



ETERNAL HOSPITAL

Sanganer

Mrs. RACHNA JAIN
40009076 Jan 4 2024 9:57AM
46 Yrs/Fem OPSCR23-24/1054
EHS CONSULTANT
9664388631

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

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

Pain: Yes No

VA R 6/6
L 6/6 M/8^p

✓ S/L ✓

Physical Examination:

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

Ry
Misty eye drop in RE
O - O - O x 1 Mark

Systemic Examination:

CVS : _____
C : _____

Respiratory System :

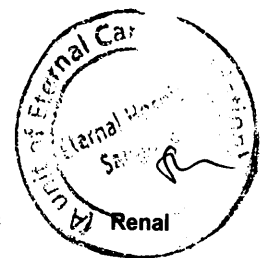
GI System : _____

Skin : _____

Investigation:

Follow up:

Diet Advice: Normal Low Fat Diabetic Renal Low Salt





ETERNAL HOSPITAL

Sanganer



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

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

4/1/24
RACHNA
JAIN

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

Pain: Yes No

no H/o any chronic illness

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 : _____

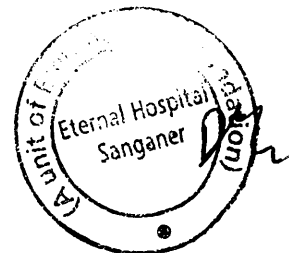
Skin : _____

USG - S/O subserosal fever
USG Ren - BL fibrosis & dilatation

B
C

Investigation:

CAS / CRP / Ferritin



Follow up:

Diet Advice: Normal Low Fat Diabetic Renal Low Salt



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

Date & Time: 4/01/24, 1:30 PM
Patient Name: RACHNA JAW
Age / Gen: 46/F
UHID: 4000

Provisional Diagnosis: for health check

Drug Allergy: NKDA

Complaints:

Medication Advice:

Pain: Yes No
/10

Op. Mod. heavy eyes
No disthr/dyspnoea/dysparenia

M/Ls - LMP - 11/12/23

PH - P, L, M, T, C

Physical Examination:

No mes ho

Pallor: Yes/No Icterus: Yes/No

No Sw Mx

Cynosis: Yes/No Edema: Yes/No

Lymphadenopathy: Yes/No

Systemic Examination:

CVS:

PA - soft, MAD.

CNS:

1/2 - Satyapostopined

Respiratory System:

Bleed on touch
brown

GI System:

semile yellow lens

Skin:

on post lip

Investigation:

Prep smear

Follow up:

Rx lips

Diet Advice:

Normal

Low Fat

Diabetic

Renal

Low Salt

Postmenstrual Colpony + S. Broxy +
Cycocentary + Pappectomy

Cap Dose (100mg) PO BD x 16 Day

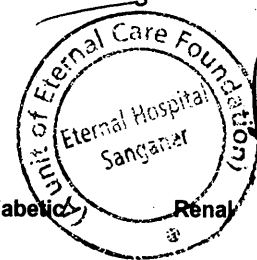
Tab MEZES (400mg) PO BD x 5 Day

Tab PARVOLO-DSE 1Tab PO once daily
(total 40) BD x 5 Day

Tab ERISTE (Amf) PO

CUNBER FORTE 1/2 tab x 6 night
(insert)

Tab ENZONEAR 1Tab PO BD x 5 Day



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Phone:- 0141-3120000

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UHID: _____
Age: _____

Mrs. RACHNA JAIN
40009076 Jan 4 2024 9:57AM
46 Yrs/Fem OPSCR23-24/1054
EHS CONSULTANT
9664389631

OUT-PATIENT INITIAL ASSESSMENT FORM

Chief Complaints: Medi wheel

Communicable disease (if any): No

Vital Sign: SpO2: 98% Pulse: 75 BP: 134/82 Height: 165 cms Weight: 74.9 Kgs

Allergies: Yes No If yes specify: Pain killer

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: _____ EDD: _____ Oedema: Yes/No NA

