



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: SURENDRA GUNNA	
SH No: 299772	Date: 05/10/2024
Age: 34	Gender: MALE

ASSESSMENT:

- OVER WEIGHT(BMI: 27.68)
- C/O:EASY PERSPIRATION WHILE WORKING
- F/H/O: DIABETES(FATHER)
- BORDERLINE LOW MCV(81.6) , BORDERLINE LOW MCH(26) , LOW MCHC(31.9) , HIGH RDW CV(15)
- LOW PLATELET COUNT(1,32,000)
- HIGH FBS(119) , HIGH PB2S(159) , HIGH HBA1C(6.60)
- HIGH ALT(SGPT)(152) , HIGH AST(SGOT)(86)
- URINE R/M: HIGH SPECIFIC GRAVITY(1.030)
- X RAY CHEST PA VIEW: ELEVATED RIGHT HEMI DIAPHRAGM ? CHEST/ ABDOMINAL ETIOLOGY .ADV:CLINICAL CORRELATION
- ECG: T INVERSION IN L3
- USG OF WHOLE ABDOMEN: GRADE 2 GENERALISED FATTY INFILTRATION OF LIVER

ADVISED:

- PLENTY OF LIQUIDS
- ANTI DIABETIC DIET
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE & WEIGHT REDUCTION.
- REGULAR BLOOD SUGAR MONITORING AND CONTROL
- OPHTHALMOLOGIST ADVICE: FOLLOW ADVICE
- ENT ADVICE: FOLLOW ADVICE
- PHYSICIAN CONSULTATION

Sterling Addlife India Limited
Unit-Sterling Hospital Vadodara
Race Course Circle (West)
VADODRA-390007.

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
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 : Swendra Gunna Employee ID : _____

Company Name : _____ Age : 34 Y Sex : M / F

Height : 172 cms. Weight : 81.9 Kgs BMI : 27.65 Blood Group : _____

Name of HO / Registrar taking History : Dr. Maitri

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

Chief Complaints :

(KPCO - Nil)
o No fresh complain.

Physical Examination : o perspiration easy while working.

Vital Signs :

Temp : Afebrile °F SPO₂ : 97 Pulse : 100 /min R/R : 20 /min B.P. : 120/76 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. If Tuberculosis, When Any Other P/H
Under Treatment of Dr. Any Intervention done P/H of Operation Diagnosis : Name of Operation : Year of Operation :	Any Other Medication P/H of Hospitalization Diagnosis : Year : Duration : Blood Transfusion History : Yes /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 <input checked="" type="radio"/> No	Asthma	Yes/No <input checked="" type="radio"/> No
Heart Disease	Yes/No <input checked="" type="radio"/> No	Stroke	Yes/No <input checked="" type="radio"/> No
Diabetes	Yes/No <input checked="" type="radio"/> No <i>father</i>	Arthritis/Gout	Yes/No <input checked="" type="radio"/> No
Tuberculosis	Yes/No <input checked="" type="radio"/> No	Cancer	Yes/No <input checked="" type="radio"/> No
Epilepsy	Yes/No <input checked="" type="radio"/> No	Other Chronic disease	Yes/No <input checked="" type="radio"/> No

Personal History :

Diet	<i>Mixed diet</i>	Smoking	Yes/No <input checked="" type="radio"/> No	since / per day
Appetite	<i>NAD</i>	Alcohol	Yes/No <input checked="" type="radio"/> No	since / (freq.)
Sleep	<i>Good</i>	Drugs	Yes/No <input checked="" type="radio"/> No	since / (freq.)
Micturition	<i>NAD</i>	Tobacco	Yes/No <input checked="" type="radio"/> No	since / (freq.)
Bowel Habits	<i>Regular</i>	Any other habit		

FOR FEMALES :

 Obstetric History : L.D. *NA*
 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

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 _____
- 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 : AEFB
- Dyspnoea : None With activity At rest Lying down Retractions
- Cough : None Non-productive Productive - colour
- Hemoptysis: Yes No
- Night Sweats : Yes No
- Cyanosis : Yes No Where

