



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: HARU KANWAR	
SH No: 300296	Date:26 10 2024
Age: 32	Gender: FEMALE

ASSESSMENT:

- K/C/O : IBS & VITAMIN B12 DEFICIENCY , ON REGULAR TREATMENT
- C/O: UPPER GI SYMPTOMS & LOW BP , OCCASIONAL HEADACHE , REDUCED APEETITE , OCCASIONAL RIGHT EAR PAIN, OCCASIONAL SWOLLEN NECK GLANDS , OCCASIONAL LEFT SIDE OF CHEST ELECTRIC SHOCK LIKE PAIN , OCCASIONAL NAUSEA , OCCASIONAL VOMITING , BLOATING , FLATUS , ABDOMINAL PAIN , DIARRHOEA (DUE TO IBS) , RENAL CALCULI, WHITE AVGINAL DISCHARGE PRESENT
- F/H/O: DIABETES(FATHER, MOTHER) , ARTHRITIS(MOTHER), PARKINSONISM(FATHER)
- P/H/O: ENDOSCOPY(2022) , FUNAL INFECTION IN EAR, PILES
- P/H/O OPERATION:LSCS (2014,2018)
- P/H/O HOSPITALIZATION : RIGHT RENAL COLIC & RENAL INFECTION (2015)(2 WEEKS)
- O/E-B.P:90/56
- LOW HB(10.9) , LOW RBC COUNT (3.63 MILLION/CMM) , HIGH PLATELET COUNT(455000)
- HIGH ESR(45)
- BORDERLINE HIGH TRIGLYCERIDE(152)
- LOW BLOOD UREA NITROGEN (6.54), LOW BLOOD UREA(14) , LOW SERUM CREATININE(.50)
- HIGH T3,,TOTAL(1.60) , HIGH T4,TOTAL(12)
- URINHE R/M: LOW SPECIFIC GRAVITY(1.010)
- ECG: T INVERISON IN L2, L3 , AVF, V4-V6
- 2D ECHO : TRACE TR , RVSP =18 MMHG + RAP

ADVISED:

- PLENTY OF LIQUIDS
- LOW FAT& IRON RICH DIET
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE.
- CORRECTION OF ANAEMIA AND WORK UP
- REPEAT LIPID PROFILE AFTER 3 MONTH
- SURGEON CONSULTATION
- ENT CONSULTATION
- CHEST PHYSICIAN CONSULTATION
- GYNAC CONSULTATION
- PHYSICIAN CONSULTATION

Sterling Addlife India Limited
Unit-Sterling Hospital, Vadodara
Race Course Road (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
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 : Mamun Kanwar Employee ID : _____
 Company Name : _____ Age : 32 Sex : M/F
 Height : 163 cms. Weight : 56.4 Kgs BMI : 21.22 Blood Group : _____
 Name of HO / Registrar taking History : Dr - Jay's Pandey

Allergies : None Yes (If Yes, describe)

Drugs/Food/Latex/Dyes/Contrast/Other	Reaction
1. /	L
2. /	
3. /	

Chief Complaints :
K/K/O - TBS on regular Ayurvedic
K/K/O - Vit B12 deficiency
with 4 symptoms / lower BP

Physical Examination :

Vital Signs:
 Temp : 99 °F SPO₂ : 99 Pulse : 67 /min R/R : 18 /min B.P. : 90/56 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. If Tuberculosis, When Any Other P/H <u>TBS CA Ayurvedic</u> <u>Rx) & Vit B12 Tyle etc</u>
Under Treatment of Dr. Any Intervention done <u>Endoscopy (2022)</u>	Any Other Medication
P/H of Operation Diagnosis : <u>LSCF</u> Name of Operation : <u>(2014, 2018)</u> Year of Operation :	P/H of Hospitalization Diagnosis : <u>renal colic renal failure</u> Year : <u>2015</u> Duration : <u>2 weeks</u>
Others	Blood Transfusion History : Yes <input checked="" type="checkbox"/> 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	Asthma	Yes/No
Heart Disease	Yes/No	Stroke	Yes/No
Diabetes	Yes/No	Arthritis/Gout	Yes/No
Tuberculosis	Yes/No	Cancer	Yes/No
Epilepsy	Yes/No	Other Chronic disease	Yes/No

