



Where Healing & Care Comes Naturally

APEX SUPERSPECIALITY HOSPITALS

A Superspeciality Hospital



CASHLESS FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,
Borivali (W), Mumbai 400091.
email: info@apexhospitals.in | www.apexgroupofhospitals.com

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Tele.: 022 - 2898 6677 / 46 / 47 /

INTERVENTIONAL CARDIOLOGIST

Dr. Hemant Khemani
Mon to Fri: 10:00 am to 11:00 am
Dr. Rajiv Sharma
Mon to Fri: on appointment

CARDIAC SURGEON

Dr. Shridhar Padagati
Mon to Sat: 09:00 pm to 09:00 pm
Dr. Sagar Kedare
Mon to Sat: 08:00 pm to 09:00 pm

GENERAL PHYSICIAN

Dr. Chirag Shah
Mon to Sat: 11:30 am to 01:00 pm
Dr. Shreya Mehta
Mon to Sat: 04:00 pm to 03:00 pm
Dr. Priyank Jain
Mon to Sat: 01:00 pm to 03:00 pm

CHEST PHYSICIAN

Dr. Parthiv Shah
Wed & Sat: 09:00 am to 10:30 am
Dr. Kinjal Modi
Mon & Thurs: 01:00 pm to 03:00 pm

ORTHOPEDIC SURGEON AND SPORT INJURIES

Dr. Amit Munde
Mon to Sun: 09:00 pm to 07:00 pm
Dr. Vividh Makwana
Mon to Sat: 11:00 am to 12:00 pm
Dr. Bhavin Doshi
Mon to Sat: 09:00 pm to 10:00 pm
Dr. Arpit Dave
Mon to Sat: 05:00 pm to 07:00 pm
Dr. Deepak Bhaskar
Mon to Sat: on appointment
Dr. Raunak Shah
Mon to Sat: on appointment
Dr. Sandip Vyas
Mon to Sat: 05:30 pm to 07:30 pm

MEDICAL GASTROENTEROLOGIST, HEPATOLOGIST, ENDOSCOPIST

Dr. Darshil Shah
Mon to Fri: 09:00 am to 10:00 am
06:00 pm to 07:00 pm
Dr. Siddhesh Rane
Mon to Sat: on appointment

LAPROSCOPIC SURGEON

Dr. Aditi Agarwal
Mon to Sat: 05:00 pm to 07:00 pm
Dr. Amol Patil
Mon to Sat: 06:00 pm to 07:00 pm
Dr. Geeta Ghag
Mon to Sat: 06:00 pm to 07:00 pm

DIABETIC FOOT SURGEON

Dr. Shrikant Bhojar
Mon to Sat: 02:00 pm to 04:00 pm

LAPROSCOPIC GYNAECOLOGIST

Dr. Hemashri Patel
Mon to Sat: 09:00 pm to 07:00 pm
Dr. Rashmi Padwalkar
Mon, Wed: on appointment

NEPHROLOGIST

Dr. Amit Jain
Mon to Sat: 10:00 am to 11:00 am
Dr. Ankit Mody
Mon, Wed & Fri: 05:00 pm to 07:00 pm
Dr. Umesh Khanna
Mon to Sat: 08:00 pm to 09:00 pm
Dr. Akash Shingada
Mon to Sat: 08:00 pm to 09:00 pm
Dr. Paras Deshiya
Mon to Sat: on appointment

URO SURGEON

Dr. Saket Sathe
Mon to Sat: on appointment
Dr. Rushabh Daga
Mon to Sat: on appointment
Dr. Aniket Shirke
Mon to Sat: on appointment

NEUROLOGIST

Dr. Mehoob Basale
Saturday: 02:00 pm to 04:00 pm
Mon to Fri: on appointment
Dr. Gaurav Kusundara
Mon to Wed: 06:30 am to 09:30 pm

