



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 2024251056615. 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 2600/-

1. Appointment Letter.
2. ID Proof.
3. Bill
4. Medical Reports

Name	Booking req	Beneficiary Code	Bill no	Amount
SAPNA MEHRA	22S30869	293697	2024251056615	2600



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

Fwd: Health Check up Booking Confirmed Request(22S30869), Package Code-PKG10000475, Beneficiary Code-293697
Subject: Fwd: Health Check up Booking Confirmed Request(22S30869), Package Code-PKG10000475, Beneficiary Code-293697
From: GAUTAM MEHRA <gautammehra26@gmail.com>
Date: 10-08-2024, 10:08
To: mainreception@ivyhospital.com

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

From: Mediwheel <wellness@mediwheel.in>
Date: Fri, 9 Aug, 2024, 12:25
Subject: Health Check up Booking Confirmed Request(22S30869), Package Code-PKG10000475, Beneficiary Code-293697
To: <gautammehra26@gmail.com>
Cc: <customercare@mediwheel.in>

011-41195959

Dear **Gautam Mehra**,

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 : 10-08-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
SAPNA	35 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.

Fwd: Health Checkup Booking Confirmed Request(22S30869),Package Code-PKG10000475, Beneficiary Code-293697

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.

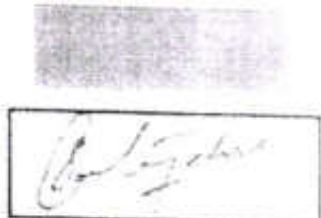
Please visit to our [Terms & Conditions](#) for more informaion. [Click here to unsubscribe.](#)

@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

Mr. MEHRA GAUTAM

170174

Handwritten signature





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	10-Aug-2024
Bill No	2024251056615	Reg ID	2384938
Bill To	Medibuddy Phasorz Mechanics Dental	Sex/Age	Female/35 years, 9 months 17 days
TPA	Medibuddy Phasorz Mechanics Dental	Consultant	DR. Direct
UHID	465803	Referred By	Direct
Name	MRS. SAPNA MEHRA D/WO Sapna Mehra	GST No.	03AABCI4594F1ZQ
Address	#285, SEC-15-A CHD CHANDIGARH-160015	Category	Health Services
Phone No	7206269754	Policy No.	170174
UTI/Claim/Ref.	170174/	Pan No	AABCI4594F

Sr	Date	Code/Batc	Activity Desc.	Rate	Qty.	Amount
					1	2600
1	10-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

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Ivy Hospital


SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No.: U85110PB2005PTC027698

Name: Sahana Mehra UHID: 465083
 Age: 35/F Consultant: Dr. Balvinder Kaur Gha Date: 10-8-24
 BP: _____ Pulse: _____ RR: _____ Temp.: _____ Pain: _____
 Ht.: _____ Wt.: _____ Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: _____
 Complaint: _____

Investigations	Clinical Notes
	<p>Routine check up. no menstrual complaints. mulligraids reports reviewed</p> <p style="text-align: right;">Pls. Gp: healthy no discharge</p>

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

Follow up


 Sign & Stamp
 Dr. Balvinder Kaur Gha
 M.B.B.S, MS (OBST. & GYNAE) DNB
 FRCOG 1 (UK)
 Consultant - Obstetrics, Gynaecology
 Specialist
 Reg No. 54331

Ivy/OPD/Form/005



Ivy Hospital

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

Name: Ms. Sapna Mehta UHID: 465803
 Age: 35/F Consultant: Dr. Mukesh Vats Date: 10.08.24
 BP: _____ Pulse: _____ RR: _____ Temp: _____ Pain: _____
 Ht.: _____ Wt.: _____ Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: _____
 Complaint: _____

Investigations	Clinical Notes
<p>Vmy 6/6⁻¹ 6/6⁺ (U.A) 70h⁶ 12</p>	<p>no pupil mech. up <u>Rept - N&K</u> AC - WNL. fundus T / Disc + macula - (N) Adv ① Refractive tears id T&O x 2 months - RIA 2 months.</p>

