



ETERNAL HOSPITAL Sanganer



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

Mrs. PUJA MEENA
De: 40004037 Oct 28 2024 10:21AM
Pa: 32 Yrs/Fem OPSCR24-25/2520
Ag: Dr. EHS CONSULTANT
UH: 8460873325

Provisional Diagnosis:

Pericoronitis 17 38

Drug Allergy: No

Complaints:

Sway in
left back
tooth

Medication Advice:

Pain: Yes No

Extraction 17 38

Physical Examination:

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

Systemic Examination:

VS : _____

CNS : _____

Respiratory System : _____

GI System : _____

Skin : _____

Investigation:

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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Mrs. PUJA MEENA

40004037 Oct 28 2024 10:21AM

32 Yrs/Fem OPSCR24-25/2520

Dr. EHS CONSULTANT

9450870025

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

Pain: Yes No

✓S/L ✓

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:

VA < R 6/36 EP-H-6/6 H/L
L 6/36 EP-H-6/6

Glasses not brought

Colour vision normal

Rx

- Misty eye drop in BE

o - o x 1 Month

Follow up:

Diet Advice:

Normal

Low Fat

Diabetic

Renal Sanganer

Low Salt



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Patient: **40004037** Oct 26 2024 10:21AM
UHID: **32 Yrs/Fem** OPSCR24-25/2520
Age: **Dr. EHS CONSULTANT**
8460873325

OUT-PATIENT / DAYCARE - INITIAL ASSESSMENT FORM

Chief Complaints: medic wheel full body

Communicable disease (if any): No

Vital Sign: SpO2: 98 Pulse: 90 BP: 125/87 Height: cms Weight: 82 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

Dearranged Mobility No Sign

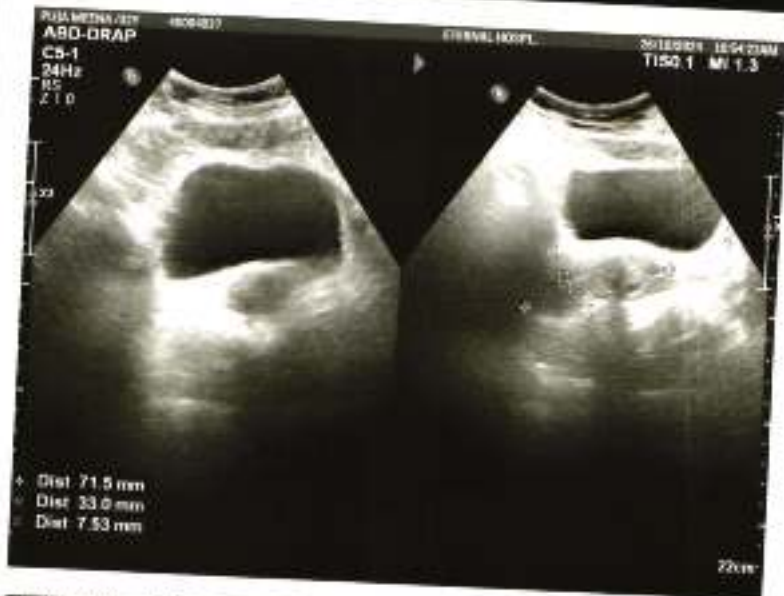
In case of 3 or more criteria met initiate detailed fall assessment & fall prevention protocol.

Gestational Age - LMP: EDD: Oedema: Yes/No NA

In case of emergency person to contact (Name / Phone No):

1. Self 2.

Name: Stahn Sign: [Signature] Emp-Id: 1165 Date: 20/10/24 Time: 10:30





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DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40004037 (43034)	RISNo./Status :	4059427/
Patient Name :	Mrs. PUJA MEENA	Age/Gender :	32 Y/F
Referred By :	Dr. EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	26/10/2024 10:21AM/ OPSCR24-25/25201	Scan Date :	
Report Date :	26/10/2024 10:56AM	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.
- Uterus:** Normal in size, shape & anteverted in position. Endometrial thickness is normal. Endometrial cavity is empty. No mass lesion is seen. Cervix is normal.
- Both ovaries:** Bilateral ovaries are normal in size, shape & volume.
- Others:** No significant free fluid is seen in pelvic peritoneal cavity.