Mr. Tejnarayan Singh

37 yr m

clo - Aphthous @ lower lip present.
No any active
complain present

No cough, cold, fever

No H/O - Breathlessness,
chest pain

Kluo - NAD

PH/O - pulmo Koch : 13 yr back

O/E

PR - 76/m

SpO₂ - 98%

Temp - Afebr

BP - 110/60 mmHg

S/E

CVS - S1,2

CNS - conscious oriented

RS - AEBE

PIA - soft / MT

ENT Examination

N - No perioration noted

Symmetrical,

No discharge

T - ~~the~~ Aphthous ulcer noted @ lower
lip

Red, circular, irregular,
No difficulty in swallowing

E - No any deformity noted

NEUROSURGEON

Dr. Derpan Thakar
Tues & Thurs: 03:00 pm to 04:00 pm
Dr. Sameer Parik
Tues & Thurs: 03:00 pm to 04:00 pm
Dr. Vivek Pate
Mon, Wed & Fri: 07:00 pm to 08:00 pm

HAEMATOLOGIST

Dr. Shraddha Thakkar
Tue, Wed & Fri: 03:00 pm to 04:00 pm

MEDICAL ONCOLOGIST

Dr. Ashish Joshi
Thurs: 09:00 am to 10:00 am
Dr. Pradip Kendre
Tues: 09:00 am to 10:00 am

ONCOSURGEON

Dr. Praveen Kammar
Tues & Thurs: 04:00 pm to 05:00 pm
Dr. Yogen Chheda
Mon, Wed & Sat: 05:00 pm to 07:00 pm

OPHTHALMOLOGIST

Dr. Anurag Agarwal
Mon to Sat: 09:00 am to 10:00 am
Dr. Kishor Khade
Mon to Sat: on appointment
Dr. Prasan Mahajan
Mon to Sat: on appointment

PAEDIATRICIAN

Dr. Sunila Nagvekar
Fri: 02:00 pm to 03:00 pm

PAEDIATRIC SURGEON

Dr. Yogendra Sanghavi
Mon to Sat: 11:00 am to 12:00 pm

INTERVENTIONAL VASCULAR SURGEON

Dr. Simit Vora
Tues, Thurs & Sat: 06:00 pm to 08:00 pm
Dr. Virendra Yadav
Mon to Sat: 09:00 pm to 10:00 pm
Dr. Maunil Bhuta
Wed to Fri: 05:00 pm to 07:00 pm
Dr. Kunal Arora
Mon, Wed & Fri: 07:00 pm to 08:00 pm

ENT SPECIALIST

Dr. Sneha Mahajan
Mon to Fri: on appointment
Dr. Rachana Mehta Shroff
Mon to Sat 03:00 pm to 04:00 pm (on appointment)
Dr. Sonal Devangan
Mon to Fri: on appointment

PSYCHIATRIST

Dr. Pratik Surandashe
Mon to Sat: 06:00 pm to 07:00 pm
Dr. Payal Sharma Kamat
Tue, Thru & Fri: 09:00 am to 11:00 am

CLINICAL PSYCHOLOGIST

Hemangi Mhapaikar
Sun: 01:00 pm to 04:00 pm

COSMETOLOGIST

Dr. Vikas Verma
Mon to Sat: 06:00 pm to 08:00 pm
Dr. Leena Jain
Tues: 06:00 pm to 08:00 pm
Dr. Sushil Nehete
Wed: 06:00 pm to 08:00 pm
Dr. Pratap Nadar
Thurs: 06:00 pm to 08:00 pm

ANESTHESIST

Dr. Sagar Yesale
Mon to Sat: 08:00 am to 04:00 pm

RADIOLOGIST

Dr. Soumil Pandya
Mon to Sat: 06:00 pm to 08:00 pm
Dr. Forum Kothari
Mon to Sat: 06:00 pm to 08:00 pm
Dr. Deep Vora
Mon to Sat: 09:00 pm to 09:30 pm

DIETICIAN

Ms. Sakshi Gupta
Mon to Sat: 03:00 am to 04:00 pm

PHYSIOTHERAPIST

Dr. Manal Alvi
Mon to Sat: 08:00 am to 04:00 pm

Optimalmo - No any deformity noted.
pupils B/L Reacting to light
No blurring of far and near
vision.

Rx.

Cap. becosule

———— X 5 day

Zytec Gel for LA.

Adv.

XRay cervical spine.

