



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: DINESH KUMAR GUPTA	
SH No: 300595	Date:09 11 2024
Age: 46	Gender: MALE

ASSESSMENT:

- o ALLERGY:MEDICINE(NOT KNOWN): RED COLOR PATCHES ON WHOLE BODY
- o C/O: LOWER ABDOMINAL PAIN , LOWER NECK PAIN (LEFT SIDE) , INCREASED SNOORING , COUGH STUCK IN THROAT , NASAL CONGESTION, DYSPNOEA WITH A CTIVITY , CHEST DISCOMFORT(FEELING LIKE ANT CRAWLING AROUND APEX BEAT AREA) , WHEN PASSING HARD STOOL RECTAL BLEEDING PRESENT , FLATUS A/W MILK PRODUCTS
- o P/H/O OPERATION : RENAL STONE REMOVAL (2024)
- o F/H/O: HEART DISEASE(MOTHER), DIABETES(FATHER)
- o P/H/O: RENAL CALCULI , UTI
- o HIGH HEMATOCRIT(49.3)
- o LOW PLATLETS(88000)
- o LOW HDL CHOLESTEROL(35) , NEAR TO ABOVE OPTIMAL DIRECT LDL(121) , HIGH CHOL/HDL RATIO(5.1)
- o ECG: Q IN L3
- o USG ABDOMEN AND PELVIS : MILD FATTY LIVER(GARDE 1)

ADVISED:

- o PLENTY OF LIQUIDS
- o LOW FAT DIET
- o AVOID OUT SIDE FOOD AND WATER
- o REGULAR EXERCISE.
- o REPEAT LIPID PROFILE AFTER 3 MONTH
- o OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- o ENT ADVICE:FOLLOW ADVICE
- o PHYSICIAN CONSULTATION

(Signature)
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
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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 : Dinesh Kumar Gupta. Employee ID : _____
 Company Name : _____ Age : 46 Sex : M/F
 Height : 167 cms. Weight : 69 Kgs BMI : 24.74 Blood Group : _____
 Name of HO / Registrar taking History : Dr Jay S. Parthit

Allergies : <input type="checkbox"/> None <input type="checkbox"/> Yes (If Yes, describe)	
Drugs/Food/Latex/Dyes/Contrast/Other	Reaction
1. <u>Medicine</u>	<u>Red color patches</u>
2. <u>(not known name)</u>	<u>on whole body</u>
3.	

Chief Complaints :

C/O - hoarseness, abdominal pain, lower Neck pain
(right side), increase of wheezing
left cough stuck in throat.

Physical Examination :
Vital Signs :

Temp: Afebrile °F SPO₂: 99 Pulse: 69 /min R/R: 18 /min B.P.: 130/86 mm Hg

Past History :

If Hypertension, since	If Diabetes, since
On Medication 1).....	On Medication 1).....
2).....	2).....
3).....	3).....
If Ischaemic Heart Disease since	Under Treatment Dr.
On Medication 1).....	If Tuberculosis, When
2).....	Any Other P/H
3).....
Under Treatment of Dr.	Any Other Medication
Any Intervention done
P/H of Operation	P/H of Hospitalization
Diagnosis : <u>Kidney Stone Removal</u>	Diagnosis : <u>OR for dx</u>
Name of Operation : <u>2024</u>	Year : <u>2024</u>
Year of Operation :	Duration :
Others :	Blood Transfusion History : Yes /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 <input checked="" type="checkbox"/> No	Asthma	Yes/No <input checked="" type="checkbox"/> No
Heart Disease	Yes/No <input checked="" type="checkbox"/> No	Stroke	Yes/No <input checked="" type="checkbox"/> No
Diabetes	Yes/No <input checked="" type="checkbox"/> No	Arthritis/Gout	Yes/No <input checked="" type="checkbox"/> No
Tuberculosis	Yes/No <input checked="" type="checkbox"/> No	Cancer	Yes/No <input checked="" type="checkbox"/> No
Epilepsy	Yes/No <input checked="" type="checkbox"/> No	Other Chronic disease	Yes/No <input checked="" type="checkbox"/> No

Personal History :