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

1. Mr Vikas 2. _____

Name: Atul Jay Sign: Jay Emp-Id: 1165 Date: 4/1/24 Time: 10:00

Rate 74 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation
. Sinus rhythm

PR 129
QRSD 79
QT 340
QTc 378

--AXIS--

P 24
QRS 65
T 15

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



ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mrs. RACHNA JAIN	Lab No	600071	 MC-2561
UHID	333978	Collection Date	04/01/2024 11:25AM	
Age/Gender	46 Yrs/Female	Receiving Date	04/01/2024 11:27AM	
IP/OP Location	O-OPD	Report Date	04/01/2024 11:53AM	
Referred By	Dr. EHCC Consultant	Report Status	Final	
Mobile No.	9773349797			

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
HBA1C	5.3	%	<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:-Monitoring long term glyceimic control, testing every 3 to 4 months is generally sufficient.
The approximate relationship between HbA1C and mean blood glucose values during the preceding 2 to 3 months.

****End Of Report****

RESULT ENTERED BY : Mr. MAHENDRA KUMAR

Dr. SURENDRA SINGH
CONSULTANT & HOD
MBBS|MD| PATHOLOGY


Dr. ASHISH SHARMA
CONSULTANT & INCHARGE PATHOLOGY
MBBS|MD| PATHOLOGY

(A Unit of Eternal Heart Care Centre & Research Institute Pvt. Ltd.)

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3A, Jagatpura Road, Near Jawahar Circle, Jaipur, Rajasthan-302017, Rajasthan (India)
Phone : +91-141-5174000, 2774000, Website : www.eternalhospital.com

CIN No. U85110RJ2007PTC023653

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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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IP/OP Location	O-OPD	Report Date	04/01/2024 12:03PM
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Mobile No.	9664389631		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: Fl. Plasma
BLOOD GLUCOSE (FASTING)				
BLOOD GLUCOSE (FASTING)	94.6	mg/dl	74 - 106	
Method: Hexokinase assay. Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.				

HYROID T3 T4 TSH	Result	Unit	Biological Ref. Range	Sample: Serum
T3	1.390	ng/mL	0.970 - 1.690	
T4	8.68	ug/dl	5.53 - 11.00	
TSH	3.12	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)	Result	Unit	Biological Ref. Range	Sample: Serum
BILIRUBIN TOTAL	0.93	mg/dl	0.00 - 1.20	
BILIRUBIN INDIRECT	0.73	mg/dl	0.20 - 1.00	
BILIRUBIN DIRECT	0.20	mg/dl	0.00 - 0.40	
SGOT	17.7	U/L	0.0 - 40.0	
SGPT	12.1	U/L	0.0 - 40.0	

RESULT ENTERED BY : SUNIL EHS

Abhinav Verma

Dr. ABHINAV VERMA

MBBS|MD|INCHARGE PATHOLOGY



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BIOCHEMISTRY

TOTAL PROTEIN	8.1	g/dl	6.6 - 8.7
ALBUMIN	5.1	g/dl	3.5 - 5.2
GLOBULIN	3.0		1.8 - 3.6
ALKALINE PHOSPHATASE	39.9 L	U/L	42 - 98
A/G RATIO	1.7	Ratio	1.5 - 2.5
SGPT	22.3	U/L	6.0 - 38.0

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 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	191		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	58.7		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	104.6		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	21	mg/dl	10 - 50

RESULT ENTERED BY : SUNIL EHS

Abhinay Verma

Dr. ABHINAY VERMA

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BIOCHEMISTRY

TRIGLYCERIDES	102.9	Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
---------------	-------	--

CHOLESTEROL/HDL RATIO 3.3 %

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 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	12.80 L	mg/dl	16.60 - 48.50
BUN	6.0	mg/dl	6 - 20
CREATININE	0.64	mg/dl	0.50 - 0.90
SODIUM	139.8	mmol/L	136 - 145
POTASSIUM	4.00	mmol/L	3.50 - 5.50
CHLORIDE	100.1	mmol/L	98 - 107
URIC ACID	2.5 L	mg/dl	2.6 - 6.0
CALCIUM	9.61	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 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 and kidney reabsorption.

