



Where Healing & Care Comes Naturally

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)

13/4/24

Name: - Aashalisha Bhosale

Age - 29yr / F

No H/O major illness

O/C - T. Afebrile

P - 78/min

BP - 110/70 mmHg

RR - 18/min

SpO₂ - 99% @ RA

S/E - CUS - S, B₂ ⊕

PS - BSBE

PIA - Soft

CNS - conscious & oriented

Height - 160cm

Weight - 59 kg

BMI 23.5

Dental check up - Normal

Eye check up - Normal

Skin check up - Normal

ENT check up - Normal

Gynaec check up - Normal

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



APEX HOSPITALS MULUND DIAGNOSTIC

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Tele.:
022-41624000 (100 Lines)

Patient Name : **MRS. AASHALESHA BHOSALE**
Age/Sex : 29 Years /Female
Ref Doctor : APEX HOSPITAL
Client Name : Apex Hospital

Patient ID : 87234
Sample Collected on : 13-4-24, 2:00 pm
Registration On : 13-4-24, 2:00 pm
Reported On : 13-4-24, 7:11 pm

Test Done	Observed Value	Unit	Ref. Range
Complete Blood Count(CBC)			
HEMOGLOBIN	11.6	gm/dl	12 - 15
Red Blood Corpuscles			
PCV (HCT)	33.2	%	36 - 46
RBC COUNT	4.10	$\times 10^6/uL$	4.5 - 5.5
RBC Indices			
MCV	82.6	fl	78 - 94
MCH	28.7	pg	26 - 31
MCHC	34.5	g/L	31 - 36
RDW-CV	15.7	%	11.5 - 14.5
White Blood Corpuscles			
TOTAL LEUCOCYTE COUNT	5600	/cumm	4000 - 11000
Differential Count			
NEUTROPHILS	65	%	40 - 75
LYMPHOCYTES	30	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	00	%	0 - 1
Platelets			
PLATELET COUNT	204000	Lakh/cumm	150000 - 450000
MPV	8.9	fl	6.5 - 9.8
RBC MORPHOLOGY	Hypochromia		
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
ESR (ERYTHROCYTES SEDIMENTATION RATE)			
ESR	10	mm/1hr.	0 - 20
METHOD - WESTERGREN			

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	'AB'		
RH FACTOR	NEGATIVE		
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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Test Done	Observed Value	Unit	Ref. Range
BLOOD GLUCOSE FASTING & PP			
FASTING BLOOD GLUCOSE	75.1	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	90.2	mg/dL	70 - 140
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT

Method - GOD-POD

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Test Done	Observed Value	Unit	Ref. Range
RENAL FUNCTION TEST			
BLOOD UREA	23.1	mg/dL	10 - 50
BLOOD UREA NITROGEN	10.79	mg/dL	0.0 - 23.0
S. CREATININE	0.60	mg/dL	0.6 to 1.4
S. SODIUM	139.7	mEq/L	135 - 155
S. POTASSIUM	4.27	mEq/L	3.5 - 5.5
S. CHLORIDE .	109.4	mEq/L	95 - 109
S. URIC ACID	3.7	mg/dL	2.6 - 6.0
S. CALCIUM	8.7	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.4	mg/dL	2.5 - 4.5
S. PROTIEN	6.2	g/dl	6.0 to 8.3
S. ALBUMIN	3.7	g/dl	3.5 to 5.3
S. GLOBULIN	2.50	g/dl	2.3 to 3.6
A/G RATIO	1.48		1 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -

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Test Done	Observed Value	Unit	Ref. Range
LIVER FUNCTION TEST			
TOTAL BILLIRUBIN	1.40	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.92	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.48	mg/dL	UP to 0.7
SGOT(AST)	17.1	U/L	UP to 40
SGPT(ALT)	13.2	U/L	UP to 40
ALKALINE PHOSPHATASE	132.7	IU/L	64 to 306
S. PROTIEN	6.2	g/dl	6.0 to 8.3
S. ALBUMIN	3.7	g/dl	3.5 - 5.0
S. GLOBULIN	2.50	g/dl	2.3 to 3.6
A/G RATIO	1.48		0.9 to 2.3

METHOD - EM200 Fully Automatic

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Registration On : 13-4-24, 2:00 pm
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Test Done	Observed Value	Unit	Ref. Range
LIPID PROFILE			
TOTAL CHOLESTEROL	181.5	mg/dL	200 - 240
S. TRIGLYCERIDE	85.7	mg/dL	0 - 200
S.HDL CHOLESTEROL	44.1	mg/dL	30 - 70
VLDL CHOLESTEROL	17	mg/dL	Up to 35
S.LDL CHOLESTEROL	120.26	mg/dL	Up to 160
LDL CHOL/HDL RATIO	2.73		Up to 4.5
CHOL/HDL CHOL RATIO	4.12		Up to 4.8

Transasia-EM200 FULLY AUTOMATIC

INTERPRETATION

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

Dr. Hrishikesh Chevle
(MBBS.DCP.)



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Test Done	Observed Value	Unit	Ref. Range
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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)	Present(Trace)	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	3-4 /HPF	0 - 5 /HPF
EPITHELIAL CELLS	2-3 /HPF	0 - 4 /HPF
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	Absent
YEAST CELLS	Absent	Absent
ANY OTHER FINDINGS	Absent	

Dr. Hrishikesh Chevle
(MBBS.DCP.)

Patient Name : **MS. AASHALESHA BHOSALE**
Age / Sex : 29 years / Female
Ref. Doctor : self
Client Name : CUDDLES N CURE DIAGNOSTIC CENTRE
Sample ID : 240419917
Printed By : CUDDLES N CURE DIAGNOSTIC CENTRE



Patient ID / Billing ID : 1203671 / 1386308
Specimen Collected at : CUDDLES N CURE DIAGNOSTIC CENTRE
Sample Collected On : 14/04/2024, 02:40 a.m.
Reported On : 14/04/2024, 02:34 p.m.
Printed On : 14/04/2024, 04:03 p.m.



TEST DONE	OBSERVED VALUE	UNIT	REFERENCE RANGE
T3, T4, TSH SERUM			
T3 TOTAL (Triiodothyronine) SERUM ^	0.896	ng/mL	0.80 - 2.00 ng/mL Pregnancy : Last 5 ECLIA months : 1.16 - 2.47
T4 TOTAL (Thyroxine) SERUM ^	6.62	µg/dL	5.1 - 14.1 µg/dL ECLIA
TSH (THYROID STIMULATING HORMONE) SERUM ^ (Ultrasensitive)	1.30	µIU/mL	0.27 - 5.3 ECLIA First Trimester : 0.33 - 4.59 Second Trimester: 0.35 - 4.10 Third Trimester : 0.21 - 3.15

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 hypothyrodism.

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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Tele.:
022-41624000 (100 Lines)

Patient ID : 2404058918		Registered On : 13/04/2024,05:50 PM
Patient Name : MRS. AASHALESHA BHOSALE		Collected On : 13/04/2024,06:17 PM
Age : 29 Yrs		Reported On : 13/04/2024,09:14 PM
Gender : FEMALE		Sample ID
Ref. By Doctor : APEX HOSPITAL		* 2 4 0 4 0 5 8 9 1
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)	5.30	%	Below 6.0% : Normal 6.0% 7.0% : Good Control 7.0% - 8.0% : Fair Control 8.0%-10% : Unisatisfactory Above 10% Poor Control
HPLC- H9			
Mean Blood Glucose Calculated	105.4	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.



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VISIT website
googlemap



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NAME: MRS AASHALESHA B

F/29

Date - 13/04/2024

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 normal

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 8 mmHg.

No MR/TR/AR

Normal flow across all other cardiac valves.

Pulmonary pressure of 20 mm of Hg.

CONCLUSION.-

Normal Biventricular Systolic and diastolic function

No significant valvular abnormalities

LVEF-55-60%

No e/o pulmonary hypertension

DR.Ravindra Ghule

(Consultant cardiologist)

DR. RAVINDRA GHULE

DNB (Medicine), DNB (Cardiology)

Reg. No. 2005-00-3036



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APEX HOSPITALS MULUND Radiologist Report Sheet

Patient Name:	AASHALESHA.BHOSALE	Medical Record No:	13/04/2024 2947
DOB:		Accession No:	
Gender:	F	Location:	Outpatient
Type Of Study:	CR Chest PA	Physician:	MEDIWHEEL
Image Count:	1	Exam Time:	24/13/04 10:15 AM ET
Requisition Time:	24/13/04 12:20 PM ET	Report Time:	24/13/04 12:45 PM ET
Clinical History:	H/O ROUTINE CHECK-UP		

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

M.B.B.S, M.D.

Consultant Radiologist

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

Quality Assurance: Agree / Disagree

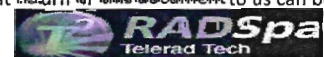
Change in Patient Care: Yes / No

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: MRS.AALESHA BHOSALE

AGE : 29Y/F

DATE -13/04/2024

REF.BY:MEDIWHEEL

USG BOTH BREAST

Both Breast show normal fibro fatty echotexture.

No evidence of focal solid or cystic lesion seen.

No evidence of dilated ducts.

No evidence axillary lymphadenopathy

REMARK :-

No abnormality seen.



Dr.Kamlesh Jain

(Consult Radiologist)

DR. KAMLESH JAIN
DMRD (RADIOLOGY)
2002/03/1656



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NAME : AALESHA BHOSALE AGE : 29/F DATE : 13/04/2024

REF.BY : MEDIWHEEL

USG ABDOMEN AND PELVIS SONOGRAPHY

Liver is normal size and show normal echo texture. No evidence of focal lesion in Liver. Portal vein appears normal, No dilated I.H.B.R. No evidence of pleural effusion.

Gall bladder is well distended.No evidence of cholelithiasis.

C.B.D appears normal, and No evidence of calculi in it.

Pancreas shows normal echogenicity. No signs of acute or chronic Pancreatitis. Spleen shows normal echogenicity and it is of normal size. No evidence of Para-aortic Lymphadenopathy or Ascites.

Right kidney measures: 9.1 x 3.7 cm.

Left kidney measures : 9.6 x 3.3 cm.

No evidence of renal calculi or Hydronephrosis. No evidence of S.O.L. Cortical echogenicity on either side appears normal.

Suboptimal

Visualised part of of uterus normal.

Both the ovaries are of normal size.

No evidence of adnexal mass. No evidence of fluid in posterior cul de-sac is seen.

REMARK :-

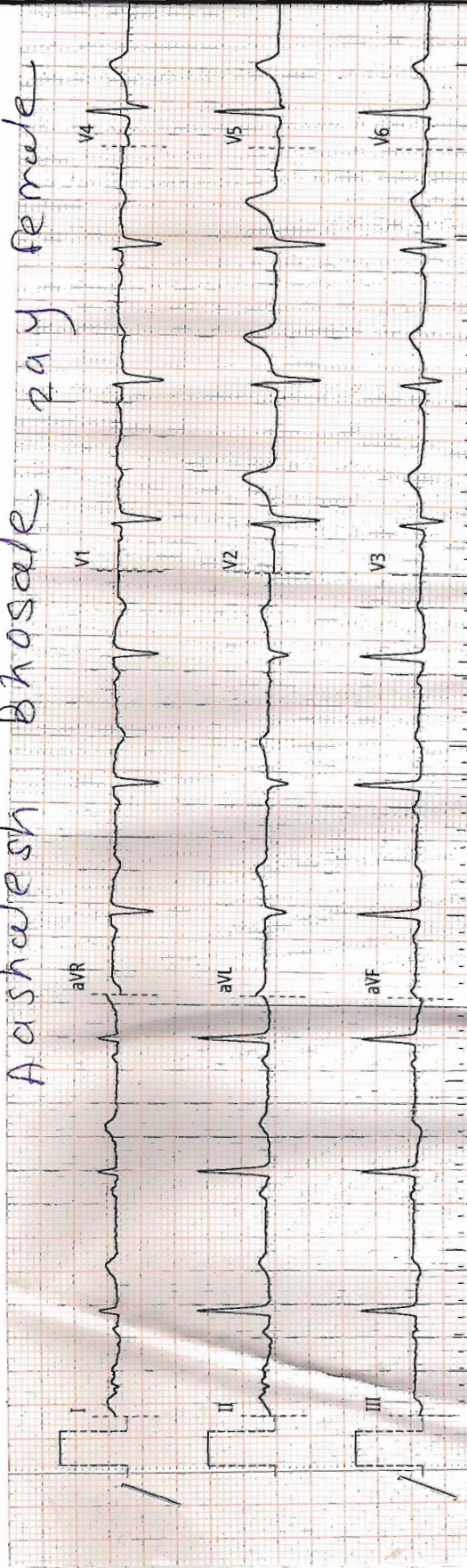
- **No Abnormality Seen.**


Dr.Kamlesh Jain

(Consultant Radiologist)

DR. KAMLESH JAIN
DMRD (RADIOLOGY)
2002/03/1656

Aashwesh Bhosale
24 y female



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

ECG report

ID : 20240413114524

Name :
Gender :
Age :
Dept :
Bed No :

HR : 75 bpm
PR : 132 ms
QRS : 86 ms
QT/QTc : 402/428 ms
P/QRS/T : 57/76/4°
RV5/SV1 : 0.942/0.597 mv
RV5+SV1 : 1.539 mv
Minnesota code: 5-4

<< Interpretations >>

Apex Hospital - Mulund
Veena Hegde, MD, MBBS
Tulsi Pipe Line Road, Near Swapna,
Nagar Road And Model Township
Mulund (W), Mumbai - 80.

Confirm and sign:

Examination time: 2024-04-13 11:45:25