



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name:MR JAYDIP KHANT	
SH No: 298382	Date:10 08 2024
Age: 30	Gender:MALE

ASSESSMENT:

- o C/O:RIGHT SIDED ABDOMINAL PAIN WITH DDARK YELLOW URINE,LOSS OF APETITE
- o P/A: LIVER PALPABLE
- o LOW HB(9.9),RBC COUNT(3.79 MILLION/CMM),BORDERLINE LOW HEMATOCRIT(29.6),LOW MCV(78.2),LOW MCH(26.2),HIGH WBC COUNT(12570/CMM)
- o HIGH ESR(34)
- o HIGH FBS(111),FASTING URINE GLUCOSE:PRESENT(+)
- o HIGH TRIGLYCERIDE(228),LOW HDL CHOLESTEROL(14),NEAR TO ABOVE OPTIMAL(119),HIGH VLDL(45.60), BORDERLINE HIGH CHOL/HDL RATIO(12.5),HIGH DLDL/HDL(8.5)
- o LOW BLOOD UREA NITROGEN(5.61),LOW UREA(12),LOW SERUM CREATININE(.50)
- o HIGH SGPT(69),HIGH SGOT(432),HIGH GGT(1295),HIGH ALKALINE PHOSPHATSE(283),HIGH TOTAL BILIRUBIN(5.10),HIGH CONJUGATED BILIRUBIN(1.70),HIGH UNCONJUGATED BILIRUBIN(i.50),HIGH DELTA BILIRUBIN(1.90),HIGH TOTAL PROTEIN(8.50),HIGH GLOBULIN (4.90),LOW A/G RATIO(.73)
- o HIGH TOTAL THYROXINE(18.70),HIGH TSH (5.4050)
- o URINE R/M: PROTEIN:PRESENT(+++),KETONE:PRESENT(+),BILIRUBIN(+++),BILE SALTS(PRESENT),NITRITE:PRESENT,PUS CELLS(8-10)
- o ECG: LEFT AXIS
- o 2D ECHO : MILD MR,MILD TR
- o USG ABDOMEN AND PELVIS :HEPATOMEGALY WITH MODERATE FATTY INFILTRATION OF LIVER,SPLENOMEGALY,MILD ASCITES IS SEEN IN PARAQCOLIC REGION & IN PELVIS(150-200 CC)

ADVISED:

- o PLENTY OF LIQUIDS
- o ANTI DIABETIC,LOW FAT DIET & IRON RICH DIET
- o AVOID OUT SIDE FOOD AND WATER
- o CORRECTION OF ANAEMIA AND WORK UP
- o REGULAR BLOOD SUGAR MONITORING AND CONTROL
- o REPEAT LIPID PROFILE AFTER 3 MONTH
- o OPHTHALMOLOGIST ADVICE: FOLLOW ADVICE
- o DENTAL ADVICE : RESTORATION, SCALING
- o ENT ADVICE:FOLLOW ADVICE
- o PHYSICIAN CONSULTATION

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

DR.JAY S PANDIT

Prevention & Rehabilitation Dept

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





HEALTH CHECK UP
MEDICAL EXAMINATION

Name : Jaydeep Khant Employee ID :
Company Name : Age : 30 Sex : M/F
Height : 170 cms. Weight : 61.5 Kgs BMI : 21.3 Blood Group :
Name of HO / Registrar taking History : Dr Ankita

Allergies : None Yes (If Yes, describe)

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

Chief Complaints :
Right sided abdominal pain
Dark yellow urine ; loss of appetite
No fever ; pedal edema

Physical Examination :

Vital Signs :

Temp : N ° F SPO2 : 99 Pulse : 112 /min R/R : 18 /min B.P. : 100/70 mm Hg

Past History :

If Hypertension, since NO
On Medication 1) 2) 3)
If Ischaemic Heart Disease since
On Medication 1) 2) 3)
Under Treatment of Dr.
Any Intervention done
P/H of Operation
Diagnosis :
Name of Operation :
Year of Operation :
Others :
If Diabetes, since
On Medication 1) 2) 3)
Under Treatment Dr.
If Tuberculosis, When
Any Other P/H
Any Other Medication
P/H of Hospitalization
Diagnosis :
Year :
Duration :
Blood Transfusion History : Yes /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	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	- N	Smoking	Yes/No	since...../..... per day
Appetite	Decreased	Alcohol	Yes/No	since 15 yrs / 15-20 ml / 15 days (freq.)
Sleep		Drugs	Yes/No	since...../..... (freq.)
Micturition		Tobacco	Yes/No	since 15 yrs / 3-4 pkts / day (freq.)
Bowel Habits	N	Any other habit		

