



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 2023241123803. 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
AMANDEEP SINGH	bobE17740	311783	2023241123803	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: 91-172-5044339
All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

IVY HELPLINE : +91 8078880788

Health Check up Booking Confirmed Request(bobE17740),Package Code-
PKG10000476, Beneficiary Code-311783

Mediwheel <wellness@mediwheel.in>

Thu 3/21/2024 3:03 PM

To: M S M E-Mandi Govingarh , Ludhiana Region <VJMAFA@bankofbaroda.com>
Cc: customercare@mediwheel.in <customercare@mediwheel.in>

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक
THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLIC

011-41195959

Dear **MR. BHATIA AMANDEEP SINGH,**

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Health Checkup Male Above 40
Patient Package Name : Mediwheel Full Body Health Checkup Male Above 40
Name of Diagnostic/Hospital : Ivy Hospital
Address of Diagnostic/Hospital- : Sector - 71, Mohali
City : Mohali
State :
Pincode : 160071
Appointment Date : 23-03-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:30am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. BHATIA AMANDEEP SINGH	42 year	Male

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).

- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

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For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

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)

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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. BHATIA AMANDEEP SINGH
EC NO.	65664
DESIGNATION	JOINT MANAGER
PLACE OF WORK	MANDI GOBINGARH, M S M E BRANCH
BIRTHDATE	27-10-1981
PROPOSED DATE OF HEALTH CHECKUP	23-03-2024
BOOKING REFERENCE NO.	23M65664100104250E

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 **21-03-2024** 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))

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प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ोदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार है हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. BHATIA AMANDEEP SINGH
क.कू.संख्या	65664
पदनाम	JOINT MANAGER
कार्य का स्थान	MANDI GOBINGARH, M S M E BRANCH
जन्म की तारीख	27-10-1981
स्वास्थ्य जांच की प्रस्तावित तारीख	23-03-2024
बुकिंग संदर्भ सं.	23M65664100104250E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ोदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 21-03-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ोदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)

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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

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NAME	MR. BHATIA AMANDEEP SINGH
EC NO.	65664
DESIGNATION	JOINT MANAGER
PLACE OF WORK	MANDI GOBINGARH, M S M E BRANCH
BIRTHDATE	27-10-1981
PROPOSED DATE OF HEALTH CHECKUP	23-03-2024
BOOKING REFERENCE NO.	23M65664100104250E

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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))

PDF Compressor Free Version **SUGGESTIVE LIST OF MEDICAL TESTS**

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

 **બંક ઝીલો બરોડા**
Bank of Baroda

Name: AMANDEEP SINGH BHATIA

કર્મચારી કોડ નં **65664**
E. C. No.



Issuing Authority (DRM) (OM) Chd Region  **ધારક કે હસ્તાક્ષર**
Signature of Holder





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Ivy Hospital

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

Bill of Supply

Bill No	2023241123803	Reg ID	2217580
Bill To	Mediwheel Acrofemi	Sex/Age	Male/42 Yrs/5 Mt/7 Days
TPA	Mediwheel Acrofemi	Consultant	DR. Direct
UHID	430839	Referred By	Direct
Name	MR AMANDEEP SINGH BHATIA S/O	GST No.	03AABCI4594F12Q
Address	40 SHASTRI COLONY YAMUNA	Category	Health Services
Phone No	9149913938	Policy No.	0
UTI/Claim/Ref.	D/	Pan 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

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 8078880788



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Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No.: U35110PB2005PTC027596

Name: Mr. Amandeep Singh UHID: 430839
 Age: 42/m Consultant: Dr. Jagpal Paudher Date: 23/03/24
 BP: 170/105 Pulse: 56/6 RR: Temp: Pain:
 Ht: Wt: 91 kg Allergies: Nutritional Assessment: Yes/No
 Diagnosis / DD:
 Complaint:

Investigations

170/114

Clinical Notes

For general health checkup.

