

नाम: **BALJINDER SINGH**
Name:



कर्मचारी कूट क्र. 121163
E. C. No.



Baljinder Singh

जारीकर्ता प्राधिकारी च.दे.व. (स.प.व.) बी.का. चण्डीगढ़
Issuing Authority DRM (AGM) Chd Region

धारक के हस्ताक्षर
Signature of Holder


 ਭਾਰਤ ਸਰਕਾਰ
Government of India

 ਦਲਜੀਤ ਕੌਰ
Daljit Kaur
ਜਨਮ ਮਿਤੀ/DOB: 01/01/1959
ਔਰਤ/ FEMALE



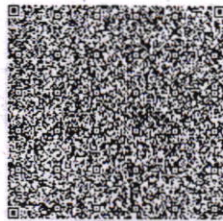
2317 0733 4122

ਮੇਰਾ ਆਧਾਰ, ਮੇਰੀ ਪਛਾਣ




 ਭਾਰਤੀ ਵਿਲੱਖਣ ਪਛਾਣ ਆਧਾਰਟੀ
Unique Identification Authority of India

ਪਤਾ:
W/O ਅਮਰਜੀਤ ਸਿੰਘ, ਰੁੜਕੀ, ਫਤਿਹਗੜ੍ਹ ਸਾਹਿਬ,
ਪੰਜਾਬ - 147104

Address:
W/O Amarjit Singh, Rurki, Fatehgarh Sahib,
Punjab - 147104



2317 0733 4122

  [help@uidai.gov.in](http://help.uidai.gov.in)  www.uidai.gov.in

Subject: Fwd: Health Check up Booking Confirmed Request(22D53010), 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 ESMTTP id 420FJsOTflz3x5I for <mainreception@livasahospitals.com>; Sat, 22 Feb 2025 05:03:57 +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=grf@mail.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 ESMTTP id SAcxRTsJaGtv for <mainreception@livasahospitals.com>; Sat, 22 Feb 2025 05:03:54 +0000 (UTC)
Received: from mail-yw1-f174.google.com (_gateway [192.168.4.1]) by mail.livasahospitals.com (Postfix) with ESMTPTS id 420FJp2m94z3x5Z for <mainreception@ivyhospital.com>; Sat, 22 Feb 2025 05:03:54 +0000 (UTC)
Received: by mail-yw1-f174.google.com with SMTP id 00721157ae682-6f4235459b5so2517827b3.0 for <mainreception@ivyhospital.com>; Fri, 21 Feb 2025 21:03:54 -0800 (PST)
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X-Gm-Source: AGHT+IH7qygOlslqH1e2+leVHxbPaS2owPVUQ8SlttWfok0Veylr10Q6yOrHdzUgV31cUfecCHf0kdtcA7V+wFQG4IA=
X-Received: by 2002:a05:690c:6f07:b0:6ef:9c5e:5c7c with SMTP id 00721157ae682-6fbcfb17e8mr23700877b3.0.1740200631011; Fri, 21 Feb 2025 21:03:51 -0800 (PST)
MIME-Version: 1.0
References: <b56028a50e61c291aed2580e43aa8c8d@mediwheel.in>
In-Reply-To: <b56028a50e61c291aed2580e43aa8c8d@mediwheel.in>
X-Gm-Features: AWEUYZnoqlqEP4dFYtjCXa6KgoUwNUHg1FBftXOwuuf3jeRIOvcjghUoUviDPE
Message-ID: <CAPZ0rQ9GMtGfXuBKAE+QYBQznHYkUapXte3c-dbsaQs91ESg@mail.gmail.com>
Content-Type: multipart/alternative; boundary="000000000007311ec062eb408e6"

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

From: Mediwheel <wellness@mediwheel.in>
Date: Mon, 17 Feb 2025, 6:25 pm
Subject: Health Check up Booking Confirmed Request(22D53010), Package Code-, Beneficiary Code-279754
To: <balkharoud21@gmail.com>
Cc: <customercare@mediwheel.in>

