

Age/Sex

APEX HOSPITALS MULUND

4 Superspeciality Hospital



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)

Patient Name : MR. SUSHIL KARADE

: 37 Years /Male

Ref Doctor : APEX HOSPITAL

Client Name : Apex Hospital

Patient ID

: 88011

Sample Collected on

: 27-4-24, 6:00 pm

Registration On

: 27-4-24, 6:00 pm

Reported On

27-4-24, 7:35 pm

Test Done	Observed Value	Unit	Ref. Range
Complete Blood Count(CBC	=)		
HEMOGLOBIN	11.8	gm/dl	12 - 16
Red Blood Corpuscles	22.0	9111/41	
The state of the s	20.2	0/	42 52
PCV (HCT) RBC COUNT	38.3 4.75	% ×10^6/uL	42 - 52 4.70 - 6.50
	4./5	XIO-6/UL	4.70 - 6.30
RBC Indices			
MCV	80.7	fl	78 - 94
MCH	24.8	pg	26 - 31
MCHC	30.8	g/L	31 - 36
RDW-CV	17.5	%	11.5 - 14.5
White Blood Corpuscles			
TOTAL LEUCOCYTE COUNT	6700	/cumm	4000 - 11000
Differential Count			
NEUTROPHILS	52	%	40 - 75
LYMPHOCYTES	44	%	20 - 45
EOSINOPHILS	01	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	0	%	0 - 1
Platelets			
PLATELET COUNT	233000	Lakh/cumm	150000 - 450000
MPV	9.4	fl	6.5 - 9.8
RBC MORPHOLOGY	Hypochromia		
WBC MORPHOLOGY	No abnormality detect	ted	
PLATELETS ON SMEAR	Adequate on Smear		

Instrument: Mindray BC 3000 Plus

Site

Dr. Hrishikesh Chevle (MBBS.DCP.)



1 Superspeciality Hospital



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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.

Sign





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: 27-4-24, 7:35 pm

Test Done

Observed Value

Unit

Ref. Range

ESR (ERYTHROCYTES SEDIMENTATION RATE)

ESR

14

mm/1hr.

0 - 20

METHOD - WESTERGREN

Dr. Hrishikesh Chevle (MBBS.DCP.)



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Sample Collected on :

: 27-4-24, 6:00 pm

Ref Doctor Client Name : APEX HOSPITAL

: Apex Hospital

Registration On

: 27-4-24, 6:00 pm

Reported On

: 27-4-24, 7:35 pm

Observed Value	Unit	Ref. Range
& PP		
80.9	mg/dL	70 - 110
NO SAMPLE		ABSENT
NO SAMPLE		ABSENT
98.2	mg/dL	70 - 140
NO SAMPLE		ABSENT
NO SAMPLE		ABSENT
	NO SAMPLE NO SAMPLE 98.2 NO SAMPLE	80.9 mg/dL NO SAMPLE NO SAMPLE 98.2 mg/dL NO SAMPLE

Method - GOD-POD

Sp

Dr. Hrishikesh Chevle (MBBS.DCP.)



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Reported On

: 27-4-24, 7:35 pm

Test Done	Observed Value	Unit	Ref. Range	
LIPID PROFILE				
TOTAL CHOLESTEROL	230.9	mg/dL	200 - 240	
S. TRIGLYCERIDE	74.1	mg/dL	0 - 200	
S.HDL CHOLESTEROL	44	mg/dL	30 - 70	
VLDL CHOLESTEROL	15	mg/dL	Up to 35	
S.LDL CHOLESTEROL	172.08	mg/dL	Up to 160	
LDL CHOL/HDL RATIO	3.91		Up to 4.5	
CHOL/HDL CHOL RATIO	5.25		Up to 4.8	

Transasia-EM200 FULLY AUTOMATIC

INTERPRETATION

Above reference ranges are as per ADULT TREATMENT PANEL III RECOMMENDATION by NCEP (May 2015).

Spin

Dr. Hrishikesh Chevle (MBBS.DCP.)



