



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: ANANTDEEPSINGH RATHORE	
SH No: 300295	Date:26 10 2024
Age: 35	Gender: MALE

ASSESSMENT:

- ALEERGY: DUST, FORCED AIR(SNEEZING)
- P/H/O OPERATION : FACE SURGERY DUE TO RTA(2012)
- C/O:LATERAL PROTRUSION IN LEFT BIG TOE TOWARDS LATERAL SIDE , APPETITE REDUCED , EAR ITCHING IN RIGHT EAR MOSTLY NASAL CONGESTION , RIGHT ELBOW PAIN (WHILE WORKING OUT) , RARELY PAINING WHILE URINATING
- P/H/O: RENAL CALCULI
- DENTAL ASSESSMENT: CHRONIC GENERALISED GINGIVITIS, ORAL SUBMUCOUS FIBROSIS
- LOW HDL CHOLESTEROL(37) , NEAR TO ABOVE OPTIMAL DIRECT LDL(127)
- LOW BLOOD UREA NITROGEN (7.48) , LOW BLOOD UREA(16)
- HIGH A/G RATIO(1.74)
- HIGH T3,TOTAL(1.61) , HIGH TSH(4.9070)
- URINE R/M: LOW SPECIFIC GRAVITY(1.010)
- ECG: RIGHT AXIS
- USG ABDOMEN & PELVIS: MILD GENERALISED FATTY INFILTRATION OF LIVER

ADVISED:

- PLENTY OF LIQUIDS
- LOW FAT DIET
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE.
- REPEAT LIPID PROFILE AFTER 3 MONTH
- OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- DENTAL ADVICE : FOLLOW ADVICE
- ORTHOPEDIC CONSULTATION
- ENT CONSULTATION
- PHYSICIAN CONSULTATION

Sterling Addlife India Limited
Unit-Sterling Hospital Vadodara,
Race Course Circle, (West)
VADODRA - 390 007.

DR.JAY S PANDIT

Prevention & Rehabilitation Dept

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





**HEALTH CHECK UP
MEDICAL EXAMINATION**

Name : Chandandeep Singh Rathore Employee ID : _____
Company Name : _____ Age : 35 Sex : M/F
Height : 180 cms. Weight : 79.4 Kgs BMI : 24.5 Blood Group : _____
Name of HO / Registrar taking History : Dr. Jay. S. Parekh

Allergies : None Yes (If Yes, describe)

Drugs/Food/Latex/Dyes/Contrast/Other	Reaction
1. <u>Dust / forced air</u>	<u>In eozys</u>
2. _____	_____
3. _____	_____

Chief Complaints : 1. clo - ht Bid top lateral side. probably side view

Physical Examination :

Vital Signs :
Temp : 98.6 °F SPO₂ : 99 Pulse : 87 /min R/R : 18 /min B.P. : 110/70 mm Hg

Past History :

If Hypertension, since On Medication 1)..... 2)..... 3).....	If Diabetes, since On Medication 1)..... 2)..... 3).....
If Ischaemic Heart Disease since On Medication 1)..... 2)..... 3).....	Under Treatment Dr.
Under Treatment of Dr. Any Intervention done	If Tuberculosis, When Any Other P/H
P/H of Operation Diagnosis : <u>Face Augment</u> Name of Operation : <u>RTA</u> Year of Operation : <u>(2012)</u>	Any Other Medication P/H of Hospitalization Diagnosis : Year : Duration : Blood Transfusion History : Yes / No <u>✓</u> Year :
Others	

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

Handwritten: PAD (Present in all cells)

Personal History :

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

Handwritten: Veg. (Diet), Reduce (Appetite), PAD (Micturition)

FOR FEMALES :

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

General Examination :
 Anemia Cyanosis Jaundice Generalized lymphadenopathy Pedal oedema

General Examination :
Head : NSF

Injuries (Specify if any) :

Eyes : NSF

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

Remarks (if any) :

