



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: HEMLATA SANKHLA	
SH No: 300592	Date:09 11 2024
Age: 28	Gender: FEMALE

ASSESSMENT:

- P/H/O HOSPITALIZATION : FEVER(2023)(1 DAY) , (2021)(1 DAY)
- C/O: UNKNOWN COIAUSE LEADING TO RED PATCHES ON SKIN , ANXIETY, MOOD SWINGS , PIMPLES AT FACE , DISTURBED SLEEP , OCCASIONAL CONSTIPATION , OCCASIONAL HEADACHE , OCCAIONAL LIMB PAIN , OCCASIONAL VAGINAL DISCHARGE , DYSMENORRHEA
- F/H/O: THYROID(MOTHER)
- P/H/O: RENAL CALCULI , AMENORRHEA(2 MONTHS)
- HIGH RBC COUNT(5.03 MILLION/ CMM)
- HIGH ESR(30)
- BORDERLINE HIGH CHOLESTEROL(210) , NEAR TO ABOVE OPTIMAL DIRECT LDL(125)
- HIGH TOTAL PROTEIN (8.30) , HIGH GLOBULIN(3.60)
- USG ABDOMEN AND PELVIS : CHOLELITHIASIS . NO EVIDENCE OF CHANGES OF CHOLECYSTITIS

ADVISED:

- PLENTY OF LIQUIDS
- LOW FAT DIET
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE.
- REPEAT LIPID PROFILE AFTER 3 MONTH
- OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- GYNAC 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  
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 : Memlata Sarkhla Employee ID : \_\_\_\_\_  
 Company Name : \_\_\_\_\_ Age : 28 Sex : M/F  
 Height : 167 cms. Weight : 65.7 Kgs BMI : 23.55 Blood Group : \_\_\_\_\_  
 Name of HO / Registrar taking History : Dr Jay S. Pardeh

Allergies :  None  Yes (If Yes, describe)

Drugs/Food/Latex/Dyes/Contrast/Other .....	Reaction
1. <u>Not known</u>	<u>Red patches</u>
2.	
3.	

Chief Complaints :  
alo - anxiety & mood swings  
- pimples @ face.

#### Physical Examination :

#### Vital Signs :

Temp 98.6° F SPO<sub>2</sub> : 99 Pulse : 104 /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).....	.....
Under Treatment of Dr. ....	Any Other Medication .....
Any Intervention done .....	.....
P/H of Operation	P/H of Hospitalization .....
Diagnosis : .....	Diagnosis : <u>fever / fever</u>
Name of Operation : .....	Year : <u>2023 / 2021</u>
Year of Operation : .....	Duration : <u>1 day / 1 day</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 <input checked="" type="checkbox"/> No	Asthma	Yes/No <input checked="" type="checkbox"/> No
Heart Disease	Yes/No <input checked="" type="checkbox"/> No	Stroke	Yes/No <input checked="" type="checkbox"/> No
Diabetes	Yes/No <input checked="" type="checkbox"/> No	Arthritis/Gout	Yes/No <input checked="" type="checkbox"/> No
Tuberculosis	Yes/No <input checked="" type="checkbox"/> No	Cancer	Yes/No <input checked="" type="checkbox"/> No
Epilepsy	Yes/No <input checked="" type="checkbox"/> No	Other Chronic disease	Yes/No <input checked="" type="checkbox"/> No Thyroid: Mother

**Personal History :**

Diet	Veg.	Smoking	Yes/No <input checked="" type="checkbox"/> No	since ..... / ..... per day
Appetite	NAD	Alcohol	Yes/No <input checked="" type="checkbox"/> No	since ..... / ..... (freq.)
Sleep	Disturbed sleep	Drugs	Yes/No <input checked="" type="checkbox"/> No	since ..... / ..... (freq.)
Micturition	NAD	Tobacco	Yes/No <input checked="" type="checkbox"/> No	since ..... / ..... (freq.)
Bowel Habits	Occ. Constipation	Any other habit		

**FOR FEMALES :**

 Obstetric History : L.D. L.M.P - 12/10/2024  
 Abortion : .....  
 Others : .....

