



## TEST REPORT

**Reg. No** : 2110104140  
**Name** : Prahlad Sahay Yadav  
**Age/Sex** : 28 Years / Male  
**Ref. By** :  
**Client** : MEDIWHEEL WELLNESS

**Reg. Date** : 23-Oct-2021  
**Collected On** : 23-Oct-2021 10:08  
**Approved On** : 23-Oct-2021 16:15  
**Printed On** : 25-Oct-2021 20:11

<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>	18.4	mg/dL	10 - 50
Creatinine <i>(Jaffe method)</i>	<b><u>0.44</u></b>	mg/dL	0.5 - 1.4
Uric Acid <i>(Enzymatic colorimetric)</i>	4.7	mg/dL	2.5 - 7.0

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



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### COMPLETE BLOOD COUNT (CBC)

SPECIMEN: EDTA BLOOD

Hemoglobin	15.3	g/dL	13.0 - 17.0
RBC Count	4.81	million/cmm	4.5 - 5.5
Hematocrit (PCV)	45.8	%	40 - 54
MCH	31.8	Pg	27 - 32
MCV	95.2	fL	83 - 101
MCHC	33.4	%	31.5 - 34.5
RDW	12.7	%	11.5 - 14.5
WBC Count	<b>12650</b>	/cmm	4000 - 11000

#### DIFFERENTIAL WBC COUNT (Flow cytometry)

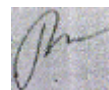
Neutrophils (%)	50	%	38 - 70
Lymphocytes (%)	40	%	20 - 40
Monocytes (%)	06	%	2 - 8
Eosinophils (%)	04	%	0 - 6
Basophils (%)	00	%	0 - 2
Neutrophils	6325	/cmm	
Lymphocytes	5060	/cmm	
Monocytes	759	/cmm	
Eosinophils	506	/cmm	
Basophils	0	/cmm	
Platelet Count (Flow cytometry)	150000	/cmm	150000 - 450000
MPV	11.0	fL	7.5 - 11.5

#### ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	6	mm/hr	0 - 14
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*Modified Westergren Method*

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### BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

ABO	'AB'
Rh (D)	Positive

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<b>LIPID PROFILE</b>			
Cholesterol <i>(Enzymatic colorimetric)</i>	199.6	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>(Enzymatic colorimetric)</i>	128.2	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	25.64	mg/dL	15 - 35
LDL CHOLESTEROL	127.66	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>	46.3	mg/dL	30 - 70
Cholesterol /HDL Ratio <i>Calculated</i>	4.31		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	2.76		0 - 3.5



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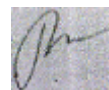
Parameter	Result	Unit	Reference Interval
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**NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP**<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

**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 -----





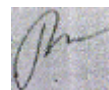
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<b>LIVER FUNCTION TEST</b>			
Total Bilirubin <i>Colorimetric diazo method</i>	<b>1.31</b>	mg/dL	0.10 - 1.0
Conjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	<b>0.45</b>	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.86	mg/dL	0.0 - 1.1
SGOT <i>(Enzymatic)</i>	<b>52.3</b>	U/L	0 - 37
SGPT <i>(Enzymatic)</i>	<b>99.0</b>	U/L	0 - 40
Alakaline Phosphatase <i>(Colorimetric standardized method)</i>	61.6	U/L	53 - 130
<b><u>Protien with ratio</u></b>			
Total Protein <i>(Colorimetric standardized method)</i>	8.1	g/dL	6.5 - 8.7
Albumin <i>(Colorimetric standardized method)</i>	<b>5.5</b>	mg/dL	3.5 - 5.3
Globulin <i>Calculated</i>	2.60	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	<b>2.12</b>		0.8 - 2.0

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### HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C <i>Boronate Affinity with Fluorescent Quenching</i>	6.3	% 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>	146.98	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)

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### PLASMA GLUCOSE

Fasting Blood Sugar (FBS) <i>Hexokinase Method</i>	97.7	mg/dL	70 - 110
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Post Prandial Blood Sugar (PPBS) <i>Hexokinase Method</i>	<b>158.3</b>	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.

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### THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>Chemiluminescence</i>	1.20	ng/mL	0.87 - 1.81
T4 (Thyroxine) <i>Chemiluminescence</i>	9.51	µg/dL	5.89 - 14.9
TSH ( ultra sensitive ) <i>Chemiluminescence</i>	4.268	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

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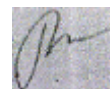
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**Collected On** : 23-Oct-2021 10:08  
**Approved On** : 23-Oct-2021 11:25  
**Printed On** : 25-Oct-2021 20:11

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Interval</u>
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**PROSTATE SPECIFIC ANTIGEN**

PSA <i>Chemiluminescence</i>	0.51	ng/mL	0 - 4
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### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATION

Quantity : 20 cc  
Colour : Pale Yellow  
Appearance : Clear

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

pH	7.0	5.0 - 8.0
Sp. Gravity	1.030	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)	Nil
Epithelial Cells	1-2/hpf
Amorphous Material	Nil
Casts	Nil
Crystals	Nil
Bacteria	Nil
Monilia	Nil

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

Summary

**KSHIPRA SCANS & LABS**

2-B, Hazareshwar Colony, Court Chouraha, Udaipur.

