



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



Tel.:
022-41624000 (100 Lines)

23/3/24

Name: - Ashish Vankore

Age - 45y / M

H/O: - HTN

P/S/H - Inguinal hernia operated
before 1yr back.

C/P - T - Afebrile

P - 80/min

BP - 130/80 mmHg

RR - 18/min

SpO₂ - 98% @ RA

S/P - CUS - S₁ S₂ ⊕

RS - BSBF

P/A - Soft

CNS - Conscious & oriented

Height - 171cm

Weight - 89.5kg } BMI - 34

Dental check up - Normal

ENT check up - Normal

Eye check up - Normal

Skin check up - Normal





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Tel.:
022-41624000 (100 Lines)

Patient Name	MR. ASHISH VANKORE	Patient ID	85891
Age/Sex	47 Years / Male	Sample Collected on	23-03-24 10:00 am
Ref Doctor	: APEX HOSPITAL	Registration On	23-03-24 10:00 am
Client Name	: Apex Hospital	Reported On	23-03-24 7:17 pm

Test Done	Observed Value	Unit	Ref. Range
Complete Blood Count(CBC)			
HEMOGLOBIN	13.1	gm/dl	12 - 16
Red Blood Corpuscles			
PCV (HCT)	39.2	%	42 - 52
RBC COUNT	4.06	x10 ⁶ /mm ³	4.70 - 6.10
RBC Indices			
MCV	79.1	fL	78 - 94
MCH	26.4	pg	26 - 31
MCHC	33.4	g/L	33 - 35
RDW-CV	13.8	%	11.5 - 13.5
White Blood Corpuscles			
TOTAL LEUCOCYTE COUNT	5900	/cumm	4000 - 11000
Differential Count			
NEUTROPHILS	64	%	40 - 75
LYMPHOCYTES	31	%	20 - 40
EOSINOPHILS	02	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	0	%	0 - 1
Platelets			
PLATELET COUNT	75400	Lakh/cumm	15000 - 45000
MPV	6.3	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

Handwritten Signature

Dr. Pratikesh Chavla
(MBBS BCP.)



APEX HOSPITALS MULUND

APEX
HOSPITALS
MULUND

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Tele.:
022-41624000 (100 Lines)

Patient Name : MR. ASHISH VANKORE	Patient ID	Sample
Age/Sex : 15 Years (Male)	Sample Collected on	23-3-14, 10:00 am
Ref Doctor : APEX HOSPITAL	Registration Cr	23-3-2014, 10:00 am
Client Name : Apex Hospital	Reported On	23-3-2014, 7:00 am

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

SPECIMEN	WHOLE BLOOD
ABO GROUP	'AB'
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 Chavle
(MBS, DCC.)



APEX HOSPITALS MUMBAI

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Facility

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Tele.:
022-41624000 (100 Lines)

Patient Name	: MR. ASHISH VANKORE	Patient ID	: 356024
Age/Sex	: 45 Years / Male	Sample Collected on	: 23-03-24, 10:00 am
Ref Doctor	: APEX HOSPITAL	Registration On	: 23-03-24, 10:00 am
Client Name	: Apex Hospital	Reported On	: 23-03-24, 7:17 pm

Test Done	Observed Value	Unit	Ref. Range
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ESR (ERYTHROCYTES SEDIMENTATION RATE)

ESR	10	mm/hr.	0 - 20
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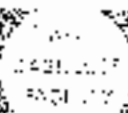
METHOD - WESTERGRVEN

(Signature)
 Dr. Harshikesh Chevri
 (MBBS DCP.)



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MUMBAI



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Tele.:
022-41624000 (100 Lines)

Patient Name : MR. ASHISH VANKORE	Patient ID : N00004
Age/Sex : 45 Years / Male	Sample Collected on : 23-3-24, 10:00 AM
Ref Doctor : APEX HOSPITAL	Registration On : 23-3-24, 10:00 AM
Client Name : Apex Hospital	Reported On : 23-3-24, 11:11 AM

Test Done	Observed Value	Unit	Ref. Range
BLOOD GLUCOSE FASTING & PP			
FASTING BLOOD GLUCOSE	85.5	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	135.1	mg/dL	70 - 140
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT

Method: GOD-POD

(Signature)
Dr. Hrishikesh Chavle
(MBBS, DCP)



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

Patient Name	: MR. ASHISH VANKORR	Patient ID	: 82904
Age/Sex	: 45 Years /Male	Sample Collection On	: 23-02-2016 09:00 am
Ref Doctor	: APEX HOSPITAL	Registration On	: 23-02-2016 09:00 am
Client Name	: Apex Hospital	Reported On	: 23-02-2016 09:47 am

