



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: KAPIL SINGHAL	
SH No: 160923	Date: 13/09/2024
Age: 44	Gender: MALE

ASSESSMENT:

- SUSPECTED ALLERGY: COFFEE: BREATHING DIFFICULTY
- K/C/O : HTN SINCE 2016, ON REGULAR TREATMENT
- C/O: MULTIPLE SMALL PEA SIZED SKIN BUMPS ON BODY, OCCASIONALY BACKACHE, ACIDITY, MILK CAUSES DIARRHOEA
- PT HAS NF 1 AS MENTIONED BY PT.
- PT HAS LEFT SIDE BONE MISSING, SO LEFT ARTIFICIAL LIMB PRESENT AND WALK WITH WALKER
- P/H/O: PROSTATE ISSUE AND ON REGULAR TREATMENT
- P/H/O OPERATION: INTERNAL FIXATION BY PLATE IN SITU FOR RIGHT BONE FRACTURE(1997)
- F/H/O: HYPERTENSION(FATHER), THYROID(MOTHER)
- BORDERLINE LOW MCH(26.9), BORDERLINE LOW MCHC(31.2), BORDERLINE HIGH RDW CV(15.60)
- BORDERLINE HIGH ESR(22)
- NEAR TO ABOVE OPTIMAL DIRECT LDL(101)
- HIGH BLOOD URIC ACID(10.30)
- HIGH DELTA BILIRUBIN(0.30)
- HIGH TSH(7.3140)
- URINE R/M: LOW SPECIFIC GRAVITY(1.005),
- 2D ECHO : GRADE 1 DIASTOLIC DYSFUNCTION, MILD MR, MILD TR, LVEF 60%
- USG ABDOMEN AND PELVIS : MILD FATTY LIVER (GRADE 1), MILD PROSTATOMEGALY WITH BLADDER BASE INDENTATION, MULTIPLE HYPOECHOIC SOFT TISSUE NODULES IN SKIN OF ABDOMEN- NEUROFIBROMAS

ADVISED:

- PLENTY OF LIQUIDS
- SALT RESTRICTED DIET
- AVOID OUT SIDE FOOD AND WATER
- REGULAR BLOOD PRESSURE MONITORING AND CONTROL
- OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- 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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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 : KAPIL SINGHAL Employee ID : _____
 Company Name : _____ Age : 44 y Sex : ♂
 Height : 168 cms. Weight : 68.9 Kgs BMI : 24.41 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>None known.</u>	
3. <u>☉ coffee</u>	<u>+ Breathing difficulty</u>

Chief Complaints :

☉ Multiple small pea sized skin bumps on body
 ☉ Backache
 ☉ Neurofibromatosis (NF1) occasionally

Physical Examination :

Vital Signs :

Temp : Afebrile °F SPO₂ : 99 Pulse : 85 /min R/R : 20 /min B.P. : 130/80 mm Hg
 ☉ Left side one bone missing ☉ Left Artificial limb walk with walker

Past History :

If Hypertension, since <u>(2016)</u> On Medication 1) _____ 2) <u>(on Rx)</u> 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 : <u>yes</u> Name of Operation : <u>for fracture of bone</u> Year of Operation : _____	Any Other Medication _____ P/H of Hospitalization : <u>yes</u> Diagnosis : <u>for operation</u> Year : _____ Duration : _____ Blood Transfusion History : Yes /No Year : _____
Others : <u>prostate (on Rx) (2024)</u>	☉ <u>Right leg plat in situ (1997)</u>

☉ using Artificial limb left side.

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</u>	Asthma	Yes/No <u>No</u>
Heart Disease	Yes/No <u>No</u>	Stroke	Yes/No <u>No</u>
Diabetes	Yes/No <u>No</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 :
Thyroid - Yes - mother.

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>NAD, Sound</u>	Drugs	Yes/No <u>No</u>	since / (freq.)
Micturition	<u>NAD</u>	Tobacco	Yes/No <u>No</u>	since / (freq.)
Bowel Habits	<u>NAD, Regular</u>	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) :

No As such major injury.
Eyes : NSF

wear glasses for distant vision

- 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 occasional

- 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

AERAE, clear

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

Cardiovascular : NSF

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

Extremities-Musculoskeletal : NSF

- 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
- Acid Reflux (+)
- Colostomy Yes No
- Ileostomy Yes No

