

प्रति,

समन्वयक,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार है हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MRS. KAUR HARSHDEEP
क.कू.संख्या	74954
पदनाम	BRANCH OPERATIONS
कार्य का स्थान	KASHIPUR, KASHIPUR MAIN
जन्म की तारीख	04-03-1986
स्वास्थ्य जांच की प्रस्तावित तारीख	28-10-2024
बुकिंग संदर्भ सं.	24D74954100117950E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 21-10-2024 से 31-03-2025 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

भा.सं.प्र. एवं विपणन

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.) से संपर्क करें।)



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
MediWheel (M/s. Arcofami Healthcare Pvt. Ltd.)

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MRS. KAUR HARSHDEEP
EC NO.	74954
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	KASHIPUR, KASHIPUR MAIN
BIRTHDATE	04-03-1986
PROPOSED DATE OF HEALTH CHECKUP	28-10-2024
BOOKING REFERENCE NO.	24D74954100117950E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **21-10-2024** till **31-03-2025**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM & Marketing Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofami Healthcare Pvt. Ltd.)



List of tests & consultations to be covered as part of Annual Health Check-up

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	Lipid Profile	Lipid Profile
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	Liver Profile	Liver Profile
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	Kidney Profile	Kidney Profile
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	General Tests	General Tests
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynaec Consultation
29	PSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation

Subject: FW: Health Check up Booking Confirmed Request(22E36488),Package Code-PKG10000475, Beneficiary Code-296441

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

Date: 11/5/2024, 10:40 AM

To: sanjeev kamboj <sanjeev.kumar1@ivyhospital.com>

Regards

Abhishek Singh

Senior Manager- Corporate

8699999914

Abhishek.Singh@Livasahospitals.in



From: Mediwheel <wellness@mediwheel.in>

Sent: Tuesday, October 22, 2024 12:32 PM

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

Cc: customercare@mediwheel.in

Subject: Health Check up Booking Confirmed Request(22E36488),Package Code-PKG10000475, Beneficiary Code-296441



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 Below 40

Patient Package Name : Mediwheel Full Body Health Checkup Female Below 40

Contact Details : 7206391913

Appointment Date: 28-10-2024

Confirmation Status : Booking Confirmed

Preferred Time : 09:00 AM - 09:30 AM

Member Information		
Booked Member Name	Age	Gender
MRS. KAUR HARSHDEEP	38 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)

भारत सरकार
Government of India



शरीर रंग
Harshdeep Kaur
DOB: 04/03/1996
SEX: FEMALE



7078 7405 2081
UID: 316156785817822

मेरा आधार, मेरी पहचान

482417

भारत सरकार
Unique Identification Authority of India

UID: 316156785817822
UID No. #159-एन (1), 3-एन (1)
पिन - 136119

Address:
W/O Banadur Singh, #159, Barwa (S),
Kurukshetra,
Haryana - 136119



7078 7405 2081
UID: 316156785817822



बैंक ऑफ बरोडा
Bank of Baroda

नाम
Name : HARSHDEEP KAUR

कर्मचारी कूट.क्र.
E. C. No. : 74954



Subodh

सहायक प्रबन्धक, ए. ए. ए. वि. वि. क. क. क.
Asst. Manager, A. A. A. V. V. C. C. C.



[Handwritten Signature]

सहायक प्रबन्धक
Asst. Manager



**IVY Hospital Mohali
Sector 71, Mohali, Punjab -**

Bill of Supply

GST No	29AAHCP3193M12R	Bill Date	28-Oct-24
Bill No	2024251096674,	Reg ID	2481631
Bill To	Medibuddy Phasorz	Sex/Age	Female/38 years, 8
TEA	Medibuddy Phasorz	Consultant	DR. Direct
UHID	482417	Referred By	Direct
Name	MRS. HARSHDEEP KAUR D/WO	GST No.	03AABC14594F12Q
Address	# 159 BARWA	Category	Health Services
Phone No	7206391913	Policy No.	22E36488
UTI/Claim/Ref	22E36488/	Fan No	AABC14594F

