

Subject: Fwd: Reminder your health checkup booking is tomorrow
From: Ram Parvesh choudhary <ramhelpline.2011@gmail.com>
Date: 08/02/2025, 9:41 am
To: mainreception@livasahospitals.com

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

From: Mediwheel <wellness@mediwheel.in>
Date: Fri, 7 Feb, 2025, 8:21 pm
Subject: Reminder your health checkup booking is tomorrow
To: <ramhelpline.2011@gmail.com>
Cc: <customercare@mediwheel.in>

Dear **Ram Parvesh**,

This is a gentle reminder that your health checkup is scheduled for tomorrow as per the below particular. Please visit the center as per the appointment.
Please follow the following instructions. Please call us at 011-41195959 if you face any issues.

Booking Date : 06/02/2025
Health Check up Name: Mediwheel Full Body Health Checkup Male Below 40
Name of Diagnostic/ Hospital : Ivy Hospital Mohali
Address of Diagnostic/ Hospital- : Sector - 71, Mohali
Appointment Date : 08/02/2025
Preferred Time : 09:00 AM - 09:30 AM

Thanks,
Mediwheel Team
Please Download Mediwheel App



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Bank of Baroda



નામ: **RAM PARVESH**
Name:

કર્મચારી કોડ નં **121459**
E. C. No.



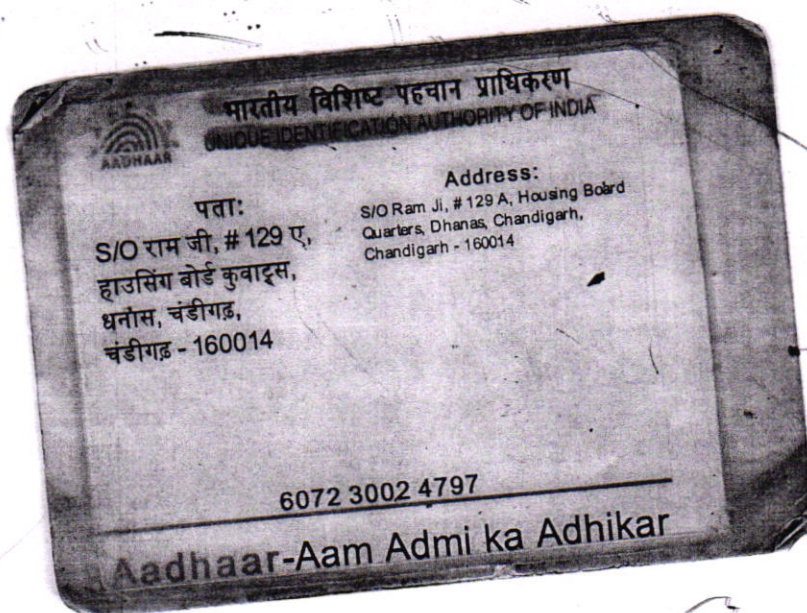
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Issuing Authority (SRO) (ADP) Chit Region

કર્મચારીની સહી
Signature of Member

Attachments:

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13:34

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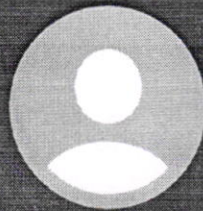


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~Ram Parvesh Choudhary

Not a contact • No common groups

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Add

Hi 13:32

Hello I am Ram Parvesh I don't wants any consulting from my package.

13:33

Thanks 13:33

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Sector 71, Mohali, Punjab, 160071

Ph: 01727170000, 9115115257

Email: pathreports@livasahospitals.in



MC-6172

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NAME : MR RAM PARVESH	Requisition Date : 08/Feb/2025 09:55AM
DOB/Gender : 15-Nov-1988/M	Sample Coll Date : 08/Feb/2025 11:04AM
UHID : 504125	Sample Rec. Date : 08/Feb/2025 11:04AM
Inv. No. : 4934274	Approved Date : 08/Feb/2025 12:15PM
Panel Name : Livasa Mohali	Referred Doctor : Self
Bar Code No : 13395623	

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 (CLIA/Vitros 5600)	1.30	ng/mL	0.970 - 1.69
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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 (CLIA/Vitros 5600)	7.20	µg/dL	5.52 - 12.97
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Summary & Interpretation:

The hormone 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 (CLIA/Vitros 5600- TSH 3rd generation)	4.800	mIU/L	0.4001 - 4.049
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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



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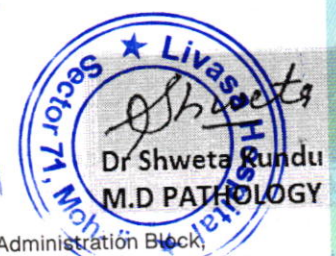
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Phone: 91-172-7170000, Fax: 91-172-2274900

CIN No.: U85110PB2005PTCO27898
GSTIN: 03AABC14594F1ZQ

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BIOCHEMISTRY

RFT (RENAL FUNCTION TESTS)

