



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: JAGDISH R RABARI	
SH No: 300297	Date: 26/10/2024
Age: 32	Gender: MALE

ASSESSMENT:

- o UNDER WEIGHT(BMI:18.22)
- o K/C/O : ANTISEIZURE MEDICATIONS & LEFT CERVICAL BRACHIALGEA
- o C/O:- WEIGHTLOSS SINCE LAST 3-4 MONTHS , REDUCED HEARING , YELLOW PRODUCTIVE COUGH , BACKPAIN , OCCASIONAL CONSTIPATION
- o P/H/O: SEIZURES (1ST EPISODE ON 5TH JAN , REGULAR MEDICATION SINCE THEN) , RENAL STONE , HEMATURIA AT INCIDENCE OF RENAL STONE
- o P/H/O HOSPITALIZATION : SEIZURE (2024)(6 DAYS)
- o F/H/O: HYPERTENSION (MOTHER) , DIABETES (MOTHER) , STROKE (FATHER)
- o ENT ASSESSMENT: B/L WAX PRESENT
- o LOW VLDL(11.80)
- o ECG: RIGHT AXIS

ADVISED:

- o PLENTY OF LIQUIDS
- o AVOID OUT SIDE FOOD AND WATER
- o REGULAR EXERCISE
- o AVOID NOISE POLLUTION
- o ENT ADVICE: FOLLOW ADVICE
- o ORTHOPEDIC CONSULTATION
- o 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, 0265-2351455, 98 98 98 78 78 | www.sterlinghospitals.com | info@sterlinghospitals.com

Registered Office: Sterling Addlife India Private Limited | CIN U85110GJ2000PTC039121 | Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad-380052, Gujarat, India



left Cervical Brachialgia



HEALTH CHECK UP MEDICAL EXAMINATION

Name: Jagdish Prabhu Employee ID: Company Name: Height: 184 cms. Weight: 61.7 Kgs BMI: 18.22 Age: 32 Sex: M/F Blood Group: Name of HO / Registrar taking History: Dr. Jay S. Pandit

Table with 2 columns: Allergies (None/Yes) and Reaction. Includes rows for Drugs/Food/Latex/Dyes/Contrast/Other.

Chief Complaints: R/O - cervical brachialgia with loss since 6 months (last 3 months) P/O - fever w/ 5th Jan (2024) / Strep throat

Physical Examination :

Vital Signs: Temp: 98 F SPO2: 98 Pulse: 88/min R/R: 18/min B.P.: 100/70 mm Hg

Past History :

Past History section with multiple rows for conditions like Hypertension, Diabetes, Ischaemic Heart Disease, Tuberculosis, and Hospitalization details.

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 <u>No</u>
Heart Disease	Yes/No <u>No</u>	Stroke	Yes/No <u>Father</u>
Diabetes	Yes/No <u>M</u>	Arthritis/Gout	Yes/No <u>No</u>
Tuberculosis	Yes/No <u>No</u>	Cancer	Yes/No <u>No</u>
Epilepsy	Yes/No <u>No</u>	Other Chronic disease	Yes/No <u>No</u>

Personal History :

Diet	<u>veg</u>	Smoking	Yes/No <u>No</u>	since _____ / _____ per day
Appetite	<u>Good</u>	Alcohol	Yes/No <u>No</u>	since _____ / _____ (freq.)
Sleep	<u>SNAD</u>	Drugs	Yes/No <u>No</u>	since _____ / _____ (freq.)
Micturition		Tobacco	Yes/No <u>No</u>	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

- 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

Reduced Hearing

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: ad E B Z clear
- Dyspnea: None With activity At rest lying down Retractions
- Cough: None Non-productive Productive - colour yellow
- 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 1 per day
- Interventions: None Laxatives Yes No Type: Frequency:

Genitorurinary :
 NSF

 Colour of Urine white

 Frequency 3 time/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

 Foley's Catheter Yes No

Date of insertion _____

Handwritten notes:
 P/H or Hematuria or stool.

