



Where Healing & Care Comes Naturally

# APEX HOSPITALS KANDIVALI

A Superspeciality Hospital

CASHLESS  
FACILITY

Akurl Road, Next to Lodha Woods, Lokhandwala Township,  
Near Mahindra Gate No. 4, Kandivali (E), Mumbai 400101.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com

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Tele.:  
022-62747000 (100 Lines)

Mr. Bhushan Bhavsar

Age - 36 yrs / M.

10/3/2024

## PHYSICIAN CONSULTATION

### PRESENT COMPLAINT :

Patient came for routine check up.

PAST MEDICAL / SURGICAL HISTORY: NO-comorbidity

### GENERAL EXAMINATION:

PULSE: - 96/w

BP: 120/80

BMI 13.5

APETITE: N

THIRST: N

STOOL: N

URINE: N

SLEEP: N

SKIN: fair

NAILS: N

HABITAT: NO

SYSTEMIC EXAMINATION: conscious oriented

RESPIRATORY EXAMINATION: A&B clear

CARDIOVASCULAR EXAMINATION: S<sub>1</sub>S<sub>2</sub> (N)

ABDOMINAL EXAMINATION: soft NT

GYNACOLOGY / OBST HISTORY ( FOR FEMALE): NA.

**OPHTHAL EXAMINATION:**

FAR VISION: RT eye 0.00 / Lt eye 0.00  
NEAR VISION: RT eye Clear / Lt eye N-6  
COLOUR VISION: N

**ENT EXAMINATION:**

EAR: MASTOID TUNNIG FORK TEST: }  
NOSE: EXT NOSE/ POST NASAL SPACE: } N  
THROAT: TOUNGE/ PALATE/ TEETH: }  
NECK: NODES/ THYROID/TEETH: }

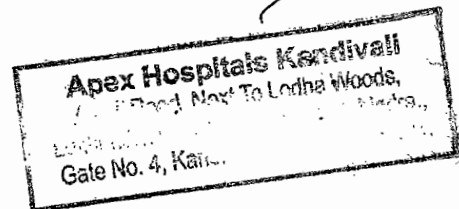
**DENTAL EXAMINATION:**

DECAY/ CARIES IF ANY: }  
PLAQUE IF ANY: } N  
GUMS: }

RT upper 1 molar removed.

DR. RAMESH PANDAR  
PHYSICIAN NAME

PHYSICIAN SIGNATURE



# APEX HOSPITAL

KANDIVALI

**MR BHUSHAN BHAVSAR**

ID : 8918  
 DATE : 09-03-2024  
 AGE/SEX : 36 / M  
 HT/WT : 174 / 86  
 REF. BY : APEX HOSPITAL

**TREADMILL TEST REPORT**

PROTOCOL : Bruce  
 HISTORY :  
 INDICATION :  
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100
SUPINE					87	120 / 80	104
HYPERVENT		0:1			89	120 / 80	106
Stage 1	2:55	2:55	2.7	10	144	110 / 80	158
Stage 2	5:55	2:55	4	12	173	120 / 80	207
PK-EXERCISE	8:49	2:49	5.4	14	193	130 / 90	250
RECOVERY	9:9	0:11			183	130 / 90	237
RECOVERY	9:27	0:29			168	130 / 90	218
RECOVERY	10:19	1:21			140	140 / 90	196

**RESULTS**

EXERCISE DURATION : 8:49 MAX WORK LOAD  
 MAX HEART RATE : 195 bpm 105 % of target heart rate 184 bpm  
 MAX BLOOD PRESSURE : 140 / 90 mm Hg  
 REASON OF TERMINATION :

BP RESPONSE :  
 ARRHYTHMIA :  
 H.R. RESPONSE :

