



Where Healing & Care Comes Naturally

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

visit website
googlemap



Tele.:
022-41624000 (100 Lines)

16/3/2024

Name: Dattaraj N. Pasi

Age - 49

P/M/H :- Nil

P/S/H - Nil

O/E 7-Afebrile

PR - 70/min

BP - 110/80

SPO2 = 100%

S/E WS / vom

ur

B

P/A/C

Height :- 174 cm

Weight - 79

BMI - 26.1

Dental check up - (N)

eye check up -

Ear check up

To do ophthalmologist opinion
H/L - Spectacles

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



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APEX HOSPITALS MULUND Radiologist Report Sheet

Patient Name:	DATTATRAY PATIL	Medical Record No:	16/03/2024 2775
AGE	49	Accession No:	
Gender:	M	Location:	Outpatient
Type Of Study:	CR Chest Portable Daily (Timed)	Physician:	BANK OF BARODA
Image Count:	1	Exam Time:	24/16/03 10:42 AM ET
Requisition Time:	24/16/03 11:57 AM ET	Report Time:	24/16/03 12:23 PM ET
Clinical History:	H/O ROUTINE CHECK-UP		

RADIOGRAPH OF THE CHEST (SINGLE VIEW)

Clinical History: H/O ROUTINE 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.

Sushanth Mittal

MBBS, MD

Consultant Radiologist

This report has been electronically signed by: MD.Sushant Mittal

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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Tele.:
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NAME : MR.DATTATRAY PATIL

49/M

16/03/2024

REF.BY :BANK OF BARODA

USG ABDOMEN AND PELVIS SONOGRAPHY

Liver is of normal size and shows normal echo texture. No evidence of focal lesion in Liver. Portal vein appears normal, No dilated I.H.B.R. No evidence 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 4.7 cm.

Left kidney measures : 9.2 x 5.1 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.

Prostate measures : 2.7 x 4.0 x 3.5 cm (volume =20.4cc)

Normal in size and echotexture.No focal lesion.prostatic calcification Noted.

REMARK :

- Prostatic calcification noted.


Dr.Kamlesh Jain

(Consultant Radiologist)

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



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NAME: Mr. DattatrayPatil

M/50

Date - 16/03/2024

REF.BY:DR. 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 10 mm , Collapsing with inspiration.

Intact IAS and IVS .

COLOR FLOW.CW,PW & HAEMODYNAMIC DATA.

Aortic valve gradient 5 mmHg.

No MS / Trivial MR

Normal flow across all other cardiac valves.

Pulmonary pressure of 22 mm of Hg.

CONCLUSION.-

Normal Biventricular Systolic and diastolic function

LVEF-55-60%

Trivial MR

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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Tele.:
022-41624000 (100 Lines)

Patient Name : **MR. DATTARAY PATIL**
Age/Sex : 50 Years /Male
Ref Doctor : APEX HOSPITAL
Client Name : Apex Hospital

Patient ID : 85567
Sample Collected on : 16-3-24,10:00 am
Registration On : 16-3-24,10:00 am
Reported On : 16-3-24, 6:11 pm

Test Done	Observed Value	Unit	Ref. Range
Complete Blood Count(CBC)			
HEMOGLOBIN	15.1	gm/dl	12 - 16
Red Blood Corpuscles			
PCV (HCT)	43.9	%	42 - 52
RBC COUNT	5.21	x10 ⁶ /uL	4.70 - 6.50
RBC Indices			
MCV	84.3	fl	78 - 94
MCH	28.9	pg	26 - 31
MCHC	34.6	g/L	31 - 36
RDW-CV	13.6	%	11.5 - 14.5
White Blood Corpuscles			
TOTAL LEUCOCYTE COUNT	6200	/cumm	4000 - 11000
Differential Count			
NEUTROPHILS	55	%	40 - 75
LYMPHOCYTES	40	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	0	%	0 - 1
Platelets			
PLATELET COUNT	243000	Lakh/cumm	150000 - 450000
MPV	8.1	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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Reported On : 16-3-24, 6:11 pm

Test Done	Observed Value	Unit	Ref. Range
-----------	----------------	------	------------

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.

