



ETERNAL HOSPITAL
Sanganer



Mrs. POOJA MEENA
P 40009080 Jan 4 2024 11:07AM
U 31 Yrs/Fem OPSCR23-24/1055
A EHS CONSULTANT
8588637732

OUT-PATIENT INITIAL ASSESSMENT FORM

Chief Complaints: Medi kheep

Communicable disease (if any): NO

Vital Sign: SpO2: 99 Pulse: 74 BP: 119/82 Height: 168 cms Weight: 49.8 Kgs

Allergies: Yes No If yes specify: UNKNOWN

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: 24/12/23 EDD: — Oedema: Yes/No NA

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

1. Self 2. —

Name: Tanisha Sign: Tanisha Emp-Id: 1105 Date: 4/1/24 Time: 11:10 AM



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

Date & Time 4/1/2024
Patient Name: Pooja Meena
Age / Gen: 31 / F.
UHID:

Provisional Diagnosis:

Drug Allergy: No

Complaints:

Medication Advice:

Pain: Yes No

Gingivitis

Scaling

Vantaj toothpaste

Physical Examination:

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

Deepali

Systemic Examination:

CVS :
Respiratory System :

GI System :

Skin :

Investigation:

Follow up:

Diet Advice: Normal Low Fat Diabetic Renal Low Salt





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

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

Pain: Yes No

VA $\left\{ \begin{array}{l} R\ 6/10 \\ L\ 6/60 \end{array} \right.$ $\left\{ \begin{array}{l} R\ 6/6 \\ L\ 6/6 \end{array} \right.$ N/6

Physical Examination:

Acop $\left\{ \begin{array}{l} R - 2.50\ Dsph\ 6 \\ L - 2.75 / -0.50 \times 50\ 6/c \end{array} \right.$ N/K

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

Colour vision Normal

Systemic Examination:

Ry
 Misty eye deep in BE

CVS : _____

0-0-0 x 1 mark

Respiratory System :

GI System : _____

Skin : _____

Investigation:

Follow up:

Diet Advice: Normal Low Fat Diabetic Renal Low Salt



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

Date & Time: 4/1/24
Patient Name: Pooja Meena
Age / Gen:
UHID:

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

Pain: Yes No

*Chronic Acidic
- recurrent pain in
Rt hypochondriac pain*

Physical Examination:

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

*CRP done
taken*

Ru CSF

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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3/01/24, 12:10pm

Dr. Satyamvada Pandey

MBBS, DGO, DNB (Obstetrics & Gynaecology)

Senior Consultant - Obs. & Gynae.

Reg. No. 37858/14453

Date & Time

Patient Name: POISA NEENA

Age / Gen: 3/F

UHID: 40009080

Provisional Diagnosis:

For health check

Drug Allergy: None

Complaints:

Medication Advice:

Pain: Yes No

No pain & swelling in Ovaries region

Some pelvic fullness

kegels Ex.

Avoid squats / And const.

M/H = WNL - 24/12/23

Rg c of hand

Phy - P, L, M, U, S, H, M

Physical Examination:

Not going to cover now

Pallor: Yes/No Icterus: Yes/No

Cynosis: Yes/No Edema: Yes/No

Lymphadenopathy: Yes/No

No Gestational DM
No Allergic kind
Anti DM

Abn. T/A Report

1) Total CA 125 - X7

like to monthly x 2

2) Cap. URIC ACID (50x) over weeks x 12

Systemic Examination

CVS:

AS: C

Respiratory System:

GI System:

Skin: C

Investigation:

Paps Smear

Follow up:

Diet Advice:

Normal

Low Fat

Diabetic

Renal

Low Salt

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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

0

Patient Name	Mrs. POOJA MEENA	Lab No	4019309
UHID	40009080	Sample Date	04/01/2024 12:36PM
Age/Gender	31 Yrs/Female	Report Date	04/01/2024 1:13PM
Prescribed By	EHS CONSULTANT	Bed No / Ward	OPD
Referred By	EHS CONSULTANT	Report Status	Final
Company	Mediwheel - Arcofeml 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

Seen.