Personal History :

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

FOR FEMALES :

 Obstetric History : L.D. h.m.p - 8/10/2024
 Abortion :
 Others :

General Examination :
 Anemia Cyanosis Jaundice Generalized lymphadenopathy Pedal oedema

General Examination :
Head : NSF occ Headache

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) :

P/H/O - fungal infection
Ears : NSF

- Deaf Yes No
- Pain Yes No
- Discharge Yes No

(R*occ)
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 : DEB E Clean
- 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 1 time/day Hemorrhoids Yes No
- Interventions : None • Laxatives Yes No Type Frequency

occ on left side, electric shock pain

bleeding (+) P/H/O piles

Genitorurinary : NSF

Colour of Urine White Frequency 5-7 times/day
 Pain Yes No Burning Yes No Itching Yes No
 Urgency Yes No Incontinence Yes No
 Nocturia Yes No Urostomy Yes No
 History of calculi Yes No History of UTI Yes No
 Foleys Catheter Yes No Date of Insertion _____

Reproductive : NA NSF

LMP _____ Regular / Irregular _____
 Dysmenorrhea Yes No Amenorrhea Yes No if yes, Duration 3 months
 Menopausal Yes No if yes, Duration _____
 Vaginal discharge Yes No Itching Yes No
white
Breasts NA NSF
 Breast Feeding Yes No Lumps Yes No

Positive Finding & Advice

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 ... Circle, (West)
 VADODARA - 390 007.

Sign and Stamp of Medical Officer

Sterling Hospital
 Racecours Road

EMERGENCY HELPLINE

 992 444 9972
 0265 - 61 44 111

Sterling Hospital
 Bhayli

EMERGENCY HELPLINE

 908 1000 557
 0265 - 61 23 333



GYNAECOLOGIST CHECK UP

NAME: Haru Kamdevi

DATE: 26/10/24

AGE: 32

1 male - 10yrs
1 Female - 8yrs

COMPLAINTS: none

Bolls of LSCS
Tk not done

O/H PARA: C₄ P₂ A₂ L₂

mc 3-4 days
26-30

MENSTRUAL H/O: 03/10/24

Condom used

P/A: soft

P/S: NAD

P/V: NAD

ADVICE: Pap smears test taken

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Race Course Circle, (West)
VADODARA - 390 007.

DR. ARCHANA DWIVEDI
(GYNAECOLOGIST)





Passport No :

LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mrs. Haru . Kanwar	Lab Id : 102407502644	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 32 Y 30-Apr-1992	Registration on : 26-Oct-2024 10:43	Location : Main BNo./
Ref. Id : 300296 , 2815904	Collected at : SAWPL	Approved on : 26-Oct-2024 14:32 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 26-Oct-2024 11:03	Printed On : 29-Oct-2024 13:43
	Sample Type : EDTA blood	Process At : 75 - Sterling Hospital, Race course (Vadoda)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Hemoglobin Colorimetric	L 10.9	g/dL	12.0 - 16.0
RBC Count Electrical impedance	L 3.63	million/cmm	3.8 - 4.8
Hematocrit Calculated	L 31.4	%	36 - 48
MCV Derived	86.5	fL	83 - 101
MCH Calculated	30.1	pg	26.4 - 33.2
MCHC Calculated	34.8	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	8250	/cmm	4000 - 10000
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Differential Count

Cell Type	Count	%	Ref. Interval	Absolute Count
Neutrophils Microscopic	61	%	40 - 80	5033 /cmm 2000 - 6700
Lymphocytes Microscopic	31	%	20 - 40	2558 /cmm 1000 - 3000
Eosinophils Microscopic	02	%	1 - 6	165 /cmm 20 - 500
Monocytes Microscopic	06	%	2 - 10	495 /cmm 200 - 1000
Basophils Microscopic	00	%	0 - 2	0 /cmm 0 - 100

Platelet Count

Platelet Count	Electrical impedance	455000	/cmm	150000 - 410000
MPV	Calculated	8.30	fL	7.5 - 10.3

Platelets Morphology Platelets are adequate on Smear



 Dr. Kajal Parmar
MD

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	Sample Type : EDTA blood	Process At : 75 - Sterling Hospital, Race course (Vadodara)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Erythrocytes Sedimentation Rate			
ESR <small>Capillary photometry</small>	H 45	mm/1hr	0 - 21

Differential Count

Absolute Count



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Sex/Age : Female / 32 Y 30-Apr-1992	Registration on : 26-Oct-2024 10:43	Location : Main BNo./
Ref. Id : 300296 / 2815904	Collected at : SAWPL	Approved on : 26-Oct-2024 12:50 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 26-Oct-2024 11:03	Printed On : 29-Oct-2024 13:43
	Sample Type : Serum, Urine	Process At : 75 – Sterling Hospital, Race course (Vadoda)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <small>GOD-POD</small>	83.0	mg/dL	74 - 100
Fasting Urine Glucose <small>GOD-POD</small>	Absent		Absent
Fasting Urine Ketone <small>Nitroprusside</small>	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]
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Name : Mrs. Haru . Kanwar Sex/Age : Female / 32 Y 30-Apr-1992 Ref. Id : 300296 / 2815904 Ref. By : Dr. RMO . STERLING...	Lab Id : 102407502644 Registration on : 26-Oct-2024 10:43 Collected at : SAWPL Collected on : 26-Oct-2024 13:55 Sample Type : Fluoride	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 26-Oct-2024 16:18 Status : Interim Printed On : 29-Oct-2024 13:43 Process At : 75 – Sterling Hospital, Race course (Vadoda)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <small>GOD-POD</small>	86	mg/dL	70 - 140
Post-breakfast Urine Glucose <small>GOD-POD</small>	Absent		Absent
Post Breakfast Urine Ketone <small>Nitroprusside</small>	Absent		Absent


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

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

Test	Result	Unit	Biological Ref. Interval
HbA1c	5.20	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	102.54	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).

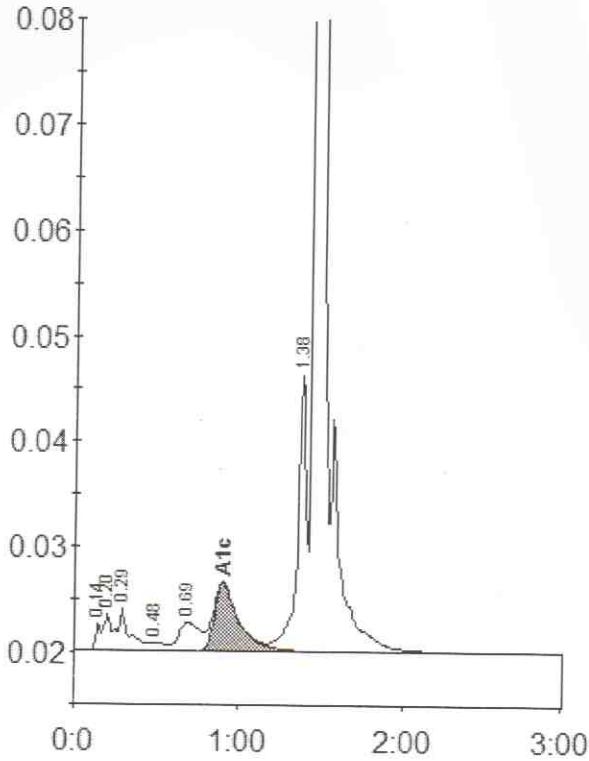
Reference: American diabetes association. Standards of medical care in diabetes 2024



