



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: SATENDRA KUMAR JAIN	
SH No: 300286	Date:26 10 2024
Age: 31	Gender: MALE

ASSESSMENT:

- o ALLERGY : NOT KNOW (RASHES & MARKS ON FACE).
- o OVERWEIGHT(BMI:27.46)
- o K/C/O : SKIN ECZEMA OF LEFT EAR LOBE (STOPPED TREATMENT SINCE 10 DAYS),
- o F/H/O: DIABETES(MOTHER),
- o O/E-B.P:140/80
- o ENT EXAMINATION : MILD DNS TO RIGHT
- o HIGH RBC COUNT(5.52 MILLION/CMM) , HIGH HEMATOCRIT(49.1) , HIGH PLATELET COUNT(415000)
- o BORDERLINE HIGH TRIGLYCERIDE(155) , LOW HDL CHOLESTEROL(37) , NEAR TO ABOVE OPTIMAL DIRECT LDL(118)
- o LOW BLOOD UREA NITROGEN(7.48) , LOW BLOOD UREA(16)
- o HIGH ALT (SGPT)(204), HIGH AST(SGOT)(79)
- o HIGH T3,TOTAL (1.82)
- o URINE R/M: BLOOD : PRESENT (TRACE)(3-5)(8-10 PUS CELLS)
- o ECG: T INVERSION IN L3 , LOW VOLTAGE
- o 2D ECHOCARDIOGRAPHY : TRACE MR, TRACE TR , RVSP=26 MMHG+RAP
- o USG ABDOMEN & PELVIS: GRADE 2 GENERALISED FATTY INFILTRATION OF LIVER , BILATERAL NON OBSTRUCTIVE RENAL CALCULI

ADVISED:

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

Sterling Addlife India Limited
Unit-Sterling Hospital, Vadodara
Race Course Circle (West)
VADODARA-390007.
DR. JAY S PANDIT

Prevention & Rehabilitation Dept

Hospital Address: Sterling Hospitals, Race Course Road, Opp. Inox Cinema Hari Nagar, Circle West, Vadodara – 390007, Gujarat, India | Call: 0265-6144111, 0265-2354455, 98 98 98 78 78
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Registered Office: Sterling Addlife India Private Limited | CIN U85110GJ2000PTC039121
Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad-380052, Gujarat, India





HEALTH CHECK UP MEDICAL EXAMINATION

Name: Satendra Kumar Jain Employee ID : _____
 Company Name : _____ Age : 31 Sex : M/F
 Height : 180 cms. Weight : 89 Kgs BMI : 27.46 Blood Group : _____
 Name of HO / Registrar taking History : Dr. Jay's Reddy

Allergies : <input type="checkbox"/> None <input type="checkbox"/> Yes (If Yes, describe)	
Drugs/Food/Latex/Dyes/Contrast/Other	Reaction
1. <u>not known</u>	<u>Rashes & Swell on face</u>
2.	
3.	

Chief Complaints :

.....

Physical Examination :

Vital Signs :

Temp : 99 °F SPO₂ : 99 Pulse : 74 /min R/R : 18 /min B.P. : 140/80 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.	If Tuberculosis, When
Any Intervention done	Any Other P/H <u>skin & cream d. about 10 days</u>
P/H of Operation Diagnosis :	Any Other Medication <u>stopped for 10 days</u>
Name of Operation :	P/H of Hospitalization
Year of Operation :	Diagnosis :
Others	Year :
.....	Duration :
.....	Blood Transfusion History : Yes /No
.....	Year :

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

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

Hypertension	Yes/No	<input checked="" type="checkbox"/> NAD	Asthma	Yes/No	<input checked="" type="checkbox"/>
Heart Disease	Yes/No	<input checked="" type="checkbox"/> NAD	Stroke	Yes/No	<input checked="" type="checkbox"/>
Diabetes	Yes/No	<input checked="" type="checkbox"/> Mother	Arthritis/Gout	Yes/No	<input checked="" type="checkbox"/>
Tuberculosis	Yes/No	<input checked="" type="checkbox"/>	Cancer	Yes/No	<input checked="" type="checkbox"/>
Epilepsy	Yes/No	<input checked="" type="checkbox"/>	Other Chronic disease	Yes/No	<input checked="" type="checkbox"/>

