



TEST REPORT

Reg. No : 2301102242
Name : NAVEEN KUMAR
Age/Sex : 30 Years / Male
Ref. By :
Client : MEDIWHEEL WELLNESS

Reg. Date : 28-Jan-2023
Collected On : 28-Jan-2023 08:16
Approved On : 28-Jan-2023 10:17
Printed On : 30-Jan-2023 08:41

Parameter	Result	Unit	Reference Interval
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COMPLETE BLOOD COUNT (CBC)

SPECIMEN: EDTA BLOOD

Hemoglobin	14.0	g/dL	13.0 - 17.0
RBC Count	4.80	million/cmm	4.5 - 5.5
Hematocrit (PCV)	42.7	%	40 - 54
MCH	29.2	Pg	27 - 32
MCV	89.0	fL	83 - 101
MCHC	32.8	%	31.5 - 34.5
RDW	12.1	%	11.5 - 14.5
WBC Count	6710	/cmm	4000 - 11000

DIFFERENTIAL WBC COUNT (Flow cytometry)

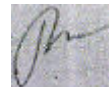
Neutrophils (%)	36	%	38 - 70
Lymphocytes (%)	52	%	20 - 40
Monocytes (%)	08	%	2 - 8
Eosinophils (%)	04	%	0 - 6
Basophils (%)	00	%	0 - 2
Neutrophils	2416	/cmm	
Lymphocytes	3489	/cmm	
Monocytes	537	/cmm	
Eosinophils	268	/cmm	
Basophils	0	/cmm	
Platelet Count (Flow cytometry)	151000	/cmm	150000 - 450000
MPV	9.6	fL	7.5 - 11.5

ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	16	mm/hr	0 - 14
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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	'A'
Rh (D)	Positive

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Approved On : 28-Jan-2023 14:37
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Parameter	Result	Unit	Reference Interval
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PLASMA GLUCOSE

Fasting Blood Sugar (FBS) <i>Hexokinase Method</i>	82.3	mg/dL	70 - 110
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Post Prandial Blood Sugar (PPBS) <i>Hexokinase Method</i>	105.1	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.

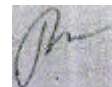
Or

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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Parameter	Result	Unit	Reference Interval
LIPID PROFILE			
Cholesterol <i>(Enzymatic colorimetric)</i>	261.4	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>(Enzymatic colorimetric)</i>	148.0	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	29.60	mg/dL	15 - 35
LDL CHOLESTEROL	193.40	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>	38.4	mg/dL	30 - 70
Cholesterol /HDL Ratio <i>Calculated</i>	6.81		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	5.04		0 - 3.5



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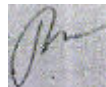
Table header with columns: Parameter, Result, Unit, Reference Interval

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.
. All other responsibility will be of referring Laboratory.

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





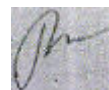
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Parameter	Result	Unit	Reference Interval
LIVER FUNCTION TEST WITH GGT			
Total Bilirubin <i>Colorimetric diazo method</i>	0.56	mg/dL	0.10 - 1.0
Conjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.22	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.34	mg/dL	0.0 - 1.1
SGOT <i>(Enzymatic)</i>	30.9	U/L	0 - 37
SGPT <i>(Enzymatic)</i>	50.7	U/L	0 - 40
GGT <i>(Enzymatic colorimetric)</i>	24.6	U/L	11 - 49
Alakaline Phosphatase <i>(Colorimetric standardized method)</i>	107.5	U/L	53 - 130
<u>Protien with ratio</u>			
Total Protein <i>(Colorimetric standardized method)</i>	7.0	g/dL	6.5 - 8.7
Albumin <i>(Colorimetric standardized method)</i>	4.6	mg/dL	3.5 - 5.3
Globulin <i>Calculated</i>	2.40	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.92		0.8 - 2.0

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<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Interval</u>
KIDNEY FUNCTION TEST			
UREA <i>(Urease & glutamate dehydrogenase)</i>	25.2	mg/dL	10 - 50
Creatinine <i>(Jaffe method)</i>	0.95	mg/dL	0.5 - 1.4
Uric Acid <i>(Enzymatic colorimetric)</i>	4.8	mg/dL	2.5 - 7.0

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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity : 20 cc
Colour : Pale Yellow
Appearance : Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)

pH	5.0	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	Nil	
Blood	Nil	

MICROSCOPIC EXAMINATION (MANUAL BY MCIROSCOPY)

Leucocytes (Pus Cells)	Occasional/hpf
Erythrocytes (Red Cells)	Nil
Epithelial Cells	1-2/hpf
Amorphous Material	Nil
Casts	Nil
Crystals	Nil
Bacteria	Nil
Monilia	Nil

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STOOL EXAMINATION

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

Mucus Nil

Pus Cells 1 - 2/hpf

Red Cells Nil

Epithelial Cells Nil

Vegetable Cells Nil

Trophozoites Nil

Cysts Nil

Ova Nil

Neutral Fat Nil

Monilia Nil

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 occasional unruptured RBCs.

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

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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C <i>Boronate Affinity with Fluorescent Quenching</i>	5.4	% 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>	114.94	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)

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THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>Chemiluminescence</i>	1.15	ng/mL	0.87 - 1.81
T4 (Thyroxine) <i>Chemiluminescence</i>	7.06	µg/dL	5.89 - 14.9
TSH (ultra sensitive) <i>Chemiluminescence</i>	4.680	µIU/ml	0.34 - 5.6

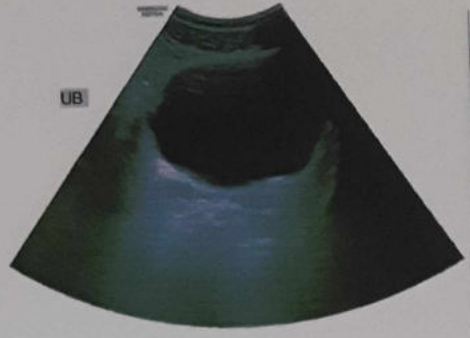
SUMMARY The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones. TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid. **LIMITATION** Presence of autoantibodies may cause unexpected high value of TSH

