



ETERNAL HOSPITAL

Sanganer



Dr. Diwanshu Khatana
 MBBS, MD (Gen. Medicine)
 Consultant - Internal Medicine
 Reg. No. 40602/15859

Mrs. MONIKA MEENA
 40022226 Oct 21 2024 9:32AM
 33 Yrs/Fem OPSCR24-25/2444
 Dr. EHS CONSULTANT
 8003088087

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

Pain: 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:

Serum TB12

Chol wt gain
7g
 (i) TB ELTROXIN - 25mg 100
 (ii) TB CEM 100
 2 months
 Del

Follow up:

Diet Advice: Normal Low Fat Diabetic Renal Low Salt



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DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40022226 (42048)	RISNo./Status :	4058526/
Patient Name :	Mrs. MONIKA MEENA	Age/Gender :	33 Y/F
Referred By :	Dr. EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	21/10/2024 9:32AM/ OPSCR24-25/24443	Scan Date :	
Report Date :	21/10/2024 2:00PM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal		Normal
IVSD	9.9	6-12mm	LVIDS	25.4
LVIDD	39.4	32-57mm	LVPWS	15.0
LVPWD	9.9	6-12mm	AO	28.1
IVSS	14.5	mm	LA	33.5
LVEF	60-62	>55%	RA	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
MITRAL VALVE	NORMAL	E	1.14	e'	-	-	NIL
		A	0.73	E/e'	-		
TRICUSPID VALVE	NORMAL	E	0.56		-	NIL	
		A	0.53				
AORTIC VALVE	NORMAL	1.35				-	NIL
PULMONARY VALVE	NORMAL	0.81				-	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

