



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: SHWETA KURBET	
SH No: 300593	Date:09 11 2024
Age: 31	Gender: FEMALE

ASSESSMENT:

- K/C/O: DERMOID (UNDER USG PREVIOUS YEAR) , PCOD
- C/O: OCCASIONAL PALPITATION (UNDER PHYSICAL EXERTION & STRESS) , OCCASIONAL HEADACHE , VAGINAL DISCHARGE PRESENT , COUGH STUCK IN THROAT
- P/H/O: ENDOSCOPY(CUT AT END OF ESOPHAGUS (2022))
- P/H/O HOSPITALIZATION (VOMITING OF BLOOD)(2022)(2-3 DAYS)
- F/H/O : HYPERTENSION (FATHER)
- LOW PB2S(52)
- LOW BLOOD UREA NITROGEN (6.54) , LOW SERUM UREA(14) , LOW SERUM CREATININE(.50)
- TMT: TEST IF POSITIVE : ADV: FURTHER CONSULTATION TO RULE OUT FALSE POSITIVE TMT

ADVISED:

- PLENTY OF LIQUIDS
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE CHECK UP /SO
- OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- CARDIOLOGIST CONSULTATION
- GYNAC CONSULTATION
- PHYSICIAN CONSULTATION

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

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 : Shweta Kurbet Employee ID : _____
 Company Name : _____ Age : 31 Sex : M/F
 Height : 160 cms. Weight : 49.9 Kgs BMI : 19.49 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 :

1st/2nd - Occasional palpitation (under physical stress, under physical exertion.)
R/L/O - dermoid (under USA previous year.)

Physical Examination :

Cough stick in throat
R/O - PCOD.

Vital Signs :

Temp : 99 °F SPO₂ : 99 Pulse : 102 /min R/R : 18 /min B.P. : 110/70 mm Hg

Past History :

If Hypertension, since	If Diabetes, since
On Medication 1).....	On Medication 1).....
2).....	2).....
3).....	3).....
If Ischaemic Heart Disease since	Under Treatment Dr.
On Medication 1).....	If Tuberculosis, When
2).....	Any Other P/H
3).....	Any Other Medication
Under Treatment of Dr.	Any Other Medication
Any Intervention done <u>Endoscopy, End of</u>	
P/H of Operation <u>Sophres, int (2022)</u>	P/H of Hospitalization
Diagnosis :	Diagnosis : <u>2022, Vomiting Blood</u>
Name of Operation :	Year : <u>2-3/2025</u>
Year of Operation :	Duration : <u>2 Days</u>
Others	Blood Transfusion History : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Year :

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>Yes</u> <i>Father</i>	Asthma	Yes/No <u>No</u>
Heart Disease	Yes/No <u>No</u>	Stroke	Yes/No <u>No</u>
Diabetes	Yes/No <u>No</u>	Arthritis/Gout	Yes/No <u>No</u>
Tuberculosis	Yes/No <u>No</u>	Cancer	Yes/No <u>No</u>
Epilepsy	Yes/No <u>No</u>	Other Chronic disease	Yes/No <u>No</u>

Personal History :

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

FOR FEMALES :

 Obstetric History : L.D. L.M.P - 12/10/2016
 Abortion :
 Others :

General Examination :
 Anemia
 Cyanosis
 Jaundice
 Generalized Lymphadenopathy
 Pedal oedema

General Examination :
Head : NSF

occ. Headach (some times relieved on medicine)

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

Genitorurinary : NSF

Colour of Urine Dab 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 12/10/2024 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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 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:

Any Surgery:

Color Blind:

Diabetes:

Hypertension:

Any Treatment:

Handwritten mark resembling a stylized '7' or 'L' with a horizontal line extending to the right.