Serum Urea (VITROS 5600 /Colorimetric - Urease, UV)	18.00	mg/dl	19.26-42.8
Serum Creatinine (VITROS 5600 /Two-point rate - Enzymatic)	0.50	mg/dL	0.66--1.25mg/dl
Serum Uric acid (VITROS 5600 /Colorimetric - Uricase)	4.90	mg/dL	3.5--8.5 mg/dl

Interpretation:

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



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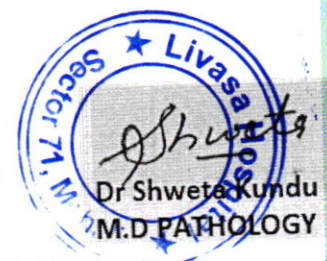
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Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST WITH GGT			
Serum Bilirubin Total (VITROS 5600 /Colorimetric - Diphylline, Diazonium salt)	0.80	mg/dL	0.2-1.3 mg/dl
Bilirubin(Unconjugated) (VITROS 5600 / Colorimetric - Direct measure)	0.40	mg/dL	Adult 0.0 - 1.1 Neonate 0.6 - 10.5
Bilirubin(Conjugated) (VITROS 5600 / Colorimetric - Spectrophotometric)	0.01	mg/dL	Adult 0.0 - 0.3 Neonate 0.0 - 0.6
Serum SGOT(AST) (VITROS 5600 /UV with P5P)	39	U/L	Male 17-59U/L
Serum SGPT(ALT) (VITROS 5600 /Multi-point rate - UV with P5P)	85	U/L	<50
Serum AST/ALT Ratio (Calculated)	0.46		
Serum GGT (VITROS 5600 /Multi-point rate - G-glutamyl-p-nitroanilide)	111	U/L	15 - 73
Serum Alkaline Phosphatase (VITROS 5600 /Multi-point rate - PMPP, AMP Buffer (37°C))	123	U/L	38-126U/L
Serum Protein Total (VITROS 5600 /Colorimetric - Biuret, no serum blank, end point)	7.5	g/dl	6.3-8.2g/dl
Serum Albumin (VITROS 5600 /Colorimetric - Bromocresol Green)	4.9	g/dl	3.5-5.0g/dl
Serum Globulin (Calculated)	2.60	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	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 (VITROS 5600 /Colorimetric - Cholesterol oxidase, esterase, peroxidase)	202	mg/dL	Desirable <200mg/dl Boredline High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides (VITROS 5600 /Colorimetric - Enzymatic, end point)	354	mg/dL	Normal < 150mg/dl Boredline High 150-199mg/dl High 200-499mg/dl Very High ≥500 mg/dl
Serum HDL Cholesterol (VITROS 5600 /Colorimetric - Direct measure, PTA/MgCl2)	26	mg/dL	Low to Average <40 mg/dl High ≥ 60.0mg/dl



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Dr Shweta Kundu
M.D PATHOLOGY

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Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13395623		

Test Description	Observed Value	Unit	Reference Range
Serum VLDL cholesterol (Calculated)	71	mg/dL	7-35
Serum LDL cholesterol (Calculated)	105	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	7.77		3-5
Serum LDL-HDL Ratio (Calculated)	4.05		1.5 - 3.5

Interpretation:

As per ATP 111 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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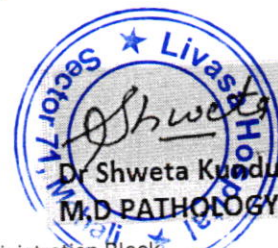
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CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	35.00	mL	
Urine Colour	Yellow		Light Yellow
Urine Appearance	Clear		Clear

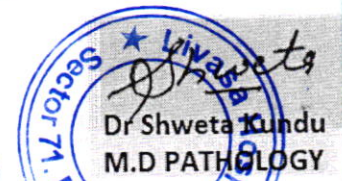
Chemical Examination (Reflectance Photometry)

Urine pH	6.00		4.8-7.6
Urine Specific Gravity	1.020		1.010-1.030
Urine Glucose	Negative		Negative
Urine Protein	Negative		Negative
(Protein Ionization)			
Urine Ketones	Negative		Negative
Urine Bilirubin	Negative		Negative
Urine for Urobilinogen	Normal		Normal
Urine Nitrite	Negative		Negative

Microscopic Examination

Urine Pus Cells	2-3		Negative
Urine RBC	Absent	/hpf	Negative
Urine Epithelial Cells	Absent	/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

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NAME	: MR RAM PARVESH	Requisition Date	: 08/Feb/2025 09:55AM
DOB/Gender	: 15-Nov-1988/M	SampleCollDate	: 08/Feb/2025 09:56AM
UHID	: 504125	Sample Rec.Date	: 08/Feb/2025 09:56AM
Inv. No.	: 4934274	Approved Date	: 08/Feb/2025 11:11AM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13395623		

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c	10.7
Estimated Average Glucose (eAG)	260

