# Mediwheel <wellness@mediwheel.in>

Tue 2/13/2024 1:49 PM

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



011-41195959

#### Dear Manipal Hospital

We have received a booking request for the details are following. Please provide your confirmation by clicking on the yes button.

# Are you sure to confirm the booking?

Name

: MR. CHAUDHARY SAURABH

Package Name

: Mediwheel Full Body Health Checkup Male Below 40

Package Code

: PKG10000474

Location

NH-24, Hapur Road, Oppo. Bahmeta Village, Near Lancraft Golf

Links Aparment

**Contact Details** 

: 8882974136

E-mail id

: SAURABH.CHAUDHARY@bankofbaroda.com

**Booking Date** 

: 13-02-2024

**Appointment Date** 

: 24-02-2024

Appointment Date . 24-02-202-	······································
Member Information	
Age	Gender
Booked Member Name 31 year	Male
MR. CHAUDHARY SAURABH 31 year	

Please login to your account to confirm the same. Also you mail us for confirmation

Hospital Package

Name

Mediwheel Full Body Health Checkup Male Below 40

User Package Name : Mediwheel Full Body Health Checkup Male Below 40

- 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**
- 21 Tests included in this Package
- 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

Thanks, Mediwheel Team

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

42, 2024 - 20, An ofere Nexteriore, Principal Red Heisterheiterel



सौरभ चौधरी Saurabh Chaudhary जन्म तिथि/DOB: 20/11/1992 पुरुष/ MALE

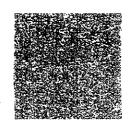
6928 9409 6737

VID: 9151 3132 6862 3971 र अरी पहचान

भारतीय विशिष्ट पहचाल प्राधिकरण Unique Identification Authority of India

पता: , द्वारा: मन्द्रीर णोधरी, 74, फिजारसी, फिजारसी क्रिजीकन्मर, क्षपड, क्षपड़, दुन्तर प्रवेश - 245101

BAddress: C/O: Manvir Chaudhary, 74, chhijarsi, Echhijarsi kuleechnagar, Hapur, Hapur, Buttar Pradesh - 245101