EXAMINATION OF EYES:

	<u>Right Eye:</u>	<u>Left Eye:</u>
Distant Vision without Glasses:	96	96
Distant Vision with Glasses:	1	1
Near Vision without Glasses:	96	96
Near Vision with Glasses:	1	1
Intraocular Pressure:	96	96
Anterior Segment:	96	96
Fundus:	96	96

PRESCRIPTION OF GLASSES:

	RIGHT			LEFT		
	Sphere	Cylinder	Axis	Sphere	Cylinder	Axis
Distant	-	-	-	-	-	-
Near	-	--	-	-	--	-

Type of glass:

ADVICE:

Sterling Addlife India Limited
 Unit-Sterling Hospital Vadodara
 Race Course Circle, (West)
 VADODARA - 390007
DR MAYA PATEL
 (OPHTHALMOLOGIST)

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Passport No :

LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mrs. Shweta . Kurbet	Lab Id : 112407500790	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 31 Y 19-Jun-1993	Registration on : 09-Nov-2024 09:01	Location : Main BNo./
Ref. Id : 300593 / 2817536	Collected at : SAWPL	Approved on : 09-Nov-2024 13:05 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:00	Printed On : 09-Nov-2024 14:41
	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>	12.2	g/dL	12.0 - 16.0
RBC Count <small>Electrical impedance</small>	4.21	million/cmm	3.8 - 4.8
Hematocrit <small>Calculated</small>	37.5	%	36 - 48
MCV <small>Derived</small>	89.1	fL	83 - 101
MCH <small>Calculated</small>	29.0	pg	26.4 - 33.2
MCHC <small>Calculated</small>	32.5	g/dL	31.8 - 35.9
RDW CV <small>Calculated</small>	13.80	%	11.6 - 14
Total WBC and Differential Count			
WBC count <small>SF Cube cell analysis</small>	7330	/cmm	4000 - 10000
Differential Count			
Neutrophils <small>Microscopic</small>	66	%	40 - 80
Lymphocytes <small>Microscopic</small>	27	%	20 - 40
Eosinophils <small>Microscopic</small>	01	%	1 - 6
Monocytes <small>Microscopic</small>	06	%	2 - 10
Basophils <small>Microscopic</small>	00	%	0 - 2
Absolute Count			
Platelet Count			
Platelet Count <small>Electrical impedance</small>	160000	/cmm	150000 - 410000
MPV <small>Calculated</small>	13.40	fL	7.5 - 10.3
Platelets Morphology	Platelets are adequate on Smear		


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Sex/Age : Female / 31 Y 19-Jun-1993	Registration on : 09-Nov-2024 09:01	Location : BNo./
Ref. Id : 300593 / 2817536	Collected at : SAWPL	Approved on : 09-Nov-2024 13:05 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:00	Printed On : 09-Nov-2024 14:41
	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 <small>Capillary photometry</small>	10	mm/1hr	0 - 21

Differential Count

Absolute Count



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Name : Mrs. Shweta . Kurbet	Lab Id : 112407500790	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 31 Y 19-Jun-1993	Registration on : 09-Nov-2024 09:01	Location : Main BNo./
Ref. Id : 300593 / 2817536	Collected at : SAWPL	Approved on : 09-Nov-2024 12:27 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:00	Printed On : 09-Nov-2024 14:41
	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>	"O"		
Rh (D) Type	Positive		


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Sex/Age : Female / 31 Y 19-Jun-1993	Registration on : 09-Nov-2024 09:01	Location : Main BNo./
Ref. Id : 300593 / 2817536	Collected at : SAWPL	Approved on : 09-Nov-2024 10:36 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:00	Printed On : 09-Nov-2024 14:41
	Sample Type : Serum, Urine	Process At : 75 – Sterling Hospital, Race course (Vadodara)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <i>GOD-POD</i>	79.0	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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Sex/Age : Female / 31 Y 19-Jun-1993	Registration on : 09-Nov-2024 09:01	Location : BNo./
Ref. Id : 300593 / 2817536	Collected at : SAWPL	Approved on : 09-Nov-2024 14:05 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 11:30	Printed On : 09-Nov-2024 14:41
	Sample Type : Fluoride	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> *Rechecked	52	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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Sex/Age : Female / 31 Y 19-Jun-1993	Registration on : 09-Nov-2024 09:01	Location : Main BNo./
Ref. Id : 300593 / 2817536	Collected at : SAWPL	Approved on : 09-Nov-2024 11:45 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:00	Printed On : 09-Nov-2024 14:41
	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	4.60	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	85.32	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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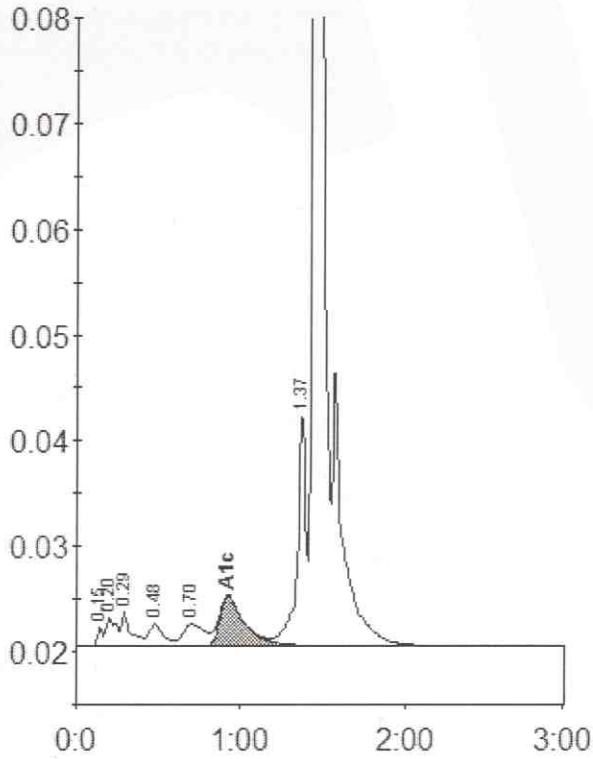


Patient report

Sterling HOSPITALS

Bio-Rad DATE: 09/11/2024
 D-10 TIME: 11:19 AM
 S/N: #DJ8G550303 Software version: 4.30-2
 Sample ID: 112407500790
 Injection date: 09/11/2024 11:19 AM
 Injection #: 8 Method: HbA1c
 Rack #: --- Rack position: 8

sterling
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Peak table - ID: 112407500790

Peak	R.time	Height	Area	Area %
Unknown	0.15	1771	4022	0.3
A1a	0.20	2784	11238	0.8
A1b	0.29	3363	13449	0.9
F	0.48	2117	13228	0.9
LA1c/CHb-1	0.70	2149	20210	1.4
A1c	0.92	4695	50128	4.6
P3	1.37	22288	81025	5.7
A0	1.44	423464	1233261	86.4
Total Area:		1426562		

Concentration:	%
A1c	4.6



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Ref. Id	: 300593 / 2817536	Collected at	: SAWPL	Approved on	: 09-Nov-2024 10:36 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 09:00	Printed On	: 09-Nov-2024 14:41
		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/GPa/POD)</i>	103.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl2</i>	48.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	92.00	mg/dL	Optimal: <100 Near to above Optimal: 100–129 Borderline High: 130-159 High: 160–189 Very High: =190
VLDL <i>Calculated</i>	20.60	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	3.5		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	1.9		Up to 3.5


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Ref. Id	: 300593 / 2817536	Collected at	: SAWPL	Approved on	: 09-Nov-2024 10:36 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 09:00	Printed On	: 09-Nov-2024 14:41
		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>	3.50	mg/dL	2.5 - 6.2
Blood Urea Nitrogen <i>Calculated</i>	L 6.54	mg/dL	7.0 - 17.0
Urea <i>Urease, Colorimetric</i>	L 14.0	mg/dL	15.0 - 36.4
Creatinine, serum <i>Creatinine Amidohydrolase</i>	L 0.50	mg/dL	0.52 - 1.04
BUN Creatinine Ratio <i>Calculated</i>	13.08		
Urea Creatinine Ratio <i>Calculated</i>	28.00		


