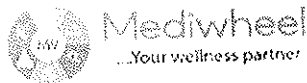


Mediwheel <wellness@mediwheel.in>

Sat 3/30/2024 12:25 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 Male Above 40

Patient Package Name : Executive Health Checkup Male

Hospital Address : NH-24, Hapur Road, Oppo. Bahmeta Village, Near Lancraft Golf Links
Aparment

Contact Details : 9650083687

Appointment Date : 01-04-2024

Confirmation Status : Booking Confirmed

Preferred Time : 9:00am-9:30am

Member Information		
Booked Member Name	Age	Gender
UPENDER RAI	45 year	Male

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

Please Download Mediwheel App

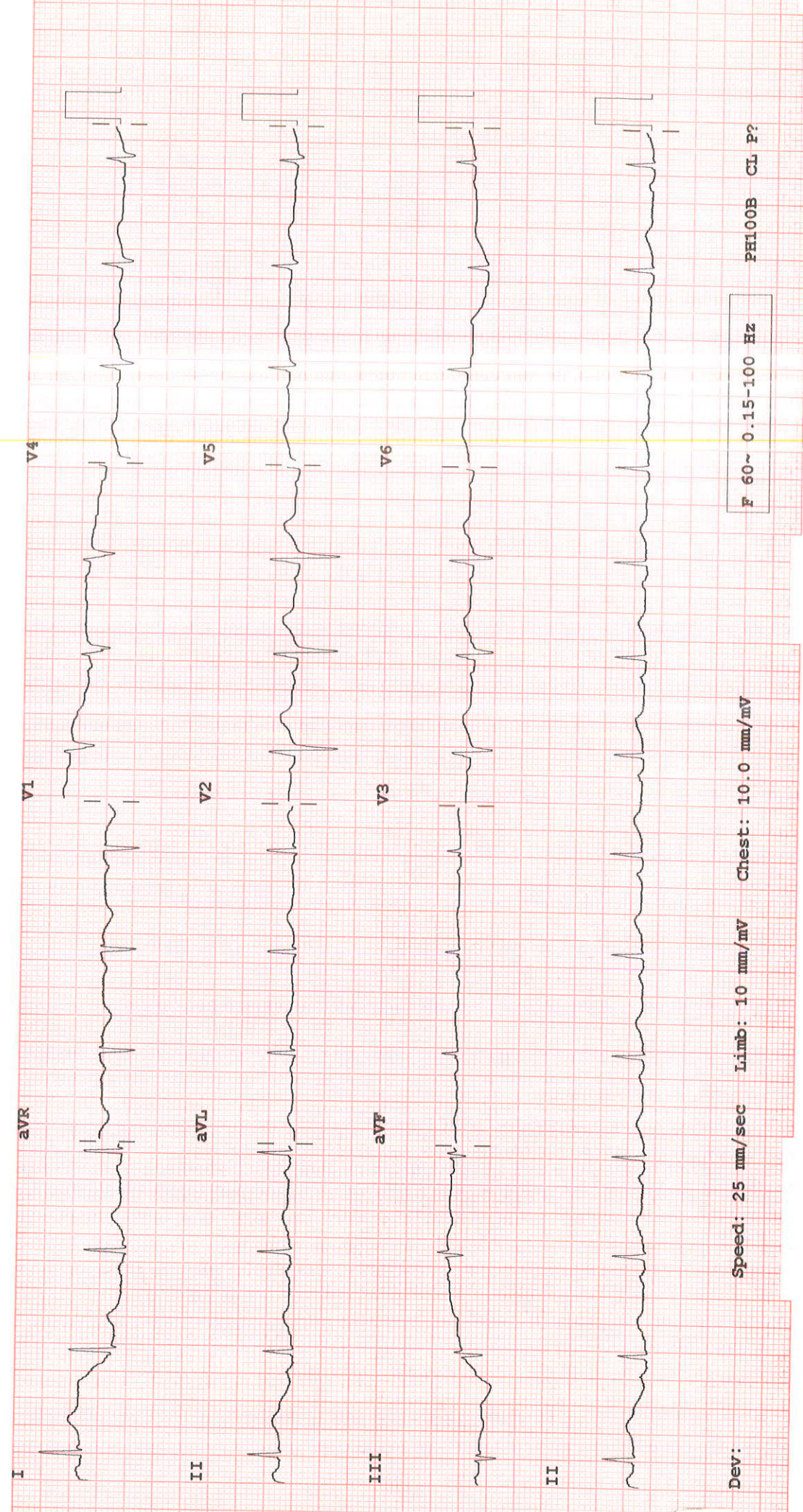


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- NORMAL ECG -

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?



