



Name - Mr. Arun
 UHID - 343598
 Age - 48/M

Ivy Hospital

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

Dr. (Major) Bhavesh Talera
 MRCP - MD Gen Medicine (UK), FICR
 Consultant Internal Medicine & NI Cardiology
 Email : drbhavesh.pkl@ivyhospital.com

09/02/2023

Health check up

USG - mildly enlarged prostate

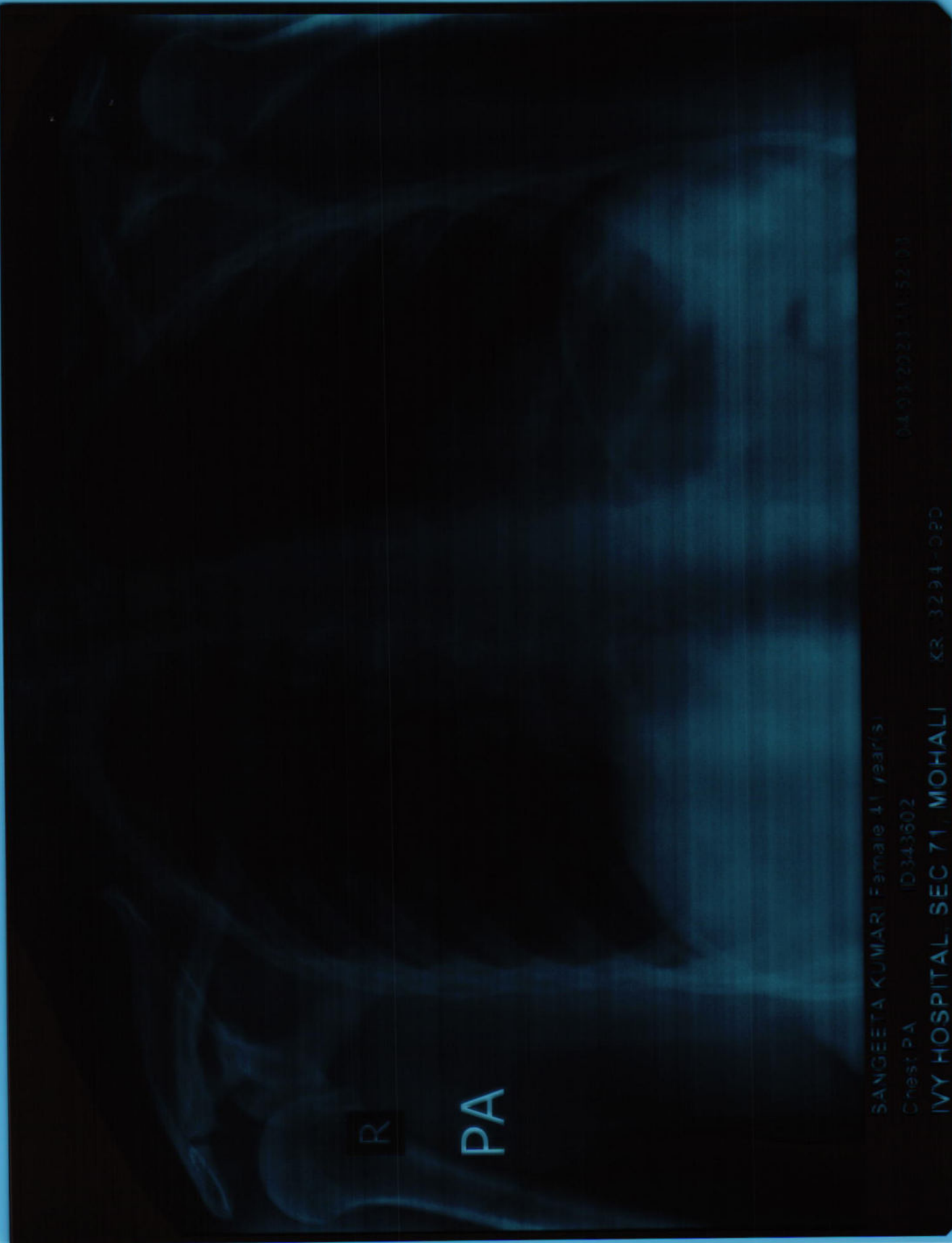
S. Chol 242
 LDL 162

1

Tas Rozuvar 1mg
 at night

Aspirin
 2 months

Dr. (Major) Bhavesh Talera
 MRCP - MD Internal Medicine
 Consultant Internal Medicine
 Regn. No. 013325



