

**Subject:** Fwd: Health Check up Booking Confirmed Request(22S37803),Package Code-PKG10000475, Beneficiary Code-281830  
**From:** shobhit lamba <shobhitlamba@gmail.com>  
**Date:** 09/11/2024, 11:56 am  
**To:** mainreception@livasahospitals.com

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

**From:** Mediwheel <wellness@mediwheel.in>  
**Date:** Tue, 5 Nov 2024, 15:29  
**Subject:** Health Check up Booking Confirmed Request(22S37803),Package Code-PKG10000475, Beneficiary Code-281830  
**To:** <shobhitlamba@gmail.com>  
**Cc:** <customercare@mediwheel.in>

011-41195959

Dear **Shobhit Lamba**,

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

**Name of Diagnostic/  
Hospital :** Ivy Hospital

**Address of Diagnostic/  
Hospital- :** Sector - 71, Mohali

**City :** Mohali

**State :** PUNJAB

**Pincode :** 160071

**Appointment Date :** 09-11-2024

**Confirmation Status :** Booking Confirmed

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

**Booking Status :** Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Shiwani Dogra	26 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.

Thanks,  
Mediwheel Team

Please Download Mediwheel App



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09/11/2024

Shiwani Dogra

26y/f

WP - 07/11/2024

NO menstrual irregularities

MF - x/months

No gynaecological complaints

Asu

reg pills - NAD

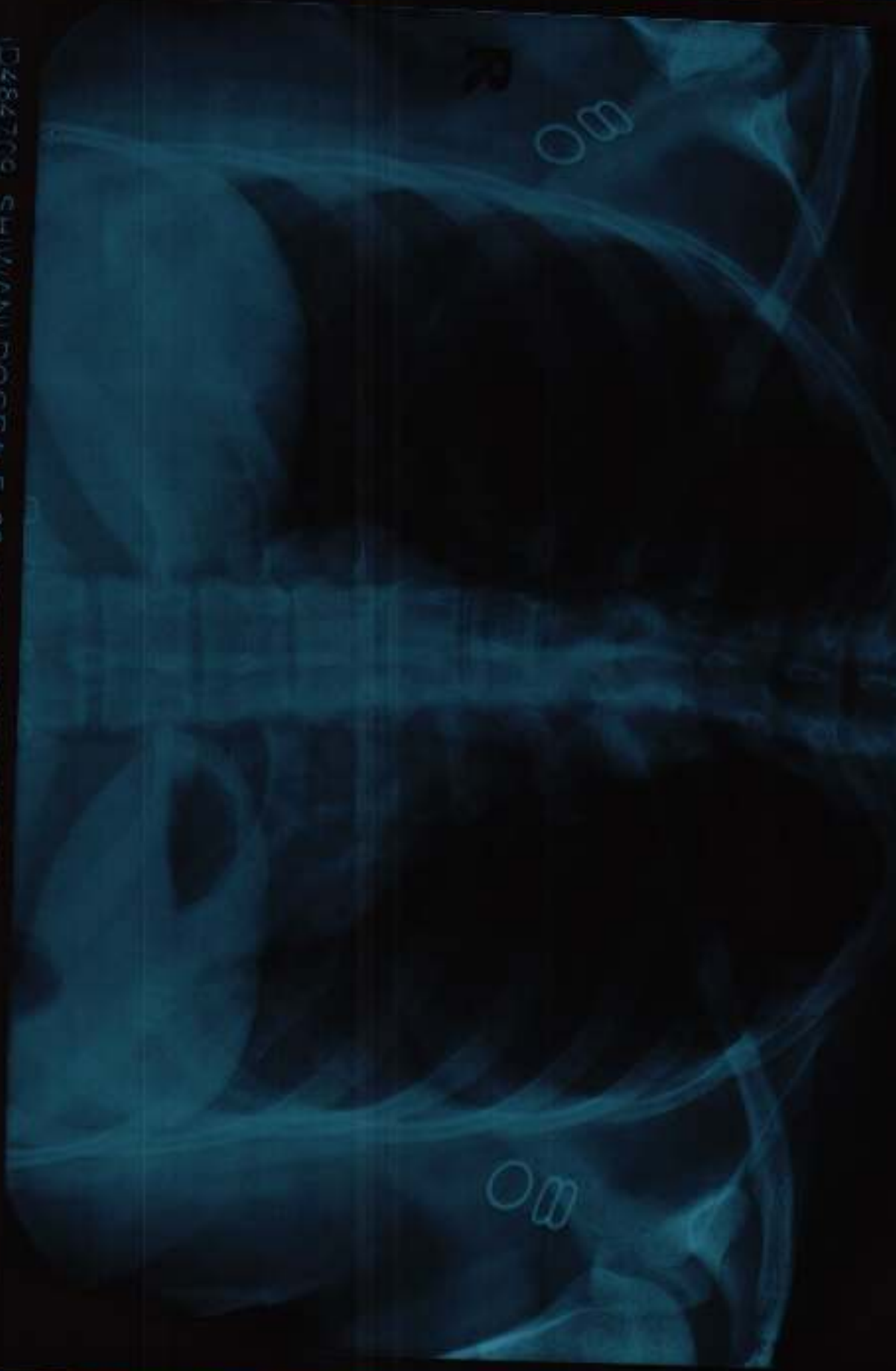
Cap absent woman are  
a day

x months

f/o for  
pap smear

(For OPD/Discharge Summary/Billing Purpose Only)

