



# ETERNAL HOSPITAL

## Sanganer



**Dr. Vaibhav Nepalia**  
 Consultant - Dental Department  
 BDS. MDS  
 Reg. No. A-1742

**Mrs. PUJA MEENA**  
 Da: 40004037 Oct 28 2024 10:21AM  
 Pa: 32 Yrs/Fem OPSCR24-25/2520  
 Ag: Dr. EHS CONSULTANT  
 UH: 9460870025

Provisional Diagnosis:

*Pericoronitis 17 38*

Drug Allergy: *No*

Complaints:

*Decay in  
 left back  
 tooth*

Medication Advice:

Pain:  Yes  No

*Extraction 17 38*

Physical Examination:

Pallor : Yes/No  Icterus : Yes/No   
 Cyanosis : Yes/No  Edema : Yes/No   
 Lymphadenopathy : Yes/No

Systemic Examination:

VS :   
 CNS :   
 Respiratory System :   
 GI System :   
 Skin :

Investigation:



Follow up:

Diet Advice:  Normal  Low Fat  Diabetic  Renal  Low Salt



# ETERNAL HOSPITAL

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Mrs. PUJA MEENA

40004037 Oct 26 2024 10:21AM

32 Yrs/Fem OPSCR24-25/2520

Dr. EHS CONSULTANT

8460870025

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

Pain:  Yes  No

*Yes/No*

Physical Examination:

Pallor : Yes/No Icterus : Yes/No

Cynosis : Yes/No Edema : Yes/No

Lymphadenopathy : Yes/No

Systemic Examination:

CVS : \_\_\_\_\_

CNS : \_\_\_\_\_

Respiratory System : \_\_\_\_\_

GI System : \_\_\_\_\_

Skin : \_\_\_\_\_

Investigation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*VA < R 6/36 EP-H-6/6  
L 6/36 EP-H-6/6*

*Glasses not brought*

*Colour vision normal*

*Rp*

*- Misty eye deep in BE*

*0 - 0 + 1 Month*

Follow up:

Diet Advice:

Normal

Low Fat

Diabetic

Renal

Low Salt



(A Unit of Eternal Care Foundation)

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Phone:- 0141-3120000

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Patient: Mrs. PUJA MEENA  
40004037 Oct 26 2024 10:21AM  
UHID: 32 Yrs/Fem OPSCR24-25/2520  
Age: Dr. EHS CONSULTANT  
9460870025

OUT-PATIENT / DAYCARE - INITIAL ASSESSMENT FORM

Chief Complaints: medic wheel full body

Communicable disease (if any): No

Vital Sign: SpO2: 98 Pulse: 90 BP: 125/87 Height:      cms Weight: 82 Kgs

Allergies:  Yes  No If yes specify: Not known

Psychosocial:  
Alcohol Intake: No Substance abuse: No Smoking: No

Do you have any special religious, spiritual or cultural needs to be considered?  Yes  No

Pain:  Yes  No Onset:      Location:      Duration:      Aggravation with:     

Characteristic: Sharp/ Dull/ Aching/ constant/ intermittent/ pressure/ tightness/ squeezing/ heavy

Pain Score: 0/10 Pain Scale Used NRS

If pain score is more then 3 then inform to pain nurse  Yes  No

Nutritional Screening:  
Last 3 months appetite  Increased  Decreased  No Change  
Last 3 months Weight  Increased  Decreased  No Change  
Type of Patient  Diabetic  Non Diabetic Type of Diet Normal diet

Fall Risk Screening Adult:  
 Age more than 65 years  History fall in last 6 Months  
 Walks with assistance  Any neurological problem

