ETERNAL HOSPITAL
Sanganer

Mr. NEMI CHAND MEENA
40022225 Oct 21 2024 9:30AM
39 Yrs/Male OPSCR24-25/2444
Dr. EHS CONSULTANT
8003088087

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

Drug Allergy:

Provisional Diagnosis:

Pain : ☐ Yes ☐ No

Complaints:

Medication Advice:

Rx

(1) Inj VITABIQ 1 amp 1 x OD x 5d

(2) T HB-NO 20 V (T) 1 OD x 3 months

(3) Syp CALP-L 1 tsp BD) 1 month

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

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

ETERNAL HOSPITAL
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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. NEMI CHAND MEENA	**Lab No**	4058525
UHID	40022225	**Collection Date**	21/10/2024 9:47AM
Age/Gender	39 Yrs/Male	**Receiving Date**	21/10/2024 10:03AM
IP/OP Location	O-OPD	**Report Date**	21/10/2024 11:54AM
Referred By	Dr. EHS CONSULTANT	**Report Status**	Final
Mobile No.	8003088087		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
BLOOD GLUCOSE (FASTING)			Sample: Fl. Plasma
BLOOD GLUCOSE (FASTING)	101.3	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			Sample: Serum
T3	1.330	ng/mL	0.970 - 1.690
T4	7.17	ug/dl	5.53 - 11.00
TSH	1.49	µlU/mL	0.27 - 4.20

T3:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T3 is utilized in thediagnosis of T3-hyperthyroidism the detection of early stages ofhyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

T4:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T4 assay employs acompetitive test principle with an antibody specifically directed against T4.

TSH - THYROID STIMULATING HORMONE :- ElectroChemiLuminescenceImmunoAssay - ECLIA

Interpretation:-The determination of TSH serves as theinitial test in thyroid diagnostics. Even very slight changes in theconcentrations of the free thyroid hormones bring about much greater oppositechanges in the TSH levels.

LFT (LIVER FUNCTION TEST)			Sample: Serum
BILIRUBIN TOTAL	0.83	mg/dl	0.00 - 1.20
BILIRUBIN INDIRECT	0.54	mg/dl	0.20 - 1.00
BILIRUBIN DIRECT	0.29	mg/dl	0.00 - 0.30
SGOT	19.9	U/L	0.0 - 40.0
SGPT	14.6	U/L	0.0 - 41.0

RESULT ENTERED BY : SUNIL EHS

Abhinay Verma

Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

ETERNAL HOSPITAL
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BIOCHEMISTRY

TOTAL PROTEIN	7.3	g/dl	6.6 - 8.7
ALBUMIN	4.8	g/dl	3.5 - 5.2
GLOBULIN	2.5		1.8 - 3.6
ALKALINE PHOSPHATASE	56	U/L	40 - 129
A/G RATIO	1.9	Ratio	1.5 - 2.5
GGTP	13.0	U/L	10.0 - 60.0

BII TBIN TOTAL :- Method: DPD assay. Interpretation:-Total Bilirubin measurements are used in the diagnosis and treatment of ious liver diseases, and of haemolytic and metabolic disorders in adults and newborns. Both obstruction damage to hepatocellular structive.
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: Enzymetic colorimetric assay. Interpretation:-y-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	147.0		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	57.1		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	87.5		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	13	mg/dl	10 - 50

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BIOCHEMISTRY

TRIGLYCERIDES	67.0		Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
CHOLESTEROL/HDL RATIO	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 enzymetic 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 form 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 triglycerde 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	**9.30 L**	mg/dl	16.60 - 48.50
BUN	**4 L**	mg/dl	6 - 20
CREATININE	0.73	mg/dl	0.70 - 1.20
SODIUM	142	mmol/L	136 - 145
POTASSIUM	4.05	mmol/L	3.50 - 5.50
CHLORIDE	104.9	mmol/L	98 - 107
URIC ACID	4.3	mg/dl	3.4 - 7.0
CALCIUM	9.75	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. Intrpretation:-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.
URE*:- 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.

Sample: WHOLE BLOOD EDTA

HBA1C	4.8	%	< 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 : - Turbidimetric inhibition immunoassay (TINIA), **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.