ID488709 SHIWANI DOGRA F 26 years XR 542'47:OPD  
W-05PTAL SECTOR 74 MCHAL

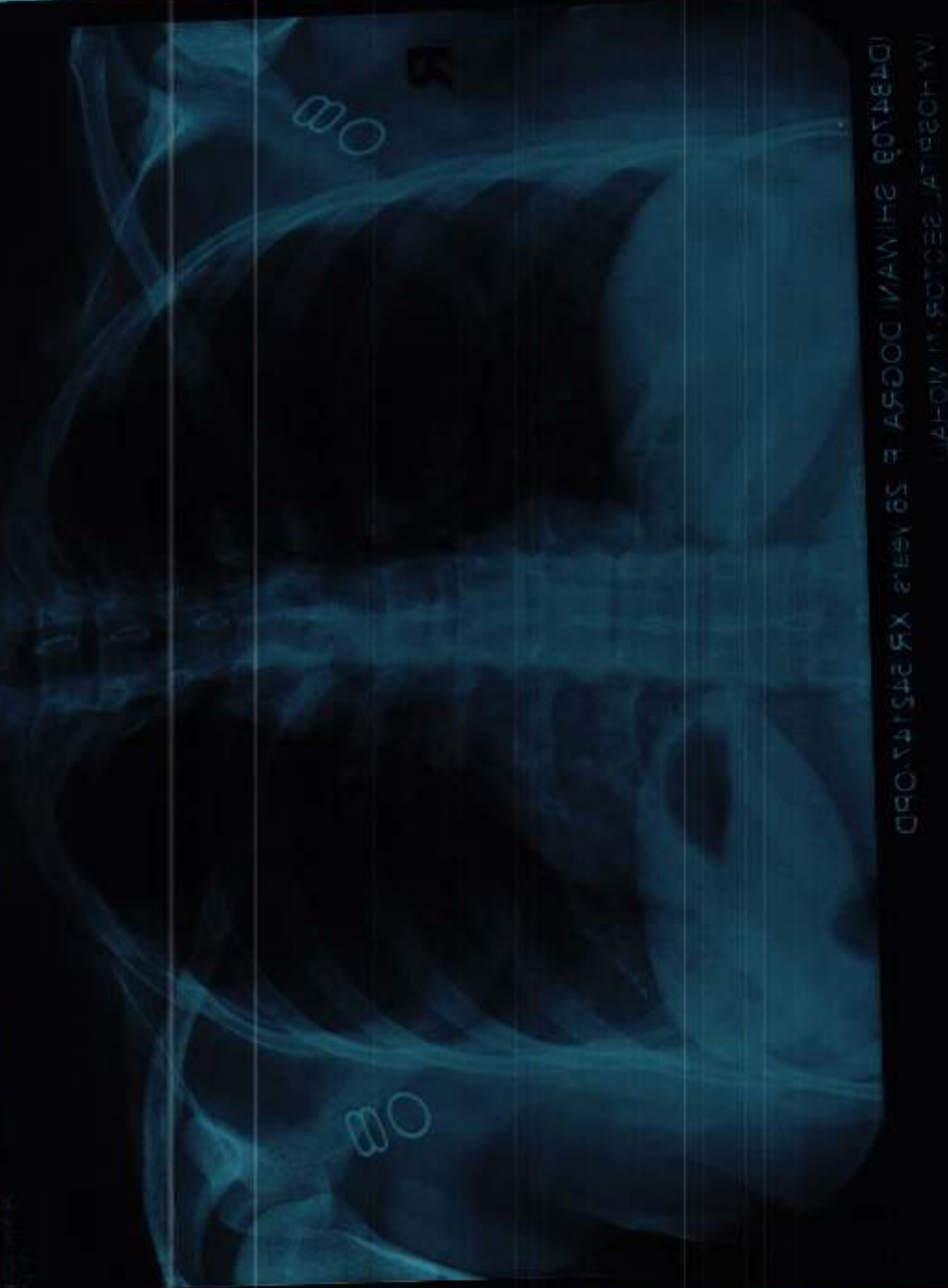


IAH HOSPITAL SECTOR XI MOHAT  
IDT37208 SHIWANI DOGRA F 52 Year 2 XR 245147.05D

R

MO

MO



AIIMS PATIENT IDENTIFICATION

10/10/2024

# LIVASA HOSPITAL

Sector-71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115624

Email: pathreports@ivyhospital.in



Ivy

**NAME** : MRS. SHIWANI DOGRA  
**DOB/Gender** : 29-Aug-1998/F  
**UHID** : 484709  
**Inv. No.** : 4712468  
**Panel Name** : Ivy Mohali  
**Bar Code No** : 13312813

**Requisition Date** : 09/Nov/2024 12:31PM  
**SampleCollDate** : 09/Nov/2024 12:41PM  
**Sample Rec.Date** : 09/Nov/2024 12:41PM  
**Approved Date** : 09/Nov/2024 02:43PM  
**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 560 Colorimetric - Glucose oxidase, hydrogen peroxide)</small>	78	mg/dL	Normal 70-99 mg/dl Impaired Tolerance 100 - 125 mg/dl Diabetic $\geq 126$ mg/dl
---	----	-------	---

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 560 Colorimetric - Urea, UV)</small>	20.00	mg/dL	15-36.3 mg/dl
Serum Creatinine <small>(VITROS 560 Colorimetric - Jaffe)</small>	0.60	mg/dL	0.52-1.04 mg/dl
Serum Uric acid <small>(VITROS 560 Colorimetric - Urate)</small>	4.60	mg/dL	2.5-6.2 mg/dl

