

Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

Sat 2/24/2024 10:24 AM

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



011-41195959

Hi **Manipal Hospital,**

We have received the confirmation for the following booking. Please provide your confirmation by clicking on the yes and no button.

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

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

Package Code : PKG10000476

Contact Details : 9410231897

Email : rajkumar68bob@gmail.com

Booking Date : 06-02-2024

Appointment
Date : 24-02-2024

Confirmation
Status : Booking Confirmed

Preferred Time : 8:00am

Member Information

Booked Member Name	Age	Gender
MR. RAJKUMAR	55 year	Male

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

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राजकुमार
Rajkumar
जन्म तिथि / DOB : 10/07/1968
पुरुष / Male



4163 8730 6448

- आम आदमी का अधिकार

Charan

Unique Identification Authority of India

पता:

आरमज. चरण सिंह, वॉर्ड नं 6, डिपो
रोड, नगर पंचायत बाबूगढ़, जिला
हापुड़, सिमरौली, गाजियाबाद, बाबूगढ़,
उत्तर प्रदेश, 245201

Address:

S/O: Charan Singh, ward no 6,
dipo road, nagar panchayat
babugarh, jila hapud, Simrauli,
Ghaziabad, Babugarh, Uttar
Pradesh, 245201

4163 8730 6448

1947
1800 300 1947

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INVESTIGATION REPORT

Patient Name	MR RAJKUMAR	Location	Ghaziabad
Age/Sex	55Year(s)/male	Visit No	: V00000000001-GHZB
MRN No	MH011726095	Order Date	:24/02/2024
Ref. Doctor	Dr. BHUPENDRA SINGH	Report Date	:24/02/2024

Echocardiography

Final Interpretation

1. No RWMA, LVEF=55%.
2. Mild concentric LVH.
3. Grade II LV diastolic dysfunction.
4. No MR, No AR.
5. Trivial TR, Normal PASP.
6. No intracardiac clot/mass/pericardial pathology.
7. 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 MR RAJKUMAR	Location	Ghaziabad
Age/Sex 55Year(s)/male	Visit No	: V0000000001-GHZB
Ref. Doctor : Dr.BHUPENDRA SINGH	Order Date	24/02/2024
	Report Date	24/02/2024

Echocardiography

Measurements (mm):


	Observed values	Normal values
Aortic root diameter	36	20-36 (22mm/M ²)
Aortic valve opening	20	15-26
Left atrium size	34	19-40

	End Diastole	End Systole	Normal Values
Left ventricle size	45	32	(ED=37-56:Es=22-40)
Interventricular septum	11	14	(ED=6-12)
Posterior wall thickness	11	15	(ED=5-10)

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

Color & Doppler evaluation

Valve	Velocity(cm/s)	Regurgitation
Mitral	E/A-73/75 DT-	Nil
Aortic	122	Nil
Tricuspid	34	Trivial
Pulmonary	74	Nil


