

NAME : SHANTARAM BALU JADHAV

AGE / SEX: 59/M

PACKAGE NAME: Mediwheel Full Body Annual Plus Above 50 Male

SR NO	TEST INCLUSION	SIGNATURE OF TEST CONDUCTING EMPLOYEE
1	FASTING BLOOD	<i>[Signature]</i>
2	POST PRANDIAL BLOOD	<i>[Signature]</i>
3	URINE	<i>[Signature]</i>
4	PSA	
5	CHEST XRAY	<i>[Signature]</i>
6	ECG	<i>[Signature]</i>
7	TMT	<i>[Signature]</i>
8	ULTRASOUND ABDOMEN	<i>[Signature]</i>
9	GENERAL CONSULTATION (PHYSICIAN, DENTAL, EYE, ENT)	<i>[Signature]</i> (Dr. Pratik) <i>[Signature]</i>
10	DIETICIAN CONSULTATION	<i>[Signature]</i>
11	POST CONSULTATION WITH ALL REPORTS WITH MD DOCTOR	
12	COMPLIMENTARY BREAKFAST INCLUDED	

PFT
Audiometry
Vit D3 + B12

Dr. Pratik

Dear Mr Shantaram Balu Jadhav,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Plus Platinum Advanced Male
Patient Package Name: Mediwheel Full Body Health Checkup Above 41 Male
Name of Diagnostic/Hospital : Apex Hospital - Borivali west
Address of Diagnostic/Hospital : Behind Punjab and Sindh Bank, LT Road, Bahai naka, Borivali West
City : Mumbai
State : Maharashtra
Pincode : 400097
Appointment Date : 27-05-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:30am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Mr Shantaram Balu Jadhav	59 year	Male

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- it is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team

Please Download Mediwheel App



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CASHLESS
 HOSPITALITY

Phone No: 022-2898 607-40757040
 Mobile No: 93200 48557

Tel: 022-2898 607-14614714

22/5/2020

PHYSICIAN CONSULTATION

PRESENT COMPLAINT: *No acute complaint*

PAST MEDICAL / SURGICAL HISTORY: *No comorbidities. No history of eye or other surgery.*

GENERAL EXAMINATION:
 PULSE: *75/min*
 BP: *120/80 mmHg*
 OMI: *nil*
 APL/II: *normal*
 THIRST: *normal*
 STOOL: *soft & normal*
 URINE: *nil*
 SLEEP: *normal*
 SKIN: *nil*
 NAILS: *nil*
 HALITAT: *nil*

SYSTEMIC EXAMINATION:

RESPIRATORY EXAMINATION: *A B C*

CARDIOVASCULAR EXAMINATION: *S.S. & A.C.*

ABDOMINAL EXAMINATION: *Soft, non-tender*

GYNACOLOGY / OBST HISTORY (FOR FEMALE): ---

OPHTHAL EXAMINATION:

FAR VISION: 20/20-75 @ 20 ft
NEAR VISION: 20/30-40
COLOUR VISION: (23)

ENT EXAMINATION:

EAR: MASTOID TUNING FORK TEST: }
NOSE: EXT NOSE/ POST NASAL SPACE: }
THROAT: TONGUE/ PALATE/ TEEPH. }
NECK: NODES/ THYROID/ TRACHEA: }

DENTAL EXAMINATION:

DECAY/ CARIES IF ANY: 5/0
PLAQUE IF ANY: 5/0
GUMS: 2/0

Dr. CHITRA K. MAHA
CONSULTING PHYSICIAN
Reg. No. 2008
PHYSICIAN NAME

PHYSICIAN SIGNATURE



APEX HOSPITALS & CLINICS



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Borivli (W), Mumbai 400091
email: info@apexhospitals.in : www.apexgroupofhospitals.com



Tel: 022-2898 6877 / 46147151

Mr. Anuram Jadhav
39/40

22/10/24

Physical Examination
No oral complaints
No abdominal
Steady pulse
Clear lungs
No rales / crackles
No wheezes
No murmurs / gallops
No edema / ascites

Vitals
BP - 120/80 mmHg
HR - 85 bpm
RR - 18 bpm
SpO2 - 98%
Wt - 68.5 kg



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email: info@apeexhospital.com | www.apeexhospital.com



Tele.: 022 - 2953 6677 / 4314711

27/5/24

STB. Dr. Teja (ophthal.)

Refractive checkup.

Wright 6/6
6/6

- DIE: BIE (normal) ⊕
- BIE (near) ⊖
- BIE (far) ⊖
- BIE (low) ⊕

Findus BIE. normal
 AM: BIE (near)
 AM: Use of glasses

	<u>D.V.P.</u>	<u>L.V.E.</u>
Distance	-10.0 sph / -0.75 cyl at 90°	+2.5 sph at 90°
Near	+1.5 sph.	+1.5 sph.

