



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: KIRTI SINGH	
SH No: 303801	Date:04/03/25
Age: 35 YEARS	Gender: FEMALE

ASSESSMENT:

- ACL REPAIR IN 2020.
- USG ABDOMEN AND PELVIS : POSSIBILITIES OF LEFT OVARIAN DERMOID CYST.

ADVISED:

- PLENTY OF LIQUIDS
- AVOID OUT SIDE FOOD AND WATER
- OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- DENTAL ADVICE : FOLLOW ADVICE
- GYNAC CONSULTATION
- PHYSICIAN CONSULTATION

Unit-Sterling Hospital Vadodara  
Race Course Circle, (West)  
VADODARA-390 007.

DR. DHARA PATEL

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 : Kirti Singh Employee ID : \_\_\_\_\_  
Company Name : Mediwheel Age : 35 Sex : M/E  
Height : 165 cms. Weight : 66.2 Kgs BMI : 24.3 Blood Group : O+ve  
Name of HO / Registrar taking History : Dr. Isha

Allergies :  None  Yes (If Yes, describe)

Drugs/Food/Latex/Dyes/Contrast/Other .....	Reaction
1.	
2.	
3.	

### Chief Complaints :

.....  
Asymptomatic  
.....

### Physical Examination :

#### Vital Signs :

Temp : 98.6 °F SPO<sub>2</sub> : ..... Pulse : ...../min R/R : 16 /min B.P.: 120/70 mm Hg

### Past History :

If Hypertension, since  
On Medication 1) .....  
2) .....  
3) .....

If Ischaemic Heart Disease since  
On Medication 1) .....  
2) .....  
3) .....

Under Treatment of Dr. ....  
Any Intervention done .....

P/H of Operation  
Diagnosis : A  
Name of Operation : ACL  
Year of Operation : 2020

Others .....

If Diabetes, since  
On Medication 1) .....  
2) .....  
3) .....

Under Treatment Dr. ....

If Tuberculosis, When .....  
Any Other P/H .....

Any Other Medication .....

P/H of Hospitalization .....

Diagnosis : .....  
Year : .....  
Duration : .....

Blood Transfusion History : Yes  No

**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	Asthma	Yes/No
Heart Disease	Yes/No	Stroke	Yes/No
Diabetes	Yes/No <b>M</b>	Arthritis/Gout	Yes/No
Tuberculosis	Yes/No	Cancer	Yes/No
Epilepsy	Yes/No	Other Chronic disease	Yes/No

**Personal History :**

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

**FOR FEMALES :**

Obstetric History : I.D.....  
 Abortion : .....  
 Others : .....

**General Examination :**

- Anemia  
  Cyanosis  
  Jaundice  
  Generalized Lymphadenopathy  
  Pedal oedema

**General Examination :**

.....  
**NSF**  
 .....

**Head :**  NSF

Injuries (Specify if any) : .....

**Eyes :**  NSF

- 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

*conscious, cooperative, alert*

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

Respiratory :  NSF

*AEBE clear*

- Lung sounds : .....
- 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

*S1 S2 +*

- 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

Gastrointestinal :  NSF

*Soft, nontender*

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

Bowel

- Diarrhoea  Constipation  Incontinence  Blood in stool  None
- Pain  Yes  No Place ..... Hemorrhoids  Yes  No

Frequency of stool *once/day*

- Interventions :  None • Laxatives  Yes  No Type ..... Frequency .....

Genitorurinary :  NSF

Colour of Urine Pale yellow Frequency 4-5 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 24/2/25 Regular / Irregular Regular 5-6 days  
 Dysmenorrhea  Yes  No Amenorrhea  Yes  No if yes, Duration 27-30  
 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

.....

.....

.....

.....

