



## TEST REPORT

**Reg. No** : 2212102387  
**Name** : Vaibhav Godha  
**Age/Sex** : 33 Years / Male  
**Ref. By** :  
**Client** : MEDIWHEEL WELLNESS

**Reg. Date** : 24-Dec-2022  
**Collected On** : 24-Dec-2022 08:40  
**Approved On** : 24-Dec-2022 11:26  
**Printed On** : 13-Jan-2023 17:22

Parameter	Result	Unit	Reference Interval
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### COMPLETE BLOOD COUNT (CBC)

SPECIMEN: EDTA BLOOD

Hemoglobin	15.1	g/dL	13.0 - 17.0
RBC Count	4.63	million/cmm	4.5 - 5.5
Hematocrit (PCV)	45.5	%	40 - 54
MCH	<b>32.6</b>	Pg	27 - 32
MCV	98.3	fL	83 - 101
MCHC	33.2	%	31.5 - 34.5
RDW	12.0	%	11.5 - 14.5
WBC Count	8930	/cmm	4000 - 11000

#### DIFFERENTIAL WBC COUNT (Flow cytometry)

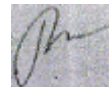
Neutrophils (%)	56	%	38 - 70
Lymphocytes (%)	34	%	20 - 40
Monocytes (%)	06	%	2 - 8
Eosinophils (%)	04	%	0 - 6
Basophils (%)	00	%	0 - 2
Neutrophils	5001	/cmm	
Lymphocytes	3036	/cmm	
Monocytes	536	/cmm	
Eosinophils	357	/cmm	
Basophils	0	/cmm	
Platelet Count (Flow cytometry)	343000	/cmm	150000 - 450000
MPV	9.0	fL	7.5 - 11.5

#### ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	12	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	'B'
Rh (D)	Positive

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### PLASMA GLUCOSE

Fasting Blood Sugar (FBS)	103.0	mg/dL	70 - 110
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*Hexokinase Method*

**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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<b>LIPID PROFILE</b>			
Cholesterol <i>(Enzymatic colorimetric)</i>	193.8	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>(Enzymatic colorimetric)</i>	97.7	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	19.54	mg/dL	15 - 35
LDL CHOLESTEROL	124.86	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>	49.4	mg/dL	30 - 70
Cholesterol /HDL Ratio <i>Calculated</i>	3.92		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	2.53		0 - 3.5





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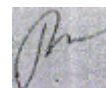
Table with 4 columns: Parameter, Result, Unit, Reference Interval

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





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<b>LIVER FUNCTION TEST WITH GGT</b>			
Total Bilirubin <i>Colorimetric diazo method</i>	0.74	mg/dL	0.10 - 1.0
Conjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.15	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.59	mg/dL	0.0 - 1.1
SGOT <i>(Enzymatic)</i>	25.5	U/L	0 - 37
SGPT <i>(Enzymatic)</i>	33.9	U/L	0 - 40
GGT <i>(Enzymatic colorimetric)</i>	31.3	U/L	11 - 49
Alakaline Phosphatase <i>(Colorimetric standardized method)</i>	86.9	U/L	53 - 130
<b><u>Protien with ratio</u></b>			
Total Protein <i>(Colorimetric standardized method)</i>	7.0	g/dL	6.5 - 8.7
Albumin <i>(Colorimetric standardized method)</i>	4.2	mg/dL	3.5 - 5.3
Globulin <i>Calculated</i>	2.80	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.50		0.8 - 2.0

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### KIDNEY FUNCTION TEST

UREA <i>(Urease &amp; glutamate dehydrogenase)</i>	14.7	mg/dL	10 - 50
Creatinine <i>(Jaffe method)</i>	0.72	mg/dL	0.5 - 1.4
Uric Acid <i>(Enzymatic colorimetric)</i>	6.5	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	6.0	5.0 - 8.0
Sp. Gravity	1.020	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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### HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C <i>Boronate Affinity with Fluorescent Quenching</i>	5.2	% 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>	107.82	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>	1.34	ng/mL	0.87 - 1.81
T4 (Thyroxine) <i>Chemiluminescence</i>	11.29	µg/dL	5.89 - 14.9
TSH ( ultra sensitive ) <i>Chemiluminescence</i>	0.950	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 -----



Summary

Ref. By :  
Medication :  
Objective :

Protocol : BRUCE  
History :

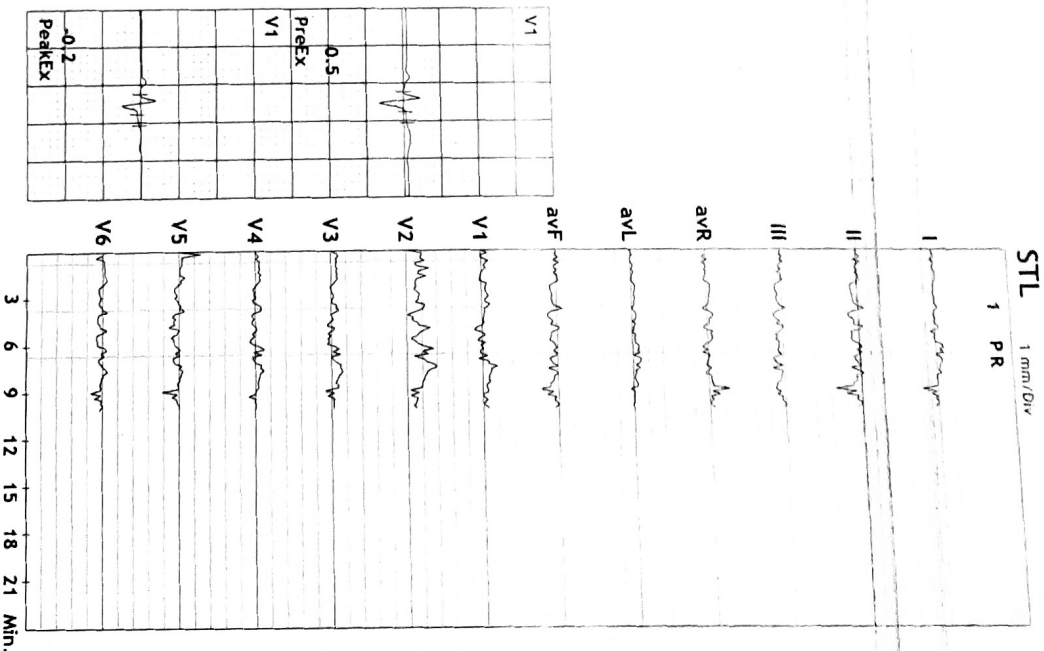
**KSHIPRA SCANS & LABS**  
2B COURT CHOURAHA UDAIPUR  
2211102223/MR VAIBHAV GODHA 33 Yrs/Male 0 Kg/0 Cms  
Date: 24-12-2022 11:39:12 PM

