



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

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Tele.:  
022-41624000 (100 Lines)

16/3/2023

Mr Sudhakar Sood

Age - 40/M

P/M/H } Nil  
-P/S/H }

Q/E

7-10/2

PR - 75/min

BP - 112/80 mm Hg (sup)

SPO2 = 95% in RA

Weight 7 178 } BMI - 21.8  
Weight 68 }

Dental check up - (N)

eye check up - (N)

ear check up - (N)

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



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## APEX HOSPITALS MULUND Radiologist Report Sheet

|                          |                      |                           |                      |
|--------------------------|----------------------|---------------------------|----------------------|
| <b>Patient Name:</b>     | SUDHANSHU.SOOD       | <b>Medical Record No:</b> | 16/03/2024 2778      |
| <b>AGE</b>               | 40                   | <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 10:51 AM ET |
| <b>Requisition Time:</b> | 24/16/03 12:13 PM ET | <b>Report Time:</b>       | 24/16/03 12:18 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.

Sanjay Khemuka

MBBS, MD

Consultant Radiologist

**This report has been electronically signed by: MD.Sanjay Khemuka**

**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.:  
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NAME : MR.SUDHANSHU SOOD

40 /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 : 7.9 x 3.3 cm.  
Left kidney measures : 10.5 x 5.2 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 : 3.4 x 4.1 x 3.0 cm (volume =23 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. Sudhanshu Sood M/40 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 4 mmHg.

No MS / Trivial TR

Normal flow across all other cardiac valves.

Pulmonary pressure of 20 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. SUDHANSHU SOOD**

Patient ID : 85564

Age/Sex : 40 Years /Male

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, 6:19 pm

| Test Done                        | Observed Value            | Unit                 | Ref. Range      |
|----------------------------------|---------------------------|----------------------|-----------------|
| <b>Complete Blood Count(CBC)</b> |                           |                      |                 |
| HEMOGLOBIN                       | <b>11.6</b>               | gm/dl                | 12 - 16         |
| <b>Red Blood Corpuscles</b>      |                           |                      |                 |
| PCV ( HCT )                      | <b>35.9</b>               | %                    | 42 - 52         |
| RBC COUNT                        | <b>3.59</b>               | x10 <sup>6</sup> /uL | 4.70 - 6.50     |
| <b>RBC Indices</b>               |                           |                      |                 |
| MCV                              | <b>65.5</b>               | fl                   | 78 - 94         |
| MCH                              | <b>21.1</b>               | pg                   | 26 - 31         |
| MCHC                             | 32.3                      | g/L                  | 31 - 36         |
| RDW-CV                           | <b>16.2</b>               | %                    | 11.5 - 14.5     |
| <b>White Blood Corpuscles</b>    |                           |                      |                 |
| TOTAL LEUCOCYTE COUNT            | 5900                      | /cumm                | 4000 - 11000    |
| <b>Differential Count</b>        |                           |                      |                 |
| NEUTROPHILS                      | 70                        | %                    | 40 - 75         |
| LYMPHOCYTES                      | 26                        | %                    | 20 - 45         |
| EOSINOPHILS                      | 02                        | %                    | 0 - 6           |
| MONOCYTES                        | 02                        | %                    | 1 - 10          |
| BASOPHILS                        | 0                         | %                    | 0 - 1           |
| <b>Platelets</b>                 |                           |                      |                 |
| PLATELET COUNT                   | <b>101000</b>             | Lakh/cumm            | 150000 - 450000 |
| MPV                              | <b>12.8</b>               | fl                   | 6.5 - 9.8       |
| RBC MORPHOLOGY                   | Hypochromia, Microcytosis |                      |                 |
| WBC MORPHOLOGY                   | No abnormality detected   |                      |                 |
| PLATELETS ON SMEAR               | Reduced on smear          |                      |                 |

Instrument : Mindray BC 3000 Plus



Dr. Hrishikesh Chevle  
(MBBS .DCP. )



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|              |                             |                     |                    |
|--------------|-----------------------------|---------------------|--------------------|
| Patient Name | : <b>MR. SUDHANSHU SOOD</b> | Patient ID          | : 85564            |
| Age/Sex      | : 40 Years /Male            | 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, 6:19 pm |

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

### Blood Group & RH Factor

|                |             |
|----------------|-------------|
| SPECIMEN       | WHOLE BLOOD |
| ABO GROUP      | 'B'         |
| 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 Chevle  
MBBS, DCP.

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MBBS, DCP.

