



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.	: 012209300033	Reg No/BarcodeNo	: 458968/01439820
Patient Name	: Mr..ANKIT DWIVEDI	Reg. Date	: 30/Sep/2022 10:17AM
Age/Sex	: 31 Y / Male	Sample Taken Date	: 30/Sep/2022 10:57AM
Client Code/Name	: <b>MEDIWHEEL FULL BODY CHECKUP</b>	Report Date	: 30/Sep/2022 11:54AM
Referred By Doctor	: Dr. B O B		

**BIOCHEMISTRY**

**Blood Sugar (Fasting)**

Blood Sugar Fasting 123 mg/dl 70 - 100  
Glucose Oxidase Peroxidase

Sample Type:Plasma

**Blood Sugar (PP)**

Blood Sugar PP (2 Hr.) 109 mg/dl 70-140  
Glucose Oxidase Peroxidase

Sample Type:Plasma

**GAMMA GT/GGT**

GAMMA GT / GGT 56 IU/l 15 - 73

\*Not in NABL Scope\*

Sample Type:Serum

**BUN / BLOOD UREA NITROGEN**

BLOOD UREA NITROGEN 8.6 mg/dl 8.4 - 21.0  
Urease

Sample Type:Serum

**CREATININE SERUM**

CREATININE, Serum 0.97 mg/dl 0.66 - 1.25  
Aminohydrolase

Sample Type:Serum

**URIC ACID**

URIC ACID, Serum 4.7 mg/dl 3.5 - 8.5  
Uricase Peroxidase

Sample Type:Serum



*A Gupta*

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





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**BIOCHEMISTRY**

**LFT/LIVER FUNCTION TESTS**

BILIRUBIN TOTAL	0.39	mg/dl	0.20 - 1.30
Reflectance spectrophotometry			
BILIRUBIN DIRECT	0.17	mg/dl	0.0 - 0.3
Reflectance Spectrophotometry			
BILIRUBIN INDIRECT	0.22	mg/dl	0.10 - 1.1
Reflectance Spectrophotometry			
SGOT /AST	18	U/L	15 - 46
Multipoint Rate with P-5-P			
SGPT /ALT	36	U/L	0.0 - 55
UV with P5P			
Alk. Phosphatase, Serum	71	U/L	38 - 126
PNPP AMP BUFFER			
PROTEIN TOTAL	8.0	g/dl	6.4 - 8.3
Biuret			
ALBUMIN	4.7	g/dl	3.5 - 5.0
BCP			
GLOBULIN	3.3	g/dl	2.3 - 3.5
Calculated			
A/G RATIO	1.42	Ratio	1.5 - 2.5
Calculated			

Sample Type:Serum



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**BIOCHEMISTRY**

**Lipid Profile**

CHOLESTEROL TOTAL Cholesterol Oxidase	216	mg/dl	Desirable: <200 Boderline High: 200 – 239 High : ≥240
TRIGLYCERIDES Lip/Gluceron Kinase	160	mg/dl	Normal <150 Boderline High: 150 – 199 High : 200 – 499 Very High: ≥500
HDL CHOLESTEROL Non HDL Precopitation	45	mg/dl	40 - 60
LDL CHOLESTEROL Calculated	139	mg/dl	70 - 130
VLDL CALCULATED Calculated	32	mg/dl	13 - 36
CHOL/ HDL RATIO Calculated	4.8	Ratio	Less than 4.0
LDL / HDL RATIO	3.09		

**Ratio of LDL to HDL**

Risk	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**



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**BIOCHEMISTRY**

**BUN/CREATININE RATIO**

BLOOD UREA NITROGEN Urease	8.6	mg/dl	8.4 - 21.0
CREATININE, Serum Aminohydrolaase	0.97	mg/dl	0.66 - 1.25
Ratio	8.86		

Sample Type:Serum



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Client Code/Name	: <b>MEDIWHEEL FULL BODY CHECKUP</b>	Report Date	: 01/Oct/2022 04:55PM
Referred By Doctor	: Dr. B O B		

**CLINICAL PATHOLOGY**

**MEDIWHEEL MALE BELOW 40**

**URINE SUGAR (F)**

URINE SUGAR (F) NIL

(\*Not in NABL Scope\*)







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**CLINICAL PATHOLOGY**

**URINE ROUTINE EXAMINATION**

**Method -Dipstick And Microscopy**

**PHYSICAL EXAMINATION**

COLOUR	STRAW	
SPECIFIC GRAVITY (Based on pka change)	1.025	1.001-1.030
pH ( methylred/Bromothymol blue method )	<b>6.0</b>	7.50 - 8.0
TURBIDITY	ABSENT	
Deposit (UR)	ABSENT	

**Chemical**

PROTEIN Dipstick/Tetra bromophenol blue/ Heat & Acid Test method).	NIL	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	/ HPF	
PUS CELLS (Microscopic)	1-2	Per HPF	0 - 5 WBC/hpf
EPITHELIAL CELLS (Microscopic)	NIL	/hpf	Nil
CASTS (Microscopic)	NIL	Per LPF	0-0
CRYSTALS (Microscopic)	NIL		
Amorphous Material (Microscopic)	Nil	Per HPF	Nil
BACTERIA (Microscopic)	NIL	Per HPF	0-0







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HAEMATOLOGY

MEDIWHEEL MALE BELOW 40

**CBC / COMPLETE BLOOD COUNT**

HEMOGLOBIN (Hb) Photometry Cyanide Free	13.4	g/dl	13.5-17.5
TLC Impedence	16640	/cumm	4000-11000
<b>DLC (%)</b>			
NEUTROPHIL DHSS/Microscopic	86	%	40-80
LYMPHOCYTE DHSS/Microscopic	12	%	24-44
EOSINOPHIL DHSS/Microscopic	0	%	01-06
MONOCYTE DHSS/Microscopic	2	%	3-6
BASOPHIL DHSS/Microscopic	0	%	0 - 1
Platelet Impedance/Microscopic	427	10 <sup>3</sup> /μL	140 - 440
RBC COUNT Impedance	4.32	10 <sup>6</sup> /μL	4.5 - 5.5
PCV (HCT) Numeric Integration	41.1	%	41-53
MCV Calculated	95.1	fL	83-91
MCH Calculated	31.0	pg	26-34
MCHC Calculated	32.6	g/dL	31-37
RDW-CV Calculated	15.0	%	11.6 - 14.0
MPV	10.9	fL	8 - 12
IG	0.9	%	0 - 0.5
ABSOLUTE LEUCOCYTE COUNT	1.93		
ABSOLUTE NEUTROPHIL COUNT DHSS/Calculated	14.40	10 <sup>3</sup> /μL	2.00-7.00
ABSOLUTE LYMPHOCYTE COUNT DHSS/Calculated	1.93	10 <sup>3</sup> /μL	1.0-3.0
ABSOLUTE MONOCYTE COUNT	0.30	.10 <sup>3</sup> /μL	0.0.20-1.0



