







Reg. No : 2112102244 Name : Jyoti Sanadhaya Age/Sex : 33 Years / Female

Ref. By

Client : MEDIWHEEL WELLNESS Reg. Date : 24-Dec-2021

Collected On : 24-Dec-2021 10:43 **Approved On** : 24-Dec-2021 11:13

Printed On : 25-Dec-2021 15:59

<u>Parameter</u>	Result	<u>Unit</u>	Reference Interval
	COMPLETI	E BLOOD COUNT (CBC)
	SPEC	CIMEN: EDTA BLOOD	
Hemoglobin	13.2	g/dL	12.0 - 15.0
RBC Count	4.32	million/cmm	3.8 - 4.8
Hematrocrit (PCV)	40.0	%	40 - 54
MCH	30.6	Pg	27 - 32
MCV	92.6	fL	83 - 101
MCHC	33.0	%	31.5 - 34.5
RDW	11.6	%	11.5 - 14.5
WBC Count	7520	/cmm	4000 - 11000
DIFFERENTIAL WBC COUNT (Flow	cytometry)		
Neutrophils (%)	55	%	38 - 70
Lymphocytes (%)	40	%	20 - 40
Monocytes (%)	04	%	2 - 8
Eosinophils (%)	01	%	0 - 6
Basophils (%)	00	%	0 - 2
Neutrophils	4136	/cmm	
Lymphocytes	3008	/cmm	
Monocytes	301	/cmm	
Eosinophils	75	/cmm	
Basophils	0	/cmm	
Platelet Count (Flow cytometry)	248000	/cmm	150000 - 450000
MPV	9.7	fL	7.5 - 11.5
ERYTHROCYTE SEDIMENTATION	RATE		
ESR (After 1 hour)	12	mm/hr	0 - 21
and the state of the state of			

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

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Modified Westergren Method

Test done from collected sample

		TEST REPORT		
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Client	: MEDIWHEEL WELLNESS			
Paramete	<u>er</u>	Result		
	Specimen	BLOOD GROUP & RH: EDTA and Serum; Method: Haemagglo	utination	
ABO		'B'		
Rh (D)		Positive		
		End Of Report		



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Approved On

70 - 110

: 24-Dec-2021 14:41

Printed On : 25-Dec-2021 15:59

<u>Unit</u> Reference Interval **Parameter** Result

PLASMA GLUCOSE

Fasting Blood Sugar (FBS) 102.3 mg/dL

Hexokinase Method

Post Prandial Blood Sugar (PPBS) 115.2

Hexokinase Method

70 - 140 mg/dL

Criteria for the diagnosis of diabetes1. HbA1c >/= 6.5 *

2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

3. Two hour plasma glucose >/= 200mg/dL during an oral glucose tolerence test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >/= 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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Client: MEDIWHEEL WELLNESS

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	Reference Interval
	LII	PID PROFILE	
Cholesterol (Enzymatic colorimetric)	194.4	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride (Enzymatic colorimetric)	71.6	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL	14.32	mg/dL	15 - 35
Calculated			
LDL CHOLESTEROL	133.88	mg/dL	Optimal: < 100.0 Near / above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: >190.0
HDL Cholesterol	46.2	mg/dL	30 - 85
Homogeneous enzymatic colorime	etric		
Cholesterol /HDL Ratio Calculated	4.21		0 - 5.0
LDL / HDL RATIO Calculated	2.90		0 - 3.5



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Parameter Result <u>Unit</u> Reference Interval

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP<?xml:namespace prefix = "o" ns = "urn:schemasmicrosoft-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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Approved by: DR PS RAO

TEST REPORT

Reg. No : 2112102244

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Parameter

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Reg. Date : 2

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Reference Interval

HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C

% of Total Hb

Unit

Poor Control: > 7.0 % Good Control: 6.2-7.0 % Non-diabetic Level: 4.3-6.2 %

Boronate Affinity with Fluorescent Quenching

132.74

5.9

Result

mg/dL

Mean Blood Glucose Calculated

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 effects 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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Approved by: DR PS RAO MD Pathologist

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Client : MEDIWHEEL WELLNESS

<u>Parameter</u>	Result	<u>Unit</u>	Reference Interval	
	LIVER FUN	CTION TEST WIT	TH GGT	
Total Bilirubin	0.30	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	0.18	mg/dL	0.0 - 1.1	
Sulph acid dpl/caff-benz				
SGOT	19.1	U/L	0 - 31	
(Enzymatic)				
SGPT	15.3	U/L	0 - 31	
(Enzymatic)				
GGT	20.1	U/L	7 - 32	
(Enzymatic colorimetric)				
Alakaline Phosphatase	61.9	U/L	42 - 141	
(Colorimetric standardized method)				
Protien with ratio				
Total Protein	7.5	g/dL	6.5 - 8.7	
(Colorimetric standardized method)				
Albumin	4.6	mg/dL	3.5 - 4.94	
(Colorimetric standardized method)				
Globulin	2.90	g/dL	2.3 - 3.5	
Calculated				
A/G Ratio	1.59		0.8 - 2.0	
Calculated				

