

APEX HOSPITAL

KANDIVALI

MR NITIN DAGDU MAJALKAR

ID : 8923
 DATE : 14-03-2024
 AGE/SEX : 31 / M
 HT/WT : 173 / 83
 REF. BY :

TREADMILL TEST REPORT

PROTOCOL : Bruce
 HISTORY :
 INDICATION :
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100
SUPINE					72	120 / 80	86
Stage 1	2:55	2:55	2.7	10	107	130 / 80	139
Stage 2	5:55	2:55	4	12	119	130 / 90	154
Stage 3	8:55	2:55	5.4	14	144	140 / 90	201
PK-EXERCISE	11:43	2:43	6.7	16	174	140 / 90	243
RECOVERY	12:24	0:29			147	140 / 90	205
RECOVERY	12:44	0:49			140	140 / 90	196

RESULTS

EXERCISE DURATION : 11:43 MAX WORK LOAD
 MAX HEART RATE : 176 bpm 93 % of target heart rate 189 bpm
 MAX BLOOD PRESSURE : 140 / 90 mm Hg
 REASON OF TERMINATION :

BP RESPONSE :
 ARRYTHMIA :
 H.R. RESPONSE :

IMPRESSIONS :

Technician : 44

APEX HOSPITALS KANDIWALI

UNIT-EM, Indore. Tel. : +91-731-4930035, Fax: +91-731-4931180. E-Mail: am@electromedicals.net

