



Summary

Ref. By :
Medication :
Objective :

Protocol : BRUCE
History :

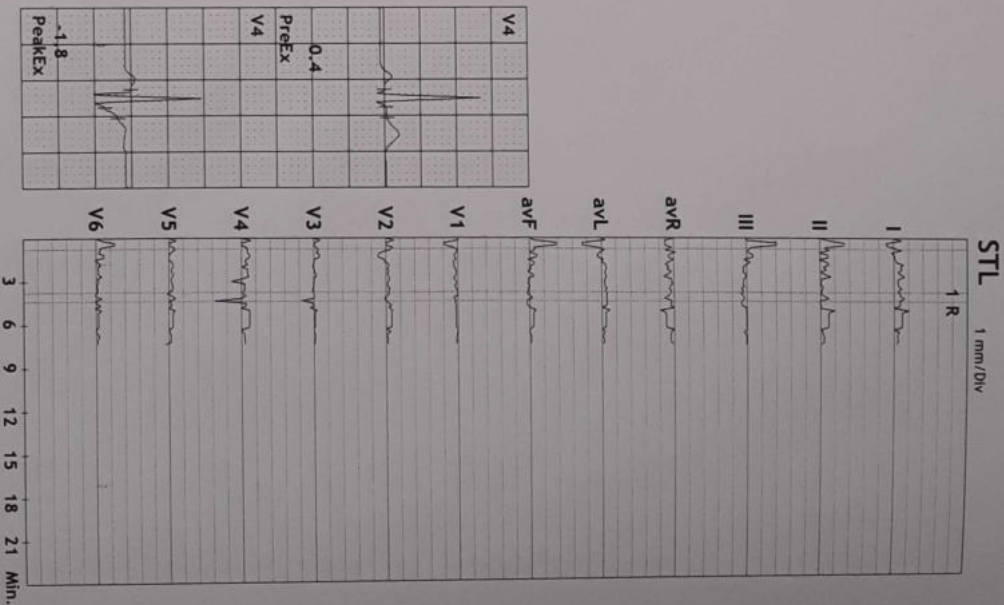
KSHIPRA SCANS & LABS
2B COURT CHOURAHA UDAIPUR
2303102091/MRS DEEPIKA SHARMA 27 Yrs/Female 0 Kg/0 Cms
Date: 14-Apr-2023 12:18:20 PM

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	112	120/80	134	-	
Standing					1.0	103	120/80	123	-	
ExStart					1.0	100	120/80	120	-	
Stage 1	3:00	3:01	2.0	10.0	5.3	118	130/90	153	-	
Fatigue	0:35	3:36	2.2	12.0	5.5	137	130/90	178	-	
PeakEx	0:37	3:38	2.2	12.0	5.5	132	130/90	171	-	
Recovery	1:00		0.0	0.0	1.0	103	130/90	133	-	
Recovery	3:00		0.0	0.0	1.0	91	120/80	109	-	
Recovery					0.0	0	---/---	0	-	

Findings :

Exercise Time : 3:38 minutes
 Max HR attained : 137 bpm 71% of Max Predictable HR 193
 Max BP : 130/90(mmHg)
 Workload attained : 5.5 (Fair Effort Tolerance)
 No significant ST segment changes noted during exercise or recovery.
 No Angina/Arrhythmia/S3/murmur
 Final Impression : Test is negative for inducible ischaemia.
 Maximum Depression: 3:36

Advice/Comments:



12 Lead + Median

KSHIPRA SCANS & LABS

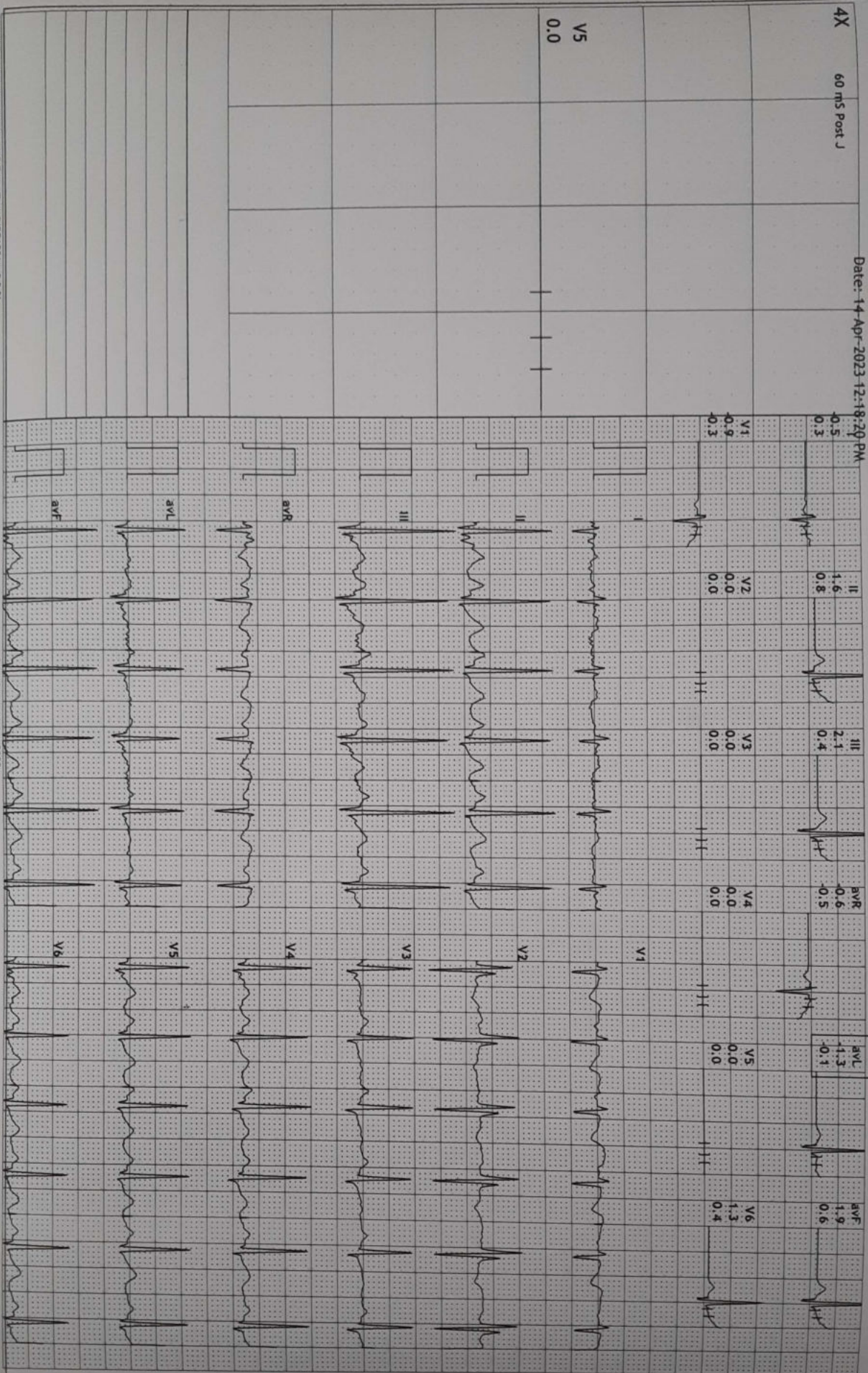
2B COURT CHOURAHA UDAIPUR

2303102091/MRS DEEPIKA KHOSLA
27 Yrs/Female
0 Kg/0 Cms
Date: 14-Apr-2023 12:18:20 PM

MPHR: 58% of 193
Speed: 0.0 mmph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-100)HZ
Ex Time 00:37
BLC : On
Notch : On

Supine
10.0 mm/mV
25 mm/Sec.



