



Veera Nagar Phase II, Tulsi Pipe Line Road,
Near Swarna Nagri Road, Mulund (W) Mumbai 400 043
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Tele.: 022-41624000 (100 Lines)

23/3/24

Name: - Madhavi Vankar

Age - 43yr / F

MO: - HTN

o/e - T - Afebrile

P - 88/min

BP - 150/90 mmHg

RR - 18/min

SpO₂ - 98% @ RA

S/E - CNS - S₁ S₂ (F)

RS - RSBF

PIA - Soft

CNS - Conscious & oriented

Height - 160cm

Weight - 79kg

BMI - 30.9

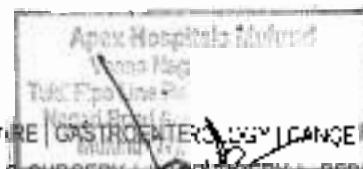
Dental check up - Normal

Eye check up - Normal

ENT check up - Normal

Skin check up - Normal

Cyanosis check up - Normal





Share the Flag & Give Cause Honorary

APEX HOSPITALS MULUND DIAGNOSTIC

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Near Swapna Nagri Road, Mulund (W) Mumbai - 400 085.

Call WhatsApp
9022000000



Tel.:
022-41624005 (100 Lines)

Lab. VAD-001-00000001	www.apexhospitals.com	Lab ID	10000000000000000000
DOB	11-11-2014 20:15	Sample ID	10000000000000000000
Age	11-05-2024 17:47	Location	10000000000000000000
Gender	Female	Ref No	10000000000000000000
CRN		Unit	10000000000000000000

Parameter	Result	Unit	Biological Ref. Interva.
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THYROID FUNCTION TEST

Tri Iodo Thyronine (T3 Total), Serum **L 0.67** **ng/dL** **Non-Pregnant: 0.3-0.8**
UA **Diagnosis: 0.3-0.8**
 0.3-0.8 ng/dL (0.01-0.025 nmol/L)

Clinical significance:
 Total triiodothyronine (T3) is a thyroid hormone. It is secreted by the thyroid gland. It is converted to free triiodothyronine (T3) and triiodo-L-thyronine (T3L) in the liver. T3 and T3L are the active forms of T3. They bind to thyroid hormone receptors and regulate gene expression. T3 is important for normal growth and development. It is also important for the regulation of metabolism.

Thyroxine (T4), Serum **U 14.02** **ug/dL** **Non-Pregnant: 5-12**
UA

Clinical significance:
 Thyroxine (T4) is a thyroid hormone. It is secreted by the thyroid gland. It is converted to free thyroxine (T4) and triiodo-L-thyronine (T3L) in the liver. T4 and T3L are the active forms of T4. They bind to thyroid hormone receptors and regulate gene expression. T4 is important for normal growth and development. It is also important for the regulation of metabolism.

Thyroid Stimulating Hormone (TSH), Serum **L 1.852** **uIU/mL** **Non-Pregnant: 0.4-4.0**
CU **Diagnosis: 0.4-4.0**
 0.4-4.0 uIU/mL (0.01-0.10 mIU/mL)

Clinical significance:
 Thyroid Stimulating Hormone (TSH) is a hormone secreted by the anterior pituitary gland. It stimulates the thyroid gland to produce and release thyroid hormones. TSH levels are elevated in hypothyroidism and decreased in hyperthyroidism. TSH is also used to monitor the response to thyroid hormone replacement therapy.

Parameter	Reference Range	Reference Range	Reference Range
	Non-Pregnant	Pregnant	Diagnosis
Thyroxine (T4)	5-12	4-11	5-12
Triiodo-L-thyronine (T3L)	0.3-0.8	0.3-0.8	0.3-0.8
Thyroid Stimulating Hormone (TSH)	0.4-4.0	0.1-1.0	0.4-4.0

Thank you!