**IMPRESSIONS**

: Test is negative for inducible  
 ischaemia

**DR. VIVEK AGARWAL**  
 DM CARDIOLOGIST  
 DNB CARDIOLOGIST  
 DCCPR  
 MD MEDICINE, MBBS  
 2008/10/3715

Technician : 44

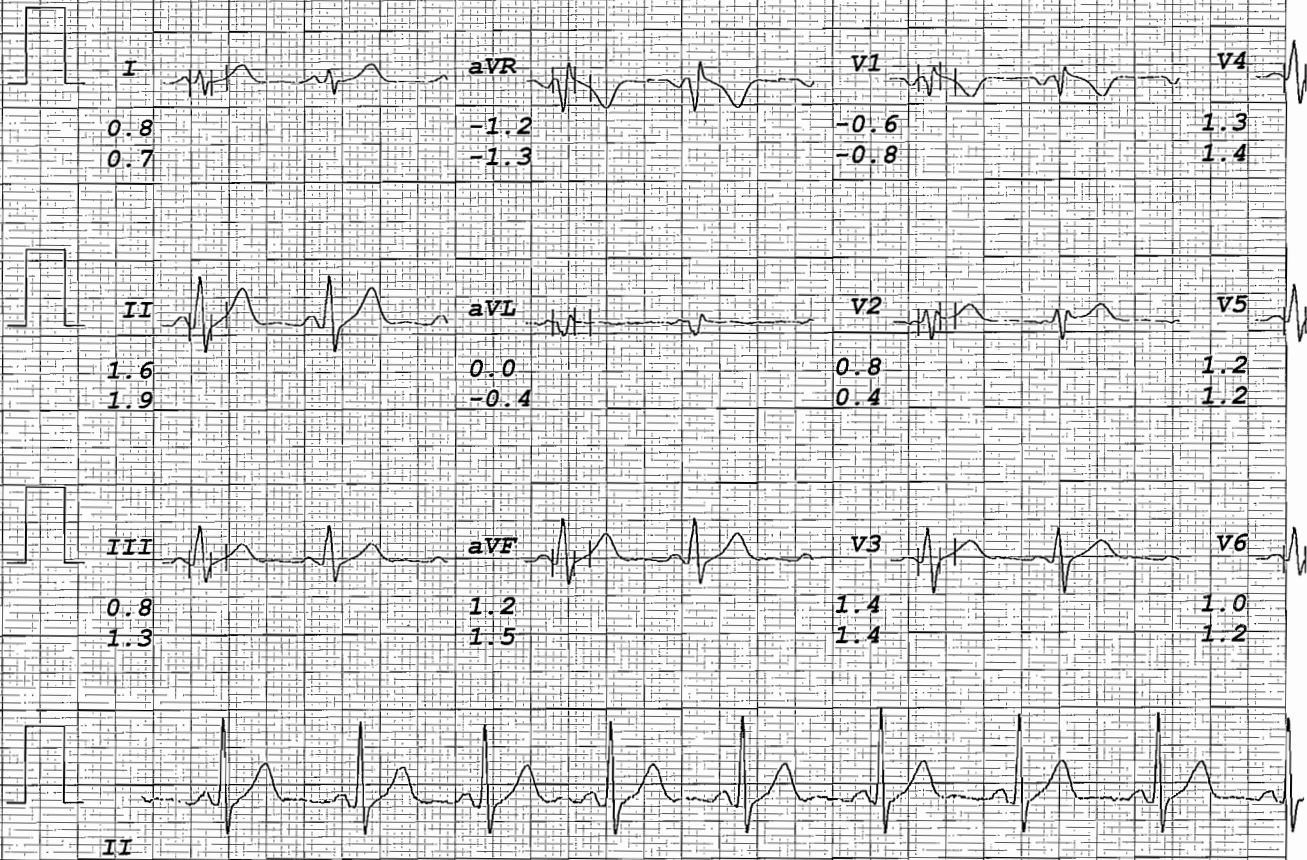
# APEX HOSPITAL

MR BHUSHAN BHAVSAR  
I.D. 8918  
Age 36/M  
Date 09-03-2024

RATE 87bpm  
B.P. 120/80

PRETEST  
SUPINE

ST @ 10mm/  
80ms Post



Base Corrected

UNI-EM, Indore. Tel.: +91-731-4030035, Fax:

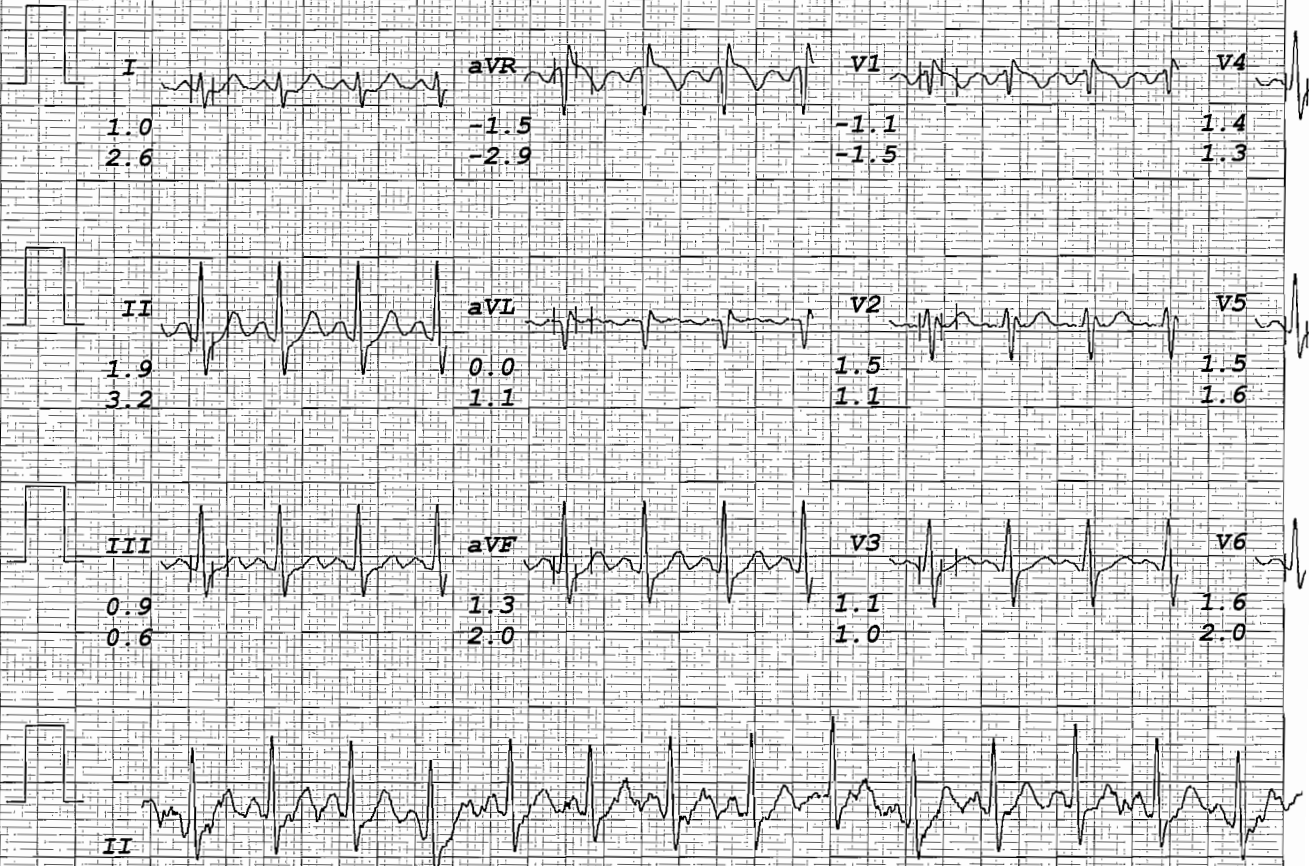
# APEX HOSPITAL

MR BHUSHAN BHAVSAR  
I.D. 8918  
Age 36/M  
Date 09-03-2024

RATE 144bpm  
B.P. 110/80

Bruce  
Stage 1  
TOTAL TIME 2:55  
PHASE TIME 2:55

ST @ 10mm  
80ms Post  
Speed 2.  
SLOPE 10



Base Corrected

UNI-EM, Indore. Tel.: +91-731-4030035, Fax:

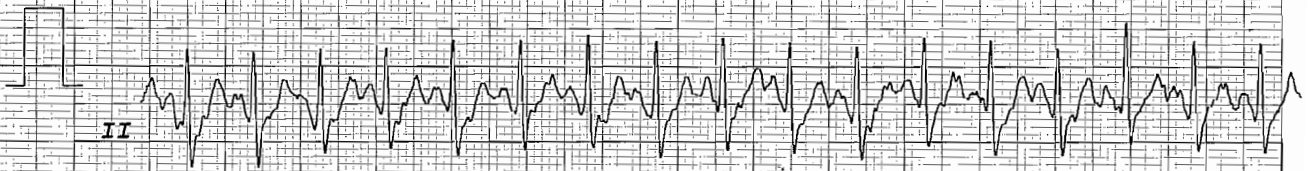
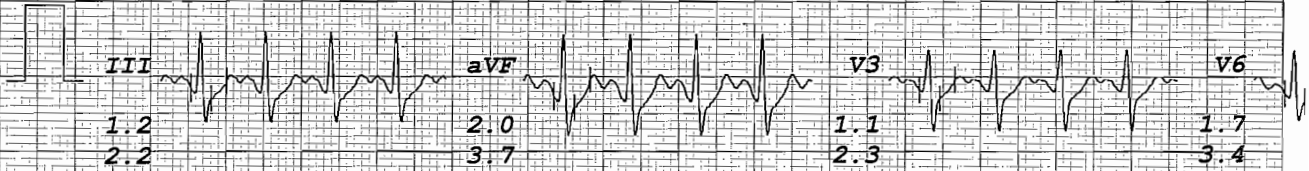
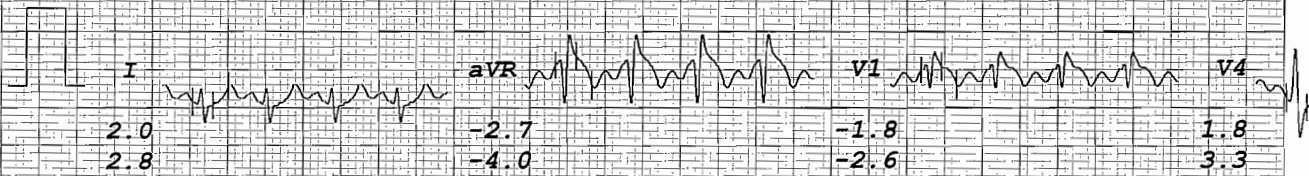
# APEX HOSPITAL

MR BHUSHAN BHAVSAR  
I.D. 8918  
Age 36/M  
Date 09-03-2024

RATE 173bpm  
B.P. 120/80

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

ST @ 10mm/  
80ms Post  
Speed 4  
SLOPE 12



Base Corrected

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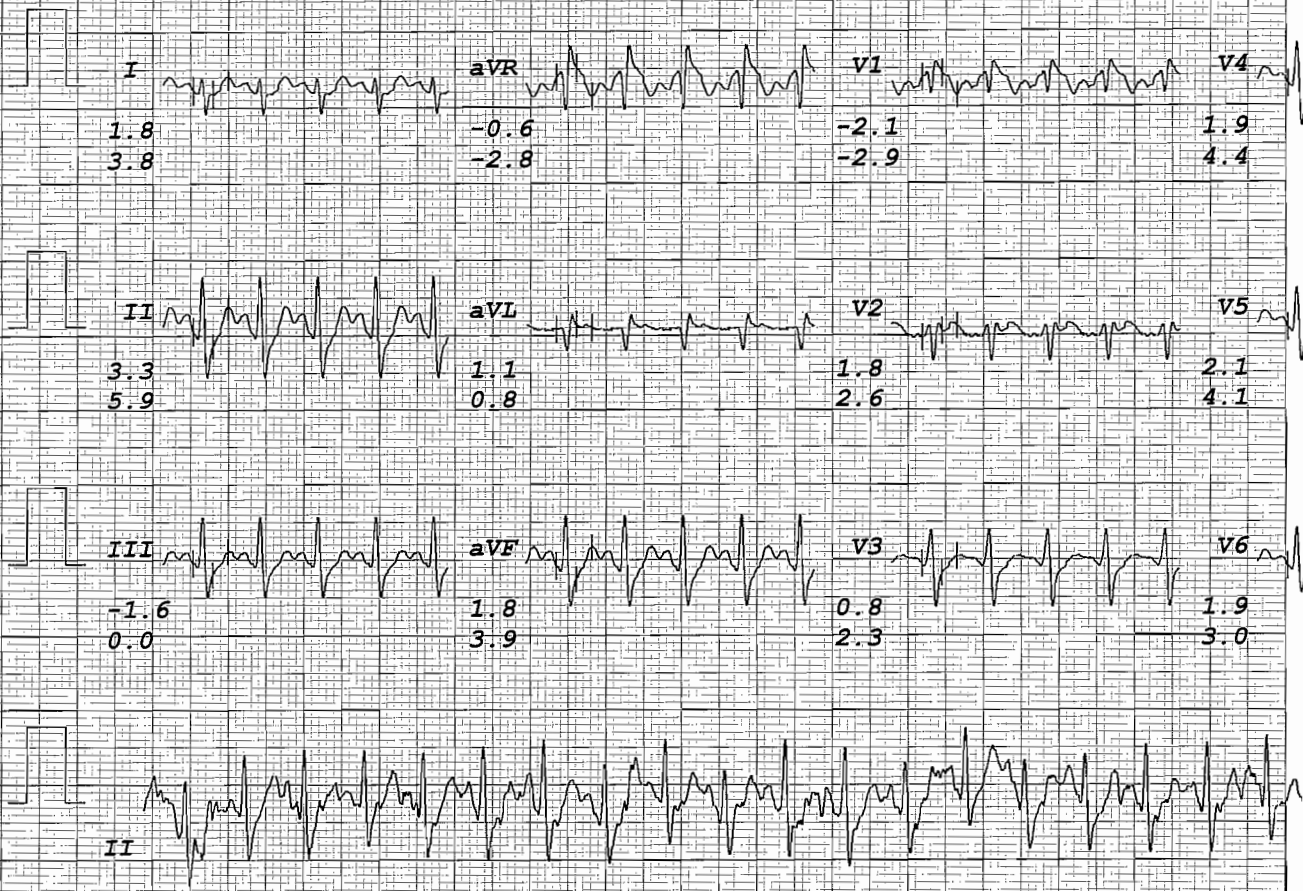
# APEX HOSPITAL

