

Subject: FW: Please note the following health check-up booking summary on 23/9/2023
From: "Abhishek Singh" <corporatemanagerbd@ivyhospital.com>
Date: 9/23/2023, 10:11 AM
To: "'OPD Administrator"' <opdadministrator@ivyhospital.com>, "'main reception"' <mainreception@ivyhospital.com>, <healthcheckups.mohali@ivyhospital.com>
Return-Path: <corporatemanagerbd@ivyhospital.com>
Delivered-To: mainreception@ivyhospital.com
Received: from localhost (localhost [127.0.0.1]) by mmail.ivyhospital.com (Postfix) with ESMTP id CA145174174A; Sat, 23 Sep 2023 10:11:19 +0530 (IST)
Received: from mmail.ivyhospital.com ([127.0.0.1]) by localhost (debian.nebero.com [127.0.0.1]) (amavisd-new, port 10024) with ESMTP id t8RmjlfA77-M; Sat, 23 Sep 2023 10:11:19 +0530 (IST)
Received: from adminPC (login.web [192.168.4.1]) by mmail.ivyhospital.com (Postfix) with ESMTPA id 47B881741731; Sat, 23 Sep 2023 10:11:17 +0530 (IST)
Message-ID: <01c901d9edd8\$36089030\$a219b090\$@com>
MIME-Version: 1.0
Content-Type: multipart/related; boundary="----=_NextPart_000_01CA_01D9EE06.4FC0F340"
X-Mailer: Microsoft Office Outlook 12.0
Content-Language: en-us
Thread-Index: AQHZ7WSIF5+n63HWzOK+RlvBJoer+LAn1XYw
X-Global-filter: Messagescannedforspamandviruses:passedalltests

Regards
 Abhishek Singh
 Group Corporate Manager
 Business Development
 +91-8699999914
corporatemanagerbd@ivyhospital.com



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 Super Speciality Healthcare



OUR NETWORK: MOHALI • NAWANSHAHRI • KHANNA • HOSHAARPUR • AMRITSAR • BATHINDA www.ivyhospital.com

From: Customer Care :Mediwheel : New Delhi [mailto:customercare@mediwheel.in]
Sent: Friday, September 22, 2023 8:24 PM
To: corporatemanagerbd@ivyhospital.com
Subject: Please note the following health check-up booking summary on 23/9/2023

| Member Name | Mobile | Package Name |
|------------------|------------|--|
| Balwinder singh | 7087231238 | Medi-wheel Full Body Health Checkup Male |
| MS. KAUR SARBJIT | 7087231238 | Medi-Wheel Full Body Health Checkup Fem: |

Thanks & Regards



FW: Please note the following health check-up booking summar... imap://mainreception%40ivyhospital%2Ecom@local.ivyhospit...

Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030

Ph No. 011-41195959

Email : customercare@mediwheel.in; | Web: www.mediwheel.in



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 | BALWINDER SINGH |
| DATE OF BIRTH | 13-12-1986 |
| PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE | 23-09-2023 |
| BOOKING REFERENCE NO. | 23S172636100069850S |
| SPOUSE DETAILS | |
| EMPLOYEE NAME | MS. KAUR SARBJIT |
| EMPLOYEE EC NO. | 172636 |
| EMPLOYEE DESIGNATION | HEAD CASHIER "E" _ II |
| EMPLOYEE PLACE OF WORK | RAJPURA,CALIBRE MARKET |
| EMPLOYEE BIRTHDATE | 01-08-1988 |

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 **20-09-2023** till **31-03-2024**. 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))





Ivy Hospital

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

Dr. Mukesh Vats

MBBS, MS, FVRS

(Ophthalmologist)

Retina Specialist & Phaco Surgeon

PMC Reg. No.: 45034

Mobile : +91-9357519888

in Balwinder Singh

37/14

DOB: 391699.

23/9/23

VMT 2/6
VMT 4/6
(UA)

no general check-up

ALS - WNL.

