

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

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googlemap



Tele.:
022-41624000 (100 Lines)

Patient Name : **MR. KURUPATH NAIR**
Age/Sex : 67 Years /Male
Ref Doctor : APEX HOSPITAL
Client Name : Apex Hospital

Patient ID : 83667
Sample Collected on : 17-2-24, 2:00 pm
Registration On : 17-2-24, 2:00 pm
Reported On : 17-2-24, 6:33 pm

Test Done	Observed Value	Unit	Ref. Range
Complete Blood Count(CBC)			
HEMOGLOBIN	16.1	gm/dl	12 - 16
Red Blood Corpuscles			
PCV (HCT)	34.8	%	42 - 52
RBC COUNT	4.06	$\times 10^6/uL$	4.70 - 6.50
RBC Indices			
MCV	85.9	fl	78 - 94
MCH	39.6	pg	26 - 31
MCHC	46.2	g/L	31 - 36
RDW-CV	15.0	%	11.5 - 14.5
White Blood Corpuscles			
TOTAL LEUCOCYTE COUNT	6800	/cumm	4000 - 11000
Differential Count			
NEUTROPHILS	70	%	40 - 75
LYMPHOCYTES	26	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	02	%	1 - 10
BASOPHILS	0	%	0 - 1
Platelets			
PLATELET COUNT	183000	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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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.

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(MBBS.DCP.)



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Client Name : Apex Hospital

Reported On : 17-2-24, 6:33 pm

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

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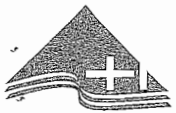
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Test Done	Observed Value	Unit	Ref. Range
BLOOD GLUCOSE FASTING & PP			
FASTING BLOOD GLUCOSE	75.1	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	95.1	mg/dL	70 - 140
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT

Method - GOD-POD

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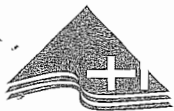
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Client Name : Apex Hospital

Patient ID : 83667
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Test Done	Observed Value	Unit	Ref. Range
LIVER FUNCTION TEST			
TOTAL BILLIRUBIN	1.22	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.52	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.70	mg/dL	UP to 0.7
SGOT(AST)	23.1	U/L	UP to 40
SGPT(ALT)	21.2	U/L	UP to 40
ALKALINE PHOSPHATASE	169.7	IU/L	64 to 306
S. PROTIEN	6.3	g/dl	6.0 to 8.3
S. ALBUMIN	3.7	g/dl	3.5 - 5.0
S. GLOBULIN	2.60	g/dl	2.3 to 3.6
A/G RATIO	1.42		0.9 to 2.3

METHOD - EM200 Fully Automatic

Dr. Hrishikesh Chevle
(MBBS.DCP.)



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Test Done	Observed Value	Unit	Ref. Range
RENAL FUNCTION TEST			
BLOOD UREA	30.1	mg/dL	10 - 50
BLOOD UREA NITROGEN	14.07	mg/dL	0.0 - 23.0
S. CREATININE	0.90	mg/dL	0.7 to 1.4
S. SODIUM	136.4	mEq/L	135 - 155
S. POTASSIUM	3.92	mEq/L	3.5 - 5.5
S. CHLORIDE	94.4	mEq/L	95 - 109
S. URIC ACID	4.23	mg/dL	3.5 - 7.2
S. CALCIUM	7.4	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.1	mg/dL	2.5 - 4.5
S. PROTIEN	6.3	g/dl	6.0 to 8.3
S. ALBUMIN	3.7	g/dl	3.5 to 5.3
S. GLOBULIN	2.60	g/dl	2.3 to 3.6
A/G RATIO	1.42		1.0 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -

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(MBBS.DCP.)



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Client Name : Apex Hospital

Patient ID : 83667
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Registration On : 17-2-24, 2:00 pm
Reported On : 17-2-24, 6:33 pm

Test Done	Observed Value	Unit	Ref. Range
LIPID PROFILE			
TOTAL CHOLESTEROL	185.1	mg/dL	200 - 240
S. TRIGLYCERIDE	120.2	mg/dL	0 - 200
S.HDL CHOLESTEROL	44.1	mg/dL	30 - 70
VLDL CHOLESTEROL	24	mg/dL	Up to 35
S.LDL CHOLESTEROL	116.96	mg/dL	Up to 160
LDL CHOL/HDL RATIO	2.65		Up to 4.5
CHOL/HDL CHOL RATIO	4.20		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.)

Patient Name : **MR. KURUPATH NAIR**
Age / Sex : 67 years / Male
Ref. Doctor : APEX HOSPITAL
Client Name : CUDDLES N CURE DIAGNOSTIC CENTRE
Sample ID : 2402113389
Printed By : CUDDLES N CURE DIAGNOSTIC CENTRE



Patient ID / Billing ID : 1163084 / 1341953
Specimen Collected at : CUDDLES N CURE DIAGNOSTIC CENTRE
Sample Collected On : 17/02/2024, 06:41 p.m.
Reported On : 17/02/2024, 09:14 p.m.
Printed On : 18/02/2024, 09:43 a.m.