Mild acute inflammation

Not seen

Not seen

Negative for intraepithelial lesion / malignancy.

** End Of Report **

Dr. ABHINAY VERMA
MBBS|MD|INCHARGE PATHOLOGY

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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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IP/OP Location	O-OPD	Report Date	04/01/2024 1:29PM
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Mobile No.	9589837732		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: FL Plasma
BLOOD GLUCOSE (FASTING)				
BLOOD GLUCOSE (FASTING)	125.8 H	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	1.390	ng/mL	0.970 - 1.690	
T4	8.62	ug/dl	5.53 - 11.00	
TSH	1.06	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)	Result	Unit	Biological Ref. Range	Sample: Serum
BILIRUBIN TOTAL	0.61	mg/dl	0.00 - 1.20	
BILIRUBIN INDIRECT	0.45	mg/dl	0.20 - 1.00	
BILIRUBIN DIRECT	0.16	mg/dl	0.00 - 0.40	
SGOT	15.7	U/L	0.0 - 40.0	
SGPT	15.0	U/L	0.0 - 40.0	

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BIOCHEMISTRY

TOTAL PROTEIN	8.5	g/dl	6.6 - 8.7
ALBUMIN	5.1	g/dl	3.5 - 5.2
GLOBULIN	3.4		1.8 - 3.6
ALKALINE PHOSPHATASE	120.0 H	U/L	42 - 98
A/G RATIO	1.5	Ratio	1.5 - 2.5
GGTP	14.2	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 (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	161		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	55.2		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	77.5		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	15	mg/dl	10 - 50

RESULT ENTERED BY : SUNIL EHS

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BIOCHEMISTRY

TRIGLYCERIDES	73.4	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	2.9	%
-----------------------	-----	---

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	11.00 L	mg/dl	16.60 - 48.50
BUN	5.1 L	mg/dl	6 - 20
CREATININE	0.65	mg/dl	0.50 - 0.90
SODIUM	139.5	mmol/L	136 - 145
POTASSIUM	4.44	mmol/L	3.50 - 5.50
CHLORIDE	100.7	mmol/L	98 - 107
JRIC ACID	2.7	mg/dl	2.6 - 6.0
CALCIUM	9.72	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. Inrpretation:-Low level: Intake excessive loss forbodydue 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/GLDN 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 complexesone. 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
-----------	--------	------	-----------------------

BLOOD GROUPING

"B" Rh Positive

Note :

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

ATIL

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CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Sample: Urine
<u>URINE SUGAR (RANDOM)</u>				Sample: Urine
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE	
PHYSICAL EXAMINATION				
VOLUME	25	ml		Sample: Urine
COLOUR	PALE YELLOW		P YELLOW	
APPEARANCE	CLEAR		CLEAR	
CHEMICAL EXAMINATION				
PH	6.0		5.5 - 7.0	
SPECIFIC GRAVITY	1.010		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	0-1	/hpf	0-3	
RBCS/HPF	0-1	/hpf	0-2	
EPITHELIAL CELLS/HPF	2-3	/hpf	0-1	
CASTS	NIL		NIL	
CRYSTALS	NIL		NIL	
BACTERIA	NIL		NIL	
OSTERS	NIL		NIL	

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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: Peroxy-Peroxidase activity of Haem moiety, pH: Methylene 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. Vocabulary syntax: Kit insert

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HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
CBC (COMPLETE BLOOD COUNT)			
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN	9.5 L	g/dl	12.0 - 15.0
PACKED CELL VOLUME(PCV)	33.3 L	%	35.0 - 46.0
MCV	78.4 L	fl	82 - 92
MCH	22.4 L	pg	27 - 32
MCHC	28.5 L	g/dl	32 - 36
RBC COUNT	4.25	millions/cu.mm	3.80 - 4.80
TLC (TOTAL WBC COUNT)	3.09 L	10 ³ /uL	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	30.0 L	%	40 - 80
LYMPHOCYTE	54.7 H	%	20 - 40
EOSINOPHILS	9.4 H	%	1 - 6
MONOCYTES	4.9	%	2 - 10
BASOPHIL	1.0	%	1 - 2
PLATELET COUNT	2.21	lakh/cumm	1,500 - 4,500