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

Dr. Mukesh Vats
 MS, FVRS
 Retina Consultant & Phaco Surgeon
 PhC: 4503

Follow up

Sign & Stamp

Ivy/OPD/Form/005



Ivy Hospital

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

Name : Mrs. Sapna Mehra UHID : 465803
 Age : 35/F Consultant : Dr. Akanksha Date : 10.08.24
 BP : 112/8 Pulse : 69 RR : _____ Temp : _____ Pain : _____
 Ht : _____ Wt : _____ Allergies : _____ Nutritional Assessment : Yes/No
 Diagnosis / DD : _____
 Complaint : _____

Investigations

Clinical Notes

General Health checkup

All reports (M)

Akanksha
 10/8/24
 Dr Akanksha Gautam
 Consultant, Endocrinology
 MBBS, MD Medicine,
 DM Endocrinology (PGI Chandigarh)
 PMC-57027

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

Follow up

Sign & Stamp

Ivy/OPD/Form/005



NAME : MRS. SAPNA MEHRA

DOB/Gender : 27-Oct-1988/F

UHID : 465803

Inv. No. : 4497830

Panel Name : Ivy Mohali

Bar Code No : 13233938

Requisition Date : 10/Aug/2024 10:30AM

Sample CollDate : 10/Aug/2024 01:51PM

Sample Rec.Date : 10/Aug/2024 01:51PM

Approved Date : 10/Aug/2024 03:44PM

Referred Doctor : Self

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

Plasma Glucose Post Prandial

91

mg/dL

Normal <140

Impaired Tolerance 140--180

Diabetic >180

AST 010, 500; Calorimetric; Ethanol oxidase, hydrogen peroxide

*** End Of Report ***

The highlighted values should be correlated clinically

Result Entered By: Jaspreet Kaur 6890





NAME	: MRS. SAPNA MEHRA	Requisition Date	: 10/Aug/2024 10:30AM
DOB/Gender	: 27-Oct-1988/F	Sample CollDate	: 10/Aug/2024 10:38AM
UHID	: 465803	Sample Rec.Date	: 10/Aug/2024 10:38AM
Inv. No.	: 4497830	Approved Date	: 10/Aug/2024 02:03PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13233938		

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 <small>(CLIA Vision 5600)</small>	1.60	ng/mL	0.970 – 1.69
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Summary & Interpretation:

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

Serum Total T4 <small>(CLIA Vision 5600)</small>	8.30	µg/dL	5.52 – 12.97
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Summary & Interpretation:

The hormones 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>(CLIA Vision 5600- TSH 3rd generation)</small>	1,200	mIU/L	0.465 - 4.68
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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

Result Entered By: Prem Lata 6861M





NAME	: MRS. SAPNA MEHRA		
DOB/Gender	: 27-Oct-1988/F	Requisition Date	: 10/Aug/2024 10:30AM
UHID	: 465803	Sample CollDate	: 10/Aug/2024 12:03PM
Inv. No.	: 4497830	Sample Rec.Date	: 10/Aug/2024 12:03PM
Panel Name	: Ivy Mohali	Approved Date	: 10/Aug/2024 12:59PM
Bar Code No	: 13233938	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>(VITROS 5600 - Colorimetric - Glucose oxidase, hydrogen peroxide)</small>	95	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>(VITROS 5600 - Colorimetric - Urease, UV)</small>	25.00	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 - Enzyme)</small>	5.10	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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Inv. No.	: 4497830	Approved Date	: 10/Aug/2024 12:59PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13233938		