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

MS70A 28-01-2023-0013
NAVEEN
KSHIPRA LABS UDAIPUR MI 1.4 28-01-2023
CA1-7A / Abdomen / FR 25Hz TIs 0.1 11:22:32 AM



MS70A 28-01-2023-0013
NAVEEN
KSHIPRA LABS UDAIPUR MI 1.4 28-01-2023
CA1-7A / Abdomen / FR 25Hz TIs 0.1 11:22:39 AM



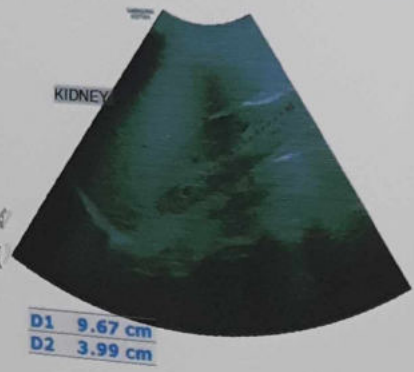
MS70A 28-01-2023-0013
NAVEEN
KSHIPRA LABS UDAIPUR MI 1.4 28-01-2023
CA1-7A / Abdomen / FR 24Hz TIs 0.1 11:22:48 AM



MS70A 28-01-2023-0013
NAVEEN
KSHIPRA LABS UDAIPUR MI 1.4 28-01-2023
CA1-7A / Abdomen / FR 24Hz TIs 0.1 11:22:59 AM



MS70A 28-01-2023-0013
NAVEEN
KSHIPRA LABS UDAIPUR MI 1.4 28-01-2023
CA1-7A / Abdomen / FR 24Hz TIs 0.1 11:23:11 AM



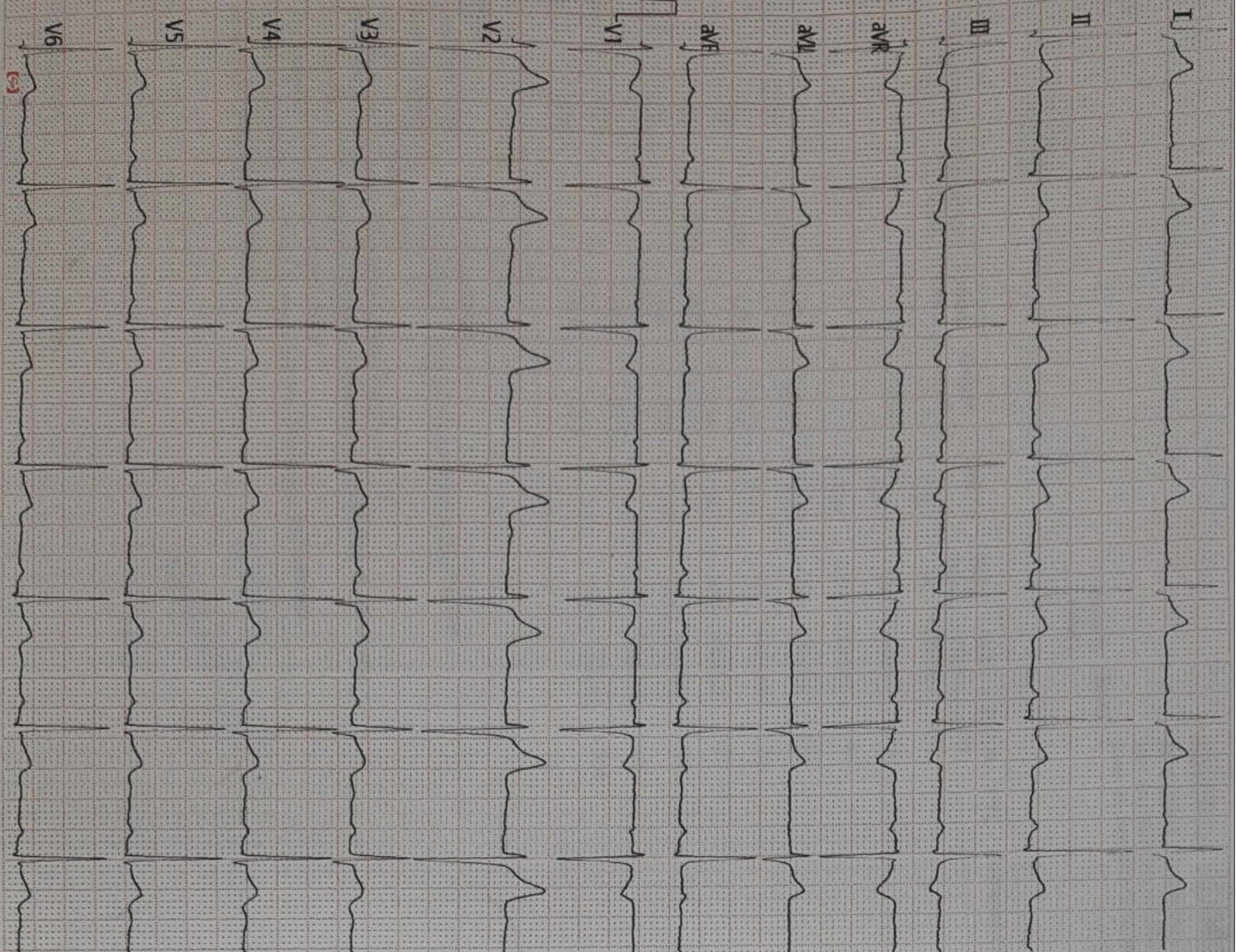
D1 9.67 cm
D2 3.99 cm

MS70A 28-01-2023-0013
NAVEEN
KSHIPRA LABS UDAIPUR MI 1.4 28-01-2023
CA1-7A / Abdomen / FR 24Hz TIs 0.1 11:23:34 AM



D1 10.06 cm
D2 4.73 cm

Mob.: 7229961115, 7229901166, 7229910000



Vent. Rate(BPM) : 66

<ECG Analysis Result>

PR Int. (ms) : 185

800 Normal Sinus Rhythm

P/QRS/T Int.(ms) : 117 100 180

*** Normal ECG ***

QT/QTc Int.(ms) : 378 397

P/QRS/T Axis(Deg.) : 84 72 14

RV1/SV5 Amp.(mV) : 0.20 0.06

RV5/SV1 Amp.(mV) : 1.57 1.21

V2 33 Technician :

Note : Unconfirmed Report Need to Review

ST LEVEL(mV)

I	II	III	aVR	aVL	aVF
+0.04	+0.07	+0.02	-0.06	+0.01	+0.05
V1	V2	V3	V4	V5	V6
-0.01	+0.10	+0.06	+0.06	+0.05	+0.05





Summary

Ref. By :
Medication :
Objective :

Protocol : BRUCE
History :

