

Fwd: Health Check up Booking Confirmed Request(22S53009), Package Code-, Benefici...

**Subject:** Fwd: Health Check up Booking Confirmed Request(22S53009), Package Code-, Beneficiary Code-279754  
**From:** Baljinder Singh Kharoud <balkharoud21@gmail.com>  
**Date:** 22-02-2025, 10:33  
**To:** mainreception@ivyhospital.com  
**X-Mozilla-Status:** 0001  
**X-Mozilla-Status2:** 00000000  
**Return-Path:** <balkharoud21@gmail.com>  
**Delivered-To:** mainreception@livasahospitals.com  
**Received:** from mail.livasahospitals.com (mail.livasahospitals.com [127.0.0.1]) by mail.livasahospitals.com (Postfix) with ESMTPT id 4Z0FK604cdz3xLq for <mainreception@livasahospitals.com>; Sat, 22 Feb 2025 05:04:10 +0000 (UTC)  
**X-Virus-Scanned:** Debian amavisd-new at mail.livasahospitals.com  
**Authentication-Results:** mail.livasahospitals.com (amavisd-new); dkim=pass (2048-bit key) header.d=gmail.com  
**Received:** from mail.livasahospitals.com ([127.0.0.1]) by mail.livasahospitals.com (mail.livasahospitals.com [127.0.0.1]) (amavisd-new, port 10024) with ESMTPT id yorkvA8ejzsw for <mainreception@livasahospitals.com>; Sat, 22 Feb 2025 05:04:03 +0000 (UTC)  
**Received:** from mail-yb1-f181.google.com (\_gateway [192.168.4.1]) by mail.livasahospitals.com (Postfix) with ESMTPT id 4Z0FJz3q9Jz3x5Z for <mainreception@ivyhospital.com>; Sat, 22 Feb 2025 05:04:03 +0000 (UTC)  
**Received:** by mail-yb1-f181.google.com with SMTP id 3f1490d57ef6-e5da812ea66so268087276.2 for <mainreception@ivyhospital.com>; Fri, 21 Feb 2025 21:04:03 -0800 (PST)  
**DKIM-Signature:** v=1; a=rsa-sha256; c=relaxed/relaxed; d=gmail.com; s=20230601; t=1740200640; x=1740805440; darn=ivyhospital.com; h=to:subject:message-id:date:from:in-reply-to:references:mime-version :from:to:cc:subject:date:message-id:reply-to; bh=vcKbcP/8GNFm5Sdeb7EDJlR9CZwJr6MHN1E9Zidqgxc=; b=PayzFRDse+izhboOvxYGLMzX5awZqjlxFi4kO82aRdTne73x9PqI+eXn0KqQh8ys ZfRt83d6ByttEecie6CcOTFeX2h3eQP7wNwYbPnWfWwHqLYXddBPFxEajUazAsl7c93We Gg55UEV/IS+blJfplxf5J7bGE/R9kMj1qqImL9hTVRfajf13UdVXkoH+XHB2VifeqDy iHg3mp3LHrnAvf+rqc68950hI9zuuxKuxqBJohaqdMf2surfXPMDVe+XU6RA4usmIP7o 6BKSAkZnoSrNzLqLelvj5No2Ltsm5TzAVq03rFBBYjerKBL6mSBwp7/ZMwzUQX7URff QLUa==  
**X-Google-DKIM-Signature:** v=1; a=rsa-sha256; c=relaxed/relaxed; d=1e100.net; s=20230601; t=1740200640; x=1740805440; h=to:subject:message-id:date:from:in-reply-to:references:mime-version :x-gm-message-state:from:to:cc:subject:date:message-id:reply-to; bh=vcKbcP/8GNFm5Sdeb7EDJlR9CZwJr6MHN1E9Zidqgxc=; b=stV63ITK94AJsbZqbsU2XnaBvKPLppNTS/m9miOeXQ9bX85fQMYBUFGQIPCSmTHdow mDcQrUZ3Za06QTo42Svaqo/JrmhM1AwJwHRDK1D4Hs7cCET+4P6Wfyy+iu+sFOTAKfS6 xDUN2AXZoFn0JSTKBTf+QV7BRoys522q0FzLzNPf+QO++PiBztYjvAHvsoHTLxdhrs L9ZsOkcR5mQwtTr2xwixKUewVleQ3YpwZm3hTzPa7+0tRhY883kHIQpRKI+dO8SbHkY/hCLUQGGT7DtdDFKcdG4qPNw0FII078ZPb6KwLbnlrEgAe3hJ46mAV6ea1Myiwbgv3h gEAQ==  
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**X-Google-Smtp-Source:** AGHT+IEmn+ZlKHyn1/168FZEBUSHRXMOIXT4LE8VOSSD1ToRoC4CuUsfaT+01gZfgkizQOEuwipCLw525iysPrY=  
**X-Received:** by 2002:a05:690c:6e06:b0:6ef:5e7a:aa88 with SMTP id 00721157ae682-6fbcc3d2e1emr23245437b3.8.1740200640394; Fri, 21 Feb 2025 21:04:00 -0800 (PST)  
**MIME-Version:** 1.0  
**References:** <9a137994ce97ccaf8cb6cd331dd8e133@mediwheel.in>  
**In-Reply-To:** <9a137994ce97ccaf8cb6cd331dd8e133@mediwheel.in>  
**X-Gm-Features:** AWEUYZni3bnlq54vna6uaS6o6Gz4DhHREreEQdafutVBMgY9viagf30\_3xMVE0  
**Message-ID:** <CAPZ0rQ-DCTrYi+4bf-P\_EDJHA5qEkb3go=6sX84GuZeERY1rQ@mail.gmail.com>  
**Content-Type:** multipart/alternative; boundary="000000000000023d58062eb4099f"

