



PDF Compressor Free Version

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 2023241120396. 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 Date	Beneficiary Code	Bill no	Amount
VINITA RATHOUR	23M109086100097326E	109086	2023241120396	2600


Authorised Signatory

FOR OPD / DISCHARGE SUMMARY / BILLING PURPOSE ONLY

A unit of Ivy Health and Life Sciences (P) Ltd. Website : www.ivyhospital.com, Email: cs@ivyhospital.com Fax: 91-172-2274900
Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339
All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

IVY HELPLINE : +91 99888-23456



PDF Compressor Free Version

प्रति,

समन्वयक,
Mediwheel (Arcofemi Healthcare Limited)
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ोदा 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. RATHOUR VINITA
क.कू संख्या	109086
पदनाम	JOINT MANAGER
कार्य का स्थान	NEW DELHI, MALVIYA NAGAR VB
जन्म की तारीख	21-10-1987
स्वास्थ्य जांच की प्रस्तावित तारीख	07-03-2024
बुकिंग संदर्भ सं.	23M109086100097326E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ोदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 06-03-2024 से 31-03-2024 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)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ोदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



PDF Compressor Free Version APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011-41195959

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. RATHOUR VINITA
EC NO.	109086
DESIGNATION	JOINT MANAGER
PLACE OF WORK	NEW DELHI, MALVIYA NAGAR VB
BIRTHDATE	21-10-1987
PROPOSED DATE OF HEALTH CHECKUP	07-03-2024
BOOKING REFERENCE NO.	23M109086100097326E

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 **06-03-2024** till **31-03-2024**. 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 Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



SUGGESTIVE LIST OF MEDICAL TESTS

PDF Compressor Free Version

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



भारत सरकार

Government of India

सौरभ राठौर

Saurabh Rathour

जन्म तिथि / DOB : 25/07/1986

पुरुष / Male

9137 8694 8717



आधार - आम आदमी का अधिकार



भारत सरकार

GOVERNMENT OF INDIA

विनिता राठौर

Vinita Rathour

जन्म तिथि / DOB:

21/10/1987

महिला / FEMALE



PDF Compressor Free Version

7377 0839 9247



भारत सरकार के अधिकार

Attachments:

CamScanner 03-16-2024 11.18_2.jpg

253 KB

CamScanner 03-16-2024 11.18_1.jpg

293 KB

Subject: CamScanner 03-16-2024 11.18
From: Saurabh rathour <saurabhrathour86@gmail.com>
Date: 16-03-2024, 11:18 am
To: mainreception@ivyhospital.com

PDF Compressor Free Version

CamScanner 03-16-2024 11.18_2.jpg



भारतीय (एन)एन आई प्राधिकरण
Unique Identification Authority of India

पता:
S/O: उदयबीर सिंह राठौर, 221/12,
विलेज चक्रेश, नाहन (टी), नाहन,
सिरमौर, हिमाचल प्रदेश, 173001
Address:
S/O: Udeybir Singh Rathour,
221/12, Village chakrera,
Nahan(T), Nahan, Sirmaur,
Himachal Pradesh, 173001

9137 8694 8717

1947
1800 300 1947

help@uidai.gov.in

WWW
www.uidai.gov.in



पता: Address:
अश्विनी: सौरभ राठौर, # W/O: Saurabh Rathour, # 221/12,
221/12, मोहला चक्रेश, Mohalla Chakrera, Nahan(T),
नाहन (टी), सिरमौर, Sirmaur,
हिमाचल प्रदेश - 173001 Himachal Pradesh - 173001

7377 0839 9247

***S. ANHAR MERRI PETHAMANI

CamScanner 03-16-2024 11.18_1.jpg



PDF Compressor Free Version

Ivy Hospital

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

Bill of Supply

Bill No	2023241120396	Reg ID	2210529
Bill To	Mediwheel Acrofemi	Sex/Age	Female/36 Yrs/5 Mt/5
TPA	Mediwheel Acrofemi	Consultant	DR. Direct
UHID	429184	Referred By	Direct
Name	MRS. VINITA RATHOUR D/WO	GST No.	03AABCI4594F12Q
Address	#376/12, NAHAN, H.P -	Category	Health Services
Phone No	7018285932	Policy No.	109086
UTI/Claim/Ref.	109086/	Pan No	AABCI4594F

Sr.	Date	Code/Batch	Activity Desc.	Rate	Qty.	Amount
					1	2600
1	16-Mar-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

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 99888-23456



Ivy Hospital

Dr. G. Ranjeeth Kumar
MBBS, MD Medicine (PGIMER, Chandigarh)
Consultant- Internal Medicine
Mobile : 7087221001



PDF Compressor Free Version

Ivy Hospital

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

Mrs. Vinita Lathour

367/F

PHID - 429184

14/2/2024

F/H/OLAD

#to spant. abachi
10 days back
4 gynae Hx.

