



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: SUMIT ASTHANA	
SH No: 299773	Date: 05 10 2024
Age: 37	Gender: MALE

ASSESSMENT:

- OBESITY(BMI:30.08).
- K/C/O : THYROID ON REGULAR TREATMENT
- C/O: COUGHING ON & OFF , C/O: ACIDITY ON & OFF
- O/E-B.P:130|80 MMHG
- P/H/O: 9 MM RENAL STONE ON RIGHT SIDE (REMOVE)
- F/H/O: HYPERTENSION(FATHER) , DIABETES(FATHER)
- DENTAL ASSESSMENT FORM :CHRONIC GENERALISED GINGIVITIS
- BORDELIN LOW MCHC(31.2)
- BORDERLINE HIGH FBS(109) , HIGH HBA1C(6.10)
- BORDERLINE HIGH TRIGLYCERIDE(163) , LOW HDL CHOLESTEROL(33) , BORDERLINE HIGH DIRECT LDL(136) , HIGH CHOL/HDL (5.7) , HIGH DLDL/HDL RATIO(4.1)
- BORDELIN LOW BLOOD UREA NITROGEN(8.88) , BORDERLINE LOW UREA(19)
- HIGH ALT(SGPT)(113) , HIGH AST(SGOT)(66)
- BORDERLINE HIGH T3, TOTAL(TRIODOOTHYRONINE) , HIGH TSH(14.4700)
- URINE R/M: HIGH SPECIFIC GRAVITY
- ECG: T INVERSION IN L3
- USG OF WHOLE ABDOMEN: MILD GENERALISED FATTY INFILTRATION OF LIVER , BILATERAL RENAL CONCRETIONS

ADVISED:

- PLENTY OF LIQUIDS
- ANTI DIABETIC & LOW FAT DIET
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE & WEIGHT REDUCTION.
- REGULAR BLOOD SUGAR MONITORING AND CONTROL
- REPEAT LIPID PROFILE AFTER 3 MONTH
- OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- DENTAL ADVICE : POLISHING , SCALING & FOLLOW ADVICE
- UROLOGIST 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

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**HEALTH CHECK UP
MEDICAL EXAMINATION**

Name : Sumit Asthana Employee ID : _____
Company Name : _____ Age : 37 Sex : M / F
Height : 167 cms. Weight : 83.9 Kgs BMI : 30.08 Blood Group : _____
Name of HO / Registrar taking History : DR. Piyal

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 :

10 Coughing on 2 odd.
10 Acidity on 2 odd.

Physical Examination :

Vital Signs :

Temp : 98 °F SPO₂ : 97 Pulse : 88 /min R/R : 16 /min B.P. : 130/80 mm Hg

Past History :

If Hypertension, since On Medication 1) <u>no ay</u> 2) _____ 3) _____	If Diabetes, since On Medication 1) <u>no ay</u> 2) _____ 3) _____
If Ischaemic Heart Disease since On Medication 1) _____ 2) <u>no ay</u> 3) _____	Under Treatment Dr. _____
Under Treatment of Dr. _____	If Tuberculosis, When _____
Any Intervention done _____	Any Other P/H _____
P/H of Operation Diagnosis : _____ Name of Operation : _____ Year of Operation : _____	Any Other Medication _____
Others : <u>Hypertension (not on regular medicine)</u>	P/H of Hospitalization Diagnosis : _____ Year : _____ Duration : _____
	Blood Transfusion History : Yes /No Year : _____

9mm Renal Stone (Remove).
R side.

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	<input checked="" type="checkbox"/> Yes/No F	Asthma	Yes/No
Heart Disease	Yes/No	Stroke	Yes/No
Diabetes	<input checked="" type="checkbox"/> Yes/No F	Arthritis/Gout	Yes/No
Tuberculosis	Yes/No	Cancer	Yes/No
Epilepsy	Yes/No	Other Chronic disease	Yes/No

Personal History :

Diet	Regular	Smoking	Yes/No	since NO! per day
Appetite		Alcohol	Yes/No	since yes! (freq.)
Sleep		Drugs	Yes/No	since no! (freq.)
Micturition	yes!	Tobacco	Yes/No	since no! (freq.)
Bowel Habits	Regular	Any other habit		

FOR FEMALES :

Obstetric History : L.D.....

