



ETERNAL HOSPITAL

Sanganer

Dr. Roopam Sharma
MBBS, PGDCC, FIAE
Incharge Emergency, Preventive Cardiology
& Wellness Center
Reg. No. 26363

Mr. Ranantar
31 y/M

Date & Time: 6/1/24
Patient Name: 2:15pm
Age / Gen:
UHID:

Provisional Diagnosis:

Dyslipidemia

Drug Allergy:

Not known

Complaints:

BP → 124/65

P → 68/v

Gen weakness

Medication Advice:

Pain: Yes No

Physical Examination:

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

Systemic Examination:

CVS: S/S
CNS: C4 V5 M6

Respiratory System:

Clear

GI System: Soft

Skin: Warm

- ① Life Style Modification
- ② 2 NICKIT P/O 1 OD
- ③ 2 DFLY P/O 60K once a week
x 3mth.
- ④ 2 ROSUVAS-F (10/160) HS
P/O Bed Time
x 2mth.

Investigation:

Repeat Thyroid
Profile after 6mth

Vit B12

Vit D3

Follow up:

Diet Advice:

Normal

Low Fat

Diabetic

Low Salt

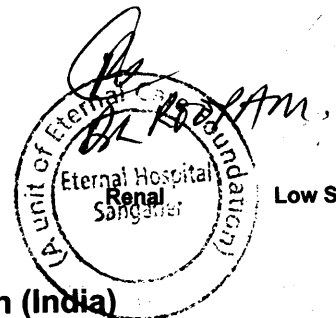
Lipid Profile after 6mth

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Phone:- 0141-3120000

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

Date & Time: 6/1/2024
 Patient Name: Ramkrishna
 Age / Gen: 31 / M.
 UHID:

Provisional Diagnosis:

Drug Allergy: No

Complaints:

Medication Advice:

Pain: Yes No

Root Stumps 6/6
 Missing 6/6
 Stains +
 Calculus
 Irregular teeth

Scaling.

Extraction 6/6

Prosthesis 7/6

Physical Examination:

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

Systemic Examination:

CVS: -

CNS: -

Respiratory System: -

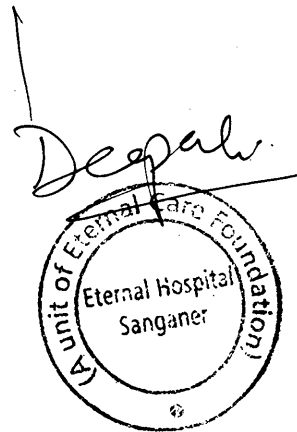
GI System: -

Skin: -

Investigation:

Follow up:

Diet Advice: Normal Low Fat Diabetic Renal Low Salt





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Mr. RAMAVTAR MEENA
I 40009129 Jan 6 2024 9:16AM
F 31 Yrs/Male OPSCR23-24/1066
A EHS CONSULTANT
L 9315880138

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

Pain: Yes No

✓ S/L ✓

VA < R 6/6
L 6/6 H/6

Physical Examination:

Colour vision normal

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

Rp

Misty eye deep in BE
O - O x 1 Month

Systemic Examination:

CVS: _____
CNS: _____

Respiratory System:

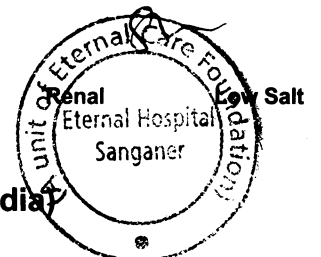
GI System: _____

Skin: _____

Investigation:

Follow up:

Diet Advice: Normal Low Fat Diabetic



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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. RAMAVTAR MEENA	Lab No	4019514
UHID	40009129	Collection Date	06/01/2024 9:45AM
Age/Gender	31 Yrs/Male	Receiving Date	06/01/2024 11:20AM
IP/OP Location	O-OPD	Report Date	06/01/2024 1:21PM
Referred By	EHS CONSULTANT	Report Status	Final
Mobile No.	9315880138		

CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Sample: Urine
URINE SUGAR (RANDOM)				
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE	
PHYSICAL EXAMINATION				
VOLUME	20	ml		
COLOUR	PALE YELLOW		P YELLOW	
APPEARANCE	CLEAR		CLEAR	
CHEMICAL EXAMINATION				
PH	6.0		5.5 - 7.0	
SPECIFIC GRAVITY	1.015		1.016-1.022	
PROTEIN	NEGATIVE		NEGATIVE	
SUGAR	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
BLOOD	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
UROBILINOGEN	NEGATIVE		NEGATIVE	
LEUCOCYTE	NEGATIVE		NEGATIVE	
MICROSCOPIC EXAMINATION				
WBCS/HPF	1-2	/hpf	0 - 3	
RBCS/HPF	0-0	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	0-1	/hpf	0 - 1	
CASTS	NIL		NIL	
CRYSTALS	NIL		NIL	
BACTERIA	NIL		NIL	
OHTERS	NIL		NIL	

RESULT ENTERED BY : SUNIL EHS

Abhinay Verma
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. Vocabulary syntax: Kit insert

****End Of Report****

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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. RAMAVTAR MEENA	Lab No	601363	
UHID	334268	Collection Date	06/01/2024 11:46AM	
Age/Gender	31 Yrs/Male	Receiving Date	06/01/2024 11:49AM	
IP/OP Location	O-OPD	Report Date	06/01/2024 12:55PM	
Referred By	Dr. EHCC Consultant	Report Status	Final	
Mobile No.	9773349797			

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
HBA1C	5.4	%	<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 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.

****End Of Report****

RESULT ENTERED BY : Mr. Ravi

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

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

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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

Patient Name	Mr. RAMAVTAR MEENA	Lab No	601363
UHID	334268	Collection Date	06/01/2024 11:46AM
Age/Gender	31 Yrs/Male	Receiving Date	06/01/2024 11:49AM
IP/OP Location	O-OPD	Report Date	06/01/2024 1:41PM
Referred By	Dr. EHCC Consultant	Report Status	Final
Mobile No.	9773349797		

BLOOD BANK INVESTIGATION

Test Name	Result	Unit	Biological Ref. Range
BLOOD GROUPING	"AB" Rh Negative		

Note :
1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

****End Of Report****

RESULT ENTERED BY : Mr. ARVIND KUMAR DIXIT

Dr. NEHA GUPTA
MBBS|DIHBT|
INCHARGE BLOOD CENTRE

Mr. ARVIND KUMAR DIXIT
DMLT2008
TECHNICAL SUPERVISOR

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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. RAMAVTAR MEENA	Lab No	4019514
UHID	40009129	Collection Date	06/01/2024 9:45AM
Age/Gender	31 Yrs/Male	Receiving Date	06/01/2024 10:09AM
IP/OP Location	O-OPD	Report Date	06/01/2024 11:57AM
Referred By	EHS CONSULTANT	Report Status	Final
Mobile No.	9315880138		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: Fl. Plasma
BLOOD GLUCOSE (FASTING)				
BLOOD GLUCOSE (FASTING)	93.8	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: Serum
THYROID T3 T4 TSH				
T3	1.730 H	ng/mL	0.970 - 1.690	
T4	9.09	ug/dl	5.53 - 11.00	
TSH	1.34	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.

