



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: EKTA SHARMA	
SH No: 300601	Date: 09/11/2024
Age: 31	Gender: FEMALE

ASSESSMENT:

- o OVER WEIGHT(BMI:25.96)
- o C/O: OCCASIONAL HEADACHE , SWOLLEN THROAT GLANDS , B/L CALF PAIN DUE TO FATIGUE , OCCASIONAL FLATUS
- o O/E-B.P:120/50
- o P/H/O OPERATION : LSCS(2023)
- o F/H/O: HYPERTENSION (MOTHER, FATHER), DIABETES(MOTHER,FATHER)
- o DENTAL ASSESSMENT: CHRONIC GENERALISED GINGIVITIS
- o LOW MCHC(31.7)
- o HIGH ESR(42)
- o LOW HDL CHOLESTEROL(36) , NEAR TO ABOVE OPTIMAL DIRECT LDL(113)
- o LOW A/G RATIO(1.26)
- o URINE R/M: LOW SPECIFIC GRAVITY(1)
- o ECG: LOW VOLTAGE

ADVISED:

- o AVOID OUT SIDE FOOD AND WATER
- o REGULAR EXERCISE.
- o REPEAT LIPID PROFILE AFTER 3 MONTH
- o OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- o DENTAL ADVICE : POLISHING , SCALING , RESTORATION OF 26 & FOLLOW ADVICE
- o PHYSICIAN CONSULTATION

Sterling Addlife India Limited
Unit-Sterling Hospital Vadodara
Race Course Road, (West)
VADODARA - 390 007.
[Signature]
DR. JAY S PANDIT

Prevention & Rehabilitation Dept

Hospital Address: Sterling Hospitals, Race Course Road, Opp. Inox Cinema Hari Nagar, Circle West, Vadodara – 390007, Gujarat, India | Call: 0265-6144111, 0265-2354455, 98 98 98 78 78
www.sterlinghospitals.com | info@sterlinghospitals.com

Registered Office: Sterling Addlife India Private Limited | CIN U85110GJ2000PTC039121
Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad-380052, Gujarat, India





HEALTH CHECK UP MEDICAL EXAMINATION

Name : Epta sharma. Employee ID : _____
 Company Name : _____ Age : 31 Sex : M/F
 Height : 156 cms. Weight : 63.2 Kgs BMI : 25.96 Blood Group : _____
 Name of HO / Registrar taking History : Dr. Jay. S. Pandit

Allergies : <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes (If Yes, describe)	
Drugs/Food/Latex/Dyes/Contrast/Other	Reaction
1.	
2.	
3.	

Chief Complaints :

Physical Examination :

Vital Signs:
 Temp : Afebrile F SPO₂ : 99 Pulse : 75 /min R/R : 18 /min B.P. : 120/80 mm Hg

Past History :

If Hypertension, since On Medication 1)..... 2)..... 3).....	If Diabetes, since On Medication 1)..... 2)..... 3).....
If Ischaemic Heart Disease since On Medication 1)..... 2)..... 3).....	Under Treatment Dr. If Tuberculosis, When Any Other P/H <u>LCS ment. (SOS)</u>
Under Treatment of Dr. Any Intervention done P/H of Operation Diagnosis : <u>LSCS</u> Name of Operation : Year of Operation : <u>2023</u>	Any Other Medication P/H of Hospitalization Diagnosis : Year : Duration : Blood Transfusion History : Yes /No <input checked="" type="checkbox"/> Year :
Others	

Family History : (Specify : F-Father, M-Mother, B-Brother, S-Sister)

(Pl. Circle whichever is applicable e.g. If Father has h/o 10 yrs then, Yes / No F/10 yrs)

Hypertension	Yes/No <u>M, F</u>	Asthma	Yes/No
Heart Disease	Yes/No	Stroke	Yes/No
Diabetes	Yes/No <u>M, F</u>	Arthritis/Gout	Yes/No
Tuberculosis	Yes/No	Cancer	Yes/No
Epilepsy	Yes/No	Other Chronic disease	Yes/No