Dr. Hrishikesh Chevle
(MBBS, DCP.)



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Test Done	Observed Value	Unit	Ref. Range
ESR (ERYTHROCYTES SEDIMENTATION RATE)			
ESR	17	mm/1hr.	0 - 20
METHOD - WESTERGREN			



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Reported On : 16-3-24, 6:11 pm

Test Done	Observed Value	Unit	Ref. Range
BLOOD GLUCOSE FASTING & PP			
FASTING BLOOD GLUCOSE	95.2	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

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	0.84	mg/dL	0.7 to 1.4
S. SODIUM	140.1	mEq/L	135 - 155
S. POTASSIUM	4.36	mEq/L	3.5 - 5.5
S. CHLORIDE	107.4	mEq/L	95 - 109
S. URIC ACID	5.9	mg/dL	3.5 - 7.2
S. CALCIUM	9.4	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.7	mg/dL	2.5 - 4.5
S. PROTIEN	6.3	g/dl	6.0 to 8.3
S. ALBUMIN	3.7	g/dl	3.5 to 5.3
S. GLOBULIN	2.60	g/dl	2.3 to 3.6
A/G RATIO	1.42		1.0 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -


Dr. Hrishikesh Chevle
(MBBS, DCP.)

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Reported On : 16-3-24, 6:11 pm

Test Done	Observed Value	Unit	Ref. Range
LIVER FUNCTION TEST			
TOTAL BILLIRUBIN	0.72	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.23	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.49	mg/dL	UP to 0.7
SGOT(AST)	41.9	U/L	UP to 40
SGPT(ALT)	80.8	U/L	UP to 40
ALKALINE PHOSPHATASE	311.7	IU/L	64 to 306
S. PROTIEN	6.3	g/dl	6.0 to 8.3
S. ALBUMIN	3.7	g/dl	3.5 - 5.0
S. GLOBULIN	2.60	g/dl	2.3 to 3.6
A/G RATIO	1.42		0.9 to 2.3

METHOD - EM200 Fully Automatic



Dr. Hrishikesh Chevle
(MBBS.DCP.)



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Age/Sex : 50 Years /Male
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Client Name : Apex Hospital

Patient ID : 85567
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Registration On : 16-3-24, 10:00 am
Reported On : 16-3-24, 6:11 pm

Test Done	Observed Value	Unit	Ref. Range
LIPID PROFILE			
TOTAL CHOLESTEROL	185.9	mg/dL	200 - 240
S. TRIGLYCERIDE	143.3	mg/dL	0 - 200
S.HDL CHOLESTEROL	42	mg/dL	30 - 70
VLDL CHOLESTEROL	29	mg/dL	Up to 35
S.LDL CHOLESTEROL	115.24	mg/dL	Up to 160
LDL CHOL/HDL RATIO	2.74		Up to 4.5
CHOL/HDL CHOL RATIO	4.43		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
(MBBS . DCP .)



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Patient ID : 85567

Age/Sex : 50 Years /Male

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Ref Doctor : APEX HOSPITAL

Registration On : 16-3-24,10:00 am

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Test Done	Observed Value	Unit	Ref. Range
-----------	----------------	------	------------

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	1.025		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	1-2 /HPF		0 - 3 /HPF
CASTS	Absent		
CRYSTALS	Absent		
BACTERIA	Absent		Absent
YEAST CELLS	Absent		Absent
ANY OTHER FINDINGS	Absent		

Dr. Hrishikesh Chevle
(MBBS.DCP.)

