

NAME:	Mr. Anil Sharma	UHID:	18769
AGE:	33 YRS	DATE OF HEALTHCHECK:	4/4/2023
GENDER:	Male		

HEIGHT:	177 cm	MARITAL STATUS:	M
WEIGHT:	105.2 kg	NO OF CHILDREN:	1
BMI:	33.5		

C/O:

K/C/O:

PRESENT MEDICATION: - No

P/M/H: - No

P/S/H: - No

ALLERGY: - No

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary ✓

H/A: SMOKING:

FAMILY HISTORY FATHER: - No

ALCOHOL: - No

MOTHER: - No

TOBACCO/PAN:

O/E:

LYMPHADENOPATHY:

BP: 120/80 PULSE: - 81/min

PALLOR/ICTERUS/CYNOSIS/CLUBBING: - No

TEMPERATURE: 37 SCARS:

OEDEMA:

S/E:

P/A: - No

RS:



CVS: SISA

Extremities & Spine: - No

CNS: coarse, overactive

ENT: - No

Skin: - No

Vision:

	Without Glass		With Glass	
	Right Eye	Left Eye	Right Eye	Left Eye
FAR :				
NEAR :				
COLOUR VISION:				

## OPHTHALMIC EVALUATION

UHID No.: 18769

Date: 4.14.23

Name: Ankit Ghukla.

Age: 33

Gender:  Male /  Female

Without Correction :

Distance: Right Eye 6/18

Left Eye 6/6

Near : Right Eye N.6.

Left Eye N.6.

With Correction :

Distance: Right Eye 6/6p

Left Eye 6/6.

Near : Right Eye N.6.

Left Eye N.6.

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	<u>0.75</u>	<u>0.75</u>	<u>70</u>	<u>/</u>	<u>6/6</u>	<u>/</u>	<u>0.75</u>	<u>109</u>	<u>/</u>	<u>6/6</u>
Near					<u>Add</u>					

Colour Vision: (normal)

Anterior Segment Examination: \_\_\_\_\_

Pupils: \_\_\_\_\_

Fundus: com

Intraocular Pressure: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Advice: \_\_\_\_\_

Re-Check on \_\_\_\_\_ (This Prescription needs verification every year)

**DR. SHETH NIKET PRASHANT**  
**MBBS DOMS**  
 Regn. No 2008/10/3646

Dr. [Signature]  
 (Consultant Ophthalmologist)

**ENT EVALUATION**

<b>Name:</b> <i>ankit shukla</i>	<b>MR NO:</b>
<b>Age/Gender:</b> <i>33/M</i>	<b>Date:</b> <i>1/6/23</i>

**EAR :**

Tympanic Membrane:

Pre-auricular :-

Pina / EAC:

Mastoid Tuning Fork tests :-

Pure tone audiometry

*(B/C far-way*

**NOSE :-**

External Nose :-

Anterior Rhinoscopy:-

Post - Nasal space:-

*M*

**THROAT :-**

70% scopy :

Tongue / palate / Teeth :-

**NECK :-**

Nodes :-

Thyroid :-

Glands :-

*Schwan ear chafy x 10*  
*2' 2' 2' - 2'*

Sleep -Related examination:-

Tongue - Base :-

Palate:-

Uvula:

**INVESTIGATIONS :**

---



---



---

**IMPRESSION:-**

---

**DR. MANOJ B. JONDHALE**  
M.S. (ENT), DNB, FCPS (Gold Medalist)  
Fellowship in Head-Neck Oncosurgery  
Reg. No. 2010051791

**DR. MANOJ JONDHALE**  
M.S. (ENT) , DNB,FCPS  
Reg. No. 2010/05/1791  
**Consultation ENT & Head- Neck Surgeon**

## DENTAL CHECKUP

<b>Name:</b> Ankit Shukla	<b>MR NO:</b>
<b>Age/Gender :</b> 33 M.	<b>Date:</b> 4/4/2023