**General Examination :**
 Anemia     Cyanosis     Jaundice     Generalized Lymphadenopathy     Pedal oedema

**General Examination :**
**Head :**  NSF Headache.

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

- 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 : A B C 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 occasional on front pair of limb

**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 .....

**Genitorurinary :**  NSF

Colour of Urine Pale yellow Frequency 5-6 time/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 2 months  
 Menopausal  Yes  No if yes, Duration \_\_\_\_\_  
 Vaginal discharge  Yes  No Itching  Yes  No  
acc  
**Breasts**  NA  NSF  
 Breast Feeding  Yes  No Lumps  Yes  No

**Positive Finding & Advice**

.....

.....

.....

.....



Sign and Stamp of Medical Officer

**Sterling Hospital**  
 Racecours 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]*

EXAMINATION OF EYES:

	<u>Right Eye:</u>	<u>Left Eye:</u>
Distant Vision without Glasses:	<i>6/6</i>	<i>6/6</i>
Distant Vision with Glasses:	<i>1</i>	<i>1</i>
Near Vision without Glasses:	<i>20/20</i>	<i>20/20</i>
Near Vision with Glasses:	<i>1</i>	<i>1</i>
Intraocular Pressure:	<i>22</i>	<i>22</i>
Anterior Segment:	<i>22</i>	<i>22</i>
Fundus:	<i>22</i>	<i>22</i>

PRESCRIPTION OF GLASSES:

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

Type of glass:

ADVICE:

*[Signature]*  
**DR MAYA PATEL**  
(OPHTHALMOLOGIST)





GYNAECOLOGIST CHECK UP

NAME: Hemlata Samkha

DATE: 09/11/24

AGE: 28yrs

ML 3yrs.  
no kids

COMPLAINTS: NONE

mc 2-3 days  
irregular

O/H PARA: Co P<sub>0</sub> A<sub>0</sub>L<sub>0</sub>

MENSTRUAL H/O: 12/10/24

P/A: Soft

P/S: NAD

P/V: NAD

ADVICE: Pap smear test taken

DR. ARCHANA DWIVEDI  
(GYNAECOLOGIST)



Scan to check report authenticity

Histo / Cyto No : C4O00809

**LABORATORY REPORT**


Patient Information		Sample Information		Client / Location Information	
Name	: Mrs. Hemlata . Sankhla	Lab ID	: 112407500789	Client Name	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Female /28 Years	Registered on	: 09-Nov-2024 08:56	Location	:
Ref. Id	:	Collected at	: non SAWPL	Approved on	: 09-Nov-2024 14:46
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 13:00	Printed on	: 09-Nov-2024 16:03
		Sample Type	: PAP Material	Processed at	: 17 – Sterling Hospital, Bhayli (Vadodara)
Branch	: 75 – Sterling Hospital, Race course (Vadodara)				

**CYTOPATHOLOGY**
**\* PAP Smear No. :**

P - 588/24

**\* Obstetric History :**

GO PO AO LO

**\* Menstrual History :**

LMP : 12/10/24

**\* Per-Speculum Examination :**

NAD

**\* Per-Vaginal Examination :**

NAD

**\* Specimen Adequacy :**

Satisfactory for evaluation : Endocervical and Transformation Zone Absent.

\* :

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.

\* :

Mild Acute Inflammation.

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

**Dr. Swati Gupta**  
 MD (Path) DipRCPath

This is an electronically authenticated report.

tests marked with # are referred tests







Passport No :

**LABORATORY TEST REPORT**


Patient Information		Sample Information		Location Information	
Name	: Mrs. Hemlata . Sankhla	Lab Id	: 112407500789	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 28 Y 17-Sep-1996	Registration on	: 09-Nov-2024 08:56	Location	: Main BNo./
Ref. Id	: 300592 / 2817535	Collected at	: SAWPL	Approved on	: 09-Nov-2024 13:05 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 09:24	Printed On	: 09-Nov-2024 13:53
		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>	13.9	g/dL	12.0 - 16.0
<b>RBC Count</b>	H 5.03	million/cmm	3.8 - 4.8
<b>Hematocrit</b>	41.9	%	36 - 48
<b>MCV</b>	83.3	fL	83 - 101
<b>MCH</b>	27.6	pg	26.4 - 33.2
<b>MCHC</b>	33.2	g/dL	31.8 - 35.9
<b>RDW CV</b>	13.30	%	11.6 - 14

