



Name - Sangeeta
UH D - 343602
Age - 41/F

Ivy Hospital

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

Dr. (Major) Bhavesh Talera
MRCP - MD Gen Medicine (UK), FICR
Consultant Internal Medicine & NI Cardiology
Email: drbhavesh.pkl@ivyhospital.com

Health checkup

Review with home
Blood sugar recordings

~~Dr. (Major) Bhavesh Talera
MRCP - MD Internal Medicine
Consultant Internal Medicine
Reg. No. 012328~~



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Dr. Balvin Kaur Ghai
MBBS, MS (OBST. & GYNAE) DNB, MRCOG 1 (UK)
Consultant - Obstetrics, Gynaecology & IVF Specialist
Mobile: 9779977016

4/3/23

UHD-343602

Ms. Sangella / 41 yrs

amp: - 2/3/23

PIL2, twins w/o scanty flow
both male / 21 yrs old / PMS

Open Appendicectomy in 2008.

K/d o hypothyroidism on 50mcg
and on.

USG 9/05/23
3.5cm Rt adnexal
cyst, 87.5mm

to discharge PIV.

Adv

CA-125

T.V.S.

Pop smear taken

P13: Gx: Bulky

no discharge

MBBS, MS (OBST. & GYNAE) DNB
MRCOG 1 (UK)

Consultant - Obstetrics, Gynaecology
& IVF Specialist

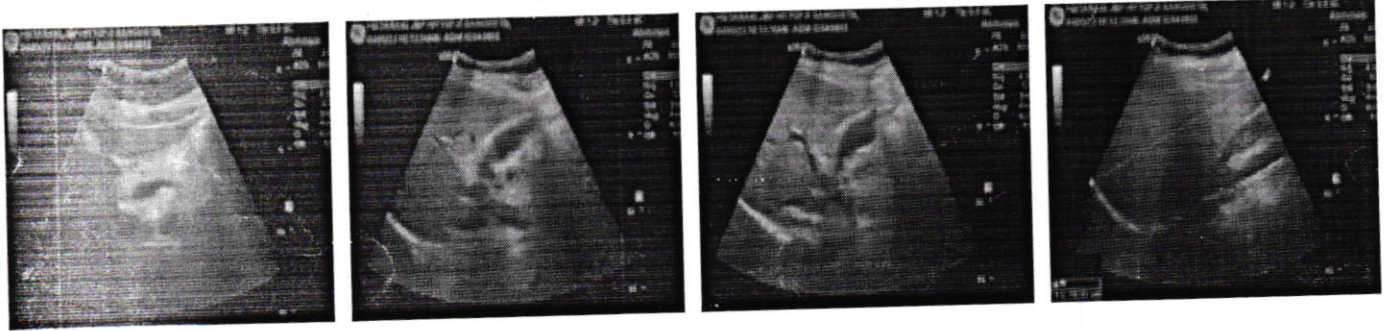
Mobile No: 9779977016

PIV: ut @ size

tenderness in Rt
foamix.

NAME	SANGEETA KUMARI	SEX/AGE	F39Y
PATIENT ID	ID343602	Accession Number	
REF CONSULTANT	PACKAGE	DATE	04/03/2023 10:12

USG WHOLE ABDOMEN



LIVER: is normal in size (~15 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 (~9.0 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 (~10 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~9.6 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

U-BLADDER: is over-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 ~5 mm.

OVARIES:

A well-defined cystic lesion measuring ~ 5.7 x 3.5cm is seen in right adnexa. No internal echoes are soft tissue components are seen within it

Left ovary is normal in size and echotexture.

No free fluid is seen in peritoneal cavity.

OPINION:

Right adnexal cyst as described.



