

HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: PRANJAL P PANIGRAHI	
SH No: 298078	Date: 29/07/2024
Age: 21	Gender: FEMALE

ASSESSMENT:

- ALLERGY: DUST, WOOD DUST, PLASTIC BAG, DUST
RESIDUE: SWELLING, ITCHING, REDNESS OF FINGERS
- C/O: PERIODIC CRAMPS, HEADACHE, CHEEK BONE AREA PAIN
- O/E-B.P: 80/60
- BLURRED VISION WITHOUT GLASSES
- NAUSEA & HEARTBURN: PRESENT
- DYSMENORRHEA: PRESENT
- CHRONIC GENERALISED GINGIVITIS
- ENT: TURBINATES HYPERTROPHIED, MUCOSA CONGESTED
- HIGH RBC COUNT (5.02 MILLION/CMM), LOW LYMPHOCYTES (14)
- LOW VLDL (8.40)
- LOW BLOOD UREA NITROGEN (5.61), LOW UREA (12), LOW CREATININE, SERUM (.50)
- ECG: T INVERSION IN L3

ADVISED:

- PLENTY OF LIQUIDS
- REMAIN AWAY FROM ALLERGENS
- AVOID OUTSIDE FOOD AND WATER
- REGULAR EXERCISE
- OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- DENTAL ADVICE : POLISHING, SCALING & FOLLOW ADVICE
- ENT 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

Sterling Hospital, Race Course Road

Opp. Inox Cinema Hari Nagar, Circle West, Vadodara - 390007, Gujarat
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CIN# U85110GJ2000PTC039121

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Banjari P. Parigrahi

30/7/2024

No Hospital
repeated Head
repeated common cold

No Covid

↑ Postum

Admits No

PH No

Covid 2,

① HP Vaccin

Am-10/10

20 sec 5 min

B/L

30 sec 15 min

H/L

2 mt 2 hr

✓ Adm

CT-PMS

Echocardi

Avoid cold drinks, Ice cream
Warm water

Steam Inhal

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DIETARY GUIDELINES FOR HIGH PROTEIN

Protein is an essential macronutrient, but not all food sources of protein are created equal, and you may not need as much as you think. Protein plays a crucial role for the maintenance of overall good health of body. Protein is the major components in our body. Most Protein is found in Skin, Hair, Muscles & various other organs.

FUNCTIONS OF PROTEIN:

- They help to strengthen these structures.
- Perform the various movements in body like contraction of muscles & movement
- It makes up the enzymes that power many chemical reactions for digestive system.
- Provide the strength to Cells & Tissues & takes a vital part in formation of Haemoglobin.
- Controls various biochemical reactions in the body & supports good health of immune system.

WHO NEEDS HIGH PROTEIN?

- CHILDREN: For proper growth & development.
- ADULT: To maintain Lean Body Mass & maintain Hormonal Balance.
- ELDERLY: To minimize Muscles Catabolism & Maintain Immune System.
- DURING HOSPITALISM: Protein levels should be achieved Pre-Surgery to prevent:
 - Post-Operative complications like Oedema-which delays wound healing.
 - Prevent depletion of Protein following Surgery to avoid Negative Nitrogen Balance.
 - Intake increases to 1-1.5 gm/kg/day for appropriate healing.

PROTEIN-RICH FOOD SOURCES:

FOOD GROUPS	FOOD SOURCES
CEREALS	Bajra, Barley, Jowar, Maize, Oats, Quinoa, Rajagara, Moriyo, Kodri
PULSES	All Whole Pulses & Dals, Soya Nuggets & Tofu Sprouts have high biological value source of Protein.
VEGETABLES	Spinach, Beans & Peas, Sweet Corn
MILK & MILK PRODUCTS	Low-Fat Dairy products, Milk, Curd, Paneer, Cheddar Cheese, Parmesan Cheese
NUTS & SEEDS	Almonds, Cashew Nut, Pistachios, Peanuts, Pumpkin Seeds, Chia Seeds, Peanut Butter
ANIMAL PRODUCTS	Eggs, Chicken, Mutton, Prawns, Fish, Prawns, Crab, Organ Meat

