



Summary

Ref. By :

Protocol : BRUCE

Objective :

**KSHIPRA SCANS & LABS**  
**2B COURT CHOURAHA UDAIPUR**  
 2211102228/NEHA AGRAWAL 34 Yrs/Male 0 Kg/0 Cms  
 Date: 24-Dec-2022 01:23:48 AM

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	94	120/80	112	-	
Standing					1.0	99	120/80	118	-	
ExStart					1.0	96	120/80	115	-	
Stage 1	3:00	3:01	1.7	10.0	4.7	143	130/84	185	-	
PeakEx	0:13	3:14	2.5	12.0	4.9	152	130/84	197	-	
Recovery	1:00		0.0	0.0	1.0	97	130/84	126	-	
Recovery	3:00		0.0	0.0	1.0	86	120/80	103	-	
Recovery	5:00		0.0	0.0	1.0	102	120/80	122	-	
Recovery					0.0	0	---/---	0	-	

Medication :

History :

Test End Reason : Test Complete

Findings :

The patient exercised according to BRUCE for 3:14, achieving a work level of Max METS:4.9. Resting heart rate initially 94 bpm, rose to a max. heart rate of 152 bpm which represents 82% of maximum age predicted heart rate. Resting blood pressure 120/80 mmHg, rose to a maximum blood pressure of 130/84 mmHg. The exercise stress test was stopped due to Test Complete

Parameters :

Exercise Time :03:14

Max HR Attained :152 bpm 82% of Max Predictable HR 186

Max BP : 130/84(mmHg)

Max Workload attained :4.9(Poor Effort Tolerance)

Advice/Comments:

*NegHFr*



12 Lead + Median

221110Z228/NEHA AGRAMR194 bpm  
34 Yrs/Male  
0 Kg/0 Cms  
Date: 24-Dec-2022 01:23:48 AM

MPPR: 50% of 186  
Speed: 1.1 mph  
Grade: 0.0%

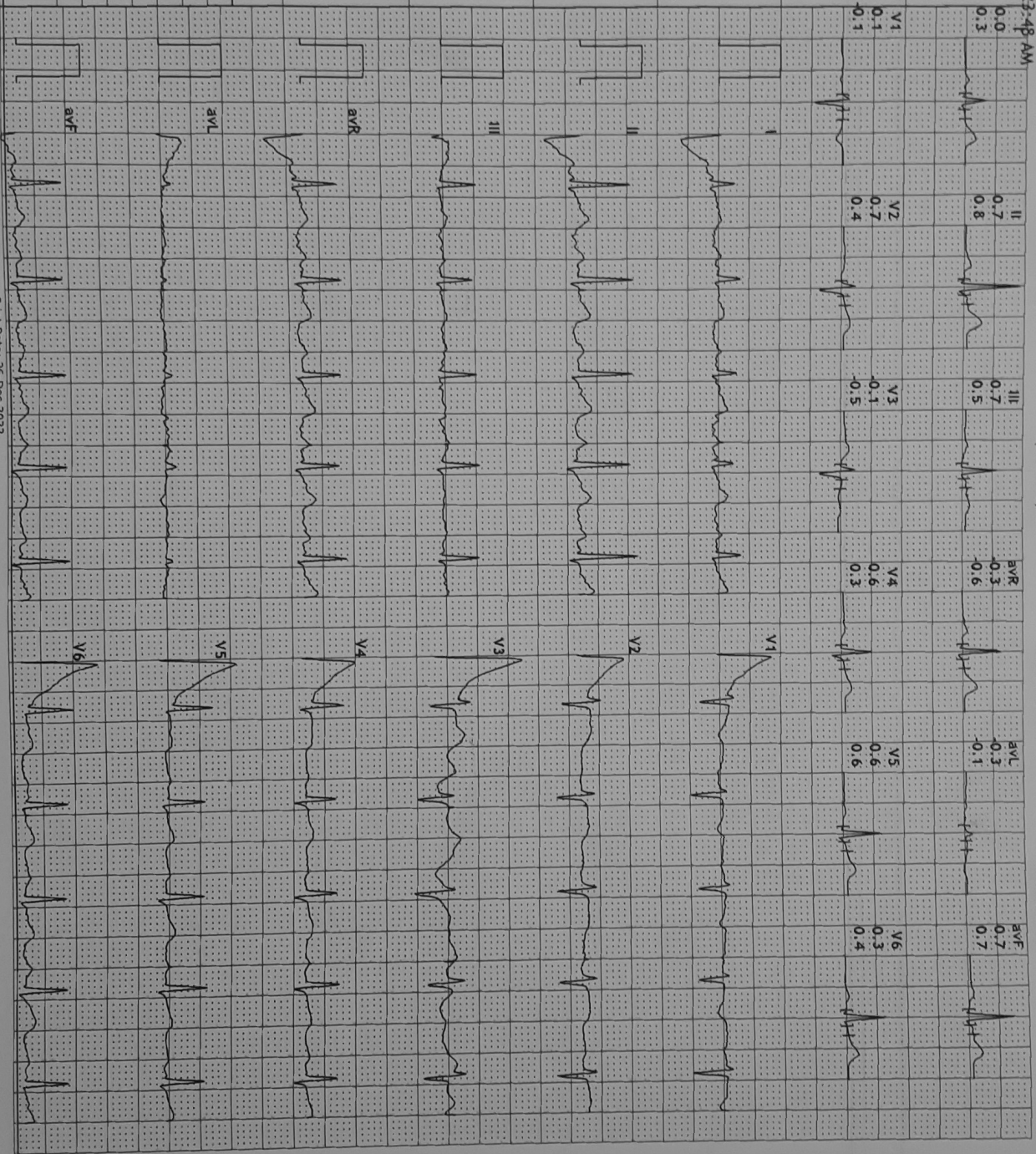
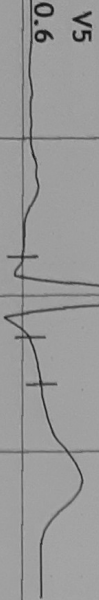
KSHIPRA SCANS & LABS  
2B COURT CHOURAHA UDAIPUR

