

Fwd: Health Check up Booking Confirmed Request(22E50113), Package Code-, Beneficiary Code-294920

From RAJESH PATIAL <rajeshpatial811@gmail.com>  
Date Thu 2/6/2025 5:04 PM  
To RAJESH KUMAR <RAJESH.KUMARd166@bankofbaroda.com>

You don't often get email from rajeshpatial811@gmail.com. [Learn why this is important](#)

जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.  
NK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW

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

From: **Mediwheel** <wellness@mediwheel.in>  
Date: Thu, Feb 6, 2025, 16:15  
Subject: Health Check up Booking Confirmed Request(22E50113), Package Code-, Beneficiary Code-294920  
To: <rajeshpatial811@gmail.com>  
Cc: <customercare@mediwheel.in>

Dear **Rajesh Kumar** ,

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  
**City** : Mohali  
**State** : PUNJAB  
**Pincode** : 160071  
**Appointment Date** : 08-02-2025  
**Confirmation Status** : Booking Confirmed  
**Preferred Time** : 09:00 AM - 09:30 AM  
**Booking Status** : Booking Confirmed



बैंक ऑफ़ बड़ौदा - Bank of Baroda



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 जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. KUMAR RAJESH
क.कू.संख्या	180193
पदनाम	CUSTOMER SERVICE ASSOCIATE
कार्य का स्थान	KHARAR, KURALI ROAD
जन्म की तारीख	05-06-1979
स्वास्थ्य जांच की प्रस्तावित तारीख	08-02-2025
बुकिंग संदर्भ सं.	24M180193100143734E

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 03-02-2025 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 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।)



**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
	<b>Lipid Profile</b>	<b>Lipid Profile</b>
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	<b>Liver Profile</b>	<b>Liver Profile</b>
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)
	<b>Kidney Profile</b>	<b>Kidney Profile</b>
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
	<b>General Tests</b>	<b>General Tests</b>
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

\*\*\*

**बैंक ऑफ बड़ोदा**  
Bank of Baroda

नाम: **RAJESH KUMAR**  
Name:

कर्मचारी कूट क्र. **180193**  
E. C. No.

जारीकर्ता प्राधिकारी उ.सं.प्र. (स.स.प्र.) क्षेत्र, चंडीगढ़  
Issuing Authority DRM (AGM) Chd Region.

धारक के हस्ताक्षर  
Signature of Holder

भारत सरकार  
GOVERNMENT OF INDIA

रजेश कुमार  
Rajesh Kumar  
पुष्पित तम/ DOB: 05/06/1979  
पुरुष / MALE

6186 7929 5282

अधार-सामान्यमानपुढे पाक्यु

मिलने पर निम्नलिखित को लौटारें  
सहायक महाप्रबंधक (सुरक्षा)  
बैंक ऑफ बड़ोदा कार्पोरेट सेंटर  
सी-26, जी ब्लॉक, बान्द्रा कुर्ला कॉम्प्लेक्स  
मुंबई 400 051, भारत  
फोन : 91 22 6698 51 96 फॅक्स : 91 22 2652 5747

If found, please return to:  
Asst. General Manager (Security)  
Bank of Baroda, Baroda Corporate Center  
C-26, G-Block, Bandra-Kurla Complex  
Mumbai 400 051, India  
Phone : 91 22 6698 5196, Fax :91 22 2652 5747

रक्त समूह / Blood Group : **B+ve**  
ग्रहण विन्दु  
Identification Marks : **BLCK MOLE ON LEFT ARM ELBOW**

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

विरुनामा:  
S/O पुरशोतम सिंह 0, दाल्चेरा,  
दुल्चेरा (34/4), हामिरपुर,  
हिमाचल प्रदेश - 176039

