



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: RACHANA C JOSHI	
SH No: 300375	Date: 3 10 2024
Age: 35	Gender: FEMALE

ASSESSMENT:

- OVER WEIGHT(BMI: 29.75)
- ALLERGY: DUST & WEATHER CHANGE (SNEEZING & RUNNY NOSE)
- P/H/O OPERATION : LAPRASCOPY ECTOPIC PREGNANCY(2011), LSCS(2012)
- F/H/O: THYROID(MOTHER)
- K/C/O: FLAT FOOT
- C/O: YELLOW PRODUCTIVE COUGH
- P/H/O: UTI
- HIGH PLATELET COUNT(413000)
- LOW VLDL(13.60)
- LOW URIC ACID (2.20)
- HIGH TSH (7.99)
- 2D ECHOCARDIOGRAPHY : MILD MR , TRACE TR , RVSP= 22MHG + RAP

ADVISED:

- PLENTY OF LIQUIDS
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE & WEIGHT REDUCTION.
- OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- 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
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 : Rachana C. Joshi Employee ID : _____
 Company Name : _____ Age : 35 Sex : Female
 Height : 147 cms. Weight : 64.3 Kgs BMI : 29.75 Blood Group : _____
 Name of HO / Registrar taking History : Dr. Jay - Pandit

Allergies : <input type="checkbox"/> None <input type="checkbox"/> Yes (If Yes, describe)	
Drugs/Food/Latex/Dyes/Contrast/Other	Reaction
1. <u>Dust weather change.</u>	<u>Sneezing, Runny Nose.</u>
2. _____	_____
3. _____	_____

Chief Complaints :

.....

Physical Examination :

Vital Signs :

Temp : Afebrile °C F SPO₂ : 99 Pulse : 82 /min R/R : 17 /min B.P. : 110/70 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 : <u>Cholelithiasis</u> Name of Operation : <u>Laproscopy</u> Year of Operation : <u>2011</u> 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

Thyroid: moth

Personal History :

Diet	Veget	Smoking	Yes/No	since...../..... per day
Appetite	Normal	Alcohol	Yes/No	since...../.....(freq.)
Sleep	3-4 H	Drugs	Yes/No	since...../.....(freq.)
Micturition		Tobacco	Yes/No	since...../.....(freq.)
Bowel Habits		Any other habit		

FOR FEMALES :

 Obstetric History : L.D. L.M.P - 11/10/2024
 Abortion :
 Others :

General Examination :
 Anemia Cyanosis Jaundice Generalized Lymphadenopathy Pedal oedema

General Examination :

K/C/O - flatfoot.

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 DA
- 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 clear
- Dyspnoea : None With activity At rest Lying down Retractions
- Cough : None Non-productive Productive - colour: yellow
- 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 1 time / day
- Interventions : None • Laxatives Yes No Type Frequency 3 MAD

Genitorurinary : NSF

Colour of Urine mild yellow Frequency 10-15 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

.....

Sterling Addlife India Limited
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 Racecourse 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:

	<u>Right Eye:</u>	<u>Left Eye:</u>
Distant Vision without Glasses:	6/6	6/6
Distant Vision with Glasses:	-	-
Near Vision without Glasses:	3	5
Near Vision with Glasses:	1	1
Intraocular Pressure:	14	16
Anterior Segment:	NS	NS
Fundus:	NS	NS

PRESCRIPTION OF GLASSES:

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

Type of glass:

ADVICE:



Race Course Circle, (West)
VADODARA - 390 007.