12 Lead + Median

KSHIPRA SCANS & LABS

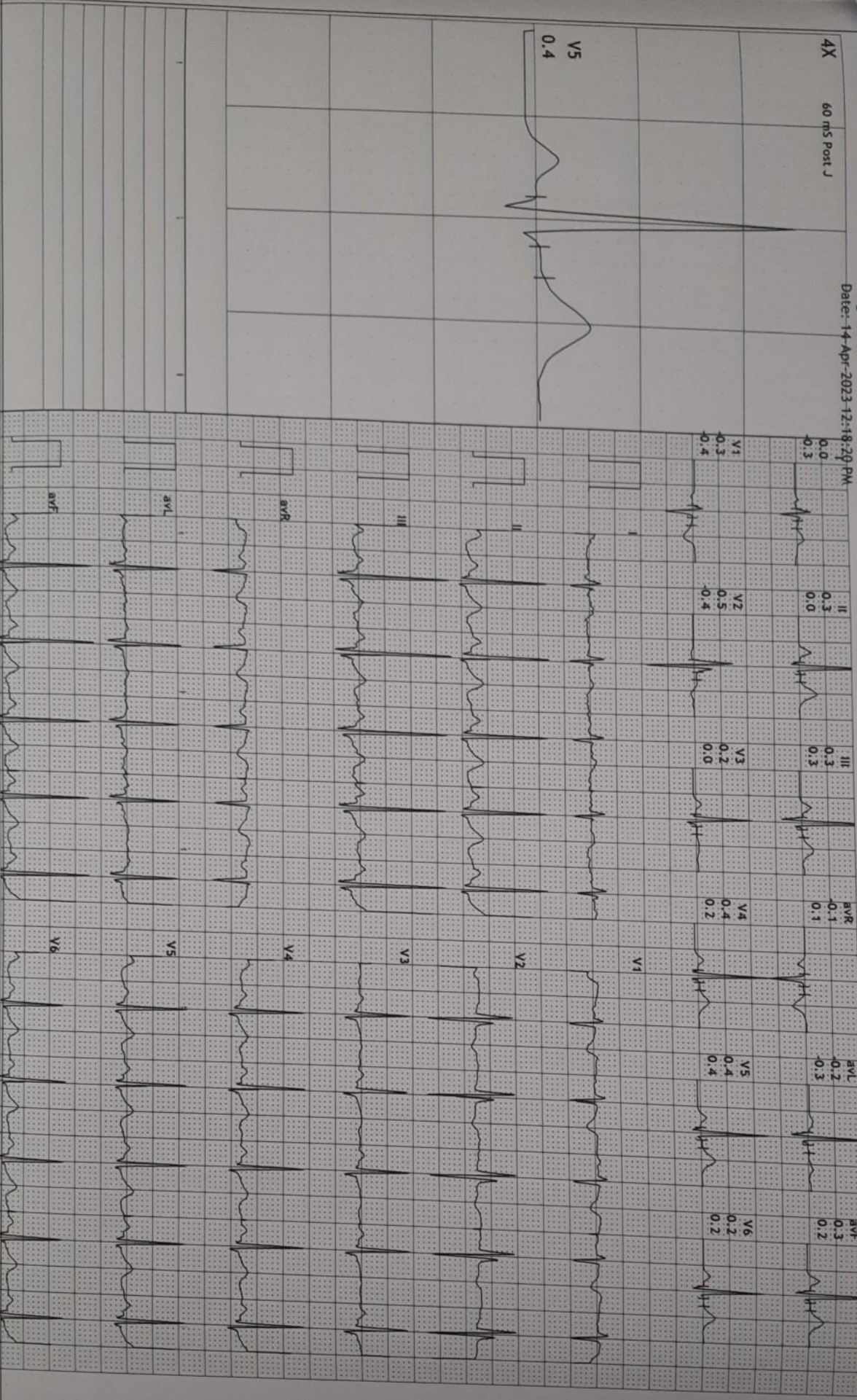
2B COURT CHOURAHA UDAIPUR

2303102091/MRS DEEPIKABHARDWAJ
27 Yrs/Female
0 Kg/0 Cms
Date: 14-Apr-2023 12:18:29 PM
BP: 120/80

MHR: 53% of 193
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-100)HZ
Ex Time 00:40
BLC : On
Notch : On

Standing
10.0 mm/mV
25 mm/Sec.



12 Lead + Median

KSHIPRA SCANS & LABS
2B COURT CHOURAHA UDAIPUR

2303102091 / MRS DEEPIKA RISHI WARM
27 Yrs / Female
0 Kg / 0 Cms
Date: 14 Apr - 2023 12:18:29 PM

