



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: NOMULA VARSHINI	
SH No: 299581	Date: 28/09/2024
Age: 28	Gender: FEMALE

ASSESSMENT:

- C/O: ALTERNATE LEG CRAMPS , NON PRODUCTIVE COUGH PRESENT , DYSMENORRHEA
- F/H/O: DIABETES(FATHER) , LUNG INFECTION(MOTHER)
- P/H/O: AMENORRHEA(1 MONTH )
- BORDERLINE HIGH RBC COUNT(4.84 MILLION / CMM) , BORDERLINE LOW MCV(80.7) , BORDERLINE LOW MCH(25) , BORDERLINE LOW MCHC(31) , BORDERLINE HIGH RDW CV(14.60)
- HIGH TRIGLYCERIDE(287) , HIGH VLDL(57.40)
- LOW BLOOD UREA NITROGEN(4.67) , LOW BLOOD UREA(10) , LOW SERUM CREATININE(.40)
- LOW GGT(GAMMA GLUTAMYL; TRANSFERASE)(11)
- HIGH T3, TOTAL(TRIiodOTHYRONINE)(1.63) , HIGH TSH(5.4010)
- URINE R/M: LOW SPECIFIC GRAVITY(1.005)
- ULTRASOUND OF PELVIS( TVS ): BULKY RIGHT OVARY WITH CYSTIC LESION AS DESCRIBED – LIKELY HEMORRHAGIC CORPUS LUTEAL CYST. ADV FOLLOW UP AND CLINICAL CORREALTION . MINIMAL FLUID IN POD
- USG ABDOMEN AND PELVIS : MILD SPLEENOMEGALY, ENALRGED RIGHT OVARY . ADV:- FUTEHER EVALUATION WITH TVS AND CLINICAL CORREALTION .

ADVISED:

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

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

**DR. JAY S PANDIT**  
Prevention & Rehabilitation Dept

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

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





**HEALTH CHECK UP  
MEDICAL EXAMINATION**

Name : Amrula Varshini Employee ID : \_\_\_\_\_  
Company Name : Asan Age : \_\_\_\_\_ Sex : M/F  
Height : 162 cms. Weight : 62.2 Kgs BMI : 23.7 Blood Group : A+ve.  
Name of HO / Registrar taking History : Dr. Jay's Pankaj

Allergies :  None  Yes (If Yes, describe)

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

**Chief Complaints :**  
cl - alternate leg cramps

**Physical Examination :**

**Vital Signs :**

Temp : 36.4° F SPO<sub>2</sub> : 99 Pulse : 81 /min R/R : 18 /min B.P. : 102/4 mm Hg

**Past History :**

If Hypertension, since On Medication 1) <u>/</u> 2) <u>/</u> 3) _____	If Diabetes, since On Medication 1) <u>/</u> 2) <u>/</u> 3) _____
If Ischaemic Heart Disease since On Medication 1) <u>/</u> 2) <u>/</u> 3) _____	Under Treatment Dr. _____ If Tuberculosis, When <u>/</u> Any Other P/H _____
Under Treatment of Dr. _____ Any Intervention done _____	Any Other Medication _____
P/H of Operation Diagnosis : <u>/</u> Name of Operation : <u>/</u> Year of Operation : <u>/</u>	P/H of Hospitalization <u>/</u> Diagnosis : <u>/</u> Year : <u>/</u> Duration : _____
Others _____	Blood Transfusion History : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <i>Father</i>	Arthritis/Gout	Yes/No
Tuberculosis	Yes/No	Cancer	Yes/No
Epilepsy	Yes/No	Other Chronic disease	Yes/No <i>Lung Infection: Mother</i>

**Personal History :**

Diet	<i>Mixed</i>	Smoking	Yes/No	since ..... / ..... per day
Appetite	<i>Regular</i>	Alcohol	Yes/No	since ..... / ..... (freq.)
Sleep	<i>Regular</i>	Drugs	Yes/No	since ..... / ..... (freq.)
Micturition	<i>Regular</i>	Tobacco	Yes/No	since ..... / ..... (freq.)
Bowel Habits		Any other habit		

**FOR FEMALES :**

 Obstetric History : L.D. *L.M.P - 30/8/24*  
 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

- Lung sounds: AEB & 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
- 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 time/day
- Interventions:  None • Laxatives  Yes  No Type ..... Frequency .....