VADODARA-390 007  
 Race Course Circle, (West)  
 Unit-Sterling Hospital Vadodara  
 Sterling Hospitals Limited  
  
 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



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## OPHTHALMIC CHECK-UP

Race Course Road, Vadodara

NAME: Kiati Singh DATE: 4/3/25

### SIGNIFICANT HISTORY: ---

### PAST HISTORY: ---

Refractive Error: ---

Any Surgery: ---

Color Blind: ---

Diabetes: ---

Hypertension: ---

Any Treatment: ---

### EXAMINATION OF EYES:

	<u>Right Eye:</u>	<u>Left Eye:</u>
Distant Vision without Glasses:	<u>---</u>	<u>---</u>
Distant Vision with Glasses:	<u>---</u>	<u>---</u>
Near Vision without Glasses:	<u>---</u>	<u>---</u>
Near Vision with Glasses:	<u>---</u>	<u>---</u>
Intraocular Pressure:	<u>---</u>	<u>---</u>
Anterior Segment:	<u>---</u>	<u>---</u>
Fundus:	<u>---</u>	<u>---</u>

### PRESCRIPTION OF GLASSES:

	RIGHT			LEFT		
	Sphere	Cylinder	Axis	Sphere	Cylinder	Axis
Distant	<u>-3.5</u>	<u>-0.75</u>	<u>90°</u>	<u>-3.5</u>	<u>-0.5</u>	<u>90°</u>
Near	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>

Type of glass: for reading

### ADVICE:

Sterling Addlife India Limited  
 Unit: Sterling Hospital Vadodara  
 Race Course Circle, (West)  
 DR MAYA PATEL  
 (OPHTHALMOLOGIST)

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  
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**Dr. Sonica Peshin**

Senior Cosmetic dentist and Implantologist

A-6966

Email: thespeakingtooth@gmail.com

Phone: 9586867301

**Dental Assessment Form**

Name: Kirti Singh

Age/Sex: 35 years/Female

UHID No: 303801

Patient has come for a regular dental check up

**On examination:**

- Calculus+ stains+
- Mild flurosis
- Mild recession

**Provisional diagnosis:**

- Chronic generalised gingivitis

**Treatment plan:**

- Recalled after an year for an oral hygiene check up

**Advise:**

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

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Multi-Specialty Hospital Vadodara  
Race Course Circle, (West)  
Vadodra - 390 007.

  
Dr Sonica Peshin

**Sterling Hospital, Race Course Road**

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Passport No :

**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
Name : <b>Ms. Kirti . Singh</b>	Lab Id : <b>032507500307</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup Main
Sex/Age : <b>Female / 35 Y</b> 01-Jun-1989	Registration on : 04-Mar-2025 08:55	Location : BNo./
Ref. Id : 303801 / 2834516	Collected at : SAWPL	Approved on : 04-Mar-2025 12:49 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 04-Mar-2025 08:53	Printed On : 04-Mar-2025 13:54
	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
<b>Hemoglobin</b> Colorimetric	12.9	g/dL	12.0 - 16.0
<b>RBC Count</b> Electrical Impedance	4.49	million/cmm	3.8 - 4.8
<b>Hematocrit</b> Calculated	40.6	%	36 - 48
<b>MCV</b> Derived	90.5	fL	83 - 101
<b>MCH</b> Calculated	28.8	pg	26.4 - 33.2
<b>MCHC</b> Calculated	31.9	g/dL	31.8 - 35.9
<b>RDW CV</b> Calculated	13.10	%	11.6 - 14

**Total WBC and Differential Count**

**WBC count** SF Cube cell analysis 6550 /cmm 4000 - 10000

**Differential Count**

Cell Type	Method	Result	Unit	Ref. Interval	Absolute Count	Ref. Interval
<b>Neutrophils</b>	Microscopic	65	%	40 - 80	4258	/cmm 2000 - 6700
<b>Lymphocytes</b>	Microscopic	28	%	20 - 40	1834	/cmm 1000 - 3000
<b>Eosinophils</b>	Microscopic	02	%	1 - 6	131	/cmm 20 - 500
<b>Monocytes</b>	Microscopic	05	%	2 - 10	328	/cmm 200 - 1000
<b>Basophils</b>	Microscopic	00	%	0 - 2	0	/cmm 0 - 100

