



Dr. Vaibhav Nepalia Consultant - Dental Department BDS. MDS Reg. No. A-1742	Date & Time 21 8/2024 Patient Name: Santoam Age / Gen: UHID: UHID: Currical abrasian in 23,22,76
Provisional Diagnosis:	Ceruical abrasion in 23,22,76. Sensitivity. Drug Allergy: No.
Complaints:	Medication Advice: Pain: Yes No Res 1
Physical Examination:	1
Pallor : Yes/No Icterus : Yes/No Cynosis : Yes/Ne Edema : Yes/No Lymphadenopathy : Yes/No	Deepale
Systemic Examination:	Eternal Hospital
CNS :	Sanganer
GI System :	
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





Mr. SANTRAM MEENA
40018763 Aug 21 2024 10:12AM
41 Yrs/Male OPSCR24-25/1600
Dr. EHS CONSULTANT
9414253462

Provisional Diagnosis:			Drug Allergy:
Complaints:	Medication Advice:		Pain : 🔲 Yes 🔲 No
watering	_		
,	VACROLG H	Le round Moth Fr - 700 PMAZ	
Physical Examination:	Soloue Moin 1	wound Noth &	6
Pallor : Yes/No Icterus : Yes/No	Condition CA	- 7:014mAz	BOTH
Cynosis : Yes/No Edema : Yes/No Lymphader opathy : Yes/No	falleces, ==		,
Lymphauer opathy . Tesmo			÷
Systemic Examination:		\	
CVS:			
CNS :	Han		
Respiratory System :	Dr Naresh Chandre	wolody A CAS	, `
	Consultant MBBS / MS		qaoH lamel3
GI System :	Rey, No. 8436 Eternal Hospital Sangar	SM / SB6	in _
Skin :		Chandr a Mittal I- Ophth almology	
Investigation:		Ç X	·
	Follow up:		
	Diet Advice: Normal	Low Fat Diabetic	Renal Low Salt

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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

: 40018763

Bill No

: OPSCR24-25/16008

Patient Name : Mr. SANTRAM MEENA

Bill Date Time

: 21/08/2024 10:12AM

Gender/Age : Male/41 Yr 2 Mth 1 Days

Payer

: Mediwheel - Arcofemi Health Care Ltd.

Contact No

: 9414253462

Sponsor

: Mediwheel - Arcofemi Health Care Ltd.

Address

. GOLA KA BAAS , LOTWARA , DAUSA,

Presc. Doctor

: Dr. EHS CONSULTANT

Addit	:55	RAJASTHAN, INDIA	o. 100. y	R	efered By	•			
Appro	oval No	:							
SNo	Partic	ulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
	PHC PA	CKAGES							
1	MediWh Above 4	eel Full Body Health Checkup Male 0	2800.00	1.00	2800.00	0.00	2800.00	0.00	2800.00
	Details	Of Package							
	CARDIC	LOGY							
2	ECG		•						
3	TOP OR							•	
	соизб	LTATION CHARGES				•			
4		TATION - DENTAL (Dr. VAIBHAV A AND TEAM)							
5		TATION - INTERNAL MEDICINE (Dr. NSULTANT)							
46/		LTATION - OPTHALMOLOGY (Dr. EHS AL CONSULT)							
	PATHO	LOGY							
	BLOOD	GLUCOSE (FASTING)	ē						
8	BLOOD	GLUCOSE (PP)							
9	BLOOD	GROUPING AND RH TYPE							
10	CBC (C	OMPLETE BLOOD COUNT)							•
11	ESR (E	RYTHROCYTE SEDIMENTATION RATE)							
12	HbA1c BLOOD	(HAEMOGLOBIN GLYCOSYLATED)							
13	LFT (L	VER FUNCTION TEST)							
(14)	LIPID F	PROFILE							
As)	PSA (T	•							
	251141	PROFILE TEST							

RENAL PROFILE TEST 16

ROUTINE EXAMINATION - URINE 17

STOOL ROUTINE 18

THYROID T3 T4 TSH 19

URINE SUGAR (POST PRANDIAL) 20



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: GOLA KA BAAS , LOTWARA , DAUSA,