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	98	120/80	117	-	
Standing					1.0	102	120/80	122	-	
EXStart					1.0	103	120/80	123	-	
Stage 1	3:00	3:01	2.0	10.0	5.3	125	120/80	150	-	
PeakEX	3:00	5:59	2.5	12.0	7.1	162	140/100	226	-	
Recovery	1:00		0.0	0.0	1.0	120	140/100	168	-	
Recovery	3:00		0.0	0.0	1.0	109	120/80	130	-	
Recovery					0.0	0	---/---	0	-	

Findings :

Exercise Time : 5:59 minutes  
Max HR attained : 162 bpm 87% of Max Predictable HR 187  
Max BP : 140/100(mmHg)  
Workload attained : 7.1 (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: 5:59

Advice/Comments:





12 Lead + Median

2211102223/MR VAIBHAVI BODIP  
33 Yrs/Male  
0 Kg/0 Cms  
Date: 11-Jan-2009 11:39:12 PM

METS: 1.0  
BP: 120/80  
MPHR: 52% of 187  
Speed: 1.1 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-100)Hz

Ex Time 00:31  
BLC :On  
Notch :On

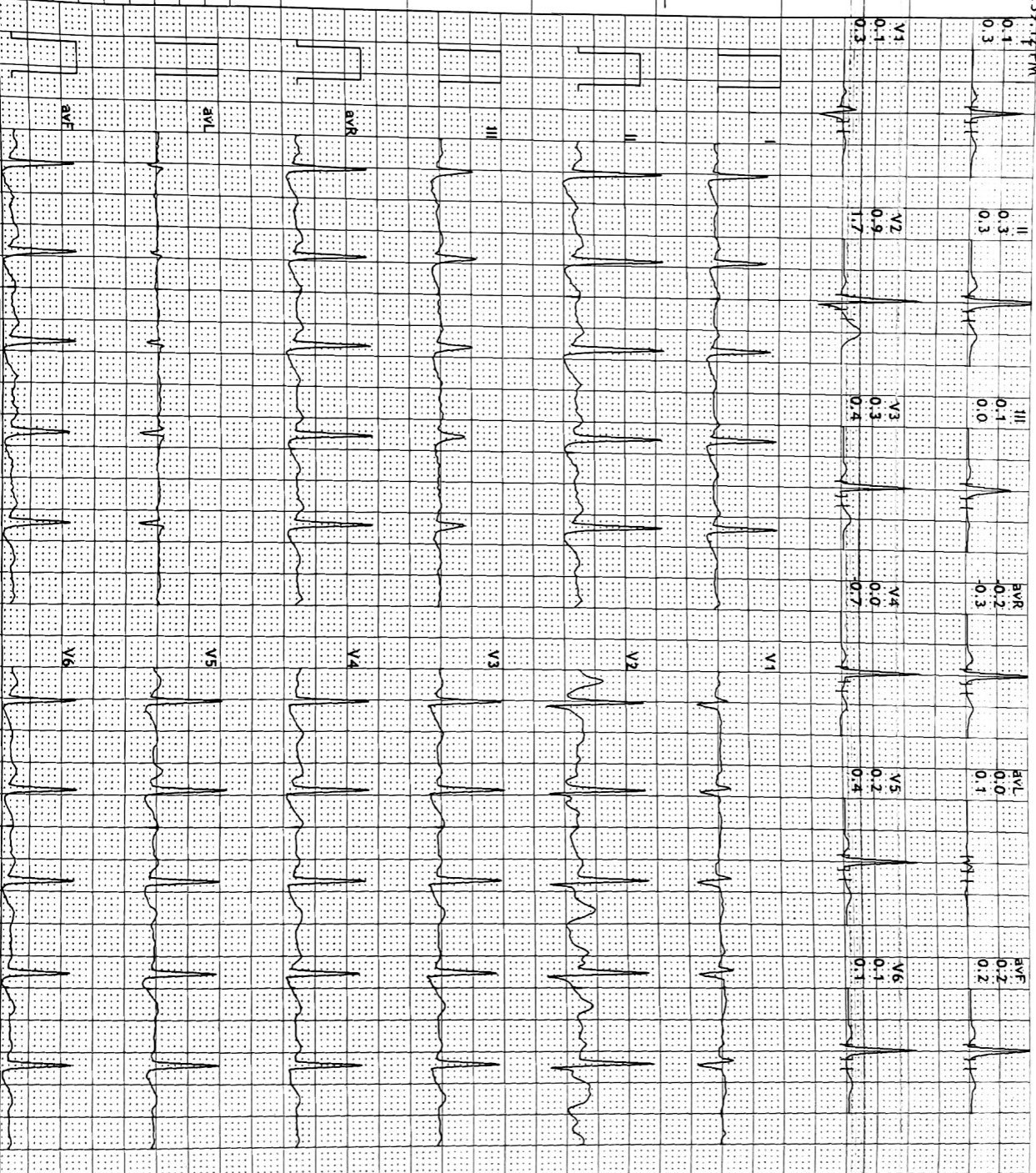
Supine  
10.0 mm/mV  
25 mm/Sec.

