



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 2023241122932. 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 2200/-

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

Name	Booking Date	Beneficiary Code	Bill no	Amount
AJAY KUMAR		118873	2023241122932	2200



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

Subject: Fwd: Cashless Health Checkup -FY23-24 - Final Reminder - MediWheel x BOB

From: "Ajay Kumar" <AJAY.KUMAR21@bankofbaroda.com>

Date: 20-03-2024, 20:16

To: "maintrcc@ivyhospital.com" <maintrcc@ivyhospital.com>

PDF Compressor Free Version

Get Outlook for Android

From: Mediwheel - Your Wellness Partner - BOB <wellness@mediwheel.in>

Sent: Wednesday, March 20, 2024 10:05:50 AM

To: Ajay Kumar <AJAY.KUMAR21@bankofbaroda.com>

Subject: Cashless Health Checkup -FY23-24 - Final Reminder - MediWheel x BOB

You don't often get email from wellness@mediwheel.in. Learn why this is important.

****सावधान: यह ईमेल बैंक डोमेन के बाहर से आया है, अगर आप प्रेषक को नहीं जानते तो ईमेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट खोलें।**
****CAUTION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS.**

Dear Bank of Baroda Employee,

As we are nearing the end of this FY we would like to remind you that it is now the **Final Days to undertake your Annual Health Checkup** at



Mediwheel
...Your wellness partner



बैंक ऑफ बरोडा
Bank of Baroda

any empanelled center of your choice on a cashless basis. MediWheel is the official cashless health checkup partner for Bank of Baroda Employees. We thank you for using MediWheel Wellness services.

You do not need to make any out of pocket payment. This is a facility for your benefit.

Avail your annual checkup at centers across India now using the buttons below. You can make a confirmed reservation of any date and time as per your convenience upto April 15th in advance for the current FY. Make your booking now and generate your HRMS permission letter today.

If you are a returning user simply:

Login

If you have not signed up yet, we request you to register like more than 40,000 of your colleagues already have. Pl go to Corporate Signup and use Corporate code "bob"

SignUp

We also request you to use the buttons/QR Codes below to download the MediWheel App, which is available on both the IOS App Store or the Android Play Store.



IOS



Android App

IOS App

Android App

Using the MediWheel App, you can Signup or Login to your Corporate Account and do the following:

1. Make Cashless Health Checkup Bookings for yourself and your Spouse.
2. Make Discounted Health Checkup Bookings for Dependents.

PDF Compressor Free Version

 बैंक ऑफ बड़ोदा
Bank of Baroda

नाम अशय कुमार
Name Ajay Kumar
कार्यकारी कूट क्र.
E.C.No 118873


जारीकर्ता प्राधिकारी
Issuing Authority



कार्यकारी हस्ताक्षर
Holder's Signature

PDF Compressor Free Version

भारत सरकार
Government of India

अजय कुमार
Ajay Kumar
जन्म तिथि/DOB: 12/10/1989
पुरुष/ MALE

3199 2198 4777
VID : 9124 7964 9610 5417
मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता
प्लॉट: राम कृष्ण, एन एन 662, शंभूजी सिटी 1st,
बंगलूरु, मिर्चेट सुरेन्द्र रोड के पास, गंगानगर, गंगानगर,
राजस्थान - 315001

Address:
C/O: Ram Krshan, HN 662, hamsalad city,
1st, near KJM resort surendra road,
Ganganagar, Ganganagar,
Rajasthan - 315001

3199 2198 4777
VID : 9124 7964 9610 5417

1947 | 652 help@uidai.gov.in | www.uidai.gov.in



PDF Compressor Free Version

Ivy Hospital

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

Bill of Supply

Bill No	2023241122932	Reg ID	2215386
Bill To	Mediwheel Acrofemi	Sex/Age	Male/34 Yrs/5 Mt/14 Days
TPA	Mediwheel Acrofemi	Consultant	DR. Direct
UHID	430329	Reffered By	Direct
Name	MR AJAY KUMAR S/O Ram	GST No.	03AABCI4594F1ZQ
Address	86 A SEC 21	Category	Health Services
Phone No	9462911999	Policy No.	118873
UTI/Claim/Ref.	118873/	Pan No	AABCI4594F

