



HEALTH CHECK-UP SUMMARY

Name: AJAY PANWAR	
SH No: 296980	Date: 26/10/2024
Age: 29	Gender: MALE

ASSESSMENT:

- P/H/O: ANAL FISSURE
- P/H/O OPERATION : CIRCUMCISION (2023)
- C/O: RASHES ON B/L LIMB , OCCASIONAL DIZZINESS , OCCASIONAL ANXIETY , ACIDITY
- ENT EXAMINATION : LEFT EAR WAX PRESENT
- HIGH RDW CV(14.80)
- LOW BLOOD UREA NITROGEN (8.41) , LOW BLOOD UREA(18)
- HIGH T3 , TOTAL(1.60)
- URINE R/M: LOW SPECIFIC GRAVITY(1.010)
- ECG: LOW VOLTAGE

ADVISED:

- PLENTY OF LIQUIDS
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE.
- OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- ENT ADVICE:FOLLOW ADVICE
- PHYSICIAN CONSULTATION
- DERMATOLOGIST 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 : Ajay Panwar Employee ID : \_\_\_\_\_  
Company Name : \_\_\_\_\_ Age : 29 Sex : M/F  
Height : 173 cms. Weight : 69.1 Kgs BMI : 23.08 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.	
2.	
3.	

Chief Complaints :  
P/H/O - Anal fissure.  
Pain on B/L limb (fingers)

Physical Examination :  
Vital Signs :  
Temp : 98.6 °F SPO<sub>2</sub> : 99 Pulse : 77 /min R/R : 18 /min B.P. : 110/70 mm Hg

**Past History :**

If Hypertension, since On Medication 1)..... 2)..... 3).....	If Diabetes, since On Medication 1)..... 2)..... 3).....
If Ischaemic Heart Disease since On Medication 1)..... 2)..... 3).....	Under Treatment Dr. ....
Under Treatment of Dr. ....	If Tuberculosis, When .....
Any Intervention done .....	Any Other P/H .....
P/H of Operation Diagnosis <u>Cirrhosis</u> Name of Operation <u>(2023)</u> Year of Operation : .....	Any Other Medication .....
Others .....	P/H of Hospitalization .....
	Diagnosis : .....
	Year : .....
	Duration : .....
	Blood Transfusion History : Yes <input checked="" type="checkbox"/> No
	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	} NAD	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	} NAD	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.....  
 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 NO
- Oriented  Yes  No if disoriented, to  Person  Place  Time
- Reaction:  Brisk  Sluggish  No response
- LOC :  Alert  Confused  Sedated
- Speech :  Clear  Slurred

Respiratory :  NSF

- A F B E clear*
- Lung sounds : .....
  - 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
- Mildly*

**Bowel**

- Diarrhoea  Constipation  Incontinence  Blood in stool  None
  - Pain  Yes  No Place ..... Hemorrhoids  Yes  No
  - Frequency of stool 2 firm/dy
  - Interventions :  None • Laxatives  Yes  No Type ..... Frequency .....
- MAID*

**Genitorurinary :**  NSF

Colour of Urine White Frequency 6-7/days  
 Pain  Yes  No Burning  Yes  No Itching  Yes  No  
 Urgency  Yes  No Incontinence  Yes  No  
 Nocturia  Yes  No Urostomy  Yes  No  
 History of calculi  Yes  No History of UTI  Yes  No  
 Foleys Catheter  Yes  No Date of Insertion \_\_\_\_\_

**Reproductive :**  NA  NSF

LMP \_\_\_\_\_ Regular / Irregular \_\_\_\_\_  
 Dysmenorrhea  Yes  No Amenorrhea  Yes  No if yes, Duration \_\_\_\_\_  
 Menopausal  Yes  No if yes, Duration \_\_\_\_\_  
 Vaginal discharge  Yes  No Itching  Yes  No  
**Breasts**  NA  NSF  
 Breast Feeding  Yes  No Lumps  Yes  No

**Positive Finding & Advice**

.....  
 .....  
 .....