6186 7929 5282

Aadhaar-Aam Admi ka Adhikar

**Name** : MR. Rajesh Kumar (45y, Male)  
**Phone** : 7018254932  
**ID** : 504113  
**Doctor** : Dr. Puneet Kumar

**Date & Time** : 08-Feb-2025 02:07 PM  
**#Visit** : 1

**BP** 130/80 mmHg | **Pulse** 95 bpm | **Weight** 83 kg

**Complaints:** FEVER YESTERDAY 1 times a daysince 1 day , COUGH , NO H/O TRAVEL , SORE THROAT

**Diagnosis:** URI , DYSLIPIDEMIA , GRADE 1 FATTY LIVER

Rx

Medicine	Dosage	Timing - Freq. - Duration
1) <b>ALEX SUGAR FREE 50ML SYRUP *</b> Composition : Chlorpheniramine 2 MG + Dextromethorphan 10 MG + Phenylephrine 5 MG Timing : 1 After breakfast, 1 After lunch, 1 After dinner Notes : 2 TSF TDS	1 - 1 - 1	After Food - Daily - 5 Days
2) <b>ACTIVE 5G TABLET *</b> Timing : 1 - Morning	1 - 0 - 0	Daily - 10 Days
3) <b>MONTEGRESS XL TABLET *</b> Composition : Fexofenadine 120 MG + Montelukast 10 MG Timing : 1 Night Bed Time	0 - 0 - 1	Bed Time - Daily - 5 Days
4) <b>AZEE 500MG TABLET *</b> Composition : Azithromycin 500 MG Timing : 1 After breakfast Notes : day 3	1 - 0 - 0	After Food - Daily - 3 Days
5) <b>RABLET L CAPSULE *</b> Composition : Levosulpiride 75 MG + Rabeprazole 20 MG Timing : 1 Before breakfast Notes : EMPTY STOMACH	1 - 0 - 0	Before Food - Daily - 5 Days
6) <b>TOCOAD CAPSULE *</b> Timing : 1 After breakfast	1 - 0 - 0	After Food - Daily - 90 Days
7) <b>NOVASTAT 10MG TABLET *</b> Composition : Rosuvastatin 10 MG Timing : 1 After dinner	0 - 0 - 1	After Dinner - Daily - 30 Days

**Advice:** LIPID PROFILE AFTER 1 MONTH

**Diet and Exercise:** low fat diet  
30-40 min walk daily

**Admission Advice:** No

**Tests Prescribed:**

- [ Next Visit] FREE T4
- [ Next Visit] FREE T3
- [ Next Visit] ANTI TPO
- [ Next Visit] LIPID PROFILE

**Next Visit** :30 days (10-Mar-2025 - Monday)

**Admission Advice:** NO

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

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

**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



Dr. Puneet Kumar  
Consultant - Internal Medicine  
MBBS, MD (Medicine)  
Regd. No.: PMC 41837

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

CIN No.: U85110PB2005PTC027898  
GSTIN: 03AABCI4594F1ZQ

Mr. Rajesh Kumar

8/11/25

451 B Du. Nureddin Rd

1st ② B/G  
① B/G P

1st floor  
terrace

(unit)

