

Mediwheel <wellness@mediwheel.in>

Tue 2/13/2024 3:29 PM

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



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 Female Above 40

**Patient Package**  
Name : Mediwheel Full Body Health Checkup Female Above 40

**Package Code** : PKG10000477

**Contact Details** : 9410231897

**Email** : rajkumar68bob@gmail.com

**Booking Date** : 06-02-2024

**Appointment**  
**Date** : 24-02-2024

**Confirmation**  
**Status** : Booking Confirmed

**Preferred Time** : 8:30am

Member Information		
Booked Member Name	Age	Gender
Savita	45 year	Female

We request you to facilitate the employee on priority.

Thanks,  
Mediwheel Team

You have received this mail because your e-mail ID is registered with This is a system-generated e-mail **Arcofemi Healthcare Limited**, please don't reply to this message.

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सविता  
SAVITA  
जन्म तिथि / DOB : 01/08/1979  
सहिला / Female



4714 5222 1745

- आम आदमी का अधिकार

Savita

Unique Identification Authority of India

पता:


W/O: राजकुमार, वार्ड नं०. 5,  
मुसलमान, नगर पंचायत बाबुगढ़,  
सिमरौली, गाजियाबाद, बाबूगढ़, उत्तर  
प्रदेश. 245201

Address:

W/O: Rajkumar, ward no. 5,  
MUSALMAN, NAGAR  
PANCHAYAT babugarh, Simrauli,  
Ghaziabad, Babugarh, Uttar  
Pradesh, 245201

