



ETERNAL HOSPITAL

Sanganer

Mr. PUKHRAJ DEEP CHOUHA
40008692 Dec 23 2023 10:18AM
36 Yrs/Male OPSCR23-24/9795
EHS CONSULTANT
897888833

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

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

Pain: Yes No

ocular pain ecc.

- S/L ✓

VAK R 6/6 N/G
VA L 6/6

Physical Examination:

colour vision normal

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

Ry
Misty eye deep in NE
o-o-o x/mathy

Systemic Examination:

CVS : _____

CNS : _____

Respiratory System : _____

GI System : _____

Skin : _____

Investigation:

Follow up:

Diet Advice: Normal Low Fat Diabetic Low Salt

(A Unit of Eternal Care Foundation)
Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)
Phone:- 0141-3120000
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ETERNAL HOSPITAL

Sanganer

Dr. Roopam Sharma

MBBS, PGDCC, FIAE

Incharge Emergency, Preventive Cardiology
& Wellness Center

Reg. No. 26363

Mr. PUKHRAJ DEEP CHOUHA
40008692 Dec 23 2023 10:15AM
36 Yrs/Male OPSCR23-24/9795
EHS CONSULTANT
9928888633

Date & Time

23/12/23

Patient Name:

3:30 PM

Age / Gen:

UHID:

Provisional Diagnosis:

Anal fissure

Drug Allergy:

Not known

Complaints:

Medication Advice: Microscopic Hypochlorous acid
Pain: Yes No

BP → 111/78

P → 79/48

T₃ 1.8 ↑ T₄ → 7.04 ↔

TSH → 1.01 ↔

Physical Examination:

Pallor: Yes/No Icterus: Yes/No

Cynosis: Yes/No Edema: Yes/No

Lymphadenopathy: Yes/No

① ? OROTER - XT OD

Systemic Examination:

CVS: S₁S₂

CNS: E₄ V₅ M₆

Respiratory System:

Clear

GI System: Soft

Skin: Wan

② ? PAN 40g SOS

③ Syb Looz 15ml HS
x 2 mths

Investigation:

- Repeat Thyroid profile after 3 mths

- Vit B₁₂

- Vit D₃

Follow up:

Diet Advice:

Normal

Low Fat

Diabetic

Renal

Liver

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DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40009692 (17538)	RISNo./Status :	4018225/
Patient Name :	Mr. PUKHRAJ DEEP CHOUHAN	Age/Gender :	36 Y/M
Referred By :	EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	23/12/2023 10:18AM/ OPSCR23-24/9795	Scan Date :	
Report Date :	23/12/2023 11:08AM	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:

Partially distended.

PROSTATE:

Is enlarged in size, measuring approx. 27-28cc in volume.

No focal fluid collections seen.

IMPRESSION:

Mild prostatomegaly.

DR. RENU JADIYA

Consultant – Radiology

MBBS, DNB

(A Unit of Eternal Care Foundation)

