



# ETERNAL HOSPITAL

## Sanganer



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

Date & Time: 13/01/23  
 Patient Name: Sajdy  
 Age / Gen: 35 / M  
 UHID:

Provisional Diagnosis: Dental caries 6/67

Drug Allergy: No

Complaints:  
 Regular dental checkup.

Medication Advice:  
 O/E Amalgam restored 8/

Pain:  Yes  No

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

Adv  
 Rest 6/67.

Systemic Examination:  
 CVS: NA  
 CNS: NA  
 Respiratory System: NA  
 GI System: NA  
 Skin: NA

Investigation:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13/01/23



Follow up:  
 Diet Advice:  Normal  Low Fat  Diabetic  Renal  Lo



# ETERNAL HOSPITAL

## Sanganer

**Dr. Roopam Sharma**

MBBS, PGDCC, FIAE

Incharge Emergency, Preventive Cardiology

& Wellness Center

Reg. No. 26363

Date & Time

13/1/24

Patient Name:

Mrs. Sanjay Singh  
35 y/M.

Age / Gen:

37 m

UHID:

Provisional Diagnosis:

MBA, C → 6.3, Dyslipidemia

Drug Allergy:

Not know

Complaints:

Medication Advice: TSH → 7.7 ↑

Pain: Yes  No

BP → 120/88

P → 73/w

Physical Examination:

Pallor: Yes  No  Icterus: Yes  No

Cynosis: Yes  No  Edema: Yes  No

Lymphadenopathy: Yes  No

to  
① Life Style Modification  
& wt Reduction.

Systemic Examination:

CVS: S<sub>2</sub>

CNS: En Vs Mg

Respiratory System:

Clear

GI System: Soft

Skin: Warm

Investigation:

Dr. Roopam

Follow up:

Diet Advice: Normal

Low Fat

Diabetic

Renal

Low Sa



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Phone:- 0141-3120000

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Mr. SANJAY SINGH  
40009314 Jan 13 2024 9:04AM  
35 Yrs/Male OPSCR23-24/1097  
EHS CONSULTANT  
79586\*8223

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

Pain:  Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Eg/VA  $\left\{ \begin{array}{l} RGLS \\ LGLS \end{array} \right.$  N  $\left\{ \begin{array}{l} RHH \\ LHH \end{array} \right.$

Physical Examination:

Colour vision Normal

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

Rp  
Refresh tear eye drop in BB  
o - o 1 month

Systemic Examination:

CVS : \_\_\_\_\_

CNS : \_\_\_\_\_

Respiratory System : \_\_\_\_\_

GI System : \_\_\_\_\_

Skin : \_\_\_\_\_

Investigation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Follow up:

Diet Advice:  Normal  Low Fat  Diabetic  Low Salt





# ETERNAL HOSPITAL

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### ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. SANJAY SINGH	Lab No	605659
UHID	335091	Collection Date	13/01/2024 10:35AM
Age/Gender	35 Yrs/Male	Receiving Date	13/01/2024 10:36AM
IP/OP Location	O-OPD	Report Date	13/01/2024 11:27AM
Referred By	Dr. EHCC Consultant	Report Status	Final
Mobile No.	9773349797		



#### BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
HbA1C	6.3	%	<p>Sample: WHOLE BLOOD EDTA</p> <p>&lt; 5.7% Nondiabetic            5.7-6.4% Pre-diabetic            &gt; 6.4% Indicate Diabetes</p> <p>Known Diabetic Patients            &lt; 7% Excellent Control            7 - 8% Good Control            &gt; 8% Poor Control</p>

Method : - High - performance liquid chromatography HPLC  
 Interpretation:-Monitoring long term glycaemic 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. PANKAJ SHUKLA

*Swati Sharma*

Dr. SWATI SHARMA  
 MBBS|MD|  
 INCHARGE MICROBIOLOGY

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

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### ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. SANJAY SINGH	Lab No	4020176
UHID	40009314	Collection Date	13/01/2024 9:20AM
Age/Gender	35 Yrs/Male	Receiving Date	13/01/2024 9:31AM
IP/OP Location	O-OPD	Report Date	13/01/2024 11:30AM
Referred By	EHS CONSULTANT	Report Status	Final
Mobile No.	7568818223		

#### BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample
<b>BLOOD GLUCOSE (FASTING)</b>				Sample: FL Plasma
BLOOD GLUCOSE (FASTING)	97.1	mg/dl	74 - 106	
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
<b>THYROID T3 T4 TSH</b>				Sample: Serum
T3	1.460	ng/mL	0.970 - 1.690	
T4	9.15	ug/dl	5.53 - 11.00	
TSH	7.75 H	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 :- ElectroChemiluminescence ImmunoAssay - 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)

Test Name	Result	Unit	Biological Ref. Range	Sample
BILIRUBIN TOTAL	0.61	mg/dl	0.00 - 1.20	Sample: Serum
BILIRUBIN INDIRECT	0.49	mg/dl	0.20 - 1.00	
BILIRUBIN DIRECT	0.12	mg/dl	0.00 - 0.40	
SGOT	19.1	U/L	0.0 - 40.0	
SGPT	22.2	U/L	0.0 - 40.0	

RESULT ENTERED BY : SUNIL EHS

Dr. ABHINAV VERMA

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#### BIOCHEMISTRY

TOTAL PROTEIN	6.9	g/dl	6.6 - 8.7
ALBUMIN	4.9	g/dl	3.5 - 5.2
GLOBULIN	2.0		1.8 - 3.6
ALKALINE PHOSPHATASE	55.7	U/L	53 - 128
A/G RATIO	2.5	Ratio	1.5 - 2.5
GGTP	40.0	U/L	10.0 - 55.0

**BILIRUBIN TOTAL** :- Method: DPO 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: Direct 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:- $\gamma$ -glutamyltransferase is used in the diagnosis and monitoring of hepatobiliary disease. Enzymatic activity of GGTP 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	215		<200 mg/dl - Desirable 200-240 mg/dl - Borderline >240 mg/dl - High
HDL CHOLESTEROL	54.1		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	133.3		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
CHOLESTEROL VLDL	36	mg/dl	10 - 50

RESULT ENTERED BY : SUNIL EHS

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### ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. SANJAY SINGH	Lab No	4020176
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IP/OP Location	O-OPD	Report Date	13/01/2024 11:30AM
Referred By	EHS CONSULTANT	Report Status	Final
Mobile No.	7568818223		

#### BIOCHEMISTRY

TRIGLYCERIDES	180.4		Normal < 150 mg/dl Border line: 150 - 199 mg/dl High > 200 - 499 mg/dl Very high > 500 mg/dl
CHOLESTEROL/HDL RATIO	4.0	%	

**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	29.30	mg/dl	16.60 - 48.50
BUN	13.7	mg/dl	6 - 20
CREATININE	0.93	mg/dl	0.60 - 1.10
SODIUM	139.4	mmol/L	136 - 145
POTASSIUM	3.62	mmol/L	3.50 - 5.50
CHLORIDE	101.1	mmol/L	98 - 107
URIC ACID	6.1	mg/dl	3.5 - 7.2
CALCIUM	8.73	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/GISE 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: D-Crossniphthalazine 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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Mobile No.	7568818223		

#### 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

*Abhinay Verma*  
Dr. ABHINAY VERMA

MBSB | MD | INCHARGE PATHOLOGY

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### ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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Age/Gender	35 Yrs/Male	Receiving Date	13/01/2024 9:31AM
IP/OP Location	O-OPD	Report Date	13/01/2024 11:30AM
Referred By	EHS CONSULTANT	Report Status	Final
Mobile No.	7568818223		

#### CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	
<b>URINE SUGAR (RANDOM)</b>				Sample: Urine
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE	
<b>PHYSICAL EXAMINATION</b>				Sample: Urine
VOLUME	20	ml		
COLOUR	PALE YELLOW		P YELLOW	
APPEARANCE	CLEAR		CLEAR	
<b>CHEMICAL EXAMINATION</b>				
PH	6.0		5.5 - 7.0	
SPECIFIC GRAVITY	1.025		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	
<b>MICROSCOPIC EXAMINATION</b>				
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	
OTHERS	NIL		NIL	

RESULT ENTERED BY : SUNIL EHS

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Rate 56 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation

. Sinus rhythm

PR 149 . Abnormal R-wave progression, early transition

QRSD 97 . Baseline wander in lead(s) V2

QT 413

QTc 399

--AXIS--

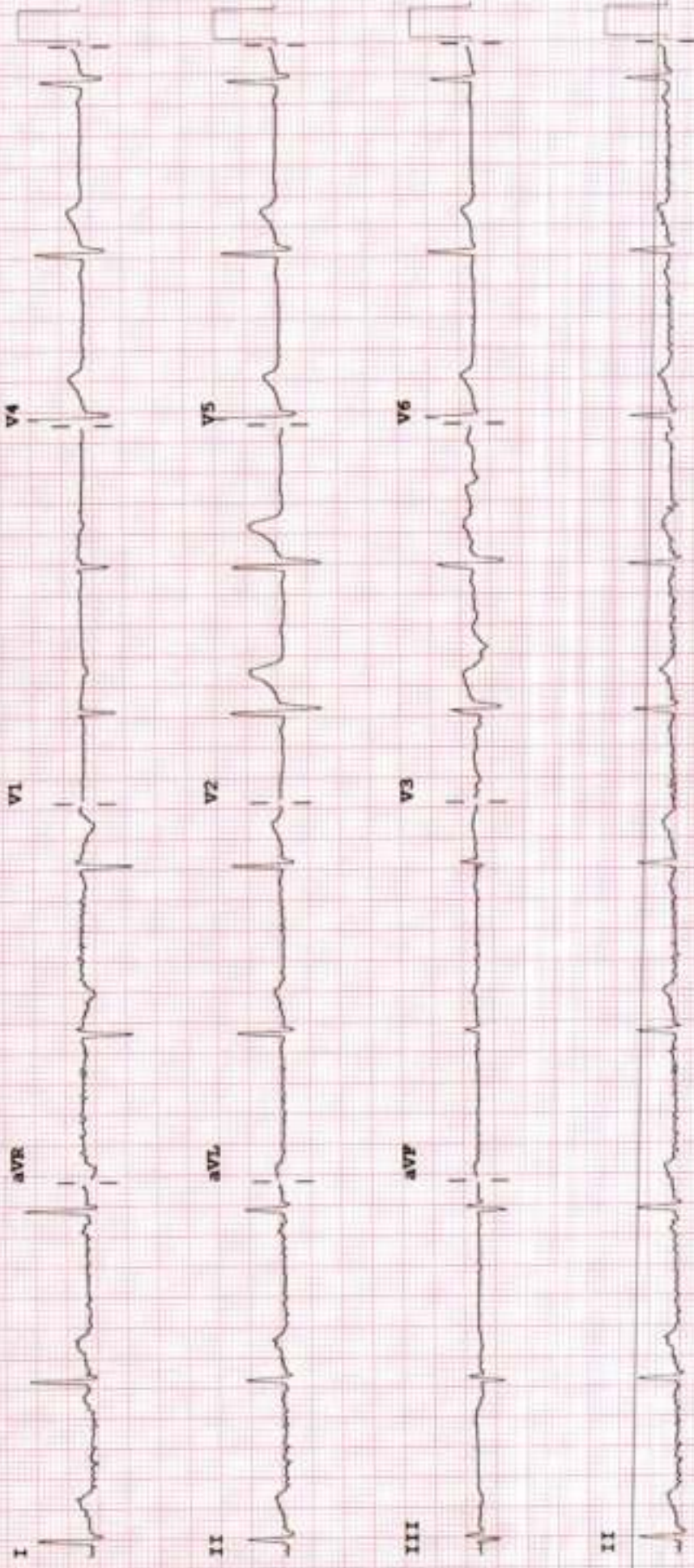
P 9

QRS 13

T 23

12 Lead; Standard Placement

Unconfirmed Diagnosis





# ETERNAL HOSPITAL Sanganer



## DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40009314 (937)	RISNo./Status :	4020176/
Patient Name :	Mr. SANJAY SINGH	Age/Gender :	35 Y/M
Referred By :	EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	13/01/2024 9:04AM/ OPSCR23-24/10971	Scan Date :	
Report Date :	13/01/2024 1:34PM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

