



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: RAKSHA S PARIKH	
SH No: 97811	Date: 23/09/2024
Age: 58	Gender: FEMALE

ASSESSMENT:

- o ALLERGY: DUST :SERIES OF SNEEZING
- o OVER WEIGHT(BMI:29.60)
- o K/C/O : HTN SINCE 15 YEARS ON REGULAR TREATMENT
- o C/O: OCCASIONAL DISTURBANCES IN SLEEP , CONSTIPATION (RELIVED BY AYURVEDIC CHURAN), WHITE PRODUCTIVE COUGH
- o O/E-B.P: 140/70 , RECHECKED BP:130/80
- o P/H/O OPERATION: LSCS(1999) , BREAST SURGERY(BEFORE 21 OR 22 YEARS), CATARACT SURGERY (2017)
- o F/H/O: HYPERTENSION(MOTHER), BREAST CANCER(MOTHER)
- o MENOPAUSE SINCE 10-15 YEARS
- o HIGH ESR(26)
- o BORDERLINE HIGH CHOLESTEROL(228) , BORDERLINE HIGH DIRECT LDL(145)
- o BORDERLINE LOW A/G RATIO(1.26)
- o HIGH T3,TOTAL(TRIIODOTHYRONINE)(2.03)
- o URINE R/M: HIGH SPECIFIC GRAVITY(1.030)
- o ECG: T INVERSION IN AVL
- o 2D ECHO : MILD TO MODERATE MR, MILD TR, MILD PAH(RVSP- 39 MMHG)
- o PAP SMEAR-MODERATE ACUTE INFLAMMATION.
- o USG ABDOMEN AND PELVIS : MILD FATTY LIVER(GRADE 1)

ADVISED:

- o PLENTY OF LIQUIDS
- o SALT RESTRICTED & LOW FAT DIET
- o AVOID OUT SIDE FOOD AND WATER
- o REGULAR EXERCISE & WEIGHT REDUCTION.
- o REGULAR BLOOD PRESSURE MONITORING AND CONTROL
- o REPEAT LIPID PROFILE AFTER 3 MONTH
- o OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- o CARDIOLOGIST CONSULTATION
- 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
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Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad-380052, Gujarat, India





**HEALTH CHECK UP
MEDICAL EXAMINATION**

Name : Raptha S. Paikhi Employee ID : _____
Company Name : _____ Age : 58 Sex : M/F
Height : 153 cms. Weight : 69.3 Kgs BMI : 29.60 Blood Group : O+UP
Name of HO / Registrar taking History : Dr. Jay's Rane

Allergies : <input type="checkbox"/> None <input type="checkbox"/> Yes (If Yes, describe)	
Drugs/Food/Latex/Dyes/Contrast/Other	Reaction
1. <u>Dust</u>	<u>sneezing</u>
2.	<u>swell</u>
3.	

Chief Complaints :
.....
.....
.....

Physical Examination :

Vital Signs :

Temp Normal °F SPO₂ 97 Pulse : 69 /min R/R : 17 /min B.P. : 140/70 mm Hg

Past History :

If Hypertension, since <u>15/15</u> 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. Any Intervention done	If Tuberculosis, When Any Other P/H
P/H of Operation Diagnosis : <u>C-section (1999)</u> Name of Operation :	Any Other Medication
Year of Operation :	P/H of Hospitalization
Others <u>Breast x (23/09/2018) (27-7-2018)</u> <u>cataract (2018)</u>	Diagnosis : <u>Only</u> Year : <u>2018</u> Duration :
	Blood Transfusion History : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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	<i>mother</i>	Asthma	Yes/No
Heart Disease	Yes/No		Stroke	Yes/No
Diabetes	Yes/No		Arthritis/Gout	Yes/No
Tuberculosis	Yes/No		Cancer	Yes/No <i>Breast (g. mother)</i>
Epilepsy	Yes/No		Other Chronic disease	Yes/No

Personal History :

Diet	<i>veg.</i>	Smoking	Yes/No	since...../..... per day
Appetite	<i>Normal</i>	Alcohol	Yes/No	since...../..... (freq.)
Sleep	<i>Occ. disturbance</i>	Drugs	Yes/No	since...../..... (freq.)
Micturition	<i>Regular</i>	Tobacco	Yes/No	since...../..... (freq.)
Bowel Habits	<i>Constipation</i>	Any other habit		

FOR FEMALES :

Obstetric History : L.D.....