 Dr. Kajal Parmar
 MD




Bio-Rad DATE: 26/10/2024
D-10 TIME: 01:45 PM
S/N: #DJ8G550303 Software version: 4.30-2
Sample ID: 102407502644
Injection date 26/10/2024 01:45 PM
Injection #: 15 Method: HbA1c
Rack #: --- Rack position: 5



Peak table - ID: 102407502644

Peak	R.time	Height	Area	Area %
Unknown	0.14	2461	5637	0.4
A1a	0.20	3391	12748	0.8
A1b	0.29	3982	17960	1.1
F	0.48	800	5147	0.3
LA1c/CHb-1	0.69	2723	24462	1.5
A1c	0.90	6403	65090	5.2
P3	1.38	26339	97875	6.2
A0	1.45	537895	1351129	85.5
Total Area:		1580048		

Concentration:	%
A1c	5.2





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	Sample Type : Serum	Process At : 75 - Sterling Hospital, Race course (Vadoda)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase - Peroxidase</i>	156.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPa/POD)</i>	H 152.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl2</i>	42.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	85.00	mg/dL	Optimal: <100 Near to above Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: =190
VLDL <i>Calculated</i>	30.40	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	3.7		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	2.0		Up to 3.5


Dr. C. Shrinivasan..

M.D (Pathology)(G-18341)

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Ref. Id	: 300296 , 2815904	Collected at	: SAWPL	Approved on	: 26-Oct-2024 11:56 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 11:03	Printed On	: 29-Oct-2024 13:43
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadoda)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	2.60	mg/dL	2.5 - 6.2
Blood Urea Nitrogen <i>Calculated</i>	L 6.54	mg/dL	7.0 - 17.0
Urea <i>Urease, Colorimetric</i>	L 14.0	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>	13.08		
Urea Creatinine Ratio <i>Calculated</i>	28.00		


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 M.D (Pathology) [G-18341]
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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Liver Function Test

Test	Result	Unit	Biological Ref. Interval
ALT (SGPT) <i>UV with P5P, IFCC</i>	33.0	U/L	0 - 35
AST (SGOT) <i>UV with P5P</i>	27.0	U/L	14 - 36
GGT (Gamma Glutamyl Transferase) <i>L-y-Glytamyl-p-nitroanilide</i>	30.0	U/L	12 - 43
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	60.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	0.40	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>	0.10	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>	7.90	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	4.50	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	3.40	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.32		1.3 - 1.7


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LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mrs. Haru . Kanwar	Lab Id : 102407502644	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 32 Y 30-Apr-1992	Registration on : 26-Oct-2024 10:43	Location : Main BNo./
Ref. Id : 300296 , 2815904	Collected at : SAWPL	Approved on : 26-Oct-2024 12:54 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 26-Oct-2024 11:03	Printed On : 29-Oct-2024 13:43
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadoda)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Thyroid Function Tests

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <i>CLIA</i>	H 1.60	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <i>CLIA</i>	H 12.00	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <i>Chemiluminescence</i>	2.2130	µIU/mL	Non-Pregnant Woman: 0.4001-4.049; Pregnant Woman: 1st Trimester: 0.1298-3.120; 2nd Trimester: 0.2749-2.652; 3rd Trimester : 0.3127-2.947

Remarks: *Kindly correlate clinically.



Dr. C. Shrinivasan..

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

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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.


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	: Mrs. Haru . Kanwar	Lab Id	: 102407502644	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 32 Y 30-Apr-1992	Registration on	: 26-Oct-2024 10:43	Location	: Main BNo./
Ref. Id	: 300296 , 2815904	Collected at	: SAWPL	Approved on	: 26-Oct-2024 12:53 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 11:03	Printed On	: 29-Oct-2024 13:43
		Sample Type	: Urine	Process At	: 75 - Sterling Hospital, Race course (Vadoda)

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>	7.0		5.5 - 7.0
Specific Gravity <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
Microscopic Examination			
Erythrocytes (RBCs)	Absent	/hpf	0 - 2
Pus Cells	1-2	/hpf	0 - 5
Epithelial Cells	Plenty	/hpf	
Crystals	Absent		Absent
Casts	Absent		Absent
Bacteria	Absent		Absent
Amorphous Material	Absent		Absent
Yeast	Absent		Absent


Dr. C. Shrinivasan..

