



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 2024251056617. 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 req	Beneficiary Code	Bill no	Amount
GAUTAM MEHRA	22E30868	293697	2024251056617	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 8078880788

From: GAUTAM MEHRA <gautammehra26@gmail.com>
 Date: 10-08-2024, 10:09
 To: mainreception@ivyhospital.com

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

From: **Mediwheel** <wellness@mediwheel.in>
 Date: Thu, 8 Aug, 2024, 14:10
 Subject: Health Check up Booking Confirmed Request(22E30868),Package Code-PKG10000474, Beneficiary Code-293697
 To: <gautammehra26@gmail.com>
 Cc: <customercare@mediwheel.in>

011-41195959

Dear **Gautam Mehra**,

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

Hospital Package Name : Mediwheel Full Body Health Checkup Male Below 40

Patient Package Name : Mediwheel Full Body Health Checkup Male Below 40

Name of Diagnostic/Hospital : Ivy Hospital

Address of Diagnostic/Hospital : Sector - 71, Mohali

City : Mohali

State : PUNJAB

Pincode : 160071

Appointment Date : 10-08-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR: MEHRA GAUTAM	35 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.

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.

Mediwheel Team

Please Download Mediwheel App



You have received this mail because your e-mail ID is registered with **Arcofem 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, Arcofem HealthCare Pvt Limited, (Mediwheel)



બંક ઓફ બરોડા
Bank of Baroda

Mr. MEHRA GAUTAM



E C No. 170174



જિલ્લા સરકાર, ભુવનગર
District Revenue Office, Ludhiana

ધારક નું નામ
Signature of Mr. Mehra

... ..
... ..
... ..
... ..
... ..



91 22 6698 51 96 फ़ैक्स 91 22 2652 5747
if found, please return to.
Asst. General Manager (Security)
Bank of Baroda, Baroda Corporate Center
Gate - B Block, Bandra-Kurla Complex
Mumbai - 400 051, India
Phone : 91 22 6698 5196 Fax : 91 22 2652 5747

रक्त समूह / Blood Group : **O+VE**
||हस्ताक्षर चिन्ह
Identification Marks : **MOLE ON LEFT SIDE OF
LEFT EYE**



भारतीय विशिष्ट पहचान प्राधिकरण
भारत सरकार
 Unique Identification Authority of India
 Government of India

नागरिक क्रमांक Enrolment No.: 1093/31301/02334

04/11/2011

To,
 Gautam Mehra
 गौतम मेहरा
 S/O Rajan Mehra
 # 285 Sector-15 A
 Chandigarh, Chandigarh
 Chandigarh 160015



UC 63326391 @ IN

Ref No: 412H3E9X-3326391



आपका आधार क्रमांक / Your Aadhaar No. :

6503 8387 0238

आधार – आम आदमी का अधिकार



भारत सरकार
 GOVERNMENT OF INDIA



गौतम मेहरा
 Gautam Mehra

जन्म वर्ष / Year of Birth : 1988
 पुरुष / Male

6503 8387 0238



आधार – आम आदमी का अधिकार



Ivy Hospital

**SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2006PTC027898**

**IVY Hospital Mohali
Sector 71, Mohali, Punjab -**

Bill of Supply

GST No	29AAHCP3193M1ZR	Bill Date	10-Aug-2024
Bill No	2024251056617	Reg ID	2384921
Bill To	Medibuddy Phasorz Techsolutions Pvt.Ltd	Sex/Age	Male/35 years, 11 months 18 days
TPA	Medibuddy Phasorz Techsolutions Pvt.Ltd	Consultant	DR. Direct
UHID	465801	Referred By	Direct
Name	MR GAUTAM MEHRA S/O Sector Mohali	GST No.	03AABCI4594F12Q
Address	#285, SECTOR 15-A, CHD CHANNICAPUR-160015	Category	Health Services
Phone No	7837229129	Policy No.	170174
UTI/Claim/Ref.	170174/	Pan No	AABCI4594F

Sr	Date	Code/Bate	Activity Desc.	Rate	Qty.	Amount
					1	2200
1	10-Aug-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



FOR OPD / DISCHARGE SUMMARY / BILLING PURPOSE ONLY



Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No.: UB5110PB2009PTC027898

Name: Mr. Gaurav Mehra UHID: 465801
 Age: 35 / m Consultant: Dr. Akanksha Date: 10/08/24
 BP: 106/71 Pulse: 67 RR: _____ Temp.: _____ Pain: _____
 Ht.: _____ Wt.: 90 kg Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: _____
 Complaint: _____

Investigations

Family h/o - T₂DM in mother

H₂A₁C = 5.3%

TFT = (N)

USG Abd - Grade 2 fatty liver

Clinical Notes

General Health Checkup

Adv

Weight reduction - 10% of current wt.

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
<i>[Signature]</i>						
Dr Akanksha Gautam Consultant- Endocrinology MBBS, MD Medicine. DM Endocrinology (PGI Chandigarh) PMC - 57027						

Follow up

Sign & Stamp



Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No.: UB5110PB2005PTC027888

Name: Mr. Gaitan Meher UHID: 465801
 Age: 35/M Consultant: Dr. Mukesh Vats Date: 10.08.24
 BP: _____ Pulse: _____ RR: _____ Temp: _____ Pain: _____
 Ht: _____ Wt: _____ Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: _____
 Complaint: _____

Investigations

Wing 6/6 -
6/6 -
(U.A)

704/16
12

Clinical Notes

no general check-up rapid- uswa

Als wme

funders
(u.a) 1/Disc + Manula - (u)

Dr. Mukesh Vats
MS, FVRS
Retired Consultant & Plastic Surgeon
PMC-45034

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

Follow up

Sign & Stamp
 Ivy/OPD/Form/005

IVY HOSPITAL
Sector 71
Mohali, Punjab

Ward
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: MR. GAUTAM MEHRA.
Patient ID: 465801
Height:
Weight:

DOB: 26.08.1988
Age: 35 yrs
Gender: Male
Race: Indian

Study Date: 10.08.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:02					
	HYPERV.	00:03	0.00	0.00			
	WARM-UP	00:31	1.30	0.00	87		
EXERCISE	STAGE 1	03:00	2.70	10.00	113	130/70	
	STAGE 2	03:00	4.00	12.00	130	140/70	
	STAGE 3	03:00	5.30	14.00	157	140/80	
	STAGE 4	01:17	6.60	16.00	181	150/80	
RECOVERY		04:06	0.00	0.00	114	140/80	

The patient exercised according to the BRUCE for 10:16 min:s, achieving a work level of Max. METS: 11.80. The resting heart rate of 88 bpm rose to a maximal heart rate of 184 bpm. This value represents 99% of the maximal, age-predicted heart rate. The resting blood pressure of --- mmHg, rose to a maximum blood pressure of 150/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal. Chest Pain: none. Arrhythmias: none.