Raw ECG  
BRUCE  
(1.0-100)HZ

Ex Time 00:30  
BLC : On  
Notch : On

Supine  
10.0 mm/mV  
25 mm/Sec.

4X 67 MS Post J





12 Lead + Median

2211102228/NEHA AGRWAL 199 bpm  
34 Yrs/Male  
0 Kg/0 Cms  
Date: 24-Dec-2022 01:23:48 AM

MPPHR: 53% of 186  
Speed: 1.1 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-100)Hz

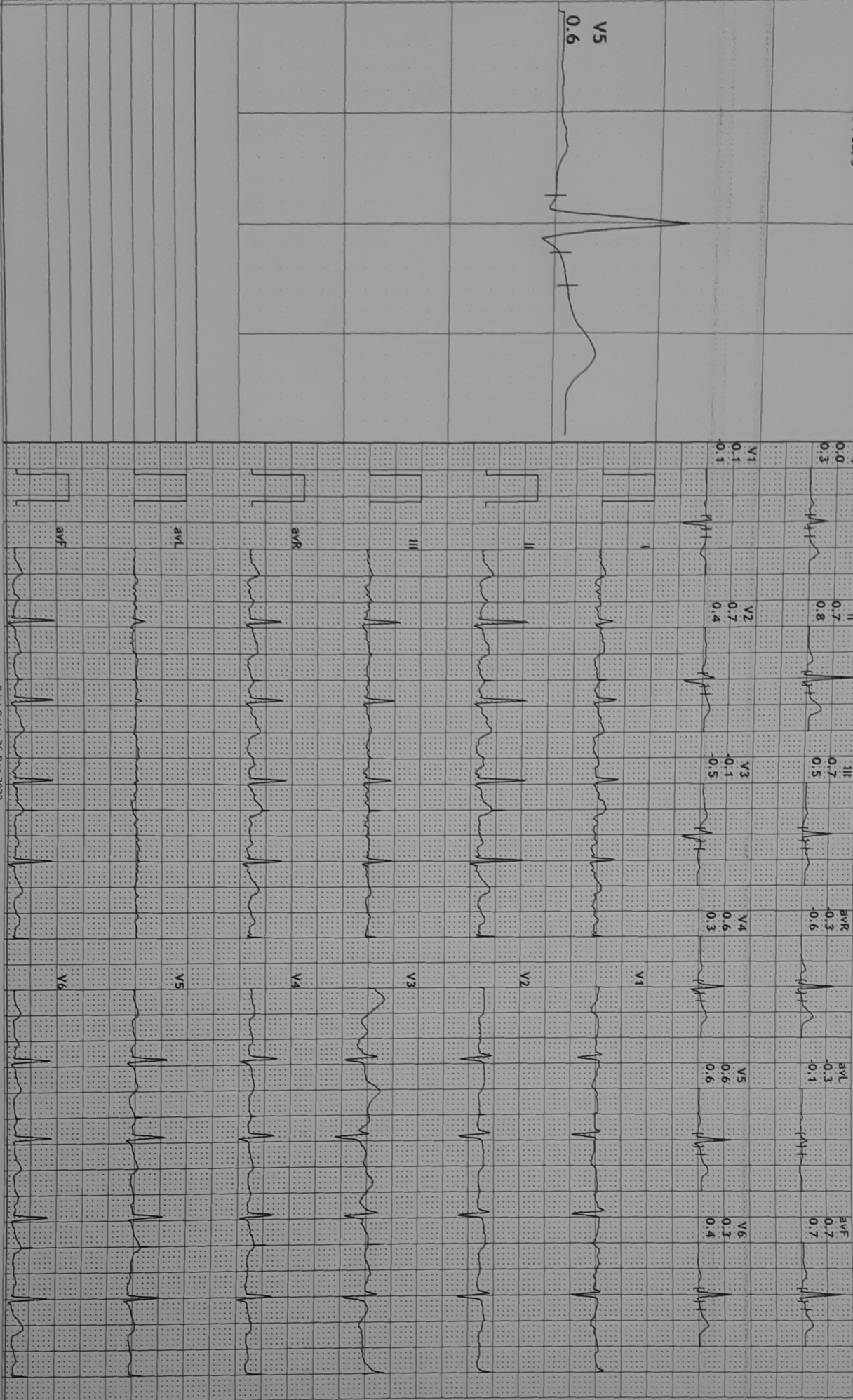
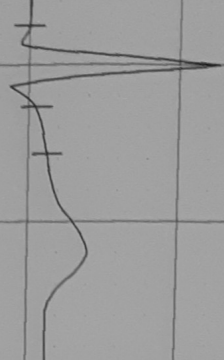
Ex Time 00:34  
BLC :On  
Notch :On

