



Where Healing & Care Comes Naturally

# APEX HOSPITALS MULUND

A Superspeciality Hospital

Veena Nagar Phase II, Tulsi Pipe Line Road,  
Near Swapna Nagri Road, Mulund (W) Mumbai 400 080.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com



ALL  
CASHLESS  
FACILITY

Tele.:  
022-41624000 (100 Lines)

15/4/24

Name - Mahesh Jaswani

Age - 63 yrs / M

KLMO - HTN :: 8 yrs , T2DM :: 3-4 yrs

P/S/DI - CABG done 2016  
(details not available)

O/L - T - Afebrile

P - 80/min

BP - 120/80 mmHg

RR - 18/min

SpO<sub>2</sub> - 97% @ RA

S/E - CUS - S<sub>1</sub>D<sub>2</sub> (+)

RS - BSB

PIA - soft

CNS - conscious & oriented

Height - 179 cm } BMI - 21.85

Weight - 70 kg }

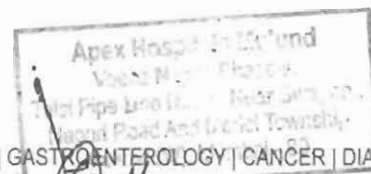
Eye check up - Normal - To do ophthalmologist  
option IN/O spectacles.

ENT check up - Normal

Dental check up - Normal

Skin check up - Normal

Gynec check up - Normal





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# APEX HOSPITALS MULUND DIAGNOSTIC

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Tele.:  
**022-41624000 (100 Line)**

Patient Name	: <b>MR. MAHESH JASWANI</b>	Patient ID	: 87334
Age/Sex	: 63 Years /Male	Sample Collected on	: 15-4-24,10:00 am
Ref Doctor	: APEX HOSPITAL	Registration On	: 15-4-24,10:00 am
Client Name	: Apex Hospital	Reported On	: 15-4-24, 4:13 pm

Test Done	Observed Value	Unit	Ref. Range
<b>Complete Blood Count(CBC)</b>			
HEMOGLOBIN	<b>11.7</b>	gm/dl	12 - 16
<b>Red Blood Corpuscles</b>			
PCV ( HCT )	<b>36.9</b>	%	42 - 52
RBC COUNT	6.24	x10 <sup>6</sup> /uL	4.70 - 6.50
<b>RBC Indices</b>			
MCV	<b>59.2</b>	fl	78 - 94
MCH	<b>18.8</b>	pg	26 - 31
MCHC	31.7	g/L	31 - 36
RDW-CV	<b>15.1</b>	%	11.5 - 14.5
<b>White Blood Corpuscles</b>			
TOTAL LEUCOCYTE COUNT	8500	/cumm	4000 - 11000
<b>Differential Count</b>			
NEUTROPHILS	70	%	40 - 75
LYMPHOCYTES	26	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	02	%	1 - 10
BASOPHILS	0	%	0 - 1
<b>Platelets</b>			
PLATELET COUNT	<b>120000</b>	Lakh/cumm	150000 - 450000
MPV	<b>10.9</b>	fl	6.5 - 9.8
RBC MORPHOLOGY	Hypochromia, Microcytosis(++)		
WBC MORPHOLOGY	No abnormality detected		
PLATELETS ON SMEAR	Reduced on smear		

Instrument : Mindray BC 3000 Plus

**Dr. Hrishikesh Chevle**  
(MBBS.DCP.)



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Test Done	Observed Value	Unit	Ref. Range
-----------	----------------	------	------------

### Blood Group & RH Factor

SPECIMEN	WHOLE BLOOD
ABO GROUP	'B'
RH FACTOR	POSITIVE
INTERPRETATION	

The ABO system consists of A, B, AB, and O blood types. People with type AB blood are called universal recipients, because they can receive any of the ABO types. People with type O blood are called universal donors, because their blood can be given to people with any of the ABO types. Mismatches with the ABO and Rh blood types are responsible for the most serious, sometimes life-threatening, transfusion reactions. But these types of reactions are rare.

#### Rh system

The Rh system classifies blood as Rh-positive or Rh-negative, based on the presence or absence of Rh antibodies in the blood. People with Rh-positive blood can receive Rh-negative blood, but people with Rh-negative blood will have a transfusion reaction if they receive Rh-positive blood. Transfusion reactions caused by mismatched Rh blood types can be serious.

Dr. Hrishikesh Chevle  
(MBBS, DCP.)

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Test Done	Observed Value	Unit	Ref. Range
<b>ESR (ERYTHROCYTES SEDIMENTATION RATE)</b>			
<b>ESR</b>	17	mm/1hr.	0 - 20

METHOD - WESTERGREN



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Ref Doctor : APEX HOSPITAL

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Test Done	Observed Value	Unit	Ref. Range
<b>BLOOD GLUCOSE FASTING &amp; PP</b>			
FASTING BLOOD GLUCOSE	<b>134.2</b>	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	<b>201.1</b>	mg/dL	70 - 140
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT

Method - GOD-POD

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Test Done	Observed Value	Unit	Ref. Range
<b>LIVER FUNCTION TEST</b>			
TOTAL BILLIRUBIN	0.88	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.26	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.62	mg/dL	UP to 0.7
SGOT(AST)	23.5	U/L	UP to 40
SGPT(ALT)	18.1	U/L	UP to 40
ALKALINE PHOSPHATASE	122.3	IU/L	64 to 306
S. PROTIEN	6.5	g/dl	6.0 to 8.3
S. ALBUMIN	3.7	g/dl	3.5 - 5.0
S. GLOBULIN	2.80	g/dl	2.3 to 3.6
A/G RATIO	1.32		0.9 to 2.3

METHOD - EM200 Fully Automatic



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Test Done	Observed Value	Unit	Ref. Range
<b>RENAL FUNCTION TEST</b>			
BLOOD UREA	27.1	mg/dL	10 - 50
BLOOD UREA NITROGEN	12.66	mg/dL	0.0 - 23.0
S. CREATININE	0.90	mg/dL	0.7 to 1.4
S. SODIUM	136.3	mEq/L	135 - 155
S. POTASSIUM	4.00	mEq/L	3.5 - 5.5
S. CHLORIDE	100.1	mEq/L	95 - 109
S. URIC ACID	6.9	mg/dL	3.5 - 7.2
S. CALCIUM	9.4	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.4	mg/dL	2.5 - 4.5
S. PROTIEN	6.5	g/dl	6.0 to 8.3
S. ALBUMIN	3.7	g/dl	3.5 to 5.3
S. GLOBULIN	2.80	g/dl	2.3 to 3.6
A/G RATIO	1.32		1.0 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -

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Test Done	Observed Value	Unit	Ref. Range
-----------	----------------	------	------------

### LIPID PROFILE

TOTAL CHOLESTEROL	<b>197.2</b>	mg/dL	200 - 240
S. TRIGLYCERIDE	138.2	mg/dL	0 - 200
S.HDL CHOLESTEROL	42.1	mg/dL	30 - 70
VLDL CHOLESTEROL	28	mg/dL	Up to 35
S.LDL CHOLESTEROL	127.46	mg/dL	Up to 160
LDL CHOL/HDL RATIO	3.03		Up to 4.5
CHOL/HDL CHOL RATIO	4.68		Up to 4.8

Transasia-EM200 FULLY AUTOMATIC

### INTERPRETATION

Above reference ranges are as per ADULT TREATMENT PANEL III RECOMMENDATION by NCEP (May 2015).

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(MBBS . DCP. )



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Test Done	Observed Value	Unit	Ref. Range
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### URINE ROUTINE EXAMINATION

#### Physical Examination

VOLUME	20 ml	- -
COLOUR	Pale Yellow	Pale Yellow
APPEARANCE	Slightly Hazy	Clear
DEPOSIT	Absent	Absent

#### Chemical Examination

REACTION (PH)	Acidic	Acidic
SPECIFIC GRAVITY	1.015	1.003 - 1.035
PROTEIN (ALBUMIN)	Absent	Absent
OCCULT BLOOD	Negative	Negative
SUGAR	Present(+)	Absent
KETONES	Absent	Absent
BILE SALT & PIGMENT	Absent	Absent
UROBILINOGEN	Normal	Normal

#### Microscopic Examination

RED BLOOD CELLS	Absent	Absent
PUS CELLS	2-3 /HPF	0 - 5 /HPF
EPITHELIAL CELLS	1-2 /HPF	0 - 3 /HPF
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	Absent
YEAST CELLS	Absent	Absent
ANY OTHER FINDINGS	Absent	



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Tele.:  
**022-41624000 (100 Lines)**

<b>Patient ID</b> : 2404059701		Registered On : 15/04/2024,03:31 PM
<b>Patient Name</b> : MR. MAHESH JASWANI		Collected On : 15/04/2024,05:02 PM
<b>Age</b> : 63 Yrs		Reported On : 15/04/2024,06:51 PM
<b>Gender</b> : MALE		Sample ID
<b>Ref. By Doctor</b> : APEX HOSPITAL		* 2 4 0 4 0 5 9 7 0
<b>Sample Collected At</b> : APEX HOSPITAL MULUND	For Authenticity Scan QR Code	

### Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Haemoglobin)	7.40	%	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	165.7	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 glyceemic control. HbA1c represents average glycemia over the past six to eight weeks.Glycation of hemoglobin occurs over the entire 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)

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.

**Dr. Roshan Shaikh**  
MBBS MD Pathology  
Consultant Pathologist

This report is system generated and electronically authenticated.

Patient Name : **MR. MAHESH JASWANI**  
Age / Sex : 63 years / Male  
Ref. Doctor : APEX HOSPITAL  
Client Name : CUDDLES N CURE DIAGNOSTIC CENTRE  
Sample ID : 2404111008  
Printed By : CUDDLES N CURE DIAGNOSTIC CENTRE



Patient ID / Billing ID : 1204639 / 1387423  
Specimen Collected at : CUDDLES N CURE DIAGNOSTIC CENTRE  
Sample Collected On : 15/04/2024, 05:47 p.m.  
Reported On : 15/04/2024, 07:19 p.m.  
Printed On : 15/04/2024, 08:37 p.m.



TEST DONE	OBSERVED VALUE	UNIT	REFERENCE RANGE	METHOD
<b>T3, T4, TSH SERUM</b>				
T3 TOTAL (Triiodothyronine) SERUM ^	1.19	ng/mL	0.80 - 2.00 ng/mL	ECLIA
T4 TOTAL (Thyroxine) SERUM ^	10.43	µg/dL	5.0 - 10.7 µg/dL	ECLIA
TSH (THYROID STIMULATING HORMONE) SERUM ^ (Ultrasensitive)	3.27	µIU/mL	0.27 - 8.9	ECLIA

**Interpretation**

Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyperthyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis. Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis, estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age, marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and FT4 is to be done to determine hyper or hypothyroidism.

