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

To
Medi Wheel.
Arcofemi Health Care Ltd.
F-703, Lado Sarai, Mehrauli
New Delhi – 110 030

Subjects: Submission of Bills (Health Packages)

Dear Sir,
Please find here with bill enclosed with bill no 2024251000992. 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
SHWETA GUPTA		278287	2024251000992	2600

Authorised Signatory

Subject: FW: Health Check up Booking Confirmed Request(bobS17055),Package Code-PKG10000475, Beneficiary Code-278287
From: Abhishek Singh <abhishek.singh@ivyhospital.in>
Date: 30-03-2024, 03:41 pm
To: "mainreception@ivyhospital.com" <mainreception@ivyhospital.com>, "opdadministrator@ivyhospital.com" <opdadministrator@ivyhospital.com>, healthcheckups mohali <healthcheckups.mohali@ivyhospital.in>

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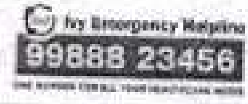
Regards
Abhishek Singh
Corporate Manager
Business Development
+91-8699999914
Abhishek.Singh@ivyhospital.in

MORE RELIABLE MORE AFFORDABLE
Super Speciality Healthcare


From: Mediwheel <wellness@mediwheel.in>
Sent: Saturday, March 30, 2024 2:21 PM
To: Abhishek Singh <abhishek.singh@ivyhospital.in>
Cc: customercare@mediwheel.in
Subject: Health Check up Booking Confirmed Request(bobS17055),Package Code-PKG10000475, Beneficiary Code-278287

011-41195959

Hi **Ivy Hospital**,

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

Hospital Package Name	:	Mediwheel Full Body Health Checkup Female Below 40
Patient Package Name	:	Mediwheel Full Body Health Checkup Female Below 40
Hospital Address	:	Sector - 71,Mohali
Contact Details	:	9161648262
Appointment Date	:	02-04-2024
Confirmation Status	:	Booking Confirmed

Preferred Time : 8:30am

Member Information		
Booked Member Name	Age	Gender
SHWETA GUPTA	34 year	Female

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We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

Please Download Mediwheel App

You have received this mail because your e-mail ID is registered with **Arcofemi Healthcare Limited** This is a system-generated e-mail please don't reply to this message.

Please visit to our Terms & Conditions for more informaion. Click here to unsubscribe.

@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

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Bill of Supply

Bill No	2024251000992	Reg ID	2236293
Bill To	Mediwheel Acrofemi	Sex/Age	Female/34 Yrs/10 Mt/5
TPA	Mediwheel Acrofemi	Consultant	DR. Direct
UHID	432949	Reffered By	Direct
Name	MRS. SHWETA GUPTA D/WO	GST No.	03AABCI4594F1ZQ
Address	H NO 1135 SEC 42 B	Category	Health Services
Phone No	9161648262	Policy No.	102839
UTI/Claim/Ref.	102839/	Pan No	AABCI4594F

Sr.	Date	Code/Batch	Activity Desc.	Rate	Qty.	Amount
					1	2600
1	02-Apr-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

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Ivy Hospital

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

Name : Mrs. Shweta Gupta UHID : 439949

Age : 35/F Consultant : Dr. Balvin Kaur Ghai Date: 02.04.24

BP : 112/76 Pulse: 65 RR : Temp.: Pain:

Ht.: Wt.: Allergies : Nutritional Assessment : Yes/No

Diagnosis / DD:

Complaint :

Investigations	Clinical Notes
Adv pap smear	K/c/o Pcos M/H:- Regular 3-5 / 30 days / avg flow No other complaints P_2L_2 < 7yr / Fem / 5.5yrs / male LUCS P/S: Cx: Healthy minimal discharge

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

Follow up

Dr. Balvin Kaur Ghai
MBBS, MS (OBST. & GYNAE) DNB
MRCOG 1 (UK)
Consultant - Obstetrics, Gynaecology
IVF Specialist
PMC Reg No. 54331

Sign & Stamp

Ivy/OPD/Form/005

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Ivy Hospital

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

Name: Mrs. Shweta Gupta UHID: 432949

Age: 35/F Consultant: Dr. Jagpal Pandher Date: 02.04.24

BP: 112/76 Pulse: 65 RR: Temp.: Pain:

Ht.: Wt.: Allergies: Nutritional Assessment: Yes/No

Diagnosis / DD:

Complaint:

Investigations

TSH - 4.14

Clinical Notes

BG:- PCOD

For general health check up.

