

भारत सरकार  
Government of India

भारत

Issue Date: 21/06/2013



Kumar Gaurav  
DOB: 15/01/1983  
Male



5782 6256 0866

मेरा आधार, मेरी पहचान

*Kumar*



# Department of Preventive and Occupational Health

## TEST REPORT

UHID: IH/618846/23

Patient Name : **Mr. Kumar Gaurav** Mobile No : **8709583732**  
 ID No , Age : IH/618846/23 , 40 Yr M Address : Mohali  
 Booking No. : 378082 Doc No. : 3052 Sample Receiving Date & Time : 09/12/2023 5:20:00PM  
 Date # SNo : 09-12-2023 # 126  
 Referred by : HOSPITAL CHARGES

Category : **Avesfemi Healthcare Pvt. Limited (Medivheel)**

Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
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### HAEMATOLOGY

Specimen:EDTA Whole Blood

#### COMPLETE BLOOD COUNTS

09/12/2023 18:37

#### COMPLETE BLOOD COUNTS

HAEMOGLOBIN (HB) : 15.7 gm/dl 13.0 - 18.0 09/12/2023 18:37

TOTAL LEUCOCYTE COUNT (TLC) : 9380 /cmm 4000 - 11000 09/12/2023 18:37

#### DIFFERENTIAL LEUCOCYTE COUNT

09/12/2023 18:37

NEUTROPHILS : 69.0 % 45 - 75 09/12/2023 18:37

LYMPHOCYTES : 25.1 % 20 - 45 09/12/2023 18:37

EOSINOPHILS : 1.8 % 00 - 06 09/12/2023 18:37

MONOCYTES : 4.1 % 02 - 10 09/12/2023 18:37

BASOPHILS : 00 % 00 - 01 09/12/2023 18:37

R B C (Red Blood Cells) : 5.50 Millions/cmm 3.8 - 6.0 09/12/2023 18:37

PLATELET COUNT : 1.58 Lakh/cmm 1.50 - 4.5 09/12/2023 18:37

P.C.V / HAEMATOCRIT : 47.1 % 38 - 54 09/12/2023 18:37

M C V : 85.6 cubic micron 83 - 101 09/12/2023 18:37

M C H : 28.6 picogram 27 - 32 09/12/2023 18:37

M C H C : 33.4 % 32 - 38 09/12/2023 18:37

R D W : 12.2 % 10.0 - 15.0 09/12/2023 18:37

BLOOD GROUP ABO : "O" Specimen:EDTA Whole Blood 09/12/2023 18:37

BLOOD GROUP "RH" : Positive 09/12/2023 18:37

ERYTHROCYTE SEDIMENTATION RATE : 08 mm 0 - 10 09/12/2023 18:37

### LIPID PROFILE

Specimen:SERUM

### INDUS HOSPITAL

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*Pavithra*

Dr Pavithra H  
MD (PATHOLOG)



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 Category : Arcofemi Healthcare Pvt. Limited (Mediwheel)

Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
<b>TOTAL CHOLESTEROL</b> CHOD-PAP	: 199	mg/dL	< - 200	09/12/2023 18:37	
<b>TRIGLYCERIDES</b> GPO-METHOD	: 156.5	mg %	< - 161	09/12/2023 18:37	
<b>H D L CHOLESTEROL</b> PEGME	: 44.9	mg /dl	35.3 - 79.5	09/12/2023 18:37	
<b>L D L CHOLESTEROL</b> Calculated	: 122.8	mg %	74 - 130	09/12/2023 18:37	
<b>V L D L</b> Calculated	: 31.3	mg %	10 - 32	09/12/2023 18:37	
<b>TOTAL CHO / HDL RATIO</b> Calculated	: 4.4		0.00 - 4.97	09/12/2023 18:37	
<b>LDL / HDL CHOLESTEROL RATIO</b> Calculated	: 2.7		0.00 - 3.55	09/12/2023 18:37	

### INTERPRETATION:

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12hrs., alcohol intake, diabetes mellitus, and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mg/dl are associated with increased risk of CHD regardless of HDL & LDL values.

HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.

### BIOCHEMISTRY

BLOOD GLUCOSE - PP : **289.7** mg/dl 70 - 140  
 GOD-POD Specimen: FLORIDE PP 09/12/2023 18:37

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<b>Specimen:SERUM</b>					
<b>TOTAL BILIRUBIN</b> Diazo method	: 0.37	mg/dl	0.0 - 2.0	09/12/2023 18:37	
<b>CONJUGATED (D. Bilirubin)</b> Diazo method	: 0.20	mg/dl	0.0 - 0.40	09/12/2023 18:37	
<b>UNCONJUGATED (I.D. Bilirubin)</b> Calculated	: 0.17	mg %	0.00 - 1.00	09/12/2023 18:37	
<b>AST / SGOT</b> IFCC ,	: 14.3	U/L	0.00 - 35.0	09/12/2023 18:37	
<b>ALT/SGPT</b> IFCC ,	: 43.2	U/L	0 - 45.0	09/12/2023 18:37	
<b>ALKALINE PHOSPHATASE</b> (SERUM, AMP)	: <b>131</b>	U/L	53 - 128	09/12/2023 18:37	
<b>TOTAL PROTEIN</b> Biuret, End point	: 6.43	g/dl	6.4 - 8.3	09/12/2023 18:37	
<b>SERUM ALBUMIN</b> BCG METHOD	: 4.38	g/dl	3.5 - 5.20	09/12/2023 18:37	
<b>GLOBULIN</b> Calculated	: 2.05	g/dl	2.0 - 3.5	09/12/2023 18:37	
<b>A/G RATIO</b>	: 2.1			09/12/2023 18:37	

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### RENAL FUNCTION TEST

Specimen: SERUM

BLOOD UREA (UREASE -GLDH)	: 23.2	mg /dl	15 - 45	09/12/2023 18:37
Serum Creatinine Enzymatic - KINETIC METHOD	: 0.76	mg /dl	0.7 - 1.3	09/12/2023 18:37
SERUM URIC ACID URICASE-POP	: 3.7	mg/dl	3.5 - 7.2	09/12/2023 18:37

