



Where Healing & Care Come Naturally

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



Tele.: 022-62747000 (100 Lines)

## PHYSICIAN CONSULTATION

### PRESENT COMPLAINT :

Clc → Back Pain :- 3-4 months  
- Head Pain, :- 2 months

PAST MEDICAL / SURGICAL HISTORY: - Both Eye Pain on left :- 6 months

Klclc → Hypothyroidism & PCOD

### GENERAL EXAMINATION:

PULSE 65/min  
BP: 100/70 mmHg  
BMI 11.4  
APETITE: (N)  
THIRST: (N)  
STOOL: (N)  
URINE: (N)  
SLEEP: (N)  
SKIN: Fair  
NAILS: (N)  
HABITAT: (N)

Father → Hypothyroidism  
Mother → Healthy.

SYSTEMIC EXAMINATION: conscious oriented

RESPIRATORY EXAMINATION: AEBE clear

CARDIOVASCULAR EXAMINATION: S<sub>1</sub>, S<sub>2</sub> heard

ABDOMINAL EXAMINATION: soft LNT

### GYNACOLOGY / OBST HISTORY ( FOR FEMALE):

- PCOD
- Irregular Menses

**OPHTHAL EXAMINATION:**

FAR VISION: -0.75 <sup>R</sup> / -0.50 <sup>L</sup>  
NEAR VISION: 0.20 / 0.20  
COLOUR VISION: Clear

**ENT EXAMINATION:**

EAR: MASTOID TUNNING FORK TEST: } (N)  
NOSE: EXT NOSE/ POST NASAL SPACE: } NO smell  
THROAT: TOUNGE/ PALATE/ TEETH: } - (N)  
NECK: NODES/ THYROID/TEETH: } (N)

**DENTAL EXAMINATION:**

DECAY/ CRIES IF ANY: } (N)  
PLAQUE IF ANY: }  
GUMS: }

Advice

- Refer to Gynaecologist  
& Physician for UTI

Dr. Virendra Chauhan  
PHYSICIAN NAME

PHYSICIAN SIGNATURE





Patient Name: Mrs . sharmistha chattopadhyay

F / 31Yrs

Ref. by: MEDIWHEEL HEALTHCARE

Date: 23-03-2024s

## 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(12.8cm), 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 13 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 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 7.8 cm and is normal in size and shape. Its echotexture is homogeneous.

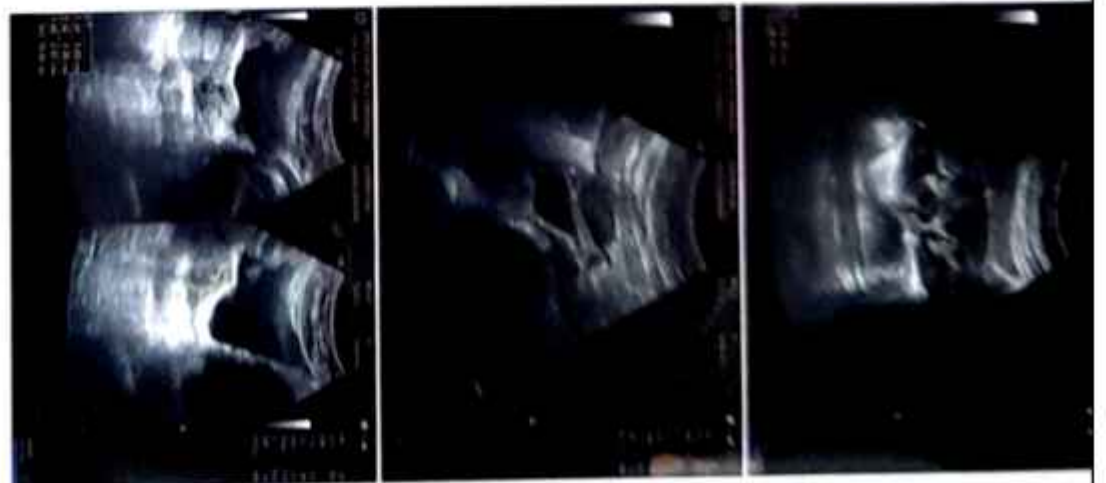
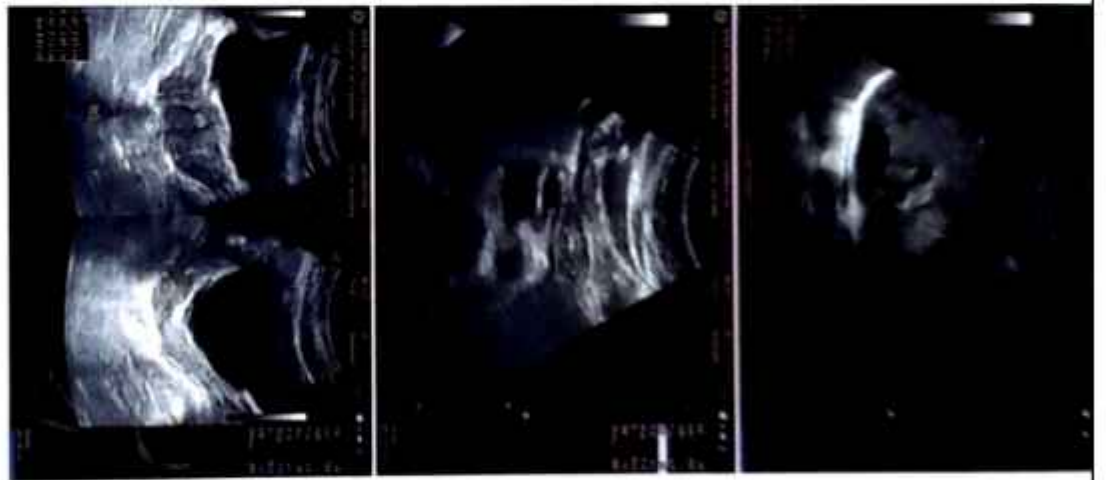
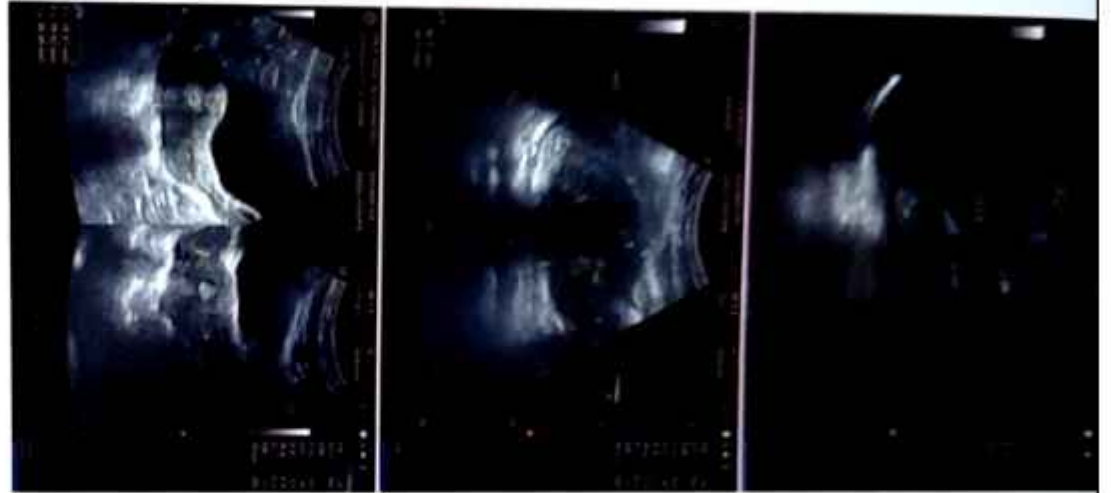
### KIDNEYS:

Right kidney	Left kidney
10.4 x 4.6cm	9.6 x 5.4cm

The kidneys are normal in size shape, position, axis and contour 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





# APEX HOSPITALS KANDIVALI DIAGNOSTIC

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## PELVIS:

The uterus is anteverted. It measures 7.8 x 3.9 x 4.8 cm in the longitudinal, antero-posterior and transverse dimensions, respectively. The uterine margins are smooth and do not reveal any contour abnormalities.

The endometrial echo is in the midline and measures 8.5 mm.

Bilateral ovaries reveal multiple follicles arranged at the periphery with bright central echotexture

Right ovary measures 2.8 x 3 x 2.1cm 9.2cc

Left ovary measures 3 x 2.2 x 2.8 cm 10cc

No adnexal mass is seen.

There is no free fluid in the cul-de-sac. There is no obvious evidence of significant lymphadenopathy.

## IMPRESSION:

- Bilateral polycystic ovaries. Advice clinical and hormonal correlation
- No other significant abnormality is seen.

Thanks for the reference.

With regards,

**Dr. Ravi Kumar**  
Consultant Radiologist

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## DEPARTMENT OF LABORATORY SCIENCES

<b>Patient Name</b>	Mrs. SHARMISTHA CHATTOPADHYAY	<b>LabNo</b>	14906	
<b>UHID/IP No</b>	150009688 / 11381	<b>Sample Date</b>	23/03/2024 8:28AM	
<b>Age/Gender</b>	31 Yrs/Female	<b>Receiving Date</b>	23/03/2024 6:22PM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	23/03/2024 6:40PM	
<b>Prescribed By</b>	Dr. Ramesh Hari Pawar	<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)	<b>11.8 L</b>	gm/dl	12.5 - 16.0	SLS- Hb Method
RBC Count (Red Blood Cell)	<b>3.96 L</b>	10 <sup>6</sup> /uL	4.20 - 5.40	
PCV (Haematocrit)	<b>35.5 L</b>	%	36.0 - 46.0	
MCV	89.65	fl	78 - 100	Calculated
MCH	29.8	pg	26 - 34	Calculated
MCHC	33.24	gm/dl	30 - 36	Calculated
RDW	13.5	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	<u>5700</u>	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	60	%	40 - 80	
Lymphocyte %	35	%	20 - 40	
Eosinophil %	02	%	0 - 6	
Monocytes %	03	%	1 - 12	
Basophil %	00	%	0 - 2	
Absolute Neutrophil Count (ANC)	3420	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	1995	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	114	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	<b>171 L</b>	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Within normal limits.			
RBCs Morphology	Normocytic Normochromic.			
Platelet Count	<b>136 L</b>	10 <sup>3</sup> /uL	150 - 400	DC Detection
Platelets Morphology	Reduced On Smear			
MPV	<b>14.5 H</b>	fl	7 - 12	

