



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

|                            |                 |
|----------------------------|-----------------|
| Name: MRS.AKSHATA .V.DIDDI |                 |
| SH No: 298355              | Date:09 08 2024 |
| Age: 34                    | Gender:FEMALE   |

ASSESSMENT:

- OBESITY( BMI:32.38)
- C/O:DRYNESS OF EYES,FLATUS,CONSTIPATION
- P/H/O OPERATION:LSCS(2014,2021)
- F/H/O:DIABETES(FATHER)
- CHEST DISCOMFORT:YES(PINCHING SHARP PAIN)
- P/H/O UTI+
- OCCASIONAL DYSMENORRHEA,OCCASIONAL VAGINAL DISCHARGE +
- BORDERLINE HIGH RBC COUNT(4.90 MILLION/CMM),BORDERLINE HIGH RDWCV(14.10)
- HIGH TRIGLYCERIDE(208),LOW HDL CHOLESTEROL(31),HIGH VLDL(41.60),BORDERLINE HIGH CHOL/HDL RATIO(5.1)
- BORDERLINE HIGH A/G RATIO(1.74)
- URINE R/M:LOW SPECIFIC GRAVITY(1.005)
- ECG: ST-T DEPRESSION IN L3
- PAP SMEAR-MODERATE ACUTE INFLAMMATION.

ADVISED:

- PLENTY OF LIQUIDS
- LOW FAT DIET
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE & WEIGHT REDUCTION.
- REPEAT LIPID PROFILE AFTER 3 MONTH
- GYNAC 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  
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 : Ms. Akshata V. Diddi Employee ID : \_\_\_\_\_  
Company Name : \_\_\_\_\_ Age : 39 Sex : M/F  
Height : 156 cms. Weight : 48.8 Kgs BMI : 32.38 Blood Group : O+ve.  
Name of HO / Registrar taking History : Dr. Jay's Pawde

Allergies :  None  Yes (If Yes, describe)

| Drugs/Food/Latex/Dyes/Contrast/Other ..... | Reaction |
|--|----------|
| 1. <u>/</u>                                | <u>/</u> |
| 2. <u>/</u>                                | <u>/</u> |
| 3. <u>/</u>                                | <u>/</u> |

Chief Complaints :  
.....  
.....  
.....

Physical Examination :

Vital Signs :  
Temp : Afebrile °F SPO<sub>2</sub> : 99 Pulse : 97 /min R/R : 18 /min B.P. : 120/80 mm Hg

Past History :

|   |   |
|---|---|
| If Hypertension, since<br>On Medication 1).....<br>2).....<br>3).....           | If Diabetes, since<br>On Medication 1).....<br>2).....<br>3)..... |
| If Ischaemic Heart Disease since<br>On Medication 1).....<br>2).....<br>3)..... | Under Treatment Dr. ....  |
| Under Treatment of Dr. ....   | If Tuberculosis, When .....<br>Any Other P/H .....                |
| Any Intervention done .....   | Any Other Medication .....  |
| P/H of Operation<br>Diagnosis : .....   | P/H of Hospitalization .....                                      |
| Name of Operation : <u>C-section</u>  | Diagnosis : .....   |
| Year of Operation : <u>(2019, 2021)</u>   | Year : .....  |
| Others .....  | Duration : .....  |
| .....   | Blood Transfusion History : Yes /No <u>/No</u>                    |
| .....   | Year : .....  |

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

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

|               |        |                       |        |
|---------------|--------|-----------------------|--------|
| Hypertension  | Yes/No | Asthma                | Yes/No |
| Heart Disease | Yes/No | Stroke                | Yes/No |
| Diabetes      | Yes/No | Arthritis/Gout        | Yes/No |
| Tuberculosis  | Yes/No | Cancer                | Yes/No |
| Epilepsy      | Yes/No | Other Chronic disease | Yes/No |

**Personal History :**

|              |           |                 |        |                             |
|--------------|-----------|-----------------|--------|-----------------------------|
| Diet         | Veg.      | Smoking         | Yes/No | since ..... / ..... per day |
| Appetite     | Normal    | Alcohol         | Yes/No | since ..... / ..... (freq.) |
| Sleep        | Normal    | Drugs           | Yes/No | since ..... / ..... (freq.) |
| Micturition  | Reg. day. | Tobacco         | Yes/No | since ..... / ..... (freq.) |
| Bowel Habits |           | Any other habit |        |                             |

**FOR FEMALES :**

 Obstetric History : L.D. A.M.P - 12/07/24 G<sub>2</sub>P<sub>2</sub>A<sub>2</sub>L<sub>2</sub> 1st 07:10yrs  
 Abortion : ..... 2nd 14:21yrs  
 Others : .....

**General Examination :**
 Anemia   
  Cyanosis   
  Jaundice   
  Generalized lymphadenopathy   
  Pedal oedema

**General Examination :**
**Head :**  NSF

Injuries (Specify if any) : .....

**Eyes :**  NSF : glasses for distant vision, Dizziness (+)

- 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 NO
- 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. 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 Pinching pain
- 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: Here 1 day Hemorrhoids  Yes  No
- Frequency of stool: Here 1 day
- Interventions:  None • Laxatives  Yes  No Type: ..... Frequency: .....

