



Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

To
Medi Wheel.
Arcofemi Health Care Ltd.
F-703, Lado Sarai, Mehrauli
New Delhi – 110 030

Subjects: Submission of Bills (Health Packages)

Dear Sir,

Please find here with bill enclosed with bill no 2024251062553. The Following employees have taken Health Packages of employee IVY Health & Life Sciences Pvt. Ltd. The details of the bill are enclosed and the total amount is Rs 2200/-

1. Appointment Letter.
2. ID Proof.
3. Bill
4. Medical Reports

Name	Booking date	Beneficiary Code	Bill no	Amount
JASDEEP SINGH	26.08.24	295019	2024251062553	2200



FOR OPD / DISCHARGE SUMMARY / BILLING PURPOSE ONLY

A unit of Ivy Health and Life Sciences (P) Ltd. Website : www.ivyhospital.com, Email: cs@ivyhospital.com Fax: 91-172-2274900
Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339

All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

IVY HELPLINE : +91 8078880788

Subject: Fwd: Health Check up Booking Confirmed Request(22E31849),Package Code-PKG10000474, Beneficiary Code-295019
From: jasdeep singh <jasdeepsarao21@gmail.com>
Date: 26-08-2024, 10:44
To: mainreception@ivyhospital.com

Sent from my iPhone

Begin forwarded message:

From: Mediwheel <wellness@mediwheel.in>
Date: 24 August 2024 at 4:41:00 PM IST
To: jasdeepsarao21@gmail.com
Cc: customercare@mediwheel.in
Subject: Health Check up Booking Confirmed Request(22E31849),Package Code-PKG10000474, Beneficiary Code-295019

011-41195959

Dear **Jasdeep singh,**

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

Hospital Package Name : Mediwheel Full Body Health Checkup Male Below 40
Patient Package Name : Mediwheel Full Body Health Checkup Male Below 40
Name of Diagnostic/Hospital : Ivy Hospital
Address of Diagnostic/Hospital : Sector - 71,Mohali
City : Mohali
State : PUNJAB
Pincode : 160071
Appointment Date : 26-08-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:30am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. SINGH JASDEEP	29 year	Male

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 Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

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

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

भारत सरकार
Government of India

जसदीप सिंह
Jasdeep Singh
जन्म तिथि/DOB: 21/11/1994
पुरुष/ MALE

9617 8873 3625
VID : 9149 6976 9152 3159

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India

राजबीर कौर
Rajbir Kaur
जन्म तिथि/DOB: 03/12/1995
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या यूएन कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

5860 7389 1266

मेरा आधार, मेरी पहचान

बैंक ऑफ बरोडा
Bank of Baroda
भारत का वित्तीय बैंक

नाम
Name : **JASDEEP SINGH**

कर्मचारी कूट.क्र.
E. C. No. : **181019**

जारीकर्ता प्राधिकारी, ड.वे.प्र., वे.का., करनाल
Issuing Authority DRM, RO, Karnal

बाबरक के हस्ताक्षर
Signature of Holder

भारतीय पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O: जसदीप सिंह, 16A, वार्ड 11, नई शारदा नगर, नए
शारदा नगर, अम्बाला, हरियाणा - 134003

Address:
S/O: Balbir Singh, 16A, Ward 11, NEW
Sharda Nagar, NEW Sharda Nagar, Ambala,
Ambala, Haryana - 134003

9617 8873 3625
VID : 9149 6976 9152 3159

1947 | help@uidai.gov.in | www.uidai.gov.in

भारतीय पहचान प्राधिकरण
Unique Identification Authority of India

पता:
पुत्रा: जसदीप सिंह, 16A, नई शारदा नगर, रतनगढ़ रोड,
अम्बाला नगर, अम्बाला सिटी, अम्बाला,
हरियाणा - 134003

Address:
C/O: Jasdeep Singh, 16A, New Sharda
Nagar, Rattangarh Road, Ambala City, PO:
Ambala City, DIST: Ambala,
Haryana - 134003

5860 7389 1266
VID : 9123 8639 4065 6775

1947 | help@uidai.gov.in | www.uidai.gov.in

निम्न पर निम्नलिखित को लौटाएं :
सहायक प्रबन्धक (सुरक्षा)
बैंक ऑफ बरोडा कॉर्पोरेट सेंटर
सी-26, जी-ब्लॉक, बन्ड्रा-कुर्ला कॉम्प्लेक्स
मुंबई 400 051, भारत
फोन : 91 22 6698 5196 फैक्स : 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 ग्रुप Blood Group : **O (Positive)**

