

## Health Check up Booking Request(35E7398)

Wellness : Mediwheel : New Delhi &lt;wellness@mediwheel.in&gt;

Mon 15-07-2024 17:06

To:Kadanasimplay@gmail.com &lt;kadanasimplay@gmail.com&gt;

Cc:Customer Care :Mediwheel : New Delhi &lt;customercare@mediwheel.in&gt;


**Mediwheel**  
 ...Your wellness partner

011-41195959

Dear MALKIT SINGH SIMPLAY,

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 50 To 60  
**Name of Diagnostic/Hospital** : Ivy Hospital  
**Address of Diagnostic/Hospital** : Sector - 71,Mohali  
**Appointment Date** : 27-07-2024  
**Preferred Time** : 8:30am

Member Information		
Booked Member Name	Age	Gender
MALKIT SINGH SIMPLAY	55 year	Male

**Tests included in this Package**

- Urine Analysis
- Blood Group
- Stool Test
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver Profile
- Blood Glucose (Post Prandial)
- Prostate Specific Antigen (PSA Male)
- Thyroid Profile
- Urine Sugar Fasting
- Urine Sugar PP
- ESR
- Blood Glucose (Fasting)
- TMT OR 2D ECHO (Any 1) Chosen By Candidate
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Dental Consultation

• General Physician Consultation

Thanks,  
Mediwheel Team

Please Download Mediwheel App



You have received this mail because your e-mail ID is registered with **Arcofemi Healthcare Limited** This is a system-generated e-mail please don't reply to this message.

Please visit to our **Terms & Conditions** for more informaion. [Click here](#) to unsubscribe.

@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)



Health checkup at tie-up Ctr

HealthCheckup 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 50-60 Male**

Shri/Smt./Kum. SIMPLAY,MALKIT SINGH

P.F. No. 622583 Designation : Special Customer Service Assoc

Checkup for Financial Year 2024-2025 Approved Charges Rs. 4000.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup 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,

(Signature of the Employee)

Yours Faithfully,

BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application- Sanctioned





Name: Mr. Malkit Singh UHID: 187480  
 Age: 56/M Consultant: Dr. G. Ranjeeth Kumar Date: 27/07/24  
 BP: 140/88 Pulse: 68 RR: \_\_\_\_\_ Temp: \_\_\_\_\_ Pain: \_\_\_\_\_  
 Ht: \_\_\_\_\_ Wt: 96 kg Allergies: \_\_\_\_\_ Nutritional Assessment: Yes/No  
 Diagnosis / DD: HTN / Dyslipidemia / Hypertension  
 Complaint: \_\_\_\_\_

Investigations  
 2D ECHO - EF 55%  
 USG abd - Gr II fatty liver  
 ECG - normal ST ↓ in III, aVF  
 TSH - 2.0  
 FBS - 101  
 LFT - (N)  
 HDL / LDL  
 164 / 242 / 44 / 21  
 PSA - 0.6  
 RFT - 2/1/1  
 Urine R/MC  
 NAD

Clinical Notes  
 Regular health checkup (Annual)  
 1) Tab. Bisoprolol 5 mg OD 9 AM  
 2) Tab. TELMA 40 mg OD 8 AM  
 3) Tab. Novostat 10 mg OD HS  
 4) Tab. Fenofibrate 160 mg OD HS

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
5)	Exp. Labetalol IT	20/150 mg	OD	BRF	_____	1 month
6)	Syn. Linciclin	10 ml	BD	1	1 fast meal	20 days
	HA 3 months					
	Fasting lipid profile					
	HsA1c					

Follow up  
 Dietician consult for weight loss  
 Dr. G. Ranjeeth Kumar  
 MD Internal Medicine (MCH)  
 Regn No 88508  
 Sign & Stamp  
 Ivy/OPD/Form/005



# Ivy Hospital

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

Name: Mr. Malkit Singh UHID: 187480  
 Age: 56/13 Consultant: Dr. Mukesh Vats Date: 27/07/24  
 BP: 140/88 Pulse: 68 RR: \_\_\_\_\_ Temp.: \_\_\_\_\_ Pain: \_\_\_\_\_  
 Ht.: \_\_\_\_\_ Wt.: 96 Kg Allergies: \_\_\_\_\_ Nutritional Assessment: Yes/No  
 Diagnosis / DD: \_\_\_\_\_  
 Complaint: H/O HTN ⊕ / Cholesterol ⊕

