ETERNAL HOSPITAL
Sanganer

Date & Time 28/10/24
Patient Name: Mr Virendra Ku. Sikhwar
Age / Gen: 33 Years / M
UHID: 40022595

Provisional Diagnosis:

Drug Allergy:

Complaints:

Itching, watering

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:

Medication Advice:

Pain : ☐ Yes ☐ No

✓S/L✓

VA R 6/6 N/6
L 6/6

Colour vision normal

℞

- Aquasoge eye drop in BE
  0 - 0 x 1 Month

Follow up:

Diet Advice: ☐ Normal ☐ Low Fat ☐ Diabetic ☐ Renal ☐ Low Salt

A Unit of Eternal Care Foundation
Eternal Hospital Sanganer

(A Unit of Eternal Care Foundation)
Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)
Phone:- 0141-3120000
www.eternalhospital.com

ETERNAL HOSPITAL
Sanganer

Mr. VIRENDRA KUMAR SIKHW
40022595 Oct 28 2024 9:26AM
33 Yrs/Male OPSCR24-25/2539
Dr. EHS CONSULTANT
9983666624

OUT-PATIENT / DAYCARE - INITIAL ASSESSMENT FORM

Chief Complaints: Medi wheel Full body Heelty since ago

Communicable disease (if any):

Vital Sign: SpO2: 97 **Pulse:** 72 **BP:** 133/88 **Height:** ____ cms **Weight:** 97.2 kgs

Allergies: ☐ Yes ☐ No If yes specify: Not Known

Psychosocial:

Alcohol intake: Yes **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

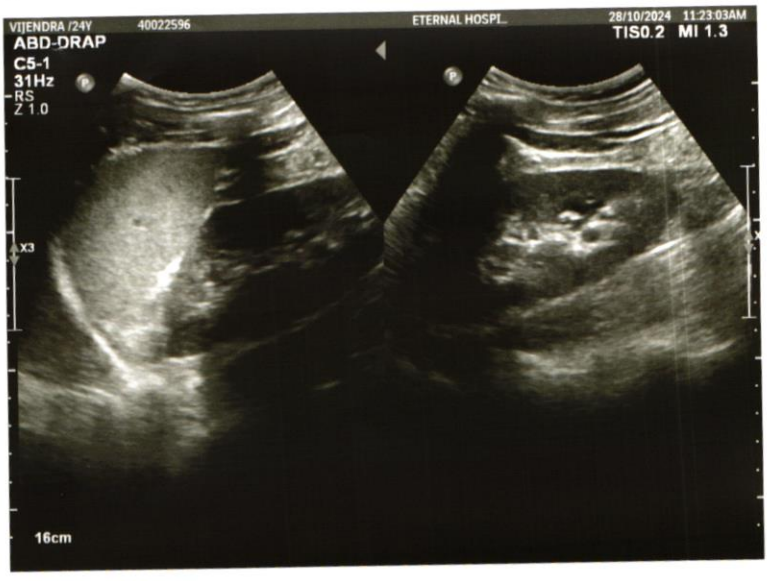
In case of 3 or more criteria met initiate detailed fall assessment & fall prevention protocol.