AS WAL B/E

Am

B/E ① on the main eye  
and 500 105

② RA @ 100/100

1/2

HR 67 bpm

Mr Rajesh Kumar  
UHID - 804113  
Age - 45/M

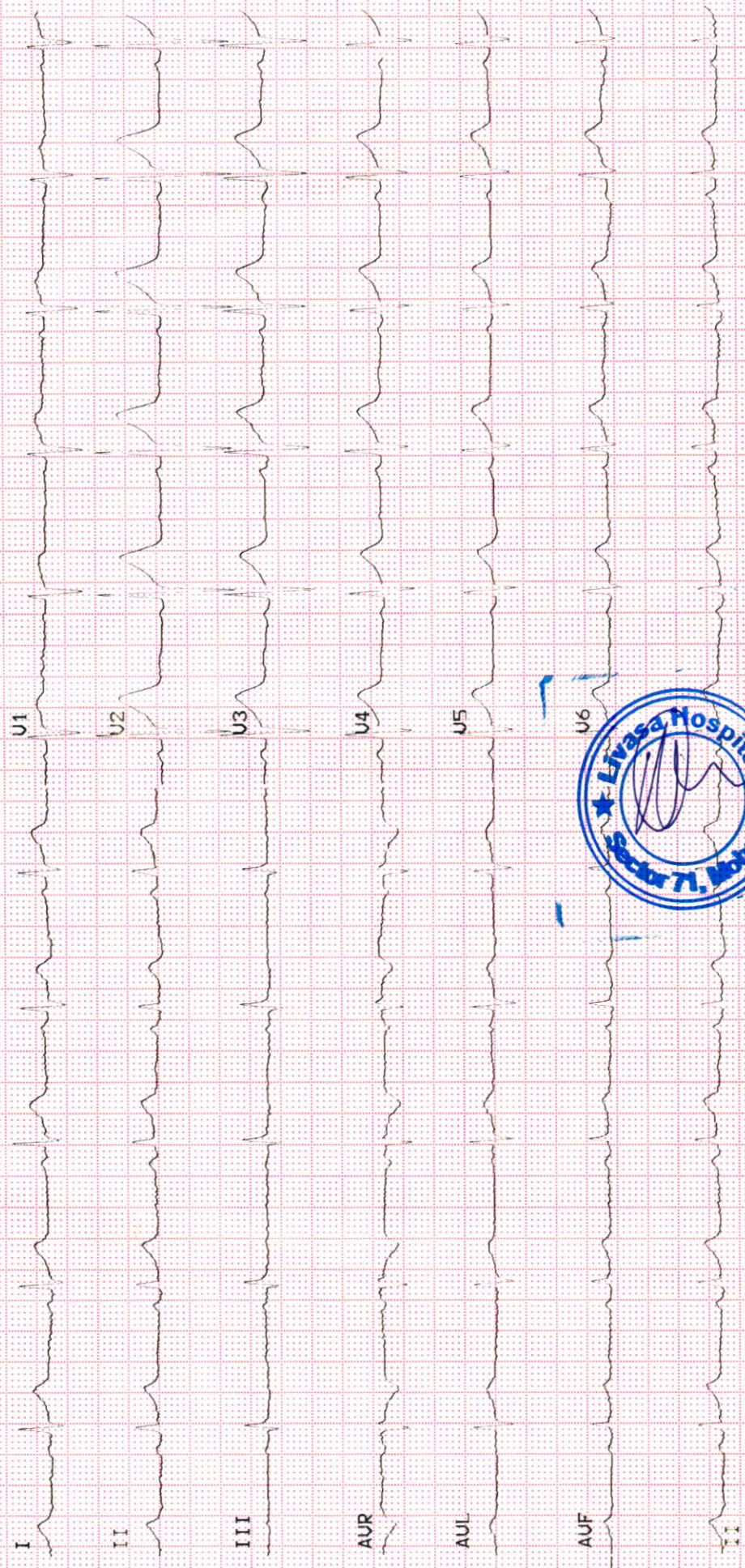
Interpretation:

normal ECG

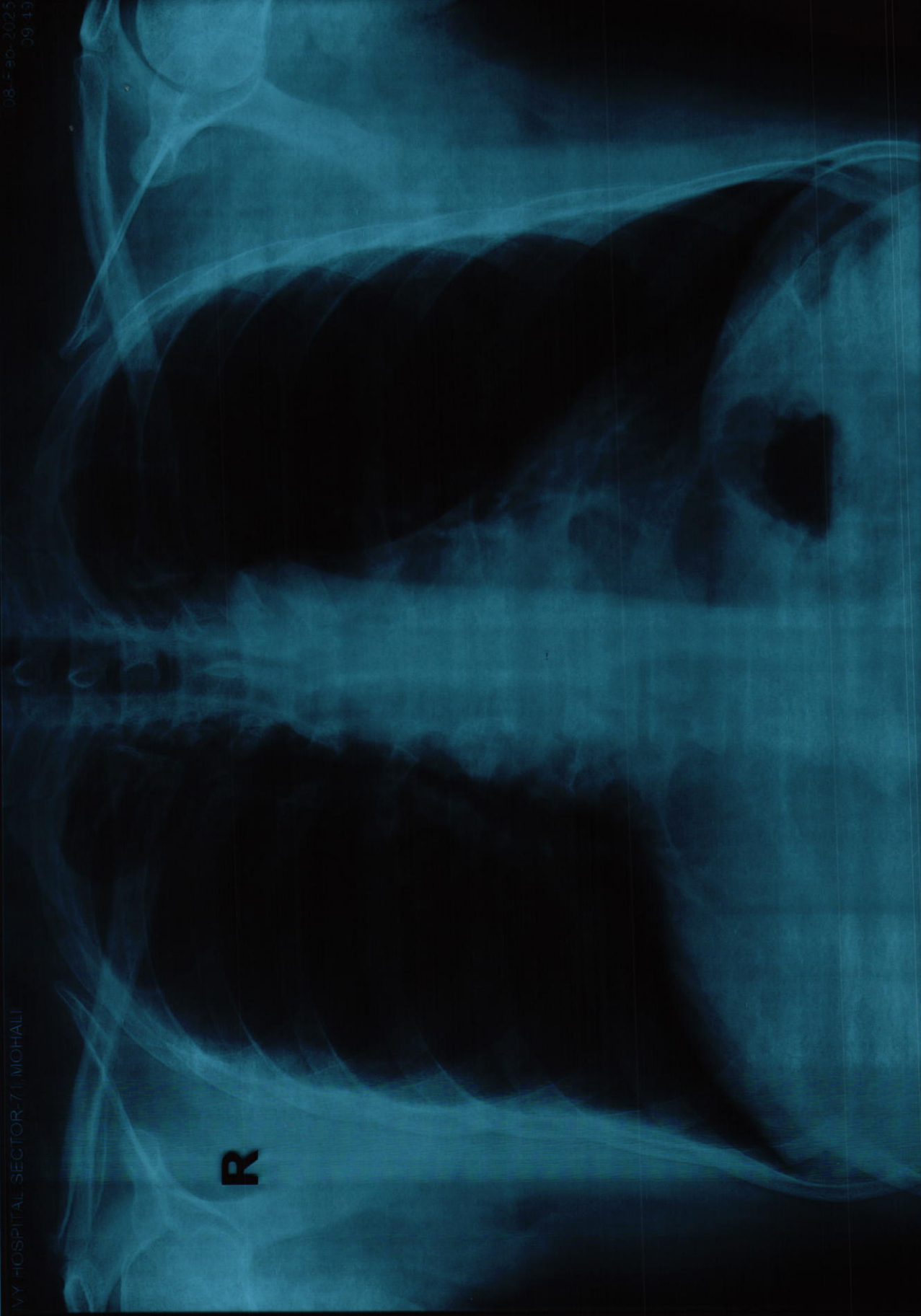
Measurement Results:

QRS	:	90 ms	< P
QT/QTcB	:	380 / 401 ms	< T
PR	:	144 ms	< QRS
P	:	90 ms	aUL
RR/PP	:	896 / 890 ms	0 I
P/QRS/T	:	55 / 5 / 30 degrees	III +90 II
QTd/QTcBD	:	66 / 70 ms	aUF
Sokolow	:	1.0 mV	
NK	:	9	

Unconfirmed report.







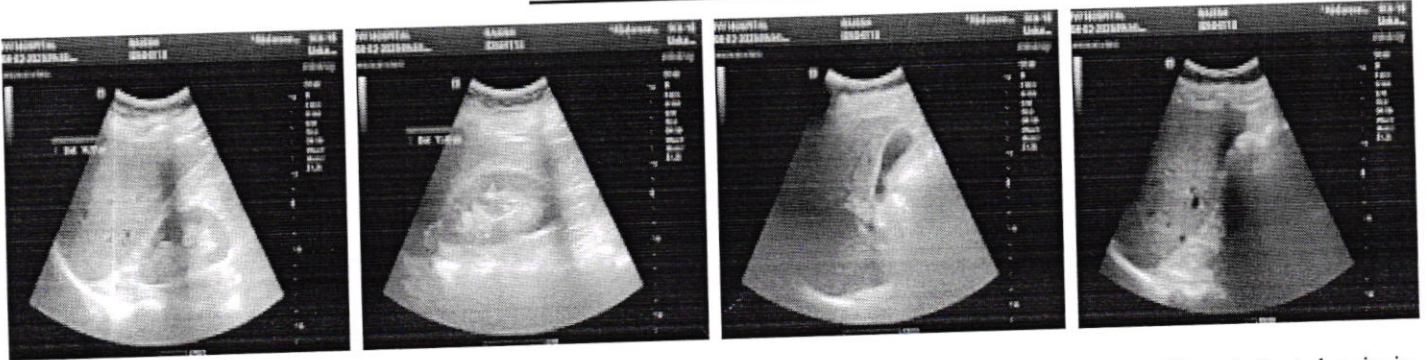
ID504113 RAJESH KUMAR M 45 years XN 2581 OPD