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

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Mobile No.	9589837732		

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

RESULT ENTERED BY : SUNIL EHS

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

Page: 9 Of 10

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ETERNAL HOSPITAL Sanganer



ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mrs. POOJA MEENA	Lab No	4019309
UHID	40009080	Collection Date	04/01/2024 11:36AM
Age/Gender	31 Yrs/Female	Receiving Date	04/01/2024 11:56AM
IP/OP Location	O-OPD	Report Date	04/01/2024 1:29PM
Referred By	EHS CONSULTANT	Report Status	Final
Mobile No.	9589837732		

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

X-RAY - CHEST PA VIEW

OBSERVATION:

- CT The trachea is central.
- 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

(A Unit of Eternal Care Foundation)
Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)
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Page: 10 Of 10

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ETERNAL HOSPITAL Sanganer



DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40009080 (269)	RISNo./Status :	4019309/
Patient Name :	Mrs. POOJA MEENA	Age/Gender :	31 Y/F
Referred By :	EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	04/01/2024 11:07AM/ OPSCR23-24/10554	Scan Date :	
Report Date :	04/01/2024 2:08PM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal		Normal
IVSD	9.6	6-12mm	LVIDS	26.5
LVIDD	40.5	32-57mm	LVPWS	16.4
LVPWD	9.6	6-12mm	AO	30.8
IVSS	16.9	mm	LA	27.5
LVEF	62-64	>55%	RA	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
		E	A	e'	E/e'		
MITRAL VALVE	NORMAL	0.76	-	-	-	-	NIL
		0.68	-	-	-		
TRICUSPID VALVE	NORMAL	0.47	-	-	-	-	NIL
		0.34	-	-	-		
AORTIC VALVE	NORMAL	1.19	-	-	-	-	NIL
PULMONARY VALVE	NORMAL	0.84	-	-	-	-	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

