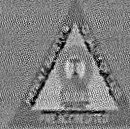


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# APEX SUPERSPECIALITY HOSPITALS



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Tele.: 022 - 2898 6677 / 46 / 47 / 4

## PHYSICIAN CONSULTATION

PRESENT COMPLAINT: - patient stable  
No fresh complaint

PAST MEDICAL / SURGICAL HISTORY:  
No KLEO DM / HTN

### GENERAL EXAMINATION:

PULSE - 80 / min  
BP: - 110 / 60 mm of Hg  
BMI  
APETITE: - Normal  
THIRST: - Normal  
STOOL: - normal  
URINE: - Normal  
SLEEP: - Normal  
SKIN: -  
NAILS: - Normal  
HABITAT:

### SYSTEMIC EXAMINATION:

RESPIRATORY EXAMINATION: - AEBE (+)  
CARDIOVASCULAR EXAMINATION: - S3S2 (+)  
ABDOMINAL EXAMINATION: - soft

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

Not applicable

**OPHTHAL EXAMINATION:**

FAR VISION:

NEAR VISION:

COLOUR VISION:

N  
N  
N

**ENT EXAMINATION:**

EAR: MASTOID TUNNIG FORK TEST:

NOSE: EXT NOSE/ POST NASAL SPACE:

THROAT: TOUNGE/ PALATE/ TEETH:

NECK: NODES/ THYROID/TEETH:

N  
N  
N  
N

**DENTAL EXAMINATION:**

DECAY/ CARIES IF ANY:

PLAQUE IF ANY:

GUMS:

N  
N

Dr Upasna Shaw

PHYSICIAN NAME

PHYSICIAN SIGNATURE



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Kiran Chavhan  
40/M.

SIB. Dr. John

No Hb On HTR.

Vrk 6/6  
6/6.

DIE :: BIE Agutira @  
BIE Cone clear  
BIE spoils mm2.  
BIE Lvs @

Funda : BIE mm.

Adm : BIE mm, Presbyopia

Adm = use glasses for near.

B  
— EId Refresh tears  
1-1-1 x 1 month

C.P.  
RIF  
Dist — 6/6 UFE.  
Near +1.0 Dpt. Mb +1.0 Dpt. Mb — 6/6.

John



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**Apex Super Speciality Hospitals**

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T: +91 22 2748677/48477 Fax: +91 22 2748677  
E: medical.admin@apexhospitals.in

### Diet Chart

**NAME :- KIRAN G**

**WEIGHT - 70.9KGS**

**C/O- Weight Management**

**DIET :- FULL DIET , HIGH PROTEIN**

- Early Morning:** 1 cup tea/ coffee/black coffee/ toned milk (**without sugar**) (**preferable avoid**)
- Breakfast:** 1 bowl upma/ poha/ daliya upma **OR** 2 small rava **or** moong dal idli/ 1 dosa with vegetable sambar **OR** 1 bowl oats in milk/water
- Mid-morning:** 1 fruit
- Lunch:** 1 bowl raw vegetable salad -  
2 small roti/ 1 bhakri (jowar/Multigrain)  
1 bowl bhaji / Pulse sabji (**1 Pulse needs to be added- moong, matki, soyabean, soychunks**)  
1 bowl thick dal/ 1 medium piece of chicken or fish or egg preparation in curry  
1 bowl rice - (**Preferable avoid/ once a week/ optional**)  
**OR** 1 bowl vegetable dailya khichdi with vegetables  
1 bowl curd/1 glass Buttermilk
- Evening snack:** 1 cup tea/ coffee/ toned milk/1 besan chilla **OR** 1 bowl boiled sprouts **OR** 1 vegetable egg/besan omelette with chapatti **OR** 1 rava/moong chilla with curd
- Mid-evening:** 1 bowl dal **OR** vegetable soup / Chicken soup
- Dinner:** 1 bowl raw vegetable salad  
2 small roti/ 1 bhakri (jowar/Multigrain)  
1 bowl bhaji + Pulse Sabji  
1 bowl thick dal  
**OR** 1 bowl vegetable dailya khichdi with vegetables/ Pulses Pulavo with vegetable
- Bedtime :-** 1 tsp Sesame seed

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

Follow small frequent and regular meal pattern. Do not miss meals.

