



NABL & ISO 9001 : 2008 Certified
Wellness . Diagnostics
A Unit of Gian Life Care Limited



7/216 (6), Swaroop Nagar
(In Front of L.L.R. Hospital), Kanpur
Mob. : 8808051576
E-mail : reportsgpx@gmail.com
arunguptagpx@gmail.com

Gian Pathology and X-Ray

Pathology . Radiology

Gian Life Line - Health Checkup

Lab No.	: 012211130083	Reg No/BarcodeNo	: 485095/01455628
Patient Name	: Mrs..MAMTA SINGH PARMAR	Reg. Date	: 13/Nov/2022 10:54AM
Age/Sex	: 47 Y / Female	Sample Taken Date	: 13/Nov/2022 11:41AM
Client Code/Name	: MEDIWHEEL FULL BODY CHECKUP	Report Date	: 13/Nov/2022 12:26PM
Referred By Doctor	: Dr. B O B		

Blood Sugar (Fasting)

Blood Sugar Fasting 84 mg/dl 70 - 100
Glucose Oxidase Peroxidase

Sample Type:Plasma

Blood Sugar (PP)

Blood Sugar PP (2 Hr.) 110 mg/dL 70 - 140
Glucose Oxidase Peroxidase

Sample Type:Plasma

GAMMA GT/GGT

GAMMA GT / GGT 11.0 IU/l 12 - 43

Not in NABL Scope

Sample Type:Serum

BUN / BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 7 mg/dl 7.0 - 18.7
Urease

Sample Type:Serum

CREATININE SERUM

CREATININE, Serum 0.78 mg/dl 0.52 - 1.04
Aminohydrolase

Sample Type:Serum

URIC ACID

URIC ACID, Serum 4.0 mg/dl 2.5 - 6.2
Uricase Peroxidase

Sample Type:Serum



A Gupta

Dr. Arun Kumar Gupta
M.D. Chief Pathologist
(Reg No. 34930)



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LFT/LIVER FUNCTION TESTS

BILIRUBIN TOTAL	0.54	mg/dl	0.10 - 1.00
Reflectance spectrophotometry			
BILIRUBIN DIRECT	0.23	mg/dl	0.0 - 0.3
Reflectance Spectrophotometry			
BILIRUBIN INDIRECT	0.31	mg/dl	0.10 - 1.1
Reflectance Spectrophotometry			
SGOT /AST	30	U/L	14 - 36
Multipoint Rate with P-5-P			
SGPT /ALT	25	U/L	0.0 - 55
UV with P5P			
Alk. Phosphatase, Serum	99	U/L	38 - 126
PNPP AMP BUFFER			
PROTEIN TOTAL	7.1	g/dl	6.4 - 8.3
Biuret			
ALBUMIN	4.6	g/dl	3.5 - 5.0
BCP			
GLOBULIN	2.5	g/dl	2.3 - 3.5
Calculated			
A/G RATIO	1.84	Ratio	1.5 - 2.5
Calculated			

Sample Type:Serum

Lipid Profile

CHOLESTEROL TOTAL	189	mg/dl	Desirable: <200 Boderline High: 200 – 239 High : ≥240
Cholesterol Oxidase			
TRIGLYCERIDES	87	mg/dl	Normal <150 Boderline High: 150 – 199 High : 200 – 499 Very High: ≥500
Lip/Glucerosl Kinase			
HDL CHOLESTEROL	62	mg/dl	40 - 60
Non HDL Precipitation			
LDL CHOLESTEROL	109.6	mg/dl	100 - 130
Calculated			
VLDL CALCULATED	17.4	mg/dl	13 - 36
Calculated			
CHOL/ HDL RATIO	3.05	Ratio	Less than 4.0



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Calculated		
LDL / HDL RATIO	1.77	3.3 - 4.4 (Low Risk) 4.4-7.1 (Average Risk) 7.1-11.0 (Moderate Risk)

Risk	Ratio of LDL to HDL	
	Men	Women
Very low (1/2 average)	1	1.5
Average risk	3.6	3.2
Moderate risk (2x average)	6.3	5.0
High risk (3x risk)	8	6.1

HDL levels have an inverse relationship with coronary heart disease. The ability of HDL to predict the development of coronary atherosclerosis has been estimated to be four times greater than LDL and eight times greater than TC. Treatment is recommended for those with a HDL level below 40 mg/dL. An HDL of 60 mg/dL is considered protection against heart disease.

Preparation:

Blood should be collected after a 12-hour fast (no food or drink, except water). For the most accurate results, wait at least 2 months after a heart attack, surgery, infection, injury or pregnancy to check Lipid Profile.

Sample Type:Serum

BUN/CREATININE RATIO

BLOOD UREA NITROGEN	7	mg/dl	7.0 - 18.7
Urease			
CREATININE, Serum	0.78	mg/dl	0.52 - 1.04
Aminohydrolaase			
Ratio	0.97		

Sample Type:Serum



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Patient Name	: Mrs..MAMTA SINGH	Reg. Date	: 13/Nov/2022 10:54AM
	: PARMAR		
Age/Sex	: 47 Y / Female	Sample Taken Date	: 13/Nov/2022 10:36PM
Client Code/Name	: MEDIWHEEL FULL	Report Date	: 14/Nov/2022 06:05AM
	: BODY CHECKUP		
Referred By Doctor	: Dr. B O B		

MEDIWHEEL FEMALE ABOVE 40

URINE SUGAR (F)

URINE SUGAR (F) ABSENT

(*Not in NABL Scope*)

STOOL ROUTINE EXAMINATION

PHYSICAL EXAMINATION

COLOUR	YELLOWISH	
CONSISTANCY	SEMISOLID	
pH (methylred/Bromothymol blue method)	6	7.50 - 8.0
MUCUS	NIL	
BLOOD	NIL	Negative

MICROSCOPIC EXAMINATION

OVA	NIL	
CYST	NIL	
CRYSTALS (Microscopic)	NIL	
Pus Cells	NIL	
R.B.C.	NIL	Per HPF
Fungus	NIL	0 - 2