Standing  
10.0 mm/mV  
25 mm/Sec.

### KSHIPRA SCANS & LABS 2B COURT CHOURAHA UDAIPUR

4X 67 ms Post J

V5  
0.6





12 Lead + Median

2211102228/NEHA AGRANNI143 bpm  
34 Yrs/Male  
0 Kg/0 Cms  
Date: 24-Dec-2022 01:23:48 AM

MPHR: 76% of 186  
Speed: 1.7 mph  
Grade: 10.0%

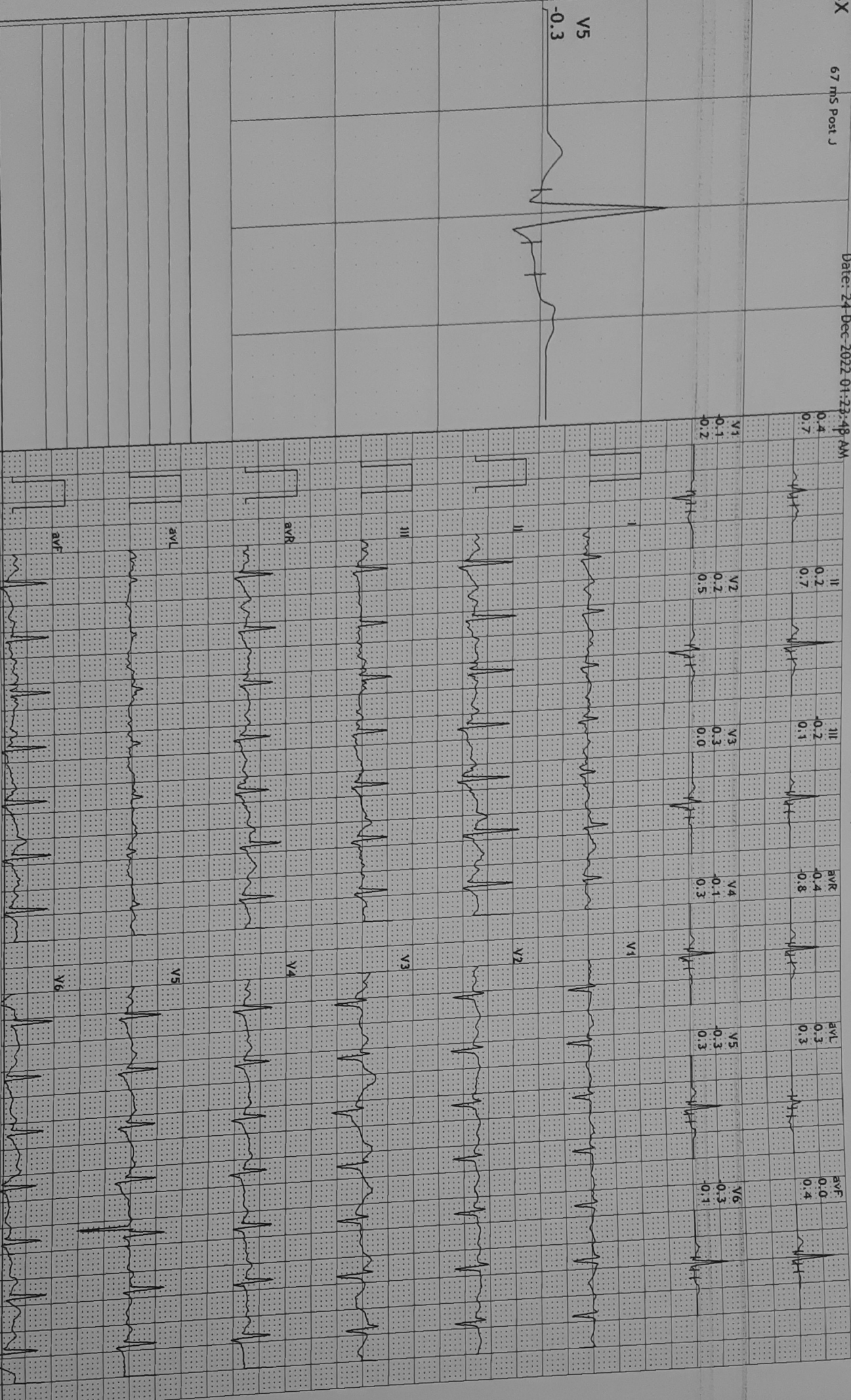
**KSHIPRA SCANS & LABS**  
ZB COURT CHOURAHA UDAIPUR

Raw ECG  
BRUCE  
(1.0-100)HZ  
Ex Time 03:00  
BLC : 0n  
Notch : 0n

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

4X 67 ms Post J

V5  
-0.3





12 Lead + Median

2211102228/NEHA AGRAR 1152 bpm  
