



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: KRISHNA YADAV	
SH No: 299212	Date: 16/09/2024 4
Age: 36	Gender: FEMALE

ASSESSMENT

- o K/C/O : ASTHMA, THYROID ON REGULAR TREATMENT, FIBROUS TIBIA DYSPLASIA (DIAGNOSED WHEN PATIENT WAS 27 YEARS OLD),
- o C/O: BLUISHISH GREENISH PAINLESS RASHES , FATIGUE , ANXIETY, WEAKNESS, IRREGULAR MENSES, AMENORRHEA (1 MONTH)
- o TINNITUS PRESENT ON EXPOSURE TO LOUD SOUND GETS RELIEVED ON COMING TO NORMAL ENVIRONMENT
- o P/H/O: LSCS (2014, 2019) , LASIK (2010 OR 2011)
- o BLOOD TRANSFUSION HISTORY : YES (2014)
- o F/H/O: HYPERTENSION (FATHER), ARTHRITIS (MOTHER)
- o DENTAL: CHRONIC GENERALISED GINGIVITIS
- o LOW HB (8.1), LOW HEMATOCRIT (29), LOW MCV (62.8), LOW MCH (17.4), LOW MCHC (27.8), HIGH RDW CV (20.80)
- o LOW PLATELET COUNT (108000)
- o HIGH ESR (54)
- o BORDERLINE HIGH TRIGLYCERIDE (169), LOW HDL CHOLESTEROL (29)
- o HIGH GLOBULIN (3.80), LOW A/G RATIO (1.13)
- o HIGH T3, TOTAL (TRIIODOTHYRONINE) (1.63), HIGH TSH (4.5400)
- o URINE R/M: LOW SPECIFIC GRAVITY (1.005)
- o ECG: T INVERSION IN L3
- o 2D ECHO : MILD TR, NO PAH (RVSP: 30 MMHG), ANEURYSMAL IAS BULGING IN RA WITH NO SHUNT ACROSS
- o USG ABDOMEN AND PELVIS : ECHOES IN URINARY BADDER WITH MILD IRREGULARITY OF WALL. ADV CLINICAL CORRELATION AND URINE ROUTINE MICROSCOPY TO RULE OUT INFECTION

ADVISED:

- o PLENTY OF LIQUIDS
- o LOW FAT & IRON RICH DIET
- o AVOID OUT SIDE FOOD AND WATER
- o REGULAR EXERCISE.
- o CORRECTION OF ANAEMIA AND WORK UP
- o REPEAT LIPID PROFILE AFTER 3 MONTH
- o DENTAL ADVICE : POLISHING, SCALING, RESTORATION OF 38 AND FOLLOW ADVICE
- o ENT CONSULTATION
- o UROLOGIST CONSULTATION
- o CARDIOLOGIST CONSULTATION
- o GYNAC CONSULTATION
- o PHYSICIAN CONSULTATION

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

DR. JAY S PANDIT

Prevention & Rehabilitation Dept

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



**HEALTH CHECK UP
 MEDICAL EXAMINATION**

 Name : Krishna Yalav Employee ID : _____
 Company Name : _____ Age : 38 Sex : M/F
 Height : 166 cms. Weight : 68.2 Kgs BMI : 24.74 Blood Group : AB+ve
 Name of HO / Registrar taking History : Dr. Jay S. Pandit

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

Chief Complaints :

K/C/O - Asthma.
C/O - Bluish greenish: clashes painless
K/C/O - Fibrous dysplasia - Dx in 2 Eyes
fatigue (+) L. Tibia.

