



Where Healing & Care Comes Naturally

APEX HOSPITALS MULUND DIAGNOSTIC



CASHLESS FACILITY

Veena Nagar, Phase 2, Tulsi Pipeline Road,
Mulund (West), Mumbai - 400080.
email: medical.admin_ahm@apexhospitals.in | www.apexgroupofhospitals.com

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Land Line No. 022 - 4162 40
(100 Lines)
Reception No.: 842285400

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. PARDEEP SABHERWAL	LabNo	2144	
UHID/IP No	120065824 / 704	Sample Date	25/05/2024 2:36PM	
Age/Gender	69 Yrs/Male	Receiving Date	25/05/2024 3:11PM	
Bed No/Ward	OPD	Report Date	25/05/2024 8:30PM	
Prescribed By	Dr. Hrishikesh N Chevle	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)	12.4	gm/dl	12.0 - 17.0	SLS- Hb Method
RBC Count (Red Blood Cell)	3.86 L	10 ⁶ /uL	4.70 - 6.50	
PCV (Haematocrit)	36.8 L	%	42.0 - 52.0	
MCV	95.34 H	fl	78 - 95	Calculated
MCH	32.12 H	pg	26 - 31	Calculated
MCHC	33.7	gm/dl	30 - 36	Calculated
RDW	14.1	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	8200	cells/cu.mm	4000.0 - 11000.0	
Neutrophil %	59	%	40 - 75	
Lymphocyte %	31	%	20 - 45	
Eosinophil %	02	%	0 - 6	
Monocytes %	03	%	1 - 10	
Basophil %	00	%	0 - 2	
WBCs Morphology	No Abnormality Detected			
RBCs Morphology	Macrocytosis			
Platelet Count	130 L	10 ³ /uL	150 - 450	DC Detection
Platelets Morphology	Reduced on smear			
MPV	11.0	fl	7 - 12	
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	13	mm/hr	< 20	Westergren

--End Of Report--

Dr. Hrishikesh N Chevle



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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 Negative			

--End Of Report--

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LDL Cholesterol : HDL Cholesterol Ratio 3.03 0.00 - 4.50 Calculated Value

LIVER FUNCTION TEST (LFT) SERUM

Sample: Serum

Bilirubin Total (TBil)	0.67	mg/dl	0.30 - 1.30	Diphylene Diazonium Salt
Bilirubin Direct (Dbil)	0.23	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.44	mg/dl	0 - 1	
SGPT (ALT)1	28.0	U/L		IFCC modified
SGOT (AST)	30.1	U/L		IFCC modified
Protein Total	5.43 L	gm/dl	6.00 - 8.00	Biuret
Albumin	3.21	gm/dl	3.40 - 4.90	
Globulin	2.22 L	gm/dl	2.30 - 3.60	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.45		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	150.8	IU/L	64 - 306	

RFT (RENAL FUNCTION TEST)

Sample: Serum

Creatinine	0.94	mg/dl	0.70 - 1.40	
UREA	28.1	mg/dl	10 - 50	CDC Urease,Colorimetric
BUN - Blood Urea Nitrogen	13.13	mg/dl		
Calcium	9.10			
Uric Acid	6.64	mm/hr	3.5 - 7.2	URICASE-PEROXIDASE
Phosphorus	3.98	mg/dl	2.5 - 4.5	Phosphomolybdate Reduction
Sodium	136.6	mmol/L	135 - 146	ISE Direct
Potassium	4.20	mmol/L	3.5 - 5.5	ISE Direct
Chloride	106.6	mmol/L	95 - 109	ISE Direct
Protein Total	5.43 L	gm/dl	6.00 - 8.00	Biuret
Albumin	3.21	gm/dl	3.40 - 4.90	
Globulin	2.22 L	gm/dl	2.30 - 3.60	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.45		1.00 - 2.50	Calculated Value

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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GLUCOSE (PP)

Sample: Fl. Plasma

Blood Sugar(2 Hours PP)	98.7			
Urine PP Sugar	SNR			
Urine PP Ketone	SNR			

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)	77.8			
Urine Fasting Sugar	SNR			
Urine Fasting Ketone	SNR			

LIPID PROFILE SERUM

Sample: Serum

Cholesterol-Total	194.1	mg/dl	< 200.00	Cholesterol Oxidase,Esterase,Pero xidase
Triglycerides	121.9	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	42.1	mg/dl	30.00 - 70.00	Phosphotungstat
VLDL Cholesterol	24.38	mg/dl	6.00 - 35.00	Calculated Value
LDL Cholesterol	127.62	mg/dl	< 160.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	4.61		0.00 - 4.80	Calculated Value

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Bed No/Ward	OPD	Report Date	25/05/2024 8:30PM	
Prescribed By	Dr. Hrishikesh N Chevle	Report Status	Final	

CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
URINE ROUTINE				
Sample: Urine				
PHYSICAL EXAMINATION				
Quantity	30	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			
Specific Gravity	1.020		1.010 - 1.035	
CHEMICAL EXAMINATION				
pH	6.5		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Occult Blood	Negative			
Bile Salt	Absent			
MICROSCOPIC EXAMINATION				
Pus Cells	2-3			
RBCs	Absent			
Epithelial Cells	2-3			

--End Of Report--

Dr. Hrishikesh N Chevle



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(100 Lines)
Reception No.: 842285400

Patient ID : 2405078503
Patient Name : MR. PRADEEP SABHERWAL
Age : 69 Yrs
Gender : MALE
Ref. By Doctor : APEX HOSPITAL
Sample Collected At: APEX HOSPITAL MULUND



For Authenticity Scan QR Code

Registered On : 25/05/2024,05:08 PM
Collected On : 25/05/2024,05:54 PM
Reported On : 25/05/2024,07:05 PM
Sample ID



Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Haemoglobin)	5.90	%	Below 6.0% : Normal 6.0% 7.0% : Good Control 7.0% - 8.0% : Fair Control 8.0%-10% : Unisatisfactory Above 10% Poor Control
HPLC- H9			
Mean Blood Glucose Calculated	122.6	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.

This report is system generated and electronically authenticated.

Page 1 of 1

Dr. Roshan Shaikh
MBBS MD Pathology
Consultant Pathologist



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Reception No.: 842285400

Mr. PRADEEP SABHERWAL	Collected : 25-05-2024 17:02	Lab ID : 40508906514
DOB :	Received : 25-05-2024 17:03	Sample Quality : Adequate
Age : 69 Years	Reported : 25-05-2024 18:56	Location : MUMBAI
Gender : Male	Status : Final	Ref By : APEX HOSPITAL
CRM :		Client : SANJAY PANDEY -MU058

Parameter	Result	Unit	Biological Ref. Interval
Vitamin D - 25-Hydroxy, Serum CLIA	26.08	ng/mL	<10: Severe deficiency 10-19: Mild to moderate deficiency 20-50: Optimum level 51-80: Increased risk of hypercalciuria >80: Toxicity possible

Clinical significance:-

A low blood level of 25-hydroxyvitamin D may mean that a person is not getting enough exposure to sunlight or enough dietary vitamin D to meet his or her body's demand or that there is a problem with its absorption from the intestines. Occasionally, drugs used to treat seizures, particularly phenytoin (Dilantin), can interfere with the production of 25-hydroxyvitamin D in the liver. There is some evidence that vitamin D deficiency may increase the risk of some cancers, immune diseases, and cardiovascular disease. A high level of 25-hydroxyvitamin D usually reflects excess supplementation from vitamin pills or other nutritional supplements.

----- End Of Report -----

Processed At: H S PATHOLOGY PVT. LTD. Mohan Mahal CHS, Ground and First floor, Unit 1/4, Above Satkar Family restaurant, Near Vanadana Talkies, L.B.S. Marg THANE - 400602
This is an Electronically Authenticated Report.

