



# ETERNAL HOSPITAL

## Sanganer



Mr. TEJPAL MEENA  
 40022510 Oct 26 2024 8:46AM  
 36 Yrs/Male OPSCR24-25/2517  
 Dr. EHS CONSULTANT  
 9585112799

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

Pain:  Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*eg/VA < R 6/6  
 26/6 N/B*

*✓ S/L ✓*

Physical Examination:

*Color vision normal*

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

*R<sub>p</sub>*

*- Aquasurge eye drop in BE*

*0-0-0 K/Month*

Systemic Examination:

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

Respiratory System :

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

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

Investigation:

\_\_\_\_\_

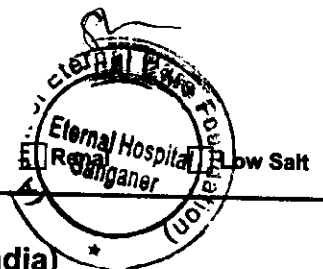
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\_\_\_\_\_

Follow up:

Diet Advice:  Normal  Low Fat  Diabetic





# ETERNAL HOSPITAL

## Sanganer



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

I **Mr. TEJPAL MEENA**  
 F **40022510** Oct 26 2024 8:46AM  
 A 36 Yrs/Male OPSCR24-25/2517  
 L Dr. EHS CONSULTANT  
 9585112799

Provisional Diagnosis:

Drug Allergy:  No

Complaints:

Medication Advice:

Pain:  Yes  No

Dirty teeth  
Attention in  
1/12

Sealing  
Ortho 7/6

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 : \_\_\_\_\_

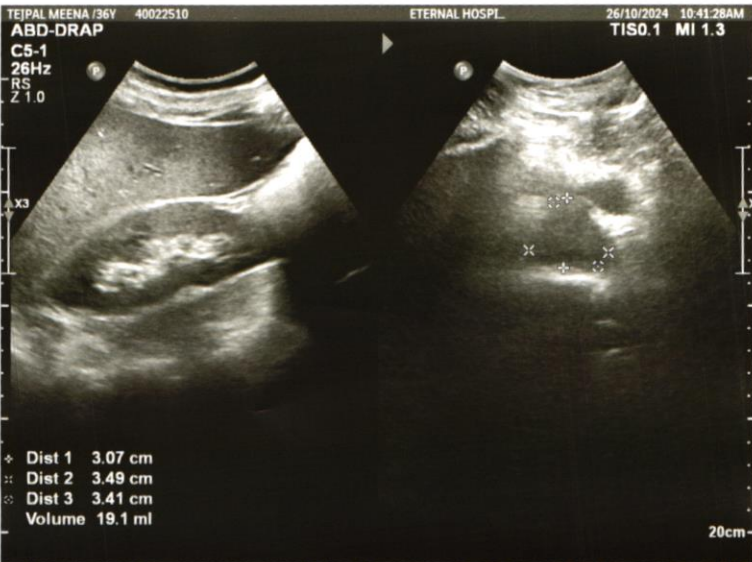
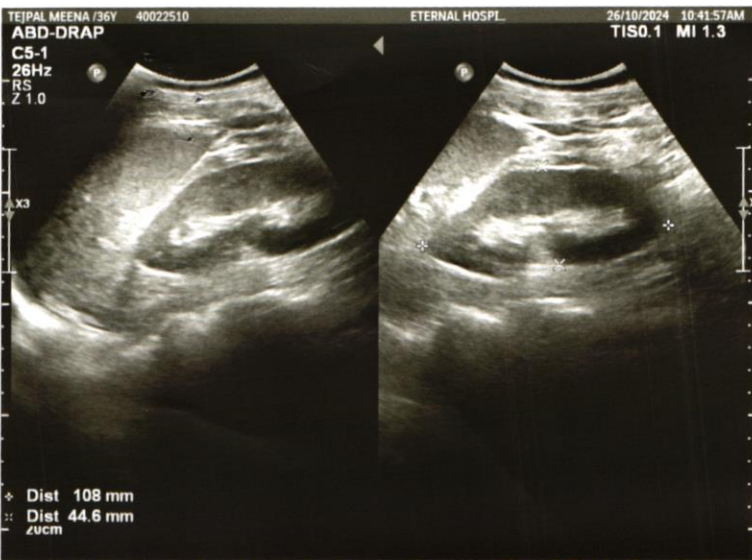
Skin : \_\_\_\_\_

