



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 2024251058101. 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
SUKHBIR KAUR	14.08.24	653423	2024251058101	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

X-MS-Exchange-CrossTenant-OriginalArrivalTime: 14 Aug 2024 03:03:50.5377 (UTC)
X-MS-Exchange-CrossTenant-originalarrivaltime: 14 Aug 2024 03:03:50.5377 (UTC)
X-MS-Exchange-CrossTenant-fromentityheader: Hosted
X-MS-Exchange-CrossTenant-id: 5a4944a1-7965-440b-966d-7e1f22a2f9c7
X-MS-Exchange-CrossTenant-mailboxtype: HOSTED
X-MS-Exchange-CrossTenant-userprincipalname: ou1pQw9w1QL+3de7FvBm2AhZjFWXrlZbyzbZM72HyYTnj:
X-MS-Exchange-Transport-CrossTenantHeadersStamped: MA0P287MB0829

----- Forwarded message -----

From: "Customer Care :Mediwheel : New Delhi" <customercare@mediwheel.in>
Date: 13-Aug-2024 6:51 pm
Subject: Please note the following health check-up booking summary on 14/08/2024
To: Abhishek Singh <abhishek.singh@ivyhospital.in>
Cc: healthcheckups mohali <healthcheckups.mohali@ivyhospital.in>

Members Name	Members Age	Package Name	Sum of Emp. Mobile
SUKHBIR KAUR	41 year	Mediwheel Full Body Health Checkup Female Above 40	9463689479

Thanks & Regards



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030
Ph No. 011-41195959
Email : customercare@mediwheel.in; | Web: www.mediwheel.in

Union Bank of India






नाम / सुखबीर कौर
 Name : Sukbir Kaur

कर्मचारी क्र / Employee No. : 653423

जन्म तिथि / Birth Date : 29-11-1982

रक्त समूह / Blood Group : B+ve

हस्ताक्षर / Signature : *Sukbir Kaur*

जारी करने का स्थान / Regional कार्यालय चंडीगढ़
 Place of Issue : Regional Office, Chandigarh

जारी करने की तिथि 20-Oct-2020
 Date of Issue :

[Signature]
कार्यालय अधिकारी / Issuing Authority

पहचान पत्र खोने की सूचना तत्काल
क्षेत्रीय कार्यालय, चंडीगढ़ को दें।
यदि किसी को यह पहचान पत्र मिले, तो सूचना
निम्न पते पर लौटाएं

Loss must be reported immediately
to Regional Office, Chandigarh
Finder, please return to-

The Chief Manager
Union Bank of India
Regional Office
SCO No. 54-55
Sector-17 B
Chandigarh - 160 017
Phone : 0172-2712230
Mobile : 9463689479






ਰਾਜਤ ਸਰਕਾਰ
Government of India

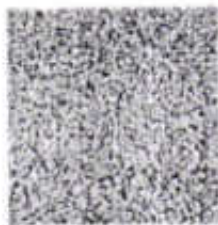
ਰਾਹਤੀ ਵਿਲੱਖਣ ਪਛਾਣ ਅਥਾਰਟੀ
Unique Identification Authority of India

ਨਮਜ਼ਦਗੀ ਨੰਬਰ/ Enrolment No.: 1212/00008/00648

Download Date: 03/12/2011

To
Sukbir Kaur
D/O Kesar Singh Cheema
HOUSE NO 1363B
PHASE XI
SECTOR 65
S.A.S Nagar (Mohali)
S.A.S Nagar(Mohali) Punjab - 160062
940289475

Name Date: 11/09/2011



ਤੁਹਾਡਾ ਆਧਾਰ ਨੰਬਰ / Your Aadhaar No. :

8033 2894 9455
VID : 9113 0346 2536 6302

ਮੇਰਾ ਆਧਾਰ, ਮੇਰੀ ਪਛਾਣ



ਰਾਜਤ ਸਰਕਾਰ
Government of India



ਰਾਹਤੀ ਵਿਲੱਖਣ ਪਛਾਣ ਅਥਾਰਟੀ
Unique Identification Authority of India



Download Date: 03/12/2011

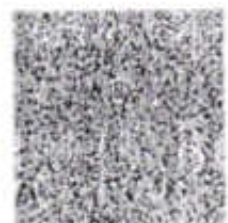


ਸੁਕਬੀਰ ਕੌਰ
Sukbir Kaur
ਜਨਮ ਤਾਰੀਖ: 29/11/1982
ਲਿੰਗ: FEMALE

Name Date: 11/09/2011

UID:
D/O Kesar Singh Cheema, ਮਕਾਨ ਨੰ 1363B, ਫੇਜ਼ 11,
ਸੈਕਟਰ 65, ਆਈ. ਐਸ. ਨਗਰ (ਮੋਹਾਲੀ),
ਫੇਜ਼ 11, ਆਈ. ਐਸ. ਨਗਰ (ਮੋਹਾਲੀ),
ਪੰਜਾਬ - 160062