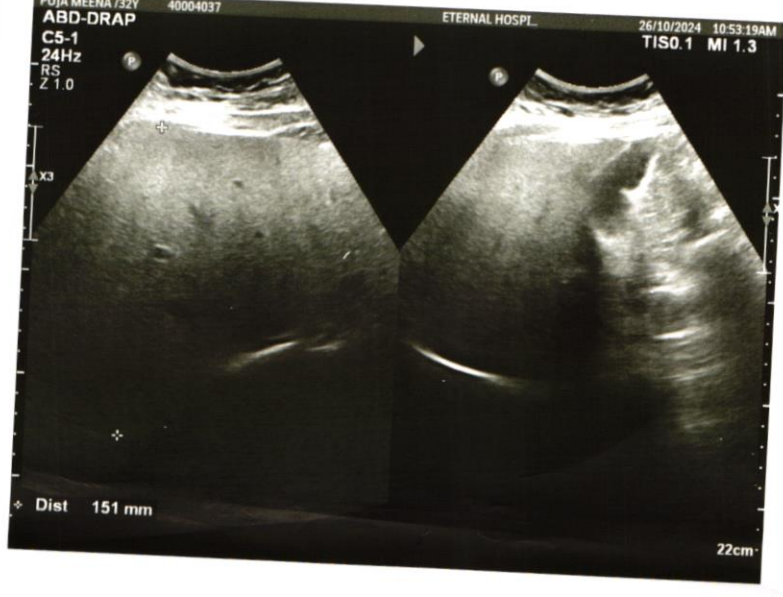
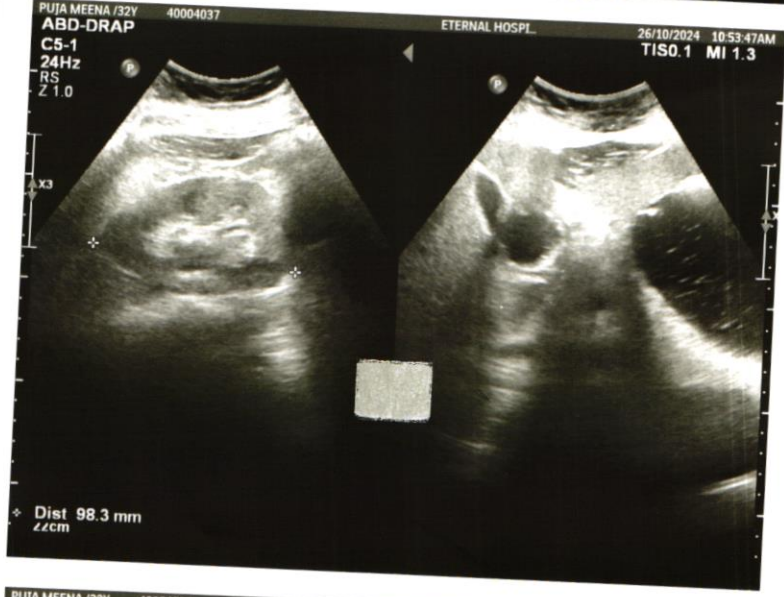
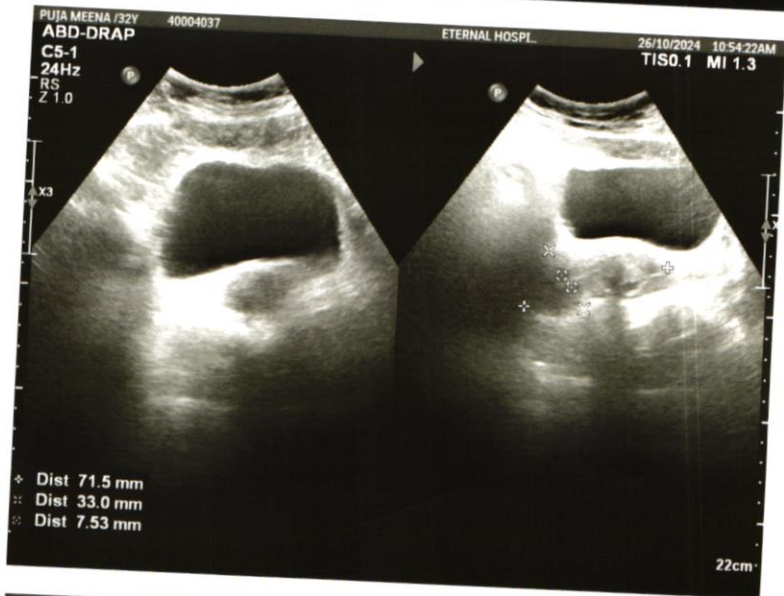
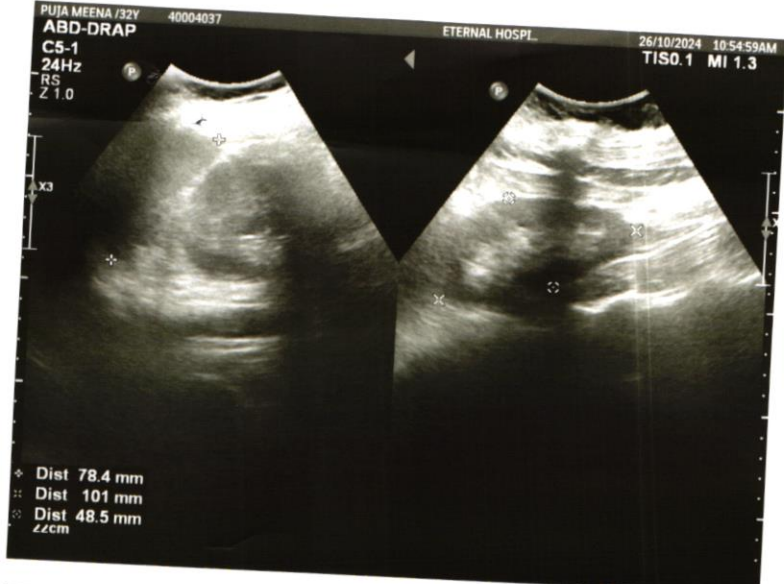
Fall Risk Screening Pediatric:  
 H/O Fall in last 6 Months  Neurological Pain  
 Dearranged Mobility  No Sign

