

**Subject:** FW: Please note the following health check-up booking summary on 23/9/2023  
**From:** "Abhishek Singh" <corporatemanagerbd@ivyhospital.com>  
**Date:** 9/23/2023, 10:11 AM  
**To:** "'OPD Administrator"' <opdadministrator@ivyhospital.com>, "'main reception"' <mainreception@ivyhospital.com>, <healthcheckups.mohali@ivyhospital.com>  
**Return-Path:** <corporatemanagerbd@ivyhospital.com>  
**Delivered-To:** mainreception@ivyhospital.com  
**Received:** from localhost (localhost [127.0.0.1]) by mmail.ivyhospital.com (Postfix) with ESMTP id CA145174174A; Sat, 23 Sep 2023 10:11:19 +0530 (IST)  
**Received:** from mmail.ivyhospital.com ([127.0.0.1]) by localhost (debian.nebero.com [127.0.0.1]) (amavisd-new, port 10024) with ESMTP id t8RmjlfA77-M; Sat, 23 Sep 2023 10:11:19 +0530 (IST)  
**Received:** from adminPC (login.web [192.168.4.1]) by mmail.ivyhospital.com (Postfix) with ESMTPA id 47B881741731; Sat, 23 Sep 2023 10:11:17 +0530 (IST)  
**Message-ID:** <01c901d9edd8\$36089030\$a219b090\$@com>  
**MIME-Version:** 1.0  
**Content-Type:** multipart/related; boundary="-----\_NextPart\_000\_01CA\_01D9EE06.4FC0F340"  
**X-Mailer:** Microsoft Office Outlook 12.0  
**Content-Language:** en-us  
**Thread-Index:** AQHZ7WSIF5+n63HWz0K+RlvBJoer+LAn1XYw  
**X-Global-filter:** Messagescannedforspamandviruses:passedalltests

Regards  
 Abhishek Singh  
 Group Corporate Manager  
 Business Development  
 +91-8699999914  
 Corporatemanagerbd@ivyhospital.com



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**From:** Customer Care :Mediwheel : New Delhi [mailto:customercare@mediwheel.in]  
**Sent:** Friday, September 22, 2023 8:24 PM  
**To:** corporatemanagerbd@ivyhospital.com  
**Subject:** Please note the following health check-up booking summary on 23/9/2023

Member Name	Mobile	Package Name
Balwinder singh	7087231238	Medi-wheel Full Body Health Checkup Male
MS. KAUR SARBJIT	7087231238	Medi-Wheel Full Body Health Checkup Fem:

Thanks & Regards



FW: Please note the following health check-up booking summar... imap://mainreception%40ivyhospital%2Ecom@local.ivyhospit...

Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030

Ph No. 011-41195959

Email : [customercare@mediwheel.in](mailto:customercare@mediwheel.in); | Web: [www.mediwheel.in](http://www.mediwheel.in)

प्रति,

समन्वयक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MS. KAUR SARBJIT
क.कू.संख्या	172636
पदनाम	HEAD CASHIER "E" _II
कार्य का स्थान	RAJPURA,CALIBRE MARKET
जन्म की तारीख	01-08-1988
स्वास्थ्य जांच की प्रस्तावित तारीख	23-09-2023
बुकिंग संदर्भ सं.	23S172636100069848E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 20-09-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



Government of India

AADHAAR

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 Government of India

ਨਾਮਜ਼ਦਗੀ ਨੰਬਰ/ Enrolment No.: 2059/30524/31716

To  
 ਬਲਵਿੰਦਰ ਸਿੰਘ  
 Balwinder Singh  
 S/O Kesar Singh  
 street no.4  
 Basant Vihar, Gagan chowk  
 Dhkansu Road  
 Rajpura  
 Patiala Punjab - 140401  
 9814641312

Download Date: 29/03/2018  
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9301 4255 3799