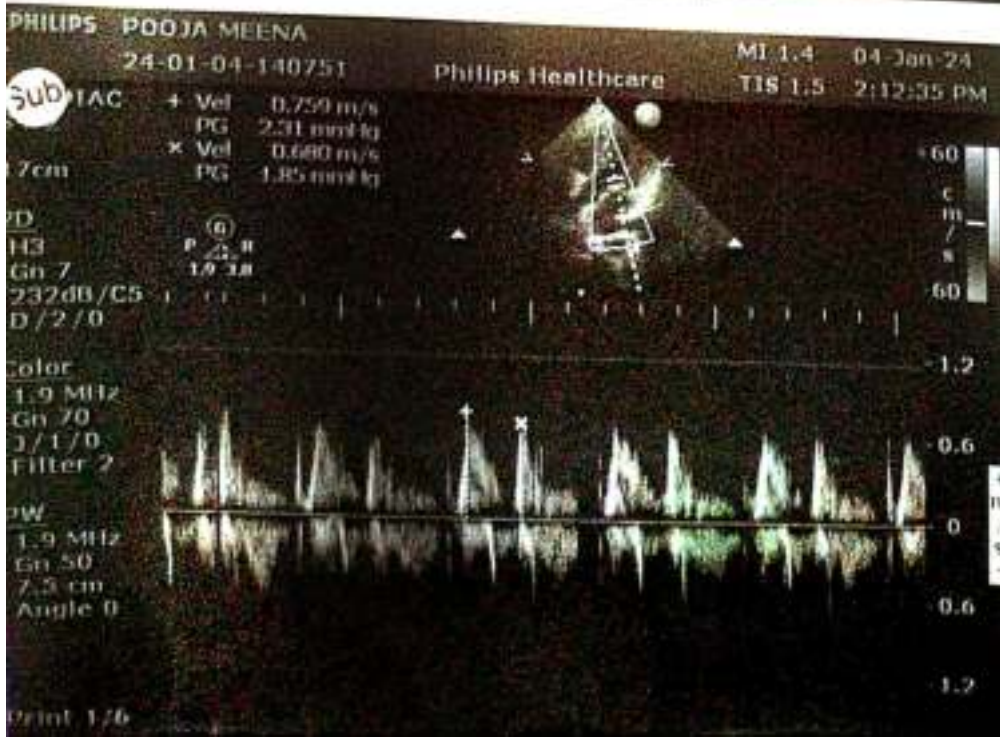
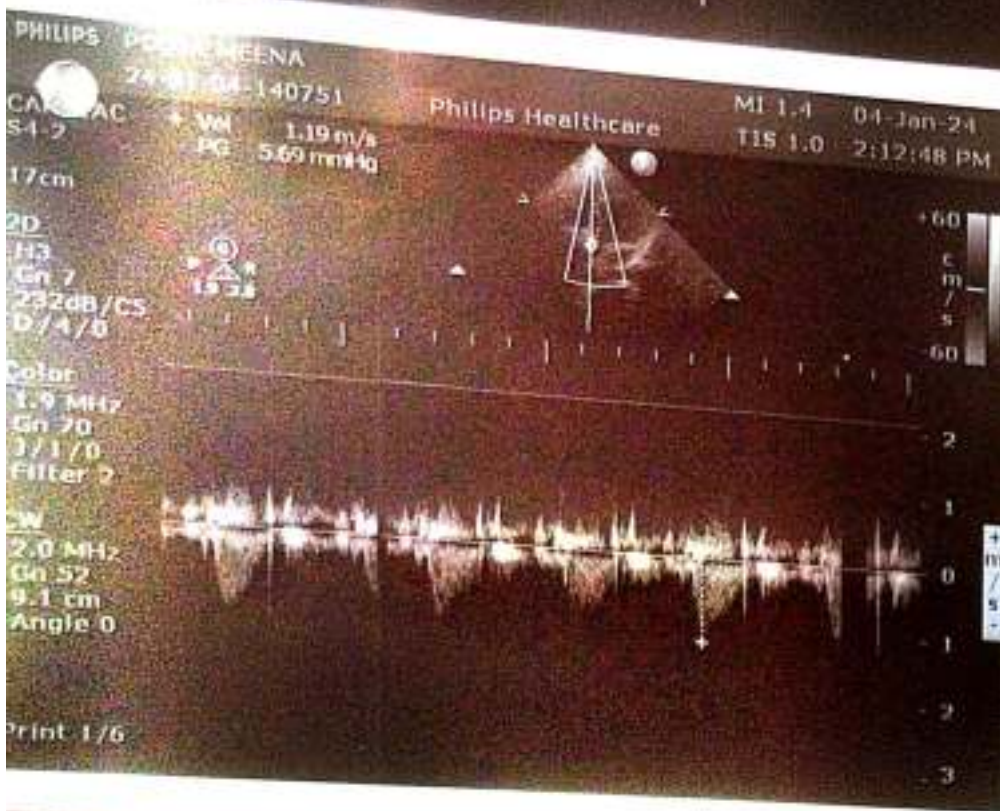
DR SUPRIY JAIN
MBBS, M.D., D.M. (CARDIOLOGY)
INCHARGE & SR. CONSULTANT
INTERVENTIONAL CARDIOLOGY

