



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: ABHISHEK KUMAR	
SH No: 300602	Date:09 11 2024
Age: 35	Gender:MALE

ASSESSMENT:

- OVER WEIGHT(BMI: 27.58)
- K/C/O: HAIR FALL , ON REGULAR TREATMENT
- C/O: RUNNY NOSE , FACIAL SWEELING AFTER WAKING UP IN MORNING, REDUCED SLEEP , OCCASIONAL HEADACHE, DRYNESS OF EYES , OCCASIONAL DENTAL PAIN , ANXIETY , GRREN COLOR PRODUCTIVE COUGH
- P/H/O: RENAL CALCULI
- P/H/O HOSPITALIZATION : COVID(2021)(14 DAYS)
- F/H/O:HYPERTENSION (MOTHER)
- HIGH WBC COUNT(10910)
- HIGH PB2S(182)
- HIGH TRIGLYCERIDE(201) , LOW HDL CHOLESTEROL(35) , HIGH VLDL(40.20)
- LOW BLOOD UREA NITROGEN(7.94) , LOW BLOOD UREA(17)
- HIGH A/G RATIO(1.81)
- URINE R/M: LOW SPECIFIC GRAVITY(1.005)
- USG ABDOMEN AND PELVIS : MODERATE FATTY LIVER (GRADE 2)

ADVISED:

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

Sterling Addlife India Limited
Unit-Sterling Hospital Vadodra
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 : Abhishek Kumar Employee ID : _____
 Company Name : _____ Age : 35 Sex : M/F
 Height : 172 cms. Weight : 81.6 Kgs BMI : 27.58 Blood Group : _____
 Name of HO / Registrar taking History : Dr. Jay. S. Parvati

Allergies : <input checked="" type="checkbox"/> None <input type="checkbox"/> 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.	

Chief Complaints :

1. C6 - Ringing Noise
2. Facial Swelling after working up in morning

Physical Examination :

Vital Signs :

Temp : Abhishek °F SPO₂ : 99 Pulse : 80 /min R/R : 18 /min B.P. : 110/80 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. _____ If Tuberculosis, When _____ Any Other P/H <u>Fluorid Rx.</u>
Under Treatment of Dr. _____ Any Intervention done _____	Any Other Medication _____
P/H of Operation Diagnosis : <u>1</u> Name of Operation : _____ Year of Operation : <u>1</u>	P/H of Hospitalization Diagnosis <u>Cervical</u> Year <u>2017</u> Duration : <u>14 days</u> Blood Transfusion History : Yes <input checked="" type="checkbox"/> No _____ Year : _____
Others _____	

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 <i>mother.</i>	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	<i>veg.</i>	Smoking	Yes/No	since...../..... per day
Appetite	<i>NAD</i>	Alcohol	Yes/No	since...../..... (freq.)
Sleep	<i>bedtime sleep</i>	Drugs	Yes/No	since...../..... (freq.)
Micturition	<i>NAD</i>	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 *occ. Headache.*

Injuries (Specify if any) :

Eyes : NSF *stones for Blue Rays*

- Vision : Normal Blurred Double Colour Blind
- Pupils : Normal Abnormal
- Other : Inflammation Pain Itching Discharge No complaint

Dryness of eyes

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

dental pain occ.

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 : AEBT clear.
- Dyspnoea : None With activity At rest Lying down Retractions
- Cough : None Non-productive Productive - colour: green
- 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/day
- Interventions : None • Laxatives Yes No Type Frequency

3/11/10

Genitorurinary : NSF

Colour of Urine Pale yellow Frequency 7-8 times/day
 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:	1	1
Near Vision without Glasses:	30	30
Near Vision with Glasses:	1	1
Intraocular Pressure:	22	22
Anterior Segment:	333	333
Fundus:	333	333

PRESCRIPTION OF GLASSES:

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

Type of glass:

ADVICE:

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

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EAR, NOSE & THROAT CHECK-UP

COMPLAINTS:

— needo emergency

EXAMINATION OF EARS:

Local Examination:

Tympanic Membrane:

— info
Fwd (R) / S/C / Tr. found
(L)

EXAMINATION OF NOSE:

Local Examination:

— info

THROAT & LARYNX:

— info

LARYNGOSCOPIC EXAMINATION:

— info

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Race Course Circle, (West)
VADODARA, GUJARAT

DR. NAVNIT MAKWANA

ENT SURGEON





Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Abhishek Kumar .	Lab Id	: 112407500800	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 35 Y 11-Apr-1989	Registration on	: 09-Nov-2024 09:49	Location	: Main BNo./
Ref. Id	: 300602 / 2817543	Collected at	: SAWPL	Approved on	: 09-Nov-2024 14:10 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 11:05	Printed On	: 09-Nov-2024 17:42
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS
Complete Blood Count

Test	Method	Result	Unit	Biological Ref. Interval
Hemoglobin	Colorimetric	15.2	g/dL	13.0 - 16.5
RBC Count	Electrical impedance	5.01	million/cmm	4.5 - 5.5
Hematocrit	Calculated	46.1	%	40 - 49
MCV	Derived	92.0	fL	83 - 101
MCH	Calculated	30.4	pg	27.1 - 32.5
MCHC	Calculated	33.0	g/dL	32.5 - 36.7
RDW CV	Calculated	13.60	%	11.6 - 14

Total WBC and Differential Count

WBC count	Method	Result	Unit	Biological Ref. Interval
WBC count	SF Cube cell analysis	H 10910	/cmm	4000 - 10000

Differential Count	Method	Result	Unit	Biological Ref. Interval	Absolute Count	Unit	Biological Ref. Interval
Neutrophils	Microscopic	56	%	40 - 80	6110	/cmm	2000 - 6700
Lymphocytes	Microscopic	34	%	20 - 40	3709	/cmm	1000 - 3000
Eosinophils	Microscopic	03	%	1 - 6	327	/cmm	20 - 500
Monocytes	Microscopic	07	%	2 - 10	764	/cmm	200 - 1000
Basophils	Microscopic	00	%	0 - 2	0	/cmm	0 - 100

Platelet Count

Platelet Count	Method	Result	Unit	Biological Ref. Interval
Platelet Count	Electrical impedance	235000	/cmm	150000 - 410000
MPV	Calculated	12.70	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 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
Erythrocytes Sedimentation Rate			
ESR	4	mm/1hr	0 - 14
	Capillary photometry		

Differential Count
Absolute Count

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Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 11:05	Printed On	: 09-Nov-2024 17:42
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS
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 / 35 Y 11-Apr-1989	Registration on	: 09-Nov-2024 09:49	Location	: Main BNo./
Ref. Id	: 300602 / 2817543	Collected at	: SAWPL	Approved on	: 09-Nov-2024 12:47 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 11:05	Printed On	: 09-Nov-2024 17:42
		Sample Type	: Serum, Urine	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <small>GOD-POD</small>	97.0	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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Name : Mr. Abhishek Kumar . Sex/Age : Male / 35 Y 11-Apr-1989 Ref. Id : 300602 / 2817543 Ref. By : Dr. RMO . STERLING...	Lab Id : 112407500800 Registration on : 09-Nov-2024 09:49 Collected at : SAWPL Collected on : 09-Nov-2024 13:55 Sample Type : Fluoride	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 09-Nov-2024 16:10 Status : Final Printed On : 09-Nov-2024 17:42 Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <small>GOD-POD</small>	182	mg/dL	70 - 140
Post-breakfast Urine Glucose <small>GOD-POD</small>	Absent		Absent
Post Breakfast Urine Ketone <small>Nitroprusside</small>	Absent		Absent

Remarks: *Rechecked.


