



APEX SUPERSPECIALITY HOSPITALS



CASHLESS FACILITY

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

visit website
googlemap



Tele.: 022 - 2898 6677 / 46 / 47 / 48

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

PHYSICIAN CONSULTATION

PRESENT COMPLAINT :

NO fresh complaint

PAST MEDICAL / SURGICAL HISTORY:

Nil

GENERAL EXAMINATION:

PULSE - 88/min
BP: - 150/80 mmHg
BMI - 31.2 (obesity)
APETITE: - Good
THIRST: - Thirsty
STOOL: - Satisfactory
URINE: - Pale, yellow
SLEEP: - Sound
SKIN: - NAD
NAILS: - NAD
HABITAT: - NO

SYSTEMIC EXAMINATION:

RESPIRATORY EXAMINATION: - ACBE

CARDIOVASCULAR EXAMINATION: - S2 & A2

ABDOMINAL EXAMINATION: - Soft, non tenderness

GYNACOLOGY / OBST HISTORY (FOR FEMALE): -



Where Healing & Care Comes Naturally

APEX SUPERSPECIALITY HOSPITALS



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 / 48

OPHTHAL EXAMINATION:

FAR VISION: 6/6
NEAR VISION: 6/6
COLOUR VISION: B1E

SIB Dr. Jatin

O/E: B1E 2/5 (P)

- ELD Refr, 2 tears
1-1-1-1 x 1mm h

ENT EXAMINATION:

EAR: MASTOID TUNNING FORK TEST: NAD
NOSE: EXT NOSE/ POST NASAL SPACE: Normal
THROAT: TOUNGE/ PALATE/ TEETH: Normal
NECK: NODES/ THYROID/TEETH: NAD

DENTAL EXAMINATION:

DECAY/ CARIES IF ANY: - NO
PLAQUE IF ANY: - NO
GUMS: - Normal

PHYSICIAN NAME

PHYSICIAN SIGNATURE



Where Healing & Care Comes Naturally

APEX SUPERSPECIALITY HOSPITALS



CASHLESS FACILITY

L.T. Road, Besides Punjab & Sind Bank, Babhai Naka,
Borivali (W), Mumbai - 400091.

email: medical.admin_ash@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Land Line No. 022 - 42457040

Reception No. 9326787557

8/5/24

SIB Dr. Jatin (Ophthalmic)

kr. n. gl. < 6/6
 < 6/6.

n. kr. n. gl. < mb
 < mb

Color v. < (N)
 < (N)

DIE: BIE (ujukin) (N)
 BIE (ura clear)
 BIE (pib) (NUR)
 BIE (Len) (N)

Adv: BIE Myopia,
Adv: Contact some glasses.

B
- E12 Refrah tears

1-1-1 7 months

Jatin



APEX HOSPITALS
Where healing and care comes naturally
An ISO 9001:2008 Certified

Apex Super Speciality Hospitals

Shanigurga Mangesh Charity Trust Medical Centre 193-A, L.T. Road,
Beside Punjab & Sind Bank, Bahubli, Barivali (W), Mumbai-400091
Tel : 022-28980677-46-47-48 Web : apexgroupofhospitals.com
Email : medical.admin@apexhospitals.in