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HOME BASE DIET CHART FOR FULL DIETPATIENT NAME: Pranjali DATE: 30/7/20PRESCRIBED DIET: Normal diet

EARLY MORNING: 1 glass lukewarm water + Lemon juice + 10-15 Methi seeds (soaked)

EXERCISE: 15-20 minutes

07:30 am: Milk (1 cup) + Healthy Breakfast (Poha / Upma / Idli / Uttappam / Chila / Dosa / Oats / Mueslis / Sprout Chat / as listed)

10:00 am: Fresh Fruit / Veg. Juice / Coconut Water / Green Tea / Lemon Juice / Chaas

12:30 pm: Salad (Mixed veg. / Anyone Veg. / Sprout + Veg. Mix Salad)

01:00 pm: 2-3 Phulka Roti

1 Bowl each (Sabji + Dal + Kathol + Rice)1 Bowl Curd / Raita / 1 Glass Buttermilk

04:00 pm: 1 Cup Milk / Tea / Coffee / Milk Shake

+

1 Small Bowl of Boiled / Roasted Pulses or Sprouts Pulses

+ / or

1 Small Bowl Light Roasted Snacks (Poha / Mamra / Popcorn / Khakhra / Makhana)EXERCISE: 15-20 minutes

07:30 pm: 2-3 Phulka Roti + 1 Bowl Sabji or Veg. Dalia or Rava Upma / Pudla (Chila) / Plain or Masala Dosa with Green or Coconut Chutney / 3-4 Idli with Sambhar / Uttappam with Sambhar / Vegetable Khichdi or Pulav / Thepla or Veg. Paratha Veg. Poha with Curd

Bedtime: 150 ml milk + Haldi ½ tsp or Fruit (Papaya / Sweet lime / Melons)

DAILY REQUIREMENTS:

Salt: to taste

Sugar / Jaggery: 2-3 tsp/day (20gm)

Oil / Ghee: 4-5 tsp/ day (30ml)

NOTE:

Exercise regularly 30-45 minutes, everyday.

Eat small & frequent meals.

Sleep 7-8 hours daily

Drink 8-10 glasses of water

Add more fruits & vegetables to your diet.

Avoid bakery foods & carbonated beverages.

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**HEALTH CHECK UP
 MEDICAL EXAMINATION**

 Name : Miss Pranjal P. Panigrahi Employee ID : _____
 Company Name : _____ Age : 21 Sex : M/E
 Height : 153 cms. Weight : 55.6 Kgs BMI : 23.75 Blood Group : O+ve
 Name of HO / Registrar taking History : Dr. Jay S. Panda

Allergies : <input type="checkbox"/> None <input checked="" type="checkbox"/> Yes (If Yes, describe)	
Drugs/Food/Latex/Dyes/Contrast/Other	Reaction
1. <u>Dirt/Wood: Dusty or plastic,</u>	<u>Swelling in body</u>
2. <u>hair hair, dust</u>	<u>itching, redness</u>
3. <u>residue</u>	<u>of finger</u>

Chief Complaints :

Clb - muscle cramp Periodic cramps
Headache; cheek Bone and pain in forehead pain

Physical Examination :
Vital Signs :

 Temp : Afebrile °F SPO₂ : 99 Pulse : 87 /min R/R : 17 /min B.P. : 80/60 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).....	Any Other Medication
Under Treatment of Dr.	P/H of Hospitalization
Any Intervention done	Diagnosis : <u>forehead headache</u>
P/H of Operation	Year :
Diagnosis :	Duration :
Name of Operation :	Blood Transfusion History : Yes / No <input checked="" type="checkbox"/>
Year of Operation :	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 <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	Normal	Alcohol	Yes/No <input checked="" type="checkbox"/> No	since	(freq.)
Sleep	Normal	Drugs	Yes/No <input checked="" type="checkbox"/> No	since	(freq.)
Micturition	Normal	Tobacco	Yes/No <input checked="" type="checkbox"/> No	since	(freq.)
Bowel Habits	Normal	Any other habit			

FOR FEMALES :

 Obstetric History : L.D. L.M.P. 16/07/24
 Abortion :
 Others :

General Examination :

-
- Anemia
-
- Cyanosis
-
- Jaundice
-
- Generalized Lymphadenopathy
-
- Pedal oedema

General Examination :
Head : NSF Headache.

