

**Subject:** Fwd: Health Check up Booking Confirmed Request(22E54075), Package Code-, Beneficiary Code-292682

**From:** sk bhagal <skbhagal@gmail.com>

**Date:** 26/02/2025, 10:23 am

**To:** mainreception@livasahospitals.com

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

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

**Date:** Tue, 25 Feb, 2025, 5:04 pm

**Subject:** Health Check up Booking Confirmed Request(22E54075), Package Code-, Beneficiary Code-292682

**To:** <skbhagal@gmail.com>

**Cc:** <customercare@mediwheel.in>

Dear **MR. KUMAR SANDEEP**,

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

**Hospital Package Name :** Mediwheel Full Body Health Checkup Male Above 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 :** 26-02-2025

**Confirmation Status :** Booking Confirmed

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

**Booking Status :** Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. KUMAR SANDEEP	48 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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बैंक ऑफ बड़ौदा  
Bank of Baroda  
भारत का अंतर्राज्यीय बैंक



नाम : SANDEEP KUMAR  
Name

कर्मचारी कूट.क्र. : 158308  
E. C. No.

जारीकर्ता प्राधिकारी, उ.के.प्र., के.का., करनाल  
Issuing Authority DRM, RO, Karnal



धारक के हस्ताक्षर  
Signature of Holder



भारत सरकार  
Government of India

सदीप कुमार  
Sandeep Kumar  
जन्म तिथि / DOB : 13/11/1976  
पुरुष / Male



5451 6414 9551

आधार - आम आदमी का अधिकार

आधार  
आधार

आरक्षण विशेष पहचान प्राधिकरण  
Unique Identification Authority of India

पता: S/O: लखमन दास, # 2860, सीएचबी फ्लैट्स, सेक्टर 49-डी, चंडीगढ़, सेक्टर ४७, चंडीगढ़, चंडीगढ़, 160047  
Address: S/O: Lachman Dass, # 2860, CHB Flats, Sector 49-D, Chandigarh, Sector 47, Chandigarh, 160047

5451 6414 9551

1947  
1800 300 1947

help@uidai.gov.in

www  
www.uidai.gov.in



Name : MR. SANDEEP KUMAR (48y, Male)  
 Phone : 9915877066  
 ID : 373470  
 Doctor : Dr. G Ranjeeth Kumar

Date & Time : 26-Feb-2025 03:37 PM

Family History: CAD

BP 120/76 mmHg | Pulse 105 bpm | Height 173 cm | Weight 103 kg | BMI 34.41 Kg/m2

[26-Feb-2025] 11 :174 , 12 :205 , 279 :257 , 10 :42 , 4 :9.1

Complaints: REGULAR HEALTH CHECKUP , H/S/O OSA

Lab Tests and Imaging: USG ABD - Grade II fatty liver

**Diagnosis:**

- **DIABETES MELLITUS TYPE 2**
- **HYPERTENSION**
- **DYSLIPIDEMIA**

Rx

Medicine	Dosage	Timing - Freq. - Duration
1) <b>TAB. GLYCOMET GP 2MG *</b> Composition : Glimpiride 2 MG + Metformin 500 MG Timing : 1 (tab) Before breakfast, 1 (tab) Before dinner Administration : Oral-To be swallowed	1 - 0 - 1 (tab)	Before Food - Daily
2) <b>TAB. REBYLYSUS 3 MG *</b> Composition : semaglutide Timing : 1 (tab) After lunch Administration : Oral-To be swallowed	0 - 1 - 0 (tab)	After Lunch - Daily - 1 Month
3) <b>TAB. REBYLYSUS 7 MG *</b> Composition : semaglutide Timing : 1 (tab) After lunch Administration : Oral-To be swallowed Other Details : start after 1 month	0 - 1 - 0 (tab)	After Lunch - Daily
4) <b>TAB. TELMA H 40/12.5 MG *</b> Composition : Hydrochlorothiazide 12.5 mg + Telmisartan 40 mg Timing : 1 (tab) After breakfast Administration : Oral-To be swallowed	1 - 0 - 0 (tab)	After Breakfast - Daily
5) <b>TAB. ROSUVAS 20MG *</b> Composition : Rosuvastatin 20 MG Timing : 1 (tab) After dinner Administration : Oral-To be swallowed	0 - 0 - 1 (tab)	After Dinner - Daily

