

Subject: Fwd: Health Check up Booking Confirmed Request(22S37803),Package Code-PKG10000475, Beneficiary Code-281830
From: shobhit lamba <shobhitlamba@gmail.com>
Date: 09/11/2024, 11:56 am
To: mainreception@livasahospitals.com

----- Forwarded message -----

From: Mediwheel <wellness@mediwheel.in>
Date: Tue, 5 Nov 2024, 15:29
Subject: Health Check up Booking Confirmed Request(22S37803),Package Code-PKG10000475, Beneficiary Code-281830
To: <shobhitlamba@gmail.com>
Cc: <customercare@mediwheel.in>

011-41195959

Dear **Shobhit Lamba**,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Health Checkup Female Below 40

**Name of Diagnostic/
Hospital :** Ivy Hospital

**Address of Diagnostic/
Hospital- :** Sector - 71, Mohali

City : Mohali

State : PUNJAB

Pincode : 160071

Appointment Date : 09-11-2024

Confirmation Status : Booking Confirmed

Preferred Time : 09:00 AM - 09:30 AM

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Shiwani Dogra	26 year	Female

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

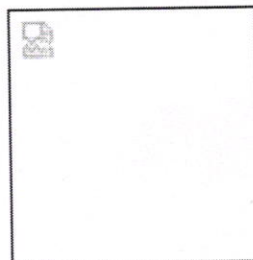
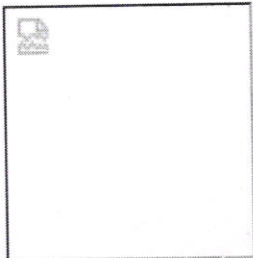
- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

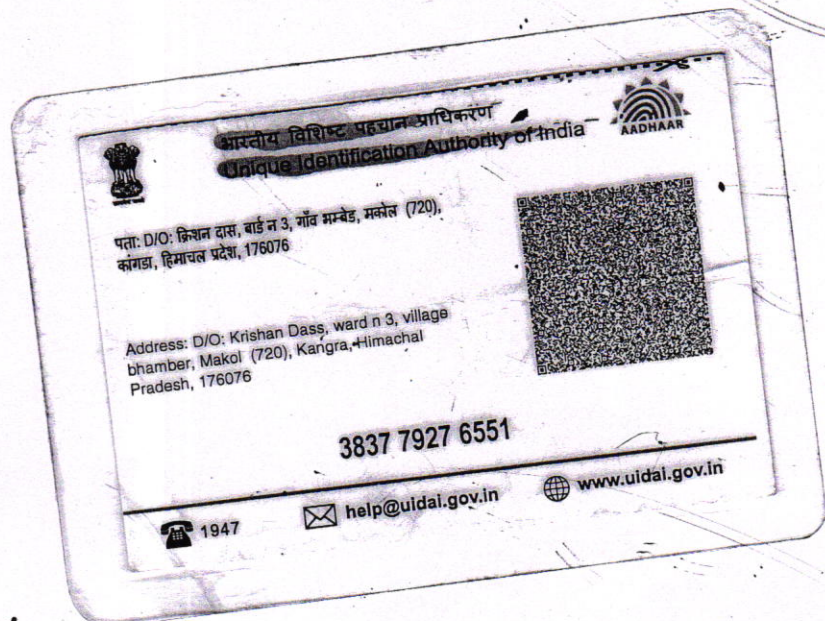
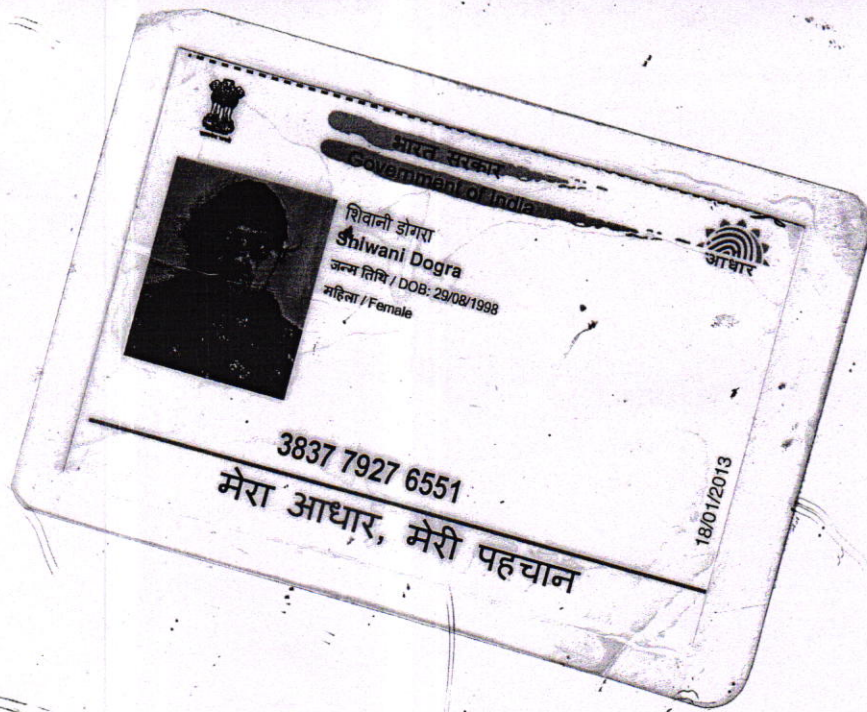
Thanks,
Mediwheel Team