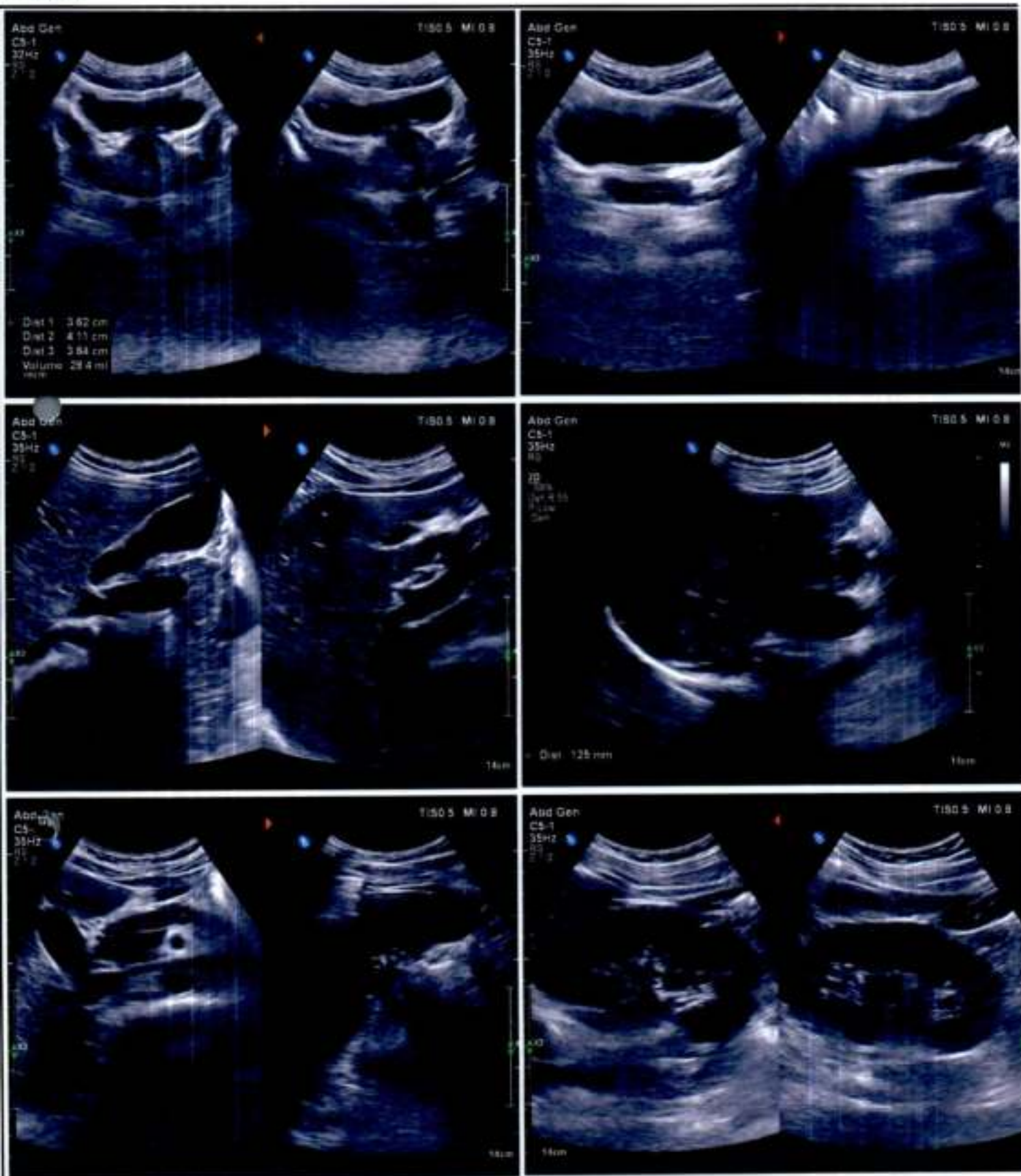
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Images





ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. PUKHRAJ DEEP CHOUHAN	Lab No	592779	
UHID	332515	Collection Date	23/12/2023 12:33PM	
Age/Gender	36 Yrs/Male	Receiving Date	23/12/2023 12:37PM	
IP/OP Location	O-OPD	Report Date	23/12/2023 1:12PM	
Referred By	Dr. EHCC Consultant	Report Status	Final	
Mobile No.	9773349797			

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
HBA1C	6.0	%	Sample: WHOLE BLOOD EDTA < 5.7% Nondiabetic 5.7-6.4% Pre-diabetic > 6.4% Indicate Diabetes Known Diabetic Patients < 7% Excellent Control 7 - 8% Good Control > 8% Poor Control

Method : - High - performance liquid chromatography HPLC
 Interpretation:-Monitoring long term glycaemic 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

Surendra Singh
 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

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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. PUKHRAJ DEEP CHOUHAN	Lab No	4018225
UHID	40008692	Collection Date	23/12/2023 10:36AM
Age/Gender	36 Yrs/Male	Receiving Date	23/12/2023 10:52AM
IP/OP Location	O-OPD	Report Date	23/12/2023 12:13PM
Referred By	EHS CONSULTANT	Report Status	Final
Mobile No.	9928898803		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: Fl. Plasma
BLOOD GLUCOSE (FASTING)				
BLOOD GLUCOSE (FASTING)	100.1	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	1.820 H	ng/mL	0.970 - 1.690	
T4	7.04	ug/dl	5.53 - 11.00	
TSH	1.01	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	0.53	mg/dl	0.00 - 1.20	
BILIRUBIN INDIRECT	0.36	mg/dl	0.20 - 1.00	
BILIRUBIN DIRECT	0.17	mg/dl	0.00 - 0.40	
SGOT	32.0	U/L	0.0 - 40.0	
SGPT	31.3	U/L	0.0 - 40.0	

