

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	ASHA VERMA
DATE OF BIRTH	24-07-1971
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	09-03-2024
BOOKING REFERENCE NO.	23M114938100096922S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. KUMAR RAMESH
EMPLOYEE EC NO.	114938
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	GHAZIABAD,VASUNDHRA
EMPLOYEE BIRTHDATE	10-08-1967

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **05-03-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



B बैंक ऑफ बड़ोदा
Bank of Baroda

नाम: RAMESH KUMAR
Name:

कर्मचारी कूट क्र. 114938
E. C. No.

Ramesh

जारीकर्ता प्राधिकारी, मु. प्र. (सु.) अ.का. न.दि.
Issuing Authority CM (S) ZO, MD.

धारक के हस्ताक्षर
Signature of Holder

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

ASHA VERMA
BUDDHI LAL VERMA

24/07/1971
Permanent Account Number
ALWPV4160F

Asha
Signature

16122010

Asha

Ramesh

**LABORATORY REPORT**

Name	: MRS ASHA VERMA	Age	: 52 Yr(s) Sex :Female
Registration No	: MH010712456	Lab No	: 202403003411
Patient Episode	: H18000001974	Collection Date	: 23 Mar 2024 09:28
Referred By	: HEALTH CHECK MGD	Reporting Date	: 24 Mar 2024 12:22
Receiving Date	: 23 Mar 2024 09:28		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	1.280	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	9.350	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 ASHA VERMA Age : 52 Yr(s) Sex :Female
Registration No : MH010712456 Lab No : 202403003411
Patient Episode : H18000001974 Collection Date : 23 Mar 2024 09:28
Referred By : HEALTH CHECK MGD Reporting Date : 23 Mar 2024 12:46
Receiving Date : 23 Mar 2024 09:28

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.

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NOTE:

- Abnormal Values

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



Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MRS ASHA VERMA
Registration No : MH010712456
Patient Episode : H18000001974
Referred By : HEALTH CHECK MGD
Receiving Date : 23 Mar 2024 09:28

Age : 52 Yr(s) Sex :Female
Lab No : 202403003411
Collection Date : 23 Mar 2024 09:28
Reporting Date : 23 Mar 2024 12:14

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	4.77	millions/cumm	[3.80-4.80]
HEMOGLOBIN	13.6	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	42.1	%	[36.0-46.0]
MCV (DERIVED)	88.3	fL	[83.0-101.0]
MCH (CALCULATED)	28.5	pg	[25.0-32.0]
MCHC (CALCULATED)	32.3	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.4	%	[11.6-14.0]
Platelet count	378	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	10.50	fL	
WBC COUNT(TC) (IMPEDEANCE)	7.60	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	67.0	%	[40.0-80.0]
Lymphocytes	23.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	4.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	64.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: MRS ASHA VERMA	Age	: 52 Yr(s) Sex :Female
Registration No	: MH010712456	Lab No	: 202403003411
Patient Episode	: H18000001974	Collection Date	: 23 Mar 2024 10:41
Referred By	: HEALTH CHECK MGD	Reporting Date	: 23 Mar 2024 12:47
Receiving Date	: 23 Mar 2024 10:41		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	SLIGHTLY TURBID	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.015	(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	4-6 /hpf	(0-5/hpf)
RBC	0-1/hpf	(0-2/hpf)
Epithelial Cells	30-40 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



LABORATORY REPORT

Name	: MRS ASHA VERMA	Age	: 52 Yr(s) Sex :Female
Registration No	: MH010712456	Lab No	: 202403003411
Patient Episode	: H18000001974	Collection Date	: 23 Mar 2024 09:28
Referred By	: HEALTH CHECK MGD	Reporting Date	: 23 Mar 2024 12:49
Receiving Date	: 23 Mar 2024 09:28		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	6.1 #	%	[0.0-5.6]
Method: HPLC			
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) 128 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	190	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	83	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	38	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	17	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	136.0 #	mg/dl	[<120.0]
			Near/
Above optimal-100-129			Borderline High:130-159
			High Risk:160-189



LABORATORY REPORT

Name : MRS ASHA VERMA
Registration No : MH010712456
Patient Episode : H18000001974
Referred By : HEALTH CHECK MGD
Receiving Date : 23 Mar 2024 09:28

Age : 52 Yr(s) Sex :Female
Lab No : 202403003411
Collection Date : 23 Mar 2024 09:28
Reporting Date : 24 Mar 2024 12:21

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	5.0		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	3.6		<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	31.8	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	14.9	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.89	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.9	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	142.00	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	5.10	mmol/L	[3.60-5.10]
SERUM CHLORIDE	108.0	mmol/L	[101.0-111.0]
Method: ISE Indirect			