--End Of Report--



**Dr. SANDEEP B PORWAL**  
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## DEPARTMENT OF LABORATORY SCIENCES

<b>Patient Name</b>	Mrs. SHARVESTHA CHATTERJEE	<b>LAB No</b>	14036	
<b>UHID/IP No</b>	150009688 / 11381	<b>Sample Date</b>	23/03/2024 8:28AM	
<b>Age/Gender</b>	31 Yrs/Female	<b>Receiving Date</b>	23/03/2024 8:32PM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	23/03/2024 8:40PM	
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## HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	5	mm/hr	< 20	Westergren

—End Of Report—

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## IMMUNO-HAEMATOLOGY

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

--End Of Report--

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>GLUCOSE (PP)</b> Sample: Fl. Plasma				
Blood Sugar(2 Hours PP)	115.0	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide

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)	109.0	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide

--End Of Report--

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>LIPID PROFILE SERUM</b>				
Sample: Serum				
Cholesterol-Total	147.0	mg/dl	< 200.00	Cholesterol Oxidase, Esterase, Peroxidase
Triglycerides	107.0	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	46.0	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	21.40	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	79.60	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	<b>3.20 L</b>		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	<b>1.73 L</b>		2.50 - 3.50	Calculated Value

--End Of Report--

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) SERUM</b>				
Sample: Serum				
Bilirubin Total (TBil)	0.53	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.28	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.25	mg/dl	0 - 1	
SGPT (ALT)	27.92	U/L	5 - 40	IFCC modified
SGOT (AST)	26.18	U/L	5 - 40	IFCC modified
Protein Total	6.7	gm/dl	6.00 - 8.00	Biuret
Albumin	4.0	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.70	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.48		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	49.75	IU/L	42 - 140	
GGTP (GAMMA GT)	19.0	IU/L	15.0 - 72.0	UV Kinetic IFCC

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>RFT (RENAL FUNCTION TEST)</b>				
Sample: Serum				
Creatinine	0.94	mg/dl	0.60 - 1.30	Jaffes
UREA	16.21	mg/dl	15 - 50	CDC Urease, Colorimetric
BUN - Blood Urea Nitrogen	7.57	mg/dl	7 - 20	
Calcium	9.0	mg/dl	8.6 - 10.5	Arsenazo III
Uric Acid	5.5	mm/hr	2.5 - 6.2	URICASE- PEROXIDASE
Phosphorus	3.8	mg/dl	2.5 - 5.0	Phosphomolybdate Reduction
Sodium	138.0	mEq/L	135 - 146	ISE Direct
Potassium	5.2	mEq/L	3.5 - 5.5	ISE Direct
Chloride	105.0	mEq/L	98 - 108	ISE Direct
Protein Total	6.7	gm/dl	6.00 - 8.00	Biuret
Albumin	4.0	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.70	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.48		1.00 - 2.50	Calculated Value

--End Of Report--

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## CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>URINE ROUTINE</b>				
Sample: Urine				
<b>PHYSICAL EXAMINATION</b>				
Quantity	20	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			Clear
Specific Gravity	1.015		1.010 - 1.025	
<b>CHEMICAL EXAMINATION</b>				
pH	6.0		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	50-60/hpf			
RBCs	Absent			
Epithelial Cells	8-10/hpf			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	Absent			

--End Of Report--

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

Patient Id : PVD18323-24/74474      Sample ID : 24036629  
 Patient : MRS SHARMISTHA CHATTOPADHYAY      Reg. Date : 23/03/2024  
 Age/sex : 31 Yrs/ Female      Report Date : 23/03/2024  
 Center : APEX HOSPITALS KANDIVALI      Case No. :  
 Ref. By : Self



### HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.4	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	108.28	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

#### CENTRAL PROCESSING LABORATORY

Grandeur 208/209/210, S.V. Road, Dahisar (East), Mumbai - 400 068.  
 Tel.: 3563 7645 • Mob: 86910 17023 / 81042 45961 • www.pathvisiondiagnostics.com

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 (Path) Mumbai  
 2001031640

ISO 9001-2015 Certified

Patient Id : PVD18323-24/74474      Sample ID : 24036629  
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 Age/sex : 31 Yrs/ Female      Report Date : 23/03/2024  
 Center : APEX HOSPITALS KANDIVALI      Case No. :  
 Ref. By : Self



### IMMUNOASSAY

Test Description	Result	Unit	Biological Reference Range
------------------	--------	------	----------------------------

#### TOTAL T3 T4 TSH (TFT)

T3 (Triiodothyronine)	134.02	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)	7.36	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)	3.82	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.



