

21:05

VoLTE1 44%

**Mediwheel**  
Wellness Solutions**011-41195959**

Email:wellness@mediwheel.in

Dear **Deepika**,

Please find the confirmation for following request.

**Booking Date** : 02-02-2023**Package Name** : Medi-Wheel Full Body Health Checkup Female  
Below 40**Name of  
Diagnostic/Hospital** : Ivy Hospital**Address of  
Diagnostic/Hospital** : Sector - 71 , Mohali**Contact Details** : 9041345708**City** : Mohali**State** : PUNJAB**Pincode** : 160071**Appointment Date** : 04-02-2023**Confirmation  
Status** : Confirmed**Preferred Time** : 8:00am-8:30am**Comment** : APPOINTMENT TIME 8:00AM**Instructions to undergo Health Check:**

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

medical records with you.

5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.

2. 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.

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भारत सरकार  
GOVERNMENT OF INDIA

दीपिका  
Dipika  
जन्म तिथि/ DOB: 08/07/1987  
महिला / FEMALE

8689 7792 2790

आधार-आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:  
आत्मजा: बलबीर सिंह ओला,  
वॉर्ड 11, वीपीओ. खरकडी,  
खरखरी (३७), भिवानी,  
हरियाणा - 127201

Address:  
D/O: Balbir Singh Ola, ward 11, vpo.  
kharkari, Kharkhari(37), Bhiwani,  
Haryana - 127201

8689 7792 2790

Aadhaar-Aam Admi ka Adhikar



# Ivy Hospital

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

**Dr. Mukesh Vats**  
MBBS, MS, FVRS  
(Ophthalmologist)  
Retina Specialist & Phaco Surgeon  
PMC Reg. No.: 45034  
Mobile : +91-9357519888

Mrs Dipika  
36y 1f  
ID: 336421

4/2/23  
V.M. 6/6  
6/6  
(aided)

clo general check-up.  
clo degrees in both eyes  
ALS - WNC

Pupil - N.S.N.R.

Fundus (V.D) ↑ Disc + Macula-Ⓝ

IOF (16/16)

Adv: Refractive team old 110000

RIA 1 month 1204

Vats  
Dr. Mukesh Vats  
M.S FVRS  
Retina Consultant & Phaco Surgeon  
PMC 45034

