



ETERNAL HOSPITAL

Sanganer



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

Mr. RAKESH KUMAR MEENA
 40009079 Jan 4 2024 11:01AM
 34 Yrs/Male OPSCR23-24/1055
 Dr. DIWANSHU KHATANA
 9589837732

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

Pain: Yes No

D -- Dyslipidemia

Physical Examination:

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

*Family h/o CAD
 in mother*

Systemic Examination:

CVS : _____

CNS : _____

Respiratory System : _____

GI System : _____

Skin : _____

Investigation:

M

① *R ROSVAX 10mg
 1 OD HS*

② *R HRN20VIT 100*

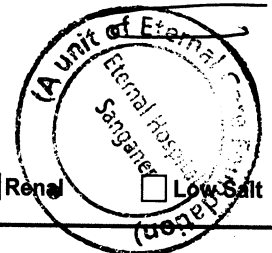
X 2 months

③ *→ S-IP CITALOPRAM 20mg
 BID with half glass water*

Follow up: *R BUSCOPAN 180mg*

[Signature]

Diet Advice: Normal Low Fat Diabetic Renal Low Salt





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Mr. RAKESH KUMAR MEENA
40009079 Jan 4 2024 11:01AM
34 Yrs/Male OPSCR23-24/1055
Dr. DIWANSHU KHATANA
8589837732

Date & Time
Patient Name:
Age / Gen:
UHID:

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

Pain: Yes No

Sq. Blepharitis

VA $\left\{ \begin{array}{l} R \ 6/6P \\ L \ 6/12 \end{array} \right.$ N/6

Physical Examination:

Colour vision Normal

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

Rp

Lid scrub
Local Hygiene

Systemic Examination:

ocupol -D eye ointment HS
to be rubbed into lid margins RR

CVS : _____

3: _____

Respiratory System :

GI System : _____

Skin : _____

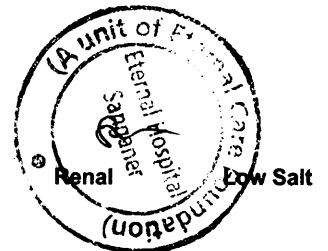
selsun Shampoo for hair wash
once a week

Investigation:

Adv. Refraction Next visit

Follow up: 1 month

Diet Advice: Normal Low Fat Diabetic





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

Date & Time: 4/1/2024
Patient Name: Rajesh Meena
Age / Gen:
UHID:

Provisional Diagnosis:

Drug Allergy: No

Complaints:

Medication Advice:

Pain: Yes No

Calculus +
Decay +

Scaling

Restoration +

Physical Examination:

Pallor : Yes/No No Icterus : Yes/No No

Cynosis : Yes/No No Edema : Yes/No No

Lymphadenopathy : Yes/No No

Systemic Examination:

CVS : -

CNS : -

Respiratory System : -

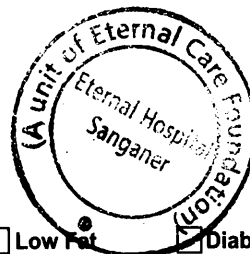
GI System : -

Skin : -

Investigation:

Follow up:

Diet Advice: Normal Low Fat Diabetic Renal Low Salt





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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. RAKESH KUMAR MEENA	Lab No	4019306
UHID	40009079	Collection Date	04/01/2024 11:28AM
Age/Gender	34 Yrs/Male	Receiving Date	04/01/2024 11:56AM
IP/OP Location	O-OPD	Report Date	04/01/2024 1:29PM
Referred By	Dr. DIWANSHU KHATANA	Report Status	Final
Mobile No.	9589837732		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: Fl. Plasma
BLOOD GLUCOSE (FASTING)				
BLOOD GLUCOSE (FASTING)	89.4	mg/dl	74 - 106	
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	1.550	ng/mL	0.970 - 1.690	
T4	9.83	ug/dl	5.53 - 11.00	
TSH	1.39	μIU/mL	0.40 - 4.05	