DR. SANDEEP B. PORWAL  
 MBBS MD (Path) Mumbai  
 MMC Reg no 2001031640

#### CENTRAL PROCESSING LABORATORY

Grandeur 208/209/210, S.V. Road, Dahisar (East), Mumbai - 400 068  
 Tel.: 3563 7645 • Mob: 86910 17023 / 81042 45961 • www.pathvisiondiagnostics.com



**APEX HOSPITAL**

MRS SHARADSTHA CHATTOPADY  
 I.D. 8928  
 Age 31/M  
 Date 23-03-2024

Rate 155bpm  
 B.P. 120/80  
 Bruce Stage 3  
 TOTAL TIME 7:28  
 PHASE TIME 1:28

HT/WT : 174 / 75  
 REF. BY :

INDICATION :  
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP K100	ST LEVEL (MM)			METS
								II	V1	V5	
SOPINE											
Stage 1	2:55	2:55	2.7	10	90	130 / 80	117	2.2	0.5	1.5	4.67
Stage 2	5:55	2:55	4	12	121	130 / 90	157	2.9	-0.3	2.2	7.04
Stage 3	8:55	2:55	5.4	14	148	140 / 90	207	2.7	0	2	9.92
PRE-EXERCISE RECOVERY	10:5	1:5	6.7	16	189	140 / 90	249	3.6	0.2	2.4	11.44
RECOVERY	10:46	0:29			168	150 / 90	252	4.6	0.5	3.1	
	11:33	1:16			148	170 / 110	251	5.1	1.2	3.3	

**RESULTS**

EXERCISE DURATION : 10:5  
 MAX HEART RATE : 189 bpm  
 MAX BLOOD PRESSURE : 170 / 110 mm Hg  
 REASON OF TERMINATION :  
 BP RESPONSE :  
 ARRHYTHMIA :  
 H.R. RESPONSE :

