

TEST REPORT

Reg. No:2402100333Name:Vanita MoudAge/Sex:37 Years / FemaleRef. By:Client:MEDIWHEEL WELLNESS

_

 Reg. Date
 : 10-Feb-2024

 Collected On
 : 10-Feb-2024 10:35

 Approved On
 : 10-Feb-2024 11:02

 Printed On
 : 10-Feb-2024 11:35

Parameter	Result	<u>Unit</u>	Reference Interval
	COMPLETE BLO	OD COUNT (CBC)
	SPECIMEN:	EDTA BLOOD	-
Hemoglobin	13.0	g/dL	12.0 - 15.0
RBC Count	4.65	million/cmm	3.8 - 4.8
Hematrocrit (PCV)	40.2	%	40 - 54
MCH	28.0	Pg	27 - 32
MCV	86.5	fL	83 - 101
MCHC	32.3	%	31.5 - 34.5
RDW	14.0	%	11.5 - 14.5
WBC Count	7060	/cmm	4000 - 11000
DIFFERENTIAL WBC COUNT (Flow	<u>cytometry)</u>		
Neutrophils (%)	57	%	38 - 70
Lymphocytes (%)	38	%	20 - 40
Monocytes (%)	04	%	2 - 8
Eosinophils (%)	01	%	0 - 6
Basophils (%)	0	%	0 - 2
Neutrophils	4024	/cmm	
Lymphocytes	2683	/cmm	
Monocytes	282	/cmm	
Eosinophils	71	/cmm	
Basophils	0	/cmm	
Platelet Count (Flow cytometry)	154000	/cmm	150000 - 450000
MPV	8.0	fL	7.5 - 11.5
ERYTHROCYTE SEDIMENTATION F	RATE		
ESR (After 1 hour)	05	mm/hr	0 - 21
Modified Westergren Method			

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

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This is an electronically authenticated report.



		TEST REPORT		
Reg. No	: 2402100333		Reg. Date	: 10-Feb-2024
Name	: Vanita Moud		Collected On	: 10-Feb-2024 10:35
Age/Sex	: 37 Years / Female		Approved On	: 10-Feb-2024 11:35
Ref. By	:		Printed On	: 10-Feb-2024 11:35
Client	: MEDIWHEEL WELLNESS			
Paramet	ter	<u>Result</u>		
		BLOOD GROUP & RH		
	Specime	n: EDTA and Serum; Method: Haema	gglutination	
ABO		'O'		
Rh (D)		Positive		

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

This is an electronically authenticated report.

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TEST REPORT

Reg. No:2402100333Name:Vanita MoudAge/Sex:37 Years / FemaleRef. By::

 Reg. Date
 : 10-Feb-2024

 Collected On
 : 10-Feb-2024 10:35

 Approved On
 : 10-Feb-2024 10:59

 Printed On
 : 10-Feb-2024 11:35

Client : MEDIWHEEL WELLNESS

Printed On	: 10-Feb-2024
D. (- 1

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	Reference Interval
	LIF	PID PROFILE	
Cholesterol (Enzymatic colorimetric)	221.1	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride (Enzymatic colorimetric)	189.4	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL	37.88	mg/dL	15 - 35
Calculated			
LDL CHOLESTEROL	131.82	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol	51.4	mg/dL	30 - 85
Homogeneous enzymatic colorime	etric		
Cholesterol /HDL Ratio	4.30		0 - 5.0
LDL / HDL RATIO Calculated	2.56		0 - 3.5

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		TEST REPORT		
Reg. No : 2402100333			Reg. Date	: 10-Feb-2024
Name : Vanita Moud			Collected On	: 10-Feb-2024 10:35
Age/Sex : 37 Years / Female			Approved On	: 10-Feb-2024 10:59
Ref. By			Printed On	: 10-Feb-2024 11:35
Client : MEDIWHEEL WELLNES	S			
Parameter	Result	<u>Unit</u>	Reference Interval	l