ਮੇਰਾ ਆਧਾਰ, ਮੇਰੀ ਪਛਾਣ



ਭਾਰਤ ਸਰਕਾਰ  
Government of India



ਬਲਵਿੰਦਰ ਸਿੰਘ  
 Balwinder Singh  
 ਜਨਮ ਮਿਤੀ/DOB: 13/12/1986  
 ਮਰਦ/ MALE

9301 4255 3799



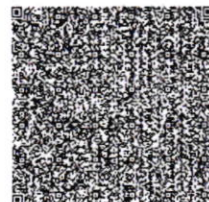
ਮੇਰਾ ਆਧਾਰ, ਮੇਰੀ ਪਛਾਣ



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 ਦੁਕਾਸੂ ਰੋਡ, ਰਾਜਪੁਰਾ, ਪਟਿਆਲਾ,  
 ਪੰਜਾਬ - 140401

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 Gagan chowk, Dhkansu Road, Rajpura,  
 Patiala,  
 Punjab - 140401



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Government of India



ਸਰਬਜੀਤ ਕੌਰ  
Sarbjit Kaur  
ਜਨਮ ਮਿਤੀ/DOB: 01/08/1988  
ਔਰਤ/ FEMALE



9218 1594 2947

VID : 9149044519755856

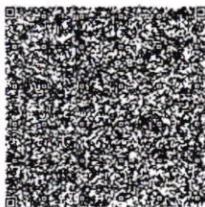
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ਢਕਾਂਸੂ ਰੋਡ, ਰਾਜਪੁਰਾ, ਪਟਿਆਲਾ,  
ਪੰਜਾਬ - 140401

**Address:**  
W/O Balwinder Singh, Street No. 4,  
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Punjab - 140401



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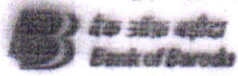
9218 1594 2947

VID : 9149044519755856

1947

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बैंक ऑफ बरोडा  
Bank of Baroda

नाम: **Mr. KAUR SARBJIT**  
Name:

कर्मचारी कुट क्र. **172636**  
E. C. No.

सुप्रीम प्रतियोगी, ज-के-ए. से-सी, सुप्रीम  
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Signature of Holder



# Ivy Hospital

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

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

Ms Sarabjit Kaur

35y lf

FN: 391703

Pupil - normal

23/9/23

vmr 6/6  
6/6  
(aided)

no general check-up

ALS - WNL.

Fundus (U-D) / Disc + Macula - (N)

Top 14/14

Adv: Better vis Central field /  
Worse Plus field X 1 month

Review after 1 month 15/01

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



# Ivy Hospital

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

Name : Sarabjit Kaur UHID : 391703  
 Age : 35/f Consultant : Dr Jagpal Date: 23/9/23  
 BP : 89/63 Pulse: 92 RR : \_\_\_\_\_ Temp: \_\_\_\_\_ Pain: \_\_\_\_\_  
 Ht: \_\_\_\_\_ Wt: 49kg Allergies : \_\_\_\_\_ Nutritional Assessment : Yes/No  
 Diagnosis / DD: \_\_\_\_\_  
 Complaint : \_\_\_\_\_

Investigations	Clinical Notes
	<p>For general check up.</p> <p>recent reports gross @</p> <p>mtl microtic anaem.</p> <p style="text-align: center;"><u>ADJ</u></p> <p>Tab Cop Avinik OD 2-3 hrs after Lunch.</p> <p><del>Tab. TAB CAR</del></p> <p>Tab ACTICONE-46 OD</p>

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
						Jagpal

Follow up

Sign & Stamp  
Ivy/OPD/Form/005





# Ivy Hospital

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

Name: Swarajit Kaur UHID: 391703  
 Age: 35/F Consultant: Dr. Balvir Kaur Date: 23/9/23  
 BP: 89/63 Pulse: 92 RR: \_\_\_\_\_ Temp: \_\_\_\_\_ Pain: \_\_\_\_\_  
 Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Allergies: \_\_\_\_\_ Nutritional Assessment: Yes/No  
 Diagnosis / DD: \_\_\_\_\_  
 Complaint: \_\_\_\_\_