Bowel

- Diarrhoea Constipation Incontinence Blood in stool None
- Pain Yes No Place
- Hemorrhoids Yes No
- Frequency of stool *1-2 Times/day*
- Interventions : None • Laxatives Yes No Type Frequency

Multiple causes diarrhoea



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	-0.75	-0.75	90°	-0.75	-0.75	85°
Near	+0.75	-0.75	90°	+0.75	-0.75	85°

Type of glass:

ADVICE:

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DR MAYA PATEL
(OPHTHALMOLOGIST)

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EAR, NOSE & THROAT CHECK-UP

COMPLAINTS:

— No do Rx, nose and throat

EXAMINATION OF EARS:

Local Examination:

— MAD

Tympanic Membrane:

Fal (Tx) / S/C TM Int
(Tx)

EXAMINATION OF NOSE:

Local Examination:

— DRG

THROAT & LARYNX:

— MAD

LARYNGOSCOPIC EXAMINATION:

— MAD

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Dr. Navnit Makwana

DR. NAVNIT MAKWANA
ENT SURGEON

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Passport No :

LABORATORY TEST REPORT



Patient Information		Sample Information		Location Information	
Name	: Mr. Kapil . Singhal	Lab Id	: 092407501255	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 44 Y 22-Nov-1979	Registration on	: 13-Sep-2024 08:56	Location	: Main BNo./
Ref. Id	: 160923 / 2809654	Collected at	: SAWPL	Approved on	: 13-Sep-2024 12:31 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 13-Sep-2024 09:10	Printed On	: 13-Sep-2024 16:46
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M

Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Hemoglobin <small>Colorimetric</small>	14.8	g/dL	13.0 - 16.5
RBC Count <small>Electrical impedance</small>	5.48	million/cmm	4.5 - 5.5
Hematocrit <small>Calculated</small>	47.4	%	40 - 49
MCV <small>Derived</small>	86.4	fL	83 - 101
MCH <small>Calculated</small>	L 26.9	pg	27.1 - 32.5
MCHC <small>Calculated</small>	L 31.2	g/dL	32.5 - 36.7
RDW CV <small>Calculated</small>	H 15.60	%	11.6 - 14

Total WBC and Differential Count

WBC count	Result	Unit	Biological Ref. Interval
WBC count <small>SF Cube cell analysis</small>	6420	/cmm	4000 - 10000

Differential Count	Result	Unit	Biological Ref. Interval	Absolute Count
Neutrophils <small>Microscopic</small>	65	%	40 - 80	4173 /cmm 2000 - 6700
Lymphocytes <small>Microscopic</small>	24	%	20 - 40	1541 /cmm 1000 - 3000
Eosinophils <small>Microscopic</small>	02	%	1 - 6	128 /cmm 20 - 500
Monocytes <small>Microscopic</small>	09	%	2 - 10	578 /cmm 200 - 1000
Basophils <small>Microscopic</small>	00	%	0 - 2	0 /cmm 0 - 100

Platelet Count

Platelet Count <small>Electrical impedance</small>	200000	/cmm	150000 - 410000
MPV <small>Calculated</small>	13.70	fL	7.5 - 10.3
Platelets Morphology	Platelets are adequate on Smear		



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

This is an Electronically Authenticated Report.

Sterling Accuris Pathology Laboratory

Sterling Hospital, Opp. Inox Cinema, Race Course Circle (West), Vadodara - 390 007, tests marked with # are referred tests
Ph: 0265-6144210

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



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Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Erythrocytes Sedimentation Rate			
ESR <small>Capillary photometry</small>	H 22	mm/1hr	0 - 14

Differential Count

Absolute Count

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Blood Group

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


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Ref. Id	: 160923 / 2809654	Collected at	: SAWPL	Approved on	: 13-Sep-2024 10:35 Status: Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 13-Sep-2024 09:10	Printed On	: 13-Sep-2024 16:46
		Sample Type	: Serum, Urine	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <i>GOD-POD</i>	92.0	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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Ref. Id : 160923 / 2809654	Collected at : SAWPL	Printed On : 13-Sep-2024 16:46
Ref. By : Dr. RMO . STERLING...	Collected on : 13-Sep-2024 12:15	Process At : 75 – Sterling Hospital, Race course (Vadodar
	Sample Type : Fluoride	

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <i>GOD-POD</i>	103	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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		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	5.60	%	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	114.02	mg/dL	