### BIOCHEMISTRY

Specimen: Fluoride Fasting

BLOOD GLUCOSE - FASTING GOD-POD	: 270.6	mg /dl	70 - 110	09/12/2023 18:37
BLOOD UREA NITROGEN (BUN) ERBA EM-200	: 9.6	mg/dl	5.0 - 20.0	09/12/2023 18:37
URINE SUGAR FASTING	: Present (++)			09/12/2023 18:37
URINE SUGAR PP	: sample not received			09/12/2023 18:37

### CLINICAL PATHOLOGY

#### URINE ANALYSIS

Specimen:

PHYSICAL EXAMINATION				09/12/2023 18:37
COLOUR	: PALE YELLOW			09/12/2023 18:37
APPEARANCE	: S.turbid			09/12/2023 18:37
SPECIFIC GRAVITY	: 1.010		1.005 - 1.030	09/12/2023 18:37
CHEMICAL EXAMINATION				09/12/2023 18:37
REACTION	: 6.0		5.0 - 8.0	09/12/2023 18:37
PROTEIN	: NIL			09/12/2023 18:37

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Department of

Preventive and Occupational Health

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Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
SUGAR	: (++)			09/12/2023 18:37	
BILIRUBIN	: NIL			09/12/2023 18:37	
UROBILINOGEN	: NIL			09/12/2023 18:37	
KETONE BODIES/ACETONE	: NIL			09/12/2023 18:37	
MICROSCOPIC EXAMINATION				09/12/2023 18:38	
PUS CELLS	: 2-4	/HPF		09/12/2023 18:38	
EPITHELIAL CELLS	: 2-3	/HPF		09/12/2023 18:38	
RBC	: NIL	/HPF	NIL	09/12/2023 18:38	
CRYSTALS	: NIL		NIL	09/12/2023 18:38	
CASTS	: NIL		NIL	09/12/2023 18:38	
AMORPHOUS DEPOSIT	: NIL		NIL	09/12/2023 18:38	

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 Booking No. : 378082 Doc No. : 3052  
 Date # SNo : 09-12-2023 # 126  
 Mobile No : 8709583732  
 Address : Mohali  
 Sample Receiving Date & Time : 09/12/2023 5:20:00PM

Referred by : **HOSPITAL CHARGES**  
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Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
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### SENDOUT ITH

Specimen: **STOOL**

09/12/2023 18:38

#### OTHERS

sample not received

### ENDOCRINOLOGY

Specimen: **EDTA Whole Blood**

GLYCOSYLATED Hb	: >12.0	%		09/12/2023 18:38
Estimated Average Glucose (eAG)	: 297.7	mg/dL		09/12/2023 18:38
Calculated				

#### Comments:-

Haemoglobin A1c (HbA1c) correlates with a time weighted average of plasma glucose values over the previous 3 to 10 weeks. The measurement of HbA1c is therefore a reflection of glucose control over a far longer period than a blood glucose value and it remains unaffected by the short term fluctuation in blood sugar levels.

#### EXPECTED VALUES:

Non Diabetic	4.5% - 5.9%
Good control	5.9% - 6.8%
Fair control	6.8% - 7.6%
Poor control	7.6% and above

#### \*\*End of Report\*\*

For Home Blood Collection Services Call 01762-512600 or 8437721021.

Timings for Home Care Department : 06:00 - 18:00 hours.

The results are released by technical staff under the supervision of authorised person

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**Dr Pavithra H**  
MD (PATHOLOG)



# Department of Preventive and Occupational Health

## TEST REPORT

UHID: IH/618846/23

**Patient Name** : Mr. Kumar Gaurav  
**ID No , Age** : IH/618846/23 , 40 Yr M  
**Booking No.** : 378062  
**Date # SNo** : 09-12-2023 # 126  
**Referred by** : HOSPITAL CHARGES  
**Category** : Arcofem Healthcare Pvt. Limited (Mediwheel)

**Mobile No** : 8709583732  
**Address** : Mohali  
**Sample Receiving Date & Time** : 09/12/2023 5:20:00PM  
**Doc No. :** 3052

Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
<b>IMMUNO CHEMISTRY</b>					
<b>Specimen:PLAIN</b>					
PROSTATE SPECIFIC ANTIGEN	: 1.216	ng/mL	0.0 - 4.0	11/12/2023 16:59	
PROSTATE SPECIFIC ANTIGEN	: 1.216	ng/mL	0.0 - 4.0	11/12/2023 16:59	

**REFERENCE RANGE:-**  
 NEGATIVE : < 4.0 ng/ml  
 POSITIVE : > 4.0 ng/ml

**Clinical Significance:-**

Prostate-specific antigen (PSA), also known as gamma-seminoprotein or kallikrein-3, is a (pro)enzyme encoded in humans by the KLK3 gene. PSA is produced in the epithelial cells of the prostate, and can be demonstrated in biopsy samples or other histological specimens using immunohistochemistry. Disruption of this epithelium, for example in inflammation or benign prostatic hyperplasia, may lead to some diffusion of the antigen into the lumen. This may suggest the presence of prostate cancer. However, prostate cancer can also be present in the complete absence of an elevated PSA level, in which case the test result would be a false negative. PSA levels can be also increased by prostatitis, infection, benign prostatic hyperplasia (BPH), and recent ejaculation, producing a false positive result. Digital rectal examination (DRE) has been shown in several studies to produce an increase in PSA.

**\*\*End of Report\*\***

For Home Blood Collection Services Call 01762-512600 or 8437721021.

Timings for Home Care Department : 06:00 - 18:00 hours.

The results are released by technical staff under the supervision of authorized person.