POTASSIUM :- Method: ISE electrode. Interpretation:-Low level: Intake excessive loss from 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 forms of acidosis and 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, glomerular nephritis and UTI.

CALCIUM TOTAL :- Method: O-Cresolphthaleine complexone. 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, nephrosis, and pancreatitis.

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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.

RESULT ENTERED BY : SUNIL EHS

Abhinav Verma

Dr. ABHINAV VERMA

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HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
CBC (COMPLETE BLOOD COUNT)			
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN	10.1 L	g/dl	12.0 - 15.0
PACKED CELL VOLUME(PCV)	34.7 L	%	36.0 - 46.0
MCV	75.8 L	fl	82 - 92
MCH	22.1 L	pg	27 - 32
MCHC	29.1 L	g/dl	32 - 36
RBC COUNT	4.58	millions/cu.mm	3.80 - 4.80
TLC (TOTAL WBC COUNT)	5.91	10 ³ /uL	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	66.2	%	40 - 80
LYMPHOCYTE	24.0	%	20 - 40
EOSINOPHILS	1.9	%	1 - 6
MONOCYTES	6.4	%	2 - 10
BASOPHIL	1.5	%	1 - 2
PLATELET COUNT	2.65	lakh/cumm	1.500 - 4.500

HAEMOGLOBIN :- Method:-SLS HemoglobinMethodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia.
MCV :- Method:- Calculation bysystemex.
MCH :- Method:- Calculation bysystemex.
MCHC :- Method:- Calculation bysystemex.
RBC COUNT :- Method:-Hydrodynamicfocusing.Interpretation:-Low-Anemia,High-Polycythemia.
TLC (TOTAL WBC COUNT) :- Method:-Optical Detectorblock based on Flowcytometry.Interpretation:-High-Leucocytosis, Low-Leucopenia.
NEUTROPHILS :- Method: Optical detectorblock based on Flowcytometry
LYMPHOCYTES :- Method: Optical detectorblock based on Flowcytometry
EOSINOPHILS :- Method: Optical detectorblock based on Flowcytometry
MONOCYTES :- Method: Optical detectorblock based on Flowcytometry
BASOPHIL :- Method: Optical detectorblock based on Flowcytometry
PLATELET COUNT :- Method:-Hydrodynamicfocusing method.Interpretation:-Low-Thrombocytopenia, High-Thrombocytosis.
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

RESULT ENTERED BY : SUNIL EHS

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Method:-Modified Westergrens.

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

****End Of Report****

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Age/Gender	46 Yrs/Female	Receiving Date	04/01/2024 12:04PM
IP/OP Location	O-OPD	Report Date	04/01/2024 12:56PM
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CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Sample: Urine
<u>URINE SUGAR (RANDOM)</u>				
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE	

Sample: Urine

PHYSICAL EXAMINATION

VOLUME	25	ml	
COLOUR	PALE YELLOW		P YELLOW
APPEARANCE	CLEAR		CLEAR

CHEMICAL EXAMINATION

PH	6.5		5.5 - 7.0
SPECIFIC GRAVITY	1.005		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	0-1	/hpf	0 - 2
EPITHELIAL CELLS/HPF	2-3	/hpf	0 - 1
CASTS	NIL		NIL
CRYSTALS	NIL		NIL
BACTERIA	NIL		NIL
OHTERS	NIL		NIL

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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: Pseudo-Peroxidase activity of Haem moiety, pH: Methyl 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. Vocabulary syntax: Kit insert

****End Of Report****

RESULT ENTERED BY : SUNIL EHS

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ETERNAL HOSPITAL

Sanganer



DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40009076 (256)	RISNo./Status :	4019297/
Patient Name :	Mrs. RACHNA JAIN	Age/Gender :	46 Y/F
Referred By :	EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	04/01/2024 9:57AM/ OPSCR23-24/10544	Scan Date :	
Report Date :	04/01/2024 11:24AM	Company Name:	Mediwheel - Arcofemi Health Care Ltd.