Pupil - N/W

fundus ↑ / Disc + Macula - (N)

20/14
14/14

MV
Dr. Mukesh Vats
M.S FVRS
Retina Consultant & Phaco Surgeon
PMC 45034



Ivy Hospital

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

Name: Mr Balwinder Singh UHID: 391699
 Age: 37/M Consultant: Dr Jagpal Date: 23/9/23
 BP: 138/94 Pulse: 73 RR: _____ Temp: _____ Pain: _____
 Ht: _____ Wt: _____ Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: _____
 Complaint: _____

| Investigations | Clinical Notes |
|---|--|
| AST-90 ALT-181 ALP-403 ALPphs.-164 ALB-4.2 Total-238 TG-184 HDL-53 LDL-148 CBC-⊙ TFT Anti TPO antibodies | For general health check up. <u>9th ETOH intake</u> <u>Adv</u> 1) Tab UDILIV 450mg <u>BD</u> 2) Cap EVION 400mg <u>OD</u> 3) Tab LIVERIL Forte <u>OD</u> <u>STOP ALCOHOL.</u> <u>Syp Arachitol Nemo 5ml</u> <u>once a week</u> <u>x 8 wk.</u> <u>X 3 mths.</u> |

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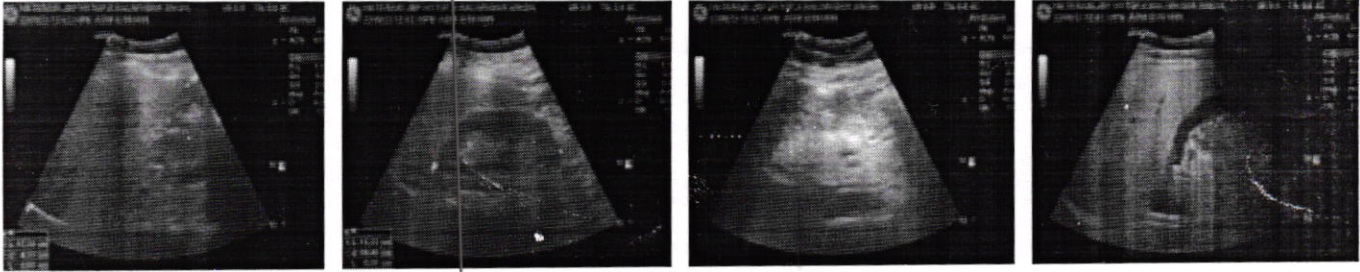


Ivy Hospital

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

| | | | |
|----------------|-----------------|------------------|------------------|
| NAME | BALWINDER SINGH | SEX/AGE | M37Y |
| PATIENT ID | ID391699 | Accession Number | |
| REF CONSULTANT | PACKAGE | DATE | 23/09/2023 12:40 |

USG WHOLE ABDOMEN



LIVER: is enlarged in size (~17.3 cm), normal in 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 (~ 10.6cm), 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 (~11.2 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~11.0 cm), 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 enlarged in size (~ 27 cc).
No free fluid is seen in peritoneal cavity.

OPINION:

Hepatomegaly with fatty liver (Grade II).

Prostatomegaly (Grade I).

Dr. Mayukhi Upadhyay
DNB Resident



Dr GURSIMRAN SINGH ANAND
MD RADIODIAGNOSIS

(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 99888-23456

R

BALWINDER SINGH Male 37 years

Chest PA ID:391699

IVY HOSPITAL, SEC 71, MOHALI

XNO:692671099

23/09/2023 10:15:42

Patient Name BALWINDER SINGH Patient ID 391699
 Gender/Age Male / 37 Test Date : 23 Sep 2023

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

| M Mode Parameters | Patient | Normal |
|-------------------------------|---------|------------|
| Left Ventricular ED Dimension | 4.5 | 3.7-5.6 CM |
| Left Ventricular ES Dimension | 2.9 | 2.2-4.0 CM |
| IVS (D) | 0.8 | 0.6-1.2 CM |
| IVS (s) | 1.2 | 0.7-2.6 CM |
| LVPW (D) | 0.9 | 0.6-1.1 CM |
| LVPW (S) | 1.4 | 0.8-1.0 CM |
| Aortic Root | 2.5 | 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= 75cm/s, A= 59cm/s, E>A

Aortic valve: Vmax = 124cm/s

Pulmonary valve: Vmax = 89cm/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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Ivy Hospital