Investigations	Clinical Notes
PAA: <u>Hysteroscopic</u> <u>cb</u>	dup: <u>11/9/23</u> , <u>shortened cycles</u> <u>20-25 days</u> <u>P 2 L 2, both FAAD</u> <u>LCB: 1.5 yrs</u> <u>Lactating</u> USG S/O: <u>ET: 13mm</u> <u>Thickened endometrium</u> <u>in comparison to</u> <u>menstrual phase</u> <u>Liver: hepatomegaly</u> <u>no medical / surgical history</u> <u>W/O lap cholecystectomy</u> <u>syn back.</u> P/s: - <u>G: Bulky</u> <u>erosion (4) (+)</u> <u>prophylaxis</u>

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
(1)	CURE-VD vaginal pessary		0	1x	7 day	insert inside
(2)	Tab. DOXITRAL-LB	ORAL	1	1x	5 day	
(3)	F-Heal vaginal pessary		0	1x	12 days	(insert inside)
(4)	Cap. RABIPICK -DSK		1	1x	5 day	empty stomach

Follow up after completing course of medicines.

Sign & Stamp  
Ivy/OPD/Form/005

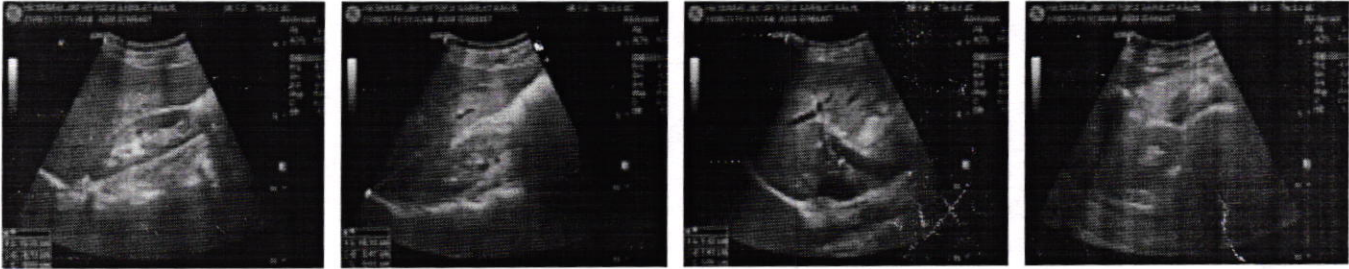


# Ivy Hospital

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

NAME	SARBJIT KAUR	SEX/AGE	F35Y
PATIENT ID	ID369487	Accession Number	
REF CONSULTANT	DIRECT	DATE	23/09/2023 11:48

## USG WHOLE ABDOMEN



**LIVER:** is enlarged in size (~16.0 cm), normal in outline and echotexture. No focal lesion is seen. IHBR are not dilated. Portal vein is normal. CBD is not dilated.

**GALL BLADDER:** is not visualized - post op status.

**SPLEEN:** is normal in size (~9.0cm), 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 (~10.3 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

**LEFT KIDNEY:** It is normal in size (~9.9 cm), 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. No e/o calculus / mass seen.

**UTERUS:** is normal in size, outline and echotexture. ET is thickened and measures ~ 13 mm.

**OVARIES:** Right ovary is normal in size and echotexture. No gross left adnexal SOL is seen. No free fluid is seen in peritoneal cavity.

### OPINION:

**Hepatomegaly.**

**Thickened endometrium.**

Dr. Mayukhi Upadhyay  
DNB Resident



Dr GURSIMRAN SINGH ANAND  
MD RADIODIAGNOSIS

**(NOT FOR MEDICO-LEGAL PURPOSE)**



# Ivy Hospital

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

Patient Name      SARBJIT KAUR                      Patient ID              391703  
 Gender/Age        Female / 35                                      Test Date :              23 Sep 2023

## CARDIOLOGY DIVISION

### ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.7	3.7-5.6 CM
Left Ventricular ES Dimension	2.7	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)	1.4	0.8-1.0 CM
Aortic Root	2.5	2.0-3.7 CM
LA Diameter	3.0	1.9-4.0 CM

