



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodra

Name: JIGISHA P. AGRAWAL	
SH No: 300590	Date: 09/11/2024
Age: 29	Gender: FEMALE

ASSESSMENT:

- o C/O: SEASON CHANGES COUGH OCCURS , OCCASIONAL HEADACHE , OCCASIONAL DIZZINES DURING PERIODS , WHITE PRODUCTIVE COUGH , REDUCED DAYS OF BLEEDING DURING PERIODS
- o P/H/O HOSPITALIZATION: TYPHOID(2010)(15 DAYS)
- o F/H/O: HYPERTENSION (FATHER)
- o DENTAL ASSESSMENT: CHRONIC GENERALISED GINGIVITIS
- o LOW HB(9.9) , LOW HEMATOCRIT(32.6), LOW MCV(75.7), LOW MCH(23), LOW MCHC(30.4) , HIGH RDW CV(16.60)
- o HIGH ESR(41)
- o BORDERLINE HIGH FBS(101)
- o LOW BLOOD UREA NITROGEN (6.07), LOW SERUM UREA(13), LOW SERUM CREATININE(.50)
- o LOW A/G RATIO(1.27)
- o URINE R/M: LOW SPECIFIC GRAVITY(1)
- o ECG:T INVERSION IN L3

ADVISED:

- o PLENTY OF LIQUIDS
- o IRON RICH DIET
- o AVOID OUT SIDE FOOD AND WATER
- o REGULAR EXERCISE.
- o CORRECTION OF ANAEMIA AND WORK UP
- o OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- o DENTAL ADVICE : FOLLOW ADVICE
- o GYNAC CONSULTATION
- o PHYSICIAN CONSULTATION

Sterling AddLife India Limited  
Unit - Sterling Hospital Vadodra  
Race Course Road, (West)  
Vadodra - 390 007.

DR. JAY S PANDIT

Prevention & Rehabilitation Dept





HEALTH CHECK UP  
MEDICAL EXAMINATION

Name: Sigobha P. Agarwal Employee ID: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Age: 29 Sex: M/F  
Height: 161 cms. Weight: 60.7 Kgs BMI: 23.4 Blood Group: \_\_\_\_\_  
Name of HO / Registrar taking History: Dr Jay S Parikh

Allergies: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes (If Yes, describe)	
Drugs/Food/Latex/Dyes/Contrast/Other .....	Reaction
1. _____	_____
2. _____	_____
3. _____	_____

Chief Complaints: 1/ clo. recurrent chest cough.

Physical Examination :

Vital Signs :  
Temp: 37.6 F SPO<sub>2</sub>: 99 Pulse: 91 /min R/R: 18 /min B.P.: 100/70 mm Hg

Past History :

If Hypertension, since On Medication 1) _____ 2) _____ 3) _____	If Diabetes, since On Medication 1) _____ 2) _____ 3) _____
If Ischaemic Heart Disease since On Medication 1) _____ 2) _____ 3) _____	Under Treatment Dr. _____
Under Treatment of Dr. _____	If Tuberculosis, When _____
Any Intervention done _____	Any Other P/H _____
P/H of Operation Diagnosis: _____ Name of Operation: _____ Year of Operation: _____	Any Other Medication _____
Others _____	P/H of Hospitalization Diagnosis: <u>4 strokes</u> Year: <u>2013</u> Duration: <u>15 days</u> Blood Transfusion History: Yes <input checked="" type="checkbox"/> No 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 <u>Yes</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 :**

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>Good</u>	Drugs	Yes/No <u>No</u>	since ..... / ..... (freq.)
Micturition	<u>Good</u>	Tobacco	Yes/No <u>No</u>	since ..... / ..... (freq.)
Bowel Habits	<u>Good</u>	Any other habit		

**FOR FEMALES :**

 Obstetric History : L.O. h.m.p. 26/10/2024  
 Abortion : .....  
 Others : .....