RESULT ENTERED BY : Mr. JITENDRA MARWAL

Dr. ABHINAV VERMA

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BIOCHEMISTRY

TOTAL PROTEIN	7.3	g/dl	6.6 - 8.7
ALBUMIN	4.9	g/dl	3.5 - 5.2
GLOBULIN	2.4		1.8 - 3.6
ALKALINE PHOSPHATASE	53.9	U/L	53 - 128
A/G RATIO	2.0	Ratio	1.5 - 2.5
GGT	11.8	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(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.

GGT-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 indicators known.

LIPID PROFILE

TOTAL CHOLESTEROL	129		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	29.5		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	93.4		Optimal :- <100 mg/dl Near or Above Optimal :- 100-129 mg/dl Borderline :- 130-159 mg/dl High :- 160-189 mg/dl Very High :- >190 mg/dl
CHOLESTERO VLDL	12	mg/dl	10 - 50

RESULT ENTERED BY : Mr. JITENDRA MARWAL

Dr. ABHINAY VERMA

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Referred By	EHS CONSULTANT	Report Status	Final
Mobile No.	9928898803		

BIOCHEMISTRY

TRIGLYCERIDES	60.8		Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
CHOLESTEROL/HDL RATIO	4.4	%	

CHOLESTEROL TOTAL :- Method: CHOD-PAP enzymatic colorimetric assay.
Interpretation:-The determination of the individual total cholesterol (TC) level is used for screening purposes while for 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	14.10	L	mg/dl	16.60 - 48.50
BUN	6.6		mg/dl	6 - 20
CREATININE	0.62		mg/dl	0.60 - 1.10
SODIUM	140.4		mmol/L	136 - 145
POTASSIUM	4.20		mmol/L	3.50 - 5.50
CHLORIDE	101.5		mmol/L	98 - 107
URIC ACID	3.6		mg/dl	3.5 - 7.2
CALCIUM	8.85		mg/dl	8.60 - 10.30

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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.

RESULT ENTERED BY : Mr. JITENDRA MARWAL


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Mobile No.	9928898803		

CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	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	1.025		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	2-3	/hpf	0 - 3	
RBCS/HPF	0-0	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	2-3	/hpf	0 - 1	
CASTS	NIL		NIL	
CRYSTALS	NIL		NIL	
BACTERIA	NIL		NIL	
OTHERS	NIL		NIL	

RESULT ENTERED BY : Mr. JITENDRA MARWAL

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Mobile No.	9928898803		

HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
CBC (COMPLETE BLOOD COUNT)			
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN	11.0 L	g/dl	13.0 - 17.0
PACKED CELL VOLUME(PCV)	38.0 L	%	40.0 - 50.0
MCV	76.6 L	fl	82 - 92
MCH	22.2 L	pg	27 - 32
MCHC	28.9 L	g/dl	32 - 36
RBC COUNT	4.96	millions/cu.mm	4.50 - 5.50
TLC (TOTAL WBC COUNT)	5.11	10 ³ /uL	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	63.3	%	40 - 80
LYMPHOCYTE	24.3	%	20 - 40
EOSINOPHILS	4.7	%	1 - 6
MONOCYTES	6.5	%	2 - 10
BASOPHIL	1.2	%	1 - 2
PLATELET COUNT	2.61	lakh/cumm	1.500 - 4.500

HAEMOGLOBIN :- Method:-SHL HemoglobinMethodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia.
MCV :- Method:- Calculation bysystem.
MCH :- Method:- Calculation bysystem.
MCHC :- Method:- Calculation bysystem.
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.
WBC :- Method:- Pulse Weight Detection. Interpretation:-Low-Anemia, High-Polycythemia.
NOTE: CR- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

ESR (ERYTHROCYTE SEDIMENTATION RATE) **100 H** mm/1st hr 0 - 15

RESULT ENTERED BY : Mr. JITENDRA MARWAL

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X Ray

Test Name	Result	Unit	Biological Ref. Range
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X-RAY CHEST P. A. VIEW

Rotation noted.

Both lung fields are clear.