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

Serum Bilirubin Total <small>(VITROS 5600 Colorimetric - Diphylina, Disodium salt)</small>	0.90	mg/dL	0.2-1.3 mg/dl
Serum Bilirubin Direct <small>(VITROS 5600 Colorimetric - Direct measure)</small>	0.60	mg/dL	Adult 0.0-1.1 mg/dl Neonate 0.6-10.5 mg/dl
Serum Bilirubin Indirect <small>(VITROS 5600 Colorimetric - Direct measure)</small>	0.30	mg/dL	Adult 0.0-0.3 mg/dl Neonate 0.0-0.6 mg/dl
Serum SGOT(AST) <small>(VITROS 5600 UV with PSP)</small>	25	U/L	14-36U/L
Serum SGPT(ALT) <small>(VITROS 5600 Multi-point rate - UV with PSP)</small>	11	U/L	9-52U/L
Serum AST/ALT Ratio <small>(Calculated)</small>	2.27		
Serum GGT <small>(VITROS 5600 Multi-point rate - High sensitivity method)</small>	10	U/L	15-73
Serum Alkaline Phosphatase <small>(VITROS 5600 Multi-point rate - PMDP, AMP Buffer (17°C))</small>	76	U/L	38-126U/L
Serum Protein Total <small>(VITROS 5600 Colorimetric - Brouha's serum blank, end point)</small>	8.3	g/dl	6.3-8.2g/dl
Serum Albumin <small>(VITROS 5600 Colorimetric - Brouha's of Gray)</small>	4.9	g/dl	3.5-5.0g/dl
Serum Globulin <small>(Calculated)</small>	3.40	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio <small>(Calculated)</small>	1.44	%	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>	130	mg/dL	Desirable <200mg/dl Boredrlne High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides <small>(VITROS 5600 Colorimetric - Enzymatic, end point)</small>	98	mg/dL	Normal < 150mg/dl Boredrlne High 150-199mg/dl High 200-499mg/dl Very High ≥500 mg/dl





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DOB/Gender	: 27-Oct-1988/F	Requisition Date	: 10/Aug/2024 10:30AM
UHID	: 465803	Sample CollDate	: 10/Aug/2024 12:03PM
Inv. No.	: 4497830	Sample Rec.Date	: 10/Aug/2024 12:03PM
Panel Name	: Ivy Mohali	Approved Date	: 10/Aug/2024 12:59PM
Bar Code No	: 13233938	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
Serum HDL Cholesterol <small>(VITROS 5600-Calabazotic - Direct method, PTA/MgCl₂)</small>	53	mg/dL	Low to Average <40 mg/dl High ≥ 60.0mg/dl
Serum VLDL cholesterol <small>(Calabazotic)</small>	20	mg/dL	7-35
Serum LDL cholesterol <small>(Calabazotic)</small>	57	mg/dL	50-100
Serum Cholesterol-HDL Ratio <small>(Calabazotic)</small>	2.45		3-5
Serum LDL-HDL Ratio <small>(Calabazotic)</small>	1.08		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 (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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UHID	: 465803	Sample CollDate	: 10/Aug/2024 12:03PM
Inv. No.	: 4497830	Sample Rec.Date	: 10/Aug/2024 12:03PM
Panel Name	: Ivy Mohali	Approved Date	: 10/Aug/2024 12:59PM
Bar Code No	: 13233938	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
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CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	30.00	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	1.015		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein <small>(Protein Excretion)</small>	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		
Urine Nitrite	Absent		Absent

Microscopic Examination

Urine Pus Cells	8-10		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	5-6	/hpf	0-5
Urine Casts	Absent	/lpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent





NAME	: MRS. SAPNA MEHRA		
DOB/Gender	: 27-Oct-1988/F	Requisition Date	: 10/Aug/2024 10:30AM
UHID	: 465803	Sample CollDate	: 10/Aug/2024 10:37AM
Inv. No:	: 4497830	Sample Rec.Date	: 10/Aug/2024 10:37AM
Panel Name	: Ivy Mohali	Approved Date	: 10/Aug/2024 11:15AM
Bar Code No	: 13233938	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.