Physical Examination :
Vital Signs :

 Temp 98.6 °F SPO₂ 99 Pulse 74 /min R/R : 18 /min B.P. : 120/84 mm Hg

Past History :

If Hypertension, since	If Diabetes, since
On Medication 1) <u>/</u>	On Medication 1) <u>/</u>
2) <u>/</u>	2) <u>/</u>
3) <u>/</u>	3) <u>/</u>
If Ischaemic Heart Disease since	Under Treatment Dr.
On Medication 1) <u>/</u>	If Tuberculosis, When
2) <u>/</u>	Any Other P/H <u>Thyroid</u>
3) <u>/</u>	<u>Anti 20yrs</u>
Under Treatment of Dr.	Any Other Medication
Any Intervention done	
P/H of Operation	P/H of Hospitalization
Diagnosis : <u>LSCS [2014, 2019]</u>	Diagnosis : <u>Am for</u>
Name of Operation :	Year : <u>5x</u>
Year of Operation :	Duration :
Others <u>Lasik (2010, 2011)</u>	Blood Transfusion History : Yes / No
	Year : <u>2019</u>

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

Personal History :

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

FOR FEMALES :

 Obstetric History : L.D. **L.M.P - 21/7/29**

Abortion :

Others :

WT
9:102
205:57

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

Diminution of: on loud exposure to sound.
relies on coming to @ attention

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 :
- 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
- Joints : Pain Yes No • Stiffness Yes No
- Uses : Walker Wheelchair None

Fibrous dysplasia Tibia.

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 *1-2/day*
- Interventions : None • Laxatives Yes No Type Frequency

Genitorurinary :
 NSF

 Colour of Urine Dark yellow

 Frequency 3-4 time/day

Pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Burning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Itching	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Urgency	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Incontinence	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Nocturia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Urostomy	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
History of calculi	<input type="checkbox"/> Yes	<input type="checkbox"/> No	History of UTI	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Foleys Catheter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Insertion	_____				

Reproductive :
 NA NSF

 LMP 21/12/11

Regular / Irregular _____

Dysmenorrhea	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Amenorrhea	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	if yes, Duration	<u>1 month</u>
Menopausal	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	if yes, Duration	_____			
Vaginal discharge	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Itching	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

Breasts
 NA NSF

Breast Feeding	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Lumps	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Positive Finding & Advice

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Sterling Addlife India Limited

Unit Sterling Hospital Vadodara

Race Course Circle, (West)

Sign and Stamp of Medical Officer

VADODARA - 390 007.

Sterling Hospital
 Racecourse Road

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0265 - 61 44 111

Sterling Hospital
 Bhayli

EMERGENCY HELPLINE

908 1000 557

0265 - 61 23 333


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 HEALTH
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Dr. Sonica Peshin

Dentistry

Senior Cosmetic dentist and Implantologist

A-6966

Email: thespeakingtooth@gmail.com

Phone: 9586867301

16/09/2024

Dental Assessment Form

Name: Krishna Yadav

Age/Sex: 33 years/ Female

Patient has come for a regular check up.

On examination:

- Calculus+ stains++
- Deep decayed tooth with respect to 38
- Initial caries with respect to 18, 28, 47, 48
- History of horizontal brushing
- Generalised attrition, recession

Provisional diagnosis:

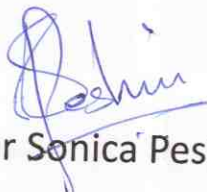
- Chronic generalized gingivitis

Treatment plan:

- Scaling and polishing
- Restoration of 38
- Recalled after six months for an oral hygiene check up.

Advise:

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


Dr Sonica Peshin

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Passport No :

LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mrs. Krishna . Yadav	Lab Id : 092407501600	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 33 Y 03-Oct-1990	Registration on : 16-Sep-2024 11:41	Location : Main BNo./
Ref. Id : 299212 / 2810076	Collected at : SAWPL	Approved on : 16-Sep-2024 14:09 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 16-Sep-2024 09:30	Printed On : 17-Sep-2024 15:20
	Sample Type : EDTA blood	Process At : 75 - Sterling Hospital, Race course (Vadodara)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Complete Blood Count

Test	Method	Result	Unit	Biological Ref. Interval
Hemoglobin	Colorimetric	L 8.1	g/dL	12.0 - 16.0
RBC Count	Electrical impedance	4.62	million/cmm	3.8 - 4.8
Hematocrit	Calculated	L 29.0	%	36 - 48
MCV	Derived	L 62.8	fL	83 - 101
MCH	Calculated	L 17.4	pg	26.4 - 33.2
MCHC	Calculated	L 27.8	g/dL	31.8 - 35.9
RDW CV	Calculated	H 20.80	%	11.6 - 14

Total WBC and Differential Count

WBC count	Method	Result	Unit	Biological Ref. Interval
WBC count	SF Cube cell analysis	5820	/cmm	4000 - 10000

Differential Count	Method	Result	Unit	Biological Ref. Interval	Absolute Count	Unit	Biological Ref. Interval
Neutrophils	Microscopic	47	%	40 - 80	2735	/cmm	2000 - 6700
Lymphocytes	Microscopic	43	%	20 - 40	2503	/cmm	1000 - 3000
Eosinophils	Microscopic	04	%	1 - 6	233	/cmm	20 - 500
Monocytes	Microscopic	06	%	2 - 10	349	/cmm	200 - 1000
Basophils	Microscopic	0	%	0 - 2	0	/cmm	0 - 100

Platelet Count

Platelet Count	Electrical impedance	108000	/cmm	150000 - 410000
MPV	Calculated	11.10	fL	7.5 - 10.3

Peripheral Smear Examination

RBC Morphology	Microcytic Hypochromic.
Platelets Morphology	Borderline Adequate.

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M.D (Pathology) [G-18341]

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		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
Erythrocytes Sedimentation Rate			
ESR	Capillary photometry H 54	mm/1hr	0 - 21

Differential Count
Absolute Count

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Patient Information	Sample Information	Location Information
Name : Mrs. Krishna . Yadav	Lab Id : 092407501600	Pt. Type : Sterling Hospital Vadodara Health Checkup Main
Sex/Age : Female / 33 Y 03-Oct-1990	Registration on : 16-Sep-2024 11:41	Location : BNo./
Ref. Id : 299212 / 2810076	Collected at : SAWPL	Approved on : 16-Sep-2024 13:03 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 16-Sep-2024 09:30	Printed On : 17-Sep-2024 15:20
	Sample Type : EDTA 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>	"AB"		
Rh (D) Type	Positive		


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Sex/Age : Female / 33 Y 03-Oct-1990	Registration on : 16-Sep-2024 11:41	Location : Main BNo./
Ref. Id : 299212 / 2810076	Collected at : SAWPL	Approved on : 16-Sep-2024 12:35 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 16-Sep-2024 09:30	Printed On : 17-Sep-2024 15:20
	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>	91.0	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 : 299212 / 2810076	Collected at : SAWPL	Approved on : 17-Sep-2024 13:56 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 17-Sep-2024 11:10	Printed On : 17-Sep-2024 15:20
	Sample Type : Fluoride	Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

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


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Sex/Age : Female / 33 Y 03-Oct-1990	Registration on : 16-Sep-2024 11:41	Location : Main BNo./
Ref. Id : 299212 / 2810076	Collected at : SAWPL	Approved on : 16-Sep-2024 14:12 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 16-Sep-2024 09:30	Printed On : 17-Sep-2024 15:20
	Sample Type : EDTA blood	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	5.50	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	111.15	mg/dL	For Diabetic Patient: Poor Control : $> 7.0\%$; Good Control : 6.0-7.0%

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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Bio-Rad

DATE: 16/09/2024

D-10

TIME: 01:18 PM

S/N: #DJ8G550303

Software version: 4.30-2

Sample ID:

092407501600

Injection date

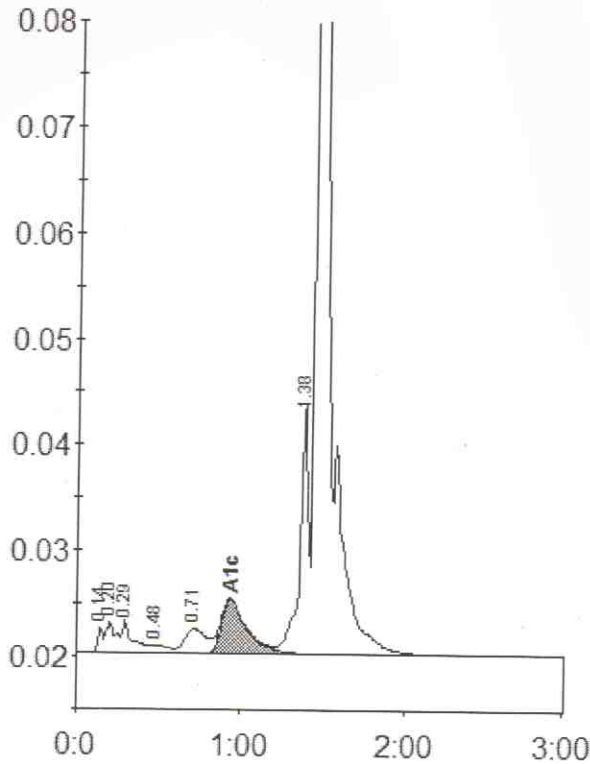
16/09/2024 01:18 PM

Injection #: 17

Method: HbA1c

Rack #: ---

Rack position: 10



Peak table - ID: 092407501600

Peak	R.time	Height	Area	Area %
Unknown	0.14	2325	5338	0.4
A1a	0.20	2992	12127	0.9
A1b	0.29	3070	13889	1.0
F	0.48	826	6369	0.5
LA1c/CHb-1	0.71	2341	21392	1.5
A1c	0.93	5133	56053	5.5
P3	1.38	23752	83417	6.0
A0	1.45	445971	1196925	85.8
Total Area:		1395509		

Concentration:	%
A1c	5.5





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Ref. By : Dr. RMO . STERLING...	Collected on : 16-Sep-2024 09:30	Printed On : 17-Sep-2024 15:20
	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>	138.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPo/POD)</i>	H 169.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl2</i>	L 29.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	73.00	mg/dL	Optimal: <100 Near to above Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: =190
VLDL <i>Calculated</i>	33.80	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	4.8		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	2.5		Up to 3.5


 Dr. C. Shrinivasan..

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

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LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mrs. Krishna . Yadav	Lab Id : 092407501600	Pt. Type : Sterling Hospital Vadodara Health Checkup Main
Sex/Age : Female / 33 Y 03-Oct-1990	Registration on : 16-Sep-2024 11:41	Location : BNo./
Ref. Id : 299212 / 2810076	Collected at : SAWPL	Approved on : 16-Sep-2024 12:35 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 16-Sep-2024 09:30	Printed On : 17-Sep-2024 15:20
	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>	3.60	mg/dL	2.5 - 6.2
Blood Urea Nitrogen <i>Calculated</i>	7.01	mg/dL	7.0 - 17.0
Urea <i>Urease, Colorimetric</i>	15.0	mg/dL	15.0 - 36.4
Creatinine, serum <i>Creatinine Amidohydrolase</i>	0.60	mg/dL	0.52 - 1.04
BUN Creatinine Ratio <i>Calculated</i>	11.68		
Urea Creatinine Ratio <i>Calculated</i>	25.00		


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Ref. Id : 299212 / 2810076	Collected at : SAWPL	Approved on : 16-Sep-2024 14:13 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 16-Sep-2024 09:30	Printed On : 17-Sep-2024 15:20
	Sample Type : Serum	Process At : 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Liver Function Test

Test	Result	Unit	Biological Ref. Interval
ALT (SGPT) <i>UV with P5P, IFCC</i>	25.0	U/L	0 - 35
AST (SGOT) <i>UV with P5P</i>	36.0	U/L	14 - 36
GGT (Gamma Glutamyl Transferase) <i>L-y-Glytamyl-p-nitroanilide</i>	13.0	U/L	12 - 43
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	126.0	U/L	38 - 126
Total Bilirubin <i>Azobillirubin chromophores</i>	0.80	mg/dL	0.2 - 1.3
Conjugated Bilirubin <i>Cationic Mordant Binding</i>	0.10	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Cationic Mordant Binding</i>	0.50	mg/dL	0.0 - 1.1
Delta Bilirubin <i>Calculated</i>	0.20	mg/dL	0.0 - 0.2
Total Protein <i>Copper tartrate to colour complex</i>	8.10	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	4.30	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	H 3.80	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	L 1.13		1.3 - 1.7


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Sex/Age : Female / 33 Y 03-Oct-1990	Registration on : 16-Sep-2024 11:41	Location : Main BNo./
Ref. Id : 299212 / 2810076	Collected at : SAWPL	Approved on : 16-Sep-2024 14:19 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 16-Sep-2024 09:30	Printed On : 17-Sep-2024 15:20
	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>	8.01	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <small>Chemiluminescence</small>	H 4.5400	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: *On Rx.


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	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodara)

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.


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Ref. By : Dr. RMO . STERLING...	Collected on : 16-Sep-2024 09:30	Printed On : 17-Sep-2024 15:20
	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>	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
Microscopic Examination			
Erythrocytes (RBCs)	Absent	/hpf	0 - 2
Pus Cells	Occasional	/hpf	0 - 5
Epithelial Cells	Scanty	/hpf	
Crystals	Absent		Absent
Casts	Absent		Absent
Bacteria	Absent		Absent
Amorphous Material	Absent		Absent
Yeast	Absent		Absent

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


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Race Course Road, Vadodara

Report Date: 16 Sep 2024 - 02:40 PM

Patient Id	: RCR-299212	Patient Name	: YADAV KRISHNA .
Age	: 33Y 11M 13D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 16 Sep 2024 - 01:57 PM

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.
Any thorax under vision appears normal.

IMPRESSION

No significant abnormality detected.

Palak

Dr. Palak Nandolia
Consultant Radiologist

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



ID: 2024091612381738
Name: Krishna Yadav
Age: 33 Years
Gender: Female

16-09-2024 12:38 PM

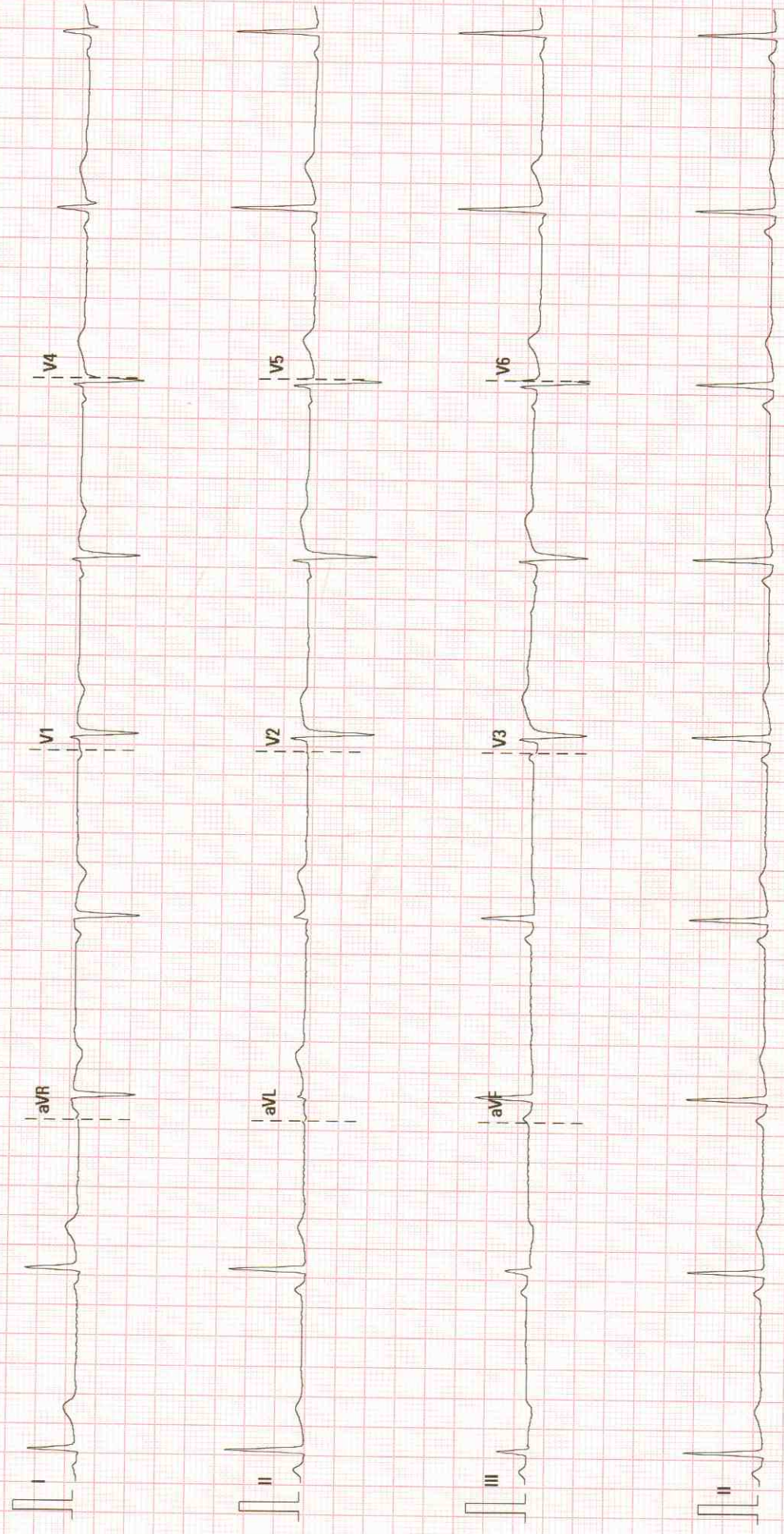
Vent. Rate
PR Interval
QRS Duration
QT/QTc Interval
P/QRS/T Axes
QTcHodges

