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Ivy Hospital

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

To
Medi Wheel.
Arcofemi Health Care Ltd.
F-703, Lado Sarai, Mehrauli
New Delhi – 110 030

Subjects: Submission of Bills (Health Packages)

Dear Sir,

Please find here with bill enclosed with bill no 2024251000560. The Following employees have taken Health Packages of employee IVY Health & Life Sciences Pvt. Ltd. The details of the bill are enclosed and the total amount is Rs 2850/-

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

Name	Booking Date	Beneficiary Code	Bill no	Amount
ANJU RANI		308576	2024251000560	2850



Authorised Signatory

FOR OPD / DISCHARGE SUMMARY / BILLING PURPOSE ONLY

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

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

IVY HELPLINE : +91 8078880788

Subject: FW: Health Check up Booking Confirmed Request(UBOIE4805),Package Code-PKG10000477, Beneficiary Code-308576

From: Abhishek Singh <abhishek.singh@ivyhospital.in>

Date: 30-03-2024, 03:42 pm

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To: "mainreception@ivyhospital.com" <mainreception@ivyhospital.com>, "opdadministrator@ivyhospital.com" <opdadministrator@ivyhospital.com>, healthcheckups mohali <healthcheckups.mohali@ivyhospital.in>

Regards

Abhishek Singh

Corporate Manager

Business Development

+91-8699999914

Abhishek.Singh@ivyhospital.in



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From: Mediwheel <wellness@mediwheel.in>

Sent: Saturday, March 30, 2024 2:25 PM

To: Abhishek Singh <abhishek.singh@ivyhospital.in>

Cc: customercare@mediwheel.in

Subject: Health Check up Booking Confirmed Request(UBOIE4805),Package Code-PKG10000477, Beneficiary Code-308576



011-41195959

Hi Ivy Hospital,

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

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

Patient Package Name : MediWheel Full Body Health Checkup Female 40 To 50

Hospital Address : Sector - 71, Mohali

Contact Details : 9463178240

Appointment Date : 02-04-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:00am-8:30am

Member Information		
Booked Member Name	Age	Gender
A.P.P.O.S.I.	37 year	Female

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

Please Download Mediwheel App



You have received this mail because your e-mail ID is registered with **Arcofemi Healthcare Limited** This is a system-generated e-mail please don't reply to this message.

Please visit to our [Terms & Conditions](#) for more informaion. [Click here](#) to unsubscribe.

@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

Health checkup at tie-up City

Health Checkup Authorization letter



RD - SHIMLA
SHIMLA, SHIMLA, Himachal Pradesh, - 0

To,
The Chief Medical Officer
MS Mediview
https://mediview.in/signup/11-
41195889/A brand name of
Ancient Healthcare Ltd,
Mumbai 400021
Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup 40-50 Female

Employee Name: ANJU RANI

P.F. No. 640917

Designation: Asst Manager

Checkup for Financial Year 2023

Approved Charges Rs.

4500.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Therapin
(Signature of the Employee)

P.S. : Staff of the application - Submitted

Yours Faithfully,
BRANCH MANAGER/SENIOR MANAGER

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भारत सरकार
Government of India

भारत
भारत

Download Date: 16/08/2021



अंजु रानी
Anju Rani
जन्म DOB/DOB: 10/07/1978
लिंग/SEX: FEMALE

7575-0337-9529
VID : 9140 7575 5631 1584

मेरा आधार, मेरी पहचान

भारत सरकार
भारत

भारतीय विश्वविद्यालय पहचान प्राधिकरण
Unitech Identification Authority of India

पता:
सी.ओ. राजेश कुमार, एच.नो. 1334, सेक्टर 26, पंचकुला,
हरियाणा - 134109

Address:
C/O: Rajesh Kumar: Hno 1334, Sector 26,
Panchkula, Panchkula,
Haryana - 134109



7575 0337 9529
VID : 9140 7575 5631 1584

1807 | help@uidai.gov.in | www.uidai.gov.in



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SECTOR 71, MOHALI
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CIN No. : U85110PB2005PTC027898