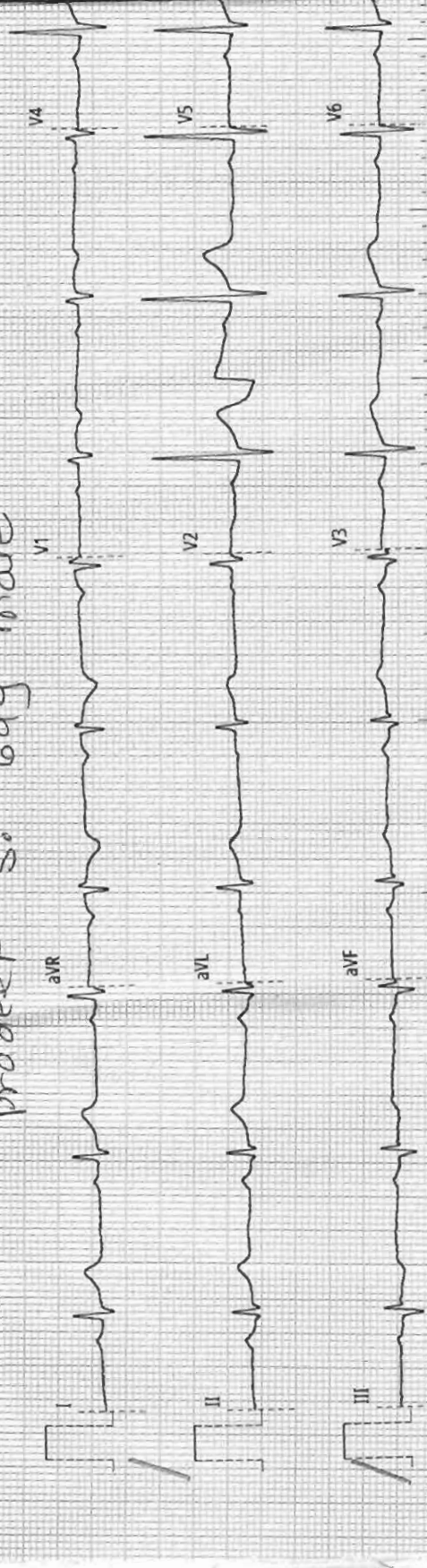
Namrata

Dr. Namrata Bhanushali M.D (REG NO:2016071822)
Lab Director



MC-5941

pradeep s. 69y male



0.5Hz - 25Hz - AC 50Hz 25mm/s 10mm/mv Cardiomin U-30 1.0.25 Simultaneous

ECG report

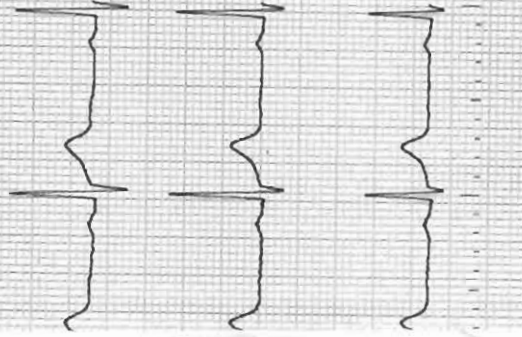
ID : 20240525092542
Name :
Gender :
Age :
Dept :
Bed No :

HR : 60 bpm
PR : 180 ms
QRS : 84 ms
QT/QTc : 390/390 ms
P/QRS/T : 56/18/20 °
RV5/SV1 : 1.061/0.212 mv
RV5+SV1 : 1.273 mv

<<Interpretations>>

Sinus rhythm
Inferior infarct - age undetermined
Abnormal ECG

Confirm and sign:
Examination time: 2024-05-25 09:25:42



APEX HOSPITAL

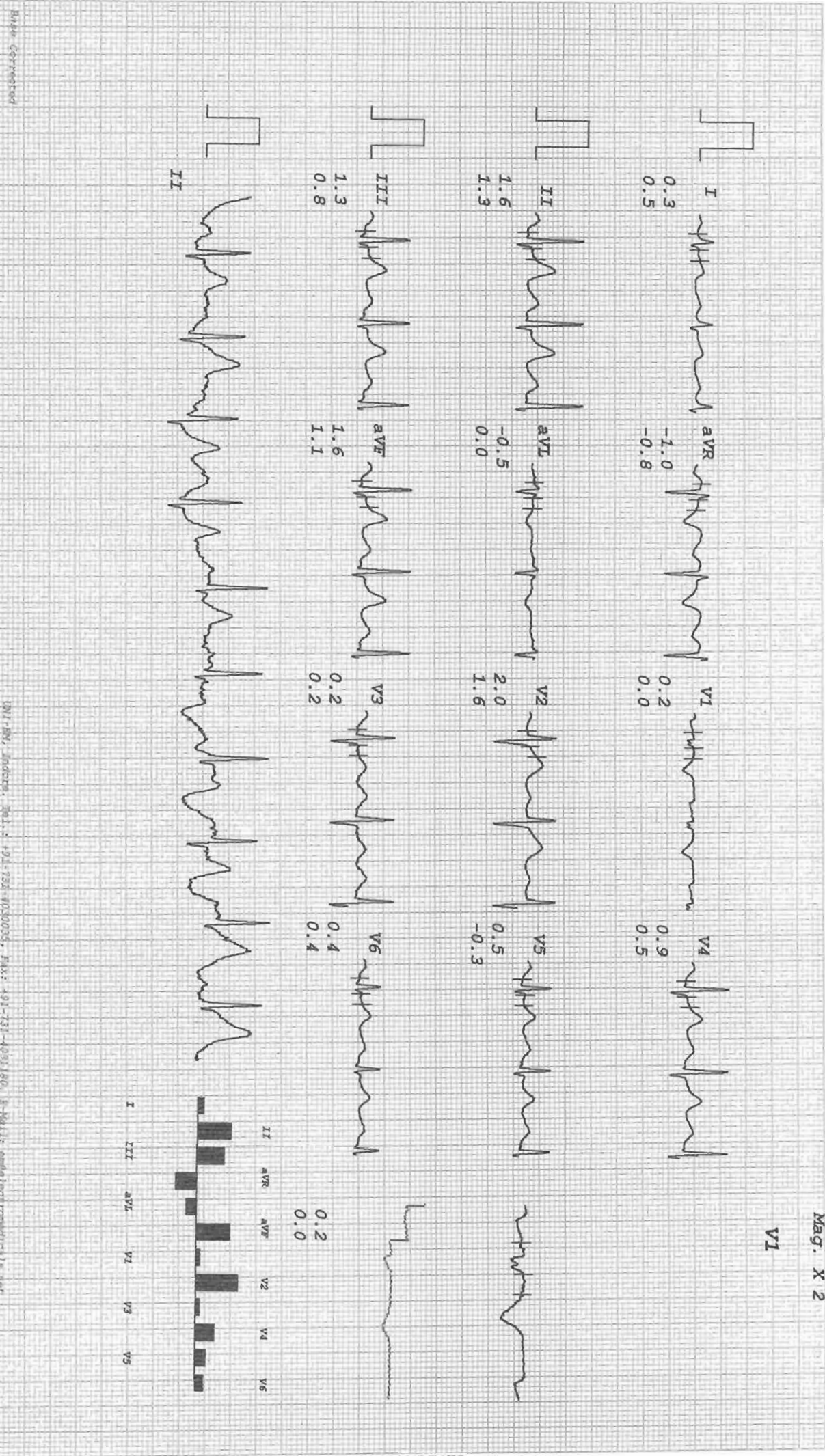
PARDHEEP
 I.D. 8988
 Age 69/M
 Date 25-05-2024