Sr	Date	Code/Batch	Activity Desc.	Rate	Qty.	Amount
1	28-Oct-24		OPD Package Charges	2600	1	2600
			Bill Amount			2600
			Net Amount			2600
			Advance Amount			0
			CSR/Discount			0
			Ward Charges Reversed			0
			Receipt Amount			0
			Refund Amount			0
			Payable Amount			2600



(For OPD/Discharge Summary/Billing Purpose Only)

Livasa Hospital, Mohali

(A Unit of Ivy Health and Life Sciences Private Limited)

Hospital Address: Sector 71, SAS Nagar, Mohali, Punjab-160071

For any service queries or appointments

Call: +91 8078880788, 6239502002

E-mail: cs@ivyhospital.com | Website: www.ivyhospital.com

Registered Address: Administration Block,
Livasa, Sector-71, Mohali, Punjab -160071

Corporate Office: C-133, Industrial Area, Phase B,
SAS Nagar, Mohali, Punjab-160071

Phone: 91-172-7170000, Fax: 91-172-2274900

CIN No.: U85110PB2005PTC027898

GSTIN: 03AABC14594F12Q

LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115624

Email: pathreports@ivyhospital.in



Ivy

Name: MRS. HARSHDEEP KAUR

DOB/Gender: 04-Mar-1986/F

UHID: 482417

Inv. No: 4686037

Panel Name: Ivy Mohali

Bar Code No: 13302710

Requisition Date: 28/Oct/2024 10:27AM

Sample Coll Date: 28/Oct/2024 10:32AM

Sample Rec Date: 28/Oct/2024 10:32AM

Approved Date: 28/Oct/2024 12:06PM

Referred Doctor: Self

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 <small>(T3IA) (Viva 500)</small>	1.30	ng/mL	0.970 - 1.69
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Summary & Interpretation:

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It occurs under the influence of medications such as propylthiouracil, glucocorticoids or amiodarone and is seen in ana-thyroidal illness (NTH). The determination of T3 is utilized in the diagnosis of T3 hyperthyroidism, the detection of early stages of hypothyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

Serum Total T4 <small>(T4IA) (Viva 500)</small>	8.80	µg/dL	5.52 - 12.97
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Summary & Interpretation:

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

Serum TSH <small>(TSH) (Viva 500- TSH) (re-generation)</small>	1.200	mIU/L	0.4001 - 4.049 (mIU/L) PREGNANCY REFERENCE RANGE FOR TSH IN uIU/mL: 1st Trimester 0.1298 - 3.1202nd Trimester 0.2749 - 2.6523rd Trimester 0.3127 - 2.947
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Summary & Interpretation:

TSH is formed in specific bioactive 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, Acrometabolic 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 - 5.38

The highlighted values should be correlated clinically

Result Entered By: Deenika 40845



LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115624

Email: pathreports@ivyhospital.in



Ivy

Name	: MRS. HARSHDEEP KAUR	Requisition Date	: 28/Oct/2024 10:27AM
DOB/Gender	: 04-Mar-1986/F	Sample Coll Date	: 28/Oct/2024 10:32AM
UHID	: 482417	Sample Rec. Date	: 28/Oct/2024 10:32AM
Inv. No	: 4686037	Approved Date	: 28/Oct/2024 12:06PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13302710		

Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting <small>(UTRIS 2000, Cobasarc - Diagnostics, by Roche Diagnostics)</small>	84	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.



The highlighted values should be correlated clinically
Result Entered By: Geetika 40645



DR BHUMIKA BISHT
M. D. PATHOLOGY

LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071
Ph: 9115115257, 9115115624
Email: pathreports@ivyhospital.in



Ivy

NAME	: MRS. HARSHDEEP KAUR	Requisition Date	: 28/Oct/2024 10:27AM
DOB/Gender	: 04-Mar-1986/F	Sample Coll Date	: 28/Oct/2024 01:47PM
UHID	: 482417	Sample Rec. Date	: 28/Oct/2024 01:47PM
Inv. No.	: 4686037	Approved Date	: 28/Oct/2024 03:52PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13302710		

Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

GLUCOSE PP

Plasma Glucose Post Prandial
(Fasting 990-1260 mg/dL - Orange cap tube, 1200-1800 mg/dL)

91

mg/dL

Normal <140
Impaired Tolerance 140-180
Diabetic >180

The highlighted values should be correlated clinically
Result Entered By: Gireetika 40845



