



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 2023241113180. 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 |
|--------------|--------------|------------------|---------------|--------|
| HARJEET KAUR | 28/02/2024   | 74875            | 2023241113180 | 2600   |



**Authorised Signatory**

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



प्रति,

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

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

| स्वास्थ्य जांच लाभार्थी के विवरण                            |                    |
|---|--------------------|
| नाम   | HARJEET KAUR       |
| जन्म की तारीख   | 05-01-1990         |
| कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख | 28-02-2024         |
| बुकिंग संदर्भ सं.   | 23M74875100094048S |
| पत्नी/पति के विवरण  |                    |
| कर्मचारी का नाम   | MR. SINGH DAVINDER |
| कर्मचारी की क.कू.संख्या                                     | 74875              |
| कर्मचारी का पद  | RECOVERY           |
| कर्मचारी के कार्य का स्थान                                  | RAJKOT,ZO RAJKOT   |
| कर्मचारी के जन्म की तारीख                                   | 14-01-1990         |

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 27-02-2024 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 पत्नी/पति की 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 बड़ौदा

(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।)



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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

| PARTICULARS OF HEALTH CHECK UP BENEFICIARY          |                    |
|---|--------------------|
| NAME  | HARJEET KAUR       |
| DATE OF BIRTH                                       | 05-01-1990         |
| PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE | 28-02-2024         |
| BOOKING REFERENCE NO.                               | 23M74875100094048S |
| SPOUSE DETAILS                                      |                    |
| EMPLOYEE NAME                                       | MR. SINGH DAVINDER |
| EMPLOYEE EC NO.                                     | 74875              |
| EMPLOYEE DESIGNATION                                | RECOVERY           |
| EMPLOYEE PLACE OF WORK                              | RAJKOT,ZO RAJKOT   |
| EMPLOYEE BIRTHDATE                                  | 14-01-1990         |

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 **27-02-2024** 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's spouse 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

| 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   |
| <b>Lipid Profile</b>                | <b>Lipid Profile</b>  |
| Total Cholesterol                   | Total Cholesterol   |
| HDL                                 | HDL   |
| LDL                                 | LDL   |
| VLDL                                | VLDL  |
| Triglycerides                       | Triglycerides   |
| HDL / LDL ratio                     | HDL / LDL ratio   |
| <b>Liver Profile</b>                | <b>Liver Profile</b>  |
| AST                                 | AST   |
| ALT                                 | ALT   |
| GGT                                 | GGT   |
| Bilirubin (total, direct, indirect) | Bilirubin (total, direct, indirect)                             |
| ALP                                 | ALP   |
| Proteins (T, Albumin, Globulin)     | Proteins (T, Albumin, Globulin)                                 |
| <b>Kidney Profile</b>               | <b>Kidney Profile</b>   |
| 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   |
| <b>General Tests</b>                | <b>General Tests</b>  |
| 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)<br>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   |

**Subject:** Fwd: Health checkups - Ivy hospital

**From:** Abhishek Singh <abhishek.singh@ivyhospital.in>

**Date:** 28-02-2024, 09:27 am

**To:** "mainreception@ivyhospital.com" <mainreception@ivyhospital.com>

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

**From:** "Network : Mediwheel : New Delhi" <network@mediwheel.in>

**Date:** 28-Feb-2024 9:26 am

**Subject:** Health checkups - Ivy hospital

**To:** Abhishek Singh <abhishek.singh@ivyhospital.in>

**Cc:** "Customer Care :Mediwheel : New Delhi" <customercare@mediwheel.in>

Dear Sir,

These 2 clients will be visiting your center) for health checkup on **28<sup>th</sup> Feb'2024** for health checkups, so kindly provide them with the same & confirm these bookings.

1. Mr. Davinder singh - **Mediwheel Full Body Health Checkup above 40yrs male**
- 2 Mrs. Harjeet kaur- **Mediwheel Full Body Health Checkup Above 40yrs female**

Regards

UMAKANT RAM

424973

**बैंक ऑफ बड़ोदा**  
Bank of Baroda

**नाम**  
Name: **Davinder Singh**

**कार्यकारी क्रम सं.** 74875  
E.C. No.

**संस्थापक प्राधिकारी**  
Issuing Authority

**धारक के हस्ताक्षर**  
Signature of Holder

बैंक ऑफ बड़ोदा का पते  
बैंक ऑफ बड़ोदा (सहायक)  
बैंक ऑफ बड़ोदा (सहायक) केंद्र  
400-051, 400-051, 400-051  
400-051, 400-051, 400-051  
400-051, 400-051, 400-051

If found, please return to  
Asset Management Services (Security)  
Bank of Baroda, Baroda Corporate Centre  
C-28, C-Bank, Baroda-Korfa Complex, Mumbai-400051, India  
Phone: 91 22 2652 5199, Fax 91 22 2652 5747

Emergency Contact No  
कॉन्सप्ट ग्रुप: 0-

पूरे पैर की पहचान चिह्न : Cut Mark Between the  
Right Hand Fingers

**सर्वोच्च सरकार**  
Government of India

**हरजीत कौर**  
Harjeet Kaur  
समय/दिनांक/DOR: 05/01/1990  
लिंग/गैलर/ FEMALE

5564 1197 5276  
VID : 9193 0431 0199 2709

**मेरा आधार, मेरी पहचान**

**सर्वोच्च विशिष्टता पहचान प्राधिकारी**  
Unique Identification Authority of India

पता:  
C/O: Davinder Singh, # 724, सेक्टर -94,  
31/PL, Sohana, SAS Nagar (Mohali),  
Punjab - 140308

5564 1197 5276  
VID : 9193 0431 0199 2709

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



# Ivy Hospital

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

## Bill of Supply

|                |                        |             |                       |
|----------------|------------------------|-------------|-----------------------|
| Bill No        | 2023241113180          | Reg ID      | 2172953               |
| Bill To        | Mediwheel Acrofemi     | Sex/Age     | Female/34 Yrs/1 Mt/25 |
| TPA            | Mediwheel Acrofemi     | Consultant  | DR. Direct            |
| UHID           | 424973                 | Referred By | Direct                |
| Name           | MRS. HARJEET KAUR D/WO | GST No.     | 03AABCI4594F12Q       |
| Address        | #724, SEC-94           | Category    | Health Services       |
| Phone No       | 9988390504             | Policy No.  | 74875                 |
| UTI/Claim/Ref. | 74875/                 | Pan No      | AABCI4594F            |

| Sr. | Date      | Code/Batch | Activity Desc.        | Rate | Qty. | Amount |
|-----|-----------|------------|-----------------------|------|------|--------|
| 1   | 28-Feb-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   |

