



ETERNAL HOSPITAL

Sanganer

Dr. Roopam Sharma

MBBS, PGDCC, FIAE

Incharge Emergency, Preventive Cardiology
& Wellness Center

Reg. No. 26363

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

Mr. Samiksha
30y / F

Provisional Diagnosis:

Drug Allergy:

Complaints:

HBA_{1c} → 5.9, T. cholesterol → 235
Medication Advice: T₃ ↑ 1.7
T₄ ↑ 4.1

Not know

Pain: Yes No

BP → 107/68
P → 82/v

LMP → 29/12/23

Gen weakness

Physical Examination:

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

hp
① 2 NICKIT No 1 OD

Systemic Examination:

CVS: S, S₂
CNS: B, V, S, M, 6

② 2 DAILY 60K once a week
p/o x 3mth

Respiratory System:

Clear

③ Life Style Modification.

GI System: Soft

Skin: Wan

Investigation:

Vit B₁₂
Vit D₃

Follow up:

Diet Advice:

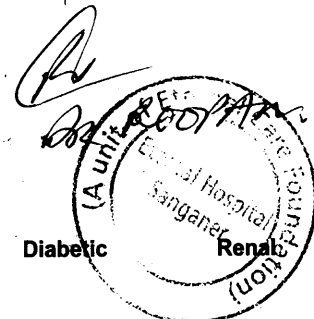
Normal

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



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

Date & Time: 6/11/23
 Patient Name: SAMIRAMA
 Age / Gen: CHANDRA
 UHID: 3018

Provisional Diagnosis: For Health checkup.

Drug Allergy: None

Complaints: Medication Advice:

Pain: Yes No

Kro complaints
 on any or per
 M/G - 29/10/23
 Key 6 of her
 Q5 - ML - 2g, Nulligravida.

① Gas Mero (Aomop) PO BD x 5 Day
 (After food)
 ② 1st EMSEK (Am) PO BD x 5 Day
 ③ CANSORICIL PO HS x 3 nights
 (1st night stand 2)

Physical Examination: None/Lo tr
 Pallor: Yes No Icterus: Yes No
 Cynosis: Yes No Edema: Yes No
 Lymphadenopathy: Yes No
 Colon Green (GMS)

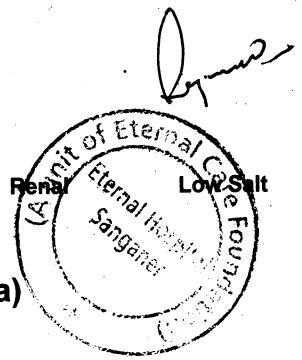
Systemic Examination:
 CVS: LS - faintly completed
 Mixed or thick vaf. LS.
 Respiratory System: W - MDD

GI System: C
 Skin: C

Investigation:
 Bp Smeear

Follow up: Repeat

Diet Advice: Normal Low Fat Diabetic





ETERNAL HOSPITAL Sanganer

Mrs. SAMIKSHA CHATURVEDI
40009134 Jan 6 2024 9:44AM
30 Yrs/Fem OPSCR23-24/1066
Dr. ROOPAM SHARMA
8849485251

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

Pain: Yes No

watering eye

VA < R 6/9 HTG
L 6/6P

CS/L

Physical Examination:

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

Colour vision Normal

Adv. Refraction

Systemic Examination:

CVS : _____

CS : _____

Respiratory System :

R
Misty eye drop in RE
O - O - O + 1 Month

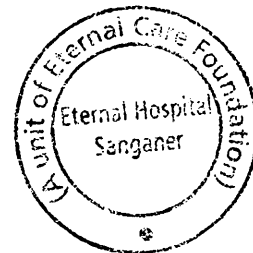
GI System : _____

Skin : _____

Investigation:

Follow up:

Diet Advice: Normal Low Fat Diabetic Renal Low Salt





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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mrs. SAMIKSHA CHATURVEDI	Lab No	601367
UHID	334269	Collection Date	06/01/2024 11:46AM
Age/Gender	30 Yrs/Female	Receiving Date	06/01/2024 11:53AM
IP/OP Location	O-OPD	Report Date	06/01/2024 12:54PM
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
			Sample: WHOLE BLOOD EDTA
			Known Diabetic Patients < 7 % Excellent Control 7 - 8 % Good Control > 8 % Poor Control

