

24X7 {Helpline - 7835 999 444 , 7835 999 555}

Patient Name : Mrs. NIHA TYAGI [UHIDNO:FHP30107216012024]
Age / Gender : 30 Yr / Female
Address : FLAT-C1203, AMRAPALI SECT-CHAI FAI GR NOIDA, Gautam Buddha Nagar, UTTAR PRADESH
Req. Doctor: Dr. CHARU YADAV
Regn. ID: OPD.23-24-113052

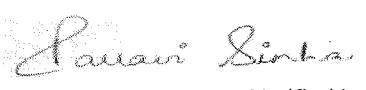
CYTOLOGY

Request Date : 16-01-2024 01:54 PM **Reporting Date :** 17-01-2024 09:40 AM
Collection Date : 16-01-2024 03:29 PM [CY30] **Reporting Status :** Finalized
Acceptance Date : 16-01-2024 03:29 PM | **TAT:** 18:11 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
PAP SMEAR				
Cytology No.	CY - 30			
SPECIMEN ADEQUACY:				
> SATISFACTORY FOR EVALUATION.				
> TRANSFORMATION ZONE COMPONENT/ ENDOCERVICAL CELLS SEEN.				
INTERPRETATION:				
> EPITHELIAL CELL ABNORMALITY , SQUAMOUS.				
> ATYPICAL SQUAMOUS CELL , UNDETERMINED SIGNIFICANCE (ASC - US) -FEW ATYPICAL CELLS WITH ENLARGED NUCLES & HYERCHROMASIA SEEN & FEW SHOWS BINUCLEATION AND MULTINUCLEATION.				
> COMMENT - HIGH RISK HPV (HR - HPV) TESTING IS SUGGESTED.				

END OF REPORT.

Prepared By
ABHISHEK RATHI


Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)

Printed By :ASHISH SAINI

Printed On:

Up to **15%** Discount on Medicines Purchase from Felix Pharmacy
फेलिक्स फार्मसी से दवाओं की खरीद पर 15% की छूट*

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• 24X7 Emergency • Ambulance • Pharmacy • Lab • Blood Bank

This is not for Medico Legal purpose

24X7 {Helpline - 7835 999 444 , 7835 999 555}

Patient Name : Mrs. NIHA TYAGI, [UHIDNO:FHP30107216012024]
Age / Gender : 30 Yr / Female
Address : FLAT-C1203, AMRAPALI SECT-CHAI FAI GR NOIDA, Gautam Buddha Nagar, UTTAR PRADESH
Req. Doctor: Dr. ANSHUMALA SINHA
Regn. ID: OPD.23-24-112847


BIOCHEMISTRY

Request Date : 16-01-2024 09:17 AM **Reporting Date :** 16-01-2024 03:11 PM
Collection Date : 16-01-2024 02:03 PM [BI2595] **Reporting Status :** Finalized
Acceptance Date : 16-01-2024 02:03 PM | **TAT:** 01:08 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
BLOOD SUGAR POST PRONDIAL (BSPP) <i>Performed On; DIASYS SYS400 PRO</i>	86.00	mg/dL	80.00 - 140.00 (Age = 100)	
<i>Please correlate clinically</i>				

END OF REPORT.

Prepared By
SURAJ KUMAR


Verified by
Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

Printed By : ASHISH SAINI

Printed On:

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CLINICAL PATHOLOGY

Request Date : 16-01-2024 09:17 AM **Reporting Date :** 16-01-2024 12:42 PM
Collection Date : 16-01-2024 11:11 AM[CLP10931] **Reporting Status :** Finalized
Acceptance Date : 16-01-2024 11:12 AM | **TAT:** 01:30 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
URINE ROUTINE AUTOMATED				
VOLUME	30	ML	>10	
COLOUR	PALE YELLOW		PALE YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY (pKA CHANGE)	1.020		1.005 - 1.030	
pH (DOUBLE INDICATOR)	6.0		5.00 - 8.50	
URINE PROTEIN (PROTEIN ERROR/ 3% SULPHOSALICYLIC ACID)	NIL		NIL	
GLUCOSE (GOD-POD/ BENEDICTS)	NIL		NIL	
MICROSCOPIC EXAMINATION				
PUS CELLS	2-4	/HPF	0.0-3.0	
RBC	NIL	/HPF	NIL	
CASTS	ABSENT		ABSENT	
CRYSTALS	ABSENT		ABSENT	
EPITHELIAL CELLS	6-8	/HPF	F 0.00 - 5.00	
BACTERIA	ABSENT		ABSENT	
OTHER	ABSENT			

Please correlate clinically

END OF REPORT.



