



OUT-PATIENT INITIAL ASSESSMENT FORM

Chief Complaints: Medi wheel Full body check-up

Communicable disease (if any): NO

Vital Sign: SpO2: 98% Pulse: 77 BP: 130/81 Height: 179 cms Weight: 76 Kgs

Allergies: Yes No If yes specify: unknow

Psychosocial:

Alcohol Intake: Yes 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 die

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: X EDD: X Oedema: Yes/No NA

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

1. Self 2.

Name: Kanish Sign: Kanish Emp-id: 1165 Date: 18/1/24 Time: 9:30 A

FALL RISK ASSESSMENT (MODIFIED MORSE SCALE): ADULT

Variables	Numeric Value	
History of Falling	No	0
	Yes	25
Secondary Diagnosis / Elimination Problem	No	0
	Yes	15
Ambulatory Aid None/ bed rest/ nurse assist Crutches / cane/ walker Furniture		0
		15
		30
CNS/ CVS Medication	No	0
	Yes	20
Gait Normal/ bed rest/ wheel chair Weak Impaired		0
		10
		20
Mental Status Oriented to own stability Overestimated or forgets limitations		0
		15
Total Score		

0-24: Low-risk 25-44: Medium Risk* Above 45 : High Risk**

Interventions for Low Risk

- Orient the patient about the immediate surroundings
- Attendant are instructed to accompany the patient.

***Interventions for Medium Risk**

Follow low risk interventions plus

- Place yellow tag on the wheel chair / Stretcher.
- Assist the patient while using washroom.
- Keep the wheel chair locked and apply belt.

**** Interventions for High Risk**

Follow low & Medium Risk interventions plus

- Place red color tag on the wheel chair / Stretcher.
- Need continuous supervision / assistance.

FALL RISK ASSESSMENT (THE HUMPTY DUMPTY SCALE) PEDIATRIC

Parameter	Criteria	Score
Age	Less than 3 years old	4
	3 to less than 7 years old	3
	7 to less than 13 years old	2
	13 years and older	1
Gender	Male	2
	Female	1
Diagnosis	Neurological Diagnosis	4
	Alterations in oxygenation (respiratory diagnosis, dehydration, anemia, anorexia, syncope/ dizziness, etc.)	3
	Psychiatric/ behavioural disorders	2
	Other Diagnosis	1
Cognitive Impairments	Not aware of limitations	3
	Forgets limitations	2
	Oriented to own ability	1
Environmental Factors	History of falls or infant –toddler placed in bed	4
	Patient uses assistive devices or infant-toddler in crib or furniture/ lighting	3
	Patient placed in bed	2
	Outpatient Area	1
Response to Surgery/ Sedation/ Anesthesia	Within 24 hours	3
	Within 48 hours	2
	More than 48 hours/ None	1
Medication Usage	Multiple usage of: Sedatives (excluding ICU patients sedated and paralyzed) Hypnotics, Barbiturates, Phenothiazines, Antidepressants, Laxatives/Diuretics, Narcotics	3
	One of the medicines listed above	2
	Other medications/ None	1

Total Score: _____

0-11: Low-risk
12 or above: High Risk

Interventions for Low Risk

- Orient the patient/attendant to surroundings
- Keep the wheel chair locked & apply belt
- Attendant are instructed to be with patient
- Assistant with patient while using Washroom

Interventions for High Risk

Follow low Risk interventions plus

- Place the red tag for fall prevention at Wheel chair / Stretcher
- Family Companion instructed to be present with patient
- Need continues Supervision/ Assistance



ETERNAL HOSPITAL Sanganer



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

Mr. LOKESH KUMAR MEENA
40009472 Jan 18 2024 9:2AM
30 Yrs/Male OPSCR23-24-1128
EHS CONSULTANT
6413148913

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

Pain: Yes No

- Tobacco chewer
- Congenital myasthenus

Physical Examination:

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

Rx
① Rx NIBURONONE PLUS 100

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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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY



Patient Name	Mr. LOKESH KUMAR MEENA	Lab No	4020643
UHID	40009472	Collection Date	18/01/2024 9:31AM
Age/Gender	30 Yrs/Male	Receiving Date	18/01/2024 10:12AM
IP/OP Location	O-OPD	Report Date	18/01/2024 11:38AM
Referred By	EHS CONSULTANT	Report Status	Final
Mobile No.	9413146913		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
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BLOOD GLUCOSE (FASTING)