**Genitorurinary :**  NSF

Colour of Urine Pale yellow Frequency 5-6 times/day  
 Pain  Yes  No Burning  Yes  No Itching  Yes  No  
 Urgency  Yes  No Incontinence  Yes  No  
 Nocturia  Yes  No Urostomy  Yes  No  
 History of calculi  Yes  No History of UTI  Yes  No  
 Foleys Catheter  Yes  No Date of Insertion \_\_\_\_\_

**Reproductive :**  NA  NSF

LMP 12/07/19 Regular / Irregular \_\_\_\_\_  
 Dysmenorrhea  Yes  No occasional Amenorrhea  Yes  No if yes, Duration \_\_\_\_\_  
 Menopausal  Yes  No if yes, Duration \_\_\_\_\_  
 Vaginal discharge  Yes  No Occasional Itching  Yes  No  
**Breasts**  NA  NSF  
 Breast Feeding  Yes  No Lumps  Yes  No

**Positive Finding & Advice**

.....  
 .....  
 .....

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 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



**Sterling**  
HOSPITALS

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HEALTH  
HAPPINESS**



GYNAECOLOGIST CHECK UP

NAME: AKShata V. Didi

DATE: 09/08/24

AGE: 34 yrs

male - 10 yrs

Female - 2 1/2 yrs.

COMPLAINTS: None

Balki of LSCS  
TL done

O/H PARA: G<sub>2</sub> P<sub>2</sub> A<sub>0</sub> L<sub>2</sub>

MC  $\frac{7-8 \text{ days}}{27\pm}$

MENSTRUAL H/O: 12/7/24

P/A: Soft

P/S: NAD

P/V: NAD

ADVICE: Pap smear test taken

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**DR. ARCHANA DWIVEDI**  
(GYNAECOLOGIST)



Passport No :

**LABORATORY TEST REPORT**


| Patient Information |                             | Sample Information |                     | Location Information |  |
|---------------------|-----------------------------|--------------------|---------------------|----------------------|--|
| Name                | : Mrs. Akshata V Diddi .    | Lab Id             | : 082407500888      | Pt. Type             | : Sterling Hospital Vadodara Health Checkup    |
| Sex/Age             | : Female / 34 Y 03-Jul-1990 | Registration on    | : 09-Aug-2024 09:14 | Location             | : Main BNo./                                   |
| Ref. Id             | : 298355 / 2804951          | Collected at       | : SAWPL             | Approved on          | : 09-Aug-2024 11:34 Status : Final             |
| Ref. By             | : Dr. RMO . STERLING...     | Collected on       | : 09-Aug-2024 09:30 | Printed On           | : 09-Aug-2024 16:17                            |
|                     |                             | Sample Type        | : Whole blood       | Process At           | : 75 – Sterling Hospital, Race course (Vadodar |

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**
**Complete Blood Count**

| Test       | Method               | Result  | Unit        | Biological Ref. Interval |
|------------|----------------------|---------|-------------|--------------------------|
| Hemoglobin | Colorimetric         | 13.3    | g/dL        | 12.0 - 16.0              |
| RBC Count  | Electrical impedance | H 4.90  | million/cmm | 3.8 - 4.8                |
| Hematocrit | Calculated           | 40.9    | %           | 36 - 48                  |
| MCV        | Derived              | 83.3    | fL          | 83 - 101                 |
| MCH        | Calculated           | 27.1    | pg          | 26.4 - 33.2              |
| MCHC       | Calculated           | 32.5    | g/dL        | 31.8 - 35.9              |
| RDW CV     | Calculated           | H 14.10 | %           | 11.6 - 14                |

**Total WBC and Differential Count**

| WBC count | Method                | Result | Unit | Biological Ref. Interval |
|-----------|-----------------------|--------|------|--------------------------|
| WBC count | SF Cube cell analysis | 6390   | /cmm | 4000 - 10000             |

| Differential Count | Method      | Result | Unit | Biological Ref. Interval | Absolute Count | Unit | Biological Ref. Interval |
|--------------------|-------------|--------|------|--------------------------|----------------|------|--------------------------|
| Neutrophils        | Microscopic | 62     | %    | 40 - 80                  | 3962           | /cmm | 2000 - 6700              |
| Lymphocytes        | Microscopic | 31     | %    | 20 - 40                  | 1981           | /cmm | 1000 - 3000              |
| Eosinophils        | Microscopic | 02     | %    | 1 - 6                    | 128            | /cmm | 20 - 500                 |
| Monocytes          | Microscopic | 05     | %    | 2 - 10                   | 320            | /cmm | 200 - 1000               |
| Basophils          | Microscopic | 00     | %    | 0 - 2                    | 0              | /cmm | 0 - 100                  |

**Platelet Count**

|                      |                                 |        |      |                 |
|----------------------|---------------------------------|--------|------|-----------------|
| Platelet Count       | Electrical impedance            | 322000 | /cmm | 150000 - 410000 |
| MPV                  | Calculated                      | 10.50  | fL   | 7.5 - 10.3      |
| Platelets Morphology | Platelets are adequate on Smear |        |      |                 |


**Dr. C. Shrinivasan..**

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

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| Name : Mrs. Akshata V Diddi .       | Lab Id : 082407500888               | Pt. Type : Sterling Hospital Vadodara Health Checkup      |
| Sex/Age : Female / 34 Y 03-Jul-1990 | Registration on : 09-Aug-2024 09:14 | Location : Main   |
| Ref. Id : 298355 / 2804951          | Collected at : SAWPL                | Location : BNo./  |
| Ref. By : Dr. RMO . STERLING...     | Collected on : 09-Aug-2024 09:30    | Approved on : 09-Aug-2024 11:34 Status : Final            |
|                                     | Sample Type : Whole blood           | Printed On : 09-Aug-2024 16:17                            |
|                                     |                                     | Process At : 75 – Sterling Hospital, Race course (Vadodar |