Personal History :

Diet	<u>Veg.</u>	Smoking	Yes/No	since / per day
Appetite		Alcohol	Yes/No	since / (freq.)
Sleep		Drugs	Yes/No	since / (freq.)
Micturition	<u>SPAD</u>	Tobacco	Yes/No	since / (freq.)
Bowel Habits		Any other habit		

FOR FEMALES :

 Obstetric History : L.D. h.m.p 1/11/2029
 Abortion :
 Others :

General Examination :

-
- Anemia
-
- Cyanosis
-
- Jaundice
-
- Generalized Lymphadenopathy
-
- Pedal oedema

General Examination :

Head : NSF occ. Headache.

 Injuries (Specify if any) :
Eyes : NSF eyes for distant vision, regular.

- Vision : Normal Blurred Double Colour Blind
- Pupils : Normal Abnormal
- Other : Inflammation Pain Itching Discharge No complaint

Remarks (if any) :

Ears : NSF

- Deaf Yes No • Pain Yes No • Discharge Yes No
- Dizziness Yes No

Nose : NSF

- Nosebleed Yes No • Congestion Yes No • Sinus problem Yes No

Mouth : NSF

- Lesion Yes No
- Dental Hygiene Good Poor Bleeding gums Yes No
- Sense of taste Yes No

Throat/Neck : NSF

- Swollen glands Yes No
- Stiffness Yes No
- Dysphagia Yes No

SYSTEMIC EXAMINATION

Neurological : NSF

- Headache Yes No
- Memory changes Yes No
- Dizziness Yes No
- Syncope Yes No
- Seizures Yes No
- Paralysis Yes No if yes R L
- Cooperative Yes No
- Anxiety Yes No
- Depression Yes No
- Suicidal attempt Yes No
- Any psychiatric illness NO
- Oriented Yes No if disoriented, to Person Place Time
- Reaction: Brisk Sluggish No response
- LOC : Alert Confused Sedated
- Speech : Clear Slurred

Respiratory : NSF

- Lung sounds : ad B = clear
- Dyspnoea : None With activity At rest Lying down Retractions
- Cough : None Non-productive Productive - colour
- Hemoptysis: Yes No
- Night Sweats : Yes No
- Cyanosis : Yes No Where

Cardiovascular : NSF

- Chest discomfort Yes No
- Oedema Yes No Location : Pitting Non-pitting

Extremities-Musculoskeletal : NSF

- Skin : Warm Cool Dry Firm Flaccid Colour
- Extremities : Tingling Yes No • Weakness Yes No Deformity Yes No
- Joints : Pain Yes No • Stiffness Yes No
- Uses : Walker Wheelchair None Blue / of at eye

Gastrointestinal : NSF

- Appetite Good Poor
- Nausea Yes No
- Vomiting Yes No
- Distension Yes No
- Heartburn Yes No
- Flatus Yes No
- Pain Yes No
- Rectal Bleeding Yes No
- Colostomy Yes No
- Ileostomy Yes No

Bowel

- Diarrhoea Constipation Incontinence Blood in stool None
- Pain Yes No Place Hemorrhoids Yes No 3/2/AD
- Frequency of stool 1 time/day
- Interventions : None • Laxatives Yes No Type Frequency

Genitorurinary : NSF

Colour of Urine Pale yellow Frequency 3-4 times / day
 Pain Yes No Burning Yes No Itching Yes No
 Urgency Yes No Incontinence Yes No
 Nocturia Yes No Urostomy Yes No
 History of calculi Yes No History of UTI Yes No
 Foleys Catheter Yes No Date of Insertion _____

Reproductive : NA NSF

LMP 11/11/2024 Regular / Irregular _____
 Dysmenorrhea Yes No Amenorrhea Yes No if yes, Duration _____
 Menopausal Yes No if yes, Duration _____
 Vaginal discharge Yes No Itching Yes No
Breasts NA NSF
 Breast Feeding Yes No Lumps Yes No

Positive Finding & Advice

.....