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 :- ElectroChemiluminescence ImmunoAssay - 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	1.12	mg/dl	0.00 - 1.20	
BILIRUBIN INDIRECT	0.94	mg/dl	0.20 - 1.00	
BILIRUBIN DIRECT	0.18	mg/dl	0.00 - 0.40	
SGOT	36.8	U/L	0.0 - 40.0	
SGPT	49.2 H	U/L	0.0 - 40.0	

RESULT ENTERED BY : SUNIL EHS


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BIOCHEMISTRY

TOTAL PROTEIN	8.5	g/dl	6.6 - 8.7
ALBUMIN	5.6 H	g/dl	3.5 - 5.2
GLOBULIN	2.9		1.8 - 3.6
ALKALINE PHOSPHATASE	64.7	U/L	53 - 128
A/G RATIO	1.9	Ratio	1.5 - 2.5
GGTP	104.1 H	U/L	10.0 - 55.0

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	277		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	52.5		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	155.5		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	78 H	mg/dl	10 - 50

RESULT ENTERED BY : SUNIL EHS

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Mobile No.	9589837732		

BIOCHEMISTRY

TRIGLYCERIDES	390.6	Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
---------------	-------	--

CHOLESTEROL/HDL RATIO 5.3 %

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 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	15.00 L	mg/dl	16.60 - 48.50
BUN	7.0	mg/dl	6 - 20
CREATININE	0.86	mg/dl	0.60 - 1.10
SODIUM	138.7	mmol/L	136 - 145
POTASSIUM	4.23	mmol/L	3.50 - 5.50
CHLORIDE	98.3	mmol/L	98 - 107
URIC ACID	7.0	mg/dl	3.5 - 7.2
CALCIUM	10.05	mg/dl	8.60 - 10.30

RESULT ENTERED BY : SUNIL EHS

Abhinay Verma

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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 and kidney reabsorption.

POTASSIUM :- Method: ISE electrode. Intrapretation:-Low level: Intake excessive loss for mbody 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.

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CLINICAL PATHOLOGY

Test Name	Result	Unit -	Biological Ref. Range	Sample: Urine
URINE SUGAR (RANDOM)				
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE	

Sample: Urine

PHYSICAL EXAMINATION

VOLUME	20	ml	
COLOUR	PALE YELLOW		P YELLOW
APPEARANCE	CLEAR		CLEAR

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

WBCS/HPF	0-2	/hpf	0 - 3
RBCS/HPF	0-0	/hpf	0 - 2
EPITHELIAL CELLS/HPF	0-1	/hpf	0 - 1
CASTS	NIL		NIL
CRYSTALS	NIL		NIL
BACTERIA	NIL		NIL
OHTERS	NIL		NIL

RESULT ENTERED BY : SUNIL EHS

Abhinay Verma
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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: Mèthye 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
CBC (COMPLETE BLOOD COUNT)			
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN	14.1	g/dl	13.0 - 17.0
PACKED CELL VOLUME(PCV)	42.7	%	40.0 - 50.0
MCV	102.2 H	fl	82 - 92
MCH	33.7 H	pg	27 - 32
MCHC	33.0	g/dl	32 - 36
RBC COUNT	4.18 L	millions/cu.mm	4.50 - 5.50
TLC (TOTAL WBC COUNT)	8.36	10 ³ /uL	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	59.3	%	40 - 80
LYMPHOCYTE	26.4	%	20 - 40
EOSINOPHILS	8.1 H	%	1 - 6
MONOCYTES	5.6	%	2 - 10
BASOPHIL	0.6 L	%	1 - 2
PLATELET COUNT	2.37	lakh/cumm	1.500 - 4.500

HAEMOGLOBIN :- Method:-SLS HemoglobinMethodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia.
MCV :- Method:- Calculation bysystemx.
MCH :- Method:- Calculation bysystemx.
MCHC :- Method:- Calculation bysystemx.
RBC COUNT :- Method:-Hydrodynamicfocusing.Interpretation:-Low-Anemia,High-Polycythemia.
TLC (TOTAL WBC COUNT) :- Method:-Optical Detectorblock based on Flowcytometry.Interpretation:-High-Leucocytosis, Low-Leucopenia.
NEUTROPHILS :- Method: Optical detectorblock based on Flowcytometry
LYMPHOCYTES :- Method: Optical detectorblock based on Flowcytometry
EOSINOPHILS :- Method: Optical detectorblock based on Flowcytometry
MONOCYTES :- Method: Optical detectorblock based on Flowcytometry
BASOPHIL :- Method: Optical detectorblock based on Flowcytometry
PLATELET COUNT :- Method:-Hydrodynamicfocusing 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) 10 mm/1st hr 0 - 15

RESULT ENTERED BY : SUNIL EHS

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Method:-Modified Westergrens.

