



भारत सरकार

Government of India



रीना

Reena

जन्म तिथि / DOB : 28/10/1990

महिला / Female



5404 4775 1759

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

D/O: वेदप्रकाश, दिल्ली रोड, वॉर्ड नं 07, खरखोदा, खरखोदा, सोनीपत, हरियाणा, 131402

Address:

D/O: Vedparkash, DELHI ROAD, WARD no 07, Kharkhoda, Kharkhoda, Sonipat, Haryana, 131402

5404 4775 1759



1947



help@uidai.gov.in



www.uidai.gov.in



बैंक ऑफ़ बड़ौदा
Bank of Baroda


नाम
Name


सन्दीप
Sandeep

E.C. No.

180740




जारीकर्ता प्राधिकारी
Issuing Authority


धारक के हस्ताक्षर
Signature of Holder



Ivy Hospital

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

Bill of Supply

Bill No	2023241024601	Reg ID	1875544
Bill To	Mediwheel Acrofemi	Sex/Age	Female/32 Yrs/7 Mt/12
TPA	Mediwheel Acrofemi	Consultant	DR. Direct
UHID	366381	Referred By	Direct
Name	MRS. REENA D/WO Sandeep	GST No.	03AABCI4594F1ZQ
Address	#153 D 4TH FLOOR SEC-51A	Category	Health Services
Phone No	9812196852	Policy No.	180740 BANK OF BARODA
UTI/Claim/Ref.	180740 BANK OF BARODA/	Pan No	AABCI4594F

Sr.	Date	Code/Batch	Activity Desc.	Rate	Qty.	Amount
1	09-Jun-23		OPD Package Charges	2600	1	2600

Bill Amount	2600
Net Amount	2600
Advance Amount	0
CSR/Discount	0
Ward Charges Reversed	0
Receipt Amount	0
Advance Amount	0
Payable Amount	2600



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

IVY Hospital Mohali
Sector 71, Mohali, Punjab - 160071

Package ID	341758		
Package	Mediwheel Acrofemi Healthcare Ltd Full Body Package With Echo Female Below 40		
Patient ID	366381	Preg ID	1875544
Name	REENA	Amount	2600.00
Date	09-Jun-23	Bill No	

Investigation

Bed Side Procedures	CONSULTATION DENTAL
Bed Side Procedures	CONSULTATION OPHTHALMOLOGY
Bed Side Procedures	CONSULTATION GYNAECOLOGY
Bed Side Procedures	CONSULTATION MEDICINE
Bed Side Procedures	NURSING ASSESSMENT SHEET
Biochemistry	LIPID PROFILE
Biochemistry	LIVER FUNCTION TEST
Biochemistry	PLASMA GLUCOSE FASTING
Biochemistry	PLASMA GLUCOSE POST PRANDIAL
Biochemistry	RFT (RENAL FUNCTION TESTS)
Clinical Pathology	STOOL EXAMINATION
Clinical Pathology	URINE ANALYSIS
Cytology	PAP (LIQUID BASED CYTOLOGY, LBC)
ECG	ECG
ECHO	2D ECHO
Haematology	CBC (COMPLETE BLOOD COUNT)
Haematology	ESR (ERYTHROCYTE SEDIMENTATION RATE)
Haematology	HBA1C
Immunoassay	TOTAL THYROID PROFILE
Outsource	BLOOD GROUP
Ultrasound	US - WHOLE ABDOMEN
X-Ray	X-RAY CHEST PA VIEW

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Ivy Hospital

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

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

9/6/23

Mrs. Keena / 32yrs

LMP: - 5/6/23

no menstrual

complaints

A2

P/S: minimal brownish discharge

USG Reassured.

