



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: AJAYA KUMAR BARMA	
SH No: 303667	Date: 27/02/25
Age: 42 YEARS	Gender: MALE

ASSESSMENT:

- OBESITY.
- BMI ( 29.7 )
- O/E-B.P: 140/100MMHG
- HIGH HBA1C ( 5.8 )
- URINE R/M: BLOOD PRESENT +++
- 2D ECHO : GRADE 1 DIASTOLIC DYSFUNCTION. MILD TR, TRIVIAL MR
- PAP SMEAR-MODERATE /SEVERE ACUTE INFLAMMATION.
- USG ABDOMEN AND PELVIS : MILD FATTY LIVER ( GRADE 1 )  
MILD PROSTATOMEGALY

ADVISED:

- PLENTY OF LIQUIDS
- SALT RESTRICTED, ANTI DIABETIC DIET
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE, WEIGHT REDUCTION.
- OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- ENT ADVICE: FOLLOW ADVICE
- 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  
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**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 : Ajay Kumar Employee ID : \_\_\_\_\_  
 Company Name : Medi wheel ABV-M50 Age : 42 Sex : M/F  
 Height : 166.5 cms. Weight : 82.4 Kgs BMI : 29.7 Blood Group : \_\_\_\_\_  
 Name of HO / Registrar taking History : Dr. Mehar Bagul

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 :**  
Angiomatic

**Physical Examination :**

**Vital Signs :**

Temp : Afebr °F SPO<sub>2</sub> : 97 Pulse : 73 /min R/R : 18 /min B.P. : 140/100 mm Hg

140/100 ↓ stat

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

**Personal History :**

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

**FOR FEMALES :**

 Obstetric History : L.D.....  
 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) : **NSF**
**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 : *AEBE (+) 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 *1-2 times*
- Interventions :  None • Laxatives  Yes  No Type ..... Frequency .....



OPHTHALMIC CHECK-UP

Race Course Road, Vadodara

NAME: Dr. Ajay Kumar Bhanu DATE: 27/2/25

SIGNIFICANT HISTORY:

PAST HISTORY:

Refractive Error: Yes  
Any Surgery: No  
Color Blind: No  
Diabetes: No  
Hypertension: No  
Any Treatment: No

EXAMINATION OF EYES:

	<u>Right Eye:</u>	<u>Left Eye:</u>
Distant Vision without Glasses:	<u>6/6</u>	<u>6/6</u>
Distant Vision with Glasses:	<u>6/6</u>	<u>6/6</u>
Near Vision without Glasses:	<u>6/30</u>	<u>6/30</u>
Near Vision with Glasses:	<u>6/30</u>	<u>6/30</u>
Intraocular Pressure:	<u>11</u>	<u>11</u>
Anterior Segment:	<u>NS</u>	<u>NS</u>
Fundus:	<u>NS</u>	<u>NS</u>

PRESCRIPTION OF GLASSES:

	RIGHT			LEFT		
	Sphere	Cylinder	Axis	Sphere	Cylinder	Axis
Distant	<u>-6.75</u>	<u>-</u>	<u>-</u>	<u>-6.75</u>	<u>-0.5</u>	<u>90°</u>
Near	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

Type of glass: +1.25 add my  
for distance

ADVICE:

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Unit-Sterling Hospital Vadodara  
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**VADODARA - 390 007.**

**DR MAYA PATEL**  
(OPHTHALMOLOGIST)

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EAR, NOSE & THROAT CHECK-UP

Race Course Road, Vadodara

NAME: Ajay Kumar DATE: 2 Nov/25

COMPLAINTS:

needs Frey nose and throat

EXAMINATION OF EARS:

Local Examination:

Tympanic Membrane: ortho  
FC/OT/SLC Tin Funct.

EXAMINATION OF NOSE:

Local Examination:

ortho

THROAT & LARYNX:

ortho

LARYNGOSCOPIC EXAMINATION:

ortho

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VADODARA - 390 007.