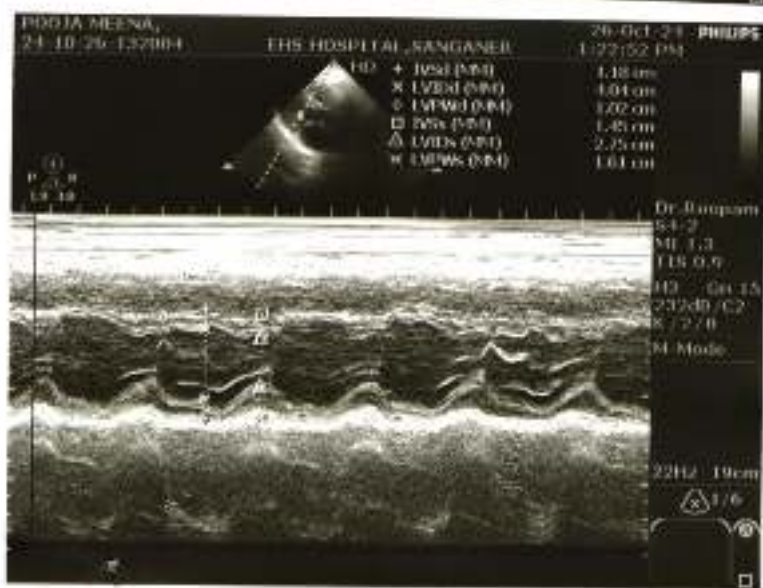
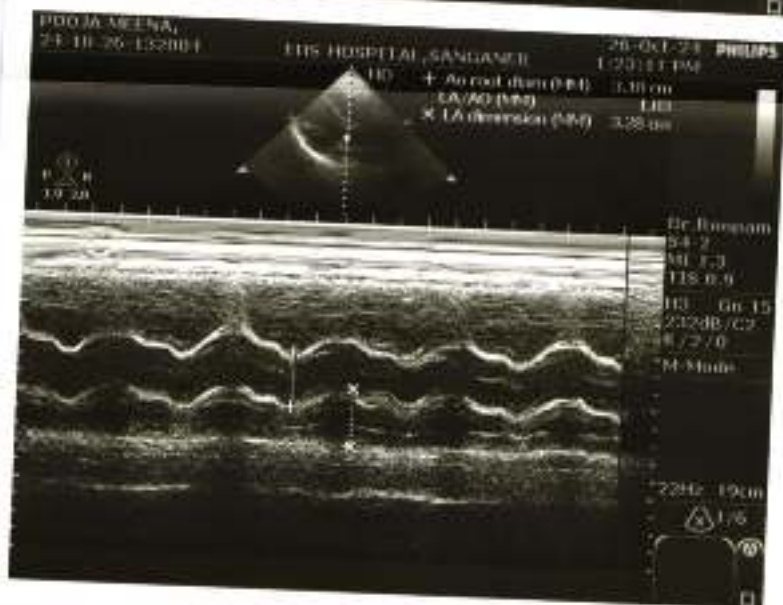
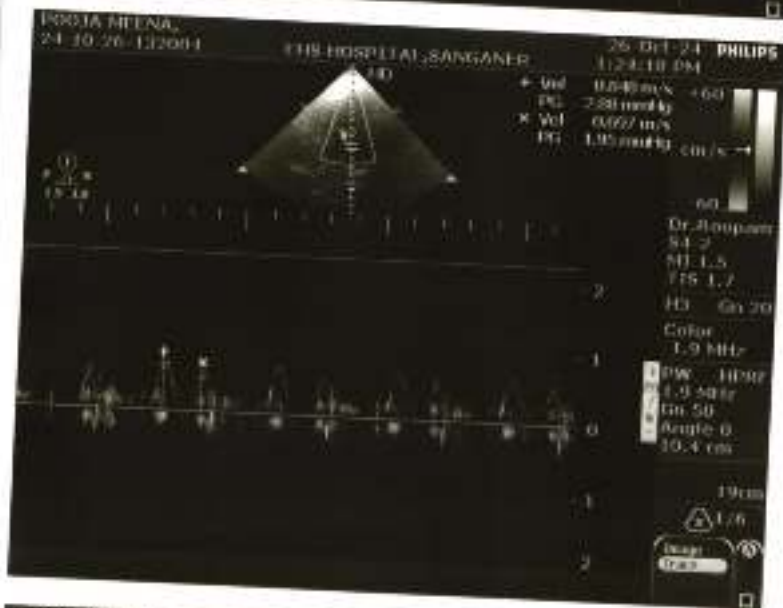
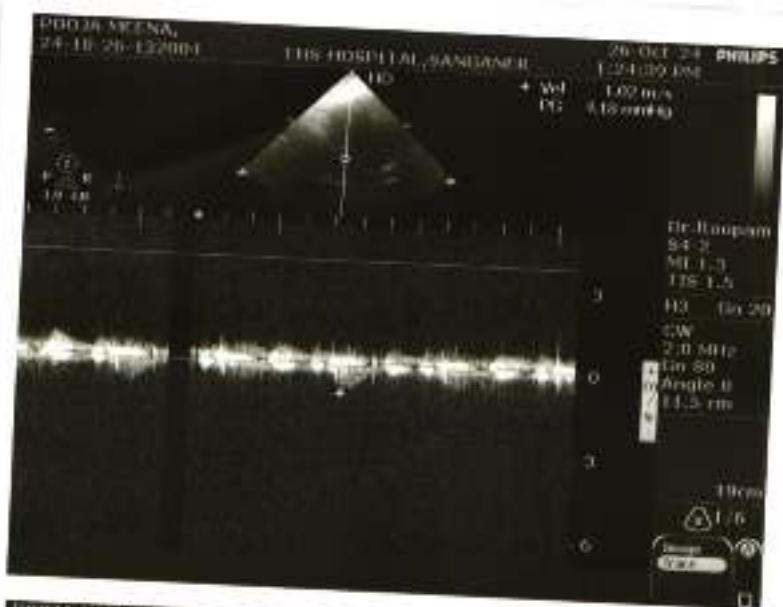
IMPRESSION: USG findings are suggestive of

