

HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: SONAL NINAMA	
SH No: 303732	Date:01/03/25
Age: 34	Gender:FEMALE

ASSESSMENT:

- H/O: FIBROADENOMA IN BOTH BREAST
- LOW HB (10.9) HIGH RBC (5.32) LOW MCV (68.3) LOW MCH (20.4)
- USG ABDOMEN AND PELVIS : A SMALL HYPOECHOIC LESION IN RIGHT LATERAL WALL OF UTERUS ? FIBROID.

ADVISED:

- PLENTY OF LIQUIDS
- IRON RICH DIET
- CORRECTION OF ANAEMIA AND WORK UP
- OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- GYNAC CONSULTATION
- PHYSICIAN CONSULTATION


DR. IRNA VOHRA

Prevention & Rehabilitation Dept

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

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 : Sonal Ninama Employee ID : _____
Company Name : Mediwheel Age : 34 Sex : M/E
Height : 156.5 cms. Weight : 50 Kgs BMI : _____ Blood Group : B+ve
Name of HO / Registrar taking History : Dr. Jone

Allergies : <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes (If Yes, describe)	
Drugs/Food/Latex/Dyes/Contrast/Other	Reaction
1.	
2.	
3.	

Chief Complaints :
Asymptomatic

Physical Examination :

Vital Signs :

Temp : 98 ° F SPO₂ : 96 Pulse : 60 /min R/R : 18 /min B.P. : 100/70 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. Any Intervention done	If Tuberculosis, When Any Other P/H
P/H of Operation Diagnosis : Name of Operation : <u>LSCS, MTP</u> Year of Operation : <u>2021, 2024</u>	Any Other Medication
Others	P/H of Hospitalization Diagnosis : Year : Duration : Blood Transfusion History : Yes / <u>No</u> Year :

Family History : (Specify : F-Father, M-Mother, B-Brother, S-Sister)

(Pl. Circle whichever is applicable e.g. If Father has h/o 10 yrs then, Yes / No F/10 yrs)

Hypertension	Yes/No	Asthma	Yes/No
Heart Disease	Yes/No	Stroke	Yes/No
Diabetes	Yes/No F	Arthritis/Gout	Yes/No
Tuberculosis	Yes/No	Cancer	Yes/No
Epilepsy	Yes/No	Other Chronic disease	Yes/No

Personal History :

Diet	Veg	Smoking	Yes/No	since...../..... per day
Appetite	Adequate	Alcohol	Yes/No	since...../..... (freq.)
Sleep	Normal	Drugs	Yes/No	since...../..... (freq.)
Micturition	Normal	Tobacco	Yes/No	since...../..... (freq.)
Bowel Habits	Normal	Any other habit		

FOR FEMALES :

 Obstetric History : L.D..... **M, P, A, L, C, I**
 Abortion : **1 - in 2024**
 Others :

General Examination :
 Anemia Cyanosis Jaundice Generalized lymphadenopathy Pedal oedema

General Examination :
NSF
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

conscious, Co-operative, alert

- 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 _____
- Dizziness Yes No
- Paralysis Yes No if yes R L
- Depression Yes No
- if disoriented, to Person Place Time

Respiratory : NSF

AEBE 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

S₁S₂ +ve

- 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

soft non tender

- 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 *2 times/day*
- Interventions : None • Laxatives Yes No Type Frequency

Genitorurinary : NSF

Colour of Urine pale yellow Frequency 4-5 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 22-2-25 Regular / Irregular Regular 4-5 days
 Dysmenorrhea Yes No Amenorrhea Yes No if yes, Duration 28-30 days
 Menopausal Yes No if yes, Duration _____
 Vaginal discharge Yes No Itching Yes No

Breasts NA NSF ~~Fibroadenoma~~ Fibroadenosis - in both breast.
 Breast Feeding Yes No Lumps Yes No

Positive Finding & Advice

.....