Test Name	Result	Unit	Biological Ref. Range	Sample: Serum
LFT (LIVER FUNCTION TEST)				
BILIRUBIN TOTAL	0.51	mg/dl	0.00 - 1.20	
BILIRUBIN INDIRECT	0.42	mg/dl	0.20 - 1.00	
BILIRUBIN DIRECT	0.09	mg/dl	0.00 - 0.40	
SGOT	46.9 H	U/L	0.0 - 40.0	
SGPT	70.7 H	U/L	0.0 - 40.0	

RESULT ENTERED BY : SUNIL EHS

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BIOCHEMISTRY

TOTAL PROTEIN	8.3	g/dl	6.6 - 8.7
ALBUMIN	5.0	g/dl	3.5 - 5.2
GLOBULIN	3.3		1.8 - 3.6
ALKALINE PHOSPHATASE	94.6	U/L	53 - 128
A/G RATIO	1.5	Ratio	1.5 - 2.5
GGTP	92.9 H	U/L	10.0 - 55.0

BILIRUBIN TOTAL :- Method: DPD assay. Interpretation:-Total Bilirubin measurements are used in the diagnosis and treatment of various liver diseases, and of haemolytic and metabolic disorders in adults and newborns. Both obstruction damage to hepatocellular structure.

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

SGOT - AST :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGOT (AST) measurements are used in the diagnosis and treatment of certain types of liver and heart disease.

SGPT - ALT :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGPT (ALT) Ratio Is Used For Differential Diagnosis In Liver Diseases.

TOTAL PROTEINS :- Method: 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	231		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	37.8		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	119.8		Optimal :- <100 mg/dl Near or Above Optimal :- 100-129 mg/dl Borderline :- 130-159 mg/dl High :- 160-189 mg/dl Very High :- >190 mg/dl
CHOLESTERO VLDL	80 H	mg/dl	10 - 50

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Mobile No.	9315880138		

BIOCHEMISTRY

TRIGLYCERIDES	400.8	Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
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CHOLESTEROL/HDL RATIO	6.1	%
------------------------------	------------	---

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	20.60	mg/dl	16.60 - 48.50
BUN	9.6	mg/dl	6 - 20
CREATININE	0.89	mg/dl	0.60 - 1.10
SODIUM	139.3	mmol/L	136 - 145
POTASSIUM	4.11	mmol/L	3.50 - 5.50
CHLORIDE	100.7	mmol/L	98 - 107
URIC ACID	7.0	mg/dl	3.5 - 7.2
CALCIUM	9.75	mg/dl	8.60 - 10.30

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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. Inrpretation:-Low level: Intake excessive loss formbodydue to diarrhea, vomiting renal failure, High level: Dehydration, shock severe burns, DKA, renalfailure.
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.

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HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
CBC (COMPLETE BLOOD COUNT)			
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN	14.2	g/dl	13.0 - 17.0
PACKED CELL VOLUME(PCV)	43.4	%	40.0 - 50.0
MCV	88.2	fl	82 - 92
MCH	28.9	pg	27 - 32
MCHC	32.7	g/dl	32 - 36
RBC COUNT	4.92	millions/cu.mm	4.50 - 5.50
TLC (TOTAL WBC COUNT)	5.90	10 ³ /uL	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	58.7	%	40 - 80
LYMPHOCYTE	30.2	%	20 - 40
EOSINOPHILS	1.9	%	1 - 6
MONOCYTES	9.0	%	2 - 10
BASOPHIL	0.2 L	%	1 - 2
PLATELET COUNT	2.52	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) 30 H mm/1st hr 0 - 15

RESULT ENTERED BY : SUNIL EHS

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Dr. ABHINAY VERMA

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Method:-Modified Westergrens.

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

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X Ray

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

Both lung fields are clear.

Both CP angles are clear.

Both hemi-diaphragms are normal in shape and outlines.

Cardiac shadow is within normal limits.

Visualized bony thorax is unremarkable.

Correlate clinically & with other related investigations.

****End Of Report****

RESULT ENTERED BY : SUNIL EHS

Dr. RENU JADIYA
MBBS, DNB
RADIOLOGIST

Page: 7 Of 7

(A Unit of Eternal Care Foundation)
Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)
Phone:- 0141-3120000
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Disclaimer : This is Radiological/Pathological impression and not the final diagnosis. It should be correlated with relevant clinical data & investigation. Not Valid for Medico-Legal purpose. Subject to Jaipur Jurisdiction only.



