



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: JIGISHA P AGRAWAL	
SH No: 300590	Date: 09/11/2024
Age: 29	Gender: FEMALE

ASSESSMENT:

- C/O: SEASON CHANGES COUGH OCCURS , OCCASIONAL HEADACHE , OCCASIONAL DIZZINES DURING PERIODS , WHITE PRODUCTIVE COUGH , REDUCED DAYS OF BLEEDING DURING PERIODS
- P/H/O HOSPITALIZATION: TYPHOID(2010)(15 DAYS)
- F/H/O: HYPERTENSION (FATHER)
- DENTAL ASSESSMENT: CHRONIC GENERALISED GINGIVITIS
- LOW HB(9.9) , LOW HEMATOCRIT(32.6), LOW MCV(75.7), LOW MCH(23), LOW MCHC(30.4) , HIGH RDW CV(16.60)
- HIGH ESR(41)
- BORDERLINE HIGH FBS(101)
- LOW BLOOD UREA NITROGEN (6.07), LOW SERUM UREA(13), LOW SERUM CREATININE(.50)
- LOW A/G RATIO(1.27)
- URINE R/M: LOW SPECIFIC GRAVITY(1)
- ECG:T INVERSION IN L3

ADVISED:

- PLENTY OF LIQUIDS
- IRON RICH DIET
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE.
- CORRECTION OF ANAEMIA AND WORK UP
- OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- DENTAL ADVICE : FOLLOW ADVICE
- GYNAC CONSULTATION
- PHYSICIAN CONSULTATION

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

DR. JAY S PANDIT

Prevention & Rehabilitation Dept

Hospital Address: Sterling Hospitals, Race Course Road, Opp. Inox Cinema Hari Nagar, Circle West, Vadodara – 390007, Gujarat, India | Call: 0265-6144111, 0265-2354455, 98 98 98 78 78
www.sterlinghospitals.com | info@sterlinghospitals.com

Registered Office: Sterling Addlife India Private Limited | CIN U85110GJ2000PTC039121
Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad-380052, Gujarat, India





**HEALTH CHECK UP
MEDICAL EXAMINATION**

Name : Sigobha P. Agrawal Employee ID : _____
Company Name : _____ Age : 29 Sex : MF
Height : 161 cms. Weight : 60.7 Kgs BMI : 23.4 Blood Group : _____
Name of HO / Registrar taking History : Dr Jay S Pandit

Allergies : None Yes (If Yes, describe)

Drugs/Food/Latex/Dyes/Contrast/Other	Reaction
1. <u>1</u>	<u>1</u>
2. <u>1</u>	<u>1</u>
3. <u>1</u>	<u>1</u>

Chief Complaints : 1 No recurrent chest cough.

Physical Examination :

Vital Signs :

Temp : Absent F SPO₂ : 99 Pulse : 91 /min R/R : 18 /min B.P. : 100/70 mm Hg

Past History :

If Hypertension, since On Medication 1) <u>1</u> 2) <u>1</u> 3) <u>1</u>	If Diabetes, since On Medication 1) <u>1</u> 2) <u>1</u> 3) <u>1</u>
If Ischaemic Heart Disease since On Medication 1) <u>1</u> 2) <u>1</u> 3) <u>1</u>	Under Treatment Dr. <u>1</u>
Under Treatment of Dr. <u>1</u> Any Intervention done <u>1</u>	If Tuberculosis, When <u>1</u> Any Other P/H <u>1</u>
P/H of Operation Diagnosis : <u>1</u> Name of Operation : <u>1</u> Year of Operation : <u>1</u>	Any Other Medication <u>1</u>
Others <u>1</u>	P/H of Hospitalization Diagnosis : <u>1</u> Year : <u>2013</u> Duration : <u>15 days</u> Blood Transfusion History : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Year : <u>1</u>

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

FOR FEMALES :

 Obstetric History : L.D. h.m.p 26/10/2024
 Abortion :
 Others :

General Examination :

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

General Examination :
Head : NSF o/c Headache

Injuries (Specify if any) :

