



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 Lines)

16/8/2024

Mrs Samendelin Tyagi Dec- 33/F

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BB-100/bo

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Ht - 160 & BMI - 18 Wt - 46)

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Apex Hospitals Mulund Veena Naper, Phase-ii, Tuisi Pipe Line Road, Near Swabna-Nagari Road And Model Township Muland (W), Mumbal-89





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Tele.: 022-41624000 (100 Lines)

NAME: Mrs. Samridhi Tyagi F/33 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 10 mm, Collapsing with inspiration.

Intact IAS and IVS.

COLOR FLOW.CW,PW & HAEMODYNAMIC DATA.

Aortic valve gradient 8 mmHg.

No significant valvular abnormalities

Normal flow across all other cardiac valves.

Pulmonary pressure of 15 mm of Hg.

CONCLUSION.-

Normal Biventricular Systolic and diastolic function

LVEF-55-60%

No e/o pulmonary hypertension

DR.Ravindra Ghule (Consultant cardiologist)

DR. RAVINDRA GHULE DNB (Medigine), DNB (Cardiology) Reg. No. 2009 / 08 / 3036





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APEX HOSPITALS MULUND Radiologist Report Sheet

Patient Name:

SAMRIDHI.TYAGI

Age

33

16/03/2024 2777

Gender:

Accession No: Location:

Outpatient

Type Of Study:

CR Chest PA

Physician:

BANK OF BARODA

Image Count:

1

24/16/03 10:49 AM ET

Exam Time: Report Time:

Medical Record No:

24/16/03 12:49 PM ET

Requisition Time:

24/16/03 12:28 PM ET

Clinical History: 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.

MRRS, MO 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.

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Tele.: 022-41624000 (100 Lines)

NAME: MS.SAMIRIDHI TYAGI

33/F

16/03/2023

REF.BY: BANK OF BARODA

USG ABDOMEN AND PELVIS SONOGHRAPHY

Liver is of Normal Size And show bright echo texture. No evidence of focal lesion in Liver. Portal vein appears normal, No dilated I.H.B.R. No evidence of 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 : 9.4 x 3.3 cm. Left kidney measures : 9.0 x 4.4 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.

Uterus is normal in size and anteverted in position. It measures 7.5 cm in Transverse 3.3 cm in AP & 4.4 cm in longitudinal axis.

Uterine margin appears smooth and there is no evidence of any indentation on it. Uterine echo texture is normal.

Endometrial canal is seen in the center of the uterine cavity, it measures 11 mm and appears normal. Cervical canal shows no abnormality. Both the ovaries are of normal size.

No evidence of adnexal mass. No Evidence of fluid in posterior cul-de-sac is seen. Bowel Gases seen.

REMARK:-

No Abnormality Seen.

Dr. Kanlesh Jain

(Consultant Radiologist)

DR. KAMLESH JAM DMRD (RADIOLEGY) 2002/03/1998





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Tele.: 022-41624000 (100 Lines)

Patient Name

: MS. SAMRIDHI TYAGI

Patient ID

: 85560

Age/Sex

: 33 Years / Female

Sample Collected on

: 16-3-24,10:00 am

Ref Doctor

: APEX HOSPITAL

Registration On

: 16-3-24,10:00 am

Client Name

: Apex Hospital

Reported On

: 16-3-24, 5:58 pm

Test Done	Observed Value	Unit	Ref. Range
Complete Blood Count(CBC	C)		
HEMOGLOBIN	6.9	gm/dl	12 - 15
Red Blood Corpuscles			
PCV (HCT)	20.6	%	36 - 46
RBC COUNT	3.68	x10^6/uL	4.5 - 5.5
RBC Indices			
MCV	56.1	fl	78 - 94
MCH	15.7	pg	26 - 31
MCHC	28.7	g/L	31 - 36
RDW-CV	20.9	%	11.5 - 14.5
White Blood Corpuscles			
TOTAL LEUCOCYTE COUNT	3700	/cumm	4000 - 11000
Differential Count			
NEUTROPHILS	60	%	40 - 75
LYMPHOCYTES	35	%	20 = 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	00	%	0 - 1
Platelets			
PLATELET COUNT	243000	Lakh/cumm	150000 - 450000
MPV	9.4	fl	6.5 - 9.8
RBC MORPHOLOGY	Hypochromia(+++), N	Microcytosis(++-	+)
WDG MODDING COV			
WBC MORPHOLOGY	Leucopenia		
PLATELETS ON SMEAR	Adequate on Smear		en en Maria de la companya