Powered by HealthPlix EMR. www.healthplix.com

1 / 2 PTO

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**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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**Corporate Office:** 3<sup>rd</sup> 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 : MR. SANDEEP KUMAR (48y, Male) Date & Time : 26-Feb-2025 03:37 PM  
Phone : 9915877066  
ID : 373470  
Doctor : Dr. G Ranjeeth Kumar

**Advice:** REGULAR RBS AND BP MONITORING  
DIETICIAN CONSULTATION - DIABETIC DIET 1200 kcal/day  
REGULAR EXERCISE

**Tests Prescribed:** [ Next Visit] FIBROSCAN , HBA1C , FASTING LIPID PROFILE , SPOT URINE ACR , VBG

**Next Visit :**3 months

**Admission Advice:** NO



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

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Mr. Sandeep

VA 6/6  
① 6/9

MS  
pupils NSNR  
cornea - clear

H/O DM @ zyr

Δ high Ref. error

Adv dilated fundus / OCT on next visit

eld Refresh tears / gental

Dr. Mukesh Vats  
MS, FVRS  
Retina Consultant & Phaco Surgeon  
D.V.



HR 93 bpm

Mr Sandeep Kumar

UHD - 373470

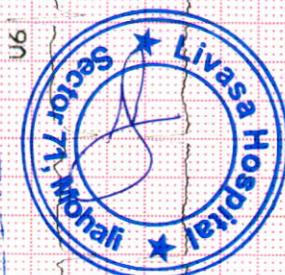
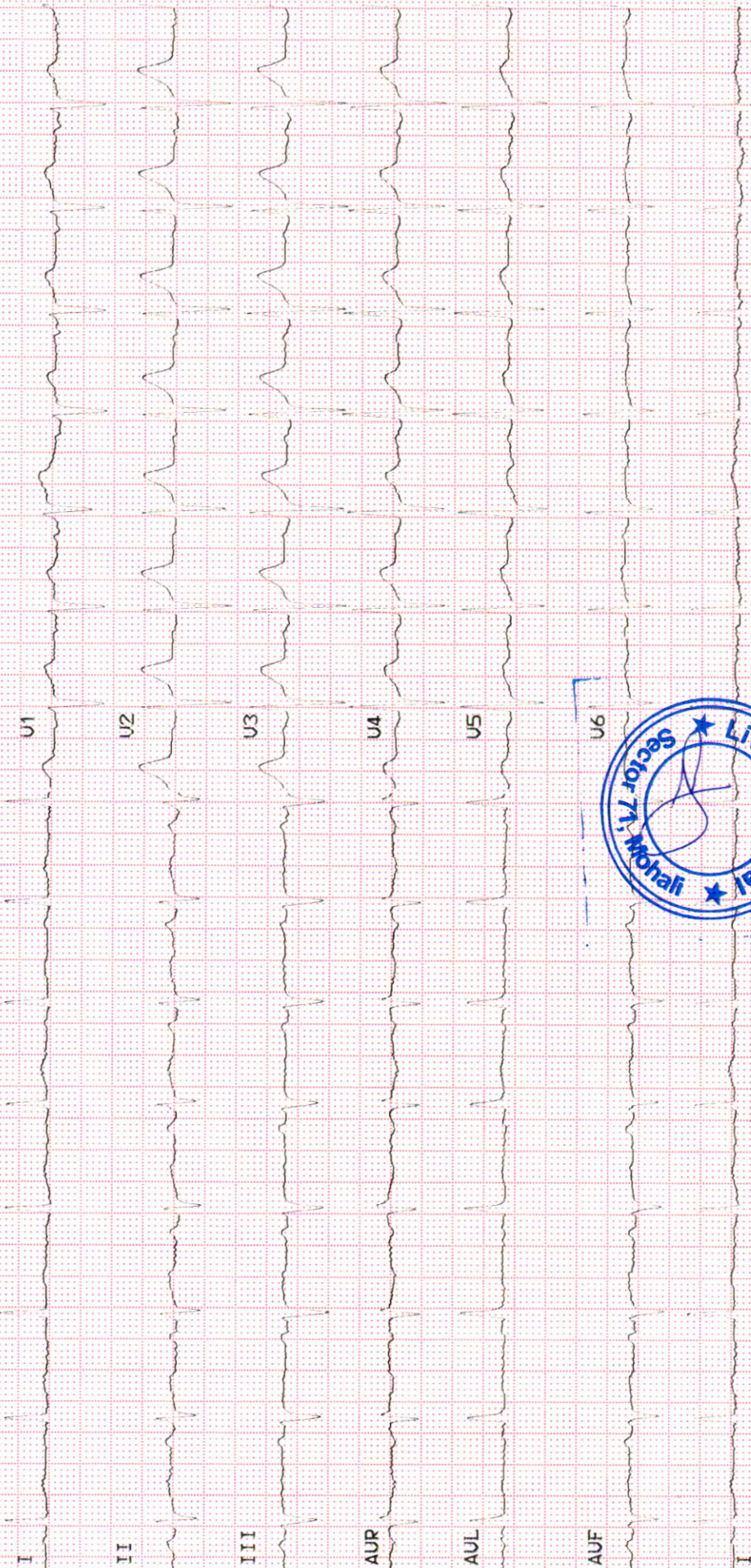
Measurement Results:

QRS : 100 ms  
 QT/QTc : 360 / 449 ms  
 P : 118 ms  
 RR/PP : 642 / 640 ms  
 P/QRS/T : 75 / -15 / 55 degrees  
 QTd/QTcBD : 16 / 20 ms  
 Sokolow : 1.6 mV  
 NK : 14

Interpretation:

minor left axis deviation  
probably normal ECG

Unconfirmed report





# LIVASA HOSPITAL

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Email: [pathreports@livasahospitals.in](mailto:pathreports@livasahospitals.in)



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NAME	: MR SANDEEP KUMAR	Requisition Date	: 26/Feb/2025 10:30AM
DOB/Gender	: 13-Nov-1976/M	Sample CollDate	: 26/Feb/2025 10:35AM
UHID	: 373470	Sample Rec.Date	: 26/Feb/2025 10:36AM
Inv. No.	: 4982386	Approved Date	: 26/Feb/2025 11:57AM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13413239		

Test Description	Observed Value	Unit	Reference Range
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## IMMUNOASSAY

### TOTAL THYROID PROFILE

<b>Serum Total T3</b> (CLIA/Vitros 5600)	1.10	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 medicaments 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.

<b>Serum Total T4</b> (CLIA/Vitros 5600)	12.50	µg/dL	5.52 - 12.97
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#### 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.

<b>Serum TSH</b> (CLIA/Vitros 5600- TSH 3rd generation)	3.500	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:

- 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.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
- 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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CIN No.: U85110PB2005PTC027898

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NAME : MR SANDEEP KUMAR

DOB/Gender : 13-Nov-1976/M

UHID : 373470

Inv. No. : 4982386

Panel Name : Livasa Mohali

Bar Code No : 13413239

Requisition Date : 26/Feb/2025 10:30AM

Sample CollDate : 26/Feb/2025 10:35AM

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Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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### PSA TOTAL

Serum PSA Total (CLIA/Vitros 5600)	0.40	ng/mL	<4.0
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### Summary & Interpretation:

Elevated concentrations of PSA in serum are generally indicative of a patho-logic-condition of the prostate (prostatitis, benign hyperplasia or carcinoma). PSA determinations are employed for the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy. An inflammation or trauma of the prostate (e.g. In case of urinary retention or following rectal examination, cystoscopy, coloscopy, transurethral biopsy, laser treatment or ergometry) can lead to PSA elevations of varying duration and magnitude.

The highlighted values should be correlated clinically

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Panel Name : Livasa Mohali  
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SampleCollDate : 26/Feb/2025 10:35AM  
Sample Rec.Date : 26/Feb/2025 10:36AM  
Approved Date : 26/Feb/2025 11:32AM  
Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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## BIOCHEMISTRY

### GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting (VITROS 5600 /Colorimetric - Glucose oxidase, hydrogen peroxide)	153	mg/dL	Normal 70-99 mg/dl Impaired Tolerance 100 - 125mg/dl Diabetic $\geq$ 126 mg/dl
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Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 100 mg/dL is considered normal.
- A fasting plasma glucose level between 100-125 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A fasting plasma glucose level  $\geq$ 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 (VITROS 5600 /Colorimetric - Urease, UV)	26.00	mg/dl	19.26-42.8
Serum Creatinine (VITROS 5600 /Two-point rate - Enzymatic)	0.60	mg/dL	0.66--1.25mg/dl
Serum Uric acid (VITROS 5600 /Colorimetric - Uricase)	6.30	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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Dr. VARUN HATWAL

M.D. PATHOLOGY

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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)	0.50	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)	25	U/L	Male 17-59U/L
Serum SGPT(ALT) (VITROS 5600 /Multi-point rate - UV with P5P)	34	U/L	<50
Serum AST/ALT Ratio (Calculated)	0.74		
Serum GGT (VITROS 5600 /Multi-point rate - G-glutamyl-p-nitroanilide)	39	U/L	15 - 73
Serum Alkaline Phosphatase (VITROS 5600 /Multi-point rate - PMPP, AMP Buffer (37°C))	119	U/L	38--126U/L
Serum Protein Total (VITROS 5600 /Colorimetric - Biuret, no serum blank, end point)	8.1	g/dl	6.3--8.2g/dl
Serum Albumin (VITROS 5600 /Colorimetric - Bromocresol Green)	4.6	g/dl	3.5--5.0g/dl
Serum Globulin (Calculated)	3.50	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.31	%	1.0 - 1.8

### Interpretation:

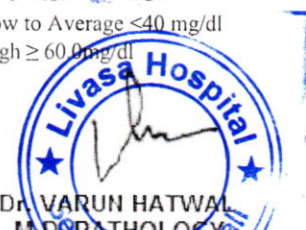
Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis 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)	257	mg/dL	Desirable <200mg/dl Boredrlne High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides (VITROS 5600 /Colorimetric - Enzymatic, end point)	205	mg/dL	Normal < 150mg/dl Boredrlne High 150--199mg/dl High 200-499mg/dl Very High ≥500 mg/dl
Serum HDL Cholesterol (VITROS 5600 /Colorimetric - Direct measure, PTA/MgCl2)	42	mg/dL	Low to Average <40 mg/dl High ≥ 60.0mg/dl

The highlighted values should be correlated clinically

Result Entered By:Geetika 40845



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MC-6172

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Inv. No.	: 4982386	Approved Date	: 26/Feb/2025 11:32AM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13413239		

Test Description	Observed Value	Unit	Reference Range
Serum VLDL cholesterol (Calculated)	41	mg/dL	7-35
Serum LDL cholesterol (Calculated)	174	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	6.12		3-5
Serum LDL-HDL Ratio (Calculated)	4.14		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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SampleCollDate : 26/Feb/2025 10:47AM  
Sample Rec.Date : 26/Feb/2025 10:47AM  
Approved Date : 26/Feb/2025 11:39AM  
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Test Description	Observed Value	Unit	Reference Range
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## CLINICAL PATHOLOGY

### COMPLETE URINE EXAMINATION

#### Physical Examination

Urine Volume	10.00	mL	
Urine Colour	Yellow		Light Yellow
Urine Appearance	Clear		Clear

#### Chemical Examination (Reflectance Photometry)

Urine pH (Double Indicator)	6.00		4.8-7.6
Urine Specific Gravity (Ion Exchange)	1.025		1.010-1.030
Urine Glucose (Oxidase/Peroxidase Reaction)	Negative		Negative
Urine Protein - (Acid Base Indicator)	Trace		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	1-2		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



### Livasa Hospital, Mohali

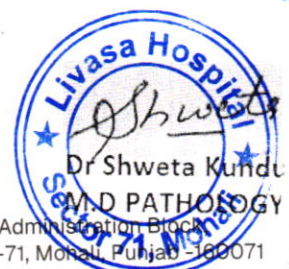
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CIN No.: U85110PB2005PTC027898

GSTIN: 03AABCI4594F1ZQ

# LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 01727170000, 9115115257

Email: pathreports@livasahospitals.in



NAME	: MR SANDEEP KUMAR	Requisition Date	: 26/Feb/2025 10:30AM
DOB/Gender	: 13-Nov-1976/M	Sample CollDate	: 26/Feb/2025 10:35AM
UHID	: 373470	Sample Rec.Date	: 26/Feb/2025 10:36AM
Inv. No.	: 4982386	Approved Date	: 26/Feb/2025 11:40AM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13413239		

