



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	GEESHU RANI
जन्म की तारीख	25-06-1991
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	09-03-2024
बुकिंग संदर्भ सं.	23M88642100098564S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. JALHOTRA VISHAL
कर्मचारी की क.कू.संख्या	88642
कर्मचारी का पद	BRANCH HEAD
कर्मचारी के कार्य का स्थान	CHANDIGARH, SECTOR 37D
कर्मचारी के जन्म की तारीख	19-03-1988

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 08-03-2024 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 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	GEESHU RANI
DATE OF BIRTH	25-06-1991
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	09-03-2024
BOOKING REFERENCE NO.	23M88642100098564S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. JALHOTRA VISHAL
EMPLOYEE EC NO.	88642
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	CHANDIGARH,SECTOR 37D
EMPLOYEE BIRTHDATE	19-03-1988

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 **08-03-2024** 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'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,

S d/-

Chief General Manager
HRM Department
Bank of Baroda

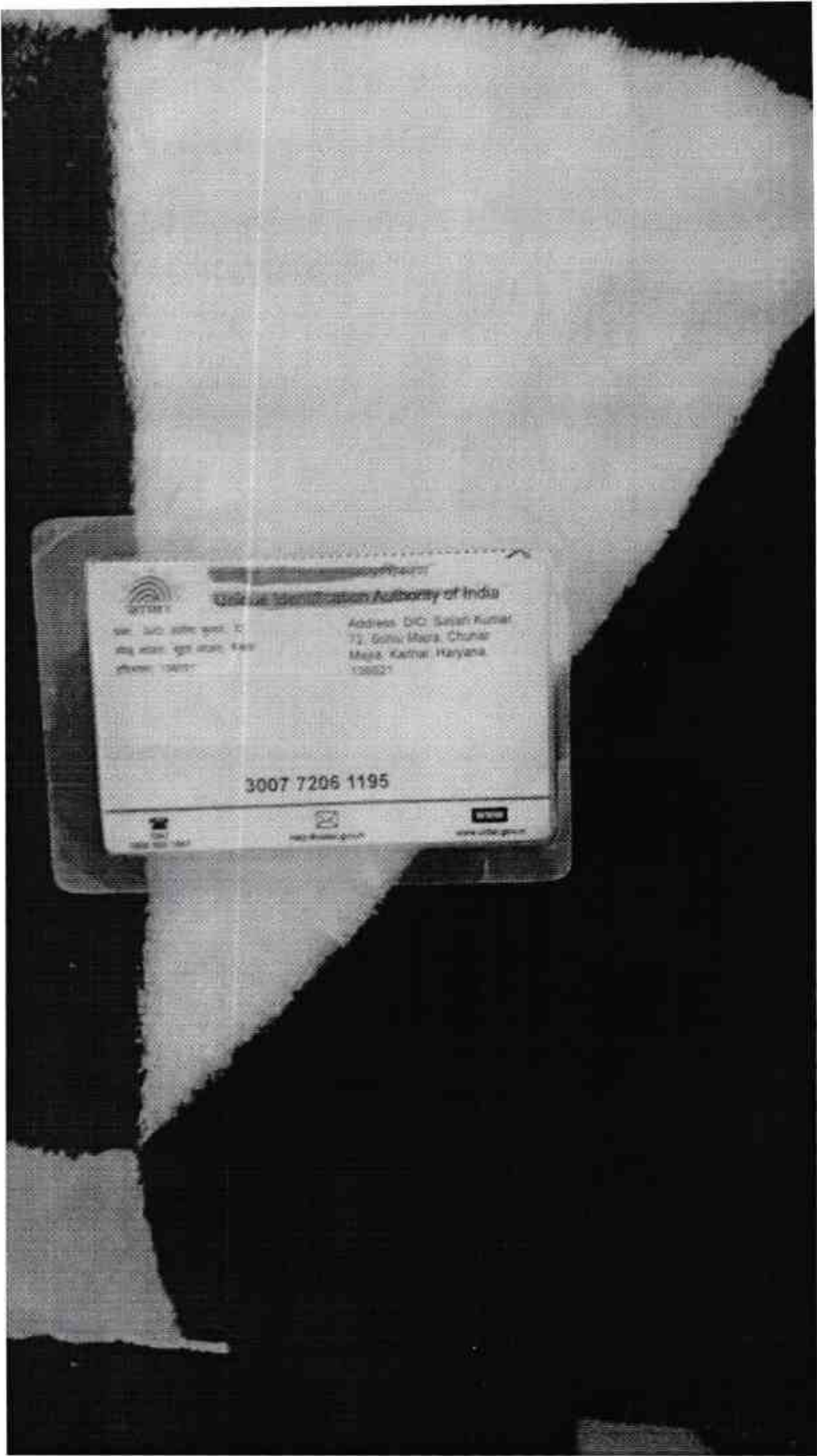
(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



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
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






 Bharat Petroleum
 Bharat Petroleum Corporation Limited
 Corporate Office: 100, Park Road, New Delhi - 110002

Name: **VISHAL JALHOTRA**
 E.C. No: **88642**

Signature








Name: GEESHU RANT UHID: 427383
 Age: 32/F Consultant: DR RANJESH Date: 9/3/24
 BP: 110/66 Pulse: 90 RR: _____ Temp: _____ Pain: _____
 Ht: _____ Wt: 68 kg Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: _____
 Complaint: _____

Investigations

Clinical Notes

ECG - NSR
 USG abd - No sig abnormality
 TSH - 5.4 RF7 - 14/0.5
 FBS - 92 UFT - (A)
 Cholesterol/HDL/LDL URINE R/P/N/AI
 123/54/60/95 RL
 Hb - 11.7/6100/266 x13
 CPE - NAH
 TMT - Neg for SI.