Authorised Signatory



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

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**



Name: Mrs. Harjeet Kaur UHID: 424973  
 Age: 34yr Consultant: Dr Jagpal Date: 28/02/24  
 BP: 110/70 Pulse: 108 RR: Temp.: Pain:  
 Ht.: Wt: 67kg Allergies: Nutritional Assessment: Yes/No  
 Diagnosis / DD:  
 Complaint:

| Investigations | Clinical Notes   |
|----------------|--|
|                | For general health check up.<br>Investigator s/o<br>Microcytic Anaemia s/o IDA<br>other grossly @<br><br><u>Adv</u><br>1) Tab LIVOGEN OD 2-3 hrs after lunch.<br>Rlu after 3mth. i Rpt <span style="border: 1px solid black; padding: 2px;">CBC</span> |

| S.No. | Salt/Generic Name   | Route | Dose | Frequency | Duration | Special Instructions |
|-------|---|-------|------|-----------|----------|----------------------|
|       | Dr. Jagpal Pander<br>MD (Int Med), MRCP(U.K.), MRCP (Renephysiology)<br>Senior Consultant - Internal Medicine & Rheumatology<br>Roorkee, India. |       |      |           |          |                      |
|       |   |       |      |           |          |                      |
|       |   |       |      |           |          |                      |
|       |   |       |      |           |          |                      |
|       |   |       |      |           |          |                      |
|       |   |       |      |           |          |                      |
|       |   |       |      |           |          |                      |
|       |   |       |      |           |          |                      |

Follow up

Sign & Stamp

Ivy/OPD/Form/






# Ivy Hospital

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

Name: Harjeet Kaur UHID: 424973  
 Age: 63 yrs Consultant: Dr. Garima Date: 28/02/24  
 BP: 126/84 Pulse: 120b/RR Temp.: \_\_\_\_\_ Pain: \_\_\_\_\_  
 Ht.: \_\_\_\_\_ Wt.: 68kg Allergies: \_\_\_\_\_ Nutritional Assessment: Yes/No  
 Diagnosis / DD: \_\_\_\_\_  
 Complaint: \_\_\_\_\_

Investigations

O/S  
 P/A - soft   
 P/S - Ca - spin pointer  
 Y - (-)  
 Pw - wt Mo, NS  
 DUEFMS

Clinical Notes

for Routine check up.  
 go: lower left ~~abd~~ pelvic pain  
 on/off

Pts, all FTWEEs  
 At, medium U/P.  
 - no h/o DM / HTN / T&I / thyroid.  
 - no h/o any other sx except 2 ure.

MD: 12/2/24  
 regular, 4-8  
 20-50  
 depression

| S.No.                               | Salt/Generic Name | Route | Dose | Frequency | Duration | Special Instructions |
|-------------------------------------|-------------------|-------|------|-----------|----------|----------------------|
| <u>ATW</u>                          |                   |       |      |           |          |                      |
| <u>lap smear</u>                    |                   |       |      |           |          |                      |
| <u>Tab fe-cviiis</u>                | <u>oo x 2mm</u>   |       |      |           |          |                      |
| <u>→ nple, iem profile, vit B12</u> |                   |       |      |           |          |                      |
| <u>- <del>tab ...</del></u>         |                   |       |      |           |          |                      |
| <u>Tab Alendronate</u>              | <u>young star</u> |       |      |           |          |                      |

Follow up

- Tab Etigily oo x 2mm

- for encephalitis

Dr. Garima  
 Consultant  
 Sign & Stamp  
 Ivy/OPD/Form/005



# Ivy Hospital

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

Name : Mrs. Harjeet Kaur UHID : 424973  
 Age : 34yrs F Consultant : Dr. Muskan Vats Date : \_\_\_\_\_  
 BP : \_\_\_\_\_ Pulse : \_\_\_\_\_ RR : \_\_\_\_\_ Temp : \_\_\_\_\_ Pain : \_\_\_\_\_  
 Ht : \_\_\_\_\_ Wt : \_\_\_\_\_ Allergies : \_\_\_\_\_ Nutritional Assessment : Yes/No  
 Diagnosis / DD : \_\_\_\_\_  
 Complaint : \_\_\_\_\_

Investigations

VmT G/S  
G/S  
(aided)

To Pt 18/18

Clinical Notes

do general check-up Pupil - N=NR

ALS - unv

Fundus ↑ / Disc + Macula - (N)  
 Adv: Refer to team old TMS OD  
 Review annually (scs)

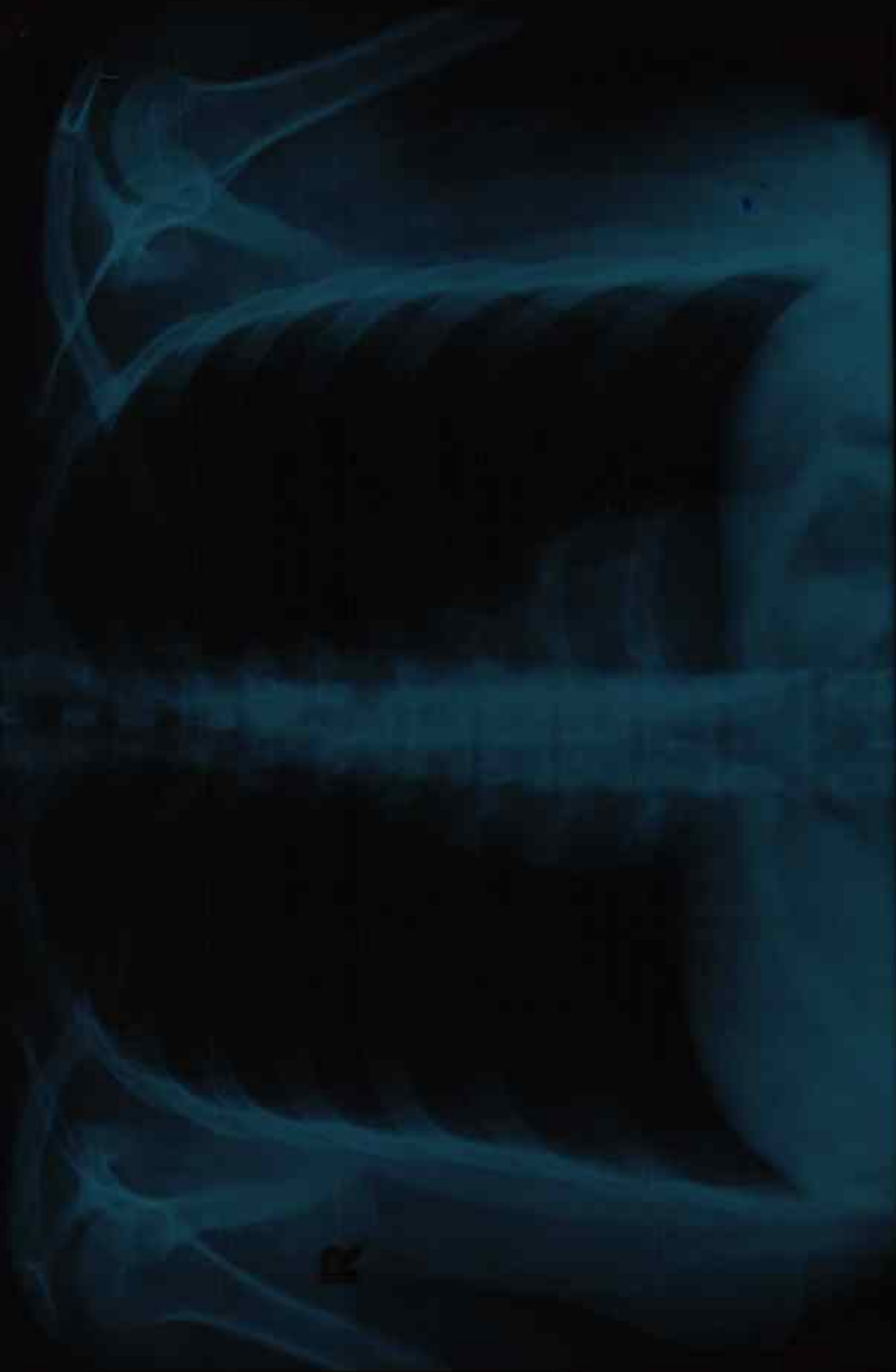
*Vats*  
 Dr. Muskan Vats  
 M.B.B.S  
 Retina Consultant & Phaco  
 PMC 45034