APEX HOSPITAL

MR NITIN DAGDU MAJALKAR

I.D. 8923

Age 31/M

Date 14-03-2024

RATE 72bpm

B.P. 120/80

PRETEST

SUPINE

ST @ 10mm/m

80ms PostJ



Base Corrected

DMT-DM, Indore, Tel. : +91-731-8020020, Fax: +91-

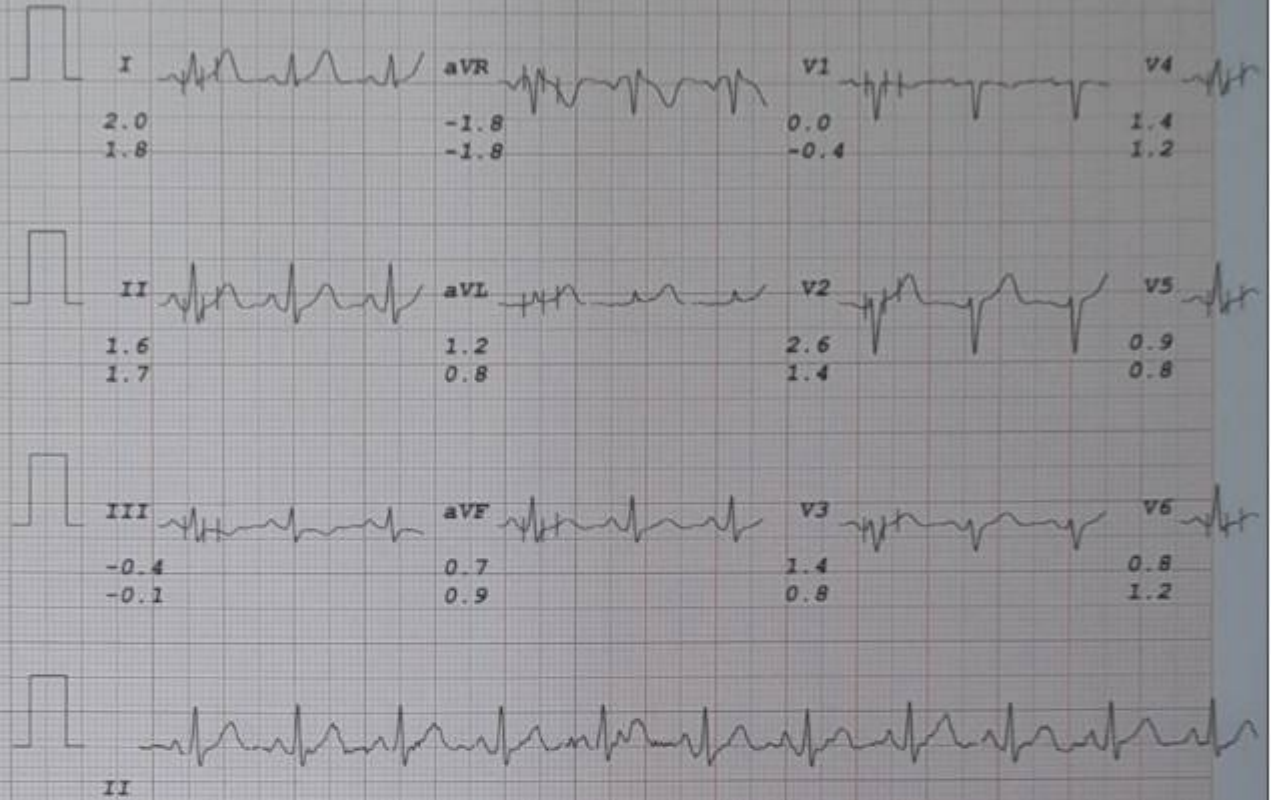
APEX HOSPITAL

MR NITIN DAGDU MAJALKAR
I.D. 8923
Age 31/M
Date 14-03-2024

RATE 107bpm
B.P. 130/80

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

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



DATA CORRECTED

UNI-EM, Indore, Del. : +91-731-6030233, Fax: +91-

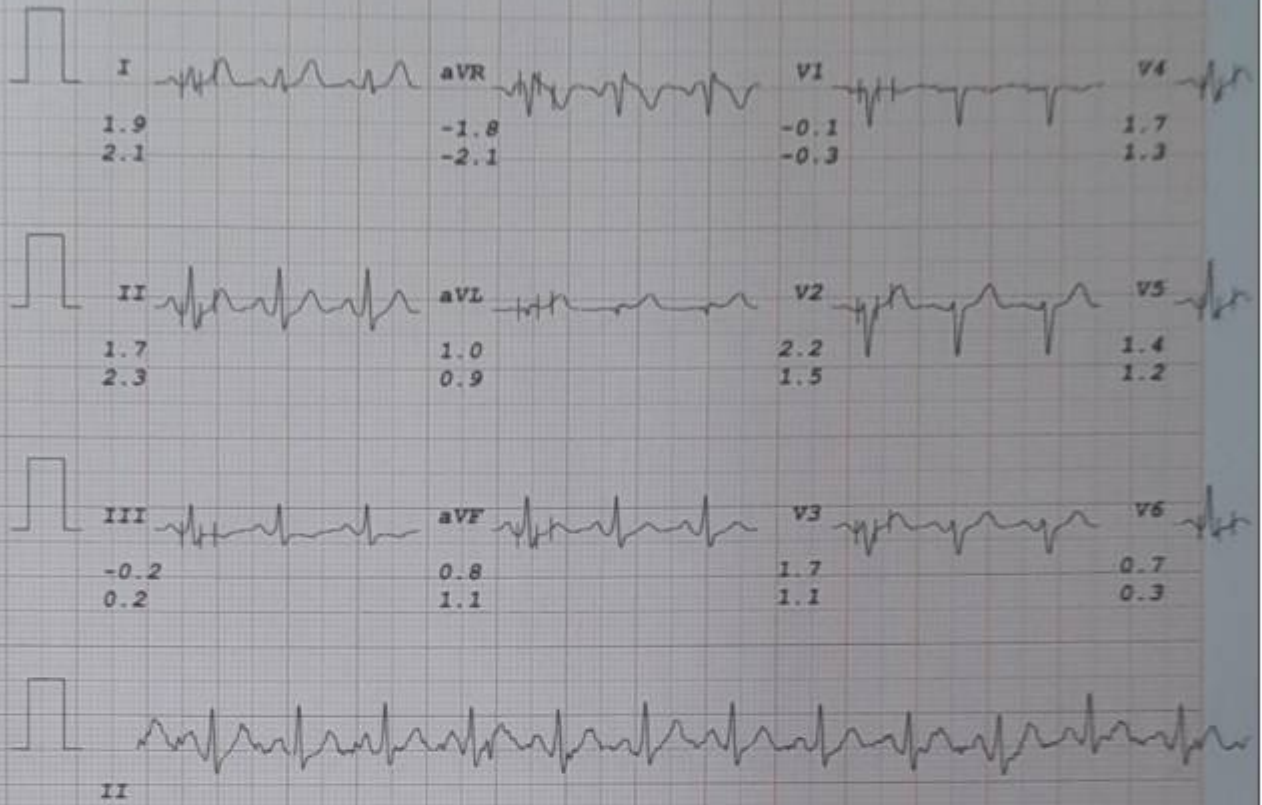
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MR NITIN DAGDU MAJALKAR
I.D. 8923
Age 31/M
Date 14-03-2024

