



ETERNAL HOSPITAL

Sanganer



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

Date & Time: 21/08/24
 Patient Name: MANNA
 Age / Gen: 34/F
 UHID:

Provisional Diagnosis: for health check

Drug Allergy: MDA

Pain: Yes No

Complaints:

No gynec complaint

Medication Advice:

Imp - 16/08/24, Delayed cycle.
 9/4 - PZL3, all ID, KB - 4/4
 A1 - MDA - 200 - 10

Az - RA Regumet -

Physical Examination:

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

CUNSON FORTE PIV 100 x 60 mg
 (2LA 51 500mg)

- Cap DOR-22 (100mg) PO BD x 14 Day

- Cap Paracetamol - DSR keep only weekly

- Tab METRO (Group) PO TDS x 5 Day

- Tab ENOSET (4g) PO TDS x 5 Day

- Tab ENOSET 100 PO TDS x 5 Day

Systemic Examination:

CVS: /
 CNS: /

hyperthyroid
 heavy vaginal
 discharge

Respiratory System:

Bp normal
 tenders

GI System:

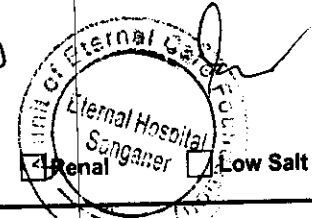
Skin: /

Investigation:

Pap's smear

Follow up: 4/9/24

Diet Advice: Normal Low Fat Diabetic





ETERNAL HOSPITAL

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

Date & Time _____
 Patient Name: Mamta Meu
 Age / Gen: 34/F
 UHID: _____

Provisional Diagnosis:

Drug Allergy: No

Complaints:

Medication Advice:

Pain: Yes No

Decay in 38,
46.

Rest canal in 46.

Extraction in 38.

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



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

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

MARITA
 HF 32yr

Pain: Yes No

Fundus Ex: NORMAL Bot L Eye

Physical Examination:

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

DV - Rt Eye S/L
 Lt Eye S/L
 NV - Rt Eye N/L
 Lt Eye N/L
 Colours vision normal

Systemic Examination:

CVS : _____

CNS : _____

Respiratory System : _____

GI System : _____

Skin : _____

Investigation:

Follow up:

Diet Advice: Normal Low Fat Diabetic Renal Low Salt

Dr. Narish Chandra Mittal
 Consultant - Ophthalmology
 MBBS / MS
 Reg. No. 8438
 Eternal Hospital Sanganer, Jaipur



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 : 40018765 Bill No : OPSCR24-25/16011
Patient Name : Mrs. MAMTA KUMARI MEENA Bill Date Time : 21/08/2024 10:16AM
Gender/Age : Female/34 Yr 3 Mth 3 Days Payer : Mediwheel - Arcofemi Health Care Ltd.
Contact No : 9414253462 Sponsor : Mediwheel - Arcofemi Health Care Ltd.
Address : GOLA KA BAS , LOTWARA , 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 | | | | | | | | |
| 1 | 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 | TM 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) | | | | | | | |
| 7 | 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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RAJASTHAN, INDIA Referred By :

Approval No :

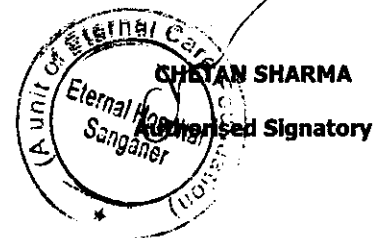
| SNo | Particulars | Rate | Unit | Total | Disc. | Net Amt | Pat Amt | Payer Amt |
|-----|-----------------------------|------|------|-------|-------|---------|---------|-----------|
| 20 | THYROID T3 T4 TSH | | | | | | | |
| 21 | URINE SUGAR (POST PRANDIAL) | | | | | | | |
| 22 | URINE SUGAR (RANDOM) | | | | | | | |
| | 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:40018765
Password : Registered Mobile Number





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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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| Referred By | Dr. EHS CONSULTANT | Report Status | Final |
| Mobile No. | 9414253462 | | |

