



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name:SATYAKUMAR SINGH	
SH No: 298389	Date:10/08/2024
Age: 52	Gender:MALE

ASSESSMENT:

- K/C/O : HTN SINCE 6 MONTHS, ON REGULAR TREATMENT
- C/O:REPEATED H/O APHTOUS ULCERS(STOMNATIS),OCCASIONAL CHESST HEAVINESS WITH DOE-NHYA-2 WITH H/O:ALLERGIC RHINITIS
- BORDERLINE LOW PLATELET COUNT(143000),HIGH MPV(15.60),BORDERLINE HIGH RDW CV(15.40)
- HIGH ESR(17)
- HIGH HBA1C(5.80)
- BORDELINE HIGH TRIGLYCERIDE(162),LOW HDL CHOLESTEROL(33),NEAR TO ABOVE OPTIMAL DIRECT LDL(109),BORDERLINE HIGH CHOL/HDL (5.2)
- PROSTATE SPECIFIC AG.(PSA),TOTAL(3.71)
- URINE R/M:LOW SPECIFIC GRAVITY(1.010),PUS CELLS(2-3)
- ECG: LEFT AXIS
- 2D ECHO : MILD CONCENTRIC LVH,GRADE 1 DIASTOLIC DYSFUCNTION, NORMAL LV SYSTOLIC FUNCTION LVEF 60%
- USG ABDOMEN AND PELVIS :MILD FATTY LIVER(GRADE 1),BILATERAL RENAL CORTICAL SCARS AND TINY CONCRETIONS

ADVISED:

- PLENTY OF LIQUIDS
- SALT RESTRICTED & LOW FAT DIET
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE
- REGULAR BLOOD PRESSURE MONITORING AND CONTROL
- REPEAT LIPID PROFILE AFTER 3 MONTH
- OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- ENT ADVICE:FOLLOW ADVICE
- UROLOGIST CONSULTATION
- 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 : Satyakumar Singh Employee ID : _____
 Company Name : _____ Age : 52 Sex : M/F
 Height : 170 cms. Weight : 67.1 Kgs BMI : 23.24 Blood Group : _____
 Name of HO / Registrar taking History : Dr Ankita

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

Chief Complaints :
Repeated H/O Aphthous ulcers (Stomatitis).
occ. chest heaviness & DOE - NYHA - II

Physical Examination : H/O Allergic Rhinitis

Vital Signs :
 Temp : N °F SPO₂ : 96 Pulse : 72 /min R/R : 18 /min B.P. : 130/80 mm Hg

Past History :

If Hypertension, since <u>6 months</u> <u>Y</u>	If Diabetes, since
On Medication 1).....	On Medication 1).....
2).....	2).....
3) <u>not known.</u>	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	Blood Transfusion History : Yes /No
.....	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 _____
- 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 *occasional*

- 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 *twice*
- 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

ECG. to R/O Cardiovascular disease
to continue Anti-hypertensive
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

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OPHTHALMIC CHECK-UP

SIGNIFICANT HISTORY:

PAST HISTORY:

Refractive Error:

Any Surgery:

Color Blind:

Diabetes:

Hypertension:

Any Treatment:

NAD
YES

EXAMINATION OF EYES:

Right Eye:

Left Eye:

Distant Vision without Glasses:

6/6 6/6

Distant Vision with Glasses:

Near Vision without Glasses:

Near Vision with Glasses:

N/6 N/6

Intraocular Pressure:

Anterior Segment:

normal

Fundus:

normal

PRESCRIPTION OF GLASSES:

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

Type of glass:

ADVICE:

at c form for near
fit optical no topically
flex @ weekly

DR TARAL SHAH
(OPHTHALMOLOGIST)

Sterling Addlife India Limited
Unit-Sterling Hospital, Vadodara
Race Course Road, (West)
VADODARA-390007.
DR KUNTAL SHAH
(OPHTHALMOLOGIST)





EAR, NOSE & THROAT CHECK-UP

COMPLAINTS:

do nasal bleedage.

