



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: HETAL P WAGHELA	
SH No: 300137	Date: 23/10/2024
Age: 26	Gender: FEMALE

ASSESSMENT:

- P/H/O: THYROID ISSUE (PT TOOK MEDICATION FOR 3 MONTHS AND THEN REPORT CAME NORMAL SO PATIENT STOPPED MEDICINE ON DOCTORS ADVICE), SYNCOPE(2024)
- C/O: CONTINUOUS GIDDINESS, CHEST DISCOMFORT WHILE LIFTING HEAVY WEIGHTS, B/L LIMB TINGLING PRESENT, B/L KNEE PAIN
- O/E-B.P:90/70
- P/H/O HOSPITALIZATION: VITAMIN B12 DEFICIENCY (2012)(7 DAYS)
- PALLOR PRESENT
- LOW HB(8.3), LOW HEMATOCRIT(27.7), LOW MCV(68.1), LOW MCH(20.4), LOW MCHC(29.9), HIGH RDW CV(17.80), HIGH PLATELETS (507000)
- HIGH ESR(31)
- HIGH HBA1C(5.80)
- NEAR TO ABOVE OPTIMAL DIRECT LDL(117), LOW VLDL(13)
- URINE R/M: HIGH SPECIFIC GRAVITY(1.030), BLOOD:PRESENT(+), 10-15 PUS CELLS
- 2D ECHO : TRACE TR
- PAP SMEAR-MILD ACUTE INFLAMMATION.
- USG ABDOMEN AND PELVIS :

ADVISED:

- PLENTY OF LIQUIDS
- ANTI DIABETIC DIET
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE.
- CORRECTION OF ANAEMIA AND WORK UP
- REPEAT LIPID PROFILE AFTER 3 MONTH
- OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- DENTAL ADVICE : RESTORATION, SCALING
- ORTHOPEDIC CONSULTATION
- GYNAC CONSULTATION
- PHYSICIAN CONSULTATION

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

DR.JAY SPANDIT

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
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





**HEALTH CHECK UP
MEDICAL EXAMINATION**

Name : Metal Pwaghda Employee ID : _____
Company Name : _____ Age : 26 Sex : M/F
Height : 152 cms. Weight : 48.3 Kgs BMI : 20.90 Blood Group : _____
Name of HO / Registrar taking History : Dr Jays. Parekh

Allergies : None Yes (If Yes, describe)

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

Chief Complaints :
c/o - giddiness continuous

Physical Examination :

Vital Signs :
Temp : Afebrile °F SPO₂ : 99 Pulse : 74 /min R/R : 12 /min B.P. : 90/70 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 <u>pt had hypoxic & after 3 months of out-patient on medical way stopped.</u>
P/H of Operation Diagnosis :..... Name of Operation :..... Year of Operation :.....	Any Other Medication
Others	P/H of Hospitalization Diagnosis : <u>MitB2 deficiency</u> Year : <u>2012</u> Duration : <u>7 days</u> 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	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	Yes/No	Smoking	Yes/No	since / per day
Appetite	Yes/No	Alcohol	Yes/No	since / (freq.)
Sleep	Yes/No	Drugs	Yes/No	since / (freq.)
Micturition	Yes/No	Tobacco	Yes/No	since / (freq.)
Bowel Habits	Yes/No	Any other habit		

FOR FEMALES :

 Obstetric History : L.D. L.M.P - 23/09/2024
 Abortion :
 Others :

General Examination :
 Anemia Cyanosis Jaundice Generalized Lymphadenopathy Pedal oedema

General Examination :
Pallor (+)
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

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

- Lung sounds: AE B E 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 occ. when hitting weights
- Oedema Yes No Location: Pitting Non-pitting

Extremities-Musculoskeletal : NSF

- Skin: Warm Cool Dry Firm Flaccid Colour
- Extremities: Tingling Yes No 3/4 hands • Weakness Yes No Deformity Yes No
- Joints: Pain Yes No (3/4 knees) • 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 1-2x daily
- 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

.....

