Reg. No : 2301102243 **Name** : SHILPA

Age/Sex : 33 Years / Female

Ref. By

Client: MEDIWHEEL WELLNESS

Reg. Date : 28-Jan-2023

Collected On : 28-Jan-2023 08:19 **Approved On** : 28-Jan-2023 10:18

Printed On : 30-Jan-2023 08:41

Result Unit Reference Interval

<u>Parameter</u>	Result	<u>Unit</u>	Reference Interval
	COMPLETE BLC	OOD COUNT (CBC)
Hemoglobin	12.9	g/dL	12.0 - 15.0
RBC Count	4.96	million/cmm	3.8 - 4.8
Hematrocrit (PCV)	40.6	%	40 - 54
MCH	26.0	Pg	27 - 32
MCV	81.9	fL	
			83 - 101
MCHC	31.8	%	31.5 - 34.5
RDW	13.8	%	11.5 - 14.5
WBC Count	6670	/cmm	4000 - 11000
DIFFERENTIAL WBC COUNT (Flow	= = = = = = = = = = = = = = = = = = = =		
Neutrophils (%)	49	%	38 - 70
Lymphocytes (%)	41	%	20 - 40
Monocytes (%)	06	%	2 - 8
Eosinophils (%)	04	%	0 - 6
Basophils (%)	00	%	0 - 2
Neutrophils	3268	/cmm	
Lymphocytes	2735	/cmm	
Monocytes	400	/cmm	
Eosinophils	267	/cmm	
Basophils	0	/cmm	
Platelet Count (Flow cytometry)	305000	/cmm	150000 - 450000
MPV	8.7	fL	7.5 - 11.5
ERYTHROCYTE SEDIMENTATION	RATE		
ESR (After 1 hour)	18	mm/hr	0 - 21
Modified Westergren Method			

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

Page 1 of 10

Oh



: 2301102243 Reg. No Name

: SHILPA : 33 Years / Female

Ref. By

Parameter

Age/Sex

Client : MEDIWHEEL WELLNESS Reg. Date

: 28-Jan-2023

Collected On : 28-Jan-2023 08:19

Approved On

: 28-Jan-2023 14:37

Printed On : 30-Jan-2023 08:41

<u>Unit</u> Reference Interval Result

PLASMA GLUCOSE

Fasting Blood Sugar (FBS)

77.2

mg/dL

70 - 110

Hexokinase Method

Post Prandial Blood Sugar (PPBS)

112.1

mg/dL

70 - 140

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

Or
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.

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

Approved by: DR PS RAO MD Pathologist

This is an electronically authenticated report.

Test done from collected sample

TEST REPORT

: 2301102243 Reg. No

Name : SHILPA

Age/Sex : 33 Years / Female

Ref. By

Client : MEDIWHEEL WELLNESS Reg. Date

: 28-Jan-2023

Collected On

: 28-Jan-2023 08:19

Approved On : 28-Jan-2023 10:26

Printed On : 30-Jan-2023 08:41

<u>Parameter</u>	Result	<u>Unit</u>	Reference Interval	
	KIDNEY FL	JNCTION TEST		
UREA (Urease & glutamate dehydrogenase)	37.6	mg/dL	10 - 50	
Creatinine (Jaffe method)	0.74	mg/dL	0.5 - 1.2	
Uric Acid (Enzymatic colorimetric)	3.7	mg/dL	2.5 - 7.0	

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

Reg. No : 2301102243 Name : SHILPA

Collected On : 28-Jan-2023 08:19 Age/Sex : 33 Years / Female Approved On : 28-Jan-2023 10:26 Printed On : 30-Jan-2023 08:41

Reg. Date

: 28-Jan-2023

Ref. By

Client : MEDIWHEEL WELLNESS

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	Reference Interval	
	LIVER FUN	ICTION TEST WIT	TH GGT	
Total Bilirubin	0.34	mg/dL	0.20 - 1.0	
Colorimetric diazo method				
Conjugated Bilirubin	0.18	mg/dL	0.0 - 0.3	
Sulph acid dpl/caff-benz				
Unconjugated Bilirubin	0.16	mg/dL	0.0 - 1.1	
Sulph acid dpl/caff-benz				
SGOT	28.5	U/L	0 - 31	
(Enzymatic)				
SGPT	34.7	U/L	0 - 31	
(Enzymatic)				
GGT	13.0	U/L	7 - 32	
(Enzymatic colorimetric)				
Alakaline Phosphatase	98.9	U/L	42 - 141	
(Colorimetric standardized method)				
Protien with ratio				
Total Protein	6.7	g/dL	6.5 - 8.7	
(Colorimetric standardized method)				
Albumin	3.7	mg/dL	3.5 - 4.94	
(Colorimetric standardized method)				
Globulin	3.00	g/dL	2.3 - 3.5	
Calculated				
A/G Ratio	1.23		0.8 - 2.0	
Calculated				

