



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: JAGDISHKUMAR K VASAVA	
SH No: 300325	Date:28 10 2024
Age: 36	Gender: MALE

ASSESSMENT:

- OVER WEIGHT(25.62)
- C/O: BACKACHE , NUMBNESS OF RIGHT LEG POST WALKING ONE K.M.WHITE DOTS ON WHOLE BODY , B/L CALF PAIN , APPETITE REDUCED , WHITE PRODUCTIVE COLOR
- DENTAL ASSESSMENT: CHRONIC GENERALISED GINGIVITIS
- HIGH RBC COUNT(7.24 MILLION/CMM)
- BORDERLINE HIGH FBS(105)
- BORDERLINE HIGH CHOLESTEROL(203), BORDERLINE HIGH DIRECT LDL(141)
- URINE R/M: HIGH SPECIFIC GRAVITY(1.030), BLOOD: PRESENT(+)
- USG ABDOMEN & PELVIS: MILD FATTY LIVER (GARDE 1), MILD HEPATOME GALY

ADVISED:

- PLENTY OF LIQUIDS
- LOW FAT DIET
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE.
- REPEAT LIPID PROFILE AFTER 3 MONTH
- OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- DENTAL ADVICE : FOLLOW ADVICE
- ORTHOPEDIC CONSULTATION
- PHYSICIAN CONSULTATION

Sterling Addlife India Limited
Unit-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 78 78
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Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad-380052, Gujarat, India





**HEALTH CHECK UP
MEDICAL EXAMINATION**

Name : Jagdish Kumar K Nagava Employee ID : _____
Company Name : _____ Age : 36 Sex : M/F
Height : 166 cms. Weight : 70.6 Kgs BMI : 25.62 Blood Group : _____
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 :
1. Clo-Bachchi
- Member of RTI for post urethra prosthesis
- white spots on whole body.

Physical Examination : - B/L calf pain

Vital Signs :
Temp : 98.6 F SPO₂ : 99 Pulse : 83 /min R/R : 18 /min B.P. : 120/80 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.
Under Treatment of Dr.	If Tuberculosis, When Any Other P/H
Any Intervention done	Any Other Medication
P/H of Operation Diagnosis : Name of Operation : Year of Operation :	P/H of Hospitalization Diagnosis : Year : Duration : Blood Transfusion History : Yes <input checked="" type="checkbox"/> No
Others	Year :

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

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

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

Personal History :

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

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 : AEB = clear
- Dyspnoea : None With activity At rest Lying down Retractions
- Cough : None Non-productive Productive - colour : white m/z
- 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 3 MAD
- Frequency of stool 1/day
- Interventions : None • Laxatives Yes No Type Frequency

Genitorurinary : NSF

Colour of Urine Pale yellow Frequency 3-4 times/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 _____

GRAD

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

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Unit - Sterling Hospital Vadodara
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:

Color Blind:

Diabetes:

Hypertension:

Any Treatment:

EXAMINATION OF EYES:

	<u>Right Eye:</u>	<u>Left Eye:</u>
Distant Vision without Glasses:	6/11	8/11
Distant Vision with Glasses:	1	1
Near Vision without Glasses:	9/1	9/1
Near Vision with Glasses:	1	1
Intraocular Pressure:	22/22	22/22
Anterior Segment:	6/6/6	6/6/6
Fundus:	9/9/6	9/9/6

PRESCRIPTION OF GLASSES:

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

Type of glass:

ADVICE:



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DR MAYA PATEL
(OPHTHALMOLOGIST)

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EAR, NOSE & THROAT CHECK-UP

COMPLAINTS:

EXAMINATION OF EARS:

Local Examination:

Tympanic Membrane:

EXAMINATION OF NOSE:

Local Examination:

THROAT & LARYNX:

LARYNGOSCOPIC EXAMINATION:



DR. NAVNIT MAKWANA
ENT SURGEON

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Dr. Sonica Peshin

Senior Cosmetic dentist and Implantologist

A-6966

Email: thespeakingtooth@gmail.com

Phone: 9586867301



Race Course Road, Vadodara
28/10/2024

Dental Assessment Form

Name: Jagdish Kumar Vasava

Age/Sex: 36 years/Male

UHID No: 300325

Patient has come for a regular check up.

On examination:

- Calculus+
- Mild recession seen

Provisional diagnosis:

- Chronic generalized gingivitis

Treatment plan:

- Recalled after an year for an oral hygiene check up

Advise:

- Follow vertical brushing technique.
- Salt water rinses atleast once a day.
- Brush your teeth twice daily.
- Clean your tongue twice daily.