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URINE ROUTINE EXAMINATION

Method -Dipstick And Microscopy

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW	
SPECIFIC GRAVITY (Based on pka change)	1.015	1.001 - 1.030
pH (methylred/Bromothymol blue method)	6	7.50 - 8.0
TURBIDITY	NIL	
Deposit (UR)	NIL	

Chemical

PROTEIN Dipstick/Tetra bromophenol blue/ Heat & Acid Test method).	TRACE	Nil
GLUCOSE (Oxidase Peroxidase method)	NIL	Nil
KETONE (Nitroprusside Method)	NEGATIVE	Nil
BILL PIGMENT (Diazo Method)	NEGATIVE	Negative
UROBILINOGEN (Ehrlich reaction)	NEGATIVE	Normal
Nitrite (Based on presence of bacteria)	NEGATIVE	Negative
Leucocyte Esterase (Esterase Diazonium Method)	NEGATIVE	Negative

After Centrifugation at 2500 R.P.M. For 5 Minutes

MICROSCOPIC EXAMINATION

RBC (Microscopic)	NIL	per HPF	
PUS CELLS (Microscopic)	1-2	Per HPF	0 - 5 WBC/hpf
EPITHELIAL CELLS (Microscopic)	NIL	Per HPF	
CASTS (Microscopic)	NIL	Per LPF	
CRYSTALS (Microscopic)	NIL		
Amorphous Material (Microscopic)	Nil		Nil
BACTERIA (Microscopic)	NIL	Per HPF	0-0

URINE SUGAR (PP)

URINE SUGAR (PP) ABSENT
(*Not in NABL Scope*)



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Age/Sex	: 47 Y / Female	Sample Taken Date	: 13/Nov/2022 12:27PM
Client Code/Name	: MEDIWHEEL FULL BODY CHECKUP	Report Date	: 15/Nov/2022 05:06PM
Referred By Doctor	: Dr. B O B		

MEDIWHEEL FEMALE ABOVE 40

PAP SMEAR EXAMINATION(*Not in NABL Scope*)

Case number: C-1047/22

Specimen: Pap smear.

Gross description:

3 smears are prepared and stained with Hematoxylin and Eosin.

Microscopic description:

Smears are adequately cellular and show scattered population of predominantly superficial squamous epithelial cells along with fewer intermediate and parabasal cells on a background of mild neutrophilic inflammation. Endocervical cells are not seen. there is no evidence of fungal element, parasite, dysplasia or malignancy.

Impression: Negative for intraepithelial lesion or malignancy.



Harshita.

Dr. Harshita Baranwal
MD, Pathology (SGPGI)
PDCC (RML IMS)
Ex Senior Resident (SGPGI)



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MEDIWHEEL FEMALE ABOVE 40

CBC / COMPLETE BLOOD COUNT

HEMOGLOBIN (Hb) Photometry Cyanide Free	10.9	g/dl	12.0 - 15.0
TLC Impedence	5100	/cumm	4000-10000
DLC (%)			
NEUTROPHIL DHSS/Microscopic	65	%	40-80
LYMPHOCYTE DHSS/Microscopic	25	%	24-44
EOSINOPHIL DHSS/Microscopic	5	%	01-06
MONOCYTE DHSS/Microscopic	5	%	3-6
Platelet Impedance/Microscopic	278	10 ³ /μL	150 - 410
RBC COUNT Impedance	5.3	10 ⁶ /μL	3.8 - 4.8
PCV (HCT) Numeric Integration	38.4	%	36-46
MCV Calculated	72.2	fL	83-91
MCH Calculated	20.4	pg	27-32
MCHC Calculated	28.3	g/dL	31.5-34.5
RDW-CV Calculated	11.3	%	11.6 - 14.0
MPV	10.6	fL	8 - 12
ABSOLUTE NEUTROPHIL COUNT DHSS/Calculated	3.3	10 ³ /μL	2.00-7.00
ABSOLUTE LYMPHOCYTE COUNT DHSS/Calculated	1.3	10 ³ /μL	1.0-3.0
ABSOLUTE MONOCYTE COUNT DHSS/Calculated	0.3	10 ³ /μL	0.0.20-1.0
ABSOLUTE EOSINOPHIL COUNT DHSS/Calculated	0.3	10 ³ /μL	0.02 - 0.50
N/L Ratio	2.54	Ratio	Normal: 1 - 3 Mildly High: 4 - 6



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Moderately High: 7 - 9
Severly High: >9.0

Sample Type Whole Blood EDTA

ESR WESTERGREN (Automated)

ESR WESTERGREN (Automated) 12 mm 0 - 14
WESTERGREN

Not in NABL Scope

Sample Type:EDTA Blood

ABO Rh / BLOOD GROUP Tube Agglutination (FORWARD & REVERSE Method)

BLOOD GROUP / ABO-RH

ABO A -
Reverse & Forward
Rh POSITIVE -
Reverse & Forward

Sample Type:EDTA Blood



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HbA1C/GLYCATED HEMOGLOBIN/GHB

HBA1C/GLYCATED HEMOGLOBIN 5.8 %
Average of Glucose Level 120 mg/dl

Test is done by HPLC method (Gold Standard) D-10 Analyzer.

Expected Values :-

Test	Normal Range	
HbA1c	Non Diabetic:	4.0% - 6.0%
	Good Control:	6.1% - 8.0%
	Poor Control:	8.1% - 9.0 %
	Unsatisfactory:	> 9 %

To convert an A1c to the new average mean blood glucose, use this formula:
eAG(mg/dl) = (28.7 X HbA1c) - 46.7

Not in NABL Scope

Sample Type:EDTA Blood



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MEDIWHEEL FEMALE ABOVE 40

T3 / TRIDOTHYRONINE TOTAL

T3 TOTAL 0.82 ng/mL 0.35 - 1.93
CLIA

Increased levels are seen in hyperthyroidism and decreased levels are seen in hypothyroidism.

