

11

13/3/23

### METRO HOSPITAL & HEART INSTITUTE

(A unit of Sunhill Hospitals Private Ltd.), CIN No. U33201DL2006PTC156918

Reg. Off : 21, Community Centre, Preet Vihar, Delhi - 92

GST No.: 05AAKCS5409G1ZD

Plot No. F-1, Sector-6A, SIDCUL, Ranipur, Haridwar (UK) - 249403, www.metrohospitals.com

Phone No.: 01334-239040, 239042, 239053

#### BILL OF SUPPLY (OUTPATIENT CREDIT BILL)

Bill No	: MHWOP/202229288	Date/Time	: 11/03/2023 08:42
Name	: Mr. Ajay Pal Singh	UHID	: MHWID/2023004100
Age/Sex	: 42 Y /Male	Category	: CASH
Address	: Mediwheel, Haridwar Uttarakhand India	Req. Dr.	: Dr. ANIL SINGH
Tel	: 8954894634		
Comp Name	: MEDIWHEEL#ARCOFEMI HEALTH LTD. (MEDIWHEEL HARIDWAR)		

HEALTH CARE SERVICES	Req. No.	AMOUNT (RS.)
<b>Package - MediWheel Full Body Health Checkup Male Above 40(Rs 2100)FEB 2022</b>		2100.00
<input checked="" type="checkbox"/> CBC (COMPLETE BLOOD COUNT/HAEMOGRAM)	10342886	
<input checked="" type="checkbox"/> ESR	10342886	
<input checked="" type="checkbox"/> URINE ROUTINE ANALYSIS	10342886	
<input checked="" type="checkbox"/> STOOL ROUTINE EXAMINATION	10342886	
<input checked="" type="checkbox"/> BLOOD GROUP	10342886	
<input checked="" type="checkbox"/> BLOOD SUGAR -FASTING	10342886	
<input checked="" type="checkbox"/> URINE SUGAR	10342886	
<input checked="" type="checkbox"/> BLOOD SUGAR -PP	10342886	
<input checked="" type="checkbox"/> HB1AC	10342886	
<input checked="" type="checkbox"/> THYROID PROFILE	10342886	
<input checked="" type="checkbox"/> LIPID PROFILE	10342886	
<input checked="" type="checkbox"/> KFT (KIDNEY FUNCTION TEST)	10342886	
<input checked="" type="checkbox"/> LFT (LIVER FUNCTION TEST)	10342886	
<input checked="" type="checkbox"/> ECG	80100614	
<input checked="" type="checkbox"/> TMT/ECHO	80100614	
<input checked="" type="checkbox"/> X-RAY CHEST PA View	70222360	
<input checked="" type="checkbox"/> USG WHOLE ABDOMEN	70222360	
<input checked="" type="checkbox"/> PSA TOTAL	10342886	
<input checked="" type="checkbox"/> Dr. Physician Consultation {First Visit}	Patient No 2	
<input checked="" type="checkbox"/> Dr. Eye Consultation {Second Visit}	Patient No 2	
<input checked="" type="checkbox"/> Dr. Dental Consultation {First Visit}	Patient No 1	

Bill Amount: 2100.00  
Net Bill Amt Credit: 2100.00

Credit Bill Towards **MEDIWHEEL#ARCOFEMI HEALTH LTD.** an Amount of Rupees Two Thousand One Hundred Only

Signature of Patient/Attendant.....  
Relation with patient.....  
Contact No.....  
Run Date : 11/03/2023 08:42





**Health Check up Booking Confirmed Request(bobS30988),Package Code-PKG10000236,  
Beneficiary Code-13337**

1 message

Mediwheel <wellness@mediwheel.in>  
To: contactshraddha2@gmail.com  
Cc: mediwheelwellness@gmail.com

Mon, Mar 6, 2023 at 14:51



**Mediwheel**  
...Your wellness partner



**011-41195959**

Email:wellness@mediwheel.in

Dear **Ajai pal singh,**

Please find the confirmation for following request.