KSHIPRA SCANS & LABS
2B COURT CHOURAHA UDAIPUR
2301101138/NAVEEN KUMAR 30 Yrs/Male
Date: 01-Jan-2009 12:16:56 AM

0 Kg/0 Cms

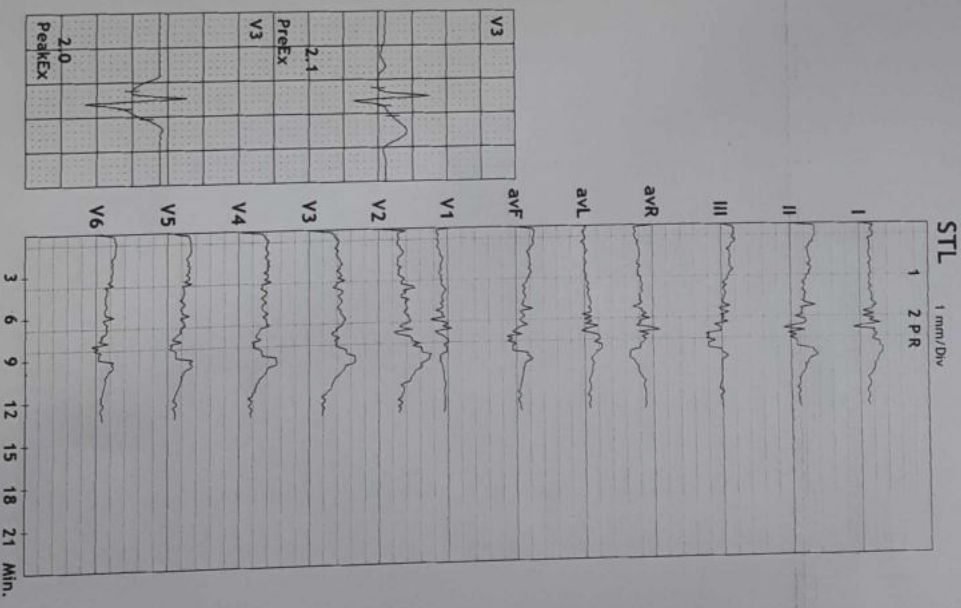
Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	84	120/80	100	-	
Standing					1.0	79	120/80	94	-	
EXStart					1.0	79	120/80	94	-	
Stage 1	3:00	3:01	1.7	10.0	4.7	94	130/84	122	-	
Stage 2	3:00	6:01	2.5	12.0	7.1	122	140/88	170	-	
PeakEx	1:32	7:33	3.4	14.0	8.7	165	150/92	247	-	
Recovery	1:00		0.0	0.0	1.2	128	150/92	192	-	
Recovery	3:00		0.0	0.0	1.0	97	130/84	126	-	
Recovery	5:00		0.0	0.0	1.0	87	120/80	104	-	

Findings :

Exercise Time : 7:33 minutes
 Max HR attained : 165 bpm 87% of Max Predictable HR 190
 Max BP : 150/92(mmHg)
 Workload attained : 8.7 (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: 6:54

Advice/Comments:

Negative





12 Lead + Comparison

2301101138/NAVEEN KUMAR82 bpm
30 Yrs/Male
0 Kg/0 Cms

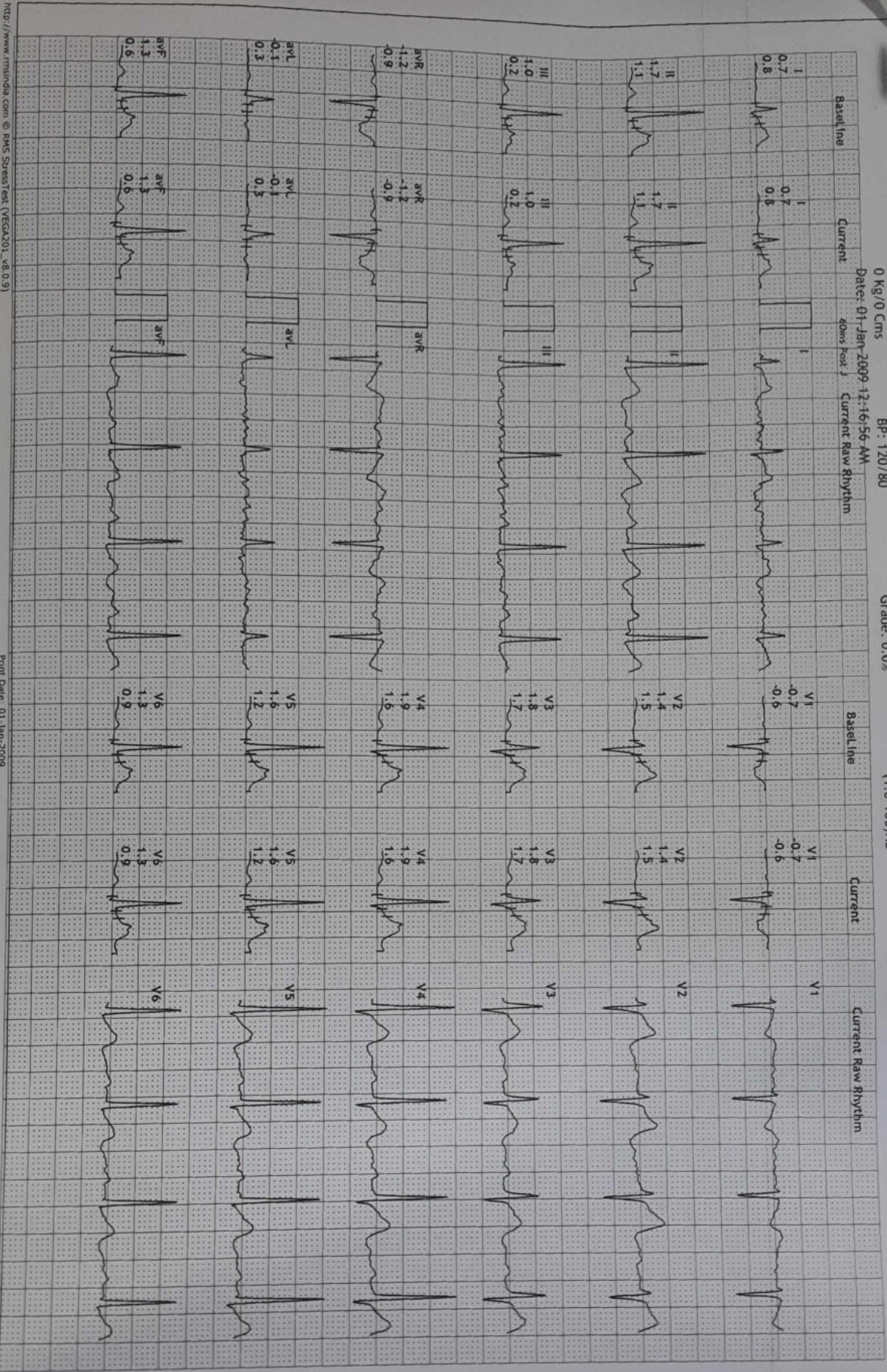
METS: 1.0
BP: 120/80
MPHR: 43% of 190
Speed: 1.1 mph
Grade: 0.0%

KSHIPRA SCANS & LABS
2B COURT CHOURAHA UDAIPUR

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 00:33
BLC :On
Notch :On
SUPINE
10.0 mm/mV
25 mm/Sec.