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

## HAEMATOLOGY

### Glycosylated HB (HbA1c)

Whole Blood HbA1c	9.1
Estimated Average Glucose (eAG)	214

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

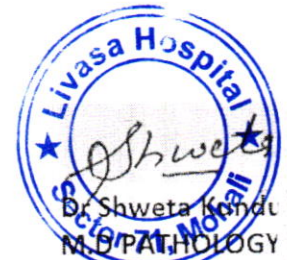
Anti A	NEGATIVE
Anti B	POSITIVE
Anti D	POSITIVE
Final Blood Group	B POSITIVE

#### 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:Geetika 40845



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DOB/Gender	: 13-Nov-1976/M	Sample CollDate	: 26/Feb/2025 10:35AM
UHID	: 373470	Sample Rec.Date	: 26/Feb/2025 10:36AM
Inv. No.	: 4982386	Approved Date	: 26/Feb/2025 11:09AM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13413239		

Test Description	Observed Value	Unit	Reference Range
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## HAEMATOLOGY

### ESR

Primary Sample Type: EDTA Blood

ESR (Automated ESR analyser)	18	mm/h	0-10
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### COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

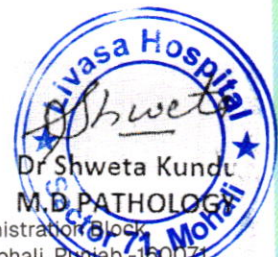
Haemoglobin (Noncyanmethaemoglobin)	14.5	g/dl	13.0 - 17.0
Hematocrit(PCV) (Calculated)	44.8	%	36-48
Red Blood Cell (RBC) (Impedance/DC Detection)	4.80	10 <sup>6</sup> / $\mu$ l	4.5-5.5
Mean Corp Volume (MCV) (Impedance/DC Detection)	92.6	fL	83-97
Mean Corp HB (MCH) (Calculated)	30.0	pg/mL	27-31
Mean Corp HB Conc (MCHC) (Calculated)	32.4	gm/dl	32-36
Red Cell Distribution Width -CV (Calculated)	13.3	%	11-15
Platelet Count (Impedance/DC Detection/Microscopy)	281	10 <sup>3</sup> /ul	150-450
Mean Platelet Volume (MPV) (Impedance/DC Detection)	11.0	fL	7.5-10.3
Total Leucocyte Count (TLC) (Impedance/DC Detection)	6.3	10 <sup>3</sup> / $\mu$ l	4.0 - 10.0

### Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	63	%	40-75
Lymphocytes	21	%	20-40
Monocytes	9	%	0-8
Eosinophils	7	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,969	$\mu$ l	2000-7000
Absolute Lymphocyte Count	1,323	uL	1000-3000
Absolute Monocyte Count	567	uL	200-1000
Absolute Eosinophil Count	441	$\mu$ l	20-500

The highlighted values should be correlated clinically

Result Entered By: Geetika 40845



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GSTIN: 03AABC14594F1ZQ



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Email: pathreports@livasahospitals.in



MC-6172

# Livasa

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NAME : MR SANDEEP KUMAR

DOB/Gender : 13-Nov-1976/M

UHID : 373470

Inv. No. : 4982386

Panel Name : Livasa Mohali

Bar Code No : 13413239

Requisition Date : 26/Feb/2025 10:30AM

SampleCollDate : 26/Feb/2025 10:35AM

Sample Rec.Date : 26/Feb/2025 10:36AM

Approved Date : 26/Feb/2025 11:09AM

Referred Doctor : Self

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

The highlighted values should be correlated clinically

Result Entered By:Geetika 40845



## Livasa Hospital, Mohali

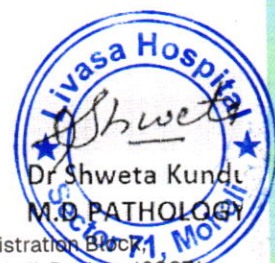
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NAME : MR RAKESH BANSAL  
DOB/Gender : 11-Aug-1953/M  
UHID : 508429  
Inv. No. : 4982878  
Panel Name : Livasa Mohali  
Bar Code No : 13413447