**Genitorurinary :**  NSF

Colour of Urine White Frequency 6-7 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 30/8/24 Regular / Irregular \_\_\_\_\_

Dysmenorrhea  Yes  No      Amenorrhea  Yes  No      if yes, Duration 1 month  
 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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 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:

*Handwritten mark resembling a stylized '2' or '3' with a vertical line extending upwards.*

EXAMINATION OF EYES:

Right Eye:

Left Eye:

Distant Vision without Glasses:

*6/6*

*6/6*

Distant Vision with Glasses:

*1*

*1*

Near Vision without Glasses:

*20*

*20*

Near Vision with Glasses:

*1*

*1*

Intraocular Pressure:

*12*

*12*

Anterior Segment:

*FF*

*FF*

Fundus:

*FF*

*FF*

PRESCRIPTION OF GLASSES:

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

Type of glass:

ADVICE:

*Sterling Addlife India Limited  
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*DR MAYA PATEL  
(OPHTHALMOLOGIST)*





GYNAECOLOGIST CHECK UP

NAME: *Namula varshini*

DATE: *28/9/24*

AGE: *28yrs*

*ML 10 months  
NO kids.*

COMPLAINTS: *none.*

*MC 5-6 days  
26-30*

O/H PARA: *G<sub>0</sub> P<sub>0</sub> A<sub>0</sub> L<sub>0</sub>*

MENSTRUAL H/O: *13/09/24*

P/A: *Soft*

P/S: *NAD*

P/V: *NAD*

ADVICE: *Pap smear test taken*

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*[Signature]*  
**DR. ARCHANA DWIVEDI**  
(GYNAECOLOGIST)





Passport No :

**LABORATORY TEST REPORT**


Patient Information		Sample Information		Location Information	
Name	: Mrs. Varshini Nomula .	Lab Id	: 092407503076	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 28 Y 20-Jul-1996	Registration on	: 28-Sep-2024 09:08	Location	: Main BNo./
Ref. Id	: 299581 / 2811894	Collected at	: SAWPL	Approved on	: 28-Sep-2024 12:08 Status : Final
Ref. By	: Dr. RMO, STERLING...	Collected on	: 28-Sep-2024 09:15	Printed On	: 30-Sep-2024 11:17
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadodar

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**
**Complete Blood Count**

Test	Result	Unit	Biological Ref. Interval
Hemoglobin	12.1	g/dL	12.0 - 16.0
RBC Count	H 4.84	million/cmm	3.8 - 4.8
Hematocrit	39.0	%	36 - 48
MCV	L 80.7	fL	83 - 101
MCH	L 25.0	pg	26.4 - 33.2
MCHC	L 31.0	g/dL	31.8 - 35.9
RDW CV	H 14.60	%	11.6 - 14

**Total WBC and Differential Count**

WBC count SF Cube cell analysis 5870 /cmm 4000 - 10000

**Differential Count**

	Result	Unit	Absolute Count
Neutrophils	64 %	40 - 80	3757 /cmm 2000 - 6700
Lymphocytes	28 %	20 - 40	1644 /cmm 1000 - 3000
Eosinophils	02 %	1 - 6	117 /cmm 20 - 500
Monocytes	06 %	2 - 10	352 /cmm 200 - 1000
Basophils	00 %	0 - 2	0 /cmm 0 - 100

**Platelet Count**

Platelet Count Electrical impedance 281000 /cmm 150000 - 410000

MPV Calculated 9.80 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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**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**
**Complete Blood Count**

Test	Result	Unit	Biological Ref. Interval
<b>Erythrocytes Sedimentation Rate</b>			
ESR <small>Capillary photometry</small>	15	mm/1hr	0 - 21

**Differential Count**
**Absolute Count**
  
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Sex/Age : <b>Female / 28 Y</b> 20-Jul-1996	Registration on : 28-Sep-2024 09:08	Location : Main BNo./
Ref. Id : 299581 / 2811894	Collected at : SAWPL	Approved on : 28-Sep-2024 12:35 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 28-Sep-2024 09:15	Printed On : 30-Sep-2024 11:17
	Sample Type : EDTA blood	Process At : 75 – Sterling Hospital, Race course (Vadoda