Method : - High - performance liquid chromatography HPLC
Interpretation:-Monitoring long term glycemc 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	Mrs. SAMIKSHA CHATURVEDI	Lab No	4019519
UHID	40009134	Collection Date	06/01/2024 10:12AM
Age/Gender	30 Yrs/Female	Receiving Date	06/01/2024 10:14AM
IP/OP Location	O-OPD	Report Date	06/01/2024 11:56AM
Referred By	Dr. ROOPAM SHARMA	Report Status	Final
Mobile No.	8949485251		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: Fl. Plasma
BLOOD GLUCOSE (FASTING)				
BLOOD GLUCOSE (FASTING)	106.9 H	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	1.720 H	ng/mL	0.970 - 1.690	
T4	10.80	ug/dl	5.53 - 11.00	
TSH	4.13 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.

Test Name	Result	Unit	Biological Ref. Range	Sample: Serum
LFT (LIVER FUNCTION TEST)				
BILIRUBIN TOTAL	0.61	mg/dl	0.00 - 1.20	
BILIRUBIN INDIRECT	0.47	mg/dl	0.20 - 1.00	
BILIRUBIN DIRECT	0.14	mg/dl	0.00 - 0.40	
SGOT	35.2	U/L	0.0 - 40.0	
SGPT	33.9	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	8.2	g/dl	6.6 - 8.7
ALBUMIN	4.8	g/dl	3.5 - 5.2
GLOBULIN	3.4		1.8 - 3.6
ALKALINE PHOSPHATASE	75.7	U/L	42 - 98
A/G RATIO	1.4 L	Ratio	1.5 - 2.5
GGTP	32.0	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	235		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	56.9		High Risk :- <40 mg/dl (Male), <40 mg/dl (Female) Low Risk :- >=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	132.5		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	28	mg/dl	10 - 50

RESULT ENTERED BY : SUNIL EHS


Dr. ABHINAY VERMA

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IP/OP Location	O-OPD	Report Date	06/01/2024 11:56AM
Referred By	Dr. ROOPAM SHARMA	Report Status	Final
Mobile No.	8949485251		

BIOCHEMISTRY

TRIGLYCERIDES 137.7

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

CHOLESTEROL/HDL RATIO 4.1 %

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 form 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 triglycerde 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	16.10 L	mg/dl	16.60 - 48.50
BUN	7.5	mg/dl	6 - 20
CREATININE	0.58	mg/dl	0.50 - 0.90
SODIUM	137.6	mmol/L	136 - 145
POTASSIUM	3.94	mmol/L	3.50 - 5.50
CHLORIDE	100.3	mmol/L	98 - 107
URIC ACID	4.4	mg/dl	2.6 - 6.0
CALCIUM	9.74	mg/dl	8.60 - 10.30

RESULT ENTERED BY : SUNIL EHS

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Mobile No.	8949485251		

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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UHID	40009134	Collection Date	06/01/2024 10:12AM
Age/Gender	30 Yrs/Female	Receiving Date	06/01/2024 10:14AM
IP/OP Location	O-OPD	Report Date	06/01/2024 11:56AM
Referred By	Dr. ROOPAM SHARMA	Report Status	Final
Mobile No.	8949485251		

BLOOD BANK INVESTIGATION

Test Name	Result	Unit	Biological Ref. Range
BLOOD GROUPING	"A" Rh Positive		

Note :

- Both forward and reverse grouping performed.
- Test conducted on EDTA whole blood.

