



# 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

visit website  
googlemap



Tele.:  
022-41624000 (100 Lines)

13/4/24

### INTERVENTIONAL CARDIOLOGIST

Dr Ravindra Ghule  
Mon to Sat: 1.00 pm to 2.00 pm  
Dr Mukesh Jha  
Mon to Sat: 7.00 pm to 8.00 pm  
Dr Ameya Chavan  
Tue & Thurs: 11.00 am to 12.00 pm

### CARDIO VASCULAR & THORACIC SURGEON

Dr. Sagar Kedare  
Tues, Thurs & Sat: 11.00 am to 12.00 pm

### GASTROENTEROLOGIST

Dr Vinay Pawar  
Mon to Sat: 5.00 pm to 6.00 am  
Dr Sujith Nair  
Wed: 6.00 pm to 7.00 pm

### ORTHOPAEDICS & JOINT REPLACEMENT SURGEON

Dr Aditya Pathak  
Mon to Sat: 1.30 pm to 2.30 pm  
Dr Anil Mali  
Mon to Sat: 10.00 am to 12.00 pm  
Dr Karthik Subramanian  
Mon, Wed & Fri: 7.00 pm to 8.00 pm  
Dr Atul Patil  
Wed to Sat: 4.00 pm to 5.00 pm  
Dr Abhijeet Savale  
Mon, Wed & Sat: 10.00am to 11.00am

### PLASTIC AND RECONSTRUCTIVE SURGEON

Dr Om Agarwal  
Mon to Sat: 5.00 pm to 6.00 pm

### GENERAL PHYSICIAN

Dr. Sagar Patil  
Mon to Sat: 9.30 am to 11.30 am  
Dr Hardik Thakkar  
Mon to Fri: 8.00 pm to 9.00 pm

### GENERAL & LAPROSCOPIC SURGEON

Dr Shirang Yadwadkar  
Mon to Sat: 7.30 pm to 8.30 pm  
Dr Amol Gosavi  
Mon to Sat: 12.00 pm to 1.00 pm

### PEADIATRICIAN

Dr Kaustubh Shah  
Mon to Sat: 9.00 am to 1.00 pm & 5.00 pm to 9.00 pm

### PEDIATRIC CARDIOLOGIST

Dr Varsha Mane  
Mon to Sat: 7.00 pm to 8.00 pm

### CHEST PHYSICIAN

Dr Sapna Chavan  
Mon to Sat: 5.00 pm to 6.00 pm  
Dr Prasad Padwal  
Thursday: 12.00 pm to 1.00 pm

Name: - Omkar Chorge

Age - 34 y/m/m

No H/O major illness

O/C - T - Afebrile  
P. 72/min

BP - 120/80 mmHg

RR - 18/min

SpO2 - 98% @ RA

S/P - CUS - S, B, F

Re - B, B, B

P/A - Soft

CNS - conscious & oriented

Height - 160cm } BMI - 29.30  
Weight - 75kg }

Dental check up - Normal

Eye check up - Normal

Skin check up - Normal

ENT check up - Normal

### RADIOLOGISTS & SONOLOGISTS

Dr. Kamlesh Jain  
Tues, Thurs & Sat: 2.30 pm to 3.30 pm

### ONCOLOGIST

Dr Smit Sheth  
Mon, Wed & Fri: 4.00pm to 5pm

### ONCOSURGEON

Dr Amit Gandhi  
Mon to Sat: 12.00 pm to 2.00 pm

### URO SURGEON

Dr Dhruti Mahajan  
Mon to Sat: 5.00 pm to 6.00 pm  
Dr Sandesh Parab  
Sat: 6.00 pm to 7.00 pm

### OBS. GYNAECOLOGIST

Dr Suyash Bhandekar  
Mon to Sat: 7.00 pm to 8.00 pm  
Dr Pooja Phadtare  
Tues, Wed, Fri & Sat: 4.00pm to 6.00pm

### DERMATOLOGY AND COSMETOLOGY

Dr Reshma Ahuja  
Mon to Sat: 6.00 pm to 8.00 pm

### NEPHROLOGIST

Dr. Rohan Pradhan  
Mon to Fri: 9.00 pm to 10.00 pm  
Dr. Akash Ranka  
Mon to Sat: 1.00 pm to 2.00 pm

