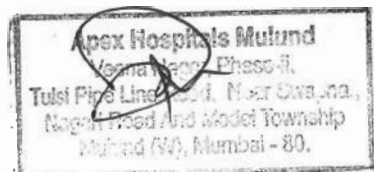


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An ISO 9001:2008 Certified**Apex Hospitals Mulund**Veeru Nagar Phase 0, Tulsi Pipe Line Road, Near Swapna Nagar Road,
Mulund (W), Mumbai - 400080
Tel : 022-41624000/1011 (100 Lines) Web : apexgroupofhospitals.com
Email : medicalAdmin_ahm@apexhospitals.in**Bill Cum Receipt**

| | | | |
|---------------------------|--------------------------------|----------------------------|-----------------|
| Receipt No : | | Date : | 24-Feb-2024 |
| UHID : | AMU232404299 | OPID : | OP232407860 |
| Name : | Ganolia Archana | Sex/Age : | Female/42 Years |
| Credit Company : | MEDIWHEEL(ARCOFEMI HEALTHCARE) | Consulting Doctor : | VIJAY VERMA |
| Referring Doctor : | MEDIWHEEL | 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 | SR00335 | Lipid Profile.(Total cholesterol,LDL,HDL,treiglycerides) / Lipid Profile - Calculated | VIJAY VERMA | 800 |
| 5 | SR00325 | Blood Sugar (Fasting & PP) | VIJAY VERMA | 250 |
| 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 | SR00818 | ABD & PELVIS | JAIN KAMLESH | 2500 |
| 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 | SR4580 | MAMMOGRAPHY | JAIN KAMLESH | 2000 |
| 16 | SR00449 | PAP SMEAR | PHADTARE POOJA | 1500 |
| 17 | SR5325 | DENTAL | VIJAY VERMA | 800 |
| 18 | SR5323 | OPHTHALMOLOGY | VIJAY VERMA | 800 |
| 19 | SR5324 | ENT | VIJAY VERMA | 1000 |
| 20 | SR00507 | FIRST CONSULTATION (SPECIALIST) | SINGH BALBIR | 850 |
| 21 | SR00507 | FIRST CONSULTATION (SPECIALIST) | PHADTARE POOJA | 1000 |

Total Amt : ₹ 21555.00/-**Paid Amt** : ₹ 0.00/-**Balance Amt** : ₹ 21555.00/-**Refund Amt** : ₹ 0.00/-**In Words** :Zero**Print By** : PRASHANT BORADE**Print Date** : 24-Feb-2024 03:56 PM**Authorized Signature**



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Teleradiology
SOLUTIONS

APEX HOSPITALS MULUND
Radiologist Report Sheet

| | | | |
|--------------------------|----------------------|---------------------------|----------------------|
| Patient Name: | ARCHANA GANOLIA | Medical Record No: | 24/02/2024 2667 |
| AGE: | 42 | Accession No: | |
| Gender: | FEMALE | Location: | Outpatient |
| Type Of Study: | CR Chest PA | Physician: | BANK OF BARODA |
| Image Count: | 1 | Exam Time: | 24/24/02 11:16 AM ET |
| Requisition Time: | 24/24/02 12:06 PM ET | Report Time: | 24/24/02 12:22 PM ET |
| Clinical History: | H/O MEDICAL FITNESS | | |

RADIOGRAPH OF THE CHEST (SINGLE VIEW)

Clinical History: H/O MEDICAL FITNESS.

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. AVINASH B. RATHOD
M.B.B.S D.M.R.D
Reg No : 2011/05/1616

This report has been electronically signed by: DMRD.Avinash 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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Tele.:
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NAME : MRS.ARCHANA GANOLIA 42/F 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.

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 are in size : 9.1 x 3.7 cm.
Left kidney measures are in size : 8.5 x 4.1 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.

Uterus is normal in size and anteverted in position.It measures 7.9 cm in Transverse 4.1 cm in AP & 3.4 cm in longitudinal axis.

Uterine margin appears smooth and there is no evidence of any indentation on it.Uterine echo texture is normal.IVCD Noted.

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. Bowel Gases seen.

REMARK :-

- No Abnormality Seen.

Dr.Kiamlesh Jain

(Consultant Radiologist)

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Tele.:
022-41624000 (100 Lines)

| | | | |
|--------------|------------------------|---------------------|--------------------|
| Patient Name | : MRS. ARCHANA GANOLIA | Patient ID | : 84071 |
| Age/Sex | : 42 Years /Female | Sample Collected on | : 24-2-24, 5:00 pm |
| Ref Doctor | : APEX HOSPITAL | Registration On | : 24-2-24, 5:00 pm |
| Client Name | : Apex Hospital | Reported On | : 24-2-24, 7:18 pm |

| Test Done | Observed Value | Unit | Ref. Range |
|----------------------------------|-------------------------------|----------------------|-----------------|
| Complete Blood Count(CBC) | | | |
| HEMOGLOBIN | 9.1 | gm/dl | 12 - 15 |
| Red Blood Corpuscles | | | |
| PCV (HCT) | 30.8 | % | 36 - 46 |
| RBC COUNT | 5.48 | x10 ⁶ /uL | 4.5 - 5.5 |
| RBC Indices | | | |
| MCV | 56.3 | fl | 78 - 94 |
| MCH | 16.6 | pg | 26 - 31 |
| MCHC | 29.5 | g/L | 31 - 36 |
| RDW-CV | 20.5 | % | 11.5 - 14.5 |
| White Blood Corpuscles | | | |
| TOTAL LEUCOCYTE COUNT | 8000 | /cumm | 4000 - 11000 |
| Differential Count | | | |
| NEUTROPHILS | 60 | % | 40 - 75 |
| LYMPHOCYTES | 34 | % | 20 - 45 |
| EOSINOPHILS | 03 | % | 0 - 6 |
| MONOCYTES | 03 | % | 1 - 10 |
| BASOPHILS | 0 | % | 0 - 1 |
| Platelets | | | |
| PLATELET COUNT | 337000 | Lakh/cumm | 150000 - 450000 |
| MPV | 8.6 | fl | 6.5 - 9.8 |
| RBC MORPHOLOGY | Hypochromia, Microcytosis(++) | | |
| 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 |
|-----------|----------------|------|------------|
|-----------|----------------|------|------------|

Blood Group & RH Factor

| | |
|----------------|-------------|
| SPECIMEN | WHOLE BLOOD |
| ABO GROUP | 'AB' |
| 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 | 19 | mm/1hr. | 0 - 20 |
|------------|----|---------|--------|

METHOD - WESTERGREN

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(MBBS.DCP.)



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Tele.:
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Patient Name : **MRS. ARCHANA GANOLIA**

Patient ID : 84071

Age/Sex : 42 Years / Female

Sample Collected on : 24-2-24, 5:00 pm

Ref Doctor : APEX HOSPITAL

Registration On : 24-2-24, 5:00 pm

Client Name : Apex Hospital

Reported On : 24-2-24, 7:18 pm

| Test Done | Observed Value | Unit | Ref. Range |
|---------------------------------------|----------------|-------|------------|
| BLOOD GLUCOSE FASTING & PP | | | |
| FASTING BLOOD GLUCOSE | 107.9 | mg/dL | 70 - 110 |
| URINE GLUCOSE | NO SAMPLE | | ABSENT |
| URINE KETONE | NO SAMPLE | | ABSENT |
| POST PRANDIAL BLOOD GLUCOSE | 156.1 | 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. ARCHANA GANOLIA**
Age/Sex : 42 Years /Female
Ref Doctor : APEX HOSPITAL
Client Name : Apex Hospital

Patient ID : 84071
Sample Collected on : 24-2-24, 5:00 pm
Registration On : 24-2-24, 5:00 pm
Reported On : 24-2-24, 7:18 pm

| Test Done | Observed Value | Unit | Ref. Range |
|----------------------------|----------------|-------|------------|
| LIVER FUNCTION TEST | | | |
| TOTAL BILLIRUBIN | 0.76 | mg/dL | UP to 1.2 |
| DIRECT BILLIRUBIN | 0.24 | mg/dL | UP to 0.5 |
| INDIRECT BILLIRUBIN | 0.52 | mg/dL | UP to 0.7 |
| SGOT(AST) | 25.1 | U/L | UP to 40 |
| SGPT(ALT) | 18.9 | U/L | UP to 40 |
| ALKALINE PHOSPHATASE | 150.9 | IU/L | 64 to 306 |
| S. PROTIEN | 6.1 | g/dl | 6.0 to 8.3 |
| S. ALBUMIN | 3.7 | g/dl | 3.5 - 5.0 |
| S. GLOBULIN | 2.40 | g/dl | 2.3 to 3.6 |
| A/G RATIO | 1.54 | | 0.9 to 2.3 |

