



PDF Compressor Free Version

Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

To
Medi Wheel,
Arafemi Health Care Ltd.
F-703, Lado Sarai, Mehrauli
New Delhi – 110 030

Subject: Submission of Bills (Health Packages)

Dear Sir,

Please find here with bill enclosed with bill no 2023241034846. The Following employees have taken Health Packages of employee IVY Health & Life Sciences Pvt. Ltd. The details of the bill are enclosed and the total amount is Rs 2850/-

1. Appointment Letter;
2. ID Proof.
3. Bill
4. Medical Reports

Name	Booking Date	Beneficiary Code	Bill no	Amount
SUNITA	bobS41647	37063	2023241034846	2850



Authorized Signatory

FOR OPD / DISCHARGE SUMMARY / BILLING PURPOSE ONLY

A unit of Ivy Health and Life Sciences (P) Ltd. Website : www.ivyhospital.com, Email: cs@ivyhospital.com Fax: 91-172-2274900
Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339

All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

IVY HELPLINE : +91 99888-23456

Fwd: Health Check up Booking Confirmed Request(bobS41647),Package Code-PKG10000237, Beneficiary...

Subject: Fwd: Health Check up Booking Confirmed Request(bobS41647),Package Code-PKG10000237, Beneficiary Code-37063

From: sk bhagal <skbhagal@gmail.com>

Date: PDF Compressor Free Version

To: mainreception@ivyhospital.com

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

From: **Mediwheel** <wellness@mediwheel.in>

Date: Tue, 4 Jul, 2023, 4:23 pm

Subject: Health Check up Booking Confirmed Request(bobS41647),Package Code-PKG10000237, Beneficiary Code-37063

To: <skbhagal@gmail.com>

Cc: <CUSTOMERCARE@MEDIWHEEL.IN>

011-41195959

Email:wellness@mediwheel.in

Dear **Sunita**,

Please find the confirmation for following request.

Booking Date : 04-07-2023
Package Name : Medi-Wheel Full Body Health Checkup Female Above 40
Name of Diagnostic/Hospital : Ivy Hospital
Address of Diagnostic/Hospital : Sector - 71 , Mohali
Contact Details : 9041345708
City : Mohali
State : PUNJAB
Pincode : 160071
Appointment Date : 08-07-2023
Confirmation Status : Confirmed
Preferred Time : 8:00am-8:30am
Comment : APPOINTMENT TIME 8:30AM

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.

3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. 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.

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LIDE

भारत सरकार
Government of India





सुनीया
Sunia
जन्म वर्ष / Year of Birth : 1975
महिला / Female



5221 0756 4675

आधार - आम आदमी का अधिकार

LIDE



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SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No.: UB5110PB2005PTC027898

Name: Sumita UHID: 373971
 Age: 48/F Consultant: Dr Balvin Kaur Ghai Date: 8/7/23
 BP: _____ Pulse: _____ RR: _____ Temp: _____ Pain: _____
 Ht.: _____ Wt.: _____ Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: _____
 Complaint: _____

Investigations

Clinical Notes

USG (2) (2)

~~NO~~
pap smear

Chief:- about remember
irregular cycles &
(NS) Bleeding

R2L2, both FWD

Age:- 16yrs.

no past medical / surgical
history.

P/S: G: (A)

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
			minimal			discharge
						erosion (A)
(1)	Cure VD vaginal pessary				1x 7 days	insert in vagina
(2)	Cap. Azith		1	1x 1 day		

Dr. Balvin Kaur Ghai
 MRS. MS (OBST. & GYNAE) DNB
 MD, DGO (UK)
 Consultant - Obstetrics, Gynaecology
 FRC Specialist
 MC Reg No. 54331

Sign & Stamp

Follow up



Ivy
Hospital



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SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

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Dr. Mukesh Vats
MBBS, MS, FVRS
(Ophthalmologist)
Retina Specialist & Phaco Surgeon
PMC Reg. No.: 45034
Mobile : +91-9357519888