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 Unit - Sterling Hospital Vadodara  
 Racecourse Circle, (West)  
 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

SIGNIFICANT HISTORY:

PAST HISTORY:

Refractive Error:

Any Surgery:

Color Blind:

Diabetes:

Hypertension:

Any Treatment:

EXAMINATION OF EYES:

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

PRESCRIPTION OF GLASSES:

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

Type of glass:

ADVICE: Hypertension & Xrd.

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VADODARA - 390 007.

**DR MAYA PATEL**  
(OPHTHALMOLOGIST)





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

**COMPLAINTS:**

— new do for more cold  
mint

**EXAMINATION OF EARS:**

**Local Examination:**

— nfo  
Tympanic Membrane:  
eard (H) mnt (H)

**EXAMINATION OF NOSE:**

**Local Examination:**

— nfo

**THROAT & LARYNX:**

— Reflexive pharynx (H)

**LARYNGOSCOPIC EXAMINATION:**

— nfo  
Tus. peribond DS12  
1-50/17

Soliman Endouy  
Sterling Addlife India Limited  
Unit-Sterling Hospital Vadodara  
Race Course Circle, (West)  
VADODARA - 390 007  
DR. NAVNIT MAKWANA  
ENT SURGEON





Passport No :

**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
Name : <b>Mr. Ajay . Panwar</b>	Lab Id : <b>102407502632</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : <b>Male / 29 Y</b> 05-Apr-1995	Registration on : 26-Oct-2024 09:29	Location : Main BNo./
Ref. Id : 296980 / 2815877	Collected at : SAWPL	Approved on : 26-Oct-2024 12:47 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 26-Oct-2024 09:38	Printed On : 26-Oct-2024 15:06
	Sample Type : EDTA blood	Process At : 75 - Sterling Hospital, Race course (Vadodar

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

Test	Result	Unit	Biological Ref. Interval
Hemoglobin Colorimetric	15.7	g/dL	13.0 - 16.5
RBC Count Electrical impedance	5.23	million/cmm	4.5 - 5.5
Hematocrit Calculated	47.1	%	40 - 49
MCV Derived	90.1	fL	83 - 101
MCH Calculated	29.9	pg	27.1 - 32.5
MCHC Calculated	33.2	g/dL	32.5 - 36.7
RDW CV Calculated	<b>H 14.80</b>	%	11.6 - 14

**Total WBC and Differential Count**

WBC count	Result	Unit	Biological Ref. Interval
WBC count SF Cube cell analysis	5440	/cmm	4000 - 10000


  

Differential Count	Result	Unit	Biological Ref. Interval	Absolute Count
Neutrophils Microscopic	45	% 40 - 80		2448 /cmm 2000 - 6700
Lymphocytes Microscopic	46	% 20 - 40		2502 /cmm 1000 - 3000
Eosinophils Microscopic	01	% 1 - 6		54 /cmm 20 - 500
Monocytes Microscopic	08	% 2 - 10		435 /cmm 200 - 1000
Basophils Microscopic	00	% 0 - 2		0 /cmm 0 - 100

**Platelet Count**

Platelet Count	Result	Unit	Biological Ref. Interval
Platelet Count Electrical impedance	364000	/cmm	150000 - 410000
MPV Calculated	8.50	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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**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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**MEDI WHEEL FULL BODY ANNUAL PLUS**

**Complete Blood Count**

Test	Result	Unit	Biological Ref. Interval
<b>Erythrocytes Sedimentation Rate</b>			
ESR <small>Capillary photometry</small>	3	mm/1hr	0 - 14

**Differential Count**

**Absolute Count**

  
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**MEDI WHEEL FULL BODY ANNUAL PLUS**
**Blood Group**

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


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Sex/Age	: Male / 29 Y 05-Apr-1995	Registration on	: 26-Oct-2024 09:29	Location	: Main BNo./
Ref. Id	: 296980 / 2815877	Collected at	: SAWPL	Approved on	: 26-Oct-2024 10:51 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 09:38	Printed On	: 26-Oct-2024 15:06
		Sample Type	: Serum, Urine	Process At	: 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**

Test	Result	Unit	Biological Ref. Interval
<b>Fasting Blood Glucose</b> <i>GOD-POD</i>	83.0	mg/dL	74 - 100
<b>Fasting Urine Glucose</b> <i>GOD-POD</i>	Absent		Absent
<b>Fasting Urine Ketone</b> <i>Nitroprusside</i>	Absent		Absent

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

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

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

**Criteria for Diagnosis of Diabetes:**

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

(With symptoms of hyperglycemia or hyperglycemic crisis)

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

**References:**

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


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Ref. Id : 296980 / 2815877	Collected at : SAWPL	Approved on : 26-Oct-2024 14:28 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 26-Oct-2024 11:54	Printed On : 26-Oct-2024 15:06
	Sample Type : Fluoride	Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**

Test	Result	Unit	Biological Ref. Interval
<b>Post-breakfast Blood Glucose</b> <i>GOD-POD</i>	115	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

**Dr. Kajal Parmar**  
MD

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	Sample Type : EDTA blood	Process At : 75 – Sterling Hospital, Race course (Vadodar

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

Test	Result	Unit	Biological Ref. Interval
HbA1c	5.20	%	For Screening: Diabetes: $\geq 6.5\%$ ; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	102.54	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


**Dr. Kajal Parmar**  
 MD

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tests marked with # are referred tests



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# Patient report

**Sterling**  
HOSPITALS

Bio-Rad DATE: 26/10/2024

D-40 TIME: 01:06 PM

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

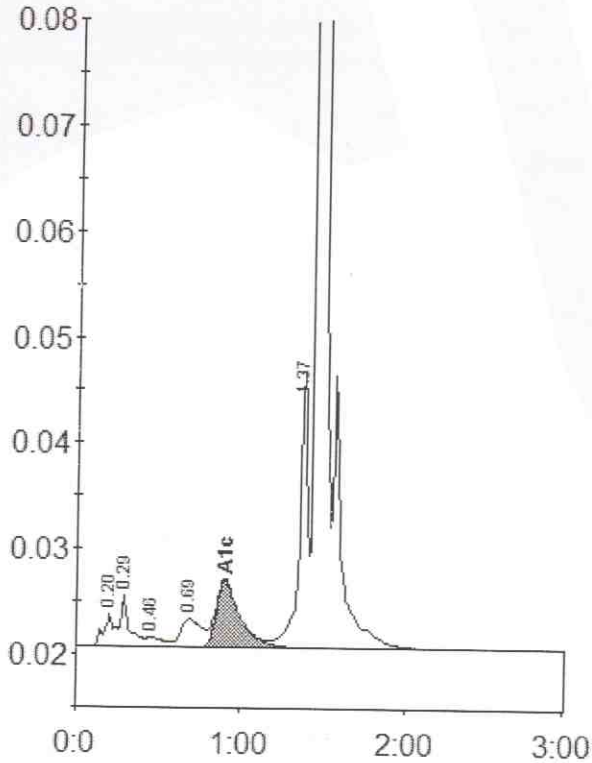
Sample ID: 102407502632

Injection date: 26/10/2024 01:06 PM

Injection #: 7 Method: HbA1c

Rack #: --- Rack position: 7

sterling  
**ACCURIS**  
Pathology lab that cares



Peak table - ID: 102407502632

Peak	R.time	Height	Area	Area %
A1a	0.20	3201	15636	1.0
A1b	0.29	5053	17854	1.1
F	0.46	1041	7056	0.4
LA1c/CHb-1	0.69	2685	24324	1.5
A1c	0.90	6351	64719	5.2
P3	1.37	26018	89630	5.7
A0	1.44	549141	1356781	86.1
Total Area:			1576000	