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

**From:** Mediwheel <wellness@mediwheel.in>  
**Date:** Mon, 17 Feb 2025, 6:25 pm  
**Subject:** Health Check up Booking Confirmed Request(22S53009), Package Code-, Beneficiary Code-279754  
**To:** <balkharoud21@gmail.com>  
**Cc:** <customeercare@mediwheel.in>

Dear Baljinder Singh,  
We are pleased to confirm your health checkup booking request with the following details.

<b>Hospital Package Name :</b>	Mediwheel Full Body Health Checkup Female Below 40
<b>Name of Diagnostic/ Hospital :</b>	Ivy Hospital
<b>Address of Diagnostic/ Hospital:</b>	Sector - 71, Mohali, Mohali, PUNJAB - 160071
<b>City :</b>	Mohali

State : PUNJAB  
Pincode : 160071  
Appointment Date : 22-02-2025  
Confirmation Status : Booking Confirmed  
Preferred Time : 09:00 AM - 09:30 AM  
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Harman kaur	31 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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बैंक ऑफ बड़ोदा  
Bank of Baroda



नाम: **BALJINDER SINGH**  
Name:

कर्मचारी कूट क्र. 121163  
E. C. No.



Baljinder Singh


जाँचकर्ता प्राधिकारी च.अ.व. (च.न.व.) क्षेत्र. पञ्जाब  
Issuing Authority DRM (AGM) Chd Region

धारक के हस्ताक्षर  
Signature of Holder

भारत सरकार  
Government of India

आधार

Issue Date: 15/11/2012



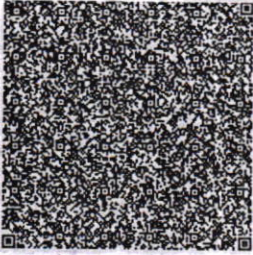
Harman Kaur  
Date of Birth/DOB: 20/03/1993  
Female/ FEMALE

2167 7536 8675  
VID : 9173 4606 5792 3775

मेरा आधार, मेरी पहचान

1947 | help@uidai.gov.in | www.uidai.gov.in

2167 7536 8675  
VID : 9173 4606 5792 3775



Address: C/O: Baljinder Singh, Rurki, Fatehgarh Sahib, Punjab - 147104  
Download Date: 03/08/2022

भारतीय विश्वविद्यालय  
Unique Identification Authority of India

Name : MRS. HARMAN KAUR (31y, Female)  
 Phone : 8872498321  
 ID : 227101  
 Doctor : Dr. G Ranjeeth Kumar

