



APEX HOSPITALS KANDIVALI

A Superspeciality Hospital

CASHLESS FACILITY

Akuri 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)

Name - Mr Mohit Gupta

19/02/2024

Age - 35y/m

9:26 pm

f Routine checkup.

Alcohol H/N :- 6 months

No known allergy

O/E f- Afab

P- 84/m

Bp - 120/90 mmHg

S/A - 99% on FA

pre-diabetic

HBA1c 5.9

- Exercise

- Avoid Extra sugar

O/E CAS
W/S | NAD
on

PIA soft -
E



APEX HOSPITALS KANDIVALI DIAGNOSTIC

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022-62747000 (100 Lines)

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. MOHIT GUPTA	LabNo	14336	
UHID/IP No	150009478 / 10941	Sample Date	19/02/2024 2:27PM	
Age/Gender	35 Yrs/Male	Receiving Date	19/02/2024 2:44PM	
Bed No/Ward	OPD	Report Date	19/02/2024 6:46PM	
Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	14.0	gm/dl	13.5 - 18.0	SLS- Hb Method
RBC Count (Red Blood Cell)	4.72	10 ⁶ /uL	4.70 - 6.00	
PCV (Haematocrit)	41.06	%	40.0 - 50.0	
MCV	86.99	fl	78 - 100	Calculated
MCH	29.66	pg	27 - 31	Calculated
MCHC	34.1	gm/dl	30 - 36	Calculated
RDW	14.6	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	7420	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	65	%	40 - 80	
Lymphocyte %	30	%	20 - 40	
Eosinophil %	02	%	0 - 6	
Monocytes %	03	%	1 - 12	
Basophil %	00	%	0 - 2	
Band Cells	00	%		
Absolute Neutrophil Count (ANC)	4823	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	2226	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	148.4	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	222.6	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Within normal limits.			
RBCs Morphology	Normocytic Normochromic.			
Platelet Count	253	10 ³ /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	12.7 H	fl	7 - 12	

--End Of Report--

Dr. SANDEEP B PORWAL
MBBS MD (Path) Mumbai



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IMMUNO-HAEMATOLOGY

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

--End Of Report--

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Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD GROUPING Sample: W. B. EDTA				SLIDE METHOD
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HAEMATOLOGY

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

--End Of Report--

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With Healing & Care Comes Vitality

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
GLUCOSE (PP) 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)	107.0	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	Absent		Absent	
Urine Fasting Ketone	Absent		Absent	

--End Of Report--

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIVER FUNCTION TEST (LFT) SERUM				
Sample: Serum				
Bilirubin Total (TBil)	0.44	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.22	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.22	mg/dl	0 - 1	
SGPT (ALT)	31.41	U/L	5 - 40	IFCC modified
SGOT (AST)	34.90	U/L	5 - 40	IFCC modified
Protein Total	6.1	gm/dl	6.00 - 8.00	Biuret
Albumin	4.4	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	1.70 L	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	2.59 H		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	109.2	IU/L	42 - 140	
GGTP (GAMMA GT)	27.79	IU/L	15.0 - 72.0	UV Kinetic IFCC

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
RFT (RENAL FUNCTION TEST)				
Sample: Serum				
Creatinine	1.0	mg/dl	0.70 - 1.50	Jaffes
UREA	18.92	mg/dl	15 - 50	CDC Urease,Colorimetric
BUN - Blood Urea Nitrogen	8.84	mg/dl	7 - 20	
Calcium	8.8	mg/dl	8.6 - 10.5	Arsenazo III
Uric Acid	4.9	mm/hr	3.5 - 8.5	URICASE- PEROXIDASE
Phosphorus	3.0	mg/dl	2.5 - 5.0	Phosphomolybdate Reduction
Sodium	142.0	mEq/L	135 - 146	ISE Direct
Potassium	4.2	mEq/L	3.5 - 5.5	ISE Direct
Chloride	102.0	mEq/L	98 - 108	ISE Direct
Protein Total	6.1	gm/dl	6.00 - 8.00	Biuret
Albumin	4.4	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	1.70 L	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	2.59 H		1.00 - 2.50	Calculated Value

