



APEX HOSPITALS MULUND

A Super Speciality Hospital

ALL CASHLESS FACILITY

Veera Nagar Phase - Tilt Pipe Line Road,
Near Swarna Nagar Road - Mulund (W) Mumbai 400 060
Email: info@apexhospitals.com www.apexgroupofhospitals.com



Tele.: 022-41624000 (100 Lines)

9/06/20

Patient Name - Chitra Pillai

Age - 33 year 1 F

U/O - NO DM, HTN or any cardiac illness

C/O - No any major illness present

C/E - BP - 120/80 mm

PR - 86/min

SpO2 - 99.1

Temp - 98.6

S/F - RS -

CUS - } NAD

CNS -

BMI -

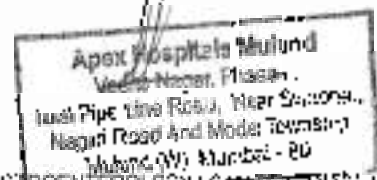
wt - 70 kg } 29.5 over wt
ht - 154 cm }

Vision - R/L eye 6/6 (7/5) - C/E (M)

Exam - NAD (Soft ear)

Skin: ? skin abrasion @ 2014
Both hand & feet

Dental - Opt cavity are present
option to Dental





APEX HOSPITALS MULUND DIAGNOSTIC

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Tele.:
022-41624000 (100 Lines)

NAME : MRS. CHITRA PILLAI

33/F

DATE - 09/04/2024

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 valve normal

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 4 mmHg.

No MS / Trivial MR

Normal flow across all other cardiac valves.

Pulmonary pressure of 25 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
DM CARDIO
2009/08/3036



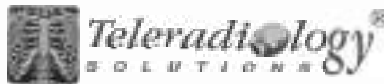
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Tele.:
022-41624000 (100 Lines)



APEX HOSPITALS MULUND Radiologist Report Sheet

Patient Name:	CHITRA PILLAI	Medical Record No:	09/04/2024 2912
Age :	33 Year	Accession No:	
Gender:	Female	Location:	Outpatient
Type Of Study:	CR Chest PA	Physician:	MEDIWHEEL
Image Count:	1	Exam Time:	24/09/04 11:30 AM ET
Requisition Time:	24/09/04 12:14 PM ET	Report Time:	24/09/04 12:46 PM ET
Clinical History:	H/ O ROUTINE CHECK-UP		

Final Report

RADIOGRAPH OF THE CHEST (SINGLE VIEW)

Clinical History: H/ O ROUTINE CHECK-UP

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

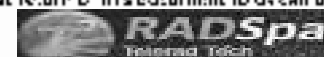
If a significant discrepancy is found between the preliminary and final interpretations of this study, please fax back this form to 877-877-4679 with a copy of the official report so that appropriate action may be taken.

Change in Patient Care: Yes / No

If you would like to discuss the findings with the radiologist, please call us on 8667263435, 8668884112, 8665030726.

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Tele.:
022-41624000 (100 Lines)

NAME : MRS. CHITRA PILLAI

AGE : 33/F

DATE : 09/04/2024

REF. BY : CGHS

USG ABDOMEN AND PELVIS SONOGRAPHY

Liver is of normal size and 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 Paraaortic Lymphadenopathy or Ascites.

Right kidney measures : 8.9 x 4.3 cms.

Left kidney measures : 9.3 x 4.6 cms.

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 bulky in size and anteverted in position. It measures 5.8 cm in

Transverse, 4.9 cm in AP & 9.2 cm in longitudinal axis.

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

No evidence of any hypo or hyper echoidic mass in the uterine cavity.

Endometrial canal is seen in the center of the uterine cavity. It measures 8 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.

REMARK :-

● Grade 1 fatty liver.

● Bulky uterus.


Dr. Kamlesh Jain

FCRS, Hant Radiology
DR. KAMLESH JAIN
DMRD (RADIOLOGY)
2002/03/1656



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Tele.:
022-41624000 (100 Lines)

NAME: MRS.CHITTA PILLAI AGE: 33 Y/F DATE: 09/04/2024

REF BY: MEDICINE

USG BOTH BREAST

Both Breast show normal fibro fatty echotexture.