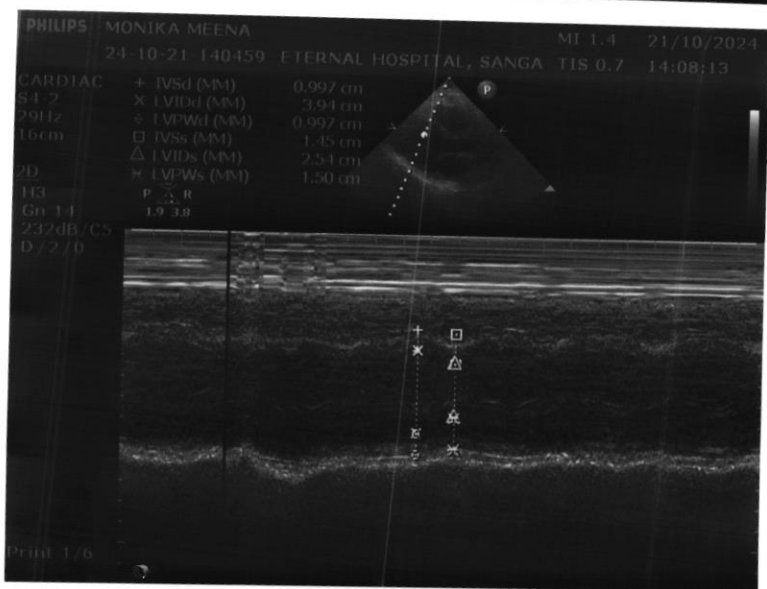
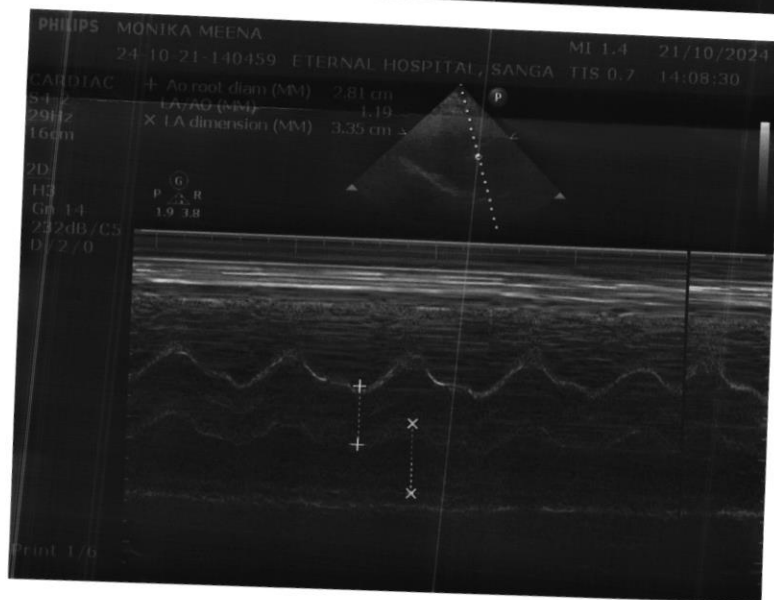
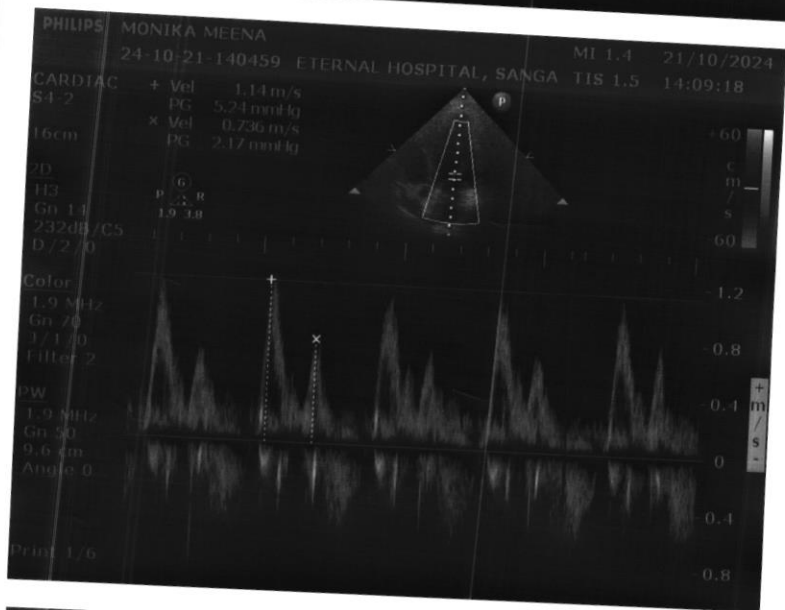
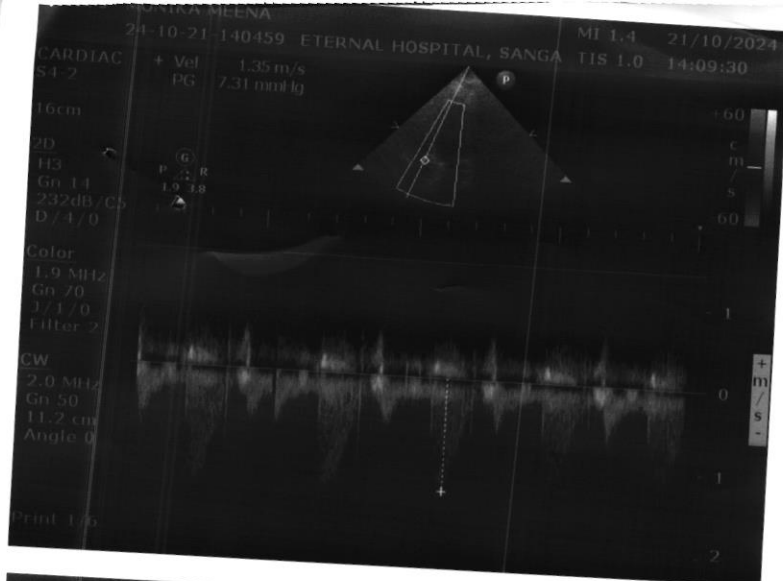
DR MEGHRAJ MEENA
MBBS, SONOLOGIST
FICC, CONSULTANT
PREV. CARDIOLOGY &
INCHARGE CCU

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

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DEPARTMENT OF RADIO DIAGNOSIS

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Report Date :	21/10/2024 10:49AM	Company Name:	Mediwheel - Arcofemi Health Care Ltd.

ULTRASOUND STUDY OF WHOLE ABDOMEN

Liver: Normal in size & 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 mildly bulky with few nabothian cysts.**

Both ovaries: Bilateral ovaries are normal in size, shape & volume.

Others: Mild free fluid is seen in POD.

IMPRESSION: USG findings are suggestive of

- Mildly bulky cervix with few nabothian cysts - ? chronic cervicitis.
- Mild free fluid in POD.

Correlate clinically & with other related investigations.