Mrs Sumita
47y/f
ID: 373471

8/11/23

vmf 6/6-4
6/6-3

do general check up

MS-WNL

Fundus ↑ / Disc + Macula - (2)

ID 8/11/23

Adv: use near vision glasses

Glasses Rx:

DIV₁ R +0.25 DS - 6/6

⊙ Plano - 6/6

Add (BLE) +2.75 DS - W/L

↑
Vats
Dr. Mukesh Vats
M.S FVRS
Retina Consultant & Phaco Surgeon
PMC 45034



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Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

Mrs. Samita

477/F

UHID-373471

Dr. G. Ranjeeth Kumar
MBBS, MD Medicine (PGIMER, Chandigarh)
Consultant- Internal Medicine
Mobile :7087221001

8/7/2023

PR- 74/mmV
BP- 90/68 mmHg

Regular health package

No prior comorbidities.

ECG- NSR

FBS- 85

Chol/ TG/ HDL/ LDL
225/50/60/153

Regular exercise

1) Cap. Docosahexaenoic DS (Omega 3 fatty acids) 1gm BID

1 _____ 1 x 2 months

ESR- 43

Hb- 12.3 / 5900 / 188000

Hs A1c- 5.4

2) Tab. Metoclopramide 10

Repeat fasting lipid profile
after 2 months

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

CARDIOPRINT

GE MAC1200-ST, IVY HOSPITAL MOHALI

HR 58bpm

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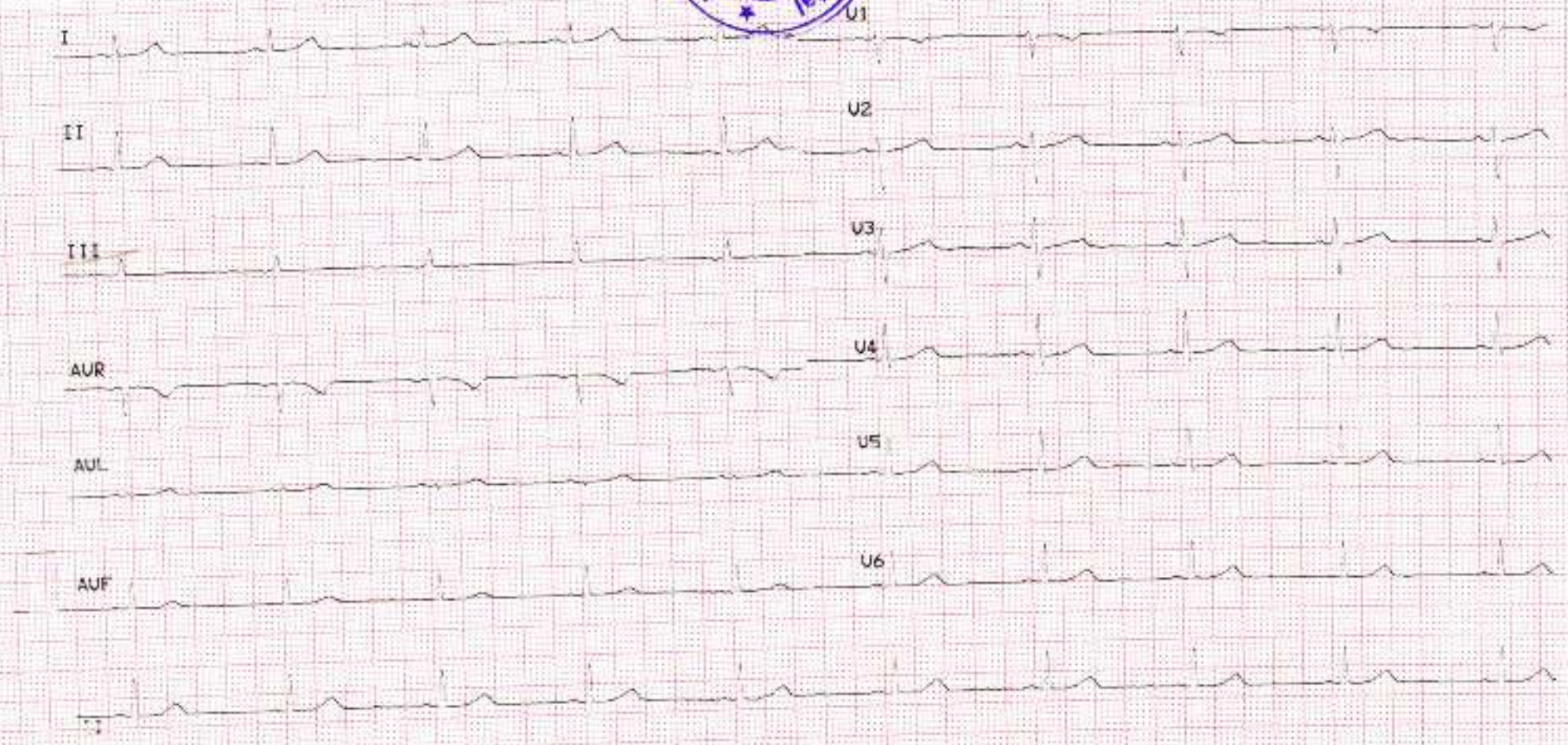
Measurement Results	
QRS	84 ms
QT/QTcB	410 / 406 ms
PR	120 ms
P	98 ms
RR/PP	1018 / 1015 ms
P/QRS/T	-20 / 55 / 30 degrees
QTd/QTcBd	70 / 69 ms
Sokolow	1.0 mV
NK	B