Dr. Shweta K.
M.D. PATHOLOGIST

LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115624

Email: pathreports@ivyhospital.in



Ivy

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Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13302710		

Test Description	Observed Value	Unit	Reference Range
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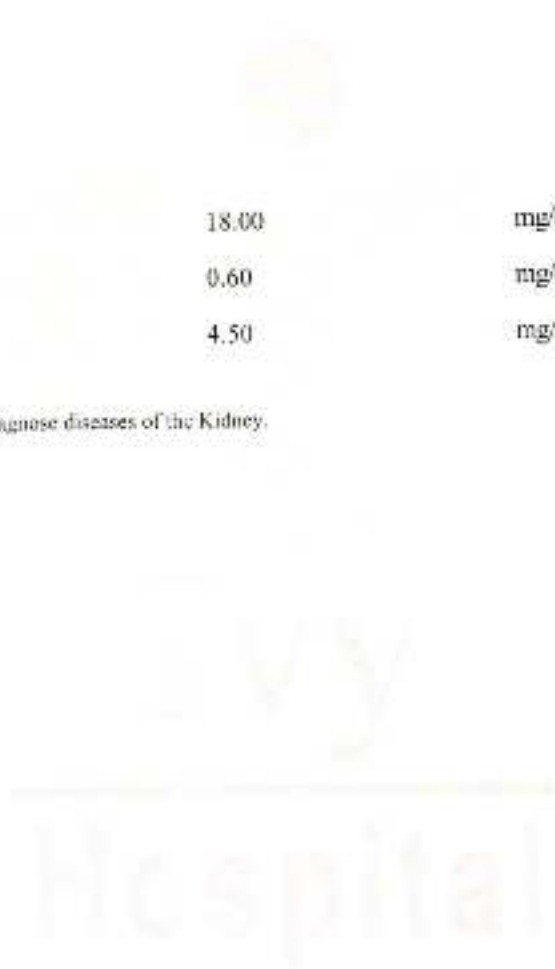
BIOCHEMISTRY

RFT (RENAL FUNCTION TESTS)

Serum Urea <small>(UTRA05 500) (Creatinine - Urine, U/L)</small>	18.00	mg/dL	15-36.3 mg/dl
Serum Creatinine <small>(UTRA06 500) (Creatinine - Blood)</small>	0.60	mg/dL	0.52-1.04 mg/dl
Serum Uric acid <small>(UTRA07 500) (Uric Acid - Urine)</small>	4.50	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: Geetika 40845



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Test Description	Observed Value	Unit	Reference Range
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LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total <small>(UTR05 500) (Colorimetric - Dip) (Ser. Bilirubin total)</small>	0.50	mg/dL	0.2-1.3 mg/dl
Serum Bilirubin Direct <small>(UTR05 500) (Colorimetric - Direct) (Serum)</small>	0.15	mg/dL	Adult 0.0-1.3 mg/dl Neonate 0.6-10.5 mg/dl
Serum Bilirubin Indirect <small>(UTR05 500) (Colorimetric - Direct) (Serum)</small>	0.35	mg/dL	Adult 0.0-0.3 mg/dl Neonate 0.0-0.6 mg/dl
Serum SGOT(AST) <small>(UTR05 500) (UV) (Ser. AST)</small>	27	U/L	14-36U/L
Serum SGPT(ALT) <small>(UTR05 500) (Multi-point rate - UV) (Ser. ALT)</small>	26	U/L	9-32U/L
Serum AST/ALT Ratio <small>(Calculated)</small>	1.04		
Serum GGT <small>(UTR05 500) (Multi-point rate - Ophthal) (Serum) (GGT)</small>	13	U/L	15-75
Serum Alkaline Phosphatase <small>(UTR05 500) (Multi-point rate - MPT) (AMP) (Serum) (ALP)</small>	71	U/L	38-126U/L
Serum Protein Total <small>(UTR05 500) (Colorimetric - Buret) (Serum) (Total protein)</small>	7.0	g/dl	6.3-8.2g/dl
Serum Albumin <small>(UTR05 500) (Colorimetric - Buret) (Serum) (Albumin)</small>	4.4	g/dl	3.5-5.0g/dl
Serum Globulin <small>(Calculated)</small>	2.60	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio <small>(Calculated)</small>	1.69	%	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 Tylezol 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>(UTR05 500) (Colorimetric - Enzymatic) (Serum) (Cholesterol)</small>	225	mg/dL	Desirable <200mg/dl Borderline High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides <small>(UTR05 500) (Colorimetric - Enzymatic) (Serum)</small>	134	mg/dL	Normal < 150mg/dl Borderline High 150-199mg/dl High 200-499mg/dl