1121/MR RAVINDRA SINGH 38 Yrs/Male 0 Kg/0 Cms

Date: 23-Oct-2021 01:51:22 PM

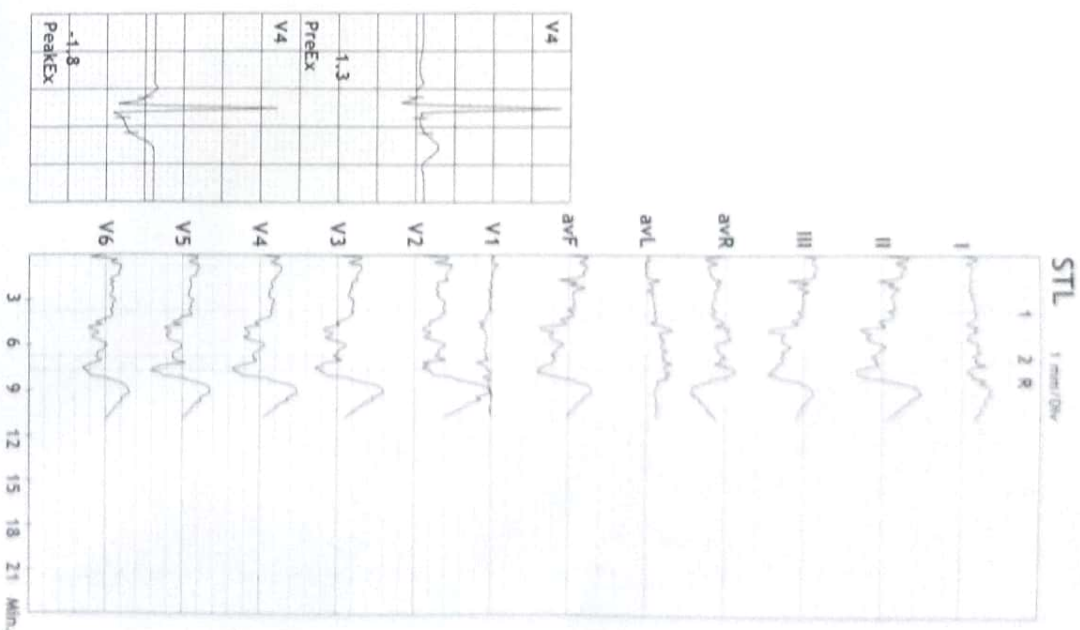
Ref. By :  
Medication :  
Objective :  
Protocol : BRUCE  
History :

Stage	StageTime (min:SS)	PhaseTime (min:SS)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	74	120/80	88	-	
Standing					1.0	78	120/80	93	-	
EXStart					1.0	78	120/80	93	-	
Stage 1	3:00	3:01	1.7	10.0	4.7	126	130/80	163	-	
Stage 2	3:00	6:01	2.5	12.0	7.1	158	130/90	205	-	
PeakEx	0:55	6:56	3.4	14.0	8.1	177	130/90	230	-	
Recovery	1:00		0.0	0.0	1.2	136	130/90	176	-	
Recovery	3:08		0.0	0.0	1.0	110	120/80	132	-	

Findings :

Exercise Time : 6:56 minutes  
 Max HR attained : 177 bpm 97% of Max Predictable HR 182  
 Max BP : 130/90(mmHg)  
 Workload attained : 8.1 (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: 6:48

Advice/Comments:



12 Lead + Median

**KSHIPRA SCANS & LABS**

2-B, Hazareshwar Colony, Court Chouraha, Udaipur.

1121/MR RAVINDRA SINGH: 74 bpm  
38 Yrs/Male  
0 Kg/0 Cms  
Date: 23-Oct-2021 01:51:32 PM  
METs: 1.0  
BP: 120/80