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**

**Complete Blood Count**

| Test                                    | Result | Unit   | Biological Ref. Interval |
|---|--------|--------|--------------------------|
| <b>Erythrocytes Sedimentation Rate</b>  |        |        |                          |
| ESR <small>Capillary photometry</small> | 7      | mm/1hr | 0 - 21                   |

**Differential Count**

**Absolute Count**



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Passport No :

**LABORATORY TEST REPORT**


| Patient Information   | Sample Information   | Location Information   |
|---|--|--|
| Name : <b>Mrs. Akshata V Diddi .</b><br>Sex/Age : <b>Female / 34 Y</b> 03-Jul-1990<br>Ref. Id : 298355 / 2804951<br>Ref. By : Dr. RMO . STERLING... | Lab Id : <b>082407500888</b><br>Registration on : 09-Aug-2024 09:14<br>Collected at : SAWPL<br>Collected on : 09-Aug-2024 09:30<br>Sample Type : Whole blood | Pt. Type : Sterling Hospital Vadodara Health Checkup<br>Location : Main BNo./<br>Approved on : 09-Aug-2024 11:33 Status : Final<br>Printed On : 09-Aug-2024 16:17<br>Process At : 75 – Sterling Hospital, Race course (Vadodara) |

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**
**Blood Group**

| Test   | Result   | Unit | Biological Ref. Interval |
|--|----------|------|--------------------------|
| <b>ABO Type</b><br><i>Tube Agglutination</i> | "O"      |      |                          |
| <b>Rh (D) Type</b>                           | Positive |      |                          |


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Page 3 of 14



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|---------------------|-----------------------------|--------------------|---------------------|----------------------|--|
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| Sex/Age             | : Female / 34 Y 03-Jul-1990 | Registration on    | : 09-Aug-2024 09:14 | Location             | : Main BNo./                                   |
| Ref. Id             | : 298355 / 2804951          | Collected at       | : SAWPL             | Approved on          | : 09-Aug-2024 10:39 Status : Final             |
| Ref. By             | : Dr. RMO . STERLING...     | Collected on       | : 09-Aug-2024 09:03 | Printed On           | : 09-Aug-2024 16:17                            |
|                     |                             | Sample Type        | : Serum, Urine      | Process At           | : 75 – Sterling Hospital, Race course (Vadodar |

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**

| Test  | Result | Unit  | Biological Ref. Interval |
|---|--------|-------|--------------------------|
| <b>Fasting Blood Glucose</b><br><i>GOD-POD</i>      | 94.0   | mg/dL | 74 - 100                 |
| <b>Fasting Urine Glucose</b><br><i>GOD-POD</i>      | Absent |       | Absent                   |
| <b>Fasting Urine Ketone</b><br><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


**Dr. C. Shrinivasan..**

M.D ( Pathology ) [G-18341]

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| Name : Mrs. Akshata V Diddi .       | Lab Id : 082407500888               | Pt. Type : Sterling Hospital Vadodara Health Checkup<br>Main |
| Sex/Age : Female / 34 Y 03-Jul-1990 | Registration on : 09-Aug-2024 09:14 | Location : BNo./   |
| Ref. Id : 298355 / 2804951          | Collected at : SAWPL                | Approved on : 09-Aug-2024 16:10 Status : Final               |
| Ref. By : Dr. RMO . STERLING...     | Collected on : 09-Aug-2024 11:53    | Printed On : 09-Aug-2024 16:17                               |
|                                     | Sample Type : Fluoride              | Process At : 75 - Sterling Hospital, Race course (Vadodar    |

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**

| Test   | Result | Unit  | Biological Ref. Interval |
|--|--------|-------|--------------------------|
| <b>Post-breakfast Blood Glucose</b><br><i>GOD-POD</i>      | 113    | mg/dL | 70 - 140                 |
| <b>Post-breakfast Urine Glucose</b><br><i>GOD-POD</i>      | Absent |       | Absent                   |
| <b>Post Breakfast Urine Ketone</b><br><i>Nitroprusside</i> | Absent |       | Absent                   |


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| Sex/Age             | : Female / 34 Y 03-Jul-1990 | Registration on    | : 09-Aug-2024 09:14 | Location             | : Main BNo./                                   |
| Ref. Id             | : 298355 / 2804951          | Collected at       | : SAWPL             | Approved on          | : 09-Aug-2024 16:10 Status : Final             |
| Ref. By             | : Dr. RMO . STERLING...     | Collected on       | : 09-Aug-2024 09:30 | Printed On           | : 09-Aug-2024 16:17                            |
|                     |                             | Sample Type        | : Whole blood       | Process At           | : 75 – Sterling Hospital, Race course (Vadodar |

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

| Test               | Result | Unit  | Biological Ref. Interval   |
|--------------------|--------|-------|--|
| HbA1c              | 5.20   | %     | For Screening:<br>Diabetes: $\geq 6.5\%$ ;<br>Pre-Diabetes: 5.7 - 6.4%;<br>Non-Diabetes: $< 5.7\%$ |
|                    |        |       | For Diabetic Patient:<br>Poor Control : $> 7.0\%$ ;<br>Good Control : 6.0-7.0%                     |
| Mean Blood Glucose | 102.54 | 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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# Patient report