Requisition Date : 26/Feb/2025 01:06PM  
SampleCollDate : 26/Feb/2025 01:08PM  
Sample Rec.Date : 26/Feb/2025 01:08PM  
Approved Date : 26/Feb/2025 02:26PM  
Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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## BIOCHEMISTRY

### LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total (VITROS 5600 /Colorimetric - Diphylline, Diazonium salt)	0.60	mg/dL	0.2-1.3 mg/dl
Bilirubin(Unconjugated) (VITROS 5600 / Colorimetric - Direct measure)	0.30	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 PSP)	30	U/L	Male 17-59U/L
Serum SGPT(ALT) (VITROS 5600 /Multi-point rate - UV with PSP)	23	U/L	<50
Serum AST/ALT Ratio (Calculated)	1.30		
Serum GGT (VITROS 5600 /Multi-point rate - G-glutamyl-p-nitroanilide)	19	U/L	15 - 73
Serum Alkaline Phosphatase (VITROS 5600 /Multi-point rate - PMPP, AMP Buffer (37°C))	94	U/L	38--126U/L
Serum Protein Total (VITROS 5600 /Colorimetric - Biuret,no serum blank, end point)	7.8	g/dl	6.3--8.2g/dl
Serum Albumin (VITROS 5600 /Colorimetric - Bromcresol Green)	4.8	g/dl	3.5--5.0g/dl
Serum Globulin (Calculated)	3.00	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.60	%	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.

\*\*\* End Of Report \*\*\*

The highlighted values should be correlated clinically

Result Entered By: DIKSHA 40976

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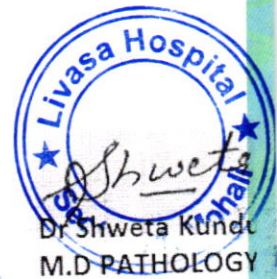
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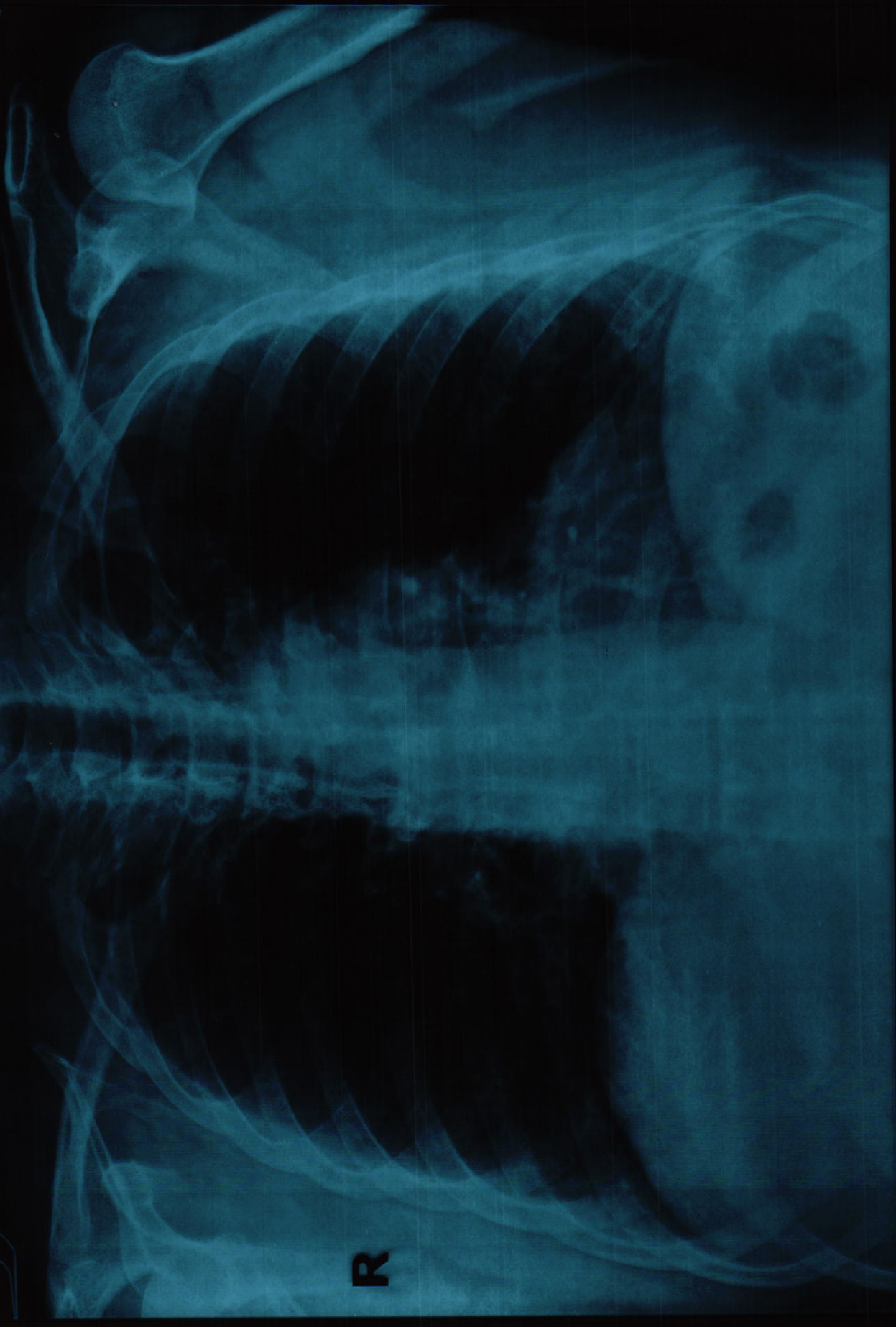
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CIN No.: U85110PB2005PTC027898