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**Dr Pavithra I**  
MD (PATHOLO





# Department of Preventive and Occupational Health

## TEST REPORT

UHID:

Patient Name : **Mr. Gourav** Mobile No : **9999999999**  
 Age : **40 Yr M** Address : **Mohali**  
 Booking No. : **27689** Doc No. : **20** Sample Receiving Date & Time : **09/12/2023 3:49:00PM**  
 Date # SNo : **09-12-2023 # 110**  
 Referred by : **DR. INDUS**  
 Category : **Indus Hospital Phase 3B2**

Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
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### HORMONE ASSAYS

Specimen:SERUM

<b>T3, Total Tri Iodothyronine</b> (CLIA)	: 125.1	ng/dL	69 - 215	09/12/2023 17:58	
<b>T4, Total Thyroxine</b> (CLIA)	: 9.34	ug/dl	5.2 - 12.7	09/12/2023 17:58	
<b>TSH Ultrasensitive</b> CLIA	: 3.00	uIU/ML	0.3 - 4.5	09/12/2023 17:58	

#### Interpretation:

1 An abnormal TSH result should be followed by additional tests to investigate the cause of increase or decrease.

2 Many medications like aspirin and thyroid replacement therapy may affect the thyroid gland function results.

3 Extreme stress and acute illness may affect TSH results. Results may be low in first trimester of pregnancy.

4 The following table summarises test results and their potential meaning:

TSH	T4	T3	Interpretation
High	Normal	Normal	Mild (subclinical) hypothyroidism.
High	Low	Low or Normal	Hypothyroidism.
Low	Normal	Normal	Mild (subclinical) hypothyroidism.
Low	High or Normal	High or Normal	Hyperthyroidism.
Low	Low or Normal	Low or Normal	Non-thyroidal illness; rare pituitary (secondary) hypothyroidism.

\*\*\*End of Report\*\*

The results are released by technical staff under the supervision of authorised person

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**Dr. Anurit Jak**  
Pathology  
MD, Pathology



# Department of INDUS HEALTHCARE Preventive and Occupational Health

Name : KUMAR GAURAV	Pat ID : IH/618846/23
Age : 040Y	Sex : M
Modality : DX	Date : 11/12/2023
Time : 14:07:25	Radiologist : DR. SOFIA BANSAL
Ref. Doctor : SELF	Imaging Center : INDUS SCAN LAB

## CHEST X-RAY PA VIEW

Lung fields are normal.

Trachea is central.

Both CP angles are normal.

Both hila are unremarkable.

Cardiac size appears normal.

Both domes are normally placed with normal contours.

Chest cage is within normal limit.

*Correlate clinically and with other relevant investigations.*

DR. SOFIA BANSAL  
MD RADIO-DIAGNOSIS  
CONSULTANT RADIOLOGIST

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Name : MR KUMAR GAURAV 40/M	Pat ID : 283751SU6-23-12-09-7
Age : 40	Sex : F
Modality : US	Date : 09/12/2023
Time : 10:37:39	Radiologist : DR. SOFIA BANSAL
Ref. Doctor : SELF MEDICAL	Imaging Center : indus scan lab mohali

### ULTRASOUND WHOLE ABDOMEN

**LIVER:** is normal in size and echogenicity. The surface appears normal. No evidence of IHBRD or space occupying lesion.

**GALL BLADDER:** is normal in size, shape and position. No evidence of intra-luminal echogenic density within the lumen of gall bladder. No wall thickening.

**CBD:** is normal in caliber to the extent visualized.

**PANCREAS:** normal in size, shape and echotexture. MPD not dilated. No focal lesion / collection.

**SPLEEN:** normal in size with normal echogenicity. No focal lesion.

**KIDNEYS:** Both kidneys normal in size, shape & position on either side. Echogenicity is normal with maintained corticomedullary differentiation. No calculus or cyst. The pelvicalyceal system is normal.

**URINARY BLADDER:** is distended with normal outline. No focal lesion or calculus.

**PROSTATE:** is normal in size, shape, position and echo texture. No focal lesion.

**LYMPH NODES:** No significant intra-abdominal or retroperitoneal lymph nodes.

**FREE FLUID:** No evidence of free fluid is shown in peritoneal cavity.

#### IMPRESSION:

- **No abnormality detected.**

Please correlate clinically and with other relevant investigation.



DR. SOFIA BANSAL  
MD RADIO-DIAGNOSIS  
CONSULTANT RADIOLOGIST



PATIENT NAME: KUMAR GAURAV , AGE :40/M  
REFERRED BY : DR. SELF  
SCAN.TIME: 11:30 AM

UHID : 618846  
DATE : 09.12.2023  
REP. TIME: 11:45 AM

### HIGH RESOLUTION HARMONIC ECHOCARDIOGRAPHY

#### M - MODE PARAMETERS

(Based On Guidelines Of American Society Of Echocardiography)

(NORMAL VALUES)

Left Ventricular ED Dimension	4.2cm (3.7-5.6cm)
Left Ventricular ES Dimension	3.5cm (2.2-4.0cm)
Inter Vent. septum thickness (D)	0.9cm (0.6-1.1cm)
LV posterior wall thickness (D)	0.9cm (0.6-1.1cm)
Aortic root diameter	2.9cm (2.0-3.7cm)
Left atrial diameter	3.6cm (1.9-4.0cm)

#### INDICES OF LV SYSTOLIC FUNCTIONS

(NORMAL VALUES)

Ejection Fraction	60% (54-76%)
Fractional shortening	30% (25-46%)

#### MITRAL VALVE

Thin, Posterior mitral leaflet moves posteriorly during diastole, no subvalvular pathology, no calcification, no anterior mitral leaflet flutter, no B- bump, no prolapse, EPSS < 0.5 cm, no mitral annular calcification, no systolic anterior motion.

#### TRICUSPID VALVE

Thin, opening well, no prolapse.

#### AORTIC VALVE

Thin, Trileaflet, opens fully, central closure, no systolic flutter.

