

0254157

## MAXIVISION EYE HOSPITAL

Ph : +91-40-27763677

Room No. :

UHID-1996173

CASE SHEET

Arrival Time : 6:54

Doctor : DR. Ram Kumar

Date : 30/6/12

Ref :

MR No. 0254157

Name : Ms. K. Alekya

Gender : F

DOB :

Address : Ramanthapur.

Occupation :

Age 12yrs

Ph. 9866305901

e-mail :

AR : Right =

Left =

## PRESENT GLASSES PRESCRIPTION :

	SPHERE	CYL	AXIS	ADD	CVA
Right					
Left					

## COMPLAINTS :

40 - 10/7 Blurring Up

Past History :

Dil AR L -2.25/-0.50x180  
L -2.25/-0.50x35°

## NEW PRESCRIPTION :

	UVA	SPHERE	CYL	AXIS	ADD	CVA
Right		-2.25				6ds
Left		-2.25				6ds

ALLERGIES : Nil :  Penicillin :  Xylocaine :  Sulpha :  Atropine :  Drosyn : 

Others :

NIDDM :  IDDM :  Thyroid :  CVA  Asthma  Heart Disease :  Any other infection Fever :  Recent Cough & Cold :  HTN 

## ON ANY DRUGS :

Anticoagulants :  Aspirin :  Clopidogrel :  Dipyridamole :  Ticlopidine : 

Others :

Advised to stop anticoagulants 4 days before Surgery and 4 days after surgery Dominant eye : Right :  Left :

## OCULAR EXAMINATION

OCULAR MOVEMENTS :

RCS :

RDS :

FULL

Restricted

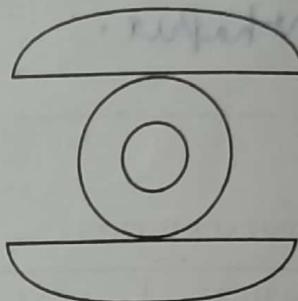
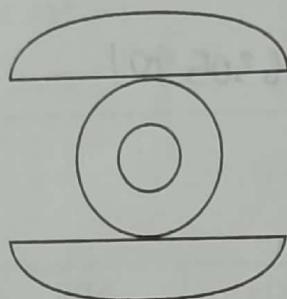
LCS :

LDS :

SAC WASHOUT (Syringing) RE

LE

Anterior Segment



LIDS

CONJ

CORNEA

AT

AC

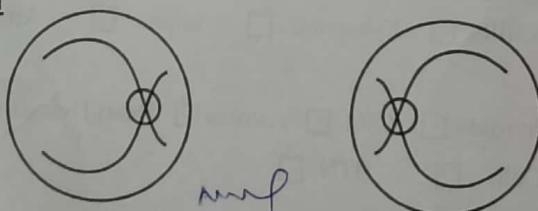
IRIS   
PUPIL

LENS

VITREOUS

RETINA

## FUNDUS EXAMINATION



Provisional - Diagnosis :

PMR or Bleeding

Refractive error

TREATMENT & ADVISE :

INVESTIGATIONS

Keratometry

RE : K<sub>1</sub>H  
K2V

LE : K<sub>1</sub>H  
K2V

'A' Scan

AL

**Formula**  
SRK II  SRK T

PCIOL

Binkhorst - II

ACIOL

Ultrasound Pachy

RE :

LE :

Specular Microscope

RE : Cells

LE : Cells

Pachy

Pachy

Orb Scan Attached RE

RE :

LE :

Aberrometry Report

RE :

LE :

GDX Report

RE :

LE :

B Scan Report

RE :

LE :

FFA Report

RE :

LE :

SURGERY NOES :

RE :

LE :

Investigations	Values	Normal Values
Hb%		Males 13-18 gms% Females 11-16 gms% Infants 13-19 gms%
BT		1-3 min
CT		3-7 min
CBP		
CUE		
ESR		
FBS		60-110 mgs%
PPBS		110- 165 mgs%
RBS		Upto 160 mgs%
Glycosylated Hb		
HBs ag		
HIV		
CHEST 'X' RAY		
ECG		

NAME

04\_DEC\_2025 AM 11:15  
NO. 4902  
SN: 4774868

REF. DATA

VD: 12.00 CYL: (-)

<b>&lt;R&gt;</b>	<b>S</b>	<b>C</b>	<b>A</b>
- 5.00	- 3.50	40	
- 5.00	- 3.75	40	
- 5.00	- 3.50	40	
<b>- 5.00</b>	<b>- 3.50</b>	<b>40</b>	
S. E.	- 6.75		

<b>&lt;L&gt;</b>	<b>S</b>	<b>C</b>	<b>A</b>
- 6.00	- 0.75	115	
- 6.00	- 0.75	115	
- 6.25	- 0.75	115	
<b>- 6.00</b>	<b>- 0.75</b>	<b>115</b>	
S. E.	- 6.50		

PD: 60.0

TOPCON

MAXIVISION EYE HOSPITAL  
Somajiguda HYD.

