



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: SWETA KUMARI	
SH No: 303664	Date: 27/02/25
Age: 43 YEARS	Gender: FEMALE

ASSESSMENT:

- K/C/O : ARTHRITIS SINCE 23 YEARS, ON REGULAR TREATMENT
- ALLERGIC TO SULPHA DRUGS AND ANTS
- C/O HIGH FEVER, COLD
- RAISED ESR (43)
- LOW PLATELETS (127000)
- HIGH CHOLESTEROL (204), DIRECT LDL (117).
- 2D ECHO : TRIVIAL MR, TR
- CHEST XRAY : FEW LOOSE BODIES IN RIGHT SHOULDER INFERIORLY AND IN SUBACROMIAL SPACE WITH MILD DEGENERATIVE CHANGES.
- USG ABDOMEN AND PELVIS : CHOLELITHIASIS

ADVISED:

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

Sterling Addlife India Limited
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 : Sueta kumari Employee ID : _____
 Company Name : Mediwheel - Advance - F Age : 43 Sex : M/F
 Height : 158 cms. Weight : 58.8 Kgs BMI : 23.6 Blood Group : _____
 Name of HO / Registrar taking History : Dr. Nehal Bagul

Allergies : <input type="checkbox"/> None <input type="checkbox"/> Yes (If Yes, describe)	
Drugs/Food/Latex/Dyes/Contrast/Other	Reaction
1. <u>Sulphur Drug</u> —	<u>Itching & redness</u>
2. <u>Dust</u>	<u>on Body, Pain in Abd.</u>
3. <u>Dust</u>	<u>Sneezing, Cold.</u>

Chief Complaints :

1 C/O - Cold, fever.
4/10 - fever last night
Headache

Physical Examination :
Vital Signs :

Temp : 99.0 °F SPO₂ : 99% Pulse : 90 /min R/R : 18 /min B.P. : 110/80 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 <u>Arthritis : 25 yrs.</u>
3).....	<u>Tab - Tafogine XR - 110</u>
Under Treatment of Dr.	Any Other Medication
Any Intervention done
P/H of Operation	P/H of Hospitalization
Diagnosis :	Diagnosis :
Name of Operation : <u>LSOS</u>	Year :
Year of Operation : <u>(2017)</u>	Duration :
Others	Blood Transfusion History : Yes / <u>No</u>
.....	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 M	Asthma	Yes/No f
Heart Disease	Yes/No	Stroke	Yes/No
Diabetes	Yes/No M	Arthritis/Gout	Yes/No
Tuberculosis	Yes/No	Cancer	Yes/No
Epilepsy	Yes/No	Other Chronic disease	Yes/No Thyroid - M

Personal History :

Diet	Mixed-Diet	Smoking	Yes/No	since...../..... per day
Appetite	Good	Alcohol	Yes/No	since...../..... (freq.)
Sleep	Regular	Drugs	Yes/No	since...../..... (freq.)
Micturition	Normal	Tobacco	Yes/No	since...../..... (freq.)
Bowel Habits	Normal	Any other habit		

FOR FEMALES :

 Obstetric History : L.D..... **P, A, O, L, - ♀ - (1 SCS) - 7ya**
 Abortion :
 Others :

General Examination :

-
- Anemia
-
- Cyanosis
-
- Jaundice
-
- Generalized lymphadenopathy
-
- Pedal oedema

General Examination :

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

- 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 _____
- 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 : *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 *on/off* Incontinence Blood in stool None
- Pain Yes No Place Hemorrhoids Yes No
- Frequency of stool *1/2 day*
- Interventions : None • Laxatives Yes No Type Frequency

Genitorurinary : NSF NSF

Colour of Urine pale yellow Frequency 2
 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 26/2/25 Regular / Irregular Regular
 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

.....