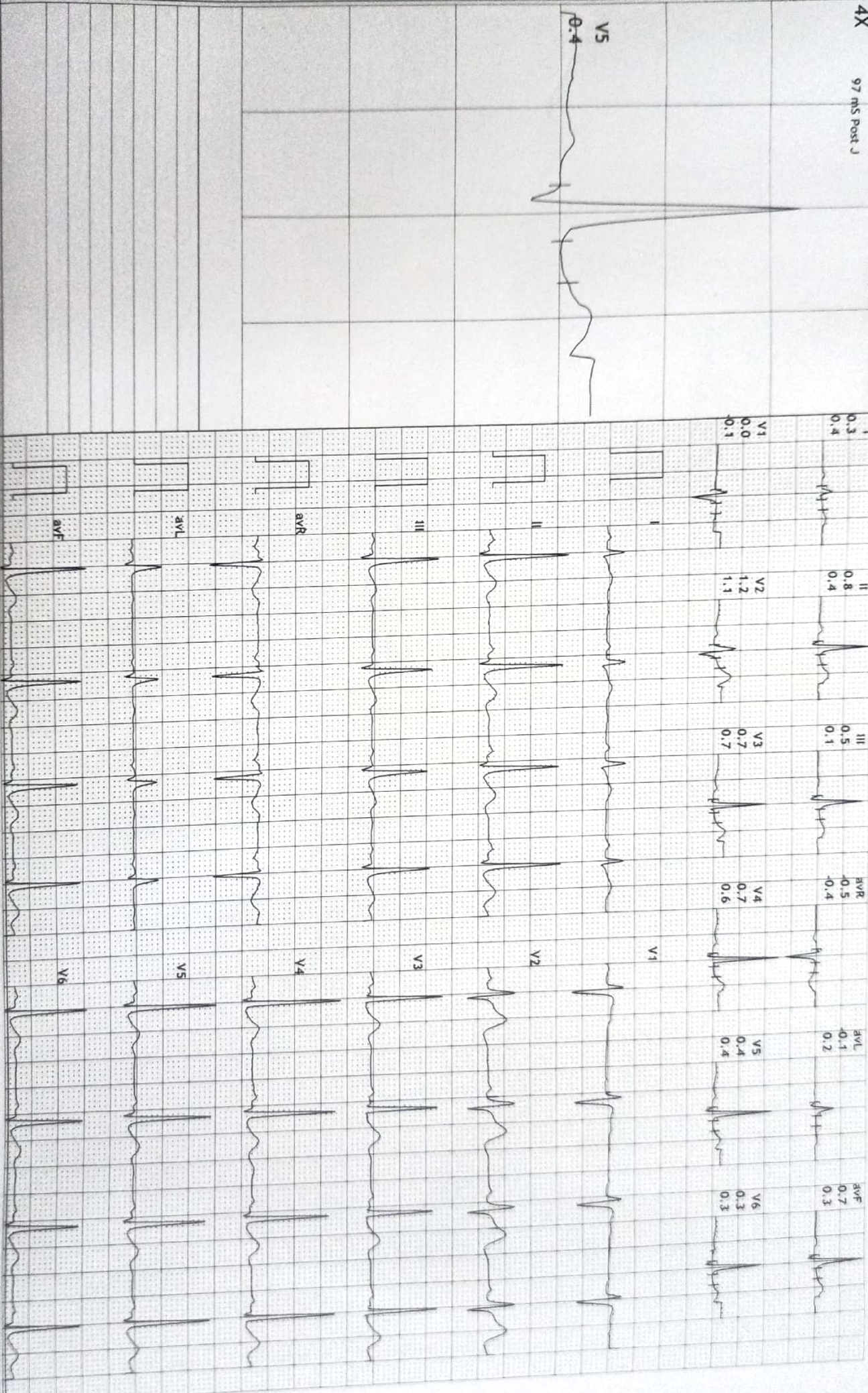
MPHR: 40% of 182  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-35)Hz

Ex Time 00:35  
BLC :On  
Notch :On

Supine  
10.0 mm/mV  
25 mm/Sec.

4X 97 MS Post J



1121/MR RAVINDRA SINGH: 78 bpm  
38 Yrs/Male METS: 1.0  
0 Kg/0 Cms BP: 120/80  
Date: 23-Oct-2021 01:51:22 PM

