



Dr. Akhil Gupta

Consultant - Internal Medicine MBBS, MD, MRCP-UK-Medicine CCEBDM - Diabetes Reg. No. 33322, 16990

Date & Time	os lorl 24
Date & Time	44 Ja N
Patient Name	: mineshi
Age / Gen:	meens
UHID:	

Provisional Diagnosis:		M can	ne fr P	ni	Drug Alle	ergy:
Complaints:	Medication Advice		Gahral Genibo		Pain:	Yes No
			A			
Physical Examination: Pallor : Yes/No   Icterus : Yes/No			1. ty			-1
Cynosis: Yes/No Edema: Yes/No Lymphadenopathy: Yes/No			T. Ind	(sal A	20	<del></del> 1,
Systemic Examination:	•		10	11. ~	$\alpha$	
CVS :			- j , Ne	Moved	(	O .
Respiratory System:		•	_coy lo	ma 60	orl we	_
GI System :				$\circ$	x 3	<del>-</del>
Skin :				()		
Investigation:	Follow up:		Eternal Hospi Sanganer	(%) \		٠.
	_	Normal	☐ Low Fat	Diabetic	Renal	Low Salt

(A Unit of Eternal Care Foundation)



## ETERNAL HOSPITAL Sanganer Mrs. Muneshi Meena

Mrs. MUNESHI MEENA 40009200 Jan 9 2024 8:34AM 33 Yrs/Fem OPSCR23-24/1079 EHS CONSULTANT 8290431297

Date & Time Patient Name: Age / Gen: UHID:

Provisional Diagnosis:					Drug All	ergy:	
Complaints:	Medication Advi		4 \range 8	116 116	Pain :	Yes	No
Physical Examination: Pallor: Yes/No Icterus: Yes/No Cynosis: Yes/No Edema: Yes/No Lymphadenopathy: Yes/No	C	olows	who now	emal			
Systemic Examination:  CS: CNS: Respiratory System:	Mi	sty eye	doop 1	NBE	l <b>4</b>		
GI System : Skin : Investigation:				Surit Si	Care Follows		
	Follow up: Diet Advice:	Normal	Low Fat	Diabetic	Renal	Lov	w Salt

(A Unit of Eternal Care Foundation)
Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)



9/1/24/11:45 mm

Or. Satyamvada Pando IBBS, DGO, DNB (Obstetrics enior Consultant - Obs. & Gy leg. No. 37858/14453	& Gynaecology		Date & Time MONASM MEENA Patient Name: Age / Gen: 33/ F UHID: 4 000 9200
Provisional Diagnosis:	In Health	Check.	Drug Allergy: McDA

Provisional Diagnosis:	For Health Check.		Drug All	lergy:	McDt
Complaints:  o, fruly breshy  (on oold   Dul).	Medication Advice:	(T)	Pain :	Yes 1/10	No )
Livy No Myn - LMP-21/12/13, R Opr - 1212, Mad, Less-	CANZOFT-CL PV HS 46 offm (INSERT) ay, The	" rigul-			
Physical Examination:  Pallor: (es)No   lcterus : Yes(No)  Cynosis : Yes/No   Edema : Yes/No  Lymphadenopathy : Yes/No)	)		·		
Systemic Examination:  S: 1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	e				
Respiratory System :	P and				



lap sould

Follow up:

refig-

Diet Advice:

Normal

Low Fat

Diabetic

Renal

**Low Salt** 

(A Unit of Eternal Care Foundation)
Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)





### ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

**Patient Name** 

Mrs. MUNESHI MEENA

UHID

40009200

Age/Gender **IP/OP Location**  33 Yrs/Female O-OPD

**Referred By** 

**EHS CONSULTANT** 

Mobile No.

8290431297

Lab No

09/01/2024 8:53AM

**Collection Date Receiving Date** 

09/01/2024 9:02AM

Report Date

**Report Status** 

09/01/2024 1:34PM

Final

#### **BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	
THYROID T3 T4 TSH			•	Sample: Serum
Т3	1.310	ng/mL	0.970 - 1.690	•
T4	6.44	ug/dl	5.53 - 11.00	
™SH .	3.92	μlU/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 ofhyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

T4:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

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

TSH - THYROID STIMULATING HORMONE :- ElectroChemiLuminescenceImmunoAssay - ECLIA

Interpretation:-The determination of TSH serves as theinitial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH levels.

