



ETERNAL HOSPITAL

Sanganer



Dr. Roopam Sharma
 MBBS, PGDCC, FIAE
 Incharge Emergency, Preventive Cardiology
 & Wellness Center
 Reg. No. 26363

Date & Time 23/8/24
 Patient Name: Mrs. Purnima Kumari
 Age / Gen: 41M
 UHID:

Provisional Diagnosis:

Anaemia 2y / f

Drug Allergy:
Not known

Complaints:

BP -> 120/80
P -> 80/min

Medication Advice:

No treatment required.

Pain: Yes No

LMR -> 3/8/24

Ref back to Dr Satyambada Maican

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 : S/S
 CNS : En Vs Mb
 Respiratory System : Clear
 GI System : Soft
 Skin : War

Investigation:

Dr ROOPAM

Follow up:

Diet Advice: Normal Low Fat Diabetic Renal Low Salt



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DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40018855 (31241)	RISNo./Status :	4047889/
Patient Name :	Mrs. PURNIMA KUMARI MEENA	Age/Gender :	29 Y/F
Referred By :	Dr. EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	23/08/2024 9:28AM/ OPSCR24-25/16220	Scan Date :	
Report Date :	23/08/2024 1:09PM	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:** 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. Measures: cm. Endometrial thickness is normal. Endometrial cavity is empty. No mass lesion is seen. **Cervix is mildly bulky.**
- 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

- Mildly bulky cervix .

Correlate clinically & with other related investigations.

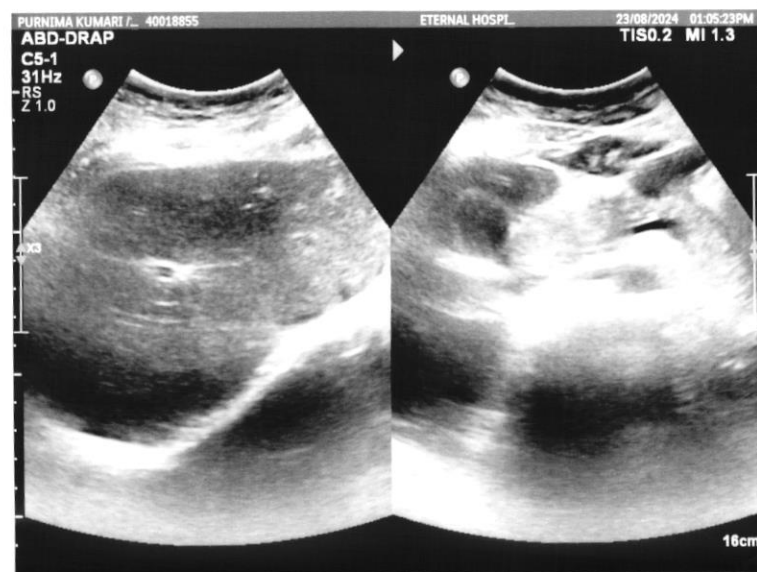
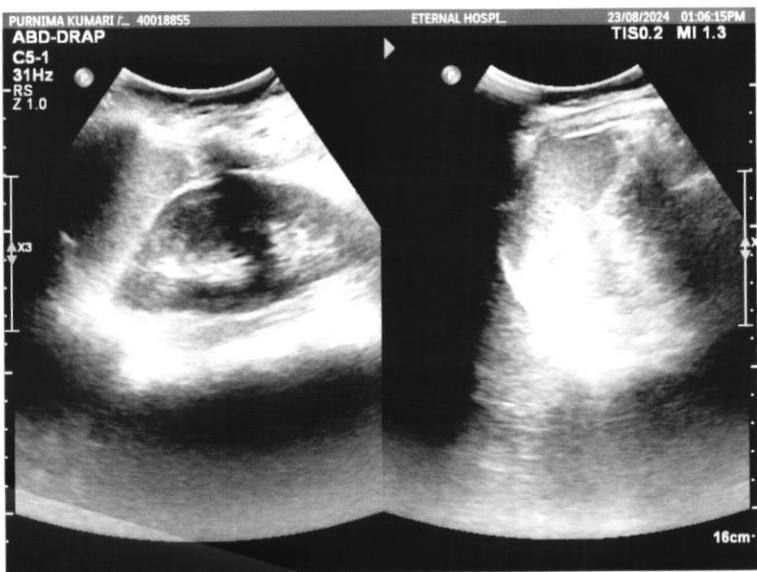
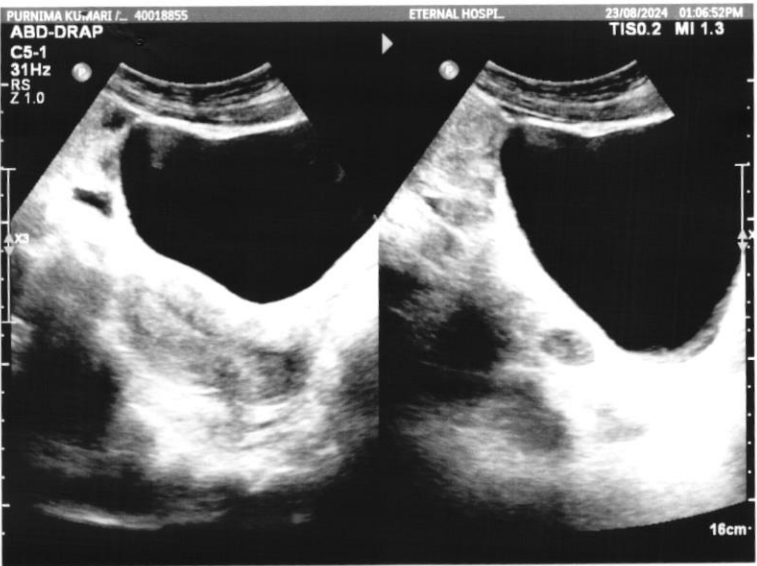
DR. APOORVA JETWANI
Incharge & Senior Consultant Radiology
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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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IP/OP Location	O-OPD	Report Date	23/08/2024 12:19PM
Referred By	Dr. EHS CONSULTANT	Report Status	Final
Mobile No.	7574844511		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: Fl. Plasma
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BLOOD GLUCOSE (FASTING)

