

067dK/Bw==

X-Google-Smtp-Source: AGHT+IHso3gNUipXWbc37jtIZ/

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00721157ae682-6fbcc3d813dmr21424107b3.9.1740200608928; Fri, 21 Feb 2025 21:03:28
-0800 (PST)

MIME-Version: 1.0

References: <a02c4c25f0b0869b320f895d6f6aa104@mediwheel.in>

In-Reply-To: <a02c4c25f0b0869b320f895d6f6aa104@mediwheel.in>

X-Gm-Features: AWEUYZm3OAqzStEl-nLgZgr-yR16JJVT0Re9GGYiWRldj-CL1k0iD1OMxzS1iM

Message-ID: <CAPZ0rQ_ybjcHn7JTp4k=YUB8GKPr-26+Kdmpk4JqFkaE7rVvUw@mail.gmail.com>

Content-Type: multipart/alternative; boundary="000000000000221faa062eb4075a"

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

From: **Mediwheel** <wellness@mediwheel.in>

Date: Mon, 17 Feb 2025, 6:25 pm

Subject: Health Check up Booking Confirmed Request(22E53008), Package Code-, Beneficiary
Code-279754

To: <balkharoud21@gmail.com>

Cc: <customercare@mediwheel.in>

Dear Baljinder Singh,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Health Checkup Male Below 40

**Name of Diagnostic/
Hospital** : Ivy Hospital

**Address of Diagnostic/
Hospital-** : Sector - 71, Mohali, Mohali, PUNJAB - 160071

City : Mohali

State : PUNJAB

Pincode : 160071

Appointment Date : 22-02-2025

Confirmation Status : Booking Confirmed

Preferred Time : 09:00 AM - 09:30 AM

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. SINGH BALJINDER	31 year	Male

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,

Mediwheel Team

Please Download Mediwheel App

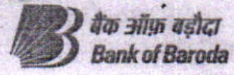


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@ 2025 - 26, Arcofemi Healthcare Pvt Limited.(Mediwheel)

Subject: Fwd: Health Check up Booking Confirmed Request(22E53008), Package Code-, Beneficiary Code-279754
From: Baljinder Singh Kharoud <balkharoud21@gmail.com>
Date: 22-02-2025, 10:33
To: mainreception@ivyhospital.com
X-Mozilla-Status: 0001
X-Mozilla-Status2: 00000000
Return-Path: <balkharoud21@gmail.com>
Delivered-To: mainreception@livasahospitals.com
Received: from mail.livasahospitals.com (mail.livasahospitals.com [127.0.0.1]) by mail.livasahospitals.com (Postfix) with ESMTP id 4Z0FJS26sRz3x5I for <mainreception@livasahospitals.com>; Sat, 22 Feb 2025 05:03:36 +0000 (UTC)
X-Virus-Scanned: Debian amavisd-new at mail.livasahospitals.com
Authentication-Results: mail.livasahospitals.com (amavisd-new); dkim=pass (2048-bit key) header.d=gmail.com
Received: from mail.livasahospitals.com ([127.0.0.1]) by mail.livasahospitals.com (mail.livasahospitals.com [127.0.0.1]) (amavisd-new, port 10024) with ESMTP id YWW2xun10mGp for <mainreception@livasahospitals.com>; Sat, 22 Feb 2025 05:03:32 +0000 (UTC)
Received: from mail-yw1-f180.google.com (_gateway [192.168.4.1]) by mail.livasahospitals.com (Postfix) with ESMTPS id 4Z0FJN3Jwkz3x5Z for <mainreception@ivyhospital.com>; Sat, 22 Feb 2025 05:03:31 +0000 (UTC)
Received: by mail-yw1-f180.google.com with SMTP id 00721157ae682-6f4a9164e67so2923537b3.1 for <mainreception@ivyhospital.com>; Fri, 21 Feb 2025 21:03:31 -0800 (PST)
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नाम: **BALJINDER SINGH**
Name:

कर्मचारी कूट क्र. **121163**
E. C. No.