RATE 95bpm

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

ST @ 10mm/mV
 80ms PostJ
 Speed 2.7 km/hr
 SLOPE 10 %

LINKED MEDIAN



High corrected

UNIVERSITY, Rochester, Tel: +91-734-4030025, Fax: +91-734-4030180, E-Mail: info@universityhospital.com

APEX HOSPITAL

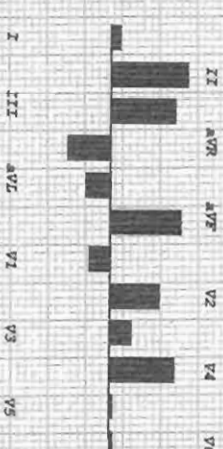
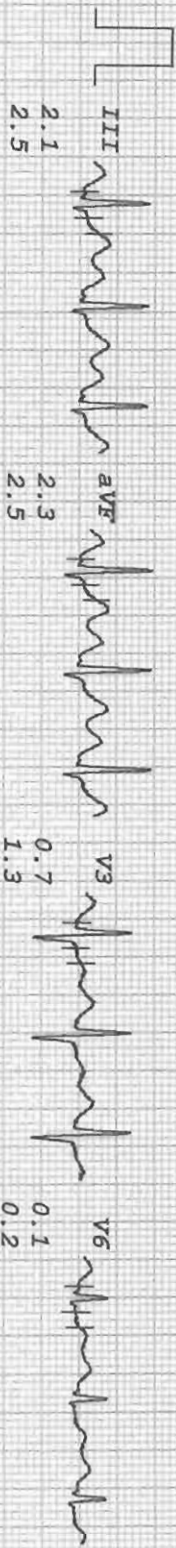
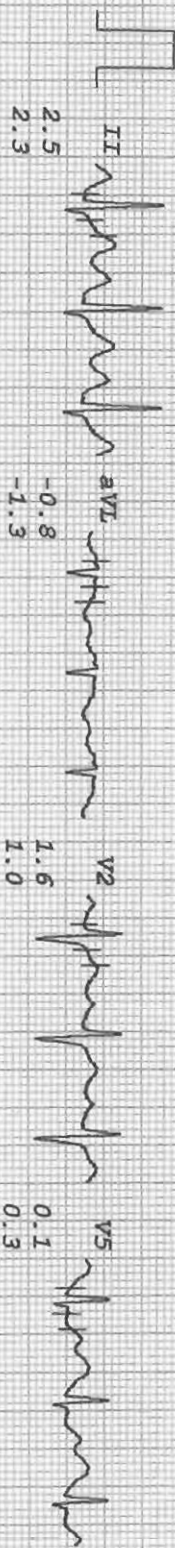
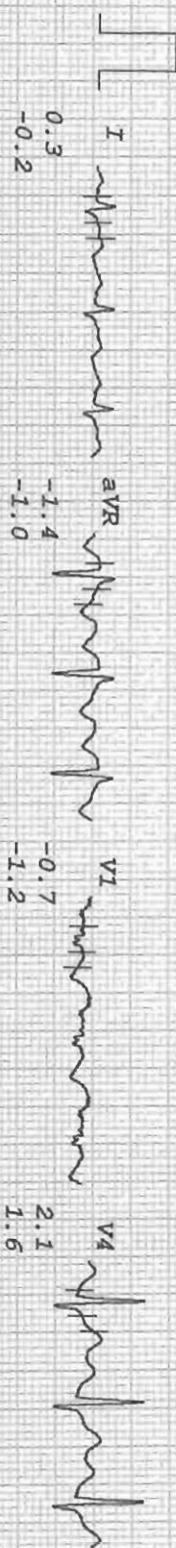
PARDHEEP
 I.D. 8988
 Age 69/M
 Date 25-05-2024

