



Name - Sonam Aggarwal
 age - 30/F
 UHID - 334731
 Date - 28/01/23

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

Dr. G. Ranjeeth Kumar
 MBBS, MD Medicine (PGIMER, Chandigarh)
 Consultant - Internal Medicine
 Mobile : 7087221001

BP 122/66 mmHg
 PPO 80 bpm

Regular health checks

Kidney - Hypothyroidism
 on 100 mg/day

28/1/2023

WOR - PA - NA
 2D Echo - EF 58%
 NY - EWMA

USG abd -

TSH - 0.4

TG A.I. - 5.3

RF T. - 13/0.5

Chol/TG/HDL/LDL

202/98/65/137

Adv

1) Tab. Thyronorm 75/100 mg on alternate days

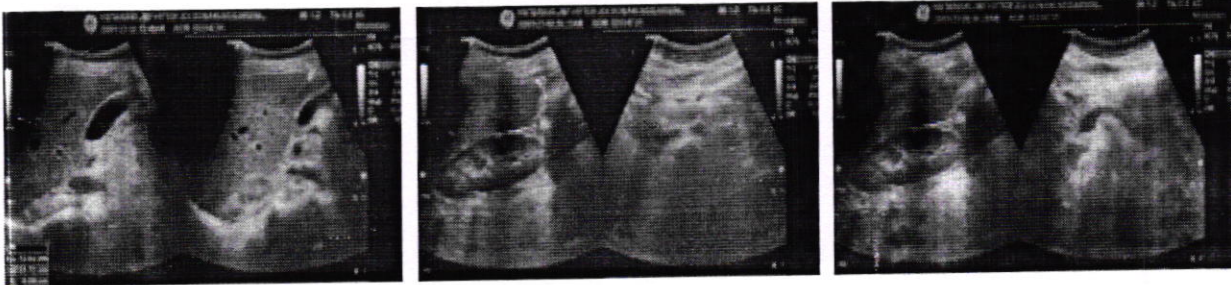
2) Tab. Rosuvastatin DS (500 BT) x 1 month

3) Tab. Metformin max 01)

Dr. G. Ranjeeth Kumar
 MD Internal Medicine (PGIMER)
 Regn. No.: 88598

NAME	SONAM AGGARWAL	SEX/AGE	F30Y
PATIENT ID	ID334731	Accession Number	
REF CONSULTANT	PACKAGE	DATE	28/01/2023 09:29

USG WHOLE ABDOMEN



LIVER: is normal in size (~12.8 cm), outline and echotexture. 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 (~8 cm), outline and echotexture. No focal lesion is seen.

PANCREAS & UPPER RETROPERITONEUM: Visualized 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, outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

LEFT KIDNEY: It is normal in size, outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

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

UTERUS: is normal in size, outline and echotexture. ET is ~5 mm. No discrete focal lesion is seen.

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

No free fluid is seen in peritoneal cavity.

IMPRESSION:

No significant abnormality seen.



(NOT FOR MEDICO-LEGAL PURPOSE)



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NAME	SONAM AGGARWAL	SEX/AGE	F30Y
PATIENT ID	ID334731	Accession Number	XNO1320-OPD
REF CONSULTANT	DR	DATE	28/01/2023 09:57

X-RAY CHEST PA VIEW

Rotation is present.

Cardiac shadow is normal.

No focal lung parenchymal lesion is seen.

Both hila are normal.

Both CP angle and domes of diaphragm are normal.