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BLOOD BANK INVESTIGATION

Test Name	Result	Unit	Biological Ref. Range
BLOOD GROUPING	"AB" Rh Positive		

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
URINE SUGAR (RANDOM)			Sample: Urine
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE
			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	1.010		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	1-2	/hpf	0 - 3
RBCS/HPF	0-0	/hpf	0 - 2
EPITHELIAL CELLS/HPF	1-2	/hpf	0 - 1
CASTS	NIL		NIL
CRYSTALS	NIL		NIL
BACTERIA	NIL		NIL
OHTERS	NIL		NIL

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ethodology:-Glucose: GOD-POD, Bilirubin: Diazo-Azo-coupling reaction with a diazonium, Ketone: Nitro Pruside reaction, pecific Gravity: Proton release from ions, Blood: Psuedo-Peroxidase activity oh Haem moiety, pH: Methye Red-Bromothymol lue (Double indicator system), Protein: H+ Release by buffer, microscopic & chemical method.. interpretation: Diagnosis f Kidney function, UTI, Presence of Protein, Glucoses, Blood. Vocubulary syntax: Kit insert

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HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
			Sample: WHOLE BLOOD EDTA
HAEMOGLOBIN	13.6	g/dl	13.0 - 17.0
PACKED CELL VOLUME(PCV)	40.3	%	40.0 - 50.0
MCV	**102.0 H**	fl	82 - 92
MCH	**34.4 H**	pg	27 - 32
MCHC	33.7	g/dl	32 - 36
RBC COUNT	**3.95 L**	millions/cu.mm	4.50 - 5.50
TLC (TOTAL WBC COUNT)	6.52	10^3/ uL	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	44.8	%	40 - 80
LYMPHOCYTE	**45.1 H**	%	20 - 40
EOSINOPHILS	4.0	%	1 - 6
BASOPHIL	**0.3 L**	%	1 - 2
MONOCYTES	5.8	%	2 - 10
PLATELET COUNT	2.46	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 bysysmex.
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
LYMPHOCYTS :- 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: CH- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

ESR (ERYTHROCYTE SEDIMENTATION RATE)	**25 H**	mm/1st hr	0 - 15

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

End Of Report

RESULT ENTERED BY : SUNIL EHS

ETERNAL HOSPITAL
Sanganer

DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40022225 (42047)	**RISNo./Status :**	4058525/
Patient Name :	Mr. NEMI CHAND MEENA	**Age/Gender :**	39 Y/M
Referred By :	Dr. EHS CONSULTANT	**Ward/Bed No :**	OPD
Bill Date/No :	21/10/2024 9:30AM/ OPSCR24-25/24442	**Scan Date :**	
Report Date :	21/10/2024 1:57PM	**Company Name:**	Final

REFERRAL REASON: HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal			Normal
IVSD	**10.9**	**6-12mm**	**LVIDS**	**25.8**	**20-40mm**
LVIDD	**42.2**	**32-57mm**	**LVPWS**	**18.1**	**mm**
LVPWD	**10.4**	**6-12mm**	**AO**	**29.9**	**19-37mm**
IVSS	**16.3**	**mm**	**LA**	**32.6**	**19-40mm**
LVEF	**60-62**	**>55%**	**RA**	**-**	**mm**