ETERNAL HOSPITAL Sanganer



DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40009129 (426)	RISNo./Status :	4019514/
Patient Name :	Mr. RAMAVTAR MEENA	Age/Gender :	31 Y/M
Referred By :	EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	06/01/2024 9:16AM/ OPSCR23-24/10663	Scan Date :	
Report Date :	06/01/2024 12:54PM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal		Normal
IVSD	11.1	6-12mm	LVIDS	27.0
LVIDD	41.4	32-57mm	LVPWS	16.4
LVPWD	10.1	6-12mm	AO	31.8
IVSS	15.9	mm	LA	25.5
LVEF	62-64	>55%	RA	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
MITRAL VALVE	NORMAL	E	0.95	e'	-	-	NIL
		A	0.58	E/e'	-		
TRICUSPID VALVE	NORMAL	E		0.81		-	NIL
		A		0.66			
AORTIC VALVE	NORMAL	1.04				-	NIL
PULMONARY VALVE	NORMAL	0.75				-	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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DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40009129 (426)	RISNo./Status :	4019514/
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Referred By :	EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	06/01/2024 9:16AM/ OPSCR23-24/10663	Scan Date :	
Report Date :	06/01/2024 10:42AM	Company Name:	Mediwheel - Arcofemi Health Care Ltd.

USG REPORT - ABDOMEN AND PELVIS

LIVER:

Is normal in size 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:

Partially distended. No intraluminal echoes are seen. No calculus or diverticulum is seen.

PROSTATE:

Is normal in size, measuring approx. 16-17cc in volume.

No focal fluid collections seen.

IMPRESSION:

Grade-I fatty liver.

DR. RENU JADIYA

Consultant – Radiology

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Rate 65 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation
. Unknown rhythm, irregular rate

