



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name:PADMABEN G PARMAR	
SH No: 260151	Date:22 08 2024
Age: 63	Gender:FEMALE

ASSESSMENT:

- o OBESITY(BMI:33.3)
- o K/C/O : HTN(SINCE 35 YEARS) AND HYPERCHOLESTEROLEMIA, ON REGULAR TREATMENT
- o C/O:FEELING LIKE INCREASED WEIGHT AND OCCASIONAL TIREDNESS
- o O/E-B.P:140/90
- o P/H/O OPERATION: HYSTERECTOMY(1999),B/L CATRACT SURGERY(2020),CHOLECYSTECTOMY(2021)
- o F/H/O DIABETES(BROTHER)
- o LOW HB(8.3),LOW HEMATOCRIT(28.6),LOW MCV(67.4),LOW MCH(19.5),LOW MCHC(28.9),HIGH RDW CV(18.10), HIGH PLATELET COUNT(428000/CMM)
- o HIGH ESR(35)
- o HIGH FBS(109),HIGH HBA1C(6.80)
- o LOW HDL CHOLESTEROL(38)
- o LOW BLOOD UREA NITROGEN(5.14),LOW BLOOD UREA(11),LOW SERUM CREATININE(.50)
- o LOW A/G RATIO(1.26)
- o HIGH T3 TOAL(TRIODOOTHYRONINE)(1.62),HIGH T4,TOTAL(THYROXINE)(13)
- o XRAY CHEST PA VIEW:POOR INSPIRATORY EFFORTS,A FIBROTIC BAND IN LEFT MID ZONE,BOTH LUNG FIELDS SHOW PROMINENT BRONCHO VASCULAR MARKINGS PREDOMINANTLY IN LOWER ZONES,CARDIAC SIZE APPEAR MILDLY ENLARGED
- o URINE R/M: LOW SPECIFIC GRAVITY(1)
- o 2D ECHO : TRACE MR,TRACE TR,RVSP=26MMHG+RAP
- o PAP SMEAR- SEVERE ACUTE INFLAMMATION,ATROPHY,REACTIVE CELLULAR CHANGES ASSOCIATED WITH INFLAMMATION
- o USG ABDOMEN AND PELVIS :MILD HEPATOMEGALY WITH GRADE I GENERALIZED FATTY INFILTRATION OF LIVER

ADVISED:

- o PLENTY OF LIQUIDS
- o SALT RESTRICTED,ANTI DIABETIC & IRON RICH DIET
- o AVOID OUT SIDE FOOD AND WATER
- o REGULAR EXERCISE & WEIGHT REDUCTION.
- o CORRECTION OF ANAEMIA AND WORK UP
- o REGULAR BLOOD PRESSURE AND BLOOD SUGAR MONITORING AND CONTROL
- o OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- o GYNAC CONSULTATION
- 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

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

Registered Office: Sterling Addlife India Private Limited | CIN U85110GJ2000PTC039121
Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad-380052, Gujarat, India





HEALTH CHECK UP MEDICAL EXAMINATION

Name : Mrs Padmalaben Parmar. Employee ID : _____
 Company Name : _____ Age : 63 Sex : M/F
 Height : 57 cms. Weight : 76 Kgs BMI : 33.33 Blood Group : B+ve
 Name of HO / Registrar taking History : Dr. Jay S. Pandit

Allergies : None Yes (If Yes, describe)

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

Chief Complaints :
 Clo - weight increase feeling
 - occasional burps

Physical Examination :

Vital Signs :
 Temp : Afebrile ° F SPO₂ : 99 Pulse : 93 /min R/R : 19 /min B.P. : 140/90 mm Hg

Past History :

If Hypertension, since 3/4/20 On Medication 1) _____ 2) Olmo-Amlinor 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 : Hysterectomy Name of Operation : _____ Year of Operation : (1999)	Any Other Medication _____ P/H of Hospitalization _____ Diagnosis : for operation Year : _____ Duration : _____ Blood Transfusion History : Yes <input checked="" type="checkbox"/> No _____ Year : _____
Others : (thyroidectomy 2021) B/E tuberculosis (2020)	

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

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

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

Personal History :

Diet	veg.	Smoking	Yes/No	since / per day
Appetite	regular	Alcohol	Yes/No	since / (freq.)
Sleep	regular	Drugs	Yes/No	since / (freq.)
Micturition	regular	Tobacco	Yes/No	since / (freq.)
Bowel Habits		Any other habit		

FOR FEMALES :

Obstetric History : L.D.