Interpretation:
low QRS amplitudes
probably abnormal ECG

ms Sunita
UHID-373471
Age-47/F



Unconfirmed report.





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**SUPER-SPECIALITY HEALTHCARE
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Tel: 0172-7170000
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Patient Name SUNITA Patient ID 373471
Gender/Age Female / 48 Test Date : 08 Jul 2023

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.1	3.7-5.6 CM
Left Ventricular ES Dimension	3.2	2.2-4.0 CM
IVS (D)	0.8	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)	1.0	0.8-1.0 CM
Aortic Root	2.5	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, Trace MR.

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= 83cm/s, A= 39cm/s, E>A
Aortic valve: Vmax = 132cm/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

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Remarks -

FINAL IMPRESSION -

No RWMA of LV

Normal LV systolic function (LVEF~55%)



DR. BAKESH BHUTUNGRU

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

(NOT FOR MEDICO-LEGAL PURPOSE)

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BUNTO-SOMBO 17/08/14

349/03

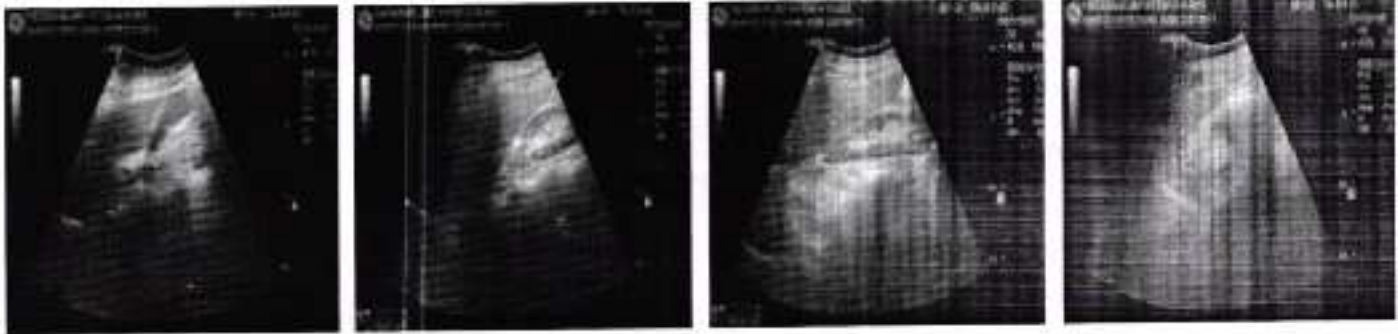
IVY HOSPITAL SEC 71 MOHALI

10/11/2014

09 11 2014

NAME	SUNITA	SEX/AGE	F47Y
PATIENT ID	ID373471	Accession Number	
REF CONSULTANT	PACKAGE	DATE	08/07/2023 10:56

USG WHOLE ABDOMEN



LIVER: is normal in size (~ 15cm), outline and echotexture. No focal lesion is seen. 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 (~ 8cm), outline and echotexture. No focal lesion is seen.

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 (~ 10.3cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~ 10.6cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen. **Cortical scarring is seen at lower pole.**

U-BLADDER: is normally distended at the time of examination with normal wall thickness. No c/o calculus / mass seen.

UTERUS: is post menopausal and grossly normal.

No adnexal SOL is seen.

No free fluid is seen in peritoneal cavity.

OPINION: No significant abnormality in current study.



DR GAGANDEEP SINGH SETHI
 MD RADIOLOGY

