



Ivy Hospital

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

Dr. Mukesh Vats
MBBS, MS, FVRS
(Ophthalmologist)
Retina Specialist & Phaco Surgeon
PMC Reg. No.: 45034
Mobile : +91-9357519888

OPD Dr. Mukesh Vats

Anterior kernea

Eye - 6/6

Ⓡ 6/6
Ⓛ 6/6

Cataract
R/E

kernea

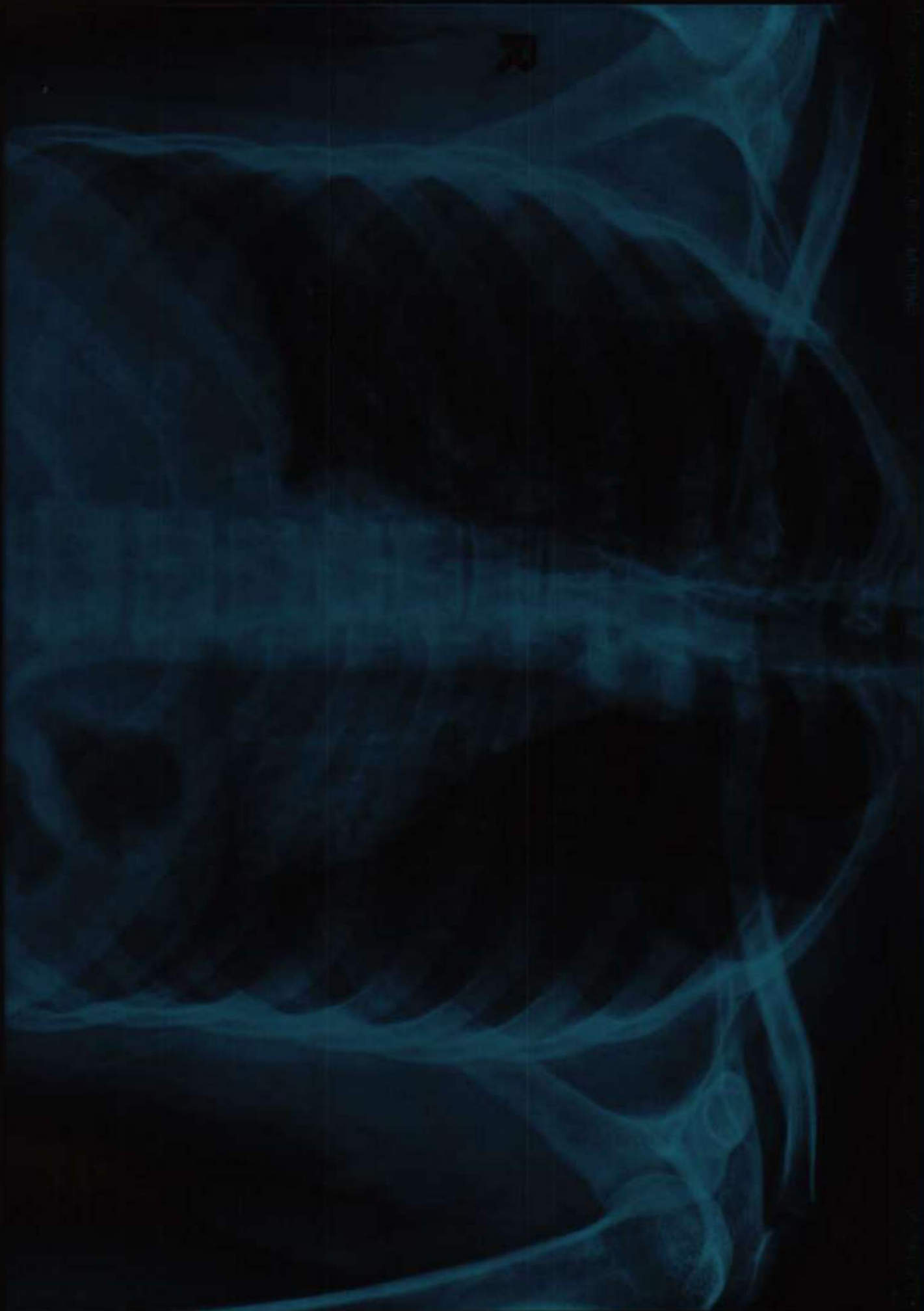
Eye - normal

vis

kernea { dist/mult Ⓡ

Dr
r/a

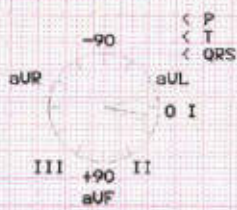
Dr. Mukesh Vats
MS, FVRS
Retina Specialist & Phaco Surgeon
PMC: 45034



DATTA ANTESH KUMAR M 36 years XNO76000 OPC
W-HOSPITAL BRIDGE ROAD MOHALI

GE MAC1200 ST CARDIOPRINT IVY HOSPITAL MUMBAI

Measurement Results:
QRS : 104 ms
QT/QTcB : 374 / 396 ms
PR : 120 ms
P : 94 ms
RR/PP : 894 / 890 ms
P/QRS/T : -15/ 10/ 20 degrees
QTd/QTcdB : 36 / 38 ms
Sokolow : 1.4 mV
NK : 9