Bill of Supply

Bill No	2024251000560	Reg ID	2236248
Bill To	Mediwheel Acrofemi	Sex/Age	Female/45 Yrs/9 Mt./29
TPA	Mediwheel Acrofemi	Consultant	DR. Direct
UHID	432942	Referred By	Direct
Name	MRS. ANJU RANI D/WO Rajesh	GST No.	03AABCT4594F12Q
Address	#1334, SEC-26,	Category	Health Services
Phone No	9463178240	Policy No.	640817
UTI/Claim/Ref.	640817/	Pan No	AABCI4594F

Sr.	Date	Code/Batch	Activity Desc.	Rate	Qty.	Amount
1	02-Apr-24		OPD Package Charges	2850	1	2850
			Bill Amount			2850
			Net Amount			2850
			Advance Amount			0
			CSR/Discount			0
			Ward Charges Reversed			0
			Receipt Amount			0
			Refund Amount			0
			Payable Amount			2850



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SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No.: U8510PB2005PTC027898

Name: Mr. Anju Rani UHID: 432942
 Age: 46/F Consultant: Dr. Mukesh Vata Date: 02-04-24
 BP: 110/92 Pulse: 74 RR: _____ Temp.: _____ Pain: _____
 Ht.: _____ Wt.: 60kg Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: H/O Thyroid x 5 years
 Complaint: _____

Investigations

vmr 6/12
 6/6
 (U.A)
 6/6
 (aid)

ISR 12/12

Clinical Notes

cto general check-up
 cto day ops
 ALS - wnl

Pupil - NSNR

fundus f/cuppi
 (U.S)

Adv: ① sita fast (24-2)

② Refractor gel old 100000

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

Dr. Mukesh Vata
 M.S FVRS
 Retina Consultant & Plastic Surgeon
 FMC 45034

Follow up

Sign & Stamp

Ivy/OPD/Form/005



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SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No.: UES110PB2005PTC027060

Name: Mr. Anju Rani UHID: 439942
 Age: 46/f Consultant: Dr. Jagpal Pandher Date: 02.04.24
 BP: 110/82 Pulse: 74 RR: _____ Temp.: _____ Pain: _____
 Ht.: _____ Wt.: 60kg Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: _____
 Complaint: _____

Investigations

T₃-1.13
 T₄-9.10
 TSH 9.370

Clinical Notes

Bq:- HYPOTHYROID on 75mcg OD

For general health checkup.
 Investigation grossly normal.

Ado

Continue Thyronorm 75mcg OD

Plt TFT after 2mth.

Jagpal Pandher
Dr. Jagpal Pandher
 MD (Int Med), MRCP(UK), MRCP (Rheumatology)
 Senior Consultant - Internal Medicine & Rheumatology
 Regd No.: P.M.C. 56469

*Says has been stable on 75mcg did not take Thyronorm ~ 4 days. previous report N/A

*Tab SKINUVIT OD x 6wk

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

Follow up

Sign & Stamp
Ivy/OPD/Form/005



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SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U46110PB2005PTC027888

Name : Ms. Anju Rani UHID : 439942
 Age : 45/f Consultant : Dr. Balvin Kaur Ghai Date : 02.04.24
 BP : 110/82 Pulse : 74 RR : _____ Temp : _____ Pain : _____
 Ht : _____ Wt : 60kg Allergies : _____ Nutritional Assessment : Yes/No
 Diagnosis / DD : _____
 Complaint : _____