Oil usage ½ litre per month. i.e. 3 teaspoon a day. Preferably mustard oil, sesame oil or rice bran oil.

Salt usage to 3gm. i.e. ½ teaspoon a day.

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

Include **calcium** rich foods like milk and milk product, nuts, seeds, etc.

Make sure you 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. Restrict 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.

Restrict Alcohol consumption to 2 day a week.

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



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Reception No. 9326787557

## DEPARTMENT OF LABORATORY SCIENCES

<b>Patient Name</b>	Mr. KIRAN GHARAT	<b>LabNo</b>	4204	
<b>UHID/IP No</b>	140023534 / 1385	<b>Sample Date</b>	21/06/2024 9:59AM	
<b>Age/Gender</b>	40 Yrs/Male	<b>Receiving Date</b>	21/06/2024 11:33AM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	21/06/2024 12:53PM	
<b>Prescribed By</b>	Dr. Apex Hospitals	<b>Report Status</b>	Final	

Test Name	Result	Unit	Biological Ref. Range	Method
<b>COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD</b>				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	15.1	gm/dl	13.5 - 18.0	SLS- Hb Method
RBC Count (Red Blood Cell)	5.71	10 <sup>6</sup> /uL	4.70 - 6.00	
PCV (Haematocrit)	44.0	%	40.0 - 50.0	
MCV	<b>77.06 L</b>	fl	78 - 100	Calculated
MCH	<b>26.44 L</b>	pg	27 - 31	Calculated
MCHC	34.32	gm/dl	30 - 36	Calculated
RDW	13.7	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	5700	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	54	%	40 - 80	
Lymphocyte %	35	%	20 - 40	
Eosinophil %	05	%	0 - 6	
Monocytes %	06	%	1 - 12	
Basophil %	00	%	0 - 2	
Band Cells	00	%		
Absolute Neutrophil Count (ANC)	3078	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	1995	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	285	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	342	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Within normal limits.			
RBCs Morphology	Normocytic Normochromic.			
Platelet Count	260	10 <sup>3</sup> /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	9.5	fl	7 - 12	

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Test Name	Result	Unit	Biological Ref. Range	Method
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	10	mm/hr	0 * 20	Westergren

--End Of Report--

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Test Name	Result	Unit	Biological Ref. Range	Method
<b>BLOOD GROUPING</b>				
Sample: W. B. EDTA				
Blood Group (ABO and Rh)	"A" Rh Positive			SLIDE METHOD

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<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	21/06/2024 12:46PM	
<b>Prescribed By</b>	Dr. Apex Hospitals	<b>Report Status</b>	Final	

Test Name	Result	Unit	Biological Ref. Range	Method
<b>BLOOD SUGAR F&amp;PP</b>				
Sample: Fl. Plasma				
Glucose (Fasting Blood Sugar / FBS)	102.1	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	Absent		Absent	
Urine Fasting Ketone	Absent		Absent	
Blood Sugar(2 Hours PP)	119.8	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.

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Test Name	Result	Unit	Biological Ref. Range	Method
<b>LIPID PROFILE SERUM</b>				
Sample: Serum				
Cholesterol-Total	171.3	mg/dl	< 200.00	Cholesterol Oxidase, Esterase, Peroxidase
Triglycerides	<b>180.2 H</b>	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	46.3	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	36.04	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	88.96	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	3.70		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	<b>1.92 L</b>		2.50 - 3.50	Calculated Value

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Test Name	Result	Unit	Biological Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) SERUM</b>				
Sample: Serum				
Bilirubin Total (TBil)	0.75	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.20	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.55	mg/dl	1 - 1	
SGPT (ALT)	<b>41.88 H</b>	U/L	5 - 40	IFCC modified
SGOT (AST)	26.18	U/L	5 - 40	IFCC modified
Protein Total	7.90	gm/dl	6.00 - 8.00	Biuret
Albumin	4.34	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	<b>3.56 H</b>	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.22		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	<b>37.54 L</b>	IU/L	42 - 140	
GGTP (GAMMA GT)	24.90	IU/L	15.0 - 72.0	UV Kinetic IFCC

