



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 2023241113178. 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
DAVINDER SINGH	28/02/2024	74875	2023241113178	2200

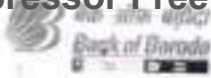


Authorised Signatory

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 99888-23456



42 4972

प्रति,

समन्वयक,
Mediwheel (Arcofemi Healthcare Limited)
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार है हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. SINGH DAVINDER
क.कू.संख्या	74875
पदनाम	RECOVERY
कार्य का स्थान	RAJKOT,ZO RAJKOT
जन्म की तारीख	14-01-1990
स्वास्थ्य जांच की प्रस्तावित तारीख	28-02-2024
बुकिंग संदर्भ सं.	23M74875100094046E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 27-02-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

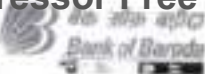
हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



LETTER OF APPROVAL / RECOMMENDATION

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 employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. SINGH DAVINDER
EC NO.	74875
DESIGNATION	RECOVERY
PLACE OF WORK	RAJKOT,ZO RAJKOT
BIRTHDATE	14-01-1990
PROPOSED DATE OF HEALTH CHECKUP	28-02-2024
BOOKING REFERENCE NO.	23M74875100094046E

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 **27-02-2024** 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 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))

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

Subject: Fwd: Health checkups - Ivy hospital

From: Abhishek Singh <abhishek.singh@ivyhospital.in>

Date: 28-02-2024, 09:27 am

To: "mainreception@ivyhospital.com" <mainreception@ivyhospital.com>

----- Forwarded message -----

From: "Network : Mediwheel : New Delhi" <network@mediwheel.in>

Date: 28-Feb-2024 9:26 am

Subject: Health checkups - Ivy hospital

To: Abhishek Singh <abhishek.singh@ivyhospital.in>

Cc: "Customer Care :Mediwheel : New Delhi" <customercare@mediwheel.in>

Dear Sir,

These 2 clients will be visiting your center) for health checkup on **28th Feb'2024** for health checkups, so kindly provide them with the same & confirm these bookings.

1. Mr. Davinder singh - **Mediwheel Full Body Health Checkup above 40yrs male**
- 2 Mrs. Harjeet kaur- **Mediwheel Full Body Health Checkup Above 40yrs female**

Regards

UMAKANT RAM

भारत सरकार
GOVERNMENT OF INDIA




ਦਾਵਿੰਦਰ ਸਿੰਘ
 Davinder Singh
 ਜਨਮ ਦਾ ਸਾਲ / Year of Birth - 1980
 ਪੁਰਸ਼ / Male



3290 4478 9994

ਆਦਾਰ - ਆਮ ਆਦਮੀ ਦਾ ਅਧਿਕਾਰ

ਬੈਂਕ ਆਫ਼ ਬਰੋਡਾ
Bank of Baroda




ਨਾਮ
 Name **Davinder Singh**

ਯੋਗਦਾਨ ਨੰਬਰ / EC No. **74875**


(Signature)

ਸੁਰੱਖਿਆ ਅਧਿਕਾਰੀ
 Security Authority

(Signature)

ਯੋਗਦਾਨ ਦਾ ਦਸਤਖਤ
 Signature of Holder

ਭਾਰਤੀ ਵਿਲੱਖਣ ਪਛਾਣ ਅਥਾਰਿਟੀ
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



ਸਿ/ਓ
 S/O ਡਾ. ਦਾਵਿੰਦਰ ਸਿੰਘ, ਮਕਾਨ ਨੰਬਰ
 150, ਗਲੇ ਨੰਬਰ- 3, ਆਦਰਸ਼ ਨਗਰ,
 ਸੈਕਟਰ 2 B, ਮਾਨਸ਼
 ਗੋਬਿੰਦਗਾਮ, ਮਾਨਸ਼ਗੋਬਿੰਦਗਾਮ,
 ਫਤਿਹਗੜ੍ਹ ਸਾਹਿਬ, ਪੰਜਾਬ
 147301

Address:
 S/O Balwinder Singh, House
 No 150, Street No 3, Adarsh
 Nagar, Sector 2 B, Mansh
 Gobindgah, Manshgobindgah,
 Fatehgarh Sahib, Punjab,
 147301

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ਬੈਂਕ ਆਫ਼ ਬਰੋਡਾ ਦਾ ਸਿੱਟਾ
 ਸੁਰੱਖਿਆ ਅਧਿਕਾਰੀ (ਸਿ/ਓ)
 ਸਿ/ਓ ਡਾ. ਦਾਵਿੰਦਰ ਸਿੰਘ
 ਘੋਰਾ, ਡੀ. ਘੋਰਾ, ਘੋਰਾ ਸੁਪਰ ਆਫੀਸ, ਪੁਲਿਸ ਥਾਂ, ਘੋਰਾ
 ਘੋਰਾ 91 22 2652 5747 ਫੋਨ 91 22 2652 5747