**Platelet Count**

**Platelet Count** Electrical impedance 325000 /cmm 150000 - 410000

**MPV** Calculated 10.70 fL 7.5 - 10.3

**Platelets Morphology** Platelets are adequate on Smear

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**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**
**Complete Blood Count**

Test	Result	Unit	Biological Ref. Interval
<b>Erythrocytes Sedimentation Rate</b>			
ESR <small>Capillary photometry</small>	14	mm/1hr	0 - 21

**Differential Count**
**Absolute Count**

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Sex/Age : <b>Female / 35 Y</b> 01-Jun-1989	Registration on : 04-Mar-2025 08:55	Location : BNo./
Ref. Id : 303801 / 2834516	Collected at : SAWPL	Approved on : 04-Mar-2025 12:50 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 04-Mar-2025 08:53	Printed On : 04-Mar-2025 13:54
	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
<b>ABO Type</b> <i>Tube Agglutination</i>	"O"		
<b>Rh (D) Type</b>	Positive		

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Sex/Age : <b>Female / 35 Y</b> 01-Jun-1989	Registration on : 04-Mar-2025 08:55	Location : Main BNo./
Ref. Id : 303801 / 2834516	Collected at : SAWPL	Approved on : 04-Mar-2025 11:57 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 04-Mar-2025 08:53	Printed On : 04-Mar-2025 13:54
	Sample Type : Serum, Urine	Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**

Test	Result	Unit	Biological Ref. Interval
<b>Fasting Blood Glucose</b> <i>GOD-POD</i>	87.0	mg/dL	74 - 100
<b>Fasting Urine Glucose</b> <i>GOD-POD</i>	Absent		Absent
<b>Fasting Urine Ketone</b> <i>Nitroprusside</i>	Absent		Absent

	Fasting Blood Glucose*	Postprandial Blood Glucose #	Random Blood Glucose
<b>Normal</b>	< 100 mg/dL	< 140 mg/dL	< 140 mg/dL
<b>Prediabetic</b>	100 – 125 mg/dL	140 – 199 mg/dL	140 – 199 mg/dL
<b>Diabetic</b>	>=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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**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**

Test	Result	Unit	Biological Ref. Interval
<b>Post-breakfast Blood Glucose</b> <small>GOD-POD</small>	79	mg/dL	70 - 140
<b>Post-breakfast Urine Glucose</b> <small>GOD-POD</small>	Absent		Absent
<b>Post Breakfast Urine Ketone</b> <small>Nitroprusside</small>	Absent		Absent

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Ref. By : Dr. RMO . STERLING...	Collected on : 04-Mar-2025 08:53	Printed On : 04-Mar-2025 13:54
	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	5.00	%	For Screening: Diabetes: $\geq 6.5\%$ ; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
			For Diabetic Patient: Poor Control : $> 7.0\%$ ; Good Control : 6.0-7.0%
Mean Blood Glucose	96.80	mg/dL	

**Description:**

- Total haemoglobin A1c 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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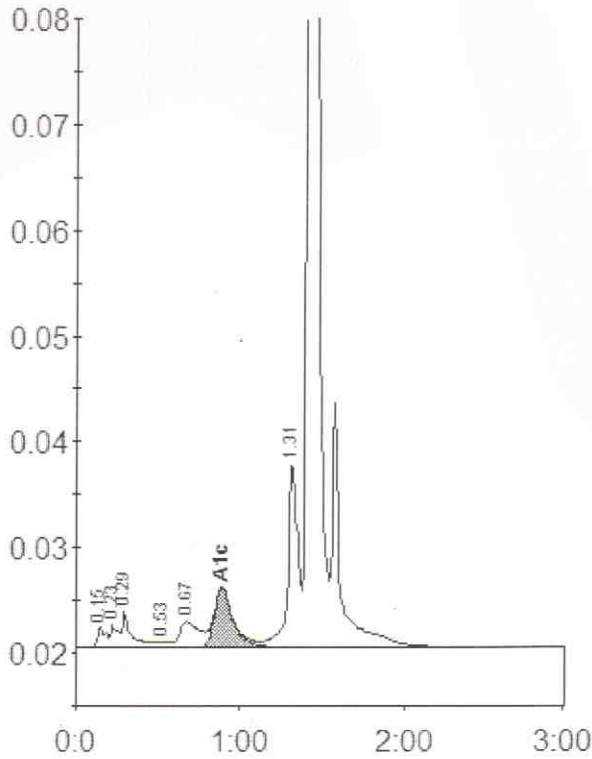