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 I.D. 8918  
 Age 36/M  
 Date 09-03-2024

RATE 195bpm  
 B.P. 130/90

Bruce  
 Stage 3  
 TOTAL TIME 8:40  
 PHASE TIME 2:40

ST @ 10mm  
 80ms Post  
 Speed 5.0  
 SLOPE 14



Base-Corrected

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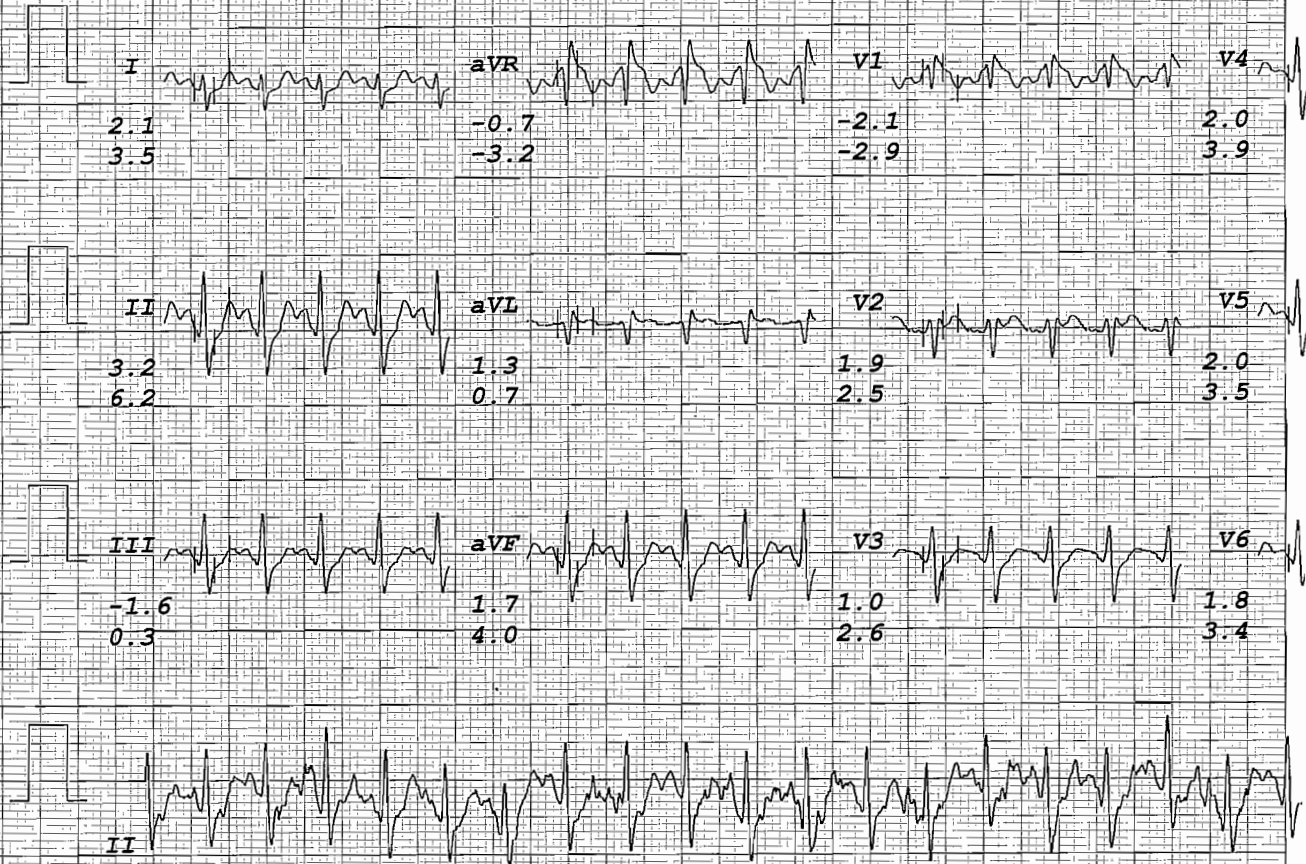
# APEX HOSPITAL