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

**General Examination :**
**Head :**  NSF OC Headache

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

**Eyes :**  NSF clears for distant vision, no blurring

- 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

*OC. done periodically*

Respiratory :  NSF

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

Cardiovascular :  NSF

- Chest discomfort  Yes  No
- Oedema  Yes  No location : .....  Pitting  Non-pitting

Extremities-Musculoskeletal :  NSF

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

Gastrointestinal :  NSF

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

**Bowel**

- Diarrhoea  Constipation  Incontinence  Blood in stool  None
- Pain  Yes  No Place .....
- Hemorrhoids  Yes  No
- Frequency of stool 3 times/day
- Interventions :  None • laxatives  Yes  No Type ..... Frequency .....

*3 NAD*

**Genitorurinary :**  NSF

 Colour of Urine Pale yellow Frequency Steady

 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

 Foley's 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

*produced discharge  
of menes like  
bleeding days  
etc*

**Breasts**  NA  NSF

 Breast Feeding  Yes  No Lumps  Yes  No

**Positive Finding & Advice**

.....

.....

.....

.....

Sterling Adlife India Limited

Hospital Varadwaj

Course Clinic, (West)

2008 A 290 007.

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


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OPHTHALMIC CHECK-UP

SIGNIFICANT HISTORY:

PAST HISTORY:

Refractive Error: *Yes*

Any Surgery:

Color Blind:

Diabetes:

Hypertension:

Any Treatment:

EXAMINATION OF EYES:

Right Eye:

Left Eye:

Distant Vision without Glasses: *1*

Distant Vision with Glasses: *5*

Near Vision without Glasses: *1*

Near Vision with Glasses: *5*

Intraocular Pressure: *12*

Anterior Segment: *++*

Fundus: *++*

PRESCRIPTION OF GLASSES:

	RIGHT			LEFT		
	Sphere	Cylinder	Axis	Sphere	Cylinder	Axis
Distant	<i>-4.25</i>	<i>-0.25</i>	<i>75°</i>	<i>-3.25</i>	<i>-0.5</i>	<i>90°</i>
Near	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>

Type of glass: *As needed*

ADVICE:

**Sterling Addlife India Limited**  
Unit-Sterling Hospital Vadodara  
Race Course Circle, (West)  
**VADODARA - 390 007.**

**DR MAYA PATEL**  
(OPHTHALMOLOGIST)



Dr. Sonica Peshin

Senior Cosmetic dentist and Implantologist,

A-6966

Email: [thespeakingtooth@gmail.com](mailto:thespeakingtooth@gmail.com)

Phone: 9586867301



09/11/2024 Race Course Road, Vadodara

## Dental Assessment Form

Name: Jigisha P Agrawal

Age/Sex: 29 years/Female

UHID No: 300590

Patient has come for a regular check up.

### On examination:

- Calculus+
- Dental caries with pulp involvement in grossly destructed tooth with respect to 16
- Crowding and forwardly inclined upper and lower anteriors seen
- Mild recession seen

### Provisional diagnosis:

- Chronic generalized gingivitis

### Treatment plan:

- RCT followed by post and core and crown with respect to 16
- Orthodontic consultation for correction of crowding in anteriors

### Advise:

- Follow vertical brushing technique.
- Salt water rinses atleast once a day.
- Brush your teeth twice daily.
- Clean your tongue twice daily.

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Unit-Sterling Hospital Vadodra,  
Race Course, (West)  
Vadodra - 390007.  
Dr Sonica Peshin

Sterling Hospital, Race Course Road  
Opp. Inox Cinema Hari Nagar, Circle West, Vadodara - 390007, Gujarat  
Call: 0265-6144111, 0265 2354455, 98 98 98 76 78

Sterling Addlife India Pvt. Ltd, Regd Off.: Memnagar, Ahmedabad- 380052, Gujarat, India  
[www.sterlinghospitals.com](http://www.sterlinghospitals.com) | [info@sterlinghospital.com](mailto:info@sterlinghospital.com)

