

3

NAME: *chimmaya nayak*

AGE / SEX: *41 / male.*

PACKAGE NAME: *Annual plus Above 50 male.*

R NO	TEST INCLUSION	SIGNATURE OF TEST CONDUCTING EMPLOYEE
1	FASTING BLOOD ✓	<i>Dakti</i>
2	POST PRANDIAL BLOOD ✓	<i>Dakti</i>
3	URINE ✓	<i>Dakti</i>
4	PAP SMEAR ✓ PSA. ✓	<i>Dakti</i>
5	CHEST XRAY ✓	
6	ECG	<i>Manu shwata</i>
7	TMT ✓	<i>Manu shwata</i>
8	ULTRASOUND ABDOMEN	
9	GENERAL CONSULTATION (PHYSICIAN , DENTAL, EYE, ENT)	
10	DIETICIAN CONSULTATION ✓	
11	POST CONSULTATION WITH ALL REPORTS WITH MD DOCTOR	
12	COMPLIMENTARY BREAKFAST INCLUDED	<i>Manu shwata</i>

10:30
12:30 PM



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INTERVENTIONAL CARDIOLOGIST

Dr. Hemant Kheman
Mon to Fri: 10:00 am to 11:00 pm
Dr. Rajiv Sharma
Mon to Fri: on appointment

CARDIAC SURGEON

Dr. Shridhar Padagati
Mon to Sat: 08:00 pm to 09:00 pm
Dr. Sagar Kedare
Mon to Sat: 08:00 pm to 09:00 pm

GENERAL PHYSICIAN

Dr. Chirag Shah
Mon to Sat: 11:30 am to 01:00 pm
Dr. Shreya Mehta
Mon to Sat: 01:00 pm to 03:00 pm
Dr. Priyank Jain
Mon to Sat: 01:00 pm to 03:00 pm

CHEST PHYSICIAN

Dr. Parthiv Shah
Wed & Sat: 09:00 am to 10:30 am
Dr. Kinjal Modi
Mon to Thurs: 01:00 pm to 03:00 pm

JOINT REPLACEMENT SURGEON AND SPORT INJURIES

Dr. Amit Munde
Mon to Sun: 05:00 pm to 07:00 pm
Dr. Vividh Makwana
Mon to Sat: 11:00 am to 12:00 pm
Dr. Bhavin Doshi
Mon to Sat: 09:00 pm to 10:00 pm
Dr. Arpit Dave
Mon to Sat: 05:00 pm to 07:00 pm
Dr. Deepak Bhaskar
Mon to Sat: on appointment
Dr. Raunak Shah
Mon to Sat: on appointment
Dr. Sandip Vyas
Mon to Sat: 05:30 pm to 07:30 pm

MEDICAL GASTROENTEROLOGIST, HEPATOLOGIST, ENDOSCOPIST

Dr. Darshit Shah
Mon to Fri: 09:00 am to 10:00 am
08:00 pm to 07:00 pm
Dr. Siddhesh Rane
Mon to Sat: on appointment

LAPROSCOPIC SURGEON

Dr. Aditi Agarwal
Mon to Sat: 05:00 pm to 07:00 pm
Dr. Amol Patil
Mon to Sat: 06:00 pm to 07:00 pm
Dr. Geeta Ghag
Mon to Sat: 06:00 pm to 07:00 pm

DIABETIC FOOT SURGEON

Dr. Shrikant Bhojar
Mon to Sat: 02:00 pm to 04:00 pm

LAPROSCOPIC GYNAECOLOGIST

Dr. Hemashri Patel
Mon to Sat: 05:00 pm to 07:00 pm
Dr. Rashmi Padwalkar
Mon, Wed: on appointment

NEPHROLOGIST

Dr. Amit Jain
Mon to Sat: 10:00 am to 11:00 am
Dr. Ankit Mody
Mon, Wed & Fri: 05:00 pm to 07:00 pm
Dr. Umesh Khanna
Mon to Sat: 08:00 pm to 09:00 pm
Dr. Akash Shingada
Mon to Sat: 08:00 pm to 09:00 pm
Dr. Paras Deshiya
Mon to Sat: on appointment

URO SURGEON

Dr. Saket Sathe
Mon to Sat: on appointment
Dr. Rushabh Daga
Mon to Sat: on appointment
Dr. Aniket Shirke
Mon to Sat: on appointment

NEUROLOGIST

Dr. Mehoob Basale
Saturday: 02:00 pm to 04:00 pm
Mon to Fri: on appointment
Dr. Gaurav Kusundara
Mon to Wed: 08:30 am to 09:30 pm

NEUROSURGEON

Dr. Darpan Thakare
Tues & Thurs: 03:00 pm to 04:00 pm
Dr. Sameer Parikh
Tues & Thurs: 03:00 pm to 04:00 pm
Dr. Vivek Patei
Mon, Wed & Fri: 07:00 pm to 08:00 pm

HAEMATOLOGIST

Dr. Shraddha Thakkar
Tue, Wed & Fri: 03:00 pm to 04:00 pm

MEDICAL ONCOLOGIST

Dr. Ashish Joshi
Thurs: 09:00 am to 10:00 am
Dr. Pradip Kendre
Tues: 09:00 am to 10:00 am

ONCOSURGEON

Dr. Praveen Kammar
Tues & Thru: 04:00 pm to 08:00 pm
Dr. Yogen Chheda
Mon, Wed & Sat: 05:00 pm to 07:00 pm

OPHTHALMOLOGIST

Dr. Anurag Agarwal
Mon to Sat: 09:00 am to 10:00 am
Dr. Kishor Khale
Mon to Sat: on appointment
Dr. Prasan Mahajan
Mon to Sat: on appointment

PAEDIATRICIAN

Dr. Sunila Nagvekar
Fri: 02:00 pm to 03:00 pm

PAEDIATRIC SURGEON

Dr. Yogendra Sanghavi
Mon to Sat: 11:00 am to 12:00 pm

INTERVENTIONAL VASCULAR SURGEON

Dr. Simit Vora
Tues, Thurs & Sat: 05:00 pm to 08:00 pm
Dr. Virendra Yadav
Mon to Sat: 09:00 pm to 10:00 pm
Dr. Maunil Bhuta
Wed to Fri: 05:00 pm to 07:00 pm
Dr. Kunal Arora
Mon, Wed & Fri: 07:00 pm to 08:00 pm

ENT SPECIALIST

Dr. Sneha Mahajan
Mon to Fri: on appointment
Dr. Rachana Mehta Shroff
Mon to Sat 03:00 pm to 04:00 pm (on appointment)
Dr. Sonal Devangan
Mon to Fri: on appointment

PSYCHIATRIST

Dr. Pratik Surandhashe
Mon to Sat: 06:00 pm to 07:00 pm
Dr. Payal Sharma Kamat
Tue, Thru & Fri: 09:00 am to 11:00 am

CLINICAL PSYCHOLOGIST

Hemangi Mhapotkar
Sun: 01:00 pm to 04:00 pm

COSMETOLOGIST

Dr. Vikas Verma
Mon to Sat: 06:00 pm to 08:00 pm
Dr. Sushil Nehete
Tues: 06:00 pm to 08:00 pm
Dr. Pratap Nadar
Thurs: 06:00 pm to 08:00 pm

ANESTHESIST

Dr. Sagar Yesale
Mon to Sat: 08:00 am to 04:00 pm

RADIOLOGIST

Dr. Soumil Pandya
Mon to Sat: 06:00 pm to 08:00 pm
Dr. Forum Kothari
Mon to Sat: 06:00 pm to 08:00 pm
Dr. Deep Vora
Mon to Sat: 08:00 pm to 09:30 pm

DIETICIAN

Ms. Sakshi Gupta
Mon to Sat: 08:00 am to 04:00 pm

PHYSIOTHERAPIST

Dr. Manal Alvi
Mon to Sat: 09:00 am to 04:00 pm

chinmaya Natak

42/M

White - 66.9 kg
H - 163cm

Clo - Acidity : (15 yrs) BP - 130/80
Age, spz - 98%
Men. weakness pulse - 78/m

Kidney - No
No any surgical history

STENOSES }
ANS } NAD
RS }

PIA - soft

General Examination

Apetite - (N)

Urine - (N)

Stool - (N)

Face - (N)

Oedema - (N)

Aversion - Banana, poha, B. B. B.