RATE 119bpm
B.P. 130/90

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

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



SAEK Collected

UNIT-6N, Indore, Tel. : +91-731-4330425, Fax: +91-

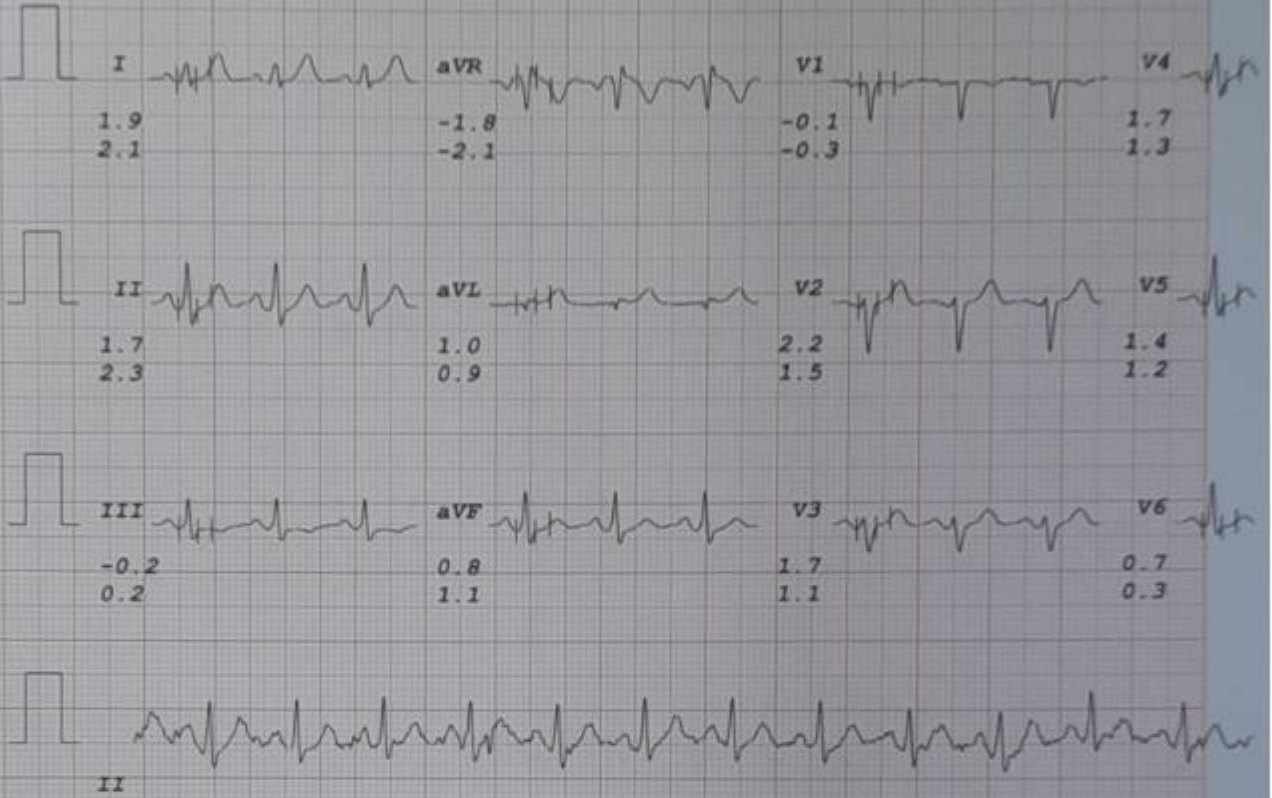
APEX HOSPITAL

MR NITIN DAGDU MAJALKAR
I.D. 8923
Age 31/M
Date 14-03-2024

RATE 119bpm
B.P. 130/90

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

ST @ 10mm/m
80ms PostJ
Speed 4 km/
GLOBE 12 s



Base Corrected

DNJ-EM, Indore, Tel: +91-731-4330935, Fax: +91-

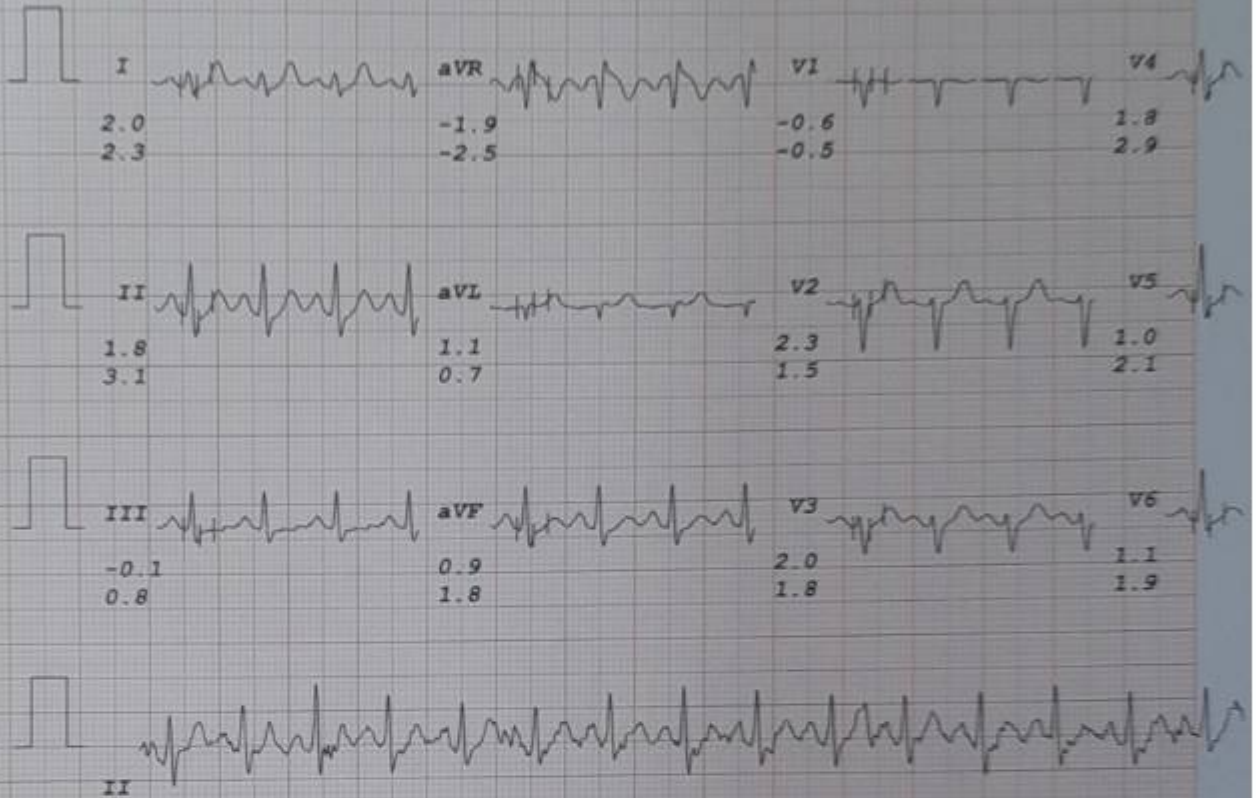
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MR NITIN DAGDU MAJALKAR
I.D. 8923
Age 31/M
Date 14-03-2024