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

Sign and Stamp of Medical Officer

Sterling Hospital
Racecours 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:

[Handwritten signature]

EXAMINATION OF EYES:

Distant Vision without Glasses:

Right Eye:

Left Eye:

Distant Vision with Glasses:

Near Vision without Glasses:

Near Vision with Glasses:

Intraocular Pressure:

Anterior Segment:

Fundus:

*6/6
1
2/3
2/3
2/3
2/3*

*6/6
1
2/3
2/3
2/3
2/3*

PRESCRIPTION OF GLASSES:

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

Type of glass:

ADVICE:

Sterling Addlife India Limited
 Unit-Sterling Hospital Vadodara
 Race Course Circle, (West)
 VADODARA - 390 007
DR MAYA PATEL
 (OPHTHALMOLOGIST)

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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GYNAECOLOGIST CHECK UP

NAME: Hetal P. waghela

DATE: 22/10/24

AGE: 26

1 mende - 4 yrs

COMPLAINTS: None.

FTND

T2 not done.

O/H PARA: G2 P1 A2 L1

mc $\frac{3-4 \text{ days}}{26-30}$

MENSTRUAL H/O: 23/09/24

P/A: soft

P/S: NAD

P/V: NAD

ADVICE: Pap smear test taken

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Race Course Circle, (West)
VADODARA - 390 007.

DR. ARCHANA DWIVEDI
(GYNAECOLOGIST)





Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mrs. Hetal Piyush Waghela	Lab Id	: 102407502189	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 26 Y 13-Oct-1998	Registration on	: 22-Oct-2024 08:30	Location	: Main BNo./
Ref. Id	: 300137 / 2815222	Collected at	: SAWPL	Approved on	: 22-Oct-2024 14:12 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 22-Oct-2024 08:32	Printed On	: 23-Oct-2024 14:30
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Complete Blood Count

Test	Method	Result	Unit	Biological Ref. Interval
Hemoglobin	Colorimetric	L 8.3	g/dL	12.0 - 16.0
RBC Count	Electrical impedance	4.07	million/cmm	3.8 - 4.8
Hematocrit	Calculated	L 27.7	%	36 - 48
MCV	Derived	L 68.1	fL	83 - 101
MCH	Calculated	L 20.4	pg	26.4 - 33.2
MCHC	Calculated	L 29.9	g/dL	31.8 - 35.9
RDW CV	Calculated	H 17.80	%	11.6 - 14

Total WBC and Differential Count

WBC count	SF Cube cell analysis	5920	/cmm	4000 - 10000
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Differential Count

Cell Type	Method	Result	Unit	Absolute Count	Ref. Interval
Neutrophils	Microscopic	68	%	4026	/cmm 2000 - 6700
Lymphocytes	Microscopic	24	%	1421	/cmm 1000 - 3000
Eosinophils	Microscopic	02	%	118	/cmm 20 - 500
Monocytes	Microscopic	06	%	355	/cmm 200 - 1000
Basophils	Microscopic	0	%	0	/cmm 0 - 100

Platelet Count

Platelet Count	Electrical impedance	507000	/cmm	150000 - 410000
MPV	Calculated	9.90	fL	7.5 - 10.3

Peripheral Smear Examination

RBC Morphology	Microcytic Hypochromic.
Platelets Morphology	Thrombocytosis



Dr. Kajal Parmar

MD





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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Erythrocytes Sedimentation Rate			
ESR	H 31	mm/1hr	0 - 21
Differential Count			Absolute Count


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Sex/Age	: Female / 26 Y 13-Oct-1998	Registration on	: 22-Oct-2024 08:30	Location	: Main BNo./
Ref. Id	: 300137 / 2815222	Collected at	: SAWPL	Approved on	: 22-Oct-2024 17:35 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 22-Oct-2024 08:32	Printed On	: 23-Oct-2024 14:30
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Blood Group

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

Dr. C. Shrinivasan..