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

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

**Aortic Valve** : Thin Trileaflet open completely with central closure

**Tricuspid Valve** : Thin, opening well with no prolapse

**Pulmonary Valve** : Thin, Pulmonary Artery not dilated

**Pulse & CW Doppler** : **Mitral valve:** E= 79cm/s, A= 50cm/s, E>A

**Aortic valve:** Vmax = 87cm/s

**Pulmonary valve:** Vmax = 77cm/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)**

A unit of Ivy Health and Life Sciences (P) Ltd. Website : [www.ivyhospital.com](http://www.ivyhospital.com), Email: [cs@ivyhospital.com](mailto: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**



# Ivy Hospital

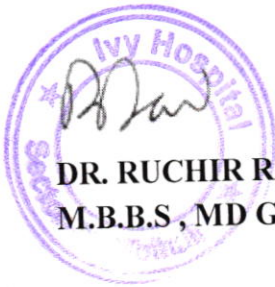
**SUPER-SPECIALITY HEALTHCARE**  
**SECTOR 71, MOHALI**  
**Tel: 0172-7170000**  
**CIN No. : U85110PB2005PTC027898**

Remarks -

## FINAL IMPRESSION -

No RWMA of LV

Normal LV systolic function (LVEF~55%)



**DR. RUCHIR RASTOGI**

**M.B.B.S, MD General Medicine, DM Cardiology**

**(NOT FOR MEDICO-LEGAL PURPOSE)**

A unit of Ivy Health and Life Sciences (P) Ltd. Website : [www.ivyhospital.com](http://www.ivyhospital.com), Email: [cs@ivyhospital.com](mailto: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

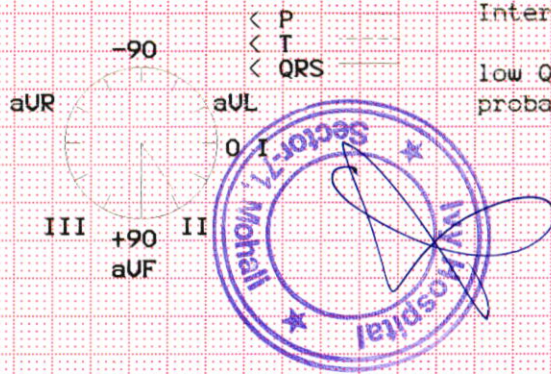
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**IVY HELPLINE : +91 99888-23456**