FBS - 85. PPBS - 94.

RFI - 16/0.7 LF7 - (M)

Chol/TG/HDL/LDL

215/131/40/141

Urine dk/mc 10-12 pus cells

Htg. 12.2/4600/210 x 10⁹

rrw - 106

USG abd - 1.
? Anomalous RPA/LLA

EF - 56%. No RVOT

Regular health checkup.

No other comorbidities.

Plan

1) Tab. METIST (vit B₁₂ + folate)
1500 mg 5 mg

OD

— 1 — x 2 months

low fat diet &

Regular exercise

Review in Gynaecology

Dr. G. Ranjeeth Kumar
MD Internal Medicine (PGIMER)
Regn No 88598



Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No.: UBS110PB2005PTC027898

PDF Compressor Free Version

Name: Vimta Rathour UHID: 429184
 Age: 36/F Consultant: Dr. Balvir Date: 16/3/24
 BP: 88/64 Pulse: 73 RR: _____ Temp: _____ Pain: _____
 Ht: _____ Wt: 67kg Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: _____
 Complaint: _____

Investigations	Clinical Notes
<p>UWI on 7/3/24</p> <p>of a mildly bulky endometrium = 10mm, i hypoechoic content of <u>2x5mm</u></p> <p>AdV <u>101</u> :- 2x 0.8cm distending cavity E no vascularity</p>	<p>dup:- 3wths conceived intermittently spontaneous bleeding from 6/3/24.</p> <p>P.L.A. :- Fch / Syn / Prod Spont Abortion</p>

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
①	T. misoprost	ORAL	orally	1	1 X	② ③
②	T. CEFTRIM		orally	1	1x 5day	
③	Cap: RABUM -PSR		1	1	1x 5day	(empty stomach)
④	Rest for 1wk i/v/o					in evitable abortion

Follow up after 1wk for repeat TV

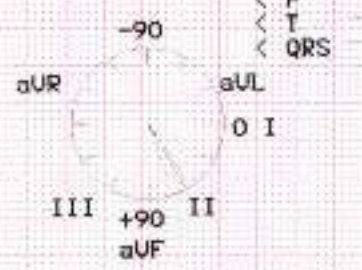
Dr. Balvir Kaur Ghai
 M.D.S. MS (OBST. & GYN) / DNB
 FRCOG (UK)
 Consultant - Obstetrics & Gynaecology
 Specialist
 Reg No. 54291

Sign & Stamp

Measurement Results:

QRS	100 ms
QT/QTcB	392 / 422 ms
PR	138 ms
P	108 ms
RR/PP	862 / 870 ms
P/QRS/T	70 / 60 / 55 degrees
QTc/QTcBD	62 / 67 ms
Sokolow	1.2 mV
NK	10