4714 5222 1745

  
1947  
1550 300 1947

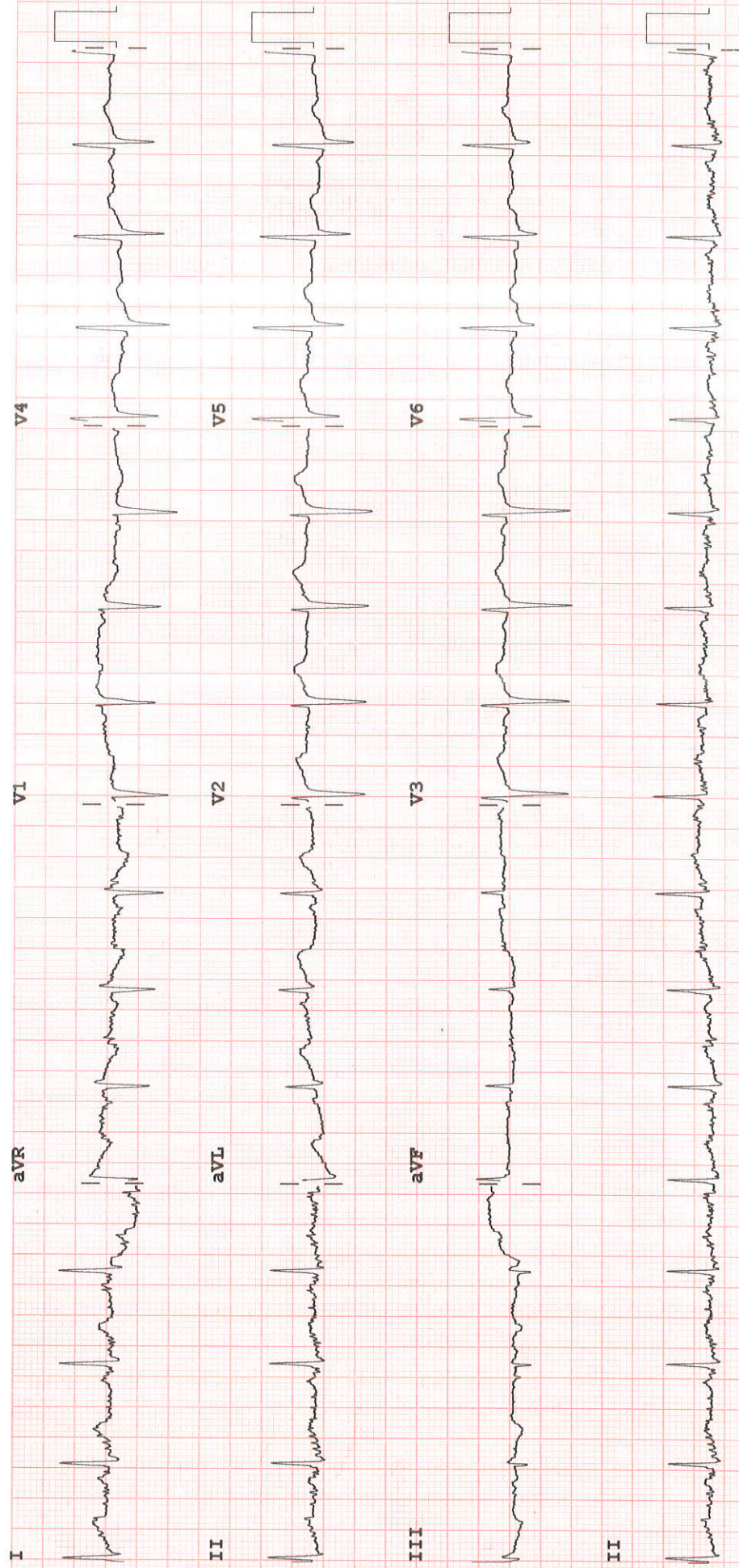
  
neta@uidai.gov.in

  
www.uidai.gov.in

Savita

- 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?



## TMT INVESTIGATION REPORT

Patient Name	MRS SAVITA	Location	: Ghaziabad
Age/Sex	: 44Year(s)/Female	Visit No	: V0000000001-GHZB
MRN No	MH011726008	Order Date	: 24/02/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 24/02/2024

<b>Protocol</b>	: Bruce	<b>MPHR</b>	: 176BPM
<b>Duration of exercise</b>	: 5min 08sec	<b>85% of MPHR</b>	: 149BPM
<b>Reason for termination</b>	: THR achieved	<b>Peak HR Achieved</b>	: 153BPM
<b>Blood Pressure (mmHg)</b>	: Baseline BP : 120/80mmHg	<b>% Target HR</b>	: 86%
	Peak BP : 140/90mmHg	<b>METS</b>	: 7.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	109	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	139	130/90	Nil	No ST changes seen	Nil
STAGE 2	2:08	152	140/90	Nil	No ST changes seen	Nil
RECOVERY	4:27	112	130/80	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



**RADIOLOGY REPORT**

NAME	MRS , SAVITA	STUDY DATE	24/02/2024 11:02AM
AGE / SEX	44 y / F	HOSPITAL NO.	MH011726008
ACCESSION NO.	R6939530	MODALITY	CR
REPORTED ON	24/02/2024 11:17AM	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: Normal.  
VISUALIZED NECK: Normal.

**IMPRESSION:**

**No significant abnormality noted.**  
Recommend clinical correlation.

*Monica*

**Dr. Monica Shekhawat MBBS, DNB  
CONSULTANT RADIOLOGIST**

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



**RADIOLOGY REPORT**

NAME	MRS , SAVITA	STUDY DATE	24/02/2024 1:15PM
AGE / SEX	44 y / F	HOSPITAL NO.	MH011726008
ACCESSION NO.	R6939531	MODALITY	US
REPORTED ON	24/02/2024 2:16PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS**

**FINDINGS**

LIVER: appears enlarged in size (measures 171 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 79 mm), shape and echotexture. Rest normal.

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

COMMON BILE DUCT: Appears dilated and measures 8.6 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 106 x 35 mm.

Left Kidney: measures 103 x 43 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.

UTERUS: Uterus is anteverted, normal in size (measures 63 x 57 x 40 mm), shape and echotexture.

Endometrial thickness measures 9.8 mm. Cervix appears normal.

OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.

Right ovary measures 25 x 23 x 22 mm with volume 6.6 cc.

Left ovary measures 25 x 23 x 21 mm with volume 6.3 cc.

BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

**-Hepatomegaly with diffuse grade II fatty infiltration in liver.**

**-Dilated common bile duct (advised MRCP, if clinically indicated)**

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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



**LABORATORY REPORT**

Name : MRS SAVITA Age : 44 Yr(s) Sex :Female  
Registration No : MH011726008 Lab No : 202402004087  
Patient Episode : H18000001834 Collection Date : 24 Feb 2024 10:38  
Referred By : HEALTH CHECK MGD Reporting Date : 25 Feb 2024 13:12  
Receiving Date : 24 Feb 2024 10:38

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	1.120	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.360	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	8.590 #	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 SAVITA Age : 44 Yr(s) Sex :Female  
Registration No : MH011726008 Lab No : 202402004087  
Patient Episode : H18000001834 Collection Date : 24 Feb 2024 10:38  
Referred By : HEALTH CHECK MGD Reporting Date : 25 Feb 2024 13:07  
Receiving Date : 24 Feb 2024 10:38

**BLOOD BANK**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	AB 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 SAVITA  
Registration No : MH011726008  
Patient Episode : H18000001834  
Referred By : HEALTH CHECK MGD  
Receiving Date : 24 Feb 2024 10:38

Age : 44 Yr(s) Sex :Female  
Lab No : 202402004087  
Collection Date : 24 Feb 2024 10:38  
Reporting Date : 24 Feb 2024 13:14

**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDEANCE)	5.00 #	millions/cumm	[3.80-4.80]
HEMOGLOBIN	12.3	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	40.3	%	[36.0-46.0]
MCV (DERIVED)	80.6 #	fL	[83.0-101.0]
MCH (CALCULATED)	24.6 #	pg	[25.0-32.0]
MCHC (CALCULATED)	30.5 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	16.5 #	%	[11.6-14.0]
Platelet count	182	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	----		
WBC COUNT (TC) (IMPEDEANCE)	8.01	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	61.0	%	[40.0-80.0]
Lymphocytes	30.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	42.0 #	mm/1sthour	[0.0-



<b>Name</b>	: MRS SAVITA	<b>Age</b>	: 44 Yr(s) Sex :Female
<b>Registration No</b>	: MH011726008	<b>Lab No</b>	: 202402004087
<b>Patient Episode</b>	: H18000001834	<b>Collection Date</b>	: 24 Feb 2024 10:48
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 25 Feb 2024 13:35
<b>Receiving Date</b>	: 24 Feb 2024 10:48		

**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	1.005	(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	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	1-2 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



**LABORATORY REPORT**

<b>Name</b>	: MRS SAVITA	<b>Age</b>	: 44 Yr(s) Sex :Female
<b>Registration No</b>	: MH011726008	<b>Lab No</b>	: 202402004087
<b>Patient Episode</b>	: H18000001834	<b>Collection Date</b>	: 24 Feb 2024 10:38
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 24 Feb 2024 13:59
<b>Receiving Date</b>	: 24 Feb 2024 10:38		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
<b>HbA1c (Glycosylated Hemoglobin)</b>	<b>6.9 #</b>	<b>%</b>	<b>[0.0-5.6]</b>
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) 151 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**

<b>Serum TOTAL CHOLESTEROL</b>	<b>203 #</b>	<b>mg/dl</b>	<b>[&lt;200]</b>
Method:Oxidase,esterase, peroxide			
<b>TRIGLYCERIDES (GPO/POD)</b>	<b>126</b>	<b>mg/dl</b>	<b>[&lt;150]</b>
Borderline high:151-199			
High: 200 - 499			
Very high:>500			
<b>HDL- CHOLESTEROL</b>	<b>53.0</b>	<b>mg/dl</b>	<b>[35.0-65.0]</b>
Method : Enzymatic Immunoimhibition			
<b>VLDL- CHOLESTEROL (Calculated)</b>	<b>25</b>	<b>mg/dl</b>	<b>[0-35]</b>
<b>CHOLESTEROL, LDL, CALCULATED</b>	<b>125.0 #</b>	<b>mg/dl</b>	<b>[&lt;120.0]</b>

