

Mediwheel <wellness@mediwheel.in>

Sat 3/9/2024 7:05 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 Female Below 40

Patient Package Name : Mediwheel Full Body Health Checkup Male Above 40

Contact Details : 9451903190

Appointment Date : 12-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 09:00 am - 09:30 am

Member Information		
Booked Member Name	Age	Gender
SHUBHAM SHARMA	36 year	Female

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

Please Download Mediwheel App



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Rachit Srivastava <rachit.2410@gmail.com>

Tue 3/12/2024 9:13 AM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>

You don't often get email from rachit.2410@gmail.com. [Learn why this is important](#)



for more info please call
Shubham

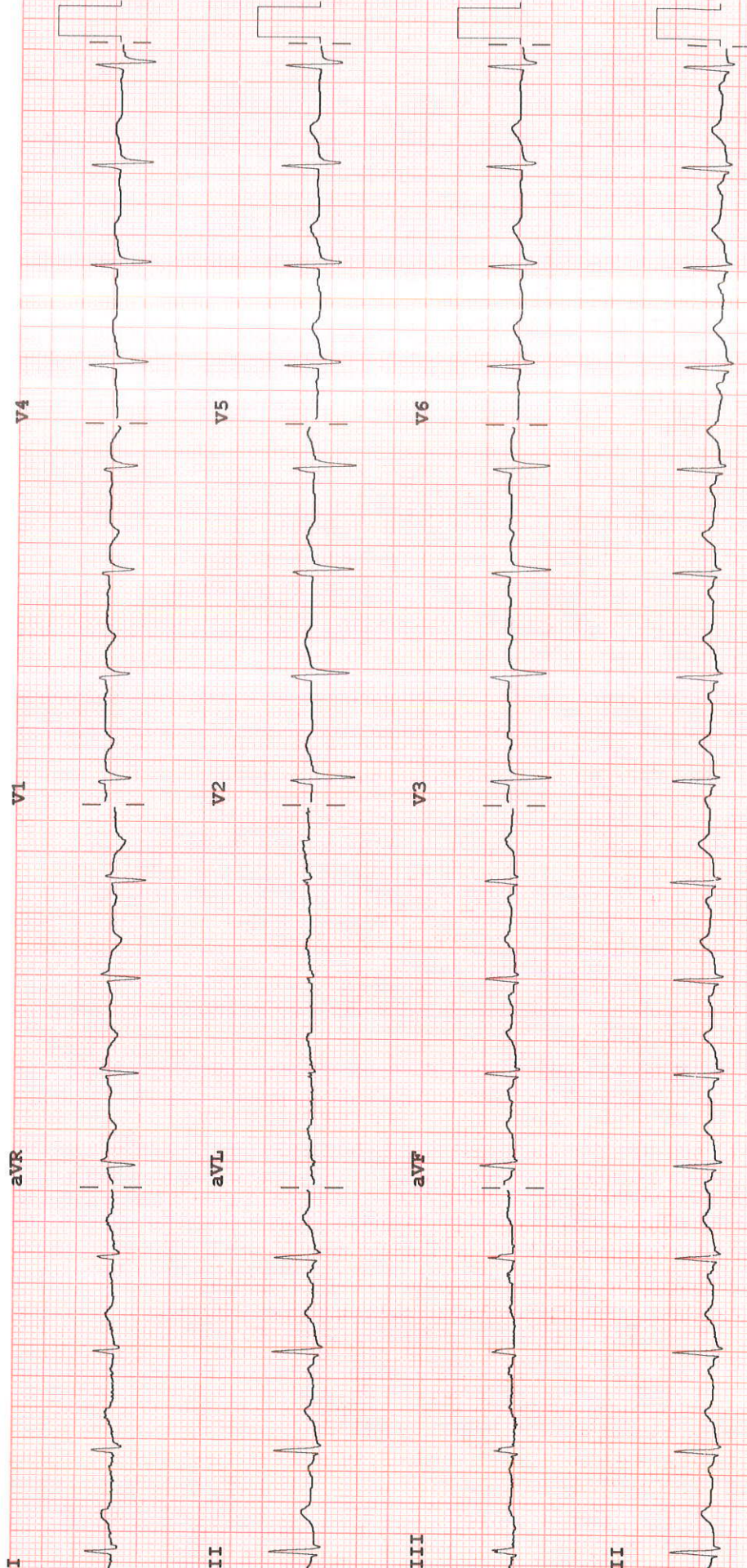
Thanks & Regards

Rachit Srivastava

"Holding on to anger is like grasping a hot coal with intent of throwing it at someone else, You are the one who gets burned : Buddha"

- NORMAL ECG -

Unconfirmed Diagnosis



Dev:

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

F 60~ 0.15-100 Hz

PH100B CL2P?



INVESTIGATION REPORT

Patient Name	MRS SHUBHAM SHARMA	Location	Ghaziabad
Age/Sex	36 Year(s)/Female	Visit No	: V00000000001-GHZB
MRN No	MH10820233	Order Date	:12/03/2024
Ref. Doctor	Dr. ABHISHEK SINGH	Report Date	:12/03/2024

Echocardiography

Final Interpretation

1. No RWMA, LVEF=60%.
2. Normal CCD.
3. No MR, No AR.
4. No TR, Normal PASP.
5. No intracardiac clot/mass/pericardial pathology.
6. IVC normal

Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal.
- **Tricuspid Valve:** It appears normal.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

Description:

- LV is normal size with normal contractility.

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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INVESTIGATION REPORT

Patient Name	MRS SHUBHAM SHARMA	Location	Ghaziabad
Age/Sex	36Year(s)/Female	Visit No	: V0000000001-GHZB
	MH10820233	Order Date	12/03/2024
Ref. Doctor	: Dr.ABHISHEK SINGH	Report Date	12/03/2024

Echocardiography

Measurements (mm):

	Observed values	Normal values
Aortic root diameter	28	20-36 (22mm/M ²)
Aortic valve opening	22	15-26
Left atrium size	30	19-40

