



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name:MR RAMAVATAR GUPTA	
SH No: 298391	Date:10 08 2024
Age: 38	Gender:MALE

ASSESSMENT:

- OVER WEIGHT(BMI:25.80)
- K/C/O :EPILEPSY(LAST EPISODE 10 YEARS BACK),ON TAKING T.ZEN 200(IRREGULARLY)
- P/H/O: SPLEENECTOMY(2009 DUE TO RTA)
- OCCASIONALLY HEADCHE
- BORDERLINE HIGH RDW CV(14.30)
- BORDERLINE HIGH POST-BREAKFAST BLOOD GLUCOSE(146),HIGH HBA1C(6.30)
- HIGH CHOLESTEROL(246),BORDERLINE HIGH TRIGLYCERIDE(168),LOW HDL CHOLESTEROL(39),HIGH DIRECT LDL(172),BORDELINE HIGH CHOL/HDL RATIO(6.3),BORDELINE HIGH DLDL/HDL RATIO(4.4)
- HIGH BLOOD UREA NITROGEN(7.01),BORDERLINE HIGH UREA(15)
- HIGH SGPT(165),HIGH SGOT(68),LOW A/G RATIO(1.29)
- ECG: Q WAVE IN L3
- USG ABDOMEN AND PELVIS :MODERATE FATTY LIVER(GRADE 2),REMNANT SPLENIC TISSUE/SPLENUNCULI IN LEFT SUBDIAPHRAGMATIC REGION,SMALL LEFT RENAL CYST

ADVISED:

- PLENTY OF LIQUIDS
- ANTI DIABETIC DIET
- REGULAR EXERCISE.
- OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- ENT ADVICE:FOLLOW ADVICE
- 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 : Ramavtar Gupta Employee ID : _____
 Company Name : _____ Age : 38 Sex : M / F
 Height : 169 cms. Weight : 73.7 Kgs BMI : 25.10 Blood Group : _____
 Name of HO / Registrar taking History : Dr. Ankita

Allergies : None Yes (If Yes, describe)

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

Chief Complaints :

No compl.
last episode 10 yrs back.
oldo epilepsy ; occ. taking T. zen 200 (irregularly)

Physical Examination :

Vital Signs :

Temp : M ° F SPO₂ : 98 Pulse : 98 /min R/R : 18 /min B.P. : 130/80 mm Hg

Past History :

If Hypertension, since	If Diabetes, since
On Medication 1)..... /	On Medication 1)..... /
2)..... /	2)..... /
3)..... /	3)..... /
If Ischaemic Heart Disease since	Under Treatment Dr.
On Medication 1)..... /	If Tuberculosis, When
2)..... /	Any Other P/H
3)..... /
Under Treatment of Dr.	Any Other Medication
Any Intervention done
P/H of Operation	P/H of Hospitalization
Diagnosis :	Diagnosis :
Name of Operation :	Year :
Year of Operation :	Duration :
Others <u>No Splenectomy in 2009</u>	Blood Transfusion History : Yes /No
<u>due to RTA</u>	Year :

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

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

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

Personal History :

Diet] fl	Smoking	Yes/ <u>No</u>	since / per day
Appetite		Alcohol	Yes/ <u>No</u>	since / (freq.)
Sleep		Drugs	Yes/ <u>No</u>	since / (freq.)
Micturition		Tobacco	Yes/ <u>No</u>	since / (freq.)
Bowel Habits		Any other habit		

FOR FEMALES :

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

General Examination :

- Anemia
 Cyanosis
 Jaundice
 Generalized lymphadenopathy
 Pedal oedema

General Examination :

..... NA

Head : NSF

Injuries (Specify if any) :

Eyes : NSF

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

Remarks (if any) :

Ears : NSF

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

Nose : NSF

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

Mouth : NSF

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

Throat/Neck : NSF

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

SYSTEMIC EXAMINATION

Neurological : NSF

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

Respiratory : NSF

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

Cardiovascular : NSF

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

Extremities-Musculoskeletal : NSF

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

Gastrointestinal : NSF

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

Bowel

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

Genitorurinary : NSF

Colour of Urine Pale yellow Frequency 6-8 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 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

not specific

Consultation to Neurophysician for continuation of Anti epileptic medication.

