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# 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

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googlemap



Tele.:  
022-41624000 (100 Line)

13/4/24

Name Bhagyashree Kani

Age - 54 ym F

No H/O major illness

o/c - T - Afebrile  
P - 80/min  
BP - 120/80 mmHg  
RR - 18/min  
SpO<sub>2</sub> - 98% @ RA

S/E - aus - S, S<sub>2</sub> (P)  
Rs - BSBE  
PIA - S<sub>2</sub>th  
CNS - Conscious & oriented

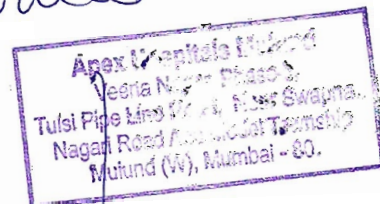
Dental check up - Normal

Eye check up - To do optometrist optician  
S/I & spectacles.

Skin check up - Normal

ENT check up - Normal

Gynaec check up - Normal



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

Patient Name	: Mrs. BHAGYASHREE KENI	Patient ID	: 87235
Age/Sex	: 54 Years /Female	Sample Collected on	: 13-4-24, 2:00 pm
Ref Doctor	: APEX HOSPITAL	Registration On	: 13-4-24, 2:00 pm
Client Name	: Apex Hospital	Reported On	: 13-4-24, 7:23 pm

Test Done	Observed Value	Unit	Ref. Range
<b>Complete Blood Count(CBC)</b>			
HEMOGLOBIN	<b>11.3</b>	gm/dl	12 - 15
<b>Red Blood Corpuscles</b>			
PCV ( HCT )	<b>35.3</b>	%	36 - 46
RBC COUNT	<b>4.32</b>	x10 <sup>6</sup> /uL	4.5 - 5.5
<b>RBC Indices</b>			
MCV	81.8	fl	78 - 94
MCH	26.1	pg	26 - 31
MCHC	32.3	g/L	31 - 36
RDW-CV	13.8	%	11.5 - 14.5
<b>White Blood Corpuscles</b>			
TOTAL LEUCOCYTE COUNT	4100	/cumm	4000 - 11000
<b>Differential Count</b>			
NEUTROPHILS	60	%	40 - 75
LYMPHOCYTES	35	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	0	%	0 - 1
<b>Platelets</b>			
PLATELET COUNT	262000	Lakh/cumm	150000 - 450000
MPV	8.1	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.)



# APEX HOSPITALS MULUND DIAGNOSTIC

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Client Name : Apex Hospital

Patient ID : 87235  
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Reported On : 13-4-24, 7:23 pm

Test Done	Observed Value	Unit	Ref. Range
<b>ESR (ERYTHROCYTES SEDIMENTATION RATE)</b>			
<b>ESR</b>	12	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	'B'
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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Reported On : 13-4-24, 7:23 pm

Test Done	Observed Value	Unit	Ref. Range
<b>BLOOD GLUCOSE FASTING &amp; PP</b>			
FASTING BLOOD GLUCOSE	75.2	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	98.7	mg/dL	70 - 140
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT

Method - GOD-POD

Dr. Hrishikesh Chevle  
(MBBS.DCP.)



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Test Done	Observed Value	Unit	Ref. Range
<b>RENAL FUNCTION TEST</b>			
BLOOD UREA	24.1	mg/dL	10 - 50
BLOOD UREA NITROGEN	11.26	mg/dL	0.0 - 23.0
S. CREATININE	0.64	mg/dL	0.6 to 1.4
S. SODIUM	139.1	mEq/L	135 - 155
S. POTASSIUM	4.60	mEq/L	3.5 - 5.5
S. CHLORIDE	108.7	mEq/L	95 - 109
S. URIC ACID	3.9	mg/dL	2.6 - 6.0
S. CALCIUM	8.9	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.7	mg/dL	2.5 - 4.5
S. PROTIEN	6.4	g/dl	6.0 to 8.3
S. ALBUMIN	3.7	g/dl	3.5 to 5.3
S. GLOBULIN	2.70	g/dl	2.3 to 3.6
A/G RATIO	1.37		1 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -

**Dr. Hrishikesh Chevle**  
(MBBS.DCP.)

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Test Done	Observed Value	Unit	Ref. Range
<b>LIVER FUNCTION TEST</b>			
TOTAL BILLIRUBIN	0.78	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.21	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.57	mg/dL	UP to 0.7
SGOT(AST)	20.8	U/L	UP to 40
SGPT(ALT)	15.2	U/L	UP to 40
ALKALINE PHOSPHATASE	217.5	IU/L	64 to 306
S. PROTIEN	6.4	g/dl	6.0 to 8.3
S. ALBUMIN	3.7	g/dl	3.5 - 5.0
S. GLOBULIN	2.70	g/dl	2.3 to 3.6
A/G RATIO	1.37		0.9 to 2.3

METHOD - EM200 Fully Automatic



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Client Name : Apex Hospital

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Test Done	Observed Value	Unit	Ref. Range
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL	<b>252.1</b>	mg/dL	200 - 240
S. TRIGLYCERIDE	165.1	mg/dL	0 - 200
S.HDL CHOLESTEROL	42.	mg/dL	30 - 70
VLDL CHOLESTEROL	33	mg/dL	Up to 35
S.LDL CHOLESTEROL	<b>177.08</b>	mg/dL	Up to 160
LDL CHOL/HDL RATIO	4.22		Up to 4.5
CHOL/HDL CHOL RATIO	<b>6.00</b>		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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Tele.:  
**022-41624000 (100 Line)**

<b>Patient ID</b> : 2404058919	 For Authenticity Scan QR Code	Registered On : 13/04/2024,05:51 PM
<b>Patient Name</b> : MRS. BHAGYASHREE KENI		Collected On : 13/04/2024,06:16 PM
<b>Age</b> : 54 Yrs		Reported On : 13/04/2024,09:14 PM
<b>Gender</b> : FEMALE		Sample ID
<b>Ref. By Doctor</b> : APEX HOSPITAL		 * 2 4 0 4 0 5 8 9 1
<b>Sample Collected At</b> : APEX HOSPITAL MULUND		

### Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Haemoglobin)	<b>6.30</b>	%	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	<b>134.1</b>	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 glycemc 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.

This report is system generated and electronically authenticated.

Page 1 of 1


  
**Dr. Roshan Shaikh**  
 MBBS MD Pathology  
 Consultant Pathologist

Patient Name : **MS. BHAGGASHREE KENI**  
Age / Sex : 54 years / Female  
Ref. Doctor : self  
Client Name : CUDDLES N CURE DIAGNOSTIC CENTRE  
Sample ID : 240419912  
Printed By : CUDDLES N CURE DIAGNOSTIC CENTRE



Patient ID / Billing ID : 1203666 / 1386302  
Specimen Collected at : CUDDLES N CURE DIAGNOSTIC CENTRE  
Sample Collected On : 14/04/2024, 02:33 a.m.  
Reported On : 14/04/2024, 02:33 p.m.  
Printed On : 14/04/2024, 04:08 p.m.



TEST DONE	OBSERVED VALUE	UNIT	REFERENCE RANGE	METHOD
 <b>T3, T4, TSH SERUM</b>				
<b>T3 TOTAL (Triiodothyronine) SERUM ^</b>	1.14	ng/mL	0.80 - 2.00 ng/mL Pregnancy : Last 5 ECLIA months : 1.16 - 2.47	
<b>T4 TOTAL (Thyroxine) SERUM ^</b>	7.86	µg/dL	5.1 - 14.1 µg/dL	ECLIA
<b>TSH (THYROID STIMULATING HORMONE) SERUM ^ (Ultrasensitive)</b>	2.58	µIU/mL	0.27 - 5.3 First Trimester : 0.33 - 4.59 Second Trimester: 0.35 - 4.10 Third Trimester : 0.21 - 3.15	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>	BHAGYSHREE.KENI	<b>Medical Record No:</b>	13/04/2024 2946
<b>DOB:</b>		<b>Accession No:</b>	
<b>Gender:</b>	F	<b>Location:</b>	Outpatient
<b>Type Of Study:</b>	CR Chest PA	<b>Physician:</b>	MEDIWHEEL
<b>Image Count:</b>	1	<b>Exam Time:</b>	24/13/04 10:03 AM ET
<b>Requisition Time:</b>	24/13/04 12:20 PM ET	<b>Report Time:</b>	24/13/04 12:45 PM ET
<b>Clinical History:</b>	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. Left hilar and upper zone calcification seen .