Investigationg...

* h/o Hypothyroid during pregnancy 2018

Adv.

1) Reassurance.

Rpt TFT after 6 mths.
Anti TPO antibodies.

Jagpal Pandher.

Dr. Jagpal Pandher
MD (Int Med), MRCP (U.K), MRCP (Rheumatology)
Senior Consultant - Internal Medicine & Rheumatology
Regd No.: PMC 36409

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

Follow up

Sign & Stamp

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Ivy Hospital

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

Name : Mrs. Shweta Gupta UHID : 432949

Age : 35/F Consultant : Dr. Mukesh Vats Date: 02.04.24

BP : 112/76 Pulse: 65. RR : .... Temp.: .... Pain: ....

Ht.: .... Wt.: .... Allergies : .... Nutritional Assessment : Yes/No

Diagnosis / DD: ....

Complaint : ....

Investigations	Clinical Notes
VmR 6/6 6/6 (U.A) SOA 3L/1L	Pupil - NSNR c/o general check-up Asymptomatic A/S - WNL. Fundus OD OS Disc + Macula - (N)

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

Dr. Mukesh Vats MS AIIMS Consultant & Phaco Surgeon PMC 45034 (stamp) VMS (signature)

Follow up

Sign & Stamp

Ivy/OPD/Form/005

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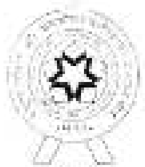

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IVY HOSPITAL

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Ph: 9115115257, 9115115258, 9115115624
Email: lab@ivyhospital.com

NAME	: MRS. SHWETA GUPTA		
DOB/Gender	: 03-Jun-1989/F	Requisition Date	: 02/Apr/2024 08:58AM
UHID	: 432949	SampleCollDate	: 02/Apr/2024 01:17PM
Inv. No.	: 4179211	Sample Rec.Date	: 02/Apr/2024 01:17PM
Panel Name	: Ivy Mohali	Approved Date	: 03/Apr/2024 11:21AM
Bar Code No	: 13120561	Referred Doctor	: Self

CYTOLOGY

PAP(LIQUID BASE CYTOLOGY,LBC)

Reporting protocol : As per the 2014 Bethesda System

SPECIMEN NO. :C-301/24

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

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.

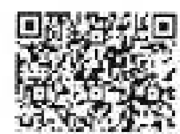
() Cellular changes consistent with herpes simplex virus

() Cellular changes consistent with cytomegalovirus

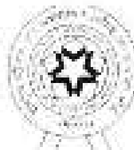
Other:

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

The highlighted values should be correlated clinically



DR BHUMIKA BISHT
M.D. PATHOLOGY



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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:

Summary & Interpretation
1) [illegible] 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 14, 2012, issue of Annals of Internal Medicine.

*** End Of Report ***

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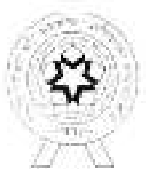

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Inv. No.	: 4179211	Sample Rec.Date	: 02/Apr/2024 12:32PM
Panel Name	: Ivy Mohali	Approved Date	: 02/Apr/2024 01:42PM
Bar Code No	: 13170561	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
BIOCHEMISTRY			
GLUCOSE PP			
Plasma Glucose Post Prandial	94	mg/dL	<140 Normal 140 - 180 Impaired Tolerance >180 Diabetic

*** End Of Report ***

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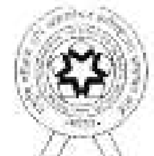

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Test Description	Observed Value	Unit	Reference Range

IMMUNOASSAY

TOTAL THYROID PROFILE

Test Description	Observed Value	Unit	Reference Range
Serum Total T3	1.38	ng/mL	0.970 – 1.69

[illegible]mary & Interpretation:
[illegible] (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, [illegible] 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 medicaments such as [illegible], 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.

Test Description	Observed Value	Unit	Reference Range
Serum Total T4	9.29	µg/dL	6.5 – 13.2

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.

