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APEX HOSPITALS MULUND

A Superspeciality Hospital

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)

10/5/24

Name :- Maruti Bringade

Age - 59 y ~ 1M

1440 - HTN

O 10 - T - Afebrile

P - 74/min

BP - 180/80 mmHg

RR - 18/min

SpO₂ - 95% @ RA

ETC - aus - S₂ ⊕

R - B₂B₂

PIA - soft

cms - conscious & oriented

Height - 171 cm

Weight - 80 kg

} BMI - 27.4

Optical opinion - To do optical metrolgist
opinion also spectacles.

ENT opinion - (N)

Dental check up - (N)

Skin - (N)



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DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. MARUTI BHINGUDE	LabNo	1516	
UHID/IP No	120065730 / 485	Sample Date	17/05/2024 7:59PM	
Age/Gender	59 Yrs/Male	Receiving Date	17/05/2024 8:00PM	
Bed No/Ward	OPD	Report Date	17/05/2024 8:09PM	
Prescribed By	Dr. Hrishikesh N Chevle	Report Status	Final	

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	10.1 L	gm/dl	12.0 - 17.0	SLS- Hb Method
RBC Count (Red Blood Cell)	4.43 L	10 ⁶ /uL	4.70 - 6.50	
PCV (Haematocrit)	32.1 L	%	42.0 - 52.0	
MCV	72.46 L	fl	78 - 95	Calculated
MCH	22.8 L	pg	26 - 31	Calculated
MCHC	31.46	gm/dl	30 - 36	Calculated
RDW	16.1 H	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	5900	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	179	10 ³ /uL	150 - 450	DC Detection
Platelets Morphology	Adequate on smear			
MPV	10.2	fl	7 - 12	
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	12	mm/hr	< 20	Westergren

--End Of Report--

Dr. Hrishikesh N Chevle



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Prescribed By	Dr. Hrishikesh N Chevle	Report Status	Final	

IMMUNO-HAEMATOLOGY

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

--End Of Report--

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Prescribed By	Dr. Hrishikesh N Chevle	Report Status	Final	

BIOCHEMISTRY

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

Sample: Fl. Plasma

Blood Sugar(2 Hours PP)	197.1
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)	124.8
Urine Fasting Sugar	SNR
Urine Fasting Ketone	SNR

LIPID PROFILE SERUM

Sample: Serum

Cholesterol-Total	195.1	mg/dl	< 200.00	Cholesterol Oxidase, Esterase, Peroxidase
Triglycerides	115.2	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	42.1	mg/dl	30.00 - 70.00	Phosphotungstat
VLDL Cholesterol	23.04	mg/dl	6.00 - 35.00	Calculated Value
LDL Cholesterol	129.96	mg/dl	< 160.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	4.63		0.00 - 4.80	Calculated Value

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LDL Cholesterol : HDL Cholesterol Ratio 3.09 0.00 - 4.50 Calculated Value

LIVER FUNCTION TEST (LFT) SERUM

Sample: Serum

Bilirubin Total (TBil)	0.78	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.21	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.57	mg/dl	0 - 1	
SGPT (ALT)1	23.1	U/L		IFCC modified
SGOT (AST)	37.2	U/L		IFCC modified
Protein Total	6.4	gm/dl	6.00 - 8.00	Biuret
Albumin	3.6	gm/dl	3.40 - 4.90	
Globulin	2.80	gm/dl	2.30 - 3.60	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.29		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	220.8	IU/L	64 - 306	

RFT (RENAL FUNCTION TEST)

Sample: Serum

Creatinine	0.83	mg/dl	0.70 - 1.40	
UREA	27.1	mg/dl	10 - 50	CDC Urease,Colorimetric
BUN - Blood Urea Nitrogen	12.66	mg/dl		
Calcium	9.2			
Uric Acid	7.38 H	mm/hr	3.5 - 7.2	URICASE-PEROXIDASE
Phosphorus	3.4	mg/dl	2.5 - 4.5	Phosphomolybdate Reduction
Sodium	141.8	mmol/L	135 - 146	ISE Direct
Potassium	3.90	mmol/L	3.5 - 5.5	ISE Direct
Chloride	106.3	mmol/L	95 - 109	ISE Direct
Protein Total	6.4	gm/dl	6.00 - 8.00	Biuret
Albumin	3.6	gm/dl	3.40 - 4.90	
Globulin	2.80	gm/dl	2.30 - 3.60	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.29		1.00 - 2.50	Calculated Value

