



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



Tel.: 022-41624000 (100 Lines)

23/3/24

Name: - Veeraswamy Peraiya

Age - 34yrs / M

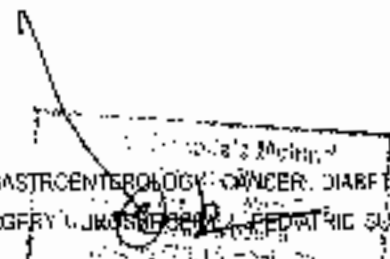
No H/O any major illness

C/E - T - Afebrile
P - 90/min
BP - 120/70 mmHg
RR - 18/min
SpO₂ - 97% @ RA

S/P - CNS - 2/2 (A)
RS - BSBP
PIA - Soft
CNS - conscious & oriented

Height - 165cm } BMI - 24.1
Weight - 64kg }

Dental check up - Normal
Eye check up - Normal
Skin check up - Normal
PNT check up - Normal





APEX HOSPITALS MULUND

24
HOURS
PATIENT
CARE

Veena Nagar Phase II, Tulsi Pipe Line Road,
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Tele.:
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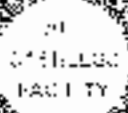
Patient Name	: VEERASWAMY PERUGU	Patient ID	: 5604
Age/Sex	: 34 Years / Male	Sample Collection on	: 23-03-2019 09:30 am
Ref Doctor	: APEX HOSPITAL	Registration On	: 21-03-2019 09:30 am
Client Name	: Apex Hospital	Reported On	: 23-03-2019 09:30 am

Test Done	Observed Value	Unit	Ref. Range
Complete Blood Count(CBC)			
HEMOGLOBIN	14.9	gmy/dl	12 - 16
Red Blood Corpuscles			
PCV (HCT)	41.5	%	42 - 52
RBC COUNT	4.75	x10 ⁶ /cu	4 - 6 x10 ⁶
RBC Indices			
MCV	87.2	f	78 - 94
MCH	30.4	pg	26 - 31
MCHC	34.9	g/L	31 - 36
RDW-CV	13.7	%	11.5 - 14.5
White Blood Corpuscles			
TOTAL LEUCOCYTE COUNT	6300	/cumm	4000 - 11000
Differential Count			
NEUTROPHILS	53	%	40 - 75
LYMPHOCYTES	42	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	0	%	0 - 1
Platelets			
PLATELET COUNT	185000	Lakh/cumm	150000 - 450,000
MPV	8.4	fL	8.5 - 9.5
RBC MORPHOLOGY	Normochromic, Normocytic		
WBC MORPHOLOGY	No abnormality detected		
PLATELETS ON SMFAP	Adequate on Smear		

Instrument : Mindray BC 3000 Plus

11/1

Dr. Sushikesh Chevir
(MBBS 2012)



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

Patient Name	: VEERASWAMY PRRUGU	Patient ID	: 88888
Age/Sex	: 34 Years Male	Sample Collected on	: 22-03-24 10:00 am
Ref Doctor	: APEX HOSPITAL	Registration On	: 22-03-24 10:00 am
Client Name	: Apex Hospital	Reported On	: 22-03-24 11:38 pm

Test Done	Observed Value	Unit	Ref. Range
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LIPID PROFILE

TOTAL CHOLESTEROL	217.5	mg/dL	200 - 240
S. TRIGLYCERIDE	143.1	mg/dl	0 - 200
S. HDL CHOLESTEROL	43	mg/dL	30 - 50
VLDL CHOLESTEROL	29	mg/dL	Up to 35
S. LDL CHOLESTEROL	145.88	mg/dL	Up to 160
LDL CHOL/HDL RATIO	3.39		Up to 4.5
CHOL/HDL CHOL. RATIO	5.06		Up to 4.5

Trides b-EM200 FULLY AUTOMATIC

INTERPRETATION

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

(Signature)

Dr. Prashikesh Chavle
(MBBS, DCP.)



