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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 202324112744. 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 REQ	Beneficiary Code	Bill no	Amount
BALJINDER KAUR	bobS14703		2023241123744	2850



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 8078880788

Subject: Fw: Health Check up Booking Request(bobS14703)
From: Bhagwan Singh <singhbhagwan26@yahoo.com>
Date: 22-03-2024, 21:04
To: "mainreception@ivyhospital.com" <mainreception@ivyhospital.com>

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Yahoo Mail: Search, organise, conquer

----- Forwarded message -----

From: "Mediwheel" <wellness@mediwheel.in>
To: "singhbhagwan26@yahoo.com" <singhbhagwan26@yahoo.com>
Cc: "customercare@mediwheel.in" <customercare@mediwheel.in>
Sent: Sun, 10 Mar 2024 at 10:17
Subject: Health Check up Booking Request(bobS14703)

011-41195959

Dear Bhagwan Singh,

We have received your booking request for the following health checkup, please upload your approval letter as soon as possible to enable us to confirm your booking.

Upload HRM Letter

User Package Name : Mediwheel Full Body Health Checkup Female Above 40

Name of Diagnostic/Hospital : Ivy Hospital

Address of Diagnostic/Hospital- : Sector - 71, Mohali

Appointment Date : 23-03-2024

Preferred Time : 09:30 am - 10:00 am

Member Information

Booked Member Name	Age	Gender
Baljinder kaur	50 year	Female

Tests included in this Package

- Mammography
- Stool Test
- Gynae Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP





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Bill of Supply

Bill No	2023241123744	Reg ID	2217533
Bill To	Mediwheel Acrofemi	Sex/Age	Female/52 Yrs/5 Mt/9
TPA	Mediwheel Acrofemi	Consultant	DR. Direct
UHID	430838	Referred By	Direct
Name	MRS. BALJINDER KAUR D/WO	GST No.	03AABC14594F1ZQ
Address	SINGH AVENUE STREET NO	Category	Health Services
Phone No	9216101272	Policy No.	0
UTI/Claim/Ref.	0/	Pan No	AABC14594F

Sr.	Date	Code/Batch	Activity Desc.	Rate	Qty.	Amount
1	23-Mar-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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SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No.: UB5110PB2005PTC027698

Name: Ms. Baljinder Kaur UHID: 430838
 Age: 58/8 Consultant: Dr. Balvir Kaur Ghai Date: 23/02/24
 BP: 124/83 Pulse: 76 RR: _____ Temp: _____ Pain: _____
 Ht: _____ Wt: _____ Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: _____
 Complaint: _____

Investigations

Clinical Notes

ADV

CA-125

- Pap smear

- TVS after
Lustras

hysterectomy done 10 yrs.

USG s/o right adnexa
of 4.7x4.5x2.6 cm

no other complaints.

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

Dr. Balvir Kaur Ghai
 M.D., MS (OBST. & GYNAE) DNB
 Consultant - Obstetrics, Gynaecology
 & IVF Specialist
 FWC Reg No. 54331

Sign & Stamp

Follow up



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SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No.: UB5110PB2005PTC027098

Name: Mrs. Baljinder Kaur UHID: 430838
 Age: 52/R Consultant: Dr. Mukesh Vats Date: 23/03/24
 BP: 134/80 Pulse: 76 RR: _____ Temp: _____ Pain: _____
 Ht: _____ Wt: _____ Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: _____
 Complaint: _____

Investigations

Vm/6/19-1
6/19
(U.A)

 TOR 16/16

 &

Clinical Notes

Rupt - USA
 clo general check-up
 Als - war.
 kunders / Disc + Hamula (N)
 (U.D)
 Adv: Omega Plus old / Add tea old
 103070
 Review sos

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
					Vats	
					Dr. Mukesh Vats	
					M.S FVRS	
					Retired Consultant & Phaco Surgeon	
					PMC 45074	

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.: UB510PB20C5PTC027998

Name: Mrs. Baljinder Kaur UHID: 420838
 Age: 52/F Consultant: Dr. C. Ranjeet Kumar Date: 23/03/24
 BP: 134/82 Pulse: 76/min RR: _____ Temp: _____ Pain: _____
 Ht: _____ Wt: _____ Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: _____
 Complaint: Alph. Anxiety / Depressive.