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



Reg. No : 2301102243 **Name** : SHILPA

Age/Sex : 33 Years / Female

Ref. By

Client : MEDIWHEEL WELLNESS

Reg. Date : 28-Jan-2023

Collected On : 28-Jan-2023 08:19 **Approved On** : 28-Jan-2023 10:26

Printed On : 30-Jan-2023 08:41

<u>Parameter</u>	Result	<u>Unit</u>	Reference Interval
	LIPID	PROFILE	
Cholesterol (Enzymatic colorimetric)	155.0	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride (Enzymatic colorimetric)	51.0	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL	10.20	mg/dL	15 - 35
Calculated			
LDL CHOLESTEROL	105.60	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol	39.2	mg/dL	30 - 85
Homogeneous enzymatic colorimetric			
Cholesterol /HDL Ratio Calculated	3.95		0 - 5.0
LDL / HDL RATIO Calculated	2.69		0 - 3.5



: 2301102243 Reg. No Name SHILPA

Age/Sex : 33 Years / Female

Ref. By

Client MEDIWHEEL WELLNESS

microsoft-com:office:office"/>

Reg. Date : 28-Jan-2023

Collected On : 28-Jan-2023 08:19

Approved On : 28-Jan-2023 10:26 **Printed On** : 30-Jan-2023 08:41

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

> 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 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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Approved by:



Reg. No : 2301102243 **Name** : SHILPA

Age/Sex : 33 Years / Female

Ref. By

Client: MEDIWHEEL WELLNESS

Reg. Date : 28-Jan-2023

Collected On : 28-Jan-2023 08:19 **Approved On** : 28-Jan-2023 10:19

Printed On : 30-Jan-2023 08:41

Daniero etc	Danill	1114	Defense as Internal	
<u>Parameter</u>	Result	<u>Unit</u>	Reference Interval	
	THYRO	ID FUNCTION TE	ST	
T3 (Triiodothyronine)	1.30	ng/mL	0.87 - 1.78	
Chemiluminescence				
T4 (Thyroxine)	6.55	μg/dL	5.89 - 14.9	
Chemiluminescence				
TSH (ultra sensitive)	14.597	μlU/ml	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 -----

TEST REPORT

Reg. No : 2301102243 **Name** : SHILPA

Age/Sex : 33 Years / Female

Ref. By

Client: MEDIWHEEL WELLNESS

Reg. Date : 2

: 28-Jan-2023

Collected On : 28-Jan-2023 08:19 **Approved On** : 28-Jan-2023 10:26

Approved On : 28-Jan-2023 10:26 **Printed On** : 30-Jan-2023 08:41

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

HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C

Boronate Affinity with Fluorescent Quenching

5.8

% of Total Hb

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

Mean Blood Glucose

129.18

mg/dL

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)

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

Page 8 of 10

This is an electronically authenticated report.

Approved by:

DR PS RAO MD Pathologist

Reg. No : 2301102243 **Name** : SHILPA

Age/Sex : 33 Years / Female

Ref. By

Parameter

Client: MEDIWHEEL WELLNESS

Reg. Date : 28-Jan-2023

Collected On : 28-Jan-2023 08:19 **Approved On** : 28-Jan-2023 10:46

Printed On : 30-Jan-2023 08:41

Result Unit Reference Interval

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity 20 cc

Colour Pale Yellow

Appearance Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)

pH 6.0 5.0 - 8.0 Sp. Gravity 1.005 1.002 - 1.03

Nil Protein Nil Glucose 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) 1 - 2/hpf