Baljinder Singh

जारीकर्ता प्राधिकारी च.सं.व. (च.प.व.) बी.क. पश्चीम
Issuing Authority DRM (AGM) Chd Region

धारक के हस्ताक्षर
Signature of Holder

 **ਭਾਰਤ ਸਰਕਾਰ**
Government of India
ਬਲਜਿੰਦਰ ਸਿੰਘ
Balljinder Singh




ਜਨਮ ਮਿਤੀ / DOB: 01/03/1993
ਪੁਰਸ਼ / Male

2823 0219 9856




ਮੇਰਾ ਆਧਾਰ, ਮੇਰੀ ਪਛਾਣ


 **ਭਾਰਤੀ ਵਿਲੱਖਣ ਪਛਾਣ ਅਥਾਰਟੀ**
Unique Identification Authority of India


ਪਤਾ: S/O ਅਮਰਜੀਤ ਸਿੰਘ, ਰੁੜਕੀ,
ਰੁੜਕੀ, ਫਤਿਹਗੜ੍ਹ ਸਾਹਿਬ, ਪੰਜਾਬ,
147104

Address: S/O Amarjit Singh,
Rurki, Roorki, Fatehgarh Sahib,
Punjab, 147104

2823 0219 9856

 1947

 help@uidai.gov.in

 www.uidai.gov.in

Name : MR. BALJINDER SINGH (31y, Male)
Phone : 8872498321
ID : 227098
Doctor : Dr. G Ranjeeth Kumar

Date & Time : 22-Feb-2025 04:15 PM

BP 108/62 mmHg | Pulse 84 bpm | SPO2 97% /

Complaints: REGULAR HEALTH CHECKUP , NO PRIOR COMORBIDITIES , GASTRITIS

Diagnosis:

· GASTRITIS

IX

Medicine	Dosage	Timing - Freq. - Duration
1) CAP. SOMPRAZ L * Composition : Esomeprazole 40 MG + Levosulpiride 75 MG Timing : 1 (cap) - 30 mins Before breakfast Administration : Oral-To be swallowed	1 - 0 - 0 (cap)	30 mins - Before Food - Daily - 1 Month
2) SYP. RACIACT * Composition : SODIUM ALGINATE Timing : 1 - 10 mins After breakfast, 1 - 10 mins After dinner Administration : Oral-To be swallowed Other Details : 10 ML	1 - 0 - 1	10 mins - After Food - Daily - 1 Month
3) CAP. MET Q CAL * Composition : Calcium Timing : 1 (cap) - 1 hr After lunch Administration : Oral-To be swallowed	0 - 1 - 0 (cap)	1 hr - After Food - Daily - 2 Months
4) TAB. TRYPTOMER 10 MG 10'S * Composition : Amitriptyline 10 MG Timing : 1 (tab) Night Bed Time Administration : Oral-To be swallowed	0 - 0 - 1 (tab)	Bed Time - Daily - 20 Days
5) TAB. SPORLAC - DS * Composition : Lactobacillus 120 Spores Timing : 1 (tab) - Morning, 1 (tab) - Night	1 - 0 - 1 (tab)	Sos

Next Visit :2 months

Admission Advice: NO

Livasa

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Dr. G. Rameeth Kumar
MBBS, MD Internal Medicine (PGIMER)
Regn.No. 88598

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2 / 2

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

Call: +91 8078880788, 6239502002

E-mail: cs@livasahospitals.in | Website: www.livasahospitals.com

Disclaimer - This is a computer generated e-prescription, No Signature is required.

Registered Address: Administration Block,
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Corporate Office: 3rd Floor, C-133, Industrial Area,
Phase 8, SAS Nagar, Mohali, Punjab-160071
Phone: 91-172-7170000, Fax: 91-172-2274900

CIN No.: U85110PB2005PTC027898

GSTIN: 03AABCI4594F1ZQ



NAME	BALJINDER SINGH	SEX/AGE	M32Y
PATIENT ID	ID227098	Accession Number	XNO.3468 OPD
REF CONSULTANT	Dr.	DATE	22/02/2025 12:11

X-RAY CHEST (PA VIEW)

Rotation is present.