	End Diastole	End Systole	Normal Values
Left ventricle size	46	29	(ED=37-50:Es=22-40)
Interventricular septum	11	11	(ED=6-12)
Posterior wall thickness	09	12	(ED=5-10)


LV Ejection Fraction (%)	60%	55%-80%
HR		

Color & Doppler evaluation

Valve	Velocity(cm/s)	Regurgitation
Mitral	E/A-93/70 DT-	Nil
Aortic	110	Nil
Tricuspid	20	Nil
Pulmonary	70	Nil

Dr. Bhupendra Singh
MD, DM (CARDIOLOGY), FACC
Sr. Consultant Cardiology

Dr. Sudhanshu Mishra
Cardiology Registrar


Dr. Abhishek Singh
MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology

Manipal Hospital, Ghaziabad
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Page 2 of 2

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**RADIOLOGY REPORT**

NAME	MRS Shubham SHARMA	STUDY DATE	12/03/2024 10:08AM
AGE / SEX	36 y / F	HOSPITAL NO.	MH010820233
ACCESSION NO.	R7038292	MODALITY	CR
REPORTED ON	12/03/2024 10:25AM	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 seen.

Please correlate clinically



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

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



NAME	MRS Shubham SHARMA	STUDY DATE	12/03/2024 9:27AM
AGE / SEX	36 y / F	HOSPITAL NO.	MH010820233
ACCESSION NO.	R7038293	MODALITY	US
REPORTED ON	12/03/2024 10:14AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS FINDINGS

LIVER: Liver is normal in size (measures 140 mm), shape and echotexture. Rest normal.
 SPLEEN: Spleen is normal in size (measures 80 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 95 x 28 mm.
 Left Kidney: measures 97 x 40 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.
 UTERUS: Uterus is anteverted, normal in size (measures 83 x 51 x 37 mm), shape and echotexture.
 Endometrial thickness measures 9.9 mm. Cervix appears normal.
 OVARIES: Right ovary is normal in size (measures 31 x 24 x 15 mm with volume 5.8 cc), shape and echotexture. Rest normal.
 Left ovary is normal in size (measures 29 x 27 x 26 mm with volume 10.4 cc) and shows a small well-defined cyst within with few reticulations within but with no calcification or abnormal vascularity within. It measures 23 x 19 x 19 mm with volume 4.3 cc. suggesting small hemorrhagic left ovarian cyst.
 BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Small hemorrhagic left ovarian cyst.

