

Subject: Fwd: Health Check up Booking Confirmed Request(22531850),Package Code-PKG10000475, Beneficiary Code-295019  
From: jasdeep singh <jasdeepsarao21@gmail.com>  
Date: 26-08-2024, 10:44  
To: mainreception@ivyhospital.com

Sent from my iPhone

Begin forwarded message:

From: Mediwheel <wellness@mediwheel.in>  
Date: 24 August 2024 at 4:40:47 PM IST  
To: jasdeepsarao21@gmail.com  
Cc: customercare@mediwheel.in  
Subject: Health Check up Booking Confirmed Request(22531850),Package Code-PKG10000475, Beneficiary Code-295019

011-41195959

Dear **Jasdeep singh,**

We are pleased to confirm your health checkup booking request with the following details.

**Hospital Package Name** : Mediwheel Full Body Health Checkup Female Below 40  
**Patient Package Name** : Mediwheel Full Body Health Checkup Female Below 40  
**Name of Diagnostic/Hospital** : Ivy Hospital  
**Address of Diagnostic/Hospital** : Sector - 71,Mohali  
**City** : Mohali  
**State** : PUNJAB  
**Pincode** : 160071  
**Appointment Date** : 26-08-2024  
**Confirmation Status** : Booking Confirmed  
**Preferred Time** : 8:30am  
**Booking Status** : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Rajvir kaur	28 year	Female

**Note - Please note to not pay any amount at the center.**

**Instructions to undergo Health Check:**

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

भारतीय सरकार  
Government of India



जसदीप सिंह  
Jasdeep Singh  
जन्म तिथि/DOB: 21/11/1994  
पुरुष/ MALE



9617 8873 3625  
VID : 9149 6976 9152 3159

मेरा आधार, मेरी पहचान

भारतीय सरकार  
Government of India



राजबीर कौर  
Rajbir Kaur  
जन्म तिथि/DOB: 03/12/1995  
महिला/ FEMALE



आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सरकारी (ऑनलाइन प्रमाणीकरण, या वसूली जोड़/  
ऑफलाइन एकापएल की स्थिति) के साथ किया जाना चाहिए।  
Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).

5860 7389 1266

मेरा आधार, मेरी पहचान

**बीक ऑफ बरोडा**  
Bank of Baroda

नाम  
Name : **JASDEEP SINGH**

कर्मचारी कूट.क्र.  
E. C. No. : **181019**



*Singh*  
Signature of Holder

कारिगर अधिकारी, डी.बी.ए., रो.आ., बरौदा  
Issuing Authority DRM, RO, Karnal



भारतीय पहचान प्रमाण प्राधिकरण  
Unique Identification Authority of India



पता  
S/O: राजबीर सिंह, 16A, वार्ड 11, न्यू शार्दा नगर, न्यू  
शार्दा नगर, अम्बाला, हरियाणा - 134003

Address:  
S/O: Rajbir Singh, 16A, Ward 11, NEW  
Sharda Nagar, NEW Sharda Nagar, Ambala,  
Ambala,  
Haryana - 134003



9617 8873 3625  
VID : 9149 6976 9152 3159

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

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Unique Identification Authority of India



पता  
S/O: राजबीर सिंह, 16A, नई शार्दा नगर, रतनगढ़ रोड,  
अम्बाला नगर, अम्बाला सिटी, अम्बाला,  
हरियाणा - 134003

Address:  
S/O: Jasdeep Singh, 16A, New Sharda  
Nagar, Rattangarh Road, Ambala City, PO.  
Ambala City, Dist: Ambala,  
Haryana - 134003



5860 7389 1266  
VID : 9123 8639 4085 6775

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मिलने पर निम्नलिखित को सौंपें :  
सुरक्षा प्रशासक (सुरक्षा)  
बीक ऑफ बरोडा कार्पोरेट सेंटर  
सी-26, जी-ब्लॉक, बन्दरा-कुटा कॉम्प्लेक्स  
मुंबई 400 051, भारत  
फोन : 91 22 6698 5198 फैक्स : 91 22 2652 5747

