



APEX HOSPITALS MULUND

A Superspeciality Hospital

ALL
CASHLESS
FACILITY

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

visit website
googlemaps



Tele.:
022-41624000 (100 Lines)

Patient Name : **MRS. SHARAYU BUDHAKAR**

Patient ID : 88012

Age/Sex : 55 Years /Female

Sample Collected on : 27-4-24, 6:00 pm

Ref Doctor : APEX HOSPITAL

Registration On : 27-4-24, 6:00 pm

Client Name : Apex Hospital

Reported On : 27-4-24, 7:40 pm

| Test Done | Observed Value | Unit | Ref. Range |
|----------------------------------|--------------------------|----------------------|-----------------|
| Complete Blood Count(CBC) | | | |
| HEMOGLOBIN | 12.3 | gm/dl | 12 - 15 |
| Red Blood Corpuscles | | | |
| PCV (HCT) | 38.0 | % | 36 - 46 |
| RBC COUNT | 4.54 | x10 ⁶ /uL | 4.5 - 5.5 |
| RBC Indices | | | |
| MCV | 83.8 | fl | 78 - 94 |
| MCH | 27.0 | pg | 26 - 31 |
| MCHC | 32.3 | g/L | 31 - 36 |
| RDW-CV | 15.0 | % | 11.5 - 14.5 |
| White Blood Corpuscles | | | |
| TOTAL LEUCOCYTE COUNT | 7600 | /cumm | 4000 - 11000 |
| Differential Count | | | |
| NEUTROPHILS | 58 | % | 40 - 75 |
| LYMPHOCYTES | 38 | % | 20 - 45 |
| EOSINOPHILS | 02 | % | 0 - 6 |
| MONOCYTES | 02 | % | 1 - 10 |
| BASOPHILS | 0 | % | 0 - 1 |
| Platelets | | | |
| PLATELET COUNT | 305000 | Lakh/cumm | 150000 - 450000 |
| MPV | 8.9 | fl | 6.5 - 9.8 |
| RBC MORPHOLOGY | Normochromic, Normocytic | | |
| WBC MORPHOLOGY | No abnormality detected | | |
| PLATELETS ON SMEAR | Adequate on Smear | | |

Instrument : Mindray BC 3000 Plus

Dr. Hrishikesh Chevle
(MBBS. DCP.)



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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.

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|--|----------------|---------|------------|
| ESR (ERYTHROCYTES SEDIMENTATION RATE) | | | |
| ESR | 10 | mm/1hr. | 0 - 20 |
| METHOD - WESTERGREN | | | |

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|---------------------------------------|----------------|-------|------------|
| BLOOD GLUCOSE FASTING & PP | | | |
| FASTING BLOOD GLUCOSE | 81.7 | mg/dL | 70 - 110 |
| URINE GLUCOSE | NO SAMPLE | | ABSENT |
| URINE KETONE | NO SAMPLE | | ABSENT |
| POST PRANDIAL BLOOD GLUCOSE | 106.6 | 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 | 175.0 | mg/dL | 200 - 240 |
| S. TRIGLYCERIDE | 69.3 | mg/dL | 0 - 200 |
| S.HDL CHOLESTEROL | 40 | mg/dL | 30 - 70 |
| VLDL CHOLESTEROL | 14 | mg/dL | Up to 35 |
| S.LDL CHOLESTEROL | 121.14 | mg/dL | Up to 160 |
| LDL CHOL/HDL RATIO | 3.03 | | Up to 4.5 |
| CHOL/HDL CHOL RATIO | 4.38 | | 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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Where Healing & Care Comes Naturally

