

PARMAR, GUNVANTBHA

ID: 64years

22-Aug-2024  
11:10:30

Caucasian

Male

BRUCE  
Max HR: 147bpm 94% of max predicted 156bpm  
Max BP: 140/80  
Reason for Termination: THR ACHIEVED  
Comments: GOOD EFFORT TOLERANCE  
NORMAL HR AND BP RESPONSE  
NO ANGINA OR ARRHYTHMIAS  
NO ST-T CHANGES SEEN DURING EXERCISE OR RECOVERY  
TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA  
DR KAUSHIK TRIVEDI CARDIOLOGIST

25.0 mm/s  
10.0 mm/mV  
100hz

Referred by:  
Test Ind:

*Kat*

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	1:22	***	***	1.0	99		
	STANDING	0:06	***	***	1.0	104	120/80	125
	HYPERTENT	0:32	0.8	0.0	1.1	101	120/80	121
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	131	130/80	170
	STAGE 2	3:00	2.5	12.0	7.0	141	130/80	183
	STAGE 3	0:34	3.4	14.0	7.8	147	140/80	206
RECOVERY	RECOVERY	5:15	0.0	0.0	1.0	104	120/80	125

Technician:

STERLING HOSPITAL, VADODARA

Unconfirmed

MAC55 009C



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: GUNVANTBHAI M PARMAR	
SH No: 298648	Date:22 08 2024
Age: 64	Gender:MALE

ASSESSMENT:

- OVER WEIGHT(BMI:26.27)
- C/O:BREATHLESSNESS, B/L LEG PAIN AND TIREDNESS POST 3<sup>RD</sup> FLOOR CLIMBING
- O/E-B.P:130/90, PULSE 104/MIN
- P/H/O OPERATION:BOTH EYE CATRACT SURGERY(2019)
- F/H/O:HYPERTENSION(MOTHER)
- REDUCED HEARING PRESENT
- BORDERLINE LOW RBC COUNT(4.49 MILLION/CMM),BORDERLINE LOW MCHC(32.1)
- BORDERLINE HIGH ESR(20)
- BORDERLINE HIGH FBS(102)
- HIGH HBA1C(6)
- LOW HDL CHOLESTEROL(37)
- LOW BLOOD UREA NITROGEN(6.07), LOW SERUM UREA(13)
- HIGH TSH(4.6470)
- URINE R/M:LOW SPECIFIC GRAVITY(1.010)
- ECG: LEFT AXIS

ADVISED:

- ANTI DIABETIC & IRON RICH DIET
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE.
- CORRECTION OF ANAEMIA AND WORK UP
- REGULAR BLOOD PRESSURE AND BLOOD SUGAR MONITORING AND CONTROL
- AVOID NOISE POLLUTION
- OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- ENT ADVICE:FOLLOW ADVICE
- PHYSICIAN CONSULTATION

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

  
**DR.JAY S PANDIT**

Prevention & Rehabilitation Dept

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





### HEALTH CHECK UP MEDICAL EXAMINATION

Name : Mr. Gunvantibhai M. Parmar Employee ID : \_\_\_\_\_  
 Company Name : \_\_\_\_\_ Age : 64 Sex : M/F  
 Height : 176 cms. Weight : 81.4 Kgs BMI : 26.27 Blood Group : A+ve  
 Name of HO / Registrar taking History : Dr. Jay S. Parekh

Allergies :  None  Yes (If Yes, describe)

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

Chief Complaints : 1. Nocturnal cough & chest pain (B/L) esp at 3rd floor. Working stairs.

#### Physical Examination :

Vital Signs :  
 Temp : 97.8 F SPO<sub>2</sub> : 99 Pulse : 104 /min R/R : 19 /min B.P. : 130/90 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. _____	If Tuberculosis, When _____
Any Intervention done _____	Any Other P/H _____
P/H of Operation Diagnosis : <u>B.K. Cataract Sx</u> Name of Operation : <u>2019</u> Year of Operation : _____	Any Other Medication _____
Others _____	P/H of Hospitalization _____
	Diagnosis : _____
	Year : _____
	Duration : _____
	Blood Transfusion History : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Year : _____