RATE 144bpm
B.P. 140/90

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

ST # 10mm/m
80ms PostJ
Speed 5.4 k
SLOPE 14 %



Base Corrected

DR. G. S. Dhole, Tel.: +91-20-4333333, Fax: +91-

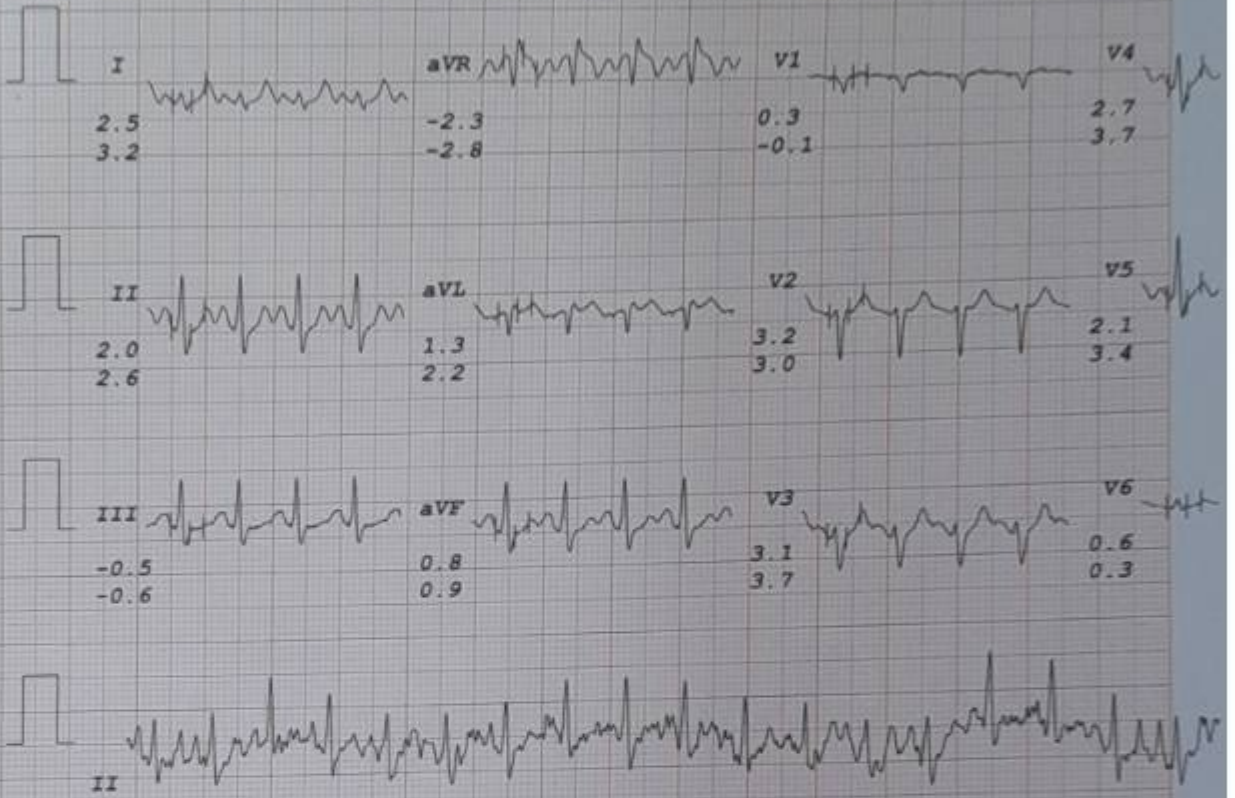
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MR NITIN DAGDU MAJALKAR
I.D. 8923
Age 31/M
Date 14-03-2024