Use of Bifocal (bifocal) glasses



Diet Chart

NAME :- SHANTARAM JADHAV

Age/Gender :- 59yrs / M

DIET :- FUEL DIET, HIGH PROTEIN

Early Morning:	1 cup tea/coffee/succ. tea/normal mil. (without sugar) (preferable avoid)
Breakfast:	1 bowl upma/ no. 1/ dahiya bhajni OR 2 small dosa or mango dal/ 2 1/2 dosa with vegetable sambal OR 1 bowl oats in milk/water
Mid-morning:	1 fruit / Triumz HP - 1 Scoop in 100ml Water
Lunch:	1 bowl raw vegetable salad - 2 small rotli/ 1 bhajni (rawar/Mudgara) 1 bowl dal/ 1 Pulae sabji (Pulse needs to be added- moong, matki, soyabean, soybean/ka) 1 bowl thick dal/ 1 curran piece of chana or 1 fish/ egg preparation in curry 1 bowl rice (Preferable avoid once a week/ optional) OR 1 bowl vegetable curry/ k. ch. with vegetables 1 bowl curd/ 1 glass buttermilk
Evening snack:	1 curran/ coffee/ normal milk/ besan chilla OR 1 bowl boiled apricot OR 1 vegetable egg bhajni/ conchita with curran OR 1 curran/veg chilla with curd
Mid-evening:	1 bowl dal OR vegetable soup/ Chicken soup/ Triumz Hp - 1scoop in water
Dinner:	1 bowl raw vegetable salad 2 small rotli/ 1 bhajni/ 1 curran/ 1 bhajni 1 bowl dal/ 1 Pulae Sabji 1 bowl thick dal OR 1 bowl vegetable dahiya khichdi with vegetable/ pulses/ Pulao with vegetable 1sp Sesame seed

Remarks: Drink ample of fluids, upto 3 litres of water daily

- Follow a regular diet for 1 year for ideal results. Do not miss meals.
- Oil usage should be moderate. 2-3 tsp/day. Preferably use and oil/water oil or Jeeban oil.
- Salt usage should be 1-2 tsp per day.
- Drink more green leafy vegetables, fruits and pulses in the diet.
- Include calcium rich foods like milk and milk products, nuts, seeds, etc.
- Make an effort to get ample of exposure to sunlight for Vitamin D.
- Avoid red meats like mutton, pork and beef.
- Avoid processed foods, refined flour products and fried food, deserts/ bakery products.
- Avoid all sources of extra salt like sauces, pickles, papads, chutneys, chips, etc.
- Avoid all sources of simple sugars like white sugar, brown sugar, honey, jaggery.
- For detailed diet counselling: Consult Diabetic Sakshi Centre in CHD with prior appointment.



T. Free!, Beside Purna & Sind Park, Bhubha Park,
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DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. SHANTARAM BALU JADHAV	LabNo	3211
UHID/IP No	140023283 / 976	Sample Date	27/05/2024 8:51AM
Age/Gender	59 Yrs/Male	Receiving Date	27/05/2024 11:31AM
Bed No/Ward	OPD	Report Date	27/05/2024 4:46PM
Prescribed By	Dr. Apex Hospitals	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)	14.8	gm/dl	13.5 - 18.0	SLS- ha Method
RBC Count (Red Blood Cell)	4.85	10 ⁶ /uL	4.70 - 6.00	
PCV (Haematocrit)	41.1	%	40.0 - 50.0	
MCV	84.74	fl	78 - 100	Calculated
MCH	30.52	pg	27 - 31	Calculated
MCHC	36.01 H	gm/dl	30 - 36	Calculated
RDW	12.5	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	6100	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	58	%	40 - 80	
Lymphocyte %	35	%	20 - 40	
Eosinophil %	03	%	0 - 6	
Monocytes %	04	%	1 - 12	
Basophil %	00	%	0 - 2	
Band Cells	00	%		
Absolute Neutrophil Count (ANC)	3538	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	2135	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	183	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	244	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
Absolute Basophil Count(Not in use)	3538 H	/cu.mm	0 - 100	Calculated
WBCs Morphology	Within normal limits.			
RBCs Morphology	Normocyte Normochromic.			
Platelet Count	238	10 ³ /uL	150 - 400	BC Detection
Platelets Morphology	Adequate on smear			
MPV	10.7	fl	7 - 12	

--End Of Report--

Dr. Neeraj Gujar
MD PATHOLOGY



Pharmacy & Laboratory

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DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. SHANTARAM BALU JADHAV	Lab No	3211	
UHID/IP No	140023283 / 976	Sample Date	27/05/2024 8:51AM	
Age/Gender	59 Yrs/Male	Receiving Date	27/05/2024 11:31AM	
Bed No/Ward	OPD	Report Date	27/05/2024 4:46PM	
Prescribed By	Dr. Apex Hospitals	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 Positive			SLIDE METHOD

--End Of Report--

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DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. SHANTARAM BALU JAIDHAY	LabNo	3211	
UHID/IP No	140023283 / 976	Sample Date	27/05/2024 8:51AM	
Age/Gender	59 Yrs/Male	Receiving Date	27/05/2024 11:31AM	
Bed No/Ward	OPD	Report Date	27/05/2024 4:46PM	
Prescribed By	Dr. Apcx Hospitals	Report Status	Final	