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Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

Remarks -

FINAL IMPRESSION -

No RWMA of LV

Normal LV systolic function (LVEF~55%)

DR. RUCHIR RASTOGI

M.B.B.S, MD General Medicine , DM Cardiology

(NOT FOR MEDICO-LEGAL PURPOSE)

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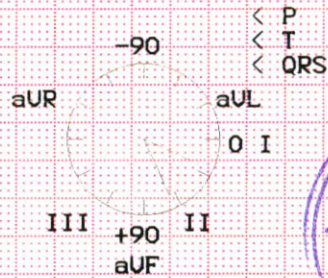
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Mr Balwinder Singh
37/M
UKID:- 391699

Measurement Results

QRS : 98 ms
 QT/QTcB : 370 / 412 ms
 PR : 182 ms
 P : 116 ms
 RR/PP : 808 / 800 ms
 P/QRS/T : 45 / 65 / 25 degrees
 QTD/QTcBD : 54 / 60 ms
 Sokolow : 1.9 mV
 NK : 10

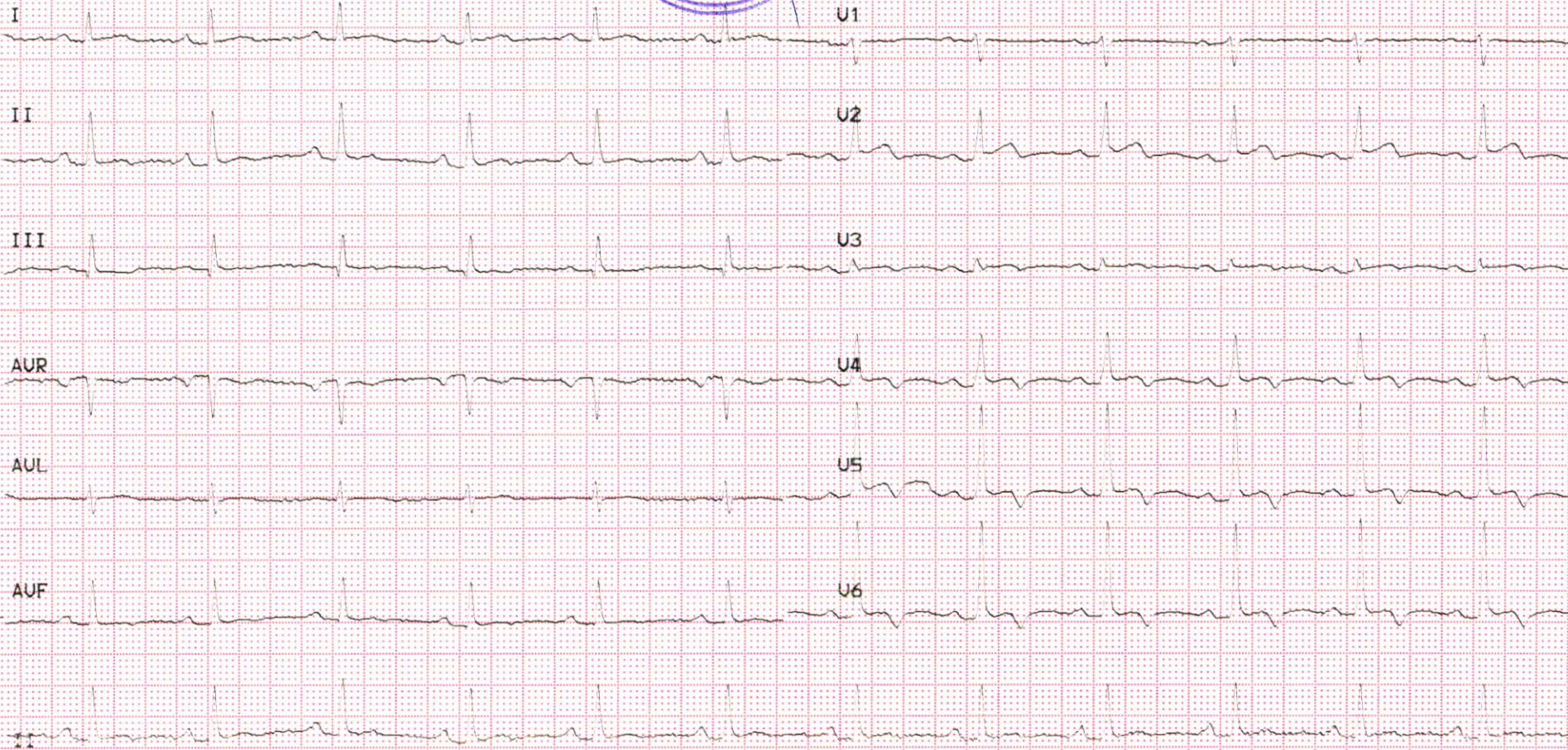


Interpretation:

ST-segment elevation (anterior)
 negative T-wave (lateral, anterior)
 R/S inversion area between U1 and U2
 borderline ECG



Unconfirmed report.





IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com



NAME : MR. BALWINDER SINGH

DOB/Gender : 13-Dec-1986/M

UHID : 391699

Inv. No. : 3712593

Panel Name : Ivy Mohali

Bar Code No : 12963859

Requisition Date : 23/Sep/2023 10:28AM

Sample CollDate : 23/Sep/2023 10:37AM

Sample Rec.Date : 23/Sep/2023 10:37AM

Approved Date : 23/Sep/2023 12:20PM

Referred Doctor : Self

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

IMMUNOASSAY

TOTAL THYROID PROFILE

| | | | |
|---|------|-------|--------------|
| Serum Total T3 (CLIA/Vitros 3600) | 1.41 | ng/mL | 0.970 – 1.69 |
|---|------|-------|--------------|

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.

| | | | |
|---|------|-------|-------------|
| Serum Total T4 (CLIA/Vitros 3600) | 7.15 | µg/dL | 5.53 – 11.0 |
|---|------|-------|-------------|

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 (CLIA/Vitros 3600) | 11.100 | mIU/L | 0.4001 – 4.049 |
|--|--------|-------|----------------|

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



DR ANAND KALIA
M.D. PATHOLOGY



IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com



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Inv. No. : 3712593

