



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: HITESH GEHLOT	
SH No: 300591	Date:09 11 2024
Age: 28	Gender: MALE

ASSESSMENT:

- OVER WEIGHT(BMI: 27.61)
- C/O: ABDOMINAL PAIN & BACK PAIN ON RIGHT SIDE , LUMP AT RIGHT WRIST TOWARDS PALM , ONLY ABLE TO SLEEP LATE AT NIGHT , OCCASIONAL INFLAMMATION OF EYES AND WATERY DISCHARGE FROM EYES , REDNESS IN MOUTH , PAIN IN LEFT WRIST
- F/H/O: HYPERTENSION (FATHER) , DIABETES(FATHER)
- P/H/O: RENAL CALCULI
- LOW HB(11.8) , HIGH RBC(6.19 MILLION/CMM) , LOW HEMATOCRIT(37.8) , LOW MCV(61) , LOW MCH(19) , LOW MCHC(31.2) , HIGH RDW CV(17.70)
- HIGH WBC COUNT(10520)
- HIGH PLATELET COUNT(440000)
- BORDERLINE HIGH CHOLESTEROL(216) , BORDERLINE HIGH TRIGLYCERIDE(184) , BORDERLINE HIGH DIRECT LDL(135), HIGH VLDL(36.80)
- LOW SERUM BLOOD UREA NITROGEN(7.94) , LOW SERUM UREA(17)
- HIGH ALT (SGPT)(96) , HIGH AST(SGOT)(81)
- HIGH TSH(5.9440)
- USG ABDOMEN AND PELVIS : LOWER POLE OF BILATERAL KIDNEYS ARE POSITIONED MEDIALY & FUSED IN MIDLINE ANTERIOR TO AORTA S/O HORSHOE KIDNEYS .

ADVISED:

- PLENTY OF LIQUIDS
- LOW FAT & RON RICH DIET
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE & WEIGHT REDUCTION.
- CORRECTION OF ANAEMIA AND WORK UP
- REPEAT LIPID PROFILE AFTER 3 MONTH
- OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- ENT ADVICE: FOLLOW ADVICE
- ORTHOPEDIC CONSULTATION
- UROLOGIST CONSULTATION
- PHYSICIAN CONSULTATION

Sterling Addlife India Limited  
Unit-Sterling Hospital Vadodara  
Race Course Road, (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  
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Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad-380052, Gujarat, India





### HEALTH CHECK UP MEDICAL EXAMINATION

Name : Hitesh Gehlot Employee ID : \_\_\_\_\_  
 Company Name : \_\_\_\_\_ Age : 28 Sex : M/F  
 Height : 172 cms. Weight : 86.5 Kgs BMI : 27.61 Blood Group : \_\_\_\_\_  
 Name of HO / Registrar taking History : Dr. Jay's Rajput

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 :**  
clt - Abdominal pain, 2 back side on right side

#### Physical Examination :

**Vital Signs :**  
 Temp : 98.6 °F SPO<sub>2</sub> : 99 Pulse : 81 /min R/R : 18 /min B.P. : 100/70 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 : ..... Name of Operation : ..... Year of Operation : ..... 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 <input checked="" type="checkbox"/> No Year : .....
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**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>F</u>	Asthma	Yes/No
Heart Disease	Yes/No <u>F</u>	Stroke	Yes/No
Diabetes	Yes/No <u>F</u>	Arthritis/Gout	Yes/No
Tuberculosis	Yes/No <u>F</u>	Cancer	Yes/No
Epilepsy	Yes/No <u>F</u>	Other Chronic disease	Yes/No

**Personal History :**

Diet	<u>veg.</u>	Smoking	Yes/No	since ..... / ..... per day
Appetite	<u>NAD</u>	Alcohol	Yes/No	since ..... / ..... (freq.)
Sleep	<u>late night sleep</u>	Drugs	Yes/No	since ..... / ..... (freq.)
Micturition	<u>NAD</u>	Tobacco	Yes/No	since ..... / ..... (freq.)
Bowel Habits	<u>NAD</u>	Any other habit		

**FOR FEMALES :**

 Obstetric History : L.D. ....  
 Abortion : .....  
 Others : .....