Address:
D/O Kesar Singh Cheema, HOUSE NO
1363B, PHASE XI, SECTOR 65,
S.A.S Nagar (Mohali), S.A.S Nagar(Mohali),
Punjab - 160062



8033 2894 9455
VID : 9113 0346 2536 6302

ਮੇਰਾ ਆਧਾਰ, ਮੇਰੀ ਪਛਾਣ

8033 2894 9455
VID : 9113 0346 2536 6302

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



ਰਾਜਤ ਸਰਕਾਰ
Government of India



ਸੂਚਨਾ

- ਆਧਾਰ ਪਛਾਣ ਦਾ ਸਬੂਤ ਹੈ, ਨਾਗਰਿਕਤਾ ਦਾ ਨਹੀਂ
- ਪਛਾਣ ਦੀ ਪੁਸ਼ਟੀ ਲਈ, ਸੁਰੱਖਿਅਤ QR ਕੋਡ/ ਐਲਾਈਨ XML/ ਐਨਲਾਈਨ ਪ੍ਰਮਾਣਿਕਰਨ ਦੀ ਵਰਤੋਂ ਕਰੋ
- ਇਹ ਇੱਕ ਇਲੈਕਟ੍ਰੋਨਿਕ ਪ੍ਰਕਿਰਿਆ ਦੁਆਰਾ ਬਣਿਆ ਟੈਲਿਫੋਨ ਪੱਤਰ ਹੈ

INFORMATION

- Aadhaar is a proof of identity, not of citizenship
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication
- This is electronically generated letter.

- ਆਧਾਰ ਦੇਸ਼ ਭਰ ਵਿੱਚ ਪ੍ਰਮਾਣਿਤ ਹੈ
- ਆਧਾਰ ਤੁਹਾਨੂੰ ਆਜਾਨੀ ਨਾਲ ਕਈ ਸਰਕਾਰੀ ਅਤੇ ਗੈਰ ਸਰਕਾਰੀ ਸੇਵਾਵਾਂ ਦਾ ਭਾਗ ਲੈਣ ਵਿੱਚ ਸਹਾਇਤਾ ਕਰਦਾ ਹੈ
- ਆਪਣੇ ਮੋਬਾਇਲ ਨੰਬਰ ਅਤੇ ਈਮੇਲ ਆਈਡ ਨੂੰ ਆਧਾਰ ਵਿੱਚ ਅਪਡੇਟ ਰੱਖੋ
- mAadhaar ਐਪ ਦੀ ਵਰਤੋਂ ਕਰਕੇ, ਆਧਾਰ ਨੂੰ ਆਪਣੇ ਸਮਾਰਟ ਫੋਨ ਵਿੱਚ ਰੱਖੋ

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use m/Aadhaar App.



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IVY Hospital Mohali Sector 71, Mohali, Punjab -

Bill of Supply

GST No	02AAACL0738K1ZT	Bill Date	14-Aug-2024
Bill No	2024251058101	Reg ID	2388591
Bill To	HEALTHASSURE PRIVATE	Sex/Age	Female/41 years, 8 months, 24 days
TPA	HEALTHASSURE PRIVATE	Consultant	DR. Direct
UHID	466578	Referred By	Direct
Name	Ms. SUKHBIR KAUR D/WO	GST No.	03AABCI4594F1ZQ
Address	#1363/8 PHASE - 11 MOHALI - 160047	Category	Health Services
Phone No	9463689479	Policy No.	0
UTI/Claim/Ref	0/	Pan No	AABCI4594F

Sr	Date	Code/Bate	Activity Desc.	Rate	Qty.	Amount
1	14-Aug-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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IVY HELPLINE : +91 8078880788



Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : UB5110PB2005PTC027898

Name: Mr. Sukhbir Paul UHID: 466578
 Age: 41/F Consultant: Dr. Mukesh Vats Date: 14/08/24
 BP: _____ Pulse: _____ RR: _____ Temp: _____ Pain: _____
 Ht: _____ Wt: _____ Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: _____
 Complaint: _____

Investigations	Clinical Notes
<p>UMP 6/6 6/6 (U-A)</p> <p>70/6/6 K</p>	<p>no general check up</p> <p><u>Rept - NSUR</u></p> <p>ALS - WNL.</p> <p>Fundus ↑ / Disc + macula - (N)</p> <p>Adv: ① Refresh tears old TBSON</p> <p>Review annually 150g</p>

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

Dr. Mukesh Vats
 MS, FVRS
 Retina Consultant & Phaco Surgeon
 PMC: 45034

Follow up

Sign & Stamp
Ivy/OPD/Form/005



only copy

B

Ivy Hospital

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

Name: Ms. Sukhbir Kaur UHID: 466578
 Age: 41/F Consultant: Dr. Balvir Kaur Date: 14.08.24
 BP: 124/88 Pulse: 92 RR: _____ Temp.: _____ Pain: _____
 Ht.: _____ Wt.: _____ Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: _____
 Complaint: _____

Investigations

Clinical Notes

Adv
(HSG pelvis)

W/o hypernatremia 2 weeks back.
 T. Calcitonin weekly
 sup: - on withdrawal
 once
 sup: 6/8/24

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

Dr. Balvir Kaur Ghai
 MBBS / MS (OBST. & GYN) DNB
 FRCOG 1 (UK)
 Consultant - Obstetrics, Gynaecology
 R N F Specialist
 Lic Reg No. 54331

Sign & Stamp

Follow up



Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No.: UB5110PB2005PTC027898

Name: Miss. Sushila Jain UHID: 466578
 Age: 41/F Consultant: Dr. G. Ranjeeth Date: 14.08.24
 BP: 124/88 Pulse: 92/min RR: _____ Temp: _____ Pain: _____
 Ht: _____ Wt: _____ Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: _____
 Complaint: _____

Investigations

Clinical Notes

2DECHO - EF 55%
 AL RW MA
 ECG - NSR
 TSH - 43 ↑ T3 - 1.7
 T4 - 12.5
 FBS - 101, 4:7-⊙
 ECR-24
 choll TG/CO/LDL
 151/63/52/62
 Hb - 13.6/700/15 m3
 HSA/L - 4.7

Systemic Healths checkup

wt. 94 kg.

Adv

Cap. Met & Cal (1) 2hr after food

Repeat ✓ TSH, Free T3, Free T4, Anti TPO

only adv.

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

Follow up

Dr. G. Ranjeeth
 Sign & Stamp
 Regn. No. 8888
 Ivy/OPD/Form/005



NAME : Ms. SUKHBIR KAUR

DOB/Gender : 29-Nov-1982/F

UHID : 466578

Inv. No. : 4507238

Panel Name : Ivy Mohali

Bar Code No : 13237279

Requisition Date : 14/Aug/2024 08:40AM

Sample CollDate : 14/Aug/2024 08:51AM

Sample Rec.Date : 14/Aug/2024 08:51AM

Approved Date : 14/Aug/2024 10:21AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3

1.70

ng/mL

0.970 - 1.69

T3 (U) (Urea: 9006)

Summary & Interpretation:

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It occurs under the influence of medications such as propylthiouracil, 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

12.90

µg/dL

5.52 - 12.97

T4 (U) (Urea: 9006)

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

4.300

mIU/L

0.4001 - 4.049 (mIU/L)

TSH (U) (Urea: 3040) TSH (U) (generation)

PREGNANCY REFERENCE RANGE

FOR TSH IN uIU/mL

1st Trimester 0.1298 - 3.120

2nd Trimester 0.2749 - 2.652

3rd Trimester 0.3127 - 2.947

Summary & Interpretation:

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

Note:

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

2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

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

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

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



The highlighted values should be correlated clinically

Result Entered By: Prem Lata 6861M





NAME : Ms. SUKHBIR KAUR

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Inv. No. : 4507238

Panel Name : Ivy Mohali

Bar Code No : 13237279

Requisition Date : 14/Aug/2024 08:40AM

SampleCollDate : 14/Aug/2024 08:51AM

Sample Rec.Date : 14/Aug/2024 08:51AM

Approved Date : 14/Aug/2024 09:58AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY**GLUCOSE FASTING**

