



PDF Compressor Free Version

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 202324112743. 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 REQ	Beneficiary Code	Bill no	Amount
BHAGWAN SINGH	BobE14702		2023241123743	2550



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: 91-172-5044330

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

IVY HELPLINE : +91 8078880788

Subject: Fw: Health Check up Booking Request(bobE14702)
From: Bhagwan Singh <singhbhagwan26@yahoo.com>
Date: 22-03-2024, 21:05
To: "mainreception@ivyhospital.com" <mainreception@ivyhospital.com>

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Yahoo Mail: Search, organise, conquer

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

From: "Mediwheel" <wellness@mediwheel.in>
To: "singhbhagwan26@yahoo.com" <singhbhagwan26@yahoo.com>
Cc: "customercare@mediwheel.in" <customercare@mediwheel.in>
Sent: Sun, 10 Mar 2024 at 10:14
Subject: Health Check up Booking Request(bobE14702)

011-41195959

Dear Bhagwan Singh,

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 Above 40
Name of Diagnostic/Hospital : Ivy Hospital
Address of Diagnostic/Hospital- : Sector - 71, Mohali
Appointment Date : 23-03-2024
Preferred Time : 09:30 am - 10:00 am

Member Information

Booked Member Name	Age	Gender
MR. SINGH BHAGWAN	51 year	Male

Tests included in this Package

- Stool Test
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis

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भारत सरकार
Government of India



Bhagwan Singh
Date of Birth/DOB: 10/12/1972
Male/ MALE



9433 1003 6194
UID: 9114 6982 7310 8288

मेरा आधार, मेरी पहचान

भारत सरकार, सूचना प्रौद्योगिकी विभाग
Unique Identification Authority of India



Address:
S/O, Haryana Singh, Mahalia Singh Avenue,
Khanna Khurd Road, Near Indane Gas
Godown, Near Dev School, Khanna,
Ludhiana,
Punjab - 141401

9433 1003 6194
UID: 9114 6982 7310 8288



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Tel: 0172-7170000
CIN No. : U85110PB2005PTC027888

Bill of Supply

Bill No	2023241123743	Reg ID	2217542
Bill To	Mediwheel Acrofemi	Sex/Age	Male/51 Yrs/3 Mt/24 Days
TPA	Mediwheel Acrofemi	Consultant	DR. Direct
UHID	430837	Referred By	Direct
Name	MR BHAGWAN SINGH S/O Hajura	GST No.	03AABCI4594F12Q
Address	SINGH AVENUE STREET NO	Category	Health Services
Phone No	9216101272	Policy No.	0
UTI/Claim/Ref.	0/	Pen No.	AABCI4594F

Sr.	Date	Code/Batch	Activity Desc.	Rate	Qty.	Amount	
1	23-Mar-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



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SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No.: U86110PB2005PTC027808

Name: Mr. Bhagwan Singh UHID: 430837
 Age: 51M Consultant: Dr. Mukesh Vats Date: 23/03/24
 BP: _____ Pulse: _____ RR: _____ Temp: _____ Pain: _____
 Ht: _____ Wt: _____ Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: _____
 Complaint: _____

Investigations

Vmf 6/6
6/6
(U-A)

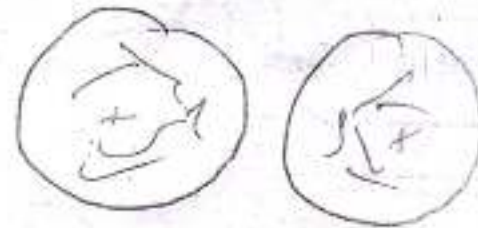
Iop 12 / 16

Clinical Notes

no general check-up ^{Report - ASD}

ALS - wbc

fundus OD OS



Disc + Macula - (AS)

Adv: ocina plus old / Report TLO old 1.05

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

Dr. Mukesh Vats
 M.D. (EVS)
 Ivys Consultant & Phaco Surgeon
 MNC 45634

Follow up.



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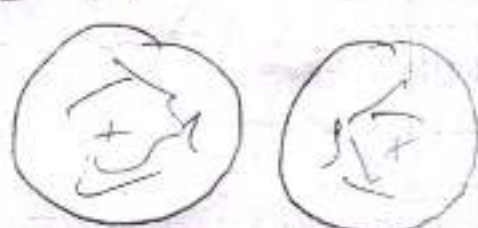
Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No.: UB311OPG2003PYC027698

Name: Mr. Bhagwan Singh UHID: 430837
 Age: 51/M Consultant: Dr. Mukesh Vats Date: 23/03/24
 BP: _____ Pulse: _____ RR: _____ Temp: _____ Pain: _____
 Ht: _____ Wt: _____ Allergies: _____ Nutritional Assessment: Yes/No

Diagnosis / DD: _____

Complaint: _____

Investigations	Clinical Notes
<p>Vmp 6/6 6/6 (U.A)</p> <p>Jopk 10</p>	<p><u>no general check-up</u> ^{legit - NS}</p> <p>ALS - wbc</p> <p>Lumbar <u>OD</u> <u>OS</u></p>  <p>Disc + Nerve root (ns)</p> <p>Adv: <u>ceina plus old</u> / <u>Refers Dem</u> <u>old 1.2021</u></p>

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

Follow up

Dr. Mukesh Vats
 MBBS, DNB
 Senior Consultant & Physio Surgeon
 MC 45034

Sign & Stamp
 Ivy/OPD/Form/005



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Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No.: U65110PB2005PTC027368

Name: Mr. Bhagwan Singh UHID: 430837
 Age: 51/M Consultant: Dr. G. Rajeev Kumar Date: 23/03/21
 BP: 170/95 Pulse: 117-b/min RR: _____ Temp: _____ Pain: _____
 Ht: _____ Wt: _____ Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: Kidney HTN
 Complaint: Not on regular medicines

Investigations

Clinical Notes

Handwritten notes in the Investigations section:
 - 1st Hepatomegaly
 - Anasarca
 - No lump
 - Type 2 DM
 - P.S.D. 0-30
 - LFT: 0
 - 15/10/20
 - 03/10/22/103
 - R/S/02
 - 18/20/30/20

Handwritten notes in the Clinical Notes section:
 - Regular exercise
 - Low salt diet
 - Regular BP monitoring -> R/A
 - 1) Tab. captopril LA 20mg qd

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
	2) Cap. VAD	Oral	20	1		

Follow up

Dr. G. Rajeev Kumar
 Sign & Stamp
 Ivy/OPD/Form/005

Mr. Bhagwan Singh
Age - 41 / M
UID - 30837

Measurement Results:

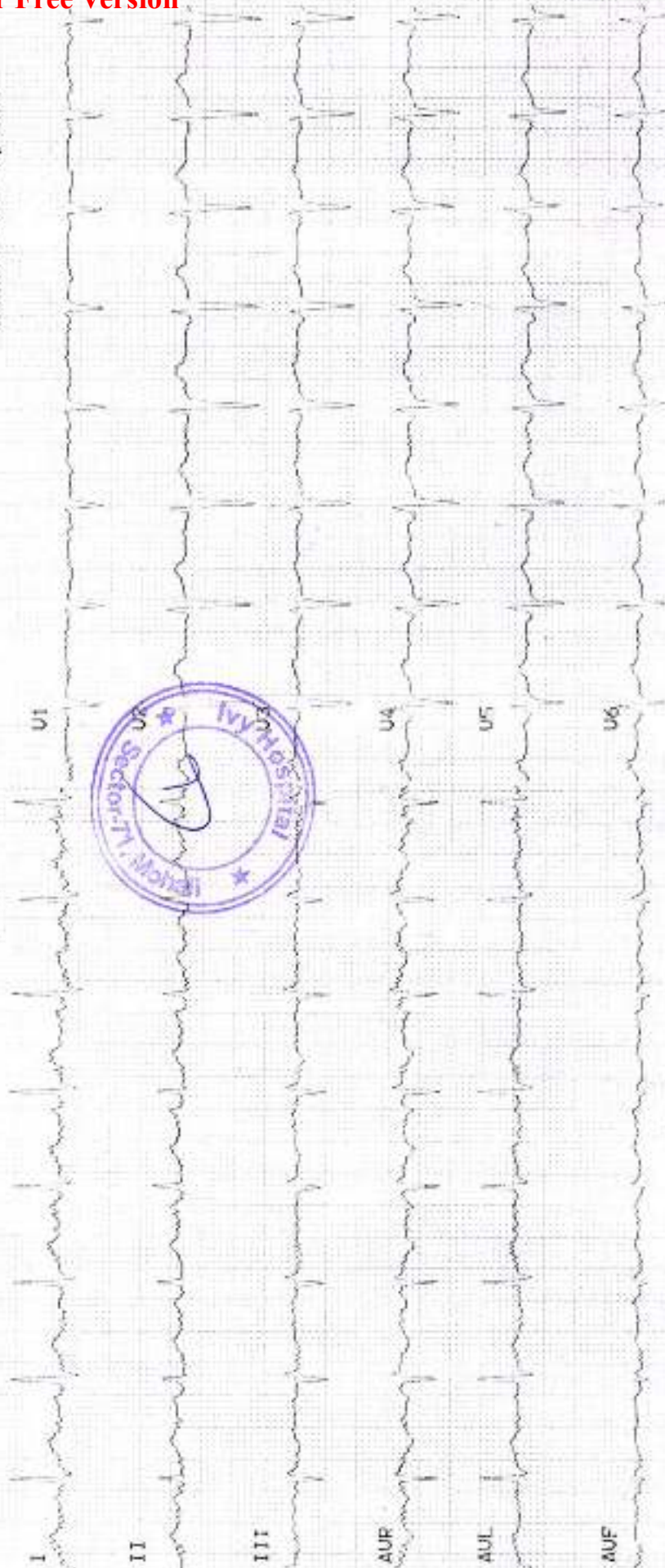
QRS	104 ms
QT/QTcB	360 /
PR	134 ms
P	98 ms
RR/PP	618 / 615 ms
P/QRS/T	45 / 0 / 30 degrees
QTd/QTcBD	62 / 79 ms
Sokolow	0.9 mV
NK	13



Interpretation:

R/S inversion area between U5 and U6 probably normal ECG

Unconfirmed report.



Handwritten notes at the bottom of the page, including a signature and some illegible text.



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IVY HOSPITAL

F-317, Industrial Area, Phase 8B,

Mohali, Punjab

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Email: lab@ivyhospital.com



NAME	: MR BHAGWAN SINGH	Requisition Date	: 23/Mar/2024 09:48AM
DOB/Gender	: 10-Dec-1972/M	Sample Coll Date	: 23/Mar/2024 09:49AM
UHID	: 430837	Sample Rec. Date	: 23/Mar/2024 10:42AM
Ivy No.	: 4150275	Approved Date	: 23/Mar/2024 12:50PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13112960		

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c <small>(Bioassay using HPLC/Target)</small>	5.6	%	Non diabetic:4.0-6.0 Target of therapy:<7.0 Change of therapy:>8.0
Estimated Average Glucose (eAG) <small>(if available)</small>	114	mg/dL	

ADA criteria for correlation between HbA1c & Mean plasma glucose levels:
(Last three month's average)

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

*** End Of Report ***





IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

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NAME : MR BHAGWAN SINGH
 DOB/Gender : 10-Dec-1972/M
 UHID : 430837
 Inv. No. : 4150275
 Panel Name : Ivy Mohali
 Bar Code No : 11112960

Requisition Date : 23/Mar/2024 09:48AM
 Sample Coll Date : 23/Mar/2024 10:13AM
 Sample Rec Date : 23/Mar/2024 10:13AM
 Approved Date : 23/Mar/2024 10:58AM
 Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 1.27 ng/mL 0.970 - 1.69
CLIA No. - 1943

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, mainly 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 propylthiouracil, phenacetin, salicylates 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 thyrotoxic periodic paralysis.

Serum Total T4 8.68 µg/dL 5.52 - 12.97
CLIA No. - 1943

Summary & Interpretation:

Triiodothyronine (T3) is the main product secreted by the thyroid gland. The major part of total thyroxine (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken into account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppressive therapy.

Serum TSH 0.700 mIU/L 0.4001 - 4.049
CLIA No. - 1943

Summary & Interpretation:

TSH is formed in specific neuroendocrine 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:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 p.m. The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended use 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 Hyperthyroidism, Hyperthyroidism, Hypothyroidism - Primary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disease.

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





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NAME : MR BHAGWAN SINGH

DOB/Gender : 10-Dec-1972/M

LHD : 430837

Inv. No. : 4150275

Panel Name : Ivy Mohali

Bar-Code No : 13112960

Requisition Date : 23-Mar-2024 09:48AM

Sample Coll Date : 23-Mar-2024 10:13AM

Sample Rec. Date : 23-Mar-2024 10:13AM

Approved Date : 23-Mar-2024 10:58AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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PSA TOTAL

Serum PSA Total (U/L) (V: 0.33)	0.33	ng/mL	<4.0
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Summary & 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 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 examination, cystoscopy, colonoscopy, transurethral biopsy, laser treatment or cryotherapy can lead to PSA elevations of varying duration and magnitude.

bioCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting (U/L) (V: 92)	92	mg/dL	70 - 99 Normal 100 - 125 Impaired Tolerance ≥126 Diabetic
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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.





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DOB/Gender : 10-Dec-1972/M

UHD : 430837

Inv. No. : 4150275

Panel Name : Ivy Mohali

Bar Code No. : 13112960

Requisition Date : 23/Mar/2024 09:48AM

Sample Coll Date : 23/Mar/2024 10:13AM

Sample Rec.Date : 23/Mar/2024 10:15AM

Approved Date : 23/Mar/2024 10:58AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
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RFI (RENAL FUNCTION TESTS)

Serum Urea <small>(UREA) (U/CR) (U/95)</small>	12.00	mg/dl	17-43
Serum Creatinine <small>(CREATININE) (CR) (U/95)</small>	0.70	mg/dl	0.67-1.17
Serum Uric acid <small>(URIC ACID) (U/95)</small>	4.50	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

* From textbook of clinical biochemistry.





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Ivy No. :	4150275	Approved Date :	23/Mar/2024 10:58AM
Facil Name :	Ivy Mohali	Referred Doctor :	Self
Bar Code No :	13112990		

Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST WITH GGT			
Serum Bilirubin Total <small>(U/L) (0.1-1.2)</small>	0.40	mg/dL	0.3-1.2
Serum Bilirubin Direct <small>(U/L) (0.0-0.3)</small>	0.10	mg/dl	<0.3
Serum Bilirubin Indirect <small>(U/L) (0.0-1.0)</small>	0.30	mg/dl	0.1-1.0
Serum SGOT(AST) <small>(U/L) (0.0-37.0)</small>	18	U/L	<35
Serum SGPT(ALT) <small>(U/L) (0.0-40.0)</small>	14	U/L	<50
Serum AST/ALT Ratio <small>(U/L) (0.0-1.0)</small>	1.29		
Serum GGT <small>(U/L) (0.0-50.0)</small>	25	IU/L	9-52
Serum Alkaline Phosphatase <small>(U/L) (0.0-120.0)</small>	87	U/L	30-120
Serum Protein Total <small>(g/dL) (6.0-8.0)</small>	7.5	gn/dl	6.40 - 8.20
Serum Albumin <small>(g/dL) (3.5-5.0)</small>	4.0	g/dL	3.5-5.2
Serum Globulin <small>(g/dL) (2.0-3.5)</small>	3.50	gn/dl	2.0-3.5
Serum Albumin/Globulin Ratio <small>(g/dL) (1.0-1.8)</small>	1.14	%	1.0 - 1.8

Interpretation:

Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels.

LIPID PROFILE

Serum Cholesterol <small>(mg/dL) (0-200)</small>	156	mg/dL	Desirable: <200 Borderline High: 200-239 High: > 240
Serum Triglycerides <small>(mg/dL) (0-150)</small>	105	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol	32	mg/dL	<40 Major risk factor for CHD



Shweta
Dr Shweta Kundu
M.D PATHOLOGY



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UHID	: 430837	Sample Rec. Date	: 23/Mar/2024 10:13AM
Ivy No.	: 4150275	Approved Date	: 23/Mar/2024 10:58AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13112960		

Test Description	Observed Value	Unit	Reference Range
Serum VLDL cholesterol <small>(Calculated)</small>	21	mg/dL	>60 Negative risk factor for CHD 7-35
Serum LDL cholesterol <small>(Calculated)</small>	103	mg/dL	50-100
Serum Cholesterol-HDL Ratio <small>(Calculated)</small>	4.88		3-5
Serum LDL-HDL Ratio <small>(Calculated)</small>	3.22		1.5 - 3.5

Interpretation:

As per ATP III Guidelines - National Cholesterol Education Program

Total Cholesterol (mg/dL)	Desirable <200 Borderline High 200 – 239 High >240
Triglyceride	Normal < 150 Borderline High 150 – 199 High 200 – 499 Very High ≥ 500
HDL Cholesterol	Low < 40 High ≥ 60
LDL Cholesterol - Primary Target of Therapy	Optimal < 100 Near optimal/ Above optimal 100 – 129 Borderline high 130 – 159 High 160 – 189 Very high ≥ 190

Risk Category LDL	Goal (mg/dL)	Non-HDL Goal (mg/dL)
CHD and CHD Risk Equivalent (10-year risk for CHD >20%)	<100	<130
Multiple (≥ 2) Risk Factors and (10-year risk <20%)	<130	<160
0-1 Risk Factor	<160	<190





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DOB/Gender	: 10-Dec-1972/M	Sample CollDate	: 23/Mar/2024 10:13AM
UHID	: 450837	Sample Rec.Date	: 23/Mar/2024 10:13AM
Inv. No.	: 4150275	Approved Date	: 23/Mar/2024 10:58AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No.	: 13112960		

Test Description	Observed Value	Unit	Reference Range
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CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	35.00	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	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





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DOB/Gender :	10-Dec-1972/M	Requisition Date :	23/Mar/2024 09:48AM
UHID :	430837	Sample Coll Date :	23/Mar/2024 09:49AM
Invt. No. :	4150275	Sample Rec.Date :	23/Mar/2024 09:49AM
Panel Name :	Ivy Mohali	Approved Date :	23/Mar/2024 10:28AM
Bar Code No :	13112960	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>(Weighted Mean)</small>	13.0	g/dl	13.0 - 17.0
Hematocrit (PCV) <small>(Calculated)</small>	41.2	%	36-48
Red Blood Cell (RBC) <small>(Counted)</small>	4.70	10 ⁶ /μl	4.5-5.5
Mean Corp Volume (MCV) <small>(Calculated)</small>	86.9	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	27.4	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	31.6	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	13.4	%	11-15
Platelet Count <small>(Reported by DIC/Coag/Microscopy)</small>	318	10 ³ /ul	150-450
Mean Platelet Volume (MPV) <small>(Reported by DIC/Coag)</small>	9.6	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Reported by DIC/Coag)</small>	8.2	10 ³ /μl	4.0 - 10.0

Differential Leucocyte Count (VCS: Microscopy)

Neutrophils	51	%	40-75
Lymphocytes	41	%	20-40
Monocytes	6	%	0-8
Eosinophils	2	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	4.182	μl	2000-7000
Absolute Lymphocyte Count	3.362	nL	1000-3000
Absolute Monocyte Count	492	nL	200-1000
Absolute Eosinophil Count	164	μl	20-500

The highlighted values should be correlated clinically



DR BHUMIKA BISHT
M.D. PATHOLOGY



NAME	: MR BHAGWAN SINGH		
DOB/Gender	: 10-Dec-1972/M	Requisition Date	: 23/Mar/2024 09:48AM
UHID	: 430837	Sample Coll Date	: 23/Mar/2024 11:17AM
Inv. No.	: 4150275	Sample Rec.Date	: 23/Mar/2024 11:17AM
Panel Name	: Ivy Mohali	Approved Date	: 23/Mar/2024 11:32AM
Bar-Code No	: 13112960	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	POSITIVE
Anti B	Negative
Anti AB	POSITIVE
Anti D	POSITIVE
Reverse Grouping A Cells	Negative
Reverse Grouping B Cells	POSITIVE
Reverse Grouping O Cells	Negative
Final Blood Group	A POSITIVE

NOTE:

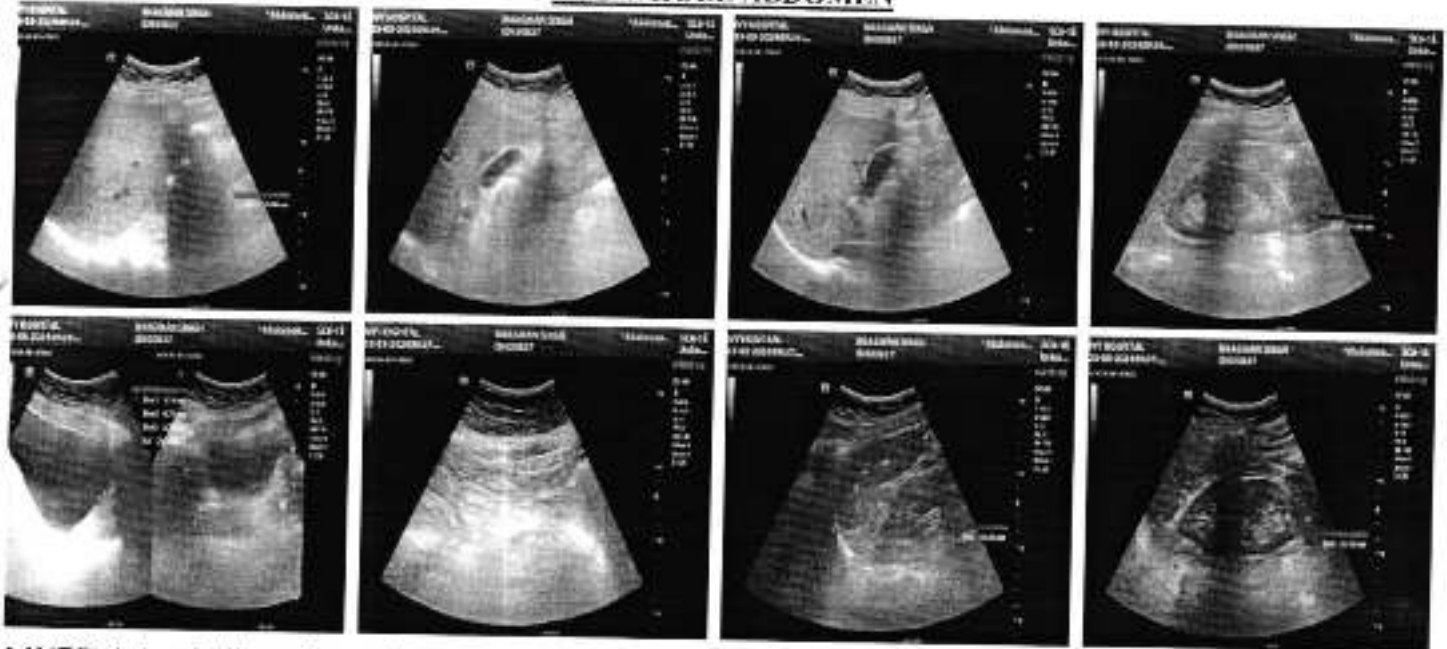
- * Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- * Schedule transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of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

*** End Of Report ***



NAME	BHAGWAN SINGH	SEX/AGE	M51Y
PATIENT ID	ID430837	Accession Number	
REF CONSULTANT	PACKAGE	DATE	23/03/2024 09:52

USG WHOLE ABDOMEN



LIVER: is borderline enlarged in size (~15.6 cm), normal in outline and shows increased echogenicity. IHBR are not dilated. Portal vein is normal. CBD is not dilated. Ill-defined geographical areas of focal fatty sparing are seen in liver near the GB fossa region.

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

SPLEEN: is normal in size (~10.2cm), outline and echotexture.

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

RIGHT KIDNEY: It is normal in size (~11.0 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen. A tiny cortical cyst measuring ~ 9.0 x 9.2 mm is seen at lower interpolar region.

LEFT KIDNEY: It is normal in size (~11.1cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen. Few tiny cortical cysts are seen.

U-BLADDER: is normally distended at the time of examination with normal wall thickness. No c/o calculus / mass seen.

PROSTATE: is enlarged in size (~30 cc). No free fluid is seen in peritoneal cavity.

IMPRESSION:

Borderline hepatomegaly with fatty liver (Grade I).
Prostatomegaly.

Dr. Manish Singla

(NOT FOR MEDICO-LEGAL PURPOSE)



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Ivy Hospital

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

NAME	BHAGWAN SINGH	SEX/AGE	M51Y
PATIENT ID	ID430837	Accession Number	
REF CONSULTANT	PACKAGE	DATE	23/03/2024 09:52

DNB Resident



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)

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

IVY HELPLINE : +91 99888-23456



NAME	BHAGWAN SINGH	SEX/AGE	M51Y
PATIENT ID	ID430837	Accession Number	XNO9789-OPD
REF CONSULTANT	Dr.	DATE	23/03/2024 10:04

X-RAY CHEST PA VIEW

Rotation is present.

Cardiac shadow is enlarged.

No focal lung parenchymal lesion is seen.

Both hila are normal.

Left CP angle is obscured.

Right 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)