If found, please return to :  
Asst. General Manager (Security)  
Bank of Baroda, Baroda Corporate Center  
C-26, G-Block, Bandra-Kurla Complex  
Mumbai 400 051, India  
Phone : 91 22 6698 5198, Fax : 91 22 2652 5747

रक्त समूह Blood Group : O (Positive)





# Ivy Hospital

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



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

### Bill of Supply

GST No	29AAHCP3193M1ZR	Bill Date	26-Aug-2024
Bill No	2024251062552	Reg ID	2399424
Bill To	General	Sex/Age	Female/28 years, 8 months 24 days
TPA	Medibuddy Phasorz	Consultant	DR. Direct
UHID	468982	Referred By	Direct
Name	MRS. RAJBIR KAUR D/WO	GST No.	03AABCI4594F12Q
Address	#16 A NEW SHARDA NAGAR	Category	Health Services
Phone No	9467910044	Policy No.	0
UTI/Claim/Ref. 0/		Pan No	AABCI4594F

Sr	Date	Code/Batc	Activity Desc.	Rate	Qty.	Amount
1	26-Aug-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



Authorized Signatory

### FOR OPD / DISCHARGE SUMMARY / BILLING PURPOSE ONLY



# Ivy Hospital

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

Name: Miss Rajbir Kaur UHID: 432730  
 Age: \_\_\_\_\_ Consultant: Dr G Ranjeet Date: 28/08/24  
 BP: 112/64 Pulse: 83 RR: \_\_\_\_\_ Temp: \_\_\_\_\_ Pain: \_\_\_\_\_  
 Ht: \_\_\_\_\_ Wt: 52.35 kg Allergies: \_\_\_\_\_ Nutritional Assessment: Yes/No  
 Diagnosis / DD: \_\_\_\_\_  
 Complaint: \_\_\_\_\_ P/H/O W/A

### Investigations

### Clinical Notes

Ecg - NSR  
 2D ECHO EF 55%  
 No RWA.  
 TSP 32, FBS 95  
 RFT - 20/0.6 Crf - 0  
 ESR 10  
 Cholesterol HDL/LDL  
 164/102/45/100  
 HbA1c - 12.6/7000/246 mmol

Regular therapy checkup  
 No present abnormalities  
 : Adv  
 1) Cap. Metoclopramide max 1). → 2 times  
 ——— / ———  
 2) Tab. Amoxicillin 500

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

Follow up

Dr G Ranjeet Kaur  
 MD Internal Medicine (MIGMER)  
 Regn No 88598  
 Sign & Stamp





# Ivy Hospital

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

Name : Mrs. Rajku Dham UHID : 468982  
 Age : 20/f Consultant : Dr. Mukesh Vats Date : 28/08/24  
 BP : \_\_\_\_\_ Pulse: \_\_\_\_\_ RR : \_\_\_\_\_ Temp.: \_\_\_\_\_ Pain: \_\_\_\_\_  
 Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_ Allergies : \_\_\_\_\_ Nutritional Assessment : Yes/No  
 Diagnosis / DD: \_\_\_\_\_  
 Complaint : \_\_\_\_\_

Investigations	Clinical Notes
<p> <math>+1.75</math>  <math>+1.75</math>            R/E            (WD = 2/3 no)         </p>	<p>           for routine eye            exam            L eye @ 0/0            R eye @ 0/0 (us)            AL - WNR R/E            An            10 - know 805         </p>

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

Dr. Mukesh Vats  
 MS, FVRS  
 Retina Consultant & Vitreous Surgeon  
 RMC, 2503

Follow up

Sign & Stamp  
Ivy/OPD/Form/005



Pap + Smear

# Ivy Hospital

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

Name: Mrs. Rajbir Kaur UHID: 432730  
 Age: 28/F Consultant: Dr. Balvin Kaur Ghar Date: 28/2/24  
 BP: 112/64 Pulse: 83/min RR: \_\_\_\_\_ Temp.: \_\_\_\_\_ Pain: \_\_\_\_\_  
 Ht.: \_\_\_\_\_ Wt.: 52.35 Kg Allergies: \_\_\_\_\_ Nutritional Assessment: Yes/No  
 Diagnosis / DD: \_\_\_\_\_  
 Complaint: \_\_\_\_\_

Investigations

AAV  
urine culture

Clinical Notes

no complaints  
Ms - 11 wks.  
USG @ study.  
not wanting pap smear.