Erythrocytes (Red Cells) Occasional/hpf

Epithelial Cells 1-2/hpf
Amorphous Material Nil

Casts Nil
Crystals Nil
Bacteria Nil
Monilia Nil

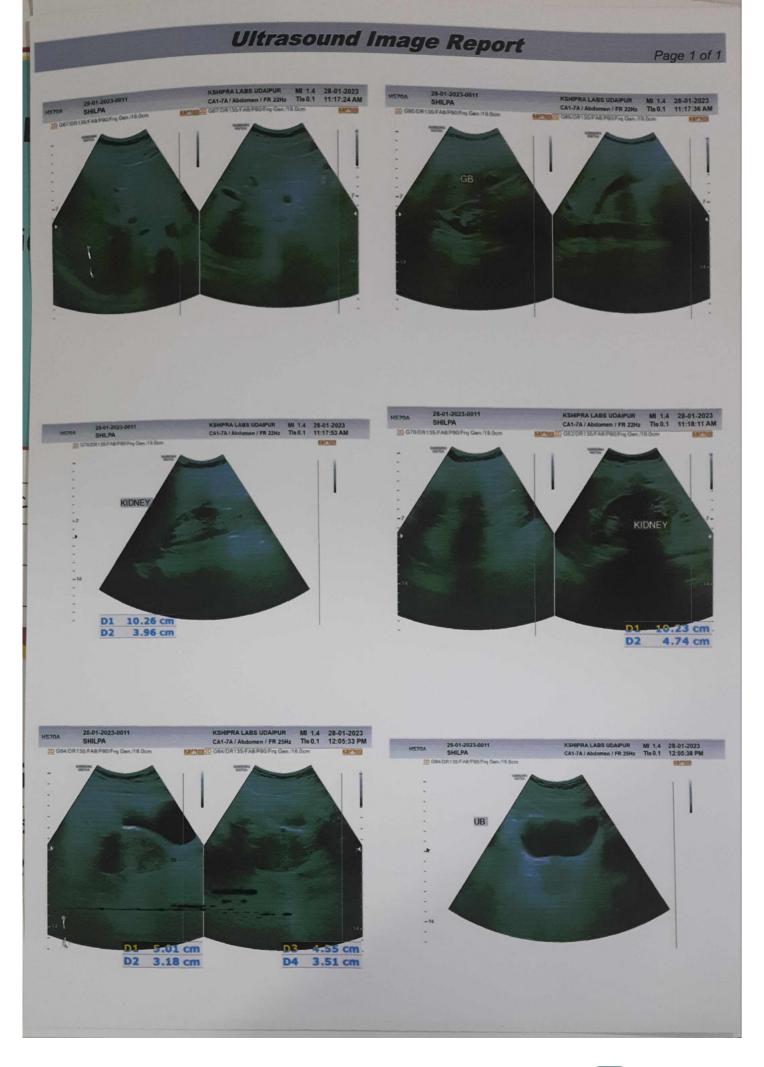
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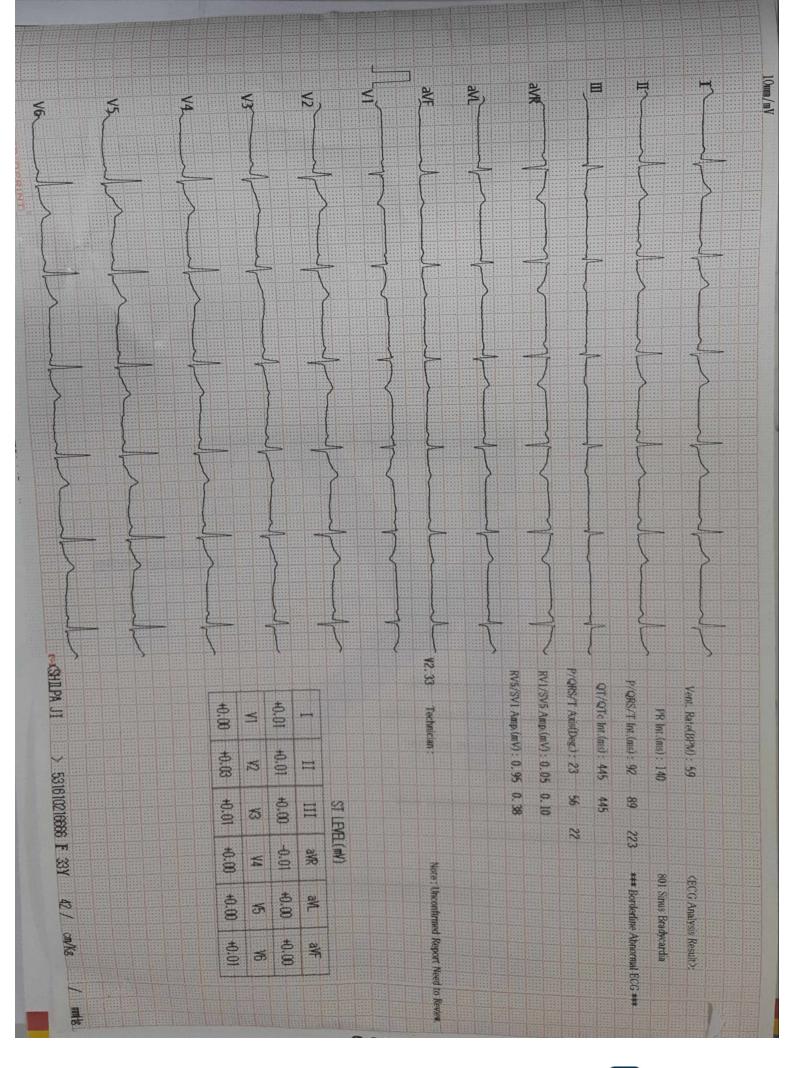
Page 9 of 10

