



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: CHIRAG JOSHI	
SH No: 300281	Date: 26/10/2024
Age: 39	Gender: MALE

ASSESSMENT:

- OVER WEIGHT(BMI:26.7)
- K/C/O : HTN SINCE 1.5 YEARS, NOT ON MEDICATIONS
- C/O: INCREASED FUNGAL INFECTIONS SINCE 7 YEARS , INCREASED RASHES ON FACE AND HEAD, EXCESSIVE THOUGHTS LEADS TO SLEEP DISTURBANCE, REDUCED HEARING IN LEFT EAR , ANXIETY UNDERSTRESS, BLOATING
- P/H/O : LEFT CLAVICULAR FRACTURE IN CHILDHOOD , RENAL CALCULI
- P/H/O HOSPITALIZATION : COVID(2021)(10 DAYS)
- F/H/O: HTN(FATHER), DIABETES(MOTHER) , CANCER(MOTHER)
- BORDERLINE HIGH FBS(102)
- HIGH TRIGLYCERIDE(296), LOW HDL CHOLESTEROL(30), NEAR TO ABOVE OPTIMAL DIRECT LDL(111) , HIGH VLDL(59.20) , HIGH CHOL/HDL RATIO(6), HIGH DLDL/HDL RATIO(3.7)
- HIGH T3, TOTAL(1.79)
- URINE R/M: HIGH SPECIFIC GRAVITY (1.030), PUS CELLS(6-8)
- ECG: S.BRADYCARDIA
- USG: MILD GENERALISED FATTY INFILTRATION OF LIVER
- TMT TEST IS NEGATIVE

ADVISED:

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

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

DR. JAY S PANDIT

Prevention & Rehabilitation Dept

Hospital Address: Sterling Hospitals, Race Course Road, Opp. Inox Cinema Hari Nagar, Circle West, Vadodara - 390007, Gujarat, India | Call: 0265-6144111, 0265-2354455, 98 98 98 78 78
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Registered Office: Sterling Addlife India Private Limited | CIN U85110GJ2000PTC039121
Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad-380052, Gujarat, India



**HEALTH CHECK UP
MEDICAL EXAMINATION**

Name : Chinag Joshi Employee ID : _____
 Company Name : _____ Age : 39 Sex : M/F
 Height : 166 cms. Weight : 83.6 Kgs BMI : 26.7 Blood Group : _____
 Name of HO / Registrar taking History : M-Jay. Parbhi

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 :
Chc - Increased fungal infection since 7 years
Increased rashes on face & Head

Physical Examination : P/H/O - Rt distal radius fracture in childhood
Vital Signs :
 Temp 99 °F SPO₂ 99 Pulse 88 /min R/R 18 /min B.P. 120/80 mm Hg

Past History :

If Hypertension, since <u>1-15y</u>	If Diabetes, since
On Medication 1) <u>Not taking</u>	On Medication 1) <u>/</u>
2) <u>Not taking</u>	2) <u>/</u>
3) <u>meqs</u>	3) <u>/</u>
If Ischaemic Heart Disease since	Under Treatment Dr.
On Medication 1) <u>/</u>	If Tuberculosis, When <u>/</u>
2) <u>/</u>	Any Other P/H <u>/</u>
3) <u>/</u>	Any Other Medication <u>/</u>
Under Treatment of Dr.	P/H of Hospitalization
Any Intervention done	Diagnosis : <u>Covid</u>
P/H of Operation	Year : <u>2021</u>
Diagnosis : <u>/</u>	Duration : <u>10 days</u>
Name of Operation : <u>/</u>	Blood Transfusion History : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Year of Operation : <u>/</u>	Year :
Others : <u>/</u>	

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

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

Hypertension	Yes/No <u>F</u>	Asthma	Yes/No <u>(No)</u>
Heart Disease	Yes/No <u>(No)</u>	Stroke	Yes/No <u>(No)</u>
Diabetes	Yes/No <u>M</u>	Arthritis/Gout	Yes/No <u>(No)</u>
Tuberculosis	Yes/No <u>(No)</u>	Cancer	Yes/No <u>M</u>
Epilepsy	Yes/No <u>(No)</u>	Other Chronic disease	Yes/No <u>(No)</u>

Personal History :

Diet	<u>Mixed</u>	Smoking	Yes/No <u>(No)</u>	since <u>(000)</u> per day
Appetite	<u>Good</u>	Alcohol	Yes/No <u>(No)</u>	since <u>(000)</u> (freq.)
Sleep	<u>Disturbed</u>	Drugs	Yes/No <u>(No)</u>	since <u>(000)</u> (freq.)
Micturition	<u>Normal</u>	Tobacco	Yes/No <u>(No)</u>	since <u>(000)</u> (freq.)
Bowel Habits	<u>Normal</u>	Any other habit		

FOR FEMALES :

Obstetric History : L.D.
 Abortion :
 Others :

General Examination :

Anemia
 Cyanosis
 Jaundice
 Generalized Lymphadenopathy
 Pedal oedema

General Examination :
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

→ leads to sleep disturbance.