Investigations

Clinical Notes

general check up.
 no complaints.
 K/c/o hypothyroidism

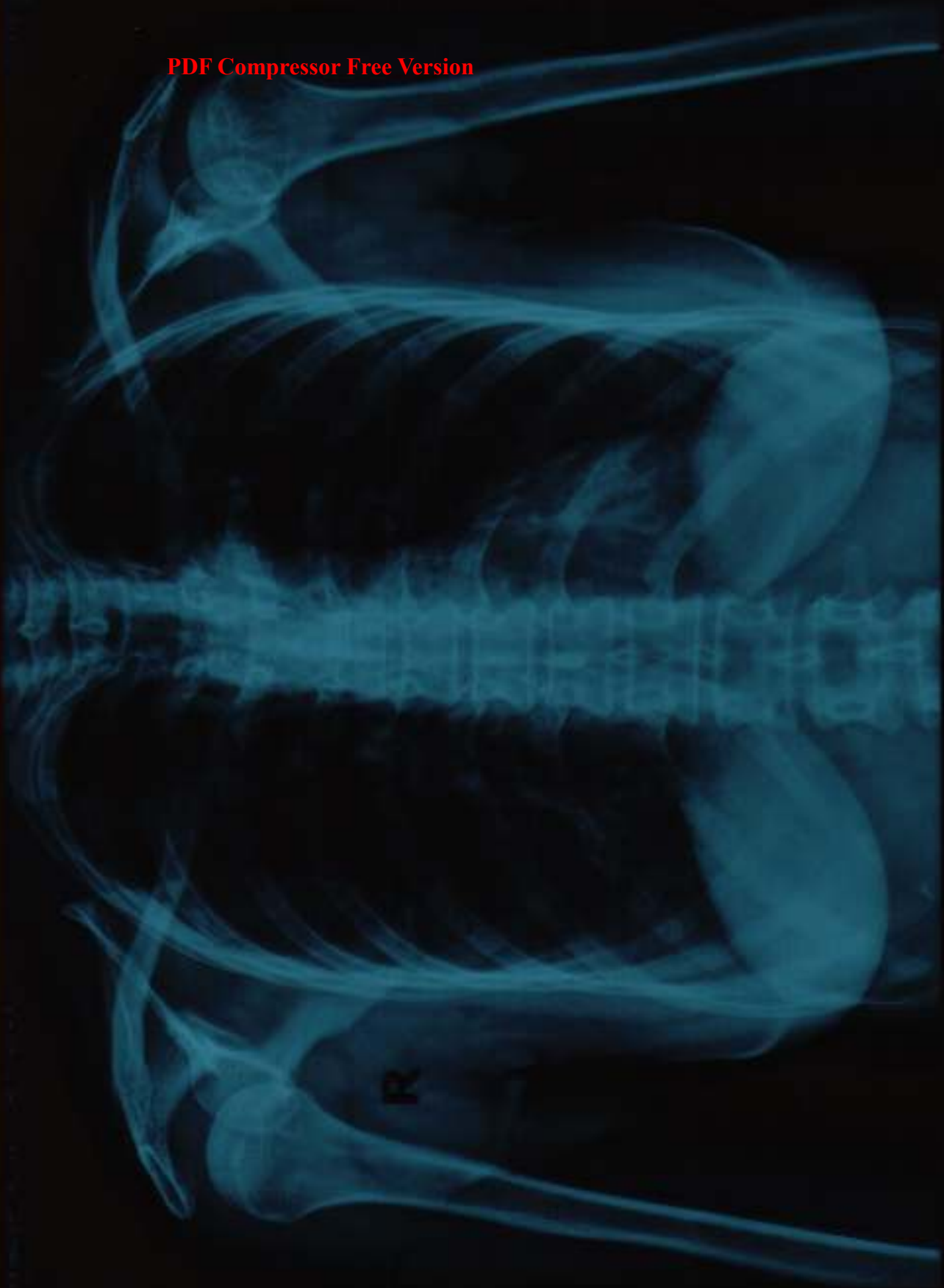
S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
①	Cap. Calanid - M	Oral	1	_____	_____	with
②	Anachitol 60, 100 tablets 2yr (Nanorob)	_____	_____	once ~ week	④ wks	_____

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

Sign & Stamp

Follow up

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2432242 ANVJ RAY F 46 years KN9354107C