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting <small>(Y111078-5000 Colorimetric - Glucose oxidase, Hydrogen peroxide)</small>	101	mg/dL	Normal 70-99 mg/dl Impaired Tolerance 100 - 125mg/dl Diabetic \geq 126 mg/dl
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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 \geq 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>(Y111078-5000 Colorimetric - Urease- CK)</small>	22.00	mg/dL	15-36.3 mg/dl
Serum Creatinine <small>(Y111078-5000 Turbidity rate - Enzymatic)</small>	0.60	mg/dL	0.52-1.04 mg/dl
Serum Uric acid <small>(Y111078-5000 Colorimetric - Uricase)</small>	6.00	mg/dL	2.5-6.2 mg/dl

Interpretation:

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

The highlighted values should be correlated clinically

Result Entered By: Prem Lata DRO/IM





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Approved Date : 14/Aug/2024 09:58AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST WITH GGT			
Serum Bilirubin Total <small>(S111016) Serum Colorimetric - Diglycine, Diazonium salt</small>	0.70	mg/dL	0.2-1.3 mg/dl
Serum Bilirubin Direct <small>(S111016) Serum Colorimetric - Direct reaction</small>	0.40	mg/dL	Adult 0.0-1.1 mg/dl Neonate 0.6--10.5 mg/dl
Serum Bilirubin Indirect <small>(S111016) Serum Colorimetric - Direct reaction</small>	0.30	mg/dL	Adult 0.0-0.3 mg/dl Neonate 0.0-0.6 mg/dl
Serum SGOT(ALT) <small>(S111016) Serum UV with PSP</small>	38	U/L	14-36U/L
Serum SGPT(ALT) <small>(S111016) Serum Multipoint one - UV with PSP</small>	37	U/L	9-52U/L
Serum AST/ALT Ratio <small>(S111016)</small>	1.03		
Serum GGT <small>(S111016) Serum Multipoint one - G-gamma-glutamyltransferase</small>	17	U/L	15-73
Serum Alkaline Phosphatase <small>(S111016) Serum Multipoint one - PMPP - AMP Buffer (17°C)</small>	115	U/L	38-126U/L
Serum Protein Total <small>(S111016) Serum Colorimetric - Biuret reagent blank, and protein</small>	7.5	g/dl	6.3-8.2g/dl
Serum Albumin <small>(S111016) Serum Colorimetric - Bromocresol Green</small>	4.3	g/dl	3.5-5.0g/dl
Serum Globulin <small>(S111016)</small>	3.20	mg/dL	2.0-3.5
Serum Albumin-Globulin Ratio <small>(S111016)</small>	1.34	%	1.0 - 1.8

Interpretation:

Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels.

LIPID PROFILE

Serum Cholesterol <small>(S111016) Serum Colorimetric - Cholesterol oxidase, esterase, peroxidase</small>	151	mg/dL	Desirable <200mg/dl Boredline High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides <small>(S111016) Serum Colorimetric - Turbidity, end point</small>	83	mg/dL	Normal < 150mg/dl Boredline High 150-199mg/dl High 200-499mg/dl Very High ≥500 mg/dl

The highlighted values should be correlated clinically

Result Entered By:Prem Lata 6861M





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Sample Rec.Date : 14/Aug/2024 08:51AM

Approved Date : 14/Aug/2024 09:58AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
Serum HDL Cholesterol <small>(Cholesterol - HDL) / (Cholesterol - HDL) x 100</small>	52	mg/dL	Low to Average <40 mg/dl High ≥ 60.0mg/dl
Serum VLDL cholesterol <small>(Triglyceride) / 5</small>	17	mg/dL	7-35
Serum LDL cholesterol <small>(Cholesterol - HDL) - (Triglyceride) / 5</small>	82	mg/dL	50-100
Serum Cholesterol-HDL Ratio <small>(Cholesterol) / (HDL)</small>	2.90		3-5
Serum LDL-HDL Ratio <small>(LDL) / (HDL)</small>	1.58		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
LDL 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 (2+) Risk Factors and 10-year risk <20%	<130	<160
0-1 Risk Factor	<160	<190



