



ETERNAL HOSPITAL

Sanganer

Dr. Roopam Sharma

MBBS, PGDCC, FIAE

Incharge Emergency, Preventive Cardiology
& Wellness Center

Reg. No. 26363

Mr. Suman Kumar
32y / m

Date & Time 13/1/24
Patient Name:
Age / Gen: 3pm
UHID:

Provisional Diagnosis:

S. Ca⁺ ↓ 8.4

Drug Allergy:

Not known

Complaints:

BP → 98/62
P → 60/-

Medication Advice:

Cholelithiasis
Ch. Cholecystitis
Subserosal Uterine Fibroid UMP - 3 days
PCOD

Pain: Yes No

back

Physical Examination:

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

Adv
Cholecystectomy

Systemic Examination:

CVS: S1S2
CNS: FVUSME

R
① 2 21F1 200mg 12 hly

Respiratory System:

Clear

x 5 days

GI System:

Soft

② 2 SHEL CAL 500mg 24 hly

Skin:

Warm

x 1 mth

Investigation:

- Cynae Ref
- Gastro X Ref



Dr. Roopam Sharma

Follow up:

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

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

Date & Time: 13/01/24
 Patient Name: Suran
 Age / Gen: 32 y / F
 UHID:

Provisional Diagnosis: *Pericoronitis*

Drug Allergy: *No*

Complaints:
Regular
~ dental
check up.

Medication Advice:

Pain: Yes No

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

0/E PFM 6/ (fractured)
Impacted 8/8
Ca⁺⁺, st⁺

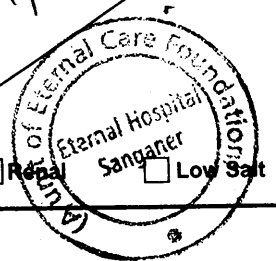
Systemic Examination:
 CVS: *NA*
 CNS: *NA*
 Respiratory System: *NA*
 GI System: *NA*
 Skin: *NA*

Adv Xⁿ wt 8/8
- Replacement of fractured prosthesis wt metal free prosthesis
6/
Oral prophyllaxis

Investigation:

Follow up:

Diet Advice: Normal Low Fat Diabetic Renal Low Salt





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Mrs. SUMAN KUMARI

40009313 Jan 13 2024 9:01AM

32 Yrs/Fem OPSCR23-24/1097

EHS CONSULTANT

7568818223

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

Pain: Yes No

Ed R 5/6
VA L 6/6
H R HL
L HL

Physical Examination:

Pallor : Yes/No Icterus : Yes/No

Cynosis : Yes/No Edema : Yes/No

Lymphadenopathy : Yes/No

Colour vision Normal

Systemic Examination:

CVS : _____

CNS : _____

Respiratory System :

GI System : _____

Skin : _____

Rp
Misty eye drop

0 - 0 - 0 - 0 INBB X Marks

Investigation:

Follow up:

Diet Advice:

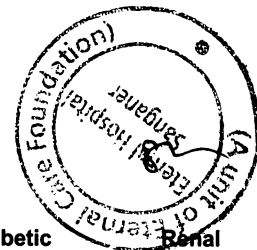
Normal

Low Fat

Diabetic

Renal

Low Salt



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Dr. Satyamvada Pandey

MBBS, DGO, DNB (Obstetrics & Gynaecology)

Senior Consultant - Obs. & Gynae.

Reg. No. 37858/14453

Date & Time 13/01/24 11AM
 Patient Name: Suman Jaiswal
 Age / Gen: 54 years / female
 UHID: 3212

Provisional Diagnosis: *for Health check up*

Drug Allergy: *X*

Complaints:

Medication Advice:

Pain: Yes *NO*

for Annual Health check up PIA soft
 M7

Physical Examination:

Pallor : Yes/*NO* Icterus : Yes/*NO*
 Cynosis : Yes/*NO* Edema : Yes/*NO*
 Lymphadenopathy : Yes/*NO*

PIE NAD

Systemic Examination:

CVS : *NO*
 C/S : *NO*
 Respiratory System : *NO*
 GI System : *NAD*
 Skin : *NO*
 Investigation: *NO*