Test Done	Observed Value	Unit	Ref. Range
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RENAL FUNCTION TEST

BLOOD UREA	26.7	mg/dL	10 - 50
BLOOD UREA NITROGEN	12.24	mg/dL	6.0 - 23.0
S. CREATININE	0.83	mg/dL	0.7 to 1.4
S. SODIUM	139.8	mEq/L	135 - 155
S. POTASSIUM	4.61	mEq/L	3.5 - 5.5
S. CHLORIDE	104.6	mEq/L	96 - 109
S. URIC ACID	6.80	mg/dl	3.0 - 7.2
S. CALCIUM	8.33	mg/dL	9.4 - 10.4
S. PHOSPHORUS	3.88	mg/dL	2.5 - 4.5
S. PROTEIN	6.86	g/dl	6.0 to 8.3
S. ALBUMIN	3.83	g/dl	3.5 to 5.3
S. GLOBULIN	3.03	g/dl	2.3 to 3.6
A/G RATIO	1.29		1.0 to 2.1

METHOD - EM200 Fully Automatic

INTERPRETATION -

112



Apex Hospital - Apex Hospital



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PHONES

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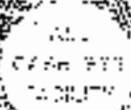
Patient Name :	MR. ASHISH VANKORE	Patient ID :	61014
Age/Sex :	45 Years / Male	Sample Collected on :	23-04-2016
Ref Doctor :	APEX HOSPITAL	Registration On :	23-04-2016 am
Client Name :	Apex Hospital	Reported On :	23-04-2016 pm

Test Done	Observed Value	Unit	Ref. Range
LIVER FUNCTION TEST			
TOTAL BILIRUBIN	0.67	mg/dL	UP to 1.2
DIRECT BILIRUBIN	0.26	mg/dL	UP to 0.5
INDIRECT BILIRUBIN	0.41	mg/dl	UP to 0.7
SGOT(ASAT)	19.9	U/L	UP to 40
SGPT(ALT)	12.7	U/L	UP to 40
ALKALINE PHOSPHATASE	214.0	IU/L	60 to 300
S. PROTEIN	6.5	g/dl	6.0 to 8.3
S. ALBUMIN	3.8	g/dl	3.5 - 5.0
S. GLOBULIN	3.00	g/dl	2.5 to 3.6
AVG RATIO	1.27		0.9 to 1.3

REF-COD - CM200 Fully Automatic

114

Dr. Anshikesh Chavla
(MBBS DCP.)



Veeria Nagar Phase II, Tulsi Pice Line Road
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email: info@apexhosp tel: 022-41624000 www.apexgroup.hospitala.com



Tele.:
022-41624000 (100 Lines)

Patient Name - MR. ASHISH VANKORE	Patient ID - 180601
Age/Sex - 45 Years / Male	Sample Collected on - 23/04/2016
Ref Doctor - APEX HOSPITAL	Registration No. - 23/04/1996/111
Client Name - Apex Hospital	Reported On - 23/04/2016

Test Done	Observed Value	Unit	Ref. Range
LIPID PROFILE			
TOTAL CHOLESTEROL	188.8	mg/dL	200 - 240
S. TRIGLYCERIDE	65.8	mg/dl	0 - 150
S. HDL CHOLESTEROL	42	mg/dL	30 - 70
VLDL CHOLESTEROL	13	mg/dL	0 to 35
S. LDL CHOLESTEROL	133.54	mg/dL	0 to 160
LDL CHOL./HDL RATIO	3.18		0 to 4.5
CHOL./HDL CHOL. RATIO	4.50		0 to 4.5

Transasia-EH200 FULLY AUTOMATIC

INTERPRETATION

Above reference ranges are as per ADULT TREATMENT PANEL III RECOMMENDATION by NCEP (Jan 2015).



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Tele.:
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Patient Name	: MR. ASHISH VANKORE	Patient ID	: 80001
Age/Sex	: 45 Years / Male	Sample Collected on	: 23-3-24, 10:00 am
Ref Doctor	: APEX HOSPITAL	Registration On	: 23-3-24, 10:00 am
Client Name	: Apex Hospita	Reported On	: 23-3-24, 7:17 pm

Test Done	Observed Value	Unit	Ref. Range
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URINE ROUTINE EXAMINATION

Physical Examination

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

Chemical Examination

REACTION (PH)	Acidic	Acidic
SPECIFIC GRAVITY	1.020	1.000 - 1.030
PROTEIN (ALBUMIN)	Present(Trace)	Absent
OCCULT BLOOD	Negative	Negative
SUGAR	Absent	Absent
KETONES	Absent	Absent
BILE SALT & PIGMENT	Absent	Absent
UROBILINOGEN	Normal	Normal

Microscopic Examination

RBC BLOOD CELLS	Absent	Absent
WBC CELLS	3-4 /HPF	0 - 5 /HPF
EPITHELIAL CELLS	1-2 /HPF	0 - 3 /HPF
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	Absent
YEAST CELLS	Absent	Absent
ANY OTHER FINDINGS	Absent	

[Handwritten Signature]

Dr. Hrishikesh Chavle
 (MBBS, DCP.)