Date & Time : 22-Feb-2025 04:18 PM

Past Medical History: YOUNG HTN

BP 112/62 mmHg | Pulse 100 bpm | Weight 86 kg | SPO2 97% / %

Complaints: REGULAR HEALTH CHECKUP , NO PRIOR COMORBIDITIES

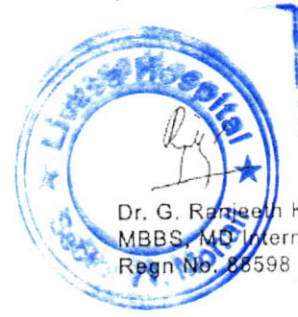
Rx

Medicine	Dosage	Timing - Freq. - Duration
1) CAP. MECOCAL MAX *	0 - 1 - 0 (cap)	2 HR - After Food - Daily - 2 Months
Composition : calcium citrate maleate 500 mg + L - methyl folate 250 mg + Vit K2 7.75 mg + Zinc 10 mg...		
Timing : 1 (cap) - 2 HR After lunch		
Administration : Oral-To be swallowed		
2) CAP. LUMIA 60K *		Weekly - 8 Weeks
Composition : Cholecalciferol 60000 IU		
Administration : Oral-To be swallowed		
3) TAB. EVION LC *	0 - 1 - 0 (tab)	Daily
Composition : Levocarnitine 150 MG + Vitamin E 200 MG		
Timing : 1 (tab) - Afternoon		
4) CAP. SOMPRAZ L *	1 - 0 - 0 (cap)	30 mins - Before Food - Daily - 1 Month
Composition : Esomeprazole 40 MG + Levosulpiride 75 MG		
Timing : 1 (cap) - 30 mins Before breakfast		
Administration : Oral-To be swallowed		

Advice: REGULAR EXERCISE AND LOW FAT DIET

Next Visit : 2 months

Admission Advice: NO



Dr. G. Ranjeeth Kumar  
 MBBS, MD Internal Medicine (PGIMER)  
 Regn No. 88598

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Disclaimer - This is a computer generated e-prescription, No Signature is required.

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 (A Unit of Ivy Health and Life Sciences Private Limited)  
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 For any service queries or appointments  
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 E-mail: cs@livasahospitals.in | Website: www.livasahospitals.com

**Registered Address:** Administration Block,  
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**Corporate Office:** 3<sup>rd</sup> Floor, C-133, Industrial Area,  
 Phase 8, SAS Nagar, Mohali, Punjab-160071  
 Phone: 91-172-7170000, Fax: 91-172-2274900  
 CIN No.: U85110PB2005PTC027898  
 GSTIN: 03AABCI4594F1ZQ

22/2/25

Mrs. Harman / 32yrs

40 occasional itching P/V

LMP: - 24/2/25

P, L, S: - 100% / 100% / 4yrs.

Reports reviewed

KIDU now on Amlong 5

? Prediabetic

Adv  
- Pap smear.

40 mastalgia. altE: breast (N) lymphadenopathy

- TVS as  
- USG Abdomen  
not complete  
- USG B/L breasts

P/S: - G healthy  
initial  
Discharge

hs

- 7. Emoryen D  
1 -> x 5day.



NAME	HARMAN KAUR	SEX/AGE	F32Y
PATIENT ID	ID227101	Accession Number	XNO.4367 OPD
REF CONSULTANT	Dr.	DATE	22/02/2025 12:10

### X-RAY CHEST (PA VIEW)

Rotation is present.

Both lung fields appear clear.

Bilateral hilar regions appear normal.

Domes of diaphragm and costophrenic angles appear normal.