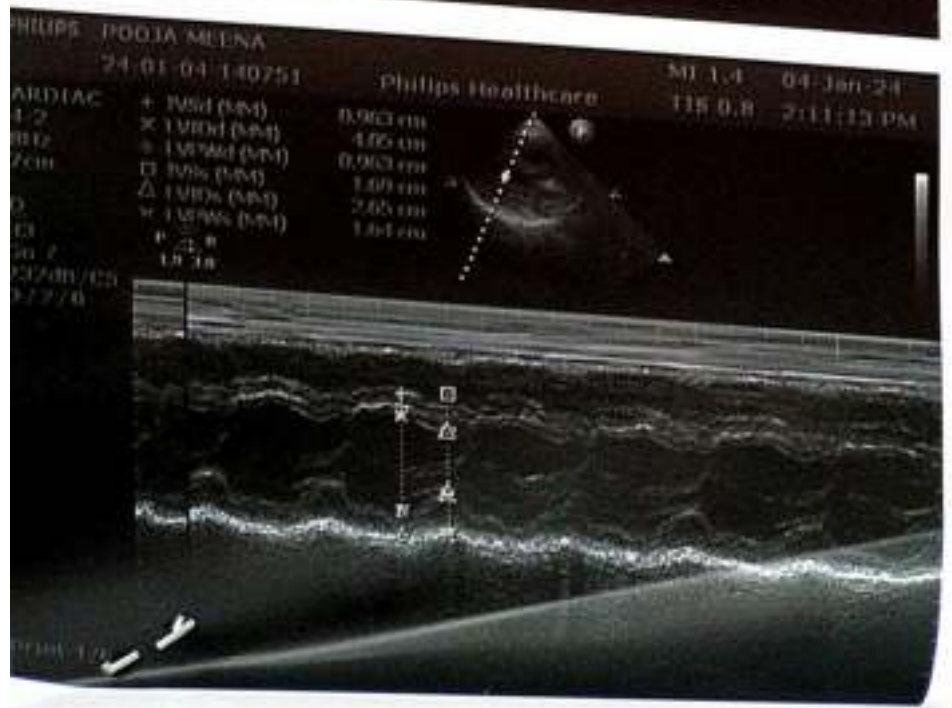
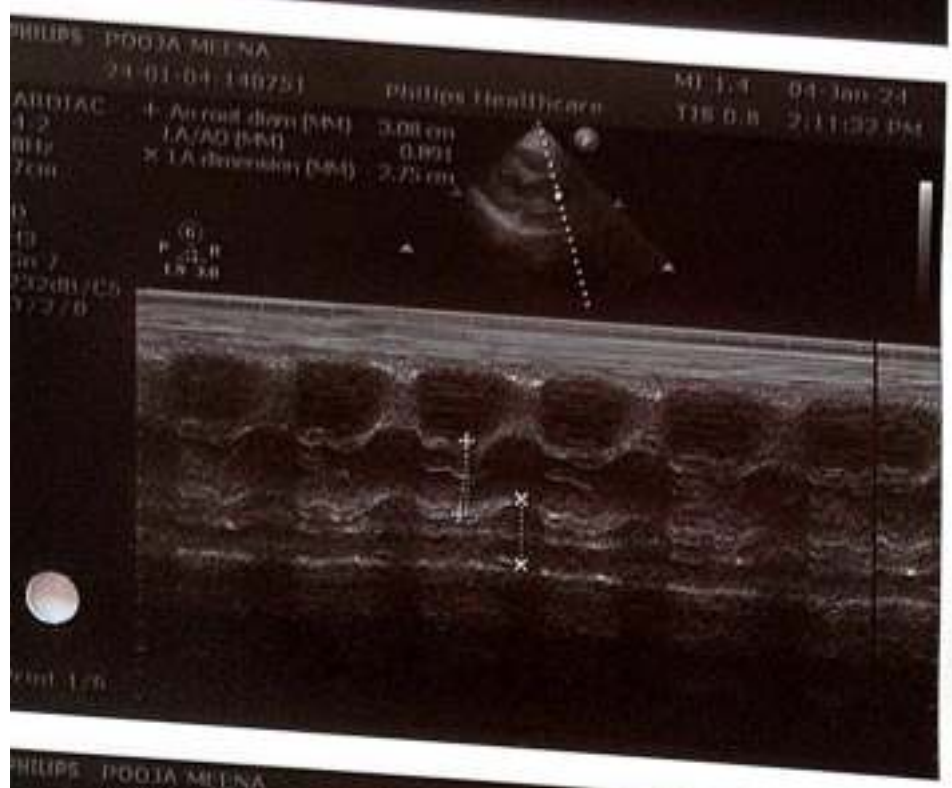
DR ROOPAM SHARMA
MBBS, PGDCC, FIAE
CONSULTANT & INCHARGE
EMERGENCY, PREVENTIVE CARDIOLOGY
AND WELLNESS CENTRE

(A Unit of Eternal Care Foundation)
Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)
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Page 1 of 1

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ETERNAL HOSPITAL Sanganer



DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40009080 (269)	RISNo./Status :	4019309/
Patient Name :	Mrs. POOJA MEENA	Age/Gender :	31 Y/F
Referred By :	EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	04/01/2024 11:07AM/ OPSCR23-24/10554	Scan Date :	
Report Date :	04/01/2024 11:58AM	Company Name:	Mediwheel - Arcofemi Health Care Ltd.