FOR FEMALES :

Obstetric History : L.D.....
 Abortion :
 Others :

General Examination :

- Anemia Cyanosis Jaundice Generalized lymphadenopathy Pedal oedema

General Examination :

Jaundice
 P.A. - Liver - palpable

Head : NSF

Injuries (Specify if any) :

Eyes : NSF

- Vision : Normal Blurred Double Colour Blind
- Pupils : Normal Abnormal
- Other : Inflammation Pain Itching Discharge No complaint

Remarks (if any) :

Ears : NSF

- Deaf Yes No • Pain Yes No • Discharge Yes No
- Dizziness Yes No

Nose : NSF

- Nosebleed Yes No • Congestion Yes No • Sinus problem Yes No

Mouth : NSF

- Lesion Yes No
- Dental Hygiene Good Poor Bleeding gums Yes No
- Sense of taste Yes No

Throat/Neck : NSF

- Swollen glands Yes No
- Stiffness Yes No
- Dysphagia Yes No

SYSTEMIC EXAMINATION

Neurological : NSF

- Headache Yes No
- Memory changes Yes No
- Dizziness Yes No
- Syncope Yes No
- Seizures Yes No
- Paralysis Yes No if yes R L
- Cooperative Yes No
- Anxiety Yes No
- Depression Yes No
- Suicidal attempt Yes No
- Any psychiatric illness _____
- Oriented Yes No if disoriented, to Person Place Time
- Reaction: Brisk Sluggish No response
- LOC : Alert Confused Sedated
- Speech : Clear Slurred

Respiratory : NSF

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

Cardiovascular : NSF

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

Extremities-Musculoskeletal : NSF

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

Gastrointestinal : NSF

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

Bowel

- Diarrhoea Constipation Incontinence Blood in stool None
- Pain Yes No Place Hemorrhoids Yes No
- Frequency of stool on ce.....
- Interventions : None • Laxatives Yes No Type Frequency

Genitorurinary : NSF

Colour of Urine Dark yellow Frequency _____
 Pain Yes No Burning Yes No Itching Yes No
 Urgency Yes No Incontinence Yes No
 Nocturia Yes No Urostomy Yes No
 History of calculi Yes No History of UTI Yes No
 Foleys Catheter Yes No Date of Insertion _____

Reproductive : NA NSF

LMP _____ Regular / Irregular _____
 Dysmenorrhea Yes No Amenorrhea Yes No if yes, Duration _____
 Menopausal Yes No if yes, Duration _____
 Vaginal discharge Yes No Itching Yes No

Breasts NA NSF
 Breast Feeding Yes No Lumps Yes No

Positive Finding & Advice
Adv: Stop alcohol & tobacco consumption.

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Sign and Stamp of Medical Officer

Sterling Hospital
Racecourse Road

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992 444 9972
0265 - 61 44 111

Sterling Hospital
Bhayli

EMERGENCY HELPLINE

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0265 - 61 23 333

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OPHTHALMIC CHECK-UP

SIGNIFICANT HISTORY:

PAST HISTORY:

Refractive Error:

Any Surgery:

Color Blind:

Diabetes:

Hypertension:

Any Treatment:

EXAMINATION OF EYES:

	<u>Right Eye:</u>	<u>Left Eye:</u>
Distant Vision without Glasses:	— 6/12 (P) —	— 6/12 (P) —
Distant Vision with Glasses:		
Near Vision without Glasses:	— N/6 —	— N/6 —
Near Vision with Glasses:		
Intraocular Pressure:		
Anterior Segment:	_____	near _____
Fundus:	_____	near _____

PRESCRIPTION OF GLASSES:

	RIGHT			LEFT		
	Sphere	Cylinder	Axis	Sphere	Cylinder	Axis
Distant	-	-	-	-	-	---
Near	-	--	-	-	--	--