**Booking Date** : 25-02-2023  
**Package Name** : Medi-Wheel Full Body Health Checkup Male Above 40  
**Name of Diagnostic/Hospital** : Metro Hospital & Heart Institute  
**Address of Diagnostic/Hospital** : Plot No. F - 1, Sector 6A, SIDCUL Sector 8A, Road, Integrated Industrial Estate, BHEL Township  
**Contact Details** : 8191902625  
**City** : Haridwar  
**State** : Uttarakhand  
**Pincode** : 249403  
**Appointment Date** : 11-03-2023  
**Confirmation Status** : Confirmed  
**Preferred Time** : 8:00am-8:30am  
**Comment** : APPOINTMENT TIME 8:00AM

**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.



# Metro Hospital & Heart Institute, Haridwar

## Health Check-up Certificate

COMPANY..... *Medi World* .....

EMPLOYEE NO..... DEPTT..... DATE..... *11/3/23*

NAME..... *Ajay Pal Singh* ..... AGE/SEX..... *42/M* ..... DOB..... *25-7-81*

DESIGNATION..... MOBILE NO..... *8954894634*

CHEST (INSP)..... *97*..... cm. CHEST (EXP)..... *93*..... cm. CHEST EXPANSION..... *04*..... cm

HEIGHT..... *161*..... cm. WEIGHT..... *70*..... Kg. BMI.....

P/R..... *72*..... per mt. BP..... *120/70*..... mmHg SIGN OF EMP..... *Normal*

### EXAMINATION/INVESTIGATIONS

No	Investigations	Room No	Result
<input checked="" type="checkbox"/>	LAB INVESTIGATIONS	Path Lab	Hb <i>12.9 gm/l</i> TLC <i>6940</i> / DLC <i>62.1 / 30.1 / 6.0 / 1.8</i>
	BLOOD SUGAR F/PP/RANDOM	Path Lab	F <i>100.0</i> / PP <i>140</i> / RBS <i>15.8</i> / HbA1c <i>5.8</i>
<input checked="" type="checkbox"/>	BLOOD GROUP	Path Lab	<i>B+</i>
<input checked="" type="checkbox"/>	URINE	Path Lab	Alb <i>NIL</i> / Sugar <i>NIL</i>
<input checked="" type="checkbox"/>	STOOL	Path Lab	ova/cyst - <i>Absent</i>
<input checked="" type="checkbox"/>	X RAY CHEST PA	Radiology	<i>N/A</i>
<input checked="" type="checkbox"/>	ULTRASONOGRAPHY (Whole Abd)	Radiology	<i>Right Renal Calculus</i>
<input checked="" type="checkbox"/>	ECG	Health check up	<i>Normal</i>
<input checked="" type="checkbox"/>	ECHO	Radiology	<i>Normal study</i>
8	TMT	Radiology	
9	PFT	Health check up	
10	AUDIOMETRY	25	
11	ENT EXAM	25	
<input checked="" type="checkbox"/>	DENTAL EXAMINATION	24	<i>Status - Good / Hygiene - Average</i>
<input checked="" type="checkbox"/>	ACUITY OF VISION/COLOUR VISION	13	<i>Dr &lt; 6/9 N/C 6/6</i>
<input checked="" type="checkbox"/>	EXAMINATION BY PHYSICIAN	23	<i>No Allergic symptoms</i>
<input checked="" type="checkbox"/>	Thyroid profile	WNL	
	Lipid profile	WNL	

Observations - *KFT* - WNL  
*LFT* - WNL

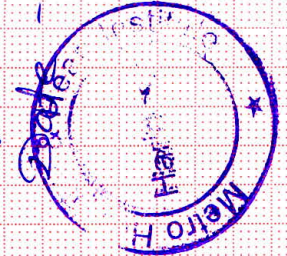
Advice - *LDL - 1.34 mg/dl*

*No Allergic symptoms*  
*Δ ? DM?*

Signature/Dr. ANIL SINGH, M.D.S., AFM, DHA  
 Occupational Health Specialist  
 Reg No 28311/KMCI

