



# APEX HOSPITALS KANDIVALI DIAGNOSTIC

CASHLESS  
FACILITY

Akurli Road, Next to Lodha Woods, Lokhandwala Township,  
Near Mahindra Gate No. 4, Kandivali (E), Mumbai 400101.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.:  
022-62747000 (100 Lines)

## DEPARTMENT OF LABORATORY SCIENCES

<b>Patient Name</b>	Mr. NITIN PRABHAKAR SALAM	<b>LabNo</b>	14759	
<b>UHID/IP No</b>	150009629 / 11256	<b>Sample Date</b>	14/03/2024 10:00AM	
<b>Age/Gender</b>	32 Yrs/Male	<b>Receiving Date</b>	14/03/2024 10:10AM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	15/03/2024 12:33PM	
<b>Prescribed By</b>	Dr. Ramesh Hari Pawar	<b>Report Status</b>	Final	

### HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD</b>				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	<b>12.3 L</b>	gm/dl	13.5 - 18.0	SLS- Hb Method
RBC Count (Red Blood Cell)	5.71	10 <sup>6</sup> /uL	4.70 - 6.00	
PCV (Haematocrit)	41.0	%	40.0 - 50.0	
MCV	<b>71.8 L</b>	fl	78 - 100	Calculated
MCH	<b>21.54 L</b>	pg	27 - 31	Calculated
MCHC	30	gm/dl	30 - 36	Calculated
RDW	14.0	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	6100	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	64	%	40 - 80	
Lymphocyte %	38	%	20 - 40	
Eosinophil %	03	%	0 - 6	
Monocytes %	03	%	1 - 12	
Basophil %	00	%	0 - 2	
Band Cells	00	%		
Absolute Neutrophil Count (ANC)	3904	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	2318	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	183	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	<b>183 L</b>	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Within normal limits.			
RBCs Morphology	Microcytosis(+)			
Platelet Count	344	10 <sup>3</sup> /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	10.6	fl	7 - 12	

--End Of Report--

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## IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>BLOOD GROUPING</b> Sample: W. B. EDTA				
Blood Group (ABO and Rh)	"AB" Rh Positive			SLIDE METHOD

--End Of Report--

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## HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	5	mm/hr	< 15	Westergren

--End Of Report--

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>GLUCOSE (PP)</b> Sample: Fl. Plasma				
Blood Sugar(2 Hours PP)	<b>231.0 H</b>	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)	<b>125.0 H</b>	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>LIPID PROFILE SERUM</b>				
Sample: Serum				
Cholesterol-Total	152	mg/dl	< 200.00	Cholesterol Oxidase, Esterase, Peroxidase
Triglycerides	88	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	48	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	17.60	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	86.40	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	<b>3.17 L</b>		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	<b>1.80 L</b>		2.50 - 3.50	Calculated Value

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) SERUM</b>				
Sample: Serum				
Bilirubin Total (TBil)	0.60	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.25	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.35	mg/dl	0 - 1	
SGPT (ALT)	<b>43.63 H</b>	U/L	5 - 40	IFCC modified
SGOT (AST)	15.12	U/L	5 - 40	IFCC modified
Protein Total	6.9	gm/dl	6.00 - 8.00	Biuret
Albumin	4.4	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.50	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.76		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	59.15	IU/L	42 - 140	
GGTP (GAMMA GT)	35.62	IU/L	15.0 - 72.0	UV Kinetic IFCC

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>RFT (RENAL FUNCTION TEST)</b>				
Sample: Serum				
Creatinine	1.0	mg/dl	0.70 - 1.50	Jaffes
UREA	18.24	mg/dl	15 - 50	CDC Urease, Colorimetric
BUN - Blood Urea Nitrogen	8.52	mg/dl	7 - 20	
Calcium	8.9	mg/dl	8.6 - 10.5	Arsenazo III
Uric Acid	4.8	mm/hr	3.5 - 8.5	URICASE- PEROXIDASE
Phosphorus	3.4	mg/dl	2.5 - 5.0	Phosphomolybdate Reduction
Sodium	139.0	mEq/L	135 - 146	ISE Direct
Potassium	4.3	mEq/L	3.5 - 5.5	ISE Direct
Chloride	104.0	mEq/L	98 - 108	ISE Direct
Protein Total	6.9	gm/dl	6.00 - 8.00	Biuret
Albumin	4.4	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.50	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.76		1.00 - 2.50	Calculated Value

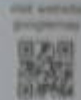
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
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BUN - Blood Urea Nitrogen	8.52	mg/dl	7 - 20	
Calcium	8.9	mg/dl	8.6 - 10.5	Arsenazo III
Uric Acid	4.8	mm/hr	3.5 - 8.5	URICASE- PEROXIDASE
Phosphorus	3.4	mg/dl	2.5 - 5.0	Phosphomolybdate Reduction
Sodium	139.0	mEq/L	135 - 146	ISE Direct
Potassium	4.3	mEq/L	3.5 - 5.5	ISE Direct
Chloride	104.0	mEq/L	98 - 108	ISE Direct
Protein Total	6.9	gm/dl	6.00 - 8.00	Biuret
Albumin	4.4	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.50	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.76		1.00 - 2.50	Calculated Value

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## CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>URINE ROUTINE</b>				
Sample: Urine				
<b>PHYSICAL EXAMINATION</b>				
Quantity	15	ml		
Color	Pale Yellow			
Appearance	Clear		Clear	Clear
Specific Gravity	1.015		1.010 - 1.025	
<b>CHEMICAL EXAMINATION</b>				
pH	6.0		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	Absent			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
<b>MICROSCOPIC EXAMINATION</b>				
Pus Cells	2-3/hpf			
RBCs	Absent			
Epithelial Cells	0-1/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 : PVD18323-24/72542