RESULT ENTERED BY : SUNIL EHS


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Age/Gender	30 Yrs/Female	Receiving Date	06/01/2024 10:14AM
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Referred By	Dr. ROOPAM SHARMA	Report Status	Final
Mobile No.	8949485251		

HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
CBC (COMPLETE BLOOD COUNT)			
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN	12.8	g/dl	12.0 - 15.0
PACKED CELL VOLUME(PCV)	40.4	%	36.0 - 46.0
MCV	90.6	fl	82 - 92
MCH	28.7	pg	27 - 32
MCHC	31.7 L	g/dl	32 - 36
RBC COUNT	4.46	millions/cu.mm	3.80 - 4.80
TLC (TOTAL WBC COUNT)	7.64	10 ³ /uL	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	51.2	%	40 - 80
LYMPHOCYTE	39.5	%	20 - 40
EOSINOPHILS	3.5	%	1 - 6
MONOCYTES	5.1	%	2 - 10
BASOPHIL	0.7 L	%	1 - 2
PLATELET COUNT	4.59 H	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
 LYMPHOCYTS :- 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) 45 H mm/1st hr 0 - 15

RESULT ENTERED BY : SUNIL EHS

Abhinay Verma
Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY -



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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
-----------	--------	------	-----------------------

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

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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

0

Patient Name	Mrs. SAMIKSHA CHATURVEDI	Lab No	4019519
UHID	40009134	Sample Date	06/01/2024 12:48PM
Age/Gender	30 Yrs/Female	Report Date	06/01/2024 1:21PM
Prescribed By	Dr. ROOPAM SHARMA	Bed No / Ward	OPD
Referred By	Dr. ROOPAM SHARMA	Report Status	Final
Company	Mediwheel - Arcofemi Health Care Ltd.		

CYTOLOGY

CYTOLOGY*

Type of Specimen

Pap smear (Conventional)

No. of smears examined

Two

Satisfactory for evaluation.

Adequacy

Adequate

Endocervical cells

Seen.

Inflammation

Mild acute inflammation.

Organisms

Not seen

Epithelial cell abnormality

Not seen

Others

-

Impression

Negative for intraepithelial lesion / malignancy.

Note: Test marked as * are not accredited by NABL

Bethesda2014 .

** End Of Report **

Dr. ABHINAY VERMA
MBBS|MD|INCHARGE PATHOLOGY

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DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40009134 (431)	RISNo./Status :	4019519/
Patient Name :	Mrs. SAMIKSHA CHATURVEDI	Age/Gender :	30 Y/F
Referred By :	Dr. ROOPAM SHARMA	Ward/Bed No :	OPD
Bill Date/No :	06/01/2024 9:44AM/ OPSCR23-24/10666	Scan Date :	
Report Date :	06/01/2024 1:06PM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal			Normal
IVSD	9.6	6-12mm	LVIDS	22.2	20-40mm
LVIDD	34.2	32-57mm	LVPWS	15.9	mm
LVPWD	9.6	6-12mm	AO	25.5	19-37mm
IVSS	15.4	mm	LA	30.3	19-40mm
LVEF	62-64	>55%	RA	-	mm

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
MITRAL VALVE	NORMAL	E	0.94	e'	-	-	NIL
		A	0.76	E/e'	-		
TRICUSPID VALVE	NORMAL	E	0.68		-	NIL	
		A	0.71				
AORTIC VALVE	NORMAL	1.12				-	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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DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40009134 (431)	RISNo./Status :	4019519/
Patient Name :	Mrs. SAMIKSHA CHATURVEDI	Age/Gender :	30 Y/F
Referred By :	Dr. ROOPAM SHARMA	Ward/Bed No :	OPD
Bill Date/No :	06/01/2024 9:44AM/ OPSCR23-24/10666	Scan Date :	
Report Date :	06/01/2024 11:43AM	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:

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

UTERUS:

Uterus measures ~ 32x32x70mm, anteverted.

Endometrial thickness measures ~ 5.7mm.

No focal lesion noted.



ETERNAL HOSPITAL

Sanganer



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OVARIES:

Both ovaries are normal in size and echoes. Polycystic pattern seen in both ovaries.

Right ovary measures ~ 20x25mm.

Left ovary measures ~ 20x27mm.

No focal fluid collections seen.

IMPRESSION:

Grade-I fatty liver.

Polycystic pattern in both ovaries. (Adv. Hormonal correlation).

