



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name:MR NARSIMHA G HAILGOL	
SH No: 298354	Date:9 08 2024
Age: 40	Gender:MALE

ASSESSMENT:

- K/C/O : DIABETES SINCE 4 YEARS, ON REGULAR TREATMENT
- F/H/O:DIABETES (FATHER&MOTHER),ASTHMA(SISTER BUT RECOVERED)
- C/O:NASAL BLEEDING IN EXCESSIVE HEAT,LEFT HAND RING FINGER,MIDDLE PHALANGES PAIN ON TOUCHING & FLEXION MOVEMENT
- ANXIETY:PRESENT
- COLD WEATHER LEADS TO VERY LESS MUCOUS COUGH
- BORDERLINE LOW RBC COUNT(4.49 MILLION/CMM)
- HIGH FBS(184),HIGH PB2G(297),PBREAKFAST URINE GLUCOSE:PRESENT(++++) ,HIGH HBA1C(9.40)
- HIGH TRIGLYCERIDE(261),LOW HDL CHOLESTEROL(33),NEAR TO ABOVE OPTIMAL DIRECT LDL(102),HIGH VLDL(52.20),HIGH CHOL/HDL(5.5)
- ECG: S.TACHYCARDIA,ST DEPRESSION IN L3
- USG ABDOMEN AND PELVIS : MILD GENERALISED FATTY INFILTRATION OF LIVER

ADVISED:

- PLENTY OF LIQUIDS
- ANTI DIABETIC,LOW FAT DIET
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE.
- REGULAR BLOOD SUGAR MONITORING AND CONTROL
- REPEAT LIPID PROFILE AFTER 3 MONTH
- ENT ADVICE:FOLLOW ADVICE
- ORTHOPEDIC CONSULTATION
- PHYSICIAN CONSULTATION

DR.JAY S PANDIT

Prevention & Rehabilitation Dept

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

**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. Naz Simha. G. Hallgol. Employee ID : \_\_\_\_\_  
Company Name : medivheel full Body Age : 40 Sex : M/F  
Height : 169 cms. Weight 69.7 Kgs BMI : 24.90 Blood Group : AB -ve.  
Name of HO / Registrar taking History : Dr. Seay. S. Pandit

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

#### Chief Complaints :

#### Physical Examination :

#### Vital Signs :

Temp : Afebrile °F SPO<sub>2</sub> : 99 Pulse : 93 /min R/R : 19 /min B.P. : 100/70 mm Hg

#### Past History :

If Hypertension, since _____ On Medication 1) _____ 2) _____ 3) _____	If Diabetes, since <u>4 years</u> On Medication 1) _____ 2) <u>Regular Ins</u> 3) _____
If Ischaemic Heart Disease since _____ On Medication 1) _____ 2) _____ 3) _____	Under Treatment Dr. _____ If Tuberculosis, When _____ Any Other P/H _____
Under Treatment of Dr. _____ Any Intervention done _____	Any Other Medication _____
P/H of Operation Diagnosis : _____ Name of Operation : _____ Year of Operation : _____	P/H of Hospitalization Diagnosis : _____ Year : _____ Duration : _____
Others _____	Blood Transfusion History : Yes / <input checked="" type="checkbox"/> No Year : _____

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

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

Hypertension	Yes/No <input checked="" type="checkbox"/> No	Asthma	Yes/No <input checked="" type="checkbox"/> No
Heart Disease	Yes/No <input checked="" type="checkbox"/> No	Stroke	Yes/No <input checked="" type="checkbox"/> No
Diabetes	Yes/No <input checked="" type="checkbox"/> No : <b>F&amp;M</b>	Arthritis/Gout	Yes/No <input checked="" type="checkbox"/> No
Tuberculosis	Yes/No <input checked="" type="checkbox"/> No	Cancer	Yes/No <input checked="" type="checkbox"/> No
Epilepsy	Yes/No <input checked="" type="checkbox"/> No	Other Chronic disease	Yes/No <input checked="" type="checkbox"/> No