Sample ID : 24033956

Patient : MR NITIN PRABHAKAR SALAM

Reg. Date : 14/03/2024

Age/sex : 32 Yrs/ Male

Report Date : 14/03/2024

Center : APEX HOSPITALS KANDIVALI

Case No. :

Ref. By : Self

**HBA1C-GLYCOSYLATED HAEMOGLOBIN**

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	<b>6.4</b>	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	136.98	mg/dL	

Method : HPLC-Biorad D10-USA

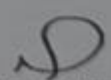
**INTERPRETATION**

- 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:  $eAG(mg/dl) = 28.7 \cdot A1c - 46.7$
- 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**CENTRAL PROCESSING LABORATORY**

Grandeur 208/209/210, S.V. Road, Dahisar (East), Mumbai - 400 068.

Tel : 3593 7845 • Mob: 85910 17023 / 81042 45981 • www.pathvisiondiagnostics.com

  
 DR. SANDEEP B. PORWAL  
 MBBS MD (Path) Mumbai  
 MNC Reg no 2001031640

Patient Id : PVD18323-24/72542  
 Patient : MR NITIN PRABHAKAR SALAM  
 Age/sex : 32 Yrs/ Male  
 Center : APEX HOSPITALS KANDIVALI  
 Ref. By : Self

Sample ID : 24033956  
 Reg. Date : 14/03/2024  
 Report Date : 14/03/2024  
 Case No. :



### IMMUNOASSAY

Test Description	Result	Unit	Biological Reference Range
<b>TOTAL T3 T4 TSH (TFT)</b>			
T3 (Triiodothyronine)	209.1	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)	11.90	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)	0.032	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-----

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 MMC Reg no 2001031640

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**Patient Name:** Mr. NITIN SALAM

**M /32 Yrs**

**Ref. by:** MEDIWHEEL HEALTHCARE

**Date:** -14/03/2024

## SONOGRAPHY OF ABDOMEN AND PELVIS

**TECHNIQUE:** Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

**LIVER:** The liver is normal in 14.4 cm size, shape and has smooth margins. The hepatic parenchyma shows homogeneous echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

**PORTAL VEIN:** It measures 10 mm in transverse diameter.

**GALL BLADDER:** The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

**COMMON BILE DUCT:** The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

**PANCREAS:** The head and part of body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

**SPLEEN:** The spleen measures 10 cm and is normal in size and shape. Its echotexture is homogeneous.

### **KIDNEYS:**

Right kidney	Left kidney
9.7 x 5.1	10.2 x 5.1

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

**URINARY BLADDER:** The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

.....Continue On Page 2





# APEX HOSPITALS KANDIVALI DIAGNOSTIC

CASHLESS  
FACILITY

Akurli Road, Next to Lodha Woods , Lokhandwala Township,  
Near Mahindra Gate No. 4, Kandivali (E), Mumbai 400101.  
email: [info@apexhospitals.in](mailto:info@apexhospitals.in) | [www.apexgroupofhospitals.com](http://www.apexgroupofhospitals.com)



Tele.:  
022-62747000 ( 100 Lines)

**PROSTATE:** It measures about 2.8 x 2.9 x 3.0cm; volume is 19 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

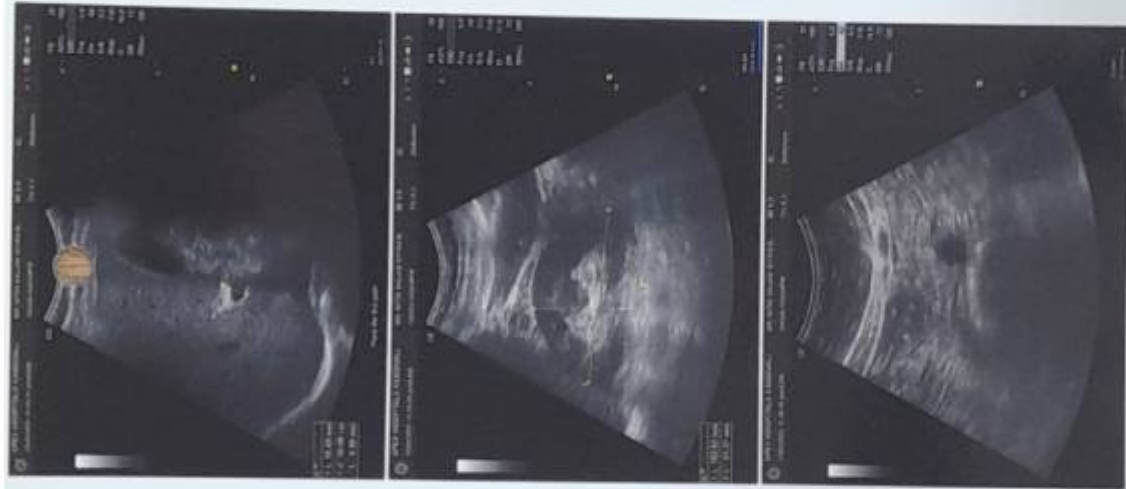
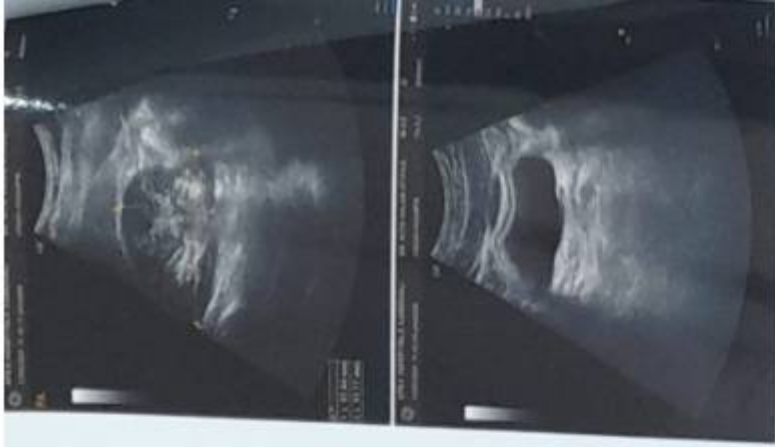
## IMPRESSION:

- No significant abnormality is seen.

