



011-41195959

Dear **Manipal Hospital**

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking?

Name : MR. ANWAR TANVEER
Contact Details : 8512003631
Hospital Package Name : Mediwheel Full Body Health Checkup Male Above 40
Appointment Date : 08-03-2024

Member Information		
Booked Member Name	Age	Gender
MR. ANWAR TANVEER	46 year	Male

Tests included in this Package -

- Stool Test
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile
- Prostate Specific Antigen (PSA Male)

Thanks,
Mediwheel Team

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आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

TANVEER ANWAR

SAGIR AHMED

03/04/1977

Permanent Account Number

AGNPA3676R

Signature

आयकर विभाग
INCOME TAX DEPARTMENT



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TANVEER ANWAR

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Permanent Account Number

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Signature

NAME	MR Tanveer ANWAR	STUDY DATE	08/03/2024 11:33AM
AGE / SEX	46 y / M	HOSPITAL NO.	MH011758213
ACCESSION NO.	R7015203	MODALITY	CR
REPORTED ON	08/03/2024 4:52PM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Small nodular lesion is seen in right midzone ? calcified granuloma. Rest 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:

Small nodular lesion is seen in right midzone ? calcified granuloma. Rest normal.

Please correlate clinically



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

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



NAME	MR Tanveer ANWAR	STUDY DATE	08/03/2024 10:48AM
AGE / SEX	46 y / M	HOSPITAL NO.	MH011758213
ACCESSION NO.	R7015204	MODALITY	US
REPORTED ON	08/03/2024 12:45PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS WITH PVR
FINDINGS**

LIVER: Liver is normal in size (measures 134 mm), shape and echotexture. Rest normal.
SPLEEN: Spleen is normal in size (measures 112 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: Gall bladder is well distended. Wall thickness is normal. A single non-mobile echogenic shadow without posterior acoustic shadowing is seen embedded in posterior wall of gallbladder measuring ~ 1.6 mm suggesting solitary cholesterol granule/small polyp.
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 92 x 38 mm.
Left Kidney: measures 108 x 45 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.
Pre-void urine volume 114 cc.
Post-void residual urine volume 22 cc (Insignificant).
PROSTATE: Prostate is enlarged in size (measures 40 x 38 x 36 mm with volume 28 cc) but normal in shape and echotexture. Rest normal.
SEMINAL VESICLES: Normal.
BOWEL: Visualized bowel loops appear normal.

IMPRESSION

**-Solitary cholesterol granule/Small polyp embedded in posterior wall of gallbladder.
-Prostatomegaly.**

Recommend clinical correlation.

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

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



LABORATORY REPORT

Name : MR TANVEER ANWAR
 Registration No : MH011758213
 Patient Episode : H18000001871
 Referred By : HEALTH CHECK MGD
 Receiving Date : 08 Mar 2024 10:15

Age : 46 Yr(s) Sex : Male
 Lab No : 202403000907
 Collection Date : 08 Mar 2024 10:15
 Reporting Date : 08 Mar 2024 13:33

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			
Specimen Type : Serum			
T3 - Triiodothyronine (ELFA)	1.220	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	8.260	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.890	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 TANVEER ANWAR Age : 46 Yr(s) Sex :Male
 Registration No : MH011758213 Lab No : 202403000907
 Patient Episode : H18000001871 Collection Date : 08 Mar 2024 10:15
 Referred By : HEALTH CHECK MGD Reporting Date : 08 Mar 2024 14:02
 Receiving Date : 08 Mar 2024 10:15

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type : Serum			
PROSTATE SPECIFIC ANTIGEN(PSA-Total):	2.190	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 TANVEER ANWAR
 Registration No : MH011758213
 Patient Episode : H18000001871
 Referred By : HEALTH CHECK MGD
 Receiving Date : 08 Mar 2024 10:15

Age : 46 Yr(s) Sex : Male
 Lab No : 202403000907
 Collection Date : 08 Mar 2024 10:15
 Reporting Date : 08 Mar 2024 13:27

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	B 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 : MR TANVEER ANWAR
Registration No : MH011758213
Patient Episode : H18000001871
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2024 10:15

Age : 46 Yr(s) Sex : Male
Lab No : 202403000907
Collection Date : 08 Mar 2024 10:15
Reporting Date : 08 Mar 2024 13:19

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	6.06 #	millions/cumm	[4.50-5.50]
HEMOGLOBIN	16.2	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	50.3 #	%	[40.0-50.0]
MCV (DERIVED)	83.0	fL	[83.0-101.0]
MCH (CALCULATED)	26.7	pg	[25.0-32.0]
MCHC (CALCULATED)	32.2	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	15.4 #	%	[11.6-14.0]
Platelet count	169	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	11.8		
WBC COUNT (TC) (IMPEDENCE)	4.54	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	77.0	%	[40.0-80.0]
Lymphocytes	15.0 #	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	5.0	mm/1sthour	[0.0-



