



Bill Cum Receipt



Receipt No :	Date :	24-Feb-2024
UHID :	OPID :	OP232407857
Name :	Sex/Age :	Male/32 Years
Credit Company :	Consulting Doctor :	VIJAY VERMA
Referring Doctor :	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,treiglycerides) / 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	SR00817	ABD & PELVIS	JAIN KAMLESH	1764
11	SR00114	CHEST PA	BHALEKAR AMOL	350
12	SR00034	ECG	VIJAY VERMA	500
13	SR00028	2D ECHO ROUTINE	RAVINDRA GHULE	2500
14	SR00475	T3, T4, TSH	VIJAY VERMA	900
15	SR5325	DENTAL	VIJAY VERMA	800
16	SR00507	FIRST CONSULTATION (SPECIALIST)	SINGH BALBIR	850
17	SR5323	OPHTHALMOLOGY	VIJAY VERMA	800
18	SR5324	ENT	VIJAY VERMA	1000

Total Amt : ₹ 16319.00/-

Paid Amt : ₹ 0.00/-

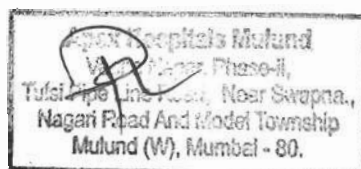
Balance Amt : ₹ 16319.00/-

Refund Amt : ₹ 0.00/-

In Words : Zero

Print By : PRASHANT BORADE

Print Date : 24-Feb-2024 04:14 PM



Authorized Signature

Veena Nagar Phase II, Tulsi Pipe Line Road,
Near Swapna Nagri Road, Mulund (W) Mumbai 400 080.
email: info@apexhospitals.in www.apexgroupofhospitals.com

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googlemap



Tele.:
022-41624000 (100 Lines)

Patient Name	: MR. DHAGASH CHANDE	Patient ID	: 84068
Age/Sex	: 32 Years /Male	Sample Collected on	: 24-2-24, 4:00 pm
Ref Doctor	: APEX HOSPITAL	Registration On	: 24-2-24, 4:00 pm
Client Name	: Apex Hospital	Reported On	: 24-2-24, 7:41 pm

Test Done	Observed Value	Unit	Ref. Range
Complete Blood Count(CBC)			
HEMOGLOBIN	13.9	gm/dl	12 - 16
Red Blood Corpuscles			
PCV (HCT)	41.5	%	42 - 52
RBC COUNT	4.91	x10 ⁶ /uL	4.70 - 6.50
RBC Indices			
MCV	84.5	fl	78 - 94
MCH	28.2	pg	26 - 31
MCHC	32.4	g/L	31 - 36
RDW-CV	14.6	%	11.5 - 14.5
White Blood Corpuscles			
TOTAL LEUCOCYTE COUNT	5400	/cumm	4000 - 11000
Differential Count			
NEUTROPHILS	65	%	40 - 75
LYMPHOCYTES	30	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	0	%	0 - 1
Platelets			
PLATELET COUNT	304000	Lakh/cumm	150000 - 450000
MPV	7.9	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.



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Test Done	Observed Value	Unit	Ref. Range
ESR (ERYTHROCYTES SEDIMENTATION RATE)			
ESR	12	mm/1hr.	0 - 20
METHOD - WESTERGREIN			

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Test Done	Observed Value	Unit	Ref. Range
BLOOD GLUCOSE FASTING & PP			
FASTING BLOOD GLUCOSE	80.7	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	97.2	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	28.1	mg/dL	10 - 50
BLOOD UREA NITROGEN	13.13	mg/dL	0.0 - 23.0
S. CREATININE	0.77	mg/dL	0.7 to 1.4
S. SODIUM	137.9	mEq/L	135 - 155
S. POTASSIUM	4.81	mEq/L	3.5 - 5.5
S. CHLORIDE	107.1	mEq/L	95 - 109
S. URIC ACID	3.4	mg/dL	3.5 - 7.2
S. CALCIUM	8.2	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.1	mg/dL	2.5 - 4.5
S. PROTIEN	7.1	g/dl	6.0 to 8.3
S. ALBUMIN	3.8	g/dl	3.5 to 5.3
S. GLOBULIN	3.30	g/dl	2.3 to 3.6
A/G RATIO	1.15		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	0.76	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.23	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.53	mg/dL	UP to 0.7
SGOT(AST)	23.7	U/L	UP to 40
SGPT(ALT)	18.4	U/L	UP to 40
ALKALINE PHOSPHATASE	275.1	IU/L	64 to 306
S. PROTIEN	7.1	g/dl	6.0 to 8.3
S. ALBUMIN	3.8	g/dl	3.5 - 5.0
S. GLOBULIN	3.30	g/dl	2.3 to 3.6
A/G RATIO	1.15		0.9 to 2.3

METHOD - EM200 Fully Automatic



Dr. Hrishikesh Chevle
(MBBS.DCP.)