ENT Examination

ear - clear

Nose - (N)

Throat (N)

Optical Examination

- Far vision - Blurring of vision
 - Near vision - Clear
 - Colour vision - yellow coloured blindness.
- Left eyes (+0.75) } Aspects no-
Right eyes (-1.25) }



Diet Chart

UHID : ASH232404347
Patient : Nayak Chinmaya
Address : Dahisar East
Date : 24-Feb-2024
Dietician : GUPTA SAKSHI SATISH

ID : HC232400008
Age/Sex : 41/Male
Department : Rmo
Diet Chart : High protein diet

BMI and IBW calculation

Height : 165 Cms	Weight : 66.9 Kgs	BMI : 24.57
BMI Category : Normal Weight	IBW : 65	Diagnosis : c/o- Weight management
MNT : FULL DIET , HIGH PROTEIN		

- Early Morning:** 1 cup tea/ coffee/black coffee/ toned milk (**without sugar**) (**preferable avoid**)
- Breakfast:** 1 bowl upma/ poha/ daliya upma **OR** 2 small rava **or** moong dal idli/ 1 dosa with vegetable sambar **OR** 1 bowl oats in milk/water - **(1 OR 2 Egg whites - everyday)**
- Mid-morning:** 1 fruit (**Avoid fruit juices and fruits like banana, chickoo, custard apple, jackfruit, mango, coconut water and sugarcane juice**) / **Truhand HP - 2 Scoop in 100ml Water/Milk**
- Lunch:**
1 bowl raw vegetable salad -
2 small roti/ 1 bhakri (jowar/Mutigrain)
1 bowl bhaji / Pulse sabji (**1 Pulse needs to be added- moong, matki, soyabean, soychunks**)
1 bowl thick dal/ 1 medium piece of chicken or fish or egg preparation in curry
1 bowl rice - (**Preferable avoid/ once a week/ optional**)
OR 1 bowl vegetable dailya khichdi with vegetables
1 bowl curd/1 glass Buttermilk
- Evening snack:** 1 cup tea/ coffee/ toned milk/1 besan chilla **OR** 1 bowl boiled sprouts **OR** 1 vegetable egg/besan omelette with chapatti **OR** 1 rava/moong chilla with curd
- Mid-evening:** 1 bowl dal **OR** vegetable soup / Chicken soup/ **Add Truhand Hp - 1scoop in water**
- Dinner:**
1 bowl raw vegetable salad
2 small roti/ 1 bhakri (jowar/Mulitgrain)
1 bowl bhaji + Pulse Sabji
1 bowl thick dal
OR 1 bowl vegetable dailya khichdi with vegetables/ Pulses Pulavo with vegetable
- Bed time:**

Remarks: Drink ample of fluids, upto 3 litres of water daily

Follow small frequent and regular meal pattern. Do not miss meals.

Oil usage ½ litre per month, i.e. 3 teaspoon a day. Preferably mustard oil, sesame oil or rice bran oil.

Salt usage to 3gm. i.e. ½ teaspoon a day.

Include more green leafy vegetables, fruits and pulses in the diet.

Include **calcium** rich foods like milk and milk product, nuts, seeds, etc.

Make sure you get ample of exposure to sunlight for **Vitamin D**.

Avoid red meats like mutton, pork and beef.

Avoid processed foods, refined flour products and fried food. Restrict bakery products.

Avoid all sources of extra salt like sauces, pickles, papads, chutneys, chips, etc.

Avoid all sources of simple sugars like white sugar, brown sugar honey, jaggery.

For detailed diet counselling: Consult Dietician Sakshi Gupta in OPD with prior appointment.



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Tele.:

022 - 2898 6677 / 46 / 47 / 48

Patient	: Nayak Chinmaya	UHID	: ASH232404347
Age/Sex	: 41/Male	ID	: HC232400008
Consultant Dr	: GUJAR NEERAJ	Registered On	:
Referring Dr	:	Reported On	: 24-Feb-2024
Collection Centre	: Apex Hospital		


COMPLETE BLOOD COUNT

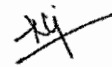
Test	Result	Normal Value
HAEMOGLOBIN	14.4 Gm%	13.5-18.0 Gm%
RBC Count	4.64 Millions/cumm	4.0-6.0 Millions/cumm
PCV	41.8 %	37-47 %
MCV	90.09 Fl	78-100 Fl
MCH	H 31.03 Pg	27-31 Pg
MCHC	34.45 %	32-35 %
RDW	11.4 %	11-15 %
Total WBC Count	5600 /C.MM	4000-11000 /C.MM
Differential Count		
Neutrophils	52 %	40-75 %
Eosinophils	03 %	01-06 %
Basophils	00 %	00-01 %
Lymphocytes	40 %	20-45 %
Monocytes	05 %	01-10 %
BANDCELLS	00 %	00-03 %
Abnormalities Of WBC	NORMAL	
Abnormalities Of RBC	NORMOCYTIC NORMOCHROMIC	
PLATELET COUNT	266 X 10 ³ /cumm	150-450 X 10 ³ /cumm
PLATELET ON SMEAR	ADEQUATE ON SMEAR	
MPV	10.5 Fl	7.0-11.0 Fl
HEMATOLOGY		
Test	Result	Normal Value
ESR	H 26 mm/hr	0 - 10 mm/hr

Remarks : **

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.


Run By
Lab Technician


Checked By
Biochemist


Pathologist
DR.GUJAR NEERAJ VILAS
MD PATHOLOGY



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HEMATOLOGY

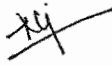
Test	Result	Normal Value
BLOOD GROUP	" O "	
Rh FACTOR	POSITIVE	

Remarks : *

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Consultant Dr	: GUJAR NEERAJ	Registered On	:
Referring Dr	:	Reported On	: 24-Feb-2024
Collection Centre	: Apex Hospital		

FASTING BLOOD SUGAR

Test	Result	Normal Value
FBS	88.27 Mg/dl	70-110 Mg/dl
URINE SUGAR	ABSENT	
URINE KETONES	ABSENT	

POST LUNCH BLOOD SUGAR


Test	Result	Normal Value
PLBL (2 HOUR AFTER FOOD)	100.0 Mg/dl	70-140 Mg/dl
URINE SUGAR (PP)	SNR	-
URINE KETONE (PP)	SNR	

Remarks : **

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Referring Dr	:	Reported On	: 24-Feb-2024
Collection Centre	: Apex Hospital		


LIPID PROFILE

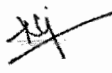
Test	Result	Normal Value
TOTAL CHOLESTEROL	184.7 Mg%	150-250 Mg%
TRIGLYCERIDES	145.0 Mg%	35-160 Mg%
HDL CHOLESTEROL	39.41 Mg%	30-70 Mg%
VLDL CHOLESTEROL	29.00	7-35
LDL CHOLESTEROL	116.29 Mg%	108-145 Mg%
TC/HDL CHOL RATIO	4.69	3.5-5.0
LDL/HDL RATIO	2.95	1.1-3.9

Remarks : *

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.


