



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: SHRISHTI MISHRA	
SH No: 265190	Date: 21/09/2024
Age: 29	Gender: FEMALE

ASSESSMENT:

- K/C/O:ACNE ,SPOTS ON FACE
- C/O: FRUITY SMELL IN URINATION DURING PASSING OF FIRST URINE IN MORNING,THROAT SWELLING DUE TO COLD WATER DRINKING, REDUCED APPETITE , OCCASIONAL U/L HEADACHE , DYSMENORRHEA
- O/E-B.P-:90/60
- F/H/O:DIABETES (FATHER), PROSTATE SURGERY (FATHER)
- DENTAL ASSESSMENT: CHRONIC GNERALISED GINGIVITIS
- BORDERLINE LOW MCHC(31.7)
- HIGH ESR(25)
- BORDERLINE HIGH TRIGLYCERDIE(167), NEAR TO ABOVE OPTIMAL DIRECT LDL(122)
- HIGH SGPT(48), BORDERLINE LOW A/G RATIO(1.15)
- 2D ECHO : TRIVIAL TR
- PAP SMEAR-MILD ACUTE INFLAMMATION.
- USG ABDOMEN AND PELVIS : CHOLELITHIASIS WITHOUT SIGNS OF CHOLCYSTITIS, MINIMAL FLUID IN PELVIS

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
- DENTAL ADVICE : POLISHING , SCALING, RESTORATION OF 28, 36, EXTRACTION OF 48, IF PAIN ARISES AND FOLLOW ADVICE
- SURGEON 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

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





HEALTH CHECK UP MEDICAL EXAMINATION

Name : Shrishti Mishra Employee ID : _____
 Company Name : _____ Age : 29 Sex : M/F
 Height : 162 cms. Weight : 61 Kgs BMI : 23.24 Blood Group : A+ve
 Name of HO / Registrar taking History : Dr. Jay S. Pandit

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

Chief Complaints :
 1. Uo - fruity smell urination ~~in morning~~ passing 1st urine early in day
 2. Wt loss done, spots on face, throat swelling at cold water drinking

Physical Examination :
Vital Signs :
 Temp : Afebrile °F SPO₂ : 99 Pulse : 80 /min R/R : 17 /min B.P. : 90/60 mm Hg

Past History :

If Hypertension, since	If Diabetes, since
On Medication 1) <u>/</u>	On Medication 1) <u>/</u>
2) <u>/</u>	2) <u>/</u>
3) <u>/</u>	3) <u>/</u>
If Ischaemic Heart Disease since	Under Treatment Dr.
On Medication 1) <u>/</u>	If Tuberculosis, When <u>/</u>
2) <u>/</u>	Any Other P/H <u>/</u>
3) <u>/</u>	Any Other Medication <u>/</u>
Under Treatment of Dr.	P/H of Hospitalization <u>/</u>
Any Intervention done	Diagnosis : <u>/</u>
P/H of Operation	Year : <u>/</u>
Diagnosis : <u>/</u>	Duration : <u>/</u>
Name of Operation : <u>/</u>	Blood Transfusion History : Yes / No <u>/</u>
Year of Operation : <u>/</u>	Year : <u>/</u>
Others	

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 <i>hypertension - father</i>

Personal History :

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

FOR FEMALES :

 Obstetric History : L.D. *2.M.P - 5/9/29*
 Abortion :
 Others :

General Examination :

-
- Anemia
-
- Cyanosis
-
- Jaundice
-
- Generalized Lymphadenopathy
-
- Pedal oedema

General Examination :
Head : NSF *all vit. Headed.*

Injuries (Specify if any) :

Eyes : NSF *glaucoma & Distention.*

- 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
- Syncope Yes No
- Cooperative Yes No
- Suicidal attempt Yes No
- Oriented Yes No if disoriented, to Person Place Time
- Reaction: Brisk Sluggish No response
- LOC : Alert Confused Sedated
- Speech : Clear Slurred
- Memory changes Yes No
- Seizures Yes No
- Anxiety Yes No
- Any psychiatric illness None
- Dizziness Yes No
- Paralysis Yes No if yes R L
- Depression Yes No

Respiratory : NSF

- Lung sounds : A E B C I r e y
- 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
 - Distension Yes No
 - Pain Yes No
 - Colostomy Yes No
 - Nausea Yes No
 - Heartburn Yes No
 - Rectal Bleeding Yes No
 - Ileostomy Yes No
 - Vomiting Yes No
 - Flatus Yes No
- OC Auditory