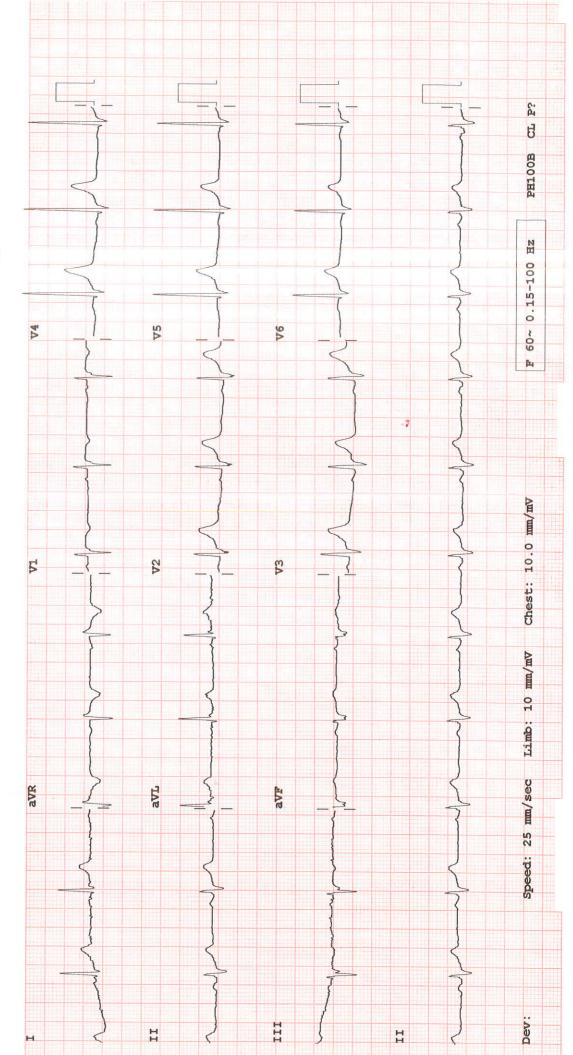
6928 9409 6737

VID : 9151 3132 6862 3971

→ help@adai.gov.in | (①) www.aidai.gov.in

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



# manipal hospitals







Patient Name MR SAURABH CHAUDHARY

Location

: Ghaziabad

Age/Sex

: 31Year(s)/male

Visit No

: V0000000001-GHZB

Order Date

: 24/02/2024

MRN No

MH108565223

Ref. Doctor : DR BHUPENDRA SINGH

Report Date

: 24/02/2024

Protocol

: Bruce

**MPHR** 

: 189BPM

**Duration of exercise** 

: 9min 28sec

85% of MPHR Peak HR Achieved : 169BPM

: 160BPM

Reason for termination

: THR achieved Peak BP

% Target HR

: 89%

Blood Pressure (mmHg) : Baseline BP : 120/80mmHg

: 140/80mmHg

**METS** 

: 10.8METS

	1		BP	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
STAGE	TIME (min)		(mmHg)	51111		
		0.5	120/80	Nil	No ST changes seen	Nil
PRE- EXC.	0:00	85	120/80		AL CT changes soon	Nil
STAGE 1	3:00	118	120/80	Nil	No ST changes seen	2.4
TO THE RESERVE TO THE	1.10	162	130/80	Nil	No ST changes seen	Nil
STAGE 2	E 2 1:18		150,00	2	No CT changes seen	Nil
STAGE 3	3:00	162	140/90	Nil	No ST changes seen	
CTACE 4	0:28	168	140/90	Nil	No ST changes seen	Nil
STAGE 4	0.20	100		NII	No ST changes seen	Nil
RECOVERY	4:25	99	126/88	Nil	No 51 changes com	

### **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

Dr. Sudhanshu Mishra

MD, DNB (CARDIOLOGY), MNAMS MD

Sr.Consultant Cardiology

Cardiology Registrar

Manipal Hospital, Ghaziabad

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

P: 0120-3535353

Page 1 of 2

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





NAME	MR Saurabh CHAUDHARY	STUDY DATE	24/02/2024 11:41AM
AGE / SEX	31 y / M	HOSPITAL NO.	MH010856523
ACCESSION NO.	R6940096	MODALITY	CR
REPORTED ON	24/02/2024 2:22PM	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 seen.

Please correlate clinically

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

This report is subject to the to-

**CONSULTANT RADIOLOGIST** 

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





NAME	MR Saurabh CHAUDHARY	STUDY DATE	24/02/2024 12:29PM
AGE / SEX	31 y / M	HOSPITAL NO.	MH010856523
ACCESSION NO.	R6940097	MODALITY	US
REPORTED ON	24/02/2024 1:26PM	REFERRED BY	HEALTH CHECK MGD

# USG ABDOMEN & PELVIS FINDINGS

LIVER: appears normal in size (measures 135mm) 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 116 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 3 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 104 x 43 mm. Left Kidney: measures 115 x 57 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 37 x 31 x 28 mm with volume 17 cc.

Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

#### **IMPRESSION**

-Diffuse grade I fatty infiltration in liver.

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

**CONSULTANT RADIOLOGIST** 

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





Name

MR SAURABH CHAUDHARY

Age

31 Yr(s) Sex :Male

**Registration No** 

MH010856523

Lab No

202402004125

**Patient Episode** 

: H18000001840

**Collection Date:** 

24 Feb 2024 11:12

Referred By

: HEALTH CHECK MGD

Reporting Date:

25 Feb 2024 13:50

**Receiving Date** 

: 24 Feb 2024 11:12

#### **BIOCHEMISTRY**

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

#### THYROID PROFILE, Serum

T3 - Triiodothyronine (ELFA)	0.890	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	8.090	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.700	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.

Page1 of 2





Name

MR SAURABH CHAUDHARY

Age Lab No 31 Yr(s) Sex :Male

Registration No

MH010856523

:

202402004125

**Patient Episode** 

H18000001840

**Collection Date:** 

24 Feb 2024 11:12

Referred By

HEALTH CHECK MGD

Reporting Date:

25 Feb 2024 13:08

**Receiving Date** 

: 24 Feb 2024 11:12

**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.

Page 2 of 2

NOTE:

# - Abnormal Values

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

Dr. Charu Agarwal Consultant Pathologist







Name

: MR SAURABH CHAUDHARY

Age : 31

31 Yr(s) Sex: Male

Registration No

: MH010856523

Lab No

202402004125

Patient Episode

: H18000001840

**Collection Date:** 

24 Feb 2024 11:12

Referred By

: HEALTH CHECK MGD

Reporting Date:

24 Feb 2024 13:16

**Receiving Date** 

: 24 Feb 2024 11:12

#### **HAEMATOLOGY**

TEST	RESULT	UNIT BIOLOG	ICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATE	0)	SPECIMEN-EDTA Whol	e Blood
RBC COUNT (IMPEDENCE)	5.43	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.5	g/dl	[13.0-17.0]
Method:cyanide free SLS-coloria	metry	-	
HEMATOCRIT (CALCULATED)	44.6	96	[40.0-50.0]
MCV (DERIVED)	82.1 #	fL	[83.0-101.0]
MCH (CALCULATED)	26.7	pg	[25.0-32.0]
MCHC (CALCULATED)	32.5	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.3	9	[11.6-14.0]
Platelet count	257	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	9.7		
		w .	
WBC COUNT (TC) (IMPEDENCE)	5.40	$\times$ 10 $^3$ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT			
(VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	52.0	8	[40.0-80.0]
Lymphocytes	40.0	90	[20.0-40.0]
Monocytes	7.0	8	[2.0-10.0]
Eosinophils	1.0	90	[1.0-6.0]
	0.0	00	[0.0-2.0]