\*\*End Of Report\*\*

**RESULT ENTERED BY: SUNIL EHS** 

Dr. ABHINAY VERMA

MBBS | MD | INCHARGE PATHOLOGY

Page: 1 Of 1

(A Unit of Eternal Care Foundation) Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)





### ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

**Patient Name** 

UHID

Mrs. MUNESHI MEENA

334582

Age/Gender

33 Yrs/Female

**IP/OP Location** 

O-OPD

Referred By

Dr. EHCC Consultant

Mobile No.

9773349797

Lab No

**Collection Date** 

Receiving Date

Report Date

Report Status

602964

09/01/2024 10:46AM

09/01/2024 10:48AM

09/01/2024 11:38AM

Final



#### **BIOCHEMISTRY**

Test Name		Result	Unit	Biological Ref. Range
				Sample: WHOLE BLOOD EDTA
HBA1C	·	5.6	<b>%</b> .	< 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

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 HbAlC and mean blood glucose values during the preceding 2 to 3 months.

\*\*End Of Report\*\*

**RESULT ENTERED BY: Mr. MAHENDRA KUMAR** 

Dr. SURENDRA SINGH CONSULTANT & HOD MBBS|MD| PATHOLOGY Dr. ASHISH SHARMA CONSULTANT & INCHARGE PATHOLOGY MBBS|MD| PATHOLOGY

Page: 1 Of 1

(A Unit of Eternal Care Foundation)

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





### ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

**Patient Name** UHID

Mrs. MUNESHI MEENA

40009200

Age/Gender

33 Yrs/Female

8290431297

**IP/OP Location** Referred By

O-OPD

Mobile No.

**EHS CONSULTANT** 

Lab No **Collection Date**  4019778

09/01/2024 8:53AM

**Receiving Date** Report Date

09/01/2024 9:02AM

09/01/2024 10:56AM

**Report Status** 

Final

#### **BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	
BLOOD GLUCOSE (FASTING)				Sample: Fl. Plasma
BLOOD GLUCOSE (FASTING)	115.9 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.

(LIVER FUNCTION TEST)				Sample: Serum
BILIRUBIN TOTAL	0.59	mg/dl	0.00 - 1.20	
BILIRUBIN INDIRECT	0.45	mg/dl ·	0.20 - 1.00	
BILIRUBIN DIRECT	0.14	mg/dl	0.00 - 0.40	
SGOT	19.7	U/L	0.0 - 40.0	
SGPT	15.7	U/L	0.0 - 40.0	
TOTAL PROTEIN	7.3	g/dl	6.6 - 8.7	
ALBUMIN	4.8	g/dl	3.5 - 5.2	
GLOBULIN	2.5		1.8 - 3.6	
ALKALINE PHOSPHATASE	64.1	U/L	42 - 98	
A/G RATIO	1.9	Ratio	1.5 - 2.5	
GGTP	14.3	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 structive.

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 gnosis and treatment of certain types of liver and heart disease

PT - 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.

CITROSIS, NUTRICIONAL SCALUS.

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: Enzymetic colorimetric assay. Interpretation:—y—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. diseases and is one of the most sensitive indicator known.

**RESULT ENTERED BY: NEETU SHARMA** 

Dr. ABHINAY VERMA

MBBS | MD | INCHARGE PATHOLOGY

Page: 1 Of 9

(A Unit of Eternal Care Foundation) Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)





### ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

**Patient Name** 

**UHID** 

Mrs. MUNESHI MEENA

40009200

Age/Gender

33 Yrs/Female

**IP/OP Location Referred By** 

O-OPD

Mobile No.

**EHS CONSULTANT** 

8290431297

Lab No

09/01/2024 8:53AM

09/01/2024 9:02AM

**Receiving Date** Report Date

**Collection Date** 

09/01/2024 10:56AM

**Report Status** 

**BIOCHEMISTRY** 

**LIPID PROFILE** 

**TOTAL CHOLESTEROL** 

198

<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline

>240 mg/dl :- High

HDL CHOLESTEROL

48.7

High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)

LDI CHOLESTEROL

119.0

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 ·

31

mg/di

10 - 50

154.0 **TRIGLYCERIDES** 

Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl

High :- 200 - 499 mg/dl Very high :- > 500 mg/dl

CHOLESTEROL/HDL RATIO

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 enzymetic 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.

