



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

visit website
googlemap



Tele.:
022-41624000 (100 Lines)

18/4/24

Name - Saurabh Kajave

Age - 29yr / M

No H/O major illness

H/O - (R) ankle fracture .

- (R) knee operated 4yr back
(details not available)

O/E - T - AFib/IR

P - Fol/min

BP - 120/80 mmHg

RR - 18/min

SpO₂ - 98% @ RA

E/E - CVS - S, S (P)

RS - BSBE

P/A - Soft

CVS - conscious & oriented

Dental check up - Normal

Eye check up - Normal

Skin check up - Normal

ENT check up - Normal





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APEX HOSPITALS MULUND DIAGNOSTIC

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Tele.:
022-41624000 (100 Lines)

Patient Name : **MR. SAURABH KAJAWE**
Age/Sex : 29 Years /Male
Ref Doctor : APEX HOSPITAL
Client Name : Apex Hospital

Patient ID : 87229
Sample Collected on : 13-4-24, 4:46 pm
Registration On : 13-4-24, 4:46 pm
Reported On : 13-4-24, 6:14 pm

Test Done	Observed Value	Unit	Ref. Range
Complete Blood Count(CBC)			
HEMOGLOBIN	15.2	gm/dl	12 - 16
Red Blood Corpuscles			
PCV (HCT)	38.9	%	42 - 52
RBC COUNT	4.71	$\times 10^6/uL$	4.70 - 6.50
RBC Indices			
MCV	82.8	fl	78 - 94
MCH	32.2	pg	26 - 31
MCHC	39.0	g/L	31 - 36
RDW-CV	14.5	%	11.5 - 14.5
White Blood Corpuscles			
TOTAL LEUCOCYTE COUNT	12500	/cumm	4000 - 11000
Differential Count			
NEUTROPHILS	67	%	40 - 75
LYMPHOCYTES	30	%	20 - 45
EOSINOPHILS	01	%	0 - 6
MONOCYTES	02	%	1 - 10
BASOPHILS	0	%	0 - 1
Platelets			
PLATELET COUNT	194000	Lakh/cumm	150000 - 450000
MPV	9.8	fl	6.5 - 9.8
RBC MORPHOLOGY	Normochromic, Normocytic		
WBC MORPHOLOGY	Leucocytosis		
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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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.

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Test Done	Observed Value	Unit	Ref. Range
BLOOD GLUCOSE FASTING & PP			
FASTING BLOOD GLUCOSE	75.0	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	98.1	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	24.1	mg/dL	10 - 50
BLOOD UREA NITROGEN	11.26	mg/dL	0.0 - 23.0
S. CREATININE	0.96	mg/dL	0.7 to 1.4
S. SODIUM	136.5	mEq/L	135 - 155
S. POTASSIUM	3.96	mEq/L	3.5 - 5.5
S. CHLORIDE	107.3	mEq/L	95 - 109
S. URIC ACID	3.01	mg/dL	3.5 - 7.2
S. CALCIUM	8.9	mg/dL	8.4 - 10.4
S. PHOSPHORUS	4.1	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		1.0 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -

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Test Done	Observed Value	Unit	Ref. Range
LIVER FUNCTION TEST			
TOTAL BILLIRUBIN	0.75	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.23	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.52	mg/dL	UP to 0.7
SGOT(AST)	26.4	U/L	UP to 40
SGPT(ALT)	20.7	U/L	UP to 40
ALKALINE PHOSPHATASE	217.5	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, 4:46 pm
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Test Done	Observed Value	Unit	Ref. Range
LIPID PROFILE			
TOTAL CHOLESTEROL	180.3	mg/dL	200 - 240
S. TRIGLYCERIDE	95.0	mg/dL	0 - 200
S.HDL CHOLESTEROL	44.0	mg/dL	30 - 70
VLDL CHOLESTEROL	19	mg/dL	Up to 35
S.LDL CHOLESTEROL	117.30	mg/dL	Up to 160
LDL CHOL/HDL RATIO	2.67		Up to 4.5
CHOL/HDL CHOL RATIO	4.10		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
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	1.020		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	2-3 /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		

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Tele.:
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Patient ID : 2404058910		Registered On : 13/04/2024,05:43 PM
Patient Name : MR. SAURABH KAJAWE		Collected On : 13/04/2024,06:17 PM
Age : 29 Yrs		Reported On : 13/04/2024,09:13 PM
Gender : MALE		Sample ID
Ref. By Doctor : APEX HOSPITAL		
Sample Collected At : APEX HOSPITAL MULUND		* 2 4 0 4 0 5 8 9 1

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.

This report is system generated and electronically authenticated.

Page 1 of 1


Dr. Roshan Shaikh
MBBS MD Pathology
Consultant Pathologist

Patient Name : **MR. SAURABH KAJAWE**
Age / Sex : 28 years / Male
Ref. Doctor : APEX HOSPITAL
Client Name : CUDDLES N CURE DIAGNOSTIC
CENTRE
Sample ID : 240419915
Printed By : CUDDLES N CURE DIAGNOSTIC
CENTRE



Patient ID / Billing ID : 1203669 / 1386306
Specimen Collected at : CUDDLES N CURE
DIAGNOSTIC CENTRE
Sample Collected On : 14/04/2024, 02:38 a.m.
Reported On : 14/04/2024, 02:32 p.m.
Printed On : 14/04/2024, 04:06 p.m.