Diet Chart

NAME :- PRAKASH CHAUHAN

Age /Gender :- 37 yrs / M

DIET :- FULL DIET , HIGH PROTEIN , LOW FAT

- Early morning:** 1 cup tea/ coffee (**preferable avoid**) + 4 almonds, 2 walnut halves (**Soaked**)
- Breakfast:** 1 Bowl upma/ poha/ daliya upma **OR** 2 small idli/ 1 dosa with vegetable sambar
OR 1 roti with bhaji **OR** 1 bowl cornfalkes/ oats in water
- Mid-morning:** 1 Fruit - **Include Whole fruits - Papaya , Pear, Banana ,Orange, Muskmelon & Watermelon** (No Fruit juices)
Supplement :- Tru sanz HP - 1 scoop with 100ml water
- Lunch:** 1 bowl raw vegetable salad (**Cucumber ,carrot, tomato, beetroot**)
2 medium whole wheat roti/ 1 bowl rice
1 bowl bhaji
1 bowl dal (**yellow moong dal, masoor dal, matki, green moong dal**)
1 bowl curd/ 1 glass buttermilk
- Evening snack:** 1 cup tea/ coffee /Green Tea / Black Coffee / **Tru sanz HP - 1 scoop in 100ml water**
1 handful of roasted yellow chana **OR** 1 besan chilla **OR** 1 bowl sprouts chat
- Mid-evening:** 1 bowl dal and vegetable soup + ½ teaspoon dry roasted flax seed powder
- Dinner:** 1 bowl raw vegetable salad (**Cucumber ,carrot, tomato, beetroot**)
2 medium whole wheat roti/1 bowl rice
1 bowl bhaji
1 bowl dal
OR 1 bowl dal khichadi/ daliya
1 bowl curd/ 1 glass buttermilk
- Bedtime :-** 1tsp Sesame seed

Remarks: Drink ample of fluids, upto 3 litres of water daily. Can add sabja seeds to it.

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

Restrict consumption of non-vegetarian foods and alcohol for about a month.

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

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

Avoid processed foods and fried food.

Avoid all spicy, oily and refined flour products. Restrict bakery products.

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



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: medical.admin_ash@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Land Line No. 022 - 42457040
Reception No. 9326787557

DEPARTMENT OF LABORATORY SCIENCES

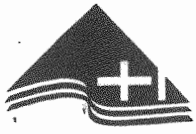
Patient Name	Mr. PRAKASH HASMUKH CHAUHAN	LabNo	2470	
UHID/IP No	140023074 / 659	Sample Date	08/05/2024 9:18AM	
Age/Gender	36 Yrs/Male	Receiving Date	08/05/2024 12:42PM	
Bed No/Ward	OPD	Report Date	08/05/2024 4:42PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	14.8	gm/dl	13.5 - 18.0	SLS- Hb Method
RBC Count (Red Blood Cell)	4.90	10 ⁶ /uL	4.70 - 6.00	
PCV (Haematocrit)	42.2	%	40.0 - 50.0	
MCV	86.12	fl	78 - 100	Calculated
MCH	30.2	pg	27 - 31	Calculated
MCHC	35.07	gm/dl	30 - 36	Calculated
RDW	12.6	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	7900	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	53	%	40 - 80	
Lymphocyte %	40	%	20 - 40	
Eosinophil %	03	%	0 - 6	
Monocytes %	04	%	1 - 12	
Basophil %	00	%	0 - 2	
Band Cells	00	%		
Absolute Neutrophil Count (ANC)	4187	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	3160 H	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	237	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	316	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
Absolute Basophil Count(Not in use)	4187 H	/cu.mm	0 - 100	Calculated
WBCs Morphology	Within normal limits.			
RBCs Morphology	Normocytic Normochromic.			
Platelet Count	300	10 ³ /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	10.2	fl	7 - 12	

--End Of Report--

Dr. Neeraj Gujar
MD PATHOLOGY



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: medical.admin_ash@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Land Line No. 022 - 42457040
Reception No. 9326787557

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. PRAKASH HASMUKH CHAUHAN	LabNo	2470	
UHID/IP No	140023074 / 659	Sample Date	08/05/2024 9:18AM	
Age/Gender	36 Yrs/Male	Receiving Date	08/05/2024 12:42PM	
Bed No/Ward	OPD	Report Date	08/05/2024 4:42PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	20	mm/hr	0 * 20	Westergren

--End Of Report--

Dr. Neeraj Gujar
MD PATHOLOGY



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: medical.admin_ash@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Land Line No. 022 - 42457040
Reception No. 9326787557

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. PRAKASH HASMUKH CHAUHAN	LabNo	2470	
UHID/IP No	140023074 / 659	Sample Date	08/05/2024 9:18AM	
Age/Gender	36 Yrs/Male	Receiving Date	08/05/2024 12:42PM	
Bed No/Ward	OPD	Report Date	08/05/2024 4:42PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD GROUPING Sample: W. B. EDTA				
Blood Group (ABO and Rh)	"O" RH Positive			SLIDE METHOD

