

Subject: Fw: Health Check up Booking Confirmed Request(22S51047), Package Code-, Beneficiary Code-278955

From: "Gaurav Kumar" <GAURAV.KUMAR17@bankofbaroda.com>

Date: 08/02/2025, 10:03 am

To: "mainreception@livasahospitals.com" <mainreception@livasahospitals.com>

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From: Mediwheel <wellness@mediwheel.in>

Sent: Friday, February 7, 2025 3:41:51 PM

To: Gaurav Kumar <GAURAV.KUMAR17@bankofbaroda.com>

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

Subject: Health Check up Booking Confirmed Request(22S51047), Package Code-, Beneficiary Code-278955

****सावधान:** यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक न करें.
****CAUTION:** THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS

Dear **Gaurav Kumar,**

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

Hospital Package Name : Mediwheel Full Body Health Checkup Female Below 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

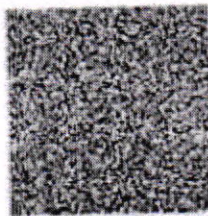
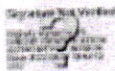


ભારત સરકાર
Government of India

ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ
Unique Identification Authority of India

નિર્માણ ક્રમ નંબર/ Enrolment No.: 0648/00378/57360

To
કાજલ રાની
Kajal Rani
C/O: Gaurav Kumar
Adampur
Vaishali Bihar - 844114
7986892031



તમારી આધાર નંબર / Your Aadhaar No. :

5034 1023 8249

VID : 9144 1718 6756 9275

મારી આધાર, મારી ઓળખ



સરકાર

Government of India



કાજલ રાની
Kajal Rani
જન્મ તારીખ/DOB: 15/09/1998
જાત FEMALE

Issue Date: 01/11/2012

5034 1023 8249

VID : 9144 1718 6756 9275

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AADHAAR

નિર્દેશ

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- આ ઇલેક્ટ્રોનિક પ્રક્રિયા દ્વારા જનરેટ થયેલ છે.

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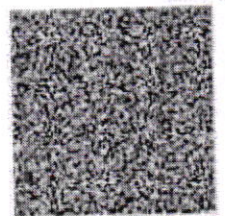
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નંબર :
જન્મ તારીખ: 15/09/1998, બેચ, જિલ્લો,
Pin - 844114

Address:
C/O: Gaurav Kumar, Adampur, Vaishali,
Bihar - 844114

Issue Date: 01/11/2012



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VID : 9144 1718 6756 9275

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AI Assistan

8/2/25

Mrs. Kajal / 25 yrs

Routine check up

Lump: 20/1/25
No discharge PIV

USG Report (2)
study

P.L., MCh / FMO, 4 yrs
no medical / surgical history.

Adv
Pap smear
(CBC)

Rx

1 Cap. Dorytract - CB
1 ————— 1 x 5 days
after food

2 Cap. RABUMOR OR
1 ————— 1 x 5 days
empty stomach

4 Cap. A-CURE
1 ————— 1 x 20 days
(after food)

3 Tap. CURE - VD
vaginal pessary

insert in vagina 1 x 6 days

Dr. Edwin Kaur Ghai
M.B.S., M.D. (OBST. & GYNAE) DNB
MRCOG (UK)
Consultant - Obstetrics, Gynaecology
& IVF Specialist
MC Reg No. 54331

Name : MRS. Kajal Rani (26y, Female)
Phone : 9546863662
ID : 504142
Doctor : Dr. Puneet Kumar

Date & Time : 08-Feb-2025 03:32 PM
#Visit : 1

Complaints: ROUTINE CHECKUP

Diagnosis: ANEMIA MILD

R_x

Medicine	Dosage	Timing - Freq. - Duration
1) LYCOWOR CAPSULE *	1 - 0 - 0	After Food - Daily - 90 Days
Timing : 1 After breakfast		

Advice: IRON RICH DIET

Tests Prescribed:

- [Today] PBF
- [Today] IRON PROFILE
- [Today] VITAMIN B12

Next Visit : 90 days (09-May-2025 - Friday)

Admission Advice: NO



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

Kajal Kaur

21/06/25

CISIS Dr. Mukesh Vats

u1 (A) EIB
(C) B/G

Lushy

AS - work B/G

Dr

(A) Kaur S/O

Dr. Mukesh Vats
MD, F-RS
Retina Consultant & Phaco Surgeon

RV

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

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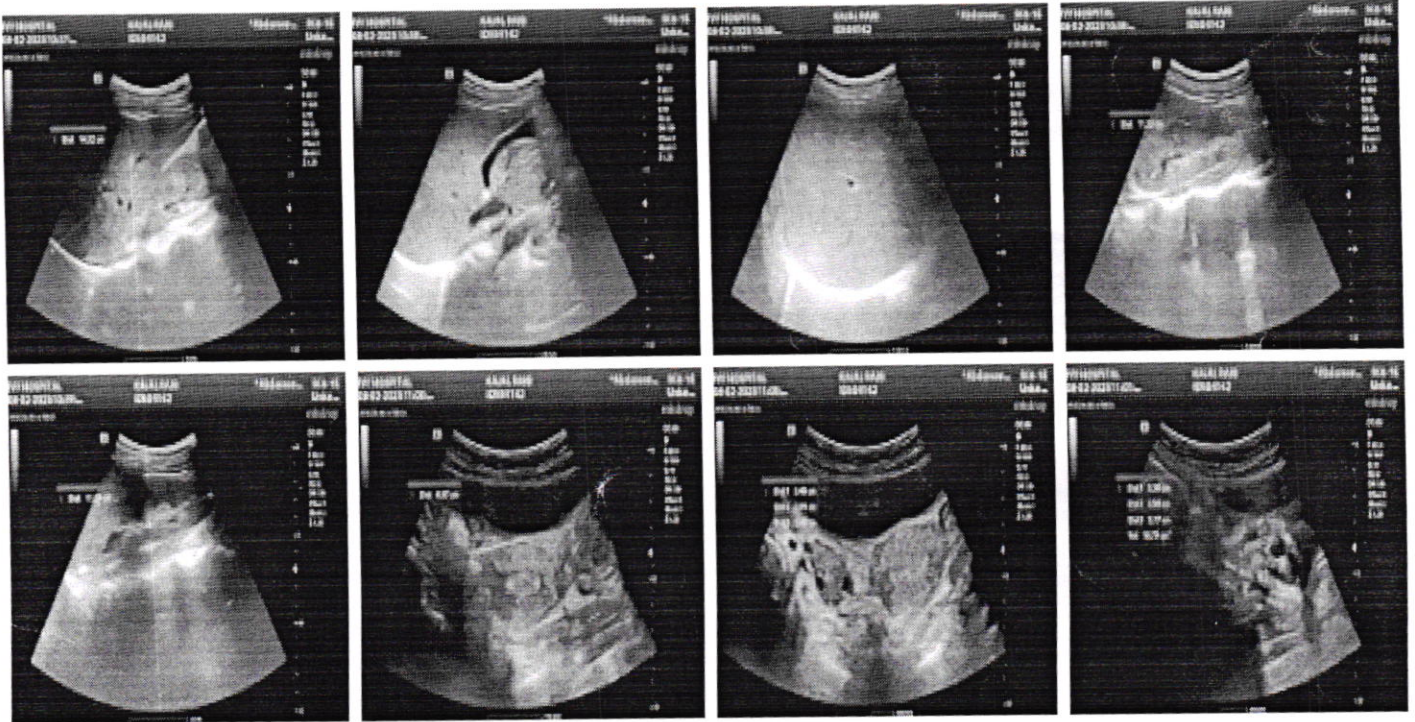
CIN No.: U85110PB2005PTC027898

GSTIN: 03AABCI4594F1ZQ



NAME	., KAJAL RANI	SEX/AGE	F25Y
PATIENT ID	ID504142	Accession Number	
REF CONSULTANT	PACKAGE	DATE	08/02/2025 10:56

USG WHOLE ABDOMEN



LIVER: is normal in size (~ 14.3cm), outline and echotexture. IHBR are not dilated. Portal vein is normal. Visualized CBD is not dilated.

