APEX HOSPITALS MULUND DIAGNOSTIC

ALL CASHLESS FACILITY

Veena Nagar Phase II, Tulsi Pipe Line Road,
Near Swapna Nagri Road, Mulund (W) Mumbai 400 080.
email: info@apexhospitals.in | www.apexgroupofhospitals.com

visit website googlemap

Tele.: 022-41624000 (100 Lin

Patient Name	: MR. DNYANESHWAR KOLI	Patient ID	: 83759
Age/Sex	: 61 Years / Male	Sample Collected on	: 19-2-24,10:00 am
Ref Doctor	: APEX HOSPITAL	Registration On	: 19-2-24,10:00 am
Client Name	: Apex Hospital	Reported On	: 19-2-24, 5:42 pm

Test Done	Observed Value	Unit	Ref. Range
Complete Blood Count(CBC)			
HEMOGLOBIN	14.0	gm/dl	12 - 16
Red Blood Corpuscles			
PCV (HCT)	**41.5**	%	42 - 52
RBC COUNT	5.51	x10^6/uL	4.70 - 6.50
RBC Indices			
MCV	**75.4**	fl	78 - 94
MCH	**25.4**	pg	26 - 31
MCHC	33.7	g/L	31 - 36
RDW-CV	13.5	%	11.5 - 14.5
White Blood Corpuscles			
TOTAL LEUCOCYTE COUNT	5500	/cumm	4000 - 11000
Differential Count			
NEUTROPHILS	60	%	40 - 75
LYMPHOCYTES	35	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	0	%	0 - 1
Platelets			
PLATELET COUNT	163000	Lakh/cumm	150000 - 450000
MPV	**9.9**	fl	6.5 - 9.8
RBC MORPHOLOGY	Microcytosis		
WBC MORPHOLOGY	No abnormality detected		
PLATELETS ON SMEAR	Adequate on Smear		

Instrument : Mindray BC 3000 Plus

Dr. Hrishikesh Chevle
(MBBS.DCP.)

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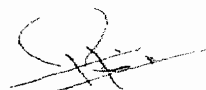
Test Done	Observed Value	Unit	Ref. Range
Blood Group & RH Factor			
SPECIMEN	WHOLE BLOOD		
ABO GROUP	'O'		
RH FACTOR	POSITIVE		
INTERPRETATION			

The ABO system consists of A, B, AB, and O blood types.
People with type AB blood are called universal recipients, because they can receive any of the ABO types. People with type O blood are called universal donors, because their blood can be given to people with any of the ABO types.
Mismatches with the ABO and Rh blood types are responsible for the most serious, sometimes life-threatening, transfusion reactions. But these types of reactions are rare.

Rh system
The Rh system classifies blood as Rh-positive or Rh-negative, based on the presence or absence of Rh antibodies in the blood.
People with Rh-positive blood can receive Rh-negative blood, but people with Rh-negative blood will have a transfusion reaction if they receive Rh-positive blood. Transfusion reactions caused by mismatched Rh blood types can be serious.



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Client Name	: Apex Hospital	Reported On	: 19-2-24, 5:42 pm

Test Done	Observed Value	Unit	Ref. Range
ESR (ERYTHROCYTES SEDIMENTATION RATE)			
ESR	10	mm/1hr.	0 - 20

METHOD - WESTERGREN

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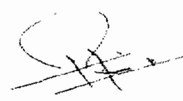
Ref Doctor	: APEX HOSPITAL	Registration On	: 19-2-24,10:00 am
Client Name	: Apex Hospital	Reported On	: 19-2-24, 5:42 pm

Test Done	Observed Value	Unit	Ref. Range
BLOOD GLUCOSE FASTING & PP			
FASTING BLOOD GLUCOSE	80.0	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	100.1	mg/dL	70 - 140
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT

Method - GOD-POD



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Client Name	: Apex Hospital	Reported On	: 19-2-24, 5:42 pm

