



Where Healing & Care Comes Naturally

APEX HOSPITALS MULUND

A Superspeciality Hospital

Veena Nagar, Phase 2, Tulsi Pipeline Road,
Mulund (West), Mumbai - 400080.
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CASHLESS
FACILITY

Land Line No. 022 - 4162 40
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Reception No.: 842285400

8/6/24

Name: - Anshu Waje

Age - 40yrs / F

No H/O any major illness.

O/E - T - Afebrile

P - 88/min

BP - 130/80 mmHg

RR - 18/min

SpO₂ - 98% @ RA

S/P - Cns - S₁S₂ (+)

R₂ - BSRP

P/A - Soft

CNS - Conscious & oriented

Height - 157cm

Weight - 67kg

BMI - 27.2

Eye check up - To do optometrist
option @ V/O Specs.

Apex Hospitals Mulund
Veena Nagar, Phase-II,
Tulsi Pipeline Road, Near Swapna,
Nagari Road And Model Township
Mulund (W), Mumbai - 80.



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APEX HOSPITALS MULUND DIAGNOSTIC



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Reception No.: 8422854005

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mrs. ARCHANA WAJE	LabNo	3504	
UHID/IP No	120044599 / 1139	Sample Date	08/06/2024 5:46PM	
Age/Gender	40 Yrs/Female	Receiving Date	08/06/2024 5:56PM	
Bed No/Ward	OPD	Report Date	08/06/2024 9:16PM	
Prescribed By	Dr. Apex Hospitals	Report Status	Final	

Test Name	Result	Unit	Biological Ref. Range	Method
COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	10.3 L	gm/dl	12.5 - 16.0	SLS- Hb Method
RBC Count (Red Blood Cell)	4.29 L	10 ⁶ /uL	4.50 - 6.50	
PCV (Haematocrit)	31.7 L	%	36.0 - 46.0	
MCV	73.89 L	fl	78 - 95	Calculated
MCH	24.01 L	pg	26 - 31	Calculated
MCHC	32.49	gm/dl	30 - 36	Calculated
RDW	17.3 H	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	8800	cells/cu.mm	4000.0 - 11000.0	
Neutrophil %	65	%	40 - 75	
Lymphocyte %	30	%	20 - 45	
Eosinophil %	02	%	0 - 6	
Monocytes %	03	%	1 - 10	
Basophil %	00	%	0 - 2	
WBCs Morphology	No Abnormality Detected			
RBCs Morphology	Hypochromia, Microcytosis			
Platelet Count	352	10 ³ /uL	150 - 450	DC Detection
Platelets Morphology	Adequate on smear			
MPV	8.9	fl	7 - 12	
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	14	mm/hr	< 20	Westergren

--End Of Report--

Dr. Hrishikesh N Chevle



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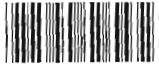
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LDL Cholesterol : HDL Cholesterol Ratio 2.92 Calculated Value

LIVER FUNCTION TEST (LFT) SERUM

Sample: Serum

Bilirubin Total (TBil)	0.72	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.23	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.49	mg/dl	0 - 1	
SGPT (ALT)1	12.1	U/L		IFCC modified
SGOT (AST)	14.2	U/L		IFCC modified
Protein Total	5.9 L	gm/dl	6.00 - 8.00	Biuret
Albumin	3.2	gm/dl	3.40 - 4.90	
Globulin	2.70	gm/dl	2.30 - 3.60	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.19			Calculated Value
Alkaline Phosphatase	156.2	IU/L	64 - 306	

--End Of Report--


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

Sample: Fl. Plasma

Blood Sugar(2 Hours PP)	100.1
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.

GLUCOSE (FASTING)

Sample: Fl. Plasma

Glucose (Fasting Blood Sugar / FBS)	80.2
Urine Fasting Sugar	SNR
Urine Fasting Ketone	SNR

LIPID PROFILE SERUM

Sample: Serum

Cholesterol-Total	182.1	mg/dl	< 200.00	Cholesterol Oxidase,Esterase,Peroxidase
Triglycerides	85.2	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	42.1	mg/dl	30.00 - 70.00	Phosphotungstat
VLDL Cholesterol	17.04	mg/dl	6.00 - 35.00	Calculated Value
LDL Cholesterol	122.96	mg/dl	< 160.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	4.33		0.00 - 4.80	Calculated Value

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Bed No/Ward	OPD	Report Date	08/06/2024 9:16PM	
Prescribed By	Dr. Apex Hospitals	Report Status	Final	