Mrs Sarbjit Kaur  
35/f  
IP:-391703

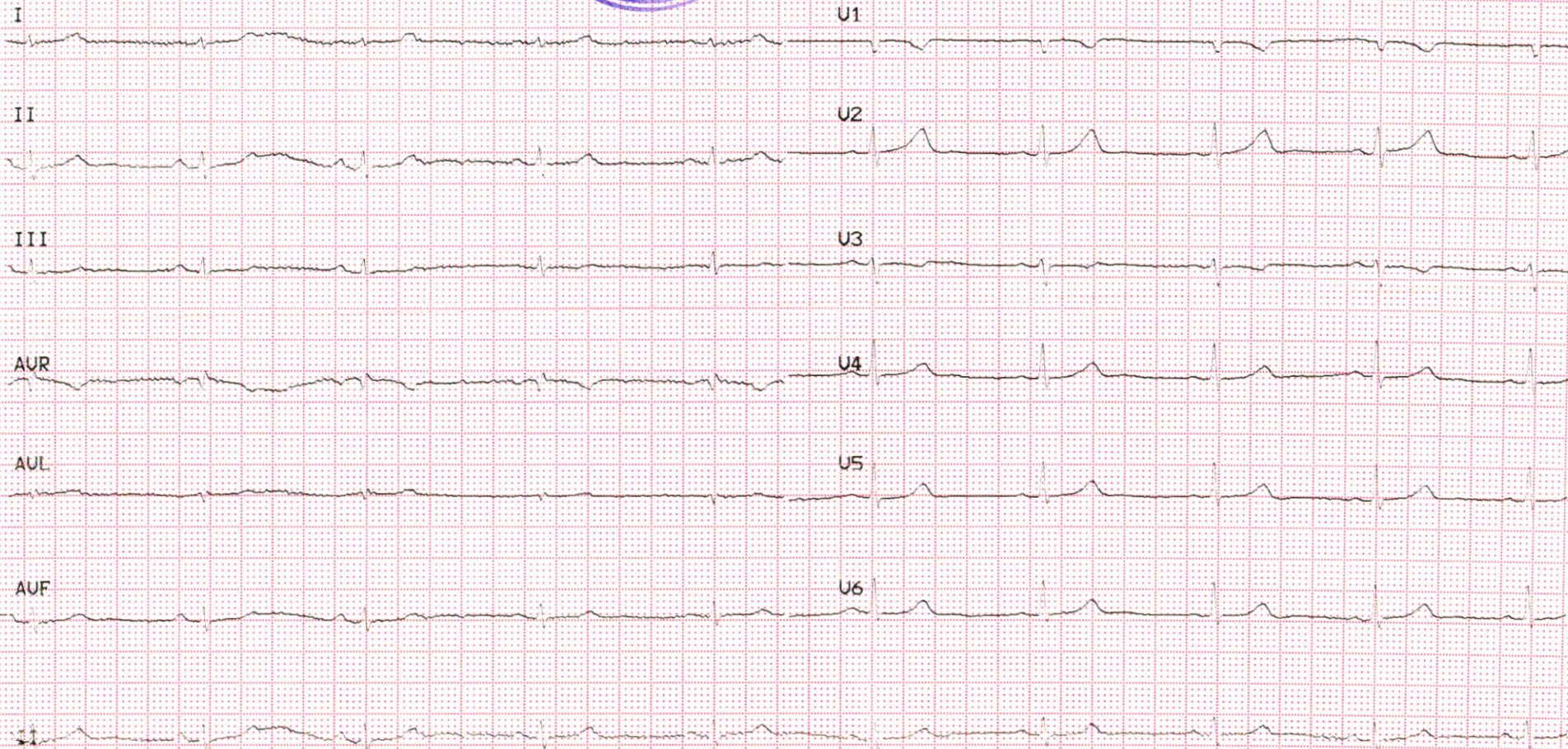
Measurement Results

QRS	86 ms
QT/QTcB	428 / 414 ms
PR	154 ms
P	88 ms
RR/PP	1070 / 1070 ms
P/QRS/T	90/ 90/ 55 degrees
QTD/QTcBD	32 / 31 ms
Sokolow	mU
NK	7



Interpretation:  
low QRS amplitudes  
probably abnormal ECG

Unconfirmed report.