Cardiovascular : NSF

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

Extremities-Musculoskeletal : NSF

- Skin : Warm Cool Dry Firm Flaccid Colour
- Extremities : Tingling Yes No • Weakness Yes No Deformity Yes No
- Joints : Pain Yes No • Stiffness Yes No
- Uses : Walker Wheelchair None

Gastrointestinal : NSF

- Appetite Good Poor
- Nausea Yes No
- Vomiting Yes No
- Distension Yes No
- Heartburn Yes No
- Flatus Yes No
- Pain Yes No
- Rectal Bleeding Yes No
- Colostomy Yes No
- Ileostomy Yes No

Bowel

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

Genitorurinary : NSF

 Colour of Urine pale yellow Frequency _____
 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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Sterling Addlife India Limited
 Unit-Sterling Hospital Vadodara
 Race Course 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 scribbles and a vertical line.

EXAMINATION OF EYES:

Right Eye:

Left Eye:

Distant Vision without Glasses:

96

92

Distant Vision with Glasses:

13

17

Near Vision without Glasses:

13

17

Near Vision with Glasses:

13

17

Intraocular Pressure:

Anterior Segment:

Fundus:

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)

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EAR, NOSE & THROAT CHECK-UP

COMPLAINTS:

Intermittent bleedings

EXAMINATION OF EARS:

Local Examination:

Tympanic Membrane:

info
normal / S/C 7m
2nd

EXAMINATION OF NOSE:

Local Examination:

- mucosa dry
Congest nasal mucosa

THROAT & LARYNX:

LARYNGOSCOPIC EXAMINATION:

info

ASH

info

Tas. Diominic 9 of 1HS

blump after 10 days
for Nasal endoscopy

flexion - ex nasal spray
2 puffs - R/O
IT

DR. NAVNIT MAKWANA

ENT SURGEON Limited
Unit-Sterling Hospital Vadodara
Race Course Circle, (West)





MC-5729

Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Surendra . Gunna	Lab Id	: 102407500559	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 34 Y 30-Aug-1990	Registration on	: 05-Oct-2024 08:53	Location	: Main BNo./
Ref. Id	: 299772 / 2812933	Collected at	: SAWPL	Approved on	: 05-Oct-2024 10:31 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 05-Oct-2024 09:05	Printed On	: 07-Oct-2024 09:12
		Sample Type	: EDTA 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	13.6	g/dL	13.0 - 16.5
RBC Count	5.24	million/cmm	4.5 - 5.5
Hematocrit	42.7	%	40 - 49
MCV	L 81.6	fL	83 - 101
MCH	L 26.0	pg	27.1 - 32.5
MCHC	L 31.9	g/dL	32.5 - 36.7
RDW CV	H 15.00	%	11.6 - 14

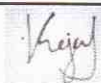
Total WBC and Differential Count

WBC count	Result	Unit	Biological Ref. Interval
WBC count	6480	/cmm	4000 - 10000

Differential Count	Result	Unit	Biological Ref. Interval	Absolute Count
Neutrophils	68	%	40 - 80	4406 /cmm 2000 - 6700
Lymphocytes	20	%	20 - 40	1296 /cmm 1000 - 3000
Eosinophils	04	%	1 - 6	259 /cmm 20 - 500
Monocytes	08	%	2 - 10	518 /cmm 200 - 1000
Basophils	00	%	0 - 2	0 /cmm 0 - 100

Platelet Count

Platelet Count	132000	/cmm	150000 - 410000
MPV	13.50	fL	7.5 - 10.3
Platelets Morphology	Borderline Adequate.		