--End Of Report--

Dr. Neeraj Gujar
MD PATHOLOGY



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: medical.admin_ash@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Land Line No. 022 - 42457040
Reception No. 9326787557

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. PRAKASH HASMUKH CHAUHAN	LabNo	2470	
UHID/IP No	140023074 / 659	Sample Date	08/05/2024 9:18AM	
Age/Gender	36 Yrs/Male	Receiving Date	08/05/2024 12:42PM	
Bed No/Ward	OPD	Report Date	08/05/2024 4:42PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
GLUCOSE (PP)				
Sample: Fl. Plasma				
Blood Sugar(2 Hours PP)	115.3	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide
Urine PP Sugar	SNR			
Urine PP Ketone	SNR			

Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :
The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

GLUCOSE (FASTING)

Sample: Fl. Plasma

Glucose (Fasting Blood Sugar / FBS)	92.84	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	Absent		Absent	
Urine Fasting Ketone	Absent		Absent	

--End Of Report--

Dr. Neeraj Gujar
MD PATHOLOGY



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: medical.admin_ash@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Land Line No. 022 - 42457040
Reception No. 9326787557

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. PRAKASH HASMUKH CHAUHAN	LabNo	2470	
UHID/IP No	140023074 / 659	Sample Date	08/05/2024 9:18AM	
Age/Gender	36 Yrs/Male	Receiving Date	08/05/2024 12:42PM	
Bed No/Ward	OPD	Report Date	08/05/2024 4:42PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BUN (BLOOD UREA NITROGEN)				
BUN - Blood Urea Nitrogen		mg/dl		
BUN - Blood Urea Nitrogen (SINGLE)	13.71	mg/dl	7 - 20	
SERUM CREATININE				
Sample: Serum				
Creatinine	0.85	mg/dl	0.80 - 1.50	Jaffes
URIC ACID (SERUM)				
Sample: Serum				
Uric Acid	5.82	mm/hr	3.5 - 8.5	URICASE- PEROXIDASE

--End Of Report--

Dr. Neeraj Gujar
MD PATHOLOGY



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: medical.admin_ash@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Land Line No. 022 - 42457040
Reception No. 9326787557

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. PRAKASH HASMUKH CHAUHAN	LabNo	2470	
UHID/IP No	140023074 / 659	Sample Date	08/05/2024 9:18AM	
Age/Gender	36 Yrs/Male	Receiving Date	08/05/2024 12:42PM	
Bed No/Ward	OPD	Report Date	08/05/2024 4:42PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIPID PROFILE SERUM				
Sample: Serum				
Cholesterol-Total	153.8	mg/dl	< 200.00	Cholesterol Oxidase,Esterase,Pero xidase
Triglycerides	96.13	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	42.71	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	19.23	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	91.86	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	3.60		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	2.15 L		2.50 - 3.50	Calculated Value

--End Of Report--

Dr. Neeraj Gujar
MD PATHOLOGY



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: medical.admin_ash@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Land Line No. 022 - 42457040
Reception No. 9326787557

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. PRAKASH HASMUKH CHAUHAN	LabNo	2470	
UHID/IP No	140023074 / 659	Sample Date	08/05/2024 9:18AM	
Age/Gender	36 Yrs/Male	Receiving Date	08/05/2024 12:42PM	
Bed No/Ward	OPD	Report Date	08/05/2024 4:42PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIVER FUNCTION TEST (LFT) SERUM				
Sample: Serum				
Bilirubin Total (TBil)	0.88	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.31	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.57	mg/dl	1 - 1	
SGPT (ALT)	26.18	U/L	5 - 40	IFCC modified
SGOT (AST)	19.20	U/L	5 - 40	IFCC modified
Protein Total	6.97	gm/dl	6.00 - 8.00	Biuret
Albumin	3.30	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	3.67 H	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	0.90 L		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	89.49	IU/L	42 - 140	
GGTP (GAMMA GT)	23.16	IU/L	15.0 - 72.0	UV Kinetic IFCC

