



प्रति,

समन्वयक,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	BAHADUR SINGH
जन्म की तारीख	13-01-1991
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	28-10-2024
बुकिंग संदर्भ सं.	24D74954100117952S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MRS. KAUR HARSHDEEP
कर्मचारी की क.कू.संख्या	74954
कर्मचारी का पद	BRANCH OPERATIONS
कर्मचारी के कार्य का स्थान	KASHIPUR, KASHIPUR MAIN
कर्मचारी के जन्म की तारीख	04-03-1986

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 21-10-2024 से 31-03-2025 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मा.सं.प्र. एवं विपणन

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)से संपर्क करें।)



To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	BAHADUR SINGH
DATE OF BIRTH	13-01-1991
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	28-10-2024
BOOKING REFERENCE NO.	24D74954100117952S
SPOUSE DETAILS	
EMPLOYEE NAME	MRS. KAUR HARSHDEEP
EMPLOYEE EC NO.	74954
EMPLOYEE DESIGNATION	BRANCH OPERATIONS
EMPLOYEE PLACE OF WORK	KASHIPUR,KASHIPUR MAIN
EMPLOYEE BIRTHDATE	04-03-1986

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **21-10-2024** till **31-03-2025**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM & Marketing Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))





List of tests & consultations to be covered as part of Annual Health Check-up

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	Lipid Profile	Lipid Profile
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	Liver Profile	Liver Profile
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	Kidney Profile	Kidney Profile
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	General Tests	General Tests
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynaec Consultation
29	PSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation



Subject: FW: Health Check up Booking Confirmed Request(22S36489),Package Code-PKG10000474, Beneficiary Code-296441

From: Abhishek Singh <abhishek.singh@livasahospitals.in>

Date: 11/5/2024, 10:41 AM

To: sanjeev kamboj <sanjeev.kumar1@ivyhospital.com>

Regards

Abhishek Singh

Senior Manager- Corporate

869999914

Abhishek.Singh@Livasahospitals.in



From: Mediwheel <wellness@mediwheel.in>

Sent: Tuesday, October 22, 2024 12:34 PM

To: Abhishek Singh <abhishek.singh@livasahospitals.in>

Cc: customercare@mediwheel.in

Subject: Health Check up Booking Confirmed Request(22S36489),Package Code-PKG10000474, Beneficiary Code-296441



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 Male Below 40

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

Contact Details : 7206391913

Appointment Date: 28-10-2024

Confirmation Status : Booking Confirmed

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

01/25/2013
12:58 PM
[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

Member Information		
Booked Member Name	Age	Gender
Bahadur Singh	33 year	Male

We request you to facilitate the employee on priority.

Thanks,

Mediwheel Team

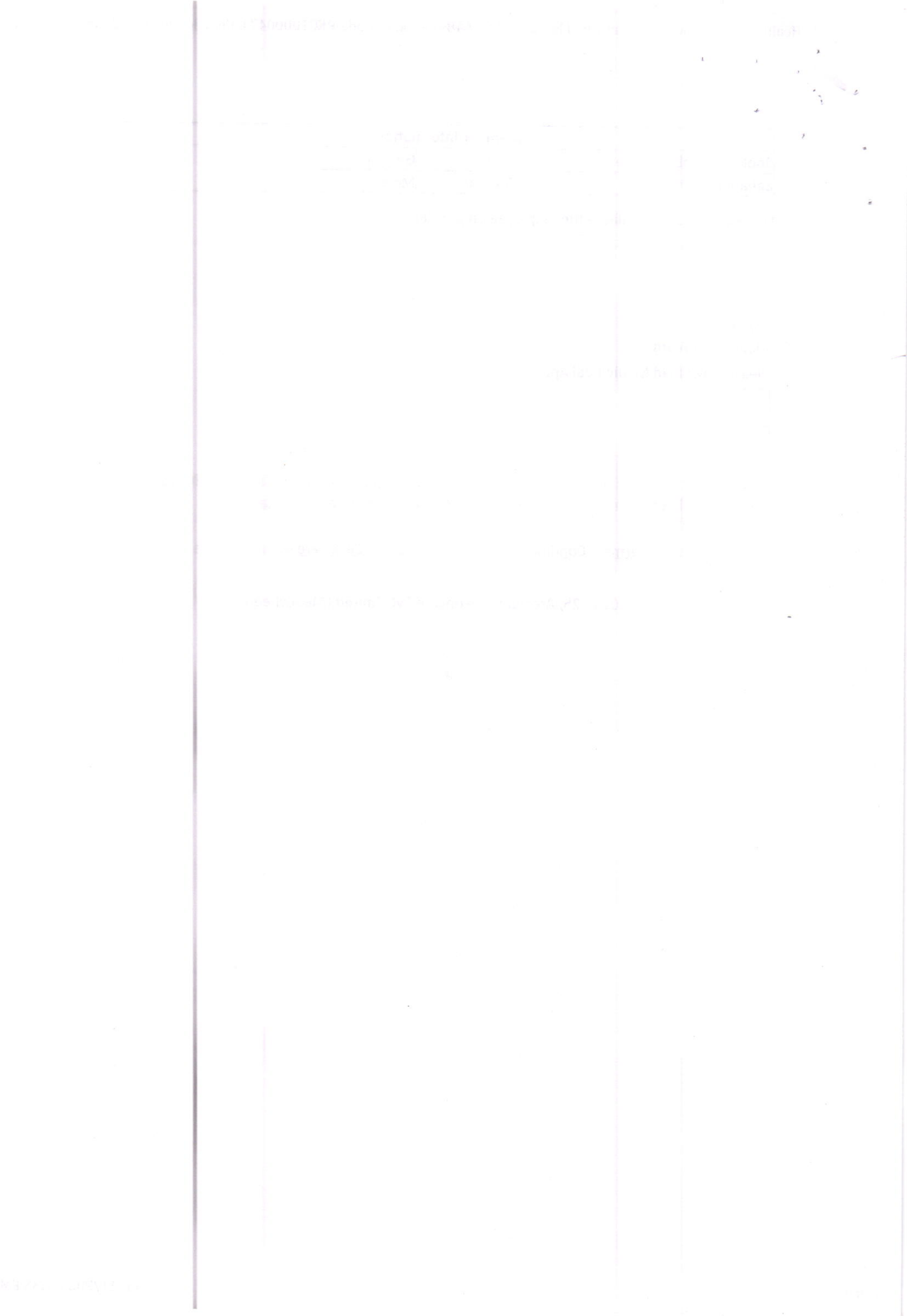
Please Download Mediwheel App



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)



From: SBS BAJWA <bsingh487@gmail.com>

Date: 28-10-2024, 10:13

To: mainreception@livasahospitals.com

482423

Aadhar Card.jpg

भारत सरकार
GOVERNMENT OF INDIA

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

 बहादुर सिंह
Bahadur Singh
जन्म तिथि/ DOB: 13/01/1991
पुरुष / MALE

पता:
S/O: बलजीत सिंह, बारवा,
बरवा (५), कुरुक्षेत्र,
हरियाणा - 136119

Address:
S/O: Baljeet Singh, Barwa, Barwa
(5), Kurukshetra,
Haryana - 136119

6240 1235 3732

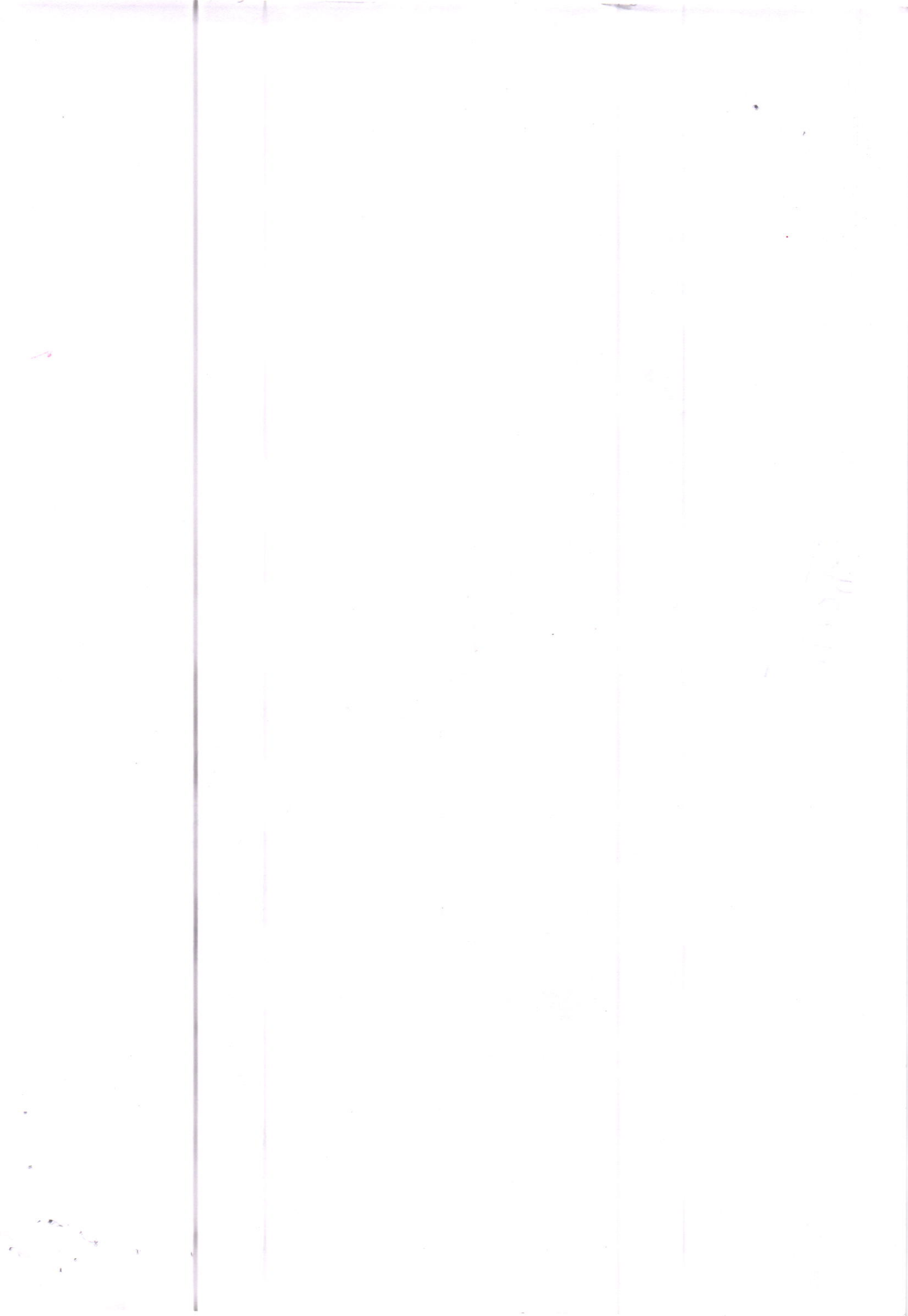
6240 1235 3732

Attachments:

Aadhar Card.jpg

Husband
Bahadur Singh
28/10/2024

60.6 KB





**IVY Hospital Mohali
Sector 71, Mohali, Punjab -**

Bill of Supply

GST No	29AAHCP3193M1ZR	Bill Date	28-Oct-24
Bill No	2024251096684,	Reg ID	2481655
Bill To	Medibuddy Phasorz Mechanologies Private	Sex/Age	Male/33 years,10 months 0 days
TPA	Medibuddy Phasorz Mechanologies Private	Consultant	DR. Direct
UHID	482423	Referred By	Direct
Name	MR BAHADUR SINGH S/O Bahadur Singh	GST No.	03AABCI4594F1ZQ
Address	# BARWA KIRPURIK SUTRA-136110	Category	Health Services
Phone No	9416199681	Policy No.	22S36489
UTI/Claim/Ref	22S36489/	Pan No	AABCI4594F

Sr	Date	Code/Batch	Activity Desc.	Rate	Qty.	Amount
					1	2200
1	28-Oct-24		OPD Package Charges	2200	1	2200
			Bill Amount			2200
			Net Amount			2200
			Advance Amount			0
			CSR/Discount			0
			Ward Charges Reversed			0
			Receipt Amount			0
			Refund Amount			0
			Payable Amount			2200

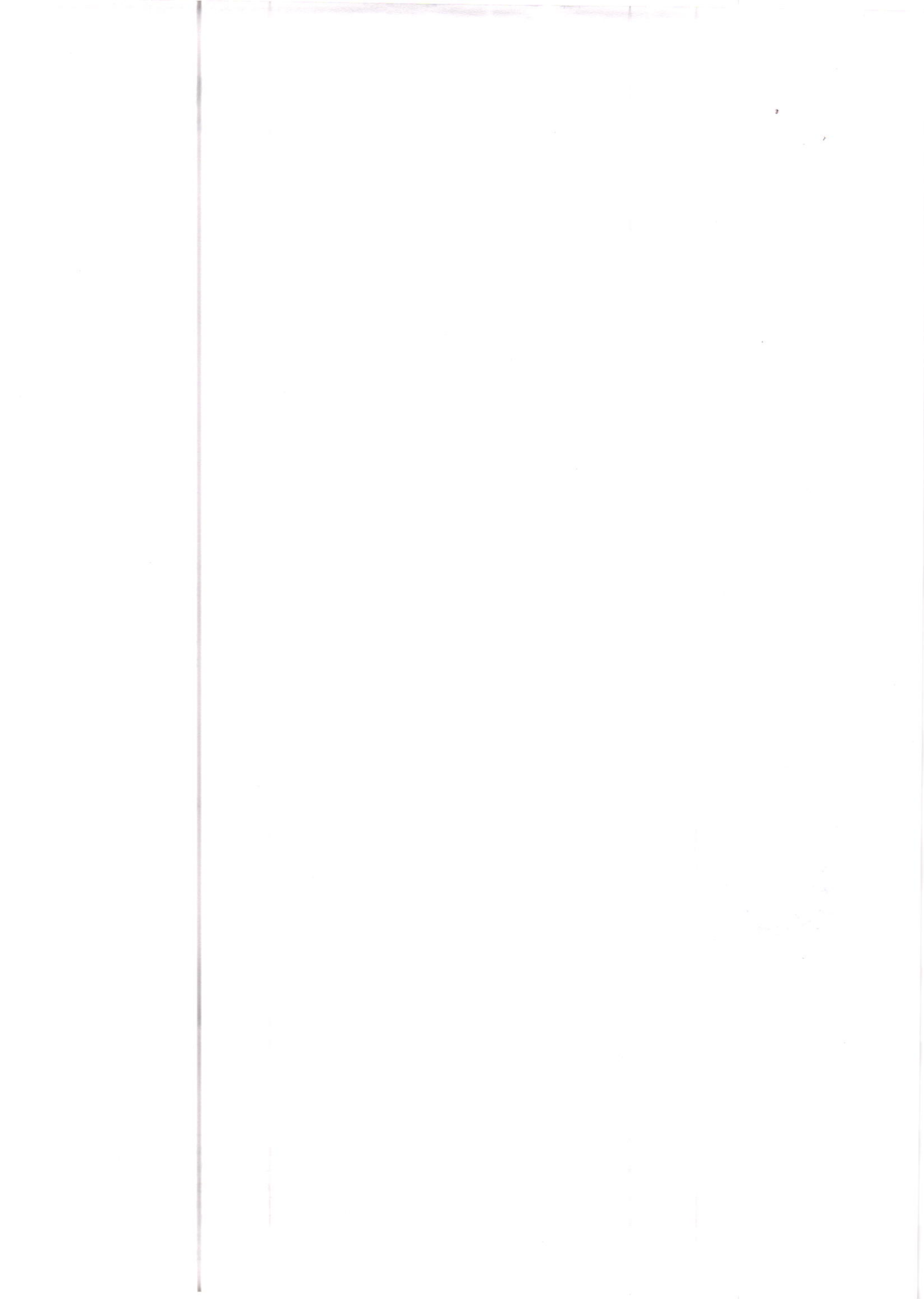
Authorised Signatory



(For OPD/Discharge Summary/Billing Purpose Only)

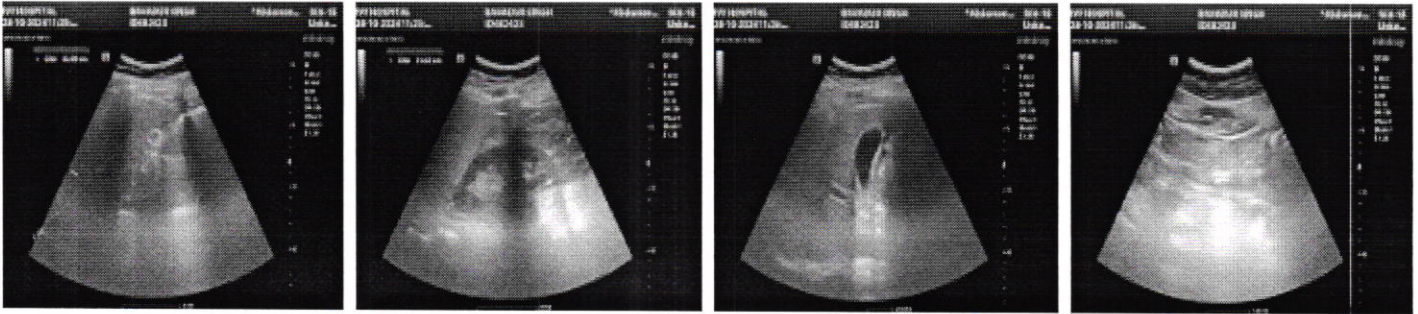
Livasa Hospital, Mohali
(A Unit of Ivy Health and Life Sciences Private Limited)
Hospital Address: Sector 71, SAS Nagar, Mohali, Punjab-160071
For any service queries or appointments
Call: +91 8078880788, 6239502002
E-mail: cs@ivyhospital.com | Website: www.ivyhospital.com

Registered Address: Administration Block,
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



NAME	., BAHADUR SINGH	SEX/AGE	M33Y
PATIENT ID	ID482423	Accession Number	
REF CONSULTANT	PACKAGE	DATE	28/10/2024 11:24

USG WHOLE ABDOMEN



Limited evaluation due to poor acoustic window.

LIVER: is enlarged in size (~ 16.5cm), normal in outline and shows increased echogenicity. IHBR are not dilated. Portal vein is normal. Visualized CBD is not dilated.

GALL BLADDER: is partially distended at the time of examination. Visualized lumen is clear.

SPLEEN: is normal in size (~ 11.2cm), 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 (~ 11.0cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~ 11.0cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

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

PROSTATE: is normal in size.

No free fluid is seen in peritoneal cavity.

IMPRESSION: Hepatomegaly with fatty liver Grade II.

Adv. Clinical correlation and follow up.



DR EKTA MISHRA
MD RADIO- DIAGNOSIS

(NOT FOR MEDICO-LEGAL PURPOSE)

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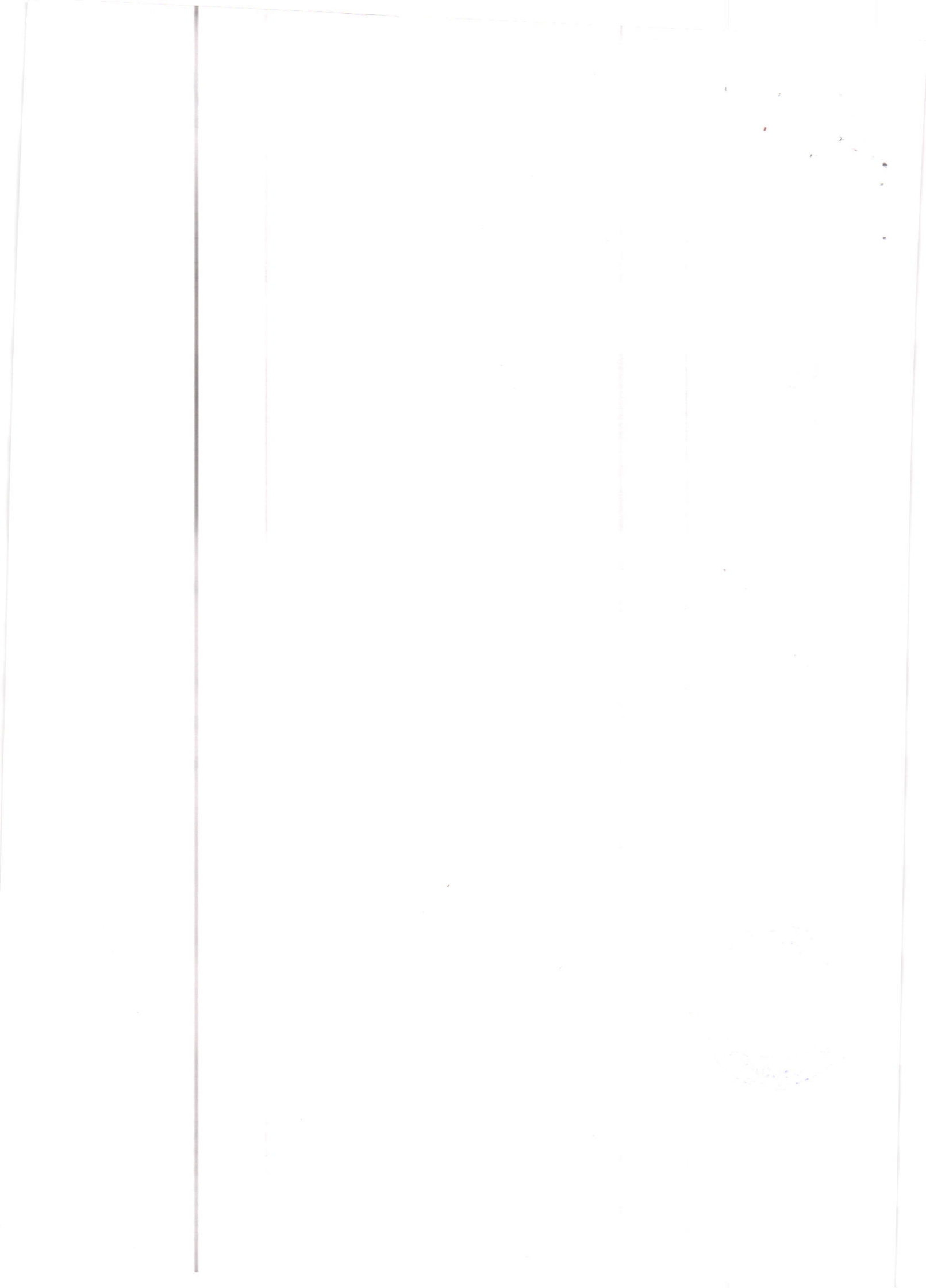
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SAS Nagar, Mohali, Punjab-160071
Phone: 91-172-7170000, Fax: 91-172-2274900

CIN No.: U85110PB2005PTC027898
GSTIN: 03AABCI4594F1ZQ





NAME	., BAHADUR SINGH	SEX/AGE	M33Y
PATIENT ID	ID482423	Accession Number	
REF CONSULTANT	PACKAGE	DATE	28/10/2024 11:24

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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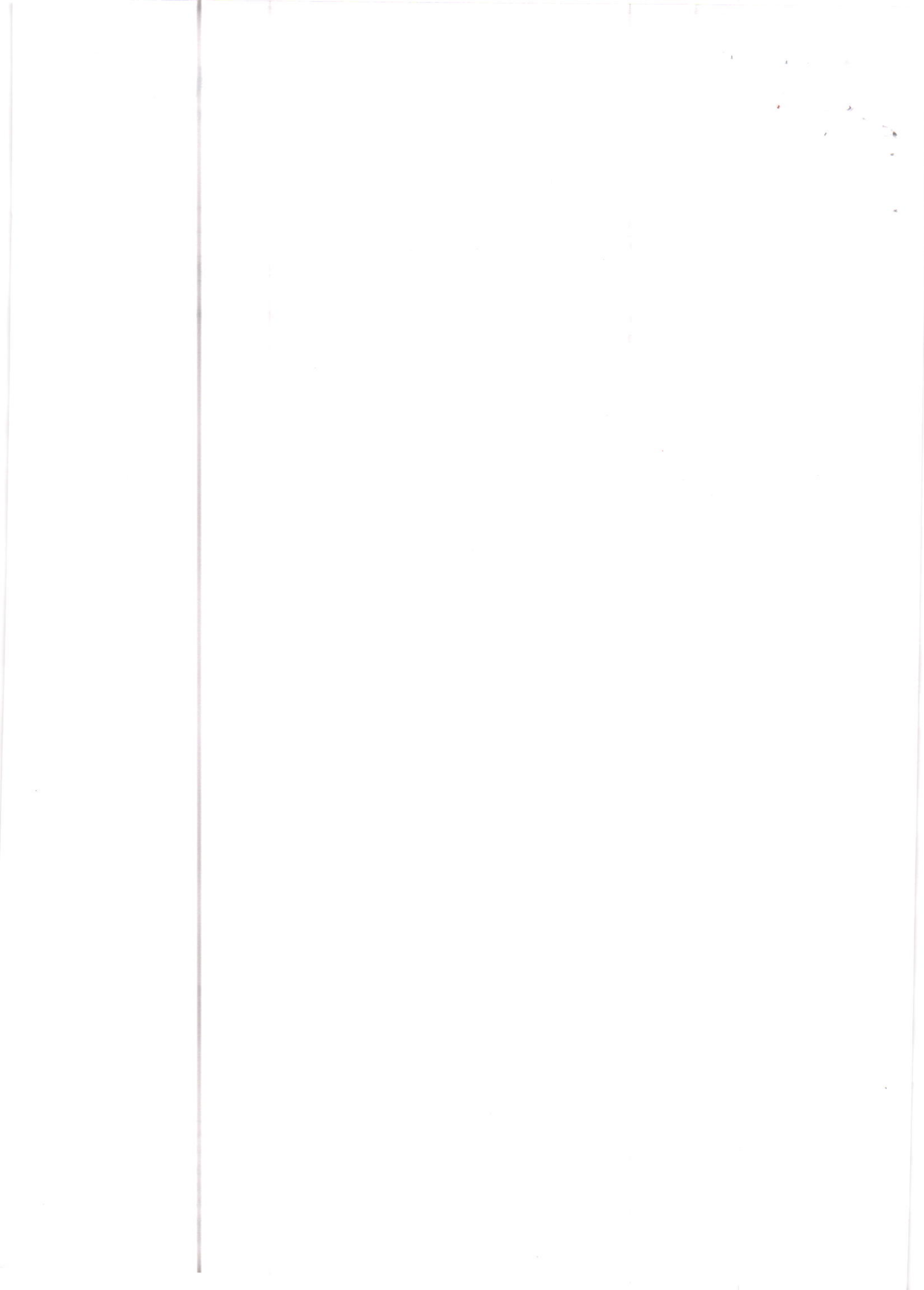
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CIN No.: U85110PB2005PTC027898
GSTIN: 03AABCI4594F1ZQ





NAME	BAHADUR SINGH	SEX/AGE	M33Y
PATIENT ID	ID482423	Accession Number	X48832-24 OPD
REF CONSULTANT	DR	DATE	28/10/2024 10:39

X-RAY CHEST (PA VIEW)

Rotation is present.


Bronchovascular markings are prominent in both lungs.

Bilateral hilar regions appear normal.

Domes of diaphragm and costophrenic angles appear normal.

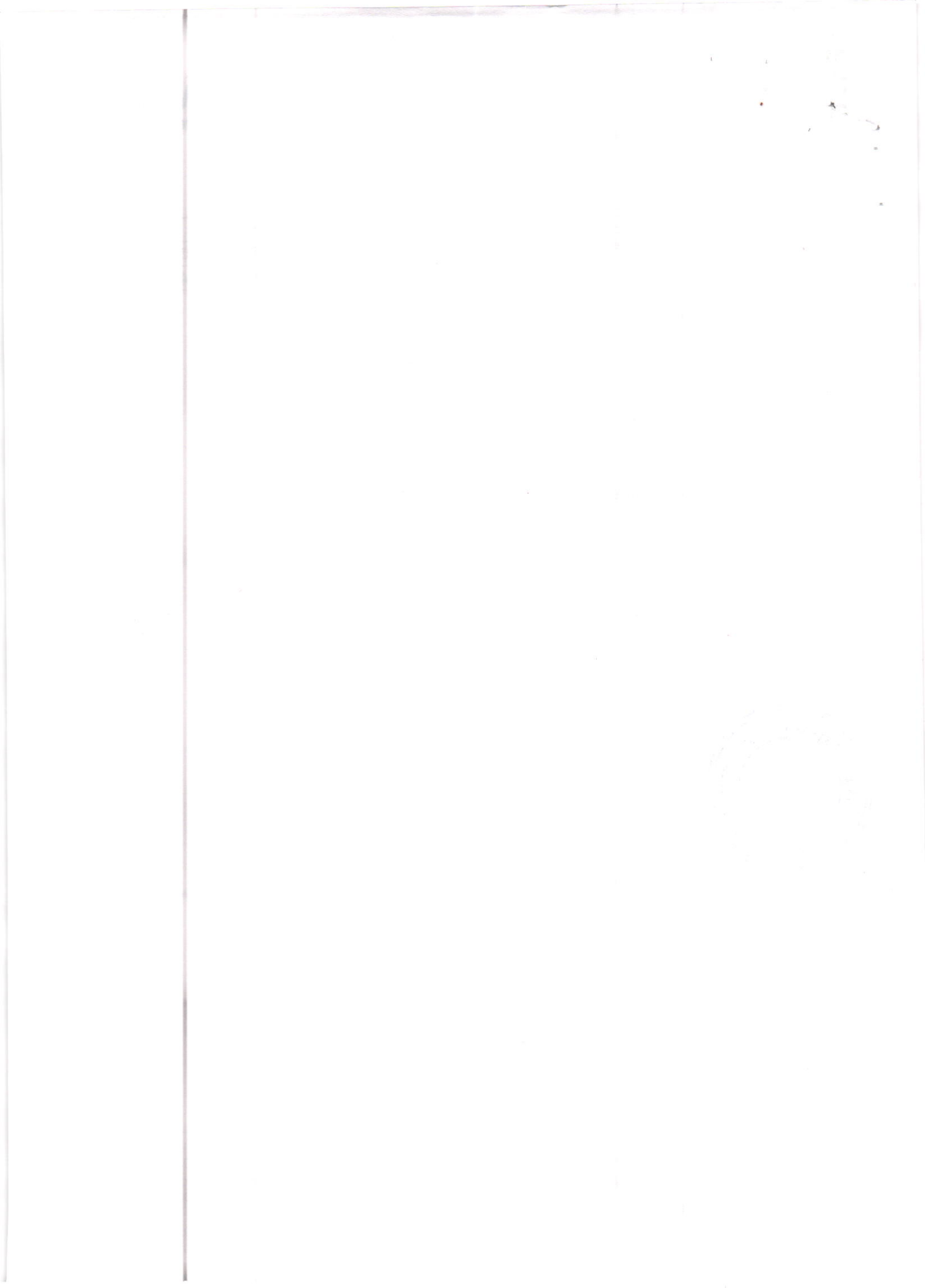
Cardiac shadow is enlarged.

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)





Patient Name BAHADUR SINGH Patient ID 482423
Gender/Age Male / 33 Test Date : 28 Oct 2024

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters

	Patient	Normal
Left Ventricular ED Dimension	4.7	3.7-5.6 CM
Left Ventricular ES Dimension	3.6	2.2-4.0 CM
IVS (D)	1.1	0.6-1.2 CM
IVS (s)	1.5	0.7-2.6 CM
LVPW (D)	0.9	0.6-1.1 CM
LVPW (S)	1.1	0.8-1.0 CM
Aortic Root	2.8	2.0-3.7 CM
LA Diameter	3.6	1.9-4.0 CM

Indices of LV systolic Function

	Patient	Normal
Ejection Fraction	55%	54-76%

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

Aortic Valve : Thin Trileaflet open completely with central closure

Tricuspid Valve : Thin, opening well with no prolapse

Pulmonary Valve : Thin, Pulmonary Artery not dilated

Pulse & CW Doppler : Mitral valve: E= 96cm/s, A= 55cm/s, E>A

Aortic valve: Vmax = 125cm/s

Pulmonary valve: Vmax = 95cm/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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CIN No.: U85110PB2005PTC027898
GSTIN: 03AABCI4594F1ZQ





Remarks -

FINAL IMPRESSION -

No RWMA of LV

Normal LV systolic function (LVEF~55%)



DR. RAKESH BHUTUNGRU

Director-Non Invasive Cardiology

MBBS, MD(Medicine), DM(Cardiology)

PMC-42588

(NOT FOR MEDICO-LEGAL PURPOSE)

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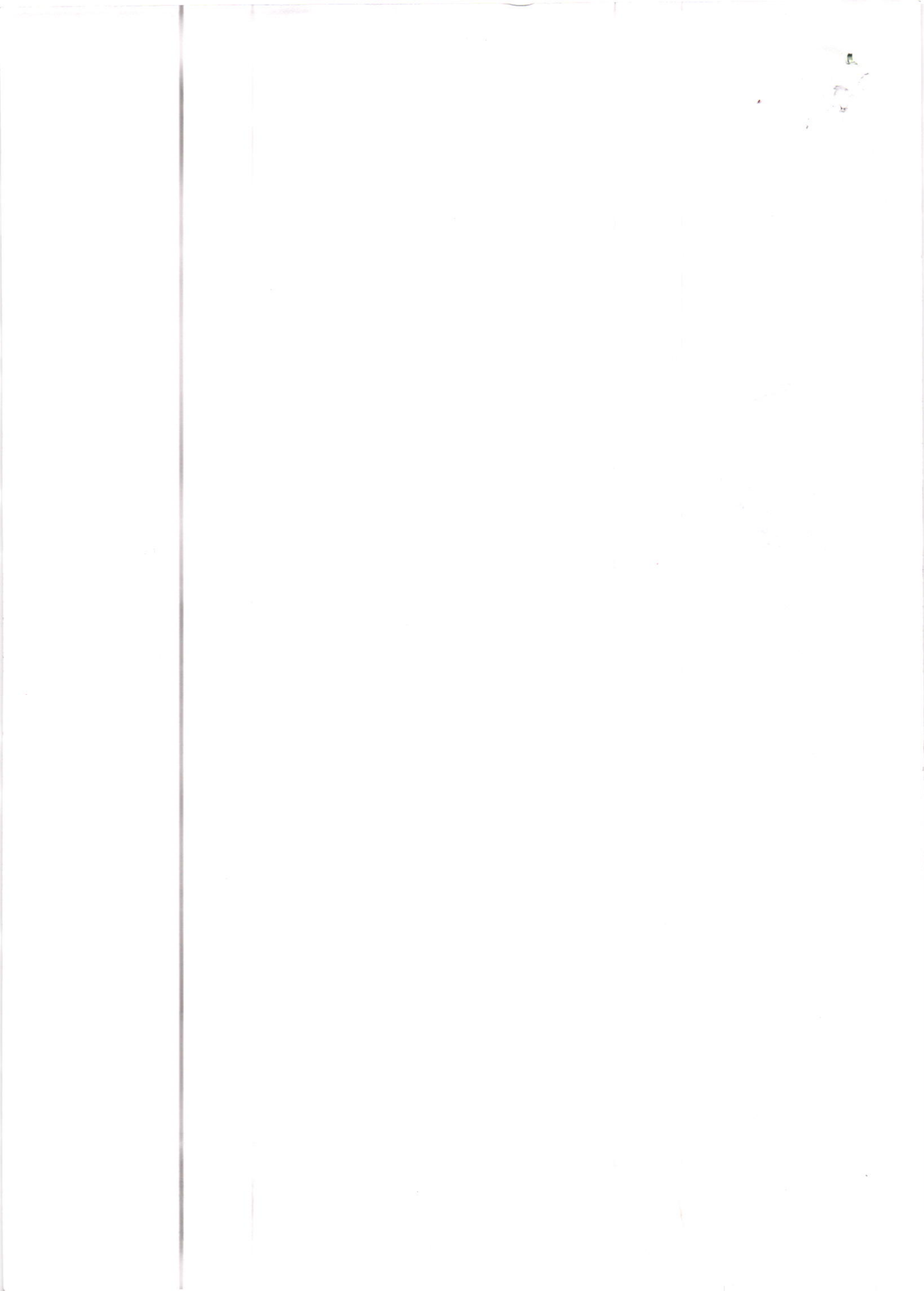
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CIN No.: U85110PB2005PTC027898

GSTIN: 03AABCI4594F1ZQ



LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115624

Email: pathreports@ivyhospital.in



NAME **Hospital** : MR BAHADUR SINGH
DOB/Gender : 13-Jan-1991/M
UHID : 482423
Inv. No. : 4686052
Panel Name : Ivy Mohali
Bar Code No : 13302718

Requisition Date : 28/Oct/2024 10:31AM
Sample CollDate : 28/Oct/2024 10:36AM
Sample Rec.Date : 28/Oct/2024 10:36AM
Approved Date : 28/Oct/2024 12:06PM
Referred Doctor : Self

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

IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 1.30 ng/mL 0.970 - 1.69
(CLIA/Vitros 5600)

Summary & Interpretation:

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It occurs under the influence of 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.

Serum Total T4 10.50 µg/dL 5.52 - 12.97
(CLIA/Vitros 5600)

Summary & Interpretation:

The hormone thyroxine (T4) is the main product secreted by the thyroid gland. The major part of total thyroxine (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken into account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

Serum TSH 1.700 mIU/L 0.4001 - 4.049
(CLIA/Vitros 5600- TSH 3rd generation)

Summary & Interpretation

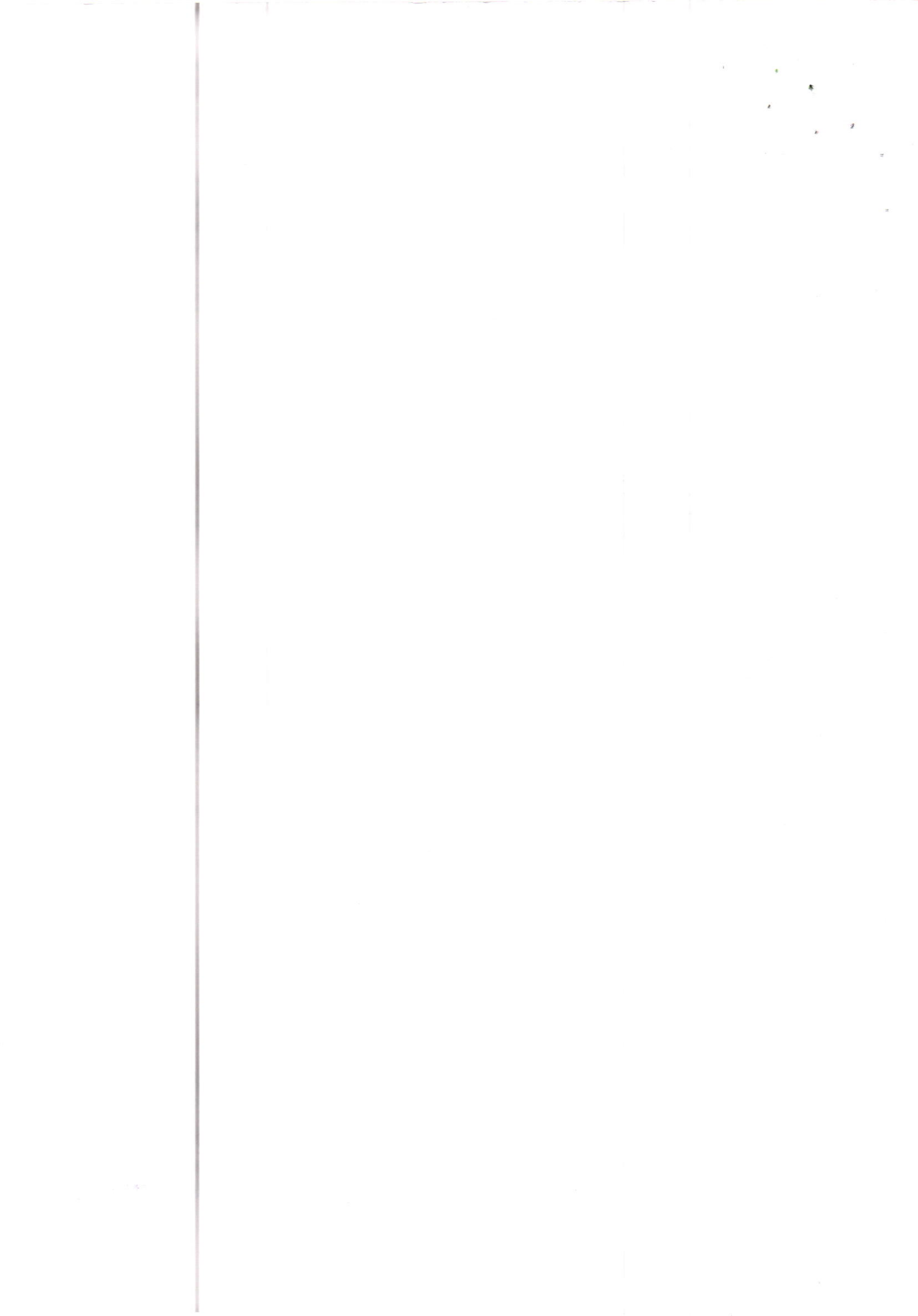
TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The determination of TSH serves as the initial test in thyroid diagnostics. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly 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: MEENAKASHI 7010M





LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115624

Email: pathreports@ivyhospital.in



Hospital

NAME : MR BAHADUR SINGH

DOB/Gender : 13-Jan-1991/M

UHID : 482423

Inv. No. : 4686052

Panel Name : Ivy Mohali

Bar Code No : 13302718

Requisition Date : 28/Oct/2024 10:31AM

Sample CollDate : 28/Oct/2024 10:36AM

Sample Rec.Date : 28/Oct/2024 10:36AM

Approved Date : 28/Oct/2024 12:06PM

Referred Doctor : Self

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

PSA TOTAL

Serum PSA Total
(CLIA/Vitros 5600)

0.80

ng/mL

<4.0

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.

BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting

(VITROS 5600 /Colorimetric - Glucose oxidase, hydrogen peroxide)

83

mg/dL

Normal 70-99 mg/dl

Impaired Tolerance 100 - 125mg/dl

Diabetic \geq 126 mg/dl

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

- A fasting plasma glucose level below 100 mg/dL is considered normal.
- A fasting plasma glucose level between 100-125 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A fasting plasma glucose level \geq 126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

The highlighted values should be correlated clinically

Result Entered By: MEENAKASHI 7010M



DR BHUMIKA BISHT
M. D. PATHOLOGY

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Hospital: MR BAHADUR SINGH
NAME
DOB/Gender : 13-Jan-1991/M
UHID : 482423
Inv. No. : 4686052
Panel Name : Ivy Mohali
Bar Code No : 13302718

Requisition Date : 28/Oct/2024 10:31AM
SampleCollDate : 28/Oct/2024 01:47PM
Sample Rec.Date : 28/Oct/2024 01:47PM
Approved Date : 28/Oct/2024 03:52PM
Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

GLUCOSE PP

Plasma Glucose Post Prandial
(VITROS 5600 /Colorimetric - Glucose oxidase, hydrogen peroxide)

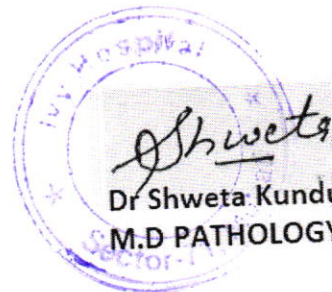
103

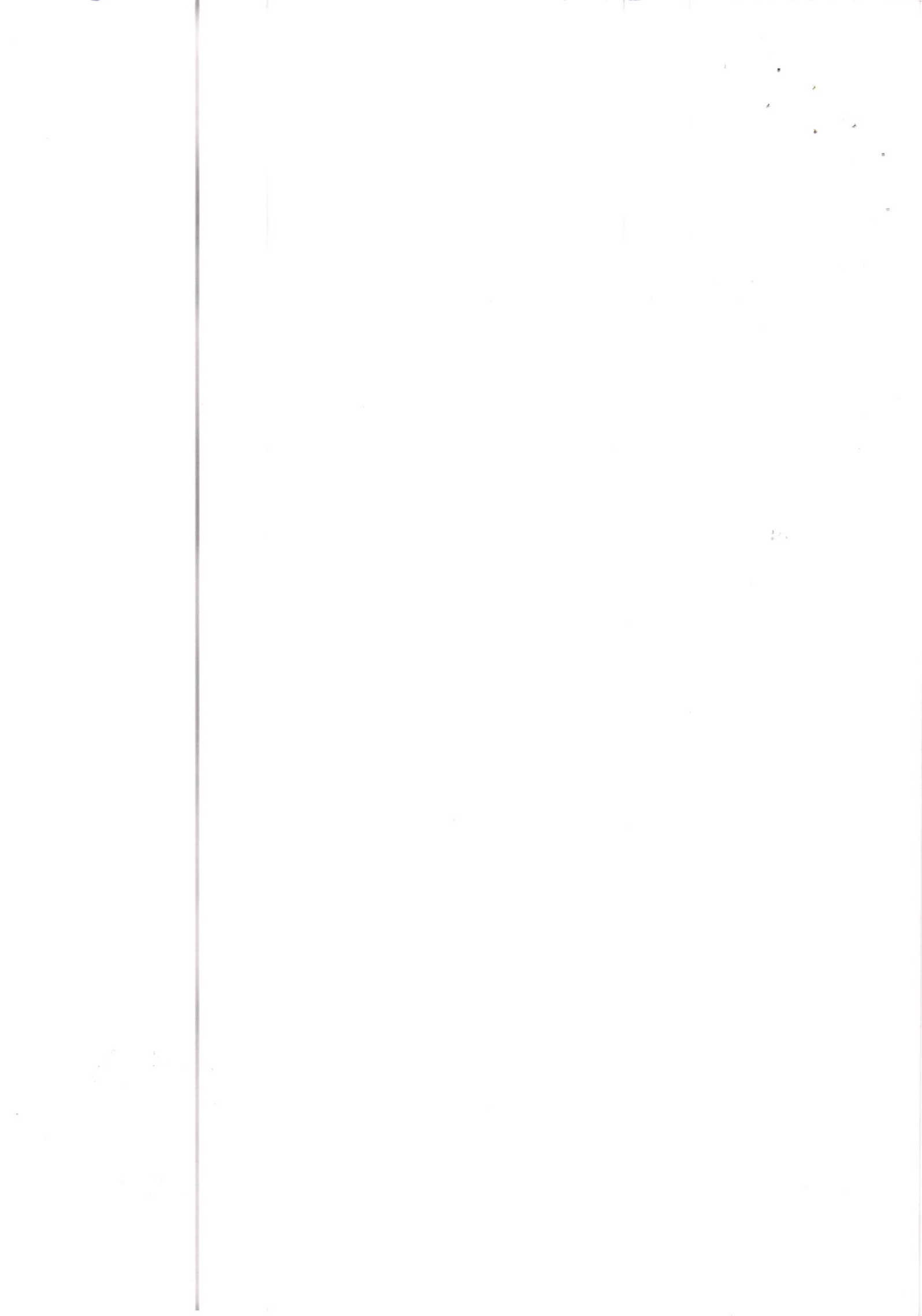
mg/dL

Normal <140
Impaired Tolerance 140--180
Diabetic >180



The highlighted values should be correlated clinically
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Requisition Date : 28/Oct/2024 10:31AM
Sample CollDate : 28/Oct/2024 11:31AM
Sample Rec.Date : 28/Oct/2024 11:31AM
Approved Date : 28/Oct/2024 12:06PM
Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

RFT (RENAL FUNCTION TESTS)

Serum Urea <small>(VITROS 5600 /Colorimetric - Urease, UV)</small>	20.00	mg/dl	19.2--42.8 mg/dl
Serum Creatinine <small>(VITROS 5600 /Two-point rate - Enzymatic)</small>	1.00	mg/dL	0.66--1.25mg/dl
Serum Uric acid <small>(VITROS 5600 /Colorimetric - Uriase)</small>	7.30	mg/dL	3.5--8.5 mg/dl

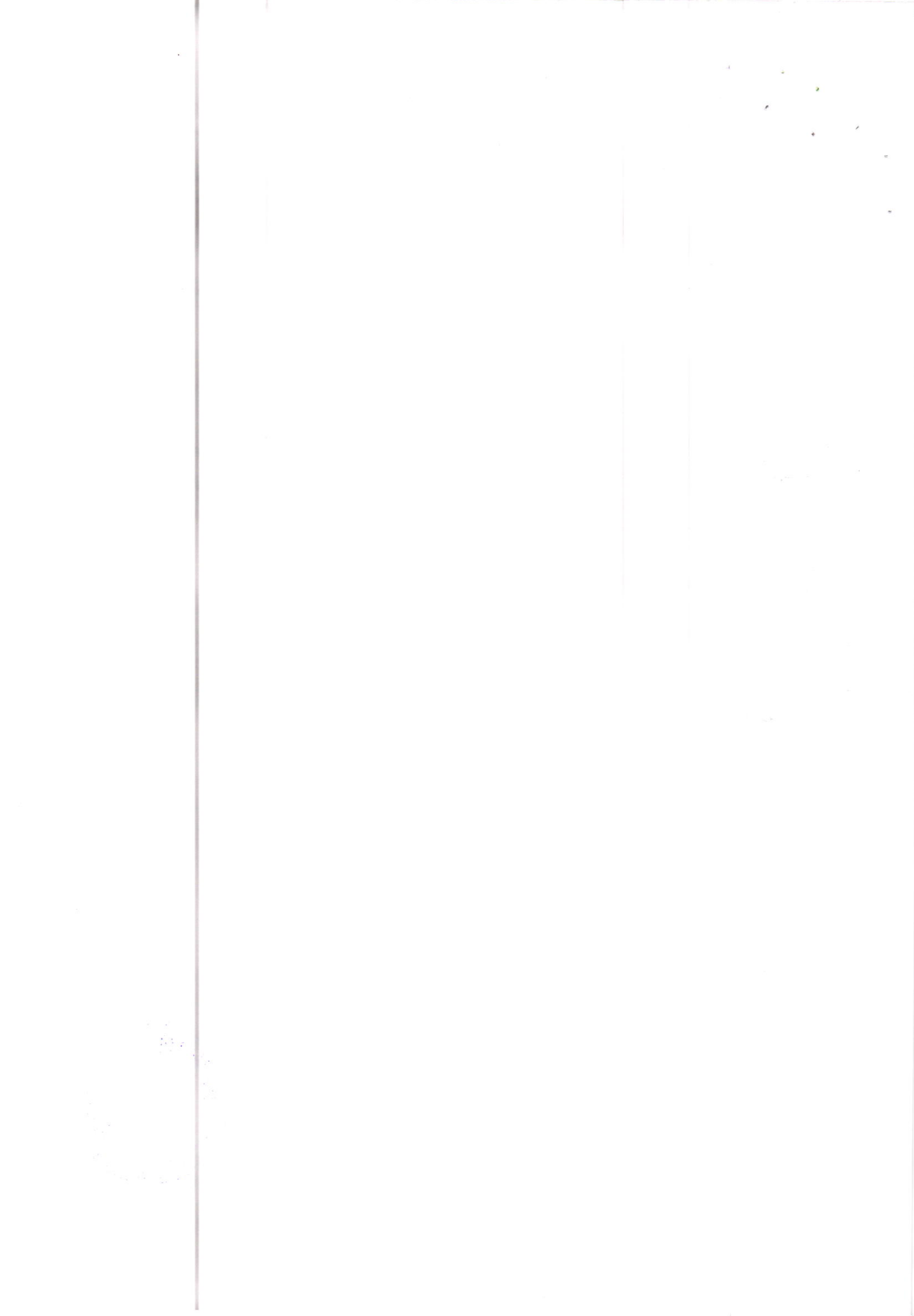
Interpretation:

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



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Test Description	Observed Value	Unit	Reference Range
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LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total <small>(VITROS 5600 /Colorimetric - Diphylline, Diazonium salt)</small>	1.20	mg/dL	0.2-1.3 mg/dl
Serum Bilirubin Direct <small>(VITROS 5600 /Colorimetric - Direct measure)</small>	0.19	mg/dL	Adult 0.0-1.1 mg/dl Neonate 0.6--10.5 mg/dl
Serum Bilirubin Indirect <small>(VITROS 5600 /Colorimetric - Direct measure)</small>	1.01	mg/dL	Adult 0.0-0.3 mg/dl Neonate 0.0-0.6 mg/dl
Serum SGOT(AST) <small>(VITROS 5600 /UV with P5P)</small>	57	U/L	Male 17-59U/L
Serum SGPT(ALT) <small>(VITROS 5600 /Multi-point rate - UV with P5P)</small>	85	U/L	21-72
Serum AST/ALT Ratio <small>(Calculated)</small>	0.67		
Serum GGT <small>(VITROS 5600 /Multi-point rate - G-glutamyl-p-nitroanilide)</small>	44	U/L	Male 12-43
Serum Alkaline Phosphatase <small>(VITROS 5600 /Multi-point rate - PMPP, AMP Buffer (37°C))</small>	65	U/L	38--126U/L
Serum Protein Total <small>(VITROS 5600 /Colorimetric - Biuret,no serum blank, end point)</small>	7.2	g/dl	6.3--8.2g/dl
Serum Albumin <small>(VITROS 5600 Colorimetric - Bromocresol Green)</small>	4.6	g/dl	3.5--5.0g/dl
Serum Globulin <small>(Calculated)</small>	2.60	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio <small>(Calculated)</small>	1.77	%	1.0 - 1.8

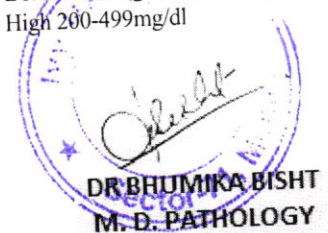
Interpretation:

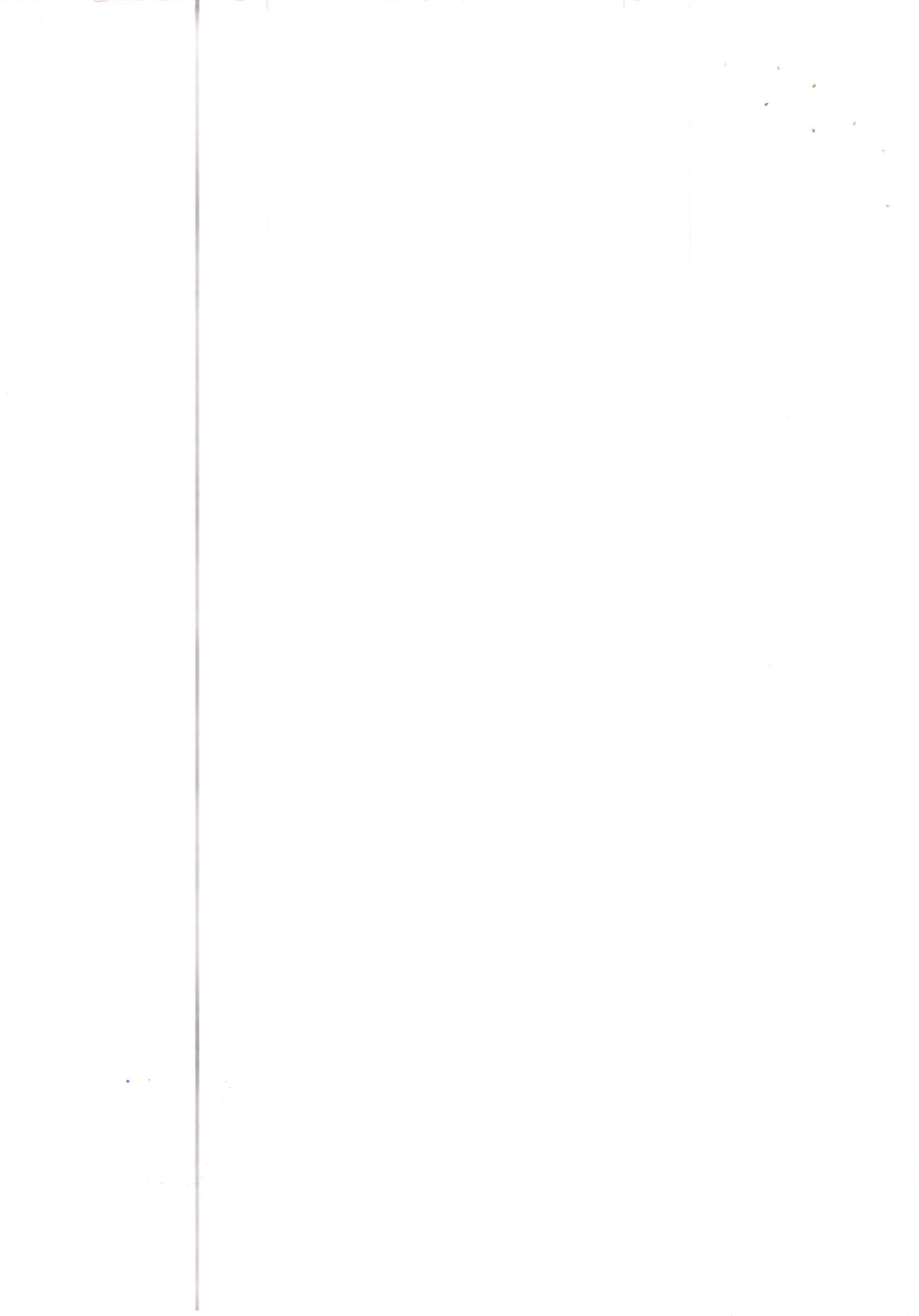
Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels.

LIPID PROFILE

Serum Cholesterol <small>(VITROS 5600 /Colorimetric - Cholesterol oxidase, esterase, peroxidase)</small>	172	mg/dL	Desirable <200mg/dl Boredrline High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides <small>(VITROS 5600 /Colorimetric - Enzymatic, end point)</small>	149	mg/dL	Normal < 150mg/dl Boredrline High 150--199mg/dl High 200-499mg/dl

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Test Description	Observed Value	Unit	Reference Range
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Serum HDL Cholesterol (VITROS 5600 /Colorimetric - Direct measure, PTA/MgCl ₂)	32	mg/dL	Very High ≥500 mg/dl Low to Average <40 mg/dl High ≥ 60.0mg/dl
Serum VLDL cholesterol (Calculated)	30	mg/dL	7-35
Serum LDL cholesterol (Calculated)	110	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	5.38		3-5
Serum LDL-HDL Ratio (Calculated)	3.44		1.5 - 3.5

Interpretation:

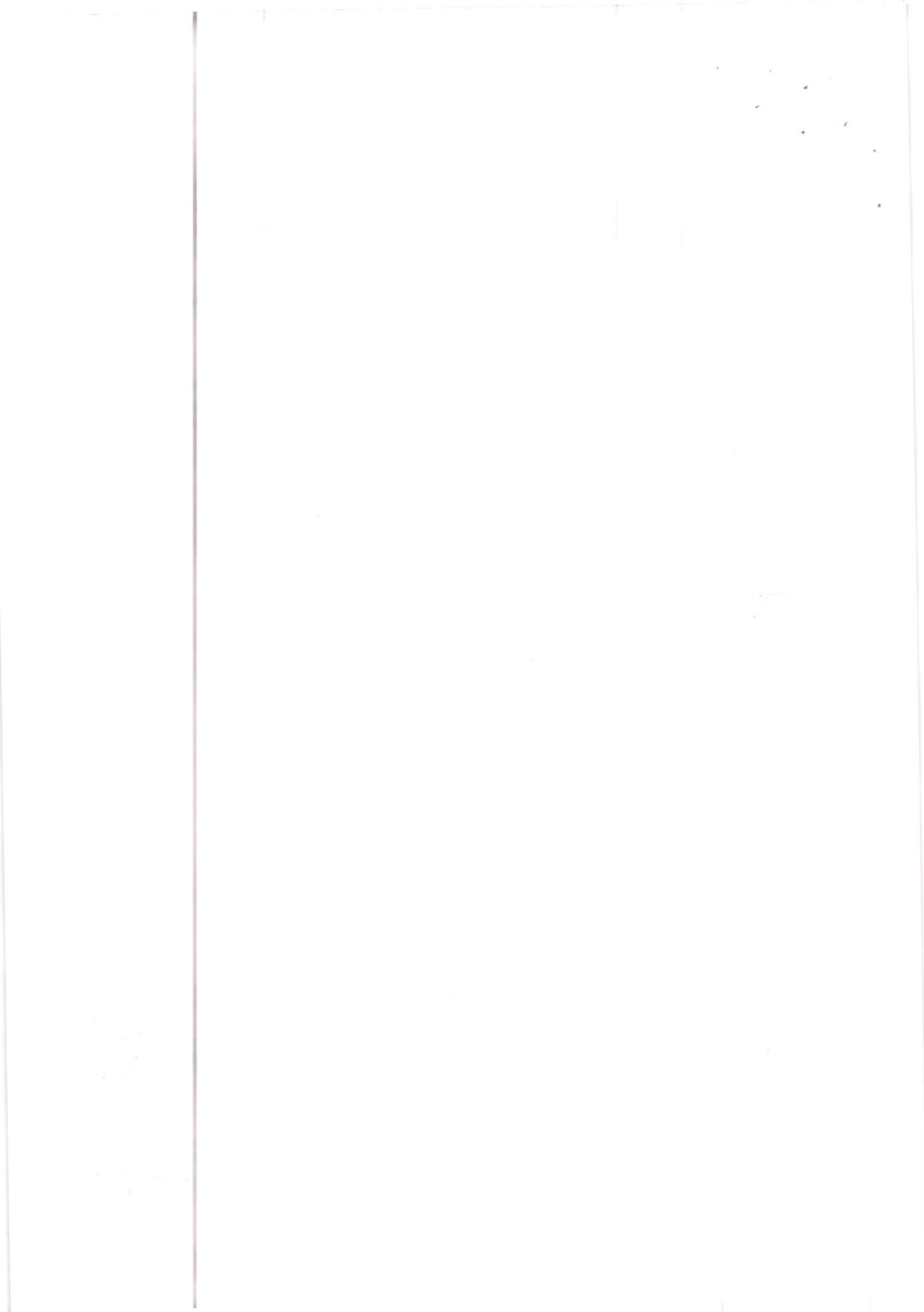
As per ATP 111 Guidelines - National Cholesterol Education Program

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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Test Description	Observed Value	Unit	Reference Range
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CALCIUM (CA++)

Serum Calcium

(Vitros 5600/Colorimetric - Arsenazo III)

9.3

mg/dL

8.4--10.5mg/dl

Description: About 50% of the calcium present in circulation is free (also known as ionized calcium); 40% of serum calcium is bound to proteins, especially albumin (80%) and, secondary, to globulins (20%); and about 10% exists as various small diffusible inorganic and organic anions (eg, bicarbonate, lactate, citrate). Heart and skeletal muscle contractility are affected by calcium ions; in addition, calcium ions are vital to nervous system function and are associated with blood clotting and bone mineralization. The concentration of serum calcium is tightly regulated by parathyroid hormone (PTH) and 1,25-hydroxy vitamin D.

Interpretation:

Serum calcium is decreased (hypocalcemia) in the following conditions:

Hypoparathyroidism, Vitamin D deficiency, Chronic renal diseases, Pseudohypoparathyroidism, Magnesium deficiency (PTH glandular release is magnesium-dependent), Hyperphosphatemia, Massive transfusion, Hypoalbuminemia, Severe calcium dietary deficiency and Severe pancreatitis (calcium saponification)

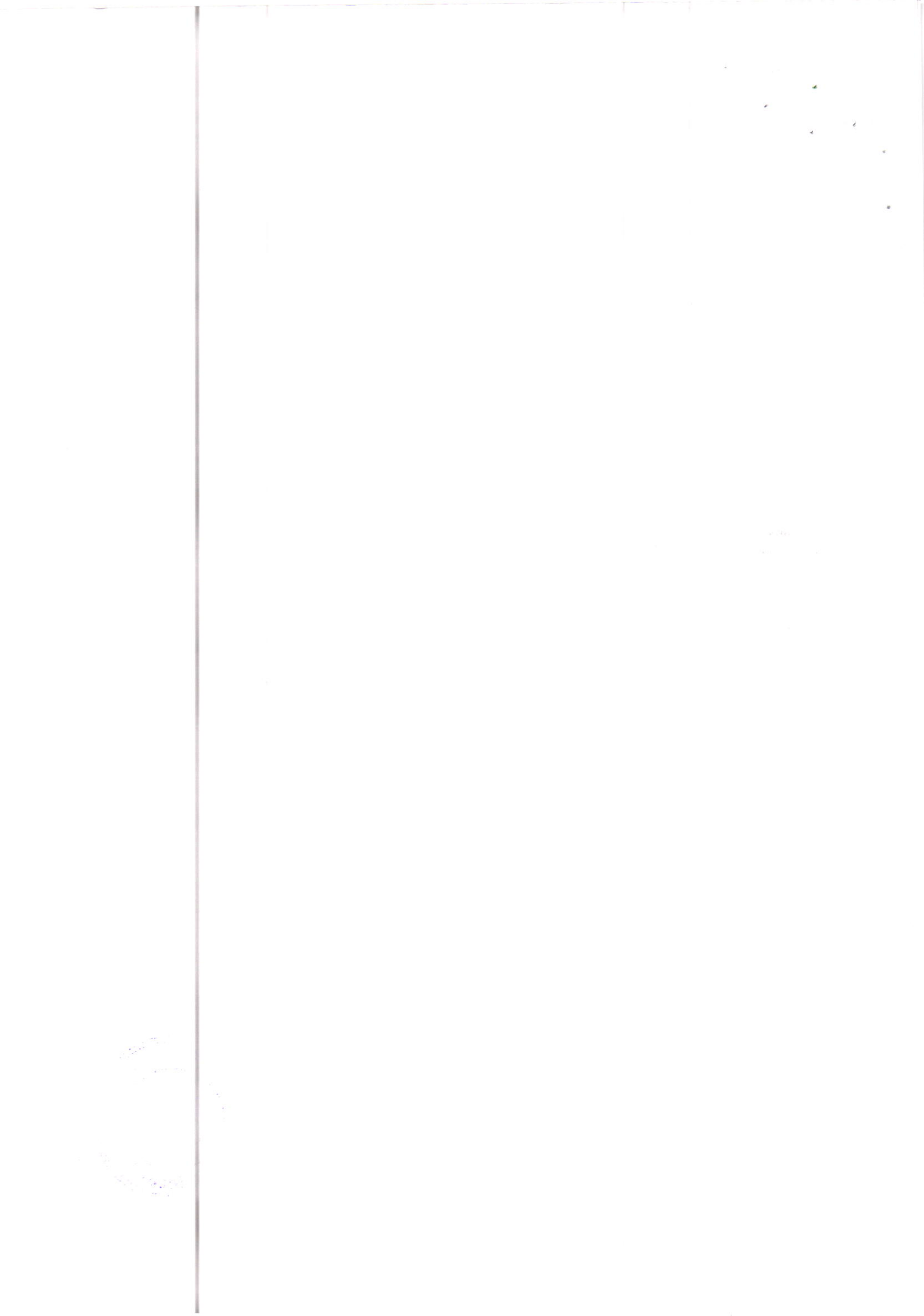
Serum calcium is increased (Hypercalcemia) in the following conditions:

Hyperparathyroidism, Vitamin D excess, Milk-alkali syndrome, Multiple myeloma, owing to bone lesions, Paget disease of bone with prolonged immobilization, Sarcoidosis, Familial hypercalcemia, Vitamin A intoxication, Thyrotoxicosis and Addison disease



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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	6.00		4.8-7.6
Urine Specific Gravity	1.025		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein (Protein Ionization)	+		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		Absent
Urine Nitrite	Absent		Absent

Microscopic Examination

Urine Pus Cells	7-8		0-5
Urine RBC	2-3	/hpf	Absent
Urine Epithelial Cells	1-2	/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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Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

BLOOD GROUP RH TYPE

ABO & RH Typing

Forward Grouping

Anti A

POSITIVE

Anti B

NEGATIVE

Anti D

POSITIVE

Final Blood Group

A POSITIVE

NOTE :

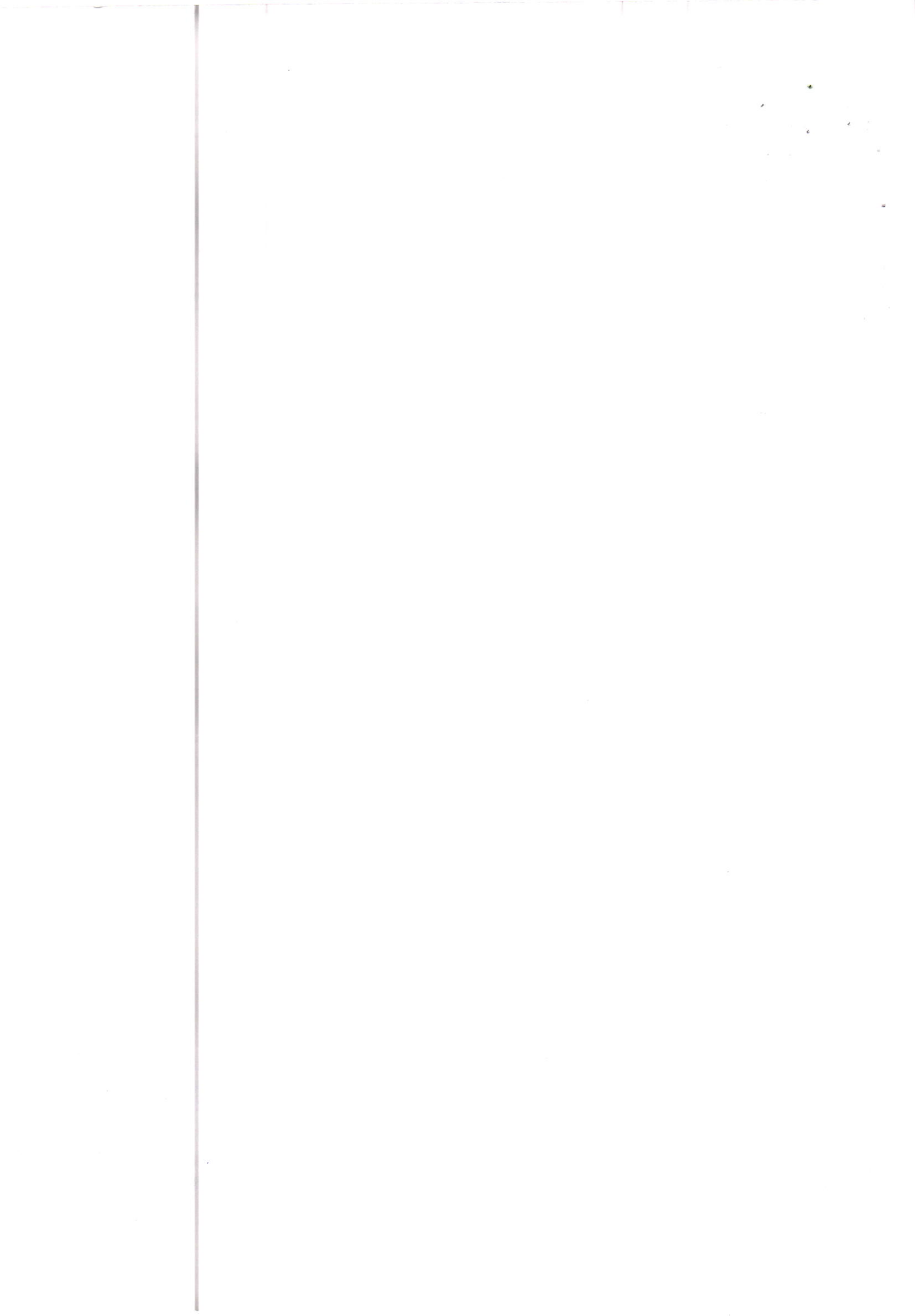
- * Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- * So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of maternal antibodies in newborns, may interfere with blood grouping.
- * Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

Ivy
Hospital



The highlighted values should be correlated clinically
Result Entered By:MEENAKASHI 7010M





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Requisition Date : 28/Oct/2024 10:31AM

Sample CollDate : 28/Oct/2024 10:36AM

Sample Rec.Date : 28/Oct/2024 10:58AM

Approved Date : 28/Oct/2024 11:45AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

15

mm/h

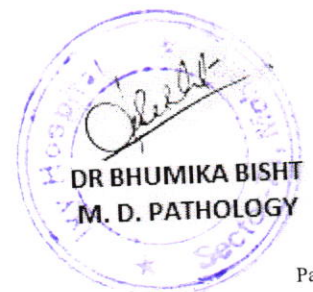
0-10

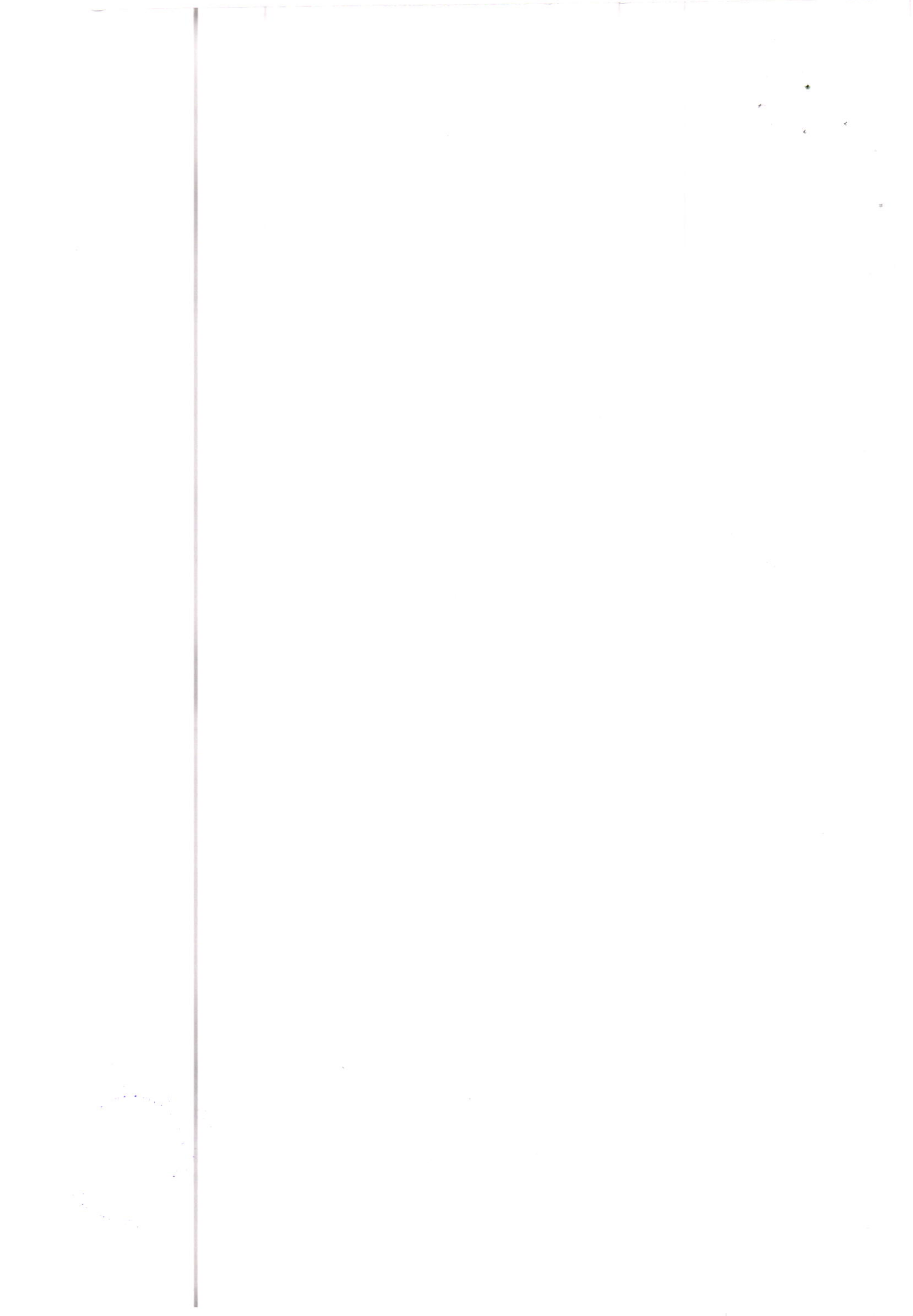
ESR

(Automated ESR analyser)

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Hospital

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COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

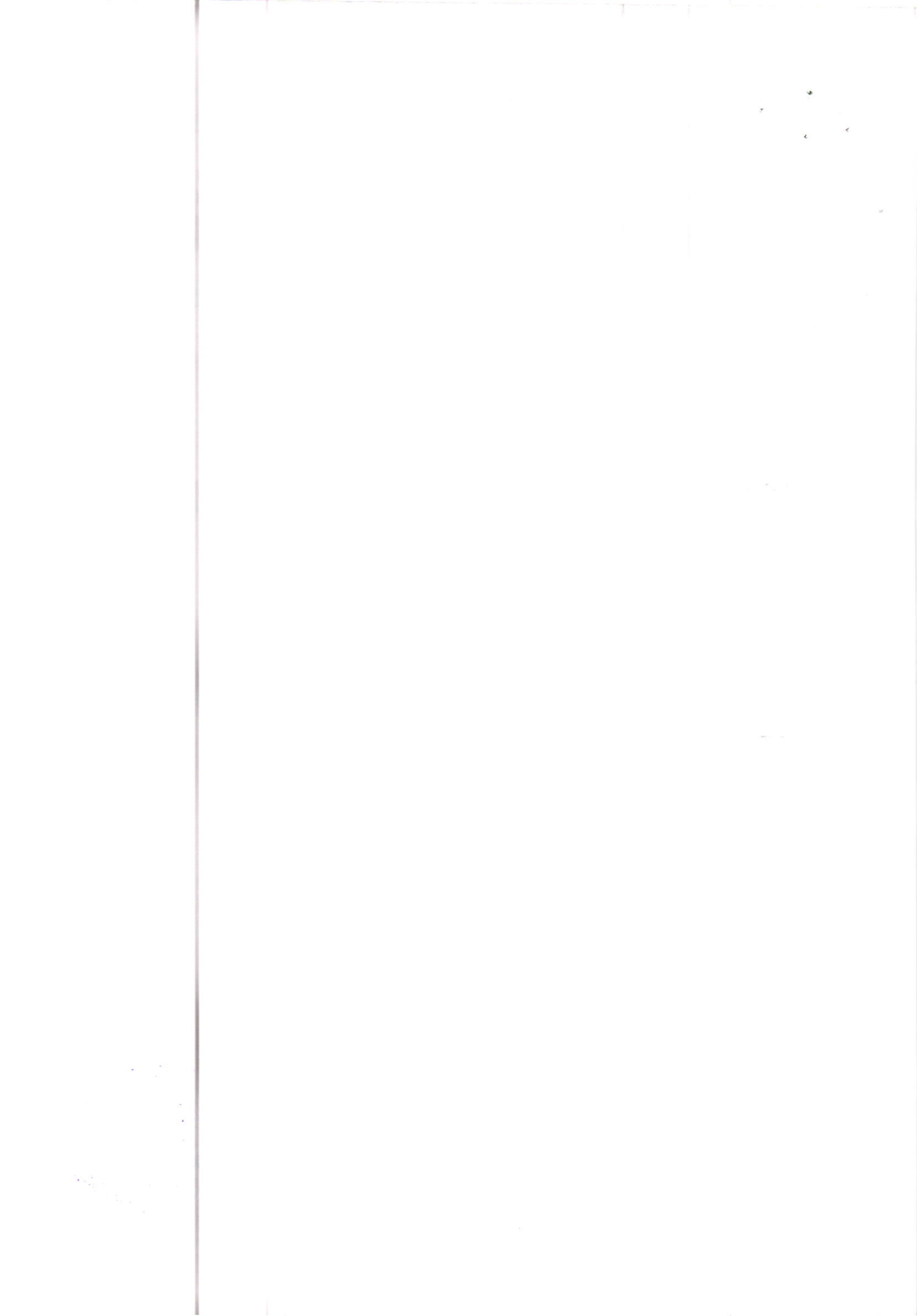
Haemoglobin (Noncyanmethaemoglobin)	15.7	g/dl	13.0 - 17.0
Hematocrit(PCV) (Calculated)	46.9	%	36-48
Red Blood Cell (RBC) (Impedence/DC Detection)	4.40	$10^6 / \mu\text{l}$	4.5-5.5
Mean Corp Volume (MCV) (Impedence/DC Detection)	106.8	fL	83-97
Mean Corp HB (MCH) (Calculated)	35.8	pg/mL	27-31
Mean Corp HB Conc (MCHC) (Calculated)	33.5	gm/dl	32-36
Red Cell Distribution Width -CV (Calculated)	14.2	%	11-15
Platelet Count (Impedence/DC Detection/Microscopy)	200	$10^3 / \mu\text{l}$	150-450
Mean Platelet Volume (MPV) (Impedence/DC Detection)	10.3	fL	7.5-10.3
Total Leucocyte Count (TLC) (Impedence/DC Detection)	6.6	$10^3 / \mu\text{l}$	4.0 - 10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	50	%	40-75
Lymphocytes	37	%	20-40
Monocytes	7	%	0-8
Eosinophils	6	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,300	μl	2000-7000
Absolute Lymphocyte Count	2,442	uL	1000-3000
Absolute Monocyte Count	462	uL	200-1000
Absolute Eosinophil Count	396	μl	20-500

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Glycosylated HB (HbA1c)

Whole Blood HbA1c
(HPLC)

4.9

%

Non diabetic:4.0-5.7
Pre-diabetes:5.7-6.4
Diabetes:>=6.5

Estimated Average Glucose (eAG)
(Calculated)

94

mg/dL

ADA criteria for correlation between HbA1c & Mean plasma glucose levels:
(Last three month's average).

HbA1c (%)	Mean Plasma Glucose (mg / dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

*** End Of Report ***

Result Entered By:MEENAKASHI 7010M