Reproductive :
 NA

 NSF

LMP _____

Regular / Irregular _____

 Dysmenorrhoea Yes No

 Amenorrhoea 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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Unit-Sterling Hospital Vadodara

Ring Road Circle, (West)

VADODRA - 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


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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)





Jagdish

EAR, NOSE & THROAT CHECK-UP

COMPLAINTS:

do severe hearing

EXAMINATION OF EARS:

Local Examination:

Tympanic Membrane:

fold (R) / S/L max (R)

EXAMINATION OF NOSE:

Local Examination:

info

THROAT & LARYNX:

info

LARYNGOSCOPIC EXAMINATION:

info

info
Solomon Pandey
303030

Sterling Addlife India Limited
Race Course Circle, (West)
Vadodra
DR. ANVIT MAKWANÀ

ENT SURGEON





Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Jagdishbhai R Rabari	Lab Id	: 102407502645	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 32 Y 24-Feb-1992	Registration on	: 26-Oct-2024 10:44	Location	: Main BNo /
Ref. Id	: 300287 / 2815805	Collected at	: SAWPL	Approved on	: 28-Oct-2024 14:33 Status: Revised
Ref. By	: Dr. RMD . STERLING...	Collected on	: 26-Oct-2024 11:20	Printed On	: 29-Oct-2024 13:35
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS
Complete Blood Count

Test	Method	Result	Unit	Biological Ref. Interval
Hemoglobin	Colorimetric	13.9	g/dL	13.0 - 16.5
RBC Count	Electrical impedance	4.74	million/cmm	4.5 - 5.5
Hematocrit	Calculated	42.3	%	40 - 49
MCV	Calculated	89.2	fL	83 - 101
MCH	Calculated	29.3	pg	27.1 - 32.5
MCHC	Calculated	32.6	g/dL	32.5 - 36.7
RDW CV	Calculated	12.60	%	11.6 - 14

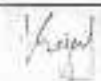
Total WBC and Differential Count

WBC count	Method	Result	Unit	Biological Ref. Interval
WBC count	BF Color cell analyzer	5000	/cmm	4000 - 10000

Differential Count	Method	Result	Unit	Biological Ref. Interval	Absolute Count	Unit	Biological Ref. Interval
Neutrophils	Microscopic	68	%	40 - 80	3400	/cmm	2000 - 6700
Lymphocytes	Microscopic	25	%	20 - 40	1250	/cmm	1000 - 3000
Eosinophils	Microscopic	02	%	1 - 6	100	/cmm	20 - 500
Monocytes	Microscopic	05	%	2 - 10	250	/cmm	200 - 1000
Basophils	Microscopic	00	%	0 - 2	0	/cmm	0 - 100

Platelet Count

Platelet Count	Method	Result	Unit	Biological Ref. Interval
Platelet Count	Electrical impedance	221000	/cmm	150000 - 410000
MPV	Calculated	10.80	fL	7.5 - 10.3
Platelets Morphology		Platelets are adequate on Smear		



 Dr. Kajal Parmar
MD

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LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Jagdishbhai R Rabari	Lab Id	: 102407502645	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 32 Y 24-Feb-1992	Registration on	: 26-Oct-2024 10:44	Location	: Main BNo/
Ref. Id	: 300297 , 2915905	Collected at	: SAWPL	Approved on	: 26-Oct-2024 14:33 Status : Revised
Ref. By	: Dr. RMD - STERLING...	Collected on	: 26-Oct-2024 11:20	Printed On	: 29-Oct-2024 13:36
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Erythrocytes Sedimentation Rate			
ESR	3	mm/hr	0 - 14
Differential Count			Absolute Count



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LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mr. Jagdishbhai R Rabari	Lab Id : 102407502645	Pt. Type : Sterling Hospital Vadodara Health Checkup Main
Sex/Age : Male / 32 Y 24-Feb-1992	Registration on : 28-Oct-2024 10:44	Location : BNo.7
Ref Id : 302297 , 2815905	Collected at : SAWPL	Approved on : 26-Oct-2024 16:22 Status : Revised
Ref. By : Dr. RMO , STERLING...	Collected on : 26-Oct-2024 11:20	Printed On : 28-Oct-2024 13:36
	Sample Type : EDTA blood	Process At : 75 - Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS
Blood Group

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


 Dr. C. Shrinivasan..
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 Consultant Pathologist

