



APEX HOSPITALS MULUND DIAGNOSTIC

ALL
CASHLESS
FACILITY

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



Tele.:
022-41624000 (100 Lines)

Patient Name : **MR. TUSHAR SARKAR**
Age/Sex : 38 Years / Male
Ref Doctor : APEX HOSPITAL
Client Name : Apex Hospital

Patient ID : 83762
Sample Collected on : 19-2-24, 11:00 am
Registration On : 19-2-24, 11:00 am
Reported On : 19-2-24, 6:51 pm

Test Done	Observed Value	Unit	Ref. Range
Complete Blood Count(CBC)			
HEMOGLOBIN	14.5	gm/dl	12 - 16
Red Blood Corpuscles			
PCV (HCT)	43.5	%	42 - 52
RBC COUNT	5.35	$\times 10^6/uL$	4.70 - 6.50
RBC Indices			
MCV	81.9	fl	78 - 94
MCH	27.1	pg	26 - 31
MCHC	33.1	g/L	31 - 36
RDW-CV	14.5	%	11.5 - 14.5
White Blood Corpuscles			
TOTAL LEUCOCYTE COUNT	5900	/cumm	4000 - 11000
Differential Count			
NEUTROPHILS	55	%	40 - 75
LYMPHOCYTES	40	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	00	%	0 - 1
Platelets			
PLATELET COUNT	102000	Lakh/cumm	150000 - 450000
MPV	11.7	fl	6.5 - 9.8
RBC MORPHOLOGY	Normochromic, Normocytic		
WBC MORPHOLOGY	No abnormality detected		
PLATELETS ON SMEAR	Reduced on smear		

Instrument : Mindray BC 3000 Plus

Dr. Hrishikesh Chevle
(MBBS.DCP.)



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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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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
BLOOD GLUCOSE FASTING & PP			
FASTING BLOOD GLUCOSE	70.1	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	95.1	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
LIPID PROFILE			
TOTAL CHOLESTEROL	245.0	mg/dL	200 - 240
S. TRIGLYCERIDE	165.1	mg/dL	0 - 200
S.HDL CHOLESTEROL	43.1	mg/dL	30 - 70
VLDL CHOLESTEROL	33	mg/dL	Up to 35
S.LDL CHOLESTEROL	168.88	mg/dL	Up to 160
LDL CHOL/HDL RATIO	3.92		Up to 4.5
CHOL/HDL CHOL RATIO	5.68		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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Mr. TUSHAR SARKAR	email: info@apexhospitals.in	www.apexgroupofhospitals.com	Lab ID	40208905317
DOB :		Collected : 19-02-2024 18:15	Sample Quality	: Adequate
Age : 38 Years		Received : 19-02-2024 18:19	Location	: MUMBAI
Gender : Male		Reported : 19-02-2024 19:40	Ref By	: APEX HOSPITAL
CRM :		Status : Final	Client	: SANJAY PANDEY -MU058

Parameter	Result	Unit	Biological Ref. Interval
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THYROID FUNCTION TEST

Tri Iodo Thyronine (T3 Total), Serum 0.86 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 8.20 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 3.411 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

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This is an Electronically Authenticated Report.

Namrata

Dr. Namrata Bhanushali M.D
Lab Director



MC-5941



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Mr. TUSHAR SARKAR	email: info@apexhospitals.in	www.apexgroupofhospitals.com	Lab ID	40208765517
DOB :		Collected : 19-02-2024 18:15	Sample Quality	: Adequate
Age : 38 Years		Received : 19-02-2024 18:19	Location	: MUMBAI
Gender : Male		Reported : 19-02-2024 19:30	Ref By	: APEX HOSPITAL
CRM :		Status : Final	Client	: SANJAY PANDEY -MU058

Parameter	Result	Unit	Biological Ref. Interval
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Prostate Specific Antigen, Total, Serum CLIA	0.560	ng/mL	0 - 4
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Clinical significance:-

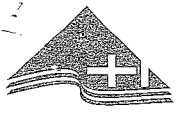
Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. PSA exists in serum in multiple forms: complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex), unbound (free PSA), and enveloped by alpha 2 macroglobulin (not detected by immunoassays). Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer.