Diet	Mixed	Smoking	Yes/No <input checked="" type="checkbox"/> No	since / per day
Appetite	} PAD	Alcohol	Yes/No <input checked="" type="checkbox"/> No	since / (freq.)
Sleep		Drugs	Yes/No <input checked="" type="checkbox"/> No	since / (freq.)
Micturition		Tobacco	Yes/No <input checked="" type="checkbox"/> 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

glasses for Distant vision, Regular Massage

Throat/Neck : NSF

- Swollen glands Yes No Stiffness Yes No Dysphagia Yes No

SYSTEMIC EXAMINATION

Neurological : NSF

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

Respiratory : NSF

- Lung sounds : A = B = C = clear.
- Dyspnoea : None With activity At rest Lying down Retractions
- Cough : None Non-productive Productive - colour
- Hemoptysis: Yes No
- Night Sweats : Yes No
- Cyanosis : Yes No Where

Cardiovascular : NSF

- Chest discomfort Yes No bellis like ant crawling around apex Beat.
- 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 CS/w/ milk products when passing stool.

Bowel

- Diarrhoea Constipation 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

Colour of Urine

 Pale yellow

Frequency

 3-4 times

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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.....

.....

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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:

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	-0.5	—	—	-1.0	—	—
Near	+1.25	—	—	+0.75	—	—

Type of glass:

ADVICE:

Sterling Addlife India Limited
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DR MAYA PATEL
(OPHTHALMOLOGIST)

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EAR, NOSE & THROAT CHECK-UP

COMPLAINTS:

to right side eye
to sneezing.

EXAMINATION OF EARS:

Local Examination:

- mto

Tympanic Membrane:

red (R) / scl 7m
(L) / faint

EXAMINATION OF NOSE:

Local Examination:

- mucous dry (-)
dry (-)

THROAT & LARYNX:

- mto

LARYNGOSCOPIC EXAMINATION:

Info ^{Adn} nasal endoscopy
- sleep study

- 7 cells. ^{sterling addlife india limited} bronchic & ca
flexion ^{Unit - Sterling Hospital, Vadodara} nasal spray
^{Race Course Circle, (W. side)} 390007.
^{DR. NAVNIT MAKWANA}
^{ENT SURGEON}





Passport No :

LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mr. Dinesh Kumar Gupta	Lab Id : 112407500791	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Male / 46 Y 07-Dec-1977	Registration on : 09-Nov-2024 09:06	Location : Main BNo./
Ref. Id : 300595 / 2817537	Collected at : SAWPL	Approved on : 09-Nov-2024 13:05 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:08	Printed On : 09-Nov-2024 16:16
	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
Hemoglobin Colorimetric	16.1	g/dL	13.0 - 16.5
RBC Count Electrical impedance	5.16	million/cmm	4.5 - 5.5
Hematocrit Calculated	H 49.3	%	40 - 49
MCV Derived	95.6	fL	83 - 101
MCH Calculated	31.2	pg	27.1 - 32.5
MCHC Calculated	32.6	g/dL	32.5 - 36.7
RDW CV Calculated	12.60	%	11.6 - 14
Total WBC and Differential Count			
WBC count SF Cube cell analysis	6570	/cmm	4000 - 10000
Differential Count			
Neutrophils Microscopic	63	%	40 - 80
Lymphocytes Microscopic	28	%	20 - 40
Eosinophils Microscopic	03	%	1 - 6
Monocytes Microscopic	06	%	2 - 10
Basophils Microscopic	0	%	0 - 2
Absolute Count			
			4139 /cmm 2000 - 6700
			1840 /cmm 1000 - 3000
			197 /cmm 20 - 500
			394 /cmm 200 - 1000
			0 /cmm 0 - 100
Platelet Count			
Platelet Count Electrical impedance	88000	/cmm	150000 - 410000
MPV Calculated	17.00	fL	7.5 - 10.3
Platelets Morphology	Thrombocytopenia		


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

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



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MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M

Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Erythrocytes Sedimentation Rate			
ESR <small>Capillary photometry</small>	4	mm/1hr	0 - 14

Differential Count

Absolute Count


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Sex/Age	: Male / 46 Y 07-Dec-1977	Registration on	: 09-Nov-2024 09:06	Location	: Main BNo./
Ref. Id	: 300595 / 2817537	Collected at	: SAWPL	Approved on	: 09-Nov-2024 12:28 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 09:08	Printed On	: 09-Nov-2024 16:16
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Blood Group