Reduced Hearing in left ear.

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 E 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
- 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
- Bloating +

Bowel

- Diarrhoea Constipation Incontinence Blood in stool None
- Pain Yes No Place
- Hemorrhoids Yes No
- Frequency of stool 2 times/dy
- Interventions : None • Laxatives Yes No Type Frequency

3/11/10

Genitorurinary : NSF

Colour of Urine Dark yellow Frequency 3-4 times daily
 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

.....

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

Sign and Stamp of Medical Officer

Sterling Hospital
Racecourse Road

EMERGENCY HELPLINE

992 444 9972
0265 - 61 44 111

Sterling Hospital
Bhayli

EMERGENCY HELPLINE

908 1000 557
0265 - 61 23 333



OPHTHALMIC CHECK-UP

SIGNIFICANT HISTORY:

PAST HISTORY:

Refractive Error: *Yes*
Any Surgery: *No*
Color Blind: *No*
Diabetes: *No*
Hypertension: *No*
Any Treatment: *No*

EXAMINATION OF EYES:

	<u>Right Eye:</u>	<u>Left Eye:</u>
Distant Vision without Glasses:	<i>1</i>	<i>1</i>
Distant Vision with Glasses:	<i>6/6</i>	<i>6/6</i>
Near Vision without Glasses:	<i>1</i>	<i>1</i>
Near Vision with Glasses:	<i>1</i>	<i>1</i>
Intraocular Pressure:	<i>12</i>	<i>12</i>
Anterior Segment:	<i>Normal</i>	<i>Normal</i>
Fundus:	<i>Normal</i>	<i>Normal</i>

PRESCRIPTION OF GLASSES:

	RIGHT			LEFT		
	Sphere	Cylinder	Axis	Sphere	Cylinder	Axis
Distant	<i>0</i>	<i>+0.5</i>	<i>180°</i>	<i>0</i>	<i>-0.75</i>	<i>90°</i>
Near	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>

Type of glass: *For computer*

ADVICE:

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





Dr. Navnit Makwana
20/11/24

EAR, NOSE & THROAT CHECK-UP

COMPLAINTS:

no to increased throat

EXAMINATION OF EARS:

Local Examination:

info

Tympanic Membrane:

*Fcd (RH) | S/C 7m
(LH) | Injured*

EXAMINATION OF NOSE:

Local Examination:

info

THROAT & LARYNX:

info

LARYNGOSCOPIC EXAMINATION:

info



DR. NAVNIT MAKWANA
ENT SURGEON

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Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Chirag Balvantrai Joshi	Lab Id	: 102407502618	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 39 Y 06-Nov-1984	Registration on	: 26-Oct-2024 08:25	Location	: Main BNo./
Ref. Id	: 300281 / 2815868	Collected at	: SAWPL	Approved on	: 26-Oct-2024 12:46 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 08:23	Printed On	: 26-Oct-2024 15:07
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Hemoglobin Colorimetric	14.9	g/dL	13.0 - 16.5
RBC Count Electrical impedance	5.31	million/cmm	4.5 - 5.5
Hematocrit Calculated	45.4	%	40 - 49
MCV Derived	85.4	fL	83 - 101
MCH Calculated	28.0	pg	27.1 - 32.5
MCHC Calculated	32.7	g/dL	32.5 - 36.7
RDW CV Calculated	13.70	%	11.6 - 14

Total WBC and Differential Count

WBC count	SF Cube cell analysis	6360	/cmm	4000 - 10000
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Differential Count

Test	Result	Unit	Absolute Count
Neutrophils Microscopic	55	% 40 - 80	3498 /cmm 2000 - 6700
Lymphocytes Microscopic	35	% 20 - 40	2226 /cmm 1000 - 3000
Eosinophils Microscopic	03	% 1 - 6	191 /cmm 20 - 500
Monocytes Microscopic	07	% 2 - 10	445 /cmm 200 - 1000
Basophils Microscopic	00	% 0 - 2	0 /cmm 0 - 100