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

Patient ID : 2473-59137
 Patient Name : MRS. MADHAVI VANKORE
 Age : 63 Yrs
 Gender : FEM MLE
 Ref. By Doctor : APEX HOSPITAL
 Sample Collected At : APEX HOSPITAL, MIDC, JND



For more details visit

Lab No. : 2473-59137
 Date : 24/08/2024
 Report No. : 2473-59137
 Sample ID : 

Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Result	Unit	Biological Reference Interval
GHb (Glycosylated Hemoglobin)	5.80	%	Ref. Int. 5.0 - 7.5 % 5.7 - 7.0 % (HbA1c) 5.0 - 7.5 % (HbA1c) 5.0 - 7.5 % (HbA1c) 5.0 - 7.5 % (HbA1c)

Mean Red Cell Size : 109.8 fL (femtoliter) (Normal Range: 83 - 101 fL)

CLINICAL SIGNIFICANCE:

Glycosylated hemoglobin is a reflection of average blood glucose levels over the past 2-3 months. The result of 5.80% is within the normal range (5.0-7.5%). This result suggests that the patient's blood glucose levels are well controlled. The result of 109.8 fL (Mean Red Cell Size) is slightly above the normal range (83-101 fL), which may indicate a mild anemia or a condition affecting red blood cell production.

Please refer to the clinical history.

Dr. Roshan Si Ankil
 MD, MBBS, DNB (Pathology)
 Consultant Pathologist

This report is system generated and is not valid unless countersigned by the doctor.

Dr. Roshan Si Ankil
 MD, MBBS, DNB (Pathology)
 Consultant Pathologist

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Tele.:
022-41624000 (100 Lines)

Patient Name	: MRS. MADHAVI VANKORE	Patient ID	: 306128
Age Sex	: 13 Years Female	Sample Collection Date	: 22/07/2024
Ref Doctor	: APEX HOSPITAL	Registration No.	: 1234567890
Client Name	: Apex Hospital	Reported On	: 22/07/2024

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. 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 groups can result in 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 antibody. 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. Transfusions of blood and un-matched Rh blood types can be serious.

Dr. Prashant



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Tele.:
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Patient Name: **MRS. MADHAVI VANKORE**
Age/Sex: 43 Years 13 male
Ref Doctor: APEX HOSPITAL
Client Name: Apex Hospital

Patient ID: 60005
Sample Collection Date: 23/04/2024
Registration On: 23/04/2024
Reported On: 23/04/2024

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

METHOD - WESTERGRAN



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Tele.:
022-41624000 (100 Lines)

Patient Name	MRS. MADHAYI VANKORE	Patient ID	600008
Age/Sex	43 Years - Female	Sample Collection Date	21/04/2024
Ref Doctor	APEX HOSPITAL	Registered To	01129110000
Client Name	Apex Hospital	Reported By	DR. JYOTI KADAM

Test Done	Observed Value	Unit	Ref. Range
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BLOOD GLUCOSE FASTING & PP

FASTING BLOOD GLUCOSE	95.8	mg/dl	70 - 100
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	138.5	mg/dl	70 - 140
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT

Method - GOD-POD



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Tele.:
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Patient Name: **MRS. MADHAVI VANKORE**
Age/Sex: 48 Years / Female
Ref Doctor: APEX HOSPITAL
Clinic Name: Apex Hospital

Patient ID: 20220000000000000000
Sample Collection Date: 2022-08-10 11:00 AM
Registration On: 2022-08-10 11:00 AM
Reported On: 2022-08-10 11:00 AM

Test Done	Observed Value	Unit	Ref. Range
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RENAL FUNCTION TEST

S. BLOOD UREA	20.0	mg/dL	10 - 20
B. BLOOD UREA NITROGEN	9.03	mg/dL	9.0 - 14.0
S. CREATININE	0.65	mg/dL	0.6 - 1.3
S. SODIUM	135.0	mEq/L	135 - 145
S. POTASSIUM	4.29	mEq/L	3.5 - 5.5
S. CHLORIDE	107.9	mEq/L	95 - 108
S. URIC ACID	6.05	mg/dL	2.0 - 7.0
S. CALCIUM	8.85	mg/dL	8.5 - 10.0
S. PHOSPHORUS	4.0	mg/dL	2.7 - 4.5
S. PROTEIN	6.85	g/dL	6.0 - 8.3
S. ALBUMIN	3.99	g/dL	3.5 - 5.0
S. GLOBULIN	2.87	g/dL	2.0 - 3.0
A/G RATIO	1.39		1.0 - 1.7

METHOD - ENDUC Fully Automatic

INTERPRETATION

Page 1 of 1

Dr. Rashishree Chavhan
MBBS (RCS)



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Tele.:
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Patient Name	MRS. MADHAVI VANKORE	Patient ID	250008
Age/Sex	43 Years Female	Sample Collection Date	25/04/2024
Ref Doctor	: APEX HOSPITAL	Registration No.	250008000000
Client Name	Apex Hospital	Reported On	25/04/2024

