



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: DINESH KUMAR GUPTA	
SH.No: 300595	Date:09/11/2024
Age: 46	Gender: MALE

ASSESSMENT:

- o ALLERGY: MEDICINE (NOT KNOWN): RED COLOR PATCHES ON WHOLE BODY
- o C/O: LOWER ABDOMINAL PAIN, LOWER NECK PAIN (LEFT SIDE), INCREASED SNOORING, COUGH STUCK IN THROAT, NASAL CONGESTION, DYSPNOEA WITH ACTIVITY, CHEST DISCOMFORT (FEELING LIKE ANT CRAWLING AROUND APEX BEAT AREA), WHEN PASSING HARD STOOL RECTAL BLEEDING PRESENT, FLATUS A/W MILK PRODUCTS
- o P/H/O OPERATION: RENAL STONE REMOVAL (2024)
- o F/I/O: HEART DISEASE (MOTHER), DIABETES (FATHER)
- o P/H/O: RENAL CALCULI, U11
- o HIGH HEMATOCRIT (49.3)
- o LOW PLATELETS (88000)
- o LOW HDL CHOLESTEROL (35), NEAR TO ABOVE OPTIMAL DIRECT LDL (121), HIGH CHOL/HDL RATIO (5.1)
- o ECG: Q IN L3
- o USG ABDOMEN AND PELVIS: MILD FATTY LIVER (GRADE 1)

ADVISED:

- o PLENTY OF LIQUIDS
- o LOW FAT DIET
- o AVOID OUTSIDE FOOD AND WATER
- o REGULAR EXERCISE.
- o REPEAT LIPID PROFILE AFTER 3 MONTH
- o OPHTHALMOLOGIST ADVICE: FOLLOW ADVICE
- o ENT ADVICE: FOLLOW ADVICE
- o PHYSICIAN CONSULTATION

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

DR. JAY S PANDIT

Prevention & Rehabilitation Dept

Hospital Address: Sterling Hospitals, Race Course Road, Opp. Inox Cinema Hari Nagar, Circle West,
Vadodara - 390007, Gujarat, India | Call: 0265-6144111, 0265-2354455, 98 98 98 76 78
www.sterlinghospitals.com | info@sterlinghospitals.com

Registered Office: Sterling Addlife India Private Limited | CIN U85110GJ2000PTC029121
Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad 380052, Gujarat, India



**HEALTH CHECK UP
 MEDICAL EXAMINATION**

 Name : Dinesh Kumar Gupta. Employee ID : _____
 Company Name : _____ Age : 46 Sex : MALE
 Height : 167 cms. Weight : 69 Kgs BMI : 24.74 Blood Group : _____
 Name of HO / Registrar taking History : Dr Jay S. Rindit

Allergies : <input type="checkbox"/> None <input type="checkbox"/> Yes (If Yes, describe)	
Drugs/Food/Latex/Dyes/Contrast/Other	Reaction
1. <u>Medicine</u>	<u>Red color patches</u>
2. <u>(name of medicines, name)</u>	<u>on entire body.</u>
3.	

Chief Complaints :
C/O - fever, Abdominal Pain, lower Neck pain
(right side), increased urinating
robot, cough stuck in throat.
Physical Examination :
Vital Signs :
 Temp: Afebrile °F SPO₂: 99 Pulse: 69 /min R/R: 18 /min B.P.: 120/86 mm Hg

Past History :

If Hypertension, since On Medication 1) 2) 3)	If Diabetes, since On Medication 1) 2) 3)
If Ischaemic Heart Disease since On Medication 1) 2) 3)	Under Treatment Dr. If Tuberculosis, When Any Other P/H
Under Treatment of Dr. Any Intervention done P/H of Operation Diagnosis : <u>Kidney Stone Removal</u> Name of Operation : <u>2029</u> Year of Operation : <u>1</u>	Any Other Medication P/H of Hospitalization Diagnosis : <u>ORF for dx</u> Year : Duration : Blood Transfusion History : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Year :
Others : <u>1</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/ <input checked="" type="radio"/> No	Asthma	Yes/ <input checked="" type="radio"/> No
Heart Disease	<input checked="" type="radio"/> Yes/ <input checked="" type="radio"/> No <i>Mother</i>	Stroke	Yes/ <input checked="" type="radio"/> No
Diabetes	<input checked="" type="radio"/> Yes/ <input checked="" type="radio"/> No <i>Father</i>	Arthritis/Gout	Yes/ <input checked="" type="radio"/> No
Tuberculosis	Yes/ <input checked="" type="radio"/> No	Cancer	Yes/ <input checked="" type="radio"/> No
Epilepsy	Yes/ <input checked="" type="radio"/> No	Other Chronic disease	Yes/ <input checked="" type="radio"/> No