Sample Type:Serum

T4 / THYROXIN TOTAL

T4 TOTAL 8.55 µg/dl 4.50 - 10.9
CLIA

Increased levels are seen in graves disease cancer of thyroid as symptoms of hyperthyroidism.Low levels are seen in hypothyroidism whose symptoms are myoxyedema hashmito disease and pituitary disorders



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MEDIWHEEL FEMALE ABOVE 40

TSH (Thyroid Stimulating Hormone)

TSH (ECLIA) 1.24 µIU/ml 0.35 - 5.50
CLIA

NOTE:

Guidelines for interpretation of abnormal thyroid function test.

TSH	T4/FT4	T3/FT3	Interpretation
High	Normal	Normal	Mild(subclinical) Hypothyroidism.
High	Low	Low/Normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) Hyperthyroidism.
Low	High/Normal	High/Normal	Hyperthyroidism
Low	Low/Normal	Low/Normal	Rare pituitary(secondary)Hypothyroidism

Sample Type:Serum



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Client Code/Name	: MEDIWHEEL FULL BODY CHECKUP	Report Date	: 15/Nov/2022 02:48PM
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MEDIWHEEL FEMALE ABOVE 40

X RAY CHEST PA VIEW

Diaphragms are normal.

C.P. angles are clear.

Cardiac shadow is normal.

Trachea is in midline.

Hilar shadow are heavy.

Broncho-vascular markings are prominent ----- Bronchitis.

No parenchymal lesion is seen.

Advise :- Correlate Clinically.

DR. S. KHURANA
M.B.B.S.,D.M.R.E.

*** End Of Report ***



Stage	Time	Duration	Belt Speed (mph)	Elevation	METs	Rate	BP	RPP	PVC	Comments
Supine	00:26	0:01	00.0	00.0	01.0	86	140/90	120	00	
Standing	00:45	0:01	00.0	00.0	01.0	92	140/90	128	00	
HV	01:06	0:01	00.0	00.0	01.0	096	140/90	134	00	
ExStart	01:35	0:01	00.0	00.0	01.0	100	140/90	140	00	
PeakEx	03:57	2:22	01.7	00.0	02.0	127	148/94	187	00	
Recovery	04:56	1:00	00.0	00.0	02.0	108	144/92	182	00	
Recovery	05:56	2:00	00.0	00.0	02.0	109	144/92	156	00	
Recovery	07:08	3:11	00.0	00.0	02.0	105	144/92	151	01	

Findings :

Exercise Time : 02:23
Max HR Attained : 127 bpm 74% of Target 172
Max BP Attained : 148/94
Max WorkLoad Attained : 2 Poor response to induced stress
Max ST Dep Lead & Value : II & -0.6 mm
Duke Treadmill Score : 00.0
Test Objective : For Testing
History : H/o Htn- Not Known
Test End Reasons : Dyspnoea, Leg Fatigue

Doctor : DR. KUSH KUMAR TYAGI D.M.



Report :

Sample Name: Stress Test Graded Exercise Treadmill
Description: .

INDICATIONS: R/O CAD.

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS:

POOR EXERCISE TOLERANCE, ADEQUATE B.P. RESPONSE, THR 74% ACHIEVED,
NO CHEST PAIN, DYSPNOEA WITHOUT SIGNIFICANT ST-T CHANGES DURING EXERCISE
AND RECOVERY. NO ARRHYTHAEMIA.

TEST IS INCONCLUSIVE FOR STRESS INDUCED REVERSIBLE MYOCARDIAL ISCHEMIA.

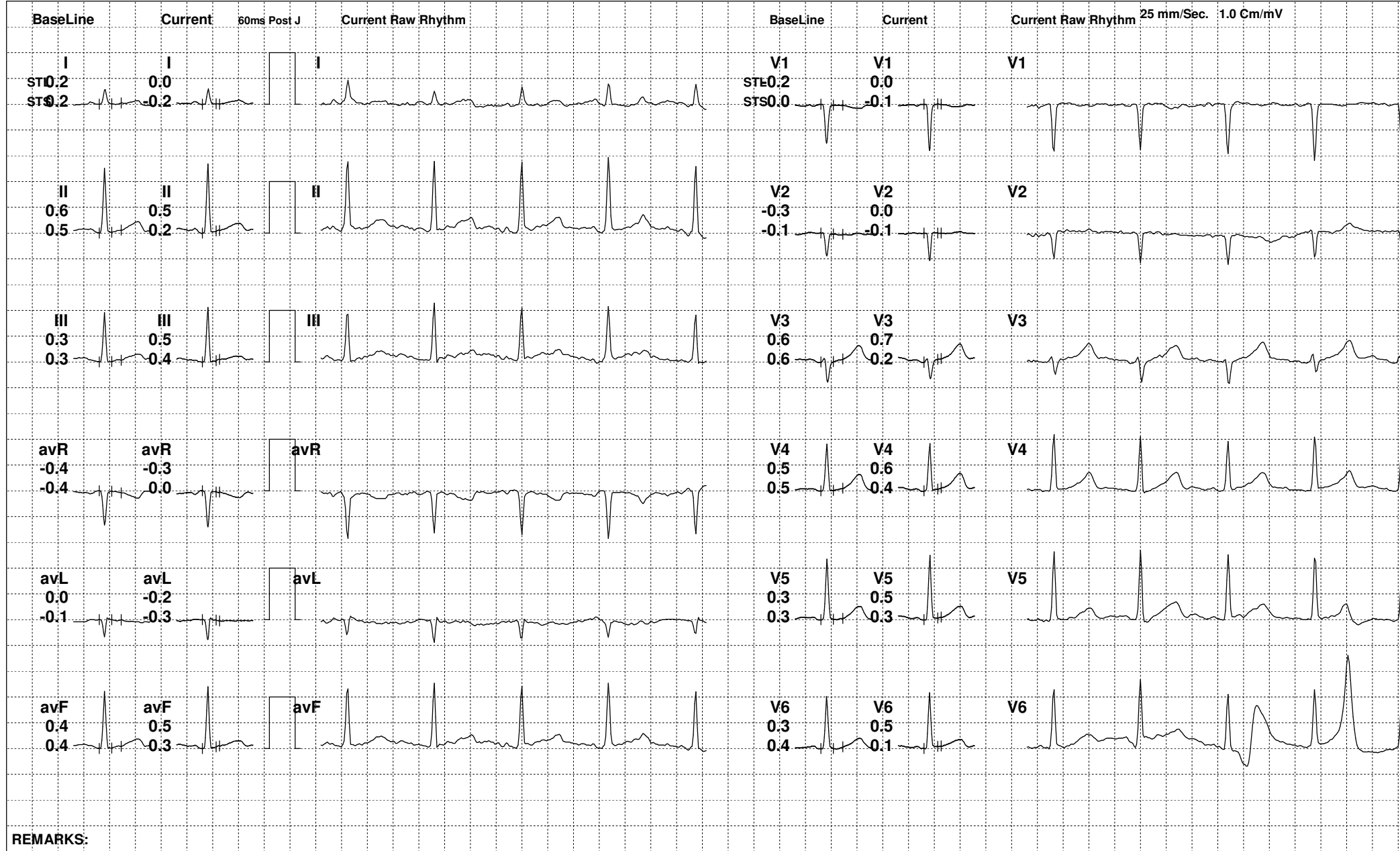
Doctor : DR. KUSH KUMAR TYAGI D.M.