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Ref. Id	: 300593 / 2817536	Collected at	: SAWPL	Approved on	: 09-Nov-2024 10:39 Status : Interim
Ref. By	: Dr. RMO : STERLING...	Collected on	: 09-Nov-2024 09:00	Printed On	: 09-Nov-2024 14:41
		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
ALT (SGPT) <i>UV with P5P, IFCC</i>	8.0	U/L	0 - 35
AST (SGOT) <i>UV with P5P</i>	20.0	U/L	14 - 36
GGT (Gamma Glutamyl Transferase) <i>L-y-Glytamyl-p-nitroanilide</i>	13.0	U/L	12 - 43
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	59.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	0.60	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>	0.40	mg/dL	0.0 - 1.1
Delta Bilirubin <i>Calculated</i>	0.10	mg/dL	0.0 - 0.2
Total Protein <i>Copper tartrate to colour complex</i>	6.90	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	4.30	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	2.60	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.65		1.3 - 1.7


Dr. C. Shrinivasan..

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

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Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mrs. Shweta . Kurbet	Lab Id	: 112407500790	Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Female / 31 Y 19-Jun-1993	Registration on	: 09-Nov-2024 09:01	Location	: BNo./
Ref. Id	: 300593 / 2817536	Collected at	: SAWPL	Approved on	: 09-Nov-2024 11:20 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 09:00	Printed On	: 09-Nov-2024 14:41
		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) <i>CLIA</i>	1.37	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <i>CLIA</i>	6.55	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <i>Chemiluminescence</i>	3.2390	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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Sex/Age	: Female / 31 Y 19-Jun-1993	Registration on	: 09-Nov-2024 09:01	Location	: Main BNo./
Ref. Id	: 300593 / 2817536	Collected at	: SAWPL	Approved on	: 09-Nov-2024 11:20 Status : Interim
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		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

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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Ref. Id	: 300593 / 2817536	Collected at	: SAWPL	Approved on	: 09-Nov-2024 10:56 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 09:00	Printed On	: 09-Nov-2024 14:41
		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>	6.5		5.5 - 7.0
Specific Gravity <i>Polyelectrolyte based reaction</i>	1.015		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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Report Date: 09 Nov 2024 - 10:18 AM

Patient Id	: RCR-300593	Patient Name	: KURBET SHWETA .
Age	: 31Y 4M 21D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 09 Nov 2024 - 09:42 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.
Lateral 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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Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad-380052, Gujarat, India