DR GAGANDEEP SINGH SETHI
MD RADIOLOGIST

(NOT FOR MEDICO-LEGAL PURPOSE)

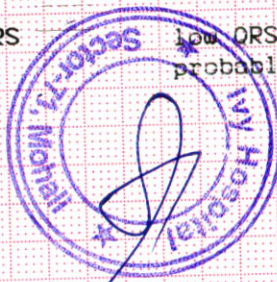
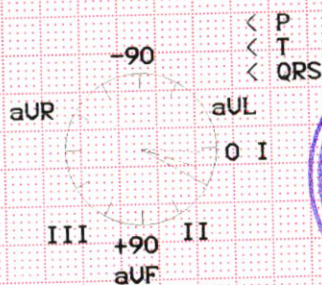
A unit of Ivy Health and Life Sciences (P) Ltd. Website : www.ivyhospital.com, Email: cs@ivyhospital.com Fax: 91-172-2274900
Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339

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

IVY HELPLINE : +91 99888-23456

Measurement Results:

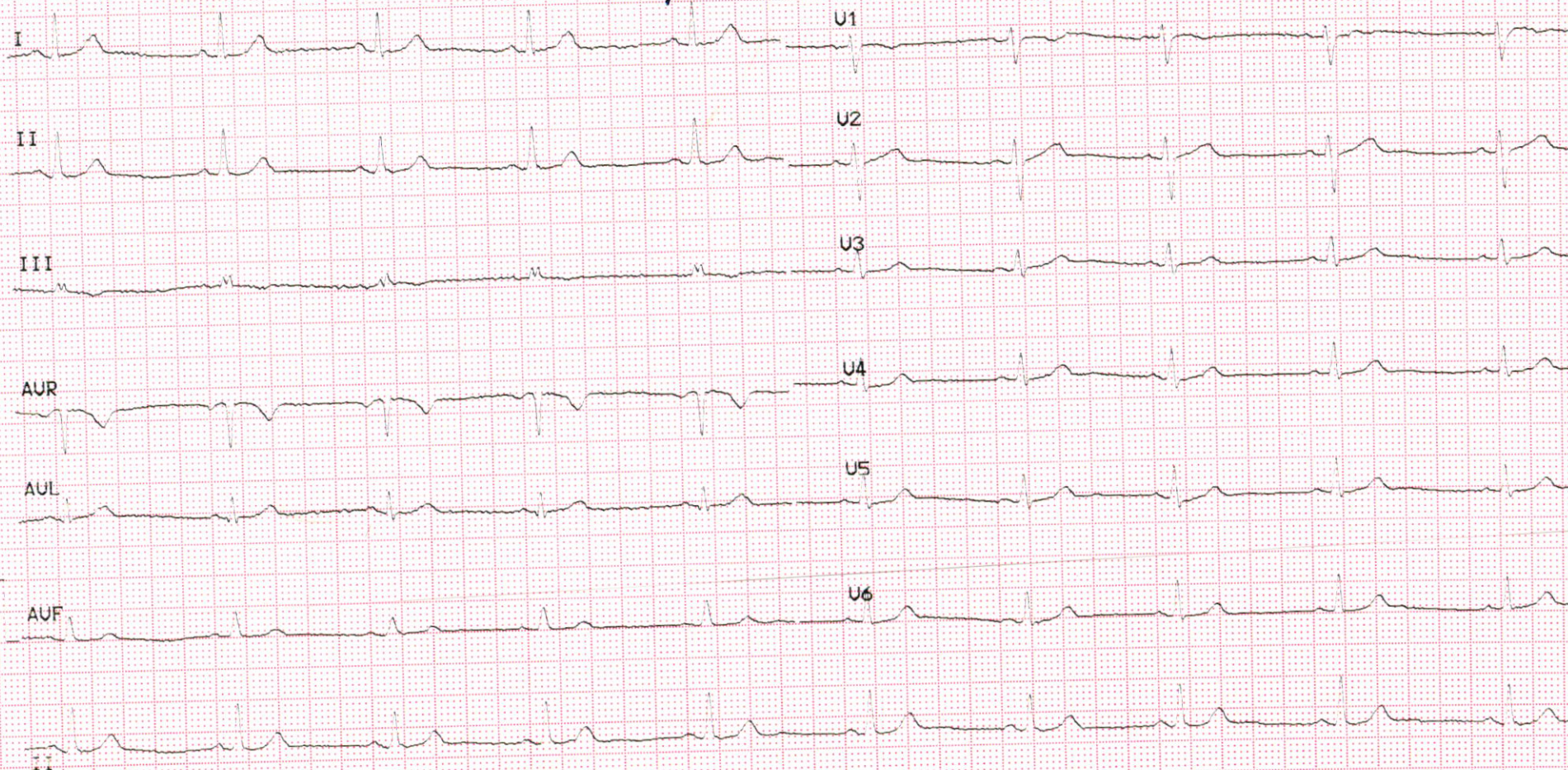
QRS	94 ms
QT/QTcB	382 / 379 ms
PR	134 ms
P	102 ms
RR/PP	1018 / 1000 ms
P/QRS/T	5 / 30 / 20 degrees
QTd/QTcBD	52 / 52 ms
Sokolow	1.0 mV
NK	8



Interpretation:
low QRS amplitudes
probably abnormal ECG

Mrs Sangeta Kumari
age 41/F
ID 343602

Unconfirmed report.