No evidence of focal solid or cystic lesion seen.

No evidence of dilated ducts.

No evidence axillary lymphadenopathy

REMARK :-

no abnormality seen.


Dr. Kamlesh Jain

(Consult Radiologist)

DR. KAMLESH JAIN
DMRD (RADIOLOG);
2002/03/1656



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Tele.:
022-41624000 (100 Lines)

Patient ID	2464057176		Registered On	: 09/04/2024, 04:31 PM
Patient Name	MRS. CHITRA PILLAI		Collected On	: 09/04/2024, 10:51 PM
Age	: 33 Yrs		Reported On	: 10/04/2024, 12:49 AM
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)	6.10	%	Below 6.0% : Normal 6.0% - 7.0% : Good Control 7.0% - 8.0% : Fair Control 8.0% - 10% : Unsatisfactory Above 10% Poor Control
Mean Blood Glucose	128.4	mg/dl.	70 - 120

CLINICAL SIGNIFICANCE:

Glycosylated Hemoglobin is a stable and true index of the "Mean Blood Glucose Level" over the previous 2-3 month. HbA1c is an indicator of long-term control. HbA1c represents average glycaemia over the past six to eight weeks. If there is an acute change over the next 1-2 day. The span of the red blood cell but within this 120 days. Recent glycaemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient is 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 the month before that.

Factors affecting HbA1c results:

High serum iron: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol use, Sulfonamide/sulfonylurea poisoning and Sulfhydryl treatment.
Decreased red blood cell RBC lifespan (Hemolytic anemia, blood loss), following transfusions (especially large volume), large amount of Vitamin E, Vitamin C and Hemoglobinopathies.

References: (Blood glucose level > 126 mg/dL (fasting) / Glucose non-fasting)

End of Report
Result valid only for the period mentioned. Kindly contact the Pathologist for further details.

Note: If the test result is alarming or unexpected, please contact the Physician immediately for possible remedial action.

This report is SYSTEM generated and electronically authenticated.

Page 1 of 1

Dr. Roshan Shakh
MBBS MD Pathology
Consultant Pathologist



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Tele.: **022-41624000 (100 Lines)**

Mrs. CHITRA PITAI		Collected : 09-04-2024 15:05	Lab ID : 40409921585
DOB : -		Received : 09-04-2024 18:40	Sample Quality : Adequate
Age : 33 Years		Registered : 29-04-2024 19:40	Location : MUMBAI
Gender : Female		Status : Final	Ref By : APEX HOSPITAL
CRM : -			Client : SGN, 67 PANDEY MUMBAI

Parameter	Result	Unit	Biological Ref. Interval
Vitamin D - 25-Hydroxy, Serum (12)	L 7.03	ng/mL	<10: Severe deficiency 10-19: Mild to moderate deficiency 20-50: Optimum level 51-80: Increased risk of hypercalcaemia >80: Toxicity possible

Clinical significance:-

A low 25-hydroxyvitamin D level may mean that a person is not getting enough exposure to sunlight or is taking too many other body fluids and medications that interfere with the synthesis of vitamin D. Drugs that affect the production of PTH-related protein (PTHrP) may increase the risk of vitamin deficiency, particularly in cancer patients. A high level of PTHrP may indicate excess supplementation from a drug, pill, or other natural supplements.

Remarks: Kindly correlate clinically.

----- End of Report -----

Signature





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Tele.: **022-41624000 (100 Lines)**

Mrs CHANDRA BALI	Collected : 09-04-2024 15:18	Lab ID : 40408507586
DOB	Received : 09-04-2024 18:40	Sample Quality : Adequate
Age : 33 Years	Reported : 09-04-2024 19:37	Location : MUMBAI
Gender : Female	Status : Final	Ref By : APEX HOSPITAL
CBV		Client : SAKJAY PANDEV MD, FRAC

Parameter	Result	Unit	Biological Ref. Interval
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THYROID FUNCTION TEST

