



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: VIRENDRA SINGH RAJPUT	
SH No: 299205	Date: 16/09/2024
Age: 37	Gender: MALE

ASSESSMENT:

- OVER WEIGHT(BMI:27.03)
- C/O : OCCASIONALLY MUSCLE CRAMPS AFTER PLAYING SPORTS,NO SOUND SLEEP,MILD BLUE COLOR VEINS IN B/L HEEL SIDE,OCCASIONAL HEADACHE,OCCASIONAL MILD EYE PAIN,PALE YELLOW COLORED PRODUCTIVE COUGH,WEAKNESS, RIGHT KNEE PAIN
- O/E-B.P:90/60
- P/H/O: ANAL FISTULA REPAIR(2019), CYSTS REMOVAL NAPE OF NECK,CHEST(2015), AND UPPER BACK CYSTS REMOVAL(2021)
- F/H/O:SINUS PROBLEM(FATHER)
- HIGH LYMPHOCYTES(52),HIGH PLATELET COUNT(483000/CMM)
- BORDERLINE HIGH CHOLESTEROL(231),HIGH TRIGLYCERIDE(312),LOW HDL CHOLESTEROL(38),BORDERLINE HIGH DIRECT LDL(139),HIGH VLDL(62.40),HIGH CHOL/HDL RATIO(6.1),HIGH DLDL/HDL RATIO(3.7)
- LOW BLOOD UREA NITROGEN(5.14),LOW BLOOD UREA(11),
- HIGH DELTA BILIRUBIN(.30)
- ECG: LOW VOLTAGE
- USG ABDOMEN AND PELVIS : MILD FATTY LIVER(GRADE 1)

ADVISED:

- PLENTY OF LIQUIDS
- LOW FAT DIET
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE & WEIGHT REDUCTION.
- REPEAT LIPID PROFILE AFTER 3 MONTH
- OPHTHALMOLOGIST ADVICE FOLLOW ADVICE
- ORTHOPEDIC CONSULTATION:
- SURGEON CONSULTATION
- ENT ADVICE: FOLLOW ADVICE
- PHYSICIAN CONSULTATION

(Signature)
Sterling Addlife India Limited
Unit-Sterling Hospital Vadodara
Race Course Road, (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 : Nisendra Singh Rajpurohit Employee ID : _____
 Company Name : _____ Age : 37 Sex : M/F
 Height : 168 cms. Weight : 76.3 Kgs BMI : 27.03 Blood Group : _____
 Name of HO / Registrar taking History : Dr. Jays. Pandit

Allergies : None Yes (If Yes, describe)

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

Chief Complaints :
ClO - occasionally muscle cramps after playing.

Physical Examination :

Vital Signs :
 Temp : 36.4°C F SPO₂ : 96 Pulse : 87 /min R/R : 18 /min B.P. : 90/60 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 _____ _____ Any Other Medication _____
Under Treatment of Dr. _____ Any Intervention done _____ P/H of Operation Diagnosis : <u>anal fistula</u> Name of Operation : _____ Year of Operation : <u>2019</u>	P/H of Hospitalization _____ Diagnosis : <u>anal fistula</u> Year : _____ Duration : _____ Blood Transfusion History : Yes /No <input checked="" type="checkbox"/> Year : _____
Others : <u>upper. Cervical Neck & chest & Back. (Cervical Removal -> 2-8-2015)</u>	<u>2021</u>

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	Egg + tea	Smoking	Yes/No	since / per day
Appetite	Good	Alcohol	Yes/No	since / (freq.)
Sleep	Disturb sleep	Drugs	Yes/No	since / (freq.)
Micturition	Regular	Tobacco	Yes/No	since / (freq.)
Bowel Habits	Drinking 2-3 time same	Any other habit		

FOR FEMALES : → No sound sleep

 Obstetric History : L.D.
 Abortion :
 Others :

General Examination :
 Anemia Cyanosis Jaundice Generalized lymphadenopathy Pedal oedema

General Examination :

mild icteric blue color vein in left leg (B/C)

Head : NSF Headache

Injuries (Specify if any) :

Eyes : NSF : glasses for distant vision, regular use

- 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: A E B E clear.
- Dyspnoea: None With activity At rest Lying down Retractions
- Cough: None Non-productive Productive - colour pale yellow.
- Hemoptysis: Yes No
- Night Sweats: Yes No
- Cyanosis: Yes No Where

