

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	MS. NEELU
EC NO.	105777
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	RAJPURA, GOBIND COLONY
BIRTHDATE	04-05-1988
PROPOSED DATE OF HEALTH CHECKUP	11-02-2023
BOOKING REFERENCE NO.	22M105777100037726E

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 **19-01-2023** till **31-03-2023**. 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
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
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
<b>General Tests</b>	<b>General Tests</b>
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

**B** बैंक ऑफ बड़ोदा  
Bank of Baroda



नाम: Neelu  
Name:

कर्मचारी फूट क्र. 105777  
E. C. No.

*Neelu*


*Neelu*


आरक्षित प्राधिकारी जे. के. ए. (सु. प्र.) के कार्यालय  
Issuing Authority DRM (CM) Ccd Region




धारक के हस्ताक्षर  
Signature of Holder

263670


 ਭਾਰਤ ਸਰਕਾਰ  
 Government of India



 ਆਧਾਰ


Issue Date: 23/11/2013


 ਨੀਲੂ  
 Neelu  
 ਜਨਮ ਮਿਤੀ/DOB: 04/05/1988  
 ਔਰਤ/ FEMALE

2555 6579 0979  
 VID : 9179 1297 6734 0188

ਮੇਰਾ ਆਧਾਰ, ਮੇਰੀ ਪਛਾਣ

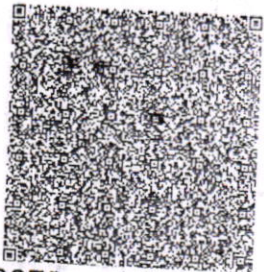

 ਭਾਰਤੀ ਵਿਲੱਖਣ ਪਛਾਣ ਅਥਾਰਟੀ  
 Unique Identification Authority of India


 ਆਧਾਰ

ਪਤਾ:  
 C/O ਰਣਜੀਤ ਸਿੰਘ, ਹਾਊਸ ਨੰ 5 ਵਾਰਡ ਨੰ, ਓਲਡ ਗਣੇਸ਼  
 ਨਗਰ, ਰਾਜਪੁਰਾ, ਪਟਿਆਲਾ,  
 ਪੰਜਾਬ - 140401

Address:  
 C/O Ranjit Singh, HOUSE NO 5 WARD NO 12,  
 OLD GANESH NAGAR, Rajpura, Patiala,  
 Punjab - 140401

Download Date: 12/10/2022



2555 6579 0979  
 VID : 9179 1297 6734 0188

1947 | help@uidai.gov.in | www.uidai.gov.in



# Ivy Hospital

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

Dr. Balvin Kaur Ghai

MBBS, MS (OBST.& GYNAE) DNB, MRCOG 1 (UK)

Consultant - Obstetrics, Gynaecology & IVF Specialist

Mobile : 9779977016

11/2/23

Mix Neelu / 34 yrs

no complaints

YSC WA s/o

subserosal fibroid  $\approx 3.4 \times 3.4$  cm  
post wall

Adv

USG WA  
after 6 mths.

Dr. Balvin Kaur Ghai  
MBBS, MS (OBST. & GYNAE) DNB  
MRCOG 1 (UK)  
Consultant - Obstetrics, Gynaecology  
& IVF Specialist  
PMC Reg No. 54331



Ivy Hospital

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

Ms Neelu

34y/f

UHID - 338273

Dr. G. Ranjeeth Kumar

MBBS, MD Medicine (PGIMER, Chandigarh)

Consultant- Internal Medicine

Mobile : 7087221001

M/2/2023

Rynder Healths checkup.

USG abd -  
Subsious of  
uterine fibroid.

Adv

U/R - NAI

Htg - 10.8 / 6.900 / 300 x 15.

TSH - 2.2

ESR - 30.

Urine RB/ME - NAI


Chol / TG / HDL / LDL

235 / 205 / 52 / 146

1) Cap. Desomegen DS (500 B1) x 1 month  
1 ————— 1  
(w- 3 fatty acid)

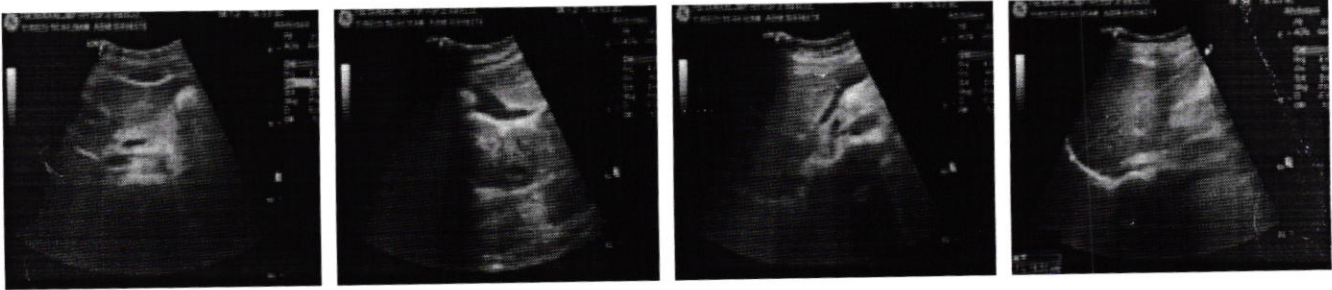
2) Rynder exercise

3) Tab. Fecrost x T 01) x 1 month

  
Dr. G. Ranjeeth Kumar  
MD Internal Medicine (PGIMER)  
Regn. No.: 88598

NAME	NEELU	SEX/AGE	F34Y
PATIENT ID	ID338273	Accession Number	
REF CONSULTANT	PACKAGE	DATE	11/02/2023 10:41

### USG WHOLE ABDOMEN



**LIVER:** is normal in size (~14.2 cm), outline and echotexture. No focal lesion is seen. IHBR are not dilated. Portal vein is normal. CBD is not dilated.

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

**SPLEEN:** is normal in size (~9.0 cm), 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 (~9.6 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

**LEFT KIDNEY:** It is normal in size (~9.9 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

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

**UTERUS:** is normal in size, outline and echotexture. ET is ~8 mm. **A heterogenous hypoechoic lesion measuring ~ 3.4 x 3.4cm in size is seen ? Subserosal location along the posterior wall of uterus - fibroid. .**

**OVARIES:** They are normal in size and echotexture. No SOL is seen.  
No free fluid is seen in peritoneal cavity.

### OPINION:

Uterine fibroid ? Subserosal.



DR GAGANDEEP SINGH SETHI  
MD RADIODIAGNOSIS

The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

**(NOT FOR MEDICO-LEGAL PURPOSE)**

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

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



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

NAME	NEELU	SEX/AGE	F34Y
PATIENT ID	ID338273	Accession Number	XR.1977-OPD
REF CONSULTANT	DR.	DATE	11/02/2023 10:46

## X-RAY CHEST PA VIEW

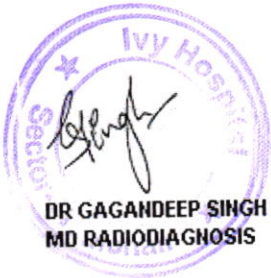
Rotation is present.

Cardiac shadow is normal.

No focal lung parenchymal lesion is seen.

Both hila are normal.

Both CP angle and domes of diaphragm are normal.



**DR GAGANDEEP SINGH SETHI**  
**MD RADIODIAGNOSIS**

The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

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IVY HOSPITAL SEC 21 MOHALLI XR 1811-CBD

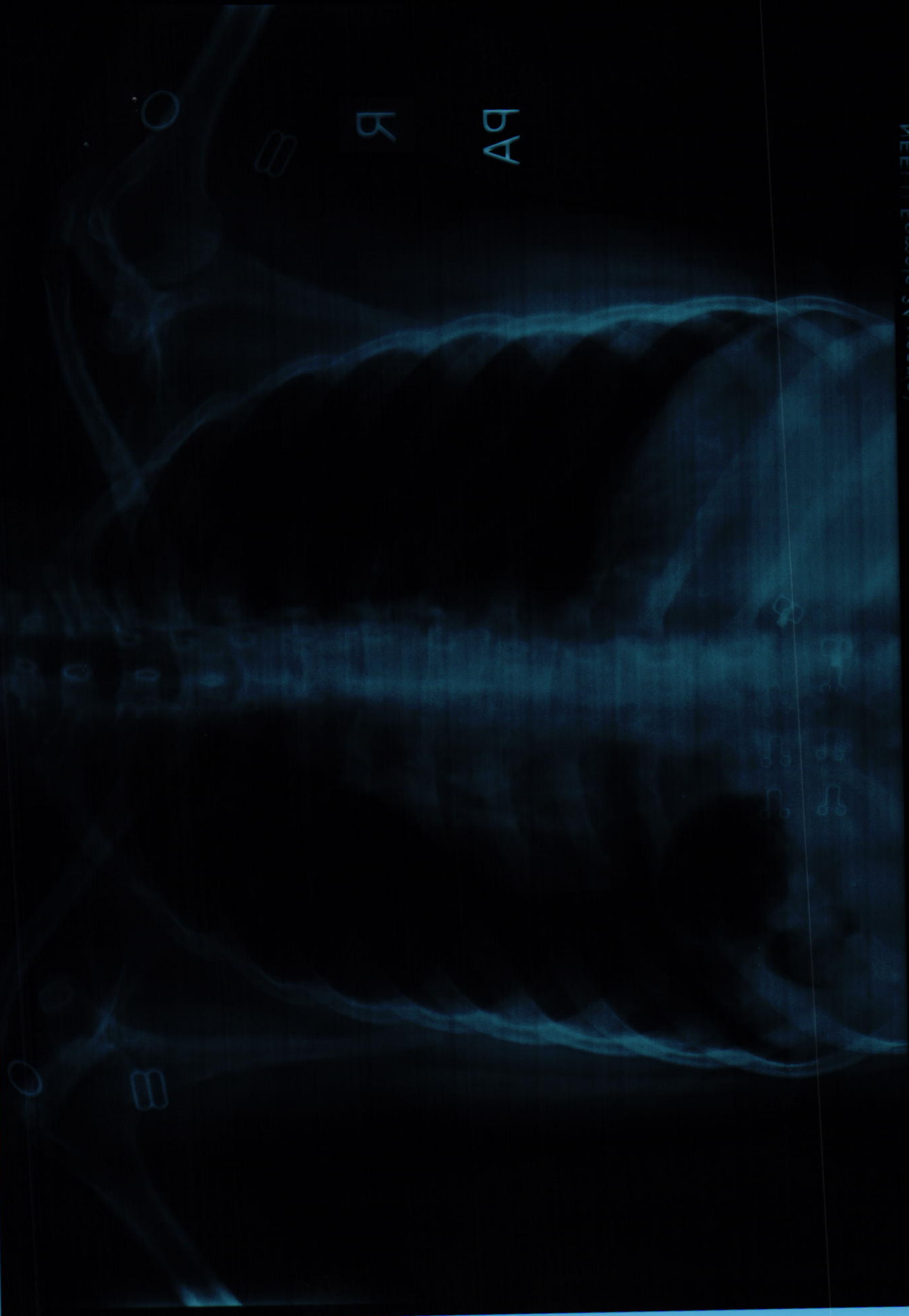
Chest PA ID338523

NEELU Female 34 Years

2005 05 10 08 05

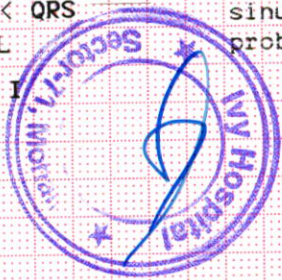
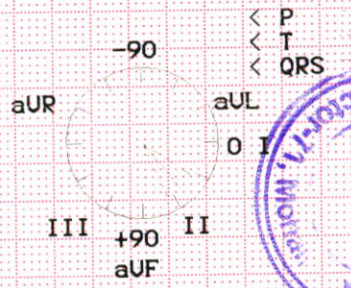
PA

R



Measurement Results:

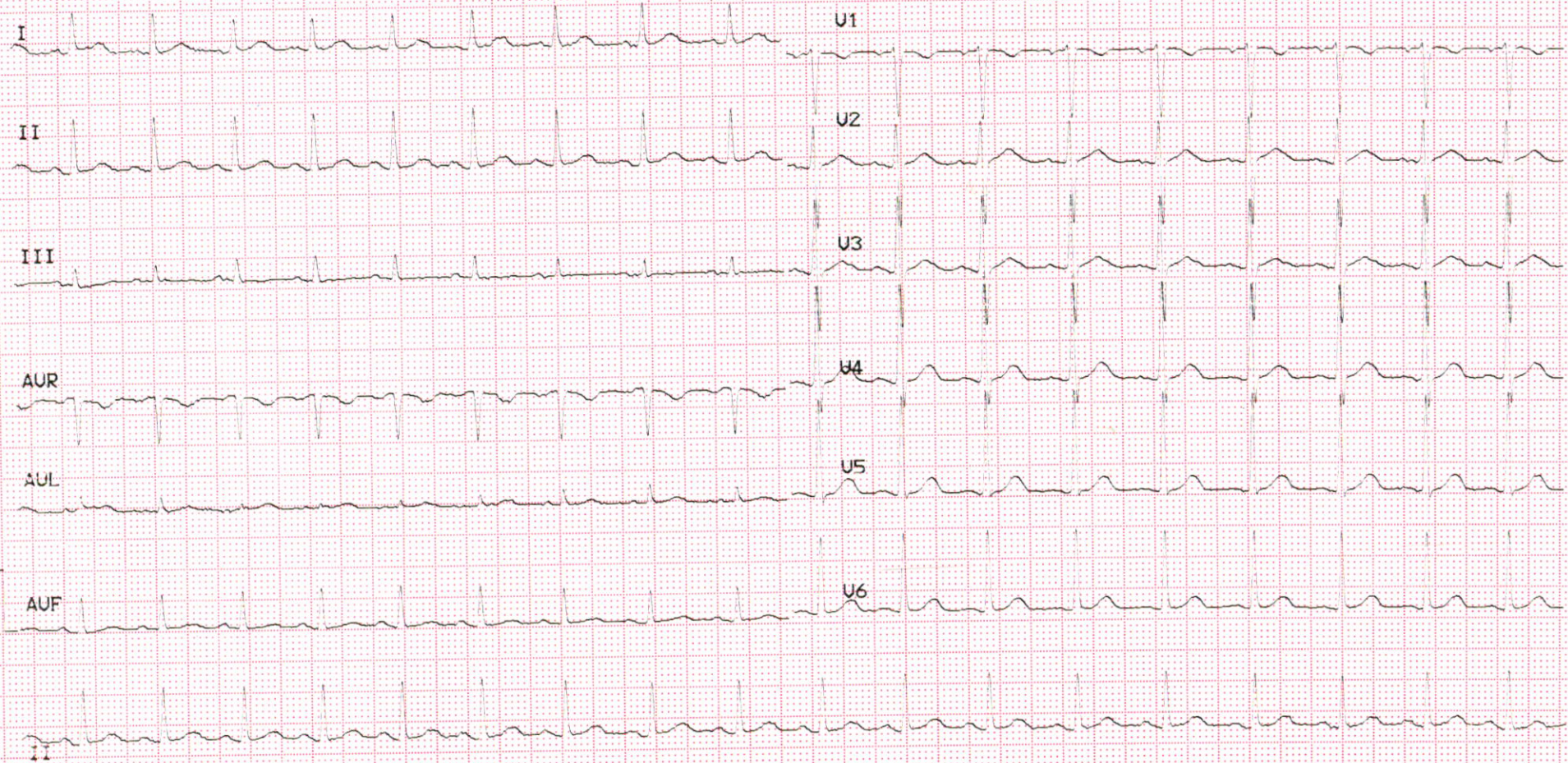
QRS	80 ms
QT/QTcB	314 / 427 ms
PR	136 ms
P	104 ms
RR/PP	542 / 540 ms
P/QRS/T	65 / 50 / 35 degrees
QTD/QTcBD	32 / 43 ms
Sokolow	2.6 mV
NK	16



Interpretation:  
sinus tachycardia  
probably abnormal ECG

Miss Neelu  
age - 34y  
ID - 338273

Unconfirmed report.





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**Tel: 0172-7170000**  
**CIN No. : U85110PB2005PTC027898**

Patient Name NEELU  
 Gender/Age Female / 35

Patient ID 338273  
 Test Date : 11 Feb 2023

## CARDIOLOGY DIVISION

### ECHOCARDIOGRAPHY REPORT

#### M Mode Parameters

	Patient	Normal
Left Ventricular ED Dimension	4.5	3.7-5.6 CM
Left Ventricular ES Dimension	3.1	2.2-4.0 CM
IVS (D)	0.8	0.6-1.2 CM
IVS (s)	1.0	0.7-2.6 CM
LVPW (D)	0.8	0.6-1.1 CM
LVPW (S)	1.0	0.8-1.0 CM
Aortic Root	2.4	2.0-3.7 CM
LA Diameter	2.8	1.9-4.0 CM

#### Indices of LV systolic Function

	Patient	Normal
Ejection Fraction	62%	54-76%
Fractional Shortening	33%	25-46%

**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= 94cm/s, A= 73cm/s

**Aortic valve:** Vmax = 112cm/s

**Pulmonary valve:** Vmax = 80cm/s

#### Chamber Size -

LV - Normal/ Enlarged LA - Normal / Enlarged

RV - Normal/ Enlarged RA - Normal/ Enlarged

RWMA - Nil

Others : Intact IAS, IVS

No LA, LV Clot seen

No vegetation or intracardiac mass present

No Pericardial effusion present

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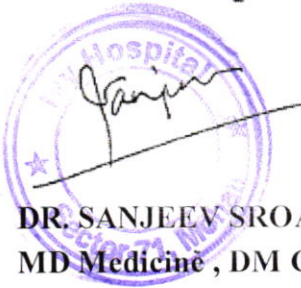
# Ivy Hospital

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

Remarks -

**FINAL IMPRESSION -**

Normal study



**DR. SANJEEV SROA**  
**MD Medicine , DM Cardiology**

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



NAME	:MISS. NEELU	Requisition Date	:11/Feb/2023 09:57AM
DOB/Gender	:04-May-1988/F	SampleCollDate	:11/Feb/2023 10:22AM
UHID	:338273	Sample Rec.Date	:11/Feb/2023 11:52AM
Inv. No.	:3116104	Approved Date	:11/Feb/2023 01:14PM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12656583		

Test Description	Observed Value	Unit	Reference Range
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**IMMUNOASSAY**

**TOTAL THYROID PROFILE**

<b>Serum Total T3</b> (CLIA/Vitros 3600)	<b>1.75</b>	<b>ng/mL</b>	<b>0.970 – 1.69</b>
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**Summary & Interpretation:**

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs T3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It Occurs under the influence of medications such as propranolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

<b>Serum Total T4</b> (CLIA/Vitros 3600)	<b>10.10</b>	<b>µg/dL</b>	<b>5.53 – 11.0</b>
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**Summary & Interpretation:**

The hormone thyroxine (T4) is the main product secreted by the thyroid gland. The major part of total thyroxine (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken 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.

<b>Serum TSH</b> (CLIA/Vitros 3600)	<b>2.200</b>	<b>mIU/L</b>	<b>0.4001 – 4.049</b>
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**Summary & Interpretation**

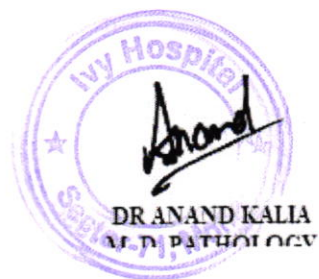
TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The determination of TSH serves as the initial test in thyroid diagnostics. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

**Note:**

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
4. Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic – Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 – 3.70
2nd Trimester	0.31 – 4.35
3rd Trimester	0.41 – 5.18

Please correlate clinically.





NAME	:MISS. NEELU	Requisition Date	:11/Feb/2023 09:57AM
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Inv. No.	:3116104	Approved Date	:11/Feb/2023 01:14PM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12656583		

**Test Description**

**HAEMATOLOGY**

**Glycosylated HB (HbA1c)**

Test Description	Observed Value	Unit	Reference Range
Whole Blood HbA1c (Boronate Affinity HPLC/Trinity)	5.8	%	Non diabetic:4.0-6.0 Target of therapy:<7.0 Change of therapy:>8.0
Estimated Average Glucose (eAG) (Calculated)	120	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





NAME	:MISS. NEELU	Requisition Date	:11/Feb/2023 09:57AM
DOB/Gender	:04-May-1988/F	SampleCollDate	;11/Feb/2023 10:22AM
UHID	:338273	Sample Rec.Date	;11/Feb/2023 10:32AM
Inv. No.	:3116104	Approved Date	:11/Feb/2023 10:58AM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12656583		

Test Description	Observed Value	Unit	Reference Range
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**HAEMATOLOGY**

**BLOOD GROUP RH TYPE**

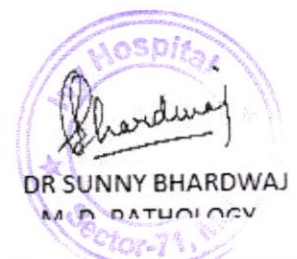
**ABO & RH Typing**

**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
<b>Final Blood Group</b>	<b>O 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.
- \* 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.





NAME	:MISS. NEELU	Requisition Date	:11/Feb/2023 09:57AM
DOB/Gender	:04-May-1988/F	SampleCollDate	:11/Feb/2023 11:34AM
UHID	:338273	Sample Rec.Date	:11/Feb/2023 11:34AM
Inv. No.	:3116104	Approved Date	:11/Feb/2023 02:08PM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12656583		

Test Description	Observed Value	Unit	Reference Range
<b>BIOCHEMISTRY</b>			
<b>GLUCOSE FASTING</b>			
Primary Sample Type:Fluoride Plasma			
Plasma Glucose Fasting <small>(Hexokinase/ AU480)</small>	96	mg/dL	< 106 Normal 107 - 125 Impaired Tolerance >126 Diabetic
<b>RFT (RENAL FUNCTION TESTS)</b>			
Serum Urea <small>(Urease GLDH/AU480)</small>	23.00	mg/dl	17-43
Serum Creatinine <small>(JAFKE KINETIC/ AU480)</small>	0.50	mg/dl	0.51-0.95
Serum Uric acid <small>(Uricase/AU480)</small>	5.00	mg/dl	2.6- 6.0
<b>LIVER FUNCTION TEST WITH GGT</b>			
Serum Bilirubin Total <small>(DPD AU 480)</small>	0.50	mg/dL	0.3-1.2
Serum Bilirubin Direct <small>(DPD/AU 480)</small>	0.10	mg/dl	<0.3
Serum Bilirubin Indirect <small>(Calculated)</small>	0.40	mg/dl	0.1-1.0
Serum SGOT(AST) <small>(IFCC Without PSP/ AU 480)</small>	20	U/L	<35
Serum SGPT(ALT) <small>(IFCC Without PSP/ AU 480)</small>	20	U/L	<50
Serum AST/ALT Ratio <small>(Calculated)</small>	1.00		
Serum GGT <small>(IFCC/AU 480)</small>	18	IU/L	5-32
Serum Alkaline Phosphatase <small>(IFCC PNPAMPKinetic/AU 480)</small>	85	U/L	30-120
Serum Protein Total <small>(Biuret)</small>	8.1	gm/dl	6.40 - 8.20
Serum Albumin <small>(BCG/AU 480)</small>	4.6	g/dL	3.5-5.2
Serum Globulin <small>(Calculated)</small>	3.50	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio <small>(Calculated)</small>	1.31	%	1.0 - 1.8







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Inv. No.	:3116104	Approved Date	:11/Feb/2023 02:08PM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12656583		

**Test Description**

**Observed Value**

**Unit**

**Reference Range**

**LIPID PROFILE**

Serum Cholesterol  
(CHO POD/AU 480)

239

mg/dL

Desirable:<200  
Borderline High:200-239  
High: > 240

Serum Triglycerides  
(Lipase GPO-PAP/ AU480)

205

mg/dL

<150 Normal  
150-199 Borderline High  
200-499 High  
>500 Very High

Serum HDL Cholesterol  
(Immunoenzymatic/AU 480)

52

mg/dL

<40 Major risk factor for CHD  
>60 Negative risk factor for CHD

Serum VLDL cholesterol  
(Calculated)

41

mg/dL

7-35

Serum LDL cholesterol  
(Calculated)

146

mg/dL

50-100

Serum Cholesterol-HDL Ratio  
(Calculated)

4.60

3-5

Serum LDL-HDL Ratio  
(Calculated)

2.81

1.5 - 3.5

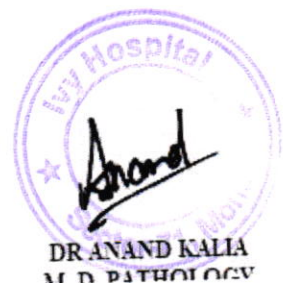
Polo Labs





NAME	:MISS. NEELU	Requisition Date	:11/Feb/2023 09:57AM
DOB/Gender	:04-May-1988/F	Sample CollDate	:11/Feb/2023 11:34AM
UHID	:338273	Sample Rec.Date	:11/Feb/2023 11:34AM
Inv. No.	:3116104	Approved Date	:11/Feb/2023 02:08PM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12656583		

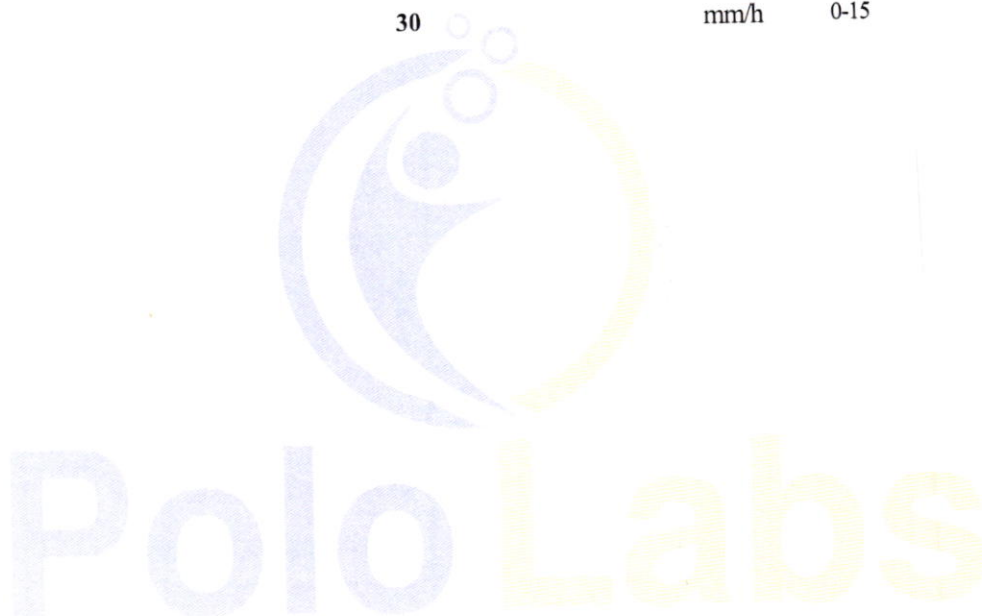
Test Description	Observed Value	Unit	Reference Range
<b>CLINICAL PATHOLOGY</b>			
<b>COMPLETE URINE EXAMINATION</b>			
<u>Physical Examination</u>			
Urine Volume	25.00	mL	
Urine Colour	Yellow		Light Yellow
Urine Appearance	slightly hazy		Clear
<u>Chemical Examination (Reflectance Photometry)</u>			
Urine pH	6.00		4.8-7.6
Urine Specific Gravity	1.030		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein (Protein Ionization)	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		Absent
Urine Nitrite	Absent		Absent
<u>Microscopic Examination</u>			
Urine Pus Cells	8-10		0-5
Urine RBC	3-4	/hpf	Absent
Urine Epithelial Cells	12-15	/hpf	0-5
Urine Casts	Absent	/lpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent



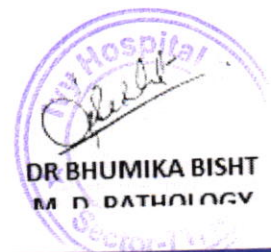


NAME	:MISS. NEELU	Requisition Date	:11/Feb/2023 09:57AM
DOB/Gender	:04-May-1988/F	Sample CollDate	:11/Feb/2023 10:22AM
UHID	:338273	Sample Rec.Date	:11/Feb/2023 10:23AM
Inv. No.	:3116104	Approved Date	:11/Feb/2023 11:00AM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12656583		

Test Description	Observed Value	Unit	Reference Range
<b>HAEMATOLOGY</b>			
<b>ESR</b>			
Primary Sample Type:EDTA Blood			
ESR <small>(Automated ESR analyser)</small>	30	mm/h	0-15



The highlighted values should be correlated clinically





NAME	:MISS. NEELU	Requisition Date	:11/Feb/2023 09:57AM
DOB/Gender	:04-May-1988/F	SampleCollDate	:11/Feb/2023 10:22AM
UHID	:338273	Sample Rec.Date	:11/Feb/2023 10:23AM
Inv. No.	:3116104	Approved Date	:11/Feb/2023 11:00AM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12656583		

Test Description	Observed Value	Unit	Reference Range
<b>COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)</b>			
Haemoglobin <small>(Noncyanmethhaemoglobin)</small>	<b>10.8</b>	g/dl	12.0 - 15.0
Hematocrit(PCV) <small>(Calculated)</small>	35.0	%	33-45
Red Blood Cell (RBC) <small>(Impedence/DC Detection)</small>	4.50	10 <sup>6</sup> / μl	3.8-4.8
Mean Corp Volume (MCV) <small>(Impedence/DC Detection)</small>	<b>77.3</b>	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	<b>23.8</b>	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	<b>30.9</b>	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	<b>18.5</b>	%	11-15
Platelet Count <small>(Impedence/DC Detection/Microscopy)</small>	300	10 <sup>3</sup> /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedence/DC Detection)</small>	<b>11.0</b>	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedence/DC Detection)</small>	6.9	10 <sup>3</sup> / μl	4.0 - 10.0
<b>Differential Leucocyte Count (VCS/ Microscopy)</b>			
Neutrophils	61	%	40-75
Lymphocytes	29	%	20-40
Monocytes	7	%	0-8
Eosinophils	3	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	4,209	μl	2000-7000
Absolute Lymphocyte Count	2,001	uL	1000-3000
Absolute Monocyte Count	483	uL	200-1000
Absolute Eosinophil Count	207	μl	20-500

\*\*\* End Of Report \*\*\*



The highlighted values should be correlated clinically