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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NAME	SUNITA	SEX/AGE	F47Y
PATIENT ID	ID373471	Accession Number	
REF CONSULTANT	DR.	DATE	08/07/2023 11:52

X-RAY MAMMOGRAPHY

Mammography report

Views taken- bilateral

-Cranio-caudal

-Mediolateral oblique

Parenchymal pattern (ACR):

D ("extremely dense breasts, which lowers the sensitivity of mammography")

Evidence of asymmetry:

-None

Architectural distortion:

-None

Mass lesion:

-Absent

Calcification:

-NIL

Overlying Skin:-

-Normal

Nipple:-

-Non-retracted

Any other indirect signs:

-Nil

Mammography Diagnosis:

-Normal

Sonography revealed:

-No SOL is seen in bilateral breast parenchyma.

-No axillary lymphadenopathy is seen.

BI-RADS assessment categories

Category 0: Need Additional Imaging Evaluation

Category 1: Negative

Category 2: Benign Finding

Category 3: Probably Benign Finding: Short Interval Follow-Up suggested

Category 4: Suspicious Abnormality; Biopsy Should Be Considered

Category 5: High Suggestive Of Malignancy, Appropriate Action Should Be Taken

Category 6: Known Biopsy Prove Malignancy. Assure That Treatment is Completed

Information regarding mammography:-

- 1. A negative report does not entirely exclude the possibility of malignancy. A negative mammography report should not delay biopsy if a dominant or clinically suspicious mass is present.*
- 2. Dense breast may obscure an underlying neoplasm. In a patient with dense breast, regular & close correlation with clinical findings & physical examination is recommended.*
- 3. False positive report 6-10%*
- 4. False negative report 10-15%*

Dr. Manish Singla

DNB Resident

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NAME	SUNITA	SEX/AGE	F47Y
PATIENT ID	ID373471	Accession Number	
REF CONSULTANT	DR.	DATE	08/07/2023 11:52

DR. GANESH KUMAR SINGH SEBBI
MD RADIOLOGY

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NAME	SUNITA	SEX/AGE	F47Y
PATIENT ID	ID373471	Accession Number	
REF CONSULTANT	DR.	DATE	08/07/2023 11:52

X-RAY CHEST PA VIEW

Rotation is present.

Cardiac shadow is normal.

No focal lung parenchymal lesion is seen.

Both hila are normal.

Both CP angle and domes of diaphragm are normal.



