

NAME:	MD. SHAHNA WARRIJE	UHID:	5471
AGE:	35 YRS	DATE OF HEALTHCHECK:	11/01/2025
GENDER:	Female		

HEIGHT:	153 cm	MARITAL STATUS:	M
WEIGHT:	71.6 kg	NO OF CHILDREN:	1
BMI:	31.9		

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: - IHD

ALCOHOL:

MOTHER: - DM.

TOBACCO/PAN:

O/E:

LYMPHADENOPATHY:

BP: 120/90 PULSE: 60/min

PALLOR/ICTERUS/CYNOSIS/CLUBBING: - No

TEMPERATURE: A SCARS:

OEDEMA:

S/E:  
RS:



P/A:



CVS: - S, 2h

Extremities & Spine: - No

CNS: - Cerebrum, cerebellum

ENT:

Skin: - No

Vision:

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

• ANDHERI • COLABA • NASHIK • VASHI

## OPHTHALMIC EVALUATION

UHID No.: 5471

Date: 11/13/23

Name: Miss Sheuti Age: 35 Gender: Male/Female

Without Correction :

Distance: Right Eye 6/6 Left Eye 6/6

Near : Right Eye 26 Left Eye 26

With Correction :

Distance: Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_

Near : Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance										
Near										

Colour Vision : Normal (BC)

Anterior Segment Examination : / NO (BC)

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

Fundus : \_\_\_\_\_

Intraocular Pressure : 14 mmHg (BC)

Diagnosis : Refractive error

Advice : glasses

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

**DR. RUCHIRA SHARMA**  
M. S. (OPHTH)  
CONSULTING OPHTHALMOLOGIST  
& MICRO SURGEON  
REG. No.: 3262 / 09 / 02

Dr. \_\_\_\_\_  
(Consultant Ophthalmologist)

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

## DENTAL CHECKUP

<b>Name:</b> <u>Shreuti Washik</u>	<b>MR NO:</b>
<b>Age/Gender :</b> <u>35/F</u>	<b>Date:</b> <u>11/3</u>

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

EXAMINATION	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Calculus & Stains				
Mobility				
Caries ( Cavities )				
a) Class 1 (Occlusal)			8	
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			8	
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

**DR. SNEHA NITIN GADHIYA**  
 BDS (BACHELOR OF DENTAL SURGERY)  
 REG NO: 39708

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Name : Mrs. Shruti Anshul Wasnik Gender : Female Age : 35 Years  
 UHID : FVAH 5471 Bill No : Lab No : V-1407-23  
 Ref. by : SELF Sample Col.Dt : 11/03/2023 9:50  
 Barcode No : 8420 Reported On : 11/03/2023 18:32


TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

**HAEMOGRAM(CBC,ESR,P/S)-WB (EDTA)**

Haemoglobin(Colorimetric method)	<b>11.1</b>	g/dl	11.5 - 15
RBC Count (Impedance)	4.78	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	35.9	%	35 - 55
MCV:(Calculated)	<b>75.1</b>	fl	78 - 98
MCH:(Calculated)	<b>23.3</b>	pg	26 - 34
MCHC:(Calculated)	31	gm/dl	30 - 36
RDW-CV:	<b>16.8</b>	%	10 - 16
Total Leucocyte count(Impedance)	8090	/cumm.	4000 - 10500
Neutrophils:	62	%	40 - 75
Lymphocytes:	30	%	20 - 40
Eosinophils:	05	%	0 - 6
Monocytes:	03	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	4.09	Lakhs/c.mm	1.5 - 4.5
MPV	9.2	fl	6.0 - 11.0
ESR(Westergren Method)	<b>21</b>	mm/1st hr	0 - 20
Peripheral Smear (Microscopic examination)			
RBCs:	Hypochromasia(+),Microcytosis(+),Anisocytosis(+)		
WBCs:	Normal		
Platelets	Adequate		
Note:	Test Run on 5 part cell counter. Manual diff performed.		