In case of 3 or more criteria met initiate detailed fall assessment & fall prevention protocol.

Gestational Age - LMP :      EDD:      Oedema: Yes/No  NA

In case of emergency person to contact (Name / Phone No):  
1. Self 2.     

Name:      Sign:      Emp-Id: 1165 Date: 20/10/24 Time: 10:30





# ETERNAL HOSPITAL

## Sanganer



### DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40004037 (43034)	RISNo./Status :	4059427/
Patient Name :	Mrs. PUJA MEENA	Age/Gender :	32 Y/F
Referred By :	Dr. EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	26/10/2024 10:21AM/ OPSCR24-25/25201	Scan Date :	
Report Date :	26/10/2024 10:56AM	Company Name:	Mediwheel - Arcofemi Health Care Ltd.

### ULTRASOUND STUDY OF WHOLE ABDOMEN

- Liver:** Normal in size & shows increased parenchymal echotexture. No obvious significant focal parenchymal mass lesion noted. Intrahepatic biliary radicals are not dilated. Portal vein is normal.
- Gall Bladder:** Lumen is clear. Wall thickness is normal. CBD is normal.
- Pancreas:** Normal in size & echotexture.
- Spleen:** Normal in size & echotexture. No focal lesion seen.
- Right Kidney:** Normal in shape, size & location. Echotexture is normal. Corticomedullary differentiation is maintained. No evidence of significant hydronephrosis or obstructive calculus noted.
- Left Kidney:** Normal in shape, size & location. Echotexture is normal. Corticomedullary differentiation is maintained. No evidence of significant hydronephrosis or obstructive calculus noted.
- Urinary Bladder:** Normal in size, shape & volume. No obvious calculus or mass lesion is seen. Wall thickness is normal.
- Uterus:** Normal in size, shape & anteverted in position. Endometrial thickness is normal. Endometrial cavity is empty. No mass lesion is seen. Cervix is normal.
- Both ovaries:** Bilateral ovaries are normal in size, shape & volume.
- Others:** No significant free fluid is seen in pelvic peritoneal cavity.