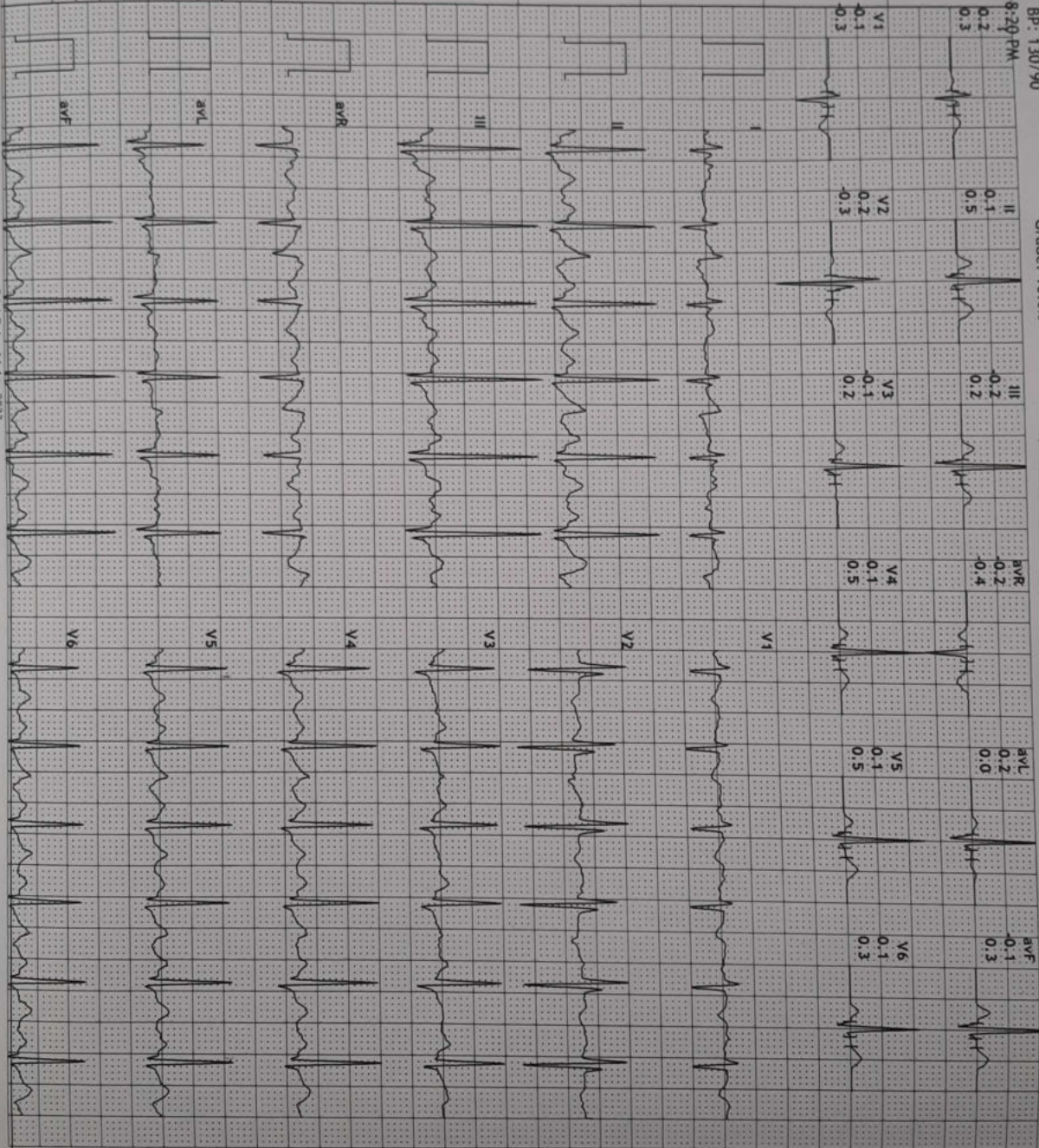
MPHR: 61% of 193
Speed: 2.0 mph
Grade: 10.0%

Raw ECG
BRUCE
(1.0-100)Hz
Ex Time 03:00
BLC : On
Notch : On

BRUCE: Stage 1(3:00)
10.0 mm/mV
25 mm/Sec.

4X 60 ms Post J

V5
0.1



12 Lead + Median

KSHIPRA SCANS & LABS
2B COURT CHOURAHA UDAIPUR

2303102091/MRS DEEPIKAKHOSLA
27 Yrs/Female
0 Kg/0 Cms
BP: 130/90

METS: 5.5
MPHR: 70% of 193
Speed: 2.2 mph
Grade: 12.0%

Raw ECG
BRUCE
(1.0-100)HZ

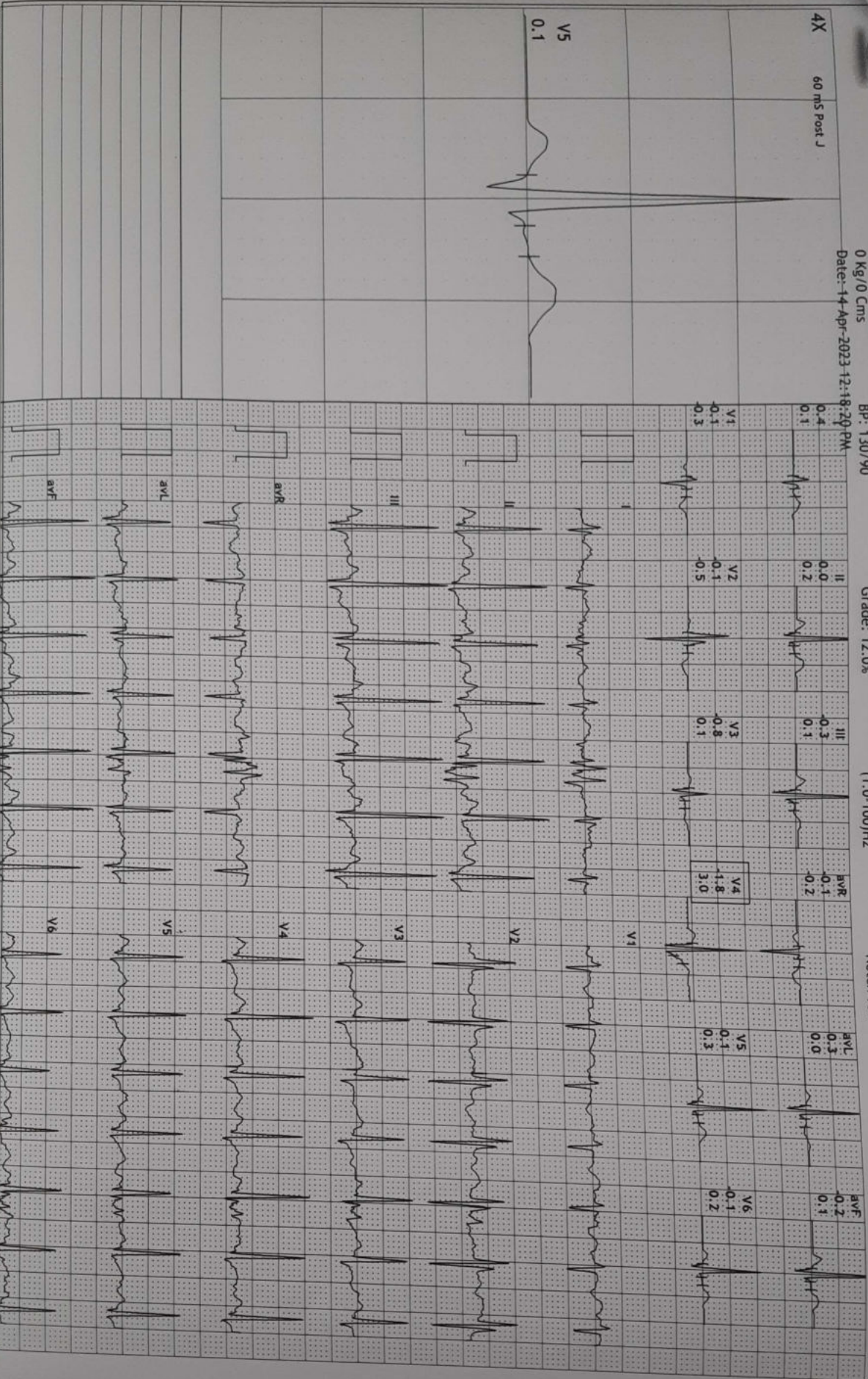
Ex Time 03:35
BLC : On
Notch : On

Fatigue
10.0 mm/mV
25 mm/Sec.