### Investigations

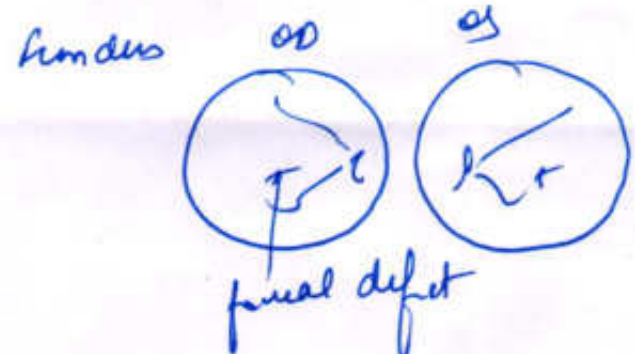
### Clinical Notes

mmT c/ q p  
i/c  
(aided)

IOA 16  
16

no general check-up

ALS - w/w



lupit - w/w

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
						Adv's ① OCT - macula - right eye
						② fundos tears id TMO

Dr. Mukesh Vats  
 MS, FVRS  
 Retina Consultant & Phaco Surgeon  
 PME: 45034

Follow up

Sign & Stamp



NAME	MALKIT SINGH	SEX/AGE	M56Y
PATIENT ID	ID187480	Accession Number	XNO17458-OPD
REF CONSULTANT	Dr.	DATE	27/07/2024 11:02

### 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



Ivy  
Hospital  
Name  
Gender/Age



MAHAKIT SINGH SIMPLAY Patient ID  
Male / 56  
Test Date :

187480  
27 Jul 2024

# Ivy Hospital

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

## CARDIOLOGY DIVISION

### ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.0	3.7-5.6 CM
Left Ventricular ES Dimension	2.9	2.2-4.0 CM
IVS (D)	1.1	0.6-1.2 CM
IVS (s)	1.4	0.7-2.6 CM
LVPW (D)	0.9	0.6-1.1 CM
LVPW (S)	1.2	0.8-1.0 CM
Aortic Root	2.9	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 = 109cm/s, A = 61cm/s, E>A

**Aortic valve:** Vmax = 143cm/s

**Pulmonary valve:** Vmax = 72cm/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%)



**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

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

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







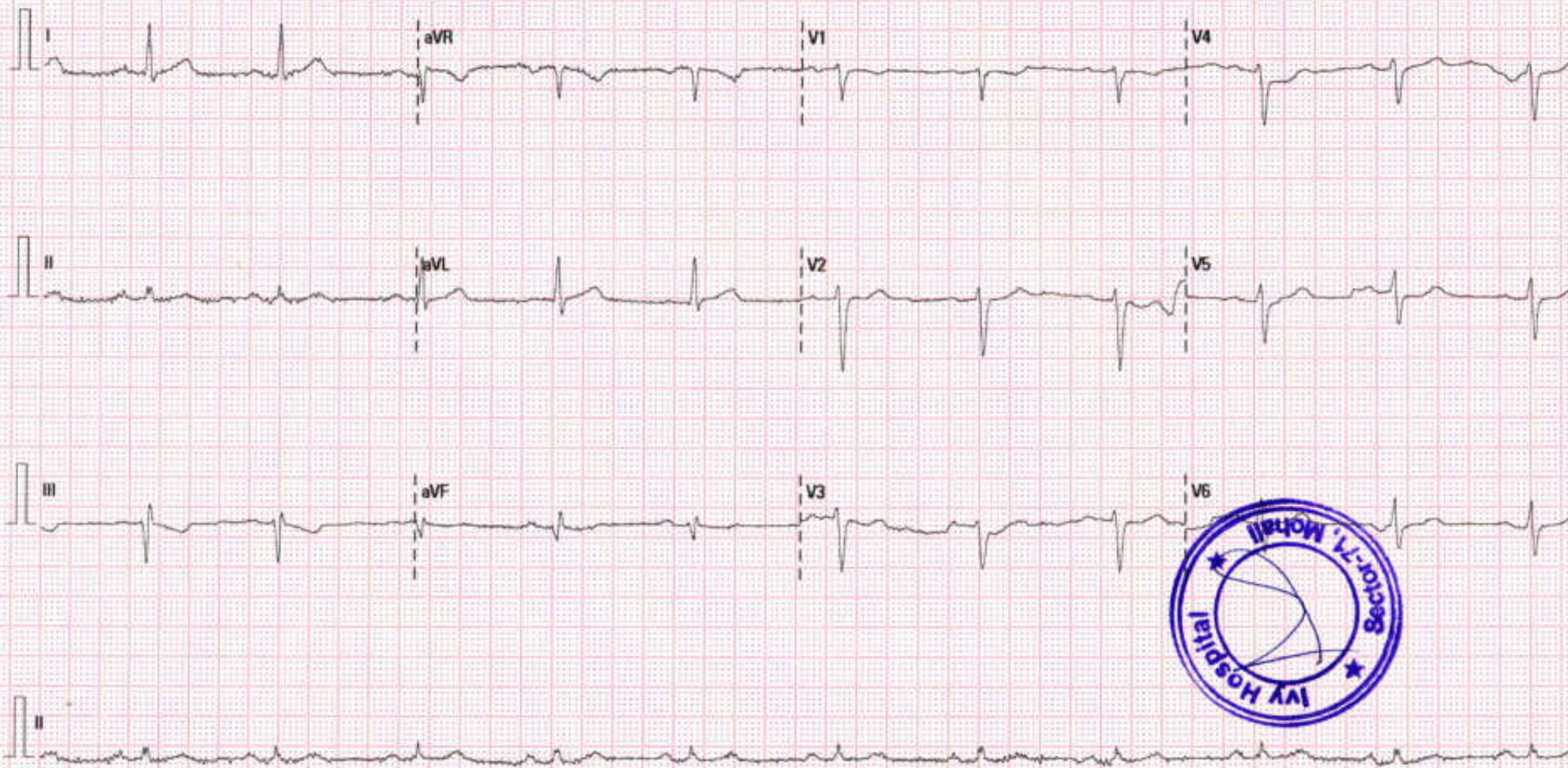
ID: 187480  
Name: MR MALKIT SINGH  
Age: 56 Years  
Gender: Male