Abortion :

Others :

926 Aoh [Sister with 38
 22nd child 35
 05/01

General Examination :
 Anemia Cyanosis Jaundice Generalized Lymphadenopathy Pedal oedema

General Examination :

Head : NSF

Injuries (Specify if any) :

Eyes : NSF : glances for near vision, regularly white marks over

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

Remarks (if any) :

Ears : NSF

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

Nose : NSF

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

Mouth : NSF

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

Throat/Neck : NSF

- Swollen glands Yes No Stiffness Yes No Dysphagia Yes No

SYSTEMIC EXAMINATION
Neurological : NSF

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

Respiratory : NSF

- Lung sounds : DEB C 100%
- 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
- Frequency of stool 2 times/day
- Interventions : None • Laxatives Yes No Type Frequency

Genitorurinary : NA NSF

 Colour of Urine Note of blood Frequency 6-7 / day

 Pain Yes No Burning Yes No Itching Yes No
 Urgency Yes No Incontinence Yes No
 Nocturia Yes No Urostomy Yes No
 History of calculi Yes No History of UTI Yes No
 Foleys Catheter Yes No Date of Insertion _____

Reproductive : NA NSF

 LMP _____ Regular / Irregular _____
 Dysmenorrhea Yes No Amenorrhea Yes No if yes, Duration _____
 Menopausal Yes No if yes, Duration postmenstruation 25 yrs
 Vaginal discharge Yes No Itching Yes No

Breasts NA NSF

 Breast Feeding Yes No Lumps Yes No

Positive Finding & Advice

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 Race Course 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: |

Any Surgery: → (B) Cataract x 4y

Color Blind: |

Diabetes: |

Hypertension: → Yes

Any Treatment: |

EXAMINATION OF EYES:

Distant Vision without Glasses: Right Eye: 6/6 Left Eye: 6/6

Distant Vision with Glasses: _____

Near Vision without Glasses: ↙ _____ ↘

Near Vision with Glasses: _____ N/G _____ N/G

Intraocular Pressure: _____

Anterior Segment: _____ Pseudophakia

Fundus: _____ non

PRESCRIPTION OF GLASSES:

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

Type of glass: _____

ADVICE: . sup @ intely

DR TARAL SHAH
(OPHTHALMOLOGIST)

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

DR KUNTAL SHAH
(OPHTHALMOLOGIST)





GYNAECOLOGIST CHECK UP

NAME: Padmaben G Parmar

DATE: 22/08/24

AGE: 63 yrs

1 Female - 38 yrs

1 male - 35 yrs

COMPLAINTS: Clo HTN

Both of FTND

O/H PARA: G₂P₂A₀L₂

Vaginal hysterectomy
done
before 25 yrs

MENSTRUAL H/O: T V H done
25 yrs

P/A: Soft

P/S: NAD

P/V: NAD

ADVICE: Vault smear test taken

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DR. ARCHANA DWIVEDI
(GYNAECOLOGIST)



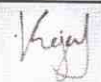
Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mrs. Padmaben Gunvatbhai Parmar	Lab Id	: 082407502060	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 63 Y 14-Aug-1961	Registration on	: 22-Aug-2024 08:47	Location	: Main BNo./
Ref. Id	: 260151 / 2806614	Collected at	: SAWPL	Approved on	: 22-Aug-2024 12:12 Status : Final
Ref. By	: Dr. RMO , STERLING...	Collected on	: 22-Aug-2024 08:43	Printed On	: 22-Aug-2024 16:02
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Complete Blood Count

Test	Method	Result	Unit	Biological Ref. Interval
Hemoglobin	Colorimetric	L 8.3	g/dL	12.0 - 16.0
RBC Count	Electrical impedance	4.25	million/cmm	3.8 - 4.8
Hematocrit	Calculated	L 28.6	%	36 - 48
MCV	Derived	L 67.4	fL	83 - 101
MCH	Calculated	L 19.5	pg	26.4 - 33.2
MCHC	Calculated	L 28.9	g/dL	31.8 - 35.9
RDW CV	Calculated	H 18.10	%	11.6 - 14
Total WBC and Differential Count				
WBC count	SF Cube cell analysis	9440	/cmm	4000 - 10000
Differential Count				
Neutrophils	Microscopic	63	% 40 - 80	Absolute Count 5947 /cmm 2000 - 6700
Lymphocytes	Microscopic	30	% 20 - 40	2832 /cmm 1000 - 3000
Eosinophils	Microscopic	03	% 1 - 6	283 /cmm 20 - 500
Monocytes	Microscopic	04	% 2 - 10	378 /cmm 200 - 1000
Basophils	Microscopic	0	% 0 - 2	0 /cmm 0 - 100
Platelet Count				
Platelet Count	Electrical impedance	428000	/cmm	150000 - 410000
MPV	Calculated	9.20	fL	7.5 - 10.3
Platelets Morphology		Platelets are adequate on Smear		