A Superspeciality Hospital



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: 27-4-24, 7:35 pm

Test Done	Observed Value	Unit	Ref. Range
LIVER FUNCTION TEST			
TOTAL BULLYDURYN			
TOTAL BILLIRUBIN	0.68	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.26	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.42	mg/dL	UP to 0.7
SGOT(AST)	21.3	U/L	UP to 40
SGPT(ALT)	20.1	U/L	UP to 40
ALKALINE PHOSPHATASE	221.4	IU/L	64 to 306
S. PROTIEN	6.87	g/dl	6.0 to 8.3
S. ALBUMIN	3.90	g/dl	3.5 - 5.0
S. GLOBULIN	2.97	g/dl	2.3 to 3.6
A/G RATIO	1.31		0.9 to 2.3

METHOD - EM200 Fully Automatic

SHE



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27-4-24, 6:00 pm

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Reported On

: 27-4-24, 7:35 pm

Test Done	Observed Value	Unit	Ref. Range	
RENAL FUNCTION TEST				
BLOOD UREA	31.3	mg/dL	10 - 50	
BLOOD UREA NITROGEN	14.63	mg/dL	0.0 - 23.0	
S. CREATININE	1.06	mg/dL	0.7 to 1.4	
S. SODIUM	136.9	mEq/L	135 - 155	
S. POTASSIUM	3.66	mEq/L	3.5 - 5.5	
S. CHLORIDE	99.5	mEq/L	95 - 109	
S. URIC ACID	6.08	mg/dL	3.5 - 7.2	
S. CALCIUM	9.67	mg/dL	8.4 - 10.4	
S. PHOSPHORUS	4.00	mg/dL	2.5 - 4.5	
S. PROTIEN	6.87	g/dl	6.0 to 8.3	
S. ALBUMIN	3.90	g/dl	3.5 to 5.3	
S. GLOBULIN	2.97	g/dl	2.3 to 3.6	
A/G RATIO	1.31		1.0 to 2.3	

METHOD - EM200 Fully Automatic

INTERPRETATION -

S

Dr. Hrishikesh Chevle (MBBS.DCP.)



Superspeciality Hospital



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: 27-4-24, 6:00 pm

Client Name

: Apex Hospital

Reported On

: 27-4-24, 7:35 pm

Test Done

Observed Value

Unit

Ref. Range

URINE ROUTINE EXAMINATION

Physical Examination

VO	$\Gamma \Gamma \Gamma$	M	
VV	F-12	124	L.

30 ml

COLOUR

Pale Yellow

Pale Yellow

APPEARANCE

Slightly Hazy

Clear

DEPOSIT

Absent

Absent

Chemical Examination

REACTION (PH)

Acidic

Acidic

SPECIFIC GRAVITY

1.020

1.003 - 1.035

PROTEIN (ALBUMIN)

Absent

Absent

OCCULT BLOOD

Negative

Negative

SUGAR

Absent

Abcont

WETONES

Absent

Absent

KETONES

Absent

Absent

BILE SALT & PIGMENT

Absent

Absent

UROBILINOGEN

Normal

Normal

Microscopic Examination

RED BLOOD CELLS

Absent

Absent

PUS CELLS

1-2 /HPF

0 - 5 /HPF

EPITHELIAL CELLS

1-2 /HPF

0 - 3 /HPF

CASTS

Page 2 of 8

Absent

CRYSTALS

Absent

BACTERIA YEAST CELLS Absent Absent Absent Absent

ANY OTHER FINDINGS

Absent

Spen





Veena Nagar Phase II, Tulsi Pipe Line Road, Near Swapna Nagri Road, Mulund (W) Mumbai 400 080.

email: info@apexhospitals.in | www.apexgroupofhospitals.com

Collected On

Reported On

Tele .: 022-41624000 (100 Lines

Patient ID

: 2404065128

Patient Name

: MR. SUSHIL KARADE

Age

: 37 Yrs

Gender

: MALE

Ref. By Doctor

: APEX HOSPITAL

Sample Collected At: APEX HOSPITAL MULUND

Sample ID

: 28/04/2024,07:42 AM

: 28/04/2024,02:20 AM

Registered On : 27/04/2024,06:31 PM

For Authenticity Scan QR Code

Glycosylated Hemoglobin (GHb/HBA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycocylated Haemoglobin)	5,10	%	Below 6.0% : Normal
			6.0% 7.0% : Good Control
			7.0% - 8.0% : Fair Control
			8.0%-10%: Unisatisfactory
HPLC- H9			Above 10% Poor Control
Mean Blood Glucose Galculated	99.7	mg/dL	70 - 125

CLINICAL SIGNIFICANCE:

Glycosylated Haemoglobin is a acurate 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.