BIOCHEMISTRY

| Test Name | Result | Unit | Biological Ref. Range | Sample: FI, Plasma |
|--|---------|-------|-----------------------|--------------------|
| BLOOD GLUCOSE (FASTING) | | | | |
| BLOOD GLUCOSE (FASTING) | 115.1 H | mg/dl | 71 - 109 | |
| Method: Hexokinase assay. Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases. | | | | |

| Test Name | Result | Unit | Biological Ref. Range | Sample: Serum |
|--------------------------|--------|--------|-----------------------|---------------|
| THYROID T3 T4 TSH | | | | |
| T3 | 1.170 | ng/mL | 0.970 - 1.690 | |
| T4 | 6.55 | ug/dl | 5.53 - 11.00 | |
| TSH | 0.82 | 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.

| Test Name | Result | Unit | Biological Ref. Range | Sample: Serum |
|----------------------------------|--------|-------|-----------------------|---------------|
| LFT (LIVER FUNCTION TEST) | | | | |
| BILIRUBIN TOTAL | 0.28 | mg/dl | 0.00 - 1.20 | |
| BILIRUBIN INDIRECT | 0.11 L | mg/dl | 0.20 - 1.00 | |
| BILIRUBIN DIRECT | 0.17 | mg/dl | 0.00 - 0.30 | |
| SGOT | 22.7 | U/L | 0.0 - 32.0 | |
| SGPT | 28.4 | U/L | 0.0 - 33.0 | |

RESULT ENTERED BY : NEETU SHARMA

Abhinay Verma

Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

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

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BIOCHEMISTRY

| | | | |
|----------------------|------|-------|------------|
| TOTAL PROTEIN | 8.4 | g/dl | 6.6 - 8.7 |
| ALBUMIN | 5.2 | g/dl | 3.5 - 5.2 |
| GLOBULIN | 3.2 | | 1.8 - 3.6 |
| ALKALINE PHOSPHATASE | 93 | U/L | 35 - 104 |
| A/G RATIO | 1.6 | Ratio | 1.5 - 2.5 |
| GGTP | 20.0 | 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(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.

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 | 188.8 | | <200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High |
| HDL CHOLESTEROL | 57.0 | | High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female) |
| LDL CHOLESTEROL | 137.5 | | 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 | 10 | mg/dl | 10 - 50 |

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BIOCHEMISTRY

| | | |
|---------------|------|--|
| TRIGLYCERIDES | 48.6 | 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 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 | 22.90 | mg/dl | 16.60 - 48.50 |
| BUN | 11 | mg/dl | 6 - 20 |
| CREATININE | 0.52 | mg/dl | 0.50 - 0.90 |
| SODIUM | 141 | mmol/L | 136 - 145 |
| POTASSIUM | 4.70 | mmol/L | 3.50 - 5.50 |
| CHLORIDE | 105.3 | mmol/L | 98 - 107 |
| URIC ACID | 4.5 | mg/dl | 2.4 - 5.7 |
| CALCIUM | 10.37 H | 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. Intprpretation:-Low level: Intake excessive loss formbodydue to diarrhea, vomiting renal failure, High level: Dehydration, shock severe burns, NSA, renal failure.
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/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 | 5.5 | % | < 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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| Mobile No. | 9414253462 | | |

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.

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CLINICAL PATHOLOGY

| Test Name | Result | Unit | Biological Ref. Range | |
|--------------------------------|-------------|------|-----------------------|---------------|
| <u>URINE SUGAR (RANDOM)</u> | | | | 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 | 1.020 | | 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 | |

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Dr. ABHINAY VERMA

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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: Psuedo-Peroxidase activity on Haem moiety, pH: Methye 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. Vocubulary syntax: Kit insert

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ETERNAL HOSPITAL

Sanganer



ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

| | | | |
|----------------|-------------------------|-----------------|--------------------|
| Patient Name | Mrs. MAMTA KUMARI MEENA | Lab No | 4047625 |
| UHID | 40018765 | Collection Date | 21/08/2024 10:41AM |
| Age/Gender | 34 Yrs/Female | Receiving Date | 21/08/2024 10:54AM |
| IP/OP Location | O-OPD | Report Date | 21/08/2024 3:38PM |
| Referred By | Dr. EHS CONSULTANT | Report Status | Final |
| Mobile No. | 9414253462 | | |