USG REPORT - BOTH BREASTS

RIGHT BREAST:

Parenchyma

Skin Thickness normal

Sub cutaneous fat normal.

Mildly prominent retroareolar ducts are noted, 2mm in maximum diameter shows no obvious internal echogenic or solid component.

A lobulated hypoechoic lesion size of 4x8mm is seen at 2 O' clock position appears wider than taller and no obvious calcified foci within.

A 2x3mm simple cyst seen at 9 O' clock position.

Fibroglandular echogenicity normal.

Nipple areolar complex normal.

Retromammary

Retromammary area appeared normal

Axillary Tail

Axillary Tail: Normal.

Axillary Nodes

Few small volume lymphnodes with intact fatty hilum seen, largest 4mm in short axis.

LEFT BREAST:

Parenchyma

Skin Thickness normal.

Sub cutaneous fat normal.

Mildly prominent retroareolar ducts are noted, 1.4mm in maximum diameter shows no obvious internal echogenic or solid component.

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DEPARTMENT OF RADIO DIAGNOSIS

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An ovoid hypoechoic lesion size of 3x5mm is seen at 2 -3 O' clock position appears wider than taller and no obvious calcified foci within.

A 2x5mm simple cyst seen at 2 O' clock position.

Fibroglandular echogenicity normal.

Nipple areolar complex normal.

Retromammary

Retromammary area appeared normal

Axillary Tail

Axillary Tail: Normal.

Axillary Nodes

Few small volume lymphnodes with intact fatty hilum seen, largest 5mm in short axis.

IMPRESSION:

- Mildly prominent retroareolar ducts in both the breasts.
- Simple cysts in both the breasts (BIRADS -II).
- A lobulated hypoechoic lesion at 2 O' clock position appears wider than taller and no obvious internal calcified foci in right breast -? Fibroadenoma. (BIRADS-III).
- An ovoid hypoechoic lesion at 2 -3 O' clock position appears wider than taller and no obvious internal calcified foci in left breast -? Fibroadenoma. (BIRADS-III).
- Radiologically benign appearing bilateral axillary lymphnodes.
Adv. Internal follow-up imaging.
 - Suggested clinical correlation for further evaluation.

DR. RENU JADIYA

Consultant – Radiology

MBBS, DNB

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DEPARTMENT OF RADIO DIAGNOSIS

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Referred By :	EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	04/01/2024 9:57AM/ OPSCR23-24/10544	Scan Date :	
Report Date :	04/01/2024 11:29AM	Company Name:	Mediwheel - Arcofemi Health Care Ltd.

USG REPORT - ABDOMEN AND PELVIS

LIVER:

Is mildly enlarged in size (16cm) and shows diffuse increased echotexture.

No obvious focal lesion seen. No intra hepatic biliary radical dilatation seen.

GALL BLADDER:

Adequately distended with no obvious wall thickening/ pericholecystic fat stranding/ fluid. No obvious calculus/ polyp/ mass seen within.

PANCREAS:

Appears normal in size and shows uniform echo texture. The pancreatic duct is normal. No calcifications are seen.

SPLEEN:

Appears normal in size and it shows uniform echo texture.

RIGHT KIDNEY:

The shape, size and contour of the right kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

LEFT KIDNEY:

The shape, size and contour of the left kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

URINARY BLADDER:

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen.

UTERUS:

Uterus appears bulky measures ~ 59x84x96mm, shows multiple intramural and few subserosal fibroids, largest 37x41mm is seen at right posterior myometrium.

Endometrial thickness measures ~ 8.3mm.



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ADNEXAE:

No obvious adnexal mass seen.

No focal fluid collections seen.