Investigation:

Deepal

Follow up:

Diet Advice:  Normal  Low Fat  Diabetic  Renal  Low Salt





# ETERNAL HOSPITAL Sanganer



## DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40022510 (43005)	RISNo./Status :	4059411/ Provisional
Patient Name :	Mr. TEJPAL MEENA	Age/Gender :	36 Y/M
Referred By :	Dr. EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	26/10/2024 8:46AM/ OPSCR24-25/25178	Scan Date :	
Report Date :	26/10/2024 10:44AM	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.
- Prostate:** Is normal in size and echotexture.
- Others:** No significant free fluid is seen in pelvic peritoneal cavity.

### IMPRESSION: USG findings are suggestive of

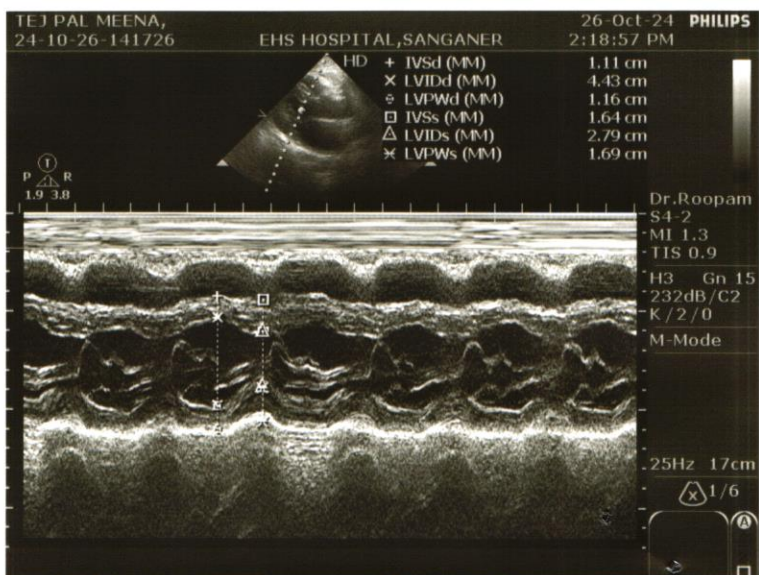
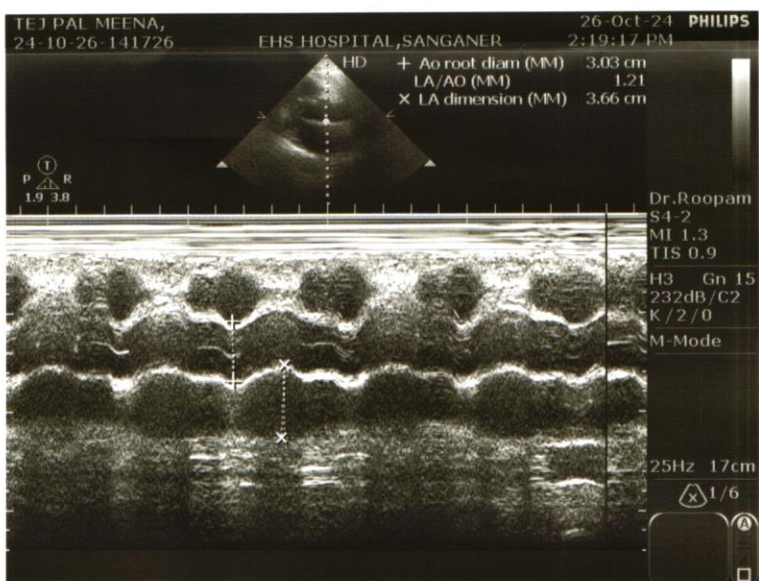
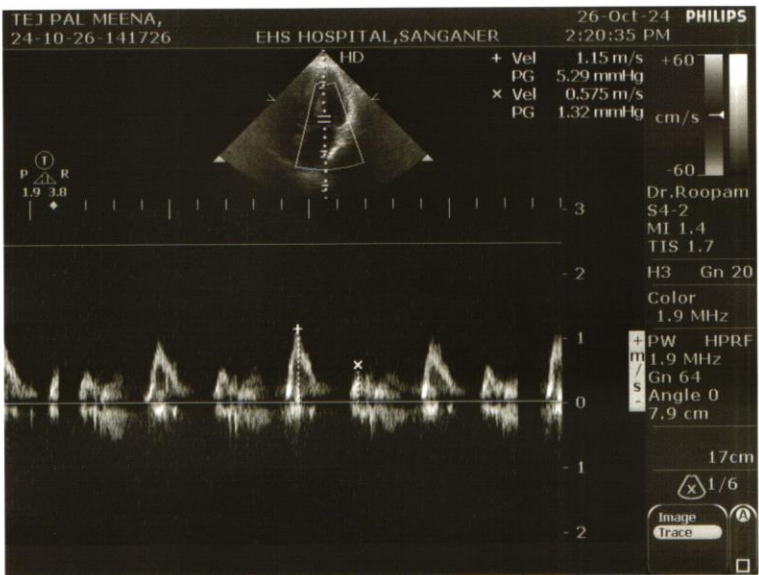
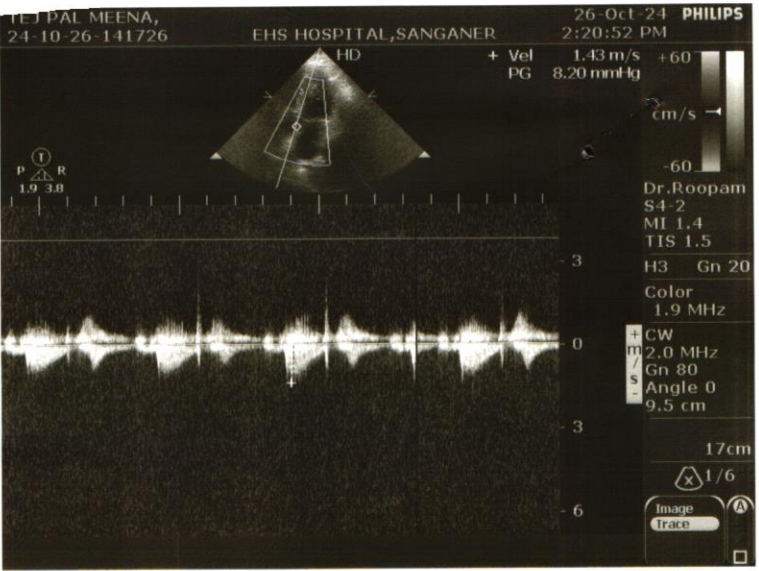
- Fatty liver grade – I.

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	40022510 (43005)	RISNo./Status :	4059411/
Patient Name :	Mr. TEJPAL MEENA	Age/Gender :	36 Y/M
Referred By :	Dr. EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	26/10/2024 8:46AM/ OPSCR24-25/25178	Scan Date :	
Report Date :	26/10/2024 2:12PM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

### 2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

#### M MODE DIMENSIONS: -

		Normal		Normal
IVSD	11.1	6-12mm	LVIDS	27.9
LVIDD	44.3	32-57mm	LVPWS	16.9
LVPWD	11.6	6-12mm	AO	30.3
IVSS	16.4	mm	LA	36.6
LVEF	60-62	>55%	RA	-

#### DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
		E	1.15	e'	-		
MITRAL VALVE	NORMAL	A	0.57	E/e'	-	-	NIL
		E		0.61			
TRICUSPID VALVE	NORMAL	A		0.51		-	NIL
		E		0.61			
AORTIC VALVE	NORMAL	1.43				-	NIL
PULMONARY VALVE	NORMAL	0.63				-	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  
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# ETERNAL HOSPITAL