NAME

04\_DEC\_2025 AM 11:15  
NO. 4902  
SN:4774868

REF. DATA

UD: 12.00 CYL: (-)

<R> S C A  
- 5.00 - 3.50 40  
- 5.00 - 3.75 40  
- 5.00 - 3.50 40  
- 5.00 - 3.50 40  
S. E. - 6.75

<L> S C A  
- 6.00 - 0.75 115  
- 6.00 - 0.75 115  
- 6.25 - 0.75 115  
- 6.00 - 0.75 115  
S. E. - 6.50

PD: 60.0

TOPCON  
MAXIVISION EYE HOSPITAL  
Somajiguda HYD.

(D) Come for P.MT

-5.00 - 2.50 SP2 - 6/6  
+5.00 - 2.50 SP2 - 6/6

6/6

PLR

4/12/25

-5.00 | -1.50 +153  
-6.50 | -

Followup

NEXT 16/12 Monthly

Un T 6/120 P.H. 6/120

Un T 6/120 P.H. 6/120

Next - 5.00 | 0.50 X 10° (6/6)  
6.50 | 0.50 X 110° (6/6)

\* No diplopia

(P) nuf

ly.

Reflex O/C

S

DUE  
11.40

To continue for

# **MAXIVISION**

## **Continuation Sheet**

M.R.No. :

absent ✓

\_\_\_\_\_.

copy

(RR)

CSR

L

(MOTOR)

To see Dr. Shil.

TOPCON CL-200

<R> S C A  
-5.00 -1.50 153  
~~PSM~~ 0.00 OUT 0.00 DWN

<L> S C A  
-6.50 +0.00 180  
~~PSM~~ 0.00 IN 0.00 DWN

## OCULUS - PENTACAM 4 Maps Refractive

1.2912

Last Name:	K
First Name:	ALEKHYA
ID:	SGD1996173
Date of Birth:	10/21/2000
Exam Date:	12/04/2025
Exam Info:	



Cornea Front

Rt: 7.48 mm K1: 45.1D

Rs: 6.93 mm K2: 48.7D

Rm: 7.20 mm Km: 46.8D

Qs: OK Axis: 126.3° Astig: 3.6D

D-val: -0.49 Rper: 7.69 mm Rmin: 6.59 mm

[8mm]

Q-val: 0.48 Rper: 6.37 mm Rmin: 5.03 mm

[8mm]

Cornea Back

Rt: 6.30 mm K1: -6.4D

Rs: 5.39 mm K2: -7.4D

Rm: 5.84 mm Km: -6.8D

Qs: OK Axis: 119.8° Astig: 1.1D

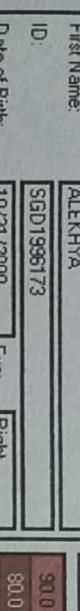
D-val: -0.49 Rper: 4.20 mm Rmin: 4.00 mm

[8mm]

Curvature

D

Abs.



OD

Elevation (Front)

BFS=7.43 Float, Dia=8.00

-75

-65

-55

-45

-35

-25

-15

-5

+5

+15

+25

+35

+45

+55

+65

+75

+85

+95

+105

+115 μm

+125

+135

+145

+155

+165

+175

+185

+195

+205

+215

+225

+235

+245

+255

+265

+275

+285

+295

+305

+315

+325

+335

+345

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+665

+675

+685

+695

+705

+715

+725

+735

+745

+755

+765

+775

+785

+795

+805

+815

+825

+835

+845

+855

+865

+875

+885

+895

+905

+915

+925

+935

+945

+955

+965

+975

+985

+995

+1005

+1015

+1025

+1035

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+1285

+1295

+1210

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+1230

+1240

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+1295

+1210

+1220

+1230

+1240

+1250

+1260

+1270

+1280

+1290

+1215

+1225

## OCULUS - PENTACAM 4 Maps Refractive

1.2912

Last Name: K

First Name: ALEKHYA

ID: SGD:998173

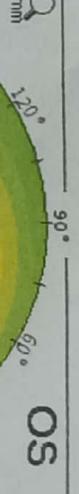
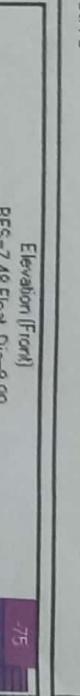
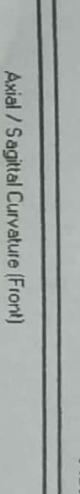
Date of Birth: 10/21/2000