### NEUROLOGY

Dr Dipesh Pimple  
Mon, Wed & Fri: 6.00 pm to 7.00 pm

### NEURO AND SPINE SURGEON

Dr Ravi Sangale  
Mon to Sat: 10.30 am to 11.30 am

### OPHTHALMOLOGIST

Dr Akshat Shah  
Mon to Sat: 2.30 pm to 3.30 pm  
Dr Kiran Manglani  
Wed: 10.00 am to 11.30 am  
Dr Lakhi Manglani  
Fri: 10.00 am to 11.30 am

### ENT SURGEON

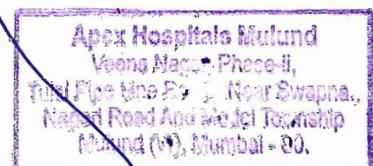
Dr Jhanvi Thakur  
Mon to Sat: 6.00 pm to 7.00 pm  
Dr Yogesh Parmar  
Tues and Thurs: 5.00 pm to 6.00 pm  
Dr Sheetal Radia  
Mon to Sat: 7.00 pm to 8.00 pm

### DIABETOLOGIST

Dr Vikrant Gujar  
Mon to Sat: 10.00 am to 11.00 am

### DIETITIAN

Mrs Harshada Suryavanshi  
Mon to Sat: 10.00 am to 12.00 pm



Omkar

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

Patient Name : **MR. OMKAR CHORGE**  
Age/Sex : 34 Years /Male  
Ref Doctor : APEX HOSPITAL  
Client Name : Apex Hospital

Patient ID : 87228  
Sample Collected on : 13-4-24, 4:44 pm  
Registration On : 13-4-24, 4:44 pm  
Reported On : 13-4-24, 6:01 pm

Test Done	Observed Value	Unit	Ref. Range
<b>Complete Blood Count(CBC)</b>			
HEMOGLOBIN	14.8	gm/dl	12 - 16
<b>Red Blood Corpuscles</b>			
PCV ( HCT )	<b>41.3</b>	%	42 - 52
RBC COUNT	4.95	$\times 10^6/\mu\text{L}$	4.70 - 6.50
<b>RBC Indices</b>			
MCV	83.5	fl	78 - 94
MCH	29.8	pg	26 - 31
MCHC	35.8	g/L	31 - 36
RDW-CV	14.2	%	11.5 - 14.5
<b>White Blood Corpuscles</b>			
TOTAL LEUCOCYTE COUNT	6400	/cumm	4000 - 11000
<b>Differential Count</b>			
NEUTROPHILS	59	%	40 - 75
LYMPHOCYTES	38	%	20 - 45
EOSINOPHILS	01	%	0 - 6
MONOCYTES	02	%	1 - 10
BASOPHILS	0	%	0 - 1
<b>Platelets</b>			
PLATELET COUNT	253000	Lakh/cumm	150000 - 450000
MPV	8.9	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	'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.)

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Test Done	Observed Value	Unit	Ref. Range
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL	<b>187.9</b>	mg/dL	200 - 240
S. TRIGLYCERIDE	91.8	mg/dL	0 - 200
S.HDL CHOLESTEROL	44	mg/dL	30 - 70
VLDL CHOLESTEROL	18	mg/dL	Up to 35
S.LDL CHOLESTEROL	125.54	mg/dL	Up to 160
LDL CHOL/HDL RATIO	2.85		Up to 4.5
CHOL/HDL CHOL RATIO	4.27		Up to 4.8

Transasia-EM200 FULLY AUTOMATIC

#### INTERPRETATION

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



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Test Done	Observed Value	Unit	Ref. Range
<b>LIVER FUNCTION TEST</b>			
TOTAL BILLIRUBIN	0.81	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.30	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.51	mg/dL	UP to 0.7
SGOT(AST)	19.8	U/L	UP to 40
SGPT(ALT)	16.2	U/L	UP to 40
ALKALINE PHOSPHATASE	176.2	IU/L	64 to 306
S. PROTIEN	6.30	g/dl	6.0 to 8.3
S. ALBUMIN	4.01	g/dl	3.5 - 5.0
S. GLOBULIN	<b>2.29</b>	g/dl	2.3 to 3.6
A/G RATIO	1.75		0.9 to 2.3

