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Ivy Hospital

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

To
Medi Wheel,
Aravfemi Health Care Ltd.
F-70/3, Lado Sarai, Mehrauli
New Delhi - 110 030

Subjects: Submission of Bills (Health Packages)

Dear Sir,

Please find here with bill enclosed with bill no 2023241034840. 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 2550/-

1. Appointment Letter.
2. ID Proof.
3. Bill
4. Medical Reports

Name	Booking Date	Beneficiary Code	Bill no	Amount
SANDEEP KUMAR	bobE41646	37063	2023241034840	2550



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-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

Fwd: Health Check up Booking Confirmed Request(bobE41646),Package Code-PKG10000236, Beneficiary...

Subject: Fwd: Health Check up Booking Confirmed Request(bobE41646),Package Code-PKG10000236, Beneficiary Code-37063
From: sk bhagal <skbhagal@gmail.com>
Date: 08/07/23, 10:10:31
To: mainreception@ivyhospital.com

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

From: Mediwheel <customersare@mediwheel.in>
Date: Tue, 4 Jul, 2023, 4:24 pm
Subject: Health Check up Booking Confirmed Request(bobE41646),Package Code-PKG10000236, Beneficiary Code-37063
To: <skbhagal@gmail.com>
Cc: <customersare@mediwheel.in>

011-41195959

Email:wellness@mediwheel.in

Dear **MR. KUMAR SANDEEP,**

Please find the confirmation for following request.

Booking Date : 04-07-2023
Package Name : Medi-Wheel Full Body Health Checkup Male Above 40
Name of Diagnostic/Hospital : Ivy Hospital
Address of Diagnostic/Hospital : Sector - 71 , Mohali
Contact Details : 9041345708
City : Mohali
State : PUNJAB
Pincode : 160071
Appointment Date : 08-07-2023
Confirmation Status : Confirmed
Preferred Time : 8:00am-8:30am
Comment : APPOINTMENT TIME 8:30AM

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.

3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test
2. It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.
In case of further assistance, Please reach out to Team Mediwheel.

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बैंक ऑफ बड़ोदा
Bank of Baroda

भारत का अंतर्राष्ट्रीय बैंक

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नाम

Name

: SANDEEP KUMAR

कर्मचारी कूट.क्र.

E. C. No.

: 158308

जारीकर्ता प्राधिकारी, उ.क्षे.प्र., क्षे.का., करनाल

Issuing Authority DRM, RO, Karnal



धारक के हस्ताक्षर

Signature of Holder



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भारत सरकार

Government of India



संदीप कुमार

Sandeep Kumar

जन्म तिथि / DOB : 13/11/1976

पुरुष / Male



5451 6414 9551

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

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Unique Identification Authority of India

पता: S/O: लछमन दास, # 2860,
सीएचबी फ्लैट्स, सेक्टर 49-डी,
चंडीगढ़, सेक्टर ४७, चंडीगढ़, चंडीगढ़,
160047

Address: S/O: Lachhman Dass, # 2860,
CHB Flats, Sector 49-D, Chandigarh,
Sector 47, Chandigarh, 160047

5451 6414 9551



1947

1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in



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CIN No.: U85110PB2005PTC027898

Dr. Mukesh Vats
MBBS, MS, FVRS
(Ophthalmologist)
Retina Specialist & Phaco Surgeon
PMC Reg. No.: 45034
Mobile: +91-9357519888

Sandeep kuma
46 y/M
FD: 373470

H10 DM ⊕
HTN ⊕

8/12/23

VMT 6/6
8/12 P
(aided)

do general check-up
ALS - WNL.

fundus ↑ / disc + Macula. ⊕

Adv: Both eyes fundus photo.

FOPT 16/16

Review for detailed exam

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



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Mr. Sandeep Kumar

487/m

VAID-373470

Dr. G. Ranjeeth Kumar
MBBS, MD Medicine (PGIMER, Chandigarh)
Consultant- Internal Medicine
Mobile : 7087221001

FSH - 3.5
FBS - 164 251/1.

PE - 34/120
BP - 104/68

kl/4 T2DM/H1N1,
Dyslipidemia

RFT - 27/0.1.

chol / TG / HDL / LDL
237 / 136 / 50 / 160.

HsA1c - 13.6

USG abd - for PFD, kidney
Prostate hypertrophy

EKG - NCR

2D Echo - EF 55%
No PWD

→ Aggravated BP & RBS monitoring.

1) Tab. JUVIGLIM - M

Glimperide + metformin
2mg + 500mg (B1)

RBF _____ RDN

2) Tab. SITACOSE - M 50/500

RBF _____ RDN

3) Tab. Razeel [Rosuvastatin] 10mg OD HS

_____ /.



NAME	SANDEEP KUMAR	SEX/AGE	M46Y
PATIENT ID	ID373470	Accession Number	XN.14587-23-DPD
REF CONSULTANT		DATE	08/07/2023 11:55

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 RADIOLOGY

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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Measurement Results:

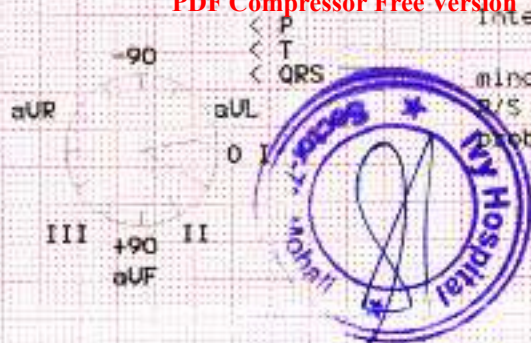
QRS	104 ms
QT/QTcB	366 / 424 ms
PR	148 ms
P	116 ms
RR/PP	744 / 750 ms
P/QRS/T	60 / -10 / 30 degrees
QTd/QTcd	48 / 56 ms
Sokolow	1.8 mV
NK	11

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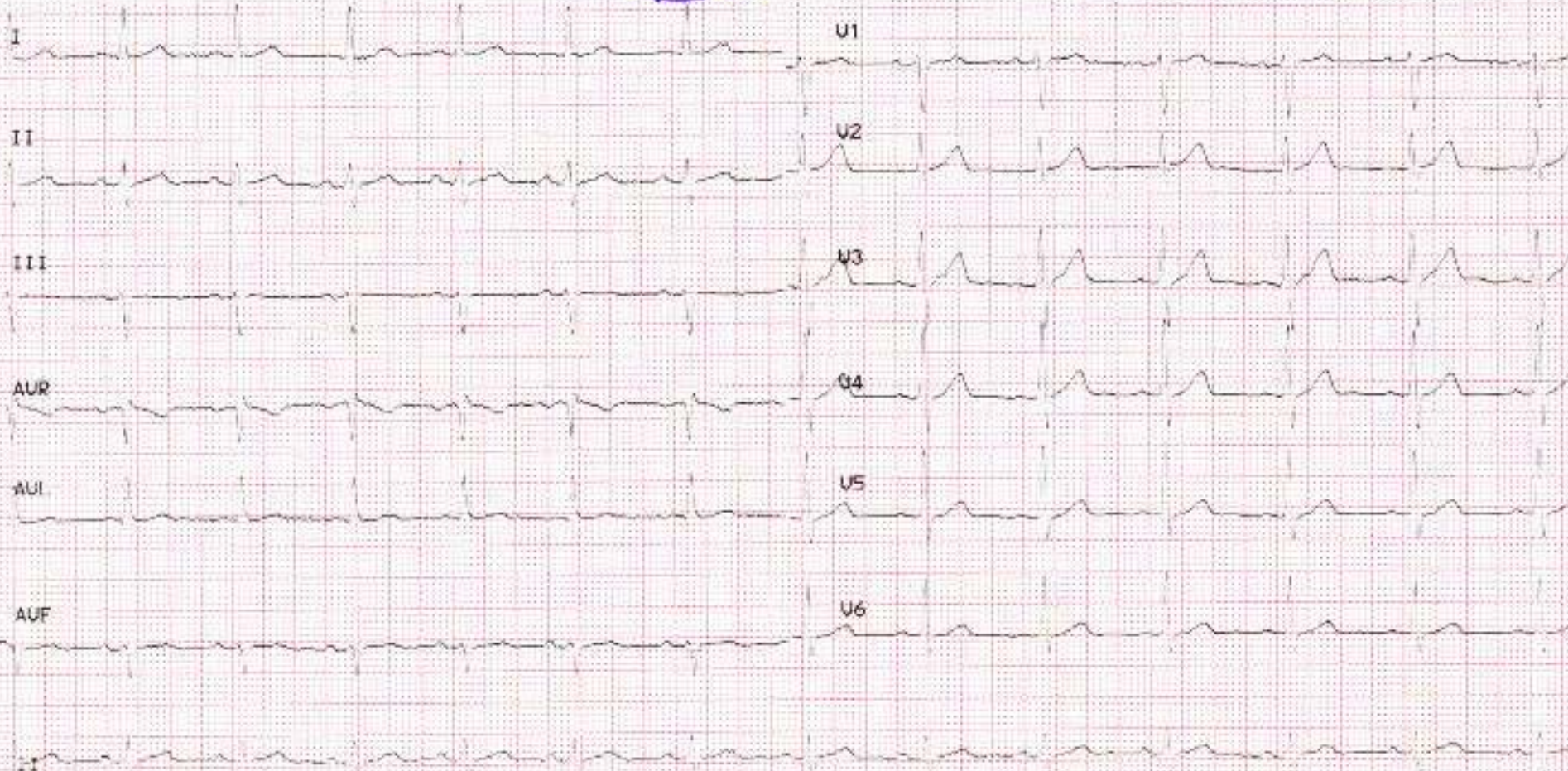
Interpretation:

minor left axis deviation
 R/S inversion area between U1 and U2
 probably normal ECG

Mr. Sandeep Kumar
 UHIO - 373470
 Age - 46 / M



Unconfirmed report.





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

Patient Name SANDEEP KUMAR Patient ID 373470
 Gender/Age Male / 47 Test Date : 08 Jul 2023

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	3.8	3.7-5.6 CM
Left Ventricular ES Dimension	2.4	2.2-4.0 CM
IVS (D)	1.2	0.6-1.2 CM
IVS (s)	1.6	0.7-2.8 CM
LVPW (D)	0.8	0.6-1.1 CM
LVPW (S)	1.2	0.8-1.0 CM
Aortic Root	3.0	2.0-3.7 CM
LA Diameter	2.8	1.9-4.0 CM

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

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

Aortic Valve : Thin Trileaflet open completely with central closure

Tricuspid Valve : Thin, opening well with no prolapse

Pulmonary Valve : Thin, Pulmonary Artery not dilated

Pulse & CW Doppler : Mitral valve: E= 77cm/s, A= 65cm/s

Aortic valve: Vmax = 178cm/s

Pulmonary valve: Vmax = 88cm/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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Remarks -

FINAL IMPRESSION -

No RWMA of LV

Normal LV systolic function (LVEF~55%)



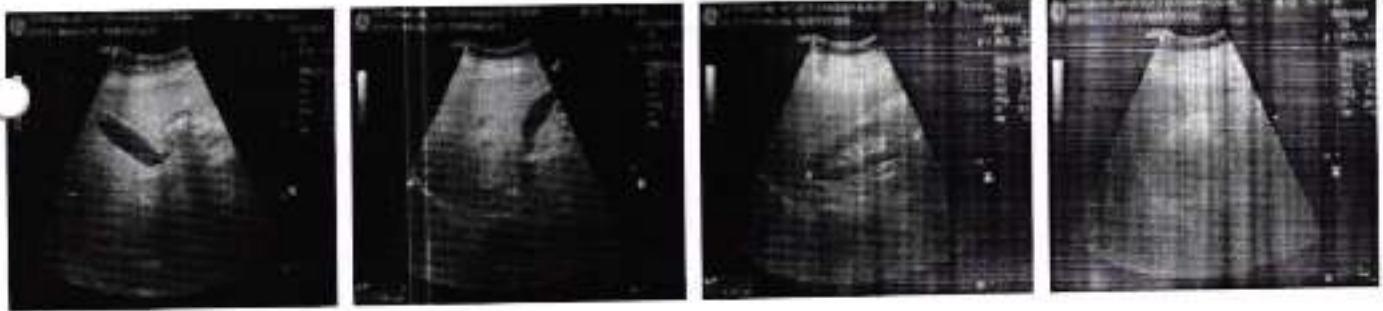
DR. RAKESH BHUTUNGRU

Director-Non Invasive Cardiology
MBBS, MD(Medicine), DM(Cardiology)
PMC-42588

(NOT FOR MEDICO-LEGAL PURPOSE)

NAME	SANDEEP KUMAR	SEX/AGE	M46Y
PATIENT ID	ID373470	Accession Number	
REF CONSULTANT	PACKAGE	DATE	08/07/2023 10:53

USG WHOLE ABDOMEN



LIVER: is enlarged in size (~ 17cm) and shows increased echogenicity. No focal lesion is seen. IHBR are not dilated. Portal vein is normal. CBD is not dilated.

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

SPLEEN: is normal in size (~ 9cm), outline and echotexture. No focal lesion is seen.

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

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

LEFT KIDNEY: It is normal in size (~ 10.5cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

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

PROSTATE: is prominent in size (~ 25cc).

No free fluid is seen in peritoneal cavity.

IMPRESSION:

Hepatomegaly with fatty liver Grade II.

Borderline prostatomegaly



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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R

SANGHVI KUMAR MURUGESH

21/07/24 03:54:03

IVY HOSPITAL SEC 71 MOHALI

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Polo Labs, Ivy Hospital, Sector 71,
Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: care@pololabs.in

NAME	: MR. SANDEEP KUMAR	Requisition Date	: 08/Jul/2023 10:41AM
DOB/Gender	: 13-Nov-1976/M	Sample Coll Date	: 08/Jul/2023 10:52AM
UHID	: 373470	Sample Rec Date	: 08/Jul/2023 10:52AM
Inv. No.	: 3512902	Approved Date	: 08/Jul/2023 12:18PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12884386		

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 <small>(CLIA/Vitro 3600)</small>	1.15	ng/mL	0.970 – 1.69
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Summary & Interpretation:

Thyroxine (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.

Serum Total T4 <small>(CLIA/Vitro 3600)</small>	13.90	µg/dL	5.53 – 11.0
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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.

Serum TSH <small>(CLIA/Vitro 3600)</small>	3.500	mIU/L	0.4001 – 4.049
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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 diagnosis. 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 mIU/ml.
1st Trimester	0.05 – 3.70
2nd Trimester	0.31 – 4.35
3rd Trimester	0.41 – 5.18



The highlighted values should be correlated clinically





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Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

PSA TOTAL

Serum PSA Total (CLIA/Verio 5000)	0.50	ng/mL	<4.0
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Utility & Interpretation:
Elevated concentrations of PSA in serum are generally indicative of a pathologic condition of the prostate (prostatitis, benign hyperplasia, or carcinoma). PSA determinations are employed for 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, laser treatment or resection) can lead to PSA elevations of varying duration and magnitude.

BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting (Hexokinase AU480)	164	mg/dL	< 106 Normal 107 - 125 Impaired Tolerance >126 Diabetic
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RFT (RENAL FUNCTION TESTS)

Serum Urea (Urease HL/DIF/AL680)	27.00	mg/dl	17-43
Serum Creatinine (JAFFE KINETIC AU480)	0.60	mg/dl	0.67-1.17
Serum Uric acid (Uricase AU480)	5.50	mg/dl	3.5-7.2



The highlighted values should be correlated clinically





NAME : MR. SANDEEP KUMAR
DOB/Gender : 13-Nov-1976/M
UHID : 373470
Inv. No. : 3512902
Panel Name : Ivy Mohali
Bar Code No : 12884386

Requisition Date : 08/Jul/2023 10:41AM
Sample CollDate : 08/Jul/2023 10:52AM
Sample Rec.Date : 08/Jul/2023 10:52AM
Approved Date : 08/Jul/2023 12:26PM
Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST WITH GGT			
Serum Bilirubin Total (IFD-A1 483)	0.70	mg/dL	0.3-1.2
Serum Bilirubin Direct (IFD-A1 481)	0.10	mg/dl	<0.3
Serum Bilirubin Indirect (Calculated)	0.60	mg/dl	0.1-1.0
Serum SGOT(AST) (IFCC Method 750/AL 484)	21	U/L	<35
Serum SGPT(ALT) (IFCC Method 750/AL 486)	34	U/L	<50
Serum AST/ALT Ratio (Calculated)	0.62		
Serum GGT (IFD-A1 485)	32	IU/L	9-52
Serum Alkaline Phosphatase (IFCC Method 750/AL 480)	144	U/L	30-120
Serum Protein Total (IFCC)	6.8	gm/dl	6.40 - 8.20
Serum Albumin (IFD-A1 486)	4.3	g/dL	3.5-5.2
Serum Globulin (Calculated)	2.50	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.72	%	1.0 - 1.8



The highlighted values should be correlated clinically





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Panel Name	: Ivy Mohali	Referred Doctor	: Self
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Test Description	Observed Value	Unit	Reference Range
LIPID PROFILE			
Serum Cholesterol (CHD RISKAL 495)	237	mg/dL	Desirable: <200 Borderline High: 200-239 High: > 240
Serum Triglycerides (non-FDP-PAP AC48E)	136	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol (HDL-C) (AC 490)	50	mg/dL	<40 Major risk factor for CHD >60 Negative risk factor for CHD
Serum VLDL cholesterol (Calculated)	27	mg/dL	7-35
Serum LDL cholesterol (Calculated)	160	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	4.74		3-5
Serum LDL-HDL Ratio (Calculated)	3.20		1.5 - 3.5



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DR. BHUMIKA BISHT
MOHALI PATHOLOGY



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CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	20.00	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>(Protein Excretion)</small>	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		Absent
Urine Nitrite	Absent		Absent

Microscopic Examination

Urine Pus Cells	1-2		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	0-1	/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

HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR <small>(Unrefrigerated ESR - subject)</small>	32	mm/hr	0-10
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DR BHUMIKA BISHT
M.D. PATHOLOGY



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UHID	: 373470	Sample Rec. Date	: 08/Jul/2023 10:52 AM
Inv. No.	: 3512902	Approved Date	: 08/Jul/2023 11:35 AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12884386		

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin <small>(Nephelometric Photometry)</small>	13.9	g/dl	13.0 - 17.0
Hematocrit(PCV) <small>(Calculated)</small>	43.0	%	36-48
Red Blood Cell (RBC) <small>(Impedance/DC Detection)</small>	4.80	$10^6 / \mu\text{l}$	4.5-5.5
Mean Corp Volume (MCV) <small>(Impedance/DC Detection)</small>	88.7	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	28.7	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	32.3	g/vdl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	13.0	%	11-15
Platelet Count <small>(Impedance/DC Detection/Microscopy)</small>	187	$10^3 / \mu\text{l}$	150-450
Mean Platelet Volume (MPV) <small>(Impedance/DC Detection)</small>	14.0	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedance/DC Detection)</small>	6.7	$10^3 / \mu\text{l}$	4.0 - 10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	72	%	40-75
Lymphocytes	16	%	20-40
Monocytes	8	%	0-8
Eosinophils	4	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	4,824	μl	2000-7000
Absolute Lymphocyte Count	1,072	μL	1000-3000
Absolute Monocyte Count	536	μL	200-1000
Absolute Eosinophil Count	268	μl	20-500

The highlighted values should be correlated clinically




DR ANAND KALIA
MD, PATHOLOGY



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MC-5673



POLO LABS PVT LTD

Polo Labs, F-317, Industrial Area,

Phase 8B, Mohali, Punjab

Ph: 1800-123-0094, 9888814844

Email: care@pololabs.in

NAME : MR. SANDEEP KUMAR

DOB/Gender : 13-Nov-1976/M

UHID : 373470

Inv. No. : 3512902

Panel Name : Ivy Mohali

Bar Code No : 12884386

Requisition Date : 08/Jul/2023 10:41AM

Sample Coll Date : 08/Jul/2023 10:52AM

Sample Rec. Date : 08/Jul/2023 11:48AM

Approved Date : 08/Jul/2023 01:17PM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c <small>(Biossaya Affinity HPLC/Imm)</small>	13.6	%	Non diabetic: 4.0-6.0 Target of therapy: <7.0 Change of therapy: >8.0
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Estimated Average Glucose (eAG) <small>(Calculated)</small>	344	mg/dL	
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ADA criteria for correlation between HbA1c & Mean plasma glucose levels:
(Last three month's average).

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



Dr. VARUN HATWAL
M.D. PATHOLOGY



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NAME	: MR. SANDEEP KUMAR	Requisition Date	: 08/Jul/2023 10:41AM
DOB/Gender	: 13-Nov-1976/M	Sample Coll Date	: 08/Jul/2023 11:52AM
UHID	: 373470	Sample Rec. Date	: 08/Jul/2023 11:52AM
Inv. No.	: 3512902	Approved Date	: 08/Jul/2023 12:50PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12884386		

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	POSITIVE
Anti AB	POSITIVE
Anti D	POSITIVE
Reverse Grouping A Cells	POSITIVE
Reverse Grouping B Cells	Negative
Reverse Grouping O Cells	Negative
Final Blood Group	B POSITIVE

NOTE:-

- * Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- * So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of maternal antibodies in newborns, may interfere with blood grouping.
- * Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

*** End Of Report ***



DR ANAND KALIA
M.D. PATHOLOGY