Mr. Ajay Pal  
Age - 42 y/M  
Date - 11-3-23

UP 67 bpm

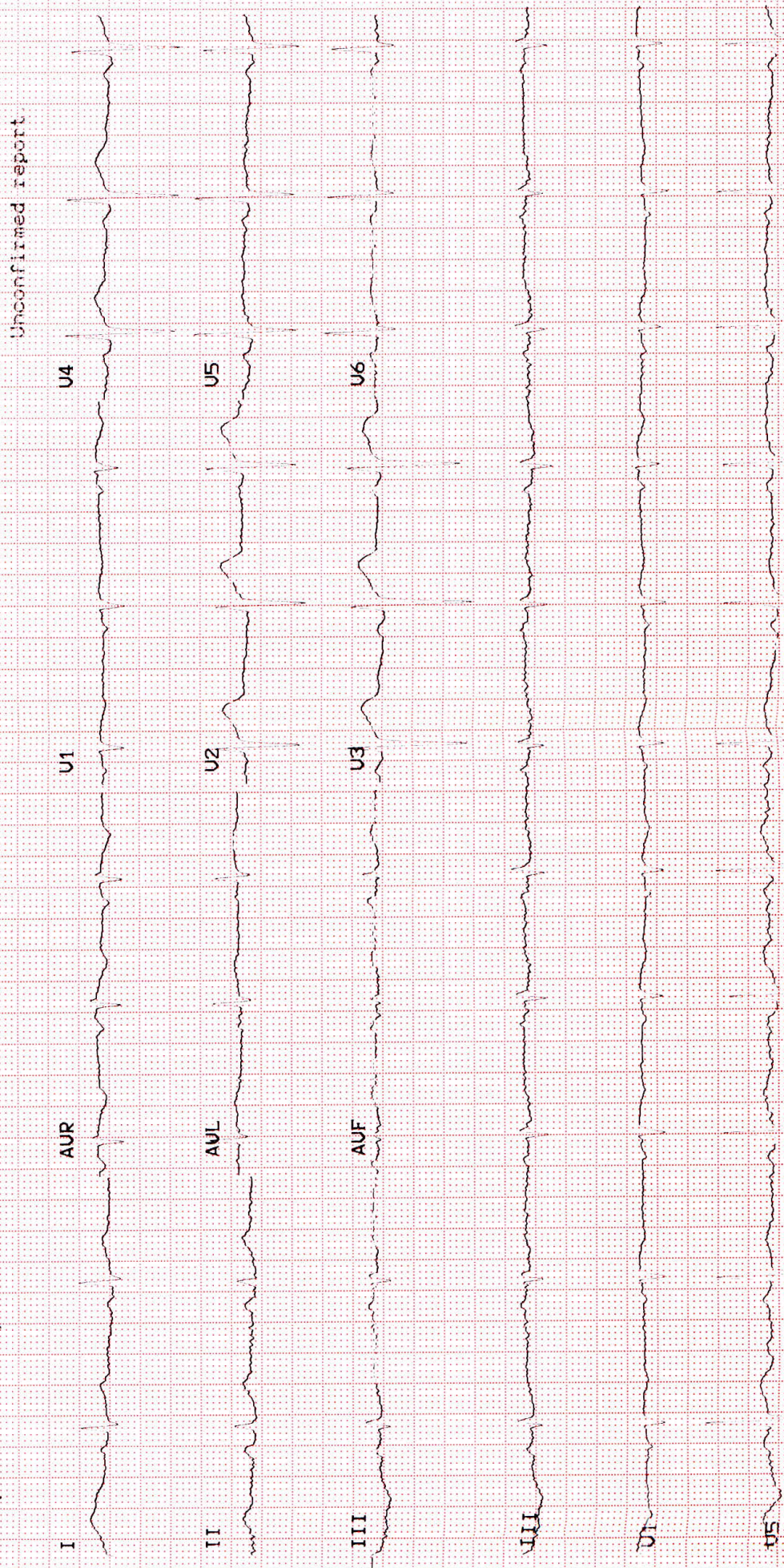
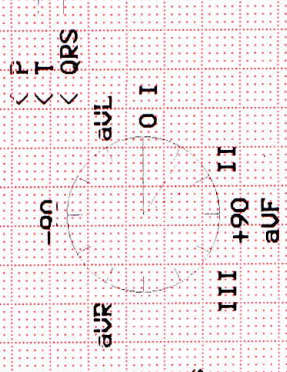


Interpretation:

normal ECG

Measurement Results:

QRS	:	92 ms
QT/QTcB	:	402 / 428 ms
PR	:	168 ms
P	:	110 ms
RR/PP	:	882 / 890 ms
P/QRS/T	:	60 / 0 / 35 degrees
QTd/QTcBd	:	52 / 55 ms
Sokolow	:	1.2 mV
NK	:	9



Unconfirmed report



To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

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	AJAI PALSINGH
DATE OF BIRTH	25-07-1981
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	11-03-2023
BOOKING REFERENCE NO.	22M90039100045876S
SPOUSE DETAILS	
EMPLOYEE NAME	MRS. SINGH SHRADDHA
EMPLOYEE EC NO.	90039
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	HARIDWAR,JWALAPUR
EMPLOYEE BIRTHDATE	02-01-1986

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 **02-03-2023** till **31-03-2023**. 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 Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

**SUGGESTIVE LIST OF MEDICAL TESTS**

<b>FOR MALE</b>	<b>FOR FEMALE</b>
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



# Metro Hospital & Heart Institute

OPD CONSULTATION

(A unit of Sunhill Hospital Private Limited)

Patient Name Mr. Ajay Pal Singh Age/Sex 42/M Reg. No. \_\_\_\_\_

Doctor's Name Dr. Sushant

Date \_\_\_\_\_

Time \_\_\_\_\_

## OPHTHALMIC EXAMINATION

### VISION

#### DISTANCE VISION-

Rt 6/9

Lt 6/9

#### NEAR VISION-

Rt N/6

Lt N/6

#### COLOUR VISION

— Normal

### EYE EXAMINATION

Cornea

Ant Chamber

Pupil

Fundus Examination

W.M.C

#### ADVICE-



**METRO****HOSPITAL & HEART INSTITUTE**

(A unit of Sunhill Hospitals Private Limited)

(NABH &amp; ISO 9001: 2008 Certified)

**Radiology Investigation Report**

**Name** : Mr. Ajay Pal Singh  
**Ref. By** : Dr. ANIL SINGH  
**IP/OP** : OP/202229288  
**Date** : 11/03/2023

**Age/Sex** : 42 Y/M  
**UHID NO** : 2023004100  
**Request No** : 70222360

**USG WHOLE ABDOMEN**

The diaphragm is normal in contour & respiratory excursion. There is no ascitis or lymph node mass.

Liver is normal in size, shape, outline & echotexture. No focal area of abnormal echogenecity is seen in liver. Intrahepatic biliary radicles are not dilated. Portal vein & portal venous radicles are normal.

Gall bladder is normal in shape & size. Gall bladder wall is not thick. No mass lesion / calculus is seen in gall bladder. Common bile duct is normal in course & caliber. No calculus is seen in its lumen.


Spleen & pancreas appears normal in shape, size, outline & echotexture.

Both the kidneys are normal in shape, size, outline & echotexture. Renal parenchymal thickness is normal. Corticomedullary junction is defined & is normal. There is no hydronephrosis. **There are B/L renal calculus measuring approx 5.2 mm seen in right kidney and 3.9 mm seen in left kidney.**

Urinary bladder is normal in contour & capacity. Bladder wall is not thick. No pathological filling defect / vesical calculus is seen in bladder. Ureterovesical junctions appear normal.

Prostate is normal in shape, outline & echotexture. Prostatic capsule & periprostatic facial planes appear normal.

**IMPRESSION : B/L renal calculus.**

  
**DR. PRAKASH CHANDRA PANDEY**  
**MBBS, DMRB**  
**CONSULTANT RADIOLOGIST**

**Note:**

- (1) Not Valid for medical-legal purposes.
- (2) This is a professional opinion based on imaging finding and not the diagnosis.
- (3) In case of any discrepancy due to machine error or typing error, please get it rectified immediately.

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

Emergency : +91 8191902600, Phone : 01334 - 239040 / 42 / 43, Fax : 01334 - 239043

E-mail : metroharidwar@metrohospitals.com, Website: www.metrohospitals.com

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CIN No.: U33201DL2006PTC156918

MHHI/CL/0115/Rev. No. 01



**METRO****HOSPITAL & HEART INSTITUTE****(A unit of Sunhill Hospitals Private Limited)**  
**(NABH & ISO 9001:2008 Certified)****Radiology Investigation Report**

**Name** : Mr. Ajay Pal Singh  
**Ref. By** : Dr. ANIL SINGH  
**IP/OP** : OP/202229288  
**Date** : 11/03/2023

**Age/Sex** : 42 Y/M  
**UHID NO** : 2023004100  
**Request No** : 70222360

**X-RAY CHEST PA View**

*Trachea is central.*

*Bilateral hila are normal in size & density.*

*Cardiac silhouette is normal.*

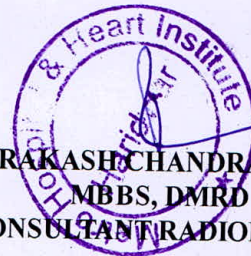
*Bilateral lung fields are clear.*

*Bilateral Costophrenic angles are normal.*

*Bilateral domes of diaphragm are normal in position & contour.*

*Bones and soft tissues are normal.*

**IMPRESSION : Normal skiagram**



**DR. PRAKASH CHANDRA PANDEY**  
**MBBS, DMRD**  
**CONSULTANT RADIOLOGIST**

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CIN No.: U33201DL2006PTC156918

MHHI/CL/0115/Rev. No. 01

13-Mar-23 10:04 AM



## 2D ECHOCARDIOGRAPHY

Name:	Mr. Ajay Pal Singh	UHID0 No:	20230041000
Age/Sex:	42Y/M	Ward:	OPD
Referred by:	Dr. Anil Singh	Date:	11.03.2023

ACOUSTIC WINDOW: Normal

### MEASUREMENTS AND CALCULATIONS

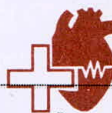
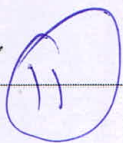
Measurements	Observed Value	Reference Value
IVS (ED)	1.0	(0.6 – 1.1 cm)
LVPW (ED)	1.0	(0.6 – 1.1 cm)
LVID (ED)	4.8	Male (3.7 – 5.5 cm) Female (3.7 – 5.2 cm)
Aortic root diameter	2.8	(2.0 – 3.7 cm)
LA dimension	3.1	Male (1.9 – 4.0 cm) Female (1.7 – 3.8 cm)
LV EF	60%	(55 – 75%)

### MORPHOLOGICAL DATA

Mitral valve	Normal	Right Atrium	Normal
Aortic valve	Normal	Right Ventricle	Normal
Tricuspid valve	Normal	PA	Normal
Pulmonary valve	Normal	IVS	Intact
		IAS	Intact

### DOPPLER STUDY

Valve	Regurges	Velocities (cm/s)	Gradients (mmHg)
Mitral	Trace	E – 90, A – 51, E/A>1	
Aortic	Nil	Vel – 153	
Tricuspid	Trace	Vel – 206	PASP – 22
Pulmonary	Nil	Vel – 90	



# METRO

**HOSPITAL & HEART INSTITUTE**  
(A unit of Sunhill Hospitals Private Limited)  
(NABH & ISO 9001: 2008 Certified)

## Pathology Report

Name : Mr. Ajay Pal Singh  
Ref. By : Dr. ANIL SINGH  
IP/OP : OP/202229288  
Sample Date : 11/03/2023  
Reporting Date: 11/03/2023

Age/Sex : 42 Y/M  
UHID : 2023004100  
Request No. : 10342886  
Sample Time : 08:58  
Reporting Time: 20:27

Test	Result	Unit	Bio. Ref.	Inter. Test Method
------	--------	------	-----------	--------------------

### Hematology

#### BLOOD GROUP

ABO	B	-		
Rh	POSITIVE	-		
ESR	17	mm/hr	20	

### Serology & Immunology

#### THYROID PROFILE

T3	2.22	nmol/L	1.70-3.10	
T4	6.42	µg/dl	5.95-15.4	
TSH	1.090	µIU/L	0.46-4.68	
PSA TOTAL	1.34	ng/mL	0.0-4.0	

### Stool Examination

#### STOOL ROUTINE EXAMINATION

##### MACROSCOPIC EXAMINATION

COLOUR	YELLOWISH	-NA
CONSISTENCY	SEMI SOLID	-NA
BLOOD	NIL	-NIL
MUCUS	NIL	-NIL

##### MICROSCOPIC EXAMINATION

PUS CELLS	0-1	-NIL
RBC	NIL	-NIL
VEGETABLE CELLS	NIL	-NIL
OVA	ABSENT	-NIL
CYSTS	NIL	-NIL
OTHERS	NIL	-NIL

\*\*\* End of Reports \*\*\*

**Dr. Vishal Arora**  
MBBS, DCP  
(Consultant Pathologist)



#### Note:

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- The values are to be collaborated with clinical findings by qualified doctor and any alarming and unexpected results should be reported to Lab urgently for recheck and manual typing errors.
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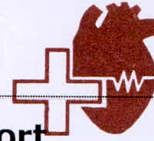
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 UHID : 2023004100  
 Request No. : 10342886  
 Sample Time : 08:58  
 Reporting Time: 20:27

Test	Result	Unit	Bio. Ref.	Inter. Test Method
------	--------	------	-----------	--------------------

### Biochemistry

#### LFT (LIVER FUNCTION TEST)

BILIRUBIN INDIRECT	0.32	mg/dl	0.2-0.8	
SGOT	26.0	U/L	10-42	
SGPT	24.0	U/L	10-42	
BIILIRUBIN TOTAL	0.64	mg/dl	0.2-1.0	
ALKALINE PHOSPHATASE	83.0	IU/L	28-111	
BILIRUBIN DIRECT	0.32	mg/dl	0.1-0.4	
TOTAL PROTEIN	6.5	gm/dl	6.4-8.2	
ALBUMIN	4.0	g/dl	3.5-5.0	
GLOBULIN	2.5	gm/dl	2.0-4.0	
AG RATIO	1.6	-	-	

#### KFT (KIDNEY FUNCTION TEST)

UREA	18.0	mg/dl	15-45	
SODIUM	141.0	mmol/L	135-155	
CREATININE	0.84	mg/dl	0.6-1.3	
URIC ACID	3.9	mg/dl	3.0-7.6	
BUN	8.5	mg/dl	05-20	
POTTASSIUM	4.1	mmol/L	3.5-5.5	
CALCIUM	9.2	mg/dl	8.5-10.5	

\*\*\* End of Reports \*\*\*

Dr. Vishal Arora  
 MBBS, DCP  
 (Consultant Pathologist)



Checked By

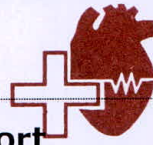
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**Reporting Time**: 20:27

Test	Result	Unit	Bio. Ref. Inter. Test Method
------	--------	------	------------------------------

### Urine Examination

URINE SUGAR NIL

URINE ROUTINE ANALYSIS  
 PHYSICAL EXAMINATION

COLOUR PALE  
 YELLOW

TRANSPARENCY CLEAR

S. GRAVITY 1.020

CHEMICAL EXAMINATION

ALBUMIN NIL

SUGAR NIL

pH 6.0

BLOOD NIL

KETONE NIL

MICROSCOPIC EXAMINATION

PUS CELLS 0-1

EPITHELIAL CELLS 1-2

RBC NIL

CRYSTALS NIL

CAST NIL

BACTERIA NIL

AMORPHOUS PHOSPHATE NIL

AMORPHOUS URATES NIL

\*\*\* End of Reports \*\*\*

**Dr. Vishal Arora**  
**MBBS, DCP**  
**(Consultant Pathologist)**



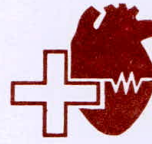
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4. All card based tests are screening test therefore need confirmation by other alternative test like (PCR, ELISA).

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

Emergency : +91 8191902600, Phone : 01334 - 239040 / 42 / 43, Fax : 01334 - 239043

E-mail : metroharidwar@metrohospitals.com, Website: www.metrohospitals.com



# METRO PATH LABS

(A unit of Sunhill Hospitals Private Limited)

(ISO & NABH Certified)

CIN No.: U33201DL2006PTC156918

Patient Name : Mr. AJAY PAL SINGH  
DOB/Age/Gender : 42 Year "S/ Male  
Pateint ID : - 11  
Referred By : Dr.

Sample Collected Date : Mar,11/2023  
Report Date : Mar,11/2023  
Report Time : 06:03 PM

Test Description	Value(S)	Unit(S)	Refrence Range
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### Complete Blood Count & {C.B.C.} HAEMATOLOGY

Hemoglobin:-	12.9	mg/dl	12.5----16.5
T L C:- D L C:-	6.940	Cells/cumm	4.000—11.000
Neutrophils:-	62.1	%	45 - 75
Lymphocytes:-	30.1	%	25 - 45
Eosinophils:-	6.0	%	1 - 6
Monocytes:-	1.80	%	2 - 8
Basophils:-	0.00	%	---<2
RED BLOOD CELLS Count:R.B.C:	4.49	Million/cu/mm	3.5 - 5.5
PACKED CELL VOLUME {HCT} P.C.V	44.3	%	36 - 52
MEAN CELLS VOLUME:(M.C.V):	79.7	fl	80 - 100
MEAN CELLS HEMOGLOBIN:M.C.H	23.1	pg	27 - 32
MEAN CELLS HEMGRAM CONCENTRATION:-M.C.H.C; 29.1		gm/dl	31 - 37
PLATELETS COUNT:-	2.16	Lakh/cu mm	1.50 - 4.50
RDW:-	15.0	%	11.5 - 15.0

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



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**METRO**  
**HOSPITAL & HEART INSTITUTE**  
(A unit of Sunhill Hospitals Private Limited)  
(NABH & ISO 9001: 2008 Certified)

**Pathology Report**

Name : Mr. Ajay Pal Singh  
Ref. By : Dr. ANIL SINGH  
IP/OP : OP/202229288  
Sample Date : 11/03/2023  
Reporting Date: 11/03/2023

Age/Sex : 42 Y/M  
UHID : 2023004100  
Request No. : 10342886  
Sample Time : 08:58  
Reporting Time: 20:27

Test	Result	Unit	Bio. Ref. Inter.	Test Method
<b>Serology &amp; Immunology</b>				
PSA TOTAL	1.34	ng/mL	0.0-4.0	

\*\*\* End of Reports \*\*\*

Dr. Vishal Arora  
MBBS, DCP  
(Consultant Pathologist)



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MHHI/CL/0115/Rev. No.