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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:

Any Surgery:

Color Blind:

Diabetes:

Hypertension:

Any Treatment:

NA

EXAMINATION OF EYES:

Right Eye:

Left Eye:

Distant Vision without Glasses:

6/6 *6/6*

Distant Vision with Glasses:

Near Vision without Glasses:

N/6 *N/6*

Near Vision with Glasses:

Intraocular Pressure:

WNL

Anterior Segment:

Fundus:

WNL

PRESCRIPTION OF GLASSES:

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

Type of glass:

ADVICE:

- WNL*
- fit ophthalmologically*
- flap @ monthly*

DR TARAL SHAH
(OPHTHALMOLOGIST)

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





EAR, NOSE & THROAT CHECK-UP

COMPLAINTS:

do sneezing

EXAMINATION OF EARS:

Local Examination:

info

Tympanic Membrane:

Per (RH) / S/C 7m
Tympan.

EXAMINATION OF NOSE:

Local Examination:

DRS (LH)
- confirmed nasal mucosa

THROAT & LARYNX:

info

LARYNGOSCOPIC EXAMINATION:

info

Ab
flexion nasal spray

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VADR NAVNIT MAKWANA

ENT SURGEON





Passport No : **LABORATORY TEST REPORT** 

Patient Information	Sample Information	Location Information
Name : Mr. Ramavatar . Gupta	Lab Id : 082407500992	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Male / 38 Y 05-Dec-1985	Registration on : 10-Aug-2024 10:20	Location : Main BNo./
Ref. Id : 298391 , 2805118	Collected at : SAWPL	Approved on : 10-Aug-2024 12:42 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 10-Aug-2024 10:40	Printed On : 12-Aug-2024 10:07
	Sample Type : Whole blood	Process At : 75 - Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS

Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Hemoglobin <small>Colorimetric</small>	15.0	g/dL	13.0 - 16.5
RBC Count <small>Electrical impedance</small>	4.93	million/cmm	4.5 - 5.5
Hematocrit <small>Calculated</small>	46.1	%	40 - 49
MCV <small>Derived</small>	93.6	fL	83 - 101
MCH <small>Calculated</small>	30.4	pg	27.1 - 32.5
MCHC <small>Calculated</small>	32.5	g/dL	32.5 - 36.7
RDW CV <small>Calculated</small>	H 14.30	%	11.6 - 14

Total WBC and Differential Count

WBC count <small>SF Cube cell analysis</small>	6550	/cmm	4000 - 10000
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Differential Count

	Result	Unit	Biological Ref. Interval	Absolute Count
Neutrophils <small>Microscopic</small>	47	%	40 - 80	3079 /cmm 2000 - 6700
Lymphocytes <small>Microscopic</small>	42	%	20 - 40	2751 /cmm 1000 - 3000
Eosinophils <small>Microscopic</small>	03	%	1 - 6	197 /cmm 20 - 500
Monocytes <small>Microscopic</small>	08	%	2 - 10	524 /cmm 200 - 1000
Basophils <small>Microscopic</small>	00	%	0 - 2	0 /cmm 0 - 100

Platelet Count

Platelet Count <small>Electrical impedance</small>	358000	/cmm	150000 - 410000
MPV <small>Calculated</small>	11.70	fL	7.5 - 10.3

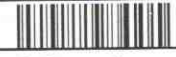
Platelets Morphology Platelets are adequate on Smear


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

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MEDI WHEEL FULL BODY ANNUAL PLUS

Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Erythrocytes Sedimentation Rate			
ESR	5	mm/1hr	0 - 14
	Capillary photometry		

Differential Count

Absolute Count



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 M.D (Pathology) [G-18341]
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 Ph: 0265-6144210

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Ref. Id	: 298391 , 2805118	Collected at	: SAWPL	Approved on	: 10-Aug-2024 17:07 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 10-Aug-2024 10:40	Printed On	: 12-Aug-2024 10:07
		Sample Type	: Whole blood	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS
Blood Group

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



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Sex/Age	: Male / 38 Y 05-Dec-1985	Registration on	: 10-Aug-2024 10:20	Location	: BNo./
Ref. Id	: 298391 , 2805118	Collected at	: SAWPL	Approved on	: 10-Aug-2024 11:52 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 10-Aug-2024 10:40	Printed On	: 12-Aug-2024 10:07
		Sample Type	: Serum, Urine	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <i>GOD-POD</i>	98.0	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) \geq 200 mg/dL
3. HbA1c values (A1c) \geq 6.5%
4. Random plasma glucose \geq 200 mg/dL

(With symptoms of hyperglycemia or hyperglycemic crisis)

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

References:

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



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M.D (Pathology)(G-18341)
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Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose GOD-POD	146	mg/dL	70 - 140
Post-breakfast Urine Glucose GOD-POD	Absent		Absent
Post Breakfast Urine Ketone Nitroprusside	Absent		Absent



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


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Ref. Id	: 298391 , 2805118	Collected at	: SAWPL	Approved on	: 10-Aug-2024 14:26 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 10-Aug-2024 10:40	Printed On	: 12-Aug-2024 10:07
		Sample Type	: Whole blood	Process At	: 75 - Sterling Hospital, Race course (Vadoda)

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

Test	Result	Unit	Biological Ref. Interval
HbA1c	H 6.30	%	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	134.11	mg/dL	

Description:

- Total haemoglobin A1 c 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



Dr. Kajal Parmar
MD

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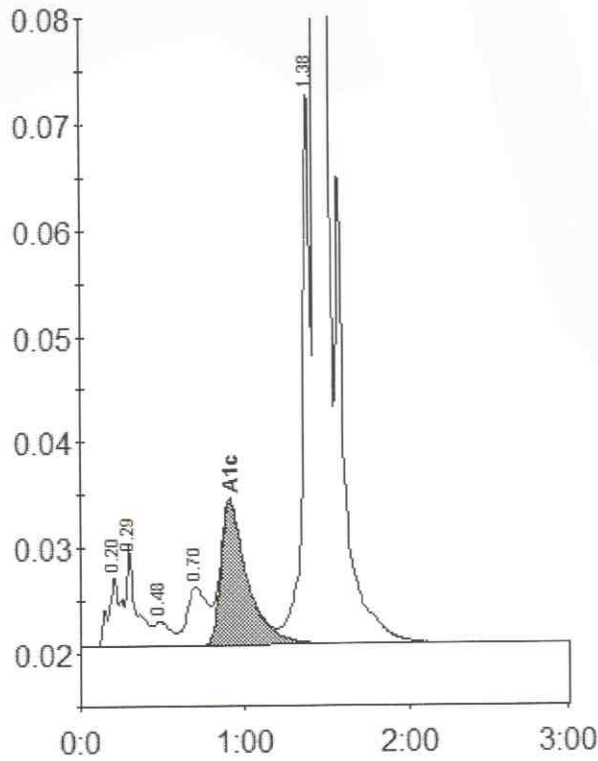
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Bio-Rad
D-10
S/N: #DJ8G550303
Sample ID:
Injection date
Injection #: 10
Rack #: ---

DATE: 10/08/2024
TIME: 02:42 PM
Software version: 4.30-2
082407500992
10/08/2024 02:39 PM
Method: HbA1c
Rack position: 1