Investigations
 ECG: 74 E, normal.
 Low voltage
 2D ECHO - EF 55%
 No RVT
 TSH - 2.4, T3 - 2.1, T4 - 24.
 TPO - 8.2, RFT - 20/0.7
 LFT @: Creat/UA/HD/LDL
 154/0.5/64/115
 Urine before now ESR - 15.
 Htg 12-3/7.50/250 x 12

Clinical Notes
 Regular health checkups usg abd - Rt adenoma
 usg head - 3 RPA's 3 lesion in Rt brain
 fibroadenoma.
 Review in Gen. Surg (Dr. Shrivastava).
 Psychiatry OPD. (Dr. Vitha)
 Gynaecology OPD
 Adv
 TMT.

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
1	Tab. Mueschi max	OD	1	—	—	1 month
2	Tab. Calcium CA	10 tabs	OD	—	—	

Follow up

Dr. G. Ranjeet Kumar
 Hospital Manager
 Reg. No. _____
 Sign & Stamp

ECG CARDIOPRINT

GE MAC1200 ST, IJY HOSPITAL MOHAI

HR 70 bpm

Mrs. Baljinder Kaur

Age 52 1/2

UMIDS 430838

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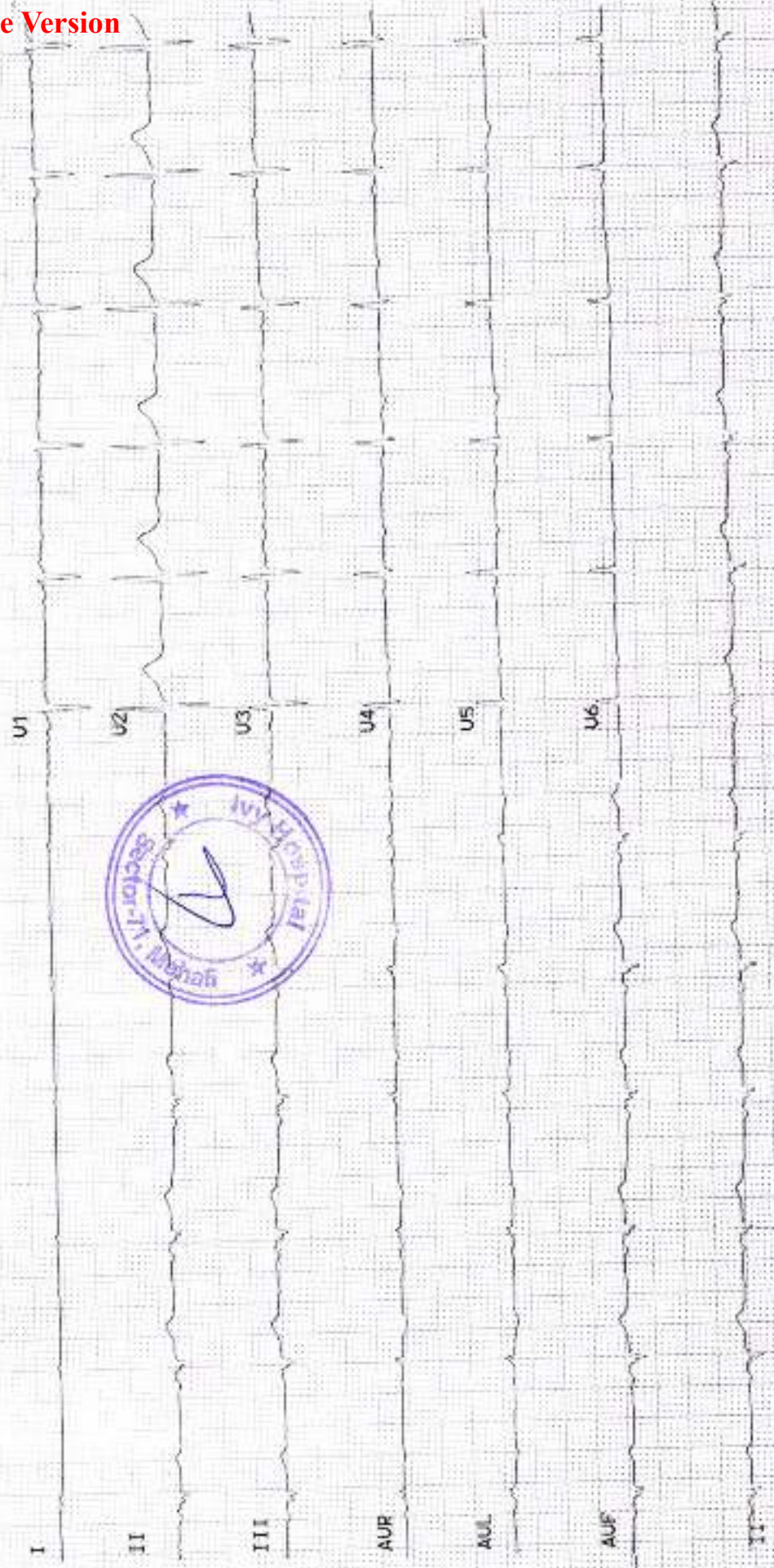
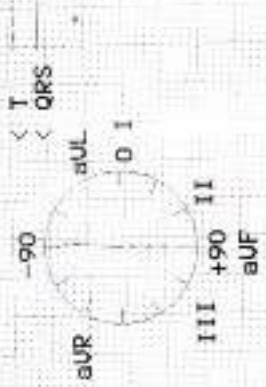
Measurement Results:

QRS : 86 ms
 QT/QTcB : 374 / 405 ms
 PR : (142) ms
 P : (114) ms
 RR/PP : 852 / 850 ms
 P/QRS/T : / -85/ 90 degrees
 QTd/QTcBd : 56 / 61 ms
 Sokolow : 1.1 mV
 NK : 10

Interpretation:

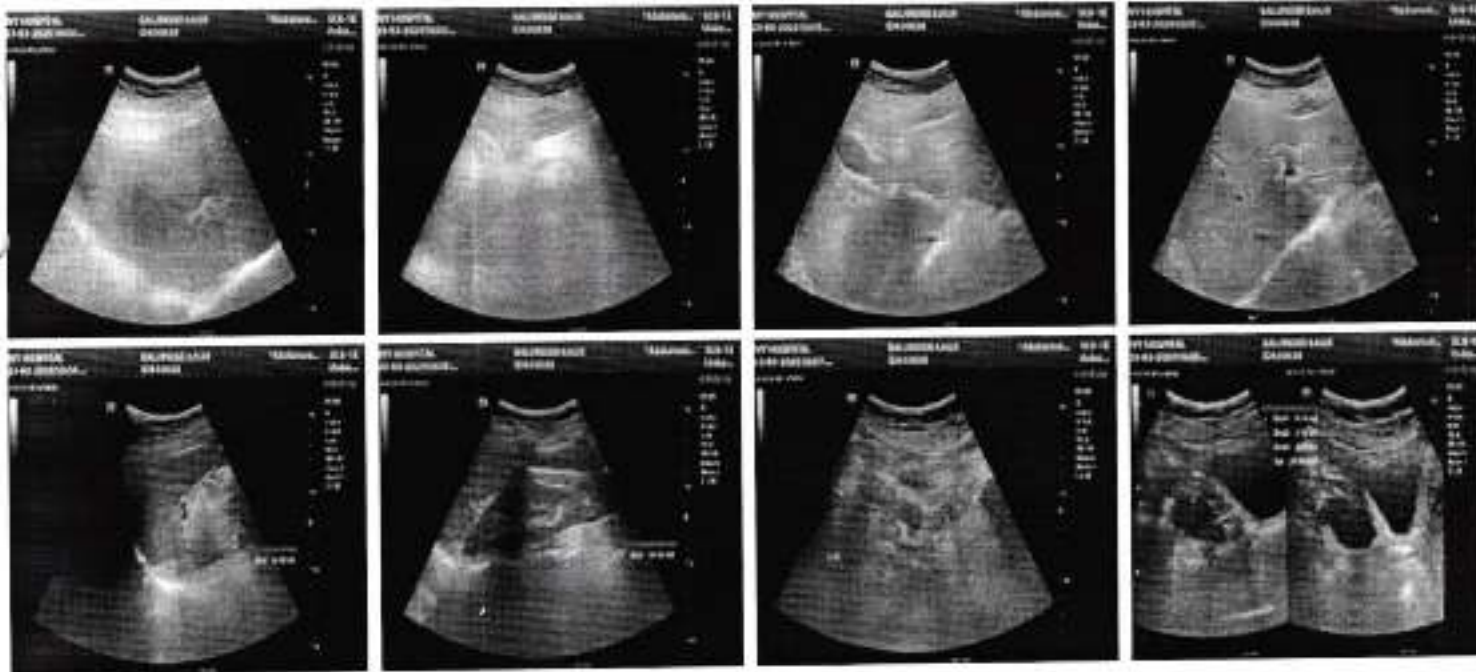
probably MI (inferior)
 left anterior hemiblock
 left axis deviation
 T-wave near baseline (lateral, anterior)
 probably abnormal ECG

Unconfirmed report.



NAME	BALINDER KAUR	SEX/AGE	F52Y
PATIENT ID	ID430838	Accession Number	
REF CONSULTANT	PACKAGE	DATE	23/03/2024 10:01

USG WHOLE ABDOMEN



LIVER: is normal in size (~15.0 cm), outline and shows increased echogenicity. No focal lesion is seen. IHR 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 (~9.6 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 (~10.5cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~10.5 cm), 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 not seen - post op status.

There is e/o well-defined anechoic cystic lesion measuring ~4.7 x 2.6 x 4.5 cm (~ 29cc) seen in the right adnexa. It shows few septations within it. Right ovary is not visualized separately from it. Left ovary is visualized and appears normal.

No free fluid is seen in peritoneal cavity.

OPINION:

Fatty liver (Grade I).

(NOT FOR MEDICO-LEGAL PURPOSE)



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CIN No. : U85110PB2005PTC027898

NAME	BALJINDER KAUR	SEX/AGE	F52Y
PATIENT ID	ID430838	Accession Number	
REF CONSULTANT	PACKAGE	DATE	23/03/2024 10:01

Right adnexal cyst as described above.

Kindly correlate clinically and with other investigations.

Dr. Manish Singla
DNB Resident



DR MEENU BHORIA
MBBS, DMRD, DNB, FVIR

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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IVY HELPLINE : +91 99888-23456



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IVY HOSPITAL

F-317, Industrial Area, Phase 8B,

Mohali, Punjab

Ph: 9115110241, 9115115658

Email: lab@ivyhospital.com



NAME	: MRS. BALJINDER KAUR	Requisition Date	: 23/Mar/2024 09:43AM
DOB/Gender	: 25-Oct-1971/F	Sample Coll Date	: 23/Mar/2024 09:44AM
UHID	: 430838	Sample Rec. Date	: 23/Mar/2024 10:42AM
Inv. No.	: 4150264	Approved Date	: 23/Mar/2024 12:50PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13112955		