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


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Sex/Age	: Male / 46 Y 07-Dec-1977	Registration on	: 09-Nov-2024 09:06	Location	: Main BNo./
Ref. Id	: 300595 / 2817537	Collected at	: SAWPL	Approved on	: 09-Nov-2024 10:36 Status: Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 09:08	Printed On	: 09-Nov-2024 16:16
		Sample Type	: Serum, Urine	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <small>GOD-POD</small>	99.0	mg/dL	74 - 100
Fasting Urine Glucose <small>GOD-POD</small>	Absent		Absent
Fasting Urine Ketone <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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MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <small>GOD-POD</small>	86	mg/dL	70 - 140
Post-breakfast Urine Glucose <small>GOD-POD</small>	Absent		Absent
Post Breakfast Urine Ketone <small>Nitroprusside</small>	Absent		Absent



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Name : Mr. Dinesh Kumar Gupta	Lab Id : 112407500791	Pt. Type : Sterling Hospital Vadodara Health Checkup Main
Sex/Age : Male / 46 Y 07-Dec-1977	Registration on : 09-Nov-2024 09:06	Location : BNo./
Ref. Id : 300595 / 2817537	Collected at : SAWPL	Approved on : 09-Nov-2024 11:45 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:08	Printed On : 09-Nov-2024 16:16
	Sample Type : EDTA blood	Process At : 75 – Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
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


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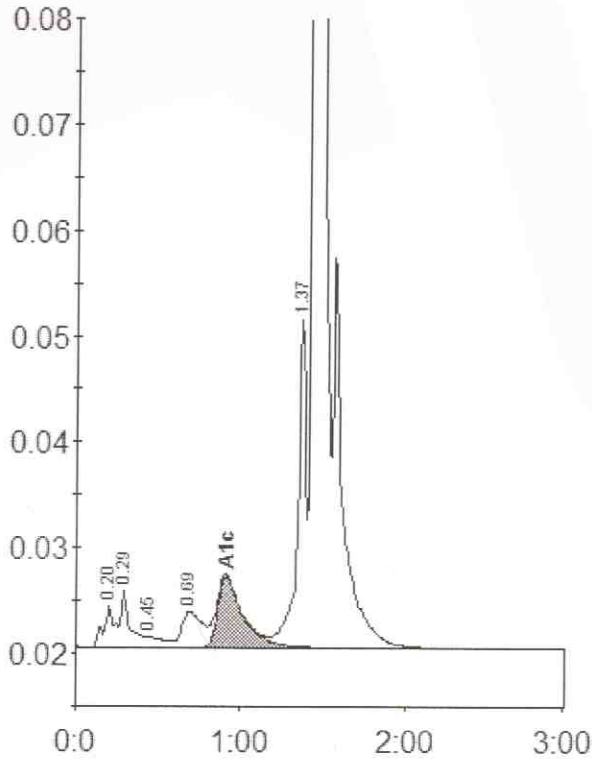


Patient report

Sterling HOSPITALS

Bio-Rad DATE: 09/11/2024
 HPLC TIME: 11:22 AM
 S/N: #DJ8G550303 Software version: 4.30-2
 Sample ID: 112407500791
 Injection date: 09/11/2024 11:22 AM
 Injection #: 9 Method: HbA1c
 Rack #: --- Rack position: 9

sterling
ACCURIS
 Pathology lab that cares



Peak table - ID: 112407500791

Peak	R.time	Height	Area	Area %
A1a	0.20	3865	18711	0.9
A1b	0.29	5627	21810	1.1
F	0.45	1102	7363	0.4
LA1c/CHb-1	0.69	3429	30734	1.5
A1c	0.91	6780	73109	4.7
P3	1.37	31048	109913	5.5
A0	1.44	602250	1750303	87.0
Total Area:	2011943			

Concentration:	%
A1c	4.7



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Ref. Id : 300595 / 2817537	Collected at : SAWPL	Approved on : 09-Nov-2024 10:36 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:08	Printed On : 09-Nov-2024 16:16
	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
Cholesterol <i>Cholesterol oxidase – Peroxidase</i>	179.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPa/POD)</i>	113.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl2</i>	L 35.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	H 121.00	mg/dL	Optimal: <100 Near to above Optimal: 100–129 Borderline High: 130-159 High: 160–189 Very High: =190
VLDL <i>Calculated</i>	22.60	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	H 5.1		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	3.5		Up to 3.5


