



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: VIJAY KUMAR PATLE	
SH No: 298705	Date:24 08 2024
Age: 31	Gender:MALE

ASSESSMENT:

- OVER WEIGHT(BMI:27.4)
- P/H/O HOSPITALIZATION:RENAL COLIC (2019)(1 DAY)
- C/O:OCCASIONAL ANAL BLEEDING AFTER STOOL EMPTING ( BEFORE 3 MONTHS)
- F/H/O :DIABETES(MOTHER),PARALYSIS(BROTHER)
- HIGH RBC COUNT(6.46 MILLION/CMM),HIGH HEMATOCRIT(51.3),LOW MCV(79.4),LOW MCH(25),BORDERLINE LOW MCHC(31.4),BORDERLINE RDW CV(14.80),LOW PLATELET COUNT(120000/CMM),HIGH MPV(13.30)
- HIGH PB2G(154),HIGH HBA1C(7.60)
- BORDERLINE HIGH CHOLESTEROL(213),HIGH TRIGLYCERIDE(255),LOW HDL CHOLESTEROL(33),BORDERLINE HIGH DIRECT LDL(150),HIGH VLDL(51),HIGH CHOL/HDL RATIO(6.5),HIGH DLDL/HDL RATIO(4.5)
- LOW BLOOD UREA NITROGEN(8.41),LOW BLOOD UREA(18)
- URINE R/M: LOW SPECIFIC GRAVITY(1.010)
- ECG: T INVERSION IN L3
- USG ABDOMEN AND PELVIS :MILD FATTY LIVER(GRADE 1)

ADVISED:

- PLENTY OF LIQUIDS
- ANTI DIABETIC & LOW FAT DIET
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE & WEIGHT REDUCTION.
- REGULAR BLOOD SUGAR MONITORING AND CONTROL
- REPEAT LIPID PROFILE AFTER 3 MONTH
- SURGEON CONSULTATION
- ENT ADVICE:FOLLOW ADVICE
- PHYSICIAN CONSULTATION

Sterling Addlife India Limited  
Unit-Sterling Hospital Vadodara  
Race Course Road, (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 : Mr. Vijay Kumar Patle Employee ID : \_\_\_\_\_  
Company Name : Medi Wheel - M. Age : 31 Sex : M/F  
Height : 164 cms. Weight : 93.8 Kgs BMI : 27.4 Blood Group : \_\_\_\_\_  
Name of HO / Registrar taking History : Dr. Jays. Pandit

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

**Chief Complaints :**  
1. Occ. Anal Hemorrhoids @ 3 months after stool empty.

**Physical Examination :**

**Vital Signs :**  
Temp : Afebrile °F SPO<sub>2</sub> : 99 Pulse : 97 /min R/R : 17 /min B.P. : 100/70 mm Hg

**Past History :**

If Hypertension, since On Medication 1) <u>1</u> 2) _____ 3) _____	If Diabetes, since On Medication 1) <u>1</u> 2) _____ 3) _____
If Ischaemic Heart Disease since On Medication 1) <u>1</u> 2) _____ 3) _____	Under Treatment Dr. _____
Under Treatment of Dr. _____	If Tuberculosis, When _____
Any Intervention done _____	Any Other P/H _____
P/H of Operation Diagnosis : _____ Name of Operation : _____ Year of Operation : _____	Any Other Medication _____
Others _____	P/H of Hospitalization Diagnosis : <u>Acute Renal Colic</u> Year : <u>2019</u> Duration : <u>1 Day</u> 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 <b>(M)</b>	Arthritis/Gout	Yes/No
Tuberculosis	Yes/No	Cancer	Yes/No
Epilepsy	Yes/No	Other Chronic disease	Yes/No <b>Paralysis Brother</b>

**Personal History :**

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

**FOR FEMALES :**

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

**General Examination :**
 Anemia   
  Cyanosis   
  Jaundice   
  Generalized Lymphadenopathy   
  Pedal oedema

**General Examination :**
**Head :**  NSF

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

*glands for both vision, Regular vision.*

**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 : A E B E 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 .....
- Frequency of stool 2 per day Hemorrhoids  Yes  No
- Interventions :  None • Laxatives  Yes  No Type ..... Frequency .....

**Genitorurinary :**  NSF

 Colour of Urine Pale yellow Frequency 1 time / 2-3 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 \_\_\_\_\_ Regular / Irregular \_\_\_\_\_  
 Dysmenorrhea  Yes  No Amenorrhea  Yes  No if yes, Duration \_\_\_\_\_  
 Menopausal  Yes  No if yes, Duration \_\_\_\_\_  
 Vaginal discharge  Yes  No Itching  Yes  No

**Breasts**  NA  NSF

 Breast Feeding  Yes  No Lumps  Yes  No

**Positive Finding & Advice**

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 Unit - Sterling Hospital Vadodara  
 Racecourse Circle, (West)  
 VADODARA - 390 007.

Sign and Stamp of Medical Officer

**Sterling Hospital**  
 Racecourse Road

**EMERGENCY HELPLINE**

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 0265 - 61 44 111

**Sterling Hospital**  
 Bhayli

**EMERGENCY HELPLINE**

 908 1000 557  
 0265 - 61 23 333

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EAR, NOSE & THROAT CHECK-UP

COMPLAINTS:

No do Rx, no need throat

EXAMINATION OF EARS:

Local Examination:

- MTD

Tympanic Membrane:

- Red (R) / B/C 7m Iant (L)

EXAMINATION OF NOSE:

Local Examination:

- MTD

THROAT & LARYNX:

- MTD

LARYNGOSCOPIC EXAMINATION:

- MTD

Tuning fork test

Rinne +ve +ve  
Weber ← →  
ABC B/C equal to  
examiner

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DR. NAVNIT MAKWANA  
ENT SURGEON





Passport No :

**LABORATORY TEST REPORT**


Patient Information		Sample Information		Location Information	
Name	: Mr. Vijay Kumar Patle	Lab Id	: 082407502301	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 31 Y 13-Nov-1992	Registration on	: 24-Aug-2024 10:35	Location	: Main BNo./
Ref. Id	: 298705 / 2806933	Collected at	: SAWPL	Approved on	: 24-Aug-2024 12:58 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 24-Aug-2024 11:34	Printed On	: 26-Aug-2024 11:27
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadoda

**MEDI WHEEL FULL BODY ANNUAL PLUS**
**Complete Blood Count**

Test	Result	Unit	Biological Ref. Interval
Hemoglobin <small>Colorimetric</small>	16.1	g/dL	13.0 - 16.5
RBC Count <small>Electrical impedance</small>	H 6.46	million/cmm	4.5 - 5.5
Hematocrit <small>Calculated</small>	H 51.3	%	40 - 49
MCV <small>Derived</small>	L 79.4	fL	83 - 101
MCH <small>Calculated</small>	L 25.0	pg	27.1 - 32.5
MCHC <small>Calculated</small>	L 31.4	g/dL	32.5 - 36.7
RDW CV <small>Calculated</small>	H 14.80	%	11.6 - 14

**Total WBC and Differential Count**

<b>WBC count</b>	<small>SF Cube cell analysis</small>	8740	/cmm	4000 - 10000
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**Differential Count**

		Result	Unit	Biological Ref. Interval	Absolute Count
Neutrophils	<small>Microscopic</small>	60	%	40 - 80	5244 /cmm 2000 - 6700
Lymphocytes	<small>Microscopic</small>	33	%	20 - 40	2884 /cmm 1000 - 3000
Eosinophils	<small>Microscopic</small>	03	%	1 - 6	262 /cmm 20 - 500
Monocytes	<small>Microscopic</small>	04	%	2 - 10	350 /cmm 200 - 1000
Basophils	<small>Microscopic</small>	00	%	0 - 2	0 /cmm 0 - 100

**Platelet Count**

<b>Platelet Count</b>		120000	/cmm	150000 - 410000
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\*on Peripheral Smear Electrical impedance

<b>MPV</b>	<small>Calculated</small>	13.30	fL	7.5 - 10.3
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**Platelets Morphology** Borderline Adequate.  
Giant Platelet seen.



Dr. Kajal Parmar  
MD

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**MEDI WHEEL FULL BODY ANNUAL PLUS**

**Complete Blood Count**

Test	Result	Unit	Biological Ref. Interval
<b>Erythrocytes Sedimentation Rate</b>			
ESR	3	mm/1hr	0 - 14
<small>Capillary photometry</small>			

**Differential Count**

**Absolute Count**



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Ref. Id	: 298705 / 2806933	Collected at	: SAWPL	Approved on	: 24-Aug-2024 13:10 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 24-Aug-2024 11:34	Printed On	: 26-Aug-2024 11:27
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadoda)

**MEDI WHEEL FULL BODY ANNUAL PLUS**

**Blood Group**

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



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Ref. Id	: 298705 , 2806933	Collected at	: SAWPL	Approved on	: 24-Aug-2024 12:57 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 24-Aug-2024 11:34	Printed On	: 26-Aug-2024 11:27
		Sample Type	: Serum, Urine	Process At	: 75 – Sterling Hospital, Race course (Vadoda)

**MEDI WHEEL FULL BODY ANNUAL PLUS**

Test	Result	Unit	Biological Ref. Interval
<b>Fasting Blood Glucose</b> <i>GOD-POD</i>	97.0	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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Ref. Id	: 298705 , 2806933	Collected at	: SAWPL	Approved on	: 24-Aug-2024 16:44 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 24-Aug-2024 13:55	Printed On	: 26-Aug-2024 11:27
		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>	154	mg/dL	70 - 140
Post-breakfast Urine Glucose <i>GOD-POD</i>	Trace		Absent
Post Breakfast Urine Ketone <i>Nitroprusside</i>	Absent		Absent


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

**MEDI WHEEL FULL BODY ANNUAL PLUS**
**HbA1c (Glycosylated Hemoglobin) by HPLC**

Test	Result	Unit	Biological Ref. Interval
HbA1c	H 7.60	%	For Screening: Diabetes: $\geq 6.5\%$ ; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	171.42	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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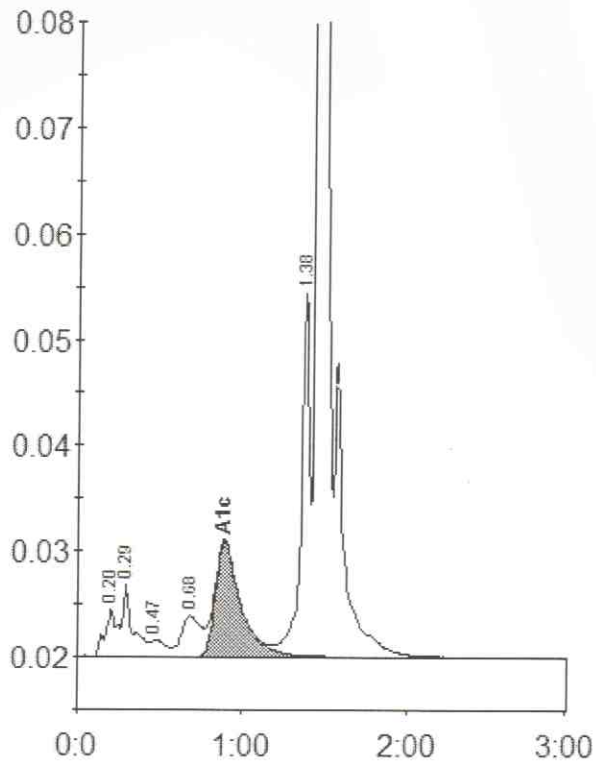


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Bio-Rad                      DATE: 24/08/2024  
D-10                              TIME: 01:54 PM  
S/N: #DJ8G550303          Software version: 4.30-2  
Sample ID:                      082407502301  
Injection date                24/08/2024 01:54 PM  
Injection #: 5                 Method: HbA1c  
Rack #: ---                     Rack position: 5



Peak table - ID: 082407502301

Peak	R.time	Height	Area	Area %
A1a	0.20	4518	22825	1.2
A1b	0.29	7008	28969	1.5
F	0.47	1640	11479	0.6
LA1c/CHb-1	0.68	3815	32594	1.7
A1c	0.89	10895	116923	7.6
P3	1.38	34579	120290	6.1
A0	1.45	583257	1626532	83.0
Total Area:		1959612		

Concentration:	%
A1c	7.6





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**MEDI WHEEL FULL BODY ANNUAL PLUS**
**Lipid Profile**

Test	Result	Unit	Biological Ref. Interval
<b>Cholesterol</b> <i>Cholesterol oxidase – Peroxidase</i>	H 213.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
<b>Triglyceride</b> <i>Ezymatic (Lipase/GK/GPa/POD)</i>	H 255.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
<b>HDL Cholesterol</b> <i>PTA/MgCl2</i>	L 33.0	mg/dL	Low: <40.0 High: >60.0
<b>Direct LDL</b> <i>Direct measured</i>	H 150.00	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 51.00	mg/dL	15 - 35
<b>CHOL/HDL Ratio</b> <i>Calculated</i>	H 6.5		Up to 5.0
<b>dLDL/HDL Ratio</b> <i>Calculated</i>	H 4.5		Up to 3.5


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Ref. Id	: 298705 , 2806933	Collected at	: SAWPL	Approved on	: 24-Aug-2024 12:57 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 24-Aug-2024 11:34	Printed On	: 26-Aug-2024 11:27
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**

Test	Result	Unit	Biological Ref. Interval
<b>Uric Acid</b> <i>Uricase</i>	6.00	mg/dL	3.5 - 8.5
<b>Blood Urea Nitrogen</b> <i>Calculated</i>	L 8.41	mg/dL	9.0 - 20.0
<b>Urea</b> <i>Urease, Colorimetric</i>	L 18.0	mg/dL	19.3 - 43.0
<b>Creatinine, serum</b> <i>Creatinine Amidohydrolase</i>	1.10	mg/dL	0.66 - 1.25
<b>BUN Creatinine Ratio</b> <i>Calculated</i>	7.65		
<b>Urea Creatinine Ratio</b> <i>Calculated</i>	16.36		


**Dr. Kajal Parmar**  
MD

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**LABORATORY TEST REPORT**


Patient Information		Sample Information		Location Information	
Name	: Mr. Vijay Kumar Patle	Lab Id	: 082407502301	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 31 Y 13-Nov-1992	Registration on	: 24-Aug-2024 10:35	Location	: Main BNo./
Ref. Id	: 298705 / 2806933	Collected at	: SAWPL	Approved on	: 24-Aug-2024 13:26 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 24-Aug-2024 11:34	Printed On	: 26-Aug-2024 11:27
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadoda)

**MEDI WHEEL FULL BODY ANNUAL PLUS**
**Liver Function Test**

Test	Result	Unit	Biological Ref. Interval
<b>ALT (SGPT)</b> <i>UV with P5P, IFCC</i>	38.0	U/L	0 - 50
<b>AST (SGOT)</b> <i>UV with P5P</i>	28.0	U/L	17 - 59
<b>GGT (Gamma Glutamyl Transferase)</b> <i>L-γ-Glytamyl-p-nitroanilide</i>	34.0	U/L	15 - 73
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer, IFCC</i>	110.0	U/L	38 - 126
<b>Total Bilirubin</b> <i>Azobilirubin chromophores</i>	0.80	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>	0.60	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>	7.50	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green Method</i>	4.50	g/dL	3.5 - 5.0
<b>Globulin</b> <i>Calculated</i>	3.00	g/dL	2.3 - 3.5
<b>A/G Ratio</b> <i>Calculated</i>	1.50		1.3 - 1.7


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**LABORATORY TEST REPORT**


Patient Information		Sample Information		Location Information	
Name	: Mr. Vijay Kumar Patle	Lab Id	: 082407502301	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 31 Y 13-Nov-1992	Registration on	: 24-Aug-2024 10:35	Location	: Main BNo./
Ref. Id	: 298705 , 2806933	Collected at	: SAWPL	Approved on	: 24-Aug-2024 13:26 Status : Final
Ref. By	: Dr. RMO , STERLING...	Collected on	: 24-Aug-2024 11:34	Printed On	: 26-Aug-2024 11:27
		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) <i>CLIA</i>	1.49	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <i>CLIA</i>	9.49	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <i>Chemiluminescence</i>	1.6160	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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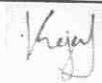
**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
Name : <b>Mr. Vijay Kumar Patle</b>	Lab Id : <b>082407502301</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup Main
Sex/Age : <b>Male / 31 Y</b> 13-Nov-1992	Registration on : 24-Aug-2024 10:35	Location : BNo./
Ref. Id : 298705 , 2806933	Collected at : SAWPL	Approved on : 24-Aug-2024 13:26 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 24-Aug-2024 11:34	Printed On : 26-Aug-2024 11:27
	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
<b>Physical &amp; Chemical (Dip strip) examination</b>			
Colour	Pale Yellow		Pale Yellow
pH <i>Double indicator</i>	6.0		5.5 - 7.0
<b>Specific Gravity</b> <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>	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	1-2	/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 -----

  
**Dr. Kajal Parmar**  
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Patient Id	: RCR-298705	Patient Name	: PATLE VIJAY KUMAR
Age	: 31Y 9M 11D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 24 Aug 2024 - 01:07 PM

**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**



24-08-2024 02:14:21 PM

ID: 2024082414143147  
Name: VIJAY KUMAR PATIL  
Age: 31 Years  
Gender: Male

Vent. Rate 71 bpm  
PR Interval 142 ms  
QRS Duration 88 ms  
QT/QTc Interval 362/381 ms  
P/QRS/T Axes  
QTc-Hodges

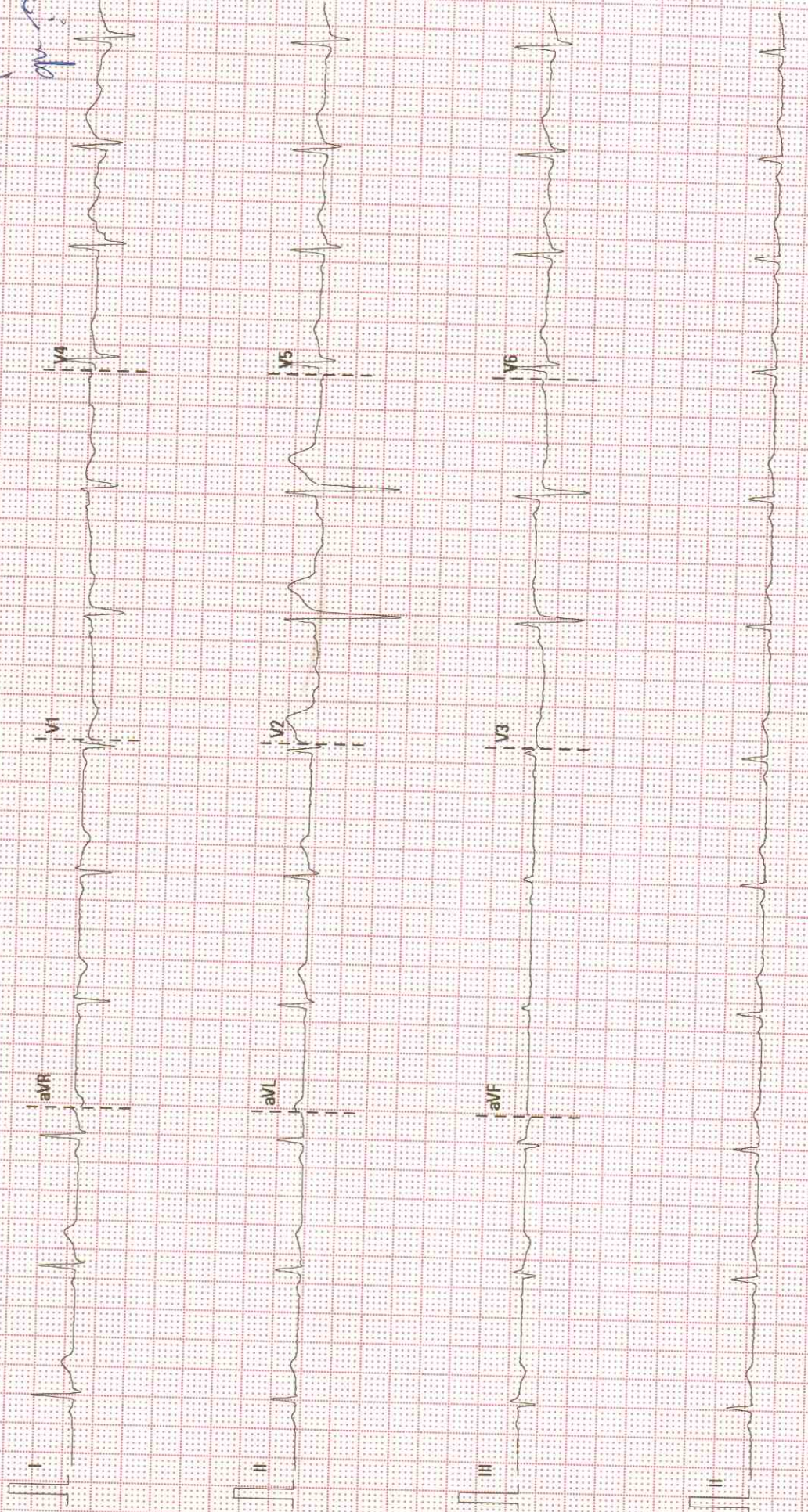
\*\*\* CONSIDER ACUTE STEMI \*\*\*

Sinus rhythm  
Anteroseptal ST elevation, CONSIDER ACUTE INFARCT  
Inferior T wave abnormality is nonspecific

Abnormal ECG

Unconfirmed Diagnosis

*Handwritten:* FU 1/3  
ap: study



Name: Mr. VIJAYKUMAR PATLE  
Age: 31 Years  
Sex: M  
Date: 24-Aug-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 1.01 A 0.39
AORTIC	1.20
TRICUSPID	N
PULMONARY	N

**CONCLUSION :**

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



**Dr. KAUSHIK TRIVEDI MD**  
Consultant interventional Cardiologist

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Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad-380052, Gujarat, India 20-25443913



Great  
Place  
To  
Work.

Certified

MAR 2024-MAR 2025

INDIA

Patient Id : 12161120240824

Patient Name : VIJAY KUMAR 31/M

Ref. Doctor :

Study Date : 24 Aug 2024 - 11:16 AM

### ULTRASOUND OF ABDOMEN AND PELVIS

**Liver is normal in size and shows bright echotexture- mild fatty infiltration.** No focal lesion seen. No IHBR dilatation.

**Portal vein** (10 mm) and **CBD** (4 mm) appears 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 (9.6 cm) and shows normal echotexture. No focal lesion seen.

**Right kidney** appears normal (8.9 x 5.3 cm). There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained.

**Left kidney** appears normal (9.6 x 5 cm). There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained.

**Urinary bladder** is well distended with normal wall. No calculus or mass lesion is seen.

**Prostate** measures ~ 8.6 cc. No focal mass is seen.

No evidence of ascites seen.

### IMPRESSION

- **Mild fatty liver (Grade I)**
- **No other significant abnormality.**

*Palak*

**Dr. Palak Nandolia**  
Consultant Radiologist

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