27-07-2024 12:10:52 PM

Vent. Rate	66 bpm
PR Interval	176 ms
QRS Duration	102 ms
QT/QTc Interval	380/391 ms
P/QRS/T Axes	44/-2/-2 deg
RV5/SV1	0.450/0.547 mV
RV5 + SV1	0.997 mV
QTc:Hodges	

Sinus rhythm  
Possible anterior infarct - age undetermined  
Inferior T wave abnormality is nonspecific  
Abnormal ECG

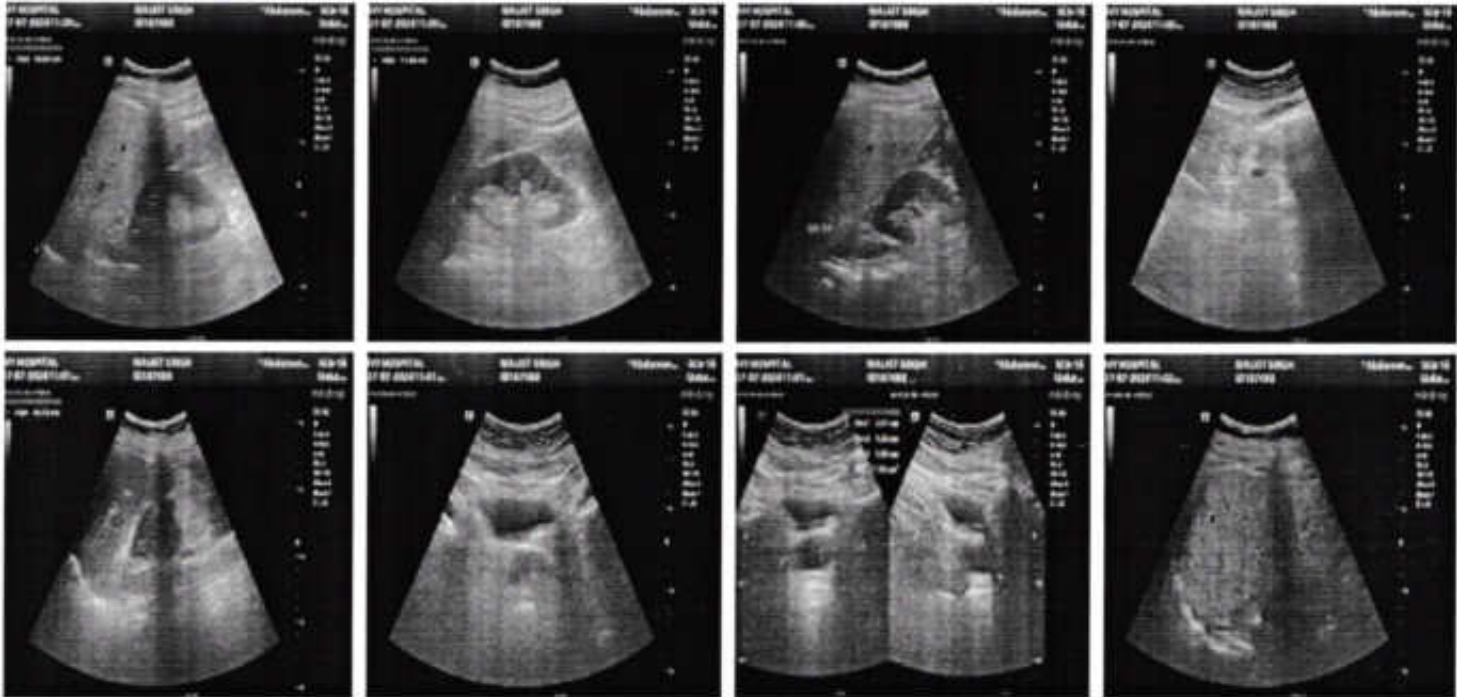
Unconfirmed Diagnosis





NAME	., MALKIT SINGH SIMPLAY	SEX/AGE	M56Y
PATIENT ID	ID187480	Accession Number	
REF CONSULTANT	PACKAGE	DATE	27/07/2024 11:35

## USG WHOLE ABDOMEN



**LIVER:** is normal in size (~14.9 cm), outline and shows increased echogenicity. IHBR are not dilated. Portal vein is normal. Visualized CBD is not dilated.

**GALL BLADDER:** is not visualized - Post operative status.

**SPLEEN:** is normal in size (~10.7 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 (~11.4 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

**LEFT KIDNEY:** It is normal in size (~11.3 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

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

**PROSTATE:** appears grossly normal.

No free fluid is seen in peritoneal cavity.

### **IMPRESSION:**

Fatty liver (Grade II).

Adv. Clinical correlation and follow up

Dr. Shruti

(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

NAME	., MALKIT SINGH SIMPLAY	SEX/AGE	M56Y
PATIENT ID	ID187480	Accession Number	
REF CONSULTANT	PACKAGE	DATE	27/07/2024 11:35

**DNB Resident**



Dr GURSIMRAN SINGH ANAND  
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](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**



NAME : MR MALKIT SINGH SIMPLAY

DOB Gender : 20-Jul-1968/M

Requisition Date : 27/Jul/2024 10:20AM

PHID : 187480

Sample Coll Date : 27/Jul/2024 11:04AM

Inv. No. : 4464294

Sample Rec. Date : 27/Jul/2024 11:04AM

Panel Name : Ivy Mohali

Approved Date : 27/Jul/2024 12:52PM

Bar Code No : 13221644

Referred Doctor : Self

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

**IMMUNOASSAY**

**TOTAL THYROID PROFILE**

Serum Total T3	1.20	ng/mL	0.970 - 1.69
----------------	------	-------	--------------

**Summary & Interpretation:**

Thyroxine (T4) 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 amiodarone, clozapine, carbamazepine and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

Serum Total T4	6.90	µg/dL	5.52 - 12.97
----------------	------	-------	--------------

**Summary & Interpretation:**

The thyroid hormone (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 binding 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 concentrations 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 T4 replacement therapy.

Serum TSH	2.000	mIU/L	0.465 - 4.68
-----------	-------	-------	--------------

**Summary & Interpretation:**

TSH is secreted by specific thyrotrophic 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.

**Notes:**  
TSH secretion is subject to circadian variations, reaching peak levels between 7 - 9 a.m. and at a minimum between 8-10 pm. The variation is of the order of 50%. Hence time of the day has to be considered in the interpretation of TSH concentrations.

TSH is not a specific parameter for T3 and T4 as it is metabolically active.

TSH is not a specific parameter for T3 and T4 levels in pregnancy and in patients on steroid therapy.

**Clinical Use:** Primary Hypothyroidism, Hyperthyroidism, Hypothalamic - Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Secondary or acquired thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN mIU/mL
1st Trimester	0.05 - 3.70
2nd Trimester	0.31 - 4.35
3rd Trimester	0.41 - 5.18





NAME :	MR MALKIT SINGH SIMPLAY		
Date of Gender :	20-Jul-1968/M	Requisition Date :	27/Jul/2024 10:20AM
UHID :	187480	Sample CollDate :	27/Jul/2024 11:04AM
Inv. No. :	4464294	Sample Rec.Date :	27/Jul/2024 11:04AM
Panel Name :	Ivy Mohali	Approved Date :	27/Jul/2024 12:52PM
Bar Code No :	13221644	Referred Doctor :	Self

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

**PSA TOTAL**

Serum PSA Total <small>(Urea Creat - 2000)</small>	0.60	ng/mL	<4.0
---	------	-------	------

**Significance & 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, coloscopy, 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 <small>(Fasting - 8-10H)</small>	101	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.

**BUN (RENAL FUNCTION TESTS)**

Serum Urea <small>(Urea Creat - 2000)</small>	21.20	mg/dl	17-43
Serum Creatinine <small>(Urea Creat - 2000)</small>	1.10	mg/dl	0.67-1.17
Serum Uric acid <small>(Urea Creat - 2000)</small>	5.20	mg/dl	3.5-7.2

**Interpretation:**

Renal function tests are used to detect and diagnose diseases of the Kidney.







NAME : MR MALKIT SINGH SIMPLAY

DOB Gender : 20 Jul-1968/M

Requisition Date : 27/Jul/2024 10:20AM

PHID : 187480

SampleCollDate : 27/Jul/2024 11:04AM

Inv. No. : 4464294

Sample Rec.Date : 27/Jul/2024 11:04AM

Panel Name : Ivy Mohali

Approved Date : 27/Jul/2024 12:52PM

Bar Code No : 13221644

Referred Doctor : Self

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

**LIVER FUNCTION TEST WITH GGT**

Serum Bilirubin Total	1.10	mg/dL	0.3-1.2
Serum Bilirubin Direct	0.30	mg/dl	<0.3
Serum Bilirubin Indirect	0.80	mg/dl	0.1-1.0
Serum SGOT (AST)	32	U/L	<35
Serum SGPT (ALT)	26	U/L	<50
Serum AST/ALT Ratio	1.23		
Serum GGT	27	IU/L	9-52
Serum Alkaline Phosphatase	51	U/L	30-120
Serum Protein Total	6.8	gm/dl	6.40 - 8.20
Serum Albumin	4.2	g/dL	3.5-5.2
Serum Globulin	2.60	gm/dl	2.0-3.5
Serum Albumin Globulin Ratio	1.62	%	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 abnormal 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, alcoholic and drug-induced liver damage. Malnutrition also cause elevated liver enzymes. There are less common conditions and diseases that also cause abnormal liver enzyme levels.

**LIPID PROFILE**

Serum Cholesterol	168	mg/dL	Desirable;<200 Borderline High:200-239 High; > 240
Serum Lipoproteins	242	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol	49	mg/dL	<40 Major risk factor





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



DR. MANJIT SINGH SAINI, MD

Test Description	Observed Value	Unit	Reference Range
Requestion Date	: 27/Jul/2024 10:20AM		
Sample CollDate	: 27/Jul/2024 11:04AM		
Sample Rec.Date	: 27/Jul/2024 11:04AM		
Approved Date	: 27/Jul/2024 12:52PM		
Referred Doctor	: Self		

Test Name	Value	Unit	Reference Range
LDL cholesterol	48	mg/dL	7-35
HDL cholesterol	71	mg/dL	50-100
Non-HDL cholesterol	3.43		3-5
LDL/HDL Ratio	1.44		1.5-3.5

Reference Range: National Lipid Education Program

Test Name	Value	Unit	Reference Range
LDL cholesterol	Desirable <200		Borderline High 200 - 239
	High >240		Very High ≥ 500
HDL cholesterol	Normal <150		Borderline High 150 - 199
	High 200 - 499		Very High ≥ 500
LDL/HDL Ratio	Low <40		High ≥ 60
LDL/HDL Ratio	Optimal <100		Borderline High 130 - 159
	Near optimal Above optimal 100 - 129		High 160 - 189
	Very High ≥ 190		

Test Name	Value	Unit	Reference Range
LDL/HDL Ratio	<100		<130
LDL/HDL Ratio	<130		<160
LDL/HDL Ratio	<160		<190



Report generated by: 15/07/2024 10:20







NAME : MR MAJKIT SINGH SIMPLAY

DOB/Gender : 20-Jul-1968/M

PHID : 187480

Doc No : 4464294

Panel Name : Ivy Mohali

Doc Code No : 13221644

Requisition Date : 27/Jul/2024 10:20AM

Sample Coll Date : 27/Jul/2024 11:04AM

Sample Rec.Date : 27/Jul/2024 11:04AM

Approved Date : 27/Jul/2024 12:52PM

Referred Doctor : Self

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

**STOOL ROUTINE**

*Physical Examination*

Stool Colour

Yellowish

Stool Consistency

Formed

Stool Mucus

Absent

Absent

*Microscopic Examination*

Stool Pfc Cells

2-3

/hpf

Absent

Stool RBC?

Absent

/hpf

Absent

Stool Wbc

Absent

Absent

Stool Cysts

Absent

Absent

Ivy  
Hospital





# IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com



NAME : MR MALKIT SINGH SIMPLAY

DOB/Gender : 20-Jul-1968/M

Requisition Date : 27/Jul/2024 10:20AM

PHO : 187180

Sample Coll Date : 27/Jul/2024 10:29AM

Acc No : 4461294

Sample Rec Date : 27/Jul/2024 10:30AM

Facil Name : Ivy Mohali

Approved Date : 27/Jul/2024 11:33AM

Fac Code No : 13221644

Referred Doctor : Self

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

## HAEMATOLOGY

### BLOOD GROUP RH TYPE

ABO & RH Typing

Forward Grouping

Anti A

NEGATIVE

Anti B

POSITIVE

Anti D

POSITIVE

Final Blood Group

B POSITIVE

### NOTE:

- 1. Some blood group A, B, O 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.
- 2. In case of transfusion, reconfirmation of blood group as well as cross-matching is needed.
- 3. Presence of maternal antibodies in newborns, may interfere with blood grouping.
- 4. Some medications (like cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause interference.

The highlighted values should be correlated clinically.

Report Edited By: Geetika 09847





# IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com



Patient Name	: MR MALKIT SINGH SIMPLAY	Requisition Date	: 27/Jul/2024 10:20AM
DOB/ Gender	: 20 Jul 1968/M	Sample Coll Date	: 27/Jul/2024 10:29AM
Phone No.	: 187080	Sample Rec. Date	: 27/Jul/2024 10:30AM
Lab No.	: 4464294	Approved Date	: 27/Jul/2024 11:23AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No.	: 13221644		

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

## HAEMATOLOGY

### ESR

Primary Sample Type: EDTA Blood

ESR	2	mm/h	0-10
-----	---	------	------

Reference Range

The highlighted values should be correlated clinically

© Ivy Hospital Pvt. Ltd. 2024. 08/27







Name : MR MALKIT SINGH SIMPLAY

DOB Gender : 20-Jul-1968/M

Requisition Date : 27/Jul/2024 10:20AM

UOID : 187480

Sample Coll Date : 27/Jul/2024 10:29AM

Ref No : 4464294

Sample Rec Date : 27/Jul/2024 10:30AM

Panel Name : Ivy Mohali

Approved Date : 27/Jul/2024 11:23AM

Ref Code No : 13221044

Referred Doctor : Self

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

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

Hemoglobin	14.0	g/dl	13.0-17.0
Hematocrit (HCT)	42.9	%	36-48
Red Blood Cell (RBC)	5.10	$10^6 / \mu\text{l}$	4.5-5.5
Mean Corp Volume (MCV)	83.5	fL	83-97
Mean Corp HB (MCH)	27.2	pg/mL	27-31
Mean Corp HB Conc (MCHC)	32.6	gm/dl	32-36
Red Cell Distribution Width (RDW)	14.4	%	11-15
Platelet Count	288	$10^3 / \mu\text{l}$	150-450
Mean Platelet Volume (MPV)	11.8	fL	7.5-10.3
Total Leucocyte Count (TLC)	7.1	$10^3 / \mu\text{l}$	4.0-10.0
<b>Differential Leucocyte Count (WCS/ Microscopy)</b>			
Neutrophils	58	%	40-75
Lymphocytes	30	%	20-40
Eosinophils	8	%	0-8
Basophils	4	%	0-4
Neutrophil Count	4,118	$\mu\text{l}$	2000-7000
Lymphocyte Count	2,130	$\mu\text{l}$	1000-3000
Monocyte Count	568	$\mu\text{l}$	200-1000
Eosinophil Count	284	$\mu\text{l}$	20-500

\*\*\* End Of Report \*\*\*

The highlighted values should be correlated clinically