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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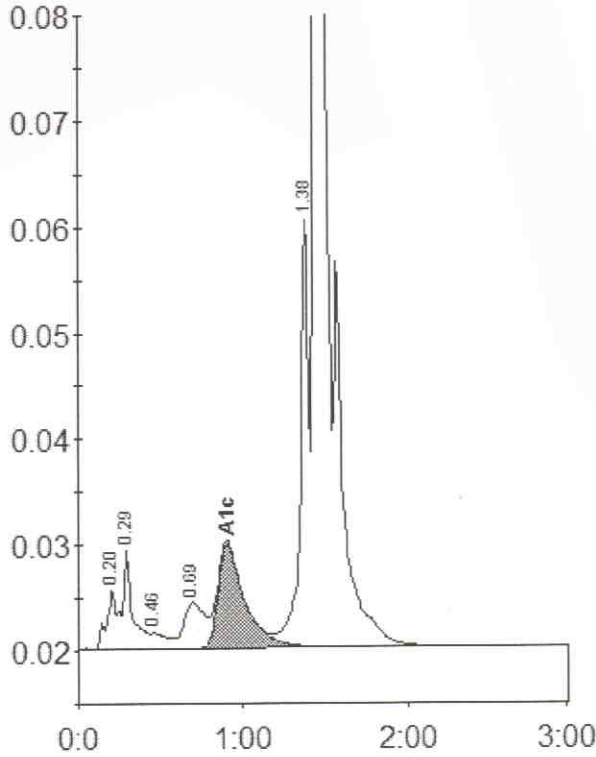
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Patient report



Bio-Rad DATE: 13/09/2024
 D-10 TIME: 01:19 PM
 S/N: #DJ8G550303 Software version: 4.30-2
 Sample ID: 092407501255
 Injection date: 13/09/2024 01:19 PM
 Injection #: 3 Method: HbA1c
 Rack #: --- Rack position: 3



Peak table - ID: 092407501255

Peak	R.time	Height	Area	Area %
A1a	0.20	5647	26915	1.1
A1b	0.29	9618	35901	1.4
F	0.46	1522	10337	0.4
LA1c/CHb-1	0.69	4329	39073	1.5
A1c	0.90	9868	110518	5.6
P3	1.38	40513	145072	5.7
A0	1.44	767666	2186254	85.6
Total Area:			2554070	

Concentration:	%
A1c	5.6





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

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Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase – Peroxidase</i>	156.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPa/POD)</i>	138.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl2</i>	40.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	H 101.00	mg/dL	Optimal: <100 Near to above Optimal: 100–129 Borderline High: 130-159 High: 160–189 Very High: =190
VLDL <i>Calculated</i>	27.60	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	3.9		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	2.5		Up to 3.5

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Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i> Rechecked	H 10.30	mg/dL	3.5 - 8.5
Blood Urea Nitrogen <i>Calculated</i>	9.35	mg/dL	9.0 - 20.0
Urea <i>Urease, Colorimetric</i>	20.0	mg/dL	19.3 - 43.0
Creatinine, serum <i>Creatinine Amidohydrolase</i>	0.80	mg/dL	0.66 - 1.25
BUN Creatinine Ratio <i>Calculated</i>	11.69		
Urea Creatinine Ratio <i>Calculated</i>	25.00		


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Sex/Age : Male / 44 Y 22-Nov-1979	Registration on : 13-Sep-2024 08:56	Location : Main BNo./
Ref. Id : 160923 / 2809654	Collected at : SAWPL	Approved on : 13-Sep-2024 11:13 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 13-Sep-2024 09:10	Printed On : 13-Sep-2024 16:46
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M

Liver Function Test

Test	Result	Unit	Biological Ref. Interval
ALT (SGPT) <i>UV with P5P, IFCC</i>	36.0	U/L	0 - 50
AST (SGOT) <i>UV with P5P</i>	34.0	U/L	17 - 59
GGT (Gamma Glutamyl Transferase) <i>L-γ-Glytamyl-p-nitroanilide</i>	21.0	U/L	15 - 73
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	103.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	0.90	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>	0.50	mg/dL	0.0 - 1.1
Delta Bilirubin <i>Calculated</i>	H 0.30	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>	4.40	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	3.20	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.38		1.3 - 1.7

Dr. C. Shrinivasan..