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

Namrata

Dr. Namrata Bhanushali M.D
Lab Director





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Test Done	Observed Value	Unit	Ref. Range
LIVER FUNCTION TEST			
TOTAL BILLIRUBIN	0.73	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.21	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.52	mg/dL	UP to 0.7
SGOT(AST)	56.7	U/L	UP to 40
SGPT(ALT)	43.5	U/L	UP to 40
ALKALINE PHOSPHATASE	248.3	IU/L	64 to 306
S. PROTIEN	6.8	g/dl	6.0 to 8.3
S. ALBUMIN	3.7	g/dl	3.5 - 5.0
S. GLOBULIN	3.10	g/dl	2.3 to 3.6
A/G RATIO	1.19		0.9 to 2.3

METHOD - EM200 Fully Automatic

Dr. Hrishikesh Chevle
(MBBS . DCP .)



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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	0.79	mg/dL	0.7 to 1.4
S. SODIUM	138.7	mEq/L	135 - 155
S. POTASSIUM	4.36	mEq/L	3.5 - 5.5
S. CHLORIDE	97.2	mEq/L	95 - 109
S. URIC ACID	6.3	mg/dL	3.5 - 7.2
S. CALCIUM	7.6	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.5	mg/dL	2.5 - 4.5
S. PROTIEN	6.8	g/dl	6.0 to 8.3
S. ALBUMIN	3.7	g/dl	3.5 to 5.3
S. GLOBULIN	3.10	g/dl	2.3 to 3.6
A/G RATIO	1.19		1.0 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -

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(MBBS.DCP.)



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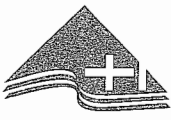
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Age/Sex : 38 Years /Male
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Test Done	Observed Value	Unit	Ref. Range
URINE ROUTINE EXAMINATION			
Physical Examination			
VOLUME	20 ml	-	-
COLOUR	Pale Yellow		Pale Yellow
APPEARANCE	Slightly Hazy		Clear
DEPOSIT	Absent		Absent
Chemical Examination			
REACTION (PH)	Acidic		Acidic
SPECIFIC GRAVITY	1.020		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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(MBBS . DCP .)



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19/2/24

Patient Name - Tushar Sarkar

Age - 38 year / m

H/O - NO - DM / HTN - or
NO ANY CARDIAC DISEASES

PE - Tem - 97.6 F
BP - 110/70 mmHg
PR - 85 /m
SPO2 - 98%

SE - RS - A₂ R₂ Clear
CUS - S₁ / S₂ (M)
CNS - C+D

Dental - NAD

Vision - Both eye vision clear

Sound - Listening clear & Both ear

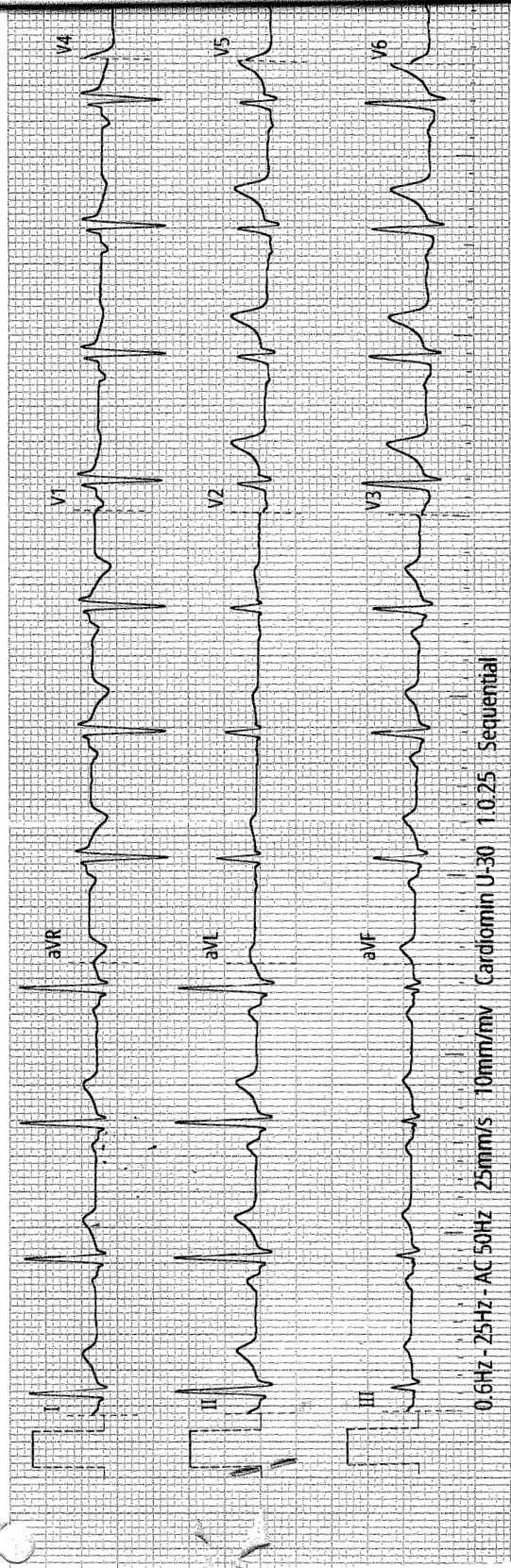
Skin - NAD

Height - 179 cm

Weight - 91 kg | BMI - 28.4

Patient is physically fit

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



ECG report

ID : 20240219094126

Name :