RATE 174bpm
B.P. 140/90

Bruce
PK-EXERCISE
TOTAL TIME 11:43
PHASE TIME 2:43

ST @ 10mm/m
80ms Post-J
Speed 6.7 k
SLOPE 16 %



Base Corrected

UWI-EM, Indore, Tel.: +91-731-4200835, Fax: +91-

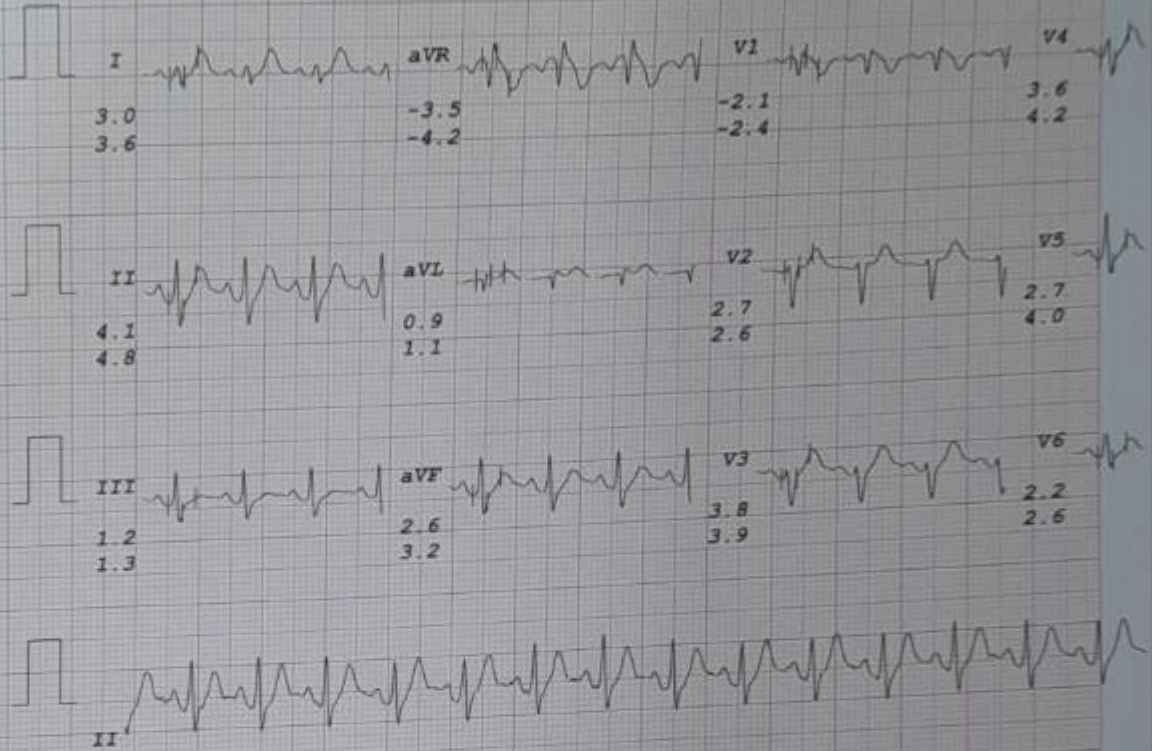
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MR NITIN DAGDU MAJALKAR
I.D. 8923
Age 31/M
Date 14-03-2024

RATE 140bpm
B.P. 140/90

Bruce
RECOVERY
TOTAL TIME 12:44
PHASE TIME 0:49

ST @ 10mm/s
80ms PostJ



Base corrected

UNI-EM, Indore, Tel.: +91-731-4230030, Fax: +91-

Omni Health



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



Tele.:
022-62747000 (100 Lines)

Patient Name: Mr. NITIN MAJALKAR

M /31 Yrs

Ref. by: MEDIWHEEL HEALTHCARE

Date: -14/03/2024

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 14.3 cm size, shape and has smooth margins. **Few tiny calcified granulomas in right lobe of liver.** The rest of the hepatic parenchyma shows homogeneous echotexture without solid or cystic mass lesion. 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 11.4 cm and is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
9.9 x 4.6	9.6 x 4.8

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 bilaterally. **Calculus in right kidney upper pole of size 6.6 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.

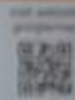
.....Continue On Page 2



APEX HOSPITALS KANDIVALI DIAGNOSTIC

CASHLESS
FACILITY

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PROSTATE: It measures about 2 x 3 x 3cm; volume is 9.9 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:

- Few tiny calcified granulomas in right lobe of liver.
- Non obstructing calculus in right kidney upper pole .