126 / MAMTA SINGH PARMAR / 48 Yrs / F

Date: 15-Nov-2022 02:32:17 PM METS: 1.0/ 86 bpm 50% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:24 0.0 mph, 0.0%

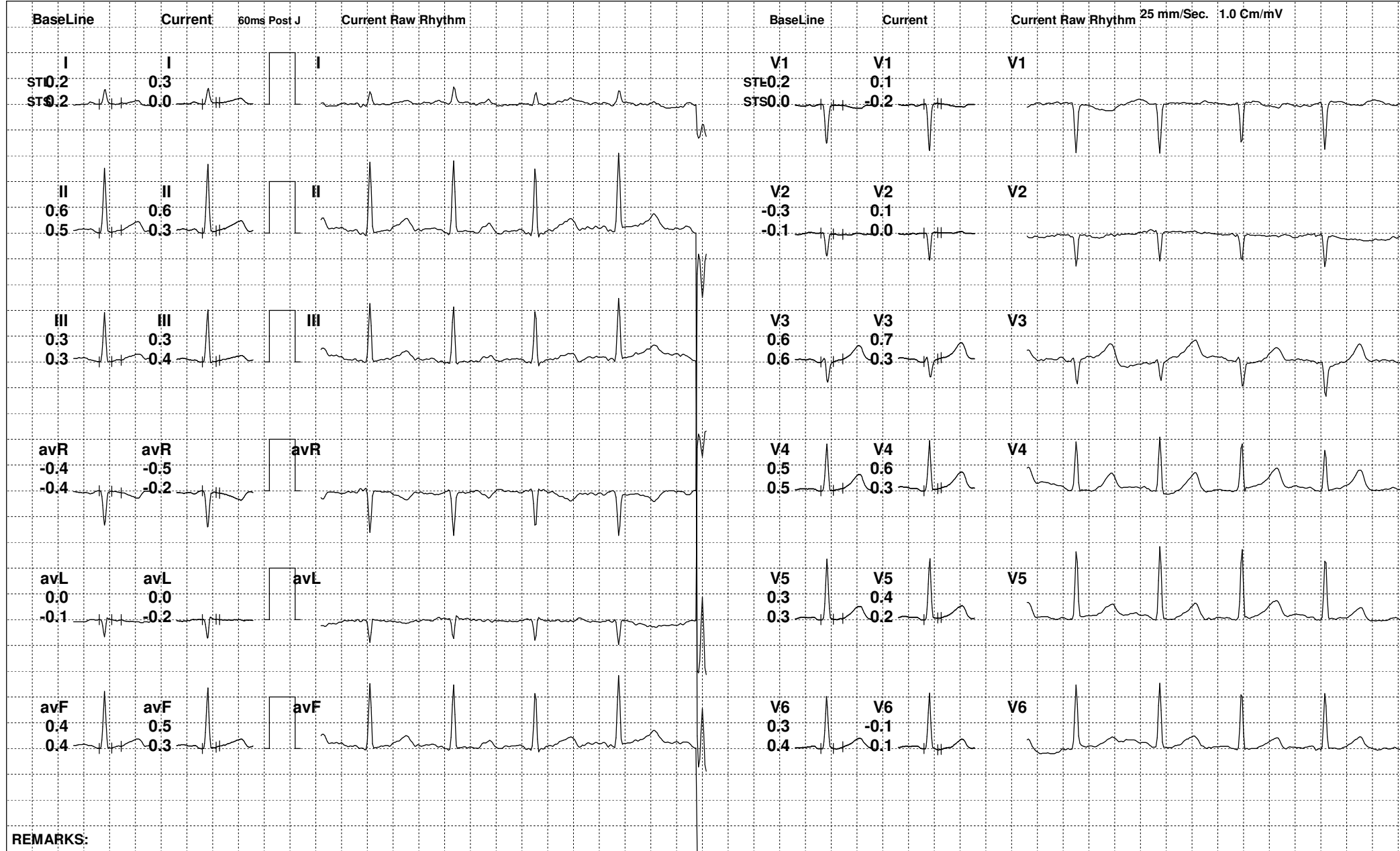




126 / MAMTA SINGH PARMAR / 48 Yrs / F

Date: 15-Nov-2022 02:32:17 PM METS: 1.0/ 92 bpm 53% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:43 0.0 mph, 0.0%