MPHR: 42% of 182  
Speed: 0.0 mph  
Grade: 0.0%

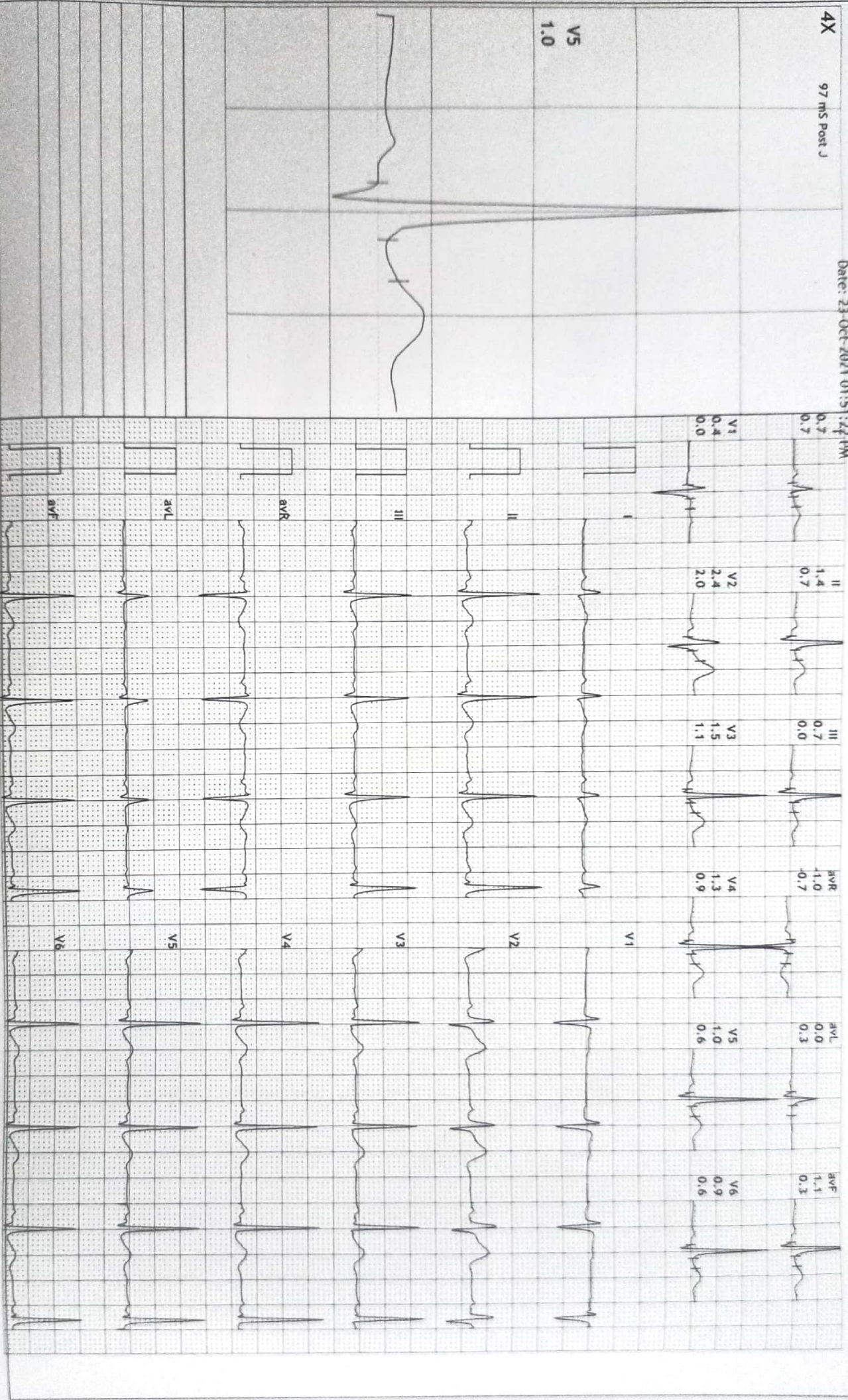
Raw ECG  
BRUCE  
(1.0-35)Hz

Ex Time 00:40  
BLC : On  
Notch : On

Standing  
10.0 mm/mV  
25 mm/Sec.

4X 97 MS Post J

V5  
1.0



12 Lead + Median

**KSHIPRA SCANS & LABS**

2-B, Hazareshwar Colony, Court Chouraha, Udaipur.

1121/MR RAVINDRA SINGH: 126 bpm  
38 Yrs/Male  
0 Kg/70 Cms  
Date: 23-Oct-2021 01:51:22 PM  
METs: 4.7  
BP: 130/80