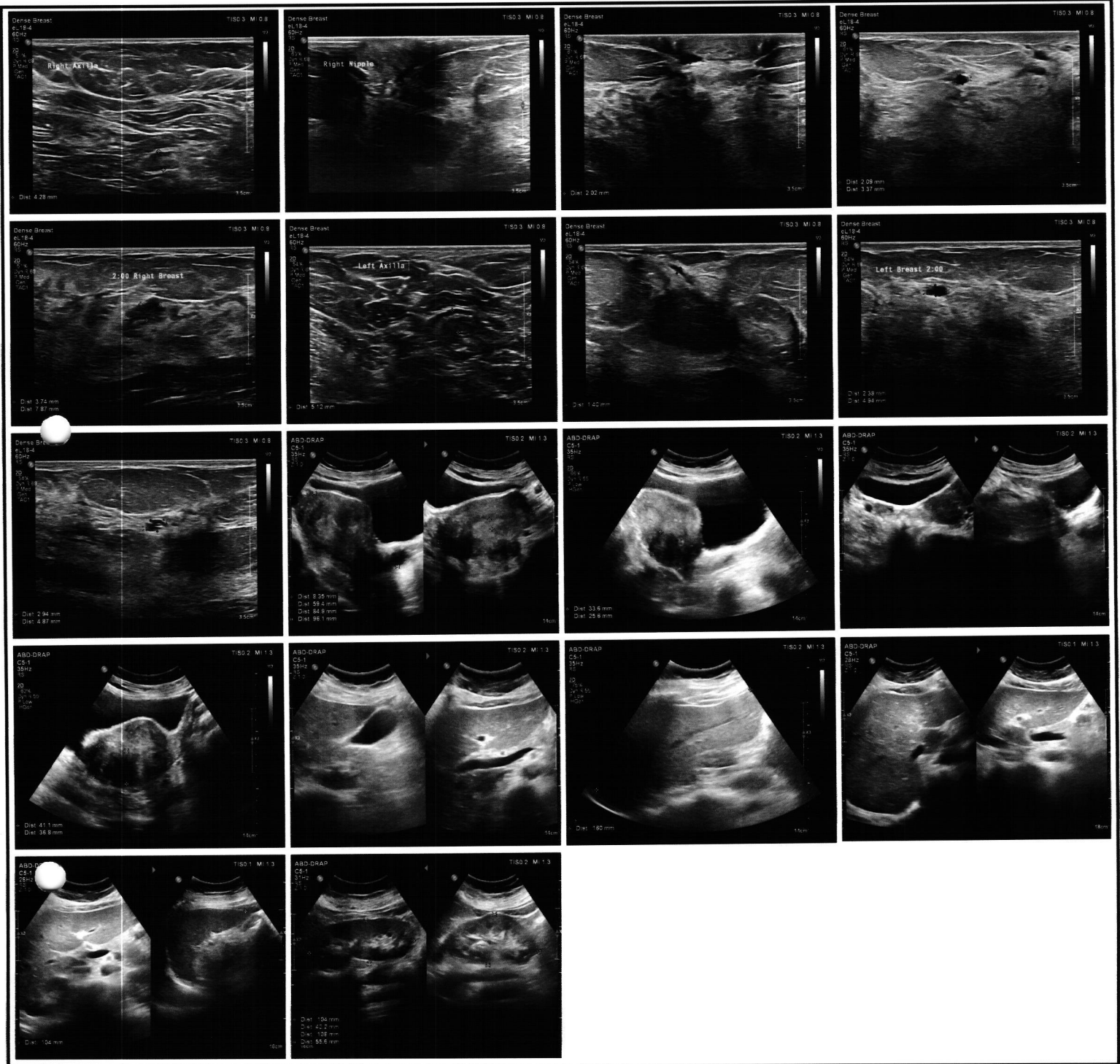
IMPRESSION:

Mild hepatomegaly with grade-I fatty liver.

Bulky uterus with fibroids.