# Patient report

# Sterling HOSPITALS

Bic-Rad DATE: 04/03/2025  
 HD19 TIME: 11:41 AM  
 S/N: #DJ8G550303 Software version: 4.30-2  
 Sample ID: 032507500307  
 Injection date: 04/03/2025 11:41 AM  
 Injection #: 6 Method: HbA1c  
 Rack #: --- Rack position: 6

**sterling**  
**ACCURIS**  
 Pathology lab that cares



Peak table - ID: 032507500307

Peak	R.time	Height	Area	Area %
A1a	0.15	1995	6773	0.5
Unknown	0.23	2166	6646	0.5
A1b	0.29	3469	14288	1.1
F	0.53	625	3677	0.3
LA1c/CHb-1	0.67	2520	20567	1.5
A1c	0.89	5680	45522	5.0
P3	1.31	17779	74407	5.6
A0	1.42	494050	1157933	87.1
Total Area:			1329814	

Concentration:	%
A1c	5.0







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Ref. Id : 303801 / 2834516	Collected at : SAWPL	Approved on : 04-Mar-2025 09:58 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 04-Mar-2025 08:53	Printed On : 04-Mar-2025 13:54
	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
<b>Cholesterol</b> <i>Cholesterol oxidase – Peroxidase</i>	161.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
<b>Triglyceride</b> <i>Ezymatic (Lipase/GK/GPo/POD)</i>	92.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
<b>HDL Cholesterol</b> <i>PTA/MgCl2</i>	H 62.0	mg/dL	<b>Low: &lt;40.0</b> <b>High: &gt;60.0</b>
<b>Direct LDL</b> <i>Direct measured</i>	84.00	mg/dL	Optimal: <100 Near to above Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: =190
<b>VLDL</b> <i>Calculated</i>	18.40	mg/dL	15 - 35
<b>CHOL/HDL Ratio</b> <i>Calculated</i>	2.6		Up to 5.0
<b>dLDL/HDL Ratio</b> <i>Calculated</i>	1.4		Up to 3.5

Reference intervals are as per NCEP ATP-III criteria.

Dr. C. Shrinivasan..

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

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**LABORATORY TEST REPORT**



Patient Information		Sample Information		Location Information	
Name	: Ms. Kirti . Singh	Lab Id	: 032507500307	Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Female / 35 Y 01-Jun-1989	Registration on	: 04-Mar-2025 08:55	Location	: BNo./
Ref. Id	: 303801 / 2834516	Collected at	: SAWPL	Approved on	: 04-Mar-2025 09:42 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 04-Mar-2025 08:53	Printed On	: 04-Mar-2025 13:54
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**

Test	Result	Unit	Biological Ref. Interval
<b>Uric Acid</b> <i>Uricase</i>	L 2.00	mg/dL	2.5 - 6.2
<b>Blood Urea Nitrogen</b> <i>Calculated</i>	7.48	mg/dL	7.0 - 17.0
<b>Urea</b> <i>Urease, Colorimetric</i>	16.0	mg/dL	15.0 - 36.4
<b>Creatinine, serum</b> <i>Creatinine Amidohydrolase</i>	0.60	mg/dL	0.52 - 1.04
<b>BUN Creatinine Ratio</b> <i>Calculated</i>	12.47		
<b>Urea Creatinine Ratio</b> <i>Calculated</i>	26.67		

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Passport No :

**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
Name : <b>Ms. Kirti . Singh</b>	Lab Id : <b>032507500307</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : <b>Female / 35 Y</b> 01-Jun-1989	Registration on : 04-Mar-2025 08:55	Location : Main BNo./
Ref. Id : 303801 / 2834516	Collected at : SAWPL	Approved on : 04-Mar-2025 11:57 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 04-Mar-2025 08:53	Printed On : 04-Mar-2025 13:54
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodara)