Conclusions

GOOD EFFORT TOLERANCE
TMT NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician

Rakesh Bhutungru
10/8/24
Dr. Rakesh Bhutungru
Director- Non Invasive Cardiology
MBBS, MD (Medicine), DM (Cardiology)
PMG - 42588

Technician



R GATI AM MEHRA
 ID: 465801

108/2024 Male
 12:40pm 75yrs Indian

Meds:

Test Reason:
 Medical History:

Ref: MD: Ordering MD:
 Technician Test Type:
 Comment:

BRUCE Total Exercise Time 10:16
 Max HR: 184 bpm 99% of max predicted 185 bpm
 Max BP: 150/80 Maximum Workload: 11.80 METS
 Max S1 Level: 1.10 mm in III EXERCISE STAGE 3-8:50
 Reasons for Termination: Target heart rate achieved
 Summary: Resting ECG: normal, Chest Pain: none, Arrhythmias: none.
 Conclusion: GOOD EFFORT TOLERANCE
 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)	VT (l/min)	ST1 level HF(mm)	Comment
	SUPINE	00:02	0.00	0.00	1.0				0	-	
	HYPERV	00:03	0.00	0.00	1.0				0	-	
	WARMUP	00:31	1.30	0.00	1.1	87			0	-0.40	
	STAGE 1	03:00	2.70	10.00	4.6	113	130/70	146	0	-0.40	
	STAGE 2	03:00	4.00	12.00	7.0	130	140/70	182	0	-0.75	
	STAGE 3	03:00	5.30	14.00	9.8	157	140/80	219	0	-1.00	
	STAGE 4	01:17	0.30	16.00	4.6	181	150/80	271	0	-0.80	
	RECOVERY	04:06	0.00	0.00	1.0	114	140/80	159	0	-0.50	

Case V651 (0)

Unconfirmed

Attend: MD:



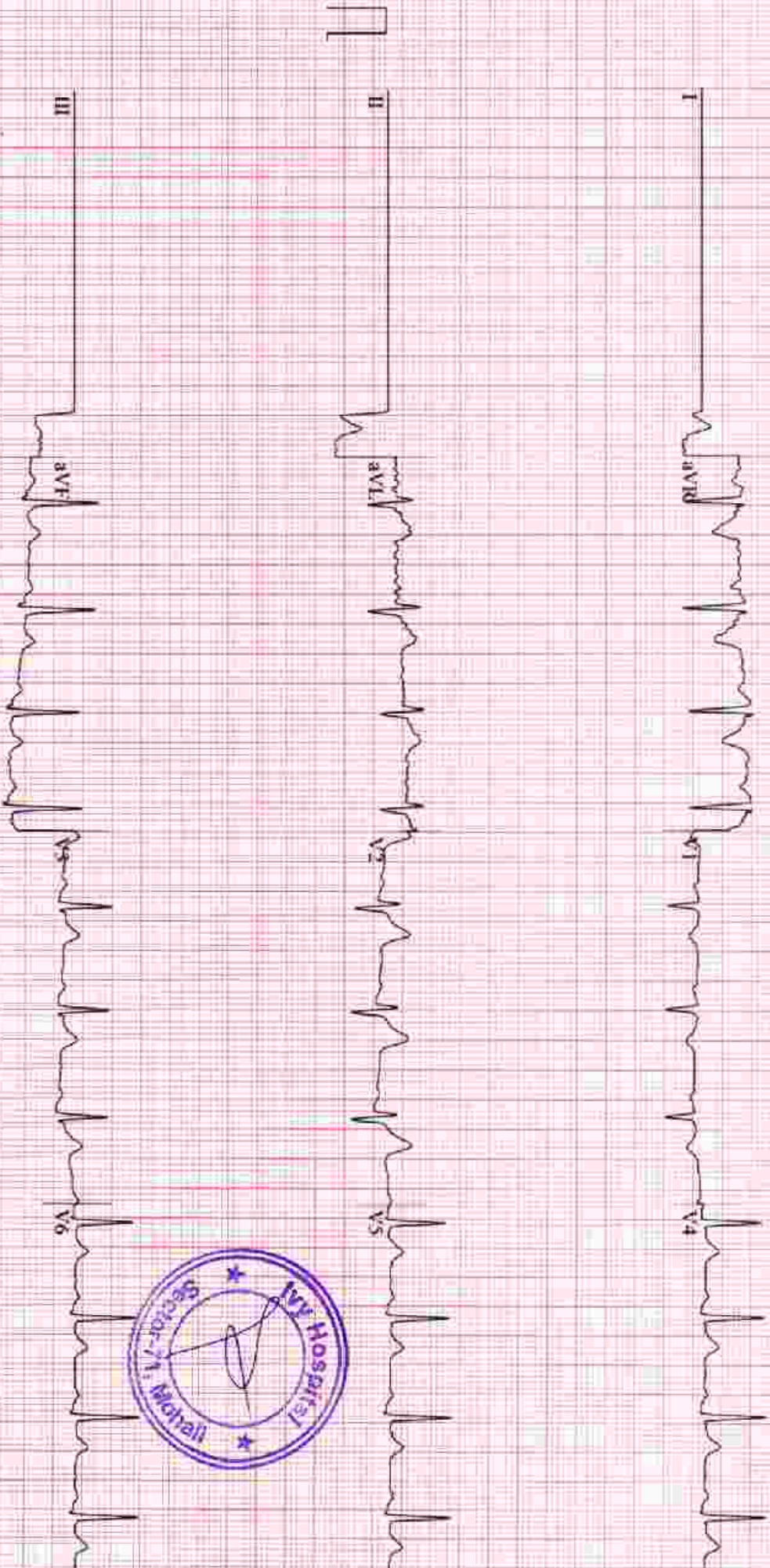
MR. GULIYANI MEHIRA,
Patient ID 465801
10.08.2024
3:12:41pm

I.C.G. Strip

PRE TEST
SUPINE
0:01

BRUCE

IVY HOSPITAL



GE CASE V6.51 (0)
25mm/s 10mm/mV 60Hz 0.01-20Hz S+

Unconfirmed

Altera g.M.D.