This report is system generated and electronically authenticated.

Page 1 of 1

Dr. Roshan Shaikh MBBS MD Pathology

Consultant Pathologist

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

Dr. Ulhas M. Vaidya MD. DPB

LAB DIRECTOR



Patient Name

MR. SUSHIL KARADE

Age / Sex

: 37 years / Male

Ref. Doctor

: APEX HOSPITAL

Client Name

: CUDDLES N CURE DIAGNOSTIC

CENTRE

Sample ID

: 2404119951

Printed By

: CUDDLES N CURE DIAGNOSTIC

CENTRE



Patient ID / Billing ID: 1212864 / 1396520

Specimen Collected at : CUDDLES N CURE DIAGNOSTIC CENTRE

Sample Collected On : 27/04/2024, 07:18 p.m.

Reported On

: 27/04/2024, 08:34 p.m.

Printed On

: 28/04/2024, 06:18 p.m.

TEST DONE	OBSERVED VAL	UE UNIT	REFERENCE RANGE	2 408THOD
T3, T4, TSH SERUM				
T3 TOTAL (Triiodothyronine)	1.31	ng/mL	0.80 - 2.00 ng/mL	ECLIA
SERUM ^	. All little and			
T4 TOTAL (Thyroxine) SERUM	6.29	ug/dL	5.1 - 14.1 µg/dL	ECLIA
٨		4 (6)		
TSH (THYROID STIMULATING	3.96	μIU/mL	0.27 - 5.3	ECLIA
HORMONE) SERUM ^		9.1		
(Ultrasensitive)		No. of Concession,		

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 hypothyrodism. 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

Toll Free No: 18002668992 | Email ID: info@drvaidyaslab.com | Website: www.drvaidyaslab.com

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07/4/24

INTERVENTIONAL CARDIOLOGIST

Dr Rayindra Ghule

Mon to Sat: 1.00 pm to 2.00 pm

Dr Mukesh Jha

Mon to Sat. 7.00 pm to 8.00 pm.

Dr Ameya Chavan

Tue & Thurs: 11,00 am to 12.00 pm

CARDIO VASCULAR & THORACIC SURGEON

Tues. Thurs & Sut: 11:00 am to 12:00 pm

GASTROENTEROLOGIST

Dr Vinay Pawar

' yo Sat 5 00 pm to 6.00

Dr Sujith Nair

Wed, 9.00 pm to 7.00 pm

ORTHOPAEDICS & JOINT REPLACEMENT SURGEON

Dr Aditva Pathak

Mon to Salt 1:30 pm to 2:30 pm

Dr Anit Mali

Mon to Sut: 10,00 am to 12,00 pm

Dr Karthik Subramanian

Men. Wed & Fr. 7.00 pm to 8.00 pm

Wed to Sat: 4.00 pm to 5.00 pm

Dr Abhijeet Savale

Mon, Wild & Sat. 10.00am to 11.00am

PLASTIC AND

RECONSTRUCTIVE SURGEON

Dr Om Agarwal

Mon to Sat, 6:00 pm to (i.it) pm

GENERAL PHYSICIAN

Dr. Sagar Patil

Mon to Sar. 9.30 am to 11.30 am

Dr Hardik Thakkar

Tre 8 00 pm to 9.00 pm

GENERAL & LAPROSCOPIC SURGEON

Dr Shrirang Yadwadkar

Mon to Sat, 7.30 per to 8.30

Or Amol Gosavi

Mon to SAE 12 00 pm to 1 /10pm

PEADIATRICIAN

Dr Kaustubh Shah

More to Sat 9-60 am to 1-00 pm & 5 00 pm to 0.00 pm

PEDIATRIC CARDIOLOGIST

Dr Varsha Mane

Mon to Sal. 7.00 pm to 8.00 pm

CHEST PHYSICIAN

Dr Sapna Chavan

More to San 5,00 pm to 6,00 pm

Dr Prasad Padwal

Trursday 12.00 pm to 1.00 pm

Name - Sushil karacle

Age - 37 ym/ M

No HIO any major ileness OIG. T- AFEbrile

p- 50/ win BP-140/80 mostly PR- 18/1000 SPG- 95-1-@RA

9118- CUS- 3/32 (F) RS- BSBE PIA - Sott crus - courious & oriented

Height - 16/cm & BMJ - 24.30 unight - 63 kg]