Tri Iodo Thyronine (T3 Total), Serum **1.40** **ng/mL** **Non Pregnant: 0.7 - 2.04**
0.74 **Pregnancy:**
 1st trimester: 0.81-1.4
 2nd & 3rd trimester: 1.0-2.60

Clinical significance:
 Triiodothyronine (T3) is a major thyroid hormone. Levels are elevated in patients with hyperthyroidism or raised by exogenous thyroid hormone. A low level is seen in hypothyroidism. T3 is a sensitive marker of thyroid function. It is used to monitor response to treatment with antithyroid drugs. T3 levels are also used to monitor response to treatment with thyroid hormone replacement therapy. T3 levels are also used to monitor response to treatment with thyroid hormone replacement therapy.

Thyroxine (T4), Serum **10.63** **µg/dL** **5.5-21.0**
0.74

Clinical significance:-
 Thyroxine (T4) is a major thyroid hormone. It is used to monitor response to treatment with antithyroid drugs. T4 levels are also used to monitor response to treatment with thyroid hormone replacement therapy. T4 levels are also used to monitor response to treatment with thyroid hormone replacement therapy.

Thyroid Stimulating Hormone (TSH), Serum **2.545** **µIU/mL** **Nonpregnant: 0.4 - 5.5**
0.74 **Pregnancy:**
 First Trimester: 0.3-4.5
 Second Trimester: 0.5-4.6
 Third trimester: 0.8-5.2

Clinical significance:
 Thyroid Stimulating Hormone (TSH) is a pituitary hormone that stimulates the thyroid gland to produce thyroid hormones. TSH levels are elevated in patients with primary hypothyroidism and decreased in patients with secondary hypothyroidism. TSH levels are also used to monitor response to treatment with antithyroid drugs. TSH levels are also used to monitor response to treatment with thyroid hormone replacement therapy.

Pregnancy	Normal TSH (µIU/mL)	Abnormal TSH (µIU/mL)	Normal T4 (µg/dL)
1st trimester	< 2.5	> 2.5	< 2.5
2nd trimester	< 3.0	> 3.0	< 3.0
3rd trimester	< 3.5	> 3.5	< 3.0



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Telc.:
022-41624000 (100 Lines)

Patient Name	: MS. CHITRA PILLAI	Patient ID	: N6437
Age/Sex	: 33 Years / Female	Sample Collected on	: 9-4-24 11:50 am
Ref Doctor	: APEX HOSPITAL	Registration On	: 9-4-24 11:00 am
Client Name	: Apex Hospital	Reported On	: 9-4-24 3:45 pm

Test Done	Observed Value	Unit	Ref. Range
Complete Blood Count (CBC)			
HEMOGLOBIN	11.5	g/dl	12 - 15
Red Blood Corpuscles			
PCV (HCT)	36.0	%	36 - 46
RBC COUNT	4.86	$\times 10^6/\mu\text{L}$	4.5 - 5.5
RBC Indices			
MCV	77.1	fL	76 - 91
MCH	24.5	pg	26 - 31
MCHC	31.9	g/L	31 - 36
RDW-CV	14.8	%	11.5 - 14.3
White Blood Corpuscles			
TOTAL LEUCOCYTE COUNT	7500	/cumm	4000 - 11000
Differential Count			
NEUTROPHILS	70	%	40 - 75
LYMPHOCYTES	25	%	20 - 45
EOSINOPHILS	03	%	0 - 6
MONOCYTES	02	%	1 - 10
BASOPHILS	0	%	0 - 1
Platelets			
PLATELET COUNT	147000	Lakh/cumm	150000 - 450000
MPV	11.1	f	6.5 - 9.8
RBC MORPHOLOGY	Hypochromia, Microcytosis		
WBC MORPHOLOGY	No abnormality detected		
PLATELETS ON SMEAR	Reduced on smear		

Instrument: Mindray BC 7000 PLUS



Dr. Brishikesh Chevle
(MBBS, DCP.)