MR. GAUTAM MEHRA.
Patient ID: 465801
10.08.2024
3 12:53pm

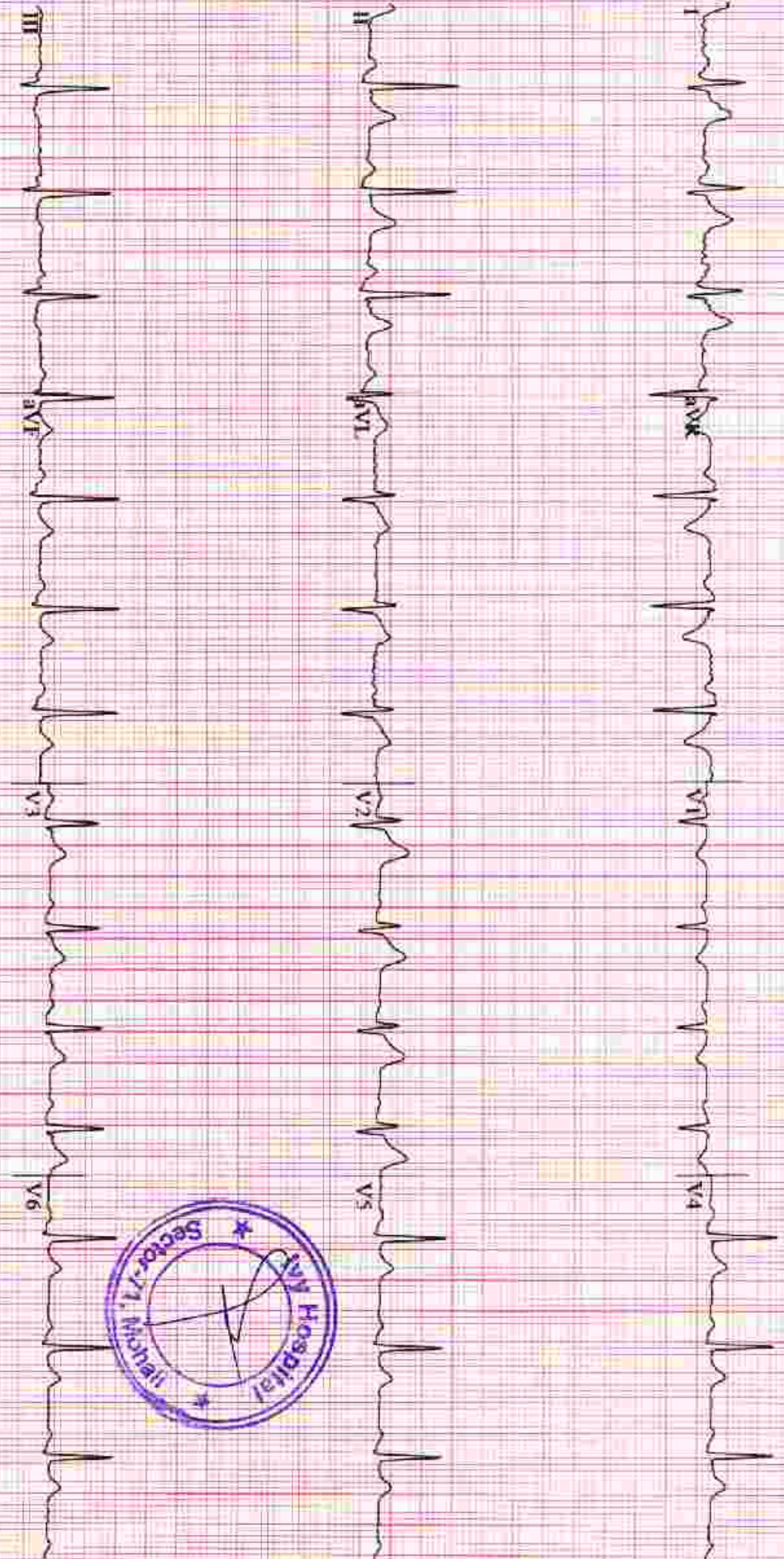
ECG Strips

88 bpm

PR-T/ST
WARM/EP
0:15

RR/CE
0:0 km/h
0.0 %

IVY HOSPITAL



GE CASE V6.51 (0)
25mm/s 10mm/mV 60Hz 0.01-20Hz S+IBR(II,V4)

Unconfirmed

Attending MD:

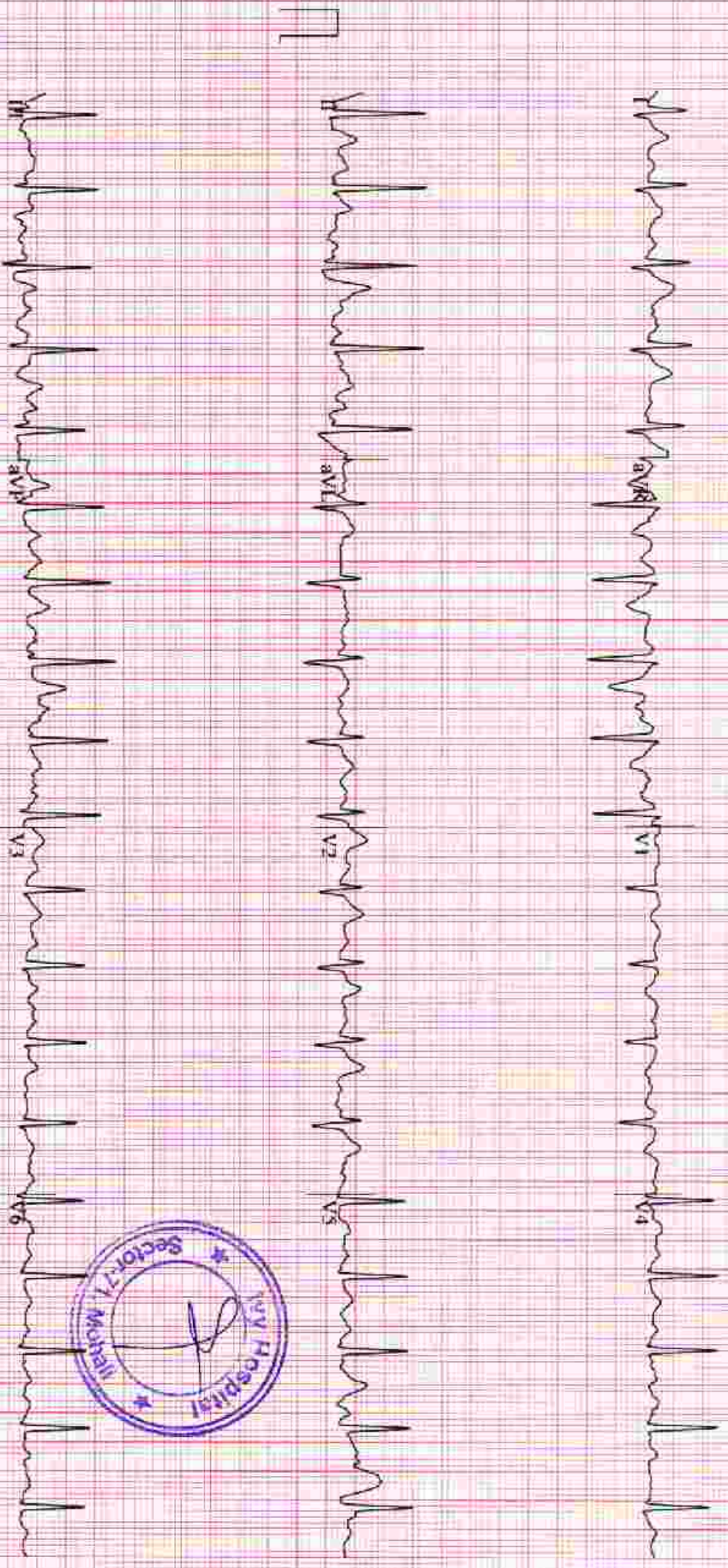


MIRGATAM MEHRA
Patient ID: 465801
10.08.2024
3:16:02pm

111 bpm
130/70 mmHg

EXERCISE
STAGE 1
2:50

BRUCE
2.7 km/h
10.0%



GE CASE V6.51 (0)
25mm/s 10mm/mV 60Hz 0.01-20Hz S+HR(1, V4)

Unconfirmed

Alta g MD



MR GAUTAM MEHRA
Patient ID: 465801
10.08.2024
3:19:02pm

ECG Strips

30 bpm
140/70 mmHg

EXERCISE
STAGE 2
5:50

BRUCE
4.0 km/h
12.0%

IVY HOSPITAL



GE CASE V6.51 (0)
25mm/s 10mm/mV 60Hz 0.01-20Hz S+HR(QT V4)

Unconfirmed

Attended MD



MIRGAUTAM MEHRA.
Patient ID: 465801
10/08/2024
3:22:02pm

157 bpm
I40/80 mmHg

EXERCISE
STAGE 3
8:50

BRUCE
5.3 km/h
14.0%



GE CASE V651 (0)
25mm/s 10mm/mV 60Hz 0.01-20Hz S+TR(QI,V4)

Unconfirmed

Anc Jg MD:

MR GALLANI MEHRA
Patient ID +65801
10.08.2024
3:23:29pm

181 bpm
150/80 mmHg

EXERCISE
STAGE 4
10-17

BRUCE
0.3 km/h
16.0 %



GE CASE V6 S1 (0)
25mm/s 10mm/mV 60Hz 0.01-20Hz S+HR(QLV4)