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
MITRAL VALVE	NORMAL	E	0.99	e'	-	-	NIL
		A	0.57	E/e'	-		
TRICUSPID VALVE	NORMAL	E		0.62		-	NIL
		A		0.50			
AORTIC VALVE	NORMAL	1.11				-	NIL
PULMONARY VALVE	NORMAL	0.67				-	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
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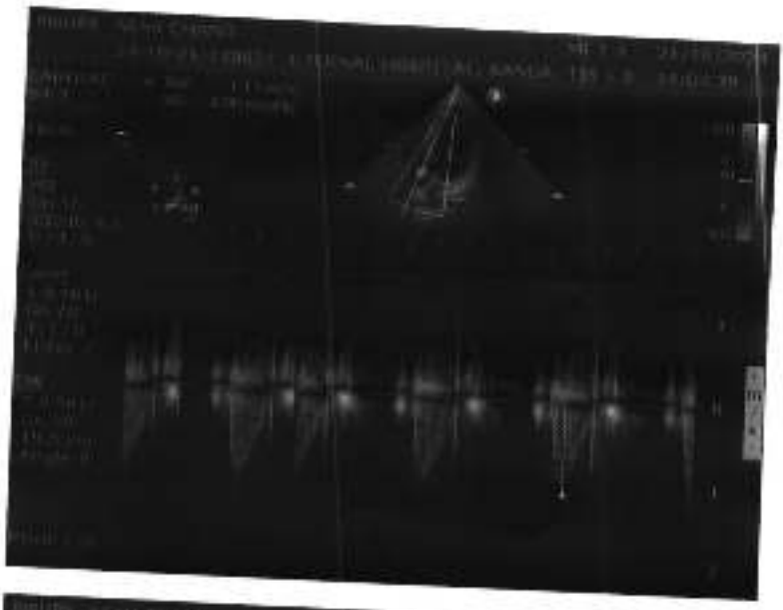
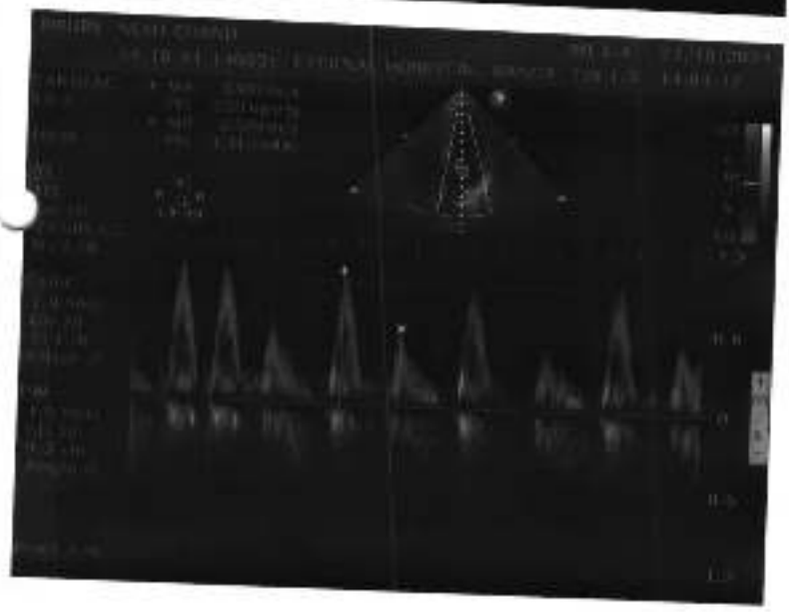
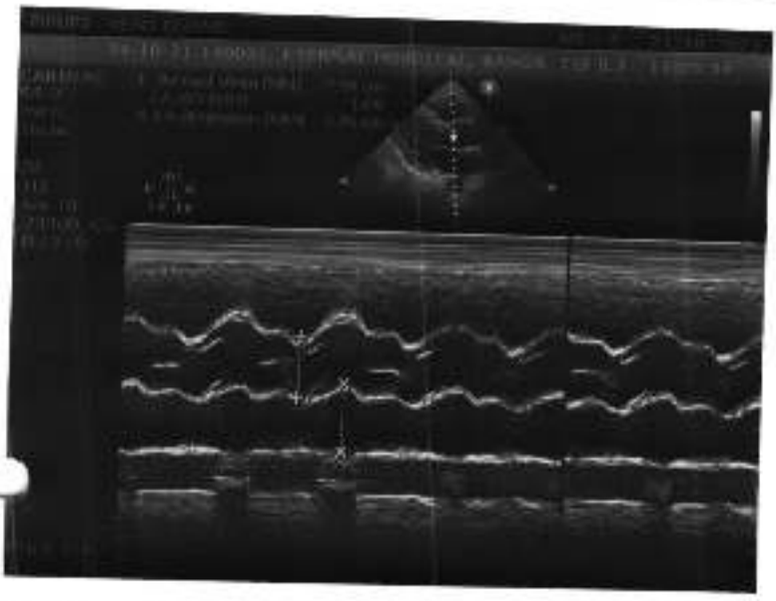
DIRECTOR & INCHARGE CARDIOLOGY