Personal History :

Diet	<i>Mixed</i>	Smoking	Yes/ <input checked="" type="radio"/> No	since / per day
Appetite	} <i>PAD</i>	Alcohol	Yes/ <input checked="" type="radio"/> No	since / (freq.)
Sleep		Drugs	Yes/ <input checked="" type="radio"/> No	since / (freq.)
Micturition		Tobacco	Yes/ <input checked="" type="radio"/> No	since / (freq.)
Bowel Habits		Any other habit		

FOR FEMALES :

 Obstetric History : I.D.
 Abortion :
 Others :

General Examination :
 Anemia Cyanosis Jaundice Generalized Lymphadenopathy Pedal oedema

General Examination :
Head : NSF

Injuries (Specify if any) :

Eyes : NSF *glaucoma for Distant vision, Regular vitase*

- 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
- Reactions: Brisk Sluggish No response
- LOC : Alert Confused Sedated
- Speech : Clear Slurred

Respiratory : NSF

- lung sounds : A.E.B.C. 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 belly like ant crawling around apex
- Oedema Yes No Location : Pitting Non-pitting Black.

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
- NO diarrhoea, black 29/10 mil R products when passing stool.

Bowel

- Diarrhoea Constipation Incontinence Blood in stool None
- Pain Yes No Place
- Frequency of stool 1-2/day
- Interventions : None • Laxatives Yes No Type Frequency

Genitorurinary :
 NSF

 Colour of Urine None yellow

 Frequency 3-4 times

 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 U/I Yes No

 Foley's Catheter Yes No

Date of Insertion _____

Reproductive :
 NA

 NSF

LMP _____

Regular / Irregular _____

 Dysmenorrhoea Yes No

 Amenorrhoea 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

Racecourse Road, (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


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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:

Distant Vision without Glasses:

Distant Vision with Glasses:

Near Vision without Glasses:

Near Vision with Glasses:

Intraocular Pressure:

Anterior Segment:

Fundus:

Right Eye:

Left Eye:

*1
9
1
3
3
3*

*1
9
1
3
3
3*

PRESCRIPTION OF GLASSES:

	RIGHT			LEFT		
	Sphere	Cylinder	Axis	Sphere	Cylinder	Axis
Distant	<i>-0.5</i>	<i>—</i>	<i>—</i>	<i>-1.25</i>	<i>—</i>	<i>—</i>
Near	<i>+1.25</i>	<i>—</i>	<i>—</i>	<i>+0.75</i>	<i>—</i>	<i>—</i>

Type of glass: *R*

ADVICE:

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





EAR, NOSE & THROAT CHECK-UP

COMPLAINTS:

to nasal discharge
to sneezing.

EXAMINATION OF EARS:

Local Examination:

- mto

Tympanic Membrane:

fc (R) / fc (L) / 7m / Intact

EXAMINATION OF NOSE:

Local Examination:

- Mucosa dry (R)
dry (L)

THROAT & LARYNX:

- mto

LARYNGOSCOPIC EXAMINATION:

Info ^{Adn} nasal endoscopy
- sleep study

- 7 days steroid nasal spray
flexion nasal spray
DR. NAVNIT MAKWANA
ENT SURGEON





Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Dinesh Kumar Gupta	Lab Id	: 112407500791	Pl. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 46 Y 07-Dec-1977	Registration on	: 09-Nov-2024 09:06	Location	: Main Bldg
Ref. Id	: 300595 / 2817537	Collected at	: SAWPL	Approved on	: 09-Nov-2024 13:05 Status : Final
Ref. By	: Dr. RMO, STERLING...	Collected on	: 09-Nov-2024 09:08	Printed On	: 09-Nov-2024 16:16
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadodra)