--End Of Report--

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CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
URINE ROUTINE				
Sample: Urine				
PHYSICAL EXAMINATION				
Quantity	25	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			Clear
Specific Gravity	1.015		1.010 - 1.025	
CHEMICAL EXAMINATION				
pH	6.0		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	Absent			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
MICROSCOPIC EXAMINATION				
Pus Cells	3-4/HPF			
RBCs	Absent			
Epithelial Cells	0-1/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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Patient Id : PVD18323-24/66958
 Patient : MR MOHIT GUPTA
 Age/sex : 35 Yrs/ Male
 Center : APEX HOSPITALS KANDIVALI
 Ref. By : Self

Sample ID : 24024993
 Reg. Date : 19/02/2024
 Report Date : 19/02/2024
 Case No. :



HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.9	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	122.63	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: $eAG(mg/dl) = 28.7 * A1c - 46.7$
- 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 glycaemic 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



Patient Id : PVD18323-24/66958
 Patient : MR MOHIT GUPTA
 Age/sex : 35 Yrs/ Male
 Center : APEX HOSPITALS KANDIVALI
 Ref. By : Self

Sample ID : 24024993
 Reg. Date : 19/02/2024
 Report Date : 19/02/2024
 Case No. :



IMMUNOASSAY

Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	136.10	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)	8.15	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)	1.30	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 radioiodine -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 -Thyrotoxic 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-48 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

Patient Id : PVD18323-24/66958
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 Age/sex : 35 Yrs/ Male
 Center : APEX HOSPITALS KANDIVALI
 Ref. By : Self

 Sample ID : 24024993
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Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • 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*
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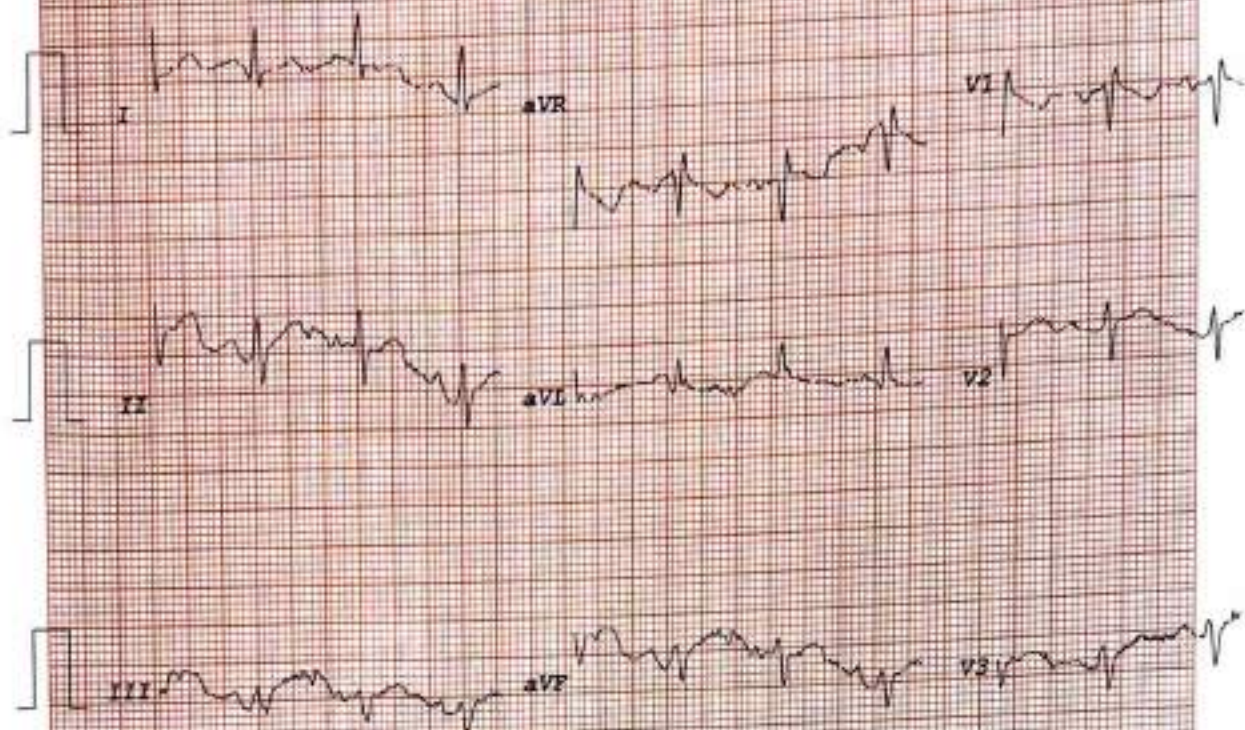
APEX HOSPITAL

