



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: RAMESHCHAND YADAV	
SH No: 299170	Date: 14/09/2024
Age: 40	Gender: MALE

ASSESSMENT:

- OVER WEIGHT(BMI:25.30)
- P/H/O: FOOD POISONING(2022)(7 DAYS)
- C/O:BACKACHE D/T PROLONGED SITTING(TAIL BONE PAIN SPECIFICALLY),B/L FINGER JOINTS PAIN,UNSATISFACTORY COMPLETION OF SLEEP,OCCASIONAL HEADACHE,B/L WRIST PAIN,ABDOMINAL PAIN PRESENT, SMELL IN URINE PRESENT
- F/H/O: HYPERTENSION(FATHER,MOTHER),GLAUCOMA(FATHER)
- P/H/O:DIARRHOEA(2 DAYS BEFORE),UTI
- BORDERLINE HIGH RDW CV(14.50),BORDERLINE HIGH LYMPHOCYTES(47)
- BORDELINE HIGH HBA1C(5.80)
- HIGH SGPT(ALT)(60)
- USG ABDOMEN AND PELVIS : GRADE 1 GENERALISED FATTY INFILTRATION OF LIVER, RIGHT RENAL CONCRETIONS,RIGHT RENAL CORTICAL CYSTS

ADVISED:

- PLENTY OF LIQUIDS
- ANTI DIABETIC& LOW FAT DIET
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE.
- REGULAR BLOOD SUGAR MONITORING AND CONTROL
- OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- ORTHOPEDIC CONSULTATION
- ENT ADVICE: FOLLOW ADVICE
- UROLOGIST CONSULTATION
- 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 : Rameshchand Yadav Employee ID : \_\_\_\_\_  
 Company Name : \_\_\_\_\_ Age : 40 Sex : MALE  
 Height : 171 cms. Weight : 74 Kgs BMI : 25.30 Blood Group : O+ve.  
 Name of HO / Registrar taking History : Dr. Jay. S. Pandit

Allergies : <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes (If Yes, describe)	
Drugs/Food/Latex/Dyes/Contrast/Other .....	Reaction
1. <u>not known</u>	
2.	
3.	

**Chief Complaints :**

clo - Back ache due to prolonged sitting  
tail bones sprain  
left hand tight due to B/L finger joints pain

**Physical Examination :**
**Vital Signs :**

Temp : 37.6 °F SPO<sub>2</sub> : 99 Pulse : 69 /min R/R : 18 /min B.P. : 120/70 mm Hg

**Past History :**

If Hypertension, since On Medication 1) ..... 2) ..... 3) .....	If Diabetes, since On Medication 1) ..... 2) ..... 3) .....
If Ischaemic Heart Disease since On Medication 1) ..... 2) ..... 3) .....	Under Treatment Dr. ....
Under Treatment of Dr. .... Any Intervention done .....	If Tuberculosis, When ..... Any Other P/H .....
P/H of Operation Diagnosis : ..... Name of Operation : ..... Year of Operation : .....	Any Other Medication ..... P/H of Hospitalization Diagnosis : <u>food poisoning</u> Year : <u>2022</u> Duration : <u>7 Days</u> Blood Transfusion History : Yes <input checked="" type="checkbox"/> No Year : .....
Others .....	

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

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

Hypertension	Yes/No <u>Father/mother</u>	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 <u>Father: glaucoma</u>

**Personal History :**

Diet	<u>Vegetarian</u>	Smoking	Yes/No	since...../..... per day
Appetite	<u>regular</u>	Alcohol	Yes/No	since <u>OC</u> (freq.)
Sleep	<u>6-7 hrs sleep only</u>	Drugs	Yes/No	since...../..... (freq.)
Micturition	<u>regular</u>	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 occ. Headache

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

**Respiratory :**  NSF

- Lung sounds: A E 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
- 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
- Distension  Yes  No
- Pain  Yes  No
- Colostomy  Yes  No
- Nausea  Yes  No
- Heartburn  Yes  No
- Rectal Bleeding  Yes  No
- Ileostomy  Yes  No
- Vomiting  Yes  No
- Flatus  Yes  No

**Bowel** yes 2 days before

- Diarrhoea  Constipation  Incontinence  Blood in stool  None
- Pain  Yes  No Place .....
- Frequency of stool 2 firm days Hemorrhoids  Yes  No
- Interventions:  None • Laxatives  Yes  No Type ..... Frequency .....