# Sterling

Bio-Rad DATE: 09/08/2024

HOSPITALS TIME: 12:45 PM

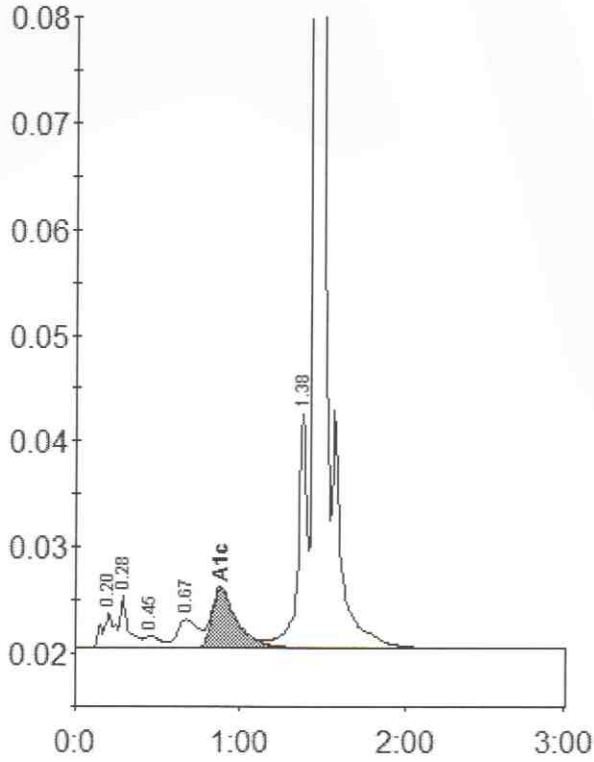
S/N: #DJ8G550303 Software version: 4.30-2

Sample ID: 082407500888

Injection date: 09/08/2024 12:45 PM

Injection #: 5 Method: HbA1c

Rack #: --- Rack position: 5



Peak table - ID: 082407500888

| Peak        | R.time | Height | Area    | Area % |
|-------------|--------|--------|---------|--------|
| A1a         | 0.20   | 3359   | 17700   | 1.2    |
| A1b         | 0.28   | 4944   | 17400   | 1.2    |
| F           | 0.45   | 1164   | 8100    | 0.5    |
| LA1c/CHb-1  | 0.67   | 2687   | 23163   | 1.5    |
| A1c         | 0.88   | 5681   | 59344   | 5.2    |
| P3          | 1.38   | 21996  | 80706   | 5.4    |
| A0          | 1.45   | 482909 | 1298974 | 86.3   |
| Total Area: |        |        | 1505388 |        |

|                |     |
|----------------|-----|
| Concentration: | %   |
| A1c            | 5.2 |



### Sterling Accuris Pathology Laboratory

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Passport No :

**LABORATORY TEST REPORT**


| Patient Information |                             | Sample Information |                     | Location Information |  |
|---------------------|-----------------------------|--------------------|---------------------|----------------------|--|
| Name                | : Mrs. Akshata V Diddi .    | Lab Id             | : 082407500888      | Pt. Type             | : Sterling Hospital Vadodara Health Checkup Main |
| Sex/Age             | : Female / 34 Y 03-Jul-1990 | Registration on    | : 09-Aug-2024 09:14 | Location             | : BNo./  |
| Ref. Id             | : 298355 / 2804951          | Collected at       | : SAWPL             | Approved on          | : 09-Aug-2024 10:39 Status : Final               |
| Ref. By             | : Dr. RMO . STERLING...     | Collected on       | : 09-Aug-2024 09:03 | Printed On           | : 09-Aug-2024 16:17                              |
|                     |                             | Sample Type        | : Serum             | Process At           | : 75 – Sterling Hospital, Race course (Vadodara) |

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**
**Lipid Profile**

| Test  | Result  | Unit  | Biological Ref. Interval   |
|---|---------|-------|--|
| <b>Cholesterol</b><br><i>Cholesterol oxidase – Peroxidase</i> | 158.0   | mg/dL | Desirable : <200<br>Borderline High : 200-239<br>High : >240   |
| <b>Triglyceride</b><br><i>Ezymatic (Lipase/GK/GPa/POD)</i>    | H 208.0 | mg/dL | Normal : <150<br>Borderline : 150-199<br>High : 200-499<br>Very High : >500  |
| <b>HDL Cholesterol</b><br><i>PTA/MgCl2</i>                    | L 31.0  | mg/dL | Low: <40.0<br>High: >60.0  |
| <b>Direct LDL</b><br><i>Direct measured</i>                   | 95.00   | mg/dL | Optimal: <100<br>Near to above Optimal:<br>100–129<br>Borderline High: 130-159<br>High: 160–189<br>Very High: =190 |
| <b>VLDL</b><br><i>Calculated</i>                              | H 41.60 | mg/dL | 15 - 35  |
| <b>CHOL/HDL Ratio</b><br><i>Calculated</i>                    | H 5.1   |       | Up to 5.0  |
| <b>dLDL/HDL Ratio</b><br><i>Calculated</i>                    | 3.1     |       | Up to 3.5  |