Thanks for the reference.

With regards,

**Dr. Ravi Kumar**  
Consultant Radiologist



# APEX HOSPITAL KANDIVALI

**MR. NITIN PRABHAKAR SALAM**  
 ID : 8922  
 DATE : 14-03-2024  
 AGE/SEX : 32 /M  
 HT/WT : 176 / 85  
 REF.BY :

## TREADMILL TEST REPORT

PROTOCOL : Bruce  
 HISTORY :  
 INDICATION :  
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100
SUPINE					71	130 / 80	92
Stage 1	2:55	2:55	2.7	10	120	130 / 80	156
Stage 2	5:55	2:55	4	12	146	130 / 90	189
Stage 3	8:55	2:55	5.4	14	181	140 / 80	253
PK-EXERCISE	10:11	1:11	6.7	16	193	140 / 80	270
RECOVERY	10:52	0:29			168	140 / 80	235
RECOVERY	11:20	0:57			155	160 / 100	248

### RESULTS

EXERCISE DURATION : 10:11 MAX WORK LOAD  
 MAX HEART RATE : 195 bpm 103 % of target heart rate 188 bpm  
 MAX BLOOD PRESSURE : 160 / 100 mm Hg  
 REASON OF TERMINATION :

BP RESPONSE :  
 ARRYTHMIA :  
 H.R. RESPONSE :

**IMPRESSIONS** :

Technician : 44

**APEX HOSPITALS KANDIVALI**

UNI-DH, Indore, Tel.: +91-731-8030033, Fax: +91-731-8031180, E-Mail: an@electromedicals.net