Concentration:	%
A1c	5.2





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

Test	Result	Unit	Biological Ref. Interval
<b>Cholesterol</b> <i>Cholesterol oxidase – Peroxidase</i>	172.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
<b>Triglyceride</b> <i>Ezymatic (Lipase/GK/GPo/POD)</i>	80.0	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>	100.00	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>	16.00	mg/dL	15 - 35
<b>CHOL/HDL Ratio</b> <i>Calculated</i>	3.2		Up to 5.0
<b>dLDL/HDL Ratio</b> <i>Calculated</i>	1.9		Up to 3.5


**Dr. C. Shrinivasan..**

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Sex/Age : <b>Male / 29 Y</b> 05-Apr-1995	Registration on : 26-Oct-2024 09:29	Location : Main BNo./
Ref. Id : 296980 / 2815877	Collected at : SAWPL	Approved on : 26-Oct-2024 10:52 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 26-Oct-2024 09:38	Printed On : 26-Oct-2024 15:06
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**

Test	Result	Unit	Biological Ref. Interval
<b>Uric Acid</b> <i>Uricase</i>	4.90	mg/dL	3.5 - 8.5
<b>Blood Urea Nitrogen</b> <i>Calculated</i>	L 8.41	mg/dL	9.0 - 20.0
<b>Urea</b> <i>Urease, Colorimetric</i>	L 18.0	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>	12.01		
<b>Urea Creatinine Ratio</b> <i>Calculated</i>	25.71		


**Dr. C. Shrinivasan..**

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

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**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
Name : <b>Mr. Ajay . Panwar</b>	Lab Id : <b>102407502632</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : <b>Male / 29 Y</b> 05-Apr-1995	Registration on : 26-Oct-2024 09:29	Location : Main BNo./
Ref. Id : 296980 / 2815877	Collected at : SAWPL	Approved on : 26-Oct-2024 11:44 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 26-Oct-2024 09:38	Printed On : 26-Oct-2024 15:06
	Sample Type : Serum	Process At : 75 - Sterling Hospital, Race course (Vadodar

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

Test	Result	Unit	Biological Ref. Interval
<b>ALT (SGPT)</b> <i>UV with P5P, IFCC</i>	48.0	U/L	0 - 50
<b>AST (SGOT)</b> <i>UV with P5P</i>	34.0	U/L	17 - 59
<b>GGT (Gamma Glutamyl Transferase)</b> <i>L-γ-Glutamyl-p-nitroanilide</i>	29.0	U/L	15 - 73
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer, IFCC</i>	58.0	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>	7.60	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>	2.90	g/dL	2.3 - 3.5
<b>A/G Ratio</b> <i>Calculated</i>	1.62		1.3 - 1.7


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**LABORATORY TEST REPORT**



Patient Information	Sample Information	Location Information
Name : Mr. Ajay . Panwar	Lab Id : 102407502632	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Male / 29 Y 05-Apr-1995	Registration on : 26-Oct-2024 09:29	Location : Main BNo./
Ref. Id : 296980 / 2815877	Collected at : SAWPL	Approved on : 26-Oct-2024 11:49 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 26-Oct-2024 09:38	Printed On : 26-Oct-2024 15:06
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodar


**MEDI WHEEL FULL BODY ANNUAL PLUS**

**Thyroid Function Tests**

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <small>CLIA</small>	H 1.60	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <small>CLIA</small>	8.27	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <small>Chemiluminescence</small>	1.4300	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.

  
**Dr. C. Shrinivasan..**  
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 Consultant Pathologist

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**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
Name : <b>Mr. Ajay . Panwar</b>	Lab Id : <b>102407502632</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : <b>Male / 29 Y</b> 05-Apr-1995	Registration on : 26-Oct-2024 09:29	Location : Main BNo./
Ref. Id : 296980 / 2815877	Collected at : SAWPL	Approved on : 26-Oct-2024 11:43 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 26-Oct-2024 09:38	Printed On : 26-Oct-2024 15:06
	Sample Type : Urine	Process At : 75 - Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**
**URINE ROUTINE EXAMINATION**

Test	Result	Unit	Biological Ref. Interval
<b>Physical &amp; Chemical (Dip strip) examination</b>			
Colour	Pale Yellow		Pale Yellow
pH <i>Double indicator</i>	6.0		5.5 - 7.0
Specific Gravity <i>Polyelectrolyte based reaction</i>	L 1.010		1.015 - 1.025
Protein <i>Protein error of indicators</i>	Absent		Absent
Glucose <i>GOD-POD</i>	Absent		Absent
Ketone <i>Nitroprusside</i>	Absent		Absent
Blood <i>Peroxidase like reaction</i>	Absent		Absent
Bilirubin <i>Diazo reaction</i>	Absent		Absent
Leucocytes <i>Esterase reaction</i>	Absent		Absent
Nitrite <i>p-arsanilic acid to diazonium compound</i>	Absent		Absent
<b>Microscopic Examination</b>			
Erythrocytes (RBCs)	Absent	/hpf	0 - 2
Pus Cells	Occasional	/hpf	0 - 5
Epithelial Cells	Occasional	/hpf	
Crystals	Absent		Absent
Casts	Absent		Absent
Bacteria	Absent		Absent
Amorphous Material	Absent		Absent
Yeast	Absent		Absent

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

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 Consultant Pathologist

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Vadodara : Opp. Inox, Race Course Circle (West), Vadodara - 390 007, Gujarat. Tel : 0265-235 4455

Regd. Off. : Sterling Hospital Road, Memnagar, Ahmedabad - 380 052, Gujarat. Tel : 079-4001 1111  
Presently at Ahmedabad, Vadodara, Rajkot, Gandhidham  
[info@sterlinghospitals.com](mailto:info@sterlinghospitals.com) | [www.sterlinghospitals.com](http://www.sterlinghospitals.com)

SH/134/79



Report Date: 04 Nov 2024 - 01:59 PM

Patient Id	: RCR-296980	Patient Name	: PANWAR AJAY .
Age	: 29Y 6M 21D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 26 Oct 2024 - 10:04 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.  
Pony thorax under vision appears normal.

### IMPRESSION

No significant abnormality detected.