**DR. NAVNIT MAKWANA**  
(ENT SURGEON)







Passport No :

**LABORATORY TEST REPORT**


Patient Information		Sample Information		Location Information	
Name	: Mr. Ajaya Kumar Barma	Lab Id	: 022507502825	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 42 Y 15-Jun-1982	Registration on	: 27-Feb-2025 09:42	Location	: Main BNo./
Ref. Id	: 303667 / 2833767	Collected at	: SAWPL	Approved on	: 27-Feb-2025 13:31 Status: Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 27-Feb-2025 09:37	Printed On	: 27-Feb-2025 16:14
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadodara)

**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**
**Complete Blood Count**

Test	Method	Result	Unit	Biological Ref. Interval
Hemoglobin	Colorimetric	15.3	g/dL	13.0 - 16.5
RBC Count	Electrical impedance	5.19	million/cmm	4.5 - 5.5
Hematocrit	Calculated	46.9	%	40 - 49
MCV	Derived	90.3	fL	83 - 101
MCH	Calculated	29.5	pg	27.1 - 32.5
MCHC	Calculated	32.6	g/dL	32.5 - 36.7
RDW CV	Calculated	14.00	%	11.6 - 14

**Total WBC and Differential Count**

WBC count	SF Cube cell analysis	5680	/cmm	4000 - 10000
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
**Differential Count**

Cell Type	Method	Result	Unit	Ref. Interval	Absolute Count	Ref. Interval
Neutrophils	Microscopic	54	%	40 - 80	3067	/cmm 2000 - 6700
Lymphocytes	Microscopic	34	%	20 - 40	1931	/cmm 1000 - 3000
Eosinophils	Microscopic	02	%	1 - 6	114	/cmm 20 - 500
Monocytes	Microscopic	10	%	2 - 10	568	/cmm 200 - 1000
Basophils	Microscopic	00	%	0 - 2	0	/cmm 0 - 100

**Platelet Count**

Platelet Count	Electrical impedance	202000	/cmm	150000 - 410000
MPV	Calculated	13.40	fL	7.5 - 10.3

Platelets Morphology Platelets are adequate on Smear


  
Dr. Kajal Parmar  
MD




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Ref. By	: Dr. RMO, STERLING...	Collected on	: 27-Feb-2025 09:37	Printed On	: 27-Feb-2025 16:14
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**

**Complete Blood Count**

Test	Result	Unit	Biological Ref. Interval
<b>Erythrocytes Sedimentation Rate</b>			
ESR <small>Capillary photometry</small>	10	mm/1hr	0 - 14

**Differential Count**

**Absolute Count**



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Sex/Age : <b>Male / 42 Y</b> . 15-Jun-1982	Registration on : 27-Feb-2025 09:42	Location : Main BNo./
Ref. Id : 303667 / 2833767	Collected at : SAWPL	Approved on : 27-Feb-2025 13:30 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 27-Feb-2025 09:37	Printed On : 27-Feb-2025 16:14
	Sample Type : EDTA blood	Process At : 75 – Sterling Hospital, Race course (Vadoda

**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**

**Blood Group**

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

Dr. C. Shrinivasan..

M.D ( Pathology ) [G-18341]

Consultant Pathologist

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Sex/Age	: Male / 42 Y 15-Jun-1982	Registration on	: 27-Feb-2025 09:42	Location	: Main BNo./
Ref. Id	: 303667 / 2833767	Collected at	: SAWPL	Approved on	: 27-Feb-2025 11:29 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 27-Feb-2025 09:37	Printed On	: 27-Feb-2025 16:14
		Sample Type	: Serum, Urine	Process At	: 75 – Sterling Hospital, Race course (Vadoda)

**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**

Test	Result	Unit	Biological Ref. Interval
<b>Fasting Blood Glucose</b> <small>GOD-POD</small>	98.0	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
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:**

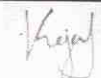
1. Fasting blood glucose (FPG)  $\geq$  126 mg/dL
2. Two-hour blood glucose (2-h OGTT) = 200 mg/dL
3. HbA1c values (A1c)  $\geq$  6.5%
4. Random plasma glucose  $\geq$  200 mg/dL

(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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Patient Information	Sample Information	Location Information
Name : <b>Mr. Ajaya Kumar Barma</b>	Lab Id : <b>022507502825</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : <b>Male / 42 Y</b> 15-Jun-1982	Registration on : 27-Feb-2025 09:42	Location : Main BNo./
Ref. Id : 303667 / 2833767	Collected at : SAWPL	Approved on : 27-Feb-2025 14:37 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 27-Feb-2025 13:05	Printed On : 27-Feb-2025 16:14
	Sample Type : Fluoride	Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**