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

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X Ray

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

X-RAY - CHEST PA VIEW

OBSERVATION:

Rotation noted.

The mediastinal and cardiac silhouette are normal.

Cardiothoracic ratio is normal.

Cardiophrenic and costophrenic angles are normal.

Both hila are normal.

The lung fields are clear.

Bones of the thoracic cage are normal.

****End Of Report****

RESULT ENTERED BY : SUNIL EHS

Dr. RENU JADIYA
MBBS, DNB
RADIOLOGIST

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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. RAKESH KUMAR MEENA	Lab No	600245
UHID	334026	Collection Date	04/01/2024 1:51PM
Age/Gender	34 Yrs/Male	Receiving Date	04/01/2024 1:52PM
IP/OP Location	O-OPD	Report Date	04/01/2024 2:15PM
Referred By	Dr. EHCC Consultant	Report Status	Final
Mobile No.	9773349797		

BLOOD BANK INVESTIGATION

Test Name	Result	Unit	Biological Ref. Range
BLOOD GROUPING	"A" Rh Negative		

Note :

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

****End Of Report****

RESULT ENTERED BY : Mr. ARVIND KUMAR DIXIT

Dr. NEHA GUPTA
MBBS|DIHBT|
INCHARGE BLOOD CENTRE

Mr. ARVIND KUMAR DIXIT
DMLT2008
TECHNICAL SUPERVISOR

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IP/OP Location	O-OPD	Report Date	04/01/2024 2:13PM
Referred By	Dr. EHCC Consultant	Report Status	Final
Mobile No.	9773349797		



BIOCHEMISTRY


Test Name	Result	Unit	Biological Ref. Range
HbA1C	5.5	%	<p>Sample: WHOLE BLOOD EDTA</p> <p>< 5.7% Nondiabetic 5.7-6.4% Pre-diabetic > 6.4% Indicate Diabetes</p> <p>Known Diabetic Patients < 7% Excellent Control 7 - 8% Good Control > 8% Poor Control</p>

Method : - High - performance liquid chromatography HPLC
 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.

****End Of Report****

RESULT ENTERED BY : Mr. MAHENDRA KUMAR

Dr. SURENDRA SINGH
 CONSULTANT & HOD
 MBBS|MD| PATHOLOGY


 Dr. ASHISH SHARMA
 CONSULTANT & INCHARGE PATHOLOGY
 MBBS|MD| PATHOLOGY

(A Unit of Eternal Heart Care Centre & Research Institute Pvt. Ltd.)

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 Phone : +91-141-5174000, 2774000, Website : www.eternalhospital.com

CIN No. U85110RJ2007PTC023653

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



DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40009079 (266)	RISNo./Status :	4019306/
Patient Name :	Mr. RAKESH KUMAR MEENA	Age/Gender :	34 Y/M
Referred By :	Dr. DIWANSHU KHATANA	Ward/Bed No :	OPD
Bill Date/No :	04/01/2024 11:01AM/ OPSCR23-24/10551	Scan Date :	
Report Date :	04/01/2024 12:06PM	Company Name:	Mediwheel - Arcofemi Health Care Ltd.

USG REPORT - ABDOMEN AND PELVIS

LIVER:

Is mildly enlarged in size (16.0cm) and shows diffuse increased echotexture.

No obvious focal lesion seen. No intra hepatic biliary radical dilatation seen.

GALL BLADDER:

Adequately distended with no obvious wall thickening/pericholecystic fat stranding/fluid. No obvious calculus/polyp/mass seen within.

PANCREAS:

Appears normal in size and shows uniform echo texture. The pancreatic duct is normal. No calcifications are seen.