Eyes : NSF glaucoma for cataract vision, redness

- 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
- Syncope Yes No
- Cooperative Yes No
- Suicidal attempt Yes No
- Oriented Yes No
- Reaction: Brisk Sluggish No response
- LOC: Alert Confused Sedated
- Speech: Clear Slurred
- Memory changes Yes No
- Seizures Yes No
- Anxiety Yes No
- Any psychiatric illness NO
- Dizziness Yes No
- Paralysis Yes No if yes R L
- Depression Yes No
- if disoriented, to Person Place Time

occ. decem. Anxiety

Respiratory : NSF

- Lung sounds: clear
- Dyspnoea: None With activity At rest Lying down Retractions
- Cough: None Non-productive Productive - colour white
- 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
- Distension Yes No
- Pain Yes No
- Colostomy Yes No
- Nausea Yes No
- Heartburn Yes No
- Rectal Bleeding Yes No
- Ileostomy Yes No
- Vomiting Yes No
- Flatus 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 NAD

Genitorurinary : NSF

 Colour of Urine Pale yellow Frequency Steadily

 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

*Reduced desire for
 intercourse
 bleeding days and
 nights*

Breasts NA NSF

 Breast Feeding Yes No Lumps Yes No

Positive Finding & Advice

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Sterling Addlife India Limited
Upstaring Hospital Vadodara
Upstaring Hospital Vadodara
Upstaring Hospital Vadodara
 VADODARA - 390 007.

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:

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	-4.25	-0.25	70°	-3.25	-0.5	90°
Near	-	-	-	-	-	-

Type of glass:

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
09/11/2024

Dental Assessment Form

Name: Jigisha P Agrawal

Age/Sex: 29 years/Female

UHID No: 300590

Patient has come for a regular check up.

On examination:

- Calculus+
- Dental caries with pulp involvement in grossly destructed tooth with respect to 16
- Crowding and forwardly inclined upper and lower anteriors seen
- Mild recession seen

Provisional diagnosis:

- Chronic generalized gingivitis

Treatment plan:

- RCT followed by post and core and crown with respect to 16
- Orthodontic consultation for correction of crowding in anteriors

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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Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Ms. Jigisha Prakashchandra Agrawal	Lab Id	: 112407500786	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 29 Y 22-Apr-1995	Registration on	: 09-Nov-2024 08:47	Location	: Main BNo./
Ref. Id	: 300590 / 2817533	Collected at	: SAWPL	Approved on	: 09-Nov-2024 13:04 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 08:50	Printed On	: 09-Nov-2024 13:43
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Hemoglobin	L 9.9	g/dL	12.0 - 16.0
RBC Count	4.30	million/cmm	3.8 - 4.8
Hematocrit	L 32.6	%	36 - 48
MCV	L 75.7	fL	83 - 101
MCH	L 23.0	pg	26.4 - 33.2
MCHC	L 30.4	g/dL	31.8 - 35.9
RDW CV	H 16.60	%	11.6 - 14

Total WBC and Differential Count

WBC count	SF Cube cell analysis	4970	/cmm	4000 - 10000
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Differential Count

Cell Type	Count	%	Ref. Interval	Absolute Count
Neutrophils	55	%	40 - 80	2734 /cmm 2000 - 6700
Lymphocytes	31	%	20 - 40	1541 /cmm 1000 - 3000
Eosinophils	06	%	1 - 6	298 /cmm 20 - 500
Monocytes	08	%	2 - 10	398 /cmm 200 - 1000
Basophils	0	%	0 - 2	0 /cmm 0 - 100

Platelet Count

Platelet Count	Electrical impedance	354000	/cmm	150000 - 410000
MPV	Calculated	10.30	fL	7.5 - 10.3

Peripheral Smear Examination

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

Dr. C. Shrinivasan..

