



# 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 2024251071417. 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 2600/-

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

| Name       | Booking date | Beneficiary No | Bill no       | Amount |
|------------|--------------|----------------|---------------|--------|
| NISHA RANI | 14.09.24     | 08153          | 2024251071417 | 2600   |



Authorised Signatory

## FOR OPD / DISCHARGE SUMMARY / BILLING PURPOSE ONLY

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 8078880788**

Fwd: Please note the following health check-up booking summary on 14/9/2024

**Subject:** Fwd: Please note the following health check-up booking summary on 14/9/2024

**From:** Abhishek Singh <abhishek.singh@livasahospitals.in>

**Date:** 14-09-2024, 10:23

**To:** "mainreception@livasahospitals.com" <mainreception@livasahospitals.com>

**X-Mozilla-Status:** 0001

**X-Mozilla-Status2:** 00000000

**Return-Path:** <abhishek.singh@livasahospitals.in>

**Delivered-To:** mainreception@livasahospitals.com

**Received:** from mail.livasahospitals.com (mail.livasahospitals.com [127.0.0.1]) by mail.

**X-Virus-Scanned:** Debian amavisd-new at mail.livasahospitals.com

**Authentication-Results:** mail.livasahospitals.com (amavisd-new); dkim=pass (2048-bit

**Received:** from mail.livasahospitals.com ([127.0.0.1]) by mail.livasahospitals.com (mai

**Received:** from IND01-BMX-obe.outbound.protection.outlook.com (\_gateway [192.16

**ARC-Seal:** i=1; a=rsa-sha256; s=arcselector10001; d=microsoft.com; cv=none; b=MdO3mbz332UPQw4lvqT2sstCUSId/Jd/Y6Adc4g64eLPIIm/rxyKBotUZKC3Kv/u30iN7Rg==

**ARC-Message-Signature:** i=1; a=rsa-sha256; c=relaxed/relaxed; d=microsoft.com; s=arUErcCAA7WR7ZxoAJ8cQ5r6xFFTJLNhRG+Jgl/yfIBqXjwyOjZiRNX/TI4j2u13Pdf5ELMA7O)

**ARC-Authentication-Results:** i=1; mx.microsoft.com 1; spf=pass smtp.mailfrom=livasal

**DKIM-Signature:** v=1; a=rsa-sha256; c=relaxed/relaxed; d=livasahospitals.in; s=selecto+vOtCOUgYs+kIZ+ZR8MmJm4Kq1h2bMRNhjOZL6louCL6RbsF9SbzQ88gNveM41yKnjla/

**Received:** from PN0P287MB2585.INDP287.PROD.OUTLOOK.COM (2603:1096:c01:1fd:

**Received:** from PN0P287MB2585.INDP287.PROD.OUTLOOK.COM ([fe80::e1b1:b9fa:dc

**Thread-Topic:** Please note the following health check-up booking summary on 14/9/20

**Thread-Index:** AQHbBlqBcFmG13Yo1Uq56tuJ6y8kSbJWt0yu

**Message-ID:** <PN0P287MB258575B81346F7E0648F5BCFF6662@PN0P287MB2585.IN

**References:** <PN2PR01MB53767FA30CC7A7BE07390929B4662@PN2PR01MB5376.IN

**In-Reply-To:** <PN2PR01MB53767FA30CC7A7BE07390929B4662@PN2PR01MB5376.IN

**Accept-Language:** en-IN, en-US

**Content-Language:** en-US

**X-MS-Has-Attach:** yes

**authentication-results:** dkim=none (message not signed) header.d=none;dmarc=none

**x-ms-publictraffictype:** Email

**x-ms-traffictypediagnostic:** PN0P287MB2585:EE\_|PN0P287MB0184:EE\_

**x-ms-office365-filtering-correlation-id:** c46f4360-9ba8-4731-d3df-08dcd4792b6d

**x-ms-exchange-senderadcheck:** 1

**x-ms-exchange-antispam-relay:** 0

**x-microsoft-antispam:** BCL:0;ARA:13230040|376014|1800799024|366016|38070700

**x-microsoft-antispam-message-info:** uq3kQ63i7cZNGrYyz99dnHr0kDTzASD/XOF5B2r+

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Fwd: Please note the following health check-up booking summary on 14/9/2024

**x-forefront-antispam-report:** CIP:255.255.255.255;CTRY;;LANG:en;SCL:1;SRV;;IPV:NLI;  
**x-ms-exchange-antispam-messagedata-chunkcount:** 1  
**x-ms-exchange-antispam-messagedata-0:** ASMo9Pd6exuujJNNNoNiS1L5+d00+v+ZU1g0  
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**X-MS-Exchange-CrossTenant-AuthSource:** PN0P287MB2585.INDP287.PROD.OUTLOOK  
**X-MS-Exchange-CrossTenant-Network-Message-Id:** c46f4360-9ba8-4731-d3df-08dcd4  
**X-MS-Exchange-CrossTenant-originalarrivaltime:** 14 Sep 2024 04:53:26.3913 (UTC)  
**X-MS-Exchange-CrossTenant-fromentityheader:** Hosted  
**X-MS-Exchange-CrossTenant-id:** 5a4944a1-7965-440b-966d-7e1f22a2f9c7  
**X-MS-Exchange-CrossTenant-mailboxtype:** HOSTED  
**X-MS-Exchange-CrossTenant-userprincipalname:** o8gGuGUZcB/kLKFFIRi1prnr130asE3l  
**X-MS-Exchange-Transport-CrossTenantHeadersStamped:** PN0P287MB0184

### Get Outlook for Android

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**From:** Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>  
**Sent:** Saturday, September 14, 2024 9:58:05 AM  
**To:** Abhishek Singh <abhishek.singh@livasahospitals.in>; corporatemanagerbd@ivyhospital.com  
<corporatemanagerbd@ivyhospital.com>; healthcheckups mohali  
<healthcheckups.mohali@livasahospitals.in>; manager.bd@ivyhospital.com  
<manager.bd@ivyhospital.com>  
**Cc:** Network : Mediwheel : New Delhi <network@mediwheel.in>; Wellness : Mediwheel : New  
Delhi <wellness@mediwheel.in>  
**Subject:** Please note the following health check-up booking summary on 14/9/2024

dear team

Kindly proceed with health checkups of this clients present at your center for health  
checkups (14<sup>th</sup> Sept'2024) under following package mentioned below.

1. Nisha Rani - Mediwheel Ful body health checkup female below 40 Yr.

Fwd: Please note the following health check-up booking summary on 14/9/2024

Thanks & Regards



**Mediwheel**  
...Your wellness partner

Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030

Ph No. 011-41195959

Email : [customercare@mediwheel.in](mailto:customercare@mediwheel.in); | Web: [www.mediwheel.in](http://www.mediwheel.in)



भारत सरकार  
आधार




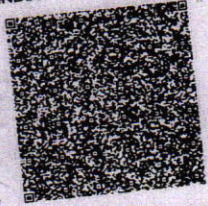
Nisha Rani  
DOB: 04/04/1988  
FEMALE

8210 3812 9264

NERA AADHAAR, MERI PEHCHAN

भारतीय विधि प्रहबान प्राधिकरण  
भारत सरकार  
AADHAAR

Address :  
W/O: Sandeep, Village-Nangal,  
Manheru (113), PO: Manheru, DIST:  
Bhiwani,  
Haryana - 127309



1947 | help@uidai.gov.in | www.uidai.gov.in




देना बैंक  
DENA BANK

A Government of India Enterprise



प. पत्र संख्या /  
I Card No. : 08153  
नाम / Name : SANDEEP KUMAR  
पिता का नाम /  
Father's Name : SATYAVIR SINGH  
भ. नि. क्र. / PF No. : Z - 4923  
रक्त समूह / BG :  
जारी करने की तिथि / Date Of Issue : 30/03/2015

कर्मचारी के हस्ताक्षर  
Signature of Staff

  
जारीकर्ता प्राधिकारी के हस्ताक्षर  
Signature of Issuing Authority





# Ivy Hospital

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



## IVY Hospital Mohali Sector 71, Mohali, Punjab -

### Bill of Supply

|               |   |             |                                   |
|---------------|---|-------------|-----------------------------------|
| GST No        |   | Bill Date   | 14-Sep-2024                       |
| Bill No       | 2024251071417                                       | Reg ID      | 2420665                           |
| Bill To       | MEDI ASSIST INDIA PRIVATE                           | Sex/Age     | Female/36 years, 5 months 17 days |
| TPA           | MEDI ASSIST INDIA PRIVATE                           | Consultant  | DR. Direct                        |
| UHID          | 473286  | Reffered By | Direct                            |
| Name          | MRS. NISHA RANI D/WO                                | GST No.     | 03AABCI4594F1ZQ                   |
| Address       | VILL NANGAL MANHERU 113 PO<br>MANHERU DISTT BHUWANI | Category    | Health Services                   |
| Phone No      | 7696073960  | Policy No.  | 08153                             |
| UTI/Claim/Ref | 08153/  | Pan No      | AABCI4594F                        |

| Sr                    | Date      | Code/Batch | Activity Desc.      | Rate | Qty. | Amount |
|-----------------------|-----------|------------|---------------------|------|------|--------|
| 1                     | 14-Sep-24 |            | OPD Package Charges | 2600 | 1    | 2600   |
|                       |           |            |                     |      |      | 2600   |
| Bill Amount           |           |            |                     |      |      | 2600   |
| Net Amount            |           |            |                     |      |      | 2600   |
| Advance Amount        |           |            |                     |      |      | 0      |
| CSR/Discount          |           |            |                     |      |      | 0      |
| Ward Charges Reversed |           |            |                     |      |      | 0      |
| Receipt Amount        |           |            |                     |      |      | 0      |
| Refund Amount         |           |            |                     |      |      | 0      |
| Payable Amount        |           |            |                     |      |      | 2600   |



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Pap + Cerv

# Ivy Hospital

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Tel: 0172-7170000  
CIN No.: UBS110PB2005PTC027898

Name: Ms. Nisha Rani UHID: 473286  
 Age: 37/2 Consultant: Dr. Apurva Date: 14/09/24  
 BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ RR: \_\_\_\_\_ Temp: \_\_\_\_\_ Pain: \_\_\_\_\_  
 Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_ Allergies: \_\_\_\_\_ Nutritional Assessment: Yes/No  
 Diagnosis / DD: \_\_\_\_\_  
 Complaint: \_\_\_\_\_

**Investigations**  
 LMP - 30/8/2024  
 M<sup>1</sup> - Regular/3-4 days/  
 3 days.  
 P/H - NAD  
 H/H - NAD.  
 O/H - MF x 12 yrs  
 P<sub>3</sub>L<sub>3</sub>, all NVD  
 LCB by back.