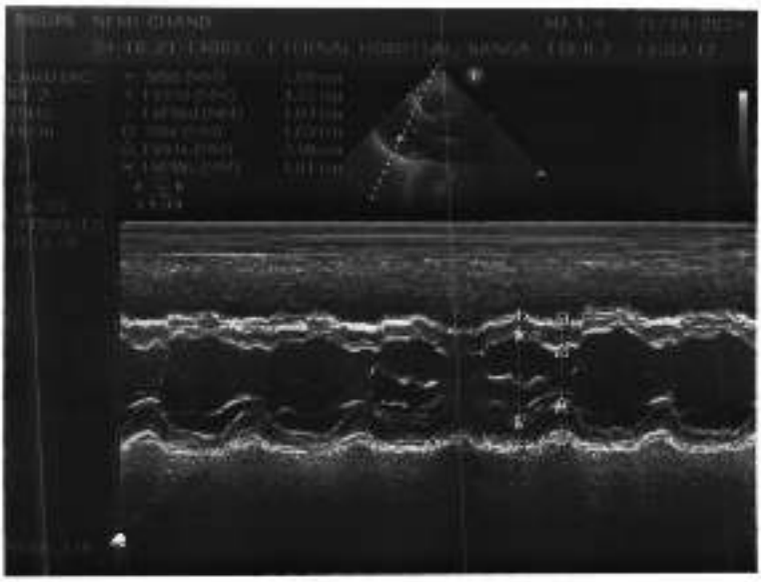
DR MEGHRAJ MEENA
MBBS, SONOLOGIST FICC, CONSULTANT PREV. CARDIOLOGY & INCHARGE CCU

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









ETERNAL HOSPITAL
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DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40022225 (42017)	RISNo./Status :	4058525/
Patient Name :	Mr. NEMI CHAND MEENA	Age/Gender :	39 Y/M
Referred By :	Dr. EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	21/10/2024 9:30AM/ OPSCR24-25/24442	Scan Date :	
Report Date :	21/10/2024 10:46AM	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.

Prostate: Is normal in size and echotexture.

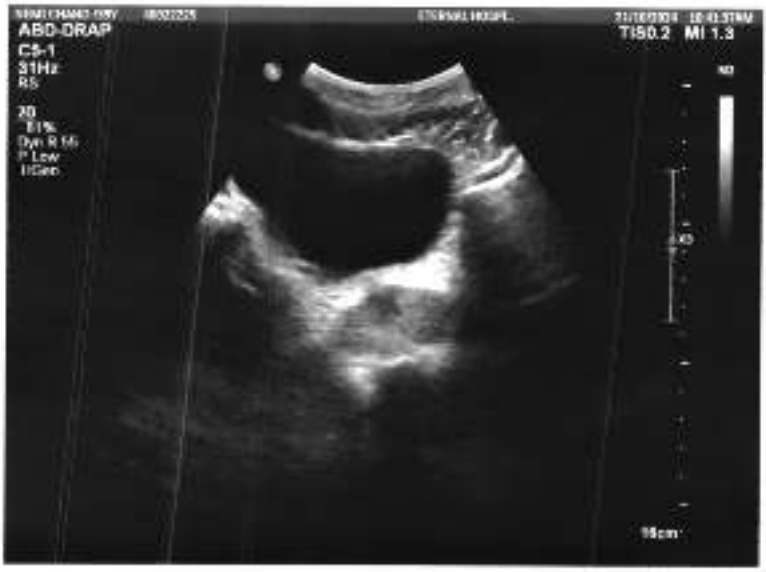
Others: No significant free fluid is seen in pelvic peritoneal cavity.