चिह्नक निम्न
Identification Marks : **Mole on right bloop.**



Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898



IVY Hospital Mohali Sector 71, Mohali, Punjab -

Bill of Supply

GST No	29AAHCP3193M1ZR	Bill Date	26-Aug-2024
Bill No	2024251062553	Reg ID	2399434
Bill To	Medibuddy Phasorz	Sex/Age	Male/29 years, 9 months & days
TPA	Medibuddy Phasorz	Consultant	DR. Direct
UHID	468987	Reffered By	Direct
Name	MR JASDEEP SINGH S/O	GST No.	03AABCI4594F1ZQ
Address	#16 A NEW SHARDA NAGAR	Category	Health Services
Phone No	9467910044	Policy No.	0
UTI/Claim/Ref 0/		Pan No	AABCI4594F

Sr	Date	Code/Batc	Activity Desc.	Rate	Qty.	Amount
1	26-Aug-24		OPD Package Charges	2200	1	2200
			Bill Amount			2200
			Net Amount			2200
			Advance Amount			0
			CSR/Discount			0
			Ward Charges Reversed			0
			Receipt Amount			0
			Refund Amount			0
			Payable Amount			2200



FOR OPD / DISCHARGE SUMMARY / BILLING PURPOSE ONLY

A unit of Ivy Health and Life Sciences (P) Ltd. Website : www.ivyhospital.com, Email: cs@ivyhospital.com Fax: 91-172-2274900

Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph: +91-172-7170000, Fax: 91-172-5044338

All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

IVY HELPLINE : +91 8078880788



Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

Name: Mr Jasdeep Singh UHID: 468987
 Age: 29/M Consultant: Dr Mukesh Vats Date: 26/08/24
 BP: Pulse: RR: Temp: Pain:
 Ht: Wt: Allergies: Nutritional Assessment: Yes/No
 Diagnosis / DD:
 Complaint:

Investigations

Clinical Notes

diag
 PI 2E
 PI 5E
 AE

few routine eye
 check
 ref @ 5/6
 @ 5/6
 AE - w/w AE
 AE
 @ window of
 eye deep

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
				4 months		
	Dr. Mukesh Vats MS, FVRS Retina Consultant & Phaco Surgeon Ph: 4503					

Follow up

Sign & Stamp
Ivy/OPD/Form/005



Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No.: U85110PB2005PTC027888

Name: Mr. Jasdeep Singh UHID: 468987
 Age: 29/m Consultant: Dr. G Ranjeet Date: 26/08/24
 BP: 116/77 Pulse: 86 RR: _____ Temp: _____ Pain: _____
 Ht.: _____ Wt.: 53kg Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: _____
 Complaint: Family h/o CAD

Investigations

Clinical Notes

TSH-1.2
 FBS-90 RFT-24/0.9
 LFT-M
 Chol/TG/HDL/LDL
 221/188/46/134
 Trigs-163/7100/1842
 USG abd gr B fatty liver
 Ecg. NSR
 ECHO - No RWMA
 EF-55%

Regular health checkup.

DAW

low fat diet

Regular exercise

Cap Discharge for DS (gm 31)

(w-3 fatty acids)

