



PDF Compressor Free Version

# 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 2024251000993. 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
PANKAJ GUPTA		278287	2024251000993	2200

  
Authorised Signatory

**FOR OPD / DISCHARGE SUMMARY / BILLING PURPOSE ONLY**

A unit of Ivy Health and Life Sciences (P) Ltd. Website : [www.ivyhospital.com](http://www.ivyhospital.com), Email: [cs@ivyhospital.com](mailto: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:** FW: Health Check up Booking Confirmed Request(bobE17043),Package Code-PKG10000474, Beneficiary Code-278287  
**From:** Abhishek Singh <abhishek.singh@ivyhospital.in>  
**Date:** 30-03-2024 03:44  
**To:** "mainreception@ivyhospital.com" <mainreception@ivyhospital.com>, healthcheckups mohali <healthcheckups.mohali@ivyhospital.in>, "opdadministrator@ivyhospital.com" <opdadministrator@ivyhospital.com>

PDF Compressor Free Version

Regards  
Abhishek Singh  
Corporate Manager  
Business Development  
+91-8699999914  
Abhishek.Singh@ivyhospital.in



**MORE RELIABLE MORE AFFORDABLE**  
Super Speciality Healthcare

Ivy Emergency Helpline  
**99888 23456**  
DND NUMBER FOR ALL YOUR HEALTHCARE NEEDS

**From:** Mediwheel <wellness@mediwheel.in>  
**Sent:** Saturday, March 30, 2024 2:20 PM  
**To:** Abhishek Singh <abhishek.singh@ivyhospital.in>  
**Cc:** customercare@mediwheel.in  
**Subject:** Health Check up Booking Confirmed Request(bobE17043),Package Code-PKG10000474, Beneficiary Code-278287



011-41195959

Hi **Ivy Hospital,**

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

**Hospital Package Name** : Mediwheel Full Body Health Checkup Male Below 40

**Patient Package Name** : Mediwheel Full Body Health Checkup Male Below 40

**Hospital Address** : Sector - 71, Mohali

**Contact Details** : 9161648262

**Appointment Date** : 02-04-2024

**Confirmation Status** : Booking Confirmed

Preferred Time : 8:00am

Member Information		
Booked Member Name	Age	Gender
MR. GUPTA, BANKA	35 year	Male

We request you to facilitate the employee on priority.

Thanks,

Mediwheel Team

Please Download Mediwheel App



You have received this mail because your e-mail ID is registered with **Arcofemi Healthcare Limited** This is a system-generated e-mail please don't reply to this message.

Please visit to our [Terms & Conditions](#) for more informaion. [Click here](#) to unsubscribe.

@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

 बैंक ऑफ बड़ोदा  
Bank of Baroda

नाम **Mr. GUPTA PANKAJ**  
Name:

कर्मचारी कुट्ट क्र 102839  
E. C. No.





आयुक्त अधिकारी (अ.अ.क.) सं.क. बड़ोदा  
Issuing Authority DRM (AGM) Ctd Region



  
होल्डर का हस्ताक्षर  
Signature of Holder





PDF Compressor Free Version

# Ivy Hospital

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

## Bill of Supply

Bill No	2024251000993	Reg ID	2236287
Bill To	Mediwheel Acrofem/	Sex/Age	Male/37 Yrs/1 Mt/21 Days
TPA	Mediwheel Acrofemi	Consultant	DR. Direct
UHID	432950	Referred By	Direct
Name	MR PANKAJ GUPTA S/O Vinod	GST No.	03AABCI4594F12G
Address	H NO 1135 SEC 42 B	Category	Health Services
Phone No	9161648262	Policy No.	102839
UTI/Claim/Ref.	102839/	Pan No	AABCI4594F

Sr.	Date	Code/Batch	Activity Desc.	Rate	Qty.	Amount
1	02-Apr-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



Authorized Signatory

### FOR OPD / DISCHARGE SUMMARY / BILLING PURPOSE ONLY

A unit of Ivy Health and Life Sciences (P) Ltd. Website : [www.ivyhospital.com](http://www.ivyhospital.com), Email: [cs@ivyhospital.com](mailto: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



PDF Compressor Free Version

# Ivy Hospital

SUPER-SPECIALITY HEALTHCARE  
SECTOR 71, MOHALI  
Tel: 0172-7170000  
CIN No.: U65110PB2005PTC027898

Name: Mr. Pankaj Gupta UHID: 432953  
 Age: 37/M Consultant: Dr. Jagpal Pandher Date: 02-04-24  
 BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ RR: \_\_\_\_\_ Temp.: \_\_\_\_\_ Pain: \_\_\_\_\_  
 Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Allergies: \_\_\_\_\_ Nutritional Assessment: Yes/No  
 Diagnosis / DD: \_\_\_\_\_  
 Complaint: \_\_\_\_\_