SPLEEN:

Appears normal in size and it shows uniform echo texture.

RIGHT KIDNEY:

The shape, size and contour of the right kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

One microlith seen in upper polar calyx.

LEFT KIDNEY:

The shape, size and contour of the left kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

URINARY BLADDER:

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen.

PROSTATE:

Is normal in size and echotexture.

No focal fluid collections seen.

IMPRESSION:

Mild hepatomegaly with grade-I fatty liver.

Right renal microlith.

DR. RENU JADIYA

Consultant – Radiology

MBBS, DNB

(A Unit of Eternal Care Foundation)

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

Phone:- 0141-3120000

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Page 1 of 1



ETERNAL HOSPITAL Sanganer



DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40009079 (266)	RISNo./Status :	4019306/
Patient Name :	Mr. RAKESH KUMAR MEENA	Age/Gender :	34 Y/M
Referred By :	Dr. DIWANSHU KHATANA	Ward/Bed No :	OPD
Bill Date/No :	04/01/2024 11:01AM/ OPSCR23-24/10551	Scan Date :	
Report Date :	04/01/2024 2:14PM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal		Normal	
IVSD	11.1	6-12mm	LVIDS	29.9	20-40mm
LVIDD	46.7	32-57mm	LVPWS	17.8	mm
LVPWD	10.1	6-12mm	AO	28.4	19-37mm
IVSS	17.3	mm	LA	31.3	19-40mm
LVEF	62-64	>55%	RA	-	mm

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
MITRAL VALVE	NORMAL	E	0.83	e'	-	-	NIL
		A	0.53	E/e'	-		
TRICUSPID VALVE	NORMAL	E	0.61			-	NIL
		A	0.59				
AORTIC VALVE	NORMAL	1.21				-	NIL
PULMONARY VALVE	NORMAL	0.95				-	NIL

COMMENTS & CONCLUSION: -

- ALL CARDIAC CHAMBERS ARE NORMAL
- NO RWMA, LVEF 62-64%
- 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

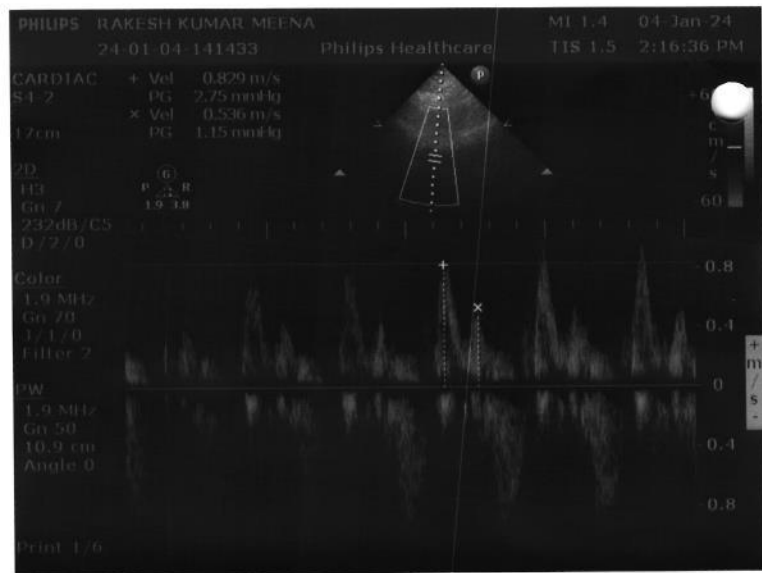
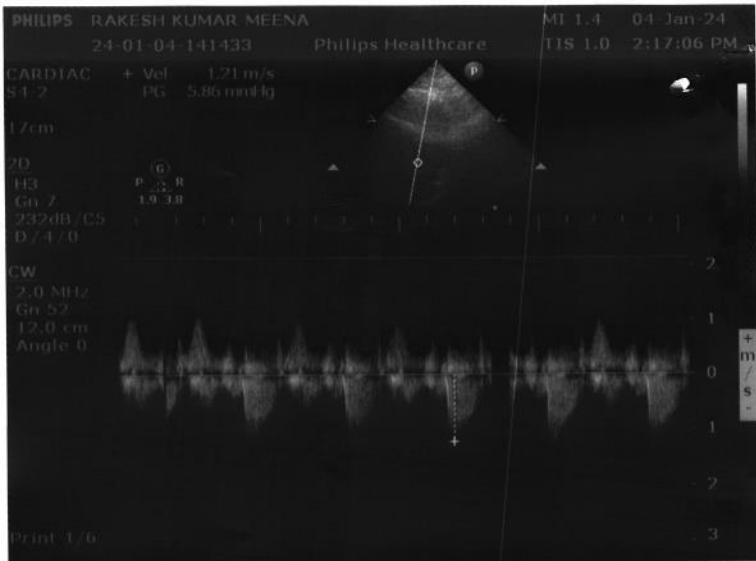
DR SUPRIY JAIN
MBBS, M.D., D.M. (CARDIOLOGY)
INCHARGE & SR. CONSULTANT
INTERVENTIONAL CARDIOLOGY

