



Where Healing & Care Comes Naturally

# APEX HOSPITALS MULUND

A Superspeciality Hospital

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



ALL  
CASHLESS  
FACILITY

Tele.:  
022-41624000 (100 Lines)

15/4/24

Name :- Vishal Singh

Age - 29 ym / M

No H/O major illness

O/E - T - Afebrile

P - 78/min

BP - 130/80 mmHg

SpO<sub>2</sub> - 98% @ RA

S/P - aus -  $2/2$  (+)

pe - BSB

P/A - soft

CNS - conscious & oriented

Height - 187 cm

weight - 97 kg

} BMI - 27.74

Eye check up - Normal

ENT check up - Normal

Skin check up - Normal

Dental check up - Normal

Apex Hospitals Mulund  
Veena Nagar Phase-II,  
Tulsi Pipe Line Road, Near Swapna,  
Nagari Road And Model Township  
Mulund (W) Mumbai - 80.



# APEX HOSPITALS MULUND DIAGNOSTIC

CA  
FA

Veena Nagar Phase II, Tulsi Pipe Line Road,  
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Tele.:  
**022-41624000 (1)**

Patient Name : **MR. VISHAL KUMAR SINGH** Patient ID : 87335  
Age/Sex : 29 Years /Male Sample Collected on : 15-4-24, 10:00 am  
Ref Doctor : APEX HOSPITAL Registration On : 15-4-24, 10:00 am  
Client Name : Apex Hospital Reported On : 15-4-24, 4:01 pm

Test Done	Observed Value	Unit	Ref. Range
<b>Complete Blood Count(CBC)</b>			
HEMOGLOBIN	13.0	gm/dl	12 - 16
<b>Red Blood Corpuscles</b>			
PCV ( HCT )	<b>39.5</b>	%	42 - 52
RBC COUNT	4.73	$\times 10^6/\mu\text{L}$	4.70 - 6.50
<b>RBC Indices</b>			
MCV	83.4	fl	78 - 94
MCH	27.5	pg	26 - 31
MCHC	32.9	g/L	31 - 36
RDW-CV	14.0	%	11.5 - 14.5
<b>White Blood Corpuscles</b>			
TOTAL LEUCOCYTE COUNT	8000	/cumm	4000 - 11000
<b>Differential Count</b>			
NEUTROPHILS	50	%	40 - 75
LYMPHOCYTES	45	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	0	%	0 - 1
<b>Platelets</b>			
PLATELET COUNT	298000	Lakh/cumm	150000 - 450000
MPV	9.6	fl	6.5 - 9.8
RBC MORPHOLOGY	Normochromic, Normocytic		
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
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### 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.

Dr. Hrishikesh Chevle  
(MBBS.DCP.)



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Client Name : Apex Hospital

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Test Done	Observed Value	Unit	Ref. Range
<b>ESR (ERYTHROCYTES SEDIMENTATION RATE)</b>			
ESR	15	mm/1hr.	0 - 20

METHOD - WESTERGREN

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Patient ID : 87335  
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Registration On : 15-4-24,10:00 am  
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Test Done	Observed Value	Unit	Ref. Range
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL	<b>188.2</b>	mg/dL	200 - 240
S. TRIGLYCERIDE	101.2	mg/dL	0 - 200
S.HDL CHOLESTEROL	43.2	mg/dL	30 - 70
VLDL CHOLESTEROL	20	mg/dL	Up to 35
S.LDL CHOLESTEROL	124.76	mg/dL	Up to 160
LDL CHOL/HDL RATIO	2.89		Up to 4.5
CHOL/HDL CHOL RATIO	4.36		Up to 4.8

Transasia-EM200 FULLY AUTOMATIC

#### INTERPRETATION

Above reference ranges are as per ADULT TREATMENT PANEL III RECOMMENDATION by NCEP (May 2013).

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(MBBS.DCP.)



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Client Name : Apex Hospital

Patient ID : 87335  
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Test Done	Observed Value	Unit	Ref. Range
<b>LIVER FUNCTION TEST</b>			
TOTAL BILLIRUBIN	0.76	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.23	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.55	mg/dL	UP to 0.7
SGOT (AST)	28.3	U/L	UP to 40
SGPT (ALT)	19.5	U/L	UP to 40
ALKALINE PHOSPHATASE	278.9	IU/L	64 to 306
S. PROTEIN	6.3	g/dl	6.0 to 8.3
S. ALBUMIN	3.6	g/dl	3.5 - 5.0
S. GLOBULIN	2.70	g/dl	2.3 to 3.6
A/G RATIO	1.33		0.9 to 2.3

METHOD - EM200 Fully Automatic

Dr. Hrishikesh Chevle  
(MBBS, DCP.)



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Age/Sex : 29 Years /Male  
Ref Doctor : APEX HOSPITAL  
Client Name : Apex Hospital

Patient ID : 87335  
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Registration On : 15-4-24, 10:00 am  
Reported On : 15-4-24, 4:01 pm

Test Done	Observed Value	Unit	Ref. Range
<b>RENAL FUNCTION TEST</b>			
BLOOD UREA	29.1	mg/dL	10 - 50
BLOOD UREA NITROGEN	13.60	mg/dL	0.0 - 23.0
S. CREATININE	<b>0.68</b>	mg/dL	0.7 to 1.4
S. SODIUM	136.1	mEq/L	135 - 155
S. POTASSIUM	4.33	mEq/L	3.5 - 5.5
S. CHLORIDE	107.6	mEq/L	95 - 109
S. URIC ACID	5.91	mg/dL	3.5 - 7.2
S. CALCIUM	9.7	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.8	mg/dL	2.5 - 4.5
S. PROTEIN	6.3	g/dl	6.0 to 8.3
S. ALBUMIN	3.6	g/dl	3.5 to 5.3
S. GLOBULIN	2.70	g/dl	2.3 to 3.6
A/G RATIO	1.33		1.0 to 2.3

METHOD EM200 Fully Automatic

INTERPRETATION -

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Test Done	Observed Value	Unit	Ref. Range
<b>BLOOD GLUCOSE FASTING &amp; PP</b>			
FASTING BLOOD GLUCOSE	81.7	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	98.8	mg/dL	70 - 140
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT

43 100 - CCD-POD

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Ref Doctor	: APEX HOSPITAL	Registration On	: 15-4-24, 10:00 am
Client Name	: Apex Hospital	Reported On	: 15-4-24, 4:01 pm

Test Done	Observed Value	Unit	Ref. Range
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
VOLUME	15 ml	-	-
COLOUR	Pale Yellow		Pale Yellow
APPEARANCE	Slightly Hazy		Clear
DEPOSIT	Absent		Absent
<b>Chemical Examination</b>			
REACTION (PH)	Acidic		Acidic
SPECIFIC GRAVITY	1.015		1.003 - 1.035
PROTEIN (ALBUMIN)	Absent		Absent
OCULT BLOOD	Negative		Negative
SUGAR	Absent		Absent
KETONES	Absent		Absent
BILE SALT & PIGMENT	Absent		Absent
UROBILINOGEN	Normal		Normal
<b>Microscopic Examination</b>			
RED BLOOD CELLS	Absent		Absent
PUS CELLS	3-4 /HPF		0 - 5 /HPF
EPITHELIAL CELLS	2-3 /HPF		0 - 3 /HPF
CASTS	Absent		
CRYSTALS	Absent		
BACTERIA	Absent		Absent
YEAST CELLS	Absent		Absent
ANY OTHER FINDINGS	Absent		



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Tele.:  
**022-41624000 (100 Lines)**

**Patient ID** : 2404059702  
**Patient Name** : MR. VISHAL KUMAR SINGH  
**Age** : 29 Yrs  
**Gender** : MALE  
**Ref. By Doctor** : APEX HOSPITAL  
**Sample Collected At**: APEX HOSPITAL MULUND



For Authenticity Scan QR Code

**Registered On** : 15/04/2024,03:32 PM  
**Collected On** : 15/04/2024,05:02 PM  
**Reported On** : 15/04/2024,06:51 PM  
**Sample ID**



\* 2 4 0 4 0 5 9 7 0

## Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Haemoglobin)	5.50	%	Below 6.0% : Normal 6.0% - 7.0% : Good Control 7.0% - 8.0% : Fair Control 8.0% - 10% : Unsatisfactory Above 10% Poor Control
HPLC- H9			
Mean Blood Glucose Calculated	111.1	mg/dL	70 - 125

### CLINICAL SIGNIFICANCE :

Glycosylated Haemoglobin is an 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 life span of the red blood cell but within 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.



