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**LAB REPORT**



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<b>Name</b> :	<b>Ms.VANITA</b>	<b>Lab No.</b> :	<b>012212060062</b>
Age/Gender :	37 YRS FEMALE	Sample Registered On :	06/Dec/22 07:17 PM
Centre :	KSHIPRA SCANS & LABS	Sample Collected On :	06/Dec/2022 07:19PM
<b>Ref.By</b> :	<b>Self</b>	Result Reported On :	06/Dec/2022 07:24PM
Reg. No. :	20979		

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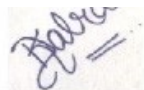
**PAP SMEAR**

**MICROSCOPIC EXAMINATION: (BY BETHESDA SYSTEM 2014)**

- |                                  |                                                                                                                                                                                                                              |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (A) SPECIMEN                     | PAP smear (2 smears)                                                                                                                                                                                                         |
| (B) SAMPLE TYPE                  | Conventional smear                                                                                                                                                                                                           |
| (C) ADEQUACY                     | Smears are satisfactory for evaluation                                                                                                                                                                                       |
| (D) MATURATION INDEX             | 00/80/20                                                                                                                                                                                                                     |
| (E) MICROSCOPY                   | Cytomears reveal moderate cellularity comprising of superficial and intermediate squamous cells arranged in clumps and singly in background of dense polymorphonuclear inflammation. Background shows shift in normal flora. |
| (F) ENDOCERVICAL CELLS           | PRESENT                                                                                                                                                                                                                      |
| (G) INFLAMMATORY CELLS           | PRESENT (+)                                                                                                                                                                                                                  |
| (H) CANDIDA/ TRICHOMONAS SPECIES | Absent                                                                                                                                                                                                                       |
| (I) KOILOCYTOTIC CELLS           | Absent                                                                                                                                                                                                                       |
| (J) DYSPLASTIC CELLS             | Absent                                                                                                                                                                                                                       |
| (K) MALIGNANT CELLS              | Absent                                                                                                                                                                                                                       |
| (L) <b>DIAGNOSIS</b>             | <b>NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY (NILM) - BACTERIAL VAGINITIS.</b>                                                                                                                                       |

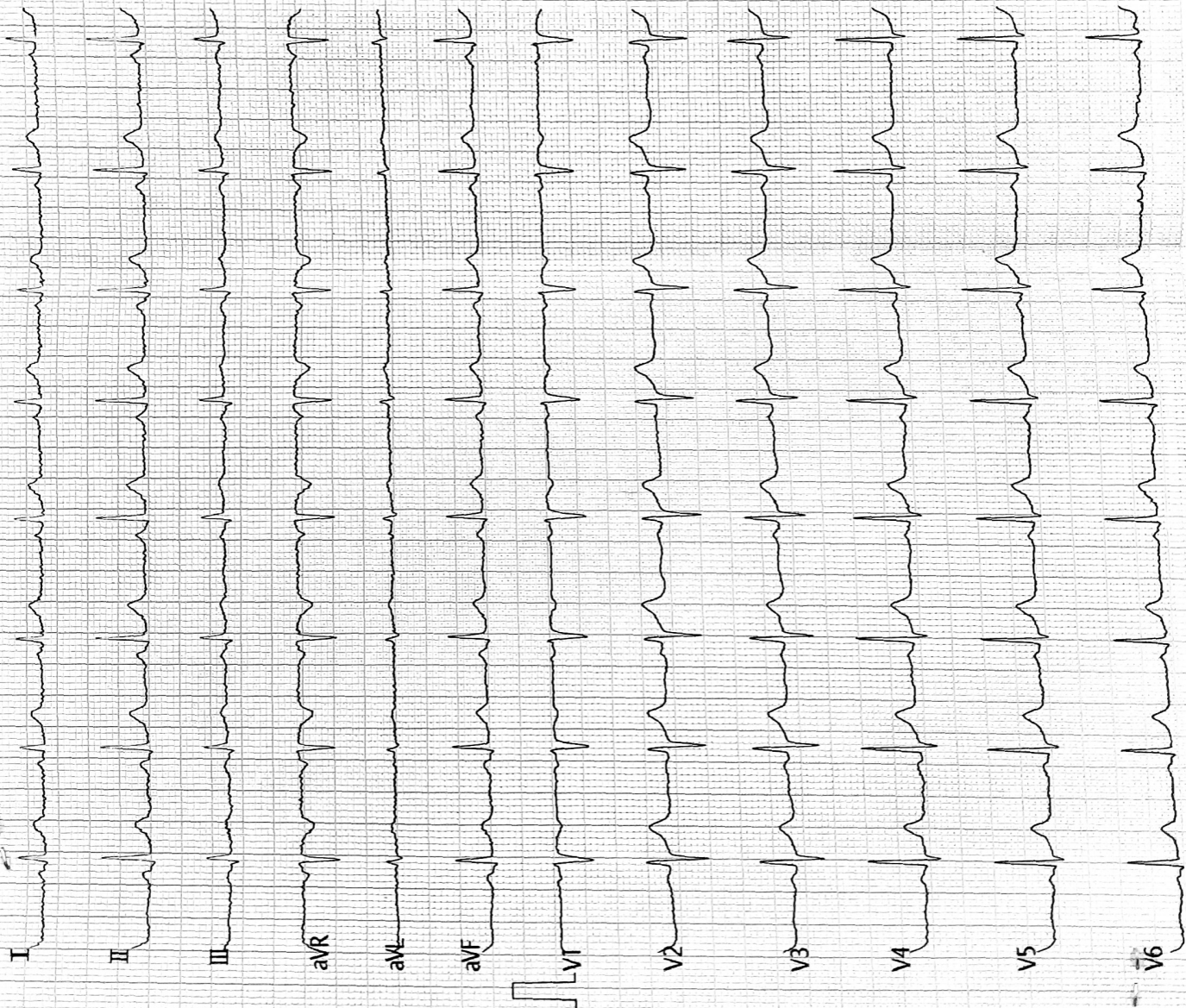
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\*\*\* End Of Report \*\*\*