Sterling Addlife India Limited
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 VADODARA - 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

Race Course Road, Vadodara

NAME: Min Suneta Kumar DATE: 27/2/25

SIGNIFICANT HISTORY: *ny*

PAST HISTORY: *ny*

Refractive Error: *ny*

Any Surgery: *|*

Color Blind: *|*

Diabetes: *|*

Hypertension: *ny*

Any Treatment: *|*

EXAMINATION OF EYES:

Right Eye:

Left Eye:

Distant Vision without Glasses:

40 50

Distant Vision with Glasses:

Near Vision without Glasses:

30 35

Near Vision with Glasses:

Intraocular Pressure:

13 13

Anterior Segment:

33 33

Fundus:

33 33

PRESCRIPTION OF GLASSES:

	RIGHT			LEFT		
	Sphere	Cylinder	Axis	Sphere	Cylinder	Axis
Distant	<i>-2.0</i>	<i>-</i>	<i>-</i>	<i>-2.25</i>	<i>-</i>	<i>-</i>
Near	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>

Type of glass: *ny*

ADVICE:

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DR MAYA PATEL
(OPHTHALMOLOGIST)

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Dr. Sonica Peshin

Senior Cosmetic dentist and Implantologist

A-6966

Email: thespeakingtooth@gmail.com

Phone: 9586867301



Race Course Road, Vadodara
27/02/2025

Dental Assessment Form

Name: Sweta Kumari

Age/Sex: 43 years/Female

UHID No: 303664

Patient has come for a regular dental check up

On examination:

- Calculus+
- Missing teeth with respect to 35, 46
- Supra-erupting tooth with respect to 16
- Generalised attrition, recession

Provisional diagnosis:

- Chronic generalised gingivitis

Treatment plan:

- Prosthesis with respect to 35, 46

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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Dr Sonica Peshin

Sterling Hospital, Race Course Road

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CIN# U85110GJ2000PTC039121



Follow us on: 



G YNAECOLOGIST CHECK UP

NAME:

DATE:

AGE:

COMPLAINTS:

O/H PARA:

MENSTRUAL H/O:

P/A:

P/S:

P/V:

ADVICE:

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

DR. ARCHANA DWIVEDI
(GYNAECOLOGIST)

Hospital Address: Sterling Hospitals, Race Course Road, Opp. Inox Cinema Hari Nagar, Circle West,
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Passport No :

LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mrs. Sweta Kumari .	Lab Id : 022507502819	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 43 Y 03-Feb-1982	Registration on : 27-Feb-2025 09:20	Main Location : BNo./
Ref. Id : 303664 / 2833761	Collected at : SAWPL	Approved on : 27-Feb-2025 13:30 Status : Interim
Ref. By : Dr. RMO , STERLING...	Collected on : 27-Feb-2025 09:46	Printed On : 28-Feb-2025 14:32
	Sample Type : EDTA blood	Process At : 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Complete Blood Count

Test	Method	Result	Unit	Biological Ref. Interval
Hemoglobin	Colorimetric	12.1	g/dL	12.0 - 16.0
RBC Count	Electrical impedance	4.25	million/cmm	3.8 - 4.8
Hematocrit	Calculated	38.7	%	36 - 48
MCV	Derived	91.1	fL	83 - 101
MCH	Calculated	28.5	pg	26.4 - 33.2
MCHC	Calculated	L 31.3	g/dL	31.8 - 35.9
RDW CV	Calculated	13.80	%	11.6 - 14

Total WBC and Differential Count

WBC count	SF Cube cell analysis	6760	/cmm	4000 - 10000
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Differential Count

Cell Type	Method	Result	Unit	Ref. Interval	Absolute Count
Neutrophils	Microscopic	52	%	40 - 80	3515 /cmm
Lymphocytes	Microscopic	35	%	20 - 40	2366 /cmm
Eosinophils	Microscopic	03	%	1 - 6	203 /cmm
Monocytes	Microscopic	10	%	2 - 10	676 /cmm
Basophils	Microscopic	0	%	0 - 2	0 /cmm

Platelet Count

Platelet Count	Electrical impedance	127000	/cmm	150000 - 410000
MPV	Calculated	14.80	fL	7.5 - 10.3

Platelets Morphology : Borderline Adequate.