*Sister (But recovered now)*
**Personal History :**

Diet	<i>Veg.</i>	Smoking	Yes/No <input checked="" type="checkbox"/> No	since ..... / ..... per day
Appetite	<i>Reduced</i>	Alcohol	Yes/No <input checked="" type="checkbox"/> No	since ..... / ..... (freq.)
Sleep	<i>Regular</i>	Drugs	Yes/No <input checked="" type="checkbox"/> No	since ..... / ..... (freq.)
Micturition	<i>Regular</i>	Tobacco	Yes/No <input checked="" type="checkbox"/> No	since ..... / ..... (freq.)
Bowel Habits	<i>Regular</i>	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 : *glases for distant vision only during travelling*

- 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 : *Nose bleed in sun excessive heat*

- 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 None
- Oriented  Yes  No if disoriented, to  Person  Place  Time
- Reaction:  Brisk  Sluggish  No response
- LOC :  Alert  Confused  Sedated
- Speech :  Clear  Slurred

**Respiratory :**  NSF

- cold weather leads to more mucus cough*
- A E B E clear*
- Lung sounds : .....
  - Dyspnoea :  None  With activity  At rest  lying down  Retractions
  - Cough :  None  Non-productive  Productive - colour
  - Hemoptysis:  Yes  No
  - Night Sweats :  Yes  No
  - Cyanosis :  Yes  No Where .....

**Cardiovascular :**  NSF

- Chest discomfort  Yes  No
- Oedema  Yes  No Location : .....  Pitting  Non-pitting

**Extremities-Musculoskeletal :**  NSF

- Kept Hand middle finger middle pharynx pain on touch & flexion movement*
- 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 2-3 times / day
- Interventions :  None • Laxatives  Yes  No Type ..... Frequency .....

**Genitorurinary :**  NSF

 Colour of Urine Pale yellow Frequency 5-6 times/day  
 Pain  Yes  No Burning  Yes  No Itching  Yes  No  
 Urgency  Yes  No Incontinence  Yes  No  
 Nocturia  Yes  No Urostomy  Yes  No  
 History of calculi  Yes  No History of UTI  Yes  No  
 Foleys Catheter  Yes  No Date of Insertion \_\_\_\_\_

**Reproductive :**  NA  NSF

 LMP \_\_\_\_\_ Regular / Irregular \_\_\_\_\_  
 Dysmenorrhea  Yes  No Amenorrhea  Yes  No if yes, Duration \_\_\_\_\_  
 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



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

**COMPLAINTS:**

- do throat pain

**EXAMINATION OF EARS:**

**Local Examination:**

- NAD

**Tympanic Membrane:**

Red (R) / Blk TM (L)

**EXAMINATION OF NOSE:**

**Local Examination:**

- NAD

**THROAT & LARYNX:**

- minimal cystic  
resistance physical

**LARYNGOSCOPIC EXAMINATION:**

- NAD

Adm  
Tess. pinto x 100  
x 10 days  
Betadin gel

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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. Narasimha G Hailgol	Lab Id	: 082407500887	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 40 Y 09-Feb-1984	Registration on	: 09-Aug-2024 09:12	Location	: Main BNo./
Ref. Id	: 298354 / 2804950	Collected at	: SAWPL	Approved on	: 09-Aug-2024 11:34 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Aug-2024 09:18	Printed On	: 09-Aug-2024 16:17
		Sample Type	: Whole blood	Process At	: 75 - Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**
**Complete Blood Count**