**Family History :** (Specify : F-Father, M-Mother, B-Brother, S-Sister)

(Pl. Circle whichever is applicable e.g. If Father has h/o 10 yrs then, Yes / No F/10 yrs)

Hypertension	Yes/No <b>M</b>	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	<i>Eg vegetarian</i>	Smoking	Yes/No	since ...../..... per day
Appetite	<i>Regular</i>	Alcohol	Yes/No	since ...../..... (freq.)
Sleep	<i>Regular</i>	Drugs	Yes/No	since ...../..... (freq.)
Micturition	<i>Regular</i>	Tobacco	Yes/No	since ...../..... (freq.)
Bowel Habits		Any other habit		

**FOR FEMALES :**

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

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

**General Examination :**

 .....  
 .....  
 .....

**Head :**  NSF

Injuries (Specify if any) : .....

**Eyes :**  NSF : *gl*

- 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    *Reduced Hearing*

**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 : AEB 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 2 times/day

Interventions :  None      • Laxatives  Yes  No

Type polymeric      Frequency every night

**Genitorurinary :**  NSF

 Colour of Urine Pale yellow Frequency 27. 1 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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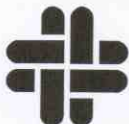

**Sign and Stamp of Medical Officer**
**Sterling Hospital**  
 Racecourse Road

**EMERGENCY HELPLINE**

 992 444 9972  
 0265 - 61 44 111

**Sterling Hospital**  
 Bhayli

**EMERGENCY HELPLINE**

 908 1000 557  
 0265 - 61 23 333

**Sterling**  
 HOSPITALS

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 HEALTH  
 HAPPINESS**



OPHTHALMIC CHECK-UP

SIGNIFICANT HISTORY:

PAST HISTORY:

Refractive Error:

Any Surgery:

Color Blind:

Diabetes:

Hypertension:

Any Treatment:

→ ⊕ Cataract 270L x sym

EXAMINATION OF EYES:

Right Eye:

Left Eye:

Distant Vision without Glasses:

— 6/6 — 6/6 —

Distant Vision with Glasses:

Near Vision without Glasses:

— N/6 — N/6 —

Near Vision with Glasses:

Intraocular Pressure:

Anterior Segment:

— PCIO —

Fundus:

— normal —

PRESCRIPTION OF GLASSES:

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

Type of glass:

ADVICE:

Fit optically  
flap Dyrly

DR TARAL SHAH  
(OPHTHALMOLOGIST)

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DR KUNTAL SHAH  
(OPHTHALMOLOGIST)

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**EAR, NOSE & THROAT CHECK-UP**

**COMPLAINTS:** Deeme heavy x  
→ needs further eval  
Throat

**EXAMINATION OF EARS:** \_\_\_\_\_

**Local Examination:** — N/A

**Tympanic Membrane:** Fee (R) / S/C TM  
(L) / Jem

**EXAMINATION OF NOSE:**  
**Local Examination:** Polypsoidal lesion (R) (L)  
nasal cavity

**THROAT & LARYNX:** mild ER (R)

→ N/A

**LARYNGOSCOPIC EXAMINATION:** Ad  
C7 pres

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*Dr. Navnit Makwana*  
**DR. NAVNIT MAKWANA**  
ENT SURGEON







Passport No :

**LABORATORY TEST REPORT**


Patient Information		Sample Information		Location Information	
Name	: Mr. Gunvantbhai Mohanbhai Parmar	Lab Id	: 082407502059	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 64 Y 13-Oct-1959	Registration on	: 22-Aug-2024 08:40	Location	: Main BNo./
Ref. Id	: 298648 / 2806613	Collected at	: SAWPL	Approved on	: 22-Aug-2024 12:10 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 22-Aug-2024 08:46	Printed On	: 22-Aug-2024 14:11
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**
**Complete Blood Count**

Test	Result	Unit	Biological Ref. Interval
Hemoglobin	13.0	g/dL	13.0 - 16.5
RBC Count	L 4.49	million/cmm	4.5 - 5.5
Hematocrit	40.6	%	40 - 49
MCV	90.4	fL	83 - 101
MCH	29.0	pg	27.1 - 32.5
MCHC	L 32.1	g/dL	32.5 - 36.7
RDW CV	12.90	%	11.6 - 14