Thanks for the reference.
With regards,

Dr. Ravi Kumar
Consultant Radiologist





Where Healing & Care Come Naturally

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DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. NITIN DAGDU MAJALKAR	LabNo	14758	
UHID/IP No	150009628 / 11255	Sample Date	14/03/2024 9:51AM	
Age/Gender	31 Yrs/Male	Receiving Date	14/03/2024 10:09AM	
Bed No/Ward	OPD	Report Date	15/03/2024 12:33PM	
Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	12.8 L	gm/dl	13.5 - 18.0	SLS- Hb Method
RBC Count (Red Blood Cell)	4.72	10 ⁶ /uL	4.70 - 6.00	
PCV (Haematocrit)	39.2 L	%	40.0 - 50.0	
MCV	83.05	fl	78 - 100	Calculated
MCH	27.12	pg	27 - 31	Calculated
MCHC	32.65	gm/dl	30 - 36	Calculated
RDW	14.5	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	4500	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	54	%	40 - 80	
Lymphocyte %	40	%	20 - 40	
Eosinophil %	03	%	0 - 6	
Monocytes %	03	%	1 - 12	
Basophil %	00	%	0 - 2	
Band Cells	00	%		
Absolute Neutrophil Count (ANC)	2430	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	1800	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	135	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	135 L	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Within normal limits.			
RBCs Morphology	Normocytic Normochromic.			
Platelet Count	214	10 ³ /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	9.2	fl	7 - 12	

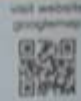
--End Of Report--

Dr. SANDEEP B PORWAL
MBBS MD (Path) Mumbai

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Bed No/Ward	OPD	Report Date	15/03/2024 12:33PM	
Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	10	mm/hr	< 15	Westergren

--End Of Report--

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Bed No/Ward	OPD	Report Date	15/03/2024 12:33PM	
Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD GROUPING Sample: W. B. EDTA				
Blood Group (ABO and Rh)	"A" Rh Positive			SLIDE METHOD

--End Of Report--

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UHID/IP No	150009628 / 11255	Sample Date	14/03/2024 9:51AM	
Age/Gender	31 Yrs/Male	Receiving Date	14/03/2024 10:05AM	
Bed No./Ward	OPD	Report Date	15/03/2024 12:33PM	
Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD GROUPING Sample: W. B. EDTA				
Blood Group (ABO and Rh)	"A" Rh Positive			SLIDE METHOD

—End Of Report—

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Age/Gender	31 Yrs/Male	Receiving Date	14/03/2024 10:09AM	
Bed No/Ward	OPD	Report Date	15/03/2024 12:33PM	
Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
GLUCOSE (PP)				
Sample: Fl. Plasma				
Blood Sugar(2 Hours PP)	124.0	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide

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)

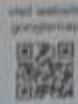
Sample: Fl. Plasma

Glucose (Fasting Blood Sugar / FBS)	98	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	Absent		Absent	
Urine Fasting Ketone	Absent		Absent	

--End Of Report--

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Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIPID PROFILE SERUM				
Sample: Serum				
Cholesterol-Total	109	mg/dl	< 200.00	Cholesterol Oxidase, Esterase, Peroxidase
Triglycerides	76	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	45.13	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	15.20	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	48.67	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	2.42 L		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	1.08 L		2.50 - 3.50	Calculated Value

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
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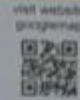


BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIVER FUNCTION TEST (LFT) SERUM				
Sample: Serum				
Bilirubin Total (TBil)	0.52	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.31	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.21	mg/dl	0 - 1	
SGPT (ALT)	13.96	U/L	5 - 40	IFCC modified
SGOT (AST)	20.94	U/L	5 - 40	IFCC modified
Protein Total	7.1	gm/dl	6.00 - 8.00	Biuret
Albumin	4.3	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.80	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.54		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	56.94	IU/L	42 - 140	
GGTP (GAMMA GT)	15.29	IU/L	15.0 - 72.0	UV Kinetic IFCC

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
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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIVER FUNCTION TEST (LFT) SERUM				
Sample: Serum				
Bilirubin Total (TBil)	0.52	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.31	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.21	mg/dl	0 - 1	
SGPT (ALT)	13.96	U/L	5 - 40	IFCC modified
SGOT (AST)	20.94	U/L	5 - 40	IFCC modified
Protein Total	7.1	gm/dl	6.00 - 8.00	Biuret
Albumin	4.3	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.80	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.54		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	56.94	IU/L	42 - 140	
GGTP (GAMMA GT)	15.29	IU/L	15.0 - 72.0	UV Kinetic IFCC

--End Of Report--


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Bed No/Ward	OPD	Report Date	15/03/2024 12:33PM
Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final



BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
RFT (RENAL FUNCTION TEST)				
Sample: Serum				
Creatinine	0.93	mg/dl	0.70 - 1.50	Jaffes
UREA	16.89	mg/dl	15 - 50	CDC Urease, Colorimetric
BUN - Blood Urea Nitrogen	7.89	mg/dl	7 - 20	
Calcium	8.8	mg/dl	8.6 - 10.5	Arsenazo III
Uric Acid	5.4	mm/hr	3.5 - 8.5	URICASE-PEROXIDASE
Phosphorus	2.5	mg/dl	2.5 - 5.0	Phosphomolybdate Reduction
Sodium	140.0	mEq/L	135 - 146	ISE Direct
Potassium	4.6	mEq/L	3.5 - 5.5	ISE Direct
Chloride	105.0	mEq/L	98 - 108	ISE Direct
Protein Total	7.1	gm/dl	6.00 - 8.00	Biuret
Albumin	4.3	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.80	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.54		1.00 - 2.50	Calculated Value