Test	Result	Unit	Biological Ref. Interval
Hemoglobin	13.5	g/dL	13.0 - 16.5
RBC Count	L 4.49	million/cmm	4.5 - 5.5
Hematocrit	41.4	%	40 - 49
MCV	92.2	fL	83 - 101
MCH	30.1	pg	27.1 - 32.5
MCHC	32.7	g/dL	32.5 - 36.7
RDW CV	13.80	%	11.6 - 14
<b>Total WBC and Differential Count</b>			
WBC count	7200	/cmm	4000 - 10000
<b>Differential Count</b>			
Neutrophils	62	% 40 - 80	4464 /cmm 2000 - 6700
Lymphocytes	31	% 20 - 40	2232 /cmm 1000 - 3000
Eosinophils	02	% 1 - 6	144 /cmm 20 - 500
Monocytes	05	% 2 - 10	360 /cmm 200 - 1000
Basophils	00	% 0 - 2	0 /cmm 0 - 100
<b>Platelet Count</b>			
Platelet Count	354000	/cmm	150000 - 410000
MPV	9.50	fL	7.5 - 10.3
Platelets Morphology	Platelets are adequate on Smear		

**Dr. C. Shrinivasan..**

M.D ( Pathology ) [G-18341]

Consultant Pathologist

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		Sample Type	: Whole blood	Process At	: 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**
**Complete Blood Count**

Test	Result	Unit	Biological Ref. Interval
<b>Erythrocytes Sedimentation Rate</b>			
ESR	5	mm/1hr	0 - 14
<small>Capillary photometry</small>			

**Differential Count**
**Absolute Count**

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**MEDI WHEEL FULL BODY ANNUAL PLUS**
**Blood Group**

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



**Dr. C. Shrinivasan..**  
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Sex/Age	: Male / 40 Y 09-Feb-1984	Registration on	: 09-Aug-2024 09:12	Location	: Main BNo./
Ref. Id	: 298354 / 2804950	Collected at	: SAWPL	Approved on	: 09-Aug-2024 10:48 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Aug-2024 09:18	Printed On	: 09-Aug-2024 16:17
		Sample Type	: Serum, Urine	Process At	: 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**

Test	Result	Unit	Biological Ref. Interval
<b>Fasting Blood Glucose</b> <i>GOD-POD</i>	H 184.0	mg/dL	74 - 100
<b>Fasting Urine Glucose</b> <i>GOD-POD</i> *Rechecked.	Absent		Absent
<b>Fasting Urine Ketone</b> <i>Nitroprusside</i> *Rechecked.	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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Sex/Age	: Male / 40 Y 09-Feb-1984	Registration on	: 09-Aug-2024 09:12	Location	: BNo./
Ref. Id	: 298354 / 2804950	Collected at	: SAWPL	Approved on	: 09-Aug-2024 16:10 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Aug-2024 11:50	Printed On	: 09-Aug-2024 16:17
		Sample Type	: Fluoride	Process At	: 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <i>GOD-POD</i>	297	mg/dL	70 - 140
Post-breakfast Urine Glucose <i>GOD-POD</i>	Present(++++)		Absent
<b>Rechecked</b>			
Post Breakfast Urine Ketone <i>Nitroprusside</i>	Absent		Absent
<b>Rechecked</b>			

  
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Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Aug-2024 09:18	Printed On	: 09-Aug-2024 16:17
		Sample Type	: Whole blood	Process At	: 75 - Sterling Hospital, Race course (Vadodara)

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

Test	Result	Unit	Biological Ref. Interval
HbA1c	H 9.40	%	For Screening: Diabetes: $\geq 6.5\%$ ; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	223.08	mg/dL	For Diabetic Patient: Poor Control : $> 7.0\%$ ; Good Control : 6.0-7.0%

**Description:**

- Total haemoglobin A1c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HbA1c in the cell reflects the average blood glucose concentration it encounters.
- The level of HbA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
- The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
- It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