Please Download Mediwheel App



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09/11/2024

Shiwani Dogra
26y/f

UMP - 07/11/2024

NO menstrual irregularities

MF x 1 month

No gynaecological complaints

Ask

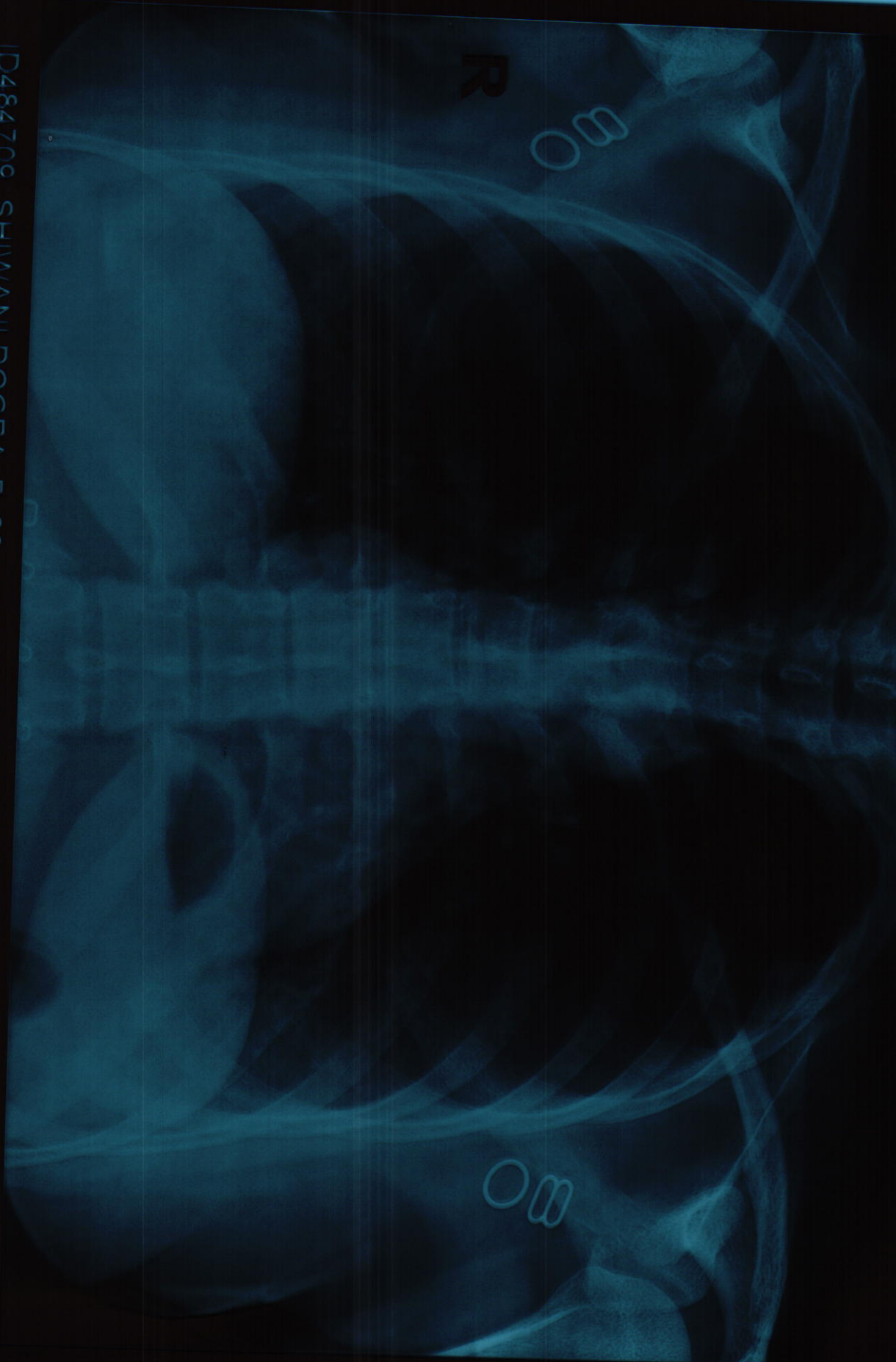
req pelvic - NAD

cap absent woman are
a day x 1 month

f/o for
pap smear



(For OPD/Discharge Summary/Billing Purpose Only)