8
P/S = (R)

Dr. Balvin Kaur Ghai
MBBS, MS (OBST.& GYNAE) DNB
MRCOG 1 (UK)
Consultant - Obstetrics, Gynaecology
& IVF Specialist
PMC Reg No. 54331



Ivy Hospital

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

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

Ms Reena
32y1F

ID: 366381

9/6/23

mm 6/9
6/9
(U.A)

cd day up

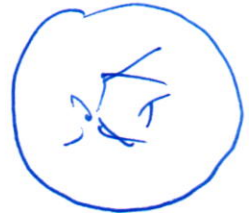
Pupil - NSNR

ALS - WNL

Fundus

OD

OS



Disc & Macula - (2)

Adv: Refresh tears ud 2MOR

Vats

Toptm
14/

Reena

Age = 32y1 F

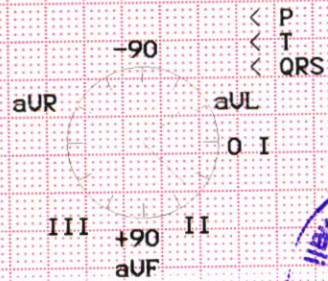
UNID = 366381

Measurement Results:

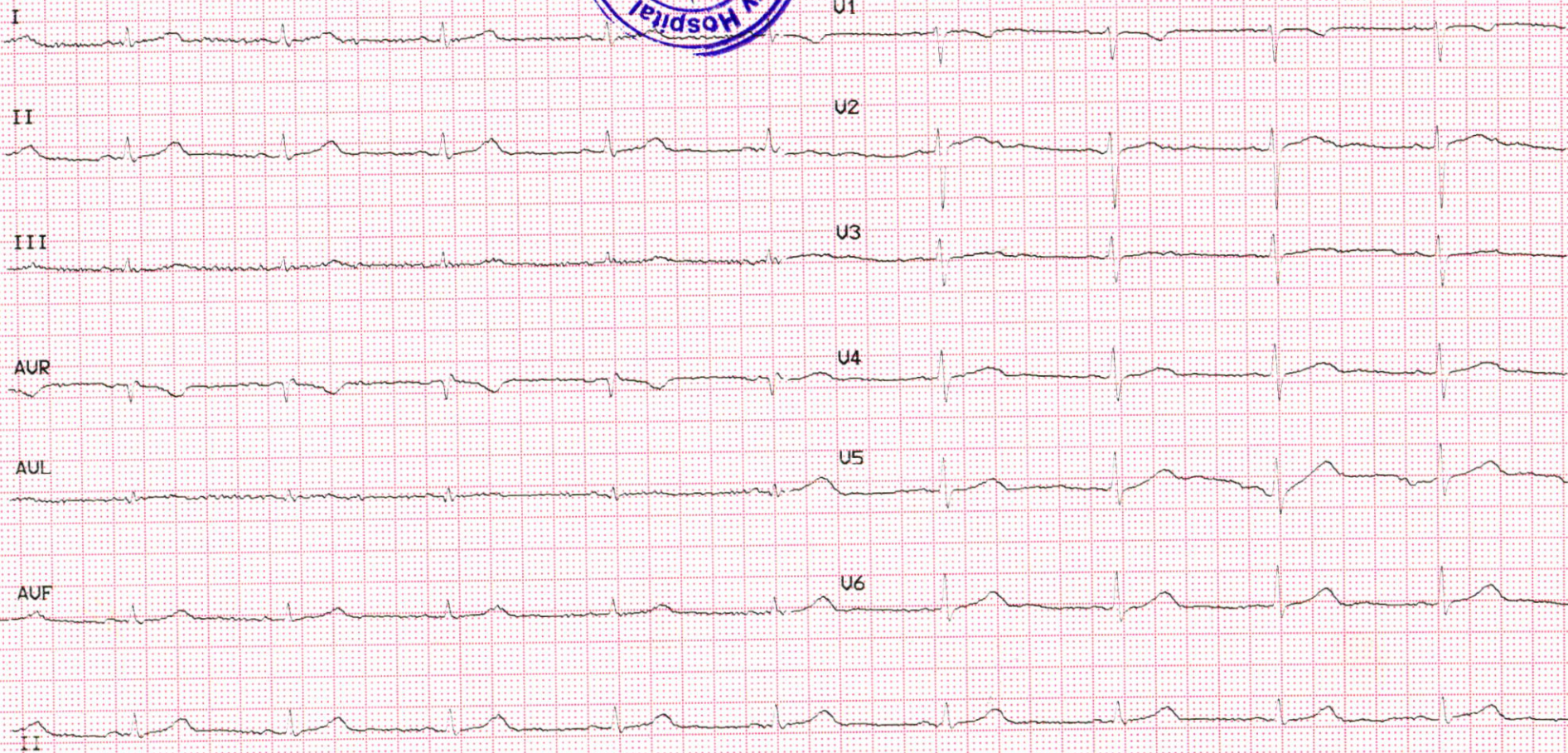
QRS : 98 ms
 QT/QTcB : 442 / 433 ms
 PR : 144 ms
 P : 88 ms
 RR/PP : 1044 / 1040 ms
 P/QRS/T : -40 / 45 / 45 degrees
 QTd/QTcBD : 42 / 41 ms
 Sokolow : 1.0 mV
 NK : 7