LESTEROL VLDL :- Method: VLDL Calculative GLYCERIDES :- 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

URFA

22.00

mg/dl

16 60 - 48 50

BUN

10.3

mg/dl

6 - 20

**RESULT ENTERED BY: NEETU SHARMA** 

Dr. ABHINAY VERMA

MBBS | MD | INCHARGE PATHOLOGY

Page: 2 Of 9

(A Unit of Eternal Care Foundation) Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)





### ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

**Patient Name** 

Mrs. MUNESHI MEENA

40009200

Age/Gender

UHID

33 Yrs/Female

8290431297

**IP/OP Location Referred By** 

O-OPD

Mobile No.

**CREATININE** 

SODIUM

**EHS CONSULTANT** 

Lab No **Collection Date** 

4019778 09/01/2024 8:53AM

**Receiving Date** 

09/01/2024 9:02AM

**Report Date** 

09/01/2024 10:56AM

**Report Status** 

Final

**BIOCHEMISTRY** 

0.50 - 0.90

0.40 L 138.6

9.12

mg/dl mmol/L

136 - 145

4.34 **POTASSIUM** 

mmol/L

3.50 - 5.50

101.5 CHLORIDE

mmol/L

98 - 107

2.4 L URIC ACID

mg/dl

2.6 - 6.0

∠CIUM

mg/dl

8.60 - 10.30

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 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. Intrpretation:-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 repair reabsorption as well as forms of acidosisand alkalosis.

renal reabsorption as well as forms of acidosisand alkalosis Increase: dehydration, kidney failure, some form ofacidosis, high dietary or parenteral chloride intake, and salicylate

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.

**RESULT ENTERED BY: NEETU SHARMA** 

Dr. ABHINAY VERMA

MBBS IMD INCHARGE PATHOLOGY

Page: 3 Of 9

(A Unit of Eternal Care Foundation) Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)





### ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

**Patient Name** 

UHID

Mrs. MUNESHI MEENA

40009200

Age/Gender

33 Yrs/Female ·

**IP/OP Location** 

O-OPD

**Referred By** Mobile No.

**EHS CONSULTANT** 

8290431297

Lab No

4019778 09/01/2024 8:53AM **Collection Date** 

**Receiving Date Report Date** 

09/01/2024 9:02AM

09/01/2024 10:56AM

**Report Status** 

Final

### **BLOOD BANK INVESTIGATION**

**Test Name** 

Result

Unit

**Biological Ref. Range** 

**BLOOD GROUPING** 

"O" Rh Positive

Note:

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

**RESULT ENTERED BY: NEETU SHARMA** 

Dr. ABHINAY VERMA

MBBS | MD | INCHARGE PATHOLOGY

Page: 4 Of 9

(A Unit of Eternal Care Foundation) Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)





### ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

**Patient Name** UHID

Mrs. MUNESHI MEENA

40009200

Age/Gender

33 Yrs/Female

**IP/OP Location Referred By** 

O-OPD **EHS CONSULTANT** 

Mobile No.

8290431297

Lab No

4019778 09/01/2024 8:53AM

**Collection Date** 

09/01/2024 9:02AM

**Receiving Date** Report Date

09/01/2024 10:56AM

**Report Status** 

Final

**CLINICAL PÁTHOLOGY** 

**Test Name URINE SUGAR (RANDOM)**  Result

Unit

Biological Ref. Range

Sample: Urine

URINE SUGAR (RANDOM)

**NEGATIVE** 

SICAL EXAMINATION

VOLUME

COLOUR

**APPEARANCE** 

**CHEMICAL EXAMINATION** 

SPECIFIC GRAVITY

**PROTEIN SUGAR** 

BILIRUBIN **BLOOD** 

**KETONES** 

NITRITE **UROBILINOGEN** 

**LEUCOCYTE** 

MICROSCOPIC EXAMINATION

CS/HPFکس RBCS/HPF

**EPITHELIAL CELLS/HPF CASTS** 

**CRYSTALS BACTERIA OHTERS** 

**Dr. ABHINAY VERMA** 

MBBS | MD | INCHARGE PATHOLOGY

**RESULT ENTERED BY: NEETU SHARMA** 

ml

**PALE YELLOW** 

**CLEAR** 

20

5.0 L 1 005 NEGATIVE

**NEGATIVE NEGATIVE** 

**NEGATIVE NEGATIVE NEGATIVE** 

**NEGATIVE** 

**NEGATIVE** 

2-3 00

2-3

NIL NIL

NIL NIL

NEGATIVE

Sample: Urine

5.5 - 7.0 1.016-1.022

P YELLOW

CLEAR

NEGATIVE

NEGATIVE **NEGATIVE** 

**NEGATIVE** 

**NEGATIVE NEGATIVE** 

NEGATIVE

0 - 3

0 - 2 0 - 1

NIL

NIL NIL

NIL

Page: 5 Of 9

(A Unit of Eternal Care Foundation) Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)