Personal History :

Diet	<input checked="" type="checkbox"/> Veg.	Smoking	Yes/No	since...../..... per day
Appetite	<input checked="" type="checkbox"/> 3 NAD	Alcohol	Yes/No	since...../.....(freq.)
Sleep	<input checked="" type="checkbox"/> 3 NAD	Drugs	Yes/No	since...../.....(freq.)
Micturition	<input checked="" type="checkbox"/> 3 NAD	Tobacco	Yes/No	since...../.....(freq.)
Bowel Habits	<input checked="" type="checkbox"/>	Any other habit		

FOR FEMALES :

 Obstetric History : L.D.....
 Abortion :
 Others :

General Examination :
 Anemia Cyanosis Jaundice Generalized lymphadenopathy Pedal oedema

General Examination :
Head : NSF

Injuries (Specify if any) :

Eyes : NSF

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

Remarks (if any) :

Ears : NSF

- Deaf Yes No • Pain Yes No • Discharge Yes No
- Dizziness Yes No

Nose : NSF

- Nosebleed Yes No • Congestion Yes No • Sinus problem Yes No

Mouth : NSF

- Lesion Yes No
- Dental Hygiene Good Poor Bleeding gums Yes No
- Sense of taste Yes No

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

- A E B E 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

- 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 1-2 times/day Hemorrhoids Yes No
- Interventions : None • Laxatives Yes No Type Frequency *} NAD*

Genitorurinary : NSF

 Colour of Urine Pale yellow Frequency 8-10/dly

 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 _____

3 PAD

Reproductive : NA NSF

LMP _____ Regular / Irregular _____

 Dysmenorrhea Yes No Amenorrhea Yes No if yes, Duration _____

 Menopausal Yes No if yes, Duration _____

 Vaginal discharge Yes No Itching Yes No

Breasts NA NSF

 Breast Feeding Yes No Lumps Yes No

Positive Finding & Advice

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.....

.....

.....

Sterling Addlife India Limited

Sterling Hospital Vadodara

Racecourse Circle, (West)

VADODARA - 390 007.

Sign and Stamp of Medical Officer

 Sterling Hospital
 Racecourse Road

EMERGENCY HELPLINE

992 444 9972

0265 - 61 44 111

 Sterling Hospital
 Bhayli

EMERGENCY HELPLINE

908 1000 557

0265 - 61 23 333


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OPHTHALMIC CHECK-UP

SIGNIFICANT HISTORY:

PAST HISTORY:

Refractive Error:

Any Surgery:

Color Blind:

Diabetes:

Hypertension:

Any Treatment:

EXAMINATION OF EYES:

Right Eye:

Left Eye:

Distant Vision without Glasses:

Distant Vision with Glasses:

Near Vision without Glasses:

Near Vision with Glasses:

Intraocular Pressure:

Anterior Segment:

Fundus:

PRESCRIPTION OF GLASSES:

	RIGHT			LEFT		
	Sphere	Cylinder	Axis	Sphere	Cylinder	Axis
Distant	-0.5	-1.5	180°	-2.0	-1.5	180°
Near	-	-	-	-	-	-

Type of glass:

ADVICE:

Sterling Addlife India Limited
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VADODARA - 390 007.

DR MAYA PATEL
(OPHTHALMOLOGIST)

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MR Sudhakar
31/7



Race Course Road, Vadodara

EAR, NOSE & THROAT CHECK-UP

COMPLAINTS:

— nada presentment

EXAMINATION OF EARS:

Local Examination:

— mto

Tympanic Membrane:

F/L (24) / R/L (24)
I/m

EXAMINATION OF NOSE:

Local Examination:

mid oss

THROAT & LARYNX:

— mto

LARYNGOSCOPIC EXAMINATION:

— mto

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

DR. NAVNIT MAKWANA
ENT SURGEON

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Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Satendra Kumar Jain	Lab Id	: 102407502627	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 31 Y 10-Jan-1993	Registration on	: 26-Oct-2024 08:55	Location	: Main BNo./
Ref. Id	: 300286 , 2815874	Collected at	: SAWPL	Approved on	: 26-Oct-2024 12:47 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 09:05	Printed On	: 29-Oct-2024 13:37
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Hemoglobin Colorimetric	16.2	g/dL	13.0 - 16.5
RBC Count Electrical impedance	H 5.52	million/cmm	4.5 - 5.5
Hematocrit Calculated	H 49.1	%	40 - 49
MCV Derived	89.0	fL	83 - 101
MCH Calculated	29.3	pg	27.1 - 32.5
MCHC Calculated	33.0	g/dL	32.5 - 36.7
RDW CV Calculated	12.60	%	11.6 - 14

Total WBC and Differential Count

WBC count	SF Cube cell analysis	6750	/cmm	4000 - 10000
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Differential Count

Differential Count	Result	Unit	Absolute Count
Neutrophils Microscopic	58	% 40 - 80	3915 /cmm 2000 - 6700
Lymphocytes Microscopic	33	% 20 - 40	2228 /cmm 1000 - 3000
Eosinophils Microscopic	02	% 1 - 6	135 /cmm 20 - 500
Monocytes Microscopic	07	% 2 - 10	473 /cmm 200 - 1000
Basophils Microscopic	00	% 0 - 2	0 /cmm 0 - 100

Platelet Count

Platelet Count	Electrical impedance	415000	/cmm	150000 - 410000
MPV	Calculated	9.70	fL	7.5 - 10.3

Platelets Morphology Platelets are adequate on Smear



Dr. C. Shrinivasan..

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

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MEDI WHEEL FULL BODY ANNUAL PLUS
Complete Blood Count

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



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Ref. By : Dr. RMO . STERLING...	Collected on : 26-Oct-2024 09:05	Printed On : 29-Oct-2024 13:37
	Sample Type : EDTA blood	Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS
Blood Group

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


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Ref. Id	: 300286 / 2815874	Collected at	: SAWPL
Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 09:05
		Sample Type	: Serum, Urine
		Pt. Type	: Sterling Hospital Vadodara Health Checkup
		Location	: Main BNo./
		Approved on	: 26-Oct-2024 10:42 Status : Final
		Printed On	: 29-Oct-2024 13:37
		Process At	: 75 – Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <i>GOD-POD</i>	93.0	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


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Ref. Id : 300286 / 2815874	Collected at : SAWPL	Approved on : 26-Oct-2024 14:28 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 26-Oct-2024 11:25	Printed On : 29-Oct-2024 13:37
	Sample Type : Fluoride	Process At : 75 – Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <i>GOD-POD</i>	77	mg/dL	70 - 140
Post-breakfast Urine Glucose <i>GOD-POD</i>	Absent		Absent
Post Breakfast Urine Ketone <i>Nitroprusside</i>	Absent		Absent


Dr. Kajal Parmar
 MD

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Ref. Id	: 300286 , 2815874	Collected at	: SAWPL	Approved on	: 26-Oct-2024 14:29 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 09:05	Printed On	: 29-Oct-2024 13:37
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS
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: $< 5.7\%$ For Diabetic Patient: Poor Control : $> 7.0\%$; Good Control : 6.0-7.0%
Mean Blood Glucose	105.41	mg/dL	

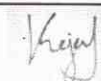
Description:

- 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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 MD

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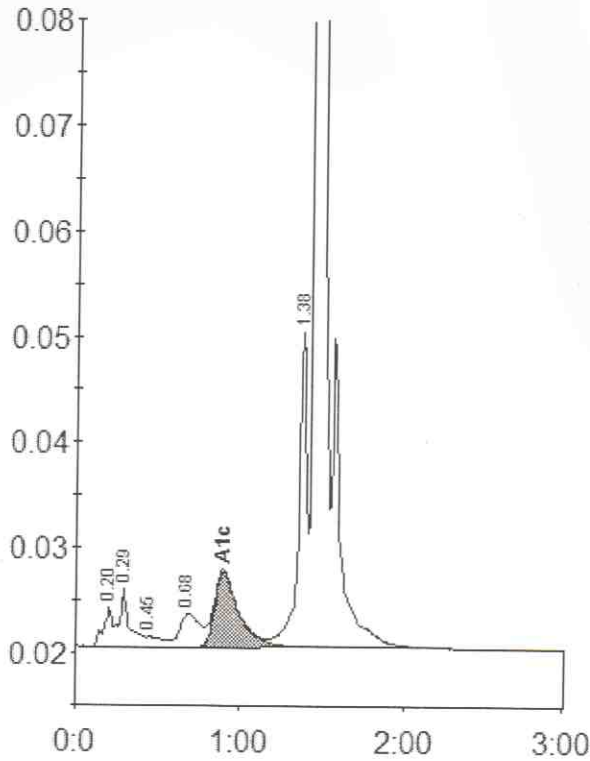


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Bio-Rad DATE: 26/10/2024
D-10 TIME: 01:03 PM
S/N: #DJ8G550303 Software version: 4.30-2
Sample ID: 102407502627
Injection date 26/10/2024 01:03 PM
Injection #: 6 Method: HbA1c
Rack #: --- Rack position: 6



Peak table - ID: 102407502627

Peak	R.time	Height	Area	Area %
A1a	0.20	3716	17355	1.0
A1b	0.29	5666	20938	1.2
F	0.45	978	6689	0.4
LA1c/CHb-1	0.68	3185	27486	1.6
A1c	0.90	7204	73853	5.3
P3	1.38	29773	103015	5.9
A0	1.44	602146	1507592	85.8
Total Area:			1756927	

Concentration:	%
A1c	5.3





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Ref. By : Dr. RMO . STERLING...	Collected on : 26-Oct-2024 09:05	Printed On : 29-Oct-2024 13:37
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase – Peroxidase</i>	182.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPa/POD)</i>	H 155.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl₂</i>	L 37.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	H 118.00	mg/dL	Optimal: <100 Near to above Optimal: 100–129 Borderline High: 130-159 High: 160–189 Very High: =190
VLDL <i>Calculated</i>	31.00	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	4.9		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	3.2		Up to 3.5



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Name	: Mr. Satendra Kumar Jain	Lab Id	: 102407502627	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 31 Y 10-Jan-1993	Registration on	: 26-Oct-2024 08:55	Location	: Main BNo./
Ref. Id	: 300286 / 2815874	Collected at	: SAWPL	Approved on	: 26-Oct-2024 10:01 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 09:05	Printed On	: 29-Oct-2024 13:37
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	6.50	mg/dL	3.5 - 8.5
Blood Urea Nitrogen <i>Calculated</i>	L 7.48	mg/dL	9.0 - 20.0
Urea <i>Urease, Colorimetric</i>	L 16.0	mg/dL	19.3 - 43.0
Creatinine, serum <i>Creatinine Amidohydrolase</i>	0.80	mg/dL	0.66 - 1.25
BUN Creatinine Ratio <i>Calculated</i>	9.35		
Urea Creatinine Ratio <i>Calculated</i>	20.00		


 Dr. C. Shrinivasan..

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

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LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mr. Satendra Kumar Jain	Lab Id : 102407502627	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Male / 31 Y 10-Jan-1993	Registration on : 26-Oct-2024 08:55	Location : Main BNo./
Ref. Id : 300286 , 2815874	Collected at : SAWPL	Approved on : 26-Oct-2024 10:54 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 26-Oct-2024 09:05	Printed On : 29-Oct-2024 13:37
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS
Liver Function Test

Test	Result	Unit	Biological Ref. Interval
ALT (SGPT) <i>UV with P5P, IFCC</i> Rechecked	H 204.0	U/L	0 - 50
AST (SGOT) <i>UV with P5P</i> Rechecked	H 79.0	U/L	17 - 59
GGT (Gamma Glutamyl Transferase) <i>L-γ-Glutamyl-p-nitroanilide</i>	35.0	U/L	15 - 73
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	87.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	0.50	mg/dL	0.2 - 1.3
Conjugated Bilirubin <i>Cationic Mordant Binding</i>	0.10	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Cationic Mordant Binding</i>	0.30	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>	7.30	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	4.60	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	2.70	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.70		1.3 - 1.7


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LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Satendra Kumar Jain	Lab Id	: 102407502627	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 31 Y 10-Jan-1993	Registration on	: 26-Oct-2024 08:55	Location	: Main BNo./
Ref. Id	: 300286 / 2815874	Collected at	: SAWPL	Approved on	: 26-Oct-2024 11:49 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 09:05	Printed On	: 29-Oct-2024 13:37
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS
Thyroid Function Tests

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <small>CLIA</small> Rechecked	H 1.82	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <small>CLIA</small>	10.90	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <small>Chemiluminescence</small>	2.2390	µIU/mL	0.4001 - 4.049

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

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

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LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Satendra Kumar Jain	Lab Id	: 102407502627	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 31 Y 10-Jan-1993	Registration on	: 26-Oct-2024 08:55	Location	: Main BNo./
Ref. Id	: 300286 / 2815874	Collected at	: SAWPL	Approved on	: 26-Oct-2024 11:42 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 09:05	Printed On	: 29-Oct-2024 13:37
		Sample Type	: Urine	Process At	: 75 - Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS
URINE ROUTINE EXAMINATION

Test	Result	Unit	Biological Ref. Interval
Physical & Chemical (Dip strip) examination			
Colour	Pale Yellow		Pale Yellow
pH <i>Double indicator</i>	7.0		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>	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)	3-5	/hpf	0 - 2
Pus Cells	8-10	/hpf	0 - 5
Epithelial Cells	Occasional	/hpf	
Crystals	Absent		Absent
Casts	Absent		Absent
Bacteria	Absent		Absent
Amorphous Material	Absent		Absent
Yeast	Absent		Absent

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


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Report Date: 26 Oct 2024 - 10:07 AM

Patient Id	: RCR-300286	Patient Name	: JAIN SATENDRA KUMAR
Age	: 31Y 9M 16D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 26 Oct 2024 - 09:55 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.
Bony thorax under vision appears normal.

CONCLUSION:

No significant chest abnormality detected.

