



# APEX HOSPITALS KANDIVALI

A Superspeciality Hospital

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods, Lokhandwala Township,  
Near Mahindra Gate No. 4, Kandivali (E), Mumbai 400101.  
email: [info@apexhospitals.in](mailto:info@apexhospitals.in) | [www.apexgroupofhospitals.com](http://www.apexgroupofhospitals.com)



Tele.:  
022-62747000 (100 Lines)

19/02/2024

Mr. Shrikant N.

Age - 38 yrs/M.

BP - 120/80 mmHg

PR - 72/min

SpO<sub>2</sub> - 98% on RA

RR - 16/min

Weight - 68.05 kg

Height - 165 cms.

Oral hygien - clear  
Teeth - good.

ENT - clear.

USG:- 7x7.2mm stone seen in right kidney at mid pole.

Remain blood reports are normal.

Rx.

T. Stonehead

1 - 0 - 1 x 15 days.





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Tele.:  
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Patient Name: Mr. Shrikant

M /39 Yrs.

Ref. by: Apex hospitals

Date: -19 /02/2024

## SONOGRAPHY OF ABDOMEN AND PELVIS

**TECHNIQUE:** Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

**LIVER:** The liver is normal in size (15.2 cm), shape and has smooth margins. The hepatic parenchyma shows **bright** echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

**PORTAL VEIN:** It measures 10 mm in transverse diameter.

**GALL BLADDER:** The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

**COMMON BILE DUCT:** The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

**PANCREAS:** The head and part of body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

**SPLEEN:** The spleen measures 10.2 cm and is normal in size and shape. Its echotexture is homogeneous.

### KIDNEYS:

Right kidney	Left kidney
10.3 x 4.3 cm	10.8 x 5.2 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi in left kidney. **Calculus seen in the right kidney mid pole of size 7 x 7.2 mm.**

**URINARY BLADDER:** The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

.....Continue On Page 2



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# APEX HOSPITALS KANDIVALI DIAGNOSTIC

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**PROSTATE:** It measures about 2.6 x 3.8 x 2.9 cm; volume is 15.6 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

## IMPRESSION:

- Grade 1 fatty liver with mild hepatomegaly. Advice lipid profile and LFT correlation.
- Calculus in the right kidney mid pole.

Thanks for the reference.

With regards,

**Dr. Ravi Kumar, M.D.**

Consultant Radiologist







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## DEPARTMENT OF LABORATORY SCIENCES

<b>Patient Name</b>	Mr. N SRIKANTH	<b>LabNo</b>	14337	
<b>UHID/IP No</b>	150009480 / 10943	<b>Sample Date</b>	19/02/2024 2:53PM	
<b>Age/Gender</b>	38 Yrs/Male	<b>Receiving Date</b>	19/02/2024 3:00PM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	19/02/2024 6:46PM	
<b>Prescribed By</b>	Dr. Ramesh Hari Pawar	<b>Report Status</b>	Final	

## HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD</b>				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	14.1	gm/dl	13.5 - 18.0	SLS- Hb Method
RBC Count (Red Blood Cell)	4.79	10 <sup>6</sup> /uL	4.70 - 6.00	
PCV (Haematocrit)	40.69	%	40.0 - 50.0	
MCV	84.95	fl	78 - 100	Calculated
MCH	29.44	pg	27 - 31	Calculated
MCHC	34.65	gm/dl	30 - 36	Calculated
RDW	13.9	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	4490	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	73	%	40 - 80	
Lymphocyte %	24	%	20 - 40	
Eosinophil %	01	%	0 - 6	
Monocytes %	02	%	1 - 12	
Basophil %	00	%	0 - 2	
Band Cells	00	%		
Absolute Neutrophil Count (ANC)	3277.7	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	1077.6	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	44.9	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	<b>89.8 L</b>	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Within normal limits.			
RBCs Morphology	Normocytic Normochromic.			
Platelet Count	268	10 <sup>3</sup> /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	9.1	fl	7 - 12	

--End Of Report--

**Dr. SANDEEP B PORWAL**  
MBBS MD (Path) Mumbai





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## HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	<b>25 H</b>	mm/hr	< 15	Westergren

--End Of Report--

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) SERUM</b>				
Sample: Serum				
Bilirubin Total (TBil)	1.0	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.5	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.5	mg/dl	0 - 1	
SGPT (ALT)	22.69	U/L	5 - 40	IFCC modified
SGOT (AST)	24.43	U/L	5 - 40	IFCC modified
Protein Total	6.0	gm/dl	6.00 - 8.00	Biuret
Albumin	4.5	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	<b>1.50 L</b>	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	<b>3.00 H</b>		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	<b>148.4 H</b>	IU/L	42 - 140	
GGTP (GAMMA GT)	18.0	IU/L	15.0 - 72.0	UV Kinetic IFCC

--End Of Report--

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>RFT (RENAL FUNCTION TEST)</b>				
Sample: Serum				
Creatinine	1.2	mg/dl	0.70 - 1.50	Jaffes
UREA	17.90	mg/dl	15 - 50	CDC Urease,Colorimetric
BUN - Blood Urea Nitrogen	8.36	mg/dl	7 - 20	
Calcium	8.9	mg/dl	8.6 - 10.5	Arsenazo III
Uric Acid	5.8	mm/hr	3.5 - 8.5	URICASE- PEROXIDASE
Phosphorus	2.9	mg/dl	2.5 - 5.0	Phosphomolybdate Reduction
Sodium	141.0	mEq/L	135 - 146	ISE Direct
Potassium	4.5	mEq/L	3.5 - 5.5	ISE Direct
Chloride	104.0	mEq/L	98 - 108	ISE Direct
Protein Total	6.0	gm/dl	6.00 - 8.00	Biuret
Albumin	4.5	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	<b>1.50 L</b>	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	<b>3.00 H</b>		1.00 - 2.50	Calculated Value