Test	Result	Unit	Biological Ref. Interval
<b>Post-breakfast Blood Glucose</b> <i>GOD-POD</i>	92	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. By	: Dr. RMO . STERLING...	Collected on	: 27-Feb-2025 09:37	Printed On	: 27-Feb-2025 16:14
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadoda)

**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**
**HbA1c (Glycosylated Hemoglobin) by HPLC**

Test	Result	Unit	Biological Ref. Interval
HbA1c	H 5.80	%	For Screening: Diabetes: $\geq 6.5\%$ ; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	119.76	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

ID: 10 DATE: 27/02/2025

S/N: #DJ8G550303 TIME: 12:17 PM

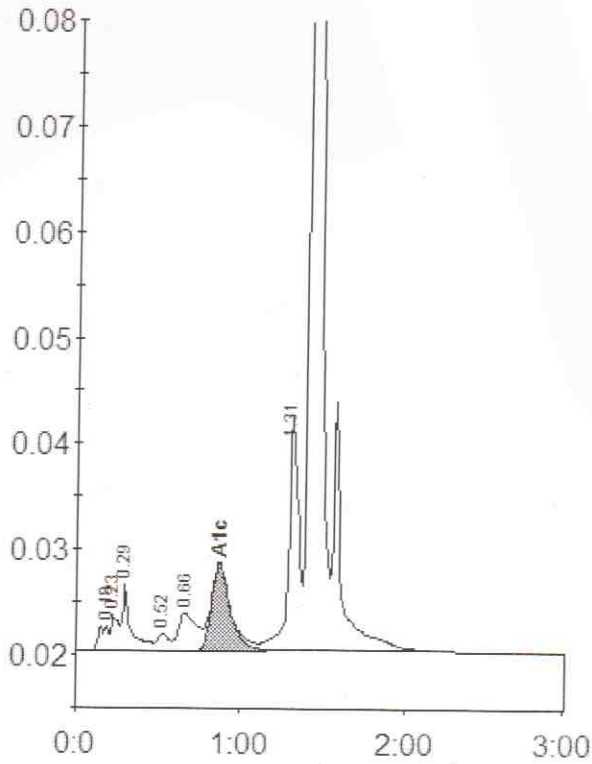
Software version: 4.30-2

Sample ID: 022507502825

Injection date: 27/02/2025 12:17 PM

Injection #: 17 Method: HbA1c

Rack #: --- Rack position: 7



Peak table - ID: 022507502825

Peak	R.time	Height	Area	Area %
Unknown	0.18	2262	8729	0.5
A1a	0.23	3321	10694	0.7
A1b	0.29	6237	22503	1.4
F	0.52	1656	8359	0.5
LA1c/CHb-1	0.66	3604	27682	1.7
A1c	0.87	8229	64978	5.8
P3	1.31	22171	94673	6.0
A0	1.42	557378	1350127	85.0
Total Area:			1587745	

Concentration:	%
A1c	5.8





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Ref. Id	: 303667 / 2833767	Collected at	: SAWPL	Approved on	: 27-Feb-2025 11:26 Status: Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 27-Feb-2025 09:37	Printed On	: 27-Feb-2025 16:14
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**
**Lipid Profile**

Test	Result	Unit	Biological Ref. Interval
<b>Cholesterol</b> <i>Cholesterol oxidase - Peroxidase</i>	127.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
<b>Triglyceride</b> <i>Ezymatic (Lipase/GK/GPw/POD)</i>	138.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
<b>HDL Cholesterol</b> <i>PTA/MyCl2</i>	L 30.0	mg/dL	<b>Low: &lt;40.0</b> <b>High: &gt;60.0</b>
<b>Direct LDL</b> <i>Direct measured</i>	82.00	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>	27.60	mg/dL	15 - 35
<b>CHOL/HDL Ratio</b> <i>Calculated</i>	4.2		Up to 5.0
<b>dLDL/HDL Ratio</b> <i>Calculated</i>	2.7		Up to 3.5

Reference intervals are as per NCEP ATP-III criteria.

