



Ivy Hospital

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

Name: Mrs. Sonia UHID: 476024
 Age: 30y/f Consultant: Dr. Balvin Kaur Date: 26/09/24
 BP: Pulse: RR: Temp: Pain:
 Ht.: Wt.: Allergies: Nutritional Assessment: Yes/No
 Diagnosis / DD:
 Complaint:

Investigations

Clinical Notes

LMP-11/09/24

C/O
- white discharge

PAP smear done

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
1	Cure-VD (Vaginal Pessary)			1-1	4 days	

Dr. Balvin Kaur Gaur
 MBS, MS (OBST & GYN) DNB
 MRCOG 1 (UK)
 Consultant - Obstetrics & Gynaecology
 & IVF Specialist
 PMC Reg No. 5431

Follow up

Sign & Stamp



Ivy Hospital

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

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

Mrs. Samia

347/F

UHID - 476024

26/9/2024

Post h/o cholecystectomy

Regular health checkup

TSH - 2.9

RFI - 12/0.5

ESR - 45

FBS - 93

BIG NLR

No generalized body pain

LF7 - (N)

2D ECHO - EF 55%
No RWMA

Chol/TG/HDL/LDL
135/63/45/81

BGT - A positive

Htg - 13.1/7200/197 - 3
51/42/5/2

AsA.C - 5.1

USG abd for fatty liver

1) Cap. Pantocid 37 40/150 mg OD

BBF

20 day

2) Syn. Ravaact 10ml BID

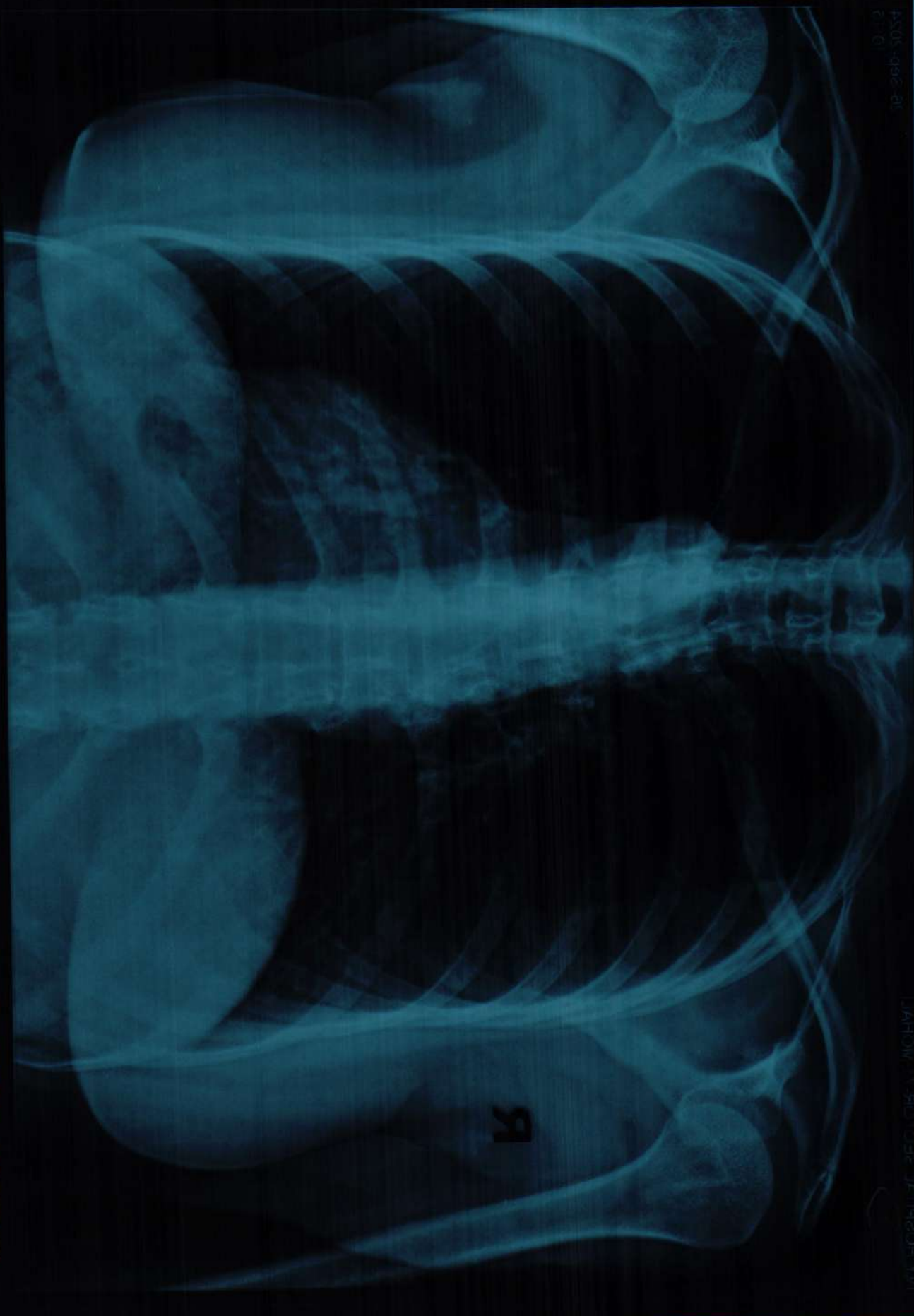
post meal

Regular exercise

3) Tab. met & cal OD

4) Tab. BIG NAC MR (100/4mg) SOS

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

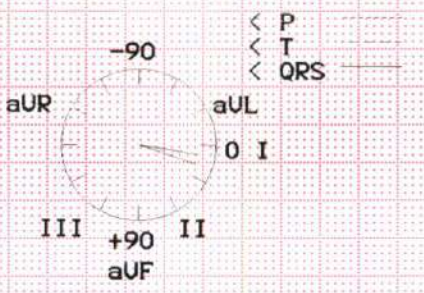


РАСЧЕТ
2010

РАСЧЕТ
2010

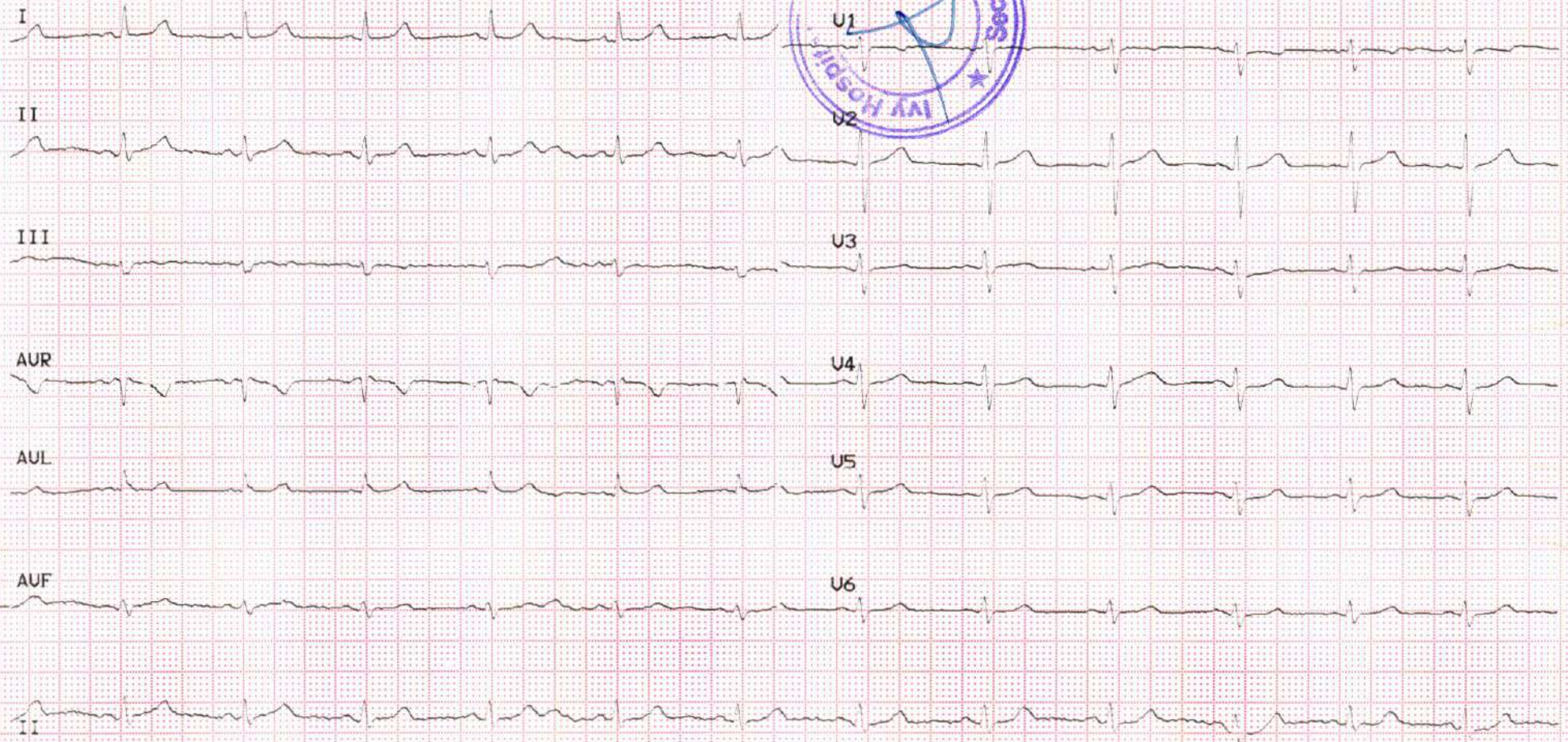
Measurement Results:

QRS	:	100 ms
QT/QTcB	:	370 / 416 ms
PR	:	132 ms
P	:	106 ms
RR/PP	:	790 / 800 ms
P/QRS/T	:	20/ 10/ 20 degrees
QTD/QTcBD	:	64 / 72 ms
Sokolow	:	0.6 mV
NK	:	10



Interpretation:
 low QRS amplitudes
 probably abnormal ECG

Unconfirmed report.





Ivy Hospital

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

NAME	SONIA	SEX/AGE	F34Y
PATIENT ID	ID476024	Accession Number	XNO5814-OPD
REF CONSULTANT	Dr.	DATE	26/09/2024 10:15

X-RAY CHEST (PA VIEW)

Rotated film.

Bony structures and soft tissue appear normal.

Both lung fields show increased bronchovascular markings.

Domes of diaphragm and costophrenic angles appear normal.

Cardiac shadow is within normal limit.

Please correlate clinically.



Dr GURSIMRAN SINGH ANAND
MD RADIODIAGNOSIS

The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

(NOT FOR MEDICO-LEGAL PURPOSE)

A unit of Ivy Health and Life Sciences (P) Ltd. Website : www.ivyhospital.com, Email: cs@ivyhospital.com Fax: 91-172-2274900

Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339

All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

IVY HELPLINE : +91 8078880788



Ivy Hospital

Hospital Name



SONIA

Gender/Age Female / 34

Patient ID

476024

Test Date :

26 Sep 2024

Ivy Hospital

SUPER-SPECIALITY HEALTHCARE

SECTOR 71, MOHALI

Tel: 0172-7170000

CIN No. : U85110PB2005PTC027898

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	3.7	3.7-5.6 CM
Left Ventricular ES Dimension	2.4	2.2-4.0 CM
IVS (D)	1.0	0.6-1.2 CM
IVS (s)	1.3	0.7-2.6 CM
LVPW (D)	1.0	0.6-1.1 CM
LVPW (S)	1.2	0.8-1.0 CM
Aortic Root	2.9	2.0-3.7 CM
LA Diameter	3.5	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= 91cm/s, A= 60cm/s, E>A

Aortic valve: Vmax = 127cm/s

Pulmonary valve: Vmax = 58cm/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)

A unit of Ivy Health and Life Sciences (P) Ltd. Website : www.ivyhospital.com, Email: cs@ivyhospital.com Fax: 91-172-2274900

Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339

All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

IVY HELPLINE : +91 8078880788



Ivy Hospital

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

Remarks -

FINAL IMPRESSION -

No RWMA of LV

Normal LV systolic function (LVEF~55%)



DR. RAKESH BHUTUNGRU
Director-Non Invasive Cardiology
MBBS, MD(Medicine), DM(Cardiology)
PMC-42588

(NOT FOR MEDICO-LEGAL PURPOSE)