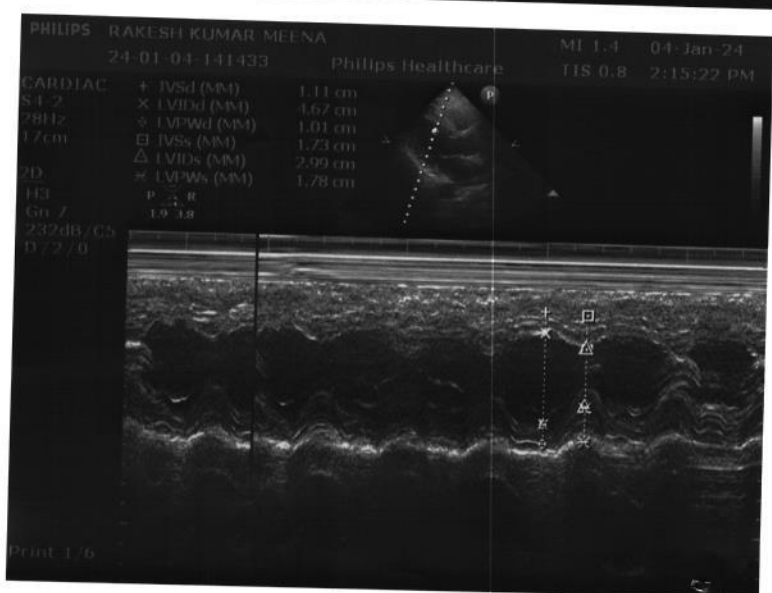
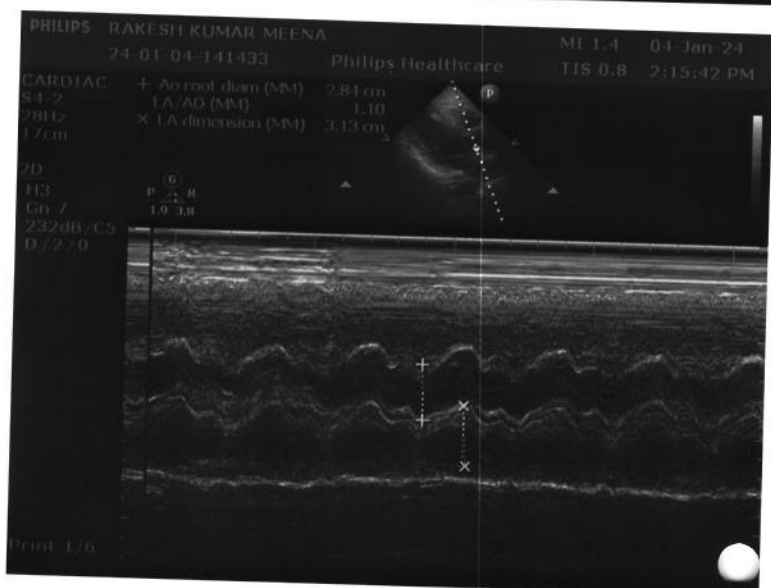
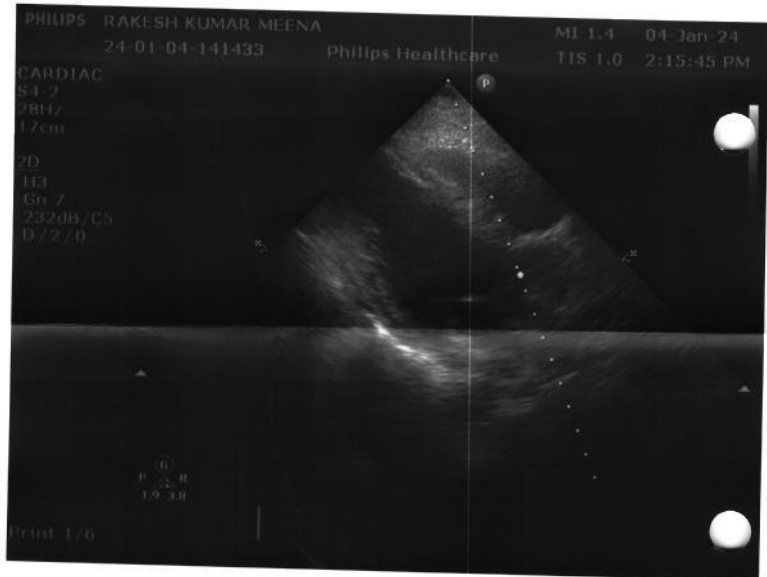
DR ROOPAM SHARMA
MBBS, PGDCC, FIAE
CONSULTANT & INCHARGE
EMERGENCY, PREVENTIVE CARDIOLOGY
AND WELLNESS CENTRE

