



TEST REPORT

Reg. No : 2401100844
Name : Motilal Mali
Age/Sex : 31 Years / Male
Ref. By :
Client : MEDIWHEEL WELLNESS

Reg. Date : 27-Jan-2024
Collected On : 27-Jan-2024 10:28
Approved On : 27-Jan-2024 11:39
Printed On : 29-Jan-2024 13:28

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Interval</u>
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COMPLETE BLOOD COUNT (CBC)

SPECIMEN: EDTA BLOOD

Hemoglobin	15.0	g/dL	13.0 - 17.0
RBC Count	4.54	million/cmm	4.5 - 5.5
Hematocrit (PCV)	45.3	%	40 - 54
MCH	33.0	Pg	27 - 32
MCV	99.8	fL	83 - 101
MCHC	33.1	%	31.5 - 34.5
RDW	14.2	%	11.5 - 14.5
WBC Count	6560	/cmm	4000 - 11000

DIFFERENTIAL WBC COUNT (Flow cytometry)

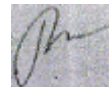
Neutrophils (%)	56	%	38 - 70
Lymphocytes (%)	39	%	20 - 40
Monocytes (%)	03	%	2 - 8
Eosinophils (%)	02	%	0 - 6
Basophils (%)	0	%	0 - 2
Neutrophils	3674	/cmm	
Lymphocytes	2558	/cmm	
Monocytes	197	/cmm	
Eosinophils	131	/cmm	
Basophils	0	/cmm	
Platelet Count (Flow cytometry)	219000	/cmm	150000 - 450000
MPV	10.8	fL	7.5 - 11.5

ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	16	mm/hr	0 - 14
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Modified Westergren Method

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Parameter

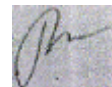
Result

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

ABO : 'B'
Rh (D) : Positive

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PLASMA GLUCOSE

Fasting Blood Sugar (FBS) <i>Hexokinase Method</i>	97.6	mg/dL	70 - 110
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Post Prandial Blood Sugar (PPBS) <i>Hexokinase Method</i>	108.6	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.

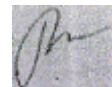
Or

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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LIPID PROFILE			
Cholesterol <i>(Enzymatic colorimetric)</i>	199.6	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>(Enzymatic colorimetric)</i>	210.5	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	42.10	mg/dL	15 - 35
LDL CHOLESTEROL	112.70	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>	44.8	mg/dL	30 - 70
Cholesterol /HDL Ratio <i>Calculated</i>	4.46		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	2.52		0 - 3.5



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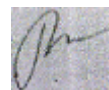
Table header with columns: Parameter, Result, Unit, Reference Interval

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





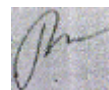
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LIVER FUNCTION TEST WITH GGT			
Total Bilirubin <i>Colorimetric diazo method</i>	0.88	mg/dL	0.10 - 1.0
Conjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.22	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.66	mg/dL	0.0 - 1.1
SGOT <i>(Enzymatic)</i>	31.2	U/L	0 - 37
SGPT <i>(Enzymatic)</i>	22.1	U/L	0 - 40
GGT <i>(Enzymatic colorimetric)</i>	21.1	U/L	11 - 49
Alakaline Phosphatase <i>(Colorimetric standardized method)</i>	88.1	U/L	53 - 130
<u>Protien with ratio</u>			
Total Protein <i>(Colorimetric standardized method)</i>	6.7	g/dL	6.5 - 8.7
Albumin <i>(Colorimetric standardized method)</i>	3.9	mg/dL	3.5 - 5.3
Globulin <i>Calculated</i>	2.80	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.39		0.8 - 2.0

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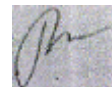
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KIDNEY FUNCTION TEST

UREA <i>(Urease & glutamate dehydrogenase)</i>	18.3	mg/dL	10 - 50
Creatinine <i>(Jaffe method)</i>	0.61	mg/dL	0.5 - 1.4
Uric Acid <i>(Enzymatic colorimetric)</i>	4.2	mg/dL	2.5 - 7.0

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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity	15 cc
Colour	Pale Yellow
Appearance	Clear

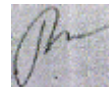
CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)

pH	7.0	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)	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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STOOL EXAMINATION

Colour	Yellow
Consistency	Semi Solid

CHEMICAL EXAMINATION

Occult Blood	Negative
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Peroxidase Reaction with o-Dianisidine