ID484709 SHIWANI DOGRA F 26 years XR 542147-OPD
WV HOSPITAL SECTOR-71 MOHALI

MAX HOSPITAL SECTOR-VI MOHALI

ID#84208 SHIVANI DOGRA F 59 Years XR 245142-OPD

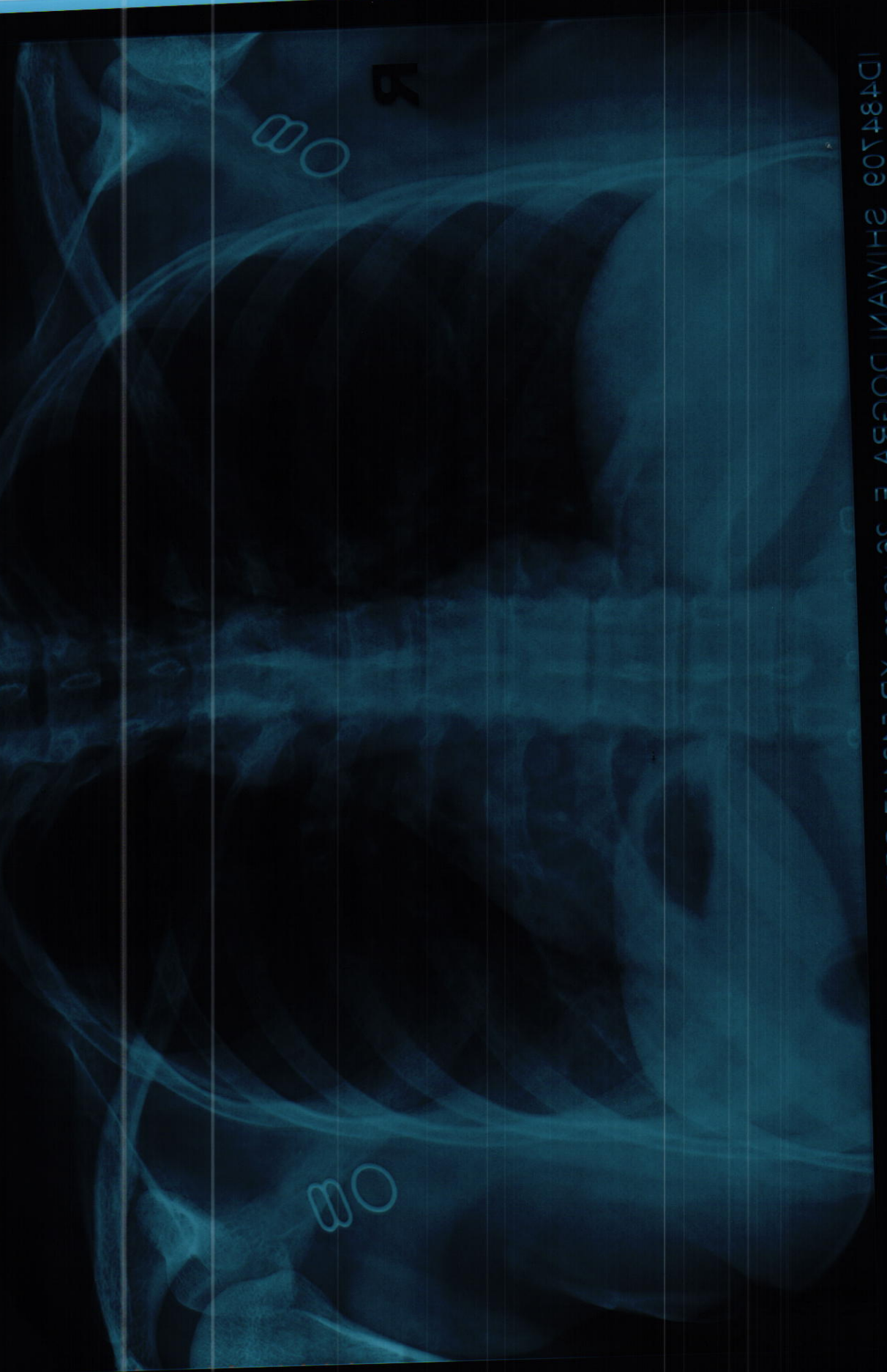
R

MO

MO

MAX HOSPITAL SECTOR-VI MOHALI

15.21
08-Nov-2024



LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115624

Email: pathreports@ivyhospital.in



Ivy

NAME : MRS. SHIWANI DOGRA

DOB/Gender : 29-Aug-1998/F

UHID : 484709

Inv. No. : 4712468

Panel Name : Ivy Mohali

Bar Code No : 13312813

Requisition Date : 09/Nov/2024 12:31PM

SampleCollDate : 09/Nov/2024 12:41PM

Sample Rec.Date : 09/Nov/2024 12:41PM

Approved Date : 09/Nov/2024 02:43PM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting (VITROS 5600 /Colorimetric - Glucose oxidase, hydrogen peroxide)	78	mg/dL	Normal 70-99 mg/dl Impaired Tolerance 100 - 125mg/dl Diabetic \geq 126 mg/dl
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Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 100 mg/dL is considered normal.
- A fasting plasma glucose level between 100-125 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A fasting plasma glucose level \geq 126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

RFT (RENAL FUNCTION TESTS)

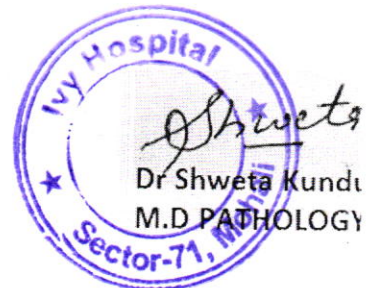
Serum Urea (VITROS 5600 /Colorimetric - Urease, UV)	20.00	mg/dL	15-36.3 mg/dl
Serum Creatinine (VITROS 5600 /Two-point rate - Enzymatic)	0.60	mg/dL	0.52--1.04 mg/dl
Serum Uric acid (VITROS 5600 /Colorimetric - Uricase)	4.60	mg/dL	2.5--6.2 mg/dl

Interpretation:

Renal function tests are used to detect and diagnose diseases of the Kidney.

The highlighted values should be correlated clinically

Result Entered By: Prem Lata 6861M



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LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total (VITROS 5600 /Colorimetric - Diphylline, Diazonium salt)	0.60	mg/dL	0.2-1.3 mg/dl
Bilirubin(Unconjugated) (VITROS 5600 / Colorimetric - Direct measure)	0.50	mg/dL	Adult 0.0 - 1.1 Neonate 0.6 - 10.5