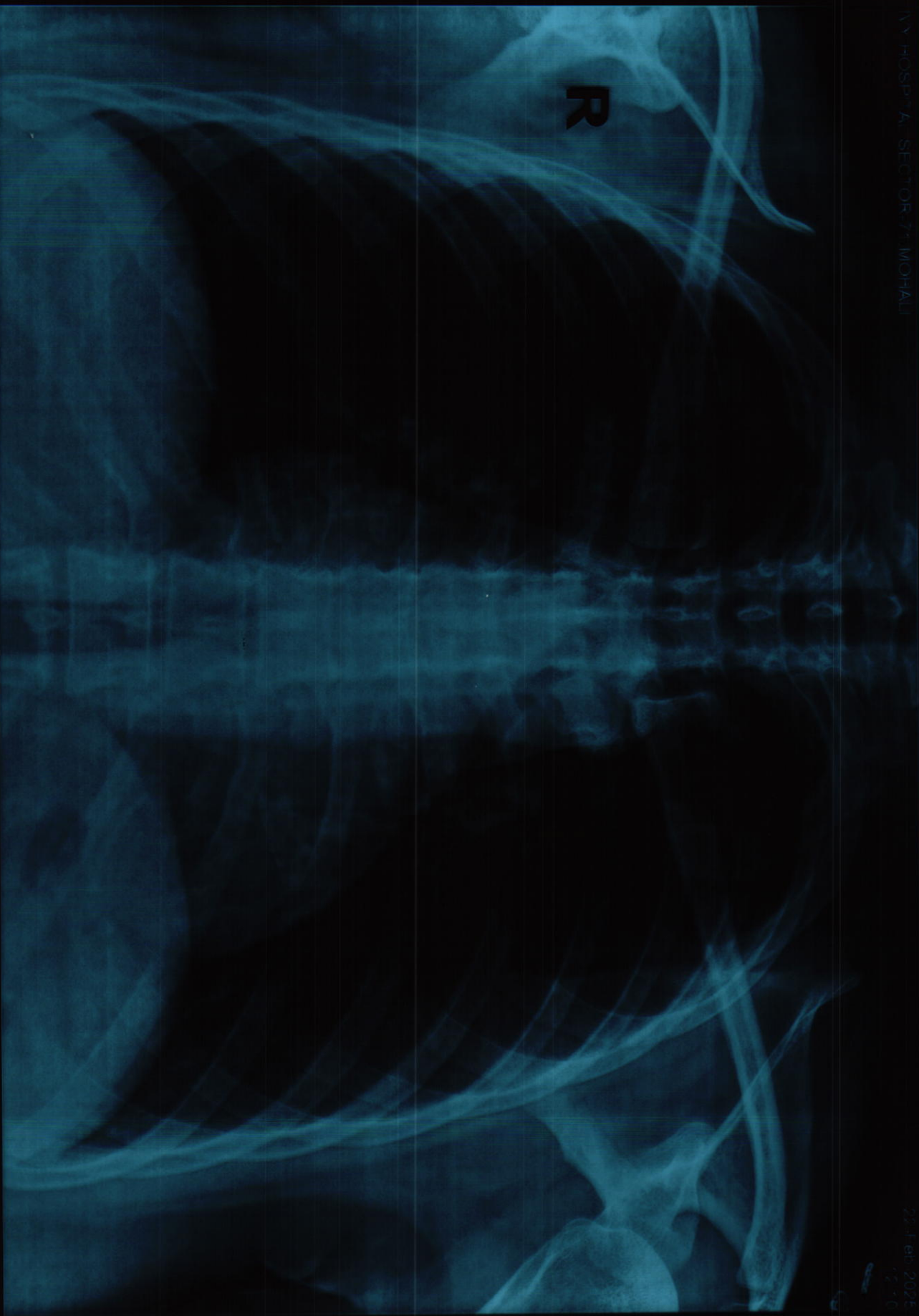
Cardiac shadow is within normal limit.

Please correlate clinically.