Shweta Kurbet

09.11.2024 09:43:48

85 bpm

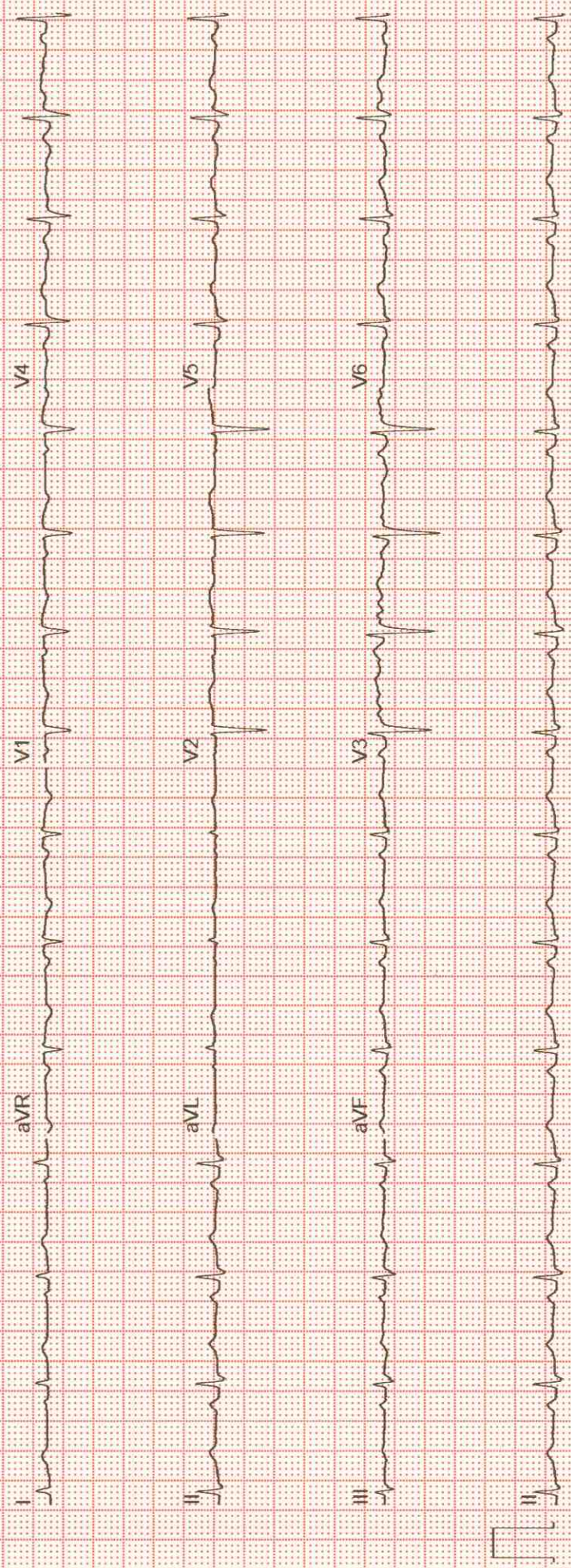
mmHg

STERLING HOSPITAL
HGP
VADDARA

Female

31 Years

QT / QTcBaz 346 / 411 ms
 QRS 84 ms
 PR 156 ms
 P 102 ms
 RR / PP 708 / 705 ms
 P / QRS / T 56 / 39 / 43 degrees



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-40 Hz 50 Hz

4x2.5x3.25_R1

Unconfirmed

1/1

Report Date: 09 Nov 2024 - 10:36 AM

Patient Id	: RCR-300593	Patient Name	: KURBET SHWETA .
Age	: 31Y 4M 21D	Sex	: Female
Ref. Doctor	: DR.RMO.STERLING	Study Date	: 09 Nov 2024 - 10:26 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 distended and appears normal. No 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 9.6 x 4.3 cm

Left kidney measures 9.9 x 4.9 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, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 8.4 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.


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Sr. Consultant Radiologist

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SHWETA KURBEJI
ID: 000300593

31 years Caucasian Female

9 Nov 2024
10:55:03

Referred by: HCP
Test ind:

Max HR: 181bpm 95% of max predicted 189bpm
Max BP: 140/80 Maximum workload: 7.7 METS
Reason for Termination: THR ACHIEVED
Comments: GOOD EFFORT TOLERANCE
NORMAL HR AND BP RESPONDS
NO ANGINA OR ARRHYTHMIAS
ST-T CHANGES SEEN IN INFERIOR LEADS AT PEAK EXERCISE
TEST IS POSITIVE FOR HIGH WORKLOAD
DR KAUSHIK TRIVEDI CARDIOLOGIST

Adv: Further Considerable. To Rule out Ischemic heart disease!

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	4:15	***	***	1.0	95	130/80	124
	STANDING	0:11	***	***	1.0	95	130/80	124
	HYPERVENT	0:29	0.8	0.0	1.1	96	130/80	125
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	131	130/80	170
	STAGE 2	3:00	2.5	12.0	7.0	166	140/80	232
	STAGE 3	0:29	3.4	14.0	7.7	181	140/80	253
RECOVERY	RECOVERY	4:19	0.0	0.0	1.0	128		

Technician:

STERLING HOSPITAL, VADODARA

Unconfirmed

MAC55 009C

10.0 mm/mv
100Hz

GAL