Cardiovascular : NSF

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

Extremities-Musculoskeletal : NSF

- Skin: Warm Cool Dry Firm Flaccid Colour
- Extremities: Tingling Yes No • Weakness Yes No Deformity Yes No
- Joints: Pain at knees 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 3 hip play Hemorrhoids Yes No
- Frequency of stool
- Interventions: None • Laxatives Yes No Type Frequency

Genitorurinary : NSF

 Colour of Urine Rate yellow Frequency 8-10/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

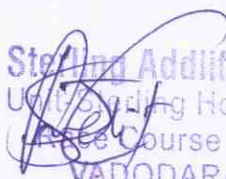
Positive Finding & Advice

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 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: *Yes*
Any Surgery: *Yes*
Color Blind: *Yes*
Diabetes: *Yes*
Hypertension: *Yes*
Any Treatment: *Yes*

EXAMINATION OF EYES:

	<u>Right Eye:</u>	<u>Left Eye:</u>
Distant Vision without Glasses:	-	-
Distant Vision with Glasses:	<i>9/20</i>	<i>9/20</i>
Near Vision without Glasses:	-	-
Near Vision with Glasses:	<i>1/10</i>	<i>1/10</i>
Intraocular Pressure:	<i>17/17</i>	<i>17/17</i>
Anterior Segment:	<i>Normal</i>	<i>Normal</i>
Fundus:	<i>Normal</i>	<i>Normal</i>

PRESCRIPTION OF GLASSES:

	RIGHT			LEFT		
	Sphere	Cylinder	Axis	Sphere	Cylinder	Axis
Distant	<i>-2.5</i>	<i>-2.5</i>	<i>75°</i>	<i>-2.5</i>	<i>-1.25</i>	<i>90°</i>
Near	<i>+2.5</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>

Type of glass: *for reading*

ADVICE:

Sterling Addlife India Limited
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Race Course Circle, (West)
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DR MAYA PATEL
(OPHTHALMOLOGIST)

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EAR, NOSE & THROAT CHECK-UP

COMPLAINTS:

- NO do For, nose and Throat

EXAMINATION OF EARS:

Local Examination:

- For (R) / (L) SLK
Tm Fund

Tympanic Membrane:

EXAMINATION OF NOSE:

Local Examination:

- info

THROAT & LARYNX:

- info

LARYNGOSCOPIC EXAMINATION:

- info

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DR. NAVNIT MAKWANA

ENT SURGEON

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Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Virendra Singh . Rajpurohit	Lab Id	: 092407501598	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 37 Y 06-May-1987	Registration on	: 16-Sep-2024 11:38	Location	: Main BNo./
Ref. Id	: 299205 / 2810072	Collected at	: SAWPL	Approved on	: 16-Sep-2024 14:09 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 16-Sep-2024 09:58	Printed On	: 16-Sep-2024 16:12
		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 Colorimetric	15.4	g/dL	13.0 - 16.5
RBC Count Electrical impedance	4.98	million/cmm	4.5 - 5.5
Hematocrit Calculated	46.5	%	40 - 49
MCV Derived	93.3	fL	83 - 101
MCH Calculated	30.9	pg	27.1 - 32.5
MCHC Calculated	33.1	g/dL	32.5 - 36.7
RDW CV Calculated	12.70	%	11.6 - 14

Total WBC and Differential Count

WBC count SF Cube cell analysis 5590 /cmm 4000 - 10000

Differential Count

Cell Type	Result	Unit	Absolute Count
Neutrophils Microscopic	40	% 40 - 80	2236 /cmm 2000 - 6700
Lymphocytes Microscopic	52	% 20 - 40	2907 /cmm 1000 - 3000
Eosinophils Microscopic	02	% 1 - 6	112 /cmm 20 - 500
Monocytes Microscopic	06	% 2 - 10	335 /cmm 200 - 1000
Basophils Microscopic	00	% 0 - 2	0 /cmm 0 - 100

Platelet Count

Platelet Count Electrical impedance 483000 /cmm 150000 - 410000

MPV Calculated 8.30 fL 7.5 - 10.3

Platelets Morphology Thrombocytosis


Dr. C. Shrinivasan..