RATE 113bpm

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

ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 %

LINKED MEDIAN



Mag. X 2

V1

CARDIO BEATS

Model: 407760760
 1201-EM: Inspiron: Dell: +91-79-4950000, Fax: +91-79-4031160, E-Mail: apex@apexhospitals.com

APEX HOSPITAL

PARDHEEP
 I.D. 8988
 Age 69/M
 Date 25-05-2024

RATE 130bpm

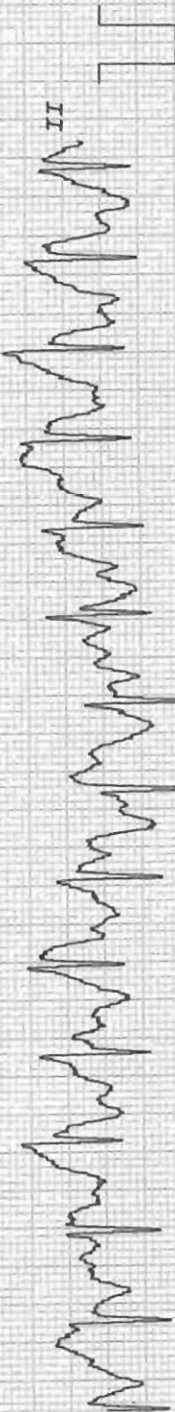
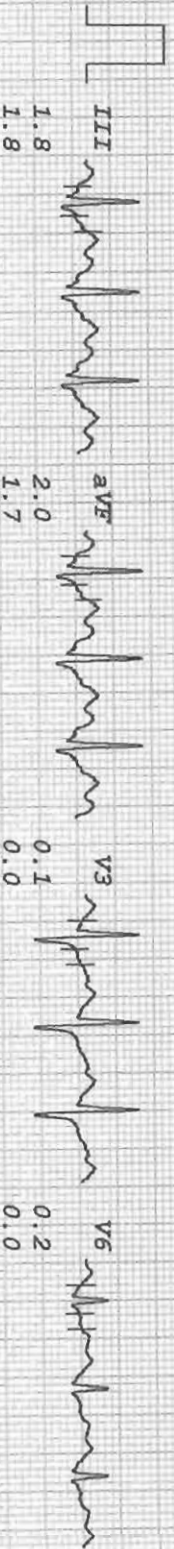
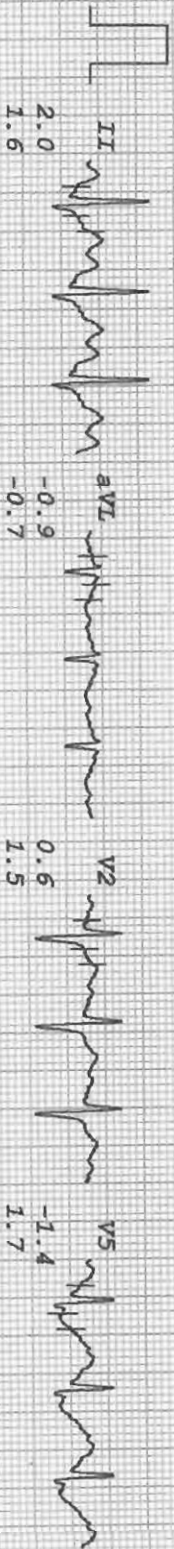
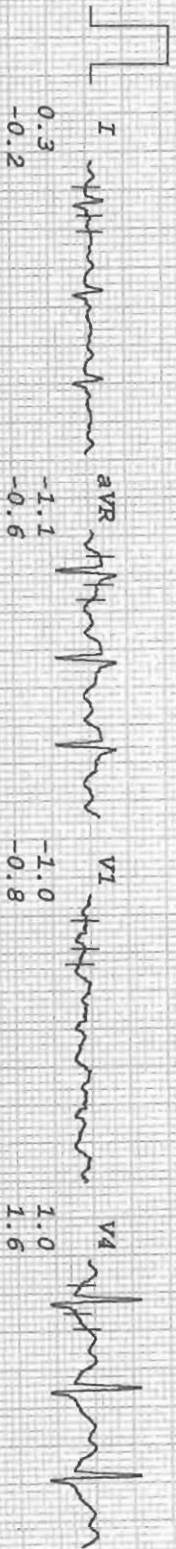
Bruce
 Stage 3
 TOTAL TIME 8:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %

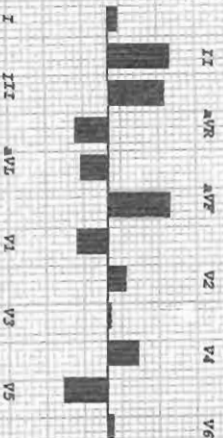
LINKED MEDIAN

Mag. X 2

V1



-1.0
 -0.8



APEX HOSPITAL

PARDHEEP
I.D. 8988
Age 69/M
Date 25-05-2024

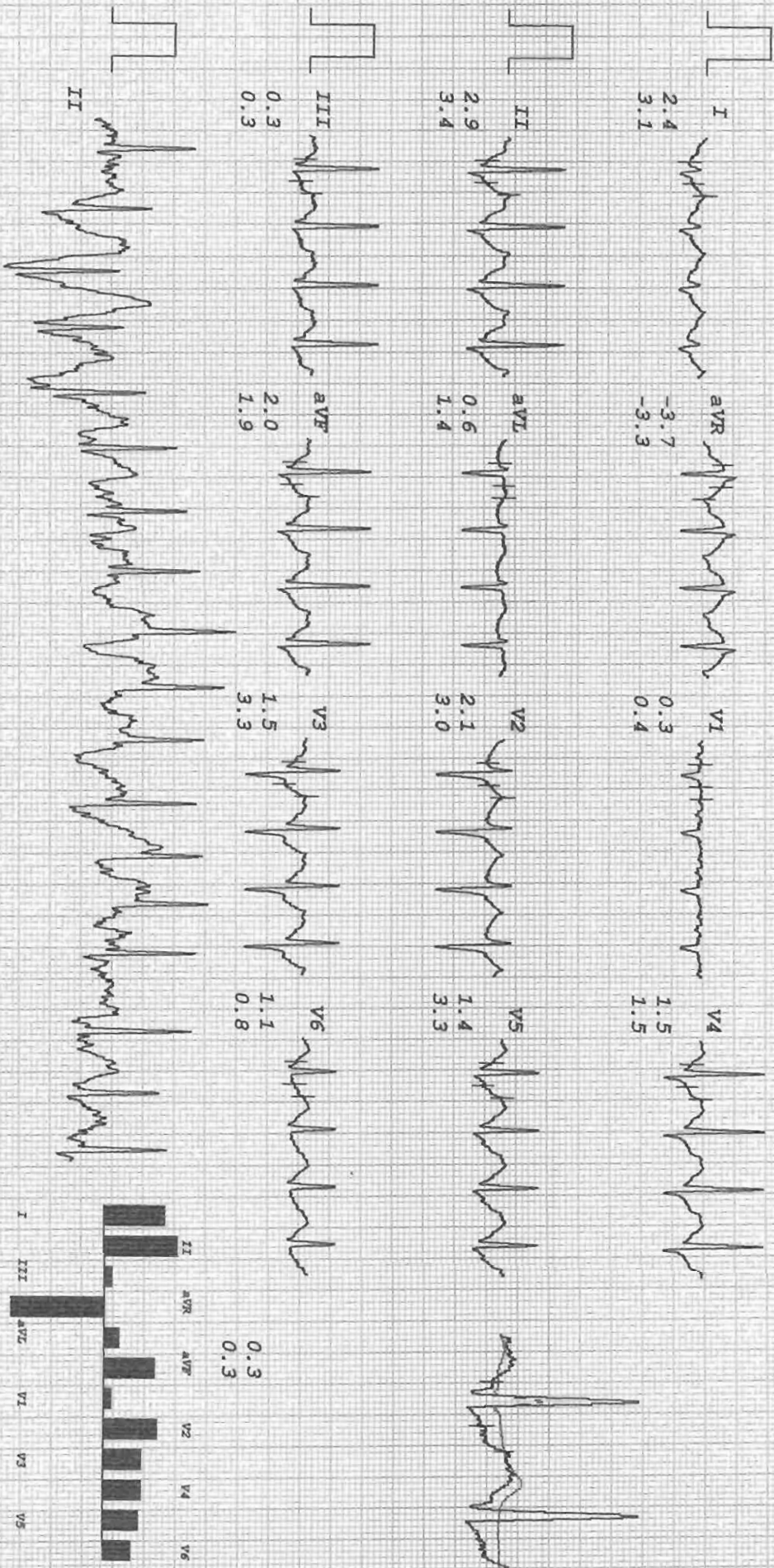
RATE 163bpm

Bruce
PR-EXERCISE
TOTAL TIME 12:15