Sample: Fl. Plasm

BLOOD GLUCOSE (FASTING)	69.3 L	mg/dl	74 - 106
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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

Sample: Seru

T3	1.480	ng/mL	0.970 - 1.690
T4	8.45	ug/dl	5.53 - 11.00
TSH	1.32	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)

Sample: Seru

BILIRUBIN TOTAL	0.47	mg/dl	0.00 - 1.20
BILIRUBIN INDIRECT	0.30	mg/dl	0.20 - 1.00
BILIRUBIN DIRECT	0.17	mg/dl	0.00 - 0.40
SGOT	57.1 H	U/L	0.0 - 40.0
SGPT	54.1 H	U/L	0.0 - 40.0

RESULT ENTERED BY : SUNIL EHS

Dr. ABHINAV VERMA

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BIOCHEMISTRY

TOTAL PROTEIN	7.6	g/dl	6.6 - 8.7
ALBUMIN	5.1	g/dl	3.5 - 5.2
GLOBULIN	2.5		1.8 - 3.6
ALKALINE PHOSPHATASE	57.3	U/L	53 - 128
A/G RATIO	2.0	Ratio	1.5 - 2.5
GGT	47.1	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(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: Bistat 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 disorders.

ALBUMIN :- Method: Colorimetric (BCP) assay. Interpretation:-For Diagnosis and monitoring of liver diseases, e.g. liver cirrhosis, nutritional status.

ALKALINE PHOSPHATASE :- Method: Calorimetric 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:- 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	165		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	64.7		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	85.8		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	17	mg/dl	10 - 50

RESULT ENTERED BY : SUNIL EHS

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BIOCHEMISTRY

TRIGLYCERIDES	85.1		Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
CHOLESTEROL/HDL RATIO	2.6	%	

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	9.70 L	mg/dl	16.60 - 48.50
BUN	4.5 L	mg/dl	6 - 20
CREATININE	0.74	mg/dl	0.60 - 1.10
SODIUM	138.6	mmol/L	136 - 145
POTASSIUM	4.03	mmol/L	3.50 - 5.50
CHLORIDE	101.2	mmol/L	98 - 107
URIC ACID	5.1	mg/dl	3.5 - 7.2
CALCIUM	10.04	mg/dl	8.60 - 10.30

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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 secretion 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 and kidney reabsorption.
POTASSIUM :- Method: ISE electrode. Interpretation:-Low level: Intake excessive ions form body due to diarrhea, vomiting, renal failure. High level: Dehydration, shock severe burns, DKA, renal failure.
CHLORIDE - SERUM :- Method: ISE electrode. Interpretation:-Decrease: reduced dietary intake, prolonged vomiting and reduced renal reabsorption as well as form of acidosis 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-Cresolphthalazine complexes. 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, sepsis, and pancreatitis.

RESULT ENTERED BY : SUNIL EHS

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Page: 4 Of 9

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Referred By	EHS CONSULTANT	Report Status	Final
Mobile No.	9413146913		

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	1.000		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	

RESULT ENTERED BY : SUNIL EHS

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HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
CBC (COMPLETE BLOOD COUNT)			
HAEMOGLOBIN	14.3	g/dl	13.0 - 17.0
PACKED CELL VOLUME(PCV)	44.7	%	40.0 - 50.0
MCV	89.2	fl	82 - 92
MCH	28.5	pg	27 - 32
MCHC	32.0	g/dl	32 - 36
RBC COUNT	5.01	millions/cu.mm	4.50 - 5.50
TLC (TOTAL WBC COUNT)	5.11	10 ³ /uL	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	62.4	%	40 - 80
LYMPHOCYTE	27.8	%	20 - 40
EOSINOPHILS	2.0	%	1 - 6
MONOCYTES	7.2	%	2 - 10
BASOPHIL	0.6 L	%	1 - 2
PLATELET COUNT	1.52	lakh/cumm	1.500 - 4.500

Sample: WHOLE BLOOD EDTA

HAEMOGLOBIN :- Method:-GIL Diffusion/Methodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia.
MCV :- Method:- Calculation byspssw.
MCH :- Method:- Calculation byspssw.
MCHC :- Method:- Calculation byspssw.
RBC COUNT :- Method:-Hydrodynamicfocusing.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:-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)	10	mm/1st hr	0 - 15
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RESULT ENTERED BY : SUNIL EHS

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Referred By	EHS CONSULTANT	Report Status	Final
Mobile No.	9413146913		

X Ray

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

OBSERVATION:

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
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RADIOLOGIST

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Page: 3 Of 3

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Patient Name	Mr. LOKESH KUMAR MEENA	Lab No	608848
UHID	335147	Collection Date	18/01/2024 10:39AM
Age/Gender	30 Yrs/Male	Receiving Date	18/01/2024 10:40AM
IP/OP Location	O-OPD	Report Date	18/01/2024 11:00AM
Referred By	Dr. GHCC Consultant	Report Status	Final
Mobile No.	9773349797		




BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
HbA1C	5.6	%	<p>Sample: WHOLE BLOOD EDTA</p> <p>< 5.7% Nondiabetic 5.7-6.4% Pre-diabetic > 6.4% Indicate Diabetes</p> <p>Known Diabetic Patients < 7% Excellent Control 7-8% Good Control > 8% Poor Control</p>

Method: High-performance liquid chromatography HPLC
 Interpretation: For long term glycaemic control, testing every 3 to 4 months is generally sufficient.
 No definite relationship between HbA1C and mean blood glucose values during the preceding 2 to 3 months.

****End Of Report****

RESULT ENTERED BY: Mr. PANKAJ SHUKLA


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Dr. ASHISH SHARMA
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DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40009472 (1401)	RISNo./Status :	4020643/
Patient Name :	Mr. LOKESH KUMAR MEENA	Age/Gender :	30 Y/M
Referred By :	EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	18/01/2024 9:12AM/ OPSCR23-24/11283	Scan Date :	
Report Date :	18/01/2024 10:38AM	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:	Partially distended. Visualized lumen is clear. 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, measuring approx. 15-16cc in volume.
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. RENU JADIYA
Consultant – Radiology
MBBS, DNB

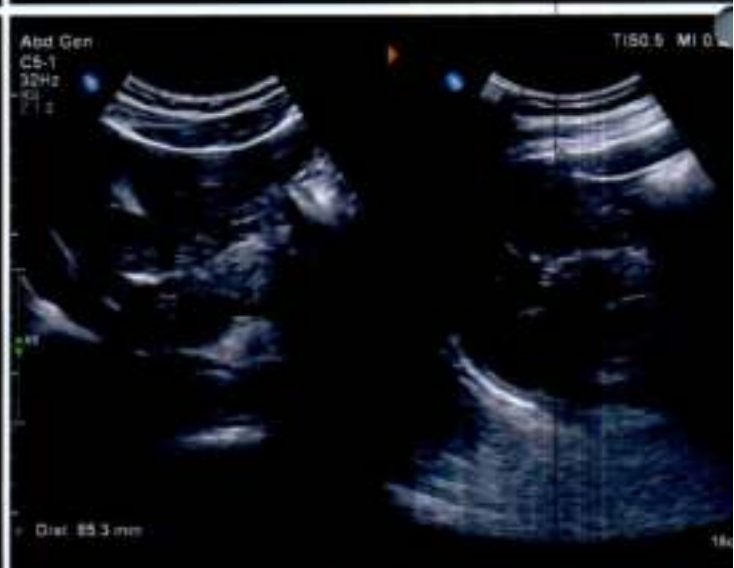
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DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40009472 (1401)	RISNo./Status :	4020643/
Patient Name :	Mr. LOKESH KUMAR MEENA	Age/Gender :	30 Y/M
Referred By :	EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	18/01/2024 9:12AM/ DPSCR23-24/11283	Scan Date :	
Report Date :	18/01/2024 11:53AM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS:-

