



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:

Mr. Santosh Kumar
35y/M

Age / Gen:

3:55 PM

UHID:

Provisional Diagnosis:

↑ T₃ → 1.7

↑ → 4.6

Medication Advice:

Drug Allergy:

Not known

Complaints:

BP → 130/90

P → 90/w

↑ Triglyceride → 183

↑ SPT → 49.6

↑ Uric Acid → 7.6

↑ Risk 25

Pain: Yes No

Mild Conc LVH, LVEF = 62-64%

Physical Examination:

Pallor: Yes/No Icterus: Yes/No

Cynosis: Yes/No Edema: Yes/No

Lymphadenopathy: Yes/No

Rx

① 7. MEGANEURON OD PLUS
1/0 24hly

Systemic Examination:

CVS: SIS

CNS: GVS M6

Respiratory System:

Clear

GI System: Soft

Skin: Warm

Investigation:

Vit B₁₂

Vit D₃

Follow up:

Repeat THYROID PROFILE
after 1mth

Diet Advice:

Normal

Low Fat

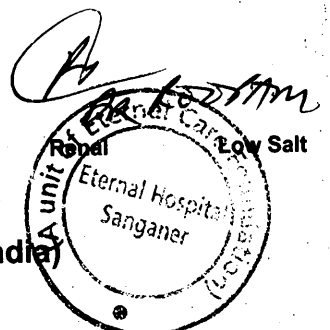
Diabetic

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Mr. SANTOSH KUMAR MEENA
 40009322 Jan 13 2024 10:41AM
 35 Yrs/Male OPSCR23-24/1097
 EHS CONSULTANT
 7737669909

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

Pain: Yes No

VA $\left\{ \begin{array}{l} R 6/9 \\ L 6/6 \end{array} \right.$ N $\left\{ \begin{array}{l} R 2/6 \\ L 2/6 \end{array} \right.$

✓ S/L ✓

Physical Examination:

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

Colour vision Normal

Systemic Examination:

CVS : _____
 CN _____

Adv. Refraction

Respiratory System :

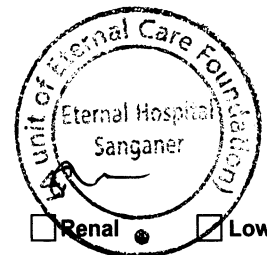
GI System : _____

Skin : _____

Investigation:

Follow up:

Diet Advice: Normal Low Fat Diabetic Renal Low Salt





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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. SANTOSH KUMAR MEENA	Lab No	605871
UHID	335144	Collection Date	13/01/2024 1:45PM
Age/Gender	35 Yrs/Male	Receiving Date	13/01/2024 1:49PM
IP/OP Location	O-OPD	Report Date	13/01/2024 2:39PM
Referred By	Dr. EHCC Consultant	Report Status	Final
Mobile No.	9773349797		



BIOCHEMISTRY

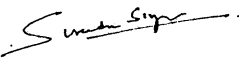
Test Name	Result	Unit	Biological Ref. Range
HBA1C	5.9	%	< 5.7% Nondiabetic 5.7-6.4% Pre-diabetic > 6.4% Indicate Diabetes
			Known Diabetic Patients < 7 % Excellent Control 7 - 8 % Good Control > 8 % Poor Control

Sample: WHOLE BLOOD EDTA

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. Ravi


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

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

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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. SANTOSH KUMAR MEENA	Lab No	4020192
UHID	40009322	Collection Date	13/01/2024 11:25AM
Age/Gender	35 Yrs/Male	Receiving Date	13/01/2024 11:40AM
IP/OP Location	O-OPD	Report Date	13/01/2024 2:24PM
Referred By	EHS CONSULTANT	Report Status	Final
Mobile No.	7737669909		

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.