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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>                                   | 15             | mm/1hr. | 0 - 20     |

METHOD - WESTERGREN

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                 | 78.3           | mg/dL | 70 - 110   |
| URINE GLUCOSE                         | NO SAMPLE      |       | ABSENT     |
| URINE KETONE                          | NO SAMPLE      |       | ABSENT     |
| POST PRANDIAL BLOOD<br>GLUCOSE        | 104.7          | 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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Registration On : 16-3-24, 10:00 am  
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| Test Done                  | Observed Value | Unit  | Ref. Range |
|----------------------------|----------------|-------|------------|
| <b>LIVER FUNCTION TEST</b> |                |       |            |
| TOTAL BILLIRUBIN           | <b>2.39</b>    | mg/dL | UP to 1.2  |
| DIRECT BILLIRUBIN          | <b>1.52</b>    | mg/dL | UP to 0.5  |
| INDIRECT BILLIRUBIN        | <b>0.87</b>    | mg/dL | UP to 0.7  |
| SGOT(AST)                  | <b>40.3</b>    | U/L   | UP to 40   |
| SGPT(ALT)                  | <b>77.8</b>    | U/L   | UP to 40   |
| ALKALINE PHOSPHATASE       | 256.6          | IU/L  | 64 to 306  |
| S. PROTIEN                 | 6.5            | g/dl  | 6.0 to 8.3 |
| S. ALBUMIN                 | 3.5            | g/dl  | 3.5 - 5.0  |
| S. GLOBULIN                | 3.00           | g/dl  | 2.3 to 3.6 |
| A/G RATIO                  | 1.17           |       | 0.9 to 2.3 |

METHOD - EM200 Fully Automatic

Dr. Hrishikesh Chevle  
(MBBS.DCP.)



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Registration On : 16-3-24, 10:00 am  
Reported On : 16-3-24, 6:19 pm

| Test Done            | Observed Value | Unit  | Ref. Range |
|----------------------|----------------|-------|------------|
| <b>LIPID PROFILE</b> |                |       |            |
| TOTAL CHOLESTEROL    | 238.1          | mg/dL | 200 - 240  |
| S. TRIGLYCERIDE      | 115.2          | mg/dL | 0 - 200    |
| S.HDL CHOLESTEROL    | 42             | mg/dL | 30 - 70    |
| VLDL CHOLESTEROL     | 23             | mg/dL | Up to 35   |
| S.LDL CHOLESTEROL    | <b>173.06</b>  | mg/dL | Up to 160  |
| LDL CHOL/HDL RATIO   | 4.12           |       | Up to 4.5  |
| CHOL/HDL CHOL RATIO  | <b>5.67</b>    |       | 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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Registration On : 16-3-24,10:00 am

Client Name : Apex Hospital

Reported On : 16-3-24, 6:19 pm

| Test Done                  | Observed Value | Unit  | Ref. Range |
|----------------------------|----------------|-------|------------|
| <b>RENAL FUNCTION TEST</b> |                |       |            |
| BLOOD UREA                 | 26.1           | mg/dL | 10 - 50    |
| BLOOD UREA NITROGEN        | 12.20          | mg/dL | 0.0 - 23.0 |
| S. CREATININE              | 0.71           | mg/dL | 0.7 to 1.4 |
| S. SODIUM                  | 141.5          | mEq/L | 135 - 155  |
| S. POTASSIUM               | 4.72           | mEq/L | 3.5 --5.5  |
| S. CHLORIDE                | 106.6          | mEq/L | 95 - 109   |
| S. URIC ACID               | 4.1            | mg/dL | 3.5 - 7.2  |
| S. CALCIUM                 | 9.7            | mg/dL | 8.4 - 10.4 |
| S. PHOSPHORUS              | 4.1            | mg/dL | 2.5 - 4.5  |
| S. PROTIEIN                | 6.5            | g/dl  | 6.0 to 8.3 |
| S. ALBUMIN                 | 3.5            | g/dl  | 3.5 to 5.3 |
| S. GLOBULIN                | 3.00           | g/dl  | 2.3 to 3.6 |
| A/G RATIO                  | 1.17           |       | 1.0 to 2.3 |

METHOD - EM200 Fully Automatic

INTERPRETATION -

Dr. Hrishikesh Chevle  
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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, 6:19 pm  |

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

### URINE ROUTINE EXAMINATION

#### Physical Examination

|            |               |             |
|------------|---------------|-------------|
| VOLUME     | 10 ml         | - -         |
| COLOUR     | Pale Yellow   | Pale Yellow |
| APPEARANCE | Slightly Hazy | Clear       |
| DEPOSIT    | Absent        | Absent      |

#### 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          | 2-3 /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   |            |

Dr. Hrishikesh Chevle  
(MBBS.DCP.)

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

Patient ID : 2403046966  
 Patient Name : MR. SUDHANSHU SOOD  
 Age : 40 Yrs  
 Gender : MALE  
 Ref. By Doctor : APEX HOSPITAL  
 Sample Collected At: APEX HOSPITAL MULUND



For Authenticity Scan QR Code

Registered On : 16/03/2024,05:34 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 (Glycosylated Haemoglobin)             | 5.00   | %     | Below 6.0% : Normal<br>6.0% 7.0% : Good Control<br>7.0% - 8.0% : Fair Control<br>8.0%-10% : Unisatisfactory<br>Above 10% Poor Control |
| HPLC- H9<br>Mean Blood Glucose<br>Calculated | 96.8   | mg/dL | 70 - 125  |

**CLINICAL SIGNIFICANCE :**

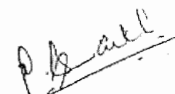
Glycosylated Haemoglobin is a accurate and true index of the "Mean Blood Glucose Level " in the body for the previous 2-3 months.HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks.Glycation of hemoglobin occurs over the entire 120 day life span 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.