Sr.	Date	Code/Batch	Activity Desc.	Rate	Qty.	Amount
					1	2200
1	21-Mar-24		OPD Package Charges	2200	1	2200
			Bill Amount			2200
			Net Amount			2200
			Advance Amount			0
			CSR/Discount			0
			Ward Charges Reversed			0
			Receipt Amount			0
			Refund Amount			0
			Payable Amount			2200

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



Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : UB5110PB2005PTC027696

PDF Compressor Free Version

Name: Mr. Ajay Kumar UHID: 430329
 Age: 33/M Consultant: Dr. Jagpal Pandher Date: 21.03.24
 BP: 117/71 Pulse: 88 RR: Temp: Pain:
 Ht: 5'11" Wt: 79.6 kg Allergies: Nutritional Assessment: Yes/No
 Diagnosis / DD:
 Complaint:

Investigations

Clinical Notes

For general check up
 investigations grossly (N)
 CBC/LEF/RF7/LIPID profile/TFZ/HbA1c/Echo/Chd-
 4.5.5 xiii

Adv

Regular walk

1

Jagpal Pandher

Dr. Jagpal Pandher
 MD (Gen Med), MRCPI(UK), MRCP (Rheumatology)
 Senior Consultant, Internal Medicine & Rheumatology

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

Follow up

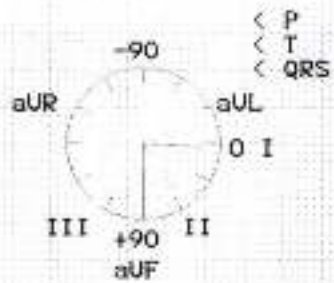
Sign & Stamp

Ivy/OPD/Form/005

PDF Compressor Free Version

Measurement Results:

QRS	98 ms
QT/QTcB	434 / 400 ms
PR	178 ms
P	124 ms
RR/PP	1180 / 1195 ms
P/QRS/T	55/ 90/ 5 degrees
QTD/QTcBD	58 / 53 ms
Sokolow	mU
NK	6