--End Of Report--

  
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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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### GLUCOSE (PP)

Sample: Fl. Plasma

Blood Sugar(2 Hours PP)	105.0	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide
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Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :

The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

### GLUCOSE (FASTING)

Sample: Fl. Plasma

Glucose (Fasting Blood Sugar / FBS)	98.0	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	Absent		Absent	
Urine Fasting Ketone	Absent		Absent	

### LIPID PROFILE SERUM

Sample: Serum

Cholesterol-Total	145	mg/dl	< 200.00	Cholesterol Oxidase,Esterase,Peroxidase
Triglycerides	92	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	44	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	18.40	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	82.60	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	<b>3.30 L</b>		3.50 - 5.00	Calculated Value

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## CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>URINE ROUTINE</b>				
Sample: Urine				
<b>PHYSICAL EXAMINATION</b>				
Quantity	30	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			Clear
Specific Gravity	1.010		1.010 - 1.025	
<b>CHEMICAL EXAMINATION</b>				
pH	6.0		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	Absent			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
<b>MICROSCOPIC EXAMINATION</b>				
Pus Cells	2-3/hpf			
RBCs	Absent			
Epithelial Cells	1-2/hpf			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	Absent			

--End Of Report--

**Dr. SANDEEP B PORWAL**  
MBBS MD (Path) Mumbai

Patient Id : PVD18323-24/66963  
 Patient : MR N. SRIKANTH  
 Age/sex : 38 Yrs/ Male  
 Center : APEX HOSPITALS KANDIVALI  
 Ref. By : Self

Sample ID : 24024995  
 Reg. Date : 19/02/2024  
 Report Date : 19/02/2024  
 Case No. :



### HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.5	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	111.15	mg/dL	
Method : HPLC-Biorad D10-USA			

#### INTERPRETATION

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 \times A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
  - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - C. Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycaemic control.
  - Excellent Control - 6 to 7 %
  - Fair to Good Control - 7 to 8 %
  - Unsatisfactory Control - 8 to 10 %
  - and Poor Control - More than 10 %.

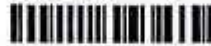
**Note** : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy





Patient Id : PVD18323-24/66963  
 Patient : MR N. SRIKANTH  
 Age/sex : 38 Yrs/ Male  
 Center : APEX HOSPITALS KANDIVALI  
 Ref. By : Self

Sample ID : 24024995  
 Reg. Date : 19/02/2024  
 Report Date : 19/02/2024  
 Case No. :



**IMMUNOASSAY**

Test Description	Result	Unit	Biological Reference Range
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**TOTAL T3 T4 TSH (TFT)**

T3 (Triiodothyronine)	126.41	ng/dl	83-200  For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	7.85	ug/dL	5.13 - 14.10  For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	1.46	uIU/ml	0.27 - 4.20

Method : ECLIA

**INTERPRETATION**

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	•Isolated High TSH-especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. •Subclinical Autoimmune Hypothyroidism •Intermittent T4 therapy for hypothyroidism •Recovery phase after Non-Thyroidal illness*
Raised	Decreased	Decreased	•Chronic Autoimmune Thyroiditis •Post thyroidectomy,Post radiolodine •Hypothyroid phase of transient thyroiditis*
Raised or within Range	Raised	Raised or within Range	•Interfering antibodies to thyroid hormones (anti-TPO antibodies) •Intermittent T4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin,Beta blockers,steroids,anti-epileptics*
Decreased	Raised or within Range	Raised or within Range	•Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness •Subclinical Hyperthyroidism •Thyroxine ingestion*
Decreased	Decreased	Decreased	•Central Hypothyroidism •Non-Thyroidal illness •Recent treatment for Hyperthyroidism (TSH remains suppressed)*
Decreased	Raised	Raised	•Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum*
Decreased or within Range	Raised	Within Range	•T3 toxicosis •Non-Thyroidal illness

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

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<b>Age/Gender</b>	38 Yrs/Male	<b>Receiving Date</b>	19/02/2024 4:13PM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	19/02/2024 4:23PM	
<b>Prescribed By</b>	Dr. Ramesh Hari Pawar	<b>Report Status</b>	Final	

### XRAY CHEST PA VIEW

The lung on either side shows adequate translucency and exhibit normal vasculature.

Both hila are symmetrical in outline size and shape.

Trachea is central in position and no mediastinal abnormality is visible.

The costophrenic angles appear clear.

Cardiac shadow is unremarkable.

Bone thorax appears unremarkable.

--End Of Report--

**Dr. SAUMIL PANDYA**  
MD, D.N.B



# APEX HOSPITAL KANDIVALI

MR. N SRIKANTH  
 ID : 8920  
 DATE : 19-02-2024  
 AGE/SEX : 38 / M  
 HT/WT : 165 / 68  
 REF. BY :

## TREADMILL TEST REPORT

PROTOCOL : Bruce  
 HISTORY :  
 INDICATION :  
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/HR	GRADE %	H.R. bpm	S.P. mmHg	RPP x100
SUPINE					67	140	90 93
Stage 1	2:55	2:55	2.7	10	102	140	90 142
Stage 2	5:55	2:55	4	12	110	160	90 176
Stage 3	8:55	2:55	5.4	14	125	160	90 200
Stage 4	11:55	2:55	6.7	16	160	170	100 272
PK-EXERCISE	12:28	0:28	8	18	173	170	100 294
RECOVERY	13:12	0:29			152	170	100 258
RECOVERY	13:33	0:50			148	170	100 251
RECOVERY	15:4	2:21			102	180	110 183

### RESULTS

EXERCISE DURATION : 12:28 MAX WORK LOAD  
 MAX HEART RATE : 173 bpm 93 % of target heart rate 182 bpm  
 MAX BLOOD PRESSURE : 180 / 110 mm Hg  
 REASON OF TERMINATION :  
 BP RESPONSE :  
 ARRHYTHMIA :  
 H.R. RESPONSE :

### IMPRESSIONS

Test is negative for inducible ischaemia at high workload.

