

Veena Nagar Phase II, Tulsi Pipe Line Road,
Near Swapna Nagri Road, Mulund (W) Mumbai 400 080.
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.:
022-41624000 (100 Lines)

Patient Name : **MS. RUPA KOLI**
Age/Sex : 54 Years /Female
Ref Doctor : APEX HOSPITAL
Client Name : Apex Hospital

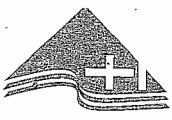
Patient ID : 83764
Sample Collected on : 19-2-24, 11:00 am
Registration On : 19-2-24, 11:00 am
Reported On : 19-2-24, 6:24 pm

Test Done	Observed Value	Unit	Ref. Range
Complete Blood Count(CBC)			
HEMOGLOBIN	11.1	gm/dl	12 - 15
Red Blood Corpuscles			
PCV (HCT)	33.4	%	36 - 46
RBC COUNT	4.24	x10 ⁶ /uL	4.5 - 5.5
RBC Indices			
MCV	78.9	fl	78 - 94
MCH	26.1	pg	26 - 31
MCHC	33.7	g/L	31 - 36
RDW-CV	13.2	%	11.5 - 14.5
White Blood Corpuscles			
TOTAL LEUCOCYTE COUNT	5500	/cumm	4000 - 11000
Differential Count			
NEUTROPHILS	60	%	40 - 75
LYMPHOCYTES	35	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	0	%	0 - 1
Platelets			
PLATELET COUNT	141000	Lakh/cumm	150000 - 450000
MPV	11.0	fl	6.5 - 9.8
RBC MORPHOLOGY	Hypochromia		
WBC MORPHOLOGY	No abnormality detected		
PLATELETS ON SMEAR	Reduced on smear		

Instrument : Mindray BC 3000 Plus



Dr. Hrishikesh Chevle
(MBBS.DCP.)



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APEX HOSPITALS MULUND DIAGNOSTIC

ALL
CASHLESS
FACILITY

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

SPECIMEN	WHOLE BLOOD
ABO GROUP	'A'
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 .)



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Test Done	Observed Value	Unit	Ref. Range
ESR (ERYTHROCYTES SEDIMENTATION RATE)			
ESR	14	mm/1hr.	0 - 20
METHOD - WESTERGREN			



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Test Done	Observed Value	Unit	Ref. Range
LIVER FUNCTION TEST			
TOTAL BILLIRUBIN	0.70	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.21	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.49	mg/dL	UP to 0.7
SGOT(AST)	25.7	U/L	UP to 40
SGPT(ALT)	22.2	U/L	UP to 40
ALKALINE PHOSPHATASE	221.7	IU/L	64 to 306
S. PROTIEN	6.3	g/dl	6.0 to 8.3
S. ALBUMIN	4.0	g/dl	3.5 - 5.0
S. GLOBULIN	2.30	g/dl	2.3 to 3.6
A/G RATIO	1.74		0.9 to 2.3

METHOD - EM200 Fully Automatic

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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	0.73	mg/dL	0.6 to 1.4
S. SODIUM	140.8	mEq/L	135 - 155
S. POTASSIUM	4.22	mEq/L	3.5 - 5.5
S. CHLORIDE	99.0	mEq/L	95 - 109
S. URIC ACID	3.3	mg/dL	2.6 - 6.0
S. CALCIUM	7.9	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.2	mg/dL	2.5 - 4.5
S. PROTIEN	6.3	g/dl	6.0 to 8.3
S. ALBUMIN	4.0	g/dl	3.5 to 5.3
S. GLOBULIN	2.30	g/dl	2.3 to 3.6
A/G RATIO	1.74		1 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -

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(MBBS.DCP.)