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
ERYTHROCYTE SEDIMENTATION RATE (ESR);				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	25	mm/hr	0 * 20	Westergren

--End Of Report--

Dr. Neeraj Gujar
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DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. SHANTARAM DALU JADHAV	LabNo	3211	
UHID/IP No	140023283 / 976	Sample Date	27/05/2024 8:51AM	
Age/Gender	59 Yrs/Male	Receiving Date	27/05/2024 11:31AM	
Bed No/Ward	OPD	Report Date	27/05/2024 9:48PM	
Prescribed By	Dr. Apex Hospitals	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD SUGAR F&PP				
Sample: FL Plasma				
Glucose (Fasting Blood Sugar / FBS)	102.6	mg/dl	70 - 110	Glucose Oxidase, Hydrogen Peroxide
Urine Fasting Sugar	SNR			
Urine Fasting Ketone	SNR			
Blood Sugar(2 hours PP)	116.9	mg/dl	70 - 140	Glucose Oxidase, Hydrogen Peroxide
Urine PP Sugar	Absent		Absent	
Urine PP Ketone	Absent		Absent	

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, Recid glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

--End Of Report--

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Patient Name	Mr. SHANTARAM BALU JADHAV	LabNo	3211	
UHID/IP No	140023283 / 976	Sample Date	27/05/2024 8:51AM	
Age/Gender	59 Yrs/Male	Receiving Date	27/05/2024 11:31AM	
Bed No/Ward	OPD	Report Date	27/05/2024 4:46PM	
Prescribed By	Dr. Apex Hospitals	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIVER FUNCTION TEST (LFT) SERUM				
Sample: Serum				
Bilirubin Total (Tbil)	0.98	mg/dl	0.30 - 1.30	Diphyline Diazonite r Salt
Bilirubin Direct (Dbil)	0.25	mg/dl	0.00 - 0.50	
Bilirubin Indirect	0.73	mg/dl	1 - 1	
SGPT (ALT)	22.69	U/L	5 - 40	JFCC modified
SGOT (AST)	17.45	U/L	5 - 40	JFCC modified
Protein Total	6.48	gm/dl	6.00 - 8.00	Direct
Albumin	3.10 L	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	3.38	gm/dl	1.80 - 3.50	Oxalates Value
A/G Ratio (Albumin/Globulin Ratio)	0.92 L		1.00 - 2.50	Calculated Value
GGTP (GAMMA GT)	19.27	IU/L	15.0 - 72.0	UV Kinetic JFCC

--End Of Report--

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Patient Name	Mr. SHANTARAM BALU JADHAV	LabNo	3211	
UHID/IP No	140023283 / 976	Sample Date	27/05/2024 8:51AM	
Age/Gender	59 Yrs/Male	Receiving Date	27/05/2024 11:31AM	
Bed No/Ward	OPD	Report Date	27/05/2024 4:46PM	
Prescribed By	Dr. Apex Hospitals	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIPID PROFILE SERUM				
Sample: Serum				
Cholesterol-Total	161.5	mg/dl	< 200.00	Cholesterol Oxidase, Esterase, Peroxidase
Triglycerides	152.4 H	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	39.8 L	mg/dl	40.00 - 60.00	Phosphotungstic
VLDL Cholesterol	30.48	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	91.22	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	4.06		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	2.29 L		2.50 - 3.50	Calculated Value

--End Of Report--

Dr. Neeraj Gujar
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DAE-1538
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Patient Name	Mr. SHANTARAM BALJI JADHAV	LabNo	J211	
UHID/IP No	140023283 / 976	Sample Date	27/05/2024 8:51AM	
Age/Gender	59 Yrs/Male	Receiving Date	27/05/2024 11:31AM	
Bed No/Ward	OPD	Report Date	27/05/2024 9:20PM	
Prescribed By	Dr. Apex Hospitals	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
SERUM CREATININE				
Sample: Serum				
Creatinine	0.90	mg/dl	0.80 - 1.50	Jaffee
URIC ACID (SERUM)				
Sample: Serum				
Uric Acid	5.29	mg/hr	3.5 - 8.5	URICASE-PEROXIDASE

--End Of Report--

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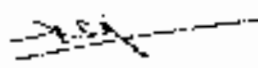
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Patient Name	Mr. SHANTARAM BALU MADHAV	LabNo	3211	
UHID/IP No	140023283 / 970	Sample Date	27/05/2024 8:51AM	
Age/Gender	59 Yrs/Male	Receiving Date	27/05/2024 11:31AM	
Bed No/Ward	OPD	Report Date	27/05/2024 9:20PM	
Prescribed By	Dr. Apex Hospitals	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BUN (BLOOD UREA NITROGEN)				
BUN - Blood Urea Nitrogen		mg/dl		
BUN - Blood Urea Nitrogen (SINGLE)	12.5	mg/dl	7 - 20	

-End Of Report-



Dr. Neeraj Gujar
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DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. SHANTARAM BALU JADHAV	LabNo	3211	
UHID/IP No	140023283 / 976	Sample Date	27/05/2024 8:51AM	
Age/Gender	59 Yrs/Male	Receiving Date	27/05/2024 11:31AM	
Bed No/Ward	OPD	Report Date	27/05/2024 4:46PM	
Prescribed By	Dr. Apex Hospitals	Report Status	Final	

CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
URINE ROUTINE				
Sample: Urine				
PHYSICAL EXAMINATION				
Quantity	20	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			Clear
Specific Gravity	1.025		1.010 - 1.025	
CHEMICAL EXAMINATION				
ph	6.0		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	Absent			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
MICROSCOPIC EXAMINATION				
Pus Cells	2-3			
RBCs	Absent			
Epithelial Cells	1-2			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Present			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	Absent			

--End Of Report--

Dr. Neeraj Gujjar
MD PATHOLOGY



Patient id : PVD04224-25/11317 Sample ID : 24056827
 Patient : MR SHANTARAM BALU JADHAV Reg. Date : 27/05/2024
 Age/sex : 59 Yrs/ Male Report Date : 27/05/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



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

- 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 * 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 GB is corrected for FcS and HbC trait).
- 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 %.
 - Poor Control - More than 10 %.

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

VITAMIN B12- SERUM

Test Description	Result	Unit	Biological Reference Range
Vitamin B12- Serum	368.4	pg/ml	197.0 - 771.0
Method : ECLIA			

INTERPRETATION

- Vit B12 levels are decreased in megaloblastic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia, and treated epilepsy.
- An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis.
- Very high levels (> 1200) may be seen for several weeks after injections of B12.



Patient id : PVD04224-25/11317
 Patient : MR SHANTARAM BALU JADHAV
 Age/sex : 59 Yrs/ Male
 Center : APEX SUPERSPECIALITY HOSPITALS
 Ref. By : Self

Sample ID : 24050827
 Reg. Date : 27/05/2024
 Report Date : 27/05/2024
 Case No.



VITAMIN D- TOTAL (25-OH-VIT D)- SERUM

Test Description	Result	Unit	Biological Reference Range
Vitamin D- Total (25-OH-Vit D)			
Vitamin D- Total (25-OH-Vit D)- Serum	8.11	ng/ml	2-10 : Deficiency 10-30 : Insufficiency 30-100 : Sufficiency > 100 : Toxicity

Method : ECLIA

INTERPRETATION:

Vitamin D is a fat soluble vitamin & exists in two main forms as cholecalciferol (Vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (Vitamin D2) present mainly in dietary sources. Both cholecalciferol & Ergocalciferol are converted to 25 (OH) Vitamin D in liver. Testing for 25 (OH) Vitamin D is recommended as it is the best indicator of Vitamin D nutritional status as obtained from sunlight exposure & dietary intake.

- 25 OH Vitamin D is the best indicator of Vitamin D nutritional status, it is used as an aid in assessment of Vitamin D sufficiency in adults.
- 25 OH Vitamin D deficiency is seen in secondary hyperparathyroidism.
- Decreased levels of 25 OH Vitamin D can lead to Osteomalacia, reduced bone mass & thus increase the risk of bone fractures.
- Decreased 25 OH Vitamin D levels are also associated with low bone mineral density & also seen in nutritional rickets.
- Decreased levels of 25 OH Vitamin D are also associated with increased cardiovascular risk, low immunity & chronic renal failure.
- Elevated levels are associated with Vitamin D intoxication.

PROSTATE SPECIFIC ANTIGEN

Test Description	Result	Unit	Biological Reference Range
PSA (Prostate Specific Antigen)-Serum Total	0.15	ng/ml	Conventional for all ages: 0 - 4 69- 80 Years : 0 - 6.5 Above 80 yrs: 0 - 7.2

Method : ECLIA

INTERPRETATION:

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed in alpha-1 and 2-macroglobulin (PSA-ACT complex) and unbound (free PSA). Increases in prostate glandular size and tissue damage caused by benign prostatic hyperplasia, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or endological examinations.



Patient Id : PVD04224-25/11317
 Patient : MR SHANTARAM BALU JADHAV
 Age/Sex : 59 Yrs/ Male
 Center : APEX SUPERSPECIALITY HOSPITALS
 Ref. By : Self

Sample ID : 24056827
 Reg. Date : 27/05/2024
 Report Date : 27/05/2024
 Case No.



TOTAL T3 T4 TSH (TFT)

Test Description	Result	Unit	Biological Reference Range
T3 (Triiodothyronine)	128.65	ng/dl	83-200 For Pregnant females: First Trim : 104.8 - 220.8 2nd Trim : 128.9 - 262.3 Third Trim : 135.4 - 261.7
T4 (Thyroxine)	7.45	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)	3.84	uIU/ml	0.27 - 4.20


Method : ECLIA

INTERPRETATION

TSH	T3 (T3)	T4 (T4)	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 T3 (especially in a range of 4.7 to 15) will not be commonly associated with physiological & Biological TSH variability. - Subclinical Autoimmune Thyroid dysfunction - Inappropriate T4 therapy for hyperthyroidism - Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	- Chronic Autoimmune Thyroiditis - Post thyrotoxicosis/post resection - Hypothyroid phase of transient thyroiditis
Raised or within Range	Raised	Raised or within Range	- Interfering antibodies to thyroid hormones (anti-TPU antibodies); - Interfering T4 therapy or T4 overdose - Drug interference- Amiodarone, Heparin, Beta blockers, steroids and -glucosidase
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 Hypothyroidism - Transient illness, etc
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 nodules) - Transient thyrotoxic Postpartum, Silent (painless) thyrotoxicosis, Postviral (granulomatous subacute, DeQuervain's), Sepsis/other 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-Delivier west Mumbai-68. Individual Laboratory investigations and never conclusive but should be used along with other relevant clinical examinations to make final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report it 24th of every 48 collection and give feedback. Partial reproduction of this report is not permitted. The test report is not valid for Non-legal purpose.