www.essentialradiology.com

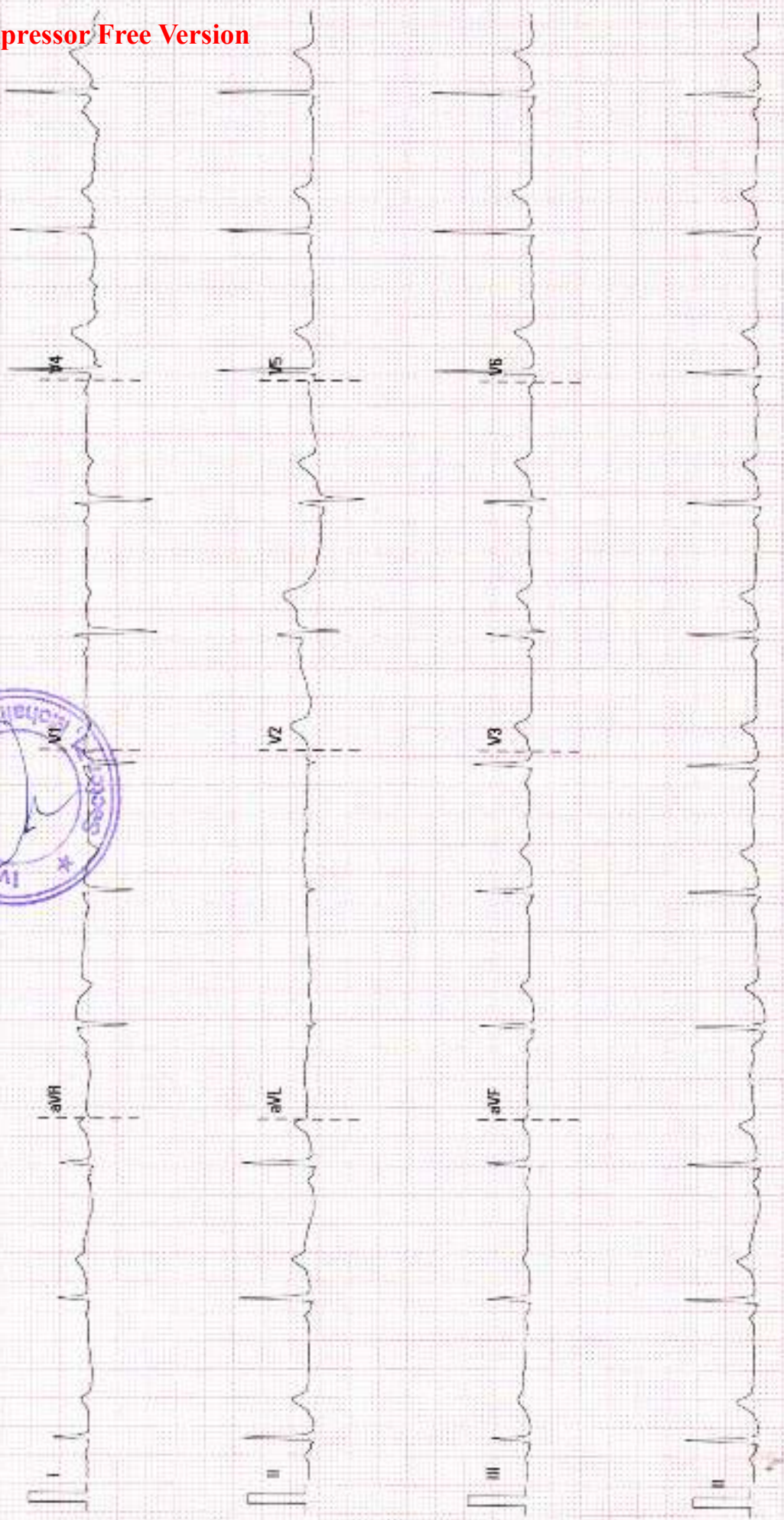
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ID: 432942
Name: anju, rani
Age: 46 Years
Gender: Female

02-04-2024 08:48:57 AM

Vent: Sinus rhythm
PR Interval: 140 ms
QRS Duration: 80 ms
QT/QTc Interval: 394/403 ms
P/QRS/T Axes: 62/66/55 deg
RV5/SV1: 1.815/1.192 mV
RV5 + SV1: 3.007 mV
QTc Hodges

Unconfirmed Diagnosis





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Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

Patient Name ANJU RANI Patient ID 432942
 Gender/Age Female / 46 Test Date : 02 Apr 2024

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.0	3.7-5.6 CM
Left Ventricular ES Dimension	3.1	2.2-4.0 CM
IVS (D)	0.8	0.6-1.2 CM
IVS (s)	1.1	0.7-2.6 CM
LVPW (D)	0.9	0.6-1.1 CM
LVPW (S)	1.3	0.8-1.0 CM
Aortic Root	2.9	2.0-3.7 CM
LA Diameter	3.5	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= 81cm/s, A= 32cm/s, E>A,

Aortic valve: Vmax = 86cm/s

Pulmonary valve: Vmax = 71cm/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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CIN No. : U85110PB2005PTC027898**

Remarks -

FINAL IMPRESSION -

No RWMA of LV

Normal LV systolic function (LVEF~55%)

NO MR/ AR/ TR



DR. RAKESH BHUTUNGRU

**Director-Non Invasive Cardiology
MBBS, MD(Medicine), DM(Cardiology)
PMC-42588**

(NOT FOR MEDICO-LEGAL PURPOSE)



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

NAME	ANJU RANI	SEX/AGE	F46Y
PATIENT ID	ID432942	Accession Number	XNO9854-OPD
REF CONSULTANT	Dr.	DATE	02/04/2024 08:36

X-RAY CHEST (PA VIEW)

Bony structures and soft tissue appear normal.
Trachea is central.
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.