Sample Rec.Date : 23/Sep/2023 10:37AM

Panel Name : Ivy Mohali

Approved Date : 23/Sep/2023 11:52AM

Bar Code No : 12963859

Referred Doctor : Self

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

BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

| | | | |
|---|-----|-------|---|
| Plasma Glucose Fasting (Hexokinase/ AU480) | 115 | mg/dL | < 110 Normal 110 - 126 Impaired Tolerance >126 Diabetic |
|---|-----|-------|---|

Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 110 mg/dL is considered normal.
- A fasting plasma glucose level between 110-126 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 of above 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 (Urease GLDH/AU480) | 21.00 | mg/dl | 17-43 |
| Serum Creatinine (JAFPE KINETIC/ AU480) | 1.00 | mg/dl | 0.67-1.17 |
| Serum Uric acid (Uricase/AU480) | 7.40 | mg/dl | 3.5-7.2 |

Interpretation:

Kidney blood tests, or Kidney function tests, are used to detect and diagnose diseases of the Kidney.

The higher the blood levels of urea and creatinine, the less well the kidneys are working.

The level of creatinine is usually used as a marker as to the severity of kidney failure. (Creatinine in itself is not harmful, but a high level indicates that the kidneys are not working properly. So, many other waste products will not be cleared out of the bloodstream.) You normally need treatment with dialysis if the level of creatinine goes higher than a certain value.

Dehydration can also be a come for increases in urea level.

Before and after starting treatment with certain medicines. Some medicines occasionally cause kidney damage (Nephrotoxic Drug) as a side-effect.

Therefore, kidney function is often checked before and after starting treatment with certain medicines.

Risk associated with renal failure

| | |
|------------------------|---------------------------------|
| Acute Renal Failure* | Urea/Creatinine ratio \geq 20 |
| Chronic Renal Failure* | Urea/Creatinine ratio \leq 20 |

* Tietz textbook of clinical biochemistry.