(w)

(w)



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Tele.:
022 - 2898 6677 / 46 / 47 / 48

| | | | |
|-------------------|--------------------|---------------|----------------|
| Patient | : Singh Tej | UHID | : ASH232404259 |
| Age/Sex | : 37/Male | ID | : OP232405019 |
| Consultant Dr | : PAL DINESH KUMAR | Registered On | : 19-Feb-2024 |
| Referring Dr | : MEDIWHEEL | Reported On | : 19-Feb-2024 |
| Collection Centre | : Apex Hospital | | |

COMPLETE BLOOD COUNT

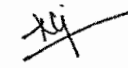
| Test | Result | Normal Value |
|---------------------------|-----------------------------|---------------------------------|
| HAEMOGLOBIN | 14.6 Gm% | 13.5-18.0 Gm% |
| RBC Count | 4.44 Millions/cumm | 4.0-6.0 Millions/cumm |
| PCV | 41.8 % | 37-47 % |
| MCV | 94.14 Fl | 78-100 Fl |
| MCH | H <u>32.88</u> Pg | 27-31 Pg |
| MCHC | 34.93 % | 32-35 % |
| RDW | 13.9 % | 11-15 % |
| Total WBC Count | 7700 /C.MM | 4000-11000 /C.MM |
| Differential Count | | |
| Neutrophils | 62 % | 40-75 % |
| Eosinophils | 02 % | 01-06 % |
| Basophils | 00 % | 00-01 % |
| Lymphocytes | 33 % | 20-45 % |
| Monocytes | 03 % | 01-10 % |
| BANDCELLS | 00 % | 00-03 % |
| Abnormalities Of WBC | NORMAL | |
| Abnormalities Of RBC | NORMOCYTIC NORMOCHROMIC | |
| PLATELET COUNT | 167 X 10 ³ /cumm | 150-450 X 10 ³ /cumm |
| PLATELET ON SMEAR | ADEQUATE ON SMEAR | |
| MPV | H <u>14.0</u> Fl | 7.0-11.0 Fl |

Remarks : *

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.

Run By
Lab Technician

Checked By
Biochemist


Pathologist
DR.GUJAR NEERAJ VILAS
MD PATHOLOGY



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HEMATOLOGY


| Test | Result | Normal Value |
|--------------------|-------------------|--------------|
| ESR | H <u>33 mm/hr</u> | 0 - 10 mm/hr |
| BLOOD GROUP | " A " | |
| Rh FACTOR | POSITIVE | |

Remarks : *

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FASTING BLOOD SUGAR

| Test | Result | Normal Value |
|---------------|------------|--------------|
| FBS | 87.3 Mg/dl | 70-110 Mg/dl |
| URINE SUGAR | ABSENT | |
| URINE KETONES | ABSENT | |

POST LUNCH BLOOD SUGAR

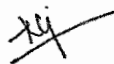
| Test | Result | Normal Value |
|--------------------------|-------------|--------------|
| PLBL (2 HOUR AFTER FOOD) | 105.9 Mg/dl | 70-140 Mg/dl |
| URINE SUGAR (PP) | SNR | - |
| URINE KETONE (PP) | SNR | |

Remarks : **

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LIPID PROFILE


| Test | Result | Normal Value |
|-------------------|------------|--------------|
| TOTAL CHOLESTEROL | 189.4 Mg% | 150-250 Mg% |
| TRIGLYCERIDES | 104.0 Mg% | 35-160 Mg% |
| HDL CHOLESTEROL | 52.0 Mg% | 30-70 Mg% |
| VLDL CHOLESTEROL | 20.80 | 7-35 |
| LDL CHOLESTEROL | 116.60 Mg% | 108-145 Mg% |
| TC/HDL CHOL RATIO | 3.64 | 3.5-5.0 |
| LDL/HDL RATIO | 2.24 | 1.1-3.9 |

