



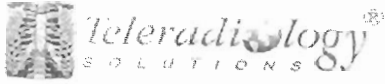
# APEX HOSPITALS MULUND DIAGNOSTIC

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)**



## APEX HOSPITALS MULUND Radiologist Report Sheet

<b>Patient Name:</b>	DNYANESHWAR JAGDALE	<b>Medical Record No:</b>	27/04/2024 0052
<b>AGE :</b>	64 Y	<b>Accession No:</b>	
<b>Gender:</b>	M	<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>	24/27/04 11:49 AM ET
<b>Requisition Time:</b>	24/27/04 02:04 PM ET	<b>Report Time:</b>	24/27/04 02:11 PM ET
<b>Clinical History:</b> H/O ROUTINE CHECK -UP			

### RADIOGRAPH OF THE CHEST AP (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.**

DR. SANTOSH RATHOD  
Consultant Radiologist  
MBBS DNB DNB

This report has been electronically signed by: DNB.Santosh Bharat Rathod

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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**NAME : MR.DNYANESHWAR JAGDALE AGE :64 /M DATE : 27/04/2024**

**REF.BY : MEDIWHEEL**

**USG ABDOMEN AND PELVIS SONOGRAPHY**

Liver is of normal size and shows normal echo texture. No evidence of focal lesion in Liver. Portal vein appears normal, No dilated I.H.B.R. No evidence 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 : 8.3 x 4.0 cm.

Left kidney measures : 10.0 x 4.6 cm.

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

No dilated upper or lower ureters are seen.

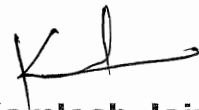
Bladder shows Smooth margin and there is no evidence of vesicle calculi.

Prostate is normal.

Normal in size and echotexture.No focal lesion.

**REMARK :**

● **No Abnormality Seen.**

  
**Dr. Kamlesh Jain**  
**DR. KAMLESH JAIN**  
(Consultant Radiologist)  
2002/03/1656



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

Patient Name : **MR. DNYANESHWAR JAGDALE**  
Age/Sex : 64 Years /Male  
Ref Doctor : APEX HOSPITAL  
Client Name : Apex Hospital

Patient ID : 88008  
Sample Collected on : 27-4-24, 5:00 pm  
Registration On : 27-4-24, 5:00 pm  
Reported On : 27-4-24, 7:27 pm

Test Done	Observed Value	Unit	Ref. Range
<b>Complete Blood Count(CBC)</b>			
HEMOGLOBIN	14.5	gm/dl	12 - 16
<b>Red Blood Corpuscles</b>			
PCV ( HCT )	42.8	%	42 - 52
RBC COUNT	4.92	x10 <sup>6</sup> /uL	4.70 - 6.50
<b>RBC Indices</b>			
MCV	87.0	fl	78 - 94
MCH	29.4	pg	26 - 31
MCHC	33.8	g/L	31 - 36
RDW-CV	<b>15.1</b>	%	11.5 - 14.5
<b>White Blood Corpuscles</b>			
TOTAL LEUCOCYTE COUNT	6000	/cumm	4000 - 11000
<b>Differential Count</b>			
NEUTROPHILS	66	%	40 - 75
LYMPHOCYTES	30	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	02	%	1 - 10
BASOPHILS	0	%	0 - 1
<b>Platelets</b>			
PLATELET COUNT	185000	Lakh/cumm	150000 - 450000
MPV	8.0	fl	6.5 - 9.8
RBC MORPHOLOGY	Normochromic, Normocytic		
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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Ref Doctor	: APEX HOSPITAL	Registration On	: 27-4-24, 5:00 pm
Client Name	: Apex Hospital	Reported On	: 27-4-24, 7:27 pm

Test Done	Observed Value	Unit	Ref. Range
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**Blood Group & RH Factor**

SPECIMEN	WHOLE BLOOD
ABO GROUP	'AB'
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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Client Name : Apex Hospital

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Registration On : 27-4-24, 5:00 pm  
Reported On : 27-4-24, 7:27 pm

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



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(MBBS.DCP.)



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Age/Sex : 64 Years /Male  
Ref Doctor : APEX HOSPITAL  
Client Name : Apex Hospital

Patient ID : 88008  
Sample Collected on : 27-4-24, 5:00 pm  
Registration On : 27-4-24, 5:00 pm  
Reported On : 27-4-24, 7:27 pm

Test Done	Observed Value	Unit	Ref. Range
<b>BLOOD GLUCOSE FASTING &amp; PP</b>			
FASTING BLOOD GLUCOSE	78.5	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	89.2	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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Reported On : 27-4-24, 7:27 pm

Test Done	Observed Value	Unit	Ref. Range
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL	<b>178.3</b>	mg/dL	200 - 240
S. TRIGLYCERIDE	75.4	mg/dL	0 - 200
S.HDL CHOLESTEROL	42	mg/dL	30 - 70
VLDL CHOLESTEROL	15	mg/dL	Up to 35
S.LDL CHOLESTEROL	121.22	mg/dL	Up to 160
LDL CHOL/HDL RATIO	2.89		Up to 4.5
CHOL/HDL CHOL RATIO	4.25		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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Tele.:  
**022-41624000 (100 Lines)**

**Patient ID** : 2404065125

**Patient Name** : MR. DNYANESHWAR JAGDALE

**Age** : 64 Yrs

**Gender** : MALE

**Ref. By Doctor** : APEX HOSPITAL

**Sample Collected At:** APEX HOSPITAL MULUND



For Authenticity Scan QR Code

Registered On : 27/04/2024,06:28 PM

Collected On : 28/04/2024,02:19 AM

Reported On : 28/04/2024,07:42 AM

Sample ID



\* 2 4 0 4 0 6 5 1 2

## Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Haemoglobin)	5.40	%	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	108.3	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.