50 bpm
144 ms
82 ms
422/405 ms
70/52/4 deg

Sinus rhythm
Inferior T wave abnormality is nonspecific
Borderline ECG

Unconfirmed Diagnosis

TuL3





2D ECHOCARDIOGRAPHY REPORT



Race Course Road, Vadodara

Name: Mrs. KRISHNA YADAV
Age: 33 Years
Sex: F
Date: 16-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 1.01 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
- MILD TR, NO PAH (RVSP: 30MMHG)
- REST OF VALVES ARE NORMAL
- ANEURYSMAL IAS BULGING IN RA WITH NO SHUNT ACROSS
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- NORMAL IVC

Dr. RANJEETKUMAR SHUKLA MD,DM
Consultant interventional Cardiologist

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SONO Doc 91-20-25443913





Patient Id	: RCR-299212	Patient Name	: YADAV KRISHNA .
Age	: 33Y 11M 13D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 16 Sep 2024 - 01:29 PM

ULTRASOUND OF ABDOMEN AND PELVIS

FINDINGS

Liver is normal in size and shows normal echotexture. No focal lesion seen. No IHBR dilatation. **Portal vein** (13 mm) and CBD (4.7 mm) appear normal.

Bladder distended and shows normal wall thickness. No evidence of calculus or mass lesion seen. Visualized **pancreas** appears normal.

Spleen appears normal in size (10.3 cm) and shows normal echotexture.

Right kidney (9.8 x 4.3 cm) appears normal. There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained.

Left kidney (11.5 x 5 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 mildly irregular wall. Echoes are seen in bladder. No calculus is seen.

Uterus appears normal in size and shape and reveals normal echotexture. Endometrial thickness is 6 mm. Both **ovaries** appear normal. No adnexal mass is seen.

Minimal fluid in POD.

IMPRESSION

- **Echoes in urinary bladder with mild irregularity of wall. Adv clinical correlation and urine routine microscopy to rule out infection.**
- **No other significant intra-abdominal abnormality seen in present study.**

Dr. Palak Nandolia
Consultant Radiologist

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