**Genitorurinary :**  NSF

Colour of Urine Dark yellow Frequency 1 time per 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 \_\_\_\_\_

*Smell in urine (P)*

**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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.....

.....

.....

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

Sign and Stamp of Medical Officer

**Sterling Hospital**  
Racecourse Road

**EMERGENCY HELPLINE**

992 444 9972  
0265 - 61 44 111

**Sterling Hospital**  
Bhayli

**EMERGENCY HELPLINE**

908 1000 557  
0265 - 61 23 333



OPHTHALMIC CHECK-UP

SIGNIFICANT HISTORY:

PAST HISTORY:

Refractive Error:

Any Surgery:

Color Blind:

Diabetes:

Hypertension:

Any Treatment:

*Handwritten notes: a vertical line with a squiggle at the bottom.*

*Handwritten note: 7/10 flowers*

EXAMINATION OF EYES:

	<u>Right Eye:</u>	<u>Left Eye:</u>
Distant Vision without Glasses:	66	61
Distant Vision with Glasses:	1	1
Near Vision without Glasses:	3	3
Near Vision with Glasses:	1	1
Intraocular Pressure:	11	11
Anterior Segment:	11	11
Fundus:	11	11

PRESCRIPTION OF GLASSES:

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

Type of glass:

ADVICE:

*Handwritten note: Perimetry*

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**DR MAYA PATEL**  
(OPHTHALMOLOGIST)

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

**COMPLAINTS:**

do Throat pain  
no RZ complaint.

**EXAMINATION OF EARS:**

**Local Examination:**

Fed (R) / S/C 7m Jant.  
(L)

**Tympanic Membrane:**

**EXAMINATION OF NOSE:**

**Local Examination:**

←  
DS

**THROAT & LARYNX:**

— reflex pharynx }

**LARYNGOSCOPIC EXAMINATION:**

info

Ah

→ 7cs. Ojominic OCA 150 X5

→ 7cs pnbard oSR 100

Betadin gargure

**DR. NAVNIT MAKWANA**

*(Signature)*

**ENT SURGEON**





Passport No :

**LABORATORY TEST REPORT**


Patient Information		Sample Information		Location Information	
Name	: Mr. Ramesh Chand . Yadav	Lab Id	: 092407501414	Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Male / 40 Y 24-Jul-1984	Registration on	: 14-Sep-2024 10:41	Location	: BNo./
Ref. Id	: 299170 / 2809856	Collected at	: SAWPL	Approved on	: 14-Sep-2024 13:13 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 14-Sep-2024 11:00	Printed On	: 14-Sep-2024 16:30
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadoda)

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

Test	Result	Unit	Biological Ref. Interval
Hemoglobin Colorimetric	15.2	g/dL	13.0 - 16.5
RBC Count Electrical impedance	5.28	million/cmm	4.5 - 5.5
Hematocrit Calculated	46.6	%	40 - 49
MCV Derived	88.2	fL	83 - 101
MCH Calculated	28.8	pg	27.1 - 32.5
MCHC Calculated	32.6	g/dL	32.5 - 36.7
RDW CV Calculated	<b>H 14.50</b>	%	11.6 - 14

**Total WBC and Differential Count**

<b>WBC count</b>	SF Cube cell analysis	6200	/cmm	4000 - 10000
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**Differential Count**