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. COL. HARPREET SINGH
MBBS, MD DNB

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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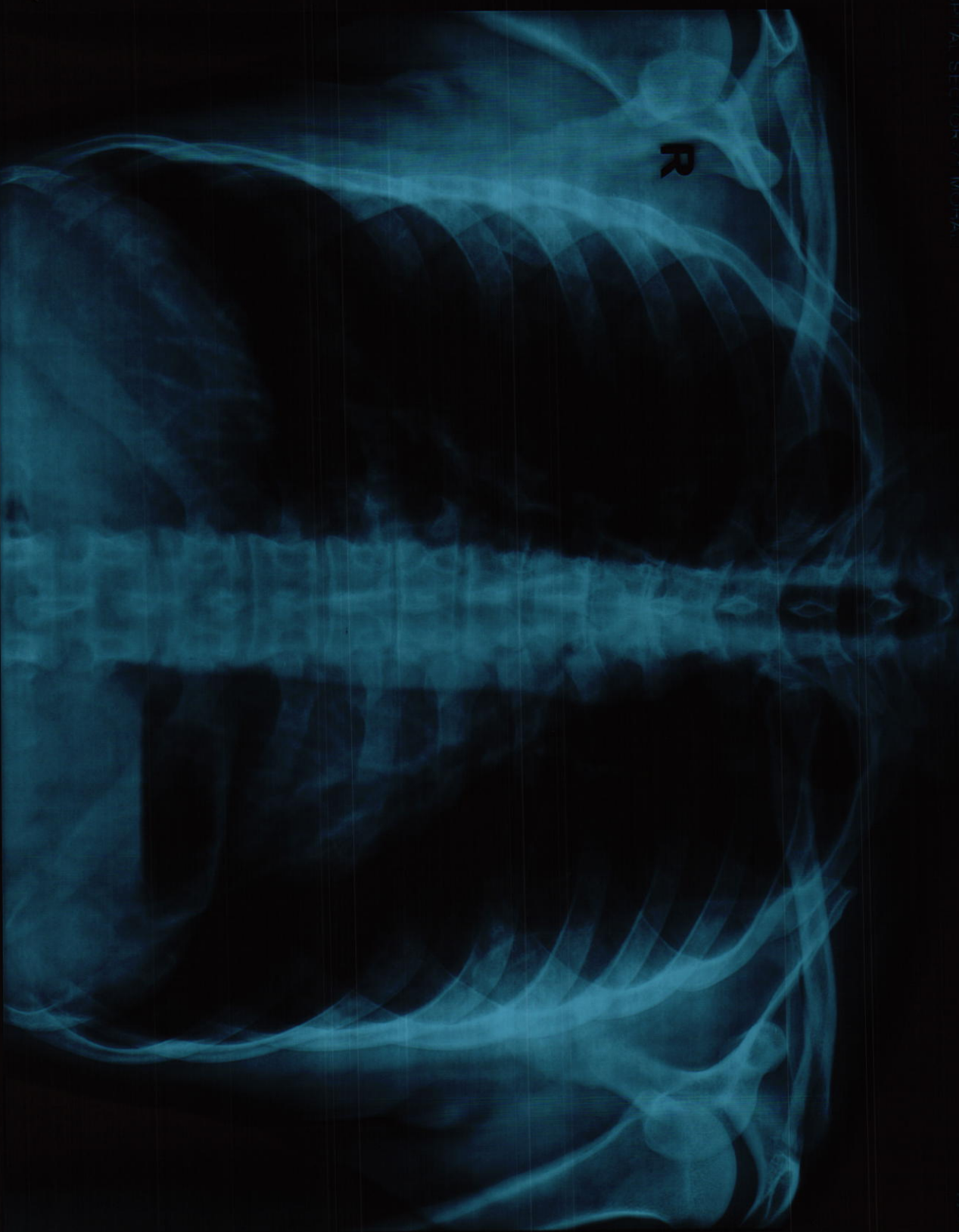
E-mail: cs@livasahospitals.com | Website: www.livasahospitals.com

