



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 Babita
30y IF

13/3/23

6/24
V.M.
(U.A) 6/12P.

no general check-up.

no deep ans

pupil - N.A.R.

ALS - WNL

fundus ↑ / Disc + Macula-⊙
(U.A)

IOP 16

Adv: Refractive lens old 7ms 000

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Mrs. Babita

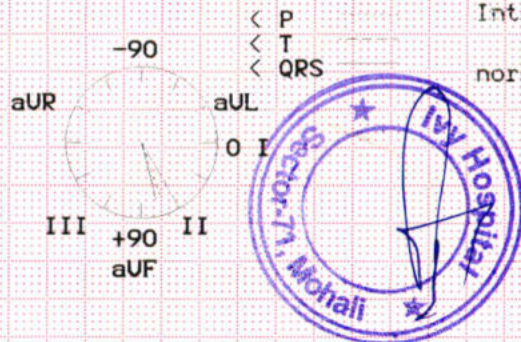
Age - 30y/f

Measurement Results:

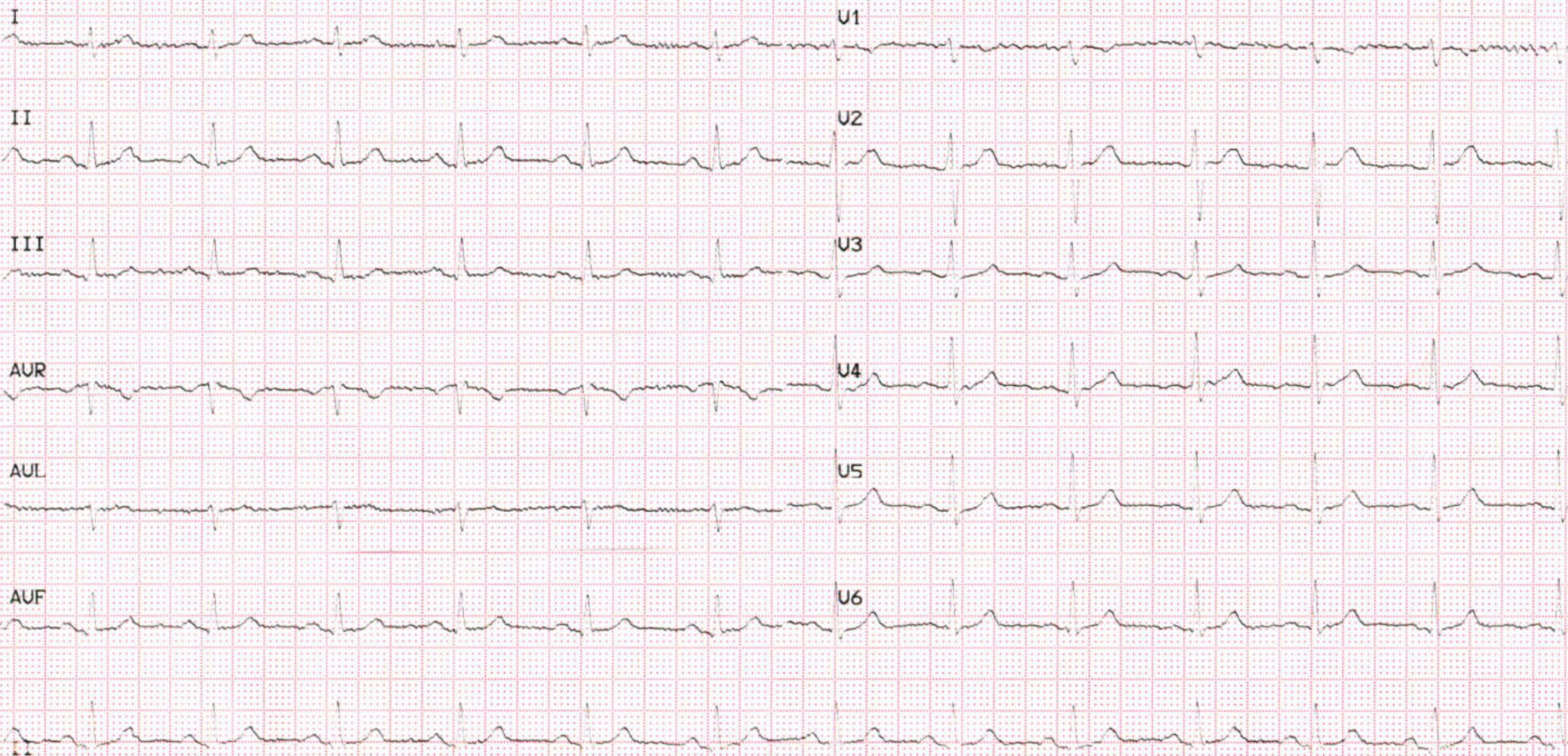
QRS	:	102 ms
QT/QTcB	:	368 / 418 ms
PR	:	162 ms
P	:	116 ms
RR/PP	:	774 / 800 ms
P/QRS/T	:	70/ 75/ 60 degrees
QTD/QTcBD	:	50 / 57 ms
Sokolow	:	1.1 mU
NK	:	11