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Test Done	Observed Value	Unit	Ref. Range
BLOOD GLUCOSE FASTING & PP			
FASTING BLOOD GLUCOSE	75.4	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	89.2	mg/dL	70 - 140
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT

Method - GOD-POD

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Test Done	Observed Value	Unit	Ref. Range
LIPID PROFILE			
TOTAL CHOLESTEROL	188.1	mg/dL	200 - 240
S. TRIGLYCERIDE	120.1	mg/dL	0 - 200
S.HDL CHOLESTEROL	44.2	mg/dL	30 - 70
VLDL CHOLESTEROL	24	mg/dL	Up to 35
S.LDL CHOLESTEROL	119.88	mg/dL	Up to 160
LDL CHOL/HDL RATIO	2.71		Up to 4.5
CHOL/HDL CHOL RATIO	4.26		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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(MBBS.DCP.)

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Mrs. RUPA KOLI	email: info@apexhospitals.in	www.apexgroupofhospitals.com	Lab ID	40208905313
DOB :		Collected : 19-02-2024 18:12	Received :	19-02-2024 18:18
Age : 54 Years		Reported : 19-02-2024 19:40	Sample Quality :	Adequate
Gender : Female		Status : Final	Location :	MUMBAI
CRM :			Ref By :	APEX HOSPITAL
			Client :	SANJAY PANDEY -MU058

Parameter	Result	Unit	Biological Ref. Interval
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THYROID FUNCTION TEST

Tri Iodo Thyronine (T3 Total), Serum CLIA	1.35	ng/mL	0.4 - 1.81
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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	10.90	µg/dL	5.5-11.0
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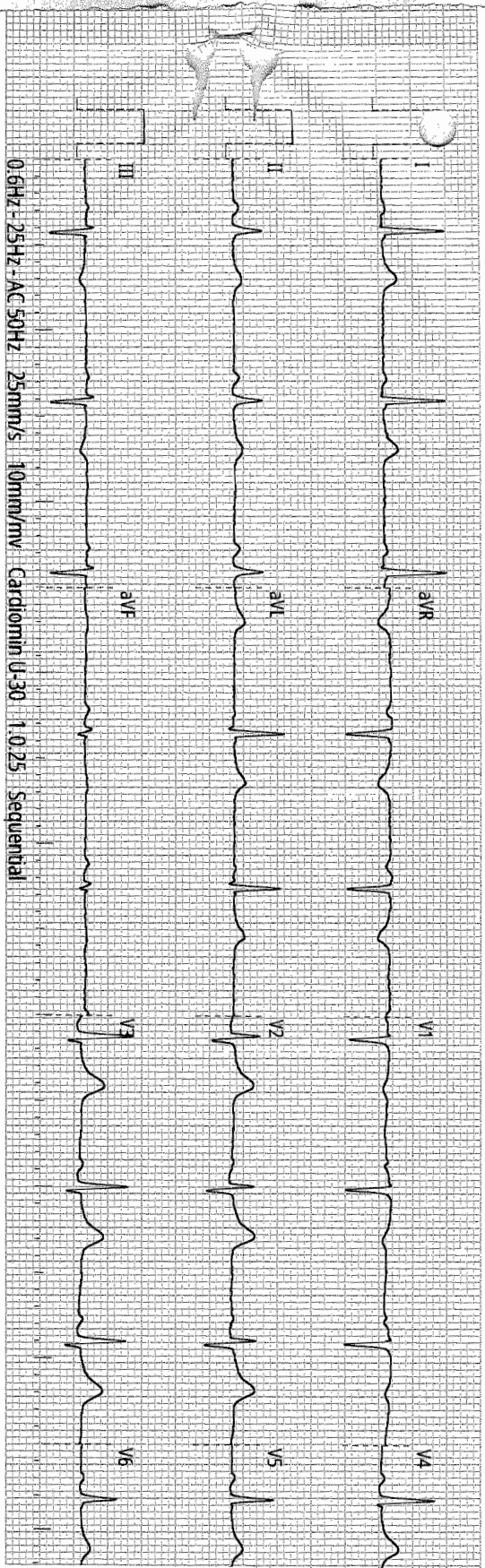
Clinical significance:-
Thyroxine (T4) is synthesized in the thyroid gland. High T4 are seen in hyperthyroidism and in patients with acute thyroiditis. Low T4 are seen in hypothyroidism, myxedema cretinism, chronic thyroiditis, and occasionally, subacute thyroiditis. Increased total thyroxine (T4) is 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	2.082	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
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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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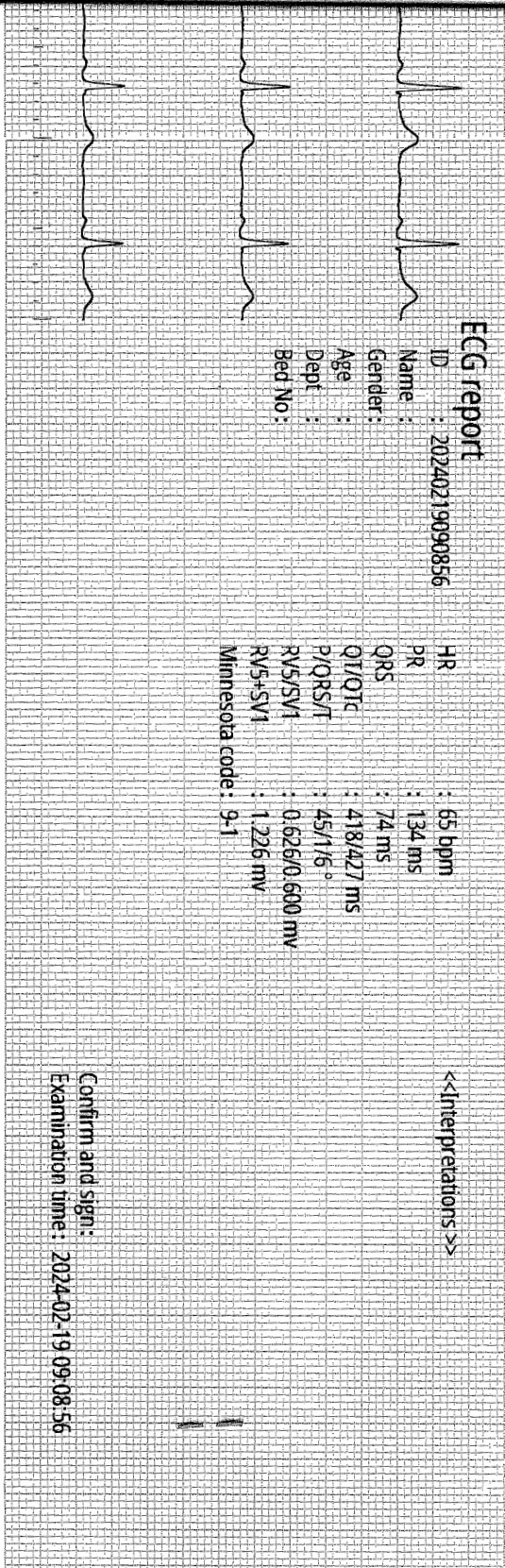
ECG report