Remarks : *

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LIVER FUNCTION TEST

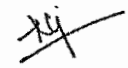
| Test | Result | Normal Value |
|---------------------------|------------|---------------|
| TOTAL BILIRUBIN | 0.92 Mg/dl | 0.1-1.2 Mg/dl |
| DIRECT BILIRUBIN | 0.24 Mg/dl | 0.0-0.3 Mg/dl |
| INDIRECT BILIRUBIN | 0.68 Mg/dl | 0.1-1.0 Mg/dl |
| SGOT | 27.92 Iu/l | 5-40 Iu/l |
| SGPT | 34.90 Iu/l | 5-40 Iu/l |
| SERUM ALKALINE PHOSPHATES | 65.55 U/l | 25-147 U/l |
| SERUM PROTEINS TOTAL | 6.88 Gm% | 6.0-8.2 Gm% |
| SERUM ALBUMIN | 4.05 Gm% | 3.0-5.0 Gm% |
| SERUM GLOBULIN | 2.83 Gm% | 1.9-3.5 Gm% |
| ALBUMIN : GLOBULIN RATIO | 1.43 Mg/dl | 0.9-2.0 Mg/dl |
| GAMMA GT | 14.01 Iu/l | 5-45 Iu/l |

Remarks : *

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.

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RENAL FUNCTION TEST

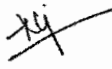
| Test | Result | Normal Value |
|---------------------------|-------------|---------------|
| SERUM CREATININE | 1.04 Mg/dl | 0.6-1.6 Mg/dl |
| URIC ACID | 5.47 Mg/dl | 2.5-7.7 Mg/dl |
| BLOOD UREA NITROGEN / BUN | 16.52 Mg/dl | 0-23 Mg/dl |

Remarks : *

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| Age/Sex | : 37/Male | ID | : OP232405019 |
| Consultant Dr | : PAL DINESH KUMAR | Registered On | : 19-Feb-2024 |
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URINE ROUTINE


| Test | Result | Normal Value |
|--|----------------|--------------|
| PHYSICAL EXAMINTION | | |
| QUANTITY | 30 Ml | Ml |
| COLOUR | YELLOW | |
| APPEARANCE | SLIGHTLY HAZY | |
| DEPOSIT | PRESENT | |
| REACTION [PH] | ACIDIC | |
| SPECIFIC GRAVITY | 1.020 | |
| CHEMICAL EXAMINATION | | |
| URINE ALBUMIN | PRESENT(TRACE) | |
| SUGAR | ABSENT | |
| KETONE BODIES | ABSENT | |
| OCCULT BLOOD | ABSENT | |
| BILE PIGMENT | ABSENT | |
| BILE SALT | ABSENT | |
| MICROSCOPIC EXAMINATION OF CENTRE | | |
| RED BLOOD CELLS | ABSENT /hpf | /hpf |
| PUS CELLS | 10-12 /hpf | /hpf |
| EPITHELIAL CELLS | 8-10 /hpf | /hpf |
| CASTS | ABSENT | |
| CRYSTALS | ABSENT | |
| SPERMATOZOA | ABSENT | |
| TRICHOMONAS VAGINALIS | ABSENT | |
| YEAST CELLS | ABSENT | |
| AMORPHOS DEPOSITS | ABSENT | |
| BACTERIA | ABSENT | |

Remarks : *

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DR.GUJAR NEERAJ VILAS
MD PATHOLOGY

Patient Id : **PVD04223-24/67110** Sample ID : 24025236
 Patient : MR TEJ SINGH Reg. Date : 19/02/2024
 Age/sex : 37 Yrs/ Male Report Date : 19/02/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



IMMUNOASSAY


| Test Description | Result | Unit | Biological Reference Range |
|----------------------------------|--------|--------|--|
| TOTAL T3 T4 TSH (TFT) | | | |
| T3 (Triiodothyronine) | 129.14 | 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) | 7.34 | 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) | 3.35 | 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-----

Term & Conditions* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.