Presc. Doctor

• Dr. EHS CONSULTANT

RAJASTHAN, INDIA

Refered By

Approval No

SNo	Par	ticulars	

Rate

Unit

Total

Disc. **Net Amt** Pat Amt

Payer Amt

21 URINE SUGAR (RANDOM)

RADIOLOGY

ULTRASOUND WHOLE ABDOMEN 22

X RAY CHEST PA VIEW

Gross Amount	2800.00
Net Amount	2800.00
Payer Amount	2800.00
Patient Amount	0.00
Amt Received (Rs.)	0.00
Ralance Amount	2800.00

Baiance Amount

Payment Mode

Narration:

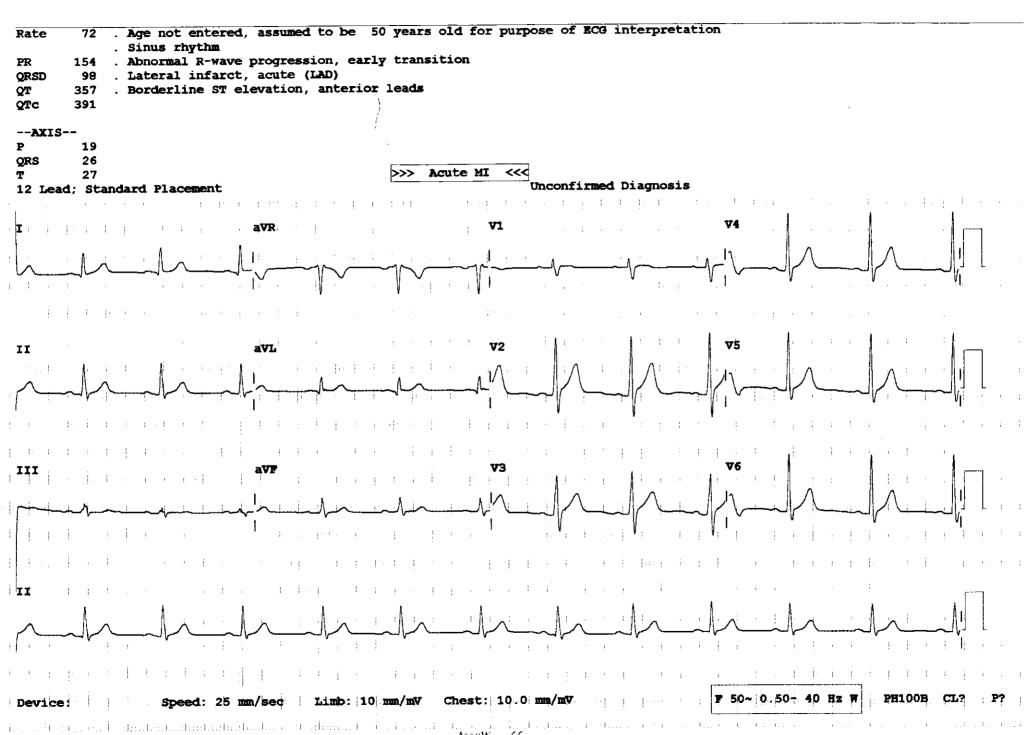
To View Investigation Result Login to http://patientportal.eternalsanganer.com/

l'~~rName:40018763

word: Registered Mobile Number

CHETAN SHARMA

thorised Signatory





ETERNAL HOSPITAL Sanganer ETERNAL HOSPITAL MEDICAL TESTING LABORATORY



Patient Name UHID

Mr. SANTRAM MEENA

Dr. EHS CONSULTANT

40018763

Age/Gender

41 Yrs/Male

IP/OP Location

O-OPD

Referred By Mobile No.

9414253462

Lah No

4047624

21/08/2024 10:44AM

Collection Date **Receiving Date**

21/08/2024 10:54AM

Report Date

21/08/2024 2:46PM

Report Status

Final

BIOCHEMISTRY

Test Name

Result

Unit

Biological Ref. Range

BLOOD GLUCOSE (FASTING) BLOOD GLUCOSE (FASTING)

86.5

mg/dl

71 - 109

Sample: Fl. Plasma

Sample: Serum

Sample: Serum

Method: Hexokinase assay.