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RENAL FUNCTION TEST

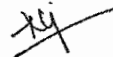
Test	Result	Normal Value
SERUM CREATININE	0.83 Mg/dl	0.6-1.6 Mg/dl
URIC ACID	4.70 Mg/dl	2.5-7.7 Mg/dl
BLOOD UREA NITROGEN / BUN	12.85 Mg/dl	0-23 Mg/dl

Remarks : *

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.


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Patient	: Nayak Chinmaya	UHID	: ASH232404347
Age/Sex	: 41/Male	ID	: HC232400008
Consultant Dr	: GUJAR NEERAJ	Registered On	:
Referring Dr	:	Reported On	: 24-Feb-2024
Collection Centre	: Apex Hospital		

LIVER FUNCTION TEST

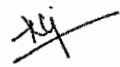
Test	Result	Normal Value
TOTAL BILIRUBIN	0.74 Mg/dl	0.1-1.2 Mg/dl
DIRECT BILIRUBIN	0.21 Mg/dl	0.0-0.3 Mg/dl
INDIRECT BILIRUBIN	0.53 Mg/dl	0.1-1.0 Mg/dl
SGOT	17.45 Iu/l	5-40 Iu/l
SGPT	21.47 Iu/l	5-40 Iu/l
SERUM ALKALINE PHOSPHATES	73.48 U/l	25-147 U/l
SERUM PROTEINS TOTAL	6.63 Gm%	6.0-8.2 Gm%
SERUM ALBUMIN	3.72 Gm%	3.0-5.0 Gm%
SERUM GLOBULIN	2.91 Gm%	1.9-3.5 Gm%
ALBUMIN : GLOBULIN RATIO	1.28 Mg/dl	0.9-2.0 Mg/dl
GAMMA GT	25.08 Iu/l	5-45 Iu/l

Remarks : *

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Age/Sex	: 41/Male	ID	: HC232400008
Consultant Dr	: GUJAR NEERAJ	Registered On	:
Referring Dr	:	Reported On	: 24-Feb-2024
Collection Centre	: Apex Hospital		


URINE ROUTINE


Test	Result	Normal Value
PHYSICAL EXAMINATION		
QUANTITY	20 MI	MI
COLOUR	PALE YELLOW	
APPEARANCE	SLIGHTLY HAZY	
DEPOSIT	ABSENT	
REACTION [PH]	ACIDIC	
SPECIFIC GRAVITY	1.015	
CHEMICAL EXAMINATION		
URINE ALBUMIN	ABSENT	
SUGAR	ABSENT	
KETONE BODIES	ABSENT	
OCCULT BLOOD	ABSENT	
BILE PIGMENT	ABSENT	
BILE SALT	ABSENT	
MICROSCOPIC EXAMINATION OF CENTRE		
RED BLOOD CELLS	ABSENT /hpf	/hpf
PUS CELLS	1-2 /hpf	/hpf
EPITHELIAL CELLS	2-3 /hpf	/hpf
CASTS	ABSENT	
CRYSTALS	ABSENT	
SPERMATOZOA	ABSENT	
TRICHOMONAS VAGINALIS	ABSENT	
YEAST CELLS	ABSENT	
AMORPHOS DEPOSITS	ABSENT	
BACTERIA	ABSENT	

Remarks : *

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Patient Id : **PVD04223-24/68192** Sample ID : 24026700
 Patient : MR CHINMAYA NAYAK Reg. Date : 24/02/2024
 Age/sex : 41 Yrs/ Male Report Date : 24/02/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.8	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	119.76	mg/dL	
Method : HPLC-Biorad D10-USA			


INTERPRETATION

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycaemic control.
 - Excellent Control - 6 to 7 %,
 - Fair to Good Control - 7 to 8 %,
 - Unsatisfactory Control - 8 to 10 %
 - and Poor Control - More than 10 %.

Note : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

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

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DR. SANDEEP B. PORWAL
 MBBS MD (Path) Mumbai
 MMC Reg no 2001031640

Patient Id : **PVD04223-24/68192** Sample ID : 24026700
 Patient : MR CHINMAYA NAYAK Reg. Date : 24/02/2024
 Age/sex : 41 Yrs/ Male Report Date : 24/02/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



IMMUNOASSAY

Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	130.45	ng/dl	83-200 For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	8.02	ug/dL	5.13 - 14.10 For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	2.95	uIU/ml	0.27 - 4.20


Method : ECLIA

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

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

Term & Conditions* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.


DR. SANDEEP B. PORWAL
 MBBS MD (Path) Mumbai
 MMC Reg no 2001031640

CENTRAL PROCESSING LABORATORY

Grandeur 208/209/210, S.V. Road, Dahisar (East), Mumbai - 400 068.
 Tel : 3563 7645 • Mob: 86910 17023 / 81042 45961 • www.pathvisiondiagnostics.com

Patient Id : **PVD04223-24/68192** Sample ID : 24026700
 Patient : MR CHINMAYA NAYAK Reg. Date : 24/02/2024
 Age/sex : 41 Yrs/ Male Report Date : 24/02/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



PROSTATE SPECIFIC ANTIGEN

Test Description	Result	Unit	Biological Reference Range
PSA (Prostate Specific Antigen)-Serum Total	0.61	ng/ml	Conventional for all ages: 0 - 4 69- 80 Years : 0 - 6.5 Above 80 yrs: 0 - 7.2


Method : ECLIA

INTERPRETATION :

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

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

Term & Conditions* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.


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UNI-EM

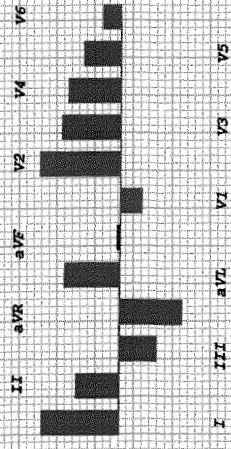
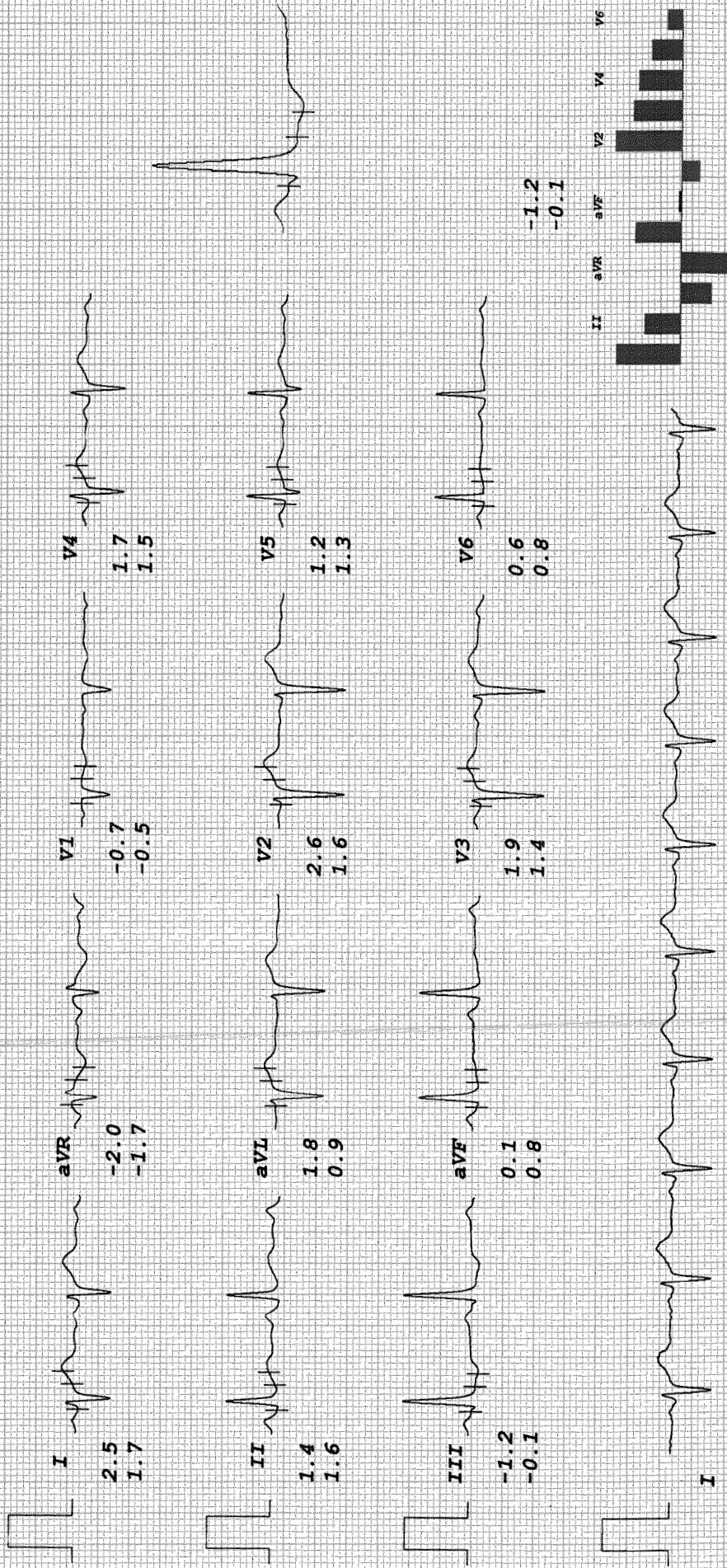
chimmaya nayak
I.D. 22274
Age 41/M
Date 24/02/2024