#### Interpretation:

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

The highlighted values should be correlated clinically

Result Entered By: Prem Lata 6861M



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Ivy

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## LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total (VITROS 560 Colorimetric - Diphther, Diazotization)	0.60	mg/dL	0.2-1.3 mg/dl
Bilirubin(Unconjugated) (VITROS 560 Colorimetric - Diazotization)	0.50	mg/dL	Adult 0.0 - 1.1 Neonate 0.6 - 10.5
Bilirubin(Conjugated) (VITROS 560 Colorimetric - Spectrophotometric)	0.01	mg/dL	Adult 0.0 - 0.3 Neonate 0.0 - 0.6
Serum SGOT(ALT) (VITROS 560 Multi-point mc - UV 444 P50)	29	U/L	14-36U/L
Serum SGPT(ALT) (VITROS 560 Multi-point mc - UV 444 P50)	22	U/L	9-52U/L
Serum AST/ALT Ratio (Calculated)	1.32		
Serum GGT (VITROS 560 Multi-point mc - Colorimetric-potassium)	19	U/L	15-73
Serum Alkaline Phosphatase (VITROS 560 Multi-point mc - PHOS AND BUFF 1772)	84	U/L	38-126U/L
Serum Protein Total (VITROS 560 Colorimetric - Reaction using Heat, end point)	8.5	g/dl	6.3-8.2g/dl
Serum Albumin (VITROS 560 Colorimetric - Bromocresol Green)	5.1	g/dl	3.5-5.0g/dl
Serum Globulin (Calculated)	3.40	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.50	%	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 (VITROS 560 Colorimetric - Cholesterol oxidase, esterase, peroxidase)	166	mg/dL	Desirable <200mg/dl Borderline High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides (VITROS 560 Colorimetric - Enzymatic end point)	152	mg/dL	Normal <150mg/dl Borderline High 150-199mg/dl High 200-499mg/dl

The highlighted values should be correlated clinically

Result Entered By:Pran Lata 5861M



*Shweta*  
Dr Shweta Kundi  
M.D PATHOLOGY



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Ivy

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Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13312813		

Test Description	Observed Value	Unit	Reference Range
Serum HDL Cholesterol <small>(Fasting) (Total Cholesterol - Direct Triglyceride) / 5 (mg/dL)</small>	55	mg/dL	Very High $\geq 500$ mg/dl Low to Average $< 40$ mg/dl High $\geq 60.0$ mg/dl
Serum VLDL cholesterol <small>(Calculated)</small>	30	mg/dL	7-35
Serum LDL cholesterol <small>(Calculated)</small>	81	mg/dL	50-100
Serum Cholesterol-HDL Ratio <small>(Calculated)</small>	3.02		3-5
Serum LDL-HDL Ratio <small>(Calculated)</small>	1.47		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 $\geq 240$
Triglyceride	Normal $< 150$ Borderline High 150 - 199 High 200 - 499 Very High $\geq 500$
HDL - Cholesterol	Low $< 40$ High $\geq 60$
LDL - Cholesterol - Primary Target of Therapy	Optimal $< 100$ Near optimal/ Above optimal 100 - 129 Borderline high 130 - 159 High 160 - 189 Very high $\geq 190$

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

Result Entered By: Prem Lms 6861M



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UHID	: 484709	Sample Rec. Date	: 09/Nov/2024 12:41PM
Inv. No.	: 4712468	Approved Date	: 09/Nov/2024 02:21PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13312813		

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

Result Entered By: Prem Lata 6861M



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Bar Code No	: 13312813		

Test Description	Observed Value	Unit	Reference Range
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## HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR

(Unaccelerated ESR analysis)

10

mm/h

0-15

Ivy  
Hospital

The highlighted values should be correlated clinically

Result Entered By: Prem Lata 6861M



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Ivy

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DOB: Gender : 29-Aug-1998/F  
UHD : 484709  
Inv. No. : 4712468  
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## COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin <small>(Newborn-Haemoglobin)</small>	14.1	g/dl	12.0 - 15.0
Hematocrit(PCV) <small>(Volume%)</small>	44.3	%	33-45
Red Blood Cell (RBC) <small>(RBCs/µL Decent)</small>	4.30	$10^6 / \mu\text{l}$	3.8-4.8
Mean Corp Volume (MCV) <small>(MCV/µL Decent)</small>	103.7	fL	83-97
Mean Corp HB (MCH) <small>(MCH/µL)</small>	33.0	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(MCHC/g/dl)</small>	31.8	gm/dl	32-36
Red Cell Distribution Width -CV <small>(RDW-CV%)</small>	13.4	%	11-15
Platelet Count <small>(Platelets/µL Decent/Microscopy)</small>	267	$10^3/\mu\text{l}$	150-450
Mean Platelet Volume (MPV) <small>(MPV/fL Decent)</small>	11.9	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(WBCs/µL Decent)</small>	7.7	$10^3/\mu\text{l}$	4.0 - 10.0
<b>Differential Leucocyte Count (VCS/ Microscopy)</b>			
Neutrophils	56	%	40-75
Lymphocytes	38	%	20-40
Monocytes	5	%	0-8
Eosinophils	1	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	4,312	$\mu\text{l}$	2000-7000
Absolute Lymphocyte Count	2,926	$\mu\text{L}$	1000-3000
Absolute Monocyte Count	385	$\mu\text{L}$	200-1000
Absolute Eosinophil Count	77	$\mu\text{l}$	20-500