Total cholesterol 206 FBJ-BO Echo ⊙
 TG 109 ECG ⊙
 HDL 39
 LDL 129
 VLDL 38

Adv ± HTN

- Monitor Blood Pressure at home if consistently more than 140/90 to start
- Tab CLINDIPINE 10mg QD
- Regular/Exercise/low salt/low fat diet

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

Dr. Jagpal Paudher
 M. Med. (Gen.), MRCGP (R) (2007-2012)
 Senior Consultant - Internal Medicine & Geriatrics
 Regd No.: P-11-36408



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Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No.: UBS110PB2005PTC027908

Name: Mr. Amandeep Singh UHID: 430839
 Age: 42/yr Consultant: Dr. Mukesh Vats Date: 23/03/24
 BP: 110/110 Pulse: 86/6 RR: _____ Temp: _____ Pain: _____
 Ht: _____ Wt: 71 kg Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: _____
 Complaint: _____

Investigations

Vmf 6/6
PL negative
(aided)

IOPI 16/16

Clinical Notes

no floaters

Rupit - n/wk
on ART.

ALS - wnl.

fundus

OD

OS



cuppi

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
		Adv	(1)	both eyes	fundus	Photo
			(2)	Continues	same	treatment
				Review	2wks	

Dr. Mukesh Vats
M.S. FVRB NUG
Retina Consultant & Phaco Surgeon
PMC 43034

Follow up

Sign & Stamp

Ivy/OPD/Form/005

Measurement Results:

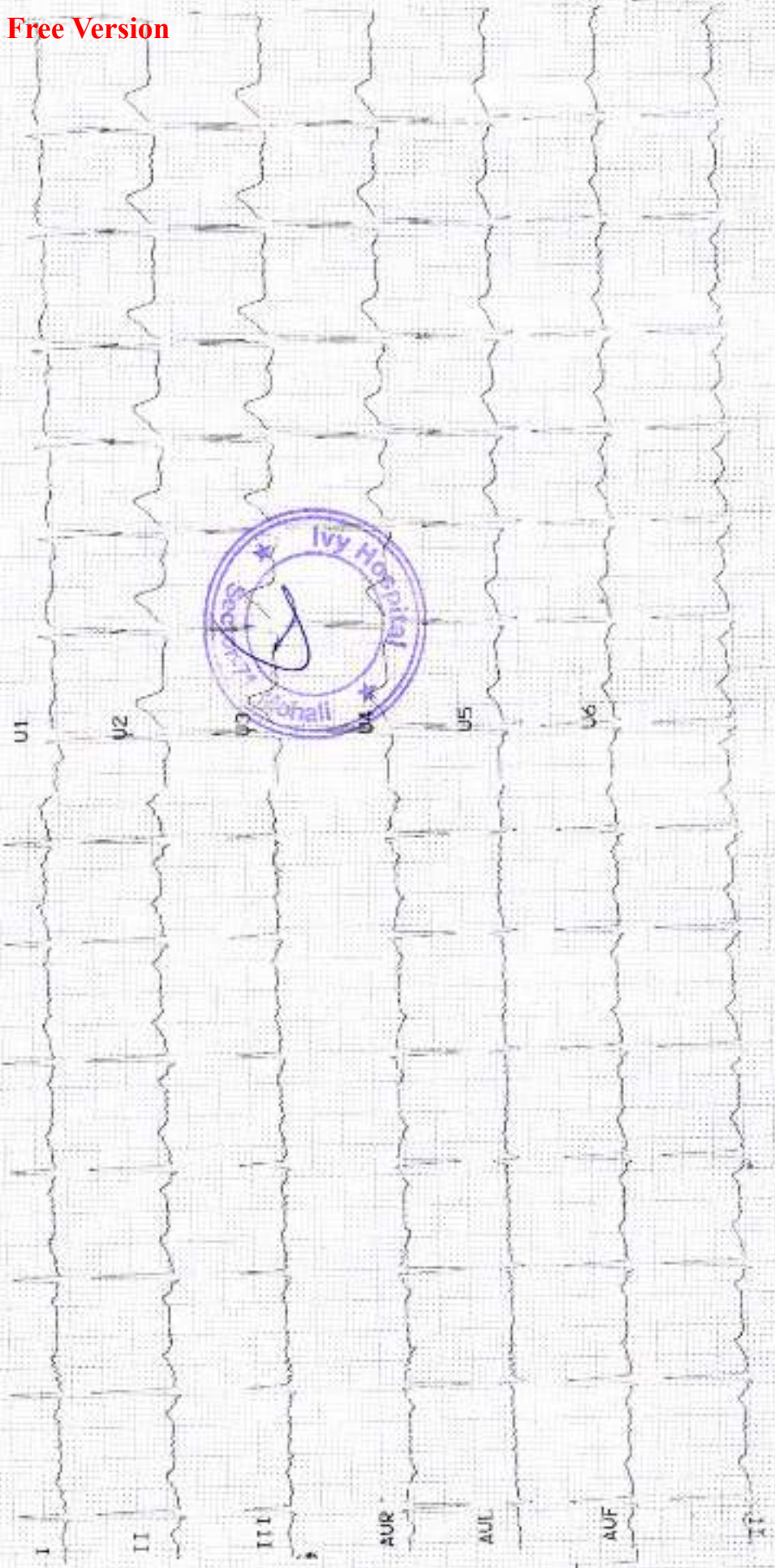
QRS : 102 ms
 QT/QTcB : 368 / 444 ms
 PR : 152 ms
 P : 112 ms
 RR/PP : 686 / 685 ms
 P/QRS/T : 60 / 60 / 50 degrees
 QT0/QTc80 : 80 / 97 ms
 Sokolow : 2.4 mV
 NK : 13