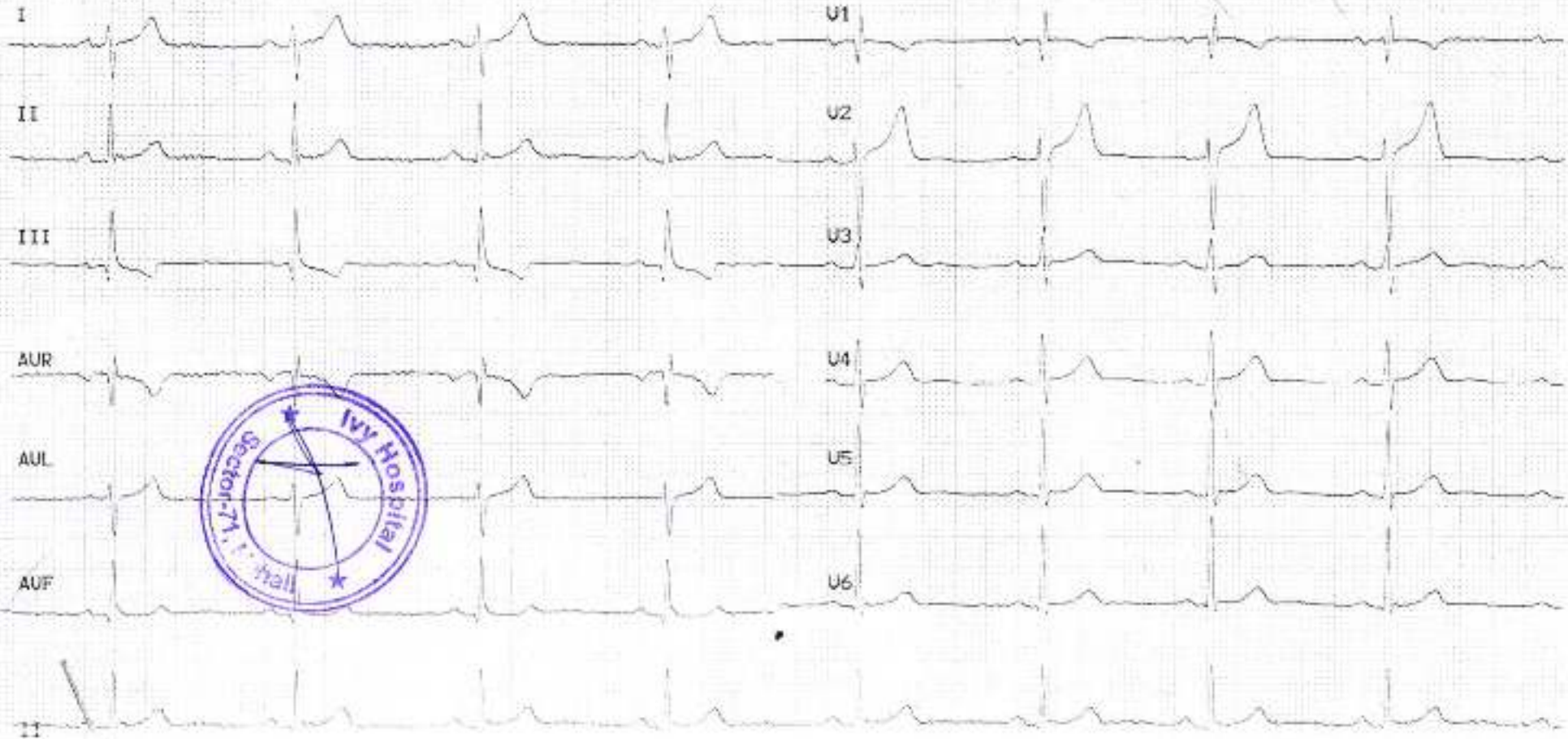


Interpretation:

Q wave (inferior)
 minor right axis deviation
 borderline ECG

Mr Ajay Kumar
Age - 33/M
UHID: 430329

Unconfirmed report.





PDF Compressor Free Version

Ivy Hospital

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

Patient Name AJAY KUMAR Patient ID 430329
Gender/Age Male / 35 Test Date : 21 Mar 2024

CARDIOLOGY DIVISION
ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.0	3.7-5.6 CM
Left Ventricular ES Dimension	2.3	2.2-4.0 CM
IVS (D)	1.2	0.6-1.2 CM
IVS (s)	1.7	0.7-2.6 CM
LVPW (D)	1.1	0.6-1.1 CM
LVPW (S)	1.5	0.8-1.0 CM
Aortic Root	3.2	2.0-3.7 CM
LA Diameter	3.0	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	56%	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= 74cm/s, A= 48cm/s, E>A

Aortic valve: Vmax = 80cm/s

Pulmonary valve: Vmax = 78cm/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)



PDF Compressor Free Version

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-56%)



DR. RAKESH BHUJUNGRU

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

(NOT FOR MEDICO-LEGAL PURPOSE)



PDF Compressor Free Version

Ivy Hospital

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

NAME	AJAY KUMAR	SEX/AGE	F33Y
PATIENT ID	ID430329	Accession Number	MRNO.10003-24OPD
REF CONSULTANT	Dr.	DATE	21/03/2024 09:08

X-RAY CHEST (PA VIEW)

Expiratory film.
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.