The highlighted values should be correlated clinically

Result Entered By: Prem Lam 6861M





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UHID : 466578

Inv. No. : 4507238

Panel Name : Ivy Mohali

Bar Code No : 13237279

Requisition Date : 14/Aug/2024 08:40AM

Sample Coll Date : 14/Aug/2024 08:51AM

Sample Rec. Date : 14/Aug/2024 08:51AM

Approved Date : 14/Aug/2024 10:02AM

Referred Doctor : Self

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	POSITIVE
Anti D	POSITIVE
Final Blood Group	B POSITIVE

NOTE:

- * Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- * So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of maternal antibodies in newborns, may interfere with blood grouping.
- * Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

The highlighted values should be correlated clinically

Result Entered By: Prem Lata 6861M





NAME : Ms. SUKHBIR KAUR

DOB/Gender : 29-Nov-1982/F

UHID : 466578

Inv. No. : 4507238

Panel Name : Ivy Mohali

Bar Code No : 13237279

Requisition Date : 14/Aug/2024 08:40AM

Sample Coll Date : 14/Aug/2024 08:51AM

Sample Rec. Date : 14/Aug/2024 08:51AM

Approved Date : 14/Aug/2024 10:03AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY**ESR**

Primary Sample Type: EDTA Blood

ESR <small>(Westergren ESR method)</small>	24	mm/h	0-15
COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)			
Haemoglobin <small>(Colorimetric/Reflectance)</small>	13.6	g/dl	12.0 - 15.0
Hematocrit (PCV) <small>(Calculated)</small>	41.1	%	33-45
Red Blood Cell (RBC) <small>(Digitalized DC Detection)</small>	4.70	$10^6/\mu\text{l}$	3.8-4.8
Mean Corp Volume (MCV) <small>(Digitalized DC Detection)</small>	87.8	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	29.1	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	33.1	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	14.0	%	11-15
Platelet Count <small>(Digitalized DC Detection/Microscopy)</small>	315	$10^3/\mu\text{l}$	150-450
Mean Platelet Volume (MPV) <small>(Digitalized DC Detection)</small>	11.6	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Digitalized DC Detection)</small>	7.7	$10^3/\mu\text{l}$	4.0 - 10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	59	%	40-75
Lymphocytes	28	%	20-40
Monocytes	6	%	0-8
Eosinophils	7	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	4,543	μl	2000-7000
Absolute Lymphocyte Count	2,156	μl	1000-3000
Absolute Monocyte Count	462	μl	200-1000
Absolute Eosinophil Count	539	μl	20-500

The highlighted values should be correlated clinically

Result Entered By: Prem Lata 6861M





IVY HOSPITAL

F-317, Industrial Area, Phase 8B,
Mohali, Punjab

Ph: 9115110241, 9115115658

Email: lab@ivyhospital.com



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Panel Name : Ivy Mohali

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Requisition Date : 14/Aug/2024 08:40AM