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

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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 41	mm/1hr	0 - 21
Differential Count			Absolute Count

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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		

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Sex/Age	: Female / 29 Y 22-Apr-1995	Registration on	: 09-Nov-2024 08:47	Location	: Main / BNo./
Ref. Id	: 300590 / 2817533	Collected at	: SAWPL	Approved on	: 09-Nov-2024 10:35 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 08:50	Printed On	: 09-Nov-2024 13:43
		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 <i>GOD-POD</i>	H 101.0	mg/dL	74 - 100
Fasting Urine Glucose <i>GOD-POD</i>	Absent		Absent
Fasting Urine Ketone <i>Nitroprusside</i>	Absent		Absent

	Fasting Blood Glucose*	Postprandial Blood Glucose #	Random Blood Glucose
Normal	< 100 mg/dL	< 140 mg/dL	< 140 mg/dL
Prediabetic	100 – 125 mg/dL	140 – 199 mg/dL	140 – 199 mg/dL
Diabetic	>/=126 mg/dL	>/= 200 mg/dl	>/= 200 mg/dl

* Fasting is defined as no caloric intake for more than 8 hours

The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75 g anhydrous glucose dissolved in water.

Criteria for Diagnosis of Diabetes:

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

(With symptoms of hyperglycemia or hyperglycemic crisis)

In the absence of unequivocal hyperglycemia, diagnosis of DM using A1C, FPG or 2-h OGTT requires two abnormal test results from the same sample or in two separate samples.

References:

1. American diabetes association. Standards of medical care in diabetes 2024
2. National Library of Medicine – National Institute of Health (USA) – Diabetes Mellitus
3. World Health Organization – Factsheet on Diabetes – Prevention and treatment


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Ref. Id	: 300590 / 2817533	Collected at	: SAWPL	Approved on	: 09-Nov-2024 12:19 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 11:15	Printed On	: 09-Nov-2024 13:43
		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>	95	mg/dL	70 - 140
Post-breakfast Urine Glucose <i>GOD-POD</i>	Absent		Absent
Post Breakfast Urine Ketone <i>Nitroprusside</i>	Absent		Absent


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Ref. Id	: 300590 / 2817533	Collected at	: SAWPL	Approved on	: 09-Nov-2024 11:40 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 08:50	Printed On	: 09-Nov-2024 13:43
		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	5.60	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	114.02	mg/dL	For Diabetic Patient: Poor Control : $> 7.0\%$; Good Control : 6.0-7.0%

Description:

- Total haemoglobin A1c 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: 11:10 AM

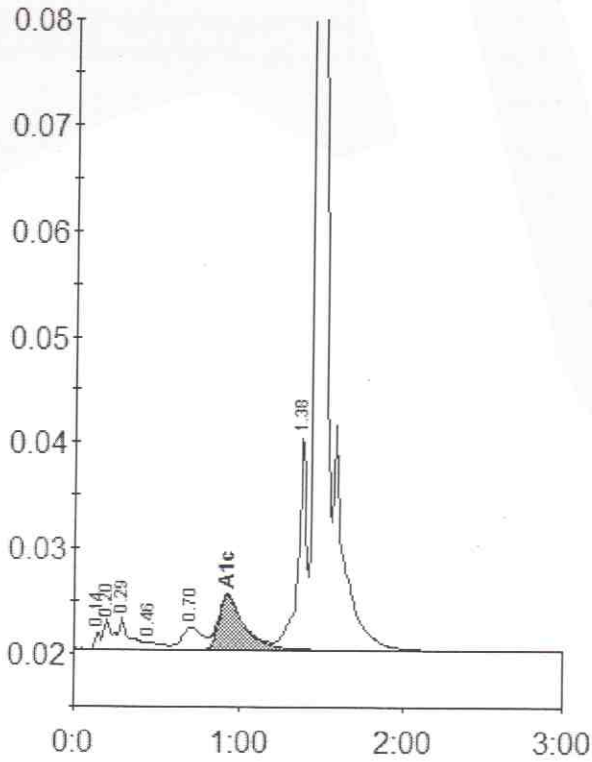
S/N: #DJ8G550303 Software version: 4.30-2

Sample ID: 112407500786

Injection date 09/11/2024 11:10 AM

Injection #: 5 Method: HbA1c

Rack #: --- Rack position: 5



Peak table - ID: 112407500786

Peak	R.time	Height	Area	Area %
Unknown	0.14	1666	3919	0.3
A1a	0.20	2761	10814	0.9
A1b	0.29	2999	12980	1.0
F	0.46	694	4740	0.4
LA1c/CHb-1	0.70	2166	19698	1.6
A1c	0.93	5166	54797	5.6
P3	1.38	20389	76631	6.1
A0	1.45	381219	1075254	85.4
Total Area:		1258833		

Concentration:	%
A1c	5.6





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		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase – Peroxidase</i>	162.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPa/POD)</i>	83.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl₂</i>	40.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	99.00	mg/dL	Optimal: <100 Near to above Optimal: 100–129 Borderline High: 130-159 High: 160–189 Very High: =190
VLDL <i>Calculated</i>	16.60	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	4.0		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	2.5		Up to 3.5


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 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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Passport No :

LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Ms. Jigisha Prakashchandra Agrawal Sex/Age : Female / 29 Y 22-Apr-1995 Ref. Id : 300590 / 2817533 Ref. By : Dr. RMO . STERLING...	Lab Id : 112407500786 Registration on : 09-Nov-2024 08:47 Collected at : SAWPL Collected on : 09-Nov-2024 08:50 Sample Type : Serum	Pt. Type : Sterling Hospital Vadodara Health Checkup Main Location : BNo./ Approved on : 09-Nov-2024 10:31 Status : Interim Printed On : 09-Nov-2024 13:43 Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	3.30	mg/dL	2.5 - 6.2
Blood Urea Nitrogen <i>Calculated</i>	L 6.07	mg/dL	7.0 - 17.0
Urea <i>Urease, Colorimetric</i>	L 13.0	mg/dL	15.0 - 36.4
Creatinine, serum <i>Creatinine Amidohydrolase</i>	L 0.50	mg/dL	0.52 - 1.04
BUN Creatinine Ratio <i>Calculated</i>	12.14		
Urea Creatinine Ratio <i>Calculated</i>	26.00		


Dr. C. Shrinivasan..

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

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Patient Information		Sample Information		Location Information	
Name	: Ms. Jigisha Prakashchandra Agrawal	Lab Id	: 112407500786	Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Female / 29 Y 22-Apr-1995	Registration on	: 09-Nov-2024 08:47	Location	: BNo./
Ref. Id	: 300590 / 2817533	Collected at	: SAWPL	Approved on	: 09-Nov-2024 10:39 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 08:50	Printed On	: 09-Nov-2024 13:43
		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>	28.0	U/L	0 - 35
AST (SGOT) <i>UV with P5P</i>	29.0	U/L	14 - 36
GGT (Gamma Glutamyl Transferase) <i>L-y-Glytamyl-p-nitroanilide</i>	12.0	U/L	12 - 43
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	59.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	0.40	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>	0.10	mg/dL	0.0 - 1.1
Delta Bilirubin <i>Calculated</i>	0.20	mg/dL	0.0 - 0.2
Total Protein <i>Copper tartrate to colour complex</i>	7.50	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	4.20	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	3.30	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	L 1.27		1.3 - 1.7

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LABORATORY TEST REPORT



Patient Information	Sample Information	Location Information
Name : Ms. Jigisha Prakashchandra Agrawal Sex/Age : Female / 29 Y 22-Apr-1995 Ref. Id : 300590 / 2817533 Ref. By : Dr. RMO . STERLING...	Lab Id : 112407500786 Registration on : 09-Nov-2024 08:47 Collected at : SAWPL Collected on : 09-Nov-2024 08:50 Sample Type : Serum	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 09-Nov-2024 10:39 Status : Interim Printed On : 09-Nov-2024 13:43 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>	1.55	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <small>CLIA</small>	9.90	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <small>Chemiluminescence</small>	1.5430	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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Name	: Ms. Jigisha Prakashchandra Agrawal	Lab Id	: 112407500786	Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
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Ref. Id	: 300590 / 2817533	Collected at	: SAWPL	Approved on	: 09-Nov-2024 10:39 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 08:50	Printed On	: 09-Nov-2024 13:43
		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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LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Ms. Jigisha Prakashchandra Agrawal	Lab Id	: 112407500786	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 29 Y 22-Apr-1995	Registration on	: 09-Nov-2024 08:47	Location	: Main BNo./
Ref. Id	: 300590 / 2817533	Collected at	: SAWPL	Approved on	: 09-Nov-2024 10:51 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 08:50	Printed On	: 09-Nov-2024 13:43
		Sample Type	: Urine	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
URINE ROUTINE EXAMINATION

Test	Result	Unit	Biological Ref. Interval
Physical & Chemical (Dip strip) examination			
Colour	Pale Yellow		Pale Yellow
pH <i>Double Indicator</i>	6.0		5.5 - 7.0
Specific Gravity <i>Polyelectrolyte based reaction</i>	L 1.000		1.015 - 1.025
Protein <i>Protein error of indicators</i>	Absent		Absent
Glucose <i>GOD-POD</i>	Absent		Absent
Ketone <i>Nitroprusside</i>	Absent		Absent
Blood <i>Peroxidase like reaction</i>	Absent		Absent
Bilirubin <i>Diazo reaction</i>	Absent		Absent
Leucocytes <i>Esterase reaction</i>	Absent		Absent
Nitrite <i>p-arsanilic acid to diazonium compound</i>	Absent		Absent
Microscopic Examination			
Erythrocytes (RBCs)	Absent	/hpf	0 - 2
Pus Cells	Occasional	/hpf	0 - 5
Epithelial Cells	Scanty	/hpf	
Crystals	Absent		Absent
Casts	Absent		Absent
Bacteria	Absent		Absent
Amorphous Material	Absent		Absent
Yeast	Absent		Absent

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

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Report Date: 09 Nov 2024 - 10:12 AM

Patient Id	: RCR-300590	Patient Name	: AGRAWAL JIGISHA PRAKASHCHANDRA
Age	: 29Y 6M 18D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 09 Nov 2024 - 09:31 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.
Any thorax under vision appears normal.

CONCLUSION:

No significant chest abnormality detected.



Dr. Shilpi Gupta MD
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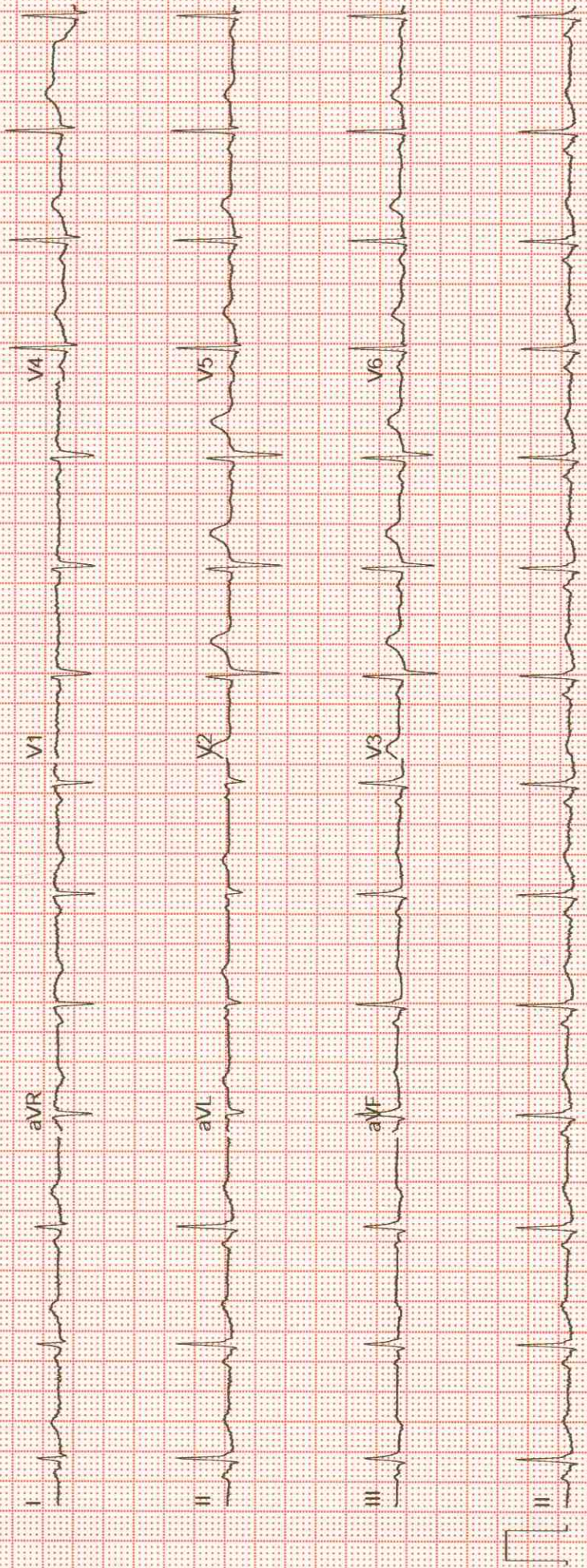
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Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad-380052, Gujarat, India