DR. APOORVA JETWANI

Incharge & Senior Consultant Radiology

MBBS, DMRD, DNB

Reg. No. 26466, 16307



ETERNAL HOSPITAL

Sanganer



ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mrs. SAMIKSHA CHATURVEDI	Lab No	4019519
UHID	40009134	Collection Date	06/01/2024 10:12AM
Age/Gender	30 Yrs/Female	Receiving Date	06/01/2024 11:33AM
IP/OP Location	O-OPD	Report Date	06/01/2024 1:21PM
Referred By	Dr. ROOPAM SHARMA	Report Status	Final
Mobile No.	8949485251		

CLINICAL PATHOLOGY

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

PHYSICAL EXAMINATION

VOLUME	20	ml		Sample: Urine
COLOUR	PALE YELLOW		P YELLOW	
APPEARANCE	CLEAR		CLEAR	

CHEMICAL EXAMINATION

PH	6.0		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	2-3	/hpf	0 - 3	
RBCS/HPF	0-0	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	4-6	/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

MBBS|MD|INCHARGE PATHOLOGY

Page: 1 Of 2

(A Unit of Eternal Care Foundation)
Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)
Phone:- 0141-3120000
www.eternalhospital.com

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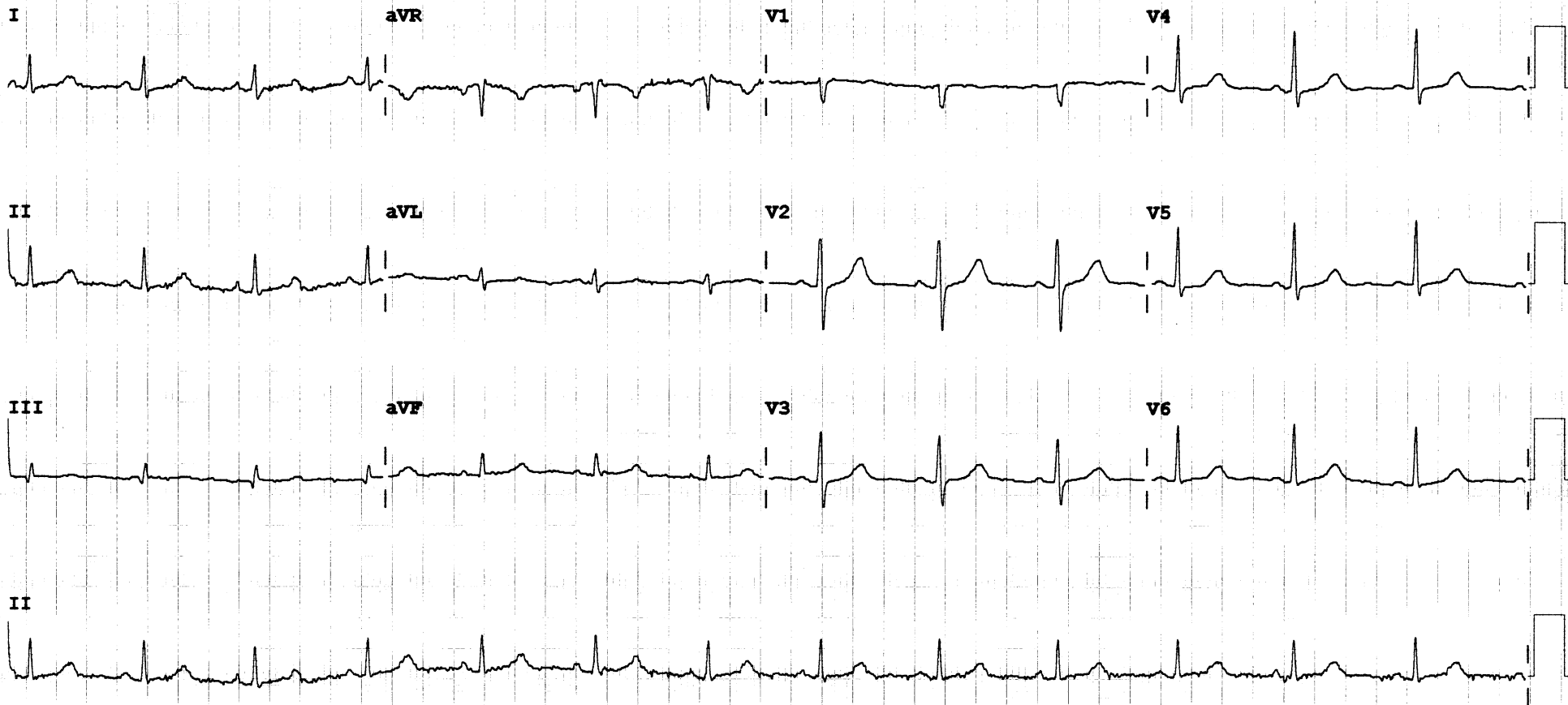
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PR 154 . Sinus rhythm
QRSD 73 . Abnormal R-wave progression, e)ly transition)
QT 395
QTc 453