**NOTE**

Tests marked with ^ are included in NABL scope.

Test results relate to the sample as received.

Marked variations in thyroid hormones are seen with age.

in pregnancy, T3 and T4 levels are raised. Hence FT3 and FT4 is recommended to be done to determine hyper or hypothyroidism.

By ECLIA method, false low or false high values can be because of Biotin (Vitamin B7) consumption.

Processed By : NABL Accredited Dr. Vaidya's Laboratory, Thane  
Scan QR for Authentication

Checked by-

**Dr. Vivek Bonde**  
MD Pathology

\*\*END OF REPORT\*\*



Patient Name : **MR. MAHESH JASWANI**  
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Sample Collected On : 15/04/2024, 05:47 p.m.  
Reported On : 15/04/2024, 08:31 p.m.  
Printed On : 15/04/2024, 08:38 p.m.



TEST DONE	OBSERVED VALUE	UNIT	REFERENCE RANGE	METHOD
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**PROSTATE SPECIFIC ANTIGEN (PSA)**

Total PSA <sup>*</sup>	0.721	ng/ml	0 - 4.0	ECLIA
Free PSA <sup>*</sup>	<b>0.557</b>	ng/ml	0.0 - 0.5	ECLIA
Free PSA / PSA Ratio.	77.25	%	> 10 % s/o BPH < 10 % s/o Ca Prostate	ECLIA

**Interpretation:**

Elevated levels of Prostate Specific Antigen (PSA) have been associated with benign and malignant prostatic disorders. Studies indicate that in men 50 years or older measurement of PSA is a useful addition to the digital rectal exam in the early detection of prostate cancer. In addition, PSA decreases to undetectable levels following complete resection of the tumor and may rise again with recurrent disease or persist with residual disease. Thus, PSA levels may be of assistance in the management of prostate cancer patients. In men over 50 years with total PSA between 4.0 and 10.0 ng/mL, the percent (%) free PSA gives an estimate of the probability of cancer. In these circumstances the measurement of the % free PSA may aid in avoiding unnecessary biopsies. If prostatic tissue remains after surgery or if metastasis has occurred, the PSA appears to be useful in detecting residual and early recurrence of tumor, therefore serial PSA levels can help determine the success of prostatectomy and the need for further treatment such as radiation, endocrine or chemotherapy and in monitoring of the effectiveness of therapy. Free PSA/Total PSA Ratio: > 10 % s/o BPH (benign Prostate Hyperplasia) < 10 % s/o Ca Prostate

**Note**

Tests marked with \* are included in NABL scope.

Test results relate to the sample as received.

By ECLIA method, false low values can be because of Biotin (Vitamin B 7) consumption.

Kindly correlate clinically.

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\*\*END OF REPORT\*\*



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NAME : MR.MAHESH JASWANI

AGE : 63/M

DATE : 15 /04/2024

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 : 10.0 x 5.4 cm

Left kidney measures : 9.0 x 4.3cm

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

No dilated upper or lower ureters are seen.

Bladder show smooth margin and there is no evidence of vesicle calculi.

Prostate is normal in size.

Normal in size echotexture. No focal lesion.

### REMARK :-

- No Abnormality Seen.

  
**Dr. Kamlesh Jain**  
**DR. KAMLESH JAIN**  
(Consultant Radiologist)  
20026374656



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## APEX HOSPITALS MULUND Radiologist Report Sheet

<b>Patient Name:</b>	MAHESH.JASWANI	<b>Medical Record No:</b>	15/04/2024 2960
<b>Gender:</b>	M	<b>Accession No:</b>	
<b>Type Of Study:</b>	CR Chest PA	<b>Location:</b>	Outpatient
<b>Image Count:</b>	1	<b>Physician:</b>	MEDIWHEEL
<b>Requisition Time:</b>	24/15/04 11:12 AM ET	<b>Exam Time:</b>	24/15/04 09:50 AM ET
<b>Clinical History:</b>	H/O ROUTINE CHECK-UP	<b>Report Time:</b>	24/15/04 11:30 AM ET

### RADIOGRAPH OF THE CHEST (SINGLE VIEW) April 15, 2024 0950 hours

**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.  
Sternal sutures seen .

**IMPRESSION:**

Post coronary artery bypass graft status .

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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Near Swapna Park Road, Mulund West, Mumbai 400080  
email: info@apexhospitals.in | www.apexgroupofhospitals.com

**NAME: Mr. MAHESH JASWANI 63/M**



Date - 16/04/24

022-41624000 (100 Lines)

**REF. BY: MEDIWHEEL**

## 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 shows mild degenerative changes

No RWMA

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

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

IVC 12 mm , Collapsing with inspiration.

Intact IAS and IVS .

## COLOR FLOW.CW,PW & HAEMODYNAMIC DATA.

Aortic valve gradient 10 mmHg.

No MS / Trivial TR

Normal flow across all other cardiac valves.

Pulmonary pressure of 25 mm of Hg.