#### PULMONARY VALVE

Thin, opens well, Normal 'ef' slope, Normal 'a' wave, no midsystolic notch. Pulmonary Artery not dilated.

#### LEFT VENTRICLE

No LV hypertrophy, no regional wall motion abnormality

### MY Hospital, Super Speciality Care

(A UNIT OF CHANDIGARH HEALTHCARE PVT. LTD.; CIN No.: U85100CH12011PTC033072)  
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Office : Phone: 0172-5240000 | Email : mychpl.com | Web : www.mychpl.com  
Regd. Office : SCF 270, Motor Market, Marsa Devi Road, Mani Majra, Chandigarh - 160 101



### PULSE & CONTINUOUS WAVE DOPPLER

No mitral regurgitation.  
No aortic regurgitation.  
No tricuspid regurgitation.  
No pulmonary regurgitation.  
Mitral diastolic flow shows E wave (0.74m/sec) larger than A wave (0.54 m/sec).  
This is suggestive of diastolic filling abnormality  
Aortic forward velocity 1.0m/sec.  
Pulmonary forward velocity 1.1m/sec.

### COLOUR FLOW IMAGING

No mitral regurgitation.  
No aortic regurgitation.  
No tricuspid regurgitation.  
No pulmonary regurgitation.

### COMMENTS

No LA, LAA, LV CLOT seen.  
No vegetat ion on any valve.  
No intra cardiac mass.  
No pericardial effusion.  
IAS IVS intact.

### IMPRESSION :-

**Findings suggestive of--**

*Normal chamber dimensions*  
*Normal valvular echoes*  
*No significant regurgitation*  
*Normal LV systolic function*  
*No RWMA*  
*LVEF 60%*  
*No clot/PE/vegetation*



**Dr. Karandeep Singh Syal**  
MD, PGDDRM (UK),  
PGDC (UK) DM AFSCAI  
Consultant Cardiologist

*Impression is not the diagnosis but reports of the investigation, hence should be correlated clinically. Interpretation of Echocardiography is based on images acquired by the equipment and therefore has technical limitations as well as inaccuracies inherent in the laboratory & statistical analysis of biological processes.*

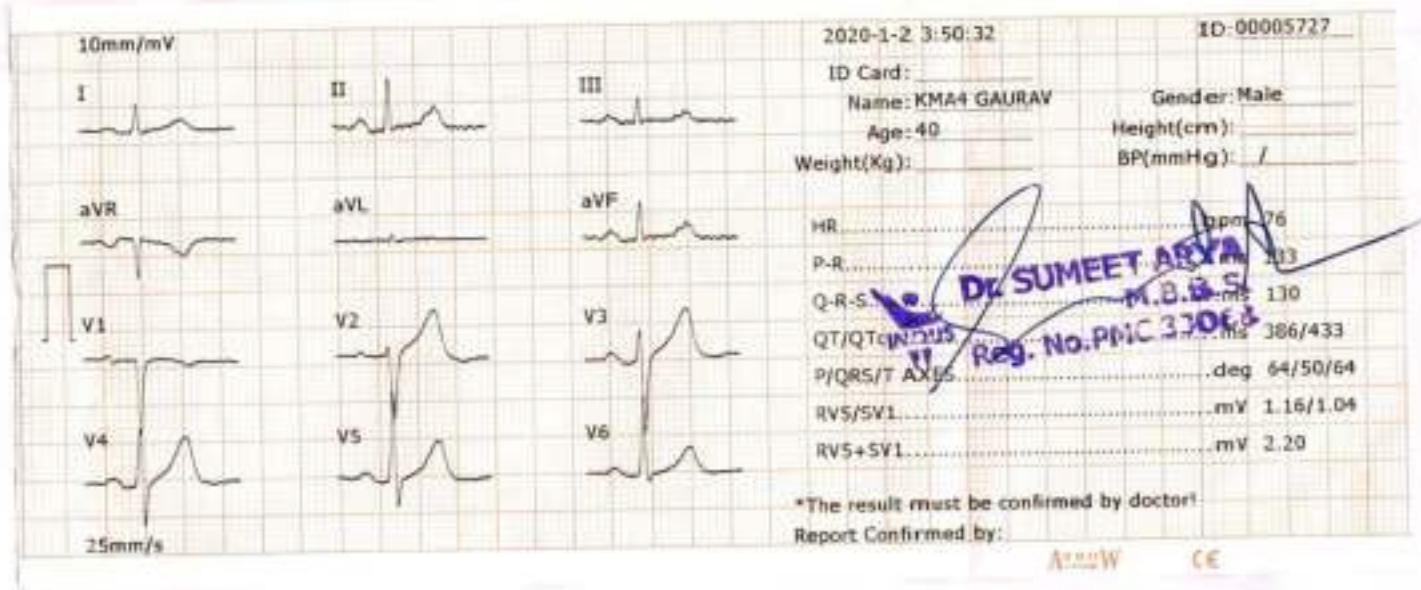
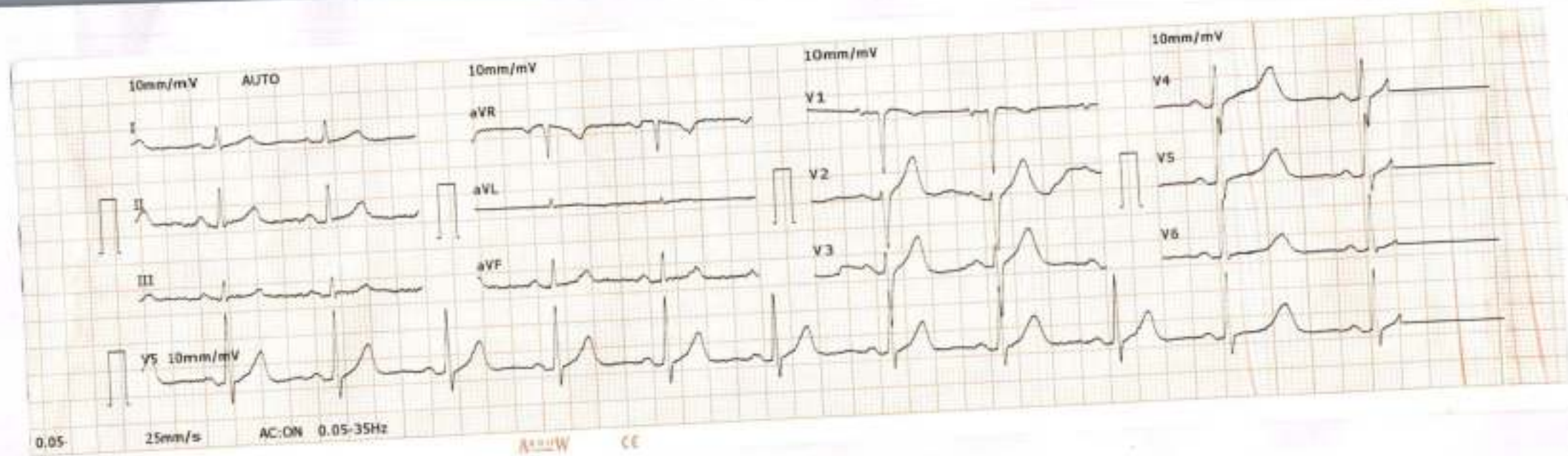
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Regd. Office : SCF 270, Motor Market, Mansa Devi Road, Mani Majra, Chandigarh - 160 101