Dr Sonica Peshin

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Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information	Location Information
Name	: Mr. Jagdishkumar K Vasava	Lab Id	: 102407502802
Sex/Age	: Male / 36 Y 05-Jun-1988	Registration on	: 28-Oct-2024 09:03
Ref. Id	: 300325 / 2816082	Collected at	: SAWPL
Ref. By	: Dr. RMO, STERLING...	Collected on	: 28-Oct-2024 09:05
		Sample Type	: EDTA blood
		Pt. Type	: Sterling Hospital Vadodara Health Checkup
		Location	: Main BNo./
		Approved on	: 28-Oct-2024 14:12 Status: Final
		Printed On	: 29-Oct-2024 13:58
		Process At	: 75 - Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS
Complete Blood Count

Test	Method	Result	Unit	Biological Ref. Interval
Hemoglobin	Colorimetric	14.8	g/dL	13.0 - 16.5
RBC Count	Electrical impedance	H 7.24	million/cmm	4.5 - 5.5
Hematocrit	Calculated	48.0	%	40 - 49
MCV	Derived	L 66.3	fL	83 - 101
MCH	Calculated	L 20.5	pg	27.1 - 32.5
MCHC	Calculated	L 30.9	g/dL	32.5 - 36.7
RDW CV	Calculated	H 16.40	%	11.6 - 14
Total WBC and Differential Count				
WBC count	SF Cube cell analysis	7850	/cmm	4000 - 10000
Differential Count				
Neutrophils	Microscopic	60	% 40 - 80	Absolute Count 4710 /cmm 2000 - 6700
Lymphocytes	Microscopic	35	% 20 - 40	2748 /cmm 1000 - 3000
Eosinophils	Microscopic	02	% 1 - 6	157 /cmm 20 - 500
Monocytes	Microscopic	03	% 2 - 10	236 /cmm 200 - 1000
Basophils	Microscopic	00	% 0 - 2	0 /cmm 0 - 100
Platelet Count				
Platelet Count	Electrical impedance	367000	/cmm	150000 - 410000
MPV	Calculated	10.30	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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Patient Information	Sample Information	Location Information
Name : Mr. Jagdishkumar K Vasava	Lab Id : 102407502802	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Male / 36 Y 05-Jun-1988	Registration on : 28-Oct-2024 09:03	Main Location : BNo./
Ref. Id : 300325 , 2816082	Collected at : SAWPL	Approved on : 28-Oct-2024 14:12 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 28-Oct-2024 09:05	Printed On : 29-Oct-2024 13:58
	Sample Type : EDTA blood	Process At : 75 – Sterling Hospital, Race course (Vadodara)


MEDI WHEEL FULL BODY ANNUAL PLUS

Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Erythrocytes Sedimentation Rate			
ESR <small>Capillary photometry</small>	4	mm/1hr	0 - 14

Differential Count

Absolute Count


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Sex/Age	: Male / 36 Y 05-Jun-1988	Registration on	: 28-Oct-2024 09:03	Location	: Main BNo./
Ref. Id	: 300325 , 2816082	Collected at	: SAWPL	Approved on	: 28-Oct-2024 12:31 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 28-Oct-2024 09:05	Printed On	: 29-Oct-2024 13:58
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadoda

MEDI WHEEL FULL BODY ANNUAL PLUS
Blood Group

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


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Patient Information		Sample Information		Location Information	
Name	: Mr. Jagdishkumar K Vasava	Lab Id	: 102407502802	Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Male / 36 Y 05-Jun-1988	Registration on	: 28-Oct-2024 09:03	Location	: BNo./
Ref. Id	: 300325 / 2816082	Collected at	: SAWPL	Approved on	: 28-Oct-2024 10:47 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 28-Oct-2024 09:05	Printed On	: 29-Oct-2024 13:58
		Sample Type	: Serum, Urine	Process At	: 75 – Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <small>GOD-POD</small>	H 105.0	mg/dL	74 - 100
Fasting Urine Glucose <small>GOD-POD</small>	Absent		Absent
Fasting Urine Ketone <small>Nitroprusside</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 (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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Sex/Age	: Male / 36 Y 05-Jun-1988	Registration on	: 28-Oct-2024 09:03	Location	: Main BNo./
Ref. Id	: 300325 / 2816082	Collected at	: SAWPL	Approved on	: 28-Oct-2024 14:15 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 28-Oct-2024 12:10	Printed On	: 29-Oct-2024 13:58
		Sample Type	: Fluoride	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <i>GOD-POD</i>	83	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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Sex/Age	: Male / 36 Y 05-Jun-1988	Registration on	: 28-Oct-2024 09:03	Location	: BNo./
Ref. Id	: 300325 , 2816082	Collected at	: SAWPL	Approved on	: 28-Oct-2024 16:50 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 28-Oct-2024 09:05	Printed On	: 29-Oct-2024 13:58
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