No prior investigations
 Regular Health check
 for chronic investigation
 1) VISAB powder 2 tsp OD Hs + 1 warm water/warm milk.
 2) Cap. Rabepril 20/150 mg OD BBF x 20 days.

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
3)	Tab. TIKNOCAL PLUS	OD				
						2 hrs after food

Follow up

Dr. G Ranjesh Kumar
 MD Internal Medicine (PGIEM)
 Regn. No. _____
 Sign & Stamp
 Ivy/OPD/Form/005



Name: Mrs Geeshu Kaur UHID: 427383
 Age: 32/F Consultant: Dr. Balvir Date: 9/3/24
 BP: 110/68 Pulse: 98 RR: _____ Temp: _____ Pain: _____
 Ht: _____ Wt: 68kg Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: _____
 Complaint: _____

Investigations

Clinical Notes

Adv
pap smear...

LMP: 15/2/24
MIN: Regular
P.L: Fetal Syst Lvs.

M: Co: Bulky
discharge (+)
erosion (+)

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

Dr. Balvir Kaur Ghai
 MBBS, MCh (OBST. & GYNAE)
 Consultant, Obstetrics, Gynaecology
 No. 24331

Sign & Stamp

Follow up



Name: GEESHU Rani UHID: 427383
 Age: 32/F Consultant: Dr. Mukesh Vats Date: 9/3/24
 BP: _____ Pulse: _____ RR: _____ Temp: _____ Pain: _____
 Ht: _____ Wt: _____ Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: _____
 Complaint: _____

Investigations

vm 8/18
6/9P
(U-A)

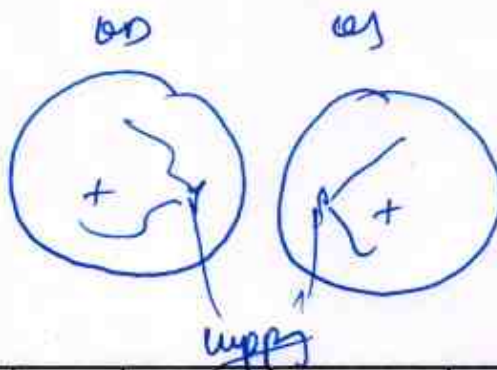
20/10/24

Clinical Notes

no general check-up pupil - NSNR

ALS WNL

Fundus



S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
	Glasses Rx:					
	R -0.75 DC x 180		-6/6			
	L -0.25 DC x 180		-6/6			
				Adv: Sita test (24-2)		

Follow up

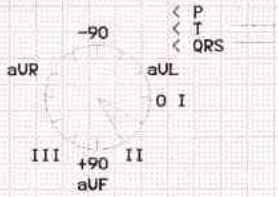
Dr. Mukesh Vats
M.S FVRS
Retina & Phaco Surgeon
PMC 45034
Ivy/OPD/Form/005

CARDIOPRINT

GE MAC1200 ST JY HOSPITAL MOHALI

HR 92bpm

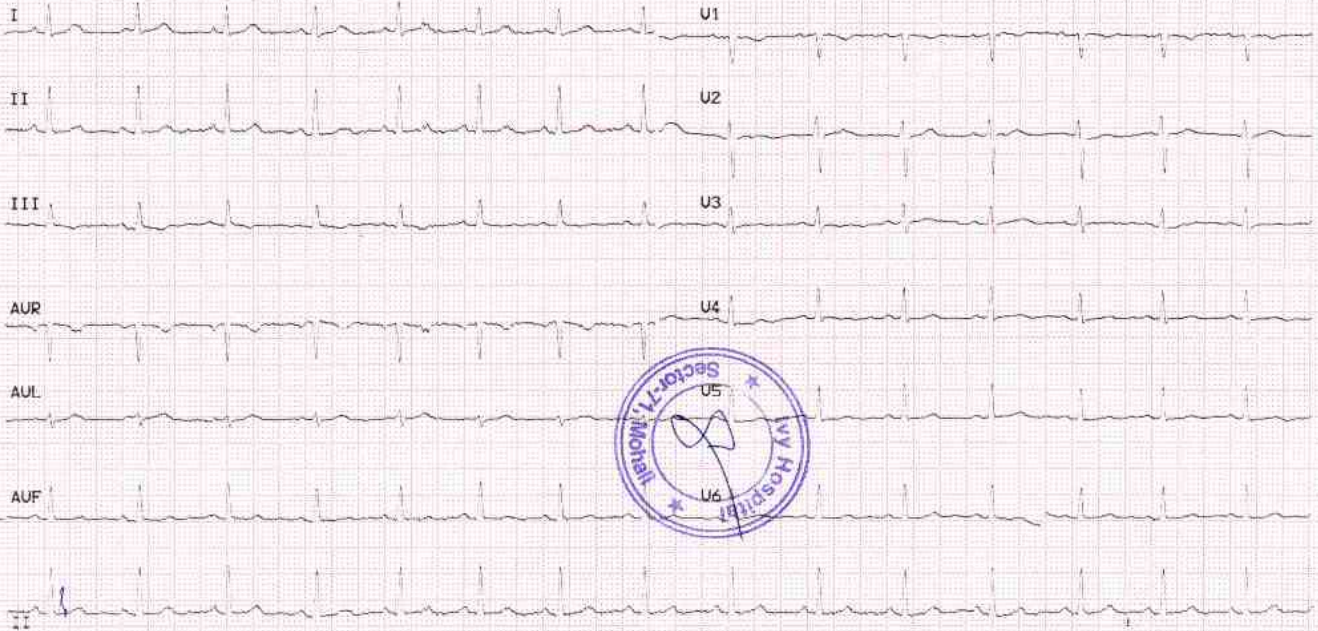
Measurement	Results
QRS	80 ms
QT/QTcB	330 / 409 ms
PR	126 ms
P	94 ms
RR/PP	652 / 640 ms
P/QRS/T	50/ 60/ 30 degrees
QTd/QTcBD	46 / 57 ms
Sokolow	1.1 mV
NK	13