		Result	Unit	Biological Ref. Interval	Absolute Count
<b>Neutrophils</b>	Microscopic	42	%	40 - 80	2604 /cmm 2000 - 6700
<b>Lymphocytes</b>	Microscopic	47	%	20 - 40	2914 /cmm 1000 - 3000
<b>Eosinophils</b>	Microscopic	02	%	1 - 6	124 /cmm 20 - 500
<b>Monocytes</b>	Microscopic	09	%	2 - 10	558 /cmm 200 - 1000
<b>Basophils</b>	Microscopic	00	%	0 - 2	0 /cmm 0 - 100

**Platelet Count**

<b>Platelet Count</b>	Electrical impedance	242000	/cmm	150000 - 410000
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<b>MPV</b>	Calculated	11.00	fL	7.5 - 10.3
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**Platelets Morphology** Platelets are adequate on Smear


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Consultant Pathologist

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		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
<b>Erythrocytes Sedimentation Rate</b>			
ESR <small>Capillary photometry</small>	5	mm/1hr	0 - 14
<b>Differential Count</b>			<b>Absolute Count</b>

  
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Sex/Age	: Male / 40 Y 24-Jul-1984	Registration on	: 14-Sep-2024 10:41	Location	: Main BNo./
Ref. Id	: 299170 / 2809856	Collected at	: SAWPL	Approved on	: 14-Sep-2024 12:19 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 14-Sep-2024 11:00	Printed On	: 14-Sep-2024 16:30
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadodar

**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>	"O"		
<b>Rh (D) Type</b>	Positive		

  
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Ref. Id	: 299170 / 2809856	Collected at	: SAWPL	Approved on	: 14-Sep-2024 12:21 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 14-Sep-2024 11:00	Printed On	: 14-Sep-2024 16:30
		Sample Type	: Serum, Urine	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

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

Test	Result	Unit	Biological Ref. Interval
<b>Fasting Blood Glucose</b> <i>GOD-POD</i>	86.0	mg/dL	74 - 100
<b>Fasting Urine Glucose</b> <i>GOD-POD</i>	Absent		Absent
<b>Fasting Urine Ketone</b> <i>Nitroprusside</i>	Absent		Absent

	Fasting Blood Glucose*	Postprandial Blood Glucose #	Random Blood Glucose
<b>Normal</b>	< 100 mg/dL	< 140 mg/dL	< 140 mg/dL
<b>Prediabetic</b>	100 – 125 mg/dL	140 – 199 mg/dL	140 – 199 mg/dL
<b>Diabetic</b>	>/=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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		Sample Type	: Fluoride	Process At	: 75 – Sterling Hospital, Race course (Vadodar

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

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <i>GOD-POD</i>	91	mg/dL	70 - 140
Post-breakfast Urine Glucose <i>GOD-POD</i>	Absent		Absent
Post Breakfast Urine Ketone <i>Nitroprusside</i>	Absent		Absent



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Ref. Id	: 299170 / 2809856	Collected at	: SAWPL	Approved on	: 14-Sep-2024 13:49 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 14-Sep-2024 11:00	Printed On	: 14-Sep-2024 16:30
		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 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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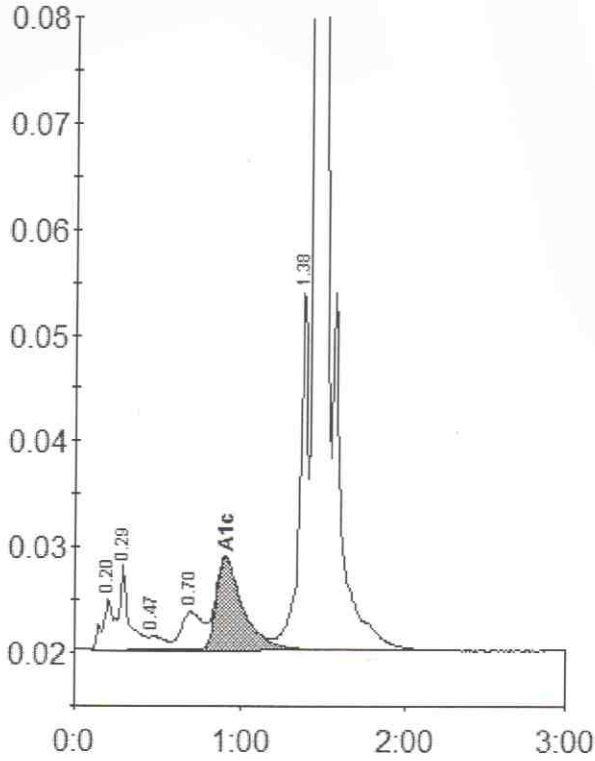