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 MBBS MD (Path) Mumbai
 MMC Reg no 2901031540



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email: mumbai.admin@apexhospitals.in www.apexgroupofhospitals.com



Land Line No. 022 - 42457040
Reception No. 0326737557

DEPARTMENT OF RADIOLOGY

UHD / Ref No	14023204 / 000852425216	RIS No	3211
Patient Name	MR. SHAMJARAM BALU JADHAV	Age/Gender	58 Yrs/Male
Referred By	Dr. Apex Hospitals	Bed No/Ward	OPD
Prescribed By	Dr. Apex Hospitals	Receiving Date	27/05/2024 4:56PM
Bill Date	27/05/2024 8:51AM	Report Date	27/05/2024 8:57PM
Company	MEDIMAR-ELIARDOFERAI HEALTHCARE	Report Status	Final

USG ABD & PELVIS MALE

SONOGRAPHY OF ABDOMEN AND PELVIS MALE

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

LIVER: The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous normal echotexture without evidence of cystic mass lesion or calcification. No evidence of intrahepatic biliary dilatation observed.

PORTAL VEIN: It is normal in transverse diameter.

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

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

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

SPLEEN: The spleen measures 8.4 cm normal in size and shape. Its echotexture is heterogeneous.

KIDNEYS:

Right Kidney	Left Kidney
8.7 x 3.9 cm	10.2 x 4.3 cm

The kidneys are normal in size and have smooth renal margins. Cortical-medullary is normal. The costovertebral complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculus, 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 seen.

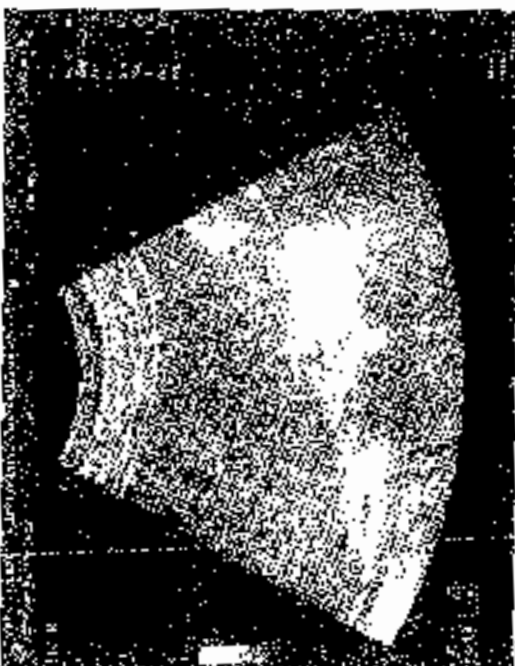
PROSTATE: It measures about 2.8 x 3.7 (width/height), 15.2 x 2.7 cm, volume is 13 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

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

IMPRESSION:

□ No significant abnormality noted.

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



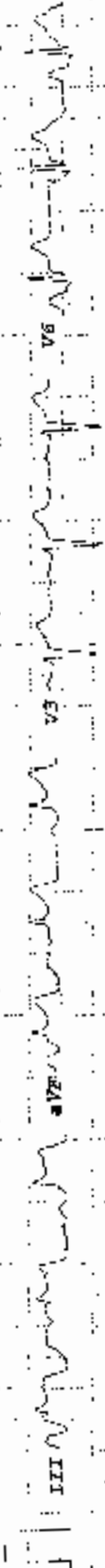
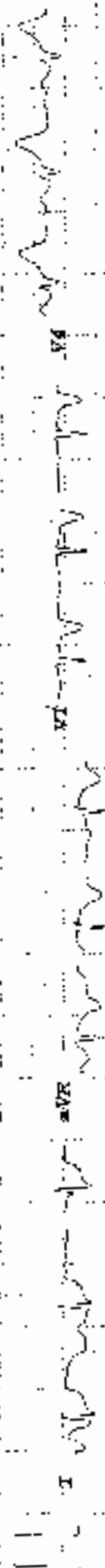
UNI-EM