**Clinical Notes**  
 No fresh complaint  
 No cl heavy menses / discharge or  
 pain lower abdomen.  
 usg wd → get a fatty liver  
Pls.  
 on Vg/healthy  
 LBC taken

| S.No. | Salt/Generic Name                      | Route | Dose  | Frequency | Duration   | Special Instructions |
|-------|--|-------|-------|-----------|------------|----------------------|
| ①     | No active gynaecological uterus in usg |       |       |           |            |                      |
| ②     | cap Absolut woman                      | oral  | daily |           | → 2 x/moth |                      |
|       |  |       |       |           |            |                      |
|       |  |       |       |           |            |                      |
|       |  |       |       |           |            |                      |

Follow up 2 report LBC

Dr. Apurva Bardhan  
 Consultant - Obs & Gynaecology  
 MBBS, MS (Obst & Gynae)  
 PMC : 5589-7  
 Sign & Stamp  
 Ivy/OPD/Form/005





# Ivy Hospital

SUPER-SPECIALITY HEALTHCARE  
SECTOR 71, MOHALI  
Tel: 0172-7170000  
CIN No.: U65110PB2005PTC027898

Name: Mrs. Nisha Rani UHID: 434419  
 Age: 37/F Consultant: Dr. Jagpal Pandher Date: 14/09/24  
 BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ RR: \_\_\_\_\_ Temp: \_\_\_\_\_ Pain: \_\_\_\_\_  
 Ht: \_\_\_\_\_ Wt: 120/80 Allergies: \_\_\_\_\_ Nutritional Assessment: Yes/No  
 Diagnosis / DD: \_\_\_\_\_  
 Complaint: \_\_\_\_\_

Investigations

Clinical Notes  
 For general health checkup.  
 Investigations  
 grossly normal.  
  
Adv  
 Measurements  
 Reg exercise

Jagpal Pandher  
 Dr. Jagpal Pandher  
 MD (Med), MRCP  
 Senior Consultant in Internal Medicine & Rheumatology  
 Regd No: PMC 35459

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

Follow up

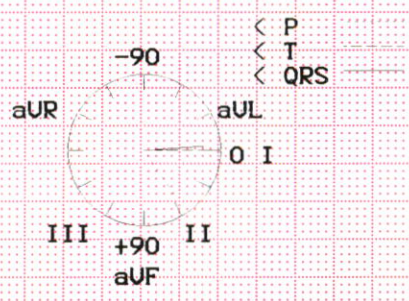
Sign & Stamp  
Ivy/OPD/Form/005



Mrs. Nisha Rani  
UHID ~~Age~~-473286  
~~Age~~-37/F

Measurement Results:

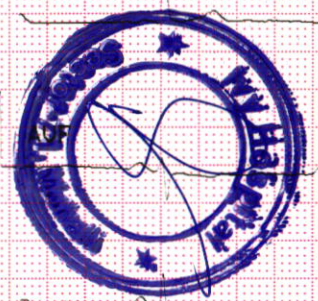
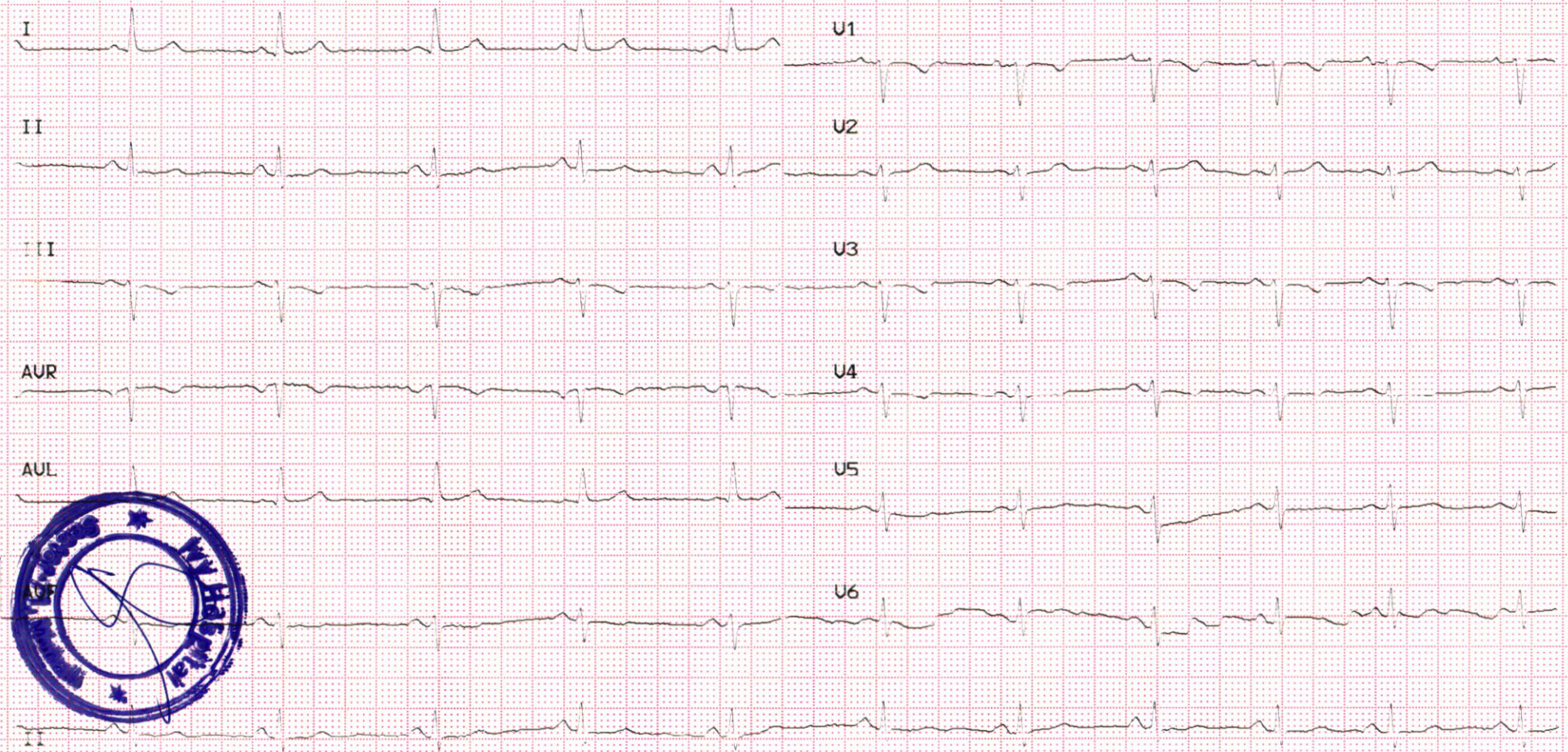
|           |   |                   |
|-----------|---|-------------------|
| QRS       | : | 92 ms             |
| QT/QTcB   | : | 390 / 410 ms      |
| PR        | : | 142 ms            |
| P         | : | 112 ms            |
| RR/PP     | : | 904 / 900 ms      |
| P/QRS/T   | : | 55/ -5/ 0 degrees |
| QTD/QTcBD | : | 48 / 50 ms        |
| Sokolow   | : | 1.0 mV            |
| NK        | : | 9                 |



Interpretation:

- negative T-wave (anterior)
- low QRS amplitudes
- R/S inversion area between U5 and U6
- probably abnormal ECG

Unconfirmed report.

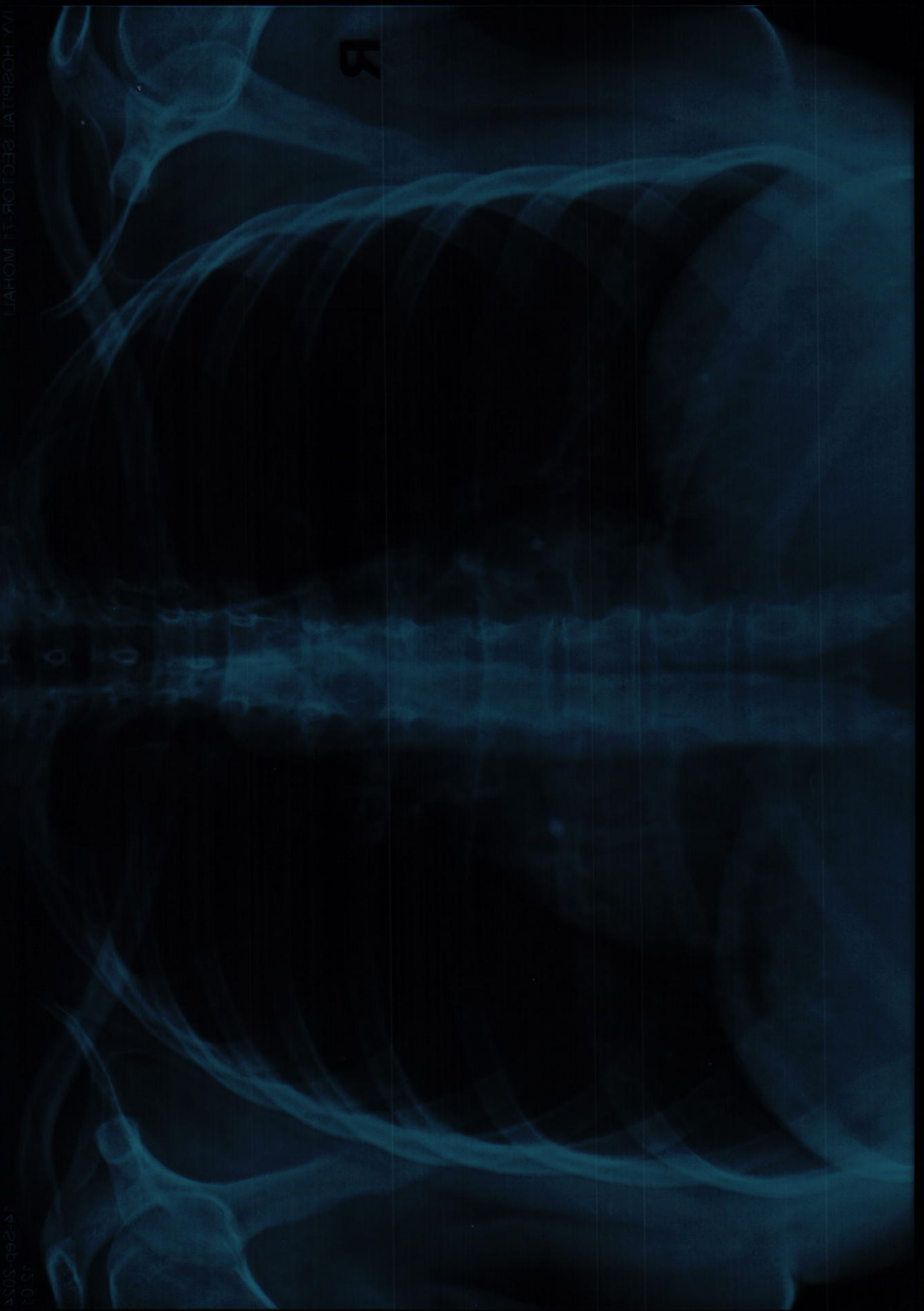




IVY HOSPITAL SECTOR-3, MOHALI

ID# 23586 NISHA RANI F 36 Years XNO 45153 OPD

R



IVY HOSPITAL SECTOR-3, MOHALI

XNO 45153  
45153



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**Tel: 0172-7170000**  
**CIN No. : U85110PB2005PTC027898**

|                |            |                  |                  |
|----------------|------------|------------------|------------------|
| NAME           | NISHA RANI | SEX/AGE          | F36Y             |
| PATIENT ID     | ID473286   | Accession Number | XNO.42123 OPD    |
| REF CONSULTANT | Dr.        | DATE             | 14/09/2024 12:01 |

## X-RAY CHEST (PA VIEW)

Rotation is present.

