



TENDER PALM HOSPITAL

A SUPER SPECIALITY HOSPITAL

Sector -7, Gomti Nagar Extension, Shaheed Path, Lucknow-226010
Phone : 0522-3500111, 9076972161 | Email : admin@tenderpalm.com

Credit Invoice

UHID : TPSH.5567

Patient Name : Mr. AADARSH BAJPAL

Age/Sex : 32 Year(s) / Male

Company : medwheel

Bill Date : 14/09/2022 11:03AM

Bill No : OPCR390

Receipt No :

Referred By : Self

GSTNo : 09AIB123456

Auth./Claim No :

Sl.No	Services	Qty	Price (Rs.)	Tax Amt(Rs.)	Amount(Rs.)
1	Health Checkups Mediwheel Full Body health check UP Male above 40	1	2100	0	2100

Bill Amount : 2100.00

To be paid by company : 2100

Sum of Rs. 2100.00

2100 to be paid by mediwheel

Cashier
[Signature]
14/09/2022



Patient/Next of kin Sign: _____

MEDI WHEEL

भारत सरकार
GOVERNMENT OF INDIA
8800 5180 0655
फोटो
फोन नंबर
8800 5180 0655
फैसल
भारत सरकार
GOVERNMENT OF INDIA

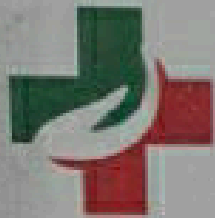


भारत सरकार
GOVERNMENT OF INDIA
आदर्श सज्जन
आदर्श सज्जन
आधार - आम आदमी का अधिकार



बैंक ऑफ बड़ोदा
Bank of Baroda
बैंक ऑफ बड़ोदा
Bank of Baroda
आधार - आम आदमी का अधिकार





Department of Pathology & Microbiology Test Report

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. AADARSH BAJPAL

Age/Sex : 32 Year(s)/Male

UHID : TTPSH.5567

Order Date : 14/09/2022 11:03

Episode : OP

Ref. Doctor : Self

Address : MEDHWHEEL, Lucknow, Uttar Pradesh, IN

Facility : Tender Palm Superspecialty Hospital

Biochemistry

Test Name	Result	Unit	Biological Ref Range
Sample No. : ETH0015047			Report Date : 14/09/2022 13:28

FASTING BLOOD SUGAR

Sample - Fasting Plasma

Glucose, Fasting	97.4	mg/dl	74 - 100
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Range: 70-100 mg/dl

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of ≥ 126 mg/dL and/or a random / 2 hr post glucose value of ≥ 200 mg/dL on at least 2 occasions
- Very low glucose levels could signify CNS dysfunction
- Very high glucose levels (>400 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical

HBA1C

Sample - EDTA

HbA1c	6.7 ▲	%	Non-diabetic: < 5.8 Pre-diabetic: 5.9-6.4 Diabetic: ≥ 6.5
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Estimated average glucose	145.6 ▲	mg/dl	70 - 130
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High Performance Liquid Chromatography (HPLC)

INTERPRETATION:

- HbA1c is used for monitoring diabetes control - it reflects the estimated average glucose (eAG)
- HbA1c has been endorsed by clinical practice & ADA/American Diabetes Association Guidelines 2012. For diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is 4% - 6%. Patient with HbA1c value between 6.0% to 6.3% are considered at risk for developing diabetes in the future
- Trends in HbA1c are a better indicator of diabetes control than a solitary test.
- In known diabetic patients, following values can be considered as a tool for monitoring the glycaemic control. Excellent Control - 6 to 7 %
Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 %.