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
①	<u>Syr. Amoxicillin</u>	<u>Oral</u>	<u>500</u>	<u>1x</u>	<u>1 wks.</u>	
②	<u>distansy advice</u>					
③	<u>Fosfogen sachet</u>	<u>Oral</u>		<u>1x</u>	<u>28/8</u>	<u>①</u>

Dr. Balvin Kaur Ghar  
 MBBS, MS (OBST. & GYNAE) DNB  
 MRCC 1 (UK)  
 Consultant - Obstetrics, Gynaecology  
 FWF Specialist  
 FWC Reg No. 54331-

Sign & Stamp

Follow up

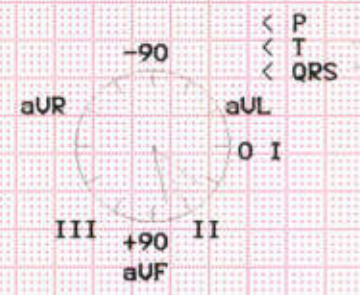


HR 71 bpm

Mus Raykie kaur  
Age - 28/1  
UNID - 468982

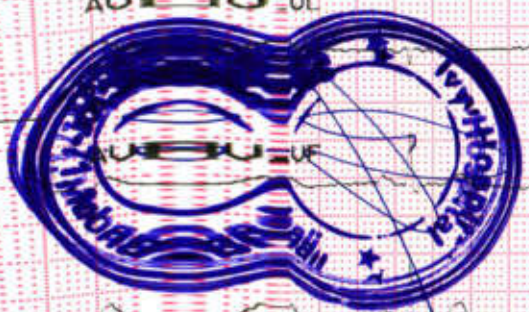
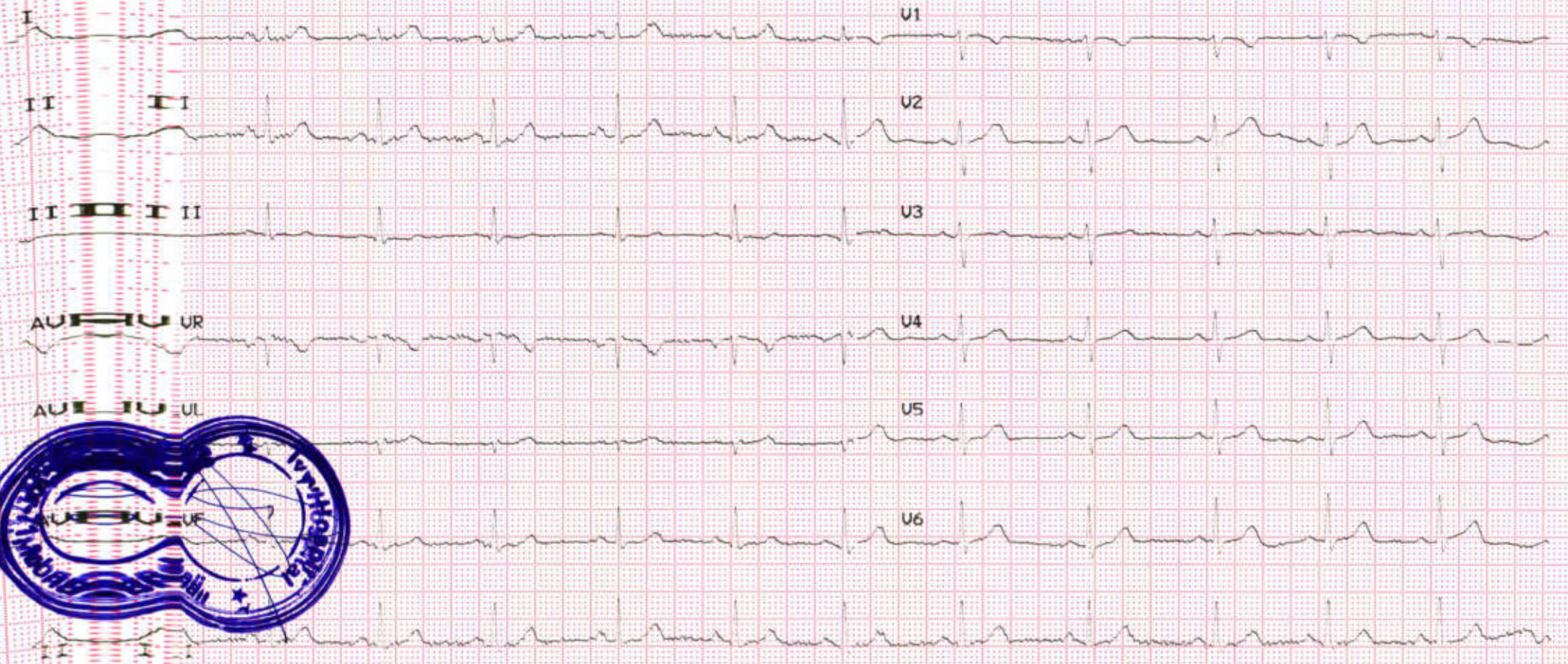
Measurement Results:

P	98 ms
PR	382 / 415 ms
QTcB	142 ms
QTc	110 ms
QTcBD	848 / 820 ms
QTcT	60 / 75 / 40 degrees
QTcBD	38 / 41 ms
QTcT	1.1 mV
QTcT	9

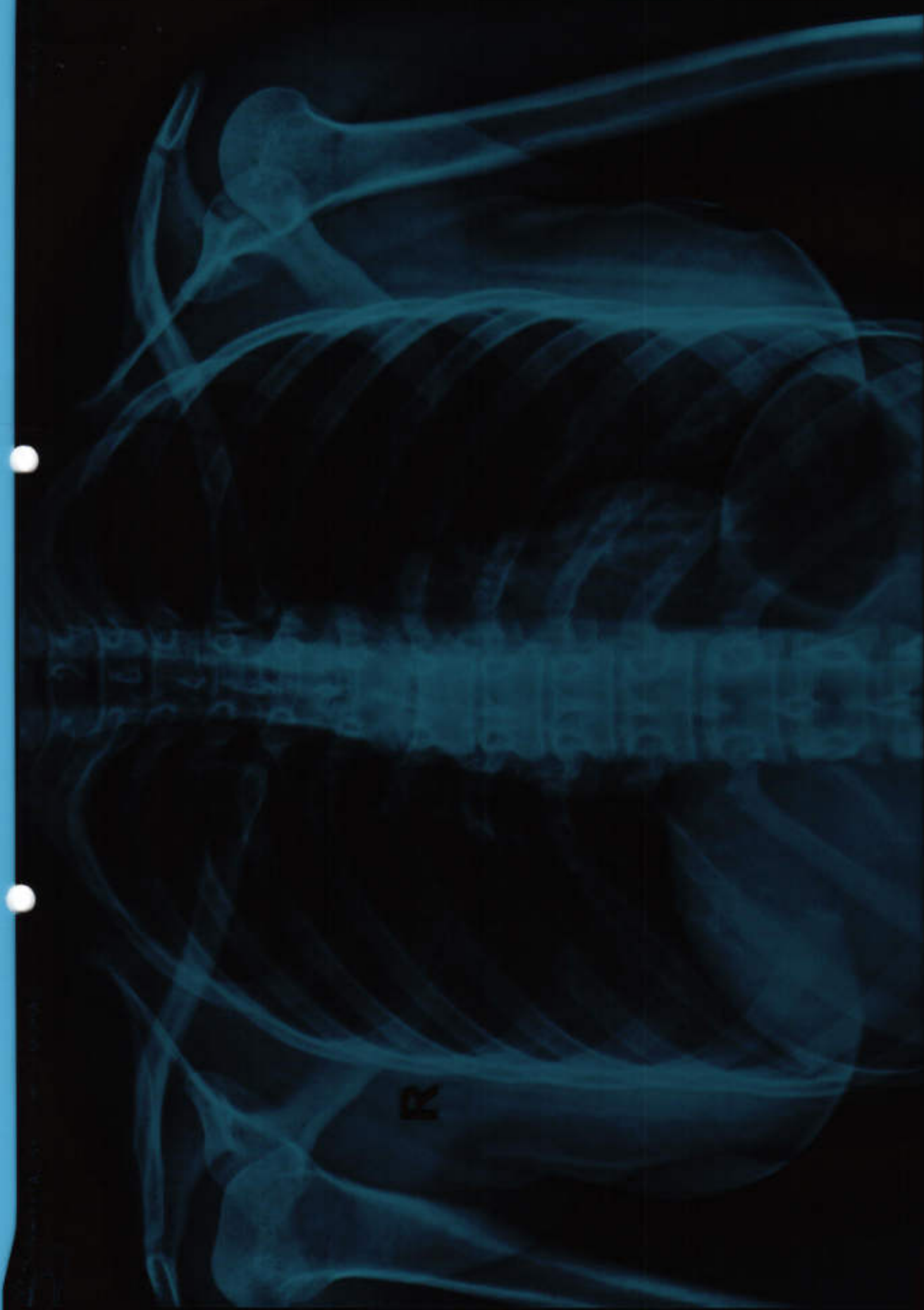


Interpretation:  
normal ECG

Unconfirmed report.







ID468982 RAJ B R KAUR F 23 years XNO-24743 OPD

IVY HOSPITAL SECTOR 71 MOHALA



Ivy

Hospital Name

Gender/Age



RAJBIR KAUR

Female / 29

Patient ID

Test Date :

468982

26 Aug 2018

SECTOR 71, MOHALI

Tel: 0172-7170000

Acc. No. : U85110PB2005PTC027898

## CARDIOLOGY DIVISION

### ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	3.8	3.7-5.6 CM
Left Ventricular ES Dimension	2.8	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)	1.3	0.8-1.0 CM
Aortic Root	2.8	2.0-3.7 CM
LA Diameter	2.9	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 = 100cm/s, A = 75cm/s, E > A,

**Aortic valve:** Vmax = 103cm/s

**Pulmonary valve:** Vmax = 65cm/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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Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab. Ph: +91-172-7170000 Fax: 91-172-2274900





# 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

Ph: 9115115257, 9115115624

Email: pathreports@ivyhospital.in



NAME : MRS. RAJBIR KAUR

DOB/Gender : 03-Dec-1995/F

UHID : 468982

Inv. No. : 4535254

Panel Name : Ivy Mohali

Bar Code No : 13247229

Requisition Date : 26/Aug/2024 10:56AM

Sample CollDate : 26/Aug/2024 12:39PM