MPIR: 69% of 182  
Speed: 1.7 mph  
Grade: 10.0%

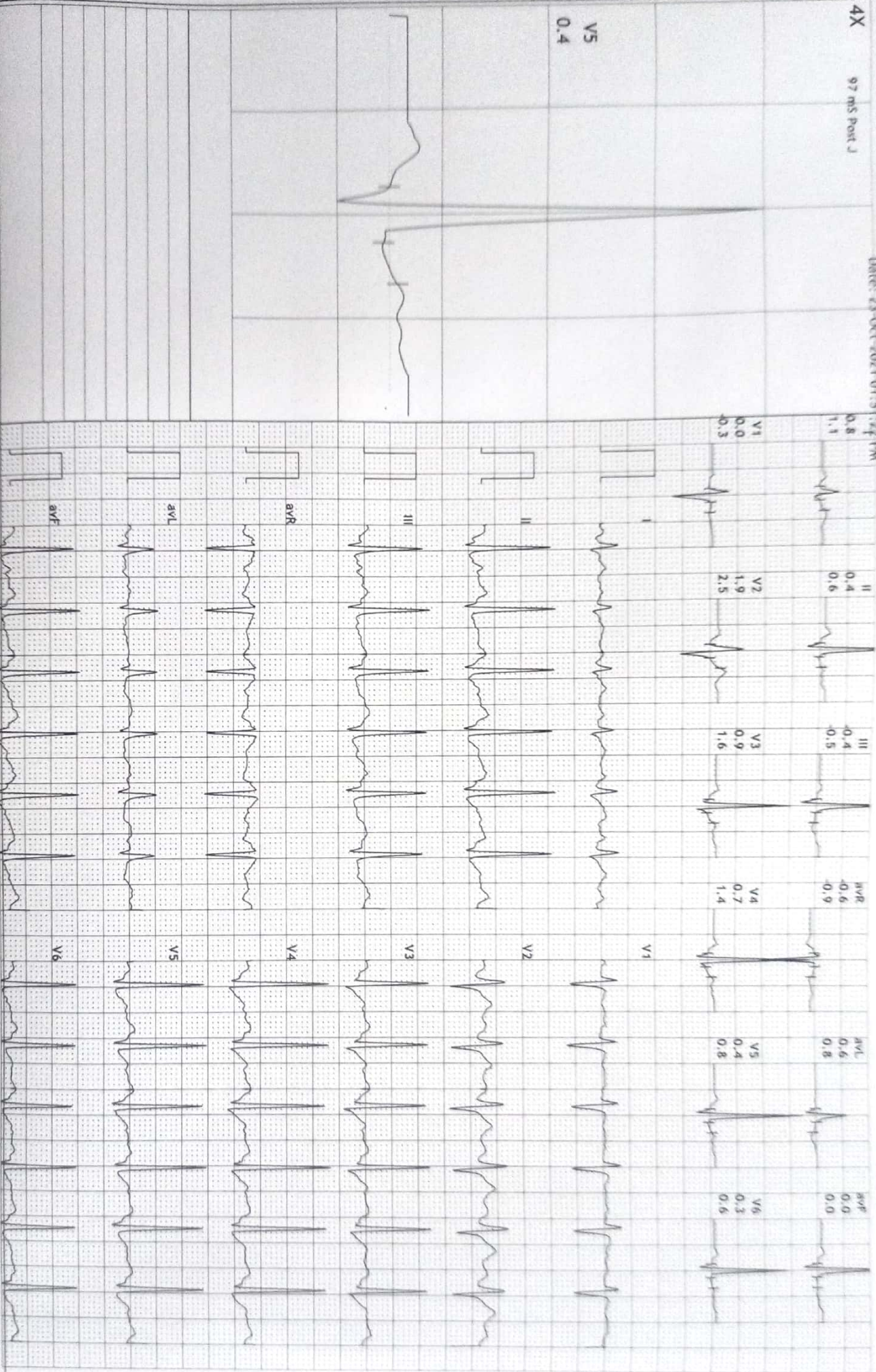
Raw ECG  
BRUCE  
(1.0-35)Hz

Ex Time 03:00  
BLC: On  
Notch: On

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

4X 97 ms Post J

V5  
0.4



1121/MR RAVINDRA SINGH: 158 bpm  
38 Yrs/Male  
0 Kg/0 Cms  
Date: 23-Oct-2021 01:51:22 PM