(A Unit of Eternal Care Foundation)
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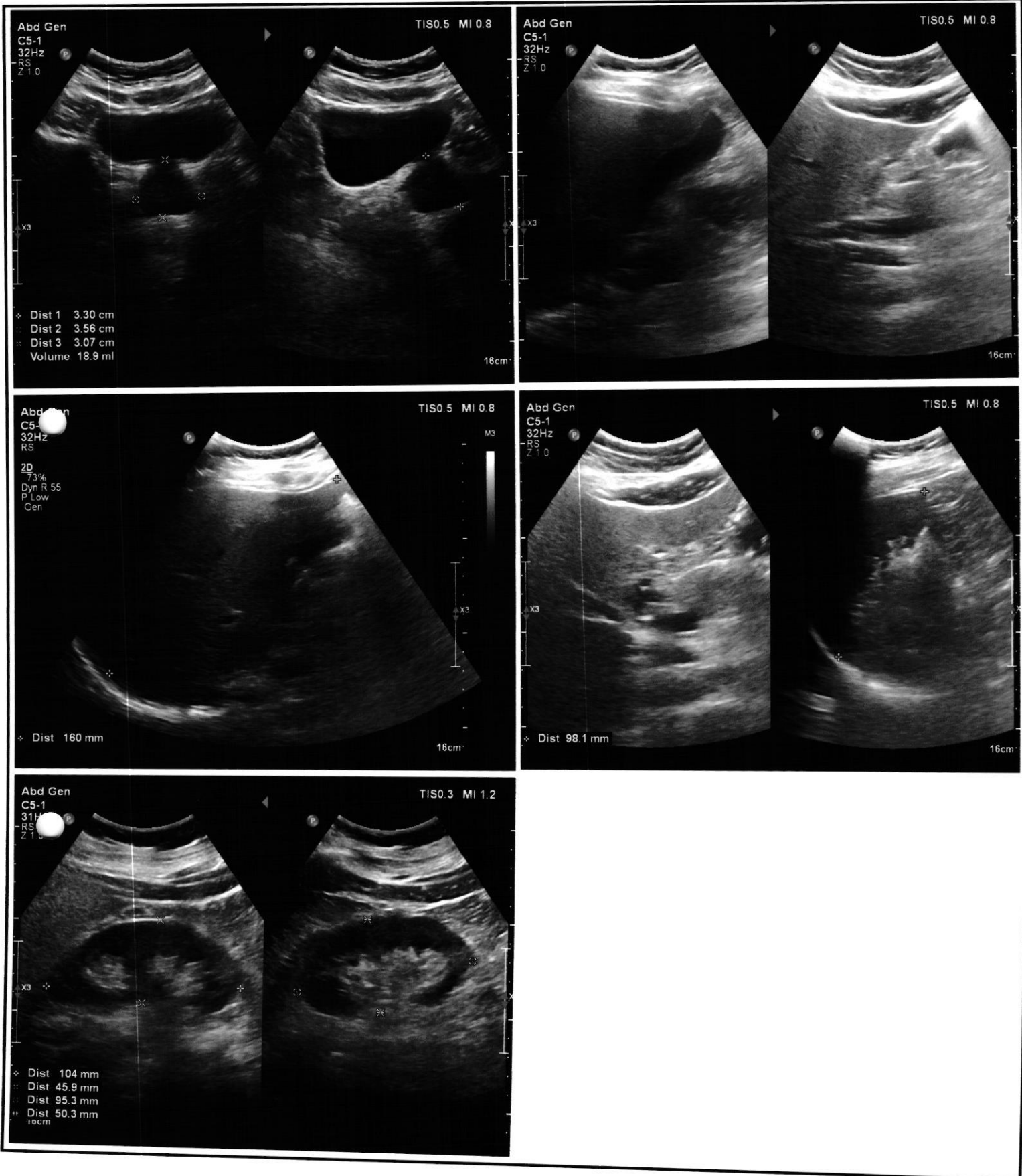
Page 1 of 1