--End Of Report--

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Test Name	Result	Unit	Biological Ref. Range	Method
<b>BUN (BLOOD UREA NITROGEN)</b>				
BUN - Blood Urea Nitrogen		mg/dl		
BUN - Blood Urea Nitrogen (SINGLE)	11.50	mg/dl	7 - 20	
<b>SERUM CREATININE</b>				
Sample: Serum				
Creatinine	1.00	mg/dl	0.80 - 1.50	Jaffes
<b>URIC ACID (SERUM)</b>				
Sample: Serum				
Uric Acid	6.02	mm/hr	3.5 - 8.5	URICASE- PEROXIDASE

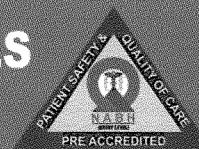
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Test Name	Result	Unit	Biological Ref. Range	Method
<b>URINE ROUTINE</b>				
Sample: Urine				
<b>PHYSICAL EXAMINATION</b>				
Quantity	20	ml		
Color	Pale Yellow			
Appearance	Clear		Clear	Clear
Specific Gravity	1.025		1.010 - 1.025	
<b>CHEMICAL EXAMINATION</b>				
pH	5.0		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	Absent			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
<b>MICROSCOPIC EXAMINATION</b>				
Pus Cells	2-3			
RBCs	Absent			
Epithelial Cells	1-2			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	Absent			

--End Of Report--

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MD PATHOLOGY



Patient Id : PVD04224-25/17246  
Patient : MR KIRAN GHARAT  
Age/sex : 40 Yrs/ Male  
Center : APEX SUPERSPECIALITY HOSPITALS  
Ref. By : Self

Sample ID : 24066781  
Reg. Date : 21/06/2024  
Report Date : 21/06/2024  
Case No. :



**HBA1C-GLYCOSYLATED HAEMOGLOBIN**

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.1	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	99.67	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 G8 is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.  
Excellent Control - 6 to 7 %,  
Fair to Good Control - 7 to 8 %,  
Unsatisfactory Control - 8 to 10 %  
and Poor Control - More than 10 %.

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

-----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

Patient Id : PVD04224-25/17246      Sample ID : 24066781  
 Patient : MR KIRAN GHARAT      Reg. Date : 21/06/2024  
 Age/sex : 40 Yrs/ Male      Report Date : 21/06/2024  
 Center : APEX SUPERSPECIALITY HOSPITALS      Case No. :  
 Ref. By : Self



**TOTAL T3 T4 TSH (TFT)**

Test Description	Result	Unit	Biological Reference Range
T3 (Triiodothyronine)	128.2	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)	8.24	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)	1.831	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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googlemap



Land Line No. 022 - 42457040  
Reception No. 9326787557

## DEPARTMENT OF RADIOLOGY

<b>Patient Name</b>	Mr. KIRAN GHARAT	<b>LabNo</b>	4204	
<b>UHID/IP No</b>	140023534 / 1385	<b>Order Date</b>	21/06/2024 9:59AM	
<b>Age/Gender</b>	40 Yrs/Male	<b>Receiving Date</b>	22/06/2024 12:33PM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	22/06/2024 12:43PM	
<b>Prescribed By</b>	Dr. Apex Hospitals	<b>Report Status</b>	Final	

### DIGITAL X-RAY CHEST <PA> VIEW

The lung fields on either side shows adequate translucency and exhibit normal vasculature.

Both hila are symmetrical in outline and shape.

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

Bilateral costophrenic angles are clear.

Bone thorax appears unremarkable.

Cardiac shadow is unremarkable.

Both domes of diaphragm are smooth in outline

--End Of Report--

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





# APEX SUPERSPECIALITY HOSPITALS

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CASHLESS FACILITY

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

ई. सी. जी.