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**
**Blood Group**

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


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Ph: 0265-6144210

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Sex/Age	: Female / 28 Y 20-Jul-1996	Registration on	: 28-Sep-2024 09:08	Location	: Main BNo./
Ref. Id	: 299581 / 2811894	Collected at	: SAWPL	Approved on	: 28-Sep-2024 11:32 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 28-Sep-2024 09:15	Printed On	: 30-Sep-2024 11:17
		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
<b>Fasting Blood Glucose</b> <i>GOD-POD</i>	95.0	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
<b>Normal</b>	< 100 mg/dL	< 140 mg/dL	< 140 mg/dL
<b>Prediabetic</b>	100 – 125 mg/dL	140 – 199 mg/dL	140 – 199 mg/dL
<b>Diabetic</b>	>/= 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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Sex/Age	: Female / 28 Y 20-Jul-1996	Registration on	: 28-Sep-2024 09:08	Location	: Main BNo./
Ref. Id	: 299581 / 2811894	Collected at	: SAWPL	Approved on	: 28-Sep-2024 13:50 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 28-Sep-2024 12:15	Printed On	: 30-Sep-2024 11:17
		Sample Type	: Fluoride	Process At	: 75 – Sterling Hospital, Race course (Vadodar

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**

Test	Result	Unit	Biological Ref. Interval
<b>Post-breakfast Blood Glucose</b> <i>GOD-POD</i>	75	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



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**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
Name : <b>Mrs. Varshini Nomula .</b> Sex/Age : <b>Female / 28 Y</b> 20-Jul-1996 Ref. Id : 299581 / 2811894 Ref. By : Dr. RMO . STERLING...	Lab Id : <b>092407503076</b> Registration on : 28-Sep-2024 09:08 Collected at : SAWPL Collected on : 28-Sep-2024 09:15 Sample Type : EDTA blood	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 28-Sep-2024 13:51 Status : Final Printed On : 30-Sep-2024 11:17 Process At : 75 – Sterling Hospital, Race course (Vadodar

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

Test	Result	Unit	Biological Ref. Interval
HbA1c	5.40	%	For Screening: Diabetes: $\geq 6.5\%$ ; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$  For Diabetic Patient: Poor Control : $> 7.0\%$ ; Good Control : 6.0-7.0%
Mean Blood Glucose	108.28	mg/dL	

**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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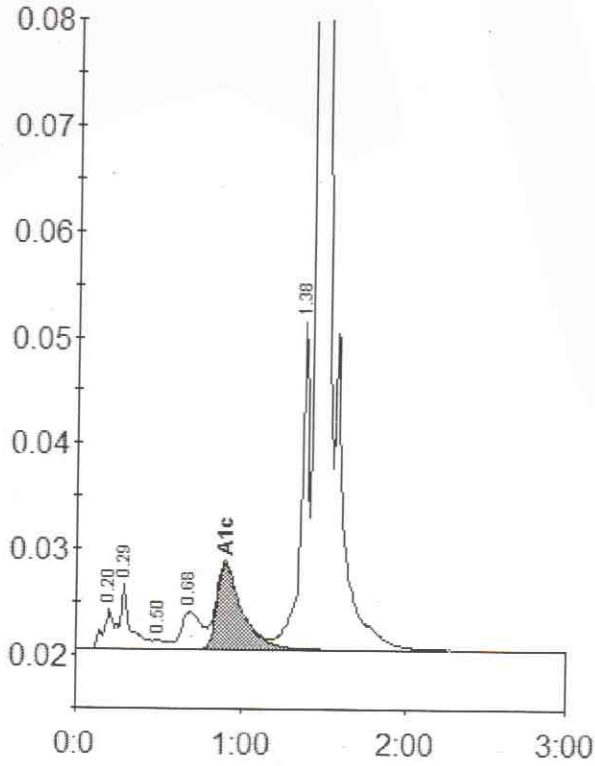




# Patient report

# Sterling HOSPITALS

Bio-Rad D-10 DATE: 28/09/2024  
 S/N: #DJ8G550303 Software version: 4.30-2  
 Sample ID: 092407503076  
 Injection date: 28/09/2024 01:36 PM  
 Injection #: 8 Method: HbA1c  
 Rack #: --- Rack position: 8