# APEX HOSPITAL

MR. NITIN PRABHAKAR SALAM

I.D. 8922

Age 32/M

Date 14-03-2024

RATE 71bpm

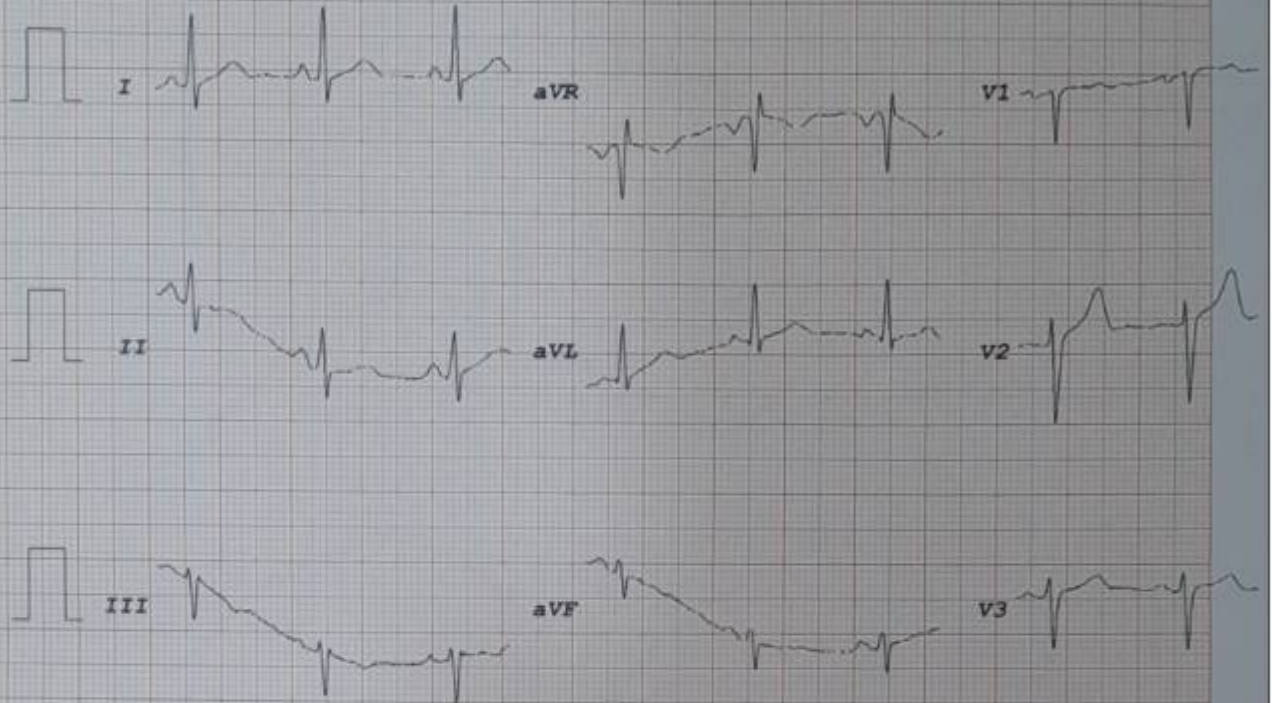
B.P. 130/80

PRETEST

SUPINE

ST @ 10mm/m

80ms PostJ



Base Corrected

UNI-EM, Indore. Tel.: +91-731-4030033, Fax: +91-



# APEX HOSPITAL

MR. NITIN PRABHAKAR SALAM

WARM UP

I.D. 8922

RATE 100bpm

ST @ 10mm/m

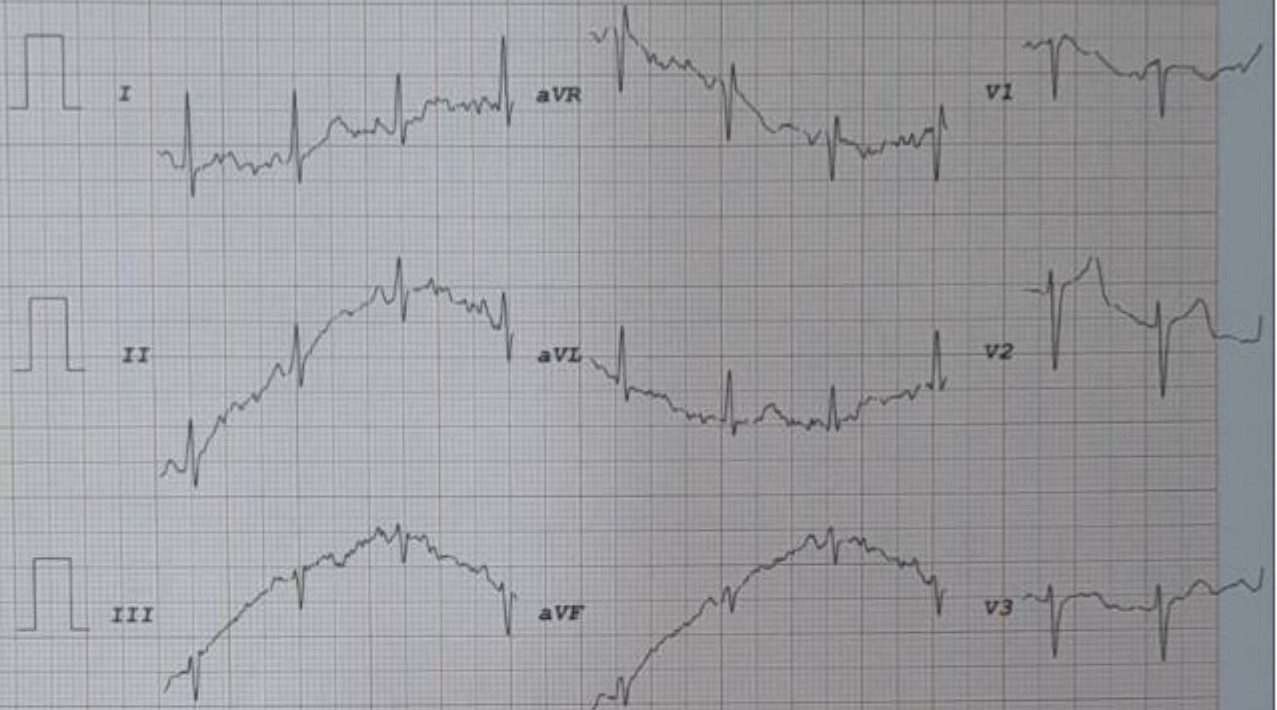
Age 32/M

B.P. 130/80

80ms PostJ

Date 14-03-2024

Speed 1.5 k



OWI-EN, Indore, Tel: +91-331-4030035, Fax: +91-

# APEX HOSPITAL

MR. NITIN PRABHAKAR SALAM

I.D. 8922

Age 32/M

Date 14-03-2024

RATE 120bpm

B.P. 130/80

Bruce

Stage 1

TOTAL TIME 2:55

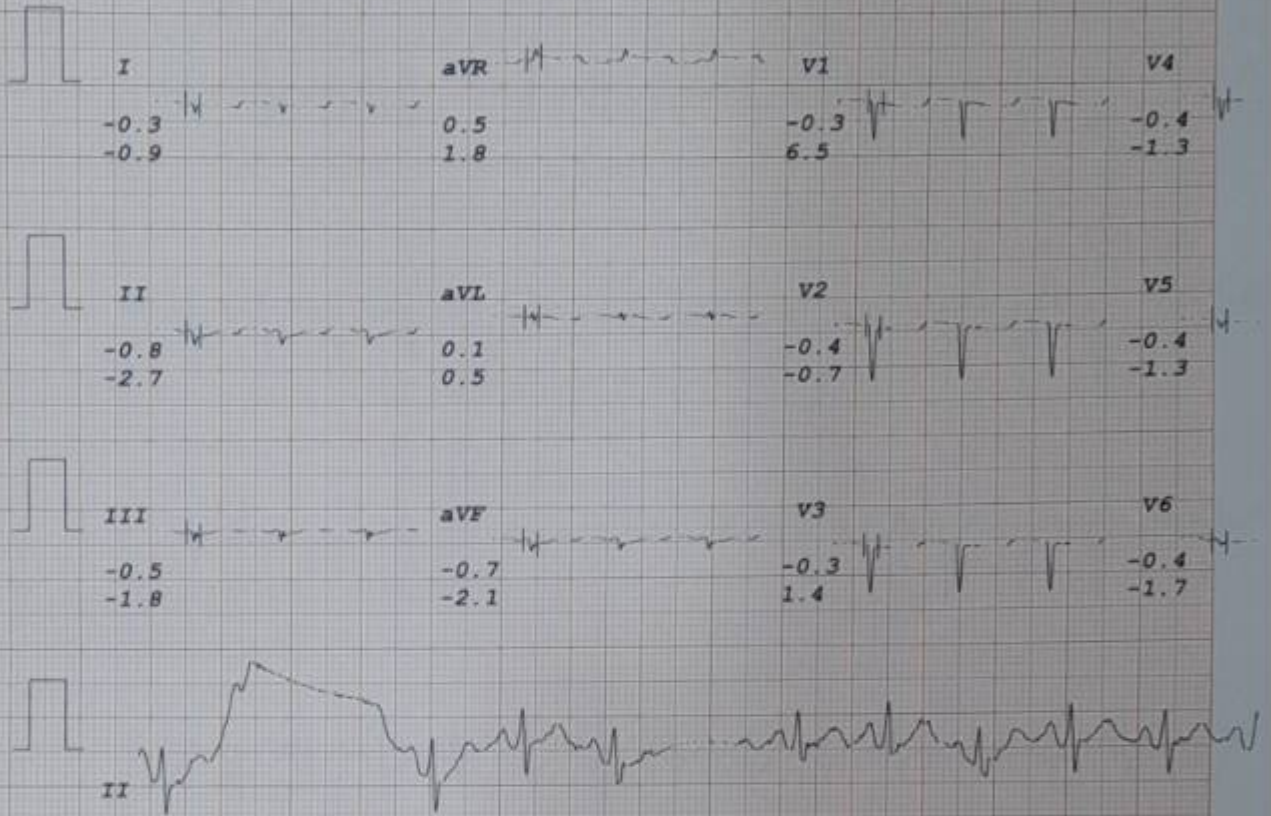
PHASE TIME 2:55

ST @ 10mm/m

80ms PostJ

Speed 2.7 k

SLOPE 10 %



Base Corrected

(M)-EM, Indore, Tel., +91-731-4030035, Fax: +91-



# APEX HOSPITAL

MR. NITIN PRADHAKAR SALAM

I.D. 8922

Age 32/M

Date 14-03-2024

RATE 146bpm

B.P. 130/90

Bruce

Stage 2

TOTAL TIME 5:55

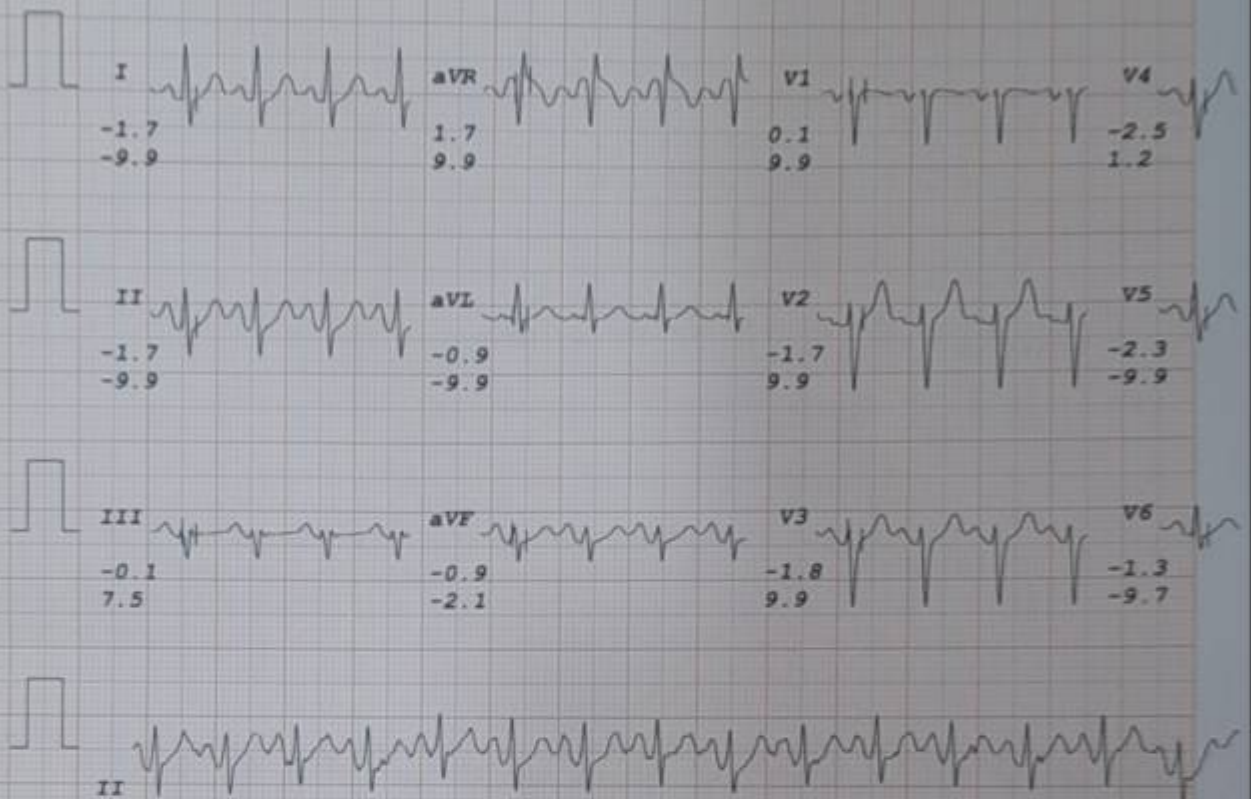