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

Follow up

Sign & Stamp

Ivy/OPD/Form/005



0421973 - AP CHEST X-R - 34 years (M) 1824000

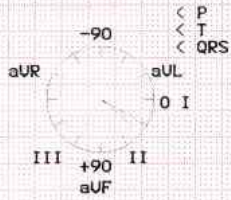
WISCONSIN STATE UNIVERSITY

**CARDIOPRINT**

GE MAC1200 ST, IGV HOSPITAL MOHALI

HR 82bpm

| Measurement | Results            |
|-------------|--------------------|
| QRS         | 82 ms              |
| QT/QTcB     | 374 / 440 ms       |
| PR          | 162 ms             |
| P           | 108 ms             |
| RR/PP       | 724 / 720 ms       |
| P/QRS/T     | 40/ 30/ 40 degrees |
| QTd/QTcBd   | 32 / 38 ms         |
| Sokolow     | 1.3 mV             |
| NK          | 11                 |

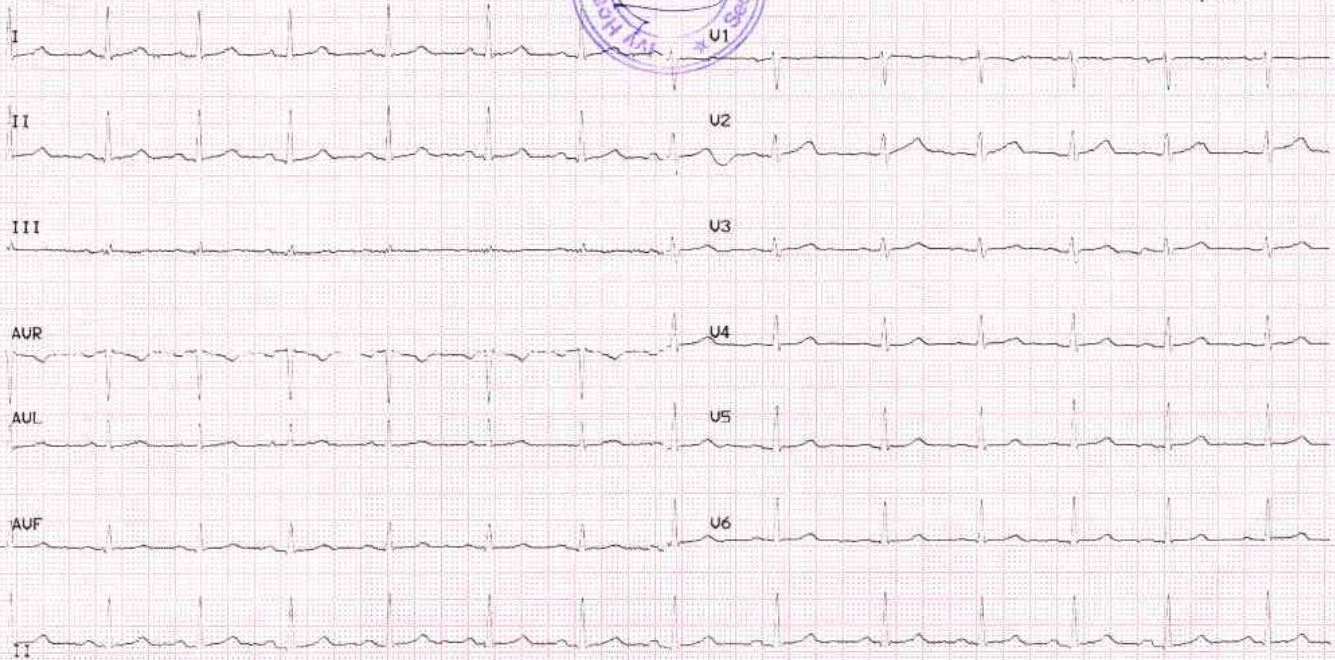


Interpretation:  
low QRS amplitudes  
R/S inversion area between U1 and U2  
probably abnormal ECG

Mrs. Haryeet Kaur.  
Age- 34/F  
UHID-424973.



Unconfirmed report.





|                |              |                  |                  |
|----------------|--------------|------------------|------------------|
| NAME           | HARJEET KAUR | SEX/AGE          | F34Y             |
| PATIENT ID     | ID424973     | Accession Number | XN.7718-24-OPD   |
| REF CONSULTANT | Dr.          | DATE             | 28/02/2024 10:30 |

## X-RAY CHEST (PA VIEW)

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 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)



|                |              |                  |                  |
|----------------|--------------|------------------|------------------|
| NAME           | HARJEET KAUR | SEX/AGE          | F34Y             |
| PATIENT ID     | ID424973     | Accession Number |                  |
| REF CONSULTANT | PACKAGE      | DATE             | 28/02/2024 09:21 |

### USG WHOLE ABDOMEN



**LIVER:** is borderline enlarged in size (~ 15.7cm), normal in outline and shows increased echogenicity. 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 (~ 10.7cm), 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 (~ 11.3cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

**LEFT KIDNEY:** It is normal in size (~ 11.4cm), 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.

**UTERUS:** is normal in size, outline and echotexture. ET is ~ 8.6mm. **Tiny echogenic focus measuring ~ 1.5mm is seen in the posterior endometrium. Nabothian cyst is seen in cervix, measuring ~ 6.5 x 7.5mm.**

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

No free fluid is seen in peritoneal cavity.

### IMPRESSION:

Borderline hepatomegaly with fatty liver Grade I.

Dr. Manish Singla  
DNB Resident

(NOT FOR MEDICO-LEGAL PURPOSE)



# Ivy Hospital

**SUPER-SPECIALITY HEALTHCARE**  
**SECTOR 71, MOHALI**  
**Tel: 0172-7170000**  
**CIN No. : U85110PB2005PTC027896**

|                |              |                  |                  |
|----------------|--------------|------------------|------------------|
| NAME           | HARJEET KAUR | SEX/AGE          | F34Y             |
| PATIENT ID     | ID424973     | Accession Number |                  |
| REF CONSULTANT | PACKAGE      | DATE             | 28/02/2024 09:21 |



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](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**



MC-8172

NAME : MRS. HARJEET KAUR

MRB Gender : 05-Jan-1990/F

UHID : 424973

Inv. No. : 4079663

Patient Name : Ivy Mohali

Bar Code No : 13092875

Requisition Date : 28/Feb/2024 09:54AM

Sample CollDate : 28/Feb/2024 09:56AM

Sample Rec.Date : 28/Feb/2024 09:56AM

Approved Date : 28/Feb/2024 10:42AM

Referred Doctor : Self

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

**IMMUNOASSAY**

**TOTAL THYROID PROFILE**

Serum Total T3 **1.39** ng/mL 0.970 – 1.69

(U23 A, Auto 9000)

**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 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, phenytoin, carbimazole 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 **7.95** µg/dL 6.5 – 13.2

(U23 A, Auto 9000)

**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 binding proteins (globulin) 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.