DR. RENU JADIYA
Consultant – Radiology
MBBS, DNB

Images





ETERNAL HOSPITAL Sanganer



DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40009076 (256)	RISNo./Status :	4019297/
Patient Name :	Mrs. RACHNA JAIN	Age/Gender :	46 Y/F
Referred By :	EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	04/01/2024 9:57AM/ OPSCR23-24/10544	Scan Date :	
Report Date :	04/01/2024 12:39PM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal			Normal
IVSD	9.6	6-12mm	LVIDS	27.3	20-40mm
LVIDD	43.8	32-57mm	LVPWS	17.3	mm
LVPWD	9.6	6-12mm	AO	27.9	19-37mm
IVSS	15.4	mm	LA	32.7	19-40mm
LVEF	62-64	>55%	RA	-	mm

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
MITRAL VALVE	NORMAL	E	0.89	e'	-	-	NIL
		A	1.02	E/e'	-		
TRICUSPID VALVE	NORMAL	E	0.54		-	NIL	
		A	0.54				
AORTIC VALVE	NORMAL	1.23				-	NIL
PULMONARY VALVE	NORMAL	0.92				-	NIL

COMMENTS & CONCLUSION: -

- ALL CARDIAC CHAMBERS ARE NORMAL
- NO RWMA, LVEF 62-64%
- NORMAL LV SYSTOLIC FUNCTION
- GRADE I LV DIASTOLIC DYSFUNCTION
- ALL CARDIAC VALVES ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

