

SURNAMES (Block Letters)

DEKAYIE

FIRST NAMES

BEATRICE

Sex

F

PHONE NUMBER.....
0275 078177

ADDRESS OR RESIDENTIAL.....
MAMOPSI

OCCUPATION

MARITAL STATUS

MARRIED	DIVORCED	SINGLE	OTHER
.....

ATE OF BIRTH

AGE

PLACE OF BIRTH

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY

RELIGION

DATE OF FIRST ATTENDANCE

22/09/2016

NEXT OF KIN

ADDRESS OR PHONE No. OF NEXT OF KIN



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Md. Beatrice Dekayne

CARD NUMBER: 13494

DATE: 24-10-17.

q/c P sudden loss of vision in RE $\approx 2/32$ ago.

Dm⁺, HPT (qn tabs),

VR. C/P 1-5ms,
w/ DPT.

VR Prosthetic.

(+) - Lvt - (-)

Mild injection - Conj

Glycocalyx
oedema

Gree

Mild sternal
oedema

Anophthalmic
socket + Prosthetic
shell

- Deep / Opt

- All -

Ectropion worse

- Pupil

Rubeosis irides

- Iris

Cot Ns⁺⁺

- Lens

No view

- Fundus

A

58

1/2: RE Newakular Glaucom

- ✓ 1. Catt Cawdron NE 5d
2. Catt Team Nature RE fd
3. Tal Diana 280y jd
4. Catt Fonderie NE jd
5. See 1/2

Ahg

INTER-STAR EYE CLINIC

5th Lane, Hse. No F525/1 Osu . 0302783832

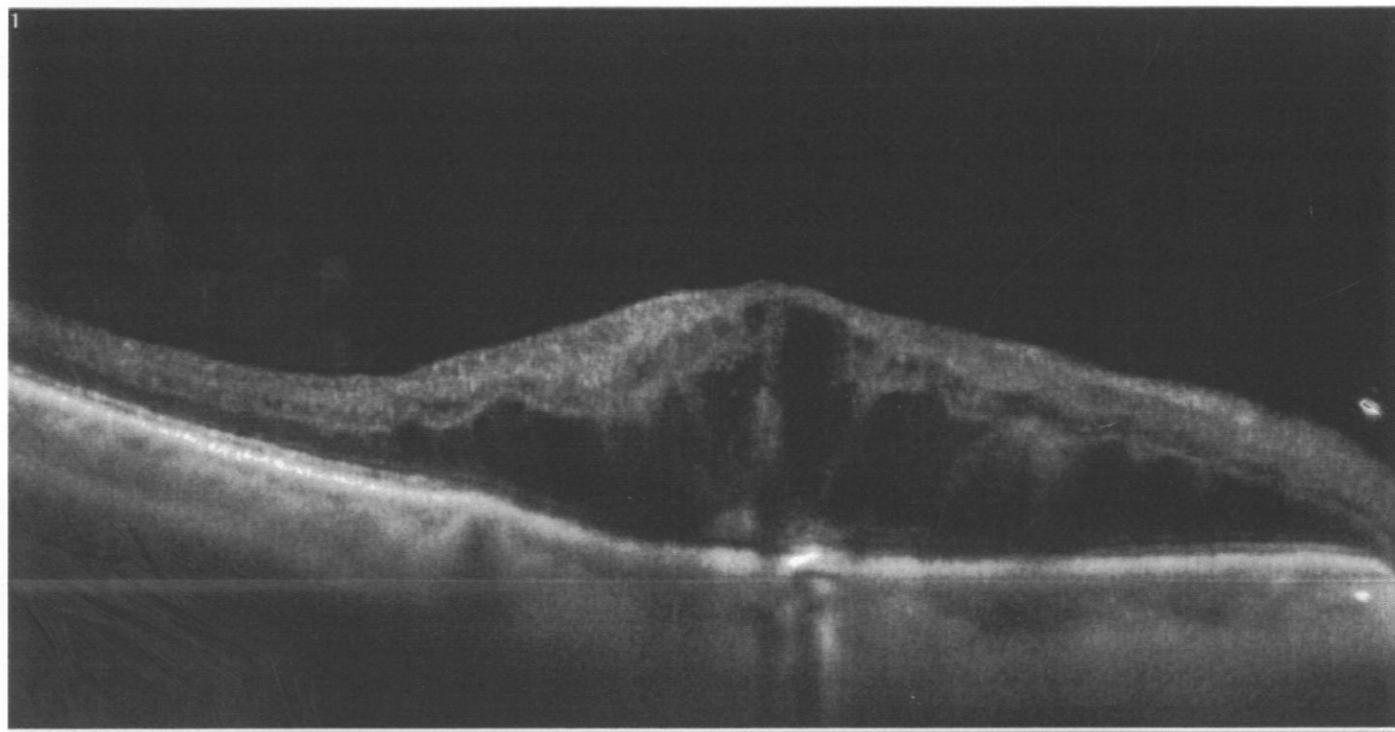
OD

Patient: DEKAYE Rev, Beatrice
Physician: BRAIMAH, ZEBA
Operator: Ahiabor, Edem K
Disease:

Gender: F
ID:

Exam Date: 22/09/2016
DOB (age): 24/04/1941 (75)
Ethnicity:
Algorithm Version: A6, 1, 0, 4

OD



Report Date: Thursday September 22 11:24:10 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

Defining the OCT Revolution

optovue

INTER-STAR EYE CLINIC

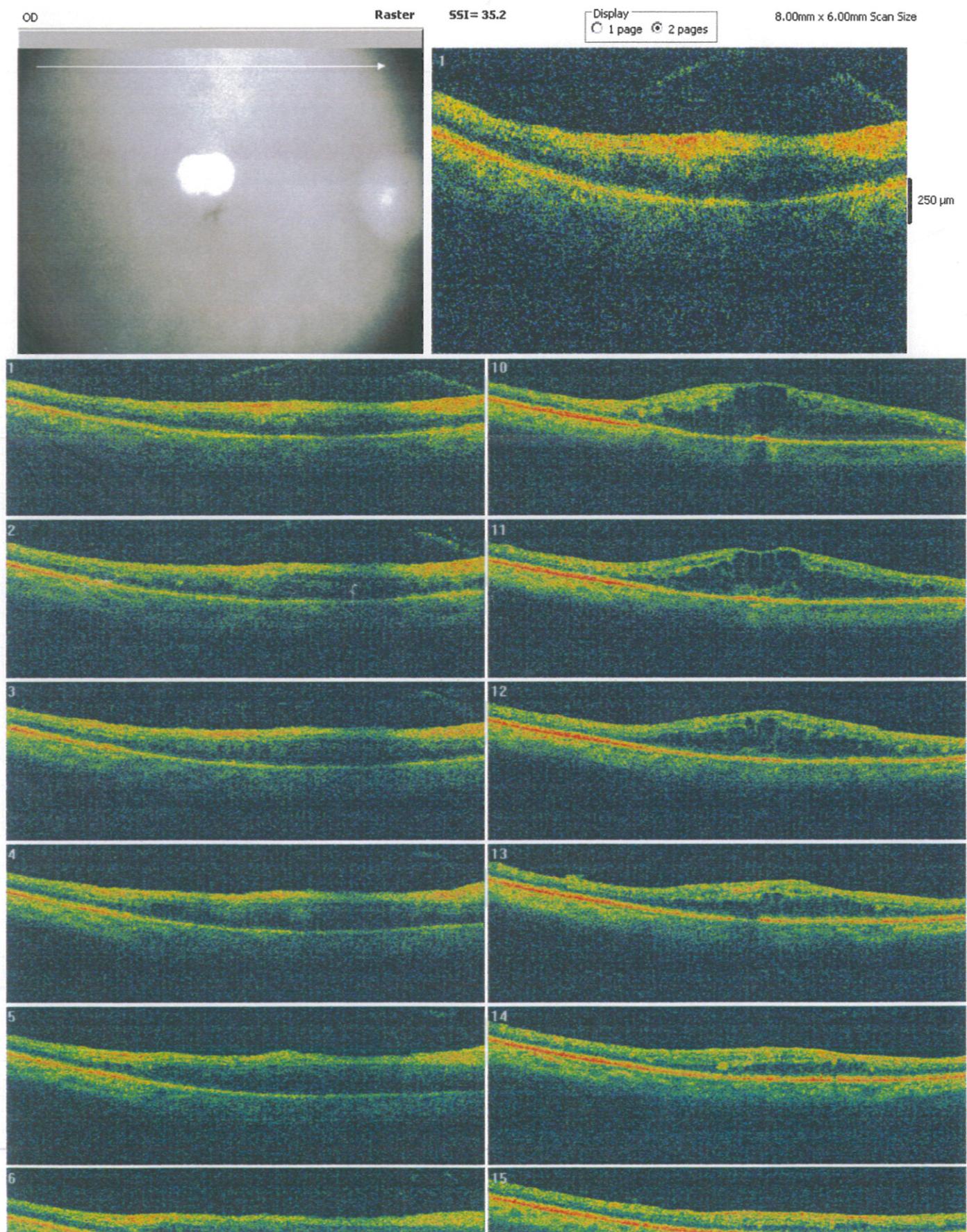
5th Lane, Hse. No F525/1 Osu . 0302783832