Bilirubin(Conjugated) (VITROS 5600 / Colorimetric - Spectrophotometric)	0.01	mg/dL	Adult 0.0 - 0.3 Neonate 0.0 - 0.6
Serum SGOT(AST) (VITROS 5600 /UV with P5P)	29	U/L	14-36U/L
Serum SGPT(ALT) (VITROS 5600 /Multi-point rate - UV with P5P)	22	U/L	9-52U/L
Serum AST/ALT Ratio (Calculated)	1.32		
Serum GGT (VITROS 5600 /Multi-point rate - G-glutamyl-p-nitroanilide)	19	U/L	15-73
Serum Alkaline Phosphatase (VITROS 5600 /Multi-point rate - PMPP, AMP Buffer (37°C))	84	U/L	38--126U/L
Serum Protein Total (VITROS 5600 /Colorimetric - Biuret,no serum blank, end point)	8.5	g/dl	6.3--8.2g/dl
Serum Albumin (VITROS 5600 /Colorimetric - Bromcresol Green)	5.1	g/dl	3.5--5.0g/dl
Serum Globulin (Calculated)	3.40	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.50	%	1.0 - 1.8

Interpretation:

Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylene liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels.

LIPID PROFILE

Serum Cholesterol (VITROS 5600 /Colorimetric - Cholesterol oxidase, esterase, peroxidase)	166	mg/dL	Desirable <200mg/dl Boredrline High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides (VITROS 5600 /Colorimetric - Enzymatic, end point)	152	mg/dL	Normal < 150mg/dl Boredrline High 150--199mg/dl High 200-499mg/dl



The highlighted values should be correlated clinically

Result Entered By:Prem Lata 6861M

Dr Shweta Kundu
M.D. PATHOLOGY

LIVASA HOSPITAL

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Test Description	Observed Value	Unit	Reference Range
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Serum HDL Cholesterol (VITROS 5600 /Colorimetric - Direct measure, PTA/MgCl2)	55	mg/dL	Very High ≥ 500 mg/dl Low to Average < 40 mg/dl High ≥ 60.0 mg/dl
Serum VLDL cholesterol (Calculated)	30	mg/dL	7-35
Serum LDL cholesterol (Calculated)	81	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	3.02		3-5
Serum LDL-HDL Ratio (Calculated)	1.47		1.5 - 3.5

Interpretation:

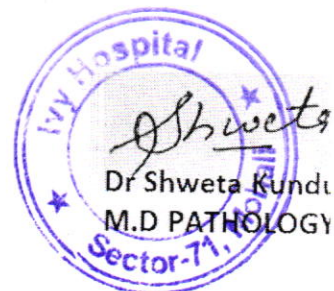
As per ATP 111 Guidelines - National Cholesterol Education Program

Total Cholesterol (mg/dL)	Desirable < 200 Borderline High 200 – 239 High > 240
Triglyceride	Normal < 150 Borderline High 150 – 199 High 200 – 499 Very High ≥ 500
HDL – Cholesterol	Low < 40 High ≥ 60
LDL- Cholesterol – Primary Target of Therapy	Optimal < 100 Near optimal/ Above optimal 100 – 129 Borderline high 130 – 159 High 160 – 189 Very high ≥ 190

Risk Category LDL	Goal (mg/dL)	Non-HDL Goal (mg/dL)
CHD and CHD Risk Equivalent (10-year risk for CHD $> 20\%$)	< 100	< 130
Multiple (2+) Risk Factors and 10-year risk $< 20\%$	< 130	< 160
0-1 Risk Factor	< 160	< 190

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Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

BLOOD GROUP RH TYPE

ABO & RH Typing

Forward Grouping

Anti A

NEGATIVE

Anti B

NEGATIVE

Anti D

POSITIVE

Final Blood Group

O POSITIVE

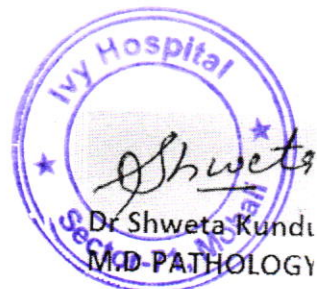
NOTE :

- * Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- * So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of maternal antibodies in newborns, may interfere with blood grouping.
- * Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.



The highlighted values should be correlated clinically

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Ivy

Hospital

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Inv. No.	: 4712468	Approved Date	: 09/Nov/2024 02:20PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13312813		

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR

(Automated ESR analyser)

10

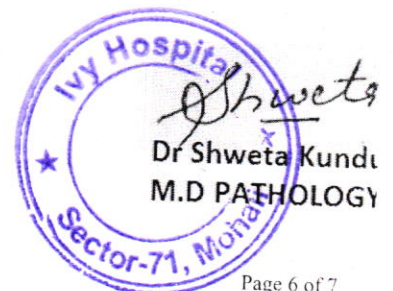
mm/h

0-15

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Hospital

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Ivy Hospital
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Referred Doctor : Self

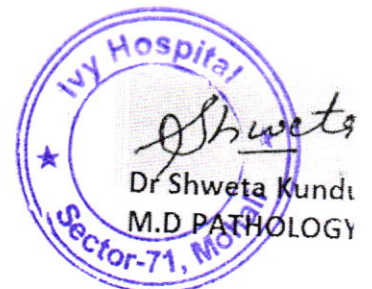
Test Description	Observed Value	Unit	Reference Range
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COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin (Noncyanmethaemoglobin)	14.1	g/dl	12.0 - 15.0
Hematocrit(PCV) (Calculated)	44.3	%	33-45
Red Blood Cell (RBC) (Impedence/DC Detection)	4.30	$10^6/\mu\text{l}$	3.8-4.8
Mean Corp Volume (MCV) (Impedence/DC Detection)	103.7	fL	83-97
Mean Corp HB (MCH) (Calculated)	33.0	pg/mL	27-31
Mean Corp HB Conc (MCHC) (Calculated)	31.8	gm/dl	32-36
Red Cell Distribution Width -CV (Calculated)	13.4	%	11-15
Platelet Count (Impedence/DC Detection/Microscopy)	267	$10^3/\text{ul}$	150-450
Mean Platelet Volume (MPV) (Impedence/DC Detection)	11.9	fL	7.5-10.3
Total Leucocyte Count (TLC) (Impedence/DC Detection)	7.7	$10^3/\mu\text{l}$	4.0 - 10.0
Differential Leucocyte Count (VCS/ Microscopy)			
Neutrophils	56	%	40-75
Lymphocytes	38	%	20-40
Monocytes	5	%	0-8
Eosinophils	1	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	4,312	μl	2000-7000
Absolute Lymphocyte Count	2,926	uL	1000-3000
Absolute Monocyte Count	385	uL	200-1000
Absolute Eosinophil Count	77	μl	20-500

*** End Of Report ***

The highlighted values should be correlated clinically
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Approved Date : 09/Nov/2024 03:32PM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3

(CLIA/Vitros 5600)

1.60

ng/mL

0.970 – 1.69

Summary & Interpretation:

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It occurs under the influence of medicaments such as propranolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). 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.