Serum TSH **4.900** mIU/L 0.4001 – 4.049

(U13 A, Auto 9000)

**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 regulatory circuit between the hypothalamus, 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 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- It is recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- It is recommended for in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
- Caution: 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







MC-0172

NAME : MRS. HARJEET KAUR

DOB/Gender : 05-Jan-1990/F

LHID : 424973

Ivy No. : 4079663

Panel Name : Ivy Mohali

Bar Code No : 13092875

Requisition Date : 28/Feb/2024 09:54AM

Sample CollDate : 28/Feb/2024 09:56AM

Sample Rec.Date : 28/Feb/2024 09:56AM

Approved Date : 28/Feb/2024 10:42AM

Referred Doctor : Self

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

**BIOCHEMISTRY**

**GLUCOSE FASTING**

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting

11

91

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.



The highlighted values should be correlated clinically





NAME : MRS. HARJEET KAUR

DOB/Gender : 05-Jan-1990/F

PHNO : 424973

Ivy No : 4079663

Panel Name : Ivy Mohali

Phys No : 13092875

Requisition Date : 28/Feb/2024 09:54AM

SampleCollDate : 28/Feb/2024 09:56AM

Sample Rec.Date : 28/Feb/2024 09:56AM

Approved Date : 28/Feb/2024 11:08AM

Referred Doctor : Self

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

**BIOCHEMISTRY**

**RFV (RENAL FUNCTION TESTS)**

|   |              |       |           |
|---|--------------|-------|-----------|
| Serum Urea<br><small>(Urea) (BUN) (AMU)</small>       | <b>15.50</b> | mg/dl | 17-43     |
| Serum Creatinine<br><small>(Creatinine) (AMU)</small> | 0.60         | mg/dl | 0.51-0.95 |
| Serum Uric acid<br><small>(Uric Acid) (AMU)</small>   | 3.90         | 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.

Be careful when starting treatment with certain medicines. Some medicines occasionally cause kidney damage (Nephrotoxic Drug) as a side-effect.

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

**Risk associated with renal failure**

|                         |                                 |
|-------------------------|---------------------------------|
| *Acute Renal Failure*   | Urea/Creatinine ratio $\geq$ 20 |
| *Chronic Renal Failure* | Urea/Creatinine ratio $\leq$ 20 |

\*Tietz textbook of clinical biochemistry.



The highlighted values should be correlated clinically





NAME : MRS. HARJEET KAUR

DOB: 05-Jan-1990/F

UHID: 424973

Inv. No: 4079663

Panel Name: Ivy Mohali

Bar Code No: 13092875

Requisition Date : 28/Feb/2024 09:54AM

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

**LIVER FUNCTION TEST WITH GGT**

|   |      |       |             |
|---|------|-------|-------------|
| Serum Bilirubin Total<br><small>(U/L) (0.0-1.4)</small>               | 0.50 | mg/dL | 0.3-1.2     |
| Serum Bilirubin Direct<br><small>(U/L) (0.0-0.4)</small>              | 0.10 | mg/dl | <0.3        |
| Serum Bilirubin Indirect<br><small>(U/L) (0.0-1.0)</small>            | 0.40 | mg/dl | 0.1-1.0     |
| Serum SGOT(AST)<br><small>(U/L) (0.0-40) (M: 0-40)</small>            | 22   | U/L   | <35         |
| Serum SGPT(ALT)<br><small>(U/L) (0.0-40) (M: 0-40)</small>            | 31   | U/L   | <50         |
| Serum AST:ALT Ratio<br><small>(U/L) (0.0-1.0)</small>                 | 0.71 |       |             |
| Serum GGT<br><small>(U/L) (0-40)</small>                              | 17   | IU/L  | 5-32        |
| Serum Alkaline Phosphatase<br><small>(U/L) (0-130) (M: 0-120)</small> | 68   | U/L   | 30-120      |
| Serum Protein Total<br><small>(g/dl) (7-9)</small>                    | 7.2  | gm/dl | 6.40 - 8.20 |
| Serum Albumin<br><small>(g/dl) (3.5-5.2)</small>                      | 4.3  | g/dL  | 3.5-5.2     |
| Serum Globulin<br><small>(g/dl) (2.0-3.5)</small>                     | 2.90 | gm/dl | 2.0-3.5     |
| Serum Albumin/Globulin Ratio<br><small>(1.0-2.0)</small>              | 1.48 | %     | 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<br><small>(mg/dL) (0-200)</small>              | 185 | mg/dL | Desirable: <200<br>Borderline High: 200-239<br>High: > 240               |
| Serum Triglycerides<br><small>(mg/dL) (0-150) (M: 0-150)</small> | 121 | mg/dL | <150 Normal<br>150-199 Borderline High<br>200-499 High<br>>500 Very High |
| Serum HDL Cholesterol  | 42  | mg/dL | <40 Major risk factor for CHD  |



The highlighted values should be correlated clinically





NAME : MRS. HARJEET KAUR

DOB/Gender : 05-Jan-1990/F

UHID : 424973

Inv. No. : 4079663

Panel Name : Ivy Mohali

Inv Code No : 13092875

Requisition Date : 28/Feb/2024 09:54AM

Sample CollDate : 28/Feb/2024 09:56AM

Sample Rec.Date : 28/Feb/2024 09:56AM

Approved Date : 28/Feb/2024 11:08AM

Referred Doctor : Self

| Test Description            | Observed Value | Unit  | Reference Range                          |
|-----------------------------|----------------|-------|--|
| Serum VLDL cholesterol      | 24             | mg/dL | >60 Negative risk factor for CHD<br>7-35 |
| Serum LDL cholesterol       | 119            | mg/dL | 50-100                                   |
| Serum Cholesterol-HDL Ratio | 4.40           |       | 3-5                                      |
| Serum LDL:HDL Ratio         | 2.83           |       | 1.5 - 3.5                                |

**Interpretation:**

As per ATP III Guidelines - National Cholesterol Education Program

|   |  |
|---|--|
| Total Cholesterol (mg/dL)                     | Desirable <200<br>Borderline High 200 – 239<br>High ≥240   |
| Triglyceride                                  | Normal < 150<br>Borderline High 150 – 199<br>High 200 – 499<br>Very High ≥ 500   |
| HDL Cholesterol                               | Low < 40<br>High ≥ 60  |
| LDL-C cholesterol - Primary Target of Therapy | Optimal < 100<br>Near optimal/ Above optimal 100 – 129<br>Borderline high 130 – 159<br>High 160 – 189<br>Very high ≥ 190 |

| Risk Category LDL   | Goal (mg/dL) | Non-HDL Goal (mg/dL) |
|---|--------------|----------------------|
| CHD and CHD Risk Equivalent<br>(10-year risk for CHD>20%) | <100         | <130                 |
| Multiples Risk Factors and<br>10-year risk <20%           | <130         | <160                 |
| 1st Risk Factor   | <160         | <190                 |