Medical history:  Diabetes  Hypertension  \_\_\_\_\_

EXAMINATION	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Calculus & Stains			✓	✓
Mobility				
Caries ( Cavities )		✓		
a) Class 1 (Occlusal)				
b) Class 2 (Proximal)				
c) Class 5 (Cervical)				
Faulty Restoration				
Faulty Crown				
Fractured Tooth				
Root Pieces				
Impacted Tooth				
Missing Tooth				
Existing Denture				

**TREATMENT ADVISED:**

TREATMENT	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Restoration / Filling		✓		
Root Canal Therapy				
Crown				
Extraction				

Oral Prophylaxis:  Scaling & polishing  
 Orthodontic Advice for Braces:  Yes /  No  
 Prosthetic Advice to Replace Missing Teeth:  Denture  Bridge  Implant  
 Oral Habits:  Tobacco  Cigarette  Others since \_\_\_ years  
 Advice to quit any form of tobacco as it can cause cancer.  
 Other Findings: NA.

- Scaling and polishing - 1500
- Filling per tooth - 1200
- Start using floss

*Agar*


• ANDHERI • COLABA • NASHIK • VASHI

Name : Mr. Ankit Shukla Gender : Male Age : 33 Years  
 UHID : FVAH 18769. Bill No : Lab No : V-402-23  
 Ref. by : SELF Sample Col.Dt : 04/04/2023 09:35  
 Barcode No : 1387 Reported On : 04/04/2023 18:17

TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
<b>HAEMOGRAM(CBC,ESR,P/S)-WB (EDTA)</b>		
Haemoglobin(Colorimetric method)	13.1 g/dl	13 - 18
RBC Count (Impedance)	4.85 Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	40.9 %	35 - 55
MCV:(Calculated)	84.3 fl	78 - 98
MCH:(Calculated)	27 pg	26 - 34
MCHC:(Calculated)	32.1 gm/dl	30 - 36
RDW-CV:	<b>17.3</b> %	11.5 - 16.5
Total Leucocyte count(Impedance)	7600 /cumm.	4000 - 10500
Neutrophils:	58 %	40 - 75
Lymphocytes:	33 %	20 - 40
Eosinophils:	04 %	0 - 6
Monocytes:	05 %	2 - 10
Basophils:	00 %	0 - 2
Platelets Count(Impedance method)	3.55 Lakhs/c.mm	1.5 - 4.5
MPV	8.2 fl	6.0 - 11.0
ESR(Westergren Method)	15 mm/1st hr	0 - 20
Peripheral Smear (Microscopic examination)		
RBCs:	Anisocytosis(+)	
WBCs:	Normal	
Platelets	Adequate	
Note:	Test Run on 5 part cell counter. Manual diff performed.	

Sushant Gaikwad  
Entered By

Ms Kaveri Gaonkar  
Verified By

Page 3 of 4  
  
 Dr. Milind Patwardhan  
 M.D(Path)  
 Chief Pathologist

End of Report  
 Results are to be correlated clinically





Name : Mr. Ankit Shukla Gender : Male Age : 33 Years  
UHID : FVAH 18769. Bill No : Lab No : V-402-23  
Ref. by : SELF Sample Col.Dt : 04/04/2023 09:35  
Barcode No : 1387 Reported On : 04/04/2023 18:17

TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

**HbA1c(Glycosylated Haemoglobin )WB-EDTA**

(HbA1C) Glycosylated Haemoglobin : **7.7** %  
Normal <5.7 %  
Pre Diabetic 5.7 - 6.5 %  
Diabetic >6.5 %  
Target for Diabetes on therapy < 7.0 %  
Re-evaluation of therapy > 8.0 %

Mean Blood Glucose : 174.29 mg/dL

Corelation of A1C with average glucose

A1C (%)	Mean Blood Glucose (mg/dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298


Method High Performance Liquid Chromatography (HPLC).