## CONCLUSION.-

Normal Biventricular Systolic function

Grade I diastolic dysfunction

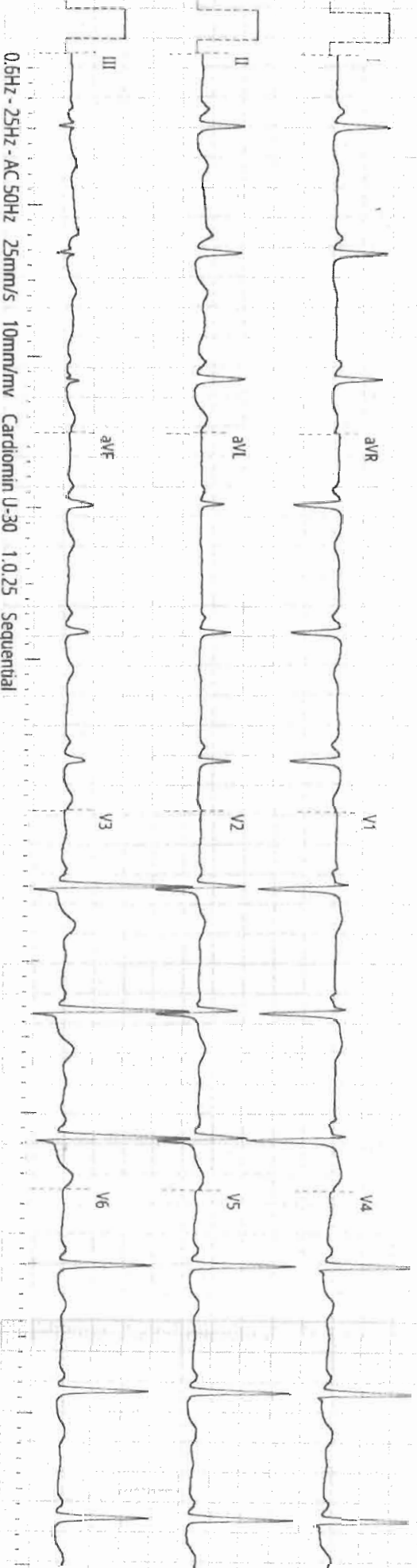
LVEF-55-60%

Trivial TR

No e/o pulmonary hypertension

**DR. Ravindra Ghule**  
**DR. RAVINDRA GHULE**  
**(Consultant cardiologist)**  
Reg. No. 2009 / 08 / 3036

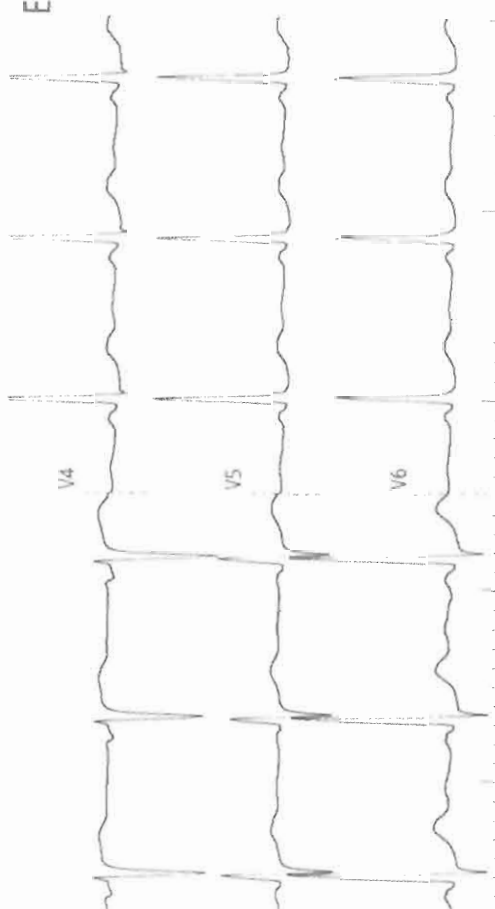
0.6Hz - 25Hz - AC 50Hz 25mm/s 10mm/mv Cardiomin U-30 1.0.25 Sequential



**ECG report**

ID : 202404  
Name :  
Gender :  
Age :  
Dept :  
Bed No :





### ECG report

ID : 20240415084027  
Name :  
Gender :  
Age :  
Dept :  
Bed No :

HR : 71 bpm  
PR : 124 ms  
QRS : 84 ms  
QT/QTc : 400/419 ms  
P/QRS/T : 50/34/81 °  
RV5/SV1 : 1.785/1.311 mv  
RV5+SV1 : 3.096 mv  
Minnesota code: 5-1

<<Interpretations >>

Confirm and sign :  
Examination time : 2024-04-15 08:40:28



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Tele.:  
**022-41624000 (100 Lines)**



## APEX HOSPITALS MULUND Radiologist Report Sheet

<b>Patient Name:</b>	RESHMA.JASWAN!	<b>Medical Record No:</b>	15/04/2024 2959
<b>AGE:</b>	59YRS	<b>Accession No:</b>	
<b>Gender:</b>	FEMALE	<b>Location:</b>	Outpatient
<b>Type Of Study:</b>	CR Chest PA	<b>Physician:</b>	MEDIWHEEL
<b>Image Count:</b>	1	<b>Exam Time:</b>	24/15/04 09:43 AM ET
<b>Requisition Time:</b>	24/15/04 09:53 AM ET	<b>Report Time:</b>	24/15/04 10:58 AM ET
<b>Clinical History:</b>	H/O ROUTINE CHECK-UP		

### RADIOGRAPH OF THE CHEST (SINGLE VIEW)

**Clinical History:** H/O ROUTINE CHECK-UP

#### 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.**

**CONFIDENTIALITY STATEMENT:** This transmission is confidential and is intended to be a privileged communication. It is intended only for the use of the addressee. Access to this message by anyone else is unauthorized. If you are not the intended recipient, any disclosure, distribution or any action taken, or omitted to be taken in reliance on it is prohibited and may be unlawful. If you received this communication in error, please notify us so that return of this document to us can be arranged.