Interpretation:

normal ECG



Unconfirmed report.





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Patient Name BABITA RANI Patient ID 345376
 Gender/Age Female / 30 Test Date : 13 Mar 2023

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.9	3.7-5.6 CM
Left Ventricular ES Dimension	3.7	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)	1.1	0.6-1.1 CM
LVPW (S)	1.2	0.8-1.0 CM
Aortic Root	2.3	2.0-3.7 CM
LA Diameter	3.1	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	55-60%	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= 98cm/s, A= 76cm/s

Aortic valve: Vmax = 109cm/s

Pulmonary valve: Vmax = 78cm/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)

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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Remarks -

FINAL IMPRESSION -

Normal study



DR. (Major) Bhavesh Talera
Internal Medicine

(NOT FOR MEDICO-LEGAL PURPOSE)

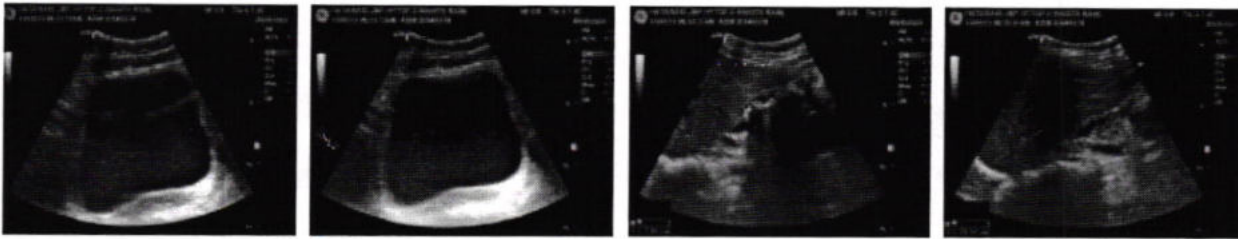
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NAME	BABITA RANI	SEX/AGE	F30Y
PATIENT ID	ID345376	Accession Number	
REF CONSULTANT	PACKAGE	DATE	13/03/2023 09:15

USG WHOLE ABDOMEN



LIVER: is normal in size (~15.3 cm), outline and echotexture. No focal lesion is seen. IHBR are not dilated. Portal vein is normal. CBD is not dilated.

GALL BLADDER: is minimally distended and lumen is filled with **multiple bright echogenic foci** are seen casting PAS, largest of size 12.3mm. GB wall is normal. **Features suggestive of cholelithiasis.**

SPLEEN: is normal in size (~10.2 cm), outline and echotexture. No focal lesion is seen.

PANCREAS & UPPER RETROPERITONEUM:

A well defined anechoic cystic lesion with no obvious internal contents or vascularity of size ~1.0cm is seen in pancreatic head region - ? simple cyst.