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

THYROID T3 T4 T5H

T3 TΔ

Н

1.260

ng/mL

0.970 - 1.690

7.48 1 45 ug/dl

5.53 - 11.00

μIU/mL

0.40 - 4.05

T3:- Method: ElectroChemiluminescence ImmunoAssay - ECLIA

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

T4: - Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

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

TSH - THYROID STIMULATING HORMONE :- ElectroChemiluminescenceImmunoAssay - ECLIA

Interpretation: The determination of TSH serves as theinitial 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)

0.00 - 1.20

LIRUBIN TOTAL BILIRUBIN INDIRECT 0.60 0.39

mg/dl mg/dl

0.20 - 1.00

BILIRUBIN DIRECT

0.21 18.4

mg/dl U/L

0.00 - 0.30

SGOT **SGPT**

9.1

U/L

0.0 - 40.00.0 - 41.0

RESULT ENTERED BY: NEETU SHARMA

Dr. ABHINAY VERMA

MBBS MD INCHARGE PATHOLOGY

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Mobile No.

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Sanganer ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

		_
Patient Name	Mr. SANTRAM MEENA	
UHID	40018763	
Age/Gender	41 Yrs/Male	
IP/OP Location	O-OPD	\$
Referred By	Dr. EHS CONSULTANT	

9414253462

4047624 Collection Date 21/08/2024 10:44AM **Receiving Date**

21/08/2024 10:54 AM 21/08/2024 2:46PM

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		BIOCHEMISTRY	
TOTAL PROTEIN	8.1	g/dl	6.6 - 8.7
ALBUMIN	4.5	g/dl	3.5 - 5.2
GLOBULIN	3.6		1.8 - 3.6
ALKALINE PHOSPHATASE	101	U/L	40 - 129
A/G RATIO	1.3 L	Ratio	1.5 - 2.5
GGTP	13.0	U/L	10.0 - 60.0

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 structive.

BILIRUBIN DIRECT :- Method: Diazo method Interpretation: Determinations of direct bilirubin measure mainly conjugated, ter soluble bilirubin.

OT - 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 dispress. 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 lount in hepatitis, cirrassis, 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-glutamyltransferage 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.

				Sample: Serum
UREA	19.70	mg/dl	16.60 - 48.50	
BUN	9	mg/dl	6 - 20	

CREATININE	0.80		mg/dl	0.70 - 1.20
SODIUM	141		mmol/L	136 - 145
POTASSIUM	4.26		mmol/L	3.50 - 5.50
HLORIDE	105.5	9	mmol/L	98 - 107
URIC ACID	6.2		mg/dl	3.4 - 7.0
CALCIUM	9.94		mg/dl	8.60 - 10.00

RESULT ENTERED BY: NEETU SHARMA

Dr. ABHINAY VERMA

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Patient Name

Mr. SANTRAM MEENA

Dr. EHS CONSULTANT

UHID

40018763

Age/Gender **IP/OP Location**

41 Yrs/Male

Referred By

O-OPD

Mobile No.

9414253462

4047624 21/08/2024 10:44AM

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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 cas, high salt intake and kidney reabsorption. POTASSIUM :- Method: ISE electrode. Intrpretation:-Low level: Intake excessive loss formbodydue to diarrnea, vomiting renal failure, High level: Denydration, shock severe burns, DKA, renalfailure.

CHLORIDE - SERUM :- Method: ISE electrode. Interpretation: Decrease: reduced dietary intake, prolonged vomiting and reduced renal reabscription 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, nephrosolerosis, tubular necrosis, glomerularnephritis and UTI.

CALCIUM TOTAL :- Method: O-Cresolphthaleine complexone. Interpretation:-Increase in serem FTH or vit-D are sually associated with hypercalcemia. Increased serum calcium levels may also be observed in multiple myeloma and other Roplastic discases. Hypodaleemia 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 Good Control

7 - 8 % > 8 %

Poor Control

- Turbidimetric inhibition immunoassay (TINIA), Interpretation:-Monitoring long term glycemic control, testing every 3 to 4 months is generally sufficient. The approximate relationship between HbALC and mean blood glucose values during the preceding 2 to 3 months.