The highlighted values should be correlated clinically





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|------------------|----------------|------|-----------------|
|------------------|----------------|------|-----------------|

LIVER FUNCTION TEST WITH GGT

| | | | |
|--|------|-------|-------------|
| Serum Bilirubin Total (DPD/AU 480) | 0.40 | mg/dL | 0.3-1.2 |
| Serum Bilirubin Direct (DPD/AU 480) | 0.10 | mg/dl | <0.3 |
| Serum Bilirubin Indirect (Calculated) | 0.30 | mg/dl | 0.1-1.0 |
| Serum SGOT(AST) (IFCC Without PSP/ AU 480) | 90 | U/L | <35 |
| Serum SGPT(ALT) (IFCC Without PSP/ AU 480) | 181 | U/L | <50 |
| Serum AST/ALT Ratio (Calculated) | 0.50 | | |
| Serum GGT (IFCC/AU 480) | 403 | IU/L | 9-52 |
| Serum Alkaline Phosphatase (IFCC PNPAMPK _{inetic} /AU 480) | 164 | U/L | 30-120 |
| Serum Protein Total (Biuret) | 7.0 | gm/dl | 6.40 - 8.20 |
| Serum Albumin (BCG/AU 480) | 4.2 | g/dL | 3.5-5.2 |
| Serum Globulin (Calculated) | 2.80 | gm/dl | 2.0-3.5 |
| Serum Albumin/Globulin Ratio (Calculated) | 1.50 | % | 1.0 - 1.8 |

Interpretation:

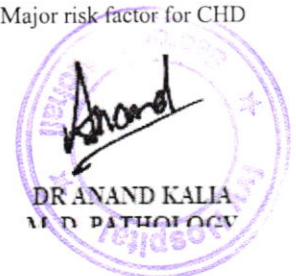
Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis 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 (CHO POD/AU 480) | 238 | mg/dL | Desirable:<200 Borderline High:200-239 High: > 240 |
| Serum Triglycerides (Lipase GPO-PAP/ AU480) | 184 | mg/dL | <150 Normal 150-199 Borderline High 200-499 High >500 Very High |
| Serum HDL Cholesterol | 53 | mg/dL | <40 Major risk factor for CHD |



The highlighted values should be correlated clinically





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Bar Code No : 12963859

Referred Doctor : Self

| Test Description | Observed Value | Unit | Reference Range |
|---|----------------|-------|----------------------------------|
| (Immunoenzymatic/AU 480) | | | >60 Negative risk factor for CHD |
| Serum VLDL cholesterol (Calculated) | 37 | mg/dL | 7-35 |
| Serum LDL cholesterol (Calculated) | 148 | mg/dL | 50-100 |
| Serum Cholesterol-HDL Ratio (Calculated) | 4.49 | | 3-5 |
| Serum LDL-HDL Ratio (Calculated) | 2.80 | | 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





| | | | |
|-------------|-----------------------|------------------|-----------------------|
| NAME | : MR. BALWINDER SINGH | | |
| DOB/Gender | : 13-Dec-1986/M | Requisition Date | : 23/Sep/2023 10:28AM |
| UHID | : 391699 | Sample CollDate | : 23/Sep/2023 10:37AM |
| Inv. No. | : 3712593 | Sample Rec.Date | : 23/Sep/2023 10:37AM |
| Panel Name | : Ivy Mohali | Approved Date | : 23/Sep/2023 11:52AM |
| Bar Code No | : 12963859 | Referred Doctor | : Self |

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|------------------|----------------|------|-----------------|
|------------------|----------------|------|-----------------|

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 (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 | 1-2 | | 0-5 |
| Urine RBC | Absent | /hpf | Absent |
| Urine Epithelial Cells | Absent | /hpf | 0-5 |
| Urine Casts | Absent | /pf | 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) | 3 | mm/h | 0-10 |
|---------------------------------|---|------|------|



The highlighted values should be correlated clinically





| | | | |
|-------------|-----------------------|------------------|-----------------------|
| NAME | : MR. BALWINDER SINGH | | |
| DOB/Gender | : 13-Dec-1986/M | Requisition Date | : 23/Sep/2023 10:28AM |
| UHID | : 391699 | SampleCollDate | : 23/Sep/2023 10:37AM |
| Inv. No. | : 3712593 | Sample Rec.Date | : 23/Sep/2023 10:37AM |
| Panel Name | : Ivy Mohali | Approved Date | : 23/Sep/2023 11:02AM |
| Bar Code No | : 12963859 | Referred Doctor | : Self |