- 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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DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40004037 (43034)	RISNo./Status :	4059427/
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Referred By :	Dr. EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	26/10/2024 10:21AM/ OPSCR24-25/25201	Scan Date :	
Report Date :	26/10/2024 1:14PM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal		Normal
IVSD	11.8	6-12mm	LVIDS	27.5
LVIDD	40.4	32-57mm	LVPWS	16.1
LVPWD	12.4	6-12mm	AO	31.8
IVSS	14.5	mm	LA	32.8
LVEF	60-62	>55%	RA	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
MITRAL VALVE	NORMAL	E	0.84	e'	-	-	NIL
		A	0.69	E/e'	-		
TRICUSPID VALVE	NORMAL	E	0.71		-	NIL	
		A	0.75				
AORTIC VALVE	NORMAL	1.02				-	NIL
PULMONARY VALVE	NORMAL	0.69				-	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
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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY



Patient Name	Mrs. PUJA MEENA	Lab No	4059427
UHID	40004037	Collection Date	26/10/2024 10:34AM
Age/Gender	32 Yrs/Female	Receiving Date	26/10/2024 10:54AM
IP/OP Location	O-OPD	Report Date	26/10/2024 12:54PM
Referred By	Dr. EHS CONSULTANT	Report Status	Final
Mobile No.	9460870025		

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: ISM 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: ISM 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: ISM 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, glomerulonephritis and UTI.
CALCIUM TOTAL :- Method: O-Cresolphthalein 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

HBA1C	5.8	%	< 5.7%	Nondiabetic
			5.7-5.4%	Pre-diabetic
			> 6.4%	Indicate Diabetes
			Known Diabetic Patients	
			< 7%	Excellent Control
			7 - 8%	Good Control
			> 8%	Poor Control

Method 1 - Dichlorimetric inhibition assay (TINIA), **Interpretation**:-Monitoring long term glycaemic control, testing every 3 to 6 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

Abhinav Verma
 Dr. ABHINAV VERMA

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BLOOD BANK INVESTIGATION

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

BLOOD GROUPING

"A" Rh Positive

Note :

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

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Dr. ABHINAY VERMA

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Patient Name Mrs. PUJA MEENA
 UHID 40004037
 Age/Gender 32 Yrs/Female
 IP/OP Location O-OPD
 Referred By Dr. EHS CONSULTANT
 Mobile No. 9460870025

Lab No 4059427
 Collection Date 26/10/2024 10:34AM
 Receiving Date 26/10/2024 10:54AM
 Report Date 26/10/2024 12:54PM
 Report Status Final

CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Sample: Urine
<u>URINE SUGAR (RANDOM)</u>				
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE	
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		1.015-1.022	
PROTEIN	NEGATIVE		NEGATIVE	
SUGAR	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
BLOOD	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
UROBILINOGEN	NEGATIVE		NEGATIVE	
LEUCOCYTE	NEGATIVE		NEGATIVE	
MICROSCOPIC EXAMINATION				
WBCS/HPF	4-5	/hpf	0-3	
RBCS/HPF	0-0	/hpf	0-2	
EPITHELIAL CELLS/HPF	6-7	/hpf	0-1	
CASTS	NIL		NIL	
CRYSTALS	NIL		NIL	
BACTERIA	NIL		NIL	
OTHERS	NIL		NIL	

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Methodology:-Glucose: GOD-POD, Bilirubin: Diazo-Azo-coupling reaction with a diazonium, Ketone: Nitro Prusside reaction, Specific Gravity: Penton release from ions, Blood: Pseudo-Peroxidase activity on Haem moiety, pH: Methyl Red-Bromothymol Blue (Double indicator system), Protein: H₂ Release by buffer, microscopic & chemical method., Interpretation: Diagnosis of Kidney function, UTI, Presence of Protein, Glucose, Blood. Vocabulary syntax: Kit insert

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HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN	12.8	g/dl	12.0 - 15.0
PACKED CELL VOLUME(PCV)	40.7	%	36.0 - 46.0
MCV	76.8 L	fl	82 - 92
MCH	24.2 L	pg	27 - 32
MCHC	31.4 L	g/dl	32 - 36
RBC COUNT	5.30 H	millions/cu.mm	3.80 - 4.80
TLC (TOTAL WBC COUNT)	8.41	10 ³ /uL	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	60.7	%	40 - 80
LYMPHOCYTE	30.6	%	20 - 40
EOSINOPHILS	3.0	%	1 - 6
BASOPHIL	0.6 L	%	1 - 2
MONOCYTES	5.1	%	2 - 10
PLATELET COUNT	4.05	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 by Sysmex.

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

LYMPHOCYTES :- 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: CR- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

ESR (ERYTHROCYTE SEDIMENTATION RATE) 35 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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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: Fl. Plasma
BLOOD GLUCOSE (FASTING)				
BLOOD GLUCOSE (FASTING)	92.1	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	Result	Unit	Biological Ref. Range	Sample: Serum
T3	1.440	ng/mL	0.970 - 1.690	
T4	8.76	ug/dl	5.53 - 11.00	
TSH	3.41	uIU/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 :- 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)	Result	Unit	Biological Ref. Range	Sample: Serum
BILIRUBIN TOTAL	0.27	mg/dl	0.00 - 1.20	
BILIRUBIN INDIRECT	0.15 L	mg/dl	0.20 - 1.00	
BILIRUBIN DIRECT	0.12	mg/dl	0.00 - 0.30	
SGOT	34.2 H	U/L	0.0 - 32.0	
SGPT	48.7 H	U/L	0.0 - 33.0	

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BIOCHEMISTRY

TOTAL PROTEIN	7.5	g/dl	6.6 - 8.7
ALBUMIN	4.3	g/dl	3.5 - 5.2
GLOBULIN	3.2		1.8 - 3.6
ALKALINE PHOSPHATASE	85	U/L	35 - 104
A/G RATIO	1.3 L	Ratio	1.5 - 2.5
GGTP	57.0 H	U/L	0.0 - 40.0

BILIRUBIN TOTAL :- Method: DFD 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, necrosis 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	174.0		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	33.5		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	124.8		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	35	mg/dl	10 - 50

RESULT ENTERED BY : SUNIL EHS

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ETERNAL HOSPITAL

Sanganer

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY



Patient Name	Mrs. PUJA MEENA	Lab No	4059427
UHID	40004037	Collection Date	26/10/2024 10:34AM
Age/Gender	32 Yrs/Female	Receiving Date	26/10/2024 10:54AM
IP/OP Location	O-OPD	Report Date	26/10/2024 12:54PM
Referred By	Dr. EHS CONSULTANT	Report Status	Final
Mobile No.	9460870025		

BIOCHEMISTRY

TRIGLYCERIDES	177.3	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 5 %

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 atherosclerosis. 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	13.00 L	mg/dl	16.60 - 48.50
BUN	6	mg/dl	6 - 20
CREATININE	0.46 L	mg/dl	0.50 - 0.90
SODIUM	137	mmol/L	136 - 145
POTASSIUM	4.74	mmol/L	3.50 - 5.50
CHLORIDE	101.3	mmol/L	98 - 107
C ACID	4.5	mg/dl	2.4 - 5.7
CALCIUM	9.68	mg/dl	8.60 - 10.00

RESULT ENTERED BY : SUNIL EHS

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