METHOD - EM200 Fully Automatic

Dr. Hrishikesh Chevle
(MBBS.DCP.)



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Tele.:
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Patient Name : **MRS. ARCHANA GANOLIA**
Age/Sex : 42 Years /Female
Ref Doctor : APEX HOSPITAL
Client Name : Apex Hospital

Patient ID : 84071
Sample Collected on : 24-2-24, 5:00 pm
Registration On : 24-2-24, 5:00 pm
Reported On : 24-2-24, 7:18 pm

| Test Done | Observed Value | Unit | Ref. Range |
|----------------------------|----------------|-------|------------|
| RENAL FUNCTION TEST | | | |
| BLOOD UREA | 27.1 | mg/dL | 10 - 50 |
| BLOOD UREA NITROGEN | 12.66 | mg/dL | 0.0 - 23.0 |
| S. CREATININE | 0.68 | mg/dL | 0.6 to 1.4 |
| S. SODIUM | 138.9 | mEq/L | 135 - 155 |
| S. POTASSIUM | 4.60 | mEq/L | 3.5 - 5.5 |
| S. CHLORIDE | 108.0 | mEq/L | 95 - 109 |
| S. URIC ACID | 3.53 | mg/dL | 2.6 - 6.0 |
| S. CALCIUM | 8.2 | mg/dL | 8.4 - 10.4 |
| S. PHOSPHORUS | 3.2 | mg/dL | 2.5 - 4.5 |
| S. PROTIEN | 6.1 | g/dl | 6.0 to 8.3 |
| S. ALBUMIN | 3.7 | g/dl | 3.5 to 5.3 |
| S. GLOBULIN | 2.40 | g/dl | 2.3 to 3.6 |
| A/G RATIO | 1.54 | | 1 to 2.3 |

METHOD - EM200 Fully Automatic

INTERPRETATION -

Dr. Hrishikesh Chevle
(MBBS.DCP.)

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| | | | |
|--------------|-------------------------------|---------------------|--------------------|
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| Age/Sex | : 42 Years / Female | Sample Collected on | : 24-2-24, 5:00 pm |
| Ref Doctor | : APEX HOSPITAL | Registration On | : 24-2-24, 5:00 pm |
| Client Name | : Apex Hospital | Reported On | : 24-2-24, 7:18 pm |

| Test Done | Observed Value | Unit | Ref. Range |
|----------------------|----------------|-------|------------|
| LIPID PROFILE | | | |
| TOTAL CHOLESTEROL | 188.1 | mg/dL | 200 - 240 |
| S. TRIGLYCERIDE | 95.2 | mg/dL | 0 - 200 |
| S.HDL CHOLESTEROL | 40.1 | mg/dL | 30 - 70 |
| VLDL CHOLESTEROL | 19 | mg/dL | Up to 35 |
| S.LDL CHOLESTEROL | 128.96 | mg/dL | Up to 160 |
| LDL CHOL/HDL RATIO | 3.22 | | Up to 4.5 |
| CHOL/HDL CHOL RATIO | 4.69 | | 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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Patient Name : **MRS. ARCHANA GANOLIA**
Age/Sex : 42 Years / Female
Ref Doctor : APEX HOSPITAL
Client Name : Apex Hospital

Patient ID : 84071
Sample Collected on : 24-2-24, 5:00 pm
Registration On : 24-2-24, 5:00 pm
Reported On : 24-2-24, 7:18 pm

| 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 | 1.005 | 1.003 - 1.035 |
| PROTEIN (ALBUMIN) | Absent | Absent |
| OCCULT BLOOD | Negative | Negative |
| SUGAR | Present(+++) | Absent |
| KETONES | Absent | Absent |
| BILE SALT & PIGMENT | Absent | Absent |
| UROBILINOGEN | Normal | Normal |