Test Description	Observed Value	Unit	Reference Range
Serum TSH	**4.140**	mIU/L	0.4001 – 4.049

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.
[illegible] test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
[illegible] rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
[illegible]: 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

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Bar Code No	: 13120561	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range

BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type:Fluoride Plasma

Plasma Glucose Fasting	83	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 >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	30.00	mg/dl	17-43
Serum Creatinine	0.70	mg/dl	0.51-0.95
Serum Uric acid	4.00	mg/dl	2.6- 6.0

Interpretation:

Key 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.

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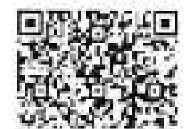

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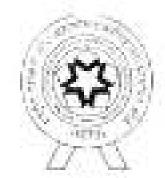

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Panel Name	: Ivy Mohali	Approved Date	: 02/Apr/2024 12:50PM
Bar Code No	: 13120561	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST WITH GGT			
Serum Bilirubin Total	0.40	mg/dL	0.3-1.2
Serum Bilirubin Direct	0.10	mg/dl	<0.3
Serum Bilirubin Indirect	0.30	mg/dl	0.1-1.0
Serum SGOT(AST)	20	U/L	<35
Serum SGPT(ALT)	25	U/L	<50
Serum AST/ALT Ratio	0.80		
Serum GGT	15	IU/L	5-32
Serum Alkaline Phosphatase	91	U/L	30-120
Serum Protein Total	6.8	gm/dl	6.40 - 8.20
Serum Albumin	4.2	g/dL	3.5-5.2
Serum Globulin	2.60	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio	1.62	%	1.0 - 1.8

Interpretation:
[illegible]r 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.

Test Description	Observed Value	Unit	Reference Range
LIPID PROFILE			
Serum Cholesterol	155	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides	118	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol	49	mg/dL	<40 Major risk factor for CHD

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M.D PATHOLOGY

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Test Description	Observed Value	Unit	Reference Range
			>60 Negative risk factor for CHD
Serum VLDL cholesterol	24	mg/dL	7-35
Serum LDL cholesterol	82	mg/dL	50-100
Serum Cholesterol/HDL Ratio	3.16		3-5
Serum LDL/HDL Ratio	1.68		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

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Panel Name	: Ivy Mohali	Approved Date	: 02/Apr/2024 10:34AM
Bar Code No	: 13120561	Referred Doctor	: Self

HAEMATOLOGY

ESR

Primary Sample Type:EDTA Blood

Test Description	Observed Value	Unit	Reference Range
ESR	9	mm/h	0-15
COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)			
Haemoglobin	13.1	g/dl	12.0 - 15.0
Hematocrit(PCV)	42.4	%	33-45
Red Blood Cell (RBC)	4.40	10^6 / µl	3.8-4.8
Mean Corp Volume (MCV)	97.0	fL	83-97
Mean Corp HB (MCH)	30.0	pg/mL	27-31
Mean Corp HB Conc (MCHC)	**30.9**	gm/dl	32-36
Red Cell Distribution Width -CV	12.8	%	11-15
Platelet Count	212	10^3/ul	150-450
Mean Platelet Volume (MPV)	**12.0**	fL	7.5-10.3
Total Leucocyte Count (TLC)	7.0	10^3 /µl	4.0 - 10.0
Differential Leucocyte Count (VCS/ Microscopy)			
Neutrophils	57	%	40-75
Lymphocytes	36	%	20-40
Monocytes	6	%	0-8
Eosinophils	1	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,990	µl	2000-7000
Absolute Lymphocyte Count	2,520	uL	1000-3000
Absolute Monocyte Count	420	uL	200-1000
Absolute Eosinophil Count	70	µl	20-500

The highlighted values should be correlated clinically

Dr. VARUN HATWAL
M.D. PATHOLOGY

IVY HOSPITAL
F-317, Industrial Area, Phase 8B, Mohali, Punjab
Ph: 9115110241, 9115115658
Email: lab@ivyhospital.com