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

CIN No.: U85110PB2005PTC027898

GSTIN: 03AABCI4594F1ZQ



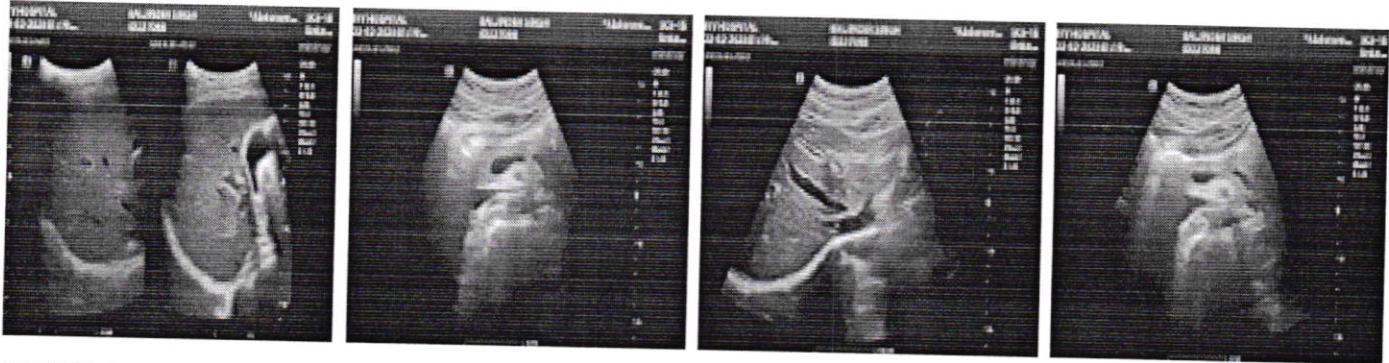
ID227098 BALJINDER SINGH M 32 years XNO 3468 OPD

WV HOSPITAL SECTOR-71 MOHALI



NAME	., BALJINDER SINGH	SEX/AGE	M32Y
PATIENT ID	ID227098	Accession Number	
REF CONSULTANT	PACKAGE	DATE	22/02/2025 01:18

USG WHOLE ABDOMEN



LIVER: is normal in size (~ 13.6cm), outline and echotexture. IHBR are not dilated. Portal vein is normal. CBD is not dilated.

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

SPLEEN: is normal in size (~ 7.8cm), 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 (~ 11.4cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~ 11.1cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

U-BLADDER: is normally distended at the time of examination with normal wall thickness.

PROSTATE: is normal in size.

No free fluid is seen in peritoneal cavity.

IMPRESSION: No significant USG detectable abnormality seen.



Dr Arushi Yadav
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)

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CIN No.: U85110PB2005PTC027898
GSTIN: 03AABCI4594F1ZQ

LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 01727170000, 9115115257

Email: pathreports@livasahospitals.in



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NAME	: MR BALJINDER SINGH	Requisition Date	: 22/Feb/2025 11:01AM
DOB/Gender	: 01-Mar-1993/M	Sample CollDate	: 22/Feb/2025 11:17AM
UHID	: 227098	Sample Rec.Date	: 22/Feb/2025 11:17AM
Inv. No.	: 4972045	Approved Date	: 22/Feb/2025 12:31PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409407		

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 (CLIA Vitros 5600)	1.20	ng/mL	0.970 - 1.69
--------------------------------------	------	-------	--------------

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)	9.40	µg/dL	5.52 - 12.97
--------------------------------------	------	-------	--------------

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 (CLIA Vitros 5600 - TSH 3rd generation)	2.100	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.
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: Geetika 40845

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DR BHUMIKA BISHT

M. D. PATHOLOGY

Registered Address: Administration Block,
Livasa Hospital, Sector-71, Mohali, Punjab -160071

Corporate Office: 3rd Floor, C-133, Industrial Area,
Phase 8, SAS Nagar, Mohali, Punjab-160071
Phone: 91-172-7170000, Fax: 91-172-2274900

CIN No.: U85110PB2005PTC027898

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LIVASA HOSPITAL

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Email: pathreports@livasahospitals.in



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NAME	: MR BALJINDER SINGH	Requisition Date	: 22/Feb/2025 11:01AM
DOB/Gender	: 01-Mar-1993/M	SampleCollDate	: 22/Feb/2025 11:17AM
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Inv. No.	: 4972045	Approved Date	: 22/Feb/2025 12:31PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409407		

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

BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting <small>(VITROS 5600 Colorimetric - Glucose oxidase, hydrogen peroxide)</small>	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.