Test Done	Observed Value	Unit	Ref. Range
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LIPID PROFILE

TOTAL CHOLESTEROL	179.2	mg/dL	10 - 200
TRIGLYCERIDE	80.7	mg/dL	0 - 150
HDL CHOLESTEROL	42	mg/dL	40 - 60
VLDL CHOLESTEROL	16	mg/dL	10 to 30
LDL CHOLESTEROL	100.7e	mg/dL	10 to 160
LDL CHOLESTEROL RATIO	2.88		1.0 to 3.0
CHOLESTEROL RATIO	4.37		1.0 to 5.0

Transida EM200 FULLY AUTOMATIC

INTERPRETATION

Above reference ranges are as per ADULT TREATMENT PANEL (I) RECOMMENDATION BY THE ACCORD TO 2013!

Signature

Dr. Hrishikesh Chavle
(MBS, DMLT)



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Patient Name	MRS. MADHAV VANKORE	Patient ID	54448
Age/Sex	43 Years Female	Sample Collection Date	23-04-2019
Ref Doctor	APEX HOSPITAL	Registration On	23-04-2019
Client Name	Apex Hospital	Reported On	23-04-2019

Test Done	Observed Value	Unit	Ref. Range
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URINE ROUTINE EXAMINATION

Physical Examination

VOLUME	20 ml	
COLOR	Pale yellow	Reference
APPEARANCE	Slightly hazy	Clear
DEPOSIT	Absent	Absent

Chemical Examination

REACTION (PH)	Acidic	Acidic
SPECIFIC GRAVITY	1.025	1.015 - 1.030
PROTEIN (ALBUMIN)	Absent	Absent
OCULT BLOOD	Negative	Negative
SUGAR	Absent	Absent
KETONES	Absent	Absent
BILIRUBIN & PIGMENT	Absent	Absent
URIC ACID	Normal	Normal

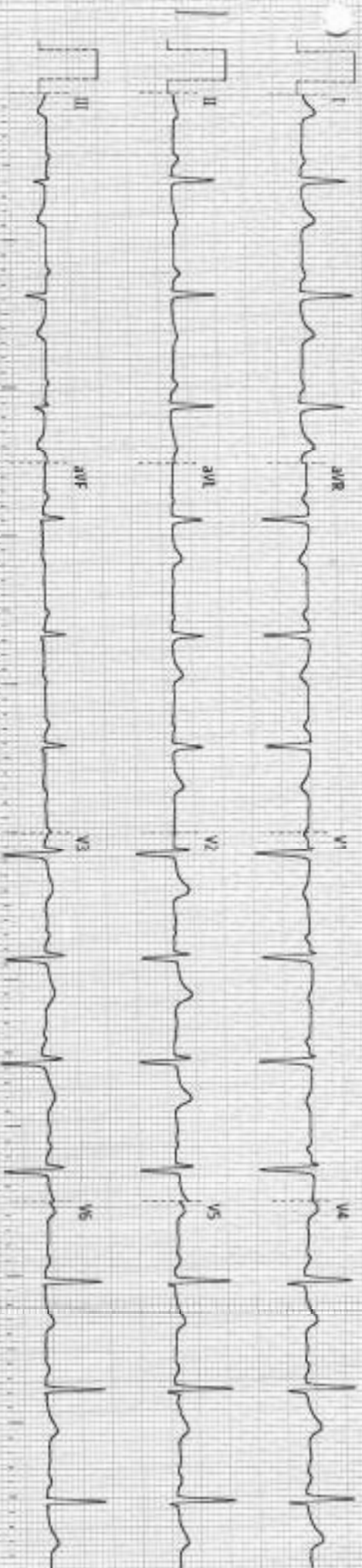
Microscopic Examination

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

Dr. Prashant

Dr. Prashant Chavhan
(MBBS, DCE)