  
DR. DEVIKA KALRA  
PATHOLOGIST  
MBBS, DCP, DNB



10mm/mV



Heart Rate (bpm) : 79

PR Int. (ms) : 122

P/QRS/T Int. (ms) : 86 86 153

QT/QTc Int. (ms) : 328 377

P/QRS/T Axis (Deg.) : 61 61 54

RV1/SV5 Amp. (mV) : 0.09 0.15

RV5/SV1 Amp. (mV) : 0.92 0.54

V2.33 Technician :

Note : Unconfirmed Report

ST LEVEL (mV)

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

JI > 531610216139 F 48Y 3 / cmV/G

Varmita

SHIPRA LAB K

AC50 EMG ADS 30-11-2022 11:16:55

25mm/s

Name	: Mrs. Vanita	Age	: 37Yrs. / F
Thanks To	: Self	Date	: 30/11/2022

## Echocardiography

### Final Interpretation

1. No RWMA, Normal LV systolic function, LVEF – 60%
2. Normal Cardiac chamber dimensions
3. No MR/TR/PAH.
4. Normal mitral inflow pattern.
5. No clot/mass pathology.

### M-Mode/2-D Description:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized. RV systolic function is normal.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** It appears normal.
- **Tricuspid Valve:** It appears normal.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

### Doppler Analysis:

- **Pulmonic Regurgitation** : Nil
- **Mitral Regurgitation** : Nil
- **Aortic Regurgitation** : Nil
- **Tricuspid Regurgitation** : Nil
- **Diastolic Parameters** :

P.T.O.

## Echocardiography

### Measurements (mm):

	Observed values	Normal values
Aortic root diameter	25	20-36 (22mm/M <sup>2</sup> )
Aortic valve opening		15-26
Left atrium size	27	19-40

	End Diastole	End Systole	Normal Values
Left ventricle size	36	25	(ED=37-56:Es=22-40)
Interventricular septum	10	12	(ED=6-12)
Posterior wall thickness	10	12	(ED=5-10)