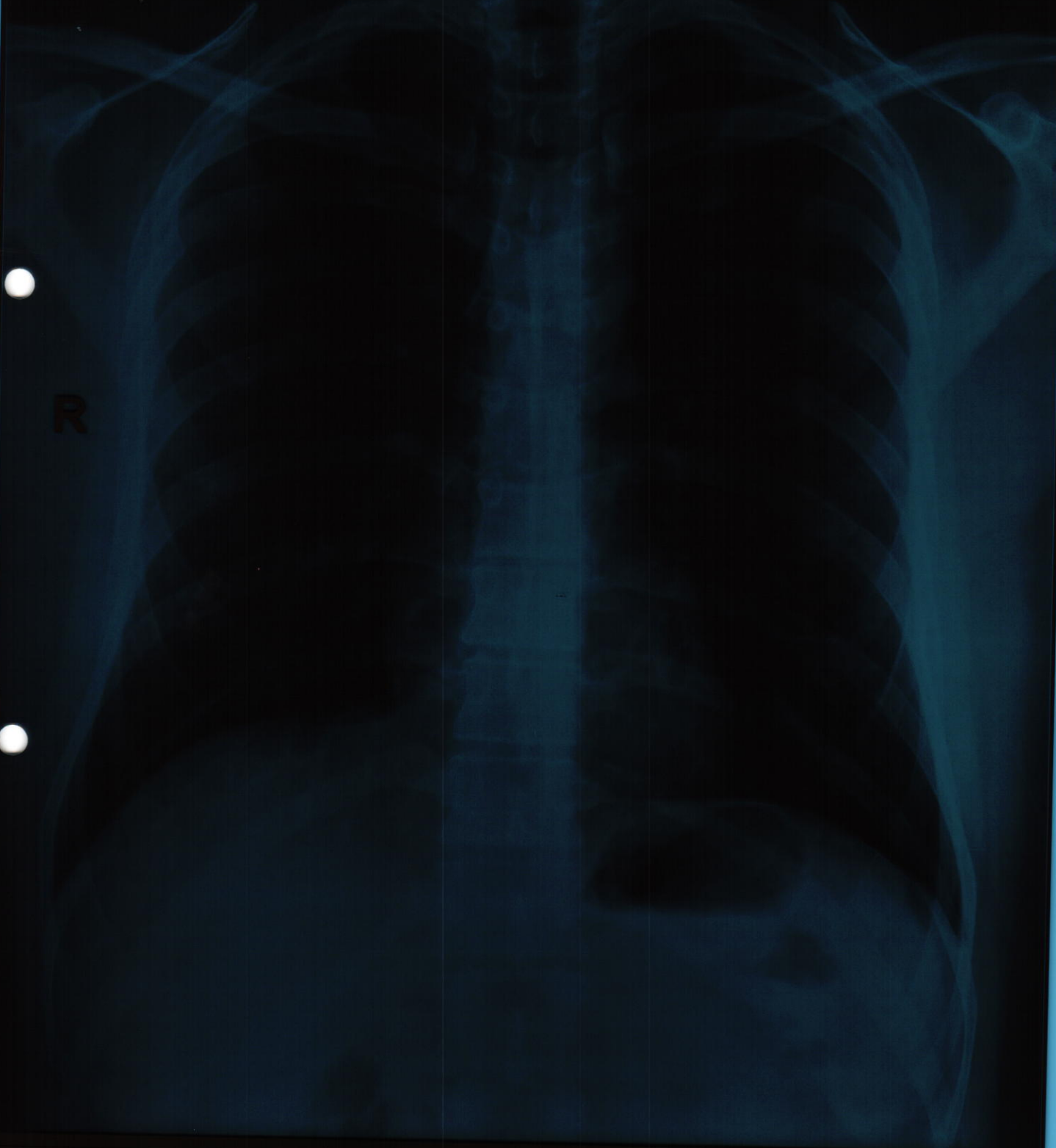
x 2 daily

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions

Repeat fasting lipid profile
after 6 months

Follow up

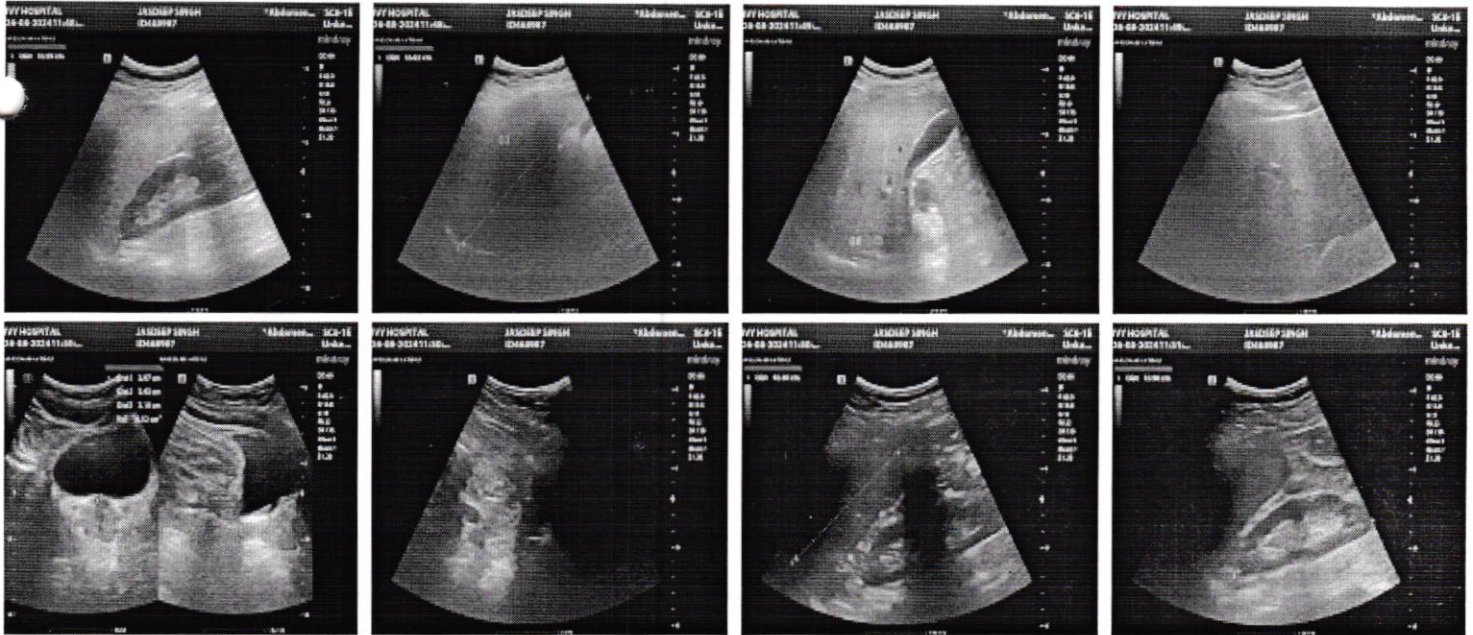
Dr. G Ranjeet
 MD Internal Medicine (PGIMER)
 Sign & Stamp
 Regn No. 8800
 Ivy/OPD/Form/005



ID468987 JASDEEP SINGH M 29 years XNO-24747-OPD

NAME	., JASDEEP SINGH	SEX/AGE	M29Y
PATIENT ID	ID468987	Accession Number	
REF CONSULTANT	PACKAGE	DATE	26/08/2024 11:47

USG WHOLE ABDOMEN



LIVER: is enlarged in size (~16.0 cm), normal in 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.

SPLEEN: is normal in size (~10.4 cm), 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 (~10.6 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~10.9 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

U-BLADDER: is partially distended at the time of examination.

PROSTATE: is normal in size.

No free fluid is seen in peritoneal cavity.

OPINION:

Hepatomegaly with fatty liver (Grade II).

Adv. Clinical correlation and follow up.

(NOT FOR MEDICO-LEGAL PURPOSE)



Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