LIPID PROFILE

Sample - Serum

Total Cholesterol	260 ▲	mg/dl	0 - 200
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Enzymatic CHOD-PAP

Triglycerides	265 ▲	mg/dl	0 - 161
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Department of Pathology & Microbiology Test Report

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. AJADARSH BAJPAL	Age/Sex : 32 Year(s)/Male
UHID : TPSH.5567	Order Date : 14/09/2022 11:03
Episode : OP	
Ref. Doctor : Self	
Address : MEDHWHEEL , Lucknow,Uttar Pradesh ,0	Facility : Tender Palm Superspecialty Hospital

Glyceral Phosphate Oxidase			
HDL Cholesterol	45.4	mg/dl	35.3 - 79.5
Direct			
LDL Cholesterol	161.6 ▲	mg/dl	0 - 100
Direct			
VLDL Cholesterol	53.0 ▲	mg/dl	6 - 38
Calculated			
CHOL/HDL RATIO	5.7 ▲		0 - 4.5
Calculated			

Note: Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.
VLDL, CHOL/HDL RATIO, LDL Cholesterol, serum, are calculated parameters

PP BLOOD SUGAR

Sample: Fasting Plasma

Glucose, Post Prandial	106.1	mg/dl	70 - 140
(Method : Plasma-F, GOD-POD)			

Rule:

1. The diagnosis of Diabetes requires a fasting plasma glucose of \geq or = 126 mg/dL and/or a random / 2 hr post glucose value of \geq or = 200 mg/dL on at least 2 occasions
2. Very low glucose levels cause severe CNS dysfunction
3. Very high glucose levels ($>$ 400 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical

KIDNEY FUNCTION TEST (KFT)

Sample: Serum

Blood Urea	18.5 ▼	mg/dl	19 - 45
Serum BUN Kinetic			
BUN-Blood Urea Nitrogen	8.6	mg/dl	8.4 - 25.7
Serum Urea			
Creatinine	1.0	mg/dl	0.6 - 1.2
First Time			
Bun/Creatinine Ratio	8.6 ▼	Ratio	10 - 20

In blood Urea is usually reported as BUN and expressed in mg/dl. BUN units can be dm



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Department of Pathology & Microbiology Test Report

LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. AADARSH BAJPAL	Age/Sex	: 32 Year(s)/Male
UHID	: TPSHLS567	Order Date	: 14/09/2022 11:03
Episode	: OP		
Ref. Doctor	: Self		
Address	: MEDIWHEEL , Lucknow,Uttar Pradesh ,0	Facility	: Tender Palm Superspeciality Hospital

Uric Acid	7.34 ▲	mg/dl	3.6 - 7.2
<i>Serum, Urinary Peroxidase</i>			
Electrolyte			
Sodium	144.0	mmol/L	135 - 145
<i>Serum ,ISE</i>			
Potassium	3.9	mEq/L	3.5 - 5.1
<i>Serum ,ISE</i>			
Total Protein	6.80	g/dl	6.4 - 8.3
<i>Fluid</i>			
Serum Albumin	5.0	g/dl	3.5 - 5.2
<i>Serum, Bismarck green</i>			
Globulin	1.80	g/dl	1.8 - 3.6
<i>Calculated</i>			
A/G Ratio	2.78 ▲	Ratio	1.1 - 2.2
<i>Calculated</i>			

COMMENTS :

An electrolyte test can help determine whether there's an electrolyte imbalance in the body. Electrolytes are salts and minerals, such as sodium, potassium, chloride and bicarbonate, which are found in the blood. An electrolyte test can also be used to monitor the effectiveness of treatment for an imbalance that affects the functioning of an organ. The test is sometimes carried out during a routine physical examination, or it may be used as part of a more comprehensive set of tests. As part of routine blood testing, or when your doctor suspects that you have an imbalance of one of the electrolytes (usually sodium or potassium), or if your doctor suspects an acid-base

imbalance. Electrolytes may also be checked if you are prescribed certain drugs, particularly diuretics or ACE inhibitors. In specific disorders, one or more electrolytes may be abnormal. Your health-care professional will look at the overall balance but is likely to be especially concerned with your sodium and potassium concentration. People whose kidneys are not functioning properly, for example, may retain excess fluid in the body, diluting the sodium and chloride so that they fall below normal concentrations. Those who experience severe fluid loss may show an increase in potassium, sodium, and chloride concentration (chloride tends to mirror the sodium concentration). Some forms of heart disease, muscle and nerve problems, and diabetes may also have one or more abnormal electrolytes. Electrolyte abnormalities may also be a consequence of drug treatment.