Unconfirmed

Attend MD

MIRGAI TAMI MEHRA,

Patient ID: 465801

10/08/2024

8:24:18pm

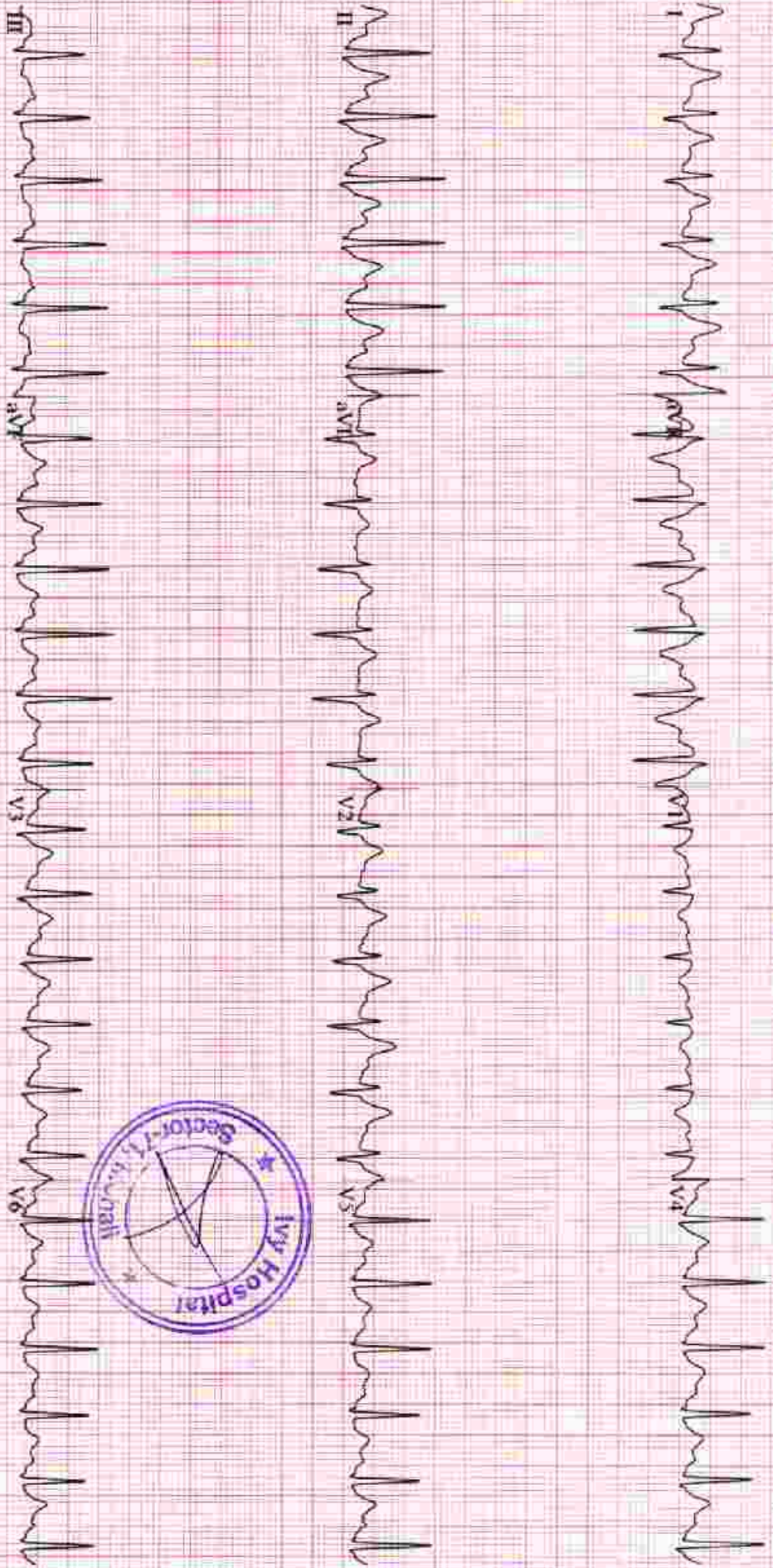
ECG Strips

IVY HOSPITAL

146 bpm
140/80 mmHg

RECOVERY
0-50

BRUCE
0.0 km/h
0.0 %



GE CASE V6.51 (0)
25mm/s 10mm/mV 60Hz 0.01-20Hz S+HR(QI V4)

Unconfirmed

Attic mg MID

GE HealthCare

ECG10000-001

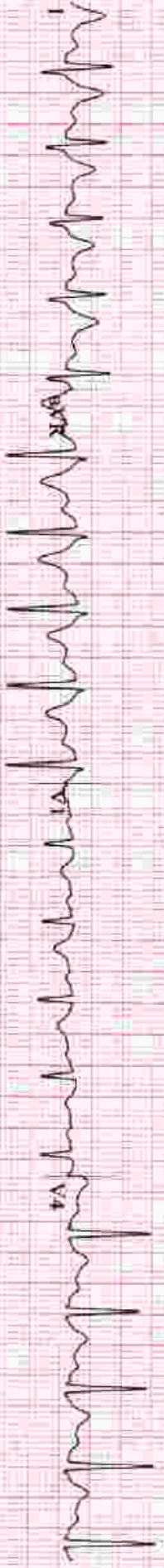
CE

MR. CAJITAM MEHRA,
Patient ID: 463801
10/08/2024
3:25:18pm

121 bpm
140/80 mmHg

RECOVERY
1.50

HR/CE
0.0 km/h
0.0 %



GE CASE V6.51 (0)
2mm/s 10mm/mV 60Hz 0.01-20Hz S+HR(ULV4)

Unconfirmed

Attended MD:

MR GAUTAM MEHRA.

Patient ID: 463801

10.08.2024

3:26:18pm

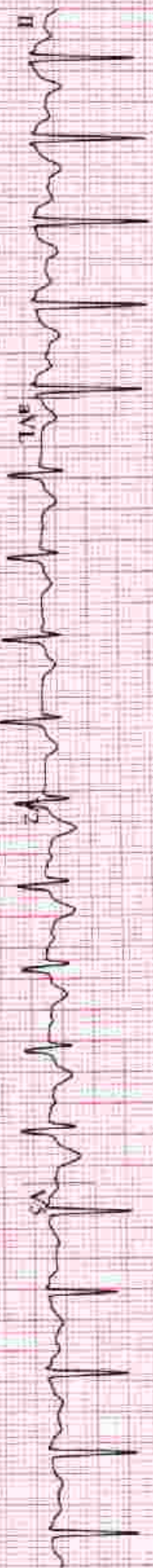
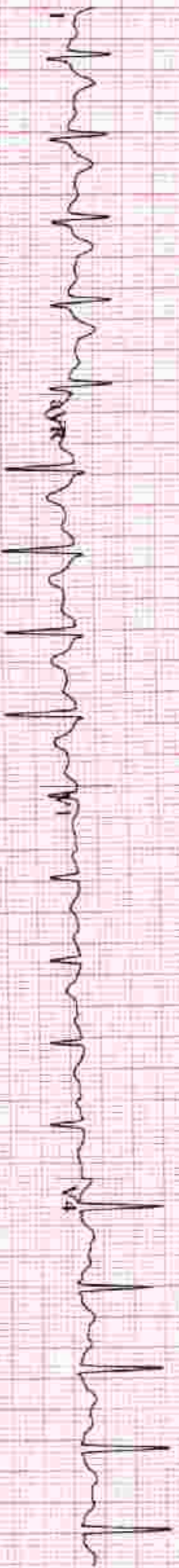
ECG Strips