Reaction	Acidic
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pH Strip Method

Reducing Substance	Absent
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Benedict's Method

MICROSCOPIC EXAMINATION

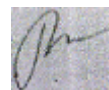
Mucus	Nil
Pus Cells	1 - 2/hpf
Red Cells	Nil
Epithelial Cells	Nil
Vegetable Cells	Nil
Trophozoites	Nil
Cysts	Nil
Ova	Nil
Neutral Fat	Nil
Monilia	Nil

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 5.3 % of Total Hb
Poor Control : > 7.0 %
Good Control : 6.2-7.0 %
Non-diabetic Level : 4.3-6.2 %

Mean Blood Glucose 111.38 mg/dL
Calculated

Degree of Glucose Control Normal Range:

- Poor Control >7.0%
Good Control 6.0 - 7.0 %
* 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.

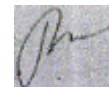
EXPLANATION :-

- *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>	1.11	ng/mL	0.87 - 1.81
T4 (Thyroxine) <i>Chemiluminescence</i>	10.6	µg/dL	5.89 - 14.9
TSH (ultra sensitive) <i>Chemiluminescence</i>	3.662	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

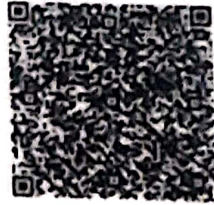
----- End Of Report -----



Government of India



मोती लाल माली
Moti Lal Mali
पिता : मोहन लाल माली
Father : Mohan Lal Mali
जन्म तिथि / DOB : 13/03/1992
पुरुष / Male



