



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: MUKTI H JANI SH No: 299941 Date: 14|10|2024 Age: 44 Gender: FEMALE

ASSESSMENT:

- OVER WEIGHT(BMI:27.85)
- o C/O: PAIN IN WHOLE OCCIPITAL AREA OF HEAD TILL NAPE OF NECK(GETS RELIEVED NEXT DAY MORNING, OCCURS TWICE A MONTH), PAIN IN AREA ABOVE B/L HEEL, BLURRED VISION FOR DISTANT VISION, EARACHE BEFORE 2-3 MONTHS, INCREASE WAX FORMATION IN EARS, NECK STIFFNESS PRESENT, DIZZINESS DURING HEADACHE , WEAKNESS , VAGINAL DISCHARGE, VAGINAL ITCHING PRESENT
- P/H/O OPERATION: TL (2006/2007)
- F/H/O: HEART DISEASE (MOTHER , BROTHER), DIABETES(MOTHER)
- PALLOR PRESENT
- P/H/O: FUNGAL INFECTION IN EAR, UTI
- BORDERLINE HIGH CHOLESTEROL(209), BORDWERLINE HIGH DIRECT LDL(139)
- LOW BLOOD UREA NITROGEN(4.67), LOW SERUM UREA(10)
- PAP SMEAR-MILD ACUTE INFLAMMATION.
- USG ABDOMEN AND PELVIS: GLOBULAR MILD BULKY UTERUS WITH SMALL SEEDING FIBROID IN ANTERIOR MYOMETRIUM

ADVISED:

- PLENTY OF LIQUIDS
- LOW FAT DIET
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE & WEIGHT REDUCTION.
- REPEAT LIPID PROFILE AFTER 3 MONTH
- OPHTHALMOLOGIST ADVICE: FOLLOW ADVICE
- ORTHOPEDIC CONSULTATION
- ENT CONSULTATION
- GYNAC 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 www.sterlinghospitals.com | info@sterlinghospitals.com

Registered Office: Sterling Addlife India Private Limited | CIN U85110GJ2000PTC039121





HEALTH CHECK UP MEDICAL EXAMINATION

1	Name Must H Jany	Employee ID :
1	1/12 Weight 60.2:	Kgs BMI: 27.85 Blood Group: AB-VC
	Name of HO / Registrar taking History : Dat - Ja	ay · S · Marel f
ĺ	Allergies: None Yes (If Yes,	describe
	Drugs/Food/Latex/Dyes/Contrast/Other	Reaction
	1.	,
	2.	4
	3.	
	Chief Complaints:	of Me ch till Good whole ac
	the of Acoliget	r refined next doy moons,
	ham IN BIL Dection aller	Med.
P	hysical Examination :	
	'ital Signs:	
Т	emp. AFOLY 16 F SPO. 9 9 Pulse. 6 > /mir	R/R: 19 /min B.P: 10/90 mm Hg
*:		, , , , , , , , , , , , , , , , , , , ,
	Past History :	
	If Hypertension, since	If Diabetes, since
	On Medication 1)	On Medication 1)
	2)	2)
	3)	3)
	i i i i i i i i i i i i i i i i i i i	Under Treatment Dr.
	If Ischaemic Heart Disease since	
	On Medication 1)	If Tuberculosis, When
	2)	Any Other P/H
	3)	A - Oll - At - BB
	Under Treatment of Dr.	Any Other Medication
	Any Intervention done	
	P/H of Operation	P/H of Hospitalization
	SD-0 NIME / / AKI KI)	Diagnosis:
	Name of Operation	Year :
	Year of Operation :	Duration :
	Others	Blood Transfusion History : Yes No
		Year ·