Sample Rec.Date : 26/Aug/2024 12:39PM

Approved Date : 26/Aug/2024 02:10PM

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	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	7-8		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	8-10	/hpf	0-5
Urine Casts	Absent	/pf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Present	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent



Result Entered By: Prem Lata 6861M







# IVY HOSPITAL

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

Ph: 9115110241, 9115115658

Email: lab@ivyhospital.com



NAME	: MRS. RAJBIR KAUR	Requisition Date	: 26/Aug/2024 10:56AM
DOB/Gender	: 03-Dec-1995/F	SampleCollDate	: 26/Aug/2024 11:17AM
UHID	: 468982	Sample Rec.Date	: 26/Aug/2024 01:22PM
Inv. No.	: 4535254	Approved Date	: 26/Aug/2024 02:16PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13247229		

Test Description	Observed Value	Unit	Reference Range
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## HAEMATOLOGY

### Glycosylated HB (HbA1c)

Whole Blood HbA1c (A1C)	5.0	%	Non diabetic:4.0-5.7 Pre-diabetes:5.7-6.4 Diabetes:>=6.5
Estimated Average Glucose (eAG) (calculated)	97	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 \*\*\*

Result Entered By:Prem Lata 6861M







# Ivy Hospital

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

NAME	RAJBIR KAUR	SEX/AGE	F28Y
PATIENT ID	ID468982	Accession Number	XNO-24748-OPD
REF CONSULTANT	Dr.	DATE	26/08/2024 11:22