**HbA1c assay Interferences:**

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

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


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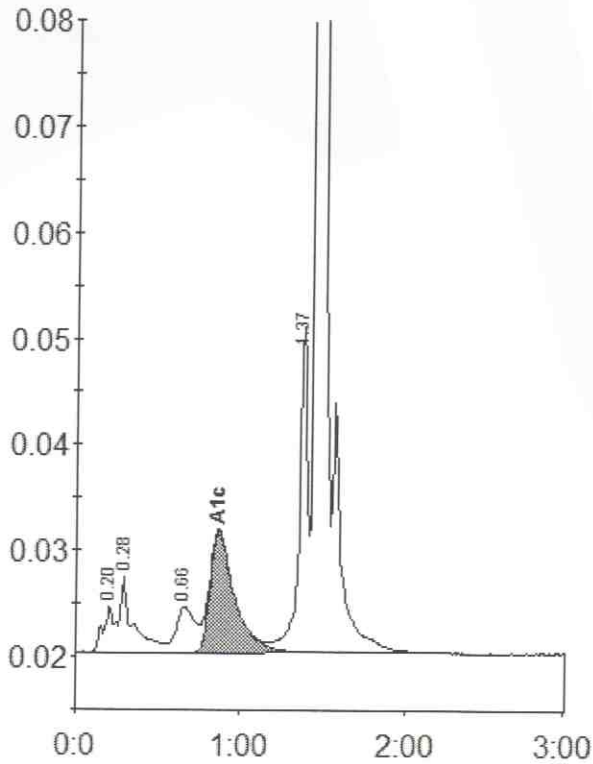


# Patient report

# Sterling HOSPITALS

Bio-Rad DATE: 09/08/2024  
 TIME: 12:42 PM  
 S/N: #DJ8G550303 Software version: 4.30-2  
 Sample ID: 082407500887  
 Injection date: 09/08/2024 12:42 PM  
 Injection #: 4 Method: HbA1c  
 Rack #: --- Rack position: 4

**sterling**  
**ACCURIS**  
 Pathology lab that cares



Peak table - ID: 082407500887

Peak	R.time	Height	Area	Area %
A1a	0.20	4290	21809	1.4
A1b	0.28	7173	37280	2.4
LA1c/CHb-1	0.66	4277	33998	2.1
A1c	0.86	11457	118381	9.4
P3	1.37	30774	104594	6.6
A0	1.45	467670	1265388	80.0
Total Area:		1581451		

Concentration:	%
A1c	9.4



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Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Aug-2024 09:18	Printed On	: 09-Aug-2024 16:17
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**
**Lipid Profile**

Test	Result	Unit	Biological Ref. Interval
<b>Cholesterol</b> <i>Cholesterol oxidase - Peroxidase</i>	181.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
<b>Triglyceride</b> <i>Ezymatic (Lipase/GK/GPa/POD)</i>	H 261.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
<b>HDL Cholesterol</b> <i>PTA/MgCl2</i>	L 33.0	mg/dL	Low: <40.0 High: >60.0
<b>Direct LDL</b> <i>Direct measured</i>	H 102.00	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>	H 52.20	mg/dL	15 - 35
<b>CHOL/HDL Ratio</b> <i>Calculated</i>	H 5.5		Up to 5.0
<b>dLDL/HDL Ratio</b> <i>Calculated</i>	3.1		Up to 3.5


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**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
<b>Name : Mr. Narasimha G Hailgol</b> <b>Sex/Age : Male / 40 Y</b> 09-Feb-1984 <b>Ref. Id : 298354</b> / 2804950 <b>Ref. By : Dr. RMO . STERLING...</b>	<b>Lab Id : 082407500887</b> <b>Registration on : 09-Aug-2024 09:12</b> <b>Collected at : SAWPL</b> <b>Collected on : 09-Aug-2024 09:18</b> <b>Sample Type : Serum</b>	<b>Pt. Type : Sterling Hospital Vadodara Health Checkup</b> <b>Location : Main BNo./</b> <b>Approved on : 09-Aug-2024 10:53</b> Status : Final <b>Printed On : 09-Aug-2024 16:17</b> <b>Process At : 75 - Sterling Hospital, Race course (Vadodar</b>

