



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)

Name - Siddhi Todankar

20/4/24

Age - 33 / F

H/O - NO - DM / HTN or any cardiac illness

C/O - NO any major illness

O/E - BP - 130/80 mmHg
SP - 86/min
Tem - Afebr
SPO2 - 98%

S/E - RS
CVS } NAD
CNS }

Vision - Rt eyes - 6/9
L't eyes - 6/6

ear - NAD

skin - NAD

BMI - wt - 67 kg
Ht - 165 cm } 24.61 good

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

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NAME : MRS. SIDDHI TODANKAR 33/F DATE - 20/04/2024

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 7 mm Hg.
No MS / Trivial TR
Normal flow across all other cardiac valves.
Pulmonary pressure of 20 mm of Hg.

CONCLUSION.

Normal Bi-ventricular Systolic and diastolic function
LVEF-55-60%
Trivial TR
No e/o pulmonary hypertension

DR. Ravindra Ghule
(Consultant cardiologist)

DR. RAVINDRA GHULE
DNB (Medicine), DNB (Cardiology)
Reg. No. 2009 / 08 / 3036

Patient Name : MRS SIDDHI TODANKAR	Gender : Female
Age : 33 Y	Date : Apr 20, 2024
Referring Doctor : APEX HOSPITAL	Patient ID :

X-RAY CHEST AP VIEW (PORTABLE)

FINDINGS:

Normal bronchovascular markings in bilateral lung fields.

Bilateral hila are normal.

Trachea appears normal.

Cardiac shadow is within normal limits.

The domes of diaphragm are normal in position and shows smooth outline.

Bilateral costophrenic angles are clear.

Visualized bones are grossly normal.

Visualised soft tissue shadows are normal.

IMPRESSION:

- No significant abnormality detected

Javeriya Fatima

Dr.JAVERIYA FATIMA
MD Radiology
Reg - 2020/08/5281



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NAME : MRS. SIDDHI TODANKAR

AGE: 33/F

DATE : 20/04/2024

REF.BY : MEDIWHEEL

USG ABDOMEN AND PELVIS SONOGRAPHY

Liver is of 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 : 9.0 x 4.0 cm.

Left kidney measures : 9.2 x 2.3 cm.

No evidence of renal calculi or Hydronephrosis. No evidence of S.O.L.

Both kidney are normal in size increased cortical echogenicity.

No dilated upper or lower ureters are seen.

Bladder shows smooth margin and there is no evidence of vesicle calculi.

Foley bulb seen in situ.

Uterus is normal in size and anteverted in position.it measures 6.9 cm in transverse 4.5 cm in AP & 5.2 cm in longitudinal axis.

Uterine margin appears smooth and there is no evidence of any indentation on it.

Uterine echo texture is normal.

Endometrial canal is seen in the center of the uterine cavity,it measures 8 mm and appears normal.cervical canal shows abnormality.

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



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NAME: MRS. SIDDHI TODANKAR AGE : 33/F

DATE : 20/04/2024

REF.BY: MEDIWHEEL

USG OF BOTH BREAST

Few cystic areas noted.

Right Breast - 0.58 x 0.71 cm at 1 clock position.

0.54 x 0.67 cm at 7 clock position.

0.86 x 1.76 breast nipple areolar complex.

Left Breast - Normal.

Bilateral Adnexa clear.

REMARK :-

- Multiple Cystic In Right Breast As Described.

Dr. Kamlesh Jain

(Consult Radiologist)

DR. KAMLESH JAIN
DMRD (RADIOLOGY)
02/03/1656



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Tele.:
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Mrs. SIDDHI TODANKAR	Collected : 20-04-2024 17:19	Lab ID : 40408905686
DOB :	Received : 20-04-2024 17:30	Sample Quality : Adequate
Age : 33 Years	Reported : 20-04-2024 18:53	Location : MUMBAI
Gender : Female	Status : Final	Ref By : APEX HOSPITAL
CRM :		Client : SANJAY PANDEY -MU058

Parameter	Result	Unit	Biological Ref. Interval
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THYROID FUNCTION TEST

Tri Iodo Thyronine (T3 Total), Serum CLIA	1.17	ng/mL	Non Pregnant: 0.7 - 2.04 Pregnancy: 1st trimester: 0.81-1.9 2nd & 3rd trimester: 1.0-2.60
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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	9.35	µg/dL	5.5-11.0
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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	3.049	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
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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

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

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.