Interpretation:

normal ECG

Mr. Aman Deep Singh
 Ref: 42/M
 UHDT-43088

Unconfirmed report.





IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

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NAME :	MR AMANDEEP SINGH BHATIA		
DOB/Gender :	27-Oct-1981/M	Requisition Date :	23/Mar/2024 10:07AM
UHID :	430839	Sample Coll Date :	23/Mar/2024 12:52PM
Ivy No. :	6150329	Sample Rec. Date :	23/Mar/2024 12:52PM
Panel Name :	Ivy Mohali	Approved Date :	23/Mar/2024 02:22PM
Bar Code No :	13112988	Referred Doctor :	Self

Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

GLUCOSE FASTING

Sample Type: Fluoride Plasma

Plasma Glucose Fasting <small>(Reference: MU491)</small>	80	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.

GLUCOSE PP

Plasma Glucose Post Prandial <small>(Reference: MU490)</small>	90	mg/dL	<140 Normal 140 - 180 Impaired Tolerance >180 Diabetic
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*** End Of Report ***

The highlighted values should be correlated clinically





IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

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NAME	: MR AMANDEEP SINGH BHATIA		
DOB/Gender	: 27-Oct-1981/M	Requisition Date	: 23/Mar/2024 10:07AM
UHID	: 450839	Sample Coll Date	: 23/Mar/2024 12:25PM
Ivy No.	: 4150329	Sample Rec. Date	: 23/Mar/2024 12:26PM
Panel Name	: Ivy Mohali	Approved Date	: 23/Mar/2024 01:59PM
Bar Code No	: 13112988	Referred Doctor	: Self

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

IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 <small>(T3 Total) (SI)</small>	1.34	ng/mL	0.970 – 1.69
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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 propylthiouracil, amiodarone or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3 hyperthyroidism, the detection of certain stages of hyperthyroidism for initiating a diagnosis of thyrotoxicosis factitia.

Serum Total T4 <small>(T4 Total) (SI)</small>	11.50	µg/dL	5.52 – 12.97
---	-------	-------	--------------

Summary & Interpretation:

The thyroxine 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 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 concentration in serum. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

Serum TSH <small>(TSH) (SI)</small>	2.700	mIU/L	0.4001 – 4.049
---	-------	-------	----------------

Summary & Interpretation:

TSH is secreted by anterior pituitary 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, hypothalamic axis, between the hypothalamus, pituitary and thyroid.