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Prescribed By	Dr. Hrishikesh N Chevle	Report Status	Final	

CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
URINE ROUTINE				
Sample: Urine				
PHYSICAL EXAMINATION				
Quantity	15	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			
Specific Gravity	1.015		1.010 - 1.035	
CHEMICAL EXAMINATION				
pH	6.0		4.5 - 8.5	
Protein	Trace		Nil	
Glucose	Present 2+			
Ketone	Absent			
Occult Blood	Negative			
Bile Salt	Absent			
Bile Pigment	Absent			
MICROSCOPIC EXAMINATION				
Pus Cells	3-4			
RBCs	Absent			
Epithelial Cells	2-3			
Bacteria	Absent			
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			

--End Of Report--

Dr. Hrishikesh N Chevle



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Mr. MARUTI BHINGUDE		email: info@apexhospitals.in www.apexgroupofhospitals.com	
DOB :		Collected :	16-05-2024 16:42
Age :	59 Years	Received :	16-05-2024 18:56
Gender :	Male	Reported :	16-05-2024 19:57
CRM :		Status :	Final
		Lab ID :	40508904005
		Sample Quality :	Adequate
		Location :	MUMBAI
		Ref By :	APEX HOSPITAL
		Client :	SANJAY PANDEY -MU058

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

Prostate Specific Antigen, Total, Serum CLIA	1.510	ng/mL	<=3.5
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Clinical significance:-

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. PSA exists in serum in multiple forms: complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex), unbound (free PSA), and enveloped by alpha-2-macroglobulin (not detected by immunoassays). Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer.

-----End Of Report-----

Namrata





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Mr. MARUTI BHINGUDE	Collected : 16-05-2024 16:42	Lab ID : 40508904005
DOB :	Received : 16-05-2024 18:56	Sample Quality : Adequate
Age : 59 Years	Reported : 16-05-2024 20:13	Location : MUMBAI
Gender : Male	Status : Final	Ref By : APEX HOSPITAL
CRM :		Client : SANJAY PANDEY -MU058

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

Vitamin D - 25-Hydroxy, Serum <i>CLIA</i>	20.17	ng/mL	<10: Severe deficiency 10-19: Mild to moderate deficiency 20-50: Optimum level 51-80: Increased risk of hypercalciuria >80: Toxicity possible
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Clinical significance:-

A low blood level of 25-hydroxyvitamin D may mean that a person is not getting enough exposure to sunlight or enough dietary vitamin D to meet his or her body's demand or that there is a problem with its absorption from the intestines. Occasionally, drugs used to treat seizures, particularly phenytoin (Dilantin), can interfere with the production of 25-hydroxyvitamin D in the liver. There is some evidence that vitamin D deficiency may increase the risk of some cancers, immune diseases, and cardiovascular disease. A high level of 25-hydroxyvitamin D usually reflects excess supplementation from vitamin pills or other nutritional supplements.

Nimrata





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DOB :	Received : 16-05-2024 18:56	Sample Quality : Adequate
Age : 59 Years	Reported : 16-05-2024 20:07	Location : MUMBAI
Gender : Male	Status : Final	Ref By : APEX HOSPITAL
CRM :		Client : SANJAY PANDEY -MU058

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

Vitamin B12, Serum CLIA	216.00	pg/mL	120-914
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Clinical significance:

Vitamin B12 (cobalamin) is necessary for hematopoiesis and normal neuronal function. The body uses its vitamin B12 stores very economically, reabsorbing vitamin B12 from the ileum and returning it to the liver; very little is excreted. Vitamin B12 deficiency may be due to lack of IF secretion by gastric mucosa (eg, gastrectomy, gastric atrophy) or intestinal malabsorption (eg, ileal resection, small intestinal diseases). Pernicious anemia is a macrocytic anemia caused by vitamin B12 deficiency that is due to a lack of IF secretion by gastric mucosa. Serum methylmalonic acid and homocysteine levels are also elevated in vitamin B12 deficiency states.

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[Signature]
Lab Director



ORTHOPEDIC | SPINE | CARDIOLOGY | GENERAL SURGERY | LAPAROSCOPY | CRITICAL CARE | GASTROENTEROLOGY | CANCER | DIABETOLOGY
NEUROLOGY | NEPHROLOGY | VASCULAR SURGERY | ENT | OPHTHALMOLOGY | PLASTIC SURGERY | UROSURGERY | PEDIATRIC SURGERY



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DOB :	Received : 16-05-2024 18:56	Sample Quality : Adequate
Age : 59 Years	Reported : 16-05-2024 20:00	Location : MUMBAI
Gender : Male	Status : Final	Ref By : APEX HOSPITAL
CRM :		Client : SANJAY PANDEY -MU058

Parameter	Result	Unit	Biological Ref. Interval
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THYROID FUNCTION TEST

Tri Iodo Thyronine (T3 Total), Serum CLIA	1.16	ng/mL	0.4 - 1.81
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Clinical significance:-

Triiodothyronine (T3) values above 3.07 ng/mL in adults or over age related cutoffs in children are consistent with hyperthyroidism or increased thyroid hormone-binding proteins. Abnormal levels (high or low) of thyroid hormone-binding proteins (primarily albumin and thyroid-binding globulin) may cause abnormal T3 concentrations in euthyroid patients. Please note that Triiodothyronine (T3) is not a reliable marker for hypothyroidism. Therapy with amiodarone can lead to depressed T3 values.

Thyroxine (T4), Serum CLIA	10.41	µg/dL	5.5 -15.5
--------------------------------------	-------	-------	-----------

Clinical significance:-

Thyroxine (T4) is synthesized in the thyroid gland. High T4 are seen in hyperthyroidism and in patients with acute thyroiditis. Low T4 are seen in hypothyroidism, myxedema, cretinism, chronic thyroiditis, and occasionally, subacute thyroiditis. Increased total thyroxine (T4) is seen in pregnancy and patients who are on estrogen medication. These patients have increased total T4 levels due to increased thyroxine-binding globulin (TBG) levels. Decreased total T4 is seen in patients on treatment with anabolic steroids or nephrosis (decreased TBG levels).

Thyroid Stimulating Hormone (TSH), Serum CLIA	2.351	µIU/mL	0.4 - 5.5
---	-------	--------	-----------

Clinical significance:

In primary hypothyroidism, TSH (thyroid-stimulating hormone) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. TSH estimation is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively.

Pregnancy	American Thyroid Association	American European Endocrine	Thyroid society Association
1st trimester	< 2.5	< 2.5	< 2.5
2nd trimester	< 3.0	< 3.0	< 3.0
3rd trimester	< 3.5	< 3.0	< 3.0

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Amresh
Lab Director



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Patient ID : 2405073998		Registered On : 16/05/2024,04:48 PM
Patient Name : MR. MARUTI BHINGUDE		Collected On : 16/05/2024,06:10 PM
Age : 59 Yrs		Reported On : 16/05/2024,07:41 PM
Gender : MALE		Sample ID
Ref. By Doctor : APEX HOSPITAL		* 2 4 0 5 0 7 3 9 *
Sample Collected At : APEX HOSPITAL MULUND	For Authenticity Scan QR Code	

Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Haemoglobin)	8.50	%	Below 6.0% : Normal 6.0% 7.0% : Good Control 7.0% - 8.0% : Fair Control 8.0%- 10% : Unisatisfactory Above 10% Poor Control
HPIC- H9			
Mean Blood Glucose Calculated	197.3	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

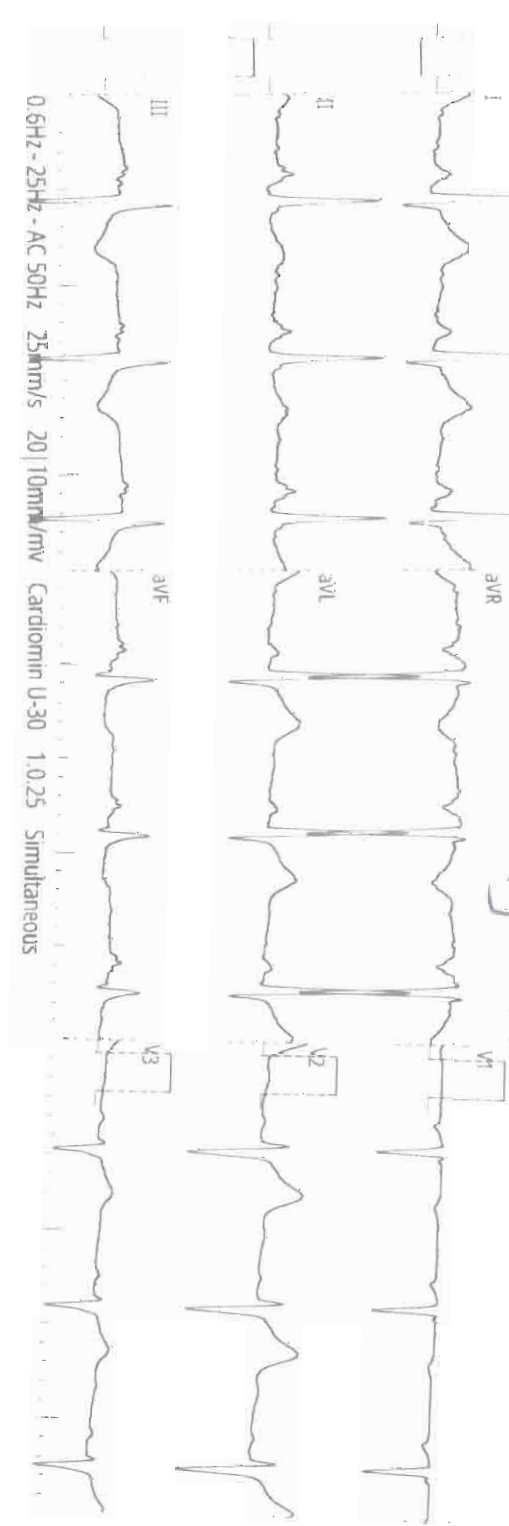
Note : If the test results are alarming or unexpected, Client is advised to contact the Physician immediately for possible remedial action.

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Page 1 of 1

Dr. Roshan Shaikh
MBBS MD Pathology
Consultant Pathologist

manuti Beshude sy male

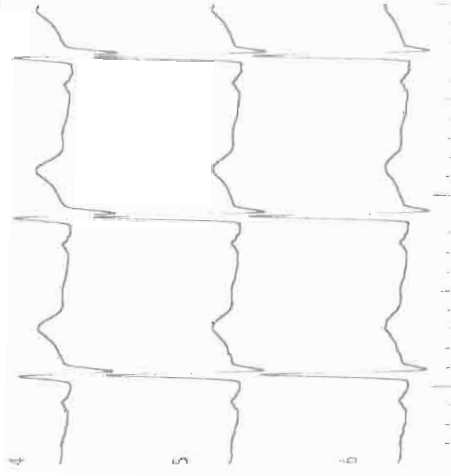


ECG report

ID : 20240516100119
Name :
Gender :
Age :
Dept :
Bed No :

HR : 71 bpm
PR : 148 ms
QRS : 94 ms
QT/QTc : 404/423 ms
P/QRS/T : 33/11/-5 °
RV5/SV1 : 1.806/0.849 mv
RV5+SV1 : 2.655 mv

<<Interpretations >>
Sinus rhythm
Inferior T wave abnormality
- is nonspecific
Borderline ECG



NSR-D

Confirm and sign:
Examination time: 2024-05-16 10:01:19



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(100 Lines)
Reception No.: 8422854005



APEX HOSPITALS MULUND Radiologist Report Sheet

Patient Name:	MARUTI BHINGURDE	Medical Record No:	40E1060
AGE:	59 YRS	Accession No:	
Gender:	MALE	Location:	Outpatient
Type Of Study:	CR Chest PA	Physician:	
Image Count:	1	Exam Time:	24/16/05 09:59 AM ET
Requisition Time:	24/16/05 01:35 PM ET	Report Time:	24/16/05 03:17 PM ET
Clinical History:	fitness		

RADIOGRAPH OF THE CHEST (SINGLE VIEW)

Clinical History: fitness.

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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(100 Lines)
Reception No.: 8422854005

NAME : MR.MARUTI BHINGUDE

59/M

DATE - 16/04/2024

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 8 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

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