PRETEST
SUPINE
RATE 90bpm
B.P. 130/80

ST @ 10mm/mV
80ms PostJ
LINKED MEDIAN

Mag. X 2

III



UNI-EM

Chimmaya nayak
 I.D. 22274
 Age 41/M
 Date 24/02/2024

RATE 88bpm
 B.P. 130/80

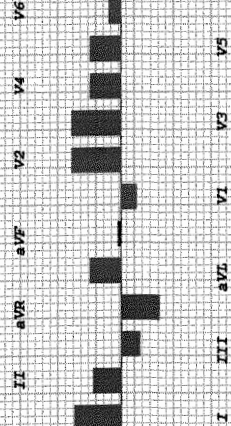
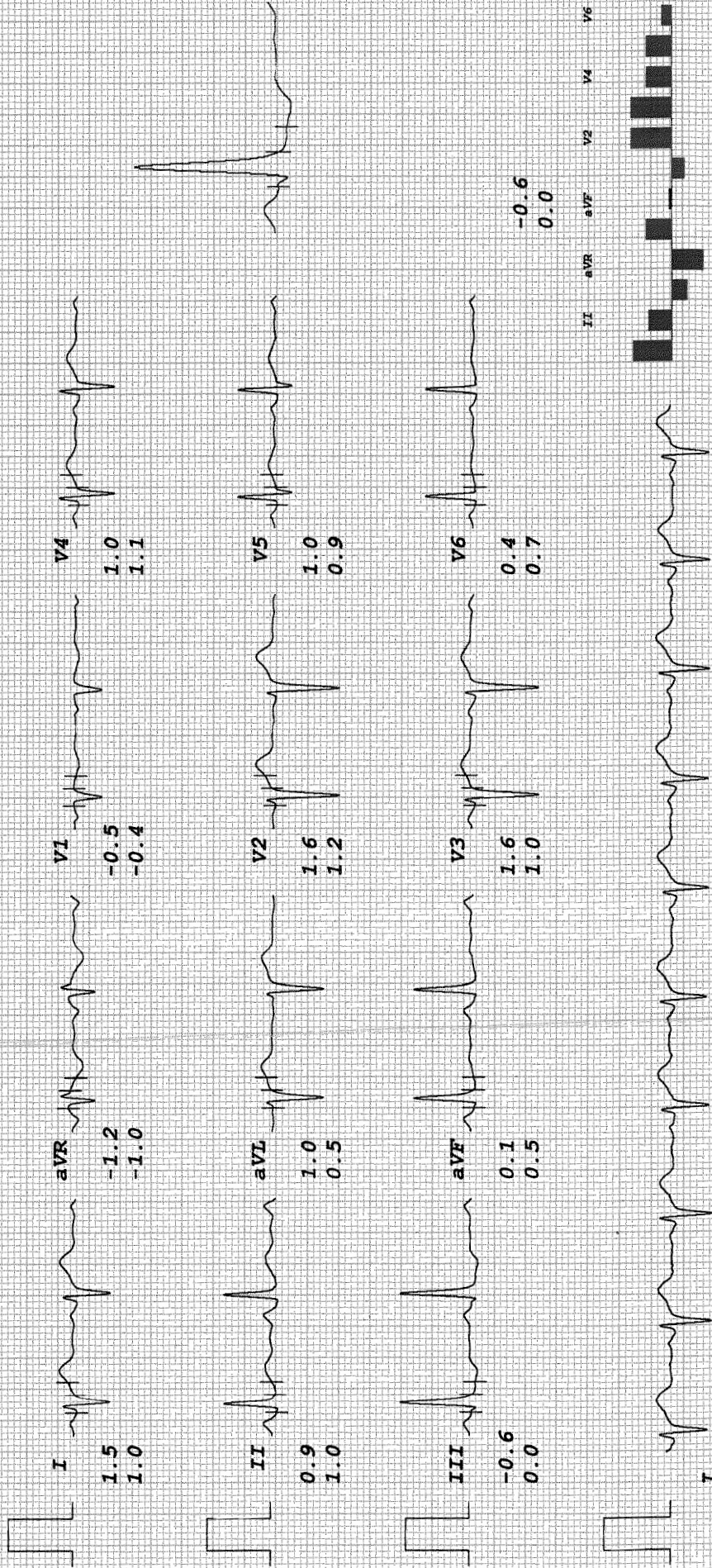
PRETEST
 STANDING