USG REPORT - ABDOMEN AND PELVIS

LIVER:

Is normal in size and uniform echo texture.

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.

No calculi seen.

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.

UTERUS:

Uterus is normal in size, shape and retroverted in position.

Endometrial thickness measures ~ 8.6 mm.

No focal lesion noted.



ETERNAL HOSPITAL Sanganer



DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40009080 (269)	RISNo./Status :	4019309/
Patient Name :	Mrs. POOJA MEENA	Age/Gender :	31 Y/F
Referred By :	EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	04/01/2024 11:07AM/ OPSCR23-24/10554	Scan Date :	
Report Date :	04/01/2024 11:58AM	Company Name:	Mediwheel - Arcofemi Health Care Ltd.

OVARIES:

Both ovaries are normal in size and echoes.

No focal fluid collections seen.

IMPRESSION:

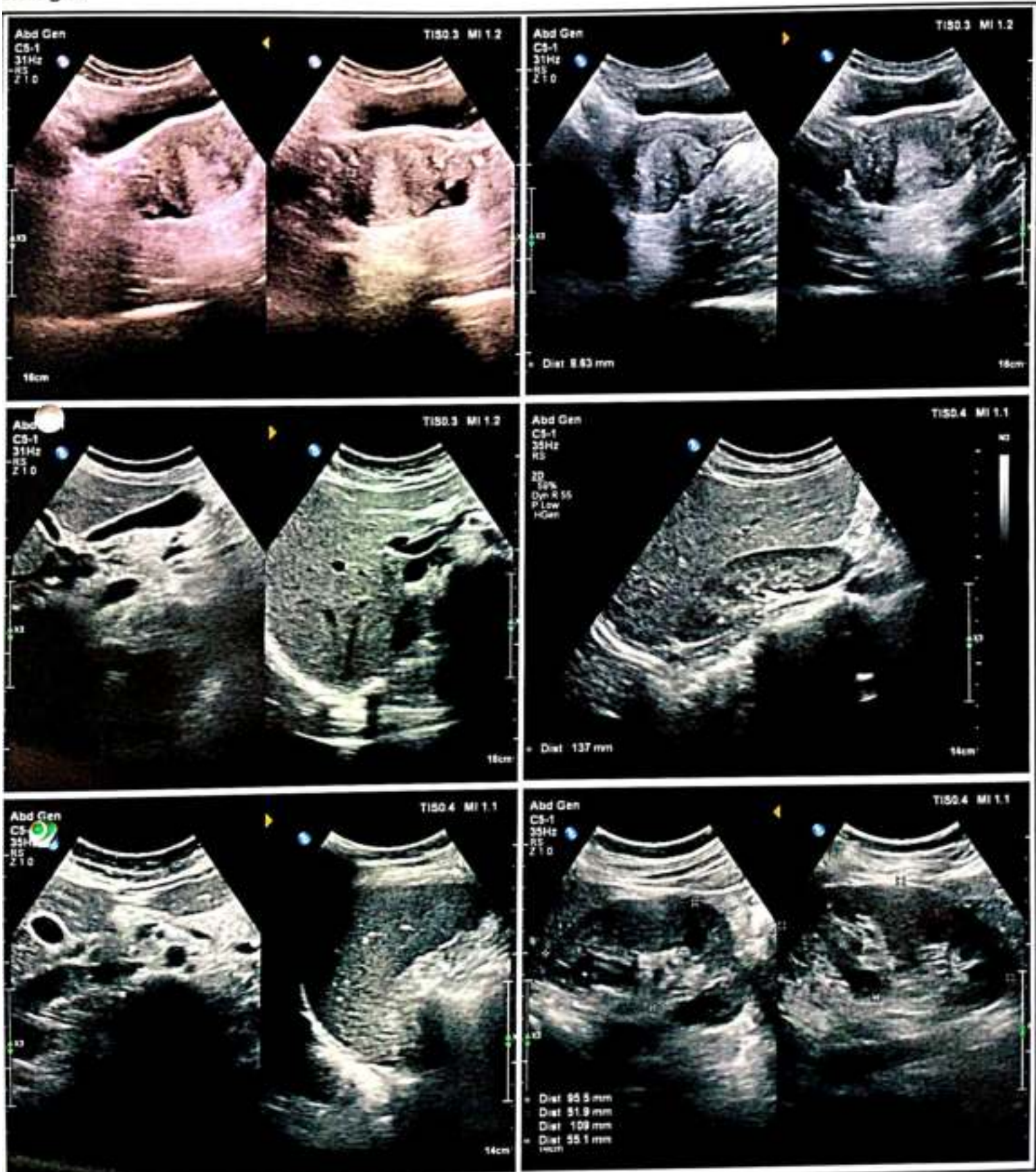
No significant sonographic abnormality detected.