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LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Jagdishbhai R Rabari	Lab Id	: 102407502645	Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Male / 32 Y 24-Feb-1992	Registration on	: 26-Oct-2024 10:44	Location	: BNo.7
Ref. Id	: 300297 , 2815906	Collected at	: SAWPL	Approved on	: 26-Oct-2024 12:50 Status: Revised
Ref. By	: Dr. RMO, STERLING..	Collected on	: 26-Oct-2024 11:20	Printed On	: 28-Oct-2024 13:36
		Sample Type	: Serum, Urine	Process At	: 75 - Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <small>GOO-POB</small>	82.0	mg/dL	74 - 100
Fasting Urine Glucose <small>GOO-POB</small>	Absent		Absent
Fasting Urine Ketone <small>Uropusside</small>	Absent		Absent

	Fasting Blood Glucose*	Postprandial Blood Glucose †	Random Blood Glucose
Normal	< 100 mg/dL	< 140 mg/dL	< 140 mg/dL
Predabetic	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 (FBG) ≥ 126 mg/dL
2. Two hour blood glucose (2-h OGTT) ≥ 200 mg/dL
3. HbA1c values (A1c) ≥ 6.5%
4. Random plasma glucose ≥ 200 mg/dL

(With symptoms of hyperglycemia or hyperglycemic crisis)

In the absence of unequivocal hyperglycemia, diagnosis of DM using A1C, FBG 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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Name : Mr. Jagdishbhai R Rabari	Lab Id : 102407502645	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Male / 32 Y 24-Feb-1992	Registration on : 26-Oct-2024 10:44	Location : Main
Ref. Id : 300297 , 2815905	Collected at : SAWPL	Approved on : 26-Oct-2024 14:32 Status : Revised
Ref. By : Dr. RMO STERLING...	Collected on : 26-Oct-2024 13:35	Printed On : 29-Oct-2024 13:35
	Sample Type : Fluoride	Process At : 75 - Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose GOD-POD	94	mg/dL	70 - 140
Post-breakfast Urine Glucose GOD-POD	Absent		Absent
Post Breakfast Urine Ketone Nitroprusside	Absent		Absent



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Sex/Age	Male / 32 Y 24-Feb-1992	Registration on	26-Oct-2024 10:44	Location	Main BNo./
Ref. Id	303297, 2815906	Collected at	SAWPL	Approved on	26-Oct-2024 14:33 Status: Revised
Ref. By	Dr. RMD, STERLING...	Collected on	26-Oct-2024 11:20	Printed On	29-Oct-2024 13:36
		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	4.60	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	85.32	mg/dL	For Diabetic Patient: Poor Control : $> 7.0\%$; Good Control : 6.0-7.0%

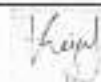
Description:

- 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

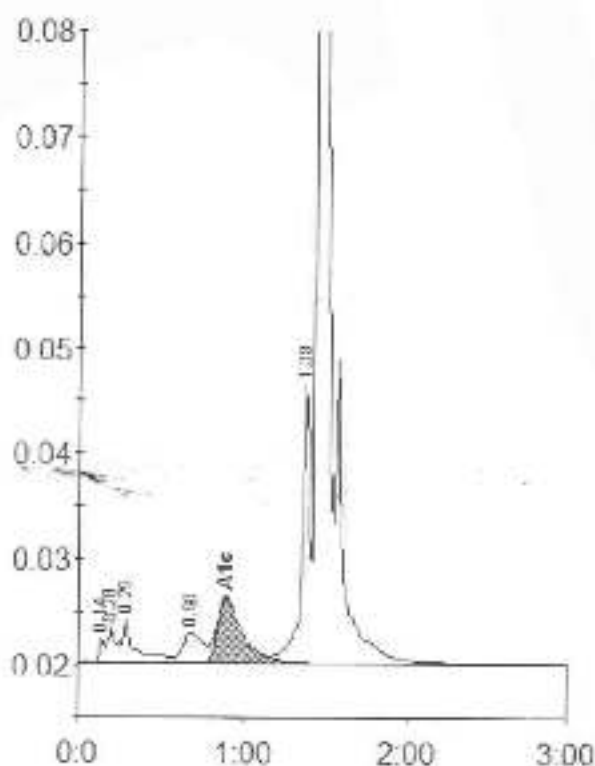


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MD





Bio-Rad DATE: 26/10/2024
D-10 TIME: 01:48 PM
S/N: #DJ8G550303 Software version: 4.30-2
Sample ID: 102407502645
Injection date 26/10/2024 01:48 PM
Injection #: 16 Method: HbA1c
Rack #: --- Rack position: 6