LV Ejection Fraction (%)	60%	55%-80%
HR		

### Maximum Velocity across valve (cm/s)

Pulmonary	71	Aortic	115

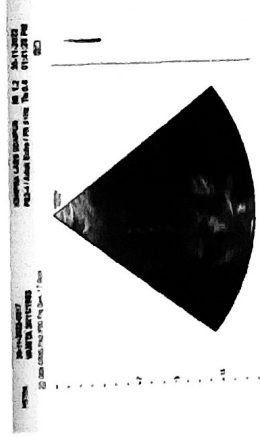
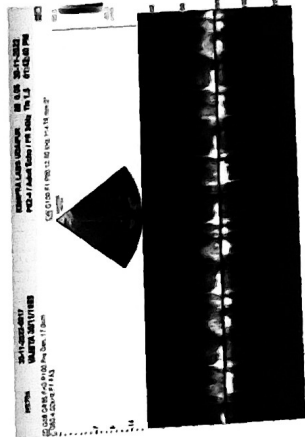
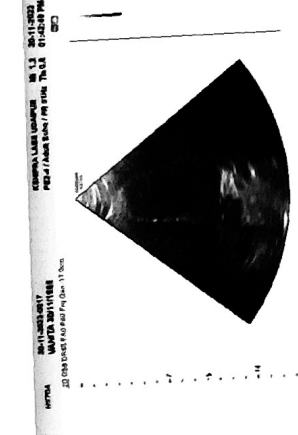
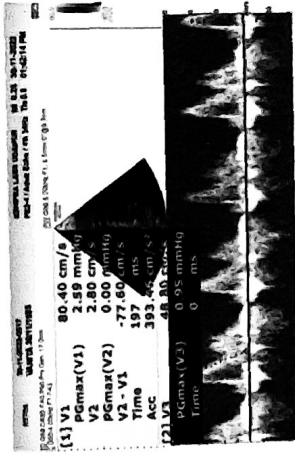
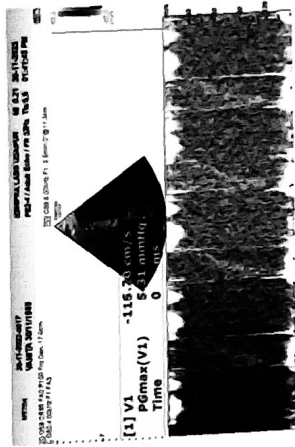
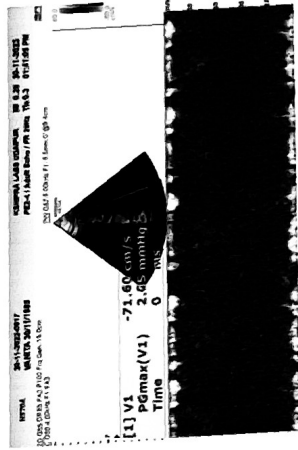
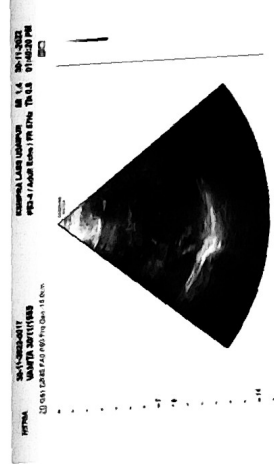
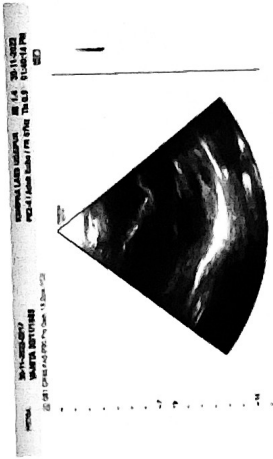
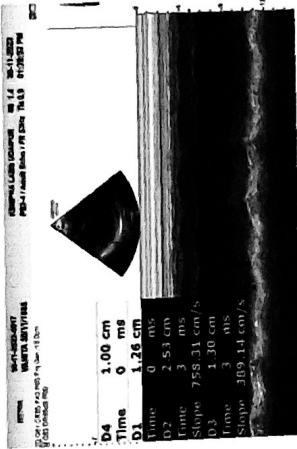
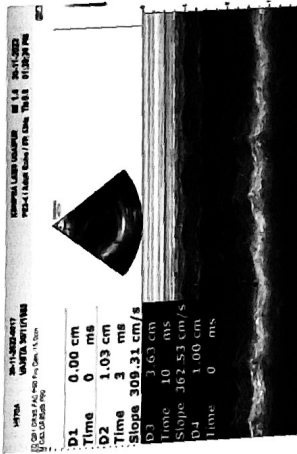
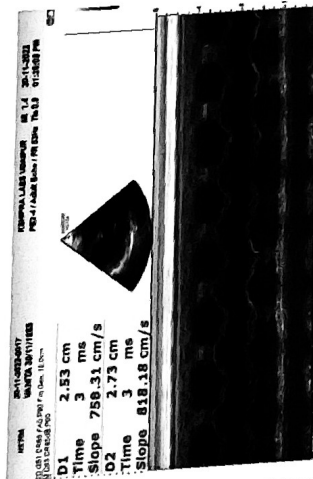
Mitral Inflow Pattern		Normal values
E/A	80/48	1-25
DT	197	160-200ms
PHT		
PVs:PVd		PVs>PVd