APEX HOSPITALS MULUND DIAGNOSTIC

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Test Done	Observed Value	Unit	Ref. Range
LIPID PROFILE			
TOTAL CHOLESTEROL	185.1	mg/dL	200 - 240
S. TRIGLYCERIDE	125.2	mg/dL	0 - 200
S.HDL CHOLESTEROL	42.1	mg/dL	30 - 70
VLDL CHOLESTEROL	25	mg/dL	Up to 35
S.LDL CHOLESTEROL	117.96	mg/dL	Up to 160
LDL CHOL/HDL RATIO	2.80		Up to 4.5
CHOL/HDL CHOL RATIO	4.40		Up to 4.8

Transasia-EM200 FULLY AUTOMATIC

INTERPRETATION

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

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Test Done	Observed Value	Unit	Ref. Range
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URINE ROUTINE EXAMINATION

Physical Examination

VOLUME	15 ml	- -
COLOUR	Pale Yellow	Pale Yellow
APPEARANCE	Slightly Hazy	Clear
DEPOSIT	Absent	Absent

Chemical Examination

REACTION (PH)	Acidic	Acidic
SPECIFIC GRAVITY	1.015	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	3-4 /HPF	0 - 5 /HPF
EPITHELIAL CELLS	2-3 /HPF	0 - 3 /HPF
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	Absent
YEAST CELLS	Absent	Absent
ANY OTHER FINDINGS	Absent	




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Tele.:

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Mr. DHAGASH CHANDE	email: info@apexhospitals.in ; www.apexgroupofhospitals.com	Collected : 24-02-2024 16:39	Lab ID : 40200506014
DOB :		Received : 24-02-2024 18:40	Sample Quality : Adequate
Age : 32 Years		Reported : 24-02-2024 19:58	Location : MUMBAI
Gender : Male		Status : Final	Ref By : APEX HOSPITAL
CRM :			Client : SANJAY PANDEY :MU058

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

THYROID FUNCTION TEST

Tri Iodo Thyronine (T3 Total), Serum 1.37 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 8.89 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 4.312 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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NAME : MR.DAGESH CHANDE

32/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.(14.5 cm)

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 5.6 cm

Left kidney measures : 8.7 x 5.7 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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24/2/2024

INTERVENTIONAL CARDIOLOGIST

Dr Ravindra 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

Dr. Sagar Kedare
Tues, Thurs & Sat: 11.00 am to 12.00 pm

GASTROENTEROLOGIST

Dr Vinay Pawar
Mon to Sat: 5.00 pm to 6.00 pm
Dr Sujith Nair
Wed: 6.00 pm to 7.00 pm

ORTHOPAEDICS & JOINT REPLACEMENT SURGEON

Dr Aditya Pathak
Mon to Sat: 1.30 pm to 2.30 pm
Dr Anil Mali
Mon to Sat: 10.00 am to 12.00 pm
Dr Karthik Subramanian
Mon, Wed & Fri: 7.00 pm to 8.00 pm
Dr Atul Patil
Wed to Sat: 4.00 pm to 5.00 pm
Dr Abhijeet Savale
Mon, Wed & Sat: 10.00am to 11.00am

PLASTIC AND RECONSTRUCTIVE SURGEON

Dr Om Agarwal
Mon to Sat: 5.00 pm to 6.00 pm

GENERAL PHYSICIAN

Dr. Sagar Patil
Mon to Sat: 9.30 am to 11.30 am
Dr. Haridk Thakkar
Fri: 8.00 pm to 9.00 pm

GENERAL & LAPROSCOPIC SURGEON

Dr Shirang Yadwadkar
Mon to Sat: 7.30 pm to 8.30
Dr Amol Gosavi
Mon to Sat: 12.00 pm to 1.00pm