Date: 01-Jan-2009 12:16:56 AM
6ms Post J Current Raw Rhythm





12 Lead + Comparison

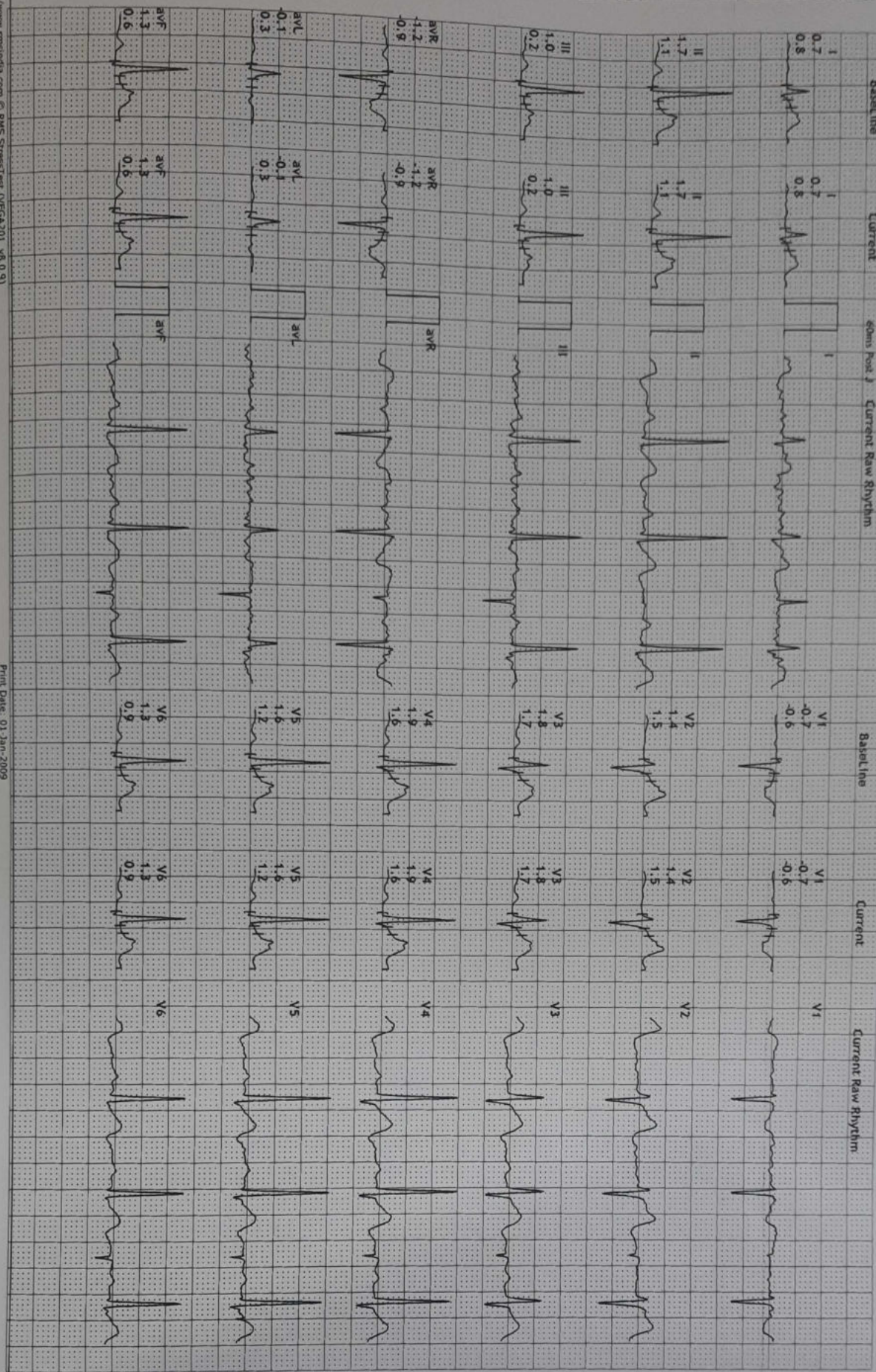
KSHIPRA SCANS & LABS
2B COURT CHOURAHA UDAIPUR

230110138/NAVEEN KUMAR 78 bpm
30 Yrs/Male METS: 1.0
0 Kg/0 Cms BP: 120/80
Date: 01-Jan-2009 12:46:56 AM
Som Post: 1 Current Raw Rhythm

MpHR: 41% of 190
Speed: 1.1 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-100)HZ
Ex Time 00:38
BLC :On
Notch :On

STANDING
10.0 mm/mV
25 mm/Sec.





