

Name: MRS SUNEETA PANIGRAHI

SH No: 298079

Date: 29/07/2024

Age: 49

Gender: FEMALE

ASSESSMENT:

- o OVER WEIGHT(BMI:27.41)
- o K/C/O MIGRAINE ON REGULAR TREATMENT,CERVICAL SPONDYLITIS(C3-C4)
- o P/H/O OPERATION:CARPAL TUNNEL REPAIR(2015),NECK LIPOMA REMOVAL(2007)
- o C/O BODY PAIN,NO SOUND SLEEP OR SLEEP AT AFTERNOON,BREATHLESSNES WHILE CLIMBING STAIRS
- o O/E-B.P:80/60
- o F/H/O:HYPERTENSION(MOTHER),DIABETES(MOTHER&FATHER),ARTHRITIS:(MOTHER)
- o PALLOR+
- o HEADACHE+
- o AFTER PROLONGED TIME URINE URGENCY +
- o DENTAL-CHRONIC GENERALISED GINGIVITIS
- o ENT:RIGHT INFERIOR TURBINATE HYPERTROPHIED,MUCOSA ALLERGIC
- o LOW RBC COUNT(8.8G/DL),BORDELINE LOW RBC COUNT(3.68 MILLION/CMM),LOW HEMATOCRIT(29.3),HIGH MPV(14.10)
- o HIGH ESR(28)
- o BORDERLINE HIGH FBS(102),HIGH HBA1C(6)(PREDIABETIC RANGE)
- o LOW HDL CHOLESTROL(37)
- o BORDERLINE LOW SERUM CREATININE(.50)
- o BILATERAL MAMMOGRAM-A DISCRETE FOCUS OF CALCIFICATION IN LEFT BREAST IN UPPER OUTER QUADRANT APPEARS BENIGN SECRETARY IN NATURE(BIRADS 2).ADV ROUTINE ANNUAL MAMMOGRAM
- o USG ABDOMEN AND PELVIS .ANTEVERTED BULKY UTERUS WITH UTERINE FIBROIDS AS MENTIONED.CLINICAL CORRELATION &SOS TVS PELVIS

ADVISED:

- o PLENTY OF LIQUIDS
- o ANTI DIABETIC&IRON RICH DIET
- o AVOID OUT SIDE FOOD AND WATER
- o REGULAR EXERCISE
- o CORRECTION OF ANAEMIA AND WORK UP
- o REGULAR BLOOD SUGAR MONITORING AND CONTROL
- o OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- o DENTAL ADVICE : POLISHING, SCALING&FOLLOW ADVICE
- o ENT ADVICE:FOLLOW ADVICE
- o UROLOGIST CONSULTATION
- o GYNAC CONSULTATION
- o PHYSICIAN CONSULTATION


DR. JAY S. PANDIT

Prevention & Rehabilitation Dept

Sterling Hospital, Race Course RoadOpp. Inox Cinema Hari Nagar, Circle West, Vadodara - 390007, Gujarat
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CIN# U85110GJ2000PTC039121

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HOME BASE DIET CHART FOR DIABETIC DIETPATIENT NAME: SUNEETA PANIGIRAH I DATE: 30/7/24PRESCRIBED DIET: DIABETIC / IRON RICH DIETEARLY MORNING: 1 glass lukewarm water + Lemon juice + 10-15 Methi seeds (soaked) / chiasedsEXERCISE: 15-20 minutes

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

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

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

01:00 pm: 2-3 Phulka Roti

1 Bowl each (Sabji + Dal + Kathol + Rice)

1 Bowl Curd / Raita / 1 Glass Buttermilk

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

+

1 Small Bowl of Boiled / Roasted Pulses or Sprouts Pulses

+ / or

1 Small Bowl Light Roasted Snacks (Poha / Mamra / Popcorn / Khakhra / Makhana)

EXERCISE: 15-20 minutes

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

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

DAILY REQUIREMENTS:

Salt: to taste

Oil / Ghee: 4-5 tsp/ day (20-25ml)

NOTE:

Avoid Sugar, Honey & Jaggery

Eat small & frequent meals.

Sleep 7-8 hours daily.

Drink 10-12 glasses of Water.

Add more Fruits & Vegetables to your diet.

Avoid bakery foods & carbonated beverages.

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DIETARY GUIDELINES FOR DIABETIC DIET

What is Diabetes Mellitus?

It is a chronic lifestyle disorder that occurs when the pancreases are no longer able to make insulin or when the body cannot effectively use the insulin it produces.