Both CP angles are clear.

Both hemi-diaphragms are normal in shape and outlines.

Cardiac shadow is within normal limits.

Visualized bony thorax is unremarkable.

Correlate clinically & with other related investigations.

****End Of Report****

RESULT ENTERED BY : Mr. JITENDRA MARWAL

Dr. RENU JADIYA
MBBS, DNB
RADIOLOGIST

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DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40008692 (17538)	RISNo./Status :	4018225/
Patient Name :	Mr. PUKHRAJ DEEP CHOUHAN	Age/Gender :	36 Y/M
Referred By :	EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	23/12/2023 10:18AM/ OPSCR23-24/9795	Scan Date :	
Report Date :	23/12/2023 11:27AM	Company Name:	Provisional

REFERRAL REASON: ROUTINE CHECK-UP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal		Normal
IVSD	11.1	6-12mm	LVIDS	29.9
LVIDD	44.8	32-57mm	LVPWS	16.4
LVPWD	10.1	6-12mm	AO	31.3
IVSS	15.9	mm	LA	34.2
LVEF	62-64	>55%	RA	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
		E	A	e'	E/e'		
MITRAL VALVE	NORMAL	E	0.80	e'	-	-	NIL
		A	0.50	E/e'	-		
TRICUSPID VALVE	NORMAL	E	0.64		RVSP 28 mmHg	MILD TR	
		A	0.51				
AORTIC VALVE	NORMAL	1.02				-	NIL
PULMONARY VALVE	NORMAL	0.86				-	NIL

COMMENTS & CONCLUSION: -

- ALL CARDIAC CHAMBERS ARE NORMAL
- NO RWMA, LVEF 62-64%
- NORMAL LV SYSTOLIC FUNCTION
- NORMAL LV DIASTOLIC FUNCTION
- MILD TR/PAH, OTHER CARDIAC VALVES ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

IMPRESSION: - MILD TR/PAH, 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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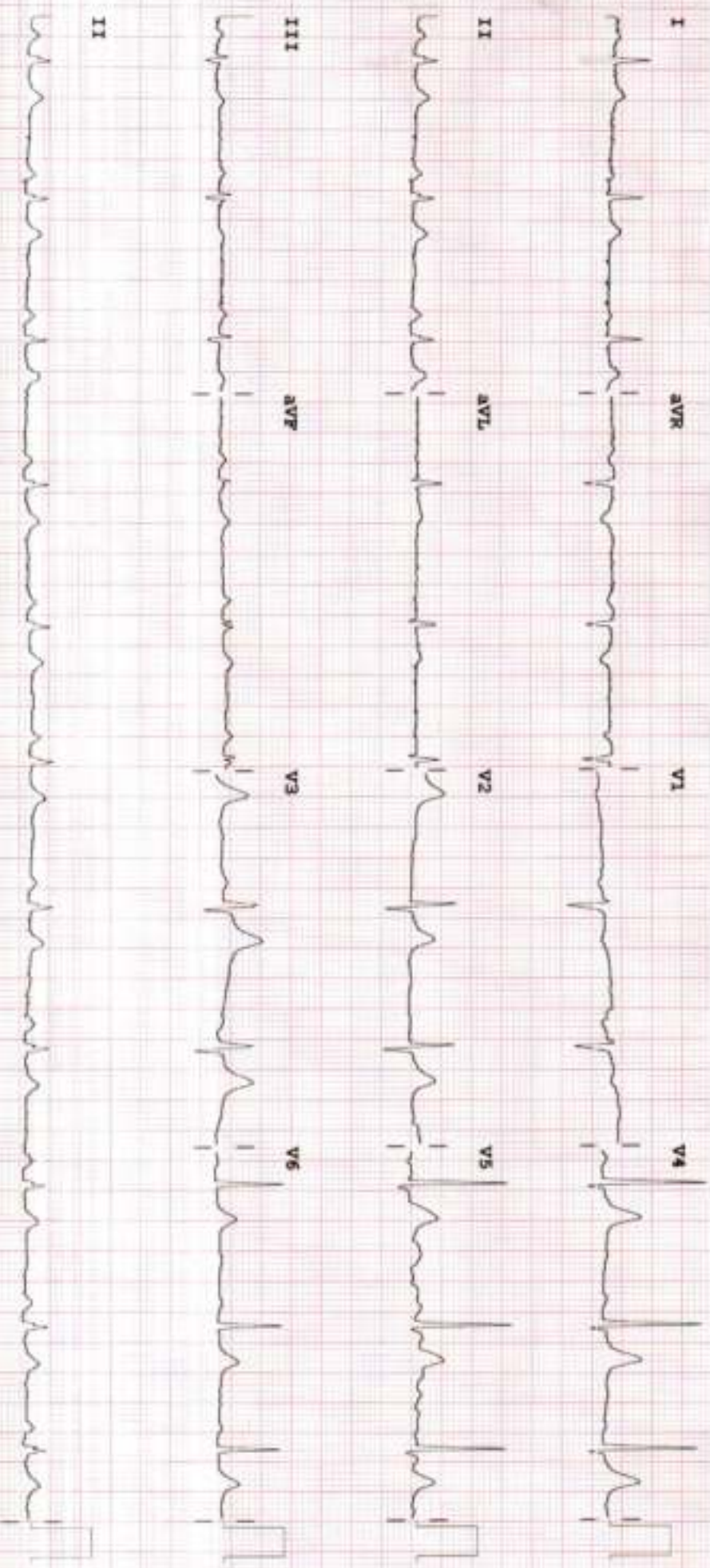
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Rate 65
 PR 175
 QRSD 90
 QT 371
 QTc 386