 Abortion : *1*

 Others : *Menopausal 10-15 yrs* *92 P.P.L. → ♀: 25 yrs* *relieved by Ayurvedic Khuran*
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 : A E B E clear
- Dyspnoea : None With activity At rest Lying down Retractions
- Cough : None Non-productive Productive - colour white
- 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 3 times/day
- Interventions : None • Laxatives Yes No
- Type Agarwal Frequency 1 time/day

Genitorurinary :

NSF
 Colour of Urine Pale yellow Frequency 1 time / 1.5 - 2 hrs
 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 10-15 yrs
 Vaginal discharge Yes No Itching Yes No

Breasts

NA NSF
 Breast Feeding Yes No Lumps Yes No

Positive Finding & Advice

Recheck BP - 130/80

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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:

EXAMINATION OF EYES:

Right Eye:

Left Eye:

Distant Vision without Glasses:

Distant Vision with Glasses:

Near Vision without Glasses:

Near Vision with Glasses:

Intraocular Pressure:

Anterior Segment:

Fundus:

PRESCRIPTION OF GLASSES:

	RIGHT			LEFT		
	Sphere	Cylinder	Axis	Sphere	Cylinder	Axis
Distant	-0.25	-0.5	90°	-	-0.75	90°
Near	+2.25	-0.5	90°	+2.5	-0.75	90°

Type of glass:

ADVICE:

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DR MAYA PATEL
(OPHTHALMOLOGIST)

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GYNAECOLOGIST CHECK UP

NAME: Raksha S. Parikh

DATE: 23/9/24

AGE: 58yrs.

1 Female - 25yrs

COMPLAINTS: Clo HTN

LSCS

TL not done

O/H PARA: G₂P₁A₁L₁

menopause began
15yrs

MENSTRUAL H/O: menopause
15yrs.

P/A: Soft

P/S: NAD

P/V: NAD

ADVICE: Pap smear test taken

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DR. ARCHANA DWIVEDI

(GYNAECOLOGIST)





Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mrs. Raksha Shrinath Parikh	Lab Id	: 092407502442	Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Female / 58 Y 18-Dec-1965	Registration on	: 23-Sep-2024 08:59	Location	: BNo./
Ref. Id	: 97811 / 2811068	Collected at	: SAWPL	Approved on	: 23-Sep-2024 14:18 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 23-Sep-2024 09:00	Printed On	: 23-Sep-2024 15:34
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Hemoglobin Colorimetric	12.1	g/dL	12.0 - 16.0
RBC Count Electrical impedance	4.12	million/cmm	3.8 - 4.8
Hematocrit Calculated	37.7	%	36 - 48
MCV Derived	91.5	fL	83 - 101
MCH Calculated	29.5	pg	26.4 - 33.2
MCHC Calculated	32.2	g/dL	31.8 - 35.9
RDW CV Calculated	13.20	%	11.6 - 14
Total WBC and Differential Count			
WBC count SF Cube cell analysis	5020	/cmm	4000 - 10000
Differential Count			
Neutrophils Microscopic	49	% 40 - 80	Absolute Count 2460 /cmm 2000 - 6700
Lymphocytes Microscopic	41	% 20 - 40	2058 /cmm 1000 - 3000
Eosinophils Microscopic	05	% 1 - 6	251 /cmm 20 - 500
Monocytes Microscopic	05	% 2 - 10	251 /cmm 200 - 1000
Basophils Microscopic	0	% 0 - 2	0 /cmm 0 - 100
Platelet Count			
Platelet Count Electrical impedance	322000	/cmm	150000 - 410000
MPV Calculated	9.20	fL	7.5 - 10.3
Platelets Morphology	Platelets are adequate on Smear		


