



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 LABORATORY SCIENCES

Patient Name	Mr. RAJNEESH KUMAR	LabNo	14797	
UHID/IP No	150009643 / 11282	Sample Date	16/03/2024 9:39AM	
Age/Gender	39 Yrs/Male	Receiving Date	16/03/2024 9:52AM	
Bed No/Ward	OPD	Report Date	16/03/2024 2:16PM	
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)	14.1	gm/dl	13.5 - 18.0	SLS- Hb Method
RBC Count (Red Blood Cell)	5.30	10 ⁶ /uL	4.70 - 6.00	
PCV (Haematocrit)	42.4	%	40.0 - 50.0	
MCV	80	fl	78 - 100	Calculated
MCH	26.6 L	pg	27 - 31	Calculated
MCHC	33.25	gm/dl	30 - 36	Calculated
RDW	13.4	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	6500	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	65	%	40 - 80	
Lymphocyte %	40	%	20 - 40	
Eosinophil %	02	%	0 - 6	
Monocytes %	03	%	1 - 12	
Basophil %	00	%	0 - 2	
Band Cells	00	%		
Absolute Neutrophil Count (ANC)	4225	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	2600	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	130	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	195 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	241	10 ³ /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	12.6 H	fl	7 - 12	

--End Of Report--

Dr. SANDEEP B PORWAL
MBBS MD (Path) Mumbai



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Tel: /
022-82747000 (100 Lines)

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. RANDESH KUMAR	LabNo	14787	
UHID/IP No	150009643 / 11282	Sample Date	16/03/2024 9:35AM	
Age/Gender	39 Yrs/Male	Receiving Date	16/03/2024 9:52AM	
Bed No./Ward	OPD	Report Date	16/03/2024 1:52PM	
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)	15	mm/hr	< 15	Westergren

—End Of Report—

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Tel: 022-42747000 (100 Lines)

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	MR. SANDEEP KUMAR	Lab No	14797	
UHID/IP No	15000043 / 11282	Sample Date	16/03/2024 9:30AM	
Age/Gender	39 Yrs/Male	Receiving Date	16/03/2024 9:32AM	
Bed No./Ward	OPO	Report Date	16/03/2024 1:52PM	
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)	"B" Rh Negative			SLIDE METHOD

-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
GLUCOSE (PP)				
Sample: Fl. Plasma				
Blood Sugar(2 Hours PP)	186.0 H	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)	160.0 H	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	Trace		Nil	
Urine Fasting Ketone	Absent		Absent	

--End Of Report--

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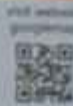
BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIPID PROFILE SERUM				
Sample: Serum				
Cholesterol-Total	112	mg/dl	< 200.00	Cholesterol Oxidase, Esterase, Peroxidase
Triglycerides	98	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	48	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	19.60	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	44.40	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	2.33 L		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	0.92 L		2.50 - 3.50	Calculated Value

--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
LIVER FUNCTION TEST (LFT) SERUM				
Sample: Serum				
Bilirubin Total (TBil)	0.40	mg/dl	0.30 - 1.30	Diphenyl Diazonium Salt
Bilirubin Direct (Dbil)	0.25	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.15 L	mg/dl	0 - 1	
SGPT (ALT)	31.41	U/L	5 - 40	IFCC modified
SGOT (AST)	26.18	U/L	5 - 40	IFCC modified
Protein Total	6.2	gm/dl	6.00 - 8.00	Buret
Albumin	4.4	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	1.80	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	2.44		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	80.16	IU/L	42 - 140	
GGTP (GAMMA GT)	22.0	IU/L	15.0 - 72.0	UV Kinetic IFCC

--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
RFT (RENAL FUNCTION TEST)				
Sample: Serum				
Creatinine	1.0	mg/dl	0.70 - 1.50	Jaffes
UREA	36.48	mg/dl	15 - 50	CDC Urease,Colorimetric
BUN - Blood Urea Nitrogen	17.05	mg/dl	7 - 20	
Calcium	9.0	mg/dl	8.6 - 10.5	Arsenazo III
Uric Acid	5.3	mm/hr	3.5 - 8.5	URICASE- PEROXIDASE
Phosphorus	4.2	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	6.2	gm/dl	6.00 - 8.00	Biuret
Albumin	4.4	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	1.80	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	2.44		1.00 - 2.50	Calculated Value

--End Of Report--

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Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
URINE ROUTINE				
Sample: Urine				
PHYSICAL EXAMINATION				
Quantity	10	ml		
Color	Pale Yellow			
Appearance	Clear		Clear	Clear
Specific Gravity	1.015		1.010 - 1.025	
CHEMICAL EXAMINATION				
pH	6.0		4.5 - 8.5	
Protein	Absent			
Glucose	Trace		Nil	
Ketone	Absent			
Occult Blood	Absent			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
MICROSCOPIC EXAMINATION				
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 : PVD18323-24/72945
 Patient : MR RAJNEESH KUMAR
 Age/sex : 39 Yrs/ Male
 Center : APEX HOSPITALS KANDIVALI
 Ref. By : Self

 Sample ID : 24034638
 Reg. Date : 16/03/2024
 Report Date : 16/03/2024
 Case No. :

HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	8.1	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	185.77	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 glycated 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 / 81047 45981 • www.pathvisiondiagnostics.com


 DR. SANDEEP B. PORWAL
 M.D.C. MD (Path) Mumbai
 MMC Reg. no 2001031640

Patient Id : PVD18323-24/72945
 Patient : MR RAJNEESH KUMAR
 Age/sex : 39 Yrs/ Male
 Center : APEX HOSPITALS KANDIVALI
 Ref. By : Self

Sample ID : 24034638
 Reg. Date : 16/03/2024
 Report Date : 16/03/2024
 Case No. :



IMMUNOASSAY


Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	127.15	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)	7.65	ug/dL	5.13 - 14.10 For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 15.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	3.47	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 radioactive iodine • Hypothyroid phase of transient thyroiditis*
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPQ 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 thyroiditis/associated with hyperemesis gravidarum*
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

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

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 MMC Reg no 2001031640

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Tele.:
022-62747000 (100 Lines)

Patient Name: MR. RAJNEESH KUMAR **M /39 Yrs**
Ref. by: MEDIWHEEL HEALTHCARE **Date: -16/03/2024**

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 13.1cm size, 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 9.7 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 10.7 cm and is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
10 x 4.9	10.8 x 5

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, bilaterally.