MpHR: 86% of 182  
Speed: 2.5 mph  
Grade: 12.0%

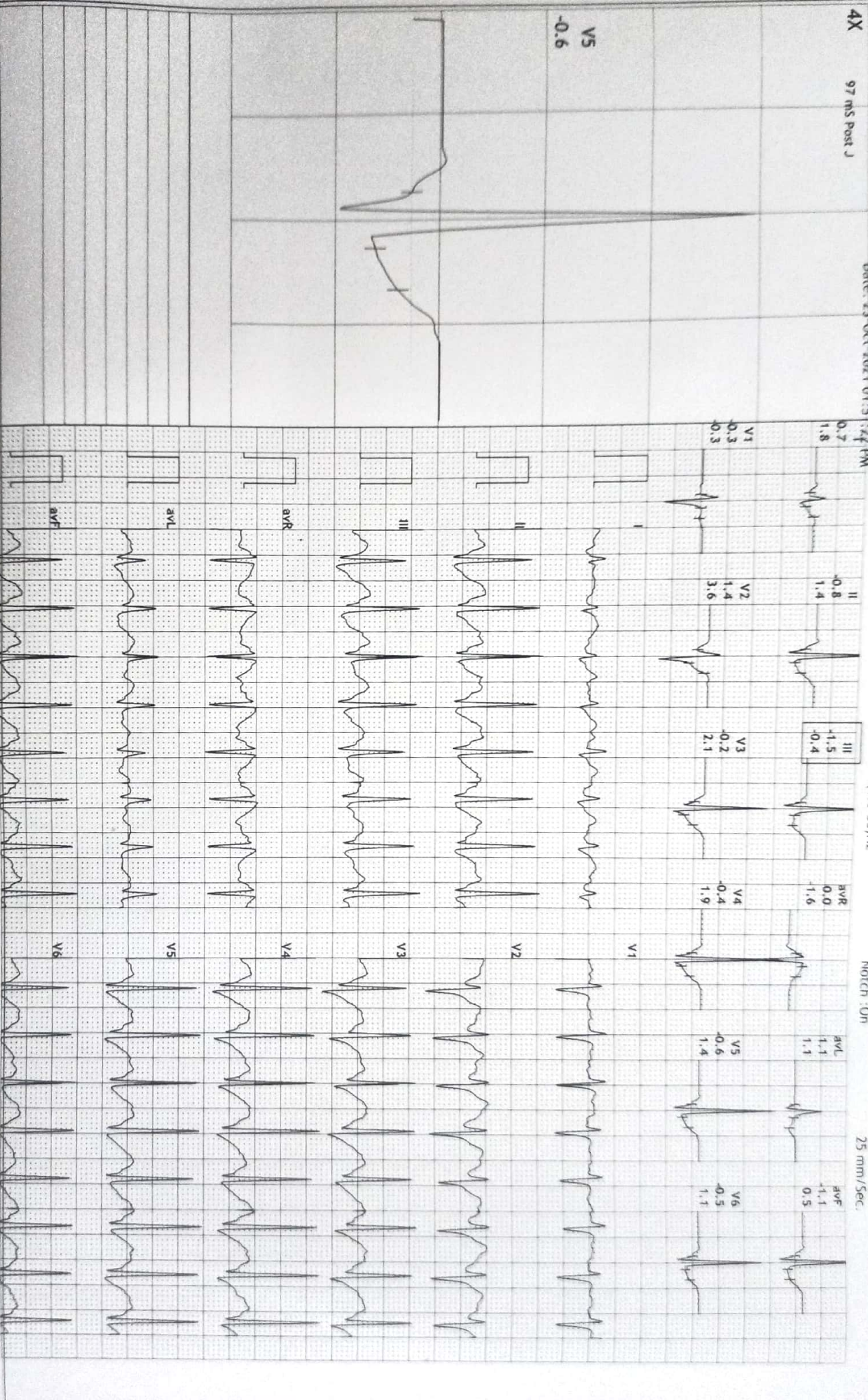
Raw ECG  
BRUCE  
(1.0-35)Hz

Ex Time 06:00  
BLC : On  
Notch : On

BRUCE: Stage 2 (3:00)  
10.0 mm/mV  
25 mm/Sec.

4X 97 mS Post J

V5 -0.6





12 Lead + Median

**KSHIPRA SCANS & LABS**

2-B, Hazareshwar Colony, Court Chouraha, Udaipur.

1121/AMR RAVINDRA SINGH: 177 bpm  
38 Yrs/Male METS: 8.1  
0 Kg/0 Cms BP: 130/90  
Date: 23-Oct-2021 01:51:22 PM

MPHR: 97% of 182  
Speed: 3.4 mph  
Grade: 14.0%

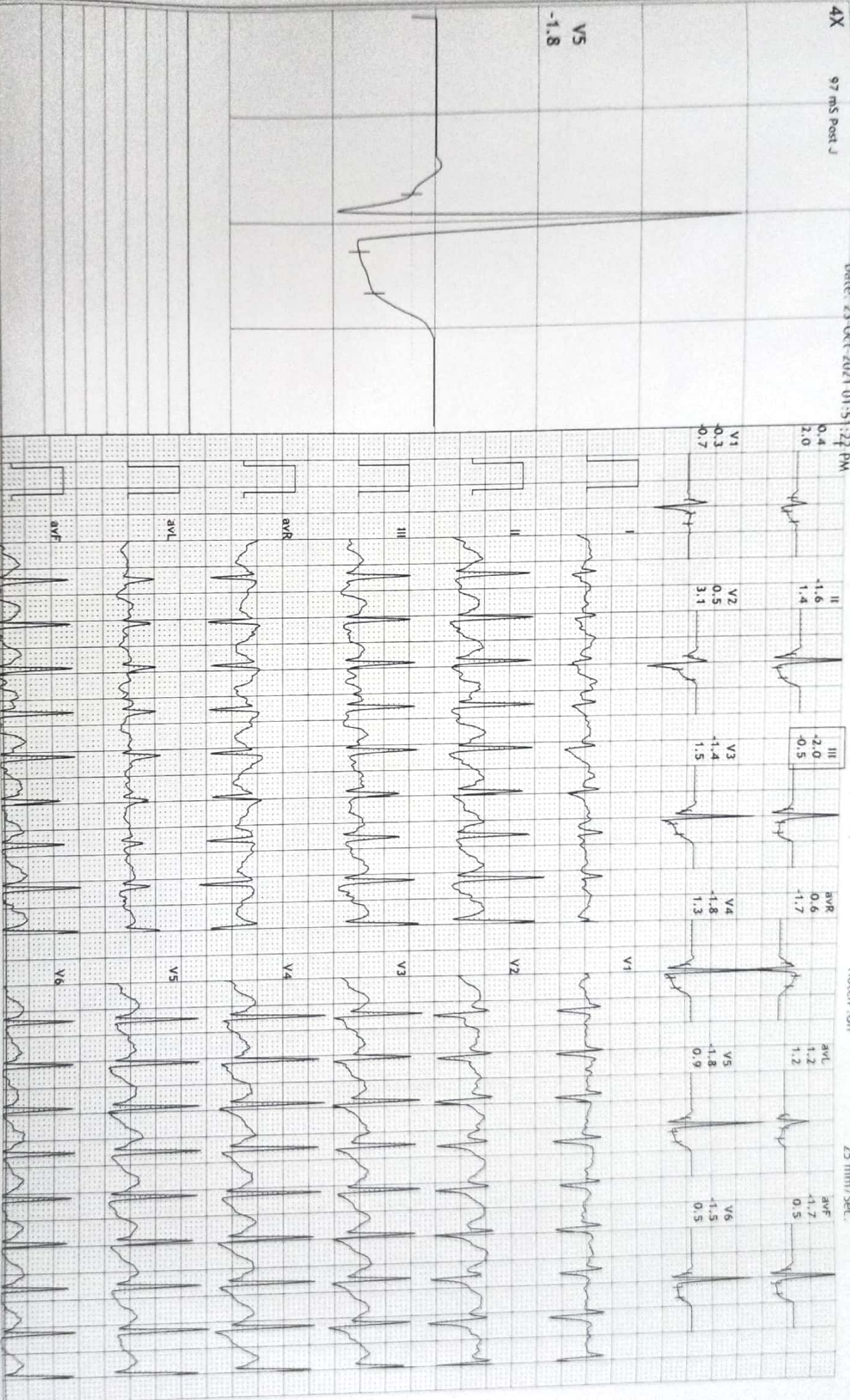
Raw ECG  
BRUCE  
(1.0-35)Hz

Ex Time 06:55  
BLC :On  
Notch :On

BRUCE: PeakEx(0:55)  
10.0 mm/mV  
25 mm/Sec.