Sterling Addlife India Limited
 Unit-Sterling Hospital Vadodara,
 Race Course 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

Race Course Road, Vadodara

NAME: Sonal Khimani DATE: 1/3/25

SIGNIFICANT HISTORY:

PAST HISTORY:

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

EXAMINATION OF EYES:

	<u>Right Eye:</u>	<u>Left Eye:</u>
Distant Vision without Glasses:	<u>6/6</u>	<u>6/6</u>
Distant Vision with Glasses:	<u>6/6</u>	<u>6/6</u>
Near Vision without Glasses:	<u>1</u>	<u>1</u>
Near Vision with Glasses:	<u>20</u>	<u>20</u>
Intraocular Pressure:	<u>11</u>	<u>11</u>
Anterior Segment:	<u>Normal</u>	<u>Normal</u>
Fundus:	<u>Normal</u>	<u>Normal</u>

PRESCRIPTION OF GLASSES:

	RIGHT			LEFT		
	Sphere	Cylinder	Axis	Sphere	Cylinder	Axis
Distant	<u>-1.5</u>	<u>-1.0</u>	<u>110°</u>	<u>-1.25</u>	<u>-1.25</u>	<u>75°</u>
Near	<u>+</u>	<u>+</u>	<u>-</u>	<u>+</u>	<u>+</u>	<u>-</u>

Type of glass: Single vision

ADVICE:

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





G YNAECOLOGIST CHECK UP

NAME: Sonal Ninamner

DATE: 01/03/25

AGE: 34

h mald - 448
↳ SCS

COMPLAINTS: none

TL not done

O/H PARA: U₂ P₁ A₁ L₁

me 3-4 days
26-30

Condom used

MENSTRUAL H/O: 22/02/25

P/A: Soft

P/S: NAD

P/V: NAD

ADVICE: Pap smear test taken

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Unit-Sterling Hospital Vadodara

Race Course Circle, (West)
VADODARA-390 007.

DR. ARCHANA DWIVEDI
(GYNAECOLOGIST)





Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mrs. Sonal . Ninama	Lab Id	: 032507500053	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 34 Y 24-Nov-1990	Registration on	: 01-Mar-2025 10:05	Location	: Main BNo./
Ref. Id	: 303732 / 2834135	Collected at	: SAWPL	Approved on	: 01-Mar-2025 17:48 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 01-Mar-2025 10:05	Printed On	: 03-Mar-2025 11:11
		Sample Type	: Fluoride plasma, Urine	Process At	: 75 – Sterling Hospital, Race course (Vadoda)

Test	Result	Unit	Biological Ref. Interval
Postprandial Blood Glucose <small>GOD-POD</small>	85.0	mg/dL	70 - 140
Postprandial Urine Glucose <small>GOD-POD</small>	Absent		Absent
Postprandial Urine Ketone	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

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

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Sex/Age	: Female / 34 Y 24-Nov-1990	Registration on	: 01-Mar-2025 10:05	Location	: Main BNo./
Ref. Id	: 303732 / 2834135	Collected at	: SAWPL	Approved on	: 01-Mar-2025 12:47 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 01-Mar-2025 10:05	Printed On	: 03-Mar-2025 11:11
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadoda)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Complete Blood Count

Test	Method	Result	Unit	Biological Ref. Interval
Hemoglobin	Colorimetric	L 10.9	g/dL	12.0 - 16.0
RBC Count	Electrical impedance	H 5.32	million/cmm	3.8 - 4.8
Hematocrit	Calculated	36.3	%	36 - 48
MCV	Derived	L 68.3	fL	83 - 101
MCH	Calculated	L 20.4	pg	26.4 - 33.2
MCHC	Calculated	L 29.9	g/dL	31.8 - 35.9
RDW CV	Calculated	H 16.10	%	11.6 - 14
Total WBC and Differential Count				
WBC count	SF Cube cell analysis	4040	/cmm	4000 - 10000
Differential Count				
Neutrophils	Microscopic	52	% 40 - 80	Absolute Count 2101 /cmm 2000 - 6700
Lymphocytes	Microscopic	40	% 20 - 40	1616 /cmm 1000 - 3000
Eosinophils	Microscopic	02	% 1 - 6	81 /cmm 20 - 500
Monocytes	Microscopic	06	% 2 - 10	242 /cmm 200 - 1000
Basophils	Microscopic	00	% 0 - 2	0 /cmm 0 - 100
Platelet Count				
Platelet Count	Electrical impedance	351000	/cmm	150000 - 410000
MPV	Calculated	10.00	fL	7.5 - 10.3
Platelets Morphology		Platelets are adequate on Smear		