Peak table - ID: 102407502645

Peak	R.time	Height	Area	Area %
Unknown	0.14	2266	5188	0.3
Ala	0.20	3184	11639	0.7
Alb	0.29	4131	21017	1.2
LAlc/CHb-1	0.68	2861	24466	1.4
Alc	0.90	6214	62794	4.6
P3	1.38	26322	96219	5.6
A0	1.44	603886	1505353	87.2
Total Area:			1726675	

Concentration:	%
Alc	4.6





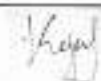
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Ref By	: Dr. RMO - STERLING...	Collected on	: 26-Oct-2024 11:20	Printed On	: 29-Oct-2024 13:35
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase - Ferrozase</i>	127.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Erythroic /Lipase/GPO/POD</i>	59.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/CpO2</i>	44.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct method</i>	66.00	mg/dL	Optimal: <100 Near to above Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: =190
VLDL <i>Calculated</i>	L 11.80	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	2.9		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	1.5		Up to 3.5


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Ref. By : Dr. RMO - STERLING...	Collected on : 28-Oct-2024 11:20	Printed On : 29-Oct-2024 13:36
	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 <small>Uricase</small>	5.80	mg/dL	3.5 - 8.5
Blood Urea Nitrogen <small>Calculated</small>	12.15	mg/dL	9.0 - 20.0
Urea <small>Urease, Colorimetric</small>	26.0	mg/dL	19.3 - 43.0
Creatinine, serum <small>Creatinine Aminohydrolase</small>	0.70	mg/dL	0.66 - 1.26
BUN Creatinine Ratio <small>Calculated</small>	17.36		
Urea Creatinine Ratio <small>Calculated</small>	37.14		



Dr. C. Shrinivasan,
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
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LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mr. Jagdishbhai R Rabari	Lab Id : 102407502645	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Male / 32 Y 24-Feb-1992	Registration on : 26-Oct-2024 10:44	Location : Main Bldg. /
Ref. Id : 300297 / 2815905	Collected at : SA/WPL	Approved on : 26-Oct-2024 14:33 Status : Revised
Ref. By : Dr. RMO - STERLING...	Collected on : 26-Oct-2024 11:20	Printed On : 29-Oct-2024 13:35
	Sample Type : Serum	Process At : 75 - Sterling Hospital, Race course (Vadodra)

MEDI WHEEL FULL BODY ANNUAL PLUS
Liver Function Test

Test	Result	Unit	Biological Ref. Interval
ALT (SGPT) <small>UV with PSP / ICD</small>	44.0	U/L	0 - 50
AST (SGOT) <small>UV with PSP</small>	34.0	U/L	17 - 59
GGT (Gamma Glutamyl Transferase) <small>L - y - Glutamyl p - nitrocarboxide</small>	23.0	U/L	15 - 73
Alkaline Phosphatase <small>PNTP / WPL buffer / ICD</small>	58.0	U/L	38 - 126
Total Bilirubin <small>Asobilirubin bromophenol</small>	0.70	mg/dL	0.2 - 1.3
Conjugated Bilirubin <small>CadSalic / Asobilirubin</small>	0.10	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <small>Cetonic / Asobilirubin</small>	0.50	mg/dL	0.0 - 1.1
Delta Bilirubin <small>Calculated</small>	0.10	mg/dL	0.0 - 0.2
Total Protein <small>Dupont / Inductan in colorimetry</small>	7.30	g/dL	6.3 - 8.2
Albumin <small>Bromocresol / Green Method</small>	4.50	g/dL	3.5 - 5.0
Globulin <small>Calculated</small>	2.80	g/dL	2.3 - 3.5
A/G Ratio <small>Calculated</small>	1.61		1.3 - 1.7


 Dr. Kajal Pamar
MD

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Sterling Accuris Pathology Laboratory

 Sterling Hospital, Opp. Inox Cinema, Race Course Circle (West), Vadodra - 390 007,
 Ph: 0265-6144210

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

Tests marked with * are referred tests



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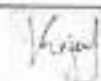
LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Jagdishbhai R Rabari	Lab Id	: 102407502645	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 32 Y 24-Feb-1992	Registration on	: 26-Oct-2024 10:44	Location	: Main BNO.7
Ref. Id	: 300297 , 2815905	Collected at	: SAWPL	Approved on	: 26-Oct-2024 14:32 Status : Revised
Ref. By	: Dr. RMO, STERLING...	Collected on	: 26-Oct-2024 11:20	Printed On	: 29-Oct-2024 13:36
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS
Thyroid Function Tests

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) CLIA	1.36	ng/mL	0.58 - 1.59
T4, total (Thyroxine) CLIA	7.71	µg/dl	4.87 - 11.72
TSH (3rd Gen.) Chemiluminescence	1.0400	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 13 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 autoantibodies 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's) Gestational thyrotoxicosis hyperemesis gravidarum.
Decreased or within range	Raised	Within range	T3 toxicosis, Non-Thyroidal illness.

