

**APEX HOSPITALS**Where healing and care comes naturally
An ISO 9001:2008 Certified**Apex Hospitals Mulund**Veena Nagar Phase II, Tulsi Pipe Line Road, Near Swapna Nagri Road,
Mulund (W), Mumbai - 400080.

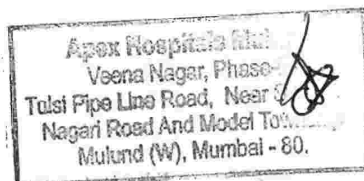
Tel : 022-41624000/10/11 (100 Lines) Web : apexgroupofhospitals.com

Email : medical.admin_ahm@apexhospitals.in

Bill Cum Receipt

Receipt No : **Date** : 24-Feb-2024
UHID : AMU232404297 **OPID** : OP232407858
Name : Vardhan Ashok **Sex/Age** : Male/33 Years
Credit Company : MEDIWHEEL (ARCOFEMI HEALTHCARE) **Consulting Doctor** : VIJAY VERMA
Referring Doctor : MEDIWHEEL **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, triglycerides) / 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	SR00817	ABD & PELVIS	JAIN KAMLESH	1764
12	SR00114	CHEST PA	BHALEKAR AMOL	350
13	SR00028	2D ECHO ROUTINE	RAVINDRA GHULE	2500
14	SR00034	ECG	VIJAY VERMA	500
15	SR5325	DENTAL	VIJAY VERMA	800
16	SR5323	OPHTHALMOLOGY	VIJAY VERMA	800
17	SR5324	ENT	VIJAY VERMA	1000
18	SR00507	FIRST CONSULTATION (SPECIALIST)	SINGH BALBIR	850

Total Amt : ₹ 16319.00/-**Paid Amt** : ₹ 0.00/-**Balance Amt** : ₹ 16319.00/-**Refund Amt** : ₹ 0.00/-**In Words** : Zero**Print By** : Omkar Savardrkar**Print Date** : 24-Feb-2024 04:54 PM**Authorized Signature**



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APEX HOSPITALS MULUND DIAGNOSTIC

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FACILITY

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Tele.:
022-41624000 (100 Lines)

Patient Name : **MR. ASHOK VARDHAN**
Age/Sex : 33 Years /Male
Ref Doctor : APEX HOSPITAL
Client Name : Apex Hospital

Patient ID : 84069
Sample Collected on : 24-2-24, 4:00 pm
Registration On : 24-2-24, 4:00 pm
Reported On : 24-2-24, 7:36 pm

Test Done	Observed Value	Unit	Ref. Range
Complete Blood Count(CBC)			
HEMOGLOBIN	14.2	gm/dl	12 - 16
Red Blood Corpuscles			
PCV (HCT)	42.6	%	42 - 52
RBC COUNT	5.28	$\times 10^6/uL$	4.70 - 6.50
RBC Indices			
MCV	80.7	fl	78 - 94
MCH	26.8	pg	26 - 31
MCHC	33.3	g/L	31 - 36
RDW-CV	13.4	%	11.5 - 14.5
White Blood Corpuscles			
TOTAL LEUCOCYTE COUNT	5900	/cumm	4000 - 11000
Differential Count			
NEUTROPHILS	60	%	40 - 75
LYMPHOCYTES	35	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	0	%	0 - 1
Platelets			
PLATELET COUNT	166000	Lakh/cumm	150000 - 450000
MPV	8.6	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 ID : 84069

Age/Sex : 33 Years /Male

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Test Done	Observed Value	Unit	Ref. Range
ESR (ERYTHROCYTES SEDIMENTATION RATE)			
ESR	13	mm/1hr.	0 - 20

METHOD - WESTERGREN



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Ref Doctor : APEX HOSPITAL

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Client Name : Apex Hospital

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Test Done	Observed Value	Unit	Ref. Range
BLOOD GLUCOSE FASTING & PP			
FASTING BLOOD GLUCOSE	78.9	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	100.2	mg/dL	70 - 140
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT

Method - GOD-POD

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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	0.83	mg/dL	0.7 to 1.4
S. SODIUM	138.7	mEq/L	135 - 155
S. POTASSIUM	4.41	mEq/L	3.5 - 5.5
S. CHLORIDE	108.5	mEq/L	95 - 109
S. URIC ACID	3.58	mg/dL	3.5 - 7.2
S. CALCIUM	8.2	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.5	mg/dL	2.5 - 4.5
S. PROTIEN	7.4	g/dl	6.0 to 8.3
S. ALBUMIN	4.2	g/dl	3.5 to 5.3
S. GLOBULIN	3.20	g/dl	2.3 to 3.6
A/G RATIO	1.31		1.0 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -

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Test Done	Observed Value	Unit	Ref. Range
LIVER FUNCTION TEST			
TOTAL BILLIRUBIN	0.72	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.22	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.50	mg/dL	UP to 0.7
SGOT(AST)	22.4	U/L	UP to 40
SGPT(ALT)	21.4	U/L	UP to 40
ALKALINE PHOSPHATASE	279.4	IU/L	64 to 306
S. PROTIEN	7.4	g/dl	6.0 to 8.3
S. ALBUMIN	4.2	g/dl	3.5 - 5.0
S. GLOBULIN	3.20	g/dl	2.3 to 3.6
A/G RATIO	1.31		0.9 to 2.3

METHOD - EM200 Fully Automatic



Dr. Hrishikesh Chevle
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Test Done	Observed Value	Unit	Ref. Range
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LIPID PROFILE

TOTAL CHOLESTEROL	189.2	mg/dL	200 - 240
S. TRIGLYCERIDE	100.2	mg/dL	0 - 200
S.HDL CHOLESTEROL	42.1	mg/dL	30 - 70
VLDL CHOLESTEROL	20	mg/dL	Up to 35
S.LDL CHOLESTEROL	127.06	mg/dL	Up to 160
LDL CHOL/HDL RATIO	3.02		Up to 4.5
CHOL/HDL CHOL RATIO	4.49		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
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Test Done	Observed Value	Unit	Ref. Range
-----------	----------------	------	------------

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	1.005	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	2-3 /HPF	0 - 5 /HPF
EPITHELIAL CELLS	1-2 /HPF	0 - 3 /HPF
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	Absent
YEAST CELLS	Absent	Absent
ANY OTHER FINDINGS	Absent	

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Mr. ASHOK VARDHAN	email: info@apexhospitals.in www.apexgroupofhospitals.com	Collected : 24-02-2024 16:36	Lab ID : 40208966813
DOB :		Received : 24-02-2024 18:45	Sample Quality : Adequate
Age : 33 Years		Reported : 24-02-2024 19:50	Location : MUMBAI
Gender : Male		Status : Final	Ref By : APEX HOSPITAL
CRM :			Client : SANJAY PANDEY -MU058

Parameter	Result	Unit	Biological Ref. Interval
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THYROID FUNCTION TEST

Tri Iodo Thyronine (T3 Total), Serum 1.49 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 10.92 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 1.441 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

----- End Of Report -----

Namrata





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APEX HOSPITALS MULUND Radiologist Report Sheet

Patient Name:	ASHOK VARDHAN	Medical Record No:	24/02/2024 2660
AGE:	33Y	Accession No:	
Gender:	MALE	Location:	Outpatient
Type Of Study:	CR Chest PA	Physician:	BANK OF BARODA
Image Count:	1	Exam Time:	24/24/02 08:20 AM ET
Requisition Time:	24/24/02 12:02 PM ET	Report Time:	24/24/02 12:10 PM ET
Clinical History:	H/O MEDICAL MEDICAL		

RADIOGRAPH OF THE CHEST PA (SINGLE VIEW).

Clinical History: H/O MEDICAL MEDICAL.

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. SANTOSH RATHOD
 Consultant Radiologist
 MBBS, DMRD, DNB

This report has been electronically signed by: DNB.Santosh Bharat 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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NAME : MR.ASHOK VARDHAN

33/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 : 9.9 x 4.3 cm

Left kidney measures : 9.4 x 6.3 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 smooth margin and there is no evidence of vesicle calculi. Prostate is Normal.

Normal in size echotexture. No focal lesion.

REMARK :-

- No Abnormality seen.

Dr. Kamlesh Jain

(Consultant Radiologist)

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



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24/02/24

Mr. Ashok Vardhan

33yr / M

No H/O any major illness

O/A - T - Atenolol
P - Furosemide
BP - 110/70 mmHg
RR - 18/min
SpO2 - 94% @ RA

S/E - Cus - S1 S2 (P)
P2 - BSBE
P/A - Soft
CMS - conscious & oriented

Height - 170 cm }
weight - 68 kg } BMS - 28.5
- patient is HT

Dental Checkup - (N)