**MEDI WHEEL FULL BODY ANNUAL PLUS**

Test	Result	Unit	Biological Ref. Interval
<b>Uric Acid</b> <i>Uricase</i>	6.20	mg/dL	3.5 - 8.5
<b>Blood Urea Nitrogen</b> <i>Calculated</i>	9.35	mg/dL	9.0 - 20.0
<b>Urea</b> <i>Urease, Colorimetric</i>	20.0	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>	11.69		
<b>Urea Creatinine Ratio</b> <i>Calculated</i>	25.00		

  
**Dr. C. Shrinivasan..**
**M.D ( Pathology ) [G-18341]**  
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Patient Information		Sample Information		Location Information	
Name	: Mr. Narasimha G Hailgol	Lab Id	: 082407500887	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 40 Y 09-Feb-1984	Registration on	: 09-Aug-2024 09:12	Location	: Main BNo./
Ref. Id	: 298354 / 2804950	Collected at	: SAWPL	Approved on	: 09-Aug-2024 10:53 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Aug-2024 09:18	Printed On	: 09-Aug-2024 16:17
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**
**Liver Function Test**

Test	Result	Unit	Biological Ref. Interval
<b>ALT (SGPT)</b> <i>UV with P5P, IFCC</i>	26.0	U/L	0 - 50
<b>AST (SGOT)</b> <i>UV with P5P</i>	20.0	U/L	17 - 59
<b>GGT (Gamma Glutamyl Transferase)</b> <i>L-y-Glytamyl-p-nitroanilide</i>	22.0	U/L	15 - 73
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer, IFCC</i>	73.0	U/L	38 - 126
<b>Total Bilirubin</b> <i>Azobilirubin chromophores</i>	0.90	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>	0.70	mg/dL	0.0 - 1.1
<b>Delta Bilirubin</b> <i>Calculated</i>	0.10	mg/dL	0.0 - 0.2
<b>Total Protein</b> <i>Copper tartrate to colour complex</i>	7.50	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green Method</i>	4.50	g/dL	3.5 - 5.0
<b>Globulin</b> <i>Calculated</i>	3.00	g/dL	2.3 - 3.5
<b>A/G Ratio</b> <i>Calculated</i>	1.50		1.3 - 1.7


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**LABORATORY TEST REPORT**


Patient Information		Sample Information		Location Information	
Name	: Mr. Narasimha G Hailgol	Lab Id	: 082407500887	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 40 Y 09-Feb-1984	Registration on	: 09-Aug-2024 09:12	Location	: Main BNo./
Ref. Id	: 298354 / 2804950	Collected at	: SAWPL	Approved on	: 09-Aug-2024 10:53 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Aug-2024 09:18	Printed On	: 09-Aug-2024 16:17
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodar


**MEDI WHEEL FULL BODY ANNUAL PLUS**
**Thyroid Function Tests**

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <i>CLIA</i>	1.45	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <i>CLIA</i>	11.00	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <i>Chemiluminescence</i>	1.5370	µIU/mL	0.4001 - 4.049

TSH	T3/FT3	T4/FT4	Suggested interpretation of Thyroid function tests pattern
Within range	Decreased	Within range	Isolated low T3 often seen in elderly & associated Non-Thyroid illness. In elderly the drop in T3 level can be up to 25%.
Raised	Within Range	Within Range	Isolated High TSH Especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability; Subclinical Autoimmune Hypothyroidism; Intermediate T4 therapy for hypothyroidism; Recovery phase after Non-Thyroidal illness.
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis; Post thyroidectomy, post radioiodine; Hypothyroid phase of transient thyroiditis.
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies); Intermediate T4 therapy of T4 overdose; Drug Interference-Amiodarone, Heparin, Beta blocker, steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH – Especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness; Subclinical Hyperthyroidism; Thyroxine ingestion.
Decreased	Decreased	Decreased	Central Hypothyroidism; Non-Thyroidal illness; Recent treatment for Hypothyroidism (TSH remains suppressed).
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease), Multinodular goitre Toxic nodule; Transient thyroiditis: postpartum, Silent (lymphocytic), Post viral (granulomatous, subacute, DeQuervain'a) Gestational thyrotoxicosis hyperemesis gravidarum.
Decreased or within range	Raised	Within range	T3 toxicosis; Non-Thyroidal illness.