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

CENTRAL PROCESSING LABORATORY

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

Ph: 2200 7045 - Mob: 96910 17023 / 81042 45961 • www.pathvisiondiagnostics.com

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 Ref. By : Self



PROSTATE SPECIFIC ANTIGEN

| Test Description | Result | Unit | Biological Reference Range |
|---|--------|-------|---|
| PSA (Prostate Specific Antigen)-Serum Total | 0.54 | ng/ml | Conventional for all ages: 0 - 4 69- 80 Years : 0 - 6.5 Above 80 yrs: 0 - 7.2 |

Method : ECLIA

INTERPRETATION :

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

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

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 Ref. By : Self



HBA1C-GLYCOSYLATED HAEMOGLOBIN

| Test Description | Result | Unit | Biological Reference Range |
|---------------------------------|--------|-------|--|
| HbA1c- (EDTA WB) | 5.3 | % | < 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic |
| Estimated Average Glucose (eAG) | 105.41 | mg/dL | |
| Method : HPLC-Biorad D10-USA | | | |


INTERPRETATION

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. 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%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. 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.
5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
7. 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

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

Term & Conditions* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.


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



Where Healing & Care Comes Naturally

APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



CASHLESS
FACILITY

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Borivali (W), Mumbai 400091.
email: info@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Tele.:
022 - 2898 6677 / 46 / 47 / 48

UHID : ASH232404259 ID : OP232405019 Date : 19-Feb-2024
Patient : Tej Narayan Age/Sex : 37/Male Referred By : MEDIWHEEL
Singh
Company : SELF

DIGITAL X-RAY CHEST <PA> VIEW

The lung on either side shows equal translucency and exhibit normal vasculature

The pleural spaces are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The cardiac size is normal.

Trachea is central in position and no mediastinal abnormality is visible.

Bony thorax is normal.

IMPRESSION:

- o No significant abnormality.

DR. PANDYA SAUMIL
MD,D.N.B
RADIOLOGIST



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Singh
Company : SELF

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 size, shape and has smooth margins. The hepatic parenchyma shows homogeneous normal echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It is normal 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 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 11.6 cm normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

| Right kidney | Left kidney |
|---------------|---------------|
| 10.9 x 3.9 cm | 11.3 x 4.9 cm |

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.

PROSTATE: It measures about 3.7 x 3.6 x 3.7 cms; volume is 26 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:

Ø No significant abnormality noted.