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.

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|                    |                              |                |                        |
|--------------------|------------------------------|----------------|------------------------|
| Mr. SUDHANSHU SOOD | www.apexgroupofhospitals.com | Lab ID         | 4030800256             |
| DOB :              | Collected : 16-03-2024 06:46 | Sample Quality | : Adequate             |
| Age : 40 Years     | Received : 16-03-2024 18:34  | Location       | : MUMBAI               |
| Gender : Male      | Reported : 16-03-2024 20:06  | Ref By         | : APEX HOSPITAL        |
| CRM :              | Status : Final               | Client         | : SANJAY PANDEY -MU058 |

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

|   |       |       |       |
|---|-------|-------|-------|
| Prostate Specific Antigen, Total, Serum<br>CLIA | 1.790 | ng/mL | <=2.0 |
|---|-------|-------|-------|

**Clinical significance:-**

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. PSA exists in serum in multiple forms: complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex), unbound (free PSA), and enveloped by alpha-2-macroglobulin (not detected by immunoassays). Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer.

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

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|   |  |   |
|---|--|---|
| Mr. SUDHANSHU SOOD<br>DOB :<br>Age : 40 Years<br>Gender : Male<br>CRM : | email: info@apexhospitals.in<br>www.apexgroupofhospitals.com<br>Collected : 16-03-2024 18:46 | Lab ID : 40308<br>Sample Quality : Adequate<br>Location : MUMBAI<br>Ref By : APEX HOSPITAL<br>Client : SANJAY PANDEY -MU058 |
|---|--|---|

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

### THYROID FUNCTION TEST

**Tri Iodo Thyronine (T3 Total), Serum**      1.36      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**      8.80      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**      1.60      μIU/mL      0.4 - 5.5  
CLIA

**Clinical significance:**

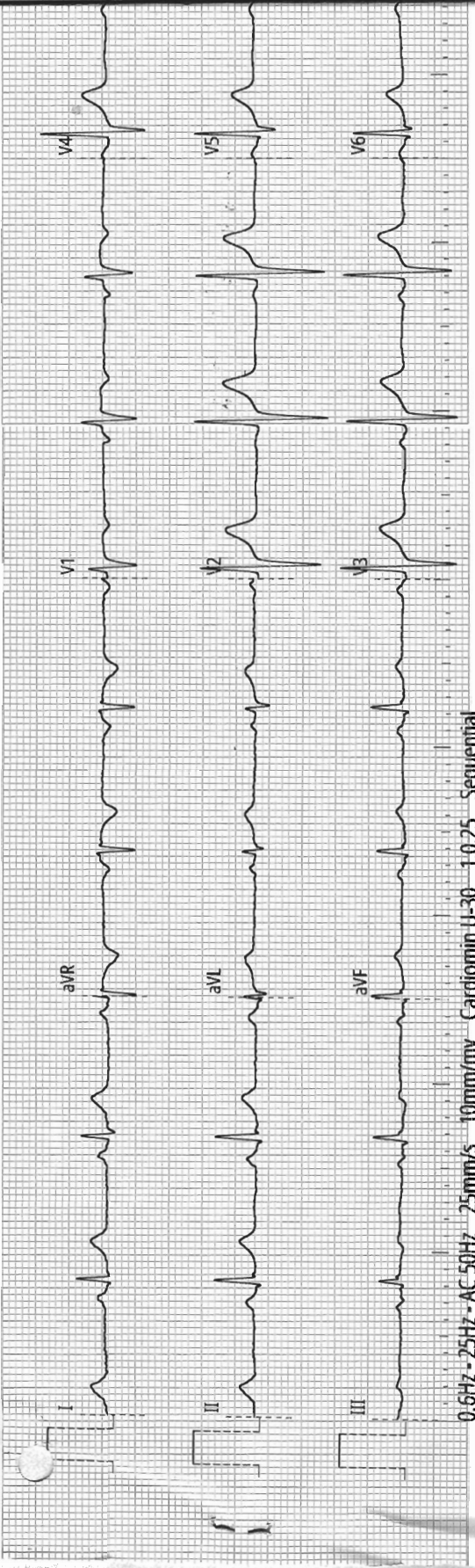
In primary hypothyroidism, TSH (thyroid-stimulating hormone) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. TSH estimation is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary 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                       |

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*Namrata*





0.6Hz-25Hz AC 50Hz 10mm/mv Cardiomin U-30 1.0.25 Sequential



ECG report

ID : 20240316123623

Name :

Gender:

Age :

Dept :

Bed No:

HR : 70 bpm  
PR : 138 ms  
QRS : 86 ms  
QT/QTc : 354/372 ms  
P/QRS/T : 45/60/24°  
RV5/SV1 : 0.902/0.449 mv  
RV5+SV1 : 1.351 mv

<<Interpretations >>

Confirm and sign:

Examination time: 2024-03-16 12:36:23