Vyal

Technician : 44

APEX HOSPITALS KANDIVALI

UNIT-20, 1st floor, Tower 2, 73, 4010005, ERM, 731-731-4031, 80. K-MEDICAL SUPPLIES



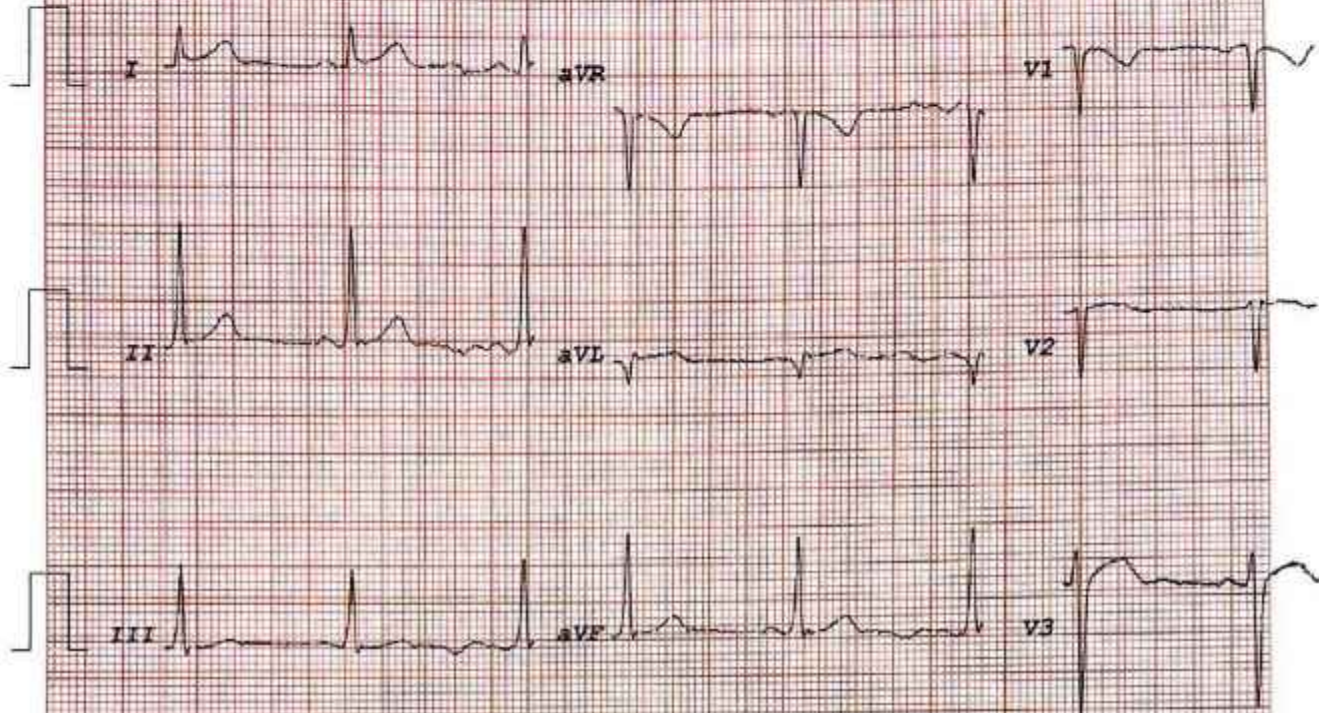
# APEX HOSPITAL

MR. N SRIKANTH  
I.D. 8920  
Age 38/M  
Date 19-02-2024

RATE 67bpm  
B.P. 140/90

PRETEST  
SUPINE

ST @ 10mm/m  
80ms PostJ



Base Corrected

UNI-OM, Andhra Pradesh, India. Tel: +91-9849-4030075, Fax: +91-



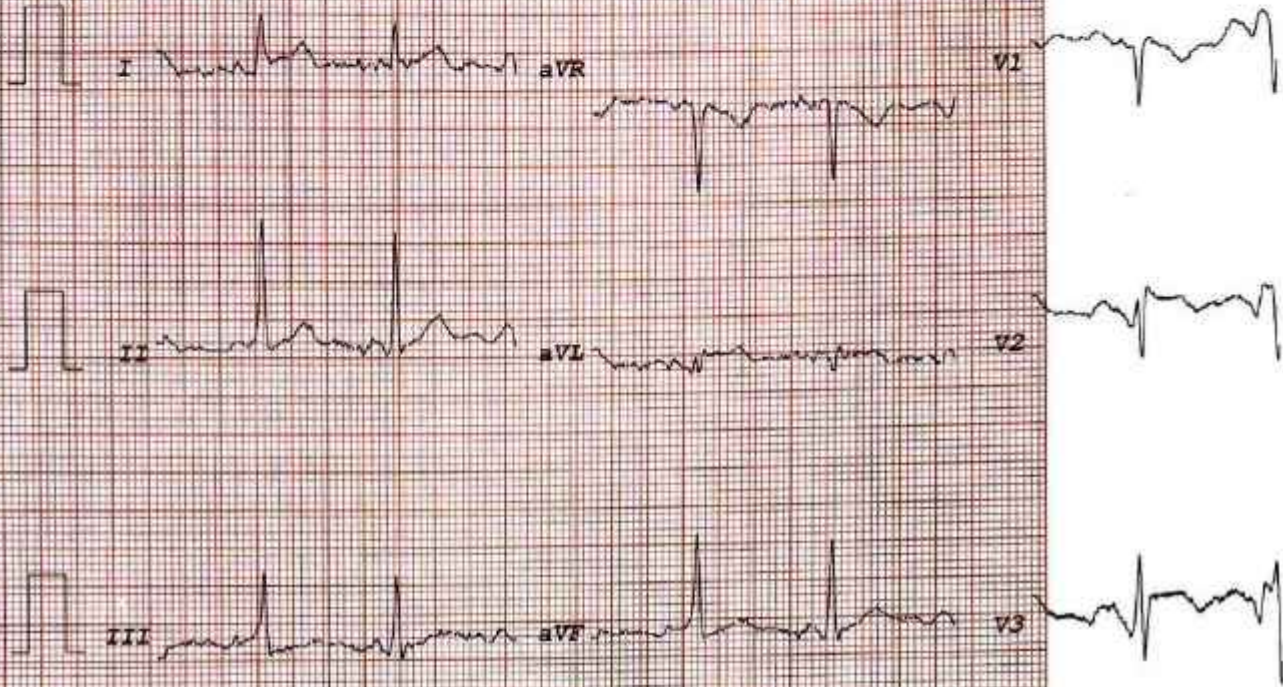
# APEX HOSPITAL

MR . N SRIKANTH  
I.D. 8920  
Age 38/M  