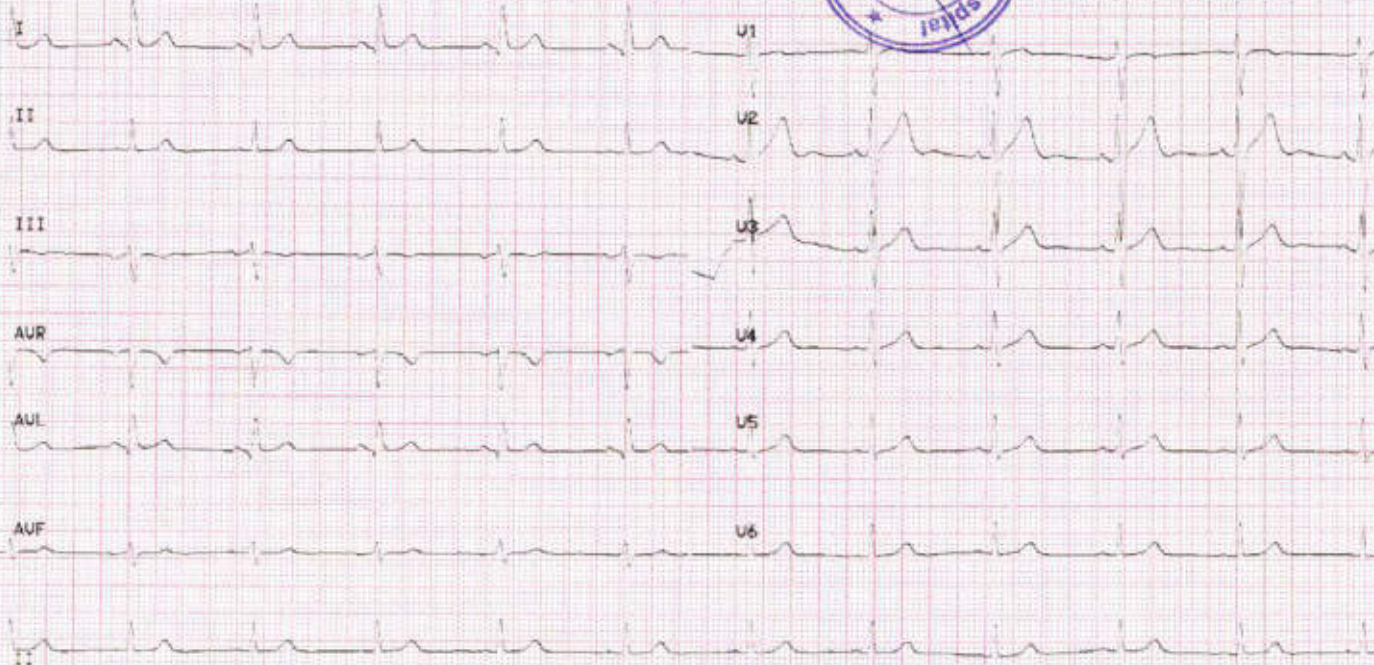


Interpretation:
normal ECG

HR 67 bpm
Mr. Anshu Kumar
Age - 36/M
CHID-471194



Unconfirmed report.



IVY HOSPITAL
Sector 71
Mohali, Punjab

Ward
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: KUMAR, ANTESH
Patient ID: 471194
Height: 170 cm
Weight: 72 kg

DOB: 04.01.1988
Age: 36yrs
Gender: Male
Race: Indian

Study Date: 06.09.2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: SELF
Attending Physician: --
Technician: TANISHA

Medications:
--

Medical History:
--

Reason for Exercise Test:
Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:04	0.00	0.00	85	100/80	
	STANDING	00:01	0.00	0.00	85	100/80	
	HYPERV.	00:01	0.00	0.00	86	100/80	
EXERCISE	WARM-UP	00:13	1.30	0.00	93	100/80	
	STAGE 1	03:00	2.70	10.00	117	100/80	
	STAGE 2	03:00	4.00	12.00	137	120/80	
	STAGE 3	03:00	5.40	14.00	171	130/80	
	STAGE 4	00:04	6.70	16.00	173		
RECOVERY		03:03	0.00	0.00	111	110/80	

The patient exercised according to the BRUCE for 9:04 min:s, achieving a work level of Max. METS: 10.20. The resting heart rate of 85 bpm rose to a maximal heart rate of 173 bpm. This value represents 94% of the maximal, age-predicted heart rate. The resting blood pressure of 100/80 mmHg, rose to a maximum blood pressure of 130/80 mmHg. The exercise test was stopped due to Fatigue.

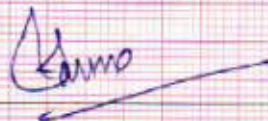
Interpretation

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Conclusions

TMT NEGATIVE FOR INDUCIBLE ISCHEMIA.