Date: 14-Apr-2023 12:18:20 PM

4X 60 mS Post J

V5
0.1



12 Lead + Median

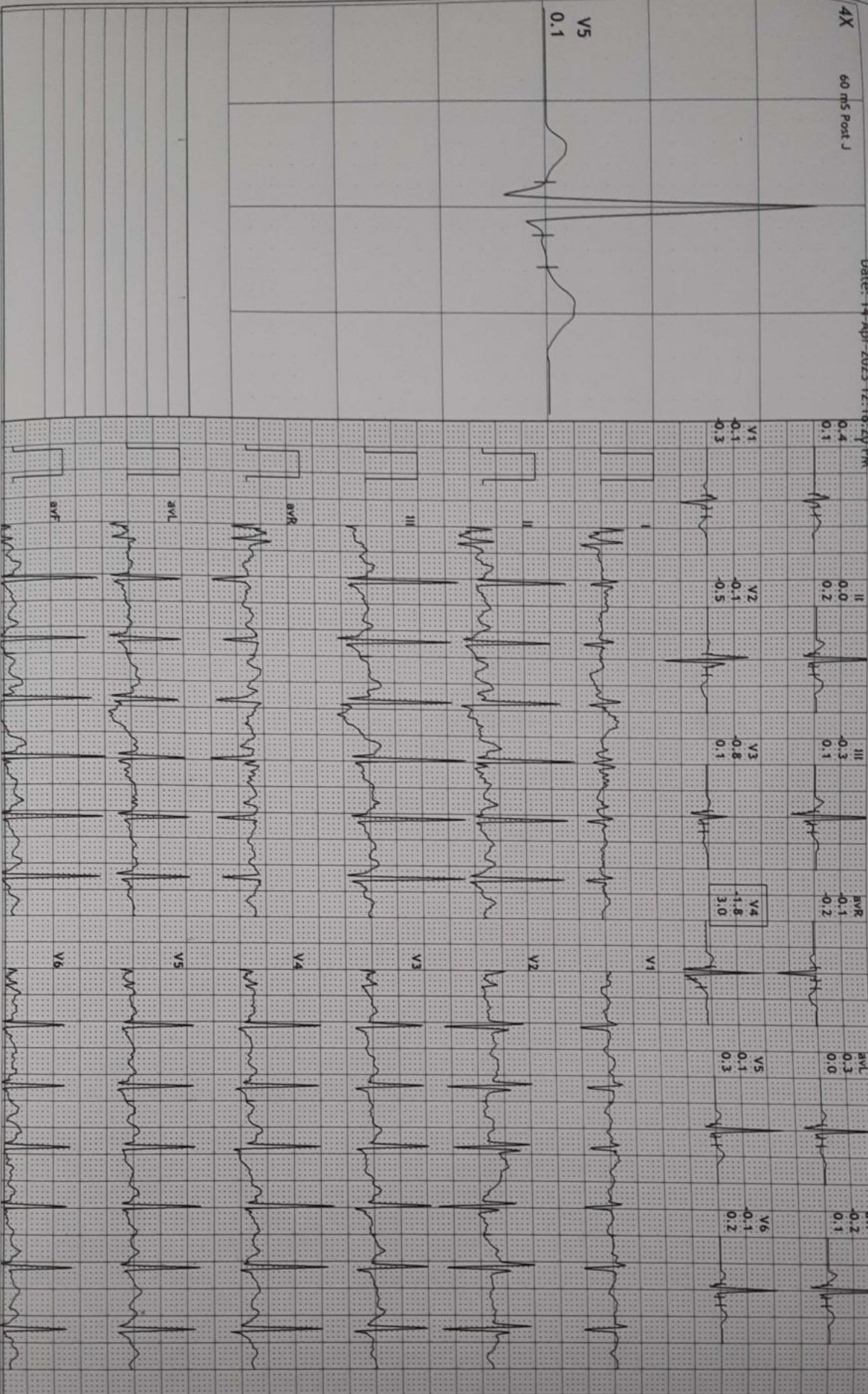
KSHIPRA SCANS & LABS
2B COURT CHOURAHA UDAIPUR

2303102091/MRS DEEPIKA RATHI-1032/46pm
27 Yrs/Female
0 Kg/0 Cms
Date: 14-Apr-2023 12:18:20 PM

MPHR: 68% of 193
Speed: 2.2 mph
Grade: 12.0%

Raw ECG
BRUCE
(1.0-100)Hz
Ex Time 03:37
BLC : On
Notch : On

BRUCE: PeakEx(0:37)
10.0 mm/mV
25 mm/Sec.



12 Lead + Median

2303102091/MRS DEEPIKAJI-H03A-Wipm
27 Yrs/Female
0 Kg/0 Cms
Date: 14-Apr-2023 12:18:29 PM

MPHR: 53% of 193
Speed: 0.0 mph
Grade: 0.0%

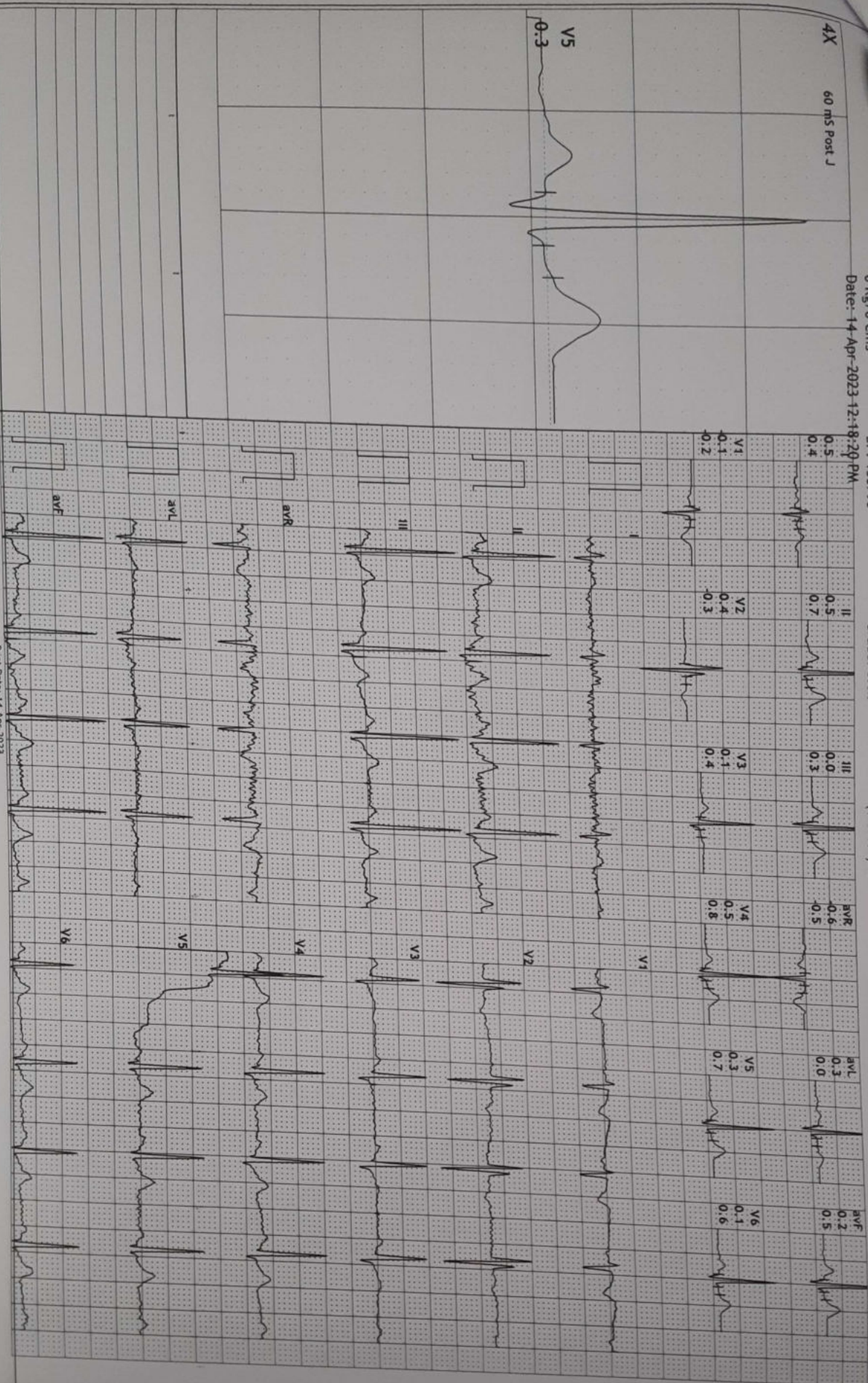
Raw ECG
BRUCE
(1.0-100)Hz
Ex Time 03:38
BLC : On
Notch : On