 Injuries (Specify if any) : No.
Eyes : NSF glasses for Distort vision

- Vision : Normal Blurred Double Colour Blind
- Pupils : Normal Abnormal without glasse
- 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
- 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 NO
- Dizziness Yes No
- Paralysis Yes No if yes R L
- Depression Yes No
- if disoriented, to Person Place Time

Respiratory : NSF

- Lung sounds: AEBE 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
- 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
- Frequency of stool 2 times/day
- Interventions: None • Laxatives Yes No Type Frequency

Genitorurinary : NSF

Colour of Urine Dark yellow Frequency 1 time / 3 hrs

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 16/07/20 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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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: *Myo*

Any Surgery: |

Color Blind: |

Diabetes: |

Hypertension: | *NAD*

Any Treatment: |

EXAMINATION OF EYES:

Right Eye:

Left Eye:

Distant Vision without Glasses:

Distant Vision with Glasses: *6/6* ————— *6/6* —

Near Vision without Glasses: *17/6* ————— *17/6* —

Near Vision with Glasses:

Intraocular Pressure:

Anterior Segment: *norm* —————

Fundus: *norm* —————

PRESCRIPTION OF GLASSES:

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

Type of glass:

ADVICE:

*Get glasses
fit optically only
flex @ weekly*

DR TARAL SHAH
(OPHTHALMOLOGIST)

Sterling Addlife India Limited
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Race Course Circle, (West)
VADODARA - 390 007.
DR KUNTAL SHAH
(OPHTHALMOLOGIST)



Dr. Sonica Peshin

Dentistry

Senior Cosmetic dentist and Implantologist

A-6966

Email: thespeakingtooth@gmail.com

Phone: 9586867301



Race Course Road, Vadodara

Dental assessment form

29/07/2024

Name: Pranjal Panigrahi

Age/ Sex: 21 years/Female

OPD no: 298078

Patient has come for an oral hygiene check up

On Examination:

- Stains++ Calculus+
- History of horizontal brushing
- Missing teeth with respect to 18, 17
- Supra-erupting tooth with respect to 48

Provisional diagnosis:

- Chronic generalised gingivitis

Treatment plan:

- Scaling and polishing
- IOPAR with respect to 17, 18 and extraction of 48, when pain arises

Advised:

- Brush your teeth twice daily
- Salt water rinses atleast once a day.
- Clean your tongue and floss in between everyday.
- Follow vertical brushing technique.

Dr Sonica Peshin

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GYNAECOLOGIST CHECK UP

NAME: Premjal P Panigrahi DATE: 29/7/24

AGE: 21yrs.

unmarried

COMPLAINTS: None.

mc. 4-5 days.
26-30

O/H PARA: G₀ P₀ A₀ L₀

MENSTRUAL H/O: 16/7/24

P/A: }
P/S: } N/A
P/V: }

ADVICE: Pap smear test not done.
Pt. unmarried Pt-refused

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DR. ARCHANA DWIVEDI
(GYNAECOLOGIST)





EAR, NOSE & THROAT CHECK-UP

COMPLAINTS:

off & on cold o Rhinitis

EXAMINATION OF EARS:

Local Examination:

BTM not seen
Wax not
No Discharge

Tympanic Membrane:

EXAMINATION OF NOSE:

Local Examination:

Slight N
Tubercle - Hypertrophied
Mucosa - Congested

THROAT & LARYNX:

- am
no lymphadenopathy.