DR. PANDYA SAUMIL
MD,D.N.B
RADIOLOGIST

ID: 2024021911112837

Name: *Raj Narayan Singh*

Age: *57 M*

Gender: *M*

02-19-2024 12:53:02

Vent. Rate 72 bpm

PR Interval 140 ms

QRS Duration 90 ms

QT/QTc Interval 352/373 ms

P/QRS/T Axes 33/67/36 deg

QTc/Hodges

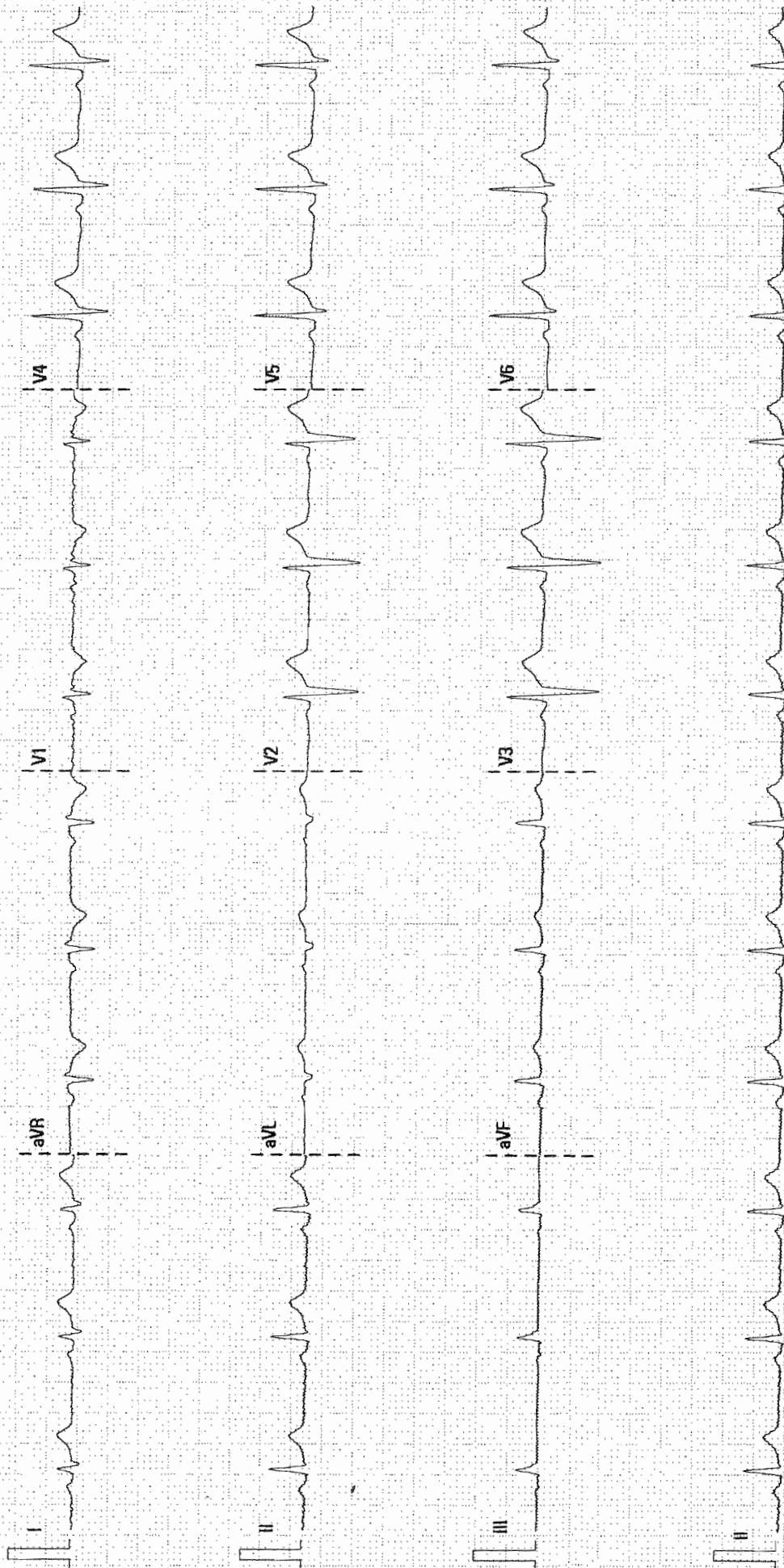
Sinus rhythm

-- Interpretation made without knowing patient's gender/age ---

Normal ECG

Unconfirmed Diagnosis.

Wulcher



UNI-EM

ELECTRONICS COMPLEX

INDORE

TEJ NARAYAN SINGH

ID : 22238
 DATE : 07/04/2005
 AGE/SEX : 37 /M
 HT/WT : 165 / 100
 REF.BY : CAMP

TREADMILL TEST REPORT

PROTOCOL : Bruce
 HISTOFY :
 INDICATION :
 MEDICATION :

| PHASE | TOTAL TIME | STAGE TIME | SPEED Km/Hr | GRADE % | H.R. bpm | B.P. mmHg | RPP x100 | ST LEVEL (MM) | | | METS |
|-------------|------------|------------|-------------|---------|----------|-----------|----------|---------------|------|------|------|
| | | | | | | | | II | V1 | V5 | |
| Stage 1 | 2:55 | 2:55 | 2.7 | 10 | 191 | 0 / 0 | 0 | 1.3 | 2 | -3.4 | 4.67 |
| Stage 2 | 5:55 | 2:55 | 4 | 12 | 163 | 120 / 80 | 195 | 1.1 | 1.4 | -1.8 | 7.04 |
| PK-EXERCISE | 7:45 | 1:45 | 5.4 | 14 | 193 | 120 / 80 | 231 | 2.1 | 2.9 | -3.9 | 8.79 |
| RECOVERY | 10:48 | 2:55 | | | 114 | 120 / 80 | 136 | 3.1 | -0.9 | 2 | |

RESULTS

EXERCISE DURATION : 7:45
 MAX HEART RATE : 193 bpm
 MAX BLOOD PRESSURE : 120 / 80 mm Hg
 REASON OF TERMINATION :
 BP RESPONSE :
 ARRHYTHMIA :
 H.R. RESPONSE :
 IMPRESSIONS :
 MAX WORK LOAD : 8.79 METS

Technician :