Bowel

- Diarrhoea Constipation Incontinence Blood in stool None
- Pain Yes No Place 1st day Hemorrhoids Yes No
- Frequency of stool 1st day
- Interventions : None • Laxatives Yes No Type Frequency

Genitorurinary : NSF

 Colour of Urine Pale yellow Frequency 5-6 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 5/9/29 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

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 Race Course 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:

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	-3-5	-	-	-2-5	-	-
Near	-	-	-	-	-	-

Type of glass:

ADVICE:

Sterling Addlife India Limited
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Race Course Circle, (West)

VADODARA - 390 007 **DR ADITYA SUDHALKAR**

(OPHTHALMOLOGIST)

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Dr. Sonica Peshin

Dentistry

Senior Cosmetic dentist and Implantologist

A-6966

Email: thespeakingtooth@gmail.com

Phone: 9586867301



Race Course Road, Vadodara

21/09/2024

Dental Assessment Form

Name: Srishti Mishra

Age/Sex: 29 years/Female

UHID No: 265190

Patient has come for a regular check up.

On examination:

- Calculus+++ stains++
- Supra and sub gingival calculus present
- History of horizontal brushing
- Mild recession
- Impacted tooth with respect to 48
- Decayed teeth with respect to 28, 36

Provisional diagnosis:

- Chronic generalized gingivitis

Treatment plan:

- Scaling and polishing
- Restoration of 28, 36
- Extraction of 48, if pain arises

Advise:

- Follow vertical brushing technique.
- Salt water rinses atleast once a day.
- Brush your teeth twice daily.
- Clean your tongue twice daily.

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Dr Sonica Peshin

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Follow us on:



GYNAECOLOGIST CHECK UP

NAME: MRS SRISHTI MISHRA

DATE: 21/9/24

AGE: 29 Y/F

No kinds

COMPLAINTS: No any complent

ML - 8 month.

O/H PARA: G0P0A0L0

mc - $\frac{3 \text{odays}}{3-4 \text{days}}$

MENSTRUAL H/O: LMP - 05/9/24

P/A: soft

P/S: NAD

P/V: NAD

ADVICE: Pap smear Taken.

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DR. ARCHANA DWIVEDI
(GYNAECOLOGIST)

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Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Ms. Srishti . Mishra	Lab Id	: 092407502246	Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Female / 29 Y 21-Feb-1995	Registration on	: 21-Sep-2024 09:47	Location	: BNo./
Ref. Id	: 265190 / 2810856	Collected at	: SAWPL	Approved on	: 21-Sep-2024 15:17 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 21-Sep-2024 09:58	Printed On	: 23-Sep-2024 10:14
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Complete Blood Count

Test	Method	Result	Unit	Biological Ref. Interval
Hemoglobin	Colorimetric	12.3	g/dL	12.0 - 16.0
RBC Count	Electrical Impedance	3.95	million/cmm	3.8 - 4.8
Hematocrit	Calculated	38.8	%	36 - 48
MCV	Derived	98.1	fL	83 - 101
MCH	Calculated	31.1	pg	26.4 - 33.2
MCHC	Calculated	L 31.7	g/dL	31.8 - 35.9
RDW CV	Calculated	13.90	%	11.6 - 14
Total WBC and Differential Count				
WBC count	SF Cube cell analysis	7430	/cmm	4000 - 10000
Differential Count				
Neutrophils	Microscopic	67	% 40 - 80	Absolute Count 4978 /cmm 2000 - 6700
Lymphocytes	Microscopic	27	% 20 - 40	2006 /cmm 1000 - 3000
Eosinophils	Microscopic	01	% 1 - 6	74 /cmm 20 - 500
Monocytes	Microscopic	05	% 2 - 10	372 /cmm 200 - 1000
Basophils	Microscopic	00	% 0 - 2	0 /cmm 0 - 100
Platelet Count				
Platelet Count	Electrical Impedance	340000	/cmm	150000 - 410000
MPV	Calculated	9.60	fL	7.5 - 10.3
Platelets Morphology	Platelets are adequate on Smear			


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M.D (Pathology)(G-18341]