IVA HOSPITAL SEC 21 MOHALI

XRAY CT-CBD

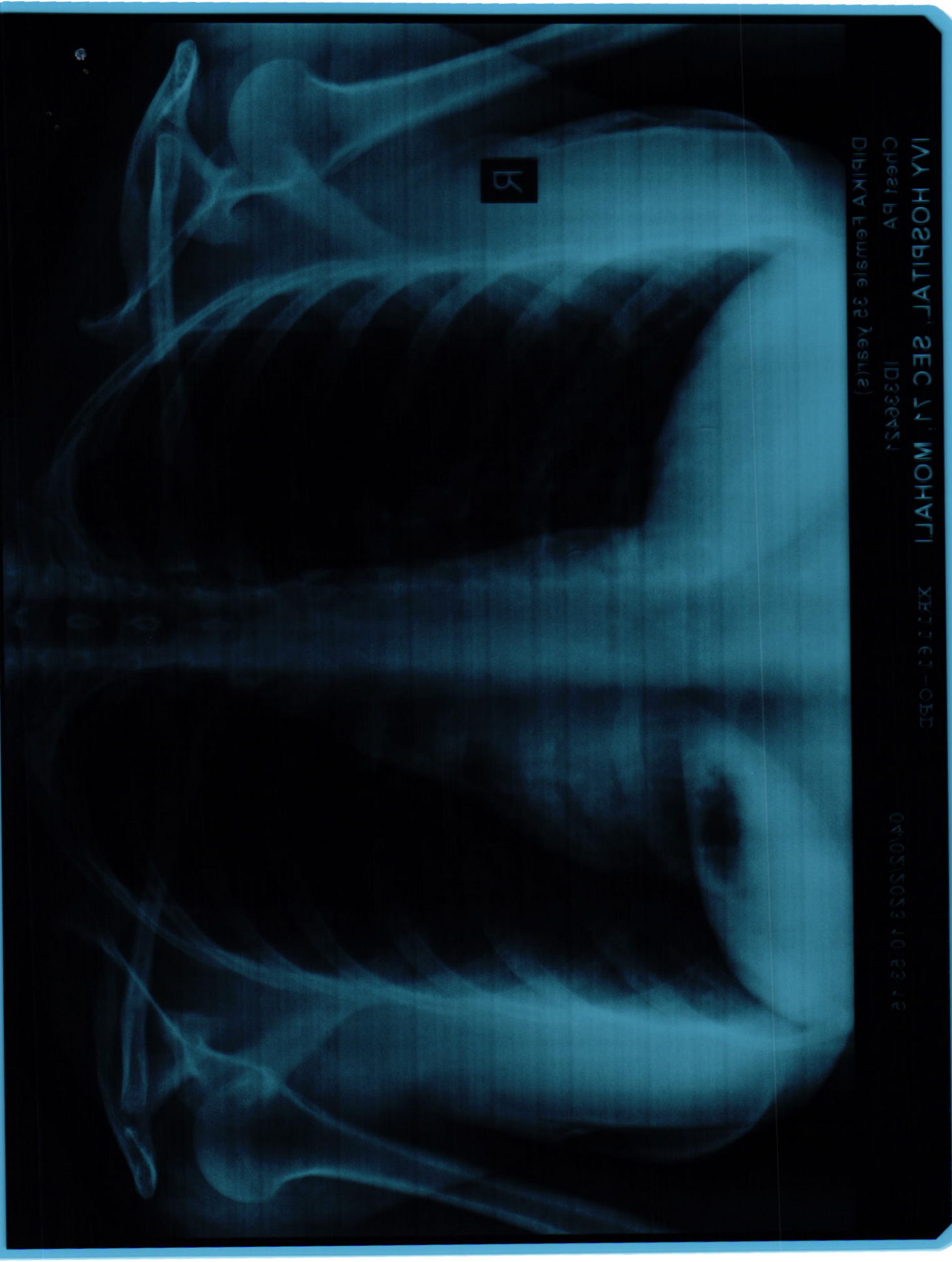
Chest PA

ID336451

06/05/2023 10:53:48

DIBIKVA Femsaie 32 Yes(2)

R







# Ivy Hospital

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

Remarks -

**FINAL IMPRESSION -**

Normal study



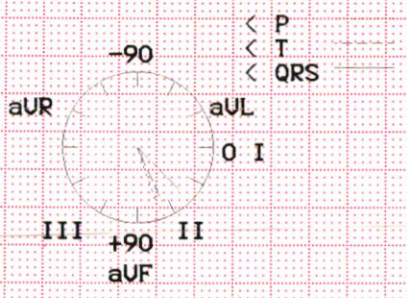
**DR. SANJEEV SROA**  
**MD Medicine , DM Cardiology**

**(NOT FOR MEDICO-LEGAL PURPOSE)**

HR 60 bpm  
Mrs. Dipika  
35y/f

Measurement Results:

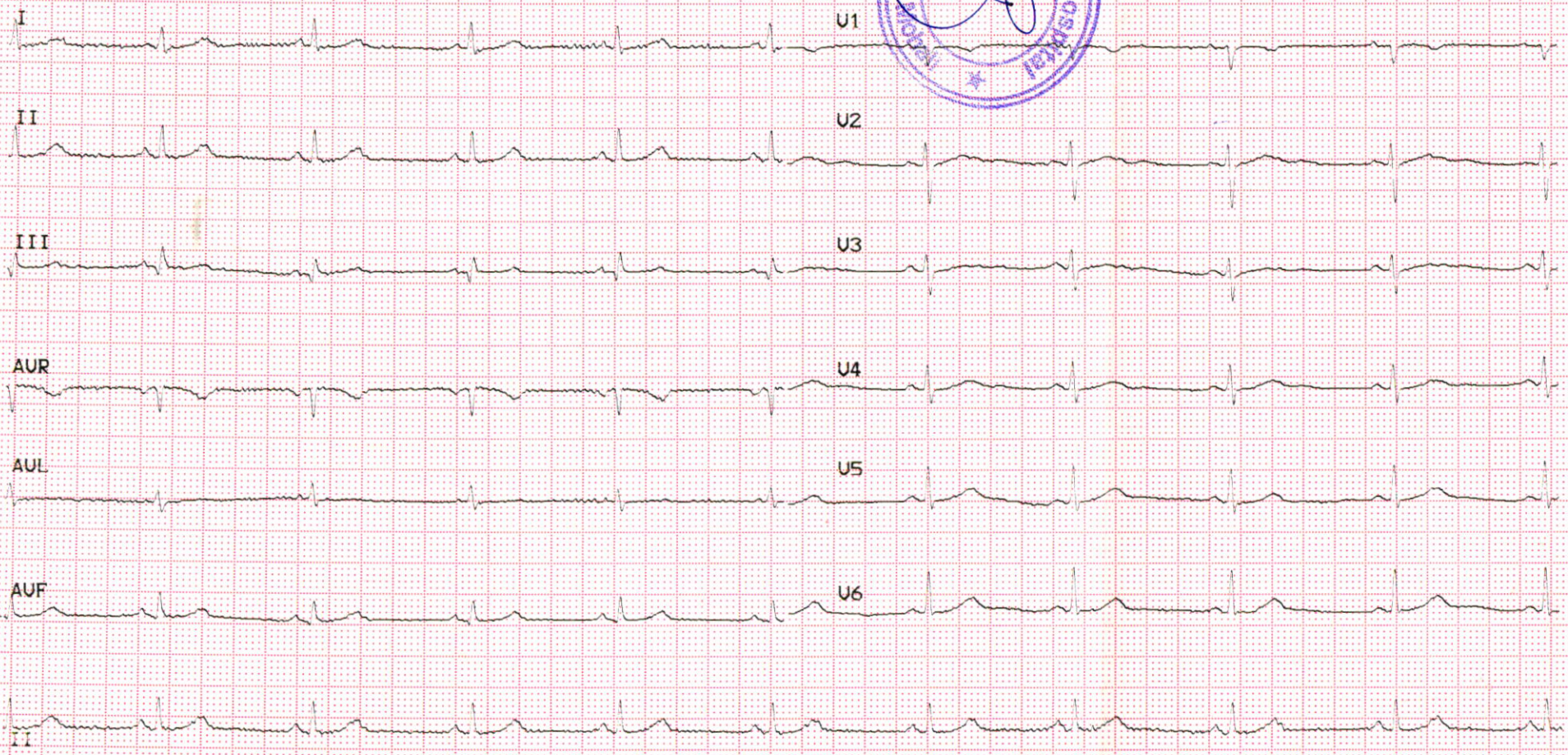
QRS	80 ms
QT/QTcB	394 / 396 ms
PR	128 ms
P	102 ms
RR/PP	988 / 985 ms
P/QRS/T	70/ 45/ 65 degrees
QTD/QTcBD	46 / 46 ms
Sokolow	0.9 mV
NK	8



Interpretation:  
low QRS amplitudes  
probably abnormal ECG

JD-33642

Unconfirmed report.







NAME	:MRS. DIPIKA	Requisition Date	:04/Feb/2023 08:53AM
DOB/Gender	:08-Jul-1987/F	SampleCollDate	:04/Feb/2023 09:07AM
UHID	:336421	Sample Rec.Date	:04/Feb/2023 09:07AM
Inv. No.	:3100449	Approved Date	:04/Feb/2023 11:10AM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12644860		

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

**TOTAL THYROID PROFILE**

<b>Serum Total T3</b> (CLIA/Vitros 3600)	1.02	ng/mL	0.970 – 1.69
---------------------------------------------	------	-------	--------------

**Summary & Interpretation:**

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

<b>Serum Total T4</b> (CLIA/Vitros 3600)	6.49	µg/dL	5.53 – 11.0
---------------------------------------------	------	-------	-------------

**Summary & Interpretation:**

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

<b>Serum TSH</b> (CLIA/Vitros 3600)	1.200	mIU/L	0.4001 – 4.049
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**Summary & Interpretation**

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

**Note:**

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and 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





NAME	:MRS. DIPIKA	Requisition Date	:04/Feb/2023 08:53AM
DOB/Gender	:08-Jul-1987/F	SampleCollDate	:04/Feb/2023 09:07AM
UHID	:336421	Sample Rec.Date	:04/Feb/2023 11:35AM
Inv. No.	:3100449	Approved Date	:04/Feb/2023 01:00PM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12644860		

Test Description	Observed Value	Unit	Reference Range
<b>HAEMATOLOGY</b>			
<b>Glycosylated HB (HbA1c)</b>			
Whole Blood HbA1c (Boronate Affinity HPLC/Trinity)	5.4	%	Non diabetic:4.0-6.0 Target of therapy:<7.0 Change of therapy:>8.0
Estimated Average Glucose (eAG) (Calculated)	108	mg/dL	