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**HAEMATOLOGY**

DHSS/Calculated ABSOLUTE EOSINOPHIL COUNT	<b>0.00</b>	10 <sup>3</sup> /μL	0.02 - 0.50
DHSS/Calculated N/L Ratio	7.46	Ratio	Normal:1-3,Mildly High: 4-6,Moderately High:7-9 Severly High: >9.0

Sample Type Whole Blood EDTA

**ESR WESTERGREN (Automated)**

ESR WESTERGREN ( Automated) WESTERGREN	<b>21</b>	mm	0 - 14
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**\*Not in NABL Scope\***

Sample Type:EDTA Blood

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

**BLOOD GROUP / ABO-RH**

ABO	B
Reverse & Forward	
Rh	POSITIVE
Reverse & Forward	

Sample Type:EDTA Blood



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Age/Sex : 31 Y / Male Sample Taken Date : 30/Sep/2022 10:45AM  
Client Code/Name : **MEDIWHEEL FULL** Report Date : 30/Sep/2022 03:57PM  
**BODY CHECKUP**  
Referred By Doctor : Dr. B O B

**HAEMATOLOGY**

**HbA1C/GLYCATED HEMOGLOBIN/GHB**

HBA1C/GLYCATED HEMOGLOBIN 6.5 %  
Average of Glucose Level 140 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:  
 $eAG(mg/dl) = (28.7 \times HbA1c) - 46.7$

**\*Not in NABL Scope\***

Sample Type:EDTA Blood



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IMMUNOASSAY

MEDIWHEEL MALE BELOW 40

**T3 / TRIDOTHYRONINE TOTAL**

T3 TOTAL 0.81 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 8.15 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

**TSH (Thyroid Stimulating Hormone)**

TSH (ECLIA) 1.13 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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Referred By Doctor	: Dr. B O B		

**X-RAY**

**MEDIWHEEL MALE BELOW 40**

**X RAY CHEST PA VIEW**

Trachea is in midline  
Both lung fields appear normal.  
Both Costophrenic and the cardiophrenic angles are clear.  
Cardiac size is within normal limits.  
Bony thorax appears normal.  
No evidence of free gas under right dome of diaphragm.  
Both axillae appear normal.

Impression: ***Normal Radiograph.***

Advise: Correlate clinically & further investigate.

**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	00:46	0:01	00.0	00.0	01.0	101	134/84	135	00	
Standing	00:56	0:01	00.0	00.0	01.0	100	134/84	134	00	
HV	01:02	0:01	00.0	00.0	01.0	99	134/84	134	00	
ExStart	01:07	0:01	00.0	00.0	01.0	98	134/84	132	00	
BRUCE Stage 1	04:07	3:00	01.7	10.0	04.7	133	144/88	191	00	
BRUCE Stage 2	07:07	3:00	02.5	12.0	07.1	153	154/92	235	00	
PeakEx	08:45	1:38	03.4	14.0	08.8	171	164/96	280	00	
Recovery	09:44	1:00	00.0	00.0	01.2	175	160/94	280	00	
Recovery	10:44	2:00	00.0	00.0	01.0	155	154/92	238	00	
Recovery	11:58	3:13	00.0	00.0	01.0	130	150/90	213	00	

**Findings :**

Exercise Time : 07:39  
Max HR Attained : 175 bpm 93% of Target 189  
Max BP Attained : 164/96  
Max WorkLoad Attained : 8.8 Fair response to induced stress  
Max ST Dep Lead & Value : V1 & -1.0 mm  
Duke Treadmill Score : 11.9  
Test Objective : For Testing  
History : Nil  
Test End Reasons : 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:

FAIR EXERCISE TOLERANCE, ADEQUATE B.P. RESPONSE, THR 93% ACHIEVED,  
NO CHEST PAIN / DYSPNOEA, NO SIGNIFICANT ST-T CHANGES DURING EXERCISE  
AND RECOVERY. NO ARRHYTHAEMIA.

\*\*\*\*\*

TEST IS NEGATIVE FOR STRESS INDUCED REVERSIBLE MYOCARDIAL ISCHEMIA.

**Doctor : DR. KUSH KUMAR TYAGI D.M.**

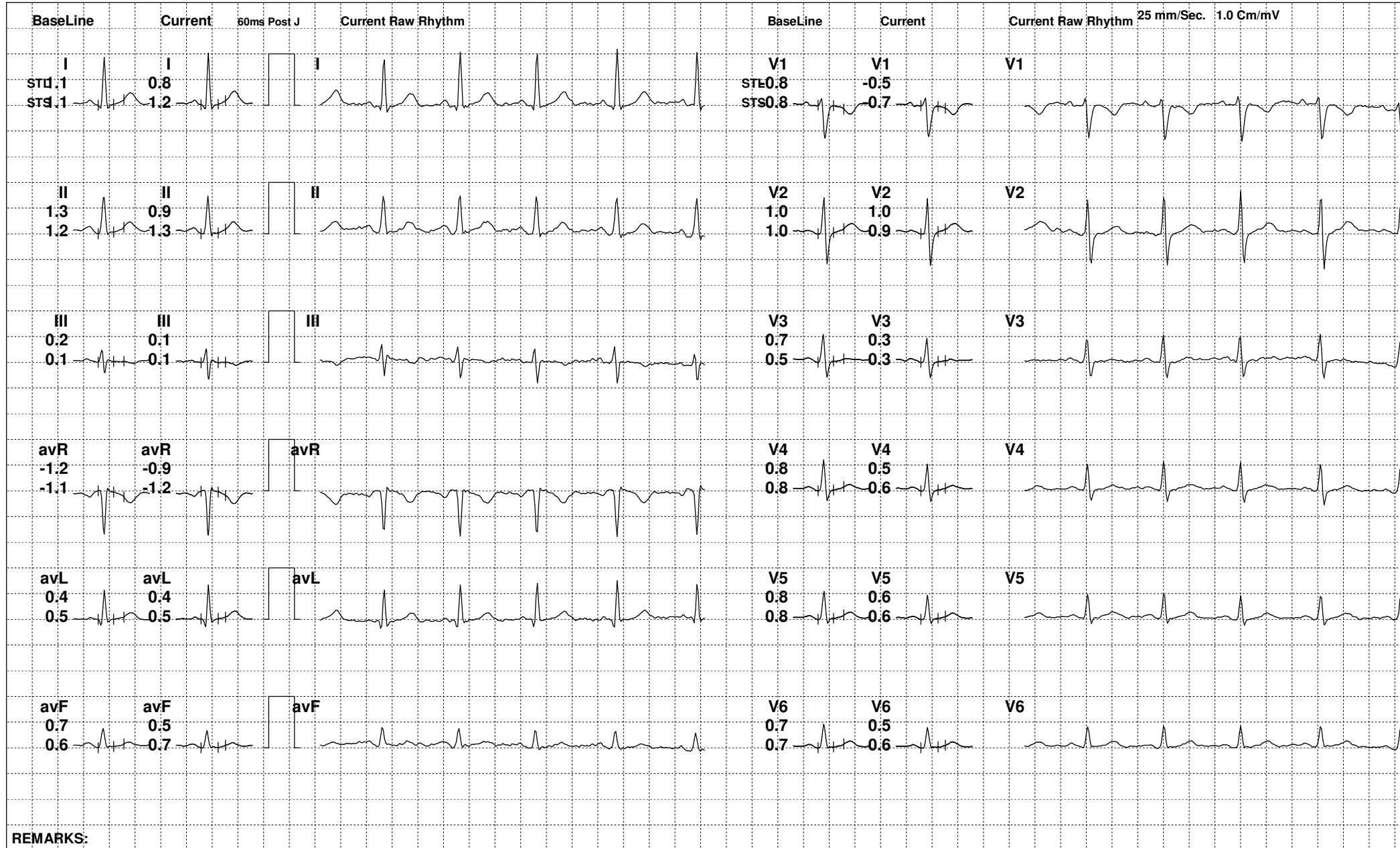




87 (458968) / ANKIT DWIVEDI / 31 Yrs / M

Date: 01-Oct-2022 12:48:11 PM METS: 1.0/ 101 bpm 53% of THR BP: 134/84 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:44 0.0 mph, 0.0%



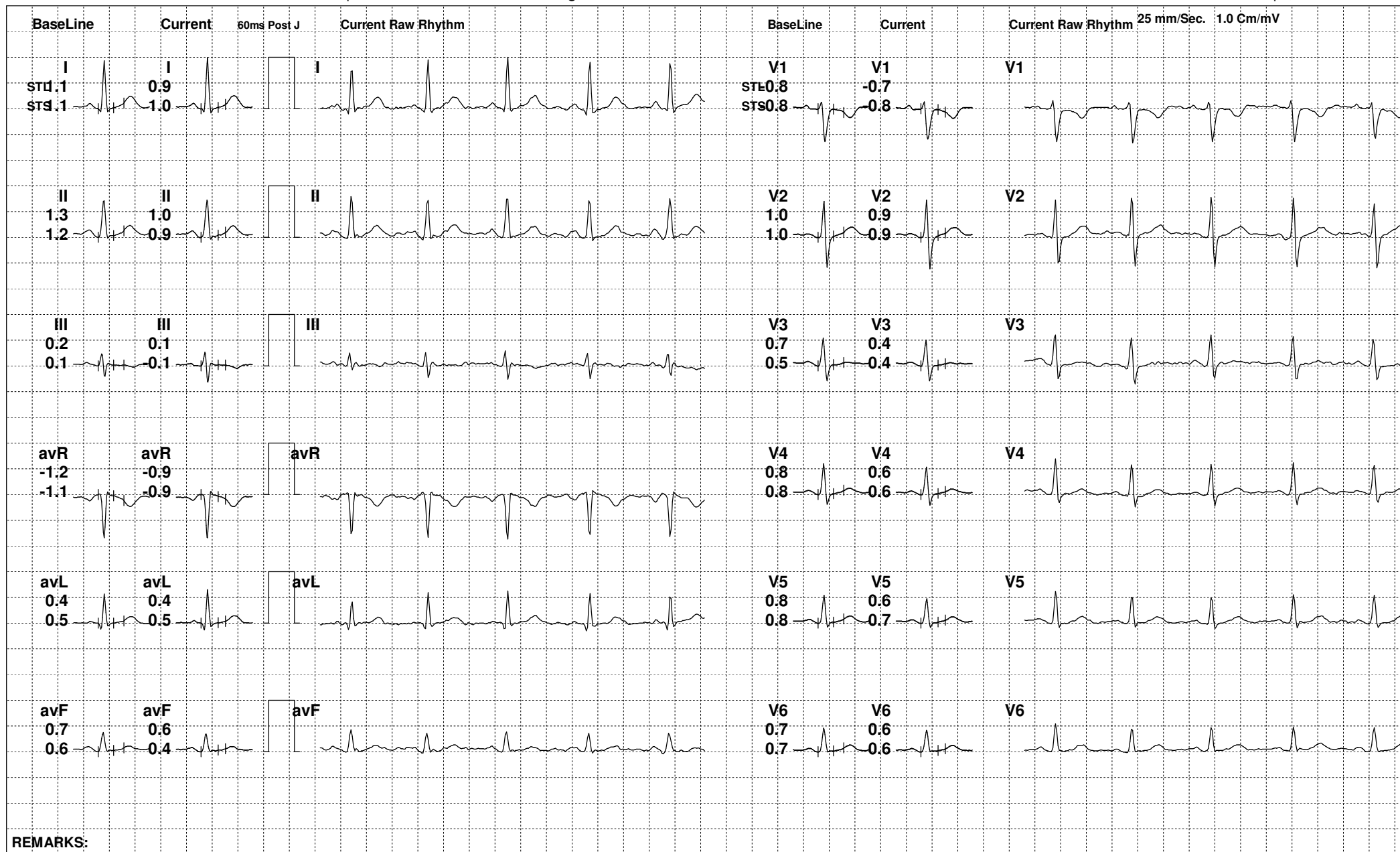
REMARKS:



87 (458968) / ANKIT DWIVEDI / 31 Yrs / M

Date: 01-Oct-2022 12:48:11 PM METS: 1.0/ 100 bpm 52% of THR BP: 134/84 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:54 0.0 mph, 0.0%



REMARKS:

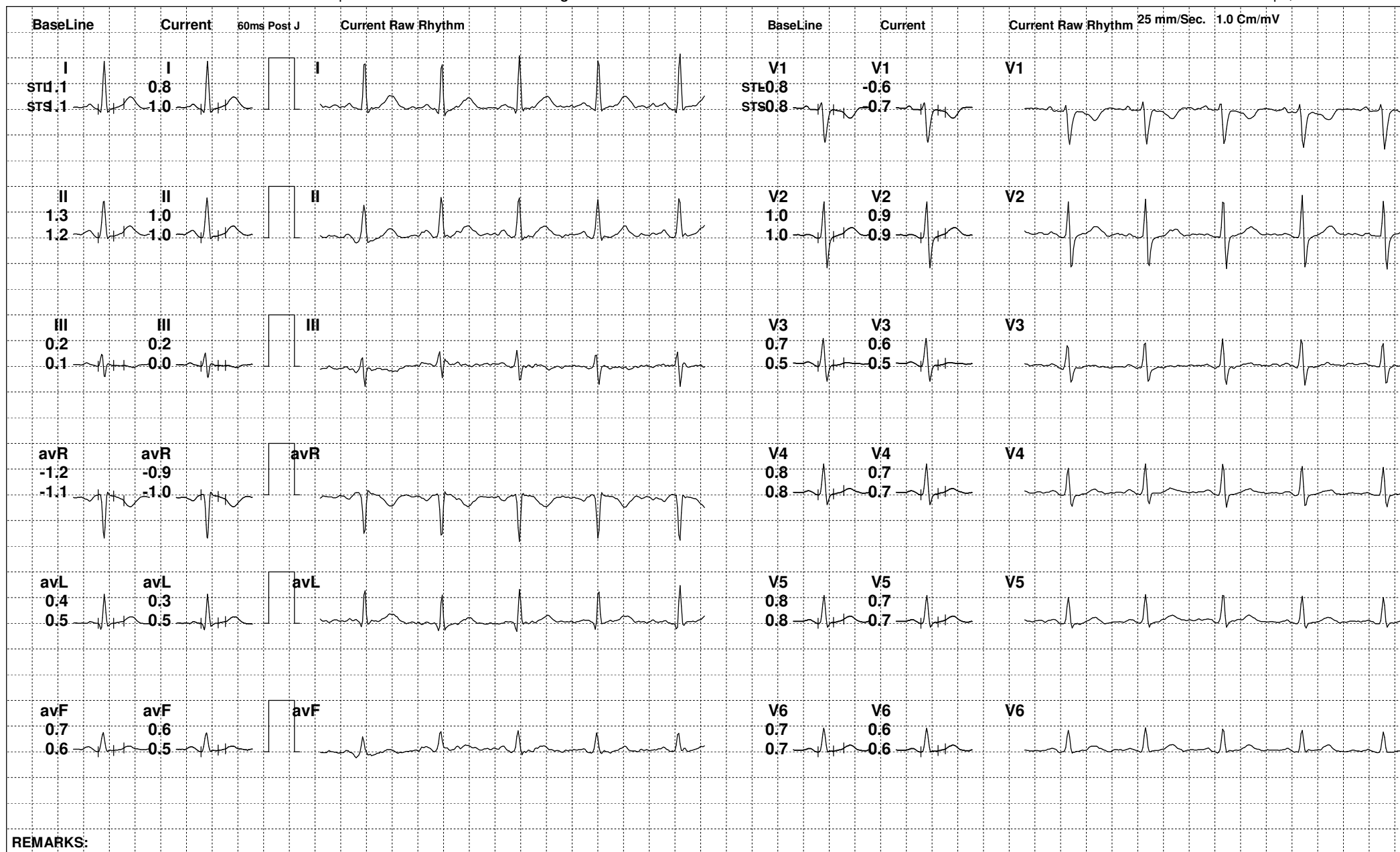




87 (458968) / ANKIT DWIVEDI / 31 Yrs / M

Date: 01-Oct-2022 12:48:11 PM METS: 1.0/ 99 bpm 52% of THR BP: 134/84 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 01:00 0.0 mph, 0.0%

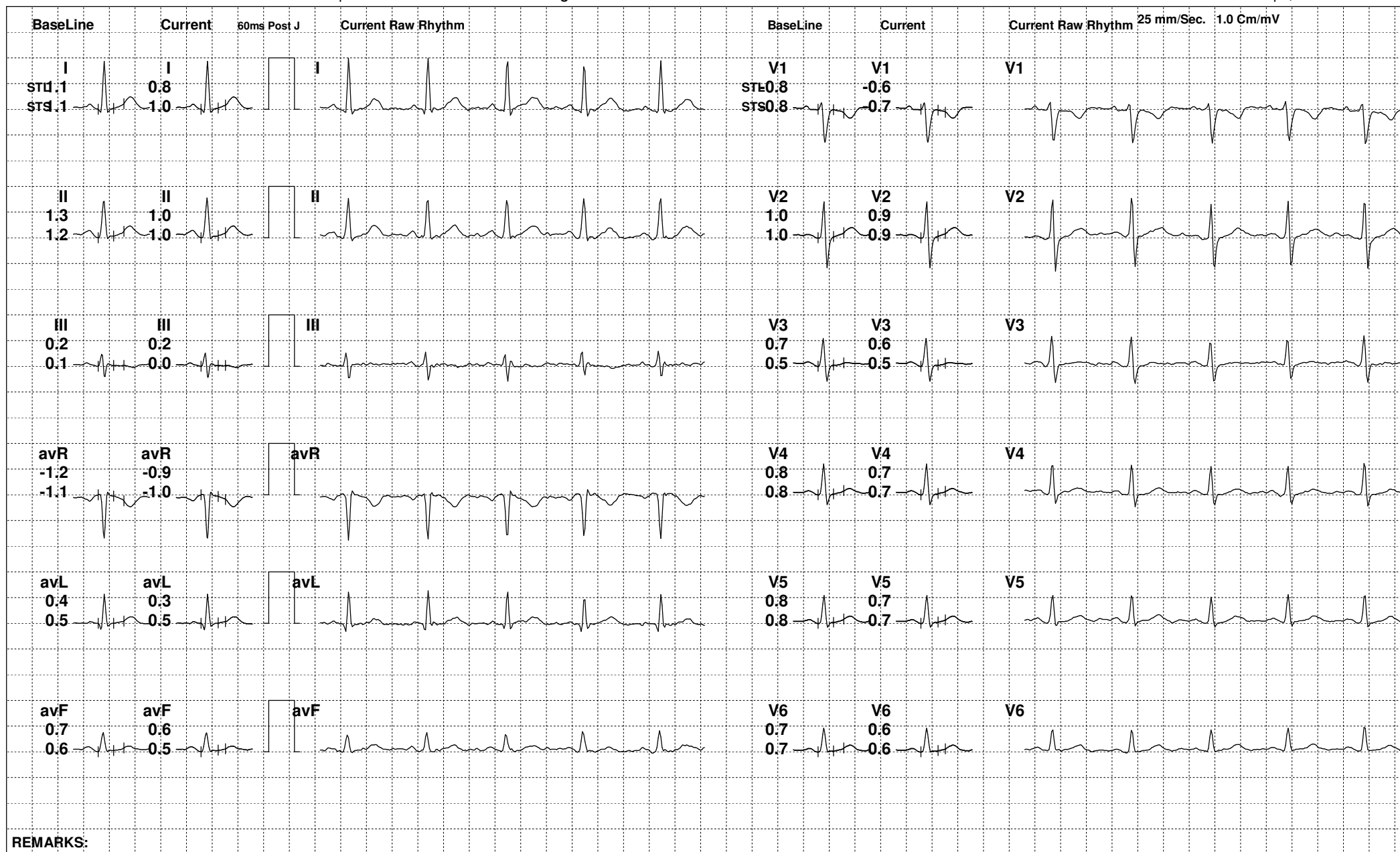




87 (458968) / ANKIT DWIVEDI / 31 Yrs / M

Date: 01-Oct-2022 12:48:11 PM METS: 1.0/ 98 bpm 51% of THR BP: 134/84 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 01:05 0.0 mph, 0.0%