IVY HOSPITAL

114 bpm
140/80 mmHg

RECOVERY
2:50

BRUCE
0.0 km/h
0.0 %



GE CASE: V6.51 (0)
25mm/s 10mm/mV 60Hz 0.01-20Hz S+HR(II,V4)

Unconfirmed

Aucr Jg MD

MAR GANU TAM MEHRA,
Patient ID: 465801
10/08/2024
3:27:18pm

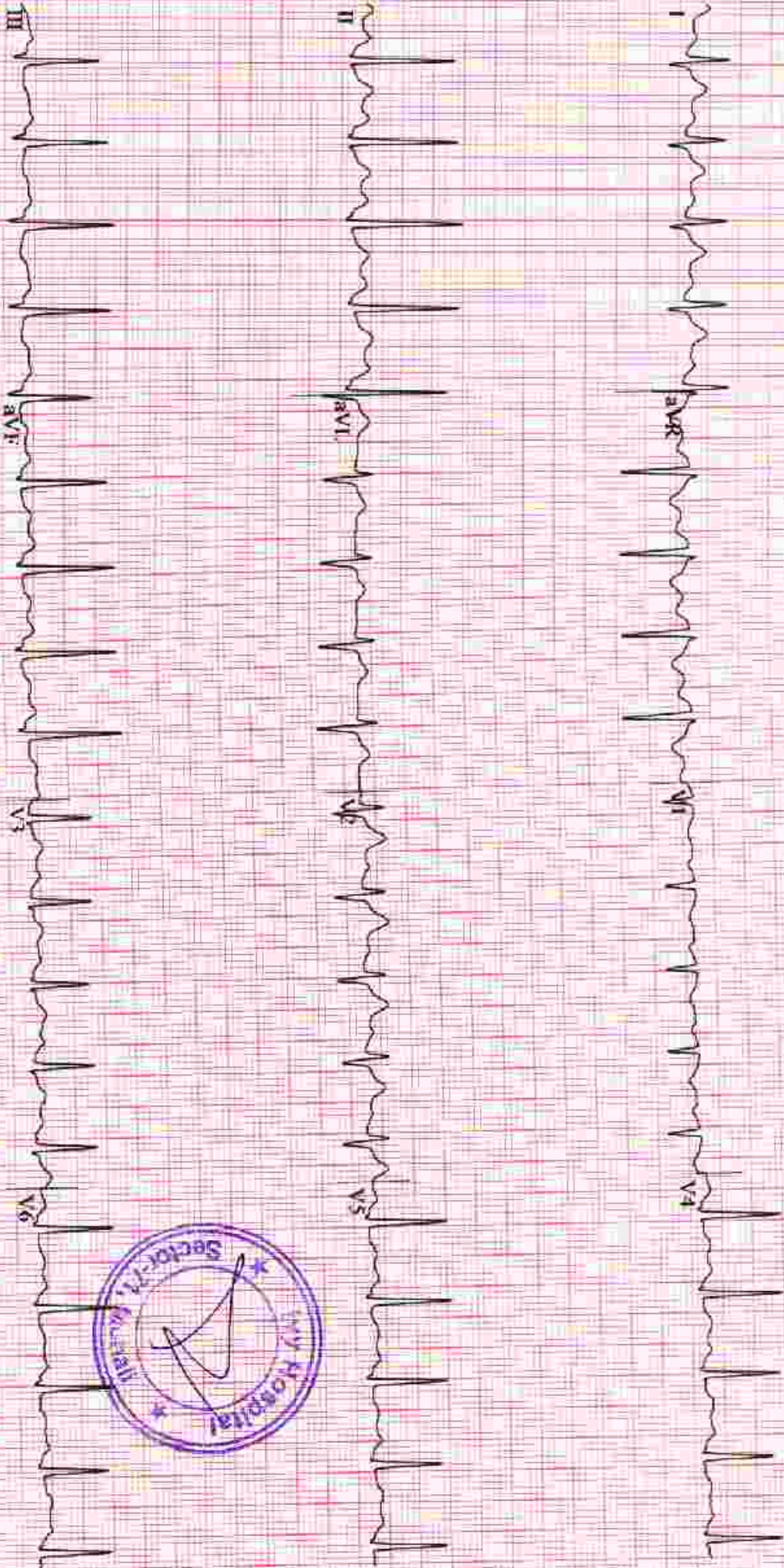
ECG Strips

114 bpm
140/80 mmHg

RECOVERY
3.50

DRUGS:
0.0 km/h
0.0 %

IVY HOSPITAL



GE CASE V6.51 (0)
25mm/s 10mm/mV 60Hz 0.01-20Hz S+HR(QL,V4)

Unconfirmed

Attending MD:





NAME	: MR GAUTAM MEHRA		
DOB/Gender	: 26-Aug-1988/M	Requisition Date	: 10/Aug/2024 10:26AM
UHID	: 465801	Sample Col Date	: 10/Aug/2024 01:53PM
Inv. No	: 4497821	Sample Rec. Date	: 10/Aug/2024 01:53PM
Panel Name	: Ivy Mohali	Approved Date	: 10/Aug/2024 03:23PM
Inv. Code No	: 13233932	Referred Doctor	: Self

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

BIOCHEMISTRY

GLUCOSE PP

Plasma Glucose Post Prandial

(After 2 hrs of Consumption - Glucose retained in blood postprandial)

111

mg/dL

Normal <140

Impaired Tolerance 140-180

Diabetic >180

*** End Of Report ***

The highlighted values should be correlated clinically

Result Entered By: Shweta Sharma 41252





NAME	: MR GAUTAM MEHRA		
DOB/Gender	: 26-Aug-1988/M	Requisition Date	: 10/Aug/2024 10:26AM
UHID	: 465801	Sample Coll Date	: 10/Aug/2024 10:33AM
Ivy No.	: 4497821	Sample Rec Date	: 10/Aug/2024 10:33AM
Panel Name	: Ivy Mohali	Approved Date	: 10/Aug/2024 02:03PM
Bar Code No.	: 13233932	Referred Doctor	: Self

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

IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 <small>(U/L) (nmol/L)</small>	1.40	ng/mL	0.970 - 1.69
--	------	-------	--------------

Summary & Interpretation:

The 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, principally 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 oestrogens, 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 hypothyroidism and for indicating a diagnosis of thyrotoxicosis periodicus.

Serum Total T4 <small>(U/L) (nmol/L)</small>	8.40	µg/dL	5.52 - 12.97
--	------	-------	--------------

Summary & Interpretation:

The tetraiodothyronine (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 protein (albumin) 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 T4-substituted therapy.

Serum TSH <small>(U/L) (mIU/L) (µg/mL)</small>	1.800	mIU/L	0.465 - 4.68
--	-------	-------	--------------

Summary & Interpretation:

TSH is formed in specific hypothalamic 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. A sensitive, TSH assay is sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection and exclusion of disorders in the central regulatory circuit between the hypothalamus, pituitary and thyroid.