### Investigations

TSH - 10.82 FBI-BA  
 T<sub>3</sub> - 1.39 RFT-⊙  
 T<sub>4</sub> - 11.8 UIC-5.5  
 Toka Cholesterol 152 ALB-4.8  
 HDL 25  
 TG-102  
 LDL-107  
 VLDL-20  
 EBG-  
 Hb-14.3 U/S sta Feltz  
 MCV-96 Liver.  
 TUC-79  
 PH-7.2

### Clinical Notes

BG: HYPOTHYROID ~ 10yrs on 50mcg OD  
 R  
 Ad.  
 • Tab THYRONORM 75mcg OD  
 • Syt Anachitza Nemo 5me once a week x 10wk  
 • Tab CARNIMAL B10 OD x 1mth.  
 • Cap ACTICODE-4G OD x 1mth.  
 • Rpt TFT after 2-3 mth.

*Jagpal Pandher*

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
	- Candid-B oint			BD		
				o o x 10d.		
	<del>Candid oint</del>					
	<del>Luliconazole oint</del>			x 1mth.		
	Tab ITRACONAZOLE		200mg	OD	x 2 weeks	

Follow up

Sign & Stamp

Ivy/OPD/Form/005



PDF Compressor Free Version

# Ivy Hospital

SUPER-SPECIALITY HEALTHCARE  
SECTOR 71, MOHALI  
Tel: 0172-7170000  
CIN No.: UB511GPG2005PTC027898

Name: Mr. Pankaj Gupta UHID: 432950  
 Age: 37/m Consultant: Dr. Mukesh Vats Date: 02/4/21  
 BP: 133/90 Pulse: 77 RR: \_\_\_\_\_ Temp.: \_\_\_\_\_ Pain: \_\_\_\_\_  
 Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_ Allergies: \_\_\_\_\_ Nutritional Assessment: Yes/No

Diagnosis / DD: \_\_\_\_\_

Complaint: \_\_\_\_\_ Pupil - NDR

### Investigations

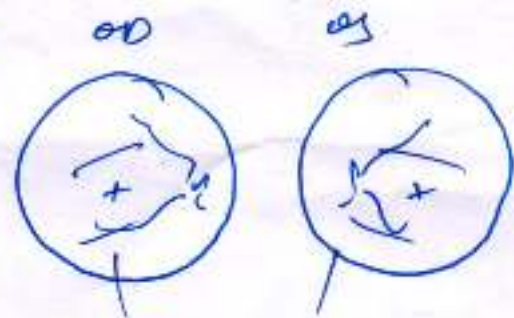
VMT 6/6  
6/24  
(U.A)

Tolt 16/6

### Clinical Notes

no general check-up  
no ⊕ Amblyopia  
ALS - WNL.

funders



Disc + Macula - (N)

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
		Ans:	Refurb	trans	1d	200 000