12 Lead + Comparison

KSHIPRA SCANS & LABS
2B COURT CHOURAHA UDAIPUR

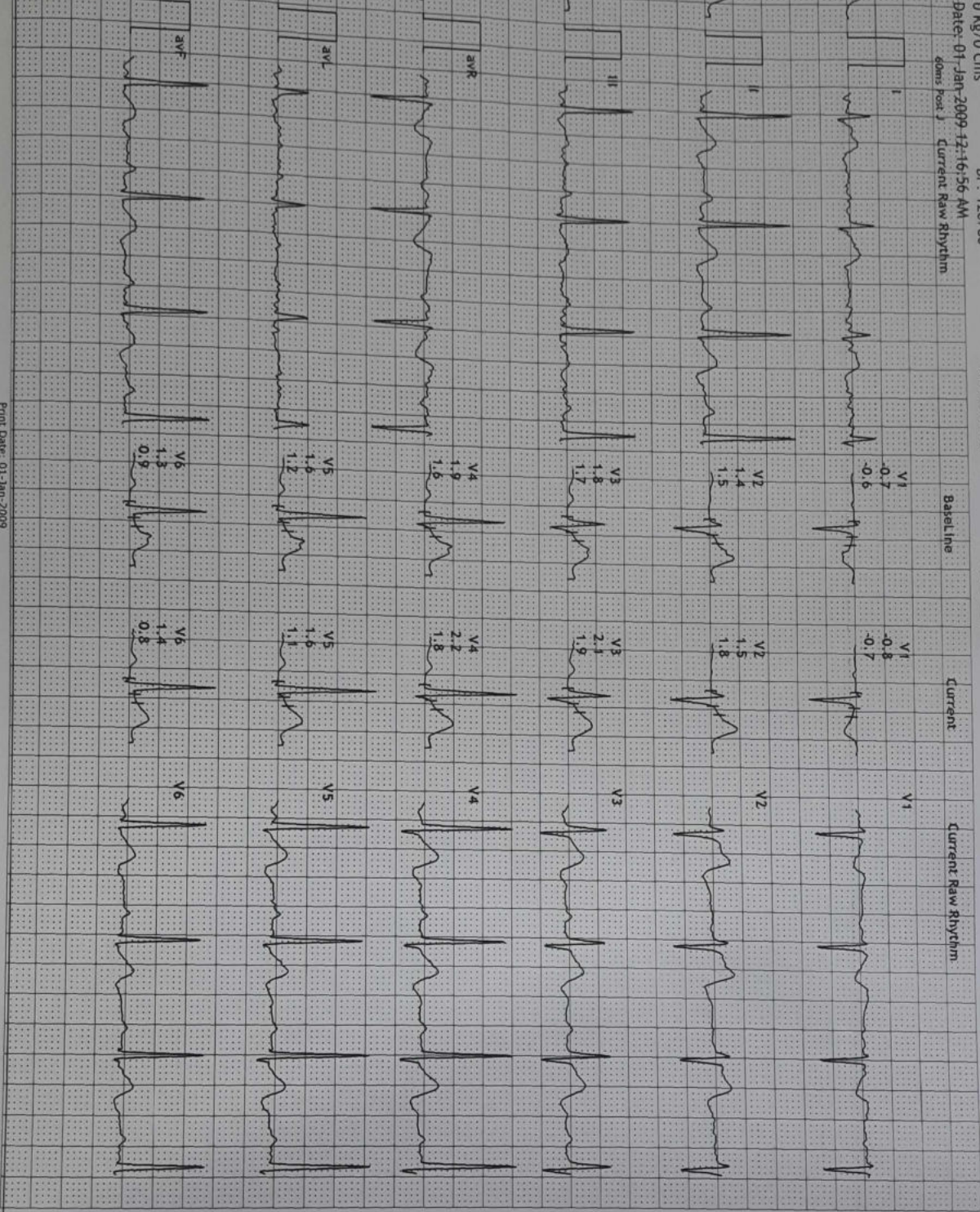
2301101138/NAVEEN KUMAR79 bpm
 30 Yrs/Male
 0 Kg/0 Cms
 Date: 01-Jan-2009 12:16:56 AM
 60ms Post J

MpHR: 41% of 190
 Speed: 0.0 mph
 Grade: 0.0%

Raw ECG
 BRUCE
 (1.0-100)Hz

Ex Time 00:00
 BLC : On
 Notch : On

ExStt
 10.0 mm/mv
 25 mm/Sec.





12 Lead + Comparison

KSHIPRA SCANS & LABS 2B COURT CHOURAHA UDAIPUR

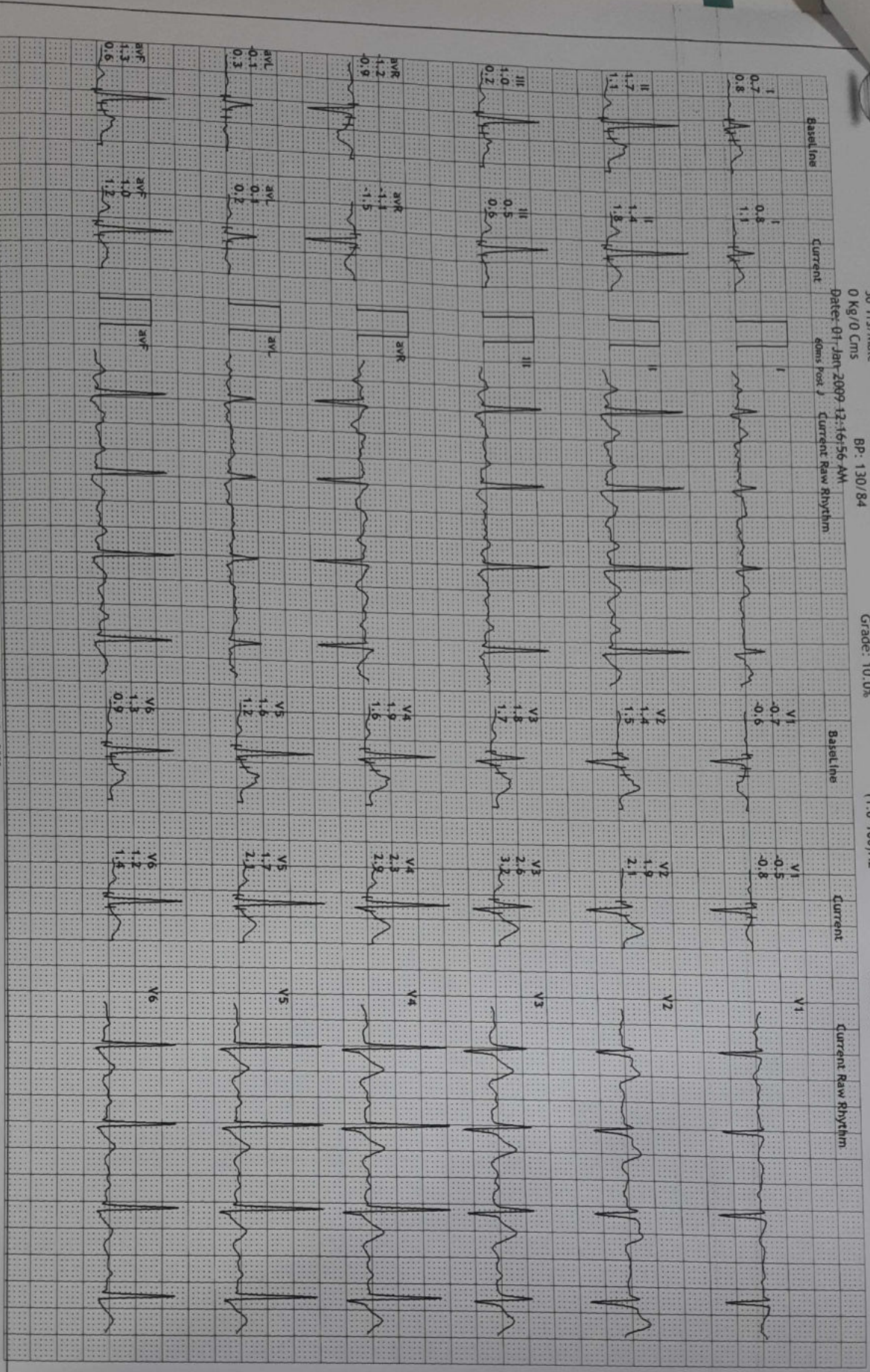
2301101138/NAVEEN KUMAR94 bpm
30 Yrs/Male METS: 4.7
0 Kg/0 Cms BP: 130/84

MPHR: 49% of 190
Speed: 1.7 mph
Grade: 10.0%

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 03:00
BLC : On
Notch : On

Stage 1 (03:00)
10.0 mm/mV
25 mm/Sec.





12 Lead + Comparison

KSHIPRA SCANS & LABS 2B COURT CHOURAHA UDAIPUR

2301101138/NAVEEN KUMAR 122 bpm
30 Yrs/Male
0 Kg/0 Cms

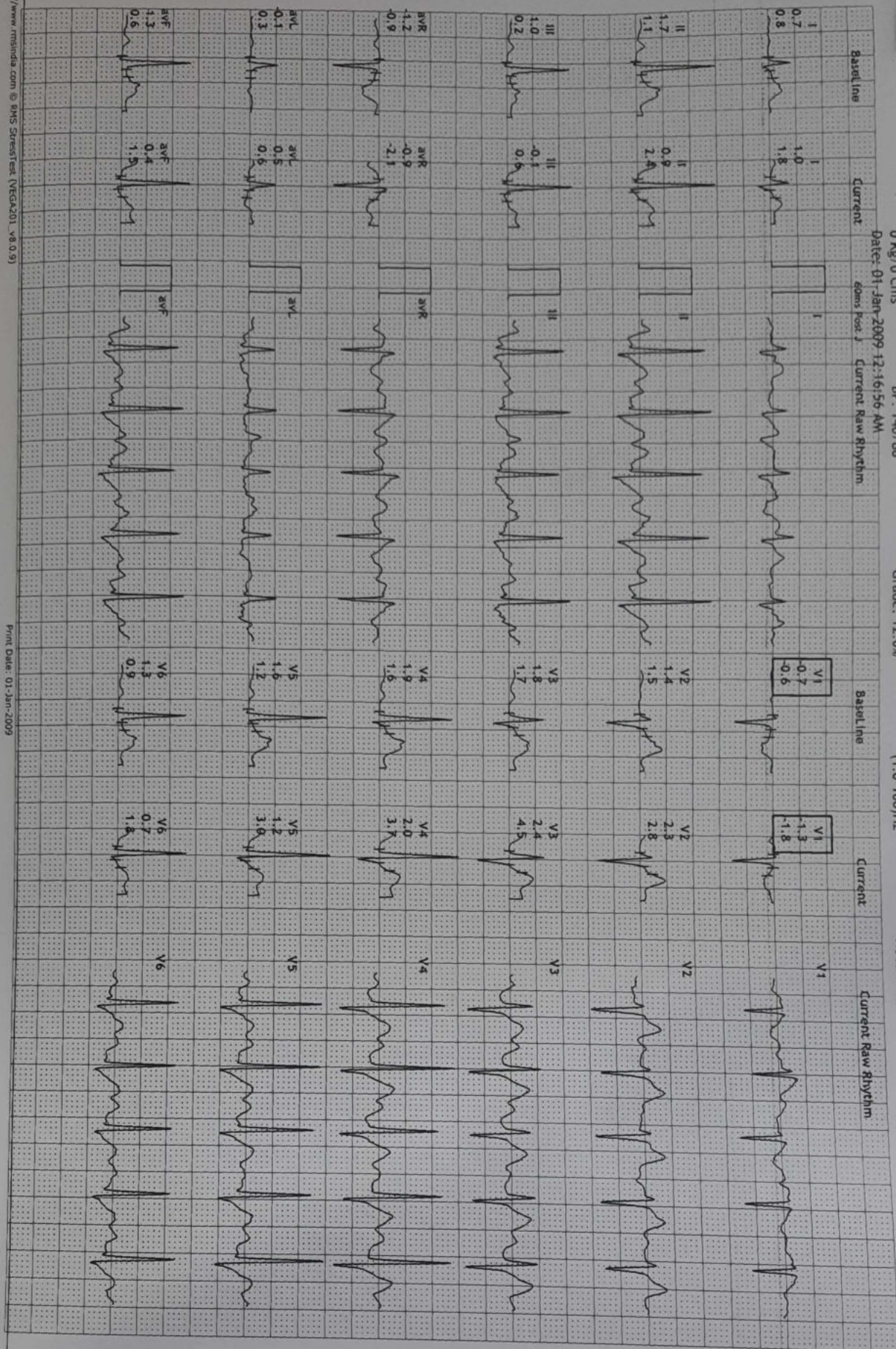
MPHR: 64% of 190
Speed: 2.5 mph
Grade: 12.0%

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 06:00
BLC : On
Notch : On

Stage 2 (03:00)
10.0 mm/mV
25 mm/Sec.