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

Test	Result	Unit	Biological Ref. Interval
Hemoglobin	16.1	g/dL	13.0 - 16.5
RBC Count	5.15	millions/cmm	4.5 - 5.5
Hematocrit	H 49.3	%	40 - 49
MCV	95.8	fL	83 - 101
MCH	31.2	pg	27.1 - 32.5
MCHC	32.6	g/dL	32.5 - 36.7
RDW CV	12.60	%	11.6 - 14

Total WBC and Differential Count

WBC count	5570	/cmm	4000 - 10000
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Differential Count

Cell Type	Count	%	Ref. Interval	Absolute Count
Neutrophils	63	%	40 - 80	4139 /cmm 2000 - 6700
Lymphocytes	28	%	20 - 40	1840 /cmm 1000 - 3000
Eosinophils	03	%	1 - 6	197 /cmm 20 - 500
Monocytes	08	%	2 - 10	394 /cmm 200 - 1000
Basophils	0	%	0 - 2	0 /cmm 0 - 100

Platelet Count

Platelet Count	88000	/cmm	150000 - 410000
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MPV	17.00	fL	7.5 - 10.3
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Platelets Morphology	Thrombocytopenia
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Dr. C. Shrinivasan,

M.D (Pathology) [G-18341]

Consultant Pathologist

Page 1 of 13

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Sterling Accuris Pathology Laboratory

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



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LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Dinesh Kumar Gupta	Lab Id	: 112407500791	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 46 Y 07-Dec-1977	Registration on	: 09-Nov-2024 09:08	Location	: Man BNo.7
Ref. Id	: 300595 / 2817537	Collected at	: SAWPL	Approved on	: 09-Nov-2024 13:05 Status: Final
Ref. By	: Dr. RMO . STERLING..	Collected on	: 09-Nov-2024 09:08	Printed On	: 09-Nov-2024 16:16
		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	4	mm/hr	0 - 14

Differential Count
Absolute Count

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LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	Mr. Dinesh Kumar Gupta	Lab Id	112407500791	Pt. Type	Sterling Hospital Vadodara Health Checkup
Sex/Age	Male / 46 Y 07-Dec-1977	Registration on	09-Nov-2024 09:06	Location	Main BNo.1
Ref. Id	300595 / 2817537	Collected at	SAWPL	Approved on	09-Nov-2024 12:28 Status: Final
Ref. By	Dr. RMO. STERLING...	Collected on	09-Nov-2024 09:08	Printed On	09-Nov-2024 16:16
		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 <small>Type Agglutination</small>	"O"		
Rh (D) Type	Positive		


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Page 3 of 13

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LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Dinesh Kumar Gupta	Lab Id	: 112407500791	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 46 Y 07-Dec-1977	Registration on	: 09-Nov-2024 09:06	Location	: Main
Ref. Id	: 300595 / 2817537	Collected at	: SAWPL	Approved on	: 09-Nov-2024 10:36 Status: Final
Ref. By	: Dr. RMO - STERLING...	Collected on	: 09-Nov-2024 09:08	Printed On	: 09-Nov-2024 16:16
		Sample Type	: Serum, Urine	Process At	: 75 - Sterling Hospital, Race course (Vadodra)

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <small>GOCPD01</small>	99.0	mg/dL	74 - 100
Fasting Urine Glucose <small>GOCPD02</small>	Absent		Absent
Fasting Urine Ketone <small>WHEKUC01</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	≥ 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 (FBG) ≥ 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, FBG 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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LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mr. Dinesh Kumar Gupta Sex/Age : Male / 46 Y 07-Dec-1977 Ref. Id : 300595 , 2817637 Ref. By : Dr. RMO : STERLING...	Lab Id : 112407500791 Registration on : 09-Nov-2024 09:06 Collected at : SAWPL Collected on : 09-Nov-2024 11:36 Sample Type : Fluoride	PL Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo.7 Approved on : 09-Nov-2024 12:55 Status : Final Printed On : 09-Nov-2024 16:16 Process At : 76 - Sterling Hospital, Race course (Vadodra)

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <small>POB-POB</small>	86	mg/dL	70 - 140
Post-breakfast Urine Glucose <small>POB-POB</small>	Absent		Absent
Post Breakfast Urine Ketone <small>UrinaryKetone</small>	Absent		Absent


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Page 5 of 13


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LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mr. Dinesh Kumar Gupta	Lab Id : 112407500791	Pt. Type : Sterling Hospital Vadodra Health Checkup
Sex/Age : Male / 46 Y / 07-Dec-1977	Registration on : 09-Nov-2024 09:08	Main Location : BNo./
Ref. Id : 300595 / 2817537	Collected at : SAWPL	Approved on : 09-Nov-2024 11:45 Status : Final
Ref. By : Dr. RMG , STERLING...	Collected on : 09-Nov-2024 09:08	Printed On : 09-Nov-2024 16:16
	Sample Type : EDTA blood	Process At : 75 - Sterling Hospital Race course (Vadodra)

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

Test	Result	Unit	Biological Ref. Interval
HbA1c	4.70	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	88.19	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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Page 6 of 13


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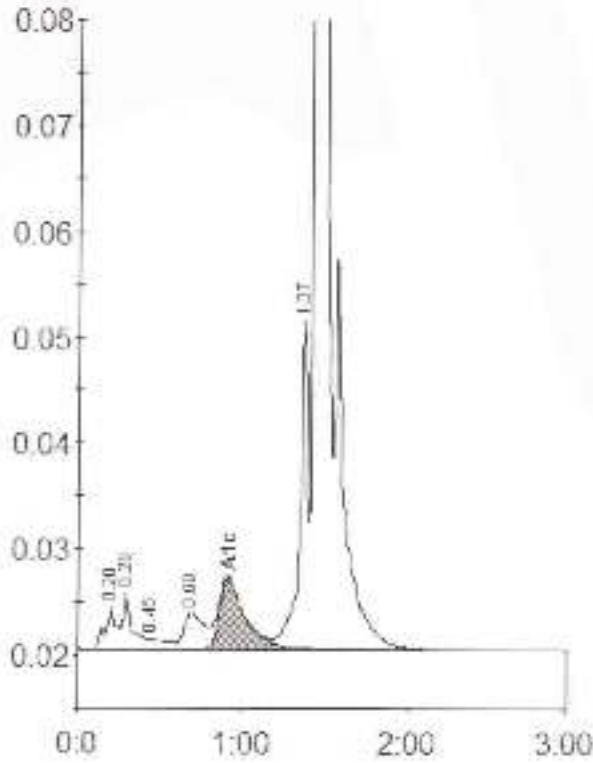


Patient report

Sterling Hospitals

ID: 112407500791
 S/N: #DJ8G550303
 Sample ID: 112407500791
 Injection date: 09/11/2024 11:22 AM
 Injection #: 9
 Rack #: ---

DATE: 09/11/2024
 TIME: 11:22 AM
 Software version: 4.30-2
 Method: HbA1c
 Rack position: 9



Peak table - ID: 112407500791

Peak	R.time	Height	Area	Area %
A1a	0.20	3865	18711	0.9
A1b	0.29	3627	21810	1.1
F	0.45	1102	7363	0.4
LA1c/CHb-1	0.69	3429	30734	1.5
A1c	0.91	6780	73109	4.7
P3	1.37	31048	109913	5.5
A0	1.44	602250	1750303	87.0
Total Area:			2011943	

Concentration:	%
A1c	4.7





Passport No :

LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mr. Dinesh Kumar Gupta	Lab Id : 112407500791	Pt. Type : Storing Hospital Vadodera Health Checkup
Sex/Age : Male / 46 Y / 07-Dec-1977	Registration on : 08-Nov-2024 09:06	Location : Main BNo./
Ref. Id : 300695 / 2817537	Collected at : SAWPL	Approved on : 09-Nov-2024 10:36 Status : Final
Ref. By : Dr. RMO , STERLING...	Collected on : 09-Nov-2024 09:08	Printed On : 09-Nov-2024 16:16
	Sample Type : Serum	Process At : 76 - Sterling Hospital, Race course (Vadodra)

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol (total) - Peroxidase</i>	179.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Triglyceride (Lipid) (GPO/PT/12)</i>	113.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>HDL-C</i>	L 35.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct LDL</i>	H 121.00	mg/dL	Optimal: <100 Near to above Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: =190
VLDL <i>Calculated</i>	22.60	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	H 5.1		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	3.5		Up to 3.5


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	Sample Type : Serum	Process At : 75 - Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M

Test	Result	Unit	Biological Ref. Interval
Uric Acid <small>Uricase</small>	5.50	mg/dL	3.5 - 8.5
Blood Urea Nitrogen <small>Calc. Urea</small>	16.82	mg/dL	9.0 - 20.0
Urea <small>Urea, Glomerular</small>	36.0	mg/dL	19.3 - 43.0
Creatinine, serum <small>Creatinine, Anionic</small>	0.80	mg/dL	0.66 - 1.25
BUN Creatinine Ratio <small>Calc. Ratio</small>	21.02		
Urea Creatinine Ratio <small>Calc. Ratio</small>	45.00		


Dr. C. Shrinivasan..
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 Consultant Pathologist

Page 9 of 13


Sterling Accuris Pathology Laboratory

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Passport No :

LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mr. Dinesh Kumar Gupta	Lab Id : 112407500791	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Male / 46 Y / 07-Dec-1977	Registration on : 09-Nov-2024 09:06	Main Location : BNo.1
Ref. Id : 300595 / 2917537	Collected at : SAWPL	Approved on : 09-Nov-2024 10:39 Status : Final
Ref. By : Dr. RMO - STERLING...	Collected on : 09-Nov-2024 09:08	Printed On : 09-Nov-2024 16:16
	Sample Type : Serum	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) <small>Uric Acid, PSP, IFCC</small>	43.0	U/L	0 - 50
AST (SGOT) <small>Uric Acid, PSP</small>	32.0	U/L	17 - 59
GGT (Gamma Glutamyl Transferase) <small>Uric Acid, PSP, IFCC, IFCC</small>	16.0	U/L	15 - 73
Alkaline Phosphatase <small>PAP, AM, Butler, IFCC</small>	99.0	U/L	38 - 126
Total Bilirubin <small>Total Bilirubin, Colorimetric</small>	0.50	mg/dL	0.2 - 1.3
Conjugated Bilirubin <small>Conjugated Bilirubin, Colorimetric</small>	0.10	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <small>Unconjugated Bilirubin, Colorimetric</small>	0.20	mg/dL	0.0 - 1.1
Delta Bilirubin <small>Delta Bilirubin</small>	0.20	mg/dL	0.0 - 0.2
Total Protein <small>Copper, Urine to occur complex</small>	7.10	g/dL	6.3 - 8.2
Albumin <small>Monobromocresol Green Method</small>	4.40	g/dL	3.5 - 5.0
Globulin <small>Calculated</small>	2.70	g/dL	2.3 - 3.5
A/G Ratio <small>Calculated</small>	1.63		1.3 - 1.7


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Page 10 of 13


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Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Dinesh Kumar Gupta	Lab Id	: 112407500791	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 46 Y / 07-Dec-1977	Registration on	: 09-Nov-2024 09:06	Location	: Main BNo.1
Ref. Id	: 300695 / 2817537	Collected at	: SAWPL	Approved on	: 09-Nov-2024 10:39 Status: Final
Ref. By	: Dr. RMO, STERLING...	Collected on	: 09-Nov-2024 09:08	Printed On	: 09-Nov-2024 16:16
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodra)

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Immunoassay

Test	Result	Unit	Biological Ref. Interval
Prostate Specific Ag. (PSA), Total	0.38	ng/mL	Upto 2.0 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 infarction

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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Page 11 of 13


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LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mr. Dinesh Kumar Gupta	Lab Id : 112407500791	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Male / 46 Y 07-Dec-1977	Registration on : 09-Nov-2024 09:06	Main Location : BNo.7
Ref. Id : 320580 / 2817537	Collected at : SAWPL	Approved on : 09-Nov-2024 11:20 Status : Final
Ref. By : Dr. RMO - STERLING...	Collected on : 09-Nov-2024 09:08	Printed On : 09-Nov-2024 16:16
	Sample Type : Serum	Process At : 75 - Sterling Hospital, Race course (Vadodar

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

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <small>CLM</small>	1.40	ng/mL	0.55 - 1.59
T4, total (Thyroxine) <small>CLJA</small>	8.71	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <small>Chemiluminescence</small>	1.9950	µIU/mL	0.4001 - 4.040

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 radioactive; 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: Amlodarone, 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); Postnatal (granulomatous, subacute, DeQuervain's); Gestational thyrotoxicosis hyperemesis gravidarum.
Decreased or within range	Raised	Within range	T3 toxicosis; Non-Thyroidal illness.

