बैंक ऑफ़ बड़ौदा Bank of Baroda

प्रति,

समन्वयक,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

महोदय/ महोदया,

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

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

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	BAHADUR SINGH
जन्म की तारीख	13-01-1991
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	28-10-2024
बुकिंग संदर्भ सं.	24D74954100117952S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MRS. KAUR HARSHDEEP
कर्मचारी की क.कू.संख्या	74954
कर्मचारी का पद	BRANCH OPERATIONS
कर्मचारी के कार्य का स्थान	KASHIPUR,KASHIPUR MAIN
कर्मचारी के जन्म की तारीख	04-03-1986

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 **21-10-2024** से **31-03-2025** 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 पत्नी/पति की 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)
मा.सं.प्र. एवं विपणन
बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)से संपर्क करें।)

बैंक ऑफ बड़ौदा Bank of Baroda

To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

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	BAHADUR SINGH
DATE OF BIRTH	13-01-1991
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	28-10-2024
BOOKING REFERENCE NO.	24D74954100117952S
SPOUSE DETAILS	
EMPLOYEE NAME	MRS. KAUR HARSHDEEP
EMPLOYEE EC NO.	74954
EMPLOYEE DESIGNATION	BRANCH OPERATIONS
EMPLOYEE PLACE OF WORK	KASHIPUR,KASHIPUR MAIN
EMPLOYEE BIRTHDATE	04-03-1986

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 **21-10-2024** till **31-03-2025**.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 & Marketing Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))

List of tests & consultations to be covered as part of Annual Health Check-up

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	Lipid Profile	**Lipid Profile**
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	Liver Profile	**Liver Profile**
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	Kidney Profile	**Kidney Profile**
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	General Tests	**General Tests**
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynaec Consultation
29	PSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation

***

Subject: FW: Health Check up Booking Confirmed Request(22S36489),Package Code-PKG10000474, Beneficiary Code-296441
From: Abhishek Singh <abhishek.singh@livasahospitals.in>
Date: 11/5/2024, 10:41 AM
To: sanjeev kamboj <sanjeev.kumar1@ivyhospital.com>

Regards
Abhishek Singh
Senior Manager- Corporate
8699999914
Abhishek.Singh@Livasahospitals.in

Livasa
We care for life

From: Mediwheel <wellness@mediwheel.in>
Sent: Tuesday, October 22, 2024 12:34 PM
To: Abhishek Singh <abhishek.singh@livasahospitals.in>
Cc: customercare@mediwheel.in
Subject: Health Check up Booking Confirmed Request(22S36489),Package Code-PKG10000474, Beneficiary Code-296441

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
Contact Details	: 7206391913
Appointment Date	: 28-10-2024
Confirmation Status	: Booking Confirmed
Preferred Time	: 09:00 AM - 09:30 AM

Member Information			
Booked Member Name	Age	Gender	
Bahadur Singh	33 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.

From: SBS BAJWA <bsingh487@gmail.com>
Date: 28-10-2024, 10:13
To: mainreception@livasahospitals.com

482423

Aadhar Card.jpg

भारत सरकार
GOVERNMENT OF INDIA

बहादुर सिंह
Bahadur Singh
जन्म तिथि/ DOB: 13/01/1991
पुरुष / MALE

6240 1235 3732

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
S/O: बलजीत सिंह, बारवा,
बरवा (५), कुरुक्षेत्र,
हरियाणा - 136119

Address:
S/O: Baljeet Singh, Barwa, Barwa (5), Kurukshetra, Haryana - 136119

6240 1235 3732

Attachments:

Aadhar Card.jpg 60.6 KB

Husband
Bahadur Singh 28/10/2024

Ivy Hospital

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IVY Hospital Mohali
Sector 71, Mohali, Punjab -

Bill of Supply

GST No	29AAHCP3193M1ZR	Bill Date	28-Oct-24
Bill No	2024251096684,	Reg ID	2481655
Bill To	Medibuddy Phasorz Technologies Private	Sex/Age	Male/33 years,10 months 0 days
TPA	Medibuddy Phasorz Technologies Private	Consultant	DR. Direct
UHID	482423	Reffered By	Direct
Name	MR BAHADUR SINGH S/O Balbir Singh	GST No.	03AABCI4594F1ZQ
Address	# BARWA KURUKSHETRA-136119	Category	Health Services
Phone No	9416199681	Policy No.	22536489
UTI/Claim/Ref	22536489/	Pan No	AABCI4594F

Sr	Date	Code/Batch	Activity Desc.	Rate	Qty.	Amount
					1	2200
1	28-Oct-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

Authorised Signatory

Ivy Hospital Sector-71, Mohali

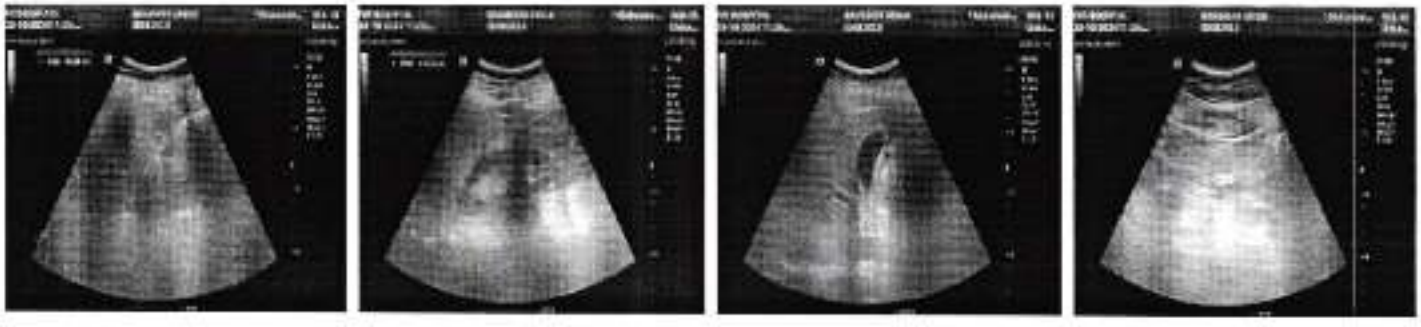
(For OPD/Discharge Summary/Billing Purpose Only)

Ivy Hospital

Livasa™
We care for life

NAME	., BAHADUR SINGH	SEX/AGE	M33Y
PATIENT ID	ID482423	Accession Number	
REF CONSULTANT	PACKAGE	DATE	28/10/2024 11:24

USG WHOLE ABDOMEN



Limited evaluation due to poor acoustic window.

LIVER: **is enlarged in size (~ 16.5cm)**, normal in outline and **shows increased echogenicity**. IHBR are not dilated. Portal vein is normal. Visualized CBD is not dilated.

GALL BLADDER: is partially distended at the time of examination. Visualized lumen is clear.

SPLEEN: is normal in size (~ 11.2cm), outline and echotexture.

PANCREAS & UPPER RETROPERITONEUM: Visualised pancreatic head and proximal body are normal in size and echotexture. Tail of pancreas is obscured by bowel gas.

RIGHT KIDNEY: It is normal in size (~ 11.0cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~ 11.0cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

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

PROSTATE: is normal in size.

No free fluid is seen in peritoneal cavity.

IMPRESSION: Hepatomegaly with fatty liver Grade II.

Adv. Clinical correlation and follow up.

Ivy Hospital Sector-71, Mohali

DR EKTA MISHRA
MD RADIO- DIAGNOSIS

(NOT FOR MEDICO-LEGAL PURPOSE)

Ivy Hospital

Livasa™
We care for life

NAME	., BAHADUR SINGH	SEX/AGE	M33Y
PATIENT ID	ID482423	Accession Number	
REF CONSULTANT	PACKAGE	DATE	28/10/2024 11:24

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)

Ivy Hospital

Livasa™
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NAME	BAHADUR SINGH	SEX/AGE	M33Y
PATIENT ID	ID482423	Accession Number	X48832-24 OPD
REF CONSULTANT	DR	DATE	28/10/2024 10:39

X-RAY CHEST (PA VIEW)

Rotation is present.

Bronchovascular markings are prominent in both lungs.

Bilateral hilar regions appear normal.

Domes of diaphragm and costophrenic angles appear normal.

Cardiac shadow is enlarged.

Please correlate clinically.

Ivy Hospital Sector-71, Mohali

DR COL HARPREET SINGH
MBBS, MD,DNB

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)

Ivy Hospital

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Patient Name	BAHADUR SINGH	Patient ID	482423
Gender/Age	Male / 33	Test Date :	28 Oct 2024

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.7	3.7-5.6 CM
Left Ventricular ES Dimension	3.6	2.2-4.0 CM
IVS (D)	1.1	0.6-1.2 CM
IVS (s)	1.5	0.7-2.6 CM
LVPW (D)	0.9	0.6-1.1 CM
LVPW (S)	1.1	0.8-1.0 CM
Aortic Root	2.8	2.0-3.7 CM
LA Diameter	3.6	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	55%	54-76%

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

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= 96cm/s, A= 55cm/s, E>A**

Aortic valve: Vmax = 125cm/s

Pulmonary valve: Vmax = 95cm/s

Chamber Size -

LV - **Normal**/ Enlarged LA - **Normal** / Enlarged

RV - **Normal**/ Enlarged RA - **Normal**/ Enlarged

RWMA - Nil

Others : Intact IAS, IVS

No LA, LV Clot seen

No vegetation or intracardiac mass present

No Pericardial effusion present

(NOT FOR MEDICO-LEGAL PURPOSE)

Ivy Hospital

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Remarks -

FINAL IMPRESSION -

No RWMA of LV

Normal LV systolic function (LVEF~55%)

DR. RAKESH BHUTUNGRU
Director Non Invasive Cardiology
MBBS, MD(Medicine), DM(Cardiology)
PMC-42588

(NOT FOR MEDICO-LEGAL PURPOSE)

LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071
Ph: 9115115257, 9115115624
Email: pathreports@ivyhospital.in

NAME	: MR BAHADUR SINGH		
DOB/Gender	: 12-Jan-1991/M	Requisition Date	: 28/Oct/2024 10:31AM
UHID	: 482423	SampleCollDate	: 28/Oct/2024 10:36AM
Inv. No.	: 4686052	Sample Rec.Date	: 28/Oct/2024 10:36AM
Panel Name	: Ivy Mohali	Approved Date	: 28/Oct/2024 12:06PM
Bar Code No	: 13302718	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range

IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 (ECLIA Vitros 5600)	1.30	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 extrahepatically, 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 propanolol, 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 (ECLIA Vitros 5600)	10.50	µg/dL	5.52 – 12.97

Summary & Interpretation:
The hormone thyroxine (T4) is the main product secreted by the thyroid gland. The major part of total thyroxine (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken into account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications : the detection of hypothyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

Serum TSH (ECLIA Vitros 5600- TSH 3-ultrasensitive)	1.700	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 a particular 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 - 2.70
2nd Trimester	0.31 - 4.35
3rd Trimester	0.41 - 5.18

The highlighted values should be correlated clinically

Result Entered By:MEENAKASHI 7010M

Ivy Hospital Sector 71 Mohali
DR BHUMIKA BISHT
M.D. PATHOLOGY

LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071
Ph: 9115115257, 9115115624
Email: pathreports@ivyhospital.in

NAME	: MR BAHADUR SINGH		
DOB/Gender	: 13-Jan-1991/M	Requisition Date	: 28/Oct/2024 10:31AM
UHID	: 482423	SampleCollDate	: 28/Oct/2024 10:36AM
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Panel Name	: Ivy Mohali	Approved Date	: 28/Oct/2024 12:06PM
Bar Code No	: 13302718	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
PSA TOTAL			
Serum PSA Total (CLIA/Vitros 3600)	0.80	ng/mL	<4.0

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

BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type:Fluoride Plasma

Plasma Glucose Fasting (GOD/POD 3600/Cobas Integra - Glucose Oxidase, Peroxidase Method)	83	mg/dL	Normal 70-99 mg/dl Impaired Tolerance 100 - 125mg/dl Diabetic ≥126 mg/dl

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

- A fasting plasma glucose level below 100 mg/dL is considered normal.
- A fasting plasma glucose level between 100-125 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A fasting plasma glucose level >126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dl, on both the occasions is confirmatory of a diabetic state.

The highlighted values should be correlated clinically
Result Entered By:MEENAKASHI 7010M

Ivy Hospital Sector 71, Mohali

DR BHUMIKA BISHT
M. D. PATHOLOGY

LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071
Ph: 9115115257, 9115115624
Email: pathreports@ivyhospital.in

NAME	: MR BAHADUR SINGH	Requisition Date	: 28/Oct/2024 10:31AM
DOB/Gender	: 13-Jan-1991/M	SampleCollDate	: 28/Oct/2024 01:47PM
UHID	: 482423	Sample Rec.Date	: 28/Oct/2024 01:47PM
Inv. No.	: 4686052	Approved Date	: 28/Oct/2024 03:52PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13302718		

Test Description	Observed Value	Unit	Reference Range
BIOCHEMISTRY			
GLUCOSE PP			
Plasma Glucose Post Prandial (GOD-POD, Glucose oxidase, peroxidase)	103	mg/dL	Normal <140 Impaired Tolerance 140--180 Diabetic >180

The highlighted values should be correlated clinically
Result Entered By:MEENAKASHI 7010M

Dr Shweta Kundu
M.D PATHOLOGY

LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071
Ph: 9115115257, 9115115624
Email: pathreports@ivyhospital.in

NAME	: MR BAHADUR SINGH	Requisition Date	: 28/Oct/2024 10:31AM
DOB/Gender	: 13-Jan-1991/M	SampleCollDate	: 28/Oct/2024 11:31AM
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Inv. No.	: 4686052	Approved Date	: 28/Oct/2024 12:06PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13302718		

Test Description	Observed Value	Unit	Reference Range
BIOCHEMISTRY			
RFT (RENAL FUNCTION TESTS)			
Serum Urea	20.00	mg/dl	19.2--42.8 mg/dl
Serum Creatinine	1.00	mg/dL	0.66--1.25mg/dl
Serum Uric acid	7.30	mg/dL	3.5--8.5 mg/dl

Interpretation:
Renal function tests are used to detect and diagnose diseases of the Kidney

Result Entered By:MEENAKASHI 7010M

Ivy Hospital Mohali
DR BHUMIKA BISHT
M.D.PATHOLOGY

LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071
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Panel Name	: Ivy Mohali	Approved Date	: 28/Oct/2024 12:06PM
Bar Code No	: 13302718	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST WITH GGT			
Serum Bilirubin Total (VITROS 5600 Colorimetric - Diphylline Diazonium salt)	1.20	mg/dL	0.2-1.3 mg/dl
Serum Bilirubin Direct (VITROS 5600 Colorimetric - Fast Diazo)	0.19	mg/dL	Adult 0.0-1.1 mg/dl Neonate 0.6--10.5 mg/dl
Serum Bilirubin Indirect (VITROS 5600 Colorimetric - Direct measure)	**1.01**	mg/dL	Adult 0.0-0.3 mg/dl Neonate 0.0-0.6 mg/dl
Serum SGOT(AST) (VITROS 5600 IFCC with P5P)	57	U/L	Male 17-59U/L
Serum SGPT(ALT) (VITROS 5600 IFCC-modified - UV with P5P)	**85**	U/L	21-72
Serum AST/ALT Ratio (Calculated)	0.67		
Serum GGT (VITROS 5600 Nitrophenyl Peptide - Glutamyl-p-nitroanilide)	**44**	U/L	Male 12-43
Serum Alkaline Phosphatase (VITROS 5600 Methylxylenol - AMP Buffer (IFCC))	65	U/L	38--126U/L
Serum Protein Total (VITROS 5600 Colorimetric - Biuret reaction with copper(II))	7.2	g/dl	6.3--8.2g/dl
Serum Albumin (VITROS 5600 Colorimetric - Bromocresol Green)	4.6	g/dl	3.5--5.0g/dl
Serum Globulin (Calculated)	2.60	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.77	%	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 (VITROS 5600 Colorimetric - Cholesterol oxidase, esterase, peroxidase)	172	mg/dL	Desirable <200mg/dl Borderline High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides (VITROS 5600 Colorimetric - Enzymatic, end point)	149	mg/dL	Normal < 150mg/dl Borderline High 150--199mg/dl High 200-499mg/dl

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NAME	: MR BAHADUR SINGH		
DOB/Gender	: 13-Jan-1991/M	Requisition Date	: 28/Oct/2024 10:31AM
UHID	: 482423	SampleCollDate	: 28/Oct/2024 11:31AM
Inv. No.	: 4686052	Sample Rec.Date	: 28/Oct/2024 11:31AM
Panel Name	: Ivy Mohali	Approved Date	: 28/Oct/2024 12:06PM
Bar Code No	: 13302718	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
			Very High >500 mg/dl
Serum HDL Cholesterol (VITROS 5600 Colorimetric - Direct method, FTA/NgLC)	32	mg/dL	Low to Average <40 mg/dl High ≥ 60.0mg/dl
Serum VLDL cholesterol (Calculated)	30	mg/dL	7-35
Serum LDL cholesterol (Calculated)	110	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	5.38		3-5
Serum LDL-HDL Ratio (Calculated)	3.44		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

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Test Description	Observed Value	Unit	Reference Range
CALCIUM (CA++)			
Serum Calcium (Visual Peak Colorimetric - Arsenazo III)	9.3	mg/dL	8.4--10.5mg/dl

Description: About 50% of the calcium present in circulation is free (also known as ionized calcium); 40% of serum calcium is bound to proteins, especially albumin (80%) and, secondary, to globulins (20%); and about 10% exists as various small diffusible inorganic and organic anions (eg. bicarbonate, lactate, citrate).Heart and skeletal muscle contractility are affected by calcium ions; in addition, calcium ions are vital to nervous system function and are associated with blood clotting and bone mineralization.The concentration of serum calcium is tightly regulated by parathyroid hormone (PTH) and 1,25-hydroxy vitamin D.

Interpretation:

Serum calcium is decreased (hypocalcemia) in the following conditions:
Hypoparathyroidism , Vitamin D deficiency ,Chronic renal diseases ,Pseudohypoparathyroidism,
Magnesium deficiency (PTH glandular release is magnesium-dependent), Hyperphosphatemia,
Massive transfusion, Hypoalbuminemia, Severe calcium dietary deficiency and Severe pancreatitis (calcium saponification)

Serum calcium is increased(Hypercalcemia) in the following conditions:
Hyperparathyroidism ,Vitamin D excess, Milk-alkali syndrome, Multiple myeloma, owing to bone lesions, Paget disease of bone with prolonged immobilization, Sarcoidosis, Familial hypercalcemia,Vitamin A intoxication,Thyrotoxicosis and Addison disease

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CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Test Description	Observed Value	Unit	Reference Range
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	1.025		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein (Protein Dipstick)	-		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		
Urine Nitrite	Absent		Absent
Microscopic Examination			
Urine Pus Cells	7-8	/hpf	0-5
Urine RBC	2-3	/hpf	Absent
Urine Epithelial Cells	1-2	/lpf	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

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Panel Name	: Ivy Mohali	Approved Date	: 28/Oct/2024 12:37PM
Bar Code No	: 13302718	Referrer Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
HAEMATOLOGY			
BLOOD GROUP RH TYPE			
ABO & RH Typing			
Forward Grouping			
Anti A	POSITIVE		
Anti B	NEGATIVE		
Anti D	POSITIVE		
Final Blood Group	A 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.

The highlighted values should be correlated clinically

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UHID	: 482423	SampleCollDate	: 28/Oct/2024 10:36AM
Inv. No.	: 4686052	Sample Rec.Date	: 28/Oct/2024 10:58AM
Panel Name	: Ivy Mohali	Approved Date	: 28/Oct/2024 11:45AM
Bar Code No	: 13302718	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
HAEMATOLOGY			
ESR			
Primary Sample Type:EDTA Blood			
ESR (Automated ESR - westergren)	15	mm/h	0-10

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Test Description	Observed Value	Unit	Reference Range
COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)			
Haemoglobin (Photoelectric Cyanide)	15.7	g/dl	13.0 - 17.0
Hematocrit(PCV) (Calculated)	46.9	%	36-48
Red Blood Cell (RBC) (Impedance/DC Detector)	**4.40**	10^6 / µl	4.5-5.5
Mean Corp Volume (MCV) (Impedance/DC Detector)	**106.8**	fL	83-97
Mean Corp HB (MCH) (Calculated)	**35.8**	pg/mL	27-31
Mean Corp HB Conc (MCHC) (Calculated)	33.5	gm/dl	32-36
Red Cell Distribution Width -CV (Calculated)	14.2	%	11-15
Platelet Count (Impedance/DC Detector/Microscopy)	200	10^3/ul	150-450
Mean Platelet Volume (MPV) (Impedance/DC Detector)	10.3	fL	7.5-10.5
Total Leucocyte Count (TLC) (Impedance/DC Detector)	6.6	10^3 /µl	4.0 - 10.0
Differential Leucocyte Count (VCS/ Microscopy)			
Neutrophils	50	%	40-75
Lymphocytes	37	%	20-40
Monocytes	7	%	0-8
Eosinophils	**6**	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,300	µl	2000-7000
Absolute Lymphocyte Count	2,442	uL	1000-3000
Absolute Monocyte Count	462	uL	200-1000
Absolute Eosinophil Count	396	µl	20-500

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Test Description	Observed Value	Unit	Reference Range
Glycosylated HB (HbA1c)			
Whole Blood HbA1c (HPLC)	4.9	%	Non diabetic:4.0-5.7 Pre-diabetes:5.7-6.4 Diabetes:>=6.5
Estimated Average Glucose (eAG) (Calculated)	94	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 ***

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