



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: KOKILABEN HARIJAN	
SH No: 299589	Date: 28/09/2024
Age: 53	Gender: FEMALE

ASSESSMENT:

- OVER WEIGHT(BMI:25.26)
- K/C/O : HTN SINCE 3 YEARS, ON REGULAR TREATMENT
- C/O:B/L HEEL PAIN , OCCASIONAL DIZZINESS , B/L LEG PAIN WHEN OVERCAST CONDITION
- P/H/O OPERATION: HYSTERECTOMY(2002) , CHOLECYSTECTOMY(1999), FAMILY PLANING(1994), RIGHT EYE CATARACT SURGERY(2024)
- P/H/O HOSPITALIZATION: FEVER(2017)(2-4 DAYS)
- BORDELINE LOW MCHC(31.5), BORDERLINE LOW RDW CV(14.60)
- HIGH HBA1C(5.80)
- HIGH CHOLESTEROL(242) , HIGH DIRECT LDL(164)
- HIGH URIC ACID(7)
- HIGH T3, TOTAL(TRIIODOTHYRONINE)(1.71)
- URINE R/M: BLOOD: PRESENT(TRACE)
- ECG: LEFT AXIS
- PAP SMEAR-INFLAMMATORY CELLS OBSCURING MORPHOLOGY OF EPITHELIAL CELLS, NOTE: REPEAT AFTER CONTROLLING INFECTION
- MAMMOGRAPHY: BILATERAL BREASTS- BIRADS 1 , NORMAL STUDY
- USG ABDOMEN AND PELVIS : RIGHT RENAL CALYCEAL CALCULUS , MILD HYDRONEPHROSIS WITH PROMINENT UPPER URETER ON RIGHT SIDE . ADV CT KUB TO RULE OUT URETERIC CALCULUS

ADVISED:

- PLENTY OF LIQUIDS
- SALT RESTRICTED , ANTI DIABETIC & LOW FAT DIET
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE .
- REGULAR BLOOD PRESSURE AND BLOOD SUGAR MONITORING AND CONTROL
- REPEAT LIPID PROFILE AFTER 3 MONTH
- OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- ORTHOPEDIC CONSULTATION
- UROLOGIST CONSULTATION
- GYNAC CONSULTATION
- PHYSICIAN CONSULTATION

Sterling Addlife India Limited
Unit-Sterling Hospital Vadodara
Race Course Road, (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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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 : Kokilaben Harijan Employee ID : _____
Company Name : _____ Age : 53 Sex : M/F
Height : 147 cms. Weight : 54.6 Kgs BMI : 25.26 Blood Group : _____
Name of HO / Registrar taking History : Dr - Jay's Pawalk

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 : 1 Clo-DB/L: Heel pain

Physical Examination :

Vital Signs :

Temp Afebrile °F SPO₂ 97 Pulse : 94 /min R/R : 17 /min B.P. : 110/90 mm Hg

Past History :

If Hypertension, since <u>3 yrs</u>	If Diabetes, since
On Medication 1).....	On Medication 1).....
2) <u>None</u>	2).....
3).....	3).....
If Ischaemic Heart Disease since	Under Treatment Dr.
On Medication 1).....	If Tuberculosis, When
2).....	Any Other P/H
3).....	Any Other Medication
Under Treatment of Dr.	
Any Intervention done	
P/H of Operation	P/H of Hospitalization
Diagnosis : <u>Cholelithiasis</u>	Diagnosis : <u>Fever</u>
Name of Operation : <u>(2002)</u>	Year : <u>2017</u>
Year of Operation : <u>(1999)</u>	Duration : <u>2-4 Days</u>
Others : <u>Family planning (1999)</u>	Blood Transfusion History : Yes /No <input checked="" type="checkbox"/>
<u>Cataract surgery (2024) [R eye]</u>	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	Mixed	Smoking	Yes/No	since / per day
Appetite	Regular	Alcohol	Yes/No	since / (freq.)
Sleep	Regular	Drugs	Yes/No	since / (freq.)
Micturition	Regular	Tobacco	Yes/No	since / (freq.)
Bowel Habits		Any other habit		

FOR FEMALES :

 Obstetric History : L.D. **9 2 P 3 A 1 L 3**
 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 NO
- Oriented Yes No if disoriented, to Person Place Time
- Reaction: Brisk Sluggish No response
- LOC : Alert Confused Sedated
- Speech : Clear Slurred

