



प्रति,

समन्वयक,
Mediwheel (Arcofemi Healthcare Limited)
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

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

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

	कर्मचारी विवरण
नाम	MR. JALHOTRA VISHAL
क.कू संख्या	88642
पदनाम	BRANCH HEAD
कार्य का स्थान	CHANDIGARH, SECTOR 37D
जन्म की तारीख	19-03-1988
स्वास्थ्य जांच की प्रस्तावित तारीख	09-03-2024
बुकिंग संदर्भ सं.	23M88642100098562E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 08-03-2024 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 बड़ौदा

(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।)



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. JALHOTRA VISHAL
EC NO.	88642
DESIGNATION	BRANCH HEAD
PLACE OF WORK	CHANDIGARH,SECTOR 37D
BIRTHDATE	19-03-1988
PROPOSED DATE OF HEALTH CHECKUP	09-03-2024
BOOKING REFERENCE NO.	23M88642100098562E

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 **08-03-2024** 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))

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



 Bank of Baroda
 Baroda

Name: **VISHAL JALHOTRA**

E.C.No: **88642**

Subot







સર્વિસ ઇન્ફોર્મેશન
સર્વિસ નંબર: 91229 96662

વિષય શીર્ષક

Vishal Jadhava

ઉંમર/જાતિ/દેશ: 19/03/1988

લિંગ/ ગેન્ડર: MALE



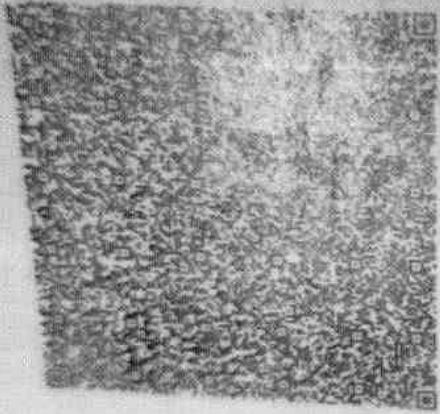
8916 0445 0475

VID : 91229 96662 8246 0514

સર્વિસ ઇન્ફોર્મેશન, સર્વિસ વહીવટી

VID : 9129 9662 8246 0514

8916 0445 0475



Address: S/O: Ramesh Kumar, 378, Krishna Colony, Ladwa (Rural)(Part)(76), Kurukshetra, Haryana - 136132

पता: S/O: रमेश कुमार, 378, कृष्णा कॉलोनी, लडवा (रूरल) (भाग) (76), कुरुक्षेत्रा, हरियाणा - 136132

Download Date: 28/04/2023



भारतीय निर्वाचन आयोग
Election Commission Authority of India





Ivy Hospital

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

Name: VEESHAL JALHOTA UHID: 427381
 Age: 35/M Consultant: Dr. Mukesh Vals Date: 9/3/24
 BP: _____ Pulse: _____ RR: _____ Temp.: _____ Pain: _____
 Ht.: _____ Wt.: _____ Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: H/O LASIK Sx - 2012
 Complaint: _____

Investigations

mmr 66
66P
(U.A)

TOP 14
14

Clinical Notes

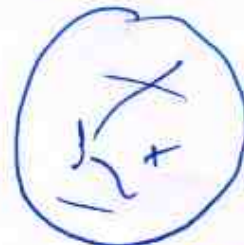
No general check-up. Hepat - normal

ALS WNL

Fundus

OD

OS



Disc + Macula - (N)

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

Adv: Gentral e/d TDS 000

Review aft 6 months / 600

Dr. Mukesh Vals
M.S FVRS
Malina Consultant & Photo Surgeon
PMC 45034

Follow up

Sign & Stamp



Name: VISHAL JALHOTRA UHID: 42738/
 Age: 35 Consultant: DR. C. RANDEEN Date: 9/3/24
 BP: 80/120 Pulse: 99 RR: _____ Temp.: _____ Pain: _____
 Ht.: _____ Wt.: _____ Allergies: _____ Nutritional Assessment: Yes/No
 Diagnosis / DD: _____
 Complaint: _____