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

SPLEEN: is normal in size (~ 10.8cm), 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 (~ 11.3cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~ 11.3cm), 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.

UTERUS: is normal in size, outline and echotexture. ET is ~ 8.7mm. No discrete focal lesion is seen.

OVARIES: They are normal in size (RO ~ 9cc ; LO ~ 10.7cc) and echotexture. No adnexal SOL is seen.

Minimal free fluid is seen in POD.

contd.....

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CIN No.: U85110PB2005PTC027898

GSTIN: 03AABCI4594F1ZQ



NAME	., KAJAL RANI	SEX/AGE	F25Y
PATIENT ID	ID504142	Accession Number	
REF CONSULTANT	PACKAGE	DATE	08/02/2025 10:56

OPINION: No significant abnormality in current study.

Adv. Clinical correlation and follow up.

Dr. Manish Singla
DNB Resident


Dr GURSIMRAN SINGH ANAND
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

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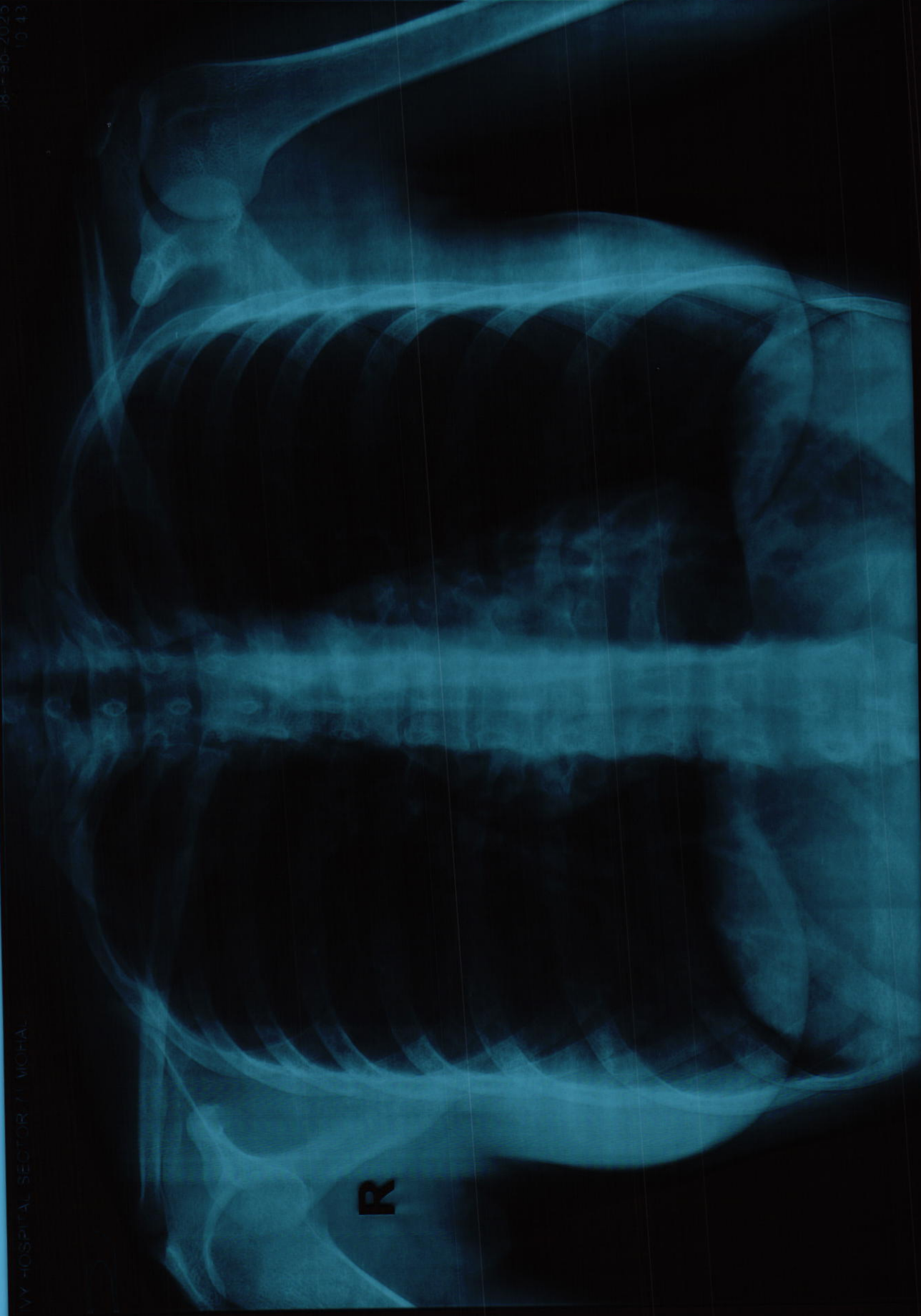
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CIN No.: U85110PB2005PTC027898