BLOOD GLUCOSE (FASTING)	79.3	mg/dl	71 - 109
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Method: Hexokinase assay.

Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

THYROID T3 T4 TSH

Test Name	Result	Unit	Biological Ref. Range	Sample: Serum
T3	1.320	ng/mL	0.970 - 1.690	
T4	8.39	ug/dl	5.53 - 11.00	
TSH	2.07	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 :- ElectroChemiluminescenceImmunoAssay - 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	0.58	mg/dl	0.00 - 1.20	
BILIRUBIN INDIRECT	0.35	mg/dl	0.20 - 1.00	
BILIRUBIN DIRECT	0.23	mg/dl	0.00 - 0.30	
SGOT	20.7	U/L	0.0 - 32.0	
SGPT	12.1	U/L	0.0 - 33.0	

RESULT ENTERED BY : SUNIL EHS

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BIOCHEMISTRY

TOTAL PROTEIN	7.6	g/dl	6.5 - 8.7
ALBUMIN	4.5	g/dl	3.5 - 5.2
GLOBULIN	3.1		1.8 - 3.6
ALKALINE PHOSPHATASE	71	U/L	35 - 104
A/G RATIO	1.5	Ratio	1.5 - 2.5
GGTP	21.0	U/L	0.0 - 40.0

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 disease, liver cirrhosis, nutritional status.

ALKALINE PHOSPHATASE :- Method: Colorimetric assay according to IFCC. Interpretation:-Elevated serum ALP 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	155.9		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	70.0		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	95.7		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	9 L	mg/dl	10 - 50

RESULT ENTERED BY : SUNIL EHS

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BIOCHEMISTRY

TRIGLYCERIDES	43.9		Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
CHOLESTEROL/HDL RATIO	2	%	

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 are seen in various diseases of liver, kidneys and pancreas. DM, nephrotic, liver disorders etc. **CHOLESTEROL/HDL RATIO** :- Ratio of Cholesterol/HDL Ratio Calculative

Sample: Serum

UREA	28.70	mg/dl	16.60 - 48.50
BUN	13	mg/dl	6 - 20
CREATININE	0.71	mg/dl	0.50 - 0.90
SODIUM	139	mmol/L	136 - 145
POTASSIUM	4.01	mmol/L	3.50 - 5.50
CHLORIDE	105.1	mmol/L	98 - 107
URIC ACID	4.1	mg/dl	2.4 - 5.7
CALCIUM	9.29	mg/dl	8.60 - 10.00

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BIOCHEMISTRY

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, renal failure.