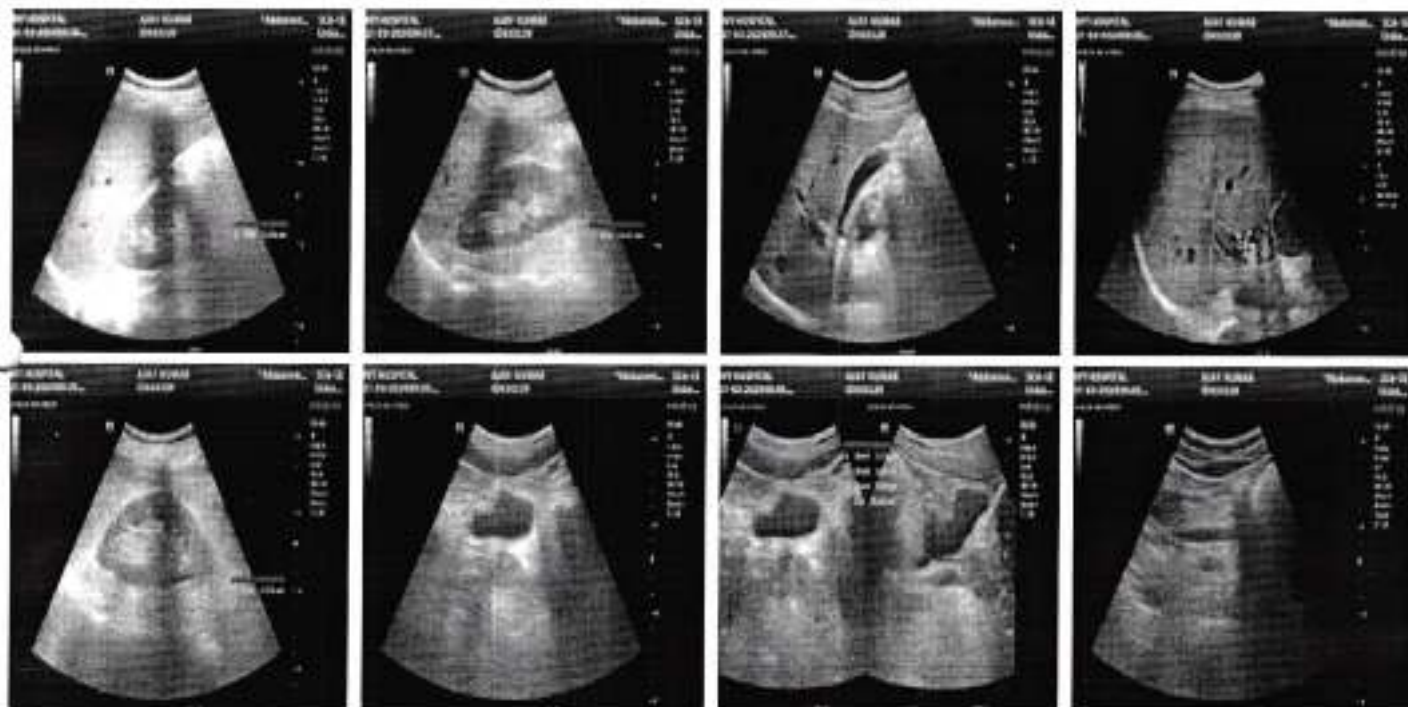

DR MEENU BHORLA
MBBS, DMRD, DNB, FVIR

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)

NAME	AJAY KUMAR	SEX/AGE	M33Y
PATIENT ID	ID430329	Accession Number	
REF CONSULTANT	PACKAGE	DATE	21/03/2024 09:33

USG WHOLE ABDOMEN



LIVER: is borderline enlarged in size (~15.7 cm), normal in outline and echotexture. 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 (~9.6 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 (~10.3 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~11.2 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

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

PROSTATE: is normal in size.

No free fluid is seen in peritoneal cavity.

IMPRESSION:

Borderline hepatomegaly.

Adv. Clinical correlation and follow up

(NOT FOR MEDICO-LEGAL PURPOSE)

Dr. Shruti

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



PDF Compressor Free Version

Ivy Hospital

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

NAME	AJAY KUMAR	SEX/AGE	M33Y
PATIENT ID	ID430329	Accession Number	
REF CONSULTANT	PACKAGE	DATE	21/03/2024 09:33

DNB Resident



DR. EKTA
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

(NOT FOR MEDICO-LEGAL PURPOSE)

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



IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

PDF Compressor Free Version



NAME	: MR AJAY KUMAR	Requisition Date	: 21/Mar/2024 08:53AM
DOB/Gender	: 12-Oct-1989/M	Sample Coll Date	: 21/Mar/2024 09:01AM
UHID	: 430329	Sample Rec.Date	: 21/Mar/2024 09:01AM
Ivy No	: 4145929	Approved Date	: 21/Mar/2024 10:30AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13111235		

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

IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 1.52 ng/mL 0.970 - 1.69

(T3) (Cat: 198)

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 oral contraceptives, plasma expanders 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 hypothyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