Physician



Technician



Tabular Summary

IVY HOSPITAL

KUMAR, ANTESH
 Patient ID: 471194
 10/09/2024 Male 170 cm 72 kg
 15:40:11am 36yrs Indian
 Meds:

Test Reason: Screening for CAD
 Medical History:

Ref. MD: SELF Ordering MD:
 Technician: TANISHA Test Type: Treadmill Stress Test
 Comment:

BRUCT: Total Exercise Time 09:04
 Max HR: 173 bpm 94% of max predicted 184 bpm
 Max BP: 130/80 Maximum Workload: 10.20 METS
 Max ST Level -1.15 mm in II; EXERCISE STAGE: 3 7:59

Reasons for Termination: Fatigue

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Conclusion: TMT NEGATIVE FOR INDUCIBLE ISCHEMIA.
 Location Number: * 0 *

Base Time	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (*100)	VE (/min)	ST Level II(mm)	Comment
REST	SUPINE	00:04	0.00	0.00	1.0	85	100/80	85	0	0.30	
	STANDING	00:01	0.00	0.00	1.0	85	100/80	85	0	0.30	
	HYPERV.	00:01	0.00	0.00	1.0	86	100/80	86	0	0.30	
	WARM-UP	00:13	1.30	0.00	1.0	93	100/80	93	0	0.25	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	117	100/80	117	0	0.20	
	STAGE 2	03:00	4.00	12.00	7.0	137	120/80	164	0	-0.50	
	STAGE 3	03:00	5.40	14.00	10.0	171	130/80	222	0	-0.55	
	STAGE 4	00:04	6.70	16.00	10.0	173			1	-0.85	
RECOVERY		03:03	0.00	0.00	1.0	111	110/80	122	0	0.25	



Selected Medians Report

IVY HOSPITAL

KUMAR, ANTESH

Patient ID- 471194

06.09.2024

11:54:01am

BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX. ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00 92 bpm	7:59 169 bpm 130/80 mmHg	9:04 173 bpm	2:55 114 bpm 110/80 mmHg	0:00 92 bpm	7:59 169 bpm 130/80 mmHg	9:04 173 bpm	2:55 114 bpm 110/80 mmHg
I 0.25 mm 0.24 mV/s	I -0.05 0.92	I 0.15 1.44	I 0.35 0.48	V1 0.85 0.46	V1 1.55 0.27	V1 2.00 0.56	V1 1.60 0.85
II 0.20 0.71	II -1.15 0.35	II -0.85 1.45	II 0.40 1.47	V2 2.10 1.63	V2 3.15 2.72	V2 3.85 4.23	V2 3.10 2.56
III 0.00 0.21	III -1.05 -0.93	III -0.95 0.03	III 0.05 0.69	V3 1.75 1.65	V3 2.45 3.02	V3 3.45 4.89	V3 3.85 4.20
aVR -0.25 -0.76	aVR 0.60 -0.68	aVR 0.30 -1.48	aVR -0.40 -1.56	V4 0.95 1.10	V4 0.75 1.67	V4 1.25 2.97	V4 1.85 2.31
aVL 0.15 -0.14	aVL 0.50 0.94	aVL 0.55 0.76	aVL 0.15 -0.17	V5 0.40 0.66	V5 -0.40 0.54	V5 -0.15 1.54	V5 0.60 1.31
aVF 0.10 0.51	aVF -1.10 -0.30	aVF -0.90 0.79	aVF 0.25 1.21	V6 0.00 0.28	V6 -1.00 -0.21	V6 -0.90 0.60	V6 -0.05 0.52

GE CASE V6.51 (0)
10mm/mV 60Hz 0.01-20Hz S+

Unconfirmed

Attending MD:



KUMAR ANTESH

Patient ID: 471194

16.09.2024

12:06:15pm

112 bpm

02:14 110/80 mmHg

RECOVERY

#1

02:50

BRUCE

0.0 km/h

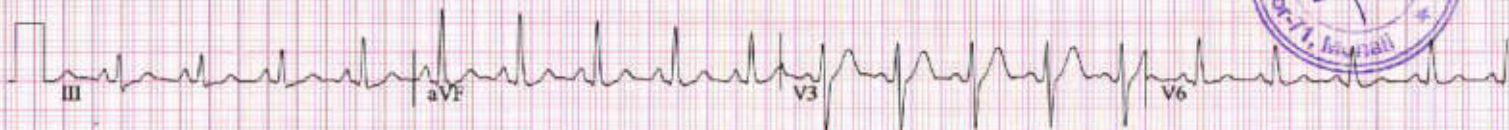
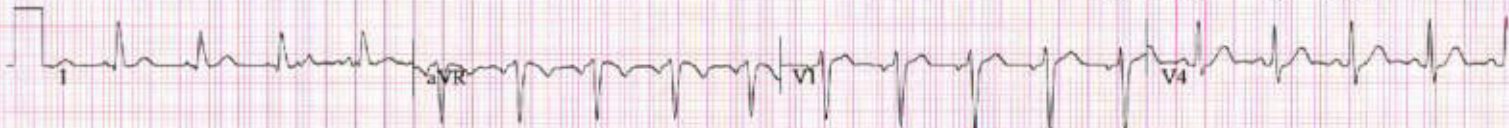
0.0 %

IVY HOSPITAL

Measured at 80ms Post J (10mm mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.40	V1	1.60
II	0.45	V2	3.15
III	0.10	V3	3.95
aVR	-0.45	V4	1.95
aVL	0.15	V5	0.75
aVF	0.25	V6	0.00