M.D (Pathology)(G-18341]

Consultant Pathologist

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Sterling Accuris Pathology Laboratory

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

Ph: 0265-6144210

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

This is an Electronically Authenticated Report.

tests marked with # are referred tests



Download Accuris App



Passport No :

LABORATORY TEST REPORT



Patient Information		Sample Information		Location Information	
Name	: Mr. Kapil . Singhal	Lab Id	: 092407501255	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 44 Y 22-Nov-1979	Registration on	: 13-Sep-2024 08:56	Location	: Main BNo./
Ref. Id	: 160923 / 2809654	Collected at	: SAWPL	Approved on	: 13-Sep-2024 10:59 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 13-Sep-2024 09:10	Printed On	: 13-Sep-2024 16:46
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M

Immunoassay

Test	Result	Unit	Biological Ref. Interval
Prostate Specific Ag. (PSA), Total	0.50	ng/mL	Upto 2.0 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.



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





Passport No :

LABORATORY TEST REPORT



Patient Information		Sample Information		Location Information	
Name	: Mr. Kapil . Singhal	Lab Id	: 092407501255	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 44 Y 22-Nov-1979	Registration on	: 13-Sep-2024 08:56	Location	: Main BNo./
Ref. Id	: 160923 / 2809654	Collected at	: SAWPL	Approved on	: 13-Sep-2024 11:35 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 13-Sep-2024 09:10	Printed On	: 13-Sep-2024 16:46
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M

Thyroid Function Tests

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <small>CLIA</small>	1.19	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <small>CLIA</small>	4.91	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <small>Chemiluminescence</small> Rechecked	H 7.3140	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.

Dr. C. Shrinivasan..

M.D (Pathology) [G-18341]
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Passport No :

LABORATORY TEST REPORT



Patient Information	Sample Information	Location Information
Name : Mr. Kapil . Singhal	Lab Id : 092407501255	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Male / 44 Y 22-Nov-1979	Registration on : 13-Sep-2024 08:56	Location : Main BNo./
Ref. Id : 160923 / 2809654	Collected at : SAWPL	Approved on : 13-Sep-2024 11:33 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 13-Sep-2024 09:10	Printed On : 13-Sep-2024 16:46
	Sample Type : Urine	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
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>	L 1.005		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	1-2	/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





Report Date: 13 Sep 2024 - 10:31 AM

Patient Id	: RCR-160923	Patient Name	: SINGHAL KAPIL .
Age	: 44Y 9M 22D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 13 Sep 2024 - 09:31 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