Interpretation:

low QRS amplitudes probably abnormal ECG



Unconfirmed report.





Ivy Hospital

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

Name: Mrs Recna UHID: 316381
 Age: 32y/f Consultant: Dr (Major) Bhavesh Date: 9/6/23
 BP: 115/76 Pulse: 64 RR: Temp: 97.1 F Pain: No
 Ht: 164p Wt: 5.5Kg Allergies: Nutritional Assessment: Yes/No
 Diagnosis / DD:
 Complaint:

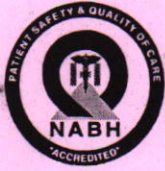
Investigations	Clinical Notes
	<p><u>Health checkup</u></p> <hr/> <p><u>No significant complaints.</u></p> <p><u>Reports reviewed</u></p>

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

Dr. (Major) Bhavesh
 MRCP (Internal Medicine)
 Consultant Internal Medicine
 Reg. No: 013328

Follow up

Sign & Stamp
Ivy/OPD/Form/005



Ivy Hospital

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

Name : Mrs. Pooja UHID : 316381
 Age : 32 Yr Consultant : Dr. (Major) Bhavish Date : 9/6/23
 BP : 115/76 Pulse : 64 RR : Temp : 97.1 F Pain : No
 Ht : 164 Wt : 5 Kg Allergies : Nutritional Assessment : Yes/No
 Diagnosis / DD :
 Complaint :

Investigations

Clinical Notes

Health checkup

No significant complaints.

Reports reviewed.

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

Follow up

Sign & Stamp

Ivy/OPD/Form/005



NAME : **MRS. REENA**

DOB/Gender : 28-Oct-1990/F

UHID : 366381

Inv. No. : 3451017

Panel Name : Ivy Mohali

Bar Code No : 12842408

Requisition Date : 09/Jun/2023 08:30AM

Sample CollDate : 09/Jun/2023 08:55AM

Sample Rec.Date : 09/Jun/2023 08:55AM

Approved Date : 09/Jun/2023 11:51AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3

(CLIA/Vitros 3600)

1.02

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 medicaments 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.

Serum Total T4

(CLIA/Vitros 3600)

7.48

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 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

(CLIA/Vitros 3600)

4.000

mIU/L

0.4001 – 4.049

Summary & Interpretation:

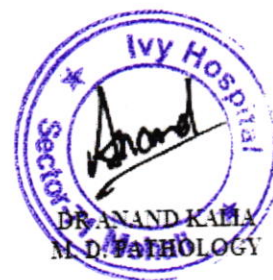
TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The determination of TSH serves as the initial test in thyroid diagnostics. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly 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

Result Entered By: Jasmanjot 5487M (BB)





NAME	: MRS. REENA	Requisition Date	: 09/Jun/2023 08:30AM
DOB/Gender	: 28-Oct-1990/F	Sample CollDate	: 09/Jun/2023 08:55AM
UHID	: 366381	Sample Rec.Date	: 09/Jun/2023 08:55AM
Inv. No.	: 3451017	Approved Date	: 09/Jun/2023 11:51AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12842408		

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)