**Total WBC and Differential Count**

WBC count	SF Cube cell analysis	7210	/cmm	4000 - 10000
-----------	-----------------------	------	------	--------------

**Differential Count**

	Result	Unit	Absolute Count
Neutrophils	73	% 40 - 80	5263 /cmm 2000 - 6700
Lymphocytes	20	% 20 - 40	1442 /cmm 1000 - 3000
Eosinophils	03	% 1 - 6	216 /cmm 20 - 500
Monocytes	04	% 2 - 10	288 /cmm 200 - 1000
Basophils	00	% 0 - 2	0 /cmm 0 - 100

**Platelet Count**

Platelet Count	Electrical Impedance	266000	/cmm	150000 - 410000
MPV	Calculated	10.10	fL	7.5 - 10.3

Platelets Morphology Platelets are adequate on Smear



Dr. Kajal Parmar

MD

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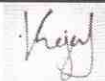
**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**

**Complete Blood Count**

Test	Result	Unit	Biological Ref. Interval
<b>Erythrocytes Sedimentation Rate</b>			
ESR <small>Capillary photometry</small>	H 20	mm/1hr	0 - 19

**Differential Count**

**Absolute Count**



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**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**
**Blood Group**

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


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Sex/Age	: Male / 64 Y 13-Oct-1959	Registration on	: 22-Aug-2024 08:40	Location	: Main BNo./
Ref. Id	: 298648 / 2806613	Collected at	: SAWPL	Approved on	: 22-Aug-2024 10:45 Status : Final
Ref. By	: Dr. RMO , STERLING...	Collected on	: 22-Aug-2024 08:46	Printed On	: 22-Aug-2024 14:11
		Sample Type	: Serum, Urine	Process At	: 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**

Test	Result	Unit	Biological Ref. Interval
<b>Fasting Blood Glucose</b> <small>GOD-POD</small>	H 102.0	mg/dL	74 - 100
<b>Fasting Urine Glucose</b> <small>GOD-POD</small>	Absent		Absent
<b>Fasting Urine Ketone</b> <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:**

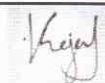
1. Fasting blood glucose (FPG)  $\geq$  126 mg/dL
2. Two-hour blood glucose (2-h OGTT) = 200 mg/dL
3. HbA1c values (A1c)  $\geq$  6.5%
4. Random plasma glucose  $\geq$  200 mg/dL

(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


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**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**

Test	Result	Unit	Biological Ref. Interval
<b>Post-breakfast Blood Glucose</b> <small>GOD-POD</small>	110	mg/dL	70 - 140
<b>Post-breakfast Urine Glucose</b> <small>GOD-POD</small>	Absent		Absent
<b>Post Breakfast Urine Ketone</b> <small>Nitroprusside</small>	Absent		Absent


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Sex/Age	: Male / 64 Y 13-Oct-1959	Registration on	: 22-Aug-2024 08:40	Location	: BNo./
Ref. Id	: 298648 / 2806613	Collected at	: SAWPL	Approved on	: 22-Aug-2024 13:23 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 22-Aug-2024 08:46	Printed On	: 22-Aug-2024 14:11
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**
**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: $< 5.7\%$  For Diabetic Patient: Poor Control : $> 7.0\%$ ; Good Control : 6.0-7.0%
Mean Blood Glucose	125.50	mg/dL	

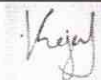
**Description:**

- 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


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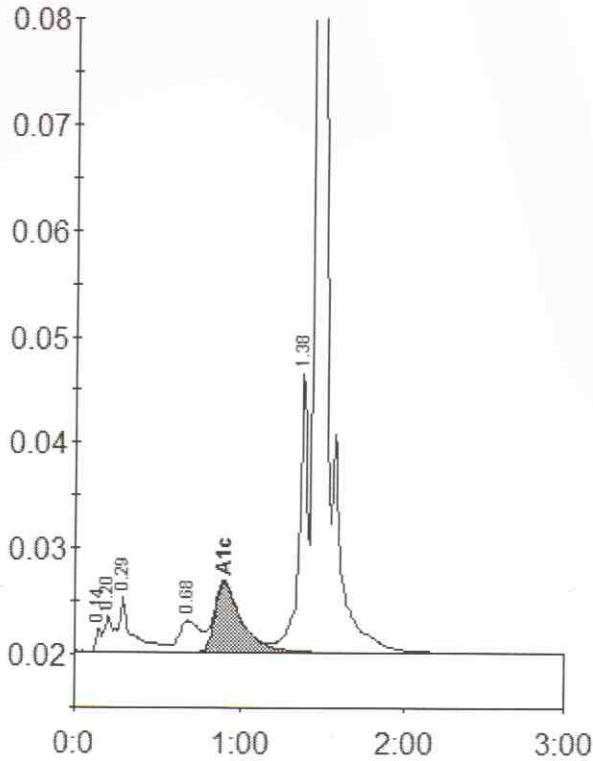


