



APEX SUPERSPECIALITY HOSPITALS



CASHLESS
FACILITY
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L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,

Borivali (W), Mumbai 400091.
email: info@apexhospitals.in | www.apexgroupofhospitals.com
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Tele.: 022 - 2898 6677 / 46 / 47 / 4
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27/10/24

PHYSICIAN CONSULTATION

PRESENT COMPLAINT: c/o - Gen. weakness

PAST MEDICAL / SURGICAL HISTORY:

- Old cervical LN TB t/a taken byr back.
- K1c10 - HFN on R

GENERAL EXAMINATION:

- PULSE - 80/min
- BP: - 120/80 mmHg
- BMI - 25.2
- APETITE: - Normal
- THIRST: - Thirsty
- STOOL: - Satisfactory
- URINE: - Normal pale yellow
- SLEEP: - Sound
- SKIN: - Normal ? vitiligo on hands byrs.
- NAILS: - Normal
- HABITAT: - No

SYSTEMIC EXAMINATION:

RESPIRATORY EXAMINATION: - AEBE

CARDIOVASCULAR EXAMINATION: - S, S2 +w

ABDOMINAL EXAMINATION: - soft non tender

GYNACOLOGY / OBST HISTORY (FOR FEMALE): —

OPHTHAL EXAMINATION:

FAR VISION:
NEAR VISION:
COLOUR VISION:

ⓐ BIF

agl. 6/6
agl. 6/6
mb. mb.

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ENT EXAMINATION:

EAR: MASTOID TUNNIG FORK TEST: *NAD*
NOSE: EXT NOSE/ POST NASAL SPACE: *Normal*
THROAT: TOUNGE/ PALATE/ TEETH: *NAD*
NECK: NODES/ THYROID/TEETH: *NAD*

DENTAL EXAMINATION:

DECAY/ CARIES IF ANY: *No*
PLAQUE IF ANY: *No*
GUMS: *Normal*

Apex Superspeciality Hospitals
103-A, L.T. Road,
Behind Punjab & Sindh Bank,
Babhai, Borivali (W), Mumbai - 92.

[Handwritten signature]
PHYSICIAN NAME

PHYSICIAN SIGNATURE

CAMP



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Apex Super Speciality Hospitals
Shantapurga Mangesh Charity Trust Medical Centre 193-A, L.T. Road,
Beside Punjab & Sind Bank, Babbal, Borivali (W), Mumbai-400091
Tel: 022-28986677/16-4748 Web: apexgroupofhospitals.com
Email: medical.admin@apexhospitals.in

Diet Chart

NAME :- HEMANT

Age /Gender :- 43 yrs / M

DIET :- FULL DIET , HIGH PROTEIN , LOW FAT

- Early morning:** 1 cup tea/ coffee (**preferable avoid**) + 4 almonds, 2 walnut halves (**Soaked**)
- Breakfast:** 1 Bowl upma/ poha/ daliya upma OR 2 small idli/ 1 dosa with vegetable sambar
OR 1 roti with bhaji OR 1 bowl cornfalkes/ oats in water
- Mid-morning:** 1 Fruit - **Include Whole fruits - Papaya , Pear, Banana ,Orange, Muskmelon & Watermelon** (No Fruit juices)
Supplement :- Truhand HP - 1 scoop with 100ml water
- Lunch:** 1 bowl raw vegetable salad (**Cucumber ,carrot, tomato, beetroot**)
2 medium whole wheat roti/ 1 bowl rice
1 bowl bhaji
1 bowl dal (**yellow moong dal, masoor dal, matki, green moong dal**)
1 bowl curd/ 1 glass buttermilk
- Evening snack:** 1 cup tea/ coffee /Green Tea / Black Coffee / **Truhand HP - 1 scoop in 100ml water**
1 handful of roasted yellow chana OR 1 besan chilla OR 1 bowl sprouts chat
- Mid-evening:** 1 bowl dal and vegetable soup + ½ teaspoon dry roasted flax seed powder
- Dinner:** 1 bowl raw vegetable salad (**Cucumber ,carrot, tomato, beetroot**)
2 medium whole wheat roti/1 bowl rice
1 bowl bhaji
1 bowl dal
OR 1 bowl dal khichadi/ daliya
1 bowl curd/ 1 glass buttermilk
- Bedtime :- 1tsp Sesame seed**

Remarks: Supplement needs to be taken once a day only.