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III



UNI-EM

chimmaya nayak
 I.D. 22274
 Age 41/M
 Date 24/02/2024

RATE 89bpm
 B.P. 130/80

PRETEST
 HYPERTENT

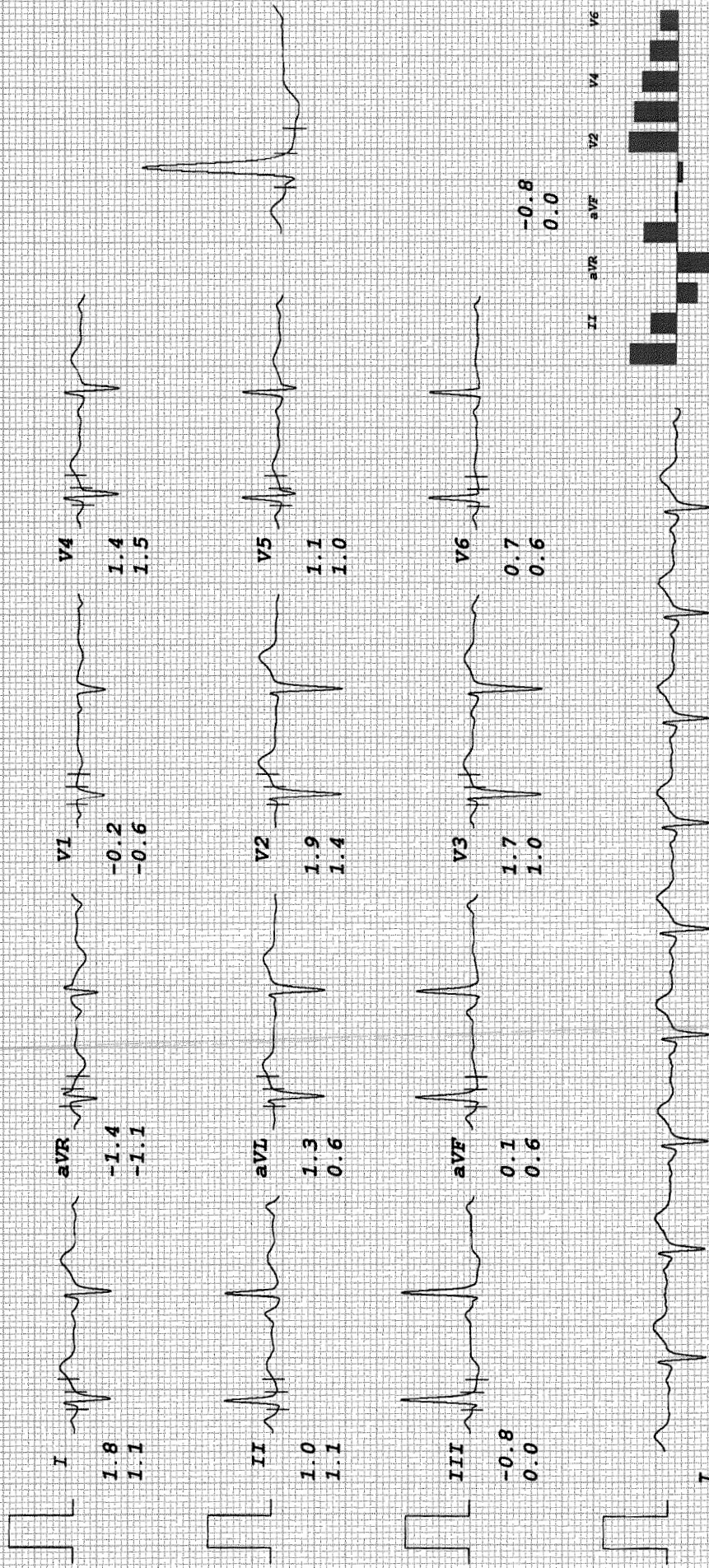
ST @ 10mm/mV
 80ms PostJ

PHASE TIME 0:04

LINKED MEDIAN

Mag. X 2

III



I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



UNI-EM

Chimmaya nayak
 I.D. 22274
 Age 41/M
 Date 24/02/2024

Rate 146bpm
 B.P. 130/80

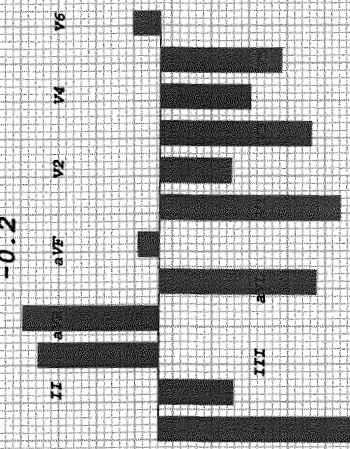
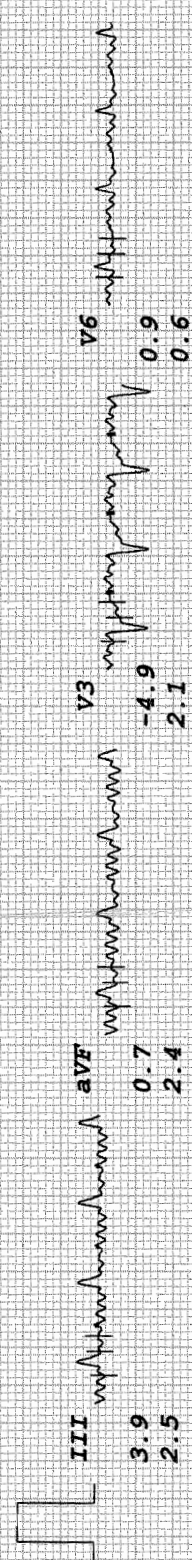
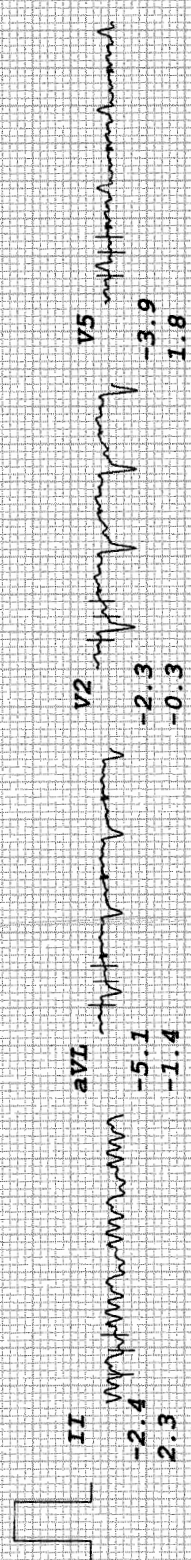
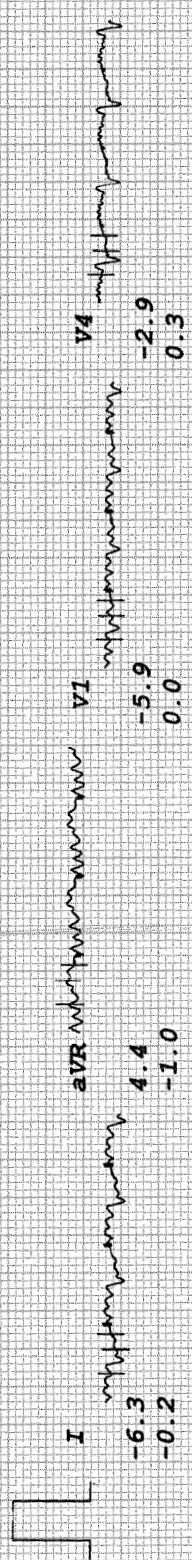
Bruce
 Stage 1
 TOTAL TIME 2:55
 PHASE TIME 2:55