## 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, lab investigations and other relevant investigations

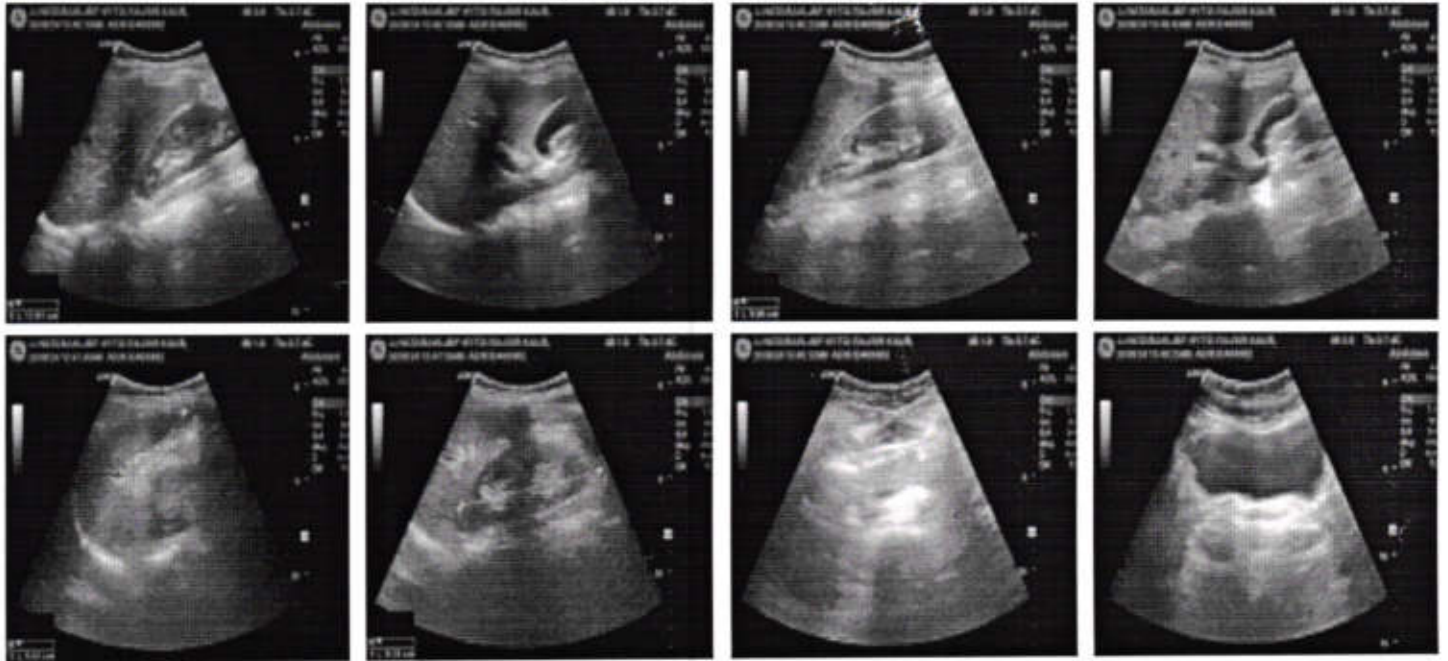
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Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339  
All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

**IVY HELPLINE : +91 8078880788**

NAME	., RAJBIR KAUR	SEX/AGE	F28Y
PATIENT ID	ID468982	Accession Number	
REF CONSULTANT	PACKAGE	DATE	26/08/2024 10:45

## USG WHOLE ABDOMEN



**LIVER:** is normal in size (~13.8 cm), outline and echotexture. IHBR 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 (~9.4 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 (~9.9 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

**LEFT KIDNEY:** It is normal in size (~9.3 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

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

**UTERUS:** is normal in size, outline and echotexture. ET is ~8.8mm.

**OVARIES:** They are normal in size and echotexture. No adnexal SOL is seen.  
No free fluid is seen in peritoneal cavity.

### OPINION:

No significant abnormality in current study.

Adv. Clinical correlation and follow up.

