Dr. Ulhas M. Vaidya
MD, DPB
LAB DIRECTOR

Dr. Vaidya's Laboratory Estd. 1979
A trusted name for 44 years
Pathology unit of Millennium Special Lab Pvt. Ltd.

Patient Name	: **MR. PUNDALIK SAWANT**	Patient ID / Billing ID	: 1193069 / 1374696
Age / Sex	: 56 years / Male	Specimen Collected at	: CUDDLES N CURE DIAGNOSTIC CENTRE
Ref. Doctor	: APEX HOSPITAL	Sample Collected On	: 29/03/2024, 07:52 p.m
Client Name	: CUDDLES N CURE DIAGNOSTIC CENTRE	Reported On	: 29/03/2024, 08:50 p.m.
Sample ID	: 2403122742	Printed On	: 30/03/2024, 09:11 p.m
Printed By	: CUDDLES N CURE DIAGNOSTIC CENTRE		

TEST DONE	OBSERVED VALUE	UNIT	REFERENCE RANGE	METHOD
PROSTATE SPECIFIC ANTIGEN (PSA)				
Total PSA^	0.840	ng/ml	0 - 4.0	ECLIA
Free PSA^	0.280	ng/ml	0.0 - 0.5	ECLIA
Free PSA / PSA Ratio.	33.33	%	> 10 % s/o BPH < 10 % s/o Ca Prostate	ECLIA

Interpretation:

Elevated levels of Prostate Specific Antigen (PSA) have been associated with benign and malignant prostatic disorders. Studies indicate that in men 50 years or older measurement of PSA is a useful addition to the digital rectal exam in the early detection of prostate cancer. In addition, PSA decreases to undetectable levels following complete resection of the tumor and may rise again with recurrent disease or persist with residual disease. Thus, PSA levels may be of assistance in the management of prostate cancer patients. In men over 50 years with total PSA between 4.0 and 10.0 ng/mL, the percent (%) free PSA gives an estimate of the probability of cancer. In these circumstances the measurement of the % free PSA may aid in avoiding unnecessary biopsies. If prostatic tissue remains after surgery or if metastasis has occurred , the PSA appears to be useful in detecting residual and early recurrence of tumor. therefore serial PSA levels can help determine the success of prostatectomy and the need for further treatment such as radiation, endocrine or chemotherapy and in monitoring of the effectiveness of therapy. Free PSA/Total PSA Ratio: > 10 % s/o BPH (benign Prostate Hyperplasia). < 10 % s/o Ca Prostate

Note

Tests marked with ^ are included in NABL scope.

Test results relate to the sample as received.

By ECLIA method, false low values can be because of Biotin (Vitamin B 7) consumption.

Kindly correlate clinically.

Processed By : NABL Accredited Dr. Vaidya's Laboratory , Thane
Scan QR for Authentication

END OF REPORT

Checked by

Dr. Vivek Bonde
MD Pathology

Toll Free No.: 18002668992 I Email ID: info@drvaidyaslab.com I Website: www.drvaidyaslab.com

Dr. Ulhas M. Vaidya
MD, DPB
LAB DIRECTOR

Dr. Vaidya's Laboratory Estd.1979
A trusted name for 44 years
Pathology unit of Millennium Special Lab Pvt. Ltd.

Patient Name	: **MR. PUNDALIK SAWANT**	Patient ID / Billing ID	: 1193069 / 1374696
Age / Sex	: 56 years / Male	Specimen Collected at	: CUDDLES N CURE DIAGNOSTIC CENTRE
Ref. Doctor	: APEX HOSPITAL	Sample Collected On	: 29/03/2024, 07:52 p.m
Client Name	: CUDDLES N CURE DIAGNOSTIC CENTRE	Reported On	: 29/03/2024, 08:43 p.m
Sample ID	: 2403122742	Printed On	: 30/03/2024, 09:10 p.m
Printed By	: CUDDLES N CURE DIAGNOSTIC CENTRE		

TEST DONE	OBSERVED VALUE	UNIT	REFERENCE RANGE	METHOD
T3, T4, TSH SERUM				
T3 TOTAL (Triiodothyronine) SERUM ^	1.23	ng/mL	0.80 - 2.00 ng/mL	ECLIA
T4 TOTAL (Thyroxine) SERUM ^	8.08	µg/dL	5.1 - 14.1 µg/dL	ECLIA
TSH (THYROID STIMULATING HORMONE) SERUM ^ (Ultrasensitive)	3.52	µIU/mL	0.27 - 8.9	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

END OF REPORT

Checked by
Dr. Vivek Bonde
MD Pathology

Dr. Ulhas M. Vaidya
MD, DPB
LAB DIRECTOR

Dr. Vaidya's Laboratory Estd. 1979
A trusted name for 44 years
Pathology unit of Millennium Special Lab Pvt. Ltd.