PRECISEY
SOPINE
ST-0 10mm/mV
50ms PQRST

RAW ECG

PASTE STRIP

Shahjahan Usman
I.D. 22369
Age 59/M
Date 27/05/2024



20240527 08:58

UNI-EM

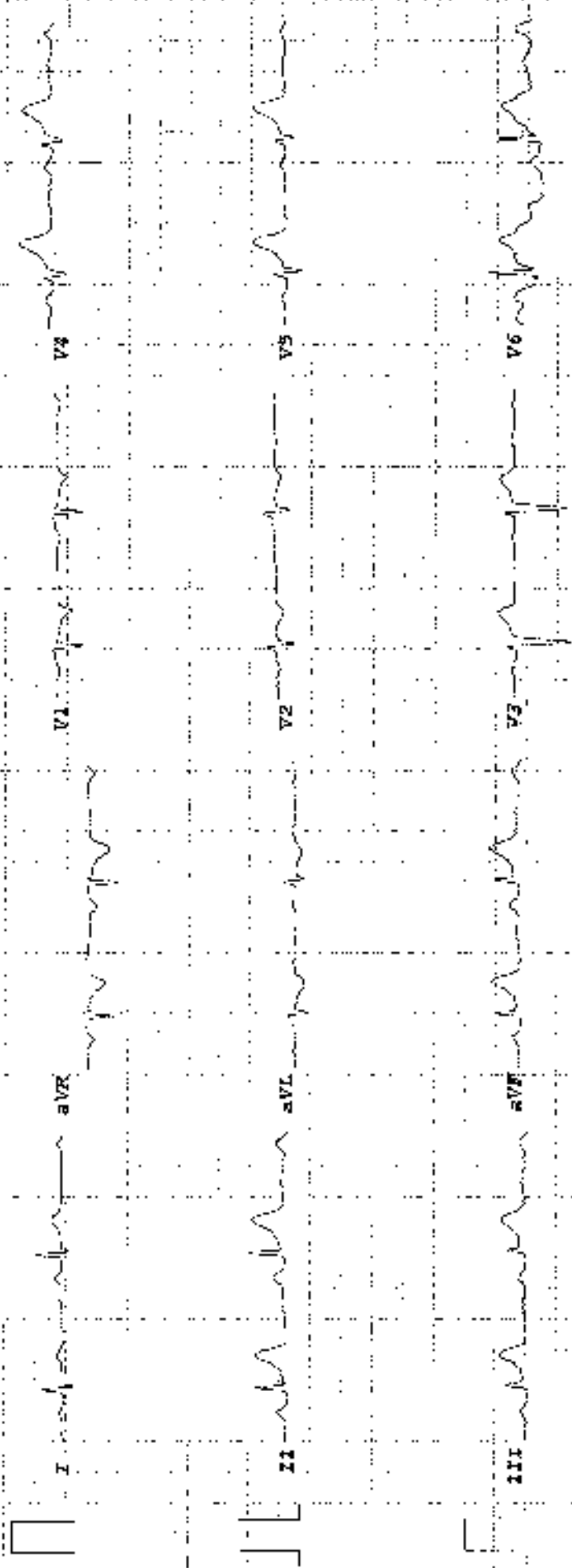
Shantaram Jadhav
X.D. 22369
Age 59/M
Date 27/05/2024

RAVE 77bpm

PRETEST
STANDING

ST. @ 10mm/mV
50ms PostU

RAW ECG



UNI-EM

Shantaram Jadhav
I.D. 22389
Age 59/M
Date 27/05/2024

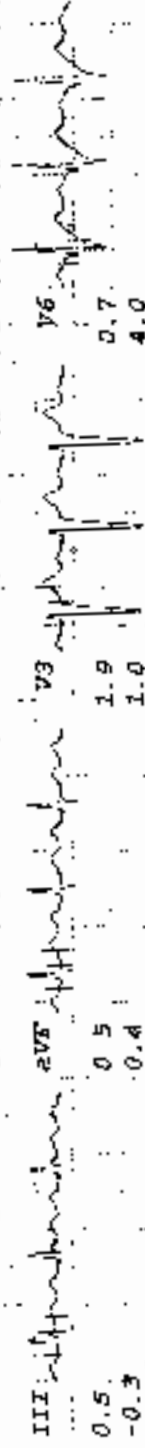
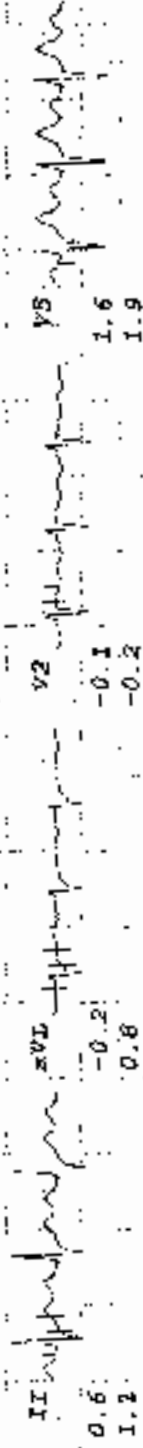
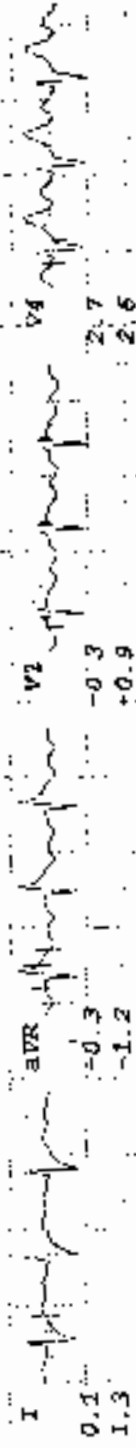
Rate: 135bpm