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

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





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DOB/Gender	:08-Jul-1987/F	SampleCollDate	:04/Feb/2023 09:07AM
UHID	:336421	Sample Rec.Date	:04/Feb/2023 09:58AM
Inv. No.	:3100449	Approved Date	:04/Feb/2023 10:56AM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12644860		

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 AB	POSITIVE
Anti D	POSITIVE
Reverse Grouping A Cells	POSITIVE
Reverse Grouping B Cells	Negative
Reverse Grouping O Cells	Negative
<b>Final Blood Group</b>	<b>B POSITIVE</b>

**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.

Dr. VARUN HATWAL  
M.D. PATHOLOGY



NAME	:MRS. DIPIKA	Requisition Date	:04/Feb/2023 08:53AM
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Inv. No.	:3100449	Approved Date	:04/Feb/2023 10:27AM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12644860		

Test Description	Observed Value	Unit	Reference Range
<b>BIOCHEMISTRY</b>			
<b>GLUCOSE FASTING</b>			
Primary Sample Type:Fluoride Plasma			
Plasma Glucose Fasting (Hexokinase/ AU480)	111	mg/dL	< 106 Normal 107 - 125 Impaired Tolerance >126 Diabetic
<b>RFT (RENAL FUNCTION TESTS)</b>			
Serum Urea (Urease GLDH/ AU480)	17.00	mg/dl	17-43
Serum Creatinine (JAFEE KINETIC/ AU480)	0.70	mg/dl	0.51-0.95
Serum Uric acid (Uricase/AU480)	4.50	mg/dl	2.6- 6.0
<b>LIVER FUNCTION TEST WITH GGT</b>			
Serum Bilirubin Total (DPD/ AU 480)	0.40	mg/dL	0.3-1.2
Serum Bilirubin Direct (DPD/ AU 480)	0.10	mg/dl	<0.3
Serum Bilirubin Indirect (Calculated)	0.30	mg/dl	0.1-1.0
Serum SGOT(AST) (IFCC Without P5P/ AU 480)	20	U/L	<35
Serum SGPT(ALT) (IFCC Without P5P/ AU 480)	18	U/L	<50
Serum AST/ALT Ratio (Calculated)	1.11		
Serum GGT (IFCC/ AU 480)	13	IU/L	5-32
Serum Alkaline Phosphatase (IFCC PNPAMPKinetic/ AU 480)	95	U/L	30-120
Serum Protein Total (Buret)	7.2	gm/dl	6.40 - 8.20
Serum Albumin (BCG/ AU 480)	4.0	g/dL	3.5-5.2
Serum Globulin (Calculated)	3.20	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.25	%	1.0 - 1.8

The highlighted values should be correlated clinically





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UHID	:336421	Sample Rec.Date	:04/Feb/2023 09:07AM
Inv. No.	:3100449	Approved Date	:04/Feb/2023 10:27AM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12644860		

Test Description	Observed Value	Unit	Reference Range
<b>LIPID PROFILE</b>			
Serum Cholesterol (CHO POD/AU 480)	159	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides (Lipase GPO-PAP/ AU480)	55	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol (Immunoenzymatic/AU 480)	52	mg/dL	<40 Major risk factor for CHD >60 Negative risk factor for CHD
Serum VLDL cholesterol (Calculated)	11	mg/dL	7-35
Serum LDL cholesterol (Calculated)	96	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	3.06		3-5
Serum LDL-HDL Ratio (Calculated)	1.85		1.5 - 3.5

Polo Labs



The highlighted values should be correlated clinically





NAME	:MRS. DIPIKA	Requisition Date	:04/Feb/2023 08:53AM
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Inv. No.	:3100449	Approved Date	:04/Feb/2023 10:27AM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12644860		

**Test Description**

**CLINICAL PATHOLOGY**

**COMPLETE URINE EXAMINATION**

**Physical Examination**

Test Description	Observed Value	Unit	Reference Range
Urine Volume	40.00	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	<b>1.005</b>		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein (Protein Ionization)	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		
Urine Nitrite	Absent		Absent

**Microscopic Examination**

Urine Pus Cells	2-3		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	1-2	/hpf	0-5
Urine Casts	Absent	/hpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent

**HAEMATOLOGY**

**ESR**

**Primary Sample Type:EDTA Blood**

ESR (Automated ESR analyser)	7	mm/h	0-15
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The highlighted values should be correlated clinically



