

507395

 Outlook

**Health Check up Booking Confirmed Request(22S53656), Package Code-, Beneficiary Code-280622**

From Mediwheel &lt;wellness@mediwheel.in&gt;

Date Wed 19-Feb-25 6:39 PM

To Harinder Pal Singh Kang &lt;HARINDER.KANG@bankofbaroda.com&gt;

Cc customercare@mediwheel.in &lt;customercare@mediwheel.in&gt;

**\*\*सावधान: यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी**  
**\*\*CAUTION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN**

Dear **Harinder Pal Singh Kang**,

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, Mohali, PUNJAB - 160071

**City** : Mohali

**State** : PUNJAB

**Pincode** : 160071

**Appointment Date** : 22-02-2025

**Confirmation Status** : Booking Confirmed

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

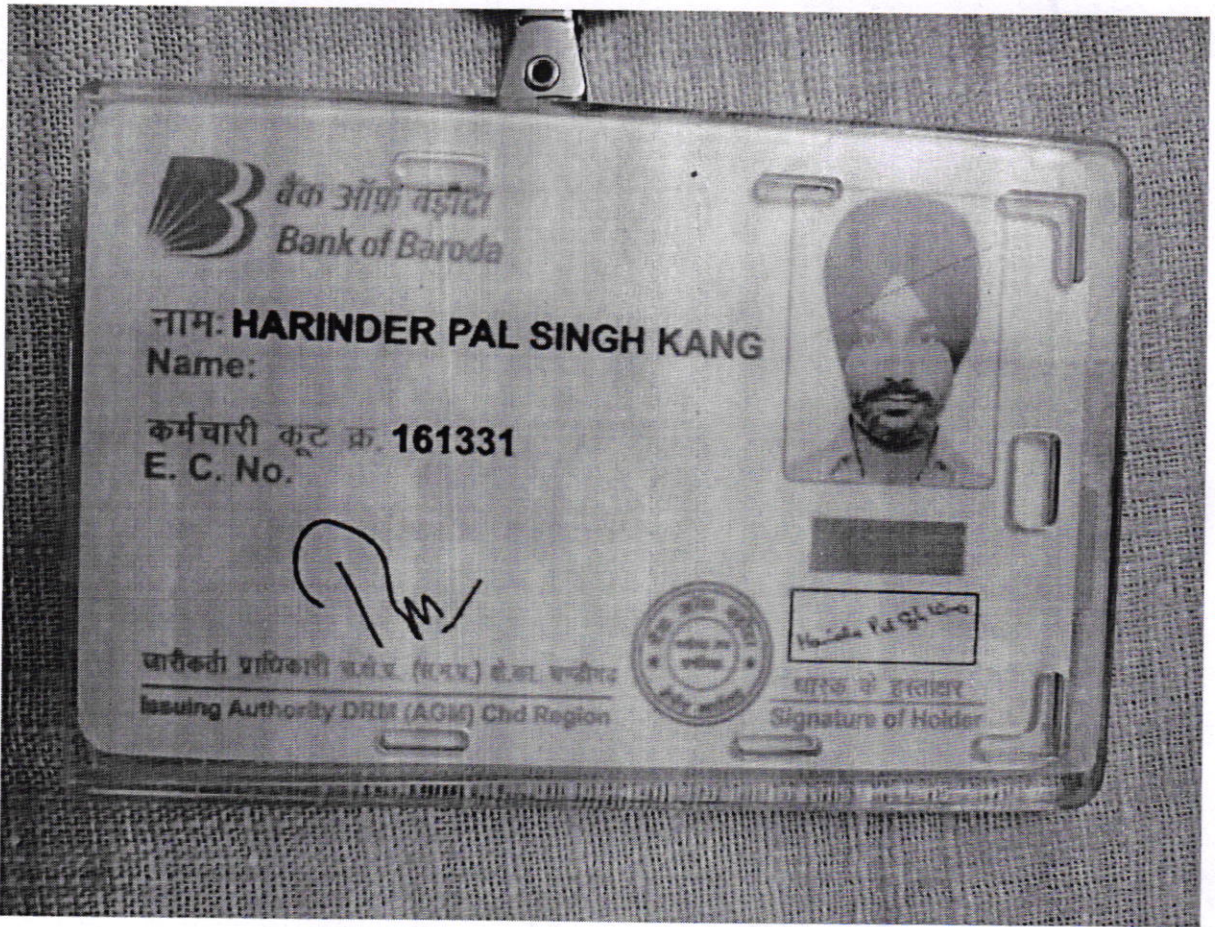
**Booking Status** : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Amritpal Kaur	35 year	Female