MAX WORK LOAD : 11.44 METS

**IMPRESSIONS**

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

APEX HOSPITALS KANDIVALI

Technician : 44

# APEX HOSPITAL

MRS SHARMISTHA CHATTOPADH

I.D. 8928

Age 31/M

Date 23-03-2024

RATE 65bpm

B.P. 100/60

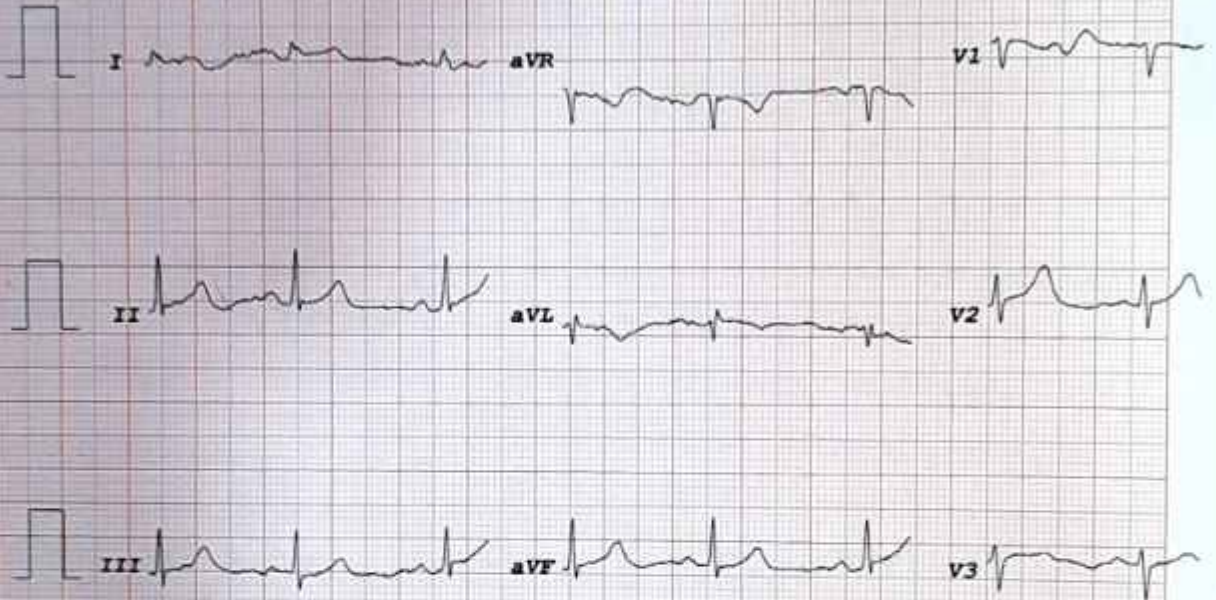
PRETEST

SUPINE

ST @ 10mm

80ms Post

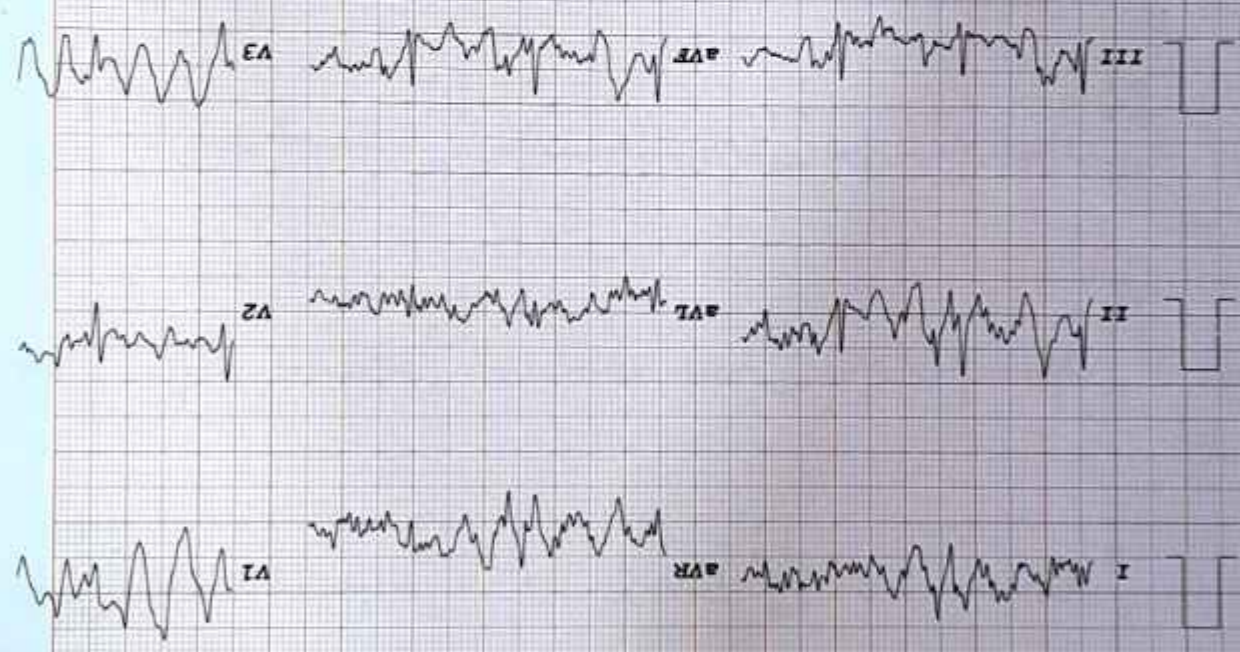
G-computing India



Base Corrected

DNZ-EM, Indore, Tel.: +91-731-4930035, Fax: .

PHI-EM, Indore, TEL: 432-731-80000, FAX: 432-731-80000

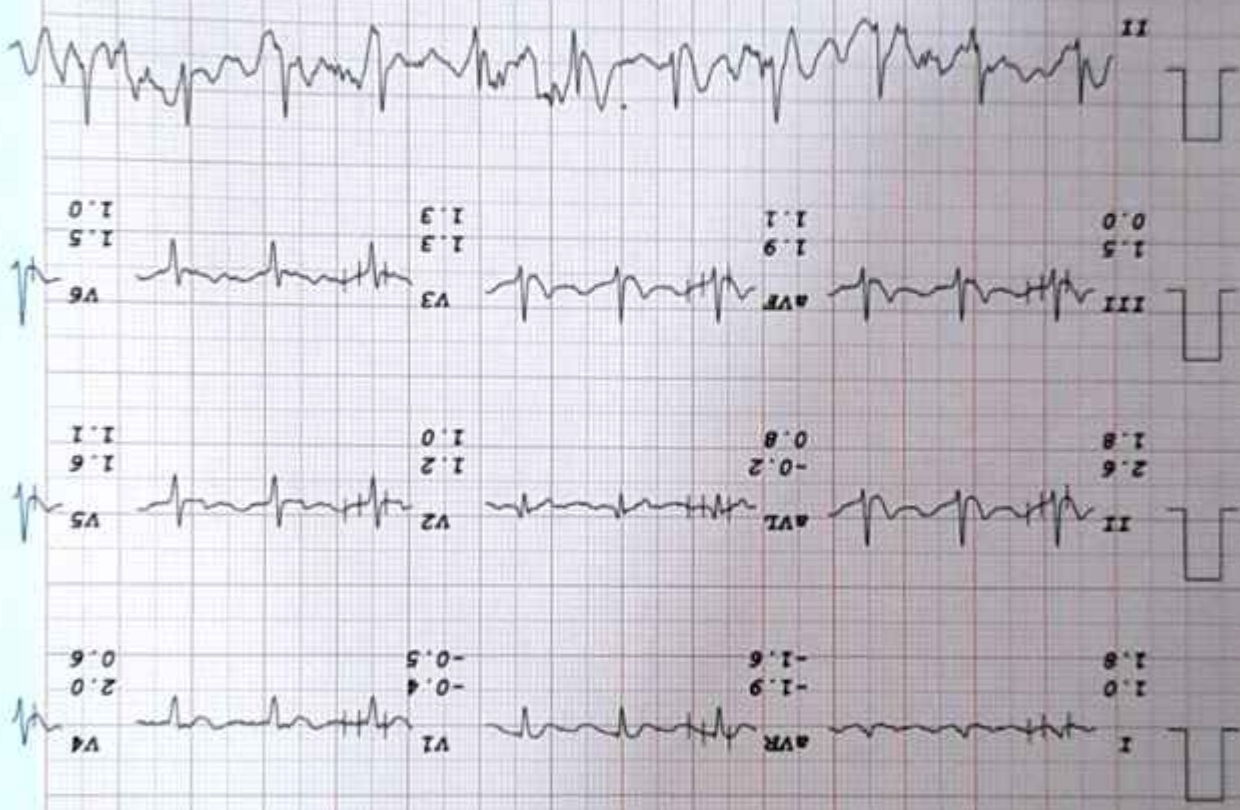


MRS SHARMISTA CHATOPADH  
 I.D. 8928  
 RATE 88bpm  
 B.P. 100/60  
 Date 23-03-2024  
 ST @ 10mm  
 80ms Post  
 Speed 1.5  
 WARM UP