Types of Diabetes:

- **Type I Diabetes:** A disorder in which the body makes little or no insulin at all.
- **Type II Diabetes:** The most prevalent form of diabetes comprising 90.6 Per cent of all diabetics. The body makes less insulin and the still the insulin response is ineffective.
- **Gestational Diabetes:** refers to diabetes developing during pregnancy

Symptoms:

- Always tired
- Blurred vision
- Frequent Urination
- Extreme Hunger and thirst
- Unexplained weight loss
- Wound that doesn't heal
- Numbness and tingling of hands and feet

Complications of Diabetes:

Hyperglycemia is one of the primary features of diabetes. It can lead to acute life threatening complications like diabetic ketoacidosis in which blood glucose levels rises and ketones in the urine are positive resulting in coma

Hypoglycemia occurs when the glucose level in the blood is too low (50-65 mg/dl).It results from excess insulin the body. The common causes are:

- Missing or delaying a meal
- Exercise more strenuously than usual
- Not adjusting insulin to accommodate changes in blood glucose levels

Points to control diabetes:

There are 5 main key points that helps in optimal control of blood glucose

- Education and awareness about the condition is important for glycemic control
- Medication-take regular medicines or insulin as prescribed by doctor
- Diet –Small and frequent meals (5-6 times a day) helps in regulating blood glucose levels.
- Exercise: 30-45 minutes of exercise when performed 5 times a week helps in optimizing blood glucose levels.
- Monitoring: it is recommended to check your FBS and PP2BS once in 15 days. A food diary can be maintained to keep daily record of sources of carbohydrates in every meal that helps in portion control.

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DIETARY GUIDELINES FOR DIABETIC DIET

FOODS GROUPS	FOODS ALLOWED	FOODS TO AVOID
CEREALS	Wheat flour with bran, Daliya, Barley, Ragi, Oatmeal, Bajra, Brown Rice, Wheat Flakes, Wheat Vermicelli, Whole Grain Bread, Rice Flakes (Poha), Puffed Rice (Mamra), Whole Wheat Pasta	Refined Grains and Flour (Maida), Polished Rice, Rice Flour, White Bread, Pasta, Noodle, Spaghetti, Sago (Sabudana)
PULSES	All Pulses and Sprouted Legumes	Fried Sprouts and Dals
LEAFY VEGETABLES	All Leafy Vegetables can be taken	
ROOTS AND TUBERS	Onion, Garlic, Ginger, Carrot, Radish, Pumpkin, Turnip	Potato, Sweet Potato, Yam, Beetroot, Colocasia (Arvi), Cassava, Taro, Arrow Root Flour
OTHER VEGETABLES	Cauliflower, Cabbage, Bhindi, Karela, Bottle Gourd(dudhi/lauki), Ridge Gourd(turia), Parwal, Tindoda, Kankoda, Bringal, Guvar, Drumstick, Broad Beans, French Beans & All types of Beans, Peas, Capsicum, Cucumber, Mushrooms, Tomatoes	Jack fruit (Phanas) and its seeds in moderate amount
FRUITS	Amla, Apple, Pear, Orange, Sweet Lime, Lemon, Papaya, Muskmelon, Pineapple (2-3 slice), Fresh Plums, Guava Small, Jamun, Pomegranate, Litchi, Fresh Figs (3-5 no), Watermelon (3-5 slice), All Berries (in moderate amount), Grapes can be taken (15-20 no)	All pulpy fruits like Banana, Mango, Chikoo, Custard Apple, Ramphal, Dates, Guava Large (Jamphal), Dates (Fresh and Dried), Sugarcane.
MILK AND MILK PRODUCTS	Skimmed Milk, Low Fat Milk, Low Fat Curd, Paneer	Whole Milk and its products like Cream, Cheese and all the Sweets prepared from whole milk.
NUTS AND OILSEEDS	Almonds, Walnuts, Hazelnuts, Flax Seeds, Sesame Seeds, Chia Seeds, Pumpkin Seeds, Water Melon Seeds, Pistachio, Coconut & Groundnut (in moderate amount)	Cashew, Pine nuts, Raisins, Dates & Figs
MEAT, FISH AND POULTRY	Chicken (without skin), Egg White, Fresh River Fish	Red Meat, Organ meat (Liver, Kidney, Brain), Egg Yolk, Shell Fish and Oily Fish
FATS & OILS	Oils like Soyabean, Sunflower, Rice Bran, Olive, Sesame, Ghee (should be taken in moderate quantity)	Vanaspati Ghee, Cream, Margarine, Butter
SUGAR AND CONFECTIONARY	Artificial sweeteners can be taken in moderate amount	Jaggary, Sugar, Honey, Marmalade All bakery products and preserved foods like Jam, Jelly and Murabba.
BEVERAGES	Buttermilk, Juices without Sugar, Plain Soda, Coconut Water, Milk Shakes without Sugar, Tea, Coffee without Sugar	Coconut Milk, Sugarcane Juice, Toddy, Squash, Carbonated Beverages, Chocolate Milk, Alcohol and Alcoholic beverages