****End Of Report****

RESULT ENTERED BY : SUNIL EHS

Abhinay Verma
Dr. ABHINAY VERMA

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: Fl. Plasma
BLOOD GLUCOSE (FASTING)				
BLOOD GLUCOSE (FASTING)	93.1	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: Serum
THYROID T3 T4 TSH				
T3	1.710 H	ng/mL	0.970 - 1.690	
T4	6.89	ug/dl	5.53 - 11.00	
TSH	4.62 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 :- 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
LY (LIVER FUNCTION TEST)				
BILIRUBIN TOTAL	0.67	mg/dl	0.00 - 1.20	
BILIRUBIN INDIRECT	0.47	mg/dl	0.20 - 1.00	
BILIRUBIN DIRECT	0.20	mg/dl	0.00 - 0.40	
SGOT	35.0	U/L	0.0 - 40.0	
SGPT	49.6 H	U/L	0.0 - 40.0	

RESULT ENTERED BY : SUNIL EHS

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BIOCHEMISTRY

TOTAL PROTEIN	7.3	g/dl	6.6 - 8.7
ALBUMIN	5.1	g/dl	3.5 - 5.2
GLOBULIN	2.2		1.8 - 3.6
ALKALINE PHOSPHATASE	50.7 L	U/L	53 - 128
A/G RATIO	2.3	Ratio	1.5 - 2.5
GGTP	42.1	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	143		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	41.3		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	73.6		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	37	mg/dl	10 - 50

RESULT ENTERED BY : SUNIL EHS


Dr. ABHINAY VERMA

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Mobile No.	7737669909		

BIOCHEMISTRY

TRIGLYCERIDES	183.8	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	3.5	%
-----------------------	-----	---

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	23.90	mg/dl	16.60 - 48.50
BUN	11.2	mg/dl	6 - 20
CREATININE	0.67	mg/dl	0.60 - 1.10
SODIUM	139.2	mmol/L	136 - 145
POTASSIUM	3.94	mmol/L	3.50 - 5.50
CHLORIDE	102.7	mmol/L	98 - 107
ACID	7.6 H	mg/dl	3.5 - 7.2
CALCIUM	9.13	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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CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	
URINE SUGAR (RANDOM)				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	1.030		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	0-0	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	1-2	/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: 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

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HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
Sample: WHOLE BLOOD EDTA			
CBC (COMPLETE BLOOD COUNT)			
HAEMOGLOBIN	13.2	g/dl	13.0 - 17.0
PACKED CELL VOLUME(PCV)	41.4	%	40.0 - 50.0
MCV	90.2	fl	82 - 92
MCH	28.8	pg	27 - 32
MCHC	31.9 L	g/dl	32 - 36
RBC COUNT	4.59	millions/cu.mm	4.50 - 5.50
TLC (TOTAL WBC COUNT)	8.85	10 ³ /uL	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	77.5	%	40 - 80
LYMPHOCYTE	13.9 L	%	20 - 40
EOSINOPHILS	1.6	%	1 - 6
MONOCYTES	6.7	%	2 - 10
BASOPHIL	0.3 L	%	1 - 2
PLATELET COUNT	2.60	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) 25 H mm/1st hr 0 - 15

RESULT ENTERED BY : SUNIL EHS

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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.

th CP angles are clear.

Both hemi-diaphragms arenormal in shape and outlines.

Cardiac shadow is withinnormal limits.

Visualized bony thorax isunremarkable.

Correlateclinically & with other related investigations.

****End Of Report****

RESULT ENTERED BY : SUNIL EHS

APOORVA JETWANI

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DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40009322 (948)	RISNo./Status :	4020192/
Patient Name :	Mr. SANTOSH KUMAR MEENA	Age/Gender :	35 Y/M
Referred By :	EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	13/01/2024 10:41AM/ OPSCR23-24/10976	Scan Date :	
Report Date :	13/01/2024 11:38AM	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:** 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

- 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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Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)
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Page 1 of 1