LABORATORY REPORT

Name : MRS ASHA VERMA

Age : 52 Yr(s) Sex :Female

Registration No : MH010712456

Lab No : 202403003411

Patient Episode : H18000001974

Collection Date : 23 Mar 2024 09:28

Referred By : HEALTH CHECK MGD

Reporting Date : 24 Mar 2024 12:21

Receiving Date : 23 Mar 2024 09:28

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	74.8	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 Method: D P D	1.13	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.43 #	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.70	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	8.37	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.32	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	4.00 #	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.10		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	23.00	U/L	[0.00-40.00]

**LABORATORY REPORT**

Name : MRS ASHA VERMA

Registration No : MH010712456

Patient Episode : H18000001974

Referred By : HEALTH CHECK MGD

Receiving Date : 23 Mar 2024 09:28

Age : 52 Yr(s) Sex :Female

Lab No : 202403003411

Collection Date : 23 Mar 2024 09:28

Reporting Date : 24 Mar 2024 12:22

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	20.00	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	211.0 #	IU/L	[32.0-91.0]
GGT	26.0	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.

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name	: MRS ASHA VERMA	Age	: 52 Yr(s) Sex :Female
Registration No	: MH010712456	Lab No	: 202403003412
Patient Episode	: H18000001974	Collection Date	: 23 Mar 2024 09:28
Referred By	: HEALTH CHECK MGD	Reporting Date	: 24 Mar 2024 12:22
Receiving Date	: 23 Mar 2024 09:28		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting			
Specimen: Plasma			
GLUCOSE, FASTING (F)	106.0	mg/dl	[70.0-110.0]
Method: Hexokinase			

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 : MRS ASHA VERMA

Age : 52 Yr(s) Sex :Female

Registration No : MH010712456

Lab No : 202403003413

Patient Episode : H18000001974

Collection Date : 23 Mar 2024 13:53

Referred By : HEALTH CHECK MGD

Reporting Date : 24 Mar 2024 12:22

Receiving Date : 23 Mar 2024 13:53

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen:Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	146.0 #	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

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



Dr. Charu Agarwal
Consultant Pathologist

**RADIOLOGY REPORT**

NAME	MRS Asha VERMA	STUDY DATE	23/03/2024 10:17AM
AGE / SEX	52 y / F	HOSPITAL NO.	MH010712456
ACCESSION NO.	R7108004	MODALITY	US
REPORTED ON	23/03/2024 11:38AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: appears enlarged in size (measures 166 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade II fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 83 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 11 mm.

COMMON BILE DUCT: Appears normal in size and measures 5 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 98 x 39 mm.

Left Kidney: measures 98 x 33 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is minimally distended. Wall thickness is normal and lumen is echofree. Rest normal.

Pelvic evaluation remains suboptimal due to inadequately distended bladder. Uterus is anteverted and measures 50 x 34 x 17 mm. It shows postmenopausal atrophic changes.

Cervix appears normal.

Both ovaries are not seen probably atrophied.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade II fatty infiltration in liver.

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

NAME	MRS Asha VERMA	STUDY DATE	23/03/2024 9:49AM
AGE / SEX	52 y / F	HOSPITAL NO.	MH010712456
ACCESSION NO.	R7108002	MODALITY	CR
REPORTED ON	23/03/2024 11:49AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW**FINDINGS:**

LUNGS: Prominent bronchovascular markings are seen in both lung fields. A small nodular opacity is seen in right lower zone ?vessel end on.

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:

Prominent bronchovascular markings are seen in both lung fields.

Please correlate clinically



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

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



INVESTIGATION REPORT

Patient Name	MRS ASHA VERMA	Location	Ghaziabad
Age/Sex	52 Year(s)/Female	Visit No	: V0000000001-GHZB
MRN No	MH010712456	Order Date	:23/03/2024
Ref. Doctor	Dr. BHUPENDRA SINGH	Report Date	:23/03/2024

Echocardiography

Final Interpretation

1. No RWMA, LVEF=60%.
2. Normal CCD.
3. Grade I LV diastolic dysfunction.
4. Trace MR, No AR.
5. Mild TR, PASP-22mmHg, 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. Trace MR.
- **Tricuspid Valve:** Mild TR, PASP-22mmHg, Normal PASP.
- **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

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

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



INVESTIGATION REPORT

Patient Name	MRS ASHA VERMA	Location	Ghaziabad
Age/Sex	52Year(s)/Female	Visit No	: V0000000001-GHZB
	MH010712456	Order Date	23/03/2024
Ref. Doctor	: Dr.BHUPENDRA SINGH	Report Date	23/03/2024

Echocardiography

Measurements (mm):

	Observed values	Normal values
Aortic root diameter	31	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	47	31	(ED=37-50:Es=22-40)
Interventricular septum	11	13	(ED=6-12)
Posterior wall thickness	10	11	(ED=5-10)

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

Color & Doppler evaluation

Valve	Velocity(cm/s)	Regurgitation
Mitral	E/A-90/115 DT-	Trace
Aortic	107	Nil
Tricuspid	21	Mild
Pulmonary	66	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