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Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:08	Printed On : 09-Nov-2024 16:16
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	5.50	mg/dL	3.5 - 8.5
Blood Urea Nitrogen <i>Calculated</i>	16.82	mg/dL	9.0 - 20.0
Urea <i>Urease, Colorimetric</i>	36.0	mg/dL	19.3 - 43.0
Creatinine, serum <i>Creatinine Amidohydrolase</i>	0.80	mg/dL	0.66 - 1.25
BUN Creatinine Ratio <i>Calculated</i>	21.02		
Urea Creatinine Ratio <i>Calculated</i>	45.00		


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
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 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 : Mr. Dinesh Kumar Gupta	Lab Id : 112407500791	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Male / 46 Y 07-Dec-1977	Registration on : 09-Nov-2024 09:06	Main Location : BNo./
Ref. Id : 300595 / 2817537	Collected at : SAWPL	Approved on : 09-Nov-2024 10:39 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:08	Printed On : 09-Nov-2024 16:16
	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
ALT (SGPT) <i>UV with P5P, IFCC</i>	43.0	U/L	0 - 50
AST (SGOT) <i>UV with P5P</i>	32.0	U/L	17 - 59
GGT (Gamma Glutamyl Transferase) <i>L-γ-Glytamyl-p-nitroanilide</i>	16.0	U/L	15 - 73
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	99.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	0.50	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>	0.20	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>	4.40	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	2.70	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.63		1.3 - 1.7


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LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Dinesh Kumar Gupta	Lab Id	: 112407500791	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 46 Y 07-Dec-1977	Registration on	: 09-Nov-2024 09:06	Location	: Main BNo./
Ref. Id	: 300595 / 2817537	Collected at	: SAWPL	Approved on	: 09-Nov-2024 10:39 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 09:08	Printed On	: 09-Nov-2024 16:16
		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
Prostate Specific Ag. (PSA), Total	0.38	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.


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Ref. Id	: 300595 / 2817537	Collected at	: SAWPL	Approved on	: 09-Nov-2024 11:20 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 09:08	Printed On	: 09-Nov-2024 16:16
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

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

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <small>CLIA</small>	1.40	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <small>CLIA</small>	8.71	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <small>Chemiluminescence</small>	1.9950	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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Sex/Age : Male / 46 Y 07-Dec-1977	Registration on : 09-Nov-2024 09:06	Location : Main BNo./
Ref. Id : 300595 / 2817537	Collected at : SAWPL	Approved on : 09-Nov-2024 10:56 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Nov-2024 09:08	Printed On : 09-Nov-2024 16:16
	Sample Type : Urine	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
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>	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>	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	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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Patient Id	: RCR-300595	Patient Name	: GUPTA DINESH KUMAR
Age	: 46Y 11M 2D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 09 Nov 2024 - 09:52 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.
Lateral 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

