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Ivy Hospital

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

To
Medi Wheel.
Arcofemi Health Care Ltd.
F-703, Lado Sarai, Mehrauli
New Delhi – 110 030

Subjects: Submission of Bills (Health Packages)

Dear Sir,

Please find here with bill enclosed with bill no 2024251005175. The Following employees have taken Health Packages of employee IVY Health & Life Sciences Pvt. Ltd. The details of the bill are enclosed and the total amount is Rs 2850/-

1. Appointment Letter.
2. ID Proof.
3. Bill
4. Medical Reports

Name	Booking Date	Beneficiary Code	Bill no	Amount
SHASHI KALA SINGH		182454	2024251005175	2850



Authorised Signatory

FOR OPD / DISCHARGE SUMMARY / BILLING PURPOSE ONLY

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

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To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	SHASHIKALA SINGH
DATE OF BIRTH	10-01-1980
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	23-03-2024
BOOKING REFERENCE NO.	23M182454100099348S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. SINGH SUJEET KUMAR
EMPLOYEE EC NO.	182454
EMPLOYEE DESIGNATION	SPECIAL ASSISTANT
EMPLOYEE PLACE OF WORK	SAMRALA
EMPLOYEE BIRTHDATE	11-04-1978

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **12-03-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

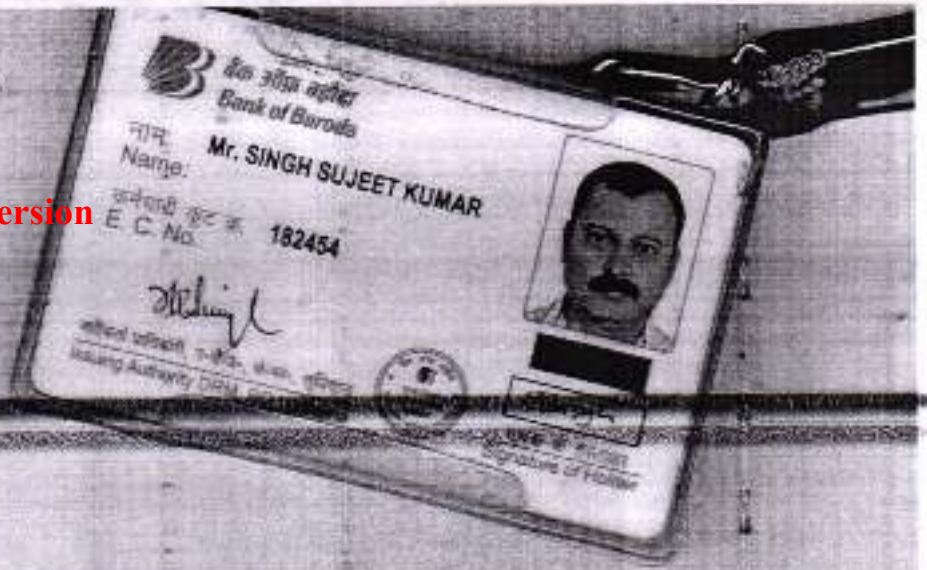
Yours faithfully,

Sd/-

**Chief General Manager
HRM Department
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

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 भारत सरकार

 शशिकला सिंह
Shashikala Singh
जन्म तिथि/ DOB: 10/01/1980
महिला / FEMALE



6343 8321 1527

आधार-आम आदमी का अधिकार

 भारतीय विशिष्ट पहचान प्राधिकरण
INDIAN OVERSEAS BIOMETRIC AUTHORITY OF INDIA

पता: Address:
अर्धांगिनी: सुजीत कुमार W/O: Supat Kumar Singh, Bandhu
सिंह, बंधू वरना, पूर्वी Sarwa, East Champaran,
बम्भारण, Bihar - 84533
बिहार - 845433

6343 8321 1527

Aadhaar-Aam Admi ka Adhikar

Shashikala



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Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

Bill of Supply

Bill No	2024251005175	Reg ID	2247395
Bill To	Mediwheel Acrofami	Sex/Age	Female/44 years,3
TPA	Mediwheel Acrofami	Consultant	DR. Direct
UHID	435556	Referred By	Direct
Name	MRS. SHASHI KALA SINGH D/WO	EST No.	03AABCI4594F12Q
Address	# 3421 FIRST FLOOR SEC 46	Category	Health Services
Phone No	8872977881	Policy No.	182454
OTI/Claim/Ref.	182454/	Fan No	AABCI4594F