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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PROSTATE: It measures about 2.4 x 4.1 x 3.8 cm, volume is 28 gm. The prostate gland shows well defined and smooth margins. The prostatic adenomatous is normal and homogeneous.

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

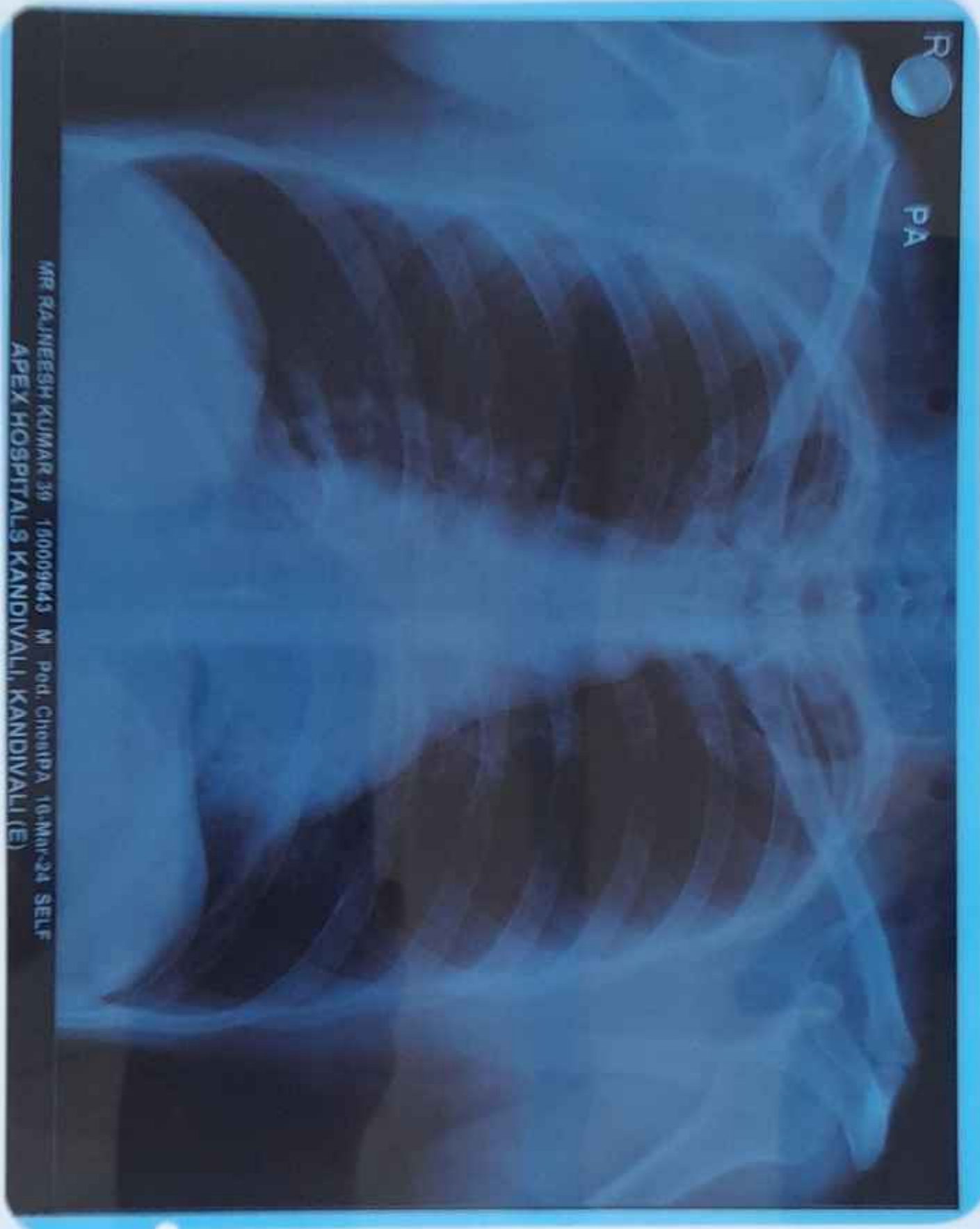
IMPRESSION:

- Grade 1 BPH seen.
- No other significant abnormality is seen.

Thanks for the reference.
With regards,


Dr. Hari Kumar
Consultant Radiologist





APEX HOSPITAL

CARDIAC

MR SUNAM KALNREEK
 ID : 3724
 DATE : 16-03-2024
 AGE/SEX : 38 / M
 HT/WT : 180 / 74
 REF. BY : DR. J.

TREADMILL TEST REPORT

HISTORY : Present
 HISTORY : Present
 PRESENTATION : Present
 MEDICATION : Present

STAGE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	S.P. bpm	S.P. mmHg	RPP x100
RESTING					70	120 / 80	91
STAGE 1	2:55	2:55	2.3	10	128	130 / 80	144
STAGE 2	5:55	2:55	4	12	151	140 / 90	210
STAGE 3	8:55	2:55	5.4	14	181	160 / 90	270
STAGE 4	11:10	2:55	6.7	16	195	170 / 90	330
PRE-EXERCISE	12:04	0:18	8	18	191	170 / 90	328
RECOVERY	12:52	0:29			165	170 / 80	280
RECOVERY	13:54	1:31			125	170 / 100	212

RESULTS

EXERCISE DURATION : 12:09 WALK WORTH LOAD
 MAX BLOOD PRESSURE : 170 / 90 mm Hg
 REASON OF TERMINATION :
 BP RESPONSE :
 ARRHYTHMIA :
 S.W. RESPONSE :
 IMPRESSIONS :

DR. VIVEK AGARWAL
 DM CA. (DIOLOGIST)
 DNB CARDIOLOGIST
 ICCPR
 MD MEDICINE, MBBS
 2008/10/3715

Technician : 44

100-08, Jodhpur, India. Tel: +91-733-800005, Fax: +91-733-400100, E-Mail: info@apexhospitals.co.in