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Ref. Id	: 300602 / 2817543	Collected at	: SAWPL	Approved on	: 09-Nov-2024 14:08 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 11:05	Printed On	: 09-Nov-2024 17:42
		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	5.50	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	111.15	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: 01:27 PM

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

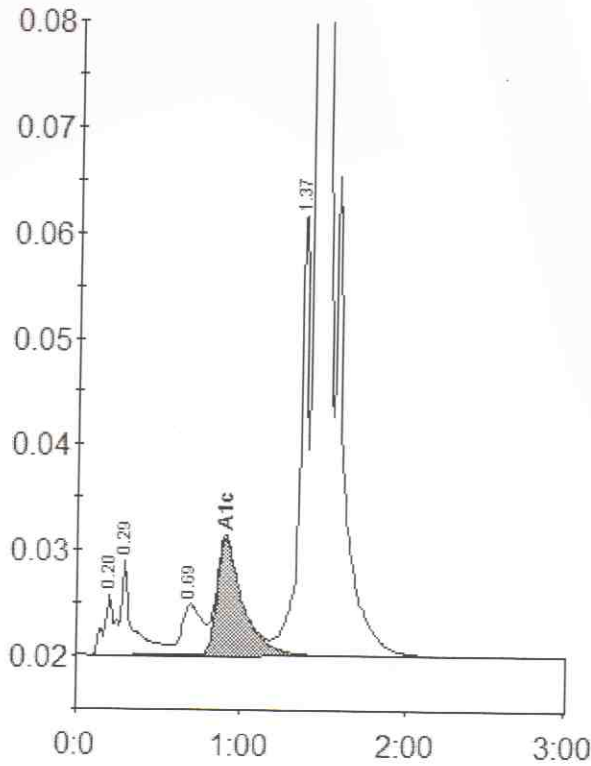
Sample ID: 112407500800

Injection date: 09/11/2024 01:26 PM

Injection #: 18 Method: HbA1c

Rack #: --- Rack position: 1

sterling
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Pathology lab that cares



Peak table - ID: 112407500800

Peak	R.time	Height	Area	Area %
A1a	0.20	5720	26836	1.0
A1b	0.29	9283	44088	1.6
LA1c/CHb-1	0.69	4825	41510	1.5
A1c	0.91	11098	119896	5.5
P3	1.37	42311	150012	5.4
A0	1.44	797102	2402893	86.3
Total Area:		2785235		

Concentration:	%
A1c	5.5





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Ref. Id	: 300602 / 2817543	Collected at	: SAWPL	Approved on	: 09-Nov-2024 12:51 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 11:05	Printed On	: 09-Nov-2024 17:42
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase - Peroxidase</i>	156.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPa/POD)</i>	H 201.0	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>	93.00	mg/dL	Optimal: <100 Near to above Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: =190
VLDL <i>Calculated</i>	H 40.20	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	4.5		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	2.7		Up to 3.5


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Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 11:05	Printed On	: 09-Nov-2024 17:42
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	6.70	mg/dL	3.5 - 8.5
Blood Urea Nitrogen <i>Calculated</i>	L 7.94	mg/dL	9.0 - 20.0
Urea <i>Urease, Colorimetric</i>	L 17.0	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>	9.93		
Urea Creatinine Ratio <i>Calculated</i>	21.25		


Dr. C. Shrinivasan..

M.D (Pathology) [G-18341]

Consultant Pathologist

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Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information	Location Information		
Name	: Mr. Abhishek Kumar .	Lab Id	: 112407500800	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 35 Y 11-Apr-1989	Registration on	: 09-Nov-2024 09:49	Location	: Main BNo./
Ref. Id	: 300602 / 2817543	Collected at	: SAWPL	Approved on	: 09-Nov-2024 12:51 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 11:05	Printed On	: 09-Nov-2024 17:42
		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
ALT (SGPT) <i>UV with P5P, IFCC</i>	43.0	U/L	0 - 50
AST (SGOT) <i>UV with P5P</i>	37.0	U/L	17 - 59
GGT (Gamma Glutamyl Transferase) <i>L-y-Glytamyl-p-nitroanilide</i>	24.0	U/L	15 - 73
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	86.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	0.90	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>	0.60	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>	7.30	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	4.70	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	2.60	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	H 1.81		1.3 - 1.7