NAME	: MRS. SHWETA GUPTA		
DOB/Gender	: 05-Jun-1989/F	Requisition Date	: 02/Apr/2024 08:58AM
UHID	: 432949	SampleCollDate	: 02/Apr/2024 08:58AM
Inv. No.	: 4179211	Sample Rec Date	: 02/Apr/2024 11:34AM
Panel Name	: Ivy Mohali	Approved Date	: 02/Apr/2024 12:33PM
Bar Code No	: 13120561	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range

HAEMATOLOGY

Glycosylated HB (HbA1c)

Test Description	Observed Value	Unit	Reference Range
Whole Blood HbA1c	5.3	%	Non diabetic:4.0-6.0 Target of therapy:<7.0 Change of therapy:>8.0
Estimated Average Glucose (eAG)	105	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

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NAME	: MRS. SHWETA GUPTA		
DOB/Gender	: 03-Jun-1985/F	Requisition Date	: 02/Apr/2024 08:58AM
UHID	: 432949	SampleCollDate	: 02/Apr/2024 08:58AM
Inv. No.	: 4179211	Sample Rec Date	: 02/Apr/2024 10:14AM
Panel Name	: Ivy Mohali	Approved Date	: 02/Apr/2024 10:29AM
Bar Code No	: 13120561	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
HAEMATOLOGY			
BLOOD GROUP RH TYPE			
ABO & RH Typing			
Forward Grouping			
Anti A	Negative		
Anti B	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 ***

Dr Shweta Kundu
M.D PATHOLOGY

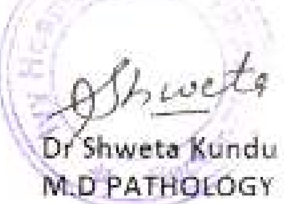
IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071
Ph: 9115115257, 9115115258, 9115115624
Email: lab@ivyhospital.com

NAME	: MRS. SHWETA GUPTA		
DOB/Gender	: 03-Jun-1989/F	Requisition Date	: 02/Apr/2024 08:58AM
UHID	: 432949	SampleCollDate	: 02/Apr/2024 10:45AM
Inv. No.	: 4179211	Sample Rec Date	: 02/Apr/2024 10:45AM
Panel Name	: Ivy Mohali	Approved Date	: 02/Apr/2024 12:54PM
Bar Code No	: 13120561	Referred Doctor	: Self

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	Clear		Clear
Chemical Examination (Reflectance Photometry)			
Urine pH	6.00		4.8-7.6
Urine Specific Gravity	1.030		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein (Protein Indication)	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		
Urine Nitrite	Absent		Absent
Microscopic Examination			
Urine Pus Cells	2-4		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	0-1	/hpf	0-5
Urine Casts	Absent	/lpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent

*** End Of Report ***



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

Patient Name	SHWETA GUPTA	Patient ID	432949
Gender/Age	Female / 35	Test Date :	02 Apr 2024

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	3.8	3.7-5.6 CM
Left Ventricular ES Dimension	2.9	2.2-4.0 CM
IVS (D)	0.9	0.6-1.2 CM
IVS (s)	1.3	0.7-2.6 CM
LVPW (D)	0.9	0.6-1.1 CM
LVPW (S)	1.4	0.8-1.0 CM
Aortic Root	3.2	2.0-3.7 CM
LA Diameter	3.8	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	56%	54-76%

Mitral Valve : Normal movements of all leaflet, No subvalvular pathology, No calcification, no prolapse.

Aortic Valve : Thin Trileaflet open completely with central closure

Tricuspid Valve : Thin, opening well with no prolapse

Pulmonary Valve : Thin, Pulmonary Artery not dilated

Pulse & CW Doppler : **Mitral valve:** **E= 79cm/s, A= 64cm/s, E>A,**

Aortic valve: Vmax = 113cm/s

Pulmonary valve: Vmax = 56cm/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

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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

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

NAME	SHETA GUPTA	SEX/AGE	F35Y
PATIENT ID	ID432949	Accession Number	XNO10293-OPD
REF CONSULTANT	Dr.	DATE	02/04/2024 09:22

X-RAY CHEST (PA VIEW)