RFT (RENAL FUNCTION TESTS)

Serum Urea <small>(VITROS 5600 Colorimetric - Urease, UV)</small>	15.00	mg/dl	19.26-42.8
Serum Creatinine <small>(VITROS 5600 Two-point rate - Enzymatic)</small>	0.80	mg/dL	0.66--1.25mg/dl
Serum Uric acid <small>(VITROS 5600 Colorimetric - Uricase)</small>	5.20	mg/dL	3.5--8.5 mg/dl

Interpretation:

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

The highlighted values should be correlated clinically

Result Entered By: Greetika 40845

Livasa Hospital, Mohali

(A Unit of Ivy Health and Life Sciences Private Limited)

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

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DR BHUMIKA BISHT

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CIN No.: U85110PB2005PTCO27898

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NAME	: MR BALJINDER SINGH	Requisition Date	: 22/Feb/2025 11:01AM
DOB/Gender	: 01-Mar-1993/M	Sample CollDate	: 22/Feb/2025 11:17AM
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Inv. No.	: 4972045	Approved Date	: 22/Feb/2025 12:31PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409407		

Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST WITH GGT			
Serum Bilirubin Total (VITROS 5600 - Colorimetric - Diphylline, Diazonium salt)	0.70	mg/dL	0.2-1.3 mg/dl
Bilirubin(Unconjugated) (VITROS 5600 - Colorimetric - Direct measure)	0.60	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 - I/V with PSP)	25	U/L	Male 17-59U/L
Serum SGPT(ALT) (VITROS 5600 - Multi-point rate - UV with PSP)	31	U/L	<50
Serum AST/ALT Ratio (Calculated)	0.81		
Serum GGT (VITROS 5600 - Multi-point rate - G-glutamyl-p-nitroanilide)	21	U/L	15 - 73
Serum Alkaline Phosphatase (VITROS 5600 - Multi-point rate - PMPP, AMP Buffer (37°C))	68	U/L	38--126U/L
Serum Protein Total (VITROS 5600 - Colorimetric - Biuret, no serum blank, end point)	8.0	g/dl	6.3--8.2g/dl
Serum Albumin (VITROS 5600 - Colorimetric - Bromocresol Green)	5.1	g/dl	3.5--5.0g/dl
Serum Globulin (Calculated)	2.90	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.76	%	1.0 - 1.8

Interpretation:

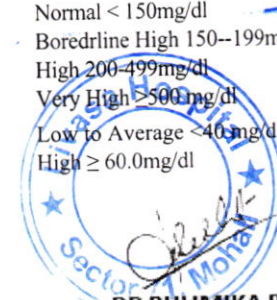
Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis 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)	214	mg/dL	Desirable <200mg/dl Boredrline High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides (VITROS 5600 - Colorimetric - Enzymatic, end point)	122	mg/dL	Normal < 150mg/dl Boredrline High 150--199mg/dl High 200-499mg/dl Very High >500mg/dl
Serum HDL Cholesterol (VITROS 5600 - Colorimetric - Direct measure, PTA/MgCl2)	65	mg/dL	Low to Average <40mg/dl High ≥ 60.0mg/dl

The highlighted values should be correlated clinically

Result Entered By:Geetika 40845



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M. D. PATHOLOGY

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CIN No.: U85110PB2005PTC027898

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NAME	: MR BALJINDER SINGH	Requisition Date	: 22/Feb/2025 11:01AM
DOB/Gender	: 01-Mar-1993/M	Sample CollDate	: 22/Feb/2025 11:17AM
UHID	: 227098	Sample Rec.Date	: 22/Feb/2025 11:17AM
Inv. No.	: 4972045	Approved Date	: 22/Feb/2025 12:31PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409407		

Test Description	Observed Value	Unit	Reference Range
Serum VLDL cholesterol (Calculated)	24	mg/dL	7-35
Serum LDL cholesterol (Calculated)	125	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	3.29		3-5
Serum LDL-HDL Ratio (Calculated)	1.92		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