IVY HOSPITAL SEC 21 MOHALLI

Chest PA

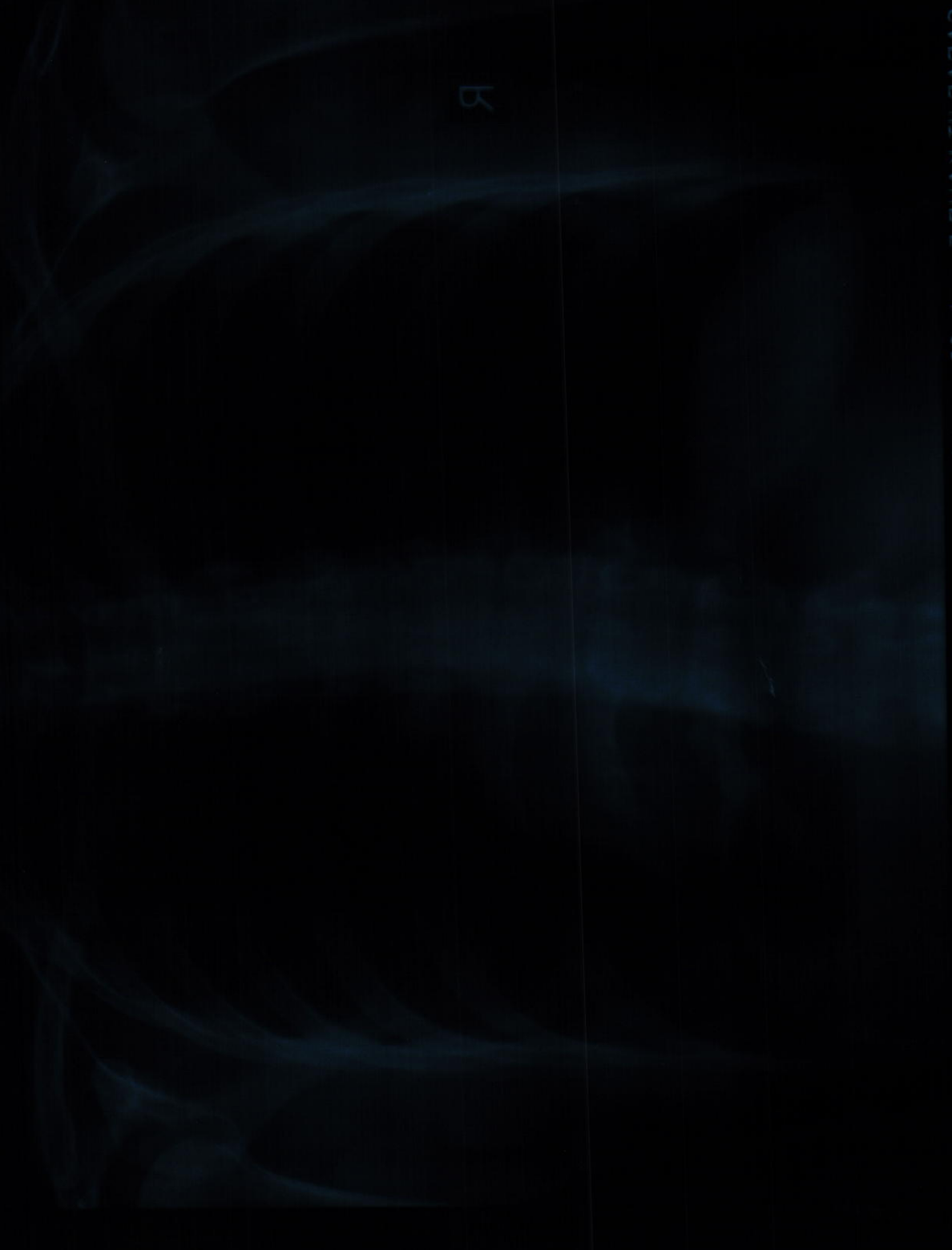
ID381103

SARABJIT KAUR Female 32 Year(s)

XINCELSER-CBD

29/08/2025 11:24:38

R





# IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com



NAME : MRS. SARBJIT KAUR

DOB/Gender : 01-Aug-1988/F

UHID : 391703

Inv. No. : 3712598

Panel Name : Ivy Mohali

Bar Code No : 12963863

Requisition Date : 23/Sep/2023 10:28AM

Sample CollDate : 23/Sep/2023 10:33AM

Sample Rec.Date : 23/Sep/2023 10:33AM

Approved Date : 23/Sep/2023 12:20PM

Referred Doctor : Self

## Test Description

## Observed Value

## Unit

## Reference Range

### IMMUNOASSAY

#### TOTAL THYROID PROFILE

##### Serum Total T3

(CLIA/Vitros 3600)

1.39

ng/mL

0.970 – 1.69

##### Summary & Interpretation:

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It occurs under the influence of 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 factitia.

##### Serum Total T4

(CLIA/Vitros 3600)

8.52

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/Vitros 3600)

1.300

mIU/L

0.4001 – 4.049

##### Summary & Interpretation

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

##### Note:

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

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

The highlighted values should be correlated clinically





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DOB/Gender	: 01-Aug-1988/F	Requisition Date	: 23/Sep/2023 10:28AM
UHID	: 391703	SampleCollDate	: 23/Sep/2023 10:33AM
Inv. No.	: 3712598	Sample Rec.Date	: 23/Sep/2023 10:33AM
Panel Name	: Ivy Mohali	Approved Date	: 23/Sep/2023 11:54AM
Bar Code No	: 12963863	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
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## BIOCHEMISTRY

### GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting <small>(Hexokinase/ AU480)</small>	99	mg/dL	< 110 Normal 110 - 126 Impaired Tolerance >126 Diabetic
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Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 110 mg/dL is considered normal.
- A fasting plasma glucose level between 110-126 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 of above 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 GLDH/AU480)</small>	23.00	mg/dl	17-43
Serum Creatinine <small>(JAFEE KINETIC/ AU480)</small>	0.80	mg/dl	0.51-0.95
Serum Uric acid <small>(Uricase/AU480)</small>	3.00	mg/dl	2.6- 6.0

#### Interpretation:

Kidney blood tests, or Kidney function tests, are used to detect and diagnose diseases of the Kidney.

The higher the blood levels of urea and creatinine, the less well the kidneys are working.

The level of creatinine is usually used as a marker as to the severity of kidney failure. (Creatinine in itself is not harmful, but a high level indicates that the kidneys are not working properly. So, many other waste products will not be cleared out of the bloodstream.) You normally need treatment with dialysis if the level of creatinine goes higher than a certain value.

Dehydration can also be a come for increases in urea level.

Before and after starting treatment with certain medicines. Some medicines occasionally cause kidney damage (Nephrotoxic Drug) as a side-effect.

Therefore, kidney function is often checked before and after starting treatment with certain medicines.

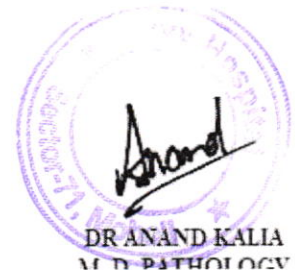
#### Risk associated with renal failur

Acute Renal Failure*	Urea/Creatinine ratio $\geq$ 20
Chronic Renal Failure*	Urea/Creatinine ratio $\leq$ 20

\* Tietz textbook of clinical biochemistry.



The highlighted values should be correlated clinically







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Test Description	Observed Value	Unit	Reference Range
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## LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total (DPD/AU 480)	0.70	mg/dL	0.3-1.2
Serum Bilirubin Direct (DPD/AU 480)	0.10	mg/dl	<0.3
Serum Bilirubin Indirect (Calculated)	0.60	mg/dl	0.1-1.0
Serum SGOT(AST) (IFCC Without P5P/ AU 480)	22	U/L	<35
Serum SGPT(ALT) (IFCC Without P5P/ AU 480)	16	U/L	<50
Serum AST/ALT Ratio (Calculated)	1.38		
Serum GGT (IFCC/AU 480)	26	IU/L	5-32
Serum Alkaline Phosphatase (IFCC PNPAMPKinetic/AU 480)	82	U/L	30-120
Serum Protein Total (Biuret)	6.9	gm/dl	6.40 - 8.20
Serum Albumin (BCG/AU 480)	3.6	g/dL	3.5-5.2
Serum Globulin (Calculated)	3.30	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.09	%	1.0 - 1.8

## Interpretation:

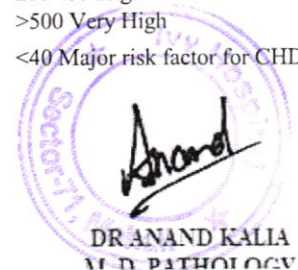
Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis 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 (CHO POD/AU 480)	151	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides (Lipase GPO-PAP/ AU480)	45	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol	64	mg/dL	<40 Major risk factor for CHD



The highlighted values should be correlated clinically





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Test Description	Observed Value	Unit	Reference Range
(Immunoenzymatic/AU 480)			>60 Negative risk factor for CHD
Serum VLDL cholesterol (Calculated)	9	mg/dL	7-35
Serum LDL cholesterol (Calculated)	78	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	2.36		3-5
Serum LDL-HDL Ratio (Calculated)	1.22		1.5 - 3.5