### IMPRESSION: USG findings are suggestive of

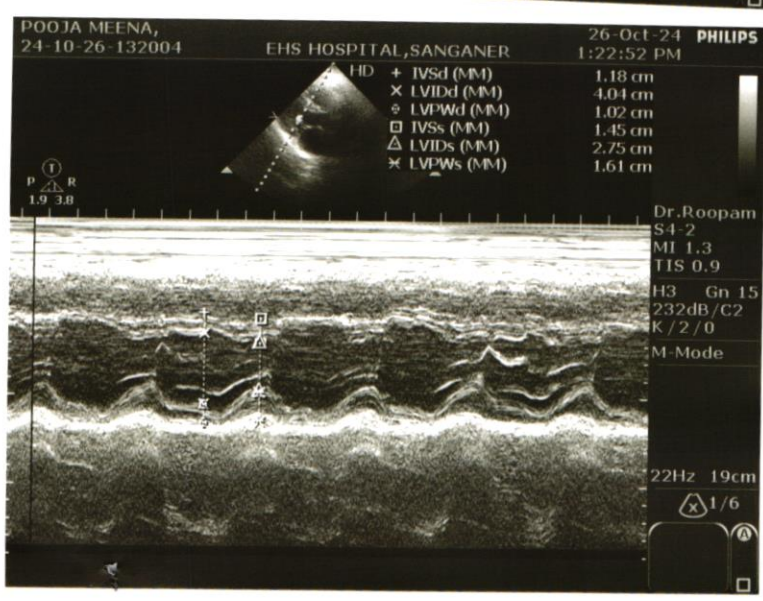
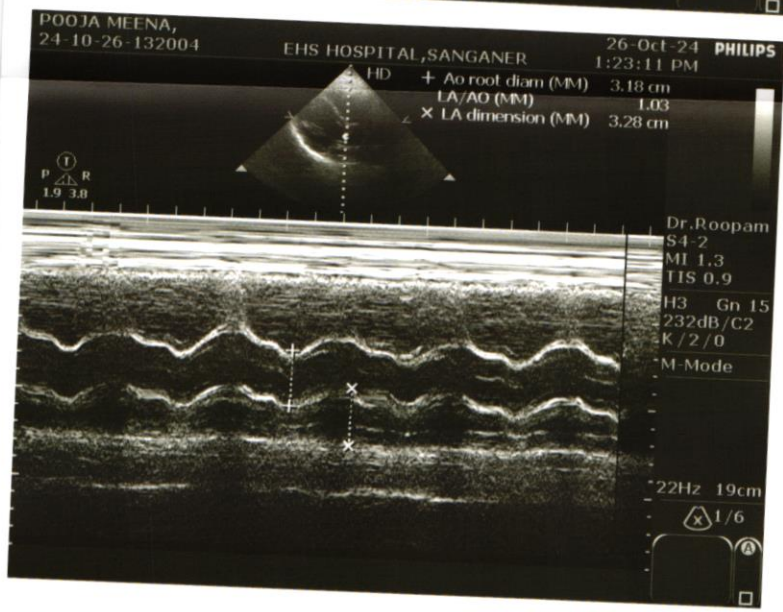
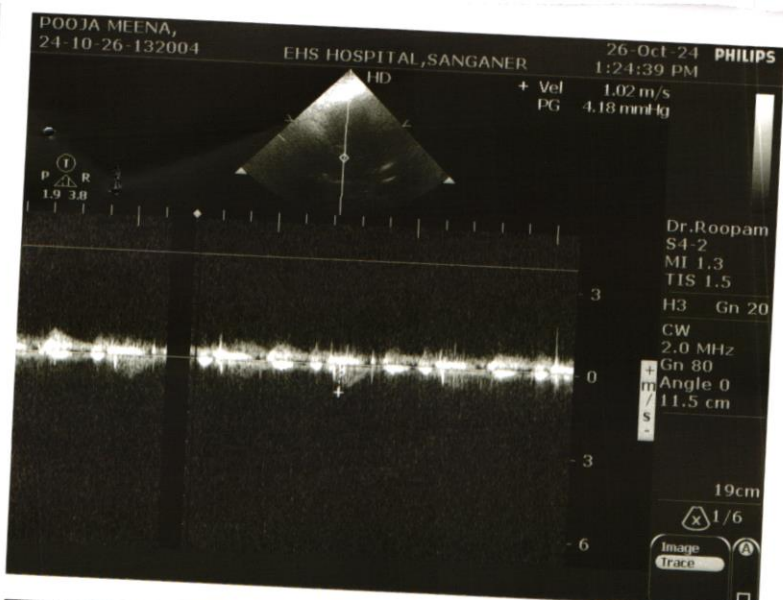
- Fatty liver grade – I.

Correlate clinically & with other related investigations.

**DR. SURESH KUMAR SAINI**  
RADIOLOGIST  
MBBS, MD.  
Reg. No. 22597, 36208.

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# ETERNAL HOSPITAL Sanganer



## DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40004037 (43034)	RISNo./Status :	4059427/
Patient Name :	Mrs. PUJA MEENA	Age/Gender :	32 Y/F
Referred By :	Dr. EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	26/10/2024 10:21AM/ OPSCR24-25/25201	Scan Date :	
Report Date :	26/10/2024 1:14PM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

### 2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

#### M MODE DIMENSIONS: -

		Normal		Normal
IVSD	11.8	6-12mm	LVIDS	27.5
LVIDD	40.4	32-57mm	LVPWS	16.1
LVPWD	12.4	6-12mm	AO	31.8
IVSS	14.5	mm	LA	32.8
LVEF	60-62	>55%	RA	-

#### DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
MITRAL VALVE	NORMAL	E	0.84	e'	-	-	NIL
		A	0.69	E/e'	-		
TRICUSPID VALVE	NORMAL	E	0.71		-	NIL	
		A	0.75				
AORTIC VALVE	NORMAL	1.02				-	NIL
PULMONARY VALVE	NORMAL	0.69				-	NIL

#### COMMENTS & CONCLUSION: -

- ALL CARDIAC CHAMBERS ARE NORMAL
- NO RWMA, LVEF 60-62%
- NORMAL LV SYSTOLIC FUNCTION
- NORMAL LV DIASTOLIC FUNCTION
- ALL CARDIAC VALVES ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

IMPRESSION: - NORMAL BI VENTRICULAR FUNCTIONS

DR SUPRIY JAIN  
MBBS, M.D., D.M. (CARDIOLOGY)  
DIRECTOR & INCHARGE  
CARDIOLOGY

DR MEGHRAJ MEENA  
MBBS, SONOLOGIST  
FICC, CONSULTANT  
PREV. CARDIOLOGY &  
INCHARGE CCU

DR ROOPAM SHARMA  
MBBS, PGDCC, FIAE  
CONSULTANT & INCHARGE  
EMERGENCY, PREV.  
CARDIOLOGY(NIC) & WELLNESS  
CENTER

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# ETERNAL HOSPITAL

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### ETERNAL HOSPITAL MEDICAL TESTING LABORATORY



**Patient Name** Mrs. PUJA MEENA  
**UHID** 40004037  
**Age/Gender** 32 Yrs/Female  
**IP/OP Location** O-OPD  
**Referred By** Dr. EHS CONSULTANT  
**Mobile No.** 9460870025

**Lab No** 4059427  
**Collection Date** 26/10/2024 10:34AM  
**Receiving Date** 26/10/2024 10:54AM  
**Report Date** 26/10/2024 12:54PM  
**Report Status** Final

#### BIOCHEMISTRY

**CREATININE - SERUM** :- Method:-Jaffe method, Interpretation:-To differentiate acute and chronic kidneydisease.  
**URIC ACID** :- Method: Enzymatic colorimetric assay. Interpretation:- Elevated blood concentrations of uricacid are renal diseases with decreased excretion of waste products, starvation,drug abuse and increased alcohol consume.  
**SODIUM**:- Method: ISE electrode. Interpretation:-Decrease: Prolonged vomiting or diarrhea,diminished reabsorption in the kidney and excessive fluid retention. Increase: excessive fluid loss, high salt intake andkidney reabsorption.  
**POTASSIUM** :- Method: ISE electrode. Intrapretation:-Low level: Intake excessive loss formbodydue to diarrhea, vomiting renal failure, High level: Dehydration, shock severe burns, DKA, renal failure.  
**CHLORIDE - SERUM** :- Method: ISE electrode. Interpretation:-Decrease: reduced dietary intake,prolonged vomiting and reduced renal reabsorption as well as forms of acidosisand alkalosis. Increase: dehydration, kidney failure, some form ofacidosis, high dietary or parenteral chloride intake, and salicylate poisoning.  
**UREA**:- Method: Urease/GLDH kinetic assay. Interpretation:-Elevations in blood urea nitrogenconcentration are seen in inadequate renal perfusion, shock, diminished bloodvolume, chronic nephritis, nephrosclerosis, tubular necrosis, glomerularnephritis and UTI.  
**CALCIUM TOTAL** :- Method: O-Cresolphthaleine complexone. Interpretation:-Increase in serum PTH or vit-D are usuallyassociated with hypercalcemia. Increased serum calcium levels may also beobserved in multiple myeloma and other neoplastic diseases. Hypocalcemia may beobserved in hypoparathyroidism, nephrosis, and pancreatitis.

Sample: WHOLE BLOOD EDTA

HbA1C	5.8	%	< 5.7%	Nondiabetic
			5.7-6.4%	Pre-diabetic
			> 6.4%	Indicate Diabetes
			Known Diabetic Patients	
			< 7 %	Excellent Control
			7 - 8 %	Good Control
			> 8 %	Poor Control

**Method** : - Turbidimetric inhibition immunoassay (TINIA), **Interpretation**:-Monitoring long term glycemc control, testing every 3 to 4 months is generally sufficient. The approximate relationship between HbA1C and mean blood glucose values during the preceding 2 to 3 months.

