

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)**

Patient Name : **MS. PADAMA NAIR**  
Age/Sex : 60 Years /Female  
Ref Doctor : APEX HOSPITAL  
Client Name : Apex Hospital

Patient ID : 83666  
Sample Collected on : 17-2-24, 2:00 pm  
Registration On : 17-2-24, 2:00 pm  
Reported On : 17-2-24, 6:39 pm

Test Done	Observed Value	Unit	Ref. Range
<b>Complete Blood Count(CBC)</b>			
HEMOGLOBIN	12.7	gm/dl	12 - 15
<b>Red Blood Corpuscles</b>			
PCV ( HCT )	36.4	%	36 - 46
RBC COUNT	<b>3.97</b>	x10 <sup>6</sup> /uL	4.5 - 5.5
<b>RBC Indices</b>			
MCV	93.7	fl	78 - 94
MCH	30.8	pg	26 - 31
MCHC	33.2	g/L	31 - 36
RDW-CV	<b>15.3</b>	%	11.5 - 14.5
<b>White Blood Corpuscles</b>			
TOTAL LEUCOCYTE COUNT	9600	/cumm	4000 - 11000
<b>Differential Count</b>			
NEUTROPHILS	70	%	40 - 75
LYMPHOCYTES	25	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	0	%	0 - 1
<b>Platelets</b>			
PLATELET COUNT	245000	Lakh/cumm	150000 - 450000
MPV	9.0	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.)



# APEX HOSPITALS MULUND DIAGNOSTIC

ALL  
CASHLESS  
FACILITY

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

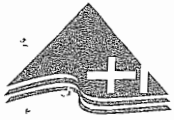
SPECIMEN	WHOLE BLOOD
ABO GROUP	'O'
RH FACTOR	POSITIVE
INTERPRETATION	

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.

**Dr. Hrishikesh Chevle**  
(MBBS.DCP.)



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Test Done	Observed Value	Unit	Ref. Range
<b>ESR (ERYTHROCYTES SEDIMENTATION RATE)</b>			
ESR	13	mm/1hr.	0 - 20
METHOD - WESTERGREN			

Dr. Hrishikesh Chevle  
(MBBS.DCP.)



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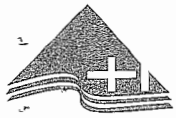
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Test Done	Observed Value	Unit	Ref. Range
<b>BLOOD GLUCOSE FASTING &amp; PP</b>			
FASTING BLOOD GLUCOSE	<b>131.8</b>	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	<b>202.3</b>	mg/dL	70 - 140
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT

Method - GOD-POD

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Test Done	Observed Value	Unit	Ref. Range
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL	<b>178.1</b>	mg/dL	200 - 240
S. TRIGLYCERIDE	111.2	mg/dL	0 - 200
S.HDL CHOLESTEROL	43.1	mg/dL	30 - 70
VLDL CHOLESTEROL	22	mg/dL	Up to 35
S.LDL CHOLESTEROL	112.76	mg/dL	Up to 160
LDL CHOL/HDL RATIO	2.62		Up to 4.5
CHOL/HDL CHOL RATIO	4.13		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>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	0.70	mg/dL	0.6 to 1.4
S. SODIUM	135.6	mEq/L	135 - 155
S. POTASSIUM	5.21	mEq/L	3.5 - 5.5
S. CHLORIDE	<b>94.2</b>	mEq/L	95 - 109
S. URIC ACID	<b>6.8</b>	mg/dL	2.6 - 6.0
S. CALCIUM	<b>7.5</b>	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.2	mg/dL	2.5 - 4.5
S. PROTIEN	6.8	g/dl	6.0 to 8.3
S. ALBUMIN	3.6	g/dl	3.5 to 5.3
S. GLOBULIN	3.20	g/dl	2.3 to 3.6
A/G RATIO	1.13		1 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -



Dr. Hrishikesh Chevle  
(MBBS .DCP. )

Patient Name : **MRS. PADMA NAIR**  
Age / Sex : 60 years / Female  
Ref. Doctor : APEX HOSPITAL  
Client Name : CUDDLES N CURE DIAGNOSTIC CENTRE  
Sample ID : 2402113401  
Printed By : CUDDLES N CURE DIAGNOSTIC CENTRE



Patient ID / Billing ID : 1163096 / 1341965  
Specimen Collected at : CUDDLES N CURE DIAGNOSTIC CENTRE  
Sample Collected On : 17/02/2024, 06:51 p.m.  
Reported On : 17/02/2024, 09:15 p.m.  
Printed On : 18/02/2024, 09:42 a.m.