Peak table - ID: 092407503076

Peak	R.time	Height	Area	Area %
A1a	0.20	3713	17757	0.8
A1b	0.29	6220	24113	1.1
F	0.50	783	4669	0.2
LA1c/CHb-1	0.68	3517	30136	1.4
A1c	0.90	8107	85074	5.4
P3	1.38	30982	110079	5.1
A0	1.44	690768	1866325	87.3
Total Area:		2138153		

Concentration:	%
A1c	5.4





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Ref. Id : 299581 / 2811894	Collected at : SAWPL	Location : BNo./
Ref. By : Dr. RMO . STERLING...	Collected on : 28-Sep-2024 09:15	Approved on : 28-Sep-2024 12:37 Status : Final
	Sample Type : Serum	Printed On : 30-Sep-2024 11:17
		Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**
**Lipid Profile**

Test	Result	Unit	Biological Ref. Interval
<b>Cholesterol</b> <i>Cholesterol oxidase – Peroxidase</i>	170.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
<b>Triglyceride</b> <i>Ezymatic (Lipase/GK/GPa/POD)</i>	H 287.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
<b>HDL Cholesterol</b> <i>PTA/MgCl<sub>2</sub></i>	56.0	mg/dL	Low: <40.0 High: >60.0
<b>Direct LDL</b> <i>Direct measured</i>	58.00	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>	H 57.40	mg/dL	<b>15 - 35</b>
<b>CHOL/HDL Ratio</b> <i>Calculated</i>	3.0		Up to 5.0
<b>dLDL/HDL Ratio</b> <i>Calculated</i>	1.0		Up to 3.5

**Remarks:** \* Sample Appearance : Mild Opalescent.


  
**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>Mrs. Varshini Nomula .</b>	Lab Id : <b>092407503076</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup Main
Sex/Age : <b>Female / 28 Y</b> 20-Jul-1996	Registration on : 28-Sep-2024 09:08	Location : BNo./
Ref. Id : 299581 / 2811894	Collected at : SAWPL	Approved on : 28-Sep-2024 11:33 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 28-Sep-2024 09:15	Printed On : 30-Sep-2024 11:17
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**

Test	Result	Unit	Biological Ref. Interval
<b>Uric Acid</b> <i>Uricase</i>	2.80	mg/dL	2.5 - 6.2
<b>Blood Urea Nitrogen</b> <i>Calculated</i>	L 4.67	mg/dL	7.0 - 17.0
<b>Urea</b> <i>Urease, Colorimetric</i>	L 10.0	mg/dL	15.0 - 36.4
<b>Creatinine, serum</b> <i>Creatinine Amidohydrolase</i>	L 0.40	mg/dL	0.52 - 1.04
<b>BUN Creatinine Ratio</b> <i>Calculated</i>	11.67		
<b>Urea Creatinine Ratio</b> <i>Calculated</i>	25.00		


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Patient Information	Sample Information	Location Information
Name : Mrs. Varshini Nomula .	Lab Id : 092407503076	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 28 Y 20-Jul-1996	Registration on : 28-Sep-2024 09:08	Location : Main
Ref. Id : 299581 / 2811894	Collected at : SAWPL	Location : BNo./
Ref. By : Dr. RMO . STERLING...	Collected on : 28-Sep-2024 09:15	Approved on : 28-Sep-2024 11:38 Status : Final
	Sample Type : Serum	Printed On : 30-Sep-2024 11:17
		Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**
**Liver Function Test**

Test	Result	Unit	Biological Ref. Interval
<b>ALT (SGPT)</b> <i>UV with P5P, IFCC</i>	11.0	U/L	0 - 35
<b>AST (SGOT)</b> <i>UV with P5P</i>	19.0	U/L	14 - 36
<b>GGT (Gamma Glutamyl Transferase)</b> <i>L-y-Glytamyl-p-nitroanilide</i>	L 11.0	U/L	12 - 43
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer, IFCC</i>	74.0	U/L	38 - 126
<b>Total Bilirubin</b> <i>Azobilirubin chromophores</i>	0.40	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>	0.20	mg/dL	0.0 - 1.1
<b>Delta Bilirubin</b> <i>Calculated</i>	0.10	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>	4.30	g/dL	3.5 - 5.0
<b>Globulin</b> <i>Calculated</i>	3.30	g/dL	2.3 - 3.5
<b>A/G Ratio</b> <i>Calculated</i>	1.30		1.3 - 1.7