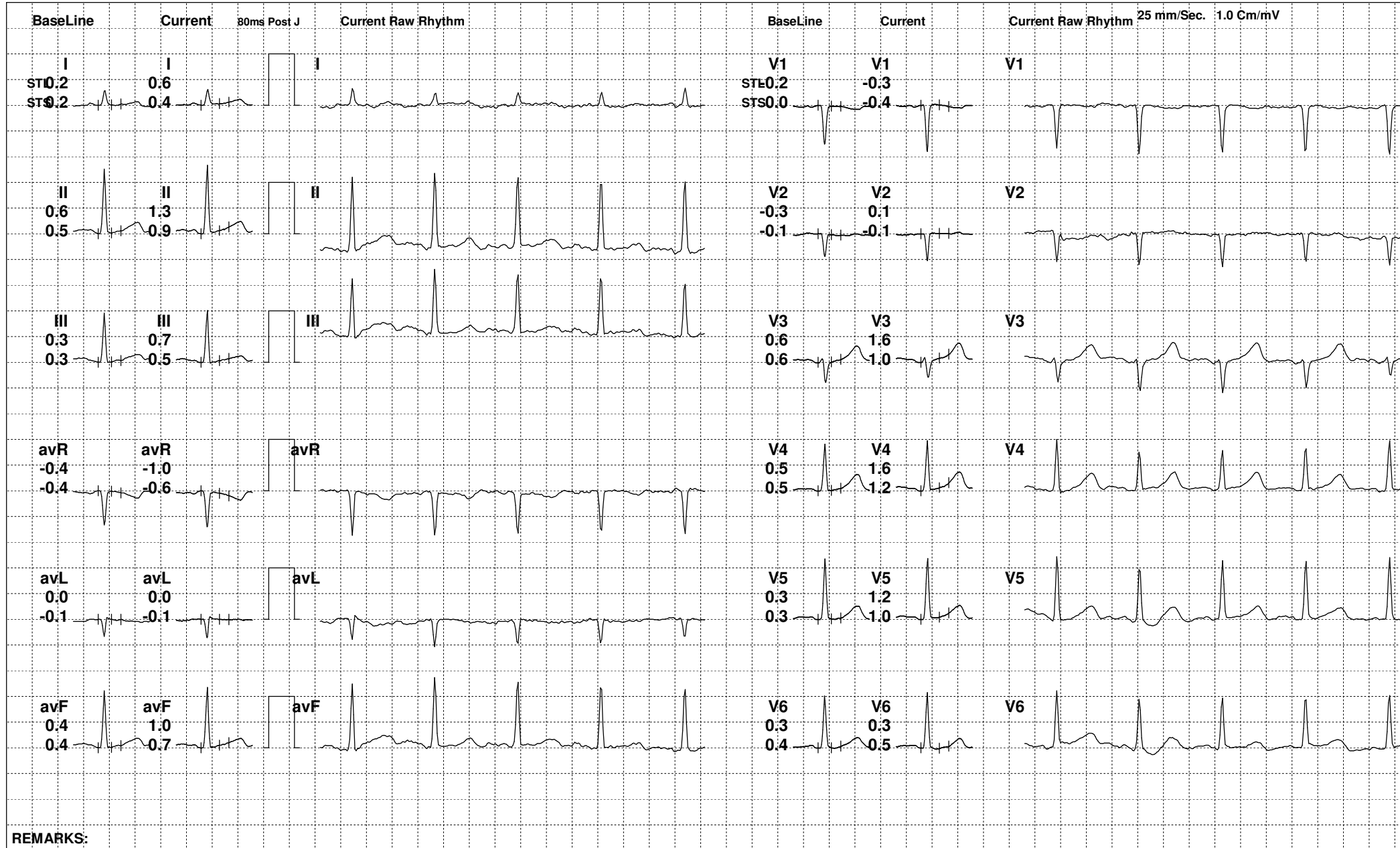




126 / MAMTA SINGH PARMAR / 48 Yrs / F

Date: 15-Nov-2022 02:32:17 PM METS: 1.0/ 94 bpm 54% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 01:04 0.0 mph, 0.0%



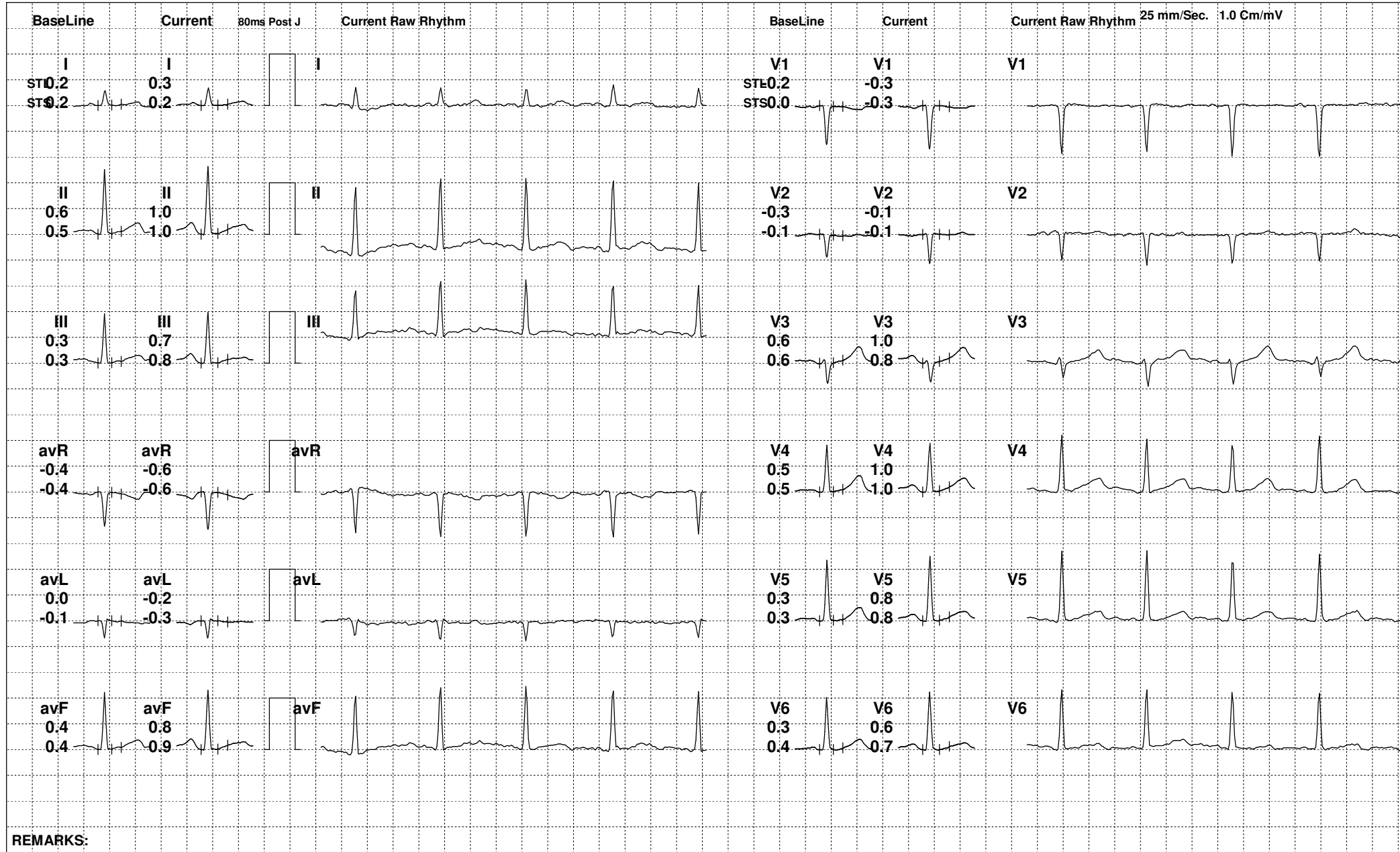
REMARKS:



126 / MAMTA SINGH PARMAR / 48 Yrs / F

Date: 15-Nov-2022 02:32:17 PM METS: 1.0/ 89 bpm 51% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 01:33 0.0 mph, 0.0%



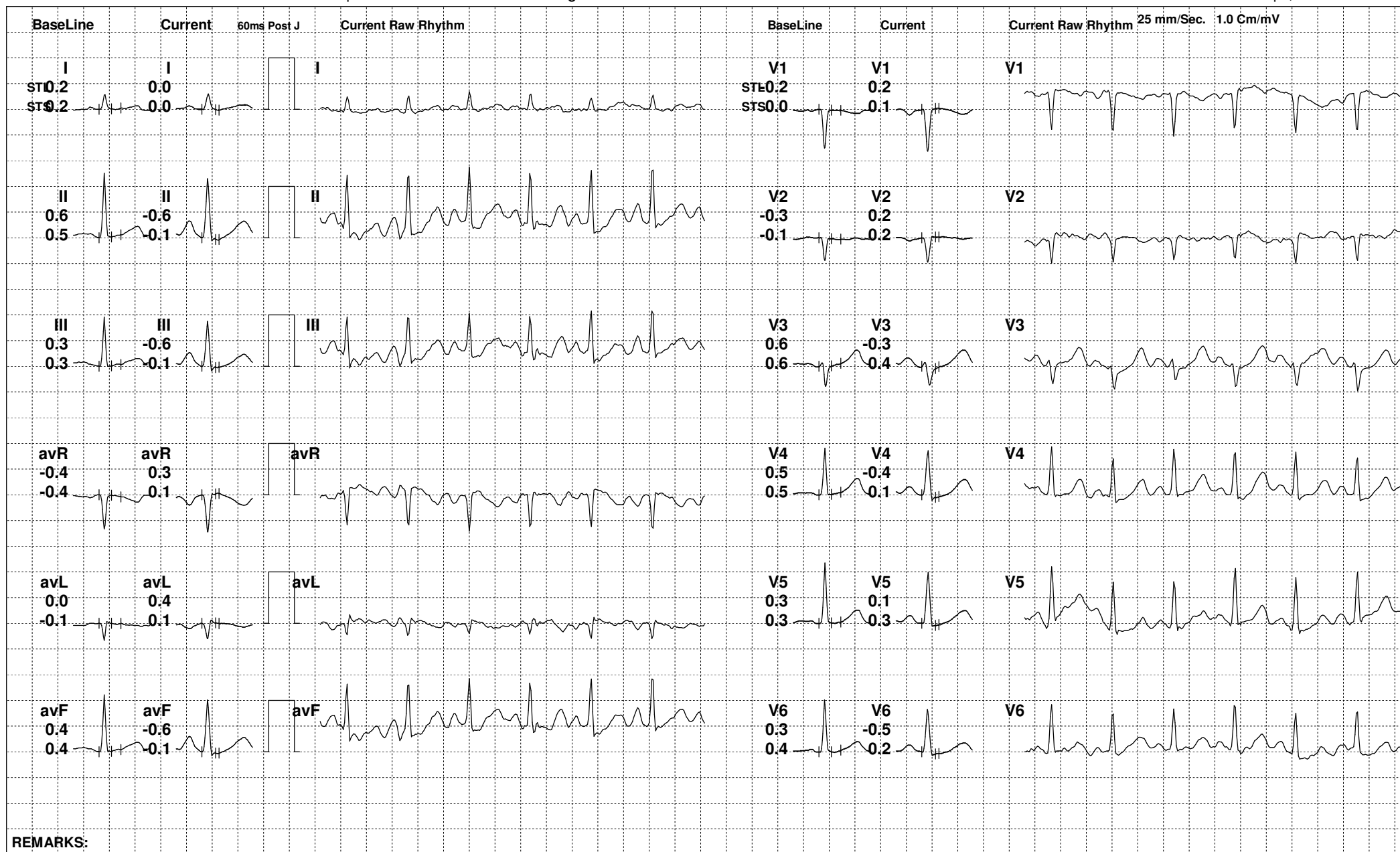
REMARKS:



126 / MAMTA SINGH PARMAR / 48 Yrs / F

Date: 15-Nov-2022 02:32:17 PM METS: 2.0/ 127 bpm 73% of THR BP: 148/94 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 02:22 1.7 mph, 0.0%





126 / MAMTA SINGH PARMAR / 48 Yrs / F

Date: 15-Nov-2022 02:32:17 PM METS: 2.0/ 108 bpm 62% of THR BP: 144/92 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 02:23 0.0 mph, 0.0%