Dr. Manish Singla

(NOT FOR MEDICO-LEGAL PURPOSE)

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# Ivy Hospital

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

NAME	., RAJBIR KAUR	SEX/AGE	F28Y
PATIENT ID	ID468982	Accession Number	
REF CONSULTANT	PACKAGE	DATE	26/08/2024 10:45

**DNB Resident**



Dr GURNIMRAN SINGH ANAND  
MD RADIODIAGNOSIS

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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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**



NAME	: MRS. RAJBIR KAUR		
DOB/Gender	: 03-Dec-1995/F	Requisition Date	: 26/Aug/2024 10:56AM
UHID	: 468982	Sample Coll Date	: 26/Aug/2024 11:16AM
Inv. No.	: 4535254	Sample Rec. Date	: 26/Aug/2024 11:17AM
Panel Name	: Ivy Mohali	Approved Date	: 26/Aug/2024 12:21PM
Bar Code No	: 13247229	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
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**IMMUNOASSAY**

**TOTAL THYROID PROFILE**

<b>Serum Total T3</b> <small>(CLIA/Virus 5600)</small>	1.40	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 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.

<b>Serum Total T4</b> <small>(CLIA/Virus 5600)</small>	9.70	µg/dL	5.52 - 12.97
---	------	-------	--------------

**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.

<b>Serum TSH</b> <small>(CLIA/Virus 5600- TSH 3rd generation)</small>	3.200	mIU/L	0.4001 - 4.049 (mIU/L)
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**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:**

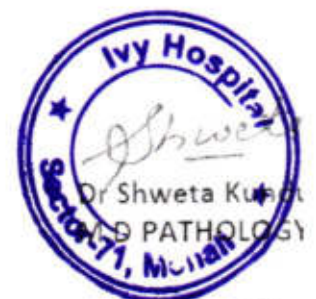
1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free 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

Result Entered By: Pooja Devi 6829M







# LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115624

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NAME	: MRS. RAJBIR KAUR	Requisition Date	: 26/Aug/2024 10:56AM
DOB/Gender	: 03-Dec-1995/F	SampleCollDate	: 26/Aug/2024 11:16AM
UHID	: 468982	Sample Rec.Date	: 26/Aug/2024 11:17AM
Inv. No.	: 4535254	Approved Date	: 26/Aug/2024 12:21PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13247229		

Test Description	Observed Value	Unit	Reference Range
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## BIOCHEMISTRY

### GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting <small>(VITROS 5600 /Colorimetric - Glucose oxidase, hydrogen peroxide)</small>	95	mg/dL	Normal 70-99 mg/dl Impaired Tolerance 100 - 125mg/dl Diabetic ≥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 ≥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.

### RFI (RENAL FUNCTION TESTS)

Serum Urea <small>(VITROS 5600 /Colorimetric - Urease, UV)</small>	20.00	mg/dL	15-36.3 mg/dl
Serum Creatinine <small>(VITROS 5600 /Two-point rate - Enzymatic)</small>	0.60	mg/dL	0.52-1.04 mg/dl
Serum Uric acid <small>(VITROS 5600 /Colorimetric - Uricase)</small>	4.10	mg/dL	2.5-6.2 mg/dl

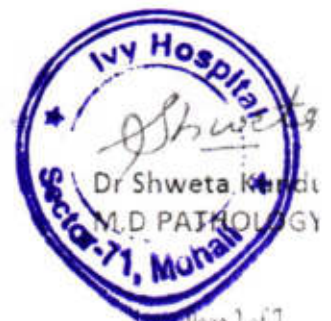
#### Interpretation:

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



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Test Description	Observed Value	Unit	Reference Range
<b>LIVER FUNCTION TEST WITH GGT</b>			
Serum Bilirubin Total <small>(VITROS 5600 /Colorimetric - Epiphylline, Diazoform salt)</small>	0.80	mg/dL	0.2-1.3 mg/dl
Serum Bilirubin Direct <small>(VITROS 5600 /Colorimetric - Direct measure)</small>	0.43	mg/dL	Adult 0.0-1.1 mg/dl Neonate 0.0-10.5 mg/dl
Serum Bilirubin Indirect <small>(VITROS 5600 /Colorimetric - Direct measure)</small>	0.37	mg/dL	Adult 0.0-0.3 mg/dl Neonate 0.0-0.6 mg/dl
Serum SGOT(AST) <small>(VITROS 5600 /UV with P5P)</small>	28	U/L	14-36U/L
Serum SGPT(ALT) <small>(VITROS 5600 /Multi-point rate - UV with P5P)</small>	23	U/L	9-52U/L
Serum AST/ALT Ratio <small>(Calculated)</small>	1.22		
Serum GGT <small>(VITROS 5600 /Multi-point rate - G-glutamyl-p-nitroanilide)</small>	13	U/L	15-73
Serum Alkaline Phosphatase <small>(VITROS 5600 /Multi-point rate - PMPP, AMP buffer (37°C))</small>	61	U/L	38-126U/L
Serum Protein Total <small>(VITROS 5600 /Colorimetric - Biuret, set sensor (block, dual point))</small>	8.1	g/dl	6.3-8.2g/dl
Serum Albumin <small>(VITROS 5600 /Colorimetric - Bromocresol Green)</small>	4.8	g/dl	3.5-5.0g/dl
Serum Globulin <small>(Calculated)</small>	3.30	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio <small>(Calculated)</small>	1.45	%	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>(VITROS 5600 /Colorimetric - Cholesterol oxidase, esterase, peroxidase)</small>	165	mg/dL	Desirable <200mg/dl Boredrine High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides <small>(VITROS 5600 /Colorimetric - Foranolic, gnd (alcal))</small>	102	mg/dL	Normal < 150mg/dl Boredrine High 150-199mg/dl High 200-499mg/dl Very High ≥500 mg/dl



The highlighted values should be correlated clinically

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Test Description	Observed Value	Unit	Reference Range
Serum HDL Cholesterol <small>(VITROS 5600) Colorimetric - Direct measure, PTA/MgCl<sub>2</sub></small>	45	mg/dL	Low to Average <40 mg/dl High ≥ 60.0mg/dl
Serum VLDL cholesterol <small>(Calculated)</small>	20	mg/dL	7-35
Serum LDL cholesterol <small>(Calculated)</small>	100	mg/dL	50-100
Serum Cholesterol-HDL Ratio <small>(Calculated)</small>	3.67		3-5
Serum LDL-HDL Ratio <small>(Calculated)</small>	2.21		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)
CrD 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

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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	NEGATIVE
Anti D	POSITIVE
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.
- \* 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

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Sample Rec.Date : 26/Aug/2024 11:17AM  
Approved Date : 26/Aug/2024 12:47PM  
Referred Doctor : Self

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

ESR

Primary Sample Type: EDTA Blood

ESR <small>(scanned ESR analyser)</small>	10	mm/h	0-15
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 Sample Rec. Date : 26/Aug/2024 11:17AM  
 Approved Date : 26/Aug/2024 11:45AM  
 Referred Doctor : Self

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

**COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)**

Hemoglobin <small>(Noncyanmethemoglobin)</small>	12.6	g/dl	12.0 - 15.0
Hematocrit(PCV) <small>(calculated)</small>	39.7	%	33-45
Red Blood Cell (RBC) <small>(Impedance/DC Detection)</small>	4.40	10 <sup>6</sup> / μl	3.8-4.8
Mean Corp Volume (MCV) <small>(Impedance/DC Detection)</small>	90.0	fL	83-97
Mean Corp HB (MCH) <small>(calculated)</small>	28.6	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(calculated)</small>	31.7	gm/dl	32-36
Red Cell Distribution Width -CV <small>(calculated)</small>	13.0	%	11-15
Platelet Count <small>(Impedance/DC Detection/Microscopy)</small>	246	10 <sup>3</sup> /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedance/DC Detection)</small>	10.5	fL	7.5-10.3
Total Leucoocyte Count (TLC) <small>(Impedance/DC Detection)</small>	7.0	10 <sup>3</sup> / μl	4.0 - 10.0

**Differential Leucoocyte Count (VCS/ Microscopy)**

Neutrophils	55	%	40-75
Lymphocytes	34	%	20-40
Monocytes	8	%	0-8
Eosinophils	3	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,850	μl	2000-7000
Absolute Lymphocyte Count	2,380	uL	1000-3000
Absolute Monocyte Count	560	uL	200-1000
Absolute Eosinophil Count	210	μl	20-500

\*\*\* End Of Report \*\*\*

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