Consultant Radiologist

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







Name	:	Vanita	Age	:	37yrs. / F
Thanks To	:	Medwheel wellness	Date	:	30/11/2022

**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	:	Vanita	Age	:	37yrs. / F
Thanks To	:	Medwheel wellness	Date	:	30/11/2022

## ULTRASOUND STUDY OF WHOLE ABDOMEN

**LIVER:**

Liver is normal in size, shape & 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. The wall thickness appears normal. No evidence of calculus or mass lesion is seen. 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 : 11.0 x 3.7 cms.

Left kidney measures : 10.1 x 3.9 cms.

**URINARY BLADDER :**

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

**UTERUS :**

Uterus is AVAF, normal in size, shape and echotexture. It measures 10.8 x 4.4 x 3.1 cms. Endometrial appears normal and measures 5mm.

**BOTH OVARIES :**

Both ovaries are normal in size, shape and echotexture.

Right ovary measures: 2.5 x 1.6 cms.

Left ovary measures: 2.2x 1.7 cms.

No obvious abdominal lymphadenopathy is seen.

No free fluid is seen in peritoneal cavity.

**OPINION:**

- *No significant abnormality is seen.*

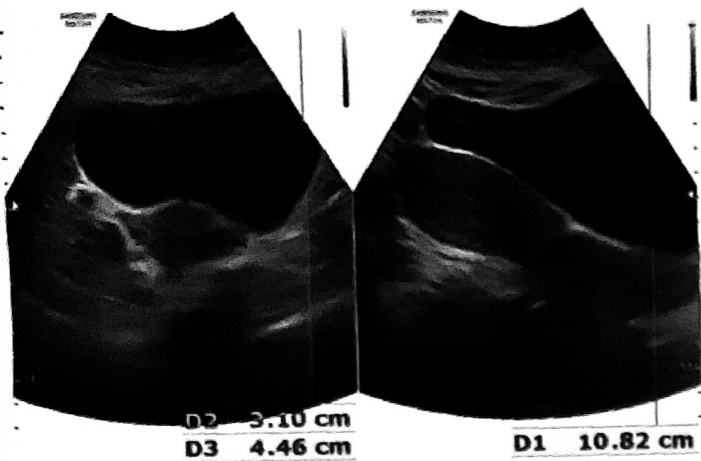
  
**Dr Ravi Soni**  
MD (Radio-Diagnosis)  
Consultant Radiologist

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

ENCL:- PCPNDT Registration Certificate is printed on the back side of this report.



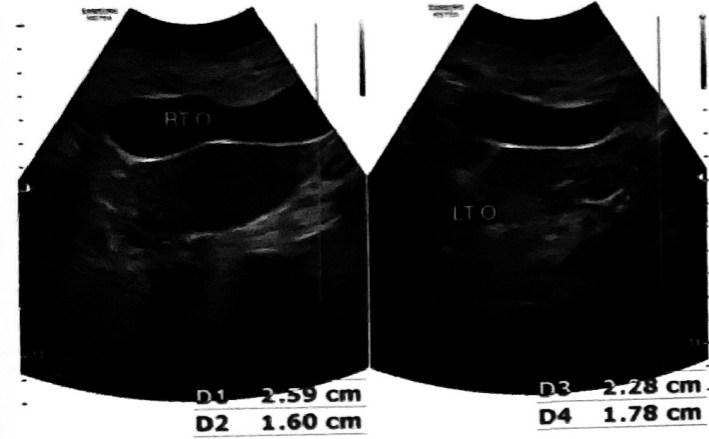
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VANITA CA1-7A / Abdomen / FR 25Hz Tls 0.1 12:08:57 PM  
2D G56 DR135 FAB P90 Frq Gen. 16.0cm



H570A 30-11-2022-0007 KSHIPRA LABS UDAIPUR MI 1.4 30-11-2022  
VANITA CA1-7A / Abdomen / FR 25Hz Tls 0.1 12:07:09 PM  
2D G42 DR135 FAB P90 Frq Gen. 16.0cm



