



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name:MEENAKSHI GOLIYA	
SH No: 298392	Date:10 08 2024
Age: 37	Gender:FEMALE

ASSESSMENT:

- o C/O:HAIRFALL & GENERAL WEAKNESS
- o O/E-B.P:90/60
- o BORDERLINE LOW HB(11.8)
- o HIGH HDL CHOLESTEROL(61),LOW VLDL(9.40)
- o URINE R/M:BLOOD:PRESENT(+++),RBCS(18-20)
- o ECG: LOW VOLTAGE

ADVISED:

- o PLENTY OF LIQUIDS
- o IRON RICH DIET
- o AVOID OUT SIDE FOOD AND WATER
- o REGULAR EXERCISE
- o CORRECTION OF ANAEMIA AND WORK UP
- o REPEAT LIPID PROFILE AFTER 3 MONTH
- o OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- 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
www.sterlinghospitals.com | info@sterlinghospitals.com

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 : Meenakshi Codiya Employee ID : _____
 Company Name : _____ Age : 37 Sex : MF
 Height : 149 cms. Weight : 53.5 Kgs BMI : 24.09 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 :

hairfall
gen weakness

Physical Examination :

Vital Signs :

Temp : N ° F SPO₂ : 98 Pulse : 60 /min R/R : 18 /min B.P. : 90/60 mm Hg

Past History :

If Hypertension, since On Medication 1) 2) 3) If Ischaemic Heart Disease since On Medication 1) 2) 3) Under Treatment of Dr. Any Intervention done P/H of Operation Diagnosis : Name of Operation : Year of Operation : Others	If Diabetes, since On Medication 1) 2) 3) Under Treatment Dr. If Tuberculosis, When Any Other P/H Any Other Medication P/H of Hospitalization Diagnosis : Year : Duration : Blood Transfusion History : Yes /No Year :
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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	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 : *G.P., A.P., 2 ESCS ← 9yr male*

Others : *2yr female*

General Examination :

- Anemia
 Cyanosis
 Jaundice
 Generalized lymphadenopathy
 Pedal oedema

General Examination :

.....

.....

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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

- 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 *once*
- 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 22/7/24 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

not Take plenty of liquids;
 green leafy vegetable
 High protein diet

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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

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OPHTHALMIC CHECK-UP

SIGNIFICANT HISTORY:

PAST HISTORY:

Refractive Error:

Any Surgery:

Color Blind:

Diabetes:

Hypertension:

Any Treatment:

N/A

EXAMINATION OF EYES:

Right Eye:

Left Eye:

Distant Vision without Glasses:

6/6 *6/6*

Distant Vision with Glasses:

Near Vision without Glasses:

N/6 *N/6*

Near Vision with Glasses:

Intraocular Pressure:

Anterior Segment:

normal

Fundus:

normal

PRESCRIPTION OF GLASSES:

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

Type of glass:

ADVICE:

- normal*
- fit optically*
- flex @ 100%*

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DR TARAL SHAH
(OPHTHALMOLOGIST)

DR KUNTAL SHAH
(OPHTHALMOLOGIST)





GYNAECOLOGIST CHECK UP

NAME: Meenaksha Cholia

DATE: 10/08/24

AGE: 37 yrs

1 male - 9 yrs

1 Female - 4 yrs

COMPLAINTS: None

Both of LSCS

TL not done

O/H PARA: C₄ P₂ A₂ L₂

mc $\frac{2-3 \text{ days}}{26-30}$

Condom used.

MENSTRUAL H/O: 22/07/24

PIA: Soft

P/S: NAD

P/V: NAD

ADVICE: pap smear test taken

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VADODARA - 390 007.
DR. ARCHANA DWIVEDI
(GYNAECOLOGIST)





Patient Information		Sample Information		Location Information	
Name	: Mrs. Meenakshi . Goliya	Lab Id	: 082407500993	Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Female / 37 Y 13-Dec-1986	Registration on	: 10-Aug-2024 10:21	Location	: BNo./
Ref. Id	: 298392 / 2805120	Collected at	: SAWPL	Approved on	: 10-Aug-2024 12:42 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 10-Aug-2024 10:45	Printed On	: 12-Aug-2024 10:08
		Sample Type	: Whole blood	Process At	: 75 – Sterling Hospital, Race course (Vadoda

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Complete Blood Count

Test	Method	Result	Unit	Biological Ref. Interval
Hemoglobin	Colorimetric	L 11.8	g/dL	12.0 - 16.0
RBC Count	Electrical impedance	4.11	million/cmm	3.8 - 4.8
Hematocrit	Calculated	37.4	%	36 - 48
MCV	Derived	91.1	fL	83 - 101
MCH	Calculated	28.8	pg	26.4 - 33.2
MCHC	Calculated	L 31.7	g/dL	31.8 - 35.9
RDW CV	Calculated	13.00	%	11.6 - 14
Total WBC and Differential Count				
WBC count	SF Cube cell analysis	5920	/cmm	4000 - 10000
Differential Count				
Neutrophils	Microscopic	44	%	40 - 80
Lymphocytes	Microscopic	41	%	20 - 40
Eosinophils	Microscopic	07	%	1 - 6
Monocytes	Microscopic	08	%	2 - 10
Basophils	Microscopic	00	%	0 - 2
Platelet Count				
Platelet Count	Electrical impedance	221000	/cmm	150000 - 410000
MPV	Calculated	11.30	fL	7.5 - 10.3
Platelets Morphology	Platelets are adequate on Smear			

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





Passport No :

LABORATORY TEST REPORT



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Sex/Age	: Female / 37 Y 13-Dec-1986	Registration on	: 10-Aug-2024 10:21	Location	: Main
Ref. Id	: 298392 / 2805120	Collected at	: SAWPL	Approved on	: 10-Aug-2024 12:42 Status : Final
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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Erythrocytes Sedimentation Rate			
ESR	7	mm/1hr	0 - 21

Differential Count

Absolute Count



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Sex/Age : Female / 37 Y 13-Dec-1986	Registration on : 10-Aug-2024 10:21	Location : Main BNo./
Ref. Id : 298392 , 2805120	Collected at : SAWPL	Approved on : 10-Aug-2024 16:50 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 10-Aug-2024 10:45	Printed On : 12-Aug-2024 10:08
	Sample Type : Whole blood	Process At : 75 – Sterling Hospital, Race course (Vadoda

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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Sex/Age	: Female / 37 Y 13-Dec-1986	Registration on	: 10-Aug-2024 10:21	Location	: Main BNo./
Ref. Id	: 298392 , 2805120	Collected at	: SAWPL	Approved on	: 10-Aug-2024 12:26 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 10-Aug-2024 10:45	Printed On	: 12-Aug-2024 10:08
		Sample Type	: Serum, Urine	Process At	: 75 – Sterling Hospital, Race course (Vadoda)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <i>GOD-POD</i>	87.0	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	: 298392 / 2805120	Collected at	: SAWPL	Approved on	: 10-Aug-2024 16:51 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 10-Aug-2024 13:15	Printed On	: 12-Aug-2024 10:08
		Sample Type	: Fluoride	Process At	: 75 - Sterling Hospital, Race course (Vadoda

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <i>GOD-POD</i>	89	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. By	: Dr. RMO . STERLING...	Collected on	: 10-Aug-2024 10:45	Printed On	: 12-Aug-2024 10:08
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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

HbA1c (Glycosylated Hemoglobin) by HPLC

Test	Result	Unit	Biological Ref. Interval
HbA1c	5.30	%	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	105.41	mg/dL	

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

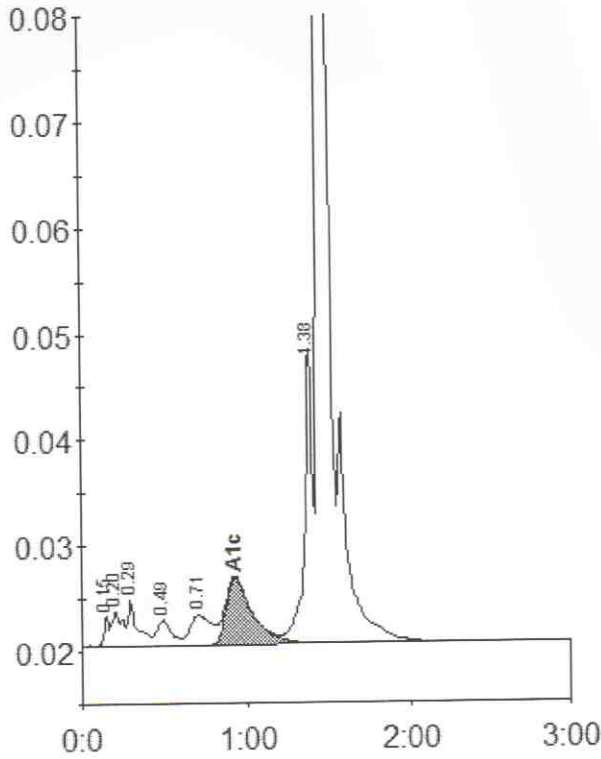


Dr. Kajal Parmar
MD

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Bio-Rad DATE: 10/08/2024
 D-10 TIME: 02:30 PM
 S/N: #DJ8G550303 Software version: 4.30-2
 Sample ID: 082407500993
 Injection date 10/08/2024 02:08 PM
 Injection #: 8 Method: HbA1c
 Rack #: --- Rack position: 2



Peak table - ID: 082407500993

Peak	R.time	Height	Area	Area %
Unknown	0.15	2894	6036	0.3
A1a	0.20	3269	14603	0.8
A1b	0.29	4229	17531	1.0
F	0.49	2385	15065	0.9
LA1c/CHb-1	0.71	2778	26176	1.5
A1c	0.93	6265	69681	5.3
P3	1.38	27918	102562	5.9
A0	1.45	545798	1485350	85.5
Total Area:			1737003	

Concentration:	%
A1c	5.3





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

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase – Peroxidase</i>	128.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPa/POD)</i>	47.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl2</i>	H 61.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	62.00	mg/dL	Optimal: <100 Near to above Optimal: 100–129 Borderline High: 130-159 High: 160–189 Very High: =190
VLDL <i>Calculated</i>	L 9.40	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	2.1		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	1.0		Up to 3.5



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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	4.80	mg/dL	2.5 - 6.2
Blood Urea Nitrogen <i>Calculated</i>	13.08	mg/dL	7.0 - 17.0
Urea <i>Urease, Colorimetric</i>	28.0	mg/dL	15.0 - 36.4
Creatinine, serum <i>Creatinine Amidohydrolase</i>	0.80	mg/dL	0.52 - 1.04
BUN Creatinine Ratio <i>Calculated</i>	16.35		
Urea Creatinine Ratio <i>Calculated</i>	35.00		



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Name : Mrs. Meenakshi . Goliya Sex/Age : Female / 37 Y 13-Dec-1986 Ref. Id : 298392 / 2805120 Ref. By : Dr. RMO . STERLING...	Lab Id : 082407500993 Registration on : 10-Aug-2024 10:21 Collected at : SAWPL Collected on : 10-Aug-2024 10:45 Sample Type : Serum	Pt. Type : Sterling Hospital Vadodara Health Checkup Location : Main BNo./ Approved on : 10-Aug-2024 12:26 Status : Final Printed On : 12-Aug-2024 10:08 Process At : 75 – Sterling Hospital, Race course (Vadoda)

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>	36.0	U/L	14 - 36
GGT (Gamma Glutamyl Transferase) <i>L-γ-Glytamyl-p-nitroanilide</i>	17.0	U/L	12 - 43
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	58.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	0.70	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>	0.50	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>	4.00	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	3.00	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.33		1.3 - 1.7



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	: Mrs. Meenakshi . Goliya	Lab Id	: 082407500993	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 37 Y 13-Dec-1986	Registration on	: 10-Aug-2024 10:21	Location	: Main BNo./
Ref. Id	: 298392 , 2805120	Collected at	: SAWPL	Approved on	: 10-Aug-2024 12:25 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 10-Aug-2024 10:45	Printed On	: 12-Aug-2024 10:08
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadoda

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Thyroid Function Tests

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <i>CLIA</i>	1.35	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <i>CLIA</i>	10.00	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <i>Chemiluminescence</i>	2.5690	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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Sterling Accuris Pathology Laboratory
Sterling Hospital, Opp. Inox Cinema, Race Course Circle (West), Vadodara - 390 007, tests marked with # are referred tests
Ph: 0265-6144210

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pathlab@sterlinghospitals.com | Website: www.sterlinghospitals.com / www.sterlingaccuris.com





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LABORATORY TEST REPORT



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

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Levels of TSH in pregnancy (µIU/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





Passport No :

LABORATORY TEST REPORT



Patient Information		Sample Information		Location Information	
Name	: Mrs. Meenakshi . Goliya	Lab Id	: 082407500993	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 37 Y 13-Dec-1986	Registration on	: 10-Aug-2024 10:21	Location	: Main BNo./
Ref. Id	: 298392 / 2805120	Collected at	: SAWPL	Approved on	: 10-Aug-2024 11:53 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 10-Aug-2024 10:45	Printed On	: 12-Aug-2024 10:08
		Sample Type	: Urine	Process At	: 75 – Sterling Hospital, Race course (Vadoda)

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>	1.025		1.015 - 1.025
Protein <i>Protein error of indicators</i>	Absent		Absent
Glucose <i>GOD-POD</i>	Absent		Absent
Ketone <i>Nitroprusside</i>	Absent		Absent
Blood <i>Peroxidase like reaction</i>	Present (+++)		Absent
Bilirubin <i>Diazo reaction</i>	Absent		Absent
Leucocytes <i>Esterase reaction</i>	Absent		Absent
Nitrite <i>p-arsanilic acid to diazonium compound</i>	Absent		Absent
Microscopic Examination			
Erythrocytes (RBCs)	18-20	/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]
Consultant Pathologist

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Scan to check report authenticity

Histo / Cyto No : C4000693

LABORATORY REPORT


Patient Information		Sample Information		Client / Location Information	
Name	: Mrs. Meenakshi . Goliya	Lab ID	: 082407500993	Client Name	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Female /37 Years	Registered on	: 10-Aug-2024 10:21	Location	:
Ref. Id	:	Collected at	: non SAWPL	Approved on	: 10-Aug-2024 14:23
Ref. By	: Dr. RMO . STERLING...	Collected on	: 10-Aug-2024 11:30	Printed on	: 12-Aug-2024 10:08
		Sample Type	: PAP Material	Processed at	: 17 – Sterling Hospital, Bhayli (Vadodara)
Branch	: 75 – Sterling Hospital, Race course (Vadodara)				

CYTOPATHOLOGY

* **PAP Smear No. :**

P - 493/24

* **Obstetric History :**

G4 P2 A2 C2

* **Menstrual History :**

L M P : 22/7/24

* **Per-Speculum Examination :**

NAD

* **Per-Vaginal Examination :**

NAD

* **Specimen Adequacy :**

Satisfactory for evaluation : Endocervical and Transformation Zone Absent.

* :

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.

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



Dr. Kajal Parmar
MD

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Page 14 of 14

Sterling Accuris Pathology Laboratory

Sterling Hospital, Opp. Inox Cinema, Race Course Circle (West), Vadodara - 390 007,
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Patient Id	: P-00000040	Patient Name	: MEENAKSHI GOLIYA 37Y
Age	:	Sex	: Female
Ref. Doctor	:	Study Date	: 10 Aug 2024 - 11:37 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



10-08-2024 01:03:48 PM

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MEENAKSHI GOLIYA

37 Years

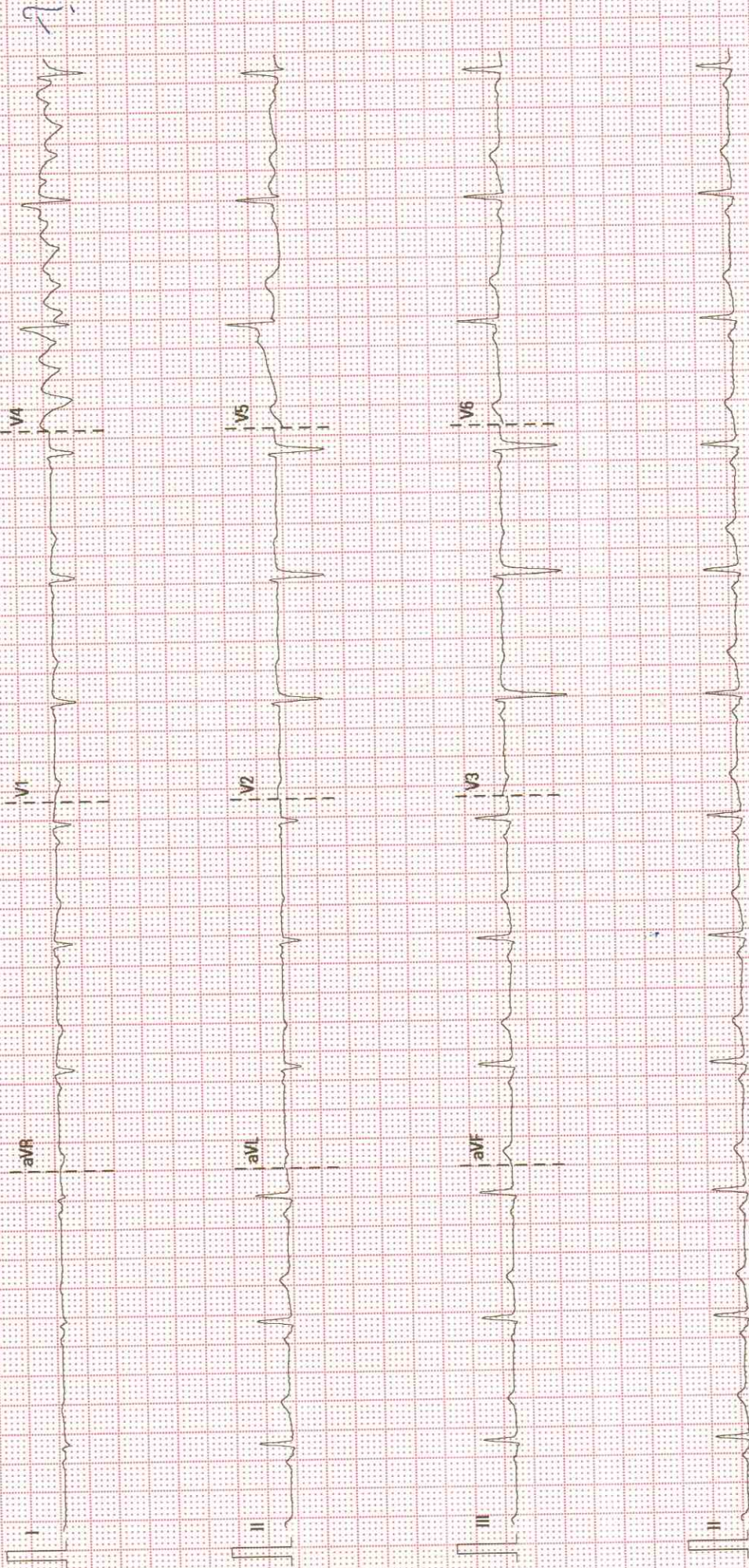
Female

Vent. Rate	71 bpm
PR Interval	130 ms
QRS Duration	90 ms
QT/QTc Interval	394/413 ms
P/QRS/T Axes	60/90/74 deg
QTc-Hodges	

Sinus rhythm
 Rightward axis
 Anterior T wave abnormality is nonspecific
 Borderline ECG

Unconfirmed Diagnosis

Low voltage



25 mm/s

10 mm/mV

50 Hz

BDR 20 Hz

02 06 00/V28 4.1

SN FN-7400/622



2D ECHOCARDIOGRAPHY REPORT



Race Course Road, Vadodara

Name: Mrs. MEENAKSHI
Sex: F
Date: 10-Aug-2024

Ref By: HCP
Study: 2D Echo

M-MODE:

IVS	11mm	LVDD	45mm
PW	11mm	LVDS	27mm
LA	32mm	LV EF	60 %

DOPPLER STUDY:

MITRAL	E 1.25 A 0.45
AORTIC	1.2
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
- ALL VALVES ARE NORMAL
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- NORMAL IVC

Dr. KAUSHIK TRIVEDI MD
Consultant interventional Cardiologist

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SonoDoc 91-20-25443913





Report Date: 10 Aug 2024 - 12:37 PM

Patient Id	: RCR-298392	Patient Name	: GOLIYA MEENAKSHI .
Age	: 37Y 7M 28D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 10 Aug 2024 - 12:06 PM

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size and shows normal echotexture. No focal lesion seen. No IHBR dilatation.

Portal vein (12 mm) and CBD (3 mm) appear 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 (9 cm) and shows normal echotexture.

Right kidney (8.5 x 3.2 cm) appears normal. There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained.

Left kidney (9.1 x 4.2 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 is retroverted, appears normal in size and shape and reveals normal echotexture.

Endometrial thickness is 6 mm.

Both **ovaries** appear normal. No adnexal mass is seen.

No evidence of ascites seen.

IMPRESSION

No significant intra-abdominal abnormality seen in present study.

Dr. Palak Nandolia
Consultant Radiologist

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