LARYNGOSCOPIC EXAMINATION:

R
- Swollen CP Ender
- In Allerg M-100
- Normal Analgesic

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DR. PARAMJEET SAINI
ENT SURGEON






Passport No :

LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Ms. Pranjal P Panigrahi Sex/Age : Female / 21 Y 11-Sep-2002 Ref. Id : 298078 / 2803187 Ref. By : Dr. RMO , STERLING...	Lab Id : 072407502486 Registration on : 29-Jul-2024 13:21 Collected at : SAWPL Collected on : 29-Jul-2024 12:30 Sample Type : Fluoride	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 29-Jul-2024 16:18 Status : Interim Printed On : 30-Jul-2024 10:55 Process At : 75 – Sterling Hospital, Race course (Vadodar

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <small>GOD-POD</small>	106	mg/dL	70 - 140
Post-breakfast Urine Glucose <small>GOD-POD</small>	Absent		Absent
Post Breakfast Urine Ketone <small>Nitroprusside</small>	Absent		Absent



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





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Name	: Ms. Pranjal P Panigrahi	Lab Id	: 072407502486	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 21 Y 11-Sep-2002	Registration on	: 29-Jul-2024 13:21	Location	: Main BNo./
Ref. Id	: 298078 / 2803187	Collected at	: SAWPL	Approved on	: 29-Jul-2024 16:30 Status: Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 29-Jul-2024 10:10	Printed On	: 30-Jul-2024 10:55
		Sample Type	: Whole blood	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Complete Blood Count

Test	Method	Result	Unit	Biological Ref. Interval
Hemoglobin	Colorimetric	13.1	g/dL	12.0 - 16.0
RBC Count	Electrical Impedance	H 5.02	million/cmm	3.8 - 4.8
Hematocrit	Calculated	40.7	%	36 - 48
MCV	Derived	L 81.2	fL	83 - 101
MCH	Calculated	L 26.0	pg	26.4 - 33.2
MCHC	Calculated	32.1	g/dL	31.8 - 35.9
RDW CV	Calculated	H 15.40	%	11.6 - 14
Total WBC and Differential Count				
WBC count	SF Cube cell analysis	6550	/cmm	4000 - 10000
Differential Count				
Neutrophils	Microscopic	80	%	40 - 80
Lymphocytes	Microscopic	14	%	20 - 40
Eosinophils	Microscopic	01	%	1 - 6
Monocytes	Microscopic	05	%	2 - 10
Basophils	Microscopic	00	%	0 - 2
Absolute Count				
				5240 /cmm 2000 - 6700
				917 /cmm 1000 - 3000
				66 /cmm 20 - 500
				328 /cmm 200 - 1000
				0 /cmm 0 - 100
Platelet Count				
Platelet Count	Electrical impedance	325000	/cmm	150000 - 410000
MPV	Calculated	11.80	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	14	mm/1hr	0 - 21
	<small>Capillary photometry</small>		

Differential Count
Absolute Count

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

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Blood Group

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


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Ref. By	: Dr. RMO . STERLING...	Collected on	: 29-Jul-2024 10:10	Printed On	: 30-Jul-2024 10:55
		Sample Type	: Serum, Urine	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <i>GOD-POD</i>	90.0	mg/dL	74 - 100
Fasting Urine Glucose <i>GOD-POD</i>	Absent		Absent
Fasting Urine Ketone <i>Nitroprusside</i>	Absent		Absent

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

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

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

Criteria for Diagnosis of Diabetes:

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

(With symptoms of hyperglycemia or hyperglycemic crisis)

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

References:

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


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	: Ms. Pranjal P Panigrahi	Lab Id	: 072407502486	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 21 Y 11-Sep-2002	Registration on	: 29-Jul-2024 13:21	Location	: Main BNo./
Ref. Id	: 298078 / 2803187	Collected at	: SAWPL	Approved on	: 30-Jul-2024 10:44 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 29-Jul-2024 10:10	Printed On	: 30-Jul-2024 10:55
		Sample Type	: Whole blood	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

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

Test	Result	Unit	Biological Ref. Interval
HbA1c	3.90	%	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	65.23	mg/dL	

Remarks: *Variant hemoglobin detected which may affect value of glycosylated hemoglobin. HPLC is advised for further confirmation of the Variant hemoglobin & serum Fructosamine is advised as a reliable indicator average blood glucose levels.
*Adv:Repeat after one month.