Interpretation:
normal ECG

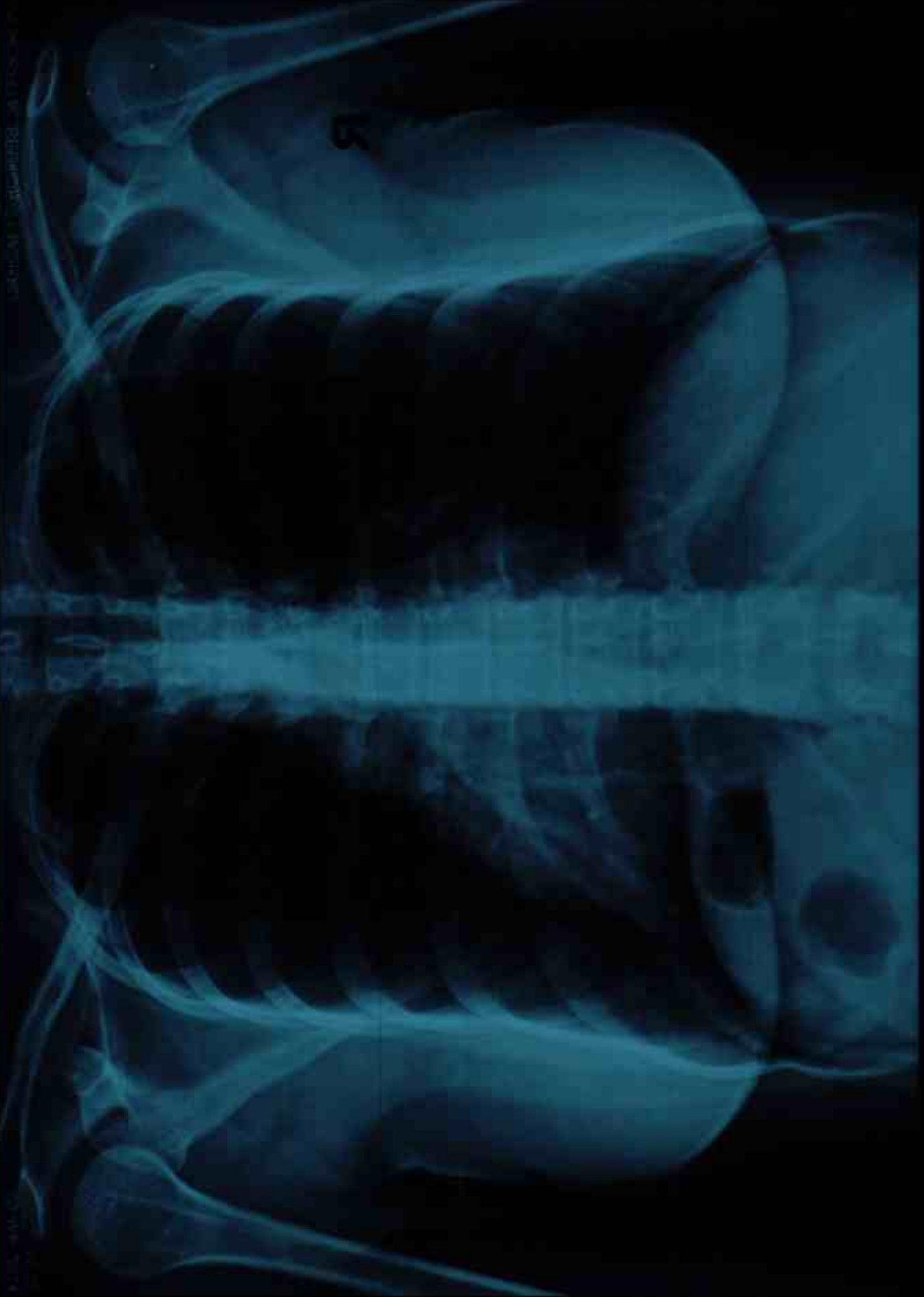
Mrs. Geeshu Rani
Age - 32/F
UID-427383

Unconfirmed report.



MD HOSBIAH SEEDORAH, MOHAF

ID452983 GEEESHU RANI F 35 Yearie XR-8522-CPD



AP CHEST X-RAY

10/10/2024

IVY HOSPITAL
Sector 71
Mohali, Punjab

Ward
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: RANI, GEESHU
Patient ID: 427383
Height: 157 cm
Weight: 68 kg

DOB: 25.06.1991
Age: 32yrs
Gender: Female
Race: Indian

Study Date: 09.03.2024
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	00:28	0.00	0.00	88	110/80	
	STANDING	00:01	0.00	0.00	88	110/80	
	HYPERV.	00:02	0.00	0.00	88	110/80	
EXERCISE	WARM-UP	00:24	1.60	0.00	94	110/80	
	STAGE 1	03:00	2.70	10.00	150	110/80	
	STAGE 2	02:36	1.10	12.00	171	130/80	
RECOVERY		03:18	0.00	0.00	123	120/80	

The patient exercised according to the BRUCE for 5:35 min's, achieving a work level of Max. METS: 7.00. The resting heart rate of 85 bpm rose to a maximal heart rate of 171 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg, rose to a maximum blood pressure of 130/80 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 _____

Technician _____

Tabular Summary

IVY HOSPITAL

PATIENT: RANI, GEESHU
 Patient ID: 427383
 Date: 10/3/2024
 Time: 1:32:04am
 Gender: Female
 Age: 32yrs
 Race: Indian
 Weight: 68 kg
 Meds:

BRUCE - Total Exercise Time: 05:35
 Max HR: 171 bpm 90% of max predicted 188 bpm
 Max BP: 130/80 Maximum Workload: 7.00 METS
 Max ST Level: -1.75 mm in III; EXERCISE STAGE 2 4:00

Test Reason: Screening for CAD
 Medical History:

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.