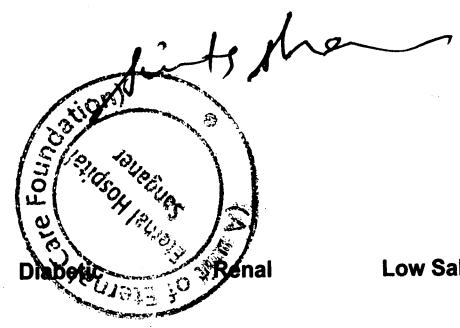
Advice

PBP Amca to be taken

lufen sus

Follow up:

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






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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mrs. SUMAN KUMARI	Lab No	605662	
UHID	335092	Collection Date	13/01/2024 10:34AM	
Age/Gender	32 Yrs/Female	Receiving Date	13/01/2024 10:37AM	
IP/OP Location	O-OPD	Report Date	13/01/2024 11:27AM	
Referred By	Dr. EHCC Consultant	Report Status	Final	
Mobile No.	9773349797			

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
HBA1C	5.9	%	<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. PANKAJ SHUKLA

Dr. SWATI SHARMA
MBBS|MD|
INCHARGE MICROBIOLOGY

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

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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mrs. SUMAN KUMARI	Lab No	4020175
UHID	40009313	Collection Date	13/01/2024 9:22AM
Age/Gender	32 Yrs/Female	Receiving Date	13/01/2024 9:31AM
IP/OP Location	O-OPD	Report Date	13/01/2024 10:38AM
Referred By	EHS CONSULTANT	Report Status	Final
Mobile No.	7568818223		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: Fl. Plasma
BLOOD GLUCOSE (FASTING)				
BLOOD GLUCOSE (FASTING)	97.8	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	Result	Unit	Biological Ref. Range	Sample: Serum
T3	1.610	ng/mL	0.970 - 1.690	
T4	9.44	ug/dl	5.53 - 11.00	
TSH	1.49	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)

Test Name	Result	Unit	Biological Ref. Range	Sample: Serum
BILIRUBIN TOTAL	0.47	mg/dl	0.00 - 1.20	
BILIRUBIN INDIRECT	0.38	mg/dl	0.20 - 1.00	
BILIRUBIN DIRECT	0.09	mg/dl	0.00 - 0.40	
SGOT	24.5	U/L	0.0 - 40.0	
SGPT	23.7	U/L	0.0 - 40.0	

RESULT ENTERED BY : SUNIL EHS

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BIOCHEMISTRY

TOTAL PROTEIN	7.2	g/dl	6.6 - 8.7
ALBUMIN	4.6	g/dl	3.5 - 5.2
GLOBULIN	2.6		1.8 - 3.6
ALKALINE PHOSPHATASE	55.4	U/L	42 - 98
A/G RATIO	1.8	Ratio	1.5 - 2.5
GGTP	12.9	U/L	6.0 - 38.0

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(ALT) 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	202		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	60.7		High Risk :- <40 mg/dl (Male), <40 mg/dl (Female) Low Risk :- >=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	126.0		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	22	mg/dl	10 - 50

RESULT ENTERED BY : SUNIL EHS

Abhinav Verma

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Mobile No.	7568818223		

BIOCHEMISTRY

TRIGLYCERIDES	111.9		Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
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CHOLESTEROL/HDL RATIO	3.3	%	
-----------------------	-----	---	--

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 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 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	18.60	mg/dl	16.60 - 48.50
BUN	8.7	mg/dl	6 - 20
CREATININE	0.55	mg/dl	0.50 - 0.90
SODIUM	139.2	mmol/L	136 - 145
POTASSIUM	3.83	mmol/L	3.50 - 5.50
CHLORIDE	100.7	mmol/L	98 - 107
URIC ACID	2.8	mg/dl	2.6 - 6.0
CALCIUM	8.40	mg/dl	8.60 - 10.30

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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 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.