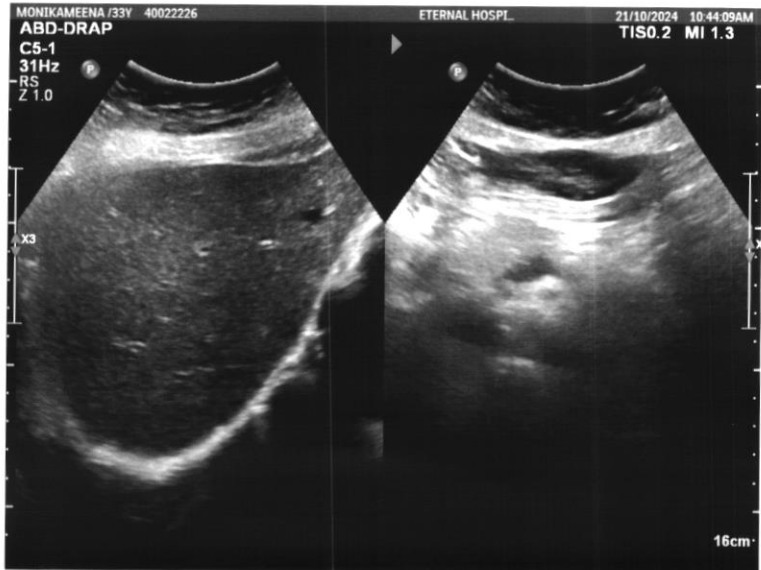
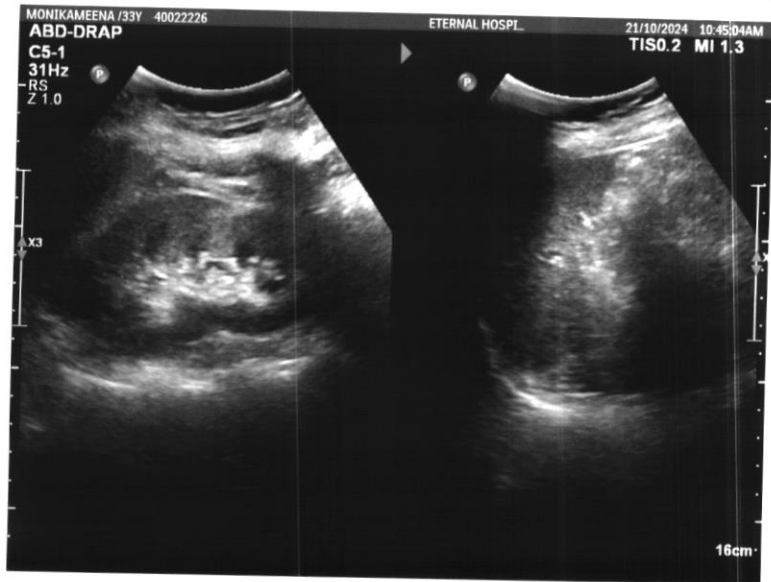
DR. APOORVA JETWANI
Incharge & Senior Consultant Radiology
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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name Mrs. MONIKA MEENA
 UHID 40022226
 Age/Gender 33 Yrs/Female
 IP/OP Location O-OPD
 Referred By Dr. EHS CONSULTANT
 Mobile No. 8003088087

Lab No 4058526
 Collection Date 21/10/2024 9:53AM
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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample
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BLOOD GLUCOSE (FASTING)

BLOOD GLUCOSE (FASTING)	96.1	mg/dl	71 - 109	Sample: Fl. Plasma
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Method: Hexokinase assay.

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

THYROID T3 T4 TSH

T3	1.400	ng/mL	0.970 - 1.690	Sample: Serum
T4	9.70	ug/dl	5.53 - 11.00	
TSH	4.62 H	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.

LIVER FUNCTION TEST)

Test Name	Result	Unit	Biological Ref. Range	Sample
BILIRUBIN TOTAL	0.20	mg/dl	0.00 - 1.20	Sample: Serum
BILIRUBIN INDIRECT	0.12 L	mg/dl	0.20 - 1.00	
BILIRUBIN DIRECT	0.08	mg/dl	0.00 - 0.30	
SGOT	18.6	U/L	0.0 - 32.0	
SGPT	15.4	U/L	0.0 - 33.0	

RESULT ENTERED BY : SUNIL EHS

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BIOCHEMISTRY

TOTAL PROTEIN	6.9	g/dl	6.6 - 8.7
ALBUMIN	4.3	g/dl	3.5 - 5.2
GLOBULIN	2.6		1.8 - 3.6
ALKALINE PHOSPHATASE	74	U/L	35 - 104
A/G RATIO	1.7	Ratio	1.5 - 2.5
GGTP	12.0	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:- γ -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

TOTAL CHOLESTEROL	174.2		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	64.2		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	111.9		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	16	mg/dl	10 - 50