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Images



Rate 78 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation

PR 148 ()

QRSD 83 ()

QT 347 ()

QTc 396 ()

--AXIS--

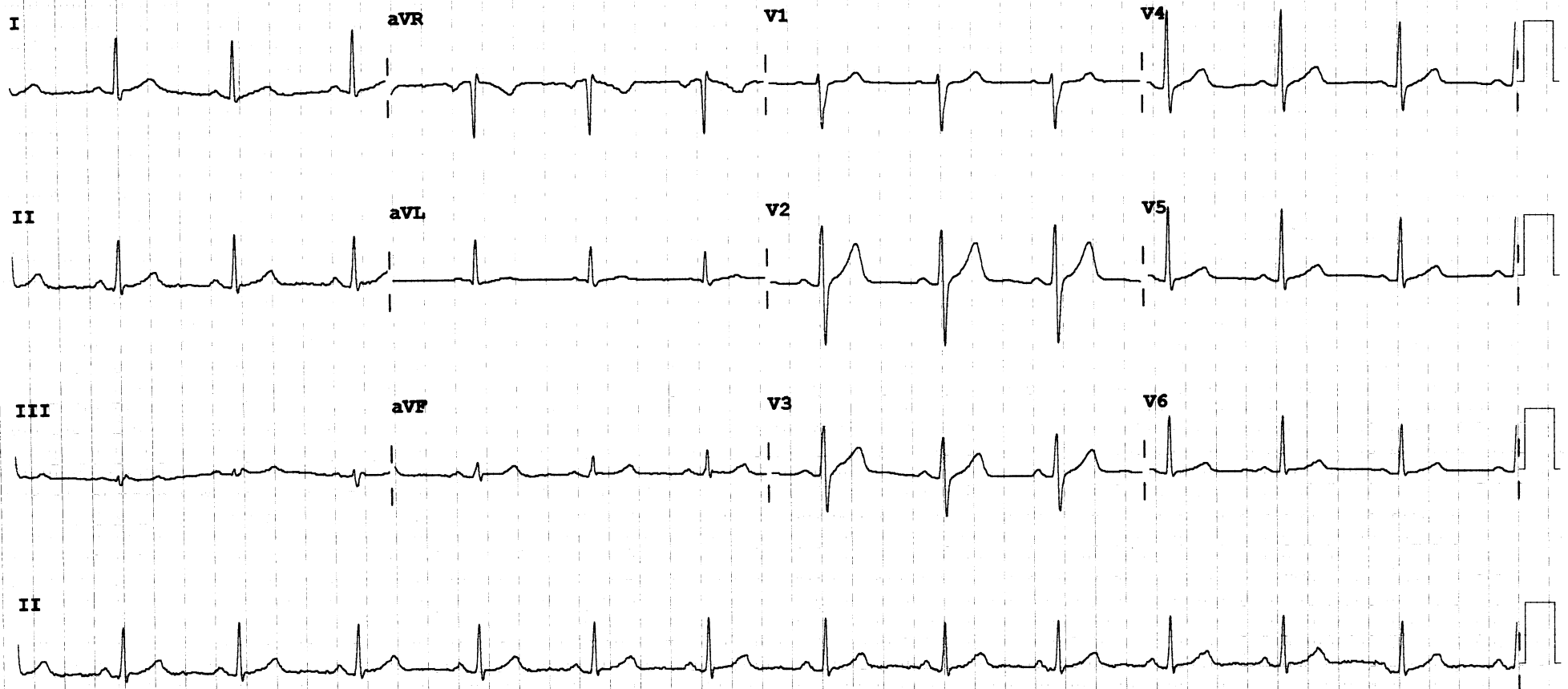
P 44

QRS 32

T 41

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

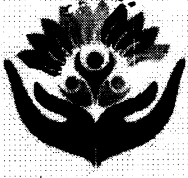
Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50- 40 Hz W

PH100B CL

P?



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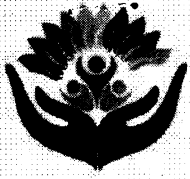
E-mail : corporate.marketing@eternalheart.org Website: www.eternalhospital.com

GST :08AAATE9596K1ZZ HSN/SAC : 999311

Credit Bill

Reg No : 40009079 Bill No : OPSCR23-24/10551
Patient Name : Mr. RAKESH KUMAR MEENA Bill Date Time : 04/01/2024 11:01AM
Gender/Age : Male/34 Yr 10 Mth 10 Days Payer : Mediwheel - Arcofemi Health Care Ltd.
Contact No : 9589837732 Sponsor : Mediwheel - Arcofemi Health Care Ltd.
Address : C-77, VIGYAN NAGAR , JAGATPURA , Presc. Doctor : Dr. DIWANSHU KHATANA
JAIPUR, RAJASTHAN, INDIA Referred By :
Approval No : 99619

SNo	Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
PHC PACKAGES								
	MediWheel Full Body Health Checkup Male Below 40	2600.00	1.00	2600.00	0.00	2600.00	0.00	2600.00
Details Of Package								
CARDIOLOGY								