M.D (Pathology) [G-18341]

Consultant Pathologist

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MEDI WHEEL FULL BODY ANNUAL PLUS

Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Erythrocytes Sedimentation Rate			
ESR	02	mm/1hr	0 - 14
<small>Capillary photometry</small>			

Differential Count

Absolute Count


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Ref. Id	: 299205 / 2810072	Collected at	: SAWPL	Approved on	: 16-Sep-2024 13:03 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 16-Sep-2024 09:58	Printed On	: 16-Sep-2024 16:12
		Sample Type	: EDTA blood	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		


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Sex/Age	: Male / 37 Y 06-May-1987	Registration on	: 16-Sep-2024 11:38	Location	: Main BNo./
Ref. Id	: 299205 / 2810072	Collected at	: SAWPL	Approved on	: 16-Sep-2024 12:31 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 16-Sep-2024 09:58	Printed On	: 16-Sep-2024 16:12
		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 <i>GOD-POD</i>	91.0	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	: 299205 / 2810072	Collected at	: SAWPL	Approved on	: 16-Sep-2024 14:15 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 16-Sep-2024 12:10	Printed On	: 16-Sep-2024 16:12
		Sample Type	: Fluoride	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>	111	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. By	: Dr. RMO . STERLING...	Collected on	: 16-Sep-2024 09:58	Printed On	: 16-Sep-2024 16:12
		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	5.10	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	99.67	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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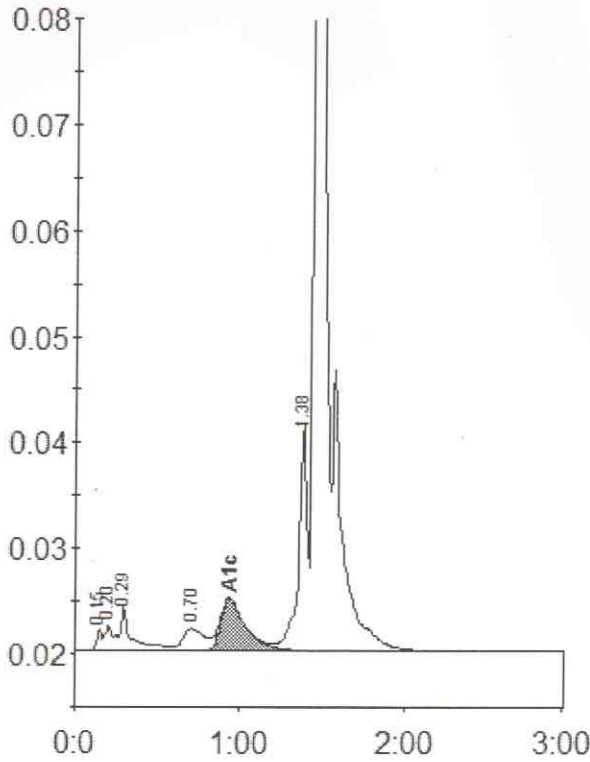


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Bio-Rad DATE: 16/09/2024
 D-10 TIME: 01:15 PM
 S/N: #DJ8G550303 Software version: 4.30-2
 Sample ID: 092407501598
 Injection date 16/09/2024 01:15 PM
 Injection #: 16 Method: HbA1c
 Rack #: --- Rack position: 9



Peak table - ID: 092407501598

Peak	R.time	Height	Area	Area %
Unknown	0.15	2130	4455	0.3
A1a	0.20	2393	7008	0.5
A1b	0.29	4224	22963	1.6
LA1c/CHb-1	0.70	2172	19633	1.4
A1c	0.94	5003	52975	5.1
P3	1.38	21456	78143	5.6
A0	1.45	464857	1219244	86.8
Total Area:		1404421		

Concentration:	%
A1c	5.1





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MEDI WHEEL FULL BODY ANNUAL PLUS
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase – Peroxidase</i>	H 231.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPo/POD)</i>	H 312.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl2</i>	L 38.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	H 139.00	mg/dL	Optimal: <100 Near to above Optimal: 100–129 Borderline High: 130-159 High: 160–189 Very High: =190
VLDL <i>Calculated</i>	H 62.40	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	H 6.1		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	H 3.7		Up to 3.5

Remarks: * Sample Appearance :Mild Opalescent.