0.5Hz - 25Hz - AC 50Hz - 25mm/s - 10mm/mV - Cardiacarr U-30 - 1.0.25 - Standard

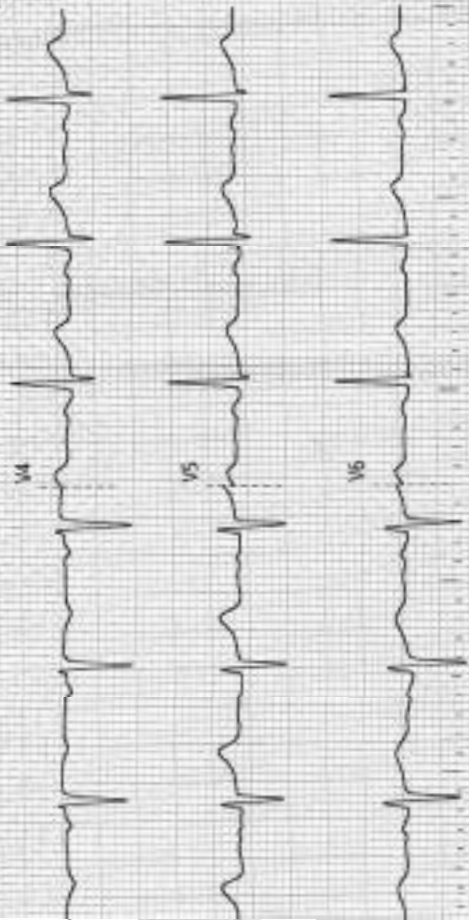


ECG report

ID : 2
Name : N
Gender : F
Age : 6
Dept : S
Bed No :

ECG report

ID : 20240323091402
Name : Madhavi Vawkare
Gender : Female
Age : 43 Year
Dept :
Bed No :
HR : 80 bpm
PR : 142 ms
QT/QTc : 400/435 ms
P/QRS/T : 51/16/-8 °
RV5/SV1 : 0.948/0.829 mV
RV5+SV1 : 1.777 mV
Minnesota code: 5-4



<< Interpretations >>

Apex Hospitals Mulund
Veena Nagar, Phiroze,
The Pipe Line Road, Near Swaraja,
Edga Road And Model Township
Mulund (W), Mumbai - 80

Confirm and sign:
Examination time: 2024-03-23 09:14:02



Patient Name : MRS MADHAVI VANKORE	Gender : Female
Age : 43 Y	Date : 23/03/2024
Referring Doctor : APEX HOSPITAL	Patient ID :

X-RAY CHEST PA VIEW (PORTABLE)

FINDINGS:

Normal bronchovascular markings in bilateral lung fields.
Bilateral hila are normal.
Trachea appears normal.
Cardiac shadow is within normal limits.
The domes of diaphragm are normal in position and shows smooth outline.
Bilateral costophrenic angles are clear.
Visualized bones are grossly normal.
Visualised soft tissue shadows are normal.

IMPRESSION:

- No significant abnormality detected

DR. Hemant Pralhad Pakhale
MBBS DMRD DNB
Reg - 89365



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NAME : MRS. MADHAVI VANKORE 43/F DATE - 23/03/2024

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 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 11 mm , Collapsing with inspiration.
Intact IAS and IVS .

COLOR FLOW.CW, PW & HAEMODYNAMIC DATA.

Aortic valve gradient 8 mmHg.
No MS / Trivial TR
Normal flow across all other cardiac valves.
Pulmonary pressure of 20 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
D.B. (Medicine), DNB (Cardiology)
Reg. No. 2009 / 08 / 3036



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Tele.: **022-41624000 (100 Lines)**

NAME : MRS. MADHVI VANKORE

43/F

23/03/2024

REF BY : MEDWHEEL

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 = 9.0 x 4.1 Cm.

Left kidney measures = 9.4 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 shows smooth margin and there is no evidence of vesicle calculi.

Uterus is normal in size and anteverted in position. It measures 7.8 cm in Transverse, 3.5 cm in AP & 4.2 cm in longitudinal axis.

Uterine margin appears smooth and there is no evidence of any indentation on it.

Uterine echo texture is normal.

Endometrial canal is seen in the center of the uterine cavity. It measures 6 mm and appears normal. Cervical canal shows no abnormality.

Both the ovaries are of normal size.

No evidence of adnexal mass. No evidence of fluid in posterior cul-de-sac is seen.

FINDING :-

⊖ No Abnormality Seen.

Dr. Kamlesh Jain

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



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Tele.:
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NAME : MRS. MADHAVI VANKORE

43: F

33/03/2024

REF. BY : M.D. JAYUREL

USG BOTH BREAST

Both Breast show normal fibro fatty echotexture.

No evidence of focal solid or cystic lesion seen.

No evidence of dilated ducts.

No evidence axillary lymphadenopathy

REMARK :-

No abnormality seen.

Dr. Kamlesh Jain

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