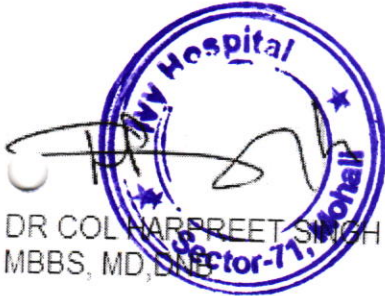
Both lung fields appear clear.

Bilateral hilar regions appear normal.

Domes of diaphragm and costophrenic angles appear normal.

Cardiac shadow is within normal limit.

**Please correlate clinically.**



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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Female / 36

Patient ID  
Test Date :473286  
14 Sep 2024

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Tel: 0172-7170000  
CIN No. : U85110PB2005PTC027898

## CARDIOLOGY DIVISION

### ECHOCARDIOGRAPHY REPORT

| M Mode Parameters             | Patient | Normal     |
|-------------------------------|---------|------------|
| Left Ventricular ED Dimension | 4.3     | 3.7-5.6 CM |
| Left Ventricular ES Dimension | 2.8     | 2.2-4.0 CM |
| IVS (D)                       | 0.9     | 0.6-1.2 CM |
| IVS (s)                       | 1.3     | 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                   | 2.7     | 2.0-3.7 CM |
| LA Diameter                   | 3.1     | 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

**Tricuspid Valve** : Thin, opening well with no prolapse

**Pulmonary Valve** : Thin, Pulmonary Artery not dilated

**Pulse & CW Doppler** : **Mitral valve:** E= 75cm/s, A= 48cm/s, E>A

**Aortic valve:** Vmax = 94cm/s

**Pulmonary valve:** Vmax = 65cm/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

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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)**

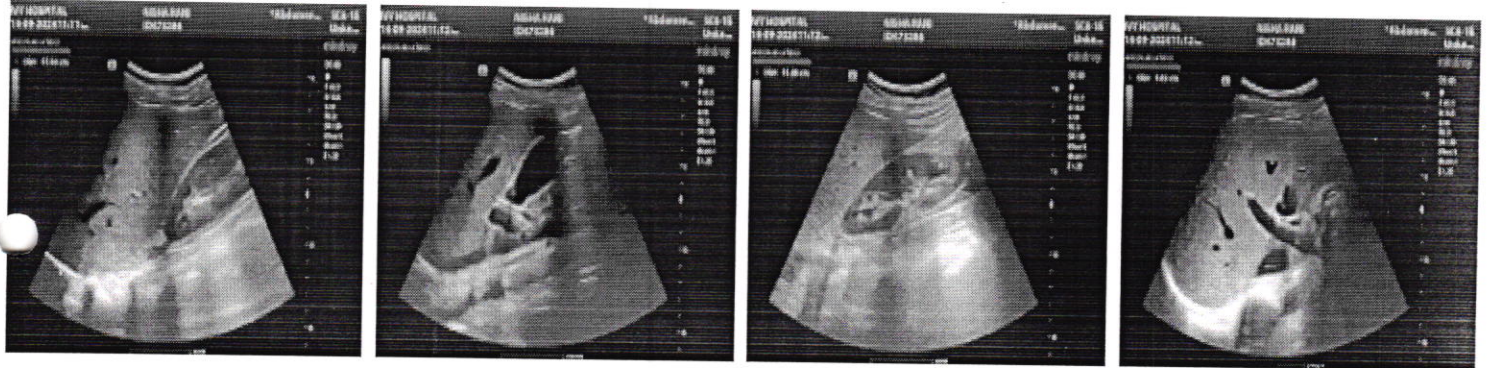
A unit of Ivy Health and Life Sciences (P) Ltd. Website : [www.ivyhospital.com](http://www.ivyhospital.com), Email: [cs@ivyhospital.com](mailto:cs@ivyhospital.com) Fax: 91-172-2274900  
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**IVY HELPLINE : +91 8078880788**

|                |               |                  |                  |
|----------------|---------------|------------------|------------------|
| NAME           | ., NISHA RANI | SEX/AGE          | F37Y             |
| PATIENT ID     | ID473286      | Accession Number |                  |
| REF CONSULTANT | PACKAGE       | DATE             | 14/09/2024 11:11 |

## USG WHOLE ABDOMEN



**LIVER:** is enlarged in size (~15.9 cm), outline and shows increased echogenicity. 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 (~11.2cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

**LEFT KIDNEY:** It is normal in size (~10.7cm), 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.

**UTERUS:** is normal in size, outline and echotexture. ET is 10.6mm.

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

Mild free fluid is seen in the POD.