NAME	., JASDEEP SINGH	SEX/AGE	M29Y
PATIENT ID	ID468987	Accession Number	
REF CONSULTANT	PACKAGE	DATE	26/08/2024 11:47



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

(NOT FOR MEDICO-LEGAL PURPOSE)

A unit of Ivy Health and Life Sciences (P) Ltd. Website : www.ivyhospital.com, Email: cs@ivyhospital.com Fax: 91-172-2274900
Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339

All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

IVY HELPLINE : +91 8078880788



Ivy Hospital

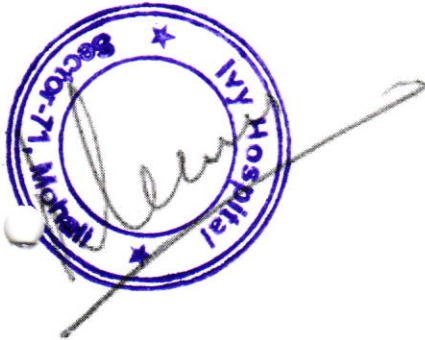
SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

NAME	JASDEEP SINGH	SEX/AGE	M29Y
PATIENT ID	ID468987	Accession Number	XNO-24747-OPD
REF CONSULTANT	Dr.	DATE	26/08/2024 11:24

X-RAY CHEST (PA VIEW)

Bony structures and soft tissue appear normal.
Trachea is central.
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 MEENU BHORIA
MBBS, DMRD, DNB, FVIR

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)

A unit of Ivy Health and Life Sciences (P) Ltd. Website: www.ivyhospital.com Email: gs@ivyhospital.com Fax: 91-172-2274900

Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339

All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

IVY HELPLINE : +91 8078880788



NAME	: MR JASDEEP SINGH		
DOB/Gender	: 21-Nov-1994/M	Requisition Date	: 26/Aug/2024 11:01AM
UHID	: 468987	SampleCollDate	: 26/Aug/2024 11:11AM
Inv. No.	: 4535259	Sample Rec.Date	: 26/Aug/2024 11:12AM
Panel Name	: Ivy Mohali	Approved Date	: 26/Aug/2024 12:21PM
Bar Code No	: 13247231	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 **1.40** ng/mL 0.970 – 1.69
(CLIA/Vitros 5600)

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 **8.10** µg/dL 5.52 – 12.97
(CLIA/Vitros 5600)

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 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 **1.200** mIU/L 0.4001 - 4.049
(CLIA/Vitros 5600- TSH 3rd generation)

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 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: Pooja Devi 6829M





NAME	: MR JASDEEP SINGH	Requisition Date	: 26/Aug/2024 11:01AM
DOB/Gender	: 21-Nov-1994/M	Sample CollDate	: 26/Aug/2024 11:11AM
UHID	: 468987	Sample Rec.Date	: 26/Aug/2024 11:12AM
Inv. No.	: 4535259	Approved Date	: 26/Aug/2024 12:21PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13247231		

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting <small>(VITROS 5600/Colorimetric - Glucose oxidase, hydrogen peroxide)</small>	90	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 <small>(VITROS 5600/Colorimetric - Urease, UV)</small>	24.00	mg/dl	19.2--42.8 mg/dl
Serum Creatinine <small>(VITROS 5600/Two-point rate - Enzymatic)</small>	0.90	mg/dL	0.66--1.25mg/dl
Serum Uric acid <small>(VITROS 5600/Colorimetric - Uricase)</small>	5.90	mg/dL	3.5--8.5 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:Pooja Devi 6829M





NAME	: MR JASDEEP SINGH	Requisition Date	: 26/Aug/2024 11:01AM
DOB/Gender	: 21-Nov-1994/M	Sample CollDate	: 26/Aug/2024 11:11AM
UHID	: 468987	Sample Rec.Date	: 26/Aug/2024 11:12AM
Inv. No.	: 4535259	Approved Date	: 26/Aug/2024 12:21PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13247231		

Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST WITH GGT			
Serum Bilirubin Total <small>(VITROS 5600 /Colorimetric - Diphylline, Diazonium salt)</small>	0.60	mg/dL	0.2-1.3 mg/dl
Serum Bilirubin Direct <small>(VITROS 5600 /Colorimetric - Direct measure)</small>	0.38	mg/dL	Adult 0.0-1.1 mg/dl Neonate 0.6--10.5 mg/dl
Serum Bilirubin Indirect <small>(VITROS 5600 /Colorimetric - Direct measure)</small>	0.22	mg/dL	Adult 0.0-0.3 mg/dl Neonate 0.0-0.6 mg/dl
Serum SGOT(AST) <small>(VITROS 5600 /UV with PSP)</small>	40	U/L	Male 17-59U/L
Serum SGPT(ALT) <small>(VITROS 5600 /Multi-point rate - UV with PSP)</small>	66	U/L	21-72
Serum AST/ALT Ratio <small>(Calculated)</small>	0.61		
Serum GGT <small>(VITROS 5600 /Multi-point rate - G-glutamyl-p-nitroanilide)</small>	57	U/L	Male 12-43
Serum Alkaline Phosphatase <small>(VITROS 5600 /Multi-point rate - PMPP, AMP Buffer (37°C))</small>	58	U/L	38--126U/L
Serum Protein Total <small>(VITROS 5600 /Colorimetric - Biuret, no serum blank, end point)</small>	8.4	g/dl	6.3--8.2g/dl
Serum Albumin <small>(VITROS 5600 /Colorimetric - Bromocresol Green)</small>	4.9	g/dl	3.5--5.0g/dl
Serum Globulin <small>(Calculated)</small>	3.50	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio <small>(Calculated)</small>	1.40	%	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.