Dr. Kajal Parmar

MD

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Sterling Hospital, Opp. Inox Cinema, Race Course Circle (West), Vadodara - 390 007,

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tests marked with # are referred tests



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Passport No :

LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mr. Surendra . Gunna Sex/Age : Male / 34 Y 30-Aug-1990 Ref. Id : 299772 / 2812933 Ref. By : Dr. RMO . STERLING...	Lab Id : 102407500559 Registration on : 05-Oct-2024 08:53 Collected at : SAWPL Collected on : 05-Oct-2024 09:05 Sample Type : EDTA blood	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 05-Oct-2024 12:20 Status : Final Printed On : 07-Oct-2024 09:12 Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS
Blood Group

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


Dr. C. Shrinivasan..

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

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Sex/Age : Male / 34 Y 30-Aug-1990	Registration on : 05-Oct-2024 08:53	Location : Main BNo./
Ref. Id : 299772 / 2812933	Collected at : SAWPL	Approved on : 05-Oct-2024 11:35 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 05-Oct-2024 09:05	Printed On : 07-Oct-2024 09:12
	Sample Type : Serum, Urine	Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <small>GOD-POD</small> Rechecked	H 119.0	mg/dL	74 - 100
Fasting Urine Glucose <small>GOD-POD</small>	Absent		Absent
Fasting Urine Ketone <small>Nitroprusside</small>	Absent		Absent

	Fasting Blood Glucose*	Postprandial Blood Glucose #	Random Blood Glucose
Normal	< 100 mg/dL	< 140 mg/dL	< 140 mg/dL
Prediabetic	100 – 125 mg/dL	140 – 199 mg/dL	140 – 199 mg/dL
Diabetic	>=126 mg/dL	>= 200 mg/dl	>= 200 mg/dl

* Fasting is defined as no caloric intake for more than 8 hours

The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75 g anhydrous glucose dissolved in water.

Criteria for Diagnosis of Diabetes:

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

(With symptoms of hyperglycemia or hyperglycemic crisis)

In the absence of unequivocal hyperglycemia, diagnosis of DM using A1C, FPG or 2-h OGTT requires two abnormal test results from the same sample or in two separate samples.

References:

1. American diabetes association. Standards of medical care in diabetes 2024
2. National Library of Medicine – National Institute of Health (USA) – Diabetes Mellitus
3. World Health Organization – Factsheet on Diabetes – Prevention and treatment


Dr. C. Shrinivasan..

 M.D (Pathology)(G-18341)
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Name : Mr. Surendra . Gunna	Lab Id : 102407500559	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Male / 34 Y 30-Aug-1990	Registration on : 05-Oct-2024 08:53	Location : Main
Ref. Id : 299772 / 2812933	Collected at : SAWPL	Location : BNo./
Ref. By : Dr. RMO . STERLING...	Collected on : 05-Oct-2024 11:25	Approved on : 05-Oct-2024 16:13 Status : Final
	Sample Type : Fluoride	Printed On : 07-Oct-2024 09:12
		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>	159	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	: 299772 / 2812933	Collected at	: SAWPL	Approved on	: 05-Oct-2024 17:13 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 05-Oct-2024 09:05	Printed On	: 07-Oct-2024 09:12
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadodar

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

Test	Result	Unit	Biological Ref. Interval
HbA1c	H 6.60	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$ For Diabetic Patient: Poor Control : $> 7.0\%$; Good Control : 6.0-7.0%
Mean Blood Glucose	142.72	mg/dL	

Remarks: *Variant hemoglobin detected which may affect value of glycosylated hemoglobin. HPLC is advised for further confirmation of the Variant hemoglobin & serum Fructosamine is advised as a reliable indicator average blood glucose levels

Description:

- Total haemoglobin A1 c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
- The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
- The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
- It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