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MD

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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Erythrocytes Sedimentation Rate			
ESR	Capillary photometry H 35	mm/1hr	0 - 23

Differential Count
Absolute Count

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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

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	: Female / 63 Y 14-Aug-1961	Registration on	: 22-Aug-2024 08:47	Location	: Main BNo./
Ref. Id	: 260151 / 2806614	Collected at	: SAWPL	Approved on	: 22-Aug-2024 10:46 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 22-Aug-2024 08:43	Printed On	: 22-Aug-2024 16:02
		Sample Type	: Serum, Urine	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <i>GOD-POD</i>	H 109.0	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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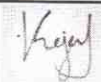
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Ref. Id	: 260151 / 2806614	Collected at	: SAWPL	Approved on	: 22-Aug-2024 12:32 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 22-Aug-2024 11:18	Printed On	: 22-Aug-2024 16:02
		Sample Type	: Fluoride	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <i>GOD-POD</i>	132	mg/dL	70 - 140
Post-breakfast Urine Glucose <i>GOD-POD</i>	Absent		Absent
Post Breakfast Urine Ketone <i>Nitroprusside</i>	Absent		Absent



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Ref. Id	: 260151 / 2806614	Collected at	: SAWPL	Approved on	: 22-Aug-2024 13:23 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 22-Aug-2024 08:43	Printed On	: 22-Aug-2024 16:02
		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	H 6.80	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	148.46	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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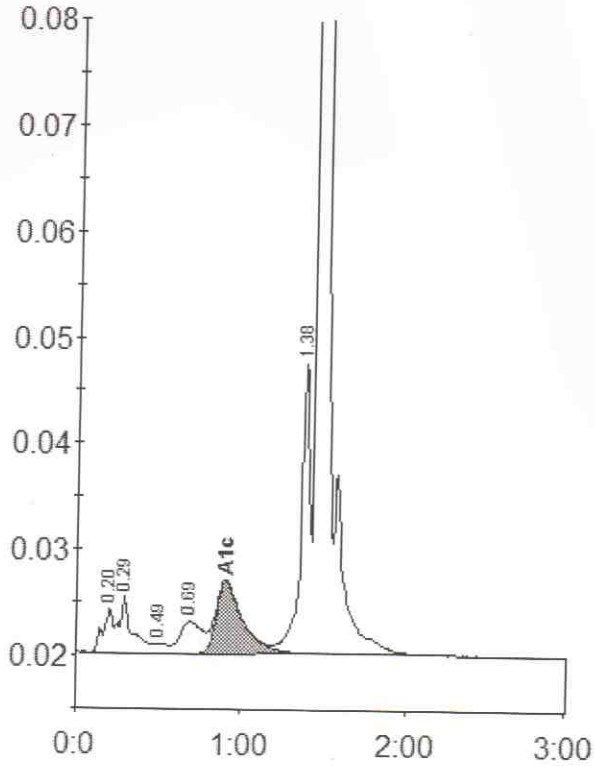




Patient report

Sterling HOSPITALS

Bio-Rad DATE: 22/08/2024
 ID: 082407502060 TIME: 01:19 PM
 S/N: #DJ8G550303 Software version: 4.30-2
 Sample ID: 082407502060
 Injection date: 22/08/2024 01:18 PM
 Injection #: 8 Method: HbA1c
 Rack #: --- Rack position: 8



Peak table - ID: 082407502060

Peak	R.time	Height	Area	Area %
A1a	0.20	4173	17633	1.2
A1b	0.29	5325	29300	2.1
F	0.49	839	4220	0.3
LA1c/CHb-1	0.69	2912	27167	1.9
A1c	0.90	6802	75293	6.8
P3	1.38	27748	100083	7.0
A0	1.45	431710	1166681	82.1
Total Area:		1420376		

Concentration:	%
A1c	6.8



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Passport No :