Above optimal-100-129

Near/

Borderline High:130-159  
High Risk:160-189



**LABORATORY REPORT**

Name : MRS SAVITA  
Registration No : MH011726008  
Patient Episode : H18000001834  
Referred By : HEALTH CHECK MGD  
Receiving Date : 24 Feb 2024 10:38

Age : 44 Yr(s) Sex :Female  
Lab No : 202402004087  
Collection Date : 24 Feb 2024 10:38  
Reporting Date : 24 Feb 2024 12:20

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	3.8		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.4		<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	21.8	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	10.2	mg/dl	[8.0-20.0]
Method: Calculated			
<b>CREATININE, SERUM</b>	<b>0.67 #</b>	<b>mg/dl</b>	<b>[0.70-1.20]</b>
Method: Jaffe rate-IDMS Standardization			
URIC ACID	6.0	mg/dl	[4.0-8.5]
Method:uricase PAP			
<b>SODIUM, SERUM</b>	<b>133.40 #</b>	<b>mmol/L</b>	<b>[136.00-144.00]</b>
POTASSIUM, SERUM	4.92	mmol/L	[3.60-5.10]
SERUM CHLORIDE	101.9	mmol/L	[101.0-111.0]
Method: ISE Indirect			



**LABORATORY REPORT**

**Name** : MRS SAVITA  
**Registration No** : MH011726008  
**Patient Episode** : H18000001834  
**Referred By** : HEALTH CHECK MGD  
**Receiving Date** : 24 Feb 2024 10:38

**Age** : 44 Yr(s) Sex :Female  
**Lab No** : 202402004087  
**Collection Date** : 24 Feb 2024 10:38  
**Reporting Date** : 24 Feb 2024 12:19

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	107.2	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	0.47	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.07	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.40	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.70	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.82	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	1.67		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	25.00	U/L	[0.00-40.00]



**LABORATORY REPORT**

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Registration No : MH011726008 Lab No : 202402004087  
Patient Episode : H18000001834 Collection Date : 24 Feb 2024 10:38  
Referred By : HEALTH CHECK MGD Reporting Date : 24 Feb 2024 12:20  
Receiving Date : 24 Feb 2024 10:38

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	35.00	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	89.0	IU/L	[32.0-91.0]
GGT	35.0	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. Alka Dixit Vats  
Consultant Pathologist



**LABORATORY REPORT**

Name : MRS SAVITA  
Registration No : MH011726008  
Patient Episode : H18000001834  
Referred By : HEALTH CHECK MGD  
Receiving Date : 24 Feb 2024 10:38

Age : 44 Yr(s) Sex :Female  
Lab No : 202402004088  
Collection Date : 24 Feb 2024 10:38  
Reporting Date : 24 Feb 2024 12:20

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma <b>GLUCOSE, FASTING (F)</b> Method: Hexokinase	149.0 #	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 : MRS SAVITA Age : 44 Yr(s) Sex :Female  
Registration No : MH011726008 Lab No : 202402004089  
Patient Episode : H18000001834 Collection Date : 24 Feb 2024 16:08  
Referred By : HEALTH CHECK MGD Reporting Date : 25 Feb 2024 13:20  
Receiving Date : 24 Feb 2024 16:08

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS	215.0 #	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

-----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 : MH011726008

**HEALTH CHECK RECORD**

Hospital No: MH011726008	Visit No: O18000067203
Name: MRS SAVITA	Age/Sex: 44 Yrs/Female
Doctor Name: DR.SHISHIR NARAIN	Specialty: OPHTHALMOLOGY MGD
Date: 24/02/2024 03:01PM	

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS - PHC  
SYSTEMIC/ OPHTHALMIC HISTORY - HTN X 12 YRS

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/6	6/6
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	19	19
FUNDUS EXAMINATION		
OPTIC DISC	C:D 0.3	C:D 0.3
MACULAR AREA	FOVEAL REFLEX PRESENT	FOVEAL REFLEX PRESENT

ADVISE / TREATMENT  
E/D AQUALINA 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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In association with  
**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