HEMATOLOGY

| Test Name | Result | Unit | Biological Ref. Range |
|------------------------------|--------|---------------------|-----------------------|
| HAEMOGLOBIN | 12.4 | g/dl | 12.0 - 15.0 |
| PACKED CELL VOLUME(PCV) | 38.6 | % | 36.0 - 46.0 |
| MCV | 91.5 | fl | 82 - 92 |
| MCH | 29.4 | pg | 27 - 32 |
| MCHC | 32.1 | g/dl | 32 - 36 |
| RBC COUNT | 4.22 | millions/cu.mm | 3.80 - 4.80 |
| TLC (TOTAL WBC COUNT) | 5.09 | 10 ³ /uL | 4 - 10 |
| DIFFERENTIAL LEUCOCYTE COUNT | | | |
| NEUTROPHILS | 73.1 | % | 40 - 80 |
| LYMPHOCYTE | 22.0 | % | 20 - 40 |
| EOSINOPHILS | 0.4 L | % | 1 - 6 |
| BASOPHIL | 0.6 L | % | 1 - 2 |
| MONOCYTES | 3.9 | % | 2 - 10 |
| PLATELET COUNT | 2.99 | lakh/cumm | 1.500 - 4.500 |

Sample: WHOLE BLOOD EDTA

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.

WBC :- Method:- Pulse Height Detection. Interpretation:-Low-Anemia, High-Polycythemia.

NOTE: CH- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

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

RESULT ENTERED BY : NEETU SHARMA

Dr. ABHINAV VERMA

MBBS|MD|INCHARGE PATHOLOGY

(A Unit of Eternal Care Foundation)

Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)

Phone:- 0141-3120000

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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

| | | | |
|----------------|-------------------------|-----------------|--------------------|
| Patient Name | Mrs. MAMTA KUMARI MEENA | Lab No | 4047625 |
| UHID | 40018765 | Collection Date | 21/08/2024 10:41AM |
| Age/Gender | 34 Yrs/Female | Receiving Date | 21/08/2024 10:54AM |
| IP/OP Location | O-OPD | Report Date | 21/08/2024 3:38PM |
| Referred By | Dr. EHS CONSULTANT | Report Status | Final |
| Mobile No. | 9414253462 | | |

Method:-Modified Westergrens.

Interpretation:-Increased in infections, sepsis, and malignancy.

****End Of Report****

RESULT ENTERED BY : NEETU SHARMA

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Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)
Phone:- 0141-3120000
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ETERNAL HOSPITAL Sanganer



ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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| | | | |
|---------------|--|---------------|-------------------|
| Patient Name | Mrs. MAMTA KUMARI MEENA | Lab No | 4047625 |
| UHID | 40018765 | Sample Date | 21/08/2024 1:30PM |
| Age/Gender | 34 Yrs/Female | Report Date | 21/08/2024 3:15PM |
| Prescribed By | Dr. EHS CONSULTANT | Bed No / Ward | OPD |
| Referred By | Dr. EHS CONSULTANT | Report Status | Final |
| Company | Mediwheel - Arcofemi Health Care Ltd. | | |

CYTOLOGY

CYTOLOGY*

Type of Specimen

No. of smears examined

Adequacy

Endocervical cells

Inflammation

Organisms

Epithelial cell abnormality

Others

Impression

Bethesda2014

Pap smear (Conventional)

Two

Satisfactory for evaluation.

Adequate

Seen.

Mild Acute Inflammation.

Not seen

Not seen

Blood

Negative for intraepithelial lesion/ malignancy.

-----** End Of Report **-----

Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

(A Unit of Eternal Care Foundation)