77/63

29 Years
Female

QRS	76 ms
QT / QTcBaz	376 / 436 ms
PR	124 ms
P	104 ms
RR / PP	736 / 740 ms
P / QRS / T	49 / 67 / 28 degrees





Patient Id	: RCR-300590	Patient Name	: AGRAWAL JIGISHA PRAKASHCHANDRA
Age	: 29Y 6M 18D	Sex	: Female
Ref. Doctor	: DR.RMO.STERLING	Study Date	: 09 Nov 2024 - 10:12 AM

SONOGRAPHY OF WHOLE ABDOMEN: -

LIVER: Liver appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicals appear normal. Portal vein is normal in caliber at porta & shows hepatopetal blood flow.

GALL BLADDER: Gall bladder is distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. CBD appears normal (4.1 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 11.9 x 4.3 cm

Left kidney measures 11.4 x 4.9 cm

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

URINARY BLADDER: Bladder is normally distended and appears unremarkable.

UTERUS: Uterus is anteverted & appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 7.2 mm. No evidence of intrauterine pregnancy or uterine mass lesion is seen.

OVARIES: Both ovaries appear normal in size, shape and position. No evidence of solid or cystic ovarian mass lesion is seen on either side.

No evidence of ascites, lymphadenopathy is seen.

Mild gaseous distention of bowel loops is seen.

CONCLUSION:

No significant abdominal abnormality detected.

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



BRUCE
ID: 000300590

29 years
Caucasian
Female

9 Nov 2024
10:47:49

Referred by: HCP
Test ind:

Total Exercise time: 6:30
Max HR: 182bpm 95% of max predicted 191bpm
Max BP: 130/80
Maximum workload: 7.7 METS
Reason for Termination: THR ACHIEVED
Comments: GOOD EFFORT TOLERANCE
NORMAL HR AND BP RESPONSE
NO ANGINA OR ARRHYTHMIAS
NO ST-T CHANGES SEEN DURING EXERCISE OR RECOVERY
TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA
DR KAUSHIK PRIVEDI, CARDIOLOGIST

25.0 mm/s
10.0 mm/mV
100Hz

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	1:32	***	***	1.0	93	120/80	112
	STANDING	0:21	***	***	1.0	91	120/80	109
	HYPERTENT	0:46	0.8	0.0	1.2	103	120/80	124
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	166	120/80	199
	STAGE 2	3:00	2.5	12.0	7.0	177	130/80	230
	STAGE 3	0:30	3.4	14.0	7.7	182	130/80	237

Technician:

STERLING HOSPITAL, VADODARA

Unconfirmed

MAC55 009C

Dr. W.