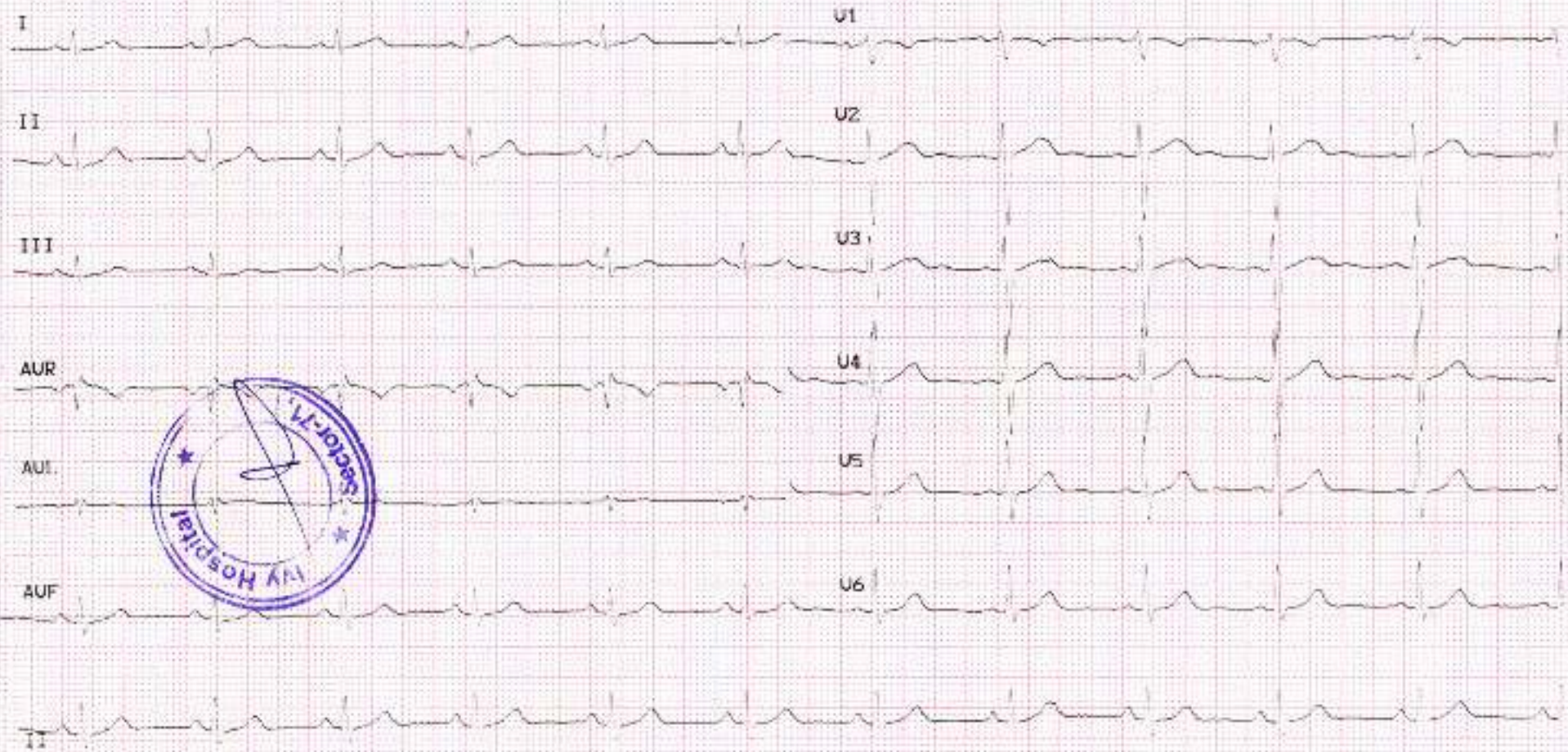
PDF Compressor Free Version Interpretation:



normal ECG

Srinivasan
 VINITA RATHOUR
 429184

Unconfirmed report.





Ivy Hospital

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

Patient Name: VINITA RATHOUR Patient ID: 429184
Gender/Age: Female / 37 Test Date: 16 Mar 2024

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.4	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)	1.4	0.7-2.6 CM
LVPW (D)	1.1	0.6-1.1 CM
LVPW (S)	1.3	0.8-1.0 CM
Aortic Root	2.7	2.0-3.7 CM
LA Diameter	2.9	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	56%	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, Trivial TR, RVSP~18+RAPmmHg

Pulmonary Valve : Thin. Pulmonary Artery not dilated

Pulse & CW Doppler : Mitral valve: E= 88cm/s, A= 69cm/s, E>A

Aortic valve: Vmax = 111cm/s

Pulmonary valve: Vmax = 89cm/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)



PDF Compressor Free Version

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~56%)