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

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	00:28	0.00	0.00	1.0	88	110/80	96	0	0.10	
	STANDING	00:01	0.00	0.00	1.0	88	110/80	96	0	0.10	
	HYPERV	00:02	0.00	0.00	1.0	88	110/80	96	0	0.10	
	WARM-UP	00:24	1.60	0.00	1.1	94	110/80	103	0	0.20	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	150	110/80	165	0	-1.15	
	STAGE 2	02:36	1.10	12.00	2.6	171	130/80	222	0	-1.20	
RECOVERY		03:18	0.00	0.00	1.0	123	120/80	147	0	-0.75	

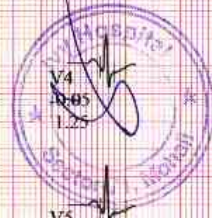
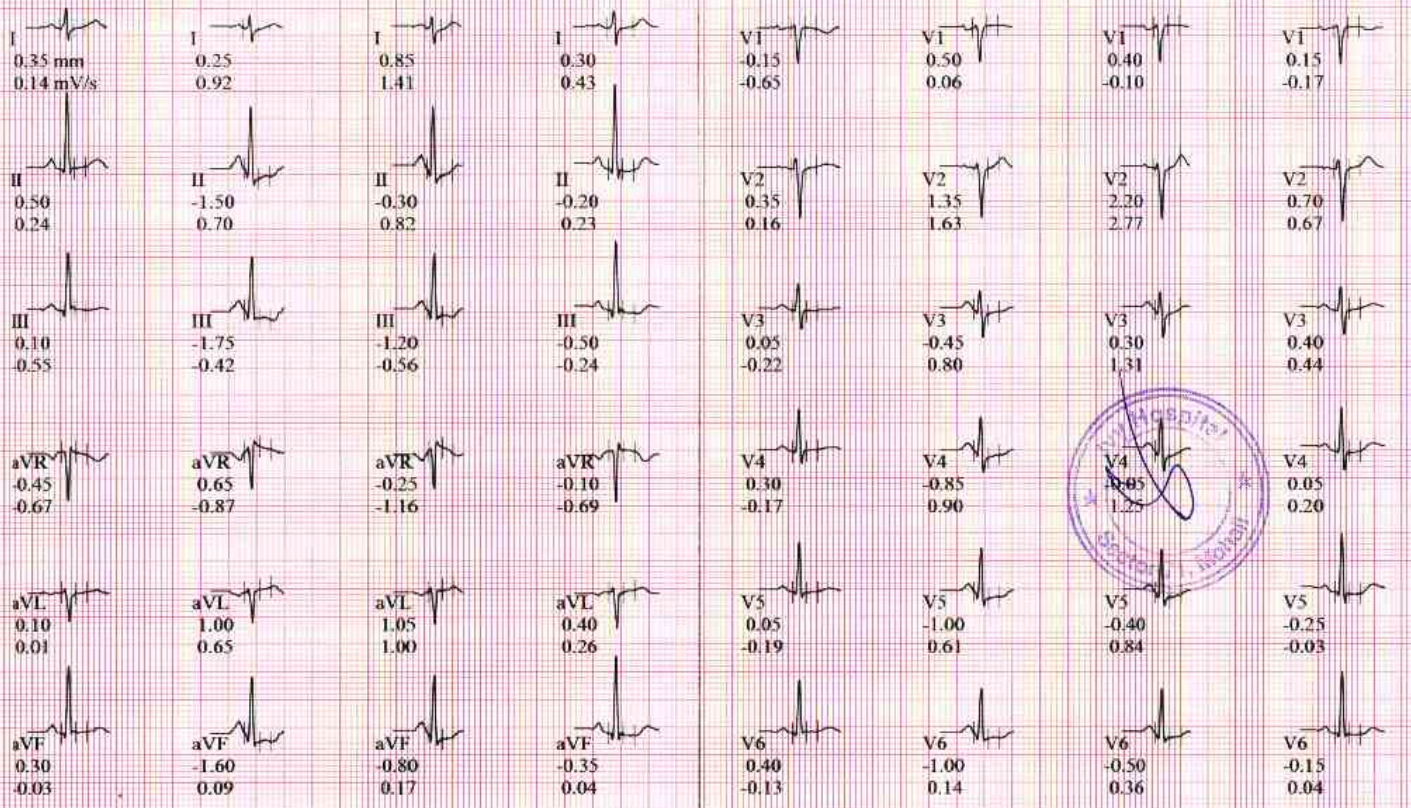


Selected Medians Report

IVY HOSPITAL

RANI, GEESHU
 Patient ID: 427383
 19.03.2024
 11:32:04am

BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE EXERCISE	TEST END RECOVERY
0:01 93 bpm	4:00 164 bpm	5:36 171 bpm 130/80 mmHg	2:55 103 bpm 120/80 mmHg	0:01 93 bpm	4:00 164 bpm	5:36 171 bpm 130/80 mmHg	2:55 103 bpm 120/80 mmHg