Serum Total T4

(CLIA/Vitros 5600)

9.20

µg/dL

5.52 – 12.97

Summary & Interpretation:

The hormone thyroxine (T4) is the main product secreted by the thyroid gland. The major part of total thyroxine (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken into account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

Serum TSH

(CLIA/Vitros 5600- TSH 3rd generation)

4.600

mIU/L

0.4001 - 4.049 PREGNANCY

REFERENCE RANGE FOR TSH IN

uIU/mL 1st Trimester 0.1298 – 3.120 2nd

Trimester 0.2749 – 2.652 3rd Trimester

0.3127 – 2.947

Summary & Interpretation

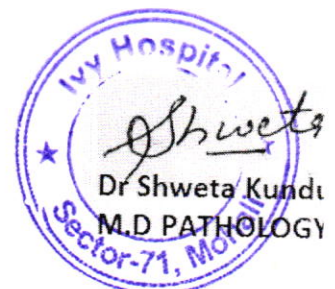
TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The determination of TSH serves as the initial test in thyroid diagnostics. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

- Note:
1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.
 2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
 3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
 4. Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic - Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 – 3.70
2nd Trimester	0.31 – 4.35
3rd Trimester	0.41 – 5.18

The highlighted values should be correlated clinically

Result Entered By: Jagjeet Kaur 41162



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Ivy

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Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13312813		

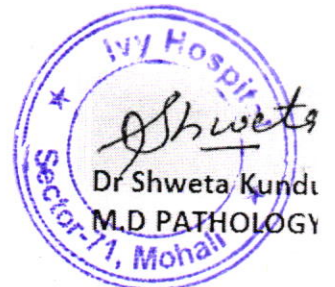
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*** End Of Report ***

Ivy
Hospital

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Patient Name SHIWANI DOGRA Patient ID 484709
Gender/Age Female / 26 Test Date : 09 Nov 2024

CARDIOLOGY DIVISION
ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	3.8	3.7-5.6 CM
Left Ventricular ES Dimension	2.8	2.2-4.0 CM
IVS (D)	0.7	0.6-1.2 CM
IVS (s)	1.2	0.7-2.6 CM
LVPW (D)	0.9	0.6-1.1 CM
LVPW (S)	1.3	0.8-1.0 CM
Aortic Root	2.8	2.0-3.7 CM
LA Diameter	2.9	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	55%	54-76%

Mitral Valve : Normal movements of all leaflet, No subvalvular pathology, No calcification, no prolapse.

Aortic Valve : Thin Trileaflet open completely with central closure

Tricuspid Valve : Thin, opening well with no prolapse

Pulmonary Valve : Thin, Pulmonary Artery not dilated

Pulse & CW Doppler : **Mitral valve:** E= 101cm/s, A= 46cm/s, E>A,

Aortic valve: Vmax = 135cm/s

Pulmonary valve: Vmax = 69cm/s

Chamber Size -

LV - Normal/ Enlarged LA - Normal / Enlarged

RV - Normal/ Enlarged RA - Normal/ Enlarged

RWMA - Nil

Others : Intact IAS, IVS

No LA, LV Clot seen

No vegetation or intracardiac mass present

No Pericardial effusion present

(NOT FOR MEDICO-LEGAL PURPOSE)

Livasa Hospital, Mohali

(A Unit of Ivy Health and Life Sciences Private Limited)

Hospital Address: Sector 71, SAS Nagar, Mohali, Punjab-160071

For any service queries or appointments

Call: +91 8078880788, 6239502002

E-mail: cs@ivyhospital.com | Website: www.ivyhospital.com

Registered Address: Administration Block,
Livasa, Sector-71, Mohali, Punjab -160071

Corporate Office: C-133, Industrial Area, Phase 8,
SAS Nagar, Mohali, Punjab-160071
Phone: 91-172-7170000, Fax: 91-172-2274900

CIN No.: U85110PB2005PTC027898
GSTIN: 03AABCI4594F1ZQ



Remarks -

FINAL IMPRESSION -

No RWMA of LV

Normal LV systolic function (LVEF~55%)

Rakesh

DR. RAKESH BHUTUNGRU

**Director-Non Invasive Cardiology
MBBS, MD(Medicine), DM(Cardiology)
PMC-42588**

(NOT FOR MEDICO-LEGAL PURPOSE)

Livasa Hospital, Mohali

(A Unit of Ivy Health and Life Sciences Private Limited)