Date 19-02-2024

RATE 77bpm  
B.P. 140/90

WARM UP

ST @ 10mm/m  
80ms PostJ  
Speed 1.5 k





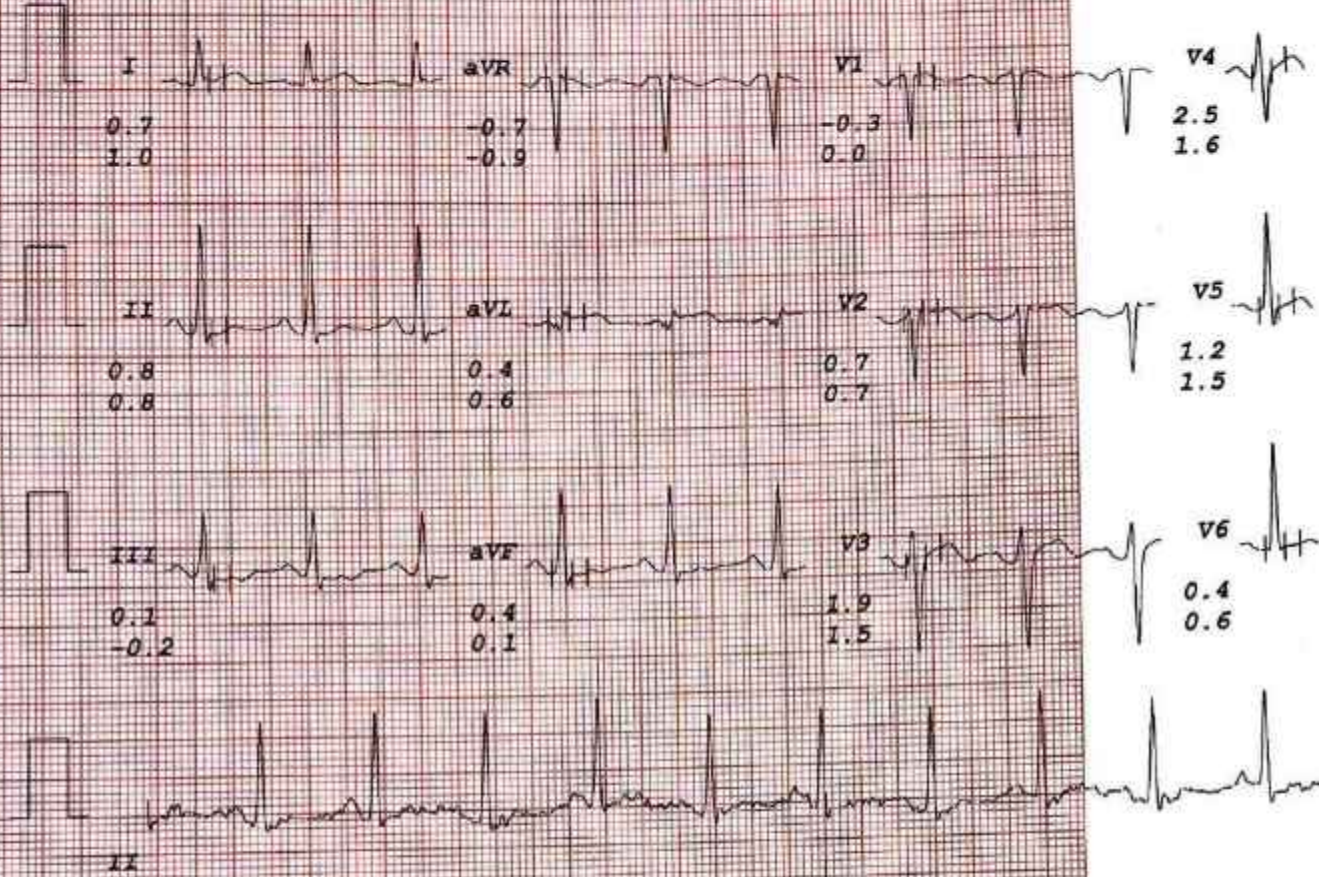
# APEX HOSPITAL

MR. N SRIKANTH  
I.D. 8920  
Age 38/M  
Date 19-02-2024

RATE 102bpm  
B.P. 140/90

Bruce  
Stage 1  
TOTAL TIME 2:55  
PHASE TIME 2:55

ST @ 10mm/m  
80ms PostJ  
Speed 2.7 k  
SLOPE 10 %





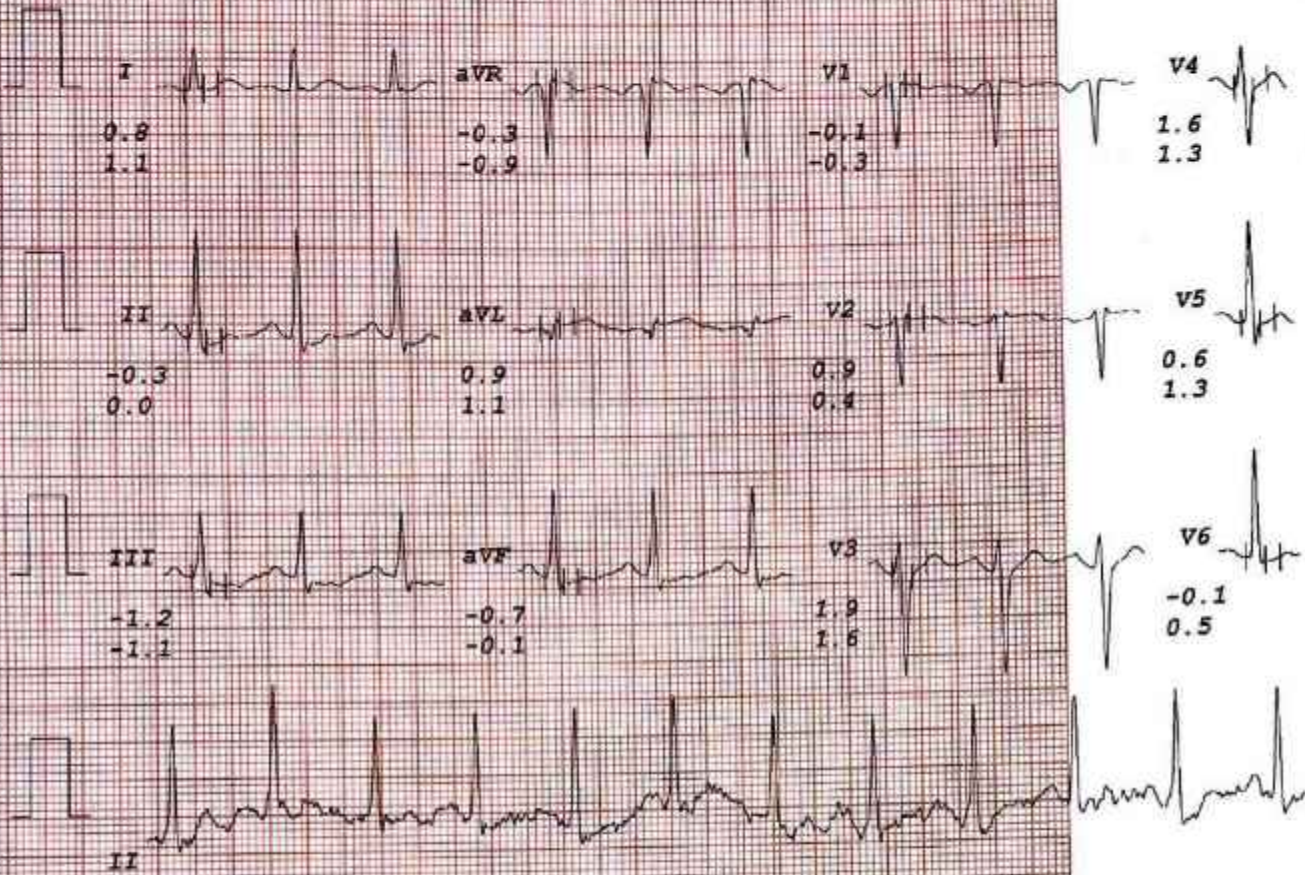
# APEX HOSPITAL

MR . N SRIKANTH  
I.D. 8920  
Age 38/M  
Date 19-02-2024

RATE 110bpm  
B.P. 160/90

Bruce  
Stage 2  