Sr.	Date	Code/Batch	Activity Desc.	Rate	Qty.	Amount
1	12-Apr-24		OPD Package Charges	2850	1	2850
			Bill Amount			2850
			Net Amount			2850
			Advance Amount			0
			CSR/Discount			0
			Ward Charges Reversed			0
			Receipt Amount			0
			Refund Amount			0
			Payable Amount			2850



Authorized Signatory

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Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No.: U8510PB2005PTC027698

Name: Shashi Kala Singh UHID: 435556
 Age: 43/F Consultant: Dr. Jagpal Pandher Date: 12/4/24
 BP: 102/60 Pulse: 84 RR: Temp: Pain:
 Ht: Wt: 75 Allergies: Nutritional Assessment: Yes/No
 Diagnosis / DD:
 Complaint:

Investigations

Clinical Notes

For general health check up.
 investigations to
 . severe microcytic anaemia. - IDA
 . TSH 26.7

Adv.

- 1) Tab LIVOGEN OD 2-3hrs after meals x 1yr.
- 2) Tab SKINVIT OD x 6wk.
- 3) Calcival sachet once a week. x 8week.

Jagpal Pandher
 Dr. Jagpal Pandher
 M.D. (Med.), MRCPUK, MRCP (Rheumatology)
 Junior Consultant - Internal Medicine & Rheumatology
 Regd No.: PWC 26489

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

Follow up

Sign & Stamp

Ivy/OPD/Form/005



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Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No.: U65110PB2005PTC027698

Name: Mr. Shashi Kala Singh UHID: 435556
 Age: 43/F Consultant: Dr. Mitesh Vats Date: 12.04.24
 BP: _____ Pulse: _____ RR: _____ Temp: _____ Pain: _____
 Ht: _____ Wt: _____ Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: H/O Myopia @ - off Rx.
 Complaint: _____

Investigations

mp 6k
6k
(U.A)

To Rx / 16

Clinical Notes

no defective vision at near. pupil-normal

ALS - wnr.



Disc + macula - @

Adv: near vision glasses

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

Dr. Mitesh Vats
 M.S. Ophthalmology
 Retina Consultant & Fellow
 RASO 45034

Follow up

Sign & Stamp



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Ivy Hospital

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

Name : Shashi Kala Singh UHID : 485356
 Age : 43/F Consultant : Dr. Balvir Kaur Ghai Date : 12/4/24
 BP : 102/60 Pulse : 84 RR : _____ Temp : _____ Pain : _____
 Ht : _____ Wt : 75 Allergies : _____ Nutritional Assessment : Yes/No
 Diagnosis / DD : _____
 Complaint : _____

Investigations

Clinical Notes

Adv
 Patient does not want pap smear

for routine check up.
 P₂L₁ : both L5/S.