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BLOOD BANK INVESTIGATION

Test Name	Result	Unit	Biological Ref. Range
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BLOOD GROUPING	"B" Rh Positive		
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Note :

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

RESULT ENTERED BY : SUNIL EHS

Abhinay Verma

Dr. ABHINAY VERMA

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Referred By	EHS CONSULTANT	Report Status	Final
Mobile No.	7568818223		

CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	
URINE SUGAR (RANDOM)				Sample: Urine
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE	
PHYSICAL EXAMINATION				Sample: Urine
VOLUME	20	ml		
COLOUR	PALE YELLOW		P YELLOW	
APPEARANCE	HAZY		CLEAR	
CHEMICAL EXAMINATION				
PH	6.5		5.5 - 7.0	
SPECIFIC GRAVITY	1.000		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	TRACE		NEGATIVE	
MICROSCOPIC EXAMINATION				
WBCS/HPF	2-3	/hpf	0 - 3	
RBC/HPF	1-2	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	10-15	/hpf	0 - 1	
CASTS	NIL		NIL	
CRYSTALS	NIL		NIL	
BACTERIA	PRESENT		NIL	
OHTERS	NIL		NIL	

RESULT ENTERED BY : SUNIL EHS

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Mobile No.	7568818223		

HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
CBC (COMPLETE BLOOD COUNT)			
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN	13.1	g/dl	12.0 - 15.0
PACKED CELL VOLUME(PCV)	41.7	%	36.0 - 46.0
MCV	79.3 L	fl	82 - 92
MCH	24.9 L	pg	27 - 32
MCHC	31.4 L	g/dl	32 - 36
RBC COUNT	5.26 H	millions/cu.mm	3.80 - 4.80
TLC (TOTAL WBC COUNT)	6.45	10 ³ /uL	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	66.8	%	40 - 80
LYMPHOCYTE	23.1	%	20 - 40
EOSINOPHILS	2.8	%	1 - 6
MONOCYTES	6.8	%	2 - 10
BASOPHIL	0.5 L	%	1 - 2
PLATELET COUNT	3.38	lakh/cumm	1.500 - 4.500

HAEMOGLOBIN :- Method:-SLS HemoglobinMethodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia.
 MCV :- Method:- Calculation bysystemex.
 MCH :- Method:- Calculation bysystemex.
 MCHC :- Method:- Calculation bysystemex.
 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) 20 H mm/1st hr 0 - 15

RESULT ENTERED BY : SUNIL EHS

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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

0

Patient Name	Mrs. SUMAN KUMARI	Lab No	4020175
UHID	40009313	Sample Date	13/01/2024 11:32AM
Age/Gender	32 Yrs/Female	Report Date	13/01/2024 12:24PM
Prescribed By	EHS CONSULTANT	Bed No / Ward	OPD
Referred By	EHS CONSULTANT	Report Status	Final
Company	Mediwheel - Arcofermi Health Care Ltd.		

CYTOLOGY

CYTOLOGY*

Type of Specimen

Pap smear (Conventional)

No. of smears examined

Two

Satisfactory for evaluation.

Adequacy

Adequate

Endocervical cells

Not seen.

Inflammation

Mild acute inflammation

Organisms

Not seen.

Epithelial cell abnormality

Not seen

Others

-

Impression

Negative for intraepithelial lesion / malignancy.

Note: Test marked as * are not accredited by NABL

Bethesda2014

** End Of Report **

Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

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UHID	40009313	Sample Date	13/01/2024 11:32AM
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Company	Mediwheel - Arcofemi Health Care Ltd.		

CYTOLOGY

CYTOLOGY*

Type of Specimen

No. of smears examined

Adequacy

Endocervical cells

Inflammation

Organisms

Epithelial cell abnormality

Others

Impression

Note: Test marked as * are not accredited by NABL

Bethesda2014

Pap smear (Conventional)

Two

Satisfactory for evaluation.

Adequate

Not seen.

Mild acute inflammation

Not seen.

Not seen

Negative for intraepithelial lesion / malignancy.

** End Of Report **

Abhinay Verma

Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

(A Unit of Eternal Care Foundation)

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

Phone:- 0141-3120000

www.eternalhospital.com

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ETERNAL HOSPITAL Sanganer



DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40009313 (936)	RISNo./Status :	4020175/
Patient Name :	Mrs. SUMAN KUMARI	Age/Gender :	32 Y/F
Referred By :	EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	13/01/2024 9:01AM/ OPSCR23-24/10970	Scan Date :	
Report Date :	13/01/2024 10:44AM	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:** Is contracted. Calculus of size approx. 9-10mm seen in lower body / neck region. 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 & retroflexed in position. Endometrial thickness is normal. Endometrial cavity is empty. Subserosal fibroid seen anteriorly in fundal region, measuring approx. 38x37mm. Cervix is normal.
- Both ovaries:** Bilateral ovaries are normal in size, shape & volume. Polycystic pattern seen in both ovaries.
Right ovary size: 16x27mm.
Left ovary size: 18x34mm.
- Others:** No significant free fluid is seen in pelvic peritoneal cavity.