Patient Name	: **MR. PUNDALIK SAWANT**	Patient ID / Billing ID	: 1193069 / 1374696
Age / Sex	: 56 years / Male	Specimen Collected at	: CUDDLES N CURE DIAGNOSTIC CENTRE
Ref. Doctor	: APEX HOSPITAL	Sample Collected On	: 29/03/2024, 07:52 p.m.
Client Name	: CUDDLES N CURE DIAGNOSTIC CENTRE	Reported On	: 29/03/2024, 10:30 p.m.
Sample ID	: 2403122742	Printed On	: 30/03/2024, 09:10 p.m.
Printed By	: CUDDLES N CURE DIAGNOSTIC CENTRE		

TEST DONE	OBSERVED VALUE	UNIT	REFERENCE RANGE	METHOD
GLYCOSYLATED HAEMOGLOBIN (HBA1C), BLOOD				
PRIMARY SAMPLE : BLOOD				
Glycosylated Haemoglobin ^	**6.2**	%	< 5.6 Normal 5.7-6.4 Prediabetic >/= 6.5 Diabetic	High Performance Liquid Chromatography
Mean Plasma Glucose	129.82	mg/dl	65.1 - 136.3	Calculated

Note

Tests marked with ^ are included in NABL scope.

Test results relate to the sample as received.

Hemoglobin electrophoresis (HPLC method) is recommended for detecting Hemoglobinopathy.

Interpretation

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose(eAG). 2. HbA1c has been endorsed by clinical groups and ADA (American Diabetes Association) guidelines 2019 , for diagnosis of diabetes using a cut-off point of 6.5%.

3. Trends in HbA1c are a better indicator of diabetic control than solitary test.

4. Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflmmatory diseases, chronic anaemia (especially severe iron deficiency & hemolytic), chronic renal failure and liver diseases. Clinical correlation is suggested

5. To estimate the eAg from HbA1C value, the following equation is used: eAG (mg/dL) = 28.7 * A1c - 46.7

6. Interferences of Hemoglobinopathies in HbA1c estimation: A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing HbA1c. B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status. C. Heterozygous state detected (D10 and Turbo is corrected for HbS and HbC trait).

7. In known diabetic patients , following values can be considered as a tool for monitoring the glycemic control.

Excellent Control: 6 - 7 %

Good Control : 7 - 8%

Unsatisfactory Control - 8 - 10% and

Poor Control - More than 10%

Processed By : NABL Accredited Dr. Vaidya's Laboratory , Thane
Scan QR for Authentication

END OF REPORT

Checked by:

Dr. Vivek Bonde
MD Pathology

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)

Patient Name	: MR. PUNDALIK SAWANT	Patient ID	: 86299
Age/Sex	: 56 Years /Male	Sample Collected on	: 29-3-24, 2:00 pm
Ref Doctor	: APEX HOSPITAL	Registration On	: 29-3-24, 2:00 pm
Client Name	: Apex Hospital	Reported On	: 29-3-24, 9:16 pm

Test Done	Observed Value	Unit	Ref. Range
Complete Blood Count(CBC)			
HEMOGLOBIN	13.3	gm/dl	12 - 16
Red Blood Corpuscles			
PCV (HCT)	**39.2**	%	42 - 52
RBC COUNT	**4.49**	x10^6/uL	4.70 - 6.50
RBC Indices			
MCV	87.4	fl	78 - 94
MCH	29.6	pg	26 - 31
MCHC	33.9	g/L	31 - 36
RDW-CV	14.2	%	11.5 - 14.5
White Blood Corpuscles			
TOTAL LEUCOCYTE COUNT	7200	/cumm	4000 - 11000
Differential Count			
NEUTROPHILS	70	%	40 - 75
LYMPHOCYTES	25	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	0	%	0 - 1
Platelets			
PLATELET COUNT	171000	Lakh/cumm	150000 - 450000
MPV	8.3	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.)

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 Lines)

Patient Name	: MR. PUNDALIK SAWANT	Patient ID	: 86299
Age/Sex	: 56 Years /Male	Sample Collected on	: 29-3-24, 2:00 pm
Ref Doctor	: APEX HOSPITAL	Registration On	: 29-3-24, 2:00 pm
Client Name	: Apex Hospital	Reported On	: 29-3-24, 9:16 pm

Test Done	Observed Value	Unit	Ref. Range

Blood Group & RH Factor

SPECIMEN	WHOLE BLOOD
ABO GROUP	'AB'
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.)

Where Healing & Care Comes Naturally

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 Lines)

Patient Name	: MR. PUNDALIK SAWANT	Patient ID	: 86299
Age/Sex	: 56 Years / Male	Sample Collected on	: 29-3-24, 2:00 pm
Ref Doctor	: APEX HOSPITAL	Registration On	: 29-3-24, 2:00 pm
Client Name	: Apex Hospital	Reported On	: 29-3-24, 9:16 pm

Test Done	Observed Value	Unit	Ref. Range
ESR (ERYTHROCYTES SEDIMENTATION RATE)			
ESR	13	mm/1hr.	0 - 20

METHOD - WESTERGREN

Dr. Hrishikesh Chevle
(MBBS, DCP.)