Platelet Count

Platelet Count	Electrical impedance	385000	/cmm	150000 - 410000
MPV	Calculated	8.60	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 / 39 Y 06-Nov-1984	Registration on : 26-Oct-2024 08:25	Location : BNo./	
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	Sample Type : EDTA blood	Process At : 75 – Sterling Hospital, Race course (Vadodar	

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Erythrocytes Sedimentation Rate			
ESR <small>Capillary photometry</small>	7	mm/1hr	0 - 14
Differential Count			Absolute Count


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Name	: Mr. Chirag Balvantrai Joshi	Lab Id	: 102407502618	Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Male / 39 Y 06-Nov-1984	Registration on	: 26-Oct-2024 08:25	Location	: BNo./
Ref. Id	: 300281 / 2815868	Collected at	: SAWPL	Approved on	: 26-Oct-2024 12:48 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 08:23	Printed On	: 26-Oct-2024 15:07
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Blood Group

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


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Patient Information	Sample Information	Location Information
Name : Mr. Chirag Balvantrai Joshi Sex/Age : Male / 39 Y 06-Nov-1984 Ref. Id : 300281 / 2815868 Ref. By : Dr. RMO . STERLING...	Lab Id : 102407502618 Registration on : 26-Oct-2024 08:25 Collected at : SAWPL Collected on : 26-Oct-2024 08:23 Sample Type : Serum, Urine	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 26-Oct-2024 10:02 Status : Final Printed On : 26-Oct-2024 15:07 Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <i>GOD-POD</i>	H 102.0	mg/dL	74 - 100
Fasting Urine Glucose <i>GOD-POD</i>	Absent		Absent
Fasting Urine Ketone <i>Nitroprusside</i>	Absent		Absent

	Fasting Blood Glucose*	Postprandial Blood Glucose #	Random Blood Glucose
Normal	< 100 mg/dL	< 140 mg/dL	< 140 mg/dL
Prediabetic	100 – 125 mg/dL	140 – 199 mg/dL	140 – 199 mg/dL
Diabetic	>/=126 mg/dL	>/= 200 mg/dl	>/= 200 mg/dl

* Fasting is defined as no caloric intake for more than 8 hours

The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75 g anhydrous glucose dissolved in water.

Criteria for Diagnosis of Diabetes:

1. Fasting blood glucose (FPG) \geq 126 mg/dL
2. Two-hour blood glucose (2-h OGTT) = 200 mg/dL
3. HbA1c values (A1c) \geq 6.5%
4. Random plasma glucose \geq 200 mg/dL

(With symptoms of hyperglycemia or hyperglycemic crisis)

In the absence of unequivocal hyperglycemia, diagnosis of DM using A1C, FPG or 2-h OGTT requires two abnormal test results from the same sample or in two separate samples.

References:

1. American diabetes association. Standards of medical care in diabetes 2024
2. National Library of Medicine – National Institute of Health (USA) – Diabetes Mellitus
3. World Health Organization – Factsheet on Diabetes – Prevention and treatment


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MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose GOD-POD	85	mg/dL	70 - 140
Post-breakfast Urine Glucose GOD-POD	Absent		Absent
Post Breakfast Urine Ketone Nitroprusside	Absent		Absent


Dr. Kajal Parmar

MD

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Ref. Id	: 300281 / 2815868	Collected at	: SAWPL	Approved on	: 26-Oct-2024 14:29 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 08:23	Printed On	: 26-Oct-2024 15:07
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
HbA1c (Glycosylated Hemoglobin) by HPLC

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


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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MD