IVY HOSPITAL SECTOR-71, MOHALI



NAME	., RAJESH KUMAR	SEX/AGE	M45Y
PATIENT ID	ID504113	Accession Number	
REF CONSULTANT	PACKAGE	DATE	08/02/2025 09:53

**USG WHOLE ABDOMEN**



**LIVER:** is normal in size (~ 14.7cm), 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 (~ 9.6cm), 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 hydronephrosis is seen.

**LEFT KIDNEY:** It is normal in size (~ 10.8cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

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

**PROSTATE:** is normal in size (~ 23cc).  
No free fluid is seen in peritoneal cavity.

**IMPRESSION:** Fatty liver Grade I.

Adv. Clinical correlation and follow up.

Dr. Manish Singla  
DNB Resident



DR EKTA MISHRA

(NOT FOR MEDICO-LEGAL PURPOSE)

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CIN No.: U85110PB2005PTC027898

GSTIN: 03AABCI4594F1ZQ



NAME	., RAJESH KUMAR	SEX/AGE	M45Y
PATIENT ID	ID504113	Accession Number	
REF CONSULTANT	PACKAGE	DATE	08/02/2025 09:53

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



NAME	RAJESH KUMAR	SEX/AGE	M45Y
PATIENT ID	ID504113	Accession Number	XN.2581 OPD
REF CONSULTANT	Dr.	DATE	08/02/2025 09:49

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

Rotated film.

Bony structures and soft tissue appear normal.

Bronchovascular markings and reticulations are prominent in both lung fields.

Domes of diaphragm and costophrenic angles appear normal.

Cardiac shadow is within normal limit.

*Please correlate clinically.*



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 RAJESH KUMAR Patient ID 504113  
Gender/Age Male / 46 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	2.4	2.2-4.0 CM
IVS (D)	0.9	0.6-1.2 CM
IVS (s)	1.2	0.7-2.6 CM
LVPW (D)	0.9	0.6-1.1 CM
LVPW (S)	1.0	0.8-1.0 CM
Aortic Root	3.2	2.0-3.7 CM
LA Diameter	2.2	1.9-4.0 CM

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

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

**Aortic Valve** : Thin Trileaflet open completely with central closure

**Tricuspid Valve** : Thin, opening well with no prolapse

**Pulmonary Valve** : Thin, Pulmonary Artery not dilated

**Pulse & CW Doppler** : **Mitral valve:** E= 93cm/s, A= 47cm/s, E>A,

**Aortic valve:** Vmax = 35cm/s

**Pulmonary valve:** Vmax =65 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

No MR/TR/AR

Normal LV systolic function (LVEF~56%)



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

(NOT FOR MEDICO-LEGAL PURPOSE)

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GSTIN: 03AABCI4594F1ZQ

# LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 01727170000, 9115115257

Email: pathreports@livasahospitals.in



MC-6172

**Livasa**  
We care for life



NAME	: MR RAJESH KUMAR	Requisition Date	: 08/Feb/2025 08:25AM
DOB/Gender	: 05-Jun-1979/M	SampleCollDate	: 08/Feb/2025 09:59AM
UHID	: 504113	Sample Rec.Date	: 08/Feb/2025 09:59AM
Inv. No.	: 4934137	Approved Date	: 08/Feb/2025 10:34AM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13395554		

Test Description	Observed Value	Unit	Reference Range
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## IMMUNOASSAY

### TOTAL THYROID PROFILE

Serum Total T3 (CLIA/Vitros 5600)	0.90	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.

Serum Total T4 (CLIA/Vitros 5600)	5.40	µg/dL	5.52 – 12.97
--------------------------------------	------	-------	--------------

#### Summary & Interpretation:

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

Serum TSH (CLIA/Vitros 5600- TSH 3rd generation)	1.700	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



Result Entered By: SHUBHAM KUMAR(7743M)

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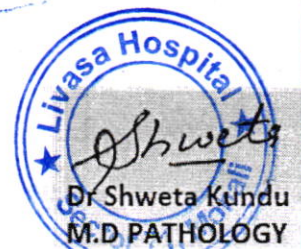
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NAME : MR RAJESH KUMAR

DOB/Gender : 05-Jun-1979/M

UHID : 504113

Inv. No. : 4934137

Panel Name : Livasa Mohali

Bar Code No : 13395554

Requisition Date : 08/Feb/2025 08:25AM

Sample CollDate : 08/Feb/2025 09:59AM

Sample Rec.Date : 08/Feb/2025 09:59AM

Approved Date : 08/Feb/2025 10:34AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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## PSA TOTAL

Serum PSA Total (CLIA/Vitros 5600)	0.60	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)	107	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.

### GLUCOSE PP

Plasma Glucose Post Prandial (VITROS 5600 /Colorimetric - Glucose oxidase, hydrogen peroxide)	124	mg/dL	Normal <140 Impaired Tolerance 140--180 Diabetic >180
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Result Entered By: SHUBHAM KUMAR(7743M)



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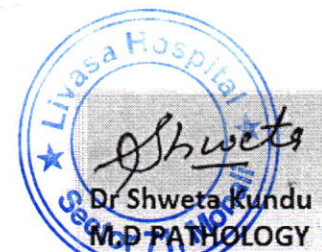
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NAME : MR RAJESH KUMAR

DOB/Gender : 05-Jun-1979/M

UHID : 504113

Inv. No. : 4934137

Panel Name : Livasa Mohali

Bar Code No : 13395554

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Test Description	Observed Value	Unit	Reference Range
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### RFT (RENAL FUNCTION TESTS)

Serum Urea (VITROS 5600 /Colorimetric - Urease, UV)	17.00	mg/dl	19.26-42.8
Serum Creatinine (VITROS 5600 /Two-point rate - Enzymatic)	0.70	mg/dL	0.66--1.25mg/dl
Serum Uric acid (VITROS 5600 /Colorimetric - Uricase)	6.80	mg/dL	3.5--8.5 mg/dl

#### Interpretation:

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

### LIPID PROFILE

Serum Cholesterol (VITROS 5600 /Colorimetric - Cholesterol oxidase, esterase, peroxidase)	242	mg/dL	Desirable <200mg/dl Boredrline High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides (VITROS 5600 /Colorimetric - Enzymatic, end point)	72	mg/dL	Normal < 150mg/dl Boredrline High 150--199mg/dl High 200-499mg/dl Very High ≥500 mg/dl
Serum HDL Cholesterol (VITROS 5600 /Colorimetric - Direct measure, PTA/MgCl2 )	39	mg/dL	Low to Average <40 mg/dl High ≥ 60.0mg/dl
Serum VLDL cholesterol (Calculated)	14	mg/dL	7-35
Serum LDL cholesterol (Calculated)	189	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	6.21		3-5
Serum LDL-HDL Ratio (Calculated)	4.84		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



Result Entered By: SHUBHAM KUMAR(7743M)

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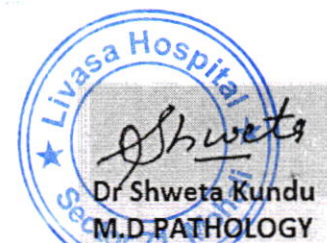
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NAME	: MR RAJESH KUMAR	Requisition Date	: 08/Feb/2025 08:25AM
DOB/Gender	: 05-Jun-1979/M	SampleCollDate	: 08/Feb/2025 09:59AM
UHID	: 504113	Sample Rec.Date	: 08/Feb/2025 09:59AM
Inv. No.	: 4934137	Approved Date	: 08/Feb/2025 10:34AM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13395554		

Test Description	Observed Value	Unit	Reference Range
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LDL- Cholesterol – Primary Target of Therapy	Optimal < 100 Near optimal/ Above optimal 100 – 129 Borderline high 130 – 159 High 160 – 189 Very high ≥ 190
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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

Result Entered By: SHUBHAM KUMAR(7743M)



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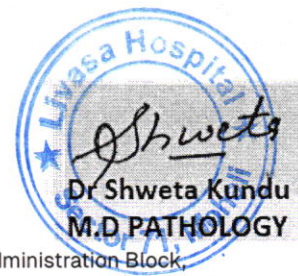
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Bar Code No	: 13395554		

Test Description	Observed Value	Unit	Reference Range
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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	1.000		1.010-1.030
Urine Glucose	Negative		Negative
Urine Protein (Protein Ionization)	Negative		Negative
Urine Ketones	Negative		Negative
Urine Bilirubin	Negative		Negative
Urine for Urobilinogen	Normal		Normal
Urine Nitrite	Negative		Negative

#### Microscopic Examination

Urine Pus Cells	0-1		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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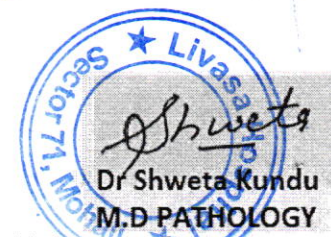
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NAME	: MR RAJESH KUMAR	Requisition Date	: 08/Feb/2025 08:25AM
DOB/Gender	: 05-Jun-1979/M	SampleCollDate	: 08/Feb/2025 08:26AM
UHID	: 504113	Sample Rec.Date	: 08/Feb/2025 08:26AM
Inv. No.	: 4934137	Approved Date	: 08/Feb/2025 11:12AM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13395554		

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: SHUBHAM KUMAR(7743M)

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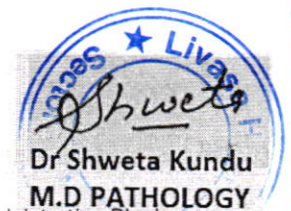
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Inv. No.	: 4934137	Approved Date	: 08/Feb/2025 09:51AM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13395554		

Test Description	Observed Value	Unit	Reference Range
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## HAEMATOLOGY

### ESR

Primary Sample Type: EDTA Blood

ESR (Automated ESR analyser)	15	mm/h	0-10
---------------------------------	----	------	------

### COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin (Noncyanmethaemoglobin)	12.6	g/dl	13.0 - 17.0
Hematocrit(PCV) (Calculated)	40.5	%	36-48
Red Blood Cell (RBC) (Impedence/DC Detection)	4.60	10 <sup>6</sup> / μl	4.5-5.5
Mean Corp Volume (MCV) (Impedence/DC Detection)	88.8	fL	83-97
Mean Corp HB (MCH) (Calculated)	27.6	pg/mL	27-31
Mean Corp HB Conc (MCHC) (Calculated)	31.1	gm/dl	32-36
Red Cell Distribution Width -CV (Calculated)	13.7	%	11-15
Platelet Count (Impedence/DC Detection/Microscopy)	132	10 <sup>3</sup> /ul	150-450
Mean Platelet Volume (MPV) (Impedence/DC Detection)	14.1	fL	7.5-10.3
Total Leucocyte Count (TLC) (Impedence/DC Detection)	7.0	10 <sup>3</sup> /μl	4.0 - 10.0

### Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	87	%	40-75
Lymphocytes	8	%	20-40
Monocytes	5	%	0-8
Eosinophils	0	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	6,090	μl	2000-7000
Absolute Lymphocyte Count	560	uL	1000-3000
Absolute Monocyte Count	350	uL	200-1000

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



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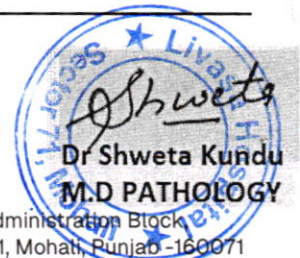
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