 Reference: *Walsh's Interpretation of Diagnostic* by Mary K.Watson, 10th edition, 2015.


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Page 12 of 13


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LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mr. Dinesh Kumar Gupta	Lab Id : 112407500791	Pt. Type : Sterling Hospital Vadodera Health Checkup
Sex/Age : Male / 46 Y 07-Deco-1977	Registration on : 09-Nov-2024 09:06	Location : Main BNo.7
Ref. Id : 300695 / 2817537	Collected at : SAWPL	Approved on : 09-Nov-2024 10:58 Status : Final
Ref. By : Dr. RMO , STERLING...	Collected on : 09-Nov-2024 09:09	Printed On : 09-Nov-2024 16:16
	Sample Type : Urine	Process At : 75 - Sterling Hospital, Race course (Vadodar)

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>Orbital indicator</i>	6.0		6.5 - 7.0
Specific Gravity <i>Pyelometry based reaction</i>	1.025		1.015 - 1.025
Protein <i>Fuchsin water of indicators</i>	Absent		Absent
Glucose <i>GOD-POD</i>	Absent		Absent
Ketone <i>Nitroprusside</i>	Absent		Absent
Blood <i>Peroxidase like reaction</i>	Absent		Absent
Bilirubin <i>Diazo reaction</i>	Absent		Absent
Leucocytes <i>Esterase reaction</i>	Absent		Absent
Nitrite <i>Diazotizable acid to diazonium compounds</i>	Absent		Absent
Microscopic Examination			
Erythrocytes (RBCs)	Absent	/hpf	0 - 2
Pus Cells	Occasional	/hpf	0 - 5
Epithelial Cells	Occasional	/hpf	
Crystals	Absent		Absent
Casts	Absent		Absent
Bacteria	Absent		Absent
Amorphous Material	Absent		Absent
Yeast	Absent		Absent

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


Dr. C. Shrinivasan..

M.D (Pathology) [G-18341]

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Page 13 of 13


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Report Date: 09 Nov 2024 - 10:47 AM

Patient Id	: RCR-300595	Patient Name	: GUPTA DINESH KUMAR
Age	: 46Y 11M 2D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 09 Nov 2024 - 09:52 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.
Costal C.P. angles and both domes of diaphragm appear normal.
Bony thorax under vision appears normal.

CONCLUSION:

No significant chest abnormality detected.