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

Follow up

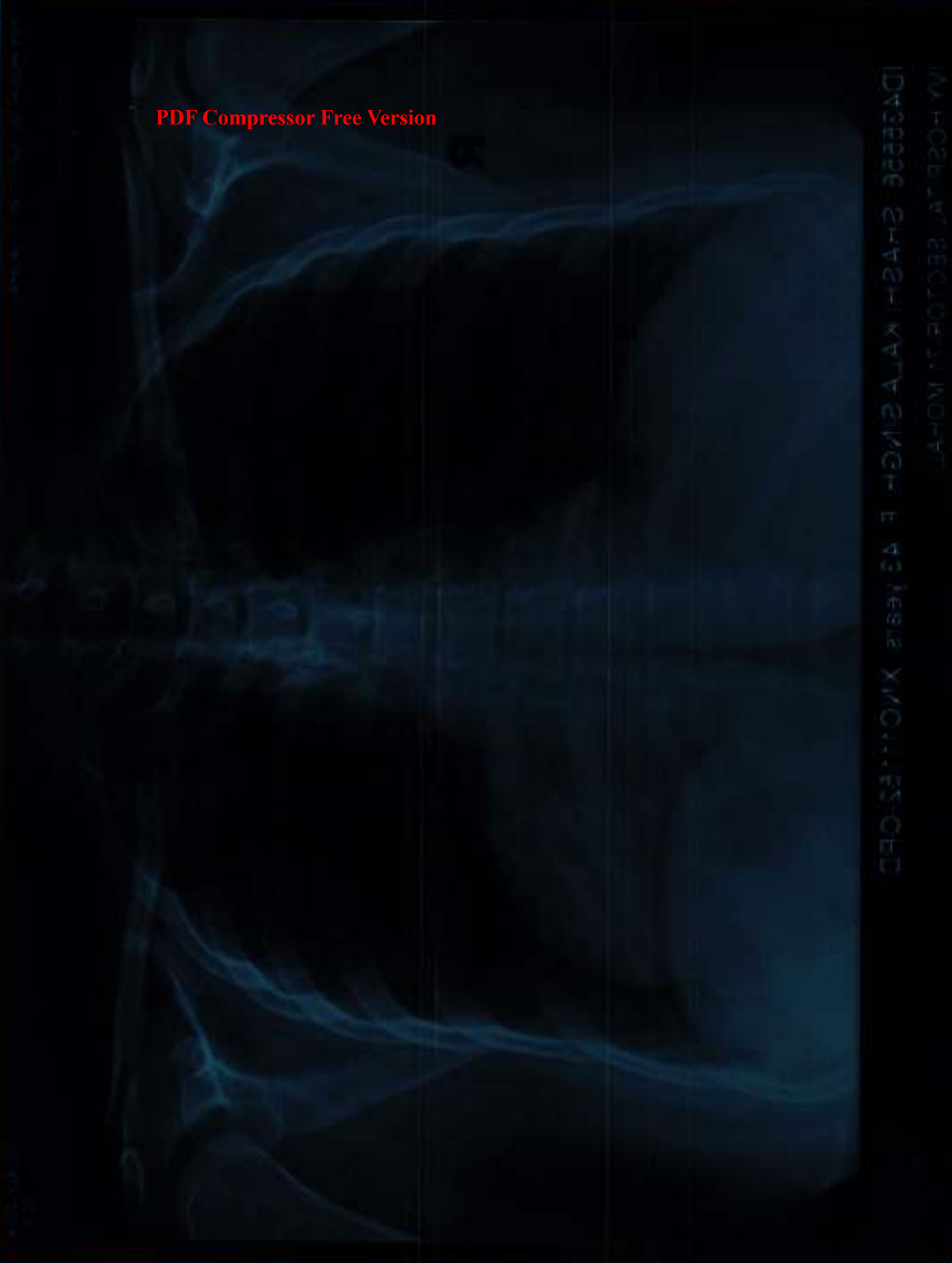
Dr. Balvir Kaur Ghai
 M.B.B.S. MS (OBST. & GYN) DNB
 M. COG 1 (UK)
 Consultant - Obstetrics, Gynaecology
 A & P Specialist
 GMC Reg No. 54331

Sign & Stamp

IM. HOSB. J. W. RECORDS. J. MOHAF

IDA3E2E6 GHASHI KATA GINGH E AS JESSE XIQI...E3-CEB

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ID: 435553
Name: shashi kala, kala
Age: 43 Years
Gender: Female

12-04-2024 10:25 AM

Heart Rate 77 bpm
PR Interval 176 ms
QRS Duration 82 ms
QT/QTc Interval 352/382 ms
P/QRS/T Axes 43/16/74 deg
RV5/SV1 0.495/0.519 mV
RV5 + SV1 1.015 mV
QTc: Hodges