4X 97 mS Post J

V5 -1.8



12 Lead + Median

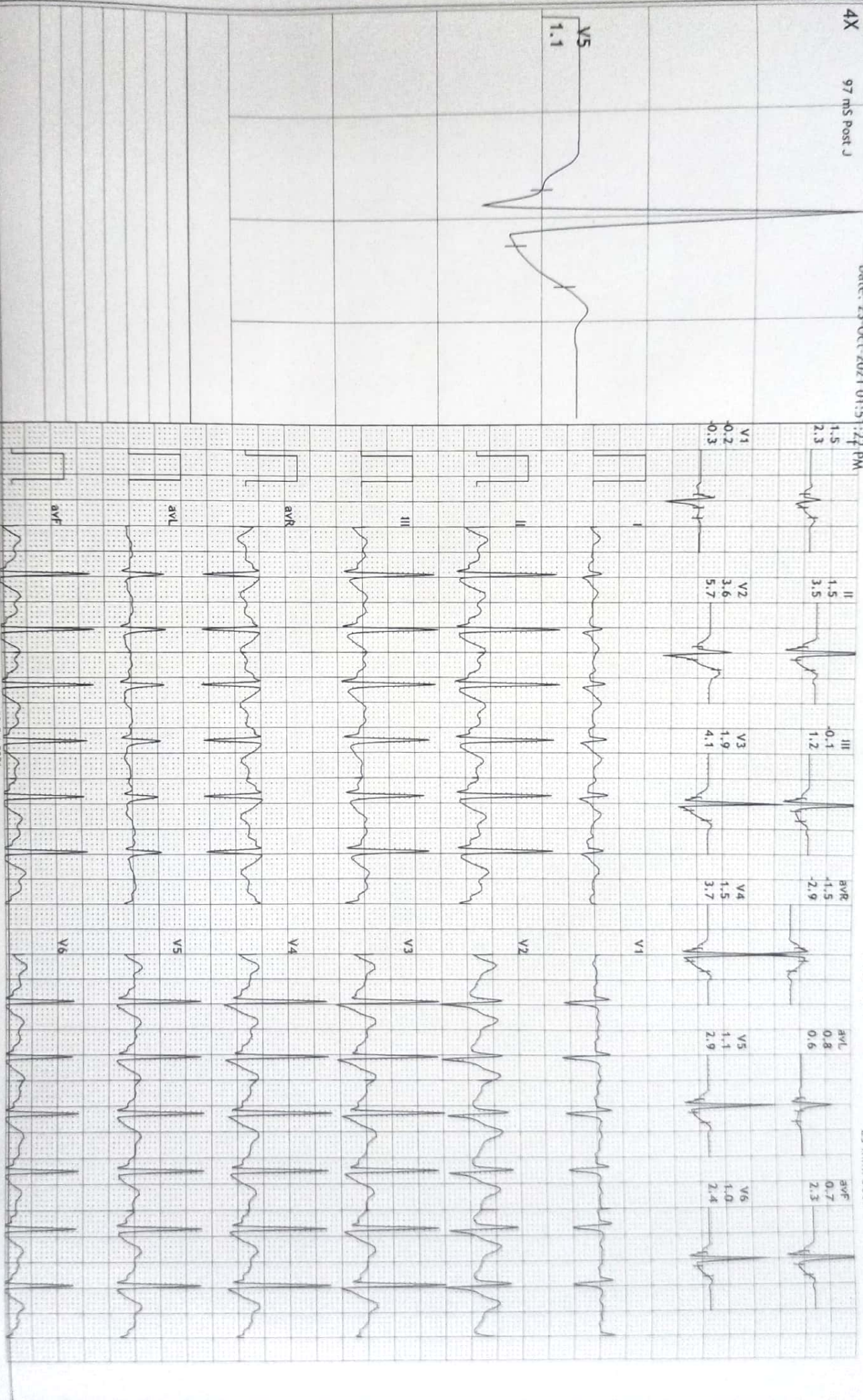
### KSHIPRA SCANS & LABS

2-B, Hazareshwar Colony, Court Chouraha, Udaipur.

1121/MR RAVINDRA SINGHR: 136 bpm  
38 Yrs/Male  
0 Kg/0 Cms  
Date: 23-Oct-2021 01:51:22 PM  
BP: 130/90  
METs: 1.2

MPHR: 74% of 182  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-35)Hz  
Ex Time 06:56  
BLC: On  
Notch: On  
Recovery(1:00)  
10.0 mm/mV  
25 mm/Sec.