Vaena Nagar Phase II, Tula Pipe Line Road,
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Tele.: **022-41624000 (100 Lines)**

Mr. ASHISH WANKARE	Age: 45 Years	Gender: Male	Received: 24-03-2024 20:15	Reported: 23-03-2024 12:48	Lab No: 77719222498 29	Lab By: AD - 03/24/24	Client: Apollo Hospitals
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Parameter	Result	Unit	Biological Ref Interval
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THYROID FUNCTION TEST

Triiodo L-Thyronine (T3 Total), Serum **1.25** **ug/dl** **0.7 - 2.01**

Clinical significance:
 Total triiodo L-thyronine (T3) is the sum of free triiodo L-thyronine (T3 free) and triiodo L-thyronine bound to thyroxine-binding globulin (T3-BG) and albumin. It is a sensitive and specific test for the diagnosis of hyperthyroidism. It is also useful in the diagnosis of thyroiditis and in the monitoring of treatment of hyperthyroidism. It is not affected by the presence of thyroid antibodies.

Thyroxine (T4), Serum **10.57** **ug/dl** **5.5 - 15.5**

Clinical significance:
 Thyroxine (T4) is synthesized in the thyroid gland. It is the major circulating thyroid hormone. It is converted to triiodo L-thyronine (T3) in the liver and other tissues. It is a sensitive and specific test for the diagnosis of hyperthyroidism. It is also useful in the diagnosis of thyroiditis and in the monitoring of treatment of hyperthyroidism. It is not affected by the presence of thyroid antibodies.

Thyroid Stimulating Hormone (TSH), Serum **2.159** **uIU/ml** **0.4 - 4.0**

Clinical significance:
 Thyroid Stimulating Hormone (TSH) is secreted by the anterior pituitary gland. It stimulates the thyroid gland to produce and release thyroid hormones. It is a sensitive and specific test for the diagnosis of hypothyroidism. It is also useful in the diagnosis of hyperthyroidism and in the monitoring of treatment of hypothyroidism. It is not affected by the presence of thyroid antibodies.

Parameter	American Thyroid Association	World Health Organization	European Thyroid Association
Total T3	< 2.5	< 2.3	< 2.5
Total T4	< 12	< 12	< 12
TSH	< 4	< 4	< 4





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CALL
022-41524000
9:00 AM - 6:00 PM

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Near Swapna Nagri Road, Mulund (W) Mumbai 400 060.



Tele.:
022-41524000 (100 Lines)

Mr. GYANESH WANKRE	EMERGENCY	Specimen ID	15-03-2024 08:25	Lab ID	47
DOB		Received	15-03-2024 20:15	Provide Query	Apex@apex
Age	51 Years	Reported	15-03-2024 21:07	Location	MULUND
Gender	Male	Status	Final	DR By	DR. RAJESH K.
CRN				Chem	PSA (Total) (S)

Parameter	Result	Unit	Biological Reference
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Prostate Specific Antigen, Total, Serum	0.521	ng/ml	4.425
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Unit of measure -

Prostate-specific antigen (PSA) is a blood protein that is produced by the prostate gland. The level of PSA in the blood is usually low. An elevated PSA level may indicate prostate cancer, but it can also be caused by other conditions such as benign prostatic hyperplasia (BPH) or prostatitis. PSA levels are measured in ng/ml. The normal range for PSA is 0-4 ng/ml. PSA levels above 4 ng/ml are considered elevated and may indicate prostate cancer. PSA levels are also used to monitor the progression of prostate cancer and to evaluate the effectiveness of treatment.

