



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: KAMAL K SAINI	
SH No: 300290	Date: 26/10/2024
Age: 31	Gender: MALE

ASSESSMENT:

- C/O: ABSENCE OF SMELL SINCE BIRTH , MOTUH ULCER PRESENT
- ENT ASSESSMENT: RIGHT AND LEFT EAR WAX PRESENT
- LOW HDL CHOLESTEROL(29), NEAR TO ABOVE OPTIMAL DIRECT LDL(101) , HIGH CHOL/HDL RATIO(5.1)
- LOW GGT(11)
- 2D ECHOCARDIOGRAPHY: TRACE TR , RVSP= 19MMHG + RAP

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
- ENT ADVICE: FOLLOW ADVICE
- PHYSICIAN CONSULTATION

Sterling Addlife India Limited  
Unit-Sterling Hospital Vadodara  
Race Course Circle, (West)  
VADODARA-390007.

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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**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 : Kamal K Jain Employee ID : \_\_\_\_\_  
Company Name : \_\_\_\_\_ Age : 31 Sex :  M /  F  
Height : 174 cms. Weight : 71.6 Kgs BMI : 23.6 Blood Group : \_\_\_\_\_  
Name of HO / Registrar taking History : Dr Jay S Parrot

Allergies :  None  Yes (If Yes, describe)

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

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

**Physical Examination :**  
**Vital Signs :**  
Temp : 98.6 °F SPO<sub>2</sub> : 99 Pulse : 78 /min R/R : 18 /min B.P. : 110/70 mm Hg

**Past History :**

<p>If Hypertension, since On Medication 1)..... 2)..... 3).....</p> <p>If Ischaemic Heart Disease since On Medication 1)..... 2)..... 3).....</p> <p>Under Treatment of Dr. .... Any Intervention done .....</p> <p>P/H of Operation Diagnosis :..... Name of Operation :..... Year of Operation :.....</p> <p>Others .....</p>	<p>If Diabetes, since On Medication 1)..... 2)..... 3).....</p> <p>Under Treatment Dr. ....</p> <p>If Tuberculosis, When .....</p> <p>Any Other P/H .....</p> <p>Any Other Medication .....</p> <p>P/H of Hospitalization .....</p> <p>Diagnosis :..... Year :..... Duration :..... Blood Transfusion History : Yes /No Year :.....</p>
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**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	MAD	Arthritis/Gout	Yes/No	MAD
Tuberculosis	Yes/No		Cancer	Yes/No	
Epilepsy	Yes/No		Other Chronic disease	Yes/No	bi

**Personal History :**

Diet	veg. <del>Intersted.</del>	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   *ulcer (+)*
- 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 & B E clear
- Dyspnoea :  None  With activity  At rest  Lying down  Retractions
- Cough :  None  Non-productive  Productive - colour
- Hemoptysis:  Yes  No
- Night Sweats :  Yes  No
- Cyanosis :  Yes  No Where .....

**Cardiovascular :**  NSF

- Chest discomfort  Yes  No
- 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 1-2 times/day Hemorrhoids  Yes  No
- Interventions :  None • Laxatives  Yes  No Type ..... Frequency .....

} NAD

**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 \_\_\_\_\_

**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**

.....  
 .....  
 .....  
 .....

*Sterling AddLife India Limited*  
*Sterling Hospital Vadodara*  
*Plot No. 10, Racecourse 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:

Handwritten vertical line with a checkmark at the bottom.

EXAMINATION OF EYES:

	<u>Right Eye:</u>	<u>Left Eye:</u>
Distant Vision without Glasses:	6/6	6/6
Distant Vision with Glasses:		
Near Vision without Glasses:	12/12	12/12
Near Vision with Glasses:		
Intraocular Pressure:	22/22	22/22
Anterior Segment:		
Fundus:		

PRESCRIPTION OF GLASSES:

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

Type of glass:

ADVICE:

Sterling Addlife India Limited  
 Unit-Sterling Hospital Vadodara  
 Race Course Circle, (West)  
 VAD DR MAYA PATEL  
 (OPHTHALMOLOGIST)

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*Kamal*



Race Course Road, Vadodara

**EAR, NOSE & THROAT CHECK-UP**

**COMPLAINTS:**

*needing a new ear  
tube*

**EXAMINATION OF EARS:**

**Local Examination:**

*info*  
*RF* *max* *new*  
*7m*

**Tympanic Membrane:**

**EXAMINATION OF NOSE:**

**Local Examination:**

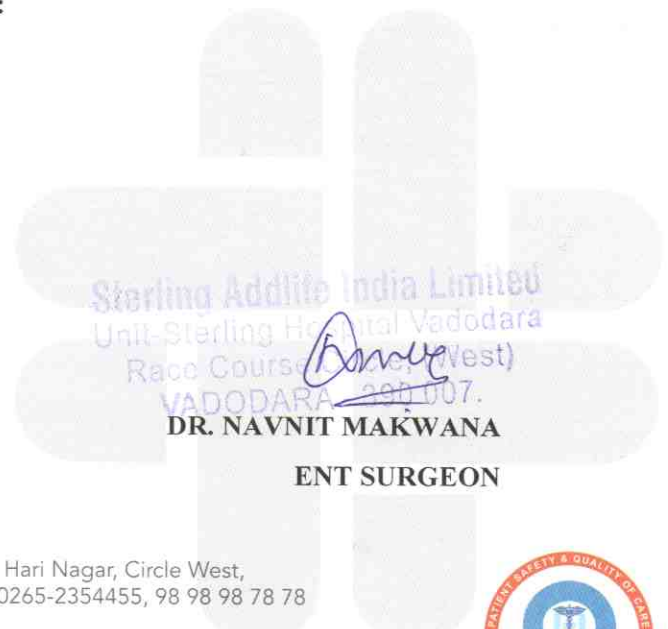
*info*

**THROAT & LARYNX:**

*info*

**LARYNGOSCOPIC EXAMINATION:**

*info*



Sterling Addlife India Limited  
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VADODARA - 390007.

**DR. NAVNIT MAKWANA**

**ENT SURGEON**

**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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Passport No :

**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
Name : <b>Mr. Kamal Kishor Saini</b>	Lab Id : <b>102407502634</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : <b>Male / 31 Y</b> 04-Oct-1993	Registration on : 26-Oct-2024 09:37	Location : Main BNo./
Ref. Id : 300290 / 2815879	Collected at : SAWPL	Approved on : 26-Oct-2024 12:47 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 26-Oct-2024 09:45	Printed On : 26-Oct-2024 15:05
	Sample Type : EDTA blood	Process At : 75 - Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**
**Complete Blood Count**

Test	Result	Unit	Biological Ref. Interval
<b>Hemoglobin</b> Colorimetric	14.7	g/dL	13.0 - 16.5
<b>RBC Count</b> Electrical impedance	5.45	million/cmm	4.5 - 5.5
<b>Hematocrit</b> Calculated	45.6	%	40 - 49
<b>MCV</b> Derived	83.7	fL	83 - 101
<b>MCH</b> Calculated	L 27.0	pg	27.1 - 32.5
<b>MCHC</b> Calculated	L 32.2	g/dL	32.5 - 36.7
<b>RDW CV</b> Calculated	H 14.20	%	11.6 - 14

**Total WBC and Differential Count**

<b>WBC count</b>	SF Cube cell analysis	5290	/cmm	4000 - 10000
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**Differential Count**

Differential Count	Result	Unit	Absolute Count
<b>Neutrophils</b> Microscopic	56	% 40 - 80	2962 /cmm 2000 - 6700
<b>Lymphocytes</b> Microscopic	35	% 20 - 40	1852 /cmm 1000 - 3000
<b>Eosinophils</b> Microscopic	01	% 1 - 6	53 /cmm 20 - 500
<b>Monocytes</b> Microscopic	08	% 2 - 10	423 /cmm 200 - 1000
<b>Basophils</b> Microscopic	00	% 0 - 2	0 /cmm 0 - 100

**Platelet Count**

<b>Platelet Count</b>	Electrical impedance	259000	/cmm	150000 - 410000
<b>MPV</b>	Calculated	10.00	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
<b>Erythrocytes Sedimentation Rate</b>			
ESR                      Capillary photometry	6	mm/1hr	0 - 14
<b>Differential Count</b>			<b>Absolute Count</b>

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Name : <b>Mr. Kamal Kishor Saini</b>	Lab Id : <b>102407502634</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup Main
Sex/Age : <b>Male / 31 Y</b> 04-Oct-1993	Registration on : 26-Oct-2024 09:37	Location : BNo./
Ref. Id : 300290 / 2815879	Collected at : SAWPL	Approved on : 26-Oct-2024 12:49 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 26-Oct-2024 09:45	Printed On : 26-Oct-2024 15:05
	Sample Type : EDTA blood	Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**
**Blood Group**

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


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Ref. Id : 300290 / 2815879	Collected at : SAWPL	Approved on : 26-Oct-2024 11:45 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 26-Oct-2024 09:45	Printed On : 26-Oct-2024 15:05
	Sample Type : Serum, Urine	Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**

Test	Result	Unit	Biological Ref. Interval
<b>Fasting Blood Glucose</b> <i>GOD-POD</i>	90.0	mg/dL	74 - 100
<b>Fasting Urine Glucose</b> <i>GOD-POD</i>	Absent		Absent
<b>Fasting Urine Ketone</b> <i>Nitroprusside</i>	Absent		Absent

	Fasting Blood Glucose*	Postprandial Blood Glucose #	Random Blood Glucose
<b>Normal</b>	< 100 mg/dL	< 140 mg/dL	< 140 mg/dL
<b>Prediabetic</b>	100 – 125 mg/dL	140 – 199 mg/dL	140 – 199 mg/dL
<b>Diabetic</b>	>/=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


**Dr. C. Shrinivasan..**

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Consultant Pathologist

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**MEDI WHEEL FULL BODY ANNUAL PLUS**

Test	Result	Unit	Biological Ref. Interval
<b>Post-breakfast Blood Glucose</b> <small>GOD-POD</small>	102	mg/dL	70 - 140
<b>Post-breakfast Urine Glucose</b> <small>GOD-POD</small>	Absent		Absent
<b>Post Breakfast Urine Ketone</b> <small>Nitroprusside</small>	Absent		Absent


**Dr. Kajal Parmar**

MD

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Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 09:45	Printed On	: 26-Oct-2024 15:05
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadodar

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

Test	Result	Unit	Biological Ref. Interval
HbA1c	5.10	%	For Screening: Diabetes: $\geq 6.5\%$ ; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	99.67	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


**Dr. Kajal Parmar**

MD



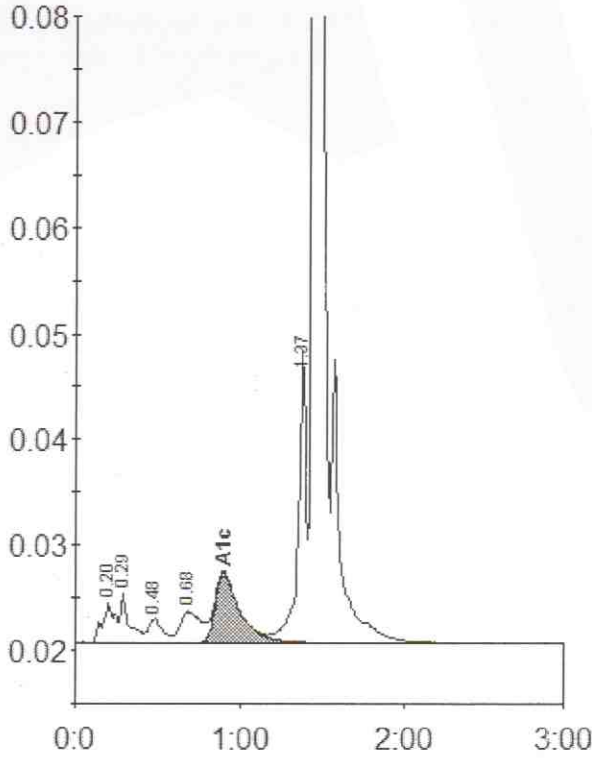


# Patient report

# Sterling HOSPITALS

Bio-Rad DATE: 26/10/2024  
 ID: TIME: 01:12 PM  
 S/N: #DJ8G550303 Software version: 4.30-2  
 Sample ID: 102407502634  
 Injection date: 26/10/2024 01:12 PM  
 Injection #: 9 Method: HbA1c  
 Rack #: --- Rack position: 9

**sterling**  
**ACCURIS**  
 Pathology lab that cares



Peak table - ID: 102407502634

Peak	R.time	Height	Area	Area %
A1a	0.20	3704	19408	1.1
A1b	0.29	4744	18403	1.1
F	0.48	2234	13852	0.8
LA1c/CHb-1	0.68	2952	26066	1.5
A1c	0.90	6637	68169	5.1
P3	1.37	27766	96135	5.6
A0	1.44	581101	1464450	85.8
Total Area:		1706484		

Concentration:	%
A1c	5.1



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	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
<b>Cholesterol</b> <i>Cholesterol oxidase – Peroxidase</i>	147.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
<b>Triglyceride</b> <i>Ezymatic (Lipase/GK/GPo/POD)</i>	132.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
<b>HDL Cholesterol</b> <i>PTA/MgCl<sub>2</sub></i>	L 29.0	mg/dL	Low: <40.0 High: >60.0
<b>Direct LDL</b> <i>Direct measured</i>	H 101.00	mg/dL	Optimal: <100 Near to above Optimal: 100–129 Borderline High: 130-159 High: 160–189 Very High: =190
<b>VLDL</b> <i>Calculated</i>	26.40	mg/dL	15 - 35
<b>CHOL/HDL Ratio</b> <i>Calculated</i>	H 5.1		Up to 5.0
<b>dLDL/HDL Ratio</b> <i>Calculated</i>	3.5		Up to 3.5


**Dr. C. Shrinivasan..**

M.D ( Pathology ) [G-18341]

Consultant Pathologist

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**LABORATORY TEST REPORT**


Patient Information	Sample Information	Location Information
Name : <b>Mr. Kamal Kishor Saini</b>	Lab Id : <b>102407502634</b>	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : <b>Male / 31 Y</b> 04-Oct-1993	Registration on : 26-Oct-2024 09:37	Location : Main BNo./
Ref. Id : 300290 / 2815879	Collected at : SAWPL	Approved on : 26-Oct-2024 10:53 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 26-Oct-2024 09:45	Printed On : 26-Oct-2024 15:05
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodar

**MEDI WHEEL FULL BODY ANNUAL PLUS**

Test	Result	Unit	Biological Ref. Interval
<b>Uric Acid</b> <i>Uricase</i>	4.30	mg/dL	3.5 - 8.5
<b>Blood Urea Nitrogen</b> <i>Calculated</i>	12.62	mg/dL	9.0 - 20.0
<b>Urea</b> <i>Urease, Colorimetric</i>	27.0	mg/dL	19.3 - 43.0
<b>Creatinine, serum</b> <i>Creatinine Amidohydrolase</i>	0.80	mg/dL	0.66 - 1.25
<b>BUN Creatinine Ratio</b> <i>Calculated</i>	15.77		
<b>Urea Creatinine Ratio</b> <i>Calculated</i>	33.75		


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Ref. Id : 300290 / 2815879	Collected at : SAWPL	Approved on : 26-Oct-2024 11:45    Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 26-Oct-2024 09:45	Printed On : 26-Oct-2024 15:05
	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
<b>ALT (SGPT)</b> <i>UV with P5P, IFCC</i>	20.0	U/L	0 - 50
<b>AST (SGOT)</b> <i>UV with P5P</i>	33.0	U/L	17 - 59
<b>GGT (Gamma Glutamyl Transferase)</b> <i>L-γ-Glytamyl-p-nitroanilide</i>	L 11.0	U/L	15 - 73
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer, IFCC</i>	60.0	U/L	38 - 126
<b>Total Bilirubin</b> <i>Azobilirubin chromophores</i>	0.80	mg/dL	0.2 - 1.3
<b>Conjugated Bilirubin</b> <i>Cationic Mordant Binding</i>	0.10	mg/dL	0.0 - 0.3
<b>Unconjugated Bilirubin</b> <i>Cationic Mordant Binding</i>	0.50	mg/dL	0.0 - 1.1
<b>Delta Bilirubin</b> <i>Calculated</i>	0.20	mg/dL	0.0 - 0.2
<b>Total Protein</b> <i>Copper tartrate to colour complex</i>	7.10	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green Method</i>	4.40	g/dL	3.5 - 5.0
<b>Globulin</b> <i>Calculated</i>	2.70	g/dL	2.3 - 3.5
<b>A/G Ratio</b> <i>Calculated</i>	1.63		1.3 - 1.7


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**LABORATORY TEST REPORT**


Patient Information		Sample Information		Location Information	
Name	: Mr. Kamal Kishor Saini	Lab Id	: 102407502634	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 31 Y 04-Oct-1993	Registration on	: 26-Oct-2024 09:37	Location	: Main BNo./
Ref. Id	: 300290 / 2815879	Collected at	: SAWPL	Approved on	: 26-Oct-2024 11:50 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 26-Oct-2024 09:45	Printed On	: 26-Oct-2024 15:05
		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>	1.51	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <i>CLIA</i>	7.62	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <i>Chemiluminescence</i>	2.5440	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 : <b>Male / 31 Y</b> 04-Oct-1993	Registration on : 26-Oct-2024 09:37	Location : BNo./
Ref. Id : 300290 / 2815879	Collected at : SAWPL	Approved on : 26-Oct-2024 11:43    Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 26-Oct-2024 09:45	Printed On : 26-Oct-2024 15:05
	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
<b>Physical &amp; Chemical (Dip strip) examination</b>			
Colour	Pale Yellow		Pale Yellow
pH <i>Double indicator</i>	7.0		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
<b>Microscopic Examination</b>			
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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Report Date: 26 Oct 2024 - 11:09 AM

Patient Id	: RCR-300290	Patient Name	: SAINI KAMAL KISHOR
Age	: 31Y 22D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 26 Oct 2024 - 11:00 AM

**X-RAY CHEST PA VIEW**

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

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Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad-380052, Gujarat, India





