



Bill Cum Receipt



Receipt No :	Date :	24-Feb-2024
UHID :	OPID :	OP232407861
Name :	Sex/Age :	Male/42 Years
Credit Company :	Consulting Doctor :	VIJAY VERMA
Referring Doctor :	Payment mode :	CREDIT

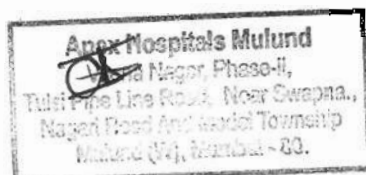
Sr No	Code	Service	Doctor Name	Charge
1	SR00327	COMPLETE HEMOGRAM / COMPLETE BLOOD COUNTS / CBC	VIJAY VERMA	250
2	SR00329	E.S.R. / Erythrocyte Sedimentation Rate	VIJAY VERMA	105
3	SR00324	BLOOD GROUP & RHO TYPE / BLOOD GROUP	VIJAY VERMA	100
4	SR00325	Blood Sugar (Fasting & PP)	VIJAY VERMA	250
5	SR00335	Lipid Profile.(Total cholesterol,LDL,HDL,treiglycerides) / Lipid Profile - Calculated	VIJAY VERMA	800
6	SR00334	Liver Function Test / LFT	VIJAY VERMA	2000
7	SR00646	Kidney Function Test / Renal function tests / RFT	VIJAY VERMA	2400
8	SR00429	Hb A1 C / HbA1c / Glycosylated	VIJAY VERMA	850
9	SR00361	URINE ROUTINE / URINE - ROUTINE EXAMINATION	VIJAY VERMA	100
10	SR00475	T3, T4, TSH	VIJAY VERMA	900
11	SR00645	PSA- Total / prostate specific antigen	VIJAY VERMA	900
12	SR00817	ABD & PELVIS	JAIN KAMLESH	1764
13	SR00114	CHEST PA	BHALEKAR AMOL	350
14	SR00034	ECG	VIJAY VERMA	500
15	SR00028	2D ECHO ROUTINE	RAVINDRA GHULE	2500
16	SR5325	DENTAL	VIJAY VERMA	800
17	SR5323	OPHTHALMOLOGY	VIJAY VERMA	800
18	SR5324	ENT	VIJAY VERMA	1000
19	SR00507	FIRST CONSULTATION (SPECIALIST)	SINGH BALBIR	850

Total Amt : ₹ 17219.00/-
Paid Amt : ₹ 0.00/-
Balance Amt : ₹ 17219.00/-
Refund Amt : ₹ 0.00/-

In Words :Zero

Print By : Omkar Savardrkar

Print Date : 24-Feb-2024 04:04 PM



Authorized Signature



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APEX HOSPITALS MULUND DIAGNOSTIC

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Tele.:
022-41624000 (100 Lines)



APEX HOSPITALS MULUND Radiologist Report Sheet

Patient Name:	GAJENDRA.GANOLIA	Medical Record No:	24/02/2024 2666
AGE:	42	Accession No:	
Gender:	MALE	Location:	Outpatient
Type Of Study:	CR Chest PA	Physician:	BANK OF BARODA
Image Count:	1	Exam Time:	24/24/02 11:11 AM ET
Requisition Time:	24/24/02 12:05 PM ET	Report Time:	24/24/02 12:22 PM ET
Clinical History:	H/O MEDICAL FITNESS		

RADIOGRAPH OF THE CHEST (SINGLE VIEW)

Clinical History: H/O MEDICAL 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: DMRD.Avinash 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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Tele.:
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NAME : MR.GAJENDRA GANOLIA

42/M

24 / 02 / 2024

REF.BY : BANK OF BARODA

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 : 9.1 x 4.1 cm

Left kidney measures : 9.3 x 4.3 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 show empty

Prostate not visualized.

Normal in size echotexture . No focal lesion.

REMARK :-

● No Abnormality seen.