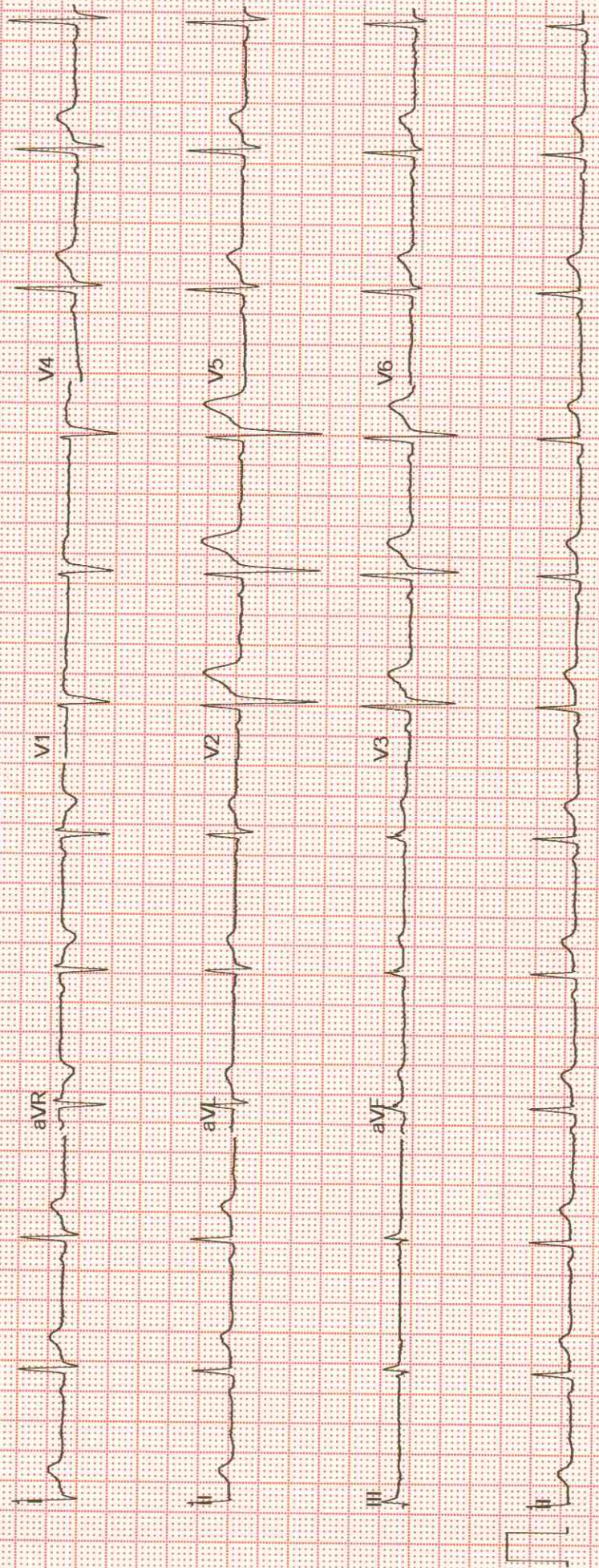


gils

Male

46 Years

QRS	92 ms
QT/QTcBaz	350 / 369 ms
PR	136 ms
P	74 ms
RR/PP	900 / 895 ms
P/QRS/T	31 / 34 / 24 degrees



Patient Id	: RCR-300595	Patient Name	: GUPTA DINESH KUMAR
Age	: 46Y 11M 2D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 09 Nov 2024 - 11:34 AM

ULTRASOUND OF ABDOMEN AND PELVIS

FINDINGS

Liver is normal in size and shows bright echotexture- mild fatty infiltration. No focal lesion seen. No IHBR dilatation.

Portal vein (13 mm) and **CBD** (4.7 mm) appears normal.

Gall bladder is contracted. No pericholecystic fluid.

Visualized **head of pancreas** appears normal.

Spleen appears normal in size (9.3 cm) and shows normal echotexture. No focal lesion seen.

Right kidney appears normal (11 x 4.5 cm). There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained. **Tiny cortical cyst measuring ~ 9 x 7 mm is seen at upper pole cortex.**

Left kidney appears normal (10.6 x 4.7 cm). There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained.

Urinary bladder is well distended with normal wall. No calculus or mass lesion is seen.

Prostate measures ~ 12.8 cc. No focal mass is seen.

No evidence of ascites seen.

IMPRESSION

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



Dr. Palak Nandolia
Consultant Radiologist

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



TABULAR SUMMARY REPORT

DINESH, GUPTA
ID: 000300595

46 years
9-Nov-2024
11:44:14

Caucasian Male

BRUCE
Max HR: 155bpm 89% of max predicted 174bpm
Max BP: 140/80
Total Exercise time: 8:59
Maximum workload: 10.1METS

Reason for Termination: THR ACHIEVED
Comments: GOOD EFFORT TOLERANCE
NORMAL HR AND BP RESPONSE
NO ST-T CHANGES SEEN DURING EXERCISE OR RECOVERY
NO ANGINA OR ARRHYTHMIAS
TEST IS NEGATIVE FOR INCIPIBLE ISCHEMIA
DR. KAUSHIK TRIVEDI CARDIOLOGIST

Referred by: HCP
Test ind

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Work Load (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	1:17	***	***	1.0	75	130/80	98
	STANDING	0:55	***	***	1.0	82	130/80	107
	HYPERVENT	0:38	0.8	0.0	1.1	75	130/80	98
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	107	130/80	139
	STAGE 2	3:00	2.5	12.0	7.0	125	130/80	163
	STAGE 3	2:59	3.4	14.0	10.1	155	140/80	217
RECOVERY	RECOVERY	3:15	0.0	0.0	1.0	103	120/80	124