1	ECG							
3	TMT OR ECHO							
CONSULTATION CHARGES								
4	CONSULTATION - DENTAL (Dr. VAIBHAV NEPALIA AND TEAM)							
5	CONSULTATION - INTERNAL MEDICINE (Dr. DIWANSHU KHATANA)							
6	CONSULTATION - OPHTHALMOLOGY (Dr. EHS OPHTHAL CONSULT)							
PATHOLOGY								
7	BLOOD GLUCOSE (FASTING)							
8	BLOOD GLUCOSE (PP)							
9	BLOOD GROUPING AND RH TYPE							
10	CBC (COMPLETE BLOOD COUNT)							
11	ESR (ERYTHROCYTE SEDIMENTATION RATE)							
12	HbA1c (HAEMOGLOBIN GLYCOSYLATED BLOOD)							
13	LFT (LIVER FUNCTION TEST)							
14	LIPID PROFILE							
15	RENAL PROFILE TEST							
16	ROUTINE EXAMINATION - URINE							
17	STOOL ROUTINE							
18	THYROID T3 T4 TSH							
19	URINE SUGAR (POST PRANDIAL)							
20	URINE SUGAR (RANDOM)							



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Approval No : 99619

SN	Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
RADIOLOGY								
21	ULTRASOUND WHOLE ABDOMEN							
22	X RAY CHEST PA VIEW							
							Gross Amount	2600.00
							Net Amount	2600.00
							Payer Amount	2600.00
							Patient Amount	0.00
							Amt Received (Rs.)	0.00
							Balance Amount	2600.00

Payment Mode

Narration :

To View Investigation Result Login to
http://patientportal.eternalsanganer.com/
UserName:40009079
Password : Registered Mobile Number

