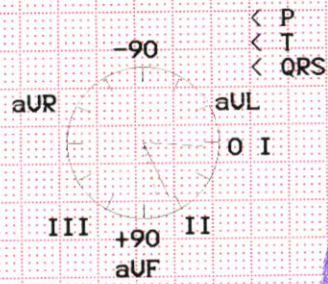


Measurement Results:

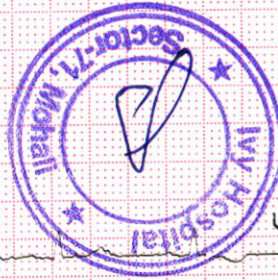
QRS	:	90 ms
QT/QTcB	:	360 / 435 ms
PR	:	162 ms
P	:	106 ms
RR/PP	:	686 / 700 ms
P/QRS/T	:	75/ 65/ 5 degrees
QTD/QTcBD	:	60 / 72 ms
Sokolow	:	1.6 mU
NK	:	13



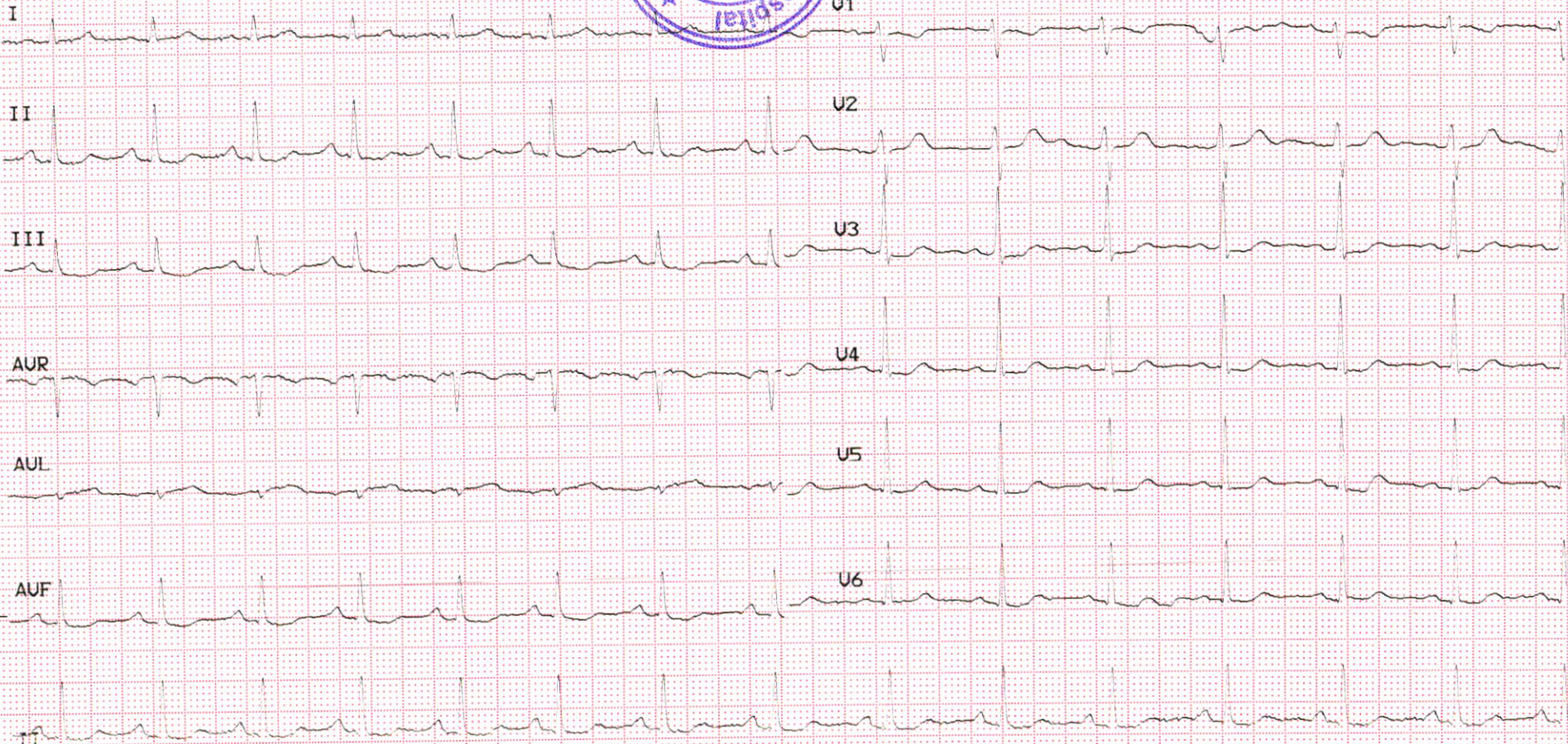
Interpretation:

slightly depressed ST segment (inferior)  
borderline ECG

Sumedha Dogra  
age - 38/F  
ID345071



Unconfirmed report.





# Ivy Hospital

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

Patient Name SUMEDHA DOGRA Patient ID 345071  
 Gender/Age Female / 39 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	3.0	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)	1.0	0.6-1.1 CM
LVPW (S)	1.2	0.8-1.0 CM
Aortic Root	2.4	2.0-3.7 CM
LA Diameter	3.4	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	60%	54-76%
Fractional Shortening	31%	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= 80cm/s, A= 56cm/s

**Aortic valve:** Vmax = 126cm/s

**Pulmonary valve:** Vmax = 95cm/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)**



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**SECTOR 71, MOHALI**  
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**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**



**Ivy  
Hospital**

# Ivy Diagnostic Laboratory

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NAME	: MISS. SUMEDHA DOGRA	Requisition Date	: 11/Mar/2023 09:47AM
DOB/Gender	: 09-Nov-1984/F	Sample CollDate	: 11/Mar/2023 10:00AM
UHID	: 345071	Sample Rec.Date	: 11/Mar/2023 10:00AM
Inv. No.	: 3204294	Approved Date	: 11/Mar/2023 11:39AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12701784		

Test Description	Observed Value	Unit	Reference Range
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## IMMUNOASSAY

### TOTAL THYROID PROFILE

<b>Serum Total T3</b> <small>(CLIA Vitros 3600)</small>	1.41	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, 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.

<b>Serum Total T4</b> <small>(CLIA Vitros 3600)</small>	8.76	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 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.

<b>Serum TSH</b> <small>(CLIA Vitros 3600)</small>	2.100	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 uIU/mL
1st Trimester	0.05 – 3.70
2nd Trimester	0.31 – 4.35
3rd Trimester	0.41 – 5.18

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The highlighted values should be correlated clinically



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**DR BHUMIKA BISHT**  
M. D. PATHOLOGY



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Panel Name	: Ivy Mohali	Approved Date	: 11/Mar/2023 12:26PM
Bar Code No	: 12701784	Referred Doctor	: Self


Test Description	Observed Value	Unit	Reference Range
<b>HAEMATOLOGY</b>			
<b>Glycosylated HB (HbA1c)</b>			
Whole Blood HbA1c <small>(Boronate Affinity HPLC/Trinity)</small>	5.5	%	Non diabetic:4.0-6.0 Target of therapy:<7.0 Change of therapy:>8.0
Estimated Average Glucose (eAG) <small>(Calculated)</small>	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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 DR ANAND KALIA  
 M. D. PATHOLOGY



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Inv. No. : 3204294

Panel Name : Ivy Mohali

Bar Code No : 12701784

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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/AU480)	94	mg/dL	< 106 Normal 107 - 125 Impaired Tolerance >126 Diabetic
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### RFT (RENAL FUNCTION TESTS)