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Result

4.3

Uric Acid (Enzymatic colorimetric) mg/dL

<u>Unit</u>

2.5 - 7.0

Reference Interval

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Collected On : 24-Dec-2021 10:43 **Approved On** : 24-Dec-2021 14:44

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: 24-Dec-2021

Client: MEDIWHEEL WELLNESS

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	Reference Interval	
	THYRC	DID FUNCTION TI	ST	
T3 (Triiodothyronine)	1.24	ng/mL	0.87 - 1.78	
Chemiluminescence				
T4 (Thyroxine)	10.51	μg/dL	5.89 - 14.9	
Chemiluminescence				
TSH (ultra sensitive)	1.588	μIU/ml	0.34 - 5.6	
01				

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 -----

MD Pathologist

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TEST REPORT

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Collected On : 24-Dec-2021 10:43 **Approved On** : 24-Dec-2021 11:12

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Ref. By

Parameter

Client : MEDIWHEEL WELLNESS

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: 24-Dec-2021

Unit Reference Interval

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity 20 cc
Colour Pale Yellow

Appearance Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)

Result

pH 6.0 5.0 - 8.0 Sp. Gravity 1.020 1.002 - 1.03

Nil Protein Nil Glucose Ketone Bodies Nil Urine Bile salt and Bile Pigment Nil Urine Bilirubin Nil Nitrite Nil Leucocytes Trace Nil Blood

MICROSCOPIC EXAMINATION (MANUAL BY MCIROSCOPY)

Leucocytes (Pus Cells) 8- 10/hpf

Erythrocytes (Red Cells) Nil
Epithelial Cells 1-2/hpf

Amorphous Material Nil
Casts Nil
Crystals Nil
Bacteria Nil
Monilia Nil

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

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Approved by: DR PS RAO



Name	:	Jyoti Sanadhaya	Age / Sex	:	33 Yrs. / F	
Thanks To	-	Self	Date	+	24.12.2021	

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.

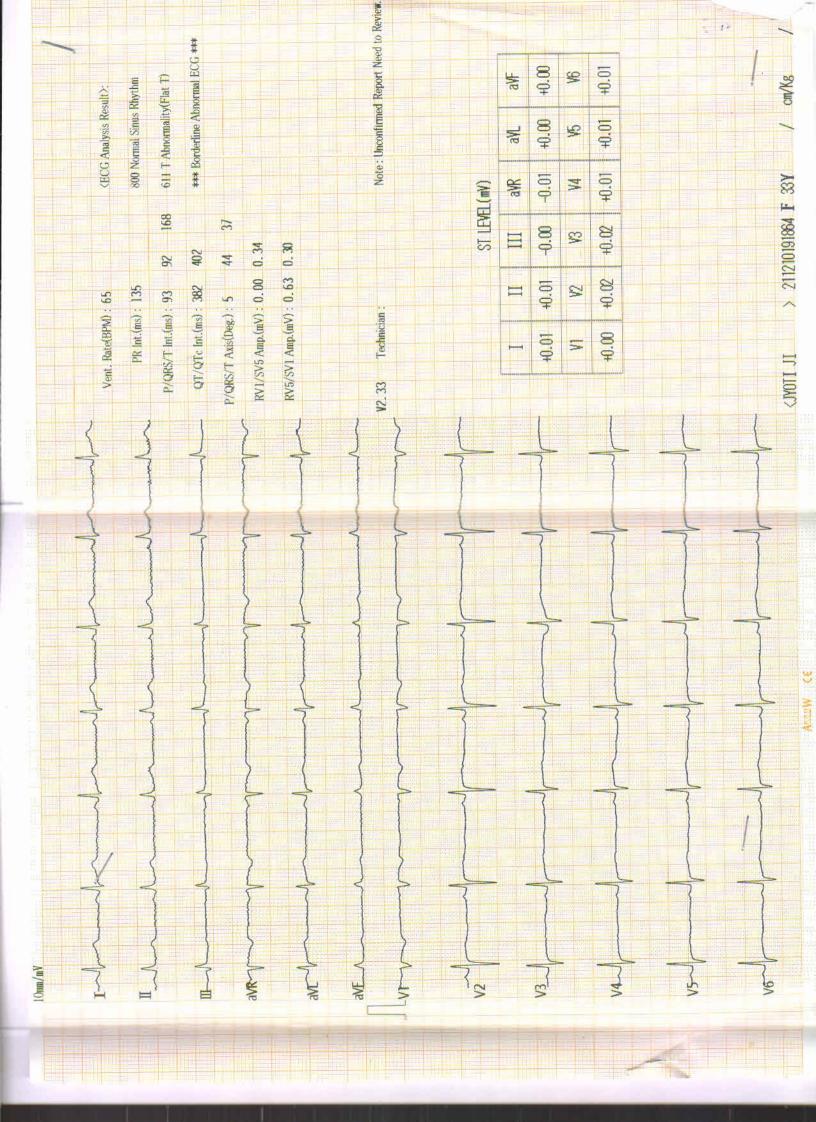
Heart size and aorta are within normal limits.