CIN# U85110GJ2000PTC039121



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Passport No :

**LABORATORY TEST REPORT**


Patient Information		Sample Information		Location Information	
Name	: Ms. Jigisha Prakashchandra Agrawal	Lab Id	: 112407500786	Pl. Type	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Female / 29 Y 22-Apr-1995	Registration on	: 09-Nov-2024 08:47	Location	: BNoJ
Ref. Id	: 300590 / 2817533	Collected at	: SAWPL	Approved on	: 09-Nov-2024 13:04 Status Interim
Ref. By	: Dr. RMD . STERLING...	Collected on	: 09-Nov-2024 08:50	Printed On	: 09-Nov-2024 13:43
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadodar

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

Test	Result	Unit	Biological Ref. Interval
Hemoglobin	L 9.9	g/dL	12.0 - 16.0
RBC Count	4.30	million/cmm	3.8 - 4.8
Hematocrit	L 32.6	%	36 - 48
MCV	L 75.7	fL	83 - 101
MCH	L 23.0	pg	26.4 - 33.2
MCHC	L 30.4	g/dL	31.8 - 35.9
RDW CV	H 16.60	%	11.5 - 14

**Total WBC and Differential Count**

WBC count	Result	Unit	Biological Ref. Interval
WBC count	4970	/cmm	4000 - 10000

Differential Count	Result	Unit	Biological Ref. Interval	Absolute Count
Neutrophils	55	%	40 - 80	2734 /cmm 2000 - 6700
Lymphocytes	31	%	20 - 40	1541 /cmm 1000 - 3000
Eosinophils	06	%	1 - 6	298 /cmm 20 - 500
Monocytes	08	%	2 - 10	398 /cmm 200 - 1000
Basophils	0	%	0 - 2	0 /cmm 0 - 100

**Platelet Count**

Platelet Count	Result	Unit	Biological Ref. Interval
Platelet Count	354000	/cmm	150000 - 410000
MPV	10.30	fL	7.5 - 10.3

**Peripheral Smear Examination**

RBC Morphology: Microcytic Hypochromic.  
 Platelets Morphology: Platelets are adequate on Smear

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 Consultant Pathologist

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Sex/Age	: Female / 29 Y 22-Apr-1995	Registration on	: 09-Nov-2024 08:47	Location	: BNoJ
Ref. Id	: 300590 / 2817533	Collected at	: SAWPL	Approved on	: 09-Nov-2024 13:04 Status : Interim
Ref. By	: Dr. RMD . STERLING...	Collected on	: 09-Nov-2024 08:50	Printed On	: 09-Nov-2024 13:43
		Sample Type	: EDTA blood	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	H 41	mm/hr	0 - 21

**Differential Count**
**Absolute Count**


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Email: pathology@sterlinghospitals.com | Website: www.sterlinghospitals.com / www.sterlingaccuris.com



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**LABORATORY TEST REPORT**


Patient Information		Sample Information		Location Information	
Name	: Ms. Jigisha Prakashchandra Agrawal	Lab Id	: 112407500786	PL Type	: Sterling Hospital Vadodera Health Checkup Main
Sex/Age	: Female / 29 Y 22-Apr-1995	Registration on	: 09-Nov-2024 08:47	Location	: BNUJ
Ref. Id	: 300590 / 2817533	Collected at	: SAWPL	Approved on	: 09-Nov-2024 12:26 Status: Interim
Ref. By	: Dr. RMO. STERLING...	Collected on	: 09-Nov-2024 08:50	Printed On	: 09-Nov-2024 13:43
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadodera)

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

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


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Patient Information		Sample Information		Location Information	
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Sex/Age	: Female / 29 Y 22-Apr-1995	Registration on	: 09-Nov-2024 08:47	Location	: BNoJ
Ref. Id	: 300590 / 2817533	Collected at	: SAWPL	Approved on	: 09-Nov-2024 10:35 Status: Interim
Ref. By	: Dr. RMO : STERLING..	Collected on	: 09-Nov-2024 08:50	Printed On	: 09-Nov-2024 13:43
		Sample Type	: Serum, Urine	Process At	: 75 - Sterling Hospital, Race course (Vedodera)