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 (~11.0 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculus is seen. **Mild PCS fullness likely due to overdistended bladder.**

LEFT KIDNEY: It is normal in size (~11.9.2cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculus is seen. **Mild PCS fullness likely due to overdistended bladder.**

U-BLADDER: is over-distended at the time of examination with normal wall thickness. No e/o calculus / mass seen.

UTERUS: is normal in size (~6.7 x 5.0 x 3.0 cm), outline and echotexture. ET is ~8.3 mm. No discrete focal lesion is seen.

OVARIES:

RO~2.8 x 1.7cm

LO~ 2.5 x 2.0cm

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

No free fluid is seen in peritoneal cavity.

IMPRESSION:

Cholelithiasis

Well defined anechoic cystic lesion in pancreatic head region as described- ? simple cyst.

Adv: Clinical/CA 19-9 correlation and followup/further evaluation with Triphasic CT (pancreatic protocol if indicated).


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PATIENT ID	ID345376	Accession Number	
REF CONSULTANT	PACKAGE	DATE	13/03/2023 09:15


DR K S Randhawa
MD Radiodiagnosis

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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IVY HOSPITAL SEC 21 MOHALI

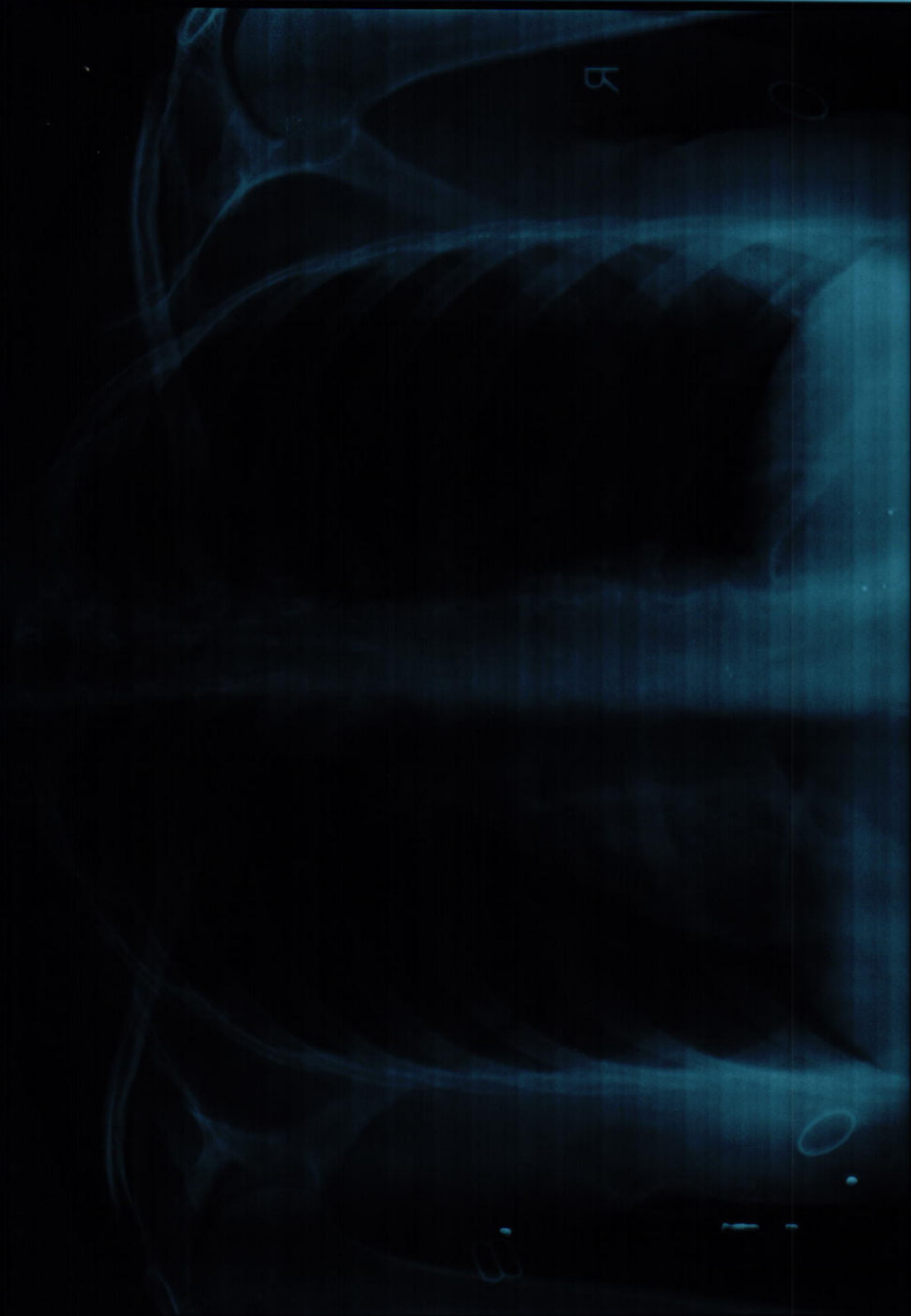
XIN3334-012

Chest PA

ID342826

12/09/2005 08:38:48

BABITA RANI Female (30 Years)





NAME	: MRS. BABITA RANI	Requisition Date	: 13/Mar/2023 09:03AM
DOB/Gender	: 02-Jul-1993/F	Sample CollDate	: 13/Mar/2023 09:10AM
UHID	: 345376	Sample Rec.Date	: 13/Mar/2023 09:10AM
Inv. No.	: 3207733	Approved Date	: 13/Mar/2023 11:17AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12704452		

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 <small>(CLIA/Vitros 3600)</small>	1.30	ng/mL	0.970 – 1.69
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Summary & Interpretation:

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It occurs under the influence of 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 <small>(CLIA/Vitros 3600)</small>	7.39	µg/dL	5.53 – 11.0