Type of glass:

ADVICE:

*glasses for distance
flap @ weekly*

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DR TARAL SHAH
(OPHTHALMOLOGIST)

DR KUNTAL SHAH
(OPHTHALMOLOGIST)

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EAR, NOSE & THROAT CHECK-UP

COMPLAINTS:

- No do for inner ear Throat

EXAMINATION OF EARS:

Local Examination:

Tympanic Membrane:

mfo
R/L / B/C
Tm found

EXAMINATION OF NOSE:

Local Examination:

mfo

THROAT & LARYNX:

mfo

LARYNGOSCOPIC EXAMINATION:

mfo

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DR. NAVNIT MAKWANA
ENT SURGEON





DENTAL CHECK UP

Race Course Road, Vadodara

PAST HISTORY:

Last Dental Check Up:

Past Medical History:

Any Tooth Removal:

H/O Caries:

H/O Toothache:

H/O Bleeding Gums:

Allergies to any drugs:

Others:

EXAMINATION:

Crowns & Bridges:

Partial/Full Denture:

Caries/Cavities:

Pain/Sensation:

Stain/Calculus:

Tooth Mobility:

ADVICE:

DR. SONICA PESHIN
(Dental Surgeon)
Mob: 9586867301

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Passport No :

LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mr. Jaydip . Khant	Lab Id : 082407500975	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Male / 30 Y 10-Jul-1994	Registration on : 10-Aug-2024 09:09	Location : Main BNo./
Ref. Id : 298382 , 2805090	Collected at : SAWPL	Approved on : 10-Aug-2024 12:42 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 10-Aug-2024 09:20	Printed On : 12-Aug-2024 10:06
	Sample Type : Whole blood	Process At : 75 - Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Hemoglobin <small>Colorimetric</small>	L 9.9	g/dL	13.0 - 16.5
RBC Count <small>Electrical impedance</small>	L 3.79	million/cmm	4.5 - 5.5
Hematocrit <small>Calculated</small>	L 29.6	%	40 - 49
MCV <small>Derived</small>	L 78.2	fL	83 - 101
MCH <small>Calculated</small>	L 26.2	pg	27.1 - 32.5
MCHC <small>Calculated</small>	33.5	g/dL	32.5 - 36.7
RDW CV <small>Calculated</small>	H 17.80	%	11.6 - 14
Total WBC and Differential Count			
WBC count <small>SF Cube cell analysis</small>	H 12570	/cmm	4000 - 10000
Differential Count			
Neutrophils <small>Microscopic</small>	79	% 40 - 80	9930 /cmm 2000 - 6700
Lymphocytes <small>Microscopic</small>	13	% 20 - 40	1634 /cmm 1000 - 3000
Eosinophils <small>Microscopic</small>	01	% 1 - 6	126 /cmm 20 - 500
Monocytes <small>Microscopic</small>	07	% 2 - 10	880 /cmm 200 - 1000
Basophils <small>Microscopic</small>	00	% 0 - 2	0 /cmm 0 - 100
Platelet Count			
Platelet Count <small>Electrical impedance</small>	306000	/cmm	150000 - 410000
MPV <small>Calculated</small>	9.10	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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Sex/Age : Male / 30 Y 10-Jul-1994	Registration on : 10-Aug-2024 09:09	Location : Main
Ref. Id : 298382 , 2805090	Collected at : SAWPL	Location : BNo./
Ref. By : Dr. RMO . STERLING...	Collected on : 10-Aug-2024 09:20	Approved on : 10-Aug-2024 12:42 Status : Final
	Sample Type : Whole blood	Printed On : 12-Aug-2024 10:06
		Process At : 75 – Sterling Hospital, Race course (Vadoda)

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Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Erythrocytes Sedimentation Rate			
ESR	H 34	mm/1hr	0 - 14

Differential Count

Absolute Count


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 Consultant Pathologist

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Passport No :		LABORATORY TEST REPORT			
Patient Information		Sample Information		Location Information	
Name	: Mr. Jaydip . Khant	Lab Id	: 082407500975	Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Male / 30 Y 10-Jul-1994	Registration on	: 10-Aug-2024 09:09	Location	: BNo./
Ref. Id	: 298382 , 2805090	Collected at	: SAWPL	Approved on	: 10-Aug-2024 16:49 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 10-Aug-2024 09:20	Printed On	: 12-Aug-2024 10:06
		Sample Type	: Whole blood	Process At	: 75 – Sterling Hospital, Race course (Vadoda)