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





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Ref. By	: Dr. RMO . STERLING...	Collected on	: 22-Oct-2024 08:32	Printed On	: 23-Oct-2024 14:30
		Sample Type	: Serum, Urine	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <i>GOD-POD</i>	93.0	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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Name : Mrs. Hetal Piyush Waghela Sex/Age : Female / 26 Y 13-Oct-1998 Ref. Id : 300137 / 2815222 Ref. By : Dr. RMO . STERLING...	Lab Id : 102407502189 Registration on : 22-Oct-2024 08:30 Collected at : SAWPL Collected on : 22-Oct-2024 10:50 Sample Type : Fluoride	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 22-Oct-2024 14:12 Status : Final Printed On : 23-Oct-2024 14:30 Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <small>GOD-POD</small>	77	mg/dL	70 - 140
Post-breakfast Urine Glucose <small>GOD-POD</small>	Absent		Absent
Post Breakfast Urine Ketone <small>Nitroprusside</small>	Absent		Absent


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		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadodar

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

Test	Result	Unit	Biological Ref. Interval
HbA1c	H 5.80	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	119.76	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

Bio-Rad
D-10
HOSPITALS

DATE: 22/10/2024

TIME: 12:47 PM

S/N: #DJ8G550303

Software version: 4.30-2

Sample ID:

102407502189

Injection date

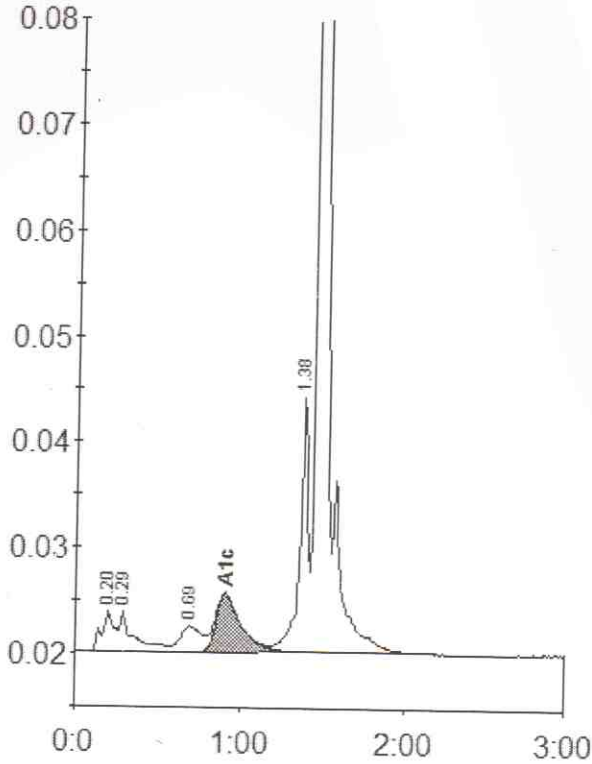
22/10/2024 12:47 PM

Injection #: 3

Method: HbA1c

Rack #: ---

Rack position: 3



Peak table - ID: 102407502189

Peak	R.time	Height	Area	Area %
A1a	0.20	3804	19391	1.5
A1b	0.29	3839	22576	1.8
LA1c/CHb-1	0.69	2395	22092	1.8
A1c	0.91	5495	57716	5.8
P3	1.38	24246	86458	6.9
A0	1.45	425714	1045881	83.4
Total Area:		1254114		

Concentration:	%
A1c	5.8





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		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodra

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase – Peroxidase</i>	185.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPO/POD)</i>	65.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl2</i>	51.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	H 117.00	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 13.00	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	3.6		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	2.3		Up to 3.5


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Name : Mrs. Hetal Piyush Waghela	Lab Id : 102407502189	Pt. Type : Sterling Hospital Vadodara Health Checkup Main
Sex/Age : Female / 26 Y 13-Oct-1998	Registration on : 22-Oct-2024 08:30	Location : BNo./
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	Sample Type : Serum	Process At : 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	3.70	mg/dL	2.5 - 6.2
Blood Urea Nitrogen <i>Calculated</i>	14.02	mg/dL	7.0 - 17.0
Urea <i>Urease, Colorimetric</i>	30.0	mg/dL	15.0 - 36.4
Creatinine, serum <i>Creatinine Amidohydrolase</i>	0.60	mg/dL	0.52 - 1.04
BUN Creatinine Ratio <i>Calculated</i>	23.37		
Urea Creatinine Ratio <i>Calculated</i>	50.00		