Test Name	Result	Unit	Biological Ref. Range	Method
URINE ROUTINE				
Sample: Urine				
PHYSICAL EXAMINATION				
Quantity	20	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			
Specific Gravity	1.005 L		1.010 - 1.035	
CHEMICAL EXAMINATION				
pH	6.0		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	Negative			
Bile Salt	Absent			
Bile Pigment	Absent			
MICROSCOPIC EXAMINATION				
Pus Cells	2-3			
RBCs	Absent			
Epithelial Cells	1-2			
Crystals	Absent			
Casts	Absent			
Bacteria	Absent			
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			

--End Of Report--

Dr. Hrishikesh N Chevle


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Age/Gender	40 Yrs/Female	Receiving Date	08/06/2024 5:56PM	
Bed No/Ward	OPD	Report Date	09/06/2024 3:56PM	
Prescribed By	Dr. Apex Hospitals	Report Status	Final	

Test Name	Result	Unit	Biological Ref. Range	Method
RFT (RENAL FUNCTION TEST)				
Sample: Serum				
Creatinine	0.65	mg/dl	0.60 - 1.40	
UREA	24.1	mg/dl	10 - 50	CDC Urease,Colorimetric
BUN - Blood Urea Nitrogen	11.26	mg/dl		
Calcium	9.2			
Uric Acid	5.6	mm/hr	2.6 - 6.0	URICASE- PEROXIDASE
Phosphorus	3.8	mg/dl	2.5 - 4.5	Phosphomolybdate Reduction
Sodium	138.5	mmol/L	135 - 146	ISE Direct
Potassium	3.50	mmol/L	3.5 - 5.5	ISE Direct
Chloride	108.1	mmol/L	95 - 109	ISE Direct
Protein Total	5.9 L	gm/dl	6.00 - 8.00	Biuret
Albumin	3.2	gm/dl	3.40 . 4.90	
Globulin	2.70	gm/dl	2.30 - 3.60	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.19		1.00 - 2.50	Calculated Value

--End Of Report--



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Land Line No. 022 - 4162 4000
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Reception No.: 8422854005

Patient ID : 2406086311
Patient Name : MRS. ARCHANA WAJE
Age : 40 Yrs
Gender : FEMALE
Ref. By Doctor : APEX HOSPITAL
Sample Collected At : APEX HOSPITAL MULUND



For Authenticity Scan QR Code

Registered On : 08/06/2024,05:52 PM
Collected On : 09/06/2024,12:02 AM
Reported On : 09/06/2024,01:43 AM

Sample ID



* 2 4 0 6 0 8 6 3 1

Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Haemoglobin)	5.60	%	Below 6.0% : Normal 6.0% 7.0% : Good Control 7.0% - 8.0% : Fair Control 8.0%-10% : Unisatisfactory Above 10% Poor Control
HPLC- H9			
Mean Blood Glucose Calculated	114.0	mg/dL	70 - 125

CLINICAL SIGNIFICANCE :

Glycosylated Haemoglobin is a accurate and true index of the "Mean Blood Glucose Level " in the body for the previous 2 -3 months.HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks.Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling 25% in the month before that and the remaining 25% in months two to four.


Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.
Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

This report is system generated and electronically authenticated.

Page 1 of 2


Dr. Roshan Shaikh
MBBS MD Pathology
Consultant Pathologist



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Reception No.: 8422854005

Patient ID : 2406086311		Registered On : 08/06/2024,05:52 PM
Patient Name : MRS. ARCHANA WAJE		Collected On : 09/06/2024,12:12 AM
Age : 40 Yrs		Reported On : 09/06/2024,01:43 AM
Gender : FEMALE		Sample ID
Ref. By Doctor : APEX HOSPITAL		* 2 4 0 6 0 8 6 3 1
Sample Collected At : APEX HOSPITAL MULUND	For Authenticity Scan QR Code	

Thyroid Profile 1 (3 Tests)

Test Name	Result	Unit	Biological Reference Interval
Total T3 CLIA	1.06	ng/mL	0.8-1.9
Total T4 CLIA	5.94	ug/dl	5-13
TSH CLIA	3.31	uIU/ml	0.38 - 5.33

Interpretation :

- 1) Thyrotropin releasing hormone (TRH) from the hypothalamus stimulates the release of TSH from the pituitary gland which, in turn, regulates a variety of steps in the production of thyroid hormones from the uptake of iodine to the regulation of enzymatic steps in the process.
- 2) The majority of thyroid hormone released by the gland (~ 85%) is thyroxine (T4), while a smaller proportion (~15%) is tri-iodothyronine (T3). These thyroid hormones are highly protein-bound (99.8%), with only the free components (free T3 and free T4) having the ability to bind to their respective receptors.
- 3) Decreased values of T3 (T4 and TSH normal) have minimal Clinical significance and not recommended for diagnosis of hypothyroidism.
- 4) Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites ,Pregnancy, Drugs (Androgens,Estrogens,O C pills, Phenytoin) etc. In such cases Free T3 and free T4 give corrected Values.