Peak table - ID: 082407500992

Peak	R.time	Height	Area	Area %
A1a	0.20	6533	35706	1.2
A1b	0.29	9560	39192	1.3
F	0.48	2294	16345	0.5
LA1c/CHb-1	0.70	5534	47701	1.6
A1c	0.91	13562	151732	6.3
P3	1.38	52913	179449	5.9
A0	1.44	900793	2555639	84.5
Total Area:	3025764			

Concentration:	%
A1c	6.3





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Ref. By : Dr. RMO . STERLING...	Collected on : 10-Aug-2024 10:40	Printed On : 12-Aug-2024 10:07
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase – Peroxidase</i>	H 246.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPo/PQD)</i>	H 168.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl₂</i>	L 39.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	H 172.00	mg/dL	Optimal: <100 Near to above Optimal: 100–129 Borderline High: 130-159 High: 160–189 Very High: =190
VLDL <i>Calculated</i>	33.60	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	H 6.3		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	H 4.4		Up to 3.5


Dr. C. Shrinivasan..

M.D (Pathology)[G-18341]

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MEDI WHEEL FULL BODY ANNUAL PLUS

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	5.60	mg/dL	3.5 - 8.5
Blood Urea Nitrogen <i>Calculated</i>	L 7.01	mg/dL	9.0 - 20.0
Urea <i>Urease, Colorimetric</i>	L 15.0	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>	7.01		
Urea Creatinine Ratio <i>Calculated</i>	15.00		


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 Sterling Hospital, Opp. Inox Cinema, Race Course Circle (West), Vadodara - 390 007, tests marked with # are referred tests
 Ph: 0265-6144210

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

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Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Ramavatar . Gupta	Lab Id	: 082407500992	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 38 Y 05-Dec-1985	Registration on	: 10-Aug-2024 10:20	Location	: Main BNo./
Ref. Id	: 298391 , 2805118	Collected at	: SAWPL	Approved on	: 10-Aug-2024 12:25 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 10-Aug-2024 10:40	Printed On	: 12-Aug-2024 10:07
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS
Liver Function Test

Test	Result	Unit	Biological Ref. Interval
ALT (SGPT) <i>UV with PSP, IFCC</i> Rechecked	H 165.0	U/L	0 - 50
AST (SGOT) <i>UV with PSP</i> Rechecked	H 68.0	U/L	17 - 59
GGT (Gamma Glutamyl Transferase) <i>L-y-Glytamyl-p-nitroanilide</i>	52.0	U/L	15 - 73
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	126.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	0.70	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>	0.40	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>	8.00	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	4.50	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 1.29		1.3 - 1.7


Dr. C. Shrinivasan..

M.D (Pathology) [G-18341]

Consultant Pathologist

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

MEDI WHEEL FULL BODY ANNUAL PLUS
Thyroid Function Tests

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <i>CLIA</i>	1.54	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <i>CLIA</i>	6.97	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <i>Chemiluminescence</i>	2.2080	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 / 38 Y 05-Dec-1985	Registration on : 10-Aug-2024 10:20	Location : Main BNo./
Ref. Id : 298391 / 2805118	Collected at : SAWPL	Approved on : 10-Aug-2024 11:52 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 10-Aug-2024 10:40	Printed On : 12-Aug-2024 10:07
	Sample Type : Urine	Process At : 75 - Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS
URINE ROUTINE EXAMINATION

Test	Result	Unit	Biological Ref. Interval
Physical & Chemical (Dip strip) examination			
Colour	Pale Yellow		Pale Yellow
pH <i>Double indicator</i>	6.0		5.5 - 7.0
Specific Gravity <i>Polyelectrolyte based reaction</i>	1.020		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

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


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Ramanten Gupta

10/8/24

Re

Refresh liquigel eye drop ①

1-1-1-1





Patient Id	: P-00000038	Patient Name	: RAMAVATAR GUPTA 38Y
Age	:	Sex	: Male
Ref. Doctor	:	Study Date	: 10 Aug 2024 - 11:26 AM