34 Yrs/Male  
0 Kg/0 Cms  
Date: 24-Dec-2022 01:23:48 AM

MPHR: 81% of 186  
Speed: 2.5 mph  
Grade: 12.0%

**KSHIPRA SCANS & LABS**  
2B COURT CHOURAHA UDAIPUR

Raw ECG  
BRUCE  
(1.0-100)Hz

Ex Time 03:13  
BLC : On  
Notch : On

BRUCE: PeakEx(0:13)  
10.0 mm/mV  
25 mm/Sec.

4X 67 MS Post J

V5  
0.0





12 Lead + Median

2211102228/NEHA AGRWANI 197 bpm  
34 Yrs/Male  
0 Kg/0 Cms  
Date: 24-Dec-2022 01:23:48 AM

MPHR: 52% of 186  
Speed: 0.0 mph  
Grade: 0.0%

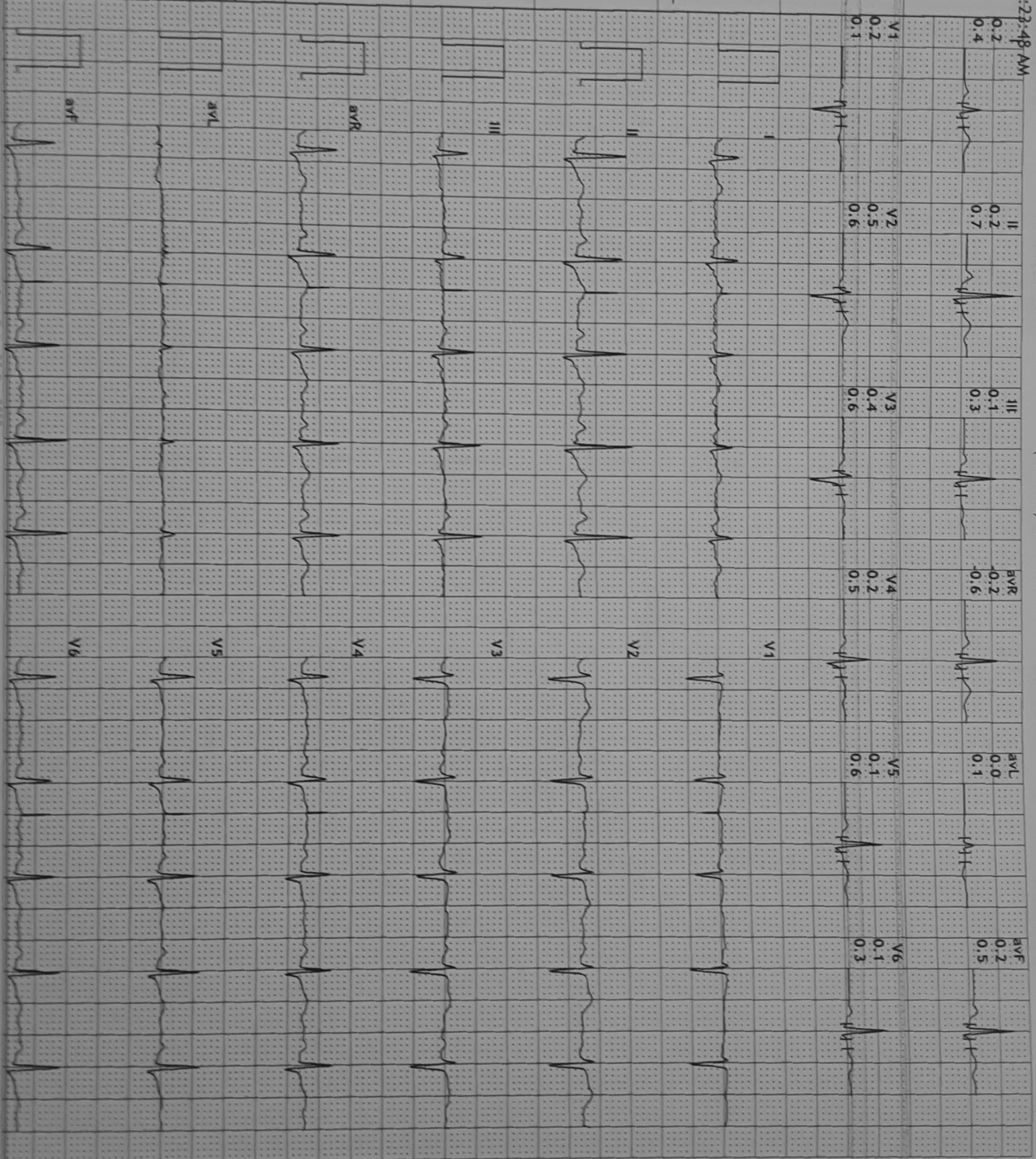
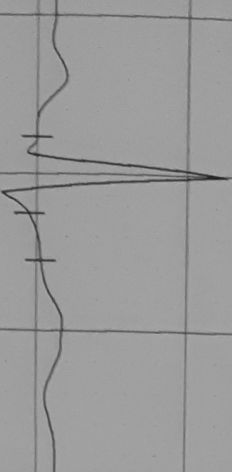
Raw ECG  
BRUCE  
(1.0-100)HZ