		Normal		Normal
IVSD	9.6	6-12mm	LVIDS	27.0
LVIDD	40.0	32-57mm	LVPWS	16.9
LVPWD	10.6	6-12mm	AO	31.8
IVSS	18.8	mm	LA	36.6
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	1.06	e'	-	-	NIL
		A	0.48	E/e'	-		
TRICUSPID VALVE	NORMAL	E	0.68		-	NIL	
		A	0.46				
AORTIC VALVE	NORMAL	1.21				-	NIL
PULMONARY VALVE	NORMAL	0.81				-	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 IV'S/IAS

IMPRESSION:- NORMAL BI VENTRICULAR FUNCTIONS

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


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Page 1 of 1

Rate 61 . Age not entered, assumed to be 50 year old for purpose of ECG interpretation

. Sinus rhythm

PR 145 . Abnormal R-wave progression, early transition

QRSD 84 . Baseline wander in lead(s) V2

QT 353
QTc 356

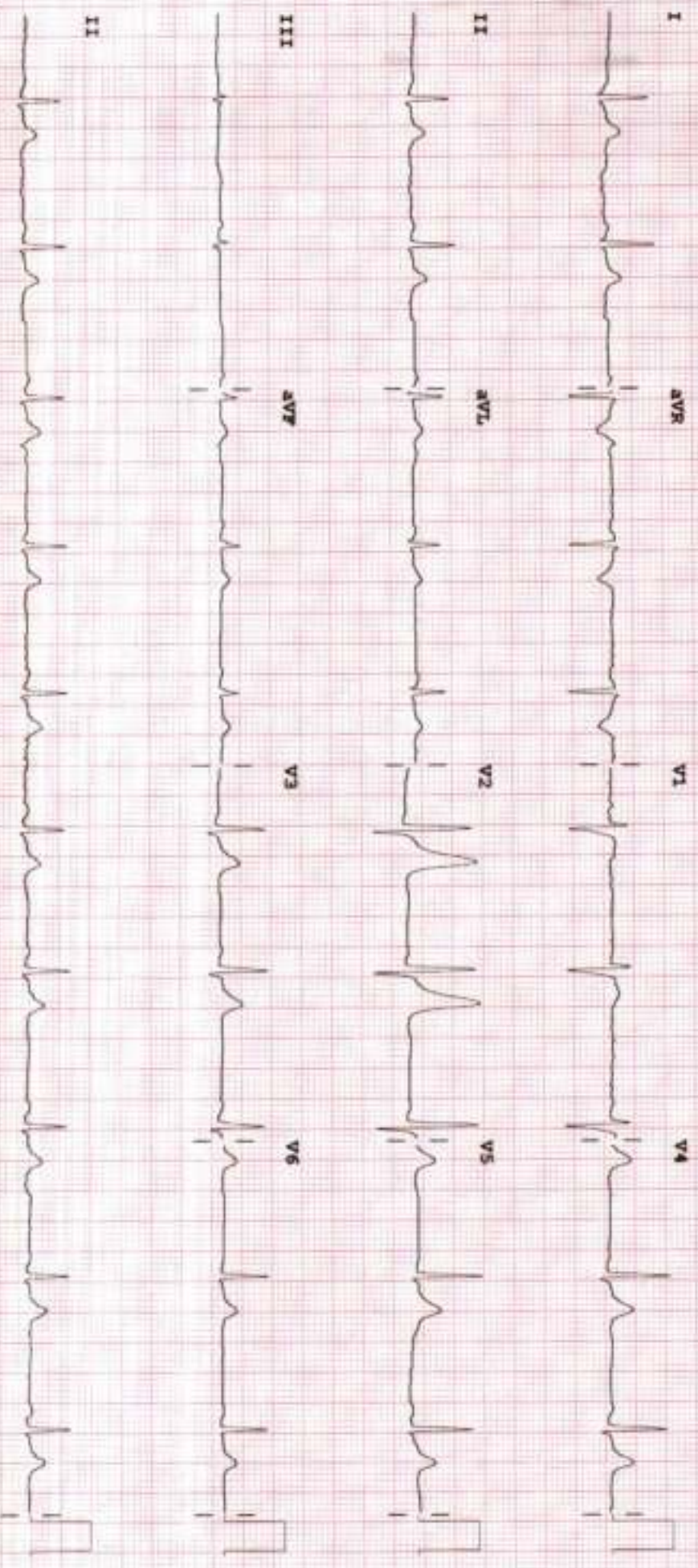
--AXIS--

P 34
QRS 33

T 30

12 Lead: Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Temp: 10 mm/mV

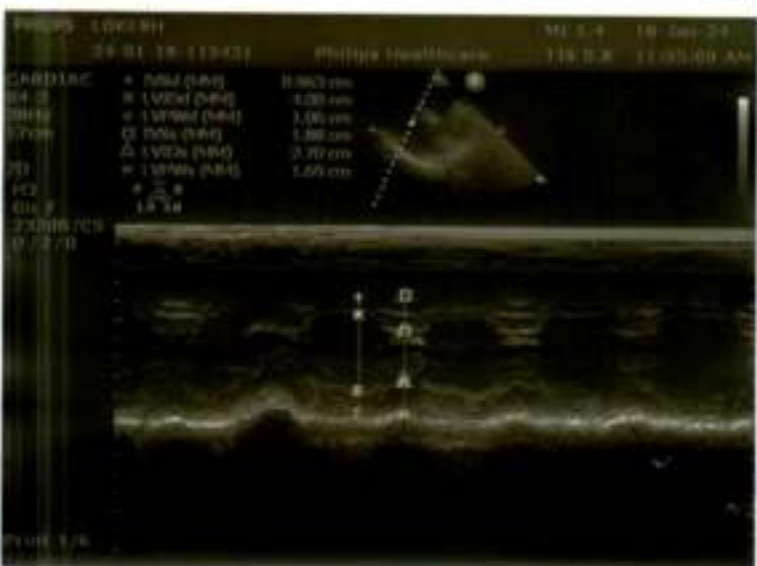
