



2213124.

Mr. Manish Walke.

● Age - 34yrs / male.

Optical.

Distance -

(R) eye - 0.00

(L) eye - 0.00.

● Near.

(R) eye - clear

(L) eye - clear.



APEX HOSPITALS KANDIVALI

A Superspeciality Hospital

CASHLESS
FACILITY

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022-62747000 (100 Lines)

22/03/24

MR. Manish walke 34 yrs/male

BP - 120/80 mmHg

Pulse - 72/min

SpO2 - 97%

Height - 174 cm

Weight - 75.2 kg

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



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DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. MANISH WALKE	LabNo	14894	
UHID/IP No	150009676 / 11375	Sample Date	22/03/2024 5:15PM	
Age/Gender	34 Yrs/Male	Receiving Date	22/03/2024 5:16PM	
Bed No/Ward	OPD	Report Date	22/03/2024 6:20PM	
Prescribed By	Dr. Ramesh Hari Pawar	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)	14.7	gm/dl	13.5 - 18.0	SLS- Hb Method
RBC Count (Red Blood Cell)	5.17	10 ⁶ /uL	4.70 - 6.00	
PCV (Haematocrit)	43.6	%	40.0 - 50.0	
MCV	84.33	fl	78 - 100	Calculated
MCH	28.43	pg	27 - 31	Calculated
MCHC	33.72	gm/dl	30 - 36	Calculated
RDW	14.9	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	6300	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	57	%	40 - 80	
Lymphocyte %	40	%	20 - 40	
Eosinophil %	01	%	0 - 6	
Monocytes %	02	%	1 - 12	
Basophil %	00	%	0 - 2	
Absolute Neutrophil Count (ANC)	3591	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	2520	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	63	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	126 L	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Within normal limits.			
RBCs Morphology	Normocytic Normochromic.			
Platelet Count	257	10 ³ /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	11.1	fl	7 - 12	
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	15	mm/hr	< 15	Westergren

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IMMUNO-HAEMATOLOGY

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

--End Of Report--

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BIOCHEMISTRY


Test Name	Result	Unit	Biological Ref. Range	Method
GLUCOSE (PP) Sample: Fl. Plasma				
Blood Sugar(2 Hours PP)	128.0	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide

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)	103.0	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide

--End Of Report--


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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIPID PROFILE SERUM				
Sample: Serum				
Cholesterol-Total	133.0	mg/dl	< 200.00	Cholesterol Oxidase_Esterase_Peroxidase
Triglycerides	92.0	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	45.0	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	18.40	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	69.60	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	2.96 L		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	1.55 L		2.50 - 3.50	Calculated Value

--End Of Report--

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIVER FUNCTION TEST (LFT) SERUM				
Sample: Serum				
Bilirubin Total (TBil)	1.0	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.50	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.5	mg/dl	0 - 1	
SGPT (ALT)	66.31 H	U/L	5 - 40	IFCC modified
SGOT (AST)	41.88 H	U/L	5 - 40	IFCC modified
Protein Total	6.8	gm/dl	6.00 - 8.00	Biuret
Albumin	4.6	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.20	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	2.09		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	65.78	IU/L	42 - 140	
GGTP (GAMMA GT)	25.0	IU/L	15.0 - 72.0	UV Kinetic IFCC

--End Of Report--

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
RFT (RENAL FUNCTION TEST)				
Sample: Serum				
Creatinine	1.1	mg/dl	0.70 - 1.50	Jaffes
UREA	17.23	mg/dl	15 - 50	CDC Urease, Colorimetric
BUN - Blood Urea Nitrogen	8.05	mg/dl	7 - 20	
Calcium	9.0	mg/dl	8.6 - 10.5	Arsenazo III
Uric Acid	5.3	mm/hr	3.5 - 8.5	URICASE- PEROXIDASE
Phosphorus	3.2	mg/dl	2.5 - 5.0	Phosphomolybdate Reduction
Sodium	139.0	mEq/L	135 - 146	ISE Direct
Potassium	4.8	mEq/L	3.5 - 5.5	ISE Direct
Chloride	106.0	mEq/L	98 - 108	ISE Direct
Protein Total	6.8	gm/dl	6.00 - 8.00	Biuret
Albumin	4.6	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.20	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	2.09		1.00 - 2.50	Calculated Value

--End Of Report--


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CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
URINE ROUTINE				
Sample: Urine				
PHYSICAL EXAMINATION				
Quantity	25	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			Clear
Specific Gravity	1.010		1.010 - 1.025	
CHEMICAL EXAMINATION				
pH	6.0		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	Absent			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
MICROSCOPIC EXAMINATION				
Pus Cells	2-3/hpf			
RBCs	Absent			
Epithelial Cells	1-2/hpf			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	Absent			

--End Of Report--

Dr. SANDEEP B PORWAL
MBBS MD (Path) Mumbai

Patient Id : PVD18323-24/74201
 Patient : MR MANISH WALKE
 Age/sex : 36 Yrs/ Male
 Center : APEX HOSPITALS KANDIVALI
 Ref. By : Self

Sample ID : 24036266
 Reg. Date : 22/03/2024
 Report Date : 22/03/2024
 Case No. :



HbA1c-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.6	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	114.02	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: $eAG(mg/dl) = 28.7 \cdot A_{1c} - 46.7$
- 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


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 MNC Reg no. 2001031942

Patient Id : PVD18323-24/74201
 Patient : MR MANISH WALKE
 Age/sex : 36 Yrs/ Male
 Center : APEX HOSPITALS KANDIVALI
 Ref. By : Self

Sample ID : 24036266
 Reg. Date : 22/03/2024
 Report Date : 22/03/2024
 Case No. :

**IMMUNOASSAY**

Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	136.41	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)	8.15	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)	1.91	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 purposes.


 DR. SANDEEP B. PORWAL
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 MMC Reg no 2001031640

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Tel.: 3563 7645 • Mob: 86910 17022 / 81042 45961 • www.pathvisiondiagnostics.com



State Hospital

Name: Mr. Masish wadhe

Date: 22/03/24

Time: 9:40 AM

Age: 36 Yrs

Gender: Male



State Hospital, Mumbai - 400001, 125, Sakinaka

ECG report

ID : 202403200959
 Name :
 Gender :
 Age :
 Dept :
 Bed No :

HR : 74 bpm
 PR : 145 ms
 QRS : 84 ms
 QT/QTc : 394/42.5 ms
 P/QRS/T : 0.04/0.25 /
 P/QRS/T : 0.04/0.25 /
 P/QRS/T : 1.487 ms

Mr Masish 36 Yrs Male

Confirm and sign: 2024-03-22 09:10:00

R
PA

MR MANISH WALKER 34 160009676 M Pod Chesipa 22-Mar-24 SELF
APEX HOSPITALS KANDIVALI, KANDIVALI(E)





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DEPARTMENT OF RADIOLOGY

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UHID/IP No 150009676 / 11375
Age/Gender 34 Yrs/Male
Bed No/Ward OPD
Prescribed By Dr. Ramesh Hari Pawar

LabNo 14894
Order Date 22/03/2024 5:15PM
Receiving Date 23/03/2024 5:53PM
Report Date 23/03/2024 5:59PM
Report Status Final



XRAY CHEST PA VIEW

Both lung on either side shows adequate translucency and exhibit normal vasculature.
 Bilateral hila are symmetrical in size, outline and density
 Trachea is central in position and no mediastinal abnormality is visible.
 Bilateral costophrenic angles are clear.
 Cardiac shadow is unremarkable.
 Bone thorax appears unremarkable.

--End Of Report--

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