LABORATORY TEST REPORT


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Name : Mrs. Padmaben Gunvatbhai Parmar Sex/Age : Female / 63 Y 14-Aug-1961 Ref. Id : 260151 / 2806614 Ref. By : Dr. RMO . STERLING...	Lab Id : 082407502060 Registration on : 22-Aug-2024 08:47 Collected at : SAWPL Collected on : 22-Aug-2024 08:43 Sample Type : Serum	Pt. Type : Sterling Hospital Vadodara Health Checkup Main Location : BNo./ Approved on : 22-Aug-2024 10:46 Status : Final Printed On : 22-Aug-2024 16:02 Process At : 75 – Sterling Hospital, Race course (Vadodara)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase – Peroxidase</i>	134.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPa/POD)</i>	94.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl2</i>	L 38.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	83.00	mg/dL	Optimal: <100 Near to above Optimal: 100–129 Borderline High: 130-159 High: 160–189 Very High: =190
VLDL <i>Calculated</i>	18.80	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	3.5		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	2.2		Up to 3.5


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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	4.00	mg/dL	2.5 - 6.2
Blood Urea Nitrogen <i>Calculated</i>	L 5.14	mg/dL	7.0 - 17.0
Urea <i>Urease, Colorimetric</i>	L 11.0	mg/dL	15.0 - 36.4
Creatinine, serum <i>Creatinine Amidohydrolase</i>	L 0.50	mg/dL	0.52 - 1.04
BUN Creatinine Ratio <i>Calculated</i>	10.28		
Urea Creatinine Ratio <i>Calculated</i>	22.00		


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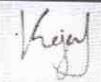
Passport No :

LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mrs. Padmaben Gunvatbhai Parmar Sex/Age : Female / 63 Y 14-Aug-1961 Ref. Id : 260151 / 2806614 Ref. By : Dr. RMO . STERLING...	Lab Id : 082407502060 Registration on : 22-Aug-2024 08:47 Collected at : SAWPL Collected on : 22-Aug-2024 08:43 Sample Type : Serum	Pt. Type : Sterling Hospital Vadodara Health Checkup Main Location : BNo./ Approved on : 22-Aug-2024 10:46 Status : Final Printed On : 22-Aug-2024 16:02 Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Liver Function Test

Test	Result	Unit	Biological Ref. Interval
ALT (SGPT) <i>UV with P5P, IFCC</i>	19.0	U/L	0 - 35
AST (SGOT) <i>UV with P5P</i>	27.0	U/L	14 - 36
GGT (Gamma Glutamyl Transferase) <i>L-y-Glytamyl-p-nitroanilide</i>	17.0	U/L	12 - 43
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	103.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	0.50	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>	0.20	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>	7.90	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	4.40	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	3.50	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	L 1.26		1.3 - 1.7


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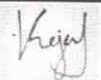
Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mrs. Padmaben Gunvatbhai Parmar	Lab Id	: 082407502060	Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Female / 63 Y 14-Aug-1961	Registration on	: 22-Aug-2024 08:47	Location	: BNo./
Ref. Id	: 260151 / 2806614	Collected at	: SAWPL	Approved on	: 22-Aug-2024 12:09 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 22-Aug-2024 08:43	Printed On	: 22-Aug-2024 16:02
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Thyroid Function Tests

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <small>CLIA</small> Rechecked	H 1.62	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <small>CLIA</small> Rechecked	H 13.00	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <small>Chemiluminescence</small>	3.0810	µIU/mL	Non-Pregnant Woman: 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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LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mrs. Padmaben Gunvatbhai Parmar Sex/Age : Female / 63 Y 14-Aug-1961 Ref. Id : 260151 / 2806614 Ref. By : Dr. RMO . STERLING...	Lab Id : 082407502060 Registration on : 22-Aug-2024 08:47 Collected at : SAWPL Collected on : 22-Aug-2024 08:43 Sample Type : Serum	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 22-Aug-2024 12:09 Status : Final Printed On : 22-Aug-2024 16:02 Process At : 75 – Sterling Hospital, Race course (Vadodar

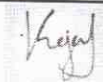
MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

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'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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LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mrs. Padmaben Gunvatbhai Parmar Sex/Age : Female / 63 Y 14-Aug-1961 Ref. Id : 260151 / 2806614 Ref. By : Dr. RMO . STERLING...	Lab Id : 082407502060 Registration on : 22-Aug-2024 08:47 Collected at : SAWPL Collected on : 22-Aug-2024 08:43 Sample Type : Urine	Pt. Type : Sterling Hospital Vadodara Health Checkup Main Location : BNo./ Approved on : 22-Aug-2024 10:56 Status : Final Printed On : 22-Aug-2024 16:02 Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
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>	L 1.000		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
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	Occasional	/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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Histo / Cyto No : C4O00707