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



The highlighted values should be correlated clinically

Result Entered By: Prem Lata 6861M



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Ivy

NAME: **Hospital** : MRS. SHIWANI DOGRA

DOB/Gender : 29-Aug-1998/F

UHID : 484709

Inv. No. : 4712468

Panel Name : Ivy Mohali

Bar Code No : 13312813

Requisition Date : 09/Nov/2024 12:31PM

Sample Coll Date : 09/Nov/2024 12:41PM

Sample Rec. Date : 09/Nov/2024 12:41PM

Approved Date : 09/Nov/2024 03:32PM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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## IMMUNOASSAY

### TOTAL THYROID PROFILE

Serum Total T3

(CLIA/Veris 500)

1.60

ng/mL

0.970 - 1.69

#### Summary & Interpretation:

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It occurs under the influence of medications such as propylthiouracil, glucocorticoids or aminosterone 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

(CLIA/Veris 500)

9.20

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.

Serum TSH

(CLIA/Veris 500-250, 500 (prepack))

4.600

mIU/L

0.4001 - 4.049 PREGNANCY

REFERENCE RANGE FOR TSH IN

mIU/mL 1st Trimester 0.1298 - 3.1202nd

Trimester 0.2749 - 2.6523rd 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 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 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 hyperthyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Aminosterone thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN mIU/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: Jagjeet Kaur 41162



# LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

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Ivy

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UHID	: 484709	Sample Rec. Date	: 09/Nov/2024 12:41PM
Inv. No.	: 4712468	Approved Date	: 09/Nov/2024 03:32PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13312813		

Test Description	Observed Value	Unit	Reference Range
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\*\*\* End Of Report \*\*\*

Ivy  
Hospital

The highlighted values should be correlated clinically  
Result Entered By: Jagjeet Kaur 41162





Patient Name: SHIWANI DOGRA Patient ID: 484709  
Gender/Age: Female / 26 Test Date: 09 Nov 2024

**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)	0.7	0.6-1.2 CM
IVS (s)	1.2	0.7-2.6 CM
LVPW (D)	0.9	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	2.8	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 = 101cm/s, A = 46cm/s, E>A,

**Aortic valve:** Vmax = 135cm/s

**Pulmonary valve:** Vmax = 69cm/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)

**Livasa Hospital, Mohali**

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

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

For any service queries or appointments:

Call: +91 8078880788, 6239502002

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

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

**Corporate Office:** C-133, Industrial Area, Phase B,  
SAS Nagar, Mohali, Punjab-160071  
Phone: 91-172-7170000, Fax: 91-172-2274900

CIN No.: U8510CPB2005PTC027898  
GSTIN: 03AA8C14594F1/Q



Remarks -

**FINAL IMPRESSION -**

No RWMA of LV

Normal LV systolic function (LVEF~55%)

*[Handwritten signature]*

**DR. RAKESH BHUTUNGRU**

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

(NOT FOR MEDICO-LEGAL PURPOSE)