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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Erythrocytes Sedimentation Rate			
ESR	11	mm/1hr	0 - 21
	Capillary photometry		

Differential Count
Absolute Count

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 M.D (Pathology)[G-18341]
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Sex/Age : Female / 34 Y 24-Nov-1990	Registration on : 01-Mar-2025 10:05	Location : Main
Ref. Id : 303732 / 2834135	Collected at : SAWPL	Location : BNo./
Ref. By : Dr. RMO . STERLING...	Collected on : 01-Mar-2025 10:05	Approved on : 01-Mar-2025 12:36 Status : Interim
	Sample Type : EDTA blood	Printed On : 03-Mar-2025 11:11
		Process At : 75 – Sterling Hospital, Race course (Vadoda

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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Ref. Id	: 303732 / 2834135	Collected at	: SAWPL	Approved on	: 01-Mar-2025 11:57 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 01-Mar-2025 10:05	Printed On	: 03-Mar-2025 11:11
		Sample Type	: Serum, Urine	Process At	: 75 - Sterling Hospital, Race course (Vadoda

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <small>GOD-POD</small>	81.0	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.

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1. American diabetes association. Standards of medical care in diabetes 2024
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Dr. Kajal Parmar

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

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
HbA1c (Glycosylated Hemoglobin) by HPLC

Test	Result	Unit	Biological Ref. Interval
HbA1c	5.30	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	105.41	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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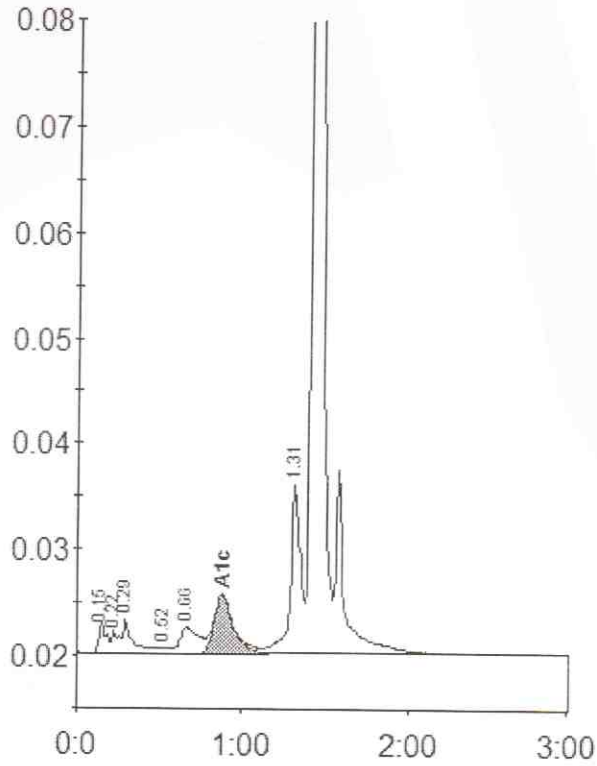
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Patient report



Bio-Rad DATE: 01/03/2025
 D-10 TIME: 12:36 PM
 S/N: #DJ8G550303 Software version: 4.30-2
 Sample ID: 032507500053
 Injection date: 01/03/2025 12:36 PM
 Injection #: 21 Method: HbA1c
 Rack #: --- Rack position: 1