RESULT ENTERED BY : SUNIL EHS

Dr. ABHINAY VERMA

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## Sanganer

### ETERNAL HOSPITAL MEDICAL TESTING LABORATORY



Patient Name	Mrs. PUJA MEENA	Lab No	4059427
UHID	40004037	Collection Date	26/10/2024 10:34AM
Age/Gender	32 Yrs/Female	Receiving Date	26/10/2024 10:54AM
IP/OP Location	O-OPD	Report Date	26/10/2024 12:54PM
Referred By	Dr. EHS CONSULTANT	Report Status	Final
Mobile No.	9460870025		

#### BLOOD BANK INVESTIGATION

Test Name	Result	Unit	Biological Ref. Range
-----------	--------	------	-----------------------

BLOOD GROUPING	"A" Rh Positive		
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Note :  
\* Both forward and reverse grouping performed.  
\* Test conducted on EDTA whole blood.

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<b>UHID</b>	40004037	<b>Collection Date</b>	26/10/2024 10:34AM
<b>Age/Gender</b>	32 Yrs/Female	<b>Receiving Date</b>	26/10/2024 10:54AM
<b>IP/OP Location</b>	O-OPD	<b>Report Date</b>	26/10/2024 12:54PM
<b>Referred By</b>	Dr. EHS CONSULTANT	<b>Report Status</b>	Final
<b>Mobile No.</b>	9460870025		

#### CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Sample: Urine
<b>URINE SUGAR (RANDOM)</b>				
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE	Sample: Urine
<b>PHYSICAL EXAMINATION</b>				
VOLUME	20	ml		
COLOUR	PALE YELLOW		P YELLOW	
APPEARANCE	CLEAR		CLEAR	
<b>CHEMICAL EXAMINATION</b>				
PH	6.0		5.5 - 7.0	
SPECIFIC GRAVITY	1.015		1.016-1.022	
PROTEIN	NEGATIVE		NEGATIVE	
SUGAR	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
BLOOD	NEGATIVE			
KETONES	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
UROBILINOGEN	NEGATIVE		NEGATIVE	
LEUCOCYTE	NEGATIVE		NEGATIVE	
<b>MICROSCOPIC EXAMINATION</b>				
WBCS/HPF	4-5	/hpf	0 - 3	
RBCS/HPF	0-0	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	6-7	/hpf	0 - 1	
CASTS	NIL		NIL	
CRYSTALS	NIL		NIL	
BACTERIA	NIL		NIL	
OHTERS	NIL		NIL	

RESULT ENTERED BY : SUNIL EHS

*Abhinay Verma*

Dr. ABHINAY VERMA

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## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY



<b>Patient Name</b>	Mrs. PUJA MEENA	<b>Lab No</b>	4059427
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<b>Mobile No.</b>	9460870025		

Methodology:-Glucose: GOD-POD, Bilirubin: Diazo-Azo-coupling reaction with a diazonium, Ketone: Nitro Pruside reaction, Specific Gravity: Proton release from ions, Blood: Psuedo-Peroxidase activity oh Haem moiety, pH: Methye Red-Bromothymol Blue (Double indicator system), Protein: H+ Release by buffer, microscopic & chemical method.. interpretation: Diagnosis of Kidney function, UTI, Presence of Protein, Glucoses, Blood. Vocubulary syntax: Kit insert

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Referred By	Dr. EHS CONSULTANT	Report Status	Final
Mobile No.	9460870025		

#### HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN	12.8	g/dl	12.0 - 15.0
PACKED CELL VOLUME(PCV)	40.7	%	36.0 - 46.0
MCV	76.8 L	fl	82 - 92
MCH	24.2 L	pg	27 - 32
MCHC	31.4 L	g/dl	32 - 36
RBC COUNT	5.30 H	millions/cu.mm	3.80 - 4.80
TLC (TOTAL WBC COUNT)	8.41	10 <sup>3</sup> /uL	4 - 10
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHILS	60.7	%	40 - 80
LYMPHOCYTE	30.6	%	20 - 40
EOSINOPHILS	3.0	%	1 - 6
BASOPHIL	0.6 L	%	1 - 2
MONOCYTES	5.1	%	2 - 10
PLATELET COUNT	4.05	lakh/cumm	1.500 - 4.500