  
DR 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)



ID227101 HARMAN KAUR F 32 years XNO 4367 OPD

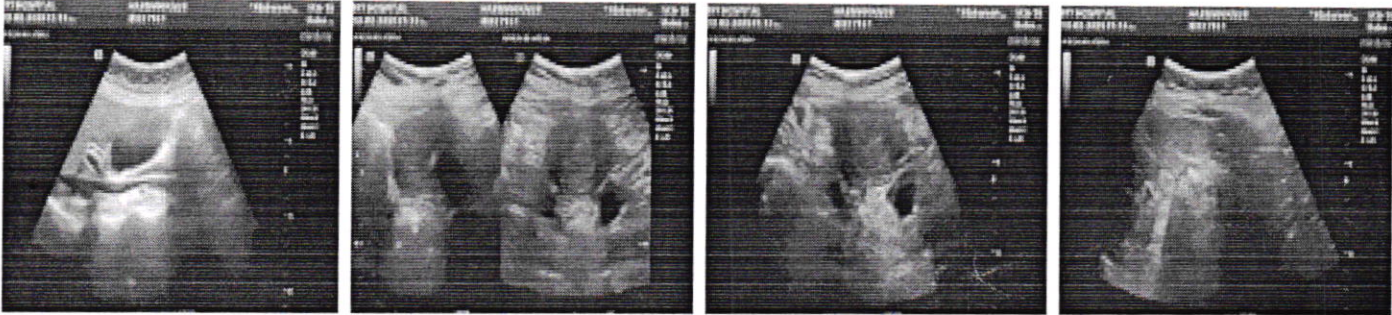
IVY HOSPITAL SECTOR-71 MOHALI





NAME	., HARMAN KAUR	SEX/AGE	F32Y
PATIENT ID	ID227101	Accession Number	
REF CONSULTANT	PACKAGE	DATE	22/02/2025 01:10

**USG WHOLE ABDOMEN**



**LIVER:** is normal in size (~ 14.3cm), outline and **shows increased echogenicity**. 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 (~ 10.1cm), 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 (~ 11.0cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

**LEFT KIDNEY:** It is normal in size (~ 12.2cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

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

Pelvis is suboptimally assessed due to minimally distended UB.

No free fluid is seen in peritoneal cavity.

**IMPRESSION:** Fatty liver Grade I.

Dr Arushi Yadav  
MD Radiodiagnosis

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)

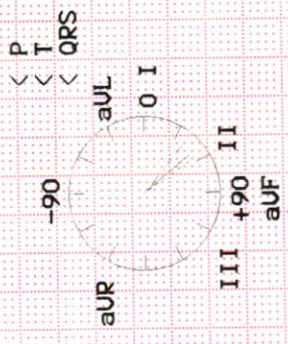
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CIN No.: U85110PB2005PTC027898  
GSTIN: 03AABCI4594F1ZQ

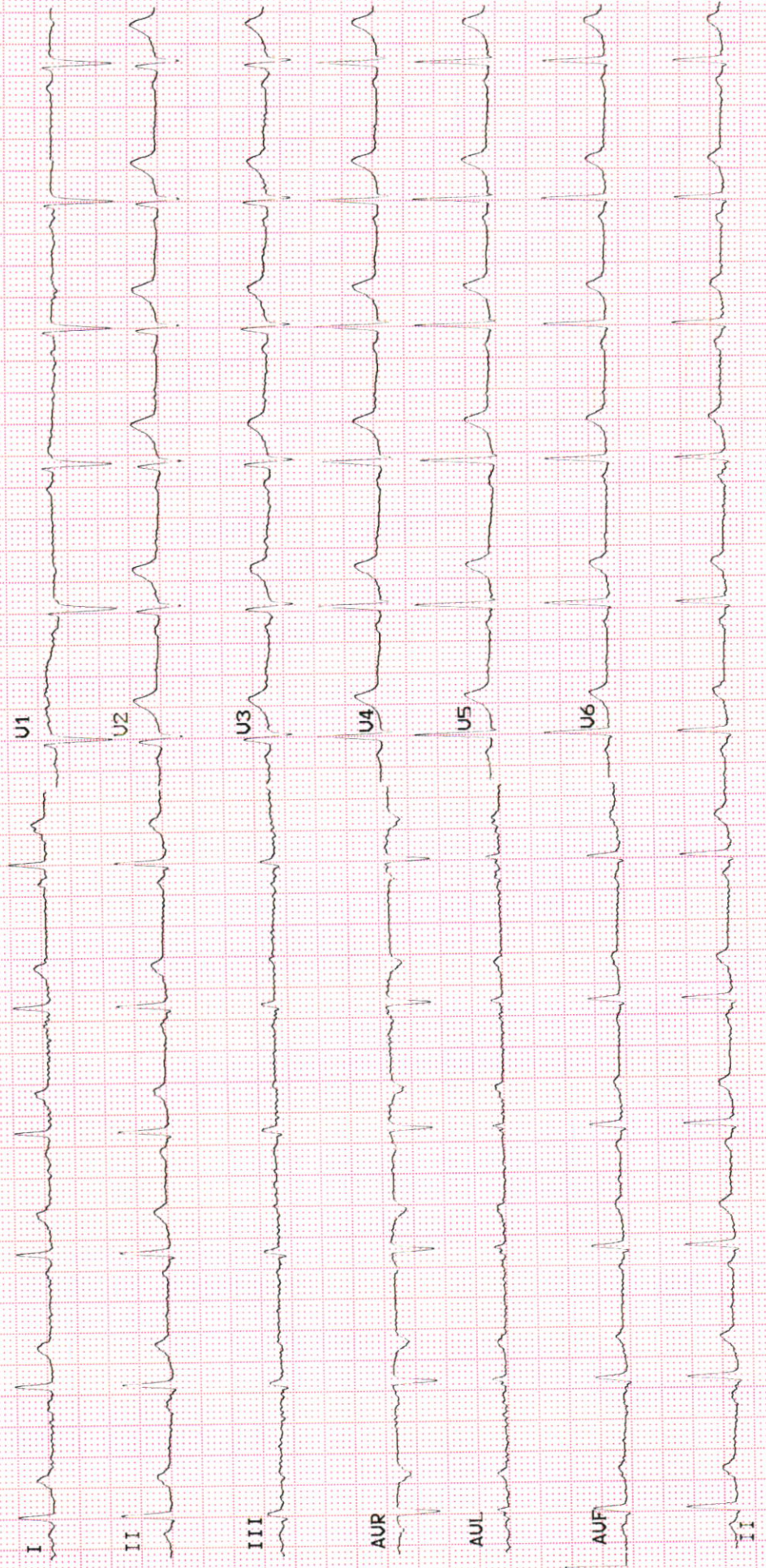
Mrs. Harman Kaur  
 UID-227101  
 Age-51/F

Measurement Results:  
 QRS : 88 ms  
 QT/QTcB : 378 / 411 ms  
 PR : 138 ms  
 P : 108 ms  
 RR/PP : 844 / 845 ms  
 P/QRS/T : 55/ 50/ 40 degrees  
 QTd/QTcBD : 40 / 44 ms  
 Sokolow : 2.1 mV  
 NK : 10

Interpretation:  
 normal ECG



Unconfirmed report.



# LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 01727170000, 9115115257

Email: pathreports@livasahospitals.in



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NAME	: MRS. HARMAN KAUR	Requisition Date	: 22/Feb/2025 10:56AM
DOB/Gender	: 20-Mar-1993/F	SampleCollDate	: 22/Feb/2025 11:28AM
UHID	: 227101	Sample Rec.Date	: 22/Feb/2025 11:29AM
Inv. No.	: 4972030	Approved Date	: 22/Feb/2025 12:31PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409400		

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
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#### 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)	12.50	µg/dL	5.52 – 12.97
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#### 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)	1.900	mIU/L	0.4001 - 4.049 PREGNANCY REFERENCE RANGE FOR TSH IN uIU/mL 1st Trimester 0.1298 – 3.1202nd Trimester 0.2749 – 2.6523rd Trimester 0.3127 – 2.947
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#### 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

Result Entered By: Geetika 40845

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DR BHUMIKA BISHT

M. D. PATHOLOGY

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NAME : MRS. HARMAN KAUR

DOB/Gender : 20-Mar-1993/F

UHID : 227101

Inv. No. : 4972030

Panel Name : Livasa Mohali

Bar Code No : 13409400

Requisition Date : 22/Feb/2025 10:56AM

SampleCollDate : 22/Feb/2025 11:28AM

Sample Rec.Date : 22/Feb/2025 11:29AM

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Referred Doctor : Self

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## BIOCHEMISTRY

### GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting

(VITROS 5600: Colorimetric - Glucose oxidase, hydrogen peroxide)