TEST DONE	OBSERVED VALUE	UNIT	REFERENCE RANGE	METHOD
T3, T4, TSH SERUM				
T3 TOTAL (Triiodothyronine) SERUM ^	1.13	ng/mL	0.80 - 2.00 ng/mL	ECLIA
T4 TOTAL (Thyroxine) SERUM ^	7.40	µg/dL	5.0 - 10.7 µg/dL	ECLIA
TSH (THYROID STIMULATING HORMONE) SERUM ^ (Ultrasensitive)	7.96	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
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****END OF REPORT****

Checked by-

Dr. Vivek Bonde
MD Pathology



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NAME : MR. K.G NAIR

67/M

DATE - 17/02/2024

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 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 of 7 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

DR.Ravindra Ghule

(Consultant cardiologist)

DR. RAVINDRA GHULE

DNB (Medicine), DNB (Cardiology)
Reg. No. 2009 / 08 / 3036



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17/2/24

Pt - Kurupath Govindankutty Nair

Age - 67 year / m

wt - 57 kg

NOK/clo - HTN / DM or any cardiac disease

ole - T - Ateb

BP - 110 / 70 mmHg

PR - 81 / m

SPO2 - 98 %

SlE - RS - AE, BE (N)

CUS - C+O

CNS - S1 S2 (N)

Dental - NAD

eye - Both eye (N) vision (N)

Ent - NAD

skin - NAD

Height - 160 cm

weight - 57 kg

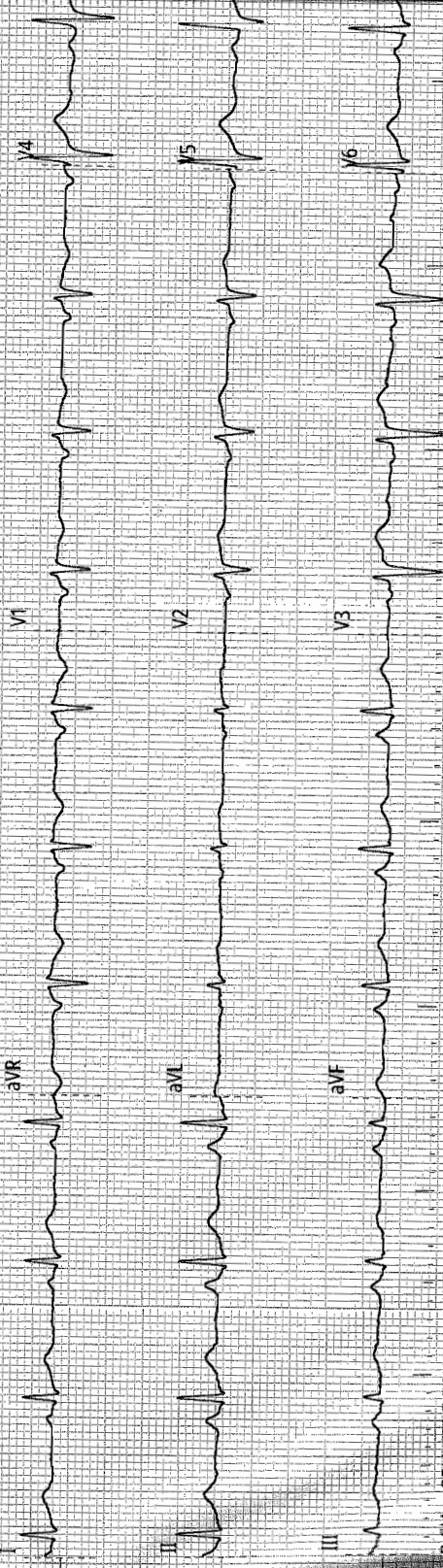
BMI 23.73 (N)

Patient is physically fit.

17/2/24

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

R. G. Nair 674



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

ECG report

ID : 20240217103000

Name :

Gender :

Age :

Dept :

Bed No :

HR

PR

QRS

QT/QTc

P/QRS/T

RV5/SVI

RV5-SVI

Minnesota code: 9-1

: 80 bpm

: 132 ms

: 92 ms

: 340/375 ms

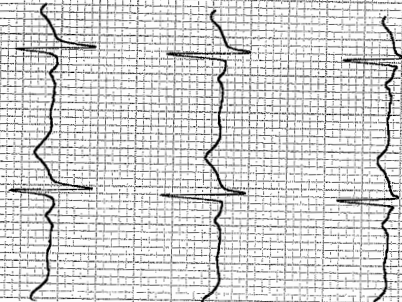
: 72/53/58^o

: 0.786/0.400 mV

: 1.186 mV

<<Interpretations >>

Confirm and sign :
Examination time : 2024-02-17 10:30:00





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APEX HOSPITALS MULUND Radiologist Report Sheet

Patient Name:	KURUPATHY NAIR	Medical Record No:	17/02/2024 2623
AGE	67	Accession No:	
Gender:	M	Location:	Outpatient
Type Of Study:	CR Chest PA	Physician:	CGHS
Image Count:	1	Exam Time:	24/17/02 08:56 AM ET
Requisition Time:	24/17/02 09:15 AM ET	Report Time:	24/17/02 11:05 AM ET
Clinical History:	H/O MEDICAL CHECK-UP		

RADIOGRAPH OF THE CHEST (SINGLE VIEW)

Clinical History: H/O MEDICAL CHECK-UP

Comparison:

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.

Sanjay Khemuka

MBBS, MD

Consultant Radiologist

This report has been electronically signed by: MD.Sanjay Khemuka

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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NEUROLOGY | NEPHROLOGY | VASCULAR SURGERY | ENT | OPTHAMALOGY | PLASTIC SURGERY | UROSURGERY | PEDIATRIC SURGERY



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NAME : MR.K.G NAIR

67/M

17/02/2024

REF.BY : HEALTH CARE

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 : 8.1 x 4.3 cm.

Left kidney measures : 9.0 x 4.8 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 measures : 3.2 x 2.8 x 2.3 cm

Normal in size and echotexture.No focal lesion.

REMARK :

● No Abnormality seen.


Dr.Kamlesh Jain

(Consultant Radiologist)

DR. KAMLESH JAIN
DMRD (RADIOLOGY)
2002/03/1656