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

Dr. Kajal Parmar
MD




Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	Mr. Jagdishbhai R Rabari	Lab Id	102407502645	PL Type	Sterling Hospital Vadodara Health Checkup
Sex/Age	Male / 32 Y 24-Feb-1992	Registration on	26-Oct-2024 10:44	Location	Main BNo /
Ref. Id	300297 , 2615905	Collected at	SAWPL	Approved on	26-Oct-2024 12:54 Status : Revised
Ref. By	Dr. RMO - STERLING...	Collected on	26-Oct-2024 11:20	Printed On	29-Oct-2024 13:36
		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>(Acidic indicator)</i>	6.0		5.5 - 7.0
Specific Gravity <i>Polyvalkolyte based reagent</i>	1.025		1.015 - 1.025
Protein <i>Protein error of indolexy</i>	Absent		Absent
Glucose <i>GOD-PGD</i>	Absent		Absent
Ketone <i>Nitroprusside</i>	Absent		Absent
Blood <i>Peroxidase like reaction</i>	Absent		Absent
Bilirubin <i>Diazot reaction</i>	Absent		Absent
Leucocytes <i>Esterase reaction</i>	Absent		Absent
Nitrite <i>p-aminic acid in 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 -----


 Dr. C. Shrinivasan..

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

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Sterling Accuris Pathology Laboratory

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Report Date: 26 Oct 2024 - 12:08 PM

Patient Id	: RCR-300297	Patient Name	: RABARI JAGDISHBHAI R
Age	: 32Y 8M 2D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 26 Oct 2024 - 11:54 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.
Any thorax under vision appears normal.

IMPRESSION

No significant abnormality detected.

Dr. Palak Nandolla
Consultant Radiologist



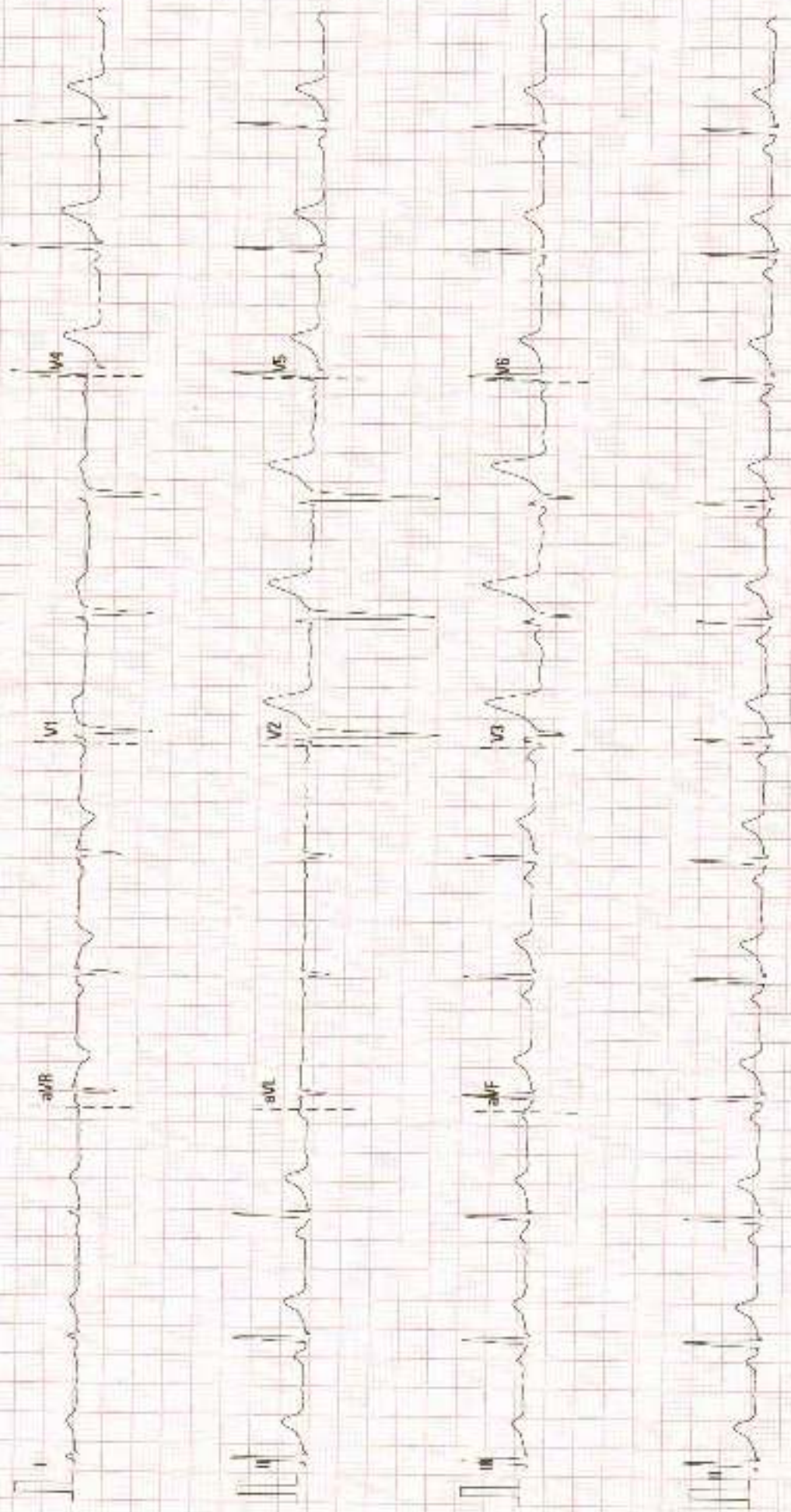
ID: 2024102612064524
Name: MR JAGDISH R. RABARI
Age: 32 Years
Gender: Male