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 Unit Sterling Hospital Vadodara
 Racecourse Circle, (West)
 VADODRA - 390 007.

Sign and Stamp of Medical Officer

Sterling Hospital
Racecourse Road

EMERGENCY HELPLINE

992 444 9972
0265 - 61 44 111

Sterling Hospital
Bhayli

EMERGENCY HELPLINE

908 1000 557
0265 - 61 23 333



OPHTHALMIC CHECK-UP

SIGNIFICANT HISTORY:

PAST HISTORY:

Refractive Error: *Yes*

Any Surgery: *No*

Color Blind: *No*

Diabetes: *No*

Hypertension: *No*

Any Treatment: *No*

EXAMINATION OF EYES:

Right Eye:

Left Eye:

Distant Vision without Glasses: *1*

Distant Vision with Glasses: *4*

Near Vision without Glasses: *1*

Near Vision with Glasses: *7*

Intraocular Pressure: *9*

Anterior Segment: *6*

Fundus: *6*

PRESCRIPTION OF GLASSES:

	RIGHT			LEFT		
	Sphere	Cylinder	Axis	Sphere	Cylinder	Axis
Distant	<i>-4.75</i>	<i>-0.5</i>	<i>160°</i>	<i>-4.75</i>	<i>-0.5</i>	<i>80°</i>
Near	<i>---</i>	<i>---</i>	<i>---</i>	<i>---</i>	<i>---</i>	<i>---</i>

Type of glass: *convex*

ADVICE:

Sterling Addlife India Limited
 Unit-Sterling Hospital Vadodara
 Race Course Circle, (West)
VADODARA - 390 007.
DR MAYA PATEL
 (OPHTHALMOLOGIST)

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 Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad-380052, Gujarat, India



Dr. Sonica Peshin

Senior Cosmetic dentist and Implantologist

A-6966

Email: thespeakingtooth@gmail.com

Phone: 9586867301



Race Course Road, Vadodara
09/11/2024

Dental Assessment Form

Name: Ekta Shrama

Age/Sex: 31 years/Female

UHID No: 300601

Patient has come for a regular check up.

On examination:

- Calculus++ stains+
- Deep decayed tooth with respect to 26
- Mild recession, sensitivity seen

Provisional diagnosis:

- Chronic generalized gingivitis

Treatment plan:

- Scaling and polishing
- Restoration of 26

Advise:

- Follow vertical brushing technique.
- Salt water rinses atleast once a day.
- Brush your teeth twice daily.
- Clean your tongue twice daily.

Sonica Peshin
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Dr Sonica Peshin

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LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mrs. Ekta . Sharma	Lab Id	: 112407500801	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 31 Y 01-Sep-1993	Registration on	: 09-Nov-2024 09:52	Location	: Main BNo./
Ref. Id	: 300601 / 2817544	Collected at	: SAWPL	Approved on	: 09-Nov-2024 14:10 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 11:10	Printed On	: 09-Nov-2024 17:41
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Hemoglobin <small>Colorimetric</small>	12.7	g/dL	12.0 - 16.0
RBC Count <small>Electrical Impedance</small>	4.66	million/cmm	3.8 - 4.8
Hematocrit <small>Calculated</small>	40.2	%	36 - 48
MCV <small>Derived</small>	86.1	fL	83 - 101
MCH <small>Calculated</small>	27.3	pg	26.4 - 33.2
MCHC <small>Calculated</small>	L 31.7	g/dL	31.8 - 35.9
RDW CV <small>Calculated</small>	13.30	%	11.6 - 14
Total WBC and Differential Count			
WBC count <small>SF Cube cell analysis</small>	6750	/cmm	4000 - 10000
Differential Count			
Neutrophils <small>Microscopic</small>	67	% 40 - 80	Absolute Count 4523 /cmm 2000 - 6700
Lymphocytes <small>Microscopic</small>	23	% 20 - 40	1553 /cmm 1000 - 3000
Eosinophils <small>Microscopic</small>	04	% 1 - 6	270 /cmm 20 - 500
Monocytes <small>Microscopic</small>	06	% 2 - 10	405 /cmm 200 - 1000
Basophils <small>Microscopic</small>	00	% 0 - 2	0 /cmm 0 - 100
Platelet Count			
Platelet Count <small>Electrical impedance</small>	265000	/cmm	150000 - 410000
MPV <small>Calculated</small>	12.20	fL	7.5 - 10.3
Platelets Morphology	Platelets are adequate on Smear		