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 / 30 Y 10-Jul-1994	Registration on	: 10-Aug-2024 09:09	Location	: BNo./
Ref. Id	: 298382 / 2805090	Collected at	: SAWPL	Approved on	: 10-Aug-2024 12:52 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 10-Aug-2024 09:20	Printed On	: 12-Aug-2024 10:06
		Sample Type	: Serum, Urine	Process At	: 75 – Sterling Hospital, Race course (Vadoda)

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Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <i>GOD-POD</i>	H 111.0	mg/dL	74 - 100
Fasting Urine Glucose <i>GOD-POD</i>	Absent		Absent
Fasting Urine Ketone <i>Nitroprusside</i>	Present (+)		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) \geq 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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Patient Information	Sample Information	Location Information
Name : Mr. Jaydip . Khant Sex/Age : Male / 30 Y 10-Jul-1994 Ref. Id : 298382 , 2805090 Ref. By : Dr. RMO . STERLING...	Lab Id : 082407500975 Registration on : 10-Aug-2024 09:09 Collected at : SAWPL Collected on : 10-Aug-2024 12:10 Sample Type : Fluoride	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 10-Aug-2024 14:25 Status : Final Printed On : 12-Aug-2024 10:06 Process At : 75 – Sterling Hospital, Race course (Vadoda)

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Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <small>GOD-POD</small>	124	mg/dL	70 - 140
Post-breakfast Urine Glucose <small>GOD-POD</small>	Absent		Absent
Post Breakfast Urine Ketone <small>Nitroprusside</small>	Trace		Absent



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MD

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MEDI WHEEL FULL BODY ANNUAL PLUS

HbA1c (Glycosylated Hemoglobin) by HPLC

Test	Result	Unit	Biological Ref. Interval
HbA1c	5.20	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	102.54	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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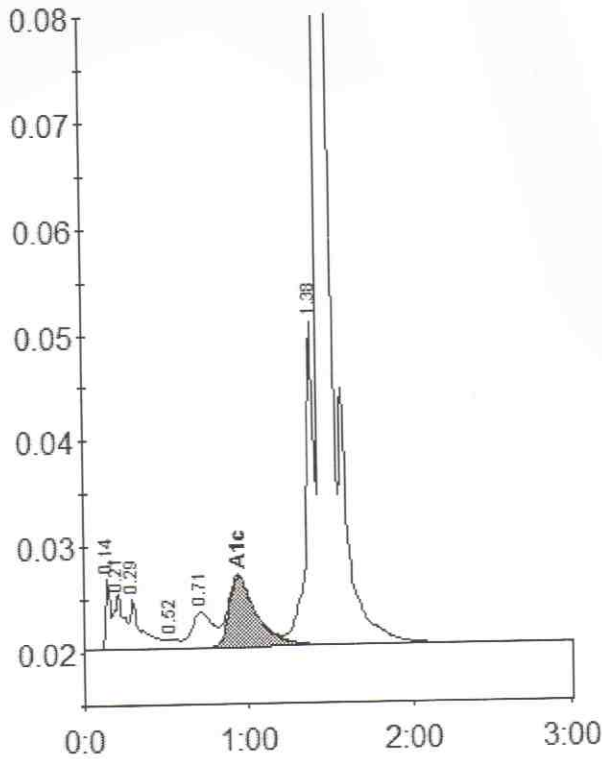
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Bio-Rad
D-10
S/N: #DJ8G550303
Sample ID:
Injection date
Injection #: 7
Rack #: ---

DATE: 10/08/2024
TIME: 02:16 PM
Software version: 4.30-2
082407500975
10/08/2024 02:05 PM
Method: HbA1c
Rack position: 1



Peak table - ID: 082407500975

Peak	R.time	Height	Area	Area %
Unknown	0.14	7164	13864	0.7
A1a	0.21	5193	21471	1.1
A1b	0.29	4724	24635	1.3
F	0.52	923	4667	0.2
LA1c/CHb-1	0.71	3316	30516	1.6
A1c	0.94	6687	78334	5.2
P3	1.38	30606	112123	5.7
A0	1.45	604541	1668589	85.4
Total Area:			1954199	