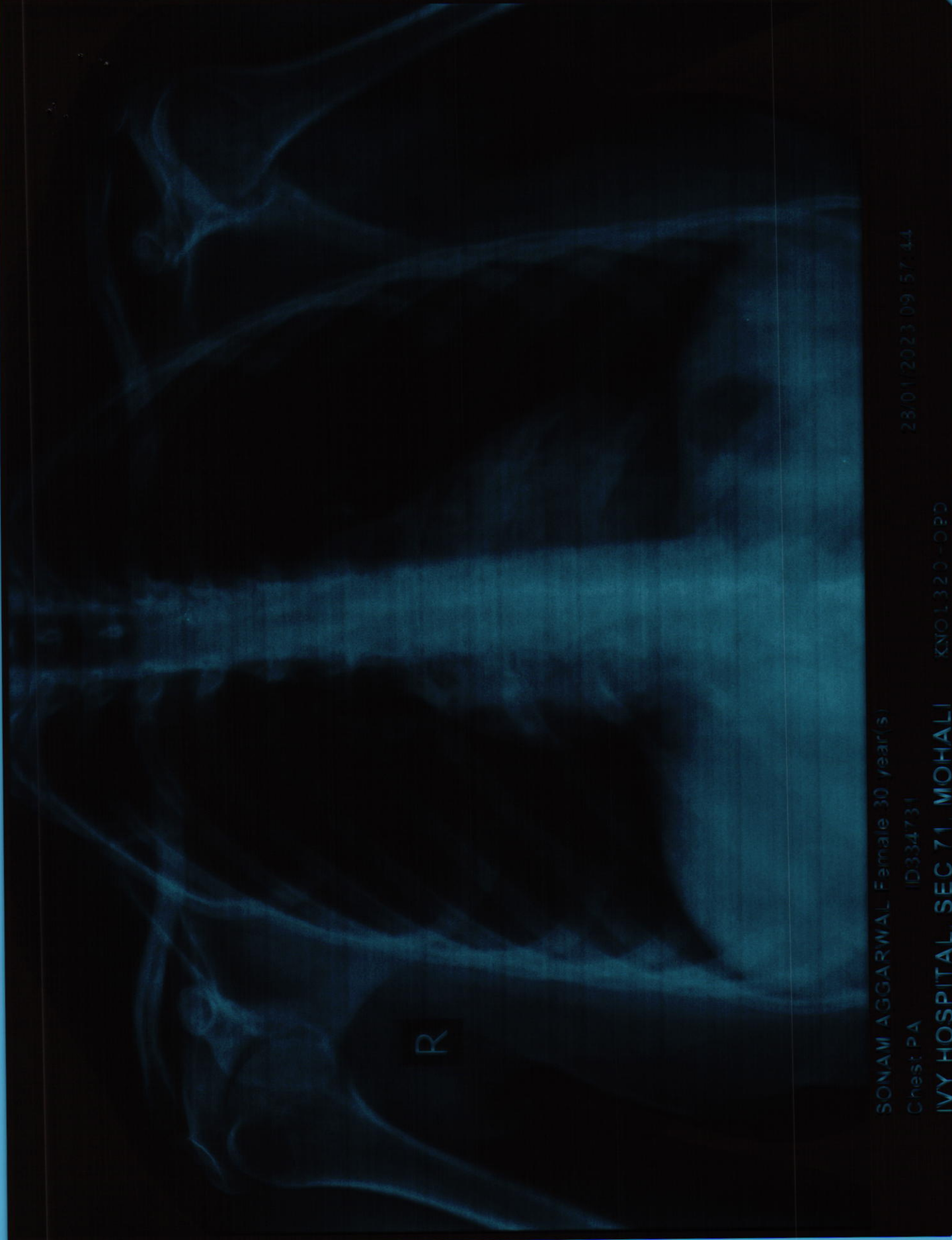


The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

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A unit of Ivy Health and Life Sciences (P) Ltd. Website : www.ivyhospital.com, Email: cs@ivyhospital.com Fax: 91-172-2274900
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All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

IVY HELPLINE : +91 99888-23456



SONIAM AGGARWAL, Female, 30 year(s)