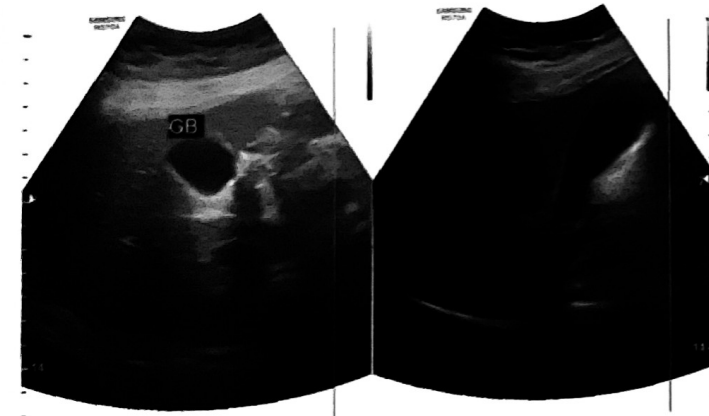
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VANITA CA1-7A / Abdomen / FR 25Hz Tls 0.1 12:07:34 PM  
2D G45 DR135 FAB P90 Frq Gen. 16.0cm



H570A 30-11-2022-0007 KSHIPRA LABS UDAIPUR MI 1.4 30-11-2022  
VANITA CA1-7A / Abdomen / FR 25Hz Tls 0.1 12:07:47 PM  
2D G85 DR135 FAB P90 Frq Gen. 16.0cm



H570A 30-11-2022-0007 KSHIPRA LABS UDAIPUR MI 1.4 30-11-2022  
VANITA CA1-7A / Abdomen / FR 25Hz Tls 0.1 12:08:03 PM  
2D G100 DR135 FAB P90 Frq Gen. 16.0cm



H570A 30-11-2022-0007 KSHIPRA LABS UDAIPUR MI 1.4 30-11-2022  
VANITA CA1-7A / Abdomen / FR 25Hz Tls 0.1 12:08:38 PM  
2D G62 DR135 FAB P90 Frq Gen. 16.0cm





**TEST REPORT**

**Reg. No** : 2211103273  
**Name** : Vanita Moud  
**Age/Sex** : 37 Years / Female  
**Ref. By** :  
**Client** : MEDIWHEEL WELLNESS

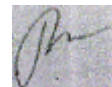
**Reg. Date** : 30-Nov-2022  
**Collected On** : 30-Nov-2022 10:55  
**Approved On** : 30-Nov-2022 12:03  
**Printed On** : 08-Dec-2022 14:52

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

UREA <i>(Urease &amp; glutamate dehydrogenase)</i>	14.0	mg/dL	10 - 50
Creatinine <i>(Jaffe method)</i>	0.65	mg/dL	0.5 - 1.2
Uric Acid <i>(Enzymatic colorimetric)</i>	3.1	mg/dL	2.5 - 7.0

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





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**Reg. Date** : 30-Nov-2022  
**Collected On** : 30-Nov-2022 10:55  
**Approved On** : 30-Nov-2022 11:48  
**Printed On** : 08-Dec-2022 14:52

Parameter	Result	Unit	Reference Interval
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**COMPLETE BLOOD COUNT (CBC)**

SPECIMEN: EDTA BLOOD

Hemoglobin	12.5	g/dL	12.0 - 15.0
RBC Count	4.09	million/cmm	3.8 - 4.8
Hematocrit (PCV)	<b>38.9</b>	%	40 - 54
MCH	30.6	Pg	27 - 32
MCV	95.1	fL	83 - 101
MCHC	32.1	%	31.5 - 34.5
RDW	<b>14.8</b>	%	11.5 - 14.5
WBC Count	7670	/cmm	4000 - 11000

**DIFFERENTIAL WBC COUNT (Flow cytometry)**

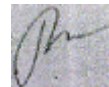
Neutrophils (%)	63	%	38 - 70
Lymphocytes (%)	30	%	20 - 40
Monocytes (%)	05	%	2 - 8
Eosinophils (%)	02	%	0 - 6
Basophils (%)	00	%	0 - 2
Neutrophils	4832	/cmm	
Lymphocytes	2301	/cmm	
Monocytes	384	/cmm	
Eosinophils	153	/cmm	
Basophils	0	/cmm	
Platelet Count (Flow cytometry)	348000	/cmm	150000 - 450000
MPV	9.0	fL	7.5 - 11.5