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

Unconfirmed

Attending MD:

Page 2

RANI GEESHU
Patient ID: 427383
03/03/2024
11:41:21am

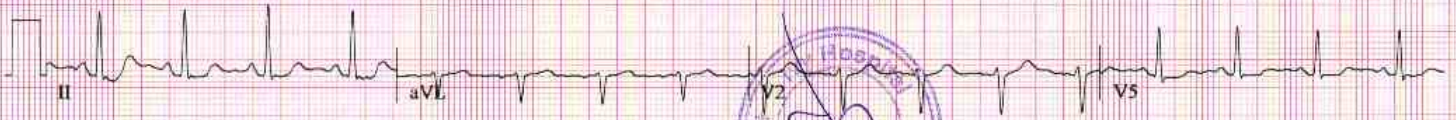
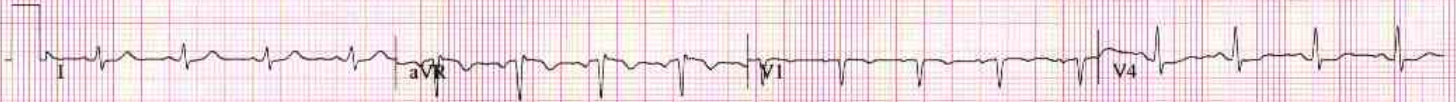
104 bpm
02:07 120/80 mmHg

RECOVERY
#1
02:50

BRUCE
0.0 km/h
0.0 %

IVY HOSPITAL
Measured at 80ms Post J (10mm mV)
Manual Points:

Lead	ST(mm)	Lead	ST(mm)
I	0.35	V1	0.15
II	-0.15	V2	0.75
III	-0.55	V3	0.35
aVR	-0.10	V4	0.20
aVL	0.45	V5	-0.15
aVF	-0.35	V6	-0.20



PATIENT NAME: RANJIT GESHU
Patient ID: 427383
Date: 03/2024
Time: 11:40:21am

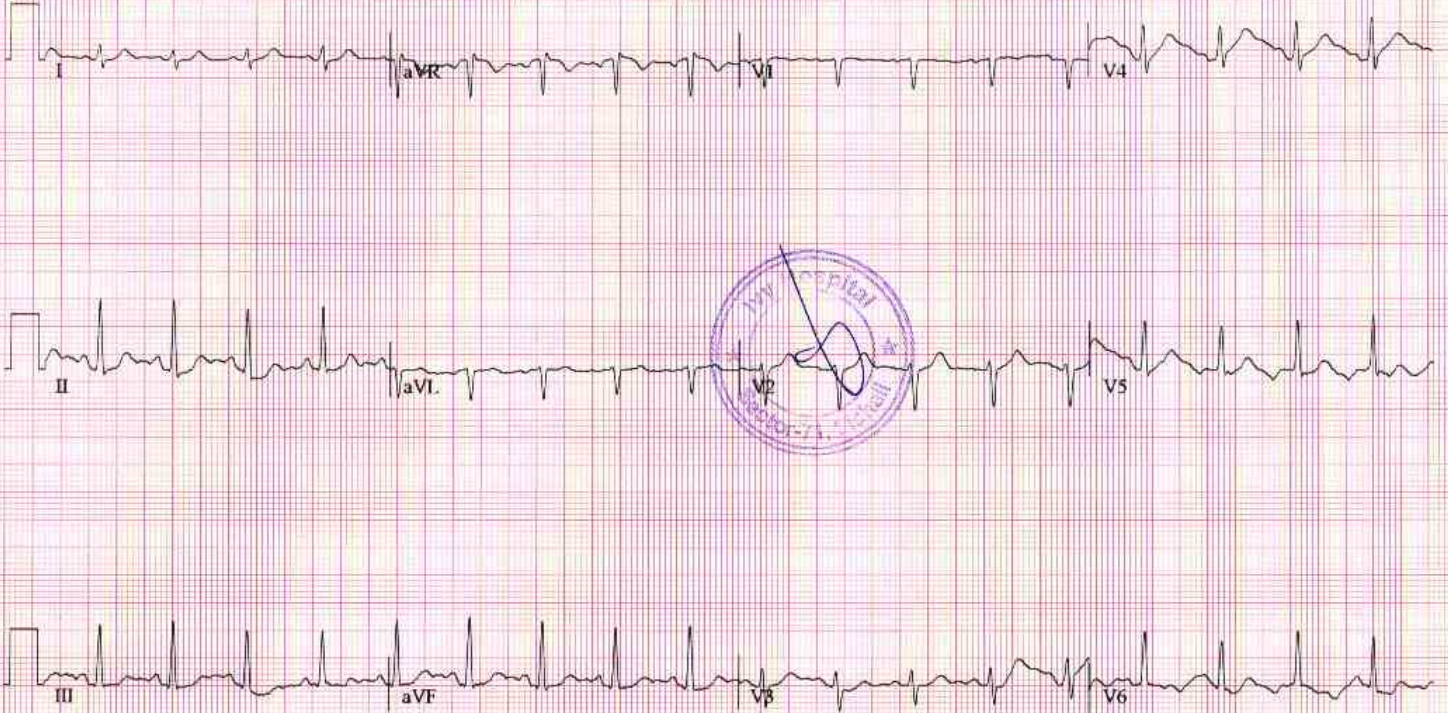
HR: 115 bpm
BP: 01:44 130/80 mmHg

RECOVERY: +1
Time: 01:50

BRUCE: 0.0 km/h
Treadmill: 0.0%

IVY HOSPITAL
Measured at 80ms Post J (10mm-mV)
Manual Points

Lead	ST(mm)	Lead	ST(mm)
I	0.55	V1	0.25
II	0.25	V2	1.40
III	-0.30	V3	0.80
aVR	-0.40	V4	0.55
aVL	0.45	V5	0.15
aVF	0.00	V6	0.00