DR MEENU BHORIA
MBBS, DMRD, DNB, FVIR

The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, investigations and other relevant investigations.

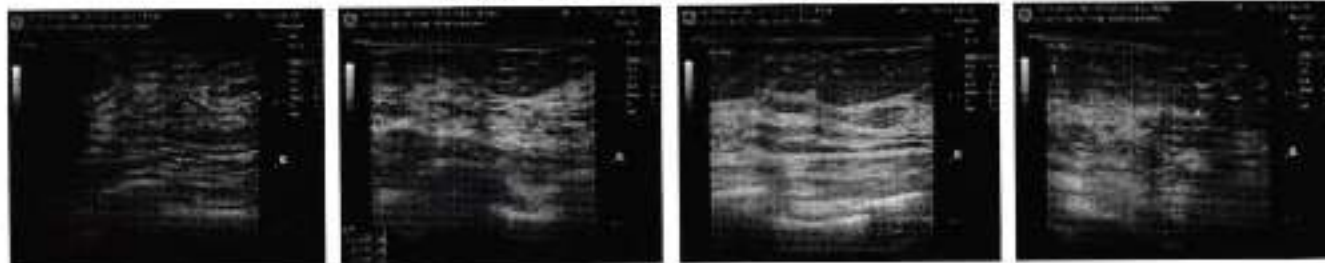
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NAME	ANJU RANI	SEX/AGE	F46Y
PATIENT ID	ID432942	Accession Number	
REF CONSULTANT	PACKAGE	DATE	02/04/2024 08:52

SONOGRAPHY OF BOTH BREAST



Normal fibro glandular breast tissue is seen in both breasts.

No spiculated lesion /cluster of microcalcification are seen in both breasts

Nipple and retroareolar region of both breast are normal.

Skin and subcutaneous tissues are normal in both breasts.

No significant axillary lymphadenopathy is seen.

IMPRESSION:

BIRADS 1.

BIRADS ASSESSMENT CATEGORIES

CATEGORY 0: NEEDS ADDITIONAL IMAGING EVALUATION

CATEGORY 1: NEGATIVE

CATEGORY 2: BENIGN FINDING

CATEGORY 3: PROBABLY BENIGN FINDING; SHORT INTERVAL FOLLOWED UP SUGGESTED

CATEGORY 4: SUSPICIOUS ABNORMALITY; BIOPSY SHOULD BE CONSIDERED

CATEGORY 5: HIGH S/O MALIGNANCY; APPROPRIATE ACTION SHOULD BE TAKEN

CATEGORY 6: KNOWN BIOPSY PROVE MALIGNANCY; ASSURE THAT TREATMENT IS COMPLETED

Dr. Mayukhi Upadhyay

DNB Resident



DR EKTA MISHRA
MD RADIO- DIAGNOSIS

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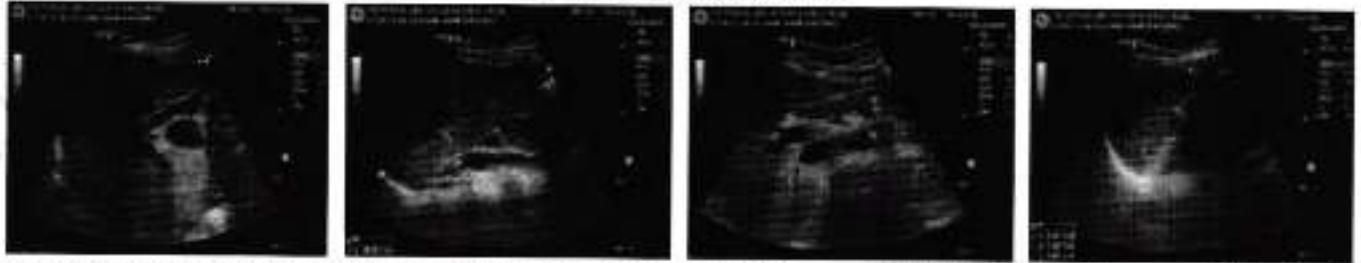
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NAME	ANJU RANI	SEX/AGE	F46Y
PATIENT ID	ID432942	Accession Number	
REF CONSULTANT	PACKAGE	DATE	02/04/2024 08:52

USG WHOLE ABDOMEN



LIVER: is normal in size (~15.0 cm), outline and echotexture, IIBR are not dilated. Portal vein is normal. Visualized CBD is not dilated.