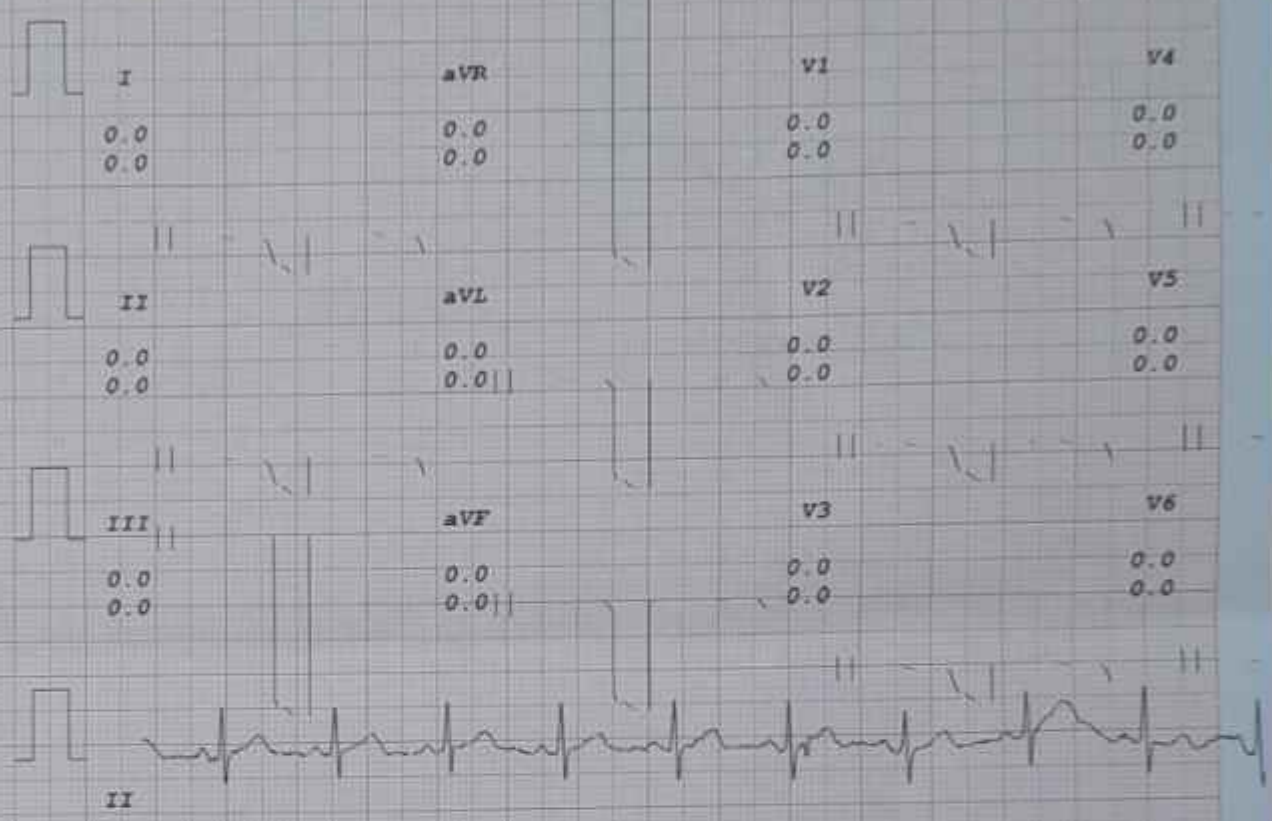
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MR KUNAR RAJNEESH
I.D. 8924
Age 39/M
Date 16-03-2024

RATE 70bpm
B.P. 130/90

PRETEST
SUPINE

ST @ 10mm/m
50ms Post



None Corrected

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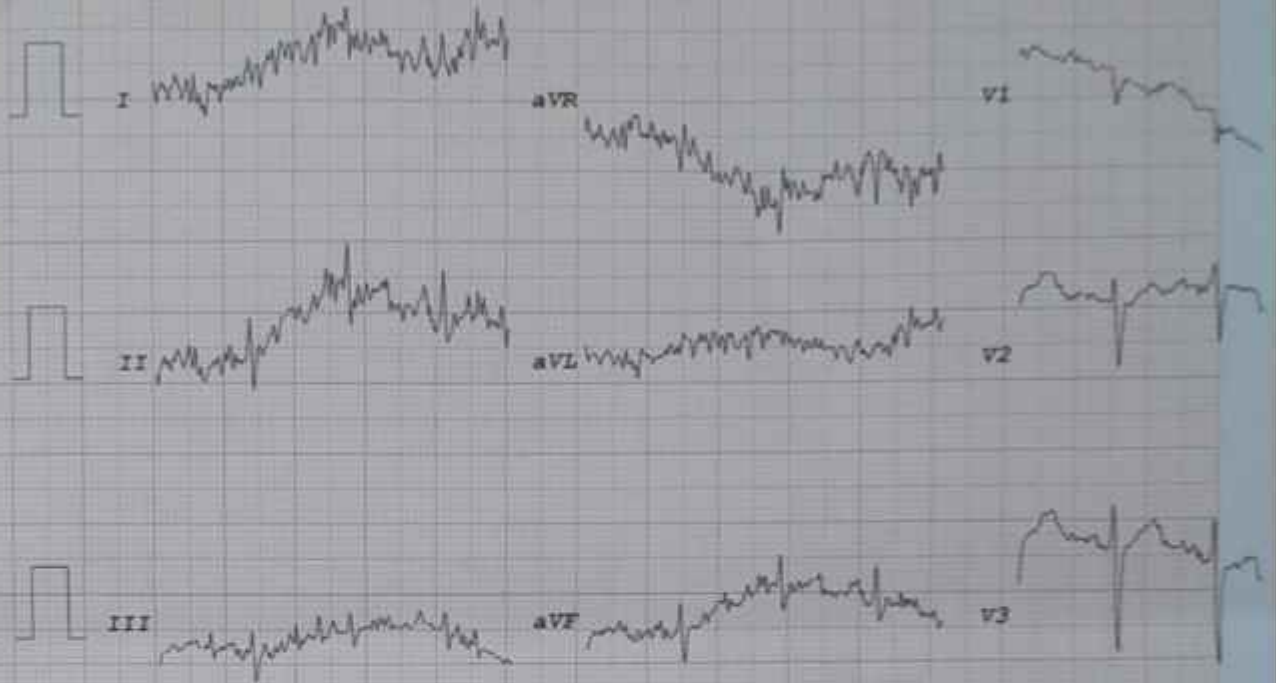
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MR KUNAR RAJNEESH
I.D. 8924
Age 39/M
Date 16-03-2024