Ex Time 03:14  
BLC : On  
Notch : On

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

4X 67 ms Post J

V5  
0.1





12 Lead + Median

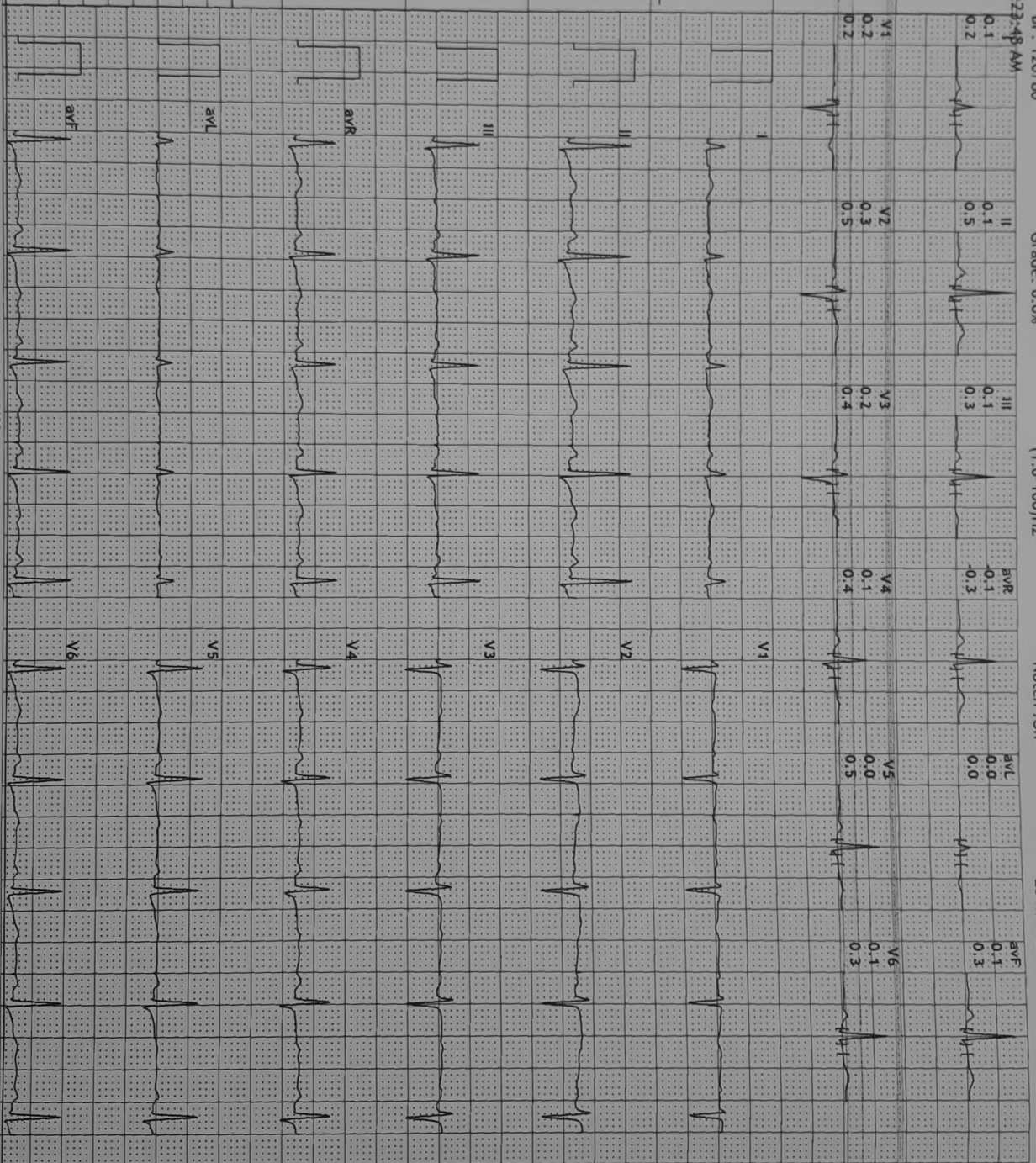
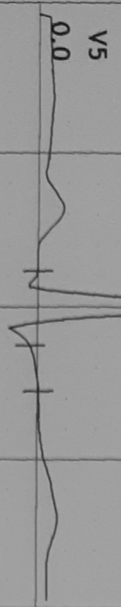
2211102228/NEHA AGRARH186 bpm  
34 Yrs/Male  
0 Kg/0 Cms  
Date: 24-Dec-2022 01:23:48 AM  
BP: 120/80