> Phone:- 0141-3120000 www.eternalhospital.com

/hpf

/hpf

/hpf





### ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

**Patient Name** UHID

Mrs. MUNESHI MEENA

40009200

Age/Gender

33 Yrs/Female

**IP/OP Location** 

O-OPD

**Referred By** Mobile No.

**EHS CONSULTANT** 

8290431297

Lab No

Collection Date .

**Receiving Date** 

Report Date **Report Status**  4019778

09/01/2024 8:53AM 09/01/2024 9:02AM

09/01/2024 10:56AM

Final

Methodology:-

Methodology:Glucose: GOD-POD, Bilirubin: Diazo-Azo-coupling reaction with a diazonium, Ketone: Nitro Pruside reaction, Specific
Gravity: Proton re;ease from ions, Blood: Psuedo-Peroxidase activity oh Haem moiety, pH: Methye Red-Bromothymol Blue
(Double indicator system), Protein: H+ Release by buffer, microscopic & chemical method.

interpretation: Diagnosis of Kidney function, UTI, Presence of Protein, Glucoses, Blood. Vocubulary syntax: Kit insert

**RESULT ENTERED BY: NEETU SHARMA** 

Page: 6 Of 9

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

www.eternalhospital.com





### ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

**Patient Name** UHID

Mrs. MUNESHI MEENA

40009200

Age/Gender

Mobile No.

33 Yrs/Female

**IP/OP Location** 

O-OPD

**Referred By** 

**EHS CONSULTANT** 

8290431297

Lab No

**Collection Date** 

4019778

09/01/2024 8:53AM

**Receiving Date** Report Date

09/01/2024 9:02AM

**Report Status** 

09/01/2024 10:56AM Final

**HEMATOLOGY** 

		HEMATOLOGY	•
Test Name	Result	Unit ·	Biological Ref. Range
CBC (COMPLETE BLOOD COUNT)		•	Sample: WHOLE BLOOD EDTA
HAEMOGLOBIN	11.7 L	g/dl	12.0 - 15.0
PACKED CELL VOLUME(PCV)	38.2	%	36.0 - 46.0
h/	62.1 L	fl	82 - 92
мен	19.0 L	pg	27 - 32
мснс	30.6 L	g/dl	32 - 36
RBC COUNT	6.15 H	millions/cu.mm	3.80 - 4.80
TLC (TOTAL WBC COUNT)	11.09 H	10^3/ uL	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	74.7	% _	40 - 80
LYMPHOCYTE	20.4	%	20 - 40
EOSINOPHILS	1.3	%	1-6
MONOCYTES	3.2	%	2 - 10
BASOPHIL .	0.4 L	%	1-2
PLATELET COUNT	2.91	lakh/cumm	1.500 - 4.500

HAEMOGLOBIN :- Method: -SLS HemoglobinMethodology by Cell Counter. Interpretation: -Low-Anemia, High-Polycythemia.

MCV :- Method:- Calculation bysysmex.
MCH :- Method:- Calculation bysysmex. MCHC :- Method:- Calculation bysysmex.

RBC COUNT :- Method:-Hydrodynamicfocusing.Interpretation:-Low-Anemia,High-Polycythemia.

TLC (TOTAL WBC COUNT) :- Method:-Optical Detectorblock based on Flowcytometry.Interpretation:-High-Leucocytosis, Low-

copenia.

TROPHILS: - Method: Optical detectorblock based on Flowcytometry
LYMPHOCYTS: - Method: Optical detectorblock based on Flowcytometry LYMPHOCYTS: - Method: Optical detectorblock based on Flowcytometry

EOSINOPHILS: - Method: Optical detectorblock based on Flowcytometry

MNOOCYTES: - 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)** 

12

mm/1st hr

0 - 15

**RESULT ENTERED BY: NEETU SHARMA** 

Dr. ABHINAY VERMA

MBBS | MD | INCHARGE PATHOLOGY

Page: 7 Of 9

(A Unit of Eternal Care Foundation) Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)





### ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name UHID Mrs. MUNESHI MEENA

40009200

Age/Gender

33 Yrs/Female

**IP/OP Location** 

O-OPD

Referred By

EHS CONSULTANT

Mobile No.