Patient Name : **MR. VISHAL KUMAR SINGH**  
Age / Sex : 29 years / Male  
Ref. Doctor : APEX HOSPITAL  
Client Name : CUDDLES N CURE DIAGNOSTIC CENTRE  
Sample ID : 2404111009  
Printed By : CUDDLES N CURE DIAGNOSTIC CENTRE



Patient ID / Billing ID : 1204640 / 1387424  
Specimen Collected at : CUDDLES N CURE DIAGNOSTIC CENTRE  
Sample Collected On : 15/04/2024, 05:48 p.m.  
Reported On : 15/04/2024, 08:15 p.m.  
Printed On : 15/04/2024, 08:37 p.m.



TEST DONE	OBSERVED VALUE	UNIT	REFERENCE RANGE	METHOD
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<b>T3, T4, TSH SERUM</b>				
<b>T3 TOTAL (Triiodothyronine) SERUM ^</b>	1.02	ng/mL	0.80 - 2.00 ng/mL	ECLIA
<b>T4 TOTAL (Thyroxine) SERUM ^</b>	4.81	µg/dL	5.1 - 14.1 µg/dL	ECLIA
<b>TSH (THYROID STIMULATING HORMONE) SERUM ^ (Ultrasensitive)</b>	3.41	µIU/mL	0.27 - 5.3	ECLIA

**Interpretation**

Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyper-thyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis. Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis, estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age, marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and FT4 is to be done to determine hyper or hypothyroidism.

**NOTE**

Tests marked with ^ are included in NABL scope.

Test results relate to the sample as received.

Marked variations in thyroid hormones are seen with age.

In pregnancy T3 and T4 levels are raised. Hence FT3 and FT4 is recommended to be done to determine hyper or hypothyroidism.

By ECLIA method, false low or false high values can be because of Biotin (Vitamin B7) consumption.

Processed By : NABL Accredited Dr. Vaidya's Laboratory , Thane

Scan QR for Authentication

Checked by-

**Dr. Vivek Bonde**  
MD Pathology

\*\*END OF REPORT\*\*



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## APEX HOSPITALS MULUND Radiologist Report Sheet

<b>Patient Name:</b>	VISHAL.SINGH	<b>Medical Record No:</b>	15/04/2024 2961
<b>Gender:</b>	M	<b>Accession No:</b>	
<b>Type Of Study:</b>	CR Chest PA	<b>Location:</b>	Outpatient
<b>Image Count:</b>	1	<b>Physician:</b>	DR.BALBIR SINGH
<b>Requisition Time:</b>	24/15/04 11:13 AM ET	<b>Exam Time:</b>	24/15/04 09:55 AM ET
<b>Clinical History:</b>	H/O ROUTINE CHECK-UP	<b>Report Time:</b>	24/15/04 11:31 AM ET

### RADIOGRAPH OF THE CHEST (SINGLE VIEW)

**Clinical History:** H/O ROUTINE 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.

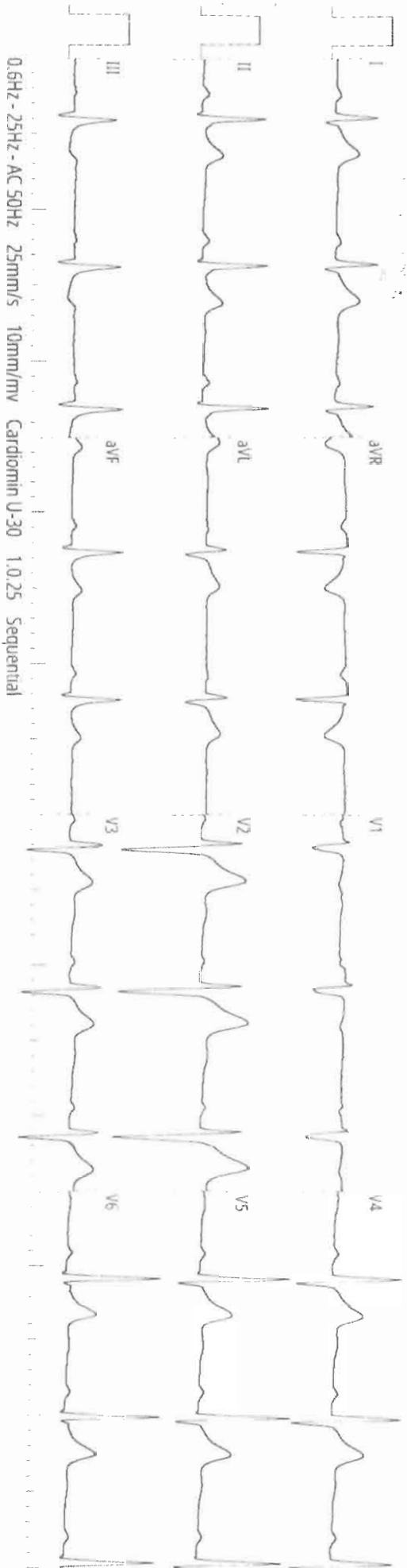
If you would like to discuss the findings with the radiologist, please call us on 8667263435, 8668884112, 8665030726.

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NEUROLOGY | NEPHROLOGY | VASCULAR SURGERY | ENT | OPHTHALMOLOGY | PLASTIC SURGERY | UROSURGERY | PEDIATRIC SURGERY



0.6Hz - 25Hz - AC 50Hz 25mm/s 10mm/mv Cardiomon U-30 1.0.25 Sequential

**ECG report**

ID : 202  
 Name :  
 Gender :  
 Age :  
 Dept :  
 Bed No :

Vishal Kumar Singh

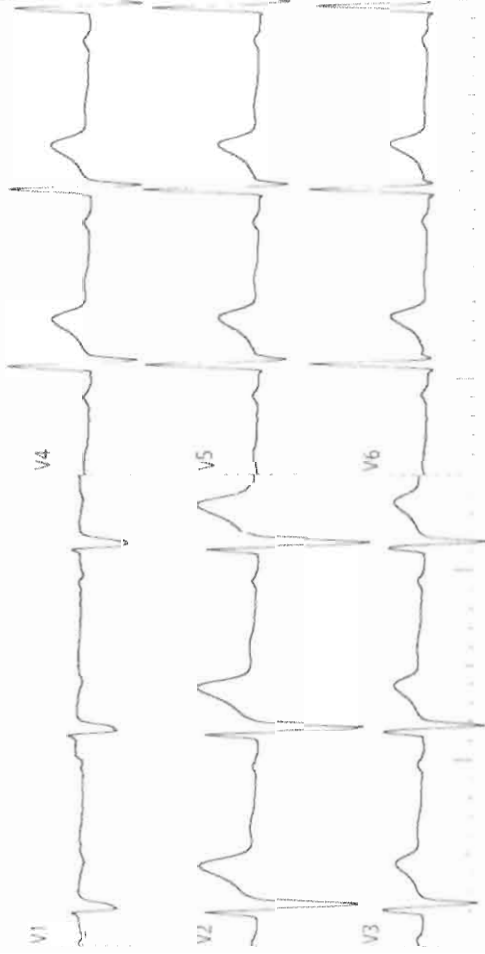
Age 1-20y1m

<< Interpretations >>

HR : 62 bpm  
PR : 174 ms  
QRS : 110 ms  
QT/QTc : 384/388 ms  
P/QRS/T : 45/60/23°  
RV5/SV1 : 1.475/0.507 mv  
RV5+SV1 : 1.982 mv

ECG report

ID : 20240415074334  
Name :  
Gender :  
Age :  
Dept :  
Bed No :



Confirm and sign:  
Examination time: 2024-04-15 07:43:34