X-RAY CHEST PA VIEW

Poor inspiratory efforts.
Both lung fields show prominent broncho-vascular markings.
Cardiac size appears within normal limit.
Trachea and mediastinal soft tissue shadow appear unremarkable.
Lateral 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



ID: 2024081012151544
Name: MR RAMAVATAR, GUPTA
Age: 38 Years
Gender: Male

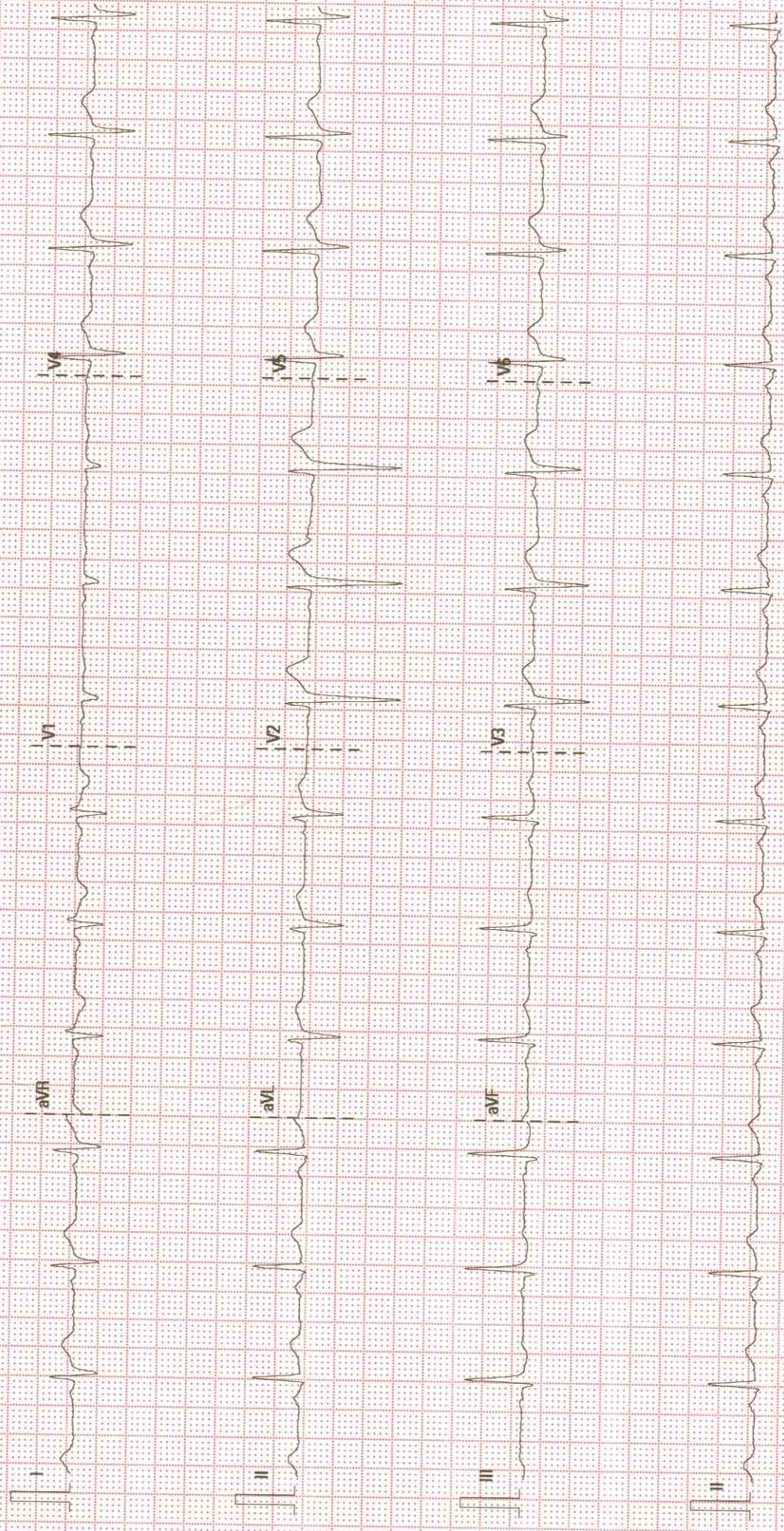
10-08-2024 12:15:05 PM

Vent. Rate	78 bpm	Sinus rhythm
PR Interval	152 ms	Normal ECG
QRS Duration	98 ms	
QT/QTc Interval	358/390 ms	
P/QRS/T Axes	50/85/23 deg	

©Techologies

Unconfirmed Diagnosis

Handwritten notes:
Mildly
cor. wave

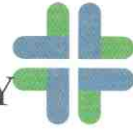


25 mm/s 10 mm/mV 50 Hz BDR 20 Hz

02.06.00.V28.4.1 SN-FN: 74007622



2D ECHOCARDIOGRAPHY REPORT



Sterling[®]
HOSPITALS

Race Course Road, Vadodara

Name: Mr. RAMAVATAR GUPTA
Age: 38 Years
Sex: M
Date: 10-Aug-2024

Ref By: HCP
Study: 2D Echo

M-MODE:

IVS	09mm	LVDD	48mm
PW	09mm	LVDS	24mm
LA	35mm	LV EF	55-60 %

DOPPLER STUDY:

MITRAL	E 0.72 A 0.59
AORTIC	1.25
TRICUSPID	N
PULMONARY	N

CONCLUSION :

- NORMAL SIZED CHAMBERS
- NORMAL LV SYSTOLIC FUNCTION LVEF 60 %
- NO RWMA AT REST
- NO DIASTOLIC DYSFUNCTION
- NORMAL RV SIZE AND FUNCTION
- ALL VALVES ARE NORMAL
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- NORMAL IVC

Dr. KAUSHIK TRIVEDI MD
Consultant interventional Cardiologist

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
SonoDoc 91-20-25443913



Patient Id	: 34301120240810	Patient Name	: RAMAVATAR GUPTA 38/M