Investigations

Clinical Notes

USG abd - Gr II fatty liver
 S3 dullness
 FBS - 87

No prior comorbidities
 Regular health checkups

TSH - 2.0

Acho

RF - 23/0.8

LFT - Bil T/L 0.6/0.1
 OT/PT - 45/44

1) Tab. Unsocond 300 mg (BI) x 20 days

Chol/TG/HDL/LDL - WTR PA - NAD

186/213/40/103

2) Tab. Mest (vit B₁₂ + folate) OD x 1 month

Ang. 14.1/5200/134MS
 ECG - NSR

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
	3) Cap. Omega tri (ω-3 fatty acids)		1gm	(BI)	x 2 months	
	4) Cap. Rabeprazole	OD	20/150 mg	(BI)	x 20 days	
	Repeat OT/PT	after	20	1 month		

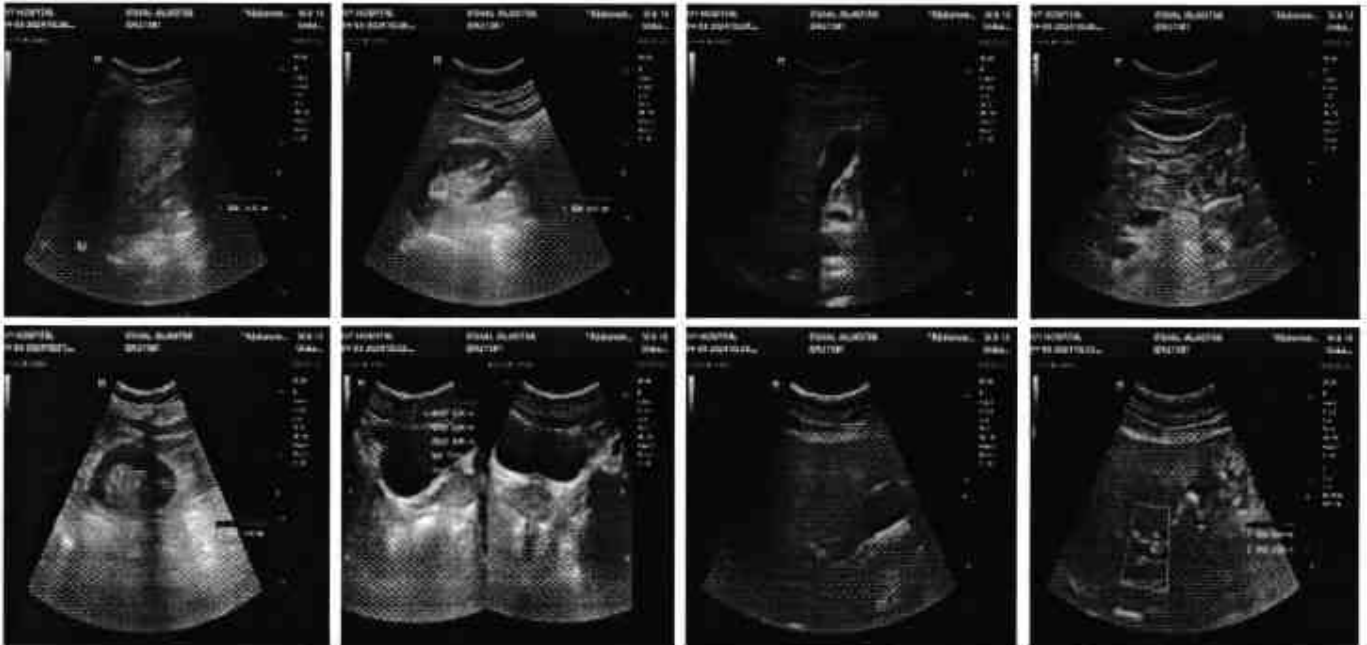
Follow up

Dr. G. Ranjeet Kumar
 MD Internal Medicine (PGIMER)
 Regn. No.: 8833
 Sign & Stamp
 Ivy/OPD/Form/005