Alsaba Shaikh  
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Ms Kaveri Gaonkar  
Verified By

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

End of Report  
 Results are to be correlated clinically

Name : Mrs. Shruti Anshul Wasnik      Gender : Female      Age : 35 Years  
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TEST

RESULTS

**Blood Grouping (ABO & Rh)-WB(EDTA) Serum**

ABO Group:

**:B:**

Rh Type:

**Positive**

Method :

Tube Agglutination (forward and reverse)

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Shweta Unavane  
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b>			
Fasting Plasma Glucose :	<b><u>140</u></b>	mg/dL	Normal < 100 mg/dL Impaired Fasting glucose : 101 to 125 mg/dL Diabetes Mellitus : $\geq$ 126 mg/dL (on more than one occasion) (American diabetes association guidelines 2016)
Post Prandial Plasma Glucose :	<b><u>176</u></b>	mg/dL	Normal < 140 mg/dL Impaired Post Prandial glucose : 140 to 199 mg/dL Diabetes Mellitus : $\geq$ 200 mg/dL (on more than one occasion) (American diabetes association guidelines 2016)

Method : Hexokinase

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TEST      RESULTS      UNITS      BIOLOGICAL REFERENCE INTERVAL

**Lipid Profile- Serum**

S. Cholesterol(Oxidase)	238	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	181	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	36.2	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	42.2	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	159.6	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	<b>5.6</b>		3.5 - 5
Ratio of LDL/HDL	<b>3.8</b>		2.5 - 3.5

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

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

S.Total Protein (Biuret method)	7.99	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.65	g/dL	3.5 - 5.2
S.Globulin (Calculated)	3.34	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.39		0.9 - 2
S.Total Bilirubin (DPD):	0.20	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.12	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	<b>0.08</b>	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	18	U/L	5 - 32
S.ALT (SGPT) (IFCC Kinetic with P5P):	13	U/L	5 - 33
S.AIk Phosphatase(pNPP-AMP Kinetic):	78	U/L	35 - 105
S.GGT(IFCC Kinetic):	19	U/L	07 - 32

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
<b>BIOCHEMISTRY</b>		
S.Urea(Urease Method)	35.3      mg/dl	10.0 - 45.0
BUN (Calculated)	16.47      mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.59      mg/dl	0.50 - 1.1
BUN / Creatinine Ratio	<b><u>27.92</u></b>	9:1 - 23:1
S.Uric Acid(Uricase Method)	5.4      mg/dl	2.4 - 5.7

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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>Thyroid (T3,T4,TSH)- Serum</b>			
Total T3 (Tri-Iodo Thyronine) (ECLIA)	1.52	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	70.71	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	2.82	□IU/ml	Euthyroid : 0.35 - 5.50 □IU/ml Hyperthyroid : < 0.35 □IU/ml Hypothyroid : > 5.50 □IU/ml

Grey zone values observed in physiological/therapeutic effect.

**Note:**

**T3 :**

1. Decreased values of T3 (T4 and TSH normal) have minimal Clinical significance and not recommended for diagnosis of hypothyroidism.
2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites ,Pregnancy, Drugs (Androgens,Estrogens,O C pills, Phenytoin) etc. In such cases Free T3 and free T4 give corrected Values.
3. Total T3 may decrease by < 25 percent in healthy older individuals

**T4 :**

1. Total T3 and T4 Values may also be altered in other condition due to changes in serum proteins or binding sites, Pregnancy Drugs (Androgens,Estrogens,O C pills, Phenytoin), Nerphrosis etc. In such cases Free T3 and Free T4 give Corrected values.

**TSH :**

1. TSH Values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart failure. Severe burns, trauma and surgery etc.
2. Drugs that decrease TSH values e,g L dopa, Glucocorticoids.
3. Drugs that increase TSH values e.g. Iodine,Lithium, Amiodarone

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

**Vitamin D(25-OH Cholecalciferol)-Serum**

25 Hydroxy (OH) vit D by ECLIA **15.22** ng/ml  
Deficiency : Less than 12  
insufficiency : 12 - 30  
Sufficiency : 30 - 70  
Toxicity : More than 70

Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol (vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (vitamin D2) present mainly in dietary sources. Both cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin D in liver. Testing for 25(OH)vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake.

For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline phosphatase. During monitoring of oral vitamin D therapy - suggested testing of serum 25(OH)vitamin D is after 12 weeks or 3 mths of treatment. However, the required dosage of vitamin D supplements & time to achieve sufficient vitamin D levels show significant seasonal (especially winter) & individual variability depending on age, body fat, sun exposure, physical activity, genetic factors (especially variable vitamin D receptor responses), associated liver or renal disease, malabsorption syndromes and calcium or magnesium deficiency influencing the vitamin D metabolism. Vitamin D toxicity is known but very rare. Kindly correlate clinically, repeat with fresh sample if indicated.

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TEST      RESULTS      BIOLOGICAL REFERENCE INTERVAL

**URINE REPORT**

**PHYSICAL EXAMINATION**

QUANTITY	20	mL	
COLOUR	Yellow		
APPEARANCE	Slightly Hazy		Clear
SEDIMENT	Absent		Absent

**CHEMICAL EXAMINATION(Strip Method)**


REACTION(PH)	5.0	4.6 - 8.0
SPECIFIC GRAVITY	1.025	1.005 - 1.030
URINE ALBUMIN	Absent	Absent
URINE SUGAR(Qualitative)	Absent	Absent
KETONES	Absent	Absent
BILE SALTS	Absent	Absent
BILE PIGMENTS	Absent	Absent
UROBILINOGEN	Normal(<1 mg/dl)	Normal
OCCULT BLOOD	Absent	Absent
Nitrites	Absent	Absent

**MICROSCOPIC EXAMINATION**

PUS CELLS	1 - 2/hpf	0 - 3/hpf
RED BLOOD CELLS	Nil /HPF	Absent
EPITHELIAL CELLS	3 - 4 / hpf	3 - 4/hpf
CASTS	Absent	Absent
CRYSTALS	Absent	Absent
BACTERIA	Absent	Absent
OTHER	<b><u>Yeast Cells (Few)</u></b>	Absent

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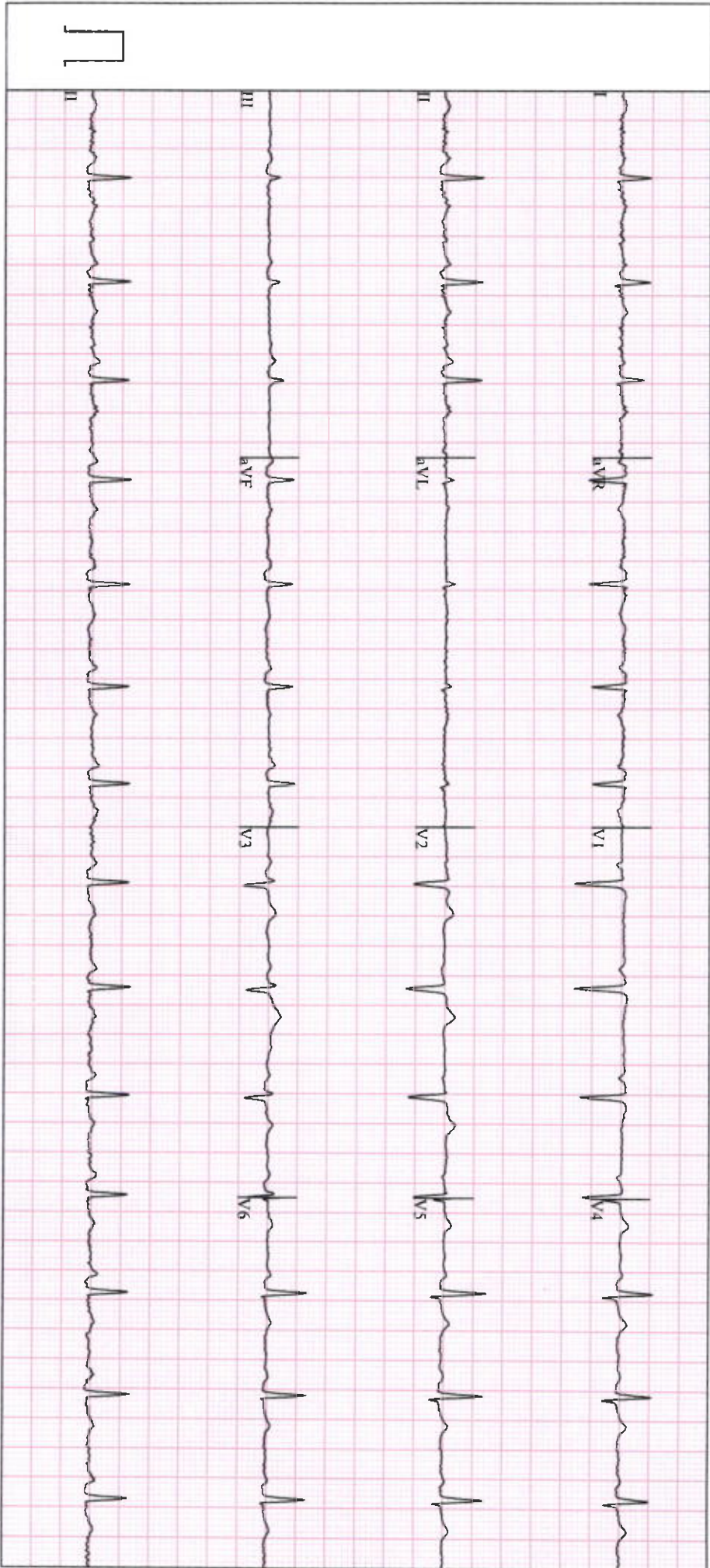
End of Report  
Results are to be correlated clinically

QRS : 68 ms  
QT / QTcBaz : 324 / 389 ms  
PR : 148 ms  
P : 86 ms  
RR / PP : 688 / 689 ms  
P / QRS / T : 53 / 57 / 55 degrees

Normal sinus rhythm  
Normal ECG

# NORMAL ECG

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



PATIENT'S NAME	SHRUTI A WASNIK	AGE :- 35Y/F
UHID	5471	DATE :- 11-03-23

### 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	15 mm
Left Atrium	31 mm
LVID(Systole)	14 mm
LVID(Diastole)	36 mm
IVS(Diastole)	10 mm
PW(Diastole)	10 mm
LV ejection fraction.	55-60%

**Conclusion**

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

*Dasgupta*

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



PATIENT'S NAME	SHRUTI A WASNIK	AGE :- 35 y/F
UHID NO	5471	11 Mar 2023

**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**

PATIENT'S NAME	SHRUTI A WASNIK	AGE :- 35Y/F
UHID	5471	11 Mar 2023

**USG WHOLE ABDOMEN (TAS)**

**LIVER** is normal in size, shape and shows bright echotexture. No evidence of any focal lesion. The portal vein appears normal & shows normal hepato-petal 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. CBD appears normal.

Visualised parts of head & body of **PANCREAS** appear normal.

**SPLEEN** is normal in size, and echotexture. No focal lesion seen. Splenic vein 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 9.0 x 4.3 cm. **LEFT KIDNEY** measures 10.3 x 4.4 cm.

**URINARY BLADDER** is well distended; no e/o wall thickening or mass or calculi seen.

**UTERUS** is anteverted and is normal in size, shape and echotexture; No focal lesion seen. It measures 6.2 x 4.5 x 3.1 cm; ET measures 6.6 mm.

Both ovaries are normal in size, shape and position.

Visualised **BOWEL LOOPS** appear normal. There is no free fluid seen.

**IMPRESSION –**

- **Grade I 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

Name: Mrs. Shruti A. Washile

Age: 35Y


Date of Health check-up: 11/3/23

## Findings and Recommendation:

### Findings:-

- Hb ↓
- Sugar ↑
- HbA<sub>1c</sub> + 6.9
- Dyslipidaemia
- vit D ↓
- Fatty liver

### Recommendation:- Diet / Exercise

- T. Jalebi .M 
- Dyp- Narsat P<sub>3</sub> once/week + 1 week
- Iron supplement
- T. Anirban Dasgupta

Signature:

Consultant -

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