KUMAR ANTESH
Patient ID: 471194
6.09.2024
2:05:15pm

126 bpm
01:41 130/80 mmHg

RECOVERY
#1
01:50

BRUCE
0.0 km/h
0.0 %

IVY HOSPITAL
Measured at 80ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.70	V1	2.00
II	1.30	V2	4.50
III	0.60	V3	6.05
aVR	-1.00	V4	3.40
aVL	0.10	V5	1.60
aVF	0.95	V6	0.40



KUMAR ANTESH
Patient ID: 471194
6.09.2024
2:04:15pm

150 bpm
00:34 130/80 mmHg

RECOVERY
+1
00:50

BRUCE
0.0 km/h
0.0%

IVY HOSPITAL
Measured at 80ms Post J (10mm mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.95	V1	2.10
II	1.30	V2	5.15
III	0.30	V3	6.80
aVR	-1.10	V4	3.80
aVL	0.35	V5	1.60
aVF	0.80	V6	0.30



KUMAR ANTESHI

Patient ID: 471194
6.09.2024
2:03:25pm

(PEAK EXERCISE)

173 bpm

EXERCISE
STAGE 4
09.04

BRUCE
6.7 km/h
16.0%

IVY HOSPITAL

Measured at 80ms Post J (10mm mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.15	V1	2.00
II	-0.85	V2	3.85
III	-0.95	V3	3.45
aVR	0.30	V4	1.25
aVL	-0.55	V5	-0.15
aVF	-0.90	V6	-0.90



GE
CASE V6.51

25 mm/s 10 mm/mV 60Hz 0.01 - 20Hz S+ IIR(II,V3)
PRINTED IN U.S.A.

Start of Test: 11:54:01am



KUMAR ANTESH
Patient ID: 471194
6.09.2024
2:03:11pm

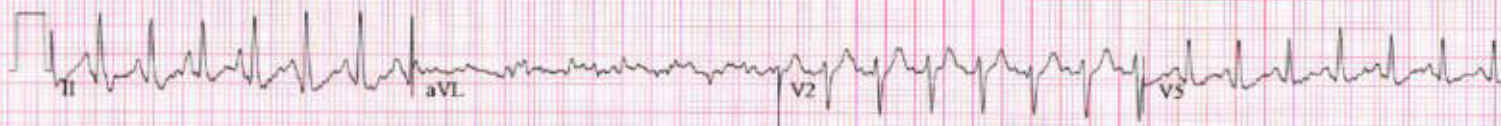
169 bpm
02:23 130/80 mmHg

EXERCISE
STAGE 3
08:50

BRUCE
5.5 km/h
14.0 *w

IVY HOSPITAL
Measured at 80ms Post J (10mm mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.30	V1	1.75
II	-0.45	V2	3.65
III	-0.80	V3	3.55
aVR	0.10	V4	1.40
aVL	0.55	V5	0.00
aVF	-0.60	V6	-0.55



KUMAR ANTESH
Patient ID: 471194
6.09.2024
02:00:11pm

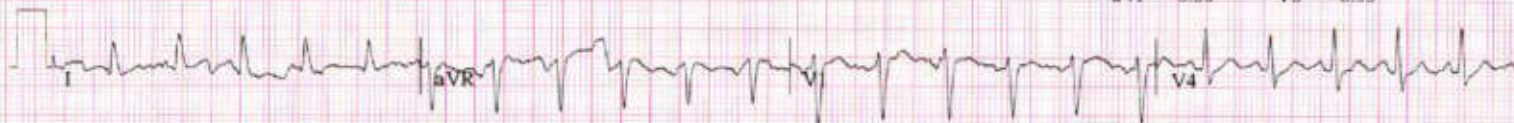
139 bpm
02:22 120/80 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
4.0 km/h
12.0 %

IVY HOSPITAL
Measured at 80ms Post J (10mm mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.05	V1	1.15
II	-0.45	V2	2.50
III	-0.50	V3	2.25
aVR	0.15	V4	0.90
aVL	0.30	V5	0.05
aVF	-0.50	V6	-0.55



KUMAR ANTESH

Patient ID: 471194

6.09.2024

11:57:11am

114 bpm

02:06 100/80 mmHg

EXERCISE

STAGE 1

02:50

BRUCE

2.7 km/h

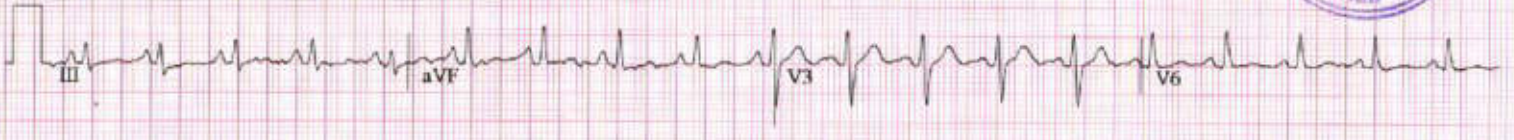
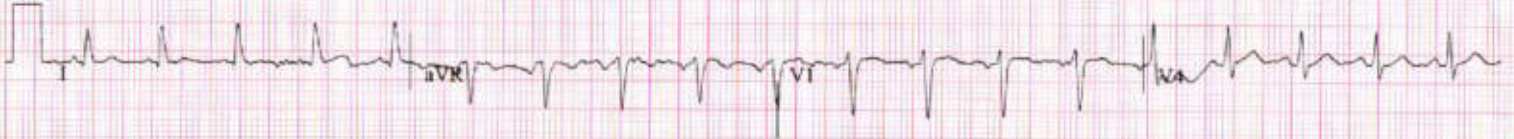
10.0 %