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

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


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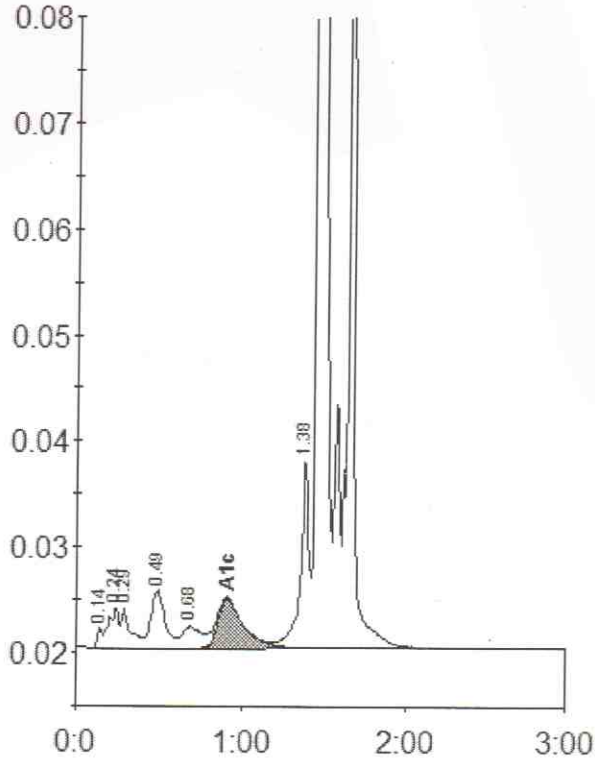




Patient report

Sterling HOSPITALS

Bio-Rad DATE: 05/10/2024
 D-10 TIME: 01:29 PM
 S/N: #DJ8G550303 Software version: 4.30-2
 Sample ID: 102407500559
 Injection date: 05/10/2024 01:29 PM
 Injection #: 7 Method: HbA1c
 Rack #: --- Rack position: 7



Peak table - ID: 102407500559

Peak	R.time	Height	Area	Area %
Unknown	0.14	1867	4347	0.3
A1a	0.24	3825	15776	1.1
A1b	0.29	3762	15057	1.0
F	0.49	5442	31577	2.1
LA1c/CHb-1	0.68	2014	16563	1.1
A1c	0.91	4678	50572	6.6
P3	1.38	18009	65266	4.4
A0	1.45	345236	851191	57.8
S-Window	1.65	293675	421269	28.6
Total Area:	1471619			

Concentration:	%
A1c	6.6





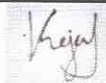
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Sex/Age : Male / 34 Y 30-Aug-1990	Registration on : 05-Oct-2024 08:53	Location : Main BNo./
Ref. Id : 299772 / 2812933	Collected at : SAWPL	Approved on : 05-Oct-2024 10:25 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 05-Oct-2024 09:05	Printed On : 07-Oct-2024 09:12
	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
Cholesterol <i>Cholesterol oxidase – Peroxidase</i>	171.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPa/POD)</i>	120.0	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>	92.00	mg/dL	Optimal: <100 Near to above Optimal: 100–129 Borderline High: 130-159 High: 160–189 Very High: =190
VLDL <i>Calculated</i>	24.00	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	3.4		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	1.8		Up to 3.5


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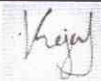
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Ref. Id : 299772 / 2812933	Collected at : SAWPL	Approved on : 05-Oct-2024 10:25 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 05-Oct-2024 09:05	Printed On : 07-Oct-2024 09:12
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	5.90	mg/dL	3.5 - 8.5
Blood Urea Nitrogen <i>Calculated</i>	9.81	mg/dL	9.0 - 20.0
Urea <i>Urease, Colorimetric</i>	21.0	mg/dL	19.3 - 43.0
Creatinine, serum <i>Creatinine Amidohydrolase</i>	1.00	mg/dL	0.66 - 1.25
BUN Creatinine Ratio <i>Calculated</i>	9.81		
Urea Creatinine Ratio <i>Calculated</i>	21.00		


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Sex/Age : Male / 34 Y 30-Aug-1990	Registration on : 05-Oct-2024 08:53	Location : Main BNo./
Ref. Id : 299772 / 2812933	Collected at : SAWPL	Approved on : 05-Oct-2024 12:47 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 05-Oct-2024 09:05	Printed On : 07-Oct-2024 09:12
	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
ALT (SGPT) <i>UV with P5P, IFCC</i>	H 152.0	U/L	0 - 50
AST (SGOT) <i>UV with P5P</i>	H 86.0	U/L	17 - 59
GGT (Gamma Glutamyl Transferase) <i>L-γ-Glytamyl-p-nitroanilide</i>	50.0	U/L	15 - 73
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	125.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	0.70	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>	0.40	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>	7.60	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	4.50	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	3.10	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.45		1.3 - 1.7



Dr. C. Shrinivasan..