ALL
CASH/PES
/CASH

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Tel: 022-41624000 (100 Lines)

Patient Name	VEERASWAMY PERUGU	Patient ID	66911
Age/Sex	: 34 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, 7:38 pm

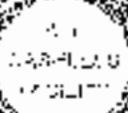
Test Done	Observed Value	Unit	Ref. Range
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ESR (ERYTHROCYTES SEDIMENTATION RATE)

ESR	12	mm/1hr.	0 - 20
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METHOD - WESTERGRÉN

Dr. Hrishikesh Chavle
(MBBS, DCP.)



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

Patient Name	: VEERASWAMY PERUGU	Patient ID	: 8601
Age/Sex	: 24 Years / Male	Sample Collected on	: 23-07-24 10:00 a
Ref Doctor	: APEX HOSPITAL	Registration On	: 23-07-24 10:00 am
Client Name	: Apex Hospital	Reported On	: 23-07-24 7:56 pm

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

SPECIMEN	WHOLE BLOOD
ABO GROUP	O
RH FACTOR	NEGATIVE
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 classified blood as Rh-positive or Rh-negative, based on the presence or absence of Rh antigens on 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.

[Handwritten Signature]

Dr. Krishikesh Chavle
(MBBS DCP J)



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Tele.:
022-41624000 (100 Lines)

Patient Name : **VEERASWAMY PERUGU**
Age/Sex : 34 Years / Male
Ref Doctor : APEX HOSPITAL
Client Name : Apex Hospital

Patient ID :
Sample Collected on : 20-0-24 10:00 AM
Registration On : 20-0-24 10:00 AM
Reported On : 20-0-24 7:38 PM

Test Done	Observed Value	Unit	Ref. Range
BLOOD GLUCOSE FASTING & PP			
FASTING BLOOD GLUCOSE	79.2	mg/dL	70 - 100
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	90.2	mg/dL	70 - 140
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT

Method : CDD-POD



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Tele.:
022-41624000 (100 Lines)

Patient Name	: VEERASWAMY PERUGU	Patient ID	: 2034
Age/Sex	: 34 Years / Male	Sample Collected on	: 23-3-24 10:00 am
Ref Doctor	: APFX HOSPITAL	Registration On	: 23-3-24 10:00 am
Client Name	: Apex Hospital	Reported On	: 23-3-24 7:33 pm

Test Done	Observed Value	Unit	Ref. Range
RENAL FUNCTION TEST			
BLOOD UREA	22.1	mg/dL	10 - 50
BLOOD UREA NITROGEN	10.33	mg/dL	6.0 - 20.0
S. CREATININE	0.75	mg/dL	0.7 to 1.4
S. SODIUM	137.5	mEq/L	135 - 155
S. POTASSIUM	4.40	mEq/L	3.5 - 5.5
S. CHLORIDE	106.7	mEq/L	95 - 110
S. URIC ACID	4.00	mg/dL	3.5 - 7.2
S. CALCIUM	9.0	mg/dL	8.4 - 10.4
S. PHOSPHORUS	4.00	mg/dL	2.5 - 4.5
S. PROTEIN	6.90	g/dl	6.0 to 8.3
S. ALBUMIN	4.00	g/dl	3.5 to 5.0
S. GLOBULIN	2.90	g/dl	2.3 to 3.6
A/G RATIO	1.38		1.0 to 2.0

METHOD - CM200 Fully Automatic

INTERPRETATION -

(Signature)

Dr. Hrishadesh Chavle
(MBBS, DCE.)



APEX HOSPITALS - MULUND

ALL
CASH BILL
ACCEPT

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Tel.:
022-41624000 (100 Lines)

Patient Name	: VEERASWAMY PERUGU	Patient ID	8111
Age/Sex	: 34 Years / Male	Sample Collected on	23-0-24 10:00 am
Ref Doctor	: APEX HOSPITAL	Registration On	23-0-24 10:00 am
Client Name	: Apex Hospital	Reported On	23-0-24 7:38 pm

Test Done	Observed Value	Unit	Ref. Range
LIVER FUNCTION TEST			
TOTAL BILIRUBIN	1.10	mg/dL	UP to 1.1
DIRECT BILIRUBIN	0.45	mg/dL	UP to 0.2
INDIRECT BILIRUBIN	0.62	mg/dL	UP to 0.7
SGOT(AST)	18.4	U/L	UP to 40
SGPT(ALT)	15.1	U/L	UP to 40
ALKALINE PHOSPHATASE	148.8	IU/L	64 to 346
S. PROTEIN	6.90	g/dl	5.0 to 8.3
S. ALBUMIN	4.60	g/dl	3.5 - 5.0
S. GLOBULIN	2.00	g/dl	2.3 to 3.0
AVG RATIO	1.38		0.9 to 2.3

METHOD - EM200 Fully Automatic

Dr. Hrishikesh Chevle
(MBBS, DCP)



ALL
OPATHIES
TESTS

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Tele.:
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Patient Name	: VEERASWAMY PERUGU	Patient ID	: 91601
Age/Sex	: 31 Years / Male	Sample Collected on	: 23-3-24, 10:30 am
Ref Doctor	: APEX HOSPITAL	Registration On	: 23-3-24, 10:30 am
Client Name	: Apex Hospital	Reported On	: 23-3-24, 7:58 pm

Test Done	Observed Value	Unit	Ref. Range
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URINE ROUTINE EXAMINATION

Physical Examination

VOLUME	20 ml	-
COLOUR	Pale yellow	Pale yellow
APPEARANCE	Slightly Hazy	Clear
DEPOSIT	Absent	Absent

Chemical Examination

REACTION (PH)	Acidic	Acidic
SPECIFIC GRAVITY	1.015	1.001 - 1.025
PROTEIN (ALBUMIN)	Absent	Absent
OCCULT BLOOD	Negative	Negative
SUGAR	Absent	Absent
KETONES	Absent	Absent
BILE SALT & PIGMENT	Absent	Absent
LEUCINOMOGEN	Normal	Normal

Microscopic Examination

RED BLOOD CELLS	Absent	Absent
PUS CELLS	2-3 /HPF	0 - 5 /HPF
EPITHELIAL CELLS	1-2 /HPF	0 - 2 /HPF
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	Absent
YEAST CELLS	Absent	Absent
ANY OTHER FINDINGS	Absent	

Dr. Harshikesh Chevia
(MBBS, DCP.)



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

Mr. VEERASINGAM PERUMI		www.apollohospitals.in	Lab ID	022-41624000 (100 Lines)
DOB	Age	Received	Sample Q. No.	022-41624000 (100 Lines)
Sex	Marital Status	Requested by	Location	
OPD		Status	Physician	
			Client	

Parameter	Result	Unit	Biological Ref. Interval
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THYROID FUNCTION TEST

Tri Iodo Thyronine (T3 Total), Serum	1.44	ng/dL	0.7 - 2.04
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Clinical significance:
 Triiodothyronine (T3) is a thyroid hormone that is essential for normal growth and development. It is produced in the thyroid gland and is converted to thyroxine (T4) in the liver. T3 is the active form of thyroid hormone and is responsible for the majority of the biological effects of thyroid hormone. Low levels of T3 may indicate hypothyroidism, while high levels may indicate hyperthyroidism.

Thyroxine (T4), Serum	8.62	µg/dL	5.5 - 15.5
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Clinical significance:
 Thyroxine (T4) is a thyroid hormone that is produced in the thyroid gland. It is converted to triiodothyronine (T3) in the liver. T4 is the inactive form of thyroid hormone and is responsible for the majority of the biological effects of thyroid hormone. Low levels of T4 may indicate hypothyroidism, while high levels may indicate hyperthyroidism.

Thyroid Stimulating Hormone (TSH), Serum	2.377	µIU/mL	0.4 - 4.0
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Clinical significance:
 Thyroid Stimulating Hormone (TSH) is a hormone that is produced by the anterior pituitary gland. It stimulates the thyroid gland to produce thyroid hormones. High levels of TSH may indicate hypothyroidism, while low levels may indicate hyperthyroidism.

Organism	Inoculum (bottle)	Inoculum (cup)	Thyroid activity
	Approx. value	Approx. value	Approx. value
Staphylococcus	0.25	0.25	0.25
Streptococcus	0.20	0.20	0.20
Enterobacter	0.15	0.15	0.15

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

Patient ID : 2402050132
 Patient Name : MR. VEERASWAMY MERUGI
 Age : 34 Yrs
 Gender : MALE
 Ref. By Doctor : APEX HOSPITAL
 Sample Collected At: APEX HOSPITAL, MH LUND



For Authenticity Scan QR Code

Registered On : 21/04/2024
 Collected On : 21/04/2024
 Reported On : 21/04/2024
 Sample ID : [Barcode]

Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Haemoglobin)	5.00	%	Normal < 5.7% Prediabetes 5.7% - 6.4% Diabetes 6.5% - 10% (Fasting Plasma Glucose > 126 mg/dL or HbA1c > 6.5%)
Mean Blood Glucose	96.8	mg/dL	70 - 130

CLINICAL SIGNIFICANCE -

Glycosylated haemoglobin is a marker and an index of the "Mean Blood Glucose Level" in the blood during previous 2-3 months. It is an indicator of glycaemic control. HbA1c represents average glucose over the past six to eight weeks. Variation in haemoglobin levels during the entire 120-day lifespan of the red blood cell (with a half-life of 20 days) in non-pregnant has the largest influence on the HbA1c value. Clinical value suggests that a patient is stable control with less than 5% of their HbA1c formed in the month before sample collection. This is below that and the remaining 25% is mainly two to four

Please correlate with clinical condition.

Result of Report is valid only when accompanied by the original test report. It is a computer generated report. It is not a substitute for a physical report. Please refer to the original report for details.

[Handwritten Signature]

Dr. Roshan Shaikh
 MBBS MD Pathology
 Consultant Pathologist

This report is system generated and electronically authenticated.

Page 1 of 1



Pathology Centre

Diagnosics of the Best

ECG | DIGITAL X-RAY | PATHOLOGY | SONOGRAPHY

24/7
SERVICE

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Mobile : 7715896877 / 7718848481 • Email : paresh638865@gmail.com

Patient Name : MR VELERASWANY PERUGU	Gender : Male
Age : 34 Y	Date : 23/03/2024
Referring Doctor : APEX HOSPITAL	Patient ID :

X-RAY CHEST PA VIEW (PORTABLE)

FINDINGS:

Normal bronchovascular markings in bilateral lung fields.

Bilateral hila are normal.

Trachea appears normal.

Cardiac shadow is within normal limits.

The domes of diaphragm are normal in position and shows smooth outline.

Bilateral costophrenic angles are clear.

Visualized bones are grossly normal.

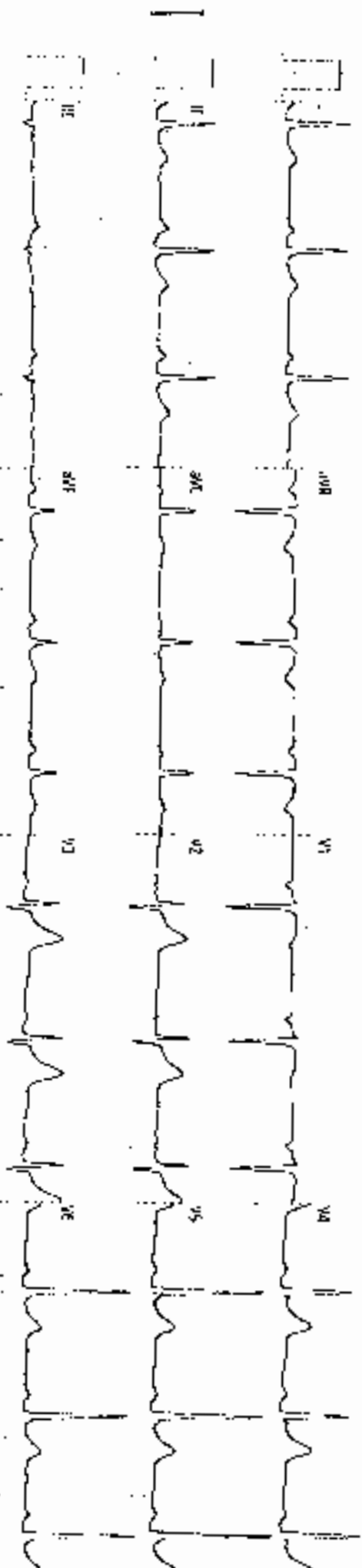
Visualised soft tissue shadows are normal.