### KSHIPRA SCANS & LABS

2B COURT CHOURAHA UDAIPUR

4X 60 ms Post J

V5  
0.2







12 Lead + Median

**KSHIPRA SCANS & LABS**  
**ZB COURT CHOURAHA UDAIPUR**

221102223/MR VAIBHAV K D D A bpm  
33 Yrs/Male  
0 Kg/0 Cms  
Date: 11-Jan-2009 11:39:12 PM

MPHR: 54% of 187  
Speed: 1.1 mph  
Grade: 0.0%

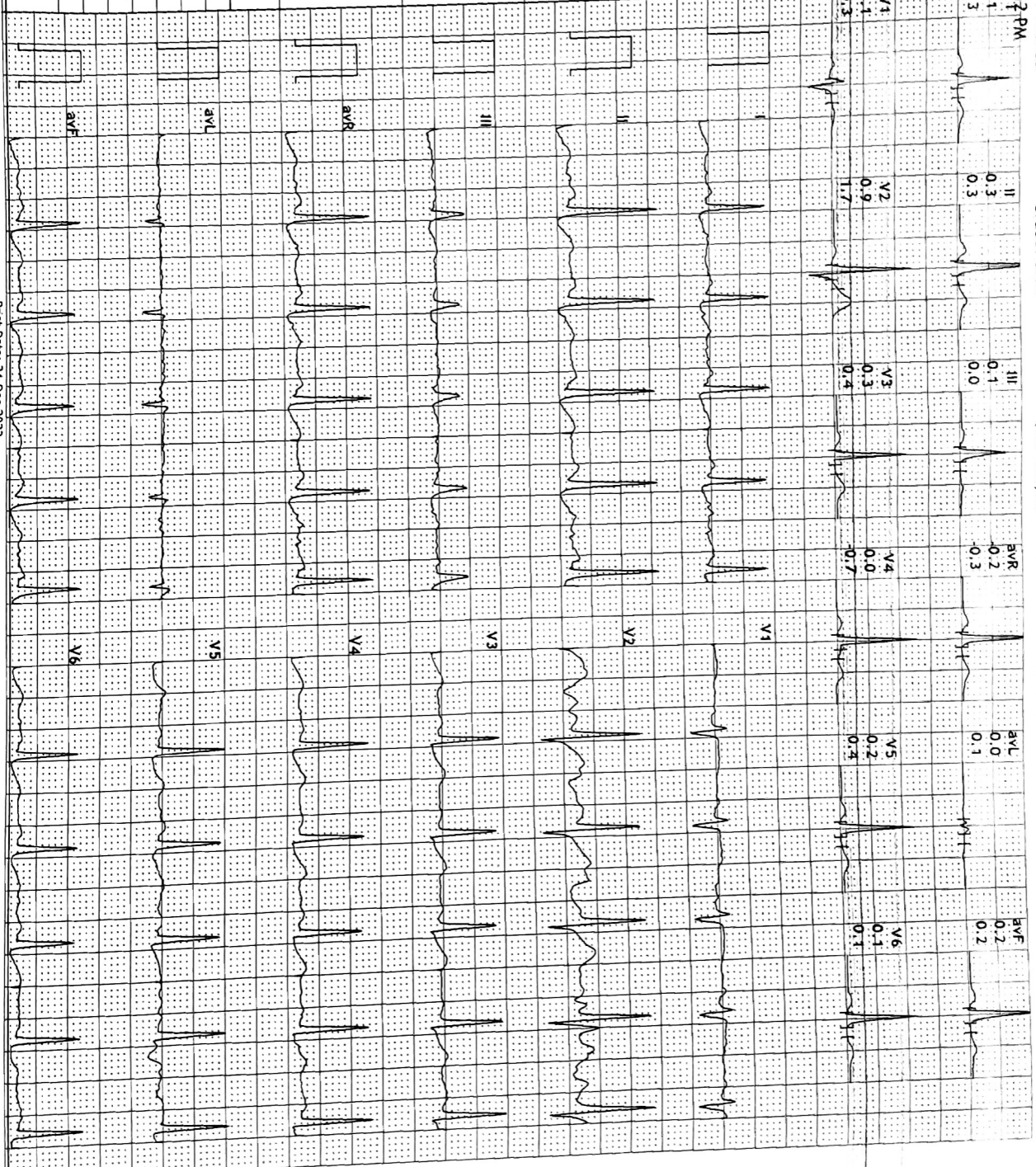
Raw ECG  
BRUCE  
(1.0-100)HZ

EX Time 00:37  
BLC :On  
Notch :On

Standing  
10.0 mm/mV  
25 mm/Sec.