92

mg/dL

Normal 70-99 mg/dl

Impaired Tolerance 100 - 125mg/dl

Diabetic  $\geq$ 126 mg/dl

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)

16.00

mg/dL

14.98-36.38

Serum Creatinine

(VITROS 5600: Two-point rate - Enzymatic)

0.60

mg/dL

0.52--1.04 mg/dl

Serum Uric acid

(VITROS 5600: Colorimetric - Urease)

4.60

mg/dL

2.5--6.2 mg/dl

#### Interpretation:

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



Result Entered By: Geetika 40845

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GSTIN: 03AABCI4594F1ZQ

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### LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total <small>(VITROS 5600 Colorimetric - Diphylline, Diazonium salt)</small>	0.50	mg/dL	0.2-1.3 mg/dl
Bilirubin(Unconjugated) <small>(VITROS 5600 Colorimetric - Direct measure)</small>	0.20	mg/dL	Adult 0.0 - 1.1 Neonate 0.6 - 10.5
Bilirubin(Conjugated) <small>(VITROS 5600 Colorimetric - Spectrophotometric)</small>	0.01	mg/dL	Adult 0.0 - 0.3 Neonate 0.0 - 0.6
Serum SGOT(AST) <small>(VITROS 5600 UV with PSP)</small>	26	U/L	14-36U/L
Serum SGPT(ALT) <small>(VITROS 5600 Multi-point rate - UV with PSP)</small>	28	U/L	<35
Serum AST/ALT Ratio <small>(Calculated)</small>	0.93		
Serum GGT <small>(VITROS 5600 Multi-point rate - G-glutamyl-p-nitroanilide)</small>	24	U/L	12 - 43
Serum Alkaline Phosphatase <small>(VITROS 5600 Multi-point rate - PMPP, AMP Buffer (37°C))</small>	90	U/L	38--126U/L
Serum Protein Total <small>(VITROS 5600 Colorimetric - Biuret, no serum blank, end point)</small>	7.5	g/dl	6.3--8.2g/dl
Serum Albumin <small>(VITROS 5600 Colorimetric - Bromocresol Green)</small>	4.7	g/dl	3.5--5.0g/dl
Serum Globulin <small>(Calculated)</small>	2.80	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio <small>(Calculated)</small>	1.68	%	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 Tylenol 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 <small>(VITROS 5600 Colorimetric - Cholesterol oxidase, esterase, peroxidase)</small>	175	mg/dL	Desirable <200mg/dl Boredrine High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides <small>(VITROS 5600 Colorimetric - Enzymatic, end point)</small>	129	mg/dL	Normal < 150mg/dl Boredrine High 150--199mg/dl High 200-499mg/dl Very High ≥500 mg/dl
Serum HDL Cholesterol <small>(VITROS 5600 Colorimetric - Direct measure, PTA/MgCl2)</small>	39	mg/dL	Low to Average <40 mg/dl High ≥ 60.0mg/dl



Result Entered By: Geetika 40845

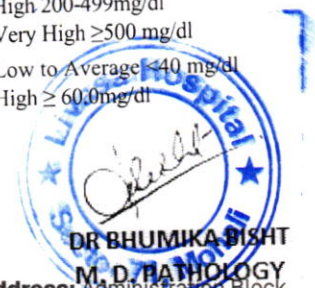
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GSTIN: 03AABCI45941FZQ

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MC-6172

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NAME	: MRS. HARMAN KAUR	Requisition Date	: 22/Feb/2025 10:56AM
DOB/Gender	: 20-Mar-1993/F	Sample CollDate	: 22/Feb/2025 11:28AM
UHID	: 227101	Sample Rec.Date	: 22/Feb/2025 11:29AM
Inv. No.	: 4972030	Approved Date	: 22/Feb/2025 12:31PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409400		

Test Description	Observed Value	Unit	Reference Range
Serum VLDL cholesterol (Calculated)	26	mg/dL	7-35
Serum LDL cholesterol (Calculated)	110	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	4.49		3-5
Serum LDI -HDL Ratio (Calculated)	2.83		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