NAME	VISHAL JALHOTRA	SEX/AGE	M35Y
PATIENT ID	ID427381	Accession Number	
REF CONSULTANT	PACKAGE	DATE	09/03/2024 10:27

USG WHOLE ABDOMEN



LIVER: is enlarged in size (~16.1 cm), normal in outline and shows increased echogenicity. IHBR are not dilated. Portal vein is normal in caliber. Visualized CBD is not dilated.

GALL BLADDER: is normally distended. GB wall is normal. Few echogenic sludge particles are seen.

SPLEEN: is normal in size (~9.7cm), 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 (~9.6cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~9.5cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

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

PROSTATE: is normal in size.

No free fluid is seen in peritoneal cavity.

IMPRESSION:

Hepatomegaly with fatty liver (Grade II).

GB sludge.

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	VISHAL JALHOTRA	SEX/AGE	M35Y
PATIENT ID	ID427381	Accession Number	
REF CONSULTANT	PACKAGE	DATE	09/03/2024 10:27



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

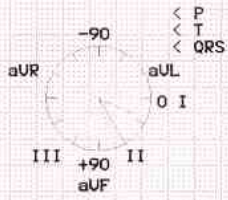
IVY HELPLINE : +91 99888-23456

GE MACIZOO ST ... HOSPITAL MOHALI

HR 98bpm

Measurement Results:

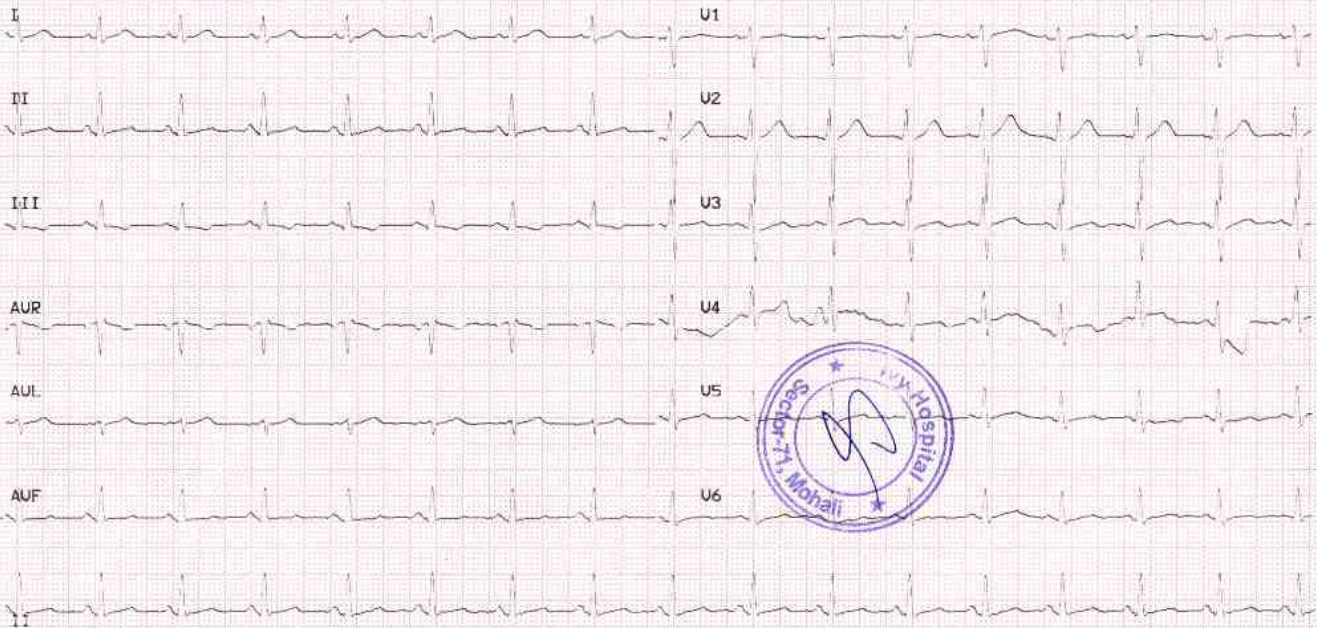
QRS	98 ms
QT/QTcB	340 / 436 ms
PR	106 ms
P	84 ms
RR/PP	608 / 610 ms
P/QRS/T	70/ 60/ 25 degrees
QTd/QTcBd	38 / 49 ms
Sokolow	1.1 mV
NK	14