PHASE TIME 0:15

ST @ 10mm/mV
80ms PostJ
Speed 8 km/hr
SLOPE 18 %

LINKED MEDIAN

Mag. X 2



PARDDEEP
 I.D. 8988
 Age 69/M
 Date 25-05-2024

RATE 138bpm

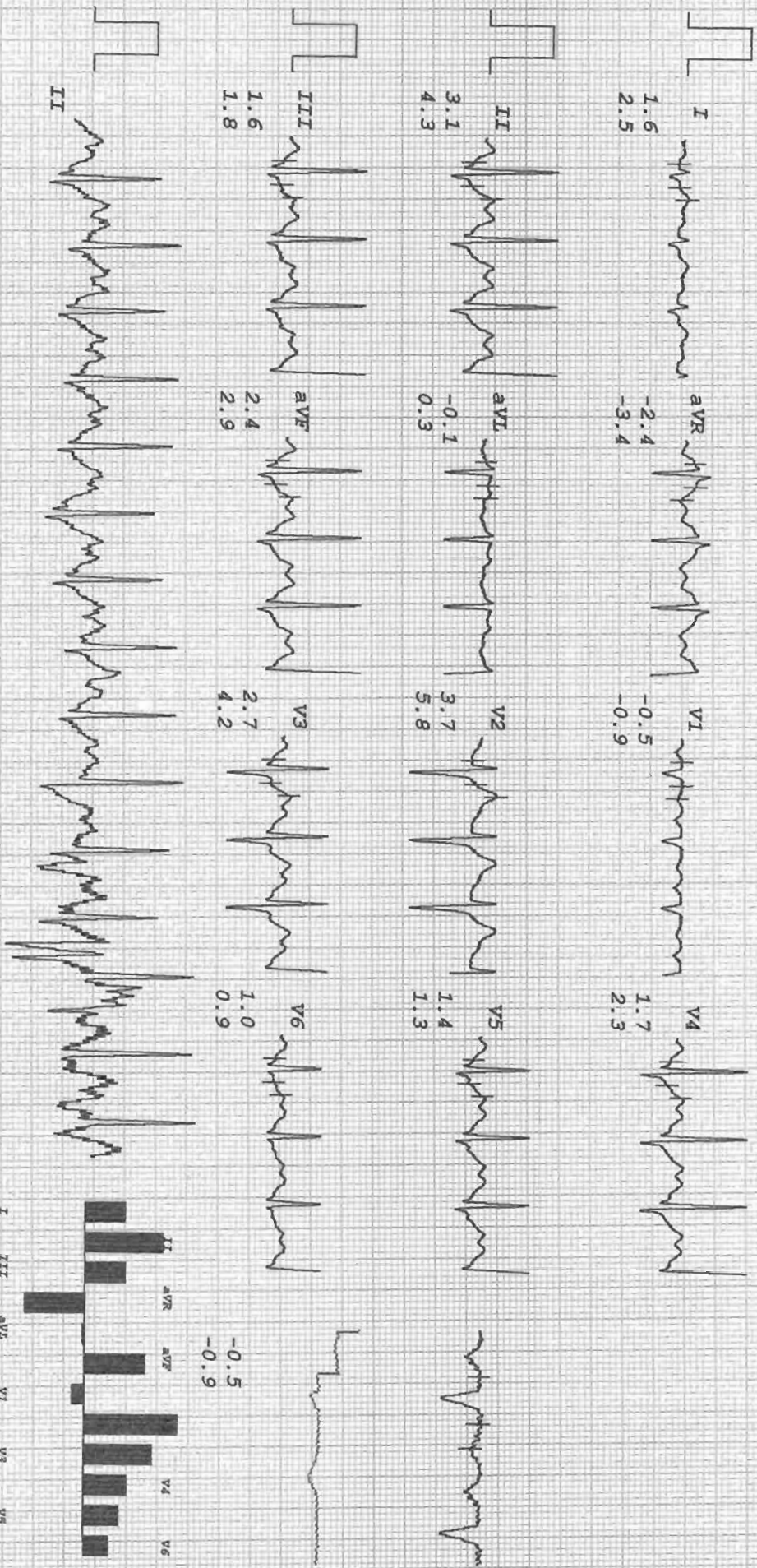
Bruce
 RECOVERY
 TOTAL TIME 12:59
 PHASE TIME 0:29