EXAMINATION OF EARS:

Local Examination:

Tympanic Membrane:

→ MTO (H) - intact
Fol (H) wax (H)

EXAMINATION OF NOSE:

Local Examination:

DB (H)

THROAT & LARYNX:

MTO

LARYNGOSCOPIC EXAMINATION:

- MTO

HL

- nasal endoscopy
+ / B

CT PNS

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Unit-Sterling Hospital Vadodara
Race Course Circle West
DR. NAVNIT MAKWANA
VADODARA - 390 007.
ENT SURGEON





Passport No :

LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mr. Satya Kumar . Singh	Lab Id : 082407501008	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Male / 52 Y 16-Jan-1972	Registration on : 10-Aug-2024 12:05	Location : Main BNo./
Ref. Id : 298389 / 2805114	Collected at : SAWPL	Approved on : 10-Aug-2024 13:37 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 10-Aug-2024 10:23	Printed On : 12-Aug-2024 10:09
	Sample Type : Whole blood	Process At : 75 – Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Hemoglobin <small>Colorimetric</small>	14.4	g/dL	13.0 - 16.5
RBC Count <small>Electrical impedance</small>	5.43	million/cmm	4.5 - 5.5
Hematocrit <small>Calculated</small>	46.0	%	40 - 49
MCV <small>Derived</small>	84.8	fL	83 - 101
MCH <small>Calculated</small>	L 26.5	pg	27.1 - 32.5
MCHC <small>Calculated</small>	L 31.3	g/dL	32.5 - 36.7
RDW CV <small>Calculated</small>	H 15.40	%	11.6 - 14

Total WBC and Differential Count

WBC count <small>SF Cube cell analysis</small>	8220	/cmm	4000 - 10000
---	------	------	--------------

Differential Count

		%	Absolute Count
Neutrophils <small>Microscopic</small>	64	40 - 80	5261 /cmm 2000 - 6700
Lymphocytes <small>Microscopic</small>	24	20 - 40	1973 /cmm 1000 - 3000
Eosinophils <small>Microscopic</small>	04	1 - 6	329 /cmm 20 - 500
Monocytes <small>Microscopic</small>	08	2 - 10	658 /cmm 200 - 1000
Basophils <small>Microscopic</small>	00	0 - 2	0 /cmm 0 - 100

Platelet Count

Platelet Count <small>Electrical impedance</small>	143000	/cmm	150000 - 410000
MPV <small>Calculated</small>	15.60	fL	7.5 - 10.3
Platelets Morphology	Borderline Adequate.		


Dr. C. Shrinivasan..

M.D (Pathology) [G-18341]

Consultant Pathologist

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MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Erythrocytes Sedimentation Rate			
ESR	H 17	mm/1hr	0 - 14

Differential Count
Absolute Count

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Ref. Id	: 298389 , 2805114	Collected at	: SAWPL	Approved on	: 10-Aug-2024 16:50 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 10-Aug-2024 10:23	Printed On	: 12-Aug-2024 10:09
		Sample Type	: Whole blood	Process At	: 75 – Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Blood Group

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


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Sex/Age	Male / 52 Y 16-Jan-1972	Registration on	10-Aug-2024 12:05	Location	Main BNo./
Ref. Id	298389 , 2805114	Collected at	SAWPL	Approved on	10-Aug-2024 12:44 Status : Final
Ref. By	Dr. RMO . STERLING...	Collected on	10-Aug-2024 10:23	Printed On	12-Aug-2024 10:09
		Sample Type	Serum, Urine	Process At	75 – Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <i>GOD-POD</i>	96.0	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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Ref. Id	: 298389 , 2805114	Collected at	: SAWPL	Approved on	: 10-Aug-2024 16:51 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 10-Aug-2024 12:47	Printed On	: 12-Aug-2024 10:09
		Sample Type	: Fluoride	Process At	: 75 – Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <i>GOD-POD</i>	86	mg/dL	70 - 140
Post-breakfast Urine Glucose <i>GOD-POD</i>	Absent		Absent
Post Breakfast Urine Ketone <i>Nitroprusside</i>	Absent		Absent


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Ref. Id	: 298389 / 2805114	Collected at	: SAWPL	Approved on	: 10-Aug-2024 14:27 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 10-Aug-2024 10:23	Printed On	: 12-Aug-2024 10:09
		Sample Type	: Whole blood	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
HbA1c (Glycosylated Hemoglobin) by HPLC

Test	Result	Unit	Biological Ref. Interval
HbA1c	H 5.80	%	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	119.76	mg/dL	

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

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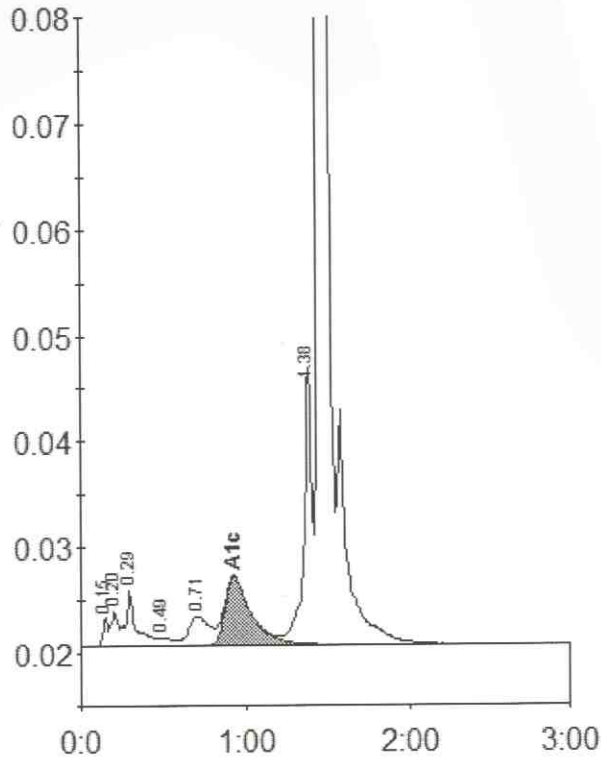
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Bio-Rad DATE: 10/08/2024
D-10 TIME: 02:11 PM
S/N: #DJ8G550303 Software version: 4.30-2
Sample ID: 082407501008
Injection date: 10/08/2024 02:11 PM
Injection #: 9 Method: HbA1c
Rack #: --- Rack position: 3



Peak table - ID: 082407501008

Peak	R.time	Height	Area	Area %
Unknown	0.15	2741	5785	0.4
A1a	0.20	3216	9395	0.6
A1b	0.29	5234	24186	1.5
F	0.49	733	4826	0.3
LA1c/CHb-1	0.71	2747	25374	1.6
A1c	0.93	6440	71347	5.8
P3	1.38	26239	93269	5.9
A0	1.45	505229	1358476	85.3
Total Area:			1592658	

Concentration:	%
A1c	5.8





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		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadoda

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase – Peroxidase</i>	171.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPo/POD)</i>	H 162.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl₂</i>	L 33.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	H 109.00	mg/dL	Optimal: <100 Near to above Optimal: 100–129 Borderline High: 130-159 High: 160–189 Very High: =190
VLDL <i>Calculated</i>	32.40	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	H 5.2		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	3.3		Up to 3.5



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

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	7.60	mg/dL	3.5 - 8.5
Blood Urea Nitrogen <i>Calculated</i>	11.21	mg/dL	9.0 - 20.0
Urea <i>Urease, Colorimetric</i>	24.0	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>	14.01		
Urea Creatinine Ratio <i>Calculated</i>	30.00		


 Dr. C. Shrinivasan..

M.D (Pathology) [G-18341]

Consultant Pathologist

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Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Satya Kumar . Singh	Lab Id	: 082407501008	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 52 Y 16-Jan-1972	Registration on	: 10-Aug-2024 12:05	Location	: Main BNo./
Ref. Id	: 298389 / 2805114	Collected at	: SAWPL	Approved on	: 10-Aug-2024 13:02 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 10-Aug-2024 10:23	Printed On	: 12-Aug-2024 10:09
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Liver Function Test

Test	Result	Unit	Biological Ref. Interval
ALT (SGPT) <i>UV with P5P, IFCC</i>	27.0	U/L	0 - 50
AST (SGOT) <i>UV with P5P</i>	28.0	U/L	17 - 59
GGT (Gamma Glutamyl Transferase) <i>L-y-Glytamyl-p-nitroanilide</i>	26.0	U/L	15 - 73
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	88.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	0.60	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>	0.30	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>	4.60	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	3.40	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.35		1.3 - 1.7


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Sex/Age	: Male / 52 Y 16-Jan-1972	Registration on	: 10-Aug-2024 12:05
Ref. Id	: 298389 , 2805114	Collected at	: SAWPL
Ref. By	: Dr. RMO . STERLING...	Collected on	: 10-Aug-2024 10:23
		Sample Type	: Serum
		Pt. Type	: Sterling Hospital Vadodara Health Checkup
		Location	: Main BNo./
		Approved on	: 10-Aug-2024 13:37 Status : Final
		Printed On	: 12-Aug-2024 10:09
		Process At	: 75 – Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Immunoassay

Test	Result	Unit	Biological Ref. Interval
Prostate Specific Ag. (PSA), Total	3.71	ng/mL	Upto 3.1 ng/mL

Rechecked

PSA is a glycoprotein that is expressed by both normal and neoplastic prostate tissue and is prostate tissue specific and not prostate cancer specific. PSA is constantly expressed in nearly all prostate cancers, although its level of expression on a per cell basis is lower than in normal prostate epithelium. The absolute value of serum PSA is useful for determining the extent of prostate cancer and assessing the response to prostate cancer treatment; its use as a screening method to detect prostate cancer is also common.

Interpretation
Increased in

- Prostate disease (Cancer, Prostatitis, Benign prostatic hyperplasia, Acute urinary retention)
- Manipulations (Cystoscopy, Needle biopsy, Radiation therapy, Indwelling catheter, Prostatic massage)
- Transurethral resection
- Prostatic ischemia

Decreased in

- Castration
- Prostatectomy
- Radiation therapy
- Ejaculation within 24 - 48 hours
- 5-alpha-reductase inhibitor reduces PSA by 50% after 6 months in men without cancer

Limitations

- PSA has been recommended by the American Cancer Society for use in conjunction with a DRE for early detection of prostate cancer starting at the age of 50 years for men with at least 10-year life expectancy
- PSA levels that are measured repeatedly over time may vary because of biologic variability where the true PSA level in a given man is different on different measurements.
- A change in PSA of >30% in man with a PSA initially below 2.0 ng/mL was likely to indicate a true change beyond normal random variation.


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Ref. Id	: 298389 , 2805114	Collected at	: SAWPL	Approved on	: 10-Aug-2024 13:06 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 10-Aug-2024 10:23	Printed On	: 12-Aug-2024 10:09
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodra)

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
Thyroid Function Tests

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <i>CLIA</i>	1.55	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <i>CLIA</i>	9.34	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <i>Chemiluminescence</i>	1.2660	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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Ref. Id	: 298389 / 2805114	Collected at	: SAWPL	Approved on	: 10-Aug-2024 12:43 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 10-Aug-2024 10:23	Printed On	: 12-Aug-2024 10:09
		Sample Type	: Urine	Process At	: 75 – Sterling Hospital, Race course (Vadoda)

MEDI WHEEL FULL BODY ANNUAL PLUS ABV 50 M
URINE ROUTINE EXAMINATION

Test	Result	Unit	Biological Ref. Interval
Physical & Chemical (Dip strip) examination			
Colour	Pale Yellow		Pale Yellow
pH <i>Double indicator</i>	6.0		5.5 - 7.0
Specific Gravity <i>Polyelectrolyte based reaction</i>	L 1.010		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	2-3	/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 -----



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Patient Id	: P-00000036	Patient Name	: SATYAKUMAR SINGH 52Y
Age	:	Sex	: Male
Ref. Doctor	:	Study Date	: 10 Aug 2024 - 11:13 AM

X-RAY CHEST PA VIEW

- Small nodular opacity/granuloma is seen in right mid zoen.
- Rest of both lung fields show prominent broncho-vascular markings.
- Cardiac size appears within normal limit.
- Trachea and mediastinal soft tissue shadow appear unremarkable.
- Bilateral C.P. angles and both domes of diaphragm appear normal.
- Bony thorax under vision appears normal.

Dr. Shilpi Gupta MD
Sr. Consultant Radiologist

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



10-08-2024 11:50:46 AM

Name: SATYAKUMAR SINGH
Age: 52 Years
Gender: Male

Vent P
PR Int_{avf}
QRS Duration
QT/QTc Interval
P/QRS/T Axes
QTc Technologies

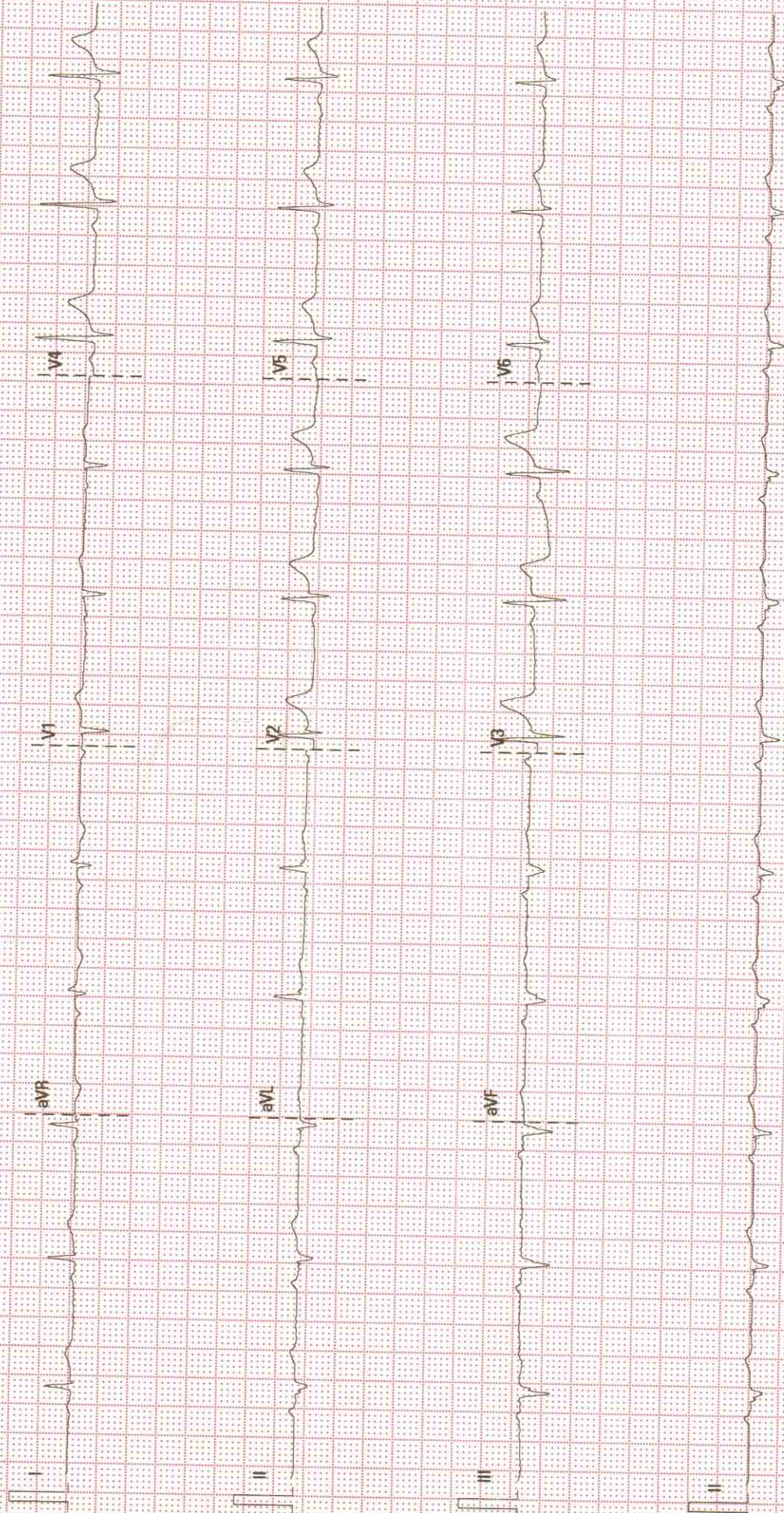
67 bpm
156 ms
84 ms
366/378 ms
53/45/25 deg

Sinus rhythm
Lead(s) unsuitable for analysis: V2
Left anterior fascicular block

Borderline ECG

Unconfirmed Diagnosis

Left axis



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

02 06:00/V28 4.1 SN-FIN-74007622



2D ECHOCARDIOGRAPHY REPORT



Race Course Road, Vadodara

Name: Mr. SATYAKUMAR SINGH
Age: 52 Years
Sex: M
Date: 10-Aug-2024

Ref By: HCP
Study: 2D Echo

M-MODE:

IVS	13mm	LVDD	46mm
PW	13mm	LVDS	24mm
LA	35mm	LV EF	60 %

DOPPLER STUDY:

MITRAL	E 0.55 A 0.99
AORTIC	1.28
TRICUSPID	N
PULMONARY	N

CONCLUSION :

- MILD CONCENTRIC LVH
- NORMAL LV SYSTOLIC FUNCTION LVEF 60 %
- NO RWMA AT REST
- GRADE I 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

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Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad-380052, Gujarat, India
Sondoc 91-20-25443913



Report Date: 10 Aug 2024 - 12:03 PM

Patient Id : 28211120240810

Patient Name : SATYAKUMAR SINGH 52/M

Age :

Sex : Male

Ref. Doctor :

Study Date : 10 Aug 2024 - 11:21 AM

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size and shows bright echotexture- mild fatty infiltration. No focal lesion seen. No IHBR dilatation. **Portal vein** (13 mm) and **CBD** (4.5 mm) appears normal.

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

Spleen appears normal in size (11.5 cm) and shows normal echotexture. No focal lesion seen.

Right kidney measures 10 x 4.6 cm. **Few cortical scars are seen at upper pole cortex. Tiny concretion in lower pole.** There is no evidence of hydronephrosis. Normal cortical echogenicity and cortico-medullary differentiation are maintained.

Left kidney measures 11 x 4.8 cm. **Few cortical scars at interpolar and lower pole cortex. Tiny concretion interpolar cortex.** There is no evidence of hydronephrosis. Normal cortical echogenicity and cortico-medullary differentiation are maintained.

Urinary bladder is minimally distended.

Prostate measures ~ 23 cc and appears normal in echotexture. No focal mass is seen. No evidence of ascites seen.

IMPRESSION

- **Mild fatty liver (Grade I)**
- **Bilateral renal cortical scars and tiny concretions.**
- **No other significant intra-abdominal abnormality.**



Dr. Palak Nandolia
Consultant Radiologist

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