Page 2 of 2

Manipal Health Enterprises Private Limited

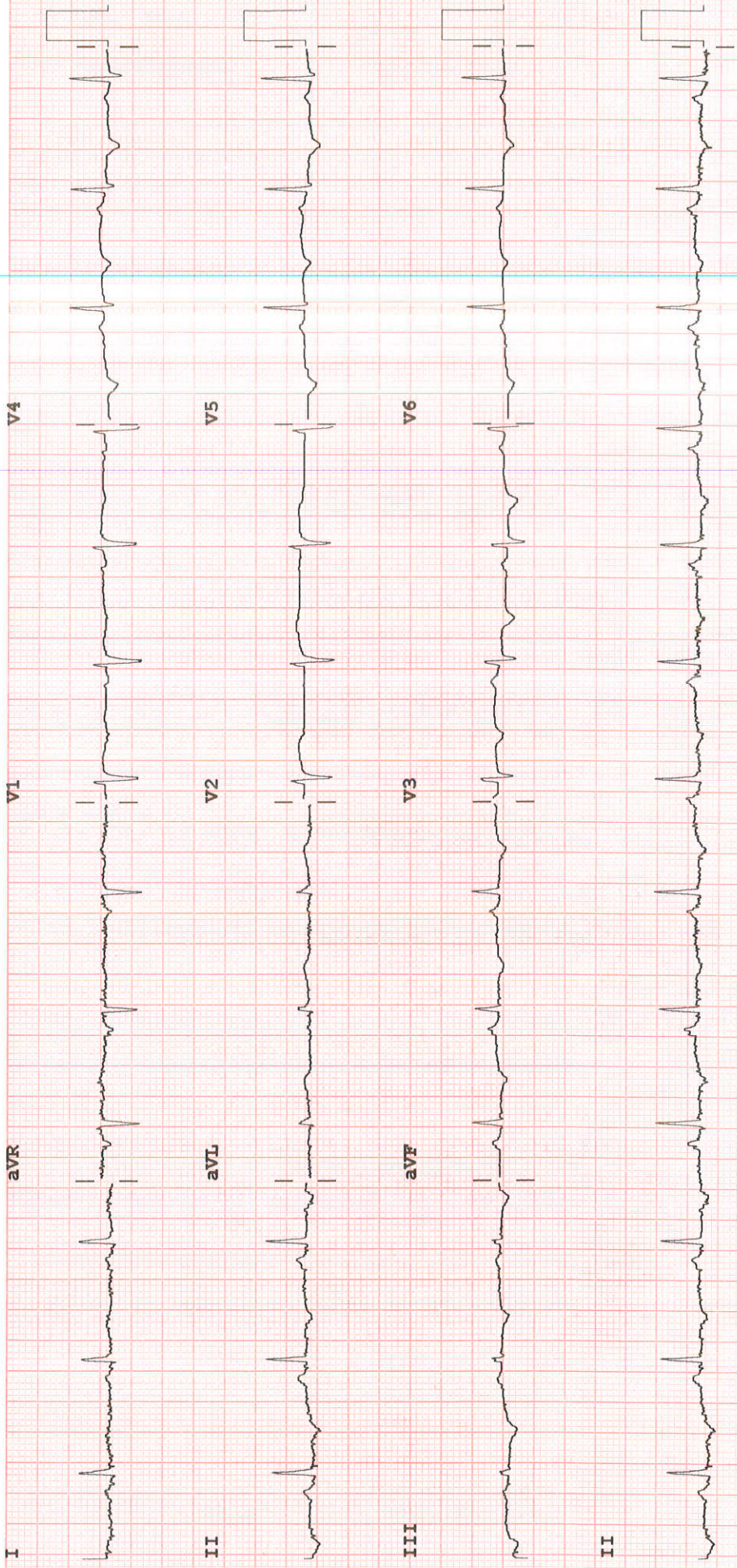
CIN: U85110KA2003PTC033055

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

- ABNORMAL ECG -

Unconfirmed Diagnosis



PH100B CL P?

F 60~ 0.15-100 Hz

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

Dev:



HEALTH CHECK RECORD

Hospital No: MH010712456	Visit No: O18000072595
Name: MRS ASHA VERMA	Age/Sex: 52 Yrs/Female
Doctor Name: DR.SHISHIR NARAIN	Specialty: OPHTHALMOLOGY MGD
Date: 23/03/2024 01:23PM	

OPD Notes :

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

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/18	6/18
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
ANTERIOR CHAMBER/ IRIS	N	N
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	16	17

FUNDUS EXAMINATION

A) VITREOUS

B) OPTIC DISC C:D 0.2 C:D 0.2

C) MACULAR AREA FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT

D) PERIPHERY NO TREATABLE LESIONS

POWER OF GLASS
Right eye: -4.50 Dsp / -1.75 Dcyl x 80 degree-6/6P
Left eye: -3.25 Dsp / -2.50 Dcyl x 80 degree-6/9
NEAR ADD BE +2.25 DSPH N/6

DIAGNOSIS: DRY EYES /HIGH MYOPIA

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

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



In association with
Manipal Hospitals - Ghaziabad

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