Page 1 of 8







Name

: MR SAURABH CHAUDHARY

Age

31 Yr(s) Sex :Male

**Registration No** 

: MH010856523

Lab No

202402004125

Patient Episode

: H18000001840

**Collection Date:** 

24 Feb 2024 11:12

Referred By

: HEALTH CHECK MGD

Reporting Date:

24 Feb 2024 14:04

**Receiving Date** 

: 24 Feb 2024 11:12

**BIOCHEMISTRY** 

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA

HbAlc (Glycosylated Hemoglobin)

5.5

[0.0-5.6]

Method: HPLC

As per American Diabetes Association (ADA

HbAlc in %

Non diabetic adults >= 18 years <5.7

Prediabetes (At Risk) 5.7-6.4 Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG)

111

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.

#### ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour

PALE YELLOW

(Pale Yellow - Yellow)

Appearance

Reaction[pH]

CLEAR 6.0

(4.6-8.0)

Specific Gravity

1.005

(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin

Negative

(NEGATIVE)

Glucose

NIL

(NIL)

Ketone Bodies Urobilinogen Negative

(NEGATIVE)

Normal

(NORMAL)

Page 2 of 8







Name

: MR SAURABH CHAUDHARY

Age

31 Yr(s) Sex: Male

Registration No

: MH010856523

Lab No

202402004125

Patient Episode

: H18000001840

MICROSCOPIC EXAMINATION (Automated/Manual)

**Collection Date:** 

24 Feb 2024 11:13

Referred By

: HEALTH CHECK MGD

**Reporting Date:** 

25 Feb 2024 13:36

**Receiving Date** 

: 24 Feb 2024 11:13

#### **CLINICAL PATHOLOGY**

Pus Cells 2-	4 /hpf	(0-5/hpf)	
RBC NII	000 00 00 m on the contract of	(0-2/hpf)	
RDC		, , , , , , , , , , , , , , , , , , , ,	
Приспеция обще	## ##################################		
01100010			
Bacteria			
OTHERS			
Serum LIPID PROFILE			
Serum TOTAL CHOLESTEROL	223 #	mg/dl	[<200]
Method:Oxidase, esterase, peroxi	de		Moderate risk:200-239
neemed on a second of the seco			High risk:>240
TRIGLYCERIDES (GPO/POD)	174 #	mg/dl	[<150]
INIGHICANIDAD (GLO/100)		2.	Borderline high: 151-199
			High: 200 - 499
			Very high:>500
UDT GUOT ROMEDOT	48.0	mg/dl	[35.0-65.0]
HDL- CHOLESTEROL		mg/ ar	[00.0 00.0]
Method: Enzymatic Immunoimhibi	35	mg/dl	[0-35]
VLDL- CHOLESTEROL (Calculated)			[<120.0]
CHOLESTEROL, LDL, CALCULATED	140.0 #	mg/dl	Near/
above optimal-100-129			5 1 1 2 2 2 1 1 20 1 5
			Borderline High: 130-15 High Risk: 160-189
		2	<4.0 Optimal
T.Chol/HDL.Chol ratio(Calculat	(ed) 4.6		
			4.0-5.0 Borderline
			>6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calcula	ited) 2.9		<3 Optimal
8 - 6 20 3 3 3 5 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			3-4 Borderline
			>6 High Risk

Page 3 of 8







Name

: MR SAURABH CHAUDHARY

Age

31 Yr(s) Sex :Male

Registration No

: MH010856523

202402004125 Lab No

**Patient Episode** 

: H18000001840

**Collection Date:** 

24 Feb 2024 11:12

: HEALTH CHECK MGD

Referred By

Reporting Date:

24 Feb 2024 13:01

**Receiving Date** 

: 24 Feb 2024 11:12

# **BIOCHEMISTRY**

RESULT TEST

UNIT

BIOLOGICAL REFERENCE INTERVAL

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

KIDNEY PROFILE		( 1 ]	[15.0-40.0]
Specimen: Serum	19.4	mg/dl	[8.0-20.0]
UREA Method: GLDH, Kinatic assay	9.1	mg/dl	
BUN BLOOD UREA NIIROGE		mg/dl	[0.70-1.20]
Mothod: Calculated	1,18	mg/ ar	[4.0-8.5]
CREATININE, SERUM Method: Jaffe rate-IDMS Standardization	8.2	mg/dl	[4.0 0.2
Method: Jaile late URIC ACID			
Method:uricase PAP			[136.00-144.00]
a semple control of the control	137.70	mmol/L	
SODIUM, SERUM	4.72	mmol/L	[3.60-5.10] [101.0-111.0]
POTASSIUM, SERUM	103.6	mmo1/1	
SERUM CHLORIDE Method: ISE Indirect	81.7	ml/min/1.73sc	[>60.0]
eGFR (calculated) Technical Note Technical Note	n Creatini	ne is a derivation applicable to indi	of CKD-EPI 2009 viduals below 18 yea g indeterminate e.g.

