

TEST REPORT

Reg. No:2307101703Name:RASHMEET KAURAge/Sex:32 Years / FemaleRef. By:Client:MEDIWHEEL WELLNESS

 Reg. Date
 :
 22-Jul-2023

 Collected On
 :
 22-Jul-2023 08:47

 Approved On
 :
 22-Jul-2023 10:20

 Printed On
 :
 25-Jul-2023 12:22

Parameter Result <u>Unit</u> Reference Interval **COMPLETE BLOOD COUNT (CBC) SPECIMEN: EDTA BLOOD** Hemoglobin 12.7 g/dL 12.0 - 15.0 **RBC** Count 4.97 million/cmm 3.8 - 4.8 Hematrocrit (PCV) 38.6 % 40 - 54 MCH 25.6 27 - 32 Pg MCV 83 - 101 77.7 fL MCHC 32.9 % 31.5 - 34.5 RDW 12.6 % 11.5 - 14.5 WBC Count 6930 /cmm 4000 - 11000 **DIFFERENTIAL WBC COUNT (Flow cytometry)** 38 - 70 Neutrophils (%) % 60 Lymphocytes (%) 30 20 - 40 % Monocytes (%) 06 % 2 - 8 04 0 - 6 Eosinophils (%) % Basophils (%) 0 0 - 2 % Neutrophils 4158 /cmm 2079 Lymphocytes /cmm Monocytes 416 /cmm Eosinophils 277 /cmm Basophils 0 /cmm 137000 Platelet Count (Flow cytometry) /cmm 150000 - 450000 MPV 12.1 fL 7.5 - 11.5 **ERYTHROCYTE SEDIMENTATION RATE** ESR (After 1 hour) 26 mm/hr 0 - 21

Modified Westergren Method

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Ref. By	:		Printed On	: 25-Jul-2023 12:22
Client	: MEDIWHEEL WELLNESS			
Paramet	ter	<u>Result</u>		
	Specime	BLOOD GROUP & RH en: EDTA and Serum; Method: Haemag	glutination	
ABO		'O'		
Rh (D)		Positive		

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 :
 22-Jul-2023 11:06

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 :
 25-Jul-2023 12:22

Client : MEDIWHEEL WELLNESS

Printed On	:	25-Ju

Parameter	Result	<u>Unit</u>	Reference Interval
	LI	PID PROFILE	
Cholesterol (Enzymatic colorimetric)	135.0	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride (Enzymatic colorimetric)	75.1	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL	15.02	mg/dL	15 - 35
Calculated			
LDL CHOLESTEROL	86.68	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol	33.3	mg/dL	30 - 85
Homogeneous enzymatic colorimetric			
Cholesterol /HDL Ratio	4.05		0 - 5.0
LDL / HDL RATIO Calculated	2.60		0 - 3.5

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Parame	ter Result	Unit	Reference Interval
NEW AT		ICATION OF NCEP-2ymling	mesnace prefix - "o" ns - "urn:schemas-

/IAY 2001), MODIFICATION OF NCEP<?xml:namespace prefix = "o" ns = "urn:schemas LIN 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 assessment

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 assessment
 # 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.

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Parameter	<u>Result</u>	<u>Unit</u>	Reference Interval
	LIVER F	UNCTION TEST WIT	TH GGT
Total Bilirubin	0.37	mg/dL	0.20 - 1.0
Colorimetric diazo method			
Conjugated Bilirubin	0.12	mg/dL	0.0 - 0.3
Sulph acid dpl/caff-benz			
Unconjugated Bilirubin	0.25	mg/dL	0.0 - 1.1
Sulph acid dpl/caff-benz			
SGOT	15.7	U/L	0 - 31
(Enzymatic)			
SGPT	18.5	U/L	0 - 31
(Enzymatic)			
GGT	21.5	U/L	7 - 32
(Enzymatic colorimetric)			
Alakaline Phosphatase	87.1	U/L	42 - 141

Calculated

Albumin

Globulin

Calculated A/G Ratio

(Colorimetric standardized method)

(Colorimetric standardized method)

(Colorimetric standardized method)

6.9

4.4

2.50

1.76

Protien with ratio Total Protein

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

g/dL

mg/dL

g/dL

6.5 - 8.7

3.5 - 4.94

2.3 - 3.5

0.8 - 2.0

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Parameter	<u>Result</u>	<u>Unit</u>	Reference Interval
		JNCTION TEST	
JREA	11.7	mg/dL	10 - 50
			10 - 50
UREA (Urease & glutamate dehydrogenase) Creatinine (Jaffe method)			10 - 50 0.5 - 1.2