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**Sterling Accuris Pathology Laboratory**

 Sterling Hospital, Opp. Inox Cinema, Race Course Circle (West), Vadodara - 390 007,  
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Passport No :

**LABORATORY TEST REPORT**


Patient Information		Sample Information		Location Information	
Name	: Mr. Ajaya Kumar Barma	Lab Id	: 022507502825	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 42 Y 15-Jun-1982	Registration on	: 27-Feb-2025 09:42	Location	: Main BNo./
Ref. Id	: 303667 / 2833767	Collected at	: SAWPL	Approved on	: 27-Feb-2025 11:26 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 27-Feb-2025 09:37	Printed On	: 27-Feb-2025 16:14
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**

Test	Result	Unit	Biological Ref. Interval
<b>Uric Acid</b> <i>Uricase</i>	6.90	mg/dL	3.5 - 8.5
<b>Blood Urea Nitrogen</b> <i>Calculated</i>	15.89	mg/dL	9.0 - 20.0
<b>Urea</b> <i>Urease, Colorimetric</i>	34.0	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>	22.70		
<b>Urea Creatinine Ratio</b> <i>Calculated</i>	48.57		


**Dr. Kajal Parmar**  
MD

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Ref. Id	: 303667 / 2833767	Collected at	: SAWPL	Approved on	: 27-Feb-2025 12:04 Status: Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 27-Feb-2025 09:37	Printed On	: 27-Feb-2025 16:14
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**
**Liver Function Test**

Test	Result	Unit	Biological Ref. Interval
<b>ALT (SGPT)</b> <i>UV with P5P, IFCC</i>	18.0	U/L	0 - 50
<b>AST (SGOT)</b> <i>UV with P5P</i>	21.0	U/L	17 - 59
<b>GGT (Gamma Glutamyl Transferase)</b> <i>L-y-Glytamyl-p-nitroanilide</i>	19.0	U/L	15 - 73
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer, IFCC</i>	63.0	U/L	38 - 126
<b>Total Bilirubin</b> <i>Azobilirubin chromophores</i>	0.50	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>	0.30	mg/dL	0.0 - 1.1
<b>Delta Bilirubin</b> <i>Calculated</i>	0.10	mg/dL	0.0 - 0.2
<b>Total Protein</b> <i>Copper tartrate to colour complex</i>	7.30	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green Method</i>	4.20	g/dL	3.5 - 5.0
<b>Globulin</b> <i>Calculated</i>	3.10	g/dL	2.3 - 3.5
<b>A/G Ratio</b> <i>Calculated</i>	1.35		1.3 - 1.7

Dr. C. Shrinivasan..

M.D ( Pathology )(G-18341]

Consultant Pathologist

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Ref. By : Dr. RMO . STERLING...	Collected on : 27-Feb-2025 09:37	Printed On : 27-Feb-2025 16:14
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodara)

**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**
**Immunoassay**

Test	Result	Unit	Biological Ref. Interval
<b>Prostate Specific Ag. (PSA), Total</b>	0.48	ng/mL	Upto 2.0 ng/mL

PSA is a glycoprotein that is expressed by both normal and neoplastic prostate tissue and is prostate tissue specific and not prostate cancer specific. PSA is constantly expressed in nearly all prostate cancers, although its level of expression on a per cell basis is lower than in normal prostate epithelium. The absolute value of serum PSA is useful for determining the extent of prostate cancer and assessing the response to prostate cancer treatment; its use as a screening method to detect prostate cancer is also common.

**Interpretation**
**Increased in**

- Prostate disease (Cancer, Prostatitis, Benign prostatic hyperplasia, Acute urinary retention)
- Manipulations (Cystoscopy, Needle biopsy, Radiation therapy, Indwelling catheter, Prostatic massage)
- Transurethral resection
- Prostatic ischemia

**Decreased in**

- Castration
- Prostatectomy
- Radiation therapy
- Ejaculation within 24 - 48 hours
- 5-alpha-reductase inhibitor reduces PSA by 50% after 6 months in men without cancer

**Limitations**

- PSA has been recommended by the American Cancer Society for use in conjunction with a DRE for early detection of prostate cancer starting at the age of 50 years for men with at least 10-year life expectancy
- PSA levels that are measured repeatedly over time may vary because of biologic variability where the true PSA level in a given man is different on different measurements.
- A change in PSA of >30% in man with a PSA initially below 2.0 ng/mL was likely to indicate a true change beyond normal random variation.