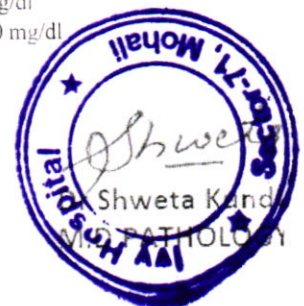
LIPID PROFILE

Serum Cholesterol <small>(VITROS 5600 /Colorimetric - Cholesterol oxidase, esterase, peroxidase)</small>	221	mg/dL	Desirable <200mg/dl Boredrline High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides <small>(VITROS 5600 /Colorimetric - Enzymatic, end point)</small>	185	mg/dL	Normal < 150mg/dl Boredrline High 150--199mg/dl High 200-499mg/dl Very High ≥500 mg/dl



The highlighted values should be correlated clinically

Result Entered By:Pooja Devi 6829M





NAME	: MR JASDEEP SINGH	Requisition Date	: 26/Aug/2024 11:01AM
DOB/Gender	: 21-Nov-1994/M	SampleCollDate	: 26/Aug/2024 11:11AM
UHID	: 468987	Sample Rec.Date	: 26/Aug/2024 11:12AM
Inv. No.	: 4535259	Approved Date	: 26/Aug/2024 12:21PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13247231		

Test Description	Observed Value	Unit	Reference Range
Serum HDL Cholesterol <small>(VITROS 5600/Colorimetric - Direct measure, PTA/MgCl2)</small>	46	mg/dL	Low to Average <40 mg/dl High ≥ 60.0mg/dl
Serum VLDL cholesterol <small>(calculated)</small>	37	mg/dL	7-35
Serum LDL cholesterol <small>(calculated)</small>	138	mg/dL	50-100
Serum Cholesterol-HDL Ratio <small>(Calculated)</small>	4.80		3-5
Serum LDL-HDL Ratio <small>(calculated)</small>	3.00		1.5 - 3.5

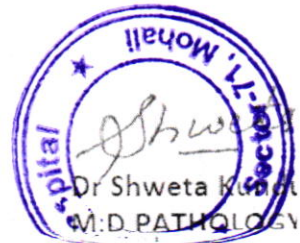
Interpretation:

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 <small>(10-year risk for CHD>20%)</small>	<100	<130
Multiple (2+) Risk Factors and <small>10-year risk <20%</small>	<130	<160
0-1 Risk Factor	<160	<190

The highlighted values should be correlated clinically





NAME : MR JASDEEP SINGH

DOB/Gender : 21-Nov-1994/M

UHID : 468987

Inv. No. : 4535259

Panel Name : Ivy Mohali

Bar Code No : 13247231

Requisition Date : 26/Aug/2024 11:01AM

SampleCollDate : 26/Aug/2024 11:11AM

Sample Rec.Date : 26/Aug/2024 11:11AM

Approved Date : 26/Aug/2024 12:01PM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

HAEMATOLOGY

BLOOD GROUP RH TYPE

ABO & RH Typing

Forward Grouping

Anti A	NEGATIVE
Anti B	NEGATIVE
Anti D	POSITIVE
Final Blood Group	O 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.

Ivy Hospital



The highlighted values should be correlated clinically

Result Entered By:Pooja Devi 6829M





LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115624

Email: pathreports@ivyhospital.in



NAME	: MR JASDEEP SINGH	Requisition Date	: 26/Aug/2024 11:01AM
DOB/Gender	: 21-Nov-1994/M	SampleCollDate	: 26/Aug/2024 11:11AM
UHD	: 468987	Sample Rec.Date	: 26/Aug/2024 11:11AM
Inv. No.	: 4535259	Approved Date	: 26/Aug/2024 12:47PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13247231		

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR

(Automated ESR analyser)

1

mm/h

0-10

Ivy
Hospital

The highlighted values should be correlated clinically

Result Entered By: Pooja Devi 6829M





NAME : MR JASDEEP SINGH

DOB/Gender : 21-Nov-1994/M

UHID : 468987

Inv. No. : 4535259

Panel Name : Ivy Mohali

Bar Code No : 13247231

Requisition Date : 26/Aug/2024 11:01AM

SampleCollDate : 26/Aug/2024 11:11AM

Sample Rec.Date : 26/Aug/2024 11:11AM

Approved Date : 26/Aug/2024 11:45AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

HAEMATOLOGY

COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin <small>(Noncyanmethaemoglobin)</small>	16.3	g/dl	13.0 - 17.0
Hematocrit(PCV) <small>(Calculated)</small>	48.9	%	36-48
Red Blood Cell (RBC) <small>(Impedence/DC Detection)</small>	5.10	10 ⁶ / μl	4.5-5.5
Mean Corp Volume (MCV) <small>(Impedence/DC Detection)</small>	95.5	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	31.8	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	33.3	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	12.5	%	11-15
Platelet Count <small>(Impedence/DC Detection/Microscopy)</small>	184	10 ³ /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedence/DC Detection)</small>	12.7	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedence/DC Detection)</small>	7.1	10 ³ /μl	4.0 - 10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	65	%	40-75
Lymphocytes	24	%	20-40
Monocytes	8	%	0-8
Eosinophils	3	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	4,615	μl	2000-7000
Absolute Lymphocyte Count	1,704	uL	1000-3000
Absolute Monocyte Count	568	uL	200-1000
Absolute Eosinophil Count	213	μl	20-500

*** End Of Report ***



The highlighted values should be correlated clinically

Result Entered By: Pooja Devi 6829M





NAME	: MR JASDEEP SINGH	Requisition Date	: 26/Aug/2024 11:01AM
DOB/Gender	: 21-Nov-1994/M	SampleCollDate	: 26/Aug/2024 12:38PM
UHID	: 468987	Sample Rec.Date	: 26/Aug/2024 12:38PM
Inv. No.	: 4535259	Approved Date	: 26/Aug/2024 02:10PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13247231		

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	30.00	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	1.030		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein <small>(Protein Ionization)</small>	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		
Urine Nitrite	Absent		Absent

Microscopic Examination

Urine Pus Cells	2-3		0-5
Urine RBC	Absent	/hpf	Absent
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





IVY HOSPITAL

F-317, Industrial Area, Phase 8B,

Mohali, Punjab

Ph: 9115110241, 9115115658

Email: lab@ivyhospital.com



NAME : MR JASDEEP SINGH

DOB/Gender : 21-Nov-1994/M

UHID : 468987

Inv. No. : 4535259

Panel Name : Ivy Mohali

Bar Code No : 13247231

Requisition Date : 26/Aug/2024 11:01AM

SampleCollDate : 26/Aug/2024 11:11AM

Sample Rec.Date : 26/Aug/2024 01:22PM

Approved Date : 26/Aug/2024 02:16PM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c (HPLC)	4.6	%	Non diabetic:4.0-5.7 Pre-diabetes:5.7-6.4 Diabetes:>=6.5
Estimated Average Glucose (eAG) (Calculated)	85	mg/dL	

ADA criteria for correlation between HbA1c & Mean plasma glucose levels:
(Last three month's average).

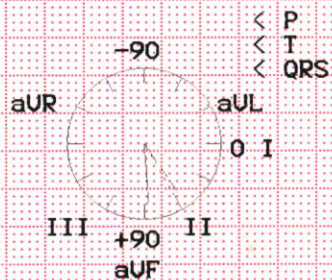
HbA1c (%)	Mean Plasma Glucose (mg / dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

*** End Of Report ***



Measurement Results:

RS	92 ms
T/QTcB	350 / 389 ms
PR	128 ms
QR	106 ms
R/PP	808 / 800 ms
/QRS/T	60 / 85 / 55 degrees
TD/QTcBD	38 / 42 ms
okolow	2.2 mV
IK	10