Ivy Hospital

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

Patient Name SANGEETA KUMARI Patient ID 343602
Gender/Age Female / 41 Test Date : 04 Mar 2023

CARDIOLOGY DIVISION ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	5.4	3.7-5.6 CM
Left Ventricular ES Dimension	3.3	2.2-4.0 CM
IVS (D)	0.8	0.6-1.2 CM
IVS (s)	1.4	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	2.9	2.0-3.7 CM
LA Diameter	3.7	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, **Mild TR, TR vel~ 257cm/s**

Pulmonary Valve : Thin, Pulmonary Artery not dilated

Pulse & CW Doppler : **Mitral valve: E= 91cm/s, A= 53cm/s**

Aortic valve: Vmax = 128cm/s

Pulmonary valve: Vmax = 97cm/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

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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, 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
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NAME : **MRS. SANGEETA KUMARI**

DOB/Gender : 16-Aug-1982/F

ID : 343602

No. : 3190653

Address Name : Ivy Mohali

Code No : 12691288

Requisition Date : 04/Mar/2023 10:28AM

Sample CollDate : 04/Mar/2023 01:58PM

Sample Rec.Date : 04/Mar/2023 01:58PM

Approved Date : 06/Mar/2023 01:31PM

Referred Doctor : Self

TOLOGY

(LIQUID BASE CYTOLOGY, LBC)

Reporting protocol : As per the 2014 Bethesda System

SPECIMEN NO. : C-181/23

SPECIMEN TYPE:

- Conventional Pap smear
- Liquid-based preparation (Sure Path)**

SPECIMEN ADEQUACY :

- Satisfactory for evaluation**
- Unsatisfactory for evaluation
 - Specimen rejected/not processed
 - Specimen processed and examined, but unsatisfactory for evaluation of epithelial abnormality.

ON NEOPLASTIC FINDINGS

Non-neoplastic cellular variations

- Squamous metaplasia
- Keratotic changes
- Tubal metaplasia
- Atrophy
- Pregnancy-associated changes

Reactive cellular changes associated with:

- Inflammation (includes typical repair)**
- Lymphocytic (follicular) cervicitis
- Radiation
- Intrauterine contraceptive device (IUD)
- Glandular cells status post hysterectomy

Organisms :

- Trichomonas vaginalis
- Fungal organisms morphologically consistent with Candida spp.
- Shift in flora suggestive of bacterial vaginosis
- Bacteria morphologically consistent with Actinomyces spp.
- Cellular changes consistent with herpes simplex virus
- Cellular changes consistent with cytomegalovirus

Other:

- Endometrial cells (in a woman >45 years of age)



Highlighted values should be correlated clinically



DR ANAND KALIA
M.D. PATHOLOGY



ME	: MRS. SANGEETA KUMARI	Requisition Date	: 04/Mar/2023 10:28AM
3/Gender	: 16-Aug-1982/F	Sample Coll Date	: 04/Mar/2023 01:58PM
D	: 343602	Sample Rec. Date	: 04/Mar/2023 01:58PM
No.	: 3190653	Approved Date	: 06/Mar/2023 01:31PM
Ref Name	: Ivy Mohali	Referred Doctor	: Self
Code No	: 12691288		

EPITHELIAL CELL ABNORMALITIES :

Squamous Cell

- Atypical squamous cells of undetermined significance (ASC-US)
- Atypical squamous cells cannot exclude HSIL (ASC-H)
- Low-grade squamous intraepithelial lesion (LSIL) (encompassing: HPV/mild dysplasia/CIN 1)
- High-grade squamous intraepithelial lesion (HSIL) (encompassing: moderate and severe dysplasia, CIS; CIN 2 and CIN 3)
- Atypical squamous cells with features suspicious for invasion
- Squamous cell carcinoma