Prepared By
KAMAL KISHOR MANDAL

Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)

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IMMUNOLOGY

Request Date : 16-01-2024 09:17 AM **Reporting Date :** 16-01-2024 12:20 PM
Collection Date : 16-01-2024 09:27 AM[IMMU31707] **Reporting Status :** Finalized
Acceptance Date : 16-01-2024 09:28 AM | **TAT:** 02:52 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
THYROID PROFILE TOTAL(T3,T4,TSH)				CLIA
Total T3	1.76	nmol/L	1.11 - 2.29 (Age 0 - 100)	
Total T4	103.75	nmol/L	62.00 - 201.40 (Age 0 - 100)	
TSH	1.06	µIU/mL	0.38 - 5.33 (Age 0 - 100)	

Performed On: ACCESS 2 (BECKMAN COULTER)

1. A circadian variation in serum TSH in healthy subjects is well documented. TSH level is reaching peak levels between 2-4 am and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the value of TSH.
2. TSH levels between 6.3 and 15.0 may represent subclinical or compensated hypothyroidism or show considerable physiological & seasonal variation, suggest clinical correlation or repeat testing with fresh sample.
3. TSH levels may be transiently altered because of non-thyroid illness, like severe infection, renal disease, liver disease, heart disease, severe burns, trauma, surgery etc. Few drugs also altered the TSH values.
4. A high TSH result often means an underactive thyroid gland caused by failure of the gland (hypothyroidism). A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH.
5. Resistance to thyroid hormone (RTH) and central hyperthyroidism (TSH-oma) are rare conditions associated with elevated TSH, T4 and T3 levels.

Performed on: ACCESS 2 (BECKMAN COULTER)

END OF REPORT.

Pallavi Sinha

Prepared By
PRANJALI RAI

Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)

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HAEMATOLOGY

Request Date : 16-01-2024 09:17 AM **Reporting Date :** 16-01-2024 10:50 AM
Collection Date : 16-01-2024 09:27 AM[HA1914] **Reporting Status :** Finalized
Acceptance Date : 16-01-2024 09:28 AM | **TAT:** 01:22 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
Blood Group (RH Type)				
Blood Group	B			Forward Grouping Method
Rh Type	POSITIVE			Forward Grouping Method

Method- Forward & Reverse Grouping (Tube Agglutination)

END OF REPORT.

Prepared By
ABHISHEK RATHI



Verified by
Dr. PALLAVI SINHA
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(PATHOLOGY)

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HAEMATOLOGY

Request Date : 16-01-2024 09:17 AM **Reporting Date :** 16-01-2024 11:21 AM
Collection Date : 16-01-2024 09:27 AM[HA1914] **Reporting Status :** Finalized
Acceptance Date : 16-01-2024 09:28 AM | **TAT:** 01:53 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
HAEMOGRAM (CBC & ESR)				
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*	13.10	gm/dL	12.00 - 15.00	
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*	6360	/cumm	4000.00 - 10000.00	
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*				
NEUTROPHIL	62.3	%	40.00 - 80.00	
LYMPHOCYTE	27.8	%	20.00 - 40.00	
MONOCYTE	6.7	%	2.00 - 10.00	
EOSINOPHIL	3.2	%	1.00 - 6.00	
BASOPHIL	0.0	%		
RBC (IMPEDEANCE)*	4.44	millions/cumm	3.80 - 5.80	
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*	39.3	%	36.00 - 46.00	
MCV(Calculated)*	88.5	fL	80.00 - 100.00	
MCH(Calculated)*	29.6	Picogram	27.00 - 32.00	
MCHC(Calculated)*	33.4	%	31.50 - 34.50	
PLATELET COUNT (IMPEDANCE)*	1.89	Lakh/cumm	1.50 - 4.00	
ESR(Westergren's Method)*	40	mm/hr	M 0 - 10 F 5 - 20	

Performed On: PENTRA ES60 (Horiba), 5-Part

END OF REPORT.