The highlighted values should be correlated clinically





NAME : MRS. HARJEET KAUR

DOB/Gender : 05-Jan-1990/F

UHID : 424973

Ivy No. : 4079663

Panel Name : Ivy Mohali

Bar Code No : 13092875

Requisition Date : 28/Feb/2024 09:54AM

Sample CollDate : 28/Feb/2024 10:39AM

Sample Rec.Date : 28/Feb/2024 10:39AM

Approved Date : 28/Feb/2024 11:34AM

Referred Doctor : Self

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

**CLINICAL PATHOLOGY**

**COMPLETE URINE EXAMINATION**

Physical Examination

|                  |             |    |              |
|------------------|-------------|----|--------------|
| Urine Volume     | 35.00       | mL |              |
| Urine Color      | Pale yellow |    | Light Yellow |
| Urine Appearance | Clear       |    | 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          | Absent |  | NIL         |
| Urine Ketones          | Absent |  | Absent      |
| Urine Bilirubin        | Absent |  | Absent      |
| Urine Urobilinogen     | Absent |  |             |
| Urine Nitrite          | Absent |  | Absent      |

Microscopic Examination

|                        |        |      |        |
|------------------------|--------|------|--------|
| Urine Pus Cells        | 6-8    |      | 0-5    |
| Urine RBC              | Absent | /hpf | Absent |
| Urine Epithelial Cells | 2-3    | /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 |





NAME : MRS. HARJEET KAUR  
 DOB/Gender : 05-Jan-1990/F  
 PHNO : 424973  
 IIV No : 4079663  
 Panel Name : Ivy Mohali  
 Bar Code No : 13092875

Requisition Date : 28/Feb/2024 09:54AM  
 Sample Coll Date : 28/Feb/2024 09:56AM  
 Sample Rec. Date : 28/Feb/2024 09:56AM  
 Approved Date : 28/Feb/2024 10:29AM  
 Referred Doctor : Self

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

**HEMATOLOGY**

ESR

Primary Sample Type: EDTA Blood

ESR : 29 mm/h 0-15  
Westergren ESR method

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

Haemoglobin : 9.2 g/dl 12.0 - 15.0  
Hb concentration

Hematocrit (PCV) : 32.6 % 33-45

Red Blood Cells (RBC) : 4.00  $10^6 / \mu\text{l}$  3.8-4.8  
Red blood cells

Mean Corp Volume (MCV) : 81.1 fL 83-97  
Mean corpuscular volume

Mean Corp HB (MCH) : 22.9 pg/mL 27-31  
Mean corpuscular hemoglobin

Mean Corp HB Conc (MCHC) : 28.2 gm/dl 32-36  
Mean corpuscular hemoglobin concentration

Red Cell Distribution Width -CV : 16.6 % 11-15  
Red cell distribution width

Platelet Count : 213  $10^3/\mu\text{l}$  150-450  
Platelets

Total Leucocyte Count (TLC) : 5.8  $10^3 / \mu\text{l}$  4.0 - 10.0  
Total leukocyte count

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

Neutrophils : 63 % 40-75

Lymphocytes : 26 % 20-40

Monocytes : 8 % 0-8

Eosinophils : 3 % 0-4

Basophils : 0 % 0-1

Absolute Neutrophil Count : 3,654  $\mu\text{l}$  2000-7000

Absolute Lymphocyte Count : 1,508 uL 1000-3000

Absolute Monocyte Count : 464 uL 200-1000

Absolute Eosinophil Count : 174  $\mu\text{l}$  20-500



The highlighted values should be correlated clinically





NAME : MRS. HARJEET KAUR

DOB/Gender : 05-Jan-1990/F

UHID : 424973

Inv. No. : 4079663

Panel Name : Ivy Mohali

Bar Code No : 13092875

Requisition Date : 28/Feb/2024 09:54AM

Sample CollDate : 28/Feb/2024 09:56AM

Sample Rec.Date : 28/Feb/2024 11:03AM

Approved Date : 28/Feb/2024 11:11AM

Referred Doctor : Self

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

**HAEMATOLOGY**

**BLOOD GROUP RH TYPE**

**ABO & RH Typing**

**Forward Grouping**

|                          |                   |
|--------------------------|-------------------|
| Anti A                   | POSITIVE          |
| Anti B                   | Negative          |
| Anti AB                  | POSITIVE          |
| Anti D                   | POSITIVE          |
| Reverse Grouping A Cells | Negative          |
| Reverse Grouping B Cells | POSITIVE          |
| Reverse Grouping O Cells | Negative          |
| <b>Final Blood Group</b> | <b>A 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.
- \* 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 false positive result.

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





# IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

NAME : MRS. HARJEET KAUR

DOB/Gender : 05-Jan-1990/F

UHID : 424973

Inv. No. : 4079663

Panel Name : Ivy Mohali

Bar Code No : 13092875

Requisition Date : 28/Feb/2024 09:54AM

Sample CollDate : 28/Feb/2024 12:53PM

Sample Rec.Date : 28/Feb/2024 12:53PM

Approved Date : 28/Feb/2024 01:39PM

Referred Doctor : Self

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

## BIOCHEMISTRY

### GLUCOSE PP

Fasting Glucose Post Prandial

108

mg/dL

<140 Normal

140 - 180 Impaired Tolerance

>180 Diabetic



The highlighted values should be correlated clinically







|               |                     |                   |                       |
|---------------|---------------------|-------------------|-----------------------|
| NAME:         | : MRS. HARJEET KAUR |                   |                       |
| DOB/Gender:   | : 05-Jan-1990/F     | Requisition Date: | : 28/Feb/2024 09:54AM |
| UHID:         | : 424973            | Sample CollDate:  | : 28/Feb/2024 09:56AM |
| Inv. No.:     | : 4079663           | Sample Rec.Date:  | : 28/Feb/2024 10:54AM |
| Facil Name:   | : Ivy Mohali        | Approved Date:    | : 28/Feb/2024 12:51PM |
| Fac Code No.: | : 13092875          | Referred Doctor:  | : Self                |

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

**HAEMATOLOGY**

**Glycosylated HB (HbA1c)**

|  |     |       |  |
|--|-----|-------|--|
| Whole Blood HbA1c<br><small>(Glycosylated Haemoglobin)</small> | 5.2 | %     | Non diabetic:4.0-6.0<br>Target of therapy:<7.0<br>Change of therapy:>8.0 |
| Estimated Average Glucose (eAG)<br><small>(mmol/L)</small>     | 103 | mg/dL |  |

**ADA criteria for correlation between HbA1c & Mean plasma glucose levels:**  
(Fast 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 \*\*\*





NAME : MRS. HARJEET KAUR

DOB/Gender : 05-Jan-1990/F

CID : 424973

Inv. No. : 4079663

Panel Name : Ivy Mohali

Bar Code No : 13092875

Requisition Date : 28/Feb/2024 09:54AM

Sample CollDate : 28/Feb/2024 01:51PM

Sample Rec.Date : 28/Feb/2024 01:51PM

Approved Date : 29/Feb/2024 10:09AM

Referred Doctor : Self

**CYTOLOGY****PAP (LIQUID BASE CYTOLOGY, LBC)**

Reporting protocol : As per the 2014 Bethesda System

SPECIMEN NO. : C-184/24

**SPECIMEN TYPE:**

- Conventional Pap smear
- Liquid-based preparation (Sure Path)

**SPECIMEN ADEQUACY :**

- Satisfactory for evaluation
- Unsatisfactory for evaluation
  - Specimen rejected/not processed
  - Specimen processed and examined, but unsatisfactory for evaluation of epithelial abnormality.