Consultant Pathologist

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Ref. By : Dr. RMO . STERLING...	Collected on : 21-Sep-2024 09:58	Printed On : 23-Sep-2024 10:14
	Sample Type : EDTA blood	Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Erythrocytes Sedimentation Rate			
ESR	H 25	mm/1hr	0 - 21
<small>Capillary photometry</small>			

Differential Count
Absolute Count

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Patient Information	Sample Information	Location Information
Name : Ms. Srishti . Mishra	Lab Id : 092407502246	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 29 Y 21-Feb-1995	Registration on : 21-Sep-2024 09:47	Location : Main
Ref. Id : 265190 / 2810856	Collected at : SAWPL	Location : BNo./
Ref. By : Dr. RMO . STERLING...	Collected on : 21-Sep-2024 09:58	Approved on : 21-Sep-2024 15:20 Status : Final
	Sample Type : EDTA blood	Printed On : 23-Sep-2024 10:14
		Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Blood Group

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


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Sex/Age : Female / 29 Y 21-Feb-1995	Registration on : 21-Sep-2024 09:47	Location : Main BNo./
Ref. Id : 265190 / 2810856	Collected at : SAWPL	Approved on : 21-Sep-2024 11:13 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 21-Sep-2024 09:58	Printed On : 23-Sep-2024 10:14
	Sample Type : Serum, Urine	Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <small>GOD-POD</small>	92.0	mg/dL	74 - 100
Fasting Urine Glucose <small>GOD-POD</small>	Absent		Absent
Fasting Urine Ketone <small>Nitroprusside</small>	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


Dr. Kajal Parmar

MD

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Ref. Id : 265190 / 2810856	Collected at : SAWPL	Approved on : 21-Sep-2024 15:16 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 21-Sep-2024 12:17	Printed On : 23-Sep-2024 10:14
	Sample Type : Fluoride	Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <i>GOD-POD</i>	100	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 : 21-Sep-2024 09:58	Printed On : 23-Sep-2024 10:14
	Sample Type : EDTA blood	Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
HbA1c (Glycosylated Hemoglobin) by HPLC

Test	Result	Unit	Biological Ref. Interval
HbA1c	5.40	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	108.28	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


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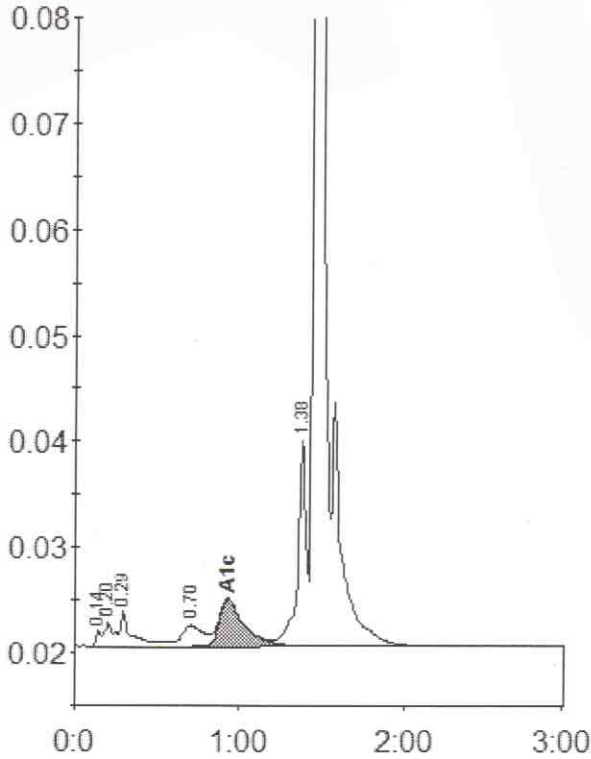
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Bio-Rad DATE: 21/09/2024
 D-10 TIME: 02:06 PM
 S/N: #DJ8G550303 Software version: 4.30-2
 Sample ID: 092407502246
 Injection date 21/09/2024 02:06 PM
 Injection #: 4 Method: HbA1c
 Rack #: --- Rack position: 4



Peak table - ID: 092407502246

Peak	R.time	Height	Area	Area %
Unknown	0.14	1533	3465	0.3
A1a	0.20	2223	8924	0.8
A1b	0.29	3412	16931	1.5
LA1c/CHb-1	0.70	1988	18221	1.6
A1c	0.93	4411	45960	5.4
P3	1.38	19694	69407	6.0
A0	1.45	381266	984338	85.8
Total Area:			1147246	

Concentration:	%
A1c	5.4





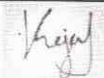
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Ref. Id : 265190 / 2810856	Collected at : SAWPL	Location : BNo./
Ref. By : Dr. RMO . STERLING...	Collected on : 21-Sep-2024 09:58	Approved on : 21-Sep-2024 12:37 Status : Final
	Sample Type : Serum	Printed On : 23-Sep-2024 10:14
		Process At : 75 – Sterling Hospital, Race course (Vadodara)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase – Peroxidase</i>	194.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPo/POD)</i>	H 167.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl₂</i>	41.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	H 122.00	mg/dL	Optimal: <100 Near to above Optimal: 100–129 Borderline High: 130-159 High: 160–189 Very High: =190
VLDL <i>Calculated</i>	33.40	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	4.7		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	3.0		Up to 3.5


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MD

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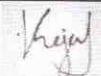
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LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Ms. Srishti . Mishra	Lab Id : 092407502246	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 29 Y 21-Feb-1995	Registration on : 21-Sep-2024 09:47	Location : Main BNo./
Ref. Id : 265190 / 2810856	Collected at : SAWPL	Approved on : 21-Sep-2024 12:39 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 21-Sep-2024 09:58	Printed On : 23-Sep-2024 10:14
	Sample Type : Serum	Process At : 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	3.90	mg/dL	2.5 - 6.2
Blood Urea Nitrogen <i>Calculated</i>	8.41	mg/dL	7.0 - 17.0
Urea <i>Urease, Colorimetric</i>	18.0	mg/dL	15.0 - 36.4
Creatinine, serum <i>Creatinine Amidohydrolase</i>	0.60	mg/dL	0.52 - 1.04
BUN Creatinine Ratio <i>Calculated</i>	14.02		
Urea Creatinine Ratio <i>Calculated</i>	30.00		


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Sex/Age : Female / 29 Y 21-Feb-1995	Registration on : 21-Sep-2024 09:47	Location : Main BNo./
Ref. Id : 265190 / 2810856	Collected at : SAWPL	Approved on : 21-Sep-2024 13:02 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 21-Sep-2024 09:58	Printed On : 23-Sep-2024 10:14
	Sample Type : Serum	Process At : 75 - Sterling Hospital, Race course (Vadodara)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Liver Function Test

Test	Result	Unit	Biological Ref. Interval
ALT (SGPT) <i>UV with P5P, IFCC</i>	H 48.0	U/L	0 - 35
AST (SGOT) <i>UV with P5P</i>	31.0	U/L	14 - 36
GGT (Gamma Glutamyl Transferase) <i>L-g-Glytamyl-p-nitroanilide</i>	35.0	U/L	12 - 43
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	90.0	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>	7.10	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	3.80	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	3.30	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	L 1.15		1.3 - 1.7


Dr. C. Shrinivasan..

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

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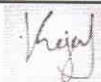
Passport No :

LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Ms. Srishti . Mishra	Lab Id : 092407502246	Pt. Type : Sterling Hospital Vadodara Health Checkup Main
Sex/Age : Female / 29 Y 21-Feb-1995	Registration on : 21-Sep-2024 09:47	Location : BNo./
Ref. Id : 265190 / 2810856	Collected at : SAWPL	Approved on : 21-Sep-2024 12:07 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 21-Sep-2024 09:58	Printed On : 23-Sep-2024 10:14
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Thyroid Function Tests

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <i>CLIA</i>	1.53	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <i>CLIA</i>	10.10	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <i>Chemiluminescence</i>	2.0630	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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Patient Information	Sample Information	Location Information
Name : Ms. Srishti . Mishra	Lab Id : 092407502246	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 29 Y 21-Feb-1995	Registration on : 21-Sep-2024 09:47	Location : Main BNo./
Ref. Id : 265190 / 2810856	Collected at : SAWPL	Approved on : 21-Sep-2024 12:07 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 21-Sep-2024 09:58	Printed On : 23-Sep-2024 10:14
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodar

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.


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LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Ms. Srishti . Mishra	Lab Id : 092407502246	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 29 Y 21-Feb-1995	Registration on : 21-Sep-2024 09:47	Location : Main BNo./
Ref. Id : 265190 / 2810856	Collected at : SAWPL	Approved on : 21-Sep-2024 12:07 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 21-Sep-2024 09:58	Printed On : 23-Sep-2024 10:14
	Sample Type : Urine	Process At : 75 - Sterling Hospital, Race course (Vadodara)

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>	6.0		5.5 - 7.0
Specific Gravity <i>Polyelectrolyte based reaction</i>	1.015		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	3-5	/hpf	0 - 5
Epithelial Cells	Plenty	/hpf	
Crystals	Absent		Absent
Casts	Absent		Absent
Bacteria	Absent		Absent
Amorphous Material	Absent		Absent
Yeast	Absent		Absent


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MD

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LABORATORY REPORT


Patient Information		Sample Information		Client / Location Information	
Name	: Ms. Srishti . Mishra	Lab ID	: 092407502246	Client Name	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Female /29 Years	Registered on	: 21-Sep-2024 09:47	Location	:
Ref. Id	:	Collected at	: non SAWPL	Approved on	: 21-Sep-2024 15:04
Ref. By	: Dr. RMO . STERLING...	Collected on	: 21-Sep-2024 11:45	Printed on	: 23-Sep-2024 10:14
		Sample Type	: PAP Material	Processed at	: 17 – Sterling Hospital, Bhayli (Vadodara)
Branch	: 75 – Sterling Hospital, Race course (Vadodara)				

CYTOPATHOLOGY

* PAP Smear No. :

P - 532/24

* Obstetric History :

GO PO AO LO

* Menstrual History :

LMP : 5/9/24

* Per-Speculum Examination :

NAD

* Per-Vaginal Examination :

NAD

* Specimen Adequacy :

Satisfactory for evaluation : Endocervical and Transformation Zone Absent.

* :

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

* :

Mild Acute inflammation.

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


Dr. Swati Gupta

MD (Path) DipRCPath

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Race Course Road, Vadodara

Report Date: 21 Sep 2024 - 11:59 AM

Patient Id	: RCR-265190	Patient Name	: MISHRA SRISHTI .
Age	: 29Y 7M	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 21 Sep 2024 - 10:30 AM

RADIOGRAPH CHEST PA

Both lungs and CP angles appear clear.
Mediastinal shadow and hilar region appear normal.
Cardiac shadow appears normal.
Both domes of diaphragm show normal position and contour.
Bony thorax under vision appears normal.

IMPRESSION

No significant abnormality detected.

Palak

Dr. Palak Nandolia
Consultant Radiologist

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21-09-2024 11:53:02 AM

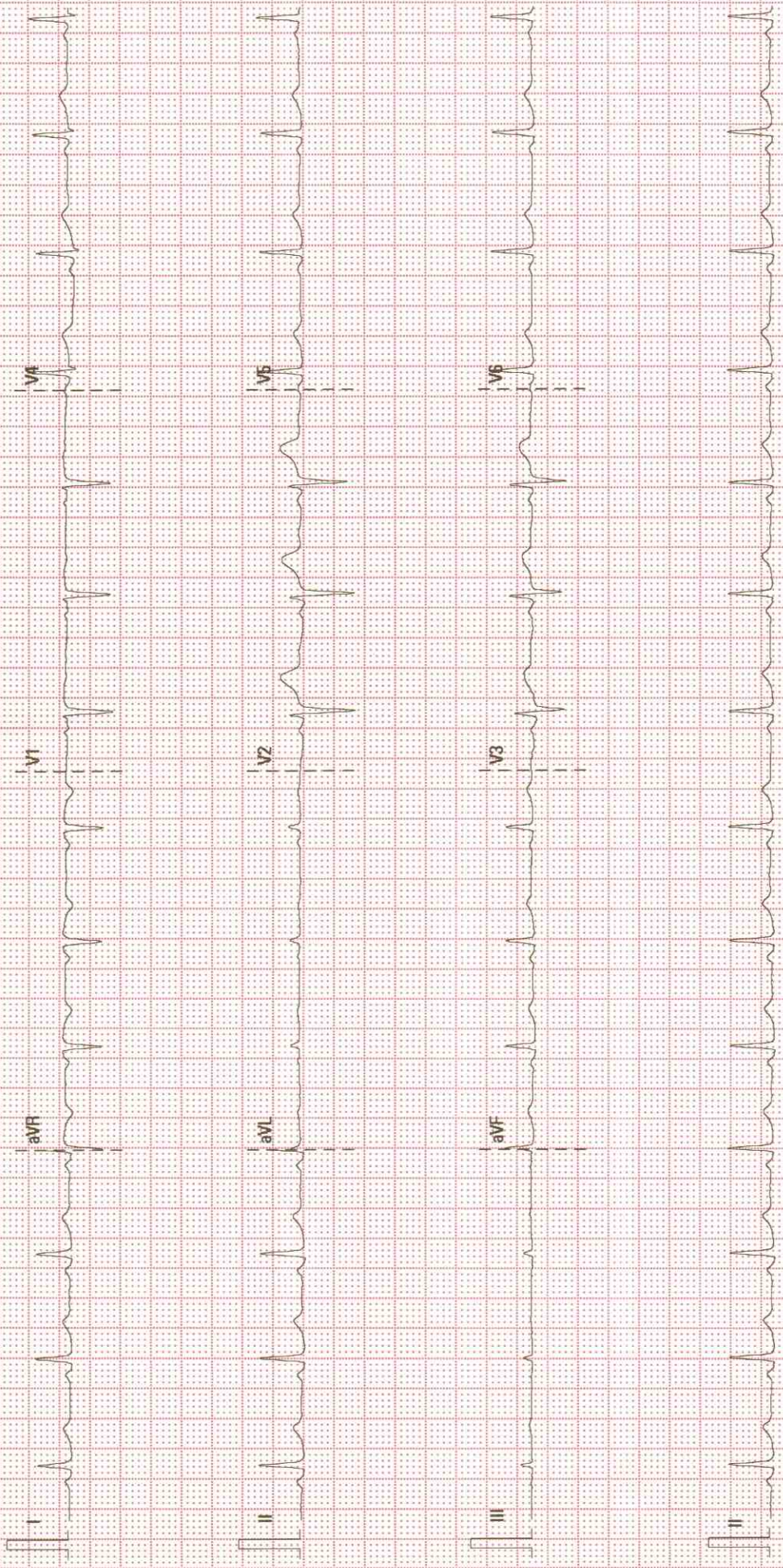
202409211531248
MRS SRISHTI MISHRA
29 Years
Female

ID: [Redacted]
Name:
Age:
Gender:

Vent. Rate	82 bpm	Sinus rhythm
PR Interval	120 ms	
QRS Duration	70 ms	Normal ECG
QT/QTc Interval	358/397 ms	
P/QRS/T Axes	38/43/44 deg	
QTc-Hodges		

Unconfirmed Diagnosis

DTK
1/2





2D ECHOCARDIOGRAPHY REPORT



Race Course Road, Vadodara

Name: Mrs. SRISHTI MISHRA
Age: 29 Years
Sex: F
Date: 21-Sep-2024

Ref By: HCP
Study: 2D Echo

M-MODE:

IVS	10mm	LVDD	46mm
PW	11mm	LVDS	24mm
LA	30mm	LV EF	60 %

DOPPLER STUDY:

MITRAL	E 0.99 A 0.51
AORTIC	1.20
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
- TRIVIAL TR NO PAH
- OTHER VALVES ARE NORMAL
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- NORMAL IVC

Dr. RANJEETKUMAR SHUKLA MD,DM
Consultant interventional Cardiologist

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Patient Id	: RCR-265190	Patient Name	: MISHRA SRISHTI .
Age	: 29Y 7M	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 21 Sep 2024 - 11:33 AM

ULTRASOUND OF ABDOMEN AND PELVIS

FINDINGS

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

Portal vein (12 mm) and **CBD** (4.5 mm) appear normal.

Gall bladder distended and shows normal wall thickness. Multiple (at least 6-7)calculi are seen with average size of ~ 15 mm. No pericholecystic fluid is seen.

Visualized **pancreas** appears normal.

Spleen appears normal in size (9.7 cm) and shows normal echotexture.

Right kidney (9.6 x 4.1 cm) appears normal. There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained.

Left kidney (10.7 x 4.8 cm) appears normal. There is no evidence of scarring, hydronephrosis or calculi. Normal cortical echogenicity and cortico-medullary differentiation are maintained.

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

Uterus appears normal in size and shape and reveals normal echotexture. Endometrial thickness is 7.4 mm.

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

Minimal fluid is seen in pelvis.

IMPRESSION

- **Cholelithiasis without signs of cholecystitis.**
- **Minimal fluid in pelvis.**
- **No other significant intra-abdominal abnormality seen in present study.**

Dr. Palak Nandolia
Consultant Radiologist

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