Name Kiran Ghabat Date 21/6/24

Age 40 yrs Gender:  M  F UHID NO \_\_\_\_\_ B.P \_\_\_\_\_

## ELECTROCARDIOGRAPHIC OBSERVATIONS *norm*

Rate \_\_\_\_\_ Axis \_\_\_\_\_ Q.R.S. Complex \_\_\_\_\_

Rhythm \_\_\_\_\_ P. Wave \_\_\_\_\_ S.T. Segment \_\_\_\_\_

Standardisation : \_\_\_\_\_ P.R. Interval \_\_\_\_\_ T. Wave \_\_\_\_\_

Voltage : \_\_\_\_\_ Q. Wave : \_\_\_\_\_ Q. T. Interval \_\_\_\_\_

Impression : WNL

रिपोर्ट Name \_\_\_\_\_

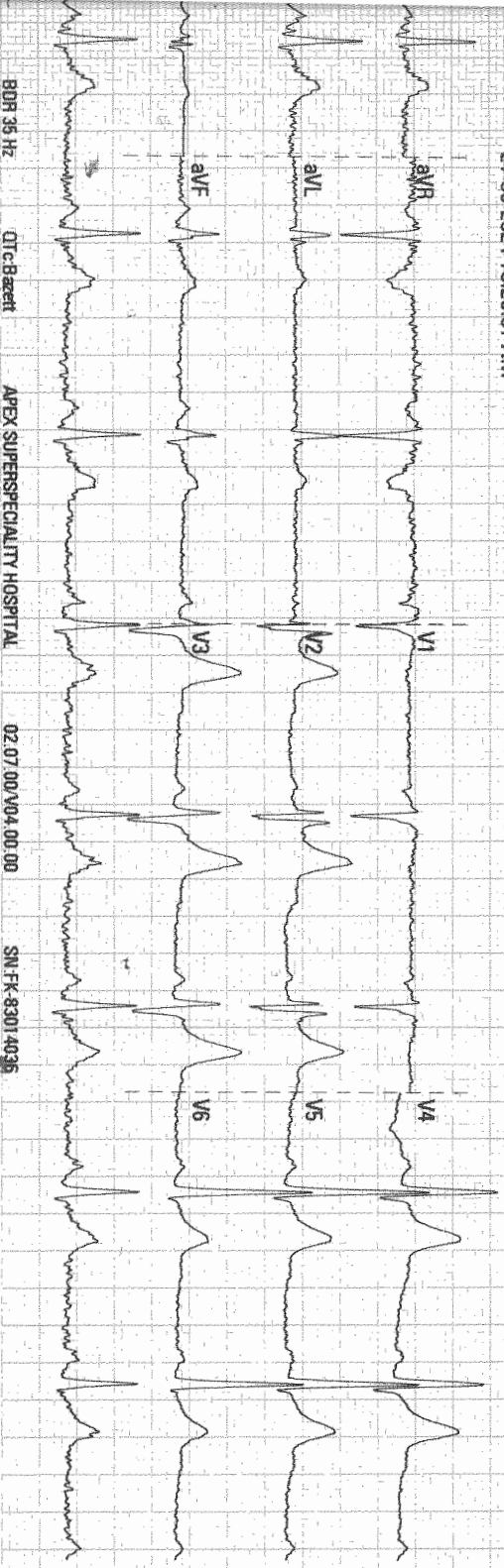
Date \_\_\_\_\_

Time \_\_\_\_\_

Age 40 Yrs

21-06-2024 10:28:01 AM

KIRAN



BBR 35 Hz

QTC Bazett

APEX SUPERSPECIALITY HOSPITAL

02.07.00/04.00.00

SN:FK-83014035

ID:2024062110281153

Name: KIRAN

21-06-2024 10:28:01 AM

Vent. Rate (bpm) 58

Sinus Bradycardia

PR Interval (ms) 148

Unconfirmed Diagnosis

QRS Duration (ms) 102

ECG

QT/QTc Interval (ms) 396/389

DR. CHIRAG V. SHAH

P/QRS/T Axes (deg) 60/32/47

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