IMPRESSION: - GRADE I LV DIASTOLIC DYSFUNCTION, NORMAL BI VENTRICULAR SYSTOLIC FUNCTION

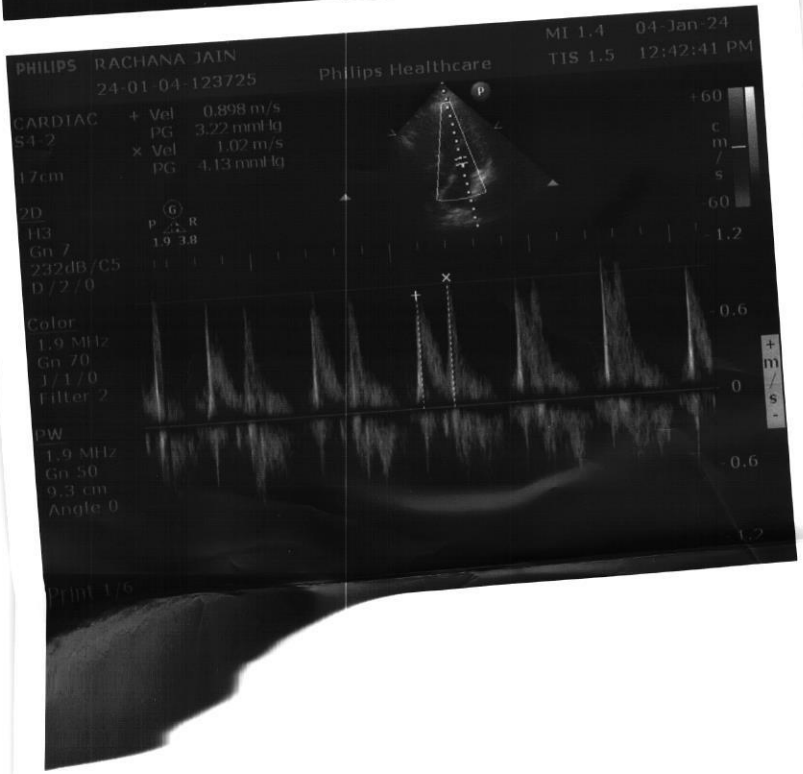
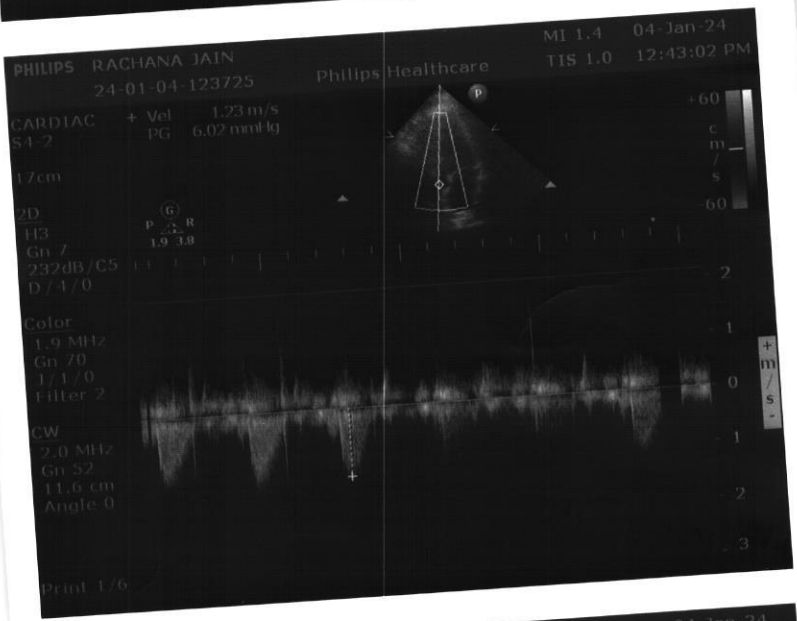
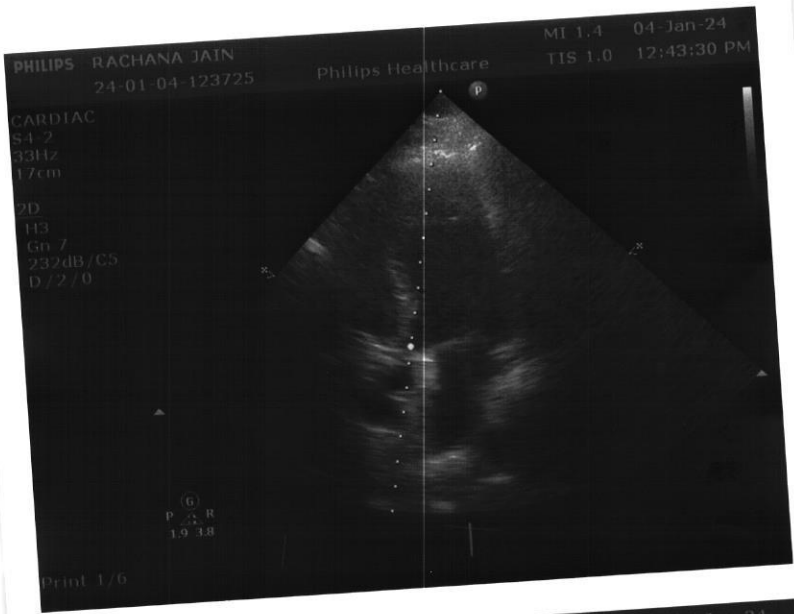
DR SUPRIY JAIN
MBBS, M.D., D.M. (CARDIOLOGY)
INCHARGE & SR. CONSULTANT
INTERVENTIONAL CARDIOLOGY