Where Healing & Care Comes Naturally

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 Lines)

Patient Name	: MR. PUNDALIK SAWANT	Patient ID	: 86299
Age/Sex	: 56 Years /Male	Sample Collected on	: 29-3-24, 2:00 pm
Ref Doctor	: APEX HOSPITAL	Registration On	: 29-3-24, 2:00 pm
Client Name	: Apex Hospital	Reported On	: 29-3-24, 9:16 pm

Test Done	Observed Value	Unit	Ref. Range
BLOOD GLUCOSE FASTING & PP			
FASTING BLOOD GLUCOSE	93.5	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	108.6	mg/dL	70 - 140
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT

Method - GOD-POD

Dr. Hrishikesh Chevle
(MBBS.DCP.)

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
google map

Tele.:
022-41624000 (100 Lines)

Patient Name	: MR. PUNDALIK SAWANT	Patient ID	: 86299
Age/Sex	: 56 Years /Male	Sample Collected on	: 29-3-24, 2:00 pm
Ref Doctor	: APEX HOSPITAL	Registration On	: 29-3-24, 2:00 pm
Client Name	: Apex Hospital	Reported On	: 29-3-24, 9:16 pm

Test Done	Observed Value	Unit	Ref. Range
RENAL FUNCTION TEST			
BLOOD UREA	22.9	mg/dL	10 - 50
BLOOD UREA NITROGEN	10.70	mg/dL	0.0 - 23.0
S. CREATININE	0.77	mg/dL	0.7 to 1.4
S. SODIUM	136.7	mEq/L	135 - 155
S. POTASSIUM	4.37	mEq/L	3.5 - 5.5
S. CHLORIDE	108.8	mEq/L	95 - 109
S. URIC ACID	**2.65**	mg/dL	3.5 - 7.2
S. CALCIUM	**7.96**	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.97	mg/dL	2.5 - 4.5
S. PROTIEN	**5.9**	g/dl	6.0 to 8.3
S. ALBUMIN	**3.1**	g/dl	3.5 to 5.3
S. GLOBULIN	2.80	g/dl	2.3 to 3.6
A/G RATIO	1.11		1.0 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -

Dr. Hrishikesh Chevle
(MBBS.DCP.)

Where Healing & Care Comes Naturally

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 Lines)

Patient Name	: MR. PUNDALIK SAWANT	Patient ID	: 86299
Age/Sex	: 56 Years /Male	Sample Collected on	: 29-3-24, 2:00 pm
Ref Doctor	: APEX HOSPITAL	Registration On	: 29-3-24, 2:00 pm
Client Name	: Apex Hospital	Reported On	: 29-3-24, 9:16 pm

Test Done	Observed Value	Unit	Ref. Range
LIVER FUNCTION TEST			
TOTAL BILLIRUBIN	0.62	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.21	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.41	mg/dL	UP to 0.7
SGOT(AST)	22.1	U/L	UP to 40
SGPT(ALT)	16.2	U/L	UP to 40
ALKALINE PHOSPHATASE	187.0	IU/L	64 to 306
S. PROTIEN	**5.9**	g/dl	6.0 to 8.3
S. ALBUMIN	**3.1**	g/dl	3.5 - 5.0
S. GLOBULIN	2.80	g/dl	2.3 to 3.6
A/G RATIO	1.11		0.9 to 2.3

METHOD - EM200 Fully Automatic

Dr. Hrishikesh Chevle
(MBBS.DCP.)

Where Healing & Care Comes Naturally

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
google map

Tele.:
022-41624000 (100 Lines)

Patient Name	: MR. PUNDALIK SAWANT	Patient ID	: 86299
Age/Sex	: 56 Years /Male	Sample Collected on	: 29-3-24, 2:00 pm
Ref Doctor	: APEX HOSPITAL	Registration On	: 29-3-24, 2:00 pm
Client Name	: Apex Hospital	Reported On	: 29-3-24, 9:16 pm

Test Done	Observed Value	Unit	Ref. Range
LIPID PROFILE			
TOTAL CHOLESTEROL	**196.1**	mg/dL	200 - 240
S. TRIGLYCERIDE	88.9	mg/dL	0 - 200
S.HDL CHOLESTEROL	41.2	mg/dL	30 - 70
VLDL CHOLESTEROL	18	mg/dL	Up to 35
S.LDL CHOLESTEROL	137.12	mg/dL	Up to 160
LDL CHOL/HDL RATIO	3.33		Up to 4.5
CHOL/HDL CHOL RATIO	4.76		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.)

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 Lines)

Patient Name	: MR. PUNDALIK SAWANT	Patient ID	: 86299
Age/Sex	: 56 Years /Male	Sample Collected on	: 29-3-24, 2:00 pm
Ref Doctor	: APEX HOSPITAL	Registration On	: 29-3-24, 2:00 pm
Client Name	: Apex Hospital	Reported On	: 29-3-24, 9:16 pm

Test Done	Observed Value	Unit	Ref. Range
URINE ROUTINE EXAMINATION			
Physical Examination			
VOLUME	30 ml		- -
COLOUR	Pale Yellow		Pale Yellow
APPEARANCE	Slightly Hazy		Clear
DEPOSIT	Absent		Absent
Chemical Examination			
REACTION (PH)	Acidic		Acidic
SPECIFIC GRAVITY	1.020		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	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		

Dr. Hrishikesh Chevle
(MBBS.DCP.)