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

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Passport No :

LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mr. Surendra . Gunna	Lab Id : 102407500559	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Male / 34 Y 30-Aug-1990	Registration on : 05-Oct-2024 08:53	Location : Main BNo./
Ref. Id : 299772 / 2812933	Collected at : SAWPL	Approved on : 05-Oct-2024 11:39 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 05-Oct-2024 09:05	Printed On : 07-Oct-2024 09:12
	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) <small>CLIA</small>	1.43	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <small>CLIA</small>	7.57	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <small>Chemiluminescence</small>	1.6910	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.

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


Dr. C. Shrinivasan..

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Passport No :

LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mr. Surendra . Gunna	Lab Id : 102407500559	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Male / 34 Y 30-Aug-1990	Registration on : 05-Oct-2024 08:53	Location : Main BNo./
Ref. Id : 299772 / 2812933	Collected at : SAWPL	Approved on : 05-Oct-2024 11:06 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 05-Oct-2024 09:05	Printed On : 07-Oct-2024 09:12
	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
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>	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
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 -----


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Patient Id	: RCR-299772	Patient Name	: GUNNA SURENDRA .
Age	: 34Y 1M 5D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 05 Oct 2024 - 08:49 AM

X-RAY CHEST PA VIEW

Right hemi diaphragm is elevated (more than one intercostals space).

Both lung fields show prominent broncho-vascular markings.

Cardiac size appears within normal limit.

Trachea and mediastinal soft tissue shadow appear unremarkable.

h C.P. angles and left dome of diaphragm appear normal.

Bony thorax under vision appears normal.

CONCLUSION:

• **Elevated right hemi diaphragm? Chest / Abdominal etiology.**

• **No other significant abnormality detected.**

• **Adv: Clinical correlation.**

Dr. Shilpi Gupta MD
Sr. Consultant Radiologist



ID: surendra guinna

34 Years

Male

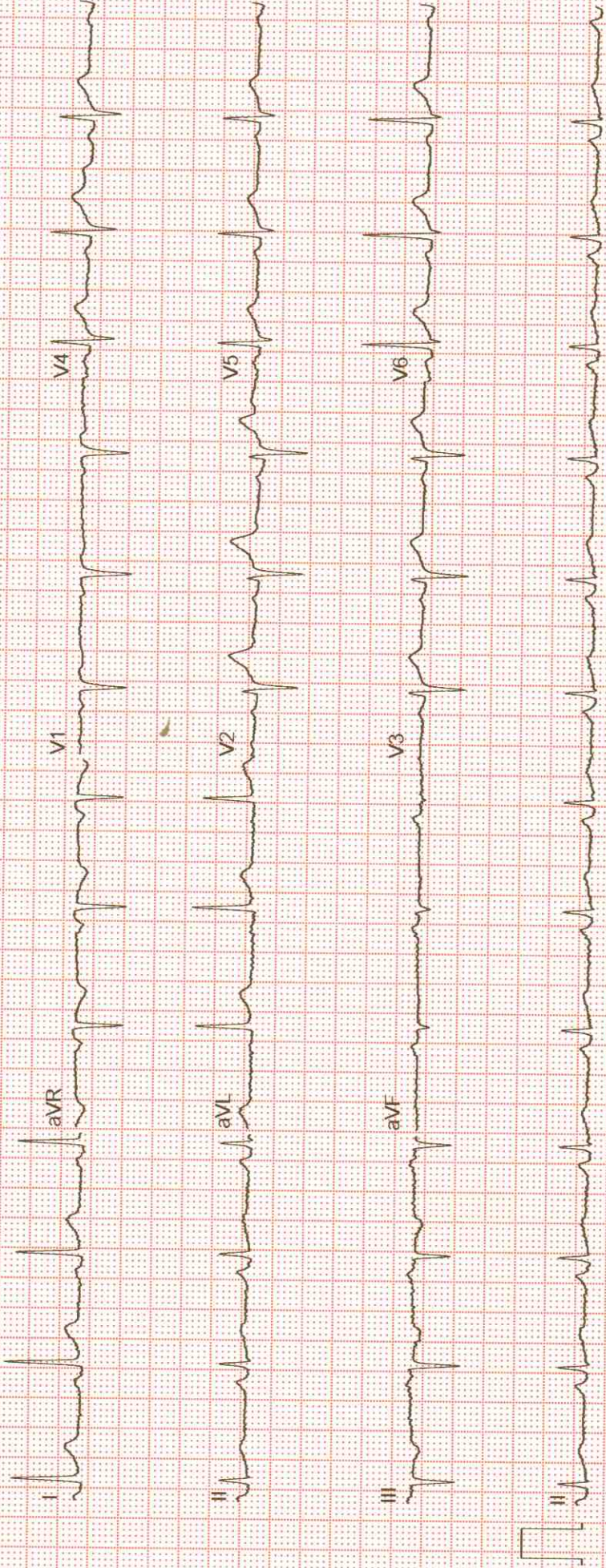
QRS 76 ms
 QT / QTcBaz 356 / 408 ms
 PR 150 ms
 P 102 ms
 RR / PP 756 / 759 ms
 P / QRS / T 51 / -3 / 8 degrees

