

प्रति,

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

महोदय/ महोदया,

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

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

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	MONIKA CHOUDHARY
जन्म की तारीख	30-04-1993
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	27-09-2023
बुकिंग संदर्भ सं.	23S117505100070420S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. SANJAY
कर्मचारी की क.कू.संख्या	117505
कर्मचारी का पद	C.A.M.P
कर्मचारी के कार्य का स्थान	CHANDIGARH, ZO CHANDIGARH
कर्मचारी के जन्म की तारीख	20-08-1993

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ोदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 26-09-2023 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 पत्नी/पति की 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 बड़ोदा

(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।)





भारत सरकार  
Government of India



Monika Choudhary  
Date of Birth/DOB: 30/04/1993  
Female/ FEMALE



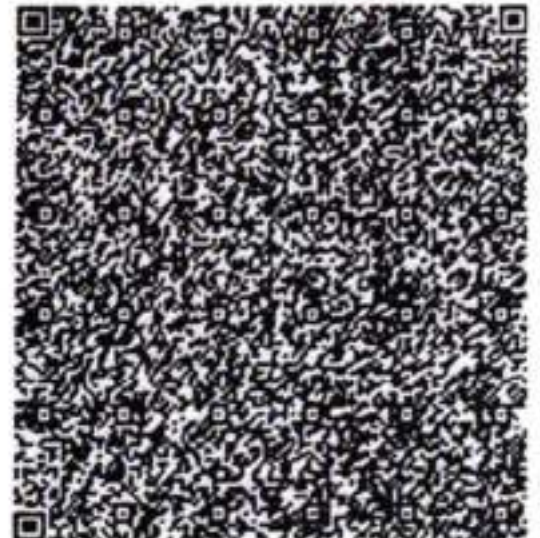
4855 8966 2780

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

**Address:**  
D/O Bhoop Singh Choudhary, Sangaria,  
Hanumangarh,  
Rajasthan - 335063



QR Code with photograph

4855 8966 2780



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www.uidai.gov.in

# Ivy Hospital

SUPER-SPECIALITY HEALTHCARE  
SECTOR 71, MOHALI  
Tel: 0172-7170000  
CIN No.: UBS110PB2005PTC027888

Monika Choudhary UHID: 392559

30 yof Consultant: Dr Gauria Date: 27/9/23

BP: 102/66 Pulse: 80b/m RR: \_\_\_\_\_ Temp: \_\_\_\_\_ Pain: \_\_\_\_\_

Ht: \_\_\_\_\_ Wt: 57 kg Allergies: \_\_\_\_\_ Nutritional Assessment: Yes/No

Diagnosis / DD: \_\_\_\_\_

Complaint: \_\_\_\_\_

**Investigations**

**Clinical Notes**

- Adv
- (tab)
- lap smear ~~test~~
- D2/3 BH/UN
- seem protective
- USG whole abdomen & TVS
- Being TFT report

GO: Polymenorrhoea x 1 yr.

MPK 2yr

noh/o DM/HTN/TA/thyroid.

noh/o any surgery

O/E

P/A - soft

Plu - wt - AW, NS

BL - FNT

4 y | pin point as

UMP: 6/09/23  
UMP: 13/08/23

Gauria

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

**Dr Gauria Gupta**  
Consultant, OBG & IVF Specialist  
MBBS (AIIMS), MD-OBG (AIIMS), DM, DNB, FRCOG & Special  
MMSA, DM, Infertility (AIIMS),  
Onco-Fertility Fellow (UK)  
PMC - 59875

Follow up

Sign & Stamp



# Ivy Hospital

SUPER-SPECIALITY HEALTHCARE  
SECTOR 71, MOHALI  
Tel: 0172-7170000  
CIN No.: U85110PB2005PTC027888

Name: Miss Monika Chaudhary UHID: 392559  
 Age: 30y1 F Consultant: Dr Ranjeev Date: 27-9-23  
 BP: 86/72 Pulse: 92 RR: 18/min Temp: 98.2 F Pain: NO  
 Ht: \_\_\_\_\_ Wt: 51.7 kg Allergies: NO Nutritional Assessment: Yes/No  
 Diagnosis / DD: \_\_\_\_\_  
 Complaint: \_\_\_\_\_

Investigations  
 USG abd - no sig abnormalities  
 TSH - 2.1 RFT - 17/06  
 FBS - 92  
 Chol/TG/HDL/LDL  
 230/44/9/161  
 Trig. 173/590/412