# APEX HOSPITAL

BASE CALIBRATION

ONE-DR. ENGINE, TEL: 48-732-40000, PAKI



Date 23-03-2024  
 Age 31/M  
 I.D. 8928  
 Mrs SHARMA CHATOPADH  
 Rate 110bpm  
 B.P. 110/70  
 Bruce  
 Stage I  
 TOTAL TIME 2:55  
 PHASE TIME 2:55  
 ST @ 10mm  
 80ms Post.  
 Speed 2.7  
 SLOPE 10

# APEX HOSPITAL

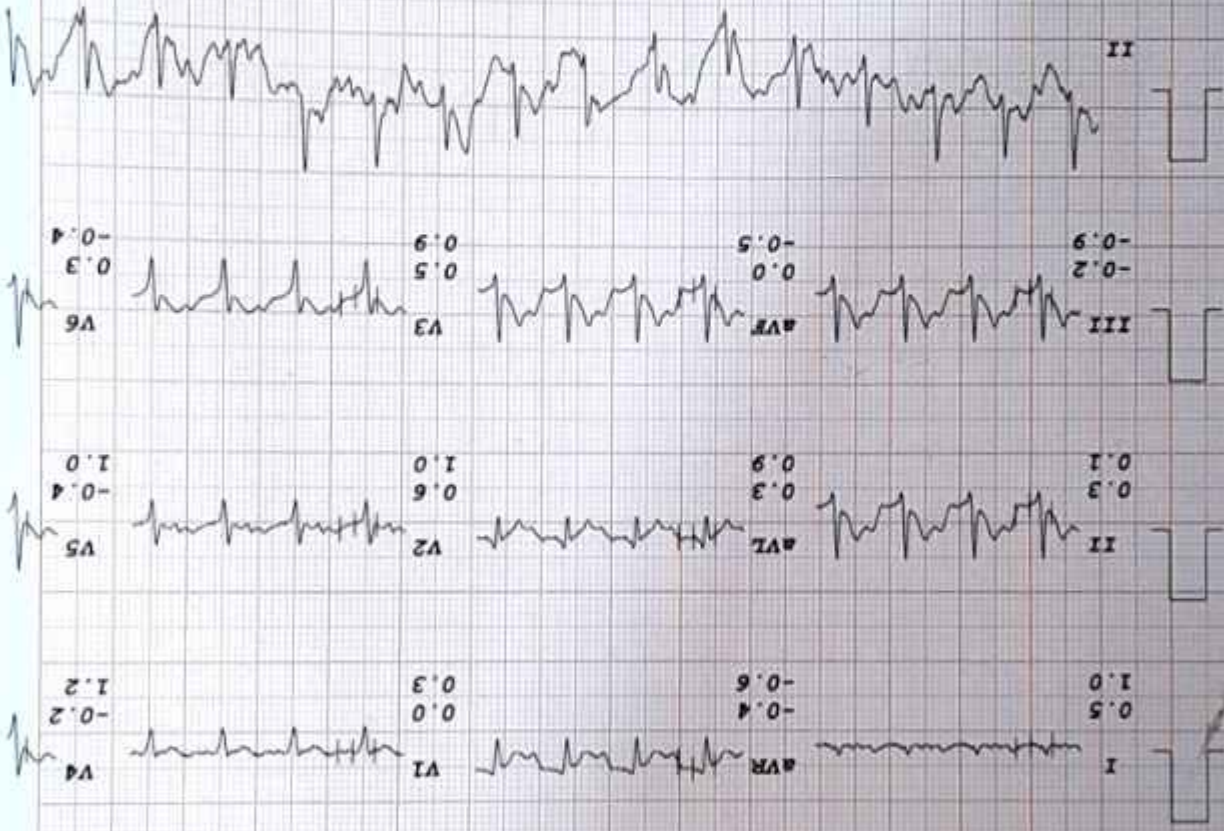


Date: 01-01-2020  
 Time: 11:30  
 Rate: 70  
 P-R-T: 0.12-0.16-0.10  
 QRS: 0.08  
 ST: 0.00  
 T: 0.00  
 ST-T: 0.00  
 ST-T: 0.00  
 ST-T: 0.00  
 ST-T: 0.00