WARM UP

ST @ 10mm/m
80ms PostJ
Speed 1.5 k

MR MOHIT GUPTA
I.D. 8917
Age 35/M
Date 19-02-2024

RATE 102bpm
B.P. 120/80



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

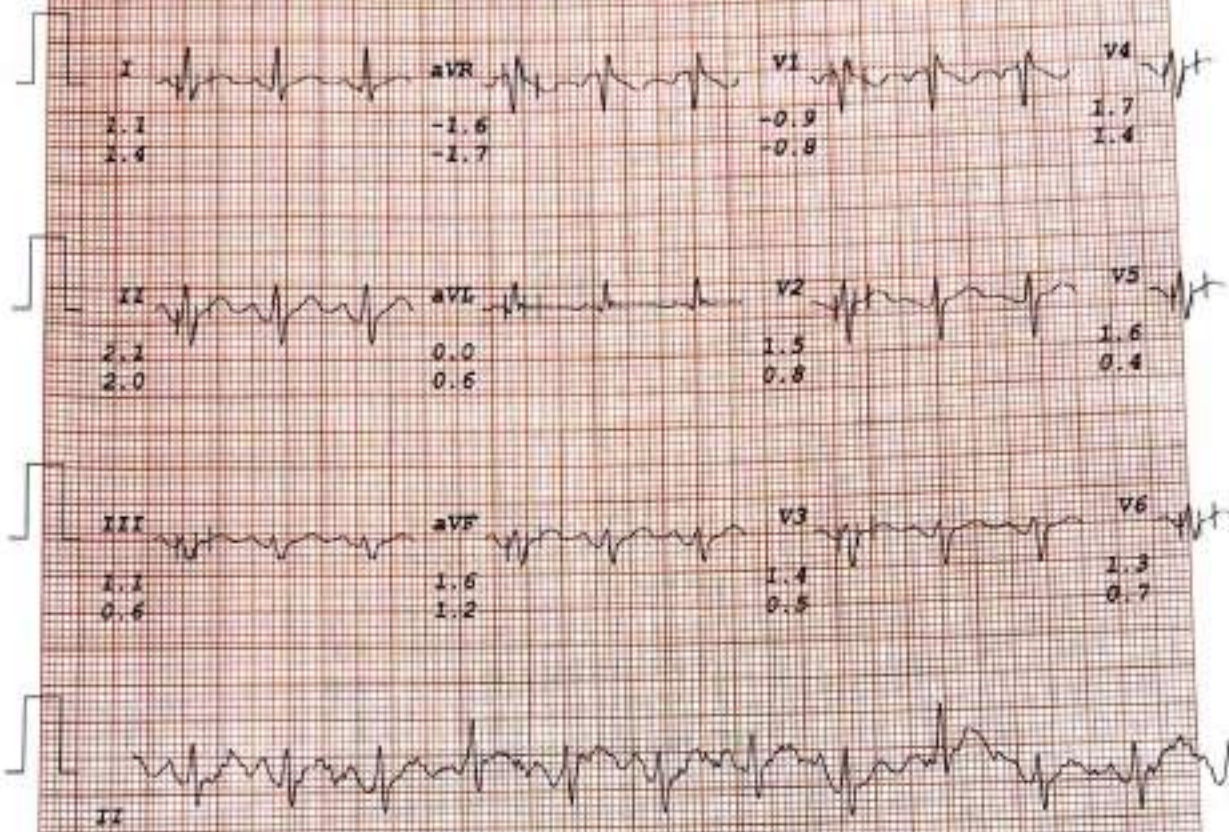
APEX HOSPITAL

MR. MOHIT GUPTA
 I.D. 8917
 Age 35/M
 Date 19-02-2024

RATE 113bpm
 S.P. 120/80