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ID504142 KAJAL RANI F 25 years XN-2539 OPD

VY HOSPITAL SECTOR-71 MOHAL



NAME	KAJAL RANI	SEX/AGE	F25Y
PATIENT ID	ID504142	Accession Number	XN.2589 OPD
REF CONSULTANT	Dr.	DATE	08/02/2025 10:43

X-RAY CHEST (PA VIEW)

- Bony structures and soft tissue appear normal.
- Trachea is slightly deviated towards right.
- 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 EKTA MISRA
MD RADIO- DIAGNOSIS

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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CIN No.: U85110PB2005PTC027898
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Patient Name KAJAL RANI Patient ID 504142
Gender/Age Female / 27 Test Date : 08 Feb 2025

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.5	3.7-5.6 CM
Left Ventricular ES Dimension	3.4	2.2-4.0 CM
IVS (D)	0.9	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)	1.2	0.8-1.0 CM
Aortic Root	2.9	2.0-3.7 CM
LA Diameter	3.3	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	60%	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= 101cm/s, A= 88cm/s, E>A,

Aortic valve: Vmax = 111cm/s

Pulmonary valve: Vmax = 77cm/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~60%)



DR. RAKESH BHUTUNGRU

Director-Non Invasive Cardiology
MBBS, MD(Medicine), DM(Cardiology)
PMC-42588

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HR 84 bpm

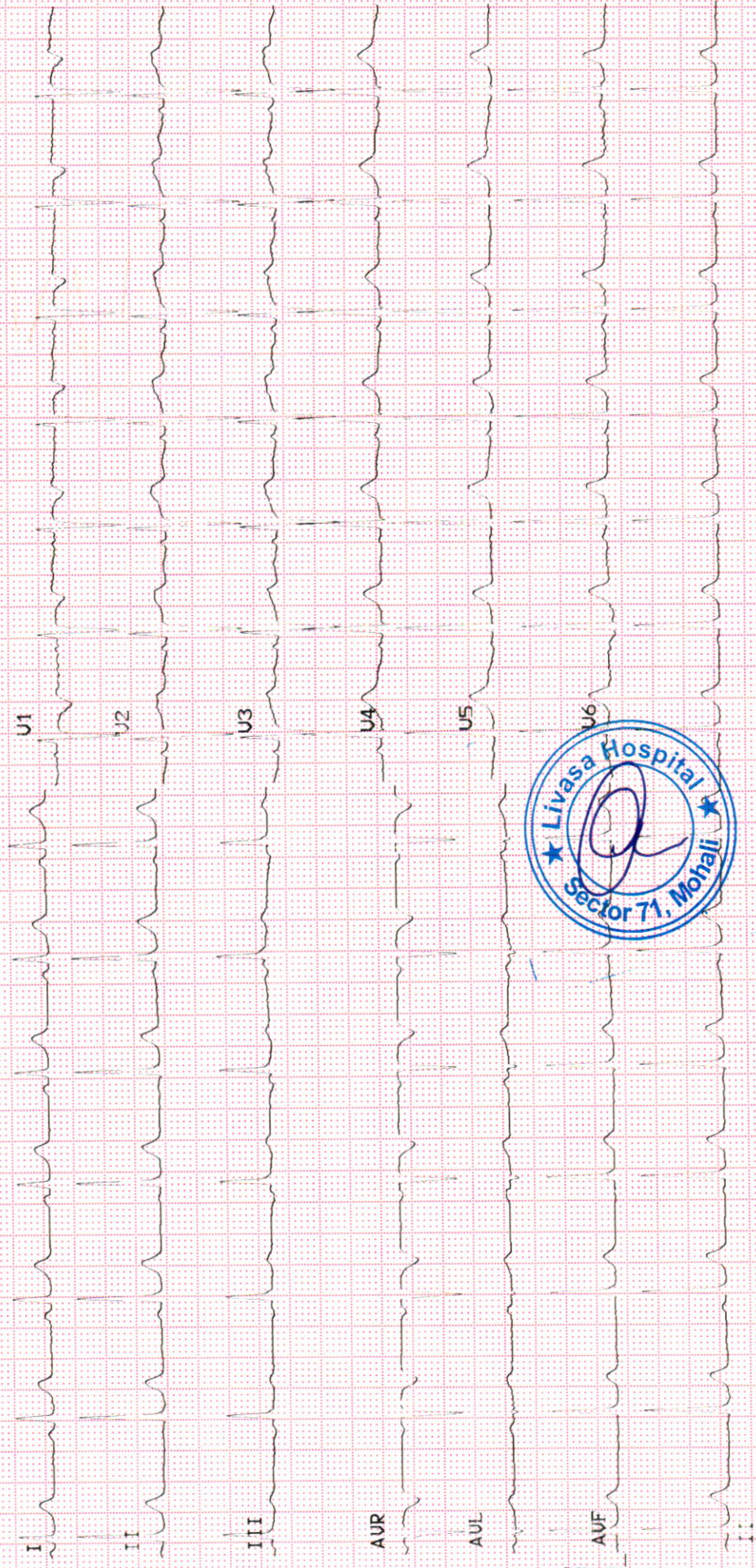
MRS. KASAL RANI
SOUJIZ
RSHLF

Interpretation:
short PR interval
probably normal ECG

Measurement Results:

QRS	: 84 ms	< P	
QT/QTcB	: 358 / 425 ms	< T	
PR	: 110 ms	< QRS	
P	: 84 ms	aUL	-90
RR/PP	: 708 / 735 ms	O I	
P/QRS/T	: 0 / 65 / 40 degrees	III	+90
QTd/QTcBD	: 44 / 52 ms	aVF	
Sokolow	: 2.5 mV		
NK	: 11		

Unconfirmed report.



LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 01727170000, 9115115257

Email: pathreports@livasahospitals.in



MC-6172

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NAME	: MRS. KAJAL RANI	Requisition Date	: 08/Feb/2025 10:16AM
DOB/Gender	: 15-Sep-1998/F	SampleCollDate	: 08/Feb/2025 11:05AM
UHID	: 504142	Sample Rec.Date	: 08/Feb/2025 11:05AM
Inv. No.	: 4934318	Approved Date	: 08/Feb/2025 12:15PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13395648		

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 (CLIA/Vitros 5600)	1.60	ng/mL	0.970 – 1.69
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Summary & Interpretation:

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It occurs under the influence of medications such as propranolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

Serum Total T4 (CLIA/Vitros 5600)	8.70	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.

Serum TSH (CLIA/Vitros 5600- TSH 3rd generation)	2.600	mIU/L	0.4001 - 4.049 PREGNANCY REFERENCE RANGE FOR TSH IN uIU/mL 1st Trimester 0.1298 – 3.120 2nd Trimester 0.2749 – 2.652 3rd Trimester 0.3127 – 2.947
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Summary & Interpretation

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The determination of TSH serves as the initial test in thyroid diagnostics. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

Note:
1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations

2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

4. Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic - Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 – 3.70
2nd Trimester	0.31 – 4.35
3rd Trimester	0.41 – 5.18

Result Entered By: Sapna Thappa 41280



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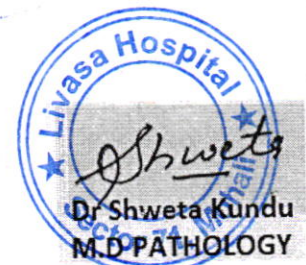
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Bar Code No	: 13395648		

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)	103	mg/dL	Normal 70-99 mg/dl Impaired Tolerance 100 - 125mg/dl Diabetic ≥ 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 ≥ 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)	21.00	mg/dL	14.98-36.38
Serum Creatinine (VITROS 5600 /Two-point rate - Enzymatic)	0.50	mg/dL	0.52--1.04 mg/dl
Serum Uric acid (VITROS 5600 /Colorimetric - Uricase)	3.00	mg/dL	2.5--6.2 mg/dl

Interpretation:

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

Result Entered By: Sapna Thappa 41280



Livasa Hospital, Mohali

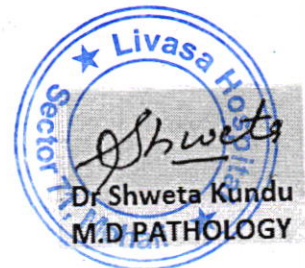
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Bar Code No	: 13395648		

Test Description	Observed Value	Unit	Reference Range
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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)	0.50	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)	32	U/L	14-36U/L
Serum SGPT(ALT) (VITROS 5600 /Multi-point rate - UV with P5P)	26	U/L	<35
Serum AST/ALT Ratio (Calculated)	1.23		
Serum GGT (VITROS 5600 /Multi-point rate - G-glutamyl-p-nitroanilide)	<10	U/L	12 - 43
Serum Alkaline Phosphatase (VITROS 5600 /Multi-point rate - PMPP, AMP Buffer (37°C))	59	U/L	38--126U/L
Serum Protein Total (VITROS 5600 /Colorimetric - Biuret,no serum blank, end point)	8.3	g/dl	6.3--8.2g/dl
Serum Albumin (VITROS 5600 /Colorimetric - Bromocresol Green)	5.0	g/dl	3.5--5.0g/dl
Serum Globulin (Calculated)	3.30	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.52	%	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)	153	mg/dL	Desirable <200mg/dl Boredrline High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides (VITROS 5600 /Colorimetric - Enzymatic, end point)	58	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)	75	mg/dL	Low to Average <40 mg/dl High ≥ 60.0mg/dl

Result Entered By:Sapna Thappa 41280



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MC-6172

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NAME	: MRS. KAJAL RANI	Requisition Date	: 08/Feb/2025 10:16AM
DOB/Gender	: 15-Sep-1998/F	SampleCollDate	: 08/Feb/2025 11:05AM
UHID	: 504142	Sample Rec.Date	: 08/Feb/2025 11:05AM
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Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13395648		

Test Description	Observed Value	Unit	Reference Range
Serum VLDL cholesterol (Calculated)	12	mg/dL	7-35
Serum LDL cholesterol (Calculated)	66	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	2.04		3-5
Serum LDL-HDL Ratio (Calculated)	0.89		1.5 - 3.5

Interpretation:

As per ATP 111 Guidelines - National Cholesterol Education Program

Total Cholesterol (mg/dL)	Desirable <200 Borderline High 200 – 239 High >240
Triglyceride	Normal < 150 Borderline High 150 – 199 High 200 – 499 Very High ≥ 500
HDL – Cholesterol	Low < 40 High ≥ 60
LDL- Cholesterol – Primary Target of Therapy	Optimal < 100 Near optimal/ Above optimal 100 – 129 Borderline high 130 – 159 High 160 – 189 Very high ≥ 190

Risk Category LDL	Goal (mg/dL)	Non-HDL Goal (mg/dL)
CHD and CHD Risk Equivalent (10-year risk for CHD>20%)	<100	<130
Multiple (2+) Risk Factors and 10-year risk <20%	<130	<160
0-1 Risk Factor	<160	<190

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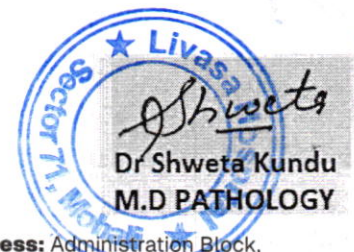
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CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	40.00	mL	
Urine Colour	Plae yellow		Light Yellow
Urine Appearance	Clear		Clear

Chemical Examination (Reflectance Photometry)

Urine pH	6.00		4.8-7.6
Urine Specific Gravity	1.010		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	1-2		Negative
Urine RBC	Negative	/hpf	Negative
Urine Epithelial Cells	2-3	/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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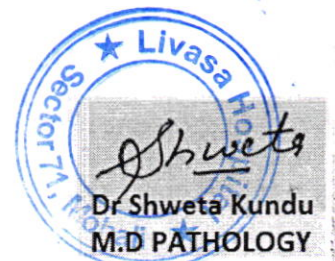
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Panel Name	: Livasa Mohali	Referred Doctor	: Self
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Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c	5.1
Estimated Average Glucose (eAG)	100

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
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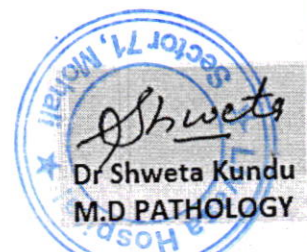
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HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR (Automated ESR analyser)	22	mm/h	0-15
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COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin (Noncyanmethaemoglobin)	10.4	g/dl	12.0 - 15.0
Hematocrit(PCV) (Calculated)	34.5	%	33-45
Red Blood Cell (RBC) (Impedence/DC Detection)	3.80	$10^6 / \mu\text{l}$	3.8-4.8
Mean Corp Volume (MCV) (Impedence/DC Detection)	90.6	fL	83-97
Mean Corp HB (MCH) (Calculated)	27.3	pg/mL	27-31
Mean Corp HB Conc (MCHC) (Calculated)	30.1	gm/dl	32-36
Red Cell Distribution Width -CV (Calculated)	14.2	%	11-15
Platelet Count (Impedence/DC Detection/Microscopy)	146	$10^3 / \mu\text{l}$	150-450
Mean Platelet Volume (MPV) (Impedence/DC Detection)	13.0	fL	7.5-10.3
Total Leucocyte Count (TLC) (Impedence/DC Detection)	3.4	$10^3 / \mu\text{l}$	4.0 - 10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	56	%	40-75
Lymphocytes	34	%	20-40
Monocytes	8	%	0-8
Eosinophils	2	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	1,904	μl	2000-7000
Absolute Lymphocyte Count	1,156	μL	1000-3000
Absolute Monocyte Count	272	μL	200-1000
Absolute Eosinophil Count	68	μl	20-500

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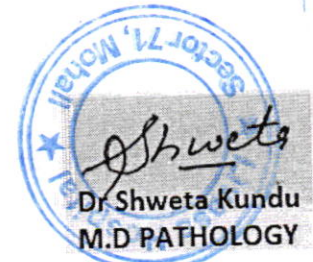
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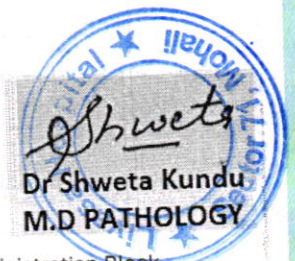


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