Note:

1. 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 in the measured serum TSH concentration.
2. Recommended test: For T3 and T4 is amount 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. Normal T4: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic - Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/ml
1st Trimester	0.05 – 1.70
2nd Trimester	0.11 – 4.35
3rd Trimester	0.41 – 5.18

The highlighted values should be correlated clinically





IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 9115115257, 9115115258,

9115115624

Email: lab@ivyhospital.com

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NAME	: MR AMANDEEP SINGH BHATIA		
DOB/Gender	: 27-Oct-1981/M	Requisition Date	: 23/Mar/2024 10:07AM
LTID	: 430839	Sample Coll Date	: 23/Mar/2024 12:25PM
Inv. No.	: 4150329	Sample Rec. Date	: 23/Mar/2024 12:26PM
Panel Name	: Ivy Mohali	Approved Date	: 23/Mar/2024 01:59PM
Bar Code No	: 13112988	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
PSA TOTAL			
Serum PSA Total <small>(Urea Creatinine)</small>	0.41	ng/mL	<4.0

Summary & Interpretation:

↑ PSA concentrations of PSA in serum are generally indicative of a pathologic condition of the prostate (prostatitis, benign hyperplasia or carcinoma). PSA determinations are employed for the monitoring of progress and efficiency of therapy in patients with prostate carcinoma receiving hormonal therapy. An inflammation or trauma of the prostate (e.g. In case of urinary retention or instrumentation) or other factors (e.g. prostatitis, colitis, transurethral biopsy, laser treatment or emergency) can lead to PSA elevations of varying duration and magnitude.

BIOCHEMISTRY

RFT (RENAL FUNCTION TESTS)

Serum Urea <small>(Urea Creatinine)</small>	14.00	mg/dl	17-43
Serum Creatinine <small>(Urea Creatinine)</small>	0.70	mg/dl	0.67-1.17
Serum Uric acid <small>(Urea Creatinine)</small>	5.20	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.

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 blood stream.) You normally need treatment with dialysis if the level of creatinine goes higher than a certain value.

Dehydration may 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

*T.S.O text book of clinical biochemistry.

The highlighted values should be correlated clinically





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Inv. No. :	4150329	Approved Date :	23/Mar/2024 01:59PM
Panel Name :	Ivy Mohali	Referred Doctor :	Self
Bar Code No :	13112988		

Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST WITH GGT			
Serum Bilirubin Total <small>(BIL) (450)</small>	0.50	mg/dL	0.3-1.2
Serum Bilirubin Direct <small>(BIL-D) (450)</small>	0.10	mg/dl	<0.3
Serum Bilirubin Indirect <small>(BIL-I) (450)</small>	0.40	mg/dl	0.1-1.0
Serum SGOT(AST) <small>(SGOT) (100) (450)</small>	18	U/L	<35
Serum SGPT(ALT) <small>(SGPT) (100) (450)</small>	28	U/L	<50
Serum AST/ALT Ratio <small>(RATIO) (450)</small>	0.64		
Serum GGT <small>(GGT) (450)</small>	30	U/L	9-52
Serum Alkaline Phosphatase <small>(ALP) (100) (450)</small>	63	U/L	30-120
Serum Protein Total <small>(PROT) (450)</small>	6.6	gm/dl	6.40 - 8.20
Serum Albumin <small>(ALBU) (450)</small>	4.1	g/dL	3.5-5.2
Serum Globulin <small>(GLOB) (450)</small>	2.50	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio <small>(A/G) (450)</small>	1.64	%	1.0 - 1.8

Introduction:

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, gall overload, and Tyleal 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) (100) (450)</small>	206	mg/dL	Desirable: <200 Borderline High: 200-239 High: >240
Serum Triglycerides <small>(TRIG) (100) (450)</small>	189	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol	39	mg/dL	<40 Major risk factor for CHD

The highlighted values should be correlated clinically





IVY HOSPITAL

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Email: lab@ivyhospital.com

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NAME : MR AMANDEEP SINGH BHATTA
 DOB/Gender : 27-Oct-1981/M Requisition Date : 23/Mar/2024 10:07AM
 CLID : 430839 Sample Coll Date : 23/Mar/2024 12:25PM
 Ivy No : 4150329 Sample Rec. Date : 23/Mar/2024 12:26PM
 Panel Name : Ivy Mishali Approved Date : 23/Mar/2024 01:59PM
 Bar Code No : 13117988 Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
Serum VLDL cholesterol <i>(Calculated)</i>	38	mg/dL	>60 Negative risk factor for CHD 7-35
Serum LDL cholesterol <i>(Calculated)</i>	129	mg/dL	50-100
Serum Cholesterol-HDL Ratio <i>(Calculated)</i>	5.28		3-5
Serum LDL-HDL Ratio <i>(Calculated)</i>	3.31		1.5-3.5