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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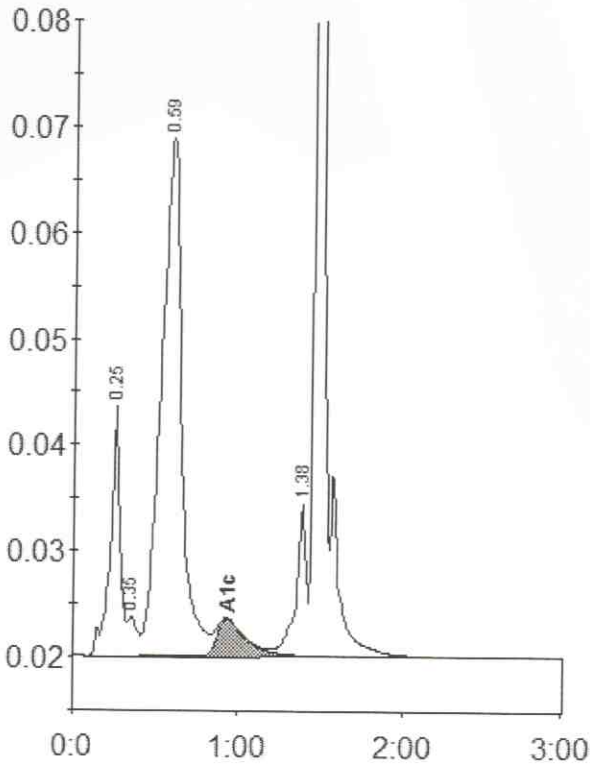




Patient report

Sterling HOSPITALS

Bio Rad DATE: 29/07/2024
 D10 TIME: 08:58 PM
 S/N: #DJ8G550303 Software version: 4.30-2
 Sample ID: 072407502486
 Injection date: 29/07/2024 02:07 PM
 Injection #: 7 Method: HbA1c
 Rack #: --- Rack position: 2



Peak table - ID: 072407502486

Peak	R.time	Height	Area	Area %
A1b	0.25	23775	95084	6.5
Unknown	0.35	3703	14577	1.0
LA1c/CHb-1	0.59	48869	428615	29.3
A1c	0.93	3413	42987	3.9
P3	1.38	14450	61028	4.2
A0	1.46	320963	819794	56.1
Total Area:			1462085	

Concentration:	%
A1c	3.9



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Passport No :

LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Ms. Pranjal P Panigrahi	Lab Id : 072407502486	Pt. Type : Sterling Hospital Vadodara Health Checkup Main
Sex/Age : Female / 21 Y 11-Sep-2002	Registration on : 29-Jul-2024 13:21	Location : BNo./
Ref. Id : 298078 / 2803187	Collected at : SAWPL	Approved on : 29-Jul-2024 16:18 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 29-Jul-2024 10:10	Printed On : 30-Jul-2024 10:55
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase – Peroxidase</i>	123.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPo/POD)</i>	42.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl2</i>	56.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	62.00	mg/dL	Optimal: <100 Near to above Optimal: 100–129 Borderline High: 130-159 High: 160–189 Very High: =190
VLDL <i>Calculated</i>	L 8.40	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	2.2		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	1.1		Up to 3.5


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LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Ms. Pranjal P Panigrahi	Lab Id : 072407502486	Pt. Type : Sterling Hospital Vadodara Health Checkup Main
Sex/Age : Female / 21 Y 11-Sep-2002	Registration on : 29-Jul-2024 13:21	Location : BNo./
Ref. Id : 298078 / 2803187	Collected at : SAWPL	Approved on : 29-Jul-2024 16:19 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 29-Jul-2024 10:10	Printed On : 30-Jul-2024 10:55
	Sample Type : Serum	Process At : 75 - Sterling Hospital, Race course (Vadodar

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>	L 5.61	mg/dL	7.0 - 17.0
Urea <i>Urease, Colorimetric</i>	L 12.0	mg/dL	15.0 - 36.4
Creatinine, serum <i>Creatinine Amidohydrolase</i>	L 0.50	mg/dL	0.52 - 1.04
BUN Creatinine Ratio <i>Calculated</i>	11.22		
Urea Creatinine Ratio <i>Calculated</i>	24.00		