Rate: 135bpm
EX-EXERCISE
TOTAL TIME 6:16
PHASE-TIME 0:16

ST. G. 10mm/mV
80mm PostA
Speed 5.4 km/hr
SLOPE 1% &
LINKED MEDIAN

Map: Z 2

V1



UNI-EM

Shantaram Jadhav
I.D. 22389
Age 59/M
Date 27/05/2024

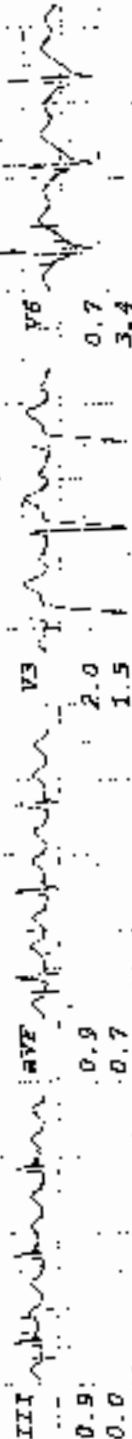
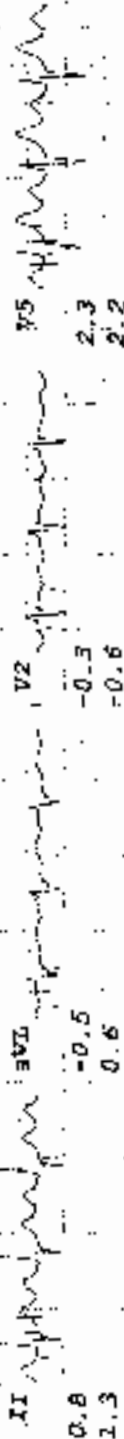
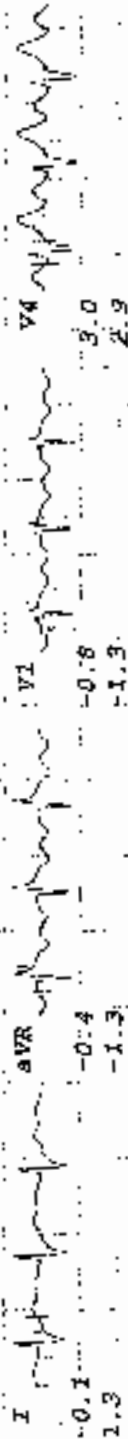
Rate 153bpm

ST 8 10mm/mV
80ms PostJ
Speed 4 km/hr
SLOPE 12 *

LINKED MEDIAN

MAG X-2

V7



UNI-EM

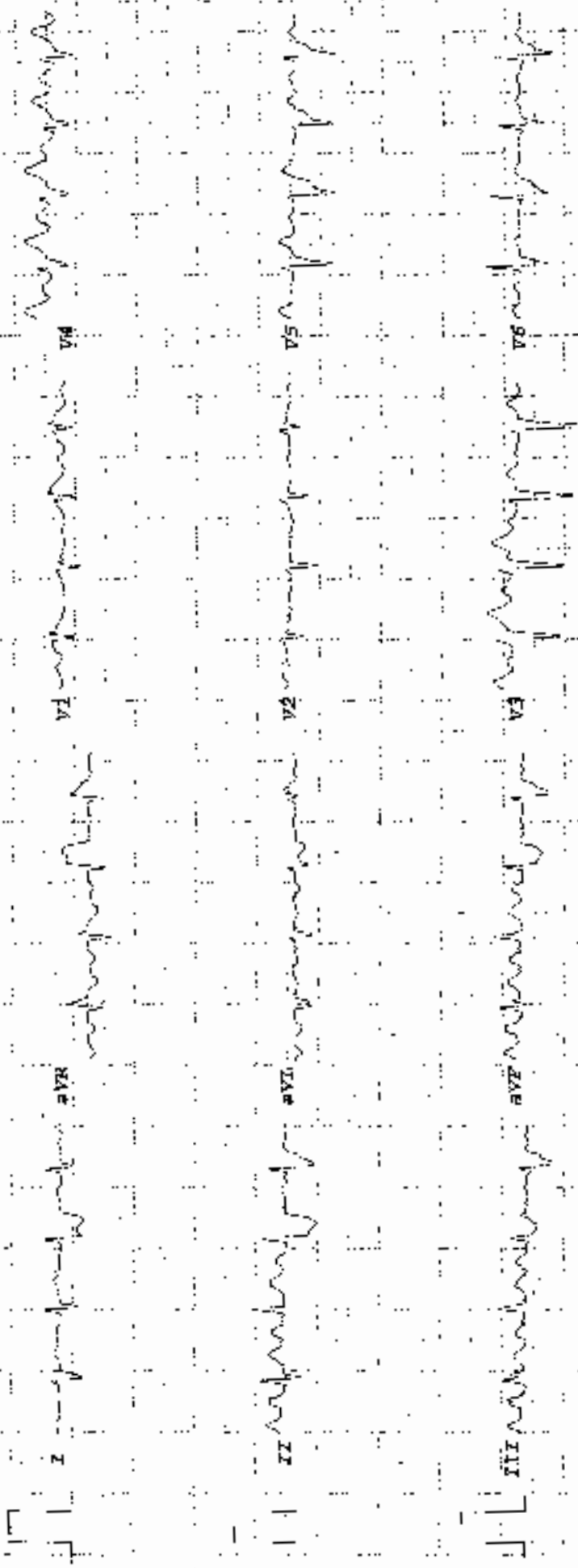
Shanfaraun Jachbar
I.D. 22383
Age 159/M
Date-27/05/2014