R

PA

SANGEETA KUMAR, Female, 41 year's

Chest PA ID: 343602

IVY HOSPITAL, SEC 71, MOHALI KR. 3294-02D

04/03/2021 11:52:01

R

PA

ARJUN KUMAR, Male, 43 year(s)

Chest PA

ID:343593

IVY HOSPITAL, SEC 71, MOHALI

KR 3293-020

04/03/2023 10:50:35



NAME	: MR. ARUN KUMAR	Requisition Date	: 04/Mar/2023 10:18AM
DOB/Gender	: 15-Nov-1975/M	SampleCollDate	: 04/Mar/2023 10:47AM
UHID	: 343598	Sample Rec.Date	: 04/Mar/2023 01:55PM
Inv. No.	: 3190638	Approved Date	: 04/Mar/2023 04:39PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12691259		

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 <small>(A- Beckman DXi /Access2)</small>	1.50	ng/ml	0.70-2.0
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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 propylthiouracil, 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 <small>(CLIA-Beckman DXi /Access2)</small>	8.67	µg/dL	5.48 - 14.28
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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 <small>(CLIA- Beckman DXi / Access2, 3rd Gen)</small>	3.700	uIU/mL	M & F (non-pregnant) 0.38 - 5.33 F Pregnant (1st Trimester) 0.05 - 3.7 Pregnant (IInd Trimester) 0.31 - 4.35 Pregnant (IIIrd Trimester) 0.41 - 5.18
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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

*** End Of Report ***



DR SUNNY BHARDWAJ
M.D. PATHOLOGY



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UHID : 343598

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Panel Name : Ivy Mohali

Bar Code No : 12691259

Requisition Date : 04/Mar/2023 10:18AM

Sample CollDate : 04/Mar/2023 10:47AM

Sample Rec.Date : 04/Mar/2023 10:49AM

Approved Date : 04/Mar/2023 12:08PM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

PSA TOTAL

Serum PSA Total

0.70

ng/mL

<4.0

(Vitros 3600)

Summary & Interpretation:

Elevated concentrations of PSA in serum are generally indicative of a patho-logic-condition of the prostate (prostatitis, benign hyperplasia or carcinoma). PSA determinations are employed for the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy. An inflammation or trauma of the prostate (e.g. In case of urinary retention or following rectal examination, cystoscopy, coloscopy, transurethral biopsy, laser treatment or ergometry) can lead to PSA elevations of varying duration and magnitude.



The highlighted values should be correlated clinically





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Sample Rec.Date : 04/Mar/2023 11:01AM

Approved Date : 04/Mar/2023 12:06PM

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HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c
State Affinity HPLC/Trinity

6.1

%

Non diabetic:4.0-6.0

Target of therapy:<7.0

Change of therapy:>8.0

Estimated Average Glucose (eAG)
(Calculated)

128

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



Ivy H.
Sunny Bhardwaj
DR SUNNY BHARDWAJ
M.D. PATHOLOGY
Sector-71, Mohali



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BLOOD GROUP RH TYPE

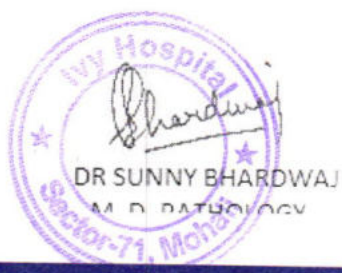
ABO & RH Typing

Forward Grouping

Anti A	Negative
Anti B	POSITIVE
Anti AB	POSITIVE
Anti D	POSITIVE
Reverse Grouping A Cells	POSITIVE
Reverse Grouping B Cells	Negative
Reverse Grouping O Cells	Negative
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.