MR BHUSHAN BHAVSAR  
 I.D. 8918  
 Age 36/M  
 Date 09-03-2024

RATE 193bpm  
 B.P. 130/90

Bruce  
 PK-EXERCISE  
 TOTAL TIME 8:49  
 PHASE TIME 2:49

ST @ 10mm  
 80ms Post  
 Speed 5.0  
 SLOPE 14



Base Corrected

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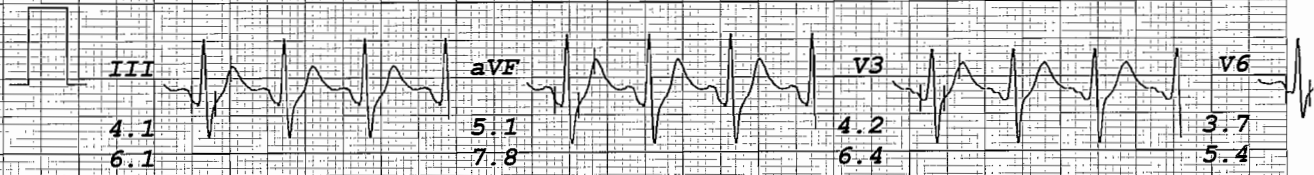
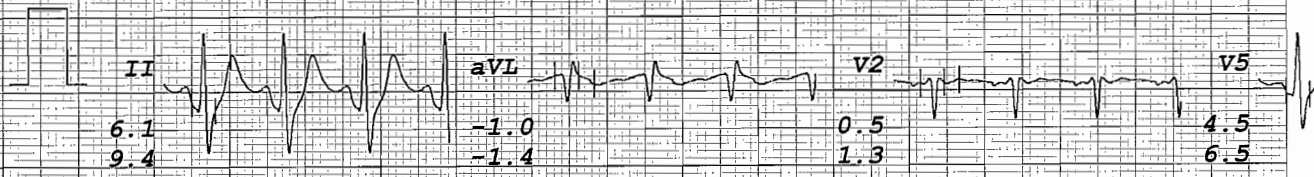
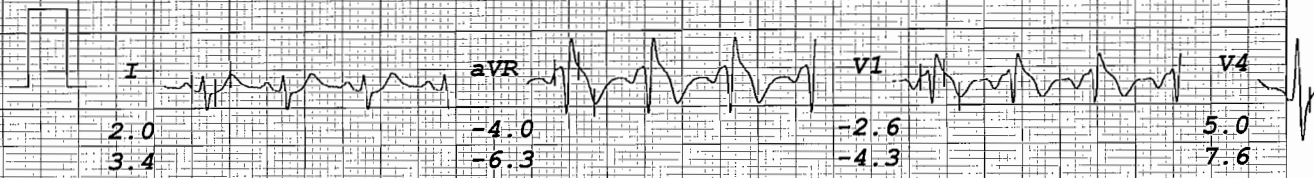
# APEX HOSPITAL

MR BHUSHAN BHAVSAR  
I.D. 8918  
Age 36/M  
Date 09-03-2024

RATE 140bpm  
B.P. 140/90

Bruce  
RECOVERY  
TOTAL TIME 10:25  
PHASE TIME 1:27

ST @ 10mm  
80ms Post



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## DEPARTMENT OF LABORATORY SCIENCES

<b>Patient Name</b>	Mr. BHUSHAN GOVIND BHAVSAR	<b>LabNo</b>	14690	
<b>UHID/IP No</b>	150009601 / 11186	<b>Sample Date</b>	09/03/2024 10:46AM	
<b>Age/Gender</b>	36 Yrs/Male	<b>Receiving Date</b>	09/03/2024 11:27AM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	09/03/2024 7:14PM	
<b>Prescribed By</b>	Dr. Rajmangal Maurya	<b>Report Status</b>	Final	

### BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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#### GLUCOSE (PP)

Sample: Fl. Plasma

Blood Sugar(2 Hours PP)	115.0	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide
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Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :  
The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

#### GLUCOSE (FASTING)

Sample: Fl. Plasma

Glucose (Fasting Blood Sugar / FBS)	107.5	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	Absent		Absent	
Urine Fasting Ketone	Absent		Absent	

--End Of Report--

**Dr. SANDEEP B PORWAL**  
MBBS MD (Path) Mumbai

Patient Id : PVD18323-24/71461      Sample ID : 24032666  
 Patient : MR BHUSHAN GOVIND BHAVSAR      Reg. Date : 09/03/2024  
 Age/sex : 36 Yrs/ Male      Report Date : 09/03/2024  
 Center : APEX HOSPITALS KANDIVALI      Case No. :  
 Ref. By : Self



### HbA1c-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.7	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	116.89	mg/dL	
Method : HPLC-Biorad D10-USA			

#### INTERPRETATION

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



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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>LIPID PROFILE SERUM</b>				
Sample: Serum				
Cholesterol-Total	170.0	mg/dl	< 200.00	Cholesterol Oxidase,Esterase,Peroxidase
Triglycerides	140.0	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	45.0	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	28.00	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	97.00	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	3.78		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	<b>2.16 L</b>		2.50 - 3.50	Calculated Value

--End Of Report--

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<b>Prescribed By</b>	Dr. Rajmangal Maurya	<b>Report Status</b>	Final	

## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) SERUM</b>				
Sample: Serum				
Bilirubin Total (TBil)	0.86	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.40	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.46	mg/dl	0 - 1	
SGPT (ALT)	<b>40.14 H</b>	U/L	5 - 40	IFCC modified
SGOT (AST)	31.41	U/L	5 - 40	IFCC modified
Protein Total	7.2	gm/dl	6.00 - 8.00	Biuret
Albumin	4.2	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	3.00	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.40		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	121.0	IU/L	42 - 140	
GGTP (GAMMA GT)	25.0	IU/L	15.0 - 72.0	UV Kinetic IFCC