DR MAYA PATEL
(OPHTHALMOLOGIST)





GYNAECOLOGIST CHECK UP

NAME:

DATE:

AGE:

COMPLAINTS:

O/H PARA:

MENSTRUAL H/O:

P/A:

P/S:

P/V:

ADVICE:

DR. ARCHANA DWIVEDI
(GYNAECOLOGIST)

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Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mrs. Rachana C Joshi	Lab Id	: 102407502984	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 35 Y 26-Feb-1989	Registration on	: 30-Oct-2024 09:38	Location	: Main BNo./
Ref. Id	: 300375 / 2816363	Collected at	: SAWPL	Approved on	: 30-Oct-2024 14:02 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 30-Oct-2024 09:58	Printed On	: 01-Nov-2024 11:09
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadoda)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Hemoglobin	12.3	g/dL	12.0 - 16.0
RBC Count	4.22	million/cmm	3.8 - 4.8
Hematocrit	37.4	%	36 - 48
MCV	88.5	fL	83 - 101
MCH	29.2	pg	26.4 - 33.2
MCHC	33.0	g/dL	31.8 - 35.9
RDW CV	13.10	%	11.6 - 14
Total WBC and Differential Count			
WBC count	8190	/cmm	4000 - 10000
Differential Count			
Neutrophils	53	% 40 - 80	Absolute Count 4341 /cmm 2000 - 6700
Lymphocytes	37	% 20 - 40	3030 /cmm 1000 - 3000
Eosinophils	04	% 1 - 6	328 /cmm 20 - 500
Monocytes	06	% 2 - 10	491 /cmm 200 - 1000
Basophils	00	% 0 - 2	0 /cmm 0 - 100
Platelet Count			
Platelet Count	413000	/cmm	150000 - 410000
MPV	10.00	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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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Erythrocytes Sedimentation Rate			
ESR	15	mm/1hr	0 - 21
<small>Capillary photometry</small>			

Differential Count
Absolute Count

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Ref. Id	: 300375 / 2816363	Collected at	: SAWPL	Approved on	: 30-Oct-2024 14:03 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 30-Oct-2024 09:58	Printed On	: 01-Nov-2024 11:09
		Sample Type	: EDTA 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	Negative/ Du Negative		


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Ref. Id	: 300375 / 2816363	Collected at	: SAWPL	Approved on	: 30-Oct-2024 11:28 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 30-Oct-2024 09:58	Printed On	: 01-Nov-2024 11:09
		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>	91.0	mg/dL	74 - 100
Fasting Urine Glucose <i>GOD-POD</i>	SNR		Absent
Fasting Urine Ketone <i>Nitroprusside</i>	SNR		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 : 300375 , 2816363	Collected at : SAWPL	Approved on : 30-Oct-2024 15:47 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 30-Oct-2024 12:52	Printed On : 01-Nov-2024 11:09
	Sample Type : Fluoride	Process At : 75 - Sterling Hospital, Race course (Vadodara)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose <i>GOD-POD</i>	116	mg/dL	70 - 140
Post-breakfast Urine Glucose <i>GOD-POD</i>	SNR		Absent
Post Breakfast Urine Ketone <i>Nitroprusside</i>	SNR		Absent

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Ref. Id	: 300375 / 2816363	Collected at	: SAWPL	Approved on	: 30-Oct-2024 14:06 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 30-Oct-2024 09:58	Printed On	: 01-Nov-2024 11:09
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadoda

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

Test	Result	Unit	Biological Ref. Interval
HbA1c	5.20	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
Mean Blood Glucose	102.54	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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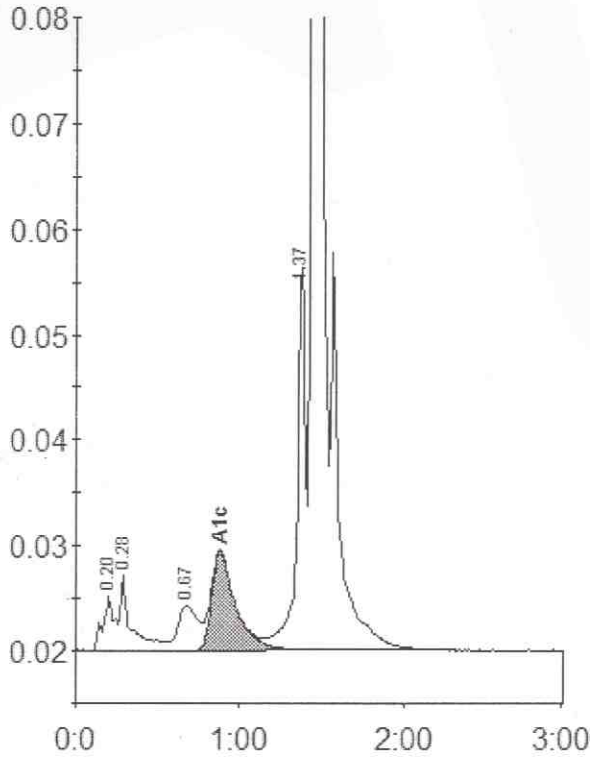
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Bio-Rad DATE: 30/10/2024
 D-10 TIME: 12:53 PM
 S/N: #DJ8G550303 Software version: 4.30-2
 Sample ID: 102407502984
 Injection date 30/10/2024 12:53 PM
 Injection #: 6 Method: HbA1c
 Rack #: --- Rack position: 6



Peak table - ID: 102407502984

Peak	R.time	Height	Area	Area %
A1a	0.20	5139	25078	1.1
A1b	0.28	7168	33637	1.4
LA1c/CHb-1	0.67	4230	36865	1.6
A1c	0.88	9423	95475	5.2
P3	1.37	36424	131187	5.6
A0	1.44	758232	2002785	86.1
Total Area:		2325027		

Concentration:	%
A1c	5.2





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Ref. By : Dr. RMO . STERLING...	Collected on : 30-Oct-2024 09:58	Printed On : 01-Nov-2024 11:09
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadoda)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase – Peroxidase</i>	159.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPa/POD)</i>	68.0	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>	100.00	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 13.60	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	3.2		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	2.0		Up to 3.5


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Ref. Id : 300375 / 2816363	Collected at : SAWPL	Approved on : 30-Oct-2024 11:43 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 30-Oct-2024 09:58	Printed On : 01-Nov-2024 11:09
	Sample Type : Serum	Process At : 75 - Sterling Hospital, Race course (Vadoda

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	L 2.20	mg/dL	2.5 - 6.2
Blood Urea Nitrogen <i>Calculated</i>	7.01	mg/dL	7.0 - 17.0
Urea <i>Urease, Colorimetric</i>	15.0	mg/dL	15.0 - 36.4
Creatinine, serum <i>Creatinine Amidohydrolase</i>	0.70	mg/dL	0.52 - 1.04
BUN Creatinine Ratio <i>Calculated</i>	10.01		
Urea Creatinine Ratio <i>Calculated</i>	21.43		

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Ref. By : Dr. RMO . STERLING...	Collected on : 30-Oct-2024 09:58	Printed On : 01-Nov-2024 11:09
	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>	19.0	U/L	0 - 35
AST (SGOT) <i>UV with P5P</i>	22.0	U/L	14 - 36
GGT (Gamma Glutamyl Transferase) <i>L-γ-Glytamyl-p-nitroanilide</i>	15.0	U/L	12 - 43
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	58.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	0.60	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>	7.20	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	4.30	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	2.90	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.48		1.3 - 1.7

Dr. C. Shrinivasan..

M.D (Pathology) [G-18341]

Consultant Pathologist

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Sterling Accuris Pathology Laboratory

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

Ph: 0265-6144210

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



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Passport No :

LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mrs. Rachana C Joshi	Lab Id : 102407502984	Pt. Type : Sterling Hospital Vadodara Health Checkup
Sex/Age : Female / 35 Y 26-Feb-1989	Registration on : 30-Oct-2024 09:38	Location : Main BNo./
Ref. Id : 300375 , 2816363	Collected at : SAWPL	Approved on : 30-Oct-2024 14:07 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 30-Oct-2024 09:58	Printed On : 01-Nov-2024 11:09
	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) <small>CLIA</small> *Rechecked	1.59	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <small>CLIA</small>	9.17	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <small>Chemiluminescence</small> *Rechecked	H 7.9990	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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	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodara)

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.

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

Dr. C. Shrinivasan..
M.D (Pathology) [G-18341]
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MAR 2024-MAR 2025
INDIA

Report Date: 30 Oct 2024 - 11:02 AM

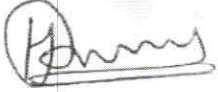
Patient Id	: RCR-HCP 14	Patient Name	: RACHANA JOSHI F35 YRS
Age	:	Sex	: Female
Ref. Doctor	:	Study Date	: 30 Oct 2024 - 10:41 AM

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.



Dr. Hardik Joshi
MD, Radiology

ID: 2024103011135447

Name: rachana joshi
Age: 35 Years
Gender: Female

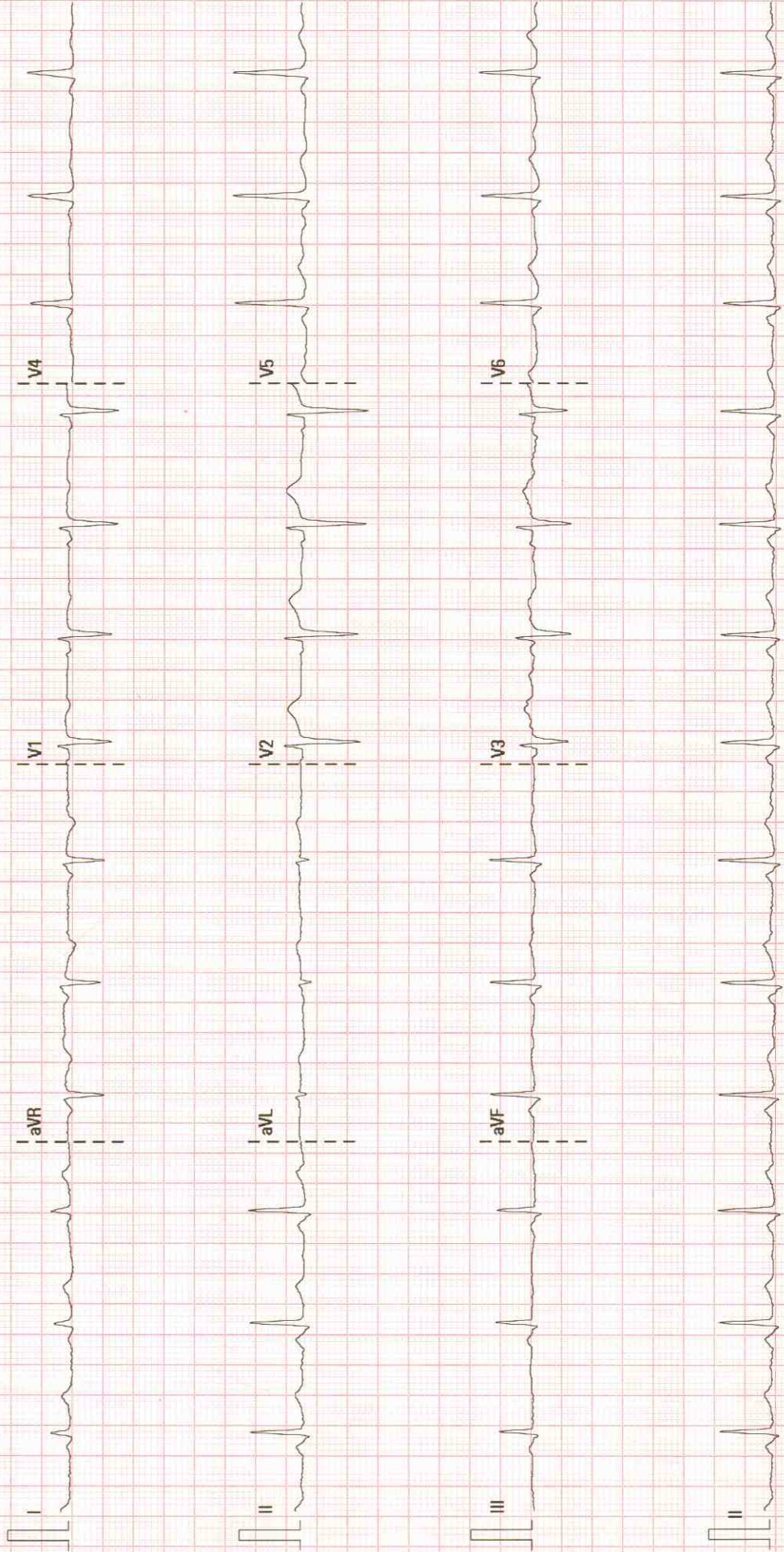
30-10-2024 11:13:44 AM

Vent. Rate	80 bpm
PR Interval	114 ms
QRS Duration	80 ms
QT/QTc Interval	364/399 ms
P/QRS/T Axes	65/70/38 deg
QTc: Hodges	

Sinus rhythm
Normal ECG

Unconfirmed Diagnosis

WNL



25 mm/s

10 mm/mV

50 Hz

DR 20 Hz

02.06.00/V28.4.1

SN:FN-74007622



2D ECHOCARDIOGRAPHY REPORT



Race Course Road, Vadodara

Name: Mr. RACHANA C JOSHI
Age: 35 Years
Sex: M
Date: 30-Oct-2024

Ref By: HCP
Study: 2D Echo

M-MODE:

IVS	11mm	LVDD	47mm
PW	11mm	LVDS	24mm
LA	30mm	LV EF	60 %

DOPPLER STUDY:

MITRAL	E 0.45 A 0.89
AORTIC	1.12
TRICUSPID	N
PULMONARY	0.86

CONCLUSION :

- NORMAL SIZED CHAMBERS
- NORMAL LV SYSTOLIC FUNCTION LVEF 60 %
- NO RWMA AT REST
- NO DIASTOLIC DYSFUNCTION
- MILD MR, TRACE TR, RVSP= 22MMHG+RAP
- OTHER VALVES ARE NORMAL
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- IVC NORMAL


Dr. KAUSHIK TRIVEDI, MD, DM
Consultant interventional Cardiologist

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Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad-380052, Gujarat, India
SonDoc 91-20-25443913



Patient Id	: RCR-300375	Patient Name	: JOSHI RACHANA C
Age	: 35Y 8M 4D	Sex	: Female
Ref. Doctor	: DR.RMO.STERLING	Study Date	: 30 Oct 2024 - 09:18 AM

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size(12.9 cm) and shows normal echotexture. No focal or diffuse lesion seen. Portal vein (7.3 mm) and CBD appears normal.

Gall bladder is partially distended and shows normal wall thickness. No evidence of calculus or mass lesion seen. PND, pancreas and para aortic region appear normal.

Spleen appears normal in size (7.0 cm) and shows normal echotexture. No focal or diffuse lesion seen. No evidence of ascites seen.

Right kidney appears normal in size (9.3 X 3.9 cm) and echogenicity. Cortico-medullary differentiation appears preserved. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney appears normal in size (9.3 X 4.5 cm) and echogenicity. Cortico-medullary differentiation appears preserved. There is no evidence of scarring, hydronephrosis or calculi.

Urinary bladder does not reveal any intrinsic lesion.

Uterus appears normal in size and echotexture. No evidence of mass lesion noted. ET measures 6.3 mm.

Bilateral adnexa appears clear.

Gas filled bowel loops noted. No abnormal bowel wall thickening and dilatation noted.

Comment

- No significant intra-abdominal abnormality seen in present study.

ULTRASOUND EVALUATION OF BREASTS

Examination was done using a high frequency linear transducer.

FINDINGS:

The breasts reveal normal glandular and fatty parenchymal echotexture. No evidence of any focal lesion is seen.

The retroareolar region appears normal bilaterally.

No apparent skin thickening noted.

There is no evidence of any significant axillary lymph nodes in both the breasts.

IMPRESSION:

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Pa MAR 2024 - MAR 2025
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Race Course Road, Vadodara

Report Date: 30 Oct 2024 - 10:33 AM

Patient Id	: RCR-300375	Patient Name	: JOSHI RACHANA C
Age	: 35Y 8M 4D	Sex	: Female
Ref. Doctor	: DR.RMO.STERLING	Study Date	: 30 Oct 2024 - 09:18 AM

- No significant abnormality is detected in this scan.

Dr. Hardik Joshi
MD, Radiology

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