Recommend clinical correlation.



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

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



LABORATORY REPORT

Name : MRS SHUBHAM SHARMA
Registration No : MH010820233
Patient Episode : H18000001904
Referred By : HEALTH CHECK MGD
Receiving Date : 12 Mar 2024 09:21

Age : 36 Yr(s) Sex :Female
Lab No : 202403001552
Collection Date : 12 Mar 2024 09:21
Reporting Date : 12 Mar 2024 15:06

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	1.120	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	8.290	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.210	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 : MRS SHUBHAM SHARMA
Registration No : MH010820233
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Referred By : HEALTH CHECK MGD
Receiving Date : 12 Mar 2024 09:21

Age : 36 Yr(s) Sex :Female
Lab No : 202403001552
Collection Date : 12 Mar 2024 09:21
Reporting Date : 12 Mar 2024 18:50

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	O Rh(D) Positive		

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 : MRS SHUBHAM SHARMA
Registration No : MH010820233
Patient Episode : H18000001904
Referred By : HEALTH CHECK MGD
Receiving Date : 12 Mar 2024 09:21

Age : 36 Yr(s) Sex :Female
Lab No : 202403001552
Collection Date : 12 Mar 2024 09:21
Reporting Date : 12 Mar 2024 15:17

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)			
RBC COUNT (IMPEDENCE)	4.12	millions/cumm	[3.80-4.80]
HEMOGLOBIN	11.6 #	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	37.3	%	[36.0-46.0]
MCV (DERIVED)	90.5	fL	[83.0-101.0]
MCH (CALCULATED)	28.2	pg	[25.0-32.0]
MCHC (CALCULATED)	31.1 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	14.3 #	%	[11.6-14.0]
Platelet count	277	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	11.6		
WBC COUNT (TC) (IMPEDENCE)	7.44	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	68.0	%	[40.0-80.0]
Lymphocytes	21.0	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	49.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

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Receiving Date : 12 Mar 2024 09:21

Age : 36 Yr(s) Sex :Female
Lab No : 202403001552
Collection Date : 12 Mar 2024 09:21
Reporting Date : 12 Mar 2024 18:36

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.1	%	[0.0-5.6]
Method: HPLC			
			As per American Diabetes Association (ADA)
			HbA1c in %
			Non diabetic adults ≥ 18 years < 5.7
			Prediabetes (At Risk) 5.7-6.4
			Diagnosing Diabetes ≥ 6.5
Estimated Average Glucose (eAG)	100	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 glycemic control.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	8.0	(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)



Name : MRS SHUBHAM SHARMA
Registration No : MH010820233
Patient Episode : H18000001904
Referred By : HEALTH CHECK MGD
Receiving Date : 12 Mar 2024 09:55

Age : 36 Yr(s) Sex :Female
Lab No : 202403001552
Collection Date : 12 Mar 2024 09:55
Reporting Date : 12 Mar 2024 18:35

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	1-2 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	4-6 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	188	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GFO/POD)	119	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)	24	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	106.0	mg/dl	[<120.0]
			Near/
Above optimal-100-129			Borderline High:130-159
			High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	3.2		<4.0 Optimal
			4.0-5.0 Borderline
			>6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.8		<3 Optimal
			3-4 Borderline
			>6 High Risk



LABORATORY REPORT

Name : MRS SHUBHAM SHARMA
Registration No : MH010820233
Patient Episode : H18000001904
Referred By : HEALTH CHECK MGD
Receiving Date : 12 Mar 2024 09:21