--End Of Report--

Dr. Neeraj Gujar
MD PATHOLOGY



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: medical.admin_ash@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Land Line No. 022 - 42457040
Reception No. 9326787557

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. PRAKASH HASMUKH CHAUHAN	LabNo	2470	
UHID/IP No	140023074 / 659	Sample Date	08/05/2024 9:18AM	
Age/Gender	36 Yrs/Male	Receiving Date	08/05/2024 12:42PM	
Bed No/Ward	OPD	Report Date	08/05/2024 4:42PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
URINE ROUTINE				
Sample: Urine				
PHYSICAL EXAMINATION				
Quantity	20	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			Clear
Specific Gravity	1.025		1.010 - 1.025	
CHEMICAL EXAMINATION				
pH	6.0		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	Absent			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
MICROSCOPIC EXAMINATION				
Pus Cells	3-4			
RBCs	Absent			
Epithelial Cells	1-2			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	Absent			

--End Of Report--

Dr. Neeraj Gujar
MD PATHOLOGY

Patient Id : PVD04224-25/7674 Sample ID : 24051887
 Patient : MR PRAKASH HASMUKH CHAUHAN Reg. Date : 08/05/2024
 Age/sex : 36 Yrs/ Male Report Date : 08/05/2024
 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: $eAG(mg/dl) = 28.7 \times A1c - 46.7$
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 glycemic 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-----

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



Patient Id : **PVD04224-25/7674** Sample ID : 24051887
Patient : MR PRAKASH HASMUKH CHAUHAN Reg. Date : 08/05/2024
Age/sex : 36 Yrs/ Male Report Date : 08/05/2024
Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
Ref. By : Self



VITAMIN B12- SERUM


Test Description	Result	Unit	Biological Reference Range
Vitamin B12- Serum	246.2	pg/ml	197.0 - 771.0
Method : ECLIA			

INTERPRETATION

1. Vit B12 levels are decreased in megaloblastic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia, and treated epilepsy.
2. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis.
3. Very high levels (> 1200) may be seen for several weeks after injections of B12

-----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

Patient Id : **PVD04224-25/7674** Sample ID : 24051887
 Patient : MR PRAKASH HASMUKH CHAUHAN Reg. Date : 08/05/2024
 Age/sex : 36 Yrs/ Male Report Date : 08/05/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



VITAMIN D- TOTAL (25-OH-VIT D)- SERUM

Test Description	Result	Unit	Biological Reference Range
Vitamin D- Total (25-OH-Vit D)			
Vitamin D- Total (25-OH-Vit D)- Serum	21.3	ng/ml	2-10 : Deficiency 10-30 : Insufficiency 30-100 : Sufficiency > 100 : Toxicity

Method : ECLIA

INTERPRETATION:

Vitamin D is a fat soluble vitamin & exists in two main forms as cholecalciferol (Vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (Vitamin D2) present mainly in dietary sources. Both cholecalciferol & Ergocalciferol are converted to 25 (OH) Vitamin D in liver.

Testing for 25 (OH) Vitamin D is recommended as it is the best indicator of Vitamin D nutritional status as obtained from sunlight exposure & dietary intake.

- 25 OH Vitamin D is the best indicator of Vitamin D nutritional status, it is used as an aid in assessment of Vitamin D sufficiency in adults.
- 25 OH Vitamin D deficiency is seen in secondary hyperparathyroidism.
- Decreased levels of 25 OH Vitamin D can lead to Osteomalacia, reduced bone mass & thus increase the risk of bone fractures.
- Decreased 25 OH Vitamin D levels are also associated with low bone mineral density & also seen in nutritional rickets.
- Decreased levels of 25 OH Vitamin D are also associated with increased cardiovascular risk, low immunity & chronic renal failure.
- Elevated levels are associated with Vitamin D intoxication.

