



Where Healing & Care Comes Naturally

# APEX HOSPITALS MULUND DIAGNOSTIC

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



Tele.:  
022-41624000 (100 Line)

16 / 03 / 2021

Name :- Mr Akshay Puaranik

Age :- 34/M

W/O :- H/W ( = 44W )

P/H :- N/A

CT. Tumor AM (hals) 001  
(Neck base 2-5) 001

Q/E - Rajeshika

PR - 60/min

BP - 120/80 mm Hg

SPO2 = 98% RA

Q/E - M - S (N/A)

inf - Hemidone (N/A)

AS - A (N/A)

P/A (N/A)

HT :- 186 cm

WT :- 85.5

Dental check - (N)

Eye check - (N)

ophthalmologist primary / 1/16

Facial check - (N)

Apex Hospitals Mulund  
Veena Nagar, Phase II,  
Tulsi Pipe Line Road, Near Swapna  
Nagari Road And Model Township  
Mulund (W), Mumbai - 80.



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## APEX HOSPITALS MULUND Radiologist Report Sheet

<b>Patient Name:</b>	AKSHAY.PURANIK	<b>Medical Record No:</b>	16/03/2024 2779
<b>AGE</b>	34	<b>Accession No:</b>	
<b>Gender:</b>	M	<b>Location:</b>	Outpatient
<b>Type Of Study:</b>	CR Chest PA	<b>Physician:</b>	BANK OF BARODA
<b>Image Count:</b>	1	<b>Exam Time:</b>	24/16/03 10:54 AM ET
<b>Requisition Time:</b>	24/16/03 12:27 PM ET	<b>Report Time:</b>	24/16/03 12:49 PM ET
<b>Clinical History:</b>	H/O ROUTINE CHECK-UP		

### RADIOGRAPH OF THE CHEST (SINGLE VIEW)

**Clinical History:** H/O ROUTINE 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.

Sushant Mittal

MBBS, MD

Consultant Radiologist

**This report has been electronically signed by: MD.Sushant Mittal**

**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.**

**CONFIDENTIALITY STATEMENT:** This transmission is confidential and is intended to be a privileged communication. It is intended only for the use of the addressee. Access to this message by anyone else is unauthorized. If you are not the intended recipient, any disclosure, distribution or any action taken, or omitted to be taken in reliance on it is prohibited and may be unlawful. If you received this communication in error, please notify us so that return of this document to us can be arranged.

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Tele.:  
022-41624000 (100 Lines)

NAME : MR.AKSHAY PURANIK

34 /M

16/03/2024

REF.BY :BANK OF BARODA

## USG ABDOMEN AND PELVIS SONOGRAPHY

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

Gall bladder is well distended. No Evidence of cholelithiasis.

C.B.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 : 8.5 x 4.5 cm.

Left kidney measures : 10.0 x 5.6 cm.

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

No dilated upper or lower ureters are seen.

Bladder shows Smooth margin and there is no evidence of vesicle calculi.

Prostate measures : 3.0 x 3.4 x 2.9 cm (volume =15 cc)

Normal in size and echotexture.No focal lesion.

### REMARK :

- No Abnormality seen.

  
Dr.Kamlesh Jain

(Consultant Radiologist )

DR. KAMLESH JAIN  
DMRD (RADIOLOGY)  
2002/03/1656



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**NAME: Mr. Akshay Puranik**

**M/34**

**Date - 16/03/2024**

**REF.BY:DR. 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 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 15 mm , Collapsing with inspiration.

Intact IAS and IVS .

## **COLOR FLOW.CW,PW & HAEMODYNAMIC DATA.**

Aortic valve gradient 8 mmHg.

No MS / Trivial TR

Normal flow across all other cardiac valves.

Pulmonary pressure of18 mm of Hg.

## **CONCLUSION.-**

Normal Biventricular Systolic and diastolic function

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

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

Patient Name : **MR. AKSHAY PURANIK**  
Age/Sex : 34 Years /Male  
Ref Doctor : APEX HOSPITAL  
Client Name : Apex Hospital

Patient ID : 85568  
Sample Collected on : 16-3-24, 10:00 am  
Registration On : 16-3-24, 10:00 am  
Reported On : 16-3-24, 6:05 pm