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| Test Done | Observed Value | Unit | Ref. Range |
|----------------------------|----------------|-------|------------|
| LIVER FUNCTION TEST | | | |
| TOTAL BILLIRUBIN | 0.64 | mg/dL | UP to 1.2 |
| DIRECT BILLIRUBIN | 0.22 | mg/dL | UP to 0.5 |
| INDIRECT BILLIRUBIN | 0.42 | mg/dL | UP to 0.7 |
| SGOT(AST) | 22.1 | U/L | UP to 40 |
| SGPT(ALT) | 17.0 | U/L | UP to 40 |
| ALKALINE PHOSPHATASE | 209.6 | IU/L | 64 to 306 |
| S. PROTIEN | 6.27 | g/dl | 6.0 to 8.3 |
| S. ALBUMIN | 3.88 | g/dl | 3.5 - 5.0 |
| S. GLOBULIN | 2.39 | g/dl | 2.3 to 3.6 |
| A/G RATIO | 1.62 | | 0.9 to 2.3 |

METHOD - EM200 Fully Automatic

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Client Name : Apex Hospital

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Registration On : 27-4-24, 6:00 pm
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|----------------------------|----------------|-------|------------|
| RENAL FUNCTION TEST | | | |
| BLOOD UREA | 28.3 | mg/dL | 10 - 50 |
| BLOOD UREA NITROGEN | 13.22 | mg/dL | 0.0 - 23.0 |
| S. CREATININE | 0.80 | mg/dL | 0.6 to 1.4 |
| S. SODIUM | 138.5 | mEq/L | 135 - 155 |
| S. POTASSIUM | 4.08 | mEq/L | 3.5 - 5.5 |
| S. CHLORIDE | 99.2 | mEq/L | 95 - 109 |
| S. URIC ACID | 5.97 | mg/dL | 2.6 - 6.0 |
| S. CALCIUM | 9.0 | mg/dL | 8.4 - 10.4 |
| S. PHOSPHORUS | 3.90 | mg/dL | 2.5 - 4.5 |
| S. PROTIEN | 6.27 | g/dl | 6.0 to 8.3 |
| S. ALBUMIN | 3.88 | g/dl | 3.5 to 5.3 |
| S. GLOBULIN | 2.39 | g/dl | 2.3 to 3.6 |
| A/G RATIO | 1.62 | | 1 to 2.3 |

METHOD - EM200 iFully Automatic

INTERPRETATION -

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| Test Done | Observed Value | Unit | Ref. Range |
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|-----------|----------------|------|------------|

URINE ROUTINE EXAMINATION

Physical Examination

| | | |
|------------|---------------|-------------|
| VOLUME | 20 ml | - - |
| COLOUR | Pale Yellow | Pale Yellow |
| APPEARANCE | Slightly Hazy | Clear |
| DEPOSIT | Absent | Absent |

Chemical Examination

| | | |
|---------------------|----------|---------------|
| REACTION (PH) | Acidic | Acidic |
| SPECIFIC GRAVITY | 1.025 | 1.003 - 1.035 |
| PROTEIN (ALBUMIN) | Absent | Absent |
| OCCULT 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 | 3-4 /HPF | 0 - 5 /HPF |
| EPITHELIAL CELLS | 2-3 /HPF | 0 - 4 /HPF |
| CASTS | Absent | |
| CRYSTALS | Absent | |
| BACTERIA | Absent | Absent |
| YEAST CELLS | Absent | Absent |
| ANY OTHER FINDINGS | Absent | |

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

Patient ID : 2404065123
Patient Name : MRS. SHARAYU BUDHAKAR
Age : 55 Yrs
Gender : FEMALE
Ref. By Doctor : APEX HOSPITAL
Sample Collected At : APEX HOSPITAL MULUND



For Authenticity Scan QR Code

Registered On : 27/04/2024,06:25 PM
Collected On : 28/04/2024,02:19 AM
Reported On : 28/04/2024,07:42 AM
Sample ID : 

Glycosylated Hemoglobin (GHb/HbA1c)

| Test Name | Result | Unit | Biological Reference Interval |
|--|--------|-------|---|
| HbA1c (Glycosylated Haemoglobin) | 6.20 | % | Below 6.0% : Normal 6.0% 7.0% : Good Control 7.0% - 8.0% : Fair Control 8.0%-10% : Unisatisfactory Above 10% Poor Control |
| HPIC- H9 Mean Blood Glucose Calculated | 131.2 | mg/dL | 70 - 125 |

CLINICAL SIGNIFICANCE :

Glycosylated Haemoglobin is a accurate and true index of the "Mean Blood Glucose Level " in the body for the previous 2 -3 months.HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks.Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in 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 months two to four.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

End of Report

Results relate only to the sample as received. Kindly correlate with clinical condition

Note : If the test results are alarming or unexpected, Client is advised to contact the Physician immediately for possible remedial action.