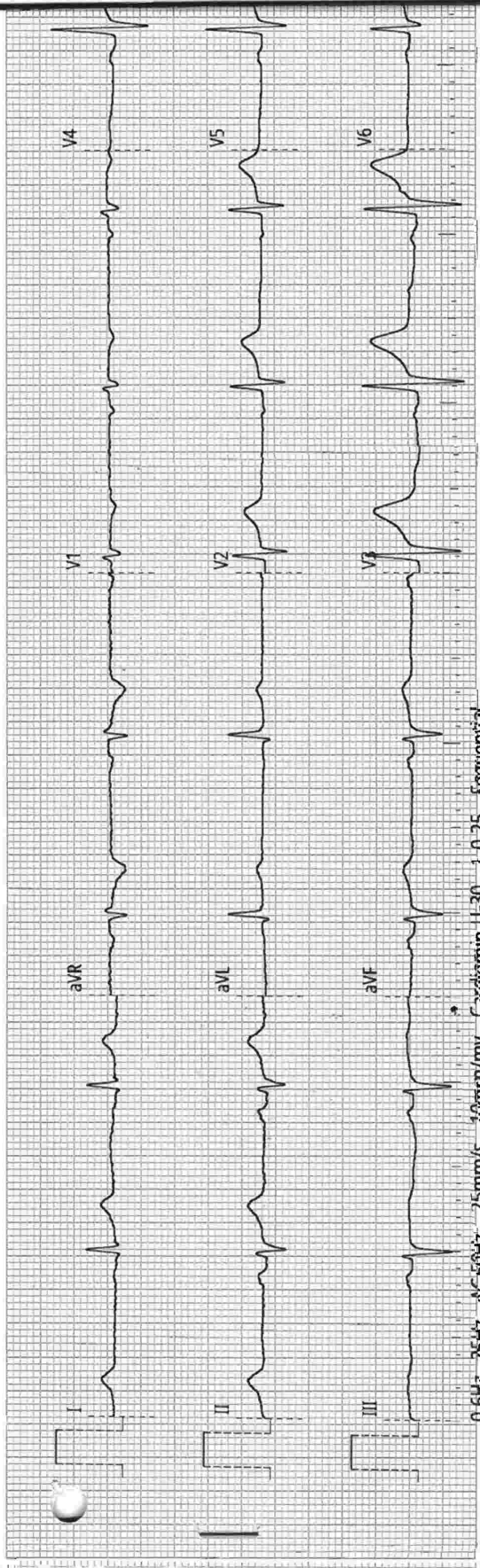
Eye Checkup - (N)

Skin Checkup - (N)

ENT - (N)

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

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



0.5mV - 25Hz - AC 50Hz 25mm/s 10mm/mV Cardiomin U-30 1.0.25 Sequential

ECG report

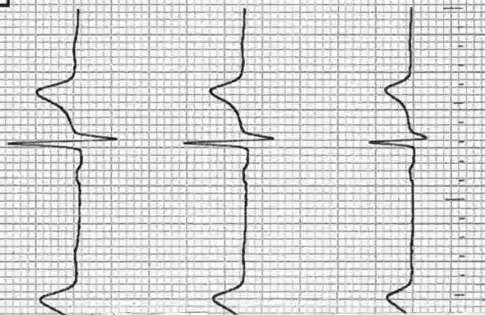
ID : 20240224082519
Name : ASHAK VANDHAWAN
Gender: male
Age : 33 year
Dept :
Bed No:

HR : 57 bpm
PR : 168 ms
QRS : 88 ms
QT/QTc : 404/399 ms
P/QRS/T : 70/-41/43°
RV5/SV1 : 0.835/0.140 mv
RV5+SV1 : 0.975 mv
Minnesota code: 8-8-7-1-2

<<Interpretations >>

Apex Tachycardia Mitral
Vegetation Phase II
Pulmonary embolism Near Swapna,
Mumbai, Mumbai - 80.

Confirm and sign:
Examination time: 2024-02-24 08:25:19





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NAME: Mr.ASHOK VARDHAN M/33 Date - 24/02/24

REF.BY: MEDIWEEL

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 and Aortic valve normal

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 4 mmHg.

No MS / Mild TR

Normal flow across all other cardiac valves.

Pulmonary pressure of 25 mm of Hg.

CONCLUSION.-

Normal Biventricular Systolic and diastolic function

LVEF-55-60%

Mild TR

No e/o pulmonary hypertension

DR. Ravindra Ghule
(Consultant cardiologist)
Reg. No. 2009 / 08 / 3036

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

Patient ID : 2402036279 Patient Name : MR. ASHOK VARDHAN Age : 33 Yrs Gender : MALE Ref. By Doctor : APEX HOSPITAL HB Sample Collected At : APEX HOSPITAL MULUND	 For Authenticity Scan QR Code	Registered On : 24/02/2024,04:37 PM Collected On : 24/02/2024,06:34 PM Reported On : 25/02/2024,01:07 AM Sample ID 
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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% : Unisatisfactory 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.



Dr. Roshan Shaikh
 MBBS MD Pathology
 Consultant Pathologist

This report is system generated and electronically authenticated.

Page 1 of 1