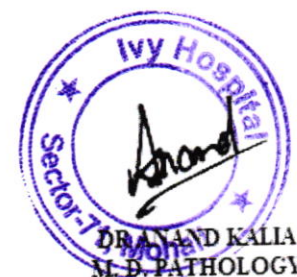
Serum Urea (Urease GLDH/AU480)	18.00	mg/dl	17-43
Serum Creatinine (JAFKE KINETIC/ AU480)	0.60	mg/dl	0.51-0.95
Serum Uric acid (Uricase/AU480)	2.90	mg/dl	2.6- 6.0

LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total (DPD/AU 480)	0.70	mg/dL	0.3-1.2
Serum Bilirubin Direct (DPD/AU 480)	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 480)	28	U/L	<35
Serum SGPT(ALT) (IFCC Without PSP/ AU 480)	32	U/L	<50
Serum AST/ALT Ratio (Calculated)	0.88		
Serum GGT (IFCC/AU 480)	17	IU/L	5-32
Serum Alkaline Phosphatase (IFCC PNPAMPKinetic/AU 480)	105	U/L	30-120
Serum Protein Total (Biuret)	7.7	gm/dl	6.40 - 8.20
Serum Albumin (BCG/AU 480)	4.2	g/dL	3.5-5.2
Serum Globulin (Calculated)	3.50	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.20	%	1.0 - 1.8

The highlighted values should be correlated clinically

Result Entered By: Jasmanjot 5487M (BB)





NAME	: MRS. REENA	Requisition Date	: 09/Jun/2023 08:30AM
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UHID	: 366381	Sample Rec.Date	: 09/Jun/2023 08:55AM
Inv. No.	: 3451017	Approved Date	: 09/Jun/2023 11:51AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12842408		

Test Description	Observed Value	Unit	Reference Range
LIPID PROFILE			
Serum Cholesterol (CHO POD/AU 480)	177	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides (Lipase GPO-PAP/ AU480)	84	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol (Immunoenzymatic/AU 480)	56	mg/dL	<40 Major risk factor for CHD >60 Negative risk factor for CHD
Serum VLDL cholesterol (Calculated)	17	mg/dL	7-35
Serum LDL cholesterol (Calculated)	104	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	3.16		3-5
Serum LDL-HDL Ratio (Calculated)	1.86		1.5 - 3.5

HAEMATOLOGY

ESR

Primary Sample Type:EDTA Blood

ESR (Automated ESR analyser)	21	mm/h	0-15
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The highlighted values should be correlated clinically

Result Entered By:Jasmanjot 5487M (BB)





NAME	: MRS. REENA	Requisition Date	: 09/Jun/2023 08:30AM
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Inv. No.	: 3451017	Approved Date	: 09/Jun/2023 11:51AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12842408		

Test Description	Observed Value	Unit	Reference Range
COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)			
Haemoglobin <small>(Noncyanmethaemoglobin)</small>	11.7	g/dl	12.0 - 15.0
Hematocrit(PCV) <small>(Calculated)</small>	36.5	%	33-45
Red Blood Cell (RBC) <small>(Impedence/DC Detection)</small>	4.30	10 ⁶ / μl	3.8-4.8
Mean Corp Volume (MCV) <small>(Impedence/DC Detection)</small>	85.5	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	27.4	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	32.1	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	14.7	%	11-15
Platelet Count <small>(Impedence/DC Detection/Microscopy)</small>	163	10 ³ /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedence/DC Detection)</small>	14.6	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedence/DC Detection)</small>	5.7	10 ³ /μl	4.0 - 10.0
Differential Leucocyte Count (VCS/ Microscopy)			
Neutrophils	68	%	40-75
Lymphocytes	22	%	20-40
Monocytes	8	%	0-8
Eosinophils	2	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,876	μl	2000-7000
Absolute Lymphocyte Count	1,254	uL	1000-3000
Absolute Monocyte Count	456	uL	200-1000
Absolute Eosinophil Count	114	μl	20-500

The highlighted values should be correlated clinically

Result Entered By: Jasmanjot 5487M (BB)





NAME	: MRS. REENA	Requisition Date	: 09/Jun/2023 08:30AM
DOB/Gender	: 28-Oct-1990/F	Sample CollDate	: 09/Jun/2023 08:55AM
UHID	: 366381	Sample Rec.Date	: 09/Jun/2023 10:16AM
Inv. No.	: 3451017	Approved Date	: 09/Jun/2023 11:49AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12842408		

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	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.