Ears : NSF

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

Nose : NSF

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

Mouth : NSF

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

Handwritten: Ear Itching, Ptery

Handwritten: mostly

Throat/Neck NSF

- Swollen glands Yes No
- Stiffness Yes No
- Dysphagia Yes No

SYSTEMIC EXAMINATION

Neurological : NSF

- Headache Yes No
- Syncope Yes No
- Cooperative Yes No
- Suicidal attempt Yes No
- Oriented Yes No
- Reaction: Brisk Sluggish No response
- LOC : Alert Confused Sedated
- Speech : Clear Slurred
- Memory changes Yes No
- Seizures Yes No
- Anxiety Yes No
- Any psychiatric illness _____
- Dizziness Yes No
- Paralysis Yes No if yes R L
- Depression Yes No
- if disoriented, to Person Place Time

Respiratory : NSF

- Lung sounds : *WET BFC 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 *Wet on pain (with weight)*

Gastrointestinal : NSF

- Appetite Good Poor
- Distension Yes No
- Pain Yes No
- Colostomy Yes No
- Nausea Yes No
- Heartburn Yes No
- Rectal Bleeding Yes No
- Ileostomy Yes No
- Vomiting Yes No
- Flatus Yes No

Bowel

- Diarrhoea Constipation Incontinence Blood in stool None
- Pain Yes No Place
- Frequency of stool *2-3/dy* Hemorrhoids Yes No
- Interventions : None • Laxatives Yes No Type Frequency *3 NAD*

Genitorurinary : NA NSF

 Colour of Urine Dark yellow Frequency 2-3/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 _____
 Menopausal Yes No if yes, Duration _____
 Vaginal discharge Yes No Itching Yes No

Breasts NA NSF

 Breast Feeding Yes No Lumps Yes No

Positive Finding & Advice

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

Sign and Stamp of Medical Officer

Sterling Hospital
 Racecourse Road

EMERGENCY HELPLINE

 992 444 9972
 0265 - 61 44 111

Sterling Hospital
 Bhayli

EMERGENCY HELPLINE

 908 1000 557
 0265 - 61 23 333



OPHTHALMIC CHECK-UP

SIGNIFICANT HISTORY:

PAST HISTORY:

Refractive Error:

Any Surgery:

Color Blind:

Diabetes:

Hypertension:

Any Treatment:

EXAMINATION OF EYES:

Right Eye:

Left Eye:

Distant Vision without Glasses:

Distant Vision with Glasses:

Near Vision without Glasses:

Near Vision with Glasses:

Intraocular Pressure:

Anterior Segment:

Fundus:

PRESCRIPTION OF GLASSES:

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

Type of glass:

ADVICE:

DR MAYA PATEL
(OPHTHALMOLOGIST)

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EAR, NOSE & THROAT CHECK-UP

COMPLAINTS:

EXAMINATION OF EARS:

Local Examination:

Tympanic Membrane:

EXAMINATION OF NOSE:

Local Examination:

THROAT & LARYNX:

LARYNGOSCOPIC EXAMINATION:

DR. NAVNIT MAKWANA

ENT SURGEON

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Dr. Sonica Peshin

Senior Cosmetic dentist and Implantologist

A-6966

Email: thespeakingtooth@gmail.com

Phone: 9586867301



26/10/2024 Race Course Road, Vadodara

Dental Assessment Form

Name: Anantdeep Singh Rathore

Age/Sex: 35 years/Male

UHID No: 300295

Patient has come for a regular check up.