Kamal k saani

Male

31 Years

26.10.2024 9:39:18

STERLING HOSPITAL

HCP

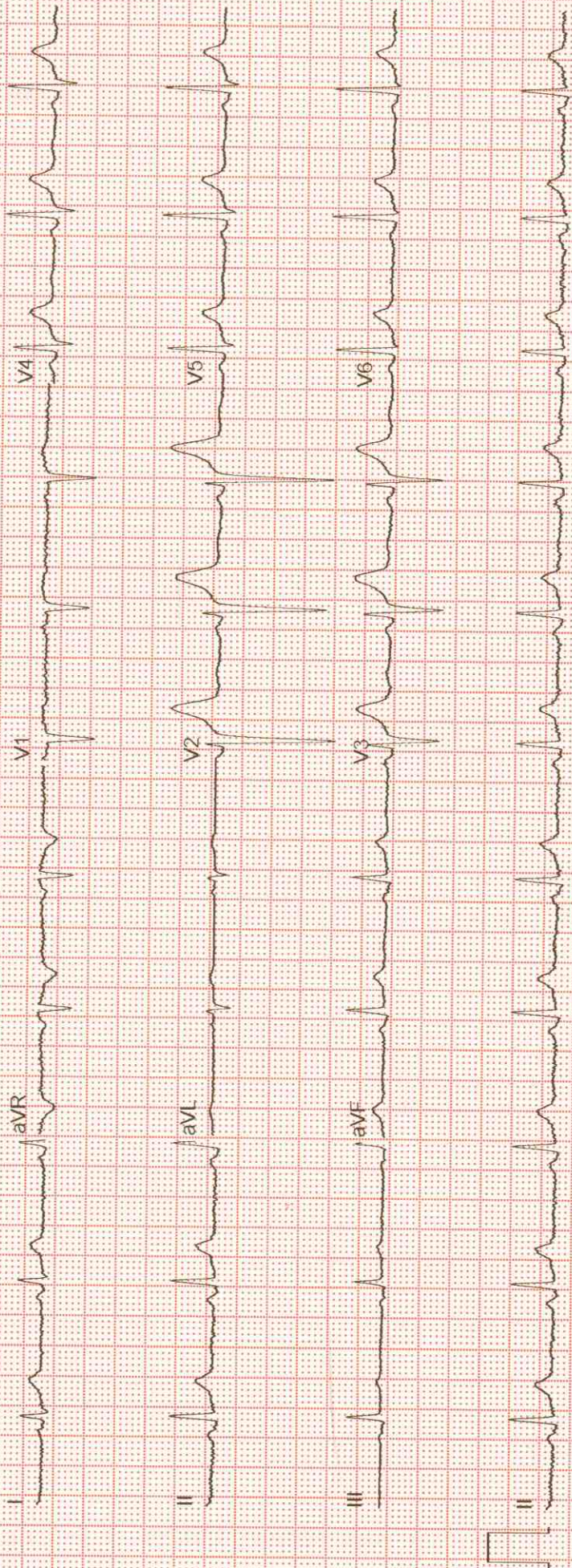
VADODARA

68 bpm

mmHg

QRS 82 ms  
 QT / QTcBaz 364 / 387 ms  
 PR 132 ms  
 P 94 ms  
 RR / PP 884 / 882 ms  
 P / QRS / T 47 / 70 / 51 degrees

UNCL







## 2D ECHOCARDIOGRAPHY REPORT



**Sterling**<sup>®</sup>  
HOSPITALS

Race Course Road, Vadodara

Name: Mr. KAMAL K SAINI  
Age: 31 Years  
Sex: M  
Date: 26-Oct-2024

Ref By: HCP  
Study: 2D Echo

### M-MODE:

IVS	10mm	LVDD	46mm
PW	10mm	LVDS	24mm
LA	32mm	LV EF	60 %

### DOPPLER STUDY:

MITRAL	E 1.01	A 0.46
AORTIC	1.12	
TRICUSPID	N	
PULMONARY	0.75	

### CONCLUSION :

- NORMAL SIZED CHAMBERS
- NORMAL LV SYSTOLIC FUNCTION LVEF 60 %
- NO RWMA AT REST
- NO DIASTOLIC DYSFUNCTION
- NO MR, NO AR, TRACE TR, RVSP= 19MMHG+RAP
- 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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Sun06091-20-25443913





Report Date: 26 Oct 2024 - 09:52 AM

Patient Id	: RCR-300290	Patient Name	: SAINI KAMAL KISHOR
Age	: 31Y 22D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 26 Oct 2024 - 09:43 AM

**SONOGRAPHY OF WHOLE ABDOMEN: -**

**LIVER:** Liver appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicals appear normal. Portal vein is normal in caliber at porta & shows hepatopetal blood flow.

**GALL BLADDER:** Gall bladder is distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. CBD appears normal.

**PANCREAS:** Pancreas is partially visualized and visualized portion is normal in size and echotexture.

**SPLEEN:** Spleen is normal in size & shows normal echotexture. No 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 10.5 x 4.5 cm

Left kidney measures 10.3 x 5.1 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.

**PROSTATE:** Prostate appears normal in size and shows normal echotexture. No evidence of solid or cystic lesion.

No ascites or significant lymphadenopathy is seen.

Mild gaseous distention of bowel loops is seen.

**CONCLUSION:**

**No significant abdominal abnormality detected.**

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**Sr. Consultant Radiologist**

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