Chest, PA ID334731

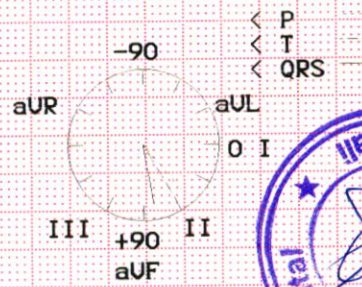
IVY HOSPITAL, SEC 71, MOHALI

XNO1320-09D

23/01/2023 09:57:44

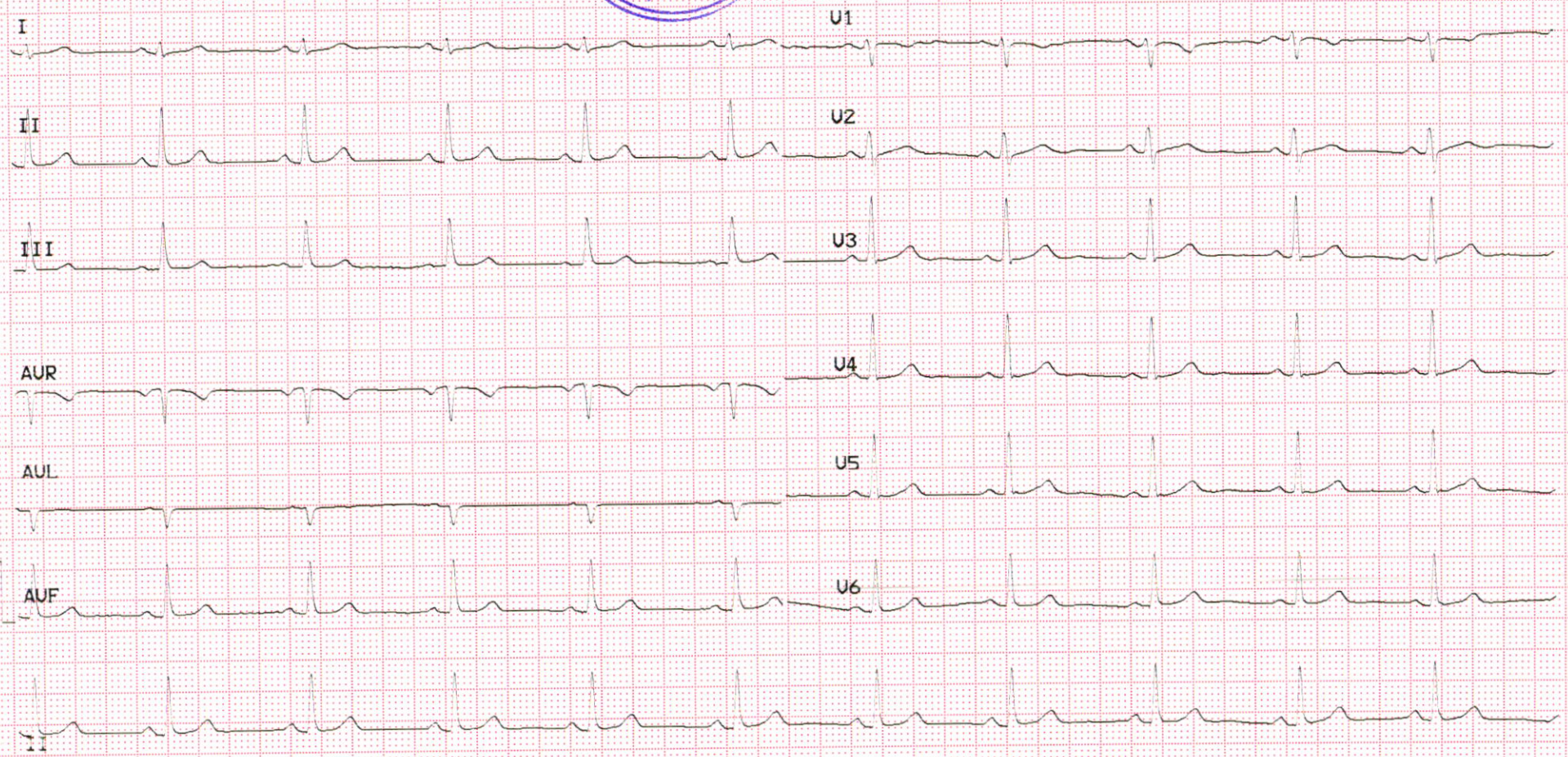
Ms. Soram Aggarwal
30yo/Female
334731

Measurement Results	
QRS	84 ms
QT/QTcB	374 / 391 ms
PR	144 ms
P	110 ms
RR/PP	916 / 910 ms
P/QRS/T	50/ 80/ 60 degrees
QTD/QTcBD	76 / 79 ms
Sokolow	1.3 mV
NK	8



Interpretation:
R/S inversion area between U1 and U2
probably normal ECG

Unconfirmed report.





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Patient Name SONAM AGGARWAL Patient ID 334731
 Gender/Age Female / 30 Test Date : 28 Jan 2023

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.7	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)	1.0	0.7-2.6 CM
LVPW (D)	0.8	0.6-1.1 CM
LVPW (S)	1.1	0.8-1.0 CM
Aortic Root	2.4	2.0-3.7 CM
LA Diameter	3.4	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	58%	54-76%
Fractional Shortening	31%	25-46%

Mitral Valve : Normal movements of all leaflet, No subvalvular pathology, No calcification, no prolapse, Mild MR.