Prepared By
ABHISHEK RATHI

Pallavi Sinha

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BIOCHEMISTRY

Request Date : 16-01-2024 09:17 AM **Reporting Date :** 16-01-2024 10:34 AM
Collection Date : 16-01-2024 09:27 AM[B12531] **Reporting Status :** Finalized
Acceptance Date : 16-01-2024 09:28 AM | **TAT:** 01:06 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
LIPID PROFILE				
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*	192.2	mg/dL	Normal <200, Borderline High 200 - 240, High >240	
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*	74.4	mg/dL	Normal : <200, Borderline High: 200 - 400 High: >400 Very High : >650	
HDL -CHOLESTEROL PTA/ MgCl2- enzymatic*	48.1	mg/dL	Low <40, high ≥ 60	
LDL(Low density lipid) Calculated	129.22	mg/dL	Desirable ≤130, Borderline High Risk 130-160, High Risk >160	
VLDL(Very low density lipid) Calculated	14.88	mg/dL	16.00 - 45.00	
CHOL/HDL Ratio Calculated	4.00		3.00 - 6.00	
<i>Performed On: DIASYS SYS400 PRO</i>				
<i>Please correlate clinically</i>				
GGTP	23.5	U/L	F 0.00 - 38.00	KINETIC
<i>Performed On: DIASYS SYS400 PRO</i>				

END OF REPORT.

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SURAJ KUMAR


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BIOCHEMISTRY

Request Date : 16-01-2024 09:17 AM **Reporting Date :** 16-01-2024 10:34 AM
Collection Date : 16-01-2024 09:27 AM [BI2531] **Reporting Status :** Finalized
Acceptance Date : 16-01-2024 09:28 AM | **TAT:** 01:06 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
KIDNEY FUNCTION TEST(KFT)				
UREA (UREASE METHOD)*	21.7	mg/dL	F 15.00 - 40.00 (Age 20 Y - 50 Y)	
S.CREATININE (ENZYMATIC)*	0.62	mg/dL	F 0.51 - 0.95	
S.URIC ACID (URICASE, COLORIMETRY)*	4.3	mg/dL	F 2.60 - 6.00	
S.CALCIUM (ARSENZO DYE)*	9.6	mg/dL	8.60 - 10.30	Arsenazo III
S. SODIUM (DIRECT I.S.E.)*	140.0	mmol/L	137.00 - 145.00	
S. POTASSIUM (DIRECT I.S.E.)*	4.10	mmol/L	3.50 - 5.10	
S. PHOSPHORUS (PMA PHENOL)*	4.18	mg/dL	2.60 - 4.50	
S. CHLORIDE (DIRECT I.S.E)	106.0	mmol/L	98.00 - 107.00 (Age 0 - 100)	
<i>Performed On: DIASYS SYS400 PRO</i>				
LIVER FUNCTION TEST				
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*	0.34	mg/dL	Adult 0.10 - 1.20	
CONJUGATED(D.Bilirubin) (CALCULATED)	0.15	mg/dL	<= 0.20	
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)	0.19	mg/dL	Adult 0.00 - 1.00	
S.G.O.T (AST) (KINETIC LEUCO DYE)*	27.9	IU/L	F < 35.00	IFCC(Modified)
S.G.P.T (ALT) (KINETIC LDH/NADH)*	29.0	IU/L	F < 31.00	IFCC(Modified)
ALKALINE PHOSPHATASE (pNPP/AMP)*	99.2	IU/L	F 35.00 - 104.00	IFCC(Modified)
TOTAL PROTEIN (BIURET)*	8.1	gm/dL	Adult 6.60 - 8.80	
ALBUMIN (BROMOCRESOL GREEN)*	5.2	gm/dL	Adult 3.50 - 5.20	
GLOBULIN (CALCULATED)*	2.90	gm/dL	Adult 2.00 - 3.50	Calculated
A/G RATIO (CALCULATED)	1.79		1.00 - 2.10	
<i>Performed On: DIASYS SYS400 PRO</i>				
<i>Please correlate clinically</i>				

END OF REPORT.