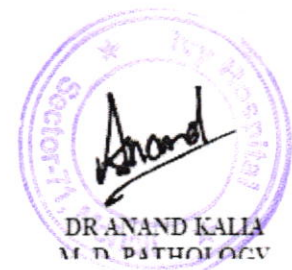
### Interpretation:

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

The highlighted values should be correlated clinically





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Test Description	Observed Value	Unit	Reference Range
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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	6.00		4.8-7.6
Urine Specific Gravity	1.020		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein (Protein Ionization)	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		
Urine Nitrite	Absent		Absent

#### Microscopic Examination

Urine Pus Cells	4-5		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	1-2	/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

## HAEMATOLOGY

### ESR

Primary Sample Type: EDTA Blood

ESR (Automated ESR analyser)	7	mm/h	0-15
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The highlighted values should be correlated clinically





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UHID	: 391703	Sample Rec.Date	: 23/Sep/2023 10:33AM
Inv. No.	: 3712598	Approved Date	: 23/Sep/2023 11:02AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12963863		

Test Description	Observed Value	Unit	Reference Range
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## HAEMATOLOGY

### COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin (Noncyanmethhaemoglobin)	11.9	g/dl	12.0 - 15.0
Hematocrit(PCV) (Calculated)	39.7	%	33-45
Red Blood Cell (RBC) (Impedence/DC Detection)	4.70	$10^6 / \mu\text{l}$	3.8-4.8
Mean Corp Volume (MCV) (Impedence/DC Detection)	84.5	fL	83-97
Mean Corp HB (MCH) (Calculated)	25.3	pg/mL	27-31
Mean Corp HB Conc (MCHC) (Calculated)	30.0	gm/dl	32-36
Red Cell Distribution Width -CV (Calculated)	13.2	%	11-15
Platelet Count (Impedence DC Detection/Microscopy)	224	$10^3/\text{ul}$	150-450
Mean Platelet Volume (MPV) (Impedence/DC Detection)	13.2	fL	7.5-10.3
Total Leucocyte Count (TLC) (Impedence/DC Detection)	8.1	$10^3 / \mu\text{l}$	4.0 - 10.0

### Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	66	%	40-75
Lymphocytes	26	%	20-40
Monocytes	6	%	0-8
Eosinophils	2	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	5,346	$\mu\text{l}$	2000-7000
Absolute Lymphocyte Count	2,106	uL	1000-3000
Absolute Monocyte Count	486	uL	200-1000
Absolute Eosinophil Count	162	$\mu\text{l}$	20-500

The highlighted values should be correlated clinically



DR BHUMIKA BISHT  
M. D. PATHOLOGY



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UHID	: 391703	Sample Rec.Date	: 23/Sep/2023 12:24PM
Inv. No.	: 3712598	Approved Date	: 23/Sep/2023 01:26PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12963863		

Test Description	Observed Value	Unit	Reference Range
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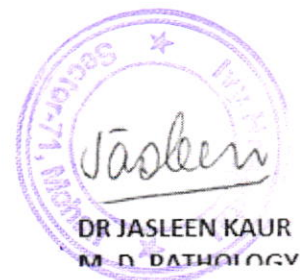
## HAEMATOLOGY

### Glycosylated HB (HbA1c)

Whole Blood HbA1c (Boronate Affinity HPLC/Trinity)	5.5	%	Non diabetic:4.0-6.0 Target of therapy:<7.0 Change of therapy:>8.0
Estimated Average Glucose (eAG) (Calculated)	111	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





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Panel Name	: Ivy Mohali	Approved Date	: 23/Sep/2023 12:12PM
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Test Description	Observed Value	Unit	Reference Range
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## HAEMATOLOGY

### BLOOD GROUP RH TYPE

#### ABO & RH Typing

#### Forward Grouping

Anti A	POSITIVE
Anti B	POSITIVE
Anti AB	POSITIVE
Anti D	POSITIVE
Reverse Grouping A Cells	Negative
Reverse Grouping B Cells	Negative
Reverse Grouping O Cells	Negative
<b>Final Blood Group</b>	<b>AB POSITIVE</b>

#### 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.

\*\*\* End Of Report \*\*\*