**Dr. Kajal Parmar**

MD







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		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**
**Thyroid Function Tests**

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <small>CLIA</small>	1.59	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <small>CLIA</small>	10.90	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <small>Chemiluminescence</small>	1.917	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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 M.D ( Pathology ) [G-18341]  
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Ref. Id : 303667 / 2833767	Collected at : SAWPL	Location : BNo./
Ref. By : Dr. RMO . STERLING...	Collected on : 27-Feb-2025 09:37	Approved on : 27-Feb-2025 13:32 Status : Final
	Sample Type : Urine	Printed On : 27-Feb-2025 16:14
		Process At : 75 - Sterling Hospital, Race course (Vadodara)

**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**
**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>	1.025		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>	Present (+++)		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)	>100	/hpf	0 - 2
Pus Cells	3-5	/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 -----



Dr. Kajal Parmar

MD

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MAR 2024-MAR 2025

INDIA

Patient Id : RCR-303667

Age : 42Y 8M 12D

Ref. Doctor : DR. RMO . STERLING

 Sterling<sup>®</sup>  
HOSPITALS

Race Course Road, Vadodara

Report Date: 27 Feb 2025 - 12:24 PM

Patient Name : BARMA AJAYA KUMAR

Sex : Male

Study Date : 27 Feb 2025 - 10:55 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





21-02-2025 10:06:37 AM

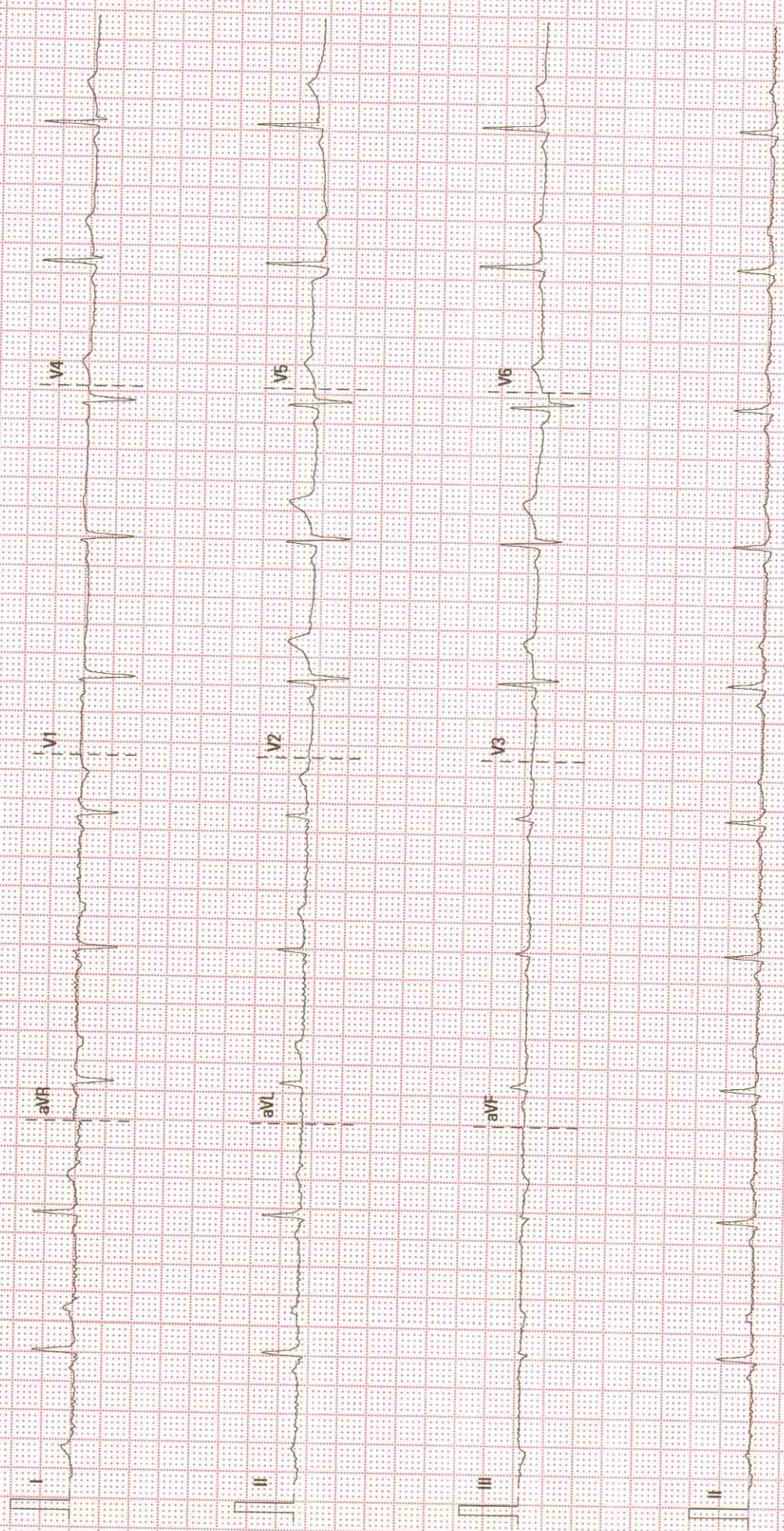
ID: 2025022110054891  
Name: ajayakumar barma  
Age: 42 Years  
Gender: Male