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Sureeta Panigrahi

30/7/2024

Headache

49

Cervical spandy

MUL. wealer

↓ sleep

- 364

M. wrist sup

Cervical collar

No Hospital

MIH DM ++

BP - 90/60

Iron rich food

bls / w

tab Livogen (30)

PTA Pallen

tab KREMYLIN (30)

TMT 5.57

tab TOPAZ 25 (30)

Hb 8.8

1 x 1x

Hb 6.0

ofa 10 - 12

Heavy Period

tab Calfol 6.0
1/2 - for Head



**HEALTH CHECK UP
MEDICAL EXAMINATION**

Name : Mrs. Dumeta Panigrahi Employee ID : _____
 Company Name : _____ Age : 49 Sex : M/F
 Height : 151 cms. Weight : 61.9 Kgs BMI : 27.41 Blood Group : B+
 Name of HO / Registrar taking History : Dr. Jay S. Pandit

Allergies : None Yes (If Yes, describe)

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

Chief Complaints :

- K/C/O migraine
 - C/O - Body pain
 - No sound sleep, no sleep at afternoon, feeling not able to complete sleep

Physical Examination : K/C/O - Cervical spondylitis
 - while climbing stairs (C2-C4)
 - Deformed mass occip

Vital Signs :
 Temp 37.8 °F SPO₂ : 99 Pulse : 80 /min R/R : _____ /min B.P. : 80/60 mm Hg

Past History :

If Hypertension, since _____	If Diabetes, since _____
On Medication 1) _____	On Medication 1) _____
2) _____	2) _____
3) _____	3) _____
If Ischaemic Heart Disease since _____	Under Treatment Dr. _____
On Medication 1) _____	If Tuberculosis, When _____
2) _____	Any Other P/H <u>migraine</u>
3) _____	Any Other Medication <u>vasograin 2 tablets</u> <u>megafin 3 tablets</u>
Under Treatment of Dr. _____	_____
Any Intervention done _____	_____
P/H of Operation _____	_____
Diagnosis : <u>Cervical spondylitis</u>	P/H of Hospitalization _____
Name of Operation : <u>Discectomy</u>	Diagnosis : <u>any during operation</u>
Year of Operation : _____	Year : _____
Others <u>wech fact lipoma scully</u>	Duration : _____
_____	Blood Transfusion History : Yes / No <input checked="" 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 <u>(M)</u>	Asthma	Yes/No
Heart Disease	Yes/No	Stroke	Yes/No
Diabetes	Yes/No <u>M & F</u>	Arthritis/Gout	Yes/No <u>(M)</u>
Tuberculosis	Yes/No	Cancer	Yes/No
Epilepsy	Yes/No	Other Chronic disease	Yes/No <u>Thyroid: mother</u>

Personal History :

Diet	<u>Veg</u>	Smoking	Yes/No <u>(M)</u>	since..... / per day
Appetite	<u>Regular</u>	Alcohol	Yes/No <u>(M)</u>	since..... / (freq.)
Sleep	<u>Reduced sleep</u>	Drugs	Yes/No	since..... / (freq.)
Micturition	<u>Regular</u>	Tobacco	Yes/No	since..... / (freq.)
Bowel Habits	<u>2-3 times in</u>	Any other habit		

FOR FEMALES :

 Obstetric History : L.D. A.M.P - 22/09/29
 Abortion : —
 Others : Heavy flow, 9 2 P A 0 2 [1st: 0:2] 2nd: 0:15
General Examination :

- Anemia
 Cyanosis
 Jaundice
 Generalized Lymphadenopathy
 Pedal oedema

General Examination :
Palpates (+)
Head : NSF : Headache (+)

 Injuries (Specify if any) : —
Eyes : NSF : glasses for both vision! regular usage. white reading

- 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
- 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 & 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: Hemorrhoids Yes No
- Frequency of stool 3-4/day
- Interventions : None • Laxatives Yes No Type Frequency

Genitorurinary : NSF

 Colour of Urine Pale yellow Frequency 1 time / hr.

 Pain Yes No Burning Yes No Itching Yes No

 Urgency Yes No at the prostate gland 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 22/07/24 Regular / Irregular Heavy flow since 3 2 5

 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

.....

.....

.....

.....



Sign and Stamp of Medical Officer

 Sterling Hospital
 Racecourse Road

EMERGENCY HELPLINE

 992 444 9972
 0265 - 61 44 111

 Sterling Hospital
 Bhayli

EMERGENCY HELPLINE

 908 1000 557
 0265 - 61 23 333



OPHTHALMIC CHECK-UP

SIGNIFICANT HISTORY:

PAST HISTORY:

Refractive Error: *Yes*

Any Surgery: |

Color Blind: |

Diabetes: |

Hypertension: |

Any Treatment: |

EXAMINATION OF EYES:

	<u>Right Eye:</u>	<u>Left Eye:</u>
Distant Vision without Glasses:	<i>0</i>	<i>6/6</i>
Distant Vision with Glasses:	<i>6/6</i>	<i>6/6</i>
Near Vision without Glasses:		
Near Vision with Glasses:	<i>N/6</i>	<i>N/6</i>
Intraocular Pressure:		
Anterior Segment:	<i>normal</i>	<i>normal</i>
Fundus:	<i>normal</i>	<i>normal</i>

PRESCRIPTION OF GLASSES:

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

Type of glass:

ADVICE:

G + c form
flap @ entirely

DR TARAL SHAH
(OPHTHALMOLOGIST)

DR KUNTAL SHAH
(OPHTHALMOLOGIST)



Dr. Sonica Peshin

Dentistry

Senior Cosmetic dentist and Implantologist

A-6966

Email: thespeakingtooth@gmail.com

Phone: [9586867301](tel:9586867301)



Race Course Road, Vadodara

Dental assessment form

29/07/2024

Name: Suneeta Panigrahi
Age/ Sex: 49 years/Female
OPD no: 298079

Patient has come for an oral hygiene check up

On Examination:

- Stains++ Calculus++
- History of circular brushing
- Generalised attrition, recession, sensitivity
- Missing tooth with respect to 36
- Mesial migration of 37

Provisional diagnosis:

- Chronic generalised gingivitis

Treatment plan:

- Scaling and polishing
- Prosthesis with respect to 36

Advised:

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


Dr. Sonica Peshin

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GYNAECOLOGIST CHECK UP

NAME: *Suneeli Panigrahi*

DATE: *29/7/24*

AGE: *49 yrs.*

COMPLAINTS: *menorrhage*
~~none~~ *PL*
2-3 years

Female - 21 yrs
Male - 15 yrs
Balki of EFTND
TC not done

O/H PARA: *G₂ P₂ A₀ L₂*

mc 6-7 days
~~*6-7*~~
26-30

MENSTRUAL H/O: *27/7/24*

P/A: *son*

P/S: *to come after menses*

P/V:

ADVICE: *Pap smear not done*
LMP 3rd day.

&
DR. ARCHANA DWIVEDI
(GYNAECOLOGIST)





EAR, NOSE & THROAT CHECK-UP

COMPLAINTS:

ClO Myxoma

EXAMINATION OF EARS:

Local Examination:

Both eardrums
no wax
no Discharge

Tympanic Membrane:

EXAMINATION OF NOSE:

Local Examination:

Septum N
Ⓚ Inferior Turbinate Hypertrophy
Ⓚ N
Mucosa - Allergic

THROAT & LARYNX:

- No
No lymphadenopathy

LARYNGOSCOPIC EXAMINATION:

- Tons Myxoma - 1Bn / 3rd

DR. PARAMJEET SAINI
ENT SURGEON





Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mrs. Suneeta . Panigrahi	Lab Id	: 072407502485	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 49 Y 17-Jun-1975	Registration on	: 29-Jul-2024 13:21	Location	: Main BNo./
Ref. Id	: 298079 / 2803161	Collected at	: SAWPL	Approved on	: 29-Jul-2024 16:18 Status: Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 29-Jul-2024 12:32	Printed On	: 30-Jul-2024 10:55
		Sample Type	: Fluoride	Process At	: 75 – Sterling Hospital, Race course (Vadodar

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <small>GOD-POD</small>	112	mg/dL	70 - 140
Post-breakfast Urine Glucose <small>GOD-POD</small>	Absent		Absent
Post Breakfast Urine Ketone <small>Nitroprusside</small>	Absent		Absent


 Dr. C. Shrinivasan..

M.D (Pathology)(G-18341]

Consultant Pathologist

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 Ph: 0265-6144210

pathlab@sterlinghospitals.com | Website: www.sterlinghospitals.com / www.sterlingaccuris.com



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Passport No :

LABORATORY TEST REPORT


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Ref. Id	: 298079 / 2803161	Collected at	: SAWPL	Approved on	: 29-Jul-2024 16:30 Status: Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 29-Jul-2024 10:15	Printed On	: 30-Jul-2024 10:55
		Sample Type	: Whole blood	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Complete Blood Count

Test	Method	Result	Unit	Biological Ref. Interval
Hemoglobin	Colorimetric	L 8.8	g/dL	12.0 - 16.0
RBC Count	Electrical impedance	L 3.68	million/cmm	3.8 - 4.8
Hematocrit	Calculated	L 29.3	%	36 - 48
MCV	Derived	L 79.8	fL	83 - 101
MCH	Calculated	L 23.8	pg	26.4 - 33.2
MCHC	Calculated	L 29.9	g/dL	31.8 - 35.9
RDW CV	Calculated	H 20.10	%	11.6 - 14
Total WBC and Differential Count				
WBC count	SF Cube cell analysis	4450	/cmm	4000 - 10000
Differential Count				
Neutrophils	Microscopic	63	%	40 - 80
Lymphocytes	Microscopic	29	%	20 - 40
Eosinophils	Microscopic	02	%	1 - 6
Monocytes	Microscopic	06	%	2 - 10
Basophils	Microscopic	00	%	0 - 2
Absolute Count				
				2804 /cmm 2000 - 6700
				1291 /cmm 1000 - 3000
				89 /cmm 20 - 500
				267 /cmm 200 - 1000
				0 /cmm 0 - 100
Platelet Count				
Platelet Count	Electrical impedance	267000	/cmm	150000 - 410000
MPV	Calculated	14.10	fL	7.5 - 10.3
Platelets Morphology		Platelets are adequate on Smear		



Dr. C. Shrinivasan..

M.D (Pathology)[G-18341]
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Download Accuris App



Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mrs. Suneeta . Panigrahi	Lab Id	: 072407502485	Pt. Type	: Sterling Hospital Vadodara Health Checkup
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		Sample Type	: Whole 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 28	mm/1hr	0 - 21

Differential Count
Absolute Count

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. Suneeta . Panigrahi Sex/Age : Female / 49 Y 17-Jun-1975 Ref. Id : 298079 / 2803161 Ref. By : Dr. RMO . STERLING...	Lab Id : 072407502485 Registration on : 29-Jul-2024 13:21 Collected at : SAWPL Collected on : 29-Jul-2024 10:15 Sample Type : Whole blood	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 29-Jul-2024 16:21 Status : Interim Printed On : 30-Jul-2024 10:55 Process At : 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Blood Group

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


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. Suneeta . Panigrahi	Lab Id : 072407502485	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 49 Y 17-Jun-1975	Registration on : 29-Jul-2024 13:21	Location : Main BNo./
Ref. Id : 298079 , 2803161	Collected at : SAWPL	Approved on : 29-Jul-2024 16:18 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 29-Jul-2024 10:15	Printed On : 30-Jul-2024 10:55
	Sample Type : Serum, Urine	Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <small>GOD-POD</small>	H 102.0	mg/dL	74 - 100
Fasting Urine Glucose <small>GOD-POD</small>	SNR		Absent
Fasting Urine Ketone <small>Nitroprusside</small>	SNR		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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LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mrs. Suneeta . Panigrahi	Lab Id	: 072407502485	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 49 Y 17-Jun-1975	Registration on	: 29-Jul-2024 13:21	Location	: BNo./
Ref. Id	: 298079 / 2803161	Collected at	: SAWPL	Approved on	: 30-Jul-2024 10:53 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 29-Jul-2024 10:15	Printed On	: 30-Jul-2024 10:55
		Sample Type	: Whole blood	Process At	: 75 – Sterling Hospital, Race course (Vadodar

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

Test	Result	Unit	Biological Ref. Interval
HbA1c	H 6.00	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	125.50	mg/dL	For Diabetic Patient: Poor Control : $> 7.0\%$; Good Control : 6.0-7.0%

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

*Adv:Repeat after one month.