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

sr 8 10mm/m
 80ms PostJ
 Speed 2.7 k
 SLOPE 10 4



DR. VIVEK AGARWAL

DM CARDIOLOGIST
 DNB CARDIOLOGIST
 KCPR
 MD MEDICINE MBBS
 2008/10/3715

as Corrected

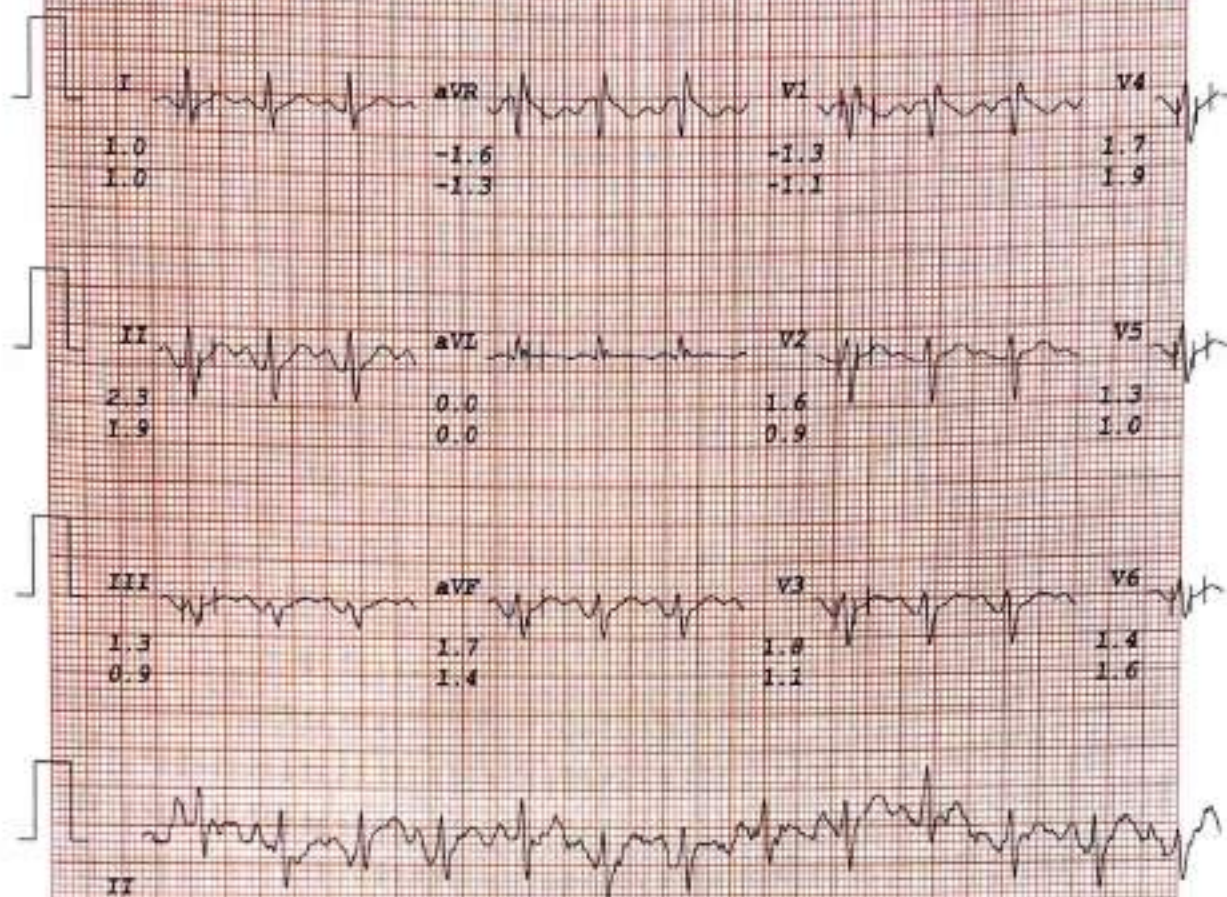
APEX HOSPITAL

MR. MOHIT GUPTA
I.D. 8917
Age 35/M
Date 19-02-2024

RATE 127bpm