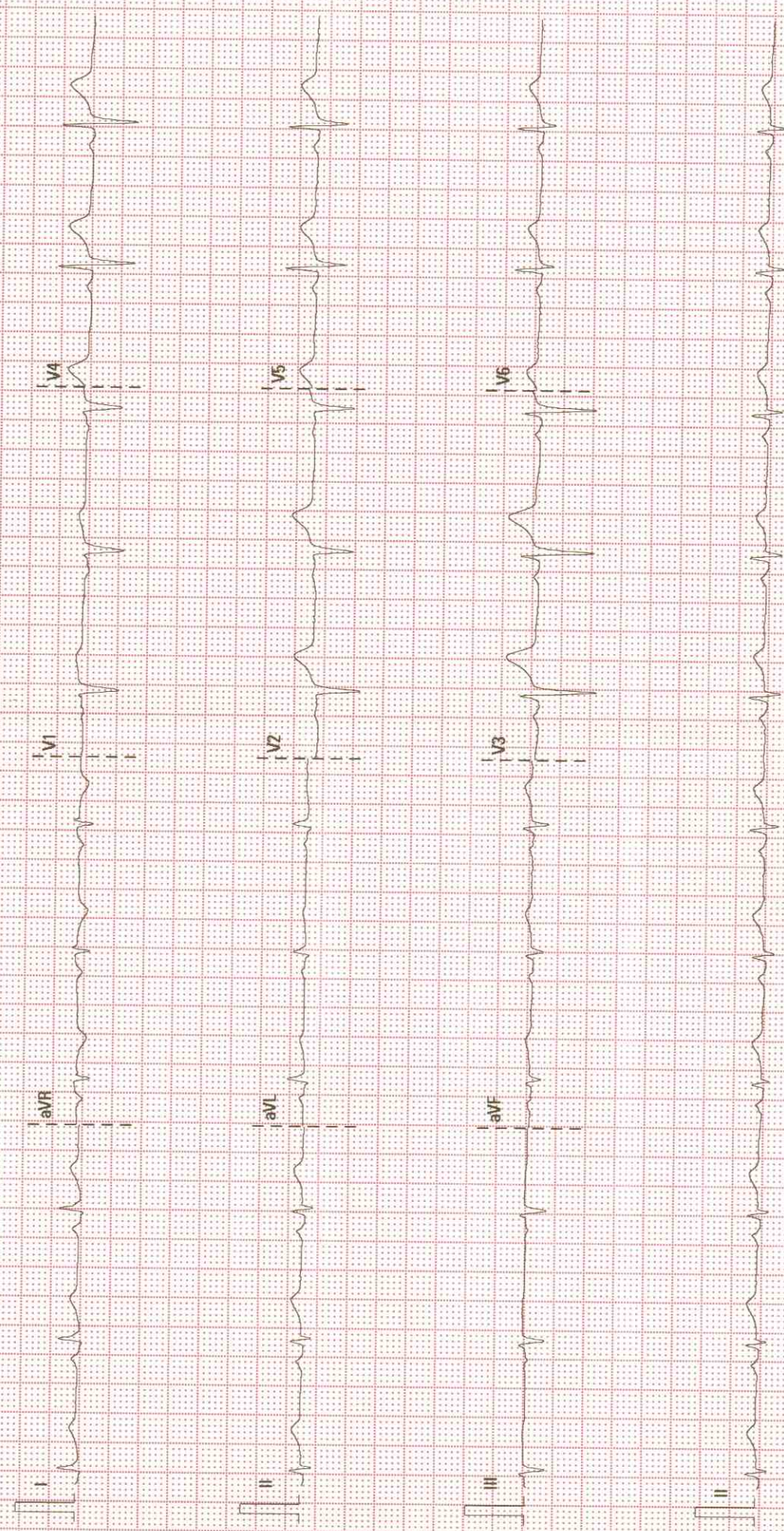
13-09-2024 06:59:03 AM

Name: MR. KAPIL SINGHAL
Age: 44 Years
Gender: Male

Heart Rate: 65 bpm
PR Interval: 158 ms
QRS Duration: 92 ms
QT/QTc Interval: 406/415 ms
P/QRS/T Axes: 29/14/48 deg
QTc: Hodges

Unconfirmed Diagnosis

Handwritten signature



25 mm/s 10 mm/mV 50 Hz

BPR 20 Hz

02.06.00/V28.4.1

SU-FN 740076Z2



2D ECHOCARDIOGRAPHY REPORT



Race Course Road, Vadodara

Name: Mr. KAPIL SINGHAL
Age: 44 Years
Sex: M
Date: 13-Sep-2024

Ref By: HCP
Study: 2D Echo

M-MODE:

IVS	10mm	LVDD	47mm
PW	10mm	LVDS	26mm
LA	35mm	LV EF	60 %

DOPPLER STUDY:

MITRAL	E 0.45 A 0.89
AORTIC	1.26
TRICUSPID	N
PULMONARY	N

CONCLUSION :

- NORMAL SIZED CHAMBERS
- NORMAL LV SYSTOLIC FUNCTION LVEF 60 %
- NO RWMA AT REST
- GRADE I DIASTOLIC DYSFUNCTION
- NORMAL RV SIZE AND FUNCTION
- MILD MR, MILD TR, NO PAH
- REST OF 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-160923	Patient Name	: SINGHAL KAPIL .
Age	: 44Y 9M 22D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 13 Sep 2024 - 11:33 AM

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size (14.3 cm) and shows bright echotexture- mild fatty infiltration. No focal lesion seen. No IHBR dilatation.

Portal vein (12.7 mm) and **CBD** (4.2 mm) appears normal.

Gall bladder distended and shows normal wall thickness. No evidence of calculus or mass lesion seen.

visualized **pancreas** appears normal.

Spleen appears normal in size (9.4 cm) and shows normal echotexture. No focal lesion seen.

Right kidney appears normal (9.4 x 4.2 cm). There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained.

Left kidney appears normal (10 x 4.4 cm). There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained.

Urinary bladder is well distended with normal wall. No calculus or mass lesion is seen.

Prostate measures ~ 32 cc with mild bladder base indentation. No focal mass is seen.

No evidence of ascites seen.

Multiple hypoechoic soft tissue nodules of varying sizes are seen in skin of abdomen- neurofibromas. (k/c/o neurofibromatosis)

IMPRESSION

- Mild fatty liver (Grade I)
- Mild prostatomegaly with bladder base indentation.
- Multiple hypoechoic soft tissue nodules in skin of abdomen- neurofibromas.

Dr. Palak Nandolia
Consultant Radiologist

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