8290431297

Lab No

**Collection Date** 

4019778

09/01/2024 8:53AM

Receiving Date Report Date 09/01/2024 9:02AM

09/01/2024 10:56AM

Report Status F

Final

Method: -Modified Westergrens.

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

**RESULT ENTERED BY: NEETU SHARMA** 

Page: 8 Of 9

(A Unit of Eternal Care Foundation)

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





### ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

**Patient Name** UHID

Mrs. MUNESHI MEENA

40009200

Age/Gender

33 Yrs/Female O-OPD

**IP/OP Location Referred By** 

**EHS CONSULTANT** 

Mobile No.

8290431297

Lab No

**Collection Date** 

4019778

09/01/2024 8:53AM

**Receiving Date** Report Date

09/01/2024 9:02AM

09/01/2024 10:56AM

**Report Status** 

Final

X Ray

**Test Name** 

Result

Unit

**Biological Ref. Range** 

### X-RAY - CHESTPA VIEW

### **OBSERVATION:**

The trachea is central.

The mediastinal and cardiac silhouette are normal.

Cardiothoracic ratio is normal.

Cardiophrenic and costophrenic angles are normal.

Both hila are normal.

The lung fields are clear.

Bones of the thoracic cage are normal.

\*\*End Of Report\*

**RESULT ENTERED BY: NEETU SHARMA** 

Dr. RENU JADIYA

MBBS, DNB **RADIOLOGIST** 

Page: 9 Of 9

(A Unit of Eternal Care Foundation) Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)





### **DEPARTMENT OF CARDIOLOGY**

UHID / IP NO	40009200 (630)	RISNo./Status:	4040770
Patient Name:	Mrs. MUNESHI MEENA	Age/Gender:	4019778/
Referred By:	EHS CONSULTANT	Ward/Bed No :	33 Y/F OPD
Bill Date/No:	09/01/2024 8:34AM/ OPSCR23- 24/10794	Scan Date:	OPD
Report Date :	09/01/2024 11:35AM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

### 2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

### **M MODE DIMENSIONS:** -

TYOR			No	ormal				Normal
IVSD	9.6	6-12mm			LVIDS	24.1	20-40mm	
LVIDD	35.6		32-	-57mm		LVPWS	16.4	mm
LVPWD	9.6		6-	12mm		AO	27.9	19-37mm
IVSS	15.4			mm		LA	28.4	19-40mm
LVEF	62-64		>	55%		RA	-	
DOPPLER MEASUREMENTS & CALCULATIONS:								mm
STRUCTURE	MORPHOLOGY	VELOCITY (m/s)		VELOCITY (m/s)		GRADI (mmI	ENT	REGURGITATION
MITRAL	NORMAL	E	0.74	e'	T	(111111	18 <u>1</u>	NIVY
VALVE						-		NIL
		A	0.44	E/e'	-			
TRICUSPID VALVE	NORMAL		E 0.59		-		NIL	
VALVE			A 0.44					
AORTIC VALVE	NORMAL	1.16			-		NIL	
PULMONARY VALVE	NORMAL	0.91			_		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

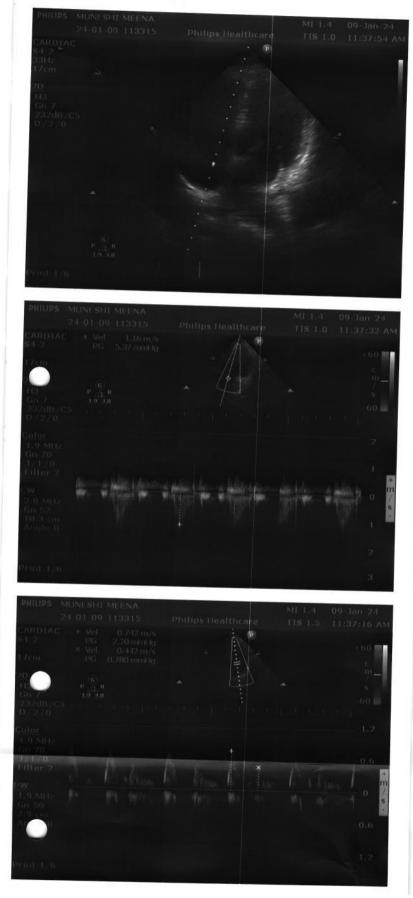
(A Unit of Eternal Care Foundation)