Patient Name	MR UPENDER RAI	Location	: Ghaziabad
Age/Sex	: 45Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH013257767	Order Date	: 01/04/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 01/04/2024

Protocol	: Bruce	MPHR	: 175BPM
Duration of exercise	: 5min 16sec	85% of MPHR	: 149BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 170BPM
Blood Pressure (mmHg)	: Baseline BP : 120/80mmHg	% Target HR	: 98%
	Peak BP : 150/90mmHg	METS	: 7.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	91	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	152	140/90	Nil	No ST changes seen	Nil
STAGE 2	2:16	171	150/90	Nil	No ST changes seen	Nil
RECOVERY	4:02	112	120/80	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

Manipal Hospital, Ghaziabad

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

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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

P : 01 80 4936 0300 E info@maniphospitals.com www.maniphospitals.com

**RADIOLOGY REPORT**

NAME	MR Upender RAI	STUDY DATE	01/04/2024 9:53AM
AGE / SEX	45 y / M	HOSPITAL NO.	MH013257767
ACCESSION NO.	R7158039	MODALITY	CR
REPORTED ON	01/04/2024 10:07AM	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: Surgical clip is seen in right hypochondrium.
 VISUALIZED NECK: Normal.

IMPRESSION:

Bilateral lung fields are clear

Please correlate clinically



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

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

**RADIOLOGY REPORT**

NAME	MR Upender RAI	STUDY DATE	01/04/2024 11:20AM
AGE / SEX	45 y / M	HOSPITAL NO.	MH013257767
ACCESSION NO.	R7158040	MODALITY	US
REPORTED ON	01/04/2024 9:16PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: appears normal in size (measures 136 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade II fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 108 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: not seen (surgically removed - post cholecystectomy status).

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 109 x 57 mm.

Left Kidney: measures 119 x 53 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 45 x 33 x 26 mm with volume 20 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade II fatty infiltration in liver.

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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



LABORATORY REPORT

Name : MR UPENDER RAI
Registration No : MH013257767
Patient Episode : H18000002032
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 09:39

Age : 45 Yr(s) Sex : Male
Lab No : 202404000050
Collection Date : 01 Apr 2024 09:39
Reporting Date : 01 Apr 2024 12:51

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ELFA)
T4 - Thyroxine (ELFA)
Thyroid Stimulating Hormone

0.570 # ng/ml
5.340 ug/ dl
2.130 μ IU/mL

[0.610-1.630]
[4.680-9.360]
[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 UPENDER RAI	Age	: 45 Yr(s) Sex :Male
Registration No	: MH013257767	Lab No	: 202404000050
Patient Episode	: H18000002032	Collection Date	: 01 Apr 2024 09:39
Referred By	: HEALTH CHECK MGD	Reporting Date	: 01 Apr 2024 14:23
Receiving Date	: 01 Apr 2024 09:39		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Specimen Type : Serum

PROSTATE SPECIFIC ANTIGEN(PSA-Total):	0.910	ng/mL	[<2.500]
---------------------------------------	-------	-------	----------

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 UPENDER RAI
Registration No : MH013257767
Patient Episode : H18000002032
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 09:39

Age : 45 Yr(s) Sex : Male
Lab No : 202404000050
Collection Date : 01 Apr 2024 09:39
Reporting Date : 01 Apr 2024 12:38

BLOOD BANK

BIOLOGICAL REFERENCE INTERVAL

TEST

RESULT

UNIT

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 3 of 3

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MR UPENDER RAI
Registration No : MH013257767
Patient Episode : H18000002032
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 09:39

Age : 45 Yr(s) Sex :Male
Lab No : 202404000050
Collection Date : 01 Apr 2024 09:39
Reporting Date : 01 Apr 2024 12:26

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.88	millions/cumm	[4.50-5.50]
HEMOGLOBIN	13.5	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	41.6	%	[40.0-50.0]
MCV (DERIVED)	85.2	fL	[83.0-101.0]
MCH (CALCULATED)	27.7	pg	[25.0-32.0]
MCHC (CALCULATED)	32.5	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	15.4 #	%	[11.6-14.0]
Platelet count	150	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
WBC COUNT(TC) (IMPEDENCE)	6.78	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	61.0	%	[40.0-80.0]
Lymphocytes	32.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	1.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	12.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name : MR UPENDER RAI
Registration No : MH013257767
Patient Episode : H18000002032
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 11:32

Age : 45 Yr(s) Sex :Male
Lab No : 202404000050
Collection Date : 01 Apr 2024 11:32
Reporting Date : 01 Apr 2024 12:32

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	1.015	(1.003-1.035)

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION (Automated/Manual)

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



LABORATORY REPORT

Name : MR UPENDER RAI
Registration No : MH013257767
Patient Episode : H18000002032
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 09:39

Age : 45 Yr(s) Sex : Male
Lab No : 202404000050
Collection Date : 01 Apr 2024 09:39
Reporting Date : 01 Apr 2024 18:07