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Patient Information	Sample Information	Location Information
Name : Mrs. Varshini Nomula .	Lab Id : 092407503076	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 28 Y 20-Jul-1996	Registration on : 28-Sep-2024 09:08	Location : Main BNo./
Ref. Id : 299581 / 2811894	Collected at : SAWPL	Approved on : 28-Sep-2024 12:37 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 28-Sep-2024 09:15	Printed On : 30-Sep-2024 11:17
	Sample Type : Serum	Process At : 75 - Sterling Hospital, Race course (Vadodar

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**
**Thyroid Function Tests**

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <small>CLIA</small>	H 1.63	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <small>CLIA</small>	9.65	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <small>Chemiluminescence</small>	H 5.4010	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

Remarks: \*Kindly correlate clinically.


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**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
Name : <b>Mrs. Varshini Nomula .</b>	Lab Id : <b>092407503076</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : <b>Female / 28 Y</b> 20-Jul-1996	Registration on : 28-Sep-2024 09:08	Location : Main : BNo./
Ref. Id : 299581 / 2811894	Collected at : SAWPL	Approved on : 28-Sep-2024 12:37 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 28-Sep-2024 09:15	Printed On : 30-Sep-2024 11:17
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodara)

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**

Levels of TSH in pregnancy ( $\mu\text{IU/mL}$ ): First Trimester 0.1 - 2.5; Second Trimester 0.2 – 3.0; Third Trimester 0.3 – 3.0.

**NOTE:** TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.

TSH	T3/FT3	T4/FT4	Suggested interpretation of Thyroid function tests pattern
Within range	Decreased	Within range	Isolated low T3 often seen in elderly & associated Non-Thyroid illness. In elderly the drop in T3 level can be up to 25%.
Raised	Within Range	Within Range	Isolated High TSH Especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability; Subclinical Autoimmune Hypothyroidism; Intermediate T4 therapy for hypothyroidism; Recovery phase after Non-Thyroidal illness.
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis; Post thyroidectomy, post radioiodine; Hypothyroid phase of transient thyroiditis.
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies); Intermediate T4 therapy of T4 overdose; Drug Interference-Amiodarone, Heparin, Beta blocker, steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH – Especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness; Subclinical Hyperthyroidism; Thyroxine ingestion.
Decreased	Decreased	Decreased	Central Hypothyroidism; Non-Thyroidal illness; Recent treatment for Hypothyroidism (TSH remains suppressed).
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease), Multinodular goitre Toxic nodule; Transient thyroiditis: postpartum, Silent (lymphocytic), Post viral (granulomatous, subacute, DeQuervain'a) Gestational thyrotoxicosis hyperemesis gravidarum.
Decreased or within range	Raised	Within range	T3 toxicosis; Non-Thyroidal illness.

Reference: Wallach's Interpretation of Diagnostic by Mary Williamson, 10th edition, 2015.


**Dr. C. Shrinivasan..**

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**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
Name : Mrs. Varshini Nomula .	Lab Id : 092407503076	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 28 Y 20-Jul-1996	Registration on : 28-Sep-2024 09:08	Location : Main
Ref. Id : 299581 / 2811894	Collected at : SAWPL	BNo./
Ref. By : Dr. RMO . STERLING...	Collected on : 28-Sep-2024 09:15	Approved on : 28-Sep-2024 11:06 Status : Final
	Sample Type : Urine	Printed On : 30-Sep-2024 11:17
		Process At : 75 - Sterling Hospital, Race course (Vadodara)

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**
**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 1.005		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
<b>Microscopic Examination</b>			
Erythrocytes (RBCs)	Absent	/hpf	0 - 2
Pus Cells	Occasional	/hpf	0 - 5
Epithelial Cells	Plenty	/hpf	
Crystals	Absent		Absent
Casts	Absent		Absent
Bacteria	Absent		Absent
Amorphous Material	Absent		Absent
Yeast	Absent		Absent