**DR. SUMEET ARYA**  
 M.B.B.S.  
 Reg. No. P.M.C. 33063



भारत सरकार

7710/2014

Kumari Shilpi  
DOB : 26/01/1988  
Female

आधार पहचान का प्रमाण है, नागरिकता का नहीं।  
Aadhaar is a proof of identity, not of citizenship.

7236 4962 3657

मेरा आधार, मेरी पहचान

*Kumari Shilpi*





# Department of Preventive and Occupational Health

## TEST REPORT

UHID: IH/618847/23

Patient Name : **Mrs. Kumari Shilpi** Mobile No : **8709583732**  
ID No , Age : IH/618847/23 , 35 Yr F Address : Mohali  
Booking No. : 378083 Doc No. : 3053 Sample Receiving Date & Time : 09/12/2023 5:23:00PM  
Date # SNo : **09-12-2023 # 127**  
Referred by : HOSPITAL CHARGES  
Category : Arcofemi Healthcare Pvt. Limited (Mediwheel)

Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
TOTAL CHOLESTEROL CHOD-PAP	: 174	mg/dL	< - 200	09/12/2023 18:26	
TRIGLYCERIDES GPO-METHOD	: 159.3	mg %	< - 161	09/12/2023 18:26	
H D L CHOLESTEROL PEGME	: 52.1	mg /dl	42.0 - 88.0	09/12/2023 18:26	
L D L CHOLESTEROL Calculated	: 90	mg %	74 - 130	09/12/2023 18:26	
V L D L Calculated	: 31.9	mg %	10 - 32	09/12/2023 18:26	
TOTAL CHO / HDL RATIO Calculated	: 3.3		0.00 - 4.97	09/12/2023 18:26	
LDL / HDL CHOLESTEROL RATIO Calculated	: 1.7		0.00 - 3.55	09/12/2023 18:26	

### INTERPRETATION:

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12hrs., alcohol intake, diabetes melitus, and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mg/dl are associated with increased risk of CHD regardless of HDL & LDL values.

HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL - cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.

### BIOCHEMISTRY

BLOOD GLUCOSE - PP GOD-POD	: 124.9	mg/dl	70 - 140	Specimen: FLORIDE PP 09/12/2023 18:26
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write to us [homecare@indushealthcare.in](mailto:homecare@indushealthcare.in) | Landline No.: 0172 4222014  
24x7 Indus Information Centre +91 1762 512666

*Pavithra*

Dr Pavithra  
MD (PATHO)



# Department of Preventive and Occupational Health

## TEST REPORT

UHID: IH/618847/23

Patient Name : **Mrs. Kumari Shilpi**  
ID No., Age : IH/618847/23, 35 Yr F  
Booking No. : 378083

Mobile No : **8709583732**  
Address : Mohali

Doc No. : 3053

Sample Receiving Date & Time : 09/12/2023 5:23:00PM

Date # SNo : 09-12-2023 # 127  
Referred by : HOSPITAL CHARGES

Category : Arcofemi Healthcare Pvt. Limited (Mediwheel)

Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
<b>Specimen:SERUM</b>					
<b>TOTAL BILIRUBIN</b> Diazo method	: 0.28	mg/dl	0.0 - 2.0	09/12/2023 18:26	
<b>CONJUGATED (D. Bilirubin)</b> Diazo method	: 0.19	mg /dl	0.0 - 0.40	09/12/2023 18:26	
<b>UNCONJUGATED (I.D. Bilirubin)</b> Calculated	: 0.09	mg %	0.00 - 1.00	09/12/2023 18:26	
<b>AST / SGOT</b> IFCC,	: 24.3	U/L	0.00 - 35.0	09/12/2023 18:26	
<b>ALT/SGPT</b> IFCC,	: 30.2	U/L	0 - 45.0	09/12/2023 18:26	
<b>ALKALINE PHOSPHATASE</b> (SERUM, AMP)	: 106	U/L	42 - 98	09/12/2023 18:26	
<b>TOTAL PROTEIN</b> Buret, End point	: 6.49	g/dl	6.4 - 8.3	09/12/2023 18:26	
<b>SERUM ALBUMIN</b> BCG METHOD	: 4.23	g/dl	3.5 - 5.20	09/12/2023 18:26	
<b>GLOBULIN</b> Calculated	: 2.26	g/dl	2.0 - 3.5	09/12/2023 18:26	
<b>A/G RATIO</b>	: 1.9			09/12/2023 18:26	