Peak table - ID: 032507500053

Peak	R.time	Height	Area	Area %
A1a	0.15	2964	9076	0.8
Unknown	0.22	2095	6362	0.5
A1b	0.29	3182	13297	1.1
F	0.52	532	2221	0.2
LA1c/CHb-1	0.66	2413	20139	1.7
A1c	0.88	5590	44326	5.3
P3	1.31	16014	68507	5.7
A0	1.42	432246	1041968	86.4
Total Area:			1205896	

Concentration:	%
A1c	5.3





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Ref. Id : 303732 / 2834135	Collected at : SAWPL	Location : BNo./
Ref. By : Dr. RMO . STERLING...	Collected on : 01-Mar-2025 10:05	Approved on : 01-Mar-2025 11:57 Status : Interim
	Sample Type : Serum	Printed On : 03-Mar-2025 11:11
		Process At : 75 - Sterling Hospital, Race course (Vadoda)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase - Peroxidase</i>	159.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPo/POD)</i>	87.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl2</i>	48.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	96.00	mg/dL	Optimal: <100 Near to above Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: =190
VLDL <i>Calculated</i>	17.40	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	3.3		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	2.0		Up to 3.5

Reference intervals are as per NCEP ATP-III criteria.


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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	2.70	mg/dL	2.5 - 6.2
Blood Urea Nitrogen <i>Calculated</i>	10.28	mg/dL	7.0 - 17.0
Urea <i>Urease, Colorimetric</i>	22.0	mg/dL	15.0 - 36.4
Creatinine, serum <i>Creatinine Amidohydrolase</i>	0.60	mg/dL	0.52 - 1.04
BUN Creatinine Ratio <i>Calculated</i>	17.13		
Urea Creatinine Ratio <i>Calculated</i>	36.67		


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Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mrs. Sonal . Ninama	Lab Id	: 032507500053	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 34 Y 24-Nov-1990	Registration on	: 01-Mar-2025 10:05	Location	: Main BNo./
Ref. Id	: 303732 / 2834135	Collected at	: SAWPL	Approved on	: 01-Mar-2025 12:03 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 01-Mar-2025 10:05	Printed On	: 03-Mar-2025 11:11
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadoda)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Liver Function Test

Test	Result	Unit	Biological Ref. Interval
ALT (SGPT) <i>UV with P5P, IFCC</i>	13.0	U/L	0 - 35
AST (SGOT) <i>UV with P5P</i>	19.0	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>	55.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	0.70	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>	0.50	mg/dL	0.0 - 1.1
Delta Bilirubin <i>Calculated</i>	0.10	mg/dL	0.0 - 0.2
Total Protein <i>Copper tartrate to colour complex</i>	7.40	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	4.30	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	3.10	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.39		1.3 - 1.7



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Passport No :

LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mrs. Sonal . Ninama	Lab Id : 032507500053	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 34 Y 24-Nov-1990	Registration on : 01-Mar-2025 10:05	Location : Main
Ref. Id : 303732 / 2834135	Collected at : SAWPL	Location : BNo./
Ref. By : Dr. RMO . STERLING...	Collected on : 01-Mar-2025 10:05	Approved on : 01-Mar-2025 12:03 Status : Interim
	Sample Type : Serum	Printed On : 03-Mar-2025 11:11
		Process At : 75 – Sterling Hospital, Race course (Vadoda)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Thyroid Function Tests

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <i>CLIA</i>	1.47	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <i>CLIA</i>	10.10	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <i>Chemiluminescence</i>	2.780	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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Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mrs. Sonal . Ninama	Lab Id	: 032507500053	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 34 Y 24-Nov-1990	Registration on	: 01-Mar-2025 10:05	Location	: Main BNo./
Ref. Id	: 303732 / 2834135	Collected at	: SAWPL	Approved on	: 01-Mar-2025 12:03 Status: Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 01-Mar-2025 10:05	Printed On	: 03-Mar-2025 11:11
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadoda)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Levels of TSH in pregnancy ($\mu\text{U/mL}$): 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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Passport No :

LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mrs. Sonal . Ninama	Lab Id : 032507500053	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 34 Y 24-Nov-1990	Registration on : 01-Mar-2025 10:05	Main Location : BNo./
Ref. Id : 303732 / 2834135	Collected at : SAWPL	Approved on : 01-Mar-2025 12:36 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 01-Mar-2025 10:05	Printed On : 03-Mar-2025 11:11
	Sample Type : Urine	Process At : 75 - Sterling Hospital, Race course (Vadoda)

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 1.010		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>	Present (Trace)		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)	Occasional	/hpf	0 - 2
Pus Cells	2-3	/hpf	0 - 5
Epithelial Cells	Plenty	/hpf	
Crystals	Absent		Absent
Casts	Absent		Absent
Bacteria	Absent		Absent
Amorphous Material	Absent		Absent
Yeast	Absent		Absent


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LABORATORY REPORT



Patient Information		Sample Information		Client / Location Information	
Name	: Mrs. Sonal . Ninama	Lab ID	: 032507500053	Client Name	: Sterling Hospital Vadodara Health Check Main
Sex/Age	: Female /34 Years	Registered on	: 01-Mar-2025 10:05	Location	:
Ref. Id	:	Collected at	: non SAWPL	Approved on	: 01-Mar-2025 16:22
Ref. By	: Dr. RMO . STERLING...	Collected on	: 01-Mar-2025 13:30	Printed on	: 03-Mar-2025 11:11
		Sample Type	: PAP Material	Processed at	: 17 – Sterling Hospital, Bhayli (Vadodara)
Branch	: 75 – Sterling Hospital, Race course (Vadodara)				

CYTOPATHOLOGY

* PAP Smear No. :
P - 145/25

* Obstetric History :
G2 P1 A1 L1

* Menstrual History :
LMP : 22/02/25

* Per-Speculum Examination :
NAD

* Per-Vaginal Examination :
NAD

* Specimen Adequacy :
Satisfactory for evaluation : Endocervical and Transformation Zone Absent.

* :
NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.

* :
Mild acute inflammation.

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



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MAR 2024 - MAR 2025

INDIA



Race Course Road, Vadodara

Report Date: 01 Mar 2025 - 12:53 PM

Patient Id	: RCR-303732	Patient Name	: NINAMA SONAL .
Age	: 34Y 3M 5D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 01 Mar 2025 - 11:57 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.
Bony thorax under vision appears normal.

IMPRESSION

No significant abnormality detected.