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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NAME :	MRS. SUNITA	Requisition Date :	08/Jul/2023 10:46AM
DOB/Gender :	14-Sep-1975/F	Sample Coll Date :	08/Jul/2023 10:48AM
UHID :	373471	Sample Rec. Date :	08/Jul/2023 10:48AM
Inv. No. :	3512911	Approved Date :	08/Jul/2023 12:18PM
Panel Name :	Ivy Mohali	Referred Doctor :	Self
Bar Code No :	12884397		

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 (CLIA/Venous 1900)	1.16	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, primarily 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 medications 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 initiating a diagnosis of thyrotoxicosis factitia.

Serum Total T4 (CLIA/Venous 1600)	8.99	µg/dL	5.53 – 11.0
---	------	-------	-------------

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 in to 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/Venous 1900)	1.400	mIU/L	0.4001 – 4.049
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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.

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 mIU/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





NAME	: MRS. SUNITA	Requisition Date	: 08/Jul/2023 10:46AM
DOB/Gender	: 14-Sep-1975/F	Sample Coll Date	: 08/Jul/2023 10:48AM
UHID	: 373471	Sample Rec. Date	: 08/Jul/2023 10:48AM
Inv. No.	: 3512911	Approved Date	: 08/Jul/2023 12:26PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12884397		

Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting <small>(Urine/AU480)</small>	85	mg/dL	< 106 Normal 107 - 125 Impaired Tolerance > 126 Diabetic
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RFT (RENAL FUNCTION TESTS)

Serum Urea <small>(Urine/CLIA/480)</small>	30.00	mg/dl	17-43
Serum Creatinine <small>(DATE KINETIC/AC90)</small>	0.70	mg/dl	0.51-0.95
Serum Uric acid <small>(Urine/AU98)</small>	5.20	mg/dl	2.6-6.0

LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total <small>(U/CLAU/48)</small>	0.70	mg/dL	0.3-1.2
Serum Bilirubin Direct <small>(U/CLAU/48)</small>	0.10	mg/dl	<0.3
Serum Bilirubin Indirect <small>(CALC/48)</small>	0.60	mg/dl	0.1-1.0
Serum SGOT(AST) <small>(TCC W/BEAL/PS/ATI/48)</small>	28	U/L	<35
Serum SGPT(ALT) <small>(TCC W/BEAL/PS/ATI/48)</small>	20	U/L	<50
Serum AST/ALT Ratio <small>(CALC/48)</small>	1.40		
Serum GGT <small>(RCC/AL/48)</small>	13	IU/L	5-32
Serum Alkaline Phosphatase <small>(RCC/INPAMP/CLAU/48)</small>	113	U/L	30-120
Serum Protein Total <small>(BIO/AL/48)</small>	7.6	gm/dl	6.40-8.20
Serum Albumin <small>(BIO/AL/48)</small>	4.6	g/dL	3.5-5.2
Serum Globulin <small>(CALC/48)</small>	3.00	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio <small>(CALC/48)</small>	1.53	%	1.0-1.8

The highlighted values should be correlated clinically





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Inv. No.	: 3512911	Approved Date	: 08/Jul/2023 12:26PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12884397		

Test Description	Observed Value	Unit	Reference Range
LIPID PROFILE			
Serum Cholesterol (CHO FOD/AU 481)	229	mg/dL	Desirable: <200 Borderline High: 200-239 High: > 240
Serum Triglycerides (Lipid GPD-PAZ/ AU480)	80	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol (Immunozytostat/ AU 480)	60	mg/dL	<40 Major risk factor for CHD >60 Negative risk factor for CHD
Serum VLDL cholesterol (Calculated)	16	mg/dL	7-35
Serum LDL cholesterol (Calculated)	153	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	3.82		3-5
Serum LDL-HDL Ratio (Calculated)	2.55		1.5 - 3.5

The highlighted values should be correlated clinically





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Panel Name	: Ivy Mohali	Referred Doctor	: Self
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Test Description	Observed Value	Unit	Reference Range
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CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	25.00	mL	
Urine Colour	Pale yellow		Light Yellow
Urine Appearance	Clear		Clear