Concentration:	%
A1c	5.2





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Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase – Peroxidase</i>	175.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPa/POD)</i>	H 228.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl2</i>	L 14.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	H 119.00	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 45.60	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	H 12.5		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	H 8.5		Up to 3.5



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Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Jaydip . Khant	Lab Id	: 082407500975	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 30 Y 10-Jul-1994	Registration on	: 10-Aug-2024 09:09	Location	: Main BNo./
Ref. Id	: 298382 / 2805090	Collected at	: SAWPL	Approved on	: 10-Aug-2024 14:25 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 10-Aug-2024 09:20	Printed On	: 12-Aug-2024 10:06
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadoda

MEDI WHEEL FULL BODY ANNUAL PLUS

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	4.90	mg/dL	3.5 - 8.5
Blood Urea Nitrogen <i>Calculated</i>	L 5.61	mg/dL	9.0 - 20.0
Urea <i>Urease, Colorimetric</i>	L 12.0	mg/dL	19.3 - 43.0
Creatinine, serum <i>Creatinine Amidohydrolase</i> *Icteric sample.	L 0.50	mg/dL	0.66 - 1.25
BUN Creatinine Ratio <i>Calculated</i>	11.22		
Urea Creatinine Ratio <i>Calculated</i>	24.00		


Dr. Kajal Parmar
 MD

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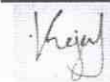


Patient Information	Sample Information	Location Information
Name : Mr. Jaydip . Khant	Lab Id : 082407500975	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Male / 30 Y 10-Jul-1994	Registration on : 10-Aug-2024 09:09	Location : Main BNo./
Ref. Id : 298382 / 2805090	Collected at : SAWPL	Approved on : 10-Aug-2024 14:26 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 10-Aug-2024 09:20	Printed On : 12-Aug-2024 10:06
	Sample Type : Serum	Process At : 75 - Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS

Liver Function Test

Test	Result	Unit	Biological Ref. Interval
ALT (SGPT) <i>UV with P5P, IFCC</i>	H 69.0	U/L	0 - 50
AST (SGOT) <i>UV with P5P</i>	H 432.0	U/L	17 - 59
GGT (Gamma Glutamyl Transferase) <i>L-y-Glytamyl-p-nitroanilide</i>	H 1295.0	U/L	15 - 73
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	H 283.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	H 5.10	mg/dL	0.2 - 1.3
Conjugated Bilirubin <i>Cationic Mordant Binding</i>	H 1.70	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Cationic Mordant Binding</i>	H 1.50	mg/dL	0.0 - 1.1
Delta Bilirubin <i>Calculated</i>	H 1.90	mg/dL	0.0 - 0.2
Total Protein <i>Copper tartrate to colour complex</i>	H 8.50	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	3.60	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	H 4.90	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	L 0.73		1.3 - 1.7



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Ref. By	: Dr. RMO . STERLING...	Collected on	: 10-Aug-2024 09:20	Printed On	: 12-Aug-2024 10:06
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS
Thyroid Function Tests

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <i>CLIA</i>	1.19	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <i>CLIA</i>	H 18.70	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <i>Chemiluminescence</i>	H 5.4050	µIU/mL	0.4001 - 4.049

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

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


Dr. Kajal Parmar
MD

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Sex/Age : Male / 30 Y 10-Jul-1994	Registration on : 10-Aug-2024 09:09	Location : Main BNo./
Ref. Id : 298382 , 2805090	Collected at : SAWPL	Approved on : 10-Aug-2024 12:52 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 10-Aug-2024 09:20	Printed On : 12-Aug-2024 10:06
	Sample Type : Urine	Process At : 75 – Sterling Hospital, Race course (Vadoda