Abortion :

Others :

General Examination :
 Anemia
 Cyanosis
 Jaundice
 Generalized lymphadenopathy
 Pedal oedema

General Examination :
Head : NSF

Injuries (Specify if any) :

Eyes : NSF

- Vision : Normal Blurred Double Colour Blind
- Pupils : Normal Abnormal
- Other : Inflammation Pain Itching Discharge No complaint

Remarks (if any) :

Ears : NSF

- Deaf Yes No • Pain Yes No • Discharge Yes No
- Dizziness Yes No

Nose : NSF

- Nosebleed Yes No • Congestion Yes No • Sinus problem Yes No

Mouth : NSF

- Lesion Yes No
- Dental Hygiene Good Poor Bleeding gums Yes No
- Sense of taste Yes No

Throat/Neck : NSF

- Swollen glands Yes No Stiffness Yes No Dysphagia Yes No

SYSTEMIC EXAMINATION
Neurological : NSF

- Headache Yes No • Memory changes Yes No • Dizziness Yes No
- Syncope Yes No • Seizures Yes No • Paralysis Yes No if yes R L
- Cooperative Yes No • Anxiety Yes No • Depression Yes No
- Suicidal attempt Yes No Any psychiatric illness _____
- Oriented Yes No if disoriented, to Person Place Time
- Reaction: Brisk Sluggish No response
- LOC : Alert Confused Sedated
- Speech : Clear Slurred

Respiratory : NSF

- Lung sounds :
- Dyspnoea : None With activity At rest Lying down Retractions
- Cough : None Non-productive Productive - colour
- Hemoptysis: Yes No
- Night Sweats : Yes No
- Cyanosis : Yes No Where

Cardiovascular : NSF

- 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
- Interventions : None • Laxatives Yes No Type Frequency

Genitorurinary : NSF

 Colour of Urine _____ Frequency _____
 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

PAB. Pantacid .O. (Before food)

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Sign and Stamp of Medical Officer
Sterling Hospital
 Racecourse Road

EMERGENCY HELPLINE

 992 444 9972
 0265 - 61 44 111

Sterling Hospital
 Bhayli

EMERGENCY HELPLINE

 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:

Handwritten scribble

EXAMINATION OF EYES:

Distant Vision without Glasses:

Right Eye:

Left Eye:

Distant Vision with Glasses:

Near Vision without Glasses:

Near Vision with Glasses:

Intraocular Pressure:

Anterior Segment:

Fundus:

Handwritten notes for Right Eye: 96, 1, 1, 1, 1, 1, 1, 1, 1, 1

Handwritten notes for Left Eye: 96, 1, 1, 1, 1, 1, 1, 1, 1, 1

PRESCRIPTION OF GLASSES:

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

Type of glass:

ADVICE:

Stamp: Sterling Addlife India Limited
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VADODARA-390 007.

DR MAYA PATEL
(OPHTHALMOLOGIST)

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EAR, NOSE & THROAT CHECK-UP

COMPLAINTS:

EXAMINATION OF EARS:

Local Examination:

Tympanic Membrane:

EXAMINATION OF NOSE:

Local Examination:

THROAT & LARYNX:

LARYNGOSCOPIC EXAMINATION:



DR. NAVNIT MAKWANA
ENT SURGEON

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Dr. Sonica Peshin

Senior Cosmetic dentist and Implantologist
A-6966
Email: thespeakingtooth@gmail.com
Phone: 9586867301



Race Course Road, Vadodara
05/10/2024

Dental Assessment Form

Name: Sumit Asthana

Age/Sex: 37 years/Male

UHID No: 299773

Patient has come for a regular check up.

On examination:

- Calculus++ stains+
- Bulbous marginal and papillary gingiva
- Bleeding on probing seen

Provisional diagnosis:

- Chronic generalized gingivitis

Treatment plan:

- Scaling and polishing

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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Sonica Peshin
Dr Sonica Peshin

Sterling Hospital, Race Course Road

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Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Sumit . Asthana	Lab Id	: 102407500560	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 37 Y 25-Jun-1987	Registration on	: 05-Oct-2024 08:56	Location	: Main BNo./
Ref. Id	: 299773 / 2812934	Collected at	: SAWPL	Approved on	: 05-Oct-2024 12:18 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 05-Oct-2024 09:20	Printed On	: 05-Oct-2024 16:34
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Hemoglobin	13.9	g/dL	13.0 - 16.5
RBC Count	4.94	million/cmm	4.5 - 5.5
Hematocrit	44.7	%	40 - 49
MCV	90.4	fL	83 - 101
MCH	28.2	pg	27.1 - 32.5
MCHC	L 31.2	g/dL	32.5 - 36.7
RDW CV	13.60	%	11.6 - 14