This report has been generated using RADSpa™ (www.teleradtech.com)



Dr. Kamlesh Jain  
DR. KAMLESH JAIN  
(General Radiology)  
2002/03/1656

● No Abnormality Seen.

REMARK :-

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

Uterus is not seen (Hysterectomy)

Bladder shows smooth margin and there is no evidence of vesicle calculi.  
No dilated upper or lower ureters are seen.  
Cortical echogenicity on either side appears normal.  
No evidence of renal calculi or Hydronephrosis. No evidence of S.O.L.

Right kidney measures : 9.7 x 3.5 cm.  
Left kidney measures : 9.4 x 3.5 cm.

No evidence of Para aortic Lymphadenopathy or Ascites.  
Pancreas shows normal echogenicity. No signs of acute or chronic Pancreatitis.  
Spleen shows normal echogenicity and it is of normal size (10 cm)  
C.B.D appears normal, and No evidence of calculi in it.

Gall bladder is well distended. No Evidence of cholelithiasis.  
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.K. No evidence of pleural  
effusion.

**USG ABDOMEN AND PELVIS SONOGRAPHY**

REFRBY : MEDIMWHEEL

NAME : MRS.RESHMA JASWANI      AGE : 59/Y      DATE : 16/04/2024

Veena Nagar Phase II, Tulsī Pipe Line Road,  
Near Swapna Nagri Road, Mulund (W) Mumbai 400 080.  
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Tele.: 022-41624000 (100 Lines)

**APEX HOSPITALS MULUND**  
**DIAGNOSTIC**

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Tele.:  
022-41624000 (100 Lines)

NAME: MRS.RESHMA JASWANI

AGE :59Y/F

DATE -15/04/2024

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**  
**DR. KAMLESH JAIN**  
**(Consult Radiologist)**  
2002/03/1956

Dr. Ulhas M. Vaidya

MD, DPM

LAB DIRECTOR



Dr. Vaidya's  
Laboratory Estd. 1979

A trusted name for 44 years

Pathology unit of Millennium Special Lab Pvt. Ltd.

Patient Name : **MRS. RESHMA JASWANI**  
Age / Sex : 59 years / Female  
Ref. Doctor : APEX HOSPITAL  
Client Name : CUDDLES N CURE DIAGNOSTIC  
CENTRE  
Sample ID : 2404111010  
Printed By : CUDDLES N CURE DIAGNOSTIC  
CENTRE



Patient ID / Billing ID : 1204641 / 1387425  
Specimen Collected at : CUDDLES N CURE  
DIAGNOSTIC CENTRE  
Sample Collected On : 15/04/2024, 05:49 p.m.  
Reported On : 15/04/2024, 07:18 p.m.  
Printed On : 15/04/2024, 08:36 p.m.



TEST DONE	OBSERVED VALUE	UNIT	REFERENCE RANGE	METHOD
-----------	----------------	------	-----------------	--------

<b>T3, T4, TSH SERUM</b>				
<b>T3 TOTAL (Triiodothyronine) SERUM ^</b>	1.06	ng/mL	0.80 - 2.00 ng/mL Pregnancy : Last 5 ECLIA months : 1.16 - 2.47	
<b>T4 TOTAL (Thyroxine) SERUM ^</b>	10.26	µg/dL	5.1 - 14.1 µg/dL	ECLIA
<b>TSH (THYROID STIMULATING HORMONE) SERUM ^ (Ultrasensitive)</b>	3.23	µIU/mL	0.27 - 8.9	ECLIA

**Interpretation**

Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyperthyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis. Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis, estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age, marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and FT4 is to be done to determine hyper or hypothyroidism.

**NOTE**

Tests marked with ^ are included in NABL scope.

Test results relate to the sample as received.

Marked variations in thyroid hormones are seen with age.

In pregnancy T3 and T4 levels are raised. Hence FT3 and FT4 is recommended to be done to determine hyper or hypothyroidism.

By ECLIA method, false low or false high values can be because of Biotin (Vitamin B7) consumption.

Processed By : NABL Accredited Dr. Vaidya's Laboratory, Thane

Scan QR for Authentication

Checked by-

**Dr. Vivek Bonde**  
MD Pathology

\*\*END OF REPORT\*\*

Toll Free No: 18002668992 | Email ID: info@drvaidyaslab.com | Website: www.drvidyaslab.com

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2. The reported results are for the information of the referring doctor only. The test result is an aid to the diagnosis or treatment of the medical diseases and not for forensic applications. Hence these results cannot be used for medicolegal purposes.
3. The values of a laboratory investigation are dependent on the quality of the sample as well as the assay procedures used. Further, all the samples collected are required to be prepared, stored, labelled and transported to Millennium Special Lab Pvt. Ltd. Laboratory as per guidelines of Millennium Special Lab Pvt. Ltd. Millennium Special Lab Pvt. Ltd. cannot be held liable for incorrect result of any sample which is not received as per the guidelines
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- 4 Some tests are referred to other laboratories to provide a wider test menu to the patients. The details of the laboratory where the sample was referred to, can be obtained from customer care department.
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Next to PNB, M. G. Road, Naupada, Thane (W) - 400602. Tel : 022-61513200 / 9820201180  
Website : [www.drvaityaslab.com](http://www.drvaityaslab.com) email : [info@drvaityaslab.com](mailto:info@drvaityaslab.com)

**Processing Unit :** Odyssey Park, Office No.: 201, Plot No.: A-123, A-124, & A-299,  
Road No. 9, Wagle Industrial Estate, Raghunath Nagar, M.I.D.C., Thane (W) - 400 604.