**Dr. C. Shrinivasan..**

 M.D ( Pathology ) [G-18341]  
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Histo / Cyto No : C4O00753

**LABORATORY REPORT**


Patient Information		Sample Information		Client / Location Information	
Name	: Mrs. Varshini Nomula .	Lab ID	: 092407503076	Client Name	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Female /28 Years	Registered on	: 28-Sep-2024 09:08	Location	:
Ref. Id	:	Collected at	: non SAWPL	Approved on	: 30-Sep-2024 10:38
Ref. By	: Dr. RMO . STERLING...	Collected on	: 28-Sep-2024 15:15	Printed on	: 30-Sep-2024 11:17
		Sample Type	: PAP Material	Processed at	: 17 – Sterling Hospital, Bhayli (Vadodara)
Branch	: 75 – Sterling Hospital, Race course (Vadodara)				

**CYTOPATHOLOGY**
**\* PAP Smear No. :**

P - 541/24

**\* Obstetric History :**

GO PO AO LO

**\* Menstrual History :**

LMP : 13/9/24

**\* 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 -----


**Dr. Kajal Parmar**

MD

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Report Date: 28 Sep 2024 - 09:17 AM

Patient Id	: RCR-299581	Patient Name	: . VARSHINI NOMULA
Age	: 28Y 2M 8D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 28 Sep 2024 - 09:05 AM

**X-RAY CHEST PA VIEW**

Both lung fields show prominent broncho-vascular markings.  
Cardiac size appears within normal limit.  
Trachea and mediastinal soft tissue shadow appear unremarkable.  
Bilateral C.P. angles and both domes of diaphragm appear normal.  
Chest cavity thorax under vision appears normal.

**CONCLUSION:**

**No significant chest abnormality detected.**

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

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Nomula varshini

28 Years

Female

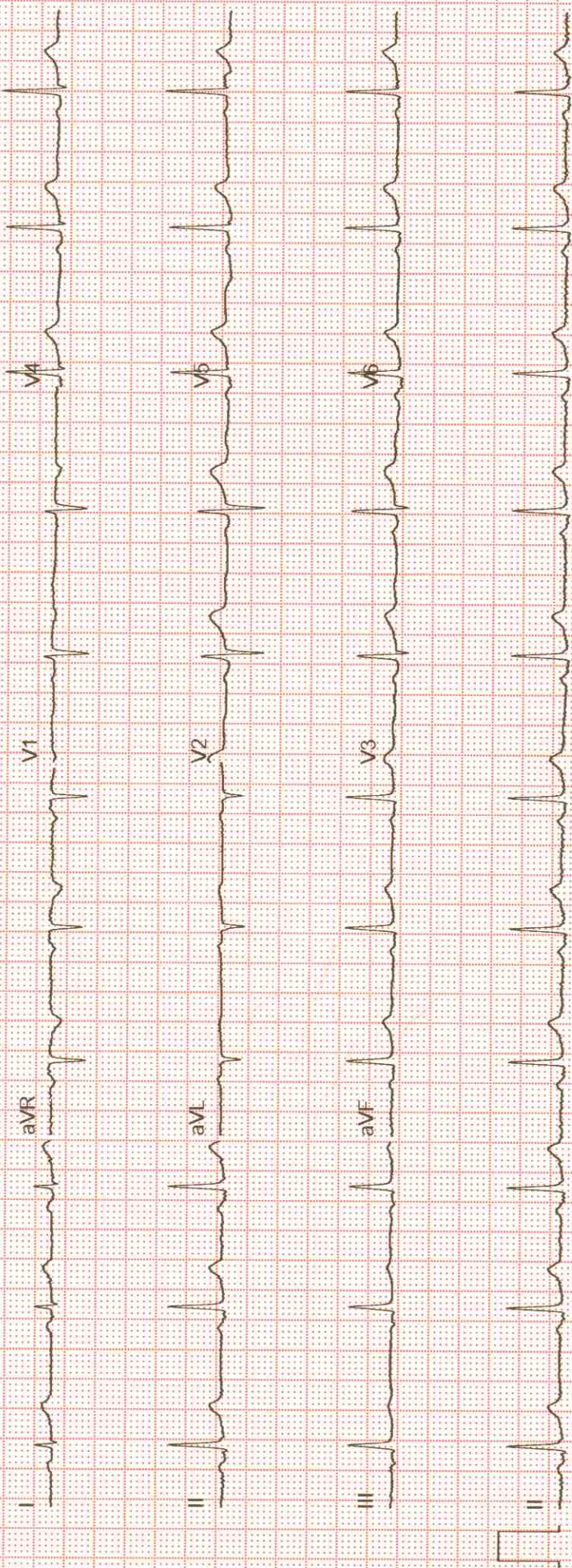
QRS  
QT / QTcBaz  
PR  
P  
RR / PP  
P / QRS / T