Instrument: Mindray BC 3000 Plus

Six





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Patient Name

: MS. SAMRIDHI TYAGI

Patient ID

85560

Age/Sex

: 33 Years / Female

Sample Collected on

: 16-3-24,10:00 am

Ref Doctor

: APEX HOSPITAL

Registration On

: 16-3-24,10:00 am

Client Name

: Apex Hospital

Reported On

: 16-3-24, 5:58 pm

Test Done	Observed Value	Unit	Ref. Range	
ESR (ERYTHROCYTES SEDIMENTATION RATE)		:		
ESR	12	mm/1hr.	0 - 20	

METHOD - WESTERGREN

Sign





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Tele.: 022-41624000 (100 Lines)

Patient Name

: MS. SAMRIDHI TYAGI

Patient ID

: 85560

Age/Sex

: 33 Years / Female

Sample Collected on 11:16-3-24,10:00 am

Ref Doctor

: APEX HOSPITAL

Registration On

: 16-3-24,10:00 am

Client Name

: Apex Hospital

Reported On

: 16-3-24, 5:58 pm

Test Done

Observed Value

Unit

Ref. Range

Blood Group & RH Factor

SPECIMEN

WHOLE BLOOD

ABO GROUP

'O'

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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Patient ID

: 85560

Age/Sex

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Sample Collected on

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Ref Doctor

: APEX HOSPITAL

Registration On

: 16-3-24,10:00 am

Client Name

: Apex Hospital

Reported On

: 16-3-24, 5:58 pm

Test Done	Observed Value	Unit	Ref. Range
BLOOD GLUCOSE FASTING	& PP		
FASTING BLOOD GLUCOSE	109.1	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	113.2	mg/dL	70 - 140
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
			And the second s

Method - GOD-POD





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Patient ID

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Age/Sex

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Ref Doctor

: APEX HOSPITAL

Registration On

: 16-3-24,10:00 am

Client Name

: Apex Hospital

Reported On

: 16-3-24, 5:58 pm

Test Done	Observed Value	Unit	Ref. Range
LIPID PROFILE			
TOTAL CHOLESTEROL	202.5	mg/dL	200 - 240
S. TRIGLYCERIDE	115.1	mg/dL	0 - 200
S.HDL CHOLESTEROL	42	mg/dL	30 - 70
VLDL CHOLESTEROL	23	mg/dL	Up to 35
S.LDL CHOLESTEROL	137.48	mg/dL	Up to 160
LDL CHOL/HDL RATIO	3.27		Up to 4.5
CHOL/HDL CHOL RATIO	4.82		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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Ref Doctor

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Reported On

: 16-3-24, 5:58 pm

Test Done	Observed Value	Unit	Ref. Range
LIVER FUNCTION TEST			
TOTAL BILLIRUBIN	1.39	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.52	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.87	mg/dL	UP to 0.7
SGOT(AST)	35.1	U/L	UP to 40
SGPT(ALT)	32.1	U/L	UP to 40
ALKALINE PHOSPHATASE	135.1	IU/L	64 to 306
S. PROTIEN	7.3	g/dl	6.0 to 8.3
S. ALBUMIN	4.1	g/dl	3.5 - 5.0
S. GLOBULIN	3.20	g/dl	2.3 to 3.6
A/G RATIO	1.28		0.9 to 2.3