Interpretation:
short PR interval
probably normal ECG

Dr. Vishal Jathotra
Age - 35/M
UID - 427381

Unconfirmed report.





NAME	: MR VISHAL JALHOTRA		
DOB/Gender	: 19-Mar-1988/M	Requisition Date	: 09/Mar/2024 09:37AM
UHID	: 427381	SampleCollDate	: 09/Mar/2024 09:54AM
Invt. No.	: 4110138	Sample Rec.Date	: 09/Mar/2024 10:53AM
Panel Name	: Ivy Mohali	Approved Date	: 09/Mar/2024 12:32PM
Bar Code No	: 13101083	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 <small>(CLIA Virus 2000)</small>	8.73	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, 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 factitia.

Serum Total T4 <small>(CLIA Virus 2000)</small>	2.000	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 2000)</small>	0.41 – 5.18	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 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 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





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Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting <small>(Hexokinase AC900)</small>	87	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.

RFT (RENAL FUNCTION TESTS)

Serum Urea <small>(Ureaase-GUDHAAC500)</small>	23.80	mg/dl	17-43
Serum Creatinine <small>(JAFFE-KINETIC AC546)</small>	0.80	mg/dl	0.67-1.17
Serum Uric acid <small>(Uricase AC548)</small>	7.30	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 bloodstream.) You normally need treatment with dialysis if the level of creatinine goes higher than a certain value.

Dehydration can also be a cause for increases in urea level.

Before and after starting treatment with certain medicines. Some medicines occasionally cause kidney damage (Nephrotoxic Drug) as a side-effect.

Therefore, kidney function is often checked before and after starting treatment with certain medicines.

Risk associated with renal failure:

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

* Tietz textbook of clinical biochemistry.





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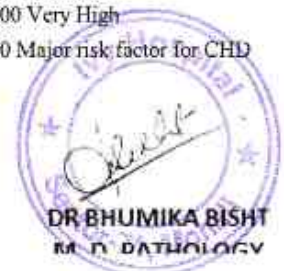
Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST WITH GGT			
Serum Bilirubin Total <small>(UPE/AL-480)</small>	0.60	mg/dL	0.3-1.2
Serum Bilirubin Direct <small>(UPE/AL-480)</small>	0.10	mg/dl	<0.3
Serum Bilirubin Indirect <small>(Calculated)</small>	0.50	mg/dl	0.1-1.0
Serum SGOT(AST) <small>(IFCC Without PSP/ AU 400)</small>	45	U/L	<35
Serum SGPT(ALT) <small>(IFCC Without PSP/ AU 400)</small>	84	U/L	<50
Serum AST/ALT Ratio <small>(Calculated)</small>	0.54		
Serum GGT <small>(IFCC/AL-480)</small>	42	IU/L	9-52
Serum Alkaline Phosphatase <small>(IFCC PNP/AMPK/ase/AL-480)</small>	83	U/L	30-120
Serum Protein Total <small>(Biorad)</small>	6.7	gm/dl	6.40 - 8.20
Serum Albumin <small>(BCG/AS-480)</small>	4.5	g/dL	3.5-5.2
Serum Globulin <small>(Calculated)</small>	2.20	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio <small>(Calculated)</small>	2.05	%	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>(CDD/POD-XL-180)</small>	186	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides <small>(Lipase GPO-PAP- AU480)</small>	213	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol	40	mg/dL	<40 Major risk factor for CHD