RATE 110bpm
B.P. 130/90

WARM UP

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



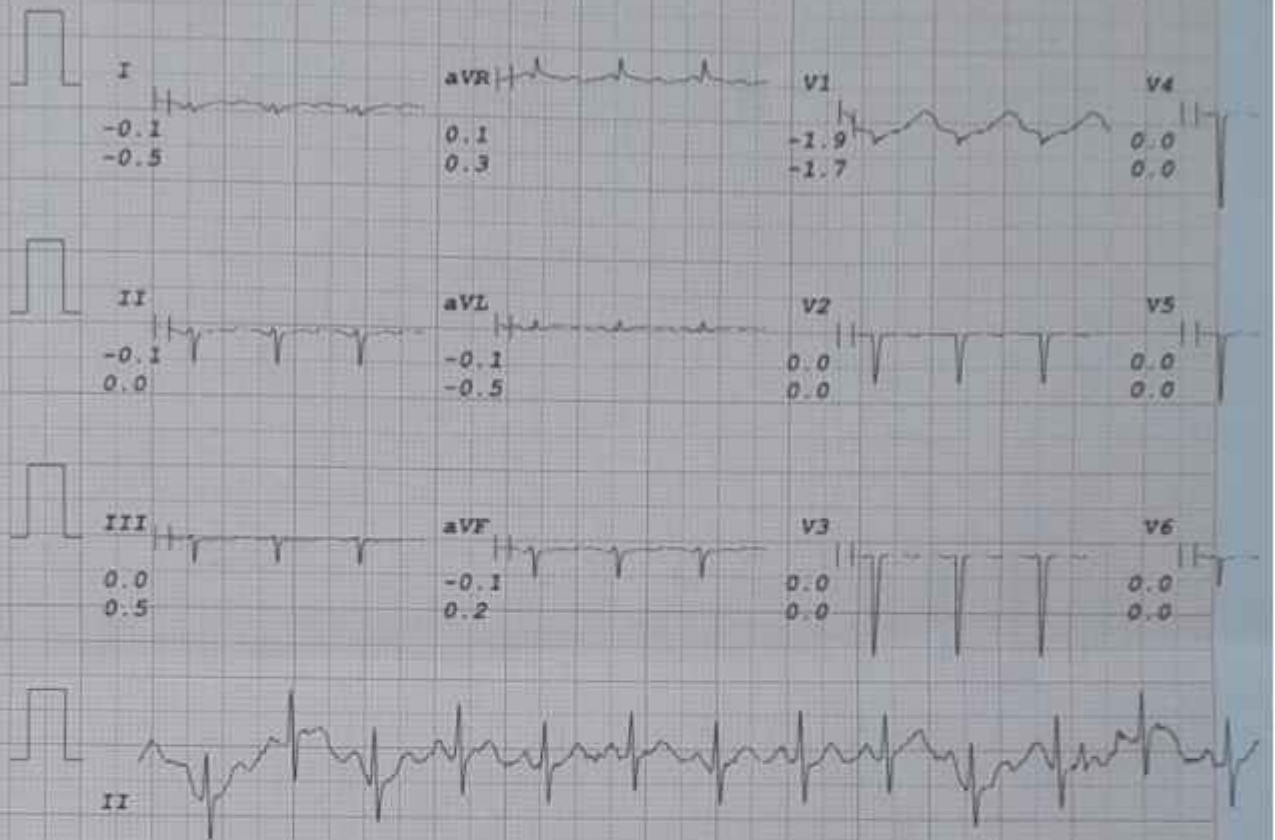
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MR KUMAR RAJNEESH
I.D. 8924
Age 39/M
Date 16-03-2024

RATE 128bpm
B.P. 130/80

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

ST # 10mm/m
80ms PostU
Speed 2.72k
SLOPE 10



None Connected

INT. DR. (Cardiol. Exl.) -92-761-8120000 Fax: -92-

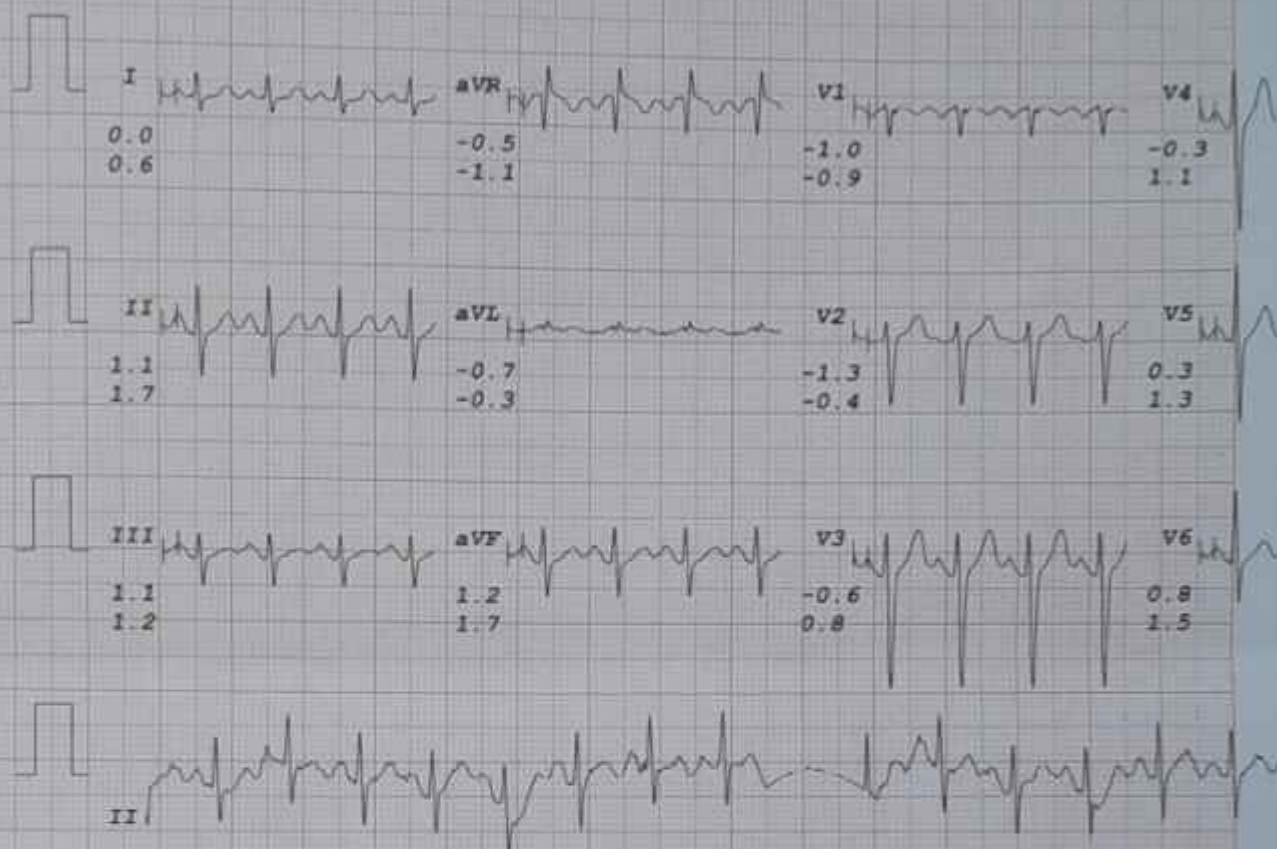
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MR KUMAR RAJNEESH
I.D. 8924
Age 39/M
Date 16-03-2024