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**
**Liver Function Test**

Test	Result	Unit	Biological Ref. Interval
<b>ALT (SGPT)</b> <i>UV with P5P, IFCC</i>	13.0	U/L	0 - 35
<b>AST (SGOT)</b> <i>UV with P5P</i>	20.0	U/L	14 - 36
<b>GGT (Gamma Glutamyl Transferase)</b> <i>L-y-Glytamyl-p-nitroanilide</i>	13.0	U/L	12 - 43
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer, IFCC</i>	81.0	U/L	38 - 126
<b>Total Bilirubin</b> <i>Azobilirubin chromophores</i>	0.40	mg/dL	0.2 - 1.3
<b>Conjugated Bilirubin</b> <i>Cationic Mordant Binding</i>	0.10	mg/dL	0.0 - 0.3
<b>Unconjugated Bilirubin</b> <i>Cationic Mordant Binding</i>	0.20	mg/dL	0.0 - 1.1
<b>Delta Bilirubin</b> <i>Calculated</i>	0.10	mg/dL	0.0 - 0.2
<b>Total Protein</b> <i>Copper tartrate to colour complex</i>	7.00	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green Method</i>	4.20	g/dL	3.5 - 5.0
<b>Globulin</b> <i>Calculated</i>	2.80	g/dL	2.3 - 3.5
<b>A/G Ratio</b> <i>Calculated</i>	1.50		1.3 - 1.7

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Patient Information	Sample Information	Location Information
Name : <b>Ms. Kirti . Singh</b>	Lab Id : <b>032507500307</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup Main
Sex/Age : <b>Female / 35 Y</b> 01-Jun-1989	Registration on : 04-Mar-2025 08:55	Location : BNo./
Ref. Id : 303801 / 2834516	Collected at : SAWPL	Approved on : 04-Mar-2025 12:06 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 04-Mar-2025 08:53	Printed On : 04-Mar-2025 13:54
	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>	1.30	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <small>CLIA</small>	6.24	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <small>Chemiluminescence</small>	H 7.110	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

Rechecked

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**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
Name : <b>Ms. Kirti . Singh</b>	Lab Id : <b>032507500307</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : <b>Female / 35 Y</b> 01-Jun-1989	Registration on : 04-Mar-2025 08:55	Location : Main BNo./
Ref. Id : 303801 / 2834516	Collected at : SAWPL	Approved on : 04-Mar-2025 12:06 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 04-Mar-2025 08:53	Printed On : 04-Mar-2025 13:54
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**

Levels of TSH in pregnancy ( $\mu\text{IU/mL}$ ): 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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**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
Name : <b>Ms. Kirti . Singh</b>	Lab Id : <b>032507500307</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : <b>Female / 35 Y</b> 01-Jun-1989	Registration on : 04-Mar-2025 08:55	Location : Main BNo./
Ref. Id : 303801 / 2834516	Collected at : SAWPL	Approved on : 04-Mar-2025 11:52 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 04-Mar-2025 08:53	Printed On : 04-Mar-2025 13:54
	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
<b>Physical &amp; Chemical (Dip strip) examination</b>			
Colour	Pale Yellow		Pale Yellow
pH <i>Double indicator</i>	7.0		5.5 - 7.0
<b>Specific Gravity</b> <i>Polyelectrolyte based reaction</i>	L 1.005		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
<b>Microscopic Examination</b>			
Erythrocytes (RBCs)	Absent	/hpf	0 - 2
Pus Cells	10-12	/hpf	0 - 5
Epithelial Cells	Plenty	/hpf	
Crystals	Absent		Absent
Casts	Absent		Absent
Bacteria	Absent		Absent
Amorphous Material	Absent		Absent
Yeast	Absent		Absent

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

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MAR 2024 - MAR 2025



Race Course Road, Vadodara

Report Date: 04 Mar 2025 - 09:41 AM

Patient ID : RCR-303801

Patient Name : SINGH KIRTI .