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Patient Information		Sample Information		Location Information	
Name	: Ms. Pranjal P Panigrahi	Lab Id	: 072407502486	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 21 Y 11-Sep-2002	Registration on	: 29-Jul-2024 13:21	Location	: Main BNo./
Ref. Id	: 298078 / 2803187	Collected at	: SAWPL	Approved on	: 29-Jul-2024 16:52 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 29-Jul-2024 10:10	Printed On	: 30-Jul-2024 10:55
		Sample Type	: Urine	Process At	: 75 - Sterling Hospital, Race course (Vadodar

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>	1.015		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	Plenty	/hpf	
Crystals	Absent		Absent
Casts	Absent		Absent
Bacteria	Absent		Absent
Amorphous Material	Absent		Absent
Yeast	Absent		Absent


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Patient Information		Sample Information		Location Information	
Name	: Ms. Pranjal P Panigrahi	Lab Id	: 072407502486	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 21 Y 11-Sep-2002	Registration on	: 29-Jul-2024 13:21	Location	: Main BNo./
Ref. Id	: 298078 / 2803187	Collected at	: SAWPL	Approved on	: 29-Jul-2024 16:21 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 29-Jul-2024 10:10	Printed On	: 30-Jul-2024 10:55
		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) <i>CLIA</i>	1.35	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <i>CLIA</i>	10.40	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <i>Chemiluminescence</i>	1.0450	µIU/mL	0.4557 - 4.160


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Name	: Ms. Pranjal P Panigrahi	Lab Id	: 072407502486	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 21 Y 11-Sep-2002	Registration on	: 29-Jul-2024 13:21	Location	: Main BNo./
Ref. Id	: 298078 / 2803187	Collected at	: SAWPL	Approved on	: 29-Jul-2024 16:21 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 29-Jul-2024 10:10	Printed On	: 30-Jul-2024 10:55
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Levels of TSH in pregnancy (µIU/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.

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


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Pranjal

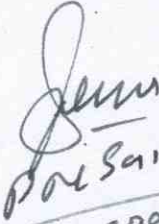
3/2/24

Q - Sinus. C.P. Ear drum - in
2 days - 2-3 times between ears.

= 15 days
Nasal Spray
Spray in nose 2 times.

• Steam Inhalation

- 12 Aug 11 - 15
①


Dr. Saini
9898083314



Patient Id	: P-00000020	Patient Name	: PRANJAL P PANIGRAHI 21Y
Age	:	Sex	: Female
Ref. Doctor	:	Study Date	: 29 Jul 2024 - 11:32 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.
Empty thorax under vision appears normal.

IMPRESSION

No significant abnormality detected.