Sinus rhythm
Possible sequence error: V2, V3 omitted

Normal ECG

Unconfirmed Diagnosis



25 mm/s

10 mm/mV

50 Hz

BIOR 35 Hz

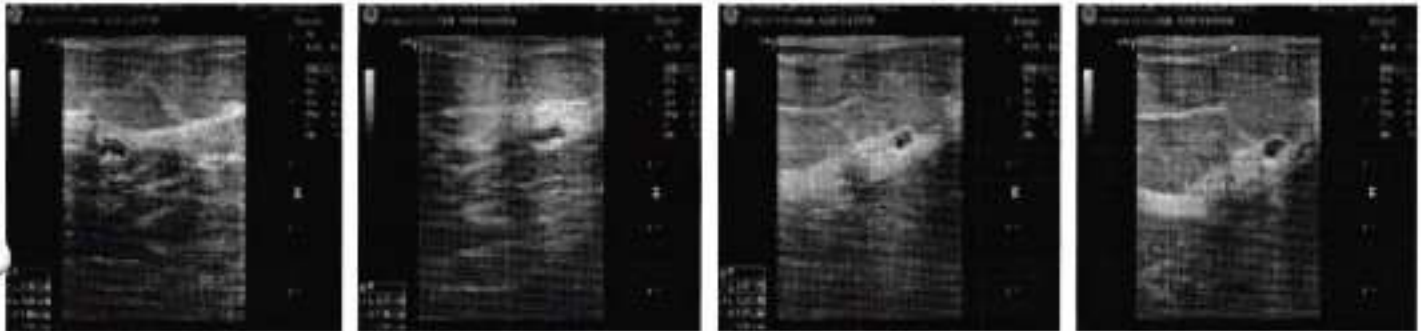
IVY HOSPITAL MOHALI

07 10 00V28 4 1

SN FN-320405802

NAME	SHASHI KALA	SEX/AGE	F43Y
PATIENT ID	ID435556	Accession Number	
REF CONSULTANT	PACKAGE	DATE	12/04/2024 10:47

SONOGRAPHY OF BOTH BREAST



Normal fibro glandular breast tissue is seen in both breasts. Few subcentimetric anechoic cystic lesions are seen both breasts, at 5 & 8 o'clock positions in right breast and at 9 o'clock position in left breast.

No spiculated lesion is seen in both breasts

Nipple and retroareolar region of both breast are normal.

Skin and subcutaneous tissues are normal in both breasts.

IMPRESSION: BIRADS 2.

Adv. Clinical correlation and follow up.

BIRADS ASSESSMENT CATEGORIES

CATEGORY 0: NEEDS ADDITIONAL IMAGING EVALUATION

CATEGORY 1: NEGATIVE

CATEGORY 2: BENIGN FINDING

CATEGORY 3: PROBABLY BENIGN FINDING: SHORT INTERVAL FOLLOWED UP SUGGESTED

CATEGORY 4: SUSPICIOUS ABNORMALITY: BIOPSY SHOULD BE CONSIDERED

CATEGORY 5: HIGH S/O MALIGNANCY; APPROPRIATE ACTION SHOULD BE TAKEN

CATEGORY 6: KNOWN BIOPSY PROVE MALIGNANCY, ASSURE THAT TREATMENT IS COMPLETED.

Dr. Mayukhi Upadhyay
DNB Resident

(NOT FOR MEDICO-LEGAL PURPOSE)



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NAME	SHASHI KALA	SEX/AGE	F43Y
PATIENT ID	ID435556	Accession Number	
REF CONSULTANT	PACKAGE	DATE	12/04/2024 10:47



DR. EKTA MISHRA
MD RADIO-DIAGNOSIS

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)

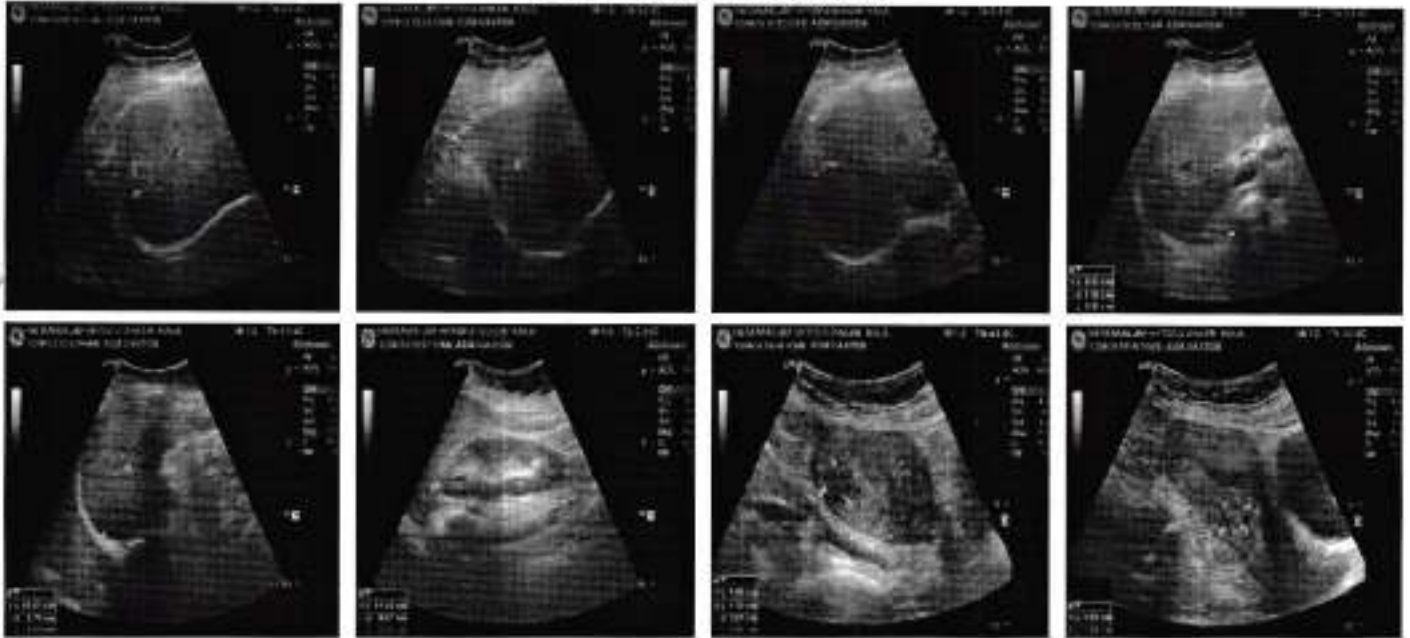
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NAME	SHASHI KALA	SEX/AGE	F43Y
PATIENT ID	ID435556	Accession Number	
REF CONSULTANT	PACKAGE	DATE	12/04/2024 10:47