Sense of taste

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) Yes No. Asthma Yes No Hypertension Yes/No M Stroke Yes/No Heart Disease Yes/No Arthritis/Gout Yes/No Diabetes Yes/No Yes/No Cancer **Tuberculosis** Yes No Yes \ No Other Chronic disease Epilepsy Personal History: Yes/No Diet Eg aitanian Smoking per day equilon. Alcohol Yes/No (freq.) Appetite since (freq.) Sleep Druas Yes/No since. (freq.) Micturition Yes No Tobacco since **Bowel Habits** Any other habit FOR FEMALES : General Examination: Jaundice Generalized Lymphadenopathy Pedal oedema ~ Cyanosis Anemia General Examination: □ NSF OD Medae &P) (twice 9 moth. Injuries (Specify if any): Eyes: | NSF! gland my Bot Deading

• Vision: | Normal Blurred | Double | Colour Blind • Pupils : Normal □ Abnormal □ Inflammation □ Pain □ Itching □ Discharge | □ No complaint • Other : Remarks (if any): Ears: . . NSF M/o- bengal i beatiful Bli Eard 2-3 chathy hereard urst famatin. • Dizzines Yes 🗆 No Nose : NSF • Nosebleed □ Yes □ No • Congestion □ Yes □ No • Sinus problem Mouth: | NSF Lesion Yes 🗆 No ☐ Good ☐ Poor Bleeding gums Dental Hygiene ☐ Yes ☐ No



Throat/Neck : □ NSF
• Swollen glandls Yes No Dysphagia Yes No ture 9 motor
STSTEMIC EXAMINATION
Neurological: NSF (two/month)
Headache □ Yes □ No
Neurological: NSF • Headache Pes No • Memory changes Pes No • Dizziness Pes No • Syncope Person Seizures Pes No • Paralysis Pes No • R DL • Cooperative Pes No • Anxiety Pes No • Depression Pes No
Suicidal attempt
Oriented
Reaction: □ Brisk □ Sluggish □ No response
LOC: □ Alert □ Confused □ Sedated
• Speech : Deléar - Slurred
Respiratory: NSF • Lung sounds: NSF • Dyspnoea: Nations With activity At rest Lying down Retractions
Cough: Non-productive Productive - colour
Hemoptysis: Yes
• Night Sweats : Pes Po
• Cyanosis :
Cardiovascular : D NSF
Chest discomfort □ Yes □ No
Oedema □ Yes □ No Location :□ Pitting □ Non-pitting
Extremities-Musculoskeletal:
• Skin: Warm Cool Dry Firm Flaccid Colour
• Extremities : Tingling Yes No Deformity Yes No
• Joints : Pain Pes No • Stiffness Pes LNo
• Uses : Walker Wheelchair / Whone
Gastrointestinal:
Appetite
Distension
Pain
Colostomy □ Yes □ No
Bowel
□ Diarrhoea □ Constipation □ Incontinence □ Blood in stool □ None.
Pain Pes Place Hemorrhoids Place Hemorrhoids
Frequency of stool I May I day
Interventions: • Laxatives • Yes • No Type Frequency



Genitorurinary: D NSF
Colour of Urine Mulital. Frequency 1 this 2-2.5 th. Pain
Nocturia Yes No Urostomy History of calculi Yes No History of UTI Yes No Date of Insertion
Reproductive : □ NA □ NSF LMP Regular / Irregular
Dysmenorrhea
Breasts
Positive Finding & Advice

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Sign and Stamp of Medical Officer

Sterling Hospital Racecoure 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:

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	-			10-5	+0-5	1-0
Near	+1-5	-		+2-0	10-5	16

Type of glass:

ADVICE:

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DR MAYA PATEL (OPHTHALMOLOGIST)

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GYNAECOLOGIST CHECK UP

NAME: Mukti H. Jomi

AGE: 44 48.