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

Test	Result	Unit	Biological Ref. Interval
HbA1c	5.40	%	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 108.28 mg/dL

Remarks: *Variant hemoglobin detected which may affect value of glycosylated hemoglobin. HPLC is advised for further confirmation of the Variant hemoglobin & serum Fructosamine is advised as a reliable indicator average blood glucose levels.

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


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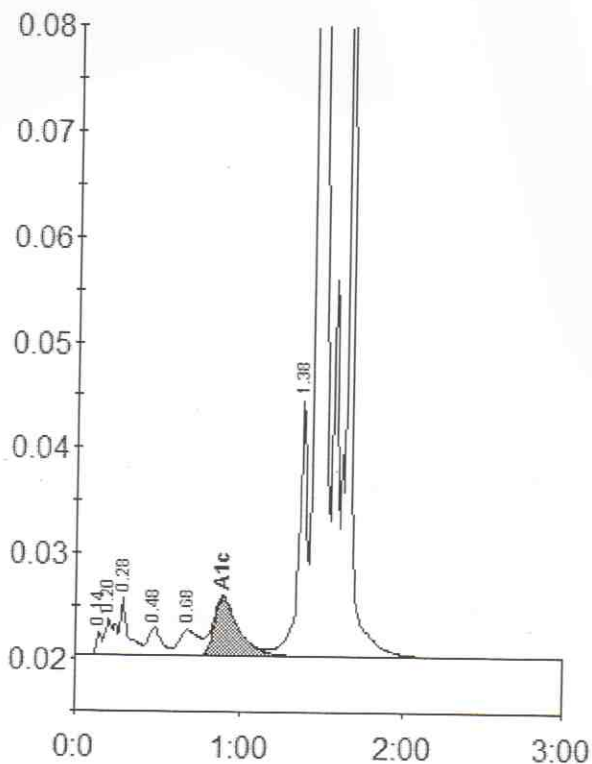


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Bio-Rad DATE: 28/10/2024
 D-10 TIME: 01:09 PM
 S/N: #DJ8G550303 Software version: 4.30-2
 Sample ID: 102407502802
 Injection date: 28/10/2024 01:09 PM
 Injection #: 10 Method: HbA1c
 Rack #: --- Rack position: 10



Peak table - ID: 102407502802

Peak	R.time	Height	Area	Area %
Unknown	0.14	2299	5320	0.3
A1a	0.20	3546	14739	0.8
A1b	0.28	5410	20363	1.1
F	0.48	2682	15882	0.9
LA1c/CHb-1	0.68	2503	21278	1.2
A1c	0.90	5518	58053	5.4
P3	1.38	24259	89093	4.9
A0	1.45	469636	1153825	63.9
S-Window	1.65	314215	426025	23.6
Total Area:		1804578		

Concentration:	%
A1c	5.4





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Ref. By	: Dr. RMO . STERLING...	Collected on	: 28-Oct-2024 09:05	Printed On	: 29-Oct-2024 13:58
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase - Peroxidase</i>	H 203.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPa/POD)</i>	114.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl2</i>	45.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	H 141.00	mg/dL	Optimal: <100 Near to above Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: =190
VLDL <i>Calculated</i>	22.80	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	4.5		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	3.1		Up to 3.5


Dr. Kajal Parmar

MD

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Patient Information		Sample Information		Location Information	
Name	: Mr. Jagdishkumar K Vasava	Lab Id	: 102407502802	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 36 Y 05-Jun-1988	Registration on	: 28-Oct-2024 09:03	Location	: Main BNo./
Ref. Id	: 300325 , 2816082	Collected at	: SAWPL	Approved on	: 28-Oct-2024 10:29 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 28-Oct-2024 09:05	Printed On	: 29-Oct-2024 13:58
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadoda

MEDI WHEEL FULL BODY ANNUAL PLUS

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	5.70	mg/dL	3.5 - 8.5
Blood Urea Nitrogen <i>Calculated</i>	10.28	mg/dL	9.0 - 20.0
Urea <i>Urease, Colorimetric</i>	22.0	mg/dL	19.3 - 43.0
Creatinine, serum <i>Creatinine Amidohydrolase</i>	0.80	mg/dL	0.66 - 1.25
BUN Creatinine Ratio <i>Calculated</i>	12.85		
Urea Creatinine Ratio <i>Calculated</i>	27.50		