..... End of Report

Plot 1st Floor, Kumbh Samaj Hall, Star Ankar Bldg, Near Fatima Church, Majwada, Ghat, Thane (W) - 400604

Patient ID : 2403050121	 For Authenticity Scan QR Code	Registered On : 27/03/2015 04:04 PM
Patient Name : MR. ASHISH VANKORE		Telephone No : 9820720243
Age : 45 Yrs		Reported On : 24/04/2015 12:04 PM
Gender : MALE		Sample ID :
Ref. By Doctor : APEX HOSPITAL		
Sample Collected At : APEX HOSPITAL MULUND		

Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Haemoglobin)	5.00	%	Fasting 6.0% - Normal 6.0% - 7.0% : Good Control 7.0% - 8.0% : Poor Control 8.0% - 10% : Diabetic Shoppers Above 10% : Poor Control
Mean End of Glucose (Average)	94.4	mg/dL	70 - 125

CLINICAL SIGNIFICANCE :

Glycosylated Haemoglobin is a reliable and true index of the "Mean End of Glucose Level" in the body for the previous 2-3 months. HbA1c, an indicator of glycaemic control, HbA1c represents average glucose over the past six to eight weeks. Glycation of haemoglobin occurs over the entire life cycle of a red blood cell but with a half-life of days. Recent glucose is the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 60% of the HbA1c formed by the past 12 weeks, 30% in the past 4 weeks and the remaining 10% in previous two to four weeks.

Please correlate with clinical condition.

End of Report

For any queries, please contact our Customer Care Department.

Note: If the test result is abnormal, a doctor is advised to confirm the physical data/chemistry for this by manual test.

This report is system generated and electronically authenticated.

Page 2 of 4

Dr. Roshan Shanki
 MBBS MD Pathology
 Consultant Pathologist



Pathology Centre

Diagnosis of the Best

ECG | DIGITAL X-RAY | PATHOLOGY | SONOGRAPHY



Matsyagandha CHS. Ltd., Shop No. D-7, Ground Floor, Plot No.54, Opp. Thakur College, Veer Savarkar Nagar, Thane (W)-400506.
Mobile : 7715896877 / 7718848481 • Email : paresh638865@gmail.com

Patient Name : MR ASHISH VANKORE	Gender : Male
Age : 45 Y	Date : 23/03/2024
Referring Doctor : APEX HOSPITAL	Patient ID :

X-RAY CHEST PA VIEW (PORTABLE)

FINDINGS:

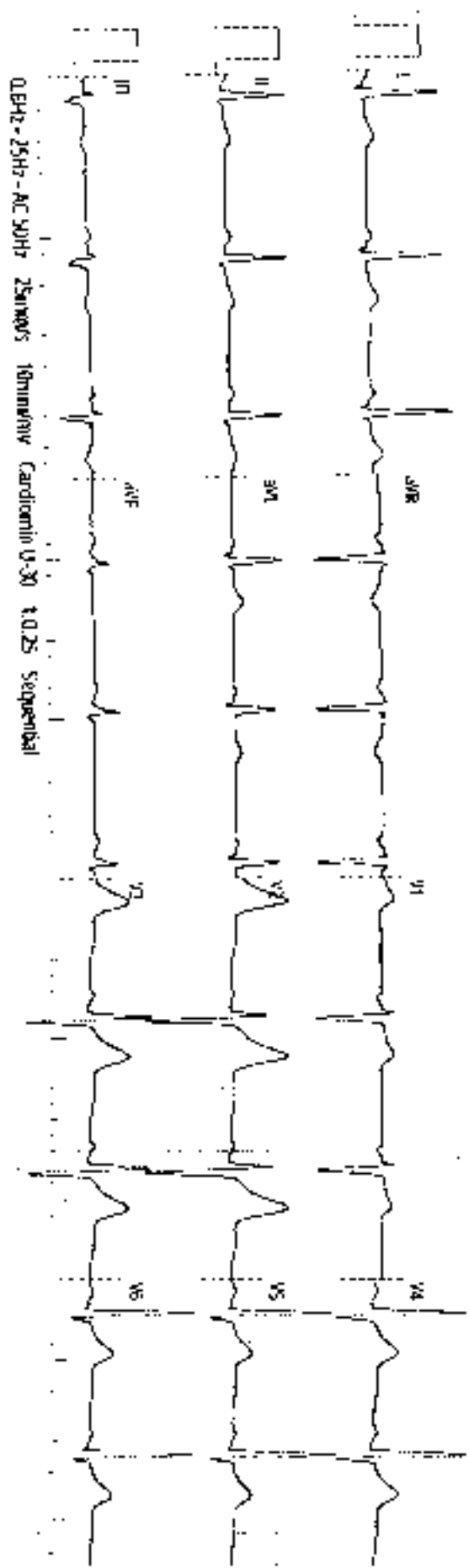
Bilateral lung fields are clear. No focal lesion is seen.
Bilateral hila are normal.
Trachea appears normal.
Cardiac shadow is within normal limits.
The domes of diaphragm are normal in position.
Bilateral costophrenic angles are clear.
Visualized bones are grossly normal.