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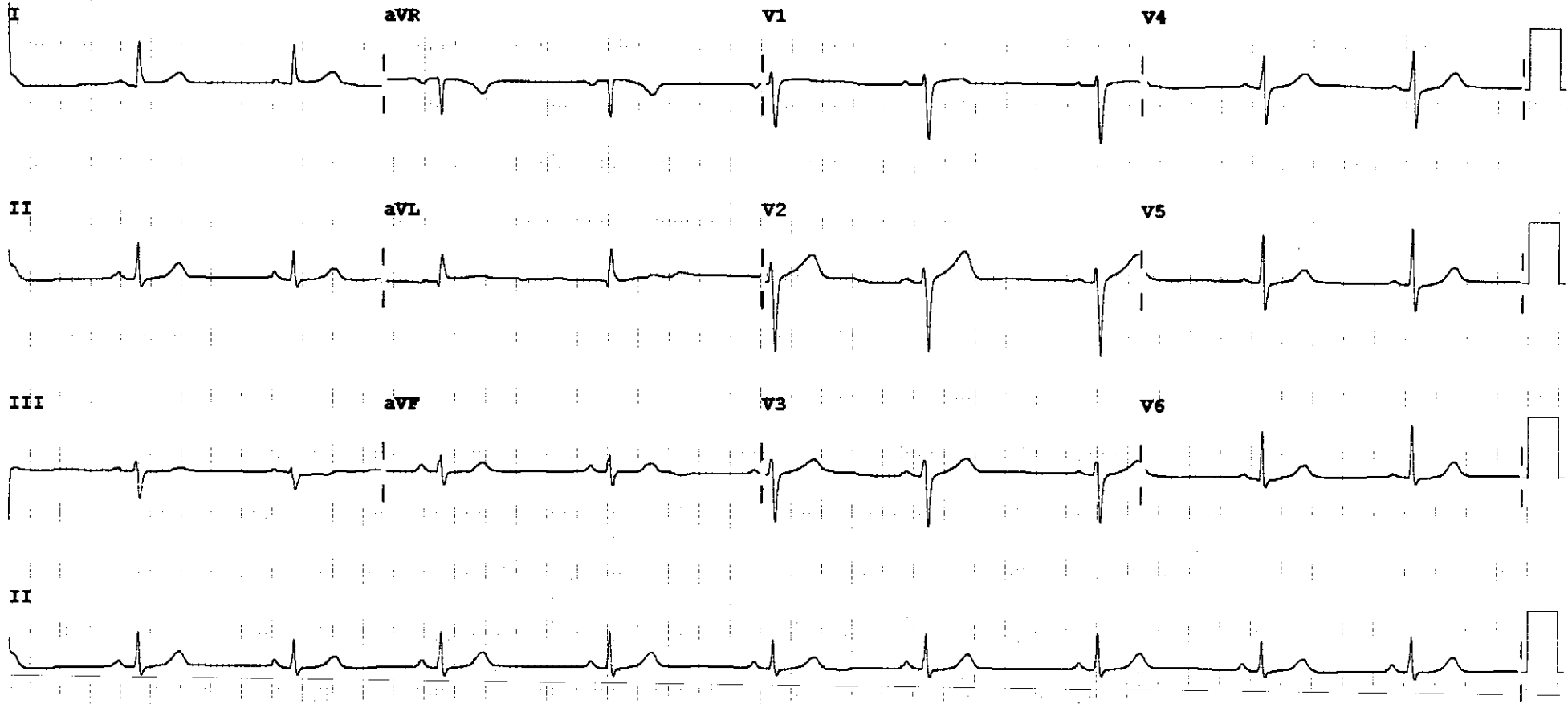
Rate 57 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation
. Sinus rhythm)
PR 141)
QRSD 81)
QT 390)
QTc 380)

--AXIS--

P 62
QRS 4
T 37

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?



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Sanganer



DEPARTMENT OF RADIO DIAGNOSIS

| | | | |
|----------------|--------------------------------------|-----------------|---------------------------------------|
| UHID / IP NO | 40018765 (30938) | RISNo./Status : | 4047625/ |
| Patient Name : | Mrs. MAMTA KUMARI MEENA | Age/Gender : | 34 Y/F |
| Referred By : | Dr. EHS CONSULTANT | Ward/Bed No : | OPD |
| Bill Date/No : | 21/08/2024 10:16AM/ OPSCR24-25/16011 | Scan Date : | |
| Report Date : | 21/08/2024 11:41AM | Company Name: | Mediwheel - Arcofemi Health Care Ltd. |

ULTRASOUND STUDY OF WHOLE ABDOMEN

- Liver:** Normal in size & shows increased parenchymal 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. Endometrial thickness is normal. Endometrial cavity is empty. No mass lesion is seen. Cervix is normal.
- Both ovaries:** Bilateral ovaries are bulky. Polycystic pattern seen in both ovaries.
Right ovary measuring approx. 27x42mm.
Left ovary measuring approx. 24x50mm.
- Others:** No significant free fluid is seen in pelvic peritoneal cavity.