The highlighted values should be correlated clinically

Result Entered By: Geetika 40845



LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115624

Email: pathreports@ivyhospital.in



Ivy

Name	Hospital	: MRS. HARSHDEEP KAUR	
DOB/Gender	: 04-Mar-1986/F	Registration Date	: 28/Oct/2024 10:27AM
UHID	: 482417	Sample CollDate	: 28/Oct/2024 10:32AM
Inv. No.	: 4686037	Sample Rec.Date	: 28/Oct/2024 10:32AM
Panel Name	: Ivy Mohali	Approved Date	: 28/Oct/2024 12:06PM
Bar Code No	: 13302710	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
Serum HDL Cholesterol <small>(Cholesterol, HDL, TG, TC, HDL-C, LDL-C, VLDL-C, TC/HDL-C, TG/HDL-C)</small>	65	mg/dL	Very High ≥ 500 mg/dl Low to Average < 40 mg/dl High ≥ 60.0 mg/dl
Serum VLDL cholesterol <small>(Cholesterol)</small>	27	mg/dL	7-35
Serum LDL cholesterol <small>(Cholesterol)</small>	133	mg/dL	50-100
Serum Cholesterol-HDL Ratio <small>(Cholesterol)</small>	3.46		3-5
Serum LDL-HDL Ratio <small>(Cholesterol)</small>	2.05		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 <small>(10-year risk for CHD $> 20\%$)</small>	< 100	< 130
Multiple (2+) Risk Factors and <small>10-year risk $< 20\%$</small>	< 130	< 160
0-1 Risk Factor	< 160	< 190

The highlighted values should be correlated clinically

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Test Description	Observed Value	Unit	Reference Range
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CALCIUM(CA⁺⁺)

Serum Calcium

(VITA 5623) (SERO) - Adult - III

9.4

mg/dL

8.4-10.5mg/dl

Description: About 50% of the calcium present in circulation is free (also known as ionized calcium); 40% of serum calcium is bound to proteins, especially albumin (80%) and, secondary, to globulins (20%); and about 10% exists as various small diffusible inorganic and organic anions (eg, bicarbonate, lactate, citrate). Heart and skeletal muscle contractility are affected by calcium ions; in addition, calcium ions are vital to nervous system function and are associated with blood clotting and bone mineralization. The concentration of serum calcium is tightly regulated by parathyroid hormone (PTH) and 1,25-hydroxy vitamin D.

Interpretation:

Serum calcium is decreased (hypocalcemia) in the following conditions:

Hypoparathyroidism, Vitamin D deficiency, Chronic renal disease, Pseudohypoparathyroidism,

Magnesium deficiency (PTH glandular release is magnesium-dependent), Hyperphosphatemia,

Massive transfusion, Hypoalbuminemia, Severe calcium dietary deficiency and Severe pancreatitis (calcium saponification)

Serum calcium is increased (Hypercalcemia) in the following conditions:

Hyperparathyroidism, Vitamin D excess, Milk-alkali syndrome, Multiple myeloma, owing to bone lesions, Paget disease of bone with prolonged immobilization, Sarcoidosis, Familial hypercalcemia, Vitamin A intoxication, Thyrotoxicosis and Addison disease



The highlighted values should be correlated clinically

Result Entered By: Genika 40545



LIVASA HOSPITAL

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Ivy

NAME	: MRS. HARSHDEEP KAUR	Requisition Date	: 28/Oct/2024 10:27AM
DOB/Gender	: 04-Mar-1986/F	Sample Col Date	: 28/Oct/2024 12:33PM
UHD	: 482417	Sample Rec. Date	: 28/Oct/2024 12:33PM
Inv. No.	: 4686037	Approved Date	: 28/Oct/2024 01:31PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13302710		