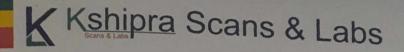
Approved by: DR PS RAO

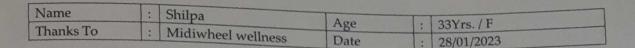
MD Pathologist

		TEST REPORT	
Reg. No	: 2301102243		Reg. Date : 28-Jan-2023
Name	: SHILPA		Collected On : 28-Jan-2023 08:19
Age/Sex	: 33 Years / Female		Approved On : 28-Jan-2023 10:18
Ref. By	:		Printed On : 30-Jan-2023 08:41
Client	: MEDIWHEEL WELLNESS		
Paramete	<u>er</u>	Result	
	Specime	BLOOD GROUP & RH n: EDTA and Serum; Method: Haemagglu	utination
ABO		'O'	
Rh (D)		Positive	
		End Of Report	









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



Stage

StageTime

PhaseTime

Speed

Grade

METS

B.P.

R.P.P.

PVC

Comments

Supine

ExStart Standing

3:00 2:00

5:01 3:01

12.0 0.0

> 144 126 102

201

1.0

1.0

130/80 130/80 140/88 140/88 4.7 1.0

130/84 120/80

163

1.0

103

120/80

122 123 120/80

PeakEx Stage 1

Recovery

3:00 1:00

0.0 0.0 Summary

Protocol : BRUCE

Ref.By :

Objective:

2B COURT CHOURAHA UDAIPUR KSHIPRA SCANS & LABS

Date: 28-Jan-2023 12:53:27 AM 2301101140/SHILPA 33 Yrs/Male 0 Kg/0 Cms

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	е	21
	в	м

Recovery

Recovery Recovery

Test End Reason: Test Complete, Fatigue, Heart Rate Acheived

Pressure of 140/88 mmhg. The exercise stress test was stopped due to Test Complete, Fatigue, Heart Rate Acheived The patient exercised according to BRUCE for 5:1, achieving a work level of Max METS:6.3. Resting heart rate initially 113 bpm, rose to a max. heart rate of 144 bpm which represents 77% of maximum age predicted heart rate. Resting blood pressure 120/80 mmhg, rose to a maximum blood

Parameters: **Exercise Time**

:144 bpm 77% of Max Predictable HR 187

Max HR Attained

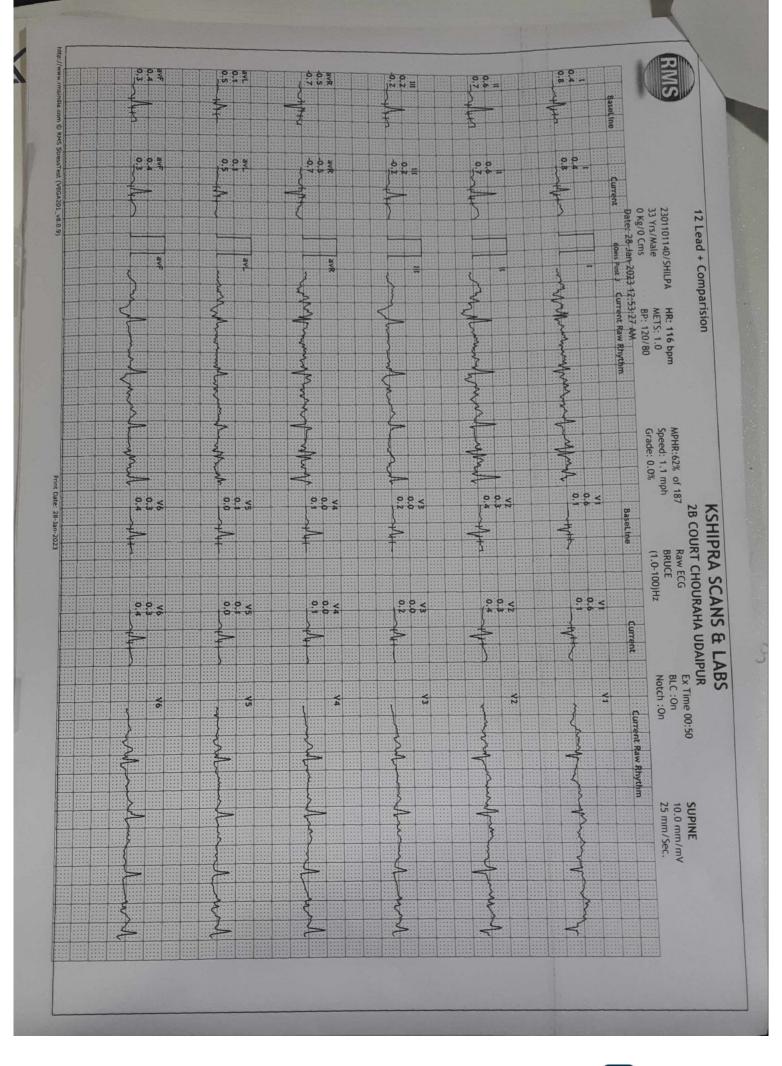
Max BP: 140/88(mmHg)