Aortic Valve : Thin Trileaflet open completely with central closure

Tricuspid Valve : Thin, opening well with no prolapse , Trace TR

Pulmonary Valve : Thin, Pulmonary Artery not dilated

Pulse & CW Doppler : Mitral valve: E= 86cm/s, A= 51cm/s

Aortic valve: Vmax = 104cm/s

Pulmonary valve: Vmax = 81cm/s

Chamber Size -

LV - Normal/ Enlarged LA - Normal / Enlarged

RV - Normal/ Enlarged RA - Normal/ Enlarged

RWMA - Nil

Others : IVC~1.5cm, Intact IAS, IVS

No LA, LV Clot seen

No vegetation or intracardiac mass present

No Pericardial effusion present

(NOT FOR MEDICO-LEGAL PURPOSE)



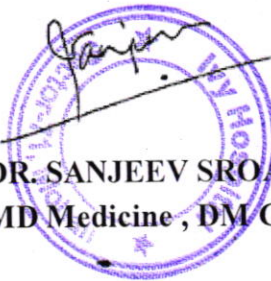
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Remarks -

FINAL IMPRESSION -

Normal study



DR. SANJEEV SROA
MD Medicine , DM Cardiology

- (NOT FOR MEDICO-LEGAL PURPOSE)



NAME	:MRS. SONAM AGGARWAL		
DOB/Gender	:28-Jan-1993/F	Requisition Date	:28/Jan/2023 09:22AM
UHID	:334731	SampleCollDate	:28/Jan/2023 09:30AM
Inv. No.	:3086043	Sample Rec.Date	:28/Jan/2023 09:31AM
Panel Name	:Ivy Mohali	Approved Date	:28/Jan/2023 12:09PM
Bar Code No	:12634293	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY
TOTAL THYROID PROFILE

Serum Total T3 (CLIA/Vitros 3600)	1.11	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 (CLIA/Vitros 3600)	11.50	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 into 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 (CLIA/Vitros 3600)	0.400	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 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



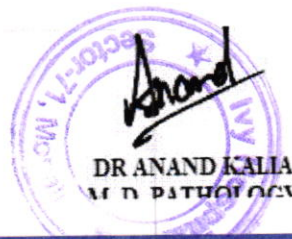


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UHID	:334731	SampleCollDate	;28/Jan/2023 10:07AM
Inv. No.	:3086043	Sample Rec.Date	;28/Jan/2023 10:07AM
Panel Name	:Ivy Mohali	Approved Date	:28/Jan/2023 10:51AM
Bar Code No	:12634293	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
HAEMATOLOGY			
Glycosylated HB (HbA1c)			
Whole Blood HbA1c (Boronate Affinity HPLC/Trinity)	5.3	%	Non diabetic:4.0-6.0 Target of therapy:<7.0 Change of therapy:>8.0
Estimated Average Glucose (eAG) (Calculated)	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



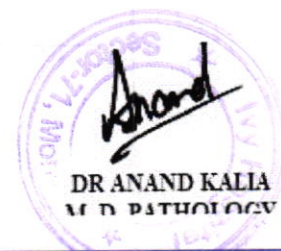


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Test Description	Observed Value	Unit	Reference Range
BLOOD GROUP RH TYPE			
<u>ABO & RH Typing</u>			
<u>Forward Grouping</u>			
Anti A	Negative		
Anti B	Negative		
Anti AB	Negative		
Anti D	Negative		
Reverse Grouping A Cells	POSITIVE		
Reverse Grouping B Cells	POSITIVE		
Reverse Grouping O Cells	Negative		
Final Blood Group	O NEGATIVE		