Dr. Roshan Shaikh
MBBS MD Pathology
Consultant Pathologist

This report is system generated and electronically authenticated.

Page 1 of 1

Patient Name : **MRS. SHARAYU BUDHAKAR**
Age / Sex : 55 years / Female
Ref. Doctor : APEX HOSPITAL
Client Name : CUDDLES N CURE DIAGNOSTIC CENTRE
Sample ID : 2404119949
Printed By : CUDDLES N CURE DIAGNOSTIC CENTRE



Patient ID / Billing ID : 1212862 / 1396518
Specimen Collected at : CUDDLES N CURE DIAGNOSTIC CENTRE
Sample Collected On : 27/04/2024, 07:16 p.m.
Reported On : 27/04/2024, 08:32 p.m.
Printed On : 28/04/2024, 06:20 p.m.



| TEST DONE | OBSERVED VALUE | UNIT | REFERENCE RANGE |
|---|----------------|--------|---|
| T3, T4, TSH SERUM | | | |
| T3 TOTAL (Triiodothyronine) SERUM ^ | 1.17 | ng/mL | 0.80 - 2.00 ng/mL Pregnancy : Last 5 ECLIA months : 1.16 - 2.47 |
| T4 TOTAL (Thyroxine) SERUM ^ | 10.70 | µg/dL | 5.1 - 14.1 µg/dL ECLIA |
| TSH (THYROID STIMULATING HORMONE) SERUM ^ (Ultrasensitive) | 7.24 | µIU/mL | 0.27 - 8.9 ECLIA |

Interpretation

Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyper-thyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis. Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis, estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age, marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and FT4 is to be done to determine hyper or hypothyroidism.

NOTE

Tests marked with ^ are included in NABL scope.
Test results relate to the sample as received.
Marked variations in thyroid hormones are seen with age.
In pregnancy T3 and T4 levels are raised. Hence FT3 and FT4 is recommended to be done to determine hyper or hypothyroidism. By ECLIA method, false low or false high values can be because of Biotin (Vitamin B7) consumption.

Processed By : NABL Accredited Dr. Vaidya's Laboratory, Thane
Scan QR for Authentication

Checked by-

Dr. Vivek Bonde
MD Pathology

END OF REPORT



APEX HOSPITALS MULUND DIAGNOSTIC

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NAME : MRS.SHARAYU BUDHAKAR **55/F** **DATE - 27/04/2024**

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 14 mm , Collapsing with inspiration.
Intact IAS and IVS .

COLOR FLOW.CW,PW & HAEMODYNAMIC DATA.

Aortic valve gradient 14 mmHg.
No MS / Trivial TR
Normal flow across all other cardiac valves.
Pulmonary pressure of 18 mm of Hg.

CONCLUSION.-

Normal Biventricular Systolic function
Grade I diastolic dysfunction
LVEF-55-60%
Trivial TR
No e/o pulmonary hypertension

DR.Ravindra Ghule

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

Shreyu Budhakar SSY male



ECG report

ID : 20240427101445

Name :

Gender :

Age :

Dept :

Bed No :

HR : 75 bpm

PR : 156 ms

QRS : 98 ms

QT/QTc : 356/382 ms

P/QRS/T : 76/63/44°

RV5/SV1 : 0.644/0.471 mv

RV5+SV1 : 1.115 mv

<<Interpretations>>

Sinus rhythm

- with aberrantly conducted supraventricular complexes

Small inferior Q waves; infarct cannot be excluded

Anterolateral T wave abnormality

- is nonspecific

Borderline ECG

NSR


Confirm and sign:

Examination time: 2024-04-27 10:14:45