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


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Passport No :

**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
Name : <b>Mr. Narasimha G Hailgol</b>	Lab Id : <b>082407500887</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : <b>Male / 40 Y</b> 09-Feb-1984	Registration on : 09-Aug-2024 09:12	Location : Main BNo./
Ref. Id : 298354 / 2804950	Collected at : SAWPL	Approved on : 09-Aug-2024 10:48 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 09-Aug-2024 09:18	Printed On : 09-Aug-2024 16:17
	Sample Type : Urine	Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**
**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>	6.0		5.5 - 7.0
Specific Gravity <i>Polyelectrolyte based reaction</i>	1.015		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	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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Patient Id	: RCR-298354	Patient Name	: HAILGOL NARASIMHA G
Age	: 40Y 6M	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 09 Aug 2024 - 10:11 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.  
E thorax under vision appears normal.

**CONCLUSION:**

**No significant chest abnormality detected.**

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



09-08-2024 10:49:53 AM

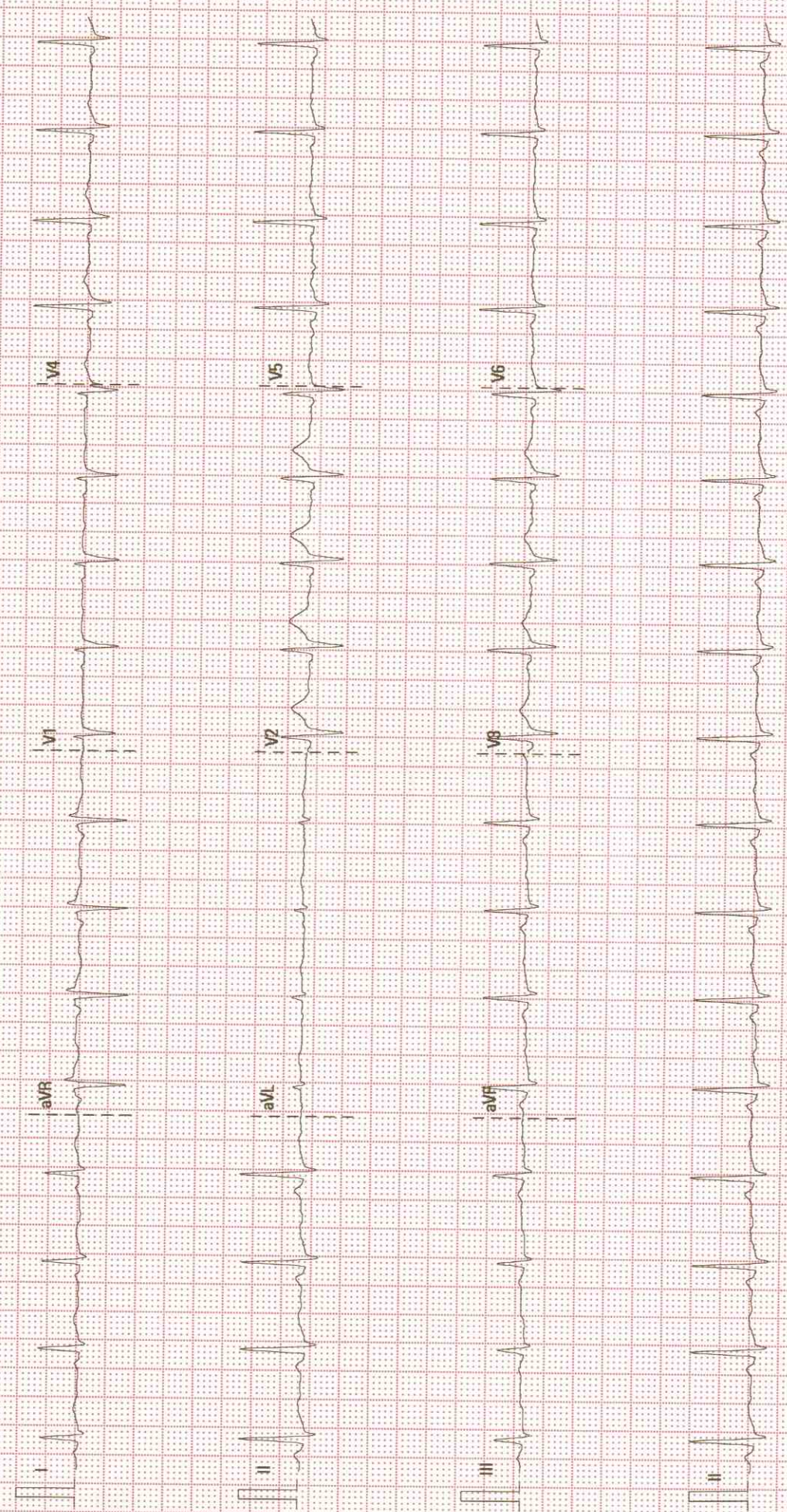
Name: MR NARASIMHA G, HAILGOL  
Age: 40 Years  
Gender: Male