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*Pavithra*

**Dr Pavithra H**  
MD (PATHOLOG)



# Department of Preventive and Occupational Health

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Category : Arcofemi Healthcare Pvt. Limited (Mediwheel)

Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
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### RENAL FUNCTION TEST

Specimen:SERUM

BLOOD UREA (UREASE-GLDH)	: 18.6	mg /dl	15 - 45	09/12/2023 18:26	
Serum, Creatinine Enzymatic - KINETIC METHOD	: 0.60	mg /dl	0.6 - 1.30	09/12/2023 18:26	
SERUM URIC ACID URICASE-POP	: 4.3	mg/dl	2.6 - 6.0	09/12/2023 18:26	

### BIOCHEMISTRY

Specimen:Fluoride Fasting

BLOOD GLUCOSE - FASTING GOD-POD	: 89.8	mg /dl	70 - 110	09/12/2023 18:26	
BLOOD UREA NITROGEN (BUN) ERBA EM-200	: 7.7	mg/dl	5.0 - 20.0	09/12/2023 18:26	
URINE SUGAR FASTING	: sample not received			09/12/2023 18:26	
URINE SUGAR PP	: sample not received			09/12/2023 18:26	

### CLINICAL PATHOLOGY

#### URINE ANALYSIS

Specimen:

OTHERS : 09/12/2023 18:27  
sample not received

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Dr Pavithra H  
MD (PATHOLOG



Department of

## Preventive and Occupational Health

### TEST REPORT

UHID: IH/618847/23

Patient Name : **Mrs. Kumari Shilpi** Mobile No : **8709583732**  
ID No , Age : IH/618847/23 , 35 Yr F Address : Mohali  
Booking No. : 378083 Doc No. : 3053 Sample Receiving Date & Time : 09/12/2023 5:23:00PM  
Date # SNo : 09-12-2023 # 127  
Referred by : HOSPITAL CHARGES  
Category : Arcofemi Healthcare Pvt. Limited (Mediwheel)

Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
PAP SMEAR	: sample not received			09/12/2023 18:27	Specimen:PAP

### SENDOUT ITH

#### OTHERS

sample not received

Specimen:STOOL

09/12/2023 18:19

### ENDOCRINOLOGY

Investigation	Value	Units	Ref. Value	Report Date & Time	Specimen
GLYCOSYLATED Hb	: 5.4	%		09/12/2023 18:26	EDTA Whole Blood
Estimated Average Glucose (eAG) Calculated	: 108.3	mg/dL		09/12/2023 18:26	

#### Comments -

Haemoglobin A1c (HbA1c) correlates with a time weighted average of plasma glucose values over the previous 3 to 10 weeks. The measurement of HbA1c is therefore a reflection of glucose control over a far longer period than a blood glucose value and it remains unaffected by the short term fluctuation in blood sugar levels.

#### EXPECTED VALUES:

Non Diabetic	4.5% - 5.9%
Good control	5.9% - 6.8%
Fair control	6.8% - 7.6%
Poor control	7.6% and above

#### \*\*End of Report\*\*

For Home Blood Collection Services Call 01762-512600 or 8437721021.

Timings for Home Care Department : 06:00 - 18:00 hours.

The results are released by technical staff under the supervision of authorised person

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Dr Pavithra H  
MD (PATHOLOG)



# Department of

# Preventive and Occupational Health

### TEST REPORT

UHID:

Patient Name : **Mrs. Shilpi** Mobile No : **9999999999**  
 Age : **35 Yr F** Address : **Mohali**  
 Booking No. : **27690** Doc No. : **21** Sample Receiving Date & Time : **09/12/2023 3:50:00PM**  
 Date # SNo : **09-12-2023 # 111**  
 Referred by : **DR. INDUS**  
 Category : **Indus Hospital Phase 3B2**

Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
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#### HORMONE ASSAYS

Specimen:SERUM

T3, Total Tri Iodothyronine (CLIA)	: 126.7	ng/dL	69 - 215	09/12/2023 17:58	
T4, Total Thyroxine (CLIA)	: 8.41	ug/dl	5.2 - 12.7	09/12/2023 17:58	
TSH Ultrasensitive CLIA	: 3.38	uIU/ML	0.3 - 4.5	09/12/2023 17:58	

#### Interpretation:

1. An abnormal TSH result should be followed by additional tests to investigate the cause of increase or decrease
2. Many medications like aspirin and thyroid replacement therapy may affect the thyroid gland function results.
3. Extreme stress and acute illness may affect TSH results Results may be low in first trimester of pregnancy.
4. The following table summarises test results and their potential meaning:

TSH	T4	T3	Interpretation
High	Normal	Normal	Mild (subclinical) hypothyroidism.
High	Low	Low or Normal	Hypothyroidism.
Low	Normal	Normal	Mild (subclinical) hyperthyroidism.
Low	High or Normal	High or Normal	Hypothyroidism.
Low	Low or Normal	Low or Normal	Non-thyroidal illness ; rare pituitary (secondary) hypothyroidism.

\*\*\*End of Report\*\*

The results are relayed by technical staff under the supervision of authorised person.

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**Dr. Anurit Jak**  
Pathologist  
MD, Pathology



INDUS HEALTHCARE

Department of  
Preventive and Occupational Health

Name : KUMARI SHILPI

Pat ID : IH/618847/23

Age : 035Y

Sex : F

Modality : DX

Date : 11/12/2023

Time : 14:07:31

Radiologist : DR. SOFIA BANSAL

Ref. Doctor : SELF

Imaging Center : INDUS SCAN LAB

#### CHEST X-RAY PA VIEW

Lung fields are normal.

Trachea is central.

Both CP angles are normal.

Both hila are unremarkable.

Cardiac size appears normal.

Both domes are normally placed with normal contours.

Chest cage is within normal limit.