Test Description	Observed Value	Unit	Reference Range
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CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	20.00	mL	
Urine Colour	Pale yellow		Light Yellow
Urine Appearance	Clear		Clear

Chemical Examination (Reflectance Photometry)

Urine pH	6.00		4.8-7.6
Urine Specific Gravity	1.005		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		Absent
Urine Nitrite	Absent		Absent

Microscopic Examination

Urine Pus Cells	6-7		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	2-4	/hpf	0-5
Urine Casts	Absent	/hpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Present	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent



Result Entered By: Geetika 00845



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Ivy

NAME: Hospital	: MRS. HARSHDEEP KAUR	Requisition Date	: 28/Oct/2024 10:27AM
DOB/Gender	: 04-Mar-1986/F	Sample Coll Date	: 28/Oct/2024 01:47PM
UHD	: 482417	Sample Rec. Date	: 28/Oct/2024 01:47PM
Inv. No.	: 4686037	Approved Date	: 29/Oct/2024 12:30PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13302710		

CYTOLOGY

PAP SMEAR (CONVENTIONAL)

Reporting protocol : As per the 2014 Bethesda System

SPECIMEN NO. : C-781/24

SPECIMEN TYPE:

- Conventional Pap smear
- Liquid-based preparation (Sure Path)

SPECIMEN ADEQUACY :

- Satisfactory for evaluation
- Unsatisfactory for evaluation
 - Specimen rejected/not processed
 - Specimen processed and examined, but unsatisfactory for evaluation of epithelial abnormality.

NON NEOPLASTIC FINDINGS

Non-neoplastic cellular variations

- Squamous metaplasia
- Keratotic changes
- Tubal metaplasia
- Atrophy
- Pregnancy-associated changes

Reactive cellular changes associated with:

- Inflammation (includes typical repair)
- Lymphocytic (follicular) cervicitis
- Radiation
- Intrauterine contraceptive device (IUD)
- Glandular cells status post hysterectomy

Organisms :

- Trichomonas vaginalis
- Fungal organisms morphologically consistent with Candida spp.
- Shift in flora suggestive of bacterial vaginosis
- Bacteria morphologically consistent with Actinomyces spp.
- Cellular changes consistent with herpes simplex virus
- Cellular changes consistent with cytomegalovirus

Other:

- Endometrial cells (in a woman >45 years of age)

EPITHELIAL CELL ABNORMALITIES :

The highlighted values should be correlated clinically

Result Entered By: Geetika 40845



DR BHUMIKA BISHT
M. D. PATHOLOGY

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Squamous Cell

- Atypical squamous cells of undetermined significance (ASC-US)
- Atypical squamous cells cannot exclude HSIL (ASC-H)
- Low-grade squamous intraepithelial lesion (LSIL) (encompassing: HPV/mild dysplasia/CIN 1)
- High-grade squamous intraepithelial lesion (HSIL) (encompassing: moderate and severe dysplasia, CIS, CIN 2 and CIN 3)
- Atypical squamous cells with features suspicious for invasion
- Squamous cell carcinoma

Glandular Cell

- Atypical endocervical cells NOS
- Atypical endometrial cells NOS
- Atypical glandular cells NOS
- Atypical endocervical cells, favor neoplastic
- Atypical glandular cells, favor neoplastic
- Endocervical adenocarcinoma in situ
- Adenocarcinoma (endocervical)
- Adenocarcinoma (endometrial)
- Adenocarcinoma (extrauterine)
- Adenocarcinoma, not otherwise specified (NOS)

Other Malignant Neoplasm:

INTERPRETATION / RESULT :

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.

Additional Remarks: Severe acute inflammation.