12 Lead + Median

1121/MR RAVINDRA SINGH: 110 bpm  
38 Yrs/Male  
0 Kg/0 Cms  
Date: 23-Oct-2021 01:51:22 PM

MPHR: 60% of 182  
Speed: 0.0 mph  
Grade: 0.0%

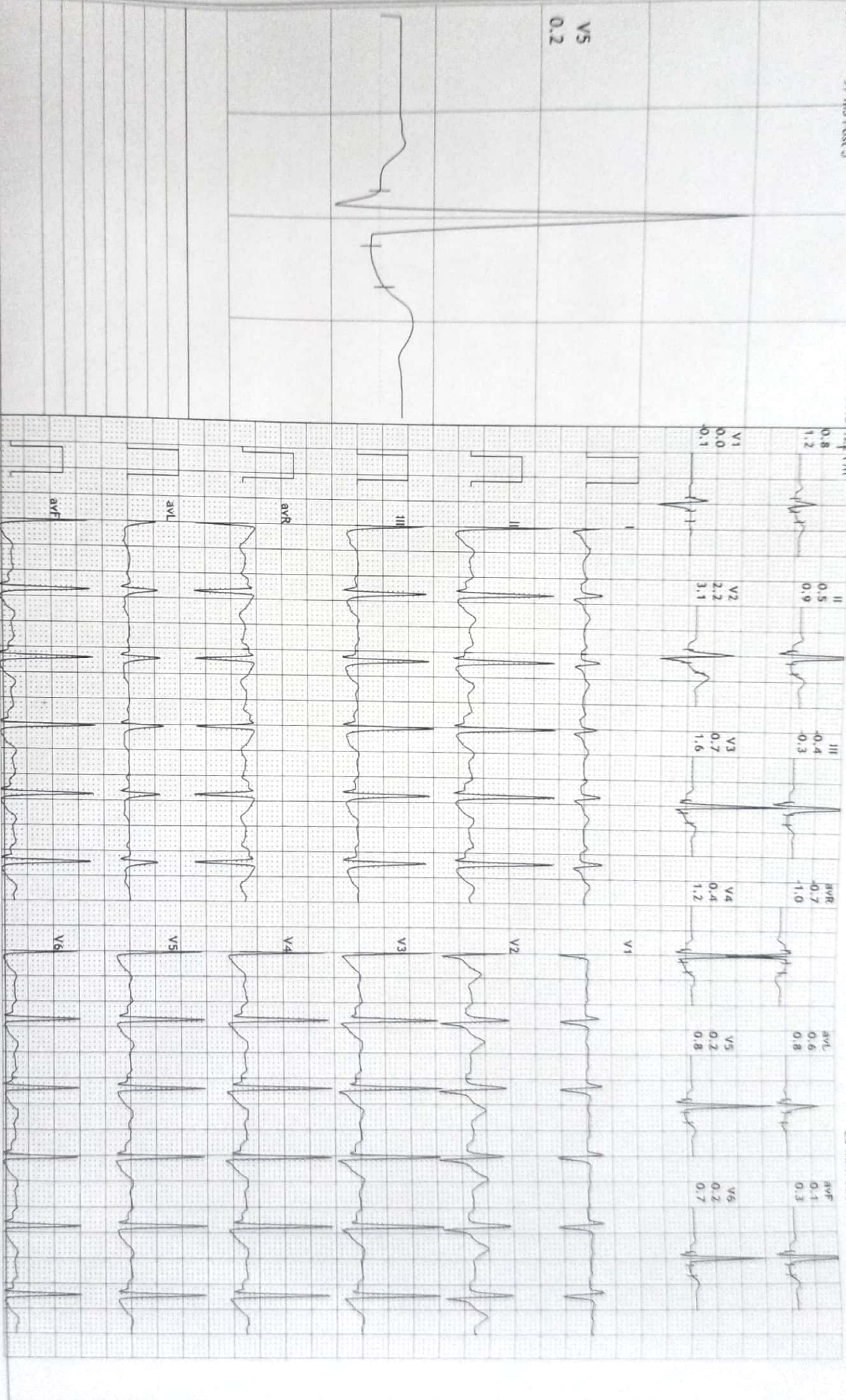
**KSHIPRA SCANS & LABS**  
2-B, Hazareshwar Colony, Court Chouraha, Udaipur.

Raw ECG  
BRUCE  
(1.0.35)Hz  
Ex Time 06:56  
BLC : On  
Notch : On

Recovery(3:08)  
10.0 mm/mV  
25 mm/Sec.

4X 97 MS Post J

V5  
0.2



<b>Name</b>	: Mr. Prahlad Sahay Yadav	<b>Age</b>	: 28 Yrs. / M
<b>Thanks To</b>	: Mediwheel Wellness	<b>Date</b>	: 23.10.2021

## 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 appears normal.



**Consultant Radiologist**

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

Name	: Mr. Prahlad Sahay Yadav	Age	: 28 Yrs. / M
Thanks To	: Mediwheel Wellness	Date	: 23.10.2021

## 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.

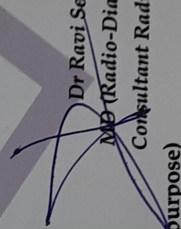
Right kidney measures : 9.8 x 3.6 cms.  
Left kidney measures : 10.2 x 4.2 cms.

**URINARY BLADDER** :  
Urinary bladder is well distended and appears normal in contour. The wall thickness appears normal.

**PROSTATE** :  
Prostate is 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 Senti  
MB (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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# Ultrasound Image Report