RESULT ENTERED BY: NEETU SHARMA

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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name

Mr. SANTRAM MEENA

ОНЮ

40018763 41 Yrs/Male

Age/Gender IP/OP Location

O-OPD

Referred By Mobile No. Dr. EHS CONSULTANT

9414253462

Lab No

Collection Date

404762

21/08/2024 10:44AM

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Report Status

21/08/2024 10:54AM

21/08/2024 2:46PM

Final

BLOOD BANK INVESTIGATION

Test Name

Result

Unit

Biological Ref. Range

BLOOD GROUPING

"O" Rh Positive

Note:

1. Both forward and reverse grouping performed.

2. Test conducted on EDTA whole blood.

RESULT ENTERED BY: NEETU SHARMA

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ETERNAL HOSPITAL

Sanganer



ETERNAL HOSPITAL MEDICAL TESTING MABORATORY

Patient Name UHID

Mr. SANTRAM MEENA

40018763

Age/Gender

41 Yrs/Male

IP/OP Location

O-OPD

Referred By Mobile No.

Dr. EHS CONSULTANT

9414253462

Collection Date

21/08/2024 10:44AM

Receiving Date

Report Status

21/08/2024 10:54AM

Report Date

21/08/2024 2:46PM

Final

CLINICAL PATHOLOGY

Test Name

Result

Unit

mi

Biological Ref. Range

URINE SUGAR (RANDOM)

URINE SUGAR (RANDOM)

NEGATIVE

Sample: Urine

Sample: Urine

PHYSICAL EXAMINATION

VOLUME

COLOUR

PPEARANCE

CHEMICAL EXAMINATION

РΗ

SPECIFIC GRAVITY PROTEIN

SUGAR

BILIRUBIN BLOOD

KETONES

NITRITE **UROBILINOGEN**

LEUCOCYTE

MICROSCOPIC EXAMINATION

WBCS/HPF RBCS/HPF

PITHELIAL CELLS/HPF

CASTS **CRYSTALS**

BACTERIA OHTERS

25

PALE YELLOW

CLEAR

6.0

1.010 NEGATIVE

NEGATIVE **NEGATIVE**

NEGATIVE **NEGATIVE**

NEGATIVE NEGATIVE

NEGATIVE

1-2 0-0

1-2

NII NIL

NIL

NIL

NEGATIVE

5.5 - 7.0

P YELLOW

CLEAR

1.016-1.022 NEGATIVE

NEGATIVE

NEGATIVE

NEGATIVE

NEGATIVE

NEGATIVE

NEGATIVE

0 - 1

NIL

NII NIL

NIL

RESULT ENTERED BY: NEETU SHARMA

Dr. ABHINAY VERMA

MBBS | MD | INCHARGE PATHOLOGY

(A Unit of Eternal Care Foundation)

/hpf

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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name

Mr. SANTRAM MEENA

Dr. EHS CONSULTANT

UHID 40018763

Age/Gender

41 Yrs/Male

IP/OP Location

O-OPD

Referred By Mobile No.

9414253462

Lab No

Collection Date

21/08/2024 10:44AM

Receiving Date Report Date

Report Status

21/08/2024 10:54AM

21/08/2024 2:46PM

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HEMATOLOGY

		TEMATOLOGI		
Test Name	Result	Unit	Biological Ref.	Range
				Sample: WHOLE BLOOD EDTA
HAEMOGLOBIN	14.6	g/dl	13.0 - 17.0	
PACKED CELL VOLUME(PCV)	45.7	%	40.0 - 50.0	
MCV	93.6 H	fl	82 - 92	
мсн	29.9	pg	27 - 32	
мснс	31.9 L	g/dl	32 - 36	
RBC COUNT	4.88	millions/cu.mm	4.50 - 5.50	
C (TOTAL WBC COUNT)	5.26	10^3/ uL	4 - 10	
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHILS	57.4	%	40 - 80	
LYMPHOCYTE	25.1	%	20 - 40	
EOSINOPHILS	11.4 H	%	1 - 6	
BASOPHIL	0.4 L	%	1 - 2	
MONOCYTES	5.7	%	2 - 10	
PLATELET COUNT	2.24	lakh/cumm	1.500 - 4.500	