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Req. Doctor: Dr. ANSHUMALA SINHA
Regn. ID: OPD.23-24-112847

BIOCHEMISTRY

Request Date : 16-01-2024 09:17 AM **Reporting Date :** 16-01-2024 10:24 AM
Collection Date : 16-01-2024 09:27 AM [BI2533] **Reporting Status :** Finalized
Acceptance Date : 16-01-2024 09:28 AM | **TAT:** 00:56 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
GLYCOSYLATED HAEMOGLOBIN (Hb A1c)	4.80	%		
<i>(Method:HPLC Assay)</i>				
<i>Ref. Range for HBA1c</i>				
<i>Non Diabetic:< 5.7 %</i>				
<i>Pre-Diabetic: 5.7 - 6.5 %</i>				
<i>Diabetic: > 6.5 %</i>				
<i>Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are <18 years of age.</i>				
<i>HbA1c goals in treatment of diabetes:</i>				
<i>Ages 0-6 years: 7.6% - 8.4%</i>				
<i>Ages 6-12 years: <8%</i>				
<i>Ages 13-19 years: <7.5%</i>				
<i>Adults: <7%</i>				
<i>Comments:</i>				
<i>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 as compared to blood and urinary glucose determinations.</i>				
<i>(Note: If a person has anemia, hemolysis, or heavy bleeding, HbA1c test results may be falsely low. If someone is iron-deficient, the HbA1c level may be increased. If a person has had a recent blood transfusion, the HbA1c may be inaccurate and may not accurately reflect glucose control for 2 to 3 months.)</i>				
<i>ADA criteria for correlation between HbA1c & Mean plasma glucose levels:</i>				
<i>HbA1c(%): 6 7 8 9 10 11 12</i>				
<i>Mean Plasma Glucose: 126 154 183 212 240 269 298</i>				
<i>(mg/dL)</i>				
<i>Please correlate clinically</i>				

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 END OF REPORT

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BIOCHEMISTRY

Request Date : 16-01-2024 09:17 AM
Collection Date : 16-01-2024 09:27 AM[B12532]
Acceptance Date : 16-01-2024 09:28 AM | **TAT:** 00:46 [HH:MM]
Reporting Date : 16-01-2024 10:14 AM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
BLOOD SUGAR FASTING (BSF) <i>Performed On: DIASYS SYS400 PRO</i>	84.00	mg/dL	74.00 - 110.00 (Age = 100)	

Please correlate clinically

END OF REPORT.

Prepared By
KAMAL KISHOR MANDAL

Pallavi Sinha

Verified-by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)

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Regn. Number: OPD.23-24-112847

Request Date : 16-01-2024 09:17 AM

Reporting Date : 16-01-2024 01:18 PM

Report Status : Finalized

ECHO COLOUR DOPPLER

INDICATIONS		SOB	
IMAGE QUALITY	GOOD	VIEWS	PLAX,PSAX,AP4CH,AP2CH

REPORT :-

MEASUREMENTS	ABSOLUTE VALUE				NORMAL VALUE	DOPPLER	ABSOLUTE VALUE	NORMAL VALUE
Aortic Root Diameter (mm)	26				23-34	Mitral E velocity	0.75m/sec	0.6-1.3 m/s
Aortic valve excursion (mm)	18				>16	Mitral A velocity	0.51m/sec	0.2-0.7 m/s
Left Atrial Dimension (mm)	29				25-40	Mitral E/A ratio	1.47	1-2
Left Ventricular ED Dimension (mm)	44				39-53	Mitral DT	177msec	160-240 msec
Left Ventricular ES Dimension (mm)	26				23-36	TAPSE	19 mm	≥16 mm
Interventricular Septal Thickness (mm)	ED	08	ES	14	6-11	Peak Aortic velocity	1.18 m/sec	1.0-1.7 m/s
Left Ventricular PW Thickness (mm)	ED	09	ES	17	6-11	Peak LVOT velocity	-	0.7-1.1 m/s
EPSS (mm)	5 mm				<5	MV P ½ Time	-	msec
FS% (mm)	30 %				27-45%	Aortic P ½ Time	-	>500 msec
LV Ejection Fraction (mm)	60 % ± 3%				>55%	Peak Pulmonary Velocity	0.49m/sec	0.5-1.3 m/s