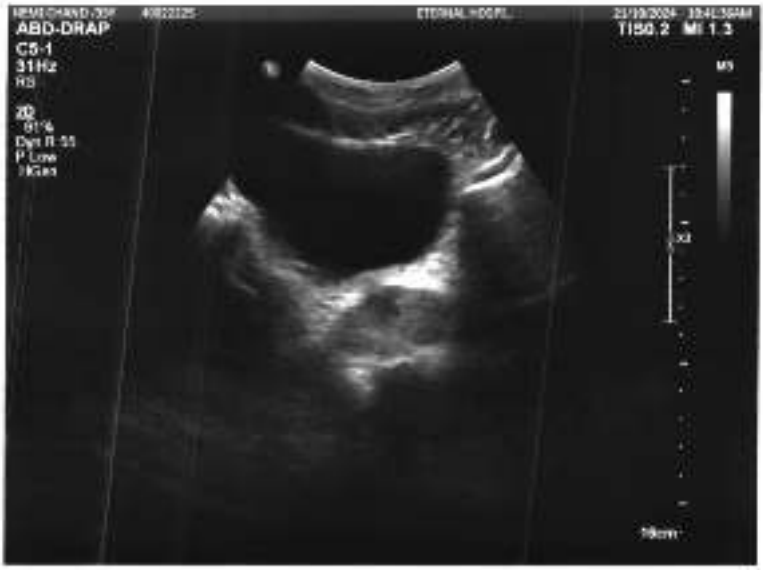
IMPRESSION: USG findings are suggestive of

- **No obvious significant sonographic abnormality noted.**

Correlate clinically & with other related investigations.