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Sex/Age	: Female / 26 Y 13-Oct-1998	Registration on	: 22-Oct-2024 08:30	Location	: Main BNo./
Ref. Id	: 300137 / 2815222	Collected at	: SAWPL	Approved on	: 22-Oct-2024 14:12 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 22-Oct-2024 08:32	Printed On	: 23-Oct-2024 14:30
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodara)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Liver Function Test

Test	Result	Unit	Biological Ref. Interval
ALT (SGPT) <i>UV with P5P, IFCC</i>	11.0	U/L	0 - 35
AST (SGOT) <i>UV with P5P</i>	19.0	U/L	14 - 36
GGT (Gamma Glutamyl Transferase) <i>L-y-Glytamyl-p-nitroanilide</i>	13.0	U/L	12 - 43
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	80.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	0.40	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>	0.10	mg/dL	0.0 - 1.1
Delta Bilirubin <i>Calculated</i>	0.20	mg/dL	0.0 - 0.2
Total Protein <i>Copper tartrate to colour complex</i>	7.90	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	4.50	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	3.40	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.32		1.3 - 1.7


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LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mrs. Hetal Piyush Waghela	Lab Id	: 102407502189	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 26 Y 13-Oct-1998	Registration on	: 22-Oct-2024 08:30	Location	: Main BNo./
Ref. Id	: 300137 / 2815222	Collected at	: SAWPL	Approved on	: 22-Oct-2024 14:12 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 22-Oct-2024 08:32	Printed On	: 23-Oct-2024 14:30
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Thyroid Function Tests

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <i>CLIA</i>	1.40	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <i>CLIA</i>	7.33	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <i>Chemiluminescence</i>	2.2540	µIU/mL	Non-Pregnant Woman: 0.4001-4.049; Pregnant Woman: 1st Trimester: 0.1298-3.120; 2nd Trimester: 0.2749-2.652; 3rd Trimester : 0.3127-2.947


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Passport No :

LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mrs. Hetal Piyush Waghela	Lab Id : 102407502189	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 26 Y 13-Oct-1998	Registration on : 22-Oct-2024 08:30	Location : Main
Ref. Id : 300137 / 2815222	Collected at : SAWPL	Location : BNo./
Ref. By : Dr. RMO . STERLING...	Collected on : 22-Oct-2024 08:32	Approved on : 22-Oct-2024 14:12 Status : Final
	Sample Type : Serum	Printed On : 23-Oct-2024 14:30
		Process At : 75 – Sterling Hospital, Race course (Vadodar

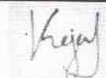
MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

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

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

TSH	T3/FT3	T4/FT4	Suggested interpretation of Thyroid function tests pattern
Within range	Decreased	Within range	Isolated low T3 often seen in elderly & associated Non-Thyroid illness. In elderly the drop in T3 level can be up to 25%.
Raised	Within Range	Within Range	Isolated High TSH Especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability; Subclinical Autoimmune Hypothyroidism; Intermediate T4 therapy for hypothyroidism; Recovery phase after Non-Thyroidal illness.
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis; Post thyroidectomy, post radioiodine; Hypothyroid phase of transient thyroiditis.
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-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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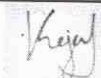
Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mrs. Hetal Piyush Waghela	Lab Id	: 102407502189	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 26 Y 13-Oct-1998	Registration on	: 22-Oct-2024 08:30	Location	: Main
Ref. Id	: 300137 / 2815222	Collected at	: SAWPL	Approved on	: 22-Oct-2024 14:13 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 22-Oct-2024 08:32	Printed On	: 23-Oct-2024 14:30
		Sample Type	: Urine	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
URINE ROUTINE EXAMINATION

Test	Result	Unit	Biological Ref. Interval
Physical & Chemical (Dip strip) examination			
Colour	Pale Yellow		Pale Yellow
pH <i>Double indicator</i>	6.0		5.5 - 7.0
Specific Gravity <i>Polyelectrolyte based reaction</i>	H 1.030		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>	Present (+)		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)	2-3	/hpf	0 - 2
Pus Cells	10-12	/hpf	0 - 5
Epithelial Cells	Occasional	/hpf	
Crystals	Absent		Absent
Casts	Absent		Absent
Bacteria	Absent		Absent
Amorphous Material	Absent		Absent
Yeast	Absent		Absent