USG WHOLE ABDOMEN



LIVER: is enlarged in size (~16.4 cm), normal in outline and shows increased echogenicity. IHBR are not dilated. Portal vein is normal. Visualized CBD measures ~ 9.3 mm. Few echogenic foci casting PAS are seen in right lobe of liver, largest measuring ~ 7.4 mm - likely calcified granulomas.

GALL BLADDER: is not visualized - Post operative status.

SPLEEN: is normal in size (~10.6 cm), outline and echotexture.

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 (~10.1 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~11.3 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

U-BLADDER: is normally distended at the time of examination with normal wall thickness.

UTERUS: is normal in size, outline and echotexture. ET is ~ 5.5 mm. There is e/o two relatively well-defined heterogeneously hypoechoic lesions, measuring ~ 16 x 17 mm and 16 x 13 mm seen in posterior myometrium with no significant internal vascularity - s/o uterine leiomyomas (ADV: TVS correlation if clinically indicated). No adnexal SOL is seen.

Minimal free fluid is seen in the POD.

OPINION:

Hepatomegaly with fatty liver (Grade I).

Uterine leiomyomas as described above. (ADV FOR MEDICO-LEGAL PURPOSE)



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NAME	SHASHI KALA	SEX/AGE	F43Y
PATIENT ID	ID435556	Accession Number	
REF CONSULTANT	PACKAGE	DATE	12/04/2024 10:47

Minimal free fluid in POD.

Adv. Clinical correlation and follow up.

Dr. Mayukhi Upadhyay
DNB Resident



DR EKTA MISHRA
MD RADIO-DIAGNOSIS

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

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Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

NAME	SHASHI KALA SINGH	SEX/AGE	F43Y
PATIENT ID	ID435556	Accession Number	XNO11152-OPD
REF CONSULTANT	Dr.	DATE	12/04/2024 09:57

X-RAY CHEST (PA VIEW)

Bony structures and soft tissue appear normal.
Trachea is central.
Both lung fields appear clear.
Bilateral hilar regions appear normal.
Domes of diaphragm and costophrenic angles appear normal.
Cardiac shadow appears mildly enlarged. (Adv- 2D echo correlation)

Please correlate clinically.



DR MEENU BHORIA
MBBS, DMRD, DNB, FVIR

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IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

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NAME : MRS. SHASHI KALA SINGH

DOB/Gender : 10-Jan-1980/F

UHID : 435556

Inv. No. : 4201310

Panel Name : Ivy Mohali

Bar Code No. : 13129781

Requisition Date : 12/Apr/2024 09:37AM

Sample Coll Date : 12/Apr/2024 09:47AM

Sample Rec. Date : 12/Apr/2024 09:47AM

Approved Date : 12/Apr/2024 10:36AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 1.35 ng/mL 0.970 – 1.69

(T3V04-1000)

Summary & Interpretation:

Total 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, 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, phenytoin or amiodarone, and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of the status of thyrotoxicosis and for indicating a diagnosis of thyrotoxicosis factitia.