Serum Total T4 12.00 µg/dL 5.52 - 12.97

(T4) (Cat: 198)

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 as 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 1.100 mIU/L 0.4001 - 4.049

(TSH) (Cat: 100)

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. Accurately, 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 - 8 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 at 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	0.11 - 4.35
3rd Trimester	0.41 - 5.38



The highlighted values should be correlated clinically





IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

PDF Compressor Free Version



NAME	: MR AJAY KUMAR	Requisition Date	: 21/Mar/2024 08:53AM
DOB/Gender	: 12-Oct-1989/M	Sample Colldate	: 21/Mar/2024 09:01AM
UHID	: 430329	Sample Rec.Date	: 21/Mar/2024 09:01AM
Inv. No.	: 4145929	Approved Date	: 21/Mar/2024 09:49AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13111235		

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

BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting <small>(HbA1c not available)</small>	99	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.

RFT (RENAL FUNCTION TESTS)

Serum Urea <small>(Urea) (SI) (U) (U)</small>	41.00	mg/dl	17-43
Serum Creatinine <small>(Creatinine) (SI) (U) (U)</small>	0.90	mg/dl	0.67-1.17
Serum Uric acid <small>(Uric acid) (SI) (U) (U)</small>	6.20	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.

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 ≥ 20
Chronic Renal Failure*	Urea/Creatinine ratio ≤ 20

* Tietz textbook of clinical biochemistry.



The highlighted values should be correlated clinically





IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

PDF Compressor Free Version



NAME	: MR AJAY KUMAR	Requisition Date	: 21/Mar/2024 08:53AM
DOB/Gender	: 12-Oct-1989/M	Sample Coll Date	: 21/Mar/2024 09:01AM
UHID	: 430329	Sample Rec.Date	: 21/Mar/2024 09:01AM
Ivy No.	: 4145929	Approved Date	: 21/Mar/2024 09:49AM
PANEL Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13111235		

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

LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total (U-100000)	0.40	mg/dL	0.3-1.2
Serum Bilirubin Direct (U-100000)	0.10	mg/dl	<0.3
Serum Bilirubin Indirect (U-100000)	0.30	mg/dl	0.1-1.0
Serum SGOT(AST) (U-1000000)	26	U/L	<35
Serum SGPT(ALT) (U-1000000)	33	U/L	<50
Serum AST/ALT Ratio (U-100000)	0.79		
Serum GGT (U-100000)	51	IU/L	9-52
Serum Alkaline Phosphatase (U-1000000)	119	U/L	30-120
Serum Protein Total (U-1000)	7.2	gm/dl	6.40 - 8.20
Serum Albumin (U-1000)	4.4	g/dL	3.5-5.2
Serum Globulin (U-100000)	2.80	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio (U-100000)	1.57	%	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 (U-1000000)	200	mg/dL	Desirable <200 Borderline High: 200-239 High: > 240
Serum Triglycerides (U-1000000)	172	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol	35	mg/dL	<40 Major risk factor for CHD



The highlighted values should be correlated clinically





IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com



PDF Compressor Free Version

NAME : MR AJAY KUMAR

DOB/Gender : 12-Oct-1989/M

I/HID : 430329

Ivy No. : 4145929

Panel Name : Ivy Mohali

Bar Code No : 13111235

Requisition Date : 21/Mar/2024 08:53AM

Sample Coll Date : 21/Mar/2024 09:01AM

Sample Rec. Date : 21/Mar/2024 09:01AM

Approved Date : 21/Mar/2024 09:49AM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
Serum VLDL cholesterol <small>(calculated)</small>	34	mg/dL	>60 Negative risk factor for CHD 7-35
Serum LDL cholesterol <small>(calculated)</small>	131	mg/dL	50-100
Serum Cholesterol-HDL Ratio <small>(calculated)</small>	5.71		3-5
Serum LDL-HDL Ratio <small>(calculated)</small>	3.73		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)
USD and CHD Risk Equivalent <small>(10-year risk for CHD >20%)</small>	<100	<130
Multiple (2+) Risk Factors and <small>10-year risk <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