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 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 assessment # 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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	т	EST REPORT	
Reg. No : 2402100333			Reg. Date : 10-Feb-2024 Collected On : 10-Feb-2024
ge/Sex : 37 Years / Female			Approved On : 10-Feb-2024 10:59
lef. By			Printed On : 10-Feb-2024 11:35
Client : MEDIWHEEL WELLNES	S		
Parameter	<u>Result</u>	<u>Unit</u>	Reference Interval
	LIVER FUN	ICTION TEST WIT	'H GGT
Total Bilirubin	0.75	mg/dL	0.20 - 1.0
Colorimetric diazo method			
Conjugated Bilirubin	0.22	mg/dL	0.0 - 0.3
Sulph acid dpl/caff-benz			
Unconjugated Bilirubin	0.53	mg/dL	0.0 - 1.1
Sulph acid dpl/caff-benz			
SGOT	11.5	U/L	0 - 31
(Enzymatic)			
SGPT	19.8	U/L	0 - 31
(Enzymatic)			
GGT	19.8	U/L	7 - 32
(Enzymatic colorimetric)			
Alakaline Phosphatase	178.6	U/L	42 - 141
(Colorimetric standardized method)			
Protien with ratio			
Total Protein	7.0	g/dL	6.5 - 8.7
(Colorimetric standardized method)			
Albumin	4.1	mg/dL	3.5 - 4.94
(Colorimetric standardized method)			
Globulin	2.90	g/dL	2.3 - 3.5
Calculated			
A/G Ratio	1.41		0.8 - 2.0

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Calculated



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Ref. By			Printed On : 10-Feb-2024 11:35
Client : MEDIWHEEL WELLNES	S		
Parameter	<u>Result</u>	<u>Unit</u>	Reference Interval
	KIDNEY FL	JNCTION TEST	
	KIDNEY FI	INCTION TEST	
	22.1	mg/dL	10 - 50
UREA (Urease & glutamate dehydrogenase)			10 - 50
			10 - 50 0.5 - 1.2

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

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Approved by: DR P

DR PS RAO MD Pathologist

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Name	: Vanita Moud			Collected On : 10-Feb-2024 10:35	
Age/Sex	: 37 Years / Female			Approved On : 10-Feb-2024 10:59	
Ref. By	:			Printed On : 10-Feb-2024 11:35	
Client	: MEDIWHEEL WELLNESS				
Paramet	ter	<u>Result</u>	<u>Unit</u>	Reference Interval	
		HEMOGLOBIN Specimer	A1 C ESTIMAT	FION	

Hb A1C Boronate Affinity with Fluorescent Quenching	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	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 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 eflects 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 ------

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DR PS RAO MD Pathologist

	TEST	REPORT	
Reg. No : 2402100333			Reg. Date : 10-Feb-2024
Name : Vanita Moud			Collected On : 10-Feb-2024 10:33
Age/Sex : 37 Years / Female			Approved On : 10-Feb-2024 10:5
Ref. By :			Printed On : 10-Feb-2024 11:33
Client : MEDIWHEEL WELLNESS			
Parameter	Result	<u>Unit</u>	Reference Interval
Fasting Blood Sugar (FBS)	89.4	mg/dL	70 - 110
		A GLUCOSE	
Hexokinase Method		0	
Post Prandial Blood Sugar (PPBS)	101.9	mg/dL	70 - 140
Hexokinase Method	101.3	ing/dL	70 - 140
Criteria for the diagnosis of diabetes1. HbA1c >/=	6.5 *		
Or 2. Fasting plasma glucose >126 gm/dL. Fasting is de Or	efined as no caloric intal	ke at least for 8 hrs.	
3. Two hour plasma glucose >/= 200mg/dL during ar	n oral glucose tolerence	test by using a glucose l	oad containing equivalent of 75 gm anhydrous glue

3. Two nour plasma glucose >/= 200 mg/uL during an oral glucose to reference test of density a glucose to reference test of density a glucose test of density a gluco