TOTAL TIME 5:55  
PHASE TIME 2:55

ST @ 10mm/m  
80ms PostJ  
Speed 4 km/.  
SLOPE 12 %





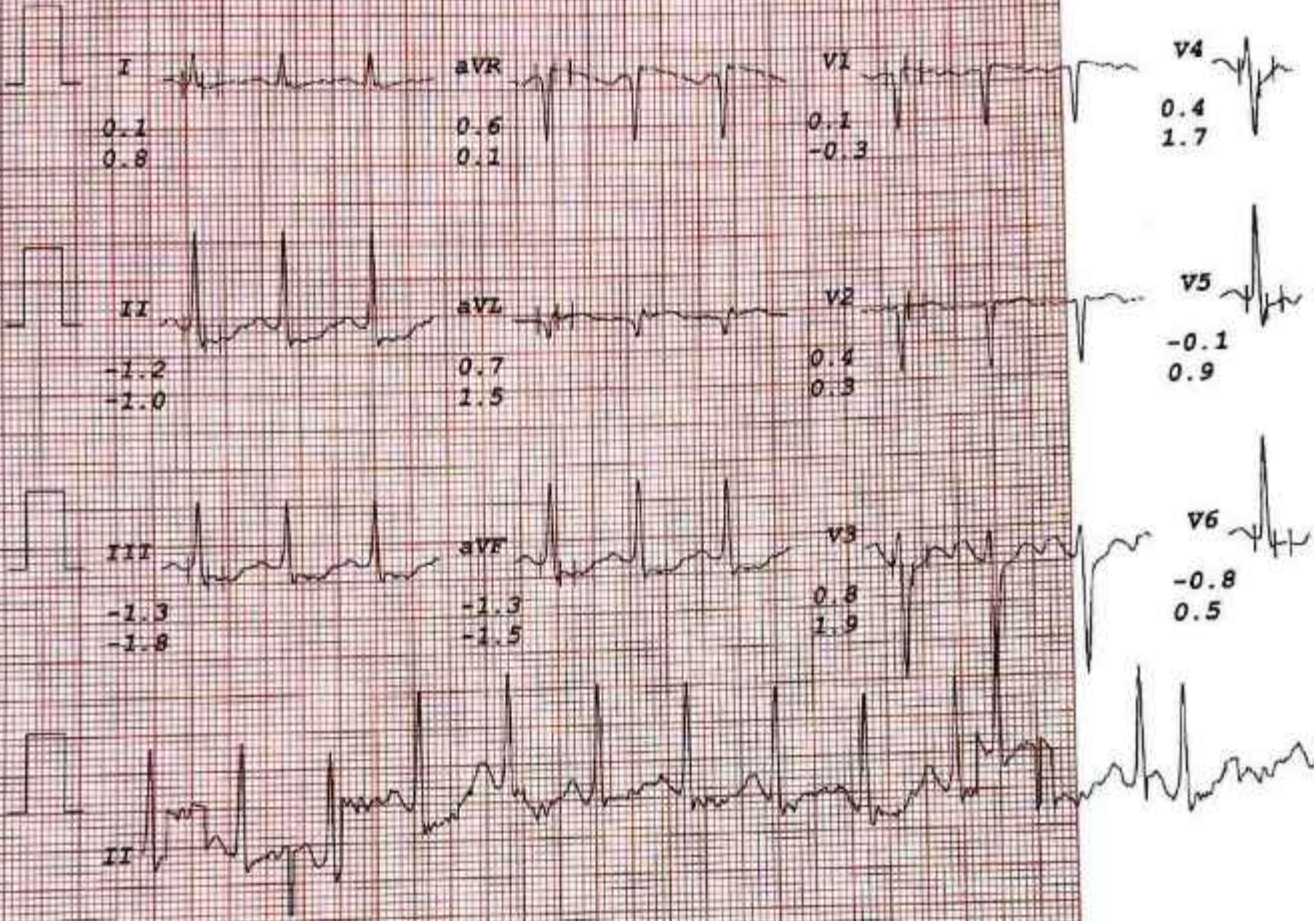
# APEX HOSPITAL

MR N SRIKANTH  
I.D. 8920  
Age 38/M  
Date 19-02-2024

RATE 125bpm  
B.P. 160/90

Bruce  
Stage 3  
TOTAL TIME 8:55  
PHASE TIME 2:55

ST @ 10mm/m  
80ms PostJ  
Speed 5.4 k  
SLOPE 14 °





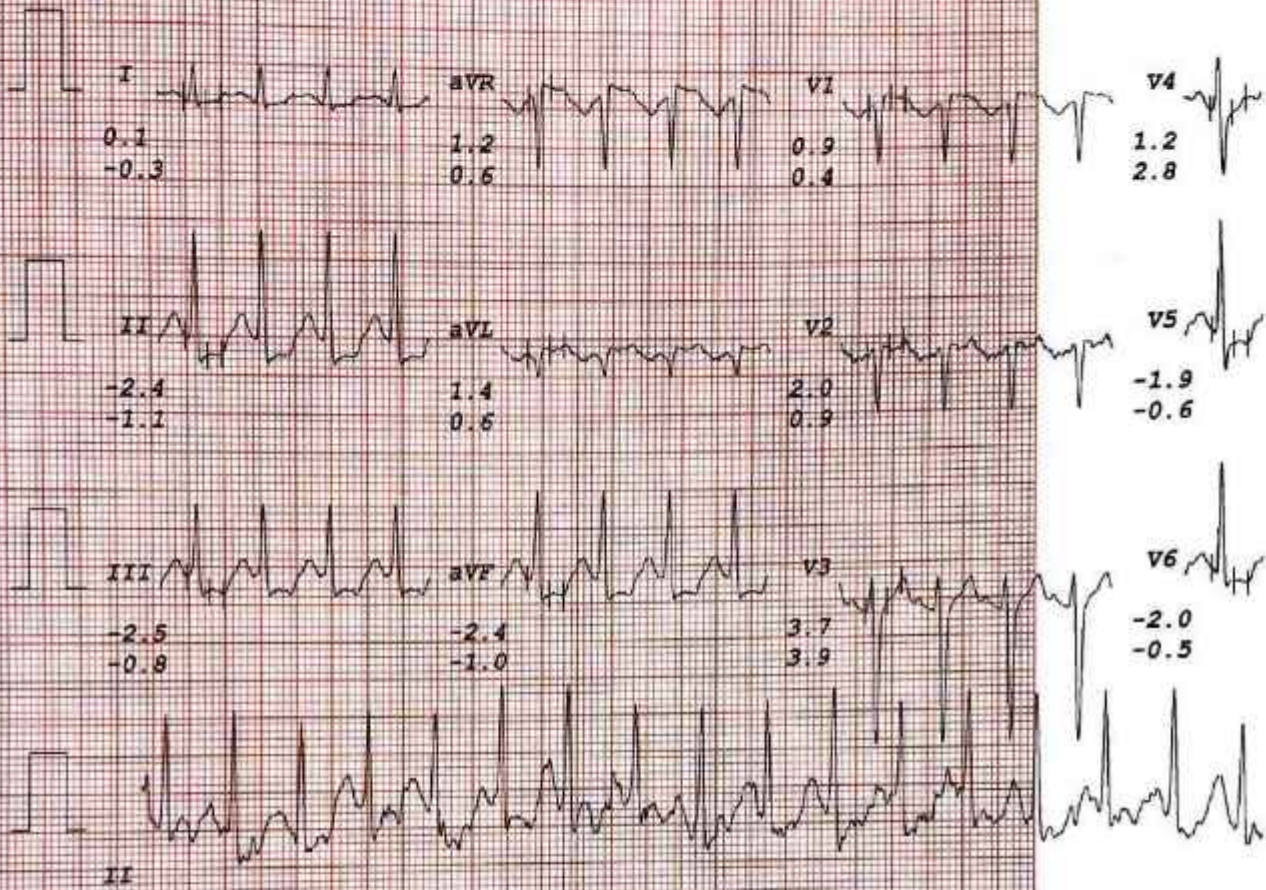
# APEX HOSPITAL

MR . N SRIKANTH  
I. D. 8920  
Age 38/M  
Date 19-02-2024

RATE 160bpm  
B.P. 170/100

Bruce  
Stage 4  