Result Entered By: Geetika 40845

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Test Description	Observed Value	Unit	Reference Range
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## CLINICAL PATHOLOGY

### COMPLETE URINE EXAMINATION

#### Physical Examination

Urine Volume	30.00	mL	Light Yellow
Urine Colour	Yellow		Clear
Urine Appearance	Clear		

#### Chemical Examination (Reflectance Photometry)

Urine pH (Double Indication)	6.00		4.8-7.6
Urine Specific Gravity (Ion Exchange)	1.010		1.010-1.030
Urine Glucose (Oxidase/Peroxidase Reaction)	Negative		Negative
Urine Protein (Acid Base Indicator)	Negative		Negative
Urine Ketones (Legal's Test)	Negative		Negative
Urine Bilirubin (Coupling)	Negative		Negative
Urine for Urobilinogen (Coupling)	Normal		Normal
Urine Nitrite (Griess Test)	Negative		Negative
Urine Blood (Peroxidase Activity)	Negative		Negative

#### Microscopic Examination

Urine Pus Cells	0-1		Negative
Urine RBC	Absent	/hpf	Negative
Urine Epithelial Cells	4-5	/hpf	0-5
Urine Casts	Absent	/lpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent



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UHID	: 227101	Sample Rec.Date	: 22/Feb/2025 11:13AM
Inv. No.	: 4972030	Approved Date	: 22/Feb/2025 12:54PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409400		

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	POSITIVE
Anti D	POSITIVE
Final Blood Group	B 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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## HAEMATOLOGY

### ESR

Primary Sample Type: EDTA Blood

ESR (Automated ESR analyser)	28	mm/h	0-15
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### COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin (Noncyanmethhaemoglobin)	10.7	g/dl	12.0 - 15.0
Hematocrit (PCV) (Calculated)	34.0	%	33-45
Red Blood Cell (RBC) (Impedence DC Detection)	4.20	$10^6 / \mu\text{l}$	3.8-4.8
Mean Corp Volume (MCV) (Impedence DC Detection)	81.1	fL	83-97
Mean Corp HB (MCH) (Calculated)	25.5	pg/mL	27-31
Mean Corp HB Conc (MCHC) (Calculated)	31.5	gm/dl	32-36
Red Cell Distribution Width -CV (Calculated)	15.7	%	11-15
Platelet Count (Impedence DC Detection-Microscopy)	222	$10^3/\text{ul}$	150-450
Mean Platelet Volume (MPV) (Impedence DC Detection)	11.5	fL	7.5-10.3
Total Leucocyte Count (TLC) (Impedence DC Detection)	7.4	$10^3/\mu\text{l}$	4.0 - 10.0

### Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	62	%	40-75
Lymphocytes	31	%	20-40
Monocytes	5	%	0-8
Eosinophils	2	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	4,588	$\mu\text{l}$	2000-7000
Absolute Lymphocyte Count	2,294	uL	1000-3000
Absolute Monocyte Count	370	uL	200-1000
Absolute Eosinophil Count	148	$\mu\text{l}$	20-500

The highlighted values should be correlated clinically

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Test Description	Observed Value	Unit	Reference Range
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\*\*\* End Of Report \*\*\*

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Patient Name HARMAN KAUR Patient ID 227101  
Gender/Age Female / 32 Test Date : 22 Feb 2025

**CARDIOLOGY DIVISION**  
**ECHOCARDIOGRAPHY REPORT**

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.3	3.7-5.6 CM
Left Ventricular ES Dimension	2.6	2.2-4.0 CM
IVS (D)	1.0	0.6-1.2 CM
IVS (s)	1.4	0.7-2.6 CM
LVPW (D)	1.0	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	3.2	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	60%	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= 97cm/s, A= 90cm/s, E>A

**Aortic valve:** Vmax =158 cm/s

**Pulmonary valve:** Vmax =135 cm/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)

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Remarks -

**FINAL IMPRESSION -**

No RWMA of LV

Normal LV systolic function (LVEF~60%)

*Rakesh*  
Livasa Hospital

**DR. RAKESH BHUTUNGRU**

Director-Non Invasive Cardiology

MBBS, MD (Medicine), DM (Cardiology)

PMC-42588

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