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lame : Vanita Moud			Collected On : 10-Feb-2024 10:35
ge/Sex : 37 Years / Female			Approved On : 10-Feb-2024 11:00
Ref. By : Client : MEDIWHEEL WELLNESS	,		Printed On : 10-Feb-2024 11:35
Parameter	<u>Result</u>	Unit	Reference Interval
rarameter			
PHYSICAL EXAMINATION			ION
Quantity	20 cc		
Colour	Pale Yellow		
Appearance	Clear		
CHEMICAL EXAMINATION (BY REI	LECTANCE PHOTOME	ETRIC METHOD)	
рН	5.0		5.0 - 8.0
Sp. Gravity	1.005		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 (MA	NUAL BY MCIROSCOP	<u>Y)</u>	
Leucocytes (Pus Cells)	Nil		
Erythrocytes (Red Cells)	Nil		
Epithelial Cells	1-2/hpf		
Amorphous Material	Nil		
Casts	Nil		
Crystals	Nil		
Bacteria	Nil		
Monilia	Nil		

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	TES	ST REPORT	
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Age/Sex : 37 Years / Female Ref. By : Client : MEDIWHEEL WELLN	IESS		Approved On : 10-Feb-2024 11:00 Printed On : 10-Feb-2024 11:35
Parameter	<u>Result</u>	<u>Unit</u>	Reference Interval
	STOOL	EXAMINATIO	Ν
Colour	Yellow		
Consistency	Semi Solid		
CHEMICAL EXAMINATION			
Occult Blood	Negative		
Peroxidase Reaction with o- Dianisidine			
Reaction	Acidic		
pH Strip Method			
Reducing Substance Benedict's Method	Absent		
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 occassinal unruptured RBCs.

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

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Ref. By			Printed On : 10-Feb-2024 11:35
Client : MEDIWHEEL WELLN	ESS		
Parameter	<u>Result</u>	<u>Unit</u>	Reference Interval
	THYRO	DID FUNCTION T	EST
T3 (Triiodothyronine)	1.22	ng/mL	0.87 - 1.78
Chemiluminescence			
T4 (Thyroxine)	11.7	µg/dL	5.89 - 14.9
Chemiluminescence			
TSH (ultra sensitive)	3.668	µIU/mI	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 ------

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Approved by: DR PS RAO MD Pathologist

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Scans & Labs

	TEST	REPORT	
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Age/Sex : 37 Years / Female			Approved On : 10-Feb-2024 11:02
Ref. By			Printed On : 10-Feb-2024 11:35
Client : MEDIWHEEL WELLNESS			
<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	Reference Interval
		OOD COUNT (N: EDTA BLOOD	CBC)
Hemoglobin	13.0	g/dL	12.0 - 15.0
-	4.65	g/dL million/cmm	3.8 - 4.8
RBC Count			
Hematrocrit (PCV)	40.2	%	40 - 54
MCH	28.0	Pg	27 - 32
MCV	86.5	fL	83 - 101
МСНС	32.3	%	31.5 - 34.5
RDW	14.0	%	11.5 - 14.5
WBC Count	7060	/cmm	4000 - 11000
DIFFERENTIAL WBC COUNT (Flow	<u>cytometry)</u>		
Neutrophils (%)	57	%	38 - 70
Lymphocytes (%)	38	%	20 - 40
Monocytes (%)	04	%	2 - 8
Eosinophils (%)	01	%	0 - 6
Basophils (%)	0	%	0 - 2
Neutrophils	4024	/cmm	
Lymphocytes	2683	/cmm	
Monocytes	282	/cmm	
Eosinophils	71	/cmm	
Basophils	0	/cmm	
Platelet Count (Flow cytometry)	154000	/cmm	150000 - 450000
MPV	8.0	fL	7.5 - 11.5
ERYTHROCYTE SEDIMENTATION F			
ESR (After 1 hour)	05	mm/hr	0 - 21
Modified Westergren Method	00	11111/11	5 E1