Microscopic Examination

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



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| | | |
|---|---|---|
| Mrs. ARCHANA GANOLIA DOB : Age : 42 Years Gender : Female CRM : | email: info@apexhospitals.in www.apexgroupofhospitals.com Collected : 24-02-2024 16:30 Received : 24-02-2024 18:45 Reported : 24-02-2024 19:58 Status : Final | Lab ID : 40208906811 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 CLIA | 0.86 | ng/mL | Non Pregnant: 0.7 - 2.04 Pregnancy: 1st trimester: 0.81-1.9 2nd & 3rd trimester: 1.0-2.60 |
|---|------|-------|--|

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 CLIA | 11.0 | µg/dL | 5.5-11.0 |
|--------------------------------------|------|-------|----------|

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 CLIA | 3.883 | µIU/mL | Nonpregnant: 0.4 - 5.5 Pregnancy: First Trimester: 0.3-4.5 Second Trimester: 0.5-4.6 Third trimester: 0.8-5.2 |
|---|-------|--------|---|

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 -----

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This is an Electronically Authenticated Report.

Namrata

Dr. Namrata Bhanushali M.D
Lab Director



MC-5041



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22/02/24

Mr. Anshelna Ganotik

42yr / F

PHNO: - T2DM

LMP - 31/01/24

O/C - T - AFib/ir

P - 90/min

BP - 110/70 mmHg

RR - 18/min

SpO2 - 99% @ RA

S/A - AUS - S7 S2 (P)

R2 - BSBF

P/A - soft

CNS - conscious & oriented

Height - 153cm

weight - 58kg

BMI - 24.8

patient is fit

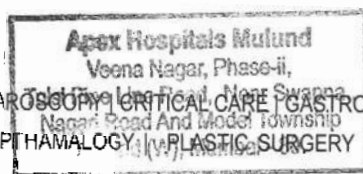
Dental check up - (N)

Eye check up - (N)

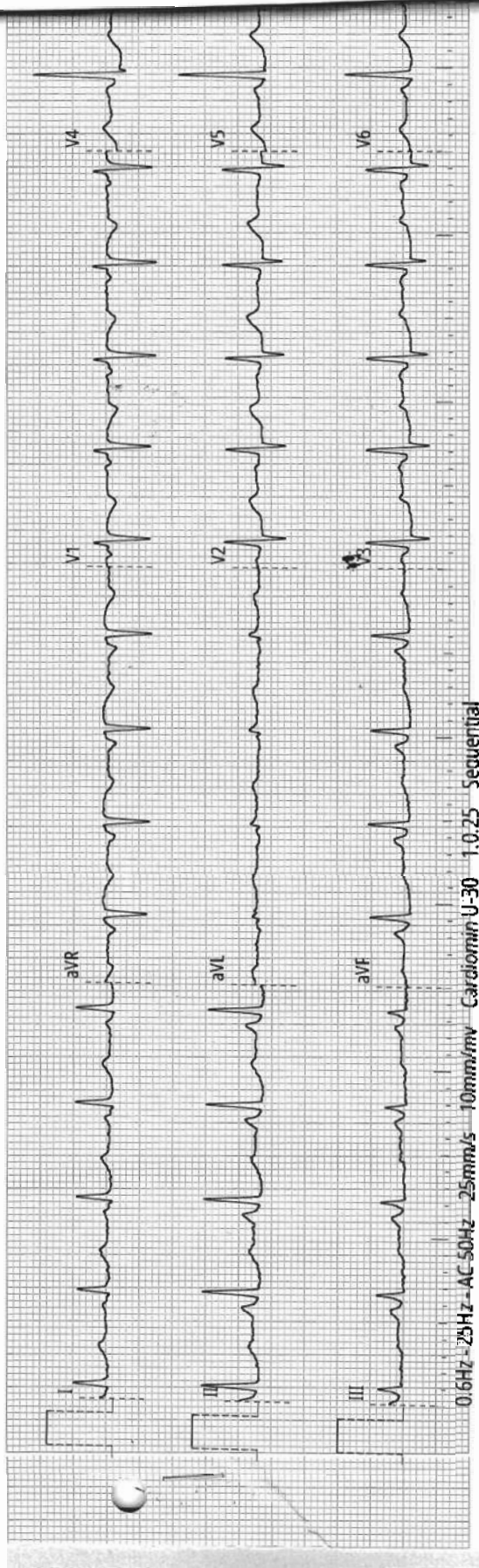
Skin check up - (N)