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

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

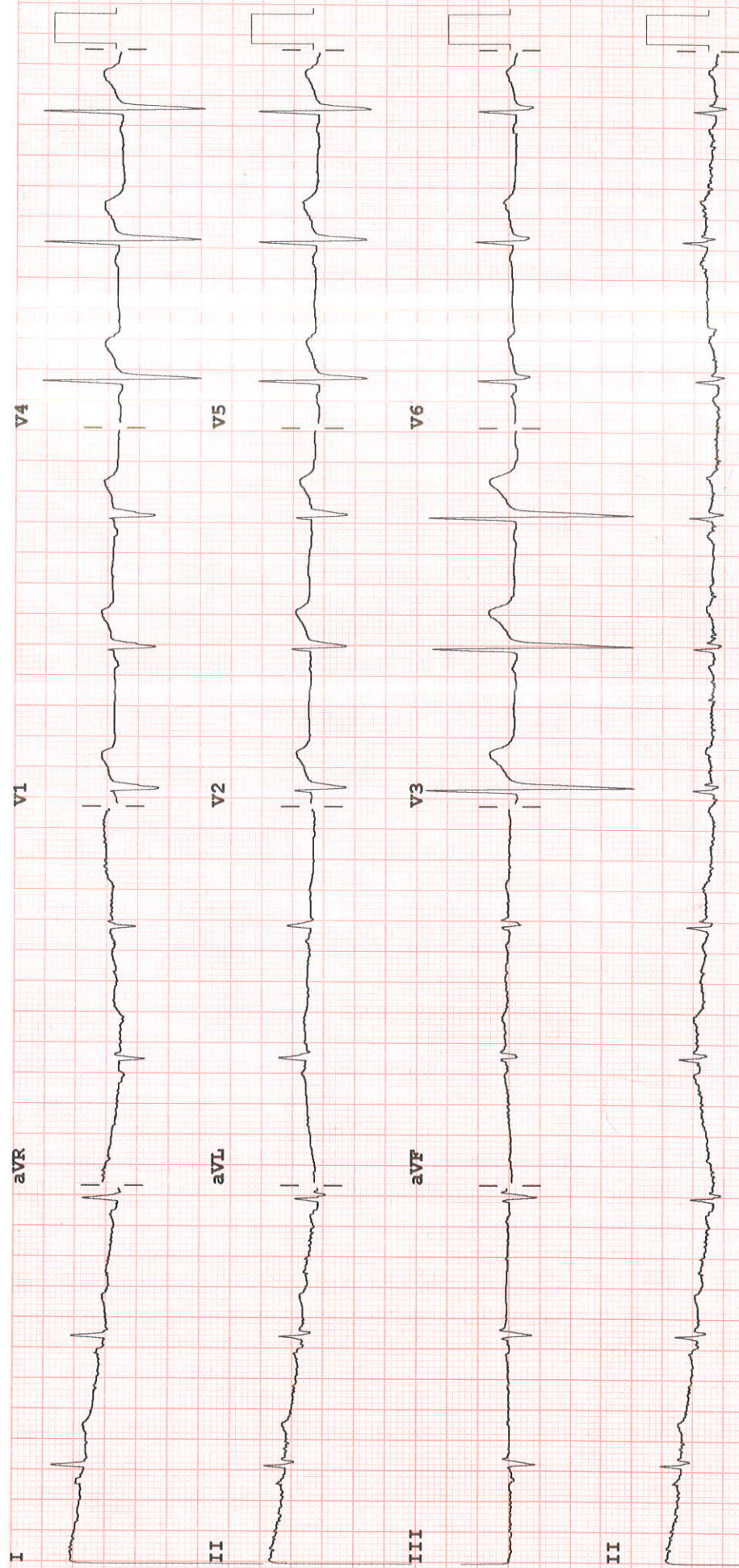
Dr. Sudhanshu Mishra
 Cardiology Registrar

Manipal Hospital, Ghaziabad
 NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002
 P : 0120-3535353

(Raj Kumar)

- OTHERWISE 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 CL P?

**RADIOLOGY REPORT**

NAME	MR Raj KUMAR	STUDY DATE	24/02/2024 12:57PM
AGE / SEX	55 y / M	HOSPITAL NO.	MH011726095
ACCESSION NO.	R6939707	MODALITY	US
REPORTED ON	24/02/2024 2:19PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears normal in size (measures 132 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 91 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 10 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 93 x 36 mm. It shows a concretion measuring 2.6 mm at mid calyx.

Left Kidney: measures 92 x 46 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.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 44 x 32 x 26 mm with volume 19 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.

-Right renal concretion.

Recommend clinical correlation.



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

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



RADIOLOGY REPORT

NAME	MR Raj KUMAR	STUDY DATE	24/02/2024 11:05AM
AGE / SEX	55 y / M	HOSPITAL NO.	MH011726095
ACCESSION NO.	R6939706	MODALITY	CR
REPORTED ON	24/02/2024 11:15AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Bronchovascular markings appear prominent.
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: Prominent
AORTA: Unfolding of Aorta is seen with aortic knuckle calcification. Rest normal.
THORACIC SPINE: Degenerative changes are seen in the dorsal spine.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

Prominent bronchovascular and bilateral hilar markings .
Degenerative changes seen in the dorsal spine.
Recommend clinical correlation.