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

Test	Result	Unit	Biological Ref. Interval
<b>Fasting Blood Glucose</b> <small>GGP-PDD</small>	H 101.0	mg/dL	74 - 100
<b>Fasting Urine Glucose</b> <small>GGU-PDD</small>	Absent		Absent
<b>Fasting Urine Ketone</b> <small>WOPHUSKLE</small>	Absent		Absent

	Fasting Blood Glucose*	Postprandial Blood Glucose #	Random Blood Glucose
Normal	<100 mg/dL	<140 mg/dL	<140 mg/dL
Prediabetic	100 - 125 mg/dL	140 - 199 mg/dL	140 - 199 mg/dL
Diabetic	≥126 mg/dL	≥/h 200 mg/dL	≥/h 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) ≥ 126 mg/dL
2. Two-hour blood glucose (2-h OGTT) = 200 mg/dL
3. HbA1c values (A1c) ≥ 6.5%
4. Random plasma glucose ≥ 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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Patient Information		Sample Information		Location Information	
Name	: Ms. Jigisha Prakashchandra Agrawal	Lab Id	: 112407500786	PL Type	: Sterling Hospital Vadodara Health Chadrup Main
Sex/Age	: Female / 29 Y 22-Apr-1995	Registration on	: 09-Nov-2024 08:47	Location	: BNo./
Ref. Id	: 300590 ; 2817533	Collected at	: SAWPL	Approved on	: 09-Nov-2024 12:19 Status : Interim
Ref. By	: Dr. RMO - STERLING...	Collected on	: 09-Nov-2024 11:15	Printed On	: 09-Nov-2024 13:43
		Sample Type	: Fluoride	Process At	: 75 - Sterling Hospital, Race course (Vadodara)

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

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <small>ED-POD</small>	95	mg/dL	70 - 140
Post-breakfast Urine Glucose <small>GD-POD</small>	Absent		Absent
Post Breakfast Urine Ketone <small>Miprosalic</small>	Absent		Absent


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Sex/Age	Female / 29 Y 22-Apr-1995	Registration on	09-Nov-2024 08:47	Location	Main BNo.1
Ref. Id	300560 / 2817533	Collected at	SAWPL	Approved on	09-Nov-2024 11:46 Status: Interim
Ref. By	Dr. RMO, STERLING...	Collected on	09-Nov-2024 08:50	Printed On	09-Nov-2024 13:43
		Sample Type	EDTA 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	5.60	%	For Screening: Diabetes: $\geq 6.5\%$ ; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	114.02	mg/dL	For Diabetic Patient: Poor Control : $> 7.0\%$ ; Good Control : 6.0-7.0%

**Description:**

- Total hemoglobin 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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# Patient report

# Sterling HOSPITALS

Bio-Rad DATE: 09/11/2024

D-10 TIME: 11:10 AM

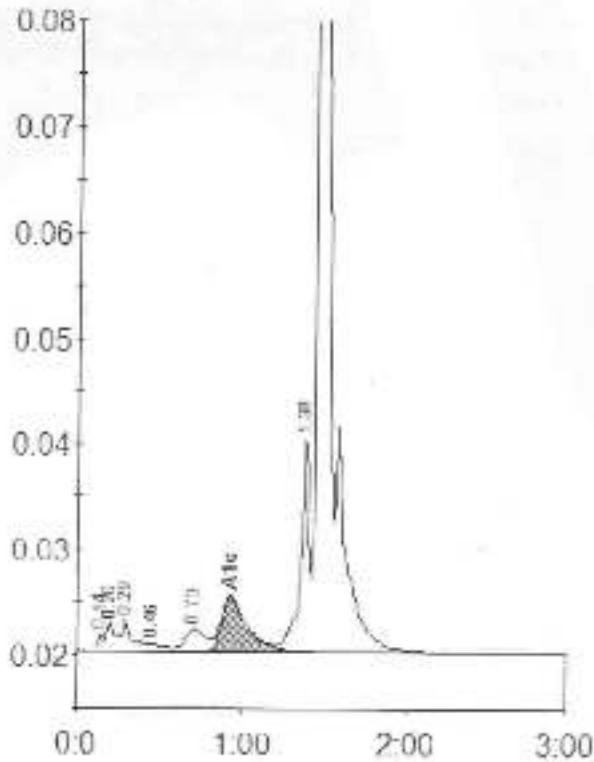
S/N: #DJ8G550303 Software version: 4.30-2