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

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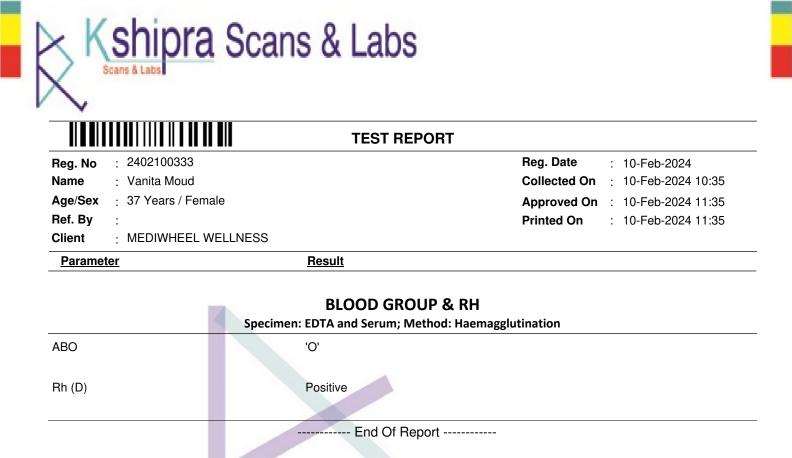
This is an electronically authenticated report.



Test done from collected sample

Approved by: DR PS RAO

2-B, Hazareshwar Colony, Udaipur 313001 (Raj.) , Mob.: 7229961115, 722997Ratio (24 x 7 Customer Service) Email : kshipralabsudaipur@gmail.com



Page 2 of 11

This is an electronically authenticated report.



Test done from collected sample

Approved by: DR PS RAO MD Pathologist 2-B, Hazareshwar Colony, Udaipur 313001 (Raj.), Mob.: 7229961115, 7229970005 (24 x 7 Customer Service) Email : kshipralabsudaipur@gmail.com

Kshipra Scans & Labs

	ТЕ ТЕ	EST REPORT	
Reg. No : 2402100333			Reg. Date : 10-Feb-2024
Name : Vanita Moud			Collected On : 10-Feb-2024 10:35
Age/Sex : 37 Years / Fema	le		Approved On : 10-Feb-2024 10:59
Ref. By : Client : MEDIWHEEL WI	FLINESS		Printed On : 10-Feb-2024 11:35
Parameter	Result	Unit	Reference Interval
	LIF	PID PROFILE	
Cholesterol (Enzymatic colorimetric)	221.1	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride (Enzymatic colorimetric)	189.4	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL	37.88	mg/dL	15 - 35
Calculated			
LDL CHOLESTEROL	131.82	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol	51.4	mg/dL	30 - 85
Homogeneous enzymatic co	lorimetric		
Cholesterol /HDL Ratio	4.30		0 - 5.0
LDL / HDL RATIO Calculated	2.56		0 - 3.5

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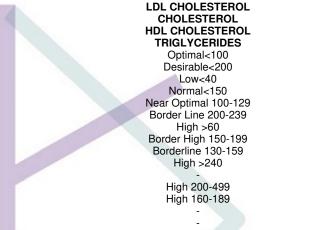


Test done from collected sample

Approved by: DR PS RAO 2-B, Hazareshwar Colony, Udaipur 313001 (Raj.), Mob.: 7229961115, 72299784069gist (24 x 7 Customer Service) Email : kshipralabsudaipur@gmail.com

	shipra Sca	ans &	Labs		
			TEST REPORT		
Reg. No	: 2402100333			Reg. Date	: 10-Feb-2024
Name	: Vanita Moud			Collected On	: 10-Feb-2024 10:35
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Ref. By	:			Printed On	: 10-Feb-2024 11:35
Client	: MEDIWHEEL WELLNES	S			
Paramet	ter	<u>Result</u>	<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 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 assessment # 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.