TOTAL TIME 11:55  
PHASE TIME 2:55

ST @ 10mm/m  
80ms PostJ  
Speed 6.7 k  
SLOPE 16 %





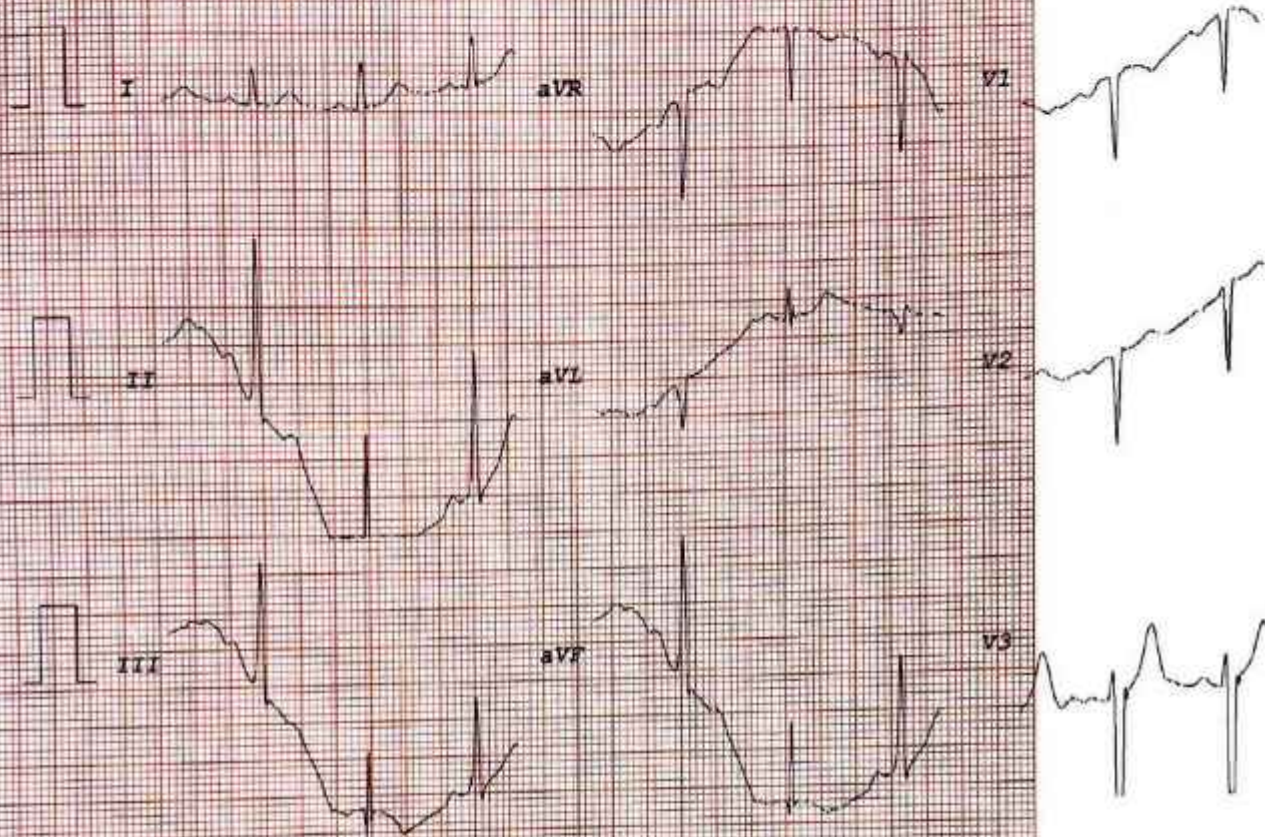
# APEX HOSPITAL

MR. N SRIKANTH  
I.D. 8920  
Age 38/M  
Date 19-02-2024

RATE 102bpm  
B.P. 180/110

Bruce  
RECOVERY  
TOTAL TIME 15:04  
PHASE TIME 2:21

ST @ 10mm/m  
80ms PostJ





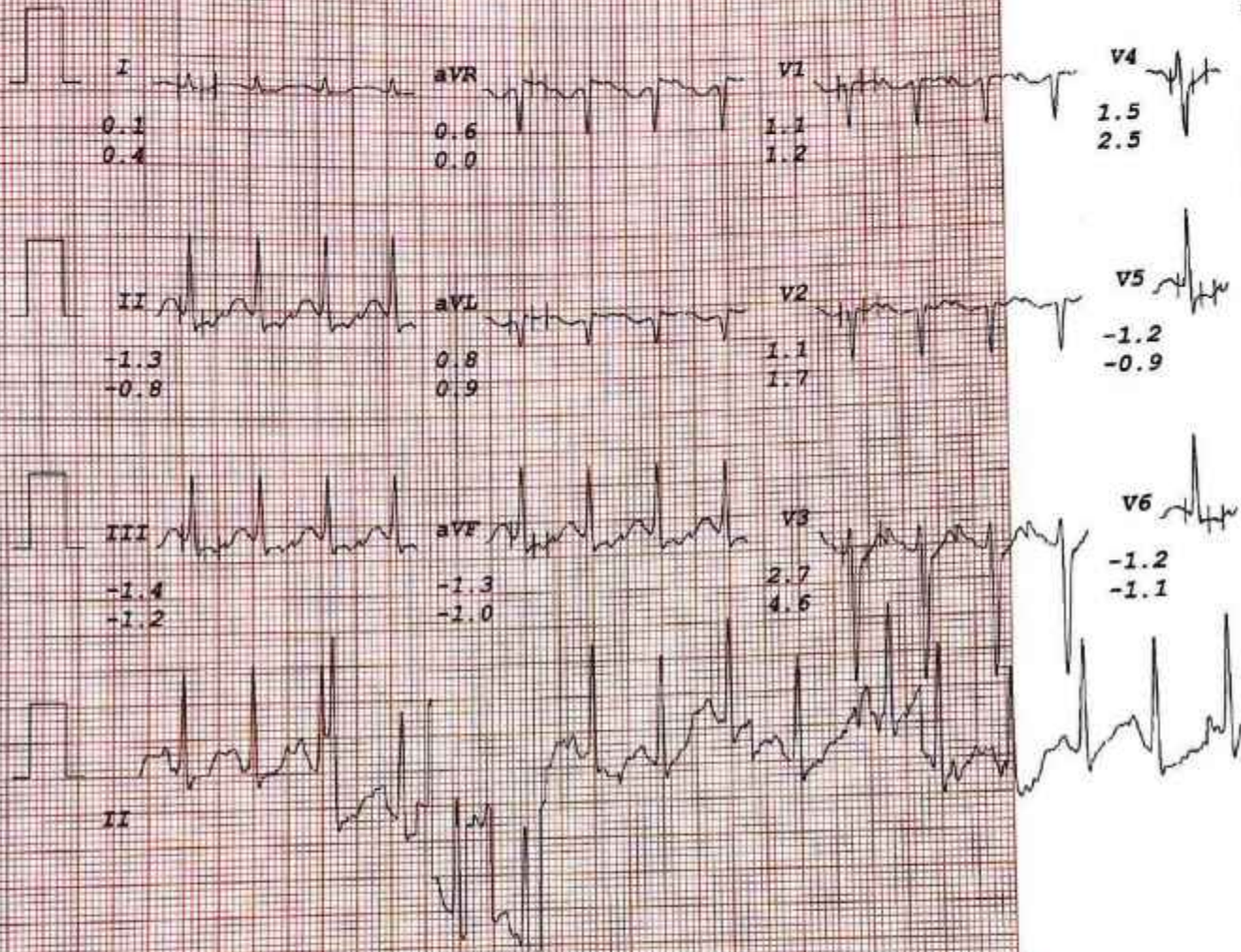
# APEX HOSPITAL

MR. N SRIKANTH  
I.D. 8920  
Age 36/M  
Date 19-02-2024

RATE 152bpm  
B.P. 170/100

Brace  
RECOVERY  
TOTAL TIME 13:12  
PHASE TIME 0:29