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

BLOOD GROUP RH TYPE

ABO & RH Typing

Forward Grouping

Anti A	NEGATIVE
Anti B	POSITIVE
Anti D	POSITIVE
Final Blood Group	B 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: Sapna Thappa 41280



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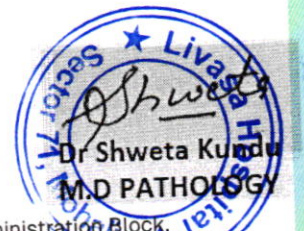
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HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR (Automated ESR analyser)	9	mm/h	0-10
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COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin (Noncyanmethaemoglobin)	16.2	g/dl	13.0 - 17.0
Hematocrit(PCV) (Calculated)	50.1	%	36-48
Red Blood Cell (RBC) (Impedence/DC Detection)	5.60	$10^6 / \mu\text{l}$	4.5-5.5
Mean Corp Volume (MCV) (Impedence/DC Detection)	90.1	fL	83-97
Mean Corp HB (MCH) (Calculated)	29.1	pg/mL	27-31
Mean Corp HB Conc (MCHC) (Calculated)	32.3	gm/dl	32-36
Red Cell Distribution Width -CV (Calculated)	13.5	%	11-15
Platelet Count (Impedence/DC Detection/Microscopy)	194	$10^3 / \mu\text{l}$	150-450
Mean Platelet Volume (MPV) (Impedence/DC Detection)	13.7	fL	7.5-10.3
Total Leucocyte Count (TLC) (Impedence/DC Detection)	8.4	$10^3 / \mu\text{l}$	4.0 - 10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	60	%	40-75
Lymphocytes	26	%	20-40
Monocytes	7	%	0-8
Eosinophils	7	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	5,040	μl	2000-7000
Absolute Lymphocyte Count	2,184	μL	1000-3000
Absolute Monocyte Count	588	μL	200-1000
Absolute Eosinophil Count	588	μl	20-500

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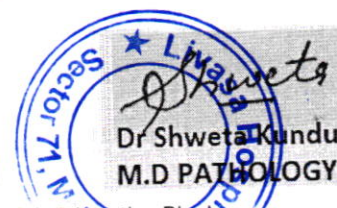
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*** End Of Report ***

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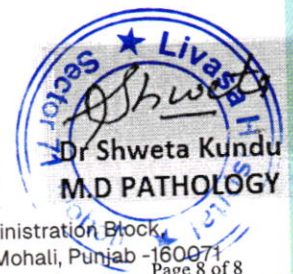
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CIN No.: U85110PB2005PTC027898
GSTIN: 03AABCI4594F1ZQ



Patient Name RAM PARVESH
Gender/Age Male / 37

Patient ID 504125
Test Date : 08 Feb 2025

CARDIOLOGY DIVISION
ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	3.8	3.7-5.6 CM
Left Ventricular ES Dimension	1.9	2.2-4.0 CM
IVS (D)	1.0	0.6-1.2 CM
IVS (s)	1.6	0.7-2.6 CM
LVPW (D)	1.0	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	3.3	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	65%	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= 77cm/s, A= 73cm/s, E>A

Aortic valve: Vmax = 123cm/s

Pulmonary valve: Vmax = 109cm/s

Chamber Size -

LV - Normal/ Enlarged LA - Normal / Enlarged

RV - Normal/ Enlarged RA - Normal/ Enlarged

RWMA - Nil

Others : Intact IAS, IVS

No LA, LV Clot seen

No vegetation or intracardiac mass present

No Pericardial effusion present

(NOT FOR MEDICO-LEGAL PURPOSE)

Livasa Hospital, Mohali
(A Unit of Ivy Health and Life Sciences Private Limited)

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

For any service queries or appointments
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Livasa, Sector-71, Mohali, Punjab -160071

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

CIN No.: U85110PB2005PTC027898
GSTIN: 03AABCI4594F1ZQ



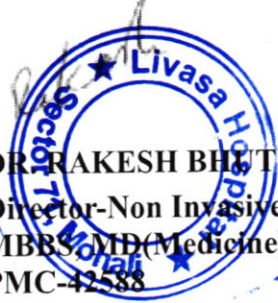
Remarks -

FINAL IMPRESSION -

No RWMA of LV

Normal LV systolic function (LVEF~65%)

DR. RAKESH BHATTUNGRU
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MBBS, MD (Medicine), DM (Cardiology)
PMC-42588



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MR. RAM PARVESH
SONIJS
36y/M

Interpretation:

normal ECG

< P
< I
< QRS

-90

aUL

O I

aUR

III

+90

aUF

Measurement Results:

QRS : 96 ms

QT/QTcB : 346 / 432 ms

PR : 122 ms

P : 94 ms

RR/PP : 642 / 645 ms

P/QRS/T : 75 / 45 / 50 degrees

QTd/QTcBD : 60 / 75 ms

Sokolow : NK

NK : 13

Unconfirmed report.