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	40009322 (948)	RISNo./Status :	4020192/
Patient Name :	Mr. SANTOSH KUMAR MEENA	Age/Gender :	35 Y/M
Referred By :	EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	13/01/2024 10:41AM/ OPSCR23-24/10976	Scan Date :	
Report Date :	13/01/2024 11:55AM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal		Normal
IVSD	12.9	6-12mm	LVIDS	29.6
LVIDD	46.3	32-57mm	LVPWS	19.1
LVPWD	12.6	6-12mm	AO	34.3
IVSS	19.9	mm	LA	34.1
LVEF	62-64	>55%	RA	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
MITRAL VALVE	NORMAL	E	1.05	e'	0.14	-	NIL
		A	0.82	E/e'	7.5		
TRICUSPID VALVE	NORMAL	E	0.69		-	NIL	
		A	0.75				
AORTIC VALVE	NORMAL	1.26				-	NIL
PULMONARY VALVE	NORMAL	0.95				-	NIL

COMMENTS & CONCLUSION: -

- MILD CONCENTRIC LVH, OTHER 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: - MILD CONCENTRIC LVH, 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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Page 1 of 1

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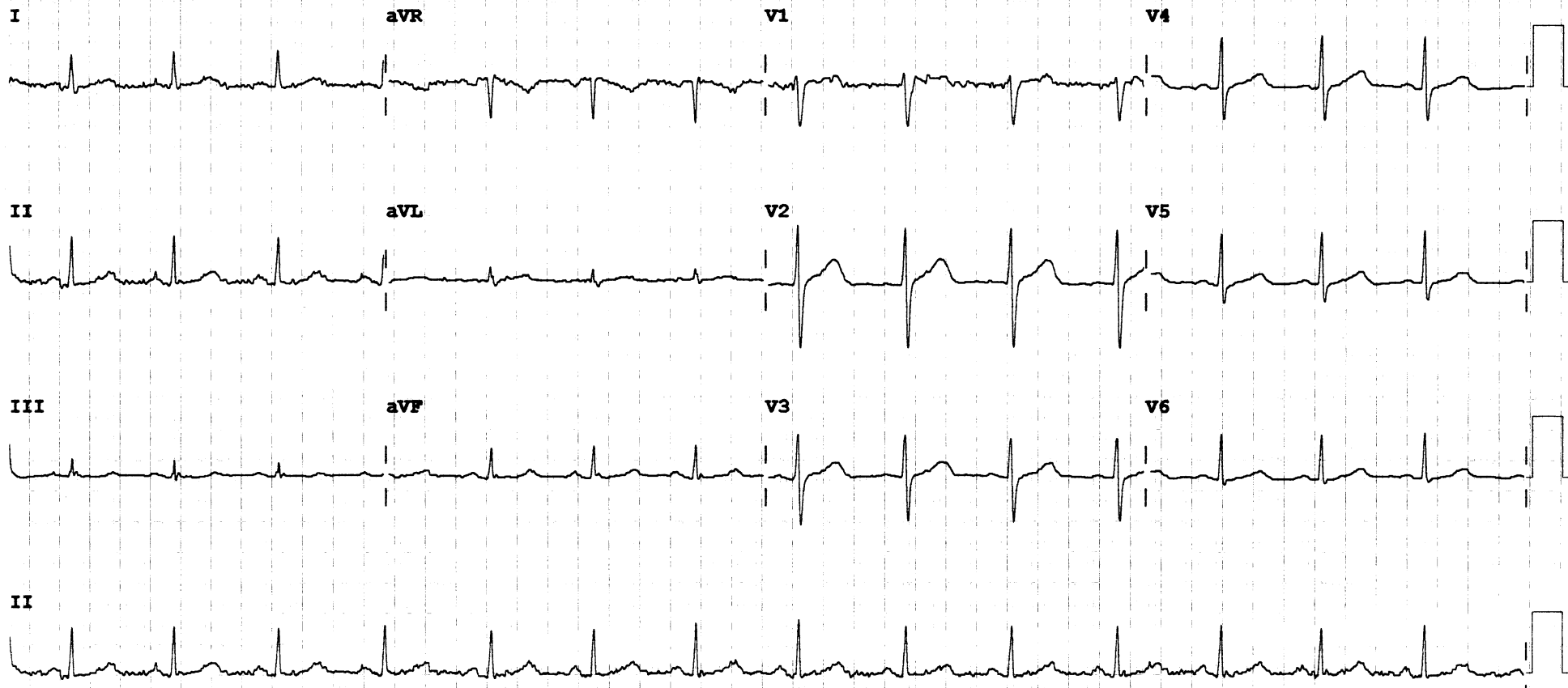
Rate 88 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation)
 . Sinus rhythm)