TEST DONE	OBSERVED VALUE	UNIT	REFERENCE RANGE	METHOD
 T3, T4, TSH SERUM				
T3 TOTAL (Triiodothyronine) SERUM ^	1.16	ng/mL	0.80 - 2.00 ng/mL	ECLIA
T4 TOTAL (Thyroxine) SERUM ^	5.98	µg/dL	5.1 - 14.1 µg/dL	ECLIA
TSH (THYROID STIMULATING HORMONE) SERUM ^ (Ultrasensitive)	1.11	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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APEX HOSPITALS MULUND Radiologist Report Sheet

Patient Name:	SAURABH.KAJAWE	Medical Record No:	13/04/2024 2948
AGE:	29YRS	Accession No:	
Gender:	MALE	Location:	Outpatient
Type Of Study:	CR Chest PA	Physician:	MEDIWHEEL
Image Count:	1	Exam Time:	24/13/04 10:20 AM ET
Requisition Time:	24/13/04 12:21 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

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

MBS, 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: MR.SAURABH KAJAWE M/29

Date - 13/11/2023

REF.BY: MEDIWEEL

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 6 mmHg.

No MS / Trivial TR

Normal flow across all other cardiac valves.

Pulmonary pressure of 25 mm of Hg.

CONCLUSION.-

Normal Biventricular 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 / 03 / 9736



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NAME : MR.SAURABH KAJAWE

AGE : 29/M

ADTE : 13/04/2023

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 : 10.0 x 4.8 cm

Left kidney measures : 11.0 x 5.2 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

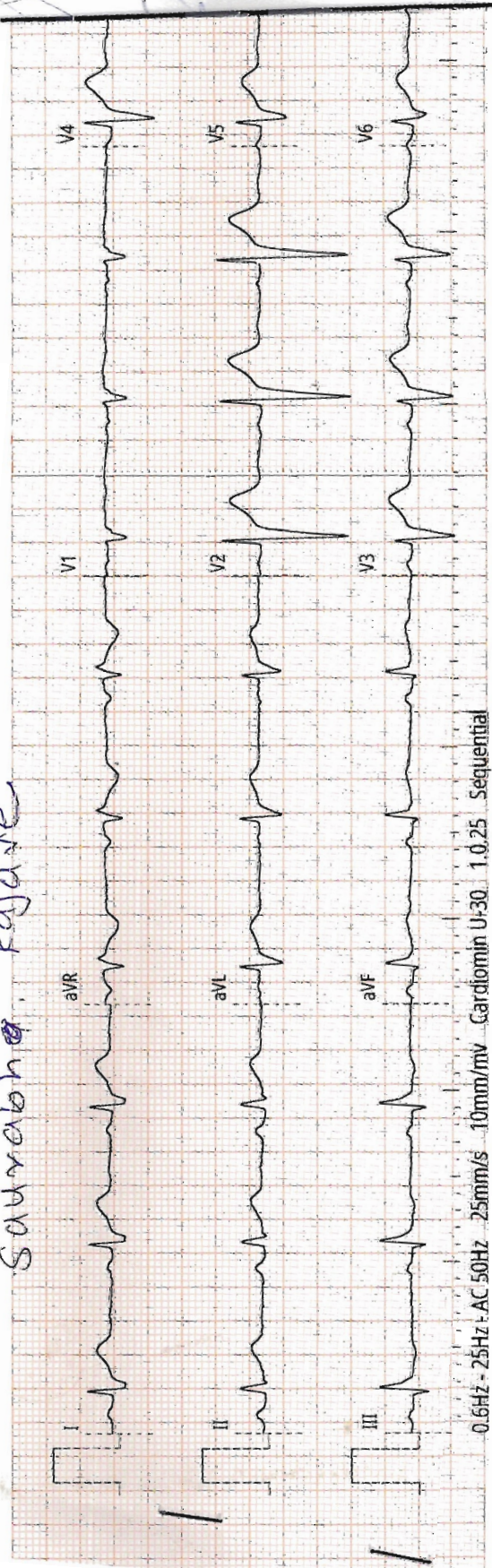
(Consultant Radiologist)

DR. KAMLESH JAIN

DMRD (RADIOLOGY)

2002/03/1656

Saurabh Kajare



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

ECG report

ID : 20240413115024

Name :

Gender :

Age :

Dept :

Bed No :

HR : 73 bpm

PR : 156 ms

QRS : 104 ms

QT/QTc : 372/395 ms

P/QRS/T : 61/74/25°

RV5/SV1 : 0.307/0.255 mv

RV5+SV1 : 0.562 mv

<<Interpretations >>

Apex Hospitals Mulund
Varena No. 1, Phase-II,
Tulsi Pipe Line B, Near Swapna,
Nagar Road, Mulund (W), Mumbai - 400080

Confirm and sign

Examination time: 2024-04-13 11:50:24