4X 60 ms Post J

V5  
0.2





12 Lead + Median

KSHIPRA SCANS & LABS  
2B COURT CHOURAHA UDAIPUR

2211102223/MR VAIBHAV KODDIA  
33 Yrs/Male  
0 Kg/0 Cms  
Date: 11-Jan-2009 11:39:12 PM

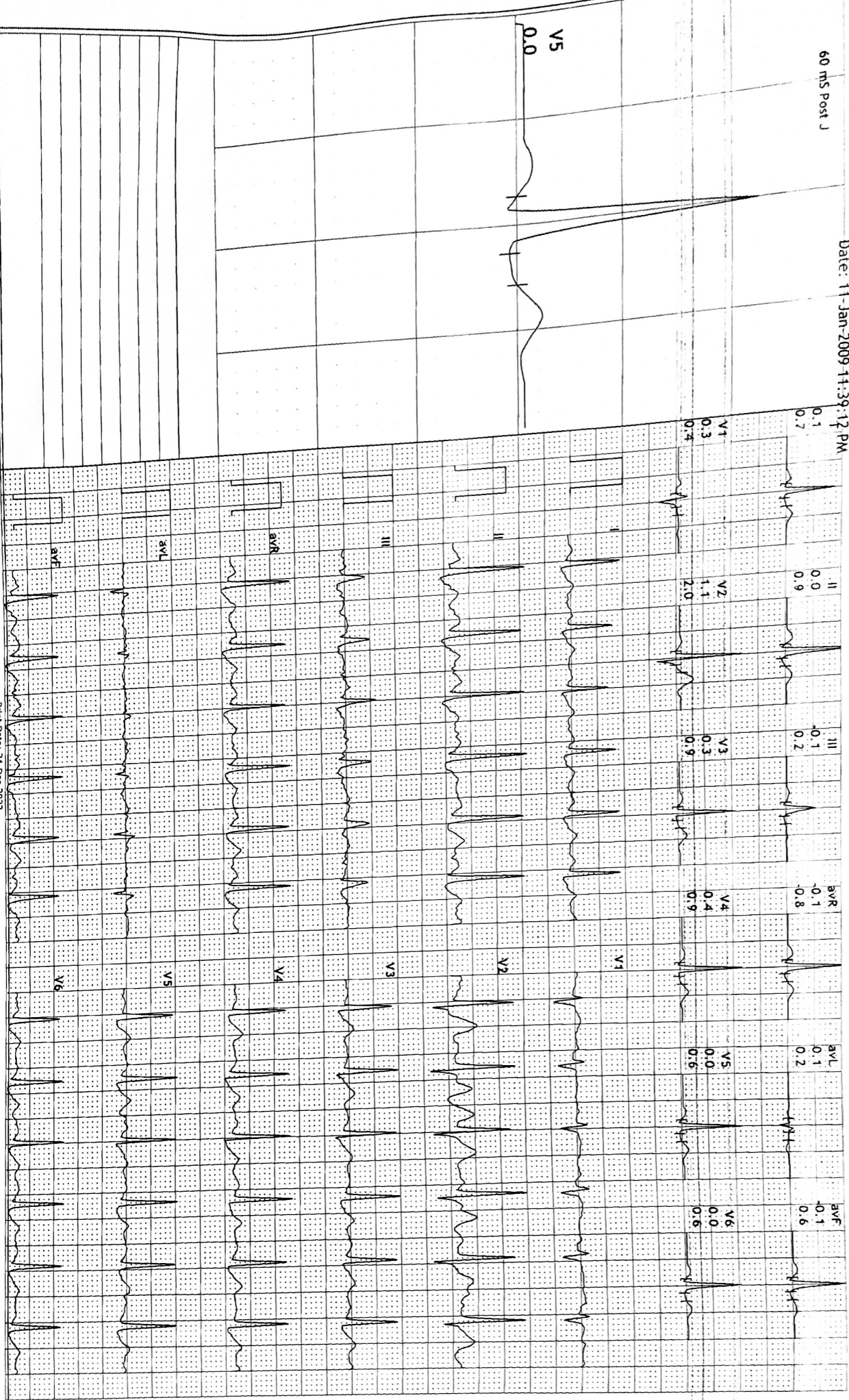
MPHR: 66% of 187  
Speed: 2.0 mph  
Grade: 10.0%

RAW ECG  
BRUCE  
(1.0-100)HZ

Ex Time 03:00  
BLC : On  
Notch : On  
BRUCE: Stage 1 (3:00)  
10.0 mm/mV  
25 mm/Sec.

4X 60 ms Post J

V5 0.0







12 Lead + Median

4X 60 mS Post J

221102223/MR VAIBHAV RAO  
33 Yrs/Male  
0 Kg/0 Cms  
Date: 11-Jan-2009 11:39:12 PM