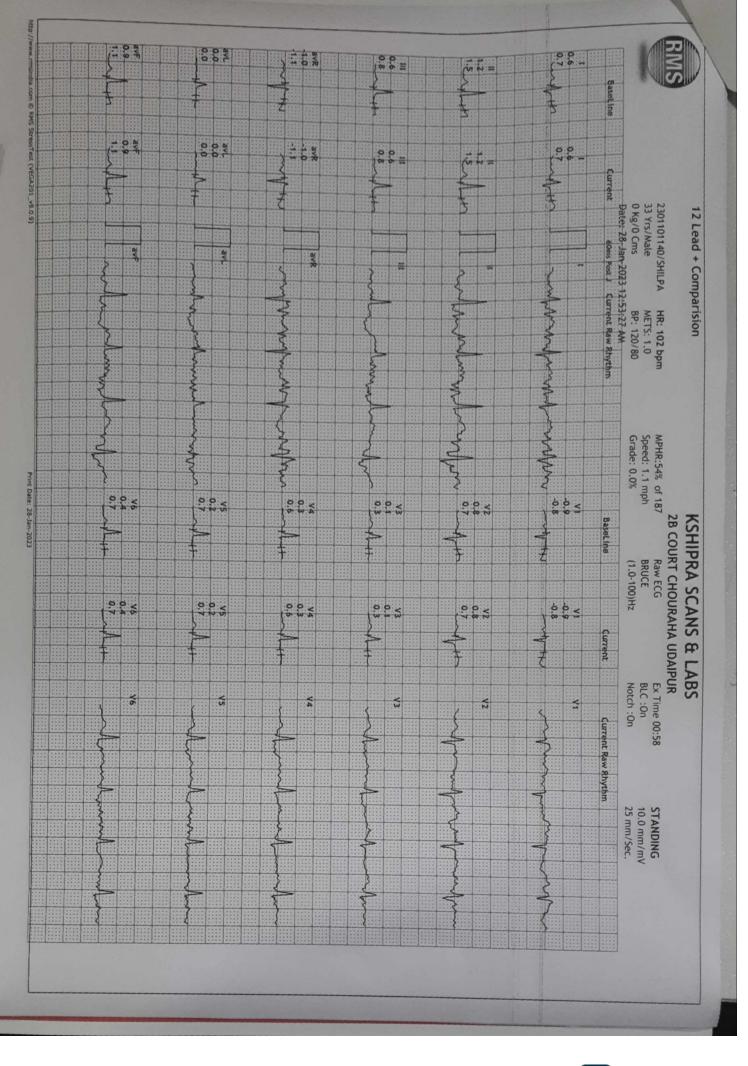
Max WorkLoad attained :6.3(Fair Effort Tolerance)