- Note:**
- TSH levels are subject to diurnal variation, reaching peak levels between 2 - 4 a.m. and a minimum between 8-10 pm. The variation is 80% or more of 80% (range limit of the day has influence on the measured serum TSH concentration).
 - It is recommended test for T3 and T4 is obtained fraction or free levels as it is medicinally active.
 - Thyrotoxicosis (use of Total T2, T4 levels is seen in pregnancy and in patients on steroid therapy).
 - Causes of low TSH: Primary Hypothyroidism, Hypertoxicosis, Hypopituitarism, Primary 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 - 2.70
2nd Trimester	0.24 - 4.35
3rd Trimester	0.41 - 5.18

The highlighted values should be correlated clinically

Result Entered By: Prent Date: 08/01/24





NAME	: MR GAUTAM MEHRA		
DOB/Gender	: 26-Aug-1988/M	Requisition Date	: 10/Aug/2024 10:26AM
UHID	: 465801	Sample Coll Date	: 10/Aug/2024 12:03PM
Ivy No	: 4497821	Sample Rec Date	: 10/Aug/2024 12:03PM
Panel Name	: Ivy Mohali	Approved Date	: 10/Aug/2024 12:59PM
Bar Code No.	: 13233932	Referred Doctor	: Self

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

BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting <small>(Fasting Plasma Glucose - Glycemia test) (fasting plasma glucose)</small>	94	mg/dL	Normal 70-99 mg/dL Impaired Tolerance 100 - 125mg/dl Diabetic ≥126 mg/dl
--	----	-------	--

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 or excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

RFT (RENAL FUNCTION TESTS)

Serum Urea <small>(Urea) (Blood Urea Nitrogen - Blood Urea)</small>	20.00	mg/dl	19.2-42.8 mg/dl
Serum Creatinine <small>(Creatinine) (Blood Creatinine - Creatinine)</small>	0.70	mg/dL	0.66-1.25mg/dl
Serum Uric acid <small>(Uric Acid) (Blood Uric Acid - Uric Acid)</small>	7.10	mg/dL	3.5-8.5 mg/dl

Interpretation:

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





NAME	: MR GAUTAM MEHRA		
DOB/Gender	: 26-Aug-1988/M	Requisition Date	: 10/Aug/2024 10:26AM
UHID	: 465801	Sample Coll Date	: 10/Aug/2024 12:03PM
Ivy No.	: 4497821	Sample Rec Date	: 10/Aug/2024 12:03PM
Panel Name	: Ivy Mohali	Approved Date	: 10/Aug/2024 12:59PM
Bar Code No	: 13233932	Referred Doctor	: Self

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

LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total <small>(ASTOR) Bilirubin Total - (Bilirubin) (Bilirubin) (Bilirubin)</small>	0.80	mg/dL	0.2-1.3 mg/dl
Serum Bilirubin Direct <small>(ASTOR) Bilirubin Direct - (Bilirubin) (Bilirubin)</small>	0.43	mg/dL	Adult 0.0-1.1 mg/dl Neonate 0.6-10.5 mg/dl
Serum Bilirubin Indirect <small>(ASTOR) Bilirubin Indirect - (Bilirubin) (Bilirubin)</small>	0.37	mg/dL	Adult 0.0-0.3 mg/dl Neonate 0.0-0.6 mg/dl
Serum SGOT(AST) <small>(ASTOR) SGOT (AST) - (AST) (AST)</small>	37	U/L	Male 17-59U/L
Serum SGPT(ALT) <small>(ASTOR) SGPT (ALT) - (ALT) (ALT)</small>	44	U/L	21-72
Serum AST/ALT Ratio <small>(ASTOR) AST/ALT Ratio - (AST) (ALT)</small>	0.84		
Serum GGT <small>(ASTOR) GGT - (GGT) (GGT)</small>	36	U/L	Male 12-43
Serum Alkaline Phosphatase <small>(ASTOR) Alkaline Phosphatase - (ALP) (ALP)</small>	88	U/L	38-126U/L
Serum Protein Total <small>(ASTOR) Protein Total - (Protein) (Protein)</small>	8.0	g/dl	6.3-8.2g/dl
Serum Albumin <small>(ASTOR) Albumin - (Albumin) (Albumin)</small>	4.7	g/dl	3.5-5.0g/dl
Serum Globulin <small>(ASTOR) Globulin - (Globulin) (Globulin)</small>	3.30	mg/dl	2.0-3.5
Serum Albumin/Globulin Ratio <small>(ASTOR) Albumin/Globulin Ratio - (Albumin) (Globulin)</small>	1.42	%	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>(ASTOR) Cholesterol - (Cholesterol) (Cholesterol)</small>	206	mg/dL	Desirable <200mg/dl Borderline High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides <small>(ASTOR) Triglycerides - (Triglycerides) (Triglycerides)</small>	115	mg/dL	Normal < 150mg/dl Borderline High 150-199mg/dl High 200-499mg/dl Very High ≥500 mg/dl





NAME	: MR GAUTAM MEHRA		
DOB/Gender	: 26-Aug-1988/M	Requisition Date	: 10/Aug/2024 10:26AM
UHID	: 465801	Sample Coll Date	: 10/Aug/2024 12:03PM
Ivy No.	: 4497821	Sample Rec. Date	: 10/Aug/2024 12:03PM
Panel Name	: Ivy Mohali	Approved Date	: 10/Aug/2024 12:59PM
Bar Code No	: 13233932	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
Serum HDL Cholesterol <small>(CYTOSOLIC CATALASE - Direct method, PCV Mg/dL)</small>	44	mg/dL	Low to Average <40 mg/dL High >60.0mg/dL
Serum VLDL cholesterol <small>(CYTOSOLIC)</small>	23	mg/dL	7-35
Serum LDL cholesterol <small>(CYTOSOLIC)</small>	139	mg/dL	50-100
Serum Cholesterol-HDL Ratio <small>(CYTOSOLIC)</small>	4.68		3-5
Serum LDL-HDL Ratio <small>(CYTOSOLIC)</small>	3.16		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
LDL - 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





NAME	: MR GAUTAM MEHRA		
DOB/Gender	: 26-Aug-1988/M	Requisition Date	: 10/Aug/2024 10:26AM
UHID	: 465801	Sample Coll Date	: 10/Aug/2024 12:03PM
Inv. No.	: 4497821	Sample Rec Date	: 10/Aug/2024 12:03PM
Panel Name	: Ivy Mohali	Approved Date	: 10/Aug/2024 12:59PM
Bar Code No	: 13233932	Referred Doctor	: Self

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

CLINICAL PATHOLOGY**COMPLETE URINE EXAMINATION****Physical Examination**

Urine Volume	35.00	mL	
Urine Colour	Pale yellow		Light Yellow
Urine Appearance	Clear		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	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





NAME	: MR GAUTAM MEHRA		
DOB/Gender	: 26-Aug-1988/M	Requisition Date	: 10/Aug/2024 10:26AM
PHNO	: 465801	Sample Coll Date	: 10/Aug/2024 10:33AM
Inv. No.	: 4497821	Sample Rec. Date	: 10/Aug/2024 10:33AM
Panel Name	: Ivy Mohali	Approved Date	: 10/Aug/2024 11:14AM
Bar Code No	: 13233932	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	NEGATIVE
Anti D	POSITIVE
Final Blood Group	O POSITIVE