## Sanganer

### ETERNAL HOSPITAL MEDICAL TESTING LABORATORY



Patient Name	Mr. TEJPAL MEENA	Lab No	4059411
UHID	40022510	Collection Date	26/10/2024 9:50AM
Age/Gender	36 Yrs/Male	Receiving Date	26/10/2024 9:54AM
IP/OP Location	O-OPD	Report Date	26/10/2024 12:54PM
Referred By	Dr. EHS CONSULTANT	Report Status	Final
Mobile No.	9585112799		

#### BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: Fl. Plasma
<b>BLOOD GLUCOSE (FASTING)</b>				
BLOOD GLUCOSE (FASTING)	103.6	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** Sample: Serum

T3	1.460	ng/mL	0.970 - 1.690
T4	5.59	ug/dl	5.53 - 11.00
TSH	2.40	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)** Sample: Serum

BILIRUBIN TOTAL	0.19	mg/dl	0.00 - 1.20
BILIRUBIN INDIRECT	0.10 L	mg/dl	0.20 - 1.00
BILIRUBIN DIRECT	0.09	mg/dl	0.00 - 0.30
SGOT	17.8	U/L	0.0 - 40.0
SGPT	13.2	U/L	0.0 - 41.0

RESULT ENTERED BY : SUNIL EHS

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#### BIOCHEMISTRY

TOTAL PROTEIN	7.0	g/dl	6.6 - 8.7
ALBUMIN	4.5	g/dl	3.5 - 5.2
GLOBULIN	2.5		1.8 - 3.6
ALKALINE PHOSPHATASE	65	U/L	40 - 129
A/G RATIO	1.8	Ratio	1.5 - 2.5
GGTP	26.0	U/L	10.0 - 60.0

**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

TOTAL CHOLESTEROL	189.2		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	47.3		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	134.1		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	18	mg/dl	10 - 50

RESULT ENTERED BY : SUNIL EHS

*Abhinay Verma*

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### ETERNAL HOSPITAL MEDICAL TESTING LABORATORY



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<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>	9585112799		

#### BIOCHEMISTRY

<b>TRIGLYCERIDES</b>	88.8	Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
<b>CHOLESTEROL/HDL RATIO</b>	4	%

**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

<b>UREA</b>	28.10	mg/dl	16.60 - 48.50
<b>BUN</b>	13	mg/dl	6 - 20
<b>CREATININE</b>	0.63 L	mg/dl	0.70 - 1.20
<b>SODIUM</b>	141	mmol/L	136 - 145
<b>POTASSIUM</b>	4.18	mmol/L	3.50 - 5.50
<b>CHLORIDE</b>	106.1	mmol/L	98 - 107
<b>URIC ACID</b>	6.8	mg/dl	3.4 - 7.0
<b>CALCIUM</b>	9.45	mg/dl	8.60 - 10.00

RESULT ENTERED BY : SUNIL EHS

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### ETERNAL HOSPITAL MEDICAL TESTING LABORATORY



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<b>Mobile No.</b>	9585112799		

#### BIOCHEMISTRY

**CREATININE - SERUM** :- Method:-Jaffe method, Interpretation:-To differentiate acute and chronic kidney disease.

**URIC ACID** :- Method: Enzymatic colorimetric assay. Interpretation:- Elevated blood concentrations of uric acid 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 and kidney reabsorption.

**POTASSIUM** :- Method: ISE electrode. Interpretation:-Low level: Intake excessive loss from body due 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 acidosis and alkalosis. Increase: dehydration, kidney failure, some form of acidosis, high dietary or parenteral chloride intake, and salicylate poisoning.

**UREA**:- Method: Urease/GLDH kinetic assay. Interpretation:-Elevations in blood urea nitrogen concentration are seen in inadequate renal perfusion, shock, diminished blood volume, chronic nephritis, nephrosclerosis, tubular necrosis, glomerular nephritis and UTI.