Signature



ORTHOPEDIC | SPINE | CARDIOLOGY | GENERAL SURGERY | LAPAROSCOPY | CRITICAL CARE | GASTROENTEROLOGY | CANCER | DIABETOLOGY
NEUROLOGY | NEPHROLOGY | VASCULAR SURGERY | ENT | OPHTHALMOLOGY | PLASTIC SURGERY | UROSURGERY | PEDIATRIC SURGERY



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Tele.:
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Patient ID : 2404062181
Patient Name : MRS. SIDDHI TODANKAR
Age : 33 Yrs
Gender : FEMALE
Ref. By Doctor : APEX HOSPITAL
Sample Collected At : APEX HOSPITAL MULUND



For Authenticity Scan QR Code

Registered On : 20/04/2024,05:22 PM
Collected On : 20/04/2024,10:52 PM
Reported On : 21/04/2024,12:10 AM
Sample ID



* 2 4 0 4 0 6 2 1 8

Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Haemoglobin)	5.00	%	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	96.8	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.

Page 1 of 1

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Tele.:
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Patient Name : **Ms. SIDDHI TODANKAR**
Age/Sex : 33 Years /Female
Ref Doctor : APEX HOSPITAL
Client Name : Apex Hospital

Patient ID : 87641
Sample Collected on : 20-2-24,11:00 am
Registration On : 20-4-24,11:00 am
Reported On : 20-4-24, 6:03 pm

Test Done	Observed Value	Unit	Ref. Range
Complete Blood Count(CBC)			
HEMOGLOBIN	11.7	gm/dl	12 - 15
Red Blood Corpuscles			
PCV (HCT)	35.0	%	36 - 46
RBC COUNT	4.76	x10 ⁶ /uL	4.5 - 5.5
RBC Indices			
MCV	73.7	fl	78 - 94
MCH	24.5	pg	26 - 31
MCHC	33.4	g/L	31 - 36
RDW-CV	14.8	%	11.5 - 14.5
White Blood Corpuscles			
TOTAL LEUCOCYTE COUNT	5200	/cumm	4000 - 11000
Differential Count			
NEUTROPHILS	65	%	40 - 75
LYMPHOCYTES	30	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	0	%	0 - 1
Platelets			
PLATELET COUNT	153000	Lakh/cumm	150000 - 450000
MPV	10.1	fl	6.5 - 9.8
RBC MORPHOLOGY	Hypochromia, Microcytosis		
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	12	mm/1hr.	0 - 20
METHOD - WESTERGREN			

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Age/Sex	: 33 Years /Female	Sample Collected on	: 20-2-24, 11:00 am
Ref Doctor	: APEX HOSPITAL	Registration On	: 20-4-24, 11:00 am
Client Name	: Apex Hospital	Reported On	: 20-4-24, 6:03 pm

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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Test Done	Observed Value	Unit	Ref. Range
BLOOD GLUCOSE FASTING & PP			
FASTING BLOOD GLUCOSE	80.1	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	95.1	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	27.1	mg/dL	10 - 50
BLOOD UREA NITROGEN	12.66	mg/dL	0.0 - 23.0
S. CREATININE	0.68	mg/dL	0.6 to 1.4
S. SODIUM	136.1	mEq/L	135 - 155
S. POTASSIUM	4.14	mEq/L	3.5 - 5.5
S. CHLORIDE	109.6	mEq/L	95 - 109
S. URIC ACID	4.8	mg/dL	2.6 - 6.0
S. CALCIUM	9.5	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.7	mg/dL	2.5 - 4.5
S. PROTIEN	6.02	g/dl	6.0 to 8.3
S. ALBUMIN	3.6	g/dl	3.5 to 5.3
S. GLOBULIN	2.42	g/dl	2.3 to 3.6
A/G RATIO	1.49		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
LIPID PROFILE			
TOTAL CHOLESTEROL	240.1	mg/dL	200 - 240
S. TRIGLYCERIDE	125.2	mg/dL	0 - 200
S.HDL CHOLESTEROL	43.2	mg/dL	30 - 70
VLDL CHOLESTEROL	25	mg/dL	Up to 35
S.LDL CHOLESTEROL	171.86	mg/dL	Up to 160
LDL CHOL/HDL RATIO	3.98		Up to 4.5
CHOL/HDL CHOL RATIO	5.56		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
-----------	----------------	------	------------