Dr. C. Shrinivasan..
 M.D (Pathology) [G-18341]
 Consultant Pathologist

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Ref. Id	: 300601 / 2817544	Collected at	: SAWPL	Approved on	: 09-Nov-2024 14:10 Status: Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 11:10	Printed On	: 09-Nov-2024 17:41
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Erythrocytes Sedimentation Rate			
ESR	H 42	mm/1hr	0 - 21

Differential Count
Absolute Count

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Sex/Age : Female / 31 Y 01-Sep-1993	Registration on : 09-Nov-2024 09:52	Location : Main BNo./
Ref. Id : 300601 / 2817544	Collected at : SAWPL	Approved on : 09-Nov-2024 13:05 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 11:10	Printed On : 09-Nov-2024 17:41
	Sample Type : EDTA blood	Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Blood Group

Test	Result	Unit	Biological Ref. Interval
ABO Type <i>Tube Agglutination</i>	"AB"		
Rh (D) Type	Positive		


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LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mrs. Ekta . Sharma Sex/Age : Female / 31 Y 01-Sep-1993 Ref. Id : 300601 / 2817544 Ref. By : Dr. RMO . STERLING...	Lab Id : 112407500801 Registration on : 09-Nov-2024 09:52 Collected at : SAWPL Collected on : 09-Nov-2024 11:10 Sample Type : Serum, Urine	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 09-Nov-2024 12:51 Status : Interim Printed On : 09-Nov-2024 17:41 Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <i>GOD-POD</i>	88.0	mg/dL	74 - 100
Fasting Urine Glucose <i>GOD-POD</i>	Absent		Absent
Fasting Urine Ketone <i>Nitroprusside</i>	Absent		Absent

	Fasting Blood Glucose*	Postprandial Blood Glucose #	Random Blood Glucose
Normal	< 100 mg/dL	< 140 mg/dL	< 140 mg/dL
Prediabetic	100 – 125 mg/dL	140 – 199 mg/dL	140 – 199 mg/dL
Diabetic	>/=126 mg/dL	>/= 200 mg/dl	>/= 200 mg/dl

* Fasting is defined as no caloric intake for more than 8 hours

The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75 g anhydrous glucose dissolved in water.

Criteria for Diagnosis of Diabetes:

1. Fasting blood glucose (FPG) \geq 126 mg/dL
2. Two-hour blood glucose (2-h OGTT) = 200 mg/dL
3. HbA1c values (A1c) \geq 6.5%
4. Random plasma glucose \geq 200 mg/dL

(With symptoms of hyperglycemia or hyperglycemic crisis)

In the absence of unequivocal hyperglycemia, diagnosis of DM using A1C, FPG or 2-h OGTT requires two abnormal test results from the same sample or in two separate samples.

References:

1. American diabetes association. Standards of medical care in diabetes 2024
2. National Library of Medicine – National Institute of Health (USA) – Diabetes Mellitus
3. World Health Organization – Factsheet on Diabetes – Prevention and treatment


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Patient Information	Sample Information	Location Information
Name : Mrs. Ekta . Sharma Sex/Age : Female / 31 Y 01-Sep-1993 Ref. Id : 300601 / 2817544 Ref. By : Dr. RMO . STERLING...	Lab Id : 112407500801 Registration on : 09-Nov-2024 09:52 Collected at : SAWPL Collected on : 09-Nov-2024 13:50 Sample Type : Fluoride	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 09-Nov-2024 16:10 Status : Interim Printed On : 09-Nov-2024 17:41 Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <small>GOD-POD</small>	104	mg/dL	70 - 140
Post-breakfast Urine Glucose <small>GOD-POD</small>	Absent		Absent
Post Breakfast Urine Ketone <small>Nitroprusside</small>	Absent		Absent