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

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Approved by: DR P

DR PS RAO MD Pathologist

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Client	: MEDIWHEEL WELLNESS				
Parame	ter	<u>Result</u>	<u>Unit</u>	Reference Interval	
			A1 C ESTIMATION	I	
Hb A1C Boronate Aff	inity with Fluorescent Quenching	5.6	% of Total Hb	Poor Control : > 7.0 % Good Control : 6.2-7.0 % Non-diabetic Level : 4.3-6.2 %	

Mean Blood Glucose	122.06	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 symthesised in the red blood cell throught 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 oncentration 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 measurnment which eflects 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:

*Errneous 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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DR PS RAO MD Pathologist

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Parameter	<u>Result</u>	<u>Unit</u>	Reference Interval
Easting Pland Sugar (EPS)		A GLUCOSE	70 110
Fasting Blood Sugar (FBS)	85.0	mg/dL	70 - 110
Hexokinase Method			
Post Prandial Blood Sugar (PPBS) Hexokinase Method	119.0	mg/dL	70 - 140
Criteria for the diagnosis of diabetes1. HbA1c >/= Or			
Fasting plasma glucose >126 gm/dL. Fasting is det Or	fined as no caloric intak	ke at least for 8 hrs.	
3. Two hour plasma glucose >/= 200mg/dL during an	oral glucose tolerence	test by using a glucose I	oad containing equivalent of 75 gm anhydrous gluce

3. Two nour plasma glucose >/= 200 mg/uL during an oral glucose to reference test of density a glucose to reference test of density a glucose test of density a gluco

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

This is an electronically authenticated report.

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Result URINE ROUTINE 20 cc Pale Yellow Clear ECTANCE PHOTOMETE 5.0 1.005 Nil Nil Nil Nil		Reg. Date : 22-Jul-2023 Collected On : 22-Jul-2023 08 Approved On : 22-Jul-2023 10 Printed On : 25-Jul-2023 12 Reference Interval : 1000 5.0 - 8.0 1.002 - 1.03 : : :
URINE ROUTINE 20 cc Pale Yellow Clear ECTANCE PHOTOMETE 5.0 1.005 Nil Nil	EXAMINATI	Reference Interval ION 5.0 - 8.0
URINE ROUTINE 20 cc Pale Yellow Clear ECTANCE PHOTOMETE 5.0 1.005 Nil Nil	EXAMINATI	ION 5.0 - 8.0
20 cc Pale Yellow Clear ECTANCE PHOTOMETE 5.0 1.005 Nil Nil		5.0 - 8.0
Pale Yellow Clear ECTANCE PHOTOMETF 5.0 1.005 Nil Nil Nil	<u>RIC METHOD)</u>	
Pale Yellow Clear ECTANCE PHOTOMETF 5.0 1.005 Nil Nil Nil	<u>RIC METHOD)</u>	
Clear ECTANCE PHOTOMETE 5.0 1.005 Nil Nil Nil	<u>RIC METHOD)</u>	
ECTANCE PHOTOMETE 5.0 1.005 Nil Nil Nil	RIC METHOD)	
5.0 1.005 Nil Nil Nil	<u>RIC METHOD)</u>	
1.005 Nil Nil Nil		
Nil Nil Nil		1.002 - 1.03
Nil Nil		
Nil		
Nii		
NII		
Nil		
Nil		
Nil		
1-2/hpf		
Nil		
	Vil AL BY MCIROSCOPY) Vil Vil -2/hpf Vil Vil	Vil AL BY MCIROSCOPY) Vil Vil -2/hpf Vil Vil Vil

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lame : RASHMEET KAUR			Collected On : 22-Jul-2023 08:47
ge/Sex : 32 Years / Female			Approved On : 25-Jul-2023 09:59
Ref.By : Client : MEDIWHEEL WELLN	IESS		Printed On : 25-Jul-2023 12:22
Parameter	Result	Unit	Reference Interval
	STOC	L EXAMINATIO	N
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	N 111		
Mucus Pus Cells	Nil 1 Q/bpf		
	1 - 2/hpf		
Red Cells	Nil		
Epithelial Cells	Nil		
Vegetable Cells	Nil		
Trophozoites	Nil		
Cysts	Nil		
Ova	Nil		
Neutral Fat	Nil		
Monilia	Nil		
OTHER	-		

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 occassinal unruptured RBCs.