METHOD - EM200 Fully Automatic

Site





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Age/Sex

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Registration On

: 16-3-24,10:00 am

Client Name

: Apex Hospital

Reported On

: 16-3-24, 5:58 pm

Test Done	Observed Value	Unit	Ref. Range	
RENAL FUNCTION TEST				
BLOOD UREA	25.1	mg/dL	10 - 50	
BLOOD UREA NITROGEN	11.73	mg/dL	0.0 - 23.0	
S. CREATININE	0.68	mg/dL	0.6 to 1.4	
S. SODIUM	137.7	mEq/L	135 - 155 - 93 - 97 -	
S. POTASSIUM	4.17	mEq/L	3.5;5.5;	
S. CHLORIDE	109.2	mEq/L	95 - 109	
S. URIC ACID	3.7	mg/dL	2.6 - 6.0	
S. CALCIUM	9.1	mg/dL	8.4 - 10.4	
S. PHOSPHORUS	3.3	mg/dL	2.5 - 4.5	
S. PROTIEN	7.3	g/dl	6.0 to 8.3	
S. ALBUMIN	4.1	g/dl	3.5 to 5.3	
S. GLOBULIN	3.20	g/dl	2.3 to 3.6	
A/G RATIO	1.28		1 to 2.3	

METHOD - EM200 Fully Automatic

INTERPRETATION -





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Tele.: 022-41624000 (100 Lines)

Patient Name

: MS. SAMRIDHI TYAGI

Patient ID

: 85560

Age/Sex

: 33 Years / Female

Sample Collected on

: 16-3-24,10:00 am

Ref Doctor

: APEX HOSPITAL

Registration On

: 16-3-24,10:00 am

Client Name

: Apex Hospital

Reported On

: 16-3-24, 5:58 pm

Test Done

Observed Value

Unit

Ref. Range

URINE ROUTINE EXAMINATION

Physical Examination

VOLUME

15 ml

COLOUR

Pale Yellow

Slightly Hazy

Clear

APPEARANCE DEPOSIT

Absent

Absent

Pale Yellow

Chemical Examination

REACTION (PH)

Acidic

Acidic

SPECIFIC GRAVITY

1.005

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 BACTERIA Absent

Absent

YEAST CELLS

Absent Absent

Absent

ANY OTHER FINDINGS

Absent







♥ Star Ankur Building, 1st Floor, Near Fatima Church, Majiwada, Thane (W) - 400601.

Patient ID

: 2403046963

Patient Name

: MRS. SAMRIDHI TYAGI

Age

: 33 Yrs

Gender

FEMALE

Ref. By Doctor

: APEX HOSPITAL

Sample Collected At: APEX HOSPITAL MULUND

Registered On

: 16/03/2024,05:32 PM

Collected On

: 16/03/2024,11:17 PM

Reported On

: 17/03/2024,02:22 AM

Sample ID

Glycosylated Hemoglobin (GHb/HBA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycocylated Haemoglobin)	4.90	%	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	93.9	mg/dL	70 - 125

CLINICAL SIGNIFICANCE:

Glycosylated Haemoglobin is a acurate 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 anonth 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

This report is system generated and electronically authenticated.

Page 1 of 1

Dr. Roshan Shaikh MBBS MD Pathology Consultant Pathologist







Veena Nagar Phase II, Tulsi Pipe Line Road, Near Swapna Nagri Road, Mulund (W) Mumbai 400 080

WWW.apexgroupofhospitale4co6149

Tele:

Mrs. SAMRIDHI TYAGI

DOB

CRM

Age Gender 33 Years

Female

email: info@apexhospitals.in

Received

Reported

16-03-2024 18:33 16-03-2024 20:04

Status Final Lab ID

40β08**022**741624000 (100 Lines)

Sample Quality Adequate

MUMBAI Location

Ref Bv APEX HOSPITAL SANJAY PANDEY -MU058

Client

Parameter

Result

Unit

Biological Ref. Interval

THYROID FUNCTION TEST

Tri Iodo Thyronine (T3 Total), Serum

1.61

ng/mL

Non Pregnant: 0.7 - 2.04

Pregnancy:

1st trimester: 0.81-1.9

2nd & 3rd trimester: 1.0-2.60

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

8.20

ug/dL

45-126

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

1.75

µIU/mL

Nonpregnant: 0.4 - 5.5

Pregnant: Refer Clinical Significance

Clinical significance:

In primary hypothyroidism, TSH (thyroid-stimulating hormone) levels will be elevated. In primary hypothyroidism, 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	American European	Thyroid society
	Association	Endocrine	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 ---

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