Ivy
Hospital

The highlighted values should be correlated clinically

Result Entered By: Prem Lata 6861M





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Panel Name	: Ivy Mohali	Approved Date	: 10/Aug/2024 11:15AM
Bar Code No	: 13233938	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR <small>(Automated ESR analyzer)</small>	9	mm/h	0-15
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COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

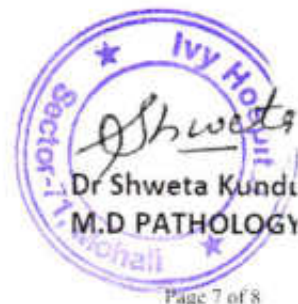
Haemoglobin <small>(Spectrophotometric)</small>	13.5	g/dl	12.0 - 15.0
Hematocrit (PCV) <small>(Calculated)</small>	42.0	%	33-45
Red Blood Cell (RBC) <small>(Impedance/DC Detection)</small>	4.50	$10^6 / \mu\text{l}$	3.8-4.8
Mean Corp Volume (MCV) <small>(Impedance/DC Detection)</small>	92.7	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	29.8	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	32.1	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Coefficient)</small>	12.7	%	11-15
Platelet Count <small>(Impedance/DC Detection/Microscopy)</small>	168	$10^3 / \mu\text{l}$	150-450
Mean Platelet Volume (MPV) <small>(Impedance/DC Detection)</small>	12.9	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedance/DC Detection)</small>	8.0	$10^3 / \mu\text{l}$	4.0 - 10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	62	%	40-75
Lymphocytes	27	%	20-40
Monocytes	8	%	0-8
Eosinophils	3	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	4,960	μl	2000-7000
Absolute Lymphocyte Count	2,160	μL	1000-3000
Absolute Monocyte Count	640	μL	200-1000
Absolute Eosinophil Count	240	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



NAME : MRS. SAPNA MEHRA

DOB/Gender : 27-Oct-1988/F

Requisition Date : 10/Aug/2024 10:30AM

UHID : 465803

SampleCollDate : 10/Aug/2024 10:37AM

Inv. No. : 4497830

Sample Rec.Date : 10/Aug/2024 12:57PM

Panel Name : Ivy Mohali

Approved Date : 10/Aug/2024 01:48PM

Bar Code No : 13233938

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c
(Bioscopic Affinity HPLC/Immuno)

4.8

%

Non diabetic:4.0-6.0

Target of therapy:<7.0

Change of therapy>8.0

Estimated Average Glucose (eAG)
(t. alcohols)

91

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 ***





Ivy
Hospital



Patient Name
SAPNA MEHRA
Gender/Age
Female / 36

Patient ID
Test Date :

465803
10 Aug 2024

Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN 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	2.8	2.2-4.0 CM
IVS (D)	1.0	0.6-1.2 CM
IVS (s)	1.2	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	2.9	2.0-3.7 CM
LA Diameter	3.2	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= 78cm/s, A= 66cm/s, E>A,

Aortic valve: Vmax = 127cm/s

Pulmonary valve: Vmax = 72cm/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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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

(NOT FOR MEDICO-LEGAL PURPOSE)