*Correlate clinically and with other relevant investigations.*

DR. SOFIA BANSAL  
MD RADIO-DIAGNOSIS  
CONSULTANT RADIOLOGIST

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Name : MS KUMARI SHILPI 35/F	Pat ID : 283751SU6-23-12-09-8
Age : 35	Sex : F
Modality : US	Date : 09/12/2023
Time : 10:37:49	Radiologist : DR. SOFIA BANSAL
Ref. Doctor : SELF MEDICAL	Imaging Center : indus scan lab mohali

#### ULTRASOUND WHOLE ABDOMEN

**LIVER:** is normal in size and echogenicity. The surface appears normal. No evidence of IHBRD or space occupying lesion.

**GALL BLADDER:** is normal in size, shape and position. No evidence of intra-luminal echogenic density within the lumen of gall bladder. No wall thickening.

**CBD:** is normal in caliber to the extent visualized.

**PANCREAS:** normal in size, shape and echotexture. MPD not dilated. No focal lesion / collection.

**SPLEEN:** normal in size with normal echogenicity. No focal lesion.

**KIDNEYS:** Both kidneys normal in size, shape & position on either side. Echogenicity is normal with maintained corticomedullary differentiation. No calculus or cyst. The pelvicalyceal system is normal.

**URINARY BLADDER:** is distended with normal outline. No focal lesion or calculus.

**UTERUS:** Uterus is normal in size, shape, position and echotexture. No focal lesion. The endometrium appears hyperechoic with normal thickness.

**OVARIES:** normal in size, shape and bulk. No focal lesion

**ADNEXAE:** are clear. No adnexal lesion.

**LYMPH NODES:** No significant intra-abdominal or retroperitoneal lymph nodes.

**FREE FLUID:** No evidence of free fluid is shown in peritoneal cavity.

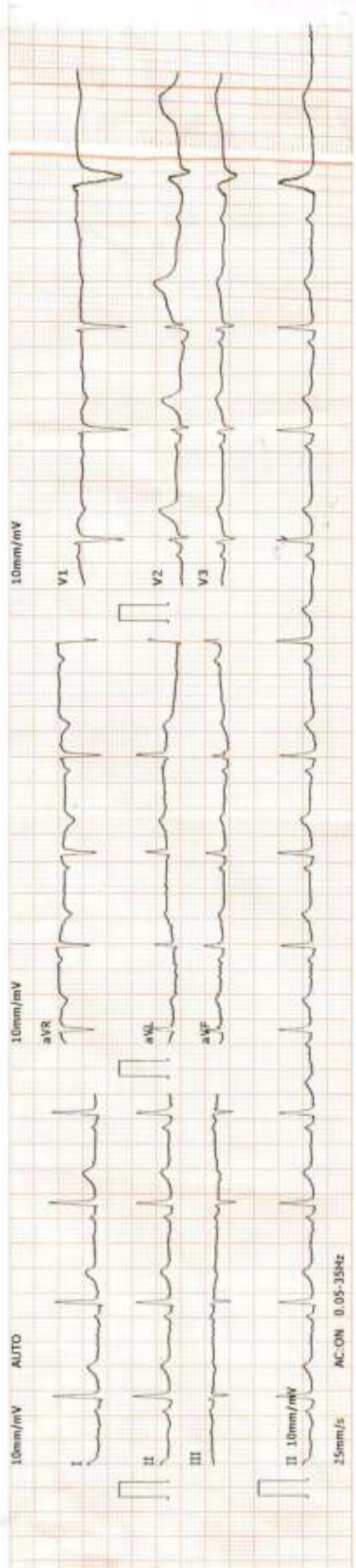
#### IMPRESSION:

- **No abnormality detected.**

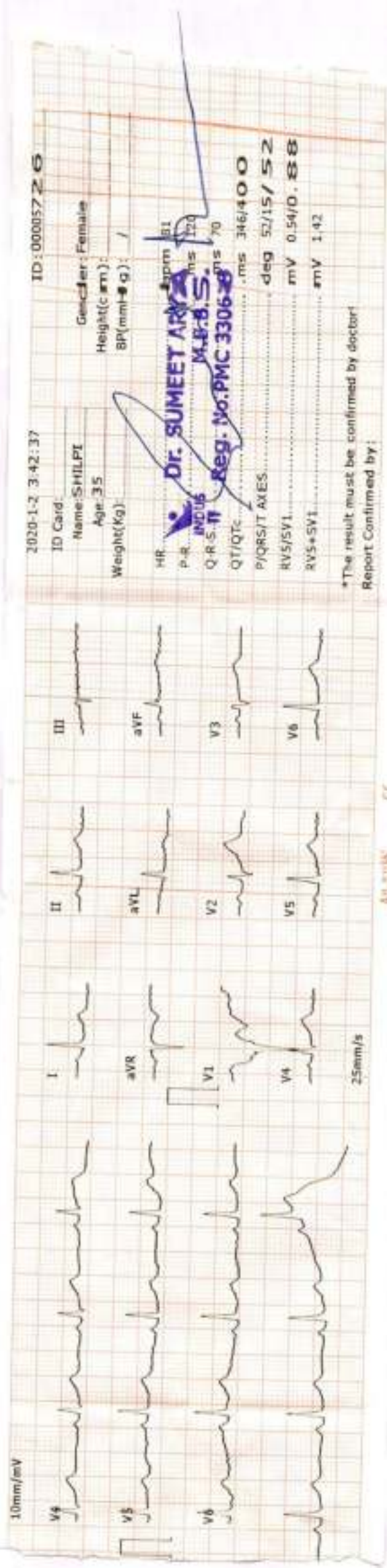
Please correlate clinically and with other relevant investigation.