# Patient report Sterling

Bio-Rad  
D-10  
HOSPITALS

DATE: 22/08/2024  
 TIME: 01:16 PM  
 S/N: #DJ8G550303 Software version: 4.30-2  
 Sample ID: 082407502059  
 Injection date: 22/08/2024 01:15 PM  
 Injection #: 7 Method: HbA1c  
 Rack #: --- Rack position: 7

sterling  
**ACCURIS**  
 Pathology lab that cares



Peak table - ID: 082407502059

Peak	R.time	Height	Area	Area %
Unknown	0.14	2167	4843	0.3
A1a	0.20	3397	12899	0.8
A1b	0.29	5384	27270	1.8
LA1c/CHb-1	0.68	2923	26452	1.7
A1c	0.90	6666	72253	6.0
P3	1.38	26478	96570	6.3
A0	1.45	482662	1301624	84.4
Total Area:		1541910		

Concentration:	%
A1c	6.0



### Sterling Accuris Pathology Laboratory

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
Passport No :

**LABORATORY TEST REPORT**


Patient Information		Sample Information		Location Information	
Name	: Mr. Guntantbhai Mohanbhai Parmar	Lab Id	: 082407502059	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 64 Y 13-Oct-1959	Registration on	: 22-Aug-2024 08:40	Location	: Main BNo./
Ref. Id	: 298648 / 2806613	Collected at	: SAWPL	Approved on	: 22-Aug-2024 10:45 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 22-Aug-2024 08:46	Printed On	: 22-Aug-2024 14:11
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**
**Lipid Profile**

Test	Result	Unit	Biological Ref. Interval
<b>Cholesterol</b> <i>Cholesterol oxidase – Peroxidase</i>	136.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
<b>Triglyceride</b> <i>Ezymatic (Lipase/GK/GPa/POD)</i>	147.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
<b>HDL Cholesterol</b> <i>PTA/MgCl2</i>	L 37.0	mg/dL	<b>Low: &lt;40.0</b> <b>High: &gt;60.0</b>
<b>Direct LDL</b> <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
<b>VLDL</b> <i>Calculated</i>	29.40	mg/dL	15 - 35
<b>CHOL/HDL Ratio</b> <i>Calculated</i>	3.7		Up to 5.0
<b>dLDL/HDL Ratio</b> <i>Calculated</i>	2.0		Up to 3.5



**Dr. Kajal Parmar**  
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**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
Name : <b>Mr. Gunvantbhai Mohanbhai Parmar</b>	Lab Id : <b>082407502059</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : <b>Male / 64 Y</b> 13-Oct-1959	Registration on : 22-Aug-2024 08:40	Location : Main BNo./
Ref. Id : 298648 / 2806613	Collected at : SAWPL	Approved on : 22-Aug-2024 10:46 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 22-Aug-2024 08:46	Printed On : 22-Aug-2024 14:11
	Sample Type : Serum	Process At : 75 - Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**

Test	Result	Unit	Biological Ref. Interval
<b>Uric Acid</b> <i>Uricase</i>	7.10	mg/dL	3.5 - 8.5
<b>Blood Urea Nitrogen</b> <i>Calculated</i>	L 6.07	mg/dL	9.0 - 20.0
<b>Urea</b> <i>Urease, Colorimetric</i>	L 13.0	mg/dL	19.3 - 43.0
<b>Creatinine, serum</b> <i>Creatinine Amidohydrolase</i>	0.80	mg/dL	0.66 - 1.25
<b>BUN Creatinine Ratio</b> <i>Calculated</i>	7.59		
<b>Urea Creatinine Ratio</b> <i>Calculated</i>	16.25		


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**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
Name : <b>Mr. Guntantbhai Mohanbhai Parmar</b> Sex/Age : <b>Male / 64 Y</b> 13-Oct-1959 Ref. Id : 298648 / 2806613 Ref. By : Dr. RMO . STERLING...	Lab Id : <b>082407502059</b> Registration on : 22-Aug-2024 08:40 Collected at : SAWPL Collected on : 22-Aug-2024 08:46 Sample Type : Serum	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 22-Aug-2024 10:46 Status : Final Printed On : 22-Aug-2024 14:11 Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**
**Liver Function Test**

Test	Result	Unit	Biological Ref. Interval
<b>ALT (SGPT)</b> <i>UV with P5P, IFCC</i>	20.0	U/L	0 - 50
<b>AST (SGOT)</b> <i>UV with P5P</i>	25.0	U/L	17 - 59
<b>GGT (Gamma Glutamyl Transferase)</b> <i>L-γ-Glytamyl-p-nitroanilide</i>	19.0	U/L	15 - 73
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer, IFCC</i>	75.0	U/L	38 - 126
<b>Total Bilirubin</b> <i>Azobilirubin chromophores</i>	0.50	mg/dL	0.2 - 1.3
<b>Conjugated Bilirubin</b> <i>Cationic Mordant Binding</i>	0.10	mg/dL	0.0 - 0.3
<b>Unconjugated Bilirubin</b> <i>Cationic Mordant Binding</i>	0.20	mg/dL	0.0 - 1.1
<b>Delta Bilirubin</b> <i>Calculated</i>	0.20	mg/dL	0.0 - 0.2
<b>Total Protein</b> <i>Copper tartrate to colour complex</i>	6.80	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green Method</i>	4.20	g/dL	3.5 - 5.0
<b>Globulin</b> <i>Calculated</i>	2.60	g/dL	2.3 - 3.5
<b>A/G Ratio</b> <i>Calculated</i>	1.62		1.3 - 1.7


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**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
Name : <b>Mr. Gunvantbhai Mohanbhai Parmar</b> Sex/Age : <b>Male / 64 Y</b> 13-Oct-1959 Ref. Id : 298648 / 2806613 Ref. By : Dr. RMO . STERLING...	Lab Id : <b>082407502059</b> Registration on : 22-Aug-2024 08:40 Collected at : <b>SAWPL</b> Collected on : 22-Aug-2024 08:46 Sample Type : Serum	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 22-Aug-2024 10:56 Status : Final Printed On : 22-Aug-2024 14:11 Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**
**Immunoassay**

Test	Result	Unit	Biological Ref. Interval
<b>Prostate Specific Ag. (PSA), Total</b>	1.08	ng/mL	Upto 4.1 ng/mL

PSA is a glycoprotein that is expressed by both normal and neoplastic prostate tissue and is prostate tissue specific and not prostate cancer specific. PSA is constantly expressed in nearly all prostate cancers, although its level of expression on a per cell basis is lower than in normal prostate epithelium. The absolute value of serum PSA is useful for determining the extent of prostate cancer and assessing the response to prostate cancer treatment; its use as a screening method to detect prostate cancer is also common.

**Interpretation**
**Increased in**

- Prostate disease (Cancer, Prostatitis, Benign prostatic hyperplasia, Acute urinary retention)
- Manipulations (Cystoscopy, Needle biopsy, Radiation therapy, Indwelling catheter, Prostatic massage)
- Transurethral resection
- Prostatic ischemia

**Decreased in**

- Castration
- Prostatectomy
- Radiation therapy
- Ejaculation within 24 - 48 hours
- 5-alpha-reductase inhibitor reduces PSA by 50% after 6 months in men without cancer

**Limitations**

- PSA has been recommended by the American Cancer Society for use in conjunction with a DRE for early detection of prostate cancer starting at the age of 50 years for men with at least 10-year life expectancy
- PSA levels that are measured repeatedly over time may vary because of biologic variability where the true PSA level in a given man is different on different measurements.
- A change in PSA of >30% in man with a PSA initially below 2.0 ng/mL was likely to indicate a true change beyond normal random variation.


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**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
Name : <b>Mr. Guntantbhai Mohanbhai Parmar</b> Sex/Age : <b>Male / 64 Y</b> 13-Oct-1959 Ref. Id : 298648 / 2806613 Ref. By : Dr. RMO . STERLING...	Lab Id : <b>082407502059</b> Registration on : 22-Aug-2024 08:40 Collected at : SAWPL Collected on : 22-Aug-2024 08:46 Sample Type : Serum	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 22-Aug-2024 10:56 Status : Final Printed On : 22-Aug-2024 14:11 Process At : 75 – Sterling Hospital, Race course (Vadodar

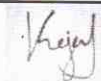
**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**
**Thyroid Function Tests**

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <small>CLIA</small>	1.50	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <small>CLIA</small>	7.33	µg/dl	4.87 - 11.72
<b>TSH (3rd Gen.)</b> <small>Chemiluminescence</small>	<b>H 4.6470</b>	<b>µIU/mL</b>	<b>0.4001 - 4.049</b>

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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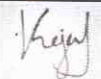
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Patient Information	Sample Information	Location Information
Name : <b>Mr. Gunvantbhai Mohanbhai Parmar</b> Sex/Age : <b>Male / 64 Y</b> 13-Oct-1959 Ref. Id : 298648 / 2806613 Ref. By : Dr. RMO . STERLING...	Lab Id : <b>082407502059</b> Registration on : 22-Aug-2024 08:40 Collected at : SAWPL Collected on : 22-Aug-2024 08:46 Sample Type : Urine	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 22-Aug-2024 10:56 Status : Final Printed On : 22-Aug-2024 14:11 Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M**
**URINE ROUTINE EXAMINATION**

Test	Result	Unit	Biological Ref. Interval
<b>Physical &amp; Chemical (Dip strip) examination</b>			
Colour	Pale Yellow		Pale Yellow
pH <i>Double Indicator</i>	6.5		5.5 - 7.0
<b>Specific Gravity</b> <i>Polyelectrolyte based reaction</i>	L 1.010		1.015 - 1.025
Protein <i>Protein error of indicators</i>	Absent		Absent
Glucose <i>GOD-POD</i>	Absent		Absent
Ketone <i>Nitroprusside</i>	Absent		Absent
Blood <i>Peroxidase like reaction</i>	Absent		Absent
Bilirubin <i>Diazo reaction</i>	Absent		Absent
Leucocytes <i>Esterase reaction</i>	Absent		Absent
Nitrite <i>p-arsanilic acid to diazonium compound</i>	Absent		Absent
<b>Microscopic Examination</b>			
Erythrocytes (RBCs)	Absent	/hpf	0 - 2
Pus Cells	1-2	/hpf	0 - 5
Epithelial Cells	Occasional	/hpf	
Crystals	Absent		Absent
Casts	Absent		Absent
Bacteria	Absent		Absent
Amorphous Material	Absent		Absent
Yeast	Absent		Absent

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


**Dr. Kajal Parmar**

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Patient Id	: RCR-298648	Patient Name	: PARMAR GUNVANTBHAI MOHANBHAI
Age	: 64Y 10M 9D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 22 Aug 2024 - 09:32 AM

X-RAY CHEST PA VIEW

Both lung fields show prominent broncho-vascular markings.  
Cardiac size appears within normal limit.  
Trachea and mediastinal soft tissue shadow appear unremarkable.  
Bilateral C.P. angles and both domes of diaphragm appear normal.  
Bony thorax under vision appears normal.

**CONCLUSION:**

**No significant chest abnormality detected.**

**Dr. Shilpi Gupta MD**  
**Sr. Consultant Radiologist**



22.08.2024 9:14:21  
STERLING HOSPITAL  
HCP  
VADODARA

LOT D819  
94 bpm  
-- / -- mmHg

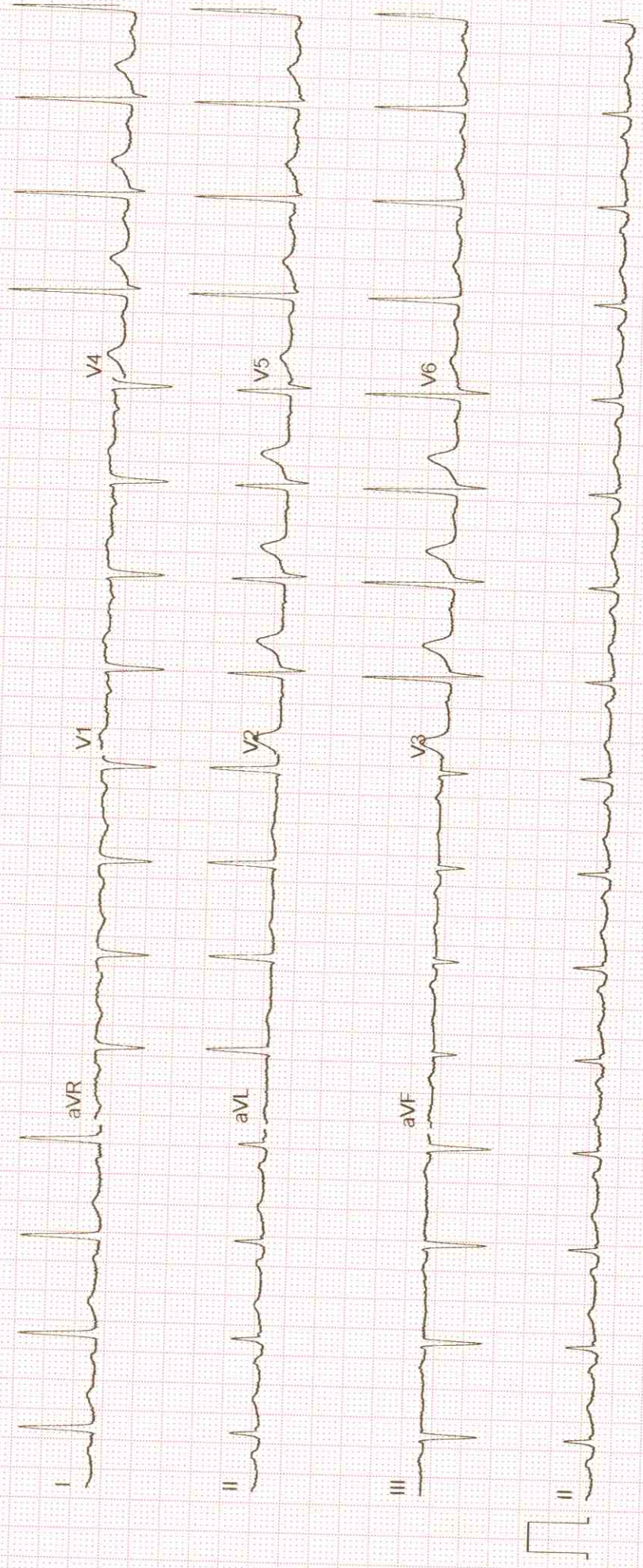
Male

50 Years

QRS 80 ms  
QT / QTcBaz 338 / 422 ms  
PR 180 ms  
P 108 ms  
RR / PP 640 / 638 ms  
P / QRS / T 60 / -8 / 33 degrees

Normal sinus rhythm  
Minimal voltage criteria for LVH, may be normal variant  
Borderline ECG

*Ceftriaxone*



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MAR 2024 - MAR 2025  
INDIA



Race Course Road, Vadodara

Report Date: 22 Aug 2024 - 10:23 AM

Patient Id	: RCR-298648	Patient Name	: PARMAR GUNVANTBHAI MOHANBHAI
Age	: 64Y 10M 9D	Sex	: Male
Ref. Doctor	: DR.RMO.STERLING	Study Date	: 22 Aug 2024 - 11:05 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 measuring 10.5 mm 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 and echotexture.

**SPLEEN:** Spleen is normal in size (10.8 cm) & echotexture. No 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 10.3 x 4.8 cm

Left kidney measures 10.9 x 4.9 cm

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

**URINARY BLADDER:** Bladder is normally distended. No bladder calculus, diverticulum or mass lesion is seen.

**PROSTATE:** Prostate appears normal in size and shows normal echotexture. No evidence of solid or cystic lesion. Prostatic volume measures about 20.5cc.

No ascites or significant 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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