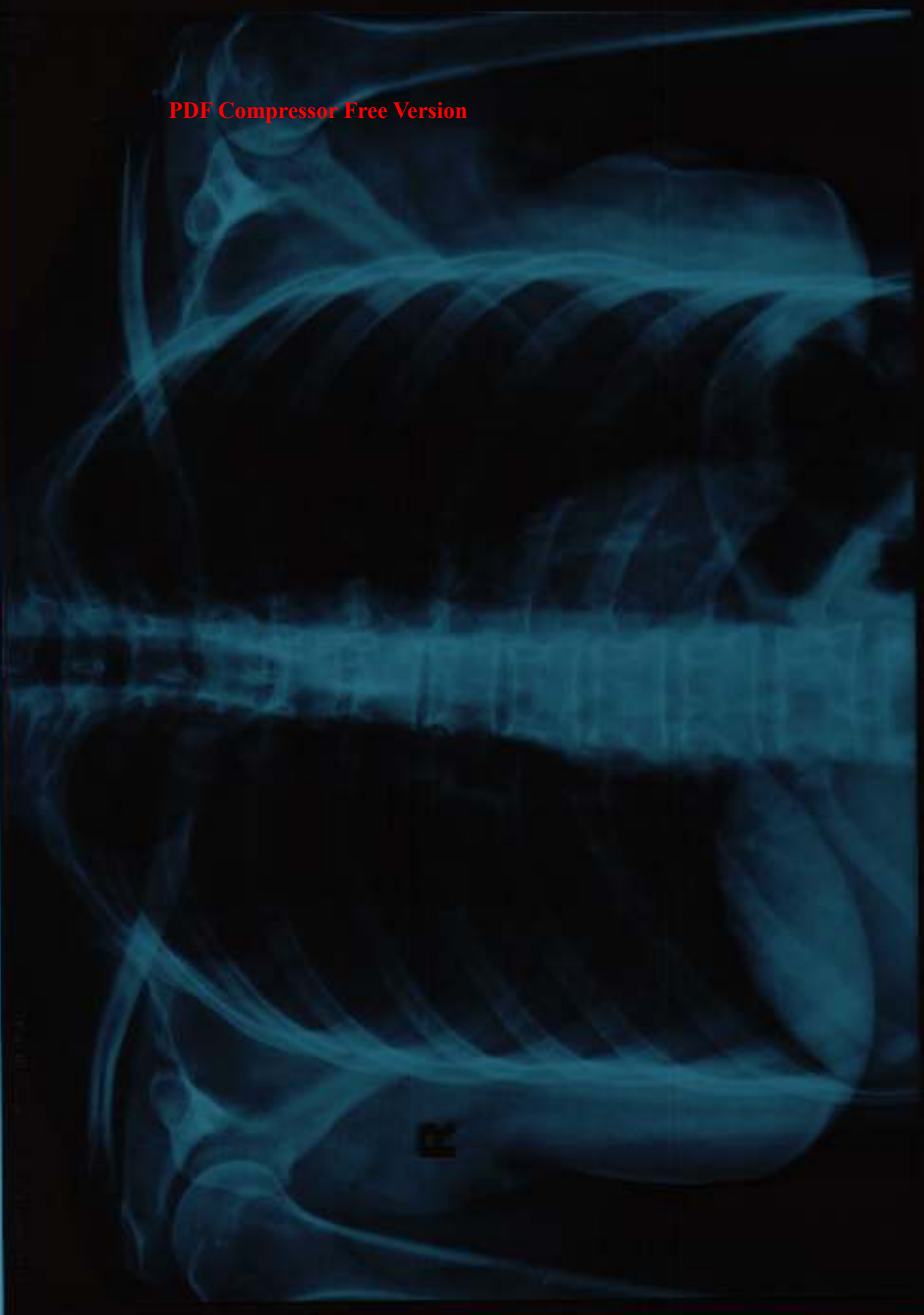


DR. RAKESH BHUTUNGRU

Director - Non Invasive Cardiology
MBBS, MD(Medicine), DM(Cardiology)
PMC-42588

(NOT FOR MEDICO-LEGAL PURPOSE)