Chemical Examination (Reflectance Photometry)

Urine pH	6.00		4.8-7.6
Urine Specific Gravity	1.015		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein (Protein Excretion)	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		
Urine Nitrite	Absent		Absent

Microscopic Examination

Urine Pus Cells	0-1		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	1-2	/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

HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR <small>(Westergren ESR method)</small>	43	mm/h	0-15
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The highlighted values should be correlated clinically



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Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12884397		

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin <small>(Non-potassium hemoglobin)</small>	12.3	g/dl	12.0 - 15.0
Hematocrit (PCV) <small>(Calculated)</small>	39.0	%	33-45
Red Blood Cell (RBC) <small>(Impedance/DC Detection)</small>	4.20	10 ⁶ /μl	3.8-4.8
Mean Corp Volume (MCV) <small>(Impedance/DC Detection)</small>	92.9	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	29.3	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	31.5	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	13.9	%	11-15
Platelet Count <small>(Impedance/DC Detection/Microscopy)</small>	183	10 ³ /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedance/DC Detection)</small>	12.3	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedance/DC Detection)</small>	5.9	10 ³ /μl	4.0 - 10.0

Differential Leucocyte Count (YCS/ Microscopy)

Neutrophils	53	%	40-75
Lymphocytes	35	%	20-40
Monocytes	8	%	0-8
Eosinophils	4	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,127	μl	2000-7000
Absolute Lymphocyte Count	2,065	uL	1000-3000
Absolute Monocyte Count	472	uL	200-1000
Absolute Eosinophil Count	236	μl	20-500

The highlighted values should be correlated clinically





NAME	: MRS. SUNITA	Requisition Date	: 08/Jul/2023 10:46AM
DOB/Gender	: 14-Sep-1975/F	Sample Coll Date	: 08/Jul/2023 10:48AM
UHID	: 373471	Sample Rec. Date	: 08/Jul/2023 11:49AM
Inv. No.	: 3512911	Approved Date	: 08/Jul/2023 01:17PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12884397		

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c <small>(Boronate Affinity HPLC/To-44)</small>	5.4	%	Non diabetic:4.0-6.0 Target of therapy:<7.0 Change of therapy:>8.0
Estimated Average Glucose (eAG) <small>(Calculated)</small>	108	mg/dL	

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





Polo Labs

PDF Compressor Free Version



NAME	: MRS. SUNITA	Requisition Date	: 08/Jul/2023 10:46AM
DOB/Gender	: 14-Sep-1975/F	Sample Coll Date	: 08/Jul/2023 11:52AM
UHID	: 373471	Sample Rec Date	: 08/Jul/2023 11:52AM
Inv. No.	: 3512911	Approved Date	: 08/Jul/2023 12:50PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12884397		

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 AB	POSITIVE
Anti D	POSITIVE
Reverse Grouping A Cells	POSITIVE
Reverse Grouping B Cells	Negative
Reverse Grouping O Cells	Negative
Final Blood Group	B POSITIVE

NOTE :

- * Apart from major A,B,O 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.

*** End Of Report ***





NAME	: MRS. SUNITA	Requisition Date	: 08/Jul/2023 10:46AM
DOB/Gender	: 14-Sep-1975/F	Sample Coll.Date	: 08/Jul/2023 10:48AM
UHID	: 373471	Sample Rec.Date	: 08/Jul/2023 10:48AM
Inv. No.	: 3512911	Approved Date	: 08/Jul/2023 12:18PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12884397		

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 <small>(CLIA/Veris 3600)</small>	1.16	ng/mL	0.970 – 1.69
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Summary & Interpretation:

Thyroxine (T4) 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 medications 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 thyrotoxic.

Serum Total T4 <small>(CLIA/Veris 3600)</small>	8.99	µg/dL	5.53 – 11.0
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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/Veris 3900)</small>	1.400	mIU/L	0.4001 – 4.049
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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 mIU/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