Dr.Kamlesh Jain

(Consultant Radiologist)



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Tele.:
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Patient Name	: MR. GAJENDRA GANOLIA	Patient ID	: 84072
Age/Sex	: 42 Years /Male	Sample Collected on	: 24-2-24, 5:00 pm
Ref Doctor	: APEX HOSPITAL	Registration On	: 24-2-24, 5:00 pm
Client Name	: Apex Hospital	Reported On	: 24-2-24, 7:10 pm

Test Done	Observed Value	Unit	Ref. Range
Complete Blood Count(CBC)			
HEMOGLOBIN	13.2	gm/dl	12 - 16
Red Blood Corpuscles			
PCV (HCT)	39.9	%	42 - 52
RBC COUNT	4.80	x10 ⁶ /uL	4.70 - 6.50
RBC Indices			
MCV	83.2	fl	78 - 94
MCH	27.5	pg	26 - 31
MCHC	33.9	g/L	31 - 36
RDW-CV	14.7	%	11.5 - 14.5
White Blood Corpuscles			
TOTAL LEUCOCYTE COUNT	6900	/cumm	4000 - 11000
Differential Count			
NEUTROPHILS	50	%	40 - 75
LYMPHOCYTES	45	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	0	%	0 - 1
Platelets			
PLATELET COUNT	220000	Lakh/cumm	150000 - 450000
MPV	10.2	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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Test Done	Observed Value	Unit	Ref. Range
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Blood Group & RH Factor

SPECIMEN	WHOLE BLOOD
ABO GROUP	'O'
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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Patient Name : **MR. GAJENDRA GANOLIA**

Patient ID : 84072

Age/Sex : 42 Years /Male

Sample Collected on : 24-2-24, 5:00 pm

Ref Doctor : APEX HOSPITAL

Registration On : 24-2-24, 5:00 pm

Client Name : Apex Hospital

Reported On : 24-2-24, 7:10 pm

Test Done	Observed Value	Unit	Ref. Range
ESR (ERYTHROCYTES SEDIMENTATION RATE)			
ESR	15	mm/1hr.	0 - 20

METHOD - WESTERGREIN

Dr. Hrishikesh Chevle
(MBBS . DCP .)



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Age/Sex	: 42 Years /Male	Sample Collected on	: 24-2-24, 5:00 pm
Ref Doctor	: APEX HOSPITAL	Registration On	: 24-2-24, 5:00 pm
Client Name	: Apex Hospital	Reported On	: 24-2-24, 7:10 pm

Test Done	Observed Value	Unit	Ref. Range
BLOOD GLUCOSE FASTING & PP			
FASTING BLOOD GLUCOSE	72.9	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	90.1	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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Ref Doctor	: APEX HOSPITAL	Registration On	: 24-2-24, 5:00 pm
Client Name	: Apex Hospital	Reported On	: 24-2-24, 7:10 pm

Test Done	Observed Value	Unit	Ref. Range
RENAL FUNCTION TEST			
BLOOD UREA	29.1	mg/dL	10 - 50
BLOOD UREA NITROGEN	13.60	mg/dL	0.0 - 23.0
S. CREATININE	0.85	mg/dL	0.7 to 1.4
S. SODIUM	138.3	mEq/L	135 - 155
S. POTASSIUM	4.35	mEq/L	3.5 - 5.5
S. CHLORIDE	108.5	mEq/L	95 - 109
S. URIC ACID	3.4	mg/dL	3.5 - 7.2
S. CALCIUM	8.0	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.2	mg/dL	2.5 - 4.5
S. PROTIEN	7.0	g/dl	6.0 to 8.3
S. ALBUMIN	4.1	g/dl	3.5 to 5.3
S. GLOBULIN	2.90	g/dl	2.3 to 3.6
A/G RATIO	1.41		1.0 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -

Dr. Hrishikesh Chevle
(MBBS.DCP.)



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Patient Name : **MR. GAJENDRA GANOLIA**
Age/Sex : 42 Years /Male
Ref Doctor : APEX HOSPITAL
Client Name : Apex Hospital

Patient ID : 84072
Sample Collected on : 24-2-24, 5:00 pm
Registration On : 24-2-24, 5:00 pm
Reported On : 24-2-24, 7:10 pm

Test Done	Observed Value	Unit	Ref. Range
LIVER FUNCTION TEST			
TOTAL BILLIRUBIN	0.69	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.21	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.48	mg/dL	UP to 0.7
SGOT(AST)	21.8	U/L	UP to 40
SGPT(ALT)	22.9	U/L	UP to 40
ALKALINE PHOSPHATASE	301.0	IU/L	64 to 306
S. PROTIEN	7.0	g/dl	6.0 to 8.3
S. ALBUMIN	4.3	g/dl	3.5 - 5.0
S. GLOBULIN	2.70	g/dl	2.3 to 3.6
A/G RATIO	1.59		0.9 to 2.3

METHOD - EM200 Fully Automatic

Dr. Hrishikesh Chevle
(MBBS .DCP.)