Recovery(1:00)
10.0 mm/mV
25 mm/Sec.

KSHIPRA SCANS & LABS
2B COURT CHOURAHA UDAIPUR

4X 60 mS Post J

V5 0-3



12 Lead + Median

KSHIPRA SCANS & LABS

2B COURT CHOURAHA UDAIPUR

2303102091 / MRS DEEPIKA RATHI
27 Yrs / Female
0 Kg / 0 Cms
Date: 14-Apr-2023 12:18:29 PM

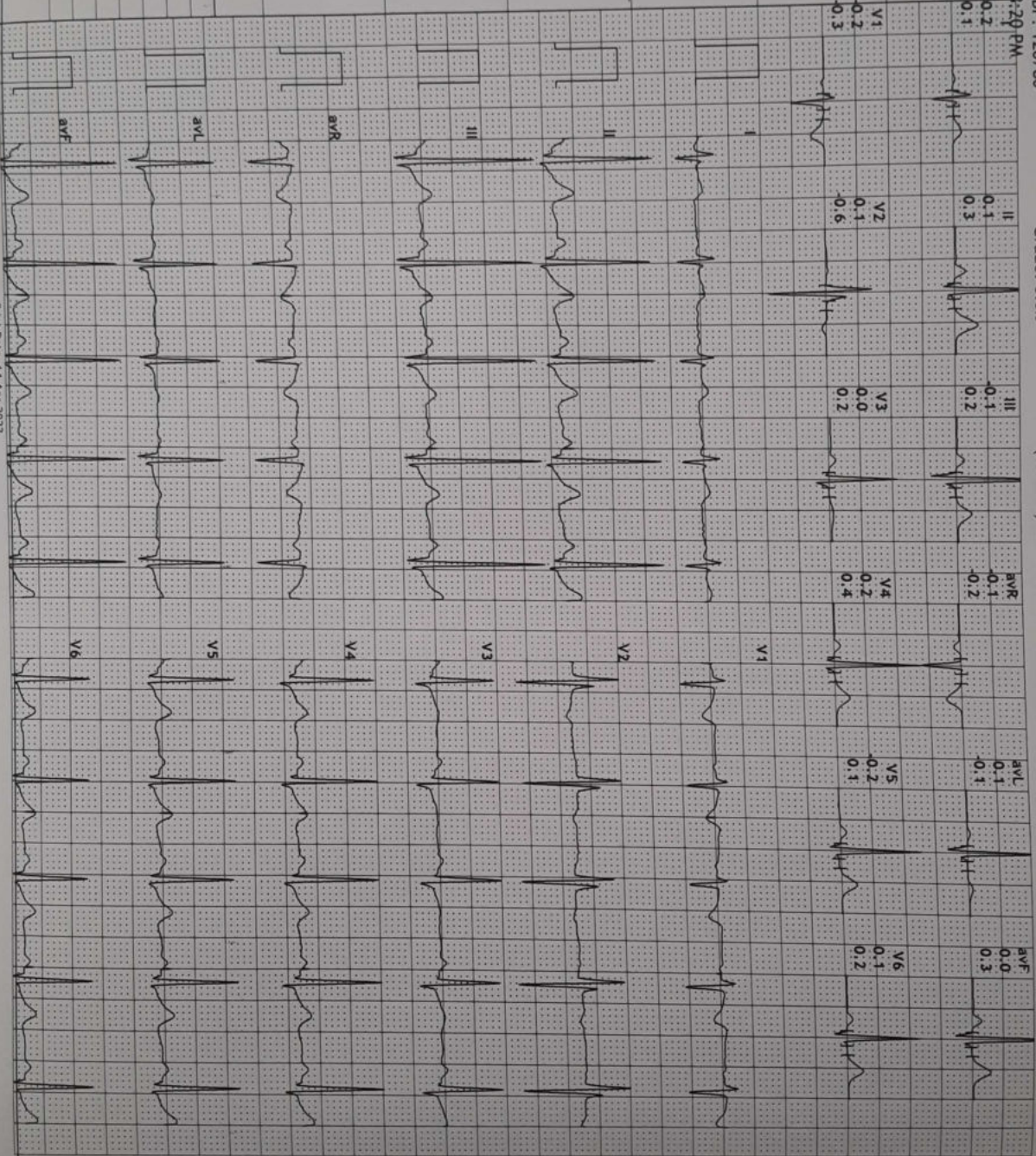
MPHR: 47% of 193
Speed: 0.0 mph
Grade: 0.0%