The highlighted values should be correlated clinically

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NAME	: MR BALJINDER SINGH	Requisition Date	: 22/Feb/2025 11:01AM
DOB/Gender	: 01-Mar-1993/M	Sample Coll Date	: 22/Feb/2025 11:22AM
UHID	: 227098	Sample Rec. Date	: 22/Feb/2025 11:22AM
Inv. No.	: 4972045	Approved Date	: 22/Feb/2025 11:52AM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409407		

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	Yellow		Light Yellow
Urine Appearance	Clear		Clear

Chemical Examination (Reflectance Photometry)

Urine pH (Double Indicator)	7.00		4.8-7.6
Urine Specific Gravity (Ion Exchange)	1.010		1.010-1.030
Urine Glucose (Oxidase/Peroxidase Reaction)	Negative		Negative
Urine Protein (Acid Base Indicator)	Negative		Negative
Urine Ketones (Legal's Test)	Negative		Negative
Urine Bilirubin (Coupling)	Negative		Negative
Urine for Urobilinogen (Coupling)	Normal		Normal
Urine Nitrite (Griess Test)	Negative		Negative
Urine Blood (Peroxidase Activity)	Negative		Negative

Microscopic Examination

Urine Pus Cells	4-5		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



Result Entered By: Geetika 40845

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UHID	: 227098	Sample Rec.Date	: 22/Feb/2025 11:17AM
Inv. No.	: 4972045	Approved Date	: 22/Feb/2025 12:54PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409407		

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	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:Geetika 40845



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Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR (Automated ESR analyser)	6	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)	48.6	%	36-48
Red Blood Cell (RBC) (Impedance DC Detection)	6.20	$10^6 / \mu\text{l}$	4.5-5.5
Mean Corp Volume (MCV) (Impedance DC Detection)	78.5	fL	83-97
Mean Corp HB (MCH) (Calculated)	26.2	pg/mL	27-31
Mean Corp HB Conc (MCHC) (Calculated)	33.3	gm/dl	32-36
Red Cell Distribution Width -CV (Calculated)	13.2	%	11-15
Platelet Count (Impedance DC Detection/Microscopy)	241	$10^3 / \text{ul}$	150-450
Mean Platelet Volume (MPV) (Impedance DC Detection)	10.8	fL	7.5-10.3
Total Leucocyte Count (TLC) (Impedance DC Detection)	4.6	$10^3 / \mu\text{l}$	4.0 - 10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	49	%	40-75
Lymphocytes	40	%	20-40
Monocytes	7	%	0-8
Eosinophils	4	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	2,254	μl	2000-7000
Absolute Lymphocyte Count	1,840	uL	1000-3000
Absolute Monocyte Count	322	uL	200-1000
Absolute Eosinophil Count	184	μl	20-500

The highlighted values should be correlated clinically

Result Entered By: Gheetika 40845

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MC-6172

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Bar Code No	: 13409407		

Test Description	Observed Value	Unit	Reference Range
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*** End Of Report ***

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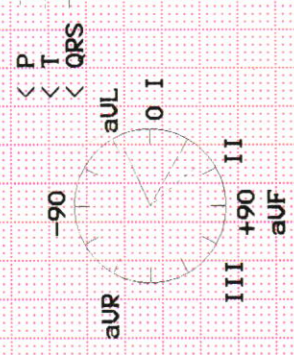
Mr. Baljinder Singh
UHID - 227098
Age - 31

Measurement Results:

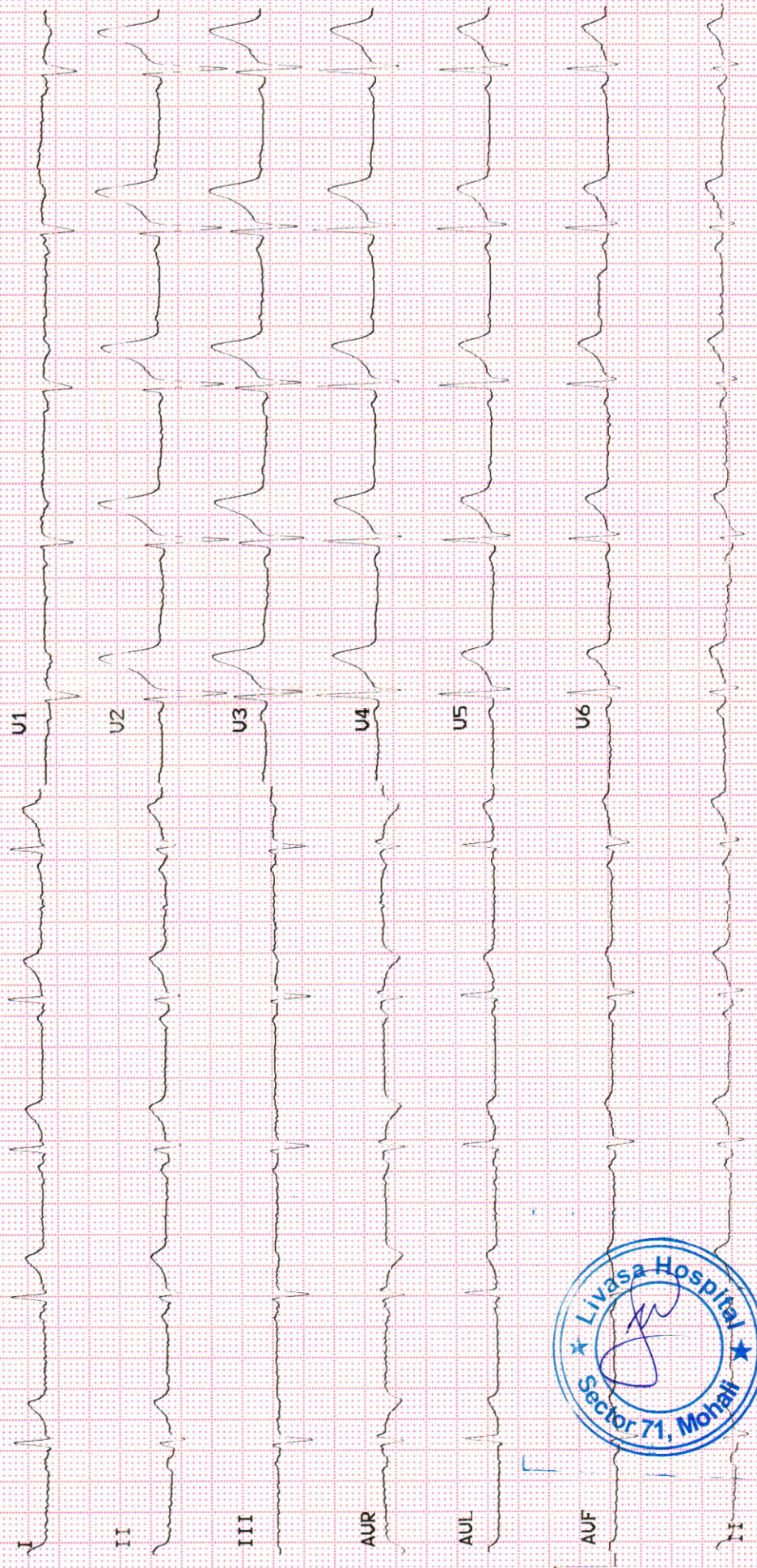
QRS : 104 ms
QT/QTcB : 392 / 142 ms
PR : 112 ms
P : 974 / 970 ms
RR/PP : 50 / -25 / 30 degrees
P/QRS/T : 46 / 47 ms
QTd/QTcBD : 1.3 mV
Sokolow : 8
NK :

Interpretation:

minor left axis deviation
borderline ECG



Unconfirmed report.



Patient Name **BALJINDER SINGH** Patient ID **227098**
Gender/Age **Male / 32** Test Date : **22 Feb 2025**

CARDIOLOGY DIVISION
ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.0	3.7-5.6 CM
Left Ventricular ES Dimension	2.5	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)	1.5	0.8-1.0 CM
Aortic Root	2.8	2.0-3.7 CM
LA Diameter	3.1	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	62%	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=62 cm/s, A=51 cm/s, E>A**

Aortic valve: Vmax =135 cm/s

Pulmonary valve: Vmax =113 cm/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)

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Remarks -

FINAL IMPRESSION -

No RWMA of LV

Normal LV systolic function (LVEF~62%)


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

(NOT FOR MEDICO-LEGAL PURPOSE)

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