

R  
PA

HIMIKA Female 30 years)

Chest PA ID345050

IVY HOSPITAL, SEC 71, MOHALI XN 3505-23-CPD

11 03 2023 09:41:00



# Ivy Hospital

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

Name : Mrs. Namika ..... UHID : 340580  
 Age : 30 y/o F Consultant : Dr. Jagpal ..... Date :  
 BP : 90/60 Pulse : 88 b/min RR : ..... Temp : ..... Pain : .....  
 Ht : ..... Wt : ..... Allergies : ..... Nutritional Assessment : Yes/No  
 Diagnosis / DD : .....  
 Complaint : .....

Investigations	Clinical Notes
	<p>For general health check up.</p> <p>Investigations mostly @</p> <p>USA - cholesterol. 24mm asymptotic.</p>

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
1)	Tab UDILIV 300mg	BD	x 2mth			
	after meal					
2)	Rpt USA	after 2mth				

Follow up



Sign & Stamp





# Ivy Hospital

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

Name: Mrs - Namika UHID: 340590  
 Age: 30y/F Consultant: Dr Jagpal Date: \_\_\_\_\_  
 BP: 90/64 mmHg Pulse: 88 b/min RR: \_\_\_\_\_ Temp: \_\_\_\_\_ Pain: \_\_\_\_\_  
 Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Allergies: \_\_\_\_\_ Nutritional Assessment: Yes/No  
 Diagnosis / DD: \_\_\_\_\_  
 Complaint: \_\_\_\_\_

### Investigations

### Clinical Notes

For general health check up.  
 Investigations mostly @  
 USG - cholelithiasis. 24mm asymptotic.

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
1)	Tab UDILIV 300mg	BD	X 2mths			after meal
2)	Rpt USG					after 2mths

  
 Sign & Stamp

Follow up



# Ivy Hospital

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

NAME	HIMIKA	SEX/AGE	F30Y
PATIENT ID	ID345050	Accession Number	XN.3505-23-OPD
REF CONSULTANT		DATE	11/03/2023 09:41

## X-RAY CHEST PA VIEW

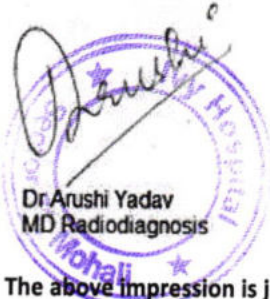
Rotation is present.

Cardiac shadow is normal.

No focal lung parenchymal lesion is seen.

Both hila are normal.

Both CP angle and domes of diaphragm are normal.



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

(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**



NAME	: MRS. HIMIKA	Requisition Date	: 11/Mar/2023 09:23AM
DOB/Gender	: 19-Oct-1992/F	SampleCollDate	: 11/Mar/2023 09:42AM
UHID	: 345050	Sample Rec.Date	: 11/Mar/2023 10:25AM
Inv. No.	: 3204251	Approved Date	: 11/Mar/2023 12:21PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12701734		

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

**HAEMATOLOGY**

**BLOOD GROUP RH TYPE**

ABO & RH Typing

Forward Grouping

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







NAME	: MRS. HIMIKA	Requisition Date	: 11/Mar/2023 09:23AM
DOB/Gender	: 19-Oct-1992/F	Sample CollDate	: 11/Mar/2023 09:42AM
UHID	: 345050	Sample Rec.Date	: 11/Mar/2023 09:42AM
Inv. No.	: 3204251	Approved Date	: 11/Mar/2023 12:23PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12701734		

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

**BIOCHEMISTRY**

**GLUCOSE FASTING**

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting  
(Hexokinase/ AU480)

99

mg/dL

< 106 Normal  
107 - 125 Impaired Tolerance  
>126 Diabetic



The highlighted values should be correlated clinically





NAME	: MRS. HIMIKA	Requisition Date	: 11/Mar/2023 09:23AM
DOB/Gender	: 19-Oct-1992/F	Sample CollDate	: 11/Mar/2023 09:42AM
UHID	: 345050	Sample Rec.Date	: 11/Mar/2023 09:42AM
Inv. No.	: 3204251	Approved Date	: 11/Mar/2023 11:38AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12701734		

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

**BIOCHEMISTRY**

**RFT (RENAL FUNCTION TESTS)**

Serum Urea (Uricase/GLDH/AU480)	26.00	mg/dl	17-43
Serum Creatinine (JAFFE KINETIC/AU480)	0.60	mg/dl	0.51-0.95
Serum Uric acid (Uricase/AU480)	3.60	mg/dl	2.6-6.0

**LIVER FUNCTION TEST WITH GGT**

Serum Bilirubin Total (DPI/AU 480)	0.40	mg/dL	0.3-1.2
Serum Bilirubin Direct (DPI/AU 480)	0.10	mg/dl	<0.3
Serum Bilirubin Indirect (Calculated)	0.30	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)	20	U/L	<50
Serum AST/ALT Ratio (Calculated)	1.10		
Serum GGT (IFCC/AU 480)	14	IU/L	5-32
Serum Alkaline Phosphatase (IFCC/ PNPAMPKinetic/AU 480)	67	U/L	30-120
Serum Protein Total (Biuret)	7.0	gm/dl	6.40 - 8.20
Serum Albumin (BC/GAU 480)	4.3	g/dL	3.5-5.2
Serum Globulin (Calculated)	2.70	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.59	%	1.0 - 1.8