On examination:

- Calculus++ stains++
- Palpable fibres present in buccal mucosa bilaterally
- History of quitting pan chewing habit 5 years ago
- Three finger mouth opening present
- Mild recession seen

Provisional diagnosis:

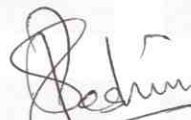
- Chronic generalized gingivitis
- Oral submucous fibrosis

Treatment plan:

- Scaling and polishing
- Treatment of OSMF

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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CIN# U85110GJ2000PTC039121



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Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Anantdeep Singh Rathore	Lab Id	: 102407502643	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 35 Y 15-Oct-1989	Registration on	: 26-Oct-2024 10:41	Location	: Main BNo./
Ref. Id	: 300295 / 2815903	Collected at	: SAWPL	Approved on	: 26-Oct-2024 14:32 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 11:05	Printed On	: 29-Oct-2024 13:40
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Hemoglobin Colorimetric	16.0	g/dL	13.0 - 16.5
RBC Count Electrical impedance	5.38	million/cmm	4.5 - 5.5
Hematocrit Calculated	47.4	%	40 - 49
MCV Derived	88.2	fL	83 - 101
MCH Calculated	29.8	pg	27.1 - 32.5
MCHC Calculated	33.7	g/dL	32.5 - 36.7
RDW CV Calculated	13.20	%	11.6 - 14
Total WBC and Differential Count			
WBC count SF Cube cell analysis	5410	/cmm	4000 - 10000
Differential Count		Absolute Count	
Neutrophils Microscopic	62	% 40 - 80	3354 /cmm 2000 - 6700
Lymphocytes Microscopic	29	% 20 - 40	1569 /cmm 1000 - 3000
Eosinophils Microscopic	02	% 1 - 6	108 /cmm 20 - 500
Monocytes Microscopic	07	% 2 - 10	379 /cmm 200 - 1000
Basophils Microscopic	00	% 0 - 2	0 /cmm 0 - 100
Platelet Count			
Platelet Count Electrical impedance	280000	/cmm	150000 - 410000
MPV Calculated	9.60	fL	7.5 - 10.3
Platelets Morphology	Platelets are adequate on Smear		

 Dr. Kajal Parmar
 MD

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MEDI WHEEL FULL BODY ANNUAL PLUS

Complete Blood Count

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

Differential Count

Absolute Count



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MD

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MEDI WHEEL FULL BODY ANNUAL PLUS
Blood Group

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



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

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Sterling Accuris Pathology Laboratory

 Sterling Hospital, Opp. Inox Cinema, Race Course Circle (West), Vadodara - 390 007. Tests marked with # are referred tests
 Ph: 0265-6144210

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Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Anantdeep Singh Rathore	Lab Id	: 102407502643	Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Male / 35 Y 15-Oct-1989	Registration on	: 26-Oct-2024 10:41	Location	: BNo./
Ref. Id	: 300295 , 2815903	Collected at	: SAWPL	Approved on	: 26-Oct-2024 12:49 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 11:05	Printed On	: 29-Oct-2024 13:40
		Sample Type	: Serum, Urine	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <i>GOD-POD</i>	88.0	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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 M.D (Pathology) [G-18341]
Consultant Pathologist

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Ref. Id	: 300295 / 2815903	Collected at	: SAWPL	Approved on	: 26-Oct-2024 16:18 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 14:00	Printed On	: 29-Oct-2024 13:40
		Sample Type	: Fluoride	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <i>GOD-POD</i>	108	mg/dL	70 - 140
Post-breakfast Urine Glucose <i>GOD-POD</i>	Absent		Absent
Post Breakfast Urine Ketone <i>Nitroprusside</i>	Absent		Absent



Dr. Kajal Parmar
MD

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Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 11:05	Printed On	: 29-Oct-2024 13:40
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadoda)

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

Test	Result	Unit	Biological Ref. Interval
HbA1c	4.80	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$ For Diabetic Patient: Poor Control : $> 7.0\%$; Good Control : 6.0-7.0%
Mean Blood Glucose	91.06	mg/dL	

Description:

- Total haemoglobin A1 c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
- The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
- The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
- It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c (HbF) or differences in their glycation from that of HbA (HbS).