**Total WBC and Differential Count**
**WBC count** SF Cube cell analysis 7710 /cmm 4000 - 10000

**Differential Count**

Differential Count	Result	Unit	Absolute Count
<b>Neutrophils</b>	60	% 40 - 80	4626 /cmm 2000 - 6700
<b>Lymphocytes</b>	31	% 20 - 40	2390 /cmm 1000 - 3000
<b>Eosinophils</b>	01	% 1 - 6	77 /cmm 20 - 500
<b>Monocytes</b>	08	% 2 - 10	617 /cmm 200 - 1000
<b>Basophils</b>	0	% 0 - 2	0 /cmm 0 - 100

**Platelet Count**
**Platelet Count** Electrical impedance 294000 /cmm 150000 - 410000

**MPV** Calculated 9.80 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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Patient Information	Sample Information	Location Information
Name : <b>Mrs. Hemlata . Sankhla</b>	Lab Id : <b>112407500789</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : <b>Female / 28 Y</b> 17-Sep-1996	Registration on : 09-Nov-2024 08:56	Location : Main BNo./
Ref. Id : 300592 / 2817535	Collected at : SAWPL	Approved on : 09-Nov-2024 13:05 Status : Interim
Ref. By : Dr. RMO , STERLING...	Collected on : 09-Nov-2024 09:24	Printed On : 09-Nov-2024 13:53
	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>Erythrocytes Sedimentation Rate</b>			
ESR <small>Capillary photometry</small>	H 30	mm/1hr	0 - 21
<b>Differential Count</b>			<b>Absolute Count</b>

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

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Patient Information	Sample Information	Location Information
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Sex/Age : <b>Female / 28 Y</b> 17-Sep-1996	Registration on : 09-Nov-2024 08:56	Location : Main BNo./
Ref. Id : 300592 / 2817535	Collected at : SAWPL	Approved on : 09-Nov-2024 12:26 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:24	Printed On : 09-Nov-2024 13:53
	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>	"B"		
<b>Rh (D) Type</b>	Positive		

  
**Dr. C. Shrinivasan..**

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Patient Information	Sample Information	Location Information
Name : <b>Mrs. Hemlata . Sankhla</b>	Lab Id : <b>112407500789</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : <b>Female / 28 Y</b> 17-Sep-1996	Registration on : 09-Nov-2024 08:56	Location : Main BNo./
Ref. Id : 300592 / 2817535	Collected at : SAWPL	Approved on : 09-Nov-2024 11:06 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:24	Printed On : 09-Nov-2024 13:53
	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> <small>GOD-POD</small>	81.0	mg/dL	74 - 100
<b>Fasting Urine Glucose</b> <small>GOD-POD</small>	Absent		Absent
<b>Fasting Urine Ketone</b> <small>Nitroprusside</small>	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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**LABORATORY TEST REPORT**



Patient Information	Sample Information	Location Information
Name : <b>Mrs. Hemlata . Sankhla</b>	Lab Id : <b>112407500789</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup Main
Sex/Age : <b>Female / 28 Y</b> 17-Sep-1996	Registration on : 09-Nov-2024 08:56	Location : BNo./
Ref. Id : 300592 / 2817535	Collected at : SAWPL	Approved on : 09-Nov-2024 12:54 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 11:48	Printed On : 09-Nov-2024 13:53
	Sample Type : Fluoride	Process At : 75 – Sterling Hospital, Race course (Vadodar

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

Test	Result	Unit	Biological Ref. Interval
<b>Post-breakfast Blood Glucose</b> <i>GOD-POD</i>	95	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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Sex/Age : <b>Female / 28 Y</b> 17-Sep-1996	Registration on : 09-Nov-2024 08:56	Location : Main BNo./
Ref. Id : 300592 / 2817535	Collected at : SAWPL	Approved on : 09-Nov-2024 11:41 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:24	Printed On : 09-Nov-2024 13:53
	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	4.30	%	For Screening: Diabetes: $\geq 6.5\%$ ; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	76.71	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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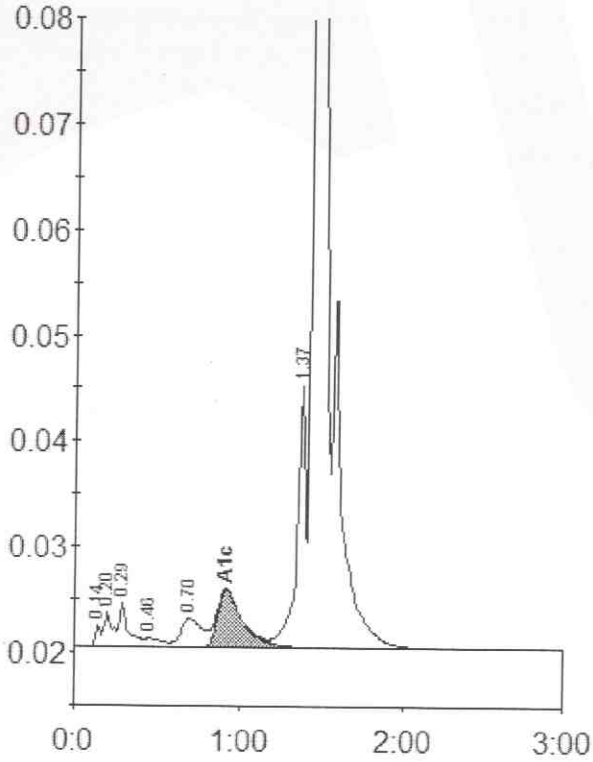




# Patient report

# Sterling HOSPITALS

Bio-Rad DATE: 09/11/2024  
 D-10 TIME: 11:16 AM  
 S/N: #DJ8G550303 Software version: 4.30-2  
 Sample ID: 112407500789  
 Injection date: 09/11/2024 11:16 AM  
 Injection #: 7 Method: HbA1c  
 Rack #: --- Rack position: 7



Peak table - ID: 112407500789

Peak	R.time	Height	Area	Area %
Unknown	0.14	1970	4611	0.3
A1a	0.20	3267	11573	0.6
A1b	0.29	4364	17009	1.0
F	0.46	916	6439	0.4
LA1c/CHb-1	0.70	2807	25046	1.4
A1c	0.92	5460	58630	4.3
P3	1.37	24960	95682	5.4
A0	1.44	530332	1565747	87.7
Total Area:		1784737		

Concentration:	%
A1c	4.3





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**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
Name : Mrs. Hemlata . Sankhla	Lab Id : 112407500789	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 28 Y 17-Sep-1996	Registration on : 09-Nov-2024 08:56	Location : Main
Ref. Id : 300592 / 2817535	Collected at : SAWPL	Location : BNo./
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:24	Approved on : 09-Nov-2024 11:19 Status : Interim
	Sample Type : Serum	Printed On : 09-Nov-2024 13:53
		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>	H 210.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
<b>Triglyceride</b> <i>Ezymatic (Lipase/GK/GPo/POD)</i>	129.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
<b>HDL Cholesterol</b> <i>PTA/MgCl2</i>	53.0	mg/dL	Low: <40.0 High: >60.0
<b>Direct LDL</b> <i>Direct measured</i>	H 125.00	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>	25.80	mg/dL	15 - 35
<b>CHOL/HDL Ratio</b> <i>Calculated</i>	4.0		Up to 5.0
<b>dLDL/HDL Ratio</b> <i>Calculated</i>	2.4		Up to 3.5


  
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M.D ( Pathology ) [G-18341]  
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**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
Name : <b>Mrs. Hemlata . Sankhla</b> Sex/Age : <b>Female / 28 Y</b> 17-Sep-1996 Ref. Id : 300592 / 2817535 Ref. By : Dr. RMO . STERLING...	Lab Id : <b>112407500789</b> Registration on : 09-Nov-2024 08:56 Collected at : <b>SAWPL</b> Collected on : 09-Nov-2024 09:24 Sample Type : Serum	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 09-Nov-2024 11:19 Status: Interim Printed On : 09-Nov-2024 13:53 Process At : 75 – Sterling Hospital, Race course (Vadodar)

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

Test	Result	Unit	Biological Ref. Interval
<b>Uric Acid</b> <i>Uricase</i>	4.30	mg/dL	2.5 - 6.2
<b>Blood Urea Nitrogen</b> <i>Calculated</i>	8.88	mg/dL	7.0 - 17.0
<b>Urea</b> <i>Urease, Colorimetric</i>	19.0	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>	14.80		
<b>Urea Creatinine Ratio</b> <i>Calculated</i>	31.67		


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Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:24	Approved on : 09-Nov-2024 11:19 Status : Interim
	Sample Type : Serum	Printed On : 09-Nov-2024 13:53
		Process At : 75 - Sterling Hospital, Race course (Vadodar

**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>	21.0	U/L	0 - 35
<b>AST (SGOT)</b> <i>UV with P5P</i>	26.0	U/L	14 - 36
<b>GGT (Gamma Glutamyl Transferase)</b> <i>L-γ-Glytamyl-p-nitroanilide</i>	14.0	U/L	12 - 43
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer, IFCC</i>	64.0	U/L	38 - 126
<b>Total Bilirubin</b> <i>Azobilirubin chromophores</i>	0.70	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>	0.40	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>	H 8.30	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green Method</i>	4.70	g/dL	3.5 - 5.0
<b>Globulin</b> <i>Calculated</i>	H 3.60	g/dL	2.3 - 3.5
<b>A/G Ratio</b> <i>Calculated</i>	1.31		1.3 - 1.7


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**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
Name : <b>Mrs. Hemlata . Sankhla</b>	Lab Id : <b>112407500789</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : <b>Female / 28 Y</b> 17-Sep-1996	Registration on : 09-Nov-2024 08:56	Location : Main BNo./
Ref. Id : 300592 / 2817535	Collected at : SAWPL	Approved on : 09-Nov-2024 11:19 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:24	Printed On : 09-Nov-2024 13:53
	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>	1.50	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <i>CLIA</i>	7.88	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <i>Chemiluminescence</i>	2.7750	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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**LABORATORY TEST REPORT**


Patient Information		Sample Information		Location Information	
Name	: Mrs. Hemlata . Sankhla	Lab Id	: 112407500789	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 28 Y 17-Sep-1996	Registration on	: 09-Nov-2024 08:56	Location	: Main BNo./
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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 ( $\mu\text{IU/mL}$ ): 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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Patient Information		Sample Information	Location Information
Name	: Mrs. Hemlata . Sankhla	Lab Id	: 112407500789
Sex/Age	: Female / 28 Y 17-Sep-1996	Registration on	: 09-Nov-2024 08:56
Ref. Id	: 300592 / 2817535	Collected at	: SAWPL
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 09:24
		Sample Type	: Urine
		Pt. Type	: Sterling Hospital Vadodara Health Checkup
		Location	: Main BNo./
		Approved on	: 09-Nov-2024 10:56 Status : Interim
		Printed On	: 09-Nov-2024 13:53
		Process At	: 75 - Sterling Hospital, Race course (Vadodara)

**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>	6.0		5.5 - 7.0
Specific Gravity <i>Polyelectrolyte based reaction</i>	1.020		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	2-3	/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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 M.D ( Pathology )(G-18341)  
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Page 13 of 13

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Report Date: 09 Nov 2024 - 10:54 AM

Patient Id : RCR-300592

Patient Name : SANKHLA HEMLATA .

Age : 28Y 1M 23D

Sex : Female

Ref. Doctor : DR. RMO . STERLING

Study Date : 09 Nov 2024 - 10:10 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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Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad-380052, Gujarat, India