Age : 35Y 9M 3D

Sex : Female

Ref. Doctor : DR. RMO . STERLING

Study Date : 04 Mar 2025 - 09:22 AM

### X-RAY CHEST PA VIEW

Both lung fields show prominent broncho-vascular markings.  
Cardiac size appears within normal limit.  
Trachea and mediastinal soft tissue shadow appear unremarkable.  
Bilateral C.P. angles and both domes of diaphragm appear normal.  
Bony thorax under vision appears normal.

### **CONCLUSION:**

**No significant chest abnormality detected.**

**Dr. Shilpi Gupta MD**  
**Sr. Consultant Radiologist**

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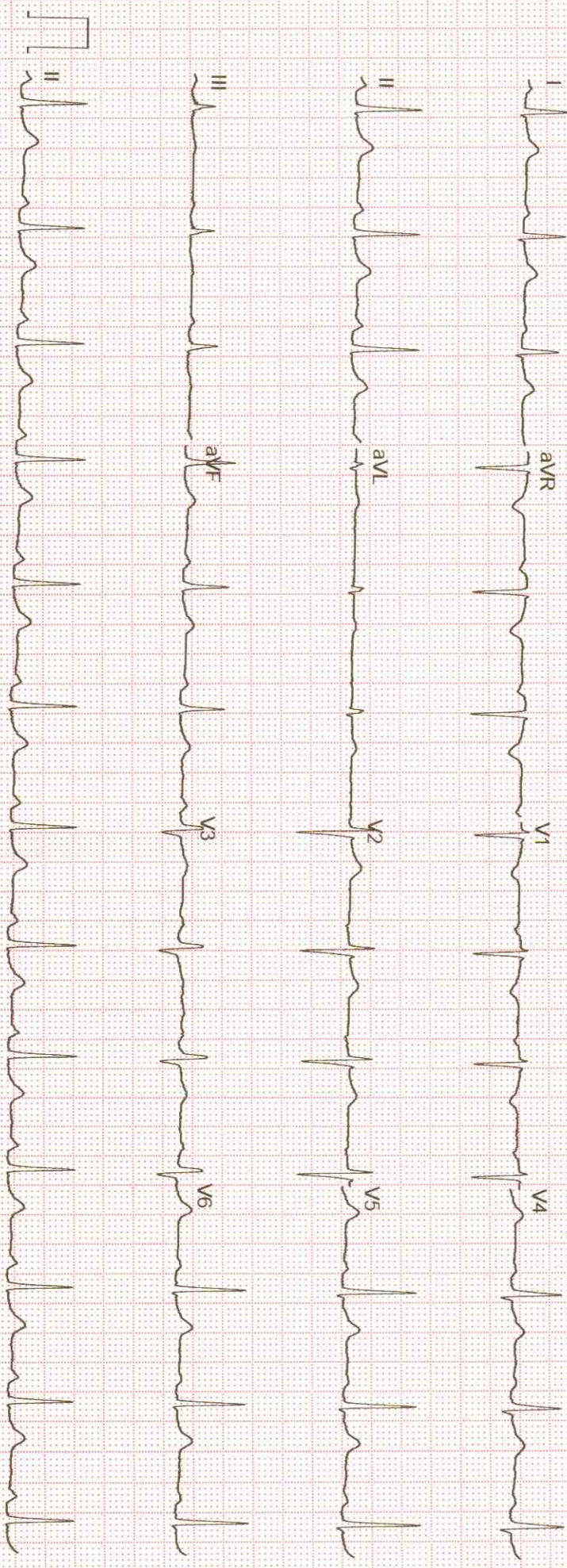
Kirti singh

04.03.2025 8:49:48  
STERLING HOSPITAL  
HCP  
VADDODARA

35 Years

Female

QRS	80 ms
QT/QTcBaz	382 / 426 ms
PR	174 ms
P	96 ms
RR/PP	796 / 800 ms
P/ORS / T	59 / 55 / 37 degrees