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

Patient ID : 2403046967
 Patient Name : MR. DATTARAY PATIL
 Age : 50 Yrs
 Gender : MALE
 Ref. By Doctor : APEX HOSPITAL
 Sample Collected At: APEX HOSPITAL MULUND



For Authenticity Scan QR Code

Registered On : 16/03/2024,05:35 PM
 Collected On : 16/03/2024,11:17 PM
 Reported On : 17/03/2024,02:22 AM
 Sample ID



Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Haemoglobin)	5.10	%	Below 6.0% : Normal 6.0% 7.0% : Good Control 7.0% - 8.0% : Fair Control 8.0%-10% : Unisatisfactory Above 10% Poor Control
PLC- H9 Mean Blood Glucose Calculated	99.7	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.

This report is system generated and electronically authenticated.

Page 1 of 1

P. R. Shaikh
Dr. Roshan Shaikh
 MBBS MD Pathology
 Consultant Pathologist



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Tele.:

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Mr. DATTATRAY PATIL	email: info@apexhospitals.in	www.apexgroupofhospitals.com	Collected : 16-03-2024 16:45	Lab ID : 40308905867
DOB :		Received : 16-03-2024 18:34	Sample Quality : Adequate	
Age : 50 Years		Reported : 16-03-2024 19:47	Location : MUMBAI	
Gender : Male		Status : Final	Ref By : APEX HOSPITAL	
CRM :			Client : SANJAY PANDEY -MU058	

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

Prostate Specific Antigen, Total, Serum CLIA	1.070	ng/mL	<=3.5
---	-------	-------	-------

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 (REG NO:2016071822)
Lab Director





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Tele.:

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Mr. DATTATRAY PATIL DOB : Age : 50 Years Gender : Male CRM :	email: info@apexhospitals.in www.apexgroupofhospitals.com Collected : 16-03-2024 18:45 Received : 16-03-2024 18:34 Reported : 16-03-2024 19:27 Status : Final	Lab ID : 40308905867 Sample Quality : Adequate Location : MUMBAI Ref By : APEX HOSPITAL Client : SANJAY PANDEY -MU058
--	--	---

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

THYROID FUNCTION TEST

Tri Iodo Thyronine (T3 Total), Serum 0.90 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 7.28 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 H 11.320 µIU/mL 0.4 - 5.5
CLIA

Clinical significance:

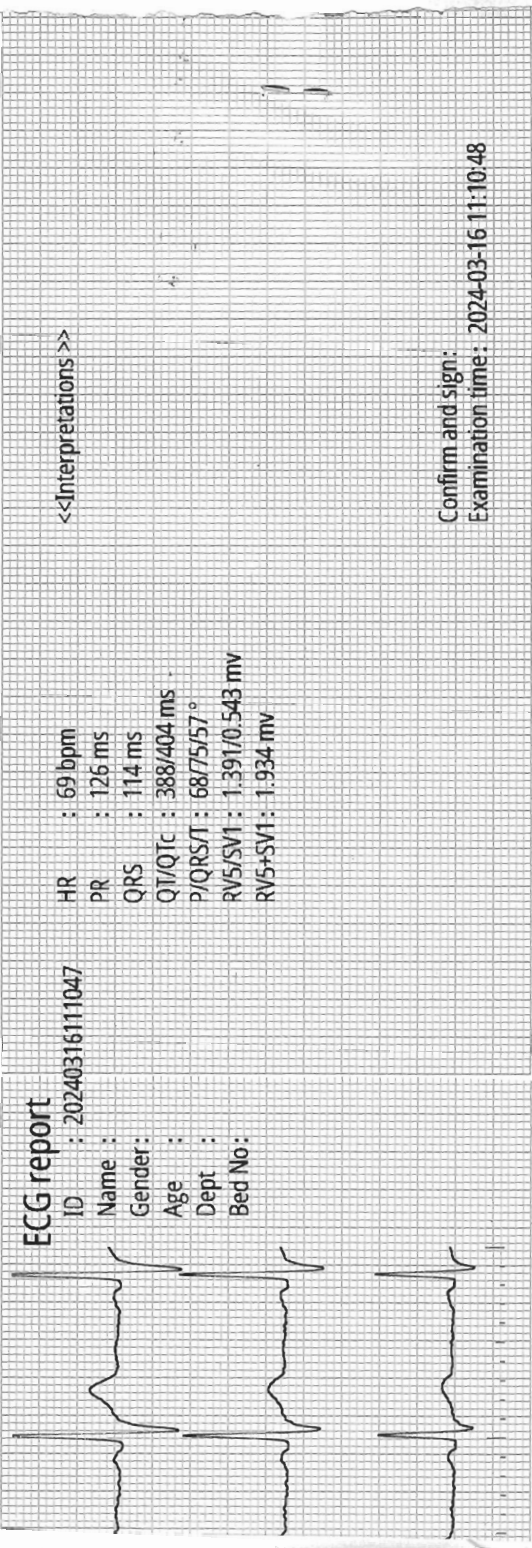
In primary hypothyroidism, TSH (thyroid-stimulating hormone) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. TSH estimation is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary 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