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LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mrs. Raksha Shrinath Parikh	Lab Id	: 092407502442	Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Female / 58 Y 18-Dec-1965	Registration on	: 23-Sep-2024 08:59	Location	: BNo./
Ref. Id	: 97811 / 2811068	Collected at	: SAWPL	Approved on	: 23-Sep-2024 14:18 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 23-Sep-2024 09:00	Printed On	: 23-Sep-2024 15:34
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Erythrocytes Sedimentation Rate			
ESR	H 26	mm/1hr	0 - 23
	<small>Capillary photometry</small>		

Differential Count
Absolute Count

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Name : Mrs. Raksha Shrinath Parikh Sex/Age : Female / 58 Y 18-Dec-1965 Ref. Id : 97811 / 2811068 Ref. By : Dr. RMO . STERLING...	Lab Id : 092407502442 Registration on : 23-Sep-2024 08:59 Collected at : SAWPL Collected on : 23-Sep-2024 09:00 Sample Type : EDTA blood	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 23-Sep-2024 14:23 Status : Final Printed On : 23-Sep-2024 15:34 Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Blood Group

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



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LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mrs. Raksha Shrinath Parikh	Lab Id	: 092407502442	Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Female / 58 Y 18-Dec-1965	Registration on	: 23-Sep-2024 08:59	Location	: BNo./
Ref. Id	: 97811 / 2811068	Collected at	: SAWPL	Approved on	: 23-Sep-2024 10:54 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 23-Sep-2024 09:00	Printed On	: 23-Sep-2024 15:34
		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>	93.0	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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Name : Mrs. Raksha Shrinath Parikh Sex/Age : Female / 58 Y 18-Dec-1965 Ref. Id : 97811 / 2811068 Ref. By : Dr. RMO . STERLING...	Lab Id : 092407502442 Registration on : 23-Sep-2024 08:59 Collected at : SAWPL Collected on : 23-Sep-2024 11:30 Sample Type : Fluoride	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 23-Sep-2024 13:02 Status : Final Printed On : 23-Sep-2024 15:34 Process At : 75 – Sterling Hospital, Race course (Vadodara)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <small>GOD-POD</small>	94	mg/dL	70 - 140
Post-breakfast Urine Glucose <small>GOD-POD</small>	Absent		Absent
Post Breakfast Urine Ketone <small>Nitroprusside</small>	Absent		Absent


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Sex/Age	: Female / 58 Y 18-Dec-1965	Registration on	: 23-Sep-2024 08:59	Location	: BNo./
Ref. Id	: 97811 / 2811068	Collected at	: SAWPL	Approved on	: 23-Sep-2024 14:20 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 23-Sep-2024 09:00	Printed On	: 23-Sep-2024 15:34
		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	5.50	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	111.15	mg/dL	For Diabetic Patient: Poor Control : $> 7.0\%$; Good Control : 6.0-7.0%

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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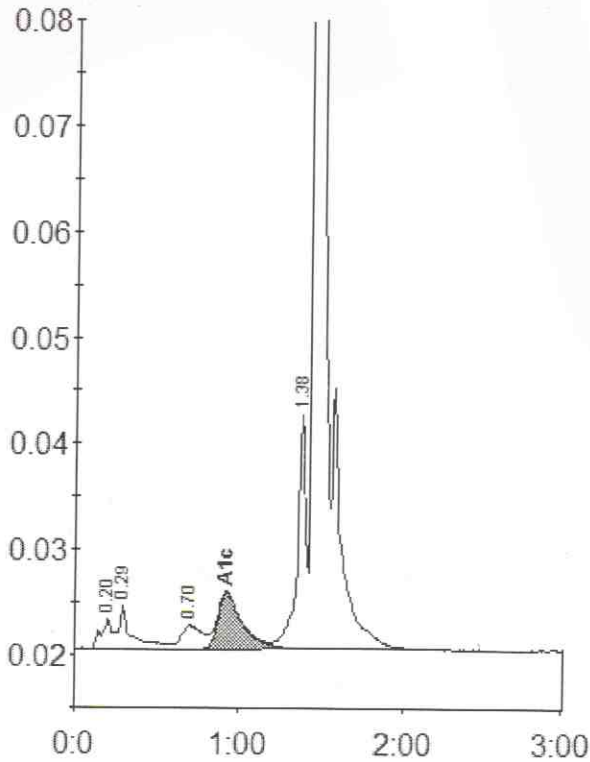
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Peak table - ID: 092407502442