Hematology

Test Name	Result	Unit	Biological Ref Range
Sample No. : B/1005/22			Report Date : 14/09/22 13:38

BLOOD GROUP RH & ABO



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Department of Pathology & Microbiology Test Report

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. AADARSH BAIPAI	Age/Sex : 32 Year(s)/Male
UHID : TPSH.5567	Order Date : 14/09/2022 11:03
Episode : OP	
Ref. Doctor : Self	
Address : MEDHWHEEL, Lucknow, Uttar Pradesh, 0	Facility : Tender Palm Superspecialty Hospital

Sample- EDTA

Blood group (ABO Typing) ' O '

Manual Slide Hemagglutination

RhD Factor (Rh typing) Positive

Manual Slide Hemagglutination

COMPLETE BLOOD COUNT (CBC)

Sample- EDTA

Hemoglobin 14.6 gm/dl 13.5 - 18

(Cyanide Free Hematology)

RBC 4.83 x10⁶/ul 4.7 - 6

Electrical Impedance

PCV 42.2 % 42 - 52

Calculated

MCV 87.4 fl 78 - 100

Calculated

MCH 30.2 pg 27 - 31

Calculated

MCHC 34.6 g/dl 32 - 36

Calculated

RDW 16.6 % 11.5 - 14

Calculated

Platelet Count 165 x10³/ul 150 - 450

Electrical Impedance

PCW 16.3 % 9 - 17

Calculated

PCT 0.13 % 0.2 - 0.5

Calculated

MPV 0.5 fl 0.2 - 0.5

Calculated

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Department of Pathology & Microbiology Test Report

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. AADARSH BAPAI	Age/Sex : 32 Year(s)/Male
UHID : TPSH 5567	Order Date : 14/09/2022 11:03
Episode : OP	
Ref. Doctor : Self	
Address : MEDIWHEEL , Lucknow,Uttar Pradesh ,0	Facility : Tender Palm Superspecialty Hospital

Total Leucocytes Count 6.0 $\times 10^3/\mu\text{l}$ 4 - 10.5

Normal Reference

Differential Count

Neutrophils 64 % 44 - 76

Lymphocytes 31 % 20 - 40

Eosinophils 03 % 2 - 10

Monocytes 02 % 1 - 6

Basophils 00 % 0 - 2

ESR (Wintrobe)

ESR (Wintrobe) 08 mm/hr 0 - 9

Observation

Reference

Comment : It primarily measures Non-specific Activity of Inflammation which reflects acute phase reactant level.

End of Report

Dr. J.P. Kushwaha
M.D.(PATH)



TENDER PALM HOSPITAL

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Department of Pathology & Microbiology Test Report

Patient ID	: NDB01048 /OPD	Regn./Sample Date	: 14-Sep-2022 01:35 PM
Patient Name	: MR. AADARSH BAJPAI	Report Date	: 15-Sep-2022 05:03 AM
Age / Sex	: 32 Years / Male	Sample Type	: SERUM
Referred Dr	: TENDER PALM HOSPITAL	Contact No	
		Barcode	

HORMONES

Investigation	Value	Unit	Bio. Ref. Range
Thyroid Function Test			
<i>(Method : Serum,Chemiluminescence)</i>			
Triiodothyronine (Total T-3)	1.63	ng/ml	0.60-1.81
Thyroxine (Total T-4)	9.10	ug/dl	5.01-12.45
Thyroid-stimulating hormone (TSH)	3.91	uIU/mL	0.35-5.50

INTERPRETATION : (T3 & T4)

Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites. Pregnancy, Drugs (Androgens, Estrogens, O.C pills, Phenytoin) Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

INTERPRETATION : (TSH)

1) TSH results between 4.5 to 15 show considerable physiologic & seasonal variation, suggest clinical correlation or repeat testing with fresh sample.

2) TSH results between 0.1 to 0.45 require correlation with patient age & clinical symptoms. As with increasing age, there are marked changes in thyroid hormone production, metabolism & its actions resulting in an increased prevalence of subclinical thyroid disease.

3) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery, etc.

4) Drugs that decrease TSH values e.g. L-Dopa, Glucocorticoid Drugs that increase TSH values e.g. Iodine, Lithium, Amiodarone.

REFERENCE : Tietz, Fundamentals of Clinical Chemistry

Checked By
Page 1 of 2

Dr. Nishant sharma
M.D.(Path.)

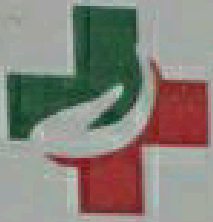
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M.D.(Micro.)

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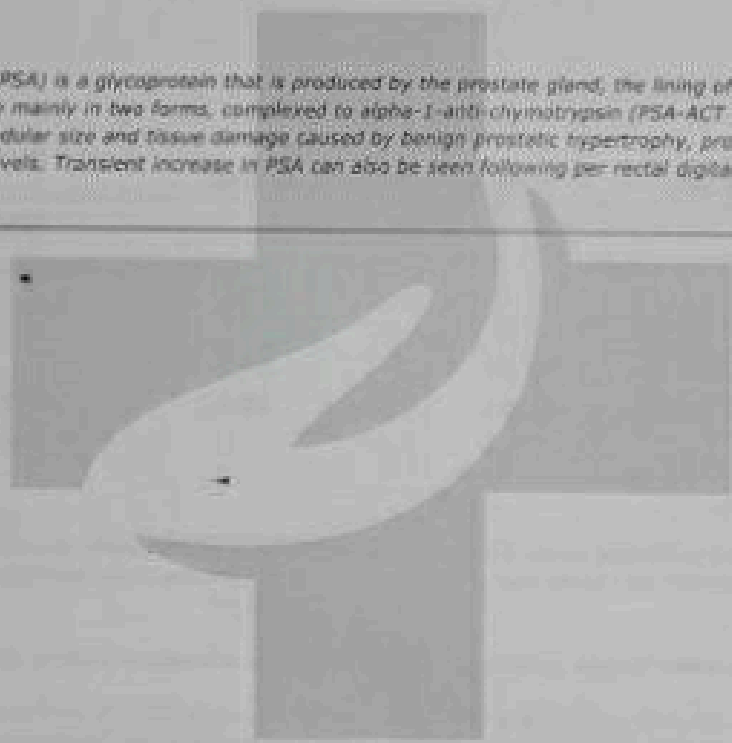
Patient ID	: N0801048 /OPD	Regn/Sample Date	: 14-Sep-2022 01:35 PM
Patient Name	: MR. AADARSH BAJPAI	Report Date	: 15-Sep-2022 05:03 AM
Age / Sex	: 32 Years / Male	Sample Type	: SERUM
Referred Dr	: TENDER PALM HOSPITAL	Contact No	
		Barcode	

TUMOUR MARKER

Investigation	Value	Unit	Bio. Ref. Range
Total PSA (Serum, CLIA)	0.58	ng/ml	< 4.0

INTERPRETATION :


Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per-rectal digital or sonological examinations.



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Patient ID	: NDB01048 /OPD	Regn/Sample Date	: 14-Sep-2022 01:35 PM
Patient Name	: MR. AADARSH BAJPAI	Report Date	: 15-Sep-2022 11:36 AM
Age / Sex	: 32 Years / Male	Sample Type	: SERUM
Referred Dr	: TENDER PALM HOSPITAL	Contact No	
		Barcode	

BIOCHEMISTRY

Investigation	Value	Unit	Bio. Ref. Range
Gamma GT (GGTP) <i>(Serum, GLU/PA-C)</i>	25.9	U/L	< 55

HORMONES

Investigation	Value	Unit	Bio. Ref. Range
Thyroid Function Test <i>(Method : Serum, Chemiluminescence)</i>			
Triiodothyronine (Total T-3)	1.63	ng/ml	0.60-1.81
Thyroxine (Total T-4)	9.10	ug/dl	5.01-12.45
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