NAME	:MRS. DIPIKA	Requisition Date	:04/Feb/2023 08:53AM
DOB/Gender	:08-Jul-1987/F	SampleCollDate	:04/Feb/2023 09:07AM
UHID	:336421	Sample Rec.Date	:04/Feb/2023 09:07AM
Inv. No.	:3100449	Approved Date	:04/Feb/2023 10:27AM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12644860		

Test Description	Observed Value	Unit	Reference Range
<b>COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)</b>			
Haemoglobin <small>(Noncyanmethaemoglobin)</small>	13.8	g/dl	12.0 - 15.0
Hematocrit(PCV) <small>(Calculated)</small>	43.7	%	33-45
Red Blood Cell (RBC) <small>(Impedence/DC Detection)</small>	4.70	10 <sup>6</sup> / μl	3.8-4.8
Mean Corp Volume (MCV) <small>(Impedence/DC Detection)</small>	92.6	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	29.2	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	<b>31.6</b>	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	14.0	%	11-15
Platelet Count <small>(Impedence/DC Detection/Microscopy)</small>	160	10 <sup>3</sup> /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedence/DC Detection)</small>	<b>13.3</b>	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedence/DC Detection)</small>	8.8	10 <sup>3</sup> / μl	4.0 - 10.0
<b>Differential Leucocyte Count (VCS/ Microscopy)</b>			
Neutrophils	<b>83</b>	%	40-75
Lymphocytes	<b>14</b>	%	20-40
Monocytes	2	%	0-8
Eosinophils	1	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	<b>7,304</b>	μl	2000-7000
Absolute Lymphocyte Count	1,232	uL	1000-3000
Absolute Monocyte Count	<b>176</b>	uL	200-1000
Absolute Eosinophil Count	88	μl	20-500

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

The highlighted values should be correlated clinically



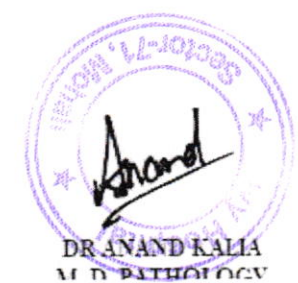
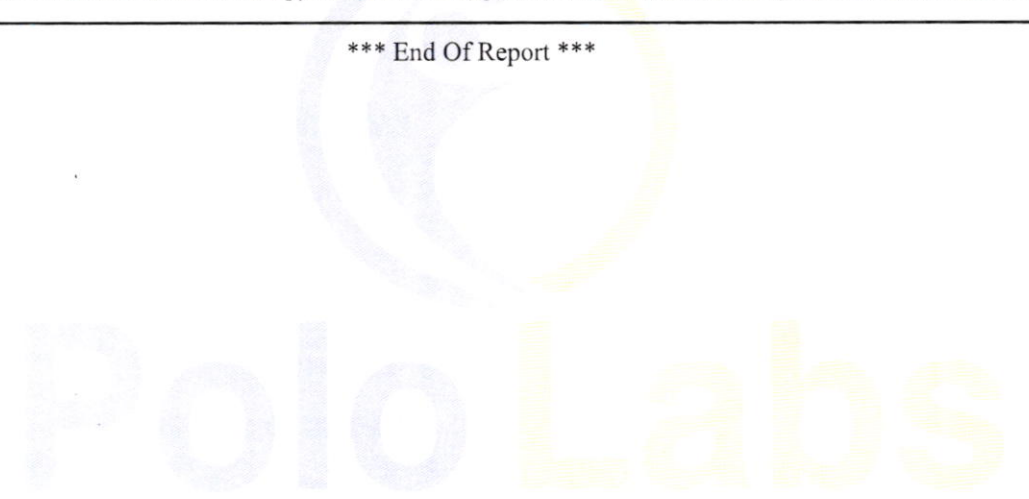


NAME	:MRS. DIPIKA		
DOB/Gender	:08-Jul-1987/F	Requisition Date	:04/Feb/2023 11:58AM
UHID	:336421	SampleCollDate	:04/Feb/2023 11:58AM
Inv. No.	:3100861	Sample Rec.Date	:04/Feb/2023 11:58AM
Panel Name	:Ivy Mohali	Approved Date	:04/Feb/2023 01:13PM
Bar Code No	:12645252	Referred Doctor	:DR. Direct

Test Description	Observed Value	Unit	Reference Range
<b>IMMUNOASSAY</b>			
<b>VITAMIN B12</b>			
Serum Vitamin B12 (CLIA/Vitros 3600)	538.0	pg/mL	239 – 931

**Summary & Interpretation:**  
Nutritional and macrocytic anemia can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat and bacterial products, from alcoholism, or from structural functional damage to digestive or absorptive processes (forms of pernicious anemia). Malabsorption is the major cause of this deficiency through pancreatic deficiency, gastric atrophy or gastrectomy, intestinal damage, loss of intestinal vitamin B12 binding protein (intrinsic factor), production of auto antibodies directed against intrinsic factor, or related causes.