**Vartak Nagar:** Shop No. 9, Laxmi Market, Vartak Nagar, Thane (W) - 400606.

**Kalwa Lab:** Shop No. 2, Ground Floor, Nandagiri CHS, Below Ramanand Hospital, Old  
Mumbai Pune Road, Kalwa (W), Thane - 400605.

**Bhiwandi :** Millennium Path Lab, Next to Rais Diagnostic Centre, Mandi,  
Bhiwandi, Dist. Thane - 421 308.

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visit website  
googlemaps



Tele.:  
**022-41624000 (100 Line)**

**Patient ID** : 2404059703  
**Patient Name** : **MRS. RESHMA JASWANI**  
**Age** : 59 Yrs  
**Gender** : FEMALE  
**Ref. By Doctor** : APEX HOSPITAL  
**Sample Collected At** : APEX HOSPITAL MULUND



For Authenticity Scan QR Code

**Registered On** : 15/04/2024,03:33 PM  
**Collected On** : 15/04/2024,04:58 PM  
**Reported On** : 15/04/2024,06:51 PM  
**Sample ID**



## Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Haemoglobin)	5.50	%	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	111.1	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)

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 1 of 1

**Dr. Roshan Shaikh**  
MBBS MD Pathology  
Consultant Pathologist



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Tele.:  
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15/4/24

Name :- Reshma Jaswani

Age 59yr / F

KCUO - HTN :: 4-5 yrs

PLSH - Hysterectomy done 10yr back  
(details not available)

O/E - T - Afebrile

P - Folwin

BP - 110/70 mmHg

SpO<sub>2</sub> - 98% @ RA

S/E - CVS - S1S2 ⊕

A2 - B3B4

PIA - Soft

CNS - conscious & oriented

Height - 153cm } BMI - 23.50  
Weight - 55kg }

Eye check up - To do ophthalmologist opinion  
SIV/O spectacles.

ENT check up - Normal

Teeth check up - Normal

Skin check up - Normal

Cyfluc check up - Normal

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





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**NAME: MRS. RESHMA JASWANI 59/F**

Date - 15/04/24  
022-41624000 (100 Lines)

**REF. BY: MEDIWHEEL**

## CCOLOR 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 7 mmHg.

No MS / Trivial TR

Normal flow across all other cardiac valves.

Pulmonary pressure of 20 mm of Hg.

## CONCLUSION.-

Normal Biventricular Systolic function

Grade I diastolic dysfunction

LVEF-55-60%

Trivial TR

No e/o pulmonary hypertension

DR. RAVINDRA GHULE  
Dr. Medicine  
(Consultant cardiologist)



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Tele.:  
**022-41624000 (100 Lines)**

Patient Name : **Mrs. RESHMA JASWANI** Patient ID : 87336  
Age/Sex : 59 Years /Female Sample Collected on : 15-4-24, 10:00 am  
Ref Doctor : APEX HOSPITAL Registration On : 15-4-24, 10:00 am  
Client Name : Apex Hospital Reported On : 15-4-24, 4:30 pm

Test Done	Observed Value	Unit	Ref. Range
<b>Complete Blood Count(CBC)</b>			
HEMOGLOBIN	<b>10.2</b>	gm/dl	12 - 15
<b>Red Blood Corpuscles</b>			
PCV ( HCT )	<b>32.1</b>	%	36 - 46
RBC COUNT	4.95	$\times 10^6/uL$	4.5 - 5.5
<b>RBC Indices</b>			
MCV	<b>64.9</b>	fl	78 - 94
MCH	<b>20.5</b>	pg	26 - 31
MCHC	31.6	g/L	31 - 36
RDW-CV	<b>15.0</b>	%	11.5 - 14.5
<b>White Blood Corpuscles</b>			
TOTAL LEUCOCYTE COUNT	6100	/cumm	4000 - 11000
<b>Differential Count</b>			
NEUTROPHILS	65	%	40 - 75
LYMPHOCYTES	30	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	0	%	0 - 1
<b>Platelets</b>			
PLATELET COUNT	242000	Lakh/cumm	150000 - 450000
MPV	<b>10.3</b>	fl	6.5 - 9.8
RBC MORPHOLOGY	Hypochromia, Microcytosis		
WBC MORPHOLOGY	No abnormality detected		
PLATELETS ON SMEAR	Adequate on Smear		

Instrument : Mindray BC 3000 Plus

**Dr. Hrishikesh Chevle**  
(MBBS . DCP . )



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Reported On : 15-4-24, 4:30 pm

Test Done	Observed Value	Unit	Ref. Range
<b>ESR (ERYTHROCYTES SEDIMENTATION RATE)</b>			
<b>ESR</b>	13	mm/1hr.	0 - 20
METHOD - WESTERGREN			

Dr. Hrishikesh Chevle  
(MBBS.DCP.)