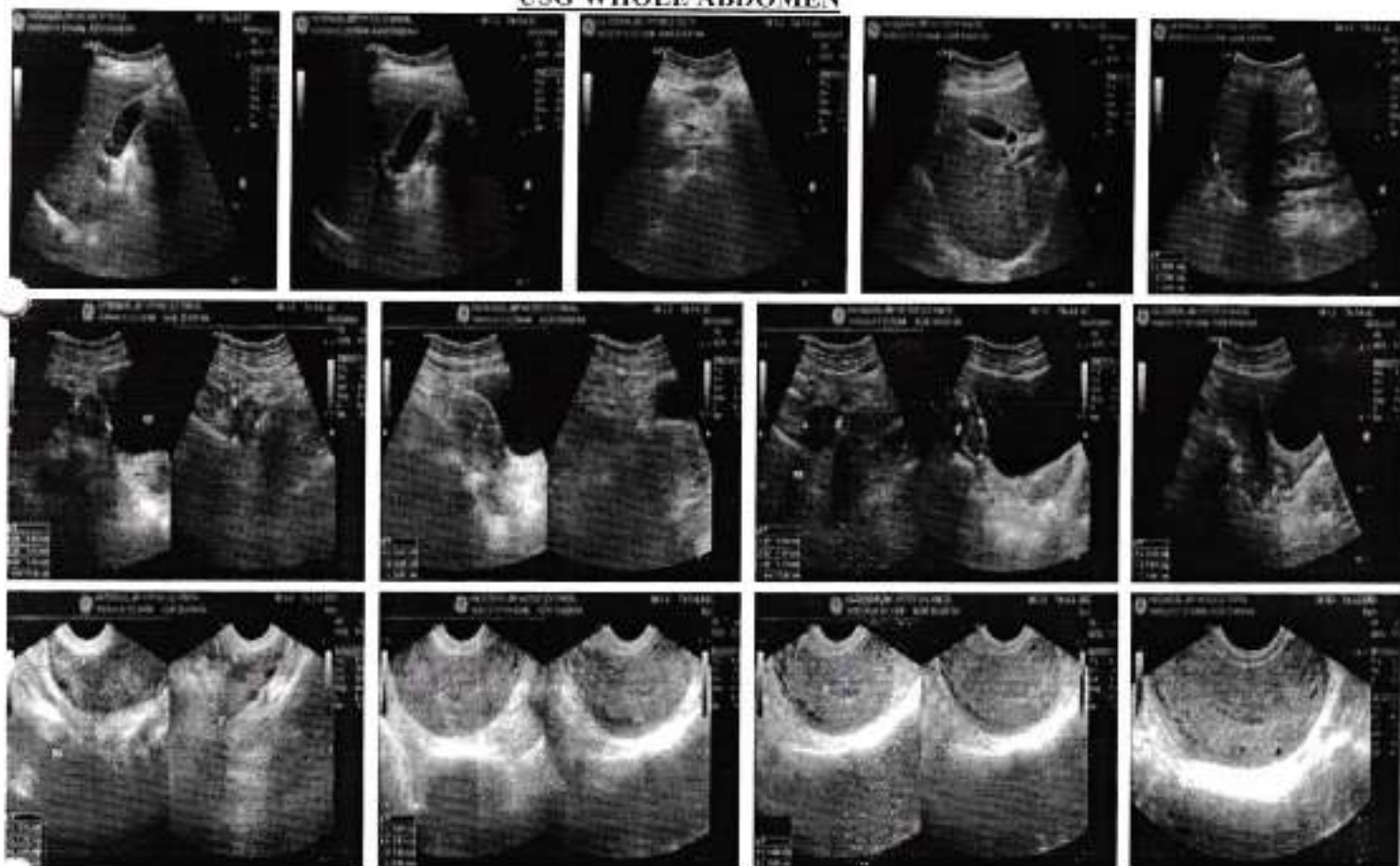
PDF Compressor Free Version



DR. SURESH K. RAO
RADIOLOGIST
SRI HOSPITAL, SECTOR 11, Gurgaon

NAME	VINITA RATHOUR	SEX/AGE	F36Y
PATIENT ID	ID429184	Accession Number	
REF CONSULTANT	PACKAGE	DATE	16/03/2024 11:25

USG WHOLE ABDOMEN



LIVER: is normal in size (~ 13.9cm), outline and echotexture. 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 (~ 9.5 cm), outline and echotexture.

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

RIGHT KIDNEY: It is normal in size (~ 8.7cm), 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.

(NOT FOR MEDICO-LEGAL PURPOSE)



PDF Compressor Free Version

Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : UB5110PB2005PTC027888

NAME	VINITA RATHOUR	SEX/AGE	F36Y
PATIENT ID	ID429184	Accession Number	
REF CONSULTANT	PACKAGE	DATE	16/03/2024 11:25

(On TVS)

UTERUS: is normal in size, outline and echotexture. ET is ~ 8.5 mm. There is e/o heterogeneously hypochoic contents measuring ~ 2.0 x 0.8 cm distending the endometrial cavity with no internal vascularity on doppler at the time of examination - likely Blood clots / RPOC.

Cervix measures ~2.7 cm in AP dimension.

OVARIES: Right ovary is mildly bulky in size and measuring (appx 12 cc) with multiple tiny anechoic peripherally arranged follicles. Left ovary is normal in size(appx 9 cc) and echotexture. No SOL is seen. No free fluid is seen in peritoneal cavity.