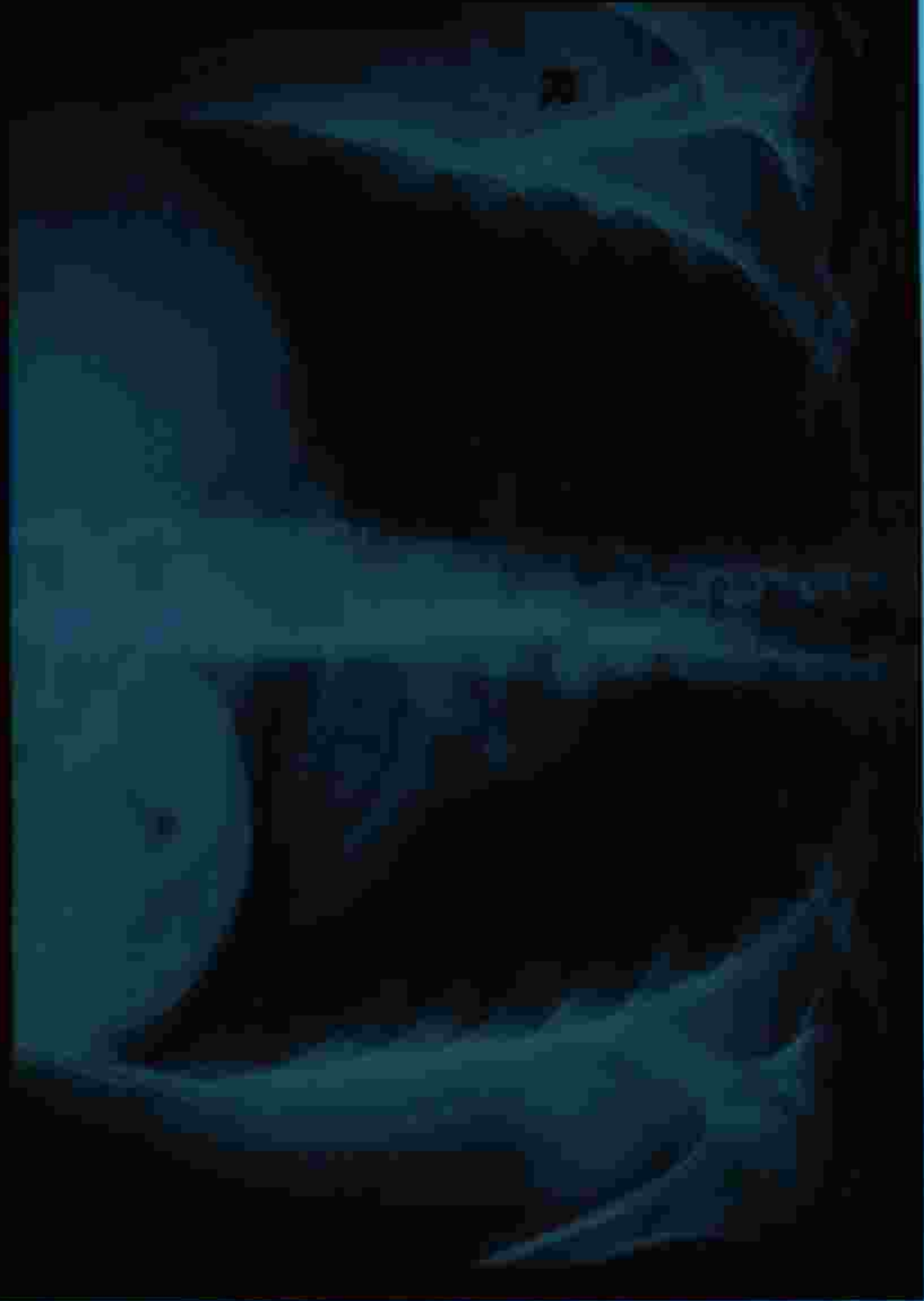
NOTE:

- * Auto flocculation 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
- * Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous results

The highlighted values should be correlated clinically.

Result Entered By: Priem Lani 6861M





DEPT. OF CULTURE - 1410 22 Ave. N.W. Ottawa, Ont. K1P 6K6

1983-84



NAME	: MR GAUTAM MEHRA		
DOB/Gender	: 26-Aug-1988/M	Requisition Date	: 10/Aug/2024 10:26AM
UHID	: 465801	Sample Coll Date	: 10/Aug/2024 10:33AM
Inv. No.	: 4407821	Sample Rec. Date	: 10/Aug/2024 10:33AM
Panel Name	: Ivy Mohali	Approved Date	: 10/Aug/2024 11:50AM
Bar Code No	: 13233932	Referred Doctor	: Self

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

HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR <small>(Westergren 15% solution)</small>	15	mm/h	0-10
---	-----------	------	------

COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Hemoglobin <small>(Hemoglobin)</small>	14.9	g/dl	13.0-17.0
Hematocrit (PCV) <small>(Hematocrit)</small>	43.6	%	36-48
Red Blood Cell (RBC) <small>(RBC)</small>	5.50	10 ⁶ /μl	4.5-5.5
Mean Corp Volume (MCV) <small>(MCV)</small>	83.4	fL	83-97
Mean Corp HB (MCH) <small>(MCH)</small>	27.2	pg/ml	27-31
Mean Corp HB Conc. (MCHC) <small>(MCHC)</small>	32.7	gm/dl	32-36
Red Cell Distribution Width -CV <small>(RDW-CV)</small>	12.5	%	11-15
Platelet Count <small>(Platelet Count)</small>	236	10 ³ /ul	150-450
Mean Platelet Volume (MPV) <small>(MPV)</small>	10.9	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(WBC Count)</small>	5.8	10 ³ /μl	4.0-10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	50	%	40-75
Lymphocytes	39	%	20-40
Monocytes	7	%	0-8
Eosinophils	4	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	2.900	μl	2000-7000
Absolute Lymphocyte Count	2.262	ul.	1000-3000
Absolute Monocyte Count	406	ul.	200-1000
Absolute Eosinophil Count	232	μl	20-500

The highlighted values should be correlated clinically

Result Entered By: Preeti Lata 6861M





NAME	MR GAUTAM MEHRA		
DOB/Gender	26-Aug-1988/M	Requisition Date	10/Aug/2024 10:26AM
LHID	465801	Sample Col(Date)	10/Aug/2024 10:33AM
Ivy No.	4497821	Sample Rec.Date	10/Aug/2024 12:57PM
Panel Name	Ivy Mohali	Approved Date	10/Aug/2024 01:48PM
Bar Code No	13233932	Referral Doctor	Self

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

HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c <small>(Accuracy: 87.00% (1715/1980))</small>	5.3	%	Non diabetic:4.0-6.0 Target of therapy:<7.0 Change of therapy:>8.0
Estimated Average Glucose (eAG) <small>(HbA1c x 18 + 126)</small>	105	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