IMPRESSION: USG findings are suggestive of

- Cholelithiasis with chronic cholecystitis.
- Subserosal uterine fibroid.
- Polycystic pattern in both ovaries. (Adv. Hormonal correlation).

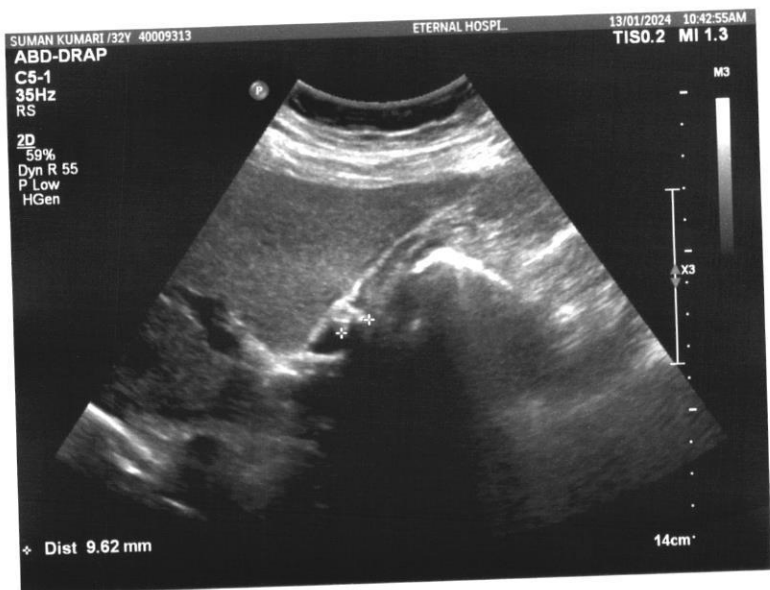
Correlate clinically & with other related investigations.

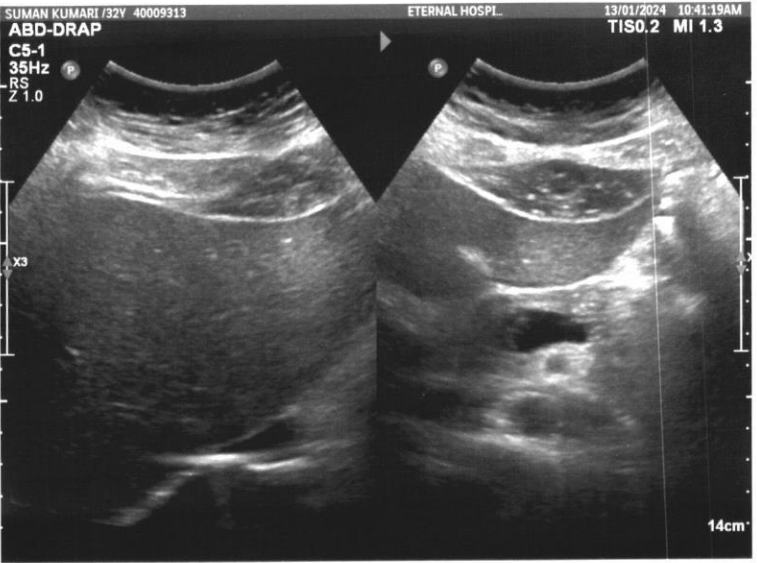
DR. APOORVA JETWANI
Incharge & Senior Consultant Radiology
MBBS, DMRD, DNB
Reg. No. 26466, 16307

(A Unit of Eternal Care Foundation)
Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)
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ETERNAL HOSPITAL Sanganer



DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40009313 (936)	RISNo./Status :	4020175/
Patient Name :	Mrs. SUMAN KUMARI	Age/Gender :	32 Y/F
Referred By :	EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	13/01/2024 9:01AM/ OPSCR23-24/10970	Scan Date :	
Report Date :	13/01/2024 1:39PM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal		Normal
IVSD	9.6	6-12mm	LVIDS	27.5
LVIDD	42.9	32-57mm	LVPWS	16.4
LVPWD	10.1	6-12mm	AO	26.0
IVSS	16.9	mm	LA	29.9
LVEF	62-64	>55%	RA	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
		E	1.01	e'	-		
MITRAL VALVE	NORMAL	A	0.59	E/e'	-	-	NIL
		E		0.61			
TRICUSPID VALVE	NORMAL	A		0.47		-	NIL
		E		0.61			
AORTIC VALVE	NORMAL	1.16				-	NIL
PULMONARY VALVE	NORMAL	0.55				-	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

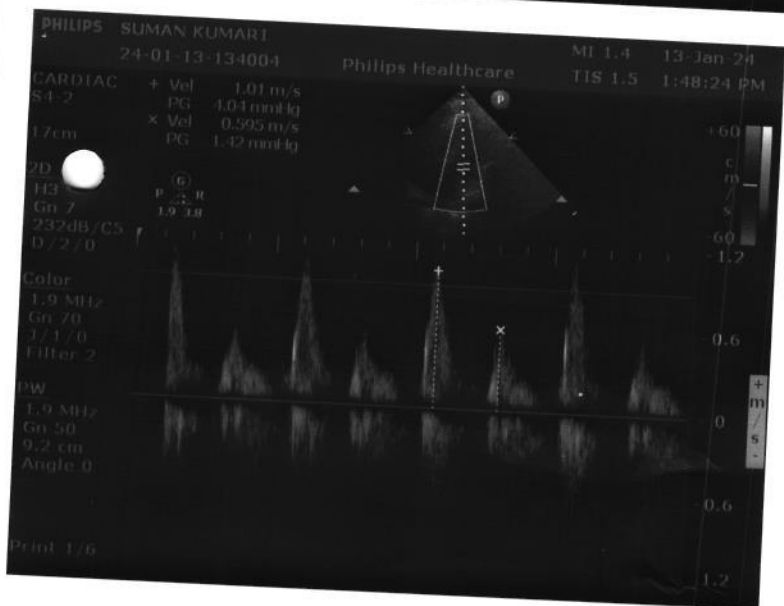
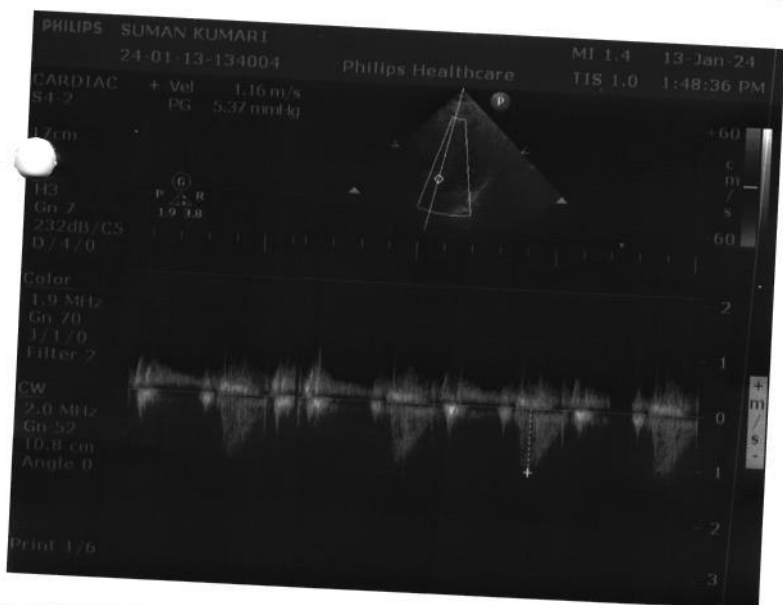
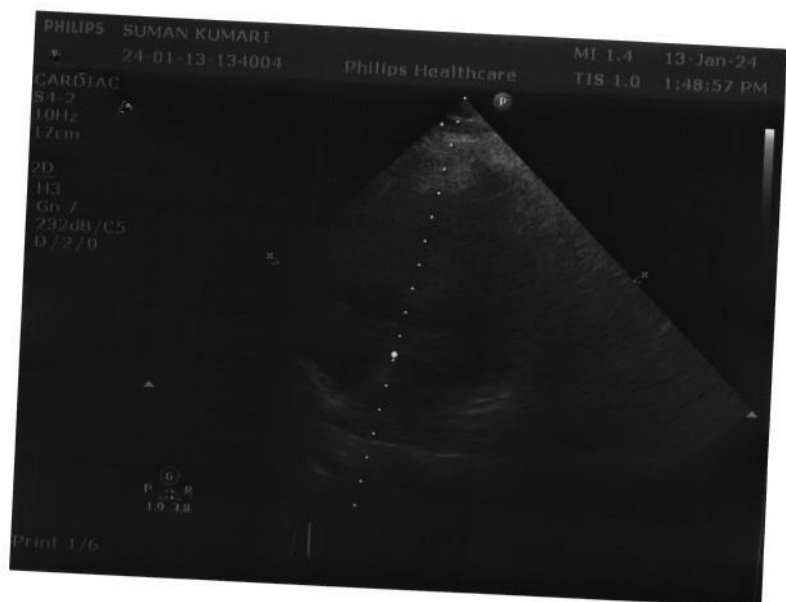
DR ROOPAM SHARMA
MBBS, PGDCC, FIAE
CONSULTANT & INCHARGE
EMERGENCY, PREVENTIVE CARDIOLOGY
AND WELLNESS CENTRE