METS: 1.0  
MPHR: 46% of 186  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-100)Hz  
Ex Time 03:14  
BLC : On  
Notch : On

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

4X 67 mS Post J





12 Lead + Median

221102228/NEHA AGRAMPAL102 bpm  
34 Yrs/Male  
0 Kg/0 Cms  
BP: 120/80

MPHR: 54% of 186  
Speed: 0.0 mph  
Grade: 0.0%

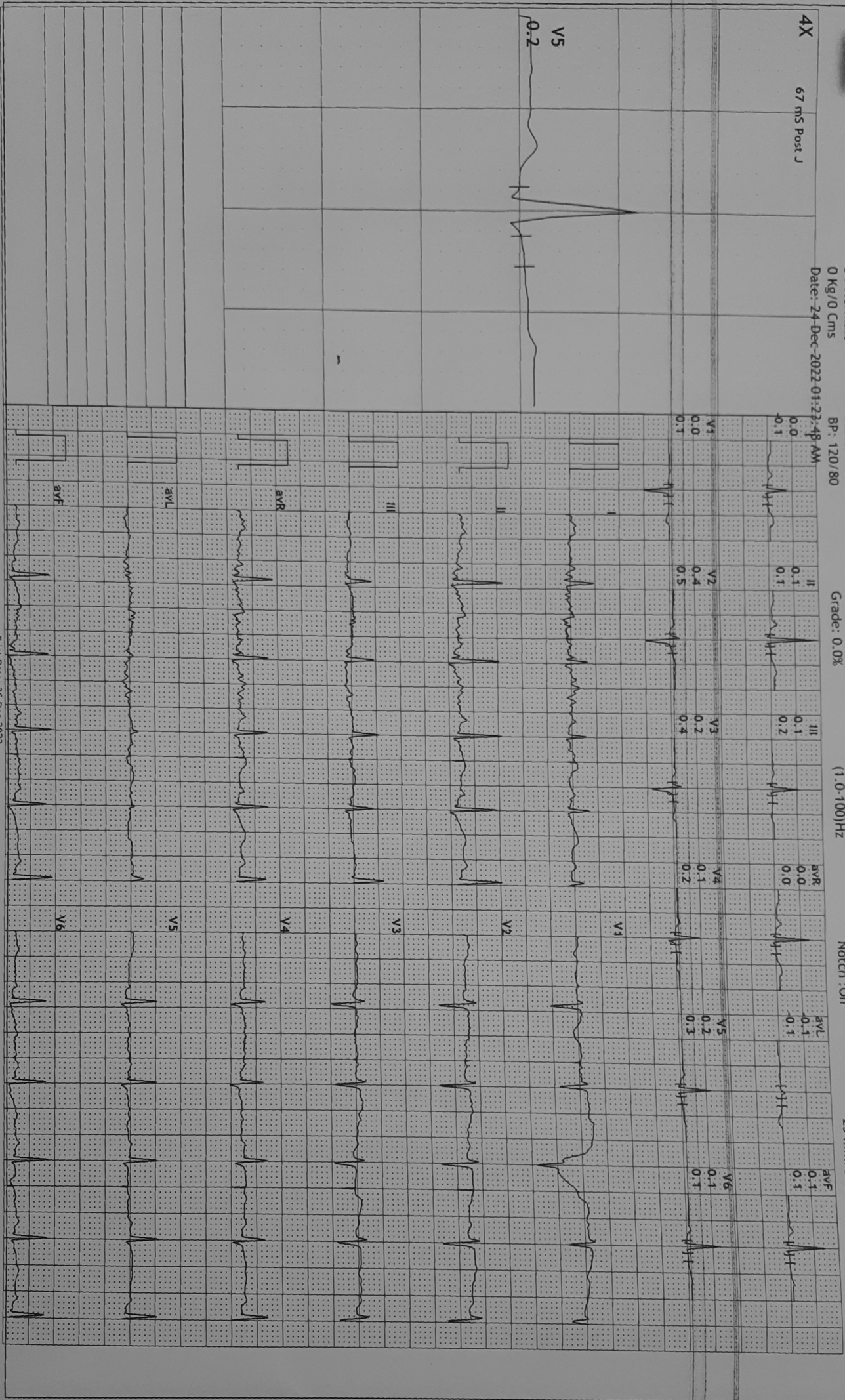
**KSHIPRA SCANS & LABS**  
2B COURT CHOURAHA UDAIPUR