The highlighted values should be correlated clinically



DR BHUMIKA BISHT  
M.D. PATHOLOGY



NAME	: MRS. HIMIKA	Requisition Date	: 11/Mar/2023 09:23AM
DOB/Gender	: 19-Oct-1992/F	Sample CollDate	: 11/Mar/2023 09:42AM
UHID	: 345050	Sample Rec.Date	: 11/Mar/2023 09:42AM
Inv. No.	: 3204251	Approved Date	: 11/Mar/2023 11:38AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12701734		

Test Description	Observed Value	Unit	Reference Range
<b>LIPID PROFILE</b>			
Serum Cholesterol (CHO POD/AU 480)	205	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides (Lipase GPO-PAP/ AU480)	64	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol (Immunoenzymatic/AU 480)	70	mg/dL	<40 Major risk factor for CHD >60 Negative risk factor for CHD
Serum VLDL cholesterol (Calculated)	13	mg/dL	7-35
Serum LDL cholesterol (Calculated)	122	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	2.93		3-5
Serum LDL-HDL Ratio (Calculated)	1.75		1.5 - 3.5

Polo

The highlighted values should be correlated clinically





NAME : MRS. HIMIKA	Requisition Date : 11/Mar/2023 09:23AM
DOB/Gender : 19-Oct-1992/F	Sample CollDate : 11/Mar/2023 09:42AM
UHID : 345050	Sample Rec.Date : 11/Mar/2023 09:42AM
Inv. No. : 3204251	Approved Date : 11/Mar/2023 11:38AM
Panel Name : Ivy Mohali	Referred Doctor : Self
Bar Code No : 12701734	

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

**CLINICAL PATHOLOGY**

**COMPLETE URINE EXAMINATION**

Physical Examination

Urine Volume	35.00	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 Ionization)	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		Absent
Urine Nitrite	Absent		Absent

Microscopic Examination

Urine Pus Cells	0-1		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	3-4	/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

**HAEMATOTOLOGY**

ESR

Primary Sample Type: EDTA Blood

ESR (Automated ESR analyser)	4	mm/h	0-15
---------------------------------	---	------	------

The highlighted values should be correlated clinically





NAME	: MRS. HIMIKA	Requisition Date	: 11/Mar/2023 09:23AM
DOB/Gender	: 19-Oct-1992/F	Sample CollDate	: 11/Mar/2023 09:42AM
UHID	: 345050	Sample Rec.Date	: 11/Mar/2023 09:42AM
Inv. No.	: 3204251	Approved Date	: 11/Mar/2023 11:38AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12701734		

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

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

Hemoglobin <small>(Nuncyanmethhaemoglobin)</small>	13.8	g/dl	12.0 - 15.0
Hematocrit(PCV) <small>(Calculated)</small>	42.9	%	33-45
Red Blood Cell (RBC) <small>(Impedence/DC Detection)</small>	<b>4.90</b>	10 <sup>6</sup> / μl	3.8-4.8
Mean Corp Volume (MCV) <small>(Impedence/DC Detection)</small>	87.7	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	28.2	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	32.2	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	12.4	%	11-15
Platelet Count <small>(Impedence/DC Detection/Microscopy)</small>	329	10 <sup>3</sup> /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedence/DC Detection)</small>	10.0	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedence/DC Detection)</small>	7.1	10 <sup>3</sup> / μl	4.0 - 10.0

**Differential Leucocyte Count (VCS/ Microscopy)**

Neutrophils	53	%	40-75
Lymphocytes	36	%	20-40
Monocytes	8	%	0-8
Eosinophils	3	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,763	μl	2000-7000
Absolute Lymphocyte Count	2,556	uL	1000-3000
Absolute Monocyte Count	568	uL	200-1000
Absolute Eosinophil Count	213	μl	20-500

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

The highlighted values should be correlated clinically







# Ivy Hospital

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

Patient Name HIMIKA  
 Gender/Age Female / 31

Patient ID 345050  
 Test Date : 11 Mar 2023

## CARDIOLOGY DIVISION

### ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.5	3.7-5.6 CM
Left Ventricular ES Dimension	3.1	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)	1.1	0.6-1.1 CM
LVPW (S)	1.2	0.8-1.0 CM
Aortic Root	2.3	2.0-3.7 CM
LA Diameter	3.3	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	60%	54-76%
Fractional Shortening	30%	25-46%

**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= 98cm/s, A= 72cm/s

Aortic valve: Vmax = 119cm/s

Pulmonary valve: Vmax = 79cm/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)**





# Ivy Hospital

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

Remarks -

**FINAL IMPRESSION -**

Normal study



**DR. SANJEEV SROA**  
**MD 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

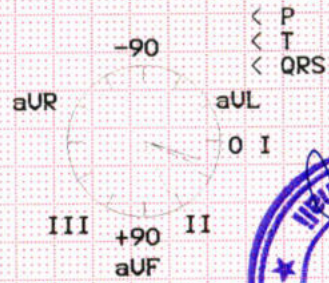
All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

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



Measurement Results:

QRS	:	96	ms
QT/QTcB	:	398 / 443	ms
PR	:	148	ms
P	:	112	ms
RR/PP	:	808 / 800	ms
P/QRS/T	:	65 / 20 / 25	degrees
QTD/QTcBD	:	34 / 38	ms
Sokolow	:	0.5	mV
NK	:	11	



Interpretation:

RSR' pattern  
 low QRS amplitudes  
 R/S inversion area between U1 and U2  
 probably abnormal ECG

Mrs Himika  
 age 30/F  
 ID 345050.

Unconfirmed report.