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LABORATORY REPORT


Patient Information		Sample Information		Client / Location Information	
Name	: Mrs. Hetal Piyush Waghela	Lab ID	: 102407502189	Client Name	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Female /26 Years	Registered on	: 22-Oct-2024 08:30	Location	:
Ref. Id	:	Collected at	: non SAWPL	Approved on	: 22-Oct-2024 12:55
Ref. By	: Dr. RMO , STERLING...	Collected on	: 22-Oct-2024 10:41	Printed on	: 23-Oct-2024 14:30
		Sample Type	: PAP Material	Processed at	: 17 - Sterling Hospital, Bhayli (Vadodara)
Branch	: 75 - Sterling Hospital, Race course (Vadodara)				

CYTOPATHOLOGY

* PAP Smear No. :

P - 569/24

* Obstetric History :

G2 P1 A1 L1

* Menstrual History :

LMP : 23/09/24

* Per-Speculum Examination :

NAD

* Per-Vaginal Examination :

NAD

* Specimen Adequacy :

Satisfactory for evaluation : Endocervical and Transformation Zone Present.

* :

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.

* :

Mild Acute Inflammation.

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


Dr. Swati Gupta

MD (Path) DipRCPath

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Report Date: 22 Oct 2024 - 09:27 AM

Patient Id	: RCR-300137	Patient Name	: HETAL PIYUSH WAGHELA
Age	: 26Y 9D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 22 Oct 2024 - 09:16 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.
y thorax under vision appears normal.

CONCLUSION:

No significant chest abnormality detected.