Palak

Dr. Palak Nandolia
Consultant Radiologist

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



Sonal minama

34 Years


Female

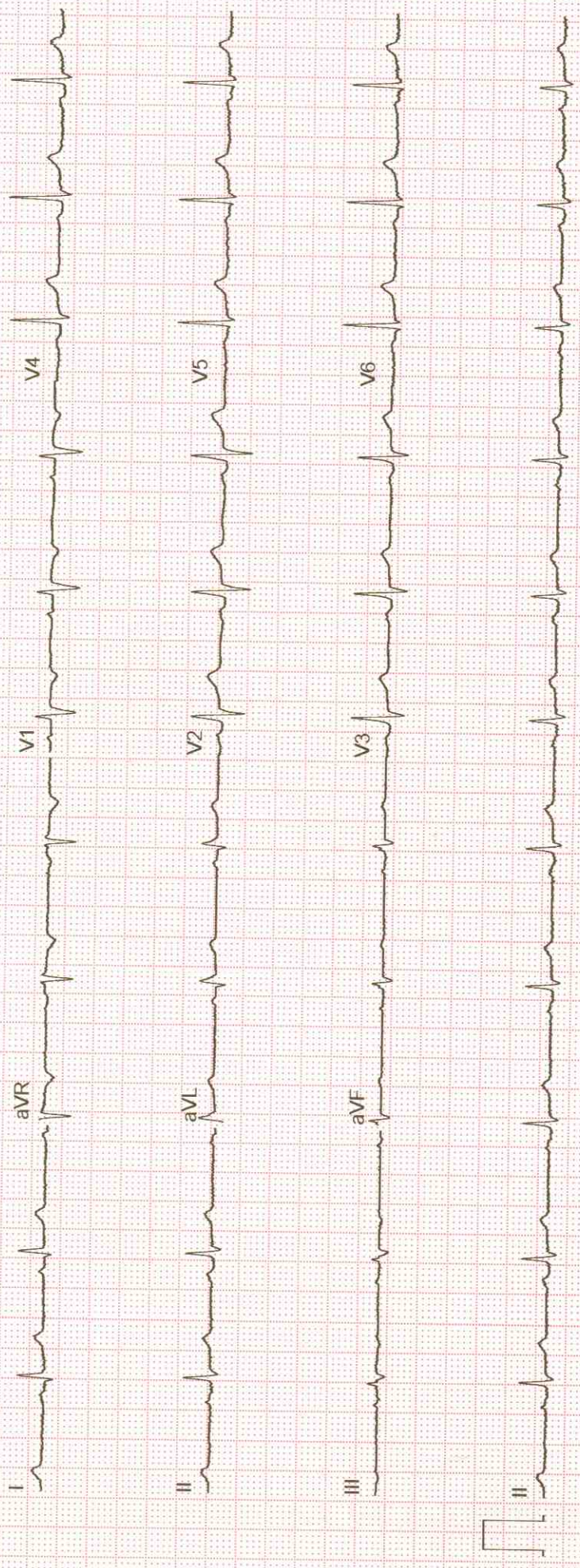
QRS 80 ms
 QT / QTcBaz 382 / 409 ms
 PR 152 ms
 P 94 ms
 RR / PP 872 / 869 ms
 P / QRS / T 35 / 32 / 18 degrees

01.03.2025 9:49:47
 STERLING HC TAL
 HCP
 VADODARA

205X295 / #

69 bpm
 - / - mmHg

T163




GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV ADS 0.56-40 Hz 50 Hz 4x2.5x3_25_R1 Unconfirmed



2D ECHOCARDIOGRAPHY REPORT



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HOSPITALS

Race Course Road, Vadodara

Name: Mrs. SONAL NINAMA
Age: 34 Years
Sex: F
Date: 01-Mar-2025

Ref By: HCP
Study: 2D Echo

M-MODE:

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

DOPPLER STUDY:

MITRAL	E 0.75 A 0.45
AORTIC	1.75
TRICUSPID	N
PULMONARY	N

CONCLUSION :

- NORMAL SIZED CHAMBERS
- NORMAL LV SYSTOLIC FUNCTION LVEF 60 %
- NO RWMA AT REST
- NO DIASTOLIC DYSFUNCTION
- NORMAL RA/RV WITH NORMAL RV SYSTOLIC FUNCTION
- MILD MR , NO MS
- MILD TR, NO PAH
- OTHER VALVES ARE NORMAL
- IAS/IVS INTACT
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- IVC: NORMAL

Dr. RANJEET KUMAR SHUKLA MD, DM
Consultant interventional Cardiologist

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SonoDoc 91-20-25443913



Patient Id	: RCR-303732	Patient Name	: NINAMA SONAL .
Age	: 34Y 3M 5D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 01 Mar 2025 - 11:45 AM

ULTRASOUND OF ABDOMEN AND PELVIS

FINDINGS

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

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

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

Uterus is retroverted, appears normal in size and echotexture. **A small hypoechoic lesion in right lateral wall of uterus measuring ~ 1.2 x 1.2 cm- ? fibroid.** Bilateral ovaries are normal. No adnexal mass.

No evidence of ascites seen.

IMPRESSION

- A small hypoechoic lesion in right lateral wall of uterus ? fibroid.
- No other significant intra-abdominal abnormality in present study.



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