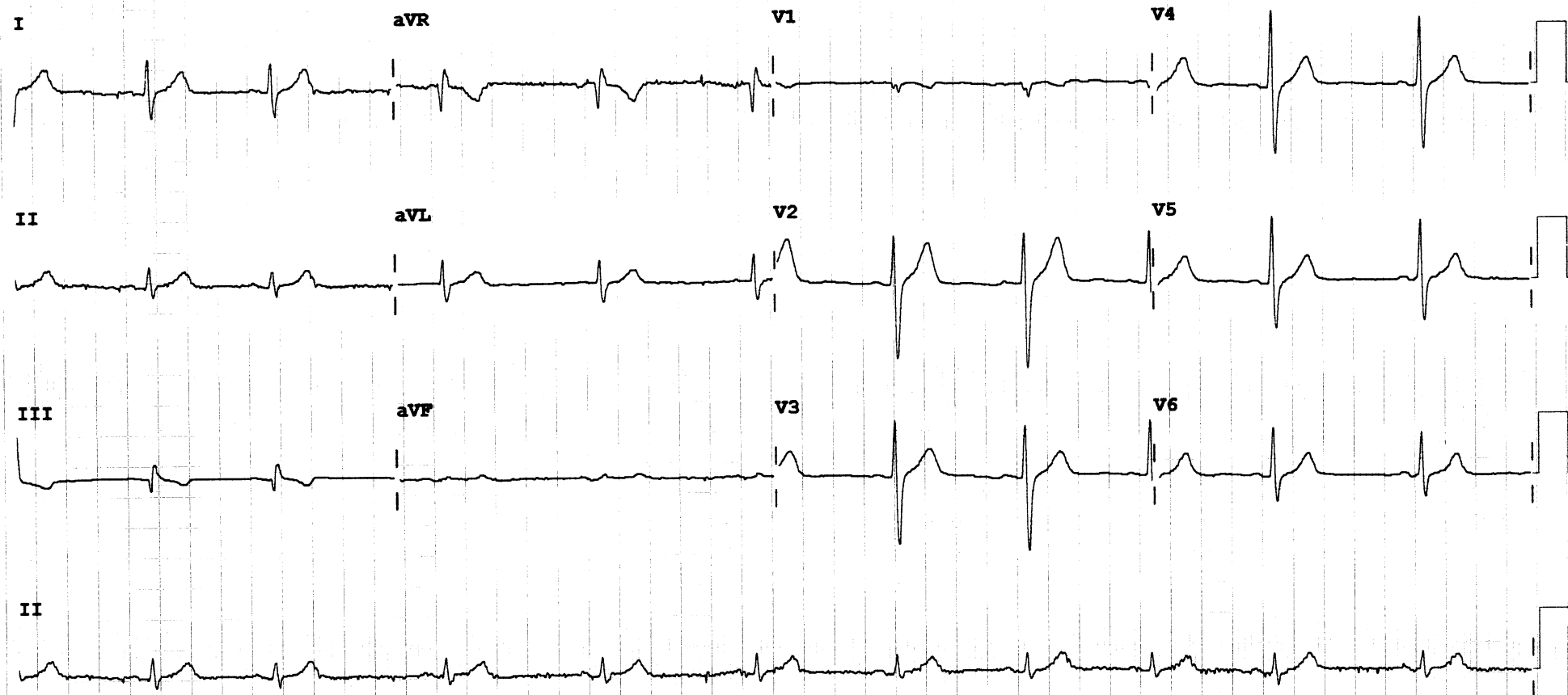
PR 134
QRSD 86
QT 349
QTc 363

--AXIS--

P 36
QRS 62
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

P?



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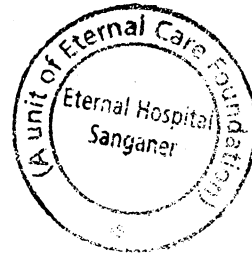
GST : 08AAATE9596K1ZZ HSN/SAC : 999311

Credit Bill

Reg No : 40009129 Bill No : OPSCR23-24/10663
Patient Name : Mr. RAMAVTAR MEENA Bill Date Time : 06/01/2024 9:16AM
Gender/Age : Male/31 Yr 7 Mth 24 Days Payer : Mediwheel - Arcofemi Health Care Ltd.
Contact No : 9315880138 Sponsor : Mediwheel - Arcofemi Health Care Ltd.
Address : VILLAGE SADPURA DADANPUR , KARAUJI, RAJASTHAN, INDIA Presc. Doctor : Dr. EHS CONSULTANT
Referred By :

Approval No :

SNo	Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
PHC PACKAGES								
	MediWheel Full Body Health Checkup Male Below 40	2600.00	1.00	2600.00	0.00	2600.00	0.00	2600.00
REGISTRATION FEES								
	REGISTRATION FEES	50.00	1.00	50.00	0.00	50.00	0.00	50.00
Details Of Package								
CARDIOLOGY								
3	ECG							
4	FMT OR ECHO							
CONSULTATION CHARGES								
5	CONSULTATION - DENTAL (Dr. VAIBHAV NEPALIA AND TEAM)							
6	CONSULTATION - INTERNAL MEDICINE (Dr. EHS CONSULTANT)							
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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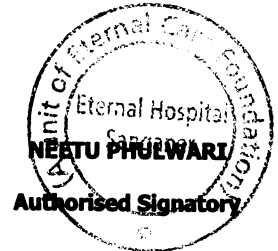
SNo	Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
20	URINE SUGAR (POST PRANDIAL)							
21	URINE SUGAR (RANDOM)							
	RADIOLOGY							
22	ULTRASOUND WHOLE ABDOMEN							
23	X RAY CHEST PA VIEW							

Gross Amount	2650.00
Net Amount	2650.00
Payer Amount	2650.00
Patient Amount	0.00
Amt Received (Rs.)	0.00
Balance Amount	2650.00

Payment Mode

Narration :

To View Investigation Result Login to
<http://patientportal.eternalsanganer.com/>
UserName:40009129
Password : Registered Mobile Number



Images