The highlighted values should be correlated clinically

Result Entered By: Dr. Bhumiika Bisht



DR. BHUMIKA BISHT
M. D. PATHOLOGY

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UHID	: 482417	Sample Rec. Date	: 28/Oct/2024 10:32AM
Inv. No.	: 4686037	Approved Date	: 28/Oct/2024 12:37PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13302710		

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c	5.1
Estimated Average Glucose (eAG)	100

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

The highlighted values should be correlated clinically

Result Entered By: Geesika 40545

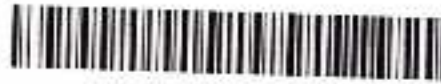


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Panel Name	: Ivy Mohali		
Bar Code No	: 13302710		

Test Description	Observed Value	Unit	Reference Range
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BLOOD GROUP RH TYPE

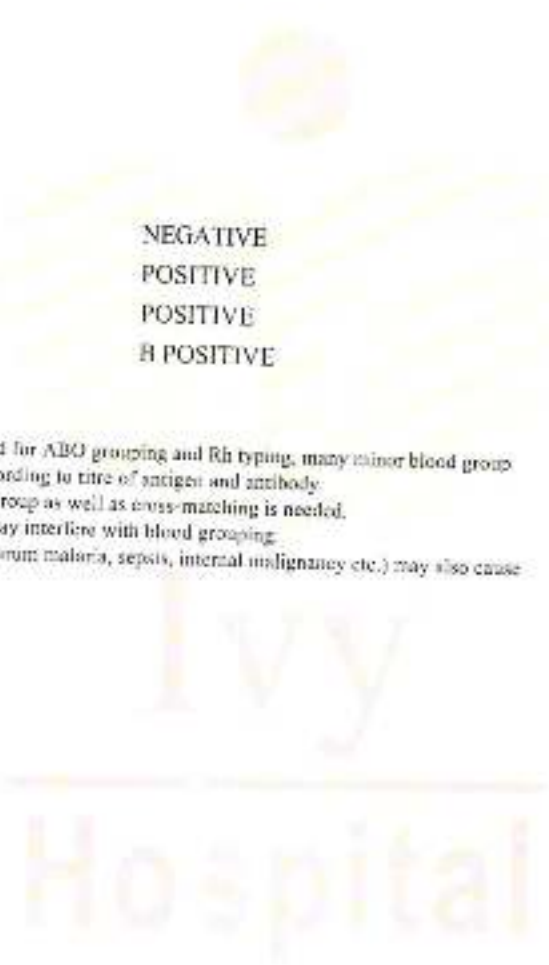
ABO & RH Typing

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: Geetika 60845



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Ivy

NAME: **Hospital** : MRS. HARSHDEEP KAUR

DOB/Gender : 04-Mar-1986/F

UHID : 482417

Inv. No. : 4686037

Panel Name : Ivy Mohali

Bar Code No : 13302710

Requisition Date : 28/Oct/2024 10:27AM

Sample Coll Date : 28/Oct/2024 10:32AM

Sample Rec. Date : 28/Oct/2024 10:33AM

Approved Date : 28/Oct/2024 12:06PM

Referred Doctor : Self

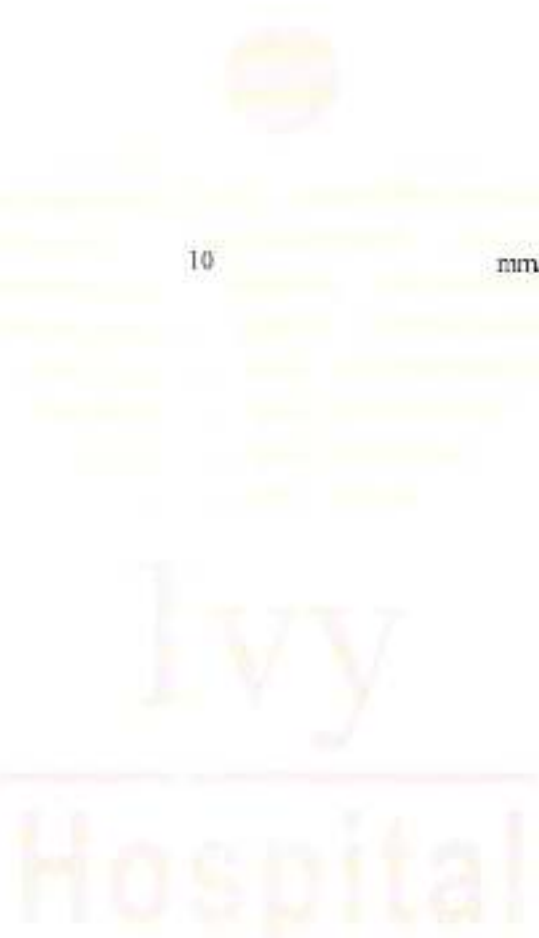
Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR (Westergaard ESR - 1st set) 10 mm/h 0-15