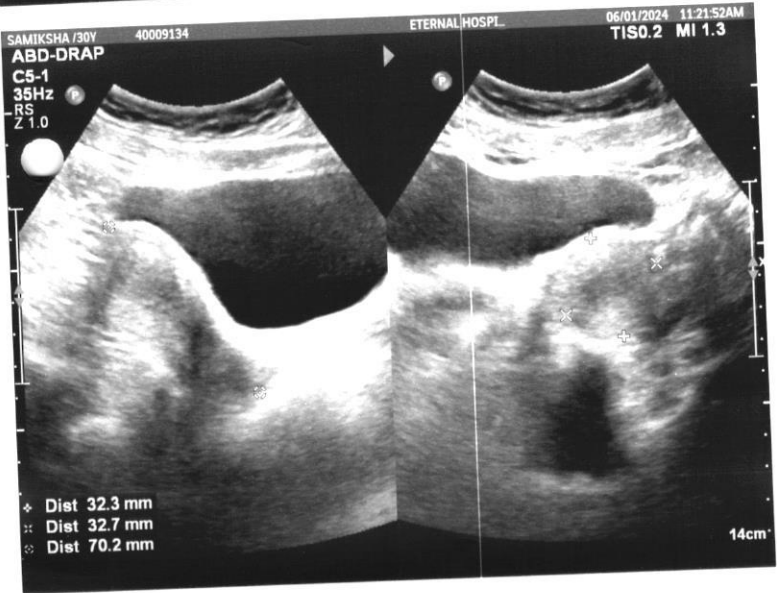
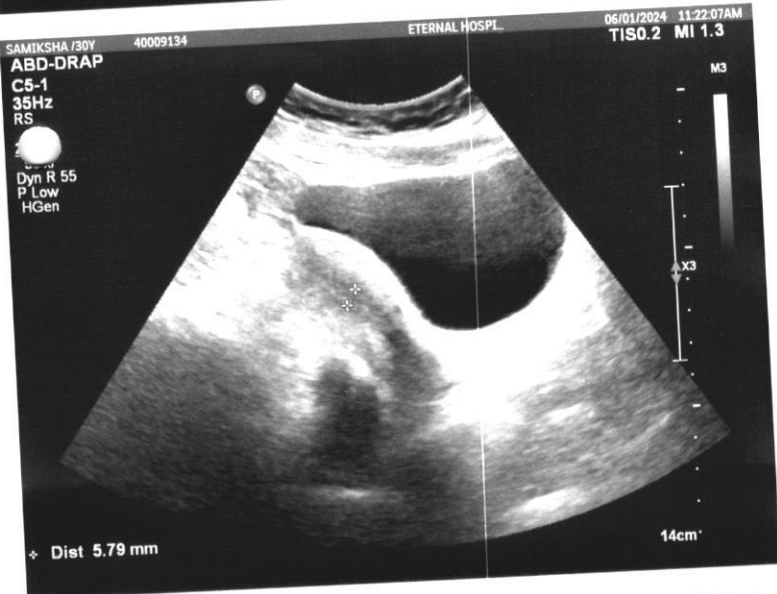
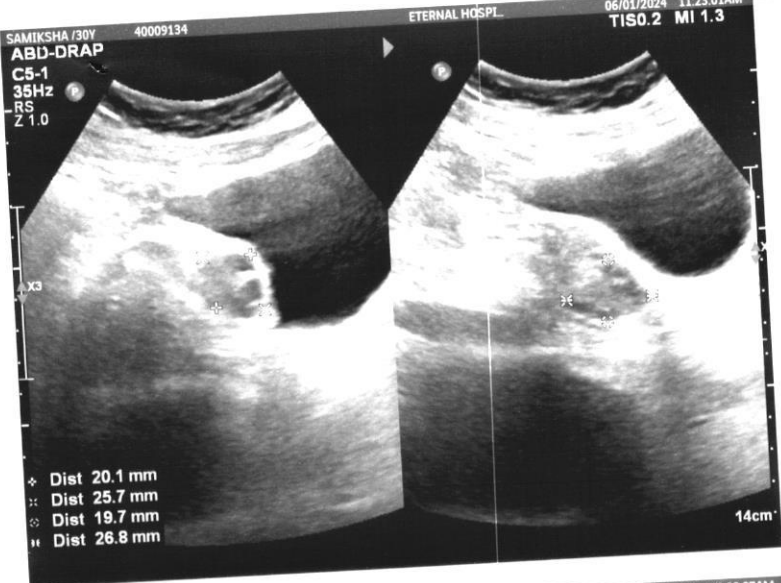
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