Clinical Notes  
 Regular health checkup  
 !Fasting hypercholesterolemia  
Also  
 Dietician → low fat diet  
 1 cap. Desomyn DS 1gm BID  
 (w. 3 fatty acids) x 2 months

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
	Repeat Fasting lipid profile					

Follow up

Dr. G Ranjeeth Kumar  
 MD Internal Medicine (PGIMER)  
 Reg. No.: 89538  
 Sign & Stamp  
 Ivy/OPD/Form/005



# Ivy Hospital

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

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

Mr. Monika Chaudhary

ID: 392559

27/9/23

VMF 6/6  
CLG  
(acute)

clo to fundus check-up  
pupil - N/N/R

ALS - WNR

fundus  $\leftarrow$  Disc + macula - (N)  
(V.D)

Copy 14/

Adv: debrued old TRM ovs / More fresh  
'old.

TRM ovs

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

**BALANCED DIET**

**Diet Routine**

*low fat*

**Early morning:-**

6:45 Plain water - 1 glass (LUKE WARM WATER) ( $\frac{1}{2}$  lemon)

7:00 GREEN TEA- 1 cup+ Biscuits -2 nos (marie/Diet Bik)

*Tea / Doodhpati / Black Tea / black coffee*

**Breakfast-(8:00-8:30am)**

Double toned Milk - 250ml

*Boats Indian (veg Poha, Idli, upma, Dosa, Mittels)*

Cereal -30 gm (wheat flakes/Milk dalia/cornflakes/white oats)

Or Stuffed roti - 2 without oil

Curd/double toned milk-1 katori/250ml

*green veg*

Or Brown bread sandwich-4 slices

Milk -250 ml

*Onion, Tomato, cucumber, green chutney (Amul)*

**Mid day supplement - (10:30-11:30am)**

Lemon water // plain lassi / FRUITS

**Lunch -(1:00-2:00pm)**

*Salad (1/2 lemon)*

Dal Khichri/Veg Khichri/ Rice (destarched)-1 katori

*once in a week*

Or Chapatti - 2

Vegetable - 1-2 katori

Dhal - 1 katori

curd - 1 katori

*Parite (Boondi; Aloo) avoid*

### Evening tea-(4:00-4:30pm)

Tea - 1 cup

lassi / shake / green tea / fresh curd

**EVENING SNACKS** = Veg upma/veg Dalia/veg poha-1 katori

### Late evening - (7:00-7:30pm)

Homemade Veg soup-1 bowl

Roasted  
drums / pakhane.  
Black  
channa  
soup / Dal  
soup / Sprouts

### Dinner - (8:30-9:00pm)

Chapatti- 2

Vegetable-1 katori

Dhal /curd/paneer - 1katori

### Daily consumption:-

- Double toned milk - 500 ml(including tea + curd + milk)
- Water - 10-12 glasses / Infused water
- Refined oil/mustard oil /olive oil /ricella/cannola oil- 2tsp(for tarka)

### General Instructions (Avoid)

- Take 6 - 7 small meals in a day .
- Take 2-3 Liters of liquid every day.
- Exercise every day for few minutes.
- Watch the labels before eating canned and processed foods.
- Do not skip any meal in a day to stay fit .
- Do not fast.
- Do not eat highly fried and refined foods every day.



- Do not sieve the flour.
- Do not go to bed immediately after meals ..
- AVOID BAKERY PRODUCTS.

COCONUT WATER/LEMON WATER/ PANEER WATER/

- **GENERAL GUIDELINES**

- 1. Try to eat cereals and pulses together at one meal.
- Use some amount of milk or milk product, e.g., curd or paneer at each of the three main meals.
- Use pulses in the sprouted form regularly.
- 4. Use wheat flour enriched with chana / soyabean atta.(2:1).