Serum Total T4 6.63 µg/dL 6.5 – 13.2

(T4V04-2000)

Summary & Interpretation:

Thyroxine (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 6.500 mIU/L 0.4001 – 4.049

(TSHV04-1000)

Summary & Interpretation:

TSH is formed in specific secretory 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:

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 to be noted in the report of serum TSH concentrations.

Governmental 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, Hypopituitarism – 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



Dr. VARUN RATWAL
M.D. PATHOLOGY



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9115115624

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DOB/Gender : 10-Jan-1980/F

Requisition Date : 12/Apr/2024 09:37AM

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Sample Coll Date : 12/Apr/2024 09:47AM

Inv. No. : 4201310

Sample Rec Date : 12/Apr/2024 09:47AM

Panel Name : Ivy Mohali

Approved Date : 12/Apr/2024 10:36AM

Bar Code No : 13129781

Referred Doctor : Self

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

BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting <small>(Reference: 31/04/24)</small>	87	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 100 mg/dL is considered normal.
- A fasting plasma glucose level between 100-125 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 ≥ 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>(Reference: 01/04/2024)</small>	16.40	mg/dl	17-43
Serum Creatinine <small>(Reference: 01/04/2024)</small>	0.60	mg/dl	0.51-0.85
Serum Uric acid <small>(Reference: 01/04/2024)</small>	4.80	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 ≥ 20
Chronic Renal Failure*	Urea/Creatinine ratio ≥ 30

* Tata 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
------------------	----------------	------	-----------------

LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total (U0104100)	1.40	mg/dL	0.3-1.2
Serum Bilirubin Direct (U0104101)	0.30	mg/dl	<0.3
Serum Bilirubin Indirect (U0104102)	1.10	mg/dl	0.1-1.0
Serum SGOT(ALT) (U0104103)	20	U/L	<35
Serum SGPT(ALT) (U0104104)	15	U/L	<50
Serum AST/ALT Ratio (U0104105)	1.33		
Serum GGT (U0104106)	26	U/L	5-32
Serum Alkaline Phosphatase (U0104107)	95	U/L	30-120
Serum Protein Total (U0104108)	7.4	gm/dl	6.40 - 8.20
Serum Albumin (U0104109)	4.4	g/dl	3.5-5.2
Serum Globulin (U0104110)	3.00	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio (U0104111)	1.47	%	1.0-1.8

Interpretation:

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 (U0104112)	119	mg/dL	Desirable <200 Borderline High:200-239 High > 240
Serum Triglycerides (U0104113)	84	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol	32	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
Serum VLDL cholesterol <small>(VLDL-C)</small>	17	mg/dL	>60 Negative risk factor for CHD 7-35
Serum LDL cholesterol <small>(LDL-C)</small>	70	mg/dL	50-100
Serum Total Cholesterol-HDL Ratio <small>(TC/HDL-C)</small>	3.72		3-5
Serum LDL-HDL Ratio <small>(LDL-C/HDL-C)</small>	2.19		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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NAME : MRS. SHASHI KALA SINGH

DOB/Gender : 10-Jan-1980/F

UHID : 435556

Ivy No. : 4201310

Panel Name : Ivy Mohali

Bar Code No : 13129781

Requisition Date : 12/Apr/2024 09:37AM

Sample CollDate : 12/Apr/2024 09:47AM

Sample Rec.Date : 12/Apr/2024 09:47AM

Approved Date : 12/Apr/2024 11:40AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR	27	mmh	0-15
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Accuracy: 98.00%

Ivy Hospital



The highlighted values should be correlated clinically



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IVY HOSPITAL

F-317, Industrial Area, Phase 8B,
Mohali, Punjab

Ph: 9115110241, 9115115658

Email: lab@ivyhospital.com



NAME :	MRS. SHASHI KALA SINGH	Requisition Date :	12/Apr/2024 09:37AM
DOB/Gender :	10-Jan-1980/F	Sample Coll Date :	12/Apr/2024 09:47AM
UTID :	435556	Sample Rec.Date :	12/Apr/2024 11:12AM
Inv. No. :	4201310	Approved Date :	12/Apr/2024 12:22PM
Panel Name :	Ivy Mohali	Referred Doctor :	Self
Bar Code No :	13129781		