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

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LABORATORY REPORT



Patient Information		Sample Information		Client / Location Information	
Name	: Mrs. Haru . Kanwar	Lab ID	: 102407502644	Client Name	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Female /32 Years	Registered on	: 26-Oct-2024 10:43	Location	:
Ref. Id	:	Collected at	: non SAWPL	Approved on	: 26-Oct-2024 16:52
Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 13:07	Printed on	: 29-Oct-2024 13:43
		Sample Type	: PAP Material	Processed at	: 17 – Sterling Hospital, Bhayli (Vadodara)
Branch	: 75 – Sterling Hospital, Race course (Vadodara)				

CYTOPATHOLOGY

* PAP Smear No. :
P - 575/24

* Obstetric History :
G4 P2 A2 L2

* Menstrual History :
LMP : 03/10/24

* Per-Speculum Examination :
NAD

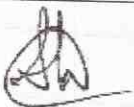
* Per-Vaginal Examination :
NAD

* Specimen Adequacy :
Satisfactory for evaluation : Endocervical and Transformation Zone Present.

* :
NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.

* :
Mild Acute Inflammation.

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



Dr. Swati Gupta
MD (Path) DipRCPATH

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Report Date: 26 Oct 2024 - 02:10 PM

Patient Id	: RCR-300296	Patient Name	: KANWAR HARU .
Age	: 32Y 5M 26D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 26 Oct 2024 - 12:08 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.
Bony thorax under vision appears normal.

IMPRESSION

No significant abnormality detected.

Dr. Palak Nandolia
Consultant Radiologist



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ID: 2024102612302925
Name: MRS HARU KANWAR
Age: 32 Years
Gender: Female