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

HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c <small>(Immuno Assay) (HLC) (mg/dl)</small>	5.6	%	Non diabetic 4.0-6.0 Target of therapy <7.0 Change of therapy >8.0
Estimated Average Glucose (eAG) <small>(H. JARVIS)</small>	114	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

*** End Of Report ***





IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

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9115115624

Email: lab@ivyhospital.com

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UHID	: 430838	Sample Rec. Date	: 23/Mar/2024 10:20AM
Inv. No.	: 4150264	Approved Date	: 23/Mar/2024 10:58AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13112955		

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

IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3	2.10	ng/mL	0.970 - 1.60
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T3 (U) (10-100)

Summary & Interpretation:

Thyroid hormone (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs (1). It 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, 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 hypothyroidism and for indicating a diagnosis of thyrotoxicosis periodicus.

Serum Total T4	8.41	µg/dL	6.5 - 13.2
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T4 (U) (10-100)

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 concentrations 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	2.800	mIU/L	0.4001 - 4.049
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TSH (U) (10-100)

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 diagnosis. 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 regulatory 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 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 measured serum TSH concentrations.

2. Normalized test for T3 and T4 is preferred (fraction of free levels) as it is metabolically active.

3. Pseudo-normal test in Total T3 : T4 levels is seen in pregnancy and in patients on steroid therapy.

4. Clinical Use: Primary Hypothyroidism, Hypothyroidism, Hypothalamic - Pituitary hypothyroidism, Inappropriate TSH secretion, Nontyroidal 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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Inv. No.	: 4150264	Approved Date	: 23/Mar/2024 10:58AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13112955		

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

BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting <small>(Fasting 1249)</small>	82	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.

RFI (RENAL FUNCTION TESTS)

Serum Urea <small>(Urea) (CUM) (U450)</small>	20.00	mg/dl	17-43
Serum Creatinine <small>(CATT) (KID) (C) (U450)</small>	0.70	mg/dl	0.51-0.95
Serum Uric acid <small>(URIC) (U440)</small>	4.70	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 ≤ 20

* Tietz (textbook of clinical biochemistry).





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Panel Name	: Ivy Mohali	Referred Doctor	: Self
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Test Description	Observed Value	Unit	Reference Range
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LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total (BIL) (U/L)	0.60	mg/dL	0.3-1.2
Serum Bilirubin Direct (DBIL) (U/L)	0.10	mg/dl	<0.3
Serum Bilirubin Indirect (IBIL) (U/L)	0.50	mg/dl	0.1-1.0
Serum SGOT(AST) (AST) (U/L)	22	U/L	<35
Serum SGPT(ALT) (ALT) (U/L)	20	U/L	<50
Serum AST/ALT Ratio (R) (Ratio)	1.10		
Serum GGT (GGT) (U/L)	14	IU/L	5-32
Serum Alkaline Phosphatase (ALP) (U/L)	128	U/L	30-120
Serum Protein Total (TP) (g/dl)	6.6	gm/dl	6.40 - 8.20
Serum Albumin (ALB) (g/dl)	4.2	g/dL	3.5-5.2
Serum Globulin (GLOB) (g/dl)	2.40	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio (A/G) (Ratio)	1.75	%	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 (CHOL) (mg/dL)	194	mg/dL	Desirable <200 Borderline High 200-239 High > 240
Serum Triglycerides (TRIG) (mg/dL)	175	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol	44	mg/dL	<40 Major risk factor for CHD





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Panel Name :	Ivy Mohali	Referred Doctor :	Self
Bar Code No :	13112955		

Test Description	Observed Value	Unit	Reference Range
<small>(HDL-C) (mg/dL) 499</small> Serum VLDL cholesterol	35	mg/dL	>60 Negative risk factor for CHD 7-35
<small>(LDL-C) (mg/dL)</small> Serum LDL cholesterol	115	mg/dL	50-100
<small>(HDL-C) (mg/dL)</small> Serum Cholesterol:HDL Ratio	4.41		3-5
<small>(LDL-C) (mg/dL)</small> Serum LDL:HDL Ratio	2.61		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 Diagnosed ≥ 20%	<130	<160
0-1 Risk Factor	<160	<190