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Approved by: DR PS RAO

Test done from collected sample

2-B, Hazareshwar Colony, Udaipur 313001 (Raj.), Mob.: 7229961115, 72299772009gist (24 x 7 Customer Service) Email : kshipralabsudaipur@gmail.com

Scans & Labs

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Ref. By :			Printed On : 10-Feb-2024 11:35
Client : MEDIWHEEL WELLNE	SS		
Parameter	<u>Result</u>	<u>Unit</u>	Reference Interval
	LIVER FUN	ICTION TEST WIT	'H GGT
Total Bilirubin	0.75	mg/dL	0.20 - 1.0
Colorimetric diazo method			
Conjugated Bilirubin	0.22	mg/dL	0.0 - 0.3
Sulph acid dpl/caff-benz			
Unconjugated Bilirubin	0.53	mg/dL	0.0 - 1.1
Sulph acid dpl/caff-benz			
SGOT	11.5	U/L	0 - 31
(Enzymatic)			
SGPT	19.8	U/L	0 - 31
(Enzymatic)			
GGT	19.8	U/L	7 - 32
(Enzymatic colorimetric)			
Alakaline Phosphatase	178.6	U/L	42 - 141
(Colorimetric standardized method)		
Protien with ratio			
Total Protein	7.0	g/dL	6.5 - 8.7
(Colorimetric standardized method			
Albumin	4.1	mg/dL	3.5 - 4.94
(Colorimetric standardized method)		
Globulin	2.90	g/dL	2.3 - 3.5
Calculated			
A/G Ratio	1.41		0.8 - 2.0
Calculated			
		End Of Report	

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Test done from collected sample

Approved by: DR PS RAO 2-B, Hazareshwar Colony, Udaipur 313001 (Raj.), Mob.: 7229961115, 72299784069gist (24 x 7 Customer Service) Email : kshipralabsudaipur@gmail.com

		Reg. Date : 10-Feb-2024
		Collected On : 10-Feb-2024 10:3
		Approved On : 10-Feb-2024 10:5
		Printed On : 10-Feb-2024 11:3
Result	Unit	Reference Interval
	NCTION TEST	
22.1	mg/dL	10 - 50
	-	
0.51	mg/dL	0.5 - 1.2
4.32	mg/dL	2.5 - 7.0
End Of	Benort	
End Of	перыт	
	22.1 0.51 4.32	KIDNEY FUNCTION TEST22.1mg/dL0.51mg/dL4.32mg/dL

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Test done from collected sample

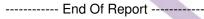
Approved by: DR PS RAO MD Pathologist 2-B, Hazareshwar Colony, Udaipur 313001 (Raj.), Mob.: 7229961115, 7229970005 (24 x 7 Customer Service) Email : kshipralabsudaipur@gmail.com

	TEST	REPORT	
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Name : Vanita Moud		C	Collected On : 10-Feb-2024 10:35
Age/Sex : 37 Years / Female		A	Approved On : 10-Feb-2024 10:59
Ref. By		F	Printed On : 10-Feb-2024 11:35
Client : MEDIWHEEL WELLN	ESS		
		Unit A1 C ESTIMATION I: Blood EDTA % of Total Hb	Poor Control : > 7.0 %
Hb A1C	HEMOGLOBIN A Specimen	A1 C ESTIMATION	
Hb A1C Boronate Affinity with Fluorescent Quenching	HEMOGLOBIN A Specimen 5.4	A1 C ESTIMATION Blood EDTA % of Total Hb	Poor Control : > 7.0 % Good Control : 6.2-7.0 %
Parameter Hb A1C Boronate Affinity with Fluorescent Quenching Mean Blood Glucose Calculated	HEMOGLOBIN A Specimen	A1 C ESTIMATION	Poor Control : > 7.0 % Good Control : 6.2-7.0 %

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 eflects 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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shipra Scans & Labs **TEST REPORT**

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Ref. By	:			Printed On	: 10-Feb-2024 11:35
Client	: MEDIWHEEL WELLNES	S			
Parame	ter	<u>Result</u>	<u>Unit</u>	Reference	e Interval
	_	PLASMA	GLUCOSE		
Fasting Bl	lood Sugar (FBS) Method	89.4	mg/dL	70 - 110	
Post Pran	dial Blood Sugar (PPBS) Method	101.9	mg/dL	70 - 140	
Criteria for Or	the diagnosis of diabetes1. HbA1	c >/= 6.5 *			

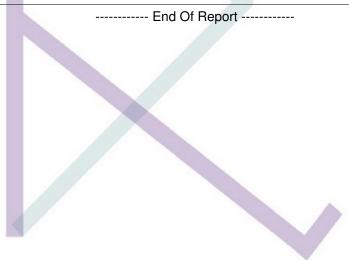
2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or