**Livasa Hospital, Mohali**

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

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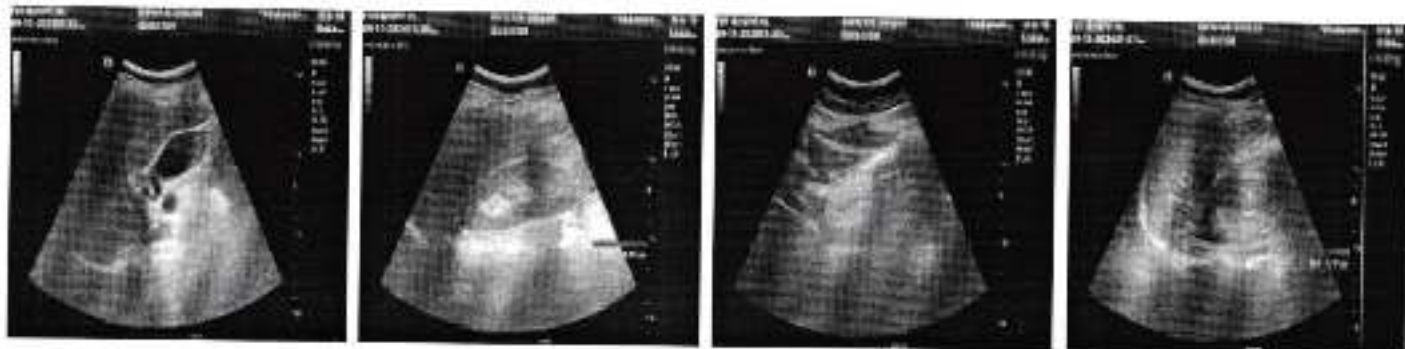
**Corporate Office:** C-133, Industrial Area, Phase 8,  
SAS Nagar, Mohali, Punjab-160071  
Phone: 91-172-7170000, Fax: 91-172-2274900

CIN No: U8510PB2005PTC027898  
GSTIN: 03AA8C14594F12Q



NAME	., SHIWANI DOGRA	SEX/AGE	F26Y
PATIENT ID	ID484709	Accession Number	
REF CONSULTANT	PACKAGE	DATE	09/11/2024 01:29

**USG WHOLE ABDOMEN**



**LIVER:** is normal in size (~ 15.7cm), outline and echotexture. IHBR are not dilated. Portal vein is normal. CBD is not dilated.

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

**SPLEEN:** is normal in size (~ 9.7cm), 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 (~ 10.0cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

**LEFT KIDNEY:** It is normal in size (~ 9.9cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

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

**UTERUS:** is grossly normal. ET measures ~ 6mm.

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

**IMPRESSION:** No significant abnormality is seen in the current study.



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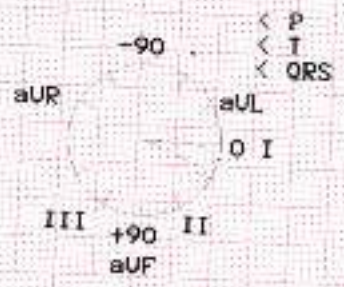
**Registered Address:** Administration Block, Livasa, Sector-71, Mohali, Punjab -160071

**Corporate Office:** C-133, Industrial Area, Phase B, SAS Nagar, Mohali, Punjab-160071  
Phone: 91-172-7170000, Fax: 91-172-2274900

DIN No: U8510PR2005PT0027898  
GSTIN: 03AA9014594F12Q

Measurement Results

QRS		100 ms
QT/QTcB	392 /	447 ms
PR		134 ms
P		96 ms
RR/PP	768 /	750 ms
P/QRS/T	45/ 25/	5 degrees
QTd/QTcBD	38 /	43 ms
Sokolow		1.4 mV
NK		11



Interpretation:  
 \*\*\* Poor data quality  
 probably acute MI (anterior)  
 low QRS amplitudes  
 probably abnormal ECG