### 2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

#### M MODE DIMENSIONS: -

		Normal		Normal
IVSD	11.1	6-12mm	LVIDS	31.3
LVIDD	47.7	32-57mm	LVPWS	17.3
LVPWD	11.6	6-12mm	AO	31.8
IVSS	17.8	mm	LA	31.8
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	0.71	e'	-	-	NIL
		A	0.45	E/e'	-		
TRICUSPID VALVE	NORMAL	E		0.47		-	NIL
		A		0.35			
AORTIC VALVE	NORMAL		1.23		-	NIL	
PULMONARY VALVE	NORMAL		0.85		-	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 IVS/IAS

IMPRESSION: - NORMAL BI VENTRICULAR FUNCTIONS

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

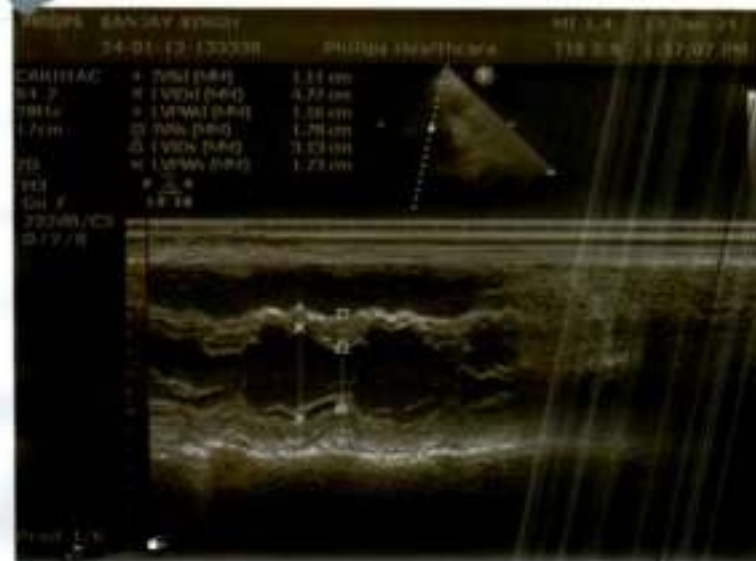
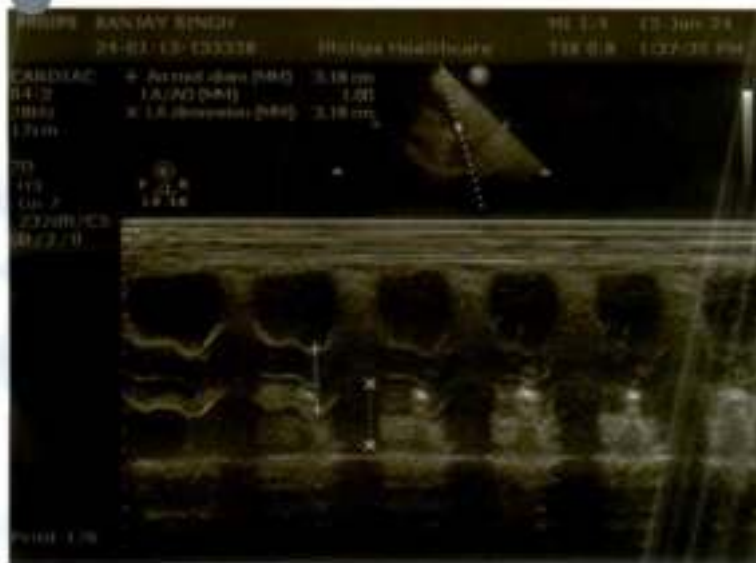
DR ROOPAM SHARMA  
MBBS, PGDCC, FIAE  
CONSULTANT & INCHARGE  
EMERGENCY, PREVENTIVE CARDIOLOGY  
AND WELLNESS CENTRE