Age	:	Sex	: Male
Ref. Doctor	:	Study Date	: 10 Aug 2024 - 11:30 AM

ULTRASOUND OF ABDOMEN AND PELVIS

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

Portal vein (12.3 mm) and **CBD** appears normal.

Gall bladder distended and shows normal wall thickness. No evidence of calculus or mass lesion seen.

Visualized **pancreas** appears normal.

Two rounded lesions showing echotexture similar to splenic tissue are seen in left subdiaphragmatic region- likely remnant splenic tissue/ splenunculi. They measure ~3.8 x 3.3 cm and 2.2 x 2 cm. (h/o splenic surgery for trauma about 15 years back)

Right kidney appears normal (9.2 x 4 cm). There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained.

Left kidney appears normal (10.3 x 4.6 cm). There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained. **Small exophytic cortical cyst in interpolar cortex measuring ~ 9 x 9 mm.**

Urinary bladder is minimally distended.

Prostate measures ~ 19 cc. No focal mass is seen.

No evidence of ascites seen.

IMPRESSION

- **Moderate fatty liver (Grade II)**
- **Remnant splenic tissue/ splenunculi in left subdiaphragmatic region.**
- **Small left renal cyst.**



Dr. Palak Nandolia
Consultant Radiologist

Sterling Hospital, Race Course Road

Opp. Inox Cinema Hari Nagar, Circle West, Vadodara – 390007, Gujarat
Call: 0265-6144111, 0265-2354455, 98 98 98 78 78

Sterling Addlife India Pvt. Ltd. Regd Off.: Memnagar, Ahmedabad-380052, Gujarat. India
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