Interpretation:

As per AHA/ACC 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

The highlighted values should be correlated clinically





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DOB/Gender	: 27-Oct-1981/M	Requisition Date	: 23/Mar/2024 10:07AM
UHID	: 430839	Sample Coll Date	: 23/Mar/2024 12:25PM
Inv. No.	: 4150329	Sample Rec Date	: 23/Mar/2024 12:26PM
PANEL Name	: Ivy Mohali	Approved Date	: 23/Mar/2024 01:59PM
Bar Code No	: 13112988	Referred Doctor	: Self

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	1.030		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine Urobilinogen	Absent		Absent
Urine Nitrite	Absent		Absent

Microscopic Examination

Urine Pus Cells	2-4		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

HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR	13	mm/h	0-10
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(Values are ESR-1st method)



The highlighted values should be correlated clinically





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NAME :	MR AMANDEEP SINGH BHATIA	Requisition Date :	23/Mar/2024 10:07AM
DOB/Gender :	27-Oct-1981/M	Sample Coll Date :	23/Mar/2024 12:25PM
UHID :	430839	Sample Rec Date :	23/Mar/2024 12:26PM
Ivy No. :	4150329	Approved Date :	23/Mar/2024 12:50PM
Panel Name :	Ivy Mohali	Referred Doctor :	Self
Bar Code No :	13112988		

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Hemoglobin	14.3	g/dl	13.0 - 17.0
Hematocrit (PCV)	45.4	%	36-48
Red Blood Cell (RBC)	5.10	10 ⁶ /µl	4.5-5.5
Mean Corp. Volume (MCV)	89.0	fL	83-97
Mean Corp HB (MCH)	28.0	pg/mL	27-31
Mean Corp HB Conc (MCHC)	31.5	gm/dl	32-36
Red Cell Distribution Width -CV	14.3	%	11-15
Platelet Count	232	10 ³ /ul	150-450
Mean Platelet Volume (MPV)	12.3	fL	7.5-10.3
White Leucocyte Count (WBC)	7.0	10 ³ /µl	4.0 - 10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	66	%	40-75
Lymphocytes	24	%	20-40
Monocytes	7	%	0-8
Eosinophils	3	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	4,620	µl	2000-7000
Absolute Lymphocyte Count	1,680	uL	1000-3000
Absolute Monocyte Count	490	uL	200-1000
Absolute Eosinophil Count	210	µl	20-500

The highlighted values should be correlated clinically





NAME :	MR AMANDEEP SINGH BHATIA		
DOB/Gender :	27-Oct-1981/M	Requisition Date :	23/Mar/2024 10:07AM
UHID :	450839	Sample Coll.Date :	23/Mar/2024 01:10PM
Inv. No. :	4150329	Sample Rec.Date :	23/Mar/2024 01:10PM
Panel Name :	Ivy Mohali	Approved Date :	23/Mar/2024 01:18PM
Bar Code No. :	13112988	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:

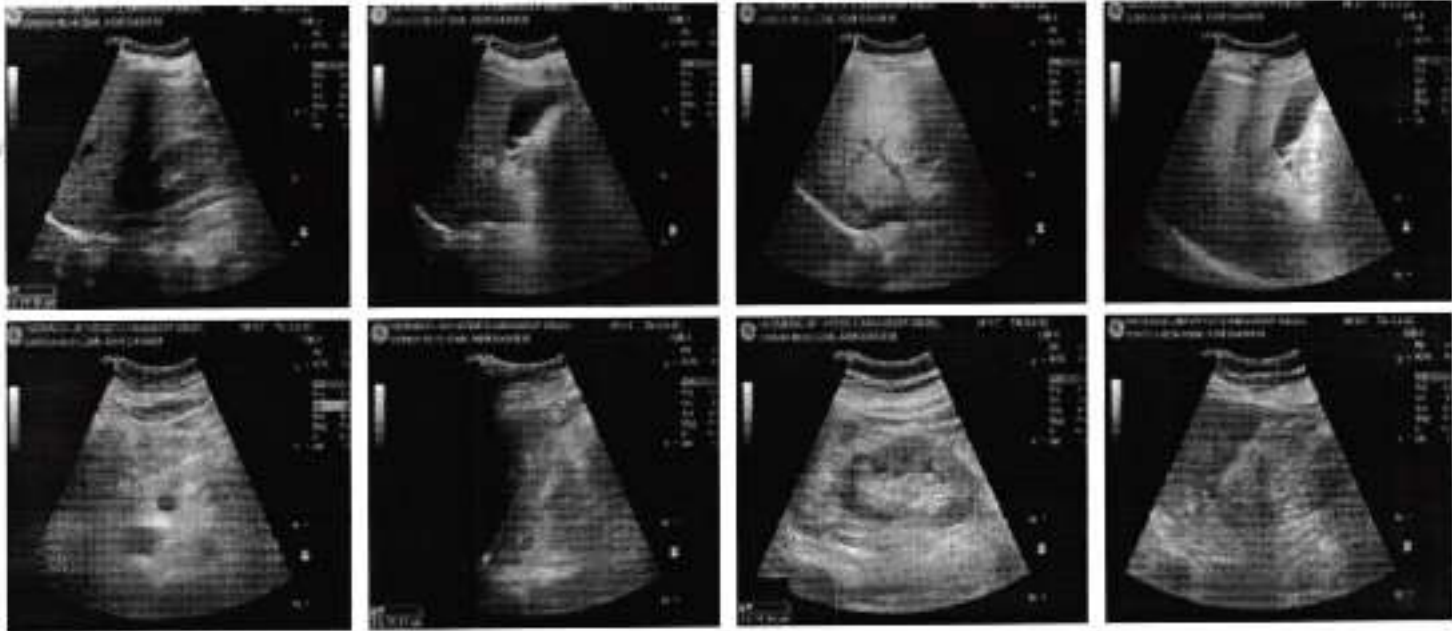
- * Apart from major A,BH antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- * So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of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

*** End Of Report ***



NAME	AMANDEEP SINGH	SEX/AGE	M42Y
PATIENT ID	ID430839	Accession Number	
REF CONSULTANT	PACKAGE	DATE	23/03/2024 09:33

USG WHOLE ABDOMEN



LIVER: is enlarged in size (~17.2cm), normal in outline and shows increased echogenicity. No focal lesion is seen. IHBR are not dilated. Portal vein is normal. CBD is not dilated.

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

SPLEEN: is normal in size (~11.2 cm), outline and echotexture. No focal lesion is seen.

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 (~11.1cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

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

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

PROSTATE: measures ~ 25cc.

No free fluid is seen in peritoneal cavity.

IMPRESSION:

Hepatomegaly with fatty liver (Grade II)

Kindly correlate clinically and with other investigations.

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. : U85110PB2005PTC027896

NAME	AMANDEEP SINGH	SEX/AGE	M42Y
PATIENT ID	ID430839	Accession Number	
REF CONSULTANT	PACKAGE	DATE	23/03/2024 09:33

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

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NAME	: MR AMANDEEP SINGH BHATIA		
DOB/Gender	: 27-Oct-1981/M	Requisition Date	: 23/Mar/2024 10:07AM
UHID	: 430839	Sample Coll Date	: 23/Mar/2024 12:25PM
Inv. No.	: 4150329	Sample Rec. Date	: 23/Mar/2024 03:36PM
Panel Name	: Ivy Mohali	Approved Date	: 23/Mar/2024 05:54PM
Bar Code No	: 13112988	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c <small>(HbA1c) (Immunoassay)</small>	5.6	%	Non diabetic:4.0-6.0 Target of therapy:<7.0 Change of therapy:>8.0
Estimated Average Glucose (eAG) <small>(eAG) (mmol/L)</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 ***





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

NAME	AMANDEEP SINGH	SEX/AGE	M42Y
PATIENT ID	ID430839	Accession Number	XNO7985-OPD
REF CONSULTANT	Dr.	DATE	23/03/2024 12:39

X-RAY CHEST (PA VIEW)

- Rotated film
- Bony structures and soft tissue appear normal.
- Both lung fields show increased bronchovascular markings and reticulations.
- Domes of diaphragm and costophrenic angles appear normal.
- Cardiac shadow is within normal limit.

Please correlate clinically.



Dr. GURSIMRAN SINGH ANAND
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

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