### **IMPRESSION:**

**Hepatomegaly with fatty liver (Grade I)**

**Adv. Clinical correlation and follow up**


**(NOT FOR MEDICO-LEGAL PURPOSE)**



# Ivy Hospital

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

|                |               |                  |                  |
|----------------|---------------|------------------|------------------|
| NAME           | ,, NISHA RANI | SEX/AGE          | F37Y             |
| PATIENT ID     | ID473286      | Accession Number |                  |
| REF CONSULTANT | PACKAGE       | DATE             | 14/09/2024 11:11 |

  
DR COL HARPREET SINGH  
MBBS, MD, DNB

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](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 8078880788**





# IVY HOSPITAL

F-317, Industrial Area, Phase 8B,

Mohali, Punjab

Ph: 9115110241, 9115115658

Email: lab@ivyhospital.com



|             |                   |                  |                       |
|-------------|-------------------|------------------|-----------------------|
| NAME        | : MRS. NISHA RANI | Requisition Date | : 14/Sep/2024 10:31AM |
| DOB/Gender  | : 04-Apr-1988/F   | Sample Coll Date | : 14/Sep/2024 10:53AM |
| UHID        | : 473286          | Sample Rec. Date | : 14/Sep/2024 12:20PM |
| Inv. No.    | : 4581285         | Approved Date    | : 14/Sep/2024 02:15PM |
| Panel Name  | : Ivy Mohali      | Referred Doctor  | : Self                |
| Bar Code No | : 13264432        |                  |                       |

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

## BIOCHEMISTRY

### GLUCOSE PP

|   |    |       |   |
|---|----|-------|---|
| Plasma Glucose Post Prandial<br><small>(VITROS 5600 /Colorimetric - Glucose oxidase/ hydrogen peroxide)</small> | 84 | mg/dL | Normal <140<br>Impaired Tolerance 140--180<br>Diabetic >180 |
|---|----|-------|---|

## HAEMATOLOGY

### Glycosylated HB (HbA1c)

|  |     |       |  |
|--|-----|-------|--|
| Whole Blood HbA1c<br><small>(HPLC)</small>                     | 4.9 | %     | Non diabetic:4.0-5.7<br>Pre-diabetes:5.7-6.4<br>Diabetes:>=6.5 |
| Estimated Average Glucose (eAG)<br><small>(Calculated)</small> | 94  | 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 \*\*\*





|             |                   |                  |                       |
|-------------|-------------------|------------------|-----------------------|
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|------------------|----------------|------|-----------------|

### IMMUNOASSAY

#### TOTAL THYROID PROFILE

|  |      |       |              |
|--|------|-------|--------------|
| <b>Serum Total T3</b><br><small>(CLIA/Vitros 5600)</small> | 1.20 | 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 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><br><small>(CLIA/Vitros 5600)</small> | 7.50 | µg/dL | 5.52 – 12.97 |
|--|------|-------|--------------|

#### 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><br><small>(CLIA/Vitros 5600- TSH 3rd generation)</small> | 2.700 | mIU/L | 0.4001 - 4.049 (mIU/L) |
|---|-------|-------|------------------------|

#### PREGNANCY REFERENCE RANGE

FOR TSH IN uIU/mL

1st Trimester 0.1298 – 3.120

2nd Trimester 0.2749 – 2.652

3rd Trimester 0.3127 – 2.947

#### 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: Geetika 40845







|             |                   |                  |                       |
|-------------|-------------------|------------------|-----------------------|
| NAME        | : MRS. NISHA RANI |                  |                       |
| DOB/Gender  | : 04-Apr-1988/F   | Requisition Date | : 14/Sep/2024 10:31AM |
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| Bar Code No | : 13264432        | Referred Doctor  | : Self                |

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

**BIOCHEMISTRY**

**GLUCOSE FASTING**

Primary Sample Type: Fluoride Plasma

|   |    |       |  |
|---|----|-------|--|
| Plasma Glucose Fasting<br><small>(VITROS 5600 /Colorimetric - Glucose oxidase, hydrogen peroxide)</small> | 88 | mg/dL | Normal 70-99 mg/dl<br>Impaired Tolerance 100 - 125mg/dl<br>Diabetic ≥126 mg/dl |
|---|----|-------|--|

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<br><small>(VITROS 5600 /Colorimetric - Urease, UV)</small>        | 28.00 | mg/dL | 15-36.3 mg/dl    |
| Serum Creatinine<br><small>(VITROS 5600 /Two-point rate - Enzymatic)</small> | 0.70  | mg/dL | 0.52--1.04 mg/dl |
| Serum Uric acid<br><small>(VITROS 5600 /Colorimetric - Urease)</small>       | 4.70  | mg/dL | 2.5--6.2 mg/dl   |

**Interpretation:**

Renal function tests are used to detect and diagnose diseases of the Kidney.

The highlighted values should be correlated clinically

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|             |                   |                  |                       |
|-------------|-------------------|------------------|-----------------------|
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| Inv. No.    | : 4581285         | Approved Date    | : 14/Sep/2024 12:09PM |
| Panel Name  | : Ivy Mohali      | Referred Doctor  | : Self                |
| Bar Code No | : 13264432        |                  |                       |