76 ms  
390 / 408 ms  
148 ms  
88 ms  
904 / 909 ms  
28 / 78 / 54 degrees

28.09.2024 9:05:24  
STERLING HC  
HCP  
VADODARA

66 bpm  
— / — mmHg

65/110





## 2D ECHOCARDIOGRAPHY REPORT



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Race Course Road, Vadodara

Name: Ms. NOMULA VARSHINI  
Age: 28 Years  
Sex: F  
Date: 28-Sep-2024

Ref By: HCP  
Study: 2D Echo

### M-MODE:

IVS	10mm	LVDD	46mm
PW	11mm	LVDS	24mm
LA	37mm	LV EF	60 %

### DOPPLER STUDY:

MITRAL	E 1.21	A 0.79
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 RV SIZE AND FUNCTION
- ALL VALVES ARE NORMAL
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- NORMAL IVC

Dr. RANJEETKUMAR SHUKLA MD,DM  
Consultant interventional Cardiologist

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Sterling Hospital, Race Course Road, Vadodara-390007, Gujarat, India





Report Date: 28 Sep 2024 - 02:21 PM

Patient Id	: RCR-299581	Patient Name	: VARSHINI NOMULA
Age	: 28Y 2M 8D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 28 Sep 2024 - 01:54 PM

### ULTRASOUND OF PELVIS (TVS)

**Urinary bladder** is empty.

**Uterus** appears normal in size (7.2 x 4.5 x 5.6 cm) and shape and reveals normal echotexture. Endometrial thickness is 10 mm.

**Right ovary** is enlarged measures ~ 6.1 x 4.8 x 3.4 cm ( ~52 ml). A heterogeneously hyperechoic lesion with internal anechoic/ fluid component is seen in right ovary measuring 3.7 x 3.4 x 3.8 cm. No internal vascularity is seen. No internal calcification. Imaging features suggest possibility of hemorrhagic corpus luteal cyst.

**Left ovary** measures ~ 2.8 x 1.4 x 1.8 cm (~ 5 ml), appears normal. No adnexal mass is seen.

**Minimal fluid is seen in POD.**

### IMPRESSION

- Bulky right ovary with cystic lesion as described- likely hemorrhagic corpus luteal cyst. Adv follow up and clinical correlation.
- Minimal fluid in POD.

**Dr. Palak Nandolia**  
Consultant Radiologist

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Report Date: 28 Sep 2024 - 12:21 PM

Patient Id	: RCR-299581	Patient Name	: . VARSHINI NOMULA
Age	: 28Y 2M 8D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 28 Sep 2024 - 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** (11.6 mm) and **CBD** (4.2 mm) appear normal.

**Gall bladder** distended and shows normal wall thickness. No evidence of calculus or mass lesion seen.

**Visualized pancreas** appears normal.

**Spleen appears mildly enlarged (13 cm)** and shows normal echotexture.

**Right kidney** (10.2 x 4.1 cm) appears normal. There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained.

**Left kidney** (11.1 x 4.3 cm) appears normal. 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** appears normal in size and shape and reveals normal echotexture. Endometrial thickness is 8.4 mm.

**Right ovary is enlarged and measures upto ~ 65 ml in volume. Left ovary is normal.**

No evidence of ascites seen.

#### IMPRESSION

- Mild splenomegaly.
- Enlarged right ovary. Adv further evaluation with TVS and clinical correlation.
- No other significant intra-abdominal abnormality seen in present study.



**Dr. Palak Nandolia**  
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