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Test Description	Observed Value	Unit	Reference Range
(Immunoassay) (M, 480)			>60 Negative risk factor for CHD
Serum VLDL cholesterol (Calculate)	43	mg/dL	7-35
Serum LDL cholesterol (Calculate)	103	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculate)	4.65		3-5
Serum LDL-HDL Ratio (Calculate)	2.59		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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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	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 <small>(Protein Urinary)</small>	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		
Urine Nitrite	Absent		Absent

Microscopic Examination

Urine Pus Cells	4-5		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 <small>(Automated ESR analysis)</small>	9	mm/h	0-10
--	---	------	------





NAME	: MR VISHAL JALHOTRA	Requisition Date	: 09/Mar/2024 09:37AM
DOB/Gender	: 19-Mar-1988/M	Sample Coll Date	: 09/Mar/2024 09:54AM
LHID	: 427381	Sample Rec. Date	: 09/Mar/2024 10:53AM
Inv. No.	: 4110138	Approved Date	: 09/Mar/2024 12:32PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 13101083		

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

COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin <small>(Hemoglobin) (Hemoglobin)</small>	14.1	g/dl	13.0 - 17.0
Hematocrit (PCV) <small>(Hematocrit)</small>	45.2	%	36-48
Red Blood Cell (RBC) <small>(Red Blood Cell) (RBC)</small>	4.80	10 ⁶ / µl	4.5-5.5
Mean Corp Volume (MCV) <small>(Mean Corpuscular Volume) (MCV)</small>	93.8	fL	83-97
Mean Corp HB (MCH) <small>(Mean Corpuscular Hemoglobin) (MCH)</small>	29.3	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Mean Corpuscular Hemoglobin Concentration) (MCHC)</small>	31.2	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Red Cell Distribution Width - Coefficient of Variation) (RDW-CV)</small>	12.9	%	11-15
Platelet Count <small>(Platelet Count) (Platelet Count)</small>	134	10 ³ /ul	150-450
Mean Platelet Volume (MPV) <small>(Mean Platelet Volume) (MPV)</small>	14.1	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Total Leukocyte Count) (TLC)</small>	5.2	10 ³ /µl	4.0 - 10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	51	%	40-75
Lymphocytes	40	%	20-40
Monocytes	8	%	0-8
Eosinophils	1	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	2,652	µl	2000-7000
Absolute Lymphocyte Count	2,080	uL	1000-3000
Absolute Monocyte Count	416	uL	200-1000
Absolute Eosinophil Count	52	µl	20-500





NAME : MR VISHAL JALHOTRA

DOB/Gender : 19-Mar-1988/M

UHID : 427381

Inv. No. : 4110138

Panel Name : Ivy Mohali

Bar Code No : 13101083

Requisition Date : 09/Mar/2024 09:37AM

SampleCollDate : 09/Mar/2024 09:54AM

Sample Rec.Date : 09/Mar/2024 10:53AM

Approved Date : 09/Mar/2024 12:32PM

Referred Doctor : Self

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

Glycosylated HB (HbA1c)

Whole Blood HbA1c
(Biomax Affinity HPLC/Imay)

5.8

%

Non diabetic:4.0-6.0

Target of therapy:<7.0

Change of therapy:>8.0

Estimated Average Glucose (eAG)
(Calculated)

120

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





NAME	: MR VISHAL JALHOTRA		
DOB/Gender	: 19-Mar-1988/M	Requisition Date	: 09/Mar/2024 09:37AM
UHID	: 427381	SampleCollDate	: 09/Mar/2024 10:25AM
Inv. No.	: 4110138	Sample Rec.Date	: 09/Mar/2024 10:25AM
Panel Name	: Ivy Mohali	Approved Date	: 09/Mar/2024 11:13AM
Bar Code No	: 13101083	Referred Doctor	: Self

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

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,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.

*** End Of Report ***





D42738, Small, W 35 years, KR32731090

PHYSICAL SECTOR, MO-14

IVY HOSPITAL
Sector 71
Mohali, Punjab

Ward
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: JALHOTRA, VISHAL
Patient ID: 427381
Height: 160 cm
Weight: 70 kg

DOB: 19.03.1988
Age: 35yrs
Gender: Male
Race: Indian

Study Date: 09.03.2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: --
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	00:23	0.00	0.00	80	120/80	
	STANDING	00:02	0.00	0.00	77	120/80	
	HYPERV.	00:02	0.00	0.00	76	120/80	
	WARM-UP	00:31	1.60	0.00	82	120/80	
EXERCISE	STAGE 1	03:00	2.70	10.00	114	120/80	
	STAGE 2	03:00	4.00	12.00	166	130/80	
	STAGE 3	02:31	0.00	14.00	179	140/80	
RECOVERY		03:12	0.00	0.00	115	130/80	

The patient exercised according to the BRUCE for 8:31 min/s, achieving a work level of Max. METS: 10.00. The resting heart rate of 76 bpm rose to a maximal heart rate of 190 bpm. This value represents 102 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 140/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

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

W-913124
Dr. Rakesh Bhutungru
Director, Non Invasive Cardiology
MBBS, MD (Medicine), DM (Cardiology)
PMO - 42543

Technician

Tabular Summary

IVY HOSPITAL

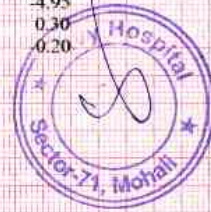
JALHOTRA, VISHAL
 Patient ID: 427381
 10/3/2024 Male 160 cm 70 kg
 1:57:46am 35yrs Indian
 Meds:

Test Reason: Screening for CAD
 Medical History:

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

BRUCE Total Exercise Time 08:31
 Max HR: 190 bpm 102% of max predicted 185 bpm
 Max BP: 140/80 Maximum Workload: 10.00 METS
 Max ST Level -4.95 mm in V6; EXERCISE STAGE 2 6:00
Reasons for Termination: Target heart rate achieved
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 *

Phase	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (*100)	VE (/min)	ST Level V6(mm)	Comment
RETEST	SUPINE	00:23	0.00	0.00	1.0	80	120/80	96	0	0.65	
	STANDING	00:02	0.00	0.00	1.0	77	120/80	92	0	0.65	
	HYPERV	00:02	0.00	0.00	1.0	76	120/80	91	0	0.65	
	WARM-UP	00:31	1.60	0.00	1.1	82	120/80	98	0	0.35	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	114	120/80	136	0	0.65	
	STAGE 2	03:00	4.00	12.00	7.0	166	130/80	215	0	-4.95	
	STAGE 3	02:31	0.00	14.00	1.0	179	140/80	250	0	0.30	
RECOVERY		03:12	0.00	0.00	1.0	115	130/80	149	0	0.20	



Selected Medians Report

JALHOTRA VISHAL

IVY HOSPITAL

Patient ID: 427381
09.03.2024
11:57:46am

BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE EXERCISE	TEST END RECOVERY
0:01 83 bpm	6:00 166 bpm 130/80 mmHg	8:31 179 bpm 140/80 mmHg	2:59 117 bpm 130/80 mmHg	0:01 83 bpm	6:00 166 bpm 130/80 mmHg	8:31 179 bpm 140/80 mmHg	2:59 117 bpm 130/80 mmHg
I 0.90 mm 0.36 mV/s	I 0.80 1.60	I 1.50 3.42	I 0.35 0.56	V1 -0.35 -0.53	V1 -0.30 -1.02	V1 -0.35 -1.25	V1 0.25 -0.64
II 1.15 0.90	II -0.30 1.83	II 0.90 3.93	II -0.05 1.00	V2 1.40 -1.04	V2 1.15 -9.88	V2 2.30 5.36	V2 0.80 0.35
III 0.25 0.17	III -1.15 0.09	III -0.60 0.53	III -0.45 0.38	V3 0.60 -0.81	V3 0.25 2.15	V3 1.30 3.69	V3 0.35 0.97
aVR -1.05 -1.47	aVR -0.30 -1.89	aVR -1.20 -3.65	aVR -0.15 -1.24	V4 0.80 0.81	V4 0.20 2.21	V4 1.25 3.70	V4 0.20 0.88
aVL 0.30 -0.44	aVL 1.00 0.74	aVL 1.05 1.42	aVL 0.40 0.06	V5 0.85 0.48	V5 -0.15 1.38	V5 0.80 2.85	V5 -0.05 0.53
aVF 0.70 0.69	aVF -0.70 1.02	aVF 0.15 2.25	aVF -0.20 0.70	V6 0.45 -0.14	V6 -4.95 2.82	V6 0.30 1.96	V6 -0.15 0.36



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

Unconfirmed

Attending MD:

Page 2

12SL REPORT

IVY HOSPITAL

JALHOTRA VISHAL

Patient ID: 427381

9.03.2024

1:58:09am

Male 160 cm 70 kg
35yrs Indian

120/80 mmHg

PRETEST

SUPINE

00:21

BRUCE

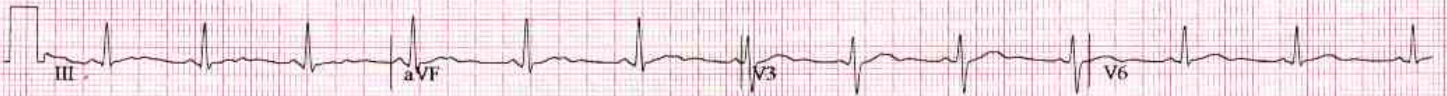
0.0 km/h

0.0 %

Vent. Rate 77 bpm
PR interval 104 ms
QRS duration 92 ms
QT/QTc 376/425 ms
P-R-T axes 62/88/61
P duration 86 ms
RR interval 792 ms

Sinus rhythm with short PR
Otherwise normal ECG

Technician TANISHA
Medication:



JALHOTRA VISHAL
Patient ID: 427381
9.03.2024
2:01:31pm

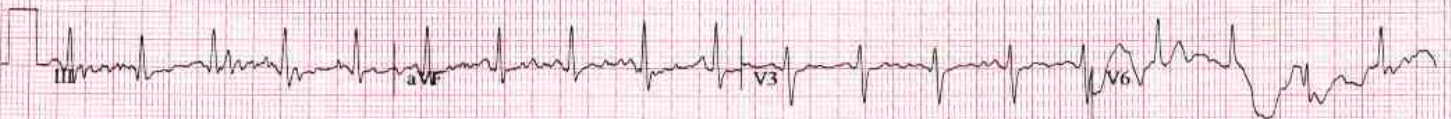
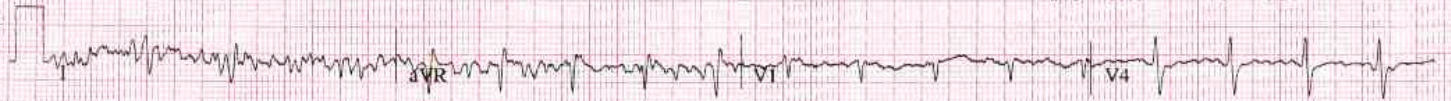
117 bpm
01:50 120/80 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
2.7 km/h
10.0 %

