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# APEX HOSPITALS MULUND DIAGNOSTIC

ALL  
CASHLESS  
FACILITY

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



## APEX HOSPITALS MULUND Radiologist Report Sheet

<b>Patient Name:</b>	MANDA JAGDALE	<b>Medical Record No:</b>	27/04/2024 0050
<b>AGE :</b>	57 Y	<b>Accession No:</b>	
<b>Gender:</b>	F	<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 11:35 AM ET
<b>Requisition Time:</b>	24/27/04 02:04 PM ET	<b>Report Time:</b>	24/27/04 02:09 PM 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.**

DR. AVINASH B. RATHOD  
M.B.B.S. D.M.R.D  
Reg No : 2011/05/1616

**This report has been electronically signed by: Dr. Avinash Rathod DMRD**

**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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**022-41624000 (100 Lines)**

NAME : MRS.MANDA JAGDALE AGE : 57 /F DATE : 27/ 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 :8.9 x 3.7 cm.

Left kidney measures : 8.5 x 4.8 cm.

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 (Post Menopausal)

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 8 mm and appears normal. Cervical canal shows no abnormality.

Right ovary not seen. (h/o oophorectomy)

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

REMARK :-

● No Abnormality Seen.

  
**Dr. Kamlesh Jain**  
**DR. KAMLESH JAIN**  
(Consultant Radiologist)  
DMRD (RADIOLOGY)  
2002/03/1650



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NAME: MRS.MANDA JAGDALE

AGE :57 Y/F

DATE -27/04/2024

REF.BY:MEDIWHEEL

## USG BOTH BREAST

**Both Breast show normal fibro fatty echotexture.**

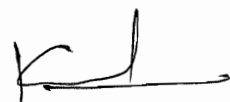
**No evidence of focal solid or cystic lesion seen.**

**No evidence of dilated ducts.**

**No evidence axillary lymphadenopathy.**

**REMARK :-**

**No abnormality seen.**

  
**DR. KAMLESH JAIN**  
(COMMR. RADIOLOGY)  
2002/03/1656



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

Patient Name : **MRS. MANDA JAGDALE**

Patient ID : 88013

Age/Sex : 57 Years /Female

Sample Collected on : 27-4-24, 6:00 pm

Ref Doctor : APEX HOSPITAL

Registration On : 27-4-24, 6:00 pm

Client Name : Apex Hospital

Reported On : 28-4-24, 6:10 pm

Test Done	Observed Value	Unit	Ref. Range
<b>Complete Blood Count(CBC)</b>			
HEMOGLOBIN	12.2	gm/dl	12 - 15
<b>Red Blood Corpuscles</b>			
PCV ( HCT )	<b>35.9</b>	%	36 - 46
RBC COUNT	<b>4.28</b>	$\times 10^6/uL$	4.5 - 5.5
<b>RBC Indices</b>			
MCV	84.1	fl	78 - 94
MCH	28.5	pg	26 - 31
MCHC	33.9	g/L	31 - 36
RDW-CV	14.0	%	11.5 - 14.5
<b>White Blood Corpuscles</b>			
TOTAL LEUCOCYTE COUNT	4900	/cumm	4000 - 11000
<b>Differential Count</b>			
NEUTROPHILS	54	%	40 - 75
LYMPHOCYTES	40	%	20 - 45
EOSINOPHILS	03	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	0	%	0 - 1
<b>Platelets</b>			
PLATELET COUNT	223000	Lakh/cumm	150000 - 450000
MPV	9.1	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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Registration On : 27-4-24, 6:00 pm

Client Name : Apex Hospital

Reported On : 28-4-24, 6:10 pm

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

TOTAL CHOLESTEROL	<b>198.5</b>	mg/dL	200 - 240
S. TRIGLYCERIDE	112.0	mg/dL	0 - 200
S.HDL CHOLESTEROL	41	mg/dL	30 - 70
VLDL CHOLESTEROL	22	mg/dL	Up to 35
S.LDL CHOLESTEROL	135.10	mg/dL	Up to 160
LDL CHOL/HDL RATIO	3.30		Up to 4.5
CHOL/HDL CHOL RATIO	<b>4.84</b>		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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Ref Doctor : APEX HOSPITAL Registration On : 27-4-24, 6:00 pm  
Client Name : Apex Hospital Reported On : 28-4-24, 6:10 pm

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

**BLOOD GLUCOSE FASTING & PP**

FASTING BLOOD GLUCOSE	98.2	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	108.9	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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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
-----------	----------------	------	------------