Peak	R.time	Height	Area	Area %
A1a	0.20	2913	14579	1.1
A1b	0.29	4233	21330	1.5
LA1c/CHb-1	0.70	2221	20372	1.5
A1c	0.92	5373	55731	5.5
P3	1.38	22127	80944	5.9
A0	1.45	438225	1183498	86.0
Total Area:		1376454		

Concentration:	%
A1c	5.5





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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase – Peroxidase</i>	H 228.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPO/POD)</i>	104.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl₂</i>	57.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	H 145.00	mg/dL	Optimal: <100 Near to above Optimal: 100–129 Borderline High: 130-159 High: 160–189 Very High: =190
VLDL <i>Calculated</i>	20.80	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	4.0		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	2.5		Up to 3.5


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Ref. By : Dr. RMO . STERLING...	Collected on : 23-Sep-2024 09:00	Printed On : 23-Sep-2024 15:34
	Sample Type : Serum	Process At : 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	4.40	mg/dL	2.5 - 6.2
Blood Urea Nitrogen <i>Calculated</i>	10.28	mg/dL	7.0 - 17.0
Urea <i>Urease, Colorimetric</i>	22.0	mg/dL	15.0 - 36.4
Creatinine, serum <i>Creatinine Amidohydrolase</i>	0.60	mg/dL	0.52 - 1.04
BUN Creatinine Ratio <i>Calculated</i>	17.13		
Urea Creatinine Ratio <i>Calculated</i>	36.67		


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



Passport No :

LABORATORY TEST REPORT

Patient Information	Sample Information	Location Information
Name : Mrs. Raksha Shrinath Parikh	Lab Id : 092407502442	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 58 Y 18-Dec-1965	Registration on : 23-Sep-2024 08:59	Location : Main BNo./
Ref. Id : 97811 / 2811068	Collected at : SAWPL	Approved on : 23-Sep-2024 11:44 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 23-Sep-2024 09:00	Printed On : 23-Sep-2024 15:34
	Sample Type : Serum	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>	34.0	U/L	0 - 35
AST (SGOT) <i>UV with P5P</i>	28.0	U/L	14 - 36
GGT (Gamma Glutamyl Transferase) <i>L-y-Glytamyl-p-nitroanilide</i>	19.0	U/L	12 - 43
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	79.0	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>	0.20	mg/dL	0.0 - 1.1
Delta Bilirubin <i>Calculated</i>	0.10	mg/dL	0.0 - 0.2
Total Protein <i>Copper tartrate to colour complex</i>	7.00	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	3.90	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	3.10	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	L 1.26		1.3 - 1.7

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MC-5729

Passport No :

LABORATORY TEST REPORT

Patient Information	Sample Information	Location Information
Name : Mrs. Raksha Shrinath Parikh	Lab Id : 092407502442	Pt. Type : Sterling Hospital Vadodara Health Checkup Main
Sex/Age : Female / 58 Y 18-Dec-1965	Registration on : 23-Sep-2024 08:59	Location : BNo./
Ref. Id : 97811 / 2811068	Collected at : SAWPL	Approved on : 23-Sep-2024 12:40 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 23-Sep-2024 09:00	Printed On : 23-Sep-2024 15:34
	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) CLIA *Rechecked	H 2.03	ng/mL	0.58 - 1.59
T4, total (Thyroxine) CLIA	8.39	µg/dl	4.87 - 11.72
TSH (3rd Gen.) Chemiluminescence	3.3190	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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Ref. By : Dr. RMO . STERLING...	Collected on : 23-Sep-2024 09:00	Printed On : 23-Sep-2024 15:34
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Levels of TSH in pregnancy ($\mu\text{IU/mL}$): 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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M.D (Pathology) [G-18341]

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Passport No :

LABORATORY TEST REPORT

Patient Information	Sample Information	Location Information
Name : Mrs. Raksha Shrinath Parikh	Lab Id : 092407502442	Pt. Type : Sterling Hospital Vadodara Health Checkup Main
Sex/Age : Female / 58 Y 18-Dec-1965	Registration on : 23-Sep-2024 08:59	Location : BNo./
Ref. Id : 97811 / 2811068	Collected at : SAWPL	Approved on : 23-Sep-2024 11:53 Status : Final
Ref. By : Dr. RMO , STERLING...	Collected on : 23-Sep-2024 09:00	Printed On : 23-Sep-2024 15:34
	Sample Type : Urine	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>	5.5		5.5 - 7.0
Specific Gravity <i>Polyelectrolyte based reaction</i>	H 1.030		1.015 - 1.025
Protein <i>Protein error of indicators</i>	Absent		Absent
Glucose <i>GOD-POD</i>	Absent		Absent
Ketone <i>Nitroprusside</i>	Absent		Absent
Blood <i>Peroxidase like reaction</i>	Absent		Absent
Bilirubin <i>Diazo reaction</i>	Absent		Absent
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	Scanty	/hpf	
Crystals	Absent		Absent
Casts	Absent		Absent
Bacteria	Absent		Absent
Amorphous Material	Absent		Absent
Yeast	Absent		Absent

Dr. C. Shrinivasan..

M.D (Pathology) [G-18341]
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Histo / Cyto No : C4O00745

LABORATORY REPORT



Patient Information		Sample Information		Client / Location Information	
Name	: Mrs. Raksha Shrinath Parikh	Lab ID	: 092407502442	Client Name	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Female /58 Years	Registered on	: 23-Sep-2024 08:59	Location	:
Ref. Id	:	Collected at	: non SAWPL	Approved on	: 23-Sep-2024 15:16
Ref. By	: Dr. RMO . STERLING...	Collected on	: 23-Sep-2024 12:00	Printed on	: 23-Sep-2024 15:34
		Sample Type	: PAP Material	Processed at	: 17 – Sterling Hospital, Bhayli (Vadodara)
Branch	: 75 – Sterling Hospital, Race course (Vadodara)				

CYTOPATHOLOGY

* PAP Smear No. :

P - 534/24

* Obstetric History :

G2 P1 A1 L1

* Menstrual History :

Menopausal : Since last 15 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.

* :

Moderate Acute inflammation.

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

Dr. Swati Gupta

MD (Path) DipRCPath

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MAR 2024-MAR 2025

INDIA



Race Course Road, Vadodara

Report Date: 23 Sep 2024 - 12:10 PM

Patient Id	: RCR-97811	Patient Name	: PARIKH RAKSHA SHRINATH
Age	: 58Y 9M 5D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 23 Sep 2024 - 10:17 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

Hospital Address: Sterling Hospitals, Race Course Road, Opp. Inox Cinema Hari Nagar, Circle West,
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Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad-380052, Gujarat, India



58 Years

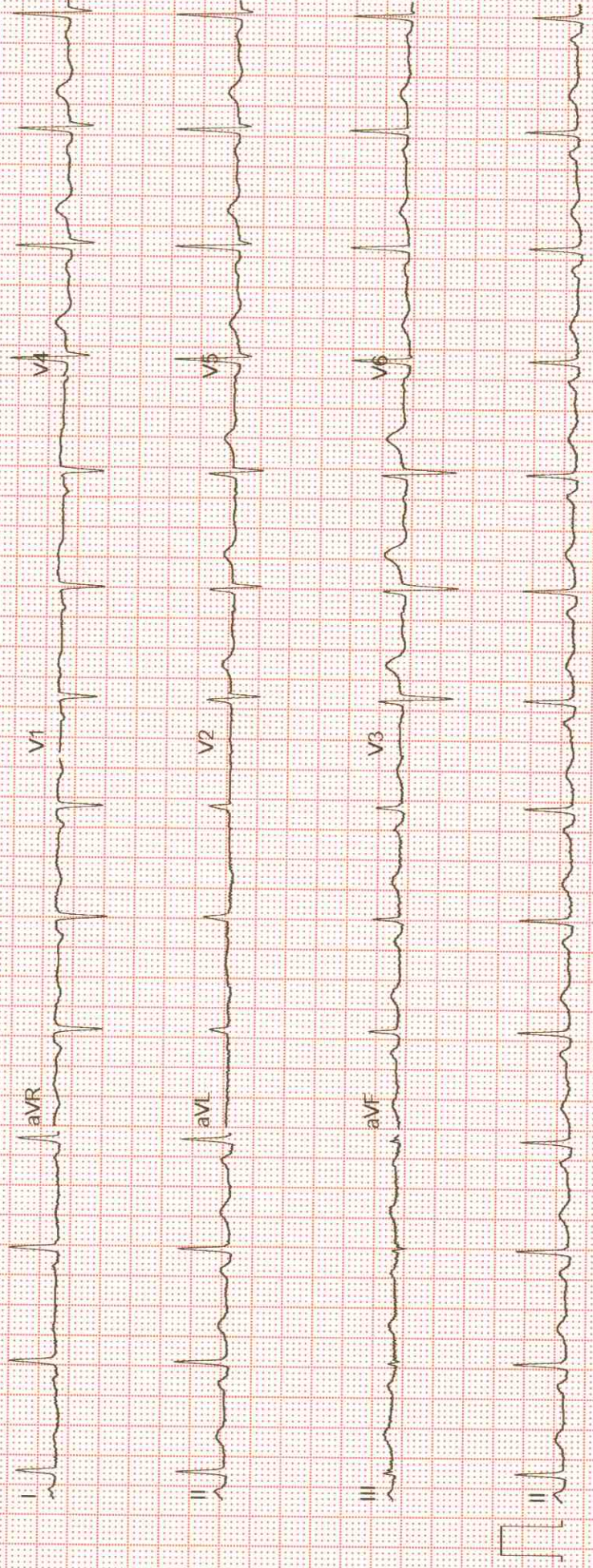
Female

23-09-2024 10:13:33
STERLING HOSPITAL
HCP
VADODARA

80 bpm
- / - mmHg

QT / QTcBaz	386 / 445 ms
PR	152 ms
P	106 ms
RR / PP	746 / 750 ms
P / QRS / T	58 / 37 / 78 degrees

T12AVL
20-20-20





2D ECHOCARDIOGRAPHY REPORT



Sterling
HOSPITALS

Race Course Road, Vadodara

Name: Mrs. RAKSHA S PARIKH
Age: 58 Years
Sex: F
Date: 23-Sep-2024

Ref By: HCP
Study: 2D Echo

M-MODE:

IVS	10mm	LVDD	46mm
PW	11mm	LVDS	24mm
LA	37mm	LV EF	60 %

DOPPLER STUDY:

MITRAL	E 1.21 A 0.73
AORTIC	1.75
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
- MILD TO MODERATE MR , NO MS
- MILD TR , MILD PAH (RVSP- 39MMHG)
- OTHER VALVES ARE NORMAL
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- NORMAL IVC

Dr. RANJEETKUMAR SHUKLA MD,DM
Consultant interventional Cardiologist

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SonoDoc 91-20-25443913





Patient Id	: RCR-97811	Patient Name	: PARIKH RAKSHA SHRINATH
Age	: 58Y 9M 5D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 23 Sep 2024 - 11:06 AM

ULTRASOUND OF ABDOMEN AND PELVIS

FINDINGS

Liver is normal in size (14.7 cm) and shows bright echotexture- mild fatty infiltration. No focal lesion seen. No IHBR dilatation.

Portal vein (11 mm) and CBD (5 mm) appear normal.

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

Visualized **pancreas** appears normal.

Spleen appears normal in size (10.5 cm) and shows normal echotexture.

Right kidney (10.6 x 4.9 cm) appears normal. There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained.

Left kidney (10.7 x 4.5 cm) appears normal. There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained.

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

Uterus appears post-menopausal. Ovaries not visualized- likely atrophic. No adnexal mass is seen. No evidence of ascites seen.

IMPRESSION

- Mild fatty liver (Grade I)
- No other significant intra-abdominal abnormality seen in present study.

Dr. Palak Nandolia
Consultant Radiologist

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