS -PHC
SYSTEMIC/ OPHTHALMIC HISTORY -NIL

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/6	6/6
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	18	17
FUNDUS EXAMINATION		
OPTIC DISC	C:D 0.6	C:D 0.75
MACULAR AREA	FOVEAL REFLEX PRESENT	FOVEAL REFLEX PRESENT

ADVISE / TREATMENT
GLAUCOMA PROFILE BE

HEALTH CHECK MGD

Manipal Health Enterprises Pvt. Ltd.

CIN: U85110KA2010PTC052540

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P +91 80 4936 0300 E info@manipalhospitals.com www.manipalhospitals.com**Eye Trust Clinic**
& DAY CARE CENTRE**Manipal Hospitals - Ghaziabad**

Helpline: 99996 51125

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