**APEX HOSPITAL**

UNIFORM, THINER, TML-1, 431-733-4030037, FAX 1 -

BASE CORRECTED



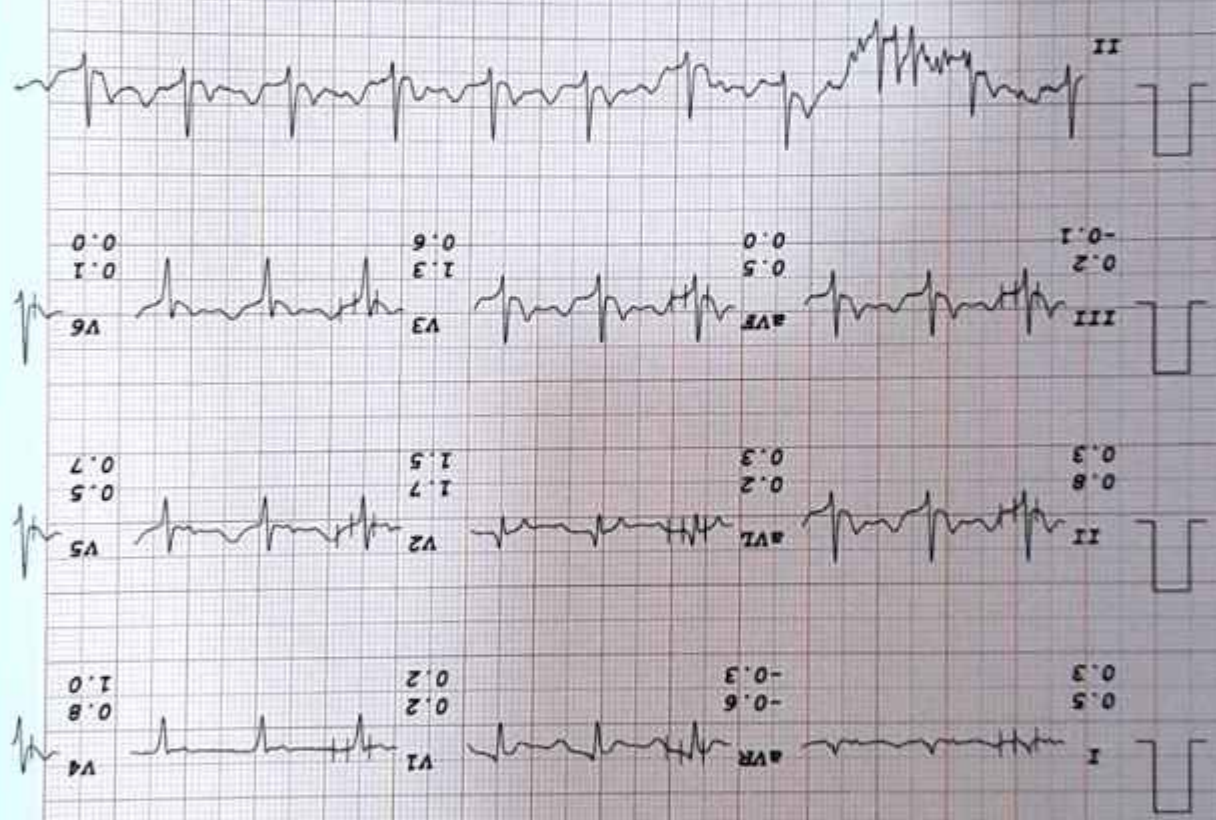
MRS SHARMISTHA CHAITOPADH  
 I.D. 8928  
 Age 31/M  
 Date 23-03-2024  
 RATE 152bpm  
 B.P. 120/80  
 BRUCE  
 PK-EXERCISE  
 TOTAL TIME 7:40  
 PHASE TIME 1:40  
 ST @ 10mm  
 80ms Post  
 Speed 5  
 SLOPE 14