GALL BLADDER: is normally distended. GB wall is normal. No echoes are seen in GB.

SPLEEN: is normal in size (~8.6 cm), outline and echotexture.

PANCREAS & UPPER RETROPERITONEUM: Visualised pancreatic head and proximal body are normal in size and echotexture. Tail of pancreas is obscured by bowel gas.

RIGHT KIDNEY: It is normal in size (~10.3 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~10.4 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

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

UTERUS: is normal in size, outline and echotexture. ET is ~ 8.5mm. No discrete focal lesion is seen. **Minimal fluid is seen in endometrial cavity.**

No adnexal SOL is seen.

No free fluid is seen in peritoneal cavity.

OPINION:

Imaging findings as described above .

Adv. Clinical correlation and follow up

Dr. Mayukhi Upadhyay
DNB Resident

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NAME	ANJU RANI	SEX/AGE	F46Y
PATIENT ID	ID432942	Accession Number	
REF CONSULTANT	PACKAGE	DATE	02/04/2024 08:52



DR EKTA MISHRA
MD-RADIO-DIAGNOSIS

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

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

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NAME : MRS. ANJU RANI
 DOB/Gender : 10-Jul-1978/F
 LTID : 432942
 Inv. No. : 4179167
 Panel Name : Ivy Mohali
 Bar Code No : 13120529

Requisition Date : 02/Apr/2024 08:13AM
 Sample CollDate : 02/Apr/2024 12:23PM
 Sample Rec.Date : 02/Apr/2024 12:23PM
 Approved Date : 02/Apr/2024 01:42PM
 Referred Doctor : Self

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

BIOCHEMISTRY

GLUCOSE PP

Plasma Glucose Post Prandial
 (Reference: 190)

80

mg/dL

<math><140</math> Normal

$140 - 180$ Impaired Tolerance

>180 Diabetic



The highlighted values should be correlated clinically



Dr. VARUN HATWAL
M.D. PATHOLOGY



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IVY HOSPITAL

F-317, Industrial Area, Phase 8B,

Mohali, Punjab

Ph: 9115110241, 9115115658

Email: lab@ivyhospital.com



NAME : MRS. ANJU RANI

DOB/Gender : 10-Jul-1978/F

UHID : 432942

Inv. No. : 4179167

Panel Name : Ivy Mohali

Bar Code No : 13120529

Requisition Date : 02/Apr/2024 08:13AM

Sample Coll Date : 02/Apr/2024 08:20AM

Sample Rec Date : 02/Apr/2024 11:34AM

Approved Date : 02/Apr/2024 12:33PM

Referred Doctor : Self

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

HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c
(Glycated Haemoglobin)

5.4

%

Non diabetic: 4.0-6.0

Target of therapy: <7.0

Change of therapy: >8.0

Estimated Average Glucose (eAG)

108

mg/dL

ADA criteria for correlation between HbA1c & Mean plasma glucose levels;
(Last three month's average)

HbA1c (%)	Mean Plasma Glucose (mg / dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

*** End Of Report ***





IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

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NAME	: MRS. ANJU RANI	Requisition Date	: 02/Apr/2024 08:13AM
DOB/Gender	: 10-Jul-1978/F	Sample Coll Date	: 02/Apr/2024 08:20AM
UHID	: 432942	Sample Rec Date	: 02/Apr/2024 08:21AM
Inv. No.	: 4179167	Approved Date	: 02/Apr/2024 10:28AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13120529		

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

IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 1.13 ng/mL 0.970 - 1.69

(T3U) (U/L) (U/L)

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, primarily 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 amiodolone, glucocorticoids or amiodolone 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 in indicating a diagnosis of thyrotoxicosis factitia.