B.P. 120/80

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

ST 2 10mm/m
80ms PostJ
Speed 4 km/
SLOPE 12 t



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

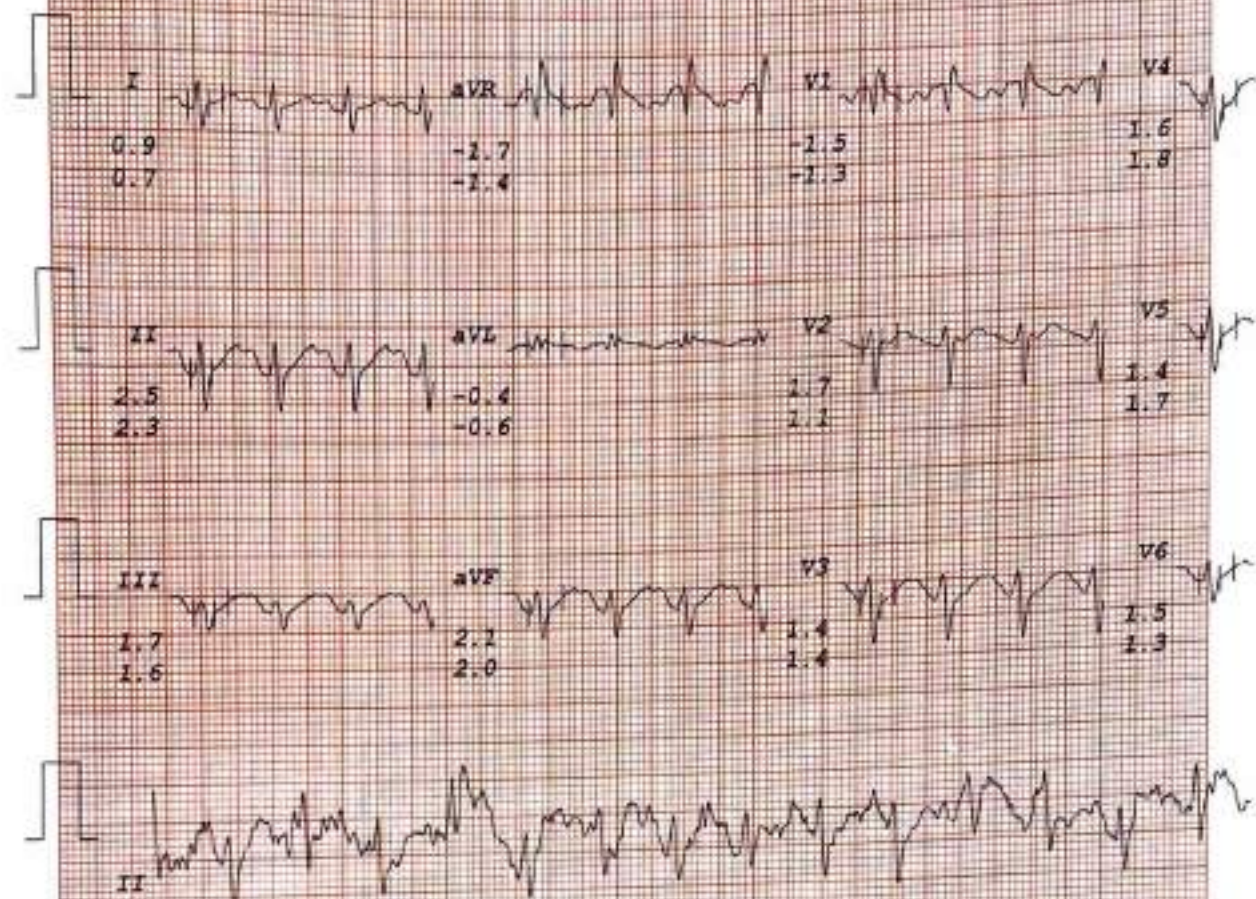
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MR. MOHIT GUPTA
I.D. 8917
Age 35/M
Date 19-02-2024