METHOD - EM200 Fully Automatic

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Test Done	Observed Value	Unit	Ref. Range
<b>RENAL FUNCTION TEST</b>			
BLOOD UREA	26.0	mg/dL	10 - 50
BLOOD UREA NITROGEN	12.15	mg/dL	0.0 - 23.0
S. CREATININE	0.88	mg/dL	0.7 to 1.4
S. SODIUM	139.1	mEq/L	135 - 155
S. POTASSIUM	4.42	mEq/L	3.5 - 5.5
S. CHLORIDE	108.9	mEq/L	95 - 109
S. URIC ACID	3.80	mg/dL	3.5 - 7.2
S. CALCIUM	<b>8.39</b>	mg/dL	8.4 - 10.4
S. PHOSPHORUS	4.01	mg/dL	2.5 - 4.5
S. PROTIEN	6.30	g/dl	6.0 to 8.3
S. ALBUMIN	4.01	g/dl	3.5 to 5.3
S. GLOBULIN	<b>2.29</b>	g/dl	2.3 to 3.6
A/G RATIO	1.75		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	72.1	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	90.3	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
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
VOLUME	25 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
OCCULT 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	2-3 /HPF		0 - 5 /HPF
EPITHELIAL CELLS	1-2 /HPF		0 - 3 /HPF
CASTS	Absent		
CRYSTALS	Absent		
BACTERIA	Absent		Absent
YEAST CELLS	Absent		Absent
ANY OTHER FINDINGS	Absent		

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Patient ID : 87228

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Registration On : 13-4-24, 4:44 pm

Reported On : 13-4-24, 6:01 pm

Test Done	Observed Value	Unit	Ref. Range
<b>ESR (ERYTHROCYTES SEDIMENTATION RATE)</b>			
<b>ESR</b>	11	mm/1hr.	0 - 20
METHOD - WESTERGREN			

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

<b>Patient ID</b> : 2404058908	 For Authenticity Scan QR Code	Registered On : 13/04/2024,05:42 PM
<b>Patient Name</b> : MR. OMKAR CHORGE		Collected On : 13/04/2024,06:16 PM
<b>Age</b> : 34 Yrs		Reported On : 13/04/2024,09:13 PM
<b>Gender</b> : MALE		Sample ID
<b>Ref. By Doctor</b> : APEX HOSPITAL		 * 2 4 0 4 0 5 8 9 0
<b>Sample Collected At</b> : APEX HOSPITAL MULUND		

### Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Haemoglobin)	5.80	%	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	119.8	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.

This report is system generated and electronically authenticated.

Page 1 of 1

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




Patient Name : **MR. OMKAR CHORGE**  
Age / Sex : 34 years / Male  
Ref. Doctor : APEX HOSPITAL  
Client Name : CUDDLES N CURE DIAGNOSTIC CENTRE  
Sample ID : 240419910  
Printed By : CUDDLES N CURE DIAGNOSTIC CENTRE



Patient ID / Billing ID : 1203664 / 1386300  
Specimen Collected at : CUDDLES N CURE DIAGNOSTIC CENTRE  
Sample Collected On : 14/04/2024, 02:32 a.m.  
Reported On : 14/04/2024, 02:18 p.m.  
Printed On : 14/04/2024, 04:06 p.m.



TEST DONE	OBSERVED VALUE	UNIT	REFERENCE RANGE	24 HOURS METHOD
-----------	----------------	------	-----------------	-----------------

 <b>T3, T4, TSH SERUM</b>				
<b>T3 TOTAL (Triiodothyronine) SERUM ^</b>	1.40	ng/mL	0.80 - 2.00 ng/mL	ECLIA
<b>T4 TOTAL (Thyroxine) SERUM ^</b>	6.79	µg/dL	5.1 - 14.1 µg/dL	ECLIA
<b>TSH (THYROID STIMULATING HORMONE) SERUM ^ (Ultrasensitive)</b>	2.11	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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**NAME: MR. OMKAR CHARGE M/34 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 10 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 (Cardiology) (Cardiology)