ST @ 10mm/m  
80ms PostJ







19/2/24

Mr. N. Shrikemth.

Age - 38 yrs

male.

Ortho.

Meer -

(R) eye - M6

(L) eye - M6.

Distance

(R) eye - 6/6

(L) eye - 6/6





Where Healing & Care Come Together

# APEX HOSPITALS KANDIVALI

A Superspeciality Hospital

CASHLESS  
FACILITY

Akurli Road, Next to Lodha Woods, Lokhandwala Township,  
Near Mahindra Gate No. 4, Kandivali (E), Mumbai 400101.  
email: [info@apexhospitals.in](mailto:info@apexhospitals.in) | [www.apexgroupofhospitals.com](http://www.apexgroupofhospitals.com)



Tele.:

022-62747000 (100 Lines)

19/2/24

Mr. M. Shrilamth

3840 /m.

BP - 120/80 mmHg

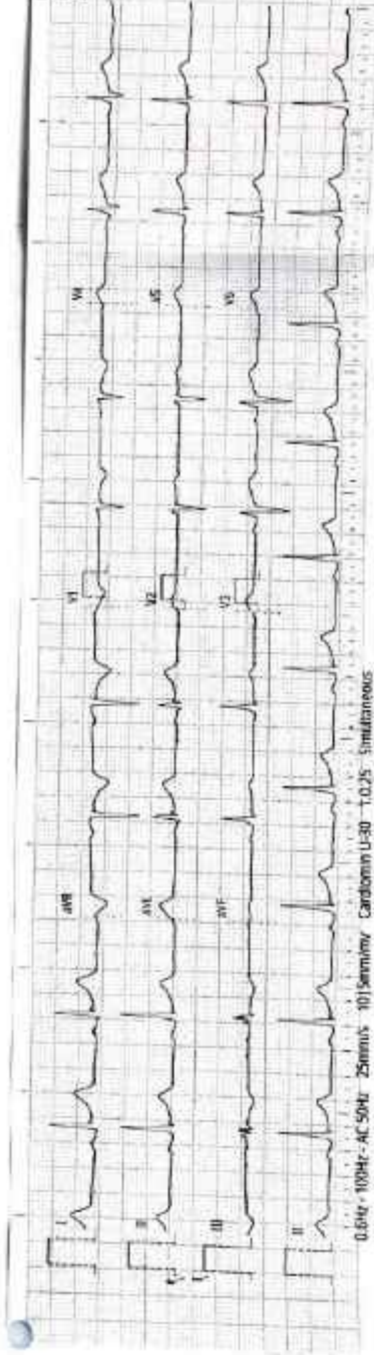
SpO2 - 98%

Pulse - 72 bpm.

Wt. 68.05 kg.

Height - 165 cm.





ECG report

ID : 20260219101729

Name :

Gender :

Age :

Dept :

Bed No :

HR : 94 bpm

PR : 146 ms

QRS : 86 ms

QT/QTc : 405/413 ms

P/QRS/T : 28/39/72°

RV5/VI : 1.453/1.061 mv

RV5-SVI : 2.544 mv

Interpretations >>>

Confirm and sign:

Examination time: 2024-02-19 10:17:29