 Dr. Kajal Parmar
 MD




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Sex/Age	: Female / 43 Y 03-Feb-1982	Registration on	: 27-Feb-2025 09:20	Location	: Main BNo./
Ref. Id	: 303664 / 2833761	Collected at	: SAWPL	Approved on	: 27-Feb-2025 13:30 Status: Interim
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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Erythrocytes Sedimentation Rate			
ESR	H 43	mm/1hr	0 - 21
Rechecked	Capillary photometry		

Differential Count

Absolute Count



Dr. Kajal Parmar
MD





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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Blood Group

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

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





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LABORATORY TEST REPORT


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Sex/Age : Female / 43 Y 03-Feb-1982	Registration on : 27-Feb-2025 09:20	Location : Main BNo./
Ref. Id : 303664 / 2833761	Collected at : SAWPL	Approved on : 27-Feb-2025 12:03 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 27-Feb-2025 09:46	Printed On : 28-Feb-2025 14:32
	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
Fasting Blood Glucose <small>GOD-POD</small>	90.0	mg/dL	74 - 100
Fasting Urine Glucose <small>GOD-POD</small>	SNR		Absent
Fasting Urine Ketone <small>Nitroprusside</small>	SNR		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

Dr. C. Shrinivasan..

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

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Sterling Accuris Pathology Laboratory

 Sterling Hospital, Opp. Inox Cinema, Race Course Circle (West), Vadodara - 390 007 tests marked with # are referred tests
Ph: 0265-6144210

pathlab@sterlinghospitals.com | Website: www.sterlinghospitals.com / www.sterlingaccuris.com

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Sex/Age : Female / 43 Y 03-Feb-1982	Registration on : 27-Feb-2025 09:20	Location : Main BNo./
Ref. Id : 303664 / 2833761	Collected at : SAWPL	Approved on : 27-Feb-2025 14:37 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 27-Feb-2025 12:39	Printed On : 28-Feb-2025 14:32
	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 <i>GOD-POD</i>	96	mg/dL	70 - 140
Post-breakfast Urine Glucose <i>GOD-POD</i>	SNR		Absent
Post Breakfast Urine Ketone <i>Nitroprusside</i>	SNR		Absent

Dr. Kajal Parmar
MD

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Sex/Age : Female / 43 Y 03-Feb-1982	Registration on : 27-Feb-2025 09:20	Location : Main BNo./
Ref. Id : 303664 / 2833761	Collected at : SAWPL	Approved on : 27-Feb-2025 12:12 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 27-Feb-2025 09:46	Printed On : 28-Feb-2025 14:32
	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	4.70	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	88.19	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

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

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Patient report

Sterling HOSPITALS

Bio-Rad

D-10

DATE: 27/02/2025

TIME: 12:08 PM

S/N: #DJ8G550303

Software version: 4.30-2

Sample ID:

022507502819

Injection date

27/02/2025 12:08 PM

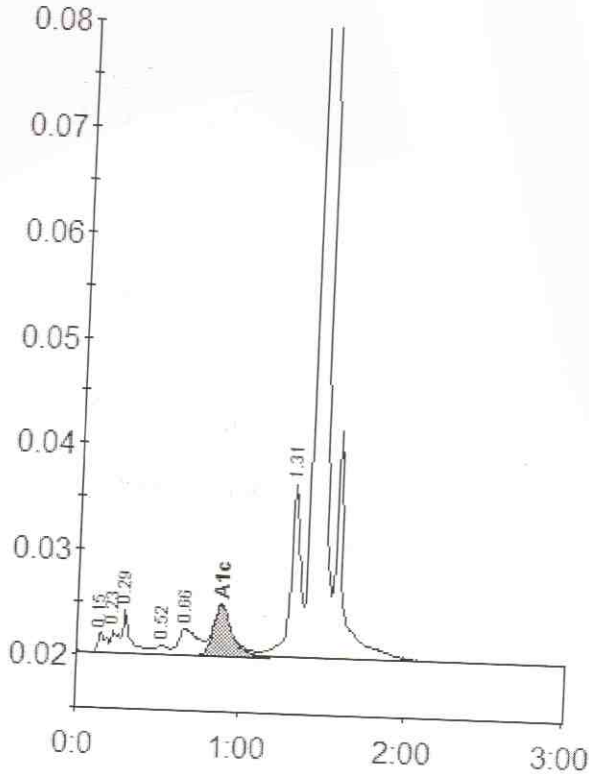
Injection #: 14

Method: HbA1c

Rack #: ---

Rack position: 4

sterling
ACCURIS
Pathology lab that cares



Peak table - ID: 022507502819

Peak	R.time	Height	Area	Area %
Unknown	0.15	1942	6584	0.5
A1a	0.23	2181	6591	0.5
A1b	0.29	4022	12788	1.0
F	0.52	868	5584	0.4
LA1c/CHb-1	0.66	2481	19702	1.6
A1c	0.88	4898	39103	4.7
P3	1.31	16395	68529	5.5
A0	1.42	444002	1092352	87.3
Total Area:	1251233			

Concentration:	%
A1c	4.7





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LABORATORY TEST REPORT




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Sex/Age : Female / 43 Y 03-Feb-1982	Registration on : 27-Feb-2025 09:20	Location : Main
Ref. Id : 303664 / 2833761	Collected at : SAWPL	Location : BNo./
Ref. By : Dr. RMO . STERLING...	Collected on : 27-Feb-2025 09:46	Approved on : 27-Feb-2025 11:21 Status : Interim
	Sample Type : Serum	Printed On : 28-Feb-2025 14:32
		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>	H 204.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPa/POD)</i>	130.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl2</i>	H 69.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	H 117.00	mg/dL	Optimal: <100 Near to above Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: =190
VLDL <i>Calculated</i>	26.00	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	3.0		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	1.7		Up to 3.5

Reference intervals are as per NCEP ATP-III criteria.


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MD

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Ref. By	: Dr. RMO . STERLING...	Collected on	: 27-Feb-2025 09:46	Printed On	: 28-Feb-2025 14:32
		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>	L 2.40	mg/dL	2.5 - 6.2
Blood Urea Nitrogen <i>Calculated</i>	12.62	mg/dL	7.0 - 17.0
Urea <i>Urease, Colorimetric</i>	27.0	mg/dL	15.0 - 36.4
Creatinine, serum <i>Creatinine Amidohydrolase</i>	L 0.40	mg/dL	0.52 - 1.04
BUN Creatinine Ratio <i>Calculated</i>	31.55		
Urea Creatinine Ratio <i>Calculated</i>	67.50		



 Dr. Kajal Parmar
 MD

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tests marked with # are referred tests



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Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mrs. Sweta Kumari .	Lab Id	: 022507502819	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 43 Y 03-Feb-1982	Registration on	: 27-Feb-2025 09:20	Location	: Main BNo./
Ref. Id	: 303664 / 2833761	Collected at	: SAWPL	Approved on	: 27-Feb-2025 12:03 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 27-Feb-2025 09:46	Printed On	: 28-Feb-2025 14:32
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Liver Function Test

Test	Result	Unit	Biological Ref. Interval
ALT (SGPT) <i>UV with P5P, IFCC</i>	18.0	U/L	0 - 35
AST (SGOT) <i>UV with P5P</i>	22.0	U/L	14 - 36
GGT (Gamma Glutamyl Transferase) <i>L-y-Glytamyl-p-nitroanilide</i>	15.0	U/L	12 - 43
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	88.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	0.40	mg/dL	0.2 - 1.3
Conjugated Bilirubin <i>Cationic Mordant Binding</i>	0.10	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Cationic Mordant Binding</i>	0.20	mg/dL	0.0 - 1.1
Delta Bilirubin <i>Calculated</i>	0.10	mg/dL	0.0 - 0.2
Total Protein <i>Copper tartrate to colour complex</i>	7.10	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	4.20	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	2.90	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.45		1.3 - 1.7

Dr. C. Shrinivasan..