**INTERPRETATION**

- \* The HbA1c levels corelate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose.
- \* This Methodology is better then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb varaints and uremia does not INTERFERE with the results in this methodology.
- \* It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts.& every 3 - 4 months in well controlled daibetics .
- \* Mean blood glucose (MBG) in first 30 days ( 0-30 )before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels

Sushant Gaikwad  
Entered By

Ms Kaveri Gaonkar  
Verified By

  
Dr. M. D. Patwardhan  
M.D(Path)  
Chief Pathologist

End of Report  
Results are to be correlated clinically





Name : Mr. Ankit Shukla Gender : Male Age : 33 Years  
UHID : FVAH 18769. Bill No : Lab No : V-402-23  
Ref. by : SELF Sample Col.Dt : 04/04/2023 09:35  
Barcode No : 1387 Reported On : 04/04/2023 18:17

TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>Lipid Profile- Serum</b>			
S. Cholesterol(Oxidase)	206	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	<b>218</b>	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	<b>43.6</b>	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	<b>33.3</b>	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	129.1	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	<b>6.2</b>		3.5 - 5
Ratio of LDL/HDL	<b>3.9</b>		2.5 - 3.5

Vasanti Gondal  
Entered By

Ms Kaveri Gaonkar  
Verified By



Dr. Milind Patwardhan  
M.D(Path)  
Chief Pathologist

End of Report  
Results are to be correlated clinically

Page 5 of 8

Name : Mr. Ankit Shukla Gender : Male Age : 33 Years  
UHID : FVAH 18769. Bill No : Lab No : V-402-23  
Ref. by : SELF Sample Col.Dt : 04/04/2023 09:35  
Barcode No : 1387 Reported On : 04/04/2023 18:17

TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL


**LFT(Liver Function Tests)-Serum**

S.Total Protein (Biuret method)	7.31	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.52	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.79	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.62		0.9 - 2
S.Total Bilirubin (DPD):	0.46	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.19	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.27	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	23	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	34	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	86	U/L	40 - 129
S.GGT(IFCC Kinetic):	<b>51</b>	U/L	11 - 50

Vasanti Gondal  
Entered By

Ms Kaveri Gaonkar  
Verified By

Page 2 of 8



Dr. Milind Patwardhan  
M.D(Path)  
Chief Pathologist

End of Report  
Results are to be correlated clinically

Name : Mr. Ankit Shukla Gender : Male Age : 33 Years  
UHID : FVAH 18769. Bill No : Lab No : V-402-23  
Ref. by : SELF Sample Col.Dt : 04/04/2023 09:35  
Barcode No : 1387 Reported On : 04/04/2023 18:17


TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

**RFT - Renal Profile-serum**

S.Urea(Urease-GLDH)	11.9	mg/dL	10.0 - 45.0
S. Urea Nitrogen( Calculated)	5.55	mg/dL	5 - 20
S.Creatinine(Jaffe's Kinetic)	0.74	mg/dL	0.50 - 1.3
S.Uric Acid(Uricase-POD)	4.6	mg/dL	3.4 - 7.0
S.Total Protein(Biuret)	7.31	g/dL	6.6 - 8.7
S.Albumin(BCG)	4.52	g/dL	3.5 - 5.2
S.Globulin(Calculated)	2.79	g/dL	2 - 3.5
A/G Ratio(Calculated)	1.62		0.9 - 2
S.Sodium(Na) (ISE-Direct)	137	mmol/L	135 - 145
S.Potassium(K) (ISE-Direct)	4.5	mmol/L	3.5 - 5.3
S.Chloride(Cl) (ISE-Direct)	101	mmol/L	95 - 106
S.Calcium(NM-BAPTA)	9.46	mg/dL	8.6 - 10.0
S.Phosphorus(UV Phosphomolybdate)	3.37	mg/dL	2.5 - 4.5

Vasanti Gondal  
Entered By

Ms Kaveri Gaonkar  
Verified By

  
Dr. Milind Patwardhan  
M.D(Path)  
Chief Pathologist

End of Report  
Results are to be correlated clinically

Page 6 of 8



Ankit, Shukla  
18769

33 Years

Male

04.04.2023 9:47:48  
Apollo Clinic  
1st Flr, The Emerald, Sector-12,  
Vashi, Mumbai-400703.

84 bpm  
--/-- mmHg

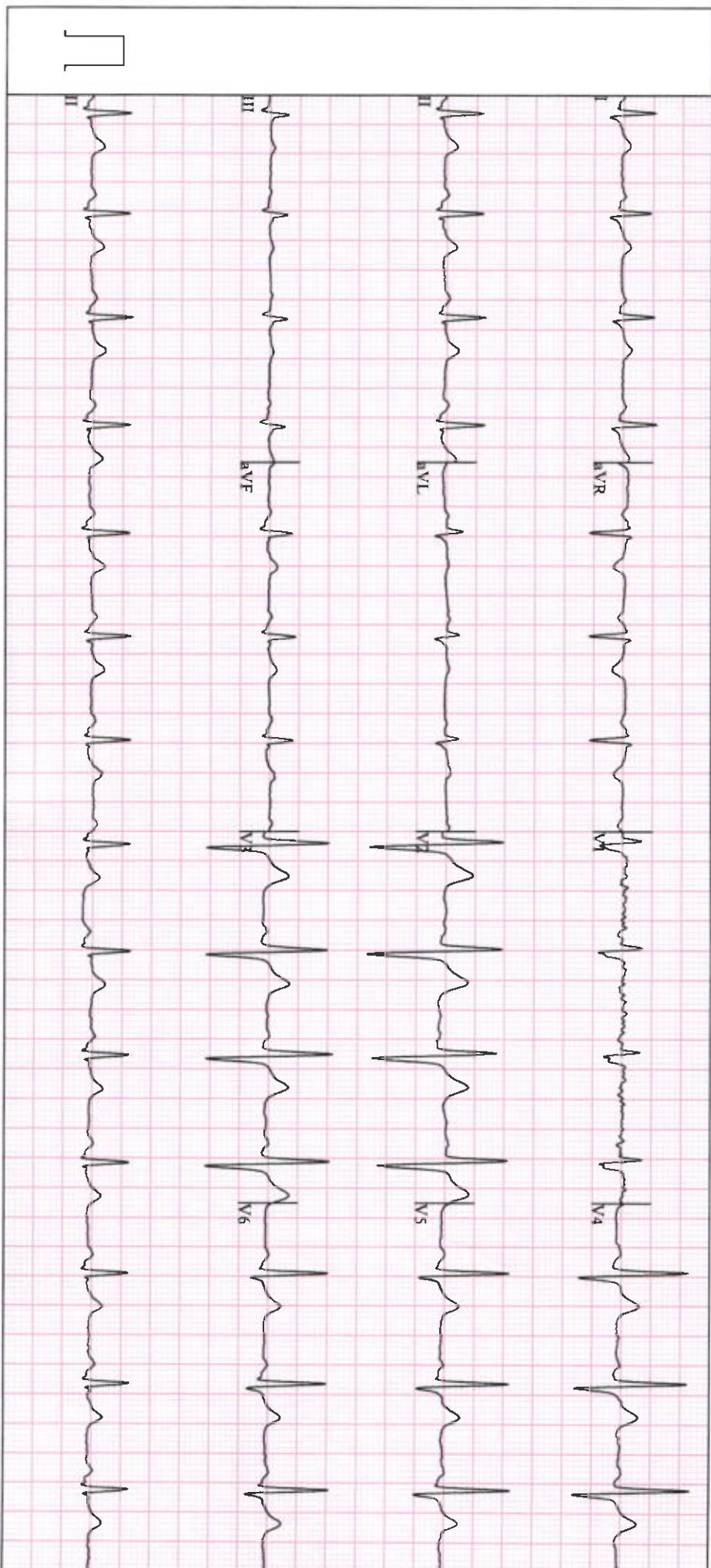
QRS : 104 ms  
QT / QTcBaz : 360 / 425 ms  
PR : 130 ms  
P : 106 ms  
RR / PP : 716 / 714 ms  
P / QRS / T : 52 / 51 / 51 degrees

Normal sinus rhythm  
Normal ECG

*WNL*

**DR. ANIRBAN DASGUPTA**  
M.B., B.S., D.N.B. Medicine  
Diploma Cardiology  
MMC - 2005/02/0920

**NORMAL ECG**





PATIENT'S NAME	ANKIT SHUKLA	AGE :- 33Y/M
UHID	18769	DATE :- 04-04-23

### **2D Echo and Colour doppler report**

All cardiac chambers are normal in dimension

No obvious resting regional wall motion abnormalities (RWMA)

Interatrial and Interventricular septum – Appears Normal

Valves – Structurally normal

Good biventricular function.

IVC is normal.

Pericardium is normal.

Great vessels - Origin and visualized proximal part are normal.

No coarctation of aorta.

### **Doppler study**

Normal flow across all the valves.

No pulmonary hypertension.

No diastolic dysfunction.

### Measurements

Aorta annulus	18 mm
Left Atrium	38 mm
LVID(Systole)	21 mm
LVID(Diastole)	43 mm
IVS(Diastole)	09 mm
PW(Diastole)	10 mm
LV ejection fraction.	55-60%

### Conclusion

- Good biventricular function
- No RWMA
- Valves – Structurally normal
- No diastolic dysfunction
- No PAH



**Performed by: Dr. Anirban Dasgupta**  
**D.N.B. Internal Medicine, Diploma Cardiology (PGDCC-IGNOU).**



PATIENT'S NAME	ANKIT SHUKLA	AGE :- 33 y/M
UHID	18769	DATE :- .04 Apr. 23

X-RAY CHEST PA VIEW

OBSERVATION:

Bilateral lung fields are clear.  
Both hila are normal.  
Bilateral cardiophrenic and costophrenic angles are normal.  
The trachea is central.  
Aorta appears normal.  
The mediastinal and cardiac silhouette are normal.  
Soft tissues of the chest wall are normal.  
Bony thorax is normal.

IMPRESSION:

➤ No significant abnormality seen.



DR. CHHAYA S. SANGANI  
CONSULTANT SONOLOGIST  
Reg No. 073826

• ANDHERI • COLABA • NASHIK • VASHI

PATIENT'S NAME	ANKIT SHUKLA	AGE :- 33y/M
UHID NO	18769	4 Apr 2023

**USG WHOLE ABDOMEN**

**LIVER** is normal in size, shape and shows bright echotexture .No evidence of any focal lesion. The portal vein appears normal & shows normal hepatopetal flow. No evidence of intra-hepatic biliary duct dilatation.

**Gall Bladder** appears well distended with normal wall thickness. There is no calculus or pericholecystic collection or free fluid noted. CBD appears normal.

Visualised parts of head & body of pancreas appear normal. PD is not dilated.

**SPLEEN** is normal in size, and echotexture. No focal lesion seen. SV is normal.

Both kidneys are normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation. No hydronephrosis or calculi or mass seen.

**RIGHT KIDNEY** measures 11.5 x 4.0 cm. **LEFT KIDNEY** measures 11.4 x 4.6 cm.

**Urinary Bladder** is adequately distended; no e/o any obvious wall thickening or mass or calculi seen.

**PROSTATE** is normal in size, shape & echotexture.

Visualised bowel loops appear normal. There is no free fluid seen.

**IMPRESSION –**

- **Grade II fatty liver.**
- **No other significant abnormality detected.**

THIS REPORT IS NOT TO BE USED FOR MEDICOLEGAL PURPOSE.THE CONTENTS OF THIS REPORT REQUIRE CLINICAL CO-RELATION BEFORE ANY APPLICATION.



**DR.CHHAYA S. SANGANI**  
**CONSULTANT SONOLOGIST**  
Reg: No. 073826

• ANDHERI • COLABA • NASHIK • VASHI

**Audiometric Evaluation Report**

**Patient:**

**Ankit Shukla**  
**Male**  
**33 Years**

**Session Date : 04-04-2023 11:25:16**

**Audiometry conducted by:**

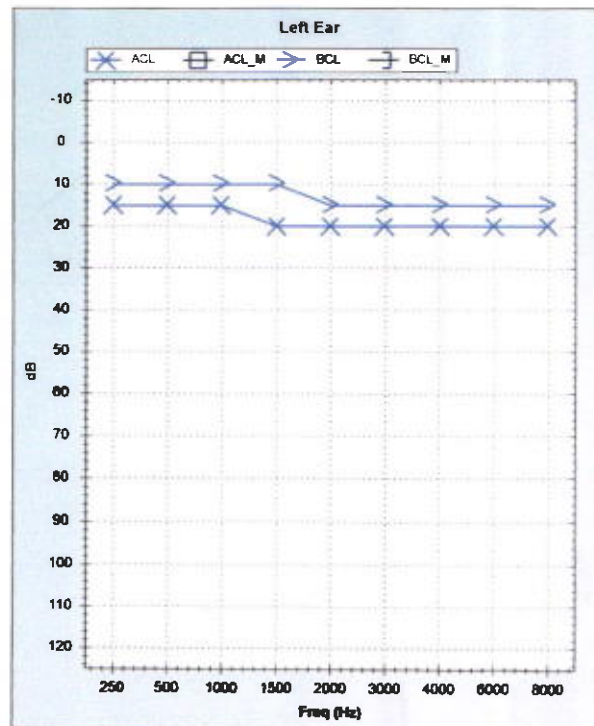
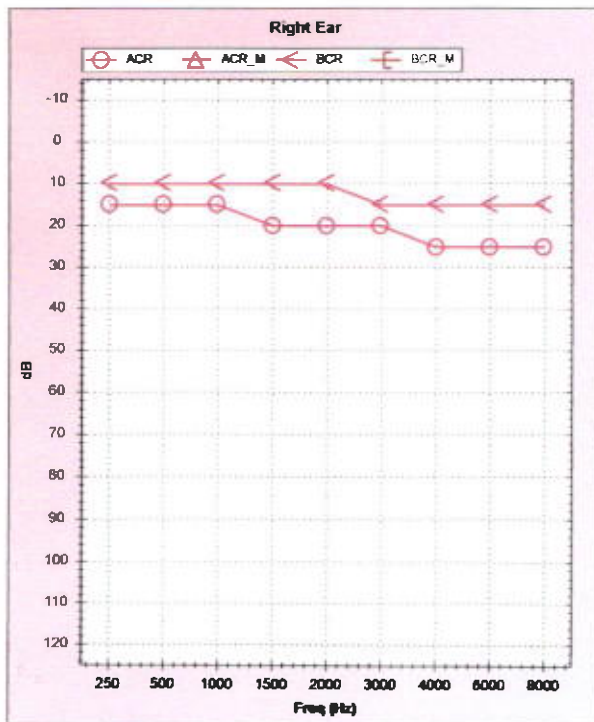


**Comments:**

**Hearing within normal limit**

**DR. MANOJ B. JONDHALE**  
**M.S. (ENT), DNB, FCPS (Gold Medalist)**  
**Fellowship in Head-Neck Oncosurgery**  
**Reg. No. 2010051791**

**Authorized Signatory**



• ANDHERI • COLABA • NASHIK • VASHI

### Findings and Recommendation:

#### Findings:-

HbA<sub>1c</sub> - 7.7

FBS - 159

Dyspnoea (+)

lyt FL.

#### Recommendation:-

- FBS/PLBS after 15-ds
- T. Aspirin 20mg  
once a day
- Gastro opna  
Sildenafil 50mg
- T. ~~Aspirin 100mg~~  
once

Signature:

Consultant -



**DR. ANIRBAN DASGUPTA**  
MBBS, D.N.B MEDICINE  
DIPLOMA CARDIOLOGY  
MMC-2005/02/0920