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Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 11:10	Printed On	: 09-Nov-2024 17:41
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
HbA1c (Glycosylated Hemoglobin) by HPLC

Test	Result	Unit	Biological Ref. Interval
HbA1c	5.30	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	105.41	mg/dL	For Diabetic Patient: Poor Control : $> 7.0\%$; Good Control : 6.0-7.0%

Description:

- Total haemoglobin A1 c is continuously synthesized 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).

Reference: American diabetes association. Standards of medical care in diabetes 2024


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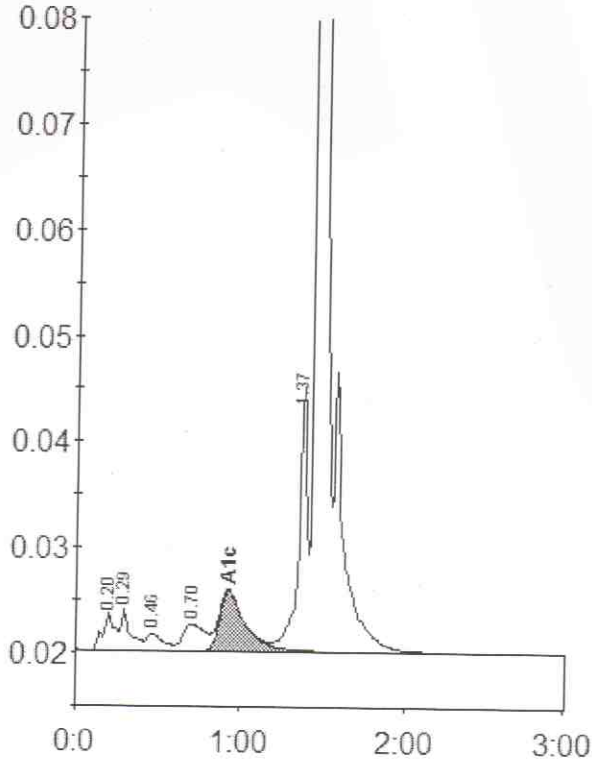
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Patient report

Sterling HOSPITALS

Bio-Rad DATE: 09/11/2024
 D-10 TIME: 01:30 PM
 S/N: #DJ8G550303 Software version: 4.30-2
 Sample ID: 112407500801
 Injection date: 09/11/2024 01:29 PM
 Injection #: 19 Method: HbA1c
 Rack #: --- Rack position: 2



Peak table - ID: 112407500801

Peak	R.time	Height	Area	Area %
A1a	0.20	3608	18430	1.2
A1b	0.29	3913	15851	1.0
F	0.46	1643	11074	0.7
LA1c/CHb-1	0.70	2563	24298	1.6
A1c	0.93	5757	61790	5.3
P3	1.37	24994	89351	5.9
A0	1.45	460731	1299207	85.5
Total Area:	1520000			

Concentration:	%
A1c	5.3



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Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 11:10	Printed On : 09-Nov-2024 17:41
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase – Peroxidase</i>	166.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPo/POD)</i>	89.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl2</i>	L 36.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	H 113.00	mg/dL	Optimal: <100 Near to above Optimal: 100–129 Borderline High: 130-159 High: 160–189 Very High: =190
VLDL <i>Calculated</i>	17.80	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	4.6		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	3.1		Up to 3.5


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LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mrs. Ekta . Sharma	Lab Id : 112407500801	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 31 Y 01-Sep-1993	Registration on : 09-Nov-2024 09:52	Location : Main BNo./
Ref. Id : 300601 / 2817544	Collected at : SAWPL	Approved on : 09-Nov-2024 12:52 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 11:10	Printed On : 09-Nov-2024 17:41
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	4.00	mg/dL	2.5 - 6.2
Blood Urea Nitrogen <i>Calculated</i>	8.41	mg/dL	7.0 - 17.0
Urea <i>Urease, Colorimetric</i>	18.0	mg/dL	15.0 - 36.4
Creatinine, serum <i>Creatinine Amidohydrolase</i>	0.70	mg/dL	0.52 - 1.04
BUN Creatinine Ratio <i>Calculated</i>	12.01		
Urea Creatinine Ratio <i>Calculated</i>	25.71		


Dr. C. Shrinivasan..