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URINE ROUTINE EXAMINATION

Test	Result	Unit	Biological Ref. Interval
Physical & Chemical (Dip strip) examination			
Colour	Pale Yellow		Pale Yellow
pH <i>Double indicator</i>	6.0		5.5 - 7.0
Specific Gravity <i>Polyelectrolyte based reaction</i>	1.015		1.015 - 1.025
Protein <i>Protein error of indicators</i> *Rechecked.	Present (+++)		Absent
Glucose <i>GOD-POD</i>	Absent		Absent
Ketone <i>Nitroprusside</i>	Present (+)		Absent
Blood <i>Peroxidase like reaction</i>	Absent		Absent
Bilirubin <i>Diazo reaction</i>	Present (+++)		Absent
Bile salts <i>Heys Test</i>	Present		Absent
Bile Pigments <i>Fouchet's Method</i>	Present		Absent
Leucocytes <i>Esterase reaction</i>	Present (+++)		Absent
Nitrite <i>p-arsanilic acid to diazonium compound</i>	Present		Absent
Microscopic Examination			
Erythrocytes (RBCs)	2-3	/hpf	0 - 2
Pus Cells	8-10	/hpf	0 - 5
Epithelial Cells	Plenty	/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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Passport No :

LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mr. Jaydip . Khant Sex/Age : Male / 30 Y 10-Jul-1994 Ref. Id : 298382 / 2805090 Ref. By : Dr. RMO , STERLING...	Lab Id : 082407500975 Registration on : 10-Aug-2024 09:09 Collected at : SAWPL Collected on : 10-Aug-2024 09:20 Sample Type : Urine	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 10-Aug-2024 12:52 Status : Final Printed On : 12-Aug-2024 10:06 Process At : 75 – Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS

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



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

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Patient Id	: P-00000034	Patient Name	: JAYDIP KHANT M30 YRS
Age	:	Sex	: Male
Ref. Doctor	:	Study Date	: 10 Aug 2024 - 11:08 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



10-06-2024 12:37:11 PM

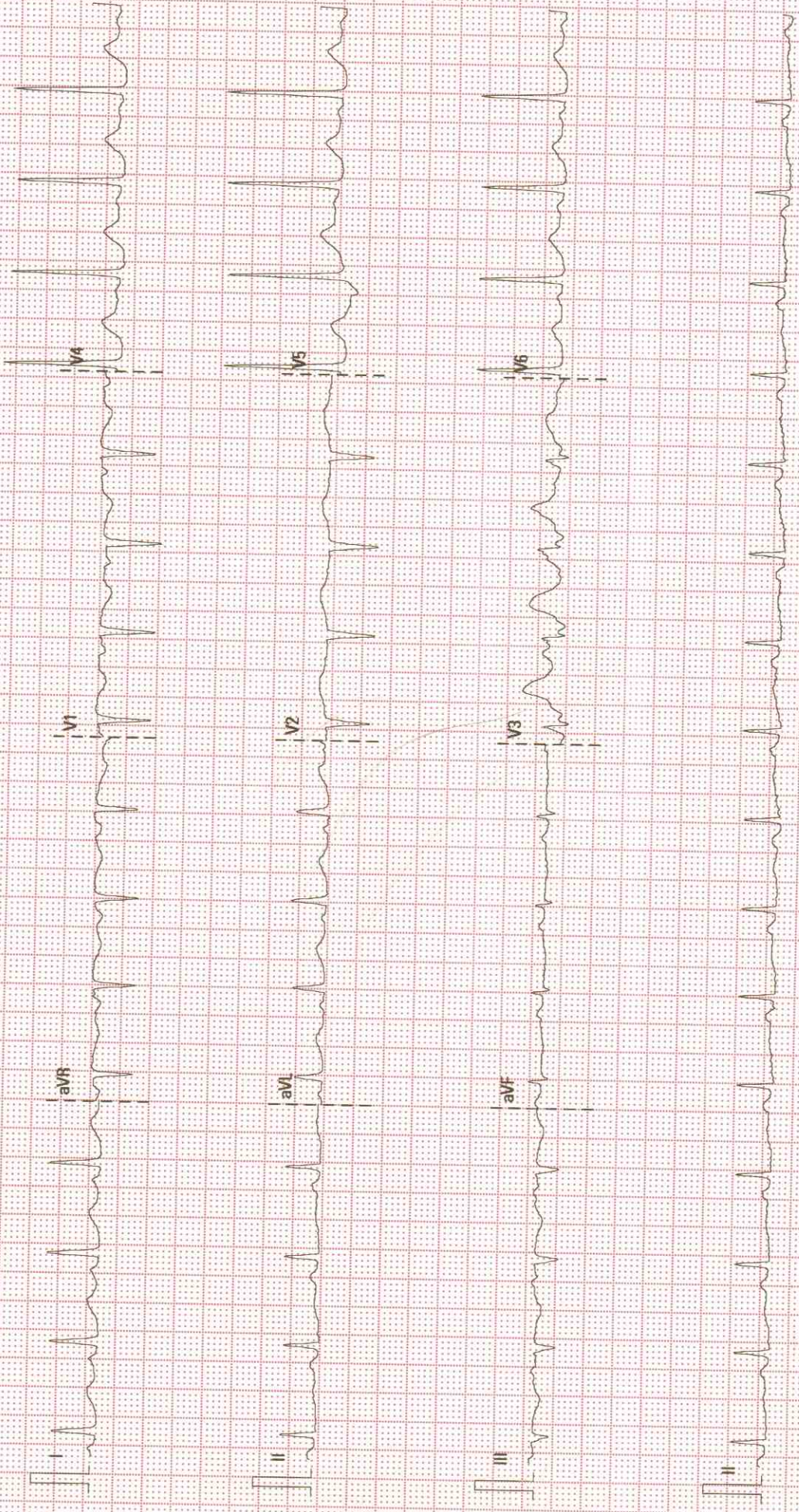
2057301012572143
Name: JAYDIP KHANT
Age: 30 Years
Gender: Male