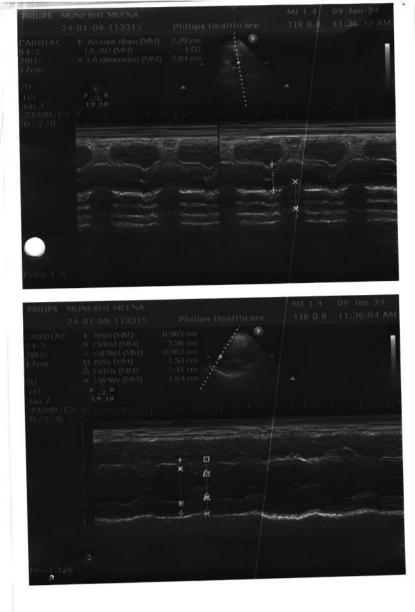
Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)

Phone:- 0141-3120000

www.eternalhospital.com

Page 1 of 1









### **DEPARTMENT OF RADIO DIAGNOSIS**

UHID / IP NO	40009200 (630)	RISNo./Status:	4019778/
Patient Name :	Mrs. MUNESHI MEENA	Age/Gender:	33 Y/F
Referred By:	EHS CONSULTANT	Ward/Bed No:	OPD
Bill Date/No:	09/01/2024 8:34AM/ OPSCR23- 24/10794	Scan Date :	
Report Date :	09/01/2024 10:16AM	Company Name:	Mediwheel - Arcofemi Health Care Ltd.

### **USG REPORT - ABDOMEN AND PELVIS**

#### LIVER:

Is normal in size and uniform echo texture.

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 normal for the age, anteverted.

Endometrial thickness measures ~ 7.4 mm.

No focal lesion noted.

#### **OVARIES:**

(A Unit of Eternal Care Foundation)

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

Phone:- 0141-3120000

www.eternalhospital.com

Page 1 of 2





### **DEPARTMENT OF RADIO DIAGNOSIS**

UHID / IP NO	40009200 (630)	RISNo./Status:	4019778/
Patient Name :	Mrs. MUNESHI MEENA	Age/Gender:	33 Y/F
Referred By:	EHS CONSULTANT	Ward/Bed No:	OPD
Bill Date/No:	09/01/2024 8:34AM/ OPSCR23- 24/10794	Scan Date :	
Report Date :	09/01/2024 10:16AM	Company Name:	Mediwheel - Arcofemi Health Care Ltd.

Both ovaries are normal in size and echoes.

No focal fluid collections seen.

#### **IMPRESSION:**

No significant sonographic abnormality detected.

Rem Jodya

DR. RENU JADIYA

Consultant - Radiology

(A Unit of Eternal Care Foundation)