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LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Virendra Singh . Rajpurohit	Lab Id	: 092407501598	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 37 Y 06-May-1987	Registration on	: 16-Sep-2024 11:38	Location	: Main BNo./
Ref. Id	: 299205 / 2810072	Collected at	: SAWPL	Approved on	: 16-Sep-2024 12:31 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 16-Sep-2024 09:58	Printed On	: 16-Sep-2024 16:12
		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>	6.20	mg/dL	3.5 - 8.5
Blood Urea Nitrogen <i>Calculated</i>	L 5.14	mg/dL	9.0 - 20.0
Urea <i>Urease, Colorimetric</i>	L 11.0	mg/dL	19.3 - 43.0
Creatinine, serum <i>Creatinine Amidohydrolyase</i>	0.70	mg/dL	0.66 - 1.25
BUN Creatinine Ratio <i>Calculated</i>	7.34		
Urea Creatinine Ratio <i>Calculated</i>	15.71		


Dr. C. Shrinivasan..

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

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 Sterling Hospital, Opp. Inox Cinema, Race Course Circle (West), Vadodara - 390 007
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Ref. By	: Dr. RMO . STERLING...	Collected on	: 16-Sep-2024 09:58	Printed On	: 16-Sep-2024 16:12
		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>	40.0	U/L	0 - 50
AST (SGOT) <i>UV with P5P</i>	26.0	U/L	17 - 59
GGT (Gamma Glutamyl Transferase) <i>L-γ-Glytamyl-p-nitroanilide</i>	30.0	U/L	15 - 73
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	87.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	1.20	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>	0.80	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>	7.10	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	4.20	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	2.90	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.45		1.3 - 1.7


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Ref. Id	: 299205 / 2810072	Collected at	: SAWPL	Approved on	: 16-Sep-2024 14:19 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 16-Sep-2024 09:58	Printed On	: 16-Sep-2024 16:12
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS
Thyroid Function Tests

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <small>CLIA</small>	1.48	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <small>CLIA</small>	8.14	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <small>Chemiluminescence</small>	1.5450	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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		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>	7.0		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
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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Race Course Road, Vadodara

Report Date: 16 Sep 2024 - 12:32 PM

Patient Id	: RCR-HCP002.	Patient Name	: VIRENDRA SINGH 37Y/M
Age	:	Sex	: Male
Ref. Doctor	:	Study Date	: 16 Sep 2024 - 10:59 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.
Bony thorax under vision appears normal.

IMPRESSION

No significant abnormality detected.

Dr. Palak Nandolia
Consultant Radiologist



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



ID: 2024091609480436
Name: MR VIRENDRA SINGH, RAJPUROHIT
Age: 37 Years
Gender: Male