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to1.73 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.







Name

: MR SAURABH CHAUDHARY

Age

31 Yr(s) Sex :Male

Registration No

: MH010856523

Lab No

202402004125

Patient Episode

: H18000001840

**Collection Date:** 

24 Feb 2024 11:12

Referred By

: HEALTH CHECK MGD

**Reporting Date:** 

24 Feb 2024 13:01

Page 5 of 8

**Receiving Date** 

: 24 Feb 2024 11:12

#### **BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE II	NTERVAL
LIVER FUNCTION TEST				
BILIRUBIN - TOTAL Method: D P D	0.77	mg/di	[0.30-1.20]	
BILIRUBIN - DIRECT Method: DPD	0.12	mg/d	[0.00-0.30]	
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.65	mg/d	dl [0.10-0.90]	
TOTAL PROTEINS (SERUM) Method: BIURET	7.90	gm/e	dl [6.60-8.70]	
ALBUMIN (SERUM) Method: BCG	5.23 #	g/d.	[3.50-5.20]	
GLOBULINS (SERUM) Method: Calculation	2.70	gm/	dl [1.80-3.40]	
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.96		[1.00-2.50]	
AST(SGOT) (SERUM) Method: IFCC W/O P5P	29.00	U/L	[0.00-40.00]	
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	51.50	U/L	[17.00-63.00]	
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	62.0	IU/	L [32.0-91.0]	
GGT	30.0		U/L [7.0-50.0]	







Name

: MR SAURABH CHAUDHARY

Age

31 Yr(s) Sex :Male

**Registration No** 

: MH010856523

Lab No

202402004125

**Patient Episode** 

: H18000001840

**Collection Date:** 

24 Feb 2024 11:12

Referred By

: HEALTH CHECK MGD

**Reporting Date:** 

24 Feb 2024 13:01

**Receiving Date** 

: 24 Feb 2024 11:12

#### **BIOCHEMISTRY**

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

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 SAURABH CHAUDHARY

Age

31 Yr(s) Sex: Male

Registration No

: MH010856523

Lab No

202402004126

Patient Episode

: H18000001840

**Collection Date:** 

24 Feb 2024 11:12

Referred By

: HEALTH CHECK MGD

Reporting Date:

25 Feb 2024 13:13

**Receiving Date** 

: 24 Feb 2024 11:12

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Specimen: Plasma GLUCOSE, FASTING (F)

95.0

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, adrenocortica insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),

insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

Page 7 of 8

----END OF REPORT----

Dr. Charu Agarwal Consultant Pathologist







Name

: MR SAURABH CHAUDHARY

Age

31 Yr(s) Sex :Male

**Registration No** 

: MH010856523

Lab No

202402004127

Patient Episode

: H18000001840

**Collection Date:** 

24 Feb 2024 15:16

Referred By

: HEALTH CHECK MGD

**Reporting Date:** 

25 Feb 2024 13:18

**Receiving Date** 

: 24 Feb 2024 15:16

**BIOCHEMISTRY** 

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

97.0

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. Charu Agarwal Consultant Pathologist

# manipainospitais

Manipal Hospital Ghaziabad

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



#### HEALTH CHECK RECORD

Hospital No: MH010856523

MR SAURABH CHAUDHARY

Visit No: O18000067259 Age/Sex: 31 Yrs/Male

Name:

Doctor Name: DR.SHISHIR NARAIN

Specialty: OPHTHALMOLOGY MGD

Date:

24/02/2024 03:36PM

OPD Notes:

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

**EXAMINATION DETAILS** 

RIGHT EYE

LEFT EYE

VISION

6/6

6/6

CONJ **CORNEA**  NORMAL CLEAR

NORMAL CLEAR

LENS

CLEAR **FULL**  CLEAR **FULL** 

**OCULAR MOVEMENTS** NCT

20

20

**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

1 of 1

CIN: U85110KA2010PTC052540

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru 560 017, Karnataka P+1160 4996 0300 Finfo@marieahosbitassociation www.manipalhospitals.com Manipal Hospitals - Ghaziabad

& DAY CARE CENTRE

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