05.10.2024 8:50:57
 STERLING HOSPITAL
 HCP
 VADODARA

79 bpm

- / - mmHg

Left axis
 T6 L5





Patient Id	: RCR-299772	Patient Name	: GUNNA SURENDRA .
Age	: 34Y 1M 5D	Sex	: Male
Ref. Doctor	: DR.RMO.STERLING	Study Date	: 05 Oct 2024 - 08:59 AM

SONOGRAPHY OF WHOLE ABDOMEN: -

LIVER: Liver appears normal in size and shows bright parenchymal echoes, Grade II. 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 11.7 mm at porta & shows hepatopetal blood flow.

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

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

SPLEEN: Spleen is normal in size (11.3 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 10.0 x 4.4 cm

Left kidney measures 10.5 x 4.1 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 13.0 cc.

No evidence of ascites, lymphadenopathy is seen.

Mild gaseous distention of bowel loops is seen.

CONCLUSION:

• **Grade II generalized fatty infiltration of liver.**

• **No other significant abnormality detected.**

Dr. Shilpi Gupta MD
Sr. Consultant Radiologist

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TABULAR SUMMARY REPORT

SURENDRA, GUNNA
ID:

34 years

Caucasian

Male

Total Exercise time: 6:39

Max HR: 169bpm 90% of max predicted 186bpm

Max BP: 130/70 Maximum workload: 8.0METS

Reason for Termination: THER ACHIEVED

Comments: GOOD EFFORT TOLERANCE

NORMAL HR AND BP RESPONSE

NO ANGINA OR ARRHYTHMIAS

NO ST-T CHANGES SEEN DURING EXERCISE OR RECOVERY

TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

DR. RANJEET SHUKLA, CARDIOLOGIST

Referred by: HCP
Test ind:

5-Oct-2024
10:50:34

25.0 mm/s
10.0 mm/mV
100hz

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	0:45	***	***	1.0	100	120/70	120
	STANDING	0:25	***	***	1.0	92	120/70	110
	HYPERVENT	0:20	0.8	0.0	1.1	99	120/70	119
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	143	120/70	172
	STAGE 2	3:00	2.5	12.0	7.0	160	130/70	208
	STAGE 3	0:39	3.4	14.0	8.0	169	130/70	220
RECOVERY	RECOVERY	3:31	0.0	0.0	1.0	125	130/80	163

Ranjeet Shukla