POLO LABS PVT. LTD

Reference Lab: Polo Labs, Mohali, Punjab

Polo Labs, Ivy Hospital, Sector 71, Mohali
Ph.: 9115115257, 9115115258, 9115115624



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 Sample CollDate : 04/Mar/2023 10:47AM
 Sample Rec.Date : 04/Mar/2023 10:49AM
 Approved Date : 04/Mar/2023 11:59AM
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BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting
 (Hexokinase/ AU480)

101

mg/dL

< 106 Normal
 107 - 125 Impaired Tolerance
 >126 Diabetic



DR BHUMIKA BISHT
 M. D. PATHOLOGY

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Sample CollDate : 04/Mar/2023 01:08PM
Sample Rec.Date : 04/Mar/2023 01:08PM
Approved Date : 04/Mar/2023 02:45PM
Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

GLUCOSE PP

Plasma Glucose Post Prandial
(kinase/ AU480)

145

mg/dL

<140 Normal 140 - 180 Impaired
Tolerance >180 Diabetic



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BIOCHEMISTRY

RFT (RENAL FUNCTION TESTS)

Serum Urea (GLDH/AU480)	23.00	mg/dl	17-43
Serum Creatinine (JAFKE KINETIC/ AU480)	0.80	mg/dl	0.67-1.17
Serum Uric acid (Uricase/AU480)	6.20	mg/dl	3.5-7.2

LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total (DIP AU 480)	0.60	mg/dL	0.3-1.2
Serum Bilirubin Direct (DIP AU 480)	0.10	mg/dl	<0.3
Serum Bilirubin Indirect (Calculated)	0.50	mg/dl	0.1-1.0
Serum SGOT(AST) (IFCC Without PSP/ AU 480)	33	U/L	<35
Serum SGPT(ALT) (IFCC Without PSP/ AU 480)	43	U/L	<50
Serum AST/ALT Ratio (Calculated)	0.77		
Serum GGT (IFCC/AU 480)	28	IU/L	9-52
Serum Alkaline Phosphatase (PNPAMPKinetic/AU 480)	126	U/L	30-120
Serum Protein Total (Buret)	7.0	gm/dl	6.40 - 8.20
Serum Albumin (BCG/AU 480)	4.4	g/dL	3.5-5.2
Serum Globulin (Calculated)	2.60	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.69	%	1.0 - 1.8

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LIPID PROFILE

Serum Cholesterol (CHO POD/AU 480)	242	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides (GPO-PAP/ AU480)	173	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol (Immunoenzymatic/AU 480)	45	mg/dL	<40 Major risk factor for CHD >60 Negative risk factor for CHD
Serum VLDL cholesterol (Calculated)	35	mg/dL	7-35
Serum LDL cholesterol (Calculated)	162	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	5.38		3-5
Serum LDL-HDL Ratio (Calculated)	3.61		1.5 - 3.5

Polo

The highlighted values should be correlated clinically





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CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	40.00	mL	
Urine Colour	Pale 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	Absent		Absent
Urine Protein (Protein Ionization)	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		
Urine Nitrite	Absent		Absent

Microscopic Examination

Urine Pus Cells	0-1		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	Absent	/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

HAEMATOLOGY

ESR

Primary Sample Type:EDTA Blood

ESR (Automated ESR analyser)	4	mm/h	0-10
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DR BHUMIKA BISHT
M.D. PATHOLOGY

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Test Description	Observed Value	Unit	Reference Range
COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)			
Haemoglobin <small>(Noncyanmethihaemoglobin)</small>	15.5	g/dl	13.0 - 17.0
Hematocrit(PCV) <small>(% Calculated)</small>	46.2	%	36-48
Red Blood Cell (RBC) <small>(Impedence/DC Detection)</small>	5.20	10 ⁶ / μl	4.5-5.5
Mean Corp Volume (MCV) <small>(Impedence/DC Detection)</small>	89.0	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	29.9	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	33.5	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	13.3	%	11-15
Platelet Count <small>(Impedence DC Detection/Microscopy)</small>	217	10 ³ /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedence/DC Detection)</small>	12.3	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedence/DC Detection)</small>	7.8	10 ³ /μl	4.0 - 10.0
Differential Leucocyte Count (VCS/ Microscopy)			
Neutrophils	55	%	40-75
Lymphocytes	34	%	20-40
Monocytes	7	%	0-8
Eosinophils	4	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	4,290	μl	2000-7000
Absolute Lymphocyte Count	2,652	uL	1000-3000
Absolute Monocyte Count	546	uL	200-1000
Absolute Eosinophil Count	312	μl	20-500