IVY HOSPITAL

Measured at 80ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.20	V1	0.95
II	0.30	V2	2.15
III	0.15	V3	2.15
aVR	-0.25	V4	1.20
aVL	0.00	V5	0.45
aVF	0.25	V6	0.00



12SL REPORT

IVY HOSPITAL

KUMAR ANTESH

Patient ID: 471194

8/09/2024

11:54:06am

Male 170 cm 72 kg
36yrs Indian

100/80 mmHg

PRETEST

SUPINE

00:03

BRUCE

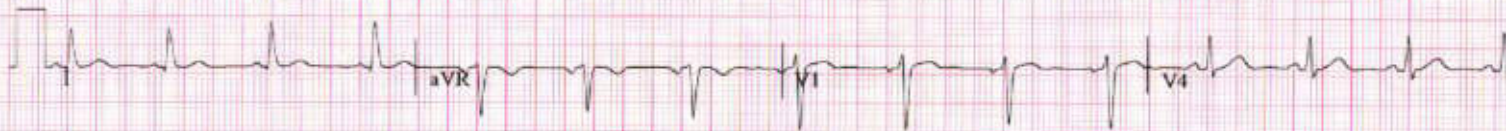
0.0 km/h

0.0 %w

Vent. Rate 85 bpm Normal sinus rhythm
PR interval 118 ms Normal ECG
QRS duration 90 ms
QT/QTc 336/399 ms
P-R-T axes 75/45/51
P duration 88 ms
RR interval 708 ms

Technician TANISHA

Medication:



CASE V6.51

25 mm/s 10 mm/mV 60Hz 0.01-20Hz S- 12SL 20.1
PRINTED IN U.S.A.

Start of Test: 11:54:01am



Ivy Hospital

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

NAME	ANTESH KUMAR	SEX/AGE	M36Y
PATIENT ID	ID471194	Accession Number	XNO.75011 OPD
REF CONSULTANT	Dr.	DATE	05/09/2024 11:47

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

(NOT FOR MEDICO-LEGAL PURPOSE)

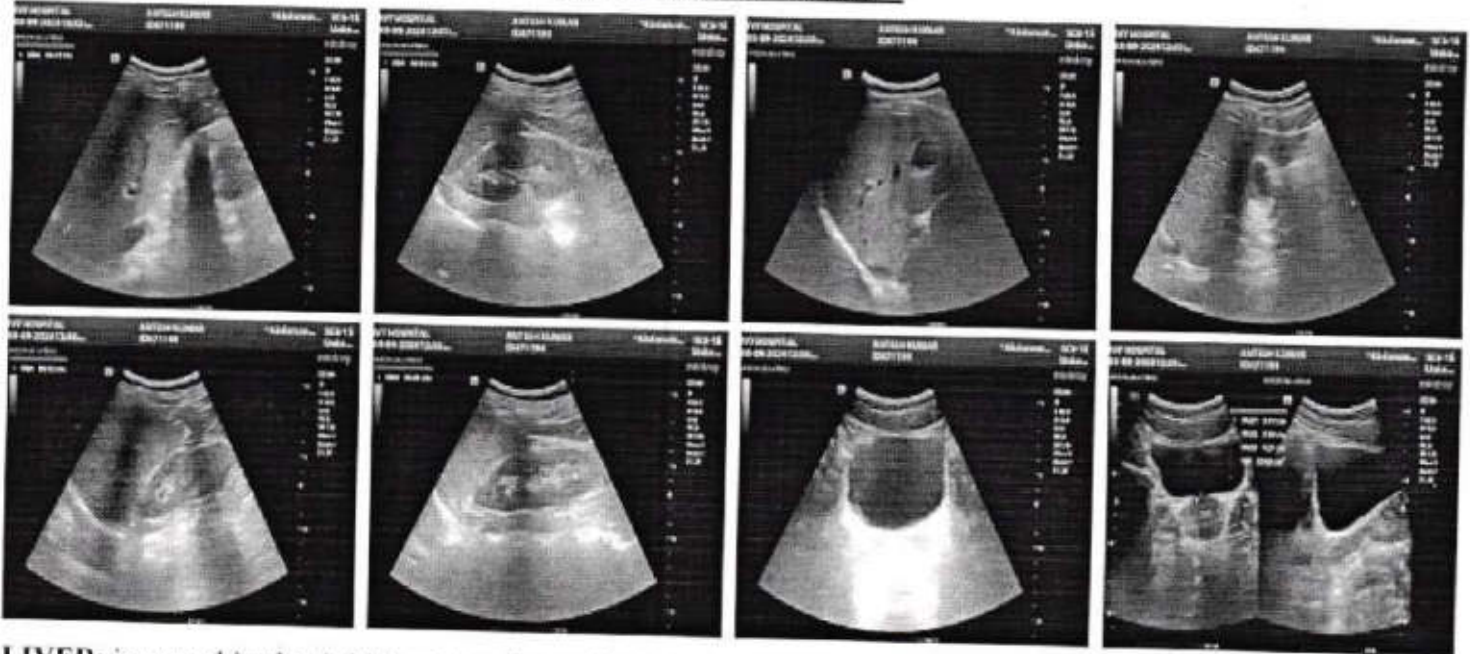
A unit of Ivy Health and Life Sciences (P) Ltd. Website : www.ivyhospital.com, Email: cs@ivyhospital.com Fax: 91-172-2274900
 Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339
 All Payments to be made in favour of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

IVY HELPLINE : +91 8078880788



NAME	., ANTESH KUMAR	SEX/AGE	M36Y
PATIENT ID	ID471194	Accession Number	
REF CONSULTANT	PACKAGE	DATE	05/09/2024 12:30

USG WHOLE ABDOMEN



LIVER: is normal in size (~14.3 cm), 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.