PATIENT NAME: RANI GEESHU
Patient ID: 427383
Date: 03.2024
Time: 1:39:21am

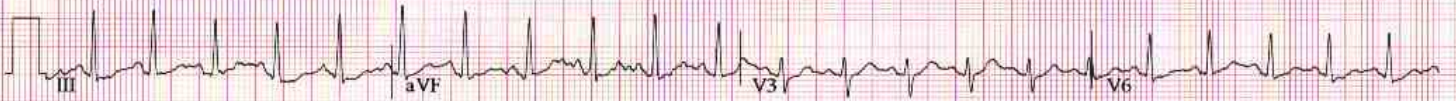
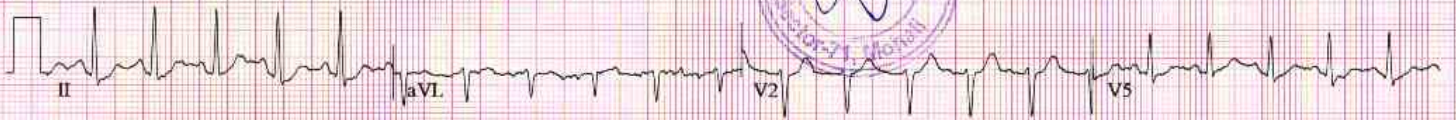
134 bpm

RECOVERY
+1
00:50

BRUCE
0.0 km/h
0.0 %

IVY HOSPITAL
Measured at 80ms Post J (10mm mV)
Manual Points

Lead	ST(mm)	Lead	ST(mm)
I	1.15	V1	0.35
II	0.90	V2	2.40
III	-0.20	V3	1.35
aVR	-1.00	V4	1.10
aVL	0.65	V5	0.60
aVF	0.30	V6	0.25



(PEAK EXERCISE)

PATIENT NAME: RANI GEESHU
Patient ID: 427383
Date: 03.2024
Time: 1:38:32am

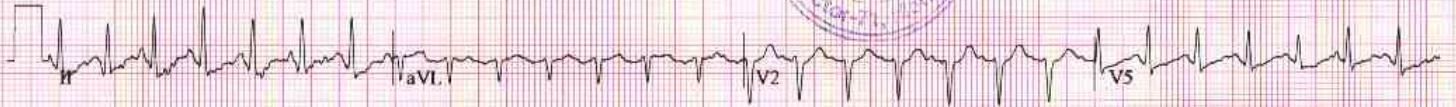
171 bpm

EXERCISE
STAGE 2
05:36

BRUCE
1.1 km/h
12.0%

IVY HOSPITAL
Measured at 80ms Post J (10mm mV)
Manual Points

Lead	ST(mm)	Lead	ST(mm)
I	0.85	V1	0.40
II	-0.30	V2	2.20
III	-1.20	V3	0.30
aVR	-0.25	V4	-0.05
aVL	1.05	V5	-0.40
aVF	-0.80	V6	-0.50



PATIENT NAME: RANI GEESIU
Patient ID: 427383
09.03.2024
1:35:46am

146 bpm
02:09 110/80 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
2.7 km/h
10.0 %

IVY HOSPITAL
Measured at 80ms Post J (10mm-mV)
Manual Points

Lead	ST(mm)	Lead	ST(mm)
I	0.60	V1	0.30
II	-0.55	V2	1.45
III	-1.15	V3	0.05
aVR	0.00	V4	-0.35
aVL	0.85	V5	-0.65
aVF	-0.85	V6	-0.50