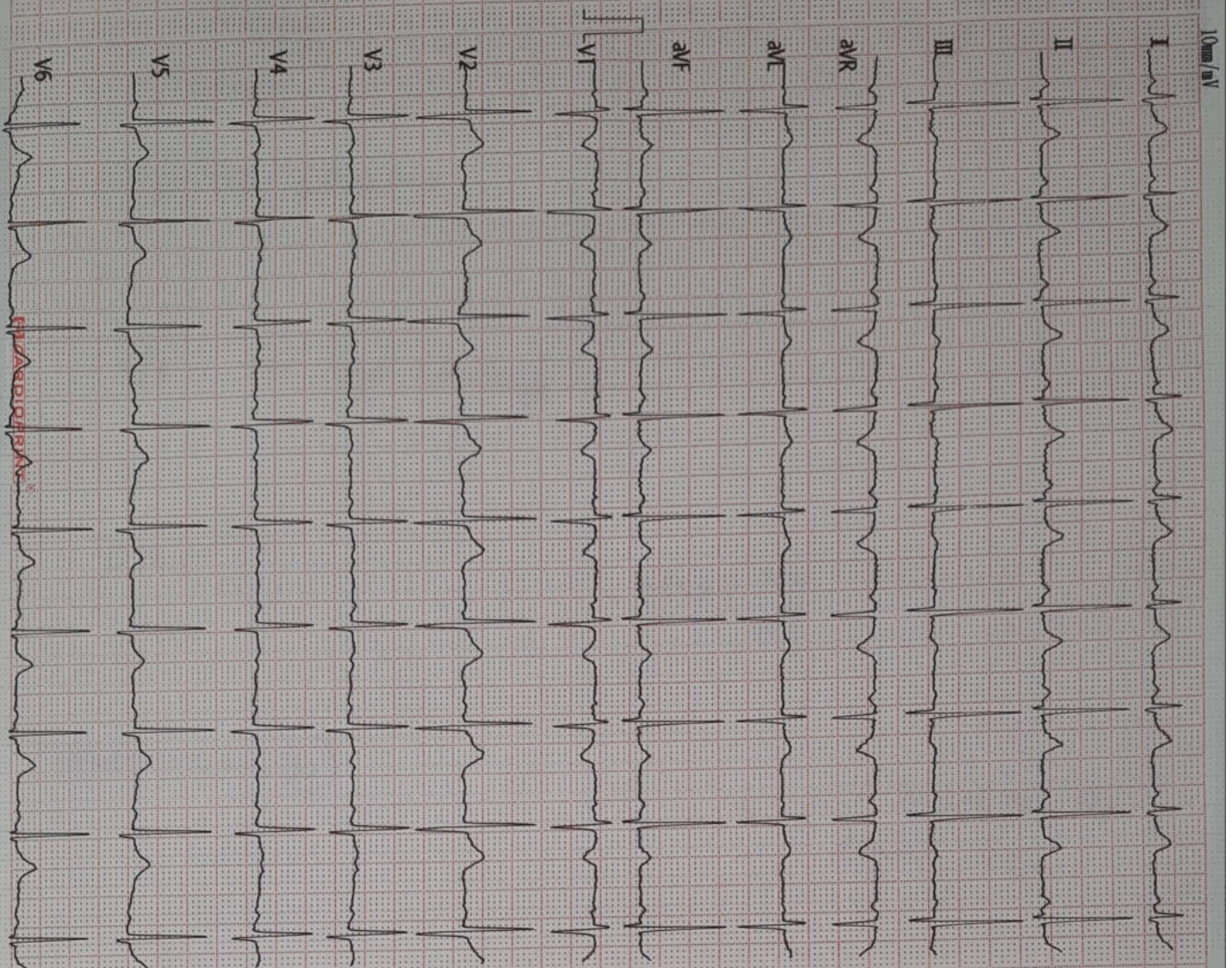
Raw ECG
BRUCE
(1.0-100)HZ
Ex Time 03:38
BLC : On
Notch : On

Recovery(3:00)
10.0 mm/mV
25 mm/Sec.

4X 60 ms Post J

V5
-0.2





Heart Rate (bpm) : 84

<ECG Analysis Result>

PR Int. (ms) : 133

800 Normal Sinus Rhythm

P/QRS/T Int.(ms) : 102 96 169

611 T Abnormality(Flat T)

P/QRS/T Axis(Deg) : 57 75 50

*** Borderline Abnormal ECG ***

RV1/SV5 Amp.(mV) : 0.26 0.21

RV5/SV1 Amp.(mV) : 1.28 0.73

V2.33 Technician :

Note : Unconfirmed Report Need to Review.

ST LEVEL (mV)

	I	II	III	aVR	aVL	aVF
	+0.03	+0.01	-0.01	-0.02	+0.02	+0.00
V1	V2	V3	V4	V5	V6	
	+0.00	+0.08	+0.04	+0.03	+0.02	+0.01

Deehika Sharma

27/F

14/6/23

C/O - For eye checkup

DVA < 6/9
C/C

NVA < N/C
N/C

Colour vision - (N)

STK - L. 0.20 DC X 20° S/C
Plain C/C

Sharva

Dr. SHARVA PANDYA
M.B.B.S., M.S. (Ophth.)
Jai Drishti Eye Hospital
Udaipur (Raj.)

Cosmetology Partner :

Jai Drishti Eye Hospital, 23A, Residency Road, Near PC Jewellers, Sardarpura, Udaipur
जय दृष्टि आई हॉस्पिटल, 23-ए, रेजीडेन्सी रोड, पी.सी. ज्वेलर्स के पास, सरदारपुरा, उदयपुर




www.vibraclinics.com
9166046591

Name	:	Deepika	Age	:	27 Yrs. / F
Thanks To	:		Date	:	14/04/2023

X-RAY CHEST (PA VIEW)

Both lung fields appear normal.
No e/o Koch's lesion or consolidation seen.
Both CP angles appear clear.
Both domes of diaphragm appear normal.
Heart size and aorta are within normal limits.
Bony thorax under vision appears normal.
Both hila appear normal.


Consultant Radiologist

(This report is not valid for any Medico-legal purpose)

Name	: Deepika Sharma	Age	: 27Yrs. / F
Thanks To	: Mediwheel wellness	Date	: 14/04/2023

ULTRASOUND STUDY OF WHOLE ABDOMEN

LIVER:

Liver is normal in size, shape & bright in echotexture. No focal mass lesion is seen. Intra hepatic biliary radicles are normal. Portal vein is normal in caliber.

GALL BLADDER :

Gall bladder is well distended and shows multiple tiny shadowing echodensities in lumen with sludge in GB lumen. C.B.D. appears normal.

PANCREAS :

Pancreas is normal in size, shape & echotexture. No focal mass lesion is seen.

SPLEEN :

Spleen is normal in size, shape & echotexture. No focal mass lesion is seen.

BOTH KIDNEYS :

Both kidneys are normal in size, shape & echotexture. Renal parenchyma appears normal. No evidence of hydronephrosis, calculus or cortical scarring is seen in either kidney.

Right kidney measures : 12.2 x 3.4 cms.

Left kidney measures : 12.0 x 4.3 cms.

URINARY BLADDER :

Urinary bladder is well distended and appears normal in contour. The wall thickness appears normal.

UTERUS :

Uterus is RVERF, normal in size, shape and echotexture. It measures 5.3 x 3.8 x 2.9 cms. Endometrial appears normal and measures 8.4 mm.

BOTH OVARIES :

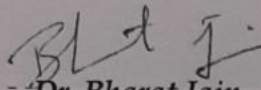
Both ovaries are normal in size, shape and echotexture.

No obvious abdominal lymphadenopathy is seen.

No free fluid is seen in peritoneal cavity.

OPINION:

- Fatty liver grade I.
- Micro cholelithiasis with GB sludge.