Vent. Rate 100 bpm  
PR Interval 114 ms  
QRS Duration 94 ms  
QT/QTc Interval 338/408 ms  
P/QRS/T Axes 59/50/30 deg  
QTc:Hodges

Sinus tachycardia  
Normal ECG except for rate

Unconfirmed Diagnosis

body  
ST1 63



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

02 05 00 V28 4 1  
SN FN 74007622



## 2D ECHOCARDIOGRAPHY REPORT



Race Course Road, Vadodara

Name: Mr. NARSIMHA HAILGOL  
Age: 40 Years  
Sex: M  
Date: 09-Aug-2024

Ref By: HCP  
Study: 2D Echo

### M-MODE:

IVS	10mm	LVDD	48mm
PW	10mm	LVDS	27mm
LA	32mm	LV EF	60 %

### DOPPLER STUDY:

MITRAL	E 1.14	A 0.89
AORTIC	1.28	
TRICUSPID	N	
PULMONARY	N	

### CONCLUSION :

- NORMAL SIZED CHAMBERS
- NORMAL LV SYSTOLIC FUNCTION LVEF 60 %
- NO RWMA AT REST
- NO DIASTOLIC DYSFUNCTION
- NORMAL RV SIZE AND FUNCTION
- ALL VALVES ARE NORMAL
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- NORMAL IVC

Dr. KAUSHIK TRIVEDI MD  
Consultant interventional Cardiologist

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

SOND Doc 91-20-25443913





Report Date: 09 Aug 2024 - 09:32 AM

Patient Id	: D05054-24-08-09-1	Patient Name	: NARASIMHA HAILGOL
Age	: 40Y	Sex	: Male
Ref. Doctor	:	Study Date	: 09 Aug 2024 - 09:03 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 measuring 11.0 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. C. appears normal.

**PANCREAS:** Pancreas is partially visualized and visualized portion is normal in size & shows normal parenchymal echoes.

**SPLEEN:** Spleen is normal in size (9.2 cm) & 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 9.5 x 4.6 cm

Left kidney measures 9.8 x 4.6 cm

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

**URINARY BLADDER:** Bladder is partially distended and appears unremarkable.

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

Prostatic volume measures 14.2 cc.

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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