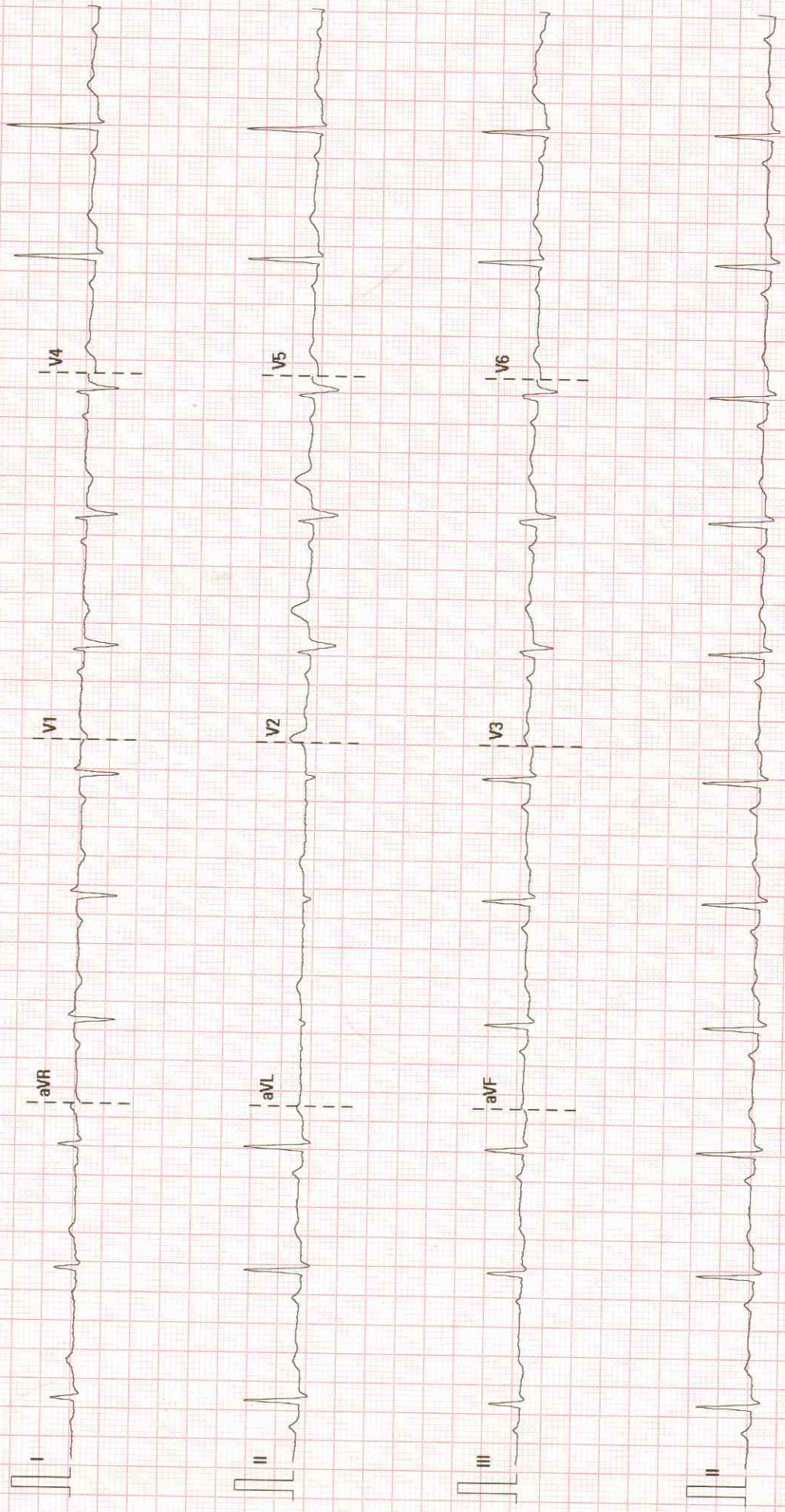
26-10-2024 12:30:19 PM

Vent. Rate 69 bpm
PR Interval 184 ms
QRS Duration 98 ms
QT/QTc Interval 388/404 ms
P/QRS/T Axes 70/67/23 deg
QTc:Hodges

Sinus rhythm
Inferior/lateral ST-T abnormality is nonspecific
Borderline ECG

Unconfirmed Diagnosis

L2
T4 L3
aVF, V4-V6



25 mm/s

10 mm/mV

50 Hz

BDR 20 Hz

mindray

02.06.00/428.4.1

SMFN-74007622



2D ECHOCARDIOGRAPHY REPORT



Race Course Road, Vadodara

Name: Mrs. HARU KANWAR
Age: 32 Years
Sex: F
Date: 26-Oct-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
- NO MR, TRACE TR, RVSP= 18MMHG+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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Report Date: 26 Oct 2024 - 10:58 AM

Patient Id	: RCR-300296	Patient Name	: KANWAR HARU .
Age	: 32Y 5M 26D	Sex	: Female
Ref. Doctor	: DR.RMO.STERLING	Study Date	: 26 Oct 2024 - 10:48 AM

SONOGRAPHY OF WHOLE ABDOMEN: -

LIVER: Liver appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is 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 (4.1 mm).

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 calculus, hydronephrosis or mass lesion is seen on either side.

Right kidney measures 11.0 x 4.4 cm

Left kidney measures 11.5 x 4.8 cm

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

URINARY BLADDER: Bladder is normally distended and appears unremarkable.

UTERUS: Uterus is anteverted & appears normal in size (9.2 x 5.5 x 4.3 cm), shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 8.3 mm. No evidence of intrauterine pregnancy or uterine mass lesion is seen.

OVARIES: Both ovaries appear normal in size, shape and position. No evidence of solid or cystic ovarian mass lesion is seen on either side.

No evidence of ascites, lymphadenopathy is seen.

Mild gaseous distention of bowel loops is seen.

CONCLUSION:

No significant abdominal abnormality detected.

Dr. Shilpi Gupta MD
Sr. Consultant Radiologist

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