Glandular Cell

- Atypical endocervical cells NOS
- Atypical endometrial cells NOS
- Atypical glandular cells NOS
- Atypical endocervical cells, favor neoplastic
- Atypical glandular cells, favor neoplastic
- Endocervical adenocarcinoma in situ
- Adenocarcinoma (endocervical)
- Adenocarcinoma (endometrial)
- Adenocarcinoma (extrauterine)
- Adenocarcinoma, not otherwise specified (NOS)

Other Malignant Neoplasm:

INTERPRETATION / RESULT :

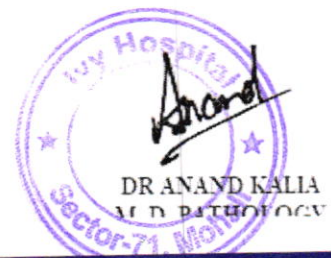
NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY WITH MILD INFLAMMATION.

Additional Remarks: Advised - Follow up. Please also correlate clinically.

Primary & Interpretation

Smears are reported using the Bethesda System for Reporting Cervical Cytology (2001) with Cervical Cancer Screening Recommendations from the U.S. Preventive Services Task Force and the American Cancer Society/American Society for Colposcopy and Cervical Pathology/American Society for Clinical Pathology. March 15, 2012, issue of *Annals of Internal Medicine*

*** End Of Report ***



highlighted values should be correlated clinically



ME : MRS. SANGEETA KUMARI
 3/Gender : 16-Aug-1982/F Requisition Date : 04/Mar/2023 10:28AM
 ID : 343602 SampleCollDate : 04/Mar/2023 10:43AM
 No. : 3190653 Sample Rec.Date : 04/Mar/2023 01:55PM
 Patient Name : Ivy Mohali Approved Date : 04/Mar/2023 04:34PM
 Code No : 12691288 Referred Doctor : Self

Description	Observed Value	Unit	Reference Range
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MUNOASSAY

SERUM THYROID PROFILE

Serum Total T3	1.29	ng/ml	0.70-2.0
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IA- Beckman DXi /Access2)

Significance & Interpretation:

Thyroxine (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 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 thyrotoxicosis and for indicating a diagnosis of thyrotoxicosis factitia.

Serum Total T4	9.18	µg/dL	5.48 - 14.28
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IA-Beckman DXi /Access2)

Significance & Interpretation:

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	14.200	uIU/mL	M & F (non-pregnant) 0.38 - 5.33 F Pregnant (Ist Trimester) 0.05 - 3.7 Pregnant (IInd Trimester) 0.31 - 4.35 Pregnant (IIIrd Trimester) 0.41 - 5.18
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IA- Beckman DXi/ Access2, 3rd Gen)

Significance & 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. Generally, 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 nervous system circuit between the hypothalamus, pituitary and thyroid.

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 a significant influence on the measured serum TSH concentrations.

The recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active. 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, and other 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

DR SUNNY BHARDWAJ
M.D. PATHOLOGY



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UHID	: 343602	Sample Rec.Date	: 04/Mar/2023 11:01AM
Inv. No.	: 3190653	Approved Date	: 04/Mar/2023 12:06PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12691288		

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c
(Boronate Affinity HPLC/Trinity)

6.7

% Non diabetic:4.0-6.0
Target of therapy:<7.0
Change of therapy:>8.0

Estimated Average Glucose (eAG)
(Calculated)

146

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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Test Description	Observed Value	Unit	Reference Range
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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,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.



DR SUNNY BHARDWAJ
M. D. PATHOLOGY



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UHID	: 343602	Sample Rec.Date	: 04/Mar/2023 10:45AM
Inv. No.	: 3190653	Approved Date	: 04/Mar/2023 12:02PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12691288		

Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting
(Hexokinase/ AU480)

107

mg/dL < 106 Normal
107 - 125 Impaired Tolerance
>126 Diabetic



The highlighted values should be correlated clinically



DR BHUMIKA BISHT
M.D. PATHOLOGY



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DOB/Gender	: 16-Aug-1982/F	Requisition Date	: 04/Mar/2023 10:28AM
UHID	: 343602	Sample CollDate	: 04/Mar/2023 01:08PM
Inv. No.	: 3190653	Sample Rec.Date	: 04/Mar/2023 01:08PM
Panel Name	: Ivy Mohali	Approved Date	: 04/Mar/2023 02:45PM
Bar Code No	: 12691288	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