DR. SOFIA BANSAL  
MD RADIO-DIAGNOSIS  
CONSULTANT RADIOLOGIST



AP-1W CE



2020-1-2 3:42:37 ID: 00005726  
 ID Card: Gender: Female  
 Name: SHILPI Height(cm): /  
 Age: 35 Weight(Kg): /  
 BP(mmHg): /  
 HR: 70 bpm  
 P-R: 170 ms  
 Q-R-S-T: M.F.B.S.  
 QT/QTc: 386/386 ms  
 PQRS/T AXES: deg 52/15/52  
 RV5/SV1: mV 0.54/0.88  
 RV5+SV1: mV 1.42

\*The result must be confirmed by doctor  
 Report Confirmed by:

AP-1W CE





PATIENT NAME: KUMARI SHILPI , AGE :35/F

UHID : 618847

REFERRED BY : DR. SELF

DATE : 09.12.2023

SCAN.TIME: 11:30 AM

REP. TIME: 11:45 AM

## HIGH RESOLUTION HARMONIC ECHOCARDIOGRAPHY

### M - MODE PARAMETERS

(NORMAL VALUES)

(Based On Guidelines Of American Society Of Echocardiography)

Left Ventricular ED Dimension	4.4cm (3.7-5.6cm)
Left Ventricular ES Dimension	3.5cm (2.2-4.0cm)
Inter Vent. septum thickness (D)	0.9cm (0.6-1.1cm)
LV posterior wall thickness (D)	0.9cm (0.6-1.1cm)
Aortic root diameter	2.9cm (2.0-3.7cm)
Left atrial diameter	3.4cm (1.9-4.0cm)

### INDICES OF LV SYSTOLIC FUNCTIONS

(NORMAL VALUES)

Ejection Fraction	62% (54-76%)
Fractional shortening	31% (25-46%)

### MITRAL VALVE

Thin, Posterior mitral leaflet moves posteriorly during diastole, no subvalvular pathology, no calcification, no anterior mitral leaflet flutter, no B- bump, no prolapse, EPSS < 0.5 cm, no mitral annular calcification, no systolic anterior motion.

### TRICUSPID VALVE

Thin, opening well, no prolapse.

### AORTIC VALVE

Thin, Trileaflet, opens fully, central closure, no systolic flutter.

### PULMONARY VALVE

Thin, opens well, Normal 'ef' slope, Normal 'a' wave, no midsystolic notch. Pulmonary Artery not dilated.

### LEFT VENTRICLE

No LV hypertrophy, no regional wall motion abnormality

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Regd. Office : SCF 270, Motor Market, Mansa Devi Road, Mani Majra, Chandigarh - 160 101



### PULSE & CONTINUOUS WAVE DOPPLER

No mitral regurgitation.  
No aortic regurgitation.  
No tricuspid regurgitation.  
No pulmonary regurgitation.  
Mitral diastolic flow shows E wave (0.74m/sec) larger than A wave (0.54 m/sec).

This is suggestive of diastolic filling abnormality  
Aortic forward velocity 1.0m/sec.  
Pulmonary forward velocity 1.1m/sec.

### COLOUR FLOW IMAGING

No mitral regurgitation.  
No aortic regurgitation.  
No tricuspid regurgitation.  
No pulmonary regurgitation.

### COMMENTS

No LA, LAA, LV CLOT seen.  
No vegetation on any valve.  
No intra cardiac mass.  
No pericardial effusion.  
IAS IVS intact.

### IMPRESSION :-

Findings suggestive of--

*Normal chamber dimensions*  
*Normal valvular echoes*  
*No significant regurgitation*  
*Normal LV systolic function*  
*No RWMA*  
*LVEF 62%*  
*No clot/PE/vegetation*

**Dr. Karandeep Singh Syal**  
MD, PGDDRM (UK),  
PGDC (UK) DM AFSCAI  
Consultant Cardiologist

*Impression is not the diagnosis but report of the investigation, hence should be correlated clinically. Interpretation of Echocardiography is based on images acquired by the equipment and therefore has technical limitations as well as inaccuracies inherent in the laboratory & statistical analysis of biological processes.*



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Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
<b>HAEMATOLOGY</b>					
<b>COMPLETE BLOOD COUNTS</b>					
<b>Specimen:EDTA Whole Blood</b>					
COMPLETE BLOOD COUNTS 09/12/2023 18:26					
HAEMOGLOBIN (HB)	: 12.1	gm/dl	11.0 - 15.0	09/12/2023 18:26	
TOTAL LEUCOCYTE COUNT (TLC)	: 9860	/cmm	4000 - 11000	09/12/2023 18:26	
DIFFERENTIAL LEUCOCYTE COUNT 09/12/2023 18:26					
NEUTROPHILS	: 57.9	%	45 - 75	09/12/2023 18:26	
LYMPHOCYTES	: 36.3	%	20 - 45	09/12/2023 18:26	
EOSINOPHILS	: 2.5	%	00 - 06	09/12/2023 18:26	
MONOCYTES	: 3.3	%	02 - 10	09/12/2023 18:26	
BASOPHILS	: 00	%	00 - 01	09/12/2023 18:26	
R B C (Red Blood Cells)	: 4.55	Millions/cmm	3.8 - 5.8	09/12/2023 18:26	
PLATELET COUNT	: 2.32	Lakh/cmm	1.50 - 4.5	09/12/2023 18:26	
P.C.V / HAEMATOCRIT	: 37.5	%	35 - 47	09/12/2023 18:26	
M C V	: 82.3	cubic micron	83 - 101	09/12/2023 18:26	
M C H	: 26.6	picogram	27 - 32	09/12/2023 18:26	
M C H C	: 32.4	%	32 - 38	09/12/2023 18:26	
R D W	: 12.8	%	10.0 - 15.0	09/12/2023 18:26	
<b>Specimen:EDTA Whole Blood</b>					
BLOOD GROUP ABO	: "O"			09/12/2023 18:26	
BLOOD GROUP "RH"	: Positive			09/12/2023 18:26	
ERYTHROCYTE SEDIMENTATION RATE	: 18	mm	0 - 20	09/12/2023 18:26	

## LIPID PROFILE

**Specimen:SERUM**

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