COMPLAINTS: NOW

O/H PARA: Cy P2 AL 2

DATE: 14/10/24

17emale - 2048 1 make - 14 48 1St FTND 2nd LSCS TL done

mc 2-3 clargs

MENSTRUAL H/O: 5 10 24

P/A: 30 \$ +

P/S: (0 0 0

P/V: NA)

ADVICE: Porp Smead fest teilses

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(GYNAECOLOGIST)

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Passport No : Patient Information		LABORATORY TEST REPORT			
		Sample Information	Location Information		
Name Sex/Age	: Mrs. Mukti Hitul Jani : Female / 44 Y 21-May-1980	Lab Id : 102407501338 Registration on : 14-Oct-2024 08:52	Pt. Type Location	Sterling Hospital Vadodara Health Checkup Main BNo./	
Ref. Id Ref. By	: 299941 , 2813974 : Dr. RMO . STERLING	Collected at : SAWPL Collected on : 14-Oct-2024 08:58 Sample Type : EDTA blood	Approved on Printed On Process At	Approved on : 14-Oct-2024 11:48 Status : Interim Printed On : 14-Oct-2024 16:03	

Complete Blood Count

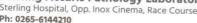
Test Hemoglobin	Colorimetric	Result 12.7	Unit g/dL	Biological Ref. Interval
RBC Count	Electrical impedance	4.44	million/cmm	3.8 - 4.8
Hematocrit	Calculated	38.9	%	36 - 48
MCV	Derived	87.6	fL	83 - 101
MCH	Calculated	28.6	pg	26.4 - 33.2
MCHC	Calculated	32.6	g/dL	31.8 - 35.9
RDW CV	Calculated	13.70	%	11.6 - 14
otal WBC and Diff	erential Count			3.32
WBC count	SF Cube cell analysis	6020	/cmm	4000 - 10000
Differential Count Neutrophils Lymphocytes Eosinophils	Microscopic Microscopic Microscopic	55 35 04	% 40 - 80 % 20 - 40 % 1 - 6	Absolute Count 3311 /cmm 2000 - 6700 2107 /cmm 1000 - 3000 241 /cmm 20 - 500
Monocytes	Microscopic	06	% 2 - 10	241 /cmm 20 - 500 361 /cmm 200 - 1000
Basophils	Microscopic	00	% 0 - 2	0 /cmm 0 - 100
latelet Count				
Platelet Count	Electrical impedance	377000	/cmm	150000 - 410000
MPV	Calculated	9.10	fL	7.5 - 10.3
Platelets Morphol	ogy	Platelets a	re adequate on Smear	

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Passport No :	LABORATORY TEST REI	PORT		
Patient Information	Sample Information	Location Information		
Name : Mrs. Mukti Hitul Jani Sex/Age : Female / 44 Y 21-May-1980	Lab Id : 102407501338 Registration on : 14-Oct-2024 08:52 Collected at : SAN/PI	Pt. Type : Sterling Hospital Vadodara Health Checkup Main Location : BNo./		
Ref. ld : 299941 , 2813974 Ref. By : Dr. RMO . STERLING	Collected at : SAWPL Collected on : 14-Oct-2024 08:58 Sample Type : EDTA blood	Approved on : 14-Oct-2024 11:48 Status : Interim Printed On : 14-Oct-2024 16:03 Process At : 75 – Sterling Hospital, Race course (Vadoda		

Complete Blood Count

Test Erythrocytes Se	dimentation Rate	Result	Unit	Biological Ref. Interval
ESR	Capillary photometry	11	mm/1hr	0 - 21
Differential Cou	nt			Absolute Count

Absolute Count

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		Sample Information	Location Information
Name Sex/Age	: Mrs. Mukti Hitul Jani : Female / 44 Y 21-May-1980	Lab Id : 102407501338 Registration on : 14-Oct-2024 08:52 Collected at : SAW/PI	Pt. Type : Sterling Hospital Vadodara Health Checkup Main Location : BNo./
Ref. Id Ref. By	: 299941 , 2813974 : Dr. RMO . STERLING	Collected at : SAWPL Collected on : 14-Oct-2024 08:58 Sample Type : EDTA blood	Approved on : 14-Oct-2024 12:03 Status : Interim Printed On : 14-Oct-2024 16:03 Process At : 75 – Sterling Hospital, Race course (Vadoda

Blood Group

Test Result Unit Biological Ref. Interval ABO Type
Tube Agglutination "AB"

Rh (D) Type

Negative/ Du Negative



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		Sample Information	Location Information
Name Sex/Age	: Mrs. Mukti Hitul Jani : Female / 44 Y 21-May-1980	Lab Id : 102407501338 Registration on : 14-Oct-2024 08:52 Collected at : SAM/PI	Pt. Type : Sterling Hospital Vadodara Health Checkup Main BNo./
Ref. Id Ref. By	: 299941 / 2813974 : Dr. RMO . STERLING	Collected at : SAWPL Collected on : 14-Oct-2024 08:58 Sample Type : Serum, Urine	Approved on : 14-Oct-2024 10:14 Status : Interim Printed On : 14-Oct-2024 16:03 Process At : 75 – Sterling Hospital, Race course (Vadoda

Test		Result	Unit	Biological Ref. Interval
Fasting Blo	od Glucose	96.0	mg/dL	74 - 100
Fasting Urin	ne Glucose	Absent		Absent
Fasting Urin	e Ketone	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) ≥ 6.5%
- Random plasma glucose ≥ 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.

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



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Passport No :	LABORATORY TEST REI	PORT
Patient Information	Sample Information	Location Information
Name : Mrs. Mukti Hitul Jani Sex/Age : Female / 44 Y 21-May-1	Lab Id : 102407501338 Registration on : 14-Oct-2024 08:52 Collected at : SAM/DI	Pt. Type : Sterling Hospital Vadodara Health Checkup Main : BNo./
Ref. Id : 299941 / 2813974 Ref. By : Dr. RMO . STERLING	Collected at : SAWPL Collected on : 14-Oct-2024 11:35 Sample Type : Fluoride	Approved on : 14-Oct-2024 12:42 Status : Interim Printed On : 14-Oct-2024 16:03 Process At : 75 – Sterling Hospital, Race course (Vadoda

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose	98	mg/dL	70 - 140
Post-breakfast Urine Glucose	Absent		Absent
Post Breakfast Urine Ketone Nitroprusside	Absent		Absent



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Ref. Id Ref. By	: 299941 , 2813974 : Dr. RMO . STERLING	Collected at : SAWPL Collected on : 14-Oct-2024 08:58 Sample Type : EDTA blood	Approved on : 14-Oct-2024 15:53 Status : Interim Printed On : 14-Oct-2024 16:03 Process At : 75 – Sterling Hospital, Race course (Vadoda

HbA1c (Glycosylated Hemoglobin) by HPLC

Test	Result	Unit	Biological Ref. Interval	
HbA1c	5.70	%	For Screening: Diabetes: >/= 6.5%; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: < 5.7%	
Mean Blood Glucose	116.89	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 throught 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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tests marked with # are referred tests







Bio-Rad

DATE: 14/10/2024

D-10

TIME: 01:25 PM

S/N: #DJ8G550303

Software version: 4.30-2

Sample ID:

102407501338

Injection date

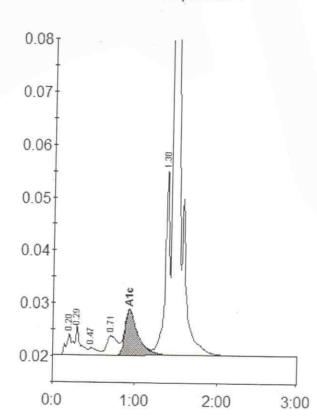
14/10/2024 01:25 PM

Injection #: 9

Method: HbA1c

Rack #: ---

Rack position: 1



Peak table - ID: 102407501338

Peak	R.time	Height	Area	Area %
Ala	0.20	4120	22060	1.0
A1b	0.29	5842	23420	1.1
F	0.47	1414	10154	0.5
LA1c/CHb-1	0.71	3700	33637	1.5
Alc	0.93	8612	94663	5.7
P3	1.38	35757	129881	5.9
A0	1.45	705070	1892098	85.8

Total Area:

2205913

Concentration:	%
Alc	5.7







Pathology lab that cares









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Ref. ld : 2999		Collected at : SAWPL Collected on : 14-Oct-2024 08:58 Sample Type : Serum	Approved on Printed On Process At		

Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol Cholesterol oxidase - Peroxidase	H 209.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride Ezymatic (Lipase/GK/GPo/POD)	134.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol PTA/MgCl2	46.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL Direct measured	H 139.00	mg/dL	Optimal: <100 Near to above Optimal: 100–129 Borderline High: 130-159 High: 160–189 Very High: =190
VLDL Calculated	26.80	mg/dL	15 - 35
CHOL/HDL Ratio Calculated	4.5		Up to 5.0
dLDL/HDL Ratio Calculated	3.0		Up to 3.5

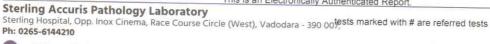
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Ref. ld : 299941 / 2813974 Ref. By : Dr. RMO . STERLING	Collected at : SAWPL Collected on : 14-Oct-2024 08:58 Sample Type : Serum	Approved on : 14-Oct-2024 10:15 Status : Interim Printed On : 14-Oct-2024 16:03 Process At : 75 – Sterling Hospital, Race course (Vadoda

Test	Result	Unit	Biological Ref. Interval
Uric Acid Uricase	4.60	mg/dL	2.5 - 6.2
Blood Urea Nitrogen Calculated	L 4.67	mg/dL	7.0 - 17.0
Urea Urease, Colorimetric	L 10.0	mg/dL	15.0 - 36.4
Creatinine, serum Creatinine Amidohydrolase	0.70	mg/dL	0.52 - 1.04
BUN Creatinine Ratio	6.67		
Urea Creatinine Ratio	14.29		



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Ref. Id Ref. By	: 299941 , 2813974 : Dr. RMO . STERLING	Collected at : SAWPL Collected on : 14-Oct-2024 08:58 Sample Type : Serum	Approved on : 14-Oct-2024 10:44 Status : Interim Printed On : 14-Oct-2024 16:03 Process At : 75 – Sterling Hospital, Race course (Vadoda

Liver Function Test

Test	Result	Unit	Biological Ref. Interval	
ALT (SGPT) UV with P5P, IFCC	22.0	U/L	0 - 35	
AST (SGOT) UV with P5P	27.0	U/L	14 - 36	
GGT (Gamma Glutamyl Transferase) L-y-Glytamyl-p-nitroanilide	19.0	U/L	12 - 43	
Alkaline Phosphatase PNPP, AMP Buffer, IFCC	39.0	U/L	38 - 126	
Total Bilirubin Azobilirubin chromophores	0.50	mg/dL	0.2 - 1.3	
Conjugated Bilirubin Cationic Mordant Binding	0.10	mg/dL	0.0 - 0.3	
Unconjugated Bilirubin Cationic Mordant Binding	0.20	mg/dL	0.0 - 1.1	
Delta Bilirubin Calculated	0.20	mg/dL	0.0 - 0.2	
Total Protein Copper tartrate to colour complex	6.60	g/dL	6.3 - 8.2	
Albumin Bromocresol Green Method	4.00	g/dL	3.5 - 5.0	
Globulin Calculated	2.60	g/dL	2.3 - 3.5	
A/G Ratio Calculated	1.54		1.3 - 1.7	

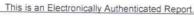


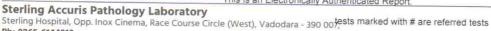
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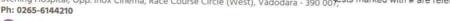
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Thyroid Function Tests

	Thyrola ranction rests		
Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine)	1.23	ng/mL	0.58 - 1.59
T4, total (Thyroxine)	8.44	µg/dl	4.87 - 11.72
TSH (3rd Gen.) Chemiluminescence	1.0990	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

Dr. C. Shrinivasan...

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

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Sterling Accuris Pathology Laboratory Sterling Hospital, Opp. Inox Cinema, Race Course Circle (West), Vadodara - 390 007, ests marked with # are referred tests













Passport No:	LABORATORY TEST RE	PORT		
Patient Information	Sample Information	Location Information		
Name : Mrs. Mukti Hitul Jani Sex/Age : Female / 44 Y 21-May-1980	Lab Id : 102407501338 Registration on : 14-Oct-2024 08:52	Pt. Type : Sterling Hospital Vadodara Health Checkup Main BNo./		
Ref. Id : 299941 , 2813974 Ref. By : Dr. RMO . STERLING	Collected at : SAWPL Collected on : 14-Oct-2024 08:58 Sample Type : Serum	Approved on : 14-Oct-2024 10:44 Status : Interim Printed On : 14-Oct-2024 16:03 Process At : 75 – Sterling Hospital, Race course (Vadodal		

Levels of TSH in pregnancy (μ 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.



Dr. C. Shrinivasan..

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

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Passport No : Patient Information		LABORATORY TEST RE	PORT		
		Sample Information	Location Information		
Name Sex/Age	: Mrs. Mukti Hitul Jani : Female / 44 Y 21-May-1980	Lab Id : 102407501338 Registration on : 14-Oct-2024 08:52	Lan Land III	Hospital Vadodara Health Checkup	
Ref. Id Ref. By	: 299941 , 2813974 : Dr. RMO . STERLING	Collected at : SAWPL Collected on : 14-Oct-2024 08:58 Sample Type : Urine	Printed On : 14-Oct-2	2024 10:30 Status : Interim 2024 16:03 Irling Hospital, Race course (Vadoda)	

URINE ROUTINE EXAMINATION

Test	Result	Unit	Biological Ref. Interval
Physical & Chemical (Dip strip) exami	nation		
Colour	Pale Yellow		Pale Yellow
pH Double indicator	6.0		5.5 - 7.0
Specific Gravity Polyelectrolyte based reaction	1.025		1.015 - 1.025
Protein Protein error of indicators	Absent		Absent
Glucose GOD-POD	Absent		Absent
Ketone Nitroprusside	Absent		Absent
Blood Peroxidase like reaction	Absent		Absent
Bilirubin Diazo reaction	Absent		Absent
Leucocytes Esterase reaction	Absent		Absent
Nitrite p-arsanilic acid to diazonium compound	Absent		Absent
licroscopic Examination			
Erythrocytes (RBCs)	Absent	/hpf	0 - 2
Pus Cells	2-3	/hpf	0 - 5
Epithelial Cells	Plenty	/hpf	0 - 0
Crystals	Absent		Absent
Casts	Absent		
Bacteria	Absent		Absent Absent
Amorphous Material	Absent		0.5500
Yeast	Absent		Absent
	Moseill		Absent

Dr. C. Shrinivasan..

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

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Scan to check report authenticity

Histo / C				L	ABORATORY R	EPORT		
Patient Information		nt Information	Sample Information			Client / Location Information		
Name	74	Mrs. Mukti Hitul Jani	Lab ID	:	102407501338	Client Name	- 1	Sterling Hospital Vadodara Health Checku
Sex/Age	į	Female /44 Years	Registered on	2	14-Oct-2024 08:52	Location		Main
Ref. Id	Ÿ		Collected at	ŧ	non SAWPL	Approved on		14-Oct-2024 17:49
Ref. By	į	Dr. RMO . STERLING	Collected on	:	14-Oct-2024 12:57	Printed on	:	15-Oct-2024 09:11
Branch		75 - Sterling Hospital, R	Sample Type	•	PAP Material	Processed at	2	17 - Sterling Hospital, Bhayli (Vadodara)

CYTOPATHOLOGY

* PAP Smear No. :

P-559/24

* Obstetric History:

G6 P2 A4 L2

* Menstrual History:

LMP - 05/10/24

* Per-Speculum Examination :

NAD

* Per-Vaginal Examination :

NAD

* Specimen Adequacy:

Satisfactory for evaluation: Endocervical and Transformation Zone Absent.

NEGATIVE FOR INTRAEPETHELIAL LESION OR MALIGNANCY.

* :

Mild Acute Inflammation.

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



Dr. Swati Gupta MD (Path) DipRCPath

This is an electronically authenticated report.

Sterling Accuris Pathology Laboratory

tests marked with # are referred tests



Page 1 of 1





Report Date: 14 Oct 2024 - 01:04 PM

Patient Id

: RCR-299941

Patient Name

: JANI MUKTI HITUL

Age

: 44Y 4M 23D

Sex

: Female

Ref. Doctor

: DR. RMO . STERLING

Study Date

: 14 Oct 2024 - 12:27 PM

BILATERAL MAMMOGRAM: -

Technique: Dedicated low dose film screen mammography with cranio-caudal and Medio lateral view was performed. Clinical profile: Routine checkup

REPORT

The mammary parenchyma is inhomogeneously dense- because of prominent fibro-glandular tissues (ACR type C). This newhat lowers the sensitivity of mammography.

No evidence of any distortion noted.

No evidence of any suspicious hyperdense nodular lesions noted on either side.

No evidence of any abnormal micro calcification is seen.

No evidence of skin thickening or nipple retraction noted on either side.

Soft opacities seen in axilla on either side are suggestive of axillary nodes. No evidence of enlarged pathological lymph nodes seen on either side.

CONCLUSION: -

- No significant abnormality detected (BIRADS 1).
- · Adv: Clinical correlation & routine annual checkup.

The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds. Sensitivity of imography is limited without sonography. Sonography is recommended if strong clinical suspicion is there.

Dr. Shilpi Gupta MD

Sr. Consultant Radiologist

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Report Date: 14 Oct 2024 - 09:36 AM

Patient Id

: RCR-299941

Age Ref. Doctor : 44Y 4M 23D

000

: DR. RMO . STERLING

Patient Name

: JANI MUKTI HITUL

Sex

: Female

Study Date

: 14 Oct 2024 - 09:20 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.
Bilateral 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

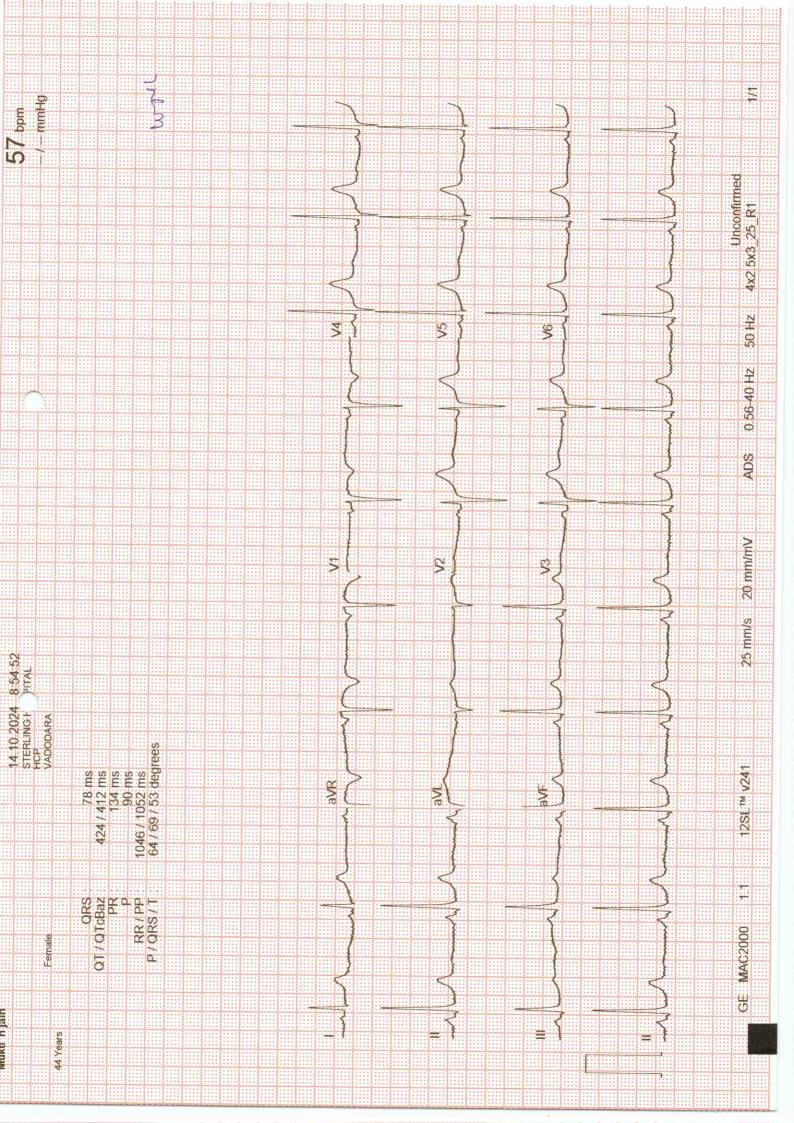
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Name: Mrs. MUKTI JANI

Age: 44 Years

Sex: F

Date: 14-Oct-2024

Ref By: HCP Study: 2D Echo

M-MODE:

IVS	10mm	LVDD	48mm
PW	10mm	LVDS	4.0.5
LA	35mm	LVEF	26mm
	Comm	LVEF	60 %

DOPPLER STUDY:

MITRAL	E 1.26 A 0.85
AORTIC	1 24
TRICUSPID	N
PULMONARY	N

CONCLUSION:

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

Dr. RANJEETKUMAR SHUKLA MD, DM Consultant interventional Cardiologist

Hospital Address: Sterling Hospitals, Race Course Road, Opp. Inox Cinema Hari Nagar, Circle West, Vadodara – 390007, Gujarat, India | Call: 0265-6144111, 0265-2354455, 98 98 78 78

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Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad-380052 Sovjeto the die-20-25443913







Report Date: 14 Oct 2024 - 11:10 AM

Patient Id

Age

: RCR-299941

: 44Y 4M 23D

Patient Name

: JANI MUKTI HITUL

Sex

: Female

Ref. Doctor

: DR.RMO.STERLING

Study Date

: 14 Oct 2024 - 10:40 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 measuring 11.7 mm 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 ears normal (3.8 mm).

PANCREAS: Pancreas is partially visualized and visualized portion is normal in size & parenchymal echoes.

SPLEEN: Spleen is normal in size (8.8 cm) & parenchymal echoes. No evidence of 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 9.7 x 4.1 cm

Left kidney measures 9.6 x 4.5 cm

No evidence of suprarenal mass lesion is seen on either side.

URINARY BLADDER: Bladder is normally distended and appears unremarkable.

UTERUS: Uterus is anteverted & appears normal in globular mild bulky in size (10.3 \times 6.5 \times 5.0 cm). Possibility of small seedling fibroid is seen in anterior myometrium of body of uterus measuring 1.2 x 1.0 cm in size. Endometrial and rest of myometrial echoes appear normal. Endometrial thickness measures about 5.6 mm. No evidence of intrauterine pregnancy is seen.

OVARIES: Both ovaries appear normal in size, shape and position. No evidence of solid or cystic ovarian mass lesion is seen on either side.

we evidence of ascites, lymphadenopathy is seen.

Mild gaseous distention of bowel loops is seen.

CONCLUSION:

- Globular mild bulky uterus with small seedling fibroid in anterior myometrium.
- No other significant abnormality detected.

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Sr. Consultant Radiologist

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