RAVE: 135bpm

Bruce
Stage 3
TOTAL TIME 6:10
REST TIME 0:10

SV: 8 100ml/mv
80ms PostJ
Speed 5.4 km/hr
SLOPE 14.8

RAW ECG



UNI-EM

Shantaram Jadhav
I.D. 22389
Age 59/M
Date 27/05/2024

Rate 87bpm
B.P. 130/80

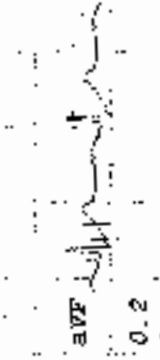
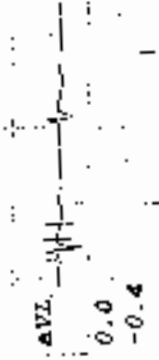
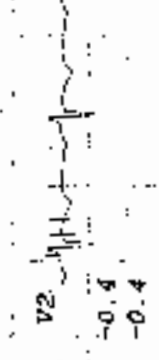
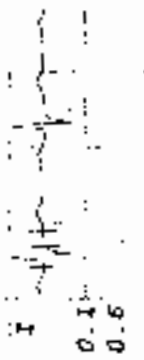
ST. @ 10mm/mv
80ms PostJ

RECOVERY
TOTAL TIME 9:19
PHASE TIME 2:55

LINKED MEDIAN

Mag. x 2

V1



ASH/MRD/26



APEX SUPERSPECIALITY HOSPITALS

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CASHLESS FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka, Borivali (W), Mumbai 400091.

E. C. G.

Name Shantaram Jadhav Date 27/5/24

Age 59 Gender M B.P. _____

Dr. CHIRAG A. SHAH
D.P.(M.D.)

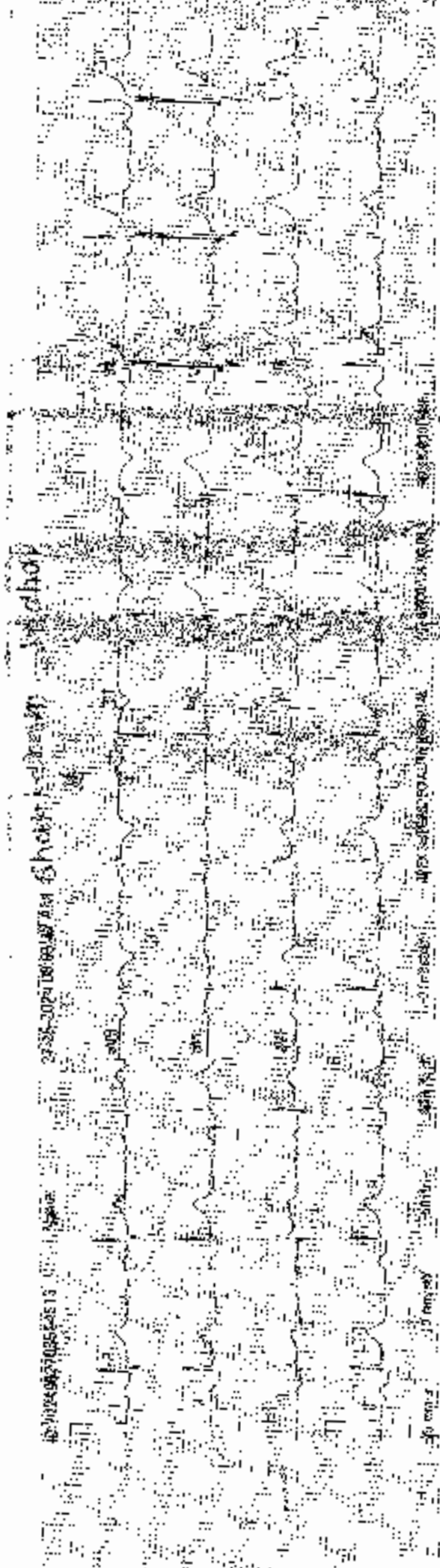
CONSULTING PHYSICIAN / CARDIOLOGIST
Reg. No. 2003 / 04 / 1849

ELECTROCARDIOGRAPHIC OBSERVATIONS

Rate _____ Axis _____ Q.R.S. Complex _____

Rhythm _____ P. Wave with a low S.T. Segment _____

with a low



1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000