| Test Description   | Observed Value | Unit  | Reference Range                                |
|--|----------------|-------|--|
| <b>LIVER FUNCTION TEST WITH GGT</b>  |                |       |  |
| Serum Bilirubin Total<br><small>(VITROS 5600 /Colorimetric - Diphyliline, Diazonium salt)</small>      | 0.40           | mg/dL | 0.2-1.3 mg/dl                                  |
| Serum Bilirubin Direct<br><small>(VITROS 5600 /Colorimetric - Direct measure)</small>                  | 0.13           | mg/dL | Adult 0.0-1.1 mg/dl<br>Neonate 0.6--10.5 mg/dl |
| Serum Bilirubin Indirect<br><small>(VITROS 5600 /Colorimetric - Direct measure)</small>                | 0.27           | mg/dL | Adult 0.0-0.3 mg/dl<br>Neonate 0.0-0.6 mg/dl   |
| Serum SGOT(AST)<br><small>(VITROS 5600 /UV with PSP)</small>   | 21             | U/L   | 14-36U/L                                       |
| Serum SGPT(ALT)<br><small>(VITROS 5600 /Multi-point rate - UV with PSP)</small>                        | 19             | U/L   | 9-52U/L  |
| Serum AST/ALT Ratio<br><small>(Calculated)</small>   | 1.11           |       |  |
| Serum GGT<br><small>(VITROS 5600 /Multi-point rate - G-glutamyl-p-nitroanilide)</small>                | 13             | U/L   | 15-73  |
| Serum Alkaline Phosphatase<br><small>(VITROS 5600 /Multi-point rate - PMPP, AMP Buffer (37°C))</small> | 49             | U/L   | 38--126U/L                                     |
| Serum Protein Total<br><small>(VITROS 5600 /Colorimetric - Biuret, no serum blank, end point)</small>  | 7.6            | g/dl  | 6.3--8.2g/dl                                   |
| Serum Albumin<br><small>(VITROS 5600 /Colorimetric - Bromocresol Green)</small>                        | 4.4            | g/dl  | 3.5--5.0g/dl                                   |
| Serum Globulin<br><small>(Calculated)</small>  | 3.20           | mg/dL | 2.0-3.5  |
| Serum Albumin/Globulin Ratio<br><small>(Calculated)</small>  | 1.38           | %     | 1.0 - 1.8                                      |

### Interpretation:

Liver 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<br><small>(VITROS 5600 /Colorimetric - Cholesterol oxidase, esterase, peroxidase)</small> | 143 | mg/dL | Desirable <200mg/dl<br>Boredrline High 200-239mg/dl<br>High ≥240mg/dl                           |
| Serum Triglycerides<br><small>(VITROS 5600 /Colorimetric - Enzymatic, end point)</small>                    | 74  | mg/dL | Normal < 150mg/dl<br>Boredrline High 150--199mg/dl<br>High 200-499mg/dl<br>Very High ≥500 mg/dl |



The highlighted values should be correlated clinically

Result Entered By:Geetika 40845





|             |                   |                  |                       |
|-------------|-------------------|------------------|-----------------------|
| NAME        | : MRS. NISHA RANI |                  |                       |
| DOB/Gender  | : 04-Apr-1988/F   | Requisition Date | : 14/Sep/2024 10:31AM |
| UHID        | : 473286          | SampleCollDate   | : 14/Sep/2024 10:53AM |
| Inv. No.    | : 4581285         | Sample Rec.Date  | : 14/Sep/2024 10:53AM |
| Panel Name  | : Ivy Mohali      | Approved Date    | : 14/Sep/2024 12:09PM |
| Bar Code No | : 13264432        | Referred Doctor  | : Self                |

| Test Description  | Observed Value | Unit  | Reference Range                              |
|---|----------------|-------|--|
| Serum HDL Cholesterol<br><small>(VITROS 5600 /Colorimetric - Direct measure, PTA/MgCl2)</small> | 59             | mg/dL | Low to Average <40 mg/dl<br>High ≥ 60.0mg/dl |
| Serum VLDL cholesterol<br><small>(Calculated)</small>   | 15             | mg/dL | 7-35   |
| Serum LDL cholesterol<br><small>(Calculated)</small>  | 69             | mg/dL | 50-100                                       |
| Serum Cholesterol-HDL Ratio<br><small>(Calculated)</small>                                      | 2.42           |       | 3-5  |
| Serum LDL-HDL Ratio<br><small>(Calculated)</small>  | 1.17           |       | 1.5 - 3.5                                    |

**Interpretation:**

As per ATP III Guidelines - National Cholesterol Education Program

|  |  |
|--|--|
| Total Cholesterol (mg/dL)                    | Desirable <200<br>Borderline High 200 – 239<br>High >240   |
| Triglyceride                                 | Normal < 150<br>Borderline High 150 – 199<br>High 200 – 499<br>Very High ≥ 500   |
| HDL – Cholesterol                            | Low < 40<br>High ≥ 60  |
| LDL- Cholesterol – Primary Target of Therapy | Optimal < 100<br>Near optimal/ Above optimal 100 – 129<br>Borderline high 130 – 159<br>High 160 – 189<br>Very high ≥ 190 |

| Risk Category LDL   | Goal (mg/dL) | Non-HDL Goal (mg/dL) |
|---|--------------|----------------------|
| CHD and CHD Risk Equivalent<br>(10-year risk for CHD>20%) | <100         | <130                 |
| Multiple (2+) Risk Factors and<br>10-year risk <20%       | <130         | <160                 |
| 0-1 Risk Factor   | <160         | <190                 |

The highlighted values should be correlated clinically

Result Entered By:Geetika 40845







|             |                   |                  |                       |
|-------------|-------------------|------------------|-----------------------|
| NAME        | : MRS. NISHA RANI |                  |                       |
| DOB/Gender  | : 04-Apr-1988/F   | Requisition Date | : 14/Sep/2024 10:31AM |
| UHID        | : 473286          | Sample Coll Date | : 14/Sep/2024 11:04AM |
| Inv. No.    | : 4581285         | Sample Rec. Date | : 14/Sep/2024 11:04AM |
| Panel Name  | : Ivy Mohali      | Approved Date    | : 14/Sep/2024 01:00PM |
| Bar Code No | : 13264432        | Referred Doctor  | : Self                |