# APEX HOSPITAL

Post-ECG

APEX HOSPITAL, 100/100, 100/100, 100/100, 100/100

APEX HOSPITAL

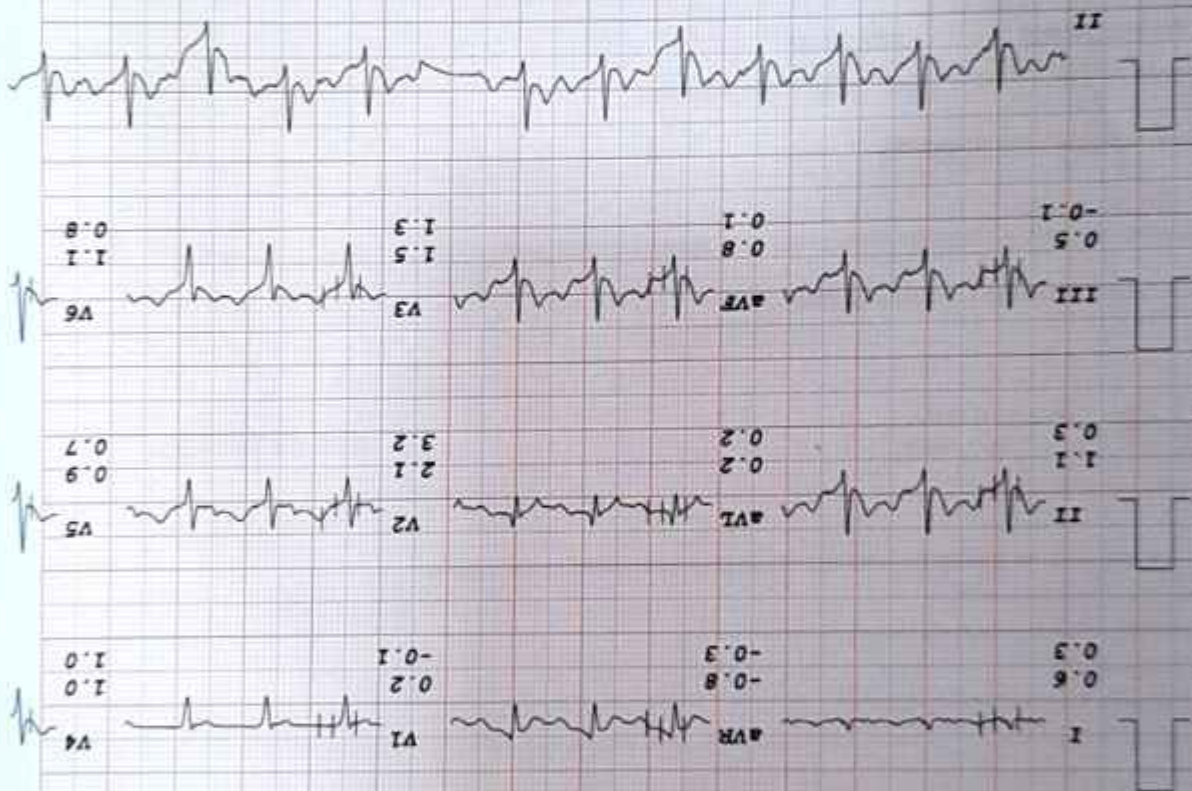


NRS SHARMINI CHATOPADH  
 I.D. 8928  
 Age 31/M  
 Date 23-03-2024  
 RATE 107bpm  
 B.P. 130/90  
 BRUCE  
 RECOVERY  
 TOTAL TIME 8:57  
 PHASE TIME 1:08  
 ST @ 10mm  
 80mm PASC  
 GOMPA

### APEX HOSPITAL

107-000 (SHRIMP) 2011-1-12-123-456789 (REV. 1)

DATE: 23-03-2024



MRS SNARJISTINA CHAITOPADH  
 I.D. 6928  
 Age 31Y  
 Date 23-03-2024  
 RATE 129bpm  
 B.P. 120/80  
 Bruce  
 RECOVERY  
 TOTAL TIME 8:18  
 PHASE TIME 0:29  
 ST @ 10mm  
 80mm Post

### APEX HOSPITAL



R  
PA



MRS SHARMISTHA CHATTOPADHAY 31 150009688 F Ped. Chn PA 23-Mar-24 SELF  
APEX HOSPITALS KANDIVALI, KANDIVALI (E)



23/03/24

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



Tele.:  
022-62747000 (100 Lines)

MR. Sharmistha Chattopadhyay  
31 YRS / F

BP - 100/60 mmHg

Pulse - 84/min

SpO2 - 99%

Height - 167 cm

wt - 70.30 kg



23/10/24

Mr. Shemistha Chaudhary  
Age - 31 years

Ophthalmic

Distance -

(R) eye - 0.00

(L) eye. - clear.

Near -

(R) eye - clear

(L) eye. clear.



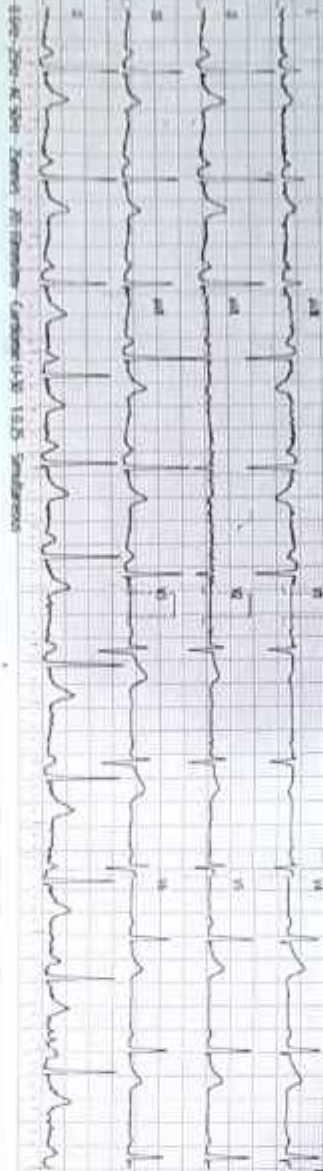
ओपेक्स हास्पिटल्स कार्डिवली

Name: MRS. Sharmistha

Date: 23/03/24 Time: 10:00

Age: 21yrs Gender: Female

Sharmistha



ECG report

ID: 2024032001118  
 Name: \_\_\_\_\_  
 Gender: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Dept: \_\_\_\_\_  
 Bed No: \_\_\_\_\_

31yrs | F

10mm | 03/03/24

HR: 60 bpm  
 RR: 102 ms  
 QRS: 78 ms  
 QT/QTc: 366/41.2 ms  
 QT/QTc: 367/43.4 ms  
 ST-T: 0.92/0.42 mV  
 P-R-T: 1.851 mV

Cardiac and sign:  
 Examination date: 2024-03-23 09:17:18