Test Done	Observed Value	Unit	Ref. Range
LIVER FUNCTION TEST			
TOTAL BILLIRUBIN	0.79	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.22	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.57	mg/dL	UP to 0.7
SGOT(AST)	36.9	U/L	UP to 40
SGPT(ALT)	20.3	U/L	UP to 40
ALKALINE PHOSPHATASE	**367.2**	IU/L	64 to 306
S. PROTIEN	7.6	g/dl	6.0 to 8.3
S. ALBUMIN	4.3	g/dl	3.5 - 5.0
S. GLOBULIN	3.30	g/dl	2.3 to 3.6
A/G RATIO	1.30		0.9 to 2.3

METHOD - EM200 Fully Automatic

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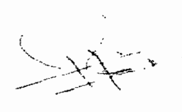
Test Done	Observed Value	Unit	Ref. Range
RENAL FUNCTION TEST			
BLOOD UREA	29.1	mg/dL	10 - 50
BLOOD UREA NITROGEN	13.60	mg/dL	0.0 - 23.0
S. CREATININE	0.83	mg/dL	0.7 to 1.4
S. SODIUM	141.2	mEq/L	135 - 155
S. POTASSIUM	3.97	mEq/L	3.5 - 5.5
S. CHLORIDE	101.1	mEq/L	95 - 109
S. URIC ACID	4.8	mg/dL	3.5 - 7.2
S. CALCIUM	8.6	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.4	mg/dL	2.5 - 4.5
S. PROTIEN	7.6	g/dl	6.0 to 8.3
S. ALBUMIN	4.3	g/dl	3.5 to 5.3
S. GLOBULIN	3.30	g/dl	2.3 to 3.6
A/G RATIO	1.30		1.0 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -



Dr. Hrishikesh Chevle
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Client Name	: Apex Hospital	Reported On	: 19-2-24, 5:42 pm

Test Done	Observed Value	Unit	Ref. Range
LIPID PROFILE			
TOTAL CHOLESTEROL	**195.1**	mg/dL	200 - 240
S. TRIGLYCERIDE	120.6	mg/dL	0 - 200
S.HDL CHOLESTEROL	44.1	mg/dL	30 - 70
VLDL CHOLESTEROL	24	mg/dL	Up to 35
S.LDL CHOLESTEROL	126.88	mg/dL	Up to 160
LDL CHOL/HDL RATIO	2.88		Up to 4.5
CHOL/HDL CHOL RATIO	4.42		Up to 4.8

Transasia-EM200 FULLY AUTOMATIC

INTERPRETATION
Above reference ranges are as per ADULT TREATMENT PANEL III RECOMMENDATION by NCEP (May 2015).

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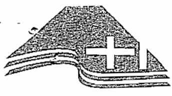

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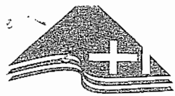
Ref Doctor	: APEX HOSPITAL	Registration On	: 19-2-24,10:00 am
Client Name	: Apex Hospital	Reported On	: 19-2-24, 5:42 pm

Test Done	Observed Value	Unit	Ref. Range
URINE ROUTINE EXAMINATION			
Physical Examination			
VOLUME	20 ml		- -
COLOUR	Pale Yellow		Pale Yellow
APPEARANCE	Slightly Hazy		Clear
DEPOSIT	Absent		Absent
Chemical Examination			
REACTION (PH)	Acidic		Acidic
SPECIFIC GRAVITY	1.015		1.003 - 1.035
PROTEIN (ALBUMIN)	Absent		Absent
OCCULT BLOOD	Negative		Negative
SUGAR	Absent		Absent
KETONES	Absent		Absent
BILE SALT & PIGMENT	Absent		Absent
UROBILINOGEN	Normal		Normal
Microscopic Examination			
RED BLOOD CELLS	Absent		Absent
PUS CELLS	2-3 /HPF		0 - 5 /HPF
EPITHELIAL CELLS	1-2 /HPF		0 - 3 /HPF
CASTS	Absent		
CRYSTALS	Absent		
BACTERIA	Absent		Absent
YEAST CELLS	Absent		Absent
ANY OTHER FINDINGS	Absent		

Dr. Hrishikesh Chevle
(MBBS.DCP.)



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Mr. DNYANESHWAR KOLI		Collected : 19-02-2024 17:34	Lab ID 40208905307
DOB	:	Received : 19-02-2024 18:19	Sample Quality : Adequate
Age	: 61 Years	Reported : 19-02-2024 19:55	Location : MUMBAI
Gender	: Male	Status : Final	Ref By : APEX HOSPITAL
CRM	:		Client : SANJAY PANDEY -MU058

Parameter	Result	Unit	Biological Ref. Interval

THYROID FUNCTION TEST

Tri Iodo Thyronine (T3 Total), Serum *CLIA*	1.30	ng/mL	0.4 - 1.81

Clinical significance:-
Triiodothyronine (T3) values above 3.07 ng/mL in adults or over age related cutoffs in children are consistent with hyperthyroidism or increased thyroid hormone-binding proteins. Abnormal levels (high or low) of thyroid hormone-binding proteins (primarily albumin and thyroid-binding globulin) may cause abnormal T3 concentrations in euthyroid patients. Please note that Triiodothyronine (T3) is not a reliable marker for hypothyroidism. Therapy with amiodarone can lead to depressed T3 values.

Thyroxine (T4), Serum *CLIA*	9.52	µg/dL	5.5 -15.5

Clinical significance:-

Thyroxine (T4) is synthesized in the thyroid gland. High T4 are seen in hyperthyroidism and in patients with acute thyroiditis. Low T4 are seen in hypothyroidism, myxedema, cretinism, chronic thyroiditis, and occasionally, subacute thyroiditis. Increased total thyroxine (T4) is seen in pregnancy and patients who are on estrogen medication. These patients have increased total T4 levels due to increased thyroxine-binding globulin (TBG) levels. Decreased total T4 is seen in patients on treatment with anabolic steroids or nephrosis (decreased TBG levels).

Thyroid Stimulating Hormone (TSH), Serum *CLIA*	1.744	µIU/mL	0.4 - 5.5

Clinical significance:
In primary hypothyroidism, TSH (thyroid-stimulating hormone) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. TSH estimation is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively.

Pregnancy	American Thyroid Association	American European Endocrine	Thyroid society Association
1st trimester	< 2.5	< 2.5	< 2.5
2nd trimester	< 3.0	< 3.0	< 3.0
3rd trimester	< 3.5	< 3.0	< 3.0

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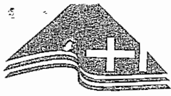
Dr.Namrata Bhanushali M.D
Lab Director

MC-5941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DOB	:	Received : 19-02-2024 18:19	Sample Quality : Adequate
Age	: 61 Years	Reported : 19-02-2024 19:43	Location : MUMBAI
Gender	: Male	Status : Final	Ref By : APEX HOSPITAL
CRM	:		Client : SANJAY PANDEY -MU058

Parameter	Result	Unit	Biological Ref. Interval
Prostate Specific Antigen, Total, Serum *CLIA*	3.560	ng/mL	0 - 4

Clinical significance:-

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. PSA exists in serum in multiple forms: complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex), unbound (free PSA), and enveloped by alpha 2 macroglobul[illegible] detected by immunoassays). Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer

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

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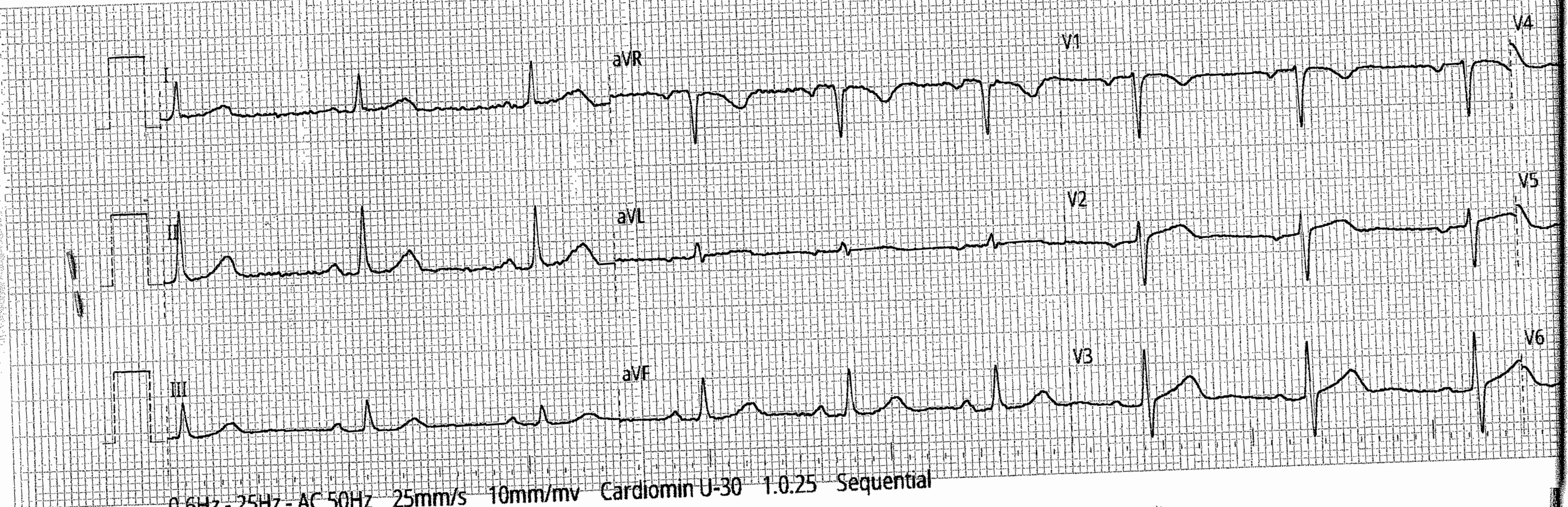
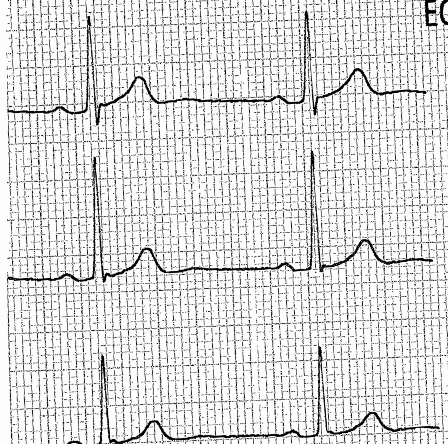

I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
0.6Hz - 25Hz - AC 50Hz 25mm/s 10mm/mv Cardiomin U-30 1.0.25 Sequential



ECG report

ID : 20240219085835
Name :
Gender :
Age :
Dept :
Bed No :

HR	: 64 bpm
PR	: 164 ms
QRS	: 80 ms
QT/QTc	: 392/399 ms
P/QRS/T	: 70/50/54 °
RV5/SV1	: 1.403/0.755 mv
RV5+SV1	: 2.158 mv

<<Interpretations>>

Apex Hospitals Mulund
Veena Nagar, Phase-II,
Pipe Line Road, Near Swapna
Nagar Road, Township

Confirm and sign :
Examination time : 2024-02-19 08:58:35

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APEX HOSPITALS MULUND
Radiologist Report Sheet

Patient Name:	DYANESHAWAR.KOLI	**Medical Record No:**	19/02/2024 2630
AGE	61	**Accession No:**	
Gender:	M	**Location:**	Outpatient
Type Of Study:	CR Chest PA	**Physician:**	BANK OF BARODA
Image Count:	1	**Exam Time:**	24/19/02 10:36 AM ET
Requisition Time:	24/19/02 11:25 AM ET	**Report Time:**	24/19/02 11:50 AM ET

Clinical History: H/O MEDICAL CHECK-UP

RADIOGRAPH OF THE CHEST (SINGLE VIEW)

Clinical History: H/O MEDICAL CHECK-UP

Comparison:

Findings:

The heart, mediastinum and pulmonary hila are unremarkable. The lungs are clear. There is no pleural effusion. The bony thorax is unremarkable.

IMPRESSION:

Normal radiograph of the chest.

Sanjay Khemuka
MBBS, MD
Consultant Radiologist

This report has been electronically signed by: MD.Sanjay Khemuka

Quality Assurance: Agree / Disagree **Change in Patient Care: Yes / No**

If a significant discrepancy is found between the preliminary and final interpretations of this study, please fax back this form to 877-877-4679 with a copy of the official report so that appropriate action may be taken.

If you would like to discuss the findings with the radiologist, please call us on 8667263435, 8668884112, 8665030726.

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NAME: MR. DNYANESHWAR KOLI	M/62	DATE: 19/02/2024
REF.BY: MEDIWHEEL		

COLOR DOPPLER 2D ECHOCARDIOGRAPHY SECTOR ECHOCARDIOGRAPHY

Left ventricle normal in size and function
Right ventricle normal in size and Function
Other Cardiac chambers appear normal in dimension.
Mitral valve normal
Aortic valve mild degenerative changes
No RWMA
LV systolic function is good at rest. LVEF 55-60%
No e/o coarctation.No e/o clot / Vegetation / Effusion seen.
IVC 12 mm , Collapsing with inspiration.
Intact IAS and IVS .

COLOR FLOW.CW,PW & HAEMODYNAMIC DATA.
Aortic valve gradient of 10 mmHg.
No MS / Trivial TR
Normal flow across all other cardiac valves.
Pulmonary pressure of 20 mm of Hg.

CONCLUSION.-
Normal Biventricular Systolic function
Grade I diastolic dysfunction
LVEF-55-60%
Trivial TR .
No e/o pulmonary hypertension

DR.Ravindra Ghule
(Consultant cardiologist)

DR. RAVINDRA GHULE
DND (Medicine), DNB (Cardiology)
Reg. No. 2009 / 08 / 3036

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Tel.: 68767100, 101, 102, 103, 104 | Email : pulsebhandup@gmail.com

Patient Name : DNYANESHWAR KOLI
Age / Gender : 62 Years / Male
Ref Doctor/ Hospital : Dr.APEX HOSPITAL

Date:19/02/2024
UID:23249-001

SONOGRAPHY OF ABDOMEN AND PELVIS

Liver is normal in size, shape and echotexture. There is no focal lesion seen. The portal vein and common bile duct are normal in course and caliber. There is no evidence of intra-hepatic biliary duct dilatation seen.

Gall Bladder is partially distended. No calculus, abnormal wall thickening or pericholecystic fluid collection is seen.

The visualized **Pancreas** is normal in size, shape and echotexture. There is no focal lesion seen.

Spleen is normal in size, shape and echotexture. There is no focal lesion seen.

Right Kidney measures 9.7 x 4.3 cm.   **Left Kidney** measures 9.4 x 4.8 cm.
Both kidneys are normal in size, shape and echotexture. No evidence of any focal lesion is noted. No hydronephrosis, hydroureter or calculus is noted in both kidneys. Cortico medullary differentiation is well maintained.

Urinary Bladder is well distended. There is no evidence of focal lesion. No evidence of any calculus is seen.
Prevoid vol 145 cc and postvoid vol 47cc (significant).

Prostate gland is enlarged and measures 4.9 x 5.1 x 5.0 cm (vol 67cc).

There is no free fluid or abdominal lymphadenopathy.

IMPRESSION:

- Moderate prostatomegaly with significant postvoid residual urine.

Thanks for the reference,

Dr. Tarique Khan
Consultant Radiologist

...estigations have their limit solitary radiological tests never confirm final diagnosis they only help in diagnosing the disease in correlation to clinical ...ptoms and other tests. Please correlate clinically

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