

NAME:	Mr. Anshul Wankar	UHID:	5470
AGE:	35 yrs	DATE OF HEALTHCHECK:	11/01/2020
GENDER:	Male		

HEIGHT:	172 cm	MARITAL STATUS:	M
WEIGHT:	82.5 kg	NO OF CHILDREN:	1
BMI:	27.9		

C/O:

K/C/O: Anxiety disorder  
PRESENT MEDICATION: - on medication

P/M/H: - Anxiety disorder P/S/H: - No.

ALLERGY: - Varicella virus,   
Dust ✓

PHYSICAL ACTIVITY: Active / Moderate / Sedentary

H/A: SMOKING:

FAMILY HISTORY FATHER: - DM, IHD.

ALCOHOL: - No.

MOTHER: -

TOBACCO/PAN:

O/E:

LYMPHADENOPATHY:

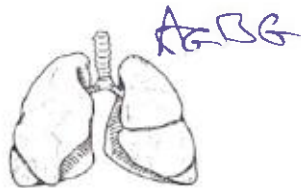
BP: 110/60 PULSE: - 70/min.

PALLOR/ICTERUS/CYNOSIS/CLUBBING: - No

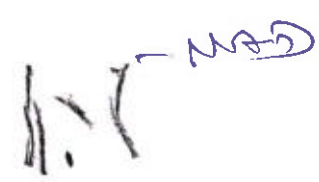
TEMPERATURE: 4 SCARS:

OEDEMA:

S/E:  
RS:



P/A:



CVS: - Sub

Extremities & Spine: - No

CNS: - Cerebrum, cerebellum

ENT:

Skin: - MAD

Vision:

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



**OPHTHALMIC EVALUATION**

UHID No.: FVAH5470

Date: 11/3/23.

Name: Mr. Anshul Age: 35. Gender:  Male/Female

Without Correction :

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

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

With Correction :

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

Near : Right Eye N6 Left Eye N6

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance		<u>025</u>	<u>5°</u>				<u>025</u>	<u>180°</u>		
Near										

Colour Vision : Normal

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

Pupils : NO (B)

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

Intraocular Pressure : 14 mm (B)

Diagnosis : no glasses

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

Re-Check on 6 mths (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> Mr. Anshul. Wasnik	<b>MR NO:</b>
<b>Age/Gender :</b> 35/M	<b>Date:</b> 11/3

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				

NA

**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

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*SN*

**DR. SNEHA NITIN GADHIYA**  
 BDS (BACHELOR OF DENTAL SURGERY)  
 REG NO: 39703

• ANDHERI • COLABA • NASHIK • VASHI

Name : Mr. Anshul Anilkumar Wasnik Gender : Male Age : 35 Years  
UHID : FVAH 5470 Bill No : Lab No : V-1406-23  
Ref. by : SELF Sample Col.Dt : 11/03/2023 9:45  
Barcode No : 8419 Reported On : 11/03/2023 18:31

TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

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

Haemoglobin(Colorimetric method)	15.2	g/dl	13 - 18
RBC Count (Impedance)	5.34	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	45.9	%	35 - 55
MCV:(Calculated)	86	fl	78 - 98
MCH:(Calculated)	28.6	pg	26 - 34
MCHC:(Calculated)	33.2	gm/dl	30 - 36
RDW-CV:	15.3	%	11.5 - 16.5
Total Leucocyte count(Impedance)	8800	/cumm.	4000 - 10500
Neutrophils:	62	%	40 - 75
Lymphocytes:	29	%	20 - 40
Eosinophils:	06	%	0 - 6
Monocytes:	03	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	3.44	Lakhs/c.mm	1.5 - 4.5
MPV	8.6	fl	6.0 - 11.0
ESR(Westergren Method)	03	mm/1st hr	0 - 20

Peripheral Smear (Microscopic examination)

RBCs: Normochromic, Normocytic  
WBCs: Normal  
Platelets: Adequate

Note: Test Run on 5 part cell counter. Manual diff performed.