End of Report

Results relate only to the sample as received. Kindly correlate with clinical condition

Note : If the test results are alarming or unexpected, Client is advised to contact the Physician immediately for possible remedial action.

This report is system generated and electronically authenticated.

Page 2 of 2

Dr. Roshan Shaikh
MBBS MD Pathology
Consultant Pathologist



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Tele.:
022-41624000 (100 Lines)



Teleradiology
SOLUTIONS

APEX HOSPITALS MULUND Radiologist Report Sheet

Patient Name: ARCHANA.WAJE
AGE: 40 YRS
Gender: FEMALE
Type Of Study: CR Chest PA
Image Count: 1
Requisition Time: 24/08/06 12:50 PM ET
Clinical History: H/O ROUTINE CHECK-UP

Medical Record No: 08/06/2024 0222
Accession No:
Location: Outpatient
Physician: MEDIWHEEL
Exam Time: 24/08/06 11:12 AM ET
Report Time: 24/08/06 01:22 PM ET

RADIOGRAPH OF THE CHEST (SINGLE VIEW)

Clinical History: H/O ROUTINE CHECK-UP

Comparison:

Findings:

The heart, mediastinum and pulmonary hila are unremarkable. The lungs are clear. There is no pleural effusion. The bony thorax is unremarkable.

IMPRESSION:

Normal radiograph of the chest.

Sanjay Khemuka
MBBS, MD
Consultant Radiologist

This report has been electronically signed by: MD.Sanjay Khemuka

Quality Assurance: Agree / Disagree

Change in Patient Care: Yes / No

If a significant discrepancy is found between the preliminary and final interpretations of this study, please fax back this form to 877-877-4679 with a copy of the official report so that appropriate action may be taken.

If you would like to discuss the findings with the radiologist, please call us on 8667263435, 8668884112, 8665030726.

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NEUROLOGY | NEPHROLOGY | VASCULAR SURGERY | ENT | OPHTHALMOLOGY | PLASTIC SURGERY | UROLOGY | PEDIATRIC SURGERY

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NAME : MRS.ARCHANA WAJE

AGE :40/F

DATE : 08/ 06 /2024

REF.BY :MEDIWHEEL

USG ABDOMEN AND PELVIS SONOGRAPHY

Liver is of normal size and show normal echo texture. No evidence of focal lesion in Liver. Portal vein appears normal, No dilated I.H.B.R. No evidence of pleural effusion.

Gall bladder is well distended.No evidence of cholelithiasis.

C. B.D appears normal, and No evidence of calculi in it.

Pancreas shows normal echogenicity. No signs of acute or chronic Pancreatitis.
Spleen Shows normal echogenicity and it is of normal size.

No evidence of Para aortic Lymphadenopathy or Ascites.

Right kidney measures : 11.9 x 3.8 cms.

Left kidney measures : 11.5 x 4.3 cms.

No evidence of renal calculi or Hydronephrosis. No evidence of S.O.L.
Cortical echogenicity on either side appears normal.

No dilated upper or lower ureters are seen.
Bladder shows smooth margin and there is no evidence of vesicle calculi.

Uterus is normal in size and anteverted in position.it measures 4.2 cm in transverse 3.3 cm in AP & 6.8 cm in longitudinal axis.

Uterine margin appears smooth and there is no evidence of any indentation on it.

Uterine echo texture is normal.

Endometrial canal is seen in the center of the uterine cavity,it measures 6 mm and appears normal.cervical canal shows abnormality.

Both the ovaries are of normal size.

No evidence of adnexal mass. No evidence of fluid in posterior cul-de-sac is seen.

REMARK :-

- No Abnormality Seen.



Dr.Kamlesh Jain

(Consultant Radiologist)

DR. KAMLESH JAIN
DMRD (RADIOLOGY)
2002/03/1656

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NAME: MRS.ARCHANA WAJE AGE :40/F DATE -08/046/2024

REF.BY:MEDIWHEEL

USG BOTH BREAST

Both Breast show normal fibro fatty echotexture.

No evidence of focal solid or cystic lesion seen.

No evidence of dilated ducts.