**CALCIUM TOTAL** :- Method: O-Cresolphthaleine complexone. Interpretation:-Increase in serum PTH or vit-D are usually associated with hypercalcemia. Increased serum calcium levels may also be observed in multiple myeloma and other neoplastic diseases. Hypocalcemia may be observed in hypoparathyroidism, nephrosis, and pancreatitis.

Sample: WHOLE BLOOD EDTA

<b>HbA1C</b>	5.6	%	< 5.7%	Nondiabetic
			5.7-6.4%	Pre-diabetic
			> 6.4%	Indicate Diabetes
			<b>Known Diabetic Patients</b>	
			< 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.

RESULT ENTERED BY : SUNIL EHS

*Abhinay Verma*  
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Referred By	Dr. EHS CONSULTANT	Report Status	Final
Mobile No.	9585112799		

#### BLOOD BANK INVESTIGATION

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

BLOOD GROUPING

"AB" Rh Positive

Note :

1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

RESULT ENTERED BY : SUNIL EHS

  
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#### CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	
<b>URINE SUGAR (RANDOM)</b>				Sample: Urine
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE	
<b>PHYSICAL EXAMINATION</b>				Sample: Urine
VOLUME	20	ml		
COLOUR	PALE YELLOW		P YELLOW	
APPEARANCE	CLEAR		CLEAR	
<b>CHEMICAL EXAMINATION</b>				
PH	6.0		5.5 - 7.0	
SPECIFIC GRAVITY	1.030		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	2-4	/hpf	0 - 3	
RBCS/HPF	0-0	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	1-2	/hpf	0 - 1	
CASTS	NIL		NIL	
CRYSTALS	NIL		NIL	
BACTERIA	NIL		NIL	
OTHERS	NIL		NIL	

RESULT ENTERED BY : SUNIL EHS

*Abhinay Verma*  
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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY



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<b>Mobile No.</b>	9585112799		

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

RESULT ENTERED BY : SUNIL EHS

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Patient Name	Mr. TEJPAL MEENA	Lab No	4059411
UHID	40022510	Collection Date	26/10/2024 9:50AM
Age/Gender	36 Yrs/Male	Receiving Date	26/10/2024 9:54AM
IP/OP Location	O-OPD	Report Date	26/10/2024 12:54PM
Referred By	Dr. EHS CONSULTANT	Report Status	Final
Mobile No.	9585112799		

#### HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
HAEMOGLOBIN	14.7	g/dl	13.0 - 17.0
PACKED CELL VOLUME(PCV)	43.2	%	40.0 - 50.0
MCV	85.4	fl	82 - 92
MCH	29.1	pg	27 - 32
MCHC	34.0	g/dl	32 - 36
RBC COUNT	5.06	millions/cu.mm	4.50 - 5.50
TLC (TOTAL WBC COUNT)	6.25	10 <sup>3</sup> /uL	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	53.4	%	40 - 80
LYMPHOCYTE	28.6	%	20 - 40
EOSINOPHILS	12.5 H	%	1 - 6
BASOPHIL	0.5 L	%	1 - 2
MONOCYTES	5.0	%	2 - 10
PLATELET COUNT	1.45 L	lakh/cumm	1.500 - 4.500

Sample: WHOLE BLOOD EDTA

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) 20 H mm/1st hr 0 - 15

RESULT ENTERED BY : SUNIL EHS

*Abhinay Verma*

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Disclaimer : This is Radiological/Pathological impression and not the final diagnosis. It should be correlated with relevant clinical data & investigation. Not Valid for Medico-Legal purpose. Subject to Jaipur Jurisdiction only.





# ETERNAL HOSPITAL

*Sanganer*

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY



<b>Patient Name</b>	Mr. TEJPAL MEENA	<b>Lab No</b>	4059411
<b>UHID</b>	40022510	<b>Collection Date</b>	26/10/2024 9:50AM
<b>Age/Gender</b>	36 Yrs/Male	<b>Receiving Date</b>	26/10/2024 9:54AM
<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>	9585112799		

Method:-Modified Westergrens.

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

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

RESULT ENTERED BY : SUNIL EHS

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Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)  
Phone:- 0141-3120000  
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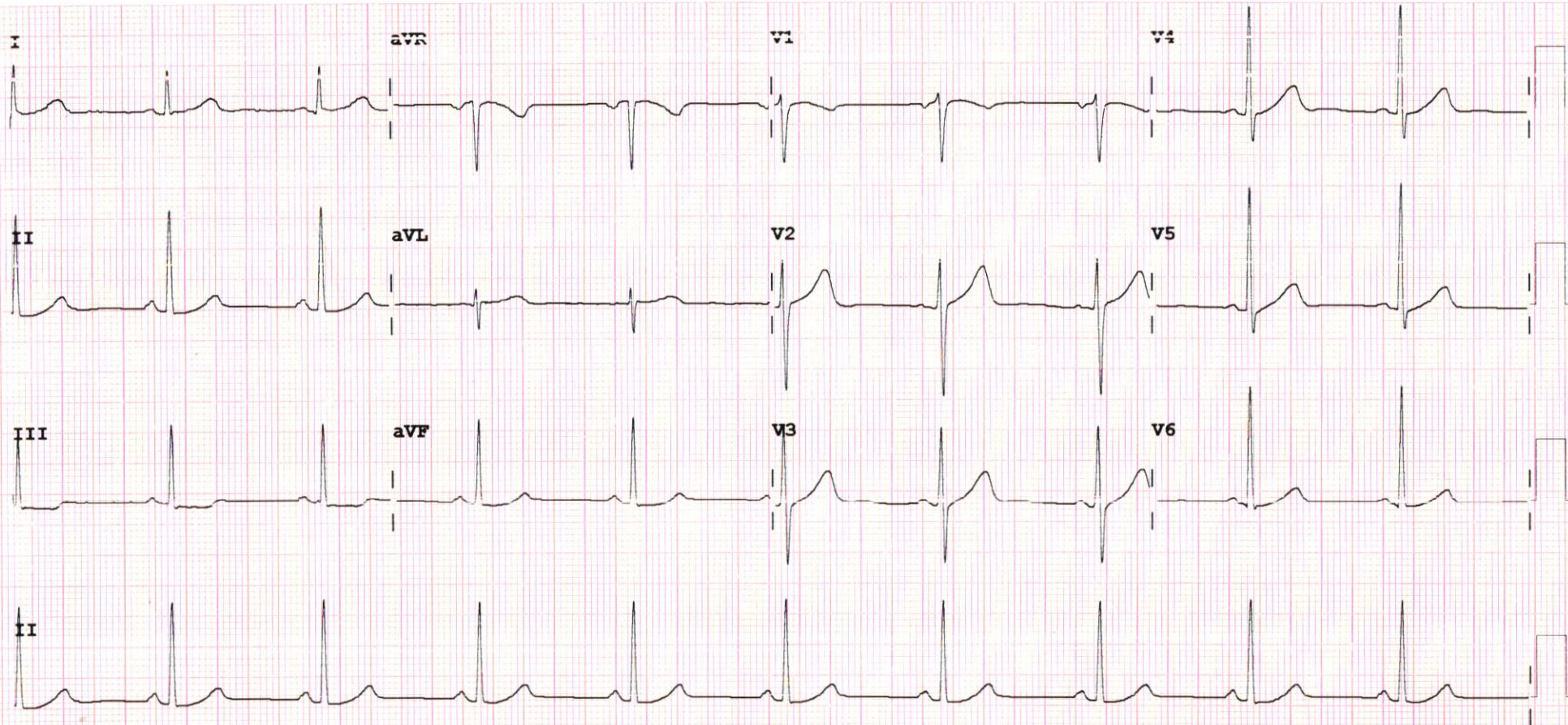
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- ABNORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50-100 Hz W

PH100B CL

P?