PR 146
QRSD 82
QT 378
QTc 458

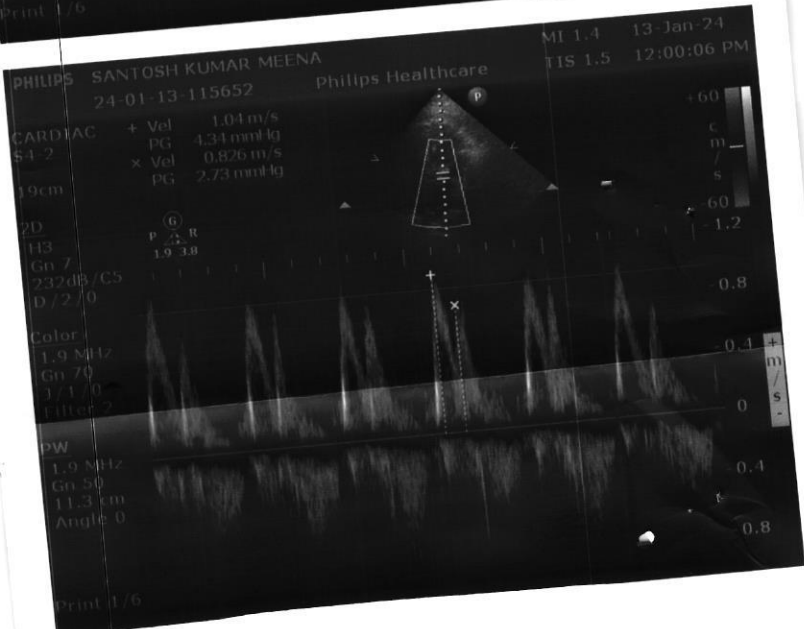
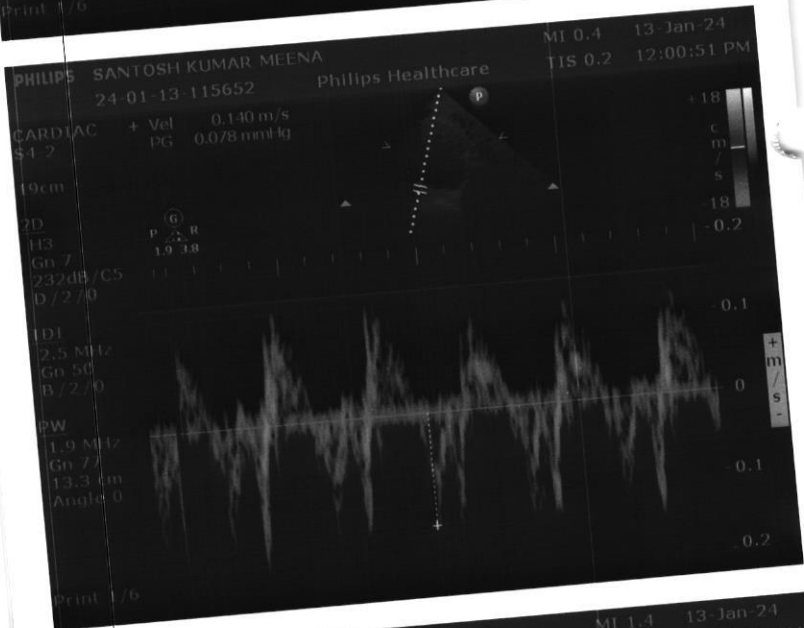