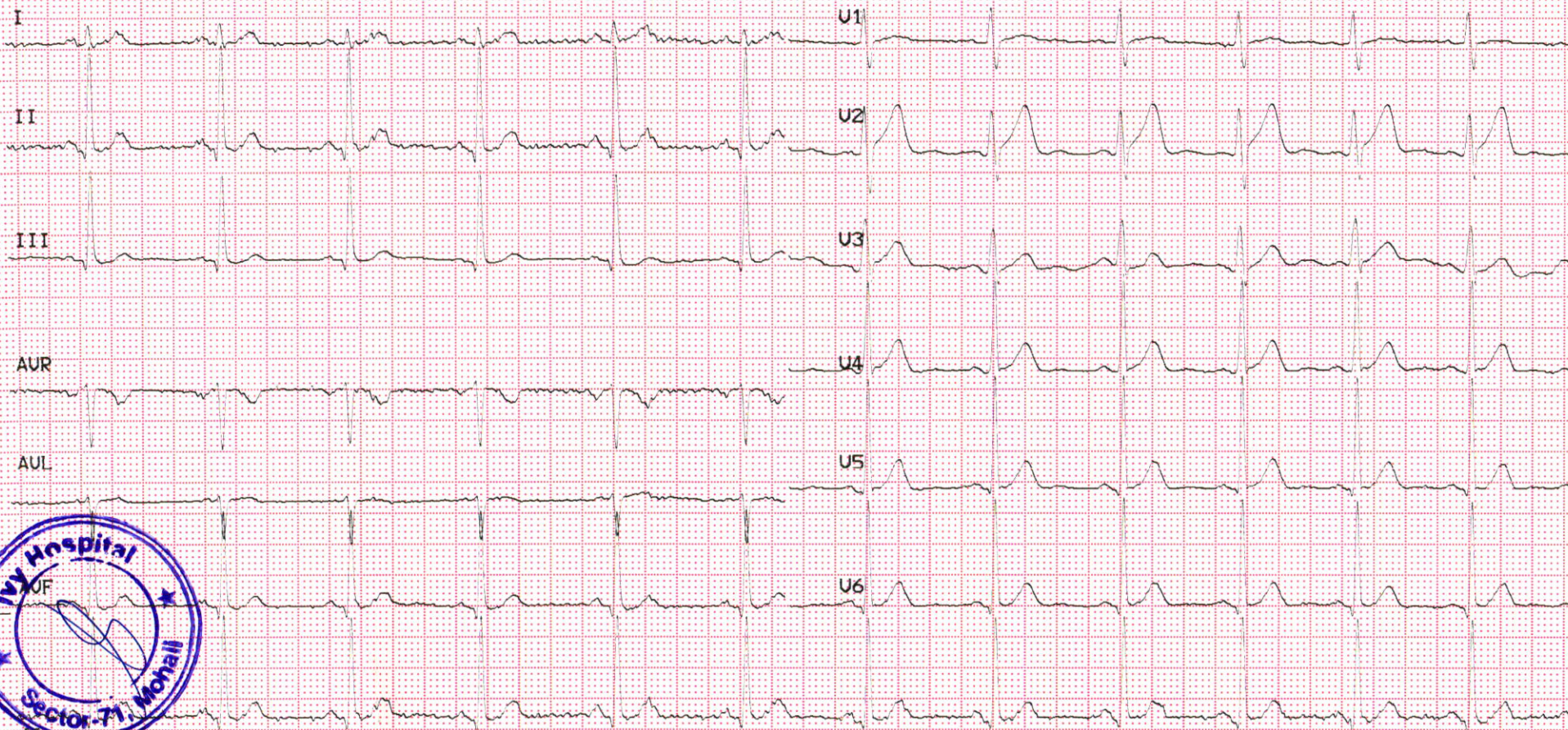


Interpretation:

normal ECG

Mr Jasdeep Singh
 Age! - 29 / m
 UMID: - 468987

Unconfirmed report





Ivy
Hospital
Patient Name
Gender/Age



JASDEEP SINGH
Male / 30

Patient ID
Test Date :

468987
26 Aug 2024

Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
ID No. : U85110PB2005PTC027898

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters

	Patient	Normal
Left Ventricular ED Dimension	4.2	3.7-5.6 CM
Left Ventricular ES Dimension	3.0	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	3.5	1.9-4.0 CM

Indices of LV systolic Function

	Patient	Normal
Ejection Fraction	55%	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= 79cm/s, A= 47cm/s, E>A

Aortic valve: Vmax = 72cm/s

Pulmonary valve: Vmax = 68cm/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

(NOT FOR MEDICO-LEGAL PURPOSE)

A unit of Ivy Health and Life Sciences (P) Ltd. Website : www.ivyhospital.com, Email: cs@ivyhospital.com Fax: 91-172-2274900
Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339





Ivy Hospital

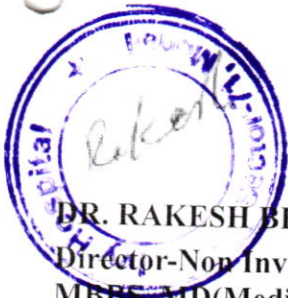
SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

Remarks -

FINAL IMPRESSION -

No RWMA of LV

Normal LV systolic function (LVEF~55%)



DR. RAKESH BHUTUNGRU

Director-Non Invasive Cardiology

MBBS, MD(Medicine), DM(Cardiology)

PMC-42588

(NOT FOR MEDICO-LEGAL PURPOSE)

A unit of Ivy Health and Life Sciences (P) Ltd. Website : www.ivyhospital.com, Email: cs@ivyhospital.com Fax: 91-172-2274900
Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339

All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

IVY HELPLINE : +91 8078880788