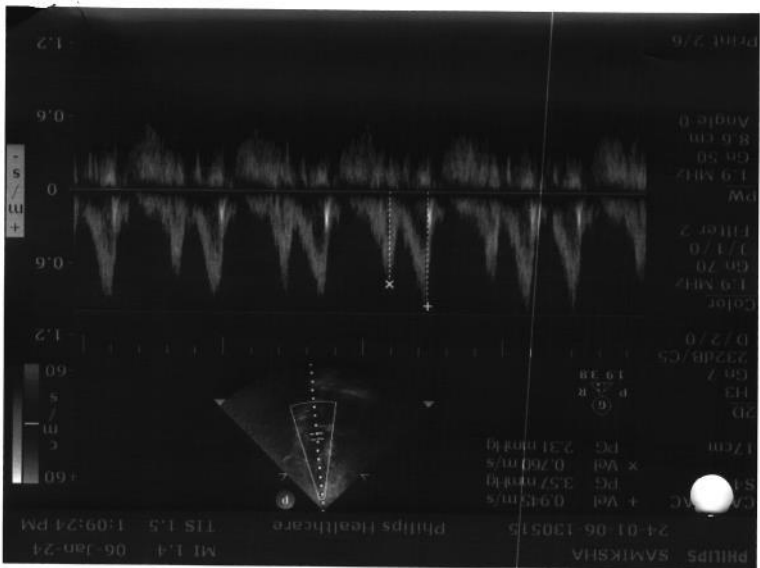
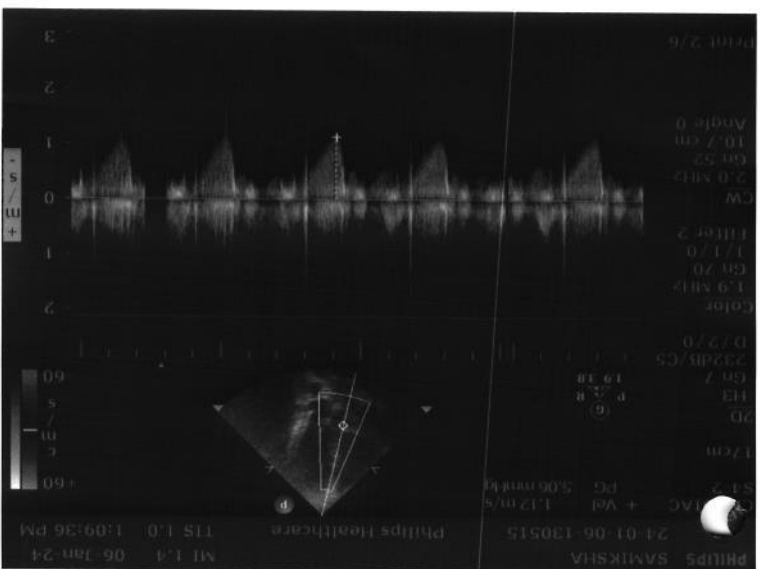
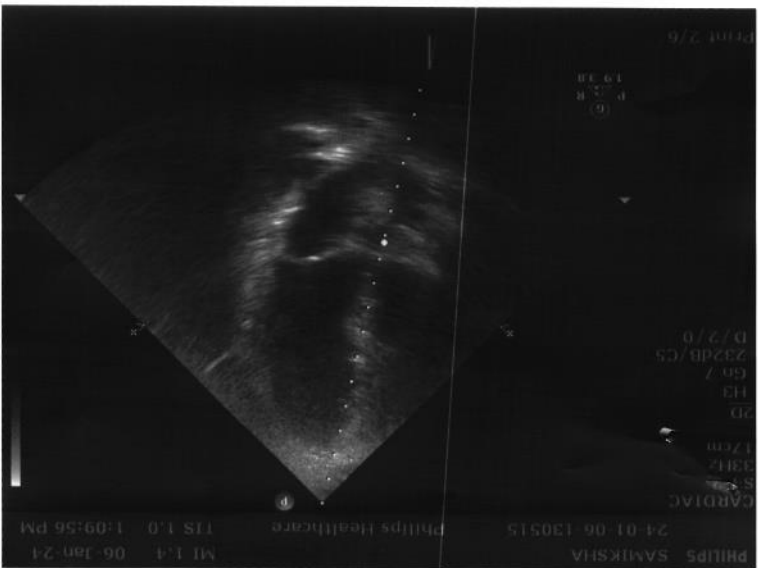
P 22
QRS 51
T 40