Eye: Left

Exam Date: 12/04/2025

Time: 13:00:33

Exam Info:



Cornea Front  
Rf: 7.39 mm K1: 45.6 D

Rs: 7.24 mm K2: 46.6 D

Rm: 7.32 mm Km: 46.1 D

Qs: 0.0 D Axis: 55.1 ° Astig: 0.9 D

Q-val: 0.41 Rper: 7.71 mm Rmin: 7.04 mm

D: 20.0 mm

Cornea Back  
Rf: 6.25 mm K1: 6.4 D

Rs: 5.84 mm K2: 6.8 D

Rm: 6.05 mm Km: 6.6 D

Qs: 0.0 D Axis: 65.3 ° Astig: 0.5 D

Q-val: 0.35 Rper: 6.41 mm Rmin: 5.55 mm

Abs.

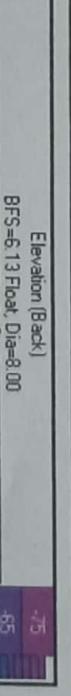
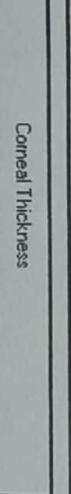
Corneal Thickness  
Rf: 300 μm K1: 340 μm

Rm: 360 μm Km: 380 μm

Qs: 0.0 D Axis: 420 ° Astig: 0.5 D

Q-val: 0.35 Rper: 460 μm Rmin: 420 μm

Abs.



Pachy: x[mm] y[mm]

Pupil Center: +481 μm 0.00

Pachy Vertex N.: 483 μm 0.00

Thinnest Locat.: ○ 480 μm +0.47

K Max. [Front]: 480 D -0.40

K Max. [Back]: 480 D -1.55

Cornea Volume: 57.4 mm³ HWTW: 12.3 mm

Chamber Volume: 209 mm³ Angle: 34.9 °

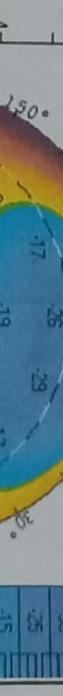
A. C. Depth [ml.]: 3.47 mm Pupil Dia: 7.37 mm

Enter IOP: Lens Th.: 3.73 mm

Pachy: 10 μm Abs.