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Tele.:
022-41624000 (100 Lines)

Patient Name:	MS. CHITRA PILLAI	Patient ID:	86937
Age/Sex:	31 Years / Female	Sample Collected on:	9-4-24 11:00 am
Ref Doctor:	APEX HOSPITAL	Registration On:	9-4-24, 11:00 am
Client Name:	Apex Hospital	Reported On:	9-4-24 3:45 pm

Test Done	Observed Value	Unit	Ref. Range
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Blood Group & RH Factor

SPECIMEN	WHOLE BLOOD
ABO GROUP	'B'
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. Brishikesh Chevle
(MBS, DCP.)



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Tele.:
022-41624000 (100 Lines)

Patient Name	: MS. CHITRA PHILLAI	Patient ID	: 86937
Age/Sex	: 33 Years / Female	Sample Collected on	: 9-4-24, 11:00 am
Ref Doctor	: APEX HOSPITAL	Registration On	: 9-4-24, 11:00 am
Client Name	: Apex Hospital	Reported On	: 9-4-24, 3:45 pm

Test Done	Observed Value	Unit	Ref. Range
ESR (ERYTHROCYTES SEDIMENTATION RATE)			
ESR	15	mm/hr.	0 - 20
METHOD - WESTGREN			

Dr. Hrishikesh Chevle
(MBBS, DCP.)



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QR CODE
REGISTERED



Tele.:
022-41624000 (100 Lines)

Patient Name	MS. CHITRA PILLAI	Patient ID	86037
Age/Sex	53 Years / Female	Sample Collected on	9-4-24, 11:00 am
Ref Doctor	APEX HOSPITAL	Registration On	9-4-24, 11:00 am
Center Name	Apex Hospital	Reported On	9-4-24, 3:46 pm

Test Done	Observed Value	Unit	Ref. Range
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LIPID PROFILE

TOTAL CHOLESTEROL	185.5	mg/dL	200 - 240
SERUM TRIGLYCERIDE	90.1	mg/dL	0 - 200
SERUM HDL CHOLESTEROL	42	mg/dL	30 - 70
VLDL CHOLESTEROL	18	mg/dL	Up to 35
SERUM LDL CHOLESTEROL	125.48	mg/dL	Up to 160
LDL CHOL/HDL RATIO	2.99		Up to 4.5
CHOL/HDL CHOL RATIO	4.42		Up to 4.8

Tianna-PM200 FULLY AUTOMATIC

INTERPRETATION

Above reference ranges are as per ADULT TREATMENT PANEL 10 RECOMMENDATION by NCEP (May 2015).

Dr. Krishikesh Chevle
(MBBS, DCP)



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Tele.:
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Patient Name	MS. CHITRA PILLAI	Patient ID	. 66937
Age/Sex	: 33 Years / Female	Sample Collected on	. 9-4-24 11:00 am
Ref Doctor	: APEX HOSPITAL	Registration On	. 9-4-24 11:00 am
Client Name	Apex Hospital	Reported On	. 9-4-24, 3:45 pm

Test Done	Observed Value	Unit	Ref. Range
BLOOD GLUCOSE FASTING & PP			
FASTING BLOOD GLUCOSE	106.5	mg/dL	70 - 130
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	123.1	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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Tel.:
022-41624000 (100 Lines)

Patient Name: **MS. CHITRA PILLAI**
Age/Sex: 33 Years / Female
Ref Doctor: APEX HOSPITAL
Center Name: Apex Hospital

Patient ID: 80437
Sample Collected on: 9-4-24, 11:00 am
Registration On: 9-4-24 11:50 am
Reported On: 9-4-24 1:45 pm

Test Done	Observed Value	Unit	Ref. Range
LIVER FUNCTION TEST			
TOTAL BILIRUBIN	0.76	mg/dl	UP to 1.2
DIRECT BILIRUBIN	0.23	mg/dL	UP to 0.5
INDIRECT BILIRUBIN	0.55	mg/dL	UP to 0.7
SGOT(ASIT)	28.1	U/L	UP to 40
SGPT(ALT)	15.2	U/L	UP to 40
ALKALINE PHOSPHATASE	165.1	IU/L	64 to 306
S. PROTEIN	6.7	g/dl	6.0 to 8.3
S. ALBUMIN	3.7	g/dl	3.5 to 5.0
S. GLOBULIN	3.00	g/d	2.1 to 3.6
A/G RATIO	1.23		0.9 to 1.3

METHOD - CM200 Fully Automatic

Dr. Hrishikesh Chevle
(MBS DCP.)