*** End Of Report ***



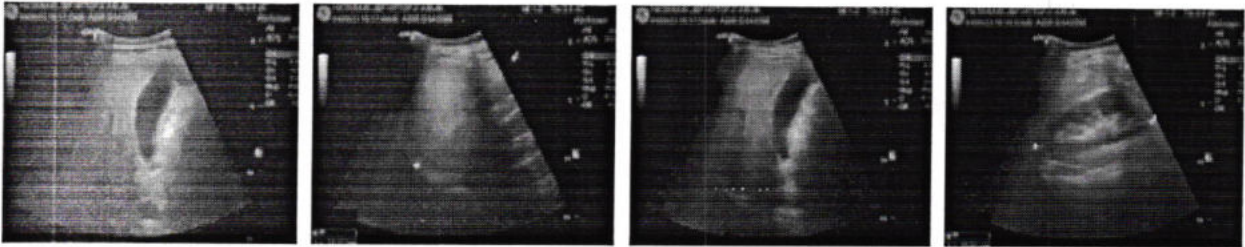
The highlighted values should be correlated clinically



DR BHUMIKA BISHT
M. D. PATHOLOGY

NAME	ARUN KUMAR	SEX/AGE	M48Y
PATIENT ID	ID343598	Accession Number	
REF CONSULTANT	PACKAGE	DATE	04/03/2023 10:16

USG WHOLE ABDOMEN



LIVER: is normal in size (~13 cm), outline and shows increased echogenicity. No focal lesion is seen. 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 (~7cm), outline and echotexture. No focal lesion is seen.

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 (~11cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~10.2cm), 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. No e/o calculus / mass seen.

PROSTATE: is mildly enlarged in size (~ 25cc).
No free fluid is seen in peritoneal cavity.

IMPRESSION:

Grade II fatty liver.
Mild Prostatomegaly.



DR GAGANDEEP SINGH SETHI
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)

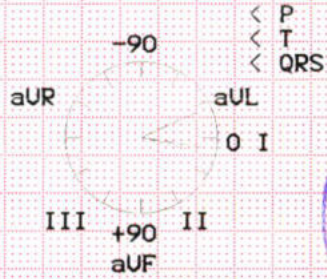
Measurement Results:

QRS : 82 ms
 QT/QTcB : 370 / 391 ms
 PR : 132 ms
 P : 88 ms
 RR/PP : 894 / 895 ms
 P/QRS/T : 15/ -25/ 10 degrees
 QTd/QTcBD : 28 / 30 ms
 Sokolow : 1.7 mU
 NK : 9