RESULT ENTERED BY : SUNIL EHS

Abhinav Verma

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Age/Gender	33 Yrs/Female	Receiving Date	21/10/2024 10:01AM
IP/OP Location	O-OPD	Report Date	21/10/2024 11:54AM
Referred By	Dr. EHS CONSULTANT	Report Status	Final
Mobile No.	8003088087		

BIOCHEMISTRY

TRIGLYCERIDES

77.9

Normal :- <150 mg/dl
 Border Line:- 150 - 199 mg/dl
 High :- 200 - 499 mg/dl
 Very high :- > 500 mg/dl

CHOLESTEROL/HDL RATIO

3

%

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 from VLDL rich in 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 triglyceride 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	16.60	mg/dl	16.60 - 48.50
BUN	8	mg/dl	6 - 20
CREATININE	0.59	mg/dl	0.50 - 0.90
SODIUM	139	mmol/L	136 - 145
POTASSIUM	3.83	mmol/L	3.50 - 5.50
CHLORIDE	106.0	mmol/L	98 - 107
URIC ACID	3.5	mg/dl	2.4 - 5.7
CALCIUM	8.68	mg/dl	8.60 - 10.00

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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, renalfailure.
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	5.1	%	< 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 glycemic 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.

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CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	
URINE SUGAR (RANDOM)				Sample: Urine
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE	
Sample: Urine				
PHYSICAL EXAMINATION				
VOLUME	20	ml		
COLOR	PALE YELLOW		P YELLOW	
APPEARANCE	CLEAR		CLEAR	
CHEMICAL EXAMINATION				
PH	6.5		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	
MICROSCOPIC EXAMINATION				
WBCS/HPF	1-2	/hpf	0 - 3	
RB/HPF	0-0	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	1-2	/hpf	0 - 1	
CASTS	NIL		NIL	
CRYSTALS	NIL		NIL	
BACTERIA	NIL		NIL	
OHTERS	NIL		NIL	

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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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HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN	11.5 L	g/dl	12.0 - 15.0
PACKED CELL VOLUME(PCV)	35.2 L	%	36.0 - 46.0
MCV	92.1 H	fl	82 - 92
MCH	30.1	pg	27 - 32
MCHC	32.7	g/dl	32 - 36
RBC COUNT	3.82	millions/cu.mm	3.80 - 4.80
TLC (TOTAL WBC COUNT)	6.42	10 ³ / uL	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	71.4	%	40 - 80
LYMPHOCYTE	22.6	%	20 - 40
EOSINOPHILS	0.6 L	%	1 - 6
BASOPHIL	0.3 L	%	1 - 2
MONOCYTES	5.1	%	2 - 10
PLATELET COUNT	2.14	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 bysysmex.
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
LYMPHOCYTS :- 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) 30 H mm/1st hr 0 - 15

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Method:-Modified Westergrens.
Interpretation:-Increased in infections, sepsis, and malignancy.

****End Of Report****

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Dr. Satyamvada Pandey
Associate Director - Obstetrics & Gynaecology
MBBS, DGO, DNB (Obstetrics & Gynaecology)
Reg. No. 37858/14456

Date & Time: 21/10/24
Patient Name: Mrs. Neelima Meena
Age / Gen: 33 yrs.
UHID:

Provisional Diagnosis:

for health check

Drug Allergy: NADA

Complaints:

Dyspareunia.

Uep- 1/10/24

Reg (N) Flow

Physical Examination:

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

Systemic Examination:

CVS:] (N)
CNS:]

Respiratory System:

GI System:

Skin:

Investigation:

Pap smear.

Medication Advice:

P₂L₂
LCB - Syn Bacu
NVD

NO any med / surg illness.

O/E

P/A - soft

P/S - ex vag health / slight mucoid disch.
(Pap smear taken)

P/U - w-R/V. belly, mobile / NT, B/L Femora free.

Adv.

- ① Tb Doxy LBS 100mg 1x BD
 - ② Tb Parop 40mg 1x OD
 - ③ Tb Euzofam 1x BD
- } 7 days
} 5d.

Follow up:

④ FAS kit - for husband.