DR. RENU JADIYA

Consultant – Radiology

MBBS, DNB

Images



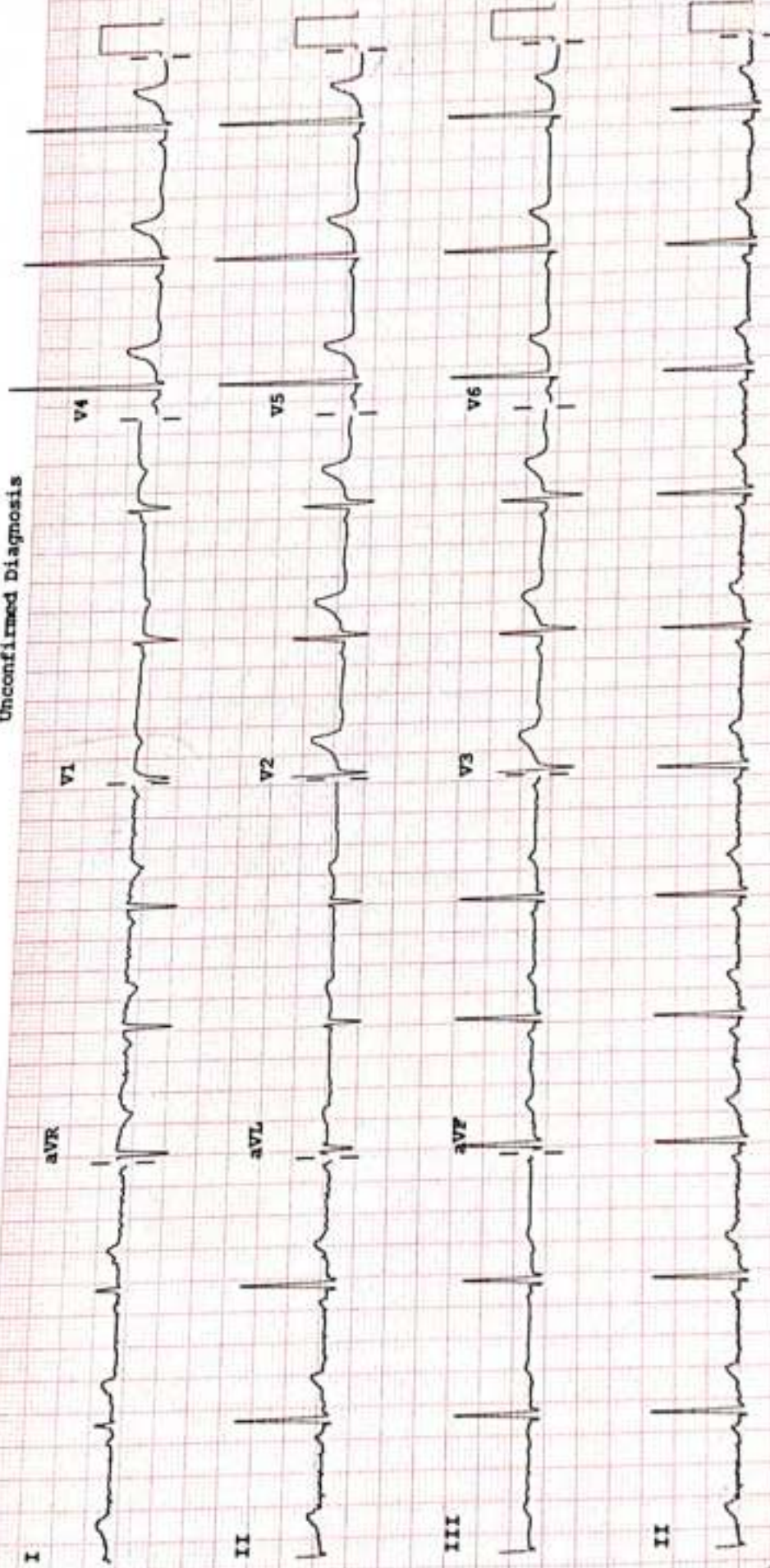
Rate 70 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation
 . Sinus rhythm
 FR 116 . Borderline short PR interval
 QRSD 88 . Abnormal R-wave progression, early transition
 QT 375 . Minimal ST elevation, anterior leads
 QTc 405 . Baseline wander in lead(s) V1