RATE 141bpm
B.P. 130/80

Bruce
Stage 3
TOTAL TIME 8:55
PHASE TIME 2:55

ST @ 10mm/m
80ms PostJ
Speed 5.4 k
SLOPE 14 s



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

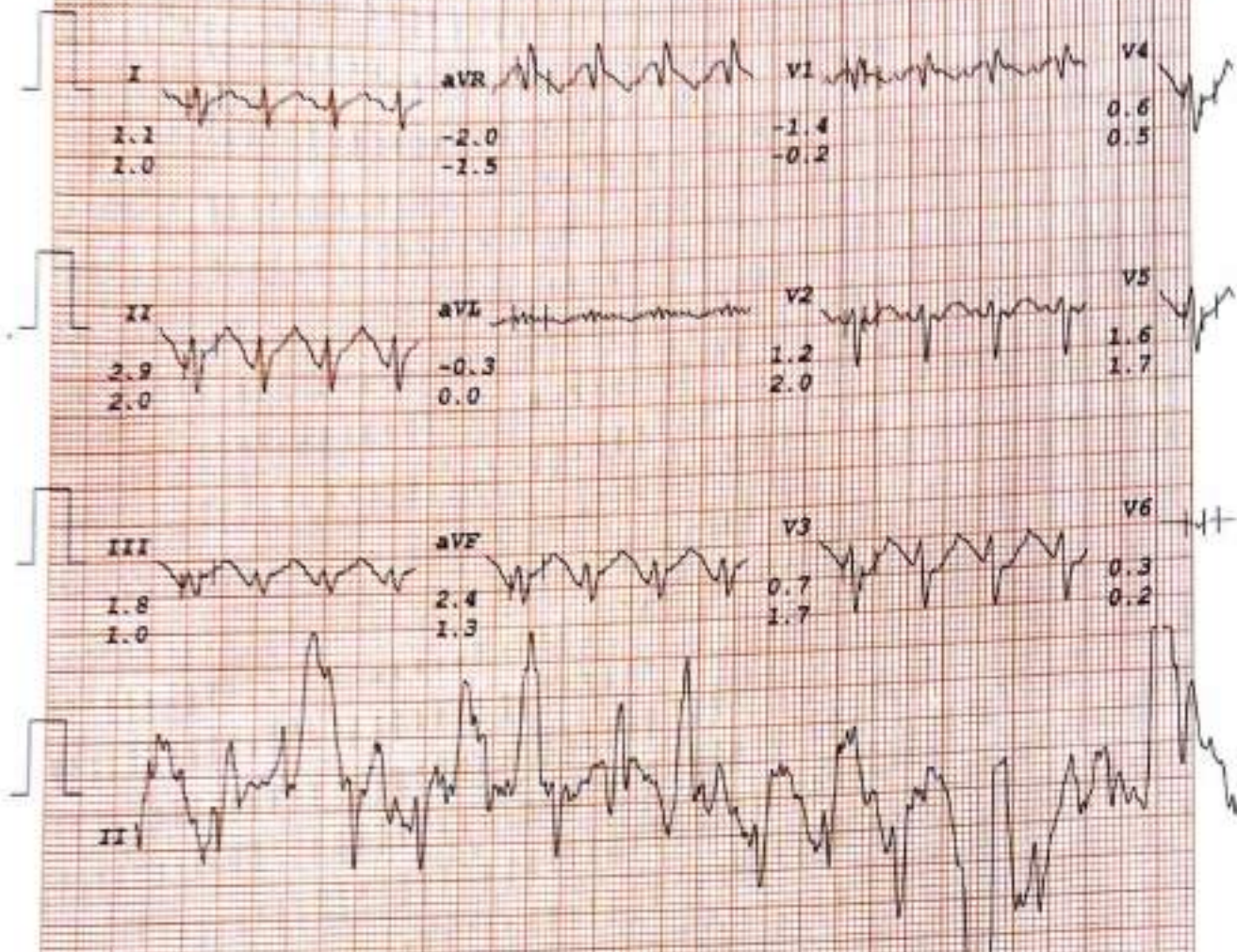
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MR. ACHIT GUPTA
I.D. 8917
Age 35/M
Date 19-02-2024