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Bio-Rad                      DATE: 14/09/2024  
D-10                            TIME: 01:32 PM  
S/N: #DJ8G550303        Software version: 4.30-2  
Sample ID:                    092407501414  
Injection date                14/09/2024 01:32 PM  
Injection #: 11                Method: HbA1c  
Rack #: ---                    Rack position: 5



Peak table - ID: 092407501414

Peak	R.time	Height	Area	Area %
A1a	0.20	4883	23940	1.1
A1b	0.29	8175	31055	1.4
F	0.47	1278	9399	0.4
LA1c/CHb-1	0.70	3628	32829	1.5
A1c	0.91	8700	97643	5.8
P3	1.38	34240	124905	5.7
A0	1.44	674720	1860735	85.3
Total Area:		2180506		

Concentration:	%
A1c	5.8





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**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>	149.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
<b>Triglyceride</b> <i>Ezymatic (Lipase/GK/GPo/POD)</i>	128.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
<b>HDL Cholesterol</b> <i>PTA/MgCl2</i>	45.0	mg/dL	Low: <40.0 High: >60.0
<b>Direct LDL</b> <i>Direct measured</i>	97.00	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>	25.60	mg/dL	15 - 35
<b>CHOL/HDL Ratio</b> <i>Calculated</i>	3.3		Up to 5.0
<b>dLDL/HDL Ratio</b> <i>Calculated</i>	2.2		Up to 3.5


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Passport No :

**LABORATORY TEST REPORT**


Patient Information		Sample Information		Location Information	
Name	: Mr. Ramesh Chand . Yadav	Lab Id	: 092407501414	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 40 Y 24-Jul-1984	Registration on	: 14-Sep-2024 10:41	Location	: Main BNo./
Ref. Id	: 299170 / 2809856	Collected at	: SAWPL	Approved on	: 14-Sep-2024 12:22 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 14-Sep-2024 11:00	Printed On	: 14-Sep-2024 16:30
		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>	6.00	mg/dL	3.5 - 8.5
<b>Blood Urea Nitrogen</b> <i>Calculated</i>	9.81	mg/dL	9.0 - 20.0
<b>Urea</b> <i>Urease, Colorimetric</i>	21.0	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>	12.26		
<b>Urea Creatinine Ratio</b> <i>Calculated</i>	26.25		

  
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Patient Information		Sample Information		Location Information	
Name	: Mr. Ramesh Chand . Yadav	Lab Id	: 092407501414	Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Male / 40 Y 24-Jul-1984	Registration on	: 14-Sep-2024 10:41	Location	: BNo./
Ref. Id	: 299170 / 2809856	Collected at	: SAWPL	Approved on	: 14-Sep-2024 13:14 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 14-Sep-2024 11:00	Printed On	: 14-Sep-2024 16:30
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

**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>	H 60.0	U/L	0 - 50
<b>AST (SGOT)</b> <i>UV with P5P</i>	42.0	U/L	17 - 59
<b>GGT (Gamma Glutamyl Transferase)</b> <i>L-y-Glytamyl-p-nitroanilide</i>	47.0	U/L	15 - 73
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer, IFCC</i>	72.0	U/L	38 - 126
<b>Total Bilirubin</b> <i>Azobilirubin chromophores</i>	0.40	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>	0.10	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>	4.70	g/dL	3.5 - 5.0
<b>Globulin</b> <i>Calculated</i>	2.80	g/dL	2.3 - 3.5
<b>A/G Ratio</b> <i>Calculated</i>	1.68		1.3 - 1.7