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


ABD-DRAP
C5-1
31Hz
TIS0.2 MI 1.3
15cm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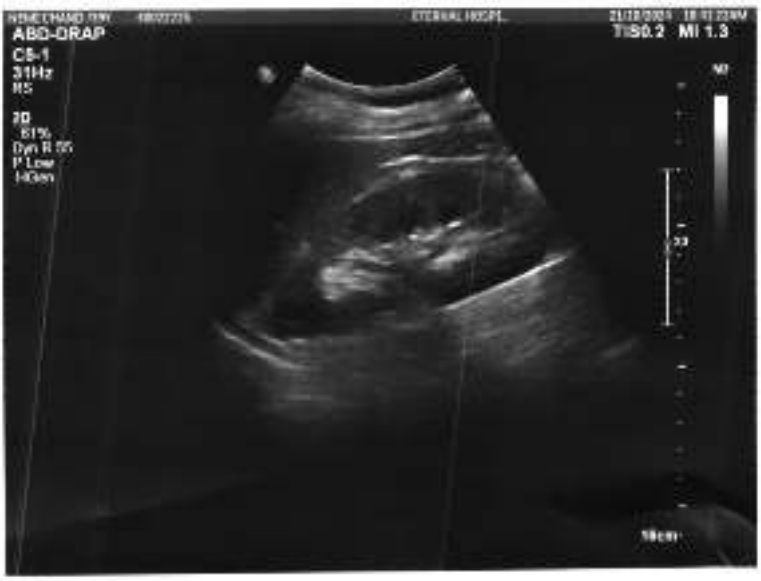
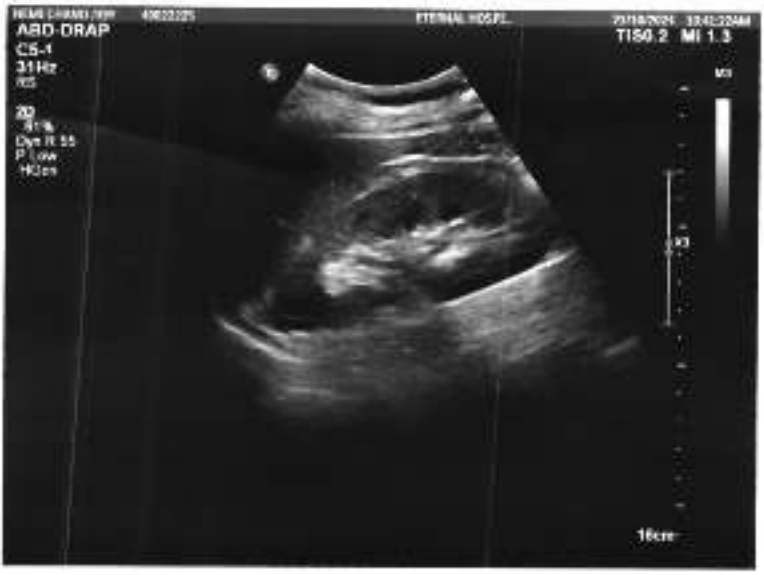
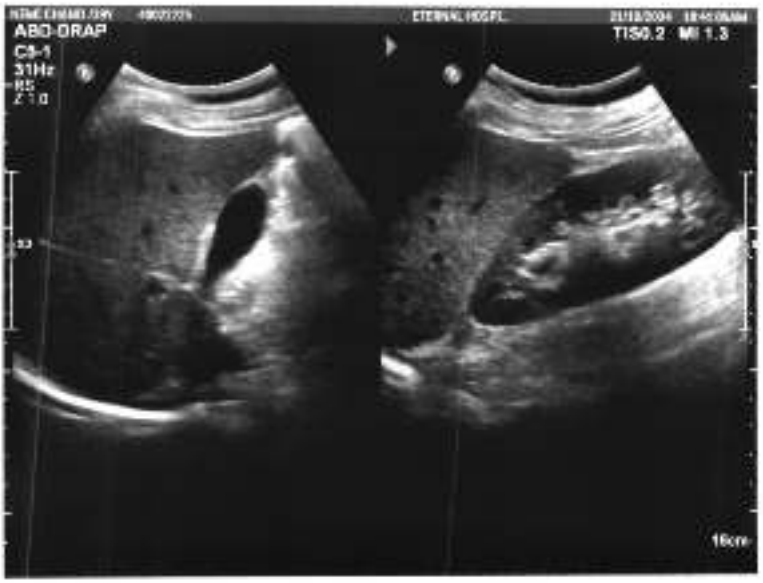
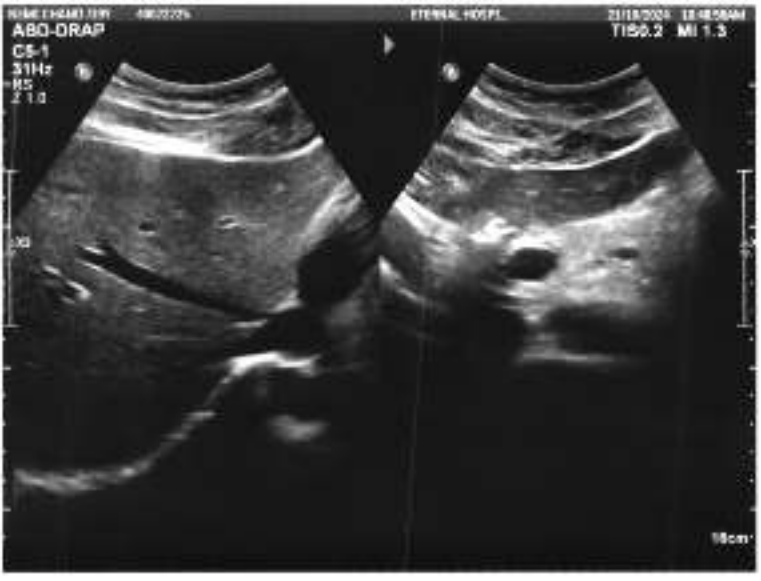

ABD-DRAP
C5-1
31Hz
TIS0.2 MI 1.3
15cm


ABD-DRAP
C5-1
31Hz
TIS0.2 MI 1.3
16cm


ABD-DRAP
C5-1
31Hz
TIS0.2 MI 1.3
16cm


ABD-DRAP
C5-1
31Hz
TIS0.2 MI 1.3
16cm

ETERNAL HOSPITAL
Sanganer

Mr. NEMI CHAND MEENA
40022225 Oct 21 2024 9:30AM
39 Yrs/Male OPSCR24-25/2444
Dr. EHS CONSULTANT
8003058087

Pati
UHI
Age

OUT-PATIENT / DAYCARE - INITIAL ASSESSMENT FORM

Chief Complaints: Medi wheel full body Package

Communicable disease (if any): No

Vital Sign: SpO2: 100 / Pulse: 67 BP: 133 / 85 Height: ____ cms Weight: 58 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 : N EDD: N Oedema: Yes/No NA ☐