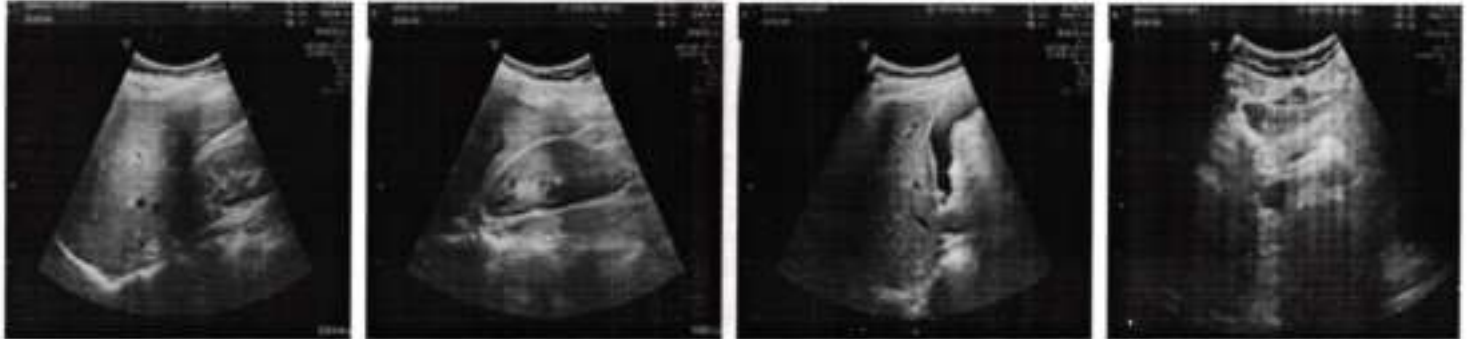
2:1  
Atta Multigrain

Dr Ashu  
9478947388



NAME	MONIKA CHOUDHARY	SEX/AGE	F30Y
PATIENT ID	ID392559	Accession Number	
REF CONSULTANT	DIRECT	DATE	27/09/2023 09:51

## USG WHOLE ABDOMEN



**LIVER:** is normal in size (~13.9 cm), 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 (~8.5 cm), 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 (~9.8 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

**LEFT KIDNEY:** It is normal in size (~9.5 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 ~ 9.5mm. No discrete focal lesion is seen.

**OVARIES:** They are normal in size and echotexture. No SOL is seen.

**Mild free fluid is seen in the POD.**

**OPINION:** No significant abnormality in current study.

Dr Mayukhi Upadhyay  
DNB Resident



DR GAGANDEEP SINGH SETHI  
MD RADIODIAGNOSIS

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



# Ivy Hospital

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

Patient Name    MONIKA CHOUDHARY    Patient ID    392559  
Gender/Age    Female / 31    Test Date :    27 Sep 2023

## CARDIOLOGY DIVISION

### ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	3.3	3.7-5.6 CM
Left Ventricular ES Dimension	2.1	2.2-4.0 CM
IVS (D)	0.8	0.6-1.2 CM
IVS (s)	1.3	0.7-2.6 CM
LVPW (D)	0.9	0.6-1.1 CM
LVPW (S)	1.1	0.8-1.0 CM
Aortic Root	2.3	2.0-3.7 CM
LA Diameter	2.2	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= 75cm/s, A= 59cm/s, E>A  
**Aortic valve:** Vmax = 80cm/s  
**Pulmonary valve:** Vmax = 65cm/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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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**

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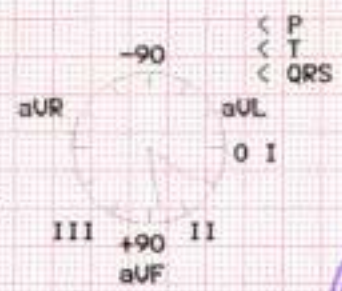
**IVY HELPLINE : +91 99888-23456**

Measurement Results:

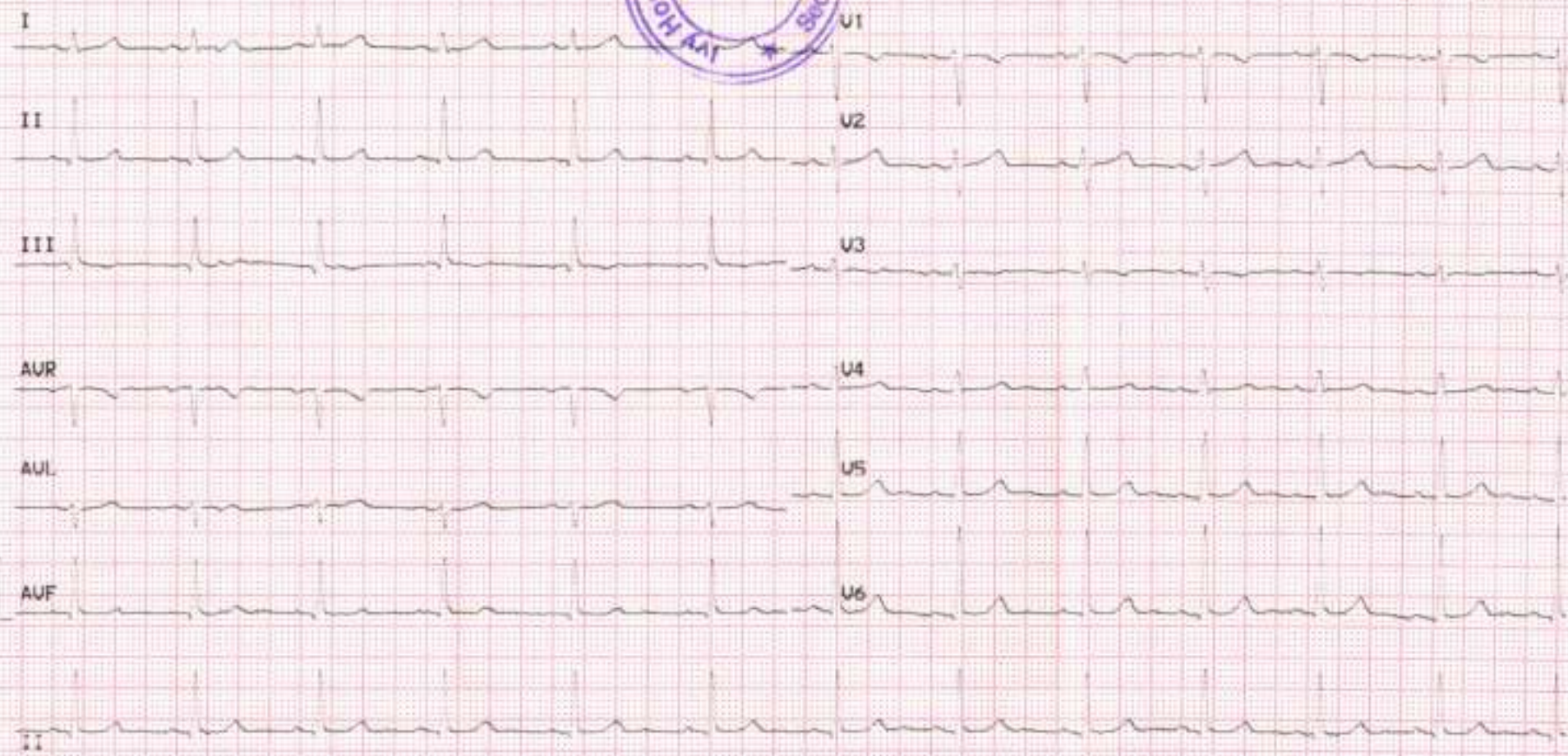
QRS	92 ms
QT/QTcB	388 / 435 ms
PR	144 ms
P	102 ms
RR/PP	796 / 790 ms
P/QRS/T	40/ 80/ 35 degrees
QTd/QTcBd	50 / 56 ms
Sokolow	2.2 mV
NK	11

Interpretation:

normal ECG



Unconfirmed report.





# IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com



NAME : MRS. MONIKA CHOUDHARY

DOB/Gender : 30-Apr-1992/F

UHID : 392559

Inv. No. : 3720768

Panel Name : Ivy Mohali

Bar Code No : 12967367

Requisition Date : 27/Sep/2023 08:34AM

Sample CollDate : 27/Sep/2023 08:38AM

Sample Rec.Date : 27/Sep/2023 08:38AM

Approved Date : 27/Sep/2023 11:25AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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## IMMUNOASSAY

### TOTAL THYROID PROFILE

#### Serum Total T3

(CLIA/Visco 3000)

1.56

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 propylthiouracil, 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/Visco 3000)

8.60

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/Visco 3000)

2.100

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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Requisition Date : 27/Sep/2023 08:34AM

Sample CollDate : 27/Sep/2023 08:38AM

Sample Rec.Date : 27/Sep/2023 08:38AM

Approved Date : 27/Sep/2023 10:40AM

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  
(Hexokinase/NIH90)

92

mg/dL

< 110 Normal

110 - 126 Impaired Tolerance

>126 Diabetic

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.



The highlighted values should be correlated clinically





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Requisition Date : 27/Sep/2023 08:34AM

Sample CollDate : 27/Sep/2023 08:38AM

Sample Rec.Date : 27/Sep/2023 08:38AM

Approved Date : 27/Sep/2023 10:24AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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## BIOCHEMISTRY

### RFT (RENAL FUNCTION TESTS)

Serum Urea <small>(Urea) (U/D) (A/400)</small>	19.00	mg/dl	17-43
Serum Creatinine <small>(Jaffe Kinetic) (A/400)</small>	0.60	mg/dl	0.51-0.95
Serum Uric acid <small>(Uricase) (A/400)</small>	3.40	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 cause 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 failure