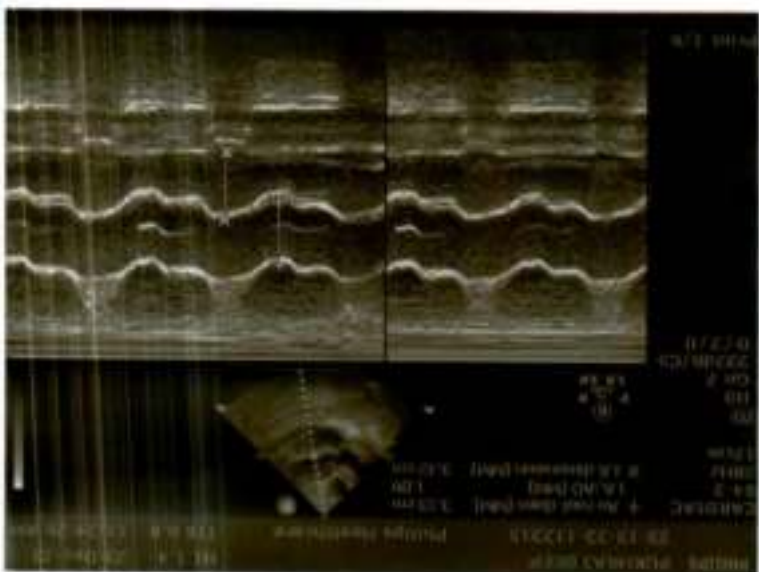
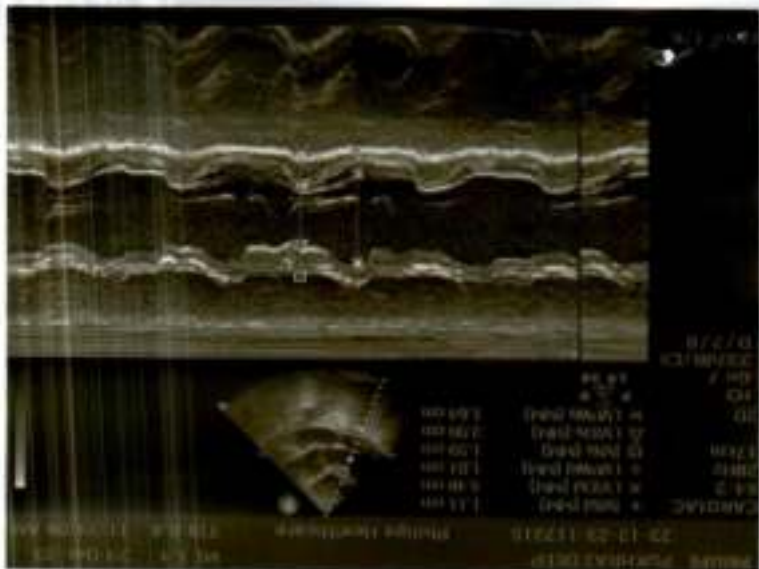
--AXIS--
 P 63
 QRS 35
 T 42

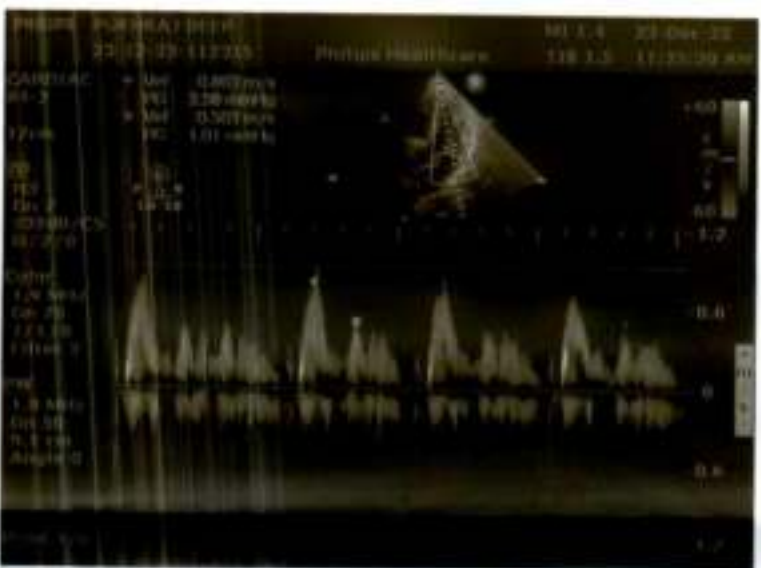
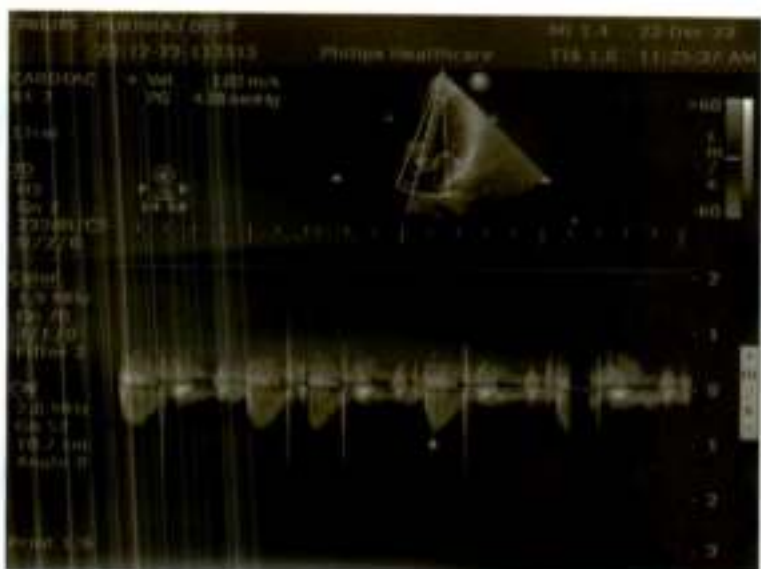
12 Lead: Standard Placement



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

P 60-0.15-100 Hz 100B CL P1







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 : 40008692 Bill No : OPSCR23-24/9795
Patient Name : Mr. PUKHRAJ DEEP CHOUHAN Bill Date Time : 23/12/2023 10:18AM
Gender/Age : Male/36 Yr 8 Mth 10 Days Payer : Mediwheel - Arcofemi Health Care U
Contact No : 9928898803 Sponsor : Mediwheel - Arcofemi Health Care U
Address : 32 RIGANS ROAD NEW COLONY CHOMU , Presc. Doctor : Dr. EHS CONSULTANT
JAIPUR, RAJASTHAN, INDIA Referred By :

Approval No :

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								
2	ECG							
3	TMT OR ECHO							
CONSULTATION CHARGES								
4	CONSULTATION - DENTAL (Dr. VAIBHAV NEPALIA AND TEAM)							
5	CONSULTATION - INTERNAL MEDICINE (Dr. EHS CONSULTANT)							
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 :

SNo	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:40008692
Password : Registered Mobile Number



Printed By: E1000008

Prepared By: Md Jamaluddin