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Name	: Mr. Ramesh Chand . Yadav	Lab Id	: 092407501414	Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Male / 40 Y 24-Jul-1984	Registration on	: 14-Sep-2024 10:41	Location	: BNo./
Ref. Id	: 299170 / 2809856	Collected at	: SAWPL	Approved on	: 14-Sep-2024 12:28 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 14-Sep-2024 11:00	Printed On	: 14-Sep-2024 16:30
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

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

Test	Result	Unit	Biological Ref. Interval
Prostate Specific Ag. (PSA), Total	0.96	ng/mL	Upto 1.4 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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Sex/Age	: Male / 40 Y 24-Jul-1984	Registration on	: 14-Sep-2024 10:41	Location	: Main BNo./
Ref. Id	: 299170 / 2809856	Collected at	: SAWPL	Approved on	: 14-Sep-2024 13:16 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 14-Sep-2024 11:00	Printed On	: 14-Sep-2024 16:30
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

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

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <i>CLIA</i>	1.56	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <i>CLIA</i>	8.95	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <i>Chemiluminescence</i>	2.3040	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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**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
Name : <b>Mr. Ramesh Chand . Yadav</b> Sex/Age : <b>Male / 40 Y</b> 24-Jul-1984 Ref. Id : 299170 / 2809856 Ref. By : Dr. RMO . STERLING...	Lab Id : <b>092407501414</b> Registration on : 14-Sep-2024 10:41 Collected at : SAWPL Collected on : 14-Sep-2024 11:00 Sample Type : Urine	Pt. Type : Sterling Hospital Vadodara Health Checkup Main Location : BNo./ Approved on : 14-Sep-2024 13:14    Status : Final Printed On : 14-Sep-2024 16:30 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>	6.0		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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MAR 2024-MAR 2025  
INDIA



Race Course Road, Vadodara

Report Date: 14 Sep 2024 - 12:29 PM

Patient Id	: RCR-299170	Patient Name	: YADAV RAMESH CHAND .
Age	: 40Y 1M 21D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 14 Sep 2024 - 11:26 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.  
Only thorax under vision appears normal.

### IMPRESSION

No significant abnormality detected.