PHASE TIME 2:55

ST @ 10mm/m

80ms Post-J

Speed 4 km/

SLOPE 12 \*



Base Corrected

DMJ-EM, Andhra, Tel. : +91-721-622022, Fax: +91-

COMPUTERWORKS

# APEX HOSPITAL

MR. NITIN PRABHAKAR SALAM

I.D. 8922

Age 32/M

Date 14-03-2024

RATE 146bpm

B.P. 130/90

Bruce

Stage 2

TOTAL TIME 5:55

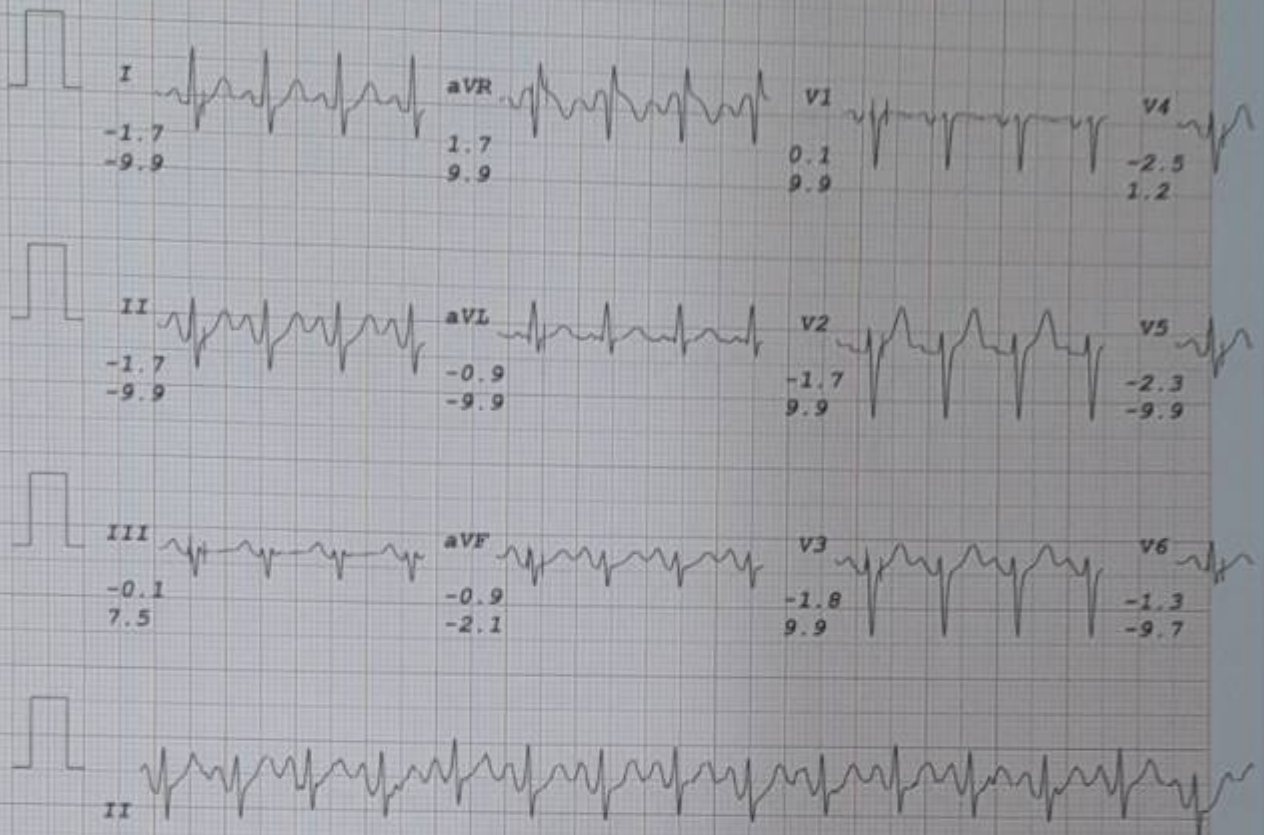
PHASE TIME 2:55

ST @ 10mm/m

80ms PostJ

Speed 4 km/

SLOPE 12 s



Base Corrected

OMI - EM, Indore. Tel. : +91-731-4030033, Fax: +91-





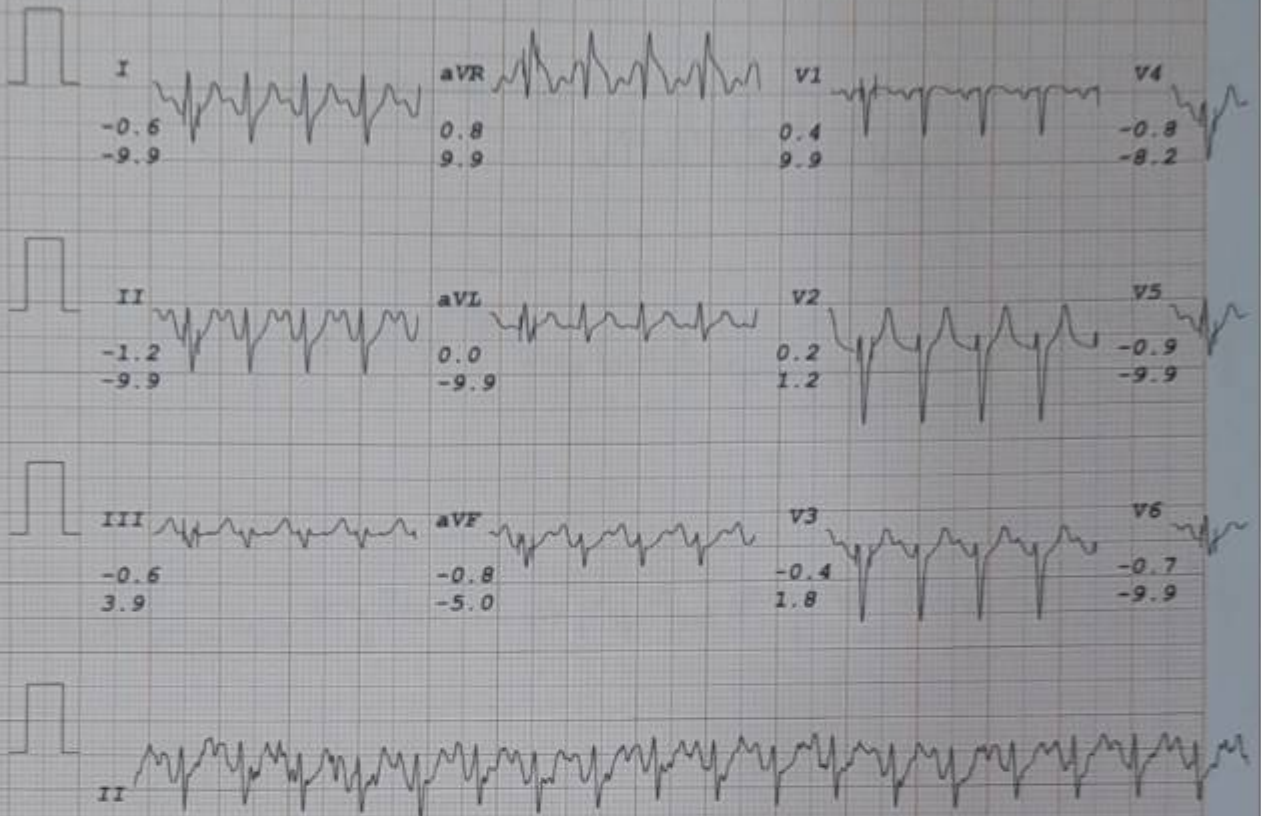
# APEX HOSPITAL

MR. NITIN PRABHAKAR SALAM  
I.D. 8922  
Age 32/M  
Date 14-03-2024

RATE 181bpm  
B.P. 140/80

Bruce  
Stage 3  
TOTAL TIME 8:55  
PHASE TIME 2:55

ST @ 10mm/m  
80ms PostJ  
Speed 5.4 k  
SLOPE 14 %



Base Corrected

INC-EN, Indore, Tel: +91-732-4230025, Fax: +91-



# APEX HOSPITAL

MR. NITIN PRABHAKAR SALAM

I.D. 8922

Age 32/M

Date 14-03-2024

RATE 193bpm

B.P. 140/80

Bruce

PK-EXERCISE

TOTAL TIME 10:11

PHASE TIME 1:11

ST @ 10mm/m