Description:

- Total haemoglobin 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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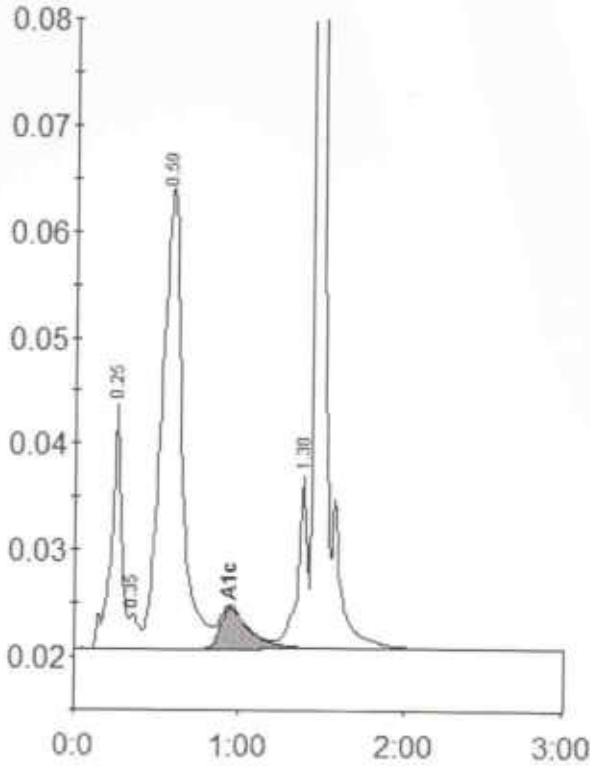


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Patient report

Bio-Rad DATE: 30/07/2024
 ID: 10 HOSPITALS TIME: 11:10 AM
 S/N: #DJ8G550303 Software version: 4.30-2
 Sample ID: 072407502485
 Injection date: 29/07/2024 02:04 PM
 Injection #: 6 Method: HbA1c
 Rack #: --- Rack position: 1



Peak table - ID: 072407502485

Peak	R.time	Height	Area	Area %
A1b	0.25	23496	98191	7.0
Unknown	0.35	3174	12328	0.9
F	0.59	43352	377343	26.8
A1c	0.95	3796	47768	6.0
P3	1.38	16145	64398	4.6
A0	1.46	307675	808564	57.4
Total Area:		1408591		

Concentration:	%
A1c	6.0



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LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mrs. Suneeta . Panigrahi	Lab Id : 072407502485	Pt. Type : Sterling Hospital Vadodara Health Checkup Main
Sex/Age : Female / 49 Y 17-Jun-1975	Registration on : 29-Jul-2024 13:21	Location : BNo./
Ref. Id : 298079 , 2803161	Collected at : SAWPL	Approved on : 29-Jul-2024 16:18 Status : Interim
Ref. By : Dr. RMO , STERLING...	Collected on : 29-Jul-2024 10:15	Printed On : 30-Jul-2024 10:55
	Sample Type : Serum	Process At : 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase - Peroxidase</i>	152.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPt/POD)</i>	149.0	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>	86.00	mg/dL	Optimal: <100 Near to above Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: =190
VLDL <i>Calculated</i>	29.80	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	4.1		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	2.3		Up to 3.5


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Patient Information		Sample Information		Location Information	
Name	: Mrs. Suneeta . Panigrahi	Lab Id	: 072407502485	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 49 Y 17-Jun-1975	Registration on	: 29-Jul-2024 13:21	Location	: Main BNo./
Ref. Id	: 298079 / 2803161	Collected at	: SAWPL	Approved on	: 29-Jul-2024 16:18 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 29-Jul-2024 10:15	Printed On	: 30-Jul-2024 10:55
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	4.10	mg/dL	2.5 - 6.2
Blood Urea Nitrogen <i>Calculated</i>	11.21	mg/dL	7.0 - 17.0
Urea <i>Urease. Colorimetric</i>	24.0	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>	22.42		
Urea Creatinine Ratio <i>Calculated</i>	48.00		


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Sex/Age	: Female / 49 Y 17-Jun-1975	Registration on	: 29-Jul-2024 13:21	Location	: Main BNo./
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Ref. By	: Dr. RMO . STERLING...	Collected on	: 29-Jul-2024 10:15	Printed On	: 30-Jul-2024 10:55
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodara)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Thyroid Function Tests

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <i>CLIA</i>	1.27	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <i>CLIA</i>	8.01	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <i>Chemiluminescence</i>	3.0680	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


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Name	: Mrs. Suneeta . Panigrahi	Lab Id	: 072407502485	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 49 Y 17-Jun-1975	Registration on	: 29-Jul-2024 13:21	Location	: Main BNo./
Ref. Id	: 298079 , 2803161	Collected at	: SAWPL	Approved on	: 29-Jul-2024 16:21 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 29-Jul-2024 10:15	Printed On	: 30-Jul-2024 10:55
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Levels of TSH in pregnancy (µIU/ml); First Trimester 0.1 - 2.5; Second Trimester 0.2 - 3.0; Third Trimester 0.3 - 3.0.