Diet Advice: Normal Low Fat Diabetic Renal Low Salt

(A Unit of Eternal Care Foundation)

Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)

Phone:- 0141-3120000

www.eternalhospital.com

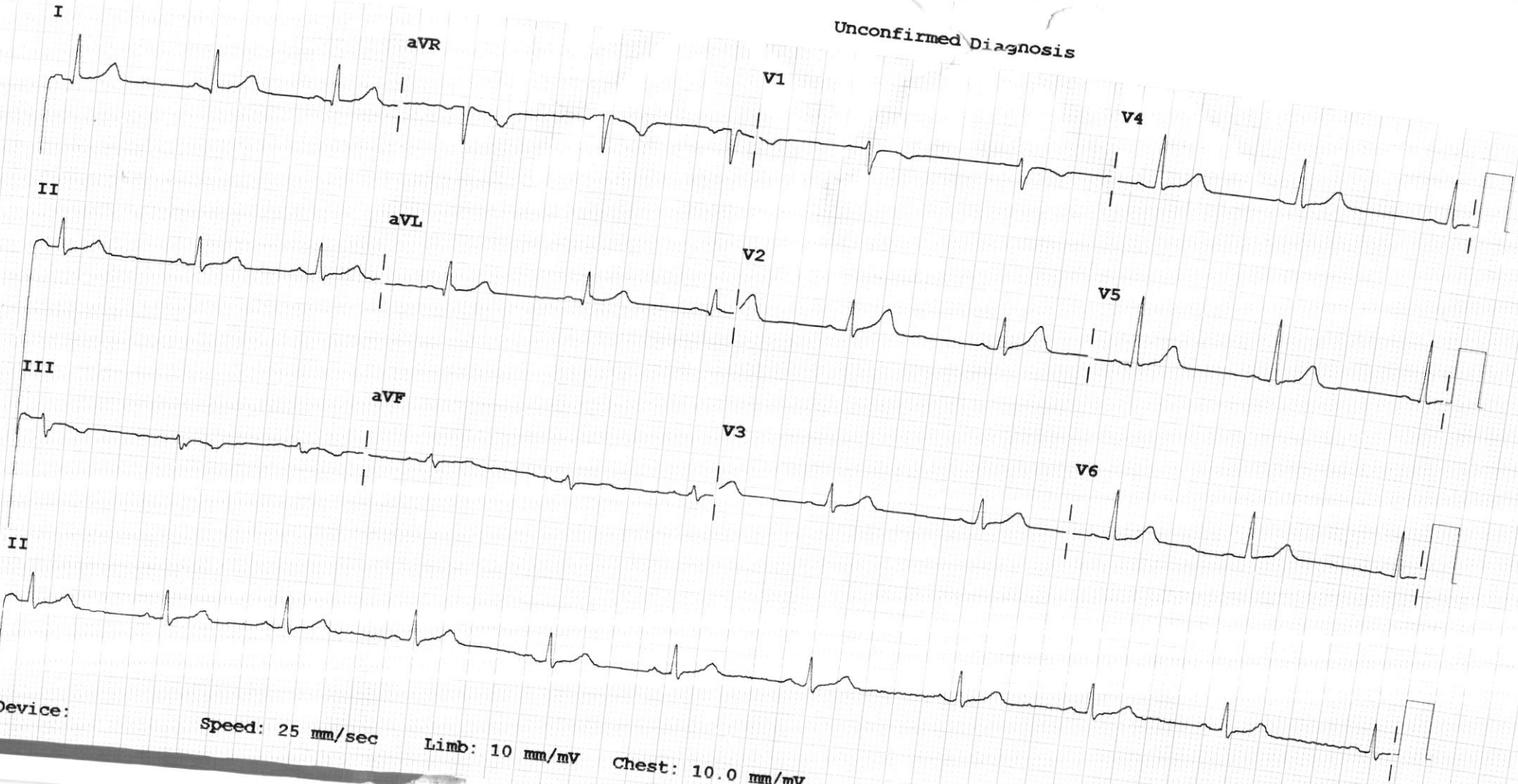
QT 374
QTc 383

--AXIS--

P 16
QRS 4
T 9

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

ARROW CE

F 50~ 0.50- 40 Hz W

PH100B CL

P?



Pat
UH
Ag

Mrs. MONIKA MEENA
40022226 Oct 21 2024 9:32AM
33 Yrs/Fem OPSCR24-25/2444
Dr. EHS CONSULTANT
8003088087

OUT-PATIENT / DAYCARE - INITIAL ASSESSMENT FORM

Chief Complaints: medic wheel fall body part

Communicable disease (if any): NO

Vital Sign: SpO2: 96% Pulse: 64 BP: 113/78 Height: _____ cms Weight: 64.8 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
 Derranged Mobility No Sign

In case of 3 or more criteria met initiate detailed fall assessment & fall prevention protocol.
Gestational Age - LMP: Y EDD: X Oedema: Yes/No NA

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

Name: Tej Sign: Tej Emp-Id: 1165 Date: 21/10/24 Time: 9:35