Dr. Kajal Parmar
 MD

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LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Jagdishkumar K Vasava	Lab Id	: 102407502802	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 36 Y 05-Jun-1988	Registration on	: 28-Oct-2024 09:03	Location	: Main BNo./
Ref. Id	: 300325 / 2816082	Collected at	: SAWPL	Approved on	: 28-Oct-2024 10:47 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 28-Oct-2024 09:05	Printed On	: 29-Oct-2024 13:58
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS
Liver Function Test

Test	Result	Unit	Biological Ref. Interval
ALT (SGPT) <i>UV with P5P, IFCC</i>	48.0	U/L	0 - 50
AST (SGOT) <i>UV with P5P</i>	26.0	U/L	17 - 59
GGT (Gamma Glutamyl Transferase) <i>L-y-Glytamyl-p-nitroanilide</i>	40.0	U/L	15 - 73
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	82.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	0.40	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>	0.10	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>	7.40	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	4.50	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	2.90	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.55		1.3 - 1.7


Dr. C. Shrinivasan..

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Consultant Pathologist

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LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Jagdishkumar K Vasava	Lab Id	: 102407502802	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 36 Y 05-Jun-1988	Registration on	: 28-Oct-2024 09:03	Location	: Main BNo./
Ref. Id	: 300325 , 2816082	Collected at	: SAWPL	Approved on	: 28-Oct-2024 10:54 Status : Final
Ref. By	: Dr. RMO .STERLING...	Collected on	: 28-Oct-2024 09:05	Printed On	: 29-Oct-2024 13:58
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS
Thyroid Function Tests

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <i>CLIA</i>	1.25	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <i>CLIA</i>	7.84	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <i>Chemiluminescence</i>	1.8100	µIU/mL	0.4001 - 4.049

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

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


Dr. C. Shrinivasan..
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LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mr. Jagdishkumar K Vasava Sex/Age : Male / 36 Y 05-Jun-1988 Ref. Id : 300325 , 2816082 Ref. By : Dr. RMO . STERLING...	Lab Id : 102407502802 Registration on : 28-Oct-2024 09:03 Collected at : SAWPL Collected on : 28-Oct-2024 09:05 Sample Type : Urine	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 28-Oct-2024 11:48 Status : Final Printed On : 29-Oct-2024 13:58 Process At : 75 – Sterling Hospital, Race course (Vadoda)

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>	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>	Present (+)		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)	Occasional	/hpf	0 - 2
Pus Cells	Occasional	/hpf	0 - 5
Epithelial Cells	Scanty	/hpf	
Crystals	Absent		Absent
Casts	Absent		Absent
Bacteria	Absent		Absent
Amorphous Material	Absent		Absent
Yeast	Absent		Absent

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


Dr. C. Shrinivasan..

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MAR 2024-MAR 2025

INDIA



Race Course Road, Vadodara

Report Date: 28 Oct 2024 - 11:27 AM

Patient Id : RCR-300325

Patient Name : VASAVA JAGDISHKUMAR K

Age : 36Y 4M 23D

Sex : Male

Ref. Doctor : DR. RMO . STERLING

Study Date : 28 Oct 2024 - 10:23 AM

RADIOGRAPH CHEST PA

Both lungs and CP angles appear clear.

Mediastinal shadow and hilar region appear normal.

Cardiac shadow appears normal.

Both domes of diaphragm show normal position and contour.

Pony thorax under vision appears normal.

IMPRESSION

No significant abnormality detected.