--End Of Report--

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CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
URINE ROUTINE				
Sample: Urine				
PHYSICAL EXAMINATION				
Quantity	25	ml		
Color	Pale Yellow			
Appearance	Clear		Clear	Clear
Specific Gravity	1.020		1.010 - 1.025	
CHEMICAL EXAMINATION				
pH	6.0		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	Absent			Absent
Bile Salt	Absent			Absent
Bile Pigment	Absent			
MICROSCOPIC EXAMINATION				
Pus Cells	1-2/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 : PVD18323-24/72540
 Patient : MR NITIN DAGDU MAJALKAR
 Age/sex : 31 Yrs/ Male
 Center : APEX HOSPITALS KANDIVALI
 Ref. By : Self

Sample ID : 24033955
 Reg. Date : 14/03/2024
 Report Date : 14/03/2024
 Case No. :



HbA1c-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.3	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	105.41	mg/dL	
Method : HPLC-Biorad D10-USA			

INTERPRETATION


- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 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%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- 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.
- To estimate the eAG from the HbA1c value, the following equation is used: $eAG(mg/dl) = 28.7 \times A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic 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

CENTRAL PROCESSING LABORATORY

Grandeur 208/209/210, S.V. Road, Dahisar (East), Mumbai - 400 068.

Tel.: 3563 7645 • Mob: 86910 17023 / 81042 45961 • www.pathvisiondiagnostics.com


 DR. SANDEEP B. PORWAL
 MBBS MD (Path) Mumbai
 MDC Reg no 2001031640

Patient ID : PVD18323-24/72540
 Patient : MR NITIN DAGDU MAJALKAR
 Age/sex : 31 Yrs/ Male
 Center : APEX HOSPITALS KANDIVALI
 Ref. By : Self

Sample ID : 24033955
 Reg. Date : 14/03/2024
 Report Date : 14/03/2024
 Case No. :



IMMUNOASSAY

Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	126.14	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)	7.52	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)	4.11	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 radiiodine -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-----

Term & Conditions* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted. The test report is not valid for Medico-legal purpose.

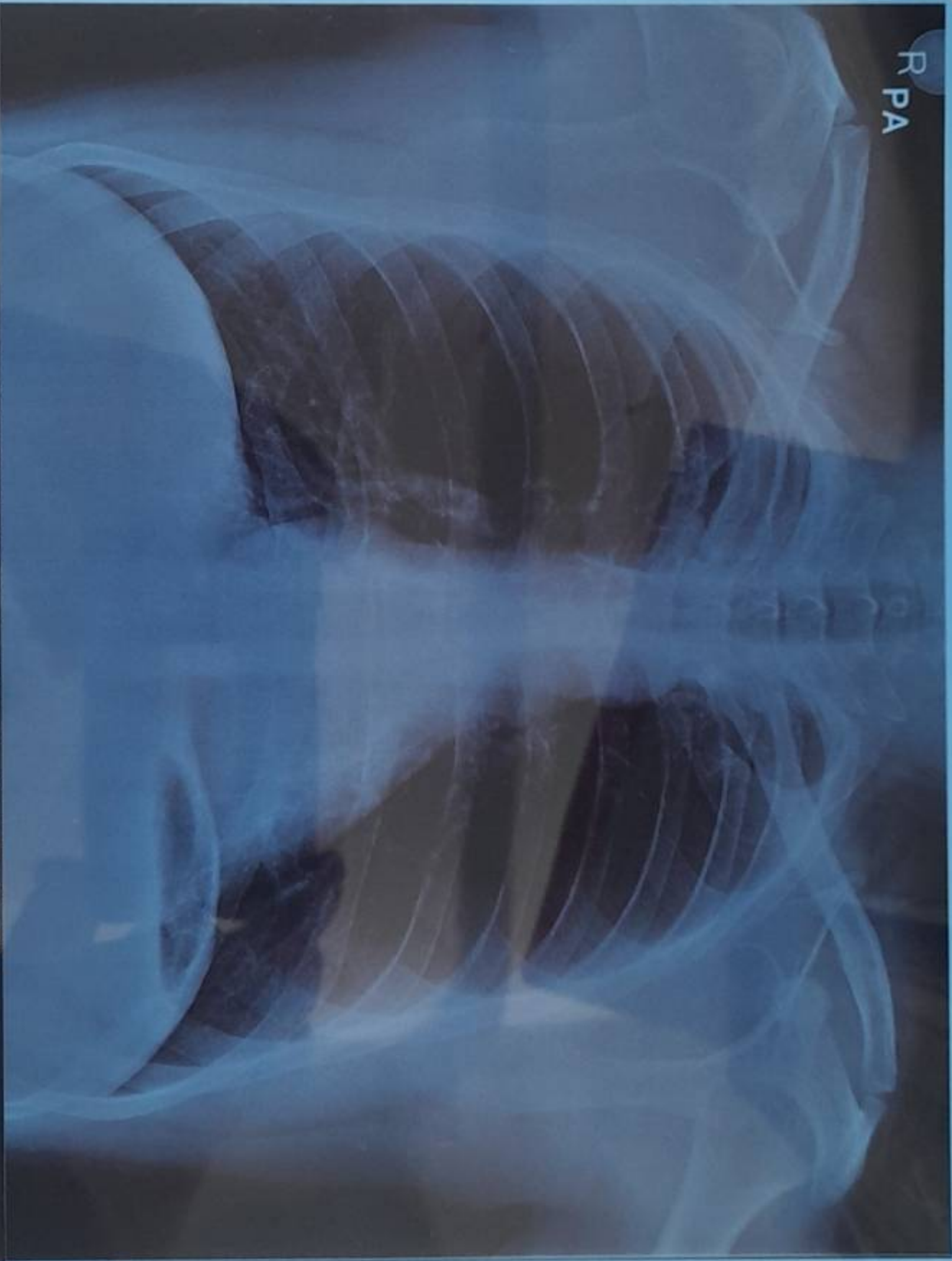

DR. SANDEEP B. PORWAL
 MBBS MD (Path) Mumbai
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CENTRAL PROCESSING LABORATORY

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MIR NITIN MAJALKAR 31 150009628 M Ped. ChestPA 14-Mar-24 SELF
APEX HOSPITALS KANDIVALI, KANDIVALI (E)

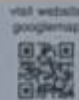


Where Healing & Care Comes Naturally

APEX HOSPITALS KANDIVALI DIAGNOSTIC

CASHLESS
FACILITY

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



Tele.:
022-62747000 (100 Lines)

DEPARTMENT OF RADIOLOGY

Patient Name	Mr. NITIN DAGDU MAJALKAR	LabNo	14758	
UHID/IP No	150009628 / 11255	Order Date	14/03/2024 9:51AM	
Age/Gender	31 Yrs/Male	Receiving Date	14/03/2024 12:09PM	
Bed No/Ward	OPD	Report Date	14/03/2024 4:29PM	
Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

XRAY CHEST PA VIEW

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

Bilateral hila are symmetrical in size, outline and density

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

Bilateral costophrenic angles are clear.

Cardiac shadow is unremarkable.

Bone thorax appears unremarkable.

--End Of Report--

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



14/03/24

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



Tele.:
022-62747000 (100 Lines)

MR. Nitin Majalkar 314/m

Ophthal.

Distance.

(R) eye - 0.78

(L) eye - 0.60

Near.

(R) eye - N-8

(L) eye - Clear.



APEX HOSPITALS KANDIVALI

A Superspeciality Hospital

CASHLESS
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Tele.:
022-62747000 (100 Lines)

14/03/24

MR. Nitin Majalkar 31 yrs / male

wt - 83.2 kg

BP - 110/70 mmHg

Pulse - 80/min

sPo2 - 98%

Height - 173 cm

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



श्रीवेक्स हॉस्पिटल्स कार्डियली

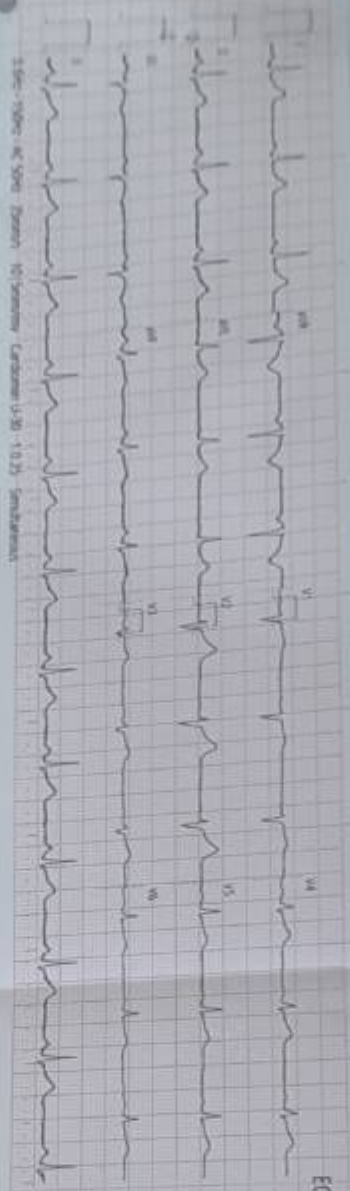
Name anil rajin majalkar

Date 14/03/24

Time 8:30 AM

Age 21 Yrs

Gender male



ECG report

ID : NOAECTVAD31109
 Name :
 Gender :
 Age :
 Dept :
 Ref No :

anil rajin majalkar 31 Yrs male

HR : 84 bpm
 PR : 142 ms
 QRS : 86 ms
 QT/QTc : 382/396 ms
 ST-T : 'Slight'
 RV5-V1 : 0.34/0.383 mV
 RV6-V4 : 1.851 mV

Interpretation by

8:40 AM

Confirm and Sign:
 Examination no: 20240314081109