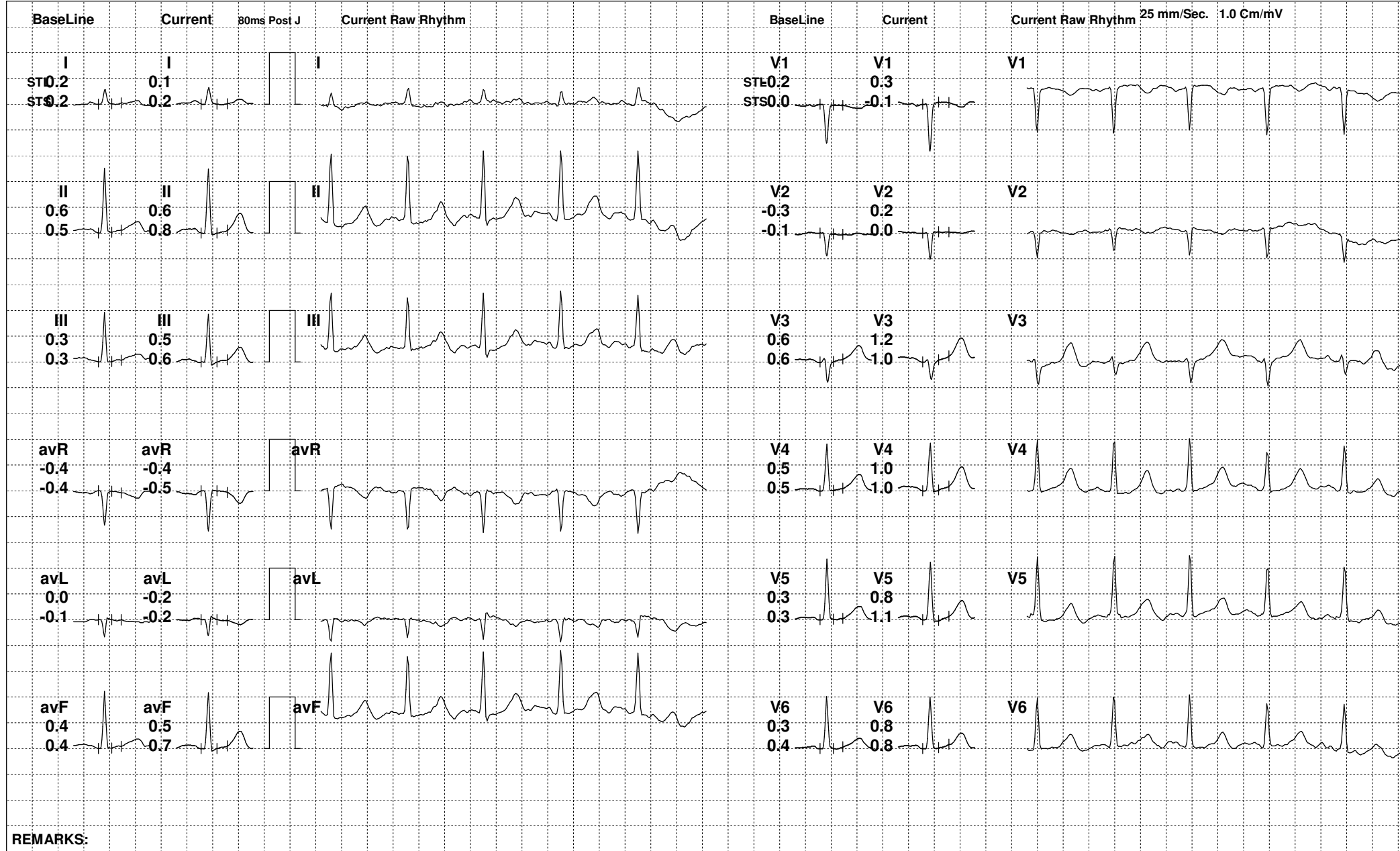




126 / MAMTA SINGH PARMAR / 48 Yrs / F

Date: 15-Nov-2022 02:32:17 PM METS: 2.0/ 100 bpm 58% of THR BP: 144/92 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 02:23 0.0 mph, 0.0%