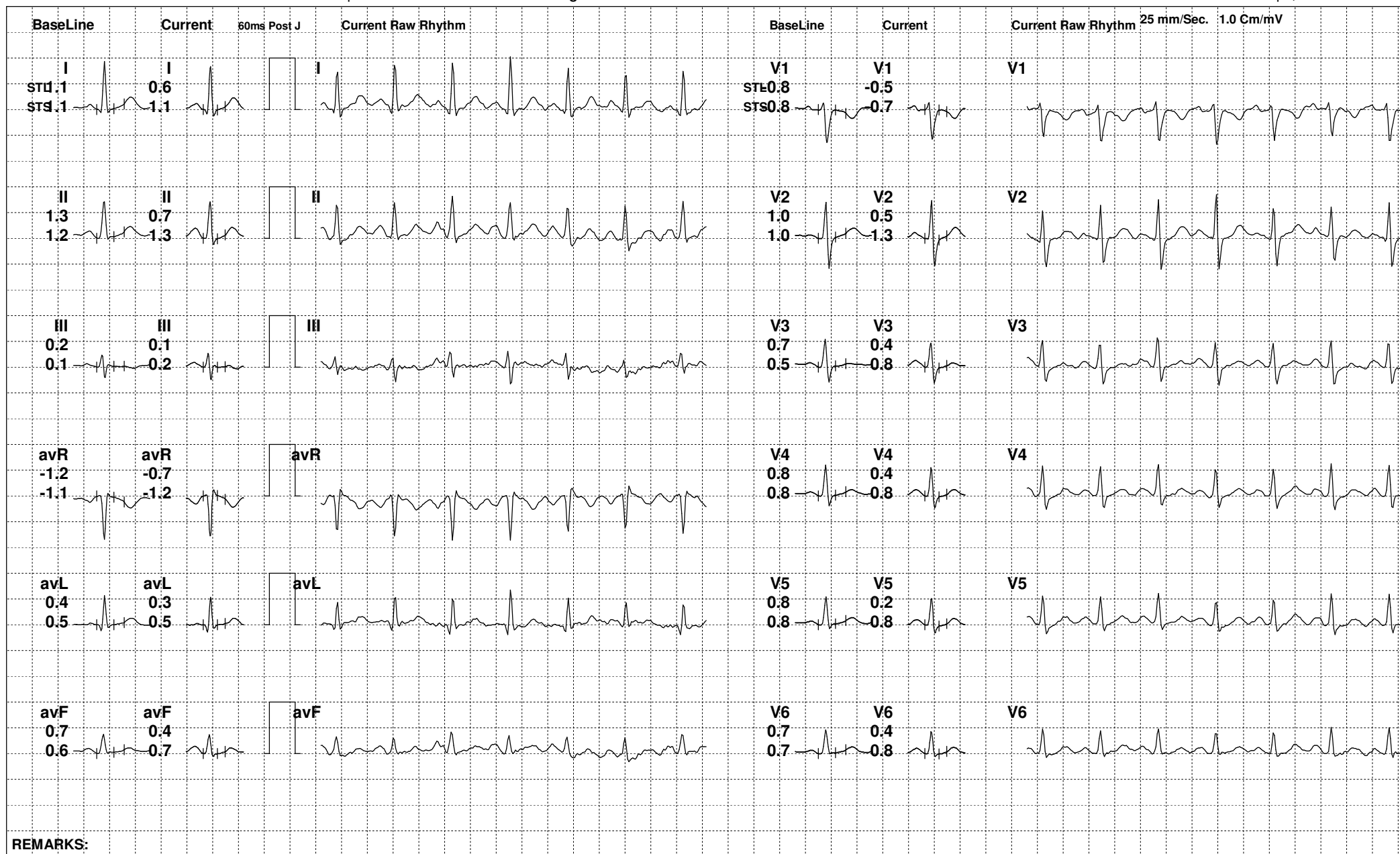




87 (458968) / ANKIT DWIVEDI / 31 Yrs / M

Date: 01-Oct-2022 12:48:11 PM METS: 4.7/ 133 bpm 70% of THR BP: 144/88 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 03:00 1.7 mph, 10.0%



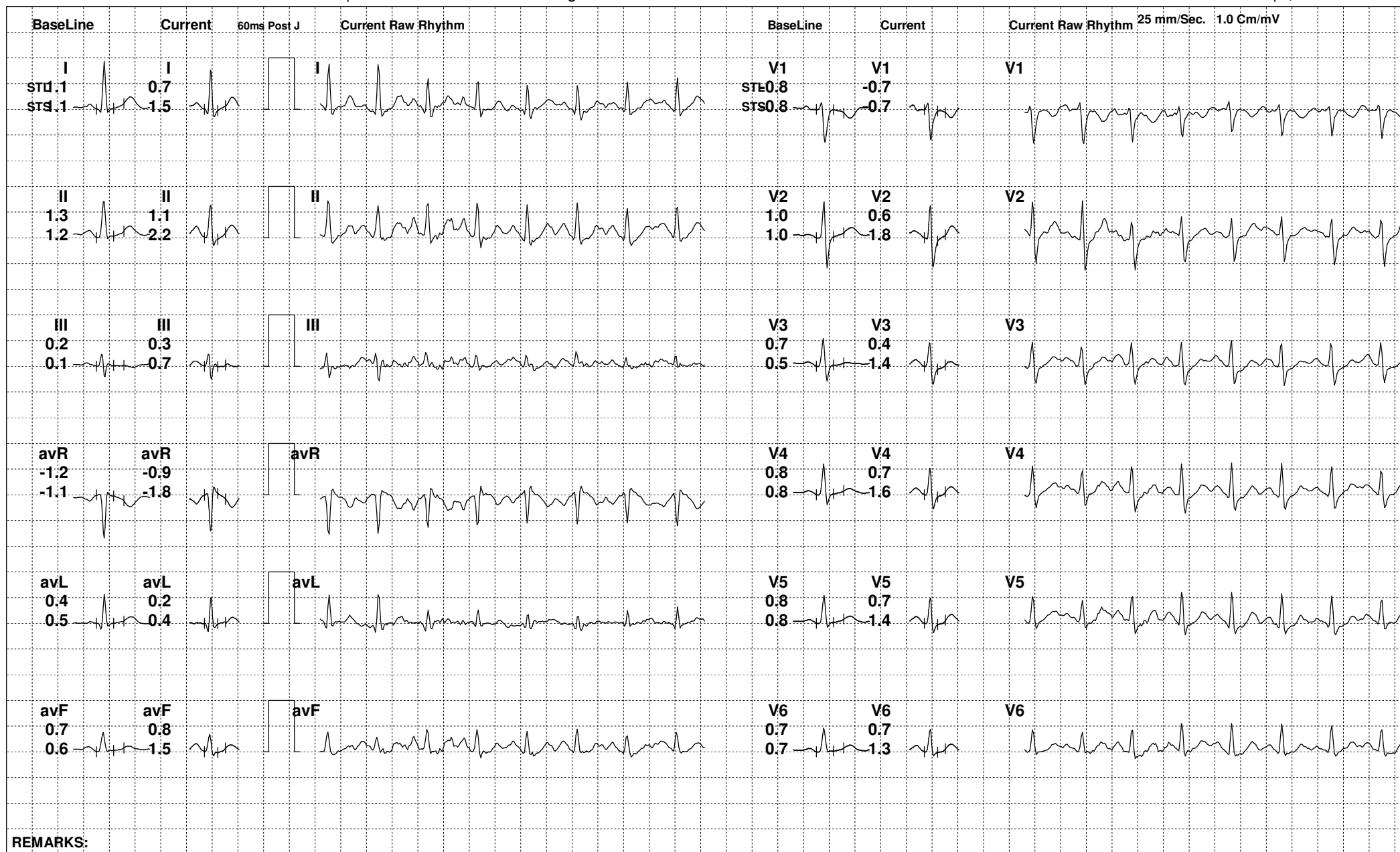
REMARKS:



87 (458968) / ANKIT DWIVEDI / 31 Yrs / M

Date: 01-Oct-2022 12:48:11 PM METS: 7.1/ 134 bpm 70% of THR BP: 154/92 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:00 2.5 mph, 12.0%



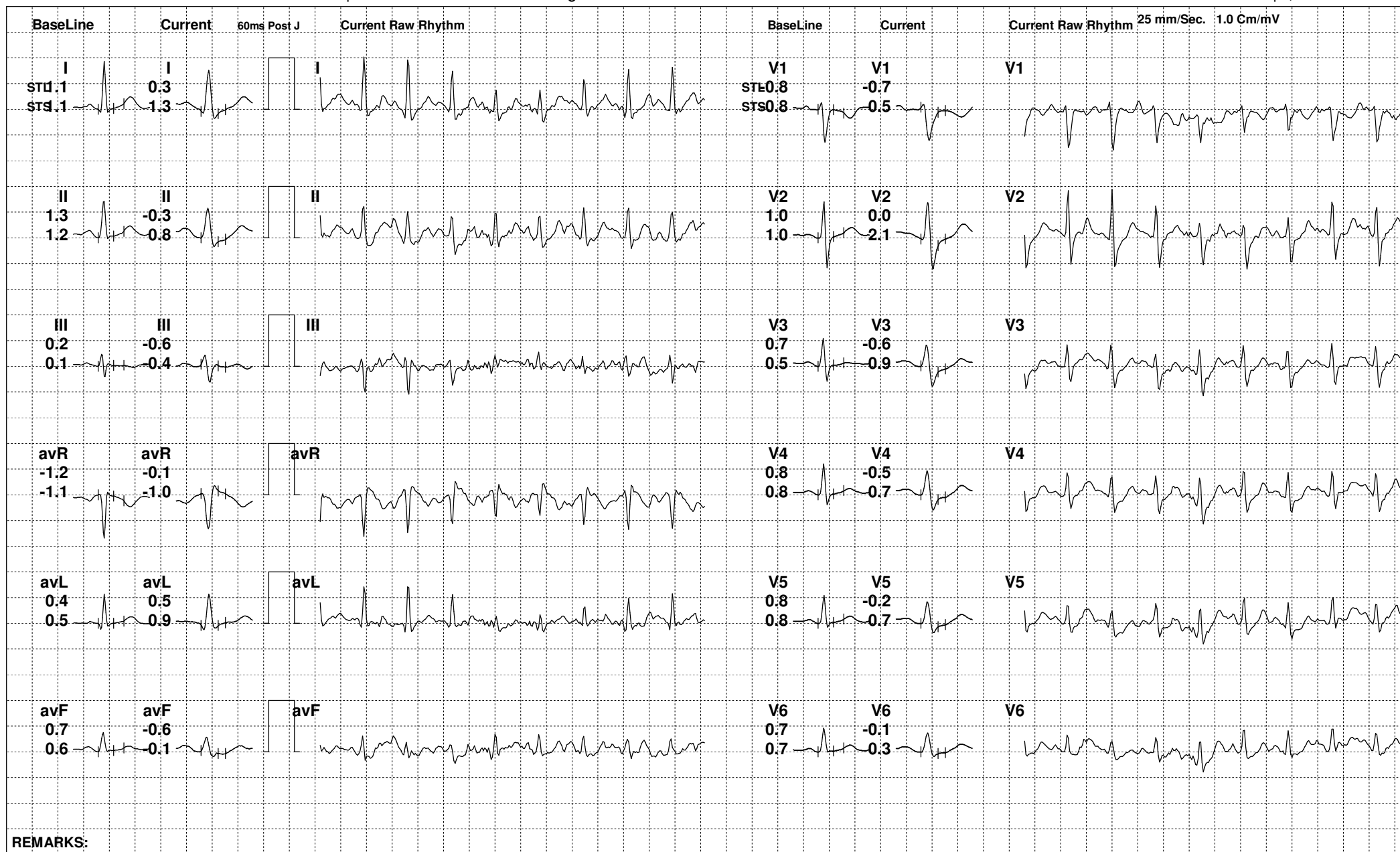




87 (458968) / ANKIT DWIVEDI / 31 Yrs / M

Date: 01-Oct-2022 12:48:11 PM METS: 8.8/ 140 bpm 74% of THR BP: 164/96 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 07:38 3.4 mph, 14.0%



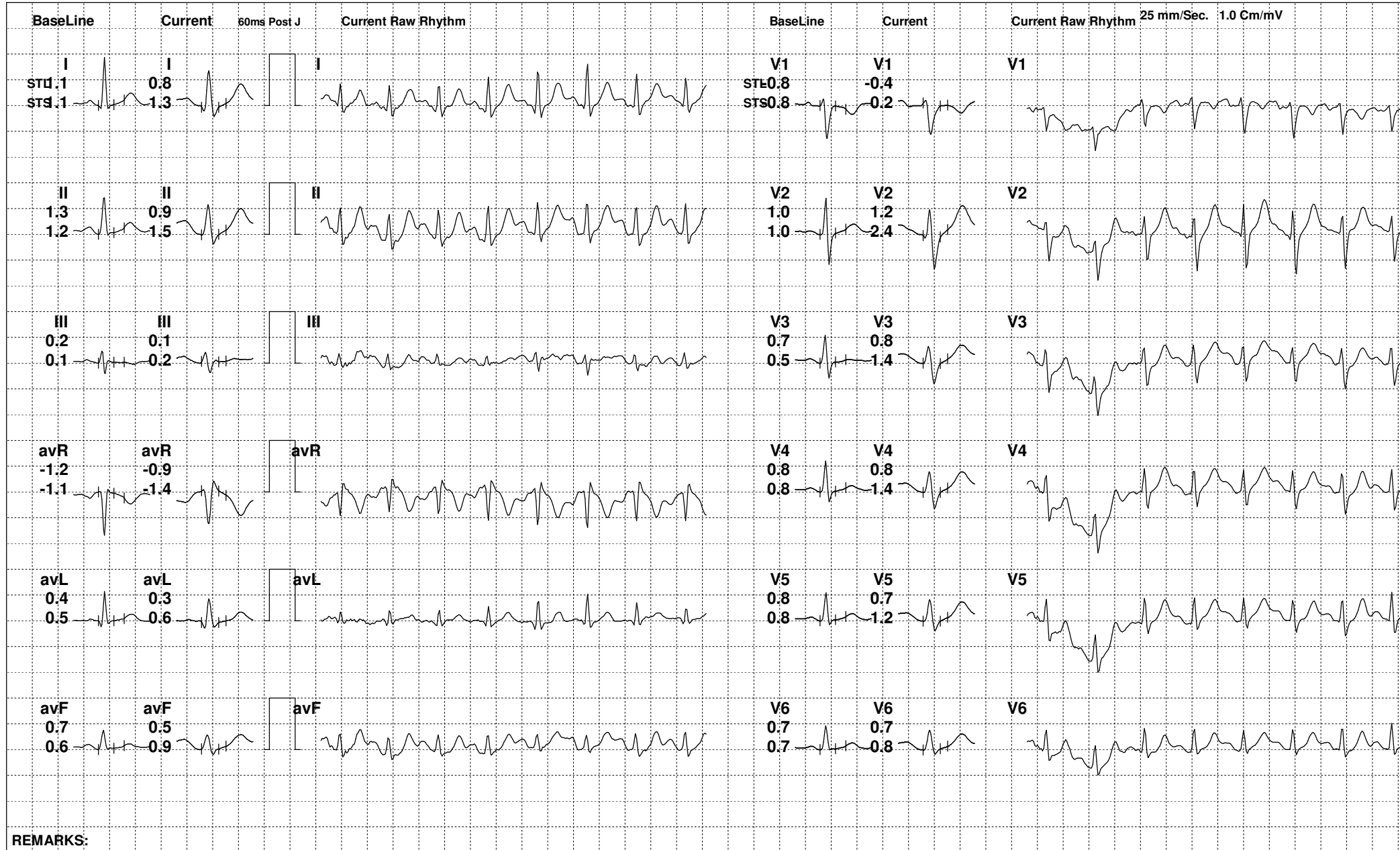
REMARKS:



87 (458968) / ANKIT DWIVEDI / 31 Yrs / M

Date: 01-Oct-2022 12:48:11 PM METS: 1.2/ 143 bpm 75% of THR BP: 160/94 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 07:39 0.0 mph, 0.0%



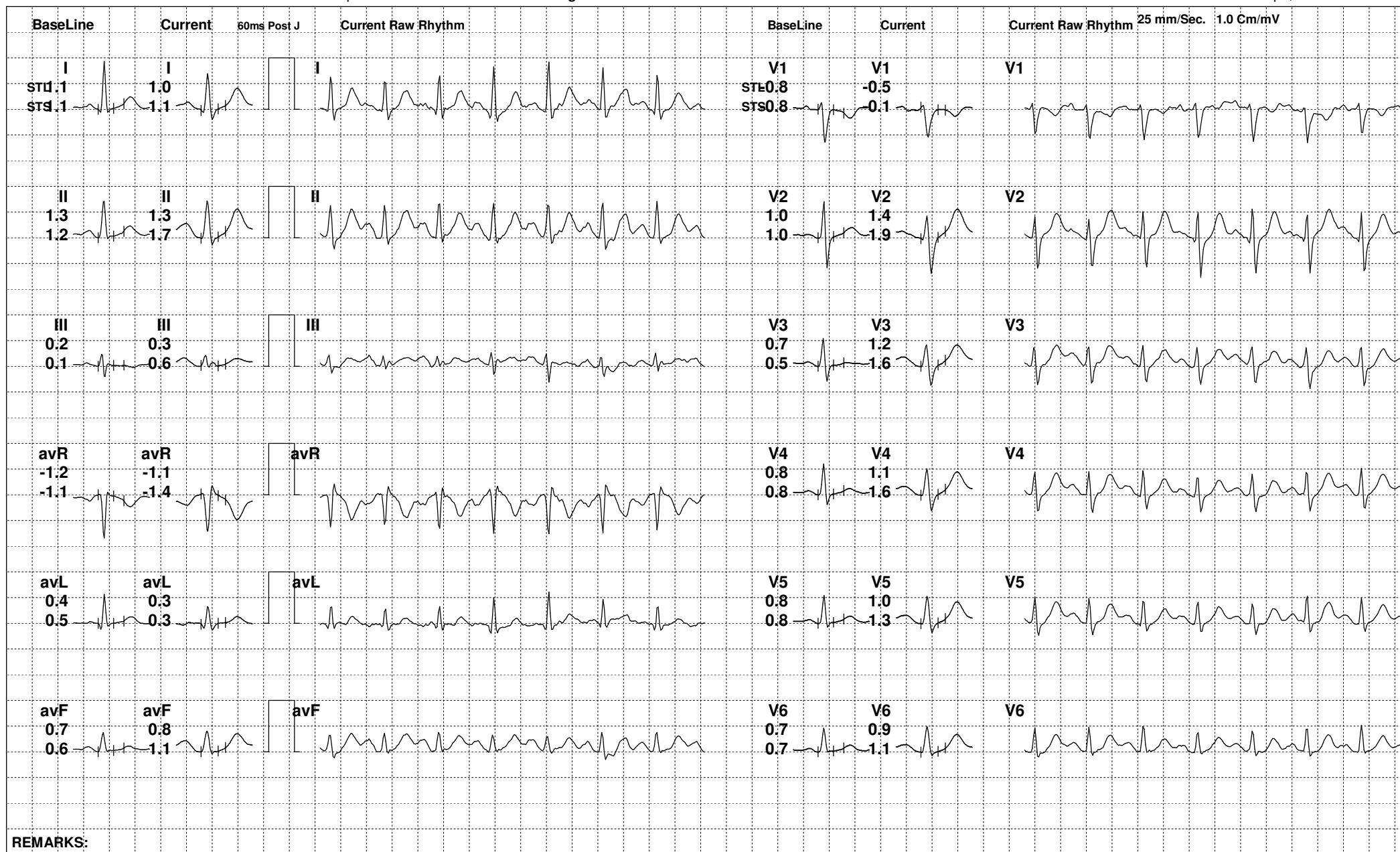
REMARKS:



87 (458968) / ANKIT DWIVEDI / 31 Yrs / M

Date: 01-Oct-2022 12:48:11 PM METS: 1.0/ 142 bpm 75% of THR BP: 154/92 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 07:39 0.0 mph, 0.0%



REMARKS:

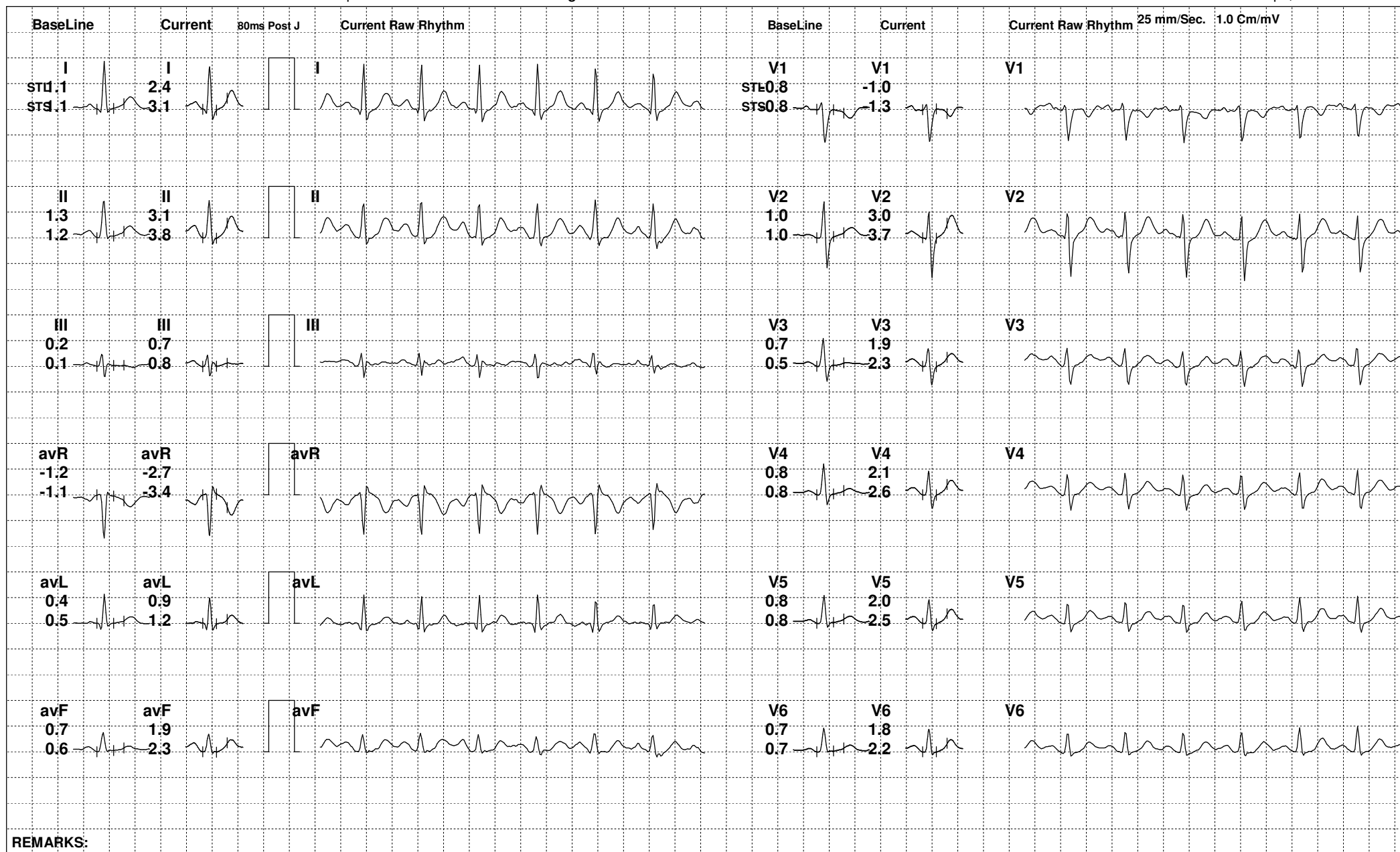




87 (458968) / ANKIT DWIVEDI / 31 Yrs / M

Date: 01-Oct-2022 12:48:11 PM METS: 1.0/ 130 bpm 68% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 07:39 0.0 mph, 0.0%

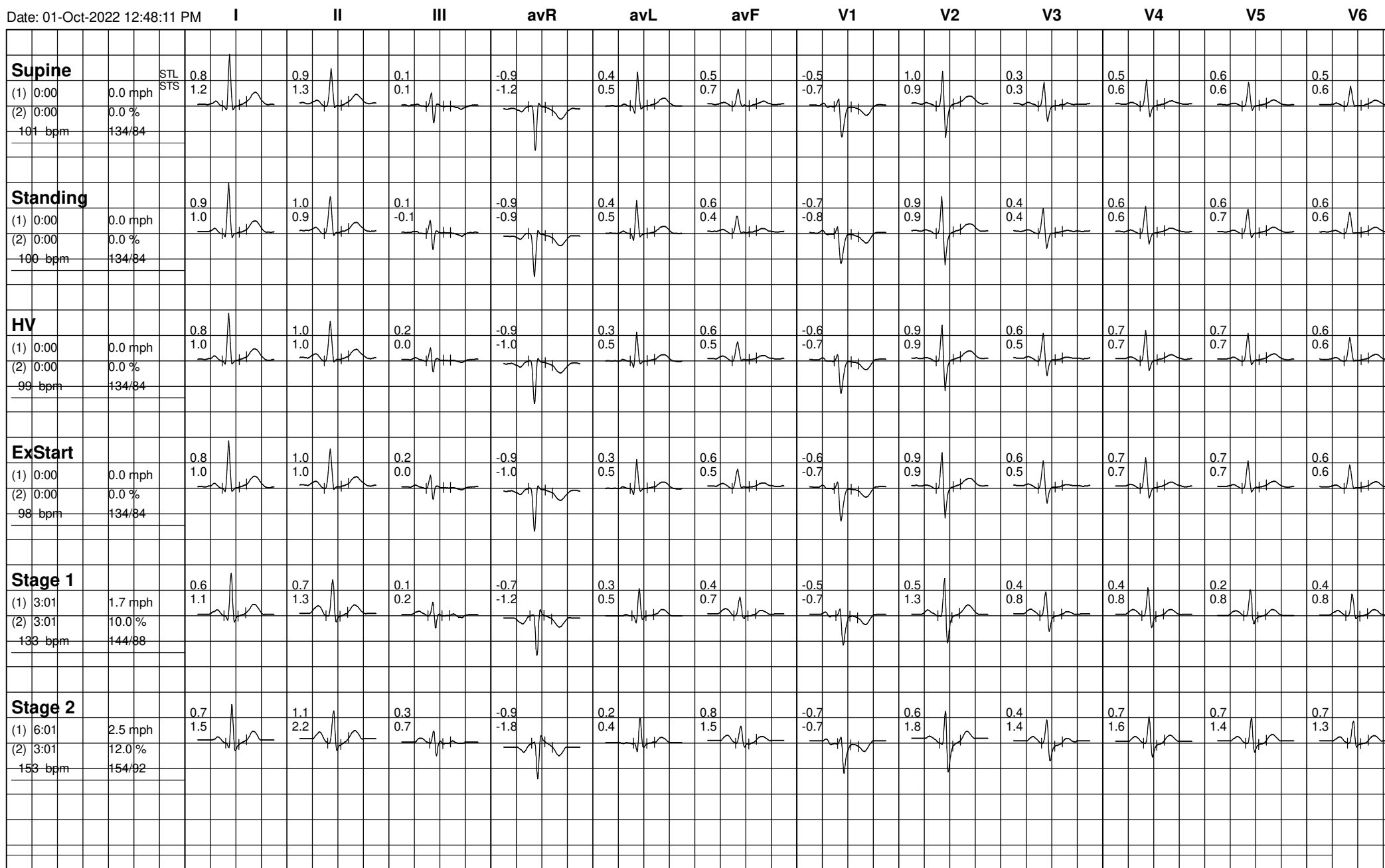


REMARKS:



87 (458968) / ANKIT DWIVEDI / 31 Yrs / M

Date: 01-Oct-2022 12:48:11 PM





87 (458968) / ANKIT DWIVEDI / 31 Yrs / M

Date: 01-Oct-2022 12:48:11 PM