METS: 7.1  
BP: 140/100  
MPHR: 86% of 187  
Speed: 2.5 mph  
Grade: 12.0%

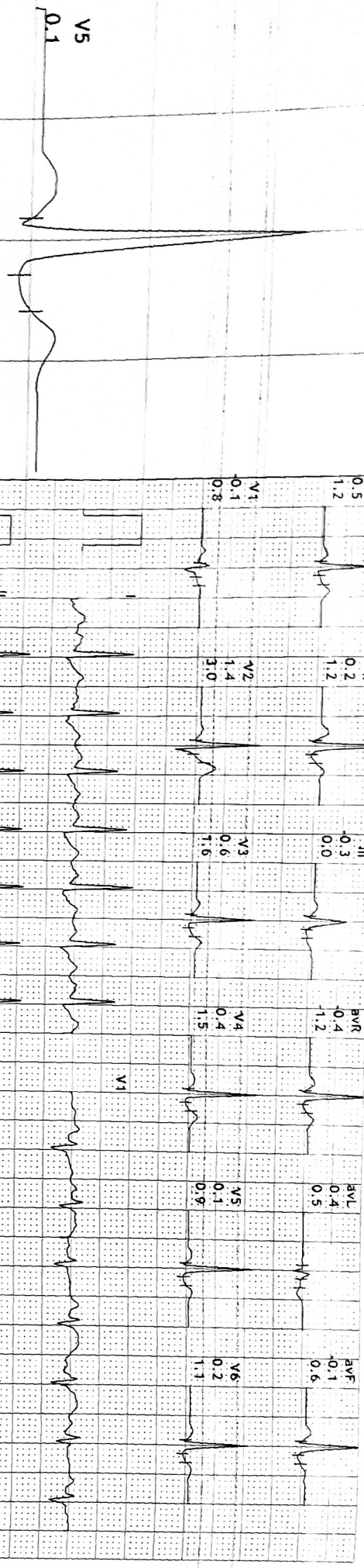
Raw ECG  
BRUCE  
(1.0-100)Hz

Ex Time 05:58  
BLC : On  
Notch : On

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

### KSHIPRA SCANS & LABS

ZB COURT CHOURAHA UDAIPUR





12 Lead + Median

221102223/MR VAISHAW  
33 Yrs/Male  
0 Kg/0 Cms  
Date: 11-Jan-2009 11:39:12 PM

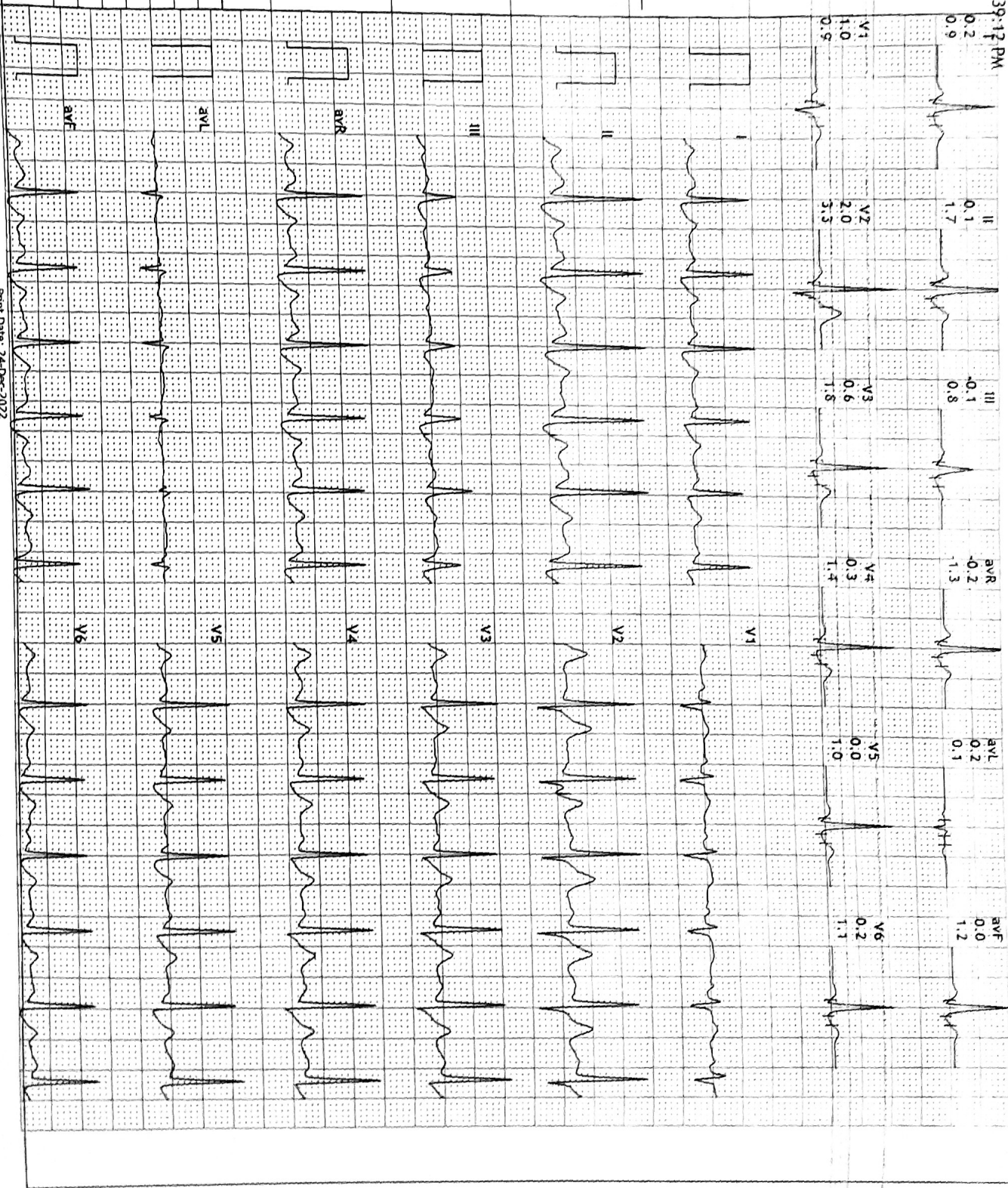
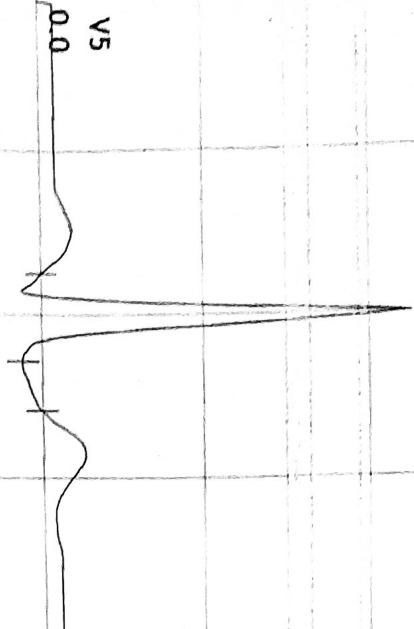
HR: 64% of 187  
Speed: 0.0 mph  
Grade: 0.0%