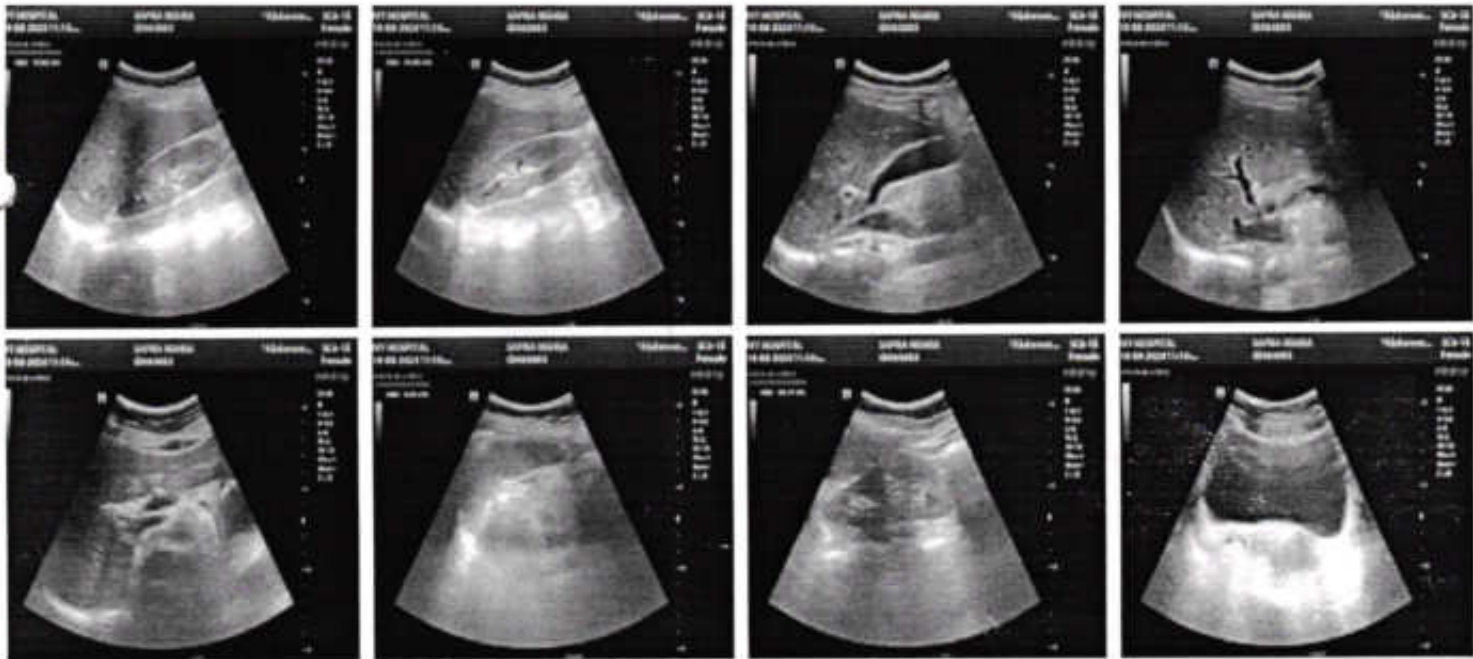
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NAME	., SAPNA MEHRA	SEX/AGE	F35Y
PATIENT ID	ID465803	Accession Number	
REF CONSULTANT	PACKAGE	DATE	10/08/2024 11:14

USG WHOLE ABDOMEN



LIVER: is normal in size (~15.0 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 (~10.4 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~10.2 cm), 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. There is e/o relatively well-defined heterogeneously hypoechoic lesion measuring ~ 1.9 x 2.2 cm is seen in the intra mural location and is seen displacing the endometriun posteriorly with no significant internal vascularity on colour doppler.

Cervix measures ~ 2.6 cm in AP dimension and shows normal echogenicity.

No adnexal SOL is seen.

No free fluid is seen in peritoneal cavity.

OPINION:

Uterine fibroid as described above. (NOT FOR MEDICO-LEGAL PURPOSE)



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CIN No. : U85110PB2005PTC027898

NAME	., SAPNA MEHRA	SEX/AGE	F35Y
PATIENT ID	ID465803	Accession Number	
REF CONSULTANT	PACKAGE	DATE	10/08/2024 11:14

Adv. Clinical correlation and follow up.

Dr. Manish Singla
DNB Resident



Dr GURSIMRAN 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

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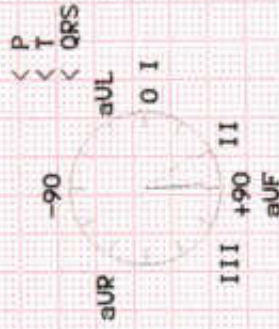
Mrs. Sapna
Age - 35/F
UHID-465803

Measurement Results:

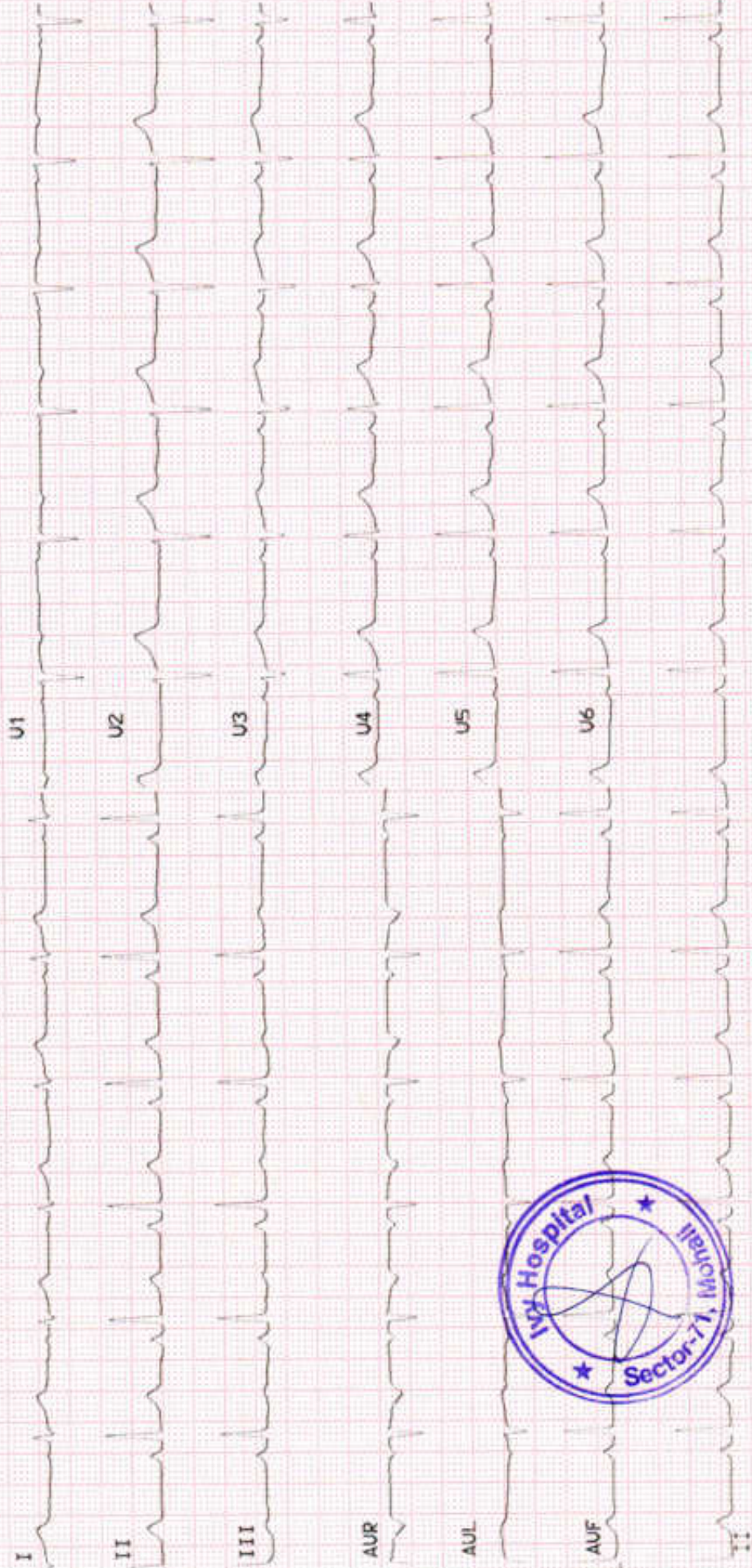
QRS : 92 ms
 QT/QTcB : 390 / 433 ms
 PR : 136 ms
 P : 102 ms
 RR/PP : 812 / 840 ms
 P/QRS/T : 90 / 85 / 55 degrees
 QTd/QTcBD : 96 / 107 ms
 Sokolow : 1.5 mV
 NK : 10