LABORATORY REPORT


Patient Information		Sample Information		Client / Location Information	
Name	: Mrs. Padmaben Gunvatbhai Parmar	Lab ID	: 082407502060	Client Name	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Female /63 Years	Registered on	: 22-Aug-2024 08:47	Location	:
Ref. Id	:	Collected at	: non SAWPL	Approved on	: 22-Aug-2024 15:00
Ref. By	: Dr. RMO . STERLING...	Collected on	: 22-Aug-2024 11:39	Printed on	: 22-Aug-2024 16:02
		Sample Type	: PAP Material	Processed at	: 17 – Sterling Hospital, Bhayli (Vadodara)
Branch	: 75 – Sterling Hospital, Race course (Vadodara)				

CYTOPATHOLOGY

 * **PAP Smear No. :**

P - 507/24

 * **Obstetric History :**

G2 P2 A0 L2

 * **Menstrual History :**

Menopausal : Hysterectomy done last 25 years.

 * **Per-Speculum Examination :**

NAD

 * **Per-Vaginal Examination :**

NAD

 * **Specimen Adequacy :**

Satisfactory for evaluation : Endocervical and Transformation Zone Absent.

* :

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.

* :

: Reactive cellular changes associated with inflammation.

: Atrophy

: Severe Acute inflammation

Dr. Swati Gupta

MD (Path) DipRCPath

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Patient Information		Sample Information		Client / Location Information	
Name	: Mrs. Padmaben Gunvatbhai Parmar	Lab ID	: 082407502060	Client Name	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Female /63 Years	Registered on	: 22-Aug-2024 08:47	Location	:
Ref. Id	:	Collected at	: non SAWPL	Approved on	: 22-Aug-2024 15:00
Ref. By	: Dr. RMO . STERLING...	Collected on	: 22-Aug-2024 11:39	Printed on	: 22-Aug-2024 16:02
		Sample Type	: PAP Material	Processed at	: 17 – Sterling Hospital, Bhayli (Vadodara)
Branch	: 75 – Sterling Hospital, Race course (Vadodara)				

Remark :

Repeat is advisable after adequate clinical interval & intervention.

It is a vault smear.

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



Dr. Swati Gupta
MD (Path) DipRCPath

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Patient Id	: RCR-260151	Patient Name	: PARMAR PADMABEN GUNVATBHAI
Age	: 63Y 8D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 22 Aug 2024 - 09:34 AM

X-RAY CHEST PA VIEW

Poor inspiratory efforts.

A fibrotic band in left mid zone.

Both lung fields show prominent broncho-vascular markings predominantly in lower zones.

Cardiac size appears mildly enlarged.

Trachea and mediastinal soft tissue shadow appear unremarkable.

Bilateral C.P. angles and both domes of diaphragm appear normal.

Bony thorax under vision appears normal.



Dr. Shilpi Gupta MD
Sr. Consultant Radiologist

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2D ECHOCARDIOGRAPHY REPORT



Race Course Road, Vadodara

Name: Mrs. PADMA G PARMAR
Age: 63 Years
Sex: F
Date: 22-Aug-2024

Ref By: HCP
Study: 2D Echo

M-MODE:

IVS	11mm	LVDD	46mm
PW	11mm	LVDS	26mm
LA	37mm	LV EF	55 %

DOPPLER STUDY:

MITRAL	E 1.12 A 0.46
AORTIC	1.22
TRICUSPID	N
PULMONARY	N

CONCLUSION :

- NORMAL SIZED CHAMBERS
- NORMAL LV SYSTOLIC FUNCTION LVEF 60 %
- NO RWMA AT REST
- NO DIASTOLIC DYSFUNCTION
- TRACE MR, TRACE TR, RVSP= 26MMHG+RAP
- OTHER VALVES ARE NORMAL
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- IVC NORMAL

Dr. KAUSHIK TRIVEDI MD
Consultant interventional Cardiologist

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22.08.2024 9:08:59
STERLING HC TAL
HCP
VADODARA