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

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

Name of Diagnostic/ Hospital : Ivy Hospital

Address of Diagnostic/ Hospital- : Sector - 71, Mohali, Mohali, PUNJAB - 160071

City : 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
Daljeet kaur	65 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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@ 2025 - 26, Arcofemi Healthcare Pvt Limited.(Mediwheel)

22/2/25

Mrs Daljit Kaur

do urinary incontinence

Adv
USG pelvis
(full bladder)

1

- T. MIRA-S

1 ——— x 15 days
(after food)

Dr. Balvin Kaur Chai
MBBS, MS (CBST), GYNAL, DNB
FRCOG 1 (UK)
Consultant - Obstetrics, Gynaecology
Fetal Specialist
MBO Reg No. 64301

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@livasahospitals.in | Website: www.livasahospitals.com

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

Corporate Office: 3rd 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

Name : MRS. DALJIT KAUR (65y, Female)
 Phone : 8872498321
 ID : 227104
 Doctor : Dr. G Ranjeeth Kumar

Date & Time : 22-Feb-2025 04:27 PM

BP 133/53 mmHg | Pulse 63 bpm | Weight 60 kg | SPO2 97% %

Diagnosis:

- HYPERTENSION
- ? IRON DEFICIENCY ANEMIA
- PREDIABETIC

Rx

Medicine	Dosage	Timing - Freq. - Duration
1) TAB. CILNY 10MG * Composition : Cilnidipine 10 MG Timing : 1 (tab) After breakfast	1 - 0 - 0 (tab)	After Food - Daily
2) TAB. FEROST XT * Composition : Iron + folic acid Timing : 1 (tab) - Afternoon Administration : Oral-To be swallowed	0 - 1 - 0 (tab)	Daily - 1 Month
3) TAB. ROSUVAS 5MG * Composition : Rosuvastatin 5 MG Timing : 1 (tab) After dinner Administration : Oral-To be swallowed	0 - 0 - 1 (tab)	After Dinner - Daily
4) CAP. SOMPRAZ D 40 * Composition : Domperidone 30 MG + Esomeprazole 40 MG Timing : 1 (cap) - 30 mins Before breakfast Administration : Oral-To be swallowed	1 - 0 - 0 (cap)	30 mins - Before Breakfast - Sos - 1 Month
5) SUS. SUCRAL SUSPENSION * Composition : Sucralfate 1 GM /5 ML Timing : 1 - Morning, 1 - Afternoon, 1 - Night	1 - 1 - 1	Daily - 20 Days

Advice: PHYSIOTHERAPY - UPPER BACK EXERCISES
 DIABETIC DIET - 1800 K CAL/DAY

Tests Prescribed: [Next Visit] IRON PROFILE , OCCULT BLOOD STOOL , CBC , PERIPHERAL BLOOD SMEAR

Next Visit : 2 months

Admission Advice: NO

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

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 Phone: 91-172-7170000, Fax: 91-172-2274900
 CIN No.: U85110PB2005PTC027898
 GSTIN: 03AABCI4594F1ZQ

Livasa

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

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CIN No.: U85110PB2005PTC027898

GSTIN: 03AABCI4594F1ZQ



Patient Name DALJIT KAUR Patient ID 227104
Gender/Age Female / 66 Test Date : 22 Feb 2025

CARDIOLOGY DIVISION
ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.4	3.7-5.6 CM
Left Ventricular ES Dimension	2.1	2.2-4.0 CM
IVS (D)	1.0	0.6-1.2 CM
IVS (s)	1.5	0.7-2.6 CM
LVPW (D)	1.0	0.6-1.1 CM
LVPW (S)	1.5	0.8-1.0 CM
Aortic Root	2.6	2.0-3.7 CM
LA Diameter	3.2	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	65%	54-76%