Vent. Rr	98 bpm
PR Interval	142 ms
QRS Duration	80 ms
QT/QTc Interval	394/461 ms
P/QRS/T Axes	41/15/-3 deg
QTc/Hodges	

Sinus rhythm
 Borderline prolonged QT interval
 Inferior T wave abnormality is nonspecific

Unconfirmed Diagnosis

left axis



25 mm/s 10 mm/mV 50 Hz BOR 20 Hz

SN-FH-14007622



2D ECHOCARDIOGRAPHY REPORT



Race Course Road, Vadodara

Name: Mrs. JAYDIP KHANT
Age: 30 Years
Sex: F
Date: 10-Aug-2024

Ref By: HCP
Study: 2D Echo

M-MODE:

IVS	10mm	LVDD	45mm
PW	10mm	LVDS	27mm
LA	34mm	LV EF	60 %

DOPPLER STUDY:

MITRAL	E 0.85 A 0.69
AORTIC	1.27
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
- MILD MR, MILD TR, NO PAH
- OTHER VALVES ARE NORMAL
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- NORMAL IVC

Dr. KAUSHIK TRIVEDI MD
Consultant interventional Cardiologist

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

SonoDoc 91-20-25443913





Report Date: 10 Aug 2024 - 09:27 AM

Patient Id	: D05054-24-08-10-1	Patient Name	: JAYDIP KHANT 30/M
Age	:	Sex	: Female
Ref. Doctor	:	Study Date	: 10 Aug 2024 - 09:05 AM

SONOGRAPHY OF WHOLE ABDOMEN: -

LIVER: Liver appears enlarged in size (18.0 cm) and shows bright parenchymal echoes, Grade II. No evidence of focal lesion seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicals appear normal. Portal vein is normal in caliber measuring 12.9 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 (3.9 mm).

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

SPLEEN: Spleen is enlarged in size (13.8 cm) & 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 10.1 x 4.2 cm

Left kidney measures 10.9 x 4.5 cm

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

URINARY BLADDER: Bladder is partially distended.

PROSTATE: Prostate appears normal in size and shows normal echotexture. No evidence of solid or cystic lesion.

Mild ascites is seen in paracolic region & in pelvis (150-200 cc).

No evidence of significant lymphadenopathy is seen.

gaseous distention of bowel loops is seen.

CONCLUSION:

- **Hepatomegaly with moderate fatty infiltration of liver.**
- **Splenomegaly.**
- **Mild ascites is seen in paracolic region & in pelvis (150-200 cc).**
- **No other significant abnormality detected.**
- **Adv: Clinical & lab profile correlation.**

Dr. Shilpi Gupta MD
Sr. Consultant Radiologist

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