Gender :

Age :

Dept :

Bed No :

HR : 84 bpm

PR : 136 ms

QRS : 104 ms

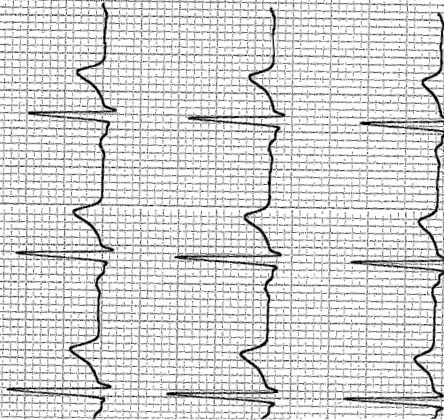
QT/QTc : 356/398 ms

P/QRS/T : 64/34/55°

RV5/SV1 : 1.244/0.858 mv

RV5-SV1 : 2.102 mv

<<Interpretations>>



Confirm and sign:
Examination time: 2024-02-19 09:41:26



NAME: MR. TUSHAR SARKAR

M/38

DATE: 19/02/2024

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 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 14 mm , Collapsing with inspiration.

Intact IAS and IVS .

COLOR FLOW.CW,PW & HAEMODYNAMIC DATA.

Aortic valve gradient of 7 mmHg.

No MS / TrivialTR

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 TR .

No e/o pulmonary hypertension



DR.Ravindra Ghule
(Consultant cardiologist)

DR. RAVINDRA GHULE
DNB (Medicine), DNB (Cardiology)
Reg. No. 2009 / 08 / 3036

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APEX HOSPITALS MULUND Radiologist Report Sheet

Patient Name:	TUSHAR.SARKAR	Medical Record No:	19/02/2024 2631
AGE	38	Accession No:	
Gender:	M	Location:	Outpatient
Type Of Study:	CR Chest PA	Physician:	BANK OF BARODA
Image Count:	1	Exam Time:	24/19/02 10:39 AM ET
Requisition Time:	24/19/02 11:26 AM ET	Report Time:	24/19/02 11:49 AM ET
Clinical History:	H/O MEDICAL CHECK-UP		

RADIOGRAPH OF THE CHEST (SINGLE VIEW)

Clinical History: H/O MEDICAL CHECK-UP

Comparison:

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.



Sanjay Khemuka
MBBS, MD
Consultant Radiologist

This report has been electronically signed by: MD.Sanjay Khemuka

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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Patient Name : TUSHAR SARKAR
Age / Gender : 38 Years / Male
Ref Doctor/ Hospital : Dr. APEX HOSPITAL

Date: 19/02/2024
UID: 23250-001

SONOGRAPHY OF ABDOMEN AND PELVIS

Liver is normal in size, shape with grade I increased liver parenchymal echogenicity. There is no focal lesion seen. The portal vein and common bile duct are normal in course and caliber. There is no evidence of intra-hepatic biliary duct dilatation seen.

Gall Bladder is partially distended. No calculus, abnormal wall thickening or pericholecystic fluid collection is seen.

The visualized **Pancreas** is normal in size, shape and echotexture. There is no focal lesion seen.

Spleen is normal in size, shape and echotexture. There is no focal lesion seen.

Right Kidney measures 10.0 x 4.1 cm. **Left Kidney** measures 11.0 x 4.7 cm. Both kidneys are normal in size, shape and echotexture. No evidence of any focal lesion is noted. No hydronephrosis, hydroureter or calculus is noted in both kidneys. Cortico medullary differentiation is well maintained.

Urinary Bladder is well distended. There is no evidence of focal lesion. No evidence of any calculus is seen.

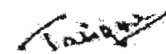
Prostate gland is normal in size (vol 15cc) shape and echopattern.

There is no free fluid or abdominal lymphadenopathy.

IMPRESSION:

- Grade I fatty infiltration of liver.

Thanks for the reference,



Dr. Tarique Khan
Consultant Radiologist

Investigations have their limit solitary radiological tests never confirm final diagnosis they only help in diagnosing the disease in correlation to clinical symptoms and other tests. Please correlate clinically