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Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Abhishek Kumar .	Lab Id	: 112407500800	Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Male / 35 Y 11-Apr-1989	Registration on	: 09-Nov-2024 09:49	Location	: BNo./
Ref. Id	: 300602 / 2817543	Collected at	: SAWPL	Approved on	: 09-Nov-2024 12:47 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 11:05	Printed On	: 09-Nov-2024 17:42
		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) <i>CLIA</i>	1.36	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <i>CLIA</i>	7.93	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <i>Chemiluminescence</i>	2.5910	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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Patient Information		Sample Information	Location Information
Name	: Mr. Abhishek Kumar .	Lab Id	: 112407500800
Sex/Age	: Male / 35 Y 11-Apr-1989	Registration on	: 09-Nov-2024 09:49
Ref. Id	: 300602 / 2817543	Collected at	: SAWPL
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 11:05
		Sample Type	: Urine
		Pt. Type	: Sterling Hospital Vadodara Health Checkup
		Location	: Main BNo./
		Approved on	: 09-Nov-2024 12:47 Status : Final
		Printed On	: 09-Nov-2024 17:42
		Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS
URINE ROUTINE EXAMINATION

Test	Result	Unit	Biological Ref. Interval
Physical & Chemical (Dip strip) examination			
Colour	Pale Yellow		Pale Yellow
pH <i>Double Indicator</i>	6.5		5.5 - 7.0
Specific Gravity <i>Polyelectrolyte based reaction</i>	L 1.005		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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Race Course Road, Vadodara

Report Date: 09 Nov 2024 - 01:58 PM

Patient Id	: RCR-300602	Patient Name	: . ABHISHEK KUMAR
Age	: 35Y 6M 29D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 09 Nov 2024 - 12:26 PM

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.
 Only thorax under vision appears normal.

IMPRESSION

No significant abnormality detected.