PDF Compressor Free Version

NAME : MR AJAY KUMAR

DOB/Gender : 12-Oct-1989/M

UHID : 430329

Ivy No. : 4145929

Panel Name : Ivy Mohali

Bar Code No : 13111235

Requisition Date : 21/Mar/2024 08:53AM

Sample Coll Date : 21/Mar/2024 10:11AM

Sample Rec. Date : 21/Mar/2024 10:11AM

Approved Date : 21/Mar/2024 11:25AM

Referred Doctor : Self

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

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	1.030		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





IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

PDF Compressor Free Version



NAME : MR AJAY KUMAR
 DOB/Gender : 12-Oct-1989/M
 UHID : 430329
 Inv. No. : 4145929
 Panel Name : Ivy Mohali
 Bar Code No : 13111235

Requisition Date : 21/Mar/2024 08:53AM
 Sample Coll Date : 21/Mar/2024 09:01AM
 Sample Rec.Date : 21/Mar/2024 09:01AM
 Approved Date : 21/Mar/2024 09:44AM
 Referred Doctor : Self

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

HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR <small>(Westergren ESR analysis)</small>	3	mm/h	0-10
---	---	------	------

COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Hemoglobin <small>(Colorimetric method)</small>	15.1	g/dl	13.0 - 17.0
Hematocrit (PCV) <small>(Micro)</small>	46.4	%	36-48
Red Blood Cell (RBC) <small>(Automated BC, Platelet)</small>	4.90	$10^6/\mu\text{l}$	4.5-5.5
Mean Corp Volume (MCV) <small>(Automated BC, Derivation)</small>	94.5	fL	83-97
Mean Corp HB (MCH) <small>(Micro)</small>	30.8	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Micro)</small>	32.5	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Micro)</small>	13.3	%	11-15
Platelet Count <small>(Automated BC, Direct Method)</small>	199	$10^3/\mu\text{l}$	150-450
Mean Platelet Volume (MPV) <small>(Automated BC, Derivation)</small>	10.4	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Automated BC, Derivation)</small>	7.0	$10^3/\mu\text{l}$	4.0 - 10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	55	%	40-75
Lymphocytes	34	%	20-40
Monocytes	8	%	0-8
Eosinophils	3	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,850	μl	2000-7000
Absolute Lymphocyte Count	2,380	μL	1000-3000
Absolute Monocyte Count	560	μL	200-1000
Absolute Basophil Count	210	μl	20-500



The highlighted values should be correlated clinically





PDF Compressor Free Version

IVY HOSPITAL

F-317, Industrial Area, Phase 8B,

Mohali, Punjab

Ph: 9115110241, 9115115658

Email: lab@ivyhospital.com



NAME	: MR AJAY KUMAR	Requisition Date	: 21/Mar/2024 08:53AM
DOB/Gender	: 12-Oct-1989/M	Sample Coll Date	: 21/Mar/2024 09:01AM
UHID	: 430329	Sample Rec. Date	: 21/Mar/2024 10:52AM
Ivy No.	: 4145929	Approved Date	: 21/Mar/2024 12:38PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No.	: 13111255		

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

HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c <small>(Bioassay using HPLC/DFZ)</small>	5.5	%	Non diabetic: 4.0-6.0 Target of therapy: <7.0 Change of therapy: >8.0
Estimated Average Glucose (eAG) <small>(mg/dL)</small>	111	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





PDF Compressor Free Version



NAME :	MR AJAY KUMAR	Requisition Date :	21/Mar/2024 08:53 AM
DOB/Gender :	12-Oct-1989/M	Sample Coll Date :	21/Mar/2024 09:01 AM
UHID :	430329	Sample Rec. Date :	21/Mar/2024 09:54 AM
Inv. No. :	4145829	Approved Date :	21/Mar/2024 10:31 AM
Panel Name :	Ivy Mohali	Referred Doctor :	Self
Bar Code No :	13111235		

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

HAEMATOLOGY

BLOOD GROUP/RH TYPE

ABO & RH Typing

Forward Grouping

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

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.
- * In newborn transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of maternal antibodies in newborns, may interfere with blood grouping.
- * Autoagglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

*** End Of Report ***



Dr. Shweta
 Dr. Shweta Kundu
 M.D. PATHOLOGY