--AXIS--

P 54
 QRS 72
 T 27

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 : 40009080
Patient Name : Mrs. POOJA MEENA
Gender/Age : Female/31 Yr 1 Mth 15 Days
Contact No : 9589837732
Address : C-77, VIGYAN NAGAR JAGATPURA ,
JAIPUR, RAJASTHAN, INDIA
Approval No : 99619

Bill No : OPSCR23-24/10554
Bill Date Time : 04/01/2024 11:07AM
Payer : Mediwheel - Arcofemi Health Care Ltd.
Sponsor : Mediwheel - Arcofemi Health Care Ltd.
Presc. Doctor : Dr. EHS CONSULTANT
Referred By :

Sr	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
	Details Of Package							
	CARDIOLOGY							
2	ECG							
3	IMT OR ECHO							
	CONSULTATION CHARGES							
4	CONSULTATION - DENTAL (Dr. VAIBHAV NEPALIA AND TEAM)							
5	CONSULTATION - INTERNAL MEDICINE (Dr. EHS CONSULTANT)							
6	CONSULTATION - OBS & GYNE (Dr. SATYAMVADA PANDEY)							
	CONSULTATION - OPHTHALMOLOGY (Dr. EHS OPHTHAL CONSULT)							
	PATHOLOGY							
8	BLOOD GLUCOSE (FASTING)							
9	BLOOD GLUCOSE (PP)							
10	BLOOD GROUPING AND RH TYPE							
11	CBC (COMPLETE BLOOD COUNT)							
12	ESR (ERYTHROCYTE SEDIMENTATION RATE)							
13	HbA1c (HAEMOGLOBIN GLYCOSYLATED BLOOD)							
14	LFT (LIVER FUNCTION TEST)							
15	LIPID PROFILE							
16	PAPSMEAR							
17	RENAL PROFILE TEST							
18	ROUTINE EXAMINATION - URINE							
19	STOOL ROUTINE							



ETERNAL HOSPITAL SANGANER
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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 : 40009080
Patient Name : Mrs. POOJA MEENA
Gender/Age : Female/31 Yr 1 Mth 15 Days
Contact No : 9589837732
Address : C-77, VIGYAN NAGAR JAGATPURA ,
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Presc. Doctor : Dr. EHS CONSULTANT
Referred By :

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

Gross Amount	2850.00
Net Amount	2850.00
Payer Amount	2850.00
Patient Amount	0.00
Amt Received (Rs.)	0.00
Balance Amount	2850.00

Payment Mode

ation :

To View Investigation Result Login to
<http://patientportal.eternalsanganer.com/>
UserName:40009080
Password : Registered Mobile Number