RATE 152bpm
S.P. 140/90

Bruce
Stage 4
TOTAL TIME 11:55
PHASE TIME 2:55

ST @ 10mm/m
60mm PostJ
Speed 6.7 k
SLOPE 16 %



DR. VIVEK AGARWAL

DM CARDIOLOGIST
DNB CARDIOLOGIST
ICCP
MD MEDICINE MBBS
2008/10/3715

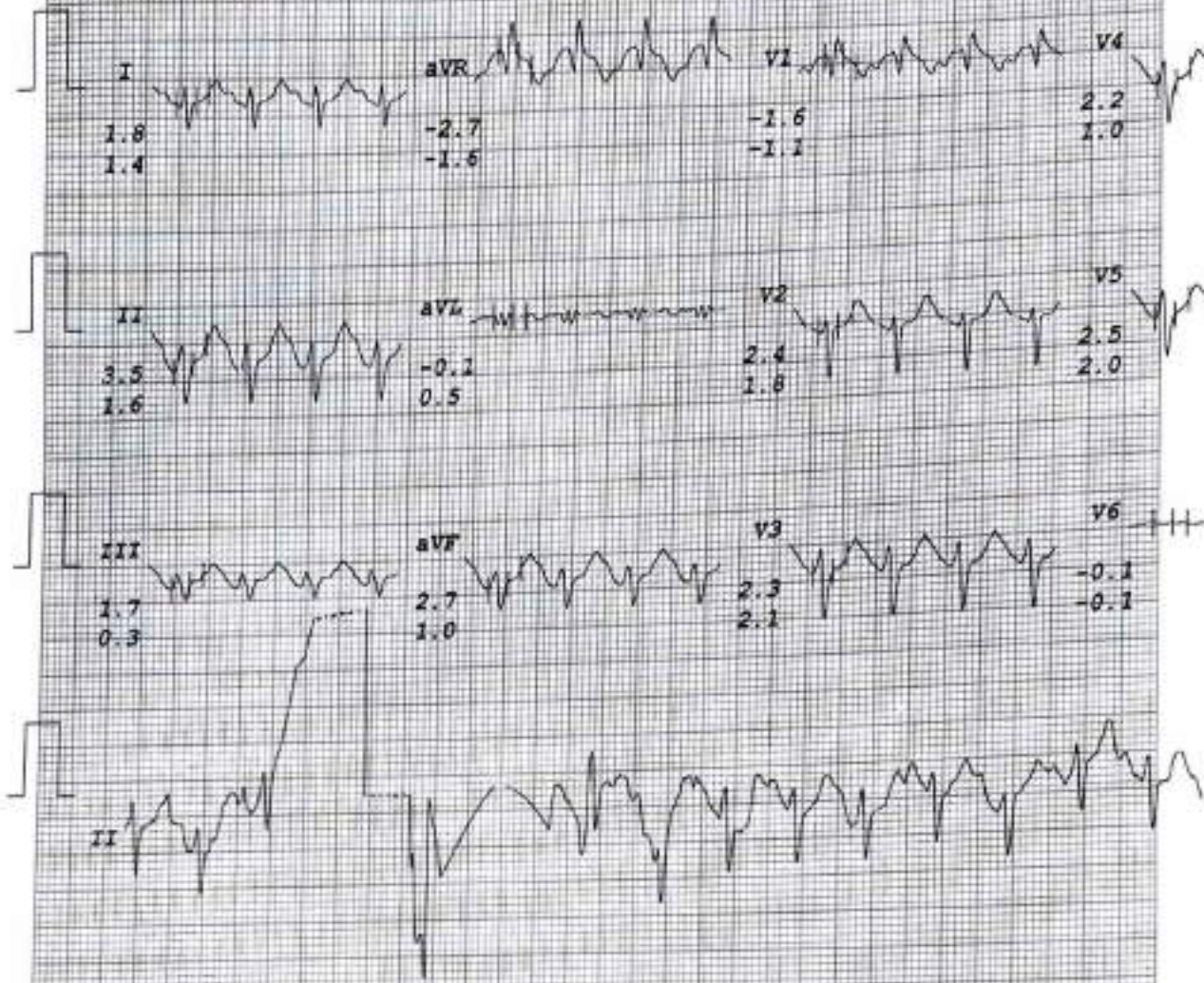
APEX HOSPITAL

MR. MOHIT GUPTA
I.D. 8917
Age 35/M
Date 19-02-2024

RATE 152bpm
B.P. 140/90

Bruce
RECOVERY
TOTAL TIME 12:55
PHASE TIME 0:29

ST @ 10mm/m
80ms PostJ



DR. VIVEK AGARWAL
DM CARDIOLOGIST
DNB CARDIOLOGIST
ICCP
MD MEDICINE MBBS
2008/10/3713



APEX HOSPITALS KANDIVALI DIAGNOSTIC

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

visit website
googlemap



Tele.:
022-62747000 (100 Lines)

DEPARTMENT OF RADIOLOGY

Patient Name	Mr. MOHIT GUPTA	LabNo	14336	
UHID/IP No	150009478 / 10941	Order Date	19/02/2024 2:27PM	
Age/Gender	35 Yrs/Male	Receiving Date	19/02/2024 4:13PM	
Bed No/Ward	OPD	Report Date	19/02/2024 4:23PM	
Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

XRAY CHEST PA VIEW

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

Both hila are symmetrical in outline size and shape.

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

The costophrenic angles appear clear.

Cardiac shadow is unremarkable.

Bone thorax appears unremarkable.

--End Of Report--

Dr. SAUMIL PANDYA
MD, D.N.B



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Patient Name: Mr. Mohit Gupta

M /35 Yrs.