**General Examination :**

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

**General Examination :**
swell at left wrist & dorsals pedis.
**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) : Wet (occ.)
**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 :    CHE 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

**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
- Frequency of stool    1 time / day
- Interventions :     None                      • Laxatives     Yes     No                      Type .....    Frequency .....

3/11/17

**Genitorurinary :**  NSF

Colour of Urine Dark yellow Frequency 5-6 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 \_\_\_\_\_ 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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.....

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

**Sign and Stamp of Medical Officer**
**Sterling Hospital**  
 Racecoure 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:

EXAMINATION OF EYES:

Right Eye:

Left Eye:

Distant Vision without Glasses:

Distant Vision with Glasses:

Near Vision without Glasses:

Near Vision with Glasses:

Intraocular Pressure:

Anterior Segment:

Fundus:

PRESCRIPTION OF GLASSES:

	RIGHT			LEFT		
	Sphere	Cylinder	Axis	Sphere	Cylinder	Axis
Distant	-1.5	-	-	-0.75	-	-
Near	-	-	-	-	-	-

Type of glass:

ADVICE:

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

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**EAR, NOSE & THROAT CHECK-UP**

**COMPLAINTS:**

*do not pain  
- reflux*

**EXAMINATION OF EARS:**

**Local Examination:**

*- nfo*

**Tympanic Membrane:**

*F/L (24) / B/L (17) / 2mm*

**EXAMINATION OF NOSE:**

**Local Examination:**

*- DM (+)*

**THROAT & LARYNX:**

*- reflexive pharynx (+)*

**LARYNGOSCOPIC EXAMINATION:**

*- nfo* *Adm*  
*- 7cc. purulent exs* *1-00/15*

*Behdin*  
*3104/2024*  
**DR. NAVNIT MAKWANA**

**ENT SURGEON**







Passport No :

**LABORATORY TEST REPORT**


Patient Information		Sample Information		Location Information	
Name	: Mr. Hitesh . Gehlot	Lab Id	: 112407500788	Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Male / 28 Y 24-Nov-1995	Registration on	: 09-Nov-2024 08:55	Location	: BNo./
Ref. Id	: 300591 / 2817534	Collected at	: SAWPL	Approved on	: 09-Nov-2024 13:05 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 09:28	Printed On	: 09-Nov-2024 13:40
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**
**Complete Blood Count**

Test	Result	Unit	Biological Ref. Interval
Hemoglobin <small>Colorimetric</small>	L 11.8	g/dL	13.0 - 16.5
RBC Count <small>Electrical impedance</small>	H 6.19	million/cmm	4.5 - 5.5
Hematocrit <small>Calculated</small>	L 37.8	%	40 - 49
MCV <small>Derived</small>	L 61.0	fL	83 - 101
MCH <small>Calculated</small>	L 19.0	pg	27.1 - 32.5
MCHC <small>Calculated</small>	L 31.2	g/dL	32.5 - 36.7
RDW CV <small>Calculated</small>	H 17.70	%	11.6 - 14

**Total WBC and Differential Count**

WBC count	Result	Unit	Biological Ref. Interval
WBC count <small>SF Cube cell analysis</small>	H 10520	/cmm	4000 - 10000

Differential Count	Result	Unit	Biological Ref. Interval	Absolute Count
Neutrophils <small>Microscopic</small>	64	%	40 - 80	6733 /cmm 2000 - 6700
Lymphocytes <small>Microscopic</small>	25	%	20 - 40	2630 /cmm 1000 - 3000
Eosinophils <small>Microscopic</small>	04	%	1 - 6	421 /cmm 20 - 500
Monocytes <small>Microscopic</small>	07	%	2 - 10	736 /cmm 200 - 1000
Basophils <small>Microscopic</small>	00	%	0 - 2	0 /cmm 0 - 100

**Platelet Count**

Platelet Count	Result	Unit	Biological Ref. Interval
Platelet Count <small>Electrical impedance</small>	440000	/cmm	150000 - 410000
MPV <small>Calculated</small>	8.40	fL	7.5 - 10.3

**Peripheral Smear Examination**

RBC Morphology	Microcytic Hypochromic.
Platelets Morphology	Platelets are adequate on Smear


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Consultant Pathologist

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Sex/Age : <b>Male / 28 Y</b> 24-Nov-1995	Registration on : 09-Nov-2024 08:55	Location : BNo./
Ref. Id : 300591 / 2817534	Collected at : SAWPL	Approved on : 09-Nov-2024 13:05 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:28	Printed On : 09-Nov-2024 13:40
	Sample Type : EDTA blood	Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**
**Complete Blood Count**

Test	Result	Unit	Biological Ref. Interval
<b>Erythrocytes Sedimentation Rate</b>			
ESR <small>Capillary photometry</small>	13	mm/1hr	0 - 14
<b>Differential Count</b>			<b>Absolute Count</b>


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Sex/Age : <b>Male / 28 Y</b> 24-Nov-1995	Registration on : 09-Nov-2024 08:55	Location : BNo./
Ref. Id : 300591 / 2817534	Collected at : SAWPL	Approved on : 09-Nov-2024 12:26 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:28	Printed On : 09-Nov-2024 13:40
	Sample Type : EDTA blood	Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**

**Blood Group**

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

  
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Sex/Age : <b>Male / 28 Y</b> 24-Nov-1995	Registration on : 09-Nov-2024 08:55	Location : BNo./
Ref. Id : 300591 / 2817534	Collected at : SAWPL	Approved on : 09-Nov-2024 11:06 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:28	Printed On : 09-Nov-2024 13:40
	Sample Type : Serum, Urine	Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**

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
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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Ref. Id : 300591 / 2817534	Collected at : SAWPL	Approved on : 09-Nov-2024 12:54 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 11:45	Printed On : 09-Nov-2024 13:40
	Sample Type : Fluoride	Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**

Test	Result	Unit	Biological Ref. Interval
<b>Post-breakfast Blood Glucose</b> <i>GOD-POD</i>	124	mg/dL	70 - 140
<b>Post-breakfast Urine Glucose</b> <i>GOD-POD</i>	Absent		Absent
<b>Post Breakfast Urine Ketone</b> <i>Nitroprusside</i>	Absent		Absent


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Ref. Id : 300591 / 2817534	Collected at : SAWPL	Approved on : 09-Nov-2024 11:40 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:28	Printed On : 09-Nov-2024 13:40
	Sample Type : EDTA blood	Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**
**HbA1c (Glycosylated Hemoglobin) by HPLC**

Test	Result	Unit	Biological Ref. Interval
HbA1c	5.10	%	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	99.67	mg/dL	

**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

Bro-Rad DATE: 09/11/2024

D-10 TIME: 11:13 AM

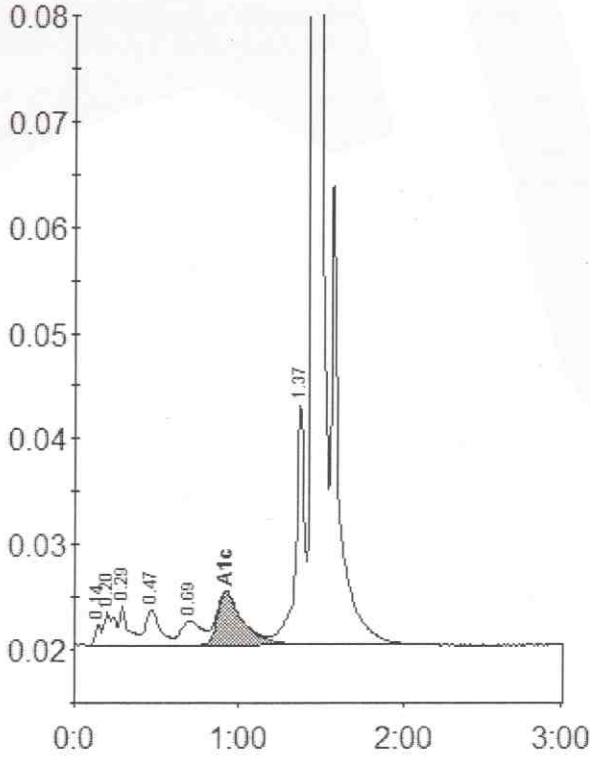
S/N: #DJ8G550303 Software version: 4.30-2

Sample ID: 112407500788

Injection date: 09/11/2024 11:13 AM

Injection #: 6 Method: HbA1c

Rack #: --- Rack position: 6



Peak table - ID: 112407500788

Peak	R.time	Height	Area	Area %
Unknown	0.14	1972	4683	0.3
A1a	0.20	3107	13692	1.0
A1b	0.29	3804	13974	1.0
F	0.47	3337	20289	1.5
LA1c/CHb-1	0.69	2297	20529	1.5
A1c	0.92	5066	54233	5.1
P3	1.37	23208	85181	6.1
A0	1.44	411711	1178839	84.7
Total Area:			1391420	

Concentration:	%
A1c	5.1







Passport No :

**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
Name : <b>Mr. Hitesh . Gehlot</b>	Lab Id : <b>112407500788</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup Main
Sex/Age : <b>Male / 28 Y</b> 24-Nov-1995	Registration on : 09-Nov-2024 08:55	Location : BNo./
Ref. Id : 300591 / 2817534	Collected at : <b>SAWPL</b>	Approved on : 09-Nov-2024 11:06 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:28	Printed On : 09-Nov-2024 13:40
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**
**Lipid Profile**

Test	Result	Unit	Biological Ref. Interval
<b>Cholesterol</b> <i>Cholesterol oxidase – Peroxidase</i>	H 216.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
<b>Triglyceride</b> <i>Ezymatic (Lipase/GK/GPa/POD)</i>	H 184.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
<b>HDL Cholesterol</b> <i>PTA/MgCl<sub>2</sub></i>	46.0	mg/dL	Low: <40.0 High: >60.0
<b>Direct LDL</b> <i>Direct measured</i>	H 135.00	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>	H 36.80	mg/dL	15 - 35
<b>CHOL/HDL Ratio</b> <i>Calculated</i>	4.7		Up to 5.0
<b>dLDL/HDL Ratio</b> <i>Calculated</i>	2.9		Up to 3.5


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Patient Information		Sample Information		Location Information	
Name	: Mr. Hitesh . Gehlot	Lab Id	: 112407500788	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 28 Y 24-Nov-1995	Registration on	: 09-Nov-2024 08:55	Location	: Main BNo./
Ref. Id	: 300591 / 2817534	Collected at	: SAWPL	Approved on	: 09-Nov-2024 11:19 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 09:28	Printed On	: 09-Nov-2024 13:40
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**

Test	Result	Unit	Biological Ref. Interval
<b>Uric Acid</b> <i>Uricase</i>	7.30	mg/dL	3.5 - 8.5
<b>Blood Urea Nitrogen</b> <i>Calculated</i>	L 7.94	mg/dL	9.0 - 20.0
<b>Urea</b> <i>Urease, Colorimetric</i>	L 17.0	mg/dL	19.3 - 43.0
<b>Creatinine, serum</b> <i>Creatinine Amidohydrolase</i>	0.70	mg/dL	0.66 - 1.25
<b>BUN Creatinine Ratio</b> <i>Calculated</i>	11.34		
<b>Urea Creatinine Ratio</b> <i>Calculated</i>	24.29		


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Name : <b>Mr. Hitesh . Gehlot</b>	Lab Id : <b>112407500788</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : <b>Male / 28 Y</b> 24-Nov-1995	Registration on : 09-Nov-2024 08:55	Location : Main BNo./
Ref. Id : 300591 / 2817534	Collected at : SAWPL	Approved on : 09-Nov-2024 12:19 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:28	Printed On : 09-Nov-2024 13:40
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**
**Liver Function Test**

Test	Result	Unit	Biological Ref. Interval
<b>ALT (SGPT)</b> <i>UV with P5P, IFCC</i> <b>*Rechecked</b>	H 96.0	U/L	0 - 50
<b>AST (SGOT)</b> <i>UV with P5P</i> <b>*Rechecked</b>	H 81.0	U/L	17 - 59
<b>GGT (Gamma Glutamyl Transferase)</b> <i>L-γ-Glytamyl-p-nitroanilide</i>	37.0	U/L	15 - 73
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer, IFCC</i>	75.0	U/L	38 - 126
<b>Total Bilirubin</b> <i>Azobilirubin chromophores</i>	0.90	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>	0.60	mg/dL	0.0 - 1.1
<b>Delta Bilirubin</b> <i>Calculated</i>	0.20	mg/dL	0.0 - 0.2
<b>Total Protein</b> <i>Copper tartrate to colour complex</i>	7.60	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green Method</i>	4.60	g/dL	3.5 - 5.0
<b>Globulin</b> <i>Calculated</i>	3.00	g/dL	2.3 - 3.5
<b>A/G Ratio</b> <i>Calculated</i>	1.53		1.3 - 1.7


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Patient Information	Sample Information	Location Information
Name : <b>Mr. Hitesh . Gehlot</b>	Lab Id : <b>112407500788</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : <b>Male / 28 Y</b> 24-Nov-1995	Registration on : 09-Nov-2024 08:55	Location : Main BNo./
Ref. Id : 300591 / 2817534	Collected at : SAWPL	Approved on : 09-Nov-2024 11:19 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:28	Printed On : 09-Nov-2024 13:40
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**
**Thyroid Function Tests**

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <small>CLIA</small>	1.31	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <small>CLIA</small>	6.70	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <small>Chemiluminescence</small>	H 5.9440	µIU/mL	0.4001 - 4.049

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>Mr. Hitesh . Gehlot</b>	Lab Id : <b>112407500788</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : <b>Male / 28 Y</b> 24-Nov-1995	Registration on : 09-Nov-2024 08:55	Location : Main
Ref. Id : 300591 / 2817534	Collected at : SAWPL	Approved on : 09-Nov-2024 10:56 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:28	Printed On : 09-Nov-2024 13:40
	Sample Type : Urine	Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**
**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>	5.5		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
<b>Microscopic Examination</b>			
Erythrocytes (RBCs)	Absent	/hpf	0 - 2
Pus Cells	Occasional	/hpf	0 - 5
Epithelial Cells	Occasional	/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: 09 Nov 2024 - 12:25 PM

Patient Id	: RCR-300591	Patient Name	: GEHLOT HITESH .
Age	: 28Y 11M 16D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 09 Nov 2024 - 10:06 AM

### 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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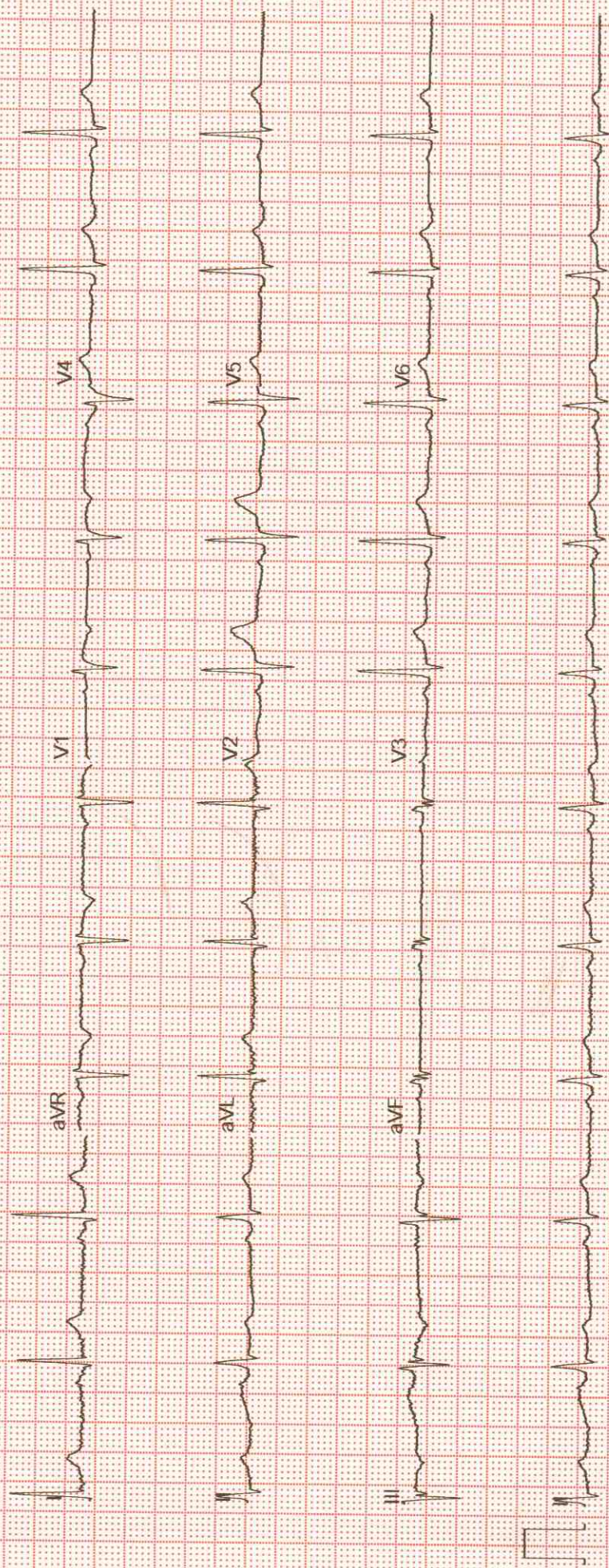




Male

28 Years

QRS	92 ms
QT/QTcBaz	398 / 417 ms
PR	140 ms
P	90 ms
RR/PP	914 / 909 ms
P/QRS/T	47 / -57 -3 degrees







## 2D ECHOCARDIOGRAPHY REPORT



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HOSPITALS

Race Course Road, Vadodara

Name: Mr. HITESH GEHLOT  
Age: 28 Years  
Sex: M  
Date: 09-Nov-2024

Ref By: HCP  
Study: 2D Echo

### M-MODE:

IVS	10mm	LVDD	46mm
PW	11mm	LVDS	24mm
LA	37mm	LV EF	60 %

### DOPPLER STUDY:

MITRAL	E 1.01	A 0.39
AORTIC	1.20	
TRICUSPID	N	
PULMONARY	N	

### CONCLUSION :

- NORMAL SIZED CHAMBERS
- NORMAL LV SYSTOLIC FUNCTION LVEF 60 %
- NO RWMA AT REST
- NO DIASTOLIC DYSFUNCTION
- NORMAL RA/ 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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SonoDoc 91-20-25443913





Patient Id	: RCR-300591	Patient Name	: GEHLOT HITESH .
Age	: 28Y 11M 16D	Sex	: Male
Ref. Doctor	: DR.RMO.STERLING	Study Date	: 09 Nov 2024 - 09:16 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 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 and echotexture.

**SPLEEN:** Spleen is normal in size & shows normal echotexture. No focal or diffuse lesion is seen.

**KIDNEYS:** Lower pole of bilateral kidneys are positioned medially & fused in mid line anterior to aorta S/O horseshoe kidneys.

Kidneys are otherwise normal in size. Cortical thickness & echo appear normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side.

Right kidney side measures 10.7 x 4.6 cm.

Left kidney side measures 11.1 x 4.6 cm.

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

**URINARY BLADDER:** Bladder is normally distended and appears unremarkable. No bladder calculus, diverticulum or mass lesion is seen.

**PROSTATE:** Prostate appears normal in size and shows normal echotexture. No evidence of solid or cystic lesion.

Prostatic volume measures approx. 12.0 cc.

No ascites or significant lymphadenopathy is seen.

Mild gaseous distention of bowel loops is seen.

**CONCLUSION:**

Lower pole of bilateral kidneys are positioned medially & fused in mid line anterior to aorta S/O horseshoe kidneys.

No other significant abnormality detected.

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

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