UNI-EM

TEJ NARAYAN SINGH
 I.D. 22238
 Age 37/M
 Date 07/04/2005

RAPE 114bpm
 B.P. 120/80

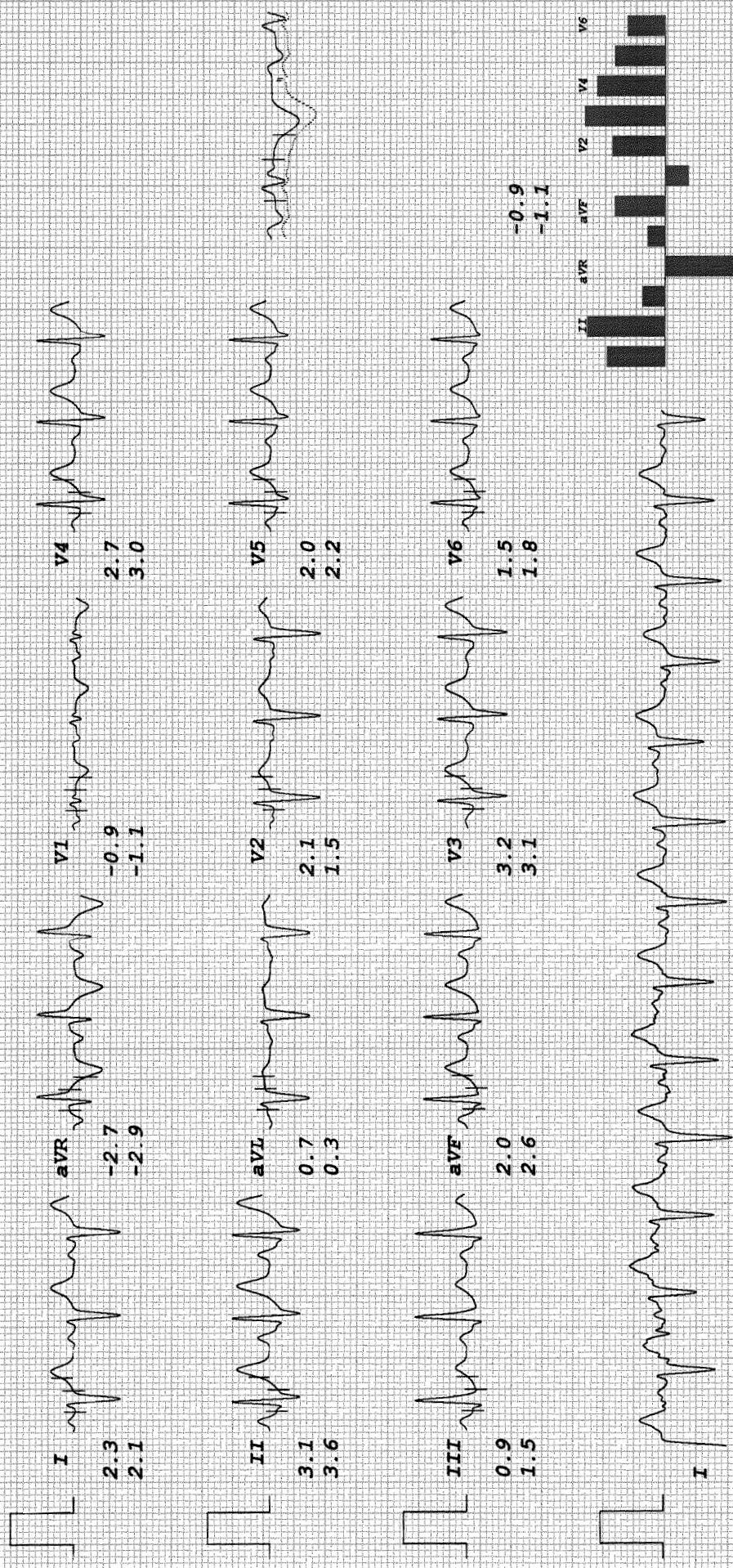
Bruce
 RECOVERY
 TOTAL TIME 10:48
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ

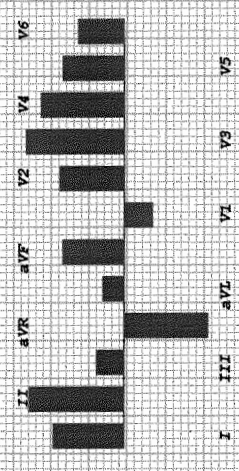
LINKED MEDIAN

Mag. X 2

V1



-0.9
-1.1



UNI-EM

TEJ NARAYAN SINGH
 I.D. 22238
 Age 37/M
 Date 07/04/2005

RATE 193bpm
 B.P. 120/80

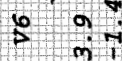
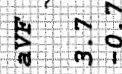
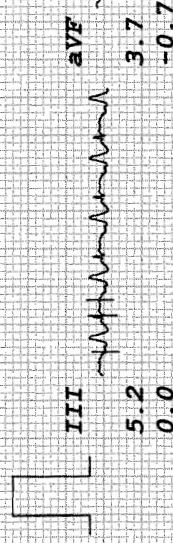
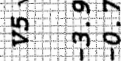
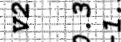
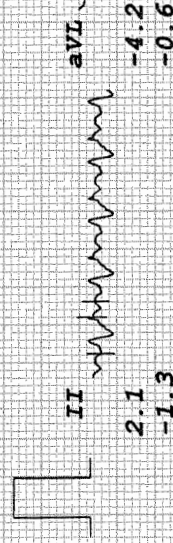
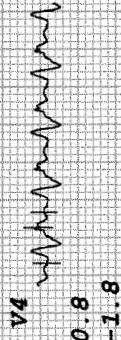
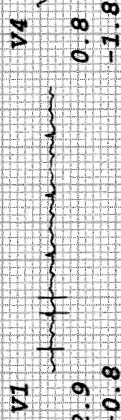
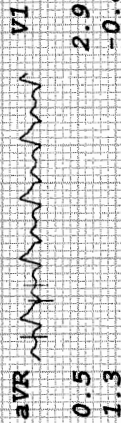
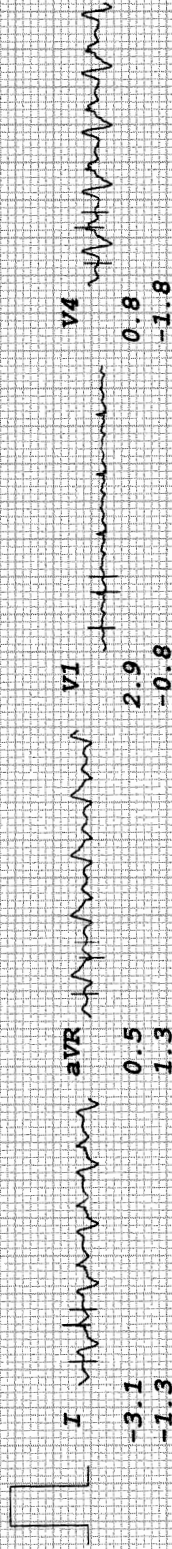
Bruce
 PK-EXERCISE
 TOTAL TIME 7:45
 PHASE TIME 1:45

ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %

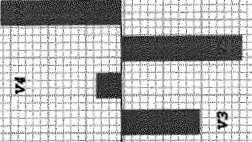
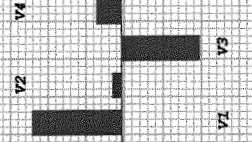
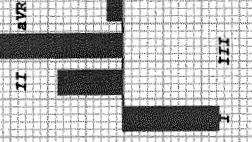
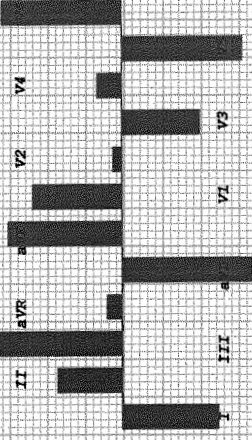
LINKED MEDIAN

Mag. X 2

I



-3.1
 -1.3



UNI-EM

TEJ NARAYAN SINGH
 I.D. 22238
 Age 37/M
 Date 07/04/2005

RATE 163bpm
 B.P. 120/80

Bruce
 Stage 2
 TOTAL TIME 5:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 &

LINKED MEDIAN

Mag. X 2

I