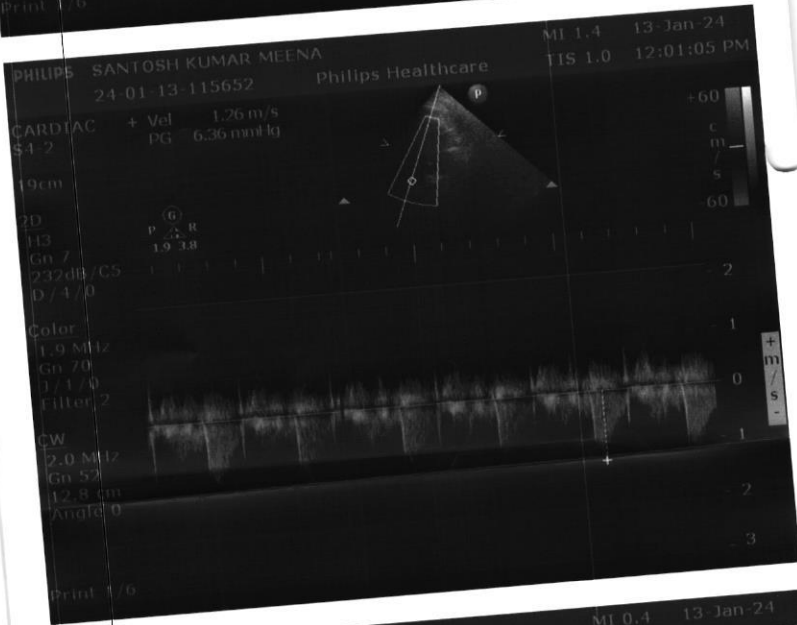
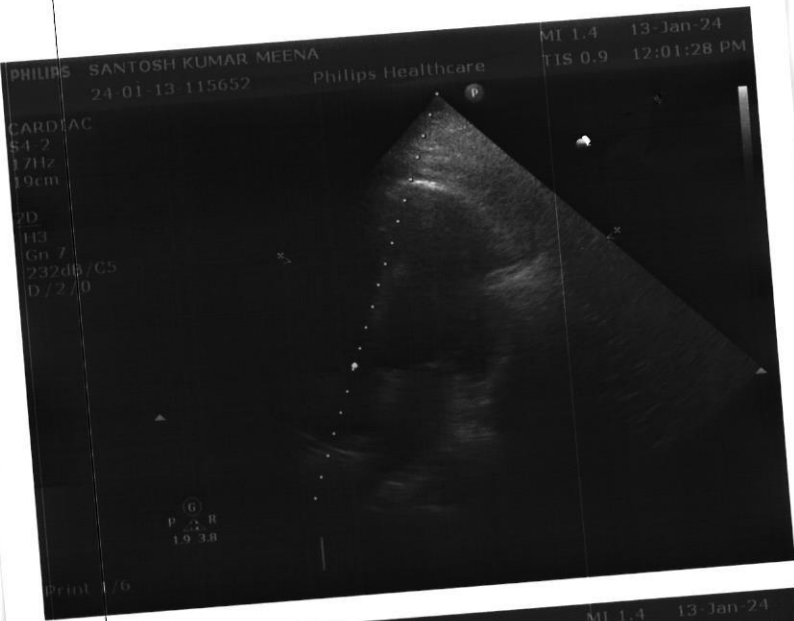
--AXIS--
P 57
QRS 47
T 38

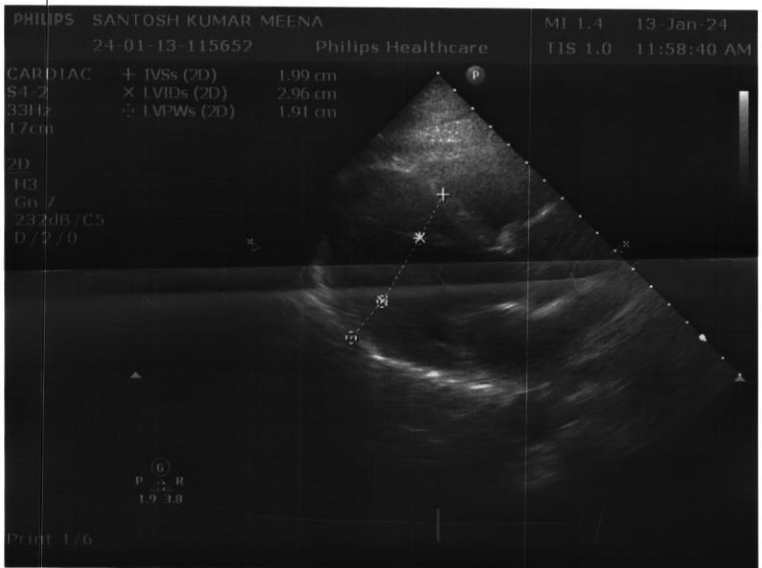
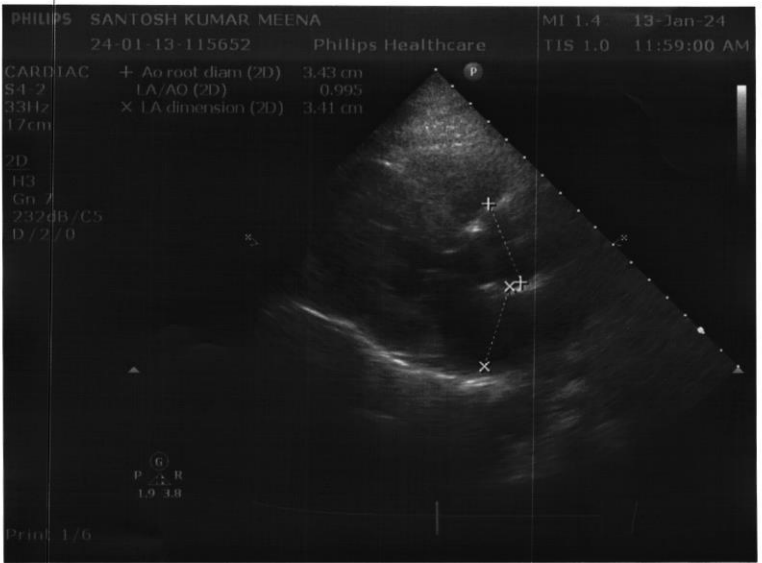
12 Lead; Standard Placement

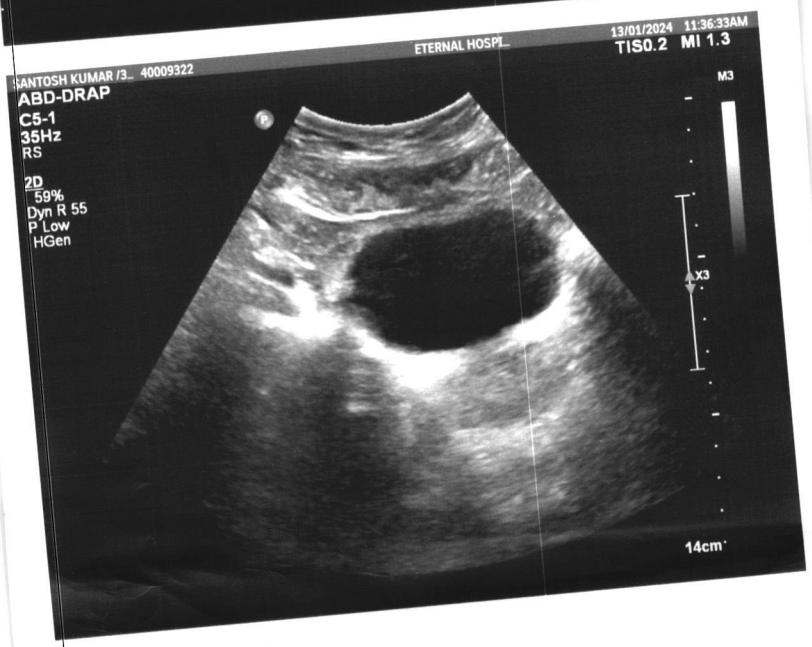
Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.50- 40 Hz W PH100B CL P?









ETERNAL HOSPITAL SANGANER
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Phone : +91-9116779911,0141-2774000

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

GST : 08AAATE9596K1ZZ HSN/SAC : 999311

Credit Bill

Reg No : 40009322 Bill No : OPSCR23-24/10976
Patient Name : Mr. SANTOSH KUMAR MEENA Bill Date Time : 13/01/2024 10:41AM
Gender/Age : Male/35 Yr 0 Mth 12 Days Payer : Mediwheel - Arcofemi Health Care Ltd.
Contact No : 7737669909 Sponsor : Mediwheel - Arcofemi Health Care Ltd.
Address : WARD NO-20, DEWATWAL COLONY, Presc. Doctor : Dr. EHS CONSULTANT
BANDIKUI , DAUSA, RAJASTHAN, INDIA Referred By :
Approval No : 111595

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
	Details Of Package							
	CARDIOLOGY							
2	ECG							
3	TMT OR ECHO							
	CONSULTATION CHARGES							
4	CONSULTATION - DENTAL (Dr. VAIBHAV NEPALIA AND TEAM)							
5	CONSULTATION - INTERNAL MEDICINE (Dr. EHS CONSULTANT)							
6	CONSULTATION - OPHTHALMOLOGY (Dr. EHS OPHTHAL CONSULT)							
	PATHOLOGY							
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)							



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Approval No : 111595

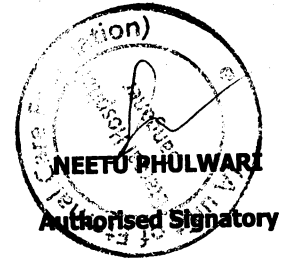
SNo	Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
RADIOLOGY								
21	ULTRASOUND WHOLE ABDOMEN							
22	X RAY CHEST PA VIEW							

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
ht://patientportal.eternalsanganer.com/
UserName:40009322
Password : Registered Mobile Number





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Phone : +91-9116779911,0141-2774000

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

GST :08AAATE9596K1ZZ HSN/SAC : 999311

Cash Bill

Reg No : 40009322 Bill No : OPSCA23-24/7755
Patient Name : Mr. SANTOSH KUMAR MEENA Bill Date Time : 13/01/2024 4:21PM
Gender/Age : Male/35 Yr 0 Mth 12 Days Payer : Mediwheel - Arcofemi Health Care Ltd.
Contact No : 7737669909 Sponsor : Mediwheel - Arcofemi Health Care Ltd.
Address : WARD NO-20, DEWATWAL COLONY, Presc. Doctor : Dr. EHS CONSULTANT
BANDIKUI , DAUSA, RAJASTHAN, INDIA Referred By :
Approval No :

SNo	Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
	PHC PACKAGES							
	MEDIWHEEL VITAMIN CHECKUP	1750.00	1.00	1750.00	0.00	1750.00	1750.00	0.00
	Details Of Package							
	PATHOLOGY							
2	VITAMIN B12							
3	VITAMIN D - TOTAL (25 - Hydroxyvitamin D)							

Gross Amount	1750.00
Net Amount	1750.00
Payer Amount	0.00
Patient Amount	1750.00
Amt Received (Rs.)	1750.00

Payment Mode By Credit/Debit Card: 1750.00 OTHERS xxxx-xxxx-xxxx-401343865252-UPI

narration :

To View Investigation Result Login to
<http://patientportal.eternalsanganer.com/>
UserName:40009322
Password : Registered Mobile Number