**NON NEOPLASTIC FINDINGS****Non-neoplastic cellular variations**

- Squamous metaplasia
- Keratotic changes
- Tubal metaplasia
- Atrophy
- Pregnancy-associated changes

**Infective cellular changes associated with:**

- Inflammation (includes typical repair)
- Lymphocytic (follicular) cervicitis
- Radiation
- Intrauterine contraceptive device (IUD)
- Glandular cells status post hysterectomy

**Organisms**

- Trichomonas vaginalis
- Fungal organisms morphologically consistent with Candida spp.
- Shift in flora suggestive of bacterial vaginosis
- Bacteria morphologically consistent with Actinomyces spp.
- Cellular changes consistent with herpes simplex virus
- Cellular changes consistent with cytomegalovirus

**Other:**

- Endometrial cells (in a woman >45 years of age)



The highlighted values should be correlated clinically





NAME : MRS. HARJEET KAUR

DOB/Gender : 05-Jan-1990/F

OHID : 424973

Phy. No. : 4079663

Panel Name : Ivy Mohali

Unit Code No : 13092875

Requisition Date : 28/Feb/2024 09:54AM

Sample Coll Date : 28/Feb/2024 01:51PM

Sample Rec. Date : 28/Feb/2024 01:51PM

Approved Date : 29/Feb/2024 10:09AM

Referred Doctor : Self

**EPITHELIAL CELL ABNORMALITIES :**

**Squamous Cell**

- ( ) Atypical squamous cells of undetermined significance (ASC-US)
- ( ) Atypical squamous cells cannot exclude HSIL (ASC-H)
- ( ) Low-grade squamous intraepithelial lesion (LSIL) (encompassing: HPV/mild dysplasia/CIN 1)
- ( ) High-grade squamous intraepithelial lesion (HSIL) (encompassing: moderate and severe dysplasia, CIS; CIN 2 and CIN 3)
- ( ) Atypical squamous cells with features suspicious for invasion
- ( ) Squamous cell carcinoma

**Glandular Cell**

- ( ) Atypical endocervical cells NOS
- ( ) Atypical endometrial cells NOS
- ( ) Atypical glandular cells NOS
- ( ) Atypical endocervical cells, favor neoplastic
- ( ) Atypical glandular cells, favor neoplastic
- ( ) Endocervical adenocarcinoma in situ
  - ( ) Adenocarcinoma (endocervical)
  - ( ) Adenocarcinoma (endometrial)
  - ( ) Adenocarcinoma (extrauterine)
- ( ) Adenocarcinoma, not otherwise specified (NOS)

**Other Malignant Neoplasm:**

**INTERPRETATION/ RESULT :**

**NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.**

**Additional Remarks:**

Significance & Interpretation

1. The procedure is reported using the Bethesda System for Reporting Cervical Cytology (2001)

2. New cervical Cancer Screening Recommendations from the U.S. Preventive Services Task Force and the American Cancer Society/American Society for Colposcopy and Cervical Pathology. American Society for Clinical Pathology. March 15, 2013, issue of *Annals of Internal Medicine*.

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

The highlighted values should be correlated clinically



IVY HOSPITAL  
Sector 71  
Mohali, Punjab

Ward  
Telephone:

### EXERCISE STRESS TEST REPORT

Patient Name: KAUR, HARJEET  
Patient ID: 424973  
Height: 152 cm  
Weight: 66 kg

DOB: 05.01.1990  
Age: 34yrs  
Gender: Female  
Race: Indian

Study Date: 28.02.2024  
Test Type: Treadmill Stress Test  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: --  
Technician: TANISHA

Medications:  
--

Medical History:  
--

Reason for Exercise Test:  
Screening for CAD

#### Exercise Test Summary

| Phase Name | Stage Name | Time in Stage | Speed (km/h) | Grade (%) | HR (bpm) | BP (mmHg) | Comment |
|------------|------------|---------------|--------------|-----------|----------|-----------|---------|
| PRETEST    | SUPINE     | 00:15         | 0.00         | 0.00      | 120      | 100/80    |         |
|            | HYPERV.    | 00:01         | 0.00         | 0.00      | 118      | 100/80    |         |
|            | WARM-UP    | 00:24         | 1.60         | 0.00      | 120      | 100/80    |         |
| EXERCISE   | STAGE 1    | 03:00         | 2.70         | 10.00     | 151      | 100/80    |         |
|            | STAGE 2    | 02:37         | 0.30         | 12.00     | 173      | 110/80    |         |
| RECOVERY   |            | 03:08         | 0.00         | 0.00      | 134      | 110/80    |         |

The patient exercised according to the BRUCE for 5:37 min:s, achieving a work level of Max. METS: 7.00. The resting heart rate of 129 bpm rose to a maximal heart rate of 176 bpm. This value represents 94 % of the maximal, age-predicted heart rate. The resting blood pressure of 100/80 mmHg, rose to a maximum blood pressure of 110/80 mmHg. The exercise test was stopped due to Fatigue.

#### Interpretation

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

#### Conclusions

TMT NEGATIVE FOR INDUCIBLE ISCHEMIA.

Physician

*Dr. Rakesh Bhutongtu*

Director- Non Invasive Cardiology Technician

MBBS, MD (Medicine) DM (Cardiology)

PMC - 42588

Tabular Summary

IVY HOSPITAL

PUR, HARJEET  
Patient ID: 424973

10/2/2024 Female 152 cm 66 kg  
12:52:55pm 34yrs Indian  
Meds:

Test Reason: Screening for CAD  
Medical History:

Ref. MD: Ordering MD:  
Technician: TANISHA Test Type: Treadmill Stress Test  
Comment:

BRUCE Total Exercise Time -05:37  
Max HR: 176 bpm 94% of max predicted 186 bpm  
Max BP: 110/80 Maximum Workload: 7.00 METS  
Max ST Level -0.95 mm in III; EXERCISE STAGE 2 3:59

**Reasons for Termination:** Fatigue  
**Summary:** Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.  
**Conclusion:** TMT NEGATIVE FOR INDUCIBLE ISCHEMIA.  
Location Number: \* 0 \*

| Phase    | Stage Name | Time in Stage | Speed (km/h) | Grade (%) | Workload (METS) | HR (bpm) | BP (mmHg) | RPP (*100) | VE (/min) | ST Level III(mm) | Comment |
|----------|------------|---------------|--------------|-----------|-----------------|----------|-----------|------------|-----------|------------------|---------|
| RETEST   | SUPINE     | 00:15         | 0.00         | 0.00      | 1.0             | 120      | 100/80    | 120        | 4         | -0.05            |         |
|          | HYPERV.    | 00:01         | 0.00         | 0.00      | 1.0             | 118      | 100/80    | 118        | 4         | -0.05            |         |
|          | WARM-UP    | 00:24         | 1.60         | 0.00      | 1.1             | 120      | 100/80    | 120        | 0         | 0.05             |         |
| EXERCISE | STAGE 1    | 03:00         | 2.70         | 10.00     | 4.6             | 151      | 100/80    | 151        | 0         | -0.40            |         |
|          | STAGE 2    | 02:37         | 0.30         | 12.00     | 1.4             | 173      | 110/80    | 190        | 0         | -0.35            |         |
| RECOVERY |            | 03:08         | 0.00         | 0.00      | 1.0             | 134      | 110/80    | 147        | 0         | -0.20            |         |



Selected Medians Report

IVY HOSPITAL

KAUR, HARJEET  
 Patient ID: 424973  
 28.02.2024  
 12:52:55pm

| BASELINE EXERCISE          | MAX. ST EXERCISE               | PEAK EXERCISE                  | TEST END RECOVERY              | BASELINE EXERCISE   | MAX. ST EXERCISE               | PEAK EXERCISE                  | TEST END RECOVERY              |
|----------------------------|--------------------------------|--------------------------------|--------------------------------|---------------------|--------------------------------|--------------------------------|--------------------------------|
| 0:00<br>120 bpm            | 3:59<br>164 bpm<br>110/80 mmHg | 5:37<br>173 bpm<br>110/80 mmHg | 2:52<br>123 bpm<br>110/80 mmHg | 0:00<br>120 bpm     | 3:59<br>164 bpm<br>110/80 mmHg | 5:37<br>173 bpm<br>110/80 mmHg | 2:52<br>123 bpm<br>110/80 mmHg |
| I<br>0.05 mm<br>-0.04 mV/s | I<br>0.40<br>1.04              | I<br>0.20<br>1.16              | I<br>0.15<br>0.17              | V1<br>0.25<br>-0.20 | V1<br>0.10<br>0.01             | V1<br>0.10<br>-0.41            | V1<br>0.40<br>0.04             |
| II<br>0.05<br>0.07         | II<br>-0.50<br>0.23            | II<br>-0.20<br>2.17            | II<br>-0.05<br>0.58            | V2<br>0.50<br>0.85  | V2<br>0.35<br>1.11             | V2<br>0.55<br>0.93             | V2<br>0.55<br>0.90             |
| III<br>0.05<br>0.01        | III<br>-0.95<br>-0.81          | III<br>-0.35<br>0.97           | III<br>-0.25<br>0.08           | V3<br>0.35<br>0.33  | V3<br>0.00<br>1.24             | V3<br>0.05<br>1.23             | V3<br>0.20<br>0.65             |
| aVR<br>-0.05<br>-0.50      | aVR<br>0.05<br>-0.81           | aVR<br>0.00<br>-1.68           | aVR<br>-0.05<br>-0.80          | V4<br>0.30<br>0.38  | V4<br>-0.20<br>0.95            | V4<br>-0.15<br>1.31            | V4<br>0.05<br>0.72             |
| aVL<br>0.00<br>-0.13       | aVL<br>0.70<br>0.93            | aVL<br>0.25<br>0.07            | aVL<br>0.20<br>-0.13           | V5<br>0.10<br>0.07  | V5<br>-0.40<br>0.83            | V5<br>-0.25<br>1.28            | V5<br>-0.05<br>0.47            |
| aVF<br>0.05<br>0.04        | aVF<br>-0.70<br>-0.28          | aVF<br>-0.30<br>1.52           | aVF<br>-0.20<br>0.45           | V6<br>0.00<br>0.03  | V6<br>-0.45<br>0.67            | V6<br>-0.30<br>1.23            | V6<br>-0.15<br>0.30            |



GE CASE V6.51 (0)  
 10mm/mV 60Hz 0.01-20Hz S+

Unconfirmed

Attending MD:

LAUR HARJEET  
Patient ID: 424973  
8.02.2024  
1:02:02pm

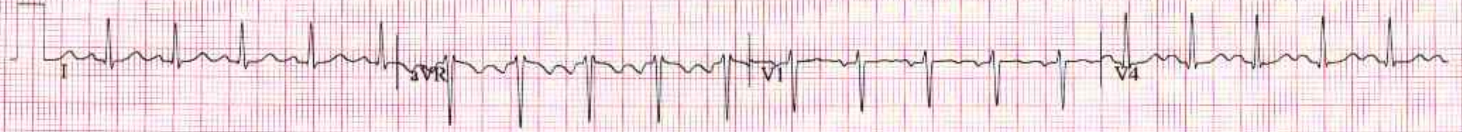
122 bpm  
02:07 110/80 mmHg

RECOVERY  
#1  
02:50

BRUCE  
0.0 km/h  
0.0%

IVY HOSPITAL  
Measured at 60ms Post J (10mm/mV)  
Manual Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I    | 0.20   | V1   | 0.45   |
| II   | -0.05  | V2   | 0.60   |
| III  | -0.25  | V3   | 0.20   |
| aVR  | -0.05  | V4   | 0.10   |
| aVL  | 0.20   | V5   | -0.05  |
| aVF  | -0.20  | V6   | -0.10  |



AUR HARJEET  
Patient ID: 424973  
8.02.2024  
10:02pm

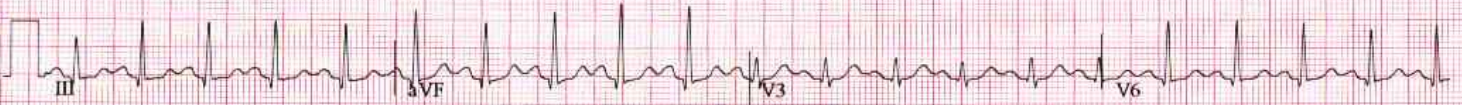
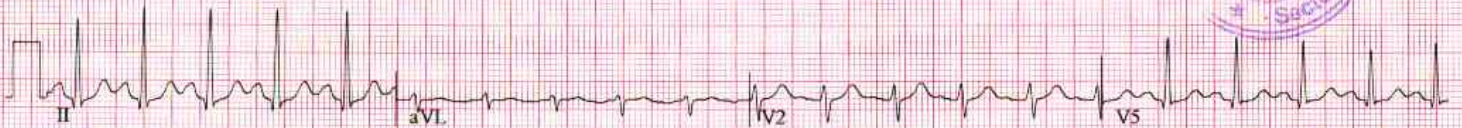
125 bpm  
00:39 110/80 mmHg

RECOVERY  
#1  
01:50

BRUCE  
0.0 km/h  
0.0%

IVY HOSPITAL  
Measured at 60ms Post J (10mm mV)  
Manual Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I    | 0.30   | V1   | 0.30   |
| II   | 0.15   | V2   | 0.70   |
| III  | -0.15  | V3   | 0.30   |
| aVR  | -0.15  | V4   | 0.20   |
| aVL  | 0.20   | V5   | -0.05  |
| aVF  | 0.00   | V6   | 0.00   |





IAUR HARJEET  
Patient ID: 424973  
8.02.2024  
1:00:02pm

153 bpm  
00:39 110/80 mmHg

RECOVERY  
#1  
00:50

BRUCE  
0.0 km/h  
0.0 %

IVY HOSPITAL  
Measured at 60ms Post J (10mm/mV)  
Manual Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I    | 0.40   | V1   | 0.30   |
| II   | 0.25   | V2   | 0.85   |
| III  | -0.15  | V3   | 0.45   |
| aVR  | -0.30  | V4   | 0.30   |
| aVL  | 0.25   | V5   | 0.05   |
| aVF  | 0.05   | V6   | 0.05   |