Dr. Shilpi Gupta MD
Sr. Consultant Radiologist

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



ID: 2024102209400698
Name: MRS HETAL P. WAGHELA
Age: 26 Years
Gender: Female

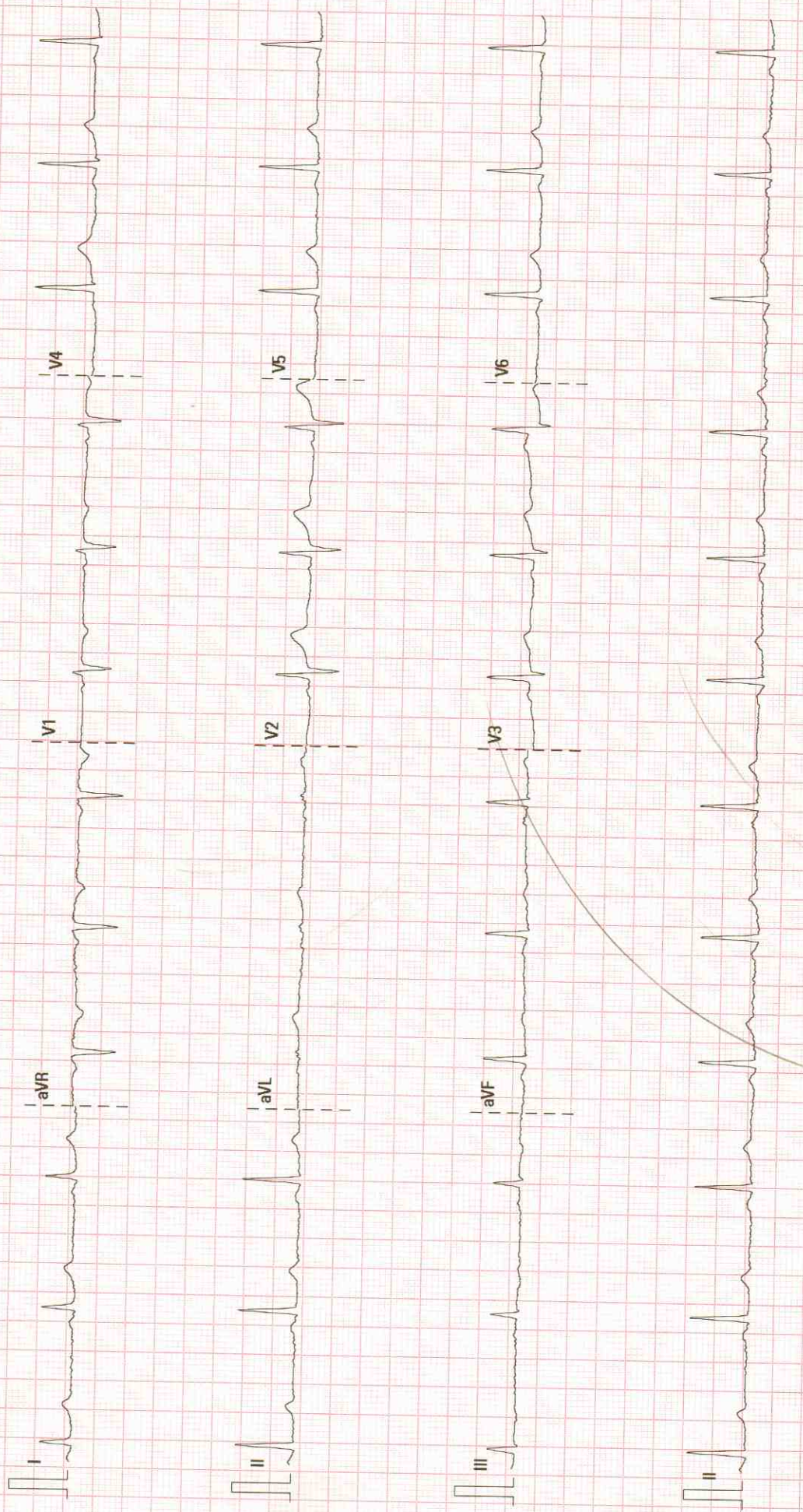
22-10-2024 09:40:25 AM

Vent. Rate PR Interval QRS Duration QT/QTc Interval P/ORS/T Axes QTc:Hodges	68 bpm 124 ms 76 ms 384/398 ms 57/58/17 deg
--	---

Sinus rhythm
Normal ECG

Unconfirmed Diagnosis

USMC
N2





2D ECHOCARDIOGRAPHY REPORT



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HOSPITALS

Race Course Road, Vadodara

Name: Mrs. HETAL WAGHELA
Age: 26 Years
Sex: F
Date: 22-Oct-2024

Ref By: HCP
Study: 2D Echo

M-MODE:

IVS	10mm	LVDD	46mm
PW	10mm	LVDS	25mm
LA	32mm	LV EF	60 %

DOPPLER STUDY:

MITRAL	E 1.01	A 0.55
AORTIC	1.20	
TRICUSPID	N	
PULMONARY	096	

CONCLUSION :

- NORMAL SIZED CHAMBERS
- NORMAL LV SYSTOLIC FUNCTION LVEF 60 %
- NO RWMA AT REST
- NO DIASTOLIC DYSFUNCTION
- NO MR, NO AR, TRACE TR, NO PAH.
- 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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Report Date: 22 Oct 2024 - 11:29 AM

Patient Id	: D05054-24-10-22-2	Patient Name	: Hetal Waghela 26/f
Age	:	Sex	: Female
Ref. Doctor	:	Study Date	: 22 Oct 2024 - 11:19 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 & shows normal parenchymal echoes.

SPLEEN: Spleen is normal in size (8.7 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 9.3 x 4.0 cm

Left kidney measures 9.4 x 4.5 cm

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

URINARY BLADDER: Bladder is normally distended and appears unremarkable.

UTERUS: Uterus is anteverted & appears normal in size (7.0 x 5.1 x 4.2 cm), shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 7.0 mm. No evidence of intrauterine pregnancy or uterine mass lesion is seen.

OVARIES: Both ovaries appear normal in size, shape and position. No evidence of solid or cystic ovarian mass lesion is seen on either side.

No evidence of ascites, lymphadenopathy is seen.

Mild gaseous distention of bowel loops is seen.

CONCLUSION:

No significant abdominal abnormality detected.

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