OPINION:In a follow up case of avascular RPOC/blood clots, current scan reveals:
Imaging findings as described above

Adv. Clinical correlation and follow up



DR. EKTA MISHRA
MD RADIO-DIAGNOSIS

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, 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 99888-23456



PDF Compressor Free Version

Ivy Hospital

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

NAME	VINITA RATHOUR	SEX/AGE	F36Y
PATIENT ID	ID429184	Accession Number	XNO8161-OPD
REF CONSULTANT	Dr.	DATE	16/03/2024 12:50

X-RAY CHEST (PA VIEW)

- Bony structures and soft tissue appear normal.
- Trachea is slightly deviated towards right.
- 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 GURSIMRAN SINGH ANAND
MD RADIODIAGNOSIS

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)



IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

PDF Compressor Free Version



NAME : MRS. VINITA RATHOUR

DOB/Gender : 21-Oct-1987/F

UHID : 429184

Inv. No. : 4135133

Panel Name : Ivy Mohali

Bar Code No : 13107022

Requisition Date : 16/Mar/2024 11:32AM

Sample Coll Date : 16/Mar/2024 02:49PM

Sample Rec. Date : 16/Mar/2024 02:49PM

Approved Date : 16/Mar/2024 03:37PM

Referred Doctor : Self

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

BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting

(Reference: M149)

85

mg/dL

< 110 Normal

110 - 126 Impaired Tolerance

>126 Diabetic

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.

GLUCOSE PP

Plasma Glucose Post Prandial

(Reference: M149)

93

mg/dL

<140 Normal 140 - 180 Impaired

Tolerance >180 Diabetic



The highlighted values should be correlated clinically





IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com



NAME : MRS. VINITA RATHOUR

DOB/Gender : 21-Oct-1987/F

UHID : 429184

Inv. No. : 4135133

Panel Name : Ivy Mohali

Bar Code No : 13107022

Requisition Date : 16/Mar/2024 11:32AM

Sample CollDate : 16/Mar/2024 11:36AM

Sample Rec.Date : 16/Mar/2024 11:36AM

Approved Date : 16/Mar/2024 12:42PM

Referred Doctor : Self

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

BIOCHEMISTRY

RFT (RENAL FUNCTION TESTS)

Serum Urea <small>(BLOOD UREA NITROGEN)</small>	16.00	mg/dl	17-43
Serum Creatinine <small>(GOUTY KIDNEY DISEASE)</small>	0.70	mg/dl	0.51-0.95
Serum Uric acid <small>(GOUTY DISEASE)</small>	4.20	mg/dl	2.6-6.0

Interpretation:

Kidney blood tests, or Kidney function tests, are used to detect and diagnose diseases of the Kidney.

The higher the blood levels of urea and creatinine, the less well the kidneys are working.

The level of creatinine is usually used as a marker as to the severity of kidney failure. (Creatinine in itself is not harmful, but a high level indicates that the kidneys are not working properly. So, many other waste products will not be cleared out of the bloodstream.) You normally need treatment with dialysis if the level of creatinine goes higher than a certain value.

Dehydration can also be a cause for increases in urea level.

Before and after starting treatment with certain medicines. Some medicines occasionally cause kidney damage (Nephrotoxic Drug) as a side-effect.

Therefore, kidney function is often checked before and after starting treatment with certain medicines.

Risk associated with renal failure

Acute Renal Failure*	Urea/Creatinine ratio ≥ 20
Chronic Renal Failure*	Urea/Creatinine ratio ≤ 20