*** End Of Report ***



Dr. VARUN HATWAL
M.D. PATHOLOGY

Sector-71, Mohali

IVY HOSPITAL SEC 21 MOHALLI

XR-11130-011

Chest PA

ID300381

REENA Female 35 Years

08/06/2023 08:41:46

R



Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000

Patient Name REENA
 Gender/Age Female / 33

Patient ID 366381
 Test Date : 09 Jun 2023
 CIN No. : U85110PB2005PTC027898

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.2	3.7-5.6 CM
Left Ventricular ES Dimension	2.3	2.2-4.0 CM
IVS (D)	1.0	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)	1.2	0.8-1.0 CM
Aortic Root	3.2	2.0-3.7 CM
LA Diameter	2.4	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	58%	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= 72cm/s, A= 48cm/s, E>A

Aortic valve: Vmax = 89cm/s

Pulmonary valve: Vmax = 61cm/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

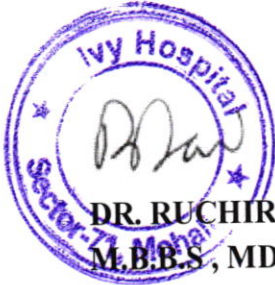
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SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

Remarks -

FINAL IMPRESSION -

No RWMA of LV

Normal LV systolic function (LVEF~58%)



DR. RUCHIR RASTOGI

M.B.B.S, MD General Medicine , DM Cardiology

(NOT FOR MEDICO-LEGAL PURPOSE)

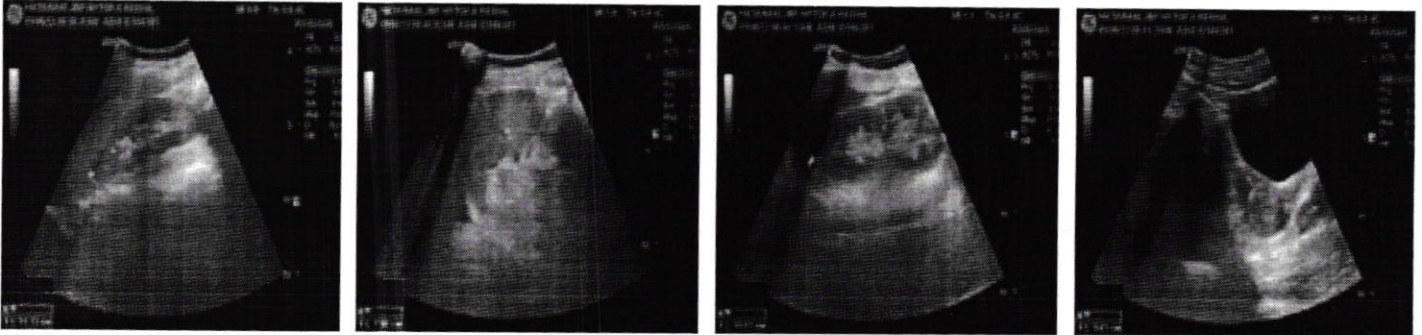
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IVY HELPLINE : +91 99888-23456

NAME	REENA	SEX/AGE	F32Y
PATIENT ID	ID366381	Accession Number	
REF CONSULTANT	PACKAGE	DATE	09/06/2023 09:38

USG WHOLE ABDOMEN



LIVER: is normal in size (~ 15cm), 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 (~ 8cm), 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 (~ 11.1cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~ 10.8cm), 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 ~ 4mm. No discrete focal lesion is seen.

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

No free fluid is seen in peritoneal cavity.

OPINION: No significant abnormality in current study.



DR GAGANDEEP SINGH SETHI
MD RADIOLOGY

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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