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Patient report

Sterling HOSPITALS

Bio-Rad DATE: 26/10/2024

D-40 TIME: 12:54 PM

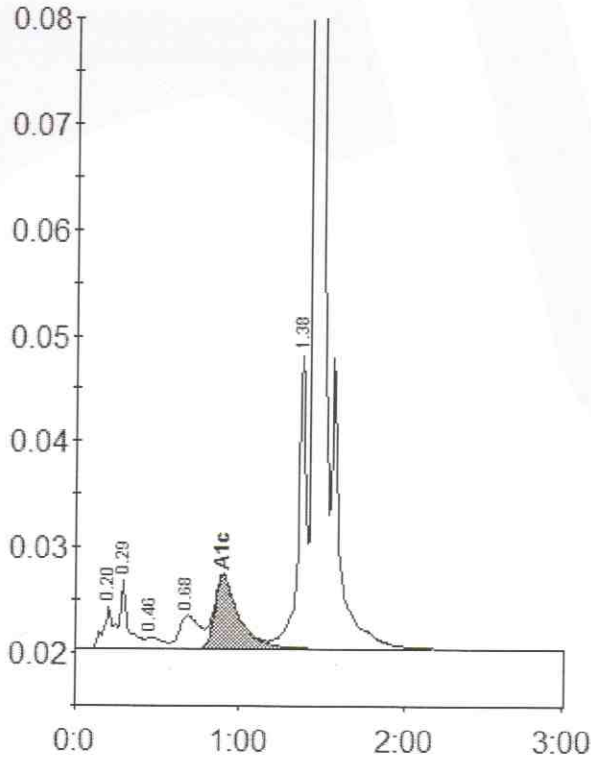
S/N: #DJ8G550303 Software version: 4.30-2

Sample ID: 102407502618

Injection date: 26/10/2024 12:54 PM

Injection #: 3 Method: HbA1c

Rack #: --- Rack position: 3



Peak table - ID: 102407502618

Peak	R.time	Height	Area	Area %
A1a	0.20	3913	17937	1.0
A1b	0.29	6647	21667	1.3
F	0.46	1144	7827	0.5
LA1c/CHb-1	0.68	3133	26689	1.5
A1c	0.90	6891	70220	5.2
P3	1.38	27769	93676	5.4
A0	1.44	578217	1485716	86.2
Total Area:			1723731	

Concentration:	%
A1c	5.2





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Sex/Age	: Male / 39 Y 06-Nov-1984	Registration on	: 26-Oct-2024 08:25	Location	: Main BNo./
Ref. Id	: 300281 / 2815868	Collected at	: SAWPL	Approved on	: 26-Oct-2024 09:56 Status: Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 08:23	Printed On	: 26-Oct-2024 15:07
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase - Peroxidase</i>	180.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPo/POD)</i>	H 296.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl2</i>	L 30.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	H 111.00	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 59.20	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	H 6.0		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	H 3.7		Up to 3.5

Remarks: * Sample Appearance : Mild Opalescent.


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

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LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Chirag Balvantrai Joshi	Lab Id	: 102407502618	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 39 Y 06-Nov-1984	Registration on	: 26-Oct-2024 08:25	Location	: Main BNo./
Ref. Id	: 300281 / 2815868	Collected at	: SAWPL	Approved on	: 26-Oct-2024 09:57 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 08:23	Printed On	: 26-Oct-2024 15:07
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	6.20	mg/dL	3.5 - 8.5
Blood Urea Nitrogen <i>Calculated</i>	12.15	mg/dL	9.0 - 20.0
Urea <i>Urease, Colorimetric</i>	26.0	mg/dL	19.3 - 43.0
Creatinine, serum <i>Creatinine Amidohydrolase</i>	1.00	mg/dL	0.66 - 1.25
BUN Creatinine Ratio <i>Calculated</i>	12.15		
Urea Creatinine Ratio <i>Calculated</i>	26.00		


 Dr. C. Shrinivasan..

 M.D (Pathology) [G-18341]
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Patient Information	Sample Information	Location Information
Name : Mr. Chirag Balvantrai Joshi Sex/Age : Male / 39 Y 06-Nov-1984 Ref. Id : 300281 / 2815868 Ref. By : Dr. RMO . STERLING...	Lab Id : 102407502618 Registration on : 26-Oct-2024 08:25 Collected at : SAWPL Collected on : 26-Oct-2024 08:23 Sample Type : Serum	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 26-Oct-2024 10:00 Status : Final Printed On : 26-Oct-2024 15:07 Process At : 75 – Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Liver Function Test

Test	Result	Unit	Biological Ref. Interval
ALT (SGPT) <i>UV with P5P, IFCC</i>	26.0	U/L	0 - 50
AST (SGOT) <i>UV with P5P</i>	28.0	U/L	17 - 59
GGT (Gamma Glutamyl Transferase) <i>L-y-Glytamyl-p-nitroanilide</i>	21.0	U/L	15 - 73
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	74.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	0.60	mg/dL	0.2 - 1.3
Conjugated Bilirubin <i>Cationic Mordant Binding</i>	0.10	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Cationic Mordant Binding</i>	0.30	mg/dL	0.0 - 1.1
Delta Bilirubin <i>Calculated</i>	0.20	mg/dL	0.0 - 0.2
Total Protein <i>Copper tartrate to colour complex</i>	6.80	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	4.10	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	2.70	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.52		1.3 - 1.7