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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Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
<b>LIVER FUNCTION TEST WITH GGT</b>			
Serum Bilirubin Total (IFD AU 400)	0.70	mg/dL	0.3-1.2
Serum Bilirubin Direct (IFD AU 400)	0.10	mg/dl	<0.3
Serum Bilirubin Indirect (Calculated)	0.60	mg/dl	0.1-1.0
Serum SGOT(AST) (IFCC Without PSP AU 400)	<b>40</b>	U/L	<35
Serum SGPT(ALT) (IFCC Without PSP AU 400)	30	U/L	<50
Serum AST/ALT Ratio (Calculated)	1.33		
Serum GGT (IFCC AU 400)	<b>80</b>	IU/L	5-32
Serum Alkaline Phosphatase (IFCC PNPAMPCKnm/AU 400)	106	U/L	30-120
Serum Protein Total (Bioré)	7.9	gm/dl	6.40 - 8.20
Serum Albumin (BCU AU 400)	4.1	g/dL	3.5-5.2
Serum Globulin (Calculated)	<b>3.80</b>	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.08	%	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 PHD AU 400)	<b>230</b>	mg/dL	Desirable: <200 Borderline High: 200-239 High: > 240
Serum Triglycerides (Lipid GPO-PAP AU 400)	88	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol	51	mg/dL	<40 Major risk factor for CHD



The highlighted values should be correlated clinically





# IVY HOSPITAL

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NAME : MRS. MONIKA CHOUDHARY

DOB/Gender : 30-Apr-1992/F

UHID : 392559

Inv. No. : 3720768

Panel Name : Ivy Mohali

Bar Code No : 12967367

Requisition Date : 27/Sep/2023 08:34AM

Sample CollDate : 27/Sep/2023 08:38AM

Sample Rec.Date : 27/Sep/2023 08:38AM

Approved Date : 27/Sep/2023 10:24AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
<small>(Immunology/Endo (ND 400))</small>			>60 Negative risk factor for CHD
Serum VLDL cholesterol <small>(Calculated)</small>	18	mg/dL	7-35
Serum LDL cholesterol <small>(Calculated)</small>	161	mg/dL	50-100
Serum Cholesterol-HDL Ratio <small>(Calculated)</small>	4.51		3-5
Serum LDL-HDL Ratio <small>(Calculated)</small>	3.16		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





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Test Description	Observed Value	Unit	Reference Range
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**CLINICAL PATHOLOGY**

**COMPLETE URINE EXAMINATION**

**Physical Examination**

Urine Volume	5.00	mL	
Urine Colour	Pale yellow		Light Yellow
Urine Appearance	slightly hazy		Clear

**Chemical Examination (Reflectance Photometry)**

Urine pH	6.00		4.8-7.6
Urine Specific Gravity	<b>1.005</b>		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein <small>(Present Localization)</small>	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		
Urine Nitrite	Absent		Absent

**Microscopic Examination**

Urine Pus Cells	7-8		0-5
Urine RBC	4-5	/hpf	Absent
Urine Epithelial Cells	12-15	/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>(Automated ESR analyser)</small>	<b>34</b>	mm/h	0-15
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Test Description	Observed Value	Unit	Reference Range
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### COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin <small>(Impedance/DC Detection)</small>	11.7	g/dl	12.0 - 15.0
Hematocrit(PCV) <small>(Calculated)</small>	37.2	%	33-45
Red Blood Cell (RBC) <small>(Impedance/DC Detection)</small>	4.20	$10^6 / \mu\text{l}$	3.8-4.8
Mean Corp Volume (MCV) <small>(Impedance/DC Detection)</small>	87.7	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	27.6	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>	13.3	%	11-15
Platelet Count <small>(Impedance/DC Detection/Microscopy)</small>	402	$10^3 / \mu\text{l}$	150-450
Mean Platelet Volume (MPV) <small>(Impedance/DC Detection)</small>	9.5	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedance/DC Detection)</small>	5.9	$10^3 / \mu\text{l}$	4.0 - 10.0

### Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	61	%	40-75
Lymphocytes	25	%	20-40
Monocytes	12	%	0-8
Eosinophils	2	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,599	$\mu\text{l}$	2000-7000
Absolute Lymphocyte Count	1,475	$\mu\text{l}$	1000-3000
Absolute Monocyte Count	708	$\mu\text{l}$	200-1000
Absolute Eosinophil Count	118	$\mu\text{l}$	20-500

The highlighted values should be correlated clinically





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Panel Name	: Ivy Mohali	Approved Date	: 27/Sep/2023 09:59AM
Bar Code No	: 12967367	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 AB	Negative
Anti D	POSITIVE
Reverse Grouping A Cells	POSITIVE
Reverse Grouping B Cells	POSITIVE
Reverse Grouping O Cells	Negative
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.

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