**ERYTHROCYTE SEDIMENTATION RATE**

ESR (After 1 hour)	10	mm/hr	0 - 21
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*Modified Westergren Method*

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





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**Parameter**

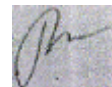
**Result**

**BLOOD GROUP & RH**

**Specimen: EDTA and Serum; Method: Haemagglutination**

ABO : 'O'  
Rh (D) : Positive

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





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Parameter	Result	Unit	Reference Interval
<b>LIPID PROFILE</b>			
Cholesterol <i>(Enzymatic colorimetric)</i>	190.9	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>(Enzymatic colorimetric)</i>	170.5	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	34.10	mg/dL	15 - 35
LDL CHOLESTEROL	111.80	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>	45.0	mg/dL	30 - 85
Cholesterol /HDL Ratio <i>Calculated</i>	4.24		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	2.48		0 - 3.5



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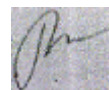
Table header with columns: Parameter, Result, Unit, Reference Interval

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.
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<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Interval</u>
<b>LIVER FUNCTION TEST WITH GGT</b>			
Total Bilirubin <i>Colorimetric diazo method</i>	0.35	mg/dL	0.20 - 1.0
Conjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.18	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.17	mg/dL	0.0 - 1.1
SGOT <i>(Enzymatic)</i>	18.7	U/L	0 - 31
SGPT <i>(Enzymatic)</i>	17.5	U/L	0 - 31
GGT <i>(Enzymatic colorimetric)</i>	14.6	U/L	7 - 32
Alakaline Phosphatase <i>(Colorimetric standardized method)</i>	<b>241.3</b>	U/L	42 - 141
<b><u>Protien with ratio</u></b>			
Total Protein <i>(Colorimetric standardized method)</i>	6.8	g/dL	6.5 - 8.7
Albumin <i>(Colorimetric standardized method)</i>	4.3	mg/dL	3.5 - 4.94
Globulin <i>Calculated</i>	2.50	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.72		0.8 - 2.0

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### HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C <i>Boronate Affinity with Fluorescent Quenching</i>	5.1	% of Total Hb	Poor Control : > 7.0 % Good Control : 6.2-7.0 % Non-diabetic Level : 4.3-6.2 %
Mean Blood Glucose <i>Calculated</i>	104.26	mg/dL	

**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)

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PLASMA GLUCOSE

Fasting Blood Sugar (FBS) <i>Hexokinase Method</i>	108.0	mg/dL	70 - 110
-------------------------------------------------------	-------	-------	----------

Post Prandial Blood Sugar (PPBS) <i>Hexokinase Method</i>	125.6	mg/dL	70 - 140
--------------------------------------------------------------	-------	-------	----------

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.

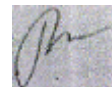
Or

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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**Reg. Date** : 30-Nov-2022  
**Collected On** : 30-Nov-2022 10:55  
**Approved On** : 07-Dec-2022 11:54  
**Printed On** : 08-Dec-2022 14:52

Parameter	Result	Unit	Reference Interval
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### THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>Chemiluminescence</i>	0.98	ng/mL	0.87 - 1.78
T4 (Thyroxine) <i>Chemiluminescence</i>	8.04	µg/dL	5.89 - 14.9
TSH ( ultra sensitive ) <i>Chemiluminescence</i>	1.729	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** : 2211103273  
**Name** : Vanita Moud  
**Age/Sex** : 37 Years / Female  
**Ref. By** :  
**Client** : MEDIWHEEL WELLNESS

**Reg. Date** : 30-Nov-2022  
**Collected On** : 30-Nov-2022 10:55  
**Approved On** : 30-Nov-2022 12:21  
**Printed On** : 08-Dec-2022 14:52

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

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



## TEST REPORT

**Reg. No** : 2211103273  
**Name** : Vanita Moud  
**Age/Sex** : 37 Years / Female  
**Ref. By** :  
**Client** : MEDIWHEEL WELLNESS

**Reg. Date** : 30-Nov-2022  
**Collected On** : 30-Nov-2022 10:55  
**Approved On** : 01-Dec-2022 12:40  
**Printed On** : 08-Dec-2022 14:52

Parameter	Result	Unit	Reference Interval
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### STOOL EXAMINATION

Colour : Yellow  
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 -----