



Where Healing & Care Comes Naturally

APEX HOSPITALS MULUND DIAGNOSTIC



CASHLESS
FACILITY

Veena Nagar, Phase 2, Tulsi Pipeline Road,
Mulund (West), Mumbai - 400080.
email: medical.admin_ahm@apexhospitals.in | www.apexgroupofhospitals.com



Land Line No. 022 - 4162 4000
(100 Lines)
Reception No.: 8422854005

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mrs. VANITA SHAMBHAG	LabNo	1582	
UHID/IP No	120065755 / 526	Sample Date	18/05/2024 3:05PM	
Age/Gender	59 Yrs/Female	Receiving Date	18/05/2024 3:15PM	
Bed No/Ward	OPD	Report Date	18/05/2024 6:30PM	
Prescribed By	Dr. Apex Hospitals	Report Status	Final	

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	12.3 L	gm/dl	12.5 - 16.0	SLS- Hb Method
RBC Count (Red Blood Cell)	4.56	10 ⁶ /uL	4.50 - 6.50	
PCV (Haematocrit)	37.8	%	36.0 - 46.0	
MCV	82.89	fl	78 - 95	Calculated
MCH	26.97	pg	26 - 31	Calculated
MCHC	32.54	gm/dl	30 - 36	Calculated
RDW	15.2	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	7000	cells/cu.mm	4000.0 - 11000.0	
Neutrophil %	55	%	40 - 75	
Lymphocyte %	40	%	20 - 45	
Eosinophil %	02	%	0 - 6	
Monocytes %	03	%	1 - 10	
Basophil %	00	%	0 - 2	
WBCs Morphology	No Abnormality Detected			
RBCs Morphology	Hypochromia			
Platelet Count	225	10 ³ /uL	150 - 450	DC Detection
Platelets Morphology	Adequate on smear			
MPV	9.3	fl	7 - 12	
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	18	mm/hr	< 20	Westergren

--End Of Report--

Dr. Hrishikesh N Chevle



APEX HOSPITALS MULUND

A Superspeciality Hospital

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



Tele.:
022-41624000 (100 Lines)

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mrs. VANITA SHAMBHAG	LabNo	1582	
UHID/IP No	120065755 / 526	Sample Date	18/05/2024 3:05PM	
Age/Gender	59 Yrs/Female	Receiving Date	18/05/2024 3:15PM	
Bed No/Ward	OPD	Report Date	18/05/2024 6:30PM	
Prescribed By	Dr. Apex Hospitals	Report Status	Final	

IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD GROUPING				
Sample: W. B. EDTA				
Blood Group (ABO and Rh)	"B" Rh Positive			

--End Of Report--

Dr. Hrishikesh N Chevle



APEX HOSPITALS MULUND DIAGNOSTIC



CASHLESS
FACILITY

Veena Nagar, Phase 2, Tulsi Pipeline Road,
Mulund (West), Mumbai - 400080.
email: medical.admin_ahm@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Land Line No. 022 - 4162 4000
(100 Lines)
Reception No.: 8422854005

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mrs. VANITA SHAMBHAG	LabNo	1582	
UHID/IP No	120065755 / 526	Sample Date	18/05/2024 3:05PM	
Age/Gender	59 Yrs/Female	Receiving Date	18/05/2024 3:15PM	
Bed No/Ward	OPD	Report Date	18/05/2024 6:30PM	
Prescribed By	Dr. Apex Hospitals	Report Status	Final	

LDL Cholesterol : HDL Cholesterol Ratio 2.77 0.00 - 4.50 Calculated Value

LIVER FUNCTION TEST (LFT) SERUM

Sample: Serum

Bilirubin Total (TBil)	0.78	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.22	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.56	mg/dl	0 - 1	
SGPT (ALT)1	14.2	U/L		IFCC modified
SGOT (AST)	25.2	U/L		IFCC modified
Protein Total	6.4	gm/dl	6.00 - 8.00	Biuret
Albumin	3.8	gm/dl	3.40 . 4.90	
Globulin	2.60	gm/dl	2.30 - 3.60	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.46		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	143.1	IU/L	64 - 306	

RFT (RENAL FUNCTION TEST)

Sample: Serum

Creatinine	0.81	mg/dl	0.60 - 1.40	
UREA	26.1	mg/dl	10 - 50	CDC Urease,Colorimetric
BUN - Blood Urea Nitrogen	12.2	mg/dl		
Calcium	8.9			
Uric Acid	6.43 H	mm/hr	2.6 - 6.0	URICASE- PEROXIDASE
Phosphorus	3.8	mg/dl	2.5 - 4.5	Phosphomolybdate Reduction
Sodium	141.6	mmol/L	135 - 146	ISE Direct
Potassium	4.64	mmol/L	3.5 - 5.5	ISE Direct
Chloride	110.4 H	mmol/L	95 - 109	ISE Direct
Protein Total	6.4	gm/dl	6.00 - 8.00	Biuret
Albumin	3.8	gm/dl	3.40 . 4.90	
Globulin	2.60	gm/dl	2.30 - 3.60	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.46			Calculated Value

Dr. Hrishikesh N Chevle



APEX HOSPITALS MULUND DIAGNOSTIC



CASHLESS
FACILITY

Veena Nagar, Phase 2, Tulsi Pipeline Road,
Mulund (West), Mumbai - 400080.
email: medical.admin_ahm@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Land Line No. 022 - 4162 4000
(100 Lines)
Reception No.: 8422854005

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mrs. VANITA SHAMBHAG	LabNo	1582	
UHID/IP No	120065755 / 526	Sample Date	18/05/2024 3:05PM	
Age/Gender	59 Yrs/Female	Receiving Date	18/05/2024 3:15PM	
Bed No/Ward	OPD	Report Date	18/05/2024 6:30PM	
Prescribed By	Dr. Apex Hospitals	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
-----------	--------	------	-----------------------	--------

GLUCOSE (PP)

Sample: Fl. Plasma

Blood Sugar(2 Hours PP)	95.2
Urine PP Sugar	SNR
Urine PP Ketone	SNR

Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :

The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

GLUCOSE (FASTING)

Sample: Fl. Plasma

Glucose (Fasting Blood Sugar / FBS)	78.1
Urine Fasting Sugar	SNR
Urine Fasting Ketone	SNR

LIPID PROFILE SERUM

Sample: Serum

Cholesterol-Total	185.1	mg/dl	< 200.00	Cholesterol Oxidase,Esterase,Peroxidase
Triglycerides	95.2	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	44.1	mg/dl	30.00 - 70.00	Phosphotungstat
VLDL Cholesterol	19.04	mg/dl	6.00 - 35.00	Calculated Value
LDL Cholesterol	121.96	mg/dl	< 160.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	4.20		0.00 - 4.80	Calculated Value

Dr. Hrishikesh N Chevle



Where Healing & Care Comes Naturally

APEX HOSPITALS MULUND DIAGNOSTIC



CASHLESS
FACILITY

Veena Nagar, Phase 2, Tulsi Pipeline Road,
Mulund (West), Mumbai - 400080.
email: medical.admin_ahm@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Land Line No. 022 - 4162 4000
(100 Lines)
Reception No.: 8422854005

Patient ID : 2405075040		Registered On : 18/05/2024,05:03 PM
Patient Name : MRS. VANITA SHAMBHAG		Collected On : 19/05/2024,06:18 AM
Age : 59 Yrs		Reported On : 19/05/2024,08:27 AM
Gender : FEMALE		Sample ID
Ref. By Doctor : APEX HOSPITAL		* 2 4 0 5 0 7 5 0 4
Sample Collected At : APEX HOSPITAL MULUND	For Authenticity Scan QR Code	

Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Haemoglobin)	6.50	%	Below 6.0% : Normal 6.0% 7.0% : Good Control 7.0% - 8.0% : Fair Control 8.0%-10% : Unisatisfactory Above 10% Poor Control
HPIC- H9			
Mean Blood Glucose Calculated	139.8	mg/dL	70 - 125

CLINICAL SIGNIFICANCE :

Glycosylated Haemoglobin is a accurate and true index of the "Mean Blood Glucose Level " in the body for the previous 2 -3 months.HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks.Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling 25% in the month before that and the remaining 25% in months two to four.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

----- End of Report -----

Results relate only to the sample as received. Kindly correlate with clinical condition

Note : If the test results are alarming or unexpected, Client is advised to contact the Physician immediately for possible remedial action.

Dr. Roshan Shaikh
MBBS MD Pathology
Consultant Pathologist

This report is system generated and electronically authenticated.



Where Healing & Care Comes Naturally

APEX HOSPITALS MULUND DIAGNOSTIC



CASHLESS
FACILITY

Veena Nagar, Phase 2, Tulsi Pipeline Road,
Mulund (West), Mumbai - 400080.
email: medical.admin_ahm@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Land Line No. 022 - 4162 4000
(100 Lines)

Reception No.: 8422854005

Mrs. VANITA SHAMBHAG	Collected : 18-05-2024 17:00	Lab ID : 40508904577
DOB :	Received : 18-05-2024 22:38	Sample Quality : Adequate
Age : 59 Years	Reported : 18-05-2024 23:37	Location : MUMBAI
Gender : Female	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	1.05	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	9.92	µg/dL	5.5-11.0
--------------------------------------	------	-------	----------

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	2.125	µIU/mL	Nonpregnant: 0.4 - 5.5 Pregnancy: First Trimester: 0.3-4.5 Second Trimester: 0.5-4.6 Third trimester: 0.8-5.2
---	-------	--------	---

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

Processed At: H.S PATHOLOGY PVT. LTD. Mohan Mahal CHS, Ground and First floor, Unit 1/4, Above Satkar Family restaurant, Near Vanadana Talkies, L.B.S. Marg THANE - 400602
This is an Electronically Authenticated Report.

Namrata

Dr. Namrata Bhanushali M.D (REG NO:2016071822)
Lab Director



MC-S941



APEX HOSPITALS MULUND DIAGNOSTIC



CASHLESS
FACILITY

Veena Nagar, Phase 2, Tulsi Pipeline Road,
Mulund (West), Mumbai - 400080.
email: medical.admin_ahm@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Land Line No. 022 - 4162 4000
(100 Lines)

Reception No.: 8422854005

Mrs. VANITA SHAMBHAG	Collected : 18-05-2024 17:00	Lab ID : 40508904577
DOB :	Received : 18-05-2024 22:38	Sample Quality : Adequate
Age : 59 Years	Reported : 18-05-2024 23:37	Location : MUMBAI
Gender : Female	Status : Final	Ref By : APEX HOSPITAL
CRM :		Client : SANJAY PANDEY -MU058

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

Vitamin B12, Serum CLIA	179.00	pg/mL	120-914
----------------------------	--------	-------	---------

Clinical significance:

Vitamin B12 (cobalamin) is necessary for hematopoiesis and normal neuronal function. The body uses its vitamin B12 stores very economically, reabsorbing vitamin B12 from the ileum and returning it to the liver; very little is excreted. Vitamin B12 deficiency may be due to lack of IF secretion by gastric mucosa (eg, gastrectomy, gastric atrophy) or intestinal malabsorption (eg, ileal resection, small intestinal diseases). Pernicious anemia is a macrocytic anemia caused by vitamin B12 deficiency that is due to a lack of IF secretion by gastric mucosa. Serum methylmalonic acid and homocysteine levels are also elevated in vitamin B12 deficiency states.

Processed At: H S PATHOLOGY PVT. LTD. Mohan Mahal CHS, Ground and First floor, Unit 1/4, Above Satkar Family restaurant, Near Vanadana Talkies, L.B.S. Marg THANE - 400602
This is an Electronically Authenticated Report.

Namrata

Dr. Namrata Bhanushali M.D. (REG NO: 2016071822)
Lab Director



MC-S941

Veena Nagar, Phase 2, Tulsi Pipeline Road,
Mulund (West), Mumbai - 400080.
email: medical.admin_ahm@apexhospitals.in | www.apexgroupofhospitals.com



Land Line No. 022 - 4162 4000
(100 Lines)

Reception No.: 8422854005

Mrs. VANITA SHAMBHAG	Collected : 18-05-2024 17:00	Lab ID : 40508904577
DOB :	Received : 18-05-2024 22:38	Sample Quality : Adequate
Age : 59 Years	Reported : 18-05-2024 23:40	Location : MUMBAI
Gender : Female	Status : Final	Ref By : APEX HOSPITAL
CRM :		Client : SANJAY PANDEY -MU058

Parameter	Result	Unit	Biological Ref. Interval
Vitamin D - 25-Hydroxy, Serum CLIA	27.48	ng/mL	<10: Severe deficiency 10-19: Mild to moderate deficiency 20-50: Optimum level 51-80: Increased risk of hypercalciuria >80: Toxicity possible

Clinical significance:-

A low blood level of 25-hydroxyvitamin D may mean that a person is not getting enough exposure to sunlight or enough dietary vitamin D to meet his or her body's demand or that there is a problem with its absorption from the intestines. Occasionally, drugs used to treat seizures, particularly phenytoin (Dilantin), can interfere with the production of 25-hydroxyvitamin D in the liver. There is some evidence that vitamin D deficiency may increase the risk of some cancers, immune diseases, and cardiovascular disease. A high level of 25-hydroxyvitamin D usually reflects excess supplementation from vitamin pills or other nutritional supplements.

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