

Jain, Sulabh

**From:** Sulabh Jain <jainsulabh25@gmail.com>  
**Sent:** 05 March 2024 13:01  
**To:** Jain, Sulabh  
**Subject:** Fwd: Health Check up Booking Request(UBOIE3922), Beneficiary Code-170646

You don't often get email from jainsulabh25@gmail.com. [Learn why this is important](#)

कृपया सावधानी बरतें एवं ध्यान दें: यह ई-मेल बाहर से प्राप्त हुई है, कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जांचें (केवल प्रेषक का नाम ही नहीं), प्रेषक की पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्न को न खोलें और पहचानने की दी गई सामग्री सुरक्षित है अथवा नहीं, संदिग्ध मेल के संबंध में, कृपया [antiphishing\[Dot\]ciso\[At the rate\]unionbankofindia\[Dot\]bank](#) पर रिपोर्ट करें

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

**From:** Mediwheel <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>  
**Date:** Thu, 29 Feb 2024, 13:09  
**Subject:** Health Check up Booking Request(UBOIE3922), Beneficiary Code-170646  
**To:** <[jainsulabh25@gmail.com](mailto:jainsulabh25@gmail.com)>  
**Cc:** <[customercare@mediwheel.in](mailto:customercare@mediwheel.in)>



011-41195959

Dear SULABH JAIN,

We have received your booking request for the following health checkup, please upload your approval letter as soon as possible to enable us to confirm your booking.

[Upload HRM Letter](#)

**User Package Name** : MediWheel Full Body Health Checkup Male 35 to 40  
**Name of Diagnostic/Hospital** : Ivy Hospital  
**Address of Diagnostic/Hospital-** : Sector - 71, Mohali  
**Appointment Date** : 08-03-2024  
**Preferred Time** : 8:00am

**Member Information**

Booked Member Name	Age	Gender
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Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - CHANDIGARH  
64/65, BANK SQUARE, SECTOR 17-B,  
Chandigarh, Pin - 160 017., , Chandigarh-  
172

To,

The Chief Medical Officer

M/S Mediwheel  
<https://mediwheel.in/signup011-41195959>(A brand name of  
Arcofemi Healthcare Ltd),  
Mumbai400021

Dear Sir,

**Tie-up arrangement for Health Checkup under Health Checkup**

**Executive Male 35+**

**Shri/Smt./Kum. JAIN.SULABH**

**P.F. No. 572672**

**Designation : CHIEF MANAGER**

**Checkup for Financial Year 2023-2024**

**Approved Charges Rs.**

**4000.00**

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup(for Executives) at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank

Please send the receipt of the above payment and the relevant reports to our above address:

Thanking you,

Yours Faithfully,

(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER

**PS : Status of the application- Sanctioned**

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter



*(Handwritten signature)*

भारत सरकार  
Government of India

Issue Date: 12/08/2011



गुलब जैन  
Gulab Jain  
समल लिंग / DOB: 25/08/1988  
पुरुष / MALE

6909 1097 8677

ਮੇਰਾ ਆਧਾਰ, ਮੇਰੀ ਪਛਾਣ

भारत सरकार  
Unique Identification Authority of India

Print Date: 06/11/2020

पता: S/O सदैव कुमार जैन, मकान नंबर 140  
शिव विहार, जलंधर, जलंधर - 144003

Address: S/O Sandeep Kumar Jain, H.NO  
158 SHIV VIHAR, JALANDHAR  
Jalandhar, Punjab, 144003



6909 1097 8677

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



Name: Mr. Sulabh Jain UHID: 497109  
 Age: 35 yrs/m Consultant: Dr. G. Ranjeeth Kumar Date: 05/03/24  
 BP: 112/97 Pulse: 100 RR: \_\_\_\_\_ Temp: \_\_\_\_\_ Pain: \_\_\_\_\_  
 Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Allergies: \_\_\_\_\_ Nutritional Assessment: Yes/No  
 Diagnosis / DD: \_\_\_\_\_  
 Complaint: \_\_\_\_\_

Investigations	Clinical Notes
UPR - PA - NAI USG abd - for fatty liver 2D ECHO - EF 55% NA KUB Bldg - NSR TSH - 3.4 RFT - 26/14 HbA1c - 16.1/100/25 LDL - 179 mg/dl	Regular health checkup F (Hb A1c) ? Asth Allergic bronchitis Allergic Asthma ? Familial hypercholesterolemia Adv 1) Tab. Montelukast 10/120 mg OD 45 x 10 days low fat diet & regular exercise

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
	2) Tab. Rosuvastatin 5mg	OD	HS	1		
	Repeat fasting lipid profile Bldg, TMT, ECHO					
						every 6 months

Follow up

Dr. G. Ranjeeth Kumar  
 MD Internal Medicine  
 Reg. No.: 8835  
 Sign & Stamp



# Ivy Hospital

SUPER-SPECIALITY HEALTHCARE  
SECTOR 71, MOHALI  
Tel: 0172-7170000  
CIN No.: U85110PB2005WTC027898

Name: SULABH JAIN UHID: 3383364  
 Age: 35/M Consultant: Dr. Mukesh Vats Date: 8/3/24  
 BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ RR: \_\_\_\_\_ Temp: \_\_\_\_\_ Pain: \_\_\_\_\_  
 Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Allergies: \_\_\_\_\_ Nutritional Assessment: Yes/No  
 Diagnosis / DD: \_\_\_\_\_  
 Complaint: \_\_\_\_\_

Investigations

mmf glk  
glk  
(U.A)

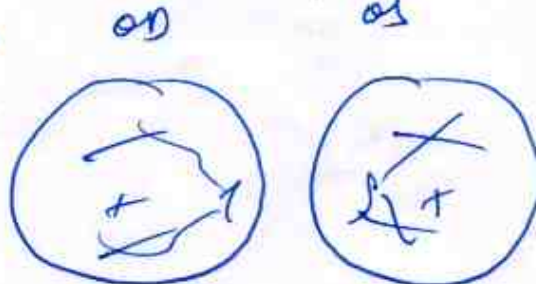
Top 16  
16

Clinical Notes

no formal check-up Pupil - - RNSW

ALS - WNL

fundus



Disc + Macula - (N)

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
		ADV		Review	annually	100s

Dr. Mukesh Vats  
M.B.B.S  
Retina Consultant & Phaco Surgeon  
172-40000

Follow up

Sign & Stamp

**E-CARDIOPRINT**

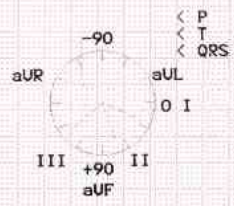
GE MAC1200 ST IIVY HOSPITAL MOHALI

Mr. Sulabh Jain  
A. P. :- 35y/M

HR 95 bpm

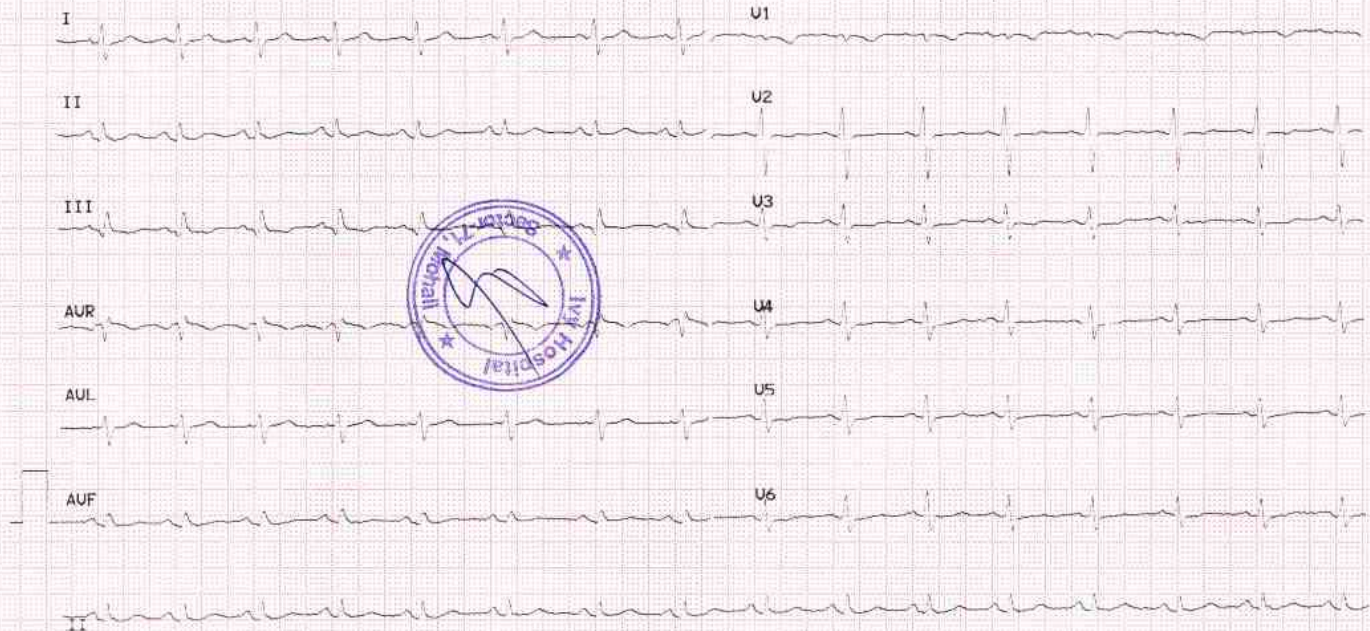
Measurement Results:

QRS	:	108 ms
QT/QTcB	:	348 / 439 ms
PR	:	136 ms
P	:	106 ms
RR/PP	:	628 / 630 ms
P/QRS/T	:	70/ 140/ 25 degrees
QTD/QTcBD	:	76 / 96 ms
Sokolow	:	0.4 mV
NK	:	14



Interpretation:  
suspected right ventr. hypertrophy  
right axis deviation  
possible electrode problem  
probably abnormal ECG

Unconfirmed report.





# Ivy Hospital

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

Patient Name    **SULABH JAIN**  
 Gender/Age     **Male / 36**

Patient ID:        **427109**  
 Test Date :        **08 Mar 2024**

## CARDIOLOGY DIVISION

### ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.2	3.7-5.6 CM
Left Ventricular ES Dimension	2.6	2.2-4.0 CM
IVS (D)	0.8	0.6-1.2 CM
IVS (s)	1.2	0.7-2.6 CM
LVPW (D)	1.1	0.6-1.1 CM
LVPW (S)	1.3	0.8-1.0 CM
Aortic Root	2.8	2.0-3.7 CM
LA Diameter	3.5	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= 67cm/s, A= 98cm/s, E<A

**Aortic valve:** Vmax = 118cm/s

**Pulmonary valve:** Vmax = 69cm/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)**

A unit of Ivy Health and Life Sciences (P) Ltd. Website : [www.ivyhospital.com](http://www.ivyhospital.com), Email: [cs@ivyhospital.com](mailto:cs@ivyhospital.com) Fax: 91-172-2274900  
 Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339.

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

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



# Ivy Hospital

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

Remarks -

## FINAL IMPRESSION -

No RWMA of LV

Normal LV systolic function (LVEF~55%)

Type I LV diastolic dysfunction



**DR. RAKESH BHUTUNGRU**

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

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

A unit of Ivy Health and Life Sciences (P) Ltd. Website : [www.ivyhospital.com](http://www.ivyhospital.com), Email: [cs@ivyhospital.com](mailto:cs@ivyhospital.com) Fax: 91-172-2274900

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

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NAME	SULABH JAIN	SEX/AGE	M35Y
PATIENT ID	ID427109	Accession Number	
REF CONSULTANT	PACKAGE	DATE	08/03/2024 08:53

### USG WHOLE ABDOMEN



**Limited evaluation due to poor acoustic window and excessive bowel gas shadow.**

**LIVER:** is normal in size (~12.6 cm), 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 (~7.1 cm), 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 (~9.9 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

**LEFT KIDNEY:** It is normal in size (~10.4 cm), 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:**

Fatty liver (Grade I).

Adv. Clinical correlation and follow up



DR EKTA MISHRA  
MD RADIO-DIAGNOSIS

(NOT FOR MEDICO-LEGAL PURPOSE)



NAME	SULABH JAIN	SEX/AGE	M35Y
PATIENT ID	ID427109	Accession Number	X8188-24 OPD
REF CONSULTANT	DR	DATE	08/03/2024 08:43

### X-RAY CHEST PA VIEW

Rotation is present.

Cardiac shadow is normal.

No focal lung parenchymal lesion is seen.

Both hila are normal.

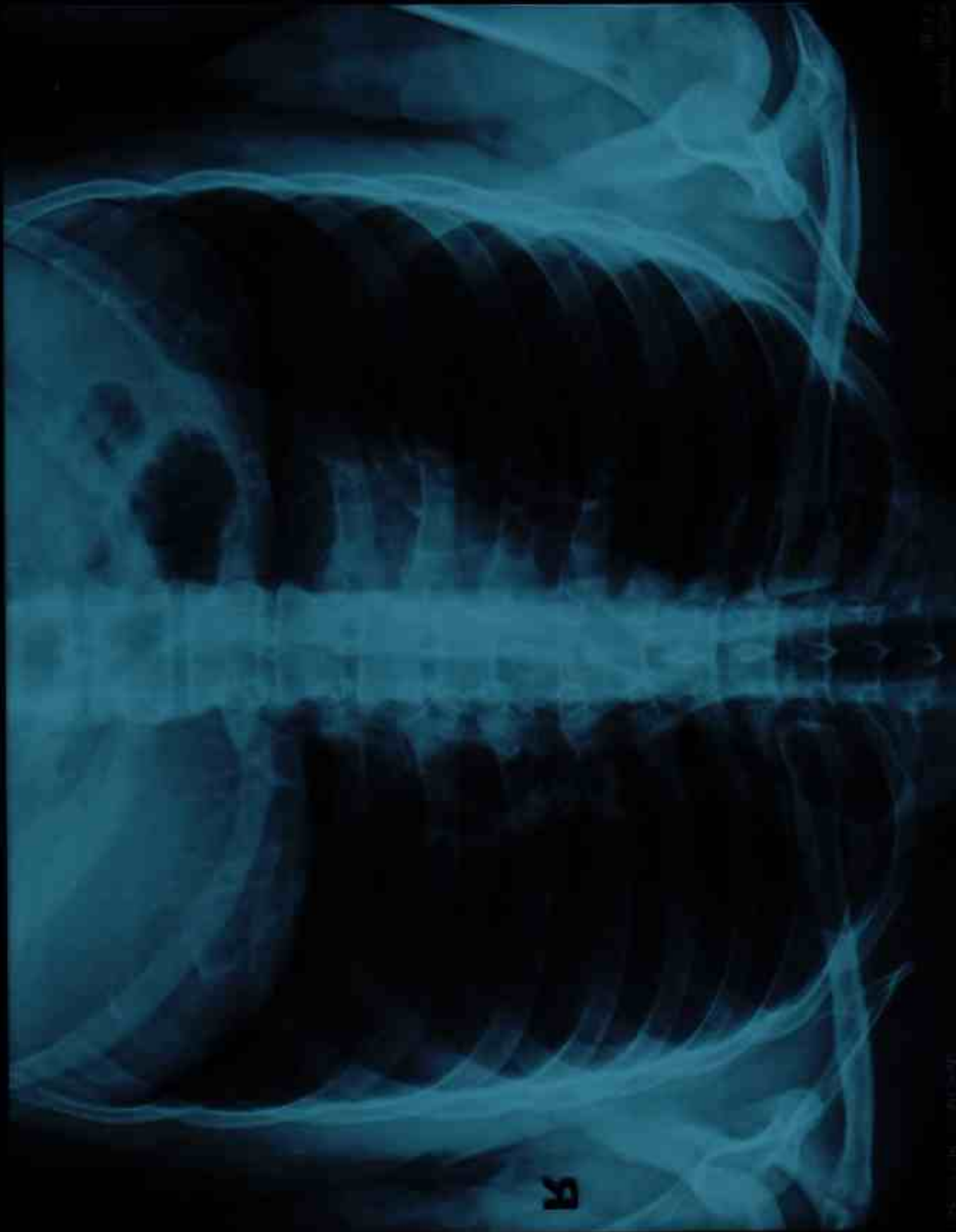
Both CP angle and domes of diaphragm are normal.



**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

(NOT FOR MEDICO-LEGAL PURPOSE)



СРО ДС 8818Х ЕРБЭГ 5Е М ИАУ НБАГУС БОЛТЗЛО

УАНОВ ТЭРГОТООС ДАТГЭСОН УИ

10.12

10.12.2018 10:12:18



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



NAME	: MR SULABH JAIN	Requisition Date	: 08/Mar/2024 08:33AM
DOB/Gender	: 25-Sep-1988/M	Sample CollDate	: 08/Mar/2024 08:35AM
UHID	: 427109	Sample Rec.Date	: 08/Mar/2024 08:36AM
Inv. No.	: 4108043	Approved Date	: 08/Mar/2024 10:20AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13100250		

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

**TOTAL THYROID PROFILE**

<b>Serum Total T3</b> <small>(CLIA/Veris 500)</small>	1.41	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 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> <small>(CLIA/Veris 500)</small>	9.41	µg/dL	5.52 – 12.97
----------------------------------------------------------	------	-------	--------------

**Summary & Interpretation:**

The dominant 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> <small>(CLIA/Veris 500)</small>	3.400	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 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 an effect on the measured serum TSH concentrations.
- 2) Preferred 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	0.21 – 4.35
3rd Trimester	0.41 – 5.18

The highlighted values should be correlated clinically.





NAME	: MR SULABH JAIN		
DOB/Gender	: 25-Sep-1988/M	Requisition Date	: 08/Mar/2024 08:33AM
UHID	: 427109	Sample Coll Date	: 08/Mar/2024 08:35AM
Inv. No.	: 4108043	Sample Rec. Date	: 08/Mar/2024 08:36AM
Panel Name	: Ivy Mohali	Approved Date	: 08/Mar/2024 01:31PM
Bar Code No	: 13100250	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 <small>(Hexokinase) AU-400</small>	96	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.

**GLUCOSE PP**

Plasma Glucose Post Prandial <small>(Hexokinase) AU-800</small>	122	mg/dL	<140 Normal 140 - 180 Impaired Tolerance >180 Diabetic
--------------------------------------------------------------------	-----	-------	--------------------------------------------------------------

The highlighted values should be correlated clinically





NAME : MR SULABH JAIN

DOB/Gender : 25-Sep-1988/M

UHID : 427109

Inv. No. : 4108043

Panel Name : Ivy Mohali

Bar Code No : 13100250

Requisition Date : 08/Mar/2024 08:33AM

SampleCollDate : 08/Mar/2024 08:35AM

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Approved Date : 08/Mar/2024 01:31PM

Referred Doctor : Self

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

**RFT (RENAL FUNCTION TESTS)**

Serum Urea <small>(Urea) (GLUT) (AU) (480)</small>	26.10	mg/dl	17-43
Serum Creatinine <small>(Creatinine) (KINETIC) (AU) (480)</small>	1.10	mg/dl	0.67-1.17
Serum Uric acid <small>(Uric Acid) (AU) (480)</small>	5.10	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.

Before and after starting treatment with certain medicines. Some medicines occasionally cause kidney damage (Nephrotoxic Drug) as a side-effect.

Therefore, kidney function is often checked before and after starting treatment with certain medicines.

**Risk associated with renal failure**

Acute Renal Failure*	Urea/Creatinine ratio $\geq 20$
Chronic Renal Failure*	Urea/Creatinine ratio $\leq 20$

\* Tietz textbook of clinical biochemistry



The highlighted values should be correlated clinically





NAME : MR SULABH JAIN

DOB/Gender : 25-Sep-1988/M

UHID : 427109

Ivy No. : 4108043

Panel Name : Ivy Mohali

Bar Code No : 13100250

Requisition Date : 08/Mar/2024 08:33AM

Sample CollDate : 08/Mar/2024 08:35AM

Sample Rec.Date : 08/Mar/2024 08:36AM

Approved Date : 08/Mar/2024 01:31PM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
<b>LIVER FUNCTION TEST WITH GGT</b>			
Serum Bilirubin Total (TTC AU 40)	0.90	mg/dL	0.3-1.2
Serum Bilirubin Direct (TTC AU 40)	0.10	mg/dl	<0.3
Serum Bilirubin Indirect (Calculated)	0.80	mg/dl	0.1-1.0
Serum SGOT(AST) (IFCC Without PSP/AU 400)	20	U/L	<35
Serum SGPT(ALT) (IFCC Without PSP/AU 400)	22	U/L	<50
Serum AST/ALT Ratio (Calculated)	0.91		
Serum GGT (IFCC AU 400)	17	IU/L	9-52
Serum Alkaline Phosphatase (IFCC PPO/PAMP/Rate AU 400)	88	U/L	30-120
Serum Protein Total (Biodex)	7.5	gm/dl	6.40 - 8.20
Serum Albumin (DCG AU 400)	4.9	g/dL	3.5-5.2
Serum Globulin (Calculated)	2.60	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	<b>1.88</b>	%	1.0 - 1.8

**Interpretation:**

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 (TTC POU/AU 400)	247	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides (Lipid PPO-PAP AU 400)	128	mg/dL	<150 Normal 150-199 Borderline High 200-499 High>500 Very High
Serum HDL Cholesterol (Himac colorimetric AU 400)	42	mg/dL	<40 Major risk factor for CHD >60 Negative risk factor for CHD
Serum VLDL cholesterol (Calculated)	26	mg/dL	7-35



The highlighted values should be correlated clinically





NAME : MR SULABH JAIN

DOB/Gender : 25-Sep-1988/M

UHID : 427109

Inv. No. : 4108043

Panel Name : Ivy Mohali

Bar Code No : 13100250

Requisition Date : 08/Mar/2024 08:33AM

Sample CollDate : 08/Mar/2024 08:35AM

Sample Rec.Date : 08/Mar/2024 08:36AM

Approved Date : 08/Mar/2024 01:31PM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
Serum LDL cholesterol <small>(Calculated)</small>	179	mg/dL	50-100
Serum Cholesterol-HDL Ratio <small>(Calculated)</small>	5.81		3-5
Serum LDL-HDL Ratio <small>(Calculated)</small>	4.21		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 <small>(10-year risk for CHD&gt;20%)</small>	<100	<130
Multiple (2+) Risk Factors and <small>10-year risk &lt;20%</small>	<130	<160
0-1 Risk Factor	<160	<190



The highlighted values should be correlated clinically







# IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

NAME	: MR SULABH JAIN	Requisition Date	: 08/Mar/2024 08:33AM
DOB:Gender	: 25-Sep-1988/M	SampleCollDate	: 08/Mar/2024 12:30PM
UHID	: 427109	Sample Rec.Date	: 08/Mar/2024 12:30PM
Inv. No.	: 4108043	Approved Date	: 08/Mar/2024 01:01PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13100250		

Test Description	Observed Value	Unit	Reference Range
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## 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	1.020		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein (Protein Excretion)	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		
Urine Nitrite	Absent		Absent

#### Microscopic Examination

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



DR BHUMIKA BISHT  
M.D. PATHOLOGY  
Mohali



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NAME : MR SULABH JAIN

DOB/Gender : 25-Sep-1988/M

UHID : 427109

Inv. No. : 4108043

Panel Name : Ivy Mohali

Bar Code No : 13100250

Requisition Date : 08/Mar/2024 08:33AM

Sample Coll Date : 08/Mar/2024 12:30PM

Sample Rec. Date : 08/Mar/2024 12:30PM

Approved Date : 08/Mar/2024 01:01PM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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## STOOL ROUTINE

### Physical Examination

Stool Colour	Brownish		
Stool Consistency	Semi formed		
Stool Mucus	Absent		Absent

### Microscopic Examination

Stool Pus Cells <small>(Microscopy)</small>	1-2	/hpf	Absent
Stool RBC	Absent	/hpf	Absent
Stool Ova <small>(Microscopy)</small>	Absent		Absent
Stool Cysts <small>(Microscopy)</small>	Absent		Absent





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UHID : 427109

Inv. No. : 4108043

Panel Name : Ivy Mohali

Bar Code No : 13100250

Requisition Date : 08/Mar/2024 08:33AM

Sample CollDate : 08/Mar/2024 08:35AM

Sample Rec.Date : 08/Mar/2024 08:36AM

Approved Date : 08/Mar/2024 10:20AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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## HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

 Estimated ESR (mm/hr)

3

mm/h

0-10

The highlighted values should be correlated clinically





**IVY HOSPITAL**

F-317, Industrial Area, Phase 8B,

Mohali, Punjab

Ph: 9115110241, 9115115658

Email: lab@ivyhospital.com

NAME	: MR SULABH JAIN		
DOB/Gender	: 25-Sep-1988/M	Requisition Date	: 08/Mar/2024 08:33AM
UHID	: 427109	Sample Coll Date	: 08/Mar/2024 08:35AM
Inv. No.	: 4108043	Sample Rec. Date	: 08/Mar/2024 10:51AM
Panel Name	: Ivy Mohali	Approved Date	: 08/Mar/2024 12:40PM
Bar Code No	: 13100250	Referred Doctor	: Self

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

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

Haemoglobin <small>(Impedance/BC Detection)</small>	16.1	g/dl	13.0 - 17.0
Hematocrit(PCV) <small>(Calculated)</small>	50.3	%	36-48
Red Blood Cell (RBC) <small>(Impedance/BC Detection)</small>	6.10	10 <sup>6</sup> /μl	4.5-5.5
Mean Corp Volume (MCV) <small>(Impedance/BC Detection)</small>	82.6	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	26.4	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	32.0	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	12.5	%	11-15
Platelet Count <small>(Impedance/BC Detection/Microscopy)</small>	259	10 <sup>3</sup> /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedance/BC Detection)</small>	9.8	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedance/BC Detection)</small>	7.6	10 <sup>3</sup> /μl	4.0 - 10.0

**Differential Leucocyte Count (VCS/ Microscopy)**

Neutrophils	48	%	40-75
Lymphocytes	36	%	20-40
Monocytes	8	%	0-8
Eosinophils	8	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,648	μl	2000-7000
Absolute Lymphocyte Count	2,736	uL	1000-3000
Absolute Monocyte Count	608	uL	200-1000
Absolute Eosinophil Count	608	μl	20-500





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Bar Code No	: 13100250	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
<b>Glycosylated HB (HbA1c)</b>			
Whole Blood HbA1c <small>(Biomate Affinity HPLC/Imm)</small>	5.4	%	Non diabetic:4.0-6.0 Target of therapy:<7.0 Change of therapy:>8.0
Estimated Average Glucose (eAG) <small>(if available)</small>	108	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



DR BHUMIKA BISHT  
M. D. PATHOLOGY



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UHID	: 427109	Sample CollDate	: 08/Mar/2024 08:35AM
Inv. No.	: 4108043	Sample Rec.Date	: 08/Mar/2024 10:51AM
Panel Name	: Ivy Mohali	Approved Date	: 08/Mar/2024 11:21AM
Bar Code No	: 13100250	Referred Doctor	: Self

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
<b>Final Blood Group</b>	<b>B POSITIVE</b>

**NOTE :**

- \* Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- \* 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 \*\*\*