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CONCLUSION :

- No RWMA with **LVEF : 60%**.
- Normal cardiac chambers dimensions.
- Normal RV Size and systolic function.
- Trace MR & Trace TR - (PASP - Normal).
- No LVDD.
- IVC is not dilated and greater than 50% collapsible.
- No Clot/vegetation/pericardial effusion is noted.

IMPRESSION :

NORMAL ECHO STUDY.

END OF REPORT

Dr. SYED ZAFRUL HASAN

MBBS, PGDCC, ACMDC, DFM (U.K)

(Associate Consultant)

Consultation Charges valid till 3 days

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Reg. No.: OPD.23-24-112847

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Printed By: KRITAGYA
18-01-2024 01:37 PM

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Patient Name: Mrs. NIHA TYAGI / UHIDNO:FHP30107216012024
Age / Gender: 30 Yr /Female
Address: FLAT-C1203, AMRAPALI SECT-CHAI FAI GR NOIDA, Gautam Buddha Nagar,
UTTAR PRADESH
Req. Doctor: Dr. ANSHUMALA SINHA
Regn. Number: OPD.23-24-112847

Request Date : 16-01-2024 09:17 AM

Reporting Date : 17-01-2024 01:17 PM

Report Status : Finalized

X-RAY CHEST PA VIEW WITH COMPUTED RADIOGRAPHY

No focal lesion seen in the lung parenchyma.
Costophrenic angles and domes of the diaphragm are normal.
Both hila are normal. Pulmonary vasculature is normal.
Cardiac size and configuration is normal.
Trachea is central; no mediastinal shift is seen.
Bony thorax and soft tissues of the chest wall are normal.
IMPRESSION: No abnormality detected.

Advise: Clinical correlation.

END OF REPORT

Dr. PRIYANKA GUPTA
MBBS, MD (Radio Diagnosis)
P.D.C.C Breast Imaging (AIIMS)
P.D.C.C Gastro Radiology (AIIMS)
Consultant Interventional Radiology

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24X7 {Helpline - 7835 999 444 , 7835 999 555}

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Address: FLAT-C1203, AMRAPALI SECT-CHAI FAI GR NOIDA, Gautam Buddha Nagar,
UTTAR PRADESH
Req. Doctor: Dr. ANSHUMALA SINHA
Regn. Number: OPD.23-24-112847

Request Date : 16-01-2024 09:17 AM

Reporting Date : 16-01-2024 11:06 AM
Report Status : Finalized

ULTRASOUND WHOLE ABDOMEN FEMALE

Liver is normal in size, shape and shows homogenous echopattern. No focal lesion is seen. Intrahepatic biliary radicles and venous channels appear normal.

Gall bladder is distended and shows smooth walls and the lumen is echofree. CBD is not dilated.

Pancreas is normal in size, shape and echotexture.

Spleen is normal in size and echotexture.

Both kidneys are normal in size, shape and echopattern. Cortico-medullary differentiation and parenchymal thickness is well maintained. No evidence of any pelvicalyceal separation is seen. Right kidney measures 99 mm. Left kidney measures 102 mm.

No evidence of fluid in peritoneal cavity.

Urinary bladder is normal in distensibility and wall thickness. The lumen is echofree.

Uterus is anteverted and normal in size. Myometrial echoes are homogeneous. Endometrium thickness is 9.0 mm.

Both ovaries are normal in size, shape and echotexture.