The highlighted values should be correlated clinically

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Ivy

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DOB/Gender	: 04-Mar-1986/F	Sample Rec Date	: 28/Oct/2024 10:33AM
UHID	: 482417	Approved Date	: 28/Oct/2024 12:06PM
Inv. No.	: 4686037	Referred Doctor	: Self
Panel Name	: Ivy Mohali		
Bar Code No	: 13302710		

Test Description	Observed Value	Unit	Reference Range
COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)			
Haemoglobin <small>(Preparative/Manual)</small>	13.4	g/dl	12.0 - 15.0
Hematocrit (PCV) <small>(Calculated)</small>	42.0	%	33-45
Red Blood Cell (RBC) <small>(Preparative/BC Detection)</small>	4.40	10 ⁶ / μ l	3.8-4.8
Mean Corp Volume (MCV) <small>(Preparative/BC Detection)</small>	95.5	fL	83-97
Mean Corp HB (MCH) <small>(Preparative)</small>	30.5	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	31.9	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	14.8	%	11-15
Platelet Count <small>(Preparative/BC Detection/Manual)</small>	245	10 ³ / μ l	150-450
Mean Platelet Volume (MPV) <small>(Preparative/BC Detection)</small>	12.1	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Preparative/BC Detection)</small>	7.0	10 ⁹ / μ l	4.0 - 10.0
Differential Leucocyte Count (VCS/ Microscopy)			
Neutrophils	47	%	40-75
Lymphocytes	42	%	20-40
Monocytes	7	%	0-8
Eosinophils	4	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,290	μ l	2000-7000
Absolute Lymphocyte Count	2,940	μ l	1000-3000
Absolute Monocyte Count	490	μ l	200-1000
Absolute Eosinophil Count	280	μ l	20-500

*** End Of Report ***

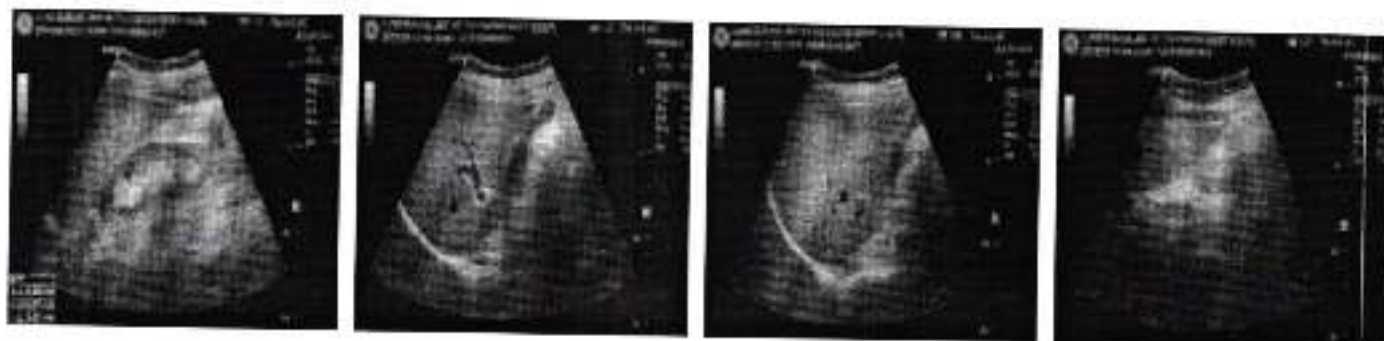
The highlighted values should be correlated clinically

Result Entered By: Geetika 40845



NAME	., HARSHDEEP KAUR	SEX/AGE	F38Y
PATIENT ID	ID482417	Accession Number	
REF CONSULTANT	PACKAGE	DATE	28/10/2024 10:16

USG WHOLE ABDOMEN



LIVER: is normal in size (~ 12.8cm), outline and shows increased echogenicity. IHBR are not dilated. Portal vein is normal. Visualized CBD is not dilated.

GALL BLADDER: is partially distended at the time of examination. Visualized lumen is clear.