ENT Checkup - Normal Optualmologistankup - Normal & Kin click up - Mormal Dental areekup - Normal

RADIOLOGISTS & SONOLOGISTS

Dr. Kamlesh Jain

Tues. Thurs & Set, 2.30 pm to 1.30 pm

Dr Smit Sheth

Mon, Wed & Fri: 4 D0pm to 5pm

ONCOSURGEON

Or Amit Gandhi

Mon to Sat 12,00 pm to 2,00 pm

URO SURGEON

Dr Dhruti Mahajan

Mon to Sat 5.00 pm to 6.00 pm

Dr Sandesh Parab

Sat 6.00 pm to 7.00 pm

OBS. GYNAECOLOGIST

Dr Suyash Bhandekar

Mon to Salt 7 00 pm to 8,00 pm

Dr Pooja Phadtare

Tues Wed. Fit & Sar 4,00pm to 6,00pm

DERMATOLOGY AND COSMETOLOGY

Dr Reshma Ahuja

Mos to Set: 4,00 pm to 8 10 pm

NEPHROLOGIST Dr. Rohan Pradhan

Mon to Fig. 9:30 pm to 10,00 pm

Dr. Akash Ranka

Mon. Is Sec. 1-00 pm to 2:00 pm

NEUROLDGY

Dr Dipesh Pimple

Jon., Wed & Fir. 5:00 pm to 7,00 pm

NEURO AND SPINE SURGEON Dr Ravi Sangle

More to Sat: 10.30 am to 11.30 am

OPHTHALMOLOGIST

Dr Akshat Shah

Mon to Suc. 2 35 pm to 3.25 pm Dr Kiran Manglani

Or Lakhi Manglani

Fri. 10.00 am to 11.30 am

ENT SURGEON Dr. Jhanyi Thakur

Alon to Salt 6.00 pm to 7.00 pm

Dr Yogesh Parmar

Tues and Thorsy 5 00 cm to 6 7th per-**Dr Sheetal Radia**

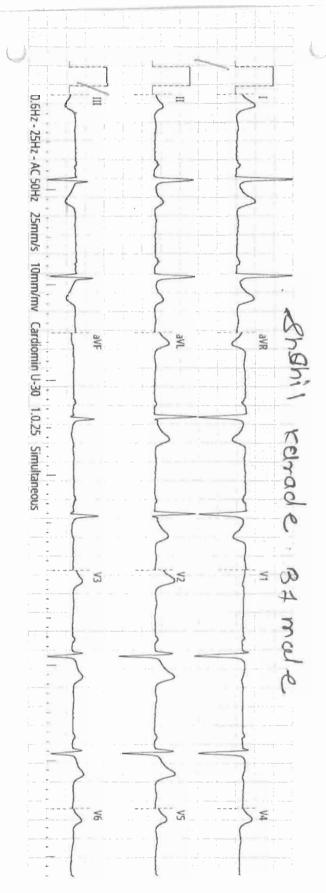
Mon to Sat: 7.00 pm to 6:00 pm

DIABETOLOGIST

Dr Vikrant Gujar

Mon to Sat; 10,00 am to 11,00 am

Mrs Harshada Suryayanshi Movillo Sax: 10.00 are to 12.00 pm



ECG report ID : 20240427100701 Name :

Gender:

Borderline ECG

-- possible early repolarization Inferior T wave abnormality

Lateral ST elevation Sinus rhythm

<< Interpretations >>

Corly repulment (I VI 18 CONTY)

Confirm and sign: 2.c. + 1.e. - 1.e. 5. Examination time: 2024-04-27 10:07:01

HR : 60 bpm PR : 162 ms

PR : 162 ms QRS : 94 ms QT/QTc : 380/380 ms P/QRS/T : 39/20/0 °

RV5/SV1: 0.736/1.192 mv RV5+5V1: 1.928 mv

Age Dept Bed No: