

TEST REPORT

Reg. No: 2308101514Name: Nagma HasanAge/Sex: 30 Years / FemaleRef. By:Client: MEDIWHEEL WELLNESS

 Reg. Date
 : 26-Aug-2023

 Collected On
 : 26-Aug-2023 08:47

 Approved On
 : 26-Aug-2023 10:43

 Printed On
 : 26-Aug-2023 19:50

Parameter Result <u>Unit</u> Reference Interval **COMPLETE BLOOD COUNT (CBC) SPECIMEN: EDTA BLOOD** Hemoglobin 13.9 g/dL 12.0 - 15.0 **RBC** Count 4.76 million/cmm 3.8 - 4.8 Hematrocrit (PCV) 42.0 % 40 - 54 MCH 29.2 27 - 32 Pg MCV 88.2 fL 83 - 101 MCHC 33.1 % 31.5 - 34.5 RDW 11.8 % 11.5 - 14.5 WBC Count 6570 /cmm 4000 - 11000 **DIFFERENTIAL WBC COUNT (Flow cytometry)** 38 - 70 Neutrophils (%) % 50 Lymphocytes (%) 40 20 - 40 % Monocytes (%) 06 % 2 - 8 04 0 - 6 Eosinophils (%) % Basophils (%) 00 0 - 2 % Neutrophils 3285 /cmm 2628 Lymphocytes /cmm Monocytes 394 /cmm 263 Eosinophils /cmm Basophils 0 /cmm Platelet Count (Flow cytometry) 215000 /cmm 150000 - 450000 MPV 9.4 fL 7.5 - 11.5 **ERYTHROCYTE SEDIMENTATION RATE** ESR (After 1 hour) 04 mm/hr 0 - 21

Modified Westergren Method

----- End Of Report ------

Page 1 of 11

This is an electronically authenticated report.



Test done from collected sample

Approved by: DR PS RAO MD Pathologist

		TEST REPORT		
Reg. No	: 2308101514		Reg. Date	: 26-Aug-2023
Name	: Nagma Hasan		Collected On	: 26-Aug-2023 08:47
Age/Sex	: 30 Years / Female		Approved On	: 26-Aug-2023 10:43
Ref. By	:		Printed On	: 26-Aug-2023 19:50
Client	: MEDIWHEEL WELLNESS			
Paramet	ter	<u>Result</u>		
	Specim	BLOOD GROUP & RH en: EDTA and Serum; Method: Haem	agglutination	
ABO		'O'		
Rh (D)		Positive		

----- End Of Report ------

This is an electronically authenticated report.

Page 2 of 11

TEST REPORT

Reg. No:2308101514Name:Nagma HasanAge/Sex:30 Years / FemaleRef. By::

 Reg. Date
 : 26-Aug-2023

 Collected On
 : 26-Aug-2023 08:47

 Approved On
 : 26-Aug-2023 10:58

 Printed On
 : 26-Aug-2023 19:50

Client : MEDIWHEEL WELLNESS

Pr	inted On	:	26-Aug-2

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	Reference Interval
	LIF	PID PROFILE	
Cholesterol (Enzymatic colorimetric)	184.0	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride (Enzymatic colorimetric)	84.5	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL	16.90	mg/dL	15 - 35
Calculated			
LDL CHOLESTEROL	123.00	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol	44.1	mg/dL	30 - 85
Homogeneous enzymatic colorime	tric		
Cholesterol /HDL Ratio	4.17		0 - 5.0
LDL / HDL RATIO Calculated	2.79		0 - 3.5

Page 3 of 11



		TEST	REPORT		
Reg. No	2308101514			Reg. Date	: 26-Aug-2023
Name	Nagma Hasan			Collected On	: 26-Aug-2023 08:47
Age/Sex	30 Years / Female			Approved On	: 26-Aug-2023 10:58
Ref. By	:			Printed On	: 26-Aug-2023 19:50
Client	MEDIWHEEL WELLNESS				
Paramete	1	<u>Result</u>	<u>Unit</u>	Reference Interval	

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP<?xml:namespace prefix = "o" ns = "urn:schemasmicrosoft-com:office:office" />

LDL CHOLESTEROL CHOLESTEROL HDL CHOLESTEROL
TRIGLYCERIDES
Optimal<100
Desirable<200
Low<40
Normal<150
Near Optimal 100-129
Border Line 200-239
High >60
Border High 150-199
Borderline 130-159
High >240
-
High 200-499
High 160-189

• LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment

For LDL Cholesterol level Please consider direct LDL value •

Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.

Detail test interpreation available from the lab

All tests are done according to NCEP guidelines and with FDA approved kits. •

• LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment # For test performed on specimens received or collected from non-KSHIPRA locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender.

KSHIPRA will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory. . All other responsibility will be of referring Laboratory.

----- End Of Report ------

Page 4 of 11



	TES	REPORT	
Reg. No : 2308101514 Name : Nagma Hasan			Reg. Date : 26-Aug-2023 Collected On : 26-Aug-2023 08:47
Age/Sex : 30 Years / Female Ref. By : Client : MEDIWHEEL WELLNES	5		Approved On:26-Aug-2023 10:58Printed On:26-Aug-2023 19:50
Parameter	Result	<u>Unit</u>	Reference Interval
	LIVER FUNCT	ON TEST WIT	'H GGT
Total Bilirubin Colorimetric diazo method	0.34	mg/dL	0.20 - 1.0
Conjugated Bilirubin Sulph acid dpl/caff-benz	0.09	mg/dL	0.0 - 0.3
Unconjugated Bilirubin Sulph acid dpl/caff-benz	0.25	mg/dL	0.0 - 1.1
SGOT (Enzymatic)	25.7	U/L	0 - 31
SGPT (Enzymatic)	19.4	U/L	0 - 31
GGT (Enzymatic colorimetric)	23.9	U/L	7 - 32
Alakaline Phosphatase (Colorimetric standardized method)	100.7	U/L	42 - 141
Protien with ratio Total Protein (Colorimetric standardized method)	7.3	g/dL	6.5 - 8.7
Albumin (Colorimetric standardized method)	4.6	mg/dL	3.5 - 4.94

----- End Of Report ------

g/dL

2.3 - 3.5

0.8 - 2.0

2.70

1.70

Page 5 of 11

Globulin

Calculated A/G Ratio

Calculated



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Ref. By			Printed On : 26-Aug-2023 19:50
Client : MEDIWHEEL WELLNESS			
Parameter	Result	<u>Unit</u>	Reference Interval
	KIDNEY FL	JNCTION TEST	
URFA			10 - 50
	KIDNEY FL 17.8	JNCTION TEST	10 - 50
			10 - 50
UREA (Urease & glutamate dehydrogenase) Creatinine			10 - 50 0.5 - 1.2
(Urease & glutamate dehydrogenase)	17.8	mg/dL	
(Urease & glutamate dehydrogenase) Creatinine	17.8	mg/dL	

----- End Of Report -----

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Page 6 of 11

Approved by: DR PS

		TEST	REPORT	
Reg. No	: 2308101514			Reg. Date : 26-Aug-2023
Name	: Nagma Hasan			Collected On : 26-Aug-2023 08:47
Age/Sex	: 30 Years / Female			Approved On : 26-Aug-2023 10:58
Ref. By	:			Printed On : 26-Aug-2023 19:50
Client	: MEDIWHEEL WELLNESS			
Parame	ter	<u>Result</u>	<u>Unit</u>	Reference Interval
			A1 C ESTIMATIOI	N
Hb A1C Boronate Aff	finity with Fluorescent Quenching	6.1	% of Total Hb	Poor Control : > 7.0 % Good Control : 6.2-7.0 % Non-diabetic Level : 4.3-6.2 %

mg/dL

Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Mean Blood Glucose

Calculated

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy,etc.

* Some danger of hypoglycemic reaction in Type I diabetics.

* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

139.86

EXPLANATION :-

*Total haemoglobin A1 c is continuously symthesised in the red blood cell throught its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.

*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose oncentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels. *The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days,HbA1c has been accepted as a measurnment which eflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

*Errneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

----- End Of Report ------

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Page 7 of 11



DR PS RAO MD Pathologist

		ted On : 26-Aug-2023 08:47
	Approv	
		ved On : 26-Aug-2023 16:34
	Printeo	d On : 26-Aug-2023 19:50
Result	Unit Re	eference Interval
PLASMA GLU) - 110
0.1	ing/dL /C	
23.7	mg/dL 70	0 - 140
as no caloric intake at least	for 8 hrs. ng a glucose load containing	
	3.1 23.7 as no caloric intake at least	J

dissolved in water. Or 4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >/= 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

----- End Of Report ------

Page 8 of 11

DR PS RAO MD Pathologist

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Reg. No : 2308101514			Reg. Date : 26-Aug-2023
Name : Nagma Hasan			Collected On : 26-Aug-2023 08:47
Age/Sex : 30 Years / Female			Approved On : 26-Aug-2023 11:01
Ref. By : Client : MEDIWHEEL WELLNESS	`		Printed On : 26-Aug-2023 19:50
			P. f
<u>Parameter</u>	Result	<u>Unit</u>	Reference Interval
	URINE ROUTIN		ION
<u>PHYSICAL EXAMINATION</u> Quantity	20 cc		
Colour	Pale Yellow		
Appearance	Clear		
CHEMICAL EXAMINATION (BY RE		TRIC METHOD)	
pH	6.0		5.0 - 8.0
Sp. Gravity	1.015		1.002 - 1.03
Protein	Nil		
Glucose	Nil		
Ketone Bodies	Nil		
Urine Bile salt and Bile Pigment	Nil		
Urine Bilirubin	Nil		
Nitrite	Nil		
Leucocytes	Nil		
Blood	Trace		
MICROSCOPIC EXAMINATION (MA	NUAL BY MCIROSCOP	<u>Y)</u>	
Leucocytes (Pus Cells)	Occasional/hpf		
Erythrocytes (Red Cells)	4 - 5/hpf		
Epithelial Cells	1-2/hpf		
Amorphous Material	Nil		
Casts	Nil		
Crystals	Nil		
Bacteria	Nil		
Monilia	Nil		

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Page 9 of 11



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Age/Sex : 30 Years / Female			Approved On : 26-Aug-2023 11:01
Ref. By			Printed On : 26-Aug-2023 19:50
Client : MEDIWHEEL WELLN			
<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	Reference Interval
	STOOL	EXAMINATION	N
Consistency	Semi Solid		
CHEMICAL EXAMINATION			
Occult Blood	Negative		
Peroxidase Reaction with o- Dianisidine			
Reaction	Acidic		
pH Strip Method			
Reducing Substance	Absent		
Benedict's Method			
MICROSCOPIC EXAMINATION	N.111		
Mucus	Nil 1 Olivert		
Pus Cells	1 - 2/hpf		
Red Cells	Nil		
Epithelial Cells	Nil		
Vegetable Cells	Nil		
Trophozoites	Nil		
Cysts	Nil		
Ova	Nil		
Neutral Fat	Nil		
Monilia	Nil		

Note: Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.

False negative: False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occassinal unruptured RBCs.

False positive: False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, brocoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.

----- End Of Report ------

Page 10 of 11



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Name : Nagma Hasan			Collected On : 26-Aug-2023 08:47
Age/Sex : 30 Years / Female			Approved On : 26-Aug-2023 10:44
Ref. By			Printed On : 26-Aug-2023 19:50
Client : MEDIWHEEL WELLNES	S		
Parameter	<u>Result</u>	<u>Unit</u>	Reference Interval
	THYR	OID FUNCTION TES	т
T3 (Triiodothyronine)	1.11	ng/mL	0.87 - 1.78
Chemiluminescence			
T4 (Thyroxine)	8.91	μg/dL	5.89 - 14.9
Chemiluminescence		-	
TSH (ultra sensitive)	3.119	µIU/ml	0.34 - 5.6

Chemiluminescence

SUMMARY The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones.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. LIMITATION Presence of autoantibodies may cause unexpected high value of TSH

----- End Of Report ------

Page 11 of 11

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	TEST F	REPORT	
eg. No : 2308101514 ame : Nagma Hasan ge/Sex : 30 Years / Female ef. By : lient : MEDIWHEEL WELLNESS	3		Reg. Date : 26-Aug-2023 Collected On : 26-Aug-2023 08:43 Approved On : 26-Aug-2023 10:43 Printed On : 26-Aug-2023 19:50
Parameter	Result	<u>Unit</u>	Reference Interval
_	COMPLETE BLC	OD COUNT ((CBC)
Hemoglobin	13.9	g/dL	12.0 - 15.0
RBC Count	4.76	million/cmm	3.8 - 4.8
Hematrocrit (PCV)	42.0	%	40 - 54
МСН	29.2	Pg	27 - 32
MCV	88.2	fL	83 - 101
МСНС	33.1	%	31.5 - 34.5
RDW	11.8	%	11.5 - 14.5
WBC Count	6570	/cmm	4000 - 11000
DIFFERENTIAL WBC COUNT (Flow	<u>cytometry)</u>		
Neutrophils (%)	50	%	38 - 70
Lymphocytes (%)	40	%	20 - 40
Monocytes (%)	06	%	2 - 8
Eosinophils (%)	04	%	0 - 6
Basophils (%)	00	%	0 - 2
Neutrophils	3285	/cmm	
Lymphocytes	2628	/cmm	
Monocytes	394	/cmm	
Eosinophils	263	/cmm	
Basophils	0	/cmm	
Platelet Count (Flow cytometry)	215000	/cmm	150000 - 450000
MPV	9.4	fL	7.5 - 11.5
ERYTHROCYTE SEDIMENTATION F	<u>RATE</u>		
ESR (After 1 hour)	04	mm/hr	0 - 21

----- End Of Report ------

Page 1 of 11

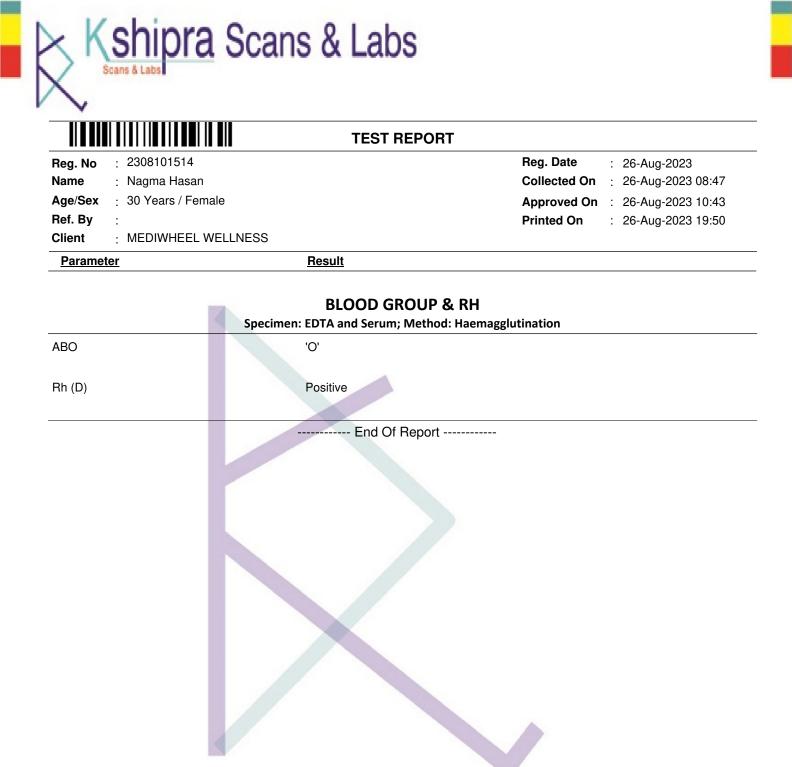
This is an electronically authenticated report.



Test done from collected sample

Approved by: DR PS RAO 2-B, Hazareshwar Colony, Udaipur 313001 (Raj.), Mob.: 7229961115, 722997Ratiosogist

(24 x 7 Customer Service) Email : kshipralabsudaipur@gmail.com



Page 2 of 11

This is an electronically authenticated report.



Test done from collected sample

Approved by: DR PS RAO MD Pathologist 2-B, Hazareshwar Colony, Udaipur 313001 (Raj.) , Mob.: 7229961115, 7229970005 (24 x 7 Customer Service) Email : kshipralabsudaipur@gmail.com



	T	EST REPORT	
Reg. No : 2308101514			Reg. Date : 26-Aug-2023
Name : Nagma Hasan			Collected On : 26-Aug-2023 08:47
Age/Sex : 30 Years / Female			Approved On : 26-Aug-2023 10:58
Ref. By :			Printed On : 26-Aug-2023 19:50
Client : MEDIWHEEL WELLN	IESS		
<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	Reference Interval
	LIF	PID PROFILE	
Cholesterol (Enzymatic colorimetric)	184.0	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride (Enzymatic colorimetric)	84.5	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL	16.90	mg/dL	15 - 35
Calculated			
LDL CHOLESTEROL	123.00	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol	44.1	mg/dL	30 - 85
Homogeneous enzymatic colorim	etric		
Cholesterol /HDL Ratio	4.17		0 - 5.0
Calculated			
LDL / HDL RATIO Calculated	2.79		0 - 3.5

Page 3 of 11

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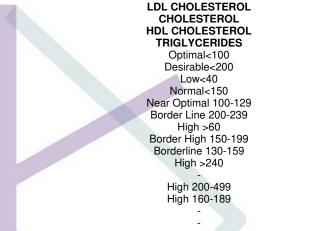


Test done from collected sample

Approved by: DR PS RAO 2-B, Hazareshwar Colony, Udaipur 313001 (Raj.), Mob.: 7229961115, 72299784069gist (24 x 7 Customer Service) Email : kshipralabsudaipur@gmail.com

Kshipra Scans & Labs					
			TEST REPORT		
Reg. No	: 2308101514			Reg. Date	: 26-Aug-2023
Name	: Nagma Hasan			Collected On	: 26-Aug-2023 08:47
Age/Sex	: 30 Years / Female			Approved On	: 26-Aug-2023 10:58
Ref. By	:			Printed On	: 26-Aug-2023 19:50
Client	: MEDIWHEEL WELLNES	S			
Paramet	ter	<u>Result</u>	Unit	Reference Interval	

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP<?xml:namespace prefix = "o" ns = "urn:schemasmicrosoft-com:office:office" />



- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpreation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment # For test performed on specimens received or collected from non-KSHIPRA locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said

specimen by the sender. KSHIPRA will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory. . All other responsibility will be of referring Laboratory.

----- End Of Report ------

Page 4 of 11



Approved by: DR PS RAO

Test done from collected sample

2-B, Hazareshwar Colony, Udaipur 313001 (Raj.), Mob.: 7229961115, 72299772009gist (24 x 7 Customer Service) Email : kshipralabsudaipur@gmail.com



	T	EST REPORT	
leg. No : 2308101514			Reg. Date : 26-Aug-2023
lame : Nagma Hasan			Collected On : 26-Aug-2023 08:47
ge/Sex : 30 Years / Female			Approved On : 26-Aug-2023 10:58
lef. By :			Printed On : 26-Aug-2023 19:50
Client : MEDIWHEEL WELLNE	SS		
<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	Reference Interval
	LIVER FUN	CTION TEST WIT	TH GGT
Total Bilirubin	0.34	mg/dL	0.20 - 1.0
Colorimetric diazo method			
Conjugated Bilirubin	0.09	mg/dL	0.0 - 0.3
Sulph acid dpl/caff-benz			
Unconjugated Bilirubin	0.25	mg/dL	0.0 - 1.1
Sulph acid dpl/caff-benz			
SGOT	25.7	U/L	0 - 31
(Enzymatic)			
SGPT	19.4	U/L	0 - 31
(Enzymatic)			
GGT	23.9	U/L	7 - 32
(Enzymatic colorimetric)			
Alakaline Phosphatase	100.7	U/L	42 - 141
(Colorimetric standardized method,)		
Protien with ratio			
Total Protein	7.3	g/dL	6.5 - 8.7
(Colorimetric standardized method))		
Albumin	4.6	mg/dL	3.5 - 4.94
(Colorimetric standardized method)			
Globulin	2.70	g/dL	2.3 - 3.5
Calculated			
A/G Ratio	1.70		0.8 - 2.0
Calculated			
		End Of Report	

Page 5 of 11

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Approved by: DR PS RAO 2-B, Hazareshwar Colony, Udaipur 313001 (Raj.), Mob.: 7229961115, 72299784069gist (24 x 7 Customer Service) Email : kshipralabsudaipur@gmail.com

	TEST	REPORT		
Reg. No : 2308101514			Reg. Date : 26-Aug-2	
Name : Nagma Hasan				023 08:47
Age/Sex : 30 Years / Female Ref. By :			Approved On : 26-Aug-2 Printed On : 26-Aug-2	
Client : MEDIWHEEL WELLNESS			Printed On : 26-Aug-2	023 19.50
Parameter	Result	<u>Unit</u>	Reference Interval	
			40.50	
UREA (Urease & glutamate dehydrogenase)	17.8	mg/dL	10 - 50	
Creatinine	0.63	mg/dL	0.5 - 1.2	
(Jaffe method)				
Uric Acid	2.2	mg/dL	2.5 - 7.0	
(Enzymatic colorimetric)		-		
	End C	of Report		

Page 6 of 11

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Test done from collected sample

Approved by: DR PS RAO MD Pathologist (24 x 7 Customer Service) Email : kshipralahaudaiaa (24 x 7 Customer Service) (24 x 7 Customer Service) Email : kshipralahaudaiaa (24 x 7 Customer Service) Email : kshipralahaudaiaa (25 x 7 Customer Service) (25 x

Date : 26-Aug-2023 cted On : 26-Aug-2023 08:47 oved On : 26-Aug-2023 10:58
-
oved On : 26-Aug-2023 10:58
5
ed On : 26-Aug-2023 19:50
Reference Interval
Good Control : 6.2-7.0 % Non-diabetic Level : 4.3-6.2 %
Non-diabetic Level : 4.3-6.2 %
v, cardiopathy,etc.
F

The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurnment which eflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences: *Errneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)



Page 7 of 11

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2-B, Hazareshwar Colony, Udaipur 313001 (Raj.) , Mob.: 7229961115, 7229970005 (24 x 7 Customer Service) Email : kshipralabsudaipur@gmail.com

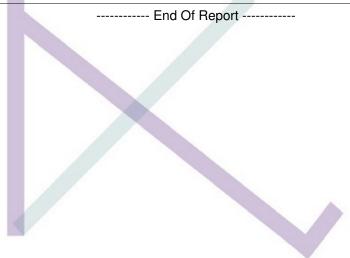
Kshipra Scans & Labs							
	TEST	REPORT					
Reg. No:2308101514Name:Nagma HasanAge/Sex:30 Years / FemaleRef. By:Client:MEDIWHEEL WELLNI			Reg. Date : 26-Aug-2023 Collected On : 26-Aug-2023 08:47 Approved On : 26-Aug-2023 16:34 Printed On : 26-Aug-2023 19:50				
Parameter	<u>Result</u>	<u>Unit</u>	Reference Interval				
	PLASMA	GLUCOSE					
Fasting Blood Sugar (FBS) Hexokinase Method	93.1	mg/dL	70 - 110				
Post Prandial Blood Sugar (PPBS) Hexokinase Method	123.7	mg/dL	70 - 140				

Criteria for the diagnosis of diabetes 1. HbA1c >/= 6.5 *

Or 2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

3. Two hour plasma glucose >/= 200mg/dL during an oral glucose tolerence test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water. Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >/= 200 mg/dL.
 *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
 American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.



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(24 x 7 Customer Service) Email : kshipralabsudaipur@gmail.com

eg. No : 2308101514		T REPORT	
lame : Nagma Hasan ge/Sex : 30 Years / Female def. By : client : MEDIWHEEL WELLNESS			Reg. Date : 26-Aug-2023 Collected On : 26-Aug-2023 08:4 Approved On : 26-Aug-2023 11:0 Printed On : 26-Aug-2023 19:5
Parameter	Result	<u>Unit</u>	Reference Interval
	URINE ROUT	TINE EXAMIN	ATION
PHYSICAL EXAMINATION			
Quantity	20 cc		
Colour	Pale Yellow		
Appearance	Clear	V	
CHEMICAL EXAMINATION (BY REP pH	6.0	METRIC METHO	<u>D)</u> 5.0 - 8.0
Sp. Gravity	1.015		1.002 - 1.03
Protein	Nil		
Glucose	Nil		
Ketone Bodies	Nil		
Urine Bile salt and Bile Pigment	Nil		
Urine Bilirubin	Nil		
Nitrite	Nil		
Leucocytes	Nil		
Blood	Trace		
MICROSCOPIC EXAMINATION (MAI	NUAL BY MCIROSCO	<u> </u>	
Leucocytes (Pus Cells)	Occasional/hpf		
Erythrocytes (Red Cells)	4 - 5/hpf		
Epithelial Cells	1-2/hpf		
Amorphous Material	Nil		
Casts	Nil		
Crystals	Nil		
Bacteria Monilia	Nil Nil		

Page 9 of 11

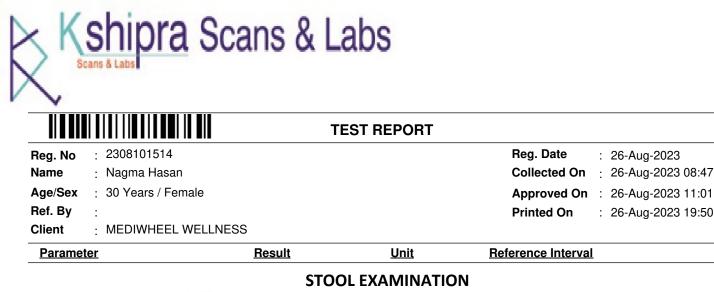
This is an electronically authenticated report.



Test done from collected sample

Approved by: DR PS RAO 2-B, Hazareshwar Colony, Udaipur 313001 (Raj.), Mob.: 7229961115, 72299780009gist

(24 x 7 Customer Service) Email : kshipralabsudaipur@gmail.com



		STOOL EXAMINATIO
Consistency		Semi Solid
CHEMICAL EXAMINATION		
Occult Blood		Negative
Peroxidase Reaction with o- Dianisidine		
Reaction		Acidic
pH Strip Method		
Reducing Substance		Absent
Benedict's Method		
MICROSCOPIC EXAMINAT	TION	
Mucus		Nil
Pus Cells		1 - 2/hpf
Red Cells		Nil
Epithelial Cells		Nil
Vegetable Cells		Nil
Trophozoites		Nil
Cysts		Nil
Ova		Nil
Neutral Fat		Nil
Monilia		Nil

Note: Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.

False negative: False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occassinal unruptured RBCs.

False positive: False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, brocoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.

----- End Of Report ------



Test done from collected sample

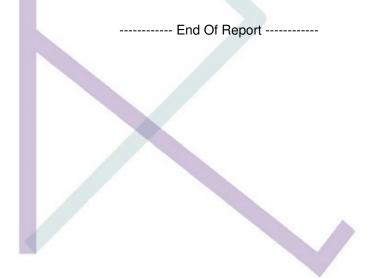
Approved by: DR PS RAO

2-B, Hazareshwar Colony, Udaipur 313001 (Raj.), Mob.: 7229961115, 7229977201069jst (24 x 7 Customer Service) Email : kshipralabsudaipur@gmail.com

Kshipra Scans & Labs							
	T	EST REPORT					
Reg. No: 2308101514Name: Nagma HasanAge/Sex: 30 Years / FemaleRef. By:Client: MEDIWHEEL WELLN	ESS		Reg. Date : 26-Aug-2023 Collected On : 26-Aug-2023 08:47 Approved On : 26-Aug-2023 10:44 Printed On : 26-Aug-2023 19:50				
Parameter	<u>Result</u>	<u>Unit</u>	Reference Interval				
	THYRO	DID FUNCTION TE	ST				
T3 (Triiodothyronine) Chemiluminescence	1.11	ng/mL	0.87 - 1.78				
T4 (Thyroxine) Chemiluminescence	8.91	μg/dL	5.89 - 14.9				
TSH (ultra sensitive)	3.119	μlU/ml	0.34 - 5.6				

Chemiluminescence

SUMMARY The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones.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. LIMITATION Presence of autoantibodies may cause unexpected high value of TSH



Page 11 of 11

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Test done from collected sample

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