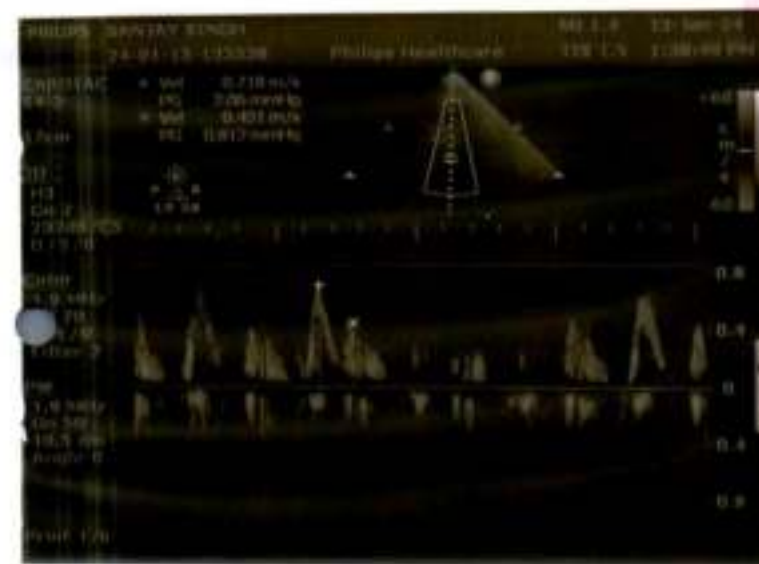
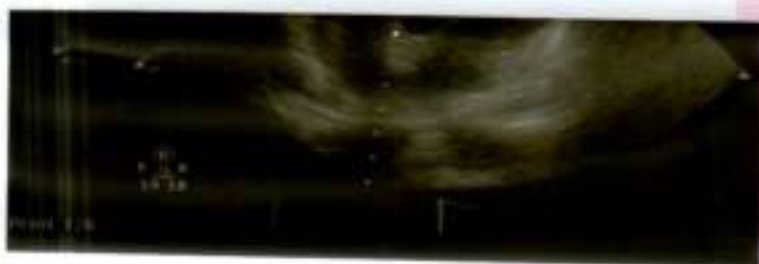
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# ETERNAL HOSPITAL

## Sanganer



### DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40009314 (937)	RISNo./Status :	4020176/
Patient Name :	Mr. SANJAY SINGH	Age/Gender :	35 Y/M
Referred By :	EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	13/01/2024 9:04AM/ DPSCR23-24/10971	Scan Date :	
Report Date :	13/01/2024 10:36AM	Company Name:	Mediwheel - Arcofemi Health Care Ltd.

#### ULTRASOUND STUDY OF WHOLE ABDOMEN

- Liver:** Normal in size & shows increased in 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:** Partially distended. No obvious calculus or mass lesion is seen.
- Prostate:** Is normal in size and echotexture.
- Others:** No significant free fluid is seen in pelvic peritoneal cavity.

**IMPRESSION:** USG findings are suggestive of

- Grade-I fatty liver.

Correlate clinically & with other related investigations.

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

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

GST :08AAATE9596K1ZZ HSN/SAC : 999311

## Credit Bill

Reg No : 40009314 Bill No : OPSCR23-24/10971  
Patient Name : Mr. SANJAY SINGH Bill Date Time : 13/01/2024 9:04AM  
Gender/Age : Male/35 Yr 5 Mth 12 Days Payer : Mediwheel - Arcofemi Health Care Lt  
Contact No : 7568818223 Sponsor : Mediwheel - Arcofemi Health Care Lt  
Address : A-137, MD COLONY NAKA MADAR , AJMER, RAJASTHAN, INDIA, - 305007 Presc. Doctor : Dr. EHS CONSULTANT  
Referred By :  
Approval No : 105139

Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
<b>PHC PACKAGES</b>							
MediWheel Full Body Health Checkup Male Below 40	2600.00	1.00	2600.00	0.00	2600.00	0.00	2600.00
<b>Details Of Package</b>							
<b>CARDIOLOGY</b>							
2 ECG							
3 <del>TMT OR ECHO</del>							
<b>CONSULTATION CHARGES</b>							
4 CONSULTATION - DENTAL (Dr. VAIBHAV NEPALIA AND TEAM)							
5 CONSULTATION - INTERNAL MEDICINE (Dr. EHS CONSULTANT)							
6 CONSULTATION - OPHTHALMOLOGY (Dr. EHS OPHTHAL CONSULT)							
<b>PATHOLOGY</b>							
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)							



**ETERNAL HOSPITAL SANGANER**  
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E-mail : corporate.marketing@eternalheart.org Website: www.eternalhospital.com

GST : 08AAATE9596K1ZZ HSN/SAC : 999311

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SNo	Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
	<b>RADIOLOGY</b>							
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:40009314  
Paord : Registered Mobile Number

**NEETU PHULWARI**  
Authorised Signatory