Date: 01-Jan-2009 12:16:56 AM
Ecg Pos: J





12 Lead + Comparison

KSHIPRA SCANS & LABS
2B COURT CHOURAHA UDAIPUR

2301101138/NAVEEN KUMAR 165 bpm
30 Yrs/Male
0 Kg/0 Cms

METS: 8.7
BP: 150/92

MPHR: 86% of 190
Speed: 3.4 mph
Grade: 14.0%

Raw ECG
BRUCE
(1.0-100)Hz

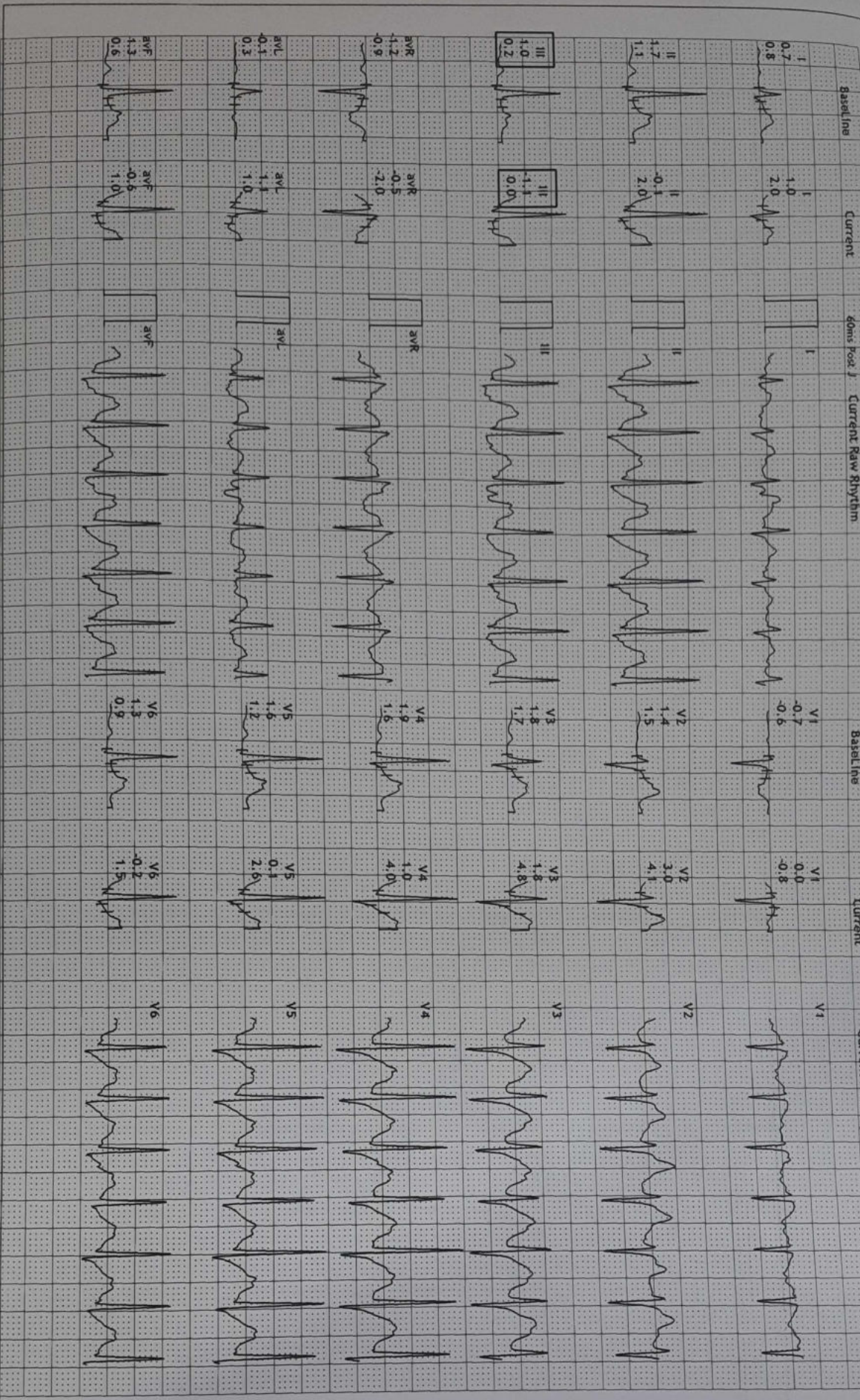
Ex Time 07:32
BLC :On
Notch :On

PeakEx
10.0 mm/mV
25 mm/Sec.

Date: 01-Jan-2009 12:16:56 AM
60ms Post J

Current Raw Rhythm

Current Raw Rhythm



12 Lead + Comparison

KSHIPRA SCANS & LABS
2B COURT CHOURAHA UDAIPUR

2301101138/NAVEEN KUMAR98 dpm
30 Yrs/Male
0 Kg/0 Cms

BP: 140/88
METS: 1.0

MPHR: 51% of 190
Speed: 0.0 mph
Grade: 0.0%

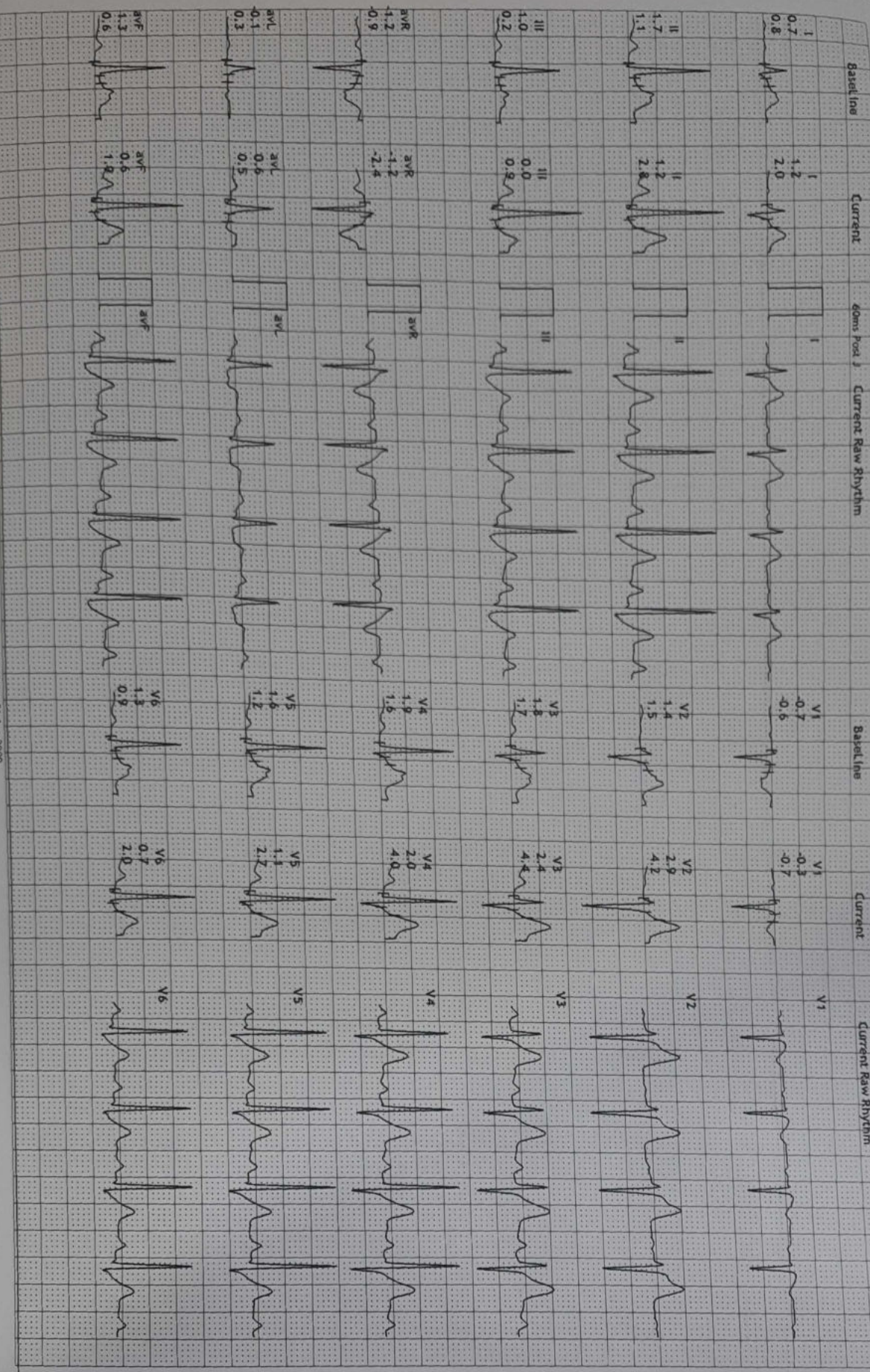
Recovery : (02:00)
10.0 mm/mV
25 mm/Sec.