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


Dr. Kajal Parmar
 MD

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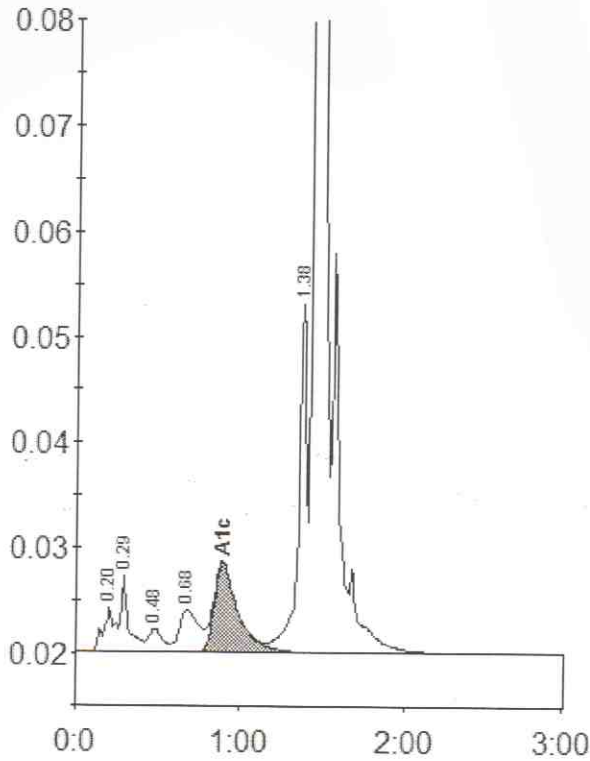


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Bio-Rad DATE: 26/10/2024
D-10 TIME: 01:42 PM
S/N: #DJ8G550303 Software version: 4.30-2
Sample ID: 102407502643
Injection date 26/10/2024 01:42 PM
Injection #: 14 Method: HbA1c
Rack #: --- Rack position: 4



Peak table - ID: 102407502643

Peak	R.time	Height	Area	Area %
A1a	0.20	4145	20780	0.9
A1b	0.29	7316	23982	1.0
F	0.48	2292	13893	0.6
LA1c/CHb-1	0.68	4004	33174	1.4
A1c	0.89	8414	85827	4.8
P3	1.38	32944	113830	4.9
A0	1.44	767046	2010601	87.3
Total Area:		2302086		

Concentration:	%
A1c	4.8





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Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 11:05	Printed On	: 29-Oct-2024 13:40
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase - Peroxidase</i>	175.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPo/POD)</i>	127.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl2</i>	L 37.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	H 127.00	mg/dL	Optimal: <100 Near to above Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: =190
VLDL <i>Calculated</i>	25.40	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	4.7		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	3.4		Up to 3.5


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Sex/Age : Male / 35 Y 15-Oct-1989	Registration on : 26-Oct-2024 10:41	Location : Main BNo./
Ref. Id : 300295 / 2815903	Collected at : SAWPL	Approved on : 26-Oct-2024 12:50 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 26-Oct-2024 11:05	Printed On : 29-Oct-2024 13:40
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	5.90	mg/dL	3.5 - 8.5
Blood Urea Nitrogen <i>Calculated</i>	L 7.48	mg/dL	9.0 - 20.0
Urea <i>Urease, Colorimetric</i>	L 16.0	mg/dL	19.3 - 43.0
Creatinine, serum <i>Creatinine Amidohydrolase</i>	0.80	mg/dL	0.66 - 1.25
BUN Creatinine Ratio <i>Calculated</i>	9.35		
Urea Creatinine Ratio <i>Calculated</i>	20.00		


Dr. C. Shrinivasan..

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

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Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Anantdeep Singh Rathore	Lab Id	: 102407502643	Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Male / 35 Y - 15-Oct-1989	Registration on	: 26-Oct-2024 10:41	Location	: BNo./
Ref. Id	: 300295 , 2815903	Collected at	: SAWPL	Approved on	: 26-Oct-2024 16:18 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 11:05	Printed On	: 29-Oct-2024 13:40
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS
Liver Function Test

Test	Result	Unit	Biological Ref. Interval
ALT (SGPT) <i>UV with P5P, IFCC</i>	27.0	U/L	0 - 50
AST (SGOT) <i>UV with P5P</i>	25.0	U/L	17 - 59
GGT (Gamma Glutamyl Transferase) <i>L-g-Glytamyl-p-nitroanilide</i>	18.0	U/L	15 - 73
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	70.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin 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>	0.60	mg/dL	0.0 - 1.1
Delta Bilirubin <i>Calculated</i>	0.10	mg/dL	0.0 - 0.2
Total Protein <i>Copper tartrate to colour complex</i>	7.40	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	4.70	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	2.70	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	H 1.74		1.3 - 1.7


Dr. Kajal Parmar
MD

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LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Anantdeep Singh Rathore	Lab Id	: 102407502643	Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Male / 35 Y 15-Oct-1989	Registration on	: 26-Oct-2024 10:41	Location	: BNo./
Ref. Id	: 300295 / 2815903	Collected at	: SAWPL	Approved on	: 26-Oct-2024 14:31 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 11:05	Printed On	: 29-Oct-2024 13:40
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodara)


MEDI WHEEL FULL BODY ANNUAL PLUS
Thyroid Function Tests

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <small>CLIA</small>	H 1.61	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <small>CLIA</small>	8.90	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <small>Chemiluminescence</small>	H 4.9070	µIU/mL	0.4001 - 4.049

Remarks: *Kindly correlate clinically.

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. Kajal Parmar
MD

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Sex/Age	: Male / 35 Y 15-Oct-1989	Registration on	: 26-Oct-2024 10:41	Location	: BNo./
Ref. Id	: 300295 / 2815903	Collected at	: SAWPL	Approved on	: 26-Oct-2024 12:53 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 11:05	Printed On	: 29-Oct-2024 13:40
		Sample Type	: Urine	Process At	: 75 – Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS
URINE ROUTINE EXAMINATION

Test	Result	Unit	Biological Ref. Interval
Physical & Chemical (Dip strip) examination			
Colour	Pale Yellow		Pale Yellow
pH <i>Double indicator</i>	7.0		5.5 - 7.0
Specific Gravity <i>Polyelectrolyte based reaction</i>	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	Occasional	/hpf	0 - 5
Epithelial Cells	Occasional	/hpf	
Crystals	Absent		Absent
Casts	Absent		Absent
Bacteria	Absent		Absent
Amorphous Material	Absent		Absent
Yeast	Absent		Absent

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



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Race Course Road, Vadodara

Report Date: 26 Oct 2024 - 02:12 PM

Patient Id	: RCR-300295	Patient Name	: RATHORE ANANTDEEP SINGH
Age	: 35Y 11D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 26 Oct 2024 - 12:04 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.

Palak

Dr. Palak Nandolia
Consultant Radiologist

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



ID: 2024102612410326
Name: MR ANANTDEEP, SINGH RATHORE
Age: 35 Years
Gender: Male

26-10-2024 12:40:53 PM

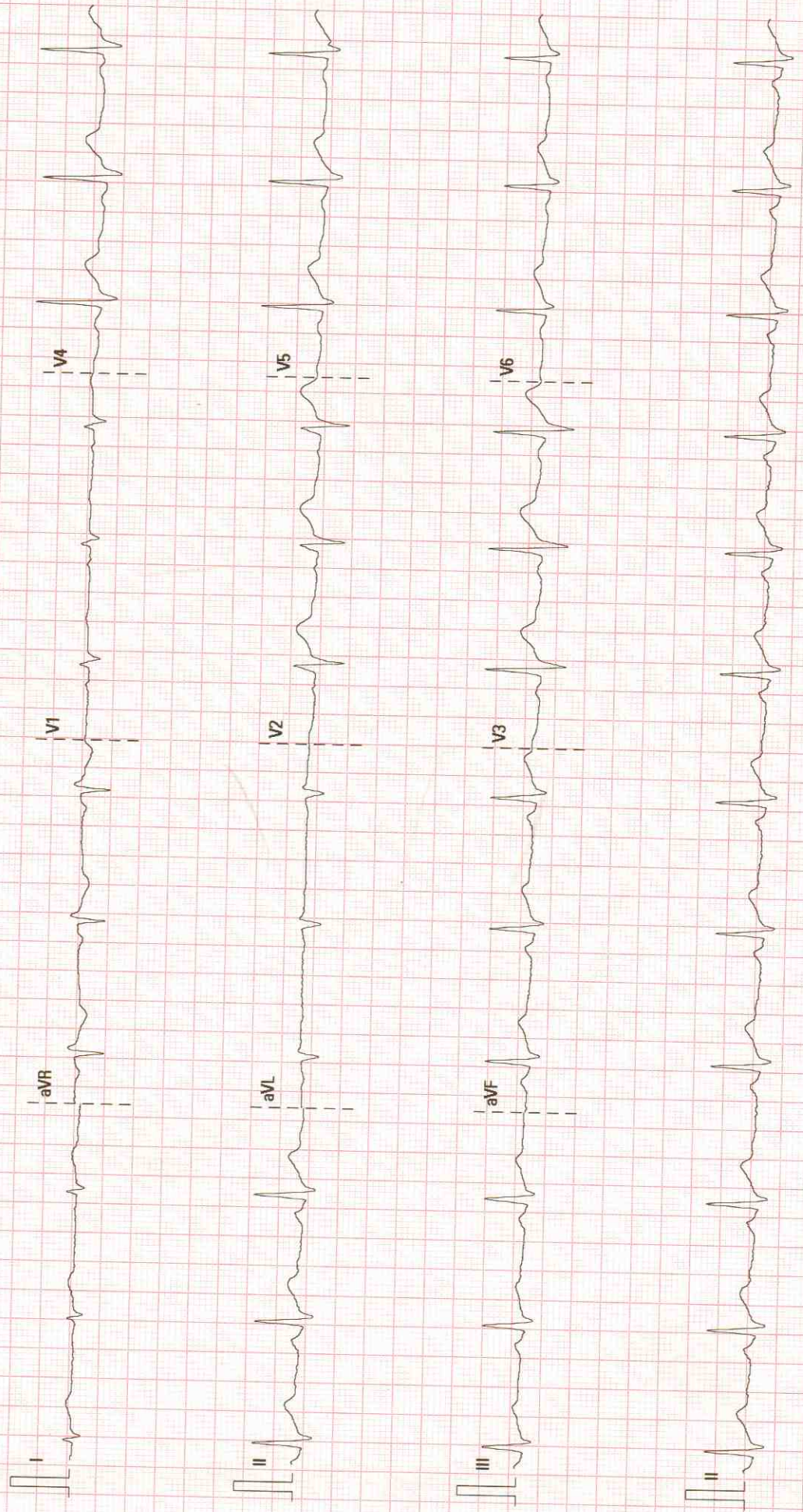
Vent. Rate
PR Interval
QRS Duration
QT/QTc Interval
P/QRS/T Axes
QTc: Hodges

69 bpm
154 ms
106 ms
398/414 ms
76/81/66 deg

Sinus rhythm
Normal ECG

Unconfirmed Diagnosis

ST axis





Patient Id	: RCR-300295	Patient Name	: RATHORE ANANTDEEP SINGH
Age	: 35Y 11D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 26 Oct 2024 - 10:46 AM

SONOGRAPHY OF WHOLE ABDOMEN: -

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

L 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 10.9 x 4.1 cm

Left kidney measures 11.6 x 4.8 cm

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

URINARY BLADDER: Bladder is normally distended and appears unremarkable.

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

No evidence of ascites, lymphadenopathy is seen.

Mild gaseous distention of bowel loops is seen.

CONCLUSION:

- **Mild generalized fatty infiltration of liver.**
- **No other significant abnormality detected.**

Dr. Shilpi Gupta MD
Sr. Consultant Radiologist

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Report Date: 26 Oct 2024 - 10:59 AM

Patient Id	: RCR-300295	Patient Name	: RATHORE ANANTDEEP SINGH
Age	: 35Y 11D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 26 Oct 2024 - 10:46 AM

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