PEADIATRICIAN

Dr Kaustubh Shah
Mon to Sat: 9.00 am to 1.00 pm & 5.00 pm to 9.00 pm

PEDIATRIC CARDIOLOGIST

Dr Varsha Mane
Mon to Sat: 7.00 pm to 8.00 pm

CHEST PHYSICIAN

Dr Sapna Chavan
Mon to Sat: 5.00 pm to 6.00 pm
Dr Prasad Padwal
Thursday: 12.00 pm to 1.00 pm

Mr. Dagesh, Chande
Bayn 1M

No H/O any major illness

O/A - T - Afebrile
P - 68/min
BP - 130/80 mm of Hg
RR - 120/80 mm of Hg
SpO₂ - 98% @ RA

Q/A - Cus - 2/2 (+)
F2 - B3B2
F1A - soft
CNS - conscious & oriented

Height - 185
Weight - 84
BMI - 25.4
patient clinically & physically fit

Eye check up - (N)
Skin / ENT consultation - (N)
Dental check up - (N)

RADIOLOGISTS & SONOLOGISTS

Dr. Kamlesh Jain
Tues, Thurs & Sat: 2.30 pm to 3.30 pm

ONCOLOGIST

Dr Smit Sheth
Mon, Wed & Fri: 4.00pm to 5pm

ONCOSURGEON

Dr Amit Gandhi
Mon to Sat: 12.00 pm to 2.00 pm

URO SURGEON

Dr Dhruvi 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 Sat: 7.00 pm to 8.00 pm
Dr Pooja Phadtare
Tues, Wed, Fri & Sat: 4.00pm to 6.00pm

DERMATOLOGY AND COSMETOLOGY

Dr Reshma Ahuja
Mon to Sat: 6.00 pm to 8.00 pm

NEPHROLOGIST

Dr. Rohan Pradhan
Mon to Fri: 9.00 pm to 10.00 pm
Dr. Akash Ranka
Mon to Sat: 1.00 pm to 2.00 pm

NEUROLOGY

Dr Dipesh Pimple
Mon, Wed & Fri: 6.00 pm to 7.00 pm

NEURO AND SPINE SURGEON

Dr Ravi Sangale
Mon to Sat: 10.30 am to 11.30 am

OPHTHALMOLOGIST

Dr Akshat Shah
Mon to Sat: 2.30 pm to 3.30 pm
Dr Kiran Manglani
Wed: 10.00 am to 11.30 am
Dr Laxhi Manglani
Fri: 10.00 am to 11.30 am

ENT SURGEON

Dr Jhanvi Thakur
Mon to Sat: 6.00 pm to 7.00 pm
Dr Yogesh Parmar
Tues and Thurs: 5.00 pm to 6.00 pm

Dr Sheetal Radia

Mon to Sat: 7.00 pm to 8.00 pm

DIABETOLOGIST

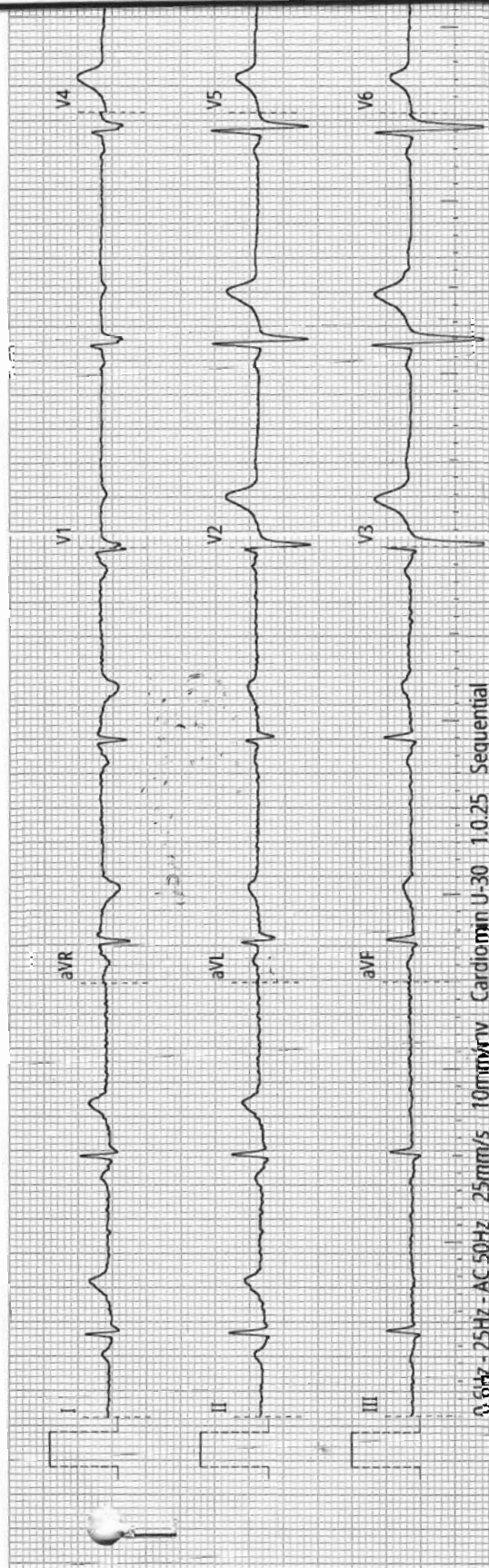
Dr Vikrant Gujar
Mon to Sat: 10.00 am to 11.00 am