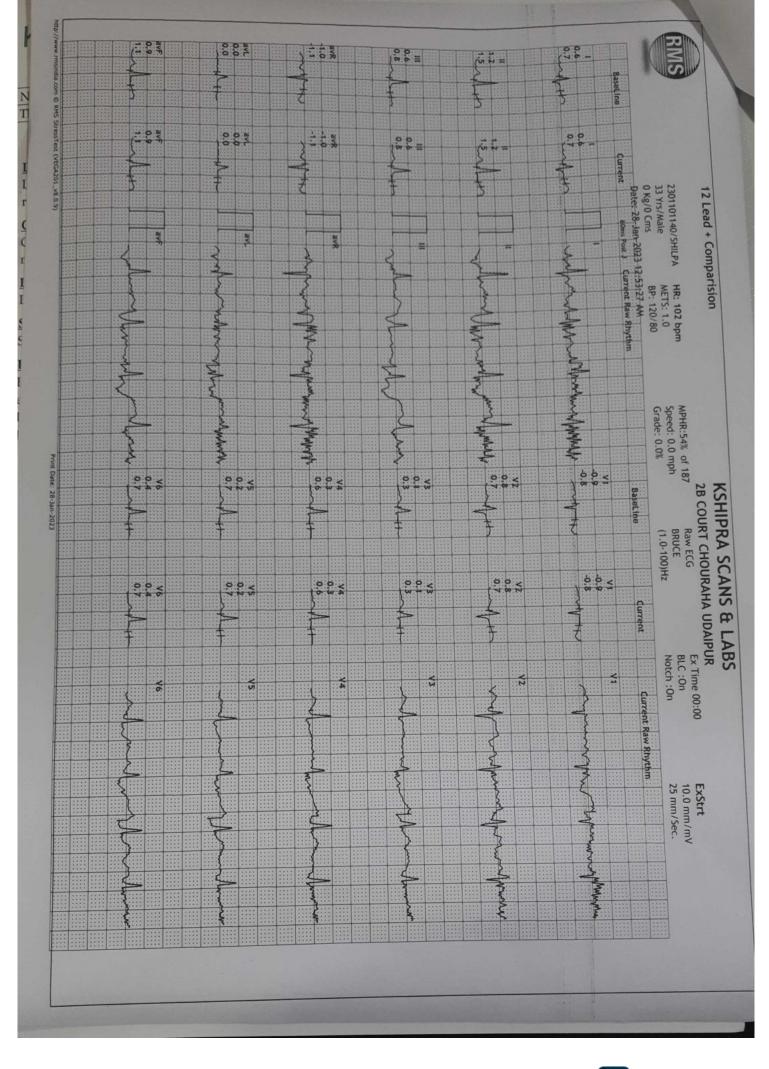
Inconclusive. REST No ST-T Champes seen.

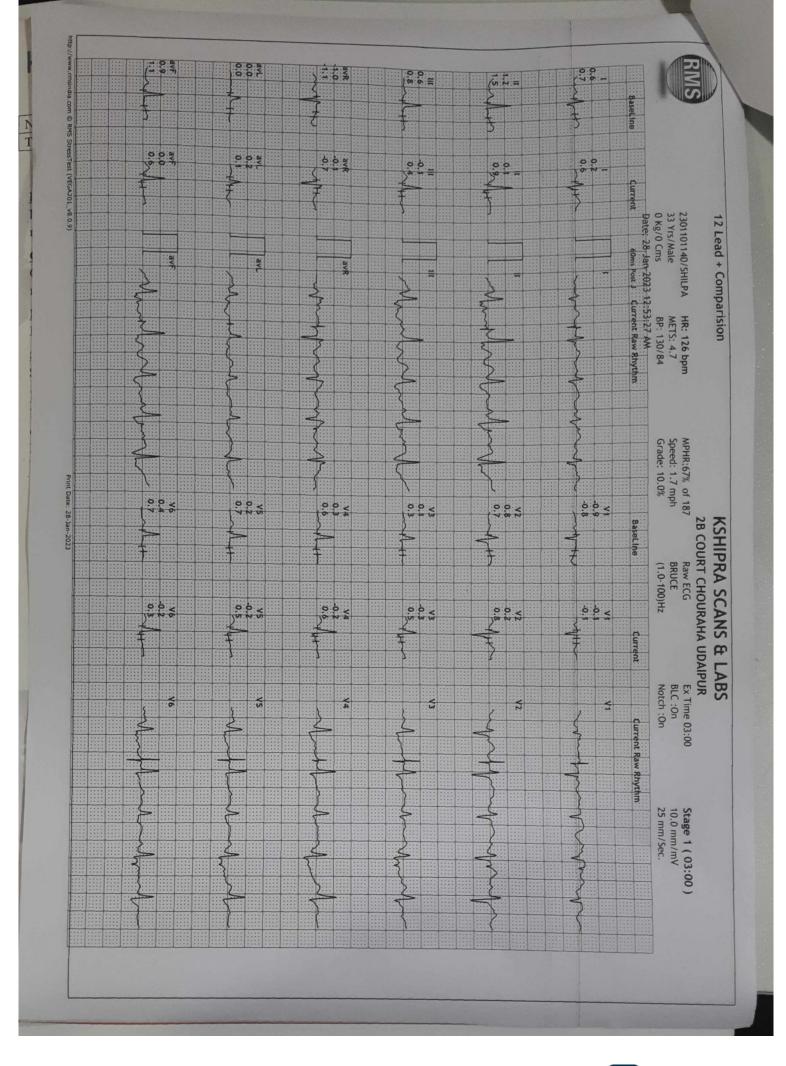
dia.com @ RMS StressTest (VEGA201_v8.0.9)