KSHIPRA SCANS & LABS  
2B COURT CHOURAHA UDAIPUR

Raw ECG  
BRUCE  
1.0-100Hz  
Ex Time 05:59  
BLC : On  
Notch : On

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

4X 60 ms Post J







12 Lead + Median

2211102223/MR VAIBHAVI BODD99 bpm  
33 Yrs/Male  
0 Kg/0 Cms  
BP: 120/80  
Date: 11-Jan-2009 11:39:12 PM

MPPR: 58% of 187  
Speed: 0.0 mph  
Grade: 0.0%

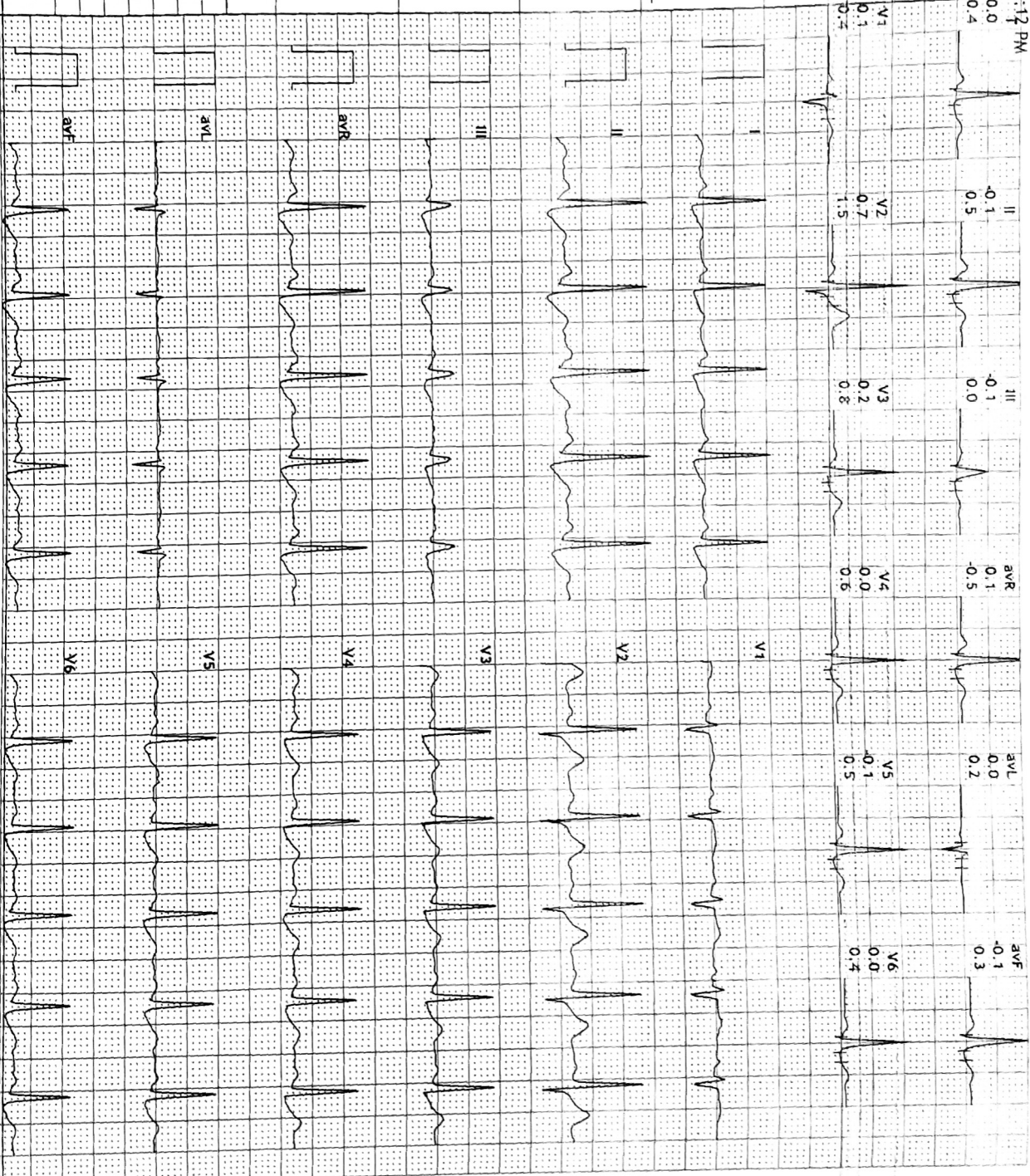
Raw ECG  
BRUCE  
(1.0-100)Hz

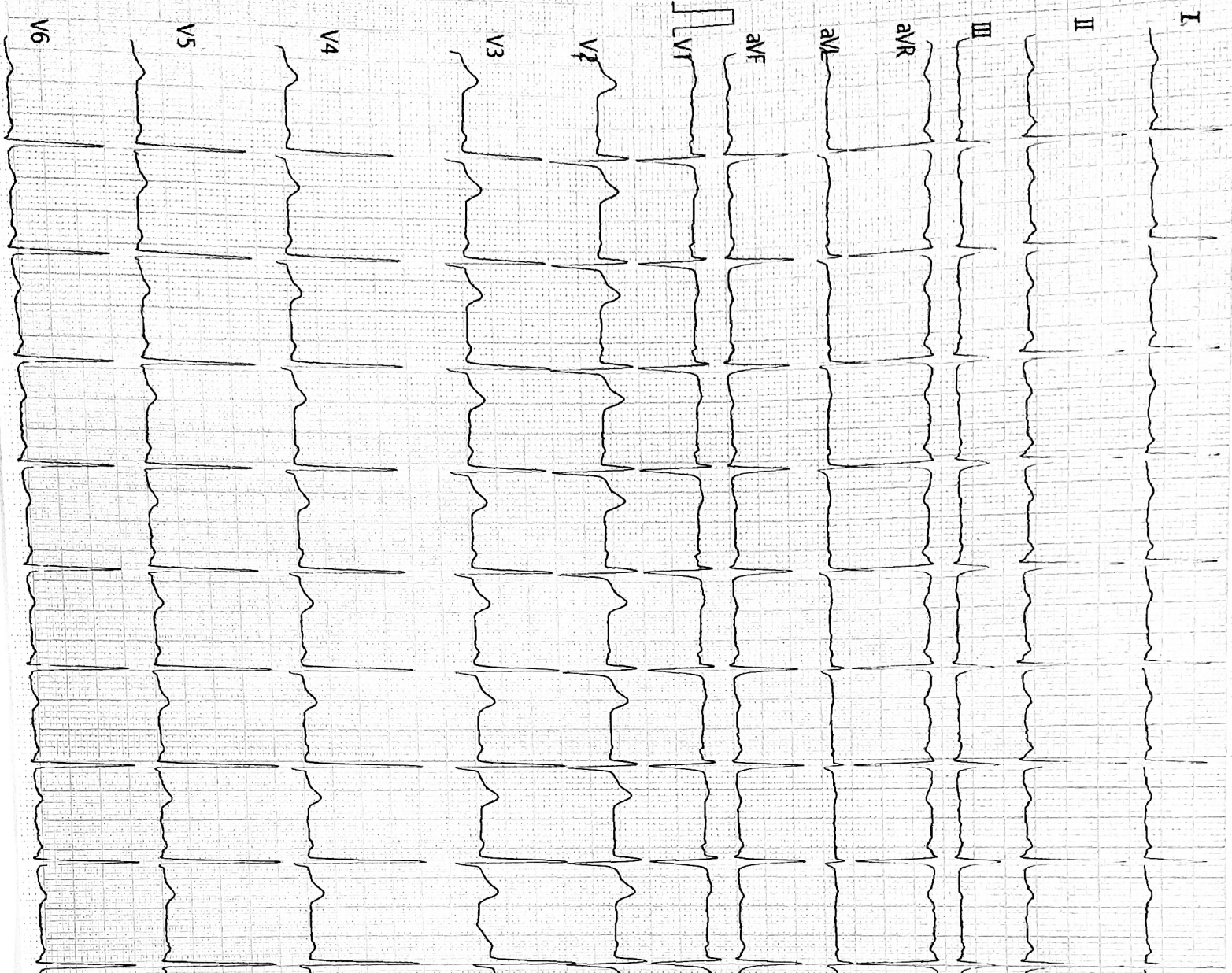
Ex Time 05:59  
BLC :On  
Notch :On

Recovery(3:00)  
10.0 mm/mV  
25 mm/Sec.

KSHIPRA SCANS & LABS  
2B COURT CHOURAHA UDAIPUR

4X 60 MS Post J





Vent. Rate(BPM) : 85

PR Int.(ms) : 121

P/QRS/T Int.(ms) : 92 99 171

QT/QTc Int.(ms) : 351 422

P/QRS/T Axis(Deg) : 61 59 52

RV1/SV5 Amp.(mV) : 0.23 0.06

RV5/SV1 Amp.(mV) : 1.89 0.94

<ECG Analysis Result>:

800 Normal Sinus Rhythm

611 T Abnormality(Flat T)

\*\*\* Borderline Abnormal ECG \*\*\*