Age : 36 Yr(s) Sex :Female
Lab No : 202403001552
Collection Date : 12 Mar 2024 09:21
Reporting Date : 12 Mar 2024 10:53

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	16.8	mg/dl	[15.0-40.0]
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Method: GLDH, Kinatic assay

BUN, BLOOD UREA NITROGEN	7.9 #	mg/dl	[8.0-20.0]
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Method: Calculated

CREATININE, SERUM	0.71	mg/dl	[0.70-1.20]
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Method: Jaffe rate-IDMS Standardization

URIC ACID	4.6	mg/dl	[4.0-8.5]
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Method:uricase PAP

SODIUM, SERUM	134.30 #	mmol/L	[136.00-144.00]
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POTASSIUM, SERUM	4.56	mmol/L	[3.60-5.10]
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SERUM CHLORIDE	102.0	mmol/L	[101.0-111.0]
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Method: ISE Indirect

eGFR (calculated)	109.9	ml/min/1.73sq.m	[>60.0]
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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.



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Age : 36 Yr(s) Sex :Female
Lab No : 202403001552
Collection Date : 12 Mar 2024 09:21
Reporting Date : 12 Mar 2024 10:53

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.63	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.12	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.51	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	6.70	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.22	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	2.50	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.70		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	23.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	8.00 #	U/L	[14.00-54.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC</i>	109.0 #	IU/L	[32.0-91.0]
GGT	13.0	U/L	[7.0-50.0]



LABORATORY REPORT

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Patient Episode : H18000001904
Referred By : HEALTH CHECK MGD
Receiving Date : 12 Mar 2024 09:21

Age : 36 Yr(s) Sex :Female
Lab No : 202403001552
Collection Date : 12 Mar 2024 09:21
Reporting Date : 12 Mar 2024 10:53

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.

Page 6 of 8

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MRS SHUBHAM SHARMA
Registration No : MH010820233
Patient Episode : H18000001904
Referred By : HEALTH CHECK MGD
Receiving Date : 12 Mar 2024 09:21

Age : 36 Yr(s) Sex :Female
Lab No : 202403001553
Collection Date : 12 Mar 2024 09:21
Reporting Date : 12 Mar 2024 15:13

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	93.0	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



Name : MRS SHUBHAM SHARMA
Registration No : MH010820233
Patient Episode : H18000001904
Referred By : HEALTH CHECK MGD
Receiving Date : 12 Mar 2024 12:45

Age : 36 Yr(s) Sex :Female
Lab No : 202403001554
Collection Date : 12 Mar 2024 12:45
Reporting Date : 12 Mar 2024 13:40

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	145.0 #	mg/dl	[80.0-140.0]

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



HEALTH CHECK RECORD

Hospital No: MH010820233	Visit No: H18000001904
Name: MRS SHUBHAM SHARMA	Age/Sex: 36 Yrs/Female
Doctor Name: DR. ANANT VIR JAIN	Specialty: HC SERVICE MGD
Date: 12/03/2024 12:15PM	

BP Systolic: 114 mmHg	BP Diastolic: 68 mmHg	Pulse Rate: 98beats per minute
Saturation(Oxygen): 97%	Height: 155cm	Weight : 59.7kg
BMI: 24.85	Pain Score: 00	Fall Risk: 01
Vulnerable: 01		

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS - HEALTH CHECK UP
SYSTEMIC/ OPHTHALMIC HISTORY -NIL
NO FAMILY H/O GLAUCOMA

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

POWER OF GLASS
Right eye: -1.25 Dsp /-0.50 Dcyl x160 degree 6/6
Left eye:-1.75 Dsp 6/6

ADVISE / TREATMENT
E/D AQUALINA 4 TIMES DAILY BE
REVIEW AFTER 6 MONTHS

DR. ANANT VIR JAIN
"MBBS,MS (Ophthalmogy)"
Reg. No.: 18126