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Summary & Interpretation:

The hormone thyroxine (T4) is the main product secreted by the thyroid gland. The major part of total thyroxine (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken in to account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

Serum TSH <small>(CLIA/Vitros 3600)</small>	2.200	mIU/L	0.4001 – 4.049
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Summary & Interpretation

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The determination of TSH serves as the initial test in thyroid diagnostics. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
4. Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic - Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 – 3.70
2nd Trimester	0.31 – 4.35
3rd Trimester	0.41 – 5.18

The highlighted values should be correlated clinically





NAME	: MRS. BABITA RANI	Requisition Date	: 13/Mar/2023 09:03AM
DOB/Gender	: 02-Jul-1993/F	Sample CollDate	: 13/Mar/2023 09:10AM
UHID	: 345376	Sample Rec.Date	: 13/Mar/2023 12:20PM
Inv. No.	: 3207733	Approved Date	: 13/Mar/2023 02:29PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12704452		

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c <small>(Bio-mate Affinity HPLC/Trinity)</small>	5.3	%	Non diabetic:4.0-6.0 Target of therapy:<7.0 Change of therapy:>8.0
Estimated Average Glucose (eAG) <small>(Calculated)</small>	105	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





NAME	: MRS. BABITA RANI	Requisition Date	: 13/Mar/2023 09:03AM
DOB/Gender	: 02-Jul-1993/F	SampleCollDate	: 13/Mar/2023 09:50AM
UHID	: 345376	Sample Rec.Date	: 13/Mar/2023 09:50AM
Inv. No.	: 3207733	Approved Date	: 13/Mar/2023 10:11AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12704452		

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	Negative
Anti AB	Negative
Anti D	POSITIVE
Reverse Grouping A Cells	POSITIVE
Reverse Grouping B Cells	POSITIVE
Reverse Grouping O Cells	Negative
Final Blood Group	O 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.