Bony thorax under vision appears normal.

Both hila appear normal.

Consultant Radiologist

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



Kshipra Scans & Labs

Name	:	Jyoti Sanadhaya	Age	:	33 Yrs. / F
Thanks To	:	Self	Date		24.12.2021

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

9.7 x 3.8 cms.

Left kidney measures

 $9.7 \times 3.7 \text{ cms}$.

URINARY BLADDER

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

UTERUS

Uterus is anteverted, normal in size, shape and echotexture. It measures $8.1 \times 4.6 \times 3.2$ cms. Endometrial appears normal and measures 8.1 mm.

BOTH OVARIES

There is well defined cyst measuring approximately 36 x 33mm with internal echoes and thin septations seen in right ovary.

Left ovary is normal in size, shape and echotexture.

Left ovary measures:

 $3.1 \times 1.7 \text{ cms.}$

No obvious abdominal lymphadenopathy is seen.

No free fluid is seen in peritoneal cavity.

OPINION:

Right ovarian hemorrhagic cyst.

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.

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

Kshipra Scans & Labs

Name	:	Jyoti Sanadhaya	Age	:	33 Yrs. / F
Thanks To	:	Self	Date	:	24.12.2021

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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

9.7 x 3.8 cms.

Left kidney measures

 $9.7 \times 3.7 \text{ cms}$.

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

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(24 x 7 Customer Service) Email: kshipralabsudaipur@gmail.com

110/MS JYOTI SANADHYA 33 Yrs/Femate 0 Kg/0 Cms Date: 24-Dec-2021 01:04:38 PM

Protocol : BRUCE History :

Ref.By:
Medication:
Objective:

Stage	StageTime	StageTime PhaseTime Speed	Speed	Grade	METs	H.R.	B.P.	R.P.P.	PVC	R.P.P. PVC Comments
Supine					1.0	77	=	92		
Standing					1.0	77	120/80	92	•	
ExStart					1.0	123	120/80	147	•	
Stage 1	3:00	3:01	1.7	10.0	4.7	139	130/90	180	•	
Stage 2	3:00	6:01	2.5	12.0	7.1	167	167 140/90	233	•	
Stage 3	3:00	9:01	3.4	14.0	10.2	182	182 150/100	273	,	
PeakEx	0:16	9:17	4.2	16.0	10.5	185	185 150/100	277	•	
Recovery	1:00		0.0	0.0	4.3	133	133 150/100	199	•	
Recovery	3:00		0.0	0.0	1.0	109	109 130/90	141	9	

Findings:

Exercise Time : 9:17 minutes

Max HR attained : 185 bpm 99% of Max Predictable HR 187

Max BP : 150/100(mmHg)

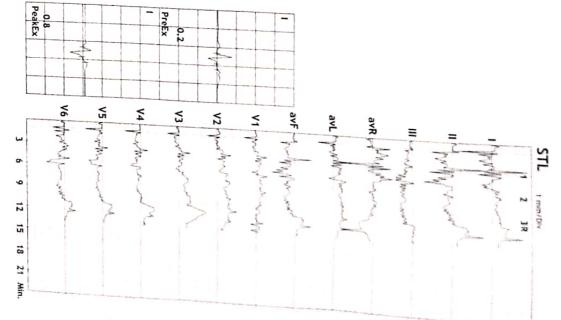
WorkLoad attained: 10.5 (Good Effort Tolerance)

No significant ST segment changes noted during exercise or recovery.

No Angina/Arrhythmia/S3/murmur

Final Impression : Test is negative for inducible ischaehmia.

Maxmum Depression: 0:01



http://www.rmsindia.com @ RMS StressTest (VEGA201_v8.0.9)