**Dr. C. Shrinivasan..**

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| Patient Information                 | Sample Information                  | Location Information                                      |
|-------------------------------------|-------------------------------------|---|
| Name : Mrs. Akshata V Diddi .       | Lab Id : 082407500888               | Pt. Type : Sterling Hospital Vadodara Health Checkup      |
| Sex/Age : Female / 34 Y 03-Jul-1990 | Registration on : 09-Aug-2024 09:14 | Location : Main BNo./                                     |
| Ref. Id : 298355 / 2804951          | Collected at : SAWPL                | Approved on : 09-Aug-2024 10:56 Status : Final            |
| Ref. By : Dr. RMO . STERLING...     | Collected on : 09-Aug-2024 09:03    | Printed On : 09-Aug-2024 16:17                            |
|                                     | Sample Type : Serum                 | Process At : 75 - Sterling Hospital, Race course (Vadodar |

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**

| Test   | Result | Unit  | Biological Ref. Interval |
|--|--------|-------|--------------------------|
| <b>Uric Acid</b><br><i>Uricase</i>                           | 6.00   | mg/dL | 2.5 - 6.2                |
| <b>Blood Urea Nitrogen</b><br><i>Calculated</i>              | 8.88   | mg/dL | 7.0 - 17.0               |
| <b>Urea</b><br><i>Urease, Colorimetric</i>                   | 19.0   | mg/dL | 15.0 - 36.4              |
| <b>Creatinine, serum</b><br><i>Creatinine Amidohydrolase</i> | 0.80   | mg/dL | 0.52 - 1.04              |
| <b>BUN Creatinine Ratio</b><br><i>Calculated</i>             | 11.10  |       |                          |
| <b>Urea Creatinine Ratio</b><br><i>Calculated</i>            | 23.75  |       |                          |


**Dr. C. Shrinivasan..**

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**LABORATORY TEST REPORT**


| Patient Information |                             | Sample Information |                     | Location Information |  |
|---------------------|-----------------------------|--------------------|---------------------|----------------------|--|
| Name                | : Mrs. Akshata V Diddi .    | Lab Id             | : 082407500888      | Pt. Type             | : Sterling Hospital Vadodara Health Checkup      |
| Sex/Age             | : Female / 34 Y 03-Jul-1990 | Registration on    | : 09-Aug-2024 09:14 | Location             | : Main BNo./                                     |
| Ref. Id             | : 298355 / 2804951          | Collected at       | : SAWPL             | Approved on          | : 09-Aug-2024 10:56 Status : Final               |
| Ref. By             | : Dr. RMO . STERLING...     | Collected on       | : 09-Aug-2024 09:03 | Printed On           | : 09-Aug-2024 16:17                              |
|                     |                             | Sample Type        | : Serum             | Process At           | : 75 – Sterling Hospital, Race course (Vadodara) |

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**
**Liver Function Test**

| Test  | Result | Unit  | Biological Ref. Interval |
|---|--------|-------|--------------------------|
| <b>ALT (SGPT)</b><br><i>UV with P5P, IFCC</i>                                 | 13.0   | U/L   | 0 - 35                   |
| <b>AST (SGOT)</b><br><i>UV with P5P</i>                                       | 19.0   | U/L   | 14 - 36                  |
| <b>GGT (Gamma Glutamyl Transferase)</b><br><i>L-γ-Glutamyl-p-nitroanilide</i> | 16.0   | U/L   | 12 - 43                  |
| <b>Alkaline Phosphatase</b><br><i>PNPP, AMP Buffer, IFCC</i>                  | 62.0   | U/L   | 38 - 126                 |
| <b>Total Bilirubin</b><br><i>Azobilirubin chromophores</i>                    | 1.00   | mg/dL | 0.2 - 1.3                |
| <b>Conjugated Bilirubin</b><br><i>Cationic Mordant Binding</i>                | 0.10   | mg/dL | 0.0 - 0.3                |
| <b>Unconjugated Bilirubin</b><br><i>Cationic Mordant Binding</i>              | 0.80   | mg/dL | 0.0 - 1.1                |
| <b>Delta Bilirubin</b><br><i>Calculated</i>                                   | 0.10   | mg/dL | 0.0 - 0.2                |
| <b>Total Protein</b><br><i>Copper tartrate to colour complex</i>              | 7.40   | g/dL  | 6.3 - 8.2                |
| <b>Albumin</b><br><i>Bromocresol Green Method</i>                             | 4.70   | g/dL  | 3.5 - 5.0                |
| <b>Globulin</b><br><i>Calculated</i>  | 2.70   | g/dL  | 2.3 - 3.5                |
| <b>A/G Ratio</b><br><i>Calculated</i>   | H 1.74 |       | 1.3 - 1.7                |


**Dr. C. Shrinivasan..**

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**LABORATORY TEST REPORT**


| Patient Information                 | Sample Information                  | Location Information                                      |
|-------------------------------------|-------------------------------------|---|
| Name : Mrs. Akshata V Diddi .       | Lab Id : 082407500888               | Pt. Type : Sterling Hospital Vadodara Health Checkup      |
| Sex/Age : Female / 34 Y 03-Jul-1990 | Registration on : 09-Aug-2024 09:14 | Main Location : BNo./                                     |
| Ref. Id : 298355 / 2804951          | Collected at : SAWPL                | Approved on : 09-Aug-2024 10:55 Status : Final            |
| Ref. By : Dr. RMO . STERLING...     | Collected on : 09-Aug-2024 09:03    | Printed On : 09-Aug-2024 16:17                            |
|                                     | Sample Type : Serum                 | Process At : 75 – Sterling Hospital, Race course (Vadodar |