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Age/Sex	: 59 Years /Female	Sample Collected on	: 15-4-24, 10:00 am
Ref Doctor	: APEX HOSPITAL	Registration On	: 15-4-24, 10:00 am
Client Name	: Apex Hospital	Reported On	: 15-4-24, 4:30 pm

Test Done	Observed Value	Unit	Ref. Range
-----------	----------------	------	------------

### Blood Group & RH Factor

SPECIMEN	WHOLE BLOOD
ABO GROUP	'B'
RH FACTOR	POSITIVE
INTERPRETATION	

The ABO system consists of A, B, AB, and O blood types. People with type AB blood are called universal recipients, because they can receive any of the ABO types. People with type O blood are called universal donors, because their blood can be given to people with any of the ABO types. Mismatches with the ABO and Rh blood types are responsible for the most serious, sometimes life-threatening, transfusion reactions. But these types of reactions are rare.

#### Rh system

The Rh system classifies blood as Rh-positive or Rh-negative, based on the presence or absence of Rh antibodies in the blood. People with Rh-positive blood can receive Rh-negative blood, but people with Rh-negative blood will have a transfusion reaction if they receive Rh-positive blood. Transfusion reactions caused by mismatched Rh blood types can be serious.

**Dr. Hrishikesh Chevle**  
(MBBS.DCP.)



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Registration On : 15-4-24, 10:00 am

Client Name : Apex Hospital

Reported On : 15-4-24, 4:30 pm

Test Done	Observed Value	Unit	Ref. Range
<b>BLOOD GLUCOSE FASTING &amp; PP</b>			
FASTING BLOOD GLUCOSE	77.3	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	95.1	mg/dL	70 - 140
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT

Method - GOD-POD

Dr. Hrishikesh Chevle  
(MBBS . DCP . )



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Tele.:  
**022-41624000 (100 Lines)**

Patient Name : **Mrs. RESHMA JASWANI**  
Age/Sex : 59 Years /Female  
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Reported On : 15-4-24, 4:30 pm

Test Done	Observed Value	Unit	Ref. Range
-----------	----------------	------	------------

**RENAL FUNCTION TEST**

BLOOD UREA	25.1	mg/dL	10 - 50
BLOOD UREA NITROGEN	11.73	mg/dL	0.0 - 23.0
S. CREATININE	0.65	mg/dL	0.6 to 1.4
S. SODIUM	139.5	mEq/L	135 - 155
S. POTASSIUM	4.36	mEq/L	3.5 - 5.5
S. CHLORIDE	<b>109.3</b>	mEq/L	95 - 109
S. URIC ACID	4.11	mg/dL	2.6 - 6.0
S. CALCIUM	8.7	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.4	mg/dL	2.5 - 4.5
S. PROTIEN	6.3	g/dl	6.0 to 8.3
S. ALBUMIN	3.8	g/dl	3.5 to 5.3
S. GLOBULIN	2.50	g/dl	2.3 to 3.6
A/G RATIO	1.52		1 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -

Dr. Hrishikesh Chevle  
(MBBS . DCP . )



Where Healing & Care Comes Naturally

# APEX HOSPITALS MULUND DIAGNOSTIC

ALL  
CASHLESS  
FACILITY

Veena Nagar Phase II, Tulsi Pipe Line Road,  
Near Swapna Nagri Road, Mulund (W) Mumbai 400 080.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.:  
**022-41624000 (100 Lines)**

Patient Name : **Mrs. RESHMA JASWANI**

Patient ID : 87336

Age/Sex : 59 Years /Female

Sample Collected on : 15-4-24, 10:00 am

Ref Doctor : APEX HOSPITAL

Registration On : 15-4-24, 10:00 am

Client Name : Apex Hospital

Reported On : 15-4-24, 4:30 pm

Test Done	Observed Value	Unit	Ref. Range
<b>LIVER FUNCTION TEST</b>			
TOTAL BILLIRUBIN	<b>1.30</b>	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	<b>0.66</b>	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.64	mg/dL	UP to 0.7
SGOT(AST)	25.8	U/L	UP to 40
SGPT(ALT)	20.1	U/L	UP to 40
ALKALINE PHOSPHATASE	205.4	IU/L	64 to 306
S. PROTIEN	6.2	g/dl	6.0 to 8.3
S. ALBUMIN	3.8	g/dl	3.5 - 5.0
S. GLOBULIN	2.40	g/dl	2.3 to 3.6
A/G RATIO	1.58		0.9 to 2.3

METHOD - EM200 Fully Automatic

Dr. Hrishikesh Chevle  
(MBBS.DCP.)



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**022-41624000 (100 Lines)**

Patient Name	: Mrs. RESHMA JASWANI	Patient ID	: 87336
Age/Sex	: 59 Years /Female	Sample Collected on	: 15-4-24,10:00 am
Ref Doctor	: APEX HOSPITAL	Registration On	: 15-4-24,10:00 am
Client Name	: Apex Hospital	Reported On	: 15-4-24, 4:30 pm

Test Done	Observed Value	Unit	Ref. Range
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### LIPID PROFILE

TOTAL CHOLESTEROL	202.5	mg/dL	200 - 240
S. TRIGLYCERIDE	125.1	mg/dL	0 - 200
S.HDL CHOLESTEROL	43.1	mg/dL	30 - 70
VLDL CHOLESTEROL	25	mg/dL	Up to 35
S.LDL CHOLESTEROL	134.38	mg/dL	Up to 160
LDL CHOL/HDL RATIO	3.12		Up to 4.5
CHOL/HDL CHOL RATIO	4.70		Up to 4.8

Transasia-EM200 FULLY AUTOMATIC

### INTERPRETATION

Above reference ranges are as per ADULT TREATMENT PANEL III RECOMMENDATION by NCEP (May 2015).