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Verified By

Page 4 of 9  
Dr. Milind Patwardhan  
M.D(Path)

Chief Pathologist

End of Report  
Results are to be correlated clinically

Name : Mr. Anshul Anilkumar Wasnik      Gender : Male      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>118</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 :	126	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      BIOLOGICAL REFERENCE INTERVAL

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

(HbA1C) Glycosylated Haemoglobin :      5.6      %      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 :      114.02      mg/dL

Correlation 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 correlate 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 than the routine chromatographic methods & also for the diabetic pts. having HEMOGLBINOPATHIES OR UREMIA as Hb variants 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 diabetics .
- \* 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

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	<b>BIOCHEMISTRY</b>	
S.Urea(Urease Method)	25      mg/dl	10.0 - 45.0
BUN (Calculated)	11.66      mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	1.01      mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	11.54	9:1 - 23:1
S.Uric Acid(Uricase Method)	<b>8.4</b> mg/dl	3.4 - 7.0

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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>Lipid Profile- Serum</b>			
S. Cholesterol(Oxidase)	198	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	175	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	35	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	<b><u>37.8</u></b>	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	125.2	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	<b><u>5.2</u></b>		3.5 - 5
Ratio of LDL/HDL	3.3		2.5 - 3.5

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

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

S.Total Protein (Biuret method)	7.85	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.53	g/dL	3.5 - 5.2
S.Globulin (Calculated)	3.32	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.36		0.9 - 2
S.Total Bilirubin (DPD):	0.59	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.17	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.42	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	22	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	28	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	109	U/L	40 - 129
S.GGT(IFCC Kinetic):	30	U/L	11 - 50

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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>Thyroid (T3,T4,TSH)- Serum</b>			
Total T3 (Tri-iodo Thyronine) (ECLIA)	2.38	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	117.6	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	3.54	□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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Page 8 of 9 Chief Pathologist

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**NABL Accredited Laboratory**  
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 Besides Neel Siddhi Tower, Vashi-Navi Mumbai-400703.  
 Tel.: (022) - 2788 1322 / 23 / 24 ☎ 8291490000  
 Email: apolloclinicvashi@gmail.com



Name : Mr. Anshul Anilkumar Wasnik      Gender : Male      Age : 35 Years  
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TEST      RESULTS      BIOLOGICAL REFERENCE INTERVAL

**URINE REPORT**

**PHYSICAL EXAMINATION**

QUANTITY	30	mL	
COLOUR	Yellow		
APPEARANCE	Clear		Clear
SEDIMENT	Absent		Absent

**CHEMICAL EXAMINATION(Strip Method)**


REACTION(PH)	5.0		4.6 - 8.0
SPECIFIC GRAVITY	1.015		1.005 - 1.030
URINE ALBUMIN	Absent		Absent
URINE SUGAR(Qualitative)	<b>Trace</b>		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	2 - 3 /hpf		3 - 4/hpf
CASTS	Absent		Absent
CRYSTALS	Absent		Absent
BACTERIA	Absent		Absent

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Verified By

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

End of Report  
 Results are to be correlated clinically

Anshul Wasnik  
5470

35 Years

Male

11.03.2023 11:00:30  
Apollo Clinic  
1st Flr, The Emerald, Sector-12,  
Vashi, Mumbai-400703.

96 bpm  
--/-- mmHg

QRS : 70 ms  
QT / QTcBaz : 334 / 421 ms  
PR : 136 ms  
P : 58 ms  
RR / PP : 628 / 625 ms  
P / QRS / T : 52 / 39 / 17 degrees

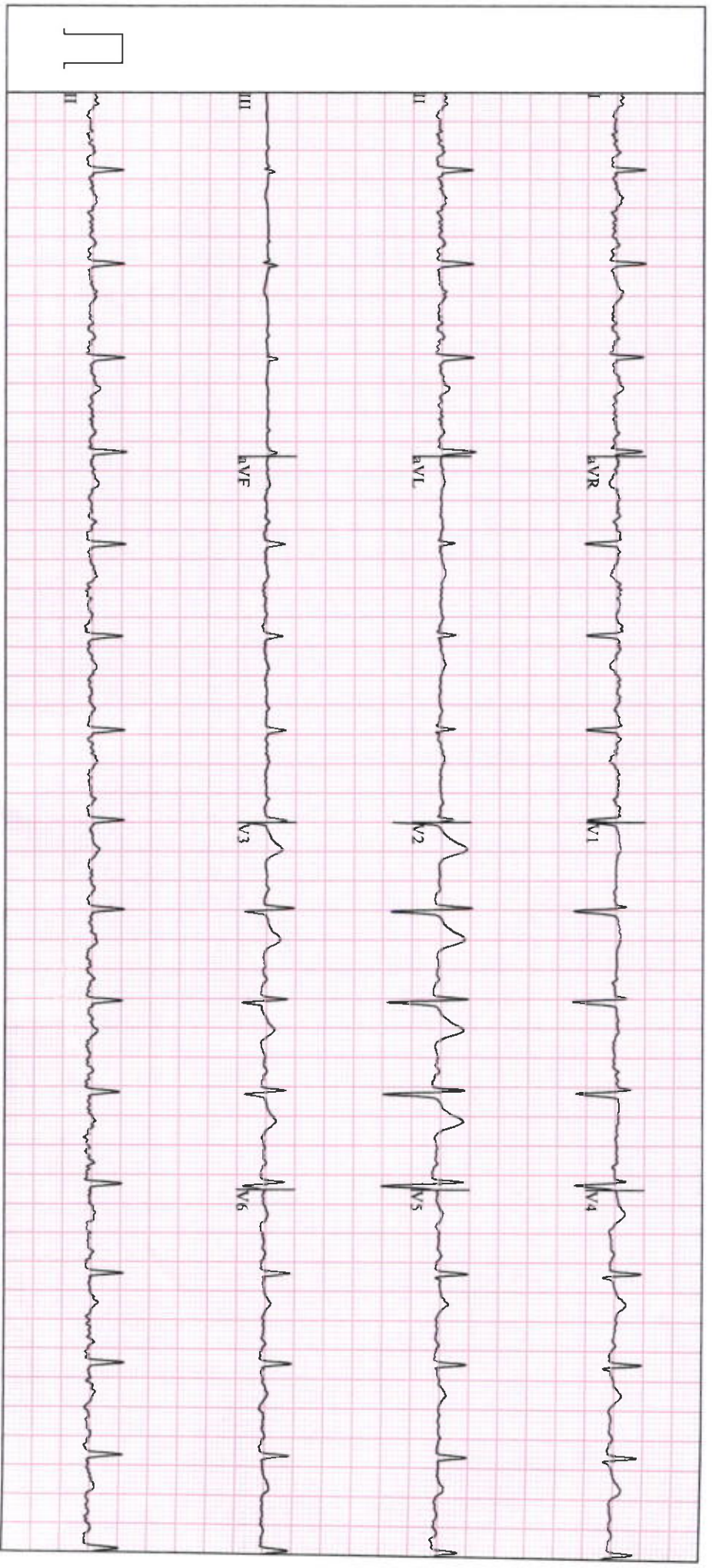
Normal sinus rhythm  
Normal ECG

# NORMAL ECG

*WNL*

Dr. ANIRBAN DASGUPTA

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



GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz Unconfirmed 4x2.5x3\_25\_R1 1/1

<b>PATIENT'S NAME</b>	<b>ANSHUL A WASNIK</b>	<b>AGE :- 35Y/M</b>
<b>UHID</b>	<b>5470</b>	<b>DATE :- 11-03-23</b>

**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.

• ANDHERI • COLABA • NASHIK • VASHI

### Measurements

Aorta annulus	18 mm
Left Atrium	29 mm
LVID(Systole)	18 mm
LVID(Diastole)	33 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	ANSHUL WASNIK	AGE :- 35y/M
UHID NO	5470	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

• ANDHERI • COLABA • NASHIK • VASHI



PATIENT'S NAME	ANSHUL A WASNIK	AGE :- 35y/M
UHID NO	5470	11 Mar 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 9.2 x 4.1 cm. **LEFT KIDNEY** measures 9.2 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 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

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Name: Mr. Anshul A. Wasnik | Age: 35Y | Date of Health check-up: 11/3/23

### Findings and Recommendation:

#### Findings:-

- Sugar
- UAT
- Fatty liver

#### Recommendation:-

- Diet/Exercise
- T. Feburc hury hoo x med

Signature:

Consultant -



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MBBS, D.N.B MEDICINE  
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