Sample Coll Date : 14/Aug/2024 08:51AM

Sample Rec.Date : 14/Aug/2024 10:12AM

Approved Date : 14/Aug/2024 10:52AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c <small>(HbA1c)</small>	4.7	%	Non diabetic:4.0-5.7 Pre-diabetes:5.7-6.4 Diabetes:>=6.5
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Estimated Average Glucose (eAG) <small>(eAG)</small>	88	mg/dL	
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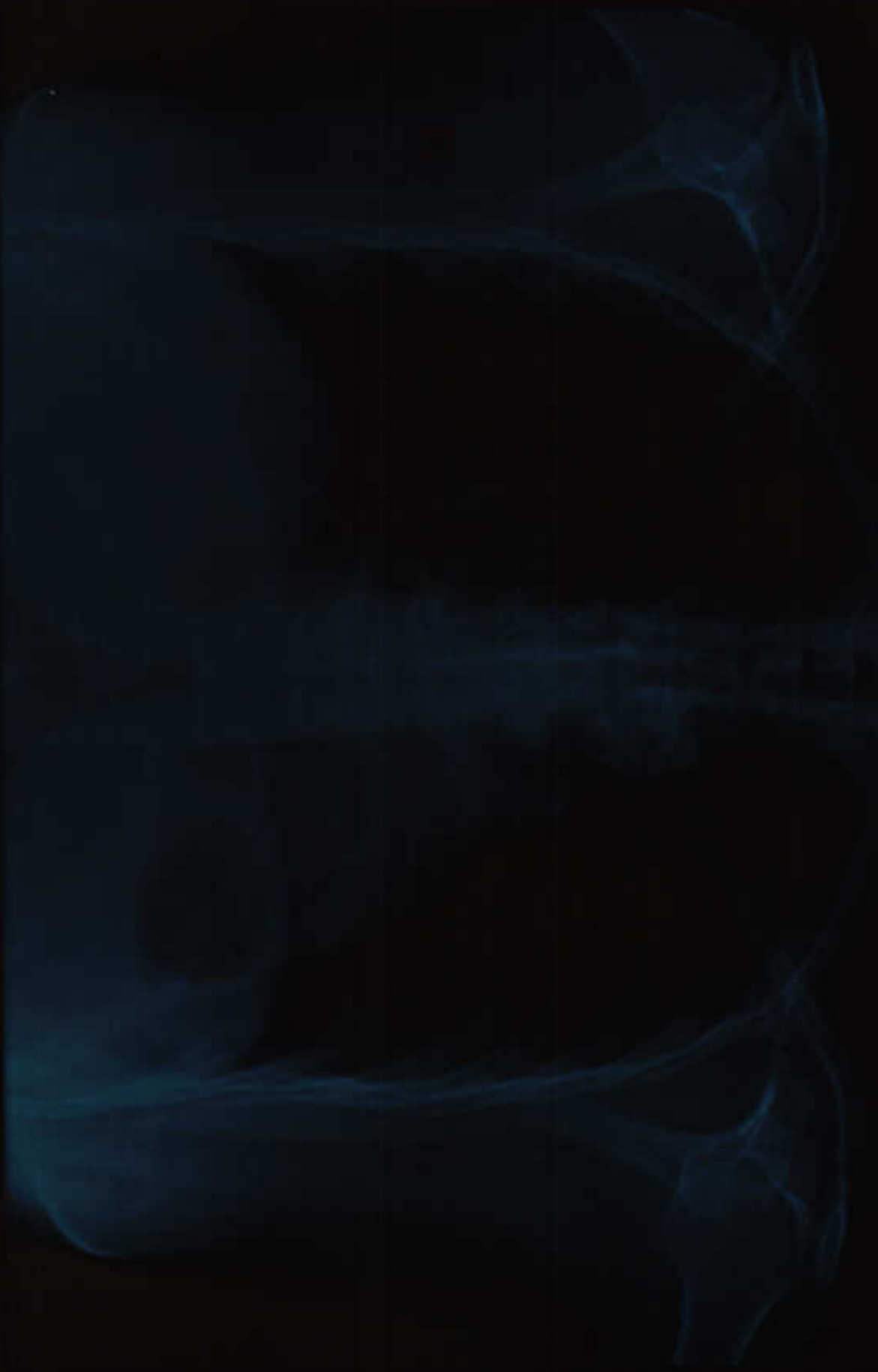
ADA criteria for correlation between HbA1c & Mean plasma glucose levels:
(Last three month's average).

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

*** End Of Report ***

Result Entered By:Prem Lata 6861M





D466578 SUXHERKAJUR F 41 years XNO 21463 QFD

NY HOSPITAL SECURITY MOHAW

HR 67 bpm

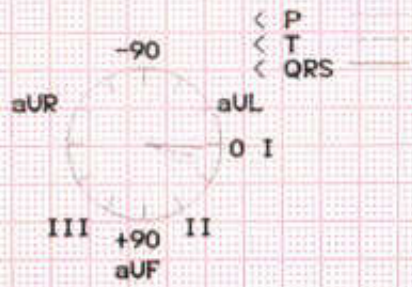
Ms. Suthbir Kaur

Age 41/7

UHID:- 466578

Measurement Results:

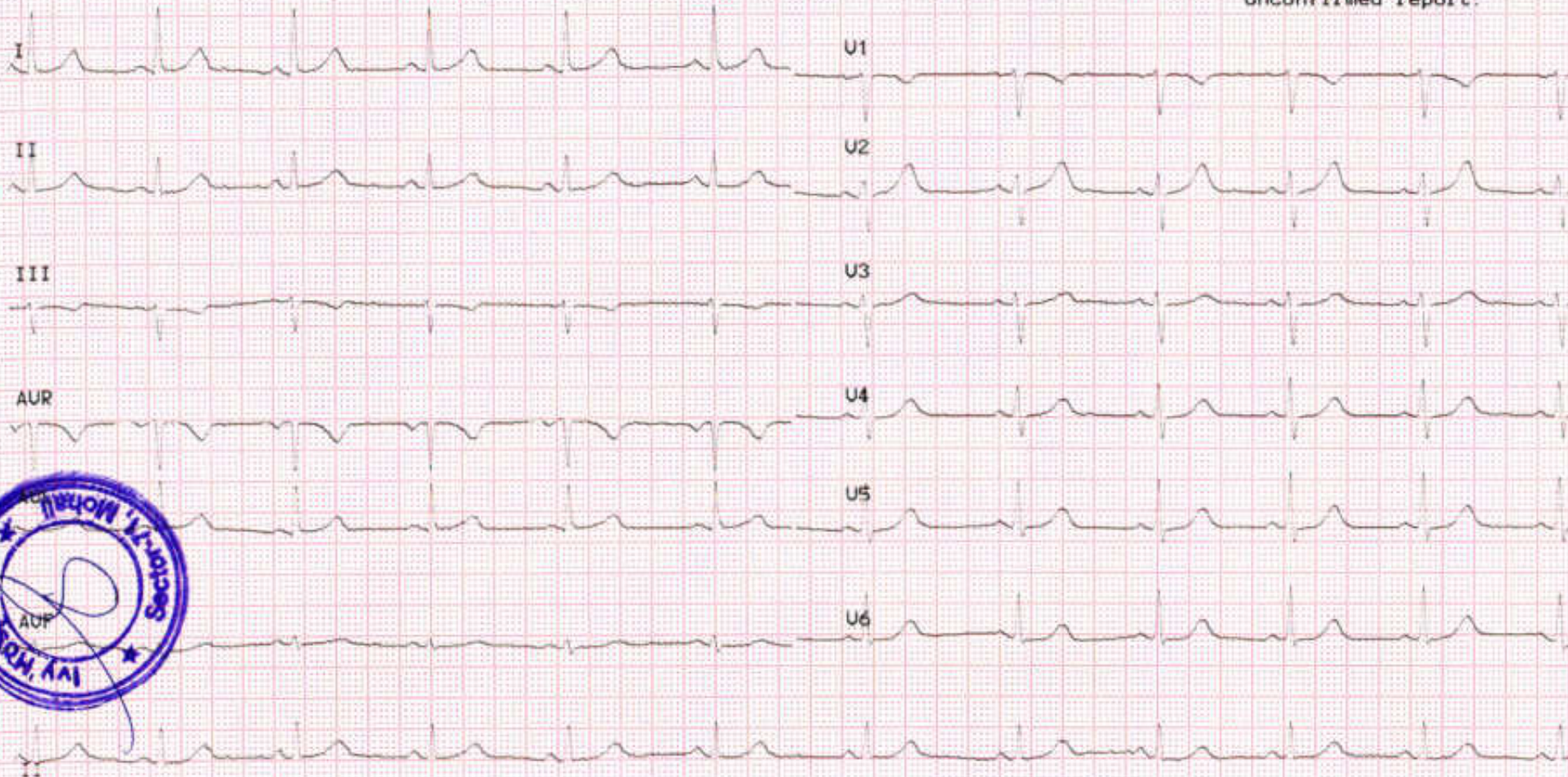
QRS	:	90 ms
QT/QTcB	:	410 / 434 ms
PR	:	120 ms
P	:	94 ms
RR/PP	:	894 / 885 ms
P/QRS/T	:	25/ 5/ 15 degrees
QTD/QTcBD	:	70 / 74 ms
Sokolow	:	1.5 mV
NK	:	9



Interpretation:

normal ECG

Unconfirmed report.





**Ivy
Hospital**
Patient Name
Gender/Age



SUKHBIR KAUR
Female / 42

Patient ID 466578
Test Date : 14 Aug 2024

Ivy Hospital

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

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	3.9	3.7-5.6 CM
Left Ventricular ES Dimension	2.6	2.2-4.0 CM
IVS (D)	0.9	0.6-1.2 CM
IVS (s)	1.3	0.7-2.6 CM
LVPW (D)	1.0	0.6-1.1 CM
LVPW (S)	1.2	0.8-1.0 CM
Aortic Root	2.9	2.0-3.7 CM
LA Diameter	3.4	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= 101cm/s, A= 70cm/s, E>A

Aortic valve: Vmax = 119cm/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

(NOT FOR MEDICO-LEGAL PURPOSE)

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

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Ivy Hospital

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

Remarks -

FINAL IMPRESSION -

No RWMA of LV

Normal LV systolic function (LVEF~55%)