Drink ample of fluids, upto 3 litres of water daily. Can add sabja seeds to it.

Include more of whole pulses, green leafy vegetables and fruits in the diet

Restrict consumption of non-vegetarian foods and alcohol for about a month.

Avoid all sources of extra salt, spices and oils like sauces, pickles, papads, chutneys, chips, etc.

Avoid all sources of simple sugars like white sugar, brown sugar honey, jaggery.

Avoid processed foods and fried food.

Avoid all spicy, oily and refined flour products. Restrict bakery products.

For detailed diet counselling: Consult Dietician Sakshi Gupta in OPD with prior appointment.



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Land Line No. 022 - 42457040
Reception No. 9326787557

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. HEMANT T KANTIWAL	LabNo	2021	
UHID/IP No	140022947 / 449	Sample Date	27/04/2024 9:13AM	
Age/Gender	44 Yrs/Male	Receiving Date	27/04/2024 12:58PM	
Bed No/Ward	OPD	Report Date	27/04/2024 5:17PM	
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)	14.4	gm/dl	13.5 - 18.0	SLS- Hb Method
RBC Count (Red Blood Cell)	5.28	10 ⁶ /uL	4.70 - 6.00	
PCV (Haematocrit)	42.1	%	40.0 - 50.0	
MCV	79.73	fl	78 - 100	Calculated
MCH	27.27	pg	27 - 31	Calculated
MCHC	34.2	gm/dl	30 - 36	Calculated
RDW	15.1	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	6500	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	52	%	40 - 80	
Lymphocyte %	45 H	%	20 - 40	
Eosinophil %	01	%	0 - 6	
Monocytes %	02	%	1 - 12	
Basophil %	00	%	0 - 2	
Absolute Neutrophil Count (ANC)	3380	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	2925	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	65	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	130 L	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
Absolute Basophil Count(Not in use)	3380 H	/cu.mm	0 - 100	Calculated
WBCs Morphology	Within normal limits.			
RBCs Morphology	Normocytic Normochromic.			
Platelet Count	188	10 ³ /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	14.1 H	fl	7 - 12	

--End Of Report--

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HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	17	mm/hr	0 * 20	Westergren

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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

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD SUGAR F&PP				
Sample: Fl. Plasma				
Glucose (Fasting Blood Sugar / FBS)	89.56	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	Absent		Absent	
Urine Fasting Ketone	Absent		Absent	
Blood Sugar(2 Hours PP)	100.7	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide
Urine PP Sugar	SNR			
Urine PP Ketone	SNR			

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.

BUN (BLOOD UREA NITROGEN)

BUN - Blood Urea Nitrogen		mg/dl	
BUN - Blood Urea Nitrogen (SINGLE)	14.23	mg/dl	7 - 20

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
SERUM CREATININE				
Sample: Serum				
Creatinine	0.93	mg/dl	0.80 - 1.50	Jaffes
URIC ACID (SERUM)				
Sample: Serum				
Uric Acid	4.99	mm/hr	3.5 - 8.5	URICASE- PEROXIDASE

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Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD UREA				
Sample: Serum				
UREA	30.47	mg/dl	15 - 50	CDC Urease,Colorimetric
CALCIUM (SERUM)				
Sample: Serum				
Calcium	8.15 L	mg/dl	8.6 - 10.5	Arsenazo III
PHOSPHORUS (SERUM)				
Sample: Serum				
Phosphorus	3.27	mg/dl	2.5 - 5.0	Phosphomolybdate Reduction
SERUM ELECTROLYTES				
Sample: Serum				
Sodium	131.9 L	mEq/L	135 - 146	ISE Direct
Potassium	3.89	mEq/L	3.5 - 5.5	ISE Direct
Chloride	115.4 H	mEq/L	98 - 108	ISE Direct