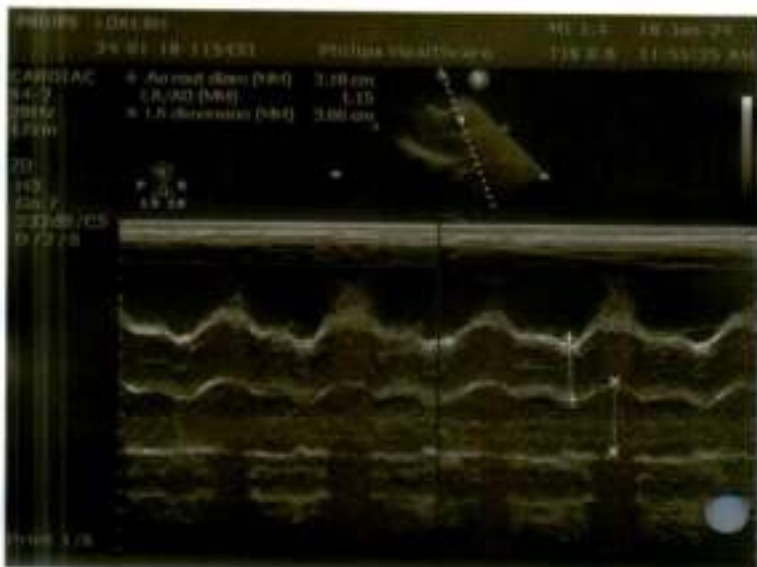
Chest: 10.0 mm/mV

P 50-0.50-40 Hz W

PH100B CL

P2

Ac-W CE







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E-mail : corporate.marketing@eternalheart.org Website: www.eternalhospital.com

GST : 08AAATE9596K1ZZ HSN/SAC : 999311

Credit Bill

Reg No : 40009472 Bill No : OPSCR23-24/11283
Patient Name : Mr. LOKESH KUMAR MEENA Bill Date Time : 18/01/2024 9:12AM
Gender/Age : Male/30 Yr 8 Mth 22 Days Payer : Mediwheel - Arcofemi Health Care Lt
Contact No : 9413146913 Sponsor : Mediwheel - Arcofemi Health Care Lt
Address : NANGAL JHAMARWARA , DAUSA, RAJASTHAN, INDIA Presc. Doctor : Dr. EHS CONSULTANT
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	3MT 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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RAJASTHAN, INDIA Referred By :
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:40009472
Password : Registered Mobile Number

NEETU PHULWARI
Authorised Signatory