Serum Total T4 8.10 µg/dL 6.5 - 13.2

(T4U) (U/L) (U/L)

Summary & Interpretation:

The primary 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 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 9.370 mIU/L 0.4001 - 4.049

(TSHU) (U/L) (U/L)

Summary & Interpretation:

TSH is formed in specific hypothal cells of the anterior pituitary and is subject to a circadian secretion sequence. The determination of TSH serves as the initial test in thyroid diagnosis. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the control requiring a close between the hypothalamus, primary and thyroid.

Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

2. Radioiodinated free T3 and T4 is measured fraction or free levels as it is metabolically active.

3. Physiological rise in Total T3, T4 levels is seen at pregnancy and in patients on steroid therapy.

4. Clinical Use: Primary hypothyroidism, Hyperthyroidism, Hypothalamic - Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease.

5. Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.02 - 3.70
2nd Trimester	0.31 - 4.35
3rd Trimester	0.41 - 5.18

The highlighted values should be correlated clinically



DR BHUMIKA BISHT
M.D. PATHOLOGY



IVY HOSPITAL
 Sector 71, Mohali, Punjab, 160071
 Ph: 9115115257, 9115115258,
 9115115624
 Email: lab@ivyhospital.com

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LHID	: 432942	Sample Rec. Date	: 02/Apr/2024 08:21AM
Ivy No.	: 4179167	Approved Date	: 02/Apr/2024 09:42AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13120529		

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

BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting <small>(Fasting) (U491)</small>	86	mg/dL	< 110 Normal 110 - 126 Impaired Tolerance > 126 Diabetic
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Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 100 mg/dL is considered normal.
- A fasting plasma glucose level between 100-125 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A fasting plasma glucose level ≥ 126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

RFT (RENAL FUNCTION TESTS)

Serum Urea <small>(Urea) (U494) (48)</small>	32.00	mg/dl	17-43
Serum Creatinine <small>(Creatinine) (U495)</small>	1.00	mg/dl	0.51-0.95
Serum Uric acid <small>(Uric acid) (U496)</small>	4.60	mg/dl	2.6- 6.0

Interpretation:

Kidney blood tests, or Kidney function tests, are used to detect and diagnose diseases of the Kidney.

Higher the blood levels of urea and creatinine, the less well the kidneys are working.

The level of creatinine is usually used as a marker as to the severity of kidney failure. (Creatinine in itself is not harmful, but a high level indicates that the kidneys are not working properly. So, many other waste products will not be cleared out of the bloodstream.) You normally need treatment with dialysis if the level of creatinine goes higher than a certain value.

Dehydration can also be a cause for increases in urea level.

Before and after starting treatment with certain medicines. Some medicines occasionally cause kidney damage (Nephrotoxic Drug) as a side effect.

Therefore, kidney function is often checked before and after starting treatment with certain medicines.

Risk associated with renal failure

Acute Renal Failure*	Urea:Creatinine ratio ≥ 20
Chronic Renal Failure*	Urea:Creatinine ratio ≤ 20

* Tier-1 textbook of clinical biochemistry

The highlighted values should be correlated clinically



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NAME	: MRS. ANJU RANI	Requisition Date	: 02/Apr/2024 08:13AM
DOB/Gender	: 10-Jul-1978/F	Sample Coll Date	: 02/Apr/2024 08:20AM
UHID	: 432942	Sample Rec. Date	: 02/Apr/2024 08:21AM
Inv. No.	: 4179167	Approved Date	: 02/Apr/2024 09:42AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No.	: 11120529		

Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST WITH GGT			
Serum Bilirubin Total <small>(BILIRUBIN)</small>	0.50	mg/dL	0.3-1.2
Serum Bilirubin Direct <small>(BILIRUBIN-D)</small>	0.10	mg/dl	<0.3
Serum Bilirubin Indirect <small>(BILIRUBIN-I)</small>	0.40	mg/dl	0.1-1.0
Serum SGOT(ALT) <small>(SGOT)</small>	22	U/L	<35
Serum SGPT(ALT) <small>(SGPT)</small>	13	U/L	<50
Serum AST:ALT Ratio <small>(AST:ALT)</small>	1.69		
Serum GGT <small>(GGT)</small>	10	IU/L	5-32
Serum Alkaline Phosphatase <small>(ALP)</small>	67	U/L	30-120
Serum Protein Total <small>(PROTEIN)</small>	7.7	gm/dl	6.40 - 8.20
Serum Albumin <small>(ALBUMIN)</small>	4.2	g/dL	3.5-5.2
Serum Globulin <small>(GLOBULIN)</small>	3.50	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio <small>(A/G)</small>	1.20	%	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 observed 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, alcohol 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 <small>(CHOLESTEROL)</small>	159	mg/dL	Desirable:<200 Borderline High:200-239 High > 240
Serum Triglycerides <small>(TRIGLYCERIDES)</small>	70	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol	43	mg/dL	<40 Major risk factor for CHD