GLUCOSE PP

Plasma Glucose Post Prandial
(Hexokinase/ AU480)

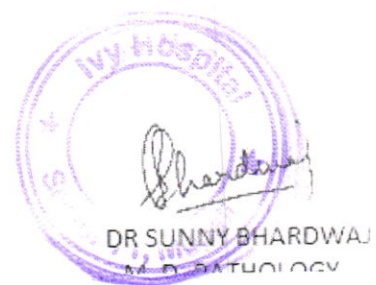
154

mg/dL

<140 Normal
140 - 180 Impaired Tolerance
>180 Diabetic



The highlighted values should be correlated clinically





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Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

RENAL FUNCTION TESTS)

Serum Urea (Urease GLDH/AU480)	23.00	mg/dl	17-43
Serum Creatinine (JAFEE KINETIC/ AU480)	0.60	mg/dl	0.51-0.95
Serum Uric acid (Uricase/AU480)	4.20	mg/dl	2.6- 6.0

LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total (DPD AU 480)	0.40	mg/dL	0.3-1.2
Serum Bilirubin Direct (DPD 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)	37	U/L	<35
Serum SGPT(ALT) (IFCC Without P5P/ AU 480)	76	U/L	<50
Serum AST/ALT Ratio (Calculated)	0.49		
Serum GGT (AU 480)	29	IU/L	5-32
Serum Alkaline Phosphatase (IFCC PNPAMPK Kinetic/AU 480)	97	U/L	30-120
Serum Protein Total (Biuret)	7.3	gm/dl	6.40 - 8.20
Serum Albumin (BCG/AU 480)	4.2	g/dL	3.5-5.2
Serum Globulin (Calculated)	3.10	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.35	%	1.0 - 1.8

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Test Description	Observed Value	Unit	Reference Range
LIPID PROFILE			
Serum Cholesterol (POD/AU 480)	196	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides (Lipase GPO-PAP/ AU480)	100	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol (Immunoenzymatic/AU 480)	36	mg/dL	<40 Major risk factor for CHD >60 Negative risk factor for CHD
Serum VLDL cholesterol (Calculated)	20	mg/dL	7-35
Serum LDL cholesterol (Calculated)	140	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	5.44		3-5
Serum LDL-HDL Ratio (Calculated)	3.89		1.5 - 3.5

Polo

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CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	45.00	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	1.005		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	1-2		0-5
Urine RBC	2-3	/hpf	Absent
Urine Epithelial Cells	6-8	/hpf	0-5
Urine Casts	Absent	/lpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Rods seen	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent

HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR (Automated ESR analyser)	27	mm/h	0-15
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DR BHUMIKA BISHT
M. D. PATHOLOGY



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Test Description	Observed Value	Unit	Reference Range
COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)			
Haemoglobin <small>(Cyanmethhaemoglobin)</small>	10.1	g/dl	12.0 - 15.0
Hematocrit(PCV) <small>(Calculated)</small>	34.7	%	33-45
Red Blood Cell (RBC) <small>(Impedence/DC Detection)</small>	4.50	10 ⁶ / μl	3.8-4.8
Mean Corp Volume (MCV) <small>(Impedence/DC Detection)</small>	76.4	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	22.2	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	29.1	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	16.7	%	11-15
Platelet Count <small>(Impedence/DC Detection/Microscopy)</small>	277	10 ³ /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedence/DC Detection)</small>	12.0	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedence/DC Detection)</small>	5.2	10 ³ / μl	4.0 - 10.0
Differential Leucocyte Count (VCS/ Microscopy)			
Neutrophils	58	%	40-75
Lymphocytes	31	%	20-40
Monocytes	6	%	0-8
Eosinophils	5	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,016	μl	2000-7000
Absolute Lymphocyte Count	1,612	uL	1000-3000
Absolute Monocyte Count	312	uL	200-1000
Absolute Eosinophil Count	260	μl	20-500

*** End Of Report ***



The highlighted values should be correlated clinically