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Consultant Pathologist

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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Liver Function Test

Test	Result	Unit	Biological Ref. Interval
ALT (SGPT) <i>UV with P5P, IFCC</i>	24.0	U/L	0 - 35
AST (SGOT) <i>UV with P5P</i>	28.0	U/L	14 - 36
GGT (Gamma Glutamyl Transferase) <i>L-y-Glytamyl-p-nitroanilide</i>	17.0	U/L	12 - 43
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	89.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	0.50	mg/dL	0.2 - 1.3
Conjugated Bilirubin <i>Cationic Mordant Binding</i>	0.10	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Cationic Mordant Binding</i>	0.20	mg/dL	0.0 - 1.1
Delta Bilirubin <i>Calculated</i>	0.20	mg/dL	0.0 - 0.2
Total Protein <i>Copper tartrate to colour complex</i>	7.00	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	3.90	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	3.10	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	L 1.26		1.3 - 1.7


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Sex/Age : Female / 31 Y 01-Sep-1993	Registration on : 09-Nov-2024 09:52	Location : Main BNo./
Ref. Id : 300601 / 2817544	Collected at : SAWPL	Approved on : 09-Nov-2024 12:51 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 11:10	Printed On : 09-Nov-2024 17:41
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Thyroid Function Tests

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <small>CLIA</small>	1.44	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <small>CLIA</small>	9.76	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <small>Chemiluminescence</small>	0.9935	µIU/mL	Non-Pregnant Woman: 0.4001-4.049; Pregnant Woman: 1st Trimester: 0.1298-3.120; 2nd Trimester: 0.2749-2.652; 3rd Trimester : 0.3127-2.947


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		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Levels of TSH in pregnancy (µIU/mL): First Trimester 0.1 - 2.5; Second Trimester 0.2 – 3.0; Third Trimester 0.3 – 3.0.

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.

TSH	T3/FT3	T4/FT4	Suggested interpretation of Thyroid function tests pattern
Within range	Decreased	Within range	Isolated low T3 often seen in elderly & associated Non-Thyroid illness. In elderly the drop in T3 level can be up to 25%.
Raised	Within Range	Within Range	Isolated High TSH Especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability; Subclinical Autoimmune Hypothyroidism; Intermediate T4 therapy for hypothyroidism; Recovery phase after Non-Thyroidal illness.
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis; Post thyroidectomy, post radioiodine; Hypothyroid phase of transient thyroiditis.
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies); Intermediate T4 therapy of T4 overdose; Drug Interference-Amiodarone, Heparin, Beta blocker, steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH – Especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness; Subclinical Hyperthyroidism; Thyroxine ingestion.
Decreased	Decreased	Decreased	Central Hypothyroidism; Non-Thyroidal illness; Recent treatment for Hypothyroidism (TSH remains suppressed).
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease), Multinodular goitre Toxic nodule; Transient thyroiditis: postpartum, Silent (lymphocytic), Post viral (granulomatous, subacute, DeQuervain'a) Gestational thyrotoxicosis hyperemesis gravidarum.
Decreased or within range	Raised	Within range	T3 toxicosis; Non-Thyroidal illness.

Reference: Wallach's Interpretation of Diagnostic by Mary Williamson, 10th edition, 2015.