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

LINKED MEDIAN

Mag. X 2

I



UNI-EM

chimmaya nayak
 I.D. 22274
 Age 41/M
 Date 24/02/2024

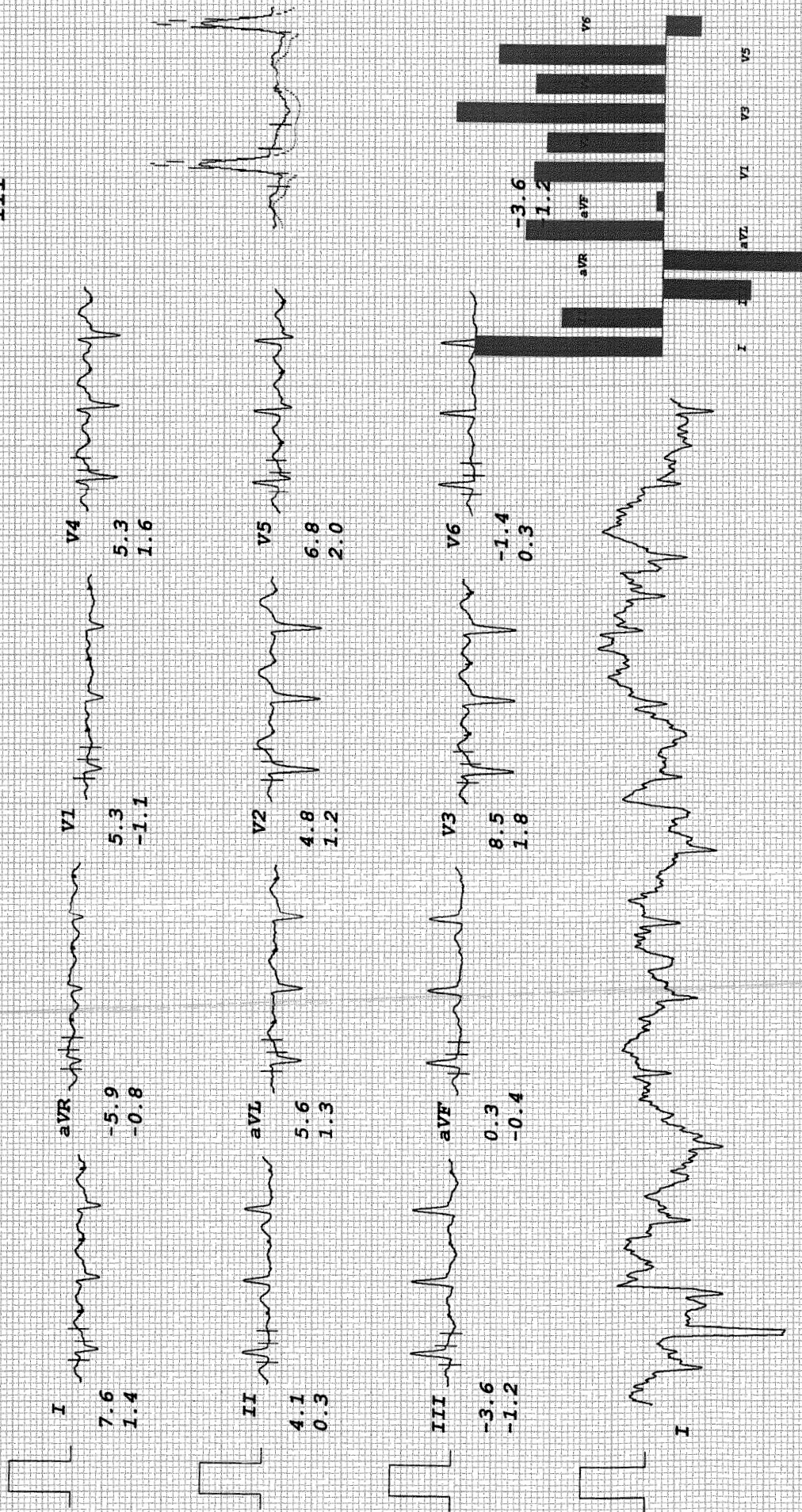
RATE 128bpm
 B.P. 130/80

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

LINKED MEDIAN

Mag. x 2

III



UNI-EM

chimmaya nayak
 I.D. 22274
 Age 41/M
 Date 24/02/2024

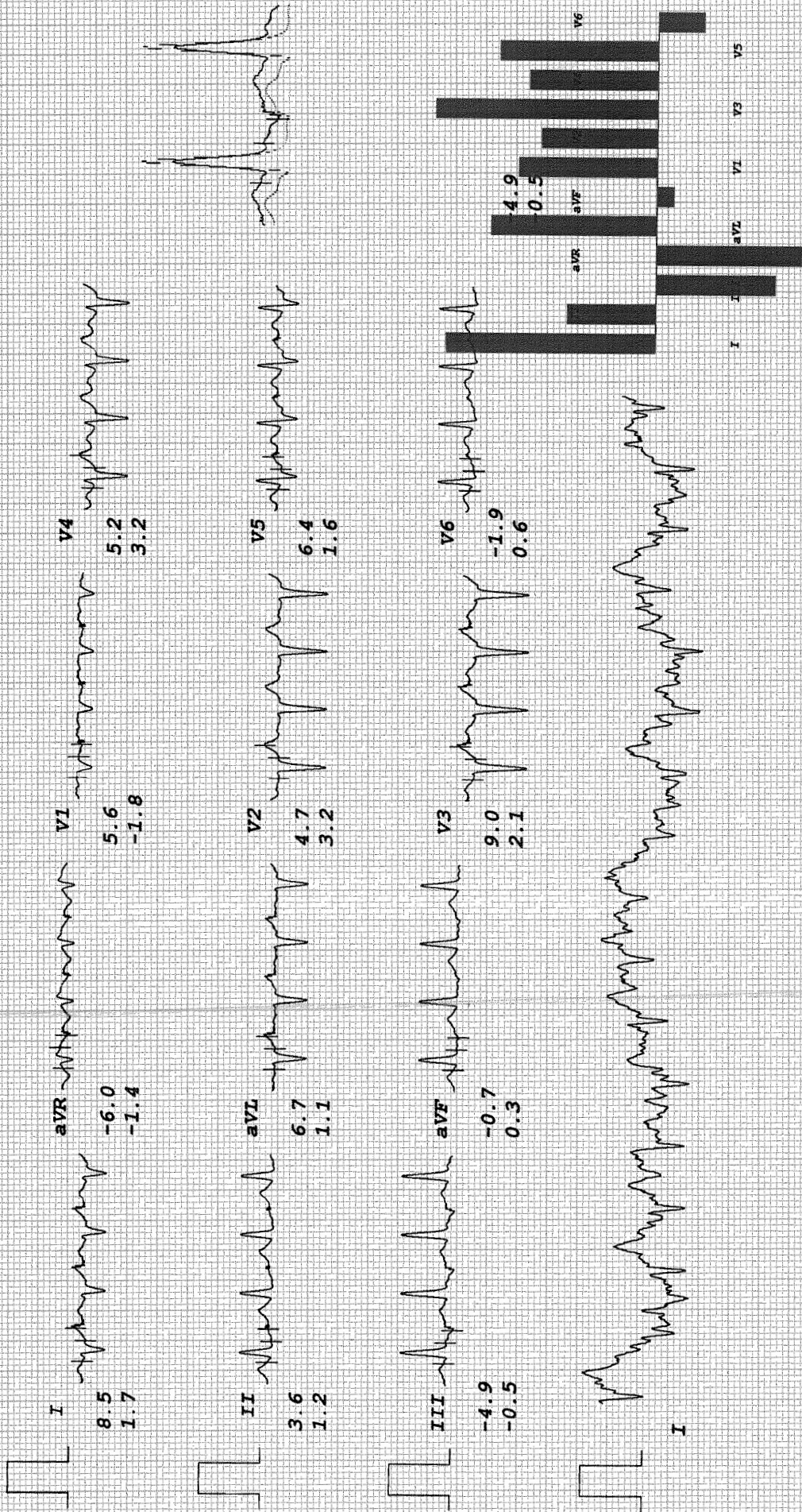
Bruce
 Stage 3
 RATE 157bpm
 B.P. 130/80

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

LINKED MEDIAN

Mag. X 2

III



UNI - EM

chimmaya nayak
 I.D. 22274
 Age 41/M
 Date 24/02/2024

Rate 159bpm
 B.P. 130/80

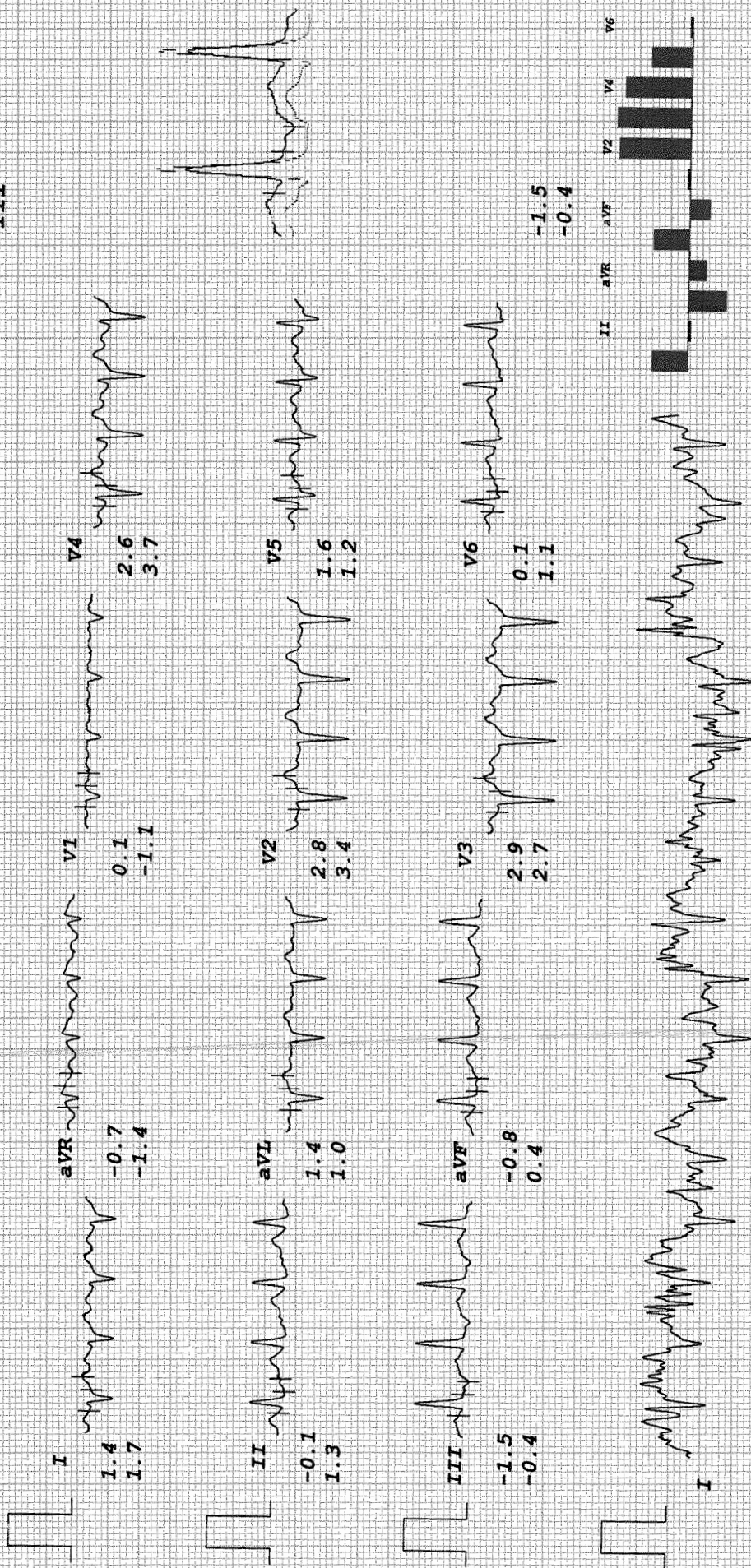
Bruce
 PK-EXERCISE
 TOTAL TIME 9:21
 PHASE TIME 0:21