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**
**Thyroid Function Tests**

| Test  | Result | Unit   | Biological Ref. Interval   |
|---|--------|--------|--|
| T3, total (Triiodothyronine)<br><i>CLIA</i> | 1.41   | ng/mL  | 0.58 - 1.59  |
| T4, total (Thyroxine)<br><i>CLIA</i>        | 9.92   | µg/dl  | 4.87 - 11.72   |
| TSH (3rd Gen.)<br><i>Chemiluminescence</i>  | 2.8610 | µIU/mL | Non-Pregnant Woman: 0.4001-4.049;<br>Pregnant Woman:<br>1st Trimester: 0.1298-3.120;<br>2nd Trimester: 0.2749-2.652;<br>3rd Trimester : 0.3127-2.947 |

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**LABORATORY TEST REPORT**


| Patient Information |                             | Sample Information |                     | Location Information |  |
|---------------------|-----------------------------|--------------------|---------------------|----------------------|--|
| Name                | : Mrs. Akshata V Diddi .    | Lab Id             | : 082407500888      | Pt. Type             | : Sterling Hospital Vadodara Health Checkup      |
| Sex/Age             | : Female / 34 Y 03-Jul-1990 | Registration on    | : 09-Aug-2024 09:14 | Location             | : Main BNo./                                     |
| Ref. Id             | : 298355 / 2804951          | Collected at       | : SAWPL             | Approved on          | : 09-Aug-2024 10:55 Status : Final               |
| Ref. By             | : Dr. RMO . STERLING...     | Collected on       | : 09-Aug-2024 09:03 | Printed On           | : 09-Aug-2024 16:17                              |
|                     |                             | Sample Type        | : Serum             | Process At           | : 75 – Sterling Hospital, Race course (Vadodara) |

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**

Levels of TSH in pregnancy ( $\mu\text{IU/mL}$ ): First Trimester 0.1 - 2.5; Second Trimester 0.2 – 3.0; Third Trimester 0.3 – 3.0.

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

| TSH                       | T3/FT3                 | T4/FT4                 | Suggested interpretation of Thyroid function tests pattern   |
|---------------------------|------------------------|------------------------|--|
| Within range              | Decreased              | Within range           | Isolated low T3 often seen in elderly & associated Non-Thyroid illness. In elderly the drop in T3 level can be up to 25%.  |
| Raised                    | Within Range           | Within Range           | Isolated High TSH Especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability; Subclinical Autoimmune Hypothyroidism; Intermediate T4 therapy for hypothyroidism; Recovery phase after Non-Thyroidal illness. |
| Raised                    | Decreased              | Decreased              | Chronic Autoimmune Thyroiditis; Post thyroidectomy, post radioiodine; Hypothyroid phase of transient thyroiditis.  |
| Raised or within range    | Raised                 | Raised or within range | Interfering antibodies to thyroid hormones (anti-TPO antibodies); Intermediate T4 therapy of T4 overdose; Drug Interference-Amiodarone, Heparin, Beta blocker, steroids, anti-epileptics.  |
| Decreased                 | Raised or within range | Raised or within range | Isolated Low TSH – Especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness; Subclinical Hyperthyroidism; Thyroxine ingestion.  |
| Decreased                 | Decreased              | Decreased              | Central Hypothyroidism; Non-Thyroidal illness; Recent treatment for Hypothyroidism (TSH remains suppressed).   |
| Decreased                 | Raised                 | Raised                 | Primary Hyperthyroidism (Graves' disease), Multinodular goitre Toxic nodule; Transient thyroiditis: postpartum, Silent (lymphocytic), Post viral (granulomatous, subacute, DeQuervain'a) Gestational thyrotoxicosis hyperemesis gravidarum.                          |
| Decreased or within range | Raised                 | Within range           | T3 toxicosis; Non-Thyroidal illness.   |

**Reference:** Wallach's Interpretation of Diagnostic by Mary Williamson, 10th edition, 2015.


**Dr. C. Shrinivasan..**

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**LABORATORY TEST REPORT**


| Patient Information                 | Sample Information                  | Location Information  |
|-------------------------------------|-------------------------------------|---|
| Name : Mrs. Akshata V Diddi .       | Lab Id : 082407500888               | Pt. Type : Sterling Hospital Vadodara Health Checkup        |
| Sex/Age : Female / 34 Y 03-Jul-1990 | Registration on : 09-Aug-2024 09:14 | Location : Main BNo./                                       |
| Ref. Id : 298355 / 2804951          | Collected at : SAWPL                | Approved on : 09-Aug-2024 10:43 Status : Final              |
| Ref. By : Dr. RMO . STERLING...     | Collected on : 09-Aug-2024 09:30    | Printed On : 09-Aug-2024 16:17                              |
|                                     | Sample Type : Urine                 | Process At : 75 – Sterling Hospital, Race course (Vadodara) |

**MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE**
**URINE ROUTINE EXAMINATION**

| Test  | Result      | Unit | Biological Ref. Interval |
|---|-------------|------|--------------------------|
| <b>Physical &amp; Chemical (Dip strip) examination</b>    |             |      |                          |
| Colour  | Pale Yellow |      | Pale Yellow              |
| pH<br><i>Double Indicator</i>                             | 6.0         |      | 5.5 - 7.0                |
| Specific Gravity<br><i>Polyelectrolyte based reaction</i> | L 1.005     |      | 1.015 - 1.025            |
| Protein<br><i>Protein error of indicators</i>             | Absent      |      | Absent                   |
| Glucose<br><i>GOD-POD</i>                                 | Absent      |      | Absent                   |
| Ketone<br><i>Nitroprusside</i>                            | Absent      |      | Absent                   |
| Blood<br><i>Peroxidase like reaction</i>                  | Absent      |      | Absent                   |
| Bilirubin<br><i>Diazo reaction</i>                        | Absent      |      | Absent                   |
| Leucocytes<br><i>Esterase reaction</i>                    | Absent      |      | Absent                   |
| Nitrite<br><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  | Scanty      | /hpf |                          |
| Crystals  | Absent      |      | Absent                   |
| Casts   | Absent      |      | Absent                   |
| Bacteria  | Absent      |      | Absent                   |
| Amorphous Material  | Absent      |      | Absent                   |
| Yeast   | Absent      |      | Absent                   |