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

1. Self 2. ____

Name: Tanuj Sign: Tanuj Emp-Id: 1185 Date: 21/10/24 Time: 9:36

EHS/NUR/OIA/01/Rev:0

21-Oct-24 9:36:41 AM

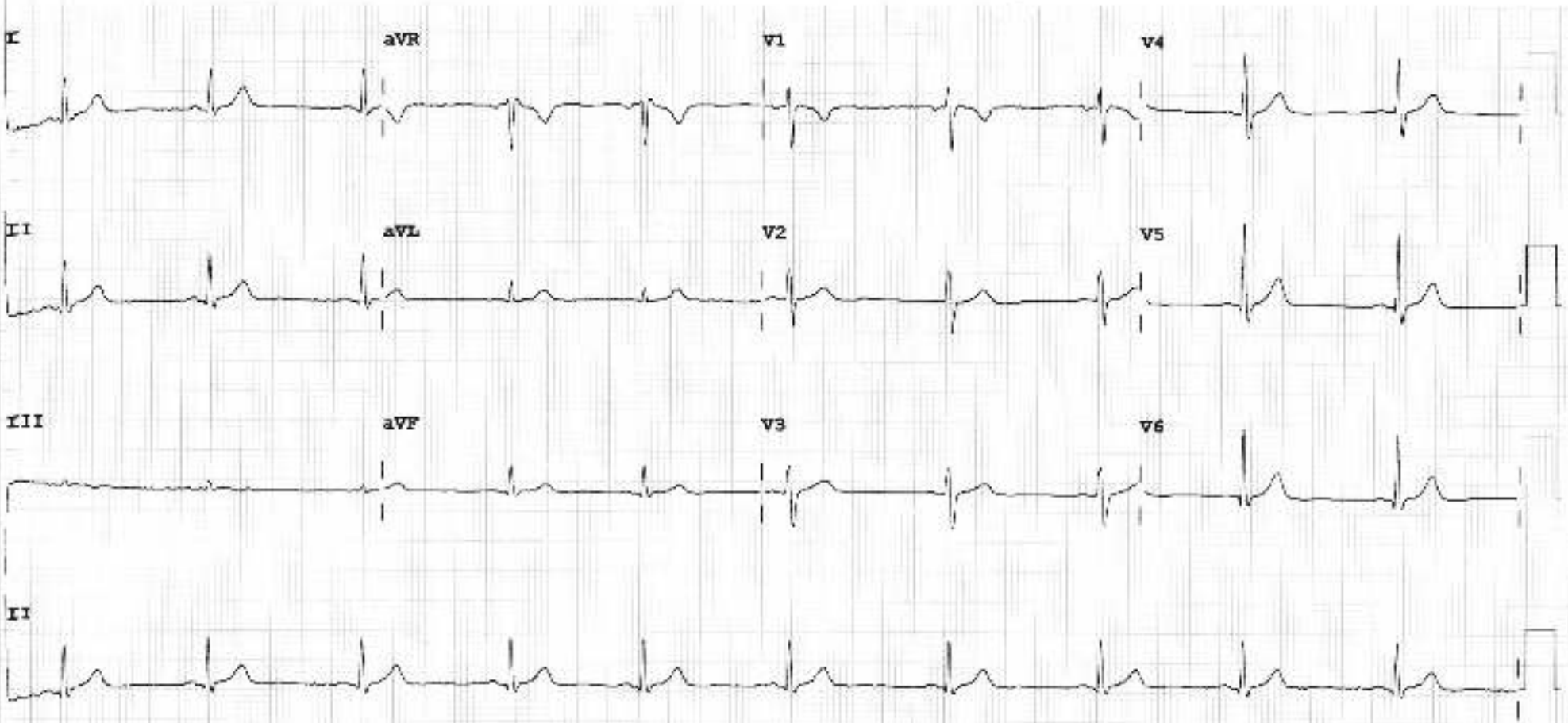
Rate	61	. Age not entered, assumed to be 50 years old for purpose of ECG interpretation
		. Sinus rhythm
PR	126	. ST elev, probable normal early repol pattern
QRSD	94	. Baseline wander in lead(s) I,II,aVR,aVL,V2,V4
QT	356	
QTc	359	

--AXIS--

P	29
QRS	42
T	28

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?