DR RAKESH BHUTUNGRU

Director-Non Invasive Cardiology

MBBS, MD(Medicine), DM(Cardiology)

PMC-42588

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LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

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NAME : Ms. SUKHBIR KAUR

DOB/Gender : 29-Nov-1982/F

UHID : 466578

Inv. No. : 4507238

Panel Name : Ivy Mohali

Bar Code No : 13237279

Requisition Date : 14/Aug/2024 08:40AM

Sample CollDate : 14/Aug/2024 01:05PM

Sample Rec.Date : 14/Aug/2024 01:06PM

Approved Date : 14/Aug/2024 02:00PM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

GLUCOSE PP

Plasma Glucose Post Prandial

116

mg/dL

Normal <140

Impaired Tolerance 140--180

Diabetic >180

*** End Of Report ***



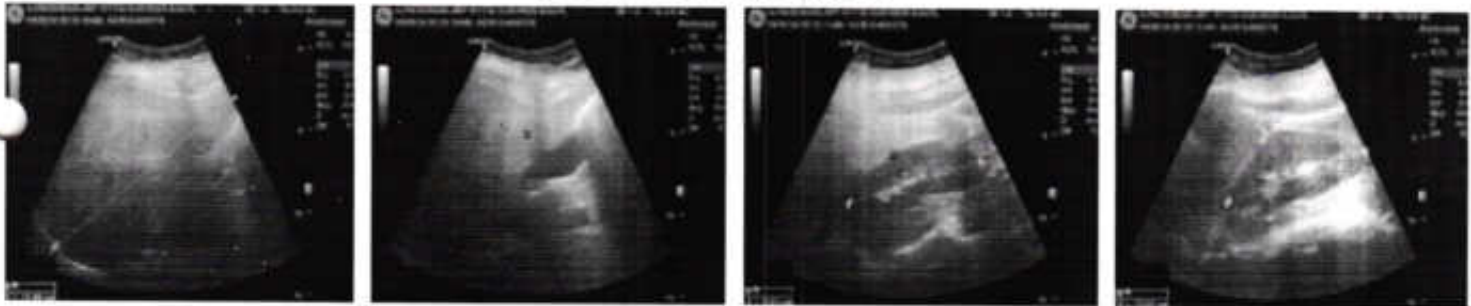
The highlighted values should be correlated clinically

Result Entered By: Jaspreet Kaur 6890



NAME	,, SUKHBIR KAUR	SEX/AGE	F41Y
PATIENT ID	ID466578	Accession Number	
REF CONSULTANT	PACKAGE	DATE	14/08/2024 09:27

USG WHOLE ABDOMEN



LIVER: is borderline enlarged in size (~15.5 cm), normal in outline and shows increased echogenicity. IHBR are not dilated. Portal vein is normal. CBD is not dilated.

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

SPLEEN: is normal in size (~9.5 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 (~9.4 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~10.0 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen. **A tiny cortical cyst measuring ~ 9.9 mm is seen at lower pole.**

U-BLADDER: is partially distended at the time of examination.

UTERUS: is normal in size and echotexture. ET measures ~ 5.4 mm.

Cervix measures ~ 2.4 cm in AP dimension. No adnexal SOL is seen.

No free fluid is seen in peritoneal cavity.

IMPRESSION:

Borderline hepatomegaly with fatty liver (Grade III).

Tiny left renal cortical cyst.

Adv. Clinical correlation and follow up

(NOT FOR MEDICO-LEGAL PURPOSE)



Ivy Hospital

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

NAME	., SUKHBIR KAUR	SEX/AGE	F41Y
PATIENT ID	ID466578	Accession Number	
REF CONSULTANT	PACKAGE	DATE	14/08/2024 09:27

DR COL HARPREET SINGH
MBBS, MD, DNB

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

(NOT FOR MEDICO-LEGAL PURPOSE)

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Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

NAME	SUKHBIR KAUR	SEX/AGE	F41Y
PATIENT ID	ID466578	Accession Number	XNO-21463-OPD
REF CONSULTANT	Dr.	DATE	14/08/2024 09:22

X-RAY CHEST (PA VIEW)

Rotation is present.

Both lung fields appear clear.

Bilateral hilar regions appear normal.

Domes of diaphragm and costophrenic angles appear normal.

Cardiac shadow is within normal limit.

Please correlate clinically.



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

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