SPLEEN: is normal in size (~ 7.6cm), 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 (~ 9.5cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~ 9.4cm), 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.

UTERUS: is normal in size, outline and echotexture. ET is ~ 7.7mm.

OVARIES: They are normal in size and echotexture.

No free fluid is seen in peritoneal cavity.

OPINION: Fatty liver Grade I.

Adv. Clinical correlation and follow up



DR EKTA MISHRA
MD RADIO- DIAGNOSIS

(NOT FOR MEDICO-LEGAL PURPOSE)

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Phone: 91-172-7170000, Fax: 91-172-2274900

CIN No.: U8510PB2005PTC027895

GSTIN: 03AABCK4594F1Z0



NAME	HARSHDEEP KAUR	SEX/AGE	F38Y
PATIENT ID	ID482417	Accession Number	XNO-1425-OPD
REF CONSULTANT	Dr.	DATE	28/10/2024 10:43

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.




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

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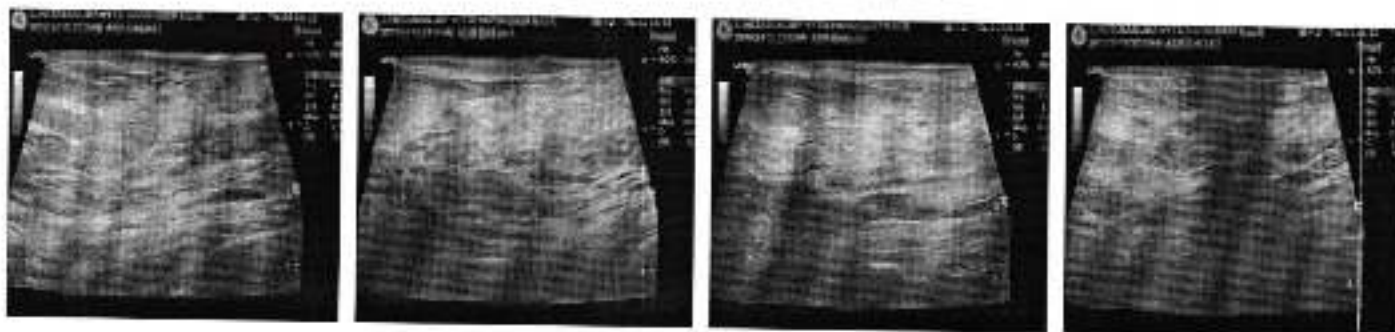
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SAS Nagar, Mohali, Punjab-160071
Phone: 91-172-7170000, Fax: 91-172-2274900

CIN No.: U85110PB2005PTC027698

GSTIN: 03AABC14594F12G

NAME	., HARSHDEEP KAUR	SEX/AGE	F38Y
PATIENT ID	ID482417	Accession Number	
REF CONSULTANT	PACKAGE	DATE	28/10/2024 10:16

SONOGRAPHY OF BOTH BREAST



The fibroglandular tissue in the bilateral retroareolar regions of the bilateral breasts shows mildly raised echogenicity - s/o fibroadenosis

Rest of the fibro glandular breast tissue is normal in both breasts.

No spiculated lesion are seen in both breasts

Nipple and retroareolar region of both breast are normal.

Skin and subcutaneous tissues are normal in both breasts.

IMPRESSION: BIRADS 2

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.



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MD RADIO: DIAGNOSIS

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Phone: 91-172-7170000, Fax: 91-172-2274900

DIN No: UB5110PB2005PTC027898

GSTIN: 03AA8014594F1Z0



Patient Name: HARSHDEEP KAUR Patient ID: 482417
 Gender/Age: Female / 38 Test Date: 28 Oct 2024

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	3.6	3.7-5.6 CM
Left Ventricular ES Dimension	2.7	2.2-4.0 CM
IVS (D)	1.0	0.6-1.2 CM
IVS (s)	1.5	0.7-2.6 CM
LVPW (D)	0.9	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	3.1	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= 51cm/s, A= 63cm/s, E<A

Aortic valve: Vmax = 111cm/s

Pulmonary valve: Vmax = 90cm/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.: U8510PB2005PTC027898

GSTIN: 03AA@C14694F12Q



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)

PMIC-42588

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