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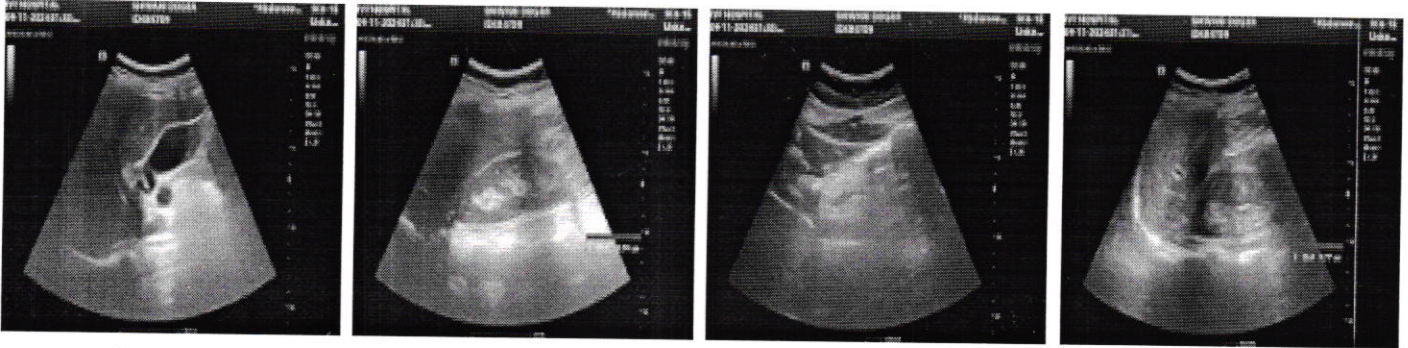
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CIN No.: U85110PB2005PTC027898
GSTIN: 03AABCI4594F1ZQ

NAME	., SHIWANI DOGRA	SEX/AGE	F26Y
PATIENT ID	ID484709	Accession Number	
REF CONSULTANT	PACKAGE	DATE	09/11/2024 01:29

USG WHOLE ABDOMEN



LIVER: is normal in size (~ 15.7cm), outline and echotexture. IHBR are not dilated. Portal vein is normal. CBD is not dilated.

GALL BLADDER: is normally distended. GB wall is normal. No echoes are seen in GB.

SPLEEN: is normal in size (~ 9.7cm), outline and echotexture.

PANCREAS & UPPER RETROPERITONEUM: Visualised pancreatic head and proximal body are normal in size and echotexture. Tail of pancreas is obscured by bowel gas.

RIGHT KIDNEY: It is normal in size (~ 10.0cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~ 9.9cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

U-BLADDER: is partially distended at the time of examination.

UTERUS: is grossly normal. ET measures ~ 6mm.

OVARIES: They are normal in size and echotexture. No adnexal SOL is seen.

No free fluid is seen in peritoneal cavity.

IMPRESSION: No significant abnormality is seen in the current study.



DR COL HARPREET SINGH
MBBS, MD, DNB

The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

(NOT FOR MEDICO-LEGAL PURPOSE)

Livasa Hospital, Mohali

(A Unit of Ivy Health and Life Sciences Private Limited)

Hospital Address: Sector 71, SAS Nagar, Mohali, Punjab-160071

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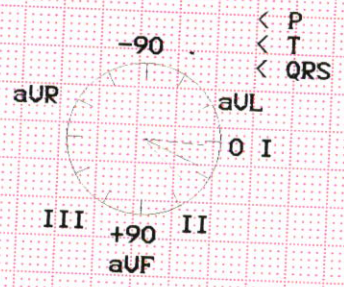
Corporate Office: C-133, Industrial Area, Phase 8,
SAS Nagar, Mohali, Punjab-160071
Phone: 91-172-7170000, Fax: 91-172-2274900

CIN No.: U85110PB2005PTC027898

GSTIN: 03AABCI4594F1ZQ

Measurement Results

QRS	:	100 ms
QT/QTcB	:	392 / 447 ms
PR	:	134 ms
P	:	96 ms
RR/PP	:	768 / 750 ms
P/QRS/T	:	45 / 25 / 5 degrees
QTd/QTcBD	:	38 / 43 ms
Sokolow	:	1.4 mV
NK	:	11