* Tietz textbook of clinical biochemistry

The highlighted values should be correlated clinically



DR BHUMIKA BISHT
M.D. PATHOLOGY



IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

PDF Compressor Free Version



NAME : MRS. VINITA RATHOUR

DOB/Gender : 21-Oct-1987/F

UHID : 429184

Ivy No. : 4135133

Panel Name : Ivy Mohali

Bar Code No : 13107022

Requisition Date : 16/Mar/2024 11:32AM

Sample CollDate : 16/Mar/2024 11:36AM

Sample Rec.Date : 16/Mar/2024 11:36AM

Approved Date : 16/Mar/2024 12:42PM

Referred Doctor : Self

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

LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total (IFTC/AL/000)	0.60	mg/dL	0.3-1.2
Serum Bilirubin Direct (IFDB/AL/000)	0.10	mg/dl	<0.3
Serum Bilirubin Indirect (IFDIB/AL/000)	0.50	mg/dl	0.1-1.0
Serum SGOT(ALT) (IFV/SGOT/AL/000)	24	U/L	<35
Serum SGPT(AST) (IFV/SGPT/AL/000)	17	U/L	<50
Serum AST/ALT Ratio (IFV/AST/AL/000)	1.41		
Serum GGT (IFV/ALT/000)	9	IU/L	5-32
Serum Alkaline Phosphatase (IFV/ALP/AL/000)	75	U/L	30-120
Serum Protein Total (IFV/AL/000)	7.3	gm/dl	6.40 - 8.20
Serum Albumin (IFV/AL/400)	4.4	g/dL	3.5-5.2
Serum Globulin (IFV/AL/000)	2.90	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio (IFV/AL/000)	1.52	%	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 (IFV/CHOL/AL/000)	215	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides (IFV/TRIG/AL/000)	131	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol	48	mg/dL	<40 Major risk factor for CHD



The highlighted values should be correlated clinically

DR BHUMIKA BISHT
M. D. PATHOLOGY



IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com



NAME : MRS. VINITA RATHOUR

DOB/Gender : 21-Oct-1987/F

Requisition Date : 16/Mar/2024 11:32AM

UHID : 429184

Sample Coll Date : 16/Mar/2024 11:36AM

Ivy No. : 4135133

Sample Rec. Date : 16/Mar/2024 11:36AM

Panel Name : Ivy Mohali

Approved Date : 16/Mar/2024 12:42PM

Bar Code No : 13107022

Referred Doctor : Self

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

Cholesterol (Total)

Serum VLDL cholesterol

26

mg/dL

>60 Negative risk factor for CHD

7-35

Serum LDL cholesterol

141

mg/dL

50-100

Serum Cholesterol:HDL Ratio

4.48

3-5

Serum LDL:HDL Ratio

2.93

1.5-3.5

Precaution:

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

The highlighted values should be correlated clinically



DR BHUMIKA BISHT
M.D. PATHOLOGY



IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

PDF Compressor Free Version



NAME : MRS. VINITA RATHOUR
 DOB/Gender : 21-Oct-1987/F
 UHID : 429184
 Ivy No. : 4135133
 Panel Name : Ivy Mohali
 Bar Code No : 13107022

Requisition Date : 16/Mar/2024 11:32AM
 Sample Coll Date : 16/Mar/2024 11:36AM
 Sample Rec. Date : 16/Mar/2024 11:36AM
 Approved Date : 16/Mar/2024 01:51PM
 Referred Doctor : Self

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

CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	40.00	mL	
Urine Colour	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 <small>(Protein Estimation)</small>	Absent		Nil
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		Absent
Urine Nitrite	Absent		Absent

Microscopic Examination

Urine Pus Cells	10-12		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	4-5	/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

HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR	28	mm/h	0-15
-----	----	------	------



The highlighted values should be correlated clinically





IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

PDF Compressor Free Version



NAME : MRS. VINITA RATHOUR
 DOB/Gender : 21-Oct-1987/F
 UHID : 429184
 Ivy No. : 4135133
 Panel Name : Ivy Mohali
 Bar Code No : 13107022

Requisition Date : 16/Mar/2024 11:32AM
 Sample Coll Date : 16/Mar/2024 11:36AM
 Sample Rec. Date : 16/Mar/2024 11:36AM
 Approved Date : 16/Mar/2024 12:11PM
 Referred Doctor : Self

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

HAEMATOLOGY

COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin <small>(Hemoglobin) (Hemoglobin)</small>	12.3	g/dl	12.0 - 15.0
Hematocrit(PCV) <small>(Hematocrit) (Hematocrit)</small>	38.3	%	33-45
Red Blood Cell (RBC) <small>(Red Blood Cell) (RBC)</small>	3.60	10 ⁶ / µl	3.8-4.8
Mean Corp Volume (MCV) <small>(Mean Corpuscular Volume) (MCV)</small>	106.7	fL	83-97
Mean Corp HB (MCH) <small>(Mean Corpuscular Hemoglobin) (MCH)</small>	34.3	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Mean Corpuscular Hemoglobin Concentration) (MCHC)</small>	32.1	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Red Cell Distribution Width) (RDW-CV)</small>	13.1	%	11-15
Platelet Count <small>(Platelet Count) (Platelet Count)</small>	210	10 ³ /ul	150-450
Mean Platelet Volume (MPV) <small>(Mean Platelet Volume) (MPV)</small>	12.2	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Total Leucocyte Count) (TLC)</small>	4.6	10 ³ /µl	4.0 - 10.0