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

This report is system generated and electronically authenticated.

Page 1 of 1



**Dr. Ulhas M. Vaidya**  
MD, DPB

LAB DIRECTOR

**Dr. Vaidya's**  
**Laboratory** Estd. 1979

A trusted name for 44 years  
Pathology unit of Millennium Special Lab Pvt. Ltd.

Patient Name : **MR. DNYANESHWAR JAGDALE**  
Age / Sex : 64 years / Male  
Ref. Doctor : APEX HOSPITAL  
Client Name : CUDDLES N CURE DIAGNOSTIC CENTRE  
Sample ID : 2404119950  
Printed By : CUDDLES N CURE DIAGNOSTIC CENTRE



Patient ID / Billing ID : 1212863 / 1396519  
Specimen Collected at : CUDDLES N CURE DIAGNOSTIC CENTRE  
Sample Collected On : 27/04/2024, 07:18 p.m.  
Reported On : 27/04/2024, 08:45 p.m.  
Printed On : 28/04/2024, 06:20 p.m.



**TEST DONE**                      **OBSERVED VALUE**                      **UNIT**                      **REFERENCE RANGE**



**PROSTATE SPECIFIC ANTIGEN (PSA)**

<b>Total PSA<sup>^</sup></b>	0.283	ng/ml	0 - 4.0	ECLIA
<b>Free PSA<sup>^</sup></b>	0.101	ng/ml	0.0 - 0.5	ECLIA
<b>Free PSA / PSA Ratio.</b>	35.69	%	> 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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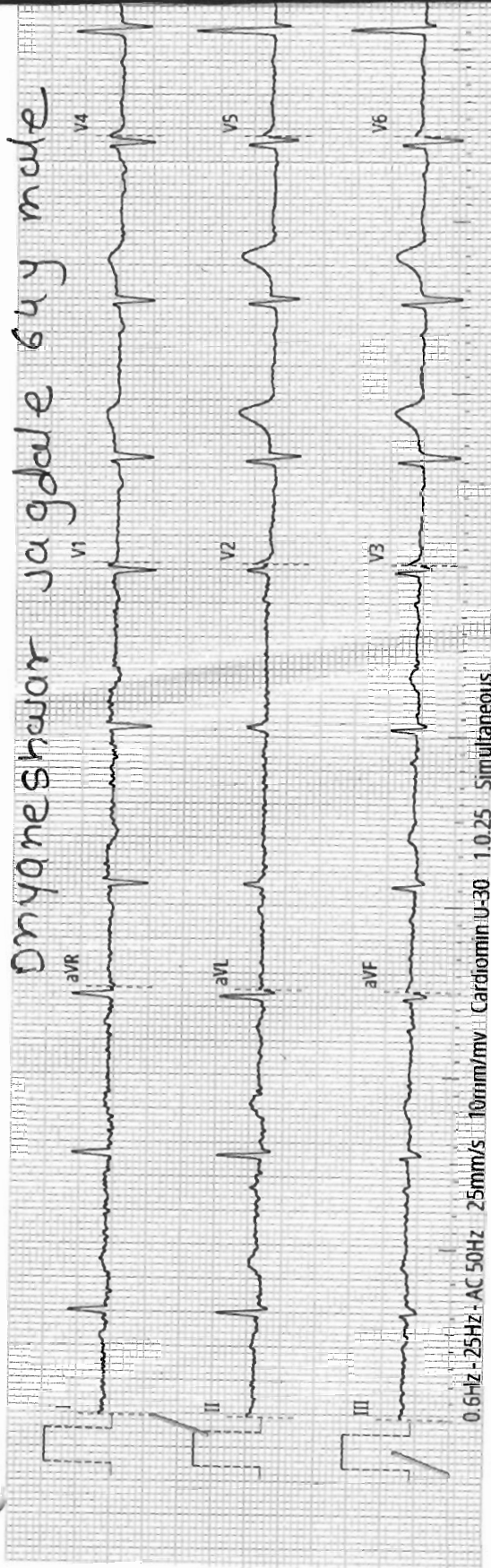
**Dr. Vivek Bonde**  
MD Pathology

\*\*END OF REPORT\*\*

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Dnyaneshwar Jagdale 64y male



ECG report

ID : 20240427095849  
Name :  
Gender :  
Age :  
Dept :  
Bed No :

HR : 64 bpm  
PR : 178 ms  
QRS : 88 ms  
QT/QTc : 422/429 ms  
P/QRS/T : 29/12/85°  
RV5/SV1 : 1.066/0.529 mv  
RV5+SV1 : 1.595 mv

<<Interpretations >>  
Sinus rhythm  
Inferior/lateral ST-T abnormality  
~ is nonspecific  
Borderline ECG

NSR c ST ↓  
Int lat lead



Confirm and sign:  
Examination time : 2024-04-27 09:58:49