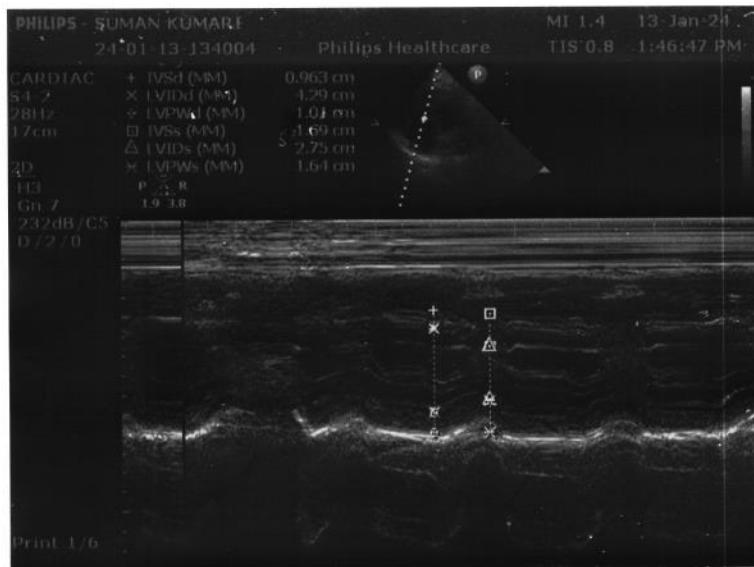
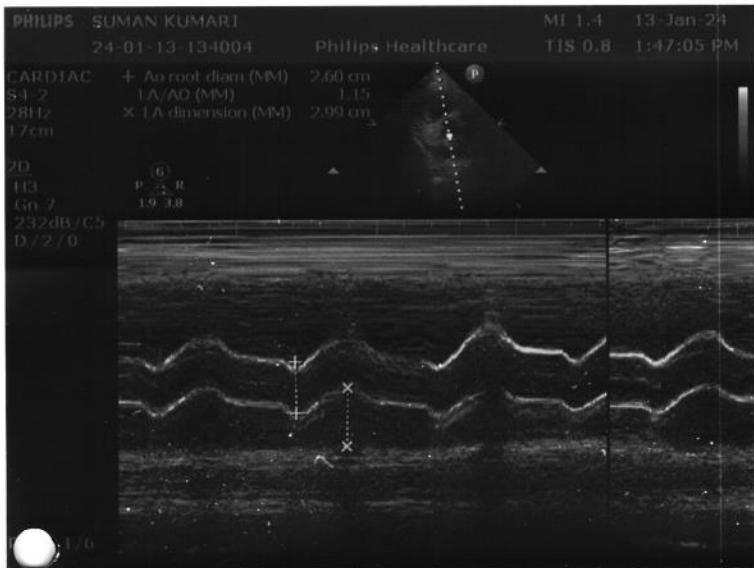
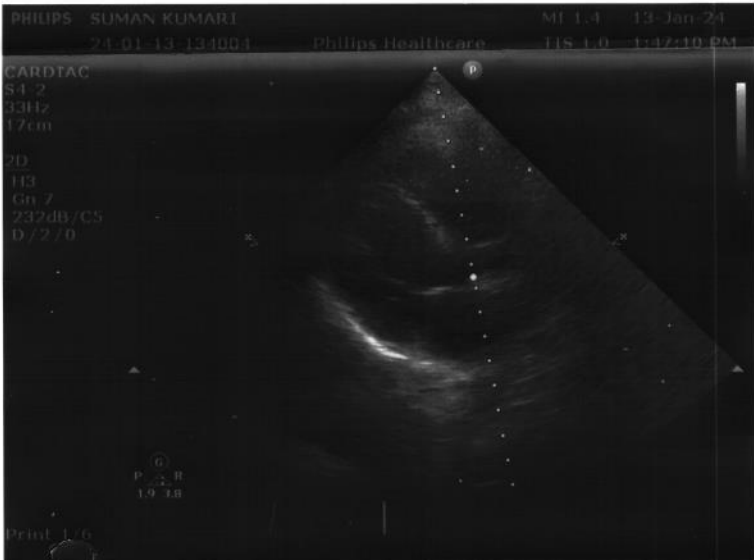
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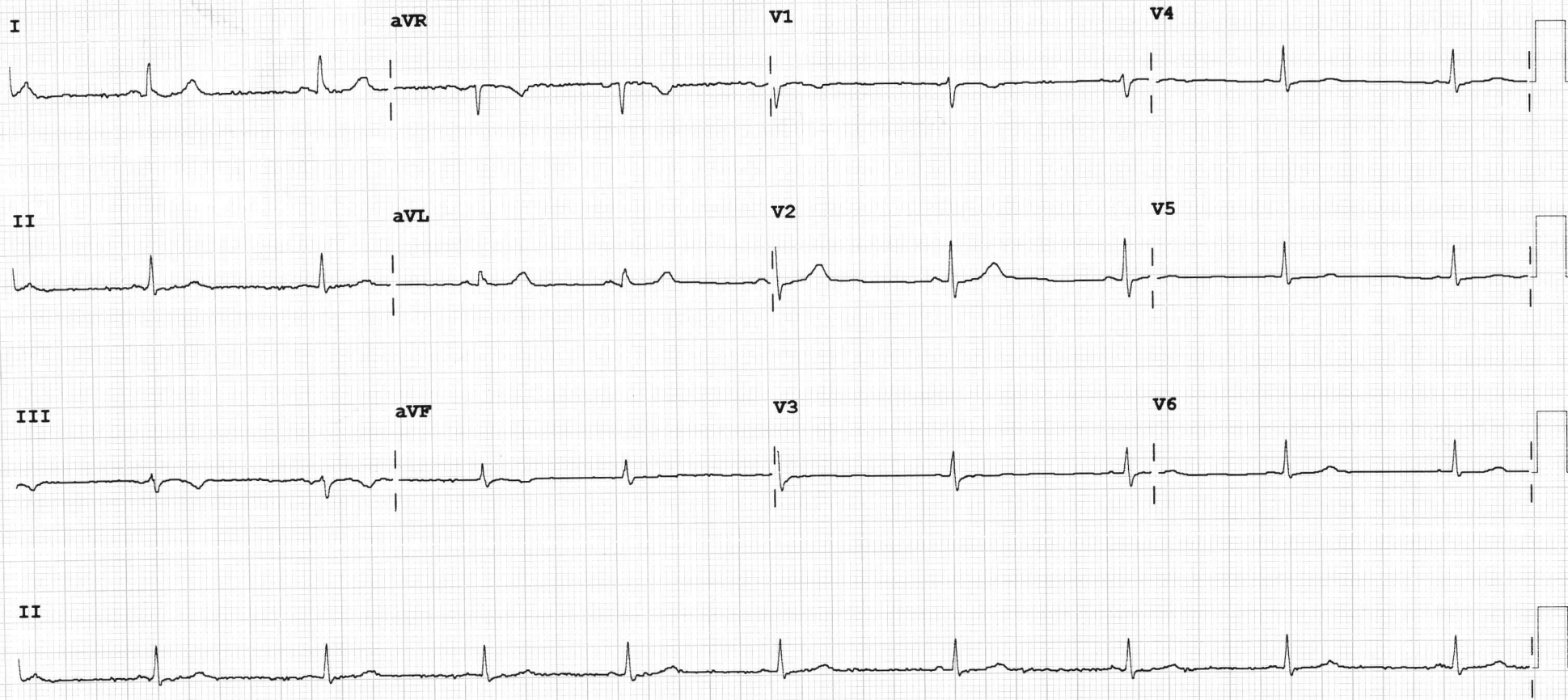
Rate 56 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation
PR 119 . Sinus rhythm
QRSD 101 . Borderline short PR interval
QT 419 . Low voltage, extremity and precordial leads
QTc 405 . Posterior infarct, old

--AXIS--

P 5
QRS 7
T -2

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?



ETERNAL HOSPITAL SANGANER

(A Unit of Eternal Care Foundation)

Near Airport Circle Sanganer, Jaipur, Rajasthan 302017

Phone : +91-9116779911,0141-2774000

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

GST :08AAATE9596K1ZZ HSN/SAC : 999311

Credit Bill

Reg No : 40009313 Bill No : OPSCR23-24/10970
Patient Name : Mrs. SUMAN KUMARI Bill Date Time : 13/01/2024 9:01AM
Gender/Age : Female/32 Yr 0 Mth 12 Days Payer : Mediwheel - Arcofemi Health Care Ltd.
Contact No : 7568818223 Sponsor : Mediwheel - Arcofemi Health Care Ltd.
Address : A-167 MD COLONY NAKA MADAR , AJMER, RAJASTHAN, INDIA Presc. Doctor : Dr. EHS CONSULTANT
Referred By :
Approval No :

Sno	Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
PHC PACKAGES								
	MediWheel Full Body Health Checkup Female Below 40	2850.00	1.00	2850.00	0.00	2850.00	0.00	2850.00
REGISTRATION FEES								
	REGISTRATION FEES	50.00	1.00	50.00	0.00	50.00	0.00	50.00
Details Of Package								
GARDIOLOGY								
3	ECG							
4	TMF OR ECHO							
CONSULTATION CHARGES								
5	CONSULTATION - DENTAL (Dr. VAIBHAV NEPALIA AND TEAM)							
6	CONSULTATION - INTERNAL MEDICINE (Dr. EHS CONSULTANT)							
7	CONSULTATION - OBS & GYNE (Dr. SATYAMVADA PANDEY)							
8	CONSULTATION - OPHTHALMOLOGY (Dr. EHS OPHTHAL CONSULT)							
PATHOLOGY								
9	BLOOD GLUCOSE (FASTING)							
10	BLOOD GLUCOSE (PP)							
11	BLOOD GROUPING AND RH TYPE							
12	CBC (COMPLETE BLOOD COUNT)							
13	ESR (ERYTHROCYTE SEDIMENTATION RATE)							
14	HbA1c (HAEMOGLOBIN GLYCOSYLATED BLOOD)							
15	LFT (LIVER FUNCTION TEST)							
16	LIPID PROFILE							
17	PAPSMEAR							
18	RENAL PROFILE TEST							



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Referred By :

Approval No :

Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
19 ROUTINE EXAMINATION - URINE							
20 STOOL ROUTINE							
21 THYROID T3 T4 TSH							
22 URINE SUGAR (POST PRANDIAL)							
23 URINE SUGAR (RANDOM)							
RADIOLOGY							
24 ULTRASOUND WHOLE ABDOMEN							
25 X RAY CHEST PA VIEW							

Gross Amount	2900.00
Net Amount	2900.00
Payer Amount	2900.00
Patient Amount	0.00
Amt Received (Rs.)	0.00
Balance Amount	2900.00

Payment Mode

Narration :

To View Investigation Result Login to
<http://patientportal.eternalsanganer.com/>
UserName:40009313
Password : Registered Mobile Number