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DOB/Gender :	25-Oct-1971/F	Sample Coll Date :	23/Mar/2024 10:20 AM
UHID :	450838	Sample Rec. Date :	23/Mar/2024 10:20 AM
Inv. No. :	4150264	Approved Date :	23/Mar/2024 10:58 AM
Panel Name :	Ivy Mohali	Referred Doctor :	Self
Bar Code No. :	15112955		

Test Description	Observed Value	Unit	Reference Range
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CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	20.00	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	1.010		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		
Urine Nitrite	Absent		Absent

Microscopic Examination

Urine Pus Cells	2-4		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	2-3	/hpf	0-5
Urine Casts	Absent	/hpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent





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 EXH/Gender : 25-Oct-1971/F Requisition Date : 23/Mar/2024 09:43AM
 UHID : 430838 Sample Coll Date : 23/Mar/2024 09:44AM
 Inv. No. : 4150264 Sample Rec. Date : 23/Mar/2024 09:44AM
 Panel Name : Ivy Mohali Approved Date : 23/Mar/2024 10:28AM
 Bar Code No : 13112955 Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR <small>(Westergren - 1st hour)</small>	19	mm/h	0-15
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COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin <small>(Hb) (Colorimetric)</small>	12.3	g/dl	12.0 - 15.0
Hematocrit (PCV) <small>(Hct) (Micro)</small>	40.6	%	33-45
Red Blood Cell (RBC) <small>(RBC) (Micro)</small>	4.60	$10^6/\mu\text{l}$	3.8-4.8
Mean Corp Volume (MCV) <small>(MCV) (Micro)</small>	88.5	fL	83-97
Mean Corp HB (MCH) <small>(MCH) (Micro)</small>	26.8	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(MCHC) (Micro)</small>	30.3	gm/dl	32-36
Red Cell Distribution Width -CV <small>(RDW-CV) (Micro)</small>	13.0	%	11-15
Platelet Count <small>(Platelet) (C-Counter/Micro)</small>	250	$10^3/\mu\text{l}$	150-450
Mean Platelet Volume (MPV) <small>(MPV) (C-Counter)</small>	11.6	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(WBC) (C-Counter)</small>	7.5	$10^3/\mu\text{l}$	4.0 - 10.0

Differential Leucocyte Count (WCS/ Microscopy)

Neutrophils	50	%	40-75
Lymphocytes	40	%	20-40
Monocytes	5	%	0-8
Eosinophils	5	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,750	μl	2000-7000
Absolute Lymphocyte Count	3,000	μl	1000-3000
Absolute Monocyte Count	375	μl	200-1000
Absolute Eosinophil Count	375	μl	20-500

The highlighted values should be correlated clinically.





NAME	: MRS. BALJINDER KAUR	Requisition Date	: 23/Mar/2024 09:43AM
DOB/Gender	: 25-Oct-1971/F	Sample Coll Date	: 23/Mar/2024 11:17AM
UHID	: 430838	Sample Rec.Date	: 23/Mar/2024 11:17AM
Inv. No.	: 4150264	Approved Date	: 23/Mar/2024 11:31AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13112955		

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.
- * Before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of maternal antibodies in newborns, may interfere with blood grouping
- * Anti agglutination due to cold antibody (falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

*** End Of Report ***





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Ivy Hospital

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

NAME	BALINDER KAUR	SEX/AGE	F52Y
PATIENT ID	ID430838	Accession Number	XN09789-OPD
REF CONSULTANT	Dr.	DATE	23/03/2024 10:24

X-RAY CHEST (PA VIEW)

- Rotated film.
- Bony structures and soft tissue appear normal.
- Both lung fields show increased bronchovascular markings and reticulations.
- Domes of diaphragm and costophrenic angles appear normal.
- Cardiac shadow is within normal limit.