Female

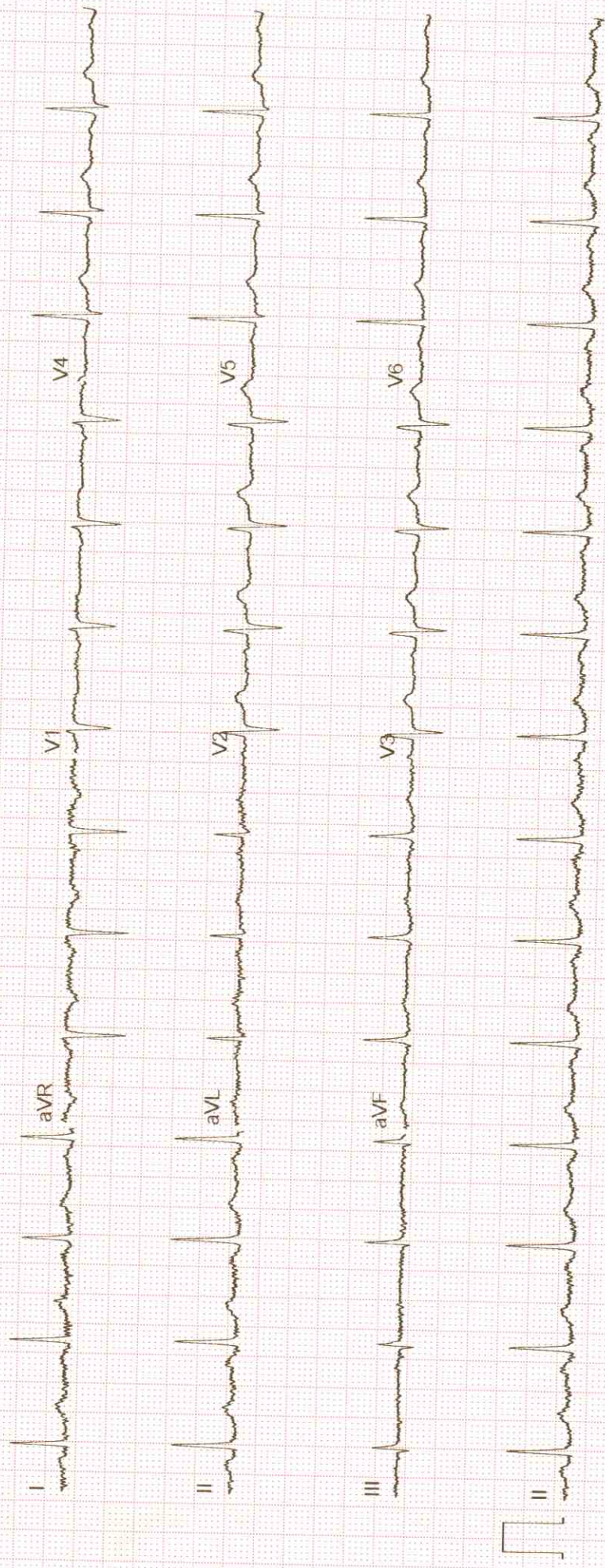
63 Years

LOT D819
87 bpm
-- / -- mmHg

WNL

Normal sinus rhythm
Normal ECG

QRS 70 ms
QT / QTcBaz 368 / 442 ms
PR 136 ms
P 80 ms
RR / PP 692 / 689 ms
P / QRS / T 34 / 48 / 38 degrees





Race Course Road, Vadodara

Report Date: 22 Aug 2024 - 10:02 AM

Patient Id	: RCR-260151	Patient Name	: PARMAR PADMABEN GUNVATBHAI
Age	: 63Y 8D	Sex	: Female
Ref. Doctor	: DR.RMO.STERLING	Study Date	: 22 Aug 2024 - 10:42 AM

SONOGRAPHY OF WHOLE ABDOMEN: -

LIVER: Liver appears mildly enlarged in size (16.3 cm) and shows bright parenchymal echoes, grade I. No evidence of focal lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicals appear normal. Portal vein is normal in caliber measuring 12.3 mm at porta & shows hepatopetal blood flow.

GALL BLADDER: Gall bladder is not seen (H/O cholecystectomy). CBD appears prominent (6.3 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 11.6 x 4.9 cm

Left kidney measures 12.2 x 5.4 cm

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

URINARY BLADDER: Bladder is normally distended and appears unremarkable. No bladder calculus, diverticulum or mass lesion is seen.

UTERUS: Uterus is not seen (H/O hysterectomy).

No evidence of adnexal mass lesion is seen.

No evidence of ascites, lymphadenopathy is seen.

Gaseous distention of bowel loops is seen.

CONCLUSION:

- Mild Hepatomegaly with grade I generalized fatty infiltration of liver.
- No other significant abnormality detected.

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