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:** 105 **Date:** 28/10/24 **Time:** 9:30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40022596
ETERNAL HOSPI..
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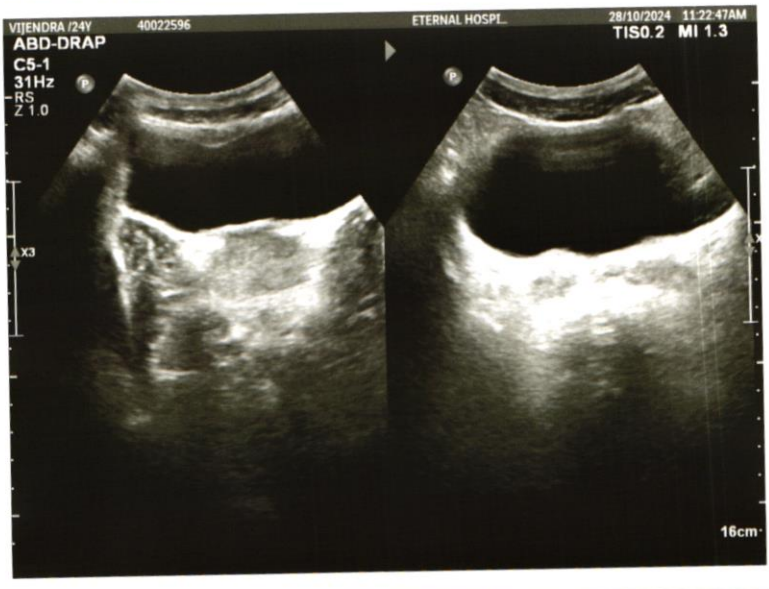
TIS0.2 MI 1.3
ABD-DRAP
C5-1
31Hz
RS
Z 1.0
16cm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40022596
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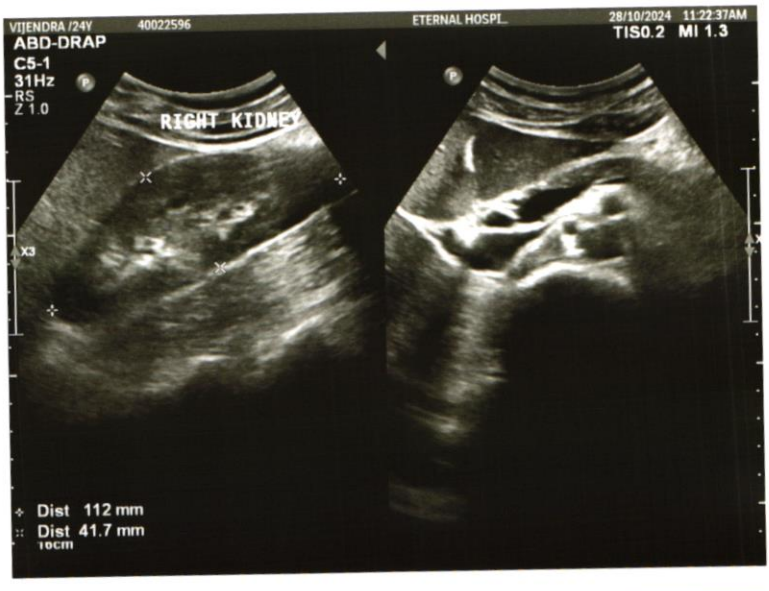
C5-1
31Hz
RS
Z 1.0
16cm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40022596
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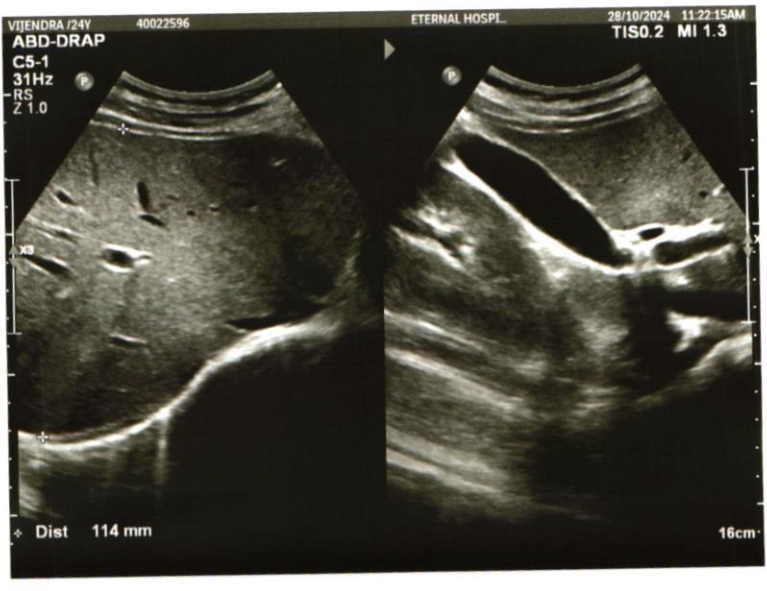
TIS0.2 MI 1.3
ABD-DRAP
C5-1
31Hz
RS
Z 1.0
RIGHT KIDNEY
Dist 112 mm
Dist 41.7 mm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40022596
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TIS0.2 MI 1.3
ABD-DRAP
C5-1
31Hz
RS
Z 1.0
Dist 114 mm
16cm

ETERNAL HOSPITAL
Sanganer

DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40022595 (43273)	**RISNo./Status :**	4059694/
Patient Name :	Mr. VIRENDRA KUMAR SIKHWAR	**Age/Gender :**	33 Y/M
Referred By :	Dr. EHS CONSULTANT	**Ward/Bed No :**	OPD
Bill Date/No :	28/10/2024 9:26AM/ OPSCR24-25/25390	**Scan Date :**	
Report Date :	28/10/2024 11:24AM	**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.