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Tele.:
022-41624000 (100 Lines)

Patient Name : **MS. CHITRA PILLAI**
Age/Sex : 53 Years /Female
Ref Doctor : APEX HOSPITAL
Client Name : Apex Hospital

Patient ID : 86937
Sample Collected on : 9-4-24, 11:00 am
Registration On : 9-4-24, 11:00 am
Reported On : 9-4-24 3:45 pm

Test Done	Observed Value	Unit	Ref. Range
RENAL FUNCTION TEST			
BLOOD UREA	26.1	mg/dl	10 - 50
BLOOD UREA NITROGEN	12.20	mg/dL	0.0 - 33.0
S CREATININE	0.71	mg/dL	0.5 to 1.4
S. SODIUM	138.5	mEq/L	135 - 145
S POTASSIUM	5.66	mEq/L	3.5 - 5.5
S CHLORIDE	110.7	mEq/l	95 - 109
S. URIC ACID	5.31	mg/dL	2.5 - 6.0
S. CALCIUM	9.8	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.4	mg/dl	2.5 - 4.5
S. PROTEIN	5.7	g/dl	6.0 to 8.3
S. ALBUMIN	3.7	g/dl	3.5 to 5.3
S. GLOBULIN	3.00	g/dl	2.3 to 4.6
A/G RATIO	1.22		1 to 2.3

METHOD - EN200 Fully Automatic

INTERPRETATION :

Dr Hrishikesh Chevle
(MBS, DCP.)



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Tele.:
022-41624000 (100 Lines)

Patent Name	MS. CHITRA PILLAI	Patient ID	: 86907
Age/Sex	33 Years / Female	Sample Collected on	9-4-24 11:00 am
Ref Doctor	- APEX HOSPITAL	Registration On	9-4-24 11:00 am
Client Name	Apex Hospital	Reported On	9-4-24 3:45 pm

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
COCCULI BLOOD	Negative	Negative
SUGAR	Absent	Absent
KETONES	Absent	Absent
BILE SALT & PIGMENT	Absent	Absent
UROBILINOGEN	Normal	Normal

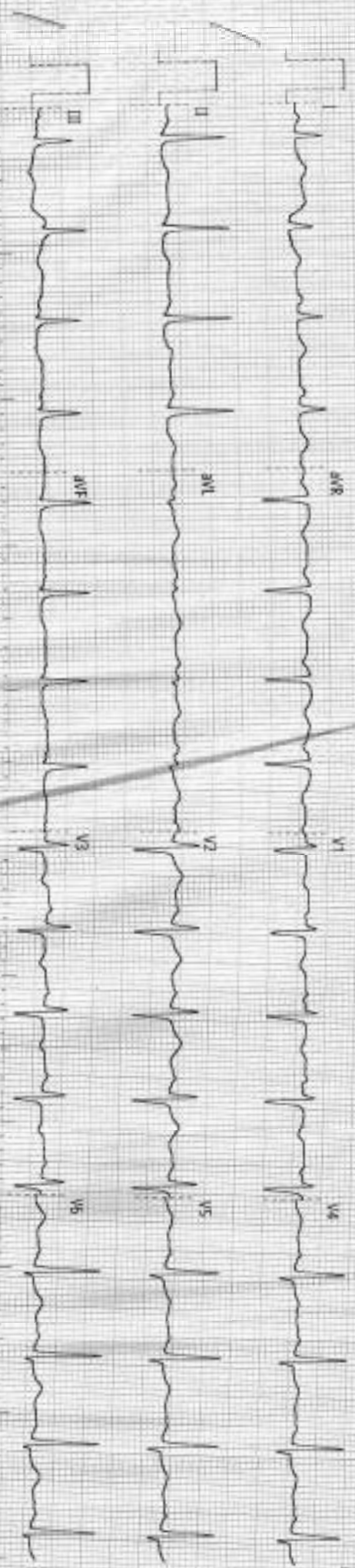
Microscopic Examination

RED BLOOD CELLS	Absent	Absent
PUS CELLS	2-3 /HPF	0 - 5 /HPF
EPITHELIAL CELLS	1-2 /HPF	0 - 4 /HPF
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	Absent
YEAST CELLS	Absent	Absent
ANY OTHER FINDINGS	Absent	

Dr. Hrishikesh Chavla
(MBBS, DCP.)