The highlighted values should be correlated clinically





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Ivy No	: 4179167	Approved Date	: 02/Apr/2024 09:42AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13120579		

Test Description	Observed Value	Unit	Reference Range
Serum VLDL cholesterol <small>(Calculated)</small>	14	mg/dL	>60 Negative risk factor for CHD 7-35
Serum LDL cholesterol <small>(Calculated)</small>	102	mg/dL	50-100
Serum Cholesterol/HDL Ratio <small>(Calculated)</small>	3.70		3-5
Serum LDL/HDL Ratio <small>(Calculated)</small>	2.37		1.5-3.5

Interpretation:
 As per ATP III Guidelines - National Cholesterol Education Program

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

Risk Category LDL	Goal (mg/dL)	Non-HDL Goal (mg/dL)
CHD and CHD Risk Equivalent (10-year risk for CHD ≥20%)	<100	<130
Multiple (≥3) Risk Factors and (10-year risk <20%)	<130	<160
0-1 Risk Factor	<160	<190

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NAME : MRS. ANJU RANI
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 UHID : 432942
 Ivy No : 4179167
 Panel Name : Ivy Mohali
 Bar Code No : 13120529

Requisition Date : 02/Apr/2024 08:15AM
 Sample Coll Date : 02/Apr/2024 08:20AM
 Sample Rec Date : 02/Apr/2024 08:21AM
 Approved Date : 02/Apr/2024 09:25AM
 Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	35.00	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	1.015		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		
Urine Nitrite	Absent		Absent

Microscopic Examination

Urine Pus Cells	1-2		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	Absent	/hpf	0-5
Urine Casts	Absent	/hpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent

HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR	58	mm/h	0-15
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PHID : 437942

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Test Description	Observed Value	Unit	Reference Range
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COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Hemoglobin <small>(Hemoglobin) (Hb)</small>	12.3	g/dl	12.0 - 15.0
Hematocrit (Hct) <small>(Hematocrit) (Hct)</small>	39.8	%	33-45
Red Blood Cell (RBC) <small>(Red Blood Cell) (RBC)</small>	4.10	10 ⁶ / µl	3.8-4.8
Mean Corp Volume (MCV) <small>(Mean Corp Volume) (MCV)</small>	96.8	fL	83-97
Mean Corp HB (MCH) <small>(Mean Corp HB) (MCH)</small>	29.9	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Mean Corp HB Conc) (MCHC)</small>	30.9	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Red Cell Distribution Width -CV) (RDW-CV)</small>	12.8	%	11-15
Platelet Count <small>(Platelet Count) (PLT)</small>	196	10 ³ /µl	150-450
Mean Platelet Volume (MPV) <small>(Mean Platelet Volume) (MPV)</small>	12.0	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Total Leucocyte Count) (TLC)</small>	6.1	10 ³ / µl	4.0 - 10.0
Differential Leucocyte Count (WCS/ Microscopy)			
Neutrophils	62	%	40-75
Lymphocytes	26	%	20-40
Monocytes	9	%	0-8
Eosinophils	3	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,782	µl	2000-7000
Absolute Lymphocyte Count	1,586	µL	1000-3000
Absolute Monocyte Count	549	µL	200-1000
Absolute Eosinophil Count	183	µl	20-500

The highlighted values should be correlated clinically



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DOB/Gender	: 10-Jul-1978/F	Sample Coll Date	: 02/Apr/2024 08:20AM
UHID	: 412947	Sample Rec. Date	: 02/Apr/2024 10:14AM
Ivy No.	: 4179167	Approved Date	: 02/Apr/2024 10:29AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13120529		

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.
- * No blood transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of maternal antibodies in newborns, may interfere with blood grouping.
- * Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

*** End Of Report ***



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