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

Aortic Valve : Thin Trileaflet open completely with central closure

Tricuspid Valve : Thin, opening well with no prolapse **Trivial TR, RVSP= 29+RAPmmHg**

Pulmonary Valve : Thin, Pulmonary Artery not dilated

Pulse & CW Doppler : **Mitral valve: E=103 cm/s, A=135 cm/s, E<A**

Aortic valve: Vmax =215 cm/s (Increased velocity)

Pulmonary valve: Vmax =123 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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Phone: 91-172-7170000, Fax: 91-172-2274900

CIN No.: U85110PB2005PTC027898
GSTIN: 03AABCI4594F1ZQ

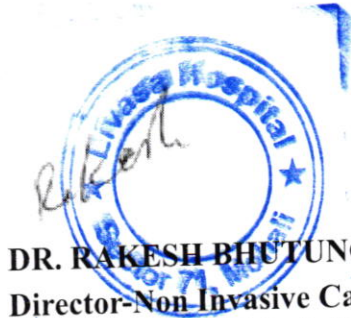
Remarks -

FINAL IMPRESSION -

No RWMA of LV

Normal LV systolic function (LVEF~65%)

Grade I LV diastolic dysfunction



DR. RAKESH BHUTUNGRU
Director-Non Invasive Cardiology
MBBS, MD(Medicine), DM(Cardiology)
PMC-42588

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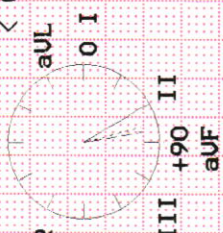
GSTIN: 03AABCI4594F1ZQ

HR 52 bpm

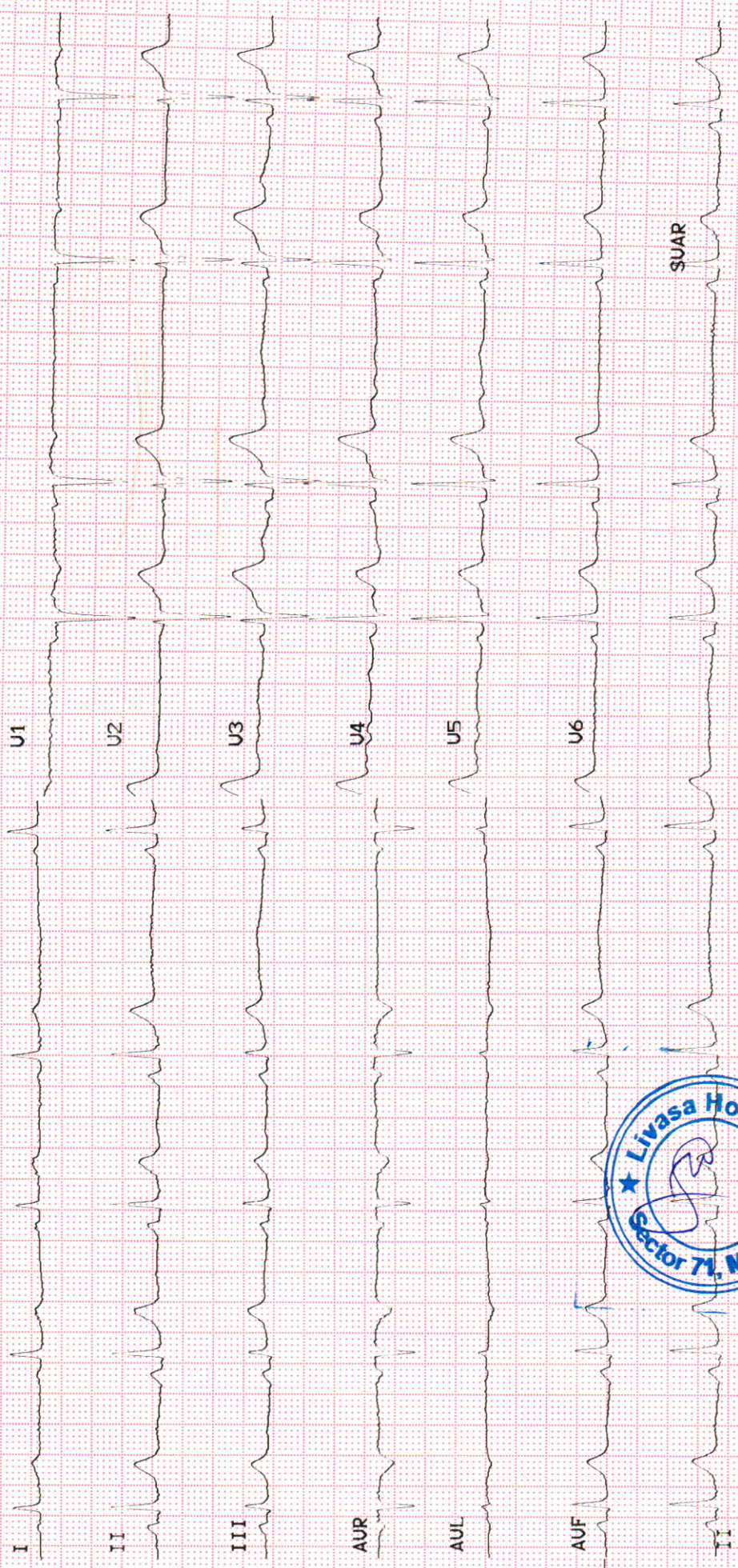
Mrs Daljit Kaur
 UHID- 227104
 Age- 65YF