LABORATORY REPORT

Name : MR TANVEER ANWAR
Registration No : MH011758213
Patient Episode : H18000001871
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2024 14:31

Age : 46 Yr(s) Sex :Male
Lab No : 202403000907
Collection Date : 08 Mar 2024 14:31
Reporting Date : 08 Mar 2024 16:10

CLINICAL PATHOLOGY

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)

MICROSCOPIC EXAMINATION (Automated/Manual)

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



LABORATORY REPORT

Name : MR TANVEER ANWAR
Registration No : MH011758213
Patient Episode : H18000001871
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2024 10:15

Age : 46 Yr(s) Sex : Male
Lab No : 202403000907
Collection Date : 08 Mar 2024 10:15
Reporting Date : 08 Mar 2024 17:15

BIOCHEMISTRY

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

Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin)

Method: HPLC

5.1

%

[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)

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.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL

Method: Oxidase, esterase, peroxide

229 #

mg/dl

[<200]

Moderate risk: 200-239

High risk: >240

[<150]

Borderline high: 151-199

High: 200 - 499

Very high: >500

[35-65]

TRIGLYCERIDES (GPO/POD)

107

mg/dl

HDL- CHOLESTEROL

Method : Enzymatic Immunoimhibition

54

mg/dl

VLDL- CHOLESTEROL (Calculated)

21

mg/dl

[0-35]

CHOLESTEROL, LDL, CALCULATED

154.0 #

mg/dl

[<120.0]

Above optimal-100-129

Near/

Borderline High: 130-159

High Risk: 160-189



LABORATORY REPORT

Name : MR TANVEER ANWAR
Registration No : MH011758213
Patient Episode : H18000001871
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2024 10:15

Age : 46 Yr(s) Sex : Male
Lab No : 202403000907
Collection Date : 08 Mar 2024 10:15
Reporting Date : 08 Mar 2024 13:03

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio (Calculated)	4.2		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	2.9		<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	24.1	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	11.3	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	1.21 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	6.3	mg/dl	[4.0-8.5]
Method: uricase PAP			
SODIUM, SERUM	135.40 #	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.65	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.5	mmol/L	[101.0-111.0]
Method: ISE Indirect			



LABORATORY REPORT

Name : MR TANVEER ANWAR
Registration No : MH011758213
Patient Episode : H18000001871
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2024 10:15

Age : 46 Yr(s) Sex :Male
Lab No : 202403000907
Collection Date : 08 Mar 2024 10:15
Reporting Date : 08 Mar 2024 13:03

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	71.4	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	0.66	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.11	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.55	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.41	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.90	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.53		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	38.00	U/L	[0.00-40.00]



LABORATORY REPORT

Name : MR TANVEER ANWAR
Registration No : MH011758213
Patient Episode : H18000001871
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2024 10:15

Age : 46 Yr(s) Sex : Male
Lab No : 202403000907
Collection Date : 08 Mar 2024 10:15
Reporting Date : 08 Mar 2024 13:04

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	59.30	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	132.0 #	IU/L	[32.0-91.0]
GGT	80.0 #	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-----

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Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name	: MR TANVEER ANWAR	Age	: 46 Yr(s) Sex :Male
Registration No	: MH011758213	Lab No	: 202403000908
Patient Episode	: H18000001871	Collection Date	: 08 Mar 2024 10:15
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2024 13:05
Receiving Date	: 08 Mar 2024 10:15		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma			
GLUCOSE, FASTING (F)	98.0	mg/dl	[70.0-110.0]
<i>Method: Hexokinase</i>			

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 TANVEER ANWAR
Registration No : MH011758213
Patient Episode : H18000001871
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2024 14:28

Age : 46 Yr(s) Sex : Male
Lab No : 202403000909
Collection Date : 08 Mar 2024 14:28
Reporting Date : 08 Mar 2024 16:11

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	115.0	mg/dl	[80.0-140.0]