Sample ID: 112407500786

Injection date: 09/11/2024 11:10 AM

Injection #: 5 Method: HbA1c

Rack #: --- Rack position: 5



Peak table - ID: 112407500786

Peak	R.time	Height	Area	Area %
Unknown	0.14	1666	3919	0.3
A1a	0.20	2761	10814	0.9
A1b	0.29	2999	12980	1.0
F	0.46	694	4740	0.4
LA1c/CHb-1	0.70	2166	19698	1.6
A1c	0.93	5166	54797	5.6
P3	1.38	20389	76631	6.1
A0	1.45	381219	1075254	85.4
Total Area:		1258833		

Concentration:	%
A1c	5.6





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Sex/Age	: Female / 29 Y 22-Apr-1996	Registration on	: 09-Nov-2024 09:47	Location	: BNo/
Ref. Id	: 300590 / 2817533	Collected at	: SAWPL	Approved on	: 09-Nov-2024 10:35 Status: Interim
Ref. By	: Dr. RMD - STERLING...	Collected on	: 09-Nov-2024 08:50	Printed On	: 09-Nov-2024 13:43
		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> <small>Cholesterol (total) - Potaklass</small>	162.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
<b>Triglyceride</b> <small>Triglyceride (Lipase) (F/WP) (G)</small>	83.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
<b>HDL Cholesterol</b> <small>HDL-C (G)</small>	40.0	mg/dL	Low : <40.0 High : >60.0
<b>Direct LDL</b> <small>Direct LDL (G)</small>	99.00	mg/dL	Optimal : <100 Near to above Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High : >190
<b>VLDL</b> <small>VLDL (G)</small>	16.60	mg/dL	15 - 35
<b>CHOL/HDL Ratio</b> <small>CHOL/HDL Ratio (G)</small>	4.0		Up to 5.0
<b>dLDL/HDL Ratio</b> <small>dLDL/HDL Ratio (G)</small>	2.5		Up to 3.5

  
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Consultant Pathologist

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**LABORATORY TEST REPORT**


Patient Information		Sample Information		Location Information	
Name	: Ms. Jigisha Prakashchandra Agrawal	Lab Id	: 112407500786	Pt. Type	: Sterling Hospital Vadodra Health Checkup Main
Sex/Age	: Female / 29 Y 22-Apr-1995	Registration on	: 08-Nov-2024 08:47	Location	: BNo.7
Ref. Id	: 300590 / 2817533	Collected at	: SAWPL	Approved on	: 09-Nov-2024 10:31 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 09-Nov-2024 08:50	Printed On	: 09-Nov-2024 13:43
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodra)

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

Test	Result	Unit	Biological Ref. Interval
<b>Uric Acid</b> <small>Uric acid</small>	3.30	mg/dL	2.5 - 6.2
<b>Blood Urea Nitrogen</b> <small>Calculated</small>	L 6.07	mg/dL	7.0 - 17.0
<b>Urea</b> <small>Urea, Creatinine</small>	L 13.0	mg/dL	15.0 - 36.4
<b>Creatinine, serum</b> <small>Creatinine, Serum</small>	L 0.50	mg/dL	0.52 - 1.04
<b>BUN Creatinine Ratio</b> <small>Calculated</small>	12.14		
<b>Urea Creatinine Ratio</b> <small>Calculated</small>	26.00		


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**LABORATORY TEST REPORT**


Patient Information		Sample Information		Location Information	
Name	: Ms. Jigisha Prakashchandra Agrawal	Lab Id	: 112407500786	Pt. Type	: Sterling Hospital Vadocara Health Checkup Main
Sex/Age	: Female / 29 Y 22-Apr-1995	Registration on	: 09-Nov-2024 08:47	Location	: BNo.1
Ref. Id	: 300590 , 2917533	Collected at	: SAWPL	Approved on	: 09-Nov-2024 10:39 Status : Interim
Ref. By	: Dr. RMD - STERLING..	Collected on	: 08-Nov-2024 08:50	Printed On	: 09-Nov-2024 13:43
		Sample Type	: Serum	Process At	: 76 - Sterling Hospital, Race course (Vadocara)

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

Test	Result	Unit	Biological Ref. Interval
<b>ALT (SGPT)</b> <small>UV with POF, IFCC</small>	28.0	U/L	0 - 35
<b>AST (SGOT)</b> <small>UV with POF</small>	29.0	U/L	14 - 36
<b>GGT (Gamma Glutamyl Transferase)</b> <small>UV-Glutamyl p-nitroanilide</small>	12.0	U/L	12 - 43
<b>Alkaline Phosphatase</b> <small>ASPP, AMP Buffer, IFCC</small>	59.0	U/L	38 - 126
<b>Total Bilirubin</b> <small>AccuBilir chromophotoc</small>	0.40	mg/dL	0.2 - 1.3
<b>Conjugated Bilirubin</b> <small>Catalytic Microdot Binding</small>	0.10	mg/dL	0.0 - 0.3
<b>Unconjugated Bilirubin</b> <small>Catalytic Microdot Binding</small>	0.10	mg/dL	0.0 - 1.1
<b>Delta Bilirubin</b> <small>Calculated</small>	0.20	mg/dL	0.0 - 0.2
<b>Total Protein</b> <small>Biuret method at 37°C in samples</small>	7.50	g/dL	6.3 - 8.2
<b>Albumin</b> <small>Bromocresol Green Method</small>	4.20	g/dL	3.5 - 5.0
<b>Globulin</b> <small>Calculated</small>	3.30	g/dL	2.3 - 3.5
<b>A/G Ratio</b> <small>Calculated</small>	L 1.27		1.3 - 1.7



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**LABORATORY TEST REPORT**


Patient Information		Sample Information		Location Information	
Name	: Ms. Jigisha Prakashchandra Agrawal	Lab Id	: 112407500786	Pt. Type	: Sterling Hospital Vadodra Health Checkup Main
Sex/Age	: Female / 29 Y 22-Apr-1995	Registration on	: 09-Nov-2024 08:47	Location	: BNo./
Ref. Id	: 300593 , 2817533	Collected at	: SAWPL	Approved on	: 09-Nov-2024 10:39 Status : Interim
Ref. By	: Dr. RMO , STERLING...	Collected on	: 09-Nov-2024 08:53	Printed On	: 09-Nov-2024 13:43
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodra)

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

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <small>CLIA</small>	1.55	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <small>CLIA</small>	9.90	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <small>Chemiluminescence</small>	1.5430	µIU/mL	Non-Pregnant Women: 0.4001-4.049; Pregnant Woman: 1st Trimester: 0.1298-3.120; 2nd Trimester: 0.2749-2.652; 3rd Trimester: 0.3127-2.947

  
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Patient Information		Sample Information		Location Information	
Name	Ms. Jigisha Prakashchandra Agrawal	Lab Id	112407500786	PL Type	Sterling Hospital Vadodara Health Checkup Main
Sex/Age	Female / 29 Y 22-Apr-1995	Registration on	08-Nov-2024 08:47	Location	BNo./
Ref. Id	300590 / 2617533	Collected at	SAWPL	Approved on	09-Nov-2024 10:39 Status Interim
Ref. By	Dr. RMO., STERLING...	Collected on	09-Nov-2024 08:50	Printed On	09-Nov-2024 13:43
		Sample Type	Serum	Process At	76 - Sterling Hospital, Race course (Vadodar


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

Levels of TSH in pregnancy (µIU/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's) Gestational thyrotoxicosis hyperemesis gravidarum.
Decreased or within range	Raised	Within range	T3 toxicosis; Non-Thyroidal illness.