-----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

Patient Id : **PVD04224-25/7674** Sample ID : 24051887
 Patient : MR PRAKASH HASMUKH CHAUHAN Reg. Date : 08/05/2024
 Age/sex : 36 Yrs/ Male Report Date : 08/05/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



IMMUNOASSAY

Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	118.2	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)	7.25	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)	4.51	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

Patient Information

Name : **PRAKASH CHAUHAN**

DATE : 08/05/24 11:22:26

AGE : 36 /M

ID : 16

Height : 163

REF. BY :

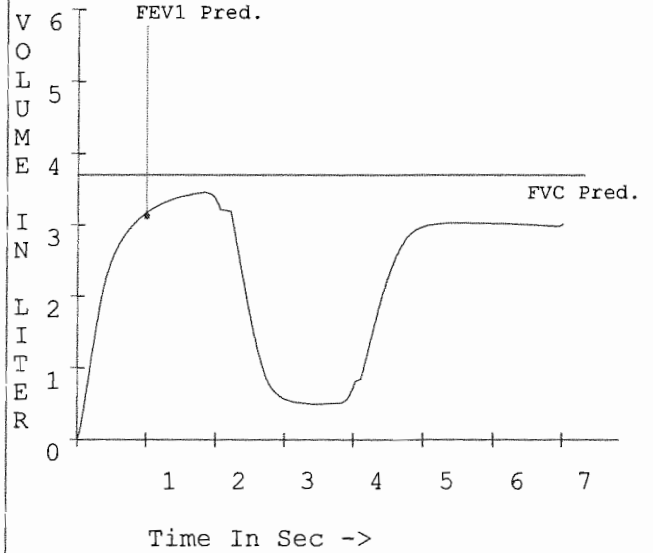
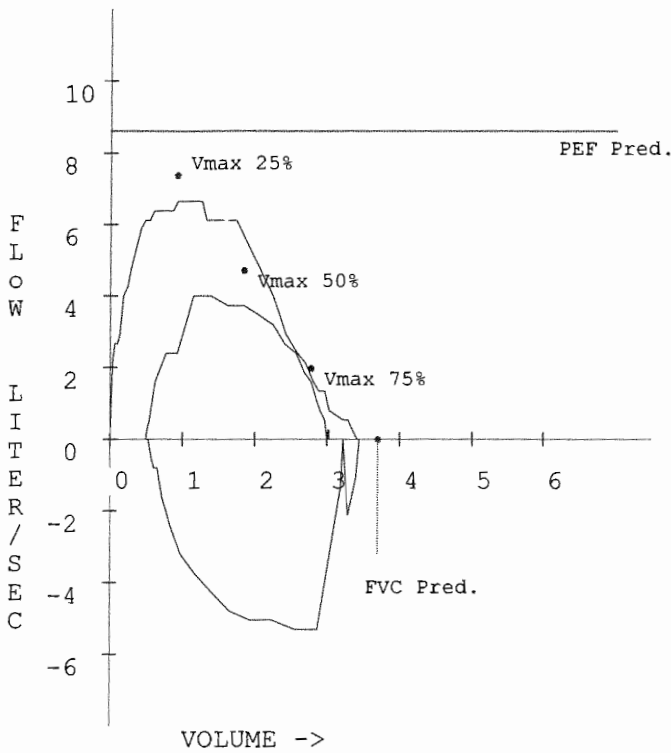
Weight : 85

Indication:

Smoker : No

Pre _____

Post _____



Parameter	Predict Value	Observed		Pre.dif%
		Pre	%Pred	
FVC (L)	3.70	3.46	93.55	
FEV0.5 (L)		2.49		
FEV1 (L)	3.13	3.16	101.03	
FEV1/FVC %	84.49	91.24	107.99	
PEF (L/S)	8.61	6.78	78.77	
PIF (L/S)		5.19		
FEF25-75% (L/S)	4.31	4.66	107.97	
VMax25 %	7.39	6.78	91.82	
VMax50 %	4.71	5.98	127.00	
VMax75 %	1.98	1.99	100.83	
FET100 %		1.84		
FEF50 % (L/S)		5.59		
FIF50 % (L/S)		4.79		
FEF50/FIF50 %		1.17		

Diagnosis :

Normal Spirometry (FVC and FEV1/FVC > 80% of Predicted value)

Dr. CHIRAG V SHAH

CONSULTANT RESPIRATORY PHYSICIAN & PULMONOLOGIST

Reg. No. 2005 / 04 / 1049

Dr.