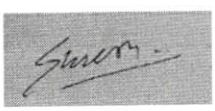
Prostate: Is normal in size, measuring approx. cc in volume.

Others: No significant free fluid is seen in pelvic peritoneal cavity.

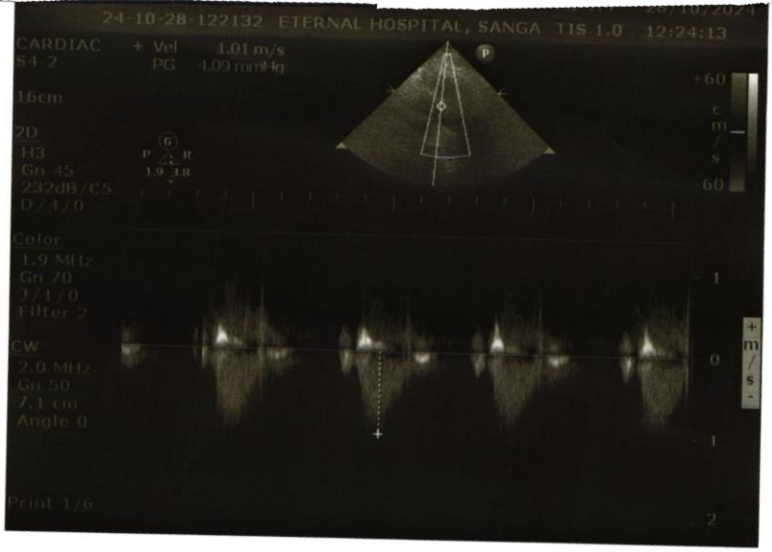
IMPRESSION: USG findings are suggestive of

- **No obvious significant sonographic abnormality noted.**

Correlate clinically & with other related investigations.



DR. SURESH KUMAR SAINI
RADIOLOGIST
MBBS, MD.
Reg. No. 22597, 36208.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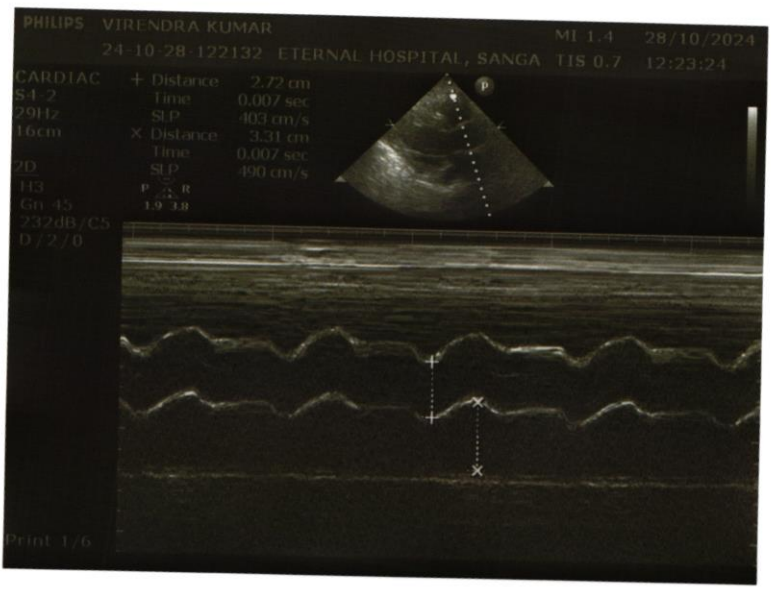
CARDIAC
S4-2
16cm
2D
H3
Gn 45
232dB/C5
D/4/0
+ Vel 1.01 m/s
PG 4.09 mmHg
Color
1.9 MHz
Gn 70
3/1/0
Filter 2
CW
2.0 MHz
Gn 50
7.1 cm
Angle 0
Print 1/6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MI 1.4 28/10/2024
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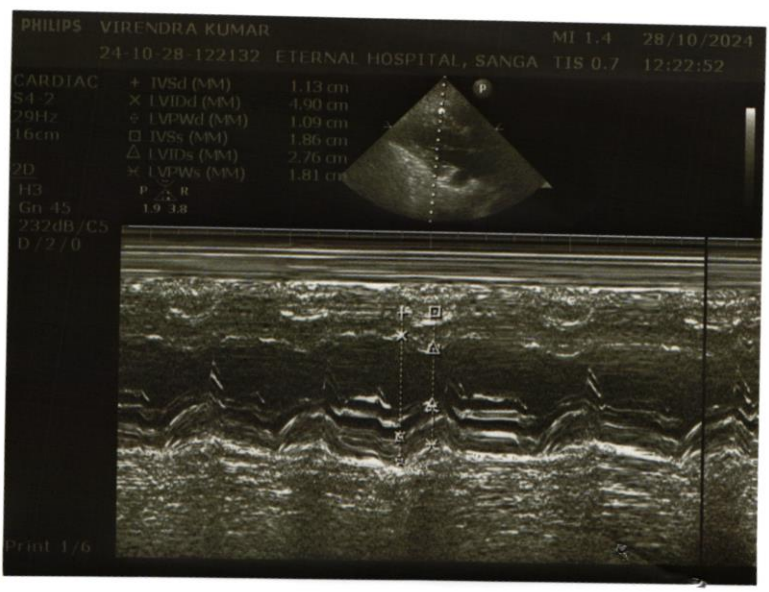
CARDIAC
S4-2
29Hz
16cm
2D
H3
Gn 45
232dB/C5
D/2/0
+ Distance 2.72 cm
Time 0.007 sec
SLP 403 cm/s
× Distance 3.31 cm
Time 0.007 sec
SLP 490 cm/s
Print 1/6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MI 1.4 28/10/2024
24-10-28-122132 ETERNAL HOSPITAL, SANGA TIS 0.7 12:22:52
CARDIAC
S4-2
29Hz
16cm
2D
H3
Gn 45
232dB/C5
D/2/0
+ IVSd (MM) 1.13 cm
× LVIDd (MM) 4.90 cm
÷ LVPWd (MM) 1.09 cm
□ IVSs (MM) 1.86 cm
△ LVIDs (MM) 2.76 cm
× LVPWs (MM) 1.81 cm
Print 1/6