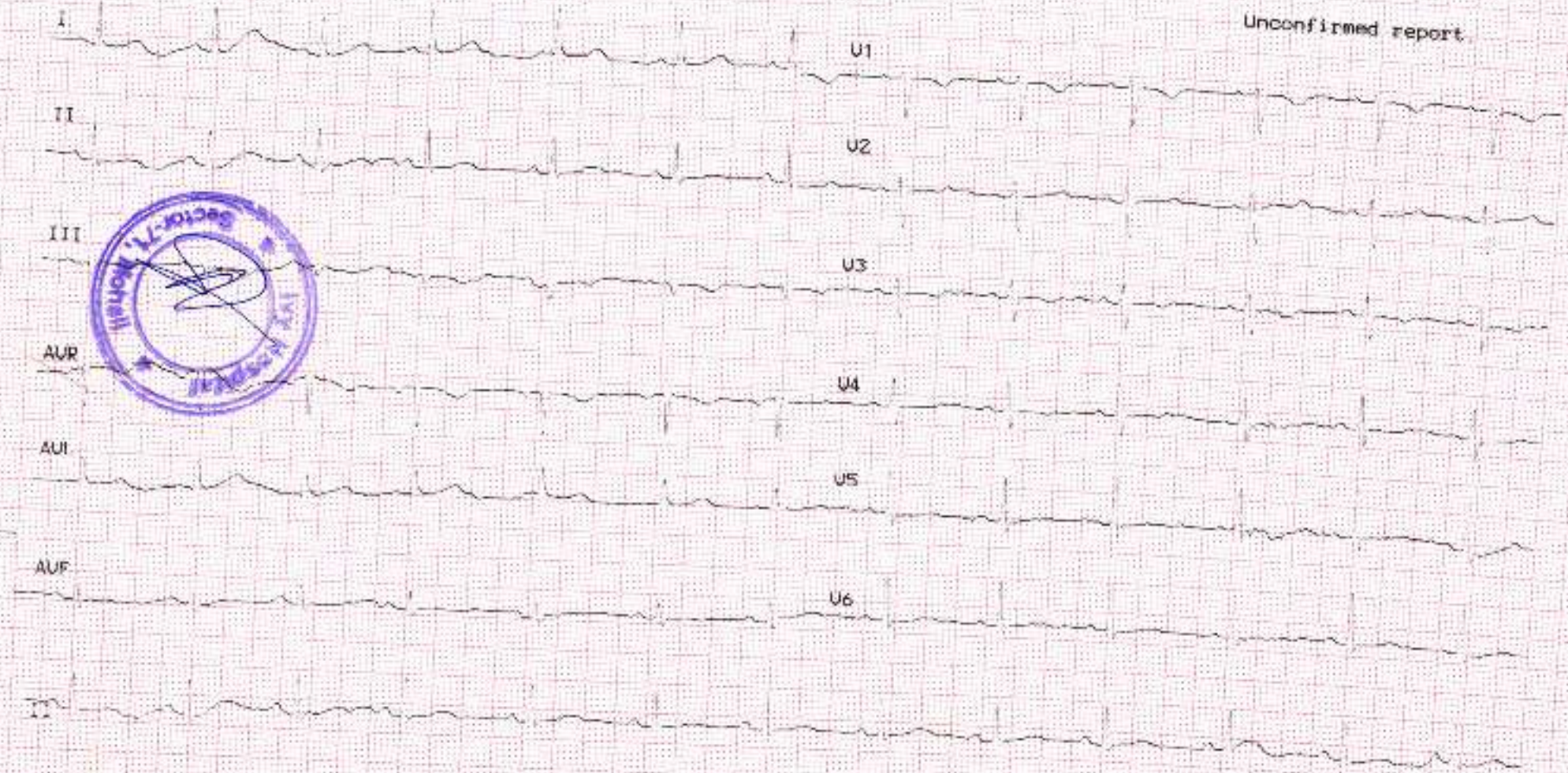
HR 78bpm

Mrs Shiwani

age = 26

OUTD = 484709

Unconfirmed report



NAME	SHIWANI DOGRA	SEX/AGE	F26Y
PATIENT ID	ID484709	Accession Number	XR.542147-OPD
REF CONSULTANT	Dr.	DATE	09/11/2024 12:57

### 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.*



A circular blue stamp from Ivy Hospital, Sector-71, Mohali, is overlaid on the signature. The stamp contains the text "Ivy Hospital", "Sector-71, Mohali", and "MBBS, DMRD, DNB, FVIR".

**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

(NOT FOR MEDICO-LEGAL PURPOSE)

**Livasa Hospital, Mohali**

[A Unit of Ivy Health and Life Sciences Private Limited]

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