TEST DONE	OBSERVED VALUE	UNIT	REFERENCE RANGE	METHOD
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**T3, T4, TSH SERUM**

<b>T3 TOTAL (Triiodothyronine) SERUM ^</b>	0.907	ng/mL	0.80 - 2.00 ng/mL Pregnancy : Last 5 ECLIA months : 1.16 - 2.47	
<b>T4 TOTAL (Thyroxine) SERUM ^</b>	8.56	µg/dL	5.1 - 14.1 µg/dL	ECLIA
<b>TSH (THYROID STIMULATING HORMONE) SERUM ^ (Ultrasensitive)</b>	3.56	µIU/mL	0.27 - 8.9	ECLIA

**Interpretation**

Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyper-thyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis. Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis, estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age, marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and Ft4 is to be done to determine hyper or hypothyroidism.

**NOTE**

Tests marked with ^ are included in NABL scope.

Test results relate to the sample as received.

Marked variations in thyroid hormones are seen with age.

In pregnancy T3 and T4 levels are raised. Hence FT3 and FT4 is recommended to be done to determine hyper or hypothyroidism.

By ECLIA method, false low or false high values can be because of Biotin (Vitamin B7) consumption.

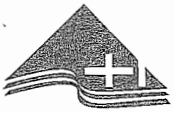
Processed By : NABL Accredited Dr. Vaidya's Laboratory, Thane

Scan QR for Authentication

**\*\*END OF REPORT\*\***

Checked by-

**Dr. Vivek Bonde**  
MD Pathology



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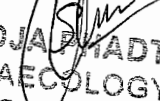
17/02/2024

S/B. Dr. Pooja Phadtare

Mrs. Padma. Nair

Age: 60 female

- Advised for cervical screening of routine checkup (Pap smear)
- Sample collected from smear kit brush
- all aseptic precaution from left lateral AS of cervix and sent for examination.

  
DR. POOJA PHADTARE  
GYNAECOLOGY  
M.B.B.S., MS OBGY  
Reg. No. 2017094257





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**NAME : MRS. PADMA NAIR**

**60/M**

**DATE - 17/02/2024**

**REF.BY : MEDIWHEEL**

## **COLOR DOPPLER 2D ECHOCARDIOGRAPHY SECTOR ECHOCARDIOGRAPHY**

Left ventricle normal in size and function

Right ventricle normal in size and Function

Dilated LA

Other Cardiac chambers appear normal in dimension.

Normal functioning Mitral valve prosthesis in situ

Aortic valve mild degenerative changes

No RWMA

LV systolic function is good at rest. LVEF 55-60%

No e/o coarctation.No e/o clot / Vegetation / Effusion seen.

IVC 12 mm , Collapsing with inspiration.

Intact IAS and IVS .

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

Aortic valve gradient of 10 mmHg.

Mitral valve forward velocity 16/7 mm of Hg

Mild TR

Normal flow across all other cardiac valves.

Pulmonary pressure of 40 mm of Hg.

## **CONCLUSION.-**

Normal Biventricular Systolic function

Grade I diastolic dysfunction

LVEF-55-60%

Normal functioning Mitral valve prosthesis

Mild TR

Mild pulmonary hypertension

  
**DR.Ravindra Ghule**

**(Consultant cardiologist)  
DR. RAVINDRA GHULE**

DNB (Medicine), DNB (Cardiology)