No evidence axillary lymphadenopathy

REMARK :-

- **No Abnormality Seen.**



Dr.Kamlesh Jain

(Consult Radiologist)

DR. KAMLESH JAIN

DMRL (RADIOLOGY)

2002/03/1656



NAME : MRS.Archana waje

40/F

DATE - 08/06/2024

REF.BY : Apex Hospital

COLOR DOPPLER 2D ECHOCARDIOGRAPHY

SECTOR ECHOCARDIOGRAPHY

Left ventricle normal in size and function

Right ventricle normal in size and Function

Other Cardiac chambers appear normal in dimension.

Mitral valve normal

Aortic valve normal

No RWMA

LV systolic function is good at rest. LVEF 55-60%

No e/o coarctation.No e/o clot / Vegetation / Effusion seen.

IVC 10 mm , Collapsing with inspiration.

Intact IAS and IVS .

COLOR FLOW.CW,PW & HAEMODYNAMIC DATA.

Aortic valve gradient 5 mmHg.

No MS / Trivial TR

Normal flow across all other cardiac valves.

Pulmonary pressure of 20 mm of Hg.

CONCLUSION.

Normal Biventricular Systolic and diastolic function

LVEF-55-60%

Trivial TR

No e/o pulmonary hypertension

DR. RAVINDRA GHULE

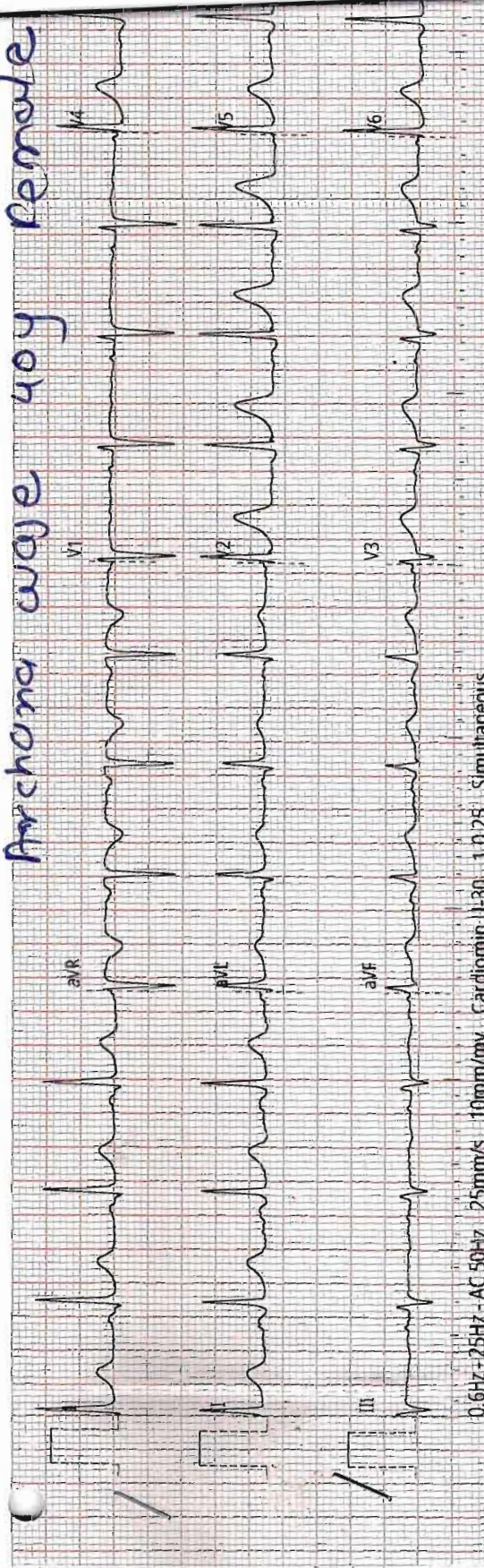
DNB (Medicine), DNB (Cardiology)

Reg. No. 2009 / 08 / 3036

DR. Ravindra Ghule

(Consultant cardiologist)

Arched wave 40y female



0.6Hz-25Hz-AC 50Hz 25mm/s 10mm/mv Cardiomin-U-30 1.0/25 Simultaneous

ECG report

ID : 20240608101917

Name :

Gender :

Age :

Dept :

Bed No :

HR : 93 bpm

PR : 122 ms

QRS : 82 ms

QT/QTc : 364/422 ms

P/QRS/T : 51/24/36 °

RV5/SVI : 1.235/0.885 mV

RV6/FSVI : 2.120 mV

<< Interpretations >>

Sinus rhythm

Possible sequence error: V2,V3 omitted

Normal ECG

Confirm and sign:

Examination time: 2024-06-08 10:19:17