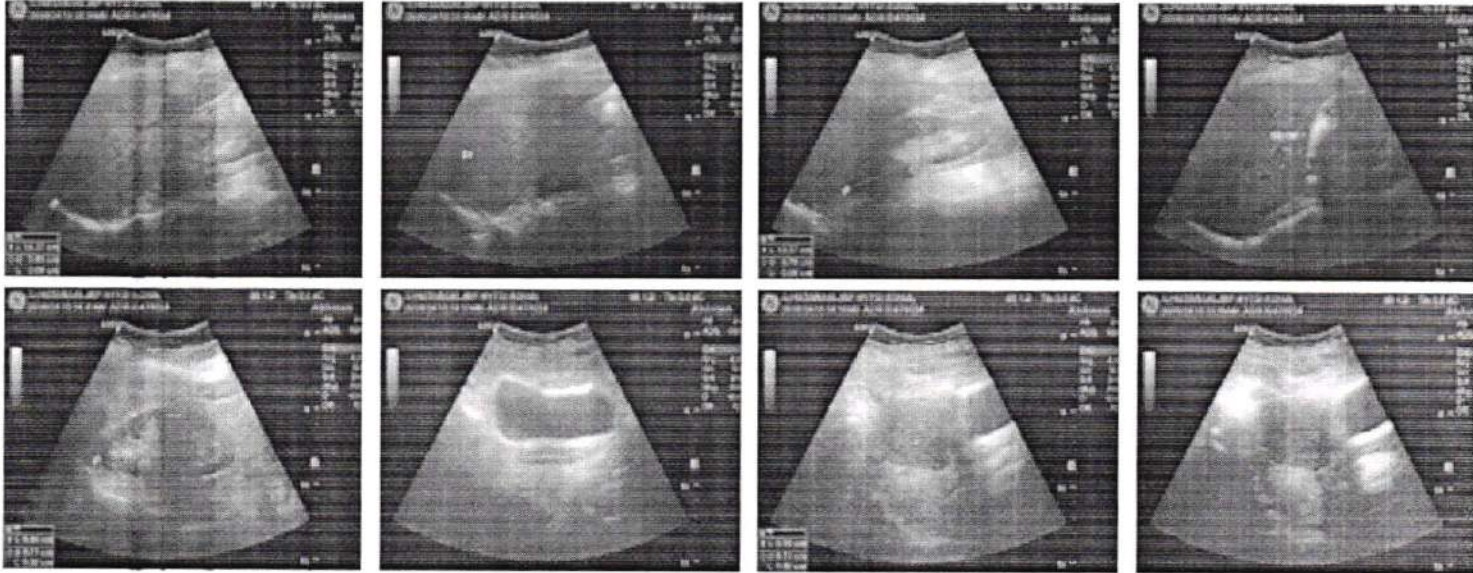
A unit of Ivy Health and Life Sciences (P) Ltd. Website : www.ivyhospital.com, Email: cs@ivyhospital.com Fax: 91-172-2274900
Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339

All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

IVY HELPLINE : +91 8078880788

NAME	., SONIA	SEX/AGE	F34Y
PATIENT ID	ID476024	Accession Number	
REF CONSULTANT	PACKAGE	DATE	26/09/2024 10:31

USG WHOLE ABDOMEN



LIVER: is normal in size (~14.3 cm), outline and shows increased echogenicity. IHBR are not dilated. Portal vein is normal. CBD is not dilated.

GALL BLADDER: is not visualized - Post operative status.

SPLEEN: is normal in size (~7.5 cm), outline and echotexture.

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

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

LEFT KIDNEY: It is normal in size (~9.8 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

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

UTERUS: appears grossly normal. ET is ~7.9 mm.

No adnexal SOL is seen.

No free fluid is seen in peritoneal cavity.

OPINION:

Fatty liver (Grade I)

Adv. Clinical correlation and follow up

(NOT FOR MEDICO-LEGAL PURPOSE)

A unit of Ivy Health and Life Sciences (P) Ltd. Website : www.ivyhospital.com, Email: cs@ivyhospital.com Fax: 91-172-2274900

Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339

All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

IVY HELPLINE : +91 8078880788



Ivy Hospital

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

NAME	., SONIA	SEX/AGE	F34Y
PATIENT ID	ID476024	Accession Number	
REF CONSULTANT	PACKAGE	DATE	26/09/2024 10:31



DR. EKTA MISHRA
MD RADIO-DIAGNOSIS

The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

(NOT FOR MEDICO-LEGAL PURPOSE)

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

All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

IVY HELPLINE : +91 8078880788



NAME	: MRS. SONIA	Requisition Date	: 26/Sep/2024 09:51 AM
DOB/Gender	: 09-Feb-1990/F	Sample Coll Date	: 26/Sep/2024 10:05 AM
UHID	: 476024	Sample Rec. Date	: 26/Sep/2024 10:05 AM
Inv. No.	: 4611504	Approved Date	: 26/Sep/2024 11:11 AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13275312		

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

IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 1.60 ng/mL 0.970 – 1.69
(CLIA/Vitros 5600)

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 7.90 µg/dL 5.52 – 12.97
(CLIA/Vitros 5600)

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 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 2.900 mIU/L 0.4001 - 4.049 (mIU/L)
(CLIA/Vitros 5600- TSH 3rd generation)

PREGNANCY REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester 0.1298 – 3.120
2nd Trimester 0.2749 – 2.652
3rd 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 diagnostics. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

Note:

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

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



The highlighted values should be correlated clinically

Result Entered By: Raghunandan 6865M





LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115624

Email: pathreports@ivyhospital.in



NAME	: MRS. SONIA	Requisition Date	: 26/Sep/2024 09:51AM
DOB/Gender	: 09-Feb-1990/F	SampleCollDate	: 26/Sep/2024 10:05AM
UHID	: 476024	Sample Rec.Date	: 26/Sep/2024 10:05AM
Inv. No.	: 4611504	Approved Date	: 26/Sep/2024 11:11AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13275312		