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

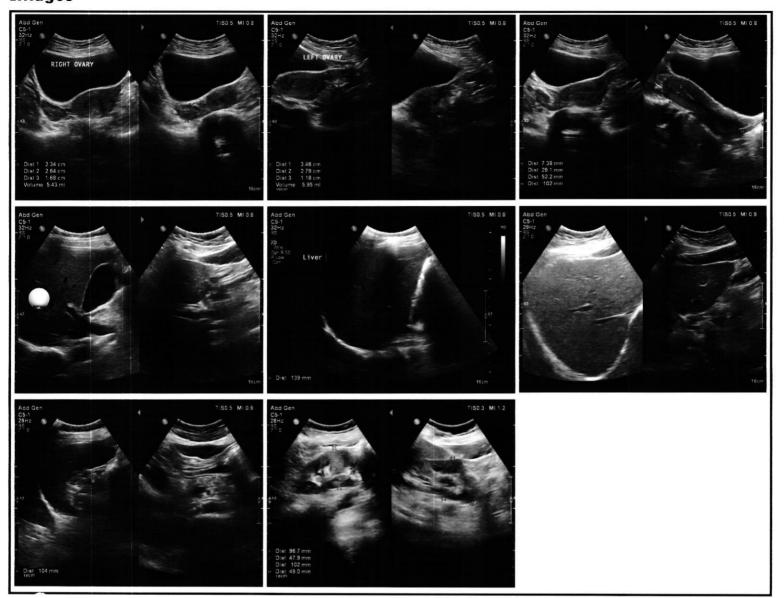
Phone:- 0141-3120000

www.eternalhospital.com

Page 2 of 2

40009200

### **Images**



Created: 10:15AM 09/01/2024



### **ETERNAL HOSPITAL SANGANER**

### (A Unit of Eternal Care Foundation) Near Airport Circle Sanganer, Jaipur, Rajasthan 302017

Phone: +91-9116779911,0141-2774000

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

3ST :08AAATE9596K1ZZ HSN/SAC : 999311

### **Credit Bill**

Reg No

**±** 40009200

Bill No

OPSCR23-24/10794

Patient Name: Mrs. MUNESHI MEENA

Bill Date Time

: 09/01/2024 8:34AM

Gender/Age

Female/33 Yr 0 Mth 8 Days

**Paver** 

: Mediwheel - Arcofemi Health Care Ltd.

**Contact No** 

: 8290431297

**Sponsor** 

: Mediwheel - Arcofemi Health Care Ltd.

Presc. Doctor

: Dr. EHS CONSULTANT

**Address** 

SCHOOL K PASS, DIBSYA, CHOTI UDAI,

GANGAPUR, RAJASTHAN, INDIA

Refered By

SNo	Particulars	Rate <sup>*</sup>	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
	PHC PACKAGES							
	MediWheel Full Body Health Checkup Female Below 40	2850.00	1.00	2850.00	0.00	2850.00	0.00	2850.00
	Details Of Package	. *		•				-
	CARDIOLOGY				•			
1	ECG							
3	ZET OR ECHO							
	CONSULTATION CHARGES							
4	CONSULTATION - DENTAL (Dr. VAIBHAV NEPALIA AND TEAM)							
5	CONSULTATION - INTERNAL MEDICINE (Dr. EHS CONSULTANT)							

- CONSULTATION OBS & GYNE (Dr. SATYAMVADA PANDEY)
- CONSULTATION OPTHALMOLOGY (Dr. EHS **OPHTHAL CONSULT)**

#### **PATHOLOGY**

- BLOOD GLUCOSE (FASTING)
- BLOOD GLUCOSE (PP)
- BLOOD GROUPING AND RH TYPE
- CBC (COMPLETE BLOOD COUNT)
- ESR (ERYTHROCYTE SEDIMENTATION RATE)
- HbA1c (HAEMOGLOBIN GLYCOSYLATED 13 BLOOD)
- LFT (LIVER FUNCTION TEST)
- LIPID PROFILE 15
- **PAPSMEAR** 16
- RENAL PROFILE TEST
- ROUTINE EXAMINATION URINE 18
- STOOL ROUTINE 19



### **ETERNAL HOSPITAL SANGANER**

### (A Unit of Eternal Care Foundation) Near Airport Circle Sanganer, Jaipur, Rajasthan 302017

Phone: +91-9116779911,0141-2774000

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

GST:08AAATE9596K1ZZ HSN/SAC:999311

**Credit Bill** 

Reg No

**±** 40009200

Bill No

: OPSCR23-24/10794

Patient Name: Mrs. MUNESHI MEENA

**Bill Date Time** 

: 09/01/2024 8:34AM

Gender/Age

Female/33 Yr 0 Mth 8 Days

**Payer** 

: Mediwheel - Arcofemi Health Care Ltd.

**Contact No** 

8290431297

**Sponsor** 

: Mediwheel - Arcofemi Health Care Ltd.

Presc. Doctor

**Address** 

: SCHOOL K PASS, DIBSYA ,CHOTI UDAI ,

: Dr. EHS CONSULTANT

GANGAPUR, RAJASTHAN, INDIA

Refered By

Approval No

. MEDIWHEEL

**Particulars SNo** 

**Rate** 

Unit Total Disc.

**Net Amt** 

**Pat Amt** 

**Payer Amt** 

THYROID T3 T4 TSH 20

**URINE SUGAR (POST PRANDIAL)** 21

22 VIRINE SUGAR (RANDOM)

**RADIOLOGY** 

**ULTRASOUND WHOLE ABDOMEN** 23

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		

Payment Mode

Narration:

To View Investigation Result Login to http://patientportal.eternalsanganer.com/ UserName:40009200

Password: Registered Mobile Number

**Authorised Signatory**