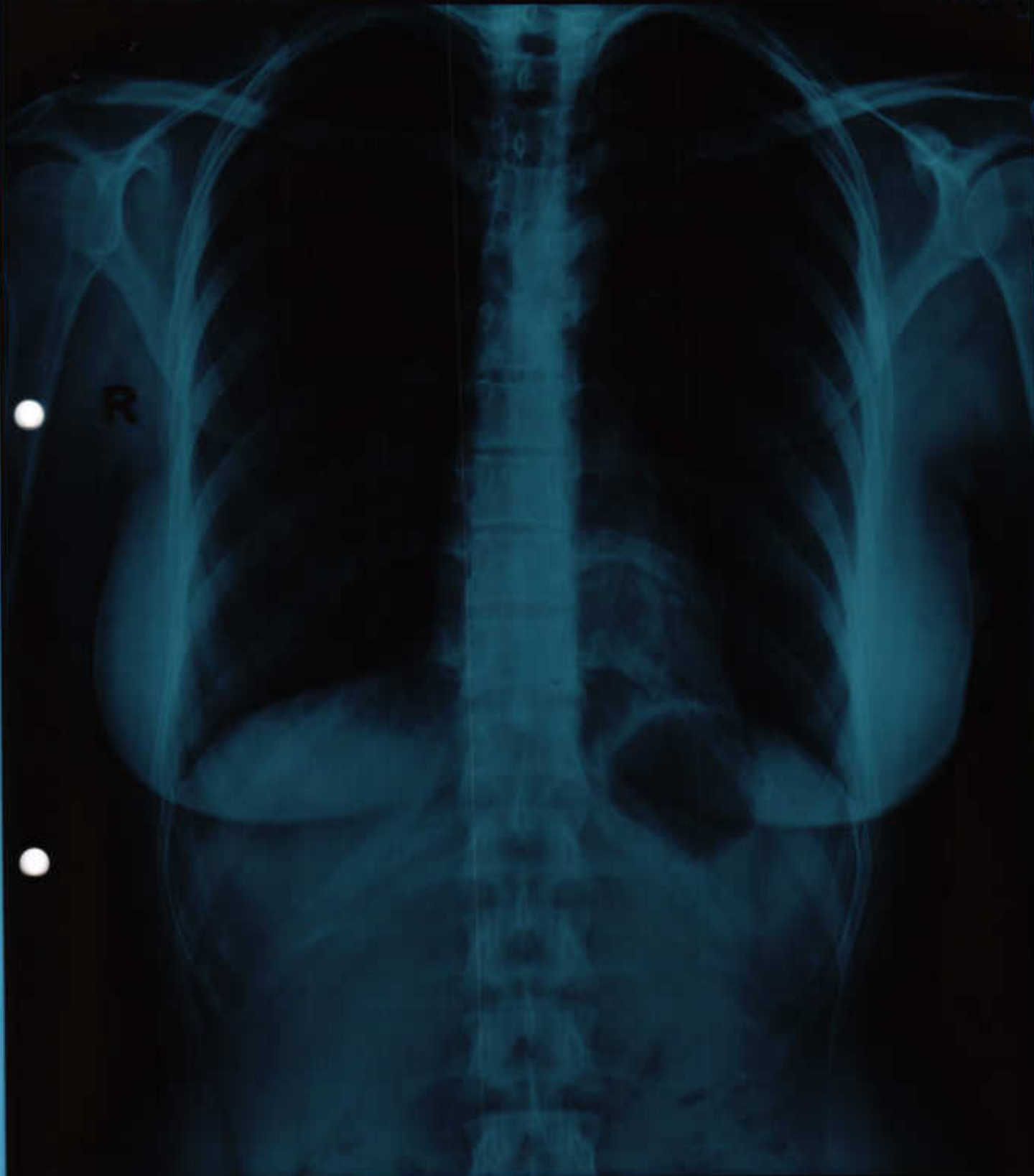
Interpretation:

normal ECG



Unconfirmed report.





ID465803 SAPNA MEHRA F 35 years XNO58471-OPD

WYHOSPITAL SECTOR 71 MOHALI



NAME	SAPNA MEHRA	SEX/AGE	F35Y
PATIENT ID	ID465803	Accession Number	XNO58471-OPD
REF CONSULTANT	Dr.	DATE	10/08/2024 11:34

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

(NOT FOR MEDICO-LEGAL PURPOSE)

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