### RENAL FUNCTION TEST

BLOOD UREA	22.3	mg/dL	10 - 50
BLOOD UREA NITROGEN	10.42	mg/dL	0.0 - 23.0
S. CREATININE	0.65	mg/dL	0.6 to 1.4
S. SODIUM	139.4	mEq/L	135 - 155
S. POTASSIUM	3.97	mEq/L	3.5 - 5.5
S. CHLORIDE	101.2	mEq/L	95 - 109
S. URIC ACID	4.85	mg/dL	2.6 - 6.0
S. CALCIUM	9.06	mg/dL	8.4 - 10.4
S. PHOSPHORUS	4.01	mg/dL	2.5 - 4.5
S. PROTIEN	6.8	g/dl	6.0 to 8.3
S. ALBUMIN	<b>3.33</b>	g/dl	3.5 to 5.3
S. GLOBULIN	3.47	g/dl	2.3 to 3.6
A/G RATIO	<b>0.96</b>		1 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -

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





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

**Patient ID** : 2404065130  
**Patient Name** : MRS. MANDA JAGDALE  
**Age** : 57 Yrs  
**Gender** : FEMALE  
**Ref. By Doctor** : APEX HOSPITAL  
**Sample Collected At** : APEX HOSPITAL MULUND



For Authenticity Scan QR Code

**Registered On** : 27/04/2024,06:33 PM  
**Collected On** : 28/04/2024,02:18 AM  
**Reported On** : 28/04/2024,07:42 AM  
**Sample ID**



\* 2 4 0 4 0 6 5 1 3

## Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Haemoglobin)	5.20	%	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	102.6	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**  
M3BS MD Pathology  
Consultant Pathologist

This report is system generated and electronically authenticated.

Page 1 of 1


Patient Name : **MRS. MANDA JAGDALE**  
Age / Sex : 57 years / Female  
Ref. Doctor : APEX HOSPITAL  
Client Name : CUDDLES N CURE DIAGNOSTIC  
CENTRE  
Sample ID : 2404119952  
Printed By : CUDDLES N CURE DIAGNOSTIC  
CENTRE



Patient ID / Billing ID : 1212865 / 1396521  
Specimen Collected at : CUDDLES N CURE  
DIAGNOSTIC CENTRE  
Sample Collected On : 27/04/2024, 07:19 p.m.  
Reported On : 27/04/2024, 08:32 p.m.  
Printed On : 28/04/2024, 06:17 p.m.



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

 <b>T3, T4, TSH SERUM</b>				
<b>T3 TOTAL (Triiodothyronine) SERUM ^</b>	1.30	ng/mL	0.80 - 2.00 ng/mL Pregnancy : Last 5 ECLIA months : 1.16 - 2.47	
<b>T4 TOTAL (Thyroxine) SERUM ^</b>	8.04	µg/dL	5.1 - 14.1 µg/dL	ECLIA
<b>TSH (THYROID STIMULATING HORMONE) SERUM ^ (Ultrasensitive)</b>	3.35	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 hyper-thyroidism, 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\*\*



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Ref Doctor	: APEX HOSPITAL	Registration On	: 27-4-24, 6:00 pm
Client Name	: Apex Hospital	Reported On	: 28-4-24, 6:12 pm

Test Done	Observed Value
-----------	----------------

### HIV I and II ANTIBODY DETECTION

SAMPLE	Serum
HIV - 1	NON REACTIVE
HIV - 2	NON REACTIVE
METHOD	Qualitative estimation of antibodies to HIV I/II in serum using TRIDOT.

This is a screening test.

- False positive reaction may occur in this test as with other antibody detection tests.
- Every positive test result should be confirmed by Western Blot Assay before definitive diagnosis is made.
- Positive test does not indicate AIDS.
- Negative test means negative for antibodies to viral antigens.
- The test may be negative even in presence of HIV infection during seroconversion phase (window period) or when antibodies are present below the detection limit of the kit used. Hence negative result does not rule out the possibility of exposure to or infection with HIV.

### HEPATITIS B SURFACE ANTIGEN (HBsAg)

SAMPLE	Serum
RESULT	NEGATIVE
METHOD	Rapid Chromatography Immunoassay using HEPACARD.
NOTE	<ul style="list-style-type: none"> <li>- HBsAg is the most reliable serological marker of Hepatitis B viral infection.</li> <li>- In cases of acute infection, it usually appears in 27 to 41 days of infection, persists during acute illness and disappears 12 to 20 weeks after onset of symptoms in 90% of cases.</li> <li>- In absence of acute infection, persistence of HBsAg for more than 6 months indicates chronic carrier state.</li> <li>- Negative result does not exclude possibility of exposure to or infection with Hepatitis B virus.</li> </ul>

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

### HEPATITIS C VIRUS ANTIBODIES (HCV)

SPECIMEN	Serum		
HCV	NON REACTIVE		NON REACTIVE

METHOD - Rapid Chromatographic Immunoassay

#### INTERPRETATION

The Presence of Anti-HCV antibodies in serum or Plasma is an indication of an active Hepatitis C infection, either acute or Chronic.