CHLORIDE - SERUM :- Method: ISE electrode. Interpretation:-Decreased: 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 sodium intake, acid alkalosis, hypokalemia.

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, glomerulonephritis and UTI.

CALCIUM TOTAL :- Method: O-Crosolphthaloine 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.

Sample: WHOLE BLOOD EDTA

HBA1C	5.2	%	< 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

HBA1C :- Turbidimetric inhibition immunoassay (TINIA), Interpretation:-Monitoring long term glyceric 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.

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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.

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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	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	2-4	/hpf	0 - 3	
RBCS/HPF	0-0	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	4-5	/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: Proton release from ions, Blood: Pseudo-Peroxidase activity in Haemolysis, pH: Methyl red, Methyl Orange Blue (Double indicator system), Protein: H+ Release by buffer, microscopic & chemical methods, Interpretation: Interpretation of Kidney function, UTI, Presence of Protein, Glucoses, Bilirubin, Metabolic system: etc. etc.

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HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
			Sample: WHOLE BLOOD EDTA
HAEMOGLOBIN	10.7 L	g/dl	12.0 - 15.0
PACKED CELL VOLUME(PCV)	33.3 L	%	36.0 - 46.0
MCV	85.2	fl	82 - 92
MCH	27.4	pg	27 - 32
MCHC	32.1	g/dl	32 - 36
RBC COUNT	3.91	millions/cu.mm	3.80 - 4.80
TLC (TOTAL WBC COUNT)	5.44	10 ³ /uL	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	58.4	%	40 - 80
LYMPHOCYTE	30.3	%	20 - 40
EOSINOPHILS	3.7	%	1 - 6
BASOPHIL	0.6 L	%	1 - 2
MONOCYTES	7.0	%	2 - 10
PLATELET COUNT	2.99	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) 60 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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DEPARTMENT OF CARDIOLOGY

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Report Date :	23/08/2024 11:57AM	Company Name:	Final

REFERRAL REASON: WELLNESS PACKAGE

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal		Normal
IVSD	10.9	6-12mm	LVIDS	27.6
LVIDD	42.6	32-57mm	LVPWS	15.0
LVPWD	10.4	6-12mm	AO	27.6
IVSS	15.4	mm	LA	28.6
LVEF	60-62	>55%	RA	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
		E	0.89	e'	-		
MITRAL VALVE	NORMAL	A	0.48	E/e'	-	-	NIL
		E		0.64			
TRICUSPID VALVE	NORMAL	A		0.47		-	NIL
		E		0.64			
AORTIC VALVE	NORMAL	1.06				-	NIL
PULMONARY VALVE	NORMAL	0.75				-	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

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DIRECTOR & INCHARGE
CARDIOLOGY