M.D (Pathology) [G-18341]

Consultant Pathologist

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		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>	1.41	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <small>CLIA</small>	9.01	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <small>Chemiluminescence</small>	1.983	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

Dr. C. Shrinivasan..
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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

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

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

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

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

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

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27.02.2025 9:19:27
STERLING HOSPITAL
HCP
VADODARA

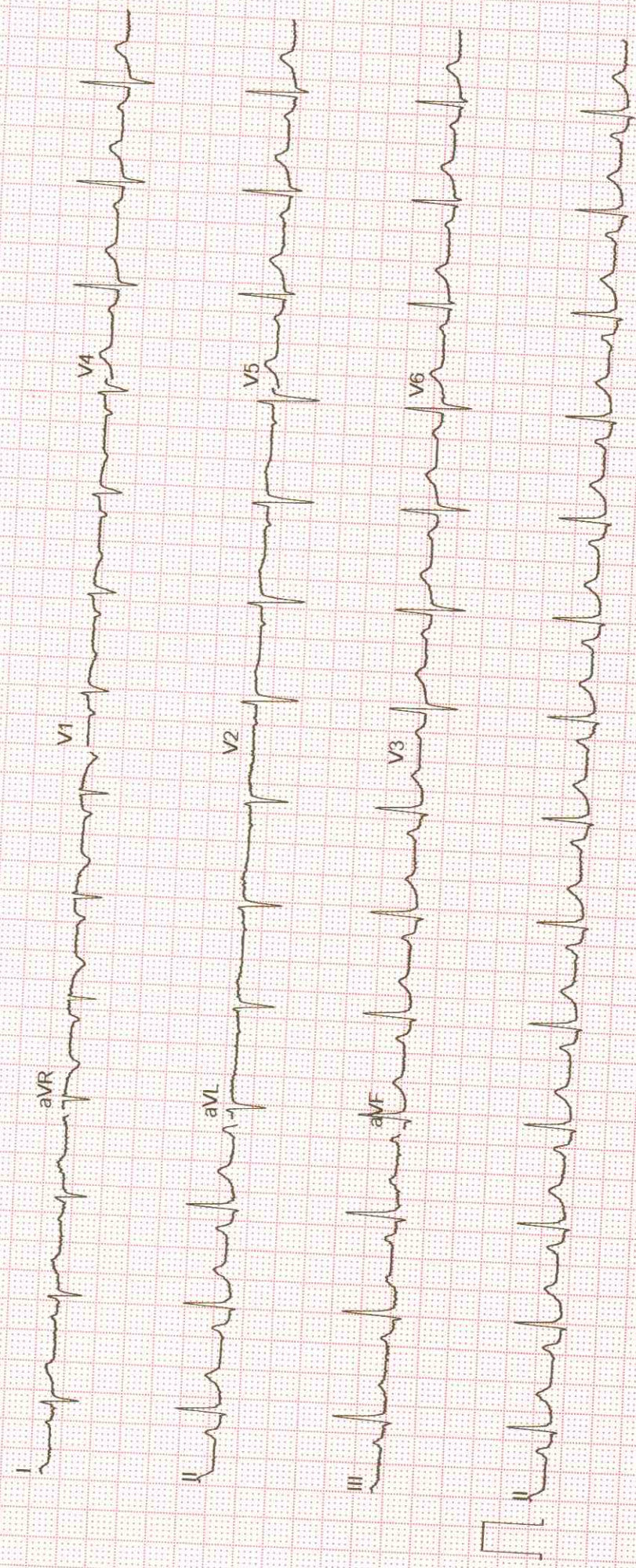
43 Years

Female

87 bpm
- / - mmHg

M-ax

QRS 70 ms
QT/QTcBaz 368 / 442 ms
PR 170 ms
P 88 ms
RR/PP 690 / 689 ms
P / QRS / T 70 / 102 / 61 degrees