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

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Client : MEDIWHEEL WELLNES	3		
Parameter	<u>Result</u>	<u>Unit</u>	Reference Interval
	THYR	OID FUNCTION TES	ST
T3 (Triiodothyronine)	1.05	ng/mL	0.87 - 1.78
Chemiluminescence		-	
T4 (Thyroxine)	9.98	µg/dL	5.89 - 14.9
Chemiluminescence			
TSH (ultra sensitive)	2.843	µIU/mI	0.34 - 5.6

Chemiluminescence

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 ------

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Approved by: DR PS RAO MD Pathologist

Kshipra Scans & Labs

Name	:	RASHMEET KAUR			
Thanks To	:	MEDIWHEEL	Age	:	32 Yrs. / F
	-		Date	:	22/07/2023

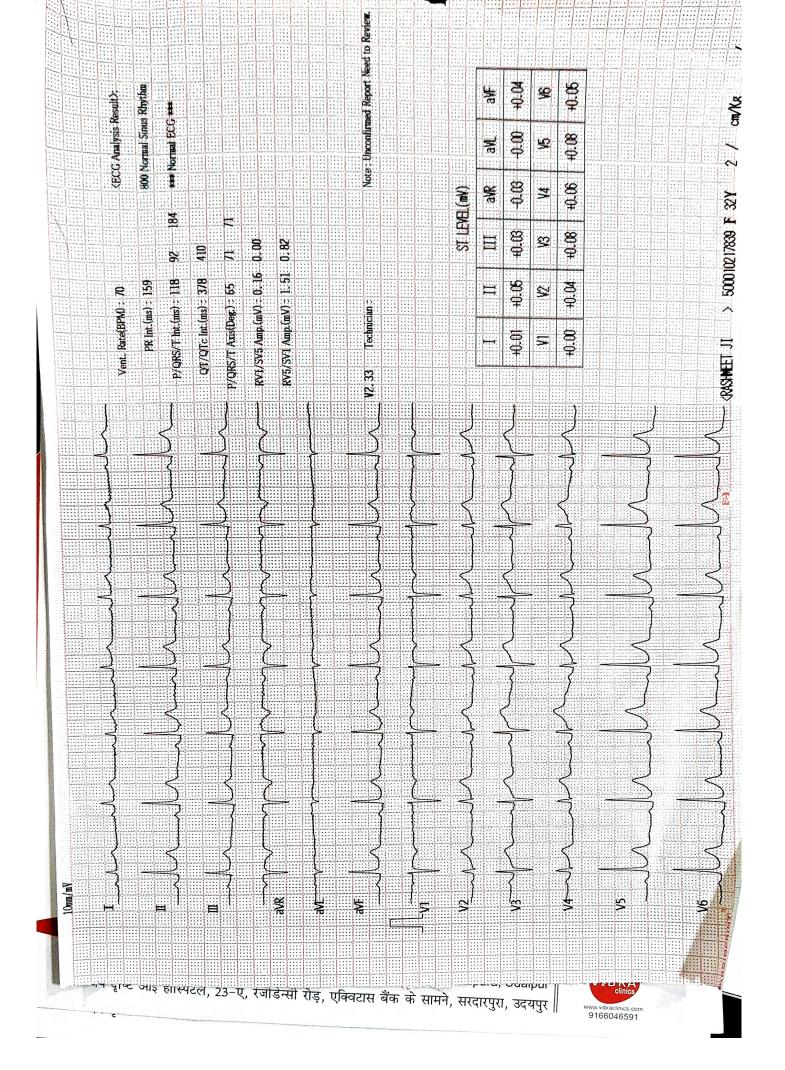
X-RAY CHEST (PA VIEW)

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)

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





Rashmeet

32/F

22/07/23

Dr. Sharva Pandya MBBS, M.S., (Ophthalmology)

RMC Reg. No. : 021537

वरिष्ठ नेत्र रोग विशेषज्ञ सर्जन

डॉ. शर्वा पण्डुया

C/O - For eye checkenf

Dvn < 6/6 Zglass

NVAX N/6

Colour Vision - Normal

Sharva

Dr. SHARVA PANDYA MBBS, MS (Ophth.) RMC No. : 021537 JAI DRISHTI EYE HOSPITAL UDAIPUR (Raj.)

चित्रकूट नगर, उदयपुर में हमारी नैत्र चिकित्सा सेवाएं शीघ्र उपलब्ध होगी।

Jai Drishti Eye Hospital, 23A, Residency Road, Opp. Equitas Bank, Sardarpura, Udaipur जय दृष्टि आई हॉस्पिटल, 23-ए, रेजीडेन्सी रोड़, एक्विटास बैंक के सामने, सरदारपुरा, उदयपुर



Cosmetology Partner

Shipra Scans & Labs

V	: Mrs. Rashmeet Kaur	Age	:	32Yrs. / F	
Name		Date	:	22.07.2023	
Thanks To	: Mediwheel wellness	Date			

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	:	11.1 x 3.8 cms.
Left kidney measures	:	9.8 x 3.7 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 7.6 x 5.6 x 2.3 cms. Endometrial appears normal and measures 8 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:

No significant abnormality is seen.



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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