Assst. General Manager (Security)
 Bank of Baroda, Baroda Corporate Centre
 C-26, G-Block, Bhandra-Karna Complex, Mansal 380051, India
 Phone 91 22 2652 5747, Fax 91 22 2652 5747

Emergency Contact No.
 91 22 2652 5747

Water Proof Identification Marks: Cut Mark Between the
 Right Hand Fingers



Ivy Hospital

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

Bill of Supply

Bill No	2023241113178	Reg ID	2172933
Bill To	Mediwheel Acrofemi	Sex/Age	Male/34 Yrs/1 Mt/16 Days
TPA	Mediwheel Acrofemi	Consultant	DR. Direct
UHID	424972	Referred By	Direct
Name	MR DAVINDER SINGH S/O	GST No.	03AABCI4594F18Q
Address	#724, SEC-94, JLPL	Category	Health Services
Phone No	7508485058	Policy No.	74875
UTI/Claim/Ref.	74875/	Fan No	AABCI4594F

Sr.	Date	Code/Batch	Activity Desc.	Rate	Qty.	Amount
					1	2200
1	28-Feb-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, Email: cs@ivyhospital.com Fax: 91-172-2274900
 Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-150071, 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.: UES110PB2003PTC027008

Name: Mr. Davinder Singh UHID: 424972
 Age: 34yrs M Consultant: Dr. Mukesh Vats Date: 28/02/24
 BP: _____ Pulse: _____ RR: _____ Temp.: _____ Pain: _____
 Ht: _____ Wt.: _____ Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: _____
 Complaint: _____

Investigations

Clinical Notes

U.A.
U.A.

20/10/24

PT meaing c. Pupil - normal
ATS - normal
fundus / Disc + Macula - (N)
ADU: BLE window as old TDSON
BLE Refractive trans old TDSON
Review 20s

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
						Dr. Mukesh Vats MBBS Refra Consultant & Photo Specialist PMC-45034

Follow up

Sign & Stamp
Ivy/OPD/Form/005



Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No.: UBS110PB2005PTC027998

Name: Mr. Davinder Singh UHID: 424972
 Age: 34/M Consultant: Dr. Jagpal Date: 28/01/24
 BP: 136/92 Pulse: 94 RR: _____ Temp.: _____ Pain: _____
 Ht.: _____ Wt.: 63 kg. Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: _____
 Complaint: _____

Investigations

Clinical Notes

For general health check up.

Investigations grossly @

mild dyslipidemia

Adv

- Symp Asymptomatic Urms Jms once a week
x 8 wks

Jagpal Panicker
 Dr. Jagpal Panicker
 MD (Int Med), MRCP(U.K), MRCP (Rheumatology)
 Senior Consultant - Internal Medicine & Rheumatology
 Regd No.: P.M.C 35489

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

Follow up

Sign & Stamp
Ivy/OPD/Form/005



NAME : MR DAVINDER SINGH

DOB/Gender : 14-Jan-1990/M

UHID : 424972

Gen. No. : 4079647

Panel Name : Ivy Mohali

Bar Code No : 13092872

Requisition Date : 28/Feb/2024 09:48AM

Sample CollDate : 28/Feb/2024 09:53AM

Sample Rec.Date : 28/Feb/2024 09:53AM

Approved Date : 28/Feb/2024 10:42AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 1.36 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 medications 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 adjusting a diagnosis of thyrotoxicosis factitia.

Serum Total T4 6.84 µg/dL 5.52 – 12.97

Summary & Interpretation:

The inactive 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 varies are subject to pregnancy 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 3.100 mIU/L 0.4001 – 4.040

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 diagnosis. Advantages: 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 regulatory axis 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 30%. Time of the day has influence on the measured serum TSH concentrations.
 2. Recombinant test for T3 and T4 is ordered fraction of 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 Hypertension, Hypertension, Hypothalamic – Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN µIU/mL
1st Trimester	0.05 – 1.70
2nd Trimester	0.31 – 4.35
3rd Trimester	0.41 – 5.18

The highlighted values should be correlated clinically





NAME : MR DAVINDER SINGH

DOB/Gender : 14-Jan-1990/M

UHID : 424972

Ivy No. : 4079647

Panel Name : Ivy Mohali

Bar Code No : 13092872

Requisition Date : 28/Feb/2024 09:48AM

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Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting

76

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.



The highlighted values should be correlated clinically





IVY HOSPITAL
 Sector 71, Mohali, Punjab, 160071
 Ph: 9115115257, 9115115258,
 9115115624
 Email: lab@ivyhospital.com

NAME	: MR DAVINDER SINGH		
DOB/Gender	: 14-Jan-1990/M	Requisition Date	: 28/Feb/2024 09:48AM
UHID	: 424972	Sample CollDate	: 28/Feb/2024 09:53AM
Ivy No.	: 4079647	Sample Rec.Date	: 28/Feb/2024 09:53AM
Panel Name	: Ivy Mohali	Approved Date	: 28/Feb/2024 11:07AM
Doc Code No	: 13092872	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

RFT (RENAL FUNCTION TESTS)

Serum Urea <small>(Urea) (UREA) (U)</small>	16.60	mg/dl	17-43
Serum Creatinine <small>(CREATININE) (CREA) (C)</small>	0.90	mg/dl	0.67-1.17
Serum Uric acid <small>(URIC ACID) (UA) (U)</small>	5.20	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 cause for increases in urea level. Infection 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

* Textbook of clinical biochemistry.

Ivy Hospital

The highlighted values should be correlated clinically





IVY HOSPITAL
 Sector 71, Mohali, Punjab, 160071
 Ph: 9115115257, 9115115258,
 9115115624
 Email: lab@ivyhospital.com



NAME : MR DAVINDER SINGH

DOB/Gender : 14-Jan-1990/M

UHID : 424972

Inv. No. : 4079647

Panel Name : Ivy Mohali

Lab Code No : 13092872

Requisition Date : 28/Feb/2024 09:48AM

Sample CollDate : 28/Feb/2024 09:53AM

Sample Rec.Date : 28/Feb/2024 09:53AM

Approved Date : 28/Feb/2024 11:07AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST WITH GGT			
Serum Bilirubin Total <small>(U00100400)</small>	0.60	mg/dL	0.3-1.2
Serum Bilirubin Direct <small>(U00100400)</small>	0.10	mg/dl	<0.3
Serum Bilirubin Indirect <small>(U00100400)</small>	0.50	mg/dl	0.1-1.0
Serum SGOT(AST) <small>(U00100400)</small>	30	U/L	<35
Serum SGPT(ALT) <small>(U00100400)</small>	31	U/L	<50
Serum AST/ALT Ratio <small>(U00100400)</small>	0.97		
Serum GGT <small>(U00100400)</small>	32	IU/L	9-52
Serum Alkaline Phosphatase <small>(U00100400)</small>	124	U/L	30-120
Serum Protein Total <small>(U00100400)</small>	7.1	g/dl	6.40 - 8.20
Serum Albumin <small>(U00100400)</small>	4.6	g/dL	3.5-5.2
Serum Globulin <small>(U00100400)</small>	2.50	g/dl	2.0-3.5
Serum Albumin/Globulin Ratio <small>(U00100400)</small>	1.84	%	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 abnormal as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, alcoholic liver overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause abnormal liver enzyme levels.

LIPID PROFILE:

Serum Cholesterol <small>(U00100400)</small>	208	mg/dL	Desirable <200 Borderline High: 200-239 High: > 240
Serum Triglycerides <small>(U00100400)</small>	125	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol	39	mg/dL	<40 Major risk factor for CHD

The highlighted values should be correlated clinically



Anand
 DR ANAND KALIA
 M.D. PATHOLOGY



NAMU :	MR DAVINDER SINGH		
DOB Gender :	14-Jan-1990/M	Requisition Date :	28/Feb/2024 09:48AM
LTID :	424972	Sample Coll Date :	28/Feb/2024 09:53AM
Inv. No. :	4079647	Sample Rec. Date :	28/Feb/2024 09:53AM
Panel Name :	Ivy Mohali	Approved Date :	28/Feb/2024 11:07AM
Bar Code No :	13092872	Referred Doctor :	Self

Test Description	Observed Value	Unit	Reference Range
Serum VLDL cholesterol	25	mg/dL	>60 Negative risk factor for CHD 7-35
Serum LDL cholesterol	144	mg/dL	50-100
Serum Cholesterol-HDL Ratio	5.33		3-5
Serum LDL-HDL Ratio	3.69		1.5-3.5

Interpretation:
 As per ACP II 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



DR. ANAND KALIA
 M.D. PATHOLOGY



IVY HOSPITAL
 Sector 71, Mohali, Punjab, 160071
 Ph: 9115115257, 9115115258,
 9115115624
 Email: lab@ivyhospital.com



NAME :	MR DAVINDER SINGH		
DOB/Gender :	14-Jan-1990/M	Requisition Date :	28/Feb/2024 09:48AM
UHID :	434972	Sample CollDate :	28/Feb/2024 10:39AM
Int. No. :	4079647	Sample Rec.Date :	28/Feb/2024 10:39AM
Panel Name :	Ivy Mohali	Approved Date :	28/Feb/2024 11:34AM
Bar Code No. :	13092872	Referred Doctor :	Self

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

CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination:

Urine Volume	40.00	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	Absent		NL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		
Urine Nitrite	Absent		Absent

Microscopic Examination

Urine Pus Cells	4-5		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	1-2	/hpf	0-5
Urine Casts	Absent	/hpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Urine Mucus Deposit	Absent		Absent



DR BHUMIKA BISHT
 M.D. PATHOLOGY



IVY HOSPITAL
Sector 71, Mohali, Punjab, 160071
Ph: 9115115257, 9115115258,
9115115624
Email: lab@ivyhospital.com



NAME : MR DAVINDER SINGH

DOB/Gender : 14-Jan-1990/M

UHID : 424972

Ins. No. : 4079647

Pano Name : Ivy Mohali

Har Code No : 13092872

Requisition Date : 28/Feb/2024 09:48AM

Sample CollDate : 28/Feb/2024 09:53AM

Sample Rec.Date : 28/Feb/2024 09:53AM

Approved Date : 28/Feb/2024 11:07AM

Referred Doctor : Self

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

HAEMATOLOGY

ESR

Primary Sample Type:EDTA Blood

ESR <small>(Westergren ESR method)</small>	4	mm/h	0-10
---	---	------	------



The highlighted values should be correlated clinically





NAME	: MR DAVINDER SINGH		
DOB/Gender	: 14-Jan-1990/M	Requisition Date	: 28/Feb/2024 09:48AM
UDD	: 424972	Sample Coll Date	: 28/Feb/2024 09:53AM
Ivy No.	: 4079647	Sample Rec. Date	: 28/Feb/2024 09:53AM
Panel Name	: Ivy Mohali	Approved Date	: 28/Feb/2024 10:41AM
Our Code No	: 13092872	Referred Doctor	: Self

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

HEMATOLOGY

COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Hemoglobin <small>(Colorimetric Method)</small>	15.2	g/dl	13.0 - 17.0
Hematocrit(PCV) <small>(Micro)</small>	46.2	%	36-48
Red Blood Cell (RBC) <small>(Micro - WBC)</small>	5.30	10 ⁶ / μl	4.5-5.5
Mean Corp Volume (MCV) <small>(Micro)</small>	87.7	fL	83-97
Mean Corp HB (MCH) <small>(Micro)</small>	28.8	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Micro)</small>	32.9	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Micro)</small>	12.9	%	11-15
Platelet Count <small>(Platelet Count - Micro)</small>	267	10 ³ /ul	150-450
Mean Platelet Volume (MPV) <small>(Micro)</small>	10.4	fL	7.5-10.3
Leukocyte Count (TLC) <small>(Micro)</small>	5.5	10 ³ /μl	4.0 - 10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	45	%	40-75
Lymphocytes	36	%	20-40
Monocytes	16	%	0-8
Eosinophils	3	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	2,475	μ	2000-7000
Absolute Lymphocyte Count	1,980	uL	1000-3000
Absolute Monocyte Count	880	uL	200-1000
Absolute Eosinophil Count	165	μ	20-500

The highlighted values should be correlated clinically





NAME	: MR DAVINDER SINGH		
DOB/Gender	: 14-Jan-1990/M	Requisition Date	: 28/Feb/2024 09:48AM
UHID	: 424972	Sample Coll Date	: 28/Feb/2024 09:53AM
MR No	: 0079647	Sample Rec. Date	: 28/Feb/2024 11:03AM
Doc's Name	: Ivy Mohali	Approved Date	: 28/Feb/2024 11:08AM
Doc's Code No	: 13092872	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 AB	Negative
Anti D	POSITIVE
Reverse Grouping A Cells	POSITIVE
Reverse Grouping B Cells	POSITIVE
Reverse Grouping O Cells	Negative
Final Blood Group	O POSITIVE

NOTE:

- * Specimen major A,B,H antigens which are used for ABO grouping and Rh typing, may miss blood group subtypes exist. Agglutination may also vary according to titre of antigen and antibody.
- * In 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 abnormal results.

*** End Of Report ***





IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

Name : MR DAVINDER SINGH

DOB/Gender : 14-Jan-1990/M

UHID : 424972

Ins. No : 4079647

Patient Name : Ivy Mohali

Ins Code No : 13092872

Requisition Date : 28/Feb/2024 09:48AM

Sample Coll Date : 28/Feb/2024 12:53PM

Sample Rec. Date : 28/Feb/2024 12:53PM

Approved Date : 28/Feb/2024 01:39PM

Referred Doctor : Self

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

BIOCHEMISTRY

GLUCOSE PP

Plasma Glucose Post Prandial
(Fasting 10:00)

103

mg/dL

<140 Normal
140 - 180 Impaired Tolerance
>180 Diabetic



The highlighted values should be correlated clinically





NAME : MR DAVINDER SINGH

DOB/Gender : 14-Jan-1990/M

CLIN : A21472

Lab. No. : 4079647

Panel Name : Ivy Mohali

Bar Code No : 13092872

Requisition Date : 28-Feb-2024 09:48AM

Sample Coll Date : 28-Feb-2024 09:53AM

Sample Rec Date : 28-Feb-2024 10:54AM

Approved Date : 28-Feb-2024 12:50PM

Referred Doctor : Self

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

HAEMATOLOGY

Estimated HbA1c (HbA1c)

Whole Blood HbA1c <small>(Glycated Haemoglobin)</small>	5.1	%	Non diabetic:4.0-6.0 Target of therapy:<7.0 Change of therapy:>8.0
--	-----	---	--

Estimated Average Glucose (eAG)	100	mg/dL	
---------------------------------	-----	-------	--

ADU criteria for correlation between HbA1c & Mean plasma glucose levels:
(eAG = 28.7 x HbA1c - 4.67 (average))

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

*** End Of Report ***



DR BHUMIKA BISHT

MR D. DAVINDER SINGH



NAME	DAVINDER SINGH	SEX/AGE	M34Y
PATIENT ID	ID424972	Accession Number	
REF CONSULTANT	package	DATE	28/02/2024 10:17

USG WHOLE ABDOMEN



LIVER: is normal in size (~ 13.5cm), outline and shows increased echogenicity. Focal geographical areas of fatty sparing are noted. 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 (~ 9.4cm), 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 (~ 10.7cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~ 10.3cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen. **Dromedary hump is noted along the mid pole.**

U-BLADDER: is normally distended at the time of examination with normal wall thickness.

PROSTATE: is normal in size (~ 15cc). ~ 7 x 9mm prostatic utricle cyst is noted.

No free fluid is seen in peritoneal cavity.

IMPRESSION:

Fatty liver Grade I / II.

**Dr. Manish Singla
DNB Resident**



**DR EKTA MISHRA
MD RADIO-DIAGNOSIS**

(NOT FOR MEDICO-LEGAL PURPOSE)



NAME	DAVINDER SINGH	SEX/AGE	M34Y
PATIENT ID	ID424972	Accession Number	XN.7718-24-OPD
REF CONSULTANT	Dr.	DATE	28/02/2024 10:29

X-RAY CHEST (PA VIEW)

Trachea is slightly deviated towards right.

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 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)

GE MAC1200 ST ECG CARDIOPRINT IGV HOSPITAL ROHALI

HR 75bpm

Measurement Results
QRS 94 ms
QT/QTcB 344 / 387 ms
PR 139 ms
P 96 ms
RR/PP 792 / 800 ms
P/QRS/T 70/ 20/ 20 degrees
QTd/QTcBd 66 / 74 ms
Sokolow NK 11



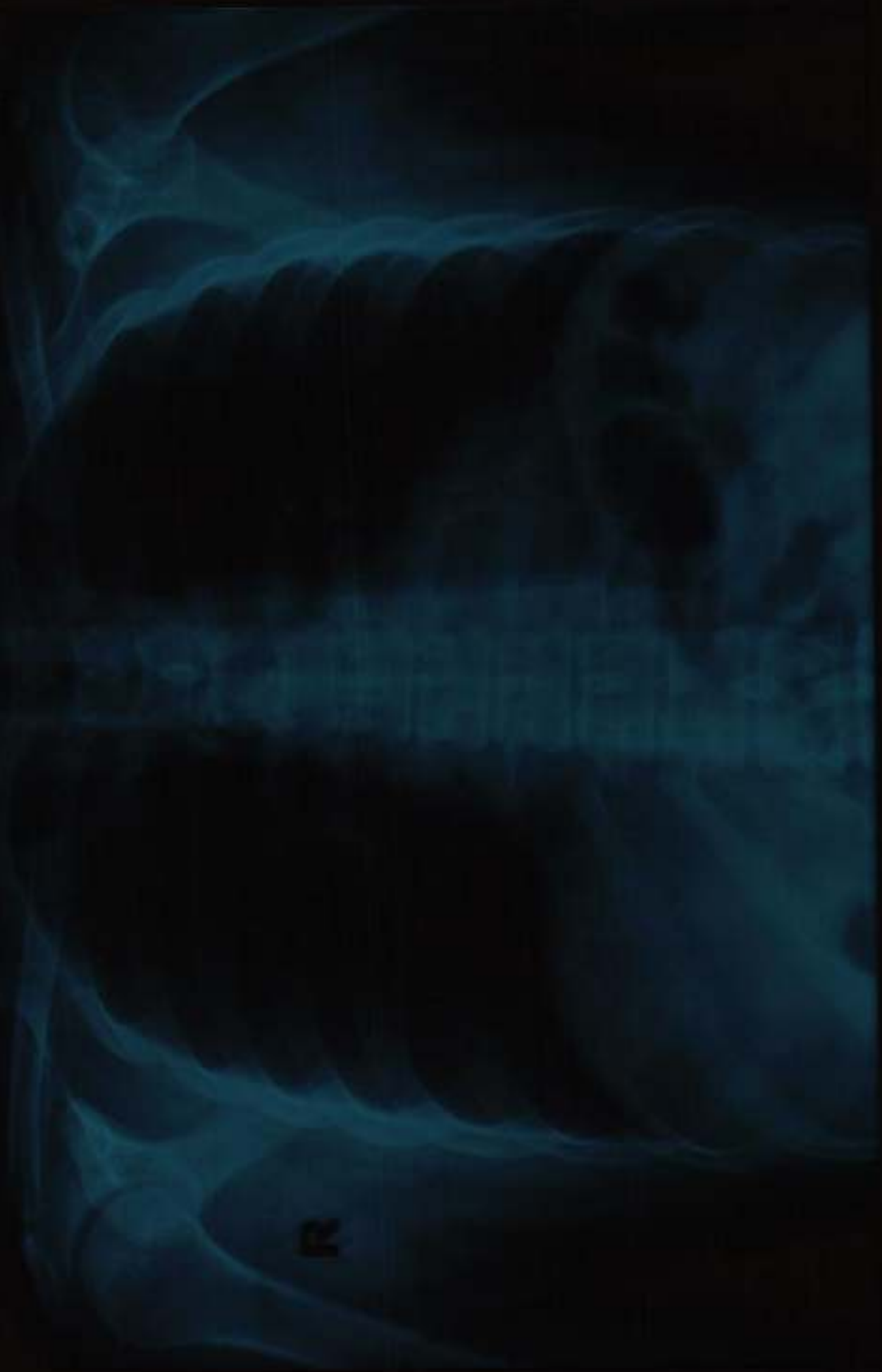
Interpretation:
normal ECG

Mr. Davinder Singh
Age - 34y/M
UMID - 424972



Unconfirmed report.





R

GEORGE DAVINDER SINGH M 34 YEARS KN 77324099

UNIVERSITY MEDICAL CENTER

IVY HOSPITAL
Sector 71
Mohali, Punjab

Ward
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: SINGH, DAVINDER
Patient ID: 424972
Height: 156 cm
Weight: 60 kg

DOB: 14.01.1990
Age: 34yrs
Gender: Male
Race: Indian

Study Date: 28.02.2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: TANISHA

Medications:
--

Medical History:
--

Reason for Exercise Test:
Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:17	0.00	0.00	101	120/80	
	HYPERV	00:02	0.00	0.00	101	120/80	
	WARM-UP	00:16	1.60	0.00	100	120/80	
EXERCISE	STAGE 1	03:00	2.70	10.00	123	120/80	
	STAGE 2	03:00	4.00	12.00	141	130/80	
	STAGE 3	02:48	1.10	14.00	164	140/80	
RECOVERY		03:04	0.00	0.00	116	130/80	

The patient exercised according to the BRUCE for 8:47 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 108 bpm rose to a maximal heart rate of 164 bpm. This value represents 88 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 140/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Conclusions

TMT NEGATIVE FOR INDUCIBLE ISCHEMIA.

Physician

Technician

Dr. Rakesh Bhutungru
Dr. Rakesh Bhutungru
Director- Non Invasive Cardiology
MBBS, MD (Medicine), DM (Cardiology)
PMC - 42588

Tabular Summary

ICU HOSPITAL

NGH, DAVINDERJ

Ident ID 424972

102/2024 Male 156/cm 60 kg

128/32pm 34yrs Indian

Meds:

Test Reason: Screening for CAD

Medical History:

Ref MD: Ordering MD:

Technician: TANISHA Test Type: Treadmill Stress Test

Comment:

BRUCE: Total Exercise Time 08:47

Max HR: 164 bpm 88% of max predicted 186 bpm

Max BP: 140/80 Maximum Workload: 10.00 METS

Max ST Level -0.70 mm in II; EXERCISE STAGE 3 6:30

Reasons for Termination: Target heart rate achieved

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to

Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate

response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall

impression: Normal stress test.

Conclusion: TMT NEGATIVE FOR INDUCIBLE ISCHEMIA.

Location Number: * 0 *

Case Line	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (*100)	VE (l/min)	ST Level II(mm)	Comment
RETEST	SUPINE	00:17	0.00	0.00	1.0	101	120/80	121	0	0.30	
	HYPERV	00:02	0.00	0.00	1.0	101	120/80	121	0	0.25	
	WARM UP	00:16	1.60	0.00	1.0	100	120/80	120	0	0.55	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	123	120/80	147	1	0.15	
	STAGE 2	03:00	4.00	12.00	7.0	141	130/80	185	0	-0.10	
	STAGE 3	02:48	1.10	14.00	2.8	164	140/80	229	0	-0.15	
RECOVERY		03:04	0.00	0.00	1.0	116	130/80	150	0	0.30	



Selected Medians Report

IVY HOSPITAL

SINGH DAVINDER
 Patient ID: 434972
 18.02.2024
 12:28:32pm

BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE EXERCISE	TEST END RECOVERY
0.01 100 bpm	6.30 153 bpm	8.48 164 bpm 140/80 mmHg	2.50 117 bpm 130/80 mmHg	0.01 100 bpm	6.30 153 bpm	8.48 164 bpm 140/80 mmHg	2.50 117 bpm 130/80 mmHg
I 0.25 -0.61	I -0.40 1.13	I 0.00 1.29	I 0.05 0.86	V1 0.35 -0.97	V1 0.70 -0.26	V1 0.60 -0.16	V1 0.30 -0.30
II 0.60 0.96	II -0.70 1.38	II -0.15 1.38	II 0.35 1.74	V2 0.55 0.41	V2 0.65 1.75	V2 1.15 3.88	V2 0.80 1.58
III 0.40 -0.23	III -0.35 0.08	III -0.10 0.04	III 0.35 0.51	V3 0.85 1.21	V3 0.95 2.49	V3 1.55 3.06	V3 1.40 2.48
aVR -0.45 -1.76	aVR 0.60 -1.19	aVR 0.10 -1.36	aVR -0.20 -1.87	V4 0.85 1.34	V4 0.30 1.72	V4 0.80 2.56	V4 0.85 1.92
aVL -0.10 -1.25	aVL 0.00 0.45	aVL 0.00 0.58	aVL -0.15 -0.36	V5 0.55 0.99	V5 -0.15 0.67	V5 0.05 1.30	V5 0.25 1.07
aVF 0.50 0.75	aVF -0.55 0.73	aVF -0.10 0.66	aVF 0.35 1.23	V6 0.30 0.45	V6 -0.50 -0.02	V6 -0.30 0.38	V6 0.00 0.34

GE CASE V6.51 (0)
 10mm/mV 60Hz 0.01.20Hz S+

Unconfirmed

Attending MD:

Page 2



INGH DAVINDER
Ident ID: 40972
8/02/2024
2:40:41pm

117 bpm
02:01 130/80 mmHg

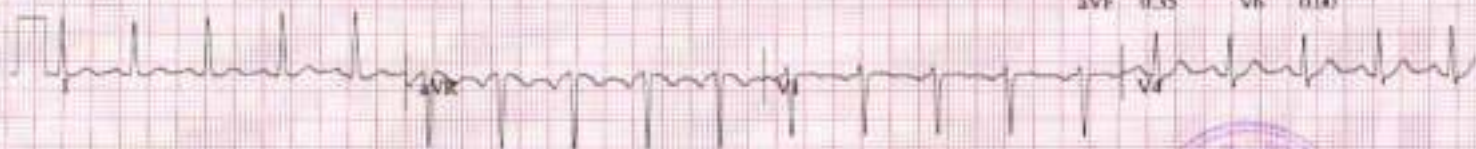
RECOVERY
#1
02:50

HRDCP
0.0 km/h
0.0%

IVY HOSPITAL

Measured at 60mm Post J (10mm mV)
Manual Points

Lead	ST(mm)	Lead	ST(mm)
I	0.05	V1	0.30
II	0.35	V2	0.80
III	0.35	V3	1.40
aVR	-0.20	V4	0.85
aVL	-0.13	V5	0.25
aVF	0.35	V6	0.00



CASE V6.51

25 mm/s 10 mm/mV 60Hz 0.01 - 200Hz S+ 10R(II,VI)

Start of Test: 12:28:32pm

INGH DAVINDER
Ident ID: 424972
8.02.2024
2:39:41pm

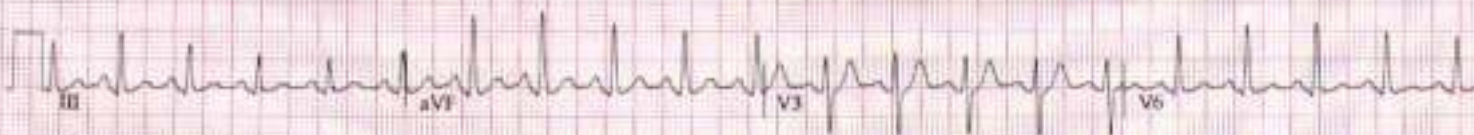
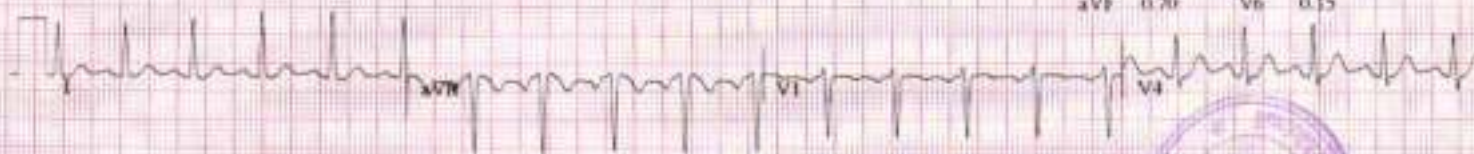
123 bpm
00:42 140/80 mmHg

RECOVERY
91
01:50

BRUCE
0.0 km/h
0.0%

IVY HOSPITAL
Measured at 60ms Post J (10mm mV)
Manual Points

Lead	ST(mm)	Lead	ST(mm)
I	0.35	V1	0.40
II	0.80	V2	1.35
III	0.50	V3	2.20
aVR	-0.60	V4	1.50
aVL	-0.10	V5	0.60
aVF	0.70	V6	0.15



INGH DAVIDNER
Invent ID: 424972
8.02.2024
2:38:41pm

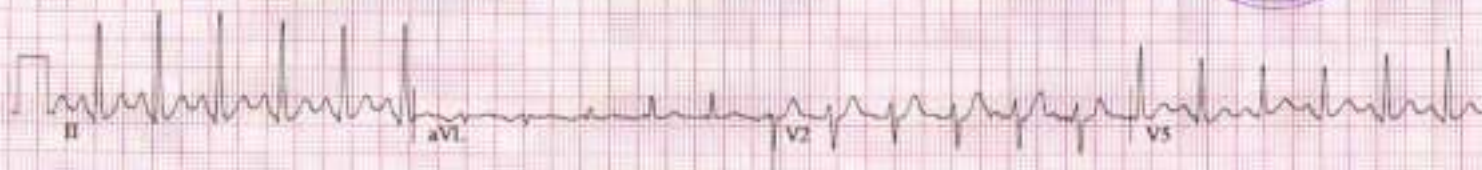
142 bpm
00:42 140/80 mmHg

RECOVERY
#1
00:50

BRUCE
0.0 km/h
0.0 %

IVY HOSPITAL
Measured at 60ms Post J (10mm mV)
Manual Points

Lead	ST(mm)	Lead	ST(mm)
I	0.50	V1	0.50
II	1.05	V2	1.90
III	0.55	V3	2.95
aVR	-0.85	V4	1.95
aVL	0.00	V5	0.85
aVF	0.80	V6	0.15



INGH DAVINDER
Incot ID: 424972
8.02.2024
12:37:52pm

(PEAK EXERCISE)

164 bpm

EXERCISE
STAGE 3
08:48

HRUCE
1.1 km/h
14.0%

(VVI HOSPITAL)

Measured at 60ms Post J (10mm mV)
Manual Points

Lead	ST(mm)	Lead	ST(mm)
I	0.00	V1	0.60
II	-0.15	V2	1.15
III	-0.10	V3	1.55
aVR	0.10	V4	0.80
aVL	0.00	V5	0.05
aVF	-0.10	V6	-0.30



INGH DAVINDER
Patient ID: 434972
8.02.2024
E:34.54pm

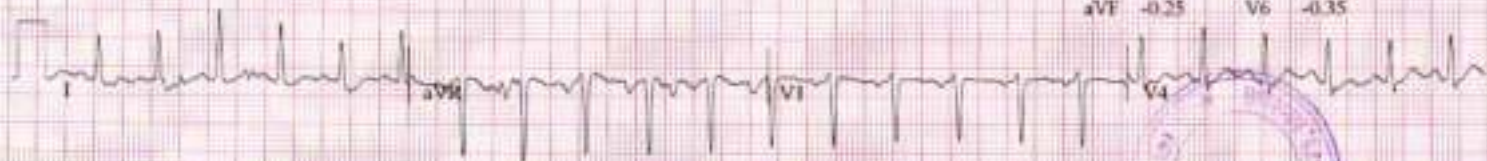
141 bpm
02:31 130/80 mmHg

EXERCISE
STAGE: 2
05:50

BRUCE
4.0 km/h
12.0 %

IVY HOSPITAL
Measured at 60ms Post J (10mm/mV)
Manual Points:

Lead	ST(mm)	Lead	ST(mm)
I	-0.25	V1	0.55
II	-0.35	V2	0.55
III	-0.10	V3	0.90
aVR	0.35	V4	0.50
aVL	-0.10	V5	0.05
aVF	-0.25	V6	-0.35



INSHI BRAVINDER
Patient ID: 424972
8/02/2024
12:31:54pm

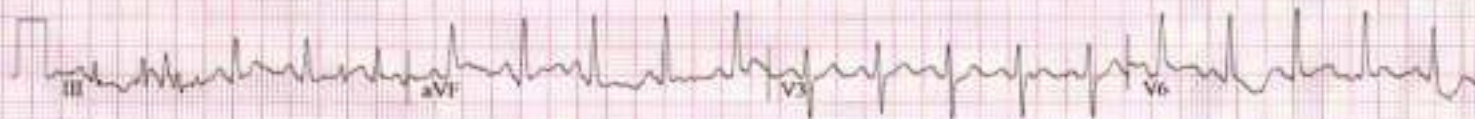
122 bpm
02:47 120/80 mmHg

EXERCISE
STAGE I
02:50

HRDCE
2.7 km/h
10.0%

IVY HOSPITAL
Measured at 60ms Post J (10mm/mV)
Manual Points:

Lead	ST(mm)	Lead	ST(mm)
I	0.05	V1	0.35
II	0.40	V2	0.50
III	0.40	V3	0.80
aVR	-0.25	V4	0.50
aVL	-0.15	V5	0.00
aVF	0.40	V6	-0.15



INGHI DAVINDER

12SL REPORT

IVY HOSPITAL

Ident ID: 424972

1.02.2024

12:28:47pm

Male 156 cm 60 kg
34yrs Indian

120/80 mmHg

PRE TEST

SUPINE

00:14

HR: 104

0.0 km/h

0.0 %

Heart Rate 104 bpm
PR interval 138 ms
QRS duration 92 ms
QT/QTc 318/418 ms
P-R-T axis 77/58/55
P duration 122 ms
RR interval 542 ms

Sinus tachycardia
Nonspecific T wave abnormality
Abnormal ECG

Technician TANISHA
Reduction



QASE V6.51

25 mm x 10 mm/mV 60Hz 0.01 - 20Hz S- 12SL 20.1

Start of Test 12:28:12pm