  
**Dr. C. Shrinivasan..**

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

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Histo / Cyto No : C4000690

**LABORATORY REPORT**



| Patient Information |  | Sample Information |                     | Client / Location Information |  |
|---------------------|--|--------------------|---------------------|-------------------------------|--|
| Name                | : Mrs. Akshata V Diddi .                         | Lab ID             | : 082407500888      | Client Name                   | : Sterling Hospital Vadodara Health Checkup Main |
| Sex/Age             | : Female /34 Years                               | Registered on      | : 09-Aug-2024 09:14 | Location                      | :  |
| Ref. Id             | :  | Collected at       | : non SAWPL         | Approved on                   | : 09-Aug-2024 15:44                              |
| Ref. By             | : Dr. RMO . STERLING...                          | Collected on       | : 09-Aug-2024 11:33 | Printed on                    | : 09-Aug-2024 16:17                              |
|                     |  | Sample Type        | : PAP Material      | Processed at                  | : 17 – Sterling Hospital, Bhayli (Vadodara)      |
| Branch              | : 75 – Sterling Hospital, Race course (Vadodara) |                    |                     |                               |  |

**CYTOPATHOLOGY**

\* **PAP Smear No. :**

P - 491/24

\* **Obstetric History :**

G2 P2 A0 L2

\* **Menstrual History :**

LMP : 12/7/24

\* **Per-Speculum Examination :**

NAD

\* **Per-Vaginal Examination :**

NAD

\* **Specimen Adequacy :**

Satisfactory for evaluation : Endocervical and Transformation Zone Absent.

\* :

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.

\* :

Moderate Acute Inflammation.

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

**Dr. Swati Gupta**  
MD (Path) DipRCPPath

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Race Course Road, Vadodara

Report Date: 09 Aug 2024 - 10:15 AM

|             |                      |              |                          |
|-------------|----------------------|--------------|--------------------------|
| Patient Id  | : RCR-298355         | Patient Name | : . AKSHATA V DIDI       |
| Age         | : 34Y 1M 6D          | Sex          | : Female                 |
| Ref. Doctor | : DR. RMO . STERLING | Study Date   | : 09 Aug 2024 - 10:05 AM |

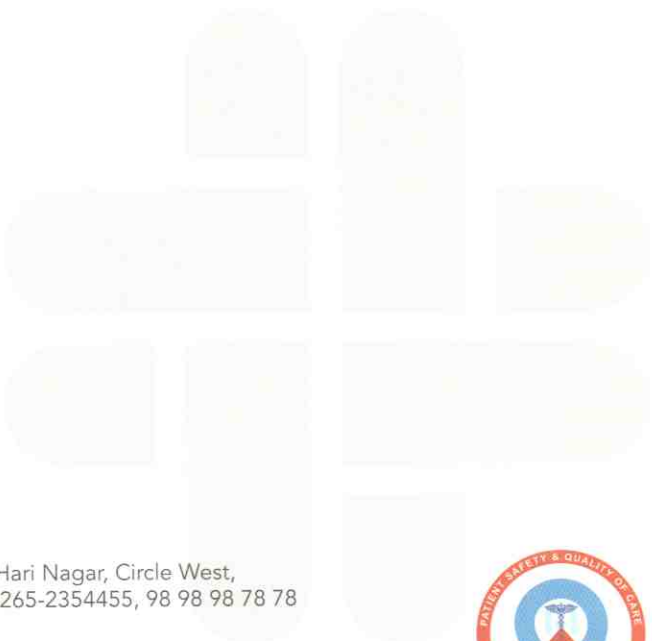
**X-RAY CHEST PA VIEW**

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.  
 B y thorax under vision appears normal.