IMPRESSION:

- No significant abnormality detected

DR. Hemant Pralhad Pokhale
MBBS DMRD DNB
Reg - 89365

Mr. VERGASARAY



0.04 sec - 25Hz - AC 50Hz - 25mm/MS - 10mm/MS - Cardiacin U-30 1.0 25 Sequential

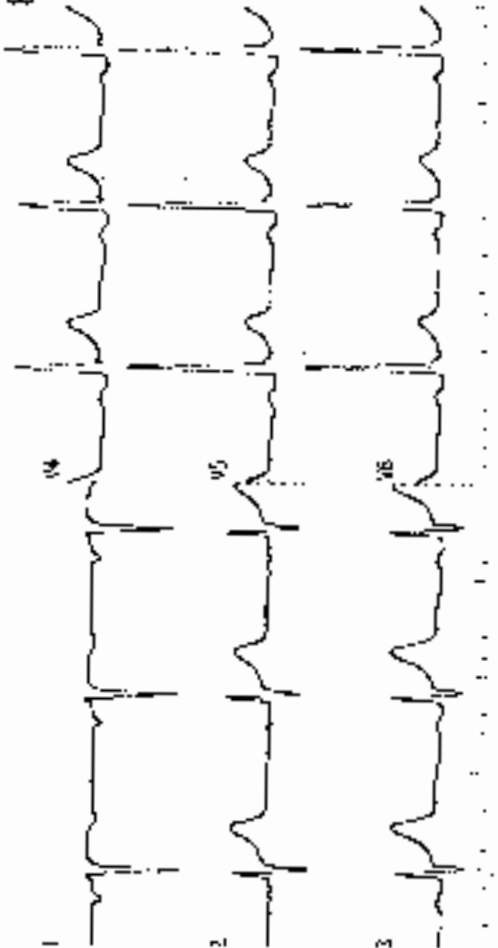
ECG repk

ID :
Name :
Gender :
Age :
Dept :
Bed No :

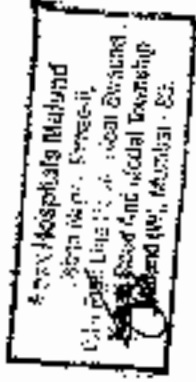
ECG report

ID : 20240323084154
Name : *Yee Seng*
Gender : *Male*
Age : *57*
Dept : *Surgery*
Bed No :

HR : 68 bpm
PR : 150 ms
QRS : 84 ms
QT/QTc : 372/386 ms
P/QRS/T : 56/7/42 °
RV5+SV1 : 1.96/1.688 mV
RV5+SV1 : 3.051 mV



<< Interpretations >>



Confirm and sign:
Examination time: 2024-03-23 08:41:54



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Visit Website
@apexmulund



Tele.:
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NAME : MR. VEERASWAMY PERUGU	34/M	DATE - 23/03/2024
REF.BY : MEDIWHEEL		

COLOR DOPPLER 2D ECHOCARDIOGRAPHY

SECTOR ECHOCARDIOGRAPHY

Few ectopic's during study

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 5 mmHg.

No MS / Trivial TR

Normal flow across all other cardiac valves.

Pulmonary pressure of 18 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 / 3038



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Tele.:
022-41624000 (100 Lines)

NAME : MR. VEERASWAMY PERUGU 34 /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 lesion in Liver. Portal vein appears normal. No dilated I.B.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 : 9.5 x 4.6 cm.

Left kidney measures : 8.5 x 5.2 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,(volume 12 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