Differential Leucocyte Count (YCS/ Microscopy)

Neutrophils	53	%	40-75
Lymphocytes	37	%	20-40
Monocytes	9	%	0-8
Eosinophils	1	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	2,438	µl	2000-7000
Absolute Lymphocyte Count	1,702	uL	1000-3000
Absolute Monocyte Count	414	uL	200-1000
Absolute Eosinophil Count	46	µl	20-500

The highlighted values should be correlated clinically



DR BHUMIKA BISHT
M.D. PATHOLOGY



PDF Compressor Free Version



NAME : MRS. VINITA RATHOUR

DOB/Gender : 21-Oct-1987/F

Requisition Date : 16/Mar/2024 11:32AM

UHID : 429184

Sample Coll Date : 16/Mar/2024 11:36AM

Inv. No : 4135133

Sample Rec. Date : 16/Mar/2024 01:26PM

Panel Name : Ivy Mohali

Approved Date : 16/Mar/2024 01:29PM

Bar Code No : 13107022

Referred Doctor : Self

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

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 D Cells	Negative
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.

*** End Of Report ***



Dr Shweta Kundu
M.D PATHOLOGY



Ivy
Hospital

PDF Compressor Free Version



IVY HOSPITAL

F-317, Industrial Area, Phase 8B,

Mohali, Punjab

Ph: 9115110241, 9115115658

Email: lab@ivyhospital.com

NAME : MRS. VINITA RATHOUR

DOB/Gender : 21-Oct-1987/F

UHID : 429184

Inv. No. : 4135133

Panel Name : Ivy Mohali

Bar Code No : 43107022

Requisition Date : 16/Mar/2024 11:32AM

Sample Coll Date : 16/Mar/2024 11:36AM

Sample Rec. Date : 16/Mar/2024 01:46PM

Approved Date : 16/Mar/2024 05:56PM

Referred Doctor : Self

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

IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3

U116 - Thyroxine (T3) Assay

0.68

ng/ml

0.70-2.0

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 amiodol, glucocorticoids or amiodarene 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 thyrotoxicosis and for indicating a diagnosis of thyrotoxicosis factitia.

Serum Total T4

U117 - Thyroxine (T4) Assay

11.04

µg/dL

5.48-14.28

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

U118 - Thyroxine (T4) Assay

1.590

uIU/mL

M & F (non-pregnant) 0.38 - 5.33
F Pregnant (1st Trimester) 0.05 - 3.7
Pregnant (IInd Trimester) 0.31 - 4.35
Pregnant (IIIrd Trimester) 0.41 - 5.18

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 diagnosis. 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 regulatory circuit between the hypothalamic, pituitary and thyroid.

Note:

TSH levels are subject to circadian variation, reaching peak levels between 2-4 a.m. and at a minimum between 6-10 p.m. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

* The intended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

* A physiological rise in Total T3 & T4 levels is seen in pregnancy and in patients on steroid therapy.

† Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic - Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Antimimetic 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




Dr. VARUN HATWAL
M.D. PATHOLOGY



Ivy
Hospital

PDF Compressor Free Version



IVY HOSPITAL

F-317, Industrial Area, Phase 8B,

Mohali, Punjab

Ph: 9115110241, 9115115658

Email: lab@ivyhospital.com

NAME :	MRS. VINITA RATHOUR	Requisition Date :	16/Mar/2024 11:32AM
DOR/Gender :	21-Oct-1987/F	Sample CollDate :	16/Mar/2024 11:36AM
UHD :	429184	Sample Rec.Date :	16/Mar/2024 01:46PM
Inv. No. :	4135133	Approved Date :	16/Mar/2024 05:56PM
Panel Name :	Ivy Mohali	Referred Doctor :	Self
Bar Code No :	13107022		

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

HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c <small>(HbA1c, A1C, HPLC-Termp)</small>	5.2	%	Non diabetic:4.0-6.0 Target of therapy:<7.0 Change of therapy>8.0
Estimated Average Glucose (eAG) <small>(Ureaald)</small>	103	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 ***



Dr. VARUN HATWAL
M.D. PATHOLOGY