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

APEX HOSPITAL

Mag. X 2



APEX HOSPITAL

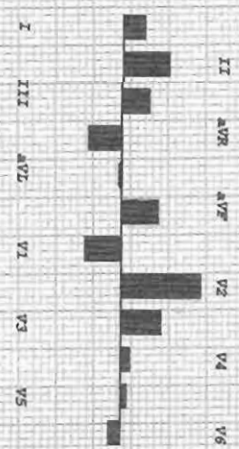
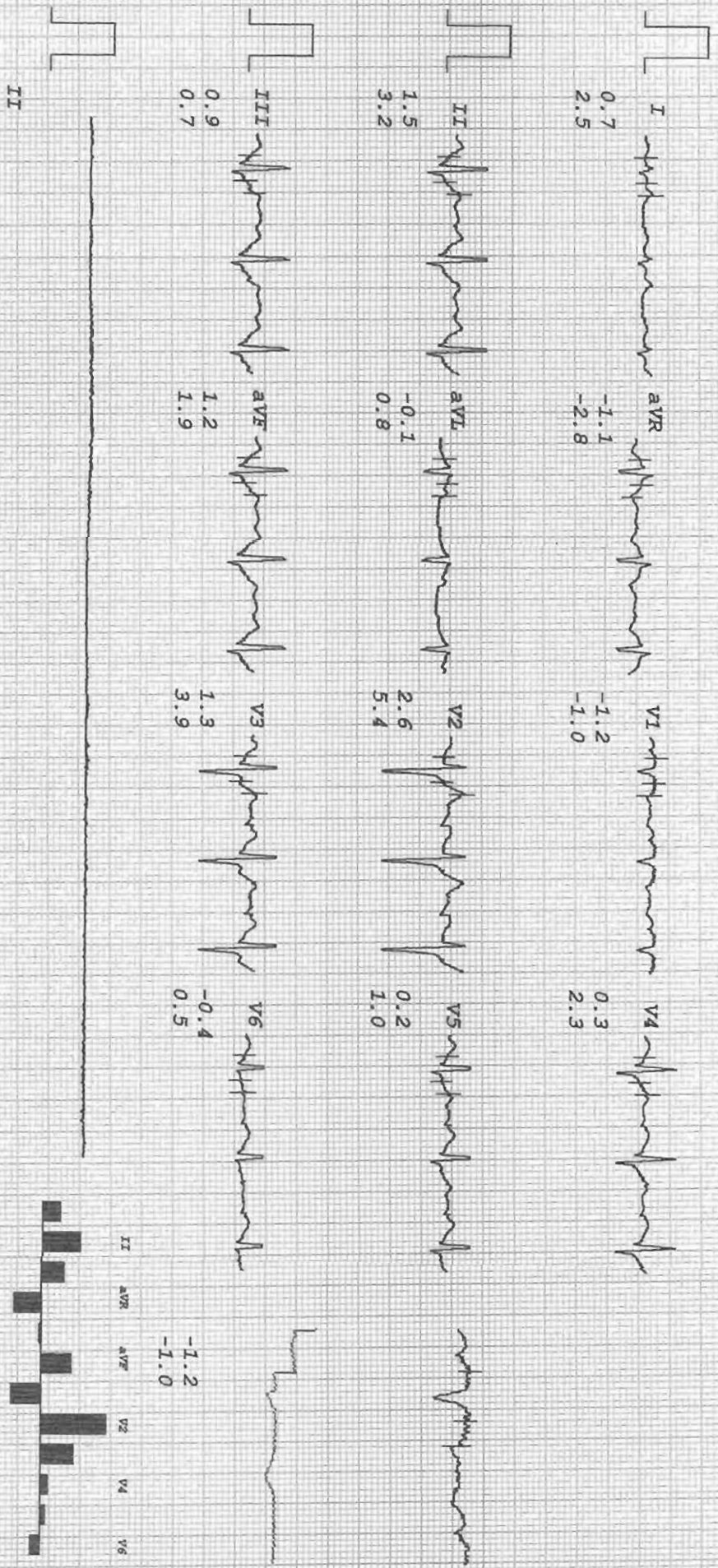
PARDHEEP
 I.D. 8988
 Age 69/M
 Date 25-05-2024

RATE 105bpm

Bruce
 RECOVERY
 TOTAL TIME 15:25
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN



CARDIO BEATS

Report Obstructed

(WV)-HW, Fredym, Mw.f +VE-728-4050050, FAX: +91-731-4030240, E-Mail: ambalok@rediffmail.com