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.

TSH	T3/FT3	T4/FT4	Suggested interpretation of Thyroid function tests pattern
Within range	Decreased	Within range	Isolated low T3 often seen in elderly & associated Non-Thyroid illness. In elderly the drop in T3 level can be up to 25%.
Raised	Within Range	Within Range	Isolated High TSH Especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability; Subclinical Autoimmune Hypothyroidism; Intermediate T4 therapy for hypothyroidism; Recovery phase after Non-Thyroidal illness.
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis; Post thyroidectomy, post radioiodine; Hypothyroid phase of transient thyroiditis.
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPD 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's) Gestational thyrotoxicosis hyperemesis gravidarum.
Decreased or within range	Raised	Within range	T3 toxicosis; Non-Thyroidal illness.

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

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


Dr. C. Shrinivasan.,

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Consultant Pathologist


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30/1/20

Suneeta

R In Trigon = (30)


Dr. P.N. Saini
9858083514



Patient Id	: RCR-298079	Patient Name	: PANIGRAHI SUNEETA .
Age	: 49Y 1M 12D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 29 Jul 2024 - 11:56 AM

RADIOGRAPH CHEST PA

Both lungs and CP angles appear clear.
Mediastinal shadow and hilar region appear normal.
Cardiac shadow appears normal.
Both domes of diaphragm show normal position and contour.
Larynx thorax under vision appears normal.

IMPRESSION

No significant abnormality detected.

Dr. Palak Nandolia
Consultant Radiologist





Patient Id	: RCR-298079	Patient Name	: PANIGRAHI SUNEETA .
Age	: 49Y 1M 12D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 29 Jul 2024 - 11:41 AM

BILATERAL MAMMOGRAM: -

Technique: Dedicated low dose film screen mammography with cranio-caudal and mediolateral view was performed.

Clinical profile: Routine checkup;

REPORT

A discrete focus of calcification is seen in left breast in upper outer quadrant appears benign secretory in nature.

The mammary parenchyma is inhomogeneously dense - because of prominent fibro-glandular tissues. This somewhat lowers the sensitivity of mammography.

No suspicious focal mass or clustered micro calcifications are seen, although the dense surrounding tissue could obscure a lesion. No evidence of skin thickening or nipple retraction noted on either side.

No evidence of enlarged pathological lymph nodes seen on either side.

On screening sonography: Both breasts show normal fibro-glandular tissue. No evidence of other solid or cystic mass lesion is seen. No evidence of abnormal calcification is seen.

CONCLUSION: -

- **A discrete focus of calcification in left breast in upper outer quadrant appears benign secretory in nature (BIRADS 2).**
- **No other significant abnormality detected.**
- **Adv: Routine annual mammogram.**

The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds.

Dr. Shilpi Gupta MD
Sr. Consultant Radiologist

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ID: 2024072909413542
Name: SUNETA PANIGRAHI
Age: 49 Years
Gender: Female