Raw ECG  
BRUCE  
(1.0-100)Hz  
Ex Time 03:14  
BLC :On  
Notch :On

Recovery(5:00)  
10.0 mm/mV  
25 mm/Sec.

4X 67 MS Post J

V5 0.2





Name	:	Neha Agarwal	Age	:	34Yrs. / F
Thanks To	:	Mediwheel wellness	Date	:	24/12/2022

## 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 : 9.5 x 3.5 cms.

Left kidney measures : 9.4 x 3.8 cms.

### URINARY BLADDER :

Urinary bladder is partially filled. The wall thickness appears normal.

### UTERUS :

Uterus is AVAF, normal in size, shape and echotexture. It measures 6.8 x 4.1 x 2.5 cms. Endometrial appears normal and measures 5mm. IUCD seen in situ.

### BOTH OVARIES :

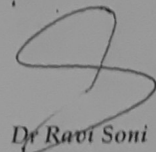
Both ovaries are normal in size, shape and echotexture.

No obvious abdominal lymphadenopathy is seen.

No free fluid is seen in peritoneal cavity.

### OPINION:

- 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.

Name	:	Neha Agarwal	Age	:	34Yrs. / F
Thanks To	:	Mediwheel wellness	Date	:	24/12/2022

**X-RAY CHEST (PA VIEW)**

Both lung fields appear normal.

No e/o Koch's lesion or consolidation seen.

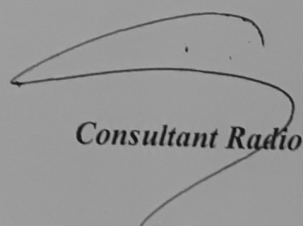
Both CP angles appear clear.

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)



JAI  
**DRISHTI**  
Eye Hospital

www.drishtihospital.com  
Call : 9982996666

**Dr. Sharva Pandya**

MBBS, M.S., (Ophthalmology)

RMC Reg. No. : 021537

**डॉ. शर्वा पण्ड्या**

वरिष्ठ नेत्र रोग विशेषज्ञ सर्जन

24/12/22

msg. Neha AgRAWAL 34/F

for Eye check up

DVA 2 6/6  
6/6

DE color vision. (M)

*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  
0166046504



## TEST REPORT

**Reg. No** : 2212102405  
**Name** : Neha Agrawal  
**Age/Sex** : 34 Years / Female  
**Ref. By** :  
**Client** : MEDIWHEEL WELLNESS

**Reg. Date** : 24-Dec-2022  
**Collected On** : 24-Dec-2022 11:20  
**Approved On** : 24-Dec-2022 12:40  
**Printed On** : 13-Jan-2023 18:36

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

SPECIMEN: EDTA BLOOD

Hemoglobin	13.6	g/dL	12.0 - 15.0
RBC Count	4.34	million/cmm	3.8 - 4.8
Hematocrit (PCV)	42.4	%	40 - 54
MCH	31.3	Pg	27 - 32
MCV	97.7	fL	83 - 101
MCHC	32.1	%	31.5 - 34.5
RDW	13.8	%	11.5 - 14.5
WBC Count	7280	/cmm	4000 - 11000