GE  
CASE V6.51

25 mm/s 10 mm/mV 60Hz 0.01-20Hz S+ HR(V4,II)  
GE Healthcare REF:2104708-001

Start of Test: 12:52:55pm  
CE

IAUR HARJEET  
Patient ID: 424973  
8.02.2024  
2:59:12pm

173 bpm

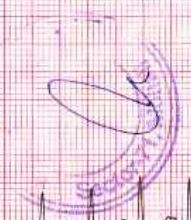
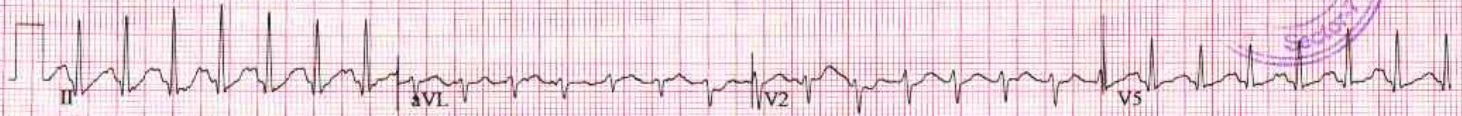
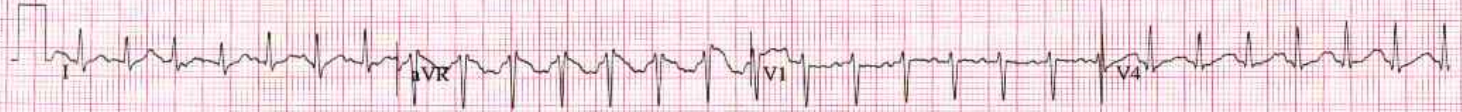
(PEAK EXERCISE)

EXERCISE  
STAGE 2  
05:37

BRUCE  
0.3 km/h  
12.0%

IVY HOSPITAL  
Measured at 60ms Post J (10mm mV)  
Manual Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I    | 0.20   | V1   | 0.10   |
| II   | -0.20  | V2   | 0.55   |
| III  | -0.35  | V3   | 0.05   |
| aVR  | 0.00   | V4   | -0.15  |
| aVL  | 0.25   | V5   | -0.25  |
| aVF  | -0.30  | V6   | -0.30  |



LAUR HARJEET  
Patient ID: 424973  
8.02.2024  
2:56:25pm

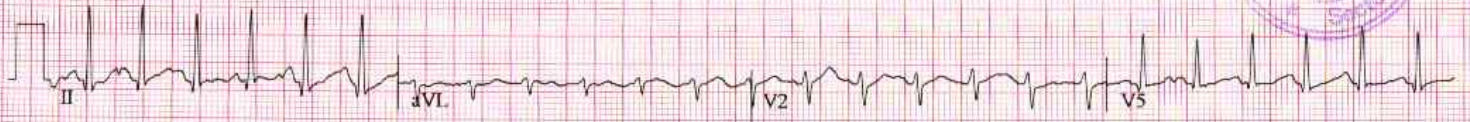
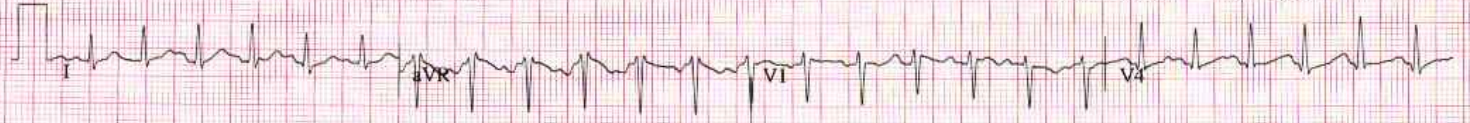
153 bpm  
02:23 100/80 mmHg

EXERCISE  
STAGE 1  
02:50

BRUCE  
2.7 km/h  
10.0%

IVY HOSPITAL  
Measured at 60ms Post J (10mm mV)  
Manual Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I    | 0.35   | V1   | 0.15   |
| II   | 0.00   | V2   | 0.50   |
| III  | -0.30  | V3   | 0.00   |
| aVR  | -0.15  | V4   | -0.15  |
| aVL  | 0.30   | V5   | -0.15  |
| aVF  | -0.15  | V6   | -0.15  |



12SL REPORT

IVY HOSPITAL

KAUR HARJET  
Patient ID: 424973  
8.02.2024  
2:53:09pm

Female 152 cm 66 kg  
34yrs Indian

100/80 mmHg

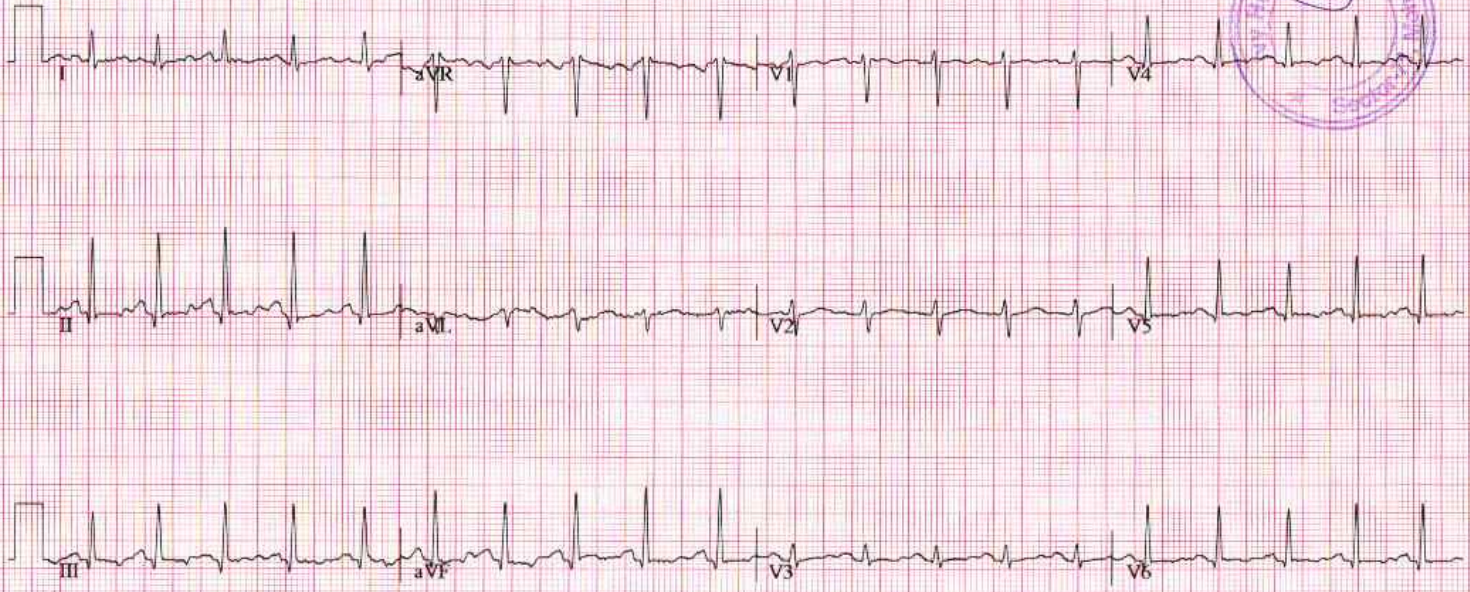
PRETEST  
SUPINE  
00:13

BRUCE  
0.0 km/h  
0.0%

Vent. Rate 121 bpm  
PR interval 144 ms  
QRS duration 80 ms  
QT/QTc 334/474 ms  
P-R-T axes 71/70/30  
P duration 114 ms  
RR interval 496 ms

Sinus tachycardia  
T wave abnormality, consider inferior ischemia  
Abnormal ECG

Technician TANISHA  
Medication:



OE  
CASE V6.51

25 mm/s 10 mm/mV 60Hz 0.01 - 20Hz S+ 12SL 20.1  
PRINTED IN U.S.A. 3

Start of Test: 12:52:55pm