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UHID	: 345376	Sample Rec.Date	: 13/Mar/2023 09:10AM
Inv. No.	: 3207733	Approved Date	: 13/Mar/2023 10:41AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
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Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting <small>(Hexokinase/ AU480)</small>	89	mg/dL	< 106 Normal 107 - 125 Impaired Tolerance >126 Diabetic
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RFT (RENAL FUNCTION TESTS)

Serum Urea <small>(Urease GLDH/AU480)</small>	18.00	mg/dl	17-43
Serum Creatinine <small>(JAF/E KINETIC/ AU480)</small>	0.70	mg/dl	0.51-0.95
Serum Uric acid <small>(Uricase/AU480)</small>	4.30	mg/dl	2.6- 6.0

LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total <small>(DP) AU 480</small>	0.80	mg/dL	0.3-1.2
Serum Bilirubin Direct <small>(DP) AU 480</small>	0.20	mg/dl	<0.3
Serum Bilirubin Indirect <small>(Calculated)</small>	0.60	mg/dl	0.1-1.0
Serum SGOT(AST) <small>(IFCC Without PSP/ AU 480)</small>	20	U/L	<35
Serum SGPT(ALT) <small>(IFCC Without PSP/ AU 480)</small>	12	U/L	<50
Serum AST/ALT Ratio <small>(Calculated)</small>	1.67		
Serum GGT <small>(IFCC/AU 480)</small>	15	IU/L	5-32
Serum Alkaline Phosphatase <small>(IFCC PNPAMP Kinetic/AU 480)</small>	83	U/L	30-120
Serum Protein Total <small>(Biuret)</small>	7.2	gm/dl	6.40 - 8.20
Serum Albumin <small>(BCG/AU 480)</small>	4.0	g/dL	3.5-5.2
Serum Globulin <small>(Calculated)</small>	3.20	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio <small>(Calculated)</small>	1.25	%	1.0 - 1.8

The highlighted values should be correlated clinically



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Test Description	Observed Value	Unit	Reference Range
LIPID PROFILE			
Serum Cholesterol <small>(CHO-POD/AU 480)</small>	157	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides <small>(Lipase GPO-PAP/ AU480)</small>	60	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol <small>(Immunoenzymatic/AU 480)</small>	62	mg/dL	<40 Major risk factor for CHD >60 Negative risk factor for CHD
Serum VLDL cholesterol <small>(Calculated)</small>	12	mg/dL	7-35
Serum LDL cholesterol <small>(Calculated)</small>	83	mg/dL	50-100
Serum Cholesterol-HDL Ratio <small>(Calculated)</small>	2.53		3-5
Serum LDL-HDL Ratio <small>(Calculated)</small>	1.34		1.5 - 3.5



The highlighted values should be correlated clinically



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CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	45.00	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	1.005		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein <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	2-3		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	1-2	/hpf	0-5
Urine Casts	Absent	/lpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Cocci seen	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent

HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR <small>(Automated ESR analyser)</small>	27	mm/h	0-15
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Test Description	Observed Value	Unit	Reference Range
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COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin <small>(Non-cyanmethaemoglobin)</small>	11.5	g/dl	12.0 - 15.0
Hematocrit(PCV) <small>(Calculated)</small>	37.0	%	33-45
Red Blood Cell (RBC) <small>(Impedence/DC Detection)</small>	4.40	10 ⁶ / μl	3.8-4.8
Mean Corp Volume (MCV) <small>(Impedence/DC Detection)</small>	85.1	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	26.4	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	31.1	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	15.6	%	11-15
Platelet Count <small>(Impedence/DC Detection/Microscopy)</small>	172	10 ³ /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedence/DC Detection)</small>	12.1	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedence/DC Detection)</small>	6.6	10 ³ / μl	4.0 - 10.0
Differential Leucocyte Count (VCS/ Microscopy)			
Neutrophils	65	%	40-75
Lymphocytes	27	%	20-40
Monocytes	5	%	0-8
Eosinophils	3	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	4,290	μl	2000-7000
Absolute Lymphocyte Count	1,782	uL	1000-3000
Absolute Monocyte Count	330	uL	200-1000
Absolute Eosinophil Count	198	μl	20-500

*** End Of Report ***



The highlighted values should be correlated clinically