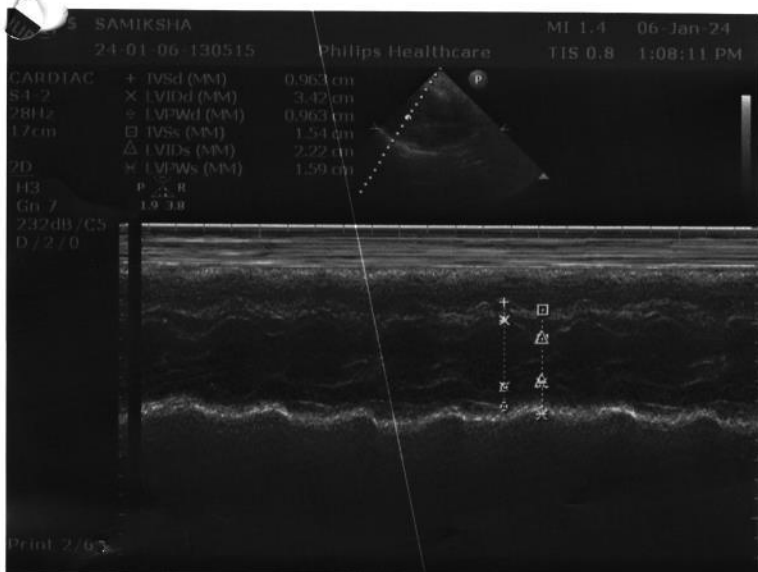
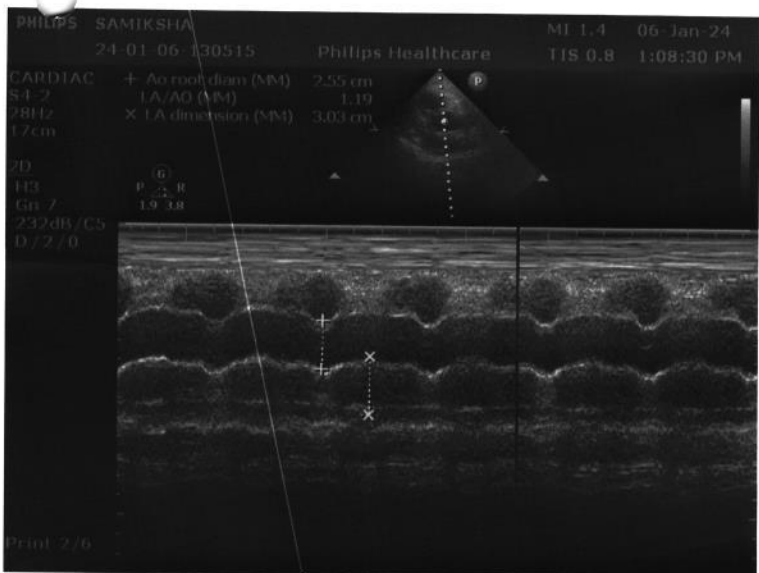
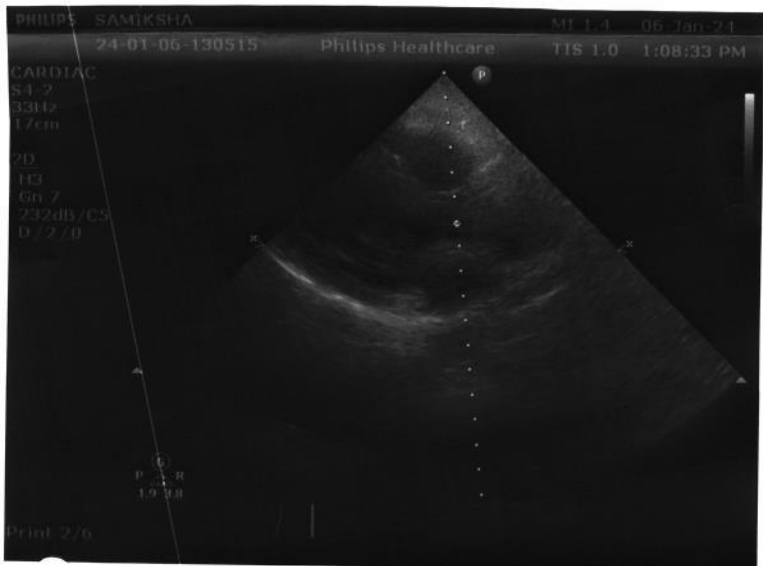
12 Lead; Standard Placement