12SL REPORT

IVY HOSPITAL

PATIENT NAME: RANI GEESHU

Patient ID: 427383

Date: 9.03.2024

Time: 11:32:32am

Female 157 cm 68 kg
32yrs Indian

110/80 mmHg

PRETEST

SUPINE

00:27

BRUCE

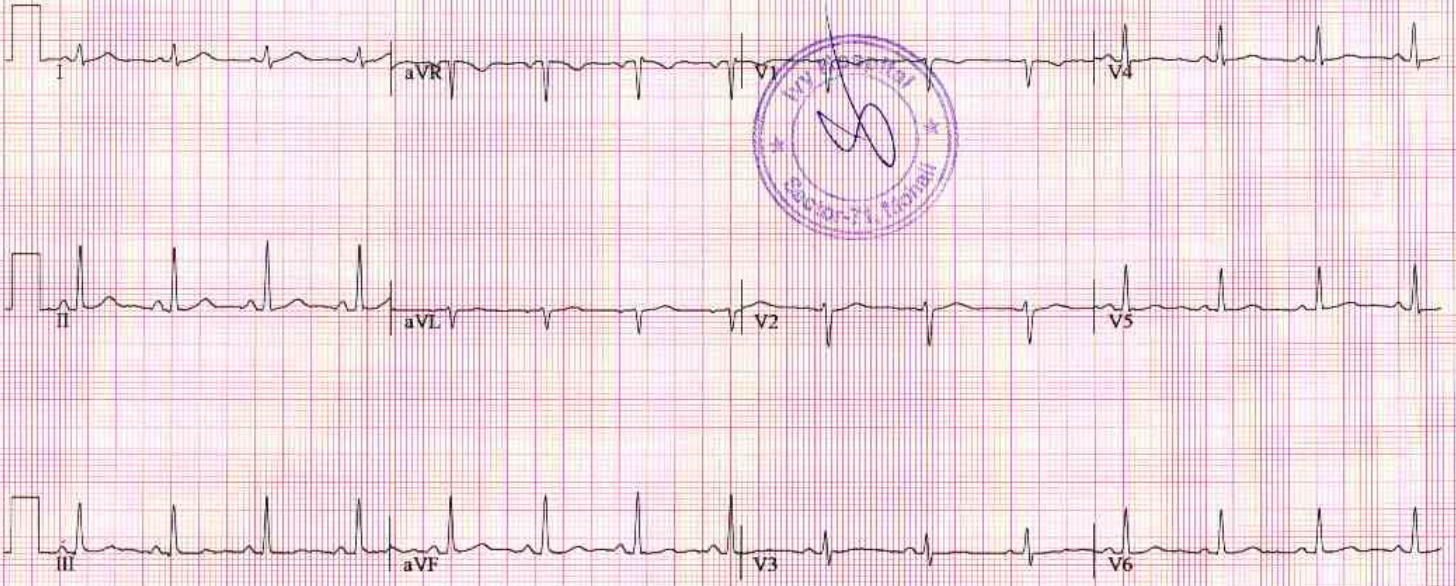
0.0 km/h

0.0%

Vent. Rate 88 bpm
PR interval 126 ms
QRS duration 78 ms
QT/QTc 358/433 ms
P-R-T axes 75/81/51
P duration 88 ms
RR interval 684 ms

Normal sinus rhythm
Normal ECG

Technician: TANISHA
Medication:





NAME : MRS. GEESHU RANI

DOB:Gender : 25-Jun-1991/F

UHID : 427383

Inv. No. : 4110143

Panel Name : Ivy Mohali

Bar Code No : 13101087

Requisition Date : 09/Mar/2024 09:43AM

SampleCollDate : 09/Mar/2024 09:46AM

Sample Rec.Date : 09/Mar/2024 09:47AM

Approved Date : 09/Mar/2024 11:11AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 1.28 ng/mL 0.970 – 1.69

(CLIA/Veris 3600)

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 propranolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

Serum Total T4 7.21 µg/dL 6.5 – 13.2

(CLIA/Veris 3600)

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 5.400 mIU/L 0.4001 – 4.049

(CLIA/Veris 3600)

Summary & Interpretation:

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

Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
4. Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic – Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 – 3.70
2nd Trimester	0.31 – 4.35
3rd Trimester	0.41 – 5.18

The highlighted values should be correlated clinically





NAME	: MRS. GEESHU RANI	Requisition Date	: 09/Mar/2024 09:43AM
DOB/Gender	: 25-Jun-1991/F	SampleCollDate	: 09/Mar/2024 09:46AM
UHID	: 427383	Sample Rec.Date	: 09/Mar/2024 09:47AM
Inv. No.	: 4110143	Approved Date	: 09/Mar/2024 11:11AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13101087		

Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting <small>(Hexokinase: AU400)</small>	92	mg/dL	< 110 Normal 110 - 126 Impaired Tolerance >126 Diabetic
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Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 100 mg/dL is considered normal.
- A fasting plasma glucose level between 100-125 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A fasting plasma glucose level ≥ 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>(Urea: GLDH: AU400)</small>	14.70	mg/dl	17-43
Serum Creatinine <small>(Jaffe Kinetic: AU400)</small>	0.50	mg/dl	0.51-0.95
Serum Uric acid <small>(Uricase: AU400)</small>	3.80	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





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Bar Code No	: 13101087		

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

Serum Bilirubin Total <small>(BPD-AU 480)</small>	0.70	mg/dL	0.3-1.2
Serum Bilirubin Direct <small>(BPD-AU 480)</small>	0.10	mg/dl	<0.3
Serum Bilirubin Indirect <small>(Calculated)</small>	0.60	mg/dl	0.1-1.0
Serum SGOT(AST) <small>(IFCC Without PSP AU 480)</small>	22	U/L	<35
Serum SGPT(ALT) <small>(IFCC Without PSP AU 480)</small>	32	U/L	<50
Serum AST/ALT Ratio <small>(Calculated)</small>	0.69		
Serum GGT <small>(IFCC AU 480)</small>	25	IU/L	5-32
Serum Alkaline Phosphatase <small>(CCU PNPAMPKemic AU 480)</small>	83	U/L	30-120
Serum Protein Total <small>(Biacr)</small>	7.2	gm/dl	6.40 - 8.20
Serum Albumin <small>(BCG-AU 480)</small>	4.7	g/dL	3.5-5.2
Serum Globulin <small>(Calculated)</small>	2.50	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio <small>(Calculated)</small>	1.88	%	1.0 - 1.8

Interpretation:

Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels.

LIPID PROFILE

Serum Cholesterol <small>(CTD PDD AU 480)</small>	183	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides <small>(Lipase GPO-PAT AU 480)</small>	138	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol	60	mg/dL	<40 Major risk factor for CHD

The highlighted values should be correlated clinically





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Bar Code No	: 13101087	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
(Immunochemical/XO400)			>60 Negative risk factor for CHD
Serum VLDL cholesterol (Calculational)	28	mg/dL	7-35
Serum LDL cholesterol (Calculational)	95	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculational)	3.05		3-5
Serum LDL-HDL Ratio (Calculational)	1.59		1.5 - 3.5

Interpretation:
As per ATP III Guidelines - National Cholesterol Education Program

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

Risk Category LDL	Goal (mg/dL)	Non-HDL Goal (mg/dL)
CHD and CHD Risk Equivalent (10-year risk for CHD>20%)	<100	<130
Multiple (2+) Risk Factors and 10-year risk <20%	<130	<160
0-1 Risk Factor	<160	<190