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	1.010	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

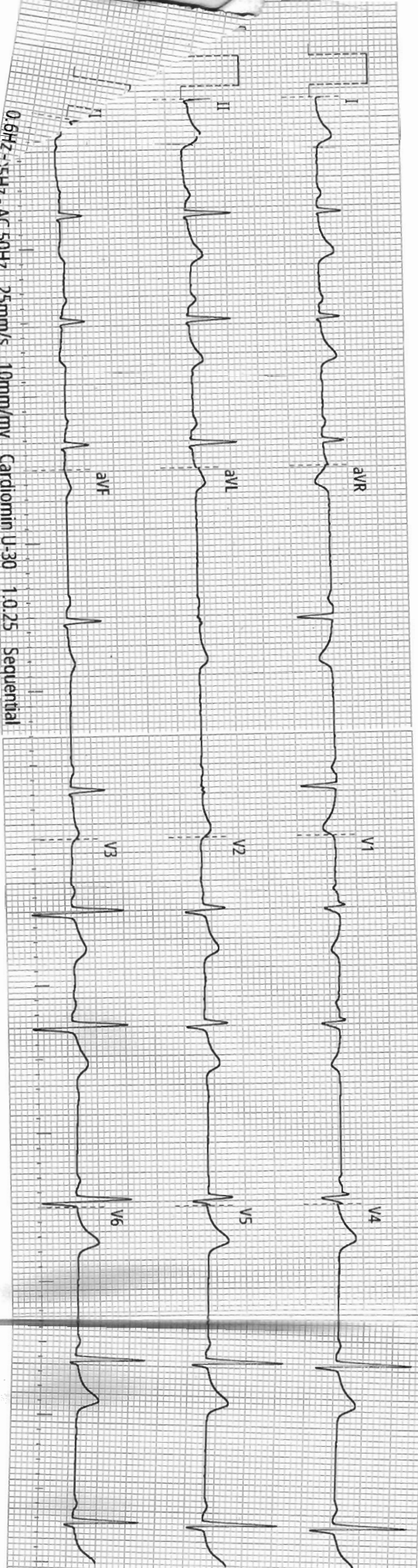
Microscopic Examination

RED BLOOD CELLS	Absent	Absent
PUS CELLS	2-3 /HPF	0 - 5 /HPF
EPITHELIAL CELLS	1-2 /HPF	0 - 4 /HPF
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	Absent
YEAST CELLS	Absent	Absent
ANY OTHER FINDINGS	Absent	



Dr. Hrishikesh Chevle
(MBBS.DCP.)

0.6Hz-15Hz - AC 50Hz 25mm/s 10mm/mv Cardiomin U-30 1:0.25 Sequential



ECG report

ID : 20240
Name : Sidd
Gender : M
Age : 33
Dept :
Bed No :

ECG report

ID : 20240420080911
Name : Siddhant
Gender : Female
Age : 33 year
Dept :
Bed No :

HR : 60 bpm
PR : 142 ms
QRS : 80 ms
QT/QTc : 406/406 ms
P/QRS/T : 55/60/24°
RV5/SV1 : 1.271/0.291 mv
RV5-SV1 : 1.562 mv
Minnesota code : 6-1

<<Interpretations >>

Apex Hospitals Mulund
Veena Nagar, Phase-II,
Tulsi Pipe Line Road, Near Swapna,
Nagar Road And Model Township
Mulund (W), Mumbai - 60.

Confirm and sign:
Examination time : 2024-04-20 08:09:11