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

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Immunoassay

Test	Result	Unit	Biological Ref. Interval
Prostate Specific Ag. (PSA), Total	0.42	ng/mL	Upto 1.4 ng/mL

PSA is a glycoprotein that is expressed by both normal and neoplastic prostate tissue and is prostate tissue specific and not prostate cancer specific. PSA is constantly expressed in nearly all prostate cancers, although its level of expression on a per cell basis is lower than in normal prostate epithelium. The absolute value of serum PSA is useful for determining the extent of prostate cancer and assessing the response to prostate cancer treatment; its use as a screening method to detect prostate cancer is also common.

Interpretation
Increased in

- Prostate disease (Cancer, Prostatitis, Benign prostatic hyperplasia, Acute urinary retention)
- Manipulations (Cystoscopy, Needle biopsy, Radiation therapy, Indwelling catheter, Prostatic massage)
- Transurethral resection
- Prostatic ischemia

Decreased in

- Castration
- Prostatectomy
- Radiation therapy
- Ejaculation within 24 - 48 hours
- 5-alpha-reductase inhibitor reduces PSA by 50% after 6 months in men without cancer

Limitations

- PSA has been recommended by the American Cancer Society for use in conjunction with a DRE for early detection of prostate cancer starting at the age of 50 years for men with at least 10-year life expectancy
- PSA levels that are measured repeatedly over time may vary because of biologic variability where the true PSA level in a given man is different on different measurements.
- A change in PSA of >30% in man with a PSA initially below 2.0 ng/mL was likely to indicate a true change beyond normal random variation.


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Ref. Id	: 300281 / 2815868	Collected at	: SAWPL	Approved on	: 26-Oct-2024 10:52 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 08:23	Printed On	: 26-Oct-2024 15:07
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Thyroid Function Tests

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <small>CLIA</small>	H 1.79	ng/mL	0.58 - 1.59
Rechecked			
T4, total (Thyroxine) <small>CLIA</small>	7.88	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <small>Chemiluminescence</small>	1.5700	µIU/mL	0.4001 - 4.049

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

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


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Sex/Age : Male / 39 Y 06-Nov-1984	Registration on : 26-Oct-2024 08:25	Approved on : 26-Oct-2024 11:41	Status : Final
Ref. Id : 300281 / 2815868	Collected at : SAWPL	Printed On : 26-Oct-2024 15:07	
Ref. By : Dr. RMO . STERLING...	Collected on : 26-Oct-2024 08:23	Process At : 75 – Sterling Hospital, Race course (Vadodar	
	Sample Type : Urine		

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
URINE ROUTINE EXAMINATION

Test	Result	Unit	Biological Ref. Interval
Physical & Chemical (Dip strip) examination			
Colour	Pale Yellow		Pale Yellow
pH <i>Double indicator</i>	6.0		5.5 - 7.0
Specific Gravity <i>Polyelectrolyte based reaction</i>	H 1.030		1.015 - 1.025
Protein <i>Protein error of indicators</i>	Absent		Absent
Glucose <i>GOD-POD</i>	Absent		Absent
Ketone <i>Nitroprusside</i>	Absent		Absent
Blood <i>Peroxidase like reaction</i>	Absent		Absent
Bilirubin <i>Diazo reaction</i>	Absent		Absent
Bile salts <i>Heys Test</i>	Absent		Absent
Bile Pigments <i>Fouchet's Method</i>	Absent		Absent
Leucocytes <i>Esterase reaction</i>	Absent		Absent
Nitrite <i>p-arsanilic acid to diazonium compound</i>	Absent		Absent
Microscopic Examination			
Erythrocytes (RBCs)	Absent	/hpf	0 - 2
Pus Cells	6-8	/hpf	0 - 5
Epithelial Cells	Occasional	/hpf	
Crystals	Absent		Absent
Casts	Absent		Absent
Bacteria	Absent		Absent
Amorphous Material	Absent		Absent
Yeast	Absent		Absent


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MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M

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Patient Id	: RCR-300281	Patient Name	: JOSHI CHIRAG BALVANTRAI
Age	: 39Y 11M 20D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 26 Oct 2024 - 08:57 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.
Pteral C.P. angles and both domes of diaphragm appear normal.
Bony thorax under vision appears normal.