The highlighted values should be correlated clinically





NAME : MRS. GEESHU RANI

DOB/Gender : 25-Jun-1991/F

UHID : 427383

Inv. No. : 4110143

Panel Name : Ivy Mohali

Bar Code No : 13101087

Requisition Date : 09/Mar/2024 09:43AM

Sample CollDate : 09/Mar/2024 09:46AM

Sample Rec.Date : 09/Mar/2024 09:47AM

Approved Date : 09/Mar/2024 11:11AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	30.00	mL	
Urine Colour	Pale yellow		Light Yellow
Urine Appearance	Clear		Clear

Chemical Examination (Reflectance Photometry)

Urine pH	6.00		4.8-7.6
Urine Specific Gravity	1.015		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein <small>(Protein Excretion)</small>	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		
Urine Nitrite	Absent		Absent

Microscopic Examination

Urine Pus Cells	4-5		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	Absent	/hpf	0-5
Urine Casts	Absent	/lpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Baeteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent

CYTOLOGY

PAP (LIQUID BASE CYTOLOGY, LBC)

Reporting protocol : As per the 2014 Bethesda System

SPECIMEN NO. : C-216/24

SPECIMEN TYPE:

() Conventional Pap smear

(x) Liquid-based preparation (Sure Path)



The highlighted values should be correlated clinically



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Test Description	Observed Value	Unit	Reference Range
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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

Reactive 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)

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)



The highlighted values should be correlated clinically





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Bar Code No	: 13101087	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
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- () 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: Mild inflammation.

Summary & Interpretation

1. The amounts are 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, 2012, issue of *Annals of Internal Medicine*

HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR	25	mm/h	0-15
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(Automated ESR analysis)



The highlighted values should be correlated clinically





NAME	: MRS. GEESHU RANI	Requisition Date	: 09/Mar/2024 09:43AM
DOB/Gender	: 25-Jun-1991/F	Sample Coll Date	: 09/Mar/2024 09:46AM
UHID	: 427383	Sample Rec. Date	: 09/Mar/2024 09:47AM
Inv. No.	: 4110143	Approved Date	: 09/Mar/2024 10:08AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13101087		

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin <small>(Non-yantraic/haemoglobin)</small>	11.7	g/dl	12.0 - 15.0
Hematocrit(PCV) <small>(% volume)</small>	37.9	%	33-45
Red Blood Cell (RBC) <small>(Impedance/DC Detection)</small>	5.60	10 ⁶ /μl	3.8-4.8
Mean Corp Volume (MCV) <small>(Impedance/DC Detection)</small>	67.7	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	20.9	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	30.9	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	17.4	%	11-15
Platelet Count <small>(Impedance/DC Detection/Microscopy)</small>	266	10 ³ /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedance/DC Detection)</small>	11.2	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedance/DC Detection)</small>	6.1	10 ³ /μl	4.0 - 10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	59	%	40-75
Lymphocytes	34	%	20-40
Monocytes	5	%	0-8
Eosinophils	2	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,599	μl	2000-7000
Absolute Lymphocyte Count	2,074	uL	1000-3000
Absolute Monocyte Count	305	uL	200-1000
Absolute Eosinophil Count	122	μl	20-500

Note: Advised Hb Electrophoresis to rule out Beta Thalassemia Trait



The highlighted values should be correlated clinically





IVY HOSPITAL
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 Email: lab@ivyhospital.com

NAME	: MRS. GEESHU RANI		
DOB/Gender	: 25-Jun-1991/F	Requisition Date	: 09/Mar/2024 09:43AM
UHID	: 427383	SampleCollDate	: 09/Mar/2024 09:46AM
Inv. No.	: 4110143	Sample Rec.Date	: 09/Mar/2024 10:52AM
Panel Name	: Ivy Mohali	Approved Date	: 09/Mar/2024 12:33PM
Bar Code No	: 13101087	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c <small>(Dioxane Affinity HPLC/Units)</small>	5.1	%	Non diabetic:4.0-6.0 Target of therapy:<7.0 Change of therapy:>8.0
Estimated Average Glucose (eAG) <small>(Coleman)</small>	100	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





NAME	: MRS. GEESHU RANI	Requisition Date	: 09/Mar/2024 09:43AM
DOB/Gender	: 25-Jun-1991/F	Sample CollDate	: 09/Mar/2024 10:25AM
LHID	: 427383	Sample Rec.Date	: 09/Mar/2024 10:25AM
Inv. No.	: 4110143	Approved Date	: 09/Mar/2024 11:13AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13101087		

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 AB	Negative
Anti D	POSITIVE
Reverse Grouping A Cells	POSITIVE
Reverse Grouping B Cells	POSITIVE
Reverse Grouping O Cells	Negative
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.

*** End Of Report ***





NAME	GEESHU RANI	SEX/AGE	F32Y
PATIENT ID	ID427383	Accession Number	
REF CONSULTANT	PACKAGE	DATE	09/03/2024 09:28

USG WHOLE ABDOMEN



LIVER: is normal in size (~14.8cm), 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 (~6.6 cm), outline and echotexture.

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

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

LEFT KIDNEY: It is normal in size (~11.0cm), 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. No e/o calculus / mass seen.

UTERUS: is normal in size, outline and echotexture. ET is ~ 7.3mm.

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

OPINION:

No significant abnormality detected in current study.

Adv. Clinical correlation and follow up



DR EKTA MISHRA
MD RADIO- DIAGNOSIS

(NOT FOR MEDICO-LEGAL PURPOSE)