Dr. Hrishikesh Chevle  
(MBBS . DCP. )





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Client Name	: Apex Hospital	Reported On	: 15-4-24, 4:30 pm

Test Done	Observed Value	Unit	Ref. Range
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### URINE ROUTINE EXAMINATION

#### Physical Examination

VOLUME	15 ml	- -
COLOUR	Pale Yellow	Pale Yellow
APPEARANCE	Slightly Hazy	Clear
DEPOSIT	Absent	Absent

#### Chemical Examination

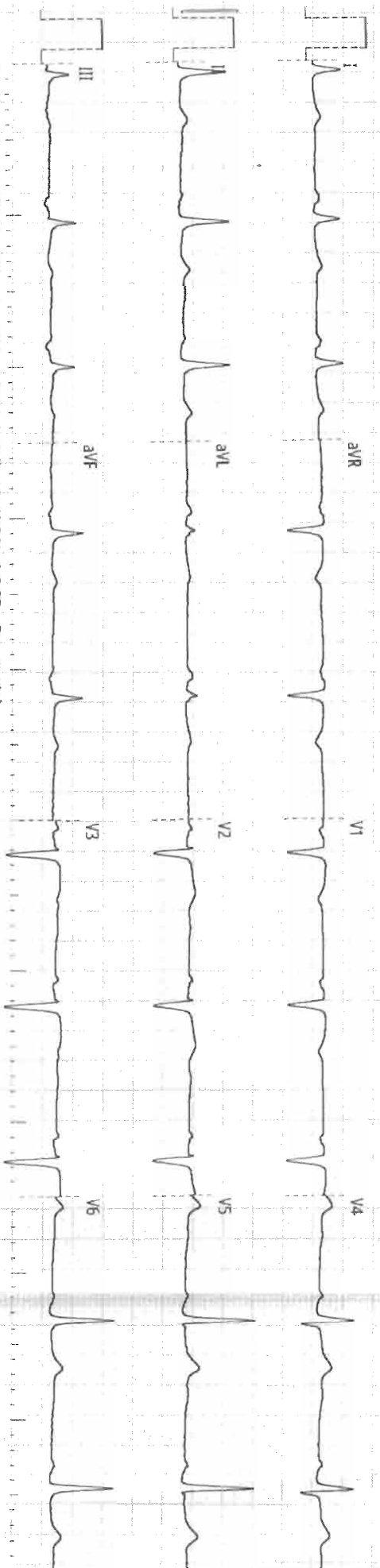
REACTION (PH)	Acidic	Acidic
SPECIFIC GRAVITY	1.005	1.003 - 1.035
PROTEIN (ALBUMIN)	Absent	Absent
OCCULT BLOOD	Negative	Negative
SUGAR	Absent	Absent
KETONES	Absent	Absent
BILE SALT & PIGMENT	Absent	Absent
UROBILINOGEN	Normal	Normal

#### Microscopic Examination

RED BLOOD CELLS	Absent	Absent
PUS CELLS	2-3 /HPF	0 - 5 /HPF
EPITHELIAL CELLS	1-2 /HPF	0 - 4 /HPF
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	Absent
YEAST CELLS	Absent	Absent
ANY OTHER FINDINGS	Absent	

**Dr. Hrishikesh Chevle**  
(MBBS.DCP.)

0.6Hz - 25Hz - AC 50Hz 25mm/s 10mm/mV Cardiomin U-30 1.0.25 Sequential



ECG repor

ID : 21  
Name :  
Gender :  
Age :  
Dept :  
Bed No :

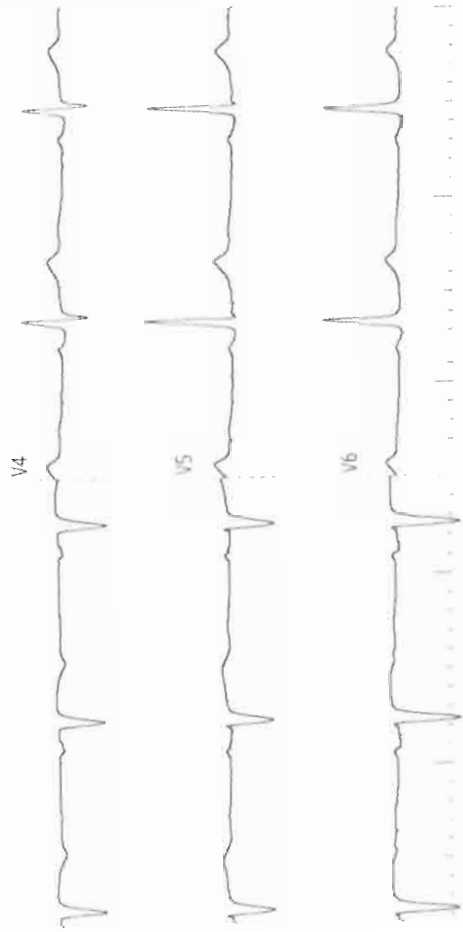
### ECG report

ID : 20240415083410

Name :  
Gender :  
Age :  
Dept :  
Bed No :

HR : 57 bpm  
PR : 150 ms  
QRS : 94 ms  
QT/QTc : 432/427 ms  
P/QRS/T : -8/56/47 °  
RV5/SV1 : 1.335/0.605 mV  
RV5+SV1 : 1.940 mV  
Minnesota code: 8-8 1-1-5

<<Interpretations >>



Confirm and sign:  
Examination time: 2024-04-15 08:34:10