ETERNAL HOSPITAL
Sanganer

DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40022595 (43273)	**RISNo./Status :**	4059694/
Patient Name :	Mr. VIRENDRA KUMAR SIKHWAR	**Age/Gender :**	33 Y/M
Referred By :	Dr. EHS CONSULTANT	**Ward/Bed No :**	OPD
Bill Date/No :	28/10/2024 9:26AM/ OPSCR24-25/25390	**Scan Date :**	
Report Date :	28/10/2024 12:16PM	**Company Name:**	Final

REFERRAL REASON: HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal			Normal
IVSD	**11.3**	**6-12mm**	**LVIDS**	**27.6**	**20-40mm**
LVIDD	**49.0**	**32-57mm**	**LVPWS**	**18.1**	**mm**
LVPWD	**10.9**	**6-12mm**	**AO**	**27.2**	**19-37mm**
IVSS	**18.6**	**mm**	**LA**	**33.1**	**19-40mm**
LVEF	**60-62**	**>55%**	**RA**	**-**	**mm**

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
MITRAL VALVE	NORMAL	E	1.14	e'	-	-	NIL
		A	0.87	E/e'	-		
TRICUSPID VALVE	NORMAL	E		0.72		-	NIL
		A		0.50			
AORTIC VALVE	NORMAL	1.49				-	NIL
PULMONARY VALVE	NORMAL	1.02				-	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

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PREV. CARDIOLOGY &
INCHARGE CCU

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

ETERNAL HOSPITAL
Sanganer

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. VIRENDRA KUMAR SIKHWAR	**Lab No**	4059694
UHID	40022595	**Collection Date**	28/10/2024 9:38AM
Age/Gender	33 Yrs/Male	**Receiving Date**	28/10/2024 9:43AM
IP/OP Location	O-OPD	**Report Date**	28/10/2024 11:57AM
Referred By	Dr. EHS CONSULTANT	**Report Status**	Final
Mobile No.	9983666624		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
BLOOD GLUCOSE (FASTING)			Sample: Fl. Plasma
BLOOD GLUCOSE (FASTING)	103.7	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	1.11	ng/mL	0.800 - 2.000
T4	8.50	ug/dl	5.10 - 14.10
TSH	2.14	µIU/mL	0.27 - 4.20

T3:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

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

T4:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

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

TSH - THYROID STIMULATING HORMONE :- ElectroChemiLuminescenceImmunoAssay - ECLIA

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

LFT (LIVER FUNCTION TEST)			Sample: Serum
BILIRUBIN TOTAL	1.05	mg/dl	0.00 - 1.20
BILIRUBIN INDIRECT	0.76	mg/dl	0.20 - 1.00
BILIRUBIN DIRECT	0.29	mg/dl	0.00 - 0.30
SGOT	34.6	U/L	0.0 - 40.0
SGPT	**63.7 H**	U/L	0.0 - 41.0

RESULT ENTERED BY : SUNIL EHS

Abhinay Verma

Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

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BIOCHEMISTRY

TOTAL PROTEIN	7.1	g/dl	6.6 - 8.7
ALBUMIN	4.7	g/dl	3.5 - 5.2
GLOBULIN	2.4		1.8 - 3.6
ALKALINE PHOSPHATASE	88	U/L	40 - 129
A/G RATIO	2.0	Ratio	1.5 - 2.5
GGTP	12.0	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 structive.
BI UBIN DIRECT :- Method: Diazo method Interpretation:-Determinations of direct bilirubin measure mainly conjugated, wa 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: Enzymetic colorimetric assay. Interpretation:-y-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	152.2		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	39.5		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	109.4		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	21	mg/dl	10 - 50

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ETERNAL HOSPITAL
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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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Mobile No.	9983666624		

BIOCHEMISTRY

TRIGLYCERIDES	106.9		Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
CHOLESTEROL/HDL RATIO	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 enzymetic 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 C[illegible]lative
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	**11.80 L**	mg/dl	16.60 - 48.50
BUN	6	mg/dl	6 - 20
CREATININE	1.07	mg/dl	0.70 - 1.20
SODIUM	141	mmol/L	136 - 145
POTASSIUM	4.28	mmol/L	3.50 - 5.50
CHLORIDE	104.7	mmol/L	98 - 107
URIC ACID	**7.2 H**	mg/dl	3.4 - 7.0
CALCIUM	9.95	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. Intrpretation:-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	5.7	%	< 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.

RESULT ENTERED BY : SUNIL EHS

Abhinay Verma

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BLOOD BANK INVESTIGATION

Test Name	Result	Unit	Biological Ref. Range
BLOOD GROUPING	"O" 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

Sample: Urine

Test Name	Result	Unit	Biological Ref. Range
STOOL ROUTINE			
COLOUR	BROWNISH		P YELLOW
MUCUS	NIL		NIL
CONSISTENCY AND FORM	SEMI-SOLID		SEMI-SOLID
BLOOD.	NIL		
WBCS/HPF.	1-2		
RBCS/HPF.	0-0		
C & CYST	ABSENT		ABSENT
OHTERS	NIL		NIL

RESULT ENTERED BY : SUNIL EHS

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Mobile No.	9983666624		

HEMATOLOGY

Sample: WHOLE BLOOD EDTA

Test Name	Result	Unit	Biological Ref. Range
HAEMOGLOBIN	14.7	g/dl	13.0 - 17.0
PACKED CELL VOLUME(PCV)	42.9	%	40.0 - 50.0
MCV	84.8	fl	82 - 92
MCH	29.1	pg	27 - 32
MCHC	34.3	g/dl	32 - 36
RBC COUNT	5.06	millions/cu.mm	4.50 - 5.50
TLC (TOTAL WBC COUNT)	6.39	10^3/ uL	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	45.4	%	40 - 80
LYMPHOCYTE	30.4	%	20 - 40
EOSINOPHILS	**17.2 H**	%	1 - 6
BASOPHIL	**0.9 L**	%	1 - 2
MONOCYTES	6.1	%	2 - 10
PLATELET COUNT	2.49	lakh/cumm	1.500 - 4.500

Remark

Note - Eosinophilia.

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-
I openia.
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

RESULT ENTERED BY : SUNIL EHS

Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

ETERNAL HOSPITAL
Sanganer

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. VIRENDRA KUMAR SIKHWAR	**Lab No**	4059694
UHID	40022595	**Collection Date**	28/10/2024 9:38AM
Age/Gender	33 Yrs/Male	**Receiving Date**	28/10/2024 9:43AM
IP/OP Location	O-OPD	**Report Date**	28/10/2024 11:57AM
Referred By	Dr. EHS CONSULTANT	**Report Status**	Final
Mobile No.	9983666624		

HEMATOLOGY

ESR (ERYTHROCYTE SEDIMENTATION RATE)	05	mm/1st hr	0 - 15

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

End Of Report

RESULT ENTERED BY : SUNIL EHS

Dr. ABHINAY VERMA

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