Test Done	Observed Value	Unit	Ref. Range
<b>Complete Blood Count(CBC)</b>			
HEMOGLOBIN	14.3	gm/dl	12 - 16
<b>Red Blood Corpuscles</b>			
PCV ( HCT )	42.5	%	42 - 52
RBC COUNT	5.07	x10 <sup>6</sup> /uL	4.70 - 6.50
<b>RBC Indices</b>			
MCV	84.0	fl	78 - 94
MCH	28.2	pg	26 - 31
MCHC	33.6	g/L	31 - 36
RDW-CV	12.9	%	11.5 - 14.5
<b>White Blood Corpuscles</b>			
TOTAL LEUCOCYTE COUNT	7600	/cumm	4000 - 11000
<b>Differential Count</b>			
NEUTROPHILS	55	%	40 - 75
LYMPHOCYTES	40	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	0	%	0 - 1
<b>Platelets</b>			
PLATELET COUNT	255000	Lakh/cumm	150000 - 450000
MPV	9.4	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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Test Done	Observed Value	Unit	Ref. Range
<b>ESR (ERYTHROCYTES SEDIMENTATION RATE)</b>			
<b>ESR</b>	11	mm/1hr.	0 - 20
METHOD - WESTERGREIN			



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Client Name	: Apex Hospital	Reported On	: 16-3-24, 6:05 pm

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

### 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.

*[Faint, illegible text and a signature]*

Dr. Hrishikesh Chevle  
(MBBS, DCP.)

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Test Done	Observed Value	Unit	Ref. Range
<b>LIVER FUNCTION TEST</b>			
TOTAL BILLIRUBIN	1.05	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.41	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.64	mg/dL	UP to 0.7
SGOT(AST)	20.4	U/L	UP to 40
SGPT(ALT)	15.6	U/L	UP to 40
ALKALINE PHOSPHATASE	124.7	IU/L	64 to 306
S. PROTIEN	6.5	g/dl	6.0 to 8.3
S. ALBUMIN	3.9	g/dl	3.5 - 5.0
S. GLOBULIN	2.60	g/dl	2.3 to 3.6
A/G RATIO	1.50		0.9 to 2.3

METHOD - EM200 Fully Automatic



Dr. Hrishikesh Chevle  
(MBBS.DCP.)





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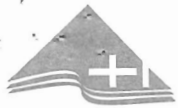
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Test Done	Observed Value	Unit	Ref. Range
<b>RENAL FUNCTION TEST</b>			
BLOOD UREA	27.1	mg/dL	10 - 50
BLOOD UREA NITROGEN	12.66	mg/dL	0.0 - 23.0
S. CREATININE	0.77	mg/dL	0.7 to 1.4
S. SODIUM	141.3	mEq/L	135 - 155
S. POTASSIUM	4.35	mEq/L	3.5 - 5.5
S. CHLORIDE	105.2	mEq/L	95 - 109
S. URIC ACID	4.74	mg/dL	3.5 - 7.2
S. CALCIUM	9.1	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.9	mg/dL	2.5 - 4.5
S. PROTIEN	6.5	g/dl	6.0 to 8.3
S. ALBUMIN	3.9	g/dl	3.5 to 5.3
S. GLOBULIN	2.60	g/dl	2.3 to 3.6
A/G RATIO	1.50		1.0 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -

Dr. Hrishikesh Chevle  
(MBBS.DCP.)



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Test Done	Observed Value	Unit	Ref. Range
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL	<b>195.0</b>	mg/dL	200 - 240
S. TRIGLYCERIDE	152.1	mg/dL	0 - 200
S.HDL CHOLESTEROL	41	mg/dL	30 - 70
VLDL CHOLESTEROL	30	mg/dL	Up to 35
S.LDL CHOLESTEROL	123.58	mg/dL	Up to 160
LDL CHOL/HDL RATIO	3.01		Up to 4.5
CHOL/HDL CHOL RATIO	4.76		Up to 4.8

Transasia-EM200 FULLY AUTOMATIC

#### INTERPRETATION

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

Dr. Hrishikesh Chevle  
(MBBS, DCP.)



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Test Done	Observed Value	Unit	Ref. Range
<b>BLOOD GLUCOSE FASTING &amp; PP</b>			
FASTING BLOOD GLUCOSE	86.8	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	95.1	mg/dL	70 - 140
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT

Method - GOD-POD

Dr. Hrishikesh Chevle  
(MBBS.DCP.)



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

### URINE ROUTINE EXAMINATION

#### Physical Examination

VOLUME	15 ml	-
COLOUR	Pale Yellow	Pale Yellow
APPEARANCE	Slightly Hazy	Clear
DEPOSIT	Absent	Absent

#### Chemical Examination

REACTION (PH)	Acidic	Acidic
SPECIFIC GRAVITY	1.015	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 - 3 /HPF
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	Absent
YEAST CELLS	Absent	Absent
ANY OTHER FINDINGS	Absent	

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Mr. AKSHAY PURANIK	email: info@apexhospitals.in   www.apexgroupofhospitals.com	Collected : 16-03-2024 16:43	Lab ID : 4030240596
DOB :		Received : 16-03-2024 18:34	Sample Quality : Adequate
Age : 34 Years		Reported : 16-03-2024 20:04	Location : MUMBAI
Gender : Male		Status : Final	Ref By : APEX HOSPITAL
CRM :			Client : SANJAY PANDEY -MU058

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

### THYROID FUNCTION TEST

**Tri Iodo Thyronine (T3 Total), Serum**      1.40      ng/mL      0.7 - 2.04  
*CLIA*

**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**      7.40      ug/dL      4.5 - 12.6  
*CLIA*

**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**      3.88      μIU/mL      0.4 - 5.5  
*CLIA*

**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 -----

Processed At: H S PATHOLOGY PVT. LTD. Mohan Manal 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

Star Ankur Building, 1<sup>st</sup> Floor, Near Fatima Church, Majiwada, Thane (W) - 400601.

<b>Patient ID</b> : 2403046968	 For Authenticity Scan QR Code	Registered On : 16/03/2024,05:36 PM
<b>Patient Name</b> : MR. AKSHAY PURANIK		Collected On : 16/03/2024,11:17 PM
<b>Age</b> : 34 Yrs		Reported On : 17/03/2024,02:22 AM
<b>Gender</b> : MALE		Sample ID 
<b>Ref. By Doctor</b> : APEX HOSPITAL		
<b>Sample Collected At</b> : APEX HOSPITAL MULUND		

**Glycosylated Hemoglobin (GHb/HbA1c)**

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycocolated Haemoglobin)	5.00	%	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	96.8	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 glycemc 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.

Please correlate with clinical conditions.

----- End of Report -----  
Results relate only to the sample as received. Kindly correlate with clinical condition

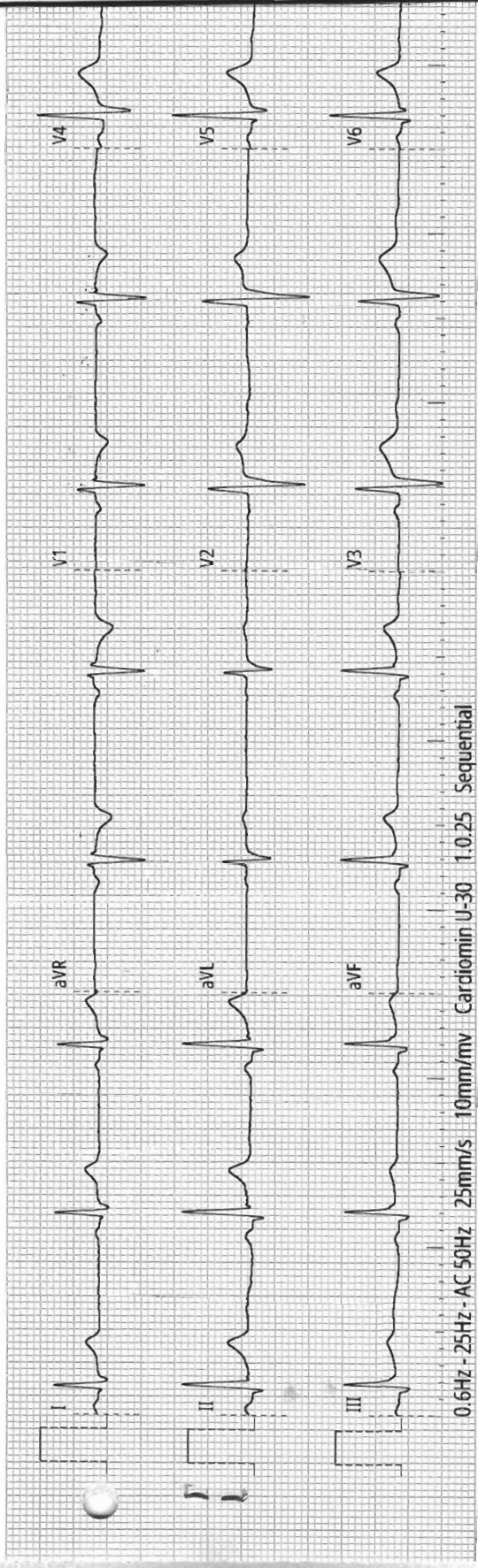
Note : If the test results are alarming or unexpected, Client is advised to contact the Physician immediately for possible remedial action.



**Dr. Roshan Shaikh**  
MBBS MD Pathology  
Consultant Pathologist

This report is system generated and electronically authenticated.

Page 1 of 1



### ECG report

ID : 20240316105938

Name :

Gender :

Age :

Dept :

Bed No :

HR : 56 bpm  
PR : 144 ms  
QRS : 108 ms  
QT/QTc : 394/387 ms  
P/QRS/T : 63/67/54°  
RV5/SV1 : 1.234/0.707 mv  
RV5+SV1 : 1.941 mv  
Minnesota code : 8-8

<<Interpretations >>

Confirm and sign:  
Examination time: 2024-03-16 10:59:39