**Dr. Palak Nandolia**  
Consultant Radiologist

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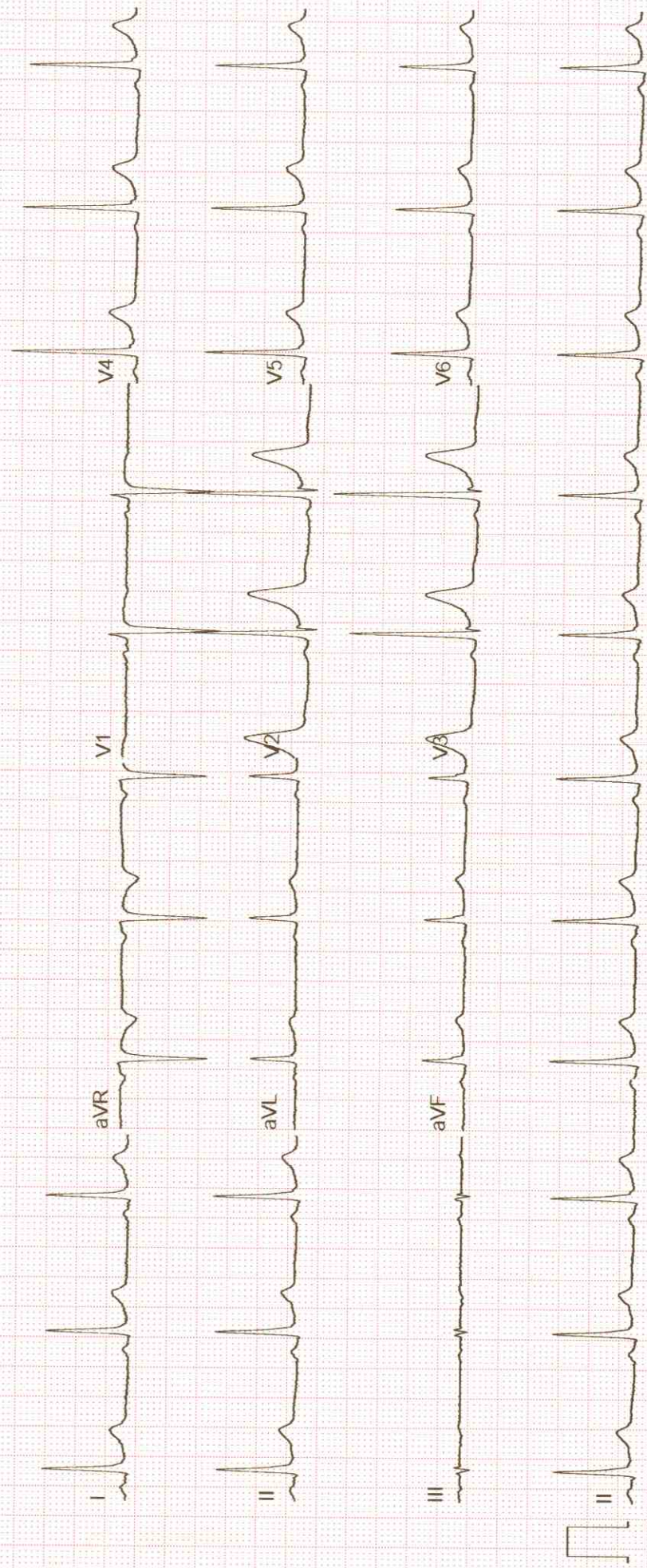
STERLING HO: AL  
HCP  
VADODARA

64 bpm  
-- / -- mmHg

40 Years

QRS : 94 ms  
 QT / QTcBaz : 394 / 406 ms  
 PR : 138 ms  
 P : 94 ms  
 RR / PP : 940 / 937 ms  
 P / QRS / T : 37 / 28 / 35 degrees

*only*





## 2D ECHOCARDIOGRAPHY REPORT



Race Course Road, Vadodara

Name: Mr. RAMESHCHAND YADAV  
Age: 40 Years  
Sex: M  
Date: 14-Sep-2024

Ref By: HCP  
Study: 2D Echo

### M-MODE:

IVS	10mm	LVDD	46mm
PW	11mm	LVDS	24mm
LA	35mm	LV EF	60 %

### DOPPLER STUDY:

MITRAL	E 1.01 A 0.39
AORTIC	1.20
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. RANJEETKUMAR SHUKLA MD,DM  
Consultant interventional Cardiologist

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SonoDoc 91-20-25443913





Patient Id	: RCR-299170	Patient Name	: YADAV RAMESH CHAND .
Age	: 40Y 1M 21D	Sex	: Male
Ref. Doctor	: DR.RMO.STERLING	Study Date	: 14 Sep 2024 - 01:43 PM

**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 10.6 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 (3.7 mm).

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

**SPLEEN:** Spleen is normal in size (9.1 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.

**Few (2) anechoic cysts are seen in right kidney largest measuring 1.8 x 1.1 cm is seen at lower pole.**

**Few (at least 2) concretions are seen in lower pole calyx of right kidney each measuring 2.4-2.6 mm.**

Right kidney measures 11.2 x 4.5 cm

Left kidney measures 11.2 x 4.8 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 18.0 cc.

No evidence of ascites, lymphadenopathy is seen.

Mild gaseous distention of bowel loops is seen.

**CONCLUSION:**

- **Grade I generalized fatty infiltration of liver.**
- **Right renal concretions.**
- **Right renal cortical cysts.**
- **No other significant abnormality detected.**

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

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