Palak

Dr. Palak Nandolia
Consultant Radiologist

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35 Years

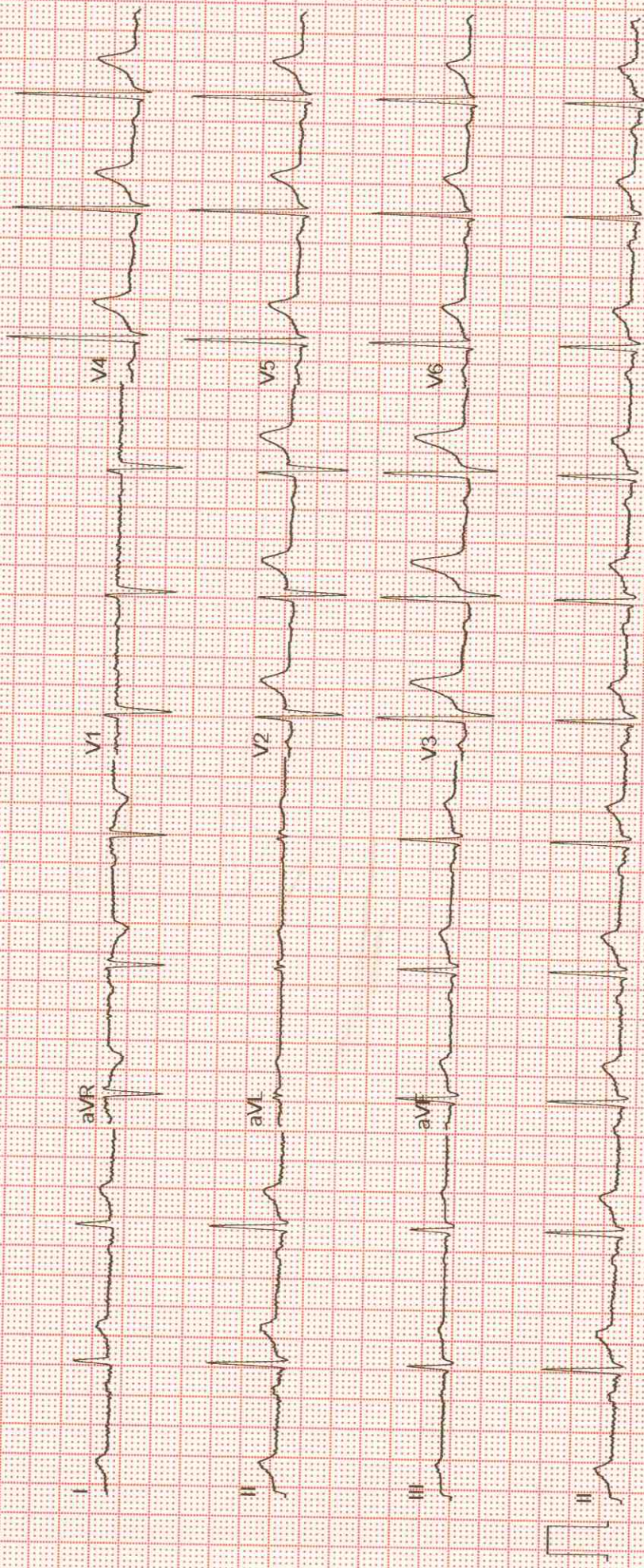
Male

09.11.2024 10:05:48
STERLING HOSPITAL
HCP
VADODARA

70 bpm
mmHg

WNL

QRS	98 ms
QT / QTcBaz	380 / 410 ms
PR	174 ms
P	88 ms
RR / PP	852 / 857 ms
P / QRS / T	52 / 59 / 46 degrees





2D ECHOCARDIOGRAPHY REPORT



Race Course Road, Vadodara

Name: Mr. ABHISHEK KUMAR
Age: 35 Years
Sex: M
Date: 09-Nov-2024

Ref By: Dr. ARCHNA DWIVEDI
Study: 2D Echo

M-MODE:

IVS	11mm	LVDD	47mm
PW	11mm	LVDS	25mm
LA	37mm	LV EF	60 %

DOPPLER STUDY:

MITRAL	E 0.85 A 0.39
AORTIC	1.20
TRICUSPID	N
PULMONARY	N

CONCLUSION :

- NORMAL SIZED CHAMBERS
- NORMAL LV SYSTOLIC FUNCTION LVEF 60 %
- NO RWMA AT REST
- NO DIASTOLIC DYSFUNCTION
- NORMAL RA/RV SIZE AND FUNCTION
- ALL VALVES ARE NORMAL
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- NORMAL IVC

Dr. KAUSHIKTRIVEDI , MD
Consultant interventional Cardiologist

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SonoDoc 91-20-25443913





Race Course Road, Vadodara

Report Date: 09 Nov 2024 - 11:32 AM

Patient Id	: RCR-300602	Patient Name	: . ABHISHEK KUMAR
Age	: 35Y 6M 29D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 09 Nov 2024 - 11:02 AM

ULTRASOUND OF ABDOMEN AND PELVIS

FINDINGS

Liver is normal in size (15 cm) and shows bright echotexture- moderate fatty infiltration.

No focal lesion seen. No IHBR dilatation.

Portal vein (11 mm) and **CBD** (4.5 mm) appears normal.

Gall bladder 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 (11.3 cm) and shows normal echotexture. No focal lesion seen.

Right kidney appears normal (10.8 x 4.4 cm). There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained.

Left kidney appears normal (11.2 x 4.6 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 ~ 15 cc. No focal mass is seen.

No evidence of ascites seen.

IMPRESSION

- **Moderate fatty liver (Grade II)**
- **No other significant abnormality.**

Palak

Dr. Palak Nandolia

Consultant Radiologist

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