26-10-2024 12:06:35 PM

Vent. Rate 72 bpm
PR Interval 136 ms
QRS Duration 92 ms
QT/QTc Interval 384/405 ms
P/QRS/T Axis 71/82/85 deg
ECG leads

Unconfirmed Diagnosis

MI/ACS



25 mm/s 10 mm/mV 50 Hz
aVR 20 µV



2D ECHOCARDIOGRAPHY REPORT



Sterling[®] HOSPITALS

Race Course Road, Vadodara

Name: Mr. JAGDISH R RABARI
Age: 32 Years
Sex: M
Date: 26-Oct-2024

Ref By: HCP
Study: 2D Echo

M-MODE:

LVS	10mm	LVDD	46mm
PW	10mm	LVDS	26mm
LA	32mm	LVEF	60 %

DOPPLER STUDY:

MITRAL	E 1.01	A 0.55
AORTIC	0.79	
TRICUSPID	N	
PULMONARY	0.86	

CONCLUSION :

- NORMAL SIZED CHAMBERS
- NORMAL LV SYSTOLIC FUNCTION LVEF 60 %
- NO RWMA AT REST
- NO DIASTOLIC DYSFUNCTION
- NO MR, NO AR, NO TR.
- ALL VALVES ARE NORMAL
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- IVC NORMAL


Dr. KAUSHIK TRIVEDI MD,DM
Consultant interventional Cardiologist

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Vadodara - 390007, Gujarat, India | Call: 0265-6144111, 0265-2354455, 98 98 98 78 78
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Sterling Hospital, Race Course Road, Vadodara-390007, Gujarat





Patient Id	: RCR-300297	Patient Name	: RABARI JAGDISHBHAI R
Age	: 32Y 8M 2D	Sex	: Male
Ref. Doctor	: DR. RMO , STERLING	Study Date	: 26 Oct 2024 - 11:11 AM

SONOGRAPHY OF WHOLE ABDOMEN: -

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

GALL BLADDER: Gall bladder is distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. CBD appears normal.

PANCREAS: Pancreas is partially visualized and visualized portion is normal in size and echotexture.

SPLEEN: Spleen is normal in size (9.9 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 11.0 x 4.0 cm

Left kidney measures 9.9 x 4.8 cm

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

URINARY BLADDER: Bladder is partially 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.

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