IVY HOSPITAL
Measured at 60ms Post J (10mm mV)
Manual Points

Lead	ST(mm)	Lead	ST(mm)
I	0.40	V1	-0.05
II	0.55	V2	1.45
III	0.25	V3	0.45
aVR	-0.50	V4	0.55
aVL	0.10	V5	0.55
aVF	0.40	V6	-0.25



JALHOTRA VISHAL

Patient ID: 427381

9.03.2024

2:04:31pm

164 bpm
02:35 130/80 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
4.0 km/h
12.0%

IVY HOSPITAL

Measured at 60ms Post J (10mm mV)
Manual Points

Lead	ST(mm)	Lead	ST(mm)
I	0.60	V1	0.15
II	-0.75	V2	0.00
III	-1.30	V3	0.05
aVR	0.05	V4	0.00
aVL	0.95	V5	-0.50
aVF	-1.05	V6	-1.15



JALHOTRA VISHAL
Patient ID: 427381
9.03.2024
2:07:12pm

(PEAK EXERCISE)

179 bpm

EXERCISE
STAGE 3
08:31

BRUCE
0.0 km/h
14.0 %

IVY HOSPITAL
Measured at 60ms Post J (10mm mV)
Manual Points

Lead	ST(mm)	Lead	ST(mm)
I	1.50	V1	-0.35
II	0.90	V2	2.30
III	-0.60	V3	1.30
aVR	-1.20	V4	1.25
aVL	1.05	V5	0.80
aVF	0.15	V6	0.30



JALHOTRA VISHAL
Patient ID: 427381
9.03.2024
2:08:02pm

151 bpm

RECOVERY
#1
00:50

BRUCE
0.0 km/h
0.0%

IVY HOSPITAL
Measured at 60ms Post J (10mm/mV)
Manual Points

Lead	ST(mm)	Lead	ST(mm)
I	1.30	V1	-0.60
II	1.85	V2	1.95
III	0.55	V3	1.85
aVR	-1.60	V4	1.70
aVL	0.40	V5	1.35
aVF	1.15	V6	0.85



CASE: V651

25 mm/s 10 mm/mV 60Hz 0.01 - 20Hz S+ HR(II,V3)

Start of Test: 11:57:46am

PRINTED IN U.S.A.

JALHOTRA VISHAL
Ment ID: 427381
#03.2024
2:09:02pm

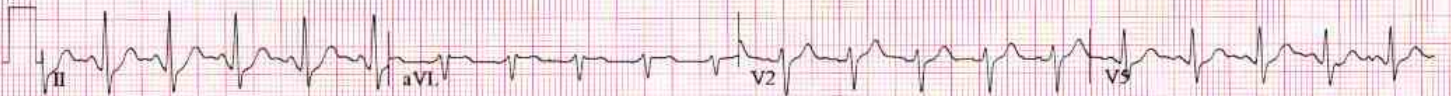
126 bpm
00:57 140/80 mmHg

RECOVERY
#1
01:50

BRUCE
0.0 km/h
0.0%

IVY HOSPITAL
Measured at 60ms Post J (10mm/mV)
Manual Points

Lead	ST(mm)	Lead	ST(mm)
I	0.70	V1	-0.15
II	0.60	V2	1.40
III	-0.05	V3	0.90
aVR	-0.70	V4	0.75
aVL	0.40	V5	0.45
aVF	0.25	V6	0.20



JALHOTRA VISHAL
Patient ID: 427381
9.03.2024
2:10:02pm

120 bpm
02:03 130.80 mmHg

RECOVERY
#1
02:50

BRUCE
0.0 km/h
0.0 %

IVY HOSPITAL
Measured at 60ms Post J (10mm mV)
Manual Points

Lead	ST(mm)	Lead	ST(mm)
I	0.40	V1	0.00
II	0.00	V2	0.80
III	-0.35	V3	0.40
aVR	-0.15	V4	0.20
aVL	0.35	V5	0.00
aVF	-0.20	V6	-0.15