ID : 20240219090856
Name :
Gender :
Age :
Dept :
Bed No :

HR : 65 bpm
PR : 134 ms
QRS : 74 ms
QT/QTc : 418/427 ms
P/QRS/T : 45/1/16°
R/S/SV1 : 0.626/0.600 mv
R/S+SV1 : 1.226 mv
Minnesota code: 9-1

<<Interpretations>>

Confirm and sign:
Examination time: 2024-02-19 09:08:56





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APEX HOSPITALS MULUND Radiologist Report Sheet

Patient Name:	RUPA.KOLI	Medical Record No:	19/02/2024 2633
AGE	54	Accession No:	
Gender:	F	Location:	Outpatient
Type Of Study:	CR Chest PA	Physician:	BANK OF BARODA
Image Count:	1	Exam Time:	24/19/02 10:49 AM ET
Requisition Time:	24/19/02 11:27 AM ET	Report Time:	24/19/02 11:49 AM ET
Clinical History:	H/O MEDICAL CHECK-UP		

RADIOGRAPH OF THE CHEST (SINGLE VIEW)

Clinical History: H/O MEDICAL 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.

Sanjay Khemuka

MBBS, MD

Consultant Radiologist

This report has been electronically signed by: MD.Sanjay Khemuka

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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NEUROLOGY | NEPHROLOGY | VASCULAR SURGERY | ENT | OPTHAMALOGY | PLASTIC SURGERY | UROSURGERY | PEDIATRIC SURGERY



NAME: MRS. RUPA KOLI

F/54

DATE: 19/02/2024

REF.BY: MEDIWHEEL

CCOLOR 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 12 mm , Collapsing with inspiration.

Intact IAS and IVS .

COLOR FLOW,CW,PW & HAEMODYNAMIC DATA.

Aortic valve gradient of 10 mmHg.

No MS / Mild TR

Normal flow across all other cardiac valves.

Pulmonary pressure of 30 mm of Hg.

CONCLUSION.-

Normal Biventricular Systolic and diastolic function

LVEF-55-60%

Mild TR .

No e/o pulmonary hypertension



DR.Ravindra Ghule

(Consultant cardiologist)

DR. RAVINDRA GHULE
DNB (Medicine), DNB (Cardiology)
Reg. No. 2009 / 08 / 3036

Patient Name : RUPA KOLI
Age / Gender : 54 Years / Female
Ref Doctor/ Hospital : Dr.APEX HOSPITAL

Date:19/02/2024
UID:23248-002

SONOGRAPHY OF ABDOMEN AND PELVIS

Liver is normal in size, shape with grade I increased liver parenchymal echogenicity. There is no focal lesion seen. The portal vein and common bile duct are normal in course and caliber. There is no evidence of intra-hepatic biliary duct dilatation seen.

Gall Bladder is partially distended. No calculus, abnormal wall thickening or pericholecystic fluid collection is seen.

The visualized **Pancreas** is normal in size, shape and echotexture. There is no focal lesion seen.

Spleen is normal in size, shape and echotexture. There is no focal lesion seen.

Right Kidney measures 8.7 x 4.0 cm. **Left Kidney** measures 9.1 x 3.7 cm. Both kidneys are normal in size, shape and echotexture. No evidence of any focal lesion is noted. No hydronephrosis, hydroureter or calculus is noted in both kidneys. Cortico medullary differentiation is well maintained.

Urinary Bladder is well distended. There is no evidence of focal lesion. No evidence of any calculus is seen.

Uterus is normal in size and echotexture. No evidence of any focal lesion. It measures about 3.9 x 2.9 x 2.3 cm in size. The endometrium measures 2.9 mm. Both ovaries are unremarkable.

There is no free fluid or abdominal lymphadenopathy.

IMPRESSION:

- Grade I fatty infiltration of liver.

Thanks for the reference,


Dr. Tarique Khan
Consultant Radiologist

Investigations have their limit solitary radiological tests never confirm final diagnosis they only help in diagnosing the disease in correlation to clinical symptoms and other tests. Please correlate clinically

Patient Name : RUPA KOLI

Date:19/02/2024

Age / Gender : 54 Years / Female

UID:23248-001

Ref Doctor/ Hospital : Dr.APEX HOSPITAL

SONO-MAMMOGRAPHY OF BOTH BREASTS

High resolution Real time ultrasonography of both breasts has been performed with 5-10 MHz linear probe.

Right breast

The breast parenchyma shows normal echotexture. There is no evidence of any focal solid or cystic lesion seen.

The subcutaneous tissue appears normal. There is no evidence of any retraction of skin.

The retro-mammary tissue appears normal. The muscular tissue is intact.

There is no evidence of any lymph nodes seen in right axillary region.

Left breast

The breast parenchyma shows normal echotexture. There is no evidence of any focal solid or cystic lesion seen.

The subcutaneous tissue appears normal. There is no evidence of any retraction of skin.

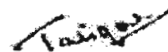
The retro-mammary tissue appears normal. The muscular tissue is intact.

There is no evidence of any lymph nodes seen in left axillary region.

IMPRESSION :

➤ No significant abnormality is detected.

Thanks for the reference.



Dr. Tarique Khan
Consultant Radiologist

Diagnosis based on these tests and other radiological tests never confirm final diagnosis they only help in diagnosing the disease in correlation to clinical findings and other tests. Please correlate clinically.