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c <small>(Glycated Hemoglobin)</small>	4.5	%	Non diabetic: 4.0-6.0 Target of therapy: <7.0 Change of therapy: >8.0
Estimated Average Glucose (eAG) <small>(mg/dL)</small>	82	mg/dL	

A1c 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



DR. KOMAL KATHURIA
M.D. PATHOLOGY



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IVY HOSPITAL

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Email: lab@ivyhospital.com



NAME : MRS. SHASHI KALA SINGH

DOB/Gender : 10-Jan-1980/F

UHID : 435556

Inv. No. : 4201310

Panel Name : Ivy Mohali

Bar Code No : 13129781

Requisition Date : 12/Apr/2024 09:37AM

Sample Coll Date : 12/Apr/2024 09:47AM

Sample Rec. Date : 12/Apr/2024 09:47AM

Approved Date : 12/Apr/2024 10:15AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Hemoglobin <small>(Hemoglobin)</small>	6.8	g/dl	12.0 - 15.0
Hematocrit (PCV) <small>(Hematocrit)</small>	26.9	%	33-45
Red Blood Cell (RBC) <small>(Red Blood Cell)</small>	3.30	$10^6 / \mu\text{l}$	3.8-4.8
Mean Corp Volume (MCV) <small>(Mean Corp Volume)</small>	81.0	fL	83-97
Mean Corp HB (MCH) <small>(Mean Corp HB)</small>	20.5	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Mean Corp HB Conc)</small>	25.3	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Red Cell Distribution Width -CV)</small>	21.0	%	11-15
Platelet Count <small>(Platelet Count)</small>	262	$10^3 / \mu\text{l}$	150-450
Total Leucocyte Count (TLC) <small>(Total Leucocyte Count)</small>	7.3	$10^3 / \mu\text{l}$	4.0 - 10.0
Differential Leucocyte Count (VCS: Microscopy)			
Neutrophils	60	%	40-75
Lymphocytes	30	%	20-40
Monocytes	6	%	0-8
Eosinophils	2	%	0-4
Basophils	1	%	0-1
Absolute Neutrophil Count <small>(Absolute Neutrophil Count)</small>	4,380	μl	2000-7000
Absolute Lymphocyte Count <small>(Absolute Lymphocyte Count)</small>	2,190	μl	1000-3000
Absolute Monocyte Count <small>(Absolute Monocyte Count)</small>	438	μl	200-1000
Absolute Eosinophil Count <small>(Absolute Eosinophil Count)</small>	146	μl	20-500

The highlighted values should be correlated clinically



DR. BHUMIKA BISHT
M.D. PATHOLOGY



NAME	: MRS. SHASHI KALA SINGH	Requisition Date	: 12/Apr/2024 09:37AM
DOB/Gender	: 10-Jan-1980/F	Sample Coll Date	: 12/Apr/2024 09:47AM
UHID	: 435556	Sample Rec. Date	: 12/Apr/2024 10:08AM
Inv. No.	: 4204310	Approved Date	: 12/Apr/2024 11:26AM
Panel Name	: Ivy Mohale	Referred Doctor	: Self
Har Code No	: 13129781		

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	Negative
Anti AB	POSITIVE
Anti D	POSITIVE
Reverse Grouping A Cells	Negative
Reverse Grouping B Cells	POSITIVE
Reverse Grouping O Cells	Negative
Final Blood Group	A 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.
- * Safe blood 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 ***




Dr. VARUN HATWAL
M.D. PATHOLOGY



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Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027896

Patient Name SHASHI KALA SINGH Patient ID 435556
 Gender/Age Female / 44 Test Date : 12 Apr 2024

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.8	3.7-5.6 CM
Left Ventricular ES Dimension	2.7	2.2-4.0 CM
IVS (D)	1.1	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)	1.2	0.8-1.0 CM
Aortic Root	2.7	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, **Trivial AR**.

Tricuspid Valve : Thin, opening well with no prolapse

Pulmonary Valve : Thin, Pulmonary Artery not dilated

Pulse & CW Doppler : Mitral valve: E= 56cm/s, A= 82cm/s, E<A

Aortic valve: Vmax = 78cm/s

Pulmonary valve: Vmax = 52cm/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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Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027698

Remarks -

FINAL IMPRESSION -

No RWMA of LV

Normal LV systolic function (LVEF~55%)



DR. RAKESH BHUTUNGRU

Director-Non Invasive Cardiology
MBBS, MD(Medicine), DM(Cardiology)
PMC-42588

(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