80ms PostJ

Speed 6.7 k

SLOPE 16 \*



Base Corrected

UNI-EM, Indore, Tel : +91-733-6030035, Fax: +91-



# APEX HOSPITAL

MR. NITIN PRABHAKAR SALAM  
I.D. 8922  
Age 32/M  
Date 14-03-2024

RATE 168bpm  
B.P. 140/80

Bruce  
RECOVERY  
TOTAL TIME 10/52  
PHASE TIME 0:29

ST @ 10mm/m  
80ms PostJ



II

IMI-SH, Indore, Tel. : +91-732-4038235, Fax: +91-

Base Corrected

# APEX HOSPITAL

MR. NITIN PRABHAKAR SALAM

I.D. 8922

Age 32/M

Date 14-03-2024

RATE 155bpm

B.P. 160/100

Bruce

RECOVERY

TOTAL TIME 11:20

PHASE TIME 0:57

ST @ 10mm/m

80ms PostJ

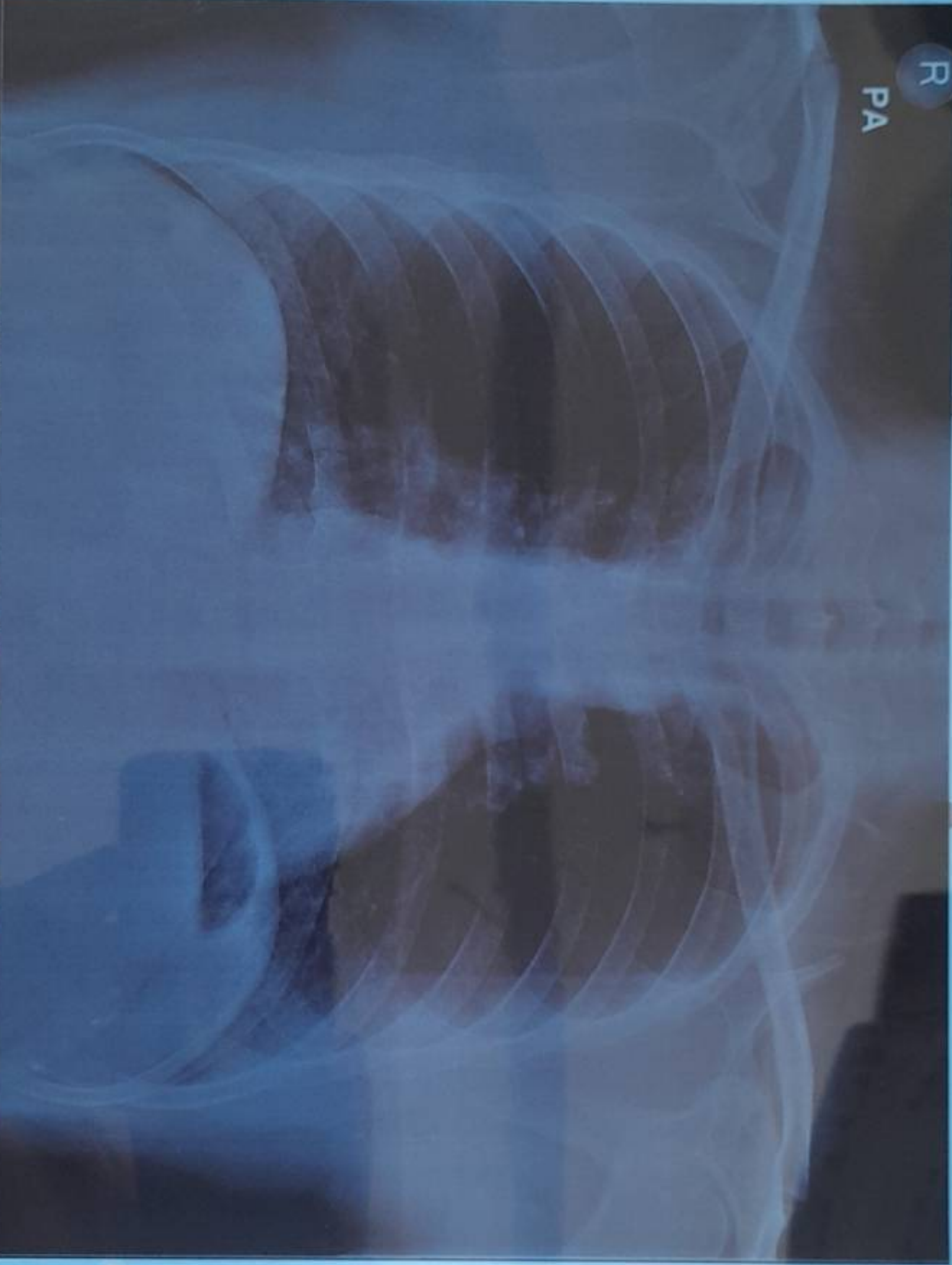


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R  
PA



MR NITIN SALAM 32 150009629 M Ped. ChestPA 14-Mar-24 SELF  
APEX HOSPITALS KANDIVALI, KANDIVALI (E)





Waste Handling & Care Center Nearby

# APEX HOSPITALS KANDIVALI DIAGNOSTIC

CASHLESS  
FACILITY

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Near Mahindra Gate No. 4, Kandivali (E), Mumbai 400101.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com