Total WBC and Differential Count

WBC count	SF Cube cell analysis	8680	/cmm	4000 - 10000
------------------	-----------------------	------	------	--------------

Differential Count

		Result	Unit	Absolute Count
Neutrophils	Microscopic	59	% 40 - 80	5121 /cmm 2000 - 6700
Lymphocytes	Microscopic	35	% 20 - 40	3038 /cmm 1000 - 3000
Eosinophils	Microscopic	02	% 1 - 6	174 /cmm 20 - 500
Monocytes	Microscopic	04	% 2 - 10	347 /cmm 200 - 1000
Basophils	Microscopic	00	% 0 - 2	0 /cmm 0 - 100

Platelet Count

Platelet Count	Electrical impedance	261000	/cmm	150000 - 410000
MPV	Calculated	11.60	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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MEDI WHEEL FULL BODY ANNUAL PLUS
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Erythrocytes Sedimentation Rate			
ESR	9	mm/1hr	0 - 14
<small>Capillary photometry</small>			
Differential Count			Absolute Count


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Ref. Id	: 299773 / 2812934	Collected at	: SAWPL	Approved on	: 05-Oct-2024 12:20 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 05-Oct-2024 09:20	Printed On	: 05-Oct-2024 16:34
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS

Blood Group

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

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Sex/Age	: Male / 37 Y 25-Jun-1987	Registration on	: 05-Oct-2024 08:56	Location	: Main BNo./
Ref. Id	: 299773 / 2812934	Collected at	: SAWPL	Approved on	: 05-Oct-2024 10:28 Status : Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 05-Oct-2024 09:20	Printed On	: 05-Oct-2024 16:34
		Sample Type	: Serum, Urine	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <small>GOD-POD</small>	H 109.0	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	: 299773 / 2812934	Collected at	: SAWPL	Approved on	: 05-Oct-2024 16:13 Status: Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 05-Oct-2024 11:45	Printed On	: 05-Oct-2024 16:34
		Sample Type	: Fluoride	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <i>GOD-POD</i>	117	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	: 05-Oct-2024 09:20	Printed On	: 05-Oct-2024 16:34
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadodar

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

Test	Result	Unit	Biological Ref. Interval
HbA1c	H 6.10	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	128.37	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 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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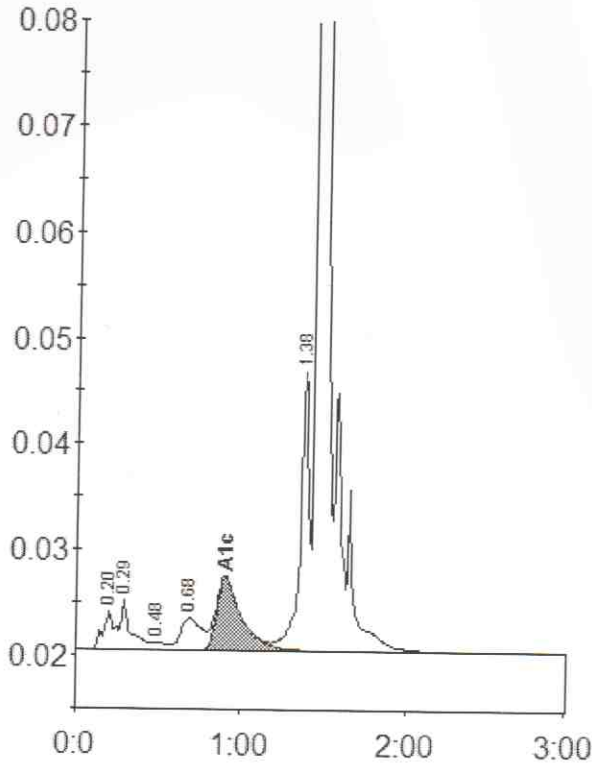


Patient report

Sterling HOSPITALS

Bio-Rad DATE: 05/10/2024
 D-10 TIME: 01:32 PM
 S/N: #DJ8G550303 Software version: 4.30-2
 Sample ID: 102407500560
 Injection date: 05/10/2024 01:32 PM
 Injection #: 8 Method: HbA1c
 Rack #: --- Rack position: 8

s+terling
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 Pathology lab that cares



Peak table - ID: 102407500560

Peak	R.time	Height	Area	Area %
A1a	0.20	3707	18104	1.1
A1b	0.29	4806	20885	1.3
F	0.48	759	4729	0.3
LA1c/CHb-1	0.68	3015	26512	1.7
A1c	0.90	6845	72591	6.1
P3	1.38	26454	97458	6.1
A0	1.45	513806	1356494	85.0
Total Area:			1596774	

Concentration:	%
A1c	6.1





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Ref. Id : 299773 / 2812934	Collected at : SAWPL	Location : BNo./
Ref. By : Dr. RMO . STERLING...	Collected on : 05-Oct-2024 09:20	Approved on : 05-Oct-2024 11:57 Status : Final
	Sample Type : Serum	Printed On : 05-Oct-2024 16:34
		Process At : 75 - Sterling Hospital, Race course (Vadodara)

MEDI WHEEL FULL BODY ANNUAL PLUS
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase - Peroxidase</i>	187.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPo/POD)</i>	H 163.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl2</i>	L 33.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	H 136.00	mg/dL	Optimal: <100 Near to above Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: =190
VLDL <i>Calculated</i>	32.60	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	H 5.7		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	H 4.1		Up to 3.5


Dr. C. Shrinivasan..

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

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Sterling Accuris Pathology Laboratory

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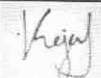
Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Sumit . Asthana	Lab Id	: 102407500560	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 37 Y 25-Jun-1987	Registration on	: 05-Oct-2024 08:56	Location	: Main BNo./
Ref. Id	: 299773 / 2812934	Collected at	: SAWPL	Approved on	: 05-Oct-2024 10:28 Status: Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 05-Oct-2024 09:20	Printed On	: 05-Oct-2024 16:34
		Sample Type	: Serum	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	7.30	mg/dL	3.5 - 8.5
Blood Urea Nitrogen <i>Calculated</i>	L 8.88	mg/dL	9.0 - 20.0
Urea <i>Urease, Colorimetric</i>	L 19.0	mg/dL	19.3 - 43.0
Creatinine, serum <i>Creatinine Amidohydrolase</i>	0.80	mg/dL	0.66 - 1.25
BUN Creatinine Ratio <i>Calculated</i>	11.10		
Urea Creatinine Ratio <i>Calculated</i>	23.75		


Dr. Kajal Parmar

MD

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Name	: Mr. Sumit . Asthana	Lab Id	: 102407500560
Sex/Age	: Male / 37 Y 25-Jun-1987	Registration on	: 05-Oct-2024 08:56
Ref. Id	: 299773 / 2812934	Collected at	: SAWPL
Ref. By	: Dr. RMO . STERLING...	Collected on	: 05-Oct-2024 09:20
		Sample Type	: Serum
		Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
		Location	: BNo./
		Approved on	: 05-Oct-2024 12:47 Status : Final
		Printed On	: 05-Oct-2024 16:34
		Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS
Liver Function Test

Test	Result	Unit	Biological Ref. Interval
ALT (SGPT) <small>UV with P5P, IFCC</small> Rechecked	H 113.0	U/L	0 - 50
AST (SGOT) <small>UV with P5P</small> Rechecked	H 66.0	U/L	17 - 59
GGT (Gamma Glutamyl Transferase) <small>L-γ-Glytamyl-p-nitroanilide</small>	50.0	U/L	15 - 73
Alkaline Phosphatase <small>PNPP, AMP Buffer, IFCC</small>	97.0	U/L	38 - 126
Total Bilirubin <small>Azobilirubin chromophores</small>	0.80	mg/dL	0.2 - 1.3
Conjugated Bilirubin <small>Cationic Mordant Binding</small>	0.10	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <small>Cationic Mordant Binding</small>	0.60	mg/dL	0.0 - 1.1
Delta Bilirubin <small>Calculated</small>	0.10	mg/dL	0.0 - 0.2
Total Protein <small>Copper tartrate to colour complex</small>	7.80	g/dL	6.3 - 8.2
Albumin <small>Bromocresol Green Method</small>	4.50	g/dL	3.5 - 5.0
Globulin <small>Calculated</small>	3.30	g/dL	2.3 - 3.5
A/G Ratio <small>Calculated</small>	1.36		1.3 - 1.7


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Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mr. Sumit . Asthana	Lab Id	: 102407500560	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Male / 37 Y 25-Jun-1987	Registration on	: 05-Oct-2024 08:56	Location	: Main BNo./
Ref. Id	: 299773 / 2812934	Collected at	: SAWPL	Approved on	: 05-Oct-2024 12:08 Status: Final
Ref. By	: Dr. RMO . STERLING...	Collected on	: 05-Oct-2024 09:20	Printed On	: 05-Oct-2024 16:34
		Sample Type	: Serum	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS
Thyroid Function Tests

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <small>CLIA</small>	H 1.74	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <small>CLIA</small>	6.65	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <small>Chemiluminescence</small>	H 14.4700	µIU/mL	0.4001 - 4.049

Remarks: *Kindly correlate clinically.

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..

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Sex/Age	: Male / 37 Y 25-Jun-1987	Registration on	: 05-Oct-2024 08:56
Ref. Id	: 299773 / 2812934	Collected at	: SAWPL
Ref. By	: Dr. RMO . STERLING...	Collected on	: 05-Oct-2024 09:20
		Sample Type	: Urine
		Pt. Type	: Sterling Hospital Vadodara Health Checkup Main
		Location	: BNo./
		Approved on	: 05-Oct-2024 11:37 Status: Final
		Printed On	: 05-Oct-2024 16:34
		Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDI WHEEL FULL BODY ANNUAL PLUS
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>	H 1.030		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	1-2	/hpf	0 - 5
Epithelial Cells	Occasional	/hpf	
Crystals	Absent		Absent
Casts	Absent		Absent
Bacteria	Absent		Absent
Amorphous Material	Absent		Absent
Yeast	Absent		Absent

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



Dr. C. Shrinivasan..

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Race Course Road, Vadodara

Report Date: 05 Oct 2024 - 09:27 AM

Patient Id	: RCR-299773	Patient Name	: ASTHANA SUMIT .
Age	: 37Y 3M 10D	Sex	: Male
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 05 Oct 2024 - 08:52 AM

X-RAY CHEST PA VIEW

Poor inspiratory efforts.
 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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Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad-380052, Gujarat, India



05-10-2024 9:42:19
STERIL HOSPITAL
FCP
VADODARA

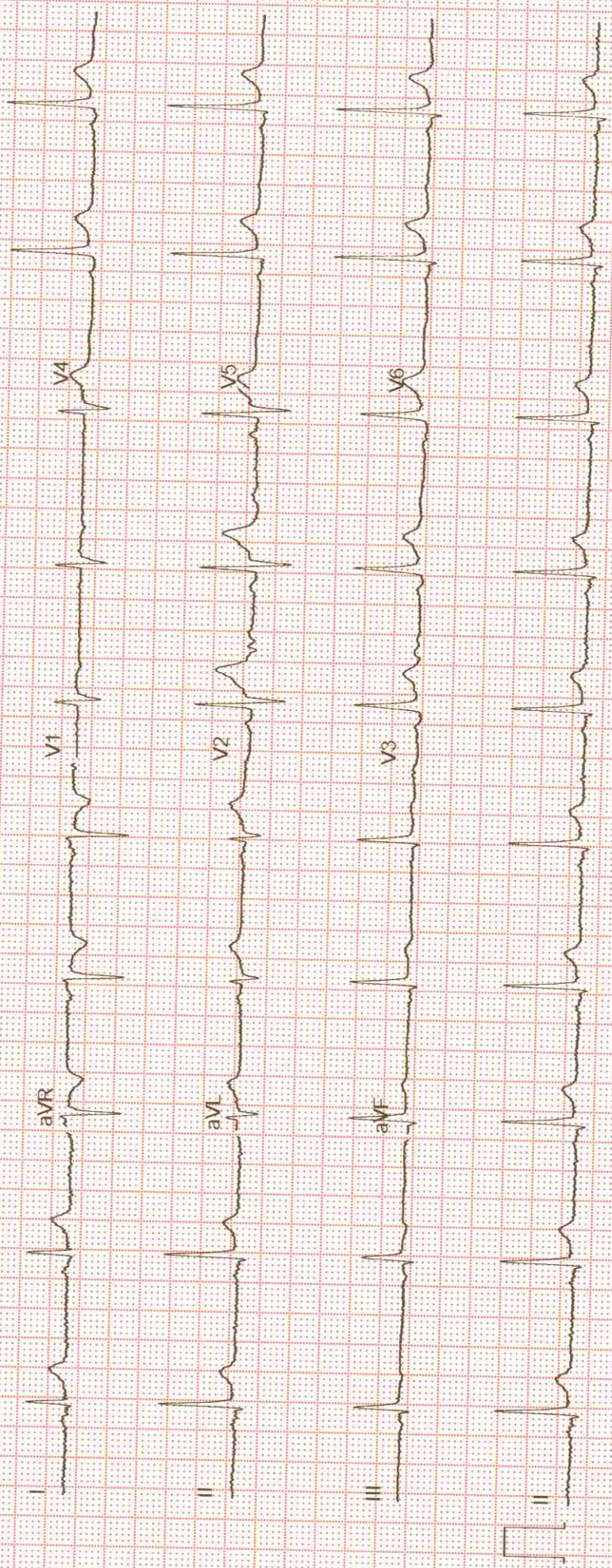
62 bpm
-/- mmHg

T2L3

Male

37 Years

QRS 80 ms
QT/QTcBaz 364 / 369 ms
PR 136 ms
P 74 ms
RR/PP 970 / 967 ms
P/QRS/T 6 / 56 / 23 degrees





Patient Id	: RCR-299773	Patient Name	: ASTHANA SUMIT .
Age	: 37Y 3M 10D	Sex	: Male
Ref. Doctor	: DR.RMO.STERLING	Study Date	: 05 Oct 2024 - 09:08 AM

SONOGRAPHY OF WHOLE ABDOMEN: -

LIVER: Liver appears normal in size and shows bright parenchymal echoes, Grade I. No evidence of focal lesion seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicals appear normal. Portal vein is normal in caliber measuring 12.0 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 appears normal.

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

SPLEEN: Spleen is normal in size (11.0 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 hydronephrosis or mass lesion is seen on either side.

Few (at least 2 on either side) tiny (2-2.5 mm) concretions are seen in bilateral kidneys.

Right kidney measures 10.6 x 4.9 cm

Left kidney measures 11.1 x 4.6 cm

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

URINARY BLADDER: Bladder is partially distended and appears unremarkable.

PROSTATE: Prostate appears normal in size and shows normal echotexture. No evidence of solid or cystic lesion. Prostatic volume measures 13.4 cc.

No evidence of ascites, lymphadenopathy is seen.

Mild gaseous distention of bowel loops is seen.

CONCLUSION:

- Mild generalized fatty infiltration of liver.
- Bilateral renal concretions.
- No other significant abnormality detected.

Dr. Shilpi Gupta MD
Sr. Consultant Radiologist

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TABULAR SUMMARY REPORT

SUMIT, ASTHANA
ID: 000299773

37 years
5-Oct-2024
10:32:16

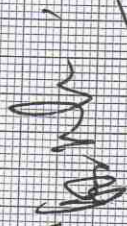
Caucasian Male

BRUCE
Max HR: 170bpm 92% of max predicted 183bpm
Max BP: 130/80
Total Exercise time 8:25
Maximum workload: 10.1 METS

25.0 mm/s
10.0 mm/mV
100hz

Reason for Termination: THR ACHIEVED
Comments: GOOD EFFORT TOLERANCE
T INVERSION IN L3 IN SUPINE, NOT WORSENING DURING EXERCISE
NO ANGINA, NORMAL HR, BP RESPONSE
NO SIGNIFICANT ST-T CHANGES SEEN
TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA
DR RANJEET SHUKLA, CARDIOLOGIST

Referred by: HCP
Test ind:



Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	2:10	***	***	1.0	88	120/80	106
	STANDING	0:19	***	***	1.0	87	120/80	104
	HYPERVENT	0:34	0.8	0.0	1.1	81	120/80	97
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	122	120/80	146
	STAGE 2	3:00	2.5	12.0	7.0	142	130/80	185
	STAGE 3	2:25	3.4	14.0	10.1	170	130/80	221
RECOVERY	RECOVERY	3:15	0.0	0.0	1.0	105	130/80	137