Remarks: Kindly correlate clinically

Namrata





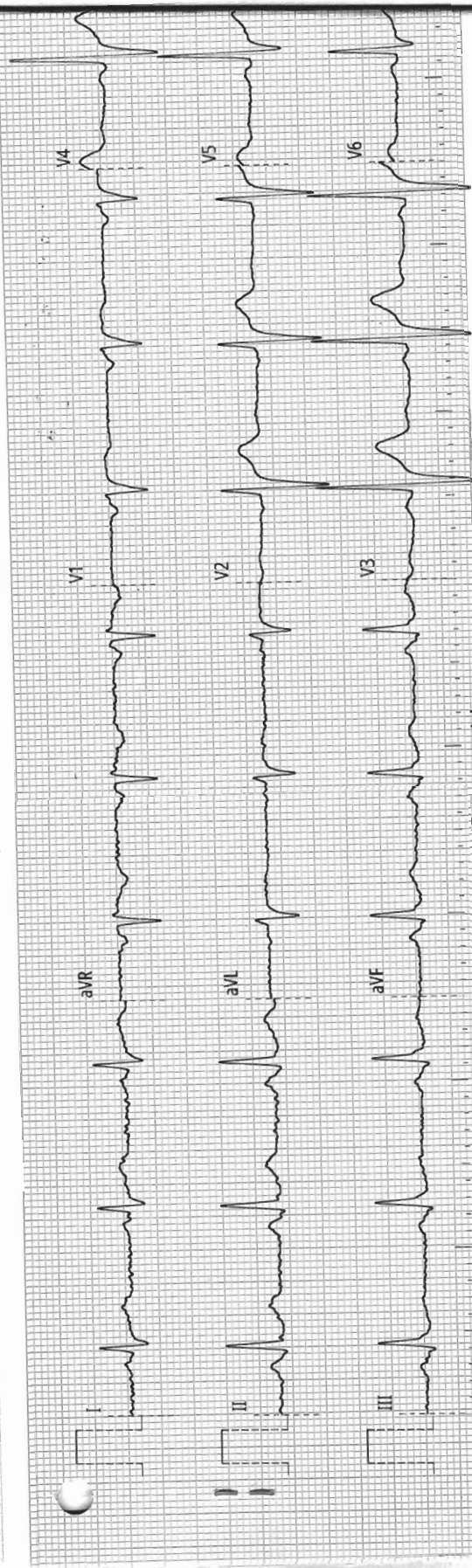
ECG report

ID : 20240316111047
Name :
Gender :
Age :
Dept :
Bed No :

HR : 69 bpm
PR : 126 ms
QRS : 114 ms
QT/QTc : 388/404 ms
P/QRS/T : 68/75/57 °
RV5/SV1 : 1.391/0.543 mv
RV5+SV1 : 1.934 mv

<<Interpretations >>

Confirm and sign:
Examination time: 2024-03-16 11:10:48



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