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

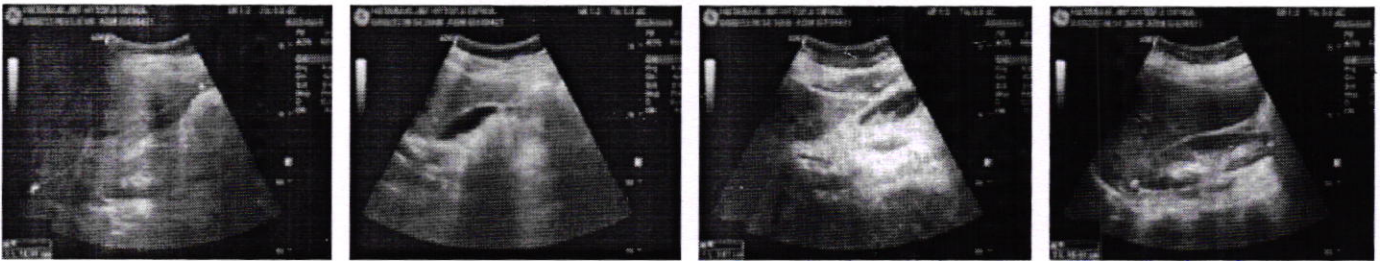


The highlighted values should be correlated clinically



NAME	DIPIKA	SEX/AGE	F35Y
PATIENT ID	ID336421	Accession Number	
REF CONSULTANT	PACKAGE	DATE	04/02/2023 09:52

### USG WHOLE ABDOMEN



**LIVER:** is normal in size (~14.5 cm), outline and echotexture. No focal lesion is seen. IHBR are not dilated. Portal vein is normal. CBD is normal measuring ~ 6.1mm.

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

**SPLEEN:** is normal in size (~9.2cm), outline and echotexture. No focal lesion is seen.

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

**RIGHT KIDNEY:** It is normal in size (~10.5 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

**LEFT KIDNEY:** It is normal in size (~9.4 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculus s seen. PCS fullness is noted likely due to overdistended bladder.

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

**UTERUS:** is normal in size (~7.0 x 3.7 x 2.7 cm), outline and echotexture. ET is ~7.0 mm. No discrete focal lesion is seen. Cervix ~2.3cm, normal.

#### **OVARIES:**

RO~10.8cc, **Borderline in size and shows echogenic stroma with multiple small follicles primarily arranged in periphery ? PCOS morphology.**

LO~7.2cc. **It shows Echogenic stroma with multiple small follicles primarily arranged in periphery ? PCOS morphology.**

No free fluid is seen in peritoneal cavity.

#### **IMPRESSION:**

? Polycystic ovarian morphology -- suggested hormonal assay correlation

Adv: Clinical correlation and followup.

**(NOT FOR MEDICO-LEGAL PURPOSE)**

A unit of Ivy Health and Life Sciences (P) Ltd. Website : [www.ivyhospital.com](http://www.ivyhospital.com), Email: [cs@ivyhospital.com](mailto: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

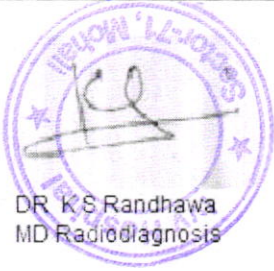
**IVY HELPLINE : +91 99888-23456**



# Ivy Hospital

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

NAME	DIPIKA	SEX/AGE	F35Y
PATIENT ID	ID336421	Accession Number	
REF CONSULTANT	PACKAGE	DATE	04/02/2023 09:52



DR. K.S. Randhawa  
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)**

A unit of Ivy Health and Life Sciences (P) Ltd. Website : [www.ivyhospital.com](http://www.ivyhospital.com), Email: [cs@ivyhospital.com](mailto: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 99888-23456**