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INTER-STAR EYE CLINIC

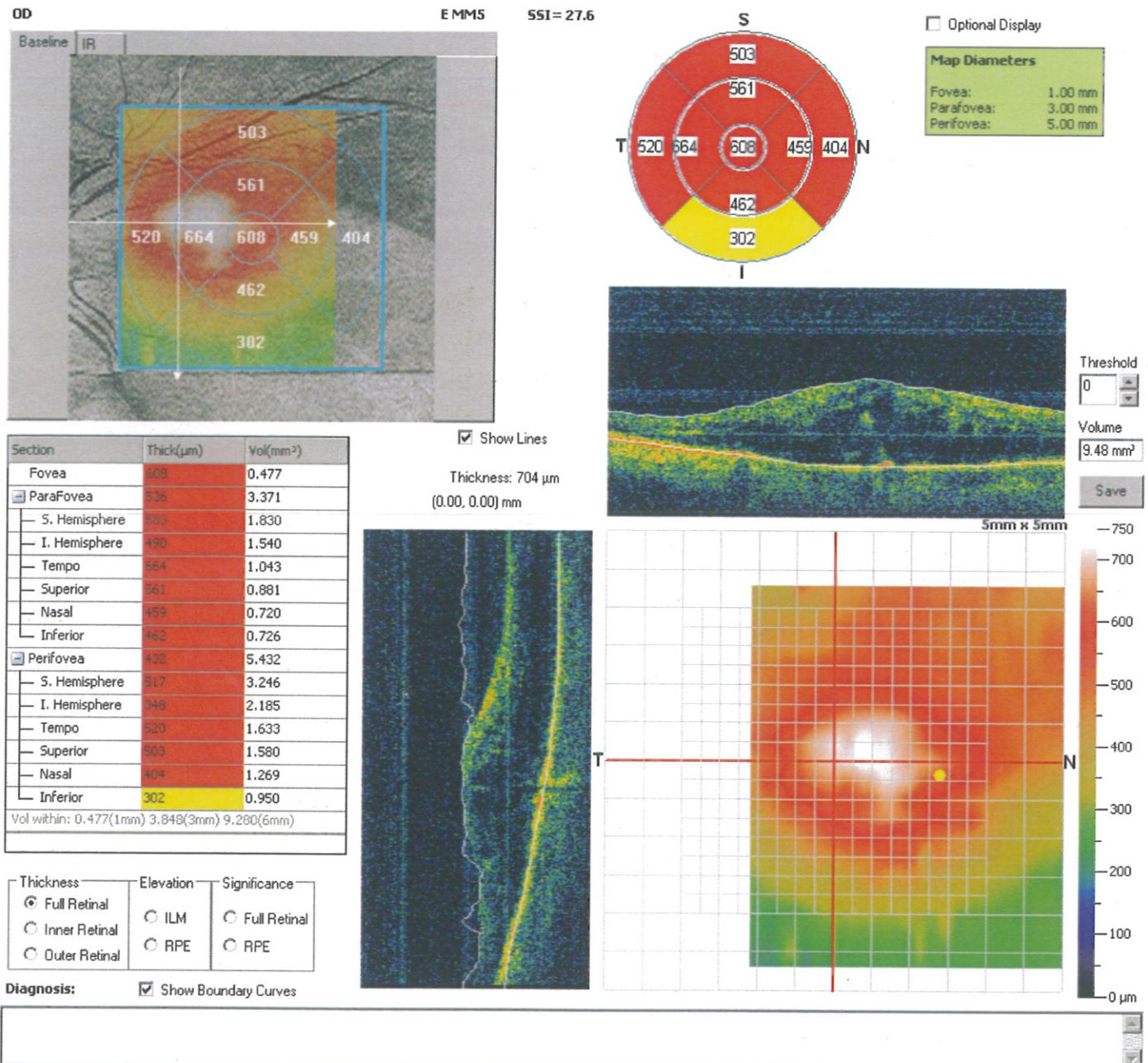
5th Lane, Hse. No F525/1 Osu . 0302783832

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 Physician: BRAIMAH, ZEBA
 Operator: Ahiabor, Edem K
 Disease:

Gender: F
 ID:

Exam Date: 22/09/2016
 DOB (age): 24/04/1941 (75)
 Ethnicity:
 Algorithm Version: A6, 1, 0, 4



Report Date: Thursday September 22 11:24:14 2016

Report Date: Thursday September 22 11:24:27 2016

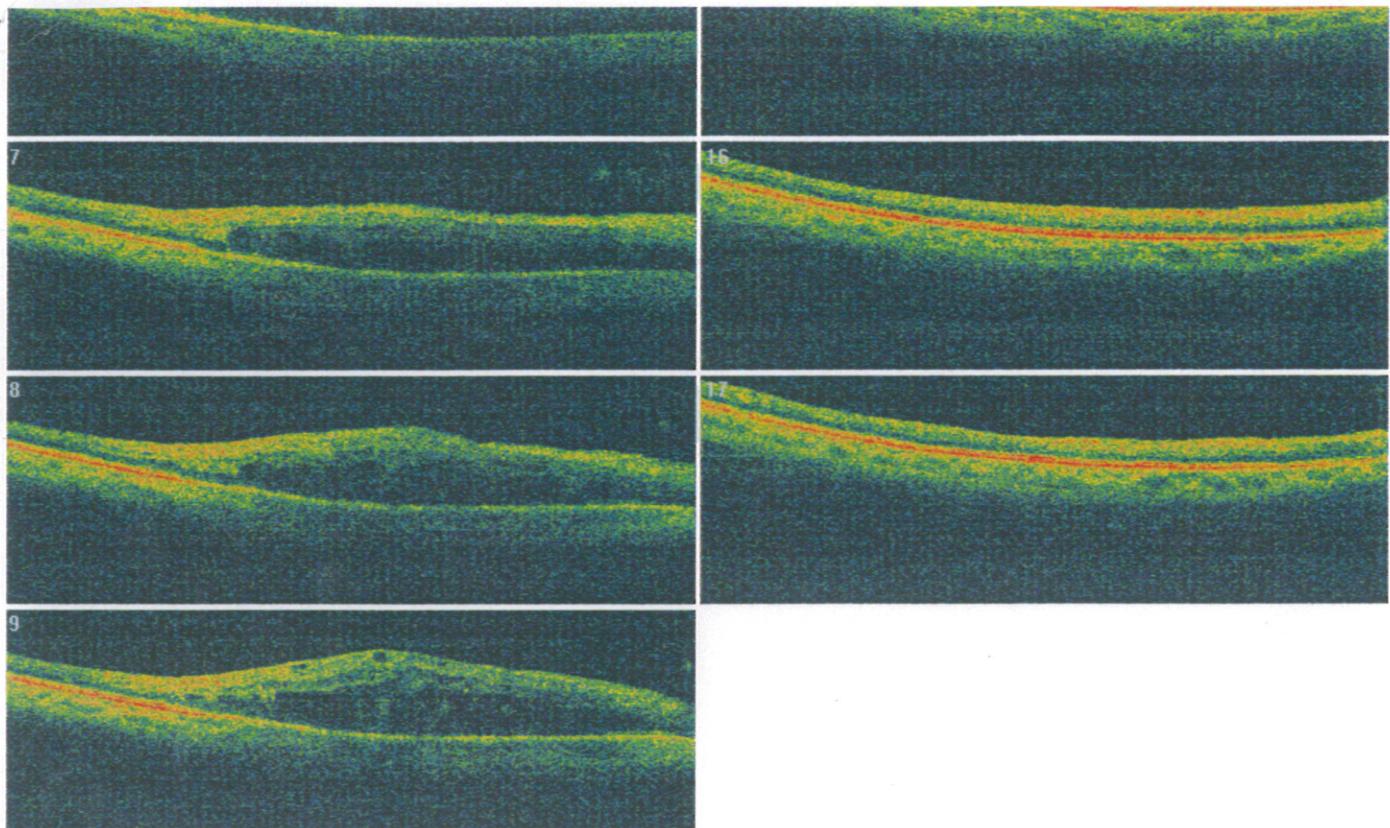
Software Version #6, 1, 0, 4

Comments:

Signature:

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Diagnosis:

Report Date: Thursday September 22 11:24:39 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

Defining the OCT Revolution



0278078177
INTER-STAR EYE CLINIC & LASER 13494
 

Loc: 10th Lane, Hse. No. 764, Osu RE, Opp. Buka Restaurant,
near Old American Embassy. Tel: 233-302-783832 / 027-7755354

Name: Beatrice Dekayie

Age: 7 years

Address: Mamprobi

Date: 22-09-16

BP 160/80 mmHg

Needs ⑩ Eye-Astham
injection
~~Attended~~: paid 22/9/16.