Dr. Mukesh Vats  
 S. EVAS  
 P. S. Chatterjee & Pharm. Services  
 PNC-45034

Follow up

Sign & Stamp



PDF Compressor Free Version

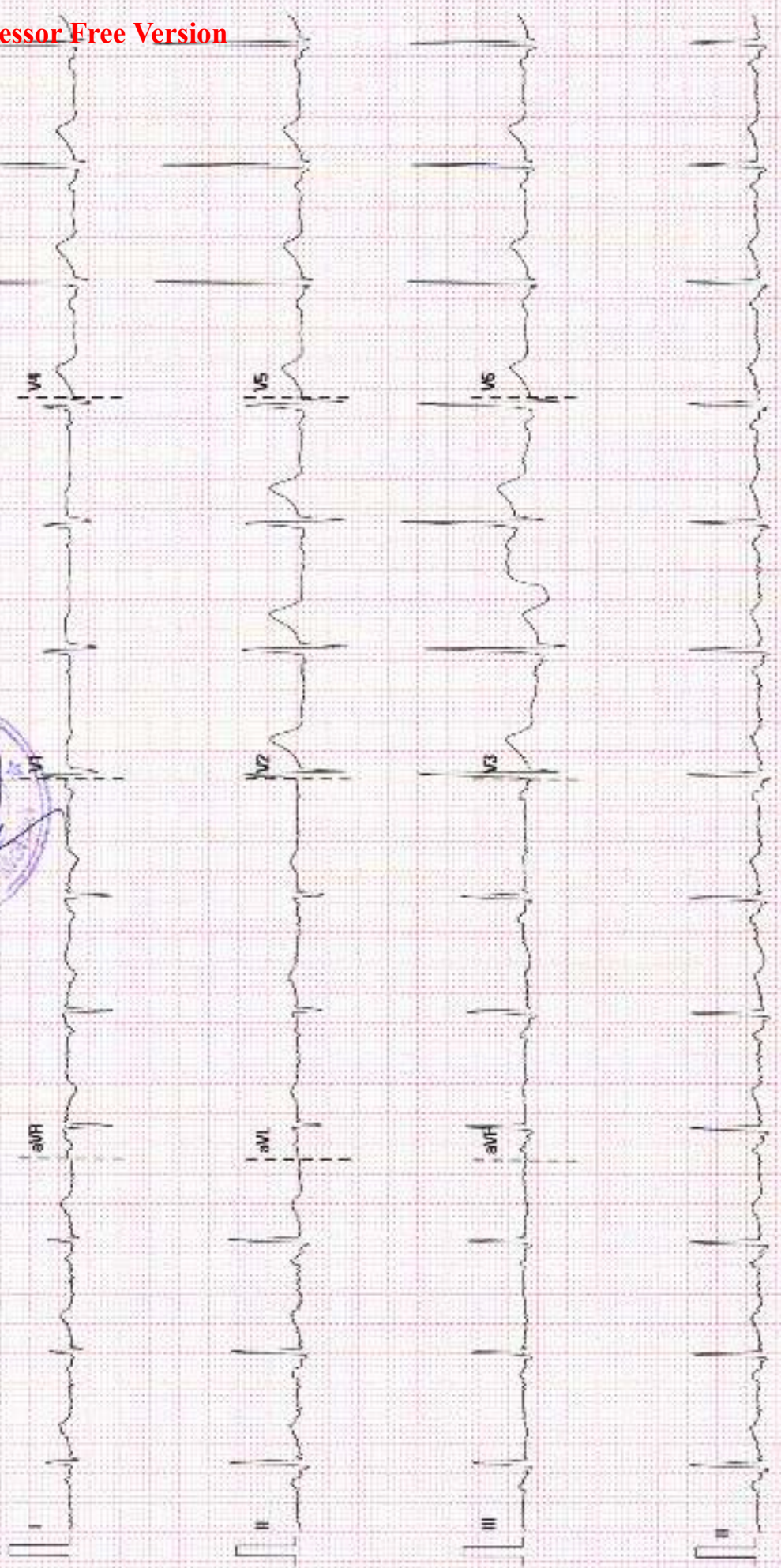
02-04-2024 11:39:51 AM

ID: 432950  
Name: pankaj gupta  