--End Of Report--

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<b>Prescribed By</b>	Dr. Rajmangal Maurya	<b>Report Status</b>	Final	

## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>RFT (RENAL FUNCTION TEST)</b>				
Sample: Serum				
Creatinine	1.0	mg/dl	0.70 - 1.50	Jaffes
UREA	23.31	mg/dl	15 - 50	CDC Urease,Colorimetric
BUN - Blood Urea Nitrogen	10.89	mg/dl	7 - 20	
Calcium	9.0	mg/dl	8.6 - 10.5	Arsenazo III
Uric Acid	4.9	mm/hr	3.5 - 8.5	URICASE- PEROXIDASE
Phosphorus	4.0	mg/dl	2.5 - 5.0	Phosphomolybdate Reduction
Sodium	140.0	mEq/L	135 - 146	ISE Direct
Potassium	4.3	mEq/L	3.5 - 5.5	ISE Direct
Chloride	106.0	mEq/L	98 - 108	ISE Direct
Protein Total	7.2	gm/dl	6.00 - 8.00	Biuret
Albumin	4.2	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	3.00	gm/dl	1.80 - 3.50	Calculated Value
VG Ratio (Albumin/Globulin Ratio)	1.40		1.00 - 2.50	Calculated Value

--End Of Report--

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Patient Id : PVD18323-24/71461      Sample ID : 24032666  
 Patient : MR BHUSHAN GOVIND BHAVSAR      Reg. Date : 09/03/2024  
 Age/sex : 36 Yrs/ Male      Report Date : 09/03/2024  
 Center : APEX HOSPITALS KANDIVALI      Case No. :  
 Ref. By : Self

**IMMUNOASSAY**

Test Description	Result	Unit	Biological Reference Range
<b>TOTAL T3 T4 TSH (TFT)</b>			
T3 (Triiodothyronine)	129.45	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)	7.65	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)	3.28	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 TSHespecially 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 radiiodine •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.

  
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<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	09/03/2024 7:14PM	
<b>Prescribed By</b>	Dr. Rajmangal Maurya	<b>Report Status</b>	Final	

## CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>URINE ROUTINE</b>				
Sample: Urine				
<b>PHYSICAL EXAMINATION</b>				
Quantity	30	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			Clear
Specific Gravity	1.020		1.010 - 1.025	
<b>CHEMICAL EXAMINATION</b>				
pH	6.5		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	Absent			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
<b>MICROSCOPIC EXAMINATION</b>				
Pus Cells	8-10/hpf			
RBCs	Absent			
Epithelial Cells	2-3/hpf			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	Absent			

--End Of Report--

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<b>Prescribed By</b>	Dr. Rajmangal Maurya	<b>Report Status</b>	Final	

## HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD</b>				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	15.2	gm/dl	13.5 - 18.0	SLS- Hb Method
RBC Count (Red Blood Cell)	5.21	10 <sup>6</sup> /uL	4.70 - 6.00	
PCV (Haematocrit)	44.2	%	40.0 - 50.0	
MCV	84.84	fl	78 - 100	Calculated
MCH	29.17	pg	27 - 31	Calculated
MCHC	34.39	gm/dl	30 - 36	Calculated
RDW	13.6	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	<b>11200 H</b>	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	70	%	40 - 80	
Lymphocyte %	28	%	20 - 40	
Eosinophil %	01	%	0 - 6	
Monocytes %	01	%	1 - 12	
Basophil %	00	%	0 - 2	
Absolute Neutrophil Count (ANC)	<b>7840 H</b>	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	<b>3136 H</b>	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	112	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	<b>112 L</b>	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Leucocytosis			
RBCs Morphology	Normocytic Normochromic.			
Platelet Count	342	10 <sup>3</sup> /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	11.7	fl	7 - 12	

--End Of Report--

**Dr. SANDEEP B PORWAL**  
MBBS MD (Path) Mumbai



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visit website  
googlemap



Tele.:  
022-62747000 ( 100 Lines )

## DEPARTMENT OF LABORATORY SCIENCES

<b>Patient Name</b>	Mr. BHUSHAN GOVIND BHAVSAR	<b>LabNo</b>	14690	
<b>UHID/IP No</b>	150009601 / 11186	<b>Sample Date</b>	09/03/2024 10:46AM	
<b>Age/Gender</b>	36 Yrs/Male	<b>Receiving Date</b>	09/03/2024 11:27AM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	09/03/2024 7:14PM	
<b>Prescribed By</b>	Dr. Rajmangal Maurya	<b>Report Status</b>	Final	

## HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	12	mm/hr	< 15	Westergren

--End Of Report--

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## DEPARTMENT OF LABORATORY SCIENCES

<b>Patient Name</b>	Mr. BHUSHAN GOVIND BHAVSAR	<b>LabNo</b>	14690	
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<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	09/03/2024 7:14PM	
<b>Prescribed By</b>	Dr. Rajmangal Maurya	<b>Report Status</b>	Final	

## IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>BLOOD GROUPING</b>				
Sample: W. B. EDTA				
Blood Group (ABO and Rh)	"A" Rh Positive			SLIDE METHOD

--End Of Report--

**Dr. SANDEEP B PORWAL**  
MBBS MD (Path) Mumbai



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Tele.:  
022-62747000 (100 Lines)

913124

Mr. Bhusham Bhavsar.

Age - 36 yrs | male.

Ophthalm.