Ref. by: Apex hospitals

Date: - 19/02/2024

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 (13.4 cm), shape and has smooth margins. The hepatic parenchyma shows **bright** echotexture without solid or cystic mass lesion or calcification. **A well-defined hypoechoic lesion seen in the left lobe of the liver of size 14 x 7 mm likely represent focal fat sparing.** No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It measures 9.6 mm in transverse diameter.

GALL BLADDER: The gall bladder is collapsed and contracted likely post prandial.

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 9.8 cm and is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
10.4 x 5.4 cm	9.4 x 4.7 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. **Small echogenic lesion seen in the left kidney midpole cortex of size 3.8 x 2.7 mm likely represent angiomyolipoma.**

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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PROSTATE: It measures about 2.6 x 3.1 x 2.6 cm; volume is 11 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

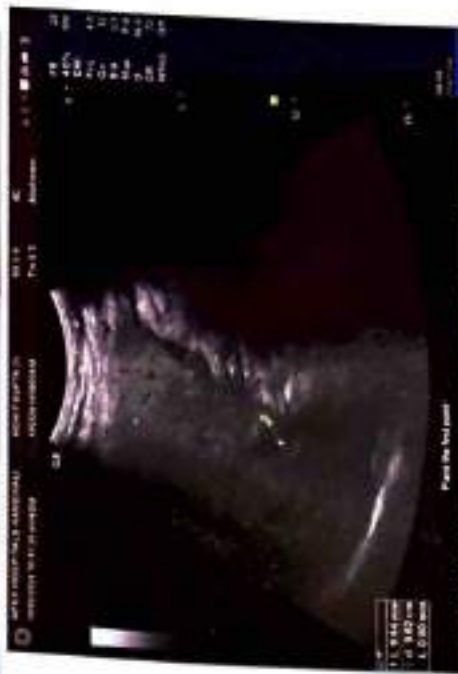
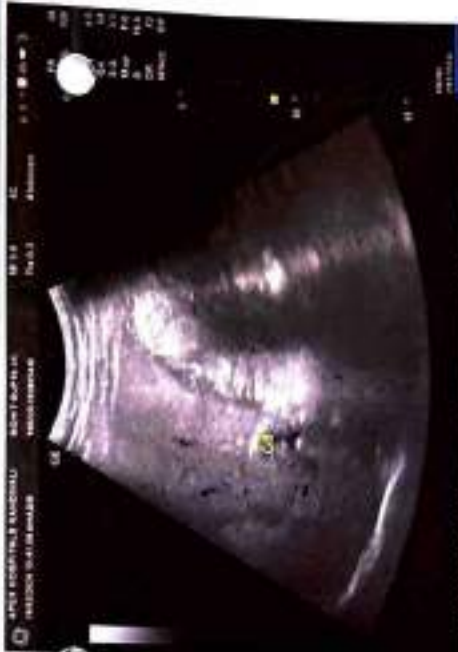
There is no ascites. There is no obvious evidence of significant lymphadenopathy.

● IMPRESSION:

- Grade 1 fatty liver. Focal hypoechoic area in left lobe of the liver likely represents fat sparing. Advice lipid profile and LFT correlation.
- Small echogenic lesion in the left kidney midpole cortex likely represent angiomyolipoma.

Thanks for the reference.
With regards,

● Dr. Ravi Kumar, M.D.
Consultant Radiologist





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A Superspecialty Hospital

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Tele.:

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Mr. Mohit Gupta
Age - 35yos / male.

19/02/2024

Ophthal

Near -

Ⓡ eye - N6

Ⓛ eye - N6.

Distance :-

Ⓡ eye - 6/6

Ⓛ eye - 6/6



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19/02/24

MR. Mohit GUPTA 354 Rs/m

BP - 110 / 70 mmHg

SpO2 = 98%

Pulse - 91/m

wt - 73.5 kg

Height - 165 cm



ECG report

ID : 10002190010004
 Name :
 Gender :
 Age :
 Temp :
 Bed No :

HR : 75 bpm
 PR : 134 ms
 QRS : 36 ms
 QT/QTc : 340/320 ms
 P/QRS/T : 40/100/30°
 R/S in V1 : 0.55/0.54
 R/S in V5 : 1.17/0.88

Mohi: Gupta

354R21m

10/2/24