Monica

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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



LABORATORY REPORT

Name	: MR RAJ KUMAR	Age	: 55 Yr(s) Sex :Male
Registration No	: MH011726095	Lab No	: 202402004097
Patient Episode	: H18000001835	Collection Date	: 24 Feb 2024 10:43
Referred By	: HEALTH CHECK MGD	Reporting Date	: 25 Feb 2024 13:13
Receiving Date	: 24 Feb 2024 10:43		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	0.920	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	5.980	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	4.130	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	: MR RAJ KUMAR	Age	: 55 Yr(s) Sex :Male
Registration No	: MH011726095	Lab No	: 202402004097
Patient Episode	: H18000001835	Collection Date	: 24 Feb 2024 10:43
Referred By	: HEALTH CHECK MGD	Reporting Date	: 25 Feb 2024 13:12
Receiving Date	: 24 Feb 2024 10:43		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Specimen Type : Serum

PROSTATE SPECIFIC ANTIGEN (PSA-Total):	0.910	ng/mL	[<3.500]
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Method :ELFA

- Note :1.This is a recommended test for detection of prostate cancer along with Digital Recta Examination (DRE) in males above 50 years of age .
 damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.
 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
 3. PSA levels may appear consistently elevated / depressed due to the interference by hetero antibodies & nonspecific protein binding
 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massag indwelling catheterization, and ultrasonography and needle biopsy of prostate is not recomme as they falsely elevate levels
 5. PSA values regardless of levels should not be interpreted as absolute evidence of the pre or absence of disease. All values should be correlated with clinical findings and results of other investigations
 6. Sites of Non - prostatic PSA production are breast epithelium, salivary glands, peri - urethral & anal glands, cells of male urethra && breast mil
 7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity

Recommended Testing Intervals

- * Pre-operatively (Baseline)
- * 2-4 days post-operatively
- * Prior to discharge from hospital
- * Monthly follow-up if levels are high or show a rising trend



LABORATORY REPORT

Name : MR RAJ KUMAR
Registration No : MH011726095
Patient Episode : H18000001835
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 10:43

Age : 55 Yr(s) Sex :Male
Lab No : 202402004097
Collection Date : 24 Feb 2024 10:43
Reporting Date : 24 Feb 2024 13:15

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	5.03	millions/cumm	[4.50-5.50]
HEMOGLOBIN	15.0	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	43.4	%	[40.0-50.0]
MCV (DERIVED)	86.3	fL	[83.0-101.0]
MCH (CALCULATED)	29.8	pg	[25.0-32.0]
MCHC (CALCULATED)	34.6 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	12.9	%	[11.6-14.0]
Platelet count	176	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	10.2		
WBC COUNT(TC) (IMPEDENCE)	5.07	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	58.0	%	[40.0-80.0]
Lymphocytes	30.0	%	[20.0-40.0]
Monocytes	10.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	24.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name : MR RAJ KUMAR
Registration No : MH011726095
Patient Episode : H18000001835
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 10:47

Age : 55 Yr(s) Sex : Male
Lab No : 202402004097
Collection Date : 24 Feb 2024 10:47
Reporting Date : 25 Feb 2024 13:35

CLINICAL PATHOLOGY

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	1.020	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	NORMAL	(NORMAL)

MICROSCOPIC EXAMINATION (Automated/Manual)

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



LABORATORY REPORT

Name : MR RAJ KUMAR
Registration No : MH011726095
Patient Episode : H18000001835
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 10:43

Age : 55 Yr(s) Sex : Male
Lab No : 202402004097
Collection Date : 24 Feb 2024 10:43
Reporting Date : 24 Feb 2024 13:59

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.6	%	[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)	114	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.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	212 #	mg/dl	[<200]
Method: Oxidase, esterase, peroxide			Moderate risk: 200-239 High risk: >240
TRIGLYCERIDES (GPO/POD)	105	mg/dl	[<150]
			Borderline high: 151-199 High: 200 - 499 Very high: >500
HDL- CHOLESTEROL	56.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	21	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	135.0 #	mg/dl	[<120.0]
			Near/ Borderline High: 130-159 High Risk: 160-189

Above optimal-100-129



Name : MR RAJ KUMAR
Registration No : MH011726095
Patient Episode : H18000001835
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 10:43

Age : 55 Yr(s) Sex : Male
Lab No : 202402004097
Collection Date : 24 Feb 2024 10:43
Reporting Date : 24 Feb 2024 12:20