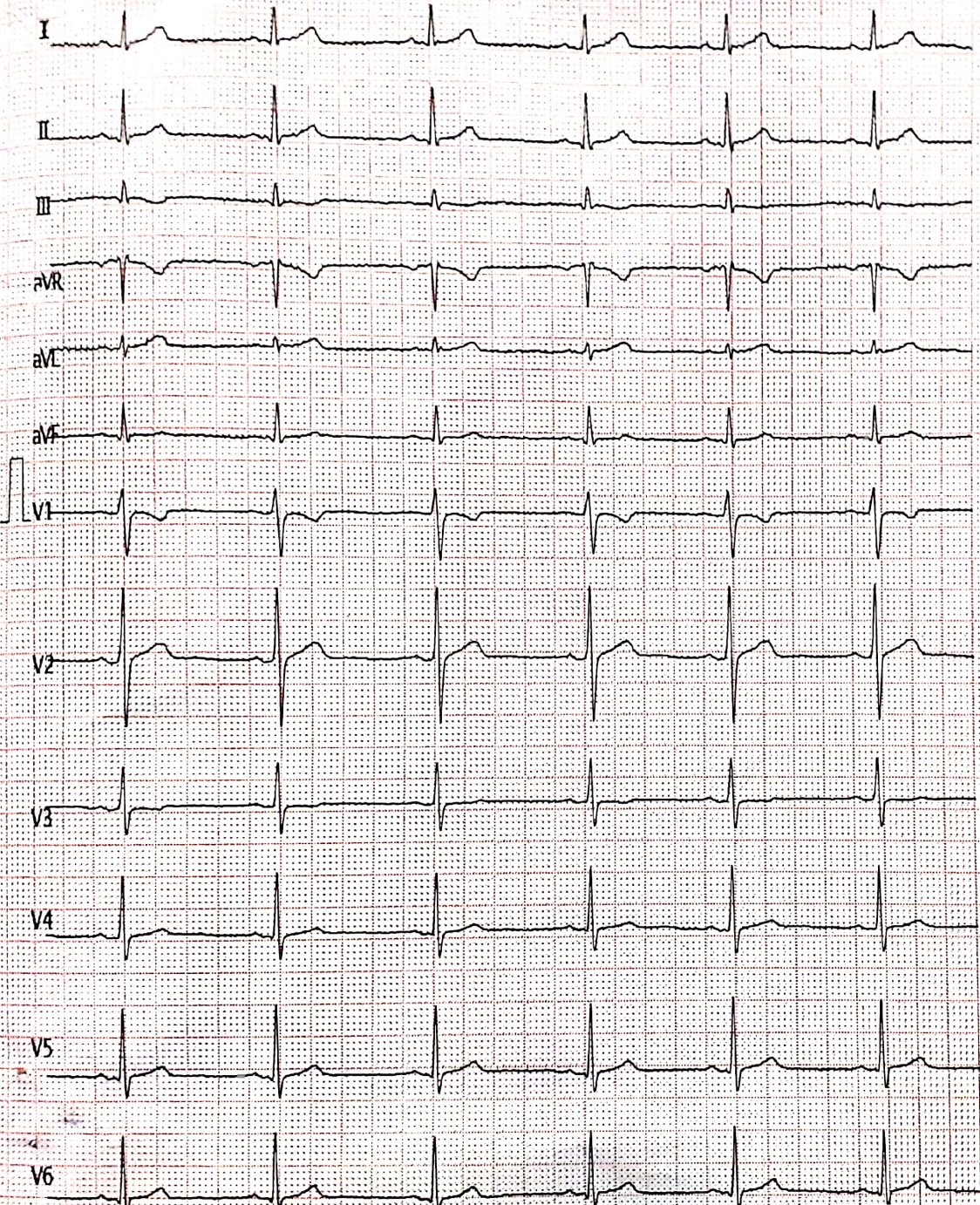
2965 2041 4510

आधार - आम आदमी का अधिकार

Motilal
27/01/24



10mm/mV



Vent. Rate(BPM) : 59

ECG Analysis Result:

PR Int.(ms) : 133

891 Sinus Bradycardia

P/QRS/T Int.(ms) : 74 100 163

611 T Abnormality(Flat T)

QT/QTc Int.(ms) : 373 373

*** Borderline Abnormal ECG ***

P/QRS/T Axis(Deg.) : 31 39 31

RV1/SV5 Amp.(mV) : 0.38 0.29

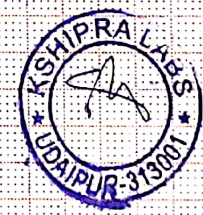
RV5/SV1 Amp.(mV) : 1.08 0.69

V2.33 Technician :

Note: Unconfirmed Report Need to Review

ST LEVEL(mV)

I	II	III	aVR	aVL	aVF
+0.03	+0.02	-0.00	-0.02	+0.01	+0.00
V1	V2	V3	V4	V5	V6
+0.00	+0.07	+0.00	+0.01	+0.02	+0.02



CARDIOPRINT

NOTIL JI > 775510089163 M: 32Y /55 cm/Kg 55/55



JAI
DRISHTI
Eye Hospital

www.drishtihospital.com
Call : 9982996666

Dr. Sharva Pandya

MBBS, M.S. (Ophthalmology)

RMC Reg. No. : 021537

डॉ. शर्वा पण्ड्या

वरिष्ठ नेत्र रोग विशेषज्ञ सर्जन

Mr. Moti Lal Mali

31/11

27/01/24

C/O - For eye check up

DVA 6/6
6/6

NVA 6/6
6/6

Colour vision - Normal

Sharva

DR. SHARVA PANDYA

MBBS, MS (OPHTH.)

RMC : 021537 (MBBS) 007516 (MS.)

JAI DRISHTI EYE HOSPITAL

चित्रकूट नगर, उदयपुर में हमारी
नेत्र चिकित्सा सेवाएं



Scanned with OKEN Scanner

Name	: Motilal mali	Age	: 31yrs. / M
Thanks To	: Mediwheel wellness	Date	: 27/1/2024

X-RAY CHEST (PA VIEW)

Both lung fields appear normal.
No c/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. Moti Lal	Age	: 31 Yrs. / M
Thanks To	: Mediwheel	Date	: 27/1/2024

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 or cortical scarring is seen in both kidneys.

Right kidney measures : 9.8 x 5.4 cms.

Left kidney measures : 10.2 x 5.9 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:

- Grade II fatty liver.


Dr. Bharat Jain

MD (Radio-Diagnosis)
Consultant Radiologist

N.B.: This is only a professional opinion and not the final diagnosis. MRI/CT is subject to variations due to technical limitations, hence correlation with clinical findings and other investigations should be carried out to know the true nature of illness

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

MER-MEDICAL EXAMINATION REPORT

DATE OF EXAMINATION	27/01/2024
NAME	MOTI LAL MALI
AGE	31YRS / MALE
HEIGHT	160CM
WEIGHT	74KG
BP	124 / 79
ECG	NORMAL
X-RAY	NORMAL
PRESENT AILMENTS	NO
DETAILS OF PAST AUMENTS (IF AY)	NO
COMMENTS/ADVICE :SHE/HE IS PHYSICALLY FIT	YES



Signature With Stamp Of Medical Examiner