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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Test Description	Observed Value	Unit	Reference Range
BIOCHEMISTRY			
GLUCOSE FASTING			
Primary Sample Type:Fluoride Plasma			
Plasma Glucose Fasting (Hexokinase/ AU480)	84	mg/dL	< 106 Normal 107 - 125 Impaired Tolerance >126 Diabetic
RFT (RENAL FUNCTION TESTS)			
Serum Urea (Urease GLDH/AU480)	13.00	mg/dl	17-43
Serum Creatinine (JAFKE KINETIC/ AU480)	0.50	mg/dl	0.51-0.95
Serum Uric acid (Uricase/AU480)	3.60	mg/dl	2.6- 6.0
LIVER FUNCTION TEST WITH GGT			
Serum Bilirubin Total (DPD/AU 480)	0.40	mg/dL	0.3-1.2
Serum Bilirubin Direct (DPD/AU 480)	0.10	mg/dl	<0.3
Serum Bilirubin Indirect (Calculated)	0.30	mg/dl	0.1-1.0
Serum SGOT(AST) (IFCC Without PSP/ AU 480)	19	U/L	<35
Serum SGPT(ALT) (IFCC Without PSP/ AU 480)	18	U/L	<50
Serum AST/ALT Ratio (Calculated)	1.06		
Serum GGT (IFCC/AU 480)	10	IU/L	5-32
Serum Alkaline Phosphatase (IFCC PNPAMPKinetic/AU 480)	94	U/L	30-120
Serum Protein Total (Biuret)	6.6	gm/dl	6.40 - 8.20
Serum Albumin (BCG/AU 480)	4.0	g/dL	3.5-5.2
Serum Globulin (Calculated)	2.60	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.54	%	1.0 - 1.8



The highlighted values should be correlated clinically



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Test Description

LIPID PROFILE

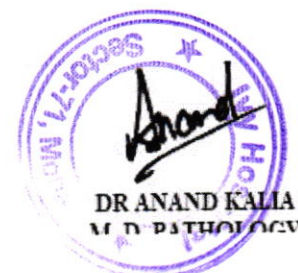
Observed Value

Unit

Reference Range

Serum Cholesterol (CHO POD/AU 480)	212	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides (Lip.ise GPO-PAP/ AU480)	98	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol (Immunoenzymatic/AU 480)	55	mg/dL	<40 Major risk factor for CHD >60 Negative risk factor for CHD
Serum VLDL cholesterol (Calculated)*	20	mg/dL	7-35
Serum LDL cholesterol (Calculated)	137	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	3.85		3-5
Serum LDL-HDL Ratio (Calculated)	2.50		1.5 - 3.5

Polo Labs



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Test Description

CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Test Description	Observed Value	Unit	Reference Range
Urine Volume	45.00	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 (Protein Ionization)	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		
Urine Nitrite	Absent		Absent

Microscopic Examination

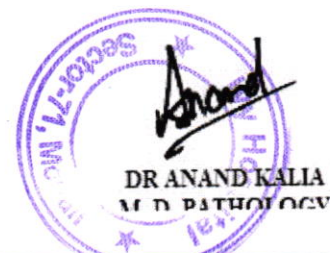
Urine Pus Cells	2-3		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	6-8	/hpf	0-5
Urine Casts	Absent	/lpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Both rods and cocci seen	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent

HAEMATOLOGY

ESR

Primary Sample Type:EDTA Blood

ESR (Automated ESR analyser)	15	mm/h	0-15
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Panel Name	:Ivy Mohali	Approved Date	:28/Jan/2023 10:49AM
Bar Code No	:12634293	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin <small>(Noncyanmethaemoglobin)</small>	12.2	g/dl	12.0 - 15.0
Hematocrit(PCV) <small>(Calculated)</small>	37.5	%	33-45
Red Blood Cell (RBC) <small>(Impedence/DC Detection)</small>	4.10	10 ⁶ / μl	3.8-4.8
Mean Corp Volume (MCV) <small>(Impedence/DC Detection)</small>	90.8	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	29.5	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	32.5	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	13.0	%	11-15
Platelet Count <small>(Impedence/DC Detection/Microscopy)</small>	371	10 ³ /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedence/DC Detection)</small>	10.0	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedence/DC Detection)</small>	5.7	10 ³ /μl	4.0 - 10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	64	%	40-75
Lymphocytes	28	%	20-40
Monocytes	5	%	0-8
Eosinophils	3	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,648	μl	2000-7000
Absolute Lymphocyte Count	1,596	uL	1000-3000
Absolute Monocyte Count	285	uL	200-1000
Absolute Eosinophil Count	171	μl	20-500

*** End Of Report ***

The highlighted values should be correlated clinically