Reg. No. 2009/08/2000



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17/2/24

Pt - Nair Padma Govindkutti

Age - 60 year / female

H/O - DM | HTN | Hypothyroidism

medical history - CABG 5/2022

O/E - T - Afebr

BP - 120/80

PR - 67/m

SPO2 - 98%

S/E - RS - A<sub>2</sub> B<sub>2</sub> clear

CVS - S1 S2 @

CNS - CFO

Dental - NAD

Vision - NAD

Sound - Listening Both ear

Skin - NAD

Height - 155 cm

Wt - 81 kg

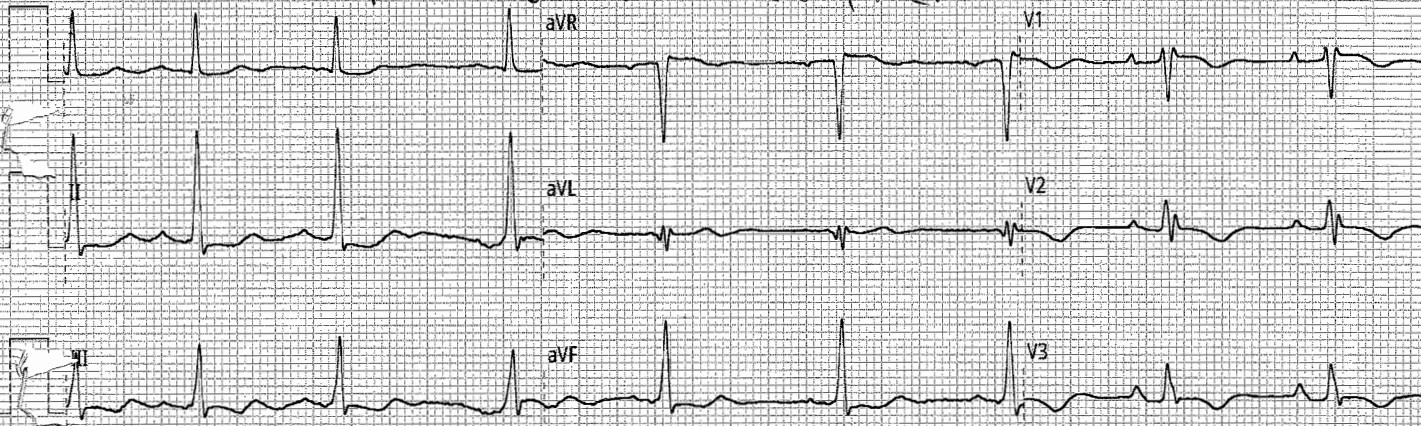
BMI - 33.71

over weight

Patient is physically fit

DR. BALBIR SINGH KOHLI  
GENERAL MEDICINE  
M.B.B.S., D.M.B. (PYS),  
M.D. (MEDICINE), A.F.I.S.  
Reg. No. 76243

Padma<sup>57</sup> Nair. 60y Female



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

ECG report

ID : 20240217102136

Name :

Gender :

Age :

Dept :

Bed No :



HR : 72 bpm

PR : 156 ms

QRS : 106 ms

QT/QTc : 410/431 ms

P/QRS/T : 75/61/99°

R/S/SV1 : 1.260/0.508 mv

R/S+SV1 : 1.768 mv

Minnesota code : 8-9-3

<<Interpretations>>

Confirm and sign: Examination time: 2024-02-17 10:21:36

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NAME : MRS.PADMA NAIR

60/F

17/02/2024

REF.BY : CGHS

## USG ABDOMEN AND PELVIS SONOGRAPHY

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 : 8.8 x 4.0 cm.

Left kidney measures : 9.2 x 4.3 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 2.3 cm in Transverse, 1.8 cm in AP & 3.8 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 3 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.

REMARK :-

- Grade 1 Fatty Liver.



Dr. Kamlesh Jain

(Consultant Radiologist)

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



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REF.BY : CGHS

## SONOMAMOGRAPHY

**Both breast show normal**

**fibrofatty echotexture.**

**No focal solid or cystic lesion.**

**No evidence of dilated ducts.**

**No evidence of axillary lymphadenopathy**

### REMARK :-

● **No Abnormality seen.**

**Dr.Kamlesh Jain**

**Consultan Radiologist)**

**DR. KAMLESH JAIN**  
DMRD (RADIOLOGY)  
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## APEX HOSPITALS MULUND Radiologist Report Sheet

<b>Patient Name:</b>	PADMA NAIR	<b>Medical Record No:</b>	17/02/2024 2624
<b>AGE</b>	60	<b>Accession No:</b>	
<b>Gender:</b>	F	<b>Location:</b>	Outpatient
<b>Type Of Study:</b>	CR Chest PA	<b>Physician:</b>	CGHS
<b>Image Count:</b>	1	<b>Exam Time:</b>	24/17/02 09:07 AM ET
<b>Requisition Time:</b>	24/17/02 09:14 AM ET	<b>Report Time:</b>	24/17/02 11:05 AM ET
<b>Clinical History:</b>	H/O MEDICAL CHECK-UP		

### RADIOGRAPH OF THE CHEST (SINGLE VIEW)

**Clinical History:** H/O MEDICAL CHECK-UP


**Comparison:**

**Findings:**

Moderate cardiomegaly seen .  
mediastinum and pulmonary hila are unremarkable. The lungs are clear. There is no pleural effusion.  
The bony thorax is unremarkable.  
Sternal sutures seen .

**IMPRESSION:**

Post coronary artery bypass graft status and cardiomegaly.



Sanjay Khemuka  
MBBS, MD  
Consultant Radiologist

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

**Quality Assurance: Agree / Disagree**

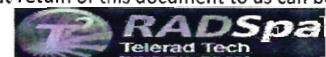
**Change in Patient Care: Yes / No**

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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