Palak

Dr. Palak Nandolia
Consultant Radiologist

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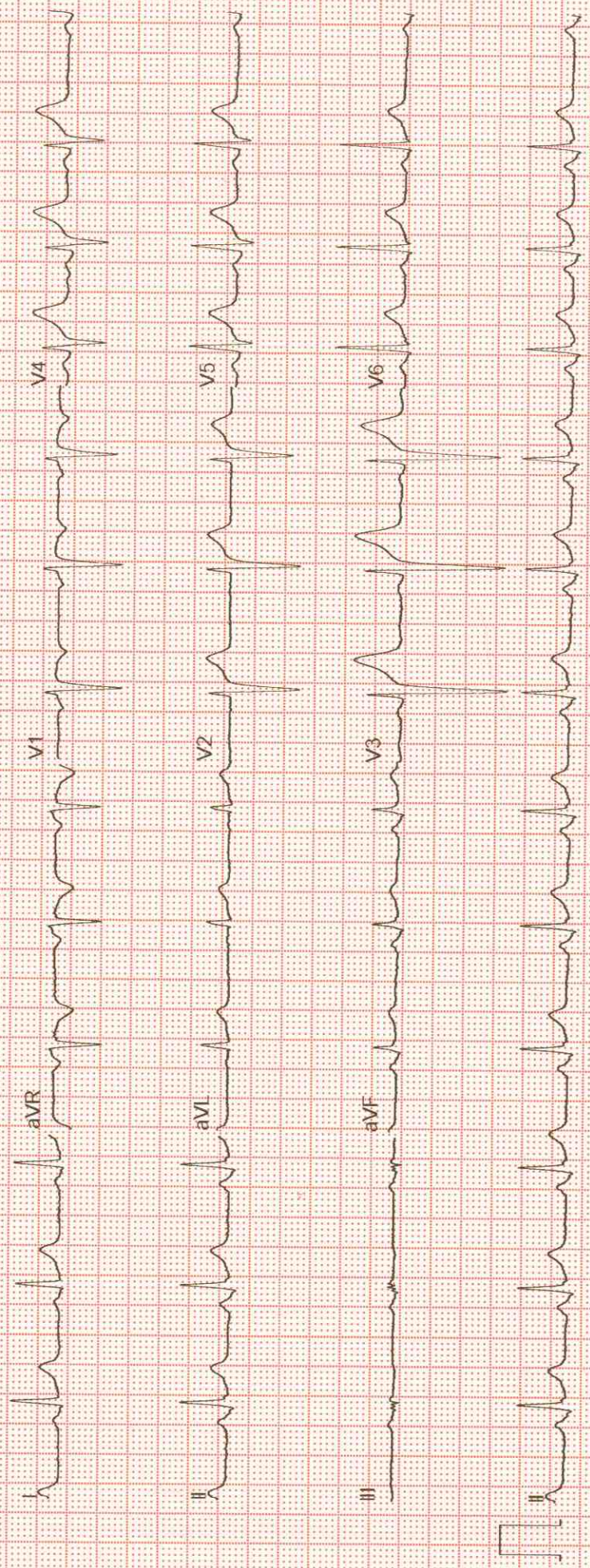


WNL

Male

36 Years

QRS	96 ms
QT / QTcBaz	364 / 414 ms
PR	136 ms
P	118 ms
RR / PP	768 / 769 ms
P / QRS / T	57 / 36 / 37 degrees





2D ECHOCARDIOGRAPHY REPORT



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Race Course Road, Vadodara

Name: Mr. JAGDIDH KUMAR VASAVA
Age: 36 Years
Sex: M
Date: 28-Oct-2024

Ref By: HCP
Study: 2D Echo

M-MODE:

IVS	10mm	LVDD	42mm
PW	09mm	LVDS	24mm
LA	32mm	LV EF	60 %

DOPPLER STUDY:

MITRAL	E 0.95 A 0.45
AORTIC	1.20
TRICUSPID	N
PULMONARY	N

CONCLUSION :

- NORMAL SIZED CHAMBERS
- NORMAL LV SYSTOLIC FUNCTION LVEF 60 %
- NO RWMA AT REST
- NO DIASTOLIC DYSFUNCTION
- NO MR, NO AR, NO TR.
- OTHER VALVES ARE NORMAL
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- IVC NORMAL


Dr. KAUSHIK TRIVEDI MD,DM
Consultant interventional Cardiologist

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Report Date: 28 Oct 2024 - 01:32 PM

Patient Id	: RCR-300325	Patient Name	: VASAVA JAGDISHKUMAR K
Age	: 36Y 4M 23D	Sex	: Male
Ref. Doctor	: DR. RMO , STERLING	Study Date	: 28 Oct 2024 - 12:00 PM

ULTRASOUND OF ABDOMEN AND PELVIS

FINDINGS

Liver is mildly enlarged (~17 cm) and shows bright echotexture- mild fatty infiltration. No focal lesion seen. No IHBR dilatation.

Portal vein (10 mm) and **CBD** (4 mm) appears normal.

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

Equalized pancreas appears normal.

Spleen appears normal in size (10 cm) and shows normal echotexture. No focal lesion seen.

Right kidney appears normal (11.4 x 4.1 cm). There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained.

Left kidney appears normal (10.7 x 4.4 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 ~ 13.7 cc. No focal mass is seen.

No evidence of ascites seen.

IMPRESSION

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

Dr. Palak Nandolia
Consultant Radiologist

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