RATE 152bpm
B.P. 140/90

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

ST # 10mm/m
Home Post
Speed 4 km/
SLOPE 12



Base Corrected

DR. M. Indira, Tel: +91-911-6330035, Fax: +91-

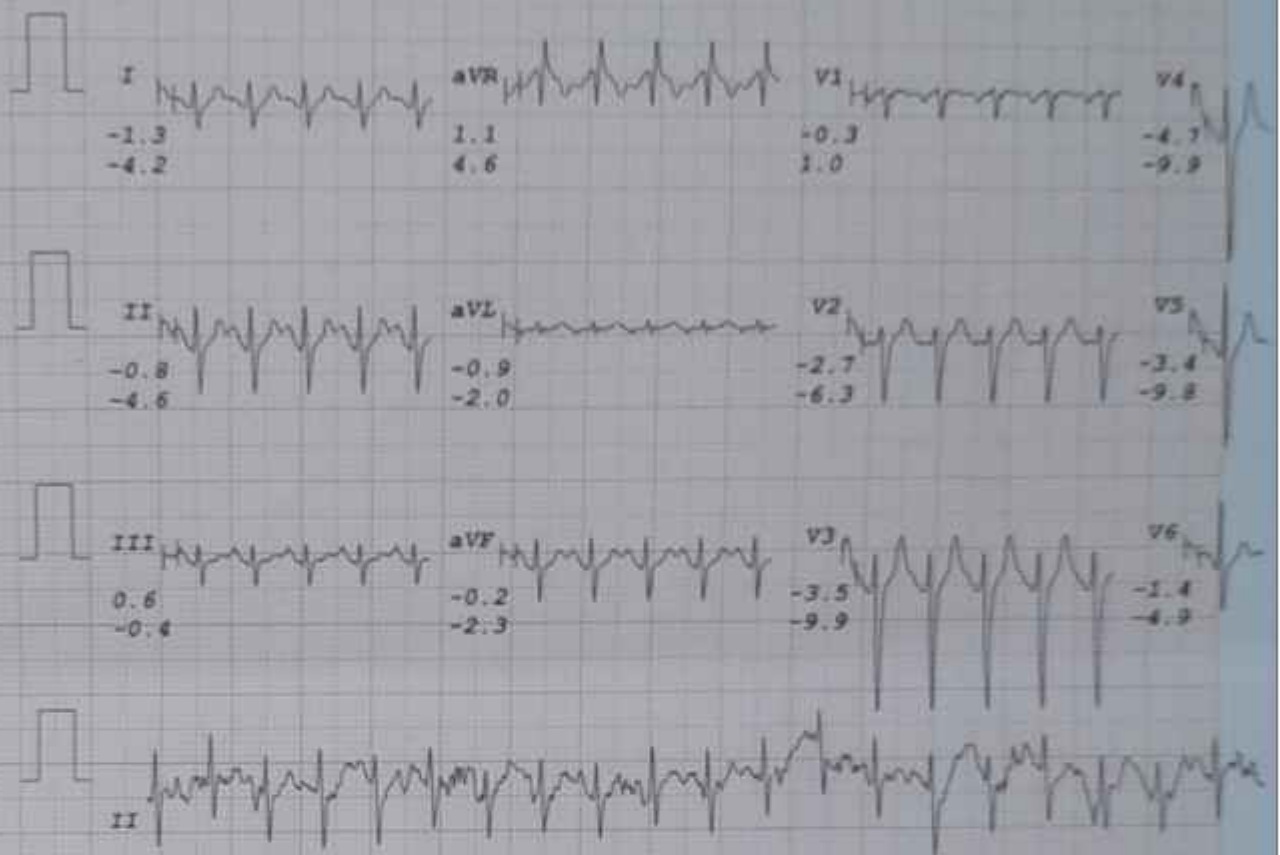
APEX HOSPITAL

MR. KUDMAN RAJNEKSH
I. D. 8824
Age 39/M
Date 16-03-2024

RATE 103bpm
B. P. 170/90

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

ST 8 10mm/m
30mm Paper
Speed 6.7 mm/s
SLOPE 15 mm



None Corrected

DR. RAJNEKSH RAJ... 16-03-2024

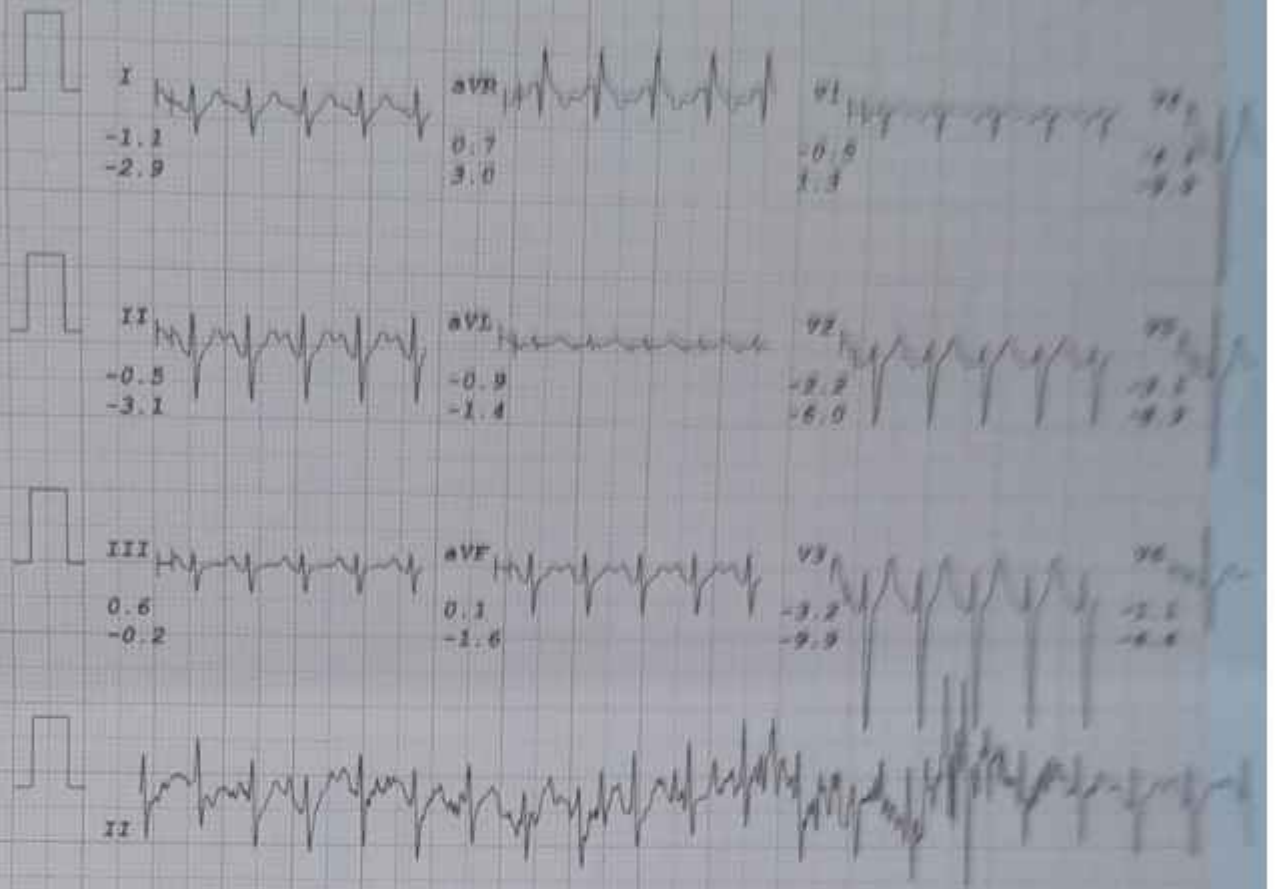
APEX HOSPITAL

MR KOMAR RAJNEESH
I.D. 8024
Age 39/M
Date 16-03-2024

RATE 193bpm
B.P. 170/90

PR 80bpm
TOTAL TIME 15.00
PAPER TIME 0.00

NO. 8 100000
PAGE 1/1
DATE 16/3/24
TIME 10:30



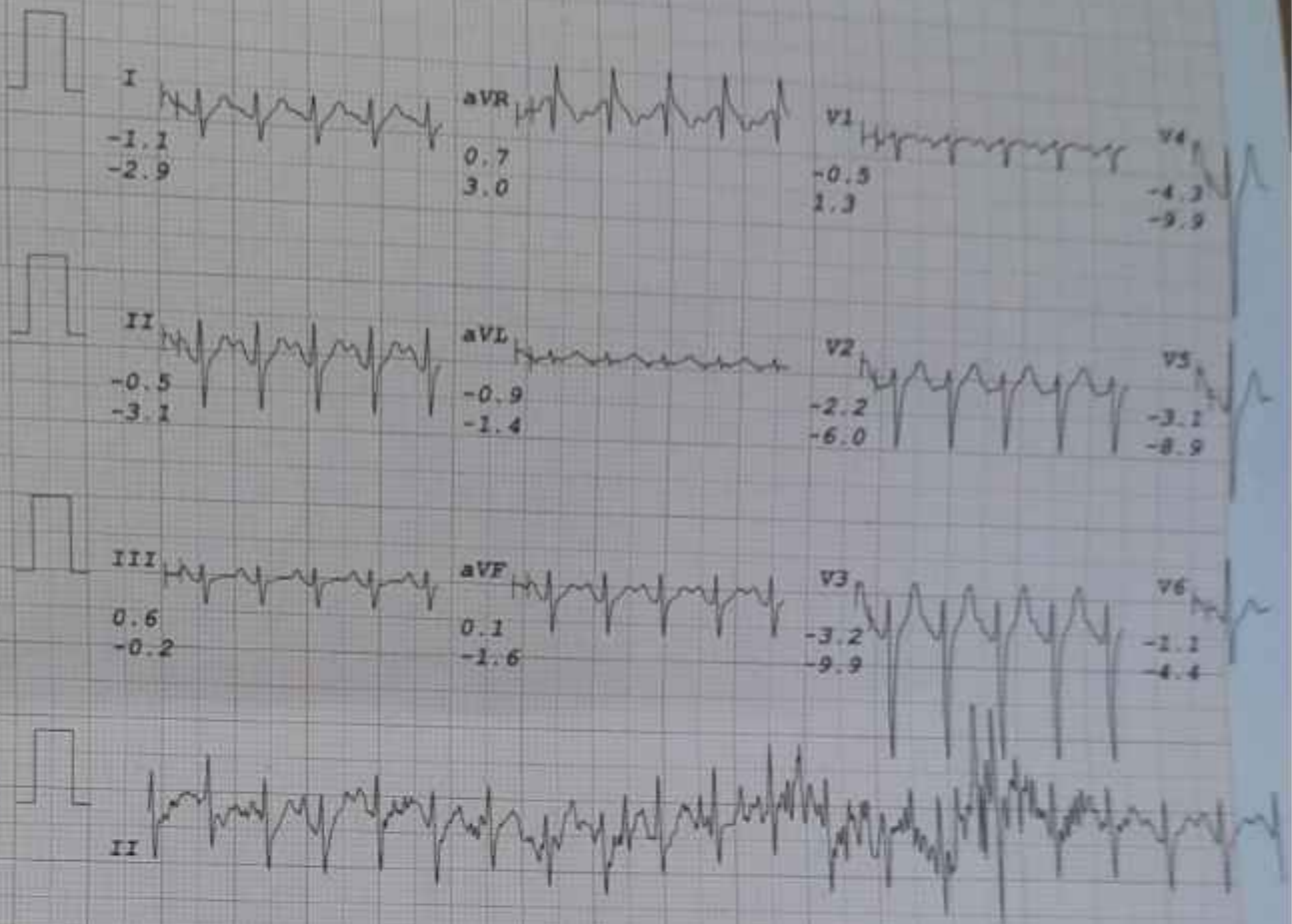
APEX HOSPITAL

NAME: WILSON, RALPH
Age: 39/M
Date: 16-03-2024

RATE: 193bpm
B.P.: 170/90

Grade: PR-EXERCISE
TOTAL TIME: 12:08
PHASE TIME: 0:08

ST # 100000
SOWS POST #
Speed 2 kv
SLOPE 1.5



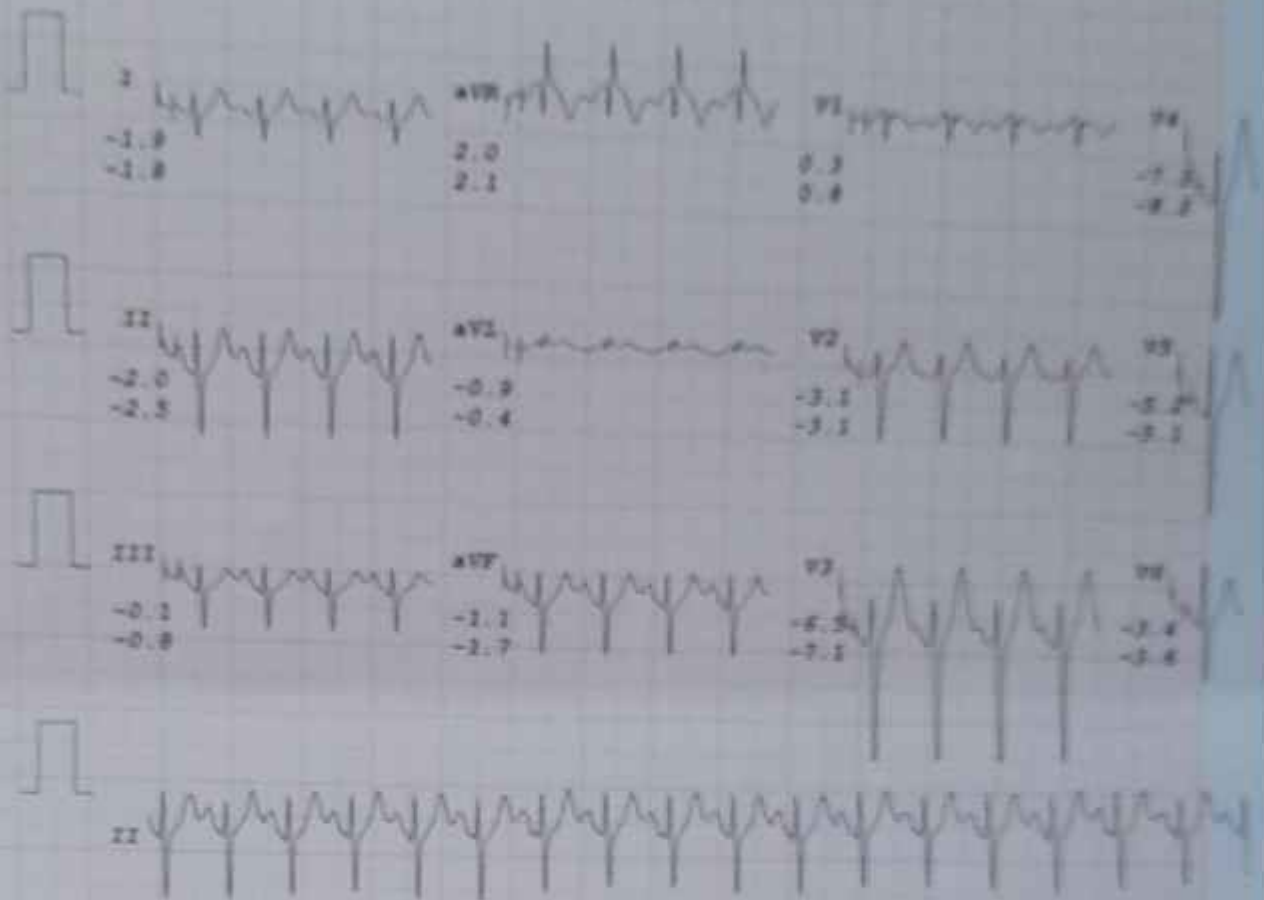
APEX HOSPITAL

MR. ANAND K. MENON
I.D. 8804
Age 58/30
Date 14-03-2024

RATE 125bpm
R.P. 170/90

From
RECOVERY
TOTAL TIME 12-12
PRIME TIME 5-22

ST 4 Leads
Flow Print



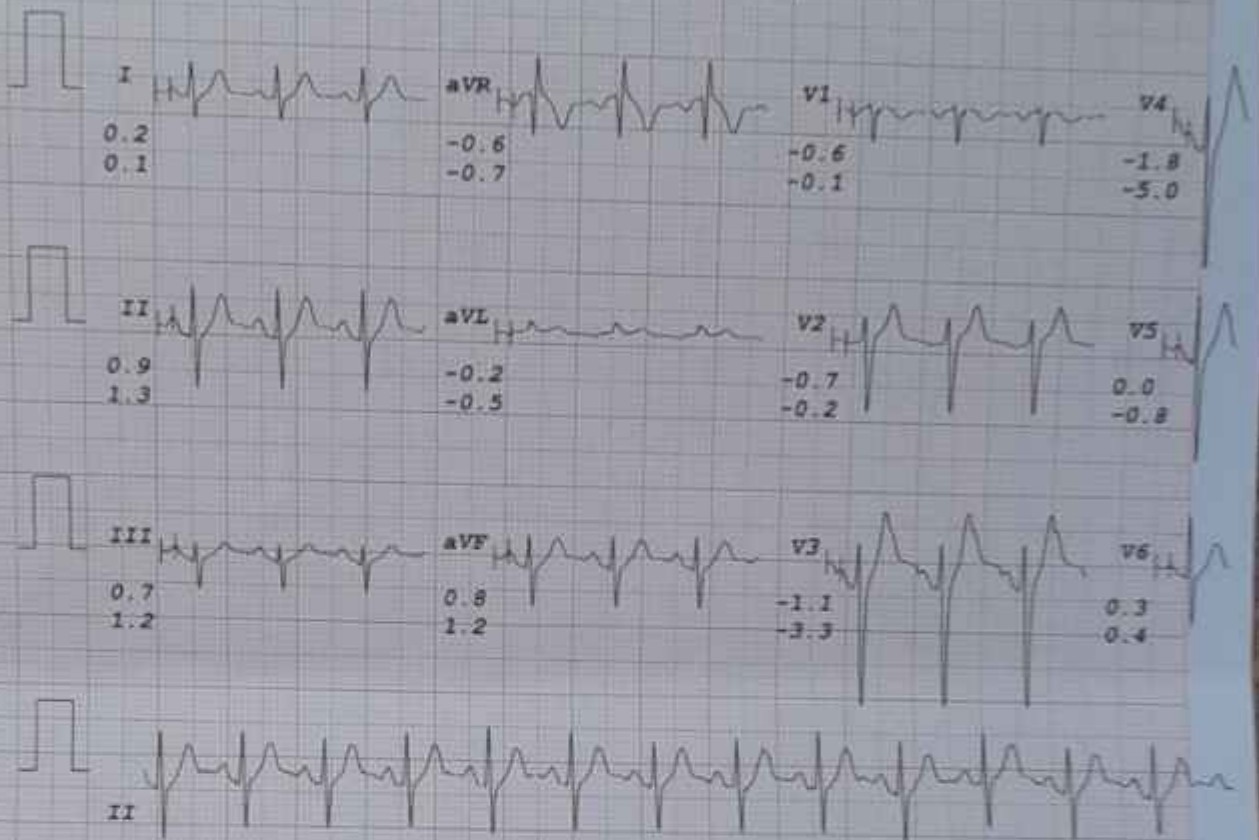
APEX HOSPITAL

DR. ANAND RAJNEESH
S. D. 8924
Age 39/M
Date 16-03-2024

RATE 125bpm
B.P. 170/100

BRUCE
RECOVERY
TOTAL TIME 13:54
PHASE TIME 1:31

ST # 10mm/m
80ms Post



Base corrected

DR. AN. RAJNEESH, S. D. 8924, Age 39/M, Date 16-03-2024



Mr. Kumar Rajneesh.

1618124

Age - 39 yrs | male.

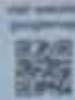
Height - 180 cm.

Weight - 74 kg.

BP - 120/70 mmHg.

Pulse - 86/min

SpO₂ - 98%



Mr. Kumar Rajneesh

16/3/24

Age - 39 yrs male.

Othral.

Distance -

(R) eye - clear

(L) eye - clear.

Near.

(R) eye - clear

(L) eye - clear.



अपेक्स हॉस्पिटल्स कार्डियली

Name _____

Date _____

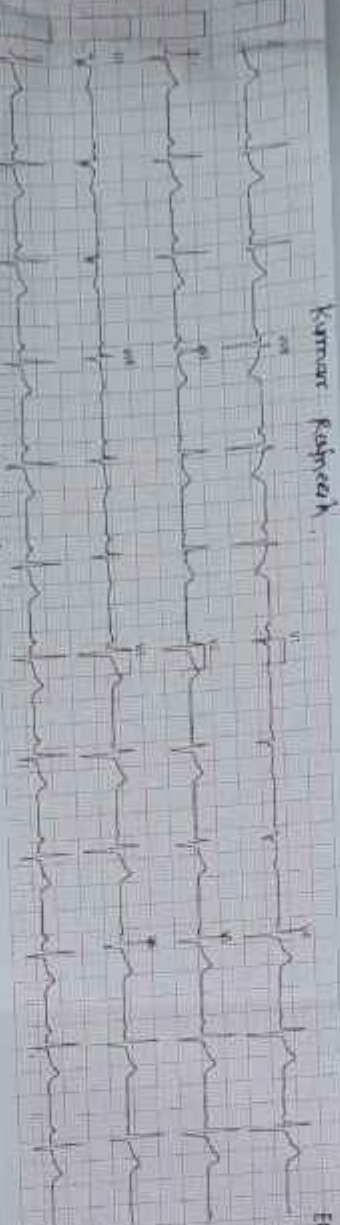
Time _____

Age _____

Gender _____

Kumar Rishyesh

0.04V, 1000µV, 25mm/s, 10/20mm, Caploop: 1-20, 1.02s, 1000µV/mm



ECG report

ID: 202401030504
Name: Rishyesh Kumar
Age: 31
Sex: M
Date: 10/20/2024

HR: 74
PR: 162ms
QRS: 84ms
QTc: 381ms
QT/QTc: 1.01/0.98
QT/QTc: 1.01/0.98
QT/QTc: 1.01/0.98

Cardiogram of _____



Akurli Road, Next to Lodha Woods, Lokhandwala Township,
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email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.:
022-62747000 (100 Lines)

DEPARTMENT OF RADIOLOGY

Patient Name	Mr. RAJNEESH KUMAR	LabNo	14797	
UHID/IP No	150009643 / 11282	Order Date	16/03/2024 9:39AM	
Age/Gender	39 Yrs/Male	Receiving Date	16/03/2024 6:09PM	
Bed No/Ward	OPD	Report Date	19/03/2024 10:13AM	
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