V2.33 Technician :

Note: Unconfirmed Report Need to Review.

ST LEVEL(mV)

I	II	III	aVR	aVL	aVF
-0.01	-0.02	-0.00	+0.01	+0.00	-0.01
V1	V2	V3	V4	V5	V6
+0.04	+0.05	+0.02	+0.00	-0.00	-0.02

Name	:	Mr. Vaibha godha	Age	:	33 Yrs. / M
Thanks To	:	Mediwheel wellness	Date	:	24/12/2022

**X-RAY CHEST (PA VIEW)**

**There is slightly elevation of right dome of diaphragm**

Both lung fields appear normal.

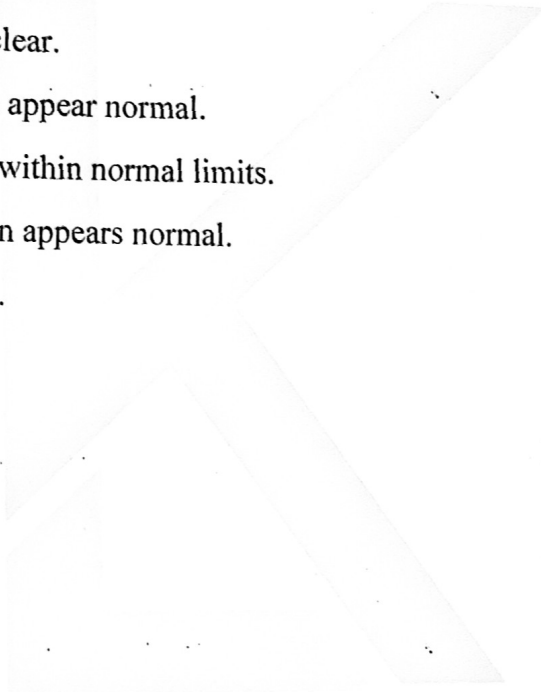
Both CP angles appear clear.

Left dome 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)



Name	:	Mr. Vaibha godha	Age	:	33 Yrs. / M
Thanks To	:	Mediwheel wellness	Date	:	24/12/2022

## ULTRASOUND STUDY OF WHOLE ABDOMEN

### LIVER

Liver is normal in size, shape & **bright in 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 : 10.3 x 4.7 cms.

Left kidney measures : 9.9 x 5.6 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:

- Fatty liver grade I.