- Dr. Bharat Jain

MD (Radio-Diagnosis)
Consultant Radiologist

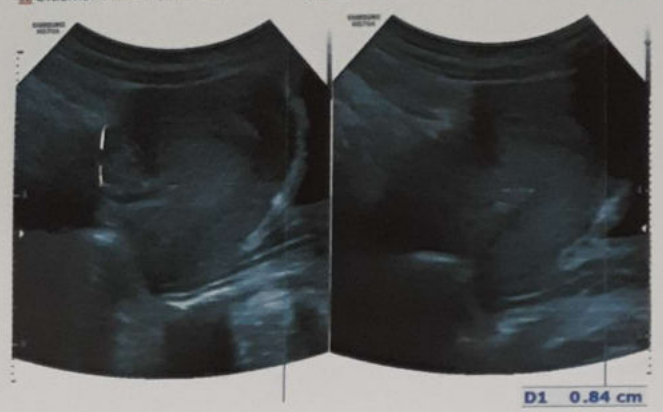
N.B.: This is only a professional opinion and not the final diagnosis. MRI/CT is subject to variations due to technical limitations, hence correlation with clinical findings and other investigations should be carried out to know the true nature of illness

2-B, Ground Floor, Court Choraha, Main Road Tehsil Ke Samne, Udaipur 313001 (Raj.)

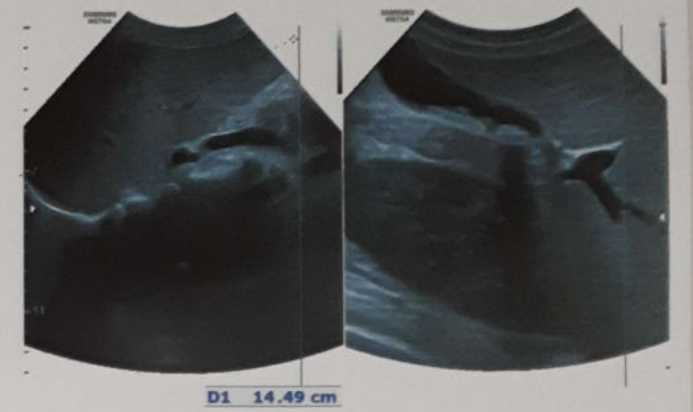
Mob. : 7229961115, 7229970005, 7229901188

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

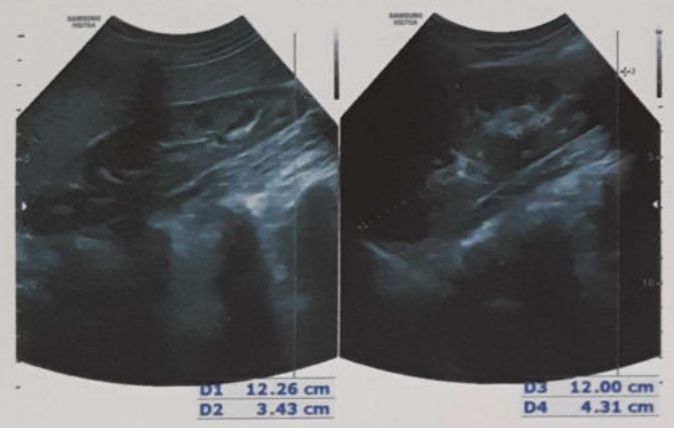
14-04-2023-0002
H570A DEEPIKA SHARMA
KSHIPRA LABS UDAIPUR MI 1.4 14-04-2023
CA1-7A / Abdomen/ABD / FR 38Hz TIs 0.1 10:14:40 AM



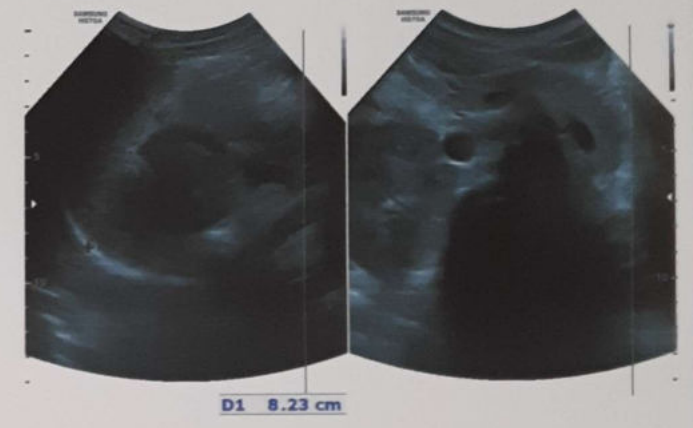
14-04-2023-0002
H570A DEEPIKA SHARMA
KSHIPRA LABS UDAIPUR MI 1.4 14-04-2023
CA1-7A / Abdomen/ABD / FR 39Hz TIs 0.1 10:13:07 AM



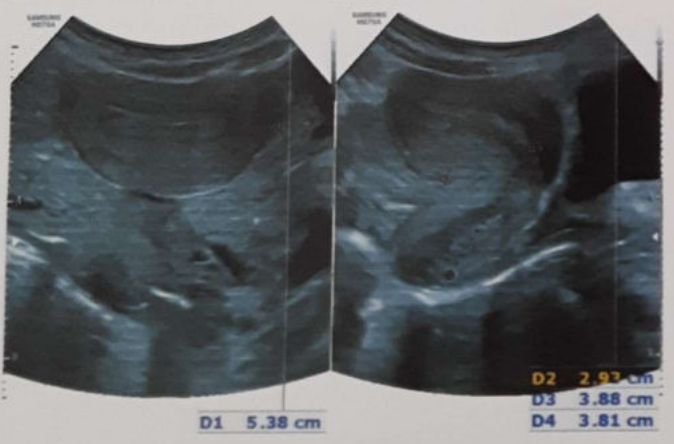
14-04-2023-0002
H570A DEEPIKA SHARMA
KSHIPRA LABS UDAIPUR MI 1.4 14-04-2023
CA1-7A / Abdomen/ABD / FR 28Hz TIs 0.1 10:13:41 AM



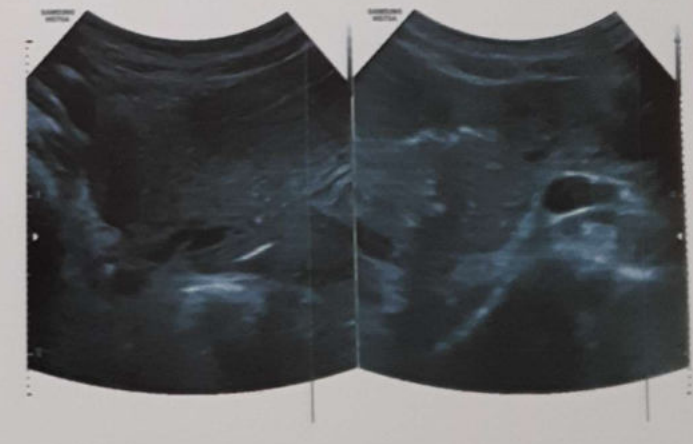
14-04-2023-0002
H570A DEEPIKA SHARMA
KSHIPRA LABS UDAIPUR MI 1.4 14-04-2023
CA1-7A / Abdomen/ABD / FR 39Hz TIs 0.1 10:13:58 AM