Reference: Woitch's Interpretation of Diagnostic by Mary Williamson, 20th edition, 2015.

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

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**LABORATORY TEST REPORT**


Patient Information		Sample Information		Location Information	
Name :	<b>Ms. Jigisha Prakashchandra Agrawal</b>	Lab Id :	<b>112407500786</b>	Pl. Type :	Sterling Hospital Vadodara Health Checkup
Sex/Age :	<b>Female / 29 Y 22-Apr-1995</b>	Registration on :	<b>09-Nov-2024 08:47</b>	Location :	Main BNo.7
Ref. Id :	<b>300590 / 2817533</b>	Collected at :	<b>SAWPL</b>	Approved on :	<b>09-Nov-2024 10:51</b> Status: Interim
Ref. By :	<b>Dr. RMO, STERLING...</b>	Collected on :	<b>09-Nov-2024 08:50</b>	Printed On :	<b>09-Nov-2024 13:43</b>
		Sample Type :	<b>Urine</b>	Process At :	<b>75 - Sterling Hospital, Race course (Vadodra)</b>

**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 <i>Double indicator</i>	6.0		5.5 - 7.0
Specific Gravity <i>Polychrome based reaction</i>	1.000		1.015 - 1.025
Protein <i>Protein error of indicators</i>	Absent		Absent
Glucose <i>GDH-PAP</i>	Absent		Absent
Ketone <i>Althausen's</i>	Absent		Absent
Blood <i>Chemical-Ab reaction</i>	Absent		Absent
Bilirubin <i>Diazo reaction</i>	Absent		Absent
Leucocytes <i>Esterase reaction</i>	Absent		Absent
Nitrite <i>o-toluidine acid to diazonium coupling</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

End Of Report

  
 Dr. C. Shrinivasan..

 M.D [ Pathology ][G-18341]  
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Report Date: 09 Nov 2024 - 10:12 AM

Patient Id	: RCR-300590	Patient Name	: AGRAWAL JIGISHA PRAKASHCHANDRA
Age	: 29Y 6M 18D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 09 Nov 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.  
Chest cavity thorax under vision appears normal.

**CONCLUSION:**

No significant chest abnormality detected.