BIOCHEMISTRY

TEST	RESULT	UNIT
T.Chol/HDL.Chol ratio (Calculated)	3.8	
LDL.CHOL/HDL.CHOL Ratio (Calculated)	2.4	

BIOLOGICAL REFERENCE INTERVAL

<4.0 Optimal
4.0-5.0 Borderline
>6 High Risk

<3 Optimal
3-4 Borderline
>6 High Risk

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	22.6	mg/dl	[15.0-40.0]
UREA Method: GLDH, Kinatic assay	10.6	mg/dl	[8.0-20.0]
BUN, BLOOD UREA NITROGEN Method: Calculated	0.83	mg/dl	[0.70-1.20]
CREATININE, SERUM Method: Jaffe rate-IDMS Standardization	8.6 #	mg/dl	[4.0-8.5]
URIC ACID Method: uricase PAP	138.90	mmol/L	[136.00-144.00]

SODIUM, SERUM	4.92	mmol/L	[3.60-5.10]
POTASSIUM, SERUM	104.2	mmol/L	[101.0-111.0]
SERUM CHLORIDE Method: ISE Indirect			



LABORATORY REPORT

Name : MR RAJ KUMAR
Registration No : MH011726095
Patient Episode : H18000001835
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 10:43

Age : 55 Yr(s) Sex :Male
Lab No : 202402004097
Collection Date : 24 Feb 2024 10:43
Reporting Date : 24 Feb 2024 12:20

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	99.1	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.			

LIVER FUNCTION TEST

BILIRUBIN - TOTAL <i>Method: D P D</i>	0.66	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.11	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN(SERUM) <i>Method: Calculation</i>	0.55	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	7.60	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.56	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	3.00	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.50		[1.00-2.50]
AST(SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	27.00	U/L	[0.00-40.00]



Name : MR RAJ KUMAR

Age : 55 Yr(s) Sex : Male

Registration No : MH011726095

Lab No : 202402004097

Patient Episode : H18000001835

Collection Date : 24 Feb 2024 10:43

Referred By : HEALTH CHECK MGD

Reporting Date : 24 Feb 2024 12:20

Receiving Date : 24 Feb 2024 10:43

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	26.40	U/L	[17.00-63.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	97.0 #	IU/L	[32.0-91.0]
GGT	37.0	U/L	[7.0-50.0]

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. Alka Dixit Vats
Consultant Pathologist



Name : MR RAJ KUMAR
Registration No : MH011726095
Patient Episode : H18000001835
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 10:42

Age : 55 Yr(s) Sex :Male
Lab No : 202402004098
Collection Date : 24 Feb 2024 10:42
Reporting Date : 24 Feb 2024 12:20

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	103.0	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. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MR RAJ KUMAR
Registration No : MH011726095
Patient Episode : H18000001835
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 16:06

Age : 55 Yr(s) Sex : Male
Lab No : 202402004099
Collection Date : 24 Feb 2024 16:06
Reporting Date : 25 Feb 2024 13:20

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	139.0	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



Manipal Hospital Ghaziabad

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



URN : MH011726095

HEALTH CHECK RECORD

Hospital No:	MH011726095	Visit No:	O18000067291
Name:	MR RAJ KUMAR	Age/Sex:	55 Yrs/Male
Doctor Name:	DR.SHISHIR NARAIN	Specialty:	OPHTHALMOLOGY MGD
Date:	24/02/2024 03:05PM		

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS - PHC
SYSTEMIC/ OPHTHALMIC HISTORY - N/C

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/6	6/6
CONJ	PTERYGIUM	NORMAL
CORNEA	CLEAR	CLEAR
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	13	14
FUNDUS EXAMINATION		
OPTIC DISC	C:D 0.5	C:D 0.5
MACULAR AREA	FOVEAL REFLEX PRESENT	FOVEAL REFLEX PRESENT

ADVISE / TREATMENT
E/D NISOL 4 TIMES DAILY BE
REVIEW AFTER 6 MTH

DR.SHISHIR NARAIN
Reg. No.: 9538

Manipal Health Enterprises Pvt. Ltd.

CIN: U85110KA2010PTC052540

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru 560 017, Karnataka

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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