Please correlate clinically.



Dr GURSIMRAN SINGH ANAND
MD RADIOLOGIST

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)

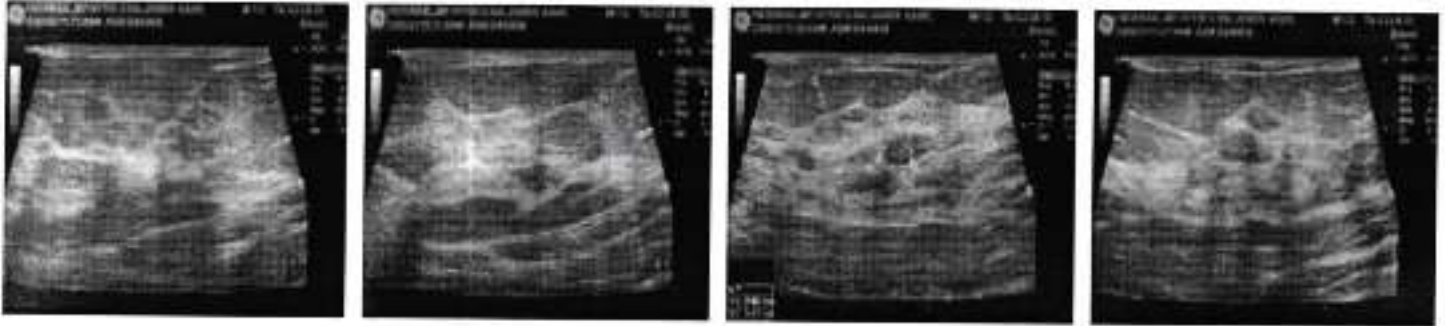
A unit of Ivy Health and Life Sciences (P) Ltd. Website : www.ivyhospital.com, Email: cs@ivyhospital.com Fax: 91-172-2274900
Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.5 Nagar Mohali-160071, Punjab. Ph : +91-172-7170000. Fax: 91-172-5044339

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

IVY HELPLINE : +91 99888-23456

NAME	BALJINDER KAUR	SEX/AGE	F52Y
PATIENT ID	ID430838	Accession Number	
REF CONSULTANT	PACKAGE	DATE	23/03/2024 11:17

SONOGRAPHY OF BOTH BREAST



There is a well defined hypoechoic lesion measuring ~ 9.6 x 4.2 mm at 2 o'clock position in the right breast with no internal vascularity on colour doppler - likely fibroadenoma.

Ill-defined heterogeneity is noted in the left breast in the upper outer quadrant.

Rest of the fibro glandular & fibro fatty breast parenchyma appear normal.

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.

No significant axillary lymphadenopathy is seen.

IMPRESSION:

BIRADS 3 lesion in right breast as described above.

Heterogeneity in the left breast parenchyma in the upper outer quadrant (ADV: x-ray mammogram correlation).

BIRADS ASSESSMENT CATEGORIES

- 1. CATEGORY 1: NEEDS ADDITIONAL IMAGING EVALUATION
- 2. CATEGORY 2: BENIGN
- 3. CATEGORY 3: PROBABLY BENIGN FINDING. SHORT INTERVAL FOLLOW UP SUGGESTED
- 4. CATEGORY 4: SUSPICIOUS ABNORMALITY. BIOPSY SHOULD BE CONSIDERED
- 5. CATEGORY 5: HIGHLY SUSPICIOUS FOR MALIGNANCY. APPROPRIATE ACTION SHOULD BE TAKEN
- 6. CATEGORY 6: KNOWN BIOPSY PROVE MALIGNANCY. ASSURE THAT TREATMENT IS COMPLETED

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NAME	BALINDER KAUR	SEX/AGE	F52Y
PATIENT ID	ID430838	Accession Number	
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DR MEENU BHORIA
MBBS, DMRD, DNB, FVIR

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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