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	7.2 #	%	[0.0-5.6]
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) 160 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 Method: Oxidase, esterase, peroxide	138	mg/dl	[<200] Moderate risk: 200-239 High risk: >240
TRIGLYCERIDES (GPO/POD)	205 #	mg/dl	[<150] Borderline high: 151-199 High: 200 - 499 Very high: >500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	45	mg/dl	[35-65]
VLDL- CHOLESTEROL (Calculated) CHOLESTEROL, LDL, CALCULATED	41 # 52.0	mg/dl mg/dl	[0-35] [<120.0] Near/ Borderline High: 130-159 High Risk: 160-189

Above optimal-100-129



LABORATORY REPORT

Name : MR UPENDER RAI
Registration No : MH013257767
Patient Episode : H18000002032
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 09:39

Age : 45 Yr(s) Sex : Male
Lab No : 202404000050
Collection Date : 01 Apr 2024 09:39
Reporting Date : 01 Apr 2024 11:59

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio (Calculated)	3.1		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	1.2		<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			
UREA	27.2	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	12.7	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.76	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	4.3	mg/dl	[4.0-8.5]
Method: uricase PAP			
SODIUM, SERUM	138.50	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.48	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.8	mmol/L	[101.0-111.0]
Method: ISE Indirect			



LABORATORY REPORT

Name : MR UPENDER RAI
Registration No : MH013257767
Patient Episode : H18000002032
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 09:39

Age : 45 Yr(s) Sex : Male
Lab No : 202404000050
Collection Date : 01 Apr 2024 09:39
Reporting Date : 01 Apr 2024 11:59

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	110.2	ml/min/1.73sq.m	[>60.0]
<p>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.</p>			

LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.73	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.14	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.59	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.10	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.61	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.50	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.85		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	25.00	U/L	[0.00-40.00]



LABORATORY REPORT

Name : MR UPENDER RAI
Registration No : MH013257767
Patient Episode : H18000002032
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 09:39

Age : 45 Yr(s) Sex : Male
Lab No : 202404000050
Collection Date : 01 Apr 2024 09:39
Reporting Date : 01 Apr 2024 12:00

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	33.20		U/L [17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	102.0 #		IU/L [32.0-91.0]
GGT	63.0 #		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.

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MR UPENDER RAI
Registration No : MH013257767
Patient Episode : H18000002032
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 09:38

Age : 45 Yr(s) Sex : Male
Lab No : 202404000051
Collection Date : 01 Apr 2024 09:38
Reporting Date : 01 Apr 2024 12:51

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	187.0 #	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



LABORATORY REPORT

Name : MR UPENDER RAI
Registration No : MH013257767
Patient Episode : H18000002032
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 15:09

Age : 45 Yr(s) Sex : Male
Lab No : 202404000052
Collection Date : 01 Apr 2024 15:09
Reporting Date : 01 Apr 2024 16:37

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
------	--------	------	-------------------------------

PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS	294.0 #	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

Page 8 of 8

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

Dr. Alka Dixit Vats
Consultant Pathologist



OUTPATIENT RECORD

Hospital No: MH013257767	Visit No: H18000002032	
Name: MR UPENDER RAI	Age/Sex: 45 Yrs/Male	
Doctor Name: HEALTH CHECK MGD	Specialty: HC SERVICE MGD	
Date: 01/04/2024 09:23AM		
BP Systolic: 158 mmHg	BP Diastolic: 84 mmHg	Pulse Rate: 104beats per minute
Saturation(Oxygen): 99%	Height: 177cm	Weight : 97kg
BMI: 30.96	Ideal Body Weight (calculated): 72.39kg	Mean Arterial Pressure-MAP: 109 mmHg
MEWS Total: 2points		
OPD Notes :		
PRESENT OPHTHALMIC COMPLAINS -HEALTH CHEACK UP SYSTEMIC/ OPHTHLMIC HISTORY - DM		
EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/6P	6/9
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	19	20
FUNDUS EXAMINATION		
OPTIC DISC	C:D 0.2	C:D 0.2
MACULAR AREA	FOVEAL REFLEX PRESENT	FOVEAL REFLEX PRESENT
POWER OF GLASS		
Right eye: PLANO / -0.50 Dcyl x60 degree 6/6		
Left eye: PLANO / -1.00 Dcyl x 100 degree 6/6		
ADD :+1.50Dsp N/6		
ADVISE / TREATMENT		
E/D AQUALINA 4 TIMES DAILY BE		
REVIEW AFTER 6 MTH		

HEALTH CHECK MGD

Dd B/E med. 11 am

1 of 1

Manipal Health Enterprises Pvt. Ltd.

CIN: U85110KA2010PTC052540

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P +91 80 4936 0300 E info@manipalhospitals.com www.manipalhospitals.com