Near -

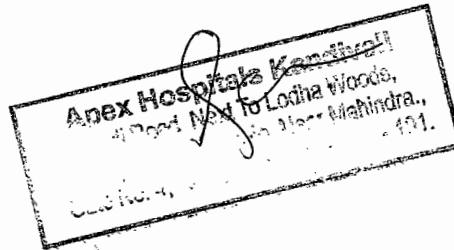
(R) eye - clear.

(L) eye - N-6

Distance -

(R) eye - 0.00

(L) eye - 0.00



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



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Tele.:  
022-62747000 (100 Lines)

9/03/24

MR. Bhushan Bhavsar  
364RS/male

BP - 110/70mmHg

SpO2 - 98%

Pulse - 84/min

weight - 86.9kg

Height - 174cm

Apex Hospitals Kandivali  
Akurli Road, Next to Lodha Woods  
Lokhandwala Township, Near Mahindra  
Gate No. 4, Kandivali (E), Mumbai - 400101

ORTHOPEDIC | SPINE | CARDIOLOGY | GENERAL SURGERY | LAPAROSCOPY | CRITICAL CARE | GASTROENTEROLOGY | CANCER | DIABETOLOGY  
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# APEX HOSPITALS KANDIVALI DIAGNOSTIC

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Tele.:  
022-62747000 ( 100 Lines)

<b>Patient Name:</b>	Mr. BHUSHAN BHAVSAR	M /36 Yrs
<b>Ref. by:</b>	MEDIWHEEL HEATHCARE	Date: -09/03/2024

## 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 (13.8 cm), shape and has smooth margins. The hepatic parenchyma shows homogeneous echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

**PORTAL VEIN:** It measures 9.6 mm 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 part of 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 8.9 cm and is normal in size and shape. Its echotexture is homogeneous.

### **KIDNEYS:**

Right kidney	Left kidney
9.7x 3.9 cm	10.2 x 4.1 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.

.....Continue On Page 2



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## DEPARTMENT OF RADIOLOGY

<b>Patient Name</b>	Mr. BHUSHAN GOVIND BHAVSAR	<b>LabNo</b>	14690	
<b>UHID/IP No</b>	150009601 / 11186	<b>Order Date</b>	09/03/2024 10:46AM	
<b>Age/Gender</b>	36 Yrs/Male	<b>Receiving Date</b>	09/03/2024 11:52AM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	09/03/2024 1:40PM	
<b>Prescribed By</b>	Dr. Rajmangal Maurya	<b>Report Status</b>	Final	

### XRAY CHEST PA VIEW

The lung on either side shows adequate translucency and exhibit normal vasculature.

Bilateral hila are symmetrical in size, outline and density

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

Bilateral costophrenic angles are clear.

Cardiac shadow is unremarkable.

Bone thorax appears unremarkable.

--End Of Report--

**Dr. SAUMIL PANDYA**  
MD, D.N.B, RADIOLOGIST



# Apex Hospitals Kandivali

Akurli Rd., Near Lodha Woods & Mahindra Gate no.4,  
Lokhandwala Township, Kandivali (E), Mumbai – 400101.  
Contact No.:-022-62747000

Website:-www.apexgroupofhospitals.com

Email:-info@apexhospitals.in

GST No.:-27AACFN8496M1ZG



## Credit Bill OP

Reg No : 15009601	Bill No : OPCRB2324/271	Payer : MEDIWHEEL(ARCOFEMI HEALTHCARE)
Patient Name : Mr. BHUSHAN GOVIND BHAVSAR	Bill Date Time : 09/03/2024 10:46AM	Presc. Doctor : Dr. Raimanqal Maurval
Gender/Age : Male/36 Yr 10 Mth 14 Days	Lab No : 14690	Referred By : Self
Contact No : 8983603406	Address : 80/633 MHB COLONY BLOOCK NO 8 MALVANI MALAD WEST , MUMBAI, MAHARASHTRA, INDIA, - 400064	

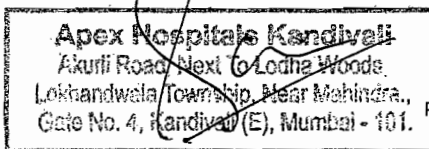
SNo.	Particulars	Rate (₹)	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
1	MEDIWHEEL FULL BODY ANNUAL PLUS (Dr. Apex Hospitals)	2520.00	1.00	2520.00	0.00	2520.00	0.00	2520.00
<b>Details Of Package</b>								
2	ECG (Dr. Apex Hospitals)							
3	STRESS TEST (TMT) (Dr. Vivek Kamalkumar Agarwal)							
4	DIETICIAN CHARGES (Dr. Mrinalf Dwivedi)							
5	OPD CONSULTATION (Dr. Rajmangal Maurya)							
5	GLUCOSE (PP) (Dr. SANDEEP B PORWAL)							
7	GLUCOSE (FASTING) (Dr. SANDEEP B PORWAL)							
3	GLYCOCYLATED HEMOGLOBIN (HBA1C) (Dr. SANDEEP B PORWAL)							
9	LIPID PROFILE SERUM (Dr. SANDEEP B PORWAL)							
10	LIVER FUNCTION TEST (LFT) SERUM (Dr. SANDEEP B PORWAL)							
11	RFT (RENAL FUNCTION TEST) (Dr. SANDEEP B PORWAL)							
12	T3 + T4 + TSH (Dr. SANDEEP B PORWAL)							
13	URINE ROUTINE (Dr. SANDEEP B PORWAL)							
14	COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD (Dr. SANDEEP B PORWAL)							
15	ERYTHROCYTE SEDIMENTATION RATE (ESR) (Dr. SANDEEP B PORWAL)							
16	BLOOD GROUPING (Dr. SANDEEP B PORWAL)							
17	VISION TEST (EYE CHECK UP) (Dr. Rajmangal Maurya)							
18	BMI (BOODY MASS INDEX) (Dr. Apex Hospitals)							
19	USG ABD & PELVIS (Dr. RAVI RAMESH CHANDRA KUMAR)							
20	X RAY CHEST PA (Dr. SAUMIL PANDYA)							