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



Attachments:

IMG-20250222-WA0000.jpg


181 KB


**ਭਾਰਤ ਸਰਕਾਰ**  
**Government of India**


**ਅਮ੍ਰਿਤਪਾਲ ਕੌਰ**  
**Amritpal Kaur**  
**ਜਨਮ ਮਿਤੀ / DOB : 15/01/1990**  
**ਇਸਤਰੀ / Female**






**2323 6531 2633**  
**ਮੇਰਾ ਆਧਾਰ, ਮੇਰੀ ਪਛਾਣ**


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

**ਪਤਾ:**  
**W/O ਹਰਿੰਦਰ ਪਾਲ ਸਿੰਘ ਕੰਗ, ਹਾਉਸ ਨੰ**  
**247, ਨੇੜੇ ਗੁਰਦੁਆਰਾ, ਫੇਜ਼ 4**  
**ਸੈਕਟਰ-59, ਏ.ਏ.ਏ. ਨਗਰ (ਮੋਹਾਲੀ),**  
**ਐਸ ਏ ਐਸ ਨਗਰ (ਮੋਹਾਲੀ), ਸੈਕਟਰ 59,**  
**ਪੰਜਾਬ, 160059**

**Address:**  
**W/O Harinder Pal Singh Kang,**  
**house no 247, near gurudwara,**  
**Phase 4 Sector-59, S.A.S.Nagar**  
**(Mohali), SAS Nagar (Mohali),**  
**Sector 59, Punjab, 160059**

**2323 6531 2633**

 1947
  [help@uidai.gov.in](mailto:help@uidai.gov.in)
 [www.uidai.gov.in](http://www.uidai.gov.in)

Name : MRS. AMRITPAL KAUR (35y, Female)  
Phone : 9914114163  
ID : 507395  
Doctor : Dr. G Ranjeeth Kumar

Date & Time : 22-Feb-2025 02:54 PM

**Past Medical History:** LEFT SIDE BELLS Palsy - DEC 2024

BP 97/76 mmHg | **Pulse** 76 bpm | **Weight** 57 kg | **SPO2** 97% %

**Complaints:** REGULAR HEALTH CHECKUP , NO PRIOR COMORBIDITIES

Rx

Medicine	Dosage	Timing - Freq. - Duration
1) <b>CAP. MECOCAL MAX *</b> Composition : calcium citrate maleate 500 mg + L - methyl folate 250 mg + Vit K2 7.75 mg + Zinc 10 mg... Timing : 1 (cap) - 2 HR After lunch Administration : Oral-To be swallowed	0 - 1 - 0 (cap)	2 HR - After Food - Daily - 2 Months
2) <b>CAP. LUMIA 60K *</b> Composition : Cholecalciferol 60000 IU Administration : Oral-To be swallowed		Weekly - 8 Weeks
3) <b>CAP. RABZENAM - L *</b> Timing : 1 (cap) - 30 mins Before breakfast Administration : Oral-To be swallowed	1 - 0 - 0 (cap)	30 mins - Before Breakfast - Daily - 20 Days

**Admission Advice:** NO



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

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

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Phase 8, SAS Nagar, Mohali, Punjab-160071  
Phone: 91-172-7170000, Fax: 91-172-2274900

CIN No.: U85110PB2005PTC027898  
GSTIN: 03AABCI4594F1ZQ

Name : MRS.Amritpal Kaur (35y, Female)  
Phone : 9914114163  
ID : 507395

Date : 22-Feb-2025

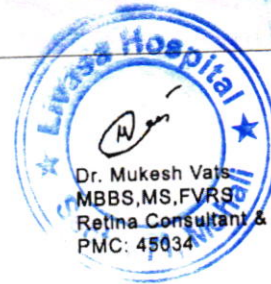
**Complaints:** ROUTINE EYE EXAM

**Diagnosis:** NORMAL FINDINGS

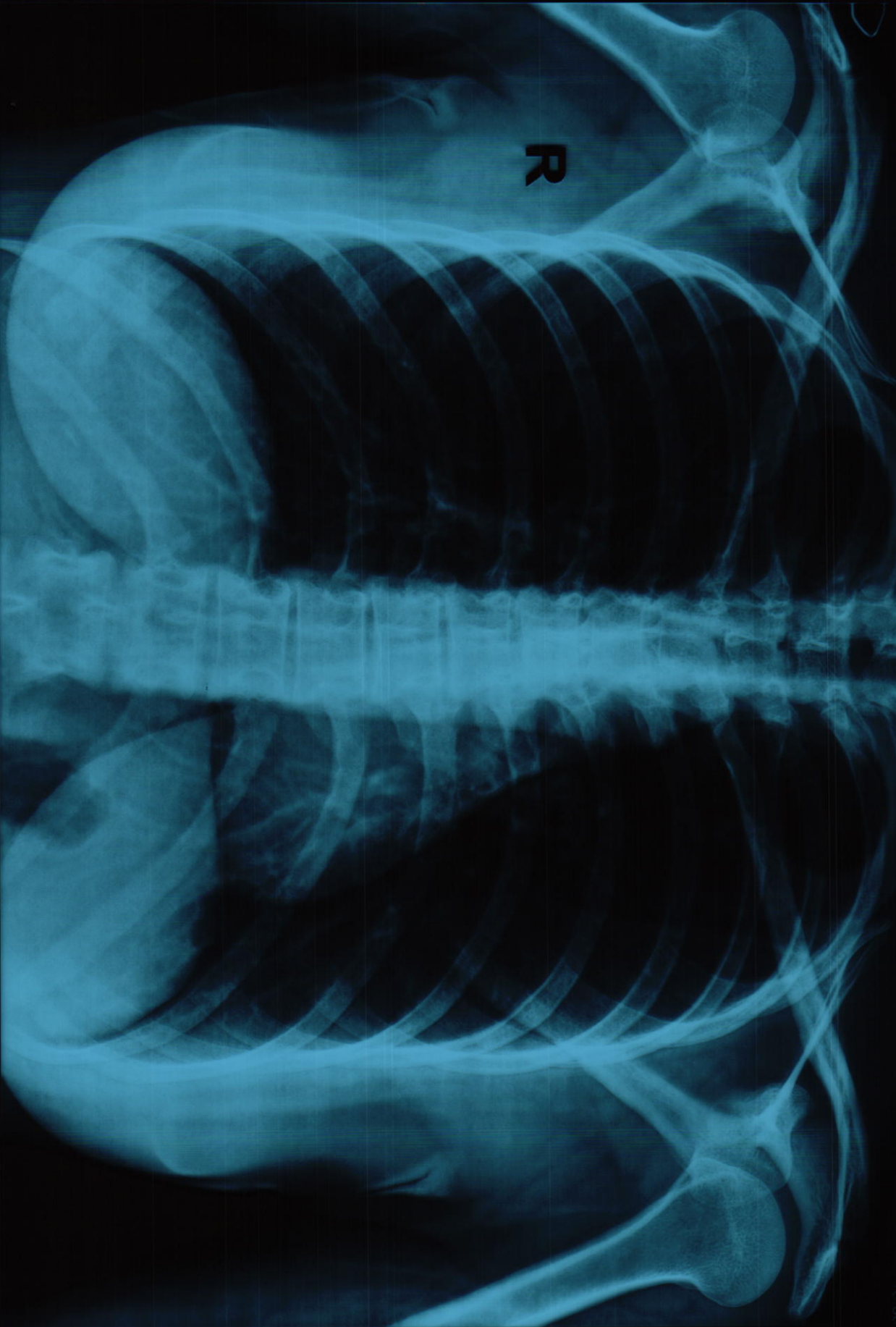
VA 6/6 (119)  
6/6

Rx

Medicine	Dosage	Timing - Freq. - Duration
1) REFRESH TEARS EYE 10ML DROPS	1 — 1 — 1	After Food - Daily - 3 Months
Composition	: SODIUM CARBOXYMETHYL CELLULOSE 5 MG	
Timing	: 1 - After Breakfast, 1 - After Lunch, 1 - After Dinner	
Note	: both eyes	



Dr. Mukesh Vats  
MBBS, MS, FVRS  
Retina Consultant & Phaco Surgeon  
PMC: 45034



ID507396 AMRITPAL KAUR F 35 years XN 3566 OPD

IVV HOSPITAL SECTOR-71 MOHALI

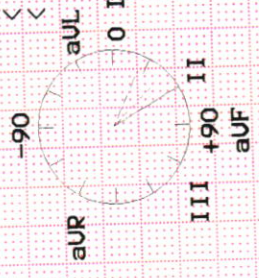
35 Years (15.01.1990)

Mrs. Amritpal Kaur  
UHID-507395  
Age-35/F

Interpretation:

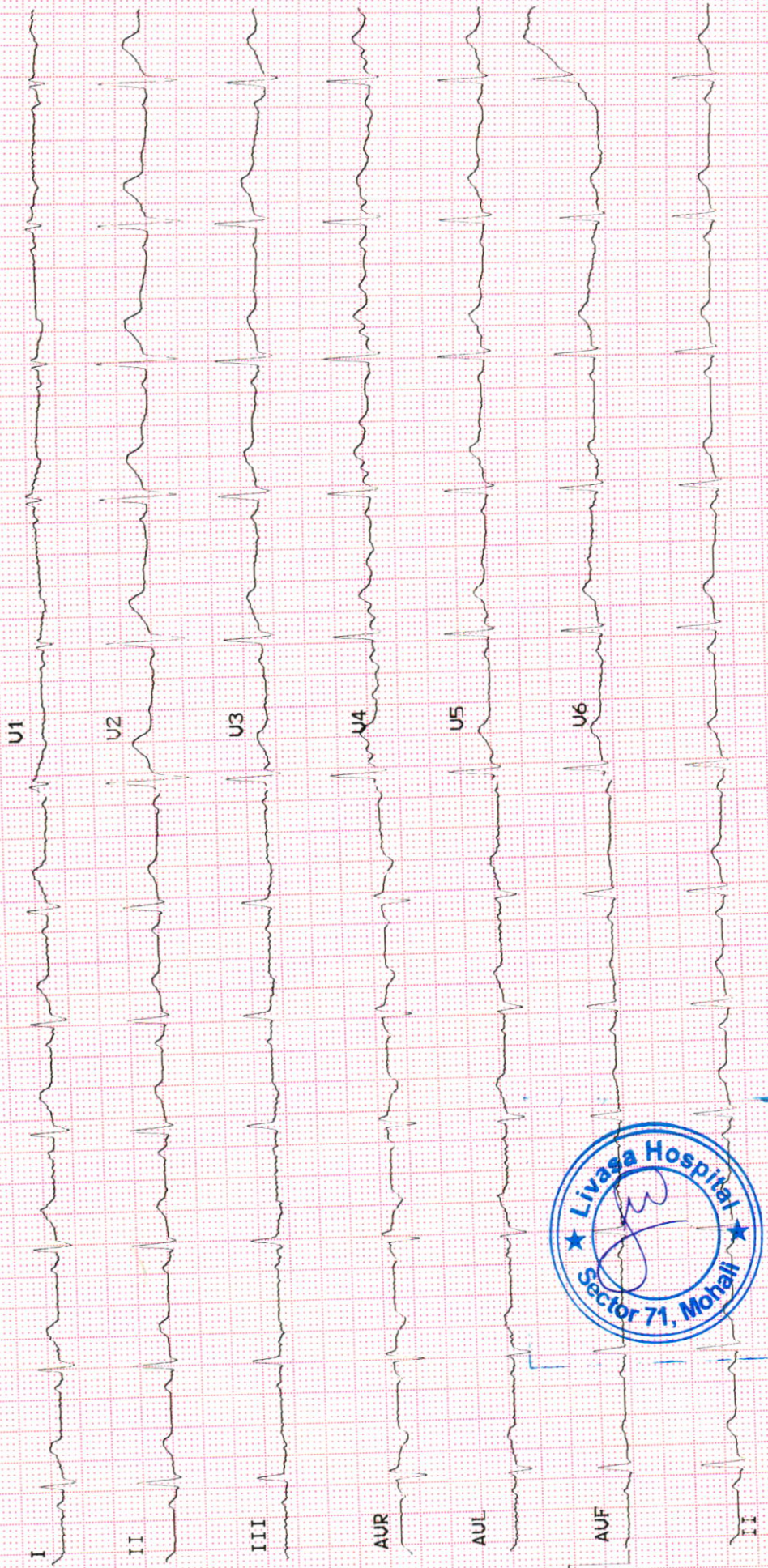
RSR' pattern  
R/S inversion area between U1 and U2  
probably normal ECG

< P  
< T  
< QRS



QRS	104 ms
QT/QTcB	382 / 426 ms
PR	136 ms
P	96 ms
RR/PP	806 / 805 ms
P/QRS/T	45 / 60 / 25 degrees
QTD/QTcBD	64 / 71 ms
Sokolow	0.8 mV
NK	10

Unconfirmed report.





Patient Name AMRITPAL KAUR Patient ID 507395  
Gender/Age Female / 35 Test Date : 22 Feb 2025

## CARDIOLOGY DIVISION

### ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.0	3.7-5.6 CM
Left Ventricular ES Dimension	2.9	2.2-4.0 CM
IVS (D)	1.1	0.6-1.2 CM
IVS (s)	0.9	0.7-2.6 CM
LVPW (D)	1.0	0.6-1.1 CM
LVPW (S)	0.9	0.8-1.0 CM
Aortic Root	3.0	2.0-3.7 CM
LA Diameter	3.5	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=98 cm/s, A=51 cm/s, E>A

**Aortic valve:** Vmax =109 cm/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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CIN No.: U85110PB2005PTC027898

GSTIN: 03AABCI4594F1ZQ





Remarks -

**FINAL IMPRESSION -**

No RWMA of LV

Normal LV systolic function (LVEF~56%)

*Rakesh*

**DR. RAKESH BHUTUNGRU**

**Director-Non Invasive Cardiology**

**MBBS, MD(Medicine), DM(Cardiology)**

**PMC-42588**

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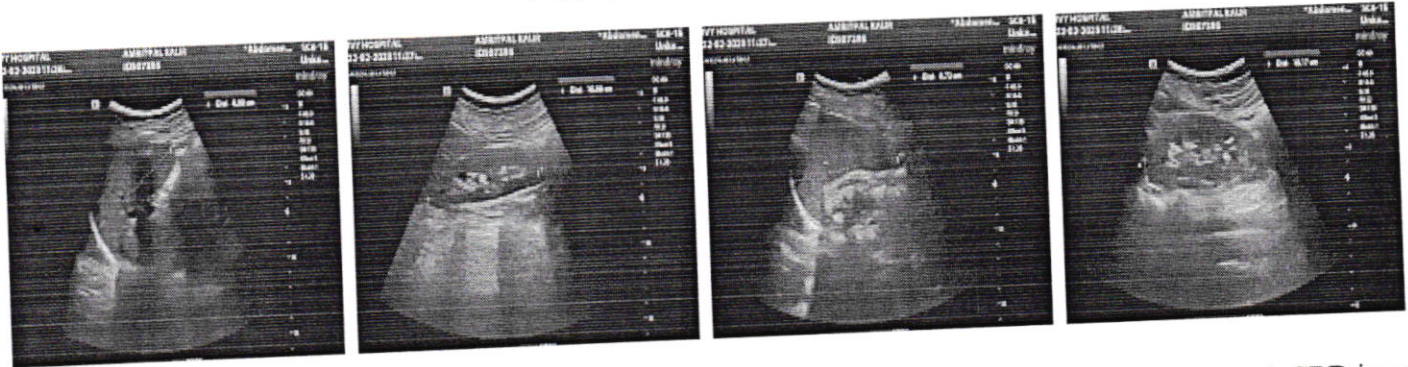
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CIN No.: U85110PB2005PTC027898  
GSTIN: 03AABCI4594F1ZQ



NAME	, AMRITPAL KAUR	SEX/AGE	F35Y
PATIENT ID	ID507395	Accession Number	
REF CONSULTANT	PACKAGE	DATE	22/02/2025 11:24

**USG WHOLE ABDOMEN**



**LIVER:** is normal in size (~ 12.3cm), outline and echotexture. IHBR are not dilated. Portal vein is normal. CBD is not dilated.

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

**SPLEEN:** is normal in size (~ 9.0cm), 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 (~ 10.0cm), 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.

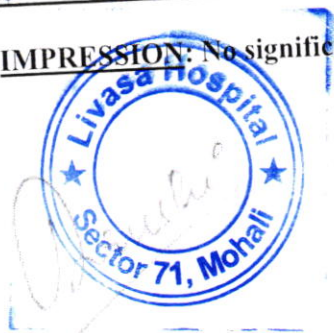
**U-BLADDER:** is normally distended at the time of examination with normal wall thickness.

**UTERUS:** is normal in size, outline and echotexture. ET is ~ 5mm. No discrete focal lesion is seen.

**OVARIES:** They are normal in size and echotexture. No SOL is seen.  
No free fluid is seen in peritoneal cavity.

**CLINICAL PROFILE:** Screening.

**IMPRESSION:** No significant abnormality seen.



Dr Arushi Yadav  
MD Radiodiagnosis

(NOT FOR MEDICO-LEGAL PURPOSE)

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Email: pathreports@livasahospitals.in



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NAME	: MRS. AMRITPAL KAUR	Requisition Date	: 22/Feb/2025 09:31AM
DOB/Gender	: 15-Jan-1990/F	Sample CollDate	: 22/Feb/2025 09:41AM
UHID	: 507395	Sample Rec.Date	: 22/Feb/2025 09:41AM
Inv. No.	: 4971870	Approved Date	: 22/Feb/2025 10:51AM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409302		

Test Description	Observed Value	Unit	Reference Range
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## IMMUNOASSAY

### TOTAL THYROID PROFILE

<b>Serum Total T3</b> (CLIA/Vitros 5600)	1.30	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)	12.10	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.

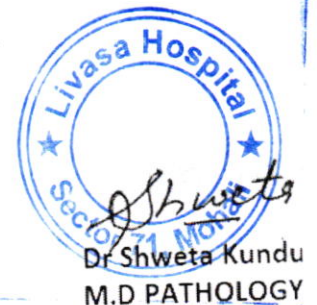
<b>Serum TSH</b> (CLIA/Vitros 5600- TSH 3rd generation)	2.500	mIU/L	0.4001 - 4.049 PREGNANCY REFERENCE RANGE FOR TSH IN uIU/mL 1st Trimester 0.1298 – 3.120 2nd Trimester 0.2749 – 2.652 3rd Trimester 0.3127 – 2.947
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#### Summary & Interpretation:

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



The highlighted values should be correlated clinically

Result Entered By: Geetika 40845

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MC-5172

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NAME	: MRS. AMRITPAL KAUR	Requisition Date	: 22/Feb/2025 09:31AM
DOB/Gender	: 15-Jan-1990/F	SampleCollDate	: 22/Feb/2025 09:41AM
UHID	: 507395	Sample Rec.Date	: 22/Feb/2025 09:41AM
Inv. No.	: 4971870	Approved Date	: 22/Feb/2025 10:51AM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409302		

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)	92	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.

### GLUCOSE PP

Plasma Glucose Post Prandial (VITROS 5600 /Colorimetric - Glucose oxidase, hydrogen peroxide)	114	mg/dL	Normal <140 Impaired Tolerance 140--180 Diabetic >180
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### RFT (RENAL FUNCTION TESTS)

Serum Urea (VITROS 5600 /Colorimetric - Urease, UV)	17.00	mg/dL	14.98-36.38
Serum Creatinine (VITROS 5600 /Two-point rate - Enzymatic)	0.60	mg/dL	0.52--1.04 mg/dl
Serum Uric acid (VITROS 5600 /Colorimetric - Uricase)	3.20	mg/dL	2.5--6.2 mg/dl

#### Interpretation:

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

The highlighted values should be correlated clinically

Result Entered By: Geetika 40845

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Dr Shweta Kundu  
M.D PATHOLOGY

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### LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total (VITROS 5600 /Colorimetric - Diphylline, Diazonium salt)	0.50	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)	21	U/L	14-36U/L
Serum SGPT(ALT) (VITROS 5600 /Multi-point rate - UV with PSP)	14	U/L	<35
Serum AST/ALT Ratio (Calculated)	1.50		
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))	60	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)	5.0	g/dl	3.5--5.0g/dl
Serum Globulin (Calculated)	3.10	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.61	%	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)	172	mg/dL	Desirable <200mg/dl Boredrline High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides (VITROS 5600 /Colorimetric - Enzymatic, end point)	55	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/MgCl <sub>2</sub> )	80	mg/dL	Low to Average <40 mg/dl High ≥ 60.0mg/dl

The highlighted values should be correlated clinically

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Serum VLDL cholesterol (Calculated)	11	mg/dL	7-35
Serum LDL cholesterol (Calculated)	81	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	2.15		3-5
Serum LDL-HDL Ratio (Calculated)	1.01		1.5 - 3.5

### Interpretation:

As per ATP 111 Guidelines - National Cholesterol Education Program

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

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

The highlighted values should be correlated clinically

Result Entered By:Geetika 40845

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M.D PATHOLOGY

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CIN No.: U85110PB2005PTC027898

GSTIN: 03AABC14594F1ZQ

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MC-5172

**Livasa**  
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NAME	: MRS. AMRITPAL KAUR	Requisition Date	: 22/Feb/2025 09:31AM
DOB/Gender	: 15-Jan-1990/F	SampleCollDate	: 22/Feb/2025 11:32AM
UHID	: 507395	Sample Rec.Date	: 22/Feb/2025 11:32AM
Inv. No.	: 4971870	Approved Date	: 22/Feb/2025 12:22PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409302		

Test Description	Observed Value	Unit	Reference Range
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## CLINICAL PATHOLOGY

### COMPLETE URINE EXAMINATION

#### Physical Examination

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

#### Chemical Examination (Reflectance Photometry)

Urine pH (Double Indicator)	6.00		4.8-7.6
Urine Specific Gravity (Ion Exchange)	1.005		1.010-1.030
Urine Glucose (Oxidase/Peroxidase Reaction)	Negative		Negative
Urine Protein (Acid Base Indicator)	Negative		Negative
Urine Ketones (Legal's Test)	Negative		Negative
Urine Bilirubin (Coupling)	Normal		Normal
Urine for Urobilinogen (Coupling)	Negative		Negative
Urine Nitrite (Griess Test)	Negative		Negative
Urine Blood (Peroxidase Activity)	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	/hpf	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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NAME	: MRS. AMRITPAL KAUR	Requisition Date	: 22/Feb/2025 09:31AM
DOB/Gender	: 15-Jan-1990/F	Sample CollDate	: 22/Feb/2025 09:41AM
UHID	: 507395	Sample Rec.Date	: 22/Feb/2025 09:41AM
Inv. No.	: 4971870	Approved Date	: 22/Feb/2025 10:56AM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409302		

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	NEGATIVE
Final Blood Group	B NEGATIVE

#### 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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M.D PATHOLOGY

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NAME	: MRS. AMRITPAL KAUR	Requisition Date	: 22/Feb/2025 09:31 AM
DOB/Gender	: 15-Jan-1990/F	SampleCollDate	: 22/Feb/2025 09:41 AM
UHID	: 507395	Sample Rec.Date	: 22/Feb/2025 09:41 AM
Inv. No.	: 4971870	Approved Date	: 22/Feb/2025 11:35 AM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409302		

Test Description	Observed Value	Unit	Reference Range
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## HAEMATOLOGY

### ESR

Primary Sample Type: EDTA Blood

20

mm/h

0-15

ESR

(Automated ESR analyser)



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Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409302		

Test Description	Observed Value	Unit	Reference Range
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## HAEMATOLOGY

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

Haemoglobin (Nonyanmethhaemoglobin)	12.6	g/dl	12.0 - 15.0
Hematocrit(PCV) (Calculated)	39.8	%	33-45
Red Blood Cell (RBC) (Impedence/DC Detection)	4.60	$10^6 / \mu\text{l}$	3.8-4.8
Mean Corp Volume (MCV) (Impedence/DC Detection)	85.8	fL	83-97
Mean Corp HB (MCH) (Calculated)	27.2	pg/mL	27-31
Mean Corp HB Conc (MCHC) (Calculated)	31.7	gm/dl	32-36
Red Cell Distribution Width -CV (Calculated)	12.4	%	11-15
Platelet Count (Impedence/DC Detection/Microscopy)	234	$10^3/\mu\text{l}$	150-450
Mean Platelet Volume (MPV) (Impedence/DC Detection)	10.1	fL	7.5-10.3
Total Leucocyte Count (TLC) (Impedence/DC Detection)	5.8	$10^3 / \mu\text{l}$	4.0 - 10.0

### Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	67	%	40-75
Lymphocytes	24	%	20-40
Monocytes	8	%	0-8
Eosinophils	1	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,886	$\mu\text{l}$	2000-7000
Absolute Lymphocyte Count	1,392	$\mu\text{L}$	1000-3000
Absolute Monocyte Count	464	$\mu\text{L}$	200-1000
Absolute Eosinophil Count	58	$\mu\text{l}$	20-500

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



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