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIPID PROFILE SERUM				
Sample: Serum				
Cholesterol-Total	168.9	mg/dl	< 200.00	Cholesterol Oxidase, Esterase, Peroxidase
Triglycerides	159.3 H	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	43.57	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	31.86	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	93.47	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	3.88		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	2.15 L		2.50 - 3.50	Calculated Value
LIVER FUNCTION TEST (LFT) SERUM				
Sample: Serum				
Bilirubin Total (TBil)		mg/dl		Diphyline Diazonium Salt
Bilirubin Total (TBil)	0.86	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.27	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.59	mg/dl	1 - 1	
SGPT (ALT)	34.9	U/L	5 - 40	IFCC modified
SGOT (AST)	29.6	U/L	5 - 40	IFCC modified
Protein Total	6.49	gm/dl	6.00 - 8.00	Biuret
Albumin	4.24	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.25	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.88		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	73.4	IU/L	42 - 140	
GGTP (GAMMA GT)	23.8	IU/L	15.0 - 72.0	UV Kinetic IFCC

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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	Slightly Hazy			Clear
Specific Gravity	1.015		1.010 - 1.025	
CHEMICAL EXAMINATION				
pH	5.5		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	PRESENT(TRACE)			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
MICROSCOPIC EXAMINATION				
Pus Cells	1-2			
RBCs	2-3			
Epithelial Cells	0-1			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Present			
Others	ABSENT			

--End Of Report--

Dr. Neeraj Gujar
MD PATHOLOGY

Patient Id : **PVD04224-25/5633** Sample ID : 24047485
 Patient : MR HEMANT T. KANTIWAL Reg. Date : 27/04/2024
 Age/sex : 44 Yrs/ Male Report Date : 27/04/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



PROSTATE SPECIFIC ANTIGEN

Test Description	Result	Unit	Biological Reference Range
PSA (Prostate Specific Antigen)-Serum Total	0.48	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 to alpha-1-anti chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

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

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

Patient Id : **PVD04224-25/5633** Sample ID : 24047485
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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	20.3	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.

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HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	6.0	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	125.50	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: $eAG(mg/dl) = 28.7 * A1c - 46.7$
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

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VITAMIN B12- SERUM


Test Description	Result	Unit	Biological Reference Range
Vitamin B12- Serum	187.0	pg/ml	197.0 - 771.0
Method : ECLIA			

INTERPRETATION

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

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IMMUNOASSAY


Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	104.0	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)	8.12	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)	3.79	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 radioiodine • 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
 MMC Reg no 2001031640



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APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



CASHLESS
FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,
Borivali (W), Mumbai 400091.
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.:
022 - 2898 6677 / 46 / 47 / 48

DEPARTMENT OF RADIOLOGY

Patient Name	Mr. HEMANT T KANTIWAL	LabNo	2021	
UHID/IP No	140022947 / 449	Order Date	27/04/2024 9:13AM	
Age/Gender	44 Yrs/Male	Receiving Date	29/04/2024 10:33AM	
Bed No/Ward	OPD	Report Date	29/04/2024 11:08AM	
Prescribed By	Dr. Apex Hospitals	Report Status	Final	

DIGITAL X-RAY CHEST <PA> VIEW

The lung on either side show equal translucency and exhibit normal vasculature

The costophrenic angles are clear.

Both hila are symmetrical in outline size and density.

Cardiac shadow is unremarkable.

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

Bone thorax is unremarkable.

--End Of Report--

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



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Borivali (W), Mumbai - 400091.
email: medical.admin_ash@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Land Line No. 022 - 42457040
Reception No. 9326787557

NAME : HEMANT KANTIWAL	DATE : 27/04/2024
REF : MEDIWHEEL	AGE/SEX : 45Y/M

2D ECHO & COLOR DOPPLER REPORT

Cardiac history:

Imaging window:

2D Findings:

Chamber dimensions: Normal

RWMA- Normal

Valve Anatomy-- Normal

Interventricular & Interatrial septum:- Normal

No intracardiac mass

Pericardium-Normal

IVC & Hepatic veins - Normal

Doppler Findings:

LV diastolic Dysfunction :- Normal

Color flow across valves :-- Normal



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Land Line No. 022 - 42457040
Reception No. 9326787557

M-Mode			
AO diam	: 3.6 cm		
LA diam	: 3.1 cm		
ACS	: 1.8 cm		
DE excursion	: 1.0 cm		
EF Slope	: 0.07 cm		
EPSS	: 0.7 cm		
IVSd	: 1.1 cm	IVSS	: 1.0 cm
LVIDd	: 4.5 cm	LVIDS	: 3.1 cm
LVPWd	: 1.0 cm	LVPWS	: 1.0 cm
LVEF	: 55 - 60%		

Conclusions:

Normal Chamber dimensions

No RWMA

Normal LV systolic function with EF 55 -60 %

No LV diastolic Dysfunction.

No pulmonary hypertension.

Normal Pericardium.

Dr. CHIRAG V. SHAH
D.N.B.(M.D.)
CONSULTING PHYSICIAN CARDIOLOGIST
Reg. No. 2003 / 04 / 1649

DR. SHAH CHIRAG
D.N.B. (M.D.)
GENERAL PHYSICIAN

ASH/QA/FORM/NUR/04/MAR22/V1



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2898 6646

CASHLESS FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka, Borivali (W), Mumbai - 400 092.

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Name HEMANT T. KANTI WAL Date 27/4/24

Age 43y Gender: M F UHID NO _____ B.P 120/70 mmHg

ELECTROCARDIOGRAPHIC OBSERVATIONS

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

Rhythm _____ P. Wave _____ S.T. Segment _____

Standardisation : _____ P.R. Interval _____ T. Wave _____

Voltage : _____ Q. Wave : _____

Impression : with a luy

Dr. CHIRAG V. SHAH
D.N.B.(M.D.)
CONSULTING PHYSICIAN CARDIOLOGIST
Reg. No. 2003 / 04 / 1649

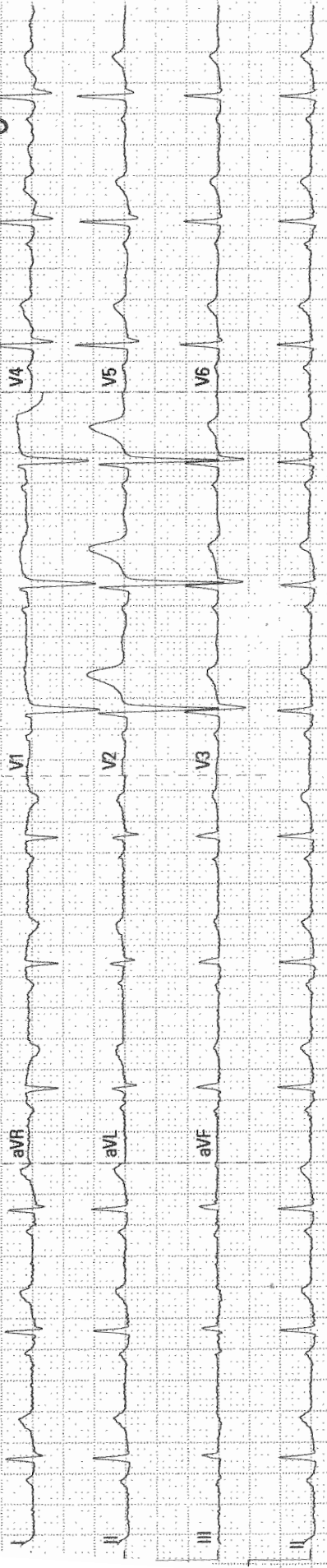
124042710503725

Name: 27-04-2024 10:50:27 AM

ID:2024042710503725
Name:

27-04-2024 10:50:27 AM

HEMANK-T. KANAILOAK 43y/M



Sinus Rhythm

Unconfirmed Diagnosis.

10 mm/mV

50 Hz

60R 35 Hz

QTc: Bazett

APEX SUPERSPECIALITY HOSPITAL

02.07.00/04.00.00

SN:FK-8301 4036