IMPRESSION:

No significant abnormality is seen.

Clinicopathological correlation is suggested.

Dr Vibha Goel
MD Radiodiagnosis
Reg - 7664



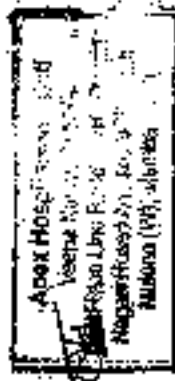
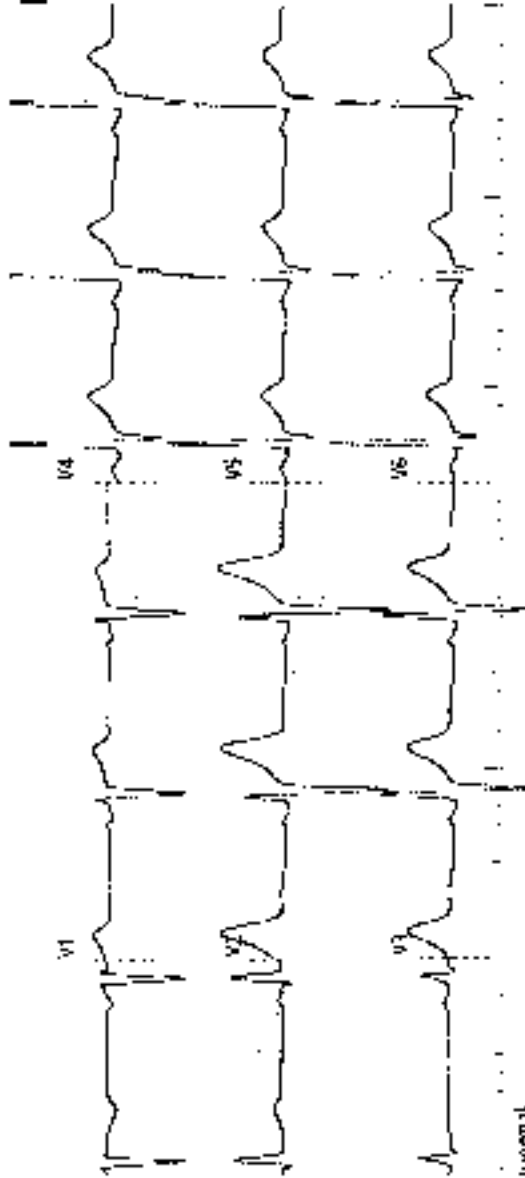
QEHZ - 25HZ - AC 30HZ 25mm/s 10mm/mV Cardiomat U-30 1.0.25 sequential

ECG report

ID : 20240323090540
Name : Vornkeore Ashwin
Gender : Male
Age : 67 Year
Dept :
Bed No :

HR : 64 bpm
PRS : 134 ms
QRS : 102 ms
QT/QTc : 400/427 ms
PR/QTc : 30/180 ms
RV5/SV1 : 1.57/0.940 mV
RV5+SV1 : 2.555 mV
Minnesota code : 5-4

<< Interpretations >>



Confirm and sign:
Examination time : 2024



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Tele.:
022-41624000 (100 Lines)

NAME: MR. ASHESH VANKORE 45/M 23/03/2024
REF. BY: MEDIWHEEL

USG ABDOMEN AND PELVIS SONOGRAPHY

Liver is of normal size and shows normal echo texture. No evidence of focal lesions in Liver. Portal vein appears normal. No dilated C.H.B.R. No evidence of pleural effusion.

Gall bladder is well distended. No evidence of cholelithiasis.

C.R.D appears normal, and No evidence of calculi in it.

Pancreas shows normal echogenicity. No signs of acute or chronic Pancreatitis.

Spleen shows normal echogenicity and it is of normal size.
No evidence of Para aortic Lymphadenopathy or Ascites.

Right kidney measures : 10.8 x 5.3 cm.
Left kidney measures : 7.7 x 3.0 cm.

No evidence of renal calculi or Hydronephrosis. No evidence of S.O.L. Cortical echogenicity on either side appears normal.

No dilated upper or lower ureters are seen.
Bladder shows smooth margin and there is no evidence of vesicle calculi.

Prostate normal in size.

Normal in size and echo texture. No focal lesion.

REMARK :

⊖ Left Kidney Smaller.

Dr. Kamlesh Jain

(Consultant Radiologist)
DR. KAMLESH JAIN
DMRD (RADIOLOGY)
2002/03/1636