HAEMOGLOBIN :- Method:-SLS Hemoglobin Methodology by Cell Counter, Interpretation:-Low-Snebla, High-Polysythemia,

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
.SOPHIL: - Method: Optical detector block based on Flowcytometry

ATELET COUNT: - Method: - Hydrodynamic focusing method. Interpretation: - Low-Thrombocytopenia, High-Thrombocytoris. 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

RESULT ENTERED BY: NEETU SHARMA

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MBBS[MD]INCHARGE PATHOLOGY

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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name

Mr. SANTRAM MEENA

UHID Age/Gender 40018763

IP/OP Location

41 Yrs/Male O-OPD

Referred By

Dr. EHS CONSULTANT

Mobile No.

9414253462

Collection Date

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Report Date

Report Status

21/08/2024 10:44AM

21/08/2024 10:54AM

21/08/2024 2:46PM

Einai

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 oh 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

RESULT ENTERED BY: NEETU SHARMA

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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name

UHID

Mr. SANTRAM MEENA

40018763

Age/Gender

41 Yrs/Male

IP/OP Location Referred By O-OPD

Dr. EHS CONSULTANT

Mobile No.

9414253462

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_

404/624

21/08/2024 10:44AM

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21/08/2024 10:54AM 21/08/2024 2:46PM

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Method: - Modified Westergrens.

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

End Of Report

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DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40018763 (30935)	RISNo./Status:	4047624/
Patient Name :	Mr. SANTRAM MEENA	Age/Gender:	41 Y/M
Referred By:	Dr. EHS CONSULTANT	Ward/Bed No:	OPD
Bill Date/No :	21/08/2024 10:12AM/ OPSCR24- 25/16008	Scan Date :	
Report Date :	21/08/2024 11:25AM	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:

Calculus of size approx. 12mm seen within gall bladder neck region. Wall

thickness is normal. CBD is normal.

Pancreas:

Normal in size & echotexture.

Spleen:

Normal in size & echotexture. No focal lesion seen.

Both Kidneys:

Horse shoe shaped both kidneys. Right kidney is relatively small. Left

kidney is normal in size. 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

Cholelithiasis.

Horse shoe shaped kidneys with relatively small right kidney.

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	40018763 (30935)	RISNo./Status:	4047624/
Patient Name :	Mr. SANTRAM MEENA	Age/Gender:	41 Y/M
Referred By:	Dr. EHS CONSULTANT	Ward/Bed No:	OPD
Bill Date/No :	21/08/2024 10:12AM/ OPSCR24- 25/16008	Scan Date :	
Report Date :	21/08/2024 2:12PM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS:

M MODE DIMEN	SIUNS: -		No	rmal				Normal
IVSD	11.3	6-12mm			LVIDS	28.6	20-40mm	
LVIDD	48.0	32-57mm			LVPWS	16.8	mm	
LVPWD	11.3	6-12mm			AO	25.4	19-37mm	
IVSS	16.3	mm			LA	33.5	19-40mm	
LVEF	60-62	>55%			RA		mm	
	DOPPLE	R MEA	SUREM	1ENTS &	CALC	ULATIONS		
STRUCTURE	MORPHOLOGY	VELOCITY (m/s)			GRADIENT (mmHg)		REGURGITATION	
MITRAL	NORMAL	E	0.92	e'	-	-		NIL
VALVE		A	0.73	E/e'	-]		
TRICUSPID VALVE	NORMAL	E		0.68		-		NIL
		A		0.52		1		
AORTIC VALVE	NORMAL	1.10			•		NIL	
PULMONARY VALVE	NORMAL	0.80			_		NIL	

COMMENTS & CONCLUSION: -

- ALL CARDIAC CHAMBERS ARE NORMAL
- NO RWMA, LVEF 60-62%
- NORMAL LV SYSTOLIC FUNCTION
- NORMAL LV DIASTOLIC FUNCTION
- ALL CARDIAC VALVES ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

IMPRESSION: - NORMAL BI VENTRICULAR FUNCTIONS

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