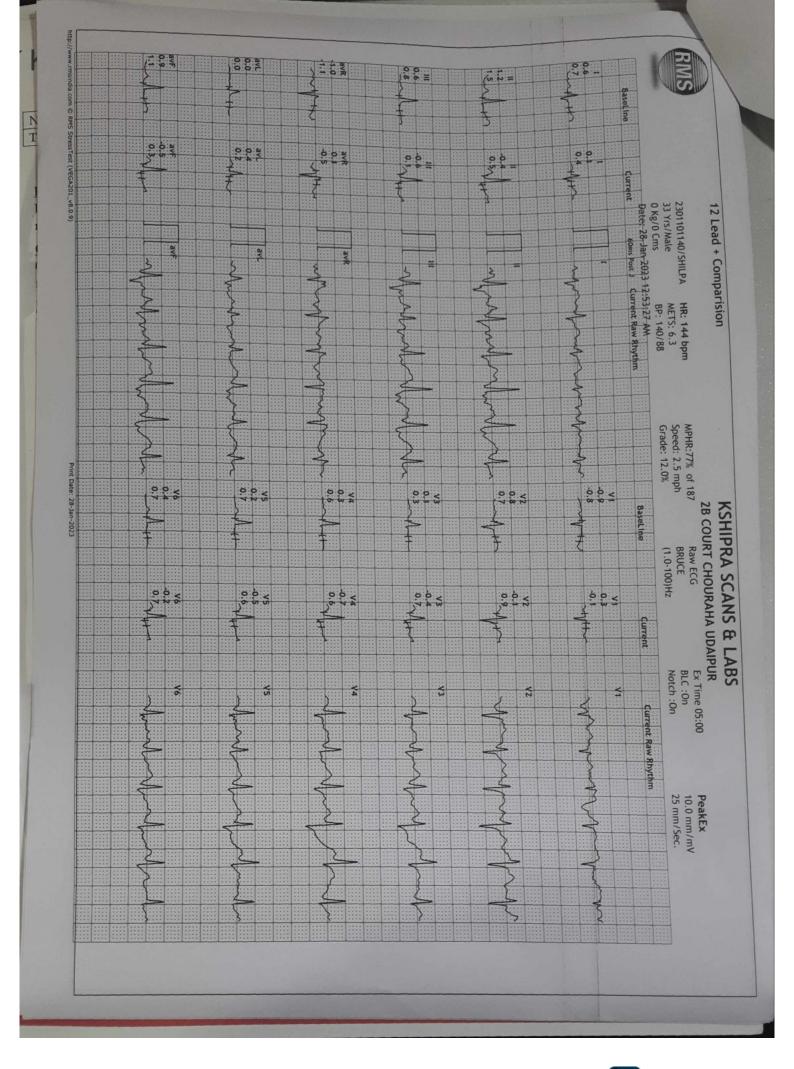
Advice/Comments:

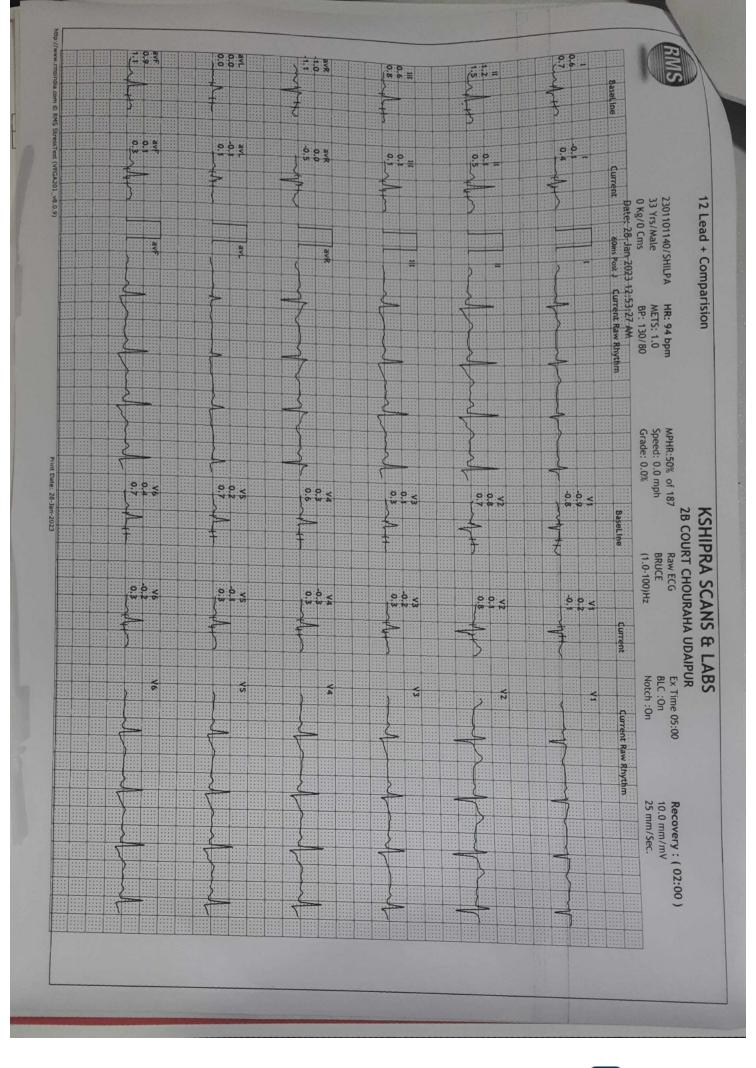


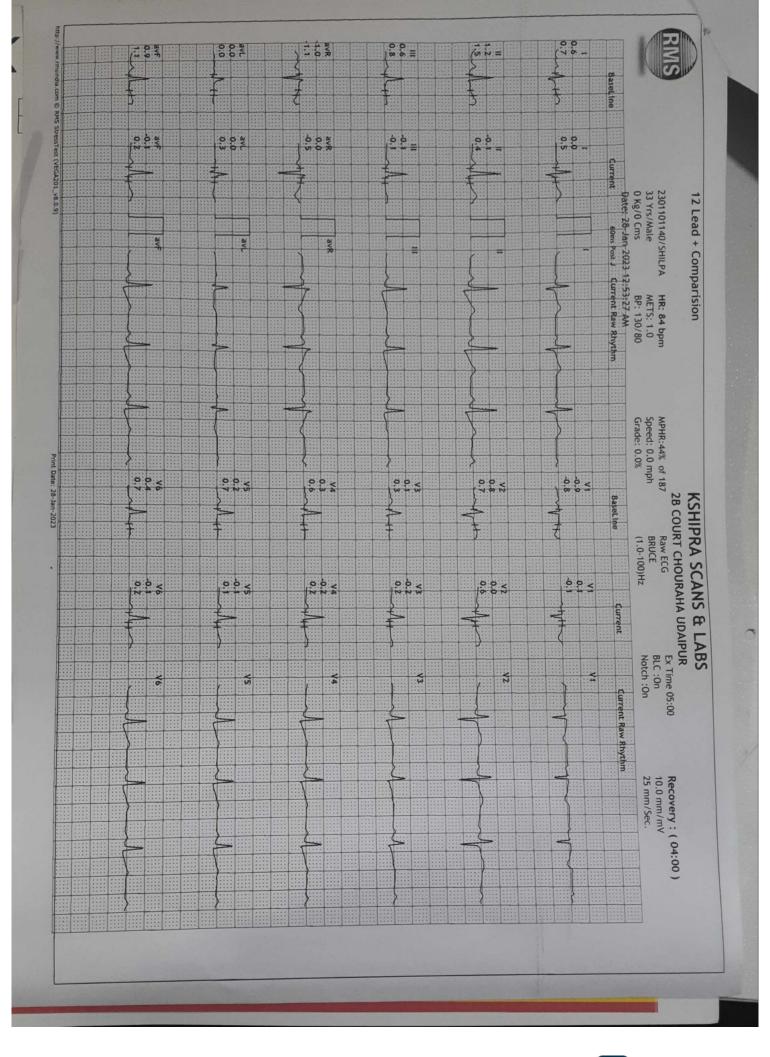












Kshipra Scans & Labs

	: Shilpa	Age	:	33Yrs. / F
Name Thanks To	: Midiwheel wellness	Date	:	28/01/2023

ULTRASOUND STUDY OF WHOLE ABDOMEN

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 is well distended. The wall thickness appears normal. No evidence of calculus or mass lesion is seen. C.B.D. appears normal.

Pancreas is normal in size, shape & echotexture. No focal mass lesion is seen.

Spleen is normal in size, shape & echotexture. No focal mass lesion is seen.

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

10.2 x 3.9 cms.

Left kidney measures

10.2 x 4.7 cms.

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

Uterus is retroverted, normal in size, shape and echotexture. It measures $8.1 \times 4.5 \times 3.5$ cms. Endometrial appears normal and measures 5mm.

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.

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