TREADMILL TEST REPORT

prakash chauhan
ID : 22380

DATE : 08/05/2024
AGE/SEX : 36 /M
HT/WT : 167 / 85
REF. BY :

PROTOCOL : Bruce
HISTORY :
INDICATION :
MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								II	V1	V5	
SUPINE					98	170 / 100	166	-0.2	-0.2	-0.5	
STANDING					106	170 / 100	180	-0.2	-0.1	-0.5	
HYPERVENT		0:5			103	170 / 100	175	-0.2	-0.2	-0.5	
VALSALVA					104	170 / 100	176	-0.2	-0.2	-0.5	
Stage 1	2:55		2.7	10	137	170 / 100	232	0.4	-0.5	0.4	4.67
Stage 2	5:55		4	12	155	170 / 100	263	0.6	-0.5	0.3	7.04
Stage 3	8:55		5.4	14	180	160 / 100	288	-0.8	-0.3	-2	9.92
PK-EXERCISE	8:56	2:56	5.4	14	180	160 / 100	288	-0.8	-0.5	-1.9	9.94
RECOVERY	11:59	2:55			123	180 / 100	221	0.1	-0.5	-0.1	

RESULTS

EXERCISE DURATION : 8:56
MAX HEART RATE : 181 bpm
MAX BLOOD PRESSURE : 180 / 100 mm Hg
REASON OF TERMINATION :
BP RESPONSE : Hypertension
ARRHYTHMIA : None
H.R. RESPONSE : Normal

MAX WORK LOAD : 9.94 METS

% of target heart rate 184 bpm

IMPRESSIONS

Sum test Negative for return

Dr. CHIRAG V SHAH
CONSULTANT PHYSICIAN
Reg. No. 2005 177 1049

Technician :