CONCLUSION:

No significant chest abnormality detected.

Dr. Shilpi Gupta MD
Sr. Consultant Radiologist

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39 Years

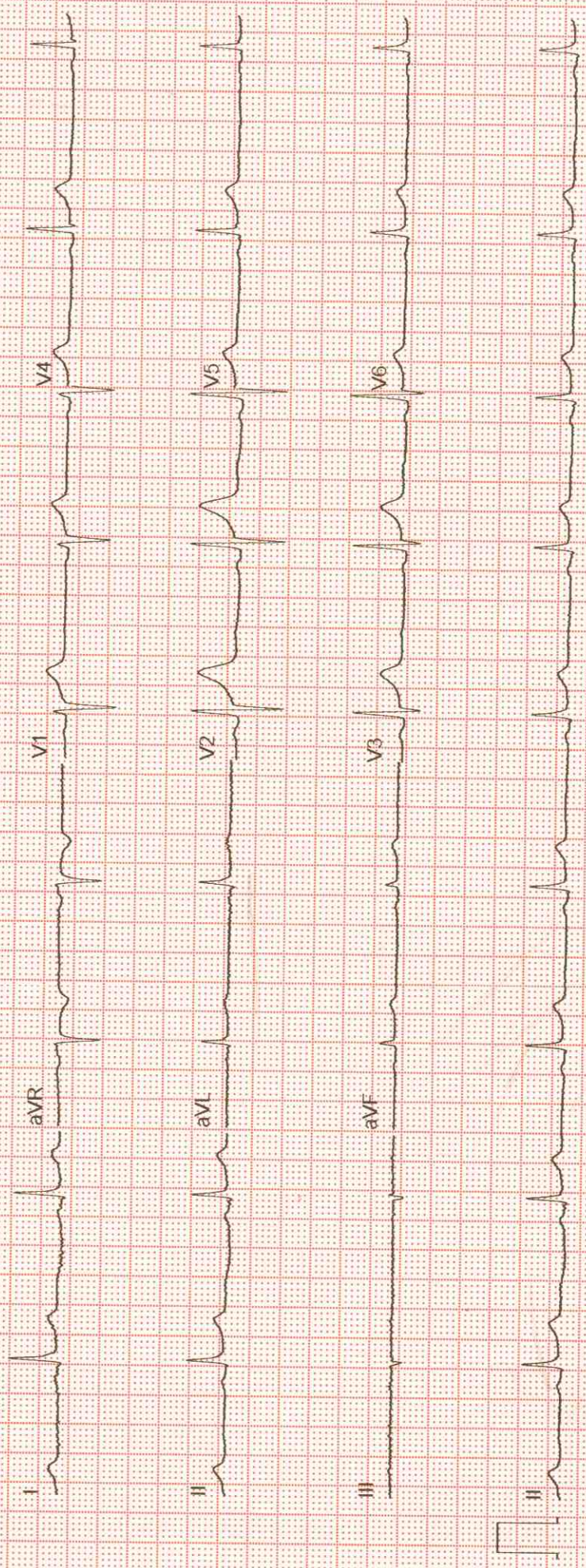
Male

26.10.2024 8:46:48
STERLING HOSPITAL
HCP
VADODARA

54 bpm
1 mmHg

S. Pradipankh

QRS 78 ms
QT / QTcBaz 402 / 361 ms
PR 148 ms
P 100 ms
RR / PP 1108 / 1111 ms
P / QRS / T 45 / 19 / 45 degrees





Patient Id	: RCR-300281	Patient Name	: JOSHI CHIRAG BALVANTRAI
Age	: 39Y 11M 20D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 26 Oct 2024 - 09:34 AM

SONOGRAPHY OF WHOLE ABDOMEN: -

LIVER: Liver appears normal in size and shows bright parenchymal echoes, Grade I. No evidence of focal lesion 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.

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 10.2 x 4.9 cm

Left kidney measures 10.4 x 5.2 cm

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

URINARY BLADDER: Bladder is partially distended and appears unremarkable.

PROSTATE: Prostate appears normal in size and shows normal echotexture. No evidence of solid or cystic lesion. Prostatic volume measures approx. 18.0 cc.

No evidence of ascites, lymphadenopathy is seen.

Mild gaseous distention of bowel loops is seen.

CONCLUSION:

- Mild generalized fatty infiltration of liver.
- No other significant abnormality detected.

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