Vent. Rate 63 bpm  
PR Interval 140 ms  
QRS Duration 86 ms  
QT/QTc Interval 386/391 ms  
P/QRS/T Axes 41/21/1 deg  
QTc: Hodges

Sinus rhythm  
Inferior T wave abnormality is nonspecific  
Borderline ECG

Unconfirmed Diagnosis

Tals



25 mm/s 10 mm/mV 50 Hz BPR 20 Hz





## 2D ECHOCARDIOGRAPHY REPORT



**Sterling**<sup>R</sup>  
HOSPITALS

Race Course Road, Vadodara

Name: Mr. AJAYA KUMAR BARMA  
Age: 42 Years  
Sex: M  
Date: 27-Feb-2025

Ref By: HCP  
Study: 2D Echo

### M-MODE:

IVS	10mm	LVDD	48mm
PW	10mm	LVDS	23mm
LA	34mm	LV EF	60 %

### DOPPLER STUDY:

MITRAL	E 0.56 A 0.86
AORTIC	1.56
TRICUSPID	N
PULMONARY	N

### CONCLUSION :

- NORMAL SIZED CHAMBERS
- NORMAL LV SYSTOLIC FUNCTION LVEF 60 %
- NO RWMA AT REST
- GRADE I DIASTOLIC DYSFUNCTION
- NORMAL RA/RV WITH NORMAL RV SYSTOLIC FUNCTION
- MILD TR , NO PAH
- TRIVIAL MR , NO MS
- 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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MAR 2024-MAR 2025

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HOSPITALS

Race Course Road, Vadodara

Report Date: 27 Feb 2025 - 01:00 PM

Patient Id : RCR-303667

Patient Name : BARMA AJAYA KUMAR

Age : 42Y 8M 12D

Sex : Male

Ref. Doctor : DR. RMO . STERLING

Study Date : 27 Feb 2025 - 12:47 PM

## ULTRASOUND OF ABDOMEN AND PELVIS

### FINDINGS

**Liver is normal in size and shows bright echotexture- fatty infiltration.** No focal lesion seen. No IHBR dilatation. **Portal vein** and **CBD** appear normal.

**Gall bladder** is partially distended and shows normal wall thickness. No evidence of calculus or mass lesion seen. No pericholecystic fluid.

Visualized **pancreas** appears normal.

**Spleen** appears normal in size and shows normal echotexture. No focal lesion seen.

**Both kidneys** are normal in size. There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained.

**Urinary bladder** is well distended and shows normal wall. No calculus or mass lesion is seen.

**Prostate measures ~ 33 cc** normal in echotexture. No focal mass is seen.

No evidence of ascites seen.

### IMPRESSION

- **Mild fatty liver (Grade I).**
- **Mild prostatomegaly.**
- **No other significant abnormality.**

*Palak*

**Dr. Palak Nandolia**  
Consultant Radiologist

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