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

BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting (VITROS 5600 Colorimetric - Glucose oxidase, hydrogen peroxide)	93	mg/dL	Normal 70-99 mg/dl Impaired Tolerance 100 - 125mg/dl Diabetic \geq 126 mg/dl
---	----	-------	--

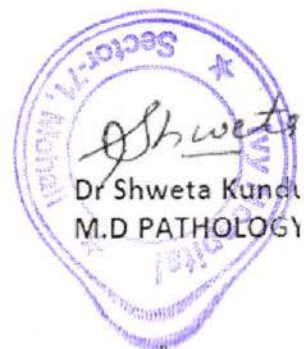
Interpretation (In accordance with the American diabetes association guidelines):

- 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.



The highlighted values should be correlated clinically

Result Entered By: Raghunandan 6865M





LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115624

Email: pathreports@ivyhospital.in



NAME	: MRS. SONIA	Requisition Date	: 26/Sep/2024 09:51AM
DOB/Gender	: 09-Feb-1990/F	Sample CollDate	: 26/Sep/2024 02:00PM
UHID	: 476024	Sample Rec.Date	: 26/Sep/2024 02:00PM
Inv. No.	: 4611504	Approved Date	: 26/Sep/2024 02:43PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13275312		

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

BIOCHEMISTRY

GLUCOSE PP

Plasma Glucose Post Prandial

(VIEROS 3000 - Colorimetric - Glucose oxidase; hydrogen peroxide)

104

mg/dL

Normal <140

Impaired Tolerance 140--180

Diabetic >180

The highlighted values should be correlated clinically

Result Entered By:Raghunandan 6865M





NAME	: MRS. SONIA	Requisition Date	: 26/Sep/2024 09:51AM
DOB/Gender	: 09-Feb-1990/F	Sample CollDate	: 26/Sep/2024 10:05AM
UHID	: 476024	Sample Rec.Date	: 26/Sep/2024 10:05AM
Inv. No.	: 4611504	Approved Date	: 26/Sep/2024 11:11AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13275312		

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

BIOCHEMISTRY

RFT (RENAL FUNCTION TESTS)

Serum Urea <small>(Enzyse GLDH/AU480)</small>	12.00	mg/dl	17-43
Serum Creatinine <small>(JAFPE KINETIC/AU480)</small>	0.50	mg/dl	0.51-0.95
Serum Uric acid <small>(Enzyse/AU480)</small>	3.90	mg/dl	2.6- 6.0

Interpretation:

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



The highlighted values should be correlated clinically

Result Entered By:Ragunandan 6865M





NAME	: MRS. SONIA	Requisition Date	: 26/Sep/2024 09:51AM
DOB/Gender	: 09-Feb-1990/F	Sample CollDate	: 26/Sep/2024 10:05AM
UHID	: 476024	Sample Rec.Date	: 26/Sep/2024 10:05AM
Inv. No.	: 4611504	Approved Date	: 26/Sep/2024 11:11AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13275312		

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

LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total <small>(DPD/AU 480)</small>	0.50	mg/dL	0.3-1.2
Serum Bilirubin Direct <small>(DPD/AU 480)</small>	0.10	mg/dl	<0.3
Serum Bilirubin Indirect <small>(Calculated)</small>	0.40	mg/dl	0.1-1.0
Serum SGOT(AST) <small>(IFCC Without PSP/AU 480)</small>	24	U/L	<35
Serum SGPT(ALT) <small>(IFCC Without PSP/AU 480)</small>	21	U/L	<50
Serum AST/ALT Ratio <small>(Calculated)</small>	1.14		
Serum GGT <small>(IFCC/AU 480)</small>	13	IU/L	5-32
Serum Alkaline Phosphatase <small>(IFCC PNPAMP Kinetic/AU 480)</small>	69	U/L	30-120
Serum Protein Total <small>(Buret)</small>	5.6	gm/dl	6.40 - 8.20
Serum Albumin <small>(BCG/AU 480)</small>	4.1	g/dL	3.5-5.2
Serum Globulin <small>(Calculated)</small>	1.50	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio <small>(Calculated)</small>	2.73	%	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>(CTO POD/AU 480)</small>	139	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides <small>(Lipase GPO-PAP/AU480)</small>	63	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol	45	mg/dL	<40 Major risk factor for CHD



The highlighted values should be correlated clinically

Result Entered By:Raghumandan 6865M





NAME	: MRS. SONIA	Requisition Date	: 26/Sep/2024 09:51AM
DOB/Gender	: 09-Feb-1990/F	Sample Coll Date	: 26/Sep/2024 10:05AM
UHID	: 476024	Sample Rec. Date	: 26/Sep/2024 10:05AM
Inv. No.	: 4611504	Approved Date	: 26/Sep/2024 11:11AM
Patel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13275312		

Test Description	Observed Value	Unit	Reference Range
(Immunoenzymatic/AI*480)			>60 Negative risk factor for CHD
Serum VLDL cholesterol <small>(Calculated)</small>	13	mg/dL	7-35
Serum LDL cholesterol <small>(Calculated)</small>	81	mg/dL	50-100
Serum Cholesterol-HDL Ratio <small>(Calculated)</small>	3.09		3-5
Serum LDL-HDL Ratio <small>(Calculated)</small>	1.81		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
Result Entered By:Ragunandan 6865M





NAME	: MRS. SONIA	Requisition Date	: 26/Sep/2024 09:51 AM
DOB/Gender	: 09-Feb-1990/F	Sample Coll Date	: 26/Sep/2024 11:42 AM
UHID	: 476024	Sample Rec. Date	: 26/Sep/2024 11:43 AM
Inv. No.	: 4611504	Approved Date	: 26/Sep/2024 02:06 PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13275312		

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

CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	30.00	mL	
Urine Colour	Yellow		Light Yellow
Urine Appearance	Slightly hazy		Clear

Chemical Examination (Reflectance Photometry)

Urine pH	6.00		4.8-7.6
Urine Specific Gravity	1.020		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein <small>(Protein Ionization)</small>	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		
Urine Nitrite	Absent		Absent

Microscopic Examination

Urine Pus Cells	4-6		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	2-3	/hpf	0-5
Urine Casts	Absent	/pf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent





NAME	: MRS. SONIA	Requisition Date	: 26/Sep/2024 09:51AM
DOB/Gender	: 09-Feb-1990/F	SampleCollDate	: 26/Sep/2024 10:05AM
UHID	: 476024	Sample Rec.Date	: 26/Sep/2024 10:06AM
Inv. No.	: 4611504	Approved Date	: 26/Sep/2024 11:12AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13275312		

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

HAEMATOLOGY

BLOOD GROUP RH TYPE

ABO & RH Typing

Forward Grouping

Anti A	POSITIVE
Anti B	NEGATIVE
Anti D	POSITIVE
Final Blood Group	A 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:Raghunandan 6865M





NAME	: MRS. SONIA	Requisition Date	: 26/Sep/2024 09:51AM
DOB/Gender	: 09-Feb-1990/F	Sample Coll Date	: 26/Sep/2024 10:05AM
UHID	: 476024	Sample Rec. Date	: 26/Sep/2024 11:05AM
Inv. No.	: 4611504	Approved Date	: 26/Sep/2024 11:41AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13275312		

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

HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR <small>(Automated ESR analyser)</small>	45	mm/h	0-15
--	-----------	------	------

COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin <small>(Noncyanmethaemoglobin)</small>	13.1	g/dl	12.0 - 15.0
Hematocrit(PCV) <small>(Calculated)</small>	42.0	%	33-45
Red Blood Cell (RBC) <small>(Impedance/DC Detection)</small>	4.90	10 ⁶ / μl	3.8-4.8
Mean Corp Volume (MCV) <small>(Impedance/DC Detection)</small>	85.0	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	26.5	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	31.2	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	13.0	%	11-15
Platelet Count <small>(Impedance/DC Detection/Microscopy)</small>	177	10 ³ /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedance/DC Detection)</small>	14.2	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedance/DC Detection)</small>	7.2	10 ³ / μl	4.0 - 10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	51	%	40-75
Lymphocytes	42	%	20-40
Monocytes	5	%	0-8
Eosinophils	2	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,672	μl	2000-7000
Absolute Lymphocyte Count	3,024	uL	1000-3000
Absolute Monocyte Count	360	uL	200-1000
Absolute Eosinophil Count	144	μl	20-500





IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115110241, 9115115658

Email: lab@livasahospitals.com



NAME	: MRS. SONIA	Requisition Date	: 26/Sep/2024 09:51AM
DOB/Gender	: 09-Feb-1990/F	Sample Coll Date	: 26/Sep/2024 10:05AM
UHID	: 476024	Sample Rec. Date	: 26/Sep/2024 11:05AM
Inv. No.	: 4611504	Approved Date	: 26/Sep/2024 11:41AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13275312		

Test Description	Observed Value	Unit	Reference Range
Glycosylated HB (HbA1c)			
Whole Blood HbA1c <small>(IMPLC)</small>	5.1	%	Non diabetic:4.0-5.7 Pre-diabetes:5.7-6.4 Diabetes:>=6.5
Estimated Average Glucose (eAG) <small>(Calculated)</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

*** End Of Report ***



Result Entered By:Raghuandan 6865M





NAME	: MRS. SONIA	Requisition Date	: 26/Sep/2024 09:51AM
DOB/Gender	: 09-Feb-1990/F	SampleCollDate	: 26/Sep/2024 10:05AM
UHID	: 476024	Sample Rec.Date	: 26/Sep/2024 10:05AM
Inv. No.	: 4611504	Approved Date	: 26/Sep/2024 11:11AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13275312		

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

IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 1.60 ng/mL 0.970 – 1.69

(CLIA/Vitros 5600)

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 7.90 µg/dL 5.52 – 12.97

(CLIA/Vitros 5600)

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 2.900 mIU/L 0.4001 - 4.049 (mIU/L)

(CLIA/Vitros 5600- TSH 3rd generation)

PREGNANCY REFERENCE RANGE

FOR TSH IN uIU/mL

1st Trimester 0.1298 – 3.120

2nd Trimester 0.2749 – 2.652

3rd 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 diagnostics. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

Note:

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

2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

4. Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic – Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

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



The highlighted values should be correlated clinically

Result Entered By: Raghumandan 6865M





NAME	: MRS. SONIA	Requisition Date	: 26/Sep/2024 09:51AM
DOB/Gender	: 09-Feb-1990/F	SampleCollDate	: 26/Sep/2024 10:05AM
UHID	: 476024	Sample Rec.Date	: 26/Sep/2024 10:05AM
Inv. No.	: 4611504	Approved Date	: 26/Sep/2024 11:11AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13275312		

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

BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting <small>(VITROS 5000 Colorimetric - Glucose oxidase, hydrogen peroxide)</small>	93	mg/dL	Normal 70-99 mg/dl Impaired Tolerance 100 - 125mg/dl Diabetic ≥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 ≥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.

RFI (RENAL FUNCTION TESTS)

Serum Urea <small>(Urease GLDH/AU480)</small>	12.00	mg/dl	17-43
Serum Creatinine <small>(JAFFE KINETIC/AU480)</small>	0.50	mg/dl	0.51-0.95
Serum Uric acid <small>(Urease/AU480)</small>	3.90	mg/dl	2.6- 6.0

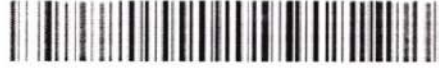
Interpretation:

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

The highlighted values should be correlated clinically

Result Entered By:Raghumandan 6865M





NAME	: MRS. SONIA	Requisition Date	: 26/Sep/2024 09:51AM
DOB/Gender	: 09-Feb-1990/F	Sample Coll Date	: 26/Sep/2024 10:05AM
UHID	: 476024	Sample Rec. Date	: 26/Sep/2024 10:05AM
Inv. No.	: 4611504	Approved Date	: 26/Sep/2024 11:11AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13275312		

Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST WITH GGT			
Serum Bilirubin Total <small>(JTD/AU 480)</small>	0.50	mg/dL	0.3-1.2
Serum Bilirubin Direct <small>(JTD/AU 480)</small>	0.10	mg/dl	<0.3
Serum Bilirubin Indirect <small>(Calculated)</small>	0.40	mg/dl	0.1-1.0
Serum SGOT(AST) <small>(IFCC Without PSP/AU 480)</small>	24	U/L	<35
Serum SGPT(ALT) <small>(IFCC Without PSP/AU 480)</small>	21	U/L	<50
Serum AST/ALT Ratio <small>(Calculated)</small>	1.14		
Serum GGT <small>(IFCC/AU 480)</small>	13	IU/L	5-32
Serum Alkaline Phosphatase <small>(IFCC PN/AMPRinc/AU 480)</small>	69	U/L	30-120
Serum Protein Total <small>(BIA/20)</small>	5.6	gm/dl	6.40 - 8.20
Serum Albumin <small>(BCG/AU 480)</small>	4.1	g/dL	3.5-5.2
Serum Globulin <small>(Calculated)</small>	1.50	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio <small>(Calculated)</small>	2.73	%	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>(TD POD/AU 480)</small>	139	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides <small>(Lipase GPO-PAP/AU 480)</small>	63	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol	45	mg/dL	<40 Major risk factor for CHD



The highlighted values should be correlated clinically

Result Entered By:Ragunandan 6865M





NAME	: MRS. SONIA	Requisition Date	: 26/Sep/2024 09:51AM
DOB/Gender	: 09-Feb-1990/F	SampleCollDate	: 26/Sep/2024 10:05AM
JHID	: 476024	Sample Rec.Date	: 26/Sep/2024 10:05AM
Inv. No.	: 4611504	Approved Date	: 26/Sep/2024 11:11AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13275312		

Test Description	Observed Value	Unit	Reference Range
(Immunoenzymatic(AU 486))			>60 Negative risk factor for CHD
Serum VLDL cholesterol (Calculated)	13	mg/dL	7-35
Serum LDL cholesterol (Calculated)	81	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	3.09		3-5
Serum LDL-HDL Ratio (Calculated)	1.81		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

Result Entered By:Raghunandan 6865M





NAME	: MRS. SONIA	Requisition Date	: 26/Sep/2024 09:51AM
DOB/Gender	: 09-Feb-1990/F	SampleCollDate	: 26/Sep/2024 10:05AM
UHID	: 476024	Sample Rec.Date	: 26/Sep/2024 10:06AM
Inv. No.	: 4611504	Approved Date	: 26/Sep/2024 11:12AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13275312		

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

HAEMATOLOGY

BLOOD GROUP RH TYPE

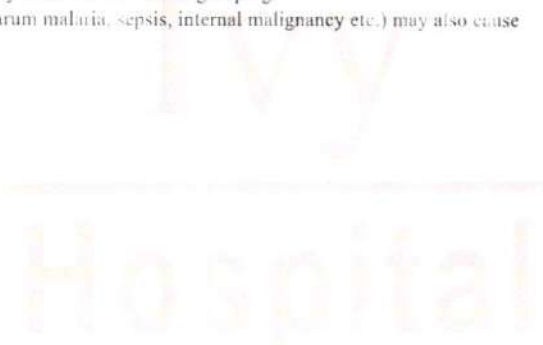
ABO & RH Typing

Forward Grouping

Anti A	POSITIVE
Anti B	NEGATIVE
Anti D	POSITIVE
Final Blood Group	A 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:Raghuandan 6865M





IVY HOSPITAL

Sector 71, Mohali, Punjab,160071

Ph: 9115110241, 9115115658

Email: lab@livasahospitals.com



NAME	: MRS. SONIA	Requisition Date	: 26/Sep/2024 09:51AM
DOB/Gender	: 09-Feb-1990/F	Sample Coll Date	: 26/Sep/2024 10:05AM
UHID	: 476024	Sample Rec.Date	: 26/Sep/2024 11:05AM
Inv. No.	: 4611504	Approved Date	: 26/Sep/2024 11:41AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13275312		

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

HAEMATOLOGY

ESR

Primary Sample Type:EDTA Blood

ESR <small>(Automated ESR analyser)</small>	45	mm/h	0-15
--	----	------	------

COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin <small>(Cyanmethaemoglobin)</small>	13.1	g/dl	12.0 - 15.0
Hematocrit(PCV) <small>(Calculated)</small>	42.0	%	33-45
Red Blood Cell (RBC) <small>(Impedence/DC Detection)</small>	4.90	10 ⁶ / μ l	3.8-4.8
Mean Corp Volume (MCV) <small>(Impedence/DC Detection)</small>	85.0	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	26.5	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	31.2	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	13.0	%	11-15
Platelet Count <small>(Impedence/DC Detection/Microscopy)</small>	177	10 ³ /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedence/DC Detection)</small>	14.2	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedence/DC Detection)</small>	7.2	10 ³ / μ l	4.0 - 10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	51	%	40-75
Lymphocytes	42	%	20-40
Monoocytes	5	%	0-8
Eosinophils	2	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,672	μ l	2000-7000
Absolute Lymphocyte Count	3,024	uL	1000-3000
Absolute Monoocyte Count	360	uL	200-1000
Absolute Eosinophil Count	144	μ l	20-500



Result Entered By:RaghuNandan 6865M





IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115110241, 9115115658

Email: lab@livasahospitals.com



NAME	: MRS. SONIA	Requisition Date	: 26/Sep/2024 09:51AM
DOB/Gender	: 09-Feb-1990/F	Sample Coll Date	: 26/Sep/2024 10:05AM
JHID	: 476024	Sample Rec. Date	: 26/Sep/2024 11:05AM
inv. No.	: 4611504	Approved Date	: 26/Sep/2024 11:41AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13275312		

Test Description	Observed Value	Unit	Reference Range
Glycosylated HB (HbA1c)			
Whole Blood HbA1c <small>(HPLC)</small>	5.1	%	Non diabetic:4.0-5.7 Pre-diabetes:5.7-6.4 Diabetes:>=6.5
Estimated Average Glucose (eAG) <small>(calculated)</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

*** End Of Report ***



Result Entered By:Raghunandan 6865M