**CONCLUSION:**

**No significant chest abnormality detected.**

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



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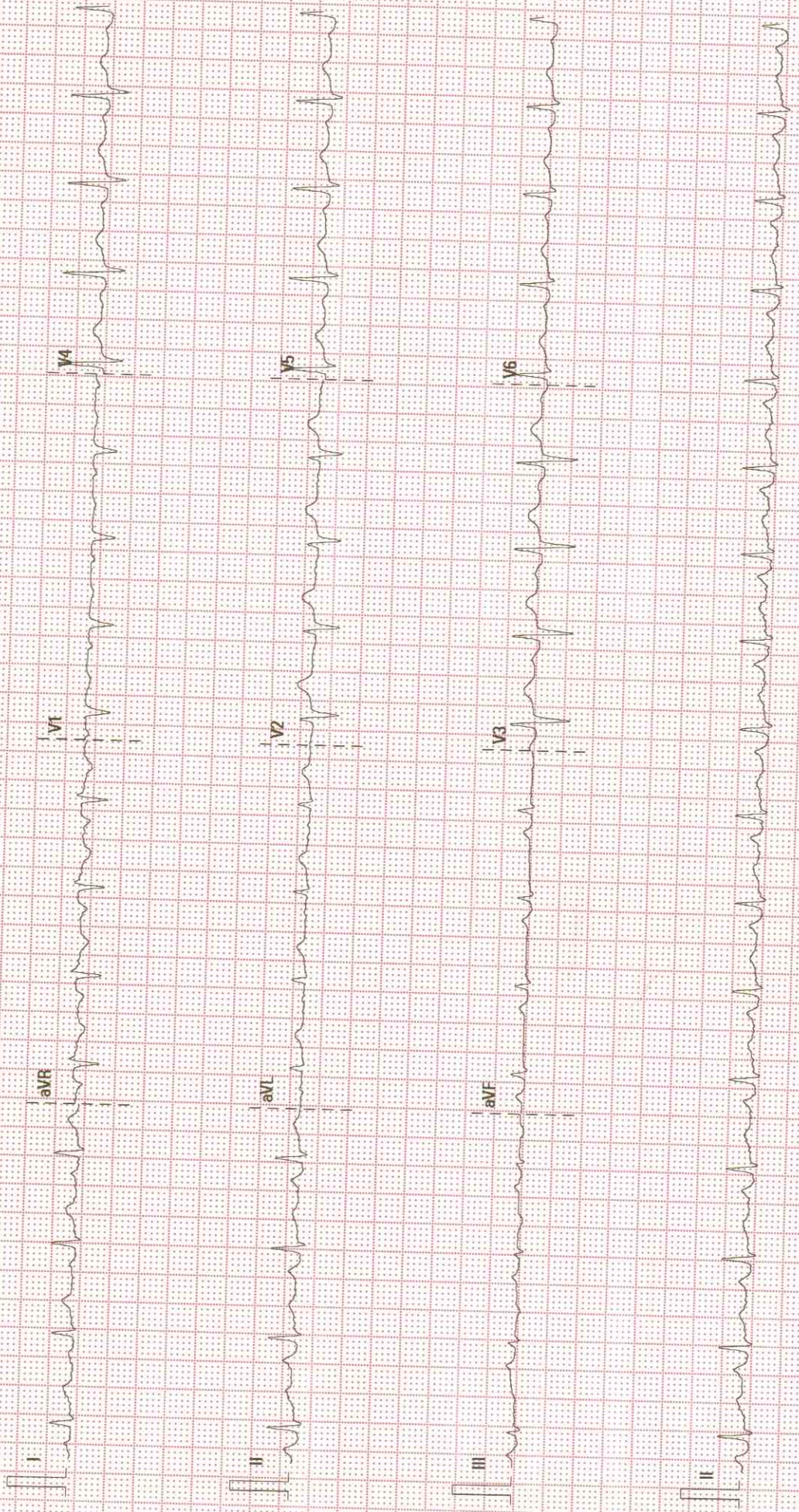
Name: WINS AKASHA V. V. DIDDI  
Age: 34 Years  
Gender: Female

Vent. Rate 99 bpm  
PR Interv 158 ms  
QRS Duration 84 ms  
QT/QTc Interval 342/410 ms  
P/QRS/T Axes 64/39/24 deg  
QTc: Hodges

Sinus rhythm  
Normal ECG

Unconfirmed Diagnosis

57-T 634



25 mm/s 10 mm/mV 50 Hz 6DR 20 Hz



# 2D ECHOCARDIOGRAPHY REPORT



Race Course Road, Vadodara

Name: Mrs. AKSHATA  
Age: 34 Years  
Sex: F  
Date: 09-Aug-2024

Ref By: HCP  
Study: 2D Echo

### M-MODE:

|     |      |       |         |
|-----|------|-------|---------|
| IVS | 09mm | LVDD  | 47mm    |
| PW  | 10mm | LVDS  | 31mm    |
| LA  | 35mm | LV EF | 55-60 % |

### DOPPLER STUDY:

|           |                  |
|-----------|------------------|
| MITRAL    | E 0.95    A 0.74 |
| AORTIC    | 1.25             |
| TRICUSPID | N                |
| PULMONARY | N                |

### CONCLUSION :

- NORMAL SIZED CHAMBERS
- NORMAL LV SYSTOLIC FUNCTION LVEF 55-60 %
- 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. KAUSHIK TRIVEDI MD**  
Consultant interventional Cardiologist

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SonoDoc 91-20-25443913





|             |                   |              |                          |
|-------------|-------------------|--------------|--------------------------|
| Patient Id  | : RCR-298355      | Patient Name | : . AKSHATA V DIDDI      |
| Age         | : 34Y 1M 6D       | Sex          | : Female                 |
| Ref. Doctor | : DR.RMO.STERLING | Study Date   | : 09 Aug 2024 - 09:13 AM |

**SONOGRAPHY OF WHOLE ABDOMEN: -**

**LIVER:** Liver appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicals appear normal. Portal vein is normal in caliber measuring 12.0 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 (9.9 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 10.7 x 4.2 cm

Left kidney measures 10.6 x 4.4 cm

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

**URINARY BLADDER:** Bladder is normally distended and appears unremarkable.

**UTERUS:** Uterus is anteverted & appears normal in size (9.0 x 4.8 x 4.0 cm), shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 9.5 mm. No evidence of intrauterine pregnancy or uterine mass lesion is seen.

**Adv: SOS TVS pelvis for better evaluation.**

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

No evidence of ascites, lymphadenopathy is seen.

Mild gaseous distention of bowel loops is seen.

**CONCLUSION:**

**No significant abdominal abnormality detected.**

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

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