**Dr. Palak Nandolia**  
Consultant Radiologist

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0.3 bpm  
— / — mmHg

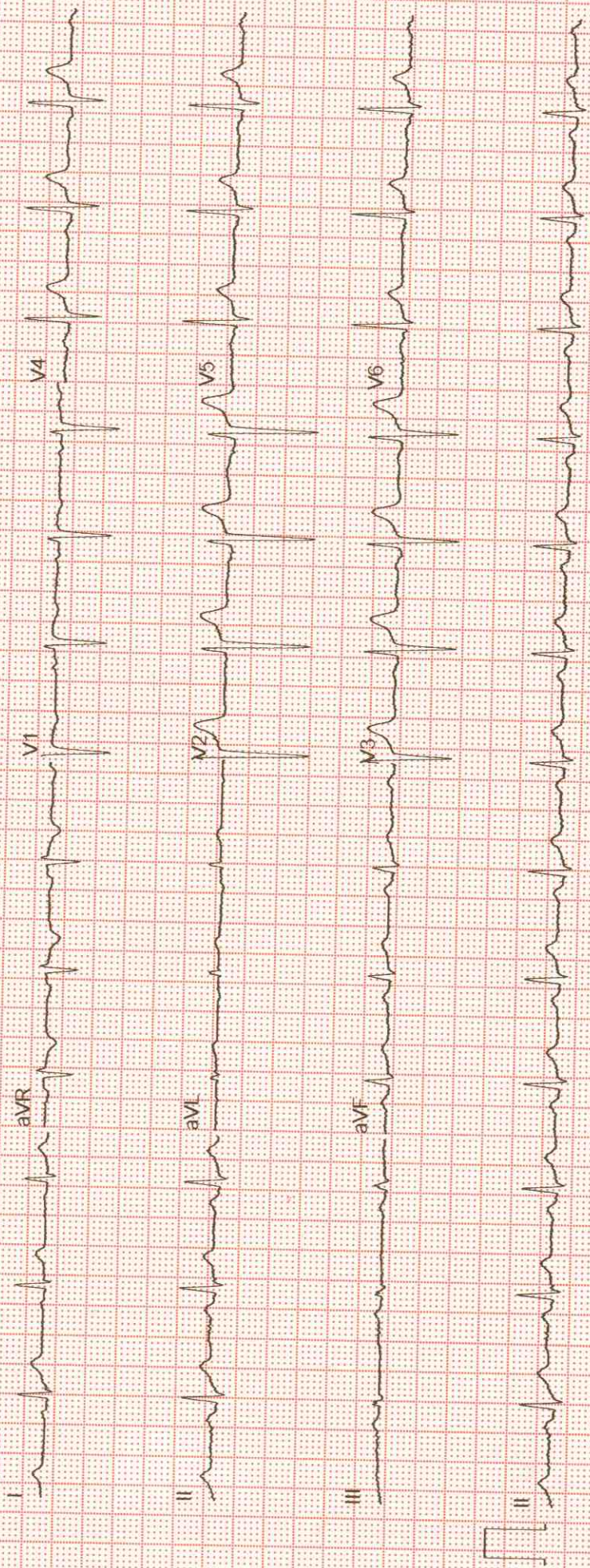
STERLING HOSPITAL  
HCP  
VADODARA

29 Years  
Male

QT / QTcBaz	332 / 390 ms
PR	152 ms
P	102 ms
RR / pp	722 / 722 ms
P / QRS / T	67 / 46 / 42 degrees

Low voltage

QR



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: Mr. AJAY PANWAR  
Age: 29 Years  
Sex: M  
Date: 26-Oct-2024

Ref By: HCP  
Study: 2D Echo

### M-MODE:

IVS	10mm	LVDD	46mm
PW	09mm	LVDS	26mm
LA	31mm	LV EF	60 %

### DOPPLER STUDY:

MITRAL	E 0.96    A 0.76
AORTIC	1.12
TRICUSPID	N
PULMONARY	0.76

### CONCLUSION :

- NORMAL SIZED CHAMBERS
- NORMAL LV SYSTOLIC FUNCTION LVEF 60 %
- NO RWMA AT REST
- NO DIASTOLIC DYSFUNCTION
- NO MR, NO AR, NO TR, NO PAH.
- OTHER VALVES ARE NORMAL
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- IVC NORMAL

  
Dr. KAUSHIK TRIVEDI MD,DM  
Consultant interventional Cardiologist



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3010306 91 20-25443913





Report Date: 26 Oct 2024 - 10:39 AM

Patient Id	: RCR-296980	Patient Name	: PANWAR AJAY .
Age	: 29Y 6M 21D	Sex	: Male
Ref. Doctor	: DR.RMO.STERLING	Study Date	: 26 Oct 2024 - 10:19 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. Gall bladder appears normal.

**PANCREAS:** Pancreas is partially visualized and visualized portion is normal in size and echotexture.

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

**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 10.5 x 4.6 cm  
Left kidney measures 9.8 x 4.7 cm

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

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

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

No ascites or significant lymphadenopathy is seen.  
Mild gaseous distention of bowel loops is seen.

**CONCLUSION:**

**No significant abdominal abnormality detected.**

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



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