Chitra Pillai

0.5Hz - 25Hz - AC 50Hz 25mm/s Normal Sinus Rhythm 10.25 Sequential



ECG report
ID :
Name :
Gender :
Age :
Dept :
Bed No. :

ECG report

ID : 20240409094925
Name : *Witri Pillai*
Gender : *female*
Age : *53 year*
Dept :
Bed No:

HR : 100 bpm
PR : 116 ms
QRS : 94 ms
QT/QTc : 356/426 ms
QT/QTc : 26/62/-17°
RV5/SVI : 0.90/0.59/2 mV
RV5>SV1 : 1.494 mV
Minnesota code : 8-7-5-7

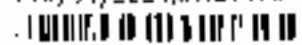
<<Interpretations >>

EB
Apex: Hirschiolsa Bharu/umid
Vasata Nagar, Phasari,
Tajga Pipe Line Road, Near Sivasagar,
Nagar Road And Moolali Township,
Mukund (W), Manipal - 5A.

Confirm and sign:
Examination time : 2024-04-09 09:49:25

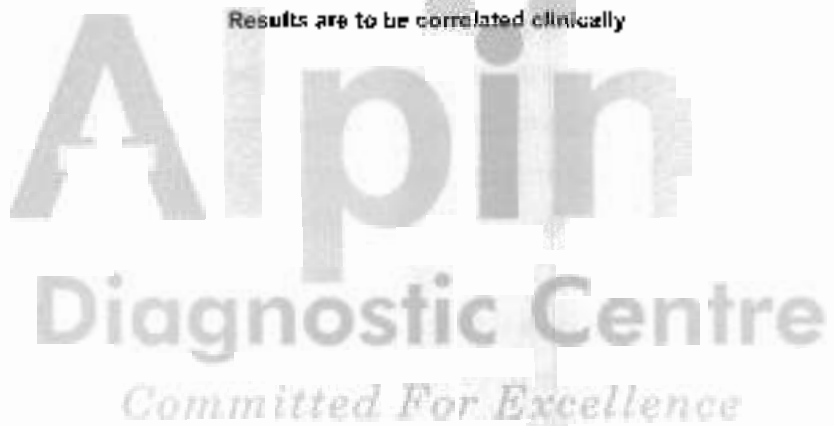


UHID : AM10.2460000001
 Patient Name : **MRS. CHITRA PILLAI**
 Age/Gender : 33 YEARS / FEMALE
 Ref. Doctor : DR. APEX HOSPITAL
 Client Name : AD00073 Cudiles&care

Bill No. : 118042454
 Registered On : 09/04/2024,07:15 PM
 Collected On : 09/04/2024,07:17 PM
 Reported On : 13/04/2024,09:29 AM
 SampleID : 

Test Done	Observed Value	Unit	Biological Reference Interval
PAP SMEAR EXAMINATION			
Reporting System	Bethesda system.		
Specimen Type	Conventional Pap smear.		
Smear	Satisfactory for evaluation and shows superficial and intermediate squamous cells with few admixed parakeratotic cells. Endocervical cells are not seen.		
Inflammation	Mild neutrophilic.		
Dysplasia	Absent.		
Malignancy	Absent.		
Interpretation	Mild inflammation. Negative for intraepithelial lesion or malignancy (NILM).		
----- End of Report -----			

Results are to be correlated clinically



Scan to Validate



Page: 1 of 1

Dr. Sushil Medkharkar
 MD Pathology

CORPORATE OFFICE :

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