⑩ Eye-Astham 1.2mg/0.05ml/d

See 4/52

TP

Mr. Braniab

Vision + OCT - Macular

W2-

HOLY TRINITY MEDICAL CENTRE

P.O.BOX 12828, ACCRA-NORTH
ACCRA

HAEMATOLOGY/ SEROLOGY

Name:	BEATRICE DEKAYIE	Age:	Year(s)
Patient ID:	14024	Date:	22/09/16

Test	Results	Reference Ranges	Units
WBC	4.6	4.0 – 10.0	$\times 10^9/L$
RBC		3.5 – 5.5	$\times 10^{12}/L$
HGB Men/ Women/ Infant	12.2	13.5 – 18.0/11.5 – 16.5/13.5-19.5	g/dL
HCT Men/ Women/ Infant		47.0 -76.0/ 40.0 -54.0/ 44.0 -62.0	%
MCV	73	79.1 – 98.9	fL
MCH	25	27.0 – 32.0	pg
MCHC	34	32.0 – 36.0	g/dL
RDW-CV		11.0 – 15.0	%
Platelet	332	150 – 400	$\times 10^9/L$
MPV		9.0 – 13.0	fL
DIFFERENTIAL COUNT			
Neutrophils	43	40.0 – 75.0	%
Lymphocytes	57	25.0 – 30.0	%
Monocytes		5.0 – 10.0	%
Eosinophils		1.0 – 6.0	%
Basophils		0.0 – 1.0	%
MISCELLANEOUS TESTS			
ESR Men/ Women	(3-5/4-7mm/hour)	Direct Coombs Test	
Bleeding Time	(2 - 5mins)	Indirect Coombs Test	
Malaria Parasites (BF)		Hepatitis B profile Test	
Blood Group		HBsAg	
Sickling Test		HBsAb	
Hb Electrophoresis		HBeAg	
G6PD		HBeAb	
Microfilaria		HBcAb	
SEROLOGICAL TESTS			
Salmonella Typhi (Widal)	O		
	H	N. gonorrhoea	
HBsAg		Chlamydia spp.	
HCV		TPHA	
Retrovirus (Screen)		ASO Titre	
Retrovirus (ELISA)		Mantoux Test	
		C- Reactive Protein	
		Rheumatoid Factor	

Biomedical Scientist

22/09/16

HOLY TRINITY MEDICAL CENTRE
P.O.BOX 12828, ACCRA NORTH
ACCRA
CLINICAL CHEMISTRY REPORT

Patient ID: 14024	Patient name: BEATRICE DEKAYIE	Date: 22/09/16	Age: Year(s)	Sex F	Fasting <input checked="" type="checkbox"/>
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● RENAL FUNCTION TEST (RFT)

Test Name	Results	Reference Values	Units
Urea	4.8	1.7 – 8.3	mmol/L
Creatinine	89	53 – 132	µmol/L
Sodium, Na ⁺	142	135 – 155	mmol/L
Potassium, K ⁺	4.7	3.5 – 5.3	mmol/L
Chloride, Cl ⁻	103	96 – 108	mmol/L
Glucose (Fasting)	6.3	3.3 – 6.4	mmol/L
Glucose 2HPP		<9.1	mmol/L

● LIVER FUNCTION TEST (LFT)

Test Name	Results	Reference Values	Units
Total Bilirubin	8.9	3.4 – 21.0	µmol/L
Direct Bilirubin	3.7	0.0 – 6.0	µmol/L
ALP	372	80 – 308	U/L
ALT	24	0 – 50	U/L
AST	23	0 – 40	U/L
Total Protein	63	60.0 – 85.0	g/L
Albumin	39	35.0 – 50.0	g/L
GGT		0 – 50	U/L

● LIPID PROFILE

Test Name	Results	Reference Values	Units
Total Cholesterol	5.6	3.0 – 5.0	mmol/L
HDL-Cholesterol	1.1	0.78 -0.91	mmol/L
LDL- Cholesterol	3.6	2.0 – 3.1	mmol/L
Triglyceride	1.8	0.3 -1.7	mmol/L

● CARDIAC PROFILE

Test Name	Results	Reference Values	Units
CK-MB		2.0 - 19.5	IU/L
CK-Nac		24 - 194	IU/L
LDH		240 - 480	IU/L
Uric Acid		143 - 416	µmol/l
AST		0 - 40	U/L
Calcium		2.0 - 2.6	mmol/l
Phosphorous		0.7 - 1.7	mmol/L

Biomedical Scientist:

Date: 22/09/16

Time: