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Ivy Hospital

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

To
Medi Wheel,
Arcofemi Health Care Ltd.
F-703, Lado Sarai, Mehrauli
New Delhi – 110 030

Subjects: Submission of Bills (Health Packages)

Dear Sir,

Please find here with bill enclosed with bill no 2024251005172. 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 |
|--------------------|--------------|------------------|---------------|--------|
| SUJEET KUMAR SINGH | | 182454 | 2024251005172 | 2550 |



Authorised Signatory

FOR OPD / DISCHARGE SUMMARY / BILLING PURPOSE ONLY

A unit of Ivy Health and Life Sciences (P) Ltd. Website : www.ivyhospital.com, Email: cs@ivyhospital.com Fax: 91-172-2274900
Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339
All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

IVY HELPLINE : +91 99888-23456



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LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

| PARTICULARS | EMPLOYEE DETAILS |
|---------------------------------|------------------------|
| NAME | MR. SINGH SUJEET KUMAR |
| EC NO. | 182454 |
| DESIGNATION | SPECIAL ASSISTANT |
| PLACE OF WORK | SAMRALA |
| BIRTHDATE | 11-04-1978 |
| PROPOSED DATE OF HEALTH CHECKUP | 23-03-2024 |
| BOOKING REFERENCE NO. | 23M182454100099346E |

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 **12-03-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))




भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

संयोजन क्रम/ Enrolment No.: 0000/00733/21768

Download Date: 18/05/2017

To:
सुजीत कुमार सिंह
Sujeet Kumar Singh
H NO 3421 FIRST FLOOR
SECTOR 46C
Chandigarh
Sector 47
Chandigarh Chandigarh - 160047
1872977881

Issue Date: 22/01/2017



आपका आधार क्रमांक / Your Aadhaar No. :
4141 2913 3586
VID : 9133 7589 4553 8231

मेरा आधार, मेरी पहचान




भारत सरकार
Government of India





सुजीत कुमार सिंह
Sujeet Kumar Singh
जन्म तिथि(DOB): 11/04/1978
पुरुष/ MALE

Issue Date: 20/05/2017

4141 2913 3586
VID : 9133 7589 4553 8231

मेरा आधार, मेरी पहचान

सूचना



- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को प्राप्त आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।


- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
एन नं 3421 फर्स्ट फ्लोर, सेक्टर 46सी, चण्डीगर, चण्डीगर, चण्डीगर - 160047

Address:
H NO 3421 FIRST FLOOR, SECTOR 46C,
Chandigarh, Chandigarh,
Chandigarh - 160047



4141 2913 3586
VID : 9133 7589 4553 8231

मेरा आधार, मेरी पहचान

1807 | 5:22 help@uidai.gov.in | www.uidai.gov.in

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Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : UB5110PB2005PTC027898

Bill of Supply

| | | | |
|----------------|---------------------------|-------------|--------------------------|
| Bill No | 2024251005172 | Reg ID | 2247388 |
| Bill To | Mediwheel Acrofeni | Sex/Age | Male/46 years,0 months,6 |
| TPA | Mediwheel Acrofeni | Consultant | DR, Direct |
| UHID | 435553 | Referred By | Direct |
| Name | MR SUJEST KUMAR SINGH S/O | GST No. | 03AABCI4594F12Q |
| Address | # 3421 SEC 46 C | Category | Health Services |
| Phone No | 8872977881 | Policy No. | 182454 |
| UTI/Claim/Ref. | 182454/ | Pan No | AABCI4594F |

| Sr. | Date | Code/Batch | Activity Desc. | Rate | Qty. | Amount |
|-----|-----------|------------|-----------------------|------|------|--------|
| | | | | | 1 | 2550 |
| 1 | 12-Apr-24 | | OPD Package Charges | 2550 | 1 | 2550 |
| | | | Bill Amount | | | 2550 |
| | | | Net Amount | | | 2550 |
| | | | Advance Amount | | | 0 |
| | | | CSR/Discount | | | 0 |
| | | | Ward Charges Reversed | | | 0 |
| | | | Receipt Amount | | | 0 |
| | | | Refund Amount | | | 0 |
| | | | Payable Amount | | | 2550 |



Authorized Signatory

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Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No.: U85110PB2005PTC027888

Name: Mr. Sujeet Kumar Singh UHID: 43553
 Age: 46/M Consultant: Dr. Mukesh Vats Date: 12.04.24
 BP: _____ Pulse: _____ RR: _____ Temp: _____ Pain: _____
 Ht.: _____ Wt.: _____ Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: H/O DM @ Y 2 months
 Complaint: _____

Investigations

Vmf 6/6
6/6⁻¹
(aided)

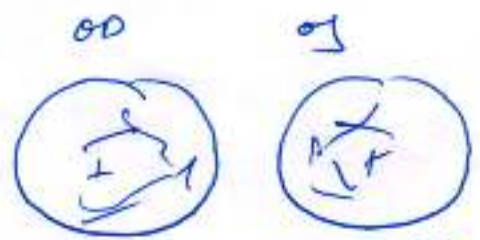
To 11/6 / 16

Clinical Notes

No formal check-up lupin - normal

AS - WNL

Fundus (U.D)



Disc + Macula - (N)

Adv: ① Both eyes fundus photo.
② Refer to treat old TBM OD.

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

Dr. Mukesh Vats
M.S. FVGS
Paediatric Consultant & Photo Surgeon
Pho 45034

Follow up

Sign & Stamp
Ivy/OPD/Form/



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SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : UB5110PB2005PTC027894

Name: Sujit Kumar Singh UHID: 435553
 Age: 46/M Consultant: Dr. Jagpal Pandher Date: 12/4/24
 BP: 120/74 Pulse: 76 RR: Temp: Pain:
 Ht.: Wt.: 56 Allergies: Nutritional Assessment: Yes/No

Diagnosis / DD:

Complaint:

| Investigations | Clinical Notes |
|----------------|---|
| | <p>For general health checkup.</p> <p>Investigation results (N)</p> <ul style="list-style-type: none"> - Macrocytosis. FBS ~ 109 - Thrombocytopenia. <p><u>Ads</u></p> <ol style="list-style-type: none"> 1) Tab NEFITA OD x 6wk. 2) Calcical sachet once a week - x 6wk. <p style="text-align: center;">1 Jagpal Pandher</p> |

| S.No. | Salt/Generic Name | Route | Dose | Frequency | Duration | Special Instructions |
|-------|-------------------|-------|------|-----------|----------|----------------------|
| | | | | | | |
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Follow up

Sign & Stamp
Ivy/OPD/Form/005



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Ivy Hospital

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

Patient Name : SUJEET KUMAR SINGH Patient ID : 435553
 Gender/Age : Male / 46 Test Date : 12 Apr 2024

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

| M Mode Parameters | Patient | Normal |
|-------------------------------|---------|------------|
| Left Ventricular ED Dimension | 4.8 | 3.7-5.6 CM |
| Left Ventricular ES Dimension | 2.7 | 2.2-4.0 CM |
| IVS (D) | 0.9 | 0.6-1.2 CM |
| IVS (s) | 1.2 | 0.7-2.6 CM |
| LVPW (D) | 1.0 | 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 | 3.3 | 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= 64cm/s, A= 45cm/s, E>A,

Aortic valve: Vmax = 96cm/s

Pulmonary valve: Vmax = 91cm/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)

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CIN No. : U85110PB2005PTC027898

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)

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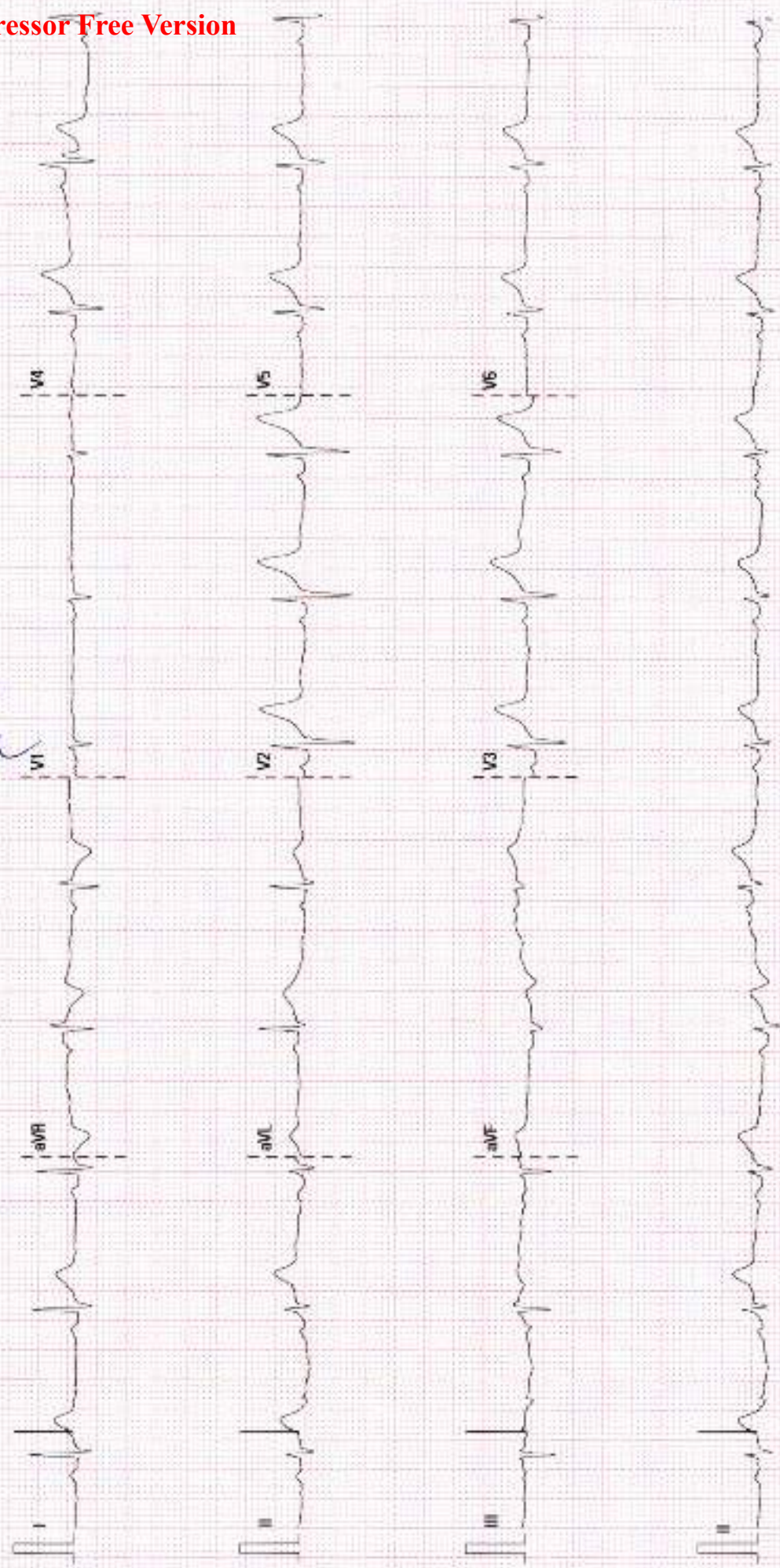
12-04-2024 10:36:30 AM

ID: 435553
Name: Subrat Kumar, Singh
Age: 46 Years
Gender: Male

Sinus rhythm with aberrantly conducted supraventricular complexes with interpolated PVC(s)

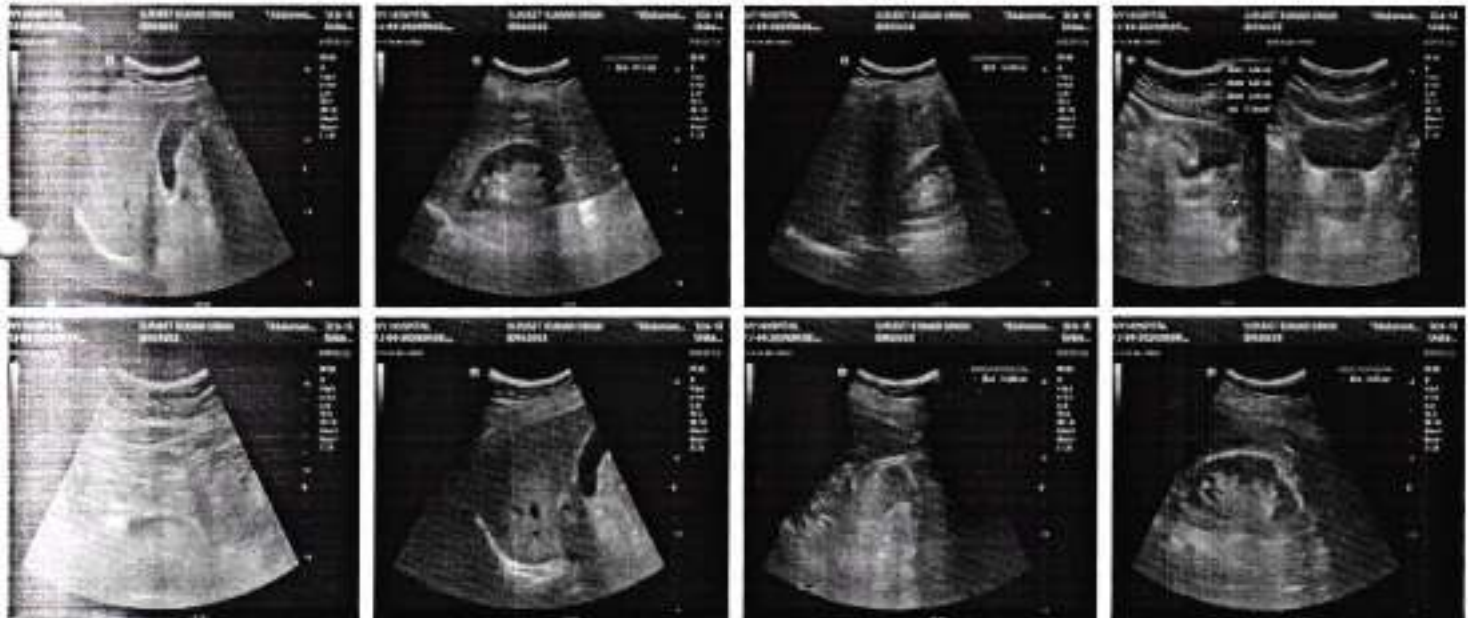
Unconfirmed Diagnosis

| | |
|-----------------|----------------|
| Heart Rate | 63 bpm |
| PR Interval | 148 ms |
| QRS Duration | 78 ms |
| QT/QTc Interval | 362/357 ms |
| P/QRS/T Axis | 0/-16/30 deg |
| RV5/SV1 | 0.549/0.331 mV |
| RV5 + SV1 | 0.880 mV |
| QTc/Hodges | |



| | | | |
|----------------|--------------------|------------------|------------------|
| NAME | SUJEET KUMAR SINGH | SEX/AGE | M46Y |
| PATIENT ID | ID435553 | Accession Number | - |
| REF CONSULTANT | PACKAGE | DATE | 12/04/2024 09:54 |

USG WHOLE ABDOMEN



LIVER: is normal in size (~14.3 cm), outline and shows increased echogenicity. IHBR are not dilated. Portal vein is normal. Visualized CBD is not dilated.

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

SPLEEN: is normal in size (~11.8cm), 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 (~9.2cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~9.0cm), 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:

Fatty liver (Grade I).

Adv. Clinical correlation and follow up

Dr. Mayukhi Upadhyay

DNB Resident

(NOT FOR MEDICO-LEGAL PURPOSE)

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CIN No. : U85110PB2005PTC027898

| | | | |
|----------------|--------------------|------------------|------------------|
| NAME | SUJEET KUMAR SINGH | SEX/AGE | M46Y |
| PATIENT ID | ID435553 | Accession Number | |
| REF CONSULTANT | PACKAGE | DATE | 12/04/2024 09:54 |



DR. EKTA MISHRA
MD RADIO-DIAGNOSIS

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

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| | | | |
|----------------|---------------|------------------|------------------|
| NAME | SURJEET KUMAR | SEX/AGE | M46Y |
| PATIENT ID | ID435553 | Accession Number | XNO11154-OPD |
| REF CONSULTANT | Dr. | DATE | 12/04/2024 10:03 |

X-RAY CHEST (PA VIEW)

Bony structures and soft tissue appear normal.
Trachea is central.
Both lung fields appear clear.
Bilateral hilar regions appear normal.
Domes of diaphragm and costophrenic angles appear normal.
Cardiac shadow is within normal limit.

Please correlate clinically.

DR. MEENU BHORIA
MBBS, DMRD, DNB, FVIR

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

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

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NAME : MR SUJEET KUMAR SINGH

DOB/Gender : 11-Apr-1978/M

UHID : 435553

Inv. No. : 4201314

Panel Name : Ivy Mohali

Bar Code No : 13139783

Requisition Date : 12/Apr/2024 09:37AM

Sample Coll Date : 12/Apr/2024 12:42PM

Sample Rec. Date : 12/Apr/2024 12:42PM

Approved Date : 12/Apr/2024 01:21PM

Referred Doctor : Self

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

BIOCHEMISTRY

GLUCOSE PP

| | | | |
|--|-----|-------|--|
| Plasma Glucose Post Prandial <small>(Fasting at 2H)</small> | 134 | mg/dL | <140 Normal 140 - 180 Impaired Tolerance >180 Diabetic |
|--|-----|-------|--|

CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

| | | | |
|------------------|--------|----|--------------|
| Urine Volume | 25.00 | 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 Creatinine)</small> | Absent | | NL |
| Urine Ketones | Absent | | Absent |
| Urine Bilirubin | Absent | | Absent |
| Urine for Urobilinogen | Absent | | Absent |
| Urine Nitrite | Absent | | Absent |

Microscopic Examination

| | | | |
|------------------------|--------|------|--------|
| Urine Pus Cells | 2-3 | | 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 |





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DOB/Gender : 11-Apr-1978/M

UHID : 435553

Inv. No. : 4201314

Panel Name : Ivy Mohali

Bar Code No : 13129783

Requisition Date : 12/Apr/2024 09:37AM

Sample Coll Date : 12/Apr/2024 09:43AM

Sample Rec Date : 12/Apr/2024 09:44AM

Approved Date : 12/Apr/2024 11:02AM

Referred Doctor : Self

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

IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3

1.52

ng/mL

0.970 - 1.69

U01000000000

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 desiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It occurs under the influence of medications such as propylthiouracil 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 dystrophia myotonica familiaris.

Serum Total T4

9.79

µg/dL

5.52 - 12.97

U01000000000

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-suppressive therapy.

Serum TSH

3.400

mIU/L

0.4001 - 4.049

U01000000000

Summary & Interpretation:

TSH is secreted by specific receptor 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 regulatory circuit between the hypothalamus, pituitary and thyroid.

Note:

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 to be noted on the reported serum TSH concentrations.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

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 - 3.30 |
| 2nd Trimester | 0.31 - 4.35 |
| 3rd Trimester | 0.41 - 5.14 |

The highlighted values should be correlated clinically





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Requisition Date : 12/Apr/2024 09:37AM

Sample Coll Date : 12/Apr/2024 09:43AM

Sample Rec. Date : 12/Apr/2024 09:44AM

Approved Date : 12/Apr/2024 10:36AM

Referred Doctor : Self

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

IMMUNOASSAY

PSA TOTAL

Serum PSA Total
(Urea 1000)

0.61

ng/mL

<4.0

Serum PSA Total

Serum PSA Total

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 as 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 palpation, cystoscopy, colonoscopy, transurethral biopsy, laser treatment or ergometry) can lead to PSA elevations of varying duration and magnitude.

BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting
(Urea 1000)

109

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 \geq 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





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NAME : MR SUJEET KUMAR SINGH

DOB/Gender : 11-Apr-1978/M

UDD : 435553

Inv. No. : 4201314

Panel Name : Ivy Mohali

Bar Code No : 13129783

Requisition Date : 12/Apr/2024 09:37AM

Sample Coll Date : 12/Apr/2024 09:43AM

Sample Rec. Date : 12/Apr/2024 09:44AM

Approved Date : 12/Apr/2024 10:36AM

Referred Doctor : Self

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

RFT (RENAL FUNCTION TESTS)

| | | | |
|--|-------|-------|-----------|
| Serum Urea <small>(Urea) (BUN) (U) (Urea)</small> | 17.70 | mg/dl | 17-43 |
| Serum Creatinine <small>(Creatinine) (Cr) (Creat)</small> | 0.90 | mg/dl | 0.67-1.17 |
| Uran Uric acid <small>(Uric acid) (UA) (Uric)</small> | 6.70 | 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 |

* Fitz textbook of clinical biochemistry.

The highlighted values should be correlated clinically





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| Test Description | Observed Value | Unit | Reference Range |
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| LIVER FUNCTION TEST WITH GGT | | | |
| Serum Bilirubin Total <small>(BIL) (U) (40)</small> | 0.80 | mg/dL | 0.3-1.2 |
| Serum Bilirubin Direct <small>(BIL-D) (U) (40)</small> | 0.10 | mg/dl | <0.3 |
| Serum Bilirubin Indirect <small>(BIL-I) (U) (40)</small> | 0.70 | mg/dl | 0.1-1.0 |
| Serum SGOT (AST) <small>(AST) (U) (40) (U) (40)</small> | 29 | U/L | <35 |
| Serum SGPT (ALT) <small>(ALT) (U) (40) (U) (40)</small> | 35 | U/L | <50 |
| Serum AST/ALT Ratio <small>(R) (40)</small> | 0.83 | | |
| Serum GGT <small>(GGT) (U) (40)</small> | 45 | IU/L | 9-52 |
| Serum Alkaline Phosphatase <small>(ALP) (U) (40) (U) (40)</small> | 97 | U/L | 30-120 |
| Serum Protein Total <small>(TP) (U) (40)</small> | 7.3 | g/dl | 6.40 - 8.20 |
| Serum Albumin <small>(ALB) (U) (40)</small> | 4.0 | g/dL | 3.5-5.2 |
| Serum Globulin <small>(GLOB) (U) (40)</small> | 3.30 | g/dl | 2.0-3.5 |
| Serum Albumin/Globulin Ratio <small>(A/G) (U) (40)</small> | 1.21 | % | 1.0 - 1.8 |

Interpretation:

Other 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, non-alcoholic, and Tylecol 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 <small>(CHOL) (U) (40)</small> | 151 | mg/dL | Desirable: <200 Borderline High: 200-239 High: > 240 |
| Serum Triglycerides <small>(TRIG) (U) (40)</small> | 268 | mg/dL | <150 Normal 150-199 Borderline High 200-499 High >500 Very High |
| Serum HDL Cholesterol <small>(HDL) (U) (40)</small> | 41 | mg/dL | <40 Major risk factor for CHD |



The highlighted values should be correlated clinically





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Ivy No: 4261314

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| Test Description | Observed Value | Unit | Reference Range |
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| Serum VLDL cholesterol <small>(mmol/L)</small> | 54 | mg/dL | >60 Negative risk factor for CHD 7-35 |
| Serum LDL cholesterol <small>(mmol/L)</small> | 56 | mg/dL | 50-100 |
| Am Cholesterol-HDL Ratio <small>(mmol/L)</small> | 3.68 | | 3-5 |
| Serum LDL-HDL Ratio <small>(mmol/L)</small> | 1.38 | | 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 by CHD ≥20%) | <100 | <130 |
| Multiple (≥3) Risk Factors and 10-year risk <20% | <120 | <160 |
| 0-2 Risk Factor | <160 | <190 |

The highlighted values should be correlated clinically



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HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

| | | | |
|-----|----|------|------|
| ESR | 10 | mm/h | 0-10 |
|-----|----|------|------|

COMPLETE BLOOD COUNT (Sample Type-Whole Blood EDTA)

| | | | |
|---------------------------------|---------------------------|--------------------|-------------|
| Haemoglobin | 13.7 | g/dl | 13.0 - 17.0 |
| Hematocrit (PCV) | 44.2 | % | 36-48 |
| Red Blood Cell (RBC) | 4.50 | $10^6/\mu\text{l}$ | 4.5-5.5 |
| Mean Corp Volume (MCV) | 98.4 | fL | 83-97 |
| Mean Corp HB (MCH) | 30.5 | pg/mL | 27-31 |
| Mean Corp HB Conc (MCHC) | 31.0 | g/dl | 32-36 |
| Red Cell Distribution Width -CV | 14.9 | % | 11-15 |
| Platelet Count | 85 (giant platelets seen) | $10^3/\text{ul}$ | 150-450 |
| Total Leucocyte Count (TLC) | 5.0 | $10^3/\mu\text{l}$ | 4.0 - 10.0 |

Differential Leucocyte Count (YCS: Microscopy)

| | | | |
|---------------------------|-------|---------------|-----------|
| Neutrophils | 57 | % | 40-75 |
| Lymphocytes | 31 | % | 20-40 |
| Monocytes | 8 | % | 0-8 |
| Eosinophils | 4 | % | 0-4 |
| Basophils | 0 | % | 0-1 |
| Absolute Neutrophil Count | 2,850 | μl | 2000-7000 |
| Absolute Lymphocyte Count | 1,550 | μl | 1000-3000 |
| Absolute Monocyte Count | 400 | μl | 200-1000 |
| Absolute Eosinophil Count | 200 | μl | 20-500 |

The highlighted values should be correlated clinically





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| NAME | : MR SUJEET KUMAR SINGH | Requisition Date | : 12/Apr/2024 09:37AM |
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| UHID | : 435553 | Sample Rec. Date | : 12/Apr/2024 11:12AM |
| Inv. No. | : 4201314 | Approved Date | : 12/Apr/2024 12:14PM |
| PANEL NAME | : Ivy Mohali | Referred Doctor | : Self |
| Bar Code No. | : 13129783 | | |

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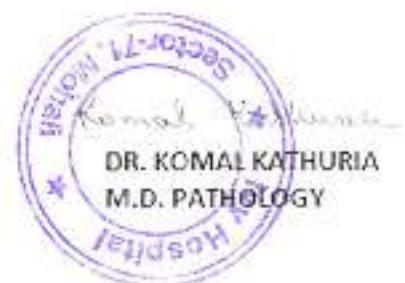
HAEMATOLOGY

Glycosylated HB (HbA1c)

| | | | |
|---|-----|-------|---|
| Whole Blood HbA1c <small>(HbA1c) (HbA1c) (HbA1c)</small> | 5.2 | % | Non diabetic: 4.0-6.0 Target of therapy: <7.0 Change of therapy: >8.0 |
| Estimated Average Glucose (eAG) <small>(eAG) (eAG) (eAG)</small> | 103 | 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 |





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| UHID | : 435553 | Sample Rec. Date | : 12/Apr/2024 10:07AM |
| Inv. No. | : 4201314 | Approved Date | : 12/Apr/2024 11:26AM |
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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 ant. gen and antibody.
- * In blood 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 a unusual result.

*** End Of Report ***