HEMLATA sankhla

28 Years

Male

QRS

78 ms

QT / QTcBaz

402 / 404 ms

PR

124 ms

P

100 ms

RR / PP

978 / 983 ms

P / QRS / T

18 / 69 / 25 degrees

09.11.2024 9:55:06

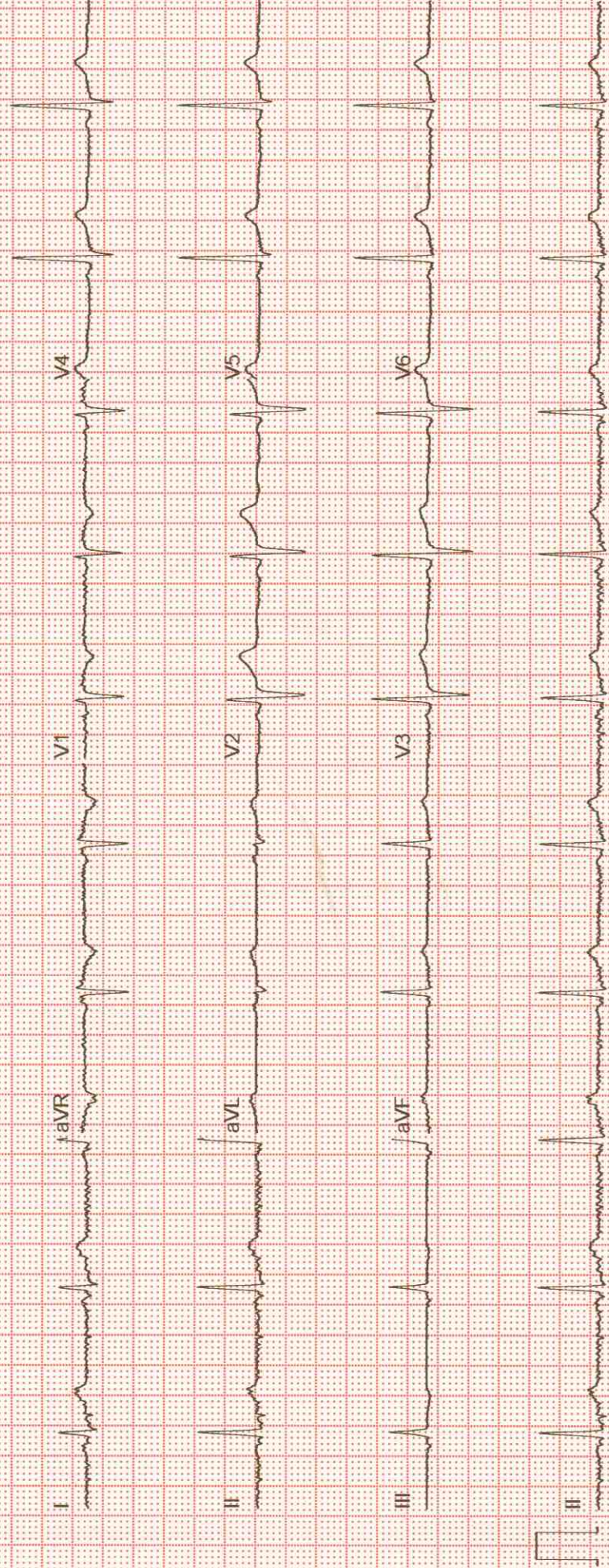
STERLING HOSF

HCP

VADODARA

61 bpm

1 mmHg



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



# 2D ECHOCARDIOGRAPHY REPORT



**Sterling**<sup>®</sup>  
HOSPITALS

Race Course Road, Vadodara

Name: Mrs. HEMLATA SANKHLA  
Age: 28 Years  
Sex: F  
Date: 09-Nov-2024

Ref By: HCP  
Study: 2D Echo

### M-MODE:

IVS	10mm	LVDD	46mm
PW	10mm	LVDS	26mm
LA	34mm	LV EF	60 %

### DOPPLER STUDY:

MITRAL	E 0.98    A 0.72
AORTIC	1.36
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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SonoDoc 91-20-25443913







Patient Id	: RCR-300592	Patient Name	: SANKHLA HEMLATA .
Age	: 28Y 1M 23D	Sex	: Female
Ref. Doctor	: DR.RMO.STERLING	Study Date	: 09 Nov 2024 - 09:06 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 shows multiple (at least 3-4) calculi in the gall bladder lumen largest measuring up to 7-8 mm. No evidence of changes of cholecystitis is seen. CBD appears normal (3.8 mm).

**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 9.9 x 4.0 cm

Left kidney measures 9.9 x 4.5 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 7.0 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:**

- **Cholelithiasis. No evidence of changes of cholecystitis**
- **No other significant abdominal abnormality detected.**

**Dr. Shilpi Gupta MD**  
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