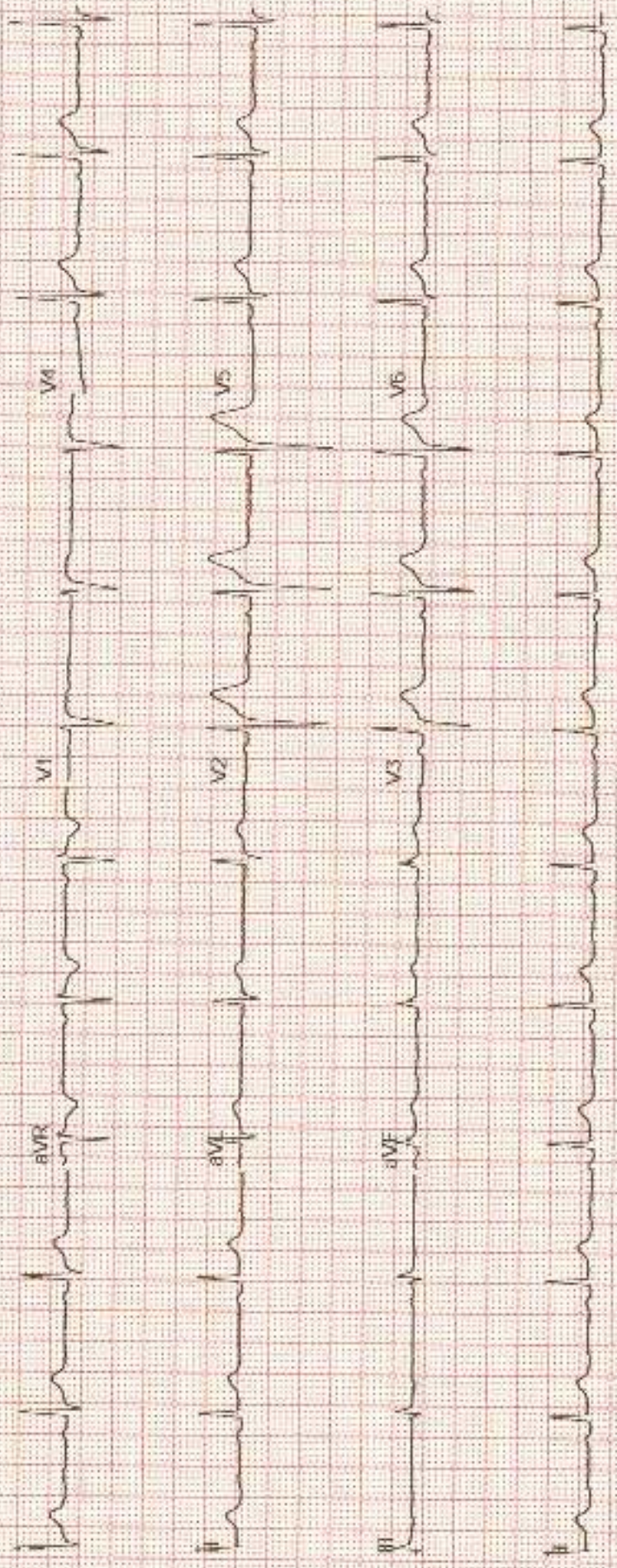

Dr. Shilpi Gupta MD
Sr. Consultant Radiologist

9623

Male

45 Years

QRS 92 ms
 QT / QTcBaz 350 / 359 ms
 PR 136 ms
 P 74 ms
 RR / PP 500 / 495 ms
 P / QRS / T 31 / 34 / 24 degrees





Patient Id	: RCR-300595	Patient Name	: GUPTA DINESH KUMAR
Age	: 46Y 11M 2D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 09 Nov 2024 - 11:34 AM

ULTRASOUND OF ABDOMEN AND PELVIS

FINDINGS

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

Portal vein (13 mm) and **CBD** (4.7 mm) appears normal.

Gall bladder is contracted. No pericholecystic fluid.

Visualized **head of pancreas** appears normal.

Spleen appears normal in size (9.3 cm) and shows normal echotexture. No focal lesion seen.

Right kidney appears normal (11 x 4.5 cm). There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained. **Tiny cortical cyst measuring - 9 x 7 mm is seen at upper pole cortex.**

Left kidney appears normal (10.6 x 4.7 cm). There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained.

Urinary bladder is well distended with normal wall. No calculus or mass lesion is seen.

Prostate measures ~ 12.8 cc. No focal mass is seen.

No evidence of ascites seen.

IMPRESSION

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

Dr. Palak Nandolia
Consultant Radiologist



TABULAR SUMMARY REPORT

DIN KSHI, GUPTA
 ED: 000200153

Age: 44 years
 Sex: Male
 Date: 11-11-80

Cholesterol:

Male

BRUCE
 Max HR: 155 bpm
 Max BP: 140/80
 % of max predicted: 74 bpm
 Maximum workload: 10 METS

Total Exercise Time: 8:59
 25.0 mph/s
 10.0 mph/min
 150 Hz

Reason for Referral: THER SCHEDULED
 Comments: GOOD EFFORT TO ARRANGE
 NORMAL HR AND BP RESPONSE
 NO ST CHANGES SEEN DURING EXERCISE OR RECOVERY
 NO ANGINA OR ARHYTHMIAS
 TEST IS NEGATIVE FOR ISCHEMIA
 DR. KAUSHIK TRIVEDI CARDIOLOGIST

Referred by: MCP
 Test no:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Work Load (METS)	HR (bpm)	BP (mmHg)	MAP (x100)
PRETEST	SUBINE	1:17	0.5	0.0	1.0	75	130/80	98
EXERCISE	STANDING	0:55	1.7	0.0	1.4	82	90/80	107
	HYPERVENT	0:34	0.8	0.0	1.1	75	130/80	98
	STAGE 1	3:00	1.5	0.0	4.6	107	140/80	139
	STAGE 2	3:00	2.5	0.0	8.0	125	130/80	163
RECOVERY	STAGE 3	2:59	3.1	0.0	12.1	85	100/80	217
	RECOVERY	4:14	0.5	0.0	1.0	75	120/80	124