Interpretation:
 negative T-wave (lateral)
 borderline ECG

Measurement Results:
 QRS : 92 ms
 QT/QTcB : 418 / 387 ms
 PR : 156 ms
 P : 106 ms
 RR/PP : 1166 / 990 ms
 P/QRS/T : 75/ 60/ 80 degrees
 QTd/QTcBD : 32 / 30 ms
 Sokolow : 2.5 mV
 NK : 5



Unconfirmed report.



LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 01727470000, 9115115257

Email: pathreports@livasahospitals.in



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NAME	: MRS. DALJIT KAUR	Requisition Date	: 22/Feb/2025 10:56AM
DOB/Gender	: 05-May-1959/F	SampleCollDate	: 22/Feb/2025 11:08AM
UHID	: 227104	Sample Rec.Date	: 22/Feb/2025 11:08AM
Inv. No.	: 4972041	Approved Date	: 22/Feb/2025 12:31PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409404		

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 <small>(CLIA/Vitros 5600)</small>	1.40	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 <small>(CLIA/Vitros 5600)</small>	10.70	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 <small>(CLIA/Vitros 5600- TSH 3rd generation)</small>	1.500	mIU/L	0.4001 - 4.049
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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



DR BHUMIKA BISHT
M. D. PATHOLOGY

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Phone: 91-172-7170000, Fax: 91-172-2274900
CIN No.: U85110PB2005PTC027898
GSTIN: 03AABC14594F1ZQ

The highlighted values should be correlated clinically
Result Entered By: Geetika 40845

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MC-6172

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DOB/Gender	: 05-May-1959/F	Sample Coll Date	: 22/Feb/2025 11:08AM
UHID	: 227104	Sample Rec. Date	: 22/Feb/2025 11:08AM
Inv. No.	: 4972041	Approved Date	: 22/Feb/2025 12:31PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409404		

Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting <small>(VITROS 5600 Colorimetric - Glucose oxidase, hydrogen peroxide)</small>	90	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 <small>(Urease GI DH - EM360)</small>	23.00	mg/dL	21-43
Serum Creatinine <small>(Jaffe Kinetic - EM360)</small>	0.70	mg/dL	0.6-1.1
Serum Uric acid <small>(Urease - EM360)</small>	5.10	mg/dL	2.6- 6.0

Interpretation:

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

The highlighted values should be correlated clinically

Result Entered By: Geetika 40845

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DR BHUMIKA BISHT

M. D. PATHOLOGY

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Inv. No.	: 4972041	Approved Date	: 22/Feb/2025 12:31PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409404		

Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST WITH GGT			
Serum Bilirubin Total (Diazo-EM360)	0.50	mg/dL	<2.0
Bilirubin(Unconjugated)	0.30	mg/dL	0 - 1.1
Bilirubin(Conjugated)	0.01	mg/dL	0 - 0.3
Serum SGOT(AST) (IFCC Without PSP/EM360)	24	U/L	<31
Serum SGPT(ALT) (IFCC Without PSP/EM360)	18	U/L	<34
Serum AST/ALT Ratio (Calculated)	1.33		
Serum GGT (IFCC/AU 480)	23	U/L	5-32
Serum Alkaline Phosphatase (IFCC PNP/AMPK,inc. EM360)	94	U/L	53-141
Serum Protein Total (Biuret EM360)	7.8	g/dl	6.4-8.3
Serum Albumin (BCG/EM360)	4.5	g/dl	3.2-4.6
Serum Globulin (Calculated)	3.30	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.36	%	1.1 - 2.2

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 (VITROS 5600 - Colorimetric - Cholesterol oxidase, esterase, peroxidase)	181	mg/dL	Desirable <200mg/dl Boredrline High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides (VITROS 5600 - Colorimetric - Enzymatic, end point)	126	mg/dL	Normal < 150mg/dl Boredrline High 150--199mg/dl High 200-499mg/dl Very High ≥500 mg/dl
Serum HDL Cholesterol (VITROS 5600 - Colorimetric - Direct measure, PTA/MgCl2)	57	mg/dL	Low to Average <40 mg/dl High ≥ 60.0mg/dl
Serum VLDL cholesterol	25	mg/dL	7-35



The highlighted values should be correlated clinically

Result Entered By:Geetika 40845

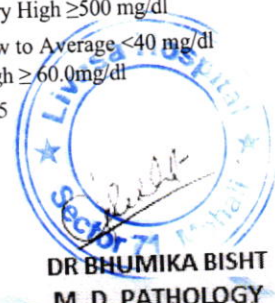
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CIN No.: U85110PB2005PTCO27898

GSTIN: 03AABCI4594F1ZQ

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NAME	: MRS. DALJIT KAUR		
DOB/Gender	: 05-May-1959/F	Requisition Date	: 22/Feb/2025 10:56AM
UHID	: 227104	SampleCollDate	: 22/Feb/2025 11:08AM
Inv. No.	: 4972041	Sample Rec.Date	: 22/Feb/2025 11:08AM
Panel Name	: Livasa Mohali	Approved Date	: 22/Feb/2025 12:31PM
Bar Code No	: 13409404	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
(Calculated) Serum LDL cholesterol	99	mg/dL	50-100
(Calculated) Serum Cholesterol-HDL Ratio	3.18		3-5
(Calculated) Serum LDI -HDL Ratio	1.73		1.5 - 3.5

Interpretation:

As per ATP III 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

The highlighted values should be correlated clinically

Result Entered By: Greetika 40845

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NAME	: MRS. DALJIT KAUR	Requisition Date	: 22/Feb/2025 10:56AM
DOB/Gender	: 05-May-1959/F	Sample Coll Date	: 22/Feb/2025 11:22AM
UHID	: 227104	Sample Rec. Date	: 22/Feb/2025 11:22AM
Inv. No.	: 4972041	Approved Date	: 22/Feb/2025 11:52AM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409404		

Test Description	Observed Value	Unit	Reference Range
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CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	20.00	mL	
Urine Colour	Yellow		Light Yellow
Urine Appearance	Clear		Clear

Chemical Examination (Reflectance Photometry)

Urine pH (Double Indicator)	6.00		4.8-7.6
Urine Specific Gravity (Ion Exchange)	1.025		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	Absent	/hpf	0-5
Urine Casts	Absent	/hpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent



Result Entered By: Geetika 40845

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Dr Shweta
Dr Shweta Kundu
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Bar Code No	: 13409404	Referred Doctor	: Self

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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MC-6172

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NAME : **MRS. DALJIT KAUR**

DOB/Gender : 05-May-1959/F

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Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR <small>(Automated ESR analyser)</small>	20	mm/h	0-15
--	----	------	------

COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin <small>(Noncyanmethaemoglobin)</small>	9.1	g/dl	12.0 - 15.0
Hematocrit(PCV) <small>(Calculated)</small>	30.7	%	33-45
Red Blood Cell (RBC) <small>(Impedence DC Detection)</small>	4.50	10 ⁶ / μl	3.8-4.8
Mean Corp Volume (MCV) <small>(Impedence DC Detection)</small>	68.7	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	20.4	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	29.6	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	20.0	%	11-15
Platelet Count <small>(Impedence DC Detection/Microscopy)</small>	251	10 ³ /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedence DC Detection)</small>	11.1	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedence DC Detection)</small>	3.3	10 ³ / μl	4.0 - 10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	50	%	40-75
Lymphocytes	35	%	20-40
Monoocytes	11	%	0-8
Eosinophils	4	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	1,650	μl	2000-7000
Absolute Lymphocyte Count	1,155	uL	1000-3000
Absolute Monoocyte Count	363	uL	200-1000
Absolute Eosinophil Count	132	μl	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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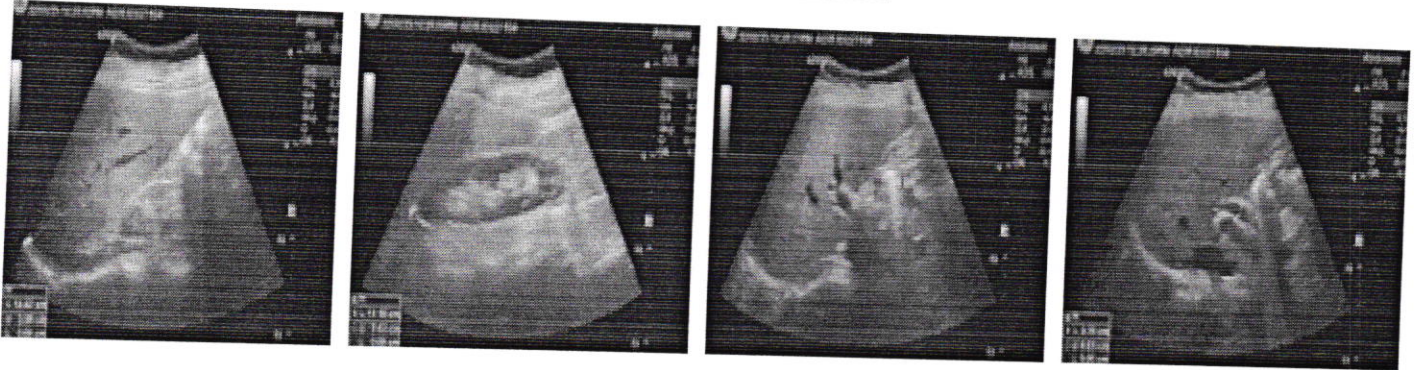
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NAME	., DALJIT KAUR	SEX/AGE	F65Y
PATIENT ID	ID227104	Accession Number	
REF CONSULTANT	PACKAGE	DATE	22/02/2025 12:16

USG WHOLE ABDOMEN



LIVER: is normal in size (~ 14.8cm), outline and shows increased echogenicity. IHBR are not dilated. Portal vein is normal. CBD is not dilated.

GALL BLADDER: is not visualized - post operative status.

SPLEEN: is normal in size (~ 11.1cm), 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 (~ 11.1cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~ 10.9cm), 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 not adequately visualized.