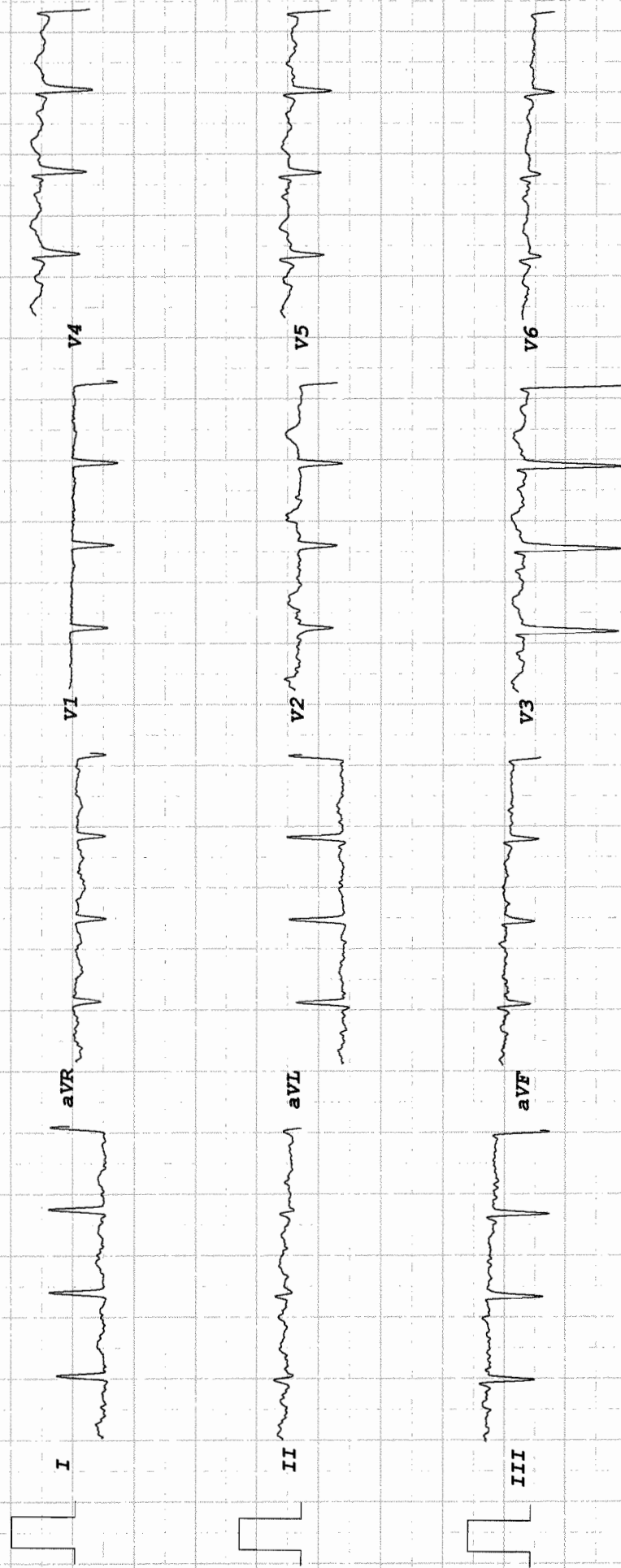
UNI-EM

prakash chauhan
I.D. 22380
Age 36/M
Date 08/05/2024

RATE 98bpm
B.P. 170/100

PRETEST
SUPINE
ST @ 10mm/mV
80ms PostJ

RAW ECG



prakash chauhan
I.D. 22380
Age 36/M
Date 08/05/2024

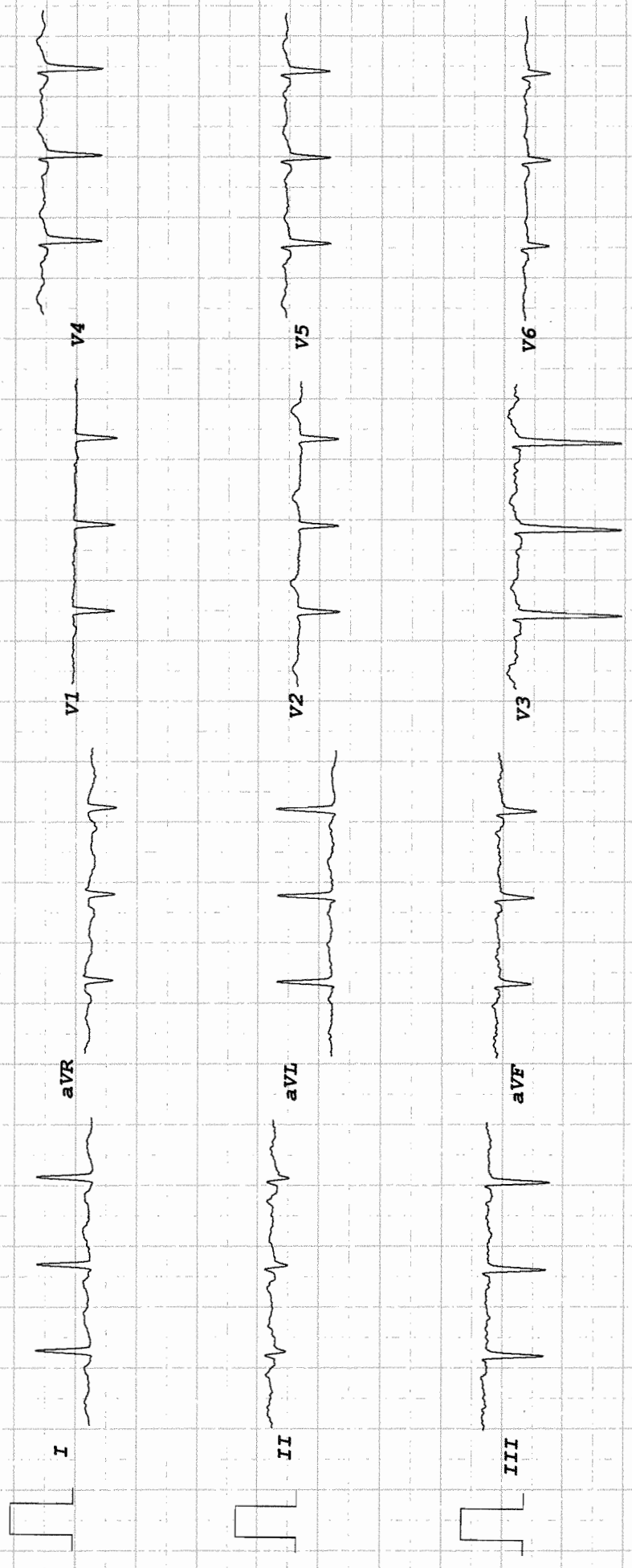
RATE 106bpm
B.P. 170/100