GSTIN: 03AABCI4594F1ZQ





ID373470 SANDEEP KUMAR M 49 years XR 5471-OPD

VY HOSPITAL SECTOR-71 MOHALI



Patient Name      SANDEEP KUMAR      Patient ID      373470  
Gender/Age      Male / 49      Test Date :      26 Feb 2025

**CARDIOLOGY DIVISION**  
**ECHOCARDIOGRAPHY REPORT**

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.2	3.7-5.6 CM
Left Ventricular ES Dimension	2.7	2.2-4.0 CM
IVS (D)	1.2	0.6-1.2 CM
IVS (s)	1.7	0.7-2.6 CM
LVPW (D)	1.1	0.6-1.1 CM
LVPW (S)	1.5	0.8-1.0 CM
Aortic Root	3.1	2.0-3.7 CM
LA Diameter	3.6	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
<b>Ejection Fraction</b>	<b>64%</b>	<b>54-76%</b>

**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=54 cm/s, A=64 cm/s, E<A

**Aortic valve:** Vmax =126 cm/s

**Pulmonary valve:** Vmax =129 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

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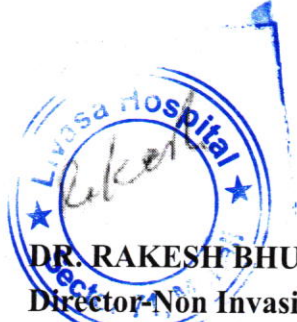
Remarks -

**FINAL IMPRESSION -**

No RWMA of LV

Normal LV systolic function (LVEF~64%)

Grade I LV diastolic dysfunction



**DR. RAKESH BHUTUNGRU**

Director-Non Invasive Cardiology

MBBS, MD(Medicine), DM(Cardiology)