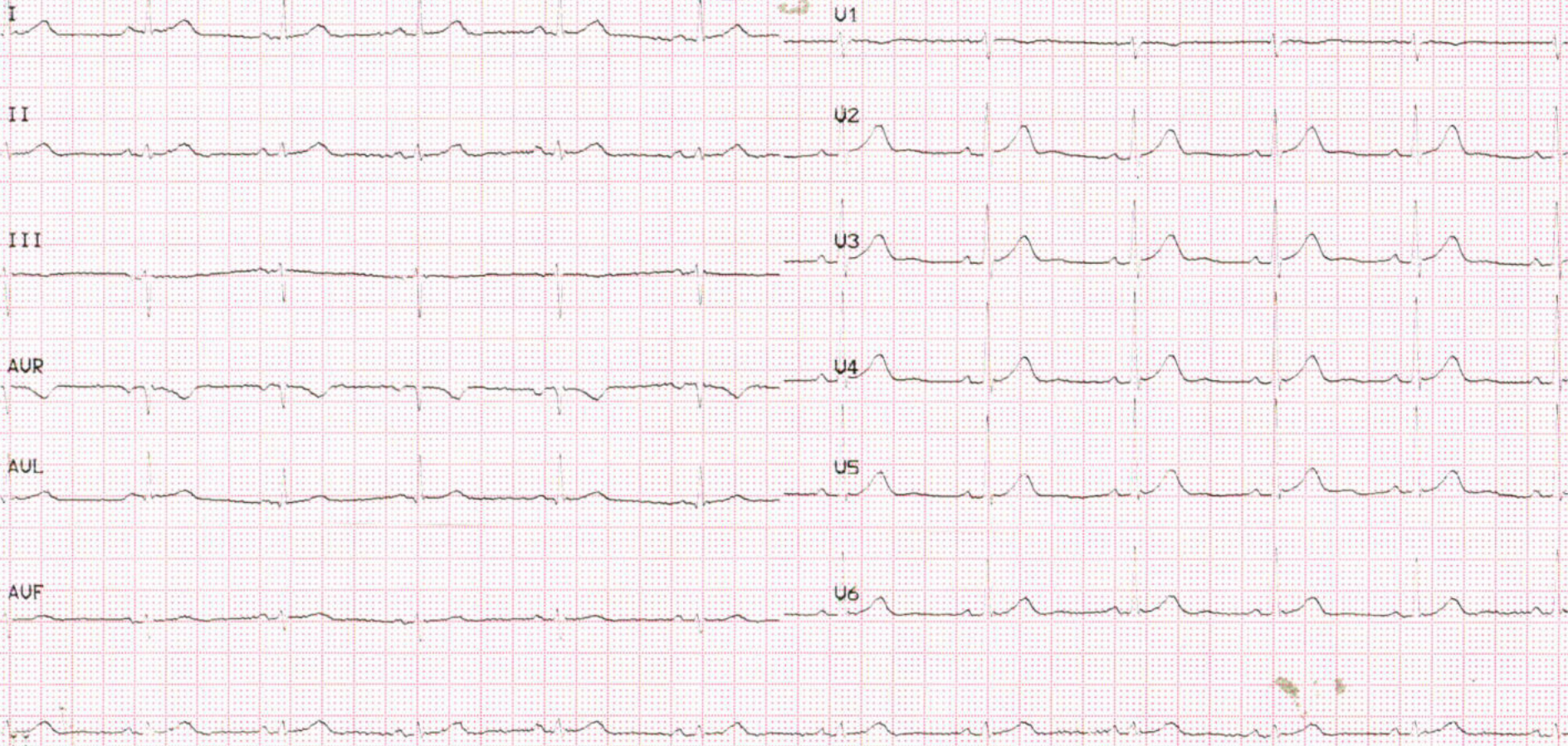
Interpretation:

minor left axis deviation
 R/S inversion area between U1 and U2
 borderline ECG

Arun Kumar
 age 48/M
 ID 343598



Unconfirmed report.





Ivy Hospital

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

Patient Name ARUN KUMAR
Gender/Age Male / 48

Patient ID 343598
Test Date : 04 Mar 2023

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.6	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)	1.4	0.7-2.6 CM
LVPW (D)	0.9	0.6-1.1 CM
LVPW (S)	1.3	0.8-1.0 CM
Aortic Root	3.2	2.0-3.7 CM
LA Diameter	3.6	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	59%	54-76%
Fractional Shortening	31%	25-46%

Mitral Valve : Normal movements of all leaflet, No subvalvular pathology, No calcification, no prolapse, Trace MR.

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= 60cm/s, A= 90cm/s

Aortic valve: Vmax = 115cm/s

Pulmonary valve: Vmax = 101cm/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)



Ivy Hospital

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Remarks -

FINAL IMPRESSION -

Grade I LV diastolic dysfunction

Normal LV systolic function

A handwritten signature in black ink, appearing to read "Sanjeev", is written over a faint purple circular stamp.

DR. SANJEEV SROA
MD Medicine , DM Cardiology

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

IVY HELPLINE : +91 99888-23456