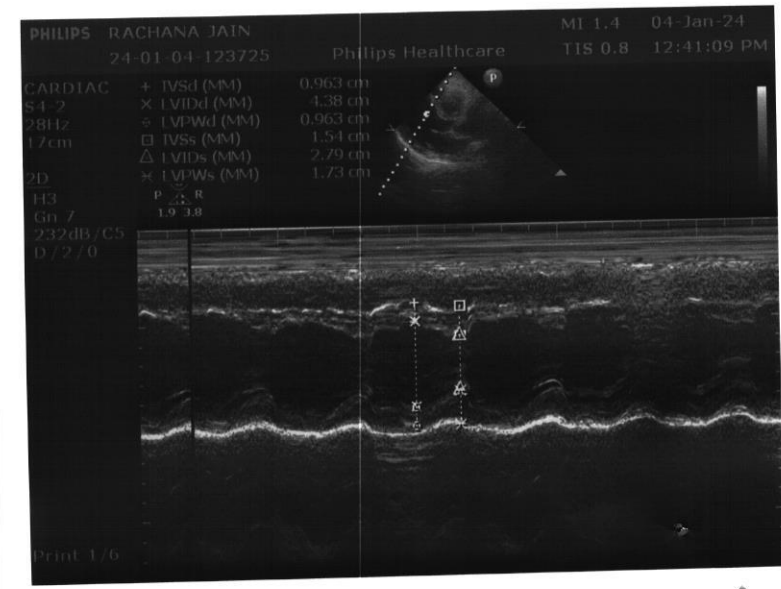
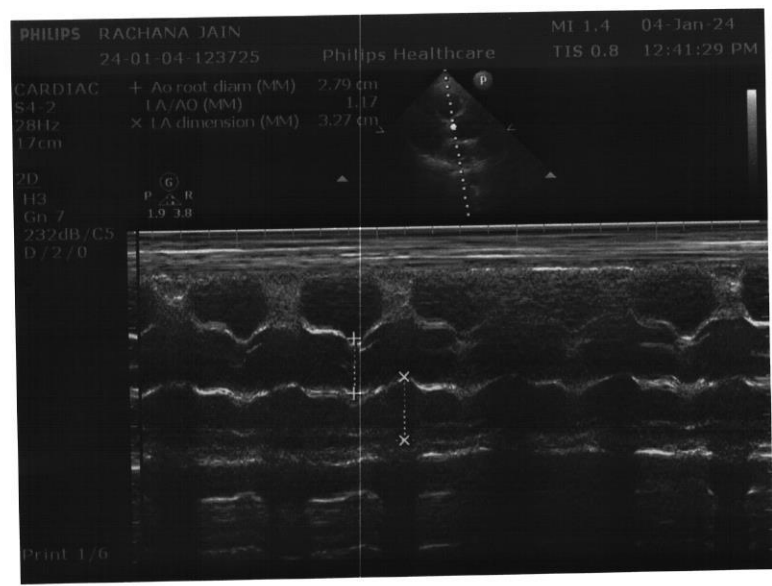

DR ROOPAM SHARMA
MBBS, PGDCC, FIAE
CONSULTANT & INCHARGE
EMERGENCY, PREVENTIVE CARDIOLOGY
AND WELLNESS CENTRE

(A Unit of Eternal Care Foundation)
Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)
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(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 : 40009076 Bill No : OPSCR23-24/10544
Patient Name : Mrs. RACHNA JAIN Bill Date Time : 04/01/2024 9:57AM
Gender/Age : Female/46 Yr 1 Mth 0 Days Payer : Mediwheel - Arcofemi Health Care Ltd.
Contact No : 9664389631 Sponsor : Mediwheel - Arcofemi Health Care Ltd.
Address : 28-B KRISHNA COLONY ABEDKAR CIRCLE Presc. Doctor : Dr. EHS CONSULTANT
ALWAR , ALWAR, RAJASTHAN, INDIA Referred By :
Approval No : 23M51801100081746E

SNO	Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
PHC PACKAGES								
	MediWheel Full Body Health Checkup Female Above 40	3050.00	1.00	3050.00	0.00	3050.00	0.00	3050.00
Details Of Package								
CARDIOLOGY								
	ECG							
3	EMF 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	RENAL PROFILE TEST							
17	ROUTINE EXAMINATION - URINE							
18	STOOL ROUTINE							
19	THYROID T3 T4 TSH							



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SN	Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
20	URINE SUGAR (POST PRANDIAL)							
21	URINE SUGAR (RANDOM)							
	RADIOLOGY							
22	ULTRASOUND WHOLE ABDOMEN							
23	USG BREAST BOTH \ MAMOGRAPHY							
24	X RAY CHEST PA VIEW							

Gross Amount	3050.00
Net Amount	3050.00
Payer Amount	3050.00
Patient Amount	0.00
Amt Received (Rs.)	0.00
Balance Amount	3050.00

Payment Mode

Narration :

To View Investigation Result Login to
<http://patientportal.eternalsanganer.com/>
UserName:40009076
Password : Registered Mobile Number

SHUBHAM SHARMA
Authorised Signatory