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Patient Name : **MR. GAJENDRA GANOLIA**
Age/Sex : 42 Years / Male
Ref Doctor : APEX HOSPITAL
Client Name : Apex Hospital

Patient ID : 84072
Sample Collected on : 24-2-24, 5:00 pm
Registration On : 24-2-24, 5:00 pm
Reported On : 24-2-24, 7:10 pm

Test Done	Observed Value	Unit	Ref. Range
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LIPID PROFILE

TOTAL CHOLESTEROL	192.1	mg/dL	200 - 240
S. TRIGLYCERIDE	115.2	mg/dL	0 - 200
S.HDL CHOLESTEROL	40.1	mg/dL	30 - 70
VLDL CHOLESTEROL	23	mg/dL	Up to 35
S.LDL CHOLESTEROL	128.96	mg/dL	Up to 160
LDL CHOL/HDL RATIO	3.22		Up to 4.5
CHOL/HDL CHOL RATIO	4.79		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.:
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Patient Name : **MR. GAJENDRA GANOLIA**
Age/Sex : 42 Years /Male
Ref Doctor : APEX HOSPITAL
Client Name : Apex Hospital

Patient ID : 84072
Sample Collected on : 24-2-24, 5:00 pm
Registration On : 24-2-24, 5:00 pm
Reported On : 24-2-24, 7:10 pm

Test Done	Observed Value	Unit	Ref. Range
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URINE ROUTINE EXAMINATION

Physical Examination

VOLUME	20 ml	- -
COLOUR	Pale Yellow	Pale Yellow
APPEARANCE	Slightly Hazy	Clear
DEPOSIT	Absent	Absent

Chemical Examination

REACTION (PH)	Acidic	Acidic
SPECIFIC GRAVITY	1.025	1.003 - 1.035
PROTEIN (ALBUMIN)	Absent	Absent
OCCULT BLOOD	Negative	Negative
SUGAR	Absent	Absent
KETONES	Absent	Absent
BILE SALT & PIGMENT	Absent	Absent
UROBILINOGEN	Normal	Normal

Microscopic Examination

RED BLOOD CELLS	Absent	Absent
PUS CELLS	3-4 /HPF	0 - 5 /HPF
EPITHELIAL CELLS	2-3 /HPF	0 - 3 /HPF
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	Absent
YEAST CELLS	Absent	Absent
ANY OTHER FINDINGS	Absent	




Dr. Hrishikesh Chevle
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Mr. GAJENDRA GANOLIA DOB : Age : 42 Years Gender : Male CRM :		Collected : 24-02-2024 16:27 Received : 24-02-2024 18:50 Reported : 24-02-2024 19:50 Status : Final	Lab ID : 40208966809 Sample Quality : Adequate Location : MUMBAI Ref By : APEX HOSPITAL Client : SANJAY PANDEY -MUL058
---	---	--	--

Parameter	Result	Unit	Biological Ref. Interval
Prostate Specific Antigen, Total, Serum <i>CLIA</i>	0.798	ng/mL	<40YEARS: = 2.0 40-49YEARS: =2.5 50-59YEARS: =3.5 60-69YEARS: =4.5 70-79YEARS: =6.5 =80YEARS: =7.2

Clinical significance:-

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the outbourethra 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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Tele.:

022-41624000 (100 Line)

Mr. GAJENDRA GANOLA	Email: info@apexhospitals.in	www.apexgroupofhospitals.com	Collected : 24-02-2024 16:27	Lab ID : 40208906809
DOB :		Received : 24-02-2024 18:50	Sample Quality : Adequate	Location : MUMBAI
Age : 42 Years		Reported : 24-02-2024 19:50	Ref By : APEX HOSPITAL	Client : SANJAY PANDEY -MU058
Gender : Male		Status : Final		
CRM :				

Parameter	Result	Unit	Biological Ref. Interval
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THYROID FUNCTION TEST

Tri Iodo Thyronine (T3 Total), Serum 1.14 ng/mL 0.7 - 2.04

CLIA

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 10.63 µg/dL 5.5 -15.5

CLIA

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 H 5.662 µIU/mL 0.4 - 5.5

CLIA

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

Remarks: Kindly correlate clinically

Namrata





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24/02/24

Mr. Gajendra Ganesh
42yr 1M

No ill or major illness

O/R - T. Afebrile
P - 64/min
BP - 120/70 mmHg
RR - 18/min
SpO₂ - 98% @ RA

HTA - aus - S₁S₂ (+)
PS - P₂S₂ BE
PIA - soft
CNS - conscious & oriented

Height - 165cm } BMI - 26.2
Weight - 71kg }

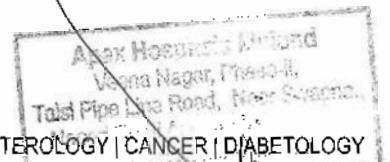
Dental check up - (N)

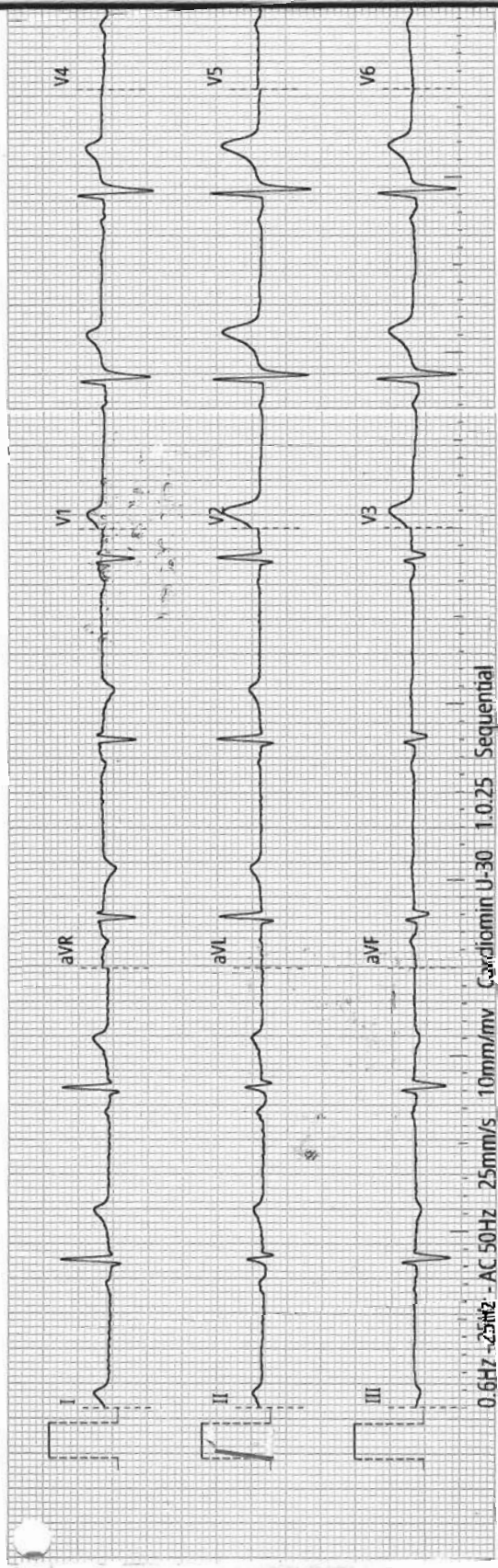
Eye check up - to do optometrist opinion for spectacles

Skin check up - (N)

ENT check up - (N)