Dr. Shilpi Gupta MD
Sr. Consultant Radiologist



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31 Years

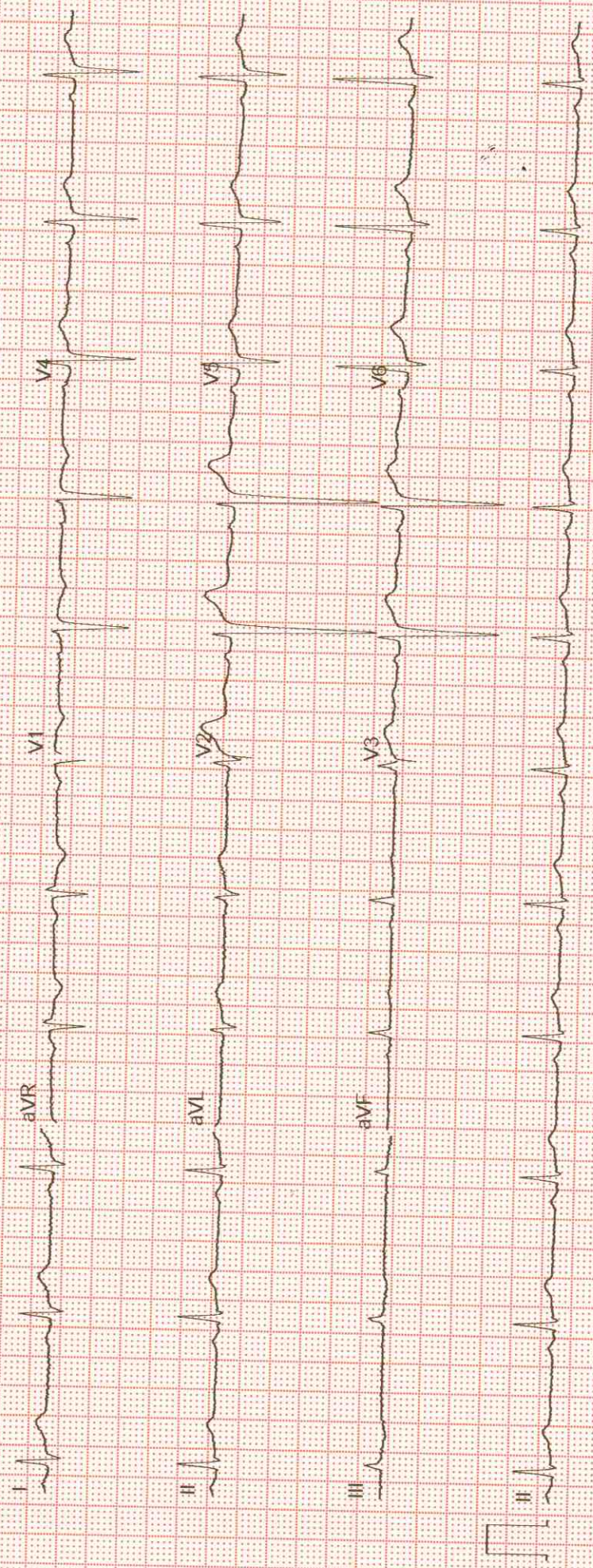
Male

26.10.2024 9:02 19
STERLING HOSPITAL
HCP
VADODARA

64 bpm
/ mmHg

TdL3
Low voltage

QRS	102 ms
QT / QTcBaz	422 / 435 ms
PR	170 ms
P	100 ms
RR / PP	936 / 937 ms
P / QRS / T	38 / 52 / 11 degrees





2D ECHOCARDIOGRAPHY REPORT



Race Course Road, Vadodara

Name: Mr. SATENDRA KUMAR JAIN
Age: 31 Years
Sex: M
Date: 26-Oct-2024

Ref By: HCP
Study: 2D Echo

M-MODE:

IVS	10mm	LVDD	46mm
PW	10mm	LVDS	26mm
LA	32mm	LV EF	60 %

DOPPLER STUDY:

MITRAL	E 1.01 A 0.86
AORTIC	1.20
TRICUSPID	N
PULMONARY	N

CONCLUSION :

- NORMAL SIZED CHAMBERS
- NORMAL LV SYSTOLIC FUNCTION LVEF 60 %
- NO RWMA AT REST
- NO DIASTOLIC DYSFUNCTION
- TRACE MR, TRACE TR, RVSP= 26MMHG+RAP
- OTHER VALVES ARE NORMAL
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- IVC NORMAL


Dr. KAUSHIK TRIVEDI MD,DM
Consultant interventional Cardiologist

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





Report Date: 26 Oct 2024 - 11:31 AM

Patient Id	: RCR-300286	Patient Name	: JAIN SATENDRA KUMAR
Age	: 31Y 9M 16D	Sex	: Male
Ref. Doctor	: DR.RMO.STERLING	Study Date	: 26 Oct 2024 - 11:10 AM

SONOGRAPHY OF WHOLE ABDOMEN: -

LIVER: Liver appears normal in size and shows bright parenchymal echoes, Grade II. No evidence of focal lesion seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicals appear normal. Portal vein is normal in caliber at porta & shows hepatopetal blood flow.

GALL BLADDER: Gall bladder is distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. CBD appears normal.

PANCREAS: Pancreas is partially visualized and visualized portion is normal in size & shows normal parenchymal echoes.

SPLEEN: Spleen is normal in size & shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

BOTH KIDNEYS: Both kidneys are normal in size, shape, position and contour. Cortical thickness & echo appear normal. No evidence of renal hydronephrosis or mass lesion is seen on either side.

Few (2-3) echogenic calculi are seen in bilateral kidneys largest measuring 5.0 mm in interpolar region of right kidney & 3.8 mm in upper pole of left kidney.

Small partially exophytic cortical cyst of size 1.3 x 1.1 cm is seen near interpolar region of left kidney.

Right kidney measures 10.9 x 4.5 cm

Left kidney measures 10.8 x 4.9 cm

No evidence of suprarenal mass lesion is seen on either side.

URINARY BLADDER: Bladder is partially distended and appears unremarkable.

PROSTATE: Prostate appears normal in size and shows normal echotexture. No evidence of solid or cystic lesion.

No evidence of ascites, lymphadenopathy is seen.

Mild gaseous distention of bowel loops is seen.

CONCLUSION:

- **Grade II generalized fatty infiltration of liver.**
- **Bilateral non-obstructive renal calculi.**
- **No other significant abnormality detected.**

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