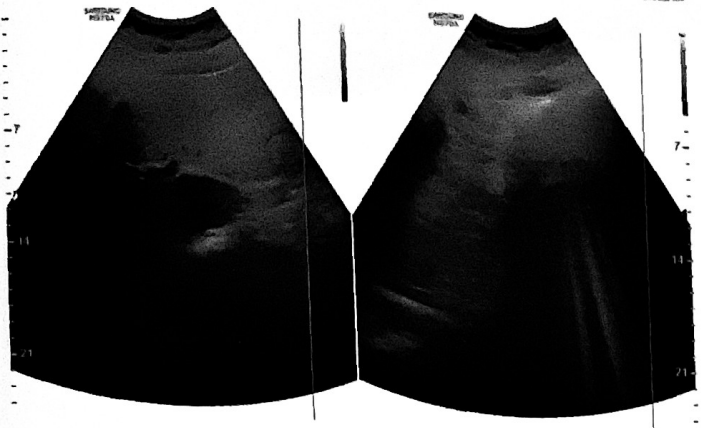
  
Dr. Ravisoni  
MD (Radio-Diagnosis)  
Consultant Radiologist

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

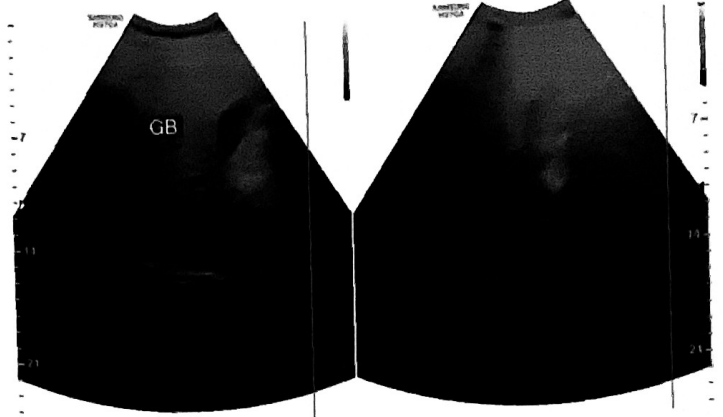
ENCL:- PCPNDT Registration Certificate is printed on the back side of this report.



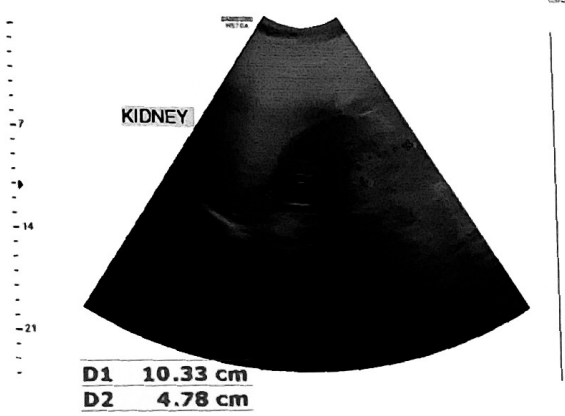
HS70A 24-12-2022-0003 KSHIPRA LABS UDAIPUR MI 1.4 24-12-2022  
VAIBHAV CA1-7A / Abdomen / FR 18Hz Tls 0.1 10:35:13 AM  
2D G80 DR135 FAB P90 Frq Gen. 24.0cm



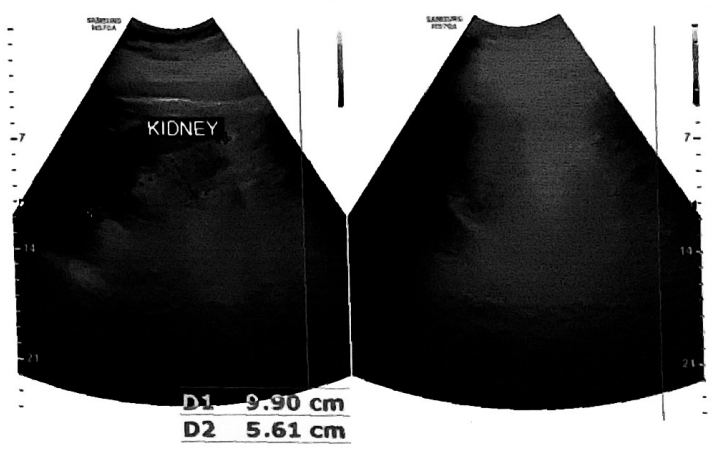
HS70A 24-12-2022-0003 KSHIPRA LABS UDAIPUR MI 1.4 24-12-2022  
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2D G75 DR135 FAB P90 Frq Gen. 24.0cm



HS70A 24-12-2022-0003 KSHIPRA LABS UDAIPUR MI 1.4 24-12-2022  
VAIBHAV CA1-7A / Abdomen / FR 18Hz Tls 0.1 10:36:01 AM  
2D G85 DR135 FAB P90 Frq Gen. 24.0cm



HS70A 24-12-2022-0003 KSHIPRA LABS UDAIPUR MI 1.4 24-12-2022  
VAIBHAV CA1-7A / Abdomen / FR 18Hz Tls 0.1 10:36:33 AM  
2D G64 DR135 FAB P90 Frq Gen. 24.0cm



HS70A 24-12-2022-0003 KSHIPRA LABS UDAIPUR MI 1.4 24-12-2022  
VAIBHAV CA1-7A / Abdomen / FR 18Hz Tls 0.1 10:36:51 AM  
2D G100 DR135 FAB P90 Frq Gen. 24.0cm



HS70A 24-12-2022-0003 KSHIPRA LABS UDAIPUR MI 1.4 24-12-2022  
VAIBHAV CA1-7A / Abdomen / FR 18Hz Tls 0.1 10:36:58 AM  
2D G70 DR135 FAB P90 Frq Gen. 24.0cm