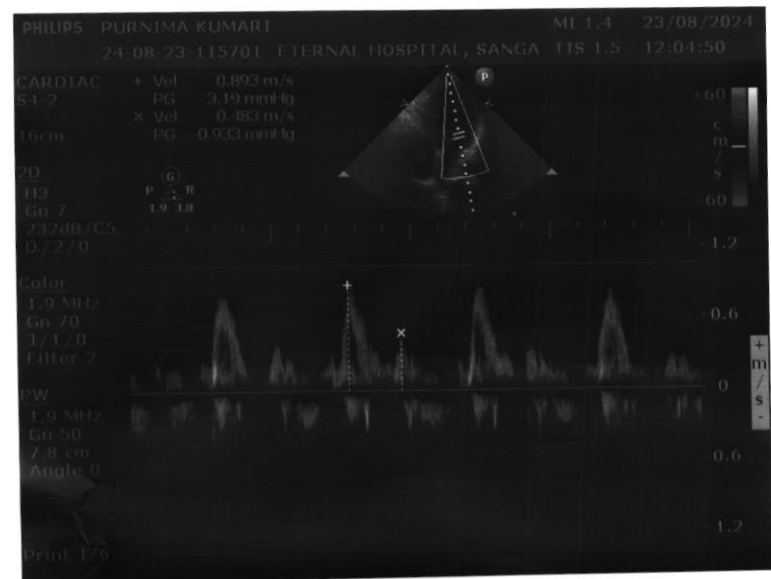
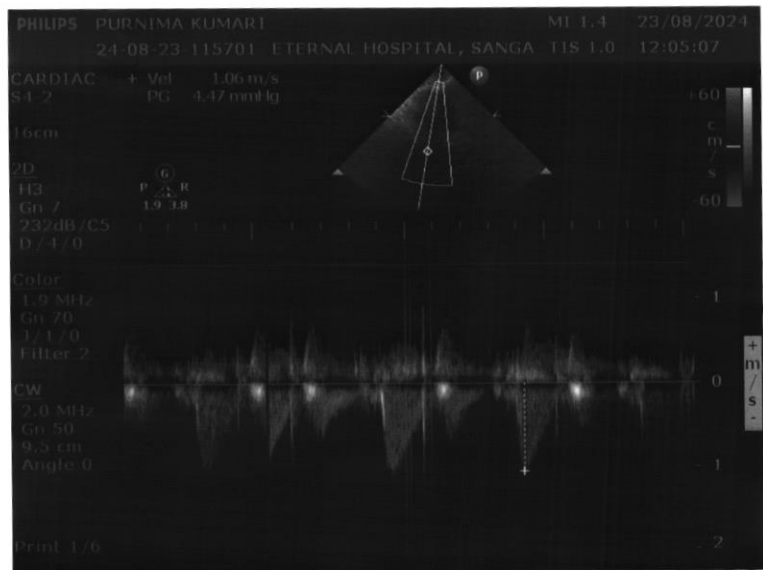
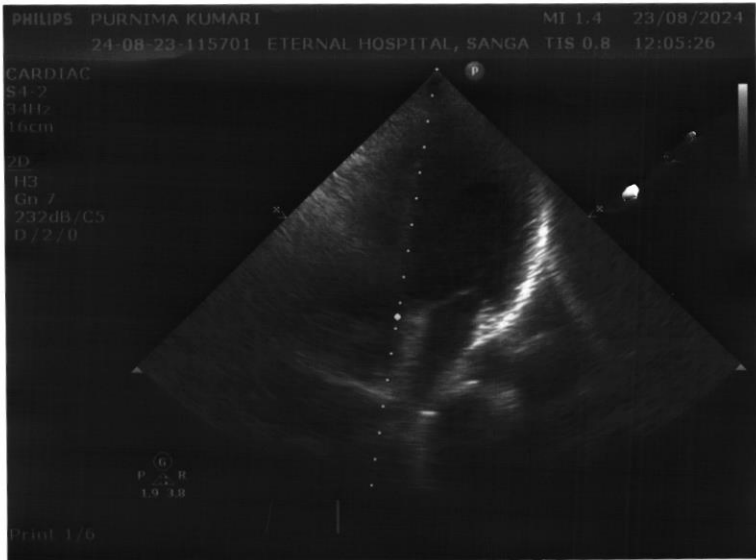
DR MEGHRAJ MEENA
MBBS, SONOLOGIST
FICC, CONSULTANT
PREV. CARDIOLOGY &
INCHARGE CCU

DR ROOPAM SHARMA
MBBS, PGDCC, FIAE
CONSULTANT & INCHARGE
EMERGENCY, PREV.
CARDIOLOGY(NIC) & WELLNESS
CENTER

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

Page 1 of 1

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.



CARDIAC
S4-2
29Hz
16cm
2D
H3
Gn 15
232dB/C5
D/2/0

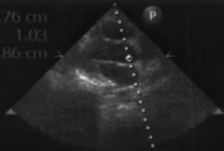


(G)
P A R
1.9 3.8

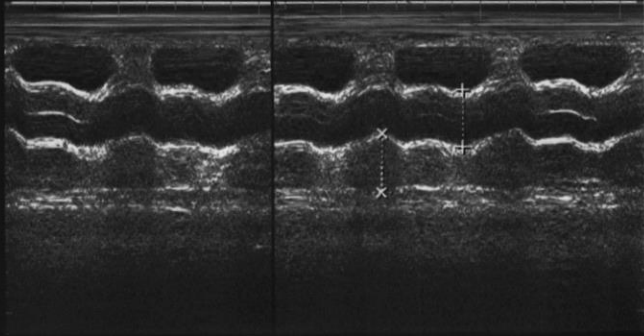
Print 1/6

PHILIPS PURNIMA KUMARI MI 1.4 23/08/2024
24-08-23-115701 ETERNAL HOSPITAL, SANGA TIS 0.7 12:03:43

CARDIAC + Ao root diam (MM) 2.76 cm
S4-2 LA/AO (MM) 1.03
29Hz X LA dimension (MM) 2.86 cm
16cm



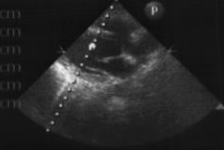
(G)
P A R
1.9 3.8



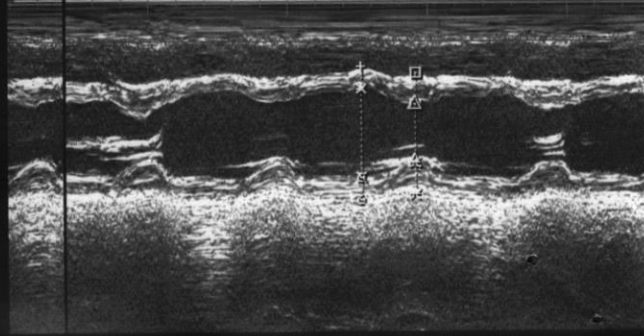
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PHILIPS PURNIMA KUMARI MI 1.4 23/08/2024
24-08-23-115701 ETERNAL HOSPITAL, SANGA TIS 0.7 12:03:25

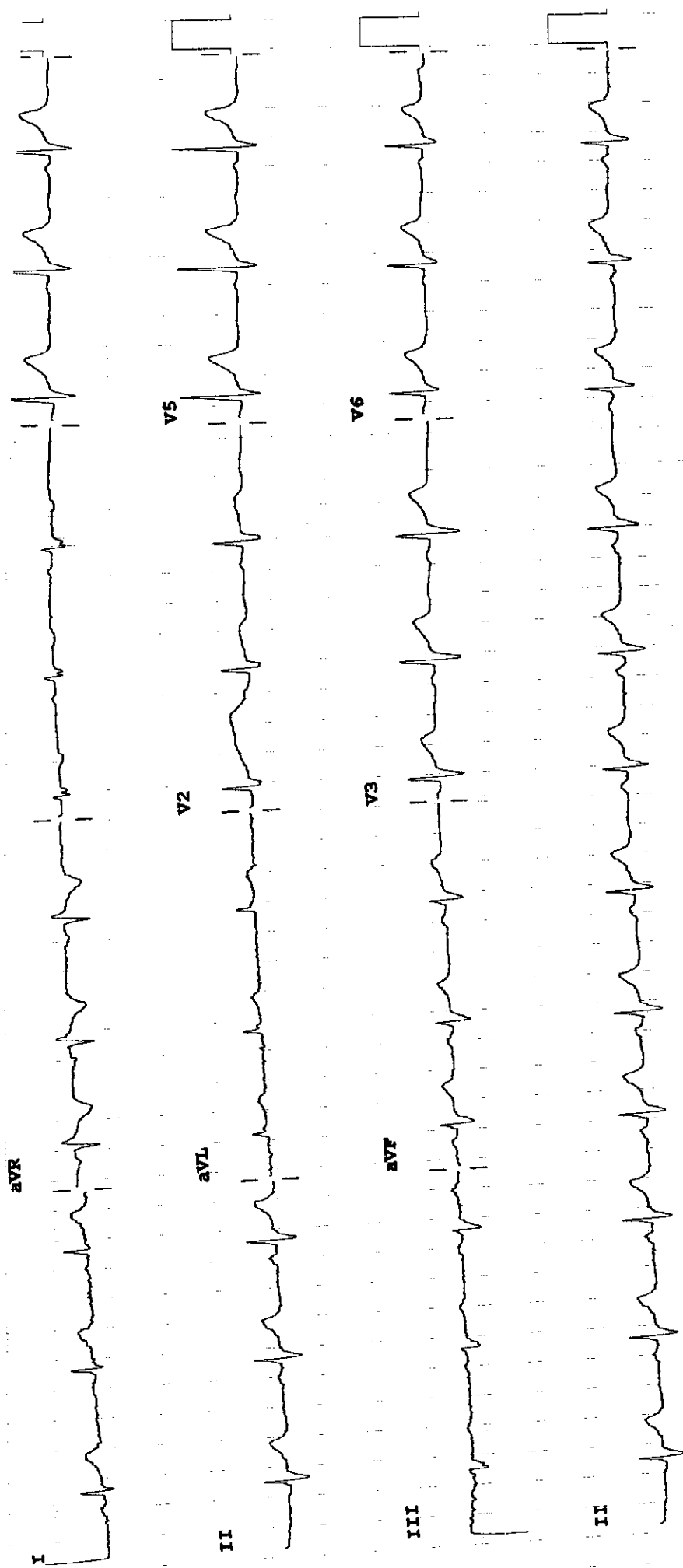
CARDIAC + IVSd (MM) 1.09 cm
S4-2 X LVIDd (MM) 4.26 cm
29Hz = LVIDs (MM) 1.04 cm
16cm □ IVSs (MM) 1.54 cm
△ LVIDs (MM) 2.76 cm
2D X LVIDs (MM) 1.50 cm



(G)
P A R
1.9 3.8



Print 1/6



F 50~ 0.50~ 40 Hz W PH100B CL P?

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

Device:

A 2W CE



ETERNAL HOSPITAL

Sanganer



Dr. Satyamvada Pandey
 MBBS, DGO, DNB (Obstetrics & Gynaecology)
 Senior Consultant - Obs. & Gynae.
 Reg. No. 37858/14453

Date & Time: 23/8, 3:49pm
 Patient Name: *Purnima*
 Age / Gen: *29 / F*
 UHID: *U0010853*

Provisional Diagnosis: *Health Checkup.*

Complaints: *White discharge*
no on & off
x 6-7 mts.

Medication Advice: *P.L. 1 FTND / 1 Feb / ADH / 6yrs*
MH - 4-5 DRNF
25-27
LMP - 4/8/24
PH - N/S
PH - N/S
 Drug Allergy: *N/S.*

Pain: Yes No

Physical Examination:

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

Systemic Examination:

IS: *HA - both non tender*
MS - curdy white discharge
 CNS: *PC - mild hyper*
trophied
 Respiratory System: *BT at RTV, N/S, P/m*
B/L Ax Pae, NT.

GI System : _____

Skin : _____

Investigation: _____

Pap's smear taken

1. Tab cetirizine 10mg ①
daily x 3 days.

2. T. Forcan 150mg ①
Tab 2 tabs

3. candid-B vaginal
 pessary x 6 nights.

Kenaw after periods/SS.
Abstinence for 7 days.

pu

Follow up: _____

Diet Advice: Normal Low Fat Diabetic Renal Low Salt



ETERNAL HOSPITAL

Sanganer



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

Date & Time: 23/01/2024
 Patient Name: Purnima Meena
 Age / Gen: 29 / F
 UHID:

Provisional Diagnosis:

Drug Allergy: No

Complaints:

Medication Advice:

Pain: Yes No

~ Decay in 28

Extraction in 28

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:

Follow up:

Diet Advice: Normal Low Fat Diabetic Renal Low Salt



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 : 40018855	Bill No : OPSCR24-25/16220
Patient Name : Mrs. PURNIMA KUMARI MEENA	Bill Date Time : 23/08/2024 9:28AM
Gender/Age : Female/29 Yr 8 Mth 3 Days	Payer : Mediwheel - Arcofemi Health Care Ltd.
Contact No : 7574844511	Sponsor : Mediwheel - Arcofemi Health Care Ltd.
Address : WARD NO -05 MALIYO KI DHANI IDGAH ROAD GANGAPUR CITY , SAWAIMADHOPUR, RAJASTHAN, INDIA	Presc. Doctor : Dr. EHS CONSULTANT
	Referred By :

Approval No : 111950

Co	Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
	PHC PACKAGES							
1	MediWheel Full Body Health Checkup Female Below 40	2850.00	1.00	2850.00	0.00	2850.00	0.00	0.00
	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 - 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							



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ROAD GANGAPUR CITY , Referred By :
SAWAIMADHOPUR, RAJASTHAN, INDIA

Approval No : 111950

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

Narration :

To View Investigation Result Login to
<http://patientportal.eternalsanganer.com/>
UserName:40018855
Password : Registered Mobile Number

PARUL SHARMA

Authorised Signatory