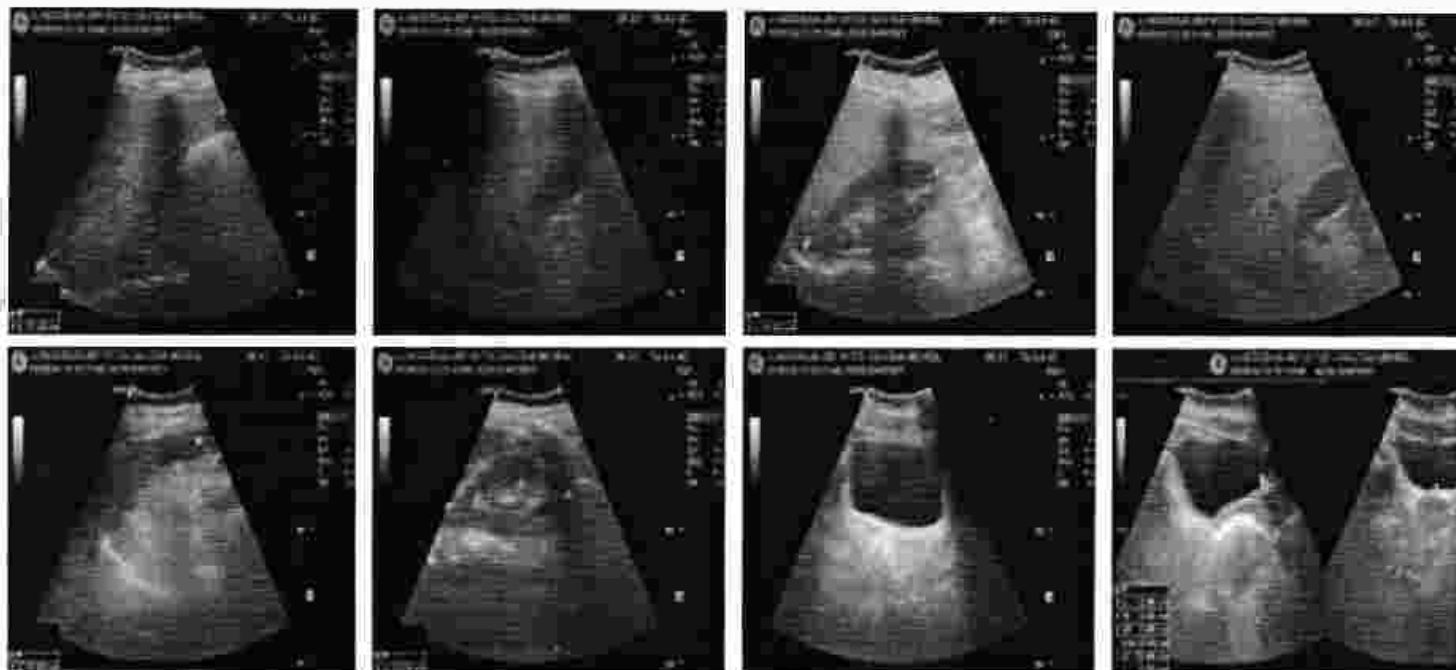
*** End Of Report ***





NAME	GAUTAM MEHRA	SEX/AGE	M35Y
PATIENT ID	ID465801	Accession Number	
REF CONSULTANT	PACKAGE	DATE	10/08/2024 10:21

USG WHOLE ABDOMEN



LIVER: is enlarged in size (~17.3 cm), normal in outline and shows increased echogenicity. IHBR are not dilated. Portal vein is normal. Visualized CBD is not dilated.

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

SPLEEN: is normal in size (~11.5 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 (~11.1 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~11.0 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 (measures ~ 22cc).

No free fluid is seen in peritoneal cavity.

OPINION:

Hepatomegaly with fatty liver (Grade II).

Adv. Clinical correlation and follow up.

Dr. Manish Singla

(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



Ivy Hospital

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

NAME	GAUTAM MEHRA	SEX/AGE	M35Y
PATIENT ID	ID465801	Accession Number	
REF CONSULTANT	PACKAGE	DATE	10/08/2024 10:21

DNB Resident

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

ECG CARDIOPRINT
GE MAC1200 ST
IVY HOSPITAL MORALI

HR 77 bpm

Mr. Chaitam

Age - 35 / M

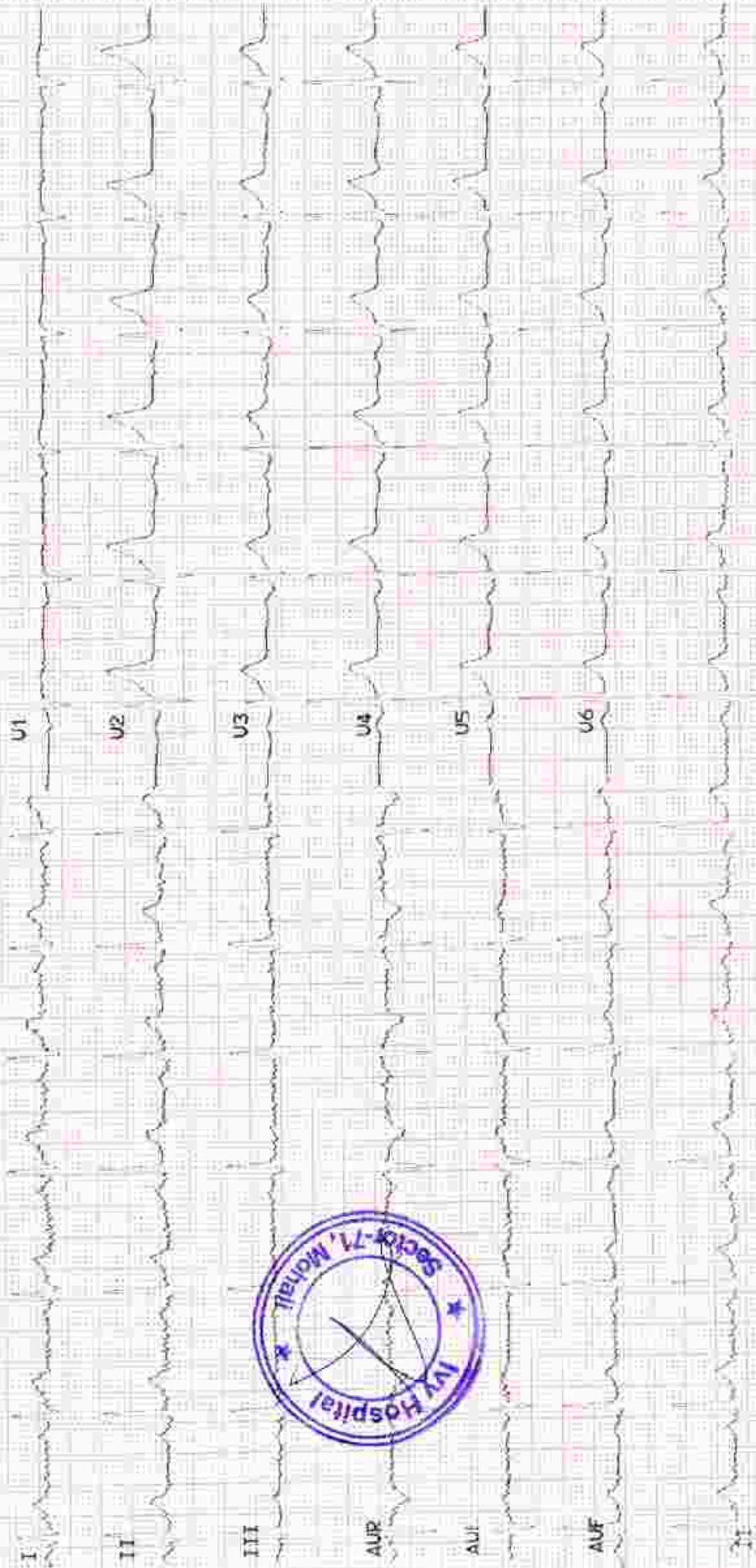
UHI D-46580

Interpretation:

R/S inversion area between U1 and U2
borderline ECG

QRS	94 ms	P	<
QT/QTcB	342 / 390 ms	T	<
PR	164 ms	QRS	<
P	122 ms	aUL	0 I
RR/PP	770 / 770 ms	aUR	-90
P/QRS/T	45 / 75 / 40 degrees	III	+90 II
QTd/QTcBd	38 / 43 ms	aUF	
Sokolow	1.9 mV	10	
NK	10		

Unconfirmed report.





NAME	GAUTAM MEHRA	SEX/AGE	M35Y
PATIENT ID	ID465801	Accession Number	XN058471-OPD
REF CONSULTANT	Dr.	DATE	10/08/2024 11:27

X-RAY CHEST (PA VIEW)

- Rotation is present.
- 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 COE HARPREET SINGH
 MBBS, MD, DNB

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