75 bpm  
-- / -- mmHg

*UPNL*

205X295 / #

GE MAC2000

1 1

12SL™ V241

25 mm/s

10 mm/mV

ADS

0.56-40 Hz

50 Hz

4x2.5x3 25 R1

1/1

Unconfirmed





# 2D ECHOCARDIOGRAPHY REPORT



Race Course Road, Vadodara

Name: Ms. KIRTI SINGH  
Age: 35 Years  
Sex: F  
Date: 04-Mar-2025

Ref By: HCP  
Study: 2D Echo

### M-MODE:

IVS	10mm	LVDD	48mm
PW	11mm	LVDS	23mm
LA	33mm	LV EF	60 %

### DOPPLER STUDY:

MITRAL	E 0.86 A 0.56
AORTIC	1.37
TRICUSPID	N
PULMONARY	N

### CONCLUSION :

- NORMAL SIZED CHAMBERS
- NORMAL LV SYSTOLIC FUNCTION LVEF 60 %
- NO RWMA AT REST
- NO DIASTOLIC DYSFUNCTION
- NORMAL RA/RV WITH NORMAL RV SYSTOLIC FUNCTION
- ALL VALVES ARE NORMAL
- IAS/IVS INTACT
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- IVC: NORMAL

for, *Aniket*  
Sterling Addlife India Private Limited  
Unit - Sterling Hospital Vadodara,  
Race Course Circle, (West)  
VADODRA-390 007

Dr. RANJEET KUMAR SHUKLA MD, DM  
Consultant interventional Cardiologist

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SohoDoc 91-20-25443913



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MAR 2024-MAR 2025

INDIA

Patient ID : RCR-303801

Age : 35Y 9M 3D

Ref. Doctor : DR.RMO.STERLING

Patient Name : SINGH KIRTI .

Sex : Female

Study Date : 04 Mar 2025 - 09:59 AM

 Sterling  
HOSPITALS

Race Course Road, Vadodara

Report Date: 04 Mar 2025 - 12:21 PM

## 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 measuring 12.1 mm at porta & shows hepatopetal blood flow.

**GALL BLADDER:** Gall bladder is distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. CBD appears normal (4.7 mm).

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

**SPLEEN:** Spleen is normal in size (9.0 cm) & 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.

**Small cortical cyst of size 7.2 x 6.7 mm is seen in interpolar region of left kidney.**

Right kidney measures 10.0 x 4.0 cm

Left kidney measures 10.4 x 4.5 cm

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

**URINARY BLADDER:** Bladder is adequately distended and appears unremarkable.

**UTERUS:** Uterus is anteverted & appears normal in size (7.8 x 4.8 x 3.5 cm), shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 7.1 mm. No evidence of intrauterine pregnancy or uterine mass lesion is seen.

**OVARIES:** Right ovary appears normal in size, shape and position. No evidence of solid or cystic ovarian mass lesion is seen on right side.

**A defined cystic appearing lesion is seen in left adnexa possibly adjacent to left ovary measuring approx. 7.2 x 5.0 x 4.0 cm in size. Peripheral echogenicity is seen. Few defined echogenic lesions are seen within causing posterior acoustic shadowing largest measuring approx. 2.9 x 2.0 cm. Findings are S/O possibility of left ovarian dermoid cyst.**

No evidence of ascites, lymphadenopathy is seen.

Mild gaseous distention of bowel loops is seen.

## CONCLUSION:

**A defined cystic appearing lesion is seen in left adnexa/along left ovary as mentioned Findings are S/O possibility of left ovarian dermoid cyst. Adv: Clinical correlation & further evaluation with TVS pelvis/MRI pelvis.**

**No other significant abnormality detected.**

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Patient ID	: RCR-303801	Patient Name	: SINGH KIRTI .
Age	: 35Y 9M 3D	Sex	: Female
Ref. Doctor	: DR.RMO.STERLING	Study Date	: 04 Mar 2025 - 09:59 AM

**Dr. Shilpi Gupta MD**  
Sr. Consultant Radiologist



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