Dr. Palak Nandolia
Consultant Radiologist

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



ID: PRANJAL
Name: PANIGRAHI
Age: 21 Years
Gender: Female

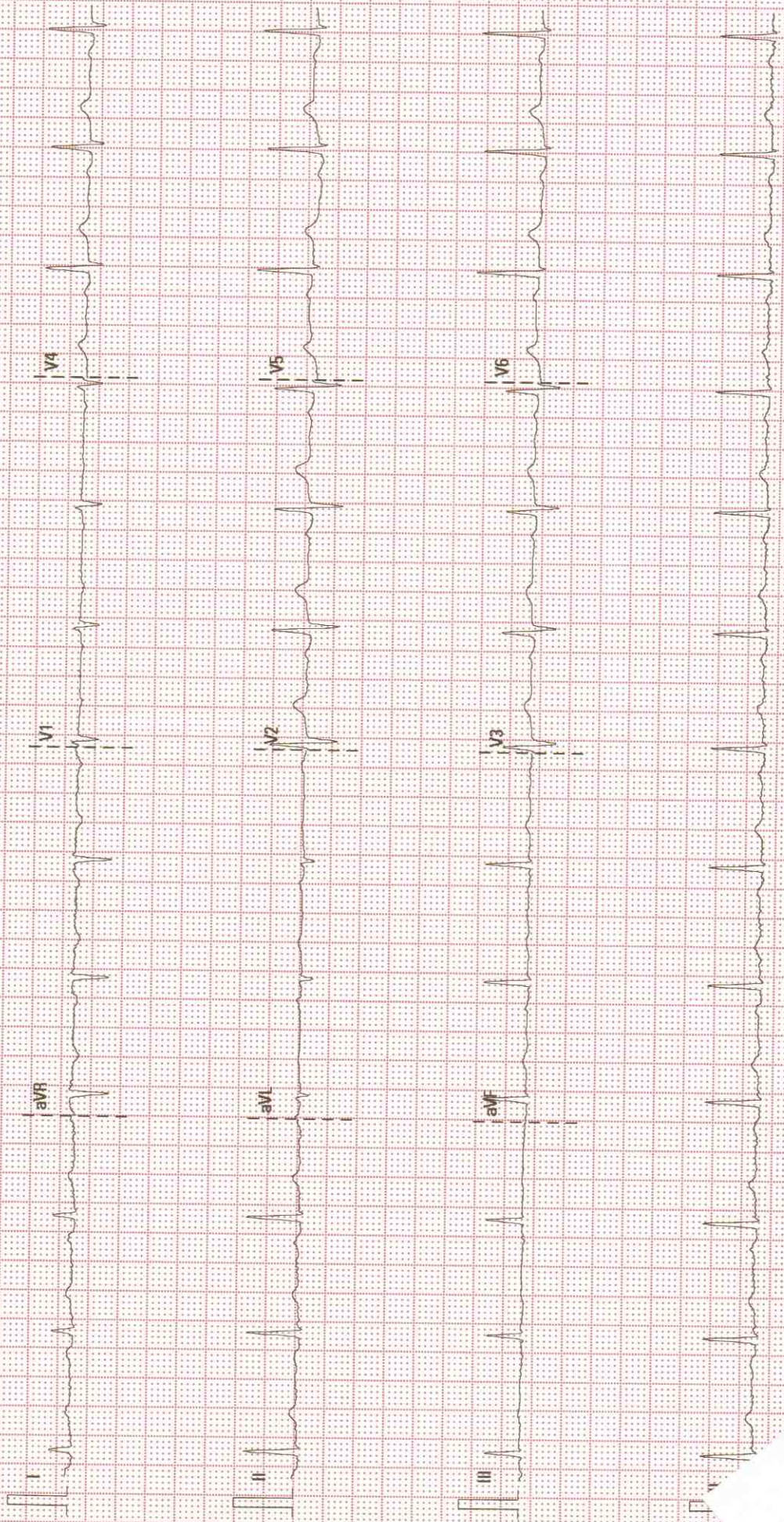
29-07-2024 09:36:14 AM

Vent. Rate: 75 bpm
PR Interval: 166 ms
QRS Duration: 76 ms
QT/QTc Interval: 380/406 ms
P/QRS/T Axes: 6/69/31 deg
QTc: Hodges

Sinus rhythm
Normal ECG

Unconfirmed Diagnosis

T2 L3



10 mm/mV 50 Hz 9DR 20 Hz

02.06.00.V28.4.1 SN.FN.74007622



Patient Id	: RCR-298078	Patient Name	: PANIGRAHI PRANJAL P
Age	: 21Y 10M 18D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 29 Jul 2024 - 12:06 PM

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size and shows normal echotexture. No focal lesion seen. No IHBR dilatation.

Portal vein (10 mm) and CBD (2.8 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 normal in size (10.7 cm) and shows normal echotexture.

Right kidney (10.2 x 3.4 cm) appears normal. There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained.

Left kidney (10.4 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 (8.1 x 3.4 x 3.3 cm) and shape and reveals normal echotexture. Endometrial thickness is 8 mm.

Both **ovaries** appear normal. No adnexal mass is seen.

No evidence of ascites seen.

IMPRESSION

No significant intra-abdominal abnormality seen in present study.

Dr. Palak Nandolia
Consultant Radiologist

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