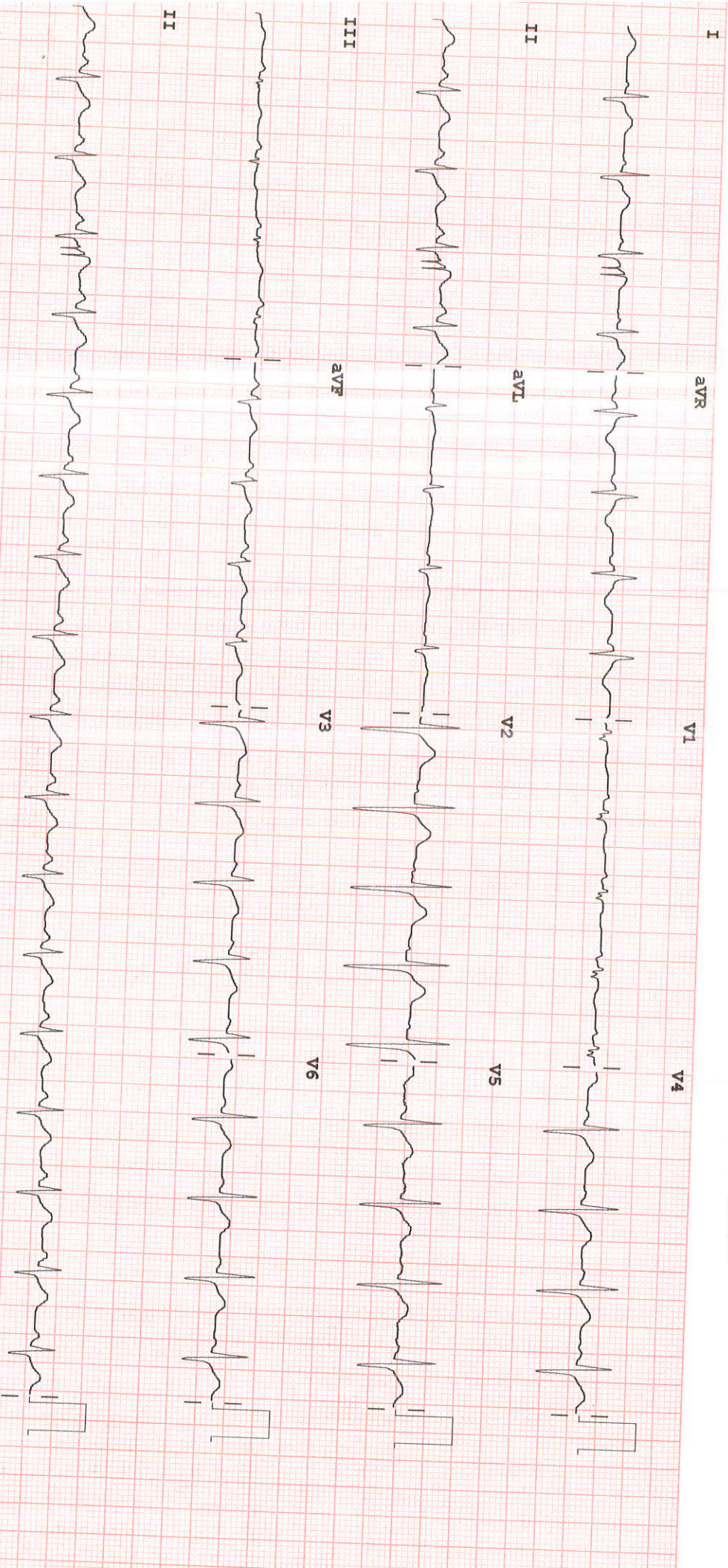
Note:
Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption, post exercise

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

Dr. Alka Dixit Vats
Consultant Pathologist

- 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 P2



INVESTIGATION REPORT

Patient Name	MR TANVEER ANWAR	Location	Ghaziabad
Age/Sex	Year(s)/male	Visit No	: V00000000001-GHZZ
MRN No	MH11758213	Order Date	:08/03/2024
Ref. Doctor	Dr. ABHISHEK SINGH	Report Date	:08/03/2024

Echocardiography

Final Interpretation

1. No RWMA, LVEF=60%.
2. Normal CCD.
3. Grade I LV diastolic dysfunction.
4. No MR, No AR.
5. Trace 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:** Trace TR, 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	MR TANVEER ANWAR	Location	Ghaziabad
Age/Sex	46Year(s)/male	Visit No	: V0000000001-GHZB
	MH11758213	Order Date	08/03/2024
Ref. Doctor	: Dr.ABHISHEK SINGH	Report Date	08/03/2024

Echocardiography

Measurements (mm):

	Observed values	Normal values
Aortic root diameter	30	20-36 (22mm/M ²)
Aortic valve opening	19	15-26
Left atrium size	35	19-40

	End Diastole	End Systole	Normal Values
Left ventricle size	40	24	(ED=37-56:Es=22-40)
Interventricular septum	11	12	(ED=6-12)
Posterior wall thickness	10	12	(ED=5-10)

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

Color & Doppler evaluation

Valve	Velocity(cm/s)	Regurgitation
Mitral	E/A-94/110 DT-	Nil
Aortic	130	Nil
Tricuspid	28	Trace
Pulmonary	70	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 Hospital Ghaziabad

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



URN : MH011758213

OUTPATIENT RECORD

Hospital No: MH011758213	Visit No: H18000001871
Name: MR TANVEER ANWAR	Age/Sex: 46 Yrs/Male
Doctor Name: HEALTH CHECK MGD	Specialty: HC SERVICE MGD
Date: 08/03/2024 10:07AM	

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS - HEALTH CHECK UP

SYSTEMIC/ OPHTHALMIC HISTORY -

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	18	18
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: PLANO

Left eye: PLANO

NEAR ADD +2.00 DSP FOR NEAR

DIAGNOSIS: DRY EYES

ADVISE / TREATMENT

E/D NISOL 4 TIMES DAILY BE

REVIEW AFTER 6 MONTHS

HEALTH CHECK MGD

1 of 1

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