visit website  
googlemap



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022-62747000 ( 100 Lines)

## DEPARTMENT OF RADIOLOGY

<b>Patient Name</b>	Mr. NITIN PRABHAKAR SALAM	<b>LabNo</b>	14759	
<b>UHID/IP No</b>	150009629 / 11256	<b>Order Date</b>	14/03/2024 10:00AM	
<b>Age/Gender</b>	32 Yrs/Male	<b>Receiving Date</b>	14/03/2024 12:09PM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	14/03/2024 4:29PM	
<b>Prescribed By</b>	Dr. Ramesh Hari Pawar	<b>Report Status</b>	Final	

### XRAY CHEST PA VIEW

The lung on either side shows adequate translucency and exhibit normal vasculature.

Bilateral hila appear mildly bulky (right>left) ? lymph nodes. Please correlate clinically SOS further evaluation with CT chest.

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



# APEX HOSPITALS KANDIVALI

A Superspeciality Hospital

CASHLESS  
FACILITY

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Tele.:  
022-62747000 (100 Lines)

14/03/24

MR. Nitin salam 324P<sub>3</sub>/male

wt - 84.9kg

BP - 120/80mmHg

Pulse - 74/min

SpO<sub>2</sub> - 98.1.

Height - 176cm

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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Tele.:  
022-62747000 (100 Lines)

MR. Nitin salam 324/m

Ophthal

○ Distance -

Ⓛ eye - 0.70.

Ⓡ eye - 0.90

Near.

Ⓛ eye - N-12

Ⓡ eye - N-12.





अपेक्स हॉस्पिटल्स कार्डियली

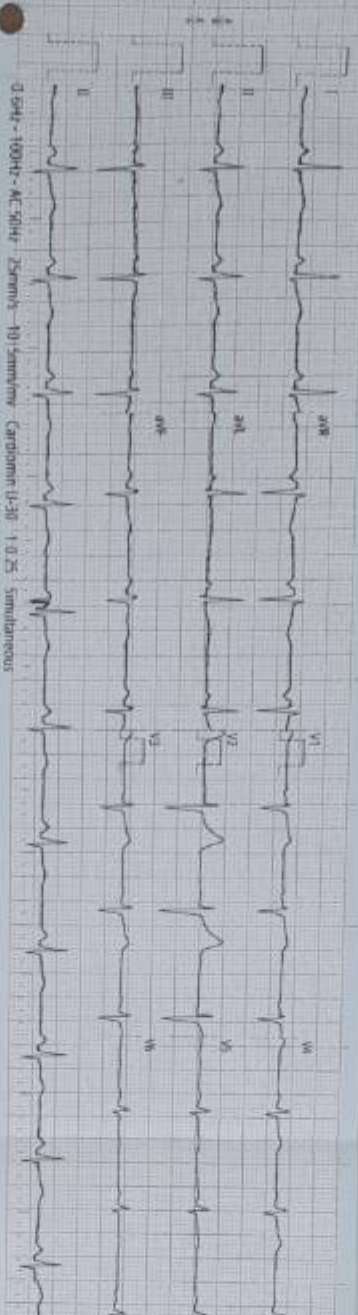
Name MR. Nitin Salom

Date 14/08/24

Time 8:30 AM

Age 32 Yrs

Gender Male



0.04V - 100Hz - AC 50Hz - 25mm/s - 10/5mm/mV - Cardioma U-30 1.0.25 simultaneous

ECG report

ID: 210481440251  
 Name: MR. Nitin Salom  
 Gender: Male  
 Age: 32 Yrs  
 Dept: Cardiology  
 Bed No: 302A

HR: 70 bpm  
 PR: 160 ms  
 QRS: 80 ms  
 QT/QTc: 380/40 ms  
 P/QRS/T: 0.00/0.00/0.00 mV  
 RV5-SVT: 0.000 mV

<clinical parameters>

MR. Nitin Salom 32 Yrs / Male E-302A

Confirm and sign: \_\_\_\_\_  
 Examination time: 2024-08-14 08:32:51