GE MAC2000 1.1 12SL™ v241

25 mm/s 10 mm/mV

ADS 0.56-40 Hz 50 Hz

Unconfirmed
4x2 5x3_25_R1



2D ECHOCARDIOGRAPHY REPORT



Sterling[®]
HOSPITALS

Race Course Road, Vadodara

Name: Mrs. SWETA KUMARI
Age: 43 Years
Sex: F
Date: 27-Feb-2025

Ref By: HCP
Study: 2D Echo

M-MODE:

IVS	09mm	LVDD	46mm
PW	10mm	LVDS	22mm
LA	33mm	LV EF	60 %

DOPPLER STUDY:

MITRAL	E 0.76 A 0.45
AORTIC	1.44
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
- TRIVIAL MR , NO MS
- TRIVIAL TR, NO PAH
- OTHER VALVES ARE NORMAL
- IAS/IVS INTACT
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- IVC: NORMAL


Dr. RANJEET KUMAR SHUKLA MD, DM
Consultant interventional Cardiologist

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

SonoDoc 91-20-25443913





Patient Id	: RCR-303664	Patient Name	: SWETA KUMARI
Age	: 43Y 24D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 27 Feb 2025 - 11:14 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.

Few loose bodies in right shoulder inferiorly and in subacromial space with mild degenerative changes. Adv clinical correlation.

Palak

Dr. Palak Nandolia
Consultant Radiologist





Patient Id : RCR-303664

Patient Name : . SWETA KUMARI

Age : 43Y 24D

Sex : Female

Ref. Doctor : DR. RMO . STERLING

Study Date : 27 Feb 2025 - 01:06 PM

MAMMOGRAPHY

Craniocaudal and mediolateral oblique views of bilateral breast were obtained.

Indication: Screening

MAMMOGRAPHY FINDINGS

Study reveals dense, predominantly fibroglandular breast parenchyma, type D according to ACR classification of breast density.

RIGHT BREAST

No suspicious mass, clustered microcalcification or architectural distortion is seen.

Nipple, areola and retroareolar region are normal

Skin and underlying muscles are normal.

RIGHT AXILLA

Few lymph nodes are seen.

LEFT BREAST

No suspicious mass, clustered microcalcification or architectural distortion is seen.

Nipple, areola and retroareolar region are normal

Skin and underlying muscles are normal.

LEFT AXILLA

Few lymph nodes are seen.

IMPRESSION

Bilateral breasts - BIRADS 1, Normal study

Advice: Routine screening and self examination.

Sensitivity of mammography is limited without ultrasound. Sonomammography is recommended in case of strong clinical suspicion.

Palak

Dr. Palak Nandolia
Consultant Radiologist

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Patient Id	: RCR-303664	Patient Name	: . SWETA KUMARI
Age	: 43Y 24D	Sex	: Female
Ref. Doctor	: DR.RMO.STERLING	Study Date	: 27 Feb 2025 - 09:25 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 few (at least 2) calculi in the gall bladder lumen each measuring 9-6.0 mm. No evidence of changes of cholecystitis is seen. CBD appears normal (3.6 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 10.2 x 4.0 cm

Left kidney measures 10.0 x 4.5 cm

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

URINARY BLADDER: Bladder is partially distended and appears unremarkable.

UTERUS: Uterus is anteverted & appears normal in size (7.0 x 5.0 x 3.7 cm), 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 abnormality detected.

Dr. Shilpi Gupta MD
Sr. Consultant Radiologist

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