ANT check up - (N)

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



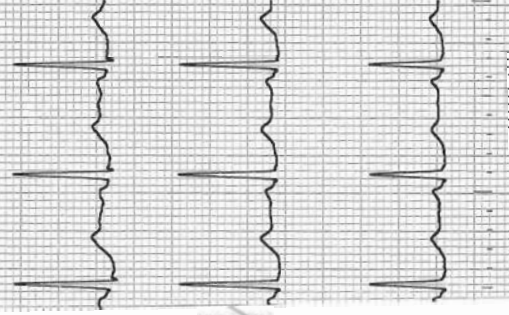
ORTHOPEDIC | SPINE | CARDIOLOGY | GENERAL SURGERY | LAPAROSCOPY | CRITICAL CARE | GASTROENTEROLOGY | CANCER | DIABETOLOGY
NEUROLOGY | NEPHROLOGY | VASCULAR SURGERY | ENT | OPHTHALMOLOGY | PLASTIC SURGERY | UROLOGY | PEDIATRIC SURGERY



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

EKG report

ID : 20240224084716
Name : Archana G.
Gender : Female
Age : 42 year
Dept :
Bed No :



HR : 106 bpm
PR : 92 ms
QRS : 76 ms
QT/QTc : 338/419 ms
P/QRS/T : 74/55/24°
RV5/SV1 : 1.220/0.665 mv
RV5+SV1 : 1.885 mv
Minnesota code: 8-7 6-5 5-4

Archana

<<Interpretations >>

Apex Health
Tulsi P. Venkatesh, MD
Medical Director, Township
Midland (W), Minnesota - 80.

Confirm and sign:
Examination time: 2024-02-24 08:47:16



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googlemap



Tele.:

022-41624000 (100 Line)

NAME: Mrs. Archana Ganolia F/42 Date - 25/02/24

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 10 mm , Collapsing with inspiration.

Intact IAS and IVS .

COLOR FLOW. CW, PW & HAEMODYNAMIC DATA.

Aortic valve gradient of 7 mmHg.

No MS / Trivial TR

Normal flow across all other cardiac valves.

Pulmonary pressure of 28 mm of Hg.

CONCLUSION.-

Normal Biventricular Systolic and diastolic function

LVEF-55-60%

Trivial TR

No e/o pulmonary hypertension

DR. Ravindra Ghule
DR. RAVINDRA GHULE
(Consultant cardiologist)
DNB (Internal Medicine)
Reg. No. 2009 / 03 / 3036

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

| | | |
|---|--|--|
| Patient ID : 2402036277 |  For Authenticity Scan QR Code | Registered On : 24/02/2024,04:30 PM |
| Patient Name : MRS. ARCHANA GANOLIA | | Collected On : 24/02/2024,06:32 PM |
| Age : 42 Yrs | | Reported On : 24/02/2024,09:25 PM |
| Gender : FEMALE | | Sample ID  |
| Ref. By Doctor : APEX HOSPITAL | | |
| Sample Collected At : APEX HOSPITAL MULUND | | |

Glycosylated Hemoglobin (GHb/HbA1c)

| Test Name | Result | Unit | Biological Reference Interval |
|----------------------------------|--------|-------|--|
| HbA1c (Glycosylated Haemoglobin) | 6.60 | % | Below 6.0% : Normal 6.0% - 7.0% : Good Control 7.0% - 8.0% : Fair Control 8.0% - 10% : Unsatisfactory Above 10% Poor Control |
| HPLC- H9 | | | |
| Mean Blood Glucose Calculated | 142.7 | 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.



Dr. Roshan Shaikh
MBBS MD Pathology
Consultant Patnologist

This report is system generated and electronically authenticated.

Page 1 of 1