SPLEEN: is normal in size (~10.1 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 (~10.1 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~10.4 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

U-BLADDER: is normally distended at the time of examination with normal wall thickness.

PROSTATE: is normal in size (~23 cc).

No free fluid is seen in peritoneal cavity.

IMPRESSION:

No significant abnormality detected in current study.

Adv. Clinical correlation and follow up.

Dr. Shruti
DNB Resident

(NOT FOR MEDICO-LEGAL PURPOSE)



Ivy Hospital

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

NAME	., ANTESH KUMAR	SEX/AGE	M36Y
PATIENT ID	ID471194	Accession Number	
REF CONSULTANT	PACKAGE	DATE	05/09/2024 12:30



DR EKTA MISHRA
MD RADIO- DIAGNOSIS

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

(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 8078880788



NAME	: MR ANTESH KUMAR		
DOB/Gender	: 04-Jan-1988/M	Requisition Date	: 05/Sep/2024 11:17AM
UHID	: 471194	Sample CollDate	: 06/Sep/2024 12:12PM
Inv. No.	: 4559301	Sample Rec.Date	: 06/Sep/2024 12:12PM
Panel Name	: Ivy Mohali	Approved Date	: 06/Sep/2024 01:31PM
Bar Code No	: 13256156	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
BIOCHEMISTRY			
GLUCOSE PP			
Plasma Glucose Post Prandial <small>(METHOD: HAO / Colorimetric - Glucose oxidase, hydrogen peroxide)</small>	112	mg/dL	Normal <140 Impaired Tolerance 140--180 Diabetic >180

*** End Of Report ***

Ivy
Hospital



The highlighted values should be correlated clinically

Result Entered By: Shweta Sharma 41252



NAME	: MR ANTESH KUMAR		
DOB/Gender	: 04-Jan-1988/M	Requisition Date	: 05/Sep/2024 11:17AM
UHID	: 471194	Sample Colldate	: 05/Sep/2024 11:59AM
Inv. No.	: 4559301	Sample Rec.Date	: 05/Sep/2024 11:59AM
Panel Name	: Ivy Mohali	Approved Date	: 05/Sep/2024 01:18PM
Bar Code No	: 13256156	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 <small>(CLIA/Virus 5600)</small>	1.50	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 propranolol, glucocorticoids 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 thyrotoxicosis foetilis.

Serum Total T4 <small>(CLIA/Virus 5600)</small>	8.20	µg/dL	5.52 – 12.97
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Summary & Interpretation:

The hormone thyroxine (T4) is the main product secreted by the thyroid gland. The major part of total thyroxine (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken 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-suppression therapy.

Serum TSH <small>(CLIA/Virus 5600- TSH 3rd generation)</small>	1.700	mIU/L	0.4001 - 4.049
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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. 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 regulating 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 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 in 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 uIU/mL
1st Trimester	0.05 – 3.70
2nd Trimester	0.31 – 4.35
3rd Trimester	0.41 – 5.18





NAME	: MR ANTESH KUMAR		
DOB/Gender	: 04-Jan-1988/M	Requisition Date	: 05/Sep/2024 11:17AM
UHID	: 471194	SampleCollDate	: 05/Sep/2024 11:59AM
Inv. No.	: 4559301	Sample Rec.Date	: 05/Sep/2024 11:59AM
Panel Name	: Ivy Mohali	Approved Date	: 05/Sep/2024 01:18PM
Bar Code No	: 13256156	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting <small>(VITROS 5600 /Colorimetric - Glucose oxidase, hydrogen peroxide)</small>	89	mg/dL	Normal 70-99 mg/dl Impaired Tolerance 100 - 125mg/dl Diabetic \geq 126 mg/dl
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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 \geq 126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

RFT (RENAL FUNCTION TESTS)

Serum Urea <small>(VITROS 5600 /Colorimetric - Urea, UV)</small>	15.00	mg/dl	19.2-42.8 mg/dl
Serum Creatinine <small>(VITROS 5600 /Two-point rate - Enzymatic)</small>	0.80	mg/dL	0.66-1.25mg/dl
Serum Uric acid <small>(VITROS 5600 /Colorimetric - Uric acid)</small>	6.50	mg/dL	3.5--8.5 mg/dl

Interpretation:

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





NAME	: MR ANTESH KUMAR	Requisition Date	: 05/Sep/2024 11:17AM
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UHID	: 471194	Sample Rec.Date	: 05/Sep/2024 11:59AM
Inv. No.	: 4559301	Approved Date	: 05/Sep/2024 01:18PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13256156		

Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST WITH GGT			
Serum Bilirubin Total <small>(VITROS 5100 /Colorimetric - Dipyrone, Diazonium salt)</small>	1.20	mg/dL	0.2-1.3 mg/dl
Serum Bilirubin Direct <small>(VITROS 5600 /Colorimetric - Direct measure)</small>	0.41	mg/dL	Adult 0.0-1.1 mg/dl Neonate 0.6--10.5 mg/dl
Serum Bilirubin Indirect <small>(VITROS 5100 /Colorimetric - Direct measure)</small>	0.79	mg/dL	Adult 0.0-0.3 mg/dl Neonate 0.0-0.6 mg/dl
Serum SGOT(AST) <small>(VITROS 5500 /UV with PSP)</small>	19	U/L	Male 17-59U/L
Serum SGPT(ALT) <small>(VITROS 5600 /Multi-point rate /UV with PSP)</small>	20	U/L	21-72
Serum AST/ALT Ratio <small>(Calculated)</small>	0.95		
Serum GGT <small>(VITROS 5600 /Multi-point rate /G-gluamyl-p-ribosylate)</small>	13	U/L	Male 12-43
Serum Alkaline Phosphatase <small>(VITROS 5600 /Multi-point rate - PNTP, AMP Buffer (37°C))</small>	71	U/L	38--126U/L
Serum Protein Total <small>(VITROS 5600 /Colorimetric - Direct azo serum stain, end point)</small>	8.1	g/dl	6.3--8.2g/dl
Serum Albumin <small>(VITROS 5100 /Colorimetric - Bimolecular Green)</small>	4.8	g/dl	3.5--5.0g/dl
Serum Globulin <small>(Calculated)</small>	3.30	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio <small>(Calculated)</small>	1.45	%	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>(VITROS 5600 /Colorimetric - Cholesterol oxidase, esterase, peroxidase)</small>	155	mg/dL	Desirable <200mg/dl Boredline High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides <small>(VITROS 5600 /Colorimetric - Enzymatic, end point)</small>	145	mg/dL	Normal < 150mg/dl Boredline High 150--199mg/dl High 200-499mg/dl Very High ≥500 mg/dl





NAME	: MR ANTESH KUMAR	Requisition Date	: 05/Sep/2024 11:17AM
DOB/Gender	: 04-Jan-1988/M	Sample Coll Date	: 05/Sep/2024 11:59AM
UHID	: 471194	Sample Rec. Date	: 05/Sep/2024 11:59AM
Inv. No.	: 4559301	Approved Date	: 05/Sep/2024 01:18PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13256156		

Test Description	Observed Value	Unit	Reference Range
Serum HDL Cholesterol <small>(VITROS 5600 Colorimetric - Direct, reagent, PFA-MgCl2)</small>	37	mg/dL	Low to Average <40 mg/dl High ≥ 60.0mg/dl
Serum VLDL cholesterol <small>(Calculated)</small>	29	mg/dL	7-35
Serum LDL cholesterol <small>(Calculated)</small>	89	mg/dL	50-100
Serum Cholesterol-HDL Ratio <small>(Calculated)</small>	4.19		3-5
Serum LDL-HDL Ratio <small>(Calculated)</small>	2.41		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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Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13256156		

Test Description	Observed Value	Unit	Reference Range
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CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	30.00	mL	
Urine Colour	Pale yellow		Light Yellow
Urine Appearance	Slightly hazy		Clear

Chemical Examination (Reflectance Photometry)

Urine pH	6.00		4.8-7.6
Urine Specific Gravity	1.010		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein <small>(Protein Excretion)</small>	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		
Urine Nitrite	Absent		Absent

Microscopic Examination

Urine Pus Cells	5-6		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	2-3	/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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Inv. No.	: 4559301	Sample Rec. Date	: 05/Sep/2024 11:53AM
Panel Name	: Ivy Mohali	Approved Date	: 05/Sep/2024 12:51PM
Bar Code No	: 13256156	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	NEGATIVE
Anti B	POSITIVE
Anti D	POSITIVE
Final Blood Group	B POSITIVE

NOTE :

- * Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of 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.
- * Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.