3. Two hour plasma glucose >/= 200mg/dL during an oral glucose tolerence 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 >/= 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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Test done from collected sample

Approved by: DR PS RAO 2-B, Hazareshwar Colony, Udaipur 313001 (Raj.), Mob.: 7229961115, 7229970005

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

	TES	T REPORT	
Reg. No : 2402100333 Name : Vanita Moud Age/Sex : 37 Years / Female Ref. By : Client : MEDIWHEEL WELLNESS	3		Reg. Date:10-Feb-2024Collected On:10-Feb-2024 10:35Approved On:10-Feb-2024 11:00Printed On:10-Feb-2024 11:35
Parameter	Result	Unit	Reference Interval
PHYSICAL EXAMINATION			
Quantity Colour	20 cc Pale Yellow		
Appearance	Clear		
CHEMICAL EXAMINATION (BY REI	LECTANCE PHOTO	METRIC METHOD	ц Д
pH	5.0		5.0 - 8.0
Sp. Gravity	1.005		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 (MA		<u>OPY)</u>	
Leucocytes (Pus Cells)	Nil		
Erythrocytes (Red Cells)	Nil		
Epithelial Cells	1-2/hpf		
Amorphous Material	Nil		
Casts	Nil		
Crystals	Nil		
Bacteria Monilia	Nil Nil		

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

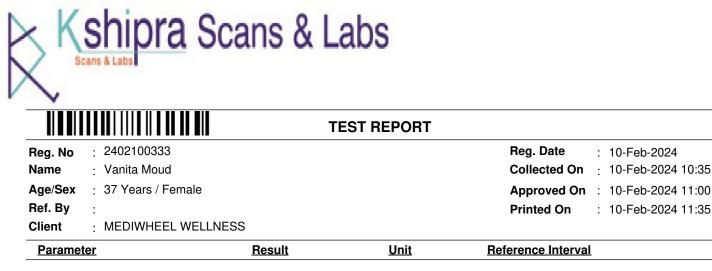
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Test done from collected sample

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	STOOL EXAMINATION
Colour	Yellow
Consistency	Semi Solid
CHEMICAL EXAMINATIO	N
Occult Blood	Negative
Peroxidase Reaction with Dianisidine)-
Reaction	Acidic
pH Strip Method	
Reducing Substance	Absent
Benedict's Method	
MICROSCOPIC EXAMINA	
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 occassinal unruptured RBCs.

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

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

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Test done from collected sample

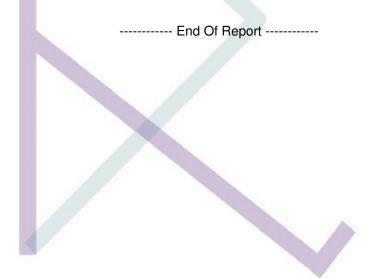
Approved by: DR PS RAO

2-B, Hazareshwar Colony, Udaipur 313001 (Raj.), Mob.: 7229961115, 7229977201069jst (24 x 7 Customer Service) Email : kshipralabsudaipur@gmail.com

Kshipra S	cans & L	abs	
	т	EST REPORT	
Reg. No:2402100333Name:Vanita MoudAge/Sex:37 Years / FemaleRef. By:Client:MEDIWHEEL WELLN	IESS		Reg. Date:10-Feb-2024Collected On:10-Feb-2024 10:35Approved On:10-Feb-2024 11:35Printed On:10-Feb-2024 11:35
Parameter	<u>Result</u>	<u>Unit</u>	Reference Interval
	THYRC	DID FUNCTION TE	EST
T3 (Triiodothyronine) Chemiluminescence	1.22	ng/mL	0.87 - 1.78
T4 (Thyroxine) Chemiluminescence	11.7	μg/dL	5.89 - 14.9
TSH (ultra sensitive)	3.668	μlU/ml	0.34 - 5.6

TSH (ultra sensitive) 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



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Test done from collected sample

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