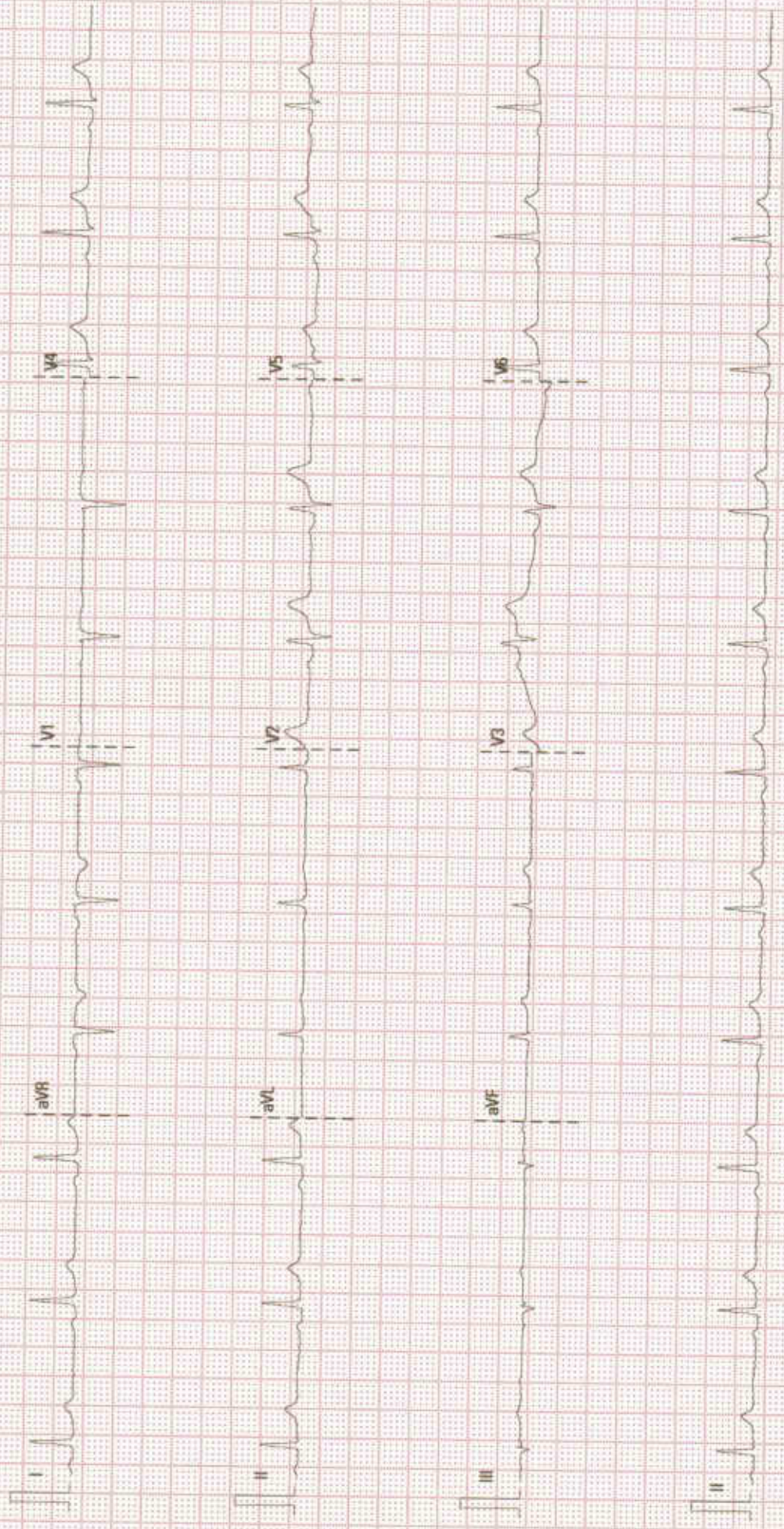
29-07-2024 09:41:25 AM

Vent. Rate: 66 bpm
PR Interval: 170 ms
QRS Duration: 74 ms
QT/QTc Interval: 362/373 ms
P/QRS/T Axis: 20/25/44 deg
QTc: Hodges

Sinus rhythm
Normal ECG

Unconfirmed Diagnosis

ASVC



25 mm/s 10 mm/mV 50 Hz BDR 20 Hz

02.06.00.V26.4.1 SN.FN.74007622



Patient Id	: RCR-298079	Patient Name	: PANIGRAHI SUNEETA .
Age	: 49Y 1M 12D	Sex	: Female
Ref. Doctor	: DR.RMO.STERLING	Study Date	: 29 Jul 2024 - 12:08 PM

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.

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 9.7 x 3.8 cm

Left kidney measures 10.2 x 4.0 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 bulky in size (9.7 x 7.4 x 7.0 cm). Few (at least 2) intramural fibroids are seen in anterior uterine myometrium largest measuring 2.4 x 2.4 cm. Smaller fibroid is also seen in posterior myometrium. Endometrial and rest of myometrial echoes appear normal. Endometrial thickness measures about 8.1 mm. No evidence of intrauterine pregnancy 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:

- **Anteverted bulky uterus with uterine fibroids as mentioned.**
- **No other significant abnormality detected.**
- **Clinical correlation & SOS TVS pelvis.**





Report Date: 29 Jul 2024 - 12:56 PM

Patient Id	: RCR-298079	Patient Name	: PANIGRAHI SUNEETA .
Age	: 49Y 1M 12D	Sex	: Female
Ref. Doctor	: DR.RMO.STERLING	Study Date	: 29 Jul 2024 - 12:08 PM

Dr. Shilpi Gupta MD
Consultant Radiologist

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