There is no pleural effusion. The bony thorax is unremarkable.

**IMPRESSION:**

Left hilar and upper zone calcification seen . ?Old granulomatous lesion .

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: MRS. BHAGYASHREE KENI F/54 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 6 mmHg.

No MS / Trivial MR

Trivial TR

Normal flow across all other cardiac valves.

Pulmonary pressure of 30 mm of Hg.

## CONCLUSION.-

Normal Biventricular Systolic and diastolic function

LVEF-55-60%

Trivial MR

Trivial TR

No e/o pulmonary hypertension

  
DR.Ravindra Ghule

(Consultant cardiologist)

DNB (Medicine) DNB (Cardiology)

Reg. No. 20089 088 80966



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**NAME: MRS.BHAGYASHREE K**

**AGE :54Y/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



NAME : MRS.BHAGYSREE KENI AGE : 54/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: 8.0 x 4.3 cm.  
Left kidney measures : 9.5 x 4.4 cm.

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

Uterus and pelvis could not be evaluated due to empty bladder. 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.**

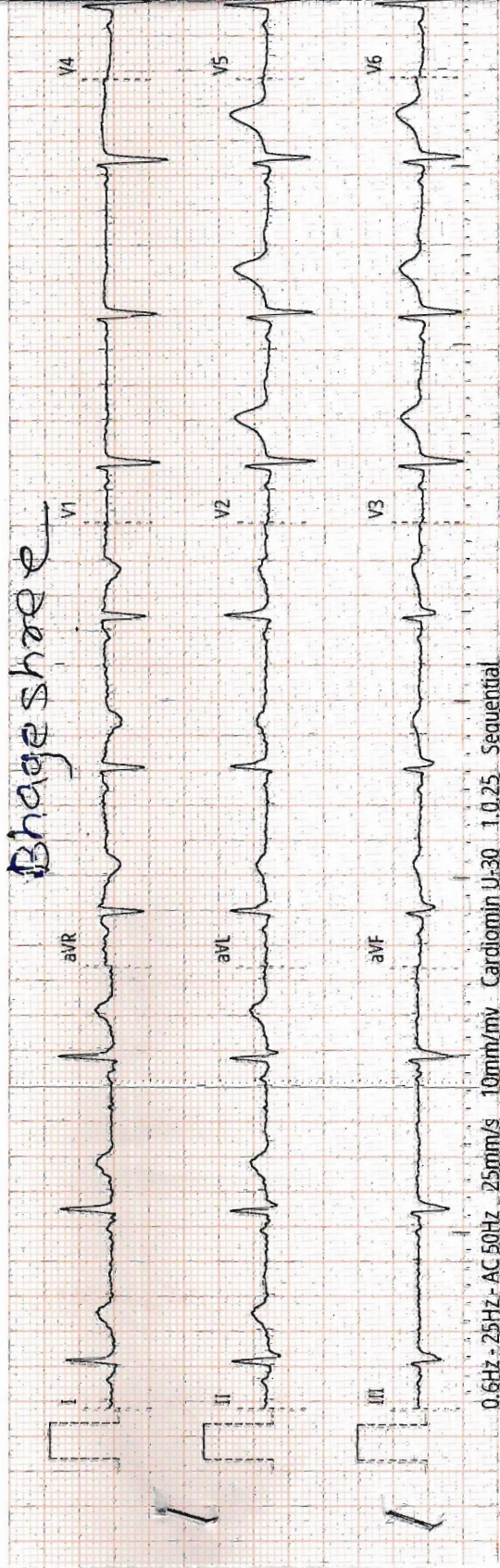


**Dr.Kamlesh Jain**

(Consultant Radiologist )

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

Bhageshree



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

ECG report

ID : 20240413133628

Name :

Gender :

Age :

Dept :

Bed No :

HR : 70 bpm  
PR : 112 ms  
QRS : 92 ms  
QT/QTc : 410/428 ms  
P/QRS/T : 26/2/31 °  
RV5/SV1 : 0.668/0.769 mv  
RV5+SV1 : 1.437 mv

<<Interpretations >>

Apex Hospitals Mulund  
Veena Nagar, Phase 3  
Tulsi Pipe Line Road, Near SBI  
Nagar Road And More  
Mulund (W) Mumbai  
Confirm and sign:

Examination time: 2024-04-13 13:36:28