14-04-2023-0002
H570A DEEPIKA SHARMA
KSHIPRA LABS UDAIPUR MI 1.4 14-04-2023
CA1-7A / Abdomen/ABD / FR 38Hz TIs 0.1 10:14:30 AM



14-04-2023-0002
H570A DEEPIKA SHARMA
KSHIPRA LABS UDAIPUR MI 1.4 14-04-2023
CA1-7A / Abdomen/ABD / FR 38Hz TIs 0.1 10:15:04 AM





TEST REPORT

Reg. No : 2304101339
Name : Deepika Sharma
Age/Sex : 27 Years / Female
Ref. By :
Client : MEDIWHEEL WELLNESS

Reg. Date : 14-Apr-2023
Collected On : 14-Apr-2023 08:31
Approved On : 17-Apr-2023 08:03
Printed On : 26-Apr-2023 15:24

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Interval</u>
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KIDNEY FUNCTION TEST

UREA <i>(Urease & glutamate dehydrogenase)</i>	21.0	mg/dL	10 - 50
Creatinine <i>(Jaffe method)</i>	0.52	mg/dL	0.5 - 1.2
Uric Acid <i>(Enzymatic colorimetric)</i>	4.6	mg/dL	2.5 - 7.0

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



TEST REPORT

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COMPLETE BLOOD COUNT (CBC)

SPECIMEN: EDTA BLOOD

Hemoglobin	12.9	g/dL	12.0 - 15.0
RBC Count	4.6	million/cmm	3.8 - 4.8
Hematocrit (PCV)	44.8	%	40 - 54
MCH	28.0	Pg	27 - 32
MCV	97.4	fL	83 - 101
MCHC	28.8	%	31.5 - 34.5
RDW	11.9	%	11.5 - 14.5
WBC Count	7640	/cmm	4000 - 11000

DIFFERENTIAL WBC COUNT (Flow cytometry)

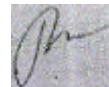
Neutrophils (%)	55	%	38 - 70
Lymphocytes (%)	35	%	20 - 40
Monocytes (%)	07	%	2 - 8
Eosinophils (%)	03	%	0 - 6
Basophils (%)	00	%	0 - 2
Neutrophils	4202	/cmm	
Lymphocytes	2674	/cmm	
Monocytes	535	/cmm	
Eosinophils	229	/cmm	
Basophils	0	/cmm	
Platelet Count (Flow cytometry)	340000	/cmm	150000 - 450000
MPV	10.2	fL	7.5 - 11.5

ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	08	mm/hr	0 - 21
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Modified Westergren Method

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





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Parameter

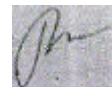
Result

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

ABO : 'AB'
Rh (D) : Positive

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





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Parameter	Result	Unit	Reference Interval
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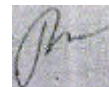
PLASMA GLUCOSE

Fasting Blood Sugar (FBS) <i>Hexokinase Method</i>	70.0	mg/dL	70 - 110
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Post Prandial Blood Sugar (PPBS) <i>Hexokinase Method</i>	104.0	mg/dL	70 - 140
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Criteria for the diagnosis of diabetes 1. HbA1c \geq 6.5 *
Or
2. Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
Or
3. Two hour plasma glucose \geq 200mg/dL during an oral glucose tolerance 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 \geq 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 -----





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Parameter	Result	Unit	Reference Interval
LIPID PROFILE			
Cholesterol <i>(Enzymatic colorimetric)</i>	133.5	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>(Enzymatic colorimetric)</i>	136.4	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	27.28	mg/dL	15 - 35
LDL CHOLESTEROL	67.62	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <i>Homogeneous enzymatic colorimetric</i>	38.6	mg/dL	30 - 85
Cholesterol /HDL Ratio <i>Calculated</i>	3.46		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	1.75		0 - 3.5



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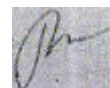
Parameter	Result	Unit	Reference Interval
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NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

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 assesment
 - 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 assesment
- # 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 -----





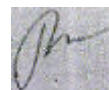
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Parameter	Result	Unit	Reference Interval
LIVER FUNCTION TEST WITH GGT			
Total Bilirubin <i>Colorimetric diazo method</i>	0.64	mg/dL	0.20 - 1.0
Conjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.25	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.39	mg/dL	0.0 - 1.1
SGOT <i>(Enzymatic)</i>	41.6	U/L	0 - 31
SGPT <i>(Enzymatic)</i>	57.7	U/L	0 - 31
GGT <i>(Enzymatic colorimetric)</i>	25.8	U/L	7 - 32
Alakaline Phosphatase <i>(Colorimetric standardized method)</i>	109.9	U/L	42 - 141
<u>Protien with ratio</u>			
Total Protein <i>(Colorimetric standardized method)</i>	6.8	g/dL	6.5 - 8.7
Albumin <i>(Colorimetric standardized method)</i>	4.2	mg/dL	3.5 - 4.94
Globulin <i>Calculated</i>	2.60	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.62		0.8 - 2.0

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





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<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Interval</u>
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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C <i>Boronate Affinity with Fluorescent Quenching</i>	6.1	% of Total Hb	Poor Control : > 7.0 % Good Control : 6.2-7.0 % Non-diabetic Level : 4.3-6.2 %
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Mean Blood Glucose <i>Calculated</i>	139.86	mg/dL	
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Degree of Glucose Control Normal Range:

Poor Control >7.0% *

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.

EXPLANATION :-

*Total haemoglobin A1 c is continuously synthesised in the red blood cell through 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 concentration 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 measurement which reflects 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:

*Erroneous 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 -----



TEST REPORT

Reg. No : 2304101339
Name : Deepika Sharma
Age/Sex : 27 Years / Female
Ref. By :
Client : MEDIWHEEL WELLNESS

Reg. Date : 14-Apr-2023
Collected On : 14-Apr-2023 08:31
Approved On : 14-Apr-2023 10:56
Printed On : 26-Apr-2023 15:24

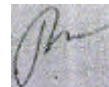
Parameter	Result	Unit	Reference Interval
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THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>Chemiluminescence</i>	1.44	ng/mL	0.87 - 1.78
T4 (Thyroxine) <i>Chemiluminescence</i>	9.74	µg/dL	5.89 - 14.9
TSH (ultra sensitive) <i>Chemiluminescence</i>	3.697	µIU/ml	0.34 - 5.6

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 -----





TEST REPORT

Reg. No : 2304101339
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Parameter	Result	Unit	Reference Interval
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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity : 20 cc
Colour : Pale Yellow
Appearance : Clear

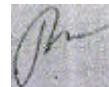
CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)

pH	6.0	5.0 - 8.0
Sp. Gravity	1.010	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	Nil	

MICROSCOPIC EXAMINATION (MANUAL BY MCIROSCOPY)

Leucocytes (Pus Cells)	Occasional/hpf
Erythrocytes (Red Cells)	1 - 2/hpf
Epithelial Cells	1-2/hpf
Amorphous Material	Nil
Casts	Nil
Crystals	Nil
Bacteria	Nil
Monilia	Nil

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





TEST REPORT

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STOOL EXAMINATION

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

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 occasional unruptured RBCs.

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

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