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Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 11:10	Printed On : 09-Nov-2024 17:41
	Sample Type : Urine	Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
URINE ROUTINE EXAMINATION

Test	Result	Unit	Biological Ref. Interval
Physical & Chemical (Dip strip) examination			
Colour	Pale Yellow		Pale Yellow
pH <i>Double Indicator</i>	7.0		5.5 - 7.0
Specific Gravity <i>Polyelectrolyte based reaction</i>	L 1.000		1.015 - 1.025
Protein <i>Protein error of indicators</i>	Absent		Absent
Glucose <i>GOD-POD</i>	Absent		Absent
Ketone <i>Nitroprusside</i>	Absent		Absent
Blood <i>Peroxidase like reaction</i>	Absent		Absent
Bilirubin <i>Diazo reaction</i>	Absent		Absent
Leucocytes <i>Esterase reaction</i>	Absent		Absent
Nitrite <i>p-arsanilic acid to diazonium compound</i>	Absent		Absent
Microscopic Examination			
Erythrocytes (RBCs)	Absent	/hpf	0 - 2
Pus Cells	2-3	/hpf	0 - 5
Epithelial Cells	Scanty	/hpf	
Crystals	Absent		Absent
Casts	Absent		Absent
Bacteria	Absent		Absent
Amorphous Material	Absent		Absent
Yeast	Absent		Absent

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


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Race Course Road, Vadodara

Report Date: 11 Nov 2024 - 12:41 PM

Patient Id	: RCR-300601	Patient Name	: SHARMA EKTA .
Age	: 31Y 2M 8D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 09 Nov 2024 - 12:46 PM

RADIOGRAPH CHEST PA

Both lungs and CP angles appear clear.
Mediastinal shadow and hilar region appear normal.
Cardiac shadow appears normal.
Both domes of diaphragm show normal position and contour.
Any thorax under vision appears normal.

IMPRESSION

No significant abnormality detected.

Dr. Palak Nandolia
Consultant Radiologist

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Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad-380052, Gujarat, India