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

HAEMATOLOGY

COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

| | | | |
|--|-------------|---------------------------|-------------|
| Haemoglobin <small>(Noncyanmethaemoglobin)</small> | 15.0 | g/dl | 13.0 - 17.0 |
| Hematocrit(PCV) <small>(Calculated)</small> | 46.2 | % | 36-48 |
| Red Blood Cell (RBC) <small>(Impedence/DC Detection)</small> | 4.90 | 10 ⁶ / μ l | 4.5-5.5 |
| Mean Corp Volume (MCV) <small>(Impedence/DC Detection)</small> | 94.7 | fL | 83-97 |
| Mean Corp HB (MCH) <small>(Calculated)</small> | 30.7 | pg/mL | 27-31 |
| Mean Corp HB Conc (MCHC) <small>(Calculated)</small> | 32.5 | gm/dl | 32-36 |
| Red Cell Distribution Width -CV <small>(Calculated)</small> | 12.6 | % | 11-15 |
| Platelet Count <small>(Impedence/DC Detection/Microscopy)</small> | 260 | 10 ³ /ul | 150-450 |
| Mean Platelet Volume (MPV) <small>(Impedence/DC Detection)</small> | 13.0 | fL | 7.5-10.3 |
| Total Leucocyte Count (TLC) <small>(Impedence/DC Detection)</small> | 8.1 | 10 ³ / μ l | 4.0 - 10.0 |

Differential Leucocyte Count (VCS/ Microscopy)

| | | | |
|---------------------------|--------------|---------|-----------|
| Neutrophils | 52 | % | 40-75 |
| Lymphocytes | 38 | % | 20-40 |
| Monocytes | 7 | % | 0-8 |
| Eosinophils | 3 | % | 0-4 |
| Basophils | 0 | % | 0-1 |
| Absolute Neutrophil Count | 4,212 | μ l | 2000-7000 |
| Absolute Lymphocyte Count | 3,078 | uL | 1000-3000 |
| Absolute Monocyte Count | 567 | uL | 200-1000 |
| Absolute Eosinophil Count | 243 | μ l | 20-500 |

The highlighted values should be correlated clinically





IVY HOSPITAL

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Mohali, Punjab

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| | | | |
|-------------|-----------------------|------------------|-----------------------|
| NAME | : MR. BALWINDER SINGH | Requisition Date | : 23/Sep/2023 10:28AM |
| DOB/Gender | : 13-Dec-1986/M | SampleCollDate | : 23/Sep/2023 10:37AM |
| UHID | : 391699 | Sample Rec.Date | : 23/Sep/2023 12:25PM |
| Inv. No. | : 3712593 | Approved Date | : 23/Sep/2023 01:26PM |
| Panel Name | : Ivy Mohali | Referred Doctor | : Self |
| Bar Code No | : 12963859 | | |

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

HAEMATOLOGY

Glycosylated HB (HbA1c)

| | | | |
|---|-----|-------|--|
| Whole Blood HbA1c (Boronate Affinity HPLC/Trinity) | 5.6 | % | Non diabetic:4.0-6.0 Target of therapy:<7.0 Change of therapy:>8.0 |
| Estimated Average Glucose (eAG) (Calculated) | 114 | 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 |



DR JASLEEN KAUR
M.D. PATHOLOGY



| | | | |
|-------------|-----------------------|------------------|-----------------------|
| NAME | : MR. BALWINDER SINGH | | |
| DOB/Gender | : 13-Dec-1986/M | Requisition Date | : 23/Sep/2023 10:28AM |
| UHID | : 391699 | SampleCollDate | : 23/Sep/2023 10:37AM |
| Inv. No. | : 3712593 | Sample Rec.Date | : 23/Sep/2023 11:34AM |
| Panel Name | : Ivy Mohali | Approved Date | : 23/Sep/2023 11:52AM |
| Bar Code No | : 12963859 | 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 | 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.

*** End Of Report ***