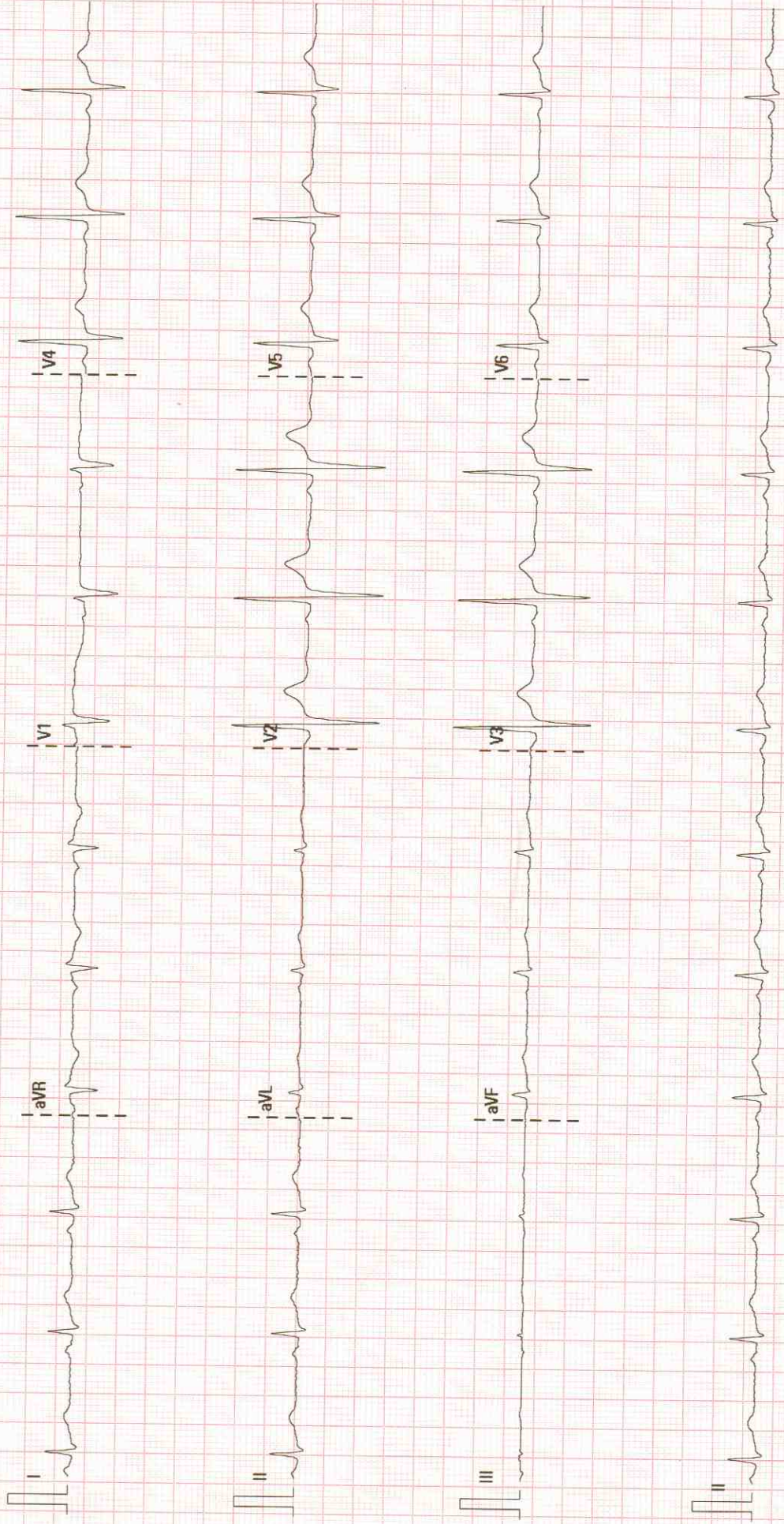
16-09-2024 09:47:54 AM

Vent. Rate 71 bpm
PR Interval 136 ms
QRS Duration 92 ms
QT/QTc Interval 372/391 ms
P/QRS/T Axes 13/37/32 deg
QTc:Hodges

Sinus rhythm
Normal ECG

Unconfirmed Diagnosis

low voltage



25 mm/s

10 mm/mV

50 Hz

BDR 20 Hz

02.06.00/V28.4.1

SN:FN-74007622

mindray



2D ECHOCARDIOGRAPHY REPORT



Race Course Road, Vadodara

Name: Mr. VIRENDRASINGH RAJPUROHIT
Age: 37 Years
Sex: M
Date: 16-Sep-2024

Ref By: HCP
Study: 2D Echo

M-MODE:

IVS	10mm	LVDD	45mm
PW	11mm	LVDS	26mm
LA	37mm	LV EF	60 %

DOPPLER STUDY:

MITRAL	E 1.21 A 0.59
AORTIC	1.54
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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SOND Doc 91-20-25443913





Race Course Road, Vadodara

Report Date: 16 Sep 2024 - 01:05 PM

Patient Id : 31581120240916
Age :
Ref. Doctor :

Patient Name : MR VIRENDRA SINGH 37/M
Sex : Female
Study Date : 16 Sep 2024 - 11:58 AM

ULTRASOUND OF ABDOMEN AND PELVIS

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

Portal vein (11.4 mm) and **CBD** (4.8 mm) appears normal.

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

Visualized **pancreas** appears normal.

Spleen appears normal in size (9.6 cm) and shows normal echotexture. No focal lesion seen.

Right kidney appears normal (10.6 x 5 cm). There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained.

Left kidney appears normal (11.3 x 5.3 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 ~ 17 cc. No focal mass is seen.

No evidence of ascites seen.

IMPRESSION

- Mild fatty liver (Grade I)
- No other significant abnormality.

Palak

Dr. Palak Nandolia
Consultant Radiologist

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