Eka sharma

09.11.2024 10:15:21

67 bpm

STERLING HOSPI
HCP
VADODARA

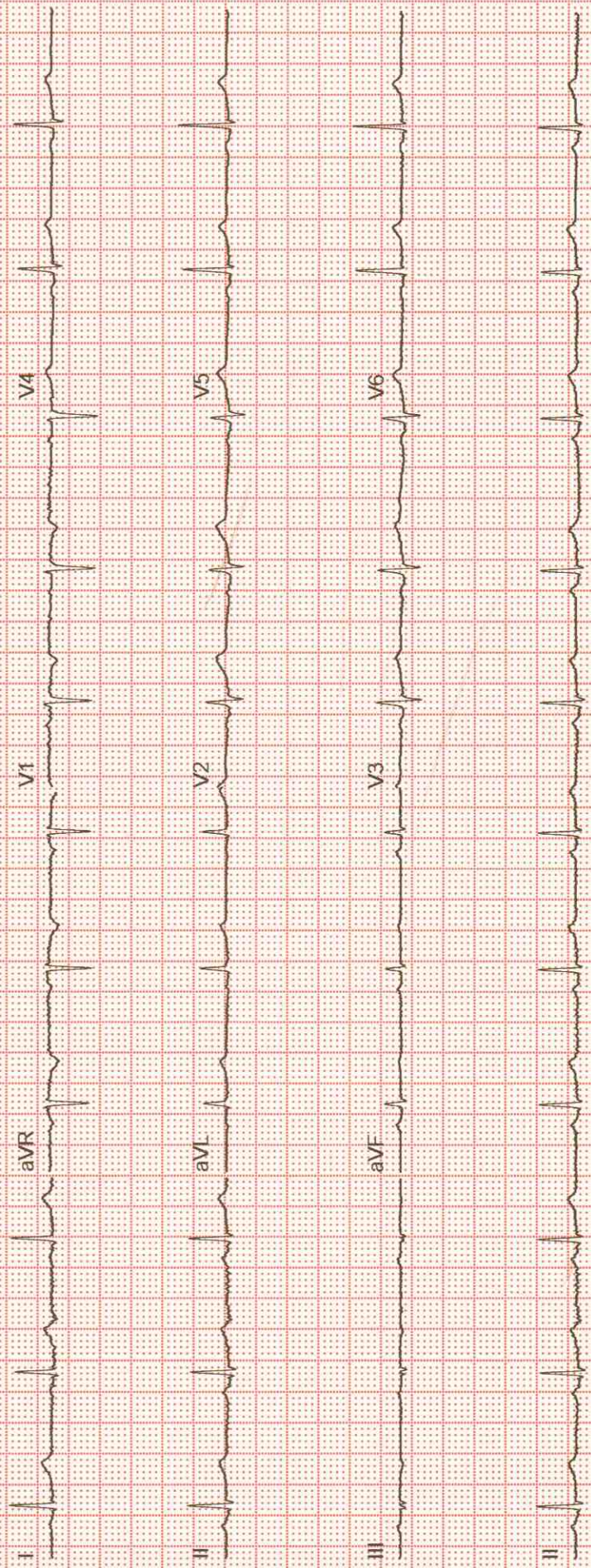
/ mmHg

WNL
low voltage

Female

31 Years

QRS 68 ms
 QT / QTcBaz 394 / 416 ms
 PR 140 ms
 P 90 ms
 RR / PP 890 / 895 ms
 P / QRS / T 62 / 18 / 24 degrees





2D ECHOCARDIOGRAPHY REPORT



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HOSPITALS

Race Course Road, Vadodara

Name: Mrs. EKTA SHARMA
Age: 31 Years
Sex: F
Date: 09-Nov-2024

Ref By: HCP
Study: 2D Echo

M-MODE:

IVS	10mm	LVDD	49mm
PW	10mm	LVDS	28mm
LA	35mm	LV EF	60 %

DOPPLER STUDY:

MITRAL	E 1.18 A 0.59
AORTIC	1.56
TRICUSPID	N
PULMONARY	N

CONCLUSION :

- NORMAL SIZED CHAMBERS
- NORMAL LV SYSTOLIC FUNCTION LVEF 60 %
- NO RWMA AT REST
- NO DIASTOLIC DYSFUNCTION
- NORMAL RV SIZE AND FUNCTION
- ALL VALVES ARE NORMAL
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- NORMAL IVC


Dr. KAUSHIK TRIVEDI MD
Consultant interventional Cardiologist

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SOH/Doc 91-20-25443913





Race Course Road, Vadodara

Report Date: 09 Nov 2024 - 11:07 AM

Patient Id	: RCR-300601	Patient Name	: SHARMA EKTA .
Age	: 31Y 2M 8D	Sex	: Female
Ref. Doctor	: DR.RMO.STERLING	Study Date	: 09 Nov 2024 - 10:55 AM

SONOGRAPHY OF WHOLE ABDOMEN: -

LIVER: Liver appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicals appear normal. Portal vein is normal in caliber at porta & shows hepatopetal blood flow.

GALL BLADDER: Gall bladder is partially distended. No definite evidence of calculus or changes of cholecystitis are seen. CBD appears normal.

PANCREAS: Pancreas is partially visualized and visualized portion is normal in size & shows normal parenchymal echoes.

SPLEEN: Spleen is normal in size & shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

BOTH KIDNEYS: Both kidneys are normal in size, shape, position and contour. Cortical thickness & echo appear normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side.

Right kidney measures 10.1 x 3.9 cm

Left kidney measures 10.2 x 3.9 cm

No evidence of suprarenal mass lesion is seen on either side.

URINARY BLADDER: Bladder is normally distended and appears unremarkable.

UTERUS: Uterus is anteverted & appears normal in size (7.5 x 5.0 x 3.9 cm), shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 6.0 mm. No evidence of intrauterine pregnancy or uterine mass lesion is seen.

OVARIES: Both ovaries appear normal in size, shape and position. No evidence of solid or cystic ovarian mass lesion is seen on either side.

No evidence of ascites, lymphadenopathy is seen.

Mild gaseous distention of bowel loops is seen.

CONCLUSION:

No significant abdominal abnormality detected.

Dr. Shilpi Gupta MD
Sr. Consultant Radiologist

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