Age: 37 Years  
Gender: Male

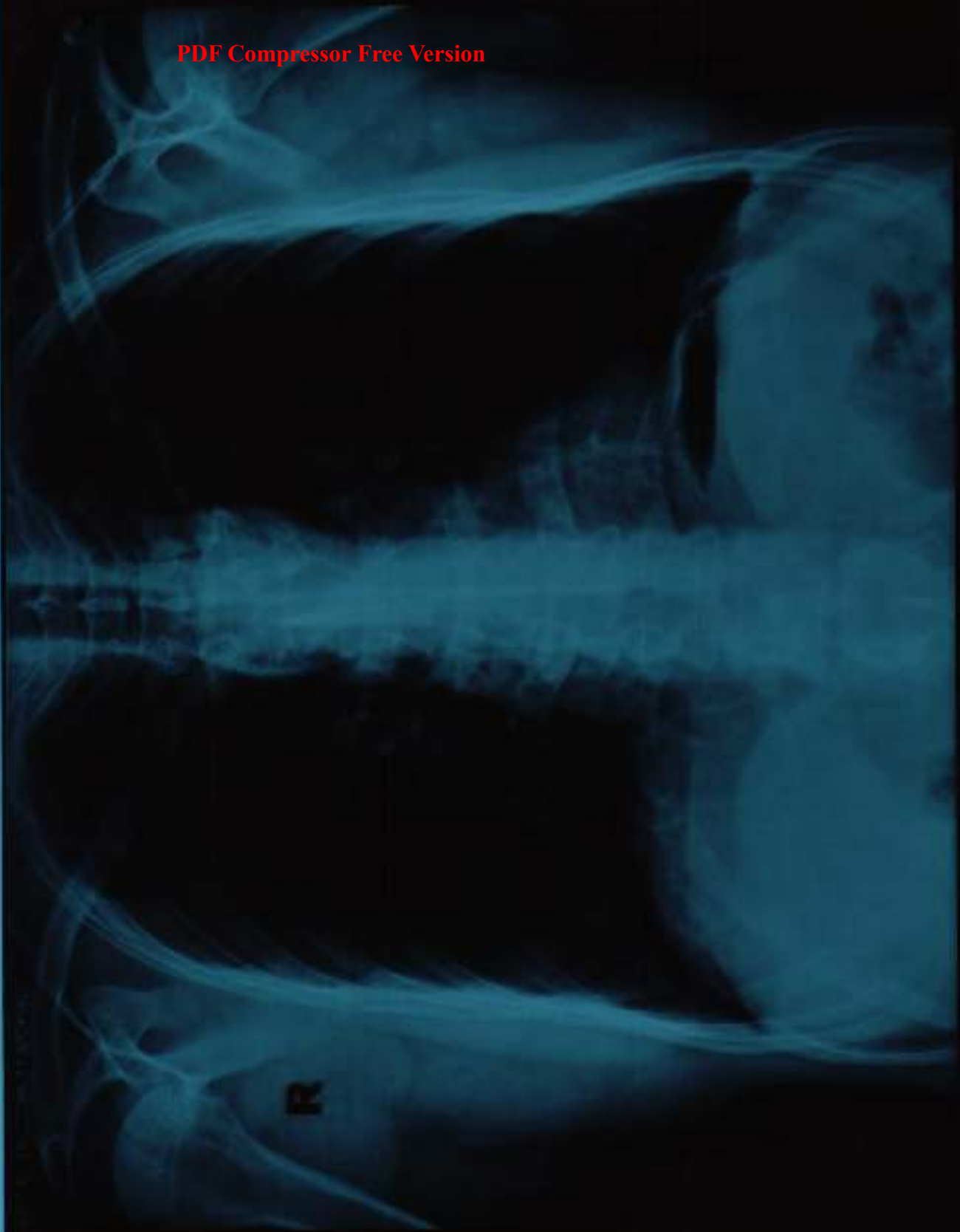
Vent. Rate 77 bpm  
PR Interval 136 ms  
QRS Duration 80 ms  
QT/QTc Interval 376/406 ms  
P/QRS/T Axes 60/78/74 deg  
RV5/SV1 2.827/0.450 mV  
RV5 + SV1 3.277 mV  
QTc/QTdges

Sinus rhythm  
Normal ECG

Unconfirmed Diagnosis



PDF Compressor Free Version



P432950 PANKAJ GUPTA M 37 YRS XNO 02930RD

XN HOSPITAL SECTOR 17 MOHALA



PDF Compressor Free Version

# Ivy Hospital

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

Patient Name: PANKAJ GUPTA  
 Gender/Age: Male / 37

Patient ID: 407930  
 Test Date: 02 Apr 2024

## CARDIOLOGY DIVISION

### ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	3.8	3.7-5.6 CM
Left Ventricular ES Dimension	2.9	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)	0.9	0.6-1.1 CM
LVPW (S)	1.3	0.8-1.0 CM
Aortic Root	3.0	2.0-3.7 CM
LA Diameter	3.5	1.8-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	56%	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= 77cm/s, A= 55cm/s, E>A,

**Aortic valve:** Vmax = 137cm/s

**Pulmonary valve:** Vmax = 58cm/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)



PDF Compressor Free Version

# 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~56%)**



**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](http://www.ivyhospital.com), Email: [cs@ivyhospital.com](mailto:cs@ivyhospital.com) Fax: 91-172-2274900

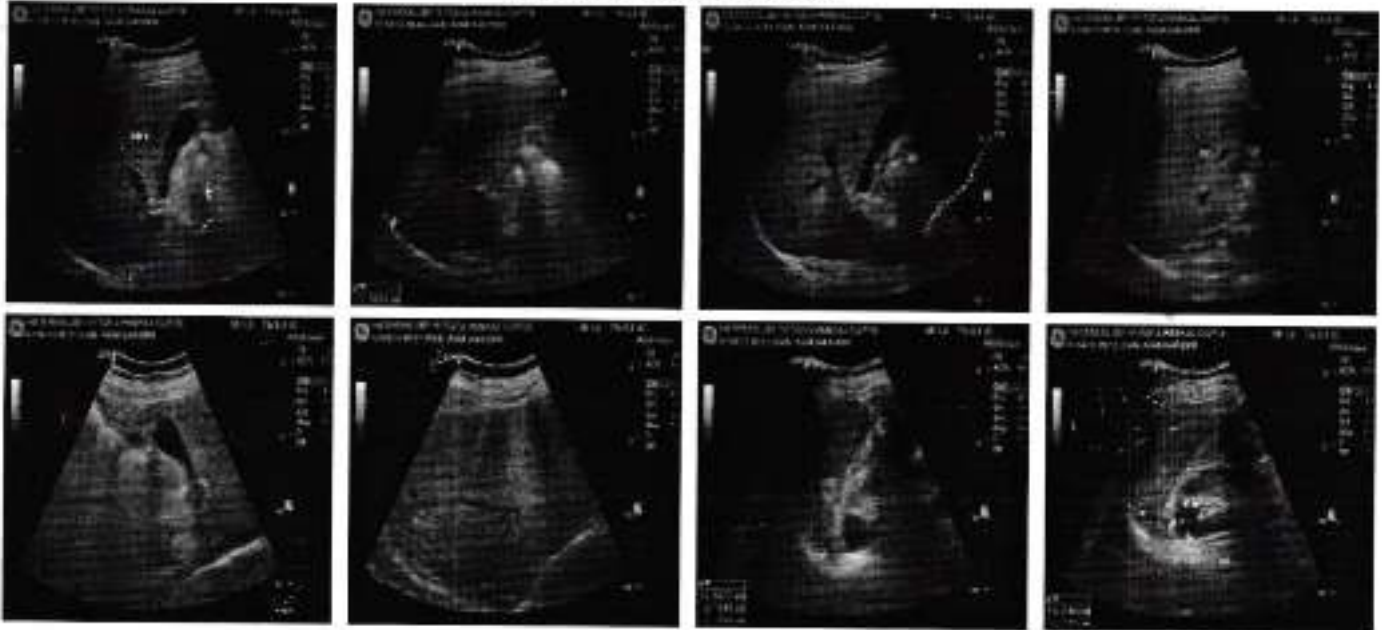
Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339

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

**IVY HELPLINE : +91 99888-23456**

NAME	PANKAJ GUPTA	SEX/AGE	M37Y
PATIENT ID	ID432950	Accession Number	
REF CONSULTANT	PACKAGE	DATE	02/04/2024 09:48

## USG WHOLE ABDOMEN



**LIVER:** is normal in size (~14.9 cm), outline and shows increased echogenicity. IHBR are not dilated. Portal vein is normal. CBD is not dilated. Geographical hypoechoic areas are seen in segment VI & IV of liver - likely focal fatty sparing.

**GALL BLADDER:** is normally distended. GB wall is normal. No echoes are seen in GB.

**SPLEEN:** is normal in size (~10.7 cm), outline and echotexture.

**PANCREAS & UPPER RETROPERITONEUM:** is obscured by bowel gas.

**RIGHT KIDNEY:** It is normal in size (~11.6 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

**LEFT KIDNEY:** It is normal in size (~11.1 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen. A cortical cyst measuring ~2.3 x 2.4 cm is seen at upper pole. Tiny cortical cyst is also seen at middle pole.

**U-BLADDER:** is normally distended at the time of examination with normal wall thickness. No e/o calculus / mass seen.

**PROSTATE:** is normal in size.

No free fluid is seen in peritoneal cavity.

### IMPRESSION:

Fatty liver (Grade II).

Left renal cortical cysts.

Adv. Clinical correlation and follow up.

(NOT FOR MEDICO-LEGAL PURPOSE)



PDF Compressor Free Version

# Ivy Hospital

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

NAME	PANKAJ GUPTA	SEX/AGE	M37Y
PATIENT ID	ID432950	Accession Number	
REF CONSULTANT	PACKAGE	DATE	02/04/2024 09:48

Dr. Mayukhi Upadhyay  
DNB Resident



DR. EKTA MISHRA  
MD RADIO-DIAGNOSIS

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](http://www.ivyhospital.com), Email: [cs@ivyhospital.com](mailto: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



# Ivy Hospital

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

NAME	PANKAJ GUPTA	SEX/AGE	M37Y
PATIENT ID	ID432950	Accession Number	XNO10293-OPD .
REF CONSULTANT	Dr.	DATE	02/04/2024 09:23

## 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](http://www.ivyhospital.com), Email: [cs@ivyhospital.com](mailto: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**



# IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

PDF Compressor Free Version



NAME : MR PANKAJ GUPTA

DOB/Gender : 16-Feb-1987/M

UHID : 432950

Ivy No. : 4179207

Panel Name : Ivy Mohali

Bar Code No : 13120558

Requisition Date : 02/Apr/2024 08:52AM

Sample Coll Date : 02/Apr/2024 12:33PM

Sample Rec. Date : 02/Apr/2024 12:33PM

Approved Date : 02/Apr/2024 01:42PM

Referred Doctor : Self

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

## BIOCHEMISTRY

### GLUCOSE PP

Plasma Glucose Post Prandial  
(Fasting After 2 Hours)

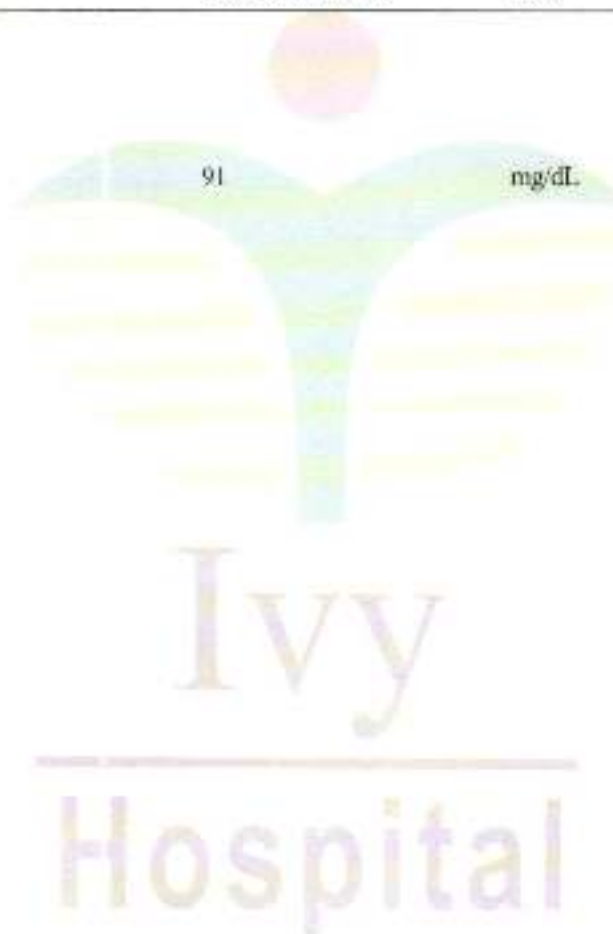
91

mg/dL

<140 Normal

140 - 180 Impaired Tolerance

>180 Diabetic



The highlighted values should be correlated clinically

  
 Dr. VARUN HATWAL  
 M.D. PATHOLOGY





PDF Compressor Free Version

# IVY HOSPITAL

F-317, Industrial Area, Phase 8B,  
Mohali, Punjab

Ph: 9115110241, 9115115658

Email: lab@ivyhospital.com



NAME : MR PANKAJ GUPTA

DOB/Gender : 16-Feb-1987/M

UHID : 432950

Ivy No. : 4179207

Panel Name : Ivy Mohali

Bar Code No : 13120558

Requisition Date : 02/Apr/2024 08:52AM

Sample Coll Date : 02/Apr/2024 09:06AM

Sample Rec Date : 02/Apr/2024 11:30AM

Approved Date : 02/Apr/2024 01:02PM

Referred Doctor : Self

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

## HAEMATOLOGY

### Glycosylated HB (HbA1c)

Whole Blood HbA1c  
(HbA1c by HPLC)

5.1

%

Non diabetic: 4.0-6.0

Target of therapy: <7.0

Change of therapy: >8.0

Estimated Average Glucose (eAG)  
(if needed)

100

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 \*\*\*





# IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

PDF Compressor Free Version



NAME : MR PANKAJ GUPTA  
 DOB/Gender : 16-Feb-1987/M  
 UHID : 432950  
 Ivy No : 4179207  
 Panel Name : Ivy Mohali  
 Bar Code No : 13170558

Requisition Date : 02/Apr/2024 08:52AM  
 Sample Coll Date : 02/Apr/2024 09:05AM  
 Sample Rec Date : 02/Apr/2024 09:05AM  
 Approved Date : 02/Apr/2024 11:21AM  
 Referred Doctor : Self

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

## IMMUNOASSAY

### TOTAL THYROID PROFILE

**Serum Total T3** 1.39 ng/mL 0.970 - 1.69

(U/L) (0.97-1.69)

#### Summary & Interpretation:

Thyroxine (T4) 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 propylthiouracil, phenacetin, clofibrate 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 in indicating a diagnosis of thyrotoxicosis factitia.

**Serum Total T4** 11.80 µg/dL 5.52 - 12.97

(U/L) (5.52-12.97)

#### Summary & Interpretation:

The thyroid thyroxine (T4) is the most 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 binding 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 concentrations 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** 10.820 mIU/L 0.4001 - 4.049

(U/L) (0.4001-4.049)

#### Summary & Interpretation:

TSH is derived 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 diagnosis, (secondary). 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:

TSH levels are subject to circadian variations, 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.

\* Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic - Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Medication associated thyroid dysfunction.

PREGNANCY	REFERENCE RANGE FOR TSH IN mIU/ml
1st Trimester	0.05 - 3.70
2nd Trimester	0.37 - 4.35
3rd Trimester	0.41 - 5.18

The highlighted values should be correlated clinically



DR BHUMIKA BISHT  
M.D. (PATHOLOGY)



# IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

PDF Compressor Free Version



NAME	: MR PANKAJ GUPTA		
DOB/Gender	: 16-Feb-1987/M	Requisition Date	: 02/Apr/2024 08:52AM
UHID	: 432950	Sample Coll Date	: 02/Apr/2024 09:05 AM
Ivy No.	: 4179207	Sample Rec. Date	: 02/Apr/2024 09:05 AM
Panel Name	: Ivy Mohali	Approved Date	: 02/Apr/2024 10:26AM
Bar Code No	: 13120558	Referred Doctor	: Self

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

## BIOCHEMISTRY

### GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting <small>(Fasting - 8 AM)</small>	89	mg/dL	70 - 99 Normal 100 - 125 Impaired Tolerance ≥126 Diabetic
---	----	-------	---

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.

### BRT (RENAL FUNCTION TESTS)

Serum Urea <small>(Urea - 8 AM)</small>	32.00	mg/dl	17-43
Serum Creatinine <small>(Creatinine - 8 AM)</small>	0.70	mg/dl	0.67-1.17
Serum Uric acid <small>(Uric Acid - 8 AM)</small>	5.50	mg/dl	3.5-7.2

Interpretation:

Urea 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 cause 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 ≥ 20
Chronic Renal Failure*	Urea/Creatinine ratio ≤ 20

\* Text: textbook of clinical biochemistry.



The highlighted values should be correlated clinically

*Shweta*  
Dr Shweta Kundu  
M.D PATHOLOGY



# IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

PDF Compressor Free Version



NAME	: MR PANKAJ GUPTA	Requisition Date	: 02/Apr/2024 08:52AM
DOB/Gender	: 16-Feb-1987/M	Sample Coll Date	: 02/Apr/2024 09:05AM
UHID	: 432950	Sample Rec. Date	: 02/Apr/2024 09:05AM
Ivy No	: 4179207	Approved Date	: 02/Apr/2024 10:26AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13120558		

Test Description	Observed Value	Unit	Reference Range
<b>LIVER FUNCTION TEST WITH GGT</b>			
Serum Bilirubin Total <small>(TOTAL BIL)</small>	1.00	mg/dL	0.3-1.2
Serum Bilirubin Direct <small>(DIRECT BIL)</small>	0.20	mg/dl	<0.3
Serum Bilirubin Indirect <small>(INDIRECT BIL)</small>	0.80	mg/dl	0.1-1.0
Serum SGOT(ALT) <small>(S-GOT(ALT))</small>	28	U/L	<35
Serum SGPT(ALT) <small>(S-GPT(ALT))</small>	46	U/L	<50
Serum AST:ALT Ratio <small>(AST:ALT)</small>	0.61		
Serum GGT <small>(S-GGT)</small>	31	IU/L	9-52
Serum Alkaline Phosphatase <small>(S-ALP(ALK))</small>	82	U/L	30-120
Serum Protein Total <small>(S-PT)</small>	7.0	gm/dl	6.40 - 8.20
Serum Albumin <small>(S-ALB)</small>	4.5	g/dL	3.5-5.2
Serum Globulin <small>(S-GLOB)</small>	2.50	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio <small>(A/G)</small>	1.80	%	1.0 - 1.8

### Interpretation:

Chemical 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>(S-CHOL)</small>	152	mg/dL	Desirable: <200 Borderline High: 200-239 High: > 240
Serum Triglycerides <small>(S-TG)</small>	102	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol <small>(S-HDL)</small>	25	mg/dL	<40 Major risk factor for CHD

The highlighted values should be correlated clinically





# IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

PDF Compressor Free Version



NAME	: MR PANKAJ GUPTA		
DOB/Gender	: 16-Feb-1987/M	Requisition Date	: 02/Apr/2024 08:52AM
UHID	: 477950	Sample Coll Date	: 02/Apr/2024 09:05 AM
Ivy No.	: 0379207	Sample Rec. Date	: 02/Apr/2024 09:05 AM
Panel Name	: Ivy Mohali	Approved Date	: 02/Apr/2024 10:26AM
Bar Code No	: 13120558	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
<small>(Total Cholesterol)</small> Serum VLDL cholesterol	20	mg/dL	>60 Negative risk factor for CHD 7-35
<small>(Total Cholesterol)</small> Serum LDL cholesterol	107	mg/dL	50-100
<small>(Total Cholesterol)</small> Serum Cholesterol-HDL Ratio	6.08		3-5
<small>(Total Cholesterol)</small> Serum LDL-HDL Ratio	4.26		1.5 - 3.5

### Interpretation:

As per ATP III 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





# IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

PDF Compressor Free Version



NAME : MR PANKAJ GUPTA  
 DOB/Gender : 16-Feb-1987/M  
 LTID : 432950  
 Inv. No : 4179207  
 Panel Name : Ivy Mohali  
 Bar Code No : 13120558

Requisition Date : 02/Apr/2024 08:52AM  
 Sample Coll Date : 02/Apr/2024 09:13AM  
 Sample Rec. Date : 02/Apr/2024 09:13AM  
 Approved Date : 02/Apr/2024 11:42AM  
 Referred Doctor : Self

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

## CLINICAL PATHOLOGY

### COMPLETE URINE EXAMINATION

#### Physical Examination

Urine Volume	25.00	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>(Qualitative)</small>	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilins	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	/hpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent





# IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

PDF Compressor Free Version



NAME : MR PANKAJ GUPTA  
 DOB/Gender : 16-Feb-1987/M  
 LHID : 432950  
 Ivy No : 4179207  
 Panel Name : Ivy Mohali  
 Bar Code No : 13120558

Requisition Date : 02/Apr/2024 08:52AM  
 Sample Coll Date : 02/Apr/2024 09:13AM  
 Sample Rec Date : 02/Apr/2024 09:13AM  
 Approved Date : 02/Apr/2024 11:42AM  
 Referred Doctor : Self

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

### STOOL ROUTINE

#### Physical Examination

Stool Colour	Yellowish		
Stool Consistency	Formed		
Stool Mucus	Absent		Absent

#### Microscopic Examination

Stool Pns Cells	1-2	/hpf	Absent
Stool RBC	Absent	/hpf	Absent
Stool Ova	Absent		Absent
Stool Cysts	Absent		Absent



*Signature*

Dr. VARUN HATWAL  
M.D. PATHOLOGY



# IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

PDF Compressor Free Version



NAME	: MR PANKAJ GUPTA		
DOB/Gender	: 16-Feb-1987/M	Requestion Date	: 02/Apr/2024 08:52AM
UHID	: 432950	Sample CollDate	: 02/Apr/2024 09:05AM
Inv. No.	: 4179207	Sample Rec.Date	: 02/Apr/2024 09:05AM
Panel Name	: Ivy Mohali	Approved Date	: 02/Apr/2024 10:28AM
Bar Code No	: 13120588	Referred Doctor	: Self

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

## HAEMATOLOGY

### ESR

Primary Sample Type: EDTA Blood

ESR <small>(Westergren 1st Hour)</small>	3	mm/h	0-10
---	---	------	------

### COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Hemoglobin <small>(Biochemical/Immunoassay)</small>	14.3	g/dl	13.0 - 17.0
Hematocrit (PCV) <small>(Microscopy)</small>	47.1	%	36-48
Red Blood Cell (RBC) <small>(Microscopy/IC/Flow Cytometry)</small>	4.90	10 <sup>6</sup> / $\mu$ l	4.5-5.5
Mean Corp Volume (MCV) <small>(Microscopy/IC/Flow Cytometry)</small>	96.1	fL	83-97
Mean Corp HB (MCH) <small>(Microscopy)</small>	29.2	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Microscopy)</small>	30.4	gm/dl	32-36
Red Cell-Distribution Width -CV <small>(Microscopy)</small>	15.1	%	11-15
Platelet Count <small>(Microscopy/IC/Immunofluorescence)</small>	262	10 <sup>3</sup> / $\mu$ l	150-450
Mean Platelet Volume (MPV) <small>(Microscopy/IC/Immunofluorescence)</small>	11.2	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Microscopy/Flow Cytometry)</small>	7.9	10 <sup>3</sup> / $\mu$ l	4.0 - 10.0

### Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	57	%	40-75
Lymphocytes	30	%	20-40
Monocytes	11	%	0-8
Eosinophils	2	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	4,503	$\mu$ l	2000-7000
Absolute Lymphocyte Count	2,370	$\mu$ l	1000-3000
Absolute Monocyte Count	869	$\mu$ l	200-1000
Absolute Eosinophil Count	158	$\mu$ l	20-500

The highlighted values should be correlated clinically







NAME	: MR PANKAJ GUPTA		
DOB/Gender	: 16-Feb-1987/M	Requisition Date	: 02/Apr/2024 08:52AM
UHID	: 432950	Sample Coll Date	: 02/Apr/2024 09:06AM
Inv. No.	: 4179207	Sample Rec. Date	: 02/Apr/2024 10:14AM
Panel Name	: Ivy Mohali	Approved Date	: 02/Apr/2024 10:29AM
Bar Code No	: 13120558	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
<b>Final Blood Group</b>	<b>B POSITIVE</b>

**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.  
 \* In future 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 \*\*\*