Reg. No. 2009 / 08 / 3036



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## APEX HOSPITALS MULUND Radiologist Report Sheet

<b>Patient Name:</b>	OMKAR.CHORGE	<b>Medical Record No:</b>	13/04/2024 2944
<b>DOB:</b>		<b>Accession No:</b>	
<b>Gender:</b>	M	<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 09:46 AM ET
<b>Requisition Time:</b>	24/13/04 12:19 PM ET	<b>Report Time:</b>	24/13/04 12:43 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. 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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Tele.:  
022-41624000 (100 Lines)

NAME : MR.OMKAR CHORGE

AGE : 34/M

ADTE : 14 /04/2023

REF.BY :DR.BALBIR SINGH

## 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 : 8.5 x .3.1 cm

Left kidney measures : 9.5 x 4.8 cm

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

No dilated upper or lower ureters are seen.

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

Prostate is normal in size.

Normal in size echotexture. No focal lesion.

REMARK :-

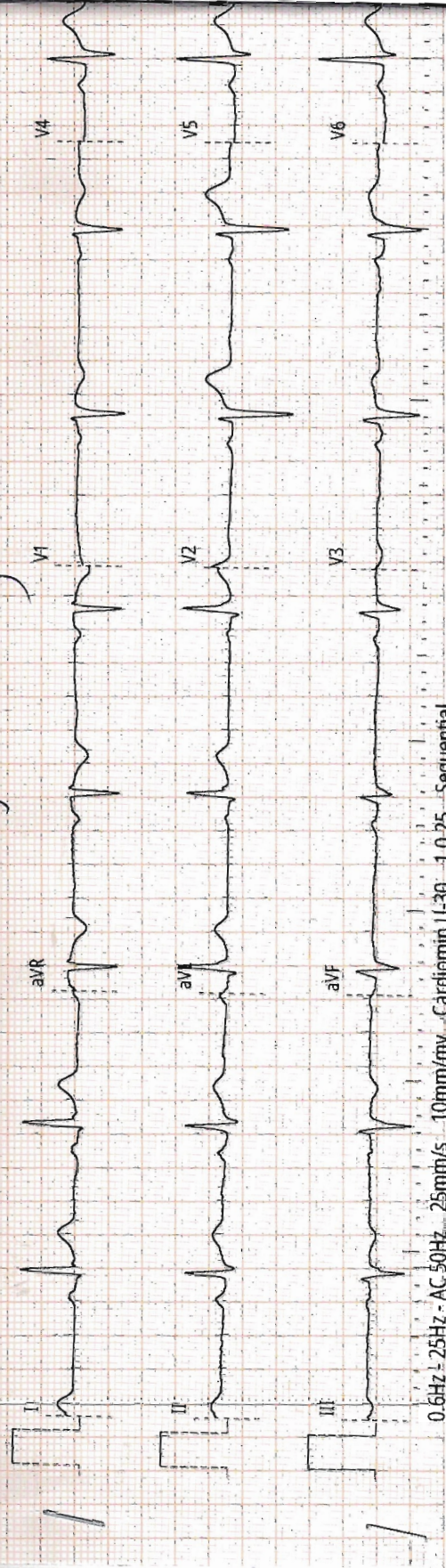
- No Abnormality Seen.

  
**Dr.Kamlesh Jain**

(Consultant Radiologist )

**DR. KAMLESH JAIN**  
DMRD (RADIOLOGY)  
2002/03/4656

omkar charge 3uy male



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

# ECG report

ID : 20240413115541  
Name :  
Gender :  
Age :  
Dept :  
Bed No :

HR : 59 bpm  
PR : 168 ms  
QRS : 94 ms  
QT/QTc : 374/372 ms  
P/QRS/T : 42/1/9 °  
RV5/SV1 : 0.878/0.663 mv  
RV5+SV1 : 1.541 mv  
Minnesota code: 8-8

<< Interpretations >>

**Artificially  
stimulated**  
Near Swapha,  
Tulsi Road, Panchajanya Township  
Mullund (W), Dist. Thane - 401 301  
Age: 80  
Confirm and sign.

Examination time: 2024-04-13 11:55