Gross Amount	2520.00
Round Off Amount	
Net Amount	2520.00
Payer Amount	2520.00
Patient Amount	0.00
Amt Received (Rs.)	0.00
Balance Amount	2520.00

Varration :

Printed By:sonald

Prepared By:Sonal Das



Sonal Das  
Authorised Signatory  
Printed Date:09/03/2024





# APEX HOSPITALS KANDIVALI DIAGNOSTIC

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**PROSTATE:** It measures about 2.5 x 33 x 2.9 cm; volume is 12.8 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:

- No significant abnormality is seen.

**Thanks for the reference.**

**With regards,**

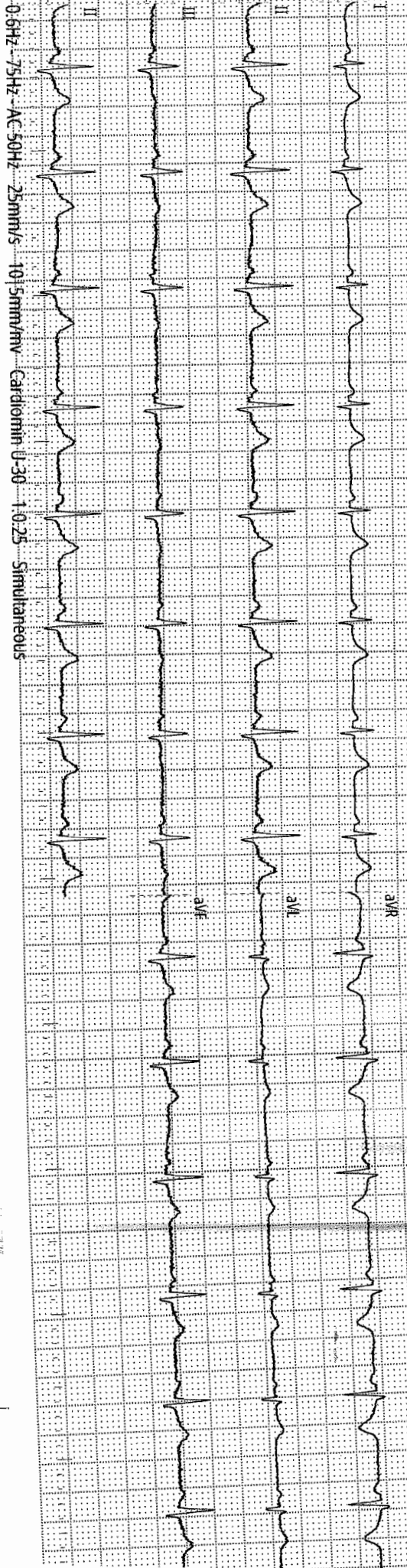
**Dr. Ravi Kumar**  
Consultant Radiologist



ओपेक्स हॉस्पिटल्स कांदिवली

Name MR. Bhushan

Date 10/3/2



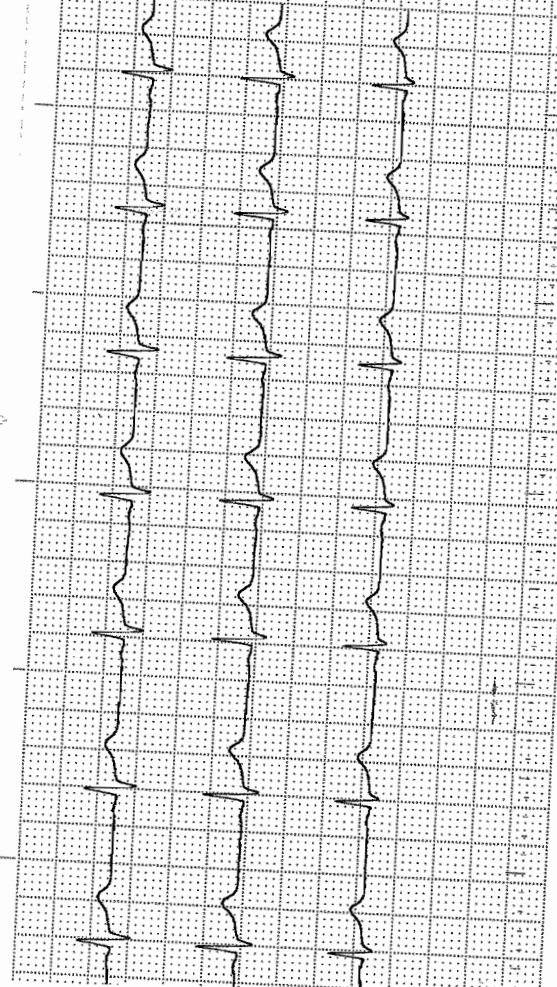
shan Date 03/24 Time 8:54 AM Age 36 yr Gender male

ECG report

ID : 20240309082557  
Name : shan  
Gender : male  
Age : 36 yr  
Dept :  
Bed No :

HR : 80 bpm  
PR : 110 ms  
QRS : 84 ms  
QT/QTc : 354/389 ms  
P/QRS/T : 43/70/41°  
RV5/SV1 : 1.02/0.242 mV  
RV5+SV1 : 1.262 mV

8:54 AM  
<< Interpretations >>



Confirm and sign:  
Examination time: 2024-03-09 08:25:57