DR. BALBIR SINGH KOHLI
GENERAL MEDICINE
M.B.B.S., D.N.B. (PYS),
M.D. (MEDICINE) A.F.I.S.
Reg. No. 78243





0.6Hz - 25Hz - AC 50Hz - 25mm/s - 10mm/mv - Cardiolamin U-30 1.0.25 Sequential

ECG report

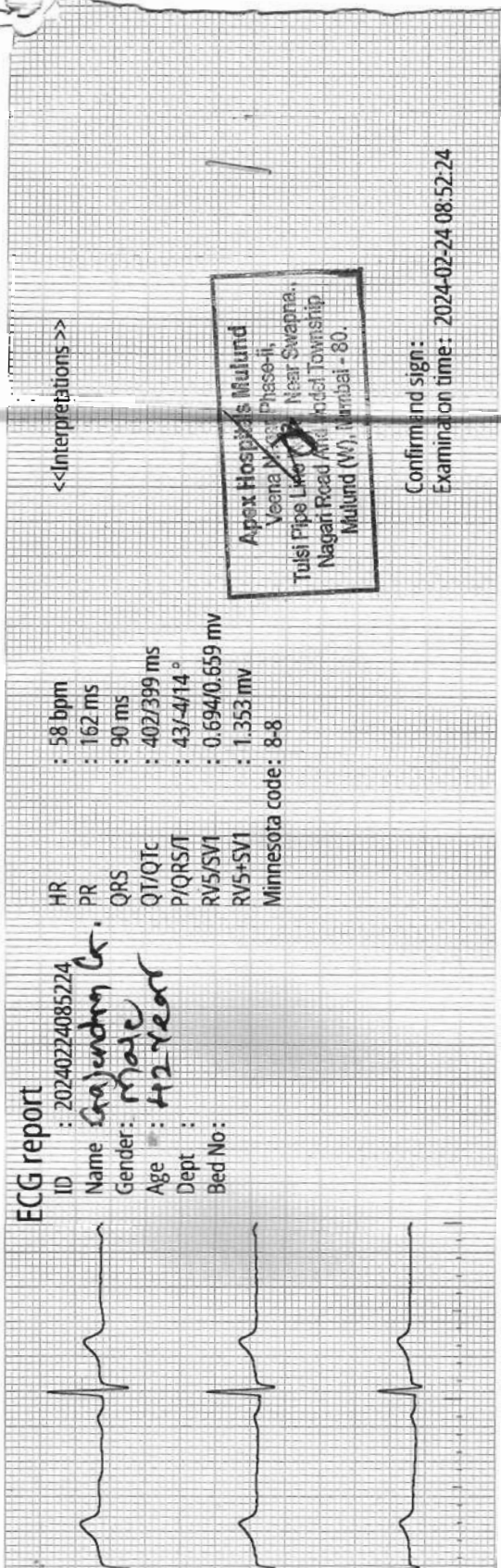
ID : 20240224085224
Name : *Grajendra C.*
Gender : *Male*
Age : *42 year*
Dept :
Bed No :

HR : 58 bpm
PR : 162 ms
QRS : 90 ms
QT/QTc : 402/399 ms
P/QRS/T : 43/-4/14°
RV5/SV1 : 0.694/0.659 mv
RV5+SV1 : 1.353 mv
Minnesota code: 8-8

<<Interpretations >>

Apex Hospitals Mulund
Veena Nagar, Phase-I,
Tulsi Pipe Line, Near Swapna,
Nagar Road And Model Township,
Mulund (W), Mumbai - 80.

Confirm and sign: 2024-02-24 08:52:24
Examination time: 2024-02-24 08:52:24



Star Ankur Building, 1st Floor, Near Fatima Church, Majiwada, Thane (W) - 400601.

Patient ID : 2402036276	 For Authenticity Scan QR Code	Registered On : 21/02/2024,04:28 PM
Patient Name : MR. GAJENDRA GANOLIA		Collected On : 24/02/2024,06:30 PM
Age : 42 Yrs		Reported On : 25/02/2024,01:07 AM
Gender : MALE		Sample ID 
Ref. By Doctor : APEX HOSPITAL		
Sample Collected At : APEX HOSPITAL MULUND		

Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Haemoglobin)	5.60	%	Below 6.0% : Normal 6.0% - 7.0% : Good Control 7.0% - 8.0% : Fair Control 8.0% - 10% : Unsatisfactory Above 10% Poor Control
HPLC- H9 Mean Blood Glucose Calculated	114.0	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.

Please correlate with clinical conditions.

----- 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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This report is system generated and electronically authenticated.

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