IMPRESSION: USG findings are suggestive of

- Mild fatty liver.
- Polycystic pattern in both ovaries. Adv. Hormonal correlation.

Correlate clinically & with other related investigations.

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

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DEPARTMENT OF CARDIOLOGY

| | | | |
|----------------|--------------------------------------|-----------------|----------|
| UHID / IP NO | 40018765 (30938) | RISNo./Status : | 4047625/ |
| Patient Name : | Mrs. MAMTA KUMARI MEENA | Age/Gender : | 34 Y/F |
| Referred By : | Dr. EHS CONSULTANT | Ward/Bed No : | OPD |
| Bill Date/No : | 21/08/2024 10:16AM/ OPSCR24-25/16011 | Scan Date : | |
| Report Date : | 21/08/2024 2:18PM | Company Name: | Final |

REFERRAL REASON: HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

| | | Normal | | Normal |
|-------|-------|---------|-------|--------|
| IVSD | 10.4 | 6-12mm | LVIDS | 26.7 |
| LVIDD | 48.5 | 32-57mm | LVPWS | 17.2 |
| LVPWD | 10.4 | 6-12mm | AO | 23.6 |
| IVSS | 17.2 | mm | LA | 32.2 |
| LVEF | 60-62 | >55% | RA | - |

DOPPLER MEASUREMENTS & CALCULATIONS:

| STRUCTURE | MORPHOLOGY | VELOCITY (m/s) | | | | GRADIENT (mmHg) | REGURGITATION |
|-----------------|------------|----------------|------|------|---|-----------------|---------------|
| | | E | 1.22 | e' | - | | |
| MITRAL VALVE | NORMAL | A | 0.83 | E/e' | - | - | NIL |
| | | E | | 0.65 | | | |
| TRICUSPID VALVE | NORMAL | A | | 0.57 | | - | NIL |
| | | E | | | | | |
| AORTIC VALVE | NORMAL | 1.34 | | | | - | NIL |
| PULMONARY VALVE | NORMAL | 1.02 | | | | - | 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
MBBS, M.D., D.M. (CARDIOLOGY)
DIRECTOR & INCHARGE
CARDIOLOGY

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

DR ROOPAM SHARMA
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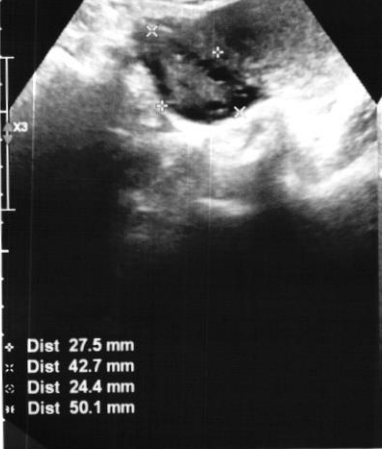
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MAMTA KUMARI ME. 40018765

ETERNAL HOSPL.

21/08/2024 11:39:35AM
TISO.2 MI 1.3

ABD-DRAP
C5-1
31Hz
RS
Z 1.0



- ✦ Dist 27.5 mm
- ∴ Dist 42.7 mm
- ⊙ Dist 24.4 mm
- ∥ Dist 50.1 mm

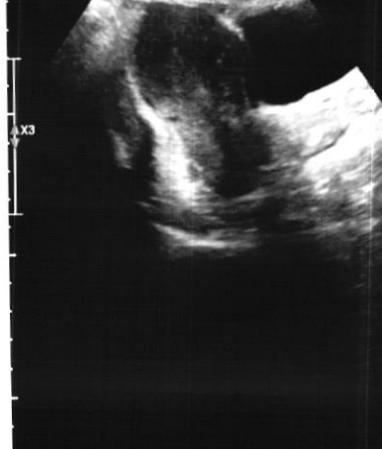
16cm

MAMTA KUMARI ME. 40018765

ETERNAL HOSPL.

21/08/2024 11:38:02AM
TISO.2 MI 1.3

ABD-DRAP
C5-1
31Hz
RS
Z 1.0



16cm