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

**CLINICAL PATHOLOGY**

**COMPLETE URINE EXAMINATION**

Physical Examination

|                  |               |    |              |
|------------------|---------------|----|--------------|
| Urine Volume     | 20.00         | 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                               | 1.010  |  | 1.010-1.030 |
| Urine Glucose  | Absent |  | Absent      |
| Urine Protein<br><small>(Protein Ionization)</small> | Absent |  | NIL         |
| Urine Ketones  | Absent |  | Absent      |
| Urine Bilirubin                                      | Absent |  | Absent      |
| Urine for Urobilinogen                               | Absent |  |             |
| Urine Nitrite  | Absent |  | Absent      |

Microscopic Examination

|                        |        |      |        |
|------------------------|--------|------|--------|
| Urine Pus Cells        | 10-12  |      | 0-5    |
| Urine RBC              | Absent | /hpf | Absent |
| Urine Epithelial Cells | 7-8    | /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 |







# LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115624

Email: pathreports@ivyhospital.in



|             |                   |                  |                       |
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| NAME        | : MRS. NISHA RANI | Requisition Date | : 14/Sep/2024 10:31AM |
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| Inv. No.    | : 4581285         | Approved Date    | : 14/Sep/2024 12:14PM |
| Panel Name  | : Ivy Mohali      | Referred Doctor  | : Self                |
| Bar Code No | : 13264432        |                  |                       |

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

## HAEMATOLOGY

### BLOOD GROUP RH TYPE

#### ABO & RH Typing

##### Forward Grouping

|                   |            |
|-------------------|------------|
| Anti A            | NEGATIVE   |
| Anti B            | POSITIVE   |
| Anti D            | POSITIVE   |
| 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.

Ivy Hospital



The highlighted values should be correlated clinically

Result Entered By:Geetika 40845





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Sector 71, Mohali, Punjab, 160071

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|             |                   |                  |                       |
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| NAME        | : MRS. NISHA RANI | Requisition Date | : 14/Sep/2024 10:31AM |
| DOB/Gender  | : 04-Apr-1988/F   | SampleCollDate   | : 14/Sep/2024 10:53AM |
| UHID        | : 473286          | Sample Rec.Date  | : 14/Sep/2024 10:53AM |
| Inv. No.    | : 4581285         | Approved Date    | : 14/Sep/2024 12:13PM |
| Panel Name  | : Ivy Mohali      | Referred Doctor  | : Self                |
| Bar Code No | : 13264432        |                  |                       |

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

## HAEMATOLOGY

### ESR

Primary Sample Type: EDTA Blood

|     |    |      |      |
|-----|----|------|------|
| ESR | 10 | mm/h | 0-15 |
|-----|----|------|------|

(Automated ESR analyser)



The highlighted values should be correlated clinically

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|             |                   |                  |                       |
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| Bar Code No | : 13264432        |                  |                       |

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

**HAEMATOLOGY**

**COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)**

|  |             |                      |             |
|--|-------------|----------------------|-------------|
| Haemoglobin<br><small>(Noncyanmethaemoglobin)</small>                  | 12.3        | g/dl                 | 12.0 - 15.0 |
| Hematocrit(PCV)<br><small>(Calculated)</small>                         | 38.6        | %                    | 33-45       |
| Red Blood Cell (RBC)<br><small>(Impedence/DC Detection)</small>        | 4.20        | 10 <sup>6</sup> / μl | 3.8-4.8     |
| Mean Corp Volume (MCV)<br><small>(Impedence/DC Detection)</small>      | 92.3        | fL                   | 83-97       |
| Mean Corp HB (MCH)<br><small>(Calculated)</small>                      | 29.4        | pg/mL                | 27-31       |
| Mean Corp HB Conc (MCHC)<br><small>(Calculated)</small>                | <b>31.9</b> | gm/dl                | 32-36       |
| Red Cell Distribution Width -CV<br><small>(Calculated)</small>         | 13.2        | %                    | 11-15       |
| Platelet Count<br><small>(Impedence/DC Detection/Microscopy)</small>   | 243         | 10 <sup>3</sup> /ul  | 150-450     |
| Mean Platelet Volume (MPV)<br><small>(Impedence/DC Detection)</small>  | <b>10.5</b> | fL                   | 7.5-10.3    |
| Total Leucocyte Count (TLC)<br><small>(Impedence/DC Detection)</small> | 5.7         | 10 <sup>3</sup> / μl | 4.0 - 10.0  |

**Differential Leucocyte Count (VCS/Microscopy)**

|                           |       |    |           |
|---------------------------|-------|----|-----------|
| Neutrophils               | 53    | %  | 40-75     |
| Lymphocytes               | 36    | %  | 20-40     |
| Monocytes                 | 7     | %  | 0-8       |
| Eosinophils               | 4     | %  | 0-4       |
| Basophils                 | 0     | %  | 0-1       |
| Absolute Neutrophil Count | 3,021 | μl | 2000-7000 |
| Absolute Lymphocyte Count | 2,052 | uL | 1000-3000 |
| Absolute Monocyte Count   | 399   | uL | 200-1000  |
| Absolute Eosinophil Count | 228   | μl | 20-500    |

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



The highlighted values should be correlated clinically

Result Entered By:Geetika 40845