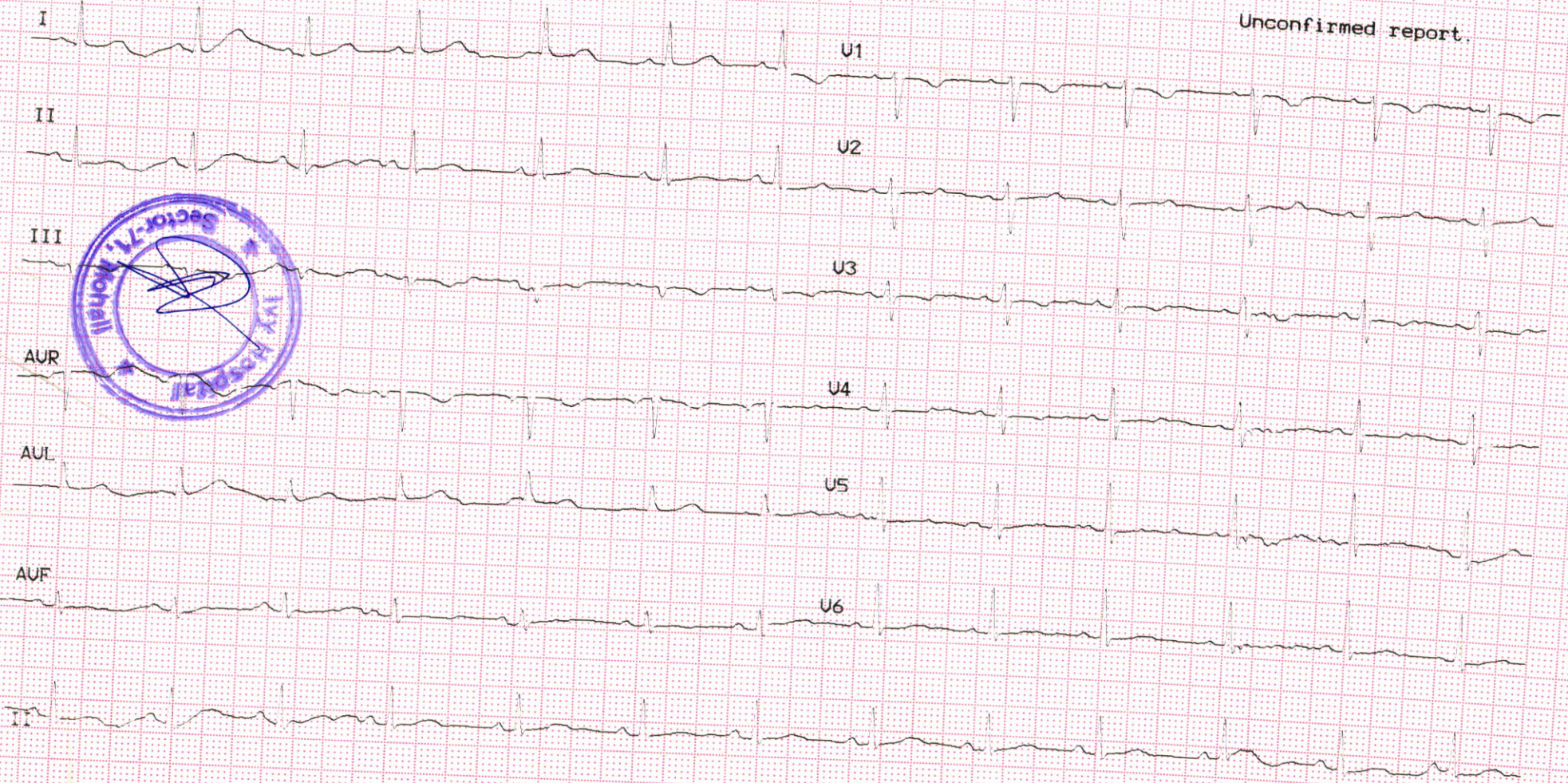


Interpretation:
 *** Poor data quality
 probably acute MI (anterior)
 low QRS amplitudes
 probably abnormal ECG

HR 78 bpm

Mrs Shiwani
 age = 26
 OUID = 484709

Unconfirmed report.



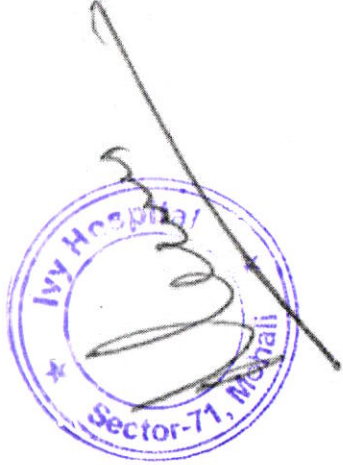


NAME	SHIWANI DOGRA	SEX/AGE	F26Y
PATIENT ID	ID484709	Accession Number	XR.542147-OPD
REF CONSULTANT	Dr.	DATE	09/11/2024 12:57

X-RAY CHEST (PA VIEW)

Bony structures and soft tissue appear normal.
Trachea is central.
Both lung fields appear clear.
Bilateral hilar regions appear normal.
Domes of diaphragm and costophrenic angles appear normal.
Cardiac shadow is within normal limit.

Please correlate clinically.



DR MEENU BHORIA
MBBS, DMRD, DNB, FVIR

The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

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