Respiratory : NSF

- Lung sounds : A E B E des.
- 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 due to cardiac condition

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 Sting 1 day.
- Interventions : None • Laxatives Yes No Type Frequency

Genitorurinary : NSF

 Colour of Urine white Frequency 3-4 times/day
 Pain Yes No Burning Yes No Itching Yes No
 Urgency Yes No Incontinence Yes No
 Nocturia Yes No Urostomy Yes No
 History of calculi Yes No History of UTI Yes No
 Foleys Catheter Yes No Date of Insertion _____

Reproductive : NA NSF

 LMP _____ Regular / Irregular _____
 Dysmenorrhea Yes No Amenorrhea Yes No if yes, Duration _____
 Menopausal Yes No if yes, Duration _____
 Vaginal discharge Yes No Itching Yes No

Breasts NA NSF

 Breast Feeding Yes No Lumps Yes No

Positive Finding & Advice

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 Unit Sterling Hospital Vadodara
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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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 HEALTH
 HAPPINESS**



OPHTHALMIC CHECK-UP

SIGNIFICANT HISTORY:

PAST HISTORY:

Refractive Error:

Any Surgery:

Color Blind:

Diabetes:

Hypertension:

Any Treatment:

Handwritten notes: 3 months back

EXAMINATION OF EYES:

Distant Vision without Glasses:

Distant Vision with Glasses:

Near Vision without Glasses:

Near Vision with Glasses:

Intraocular Pressure:

Anterior Segment:

Fundus:

Right Eye:

Left Eye:

Handwritten examination results for Right and Left Eye, including vision and pressure readings.

PRESCRIPTION OF GLASSES:

	RIGHT			LEFT		
	Sphere	Cylinder	Axis	Sphere	Cylinder	Axis
Distant	-	-	-	+0.5	-1.5	115
Near	+2.5	-	-	+3.0	-1.5	115

Type of glass:

ADVICE:

Sterling Addlife India Limited
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DR MAYA PATEL
(OPHTHALMOLOGIST)

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GYNAECOLOGIST CHECK UP

NAME: Kokilaben Harijem

DATE: 28/9/24

AGE: 53

2 Female - 33 yrs
30 yrs

COMPLAINTS: e/o HTN

1 male - 25 yrs

Both of FTND

O/H PARA: C₃P₃A₀L₃

TL done

TAH done before
15 yrs.

MENSTRUAL H/O: Total Abdominal
Hysterectomy done before 15 yrs.

P/A: Soft

P/S: NAD

P/V: NAD

ADVICE: Vaginal smear test taken

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

DR. ARCHANA DWIVEDI
(GYNAECOLOGIST)





Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mrs. Kokila . Harijan	Lab Id	: 092407503095	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 57 Y 01-Jun-1967	Registration on	: 28-Sep-2024 10:02	Location	: Main
Ref. Id	: 299589 / 2811912	Collected at	: SAWPL	Approved on	: 28-Sep-2024 12:19 Status: Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 28-Sep-2024 10:18	Printed On	: 30-Sep-2024 11:20
		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
Hemoglobin	12.4	g/dL	12.0 - 16.0
RBC Count	4.55	million/cmm	3.8 - 4.8
Hematocrit	39.3	%	36 - 48
MCV	86.4	fL	83 - 101
MCH	27.2	pg	26.4 - 33.2
MCHC	L 31.5	g/dL	31.8 - 35.9
RDW CV	H 14.60	%	11.6 - 14

Total WBC and Differential Count

WBC count SF Cube cell analysis 5850 /cmm 4000 - 10000

Differential Count

	Result	Unit	Absolute Count
Neutrophils	55	% 40 - 80	3218 /cmm 2000 - 6700
Lymphocytes	35	% 20 - 40	2048 /cmm 1000 - 3000
Eosinophils	04	% 1 - 6	234 /cmm 20 - 500
Monocytes	06	% 2 - 10	351 /cmm 200 - 1000
Basophils	00	% 0 - 2	0 /cmm 0 - 100

Platelet Count

Platelet Count Electrical impedance 368000 /cmm 150000 - 410000

MPV Calculated 8.80 fL 7.5 - 10.3

Platelets Morphology Platelets are adequate on Smear


Dr. C. Shrinivasan..

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

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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Erythrocytes Sedimentation Rate			
ESR	21	mm/1hr	0 - 23
<u>Differential Count</u>			<u>Absolute Count</u>


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Sex/Age : Female / 57 Y 01-Jun-1967	Registration on : 28-Sep-2024 10:02	Location : Main BNo./
Ref. Id : 299589 / 2811912	Collected at : SAWPL	Approved on : 28-Sep-2024 12:36 Status : Final
Ref. By : Dr. RMO , STERLING...	Collected on : 28-Sep-2024 10:18	Printed On : 30-Sep-2024 11:20
	Sample Type : EDTA blood	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 / 57 Y 01-Jun-1967	Registration on	: 28-Sep-2024 10:02	Location	: Main BNo./
Ref. Id	: 299589 / 2811912	Collected at	: SAWPL	Approved on	: 28-Sep-2024 11:42 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 28-Sep-2024 10:18	Printed On	: 30-Sep-2024 11:20
		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 <i>GOD-POD</i>	100.0	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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Patient Information	Sample Information	Location Information
Name : Mrs. Kokila . Harijan	Lab Id : 092407503095	Pt. Type : Sterling Hospital Vadodara Health Checkup Main
Sex/Age : Female / 57 Y 01-Jun-1967	Registration on : 28-Sep-2024 10:02	Location : BNo./
Ref. Id : 299589 / 2811912	Collected at : SAWPL	Approved on : 28-Sep-2024 16:07 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 28-Sep-2024 12:50	Printed On : 30-Sep-2024 11:20
	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>	136	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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Sex/Age : Female / 57 Y 01-Jun-1967	Registration on : 28-Sep-2024 10:02	Location : Main BNo./
Ref. Id : 299589 / 2811912	Collected at : SAWPL	Approved on : 28-Sep-2024 13:54 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 28-Sep-2024 10:18	Printed On : 30-Sep-2024 11:20
	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	H 5.80	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	119.76	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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Patient report

Sterling HOSPITALS

Bio-Rad DATE: 28/09/2024

D-10 TIME: 02:15 PM

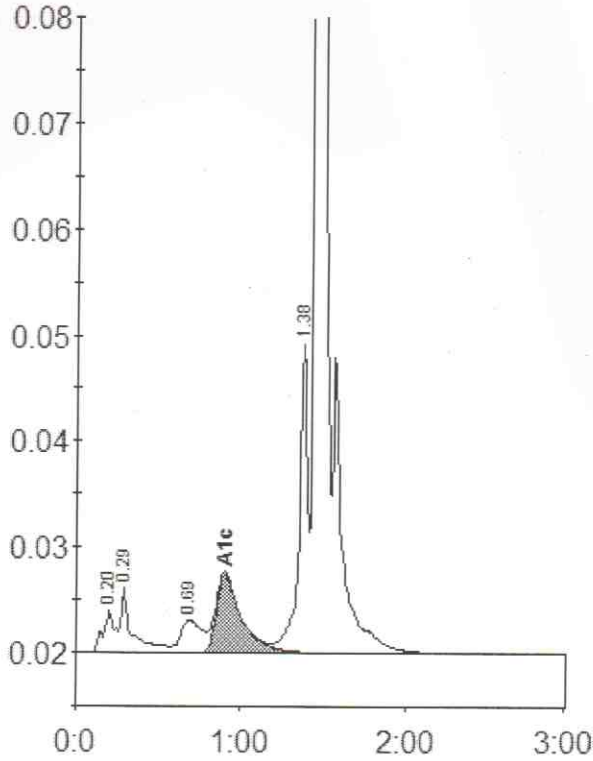
S/N: #DJ8G550303 Software version: 4.30-2

Sample ID: 092407503095

Injection date 28/09/2024 02:15 PM

Injection #: 16 Method: HbA1c

Rack #: --- Rack position: 6



Peak table - ID: 092407503095

Peak	R.time	Height	Area	Area %
A1a	0.20	4059	19642	1.1
A1b	0.29	6203	29359	1.6
LA1c/CHb-1	0.69	3055	27517	1.5
A1c	0.90	7426	78129	5.8
P3	1.38	29181	103022	5.7
A0	1.44	583279	1541896	85.7
Total Area:			1799564	

Concentration:	%
A1c	5.8





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Ref. By	: Dr. RMO . STERLING...	Collected on	: 28-Sep-2024 10:18	Approved on	: 28-Sep-2024 11:54 Status : Final
		Sample Type	: Serum	Printed On	: 30-Sep-2024 11:20
				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>	H 242.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPO/POD)</i>	143.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl2</i>	49.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	H 164.00	mg/dL	Optimal: <100 Near to above Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: =190
VLDL <i>Calculated</i>	28.60	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	4.9		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	3.3		Up to 3.5


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Ref. Id	: 299589 / 2811912	Collected at	: SAWPL	Approved on	: 28-Sep-2024 11:42 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 28-Sep-2024 10:18	Printed On	: 30-Sep-2024 11:20
		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>	H 7.00	mg/dL	2.5 - 6.2
Blood Urea Nitrogen <i>Calculated</i>	14.49	mg/dL	7.0 - 17.0
Urea <i>Urease, Colorimetric</i>	31.0	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>	24.15		
Urea Creatinine Ratio <i>Calculated</i>	51.67		


Dr. C. Shrinivasan..

M.D (Pathology) [G-18341]

Consultant Pathologist

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LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mrs. Kokila . Harijan	Lab Id : 092407503095	Pt. Type : Sterling Hospital Vadodara Health Checkup Main
Sex/Age : Female / 57 Y 01-Jun-1967	Registration on : 28-Sep-2024 10:02	Location : BNo./
Ref. Id : 299589 / 2811912	Collected at : SAWPL	Approved on : 28-Sep-2024 12:09 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 28-Sep-2024 10:18	Printed On : 30-Sep-2024 11:20
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Liver Function Test

Test	Result	Unit	Biological Ref. Interval
ALT (SGPT) <i>UV with P5P, IFCC</i>	18.0	U/L	0 - 35
AST (SGOT) <i>UV with P5P</i>	27.0	U/L	14 - 36
GGT (Gamma Glutamyl Transferase) <i>L-γ-Glytamyl-p-nitroanilide</i>	25.0	U/L	12 - 43
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	95.0	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>	7.40	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	4.40	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	3.00	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.47		1.3 - 1.7


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LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mrs. Kokila . Harijan	Lab Id : 092407503095	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 57 Y 01-Jun-1967	Registration on : 28-Sep-2024 10:02	Location : Main BNo./
Ref. Id : 299589 / 2811912	Collected at : SAWPL	Approved on : 28-Sep-2024 12:10 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 28-Sep-2024 10:18	Printed On : 30-Sep-2024 11:20
	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>	H 1.71	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <i>CLIA</i>	11.10	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <i>Chemiluminescence</i>	1.4350	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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LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mrs. Kokila . Harijan	Lab Id : 092407503095	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 57 Y 01-Jun-1967	Registration on : 28-Sep-2024 10:02	Location : Main BNo./
Ref. Id : 299589 / 2811912	Collected at : SAWPL	Approved on : 28-Sep-2024 12:10 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 28-Sep-2024 10:18	Printed On : 30-Sep-2024 11:20
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Levels of TSH in pregnancy ($\mu\text{IU/mL}$): 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.


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LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mrs. Kokila . Harijan	Lab Id : 092407503095	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 57 Y 01-Jun-1967	Registration on : 28-Sep-2024 10:02	Location : Main BNo./
Ref. Id : 299589 / 2811912	Collected at : SAWPL	Approved on : 28-Sep-2024 12:20 Status : Final
Ref. By : Dr. RMO . STERLING...	Collected on : 28-Sep-2024 10:18	Printed On : 30-Sep-2024 11:20
	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>	1.020		1.015 - 1.025
Protein <i>Protein error of indicators</i>	Absent		Absent
Glucose <i>GOD-POD</i>	Absent		Absent
Ketone <i>Nitroprusside</i>	Absent		Absent
Blood <i>Peroxidase like reaction</i>	Present (Trace)		Absent
Bilirubin <i>Diazo reaction</i>	Absent		Absent
Leucocytes <i>Esterase reaction</i>	Present (Trace)		Absent
Nitrite <i>p-arsanilic acid to diazonium compound</i>	Absent		Absent
Microscopic Examination			
Erythrocytes (RBCs)	Occasional	/hpf	0 - 2
Pus Cells	2-3	/hpf	0 - 5
Epithelial Cells	Occasional	/hpf	
Crystals	Absent		Absent
Casts	Absent		Absent
Bacteria	Absent		Absent
Amorphous Material	Absent		Absent
Yeast	Absent		Absent


Dr. C. Shrinivasan..

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LABORATORY REPORT



Patient Information		Sample Information		Client / Location Information	
Name	: Mrs. Kokila . Harijan	Lab ID	: 092407503095	Client Name	: Sterling Hospital Vadodara Health Checkup Main
Sex/Age	: Female /57 Years	Registered on	: 28-Sep-2024 10:02	Location	:
Ref. Id	:	Collected at	: non SAWPL	Approved on	: 30-Sep-2024 10:42
Ref. By	: Dr. RMO . STERLING...	Collected on	: 28-Sep-2024 15:15	Printed on	: 30-Sep-2024 11:20
		Sample Type	: PAP Material	Processed at	: 17 – Sterling Hospital, Bhayli (Vadodara)
Branch	: 75 – Sterling Hospital, Race course (Vadodara)				

CYTOPATHOLOGY

* **PAP Smear No. :**

P - 542/24

* **Obstetric History :**

G3 P3 A0 L3

* **Menstrual History :**

TAH done last 15 years.

* **Per-Speculum Examination :**

NAD

* **Per-Vaginal Examination :**

NAD

* :

Inflammatory cells obscuring morphology of epithelial cells.

Remark :

It is a vault smear.

Note : Repeat after controlling infection.

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



Dr. Kajal Parmar

MD

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Report Date: 28 Sep 2024 - 12:35 PM

Patient Id : RCR-299589

Patient Name : HARIJAN KOKILA .

Age : 57Y 3M 27D

Sex : Female

Ref. Doctor : DR. RMO . STERLING

Study Date : 28 Sep 2024 - 12:00 PM

RADIOGRAPH CHEST PA

Poor inspiratory effort

Both lungs and CP angles appear clear.

Mediastinal shadow and hilar region appear normal.

Cardiac shadow cannot be commented upon.

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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Report Date: 28 Sep 2024 - 01:30 PM

Patient Id	: RCR-299589	Patient Name	: HARIJAN KOKILA .
Age	: 57Y 3M 27D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 28 Sep 2024 - 12:23 PM

MAMMOGRAPHY

Craniocaudal and mediolateral oblique views of bilateral breast were obtained.

Indication: Screening

MAMMOGRAPHY FINDINGS:

Study reveals heterogeneously dense breast parenchyma with fibroglandular tissue, type C according to ACR classification of breast density.

RIGHT BREAST:

No suspicious mass, clustered microcalcification or architectural distortion is seen. Nipple, areola and retroareolar region are normal. Skin and underlying muscles are normal.

RIGHT AXILLA:

Few lymph nodes are seen with maintained fatty hilum.

LEFT BREAST:

No suspicious mass, clustered microcalcification or architectural distortion is seen. Nipple, areola and retroareolar region are normal. Skin and underlying muscles are normal.

LEFT AXILLA:

Few lymph nodes are seen with maintained fatty hilum.

IMPRESSION:

Bilateral breasts - BIRADS 1, Normal study

Advice: Routine screening and self examination.

Sensitivity of mammography is limited without ultrasound. Sonomammography is recommended in case of strong clinical suspicion.

Dr. Palak Nandolia
Consultant Radiologist

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53 Years

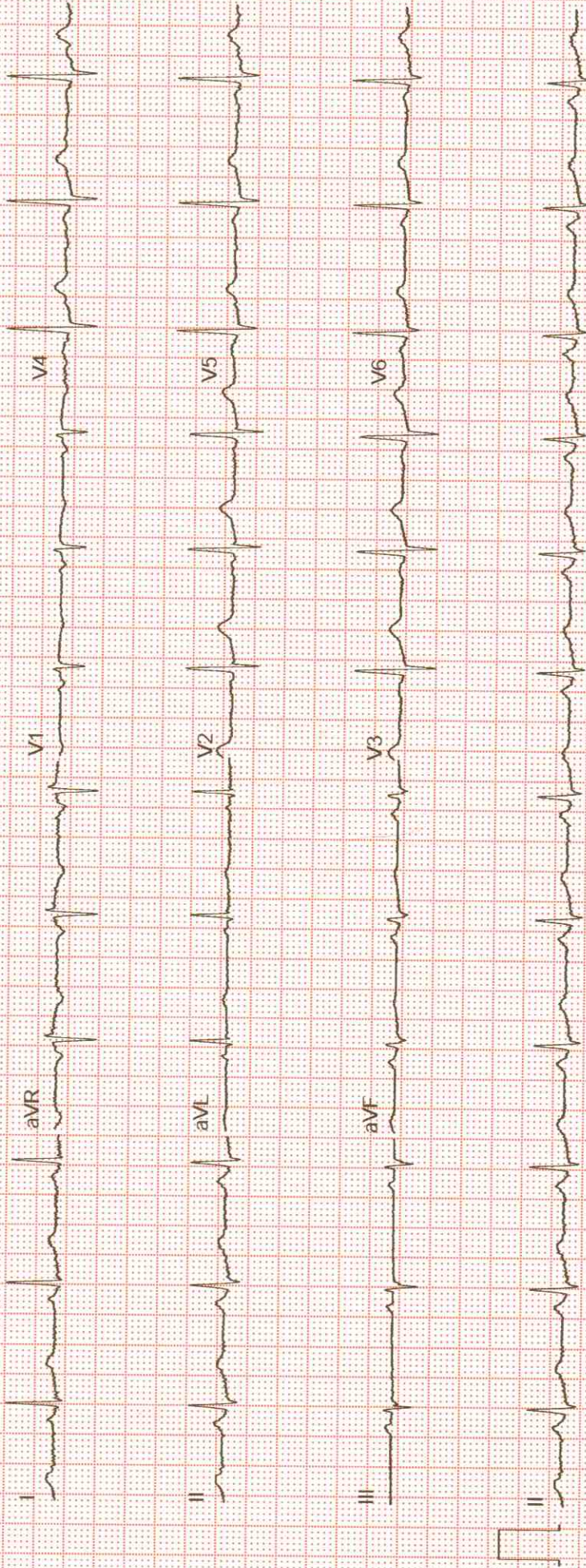
Female

28.09.2024 9:37:19
STERLING HOSPITAL
HCP
VADODARA

75 bpm
mmHg

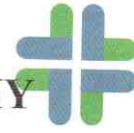
left arm

QRS
QT/QTc/Baz 74 ms
PR 418 / 466 ms
P 142 ms
RR/PP 804 / 800 ms
P/QRS/T 54 / 5 / 36 degrees





2D ECHOCARDIOGRAPHY REPORT



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HOSPITALS

Race Course Road, Vadodara

Name: Mrs. KOKILA HARIJAN
Age: 53 Years
Sex: F
Date: 28-Sep-2024

Ref By: HCP
Study: 2D Echo

M-MODE:

IVS	10mm	LVDD	46mm
PW	11mm	LVDS	24mm
LA	37mm	LV EF	60 %

DOPPLER STUDY:

MITRAL	E 1.01	A 0.39
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 RA/RV SIZE AND FUNCTION
- ALL VALVES ARE NORMAL
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- NORMAL IVC

Dr. RANJEETKUMAR SHUKLA MD,DM
Consultant interventional Cardiologist

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Sterling Doc 91-20-25443913





Report Date: 28 Sep 2024 - 03:06 PM

Patient Id	: RCR-299589	Patient Name	: HARIJAN KOKILA .
Age	: 57Y 3M 27D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 28 Sep 2024 - 02:23 PM

ULTRASOUND OF ABDOMEN AND PELVIS

FINDINGS

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

Portal vein (12.4 mm) and **CBD** (5.5 mm) appear normal.

Gall bladder not seen- cholecystectomy.

Visualized **pancreas** appears normal.

Spleen appears normal in size (10cm) and shows normal echotexture.

Right kidney (9 x 4.6 cm) appears normal in size. **Mild hydronephrosis is seen with prominent upper ureter. A calculus measuring ~ 5 mm is seen in lower calyx.** Normal cortical echogenicity and cortico-medullary differentiation are maintained.

Left kidney (9.6 x 4.5 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 not seen- hysterectomy. No adnexal mass is seen.

No evidence of ascites seen.

IMPRESSION

- **Right renal calyceal calculus.**
- **Mild hydronephrosis with prominent upper ureter on right side. Adv CT KUB to rule out ureteric calculus.**
- **No other significant intra-abdominal abnormality seen in present study.**

Palak

Dr. Palak Nandolia
Consultant Radiologist

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