DIETICIAN

Mrs Harshada Suryavanshi
Mon to Sat: 10.00 am to 12.00 pm

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

Apex Hospitals Mulund
Veena Nagar, Phase-II,
Tulsi Pipe Line Road, Near Swapna
Nagri Road And Model Township,
Mulund (W), Mumbai - 400 080.



0.6Hz - 25Hz - AC 50Hz - 25mm/s 10mm/mV Cardioman U-30 1.0.25 Sequential

ECG report

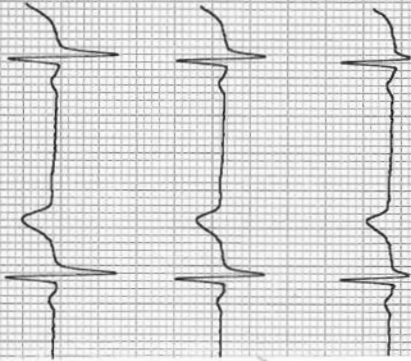
ID : 20240224080912
Name : *Dragesh Chandra*
Gender : *Male*
Age : *32 Year*
Dept :
Bed No :

HR : 51 bpm
QRS : 136 ms
QT/QTc : 106 ms
P/QRS/T : 432/416 ms
RV5/SV1 : 41/62/32 °
RV5+SV1 : 0.614/0.254 mv
Minnesota code : 0.868 mv

Minnesota code : 8-8

<<Interpretations>>

Apex Hospital's Mulund
Veena N. Phise-II,
Tulsi Pipe Line
Nagani Road sign : 1, Township
Examination time : 2024-02-24 08:09:12





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NAME: Mr.DHAGASH CHANDE M/32 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 5 mmHg.
No MS / Trivial MR
Normal flow across all other cardiac valves.
Pulmonary pressure of 20 mm of Hg.

CONCLUSION.-

Normal Biventricular Systolic and diastolic function
LVEF-55-60%
Trivial MR
No e/o pulmonary hypertension

DR.DR. RAJENDRA CHULE E
DNB (Medicine), DNB (Cardiology)
(Consultant Cardiologist)
Reg. No. 2009/08/3036



APEX HOSPITALS MULUND

A Superspeciality Hospital

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APEX HOSPITALS MULUND Radiologist Report Sheet

Patient Name:	DHAGESH CHANDE	Medical Record No:	24/02/2024 2660
Age :	32 Year	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		

Final Report

RADIOGRAPH OF THE CHEST (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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ORTHOPEDIC | SPINE | CARDIOLOGY | GENERAL SURGERY | LAPAROSCOPY | CRITICAL CARE | GASTROENTEROLOGY | CANCER | DIABETOLOGY
NEUROLOGY | NEPHROLOGY | VASCULAR SURGERY | ENT | OPHTHAMALOGY | PLASTIC SURGERY | UROSURGERY | PEDIATRIC SURGERY

Patient ID : 2402036281 Patient Name : MR. DHAGASH CHANDE Age : 32 Yrs Gender : MALE Ref. By Doctor : APEX HOSPITAL Sample Collected At : APEX HOSPITAL MULUND	 For Authenticity Scan QR Code	Registered On : 24/02/2024,04:39 PM Collected On : 24/02/2024,06:31 PM Reported On : 24/02/2024,09:24 PM Sample ID : 
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Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Haemoglobin)	6.00	%	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	125.5	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.