Unconfirmed Diagnosis











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

GST : 08AAATE9596K1ZZ HSN/SAC : 999311

Credit Bill

Reg No : 40009134 Bill No : OPSCR23-24/10666
Patient Name : Mrs. SAMIKSHA CHATURVEDI Bill Date Time : 06/01/2024 9:44AM
Gender/Age : Female/30 Yr 11 Mth 5 Days Payer : Mediwheel - Arcofemi Health Care Ltd.
Contact No : 8949485251 Sponsor : Mediwheel - Arcofemi Health Care Ltd.
Address : G-49 A, SIDHARTH NAGAR, MODAL TOWAN Presc. Doctor : Dr. ROOPAM SHARMA
, NANDPURI , JAIPUR, RAJASTHAN, INDIA Referred By :
Approval No : 182563

SNo	Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
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PHC PACKAGES

MediWheel Full Body Health Checkup Female Below 40	2850.00	1.00	2850.00	0.00	2850.00	0.00	2850.00
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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. ROOPAM SHARMA)

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)

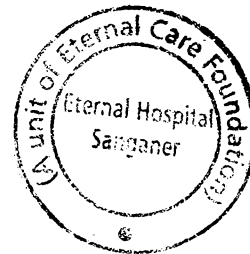
15 LIPID PROFILE

16 PAPSMEAR

17 RENAL PROFILE TEST

18 ROUTINE EXAMINATION - URINE

19 ~~STOOL ROUTINE~~ Skil





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Approval No : 182563

SNo	Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
20	THYROID T3 T4 TSH							
21	URINE SUGAR (POST PRANDIAL)							
22	URINE SUGAR (RANDOM)							
	RADIOLOGY							
23	ULTRASOUND WHOLE ABDOMEN							
24	X RAY CHEST PA VIEW							

Gross Amount	2850.00
Net Amount	2850.00
Payer Amount	2850.00
Patient Amount	0.00
Amt Received (Rs.)	0.00
Balance Amount	2850.00

Patient Mode

Narration :

To View Investigation Result Login to
<http://patientportal.eternalsanganer.com/>
UserName:40009134
Password : Registered Mobile Number

CHETAN SHARMA

Authorised Signatory