**HAEMOGLOBIN** :- Method:-SLS Hemoglobin Methodology by Cell Counter. Interpretation:-Low-Anemia, High-Polycythemia.

**MCV** :- Method:- Calculation by sysmex.

**MCH** :- Method:- Calculation by sysmex.

**MCHC** :- Method:- Calculation by sysmex.

**RBC COUNT** :- Method:-Hydrodynamic focusing. Interpretation:-Low-Anemia, High-Polycythemia.

**TLC (TOTAL WBC COUNT)** :- Method:-Optical Detector block based on Flowcytometry. Interpretation:-High-Leucocytosis, Low-Leucopenia.

**NEUTROPHILS** :- Method: Optical detector block based on Flowcytometry

**LYMPHOCYTES** :- Method: Optical detector block based on Flowcytometry

**EOSINOPHILS** :- Method: Optical detector block based on Flowcytometry

**MONOCYTES** :- Method: Optical detector block based on Flowcytometry

**BASOPHIL** :- Method: Optical detector block based on Flowcytometry

**PLATELET COUNT** :- Method:-Hydrodynamic focusing method. Interpretation:-Low-Thrombocytopenia, High-Thrombocytosis.

HCT: Method:- Pulse Height Detection. Interpretation:-Low-Anemia, High-Polycythemia.

NOTE: CH- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

ESR (ERYTHROCYTE SEDIMENTATION RATE) 35 H mm/1st hr 0 - 15

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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY



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<b>Mobile No.</b>	9460870025		

Method:-Modified Westergrens.

Interpretation:-Increased in infections, sepsis, and malignancy.

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

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<b>Referred By</b>	Dr. EHS CONSULTANT	<b>Report Status</b>	Final
<b>Mobile No.</b>	9460870025		

#### BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: Fl. Plasma
<b>BLOOD GLUCOSE (FASTING)</b>				
BLOOD GLUCOSE (FASTING)	92.1	mg/dl	71 - 109	

Method: Hexokinase assay.

Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

#### THYROID T3 T4 TSH

Test Name	Result	Unit	Biological Ref. Range	Sample: Serum
T3	1.440	ng/mL	0.970 - 1.690	
T4	8.76	ug/dl	5.53 - 11.00	
TSH	3.41	μIU/mL	0.27 - 4.20	

T3:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

T4:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T4 assay employs a competitive test principle with an antibody specifically directed against T4.

TSH - THYROID STIMULATING HORMONE :- ElectroChemiLuminescenceImmunoAssay - ECLIA

Interpretation:-The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH levels.

#### LFT (LIVER FUNCTION TEST)

Test Name	Result	Unit	Biological Ref. Range	Sample: Serum
BILIRUBIN TOTAL	0.27	mg/dl	0.00 - 1.20	
BILIRUBIN INDIRECT	0.15 L	mg/dl	0.20 - 1.00	
BILIRUBIN DIRECT	0.12	mg/dl	0.00 - 0.30	
SGOT	34.2 H	U/L	0.0 - 32.0	
SGPT	48.7 H	U/L	0.0 - 33.0	

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# ETERNAL HOSPITAL

## Sanganer

### ETERNAL HOSPITAL MEDICAL TESTING LABORATORY



<b>Patient Name</b>	Mrs. PUJA MEENA	<b>Lab No</b>	4059427
<b>UHID</b>	40004037	<b>Collection Date</b>	26/10/2024 10:34AM
<b>Age/Gender</b>	32 Yrs/Female	<b>Receiving Date</b>	26/10/2024 10:54AM
<b>IP/OP Location</b>	O-OPD	<b>Report Date</b>	26/10/2024 12:54PM
<b>Referred By</b>	Dr. EHS CONSULTANT	<b>Report Status</b>	Final
<b>Mobile No.</b>	9460870025		

#### BIOCHEMISTRY

TOTAL PROTEIN	7.5	g/dl	6.6 - 8.7
ALBUMIN	4.3	g/dl	3.5 - 5.2
GLOBULIN	3.2		1.8 - 3.6
ALKALINE PHOSPHATASE	85	U/L	35 - 104
A/G RATIO	1.3 L	Ratio	1.5 - 2.5
GGTP	57.0 H	U/L	0.0 - 40.0

**BILIRUBIN TOTAL** :- Method: DPD assay. Interpretation:-Total Bilirubin measurements are used in the diagnosis and treatment of various liver diseases, and of haemolytic and metabolic disorders in adults and newborns. Both obstruction damage to hepatocellular structure.