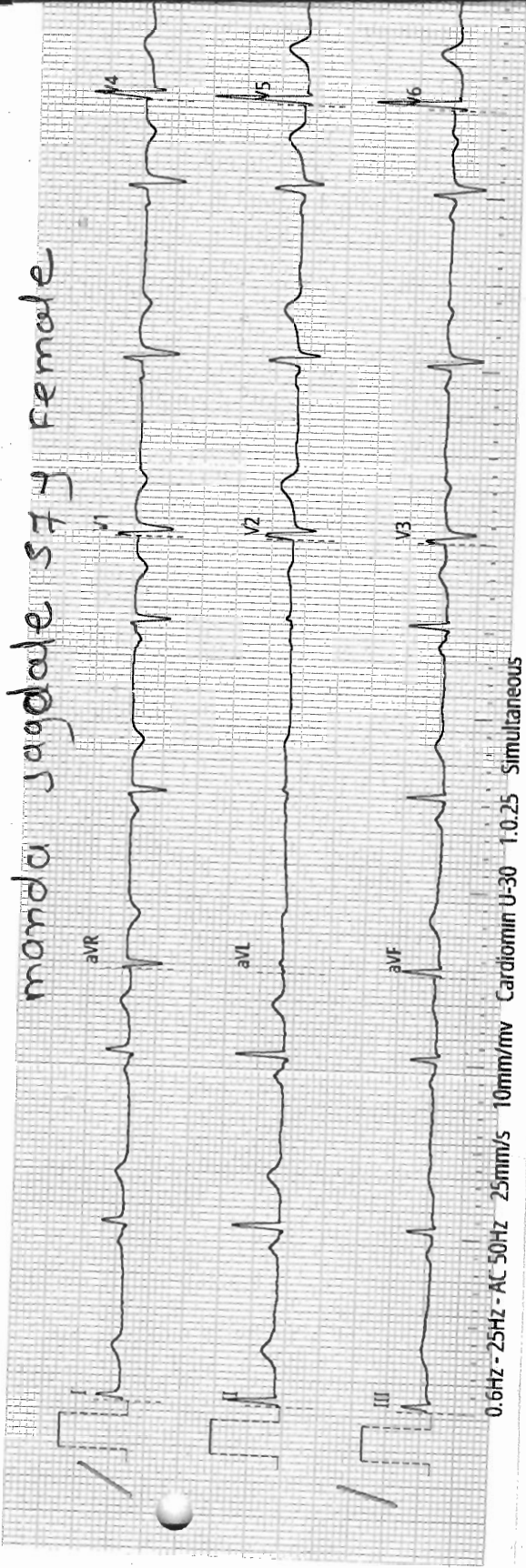
This test is screening test and all positive test must be confirmed using an alternate test such as PCR.

Anon reactive result does not exclude the possibility of exposure to or infection with HCV.

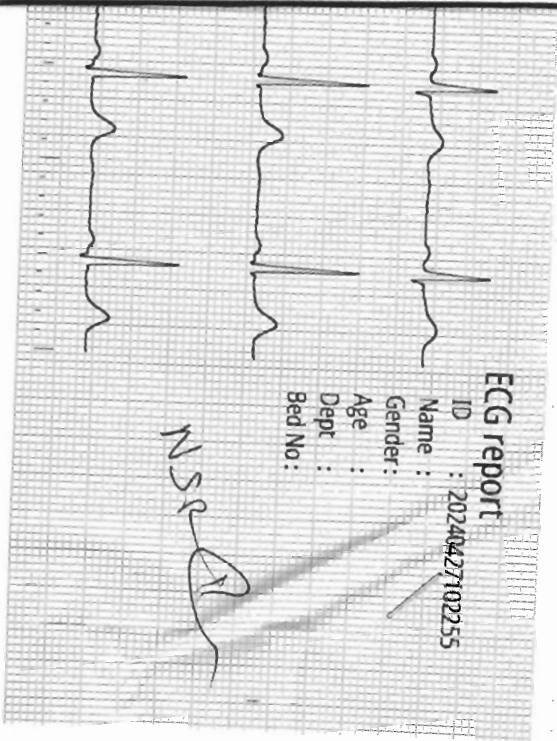
Patients with auto-immune liver diseases may show false positive results.

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

manda jagdale 57 y female



0.6Hz - 25Hz - AC 50Hz 25mm/s 10mm/mv Cardiomin U-30 1.025 Simultaneous



**ECG report**

ID : 20240427102255

Name :

Gender :

Age :

Dept :

Bed No :

*NSR-D*