-



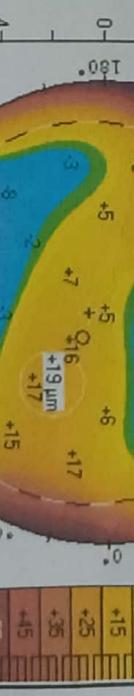
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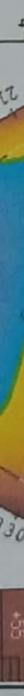
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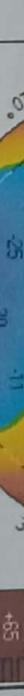
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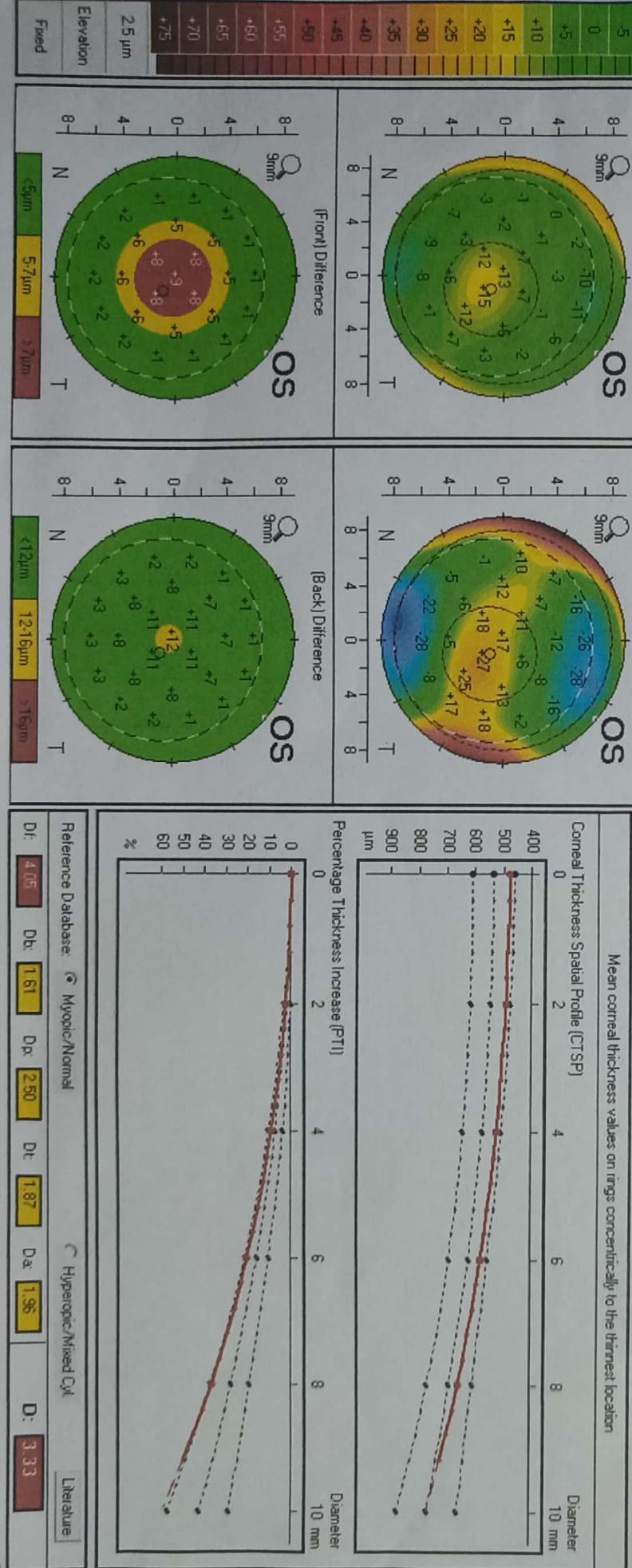
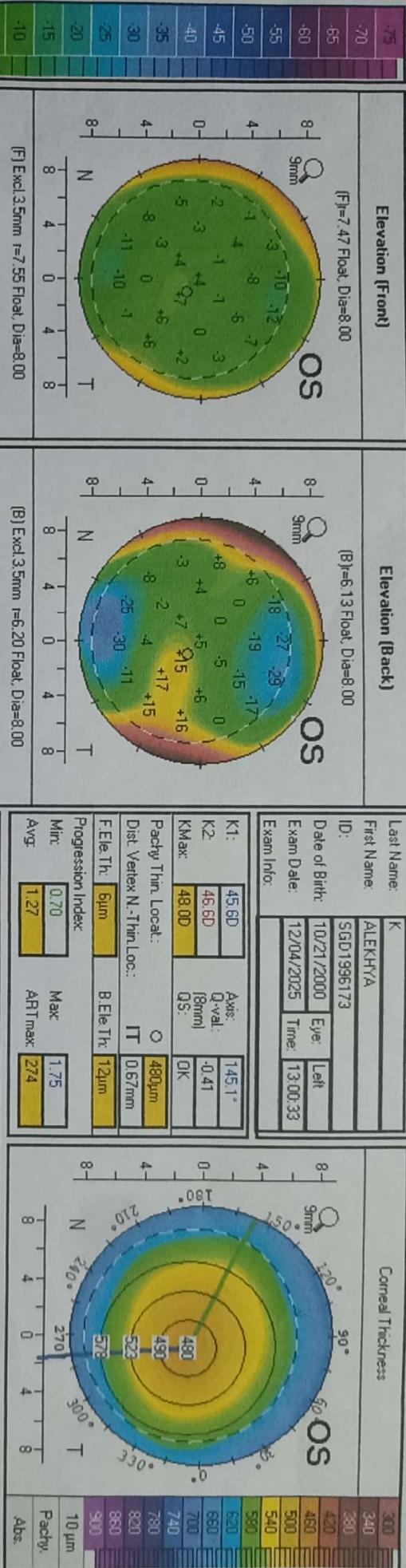
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OCULUS - PENTACAM Belin/Ambrosio Enhanced Ectasia Display

1.2912







# TELANGANA GOVERNMENT EMPLOYEES HEALTH SCHEME

D.No. 8-2-293/82a/ahct, Road No: 46, Jubilee Hills, Hyderabad - 500033

## PATIENT REGISTRATION FORM

Patient No : 7048595

### PERSONAL DETAILS

Health Card  
No:

GA0000552/03

Name: K ALEKHYA

Gender: Female

Age: 25Y 1M 14D

Relationship: Daughter

Slab: Semi Private Ward

Designation: Dependent

Contact No: 9866305901



### CARD ADDRESS

House No: 2-108/6/27/31

Street: P.N.R. COLONY

District: MEDCHAL

Mandal/Municipality: MEDIPALLI

City/Town/Village: BODUPPAL

Pin code: 500092

### COMMUNICATION ADDRESS

House No: 2-108/6/27/31

Street: P.N.R. COLONY

District: MEDCHAL

Mandal/Municipality: MEDIPALLI

City/Town/Village: BODUPPAL

Pin code: 500092

### REGISTERED HOSPITAL DETAILS

Registered Hospital: Maxivision Eye Hospitals Private Limited

Date and Time of Registration: 04/12/2025 11:09:37 AM