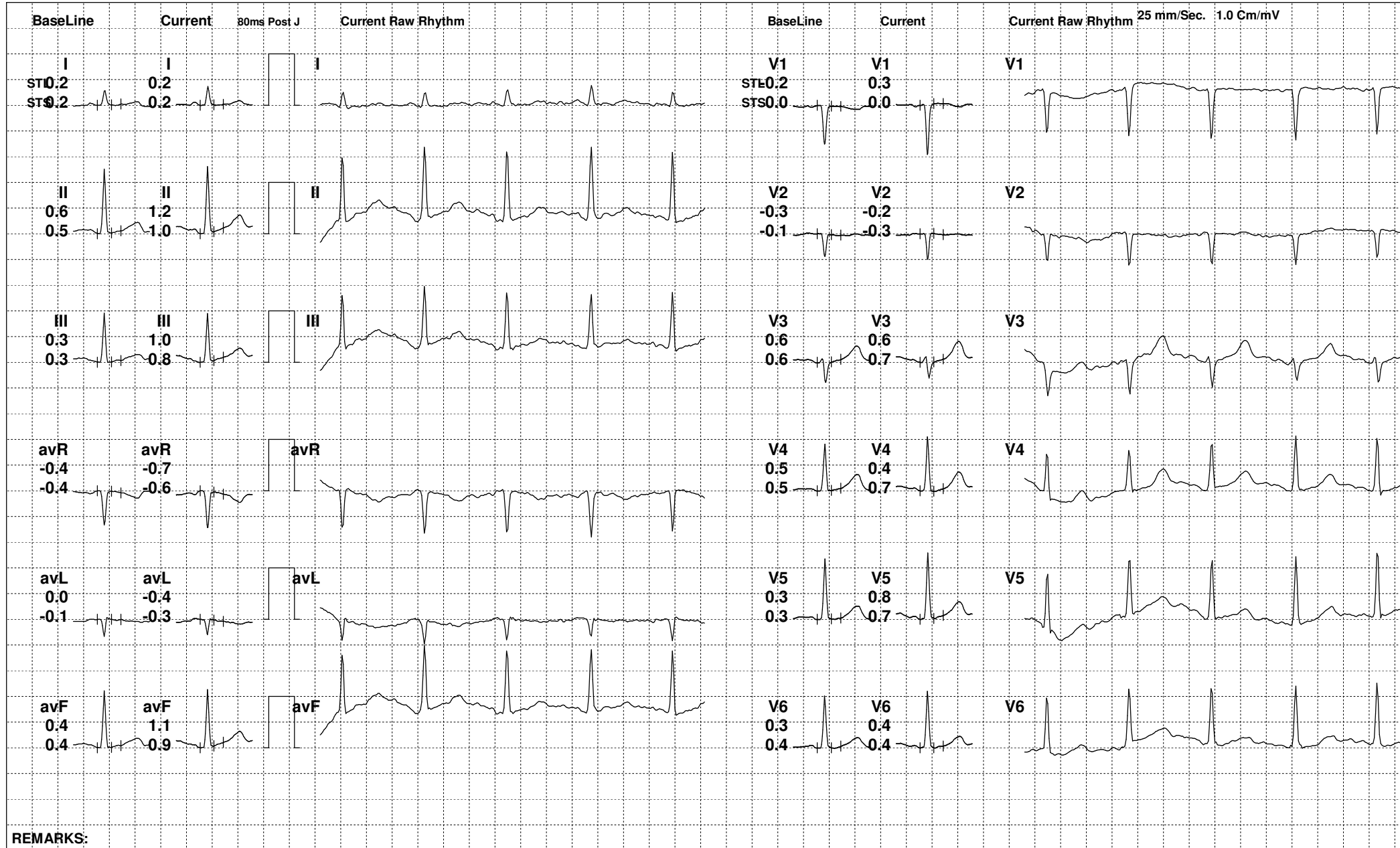




126 / MAMTA SINGH PARMAR / 48 Yrs / F

Date: 15-Nov-2022 02:32:17 PM METS: 2.0/ 93 bpm 54% of THR BP: 144/92 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 02:23 0.0 mph, 0.0%

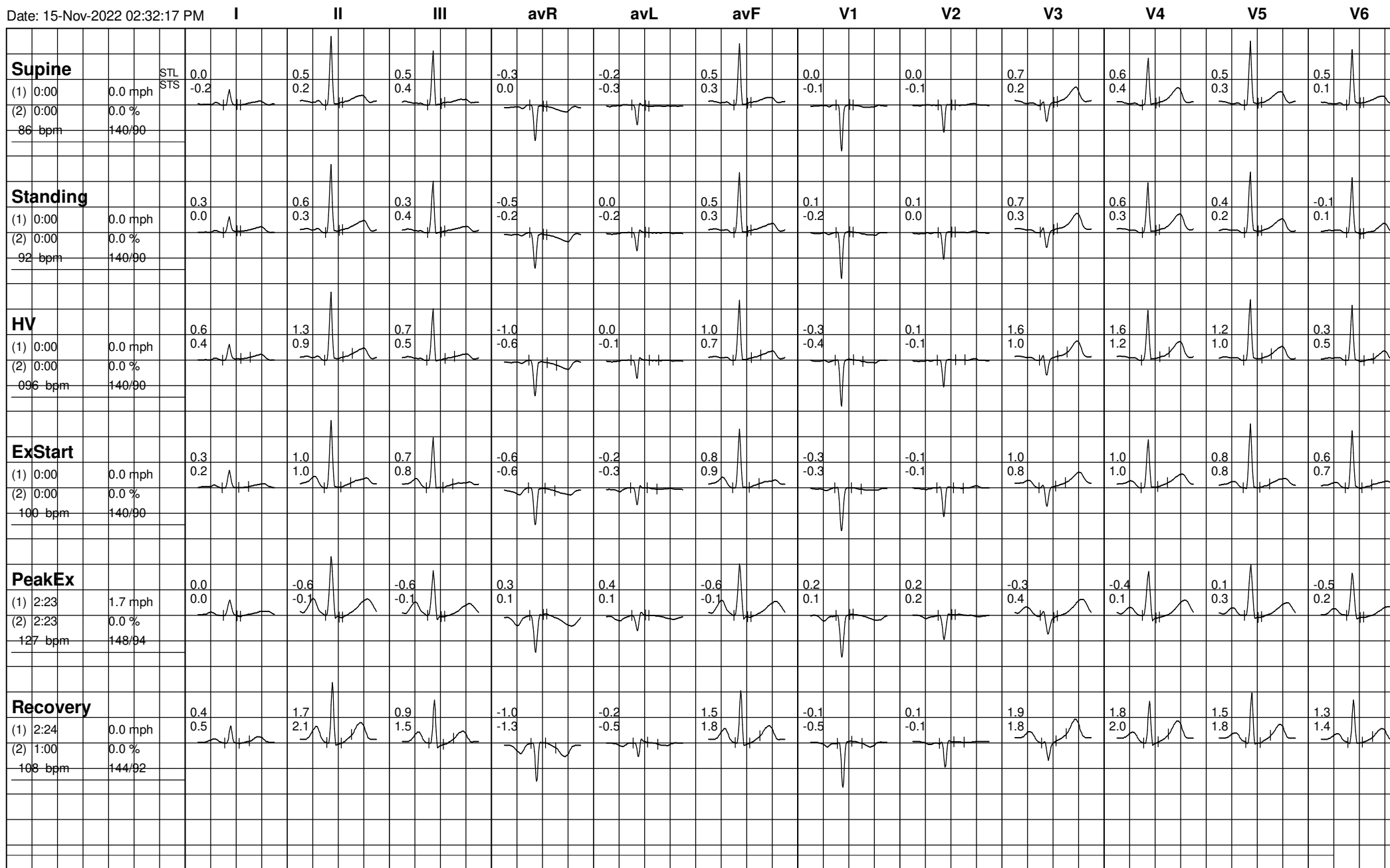


REMARKS:



126 / MAMTA SINGH PARMAR / 48 Yrs / F

Date: 15-Nov-2022 02:32:17 PM





126 / MAMTA SINGH PARMAR / 48 Yrs / F

Date: 15-Nov-2022 02:32:17 PM