### DIFFERENTIAL WBC COUNT (Flow cytometry)

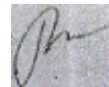
Neutrophils (%)	60	%	38 - 70
Lymphocytes (%)	34	%	20 - 40
Monocytes (%)	04	%	2 - 8
Eosinophils (%)	02	%	0 - 6
Basophils (%)	00	%	0 - 2
Neutrophils	4368	/cmm	
Lymphocytes	2475	/cmm	
Monocytes	291	/cmm	
Eosinophils	146	/cmm	
Basophils	0	/cmm	
Platelet Count (Flow cytometry)	306000	/cmm	150000 - 450000
MPV	9.4	fL	7.5 - 11.5

### ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	18	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	'B'
Rh (D)	Positive

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



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**Reg. Date** : 24-Dec-2022  
**Collected On** : 24-Dec-2022 11:20  
**Approved On** : 24-Dec-2022 12:28  
**Printed On** : 13-Jan-2023 18:36

Parameter	Result	Unit	Reference Interval
<b>LIPID PROFILE</b>			
Cholesterol <i>(Enzymatic colorimetric)</i>	183.1	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>(Enzymatic colorimetric)</i>	63.0	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	<b>12.60</b>	mg/dL	15 - 35
LDL CHOLESTEROL	118.80	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>	51.7	mg/dL	30 - 85
Cholesterol /HDL Ratio <i>Calculated</i>	3.54		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	2.30		0 - 3.5



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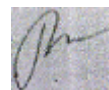
Parameter	Result	Unit	Reference Interval
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**NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP**<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

**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.  
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----- End Of Report -----





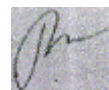
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Parameter	Result	Unit	Reference Interval
<b>LIVER FUNCTION TEST WITH GGT</b>			
Total Bilirubin <i>Colorimetric diazo method</i>	0.79	mg/dL	0.20 - 1.0
Conjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.16	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.63	mg/dL	0.0 - 1.1
SGOT <i>(Enzymatic)</i>	17.3	U/L	0 - 31
SGPT <i>(Enzymatic)</i>	20.8	U/L	0 - 31
GGT <i>(Enzymatic colorimetric)</i>	12.2	U/L	7 - 32
Alakaline Phosphatase <i>(Colorimetric standardized method)</i>	137.6	U/L	42 - 141
<b><u>Protien with ratio</u></b>			
Total Protein <i>(Colorimetric standardized method)</i>	6.9	g/dL	6.5 - 8.7
Albumin <i>(Colorimetric standardized method)</i>	4.2	mg/dL	3.5 - 4.94
Globulin <i>Calculated</i>	2.70	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.56		0.8 - 2.0

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







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<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Interval</u>
<b>KIDNEY FUNCTION TEST</b>			
UREA <i>(Urease &amp; glutamate dehydrogenase)</i>	22.1	mg/dL	10 - 50
Creatinine <i>(Jaffe method)</i>	0.62	mg/dL	0.5 - 1.2
Uric Acid <i>(Enzymatic colorimetric)</i>	4.5	mg/dL	2.5 - 7.0

----- 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>	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)

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



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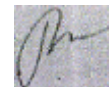
PLASMA GLUCOSE

Fasting Blood Sugar (FBS) <i>Hexokinase Method</i>	82.0	mg/dL	70 - 110
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Post Prandial Blood Sugar (PPBS) <i>Hexokinase Method</i>	94.0	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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**Approved On** : 24-Dec-2022 12:42  
**Printed On** : 13-Jan-2023 18:36

Parameter	Result	Unit	Reference Interval
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### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATION

Quantity	20 cc
Colour	Pale Yellow
Appearance	Slight Turbid

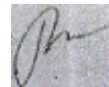
#### CHEMICAL EXAMINATION ( BY REFLECTANCE PHOTOMETRIC METHOD)

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	Trace	
Blood	Nil	

#### MICROSCOPIC EXAMINATION (MANUAL BY MCIROSCOPY)

Leucocytes (Pus Cells)	1 - 2/hpf
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** : 2212102405  
**Name** : Neha Agrawal  
**Age/Sex** : 34 Years / Female  
**Ref. By** :  
**Client** : MEDIWHEEL WELLNESS

**Reg. Date** : 24-Dec-2022  
**Collected On** : 24-Dec-2022 11:20  
**Approved On** : 24-Dec-2022 12:42  
**Printed On** : 13-Jan-2023 18:36

Parameter	Result	Unit	Reference Interval
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### THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>Chemiluminescence</i>	0.99	ng/mL	0.87 - 1.78
T4 (Thyroxine) <i>Chemiluminescence</i>	8.69	µg/dL	5.89 - 14.9
TSH ( ultra sensitive ) <i>Chemiluminescence</i>	4.000	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 -----