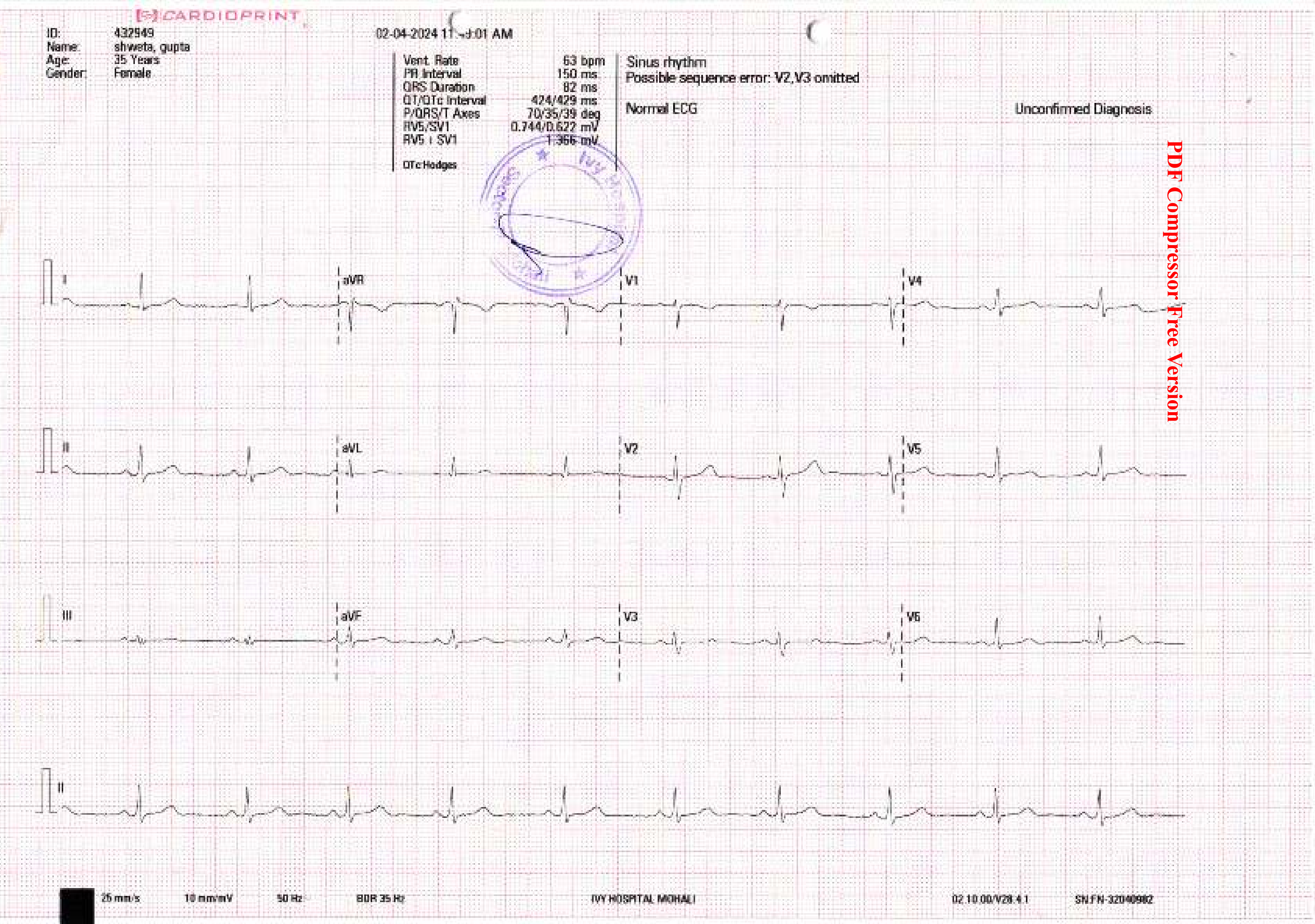
Bony structures and soft tissue appear normal.
Trachea is central.
Both lung fields appear clear.
Bilateral hilar regions appear normal.
Domes of diaphragm and costophrenic angles appear normal.
Cardiac shadow is within normal limit.

Please correlate clinically.

DR MEENU BHORIA
MBBS, DMRD, DNB, FVIR

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

(NOT FOR MEDICO-LEGAL PURPOSE)



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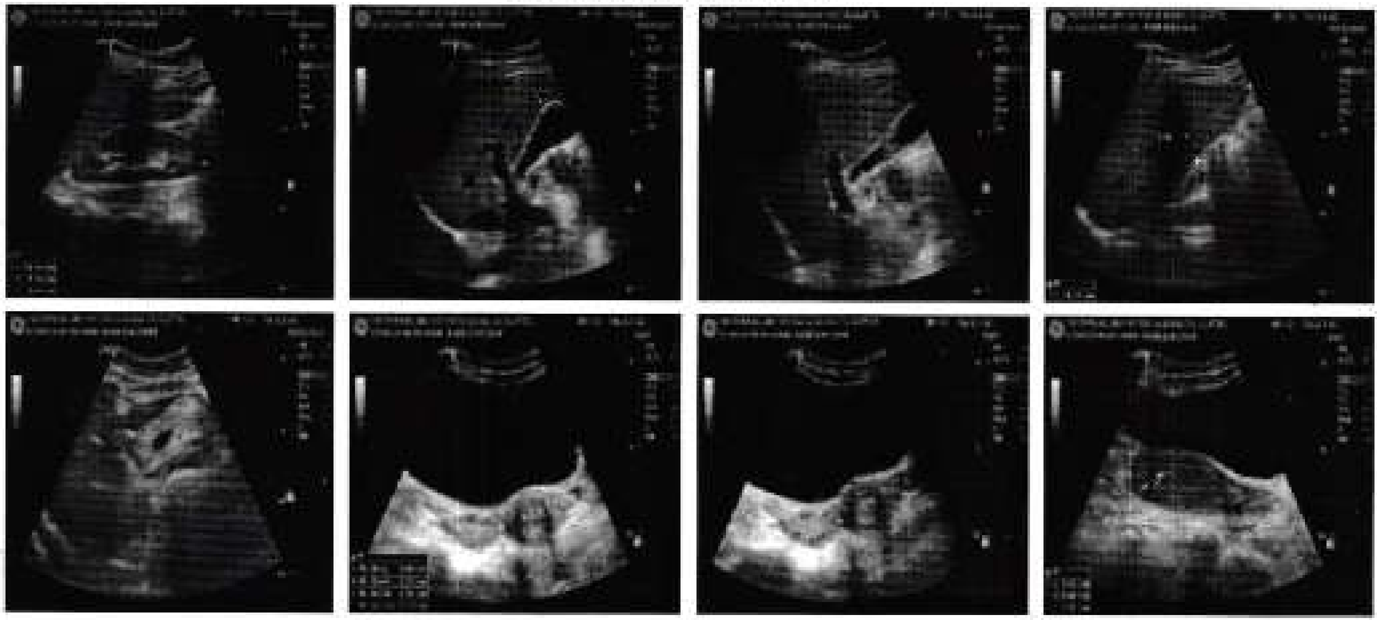
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

NAME	SHWETA GUPTA	SEX/AGE	F35Y
PATIENT ID	ID432949	Accession Number	
REF CONSULTANT	PACKAGE	DATE	02/04/2024 09:37

USG WHOLE ABDOMEN



LIVER: is normal in size (~14.7 cm), outline and echotexture. IHBR are not dilated. Portal vein is normal. Visualized CBD is not dilated.

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

SPLEEN: is normal in size (~9.8cm), 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 (~9.6cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~9.0 cm), 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 c/o calculus / mass seen.

UTERUS: is normal in size, outline and echotexture. ET is ~4.4 mm. No discrete focal lesion is seen.

OVARIES: **Right ovary is bulky (RO ~ 17cc) and shows multiple tiny follicles arranged peripherally with thick central stroma. No dominant follicle is seen.**

An anechoic cystic lesion measuring ~ 27 x 35 mm is seen in the left ovary. Multiple tiny follicles are seen in the remaining left ovary.

No free fluid is seen in peritoneal cavity.

OPINION:

Morphologically right polycystic ovary (Suggested hormonal assay correlation).

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Ivy Hospital

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Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

NAME	SHWETA GUPTA	SEX/AGE	F35Y
PATIENT ID	ID432949	Accession Number	
REF CONSULTANT	PACKAGE	DATE	02/04/2024 09:37

Left simple ovarian cyst.

Adv. Clinical correlation and follow up.

Dr. Mayukhi Upadhyay
DNB Resident

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)

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