Date: 01-Jan-2009 12:16:56 AM

Ex Time 07:32

Raw ECG
BRUCE
(1.0-100)HZ

BLC : On
Notch : On



12 Lead + Comparison

2301101138/NAVEEN KUMAR92 bpm
 30 Yrs/Male
 0 Kg/0 Cms
 Date: 01-Jan-2009 12:16:56 AM

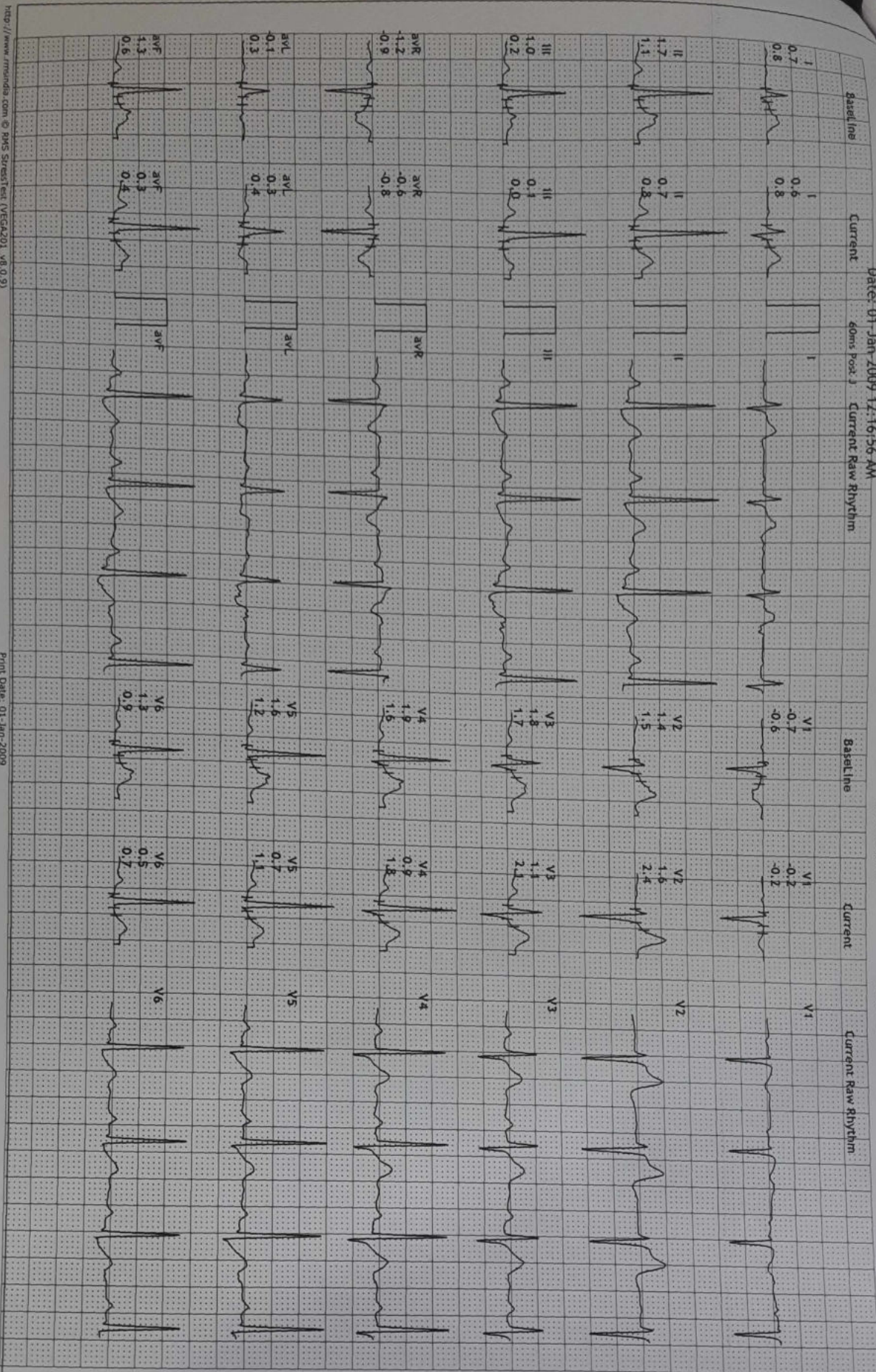
MPHR: 48% of 190
 Speed: 0.0 mph
 Grade: 0.0%

Raw ECG
 BRUCE
 (1.0-100)Hz

Ex Time 07:32
 BLC : On
 Notch : On

Recovery : (04:00)
 10.0 mm/mv
 25 mm/Sec.

KSHIPRA SCANS & LABS
 2B COURT CHOURAHA UDAIPUR



Name	: Mr. Naveen kumar	Age	: 30Yrs. / M
Thanks To	: Mediwheel wellness	Date	: 28/01/2023

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

Name	: Mr. Naveen kumar	Age	: 30Yrs. / M
Thanks To	: Mediwheel wellness	Date	: 28/01/2023

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 : 9.6x 3.9 cms.

Left kidney measures : 10.0 x 4.7 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 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.

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