**BILIRUBIN DIRECT** :- Method: Diazo method Interpretation:-Determinations of direct bilirubin measure mainly conjugated, water soluble bilirubin.

**SGOT - AST** :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGOT(AST) measurements are used in the diagnosis and treatment of certain types of liver and heart disease.

**SGPT - ALT** :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGPT(ALT) Ratio Is Used For Differential Diagnosis In Liver Diseases.

**TOTAL PROTEINS** :- Method: Biuret colorimetric assay. Interpretation:-Total protein measurements are used in the diagnosis and treatment of a variety of liver and kidney diseases and bone marrow as well as metabolic and nutritional disorder.

**ALBUMIN** :- Method: Colorimetric (BCP) assay. Interpretation:-For Diagnosis and monitoring of liver diseases, e.g. liver cirrhosis, nutritional status.

**ALKALINE PHOSPHATASE** :- Method: Colorimetric assay according to IFCC. Interpretation:-Elevated serum ALT is found in hepatitis, cirrhosis, obstructive jaundice, carcinoma of the liver, and chronic alcohol abuse. ALT is only slightly elevated in patients who have an uncomplicated myocardial infarction.

**GGTP-GAMMA GLUTAMYL TRANSPEPTIDASE** :- Method: Enzymatic colorimetric assay. Interpretation:- $\gamma$ -glutamyltransferase is used in the diagnosis and monitoring of hepatobiliary disease. Enzymatic activity of GGT is often the only parameter with increased values when testing for such diseases and is one of the most sensitive indicator known.

#### LIPID PROFILE

AL CHOLESTEROL	174.0		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	33.5		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	124.8		Optimal :- <100 mg/dl Near or Above Optimal :- 100-129 mg/dl Borderline :- 130-159 mg/dl High :- 160-189 mg/dl Very High :- >190 mg/dl
CHOLESTERO VLDL	35	mg/dl	10 - 50

RESULT ENTERED BY : SUNIL EHS

Dr. ABHINAV VERMA

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Mobile No.	9460870025		

#### BIOCHEMISTRY

TRIGLYCERIDES	177.3	Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
CHOLESTEROL/HDL RATIO	5 %	

**CHOLESTEROL TOTAL** :- Method: CHOD-PAP enzymatic colorimetric assay. **Interpretation**:-The determination of the individual total cholesterol (TC) level is used for screening purposes while for a better risk assessment it is necessary to measure additionally lipid & lipoprotein metabolic disorders. **HDL CHOLESTEROL** :- Method:-Homogenous enzymatic colorimetric method. **Interpretation**:-HDL-cholesterol has a protective against coronary heart disease, while reduced HDL-cholesterol concentrations, particularly in conjunction with elevated triglycerides, increase the cardiovascular disease. **LDL CHOLESTEROL** :- Method: Homogenous enzymatic colorimetric assay. **Interpretation**:-LDL play a key role in causing and influencing the progression of atherosclerosis and in particular coronary sclerosis. The LDL are derived form VLDL rich in TG by the action of various lipolytic enzymes and are synthesized in the liver. **CHOLESTEROL VLDL** :- Method: VLDL Calculative  
**TRIGLYCERIDES** :- Method: GPO-PAP enzymatic colorimetric assay. **Interpretation**:-High triglycerde levels also occur in various diseases of liver, kidneys and pancreas. DM, nephrosis, liver obstruction. **CHOLESTEROL/HDL RATIO** :- Method: Cholesterol/HDL Ratio Calculative

Sample: Serum

UREA	13.00 L	mg/dl	16.60 - 48.50
BUN	6	mg/dl	6 - 20
CREATININE	0.46 L	mg/dl	0.50 - 0.90
SODIUM	137	mmol/L	136 - 145
POTASSIUM	4.74	mmol/L	3.50 - 5.50
CHLORIDE	101.3	mmol/L	98 - 107
C ACID	4.5	mg/dl	2.4 - 5.7
CALCIUM	9.68	mg/dl	8.60 - 10.00

RESULT ENTERED BY : SUNIL EHS

*Abhinay Verma*  
 Dr. ABHINAY VERMA

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