Cul-de-sac is clear.

IMPRESSION: No significant abnormality detected.

Advice: Clinical Correlation.

END OF REPORT

DR. NANCY JINDAL
SR. CONSULTANT RADIOLOGIST
MBBS, MD RADIODIAGNOSIS

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Mrs. NIHA TYAGI / UHIDNO:FHP30107216012024
Reg. No.: OPD.23-24-112847

This is not for Medico Legal purpose

Page 1 of 1
Printed By: ANKIT
18-01-2024 01:21 PM

ID: 14 CASE:

AGE: Y M D K9

MRS Nihy Tggy

Page - 20/12

FELIX HOSPITAL
SEC 137 NOIDA

17/01/2024 00:24:08

RATE : 97 bpm SINUS RHYTHM

R-R : 689 ms

P-R : 144 ms

QRS : 80 ms

QT : 364 ms

QTc : 411 ms

--AXIS--

P : 52°

QRS : 70°

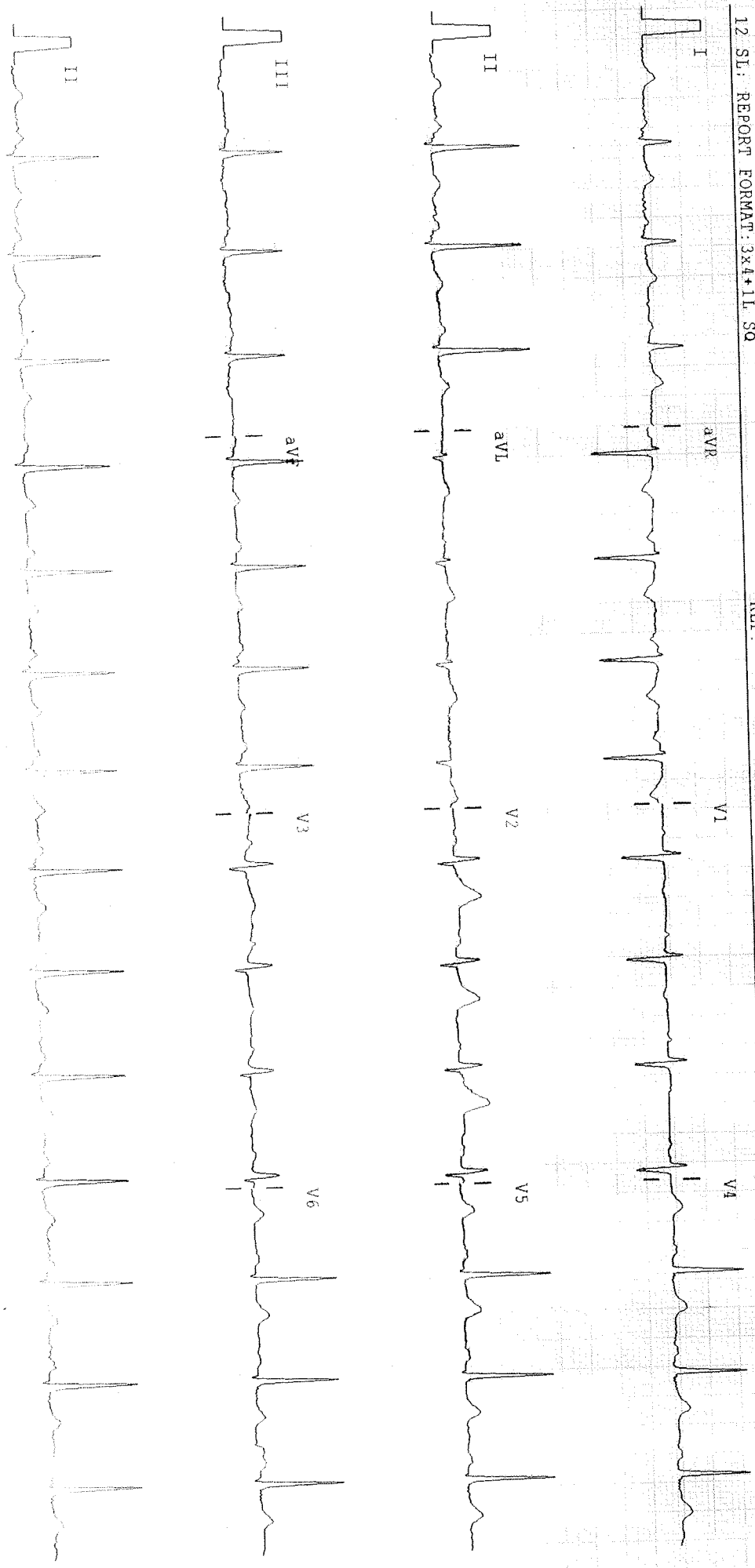
T : 19°

NORMAL ECG

12 SL: REPORT FORMAT: 3x4+1L SQ

REF:

DR. DR RAHUL ARORA





Felix Hospital

Sector-137, Expressway, Noida-201305
Email : info@felixhospital.com | Visit us : www.felixhospital.com



24X7 {Helpline - 7835 999 444 , 7835 999 555}

Mrs. Nina Tyagi 30yr/F
16/01/24

Routine check up

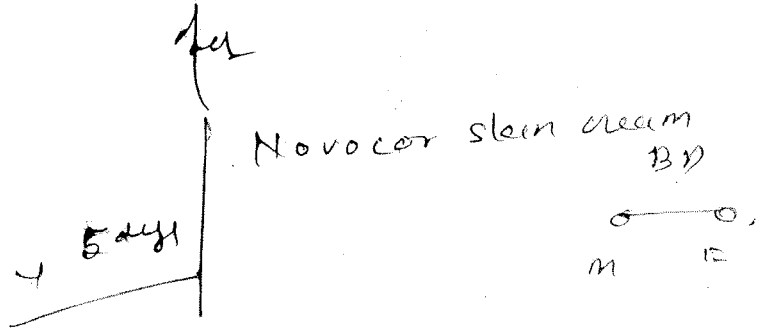
Ear: DAC -> degree ⊕

TM -> intact
TFT -> well

Nose



Good case -> well



Dr. Kunwar Parvez
MBBS, MS, (ENT)
Reg. No.: DMC-84824

15%

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MC-5075



H-2016-0402

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NIHA TYAGI 30/F 16/1/24

with LCB 1 1/2 yrs back
for Health Check
MP - 4 days back

PA - soft Pflscan (+)

P/S - Cx vagina (n)

P/V - ~~♀~~ ut (n) size

HP smear

Advice

taken

Review to PA P
Report

no active
intervention

Qady

Up to **15%**

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24X7 {Helpline - 7835 999 444 , 7835 999 555}

Patient : Mrs. NIHA TYAGI [UHIDNO:FHP30107216012024]

Date : 16-01-2024

Age / Occupation: 30 Yr

Address : FLAT-C1203, AMRAPALI SECT-CHAI FAI GR NOIDA, Gautam Buddha Nagar, UTTAR PRADESH

6/18 → 6/6 MB
6/12 → 6/6 MB

4. Routine Exam

no glare 6/6
6/6

AR < -0.50 DS / -0.75 DC x 94'
-0.25 DS / -0.50 DC x 61

Ad: -

color vision ✓ WNL

no acute meninges

Oxyite Plus
1 cap 1 month

Dr. Deepanjali Arya
MS, DNB, FSCCH
Consultant Ophthalmologist
Construction and Ocular
MC-8187
137, Noida

15%

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Patient Balance Amt 0 00 - Zero

(All figures are in Rupees (INR))

Remarks:

SHUBHAMIKK

SHUBHAMIKK

Prepared By

16-01-2024 1.55 PM

Printed By

100% Routine Examination
H100% - wearing glass since 10 yr

Refraction: R - 0.50 D Sph - 0.75 X Cyl 90°
L - 0.25 D Sph - 0.50 X Cyl 180°

Wearing 2/100%
Wearing 2/100%
Wearing 2/100%

2/6 KE

Wearing 2/100%

Dr. DEEPANJALI ARYA