

Subject: Fwd: Reminder your health checkup booking is tomorrow
From: vinita rathour <vinisrathour@gmail.com>
Date: 22/02/2025, 11:40 am
To: mainreception@livasahospitals.com

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

From: **Mediwheel** <wellness@mediwheel.in>
Date: Fri, Feb 21, 2025, 20:28
Subject: Reminder your health checkup booking is tomorrow
To: <VINISRATHOUR@gmail.com>
Cc: <customercare@mediwheel.in>

Dear **MRS. RATHOUR VINITA**,

This is a gentle reminder that your health checkup is scheduled for tomorrow as per the below particular. Please visit the center as per the appointment.
Please follow the following instructions. Please call us at 011-41195959 if you face any issues.

Booking Date : 20/02/2025
Health Check up Name: Mediwheel Full Body Health Checkup Female Below 40
Name of Diagnostic/ Hospital : Ivy Hospital Mohali
Address of Diagnostic/ Hospital- : Sector - 71, Mohali
Appointment Date : 22/02/2025
Preferred Time : 09:00 AM - 09:30 AM

Thanks,
Mediwheel Team
Please Download Mediwheel App



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@ 2025 - 26, Arcofemi Healthcare Pvt Limited.(Mediwheel)

429/84

B बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम: Vinlta Rathour
Name:

कर्मचारी कूट क्र. 109086
E. C. No.



[Handwritten Signature]

धारक के हस्ताक्षर
Signature of Holder

आरक्षित प्राधिकारी, डी. सी. प्र. (पु. प्र.) के कार. क्षेत्र-मद्रास
Issuing Authority DRM (CM)Chd Region



भारत सरकार
GOVERNMENT OF INDIA

विनीता राठौर
Vinita Rathour
जन्म तिथि/ DOB:
21/10/1987
महिला / FEMALE

7377 0839 9247

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
अर्धागिनी: सौरभ राठौर, #
221/12, मोहल्ला चकरेडा,
नाहन (टी), सिरमौर,
हिमाचल प्रदेश - 173001

Address:
W/O: Saurabh Rathour, # 221/12,
Mohalla Chakrerah, Nahar(T),
Sirmour,
Himachal Pradesh - 173001

7377 0839 9247

MEERA AADHAAR, MERI PEHACHAN

Name : MRS. VINITA RATHOUR (37y, Female)
Phone : 7018285932
ID : 429184
Doctor : Dr. G Ranjeeth Kumar

Date & Time : 22-Feb-2025 03:46 PM

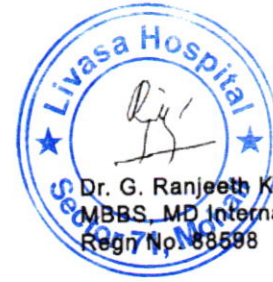
LMP 27-01-2025

Complaints: REGULAR HEALTH CHECKUP

Rx

Medicine	Dosage	Timing - Freq. - Duration
1) TAB. MECORIL * Composition : Methylcobalamin 1500 ug Timing : 1 (tab) - Afternoon	0 - 1 - 0 (tab)	Daily - 1 Month
2) TAB. FOLVITE 5MG * Composition : Folic acid 5 MG Timing : 1 (tab) After lunch Administration : Oral-To be swallowed	0 - 1 - 0 (tab)	After Lunch - Weekly thrice - 1 Month
3) CAP. MET Q CAL * Composition : Calcium Timing : 1 (cap) - 1 hr After lunch Administration : Oral-To be swallowed	0 - 1 - 0 (cap)	1 hr - After Food - Daily - 2 Months

Admission Advice: NO



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

Powered by HealthPlix EMR. www.healthplix.com

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

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CIN No.: U85110PB2005PTC027898
GSTIN: 03AABCI4594F1ZQ

Vinita Rathour

VA 6/6
(U/a) PC = 3mt +

High Ref. error c/e.

A/S 

Pupil MSNR
cornea: clear
lens: clear

Fundus - cont

Δ Left eye Amblyopia.
Δ M.D.


Adv

① zyqua cleanser

twice a week

② e/d Refresh Tears

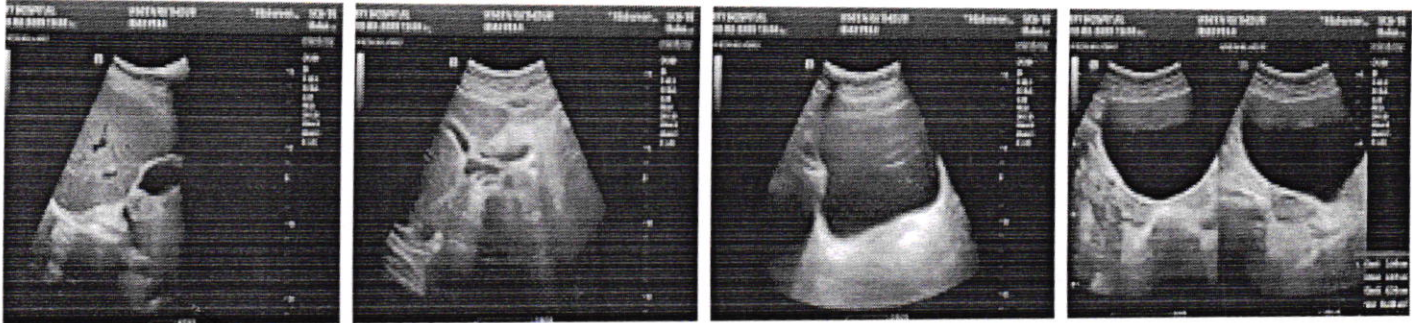
ooo③

Dr. Mukesh Vats
MS, FVRS
Retina Consultant & Phaco Surgeon
PMC: 4507 



NAME	., VINITA RATHOUR	SEX/AGE	F37Y
PATIENT ID	ID429184	Accession Number	
REF CONSULTANT	PACKAGE	DATE	22/02/2025 12:49

USG WHOLE ABDOMEN



LIVER: is normal in size (~ 13.8cm), 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 (~ 9.3cm), 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, outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

LEFT KIDNEY: It is normal in size, outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.



U-BLADDER: is normally distended at the time of examination with normal wall thickness.

UTERUS: is normal in size, outline and echotexture. ET is thin lined. No discrete focal lesion is seen.

OVARIES: They are mildly bulky (RO ~ 13.4cc ; LO ~ 13.5cc) and shows multiple tiny follicles arranged peripherally with thick central stroma. No dominant follicle is seen.

No free fluid is seen in peritoneal cavity.

IMPRESSION: Morphologically polycystic ovaries (Suggested hormonal assay correlation)



 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

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 CIN No.: U85110PB2005PTC027898
 GSTIN: 03AABCI4594F1Z0



NAME	VINITA RATHORE	SEX/AGE	F37Y
PATIENT ID	ID429184	Accession Number	XNO 3265 OPD
REF CONSULTANT	Dr.	DATE	22/02/2025 12:08

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
Sector 71, Mohali

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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ID429184 VINITA RATHORE F 37 years XNO 3265 OPD

IVY HOSPITAL SECTOR 71 MOHALI

LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 01727170000, 9115115257

Email: pathreports@livasahospitals.in



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Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409477		

Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting (GOD-POD EM360)	88	mg/dL	70 - 99 Normal 100 - 125 Impaired Tolerance ≥126 Diabetic
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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 ≥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)	15.00	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 - Uricase)	4.80	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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Dr Shweta Kundu
M.D PATHOLOGY

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LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total (VITROS 5600/Colorimetric - Diphylline, Diazonium salt)	0.50	mg/dL	0.2-1.3 mg/dl
Bilirubin(Unconjugated) (VITROS 5600/Colorimetric - Direct measure)	0.30	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)	27	U/L	14-36U/L
Serum SGPT(ALT) (VITROS 5600/ Multi-point rate - UV with P5P)	17	U/L	<35
Serum AST/ALT Ratio (Calculated)	1.59	U/L	12 - 43
Serum GGT (VITROS 5600/ Multi-point rate - G-glutamyl-p-nitroanilide)	<10	U/L	38--126U/L
Serum Alkaline Phosphatase (VITROS 5600/ Multi-point rate - PMPP, AMP Buffer (37°C))	74	g/dl	6.3--8.2g/dl
Serum Protein Total (VITROS 5600/Colorimetric - Buret, no serum blank, end point)	7.4	g/dl	3.5--5.0g/dl
Serum Albumin (VITROS 5600/Colorimetric - Bromocresol Green)	4.6	mg/dL	2.0-3.5
Serum Globulin (Calculated)	2.80	%	1.0 - 1.8
Serum Albumin/Globulin Ratio (Calculated)	1.64		

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)	176	mg/dL	Desirable <200mg/dl Boredrline High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides (VITROS 5600/Colorimetric - Enzymatic, end point)	98	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)	56	mg/dL	Low to Average <40 mg/dl High ≥ 60.0mg/dl



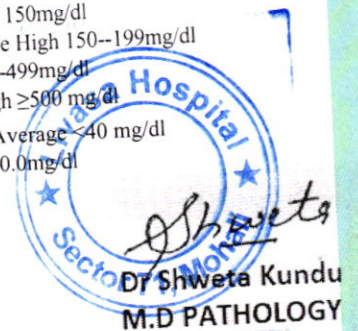
Result Entered By:Geetika 40845

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Test Description	Observed Value	Unit	Reference Range
Serum VLDL cholesterol (Calculated)	20	mg/dL	7-35
Serum LDL cholesterol (Calculated)	100	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	3.14		3-5
Serum LDL-HDL Ratio (Calculated)	1.79		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

Result Entered By: Geetika 40845



Dr. Shweta Kundu
M.D PATHOLOGY

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CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	40.00	mL	
Urine Colour	Pale yellow		Light Yellow
Urine Appearance	Clear		Clear

Chemical Examination (Reflectance Photometry)

Urine pH (Double Indicator)	7.00		4.8-7.6
Urine Specific Gravity (Ion Exchange)	1.000		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	5-6	/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

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Panel Name	: Livasa Mohali	Referred Doctor	: Self
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Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c	5.0
Estimated Average Glucose (eAG)	97

ADA criteria for correlation between HbA1c & Mean plasma glucose levels:
(Last three month's average).

HbA1c (%)	Mean Plasma Glucose (mg / dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

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

Result Entered By: Geetika 40845



Dr. Shweta Kundu
M.D PATHOLOGY

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Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR	12	mm/h	0-15
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(Automated LSE analyser)

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



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Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin <small>(Noncyanmethaemoglobin)</small>	12.5	g/dl	12.0 - 15.0
Hematocrit(PCV) <small>(Calculated)</small>	39.8	%	33-45
Red Blood Cell (RBC) <small>(Impedence-DC Detection)</small>	3.70	10 ⁶ / μ l	3.8-4.8
Mean Corp Volume (MCV) <small>(Impedence-DC Detection)</small>	108.4	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	34.1	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	31.4	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	13.0	%	11-15
Platelet Count <small>(Impedence-DC Detection/Microscopy)</small>	137	10 ³ /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedence-DC Detection)</small>	13.8	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedence-DC Detection)</small>	5.2	10 ³ / μ l	4.0 - 10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	61	%	40-75
Lymphocytes	29	%	20-40
Monocytes	10	%	0-8
Eosinophils	0	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,172	μ l	2000-7000
Absolute Lymphocyte Count	1,508	uL	1000-3000
Absolute Monocyte Count	520	uL	200-1000

*** End Of Report ***

The highlighted values should be correlated clinically

Result Entered By:Geetika 40845



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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GSTIN: 03AABCI4594F1ZQ

LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 01727170000, 9115115257

Email: pathreports@livasahospitals.in



Livasa
We care for life



NAME	: MRS. VINITA RATHOUR	Requisition Date	: 22/Feb/2025 11:46AM
DOB/Gender	: 21-Oct-1987/F	SampleCollDate	: 22/Feb/2025 12:20PM
UHID	: 429184	Sample Rec.Date	: 22/Feb/2025 12:20PM
Inv. No.	: 4972183	Approved Date	: 22/Feb/2025 12:52PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409477		

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin <small>(Noncyanmethhaemoglobin)</small>	12.5	g/dl	12.0 - 15.0
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