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

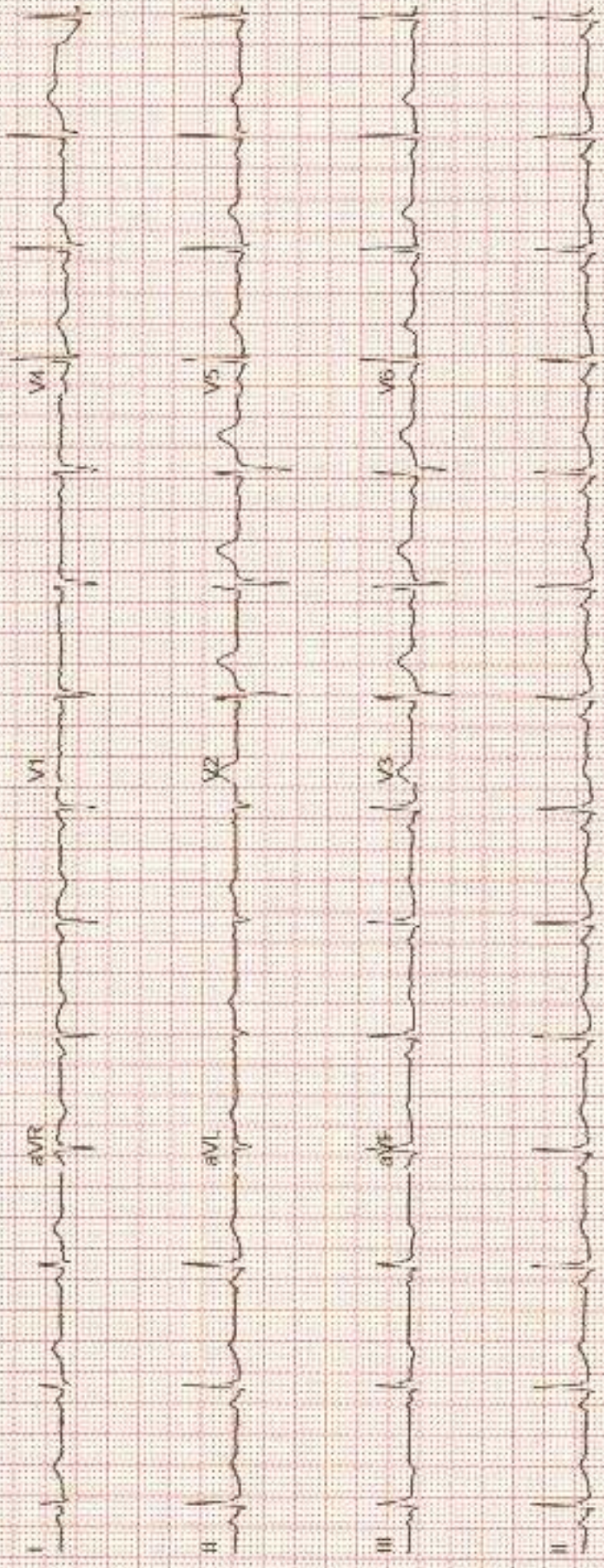


TR43

Female

39 Years

QRS  
 QT / QTc Baz 376 / 436 ms  
 PR p 124 ms  
 104 ms  
 RR / PP 736 / 740 ms  
 P / QRS / T 49 / 67 / 28 degrees





Patient Id	: RCR-300590	Patient Name	: AGRAWAL JIGISHA PRAKASHCHANDRA
Age	: 29Y 6M 18D	Sex	: Female
Ref. Doctor	: DR.RMO.STERLING	Study Date	: 09 Nov 2024 - 10:12 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 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 (4.1 mm).

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

**SPLEEN:** Spleen is normal in size & shows normal 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 11.9 x 4.3 cm

Left kidney measures 11.4 x 4.9 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, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 7.2 mm. No evidence of intrauterine pregnancy or uterine mass lesion is seen.

**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



DATE: 12/11/1971  
 ID: 000300599

23 years  
 Female

Referred by: HOP  
 Test Ind:

BRIDGE  
 Max HR: 189 bpm 93% of max predicted (191 bpm)  
 Max BP: 120/90  
 Resolved by: Termination: BRACHYCARD  
 Comments: GOOD EXERCISE TOLERANCE  
 NORMAL HR AND BP RESPONSE  
 NO EVIDENCE OF ARRHYTHMIAS  
 NO ST-TGHANGES SEEN DURING EXERCISE OR RECOVERY  
 TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA  
 DR. NAUSHIK TRIVEDI, CARDIOLOGIST

320 bpm's  
 100 mmHg

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	HR/100
EXERCISE	STAGE 1	0:00	1.5	10%	100	120/80	1.00
	STAGE 2	0:30	2.5	12%	127	130/80	1.27
	STAGE 3	2:30	3.5	14%	182	130/80	1.82
REST	STAGE 1	1:00	0.5	0%	94	120/80	0.94
	STAGE 2	0:20	0.5	0%	91	120/80	0.91
	STAGE 3	0:40	0.5	0%	103	120/80	1.03

*Dr. Naushik Trivedi*