ST @ 10mm/mV
 80ms PostJ
 Speed 6.7 km/hr
 SLOPE 16 %

LINKED MEDIAN

Mag. X 2

III



I II aVR aVL V1 V2 V3 V4 V5 V6

UNI-EM

ST @ 10mm/mV
80ms PostJ

Bruce
RECOVERY
TOTAL TIME 12:26
PHASE TIME 2:55

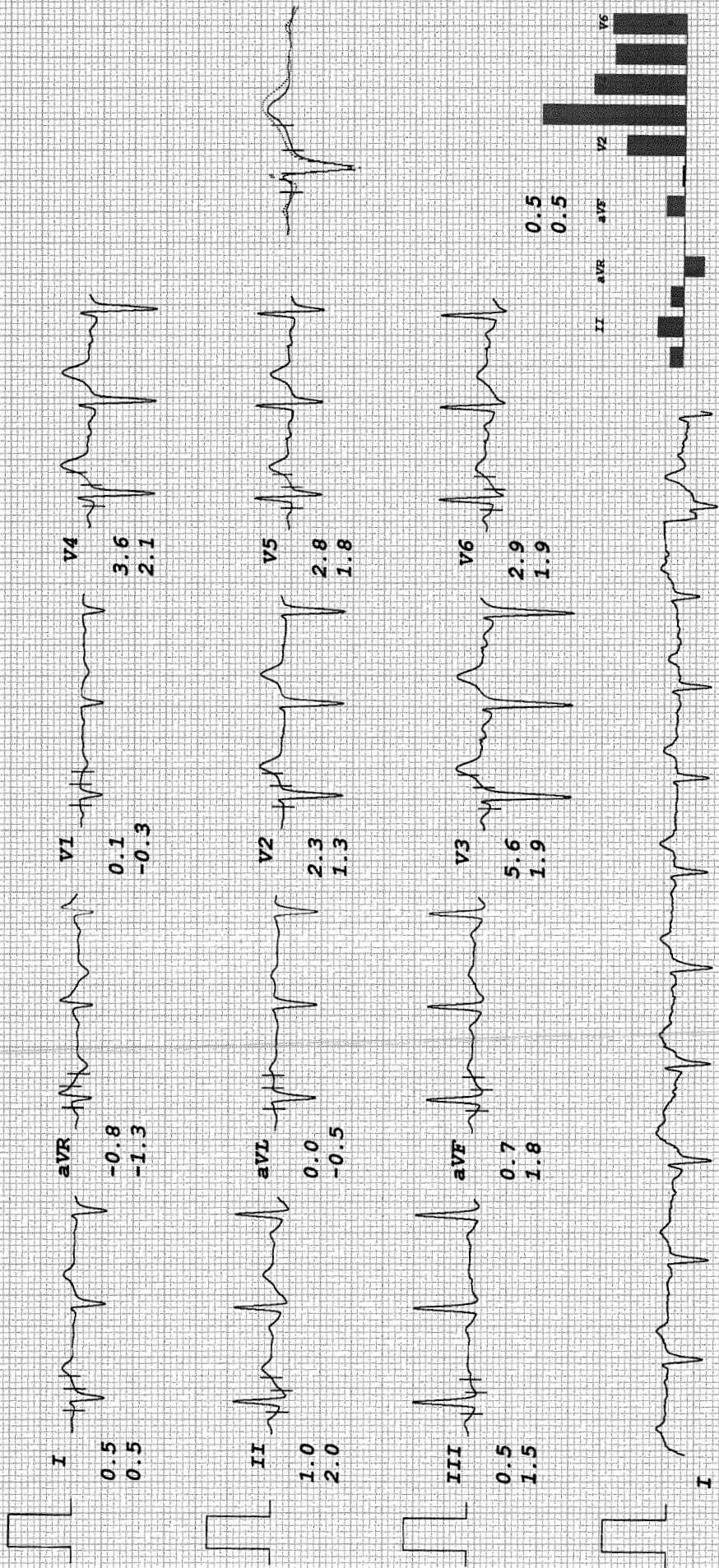
RATE 102bpm
B.P. 130/80

chimmaya nayak
I.D. 22274
Age 41/M
Date 24/02/2024

LINKED MEDIAN

MAG. X 2

I



I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

UNI-EM

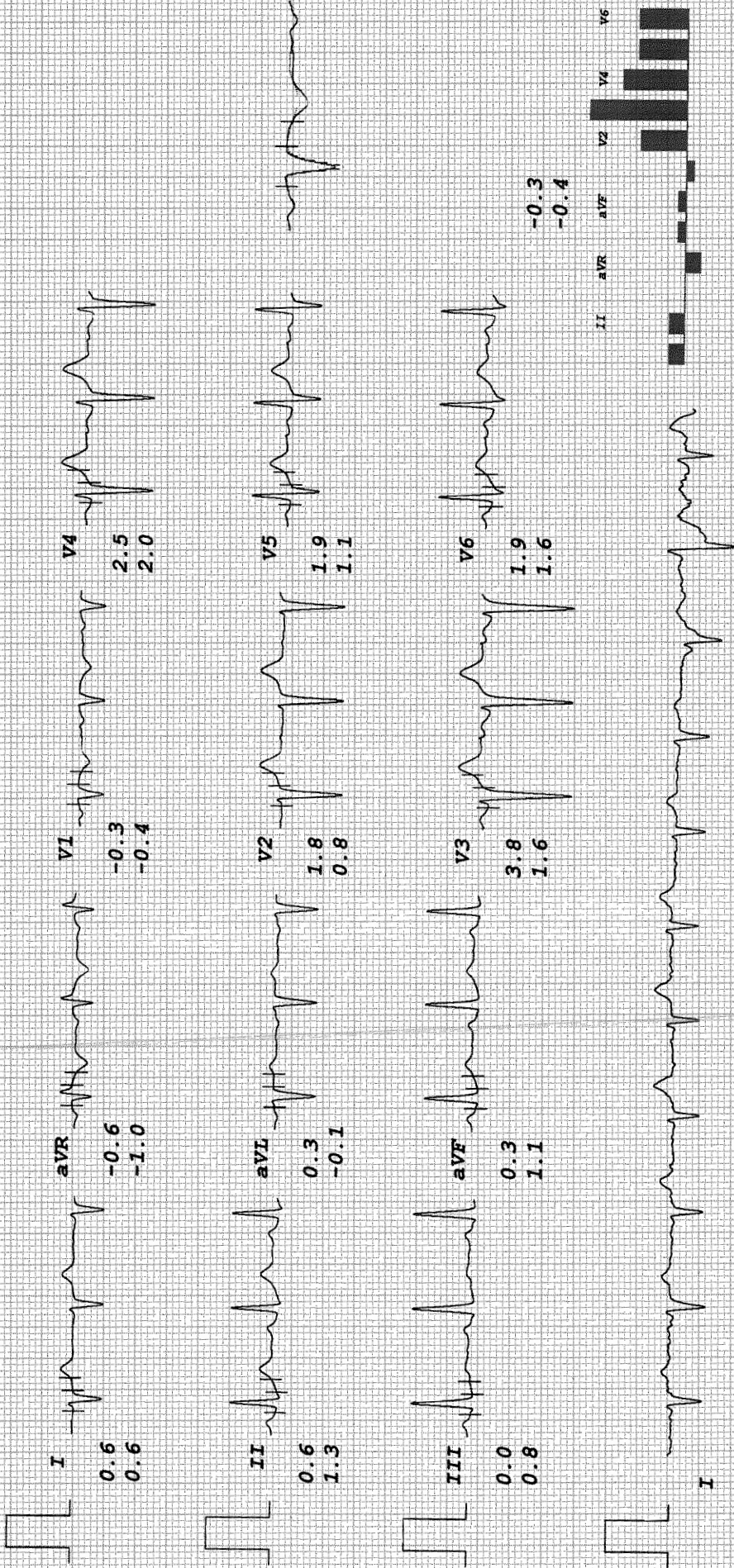
chimmaya nayak
 I.D. 22274
 Age 41/M
 Date 24/02/2024

Bruce
 RECOVERY
 TOTAL TIME 12:59
 PHASE TIME 3:28

ST @ 10mm/mV
 80ms Post-J

Mag. X 2

V1



I III aVR aVL V1 V2 V3 V4 V5 V6



Where Healing & Care Comes Naturally

APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



CASHLESS
FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,
Borivali (W), Mumbai 400091.
email: info@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Tele.:
022 - 2898 6677 / 46 / 47 / 4.

UHID : ASH232404347 ID : HC232400008 Date : 24-Feb-2024
Patient : Nayak Age/Sex : 41/Male Referred By : Rmo
Chinmaya
Company :

DIGITAL X-RAY CHEST <PA> VIEW

The lung on either side shows equal translucency and exhibit normal vasculature

The pleural spaces are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The cardiac size is normal.

Trachea is central in position and no mediastinal abnormality is visible.

Bony thorax is normal.

IMPRESSION:

- o No significant abnormality.

DR. PANDYA SAUMIL
MD,D.N.B
RADIOLOGIST



Where Healing & Care Comes Naturally

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email: info@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Tele.:
022 - 2898 6677 / 46 / 47 / 4

UHID : ASH232404347 ID : HC232400008 Date : 24-Feb-2024
Patient : Nayak Age/Sex : 41/Male Referred By : Rmo
Chinmaya
Company :

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous normal echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It is normal in transverse diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures -9.3--- cm normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
10.2 X 5.0 cm	10 X 5.7 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

Prostate measures 3.2 x 3.7 x 2.9 x cm, vol 18 gm

There is no ascites.

IMPRESSION:

Ø No significant abnormality noted.

DR. PANDYA SAUMIL
MD,D.N.B
RADIOLOGIST

ASH/QA/FORM/NUR/04/MAR22/V1



APEX SUPERSPECIALITY HOSPITALS

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2898 6677
2898 6646

CASHLESS FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka, Borivali (W), Mumbai - 400 092.

ई. सी. जी.

Name chinmaya Nayak Date 24/2/24

Age 41yrs Gender: M F UHID NO _____ B.P _____

ELECTROCARDIOGRAPHIC OBSERVATIONS

Rate _____ Axis _____ Q.R.S. Complex _____

Rhythm _____ P. Wave _____ S.T. Segment _____

Standardisation : _____ P.R. Interval _____ T. Wave _____

Voltage : _____ Q. Wave : _____ Q. T. Interval _____

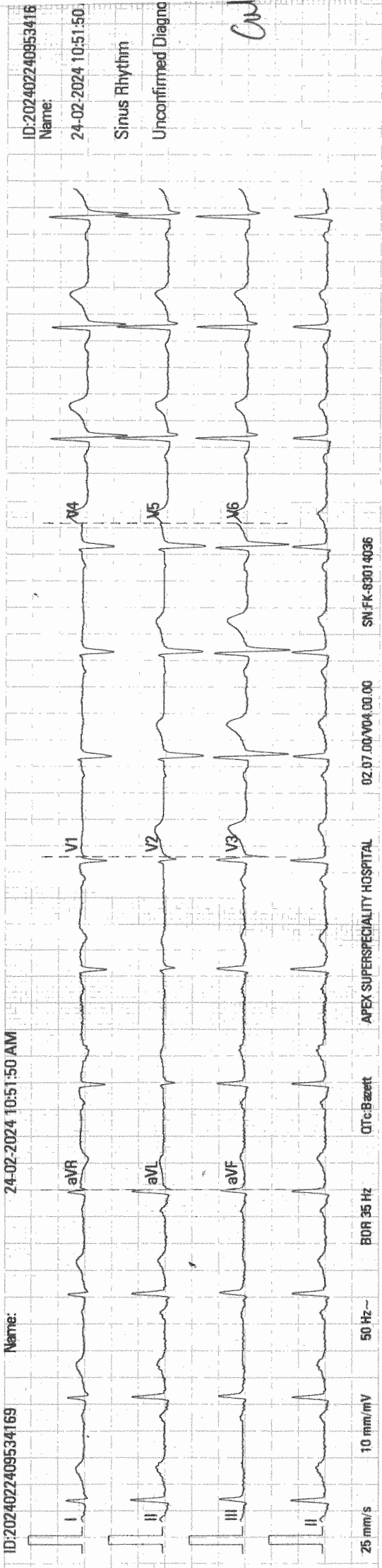
Impression : _____

अपेक्स सुपरस्पेशलिटी हॉस्पिटल्स

Name chinmayo nayak

Date 24/2/24

Time _____



ID:2024022409534169
 Name:
 24-02-2024 10:51:50
 Sinus Rhythm
 Unconfirmed Diagn
 CW