PMC-42588

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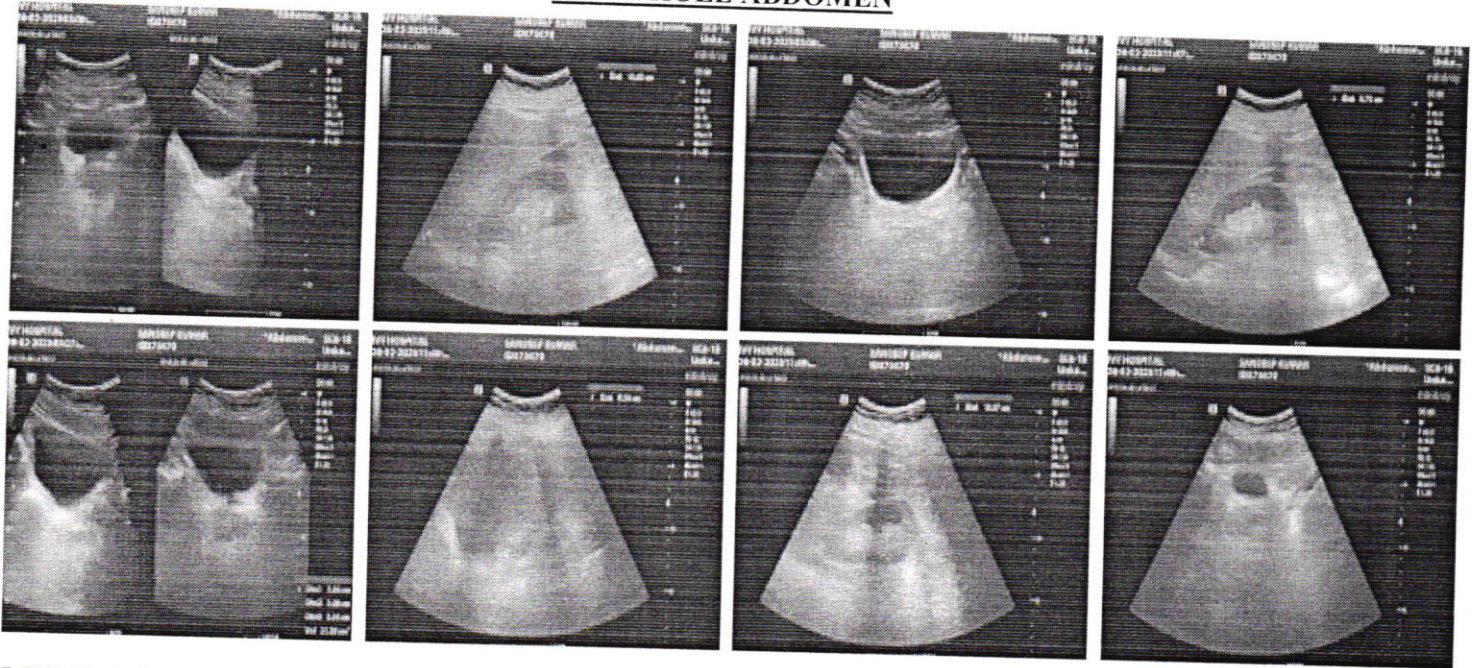
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CIN No.: U85110PB2005PTC027898

GSTIN: 03AABCI4594F1ZQ

NAME	., SANDEEP KUMAR	SEX/AGE	M49Y
PATIENT ID	ID373470	Accession Number	
REF CONSULTANT	PACKAGE	DATE	26/02/2025 11:45

**USG WHOLE ABDOMEN**



**LIVER:** is borderline enlarged in size (~ 15.6cm), normal in outline and shows increased echogenicity. 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 (~ 9.3cm), 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 (~ 9.7cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

**LEFT KIDNEY:** It is normal in size (~ 10.0cm), 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:**

Borderline hepatomegaly with fatty liver Grade II.

Adv. Clinical correlation and followup.

Dr. Shruti  
DNB Resident

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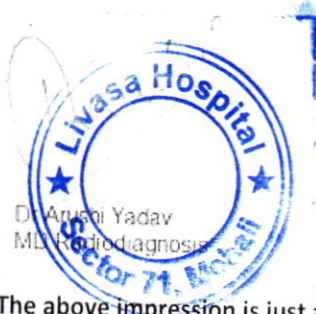
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NAME	., SANDEEP KUMAR	SEX/AGE	M49Y
PATIENT ID	ID373470	Accession Number	
REF CONSULTANT	PACKAGE	DATE	26/02/2025 11:45



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

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NAME	SANDEEP KUMAR	SEX/AGE	M49Y
PATIENT ID	ID373470	Accession Number	XR.5471-OPD
REF CONSULTANT	Dr.	DATE	26/02/2025 11:14

**X-RAY CHEST (PA VIEW)**

- Rotation is present.
- Bronchovascular markings are prominent in both lungs.
- Bilateral hilar regions appear normal.
- Right dome of diaphragm and costophrenic angle appear normal.
- Left dome of diaphragm is indistinct and obscured left CP angle.
- Cardiac shadow is within normal limit.

*Please correlate clinically.*

  
DR COL HARPREET SINGH  
MBBS, MD, DNB  
Sector 71, Mohali

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)