No free fluid is seen in peritoneal cavity.

IMPRESSION: Fatty liver Grade I.

Dr. Shruti
DNB Resident



Dr Arushi Yadav
MD Radiodiagnosis

(NOT FOR MEDICO-LEGAL PURPOSE)

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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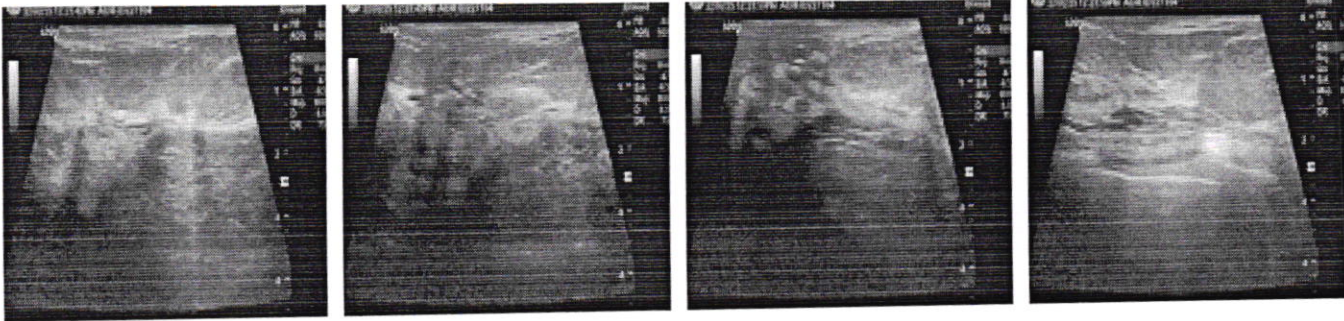
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NAME	., DALJIT KAUR	SEX/AGE	F65Y
PATIENT ID	ID227104	Accession Number	
REF CONSULTANT	PACKAGE	DATE	22/02/2025 12:16

SONOGRAPHY OF BOTH BREAST



Normal fibro glandular breast tissue is seen in both breasts.

No spiculated lesion is seen in both breasts

Nipple and retroareolar region of both breast are normal.

Skin and subcutaneous tissues are normal in both breasts.

IMPRESSION: FINDINGS ARE S/O NORMAL STUDY.

BIRADS ASSESSMENT CATEGORIES

CATEGORY 0: NEEDS ADDITIONAL IMAGING EVALUATION

CATEGORY 1: NEGATIVE

CATEGORY 2: BENIGN FINDING

CATEGORY 3: PROBABLY BENIGN FINDING: SHORT INTERVAL FOLLOWED UP SUGGESTED

CATEGORY 4: SUSPICIOUS ABNORMALITY: BIOPSY SHOULD BE CONSIDERED

CATEGORY 5: HIGH S/O MALIGNANCY; APPROPRIATE ACTION SHOULD BE TAKEN

CATEGORY 6: KNOWN BIOPSY PROVE MALIGNANCY, ASSURE THAT TREATMENT IS COMPLETED.

Dr. Shruti
DNB Resident

Dr Arushi Yadav
MD Radiodiagnosis

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IVY HOSPITAL SECTOR-71 MOHALLI

22-Feb-2022
11:57

R

IVS27104 DALJIT KAUR F. 65 Years XNO 4367 OPD

IVY HOSPITAL SECTOR-71 MOHALLI



NAME	DALJIT KAUR	SEX/AGE	F65Y
PATIENT ID	ID227104	Accession Number	XNO.4367 OPD
REF CONSULTANT	Dr.	DATE	22/02/2025 11:57

X-RAY CHEST (PA VIEW)

Rotation is present.


Bronchovascular markings are prominent in both lungs.

Bilateral hilar regions appear normal.

Domes of diaphragm and costophrenic angles appear normal.

Cardiac shadow is within normal limit.

Please correlate clinically.


DR G. HARPREET SINGH
MBBS, MD, DM

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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