The highlighted values should be correlated clinically

Result Entered By:Raghuandan 6865M





NAME	: MR ANTESH KUMAR		
DOB/Gender	: 04-Jan-1988/M	Requisition Date	: 05/Sep/2024 11:17AM
UHID	: 471194	Sample Coll Date	: 05/Sep/2024 11:53AM
Inv. No.	: 4559301	Sample Rec. Date	: 05/Sep/2024 11:53AM
Panel Name	: Ivy Mohali	Approved Date	: 05/Sep/2024 01:47PM
Bar Code No	: 13256156	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
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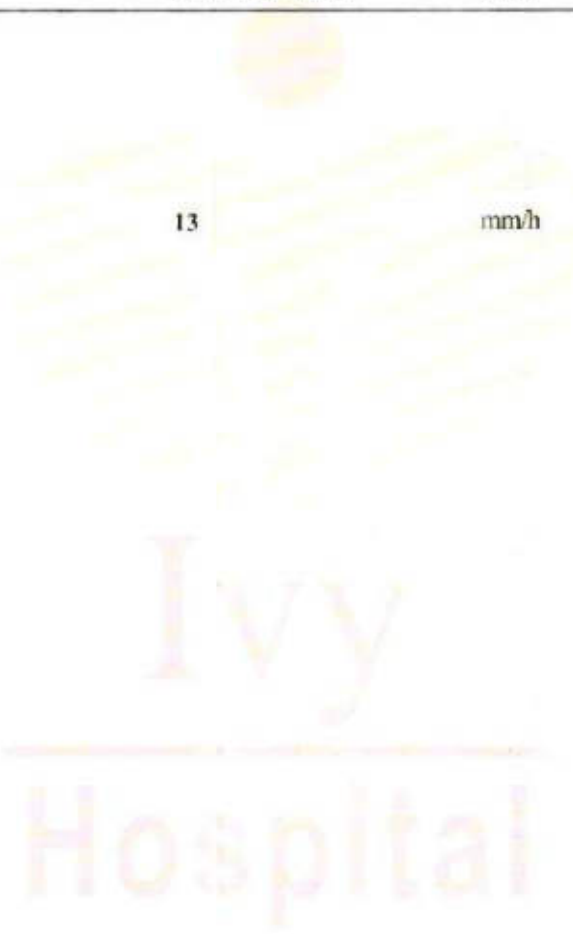
HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR	13	mm/h	0-10
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(Automated ESR analyser)



The highlighted values should be correlated clinically

Result Entered By: Raghunandan 6865M





NAME	: MR ANTESH KUMAR	Requisition Date	: 05/Sep/2024 11:17AM
DOB/Gender	: 04-Jan-1988/M	Sample CollDate	: 05/Sep/2024 11:53AM
UHID	: 471194	Sample Rec.Date	: 05/Sep/2024 11:53AM
Inv. No.	: 4559301	Approved Date	: 05/Sep/2024 12:32PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13256156		

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin <small>(Noncyanmethaemoglobin)</small>	15.9	g/dl	13.0 - 17.0
Hematocrit(PCV) <small>(Calculated)</small>	48.1	%	36-48
Red Blood Cell (RBC) <small>(Impedance/DC Detection)</small>	4.90	$10^6/\mu\text{l}$	4.5-5.5
Mean Corp Volume (MCV) <small>(Impedance/DC Detection)</small>	97.6	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	32.3	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	33.1	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	12.9	%	11-15
Platelet Count <small>(Impedance/DC Detection/Microscopy)</small>	262	$10^3/\mu\text{l}$	150-450
Mean Platelet Volume (MPV) <small>(Impedance/DC Detection)</small>	9.7	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedance/DC Detection)</small>	5.1	$10^3/\mu\text{l}$	4.0 - 10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	53	%	40-75
Lymphocytes	36	%	20-40
Monoocytes	6	%	0-8
Eosinophils	5	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	2,703	μl	2000-7000
Absolute Lymphocyte Count	1,836	uL	1000-3000
Absolute Monoocyte Count	306	uL	200-1000
Absolute Eosinophil Count	255	μl	20-500

The highlighted values should be correlated clinically

Result Entered By:Raghunandan 6865M





NAME	: MR ANTESH KUMAR	Requisition Date	: 05/Sep/2024 11:17AM
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Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13256156		

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY**COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)**

Haemoglobin <small>(Nivyan/ncr/haemoglobin)</small>	15.9	g/dl	13.0-17.0
Hematocrit(PCV) <small>(Calculated)</small>	48.1	%	36-48
Red Blood Cell (RBC) <small>(Impedance/DC Detection)</small>	4.90	$10^6 / \mu\text{l}$	4.5-5.5
Mean Corp Volume (MCV) <small>(Impedance/DC Detection)</small>	97.6	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	32.3	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	33.1	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	12.9	%	11-15
Platelet Count <small>(Impedance/DC Detection/Microscopy)</small>	262	$10^3 / \mu\text{l}$	150-450
Mean Platelet Volume (MPV) <small>(Impedance/DC Detection)</small>	9.7	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedance/DC Detection)</small>	5.1	$10^3 / \mu\text{l}$	4.0-10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	53	%	40-75
Lymphocytes	36	%	20-40
Monocytes	6	%	0-8
Eosinophils	5	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	2,703	μl	2000-7000
Absolute Lymphocyte Count	1,836	μL	1000-3000
Absolute Monocyte Count	306	μL	200-1000
Absolute Eosinophil Count	255	μl	20-500

The highlighted values should be correlated clinically

Result Entered By:Raghunandan 6865M





NAME : MR ANTESH KUMAR

DOB/Gender : 04-Jan-1988/M

Requisition Date : 05/Sep/2024 11:17AM

UHID : 471194

Sample Coll Date : 05/Sep/2024 11:53AM

Inv. No. : 4559301

Sample Rec. Date : 05/Sep/2024 12:46PM

Panel Name : Ivy Mohali

Approved Date : 05/Sep/2024 01:27PM

Bar Code No : 13256156

Referred Doctor : Self

Test Description

Observed Value

Unit

Reference Range

HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c
(HPLC)

4.9

%

Non diabetic:4.0-5.7

Pre-diabetes:5.7-6.4

Diabetes>=6.5

Estimated Average Glucose (eAG)
(Calculated)

94

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 ***