Serum Urea (Urease GLDH/AU480)	11.00	mg/dl	17-43
Serum Creatinine (JAFPE KINETIC/AU480)	0.50	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 (DPD/AU 480)	0.30	mg/dL	0.3-1.2
Serum Bilirubin Direct (DPD/AU 480)	0.10	mg/dl	<0.3
Serum Bilirubin Indirect (Calculated)	0.20	mg/dl	0.1-1.0
Serum SGOT(AST) (IFCC Without P5P/AU 480)	19	U/L	<35
Serum SGPT(ALT) (IFCC Without P5P/AU 480)	20	U/L	<50
Serum AST/ALT Ratio (Calculated)	0.95		
Serum GGT (IFCC/AU 480)	13	IU/L	5-32
Serum Alkaline Phosphatase (IFCC PNPAMPKinetic/AU 480)	80	U/L	30-120
Serum Protein Total (Biuret)	7.0	gm/dl	6.40 - 8.20
Serum Albumin (BCG/AU 480)	4.1	g/dL	3.5-5.2
Serum Globulin (Calculated)	2.90	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.41	%	1.0 - 1.8



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**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.



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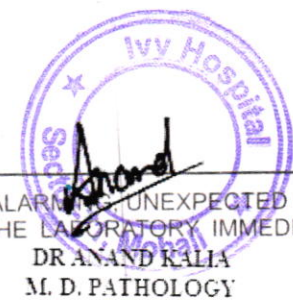
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Test Description	Observed Value	Unit	Reference Range
<b>LIPID PROFILE</b>			
Serum Cholesterol (CHO POD/AU 480)	210	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides (Lipase GPO-PAP/ AU 480)	107	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol (Immunoenzymatic/AU 480)	61	mg/dL	<40 Major risk factor for CHD >60 Negative risk factor for CHD
Serum VLDL cholesterol (Calculated)	21	mg/dL	7-35
Serum LDL cholesterol (Calculated)	128	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	3.44		3-5
Serum LDL-HDL Ratio (Calculated)	2.09		1.5 - 3.5

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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	<b>1.005</b>		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	Absent	/hpf	Absent
Urine Epithelial Cells	Absent	/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

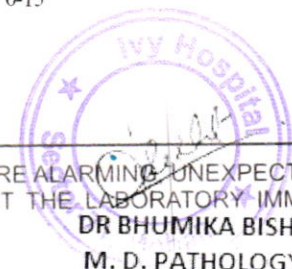
## HAEMATOLOGY

### ESR

Primary Sample Type: EDTA Blood

ESR (Automated ESR analyser)	13	mm/h	0-15
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**Test Description**

Test Description	Observed Value	Unit	Reference Range
<b>COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)</b>			
Haemoglobin <small>(Noncyanmethaemoglobin)</small>	13.2	g/dl	12.0 - 15.0
Hematocrit(PCV) <small>(Calculated)</small>	42.0	%	33-45
Red Blood Cell (RBC) <small>(Impedence/DC Detection)</small>	4.50	$10^6/\mu\text{l}$	3.8-4.8
Mean Corp Volume (MCV) <small>(Impedence/DC Detection)</small>	93.3	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	29.3	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	31.4	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	13.3	%	11-15
Platelet Count <small>(Impedence/DC Detection/Microscopy)</small>	316	$10^3/\text{ul}$	150-450
Mean Platelet Volume (MPV) <small>(Impedence/DC Detection)</small>	10.4	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedence/DC Detection)</small>	5.2	$10^3/\mu\text{l}$	4.0 - 10.0
<b>Differential Leucocyte Count (VCS/ Microscopy)</b>			
Neutrophils	61	%	40-75
Lymphocytes	31	%	20-40
Monocytes	5	%	0-8
Eosinophils	3	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,172	$\mu\text{l}$	2000-7000
Absolute Lymphocyte Count	1,612	uL	1000-3000
Absolute Monocyte Count	260	uL	200-1000
Absolute Eosinophil Count	156	$\mu\text{l}$	20-500

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



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