UNI-EM

PRETEST
STANDING

ST @ 10mm/mV
80ms PostJ

RAW ECG



UNI-EM

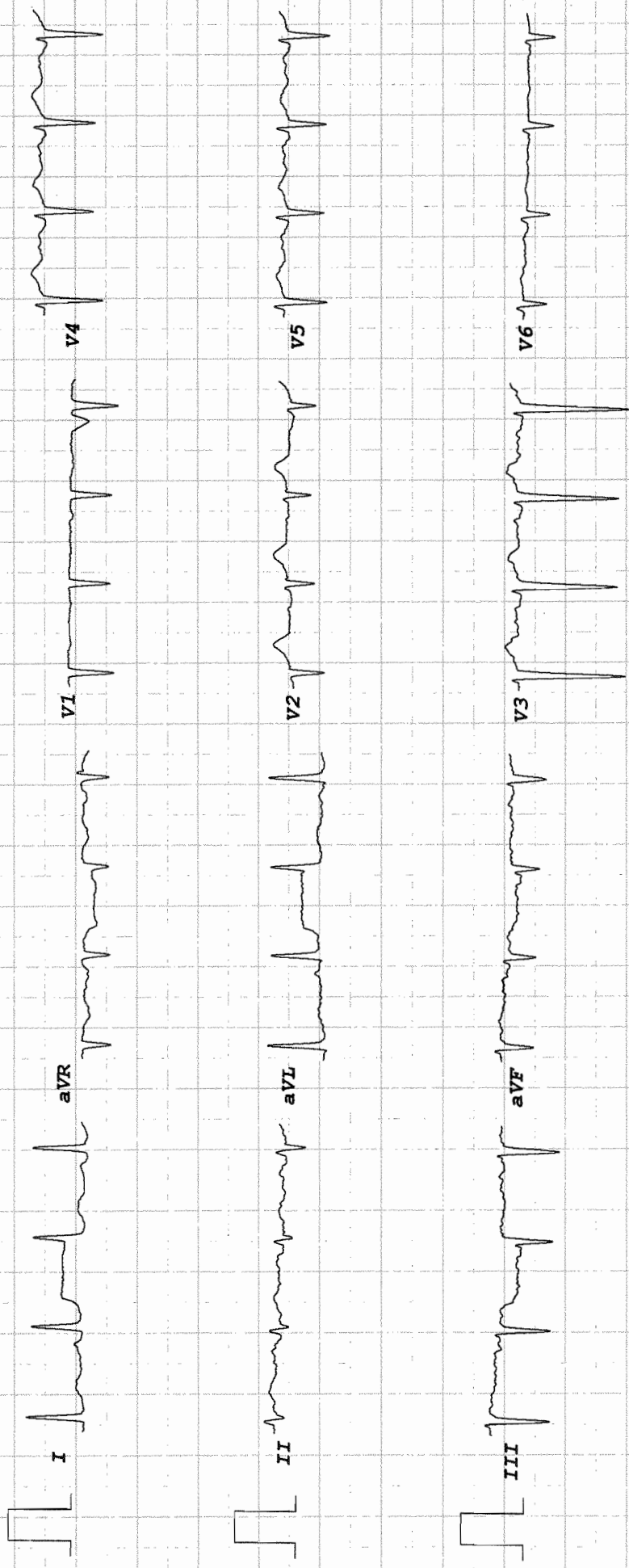
prakash chauhan
I.D. 22380
Age 36/M
Date 08/05/2024

RATE 104bpm
B.P. 170/100

PRETEST
VALSALVA

ST @ 10mm/mV
80ms PostJ

RAW ECG



UNI-EM

prakash chauhan
I.D. 22380
Age 36/M
Date 08/05/2024

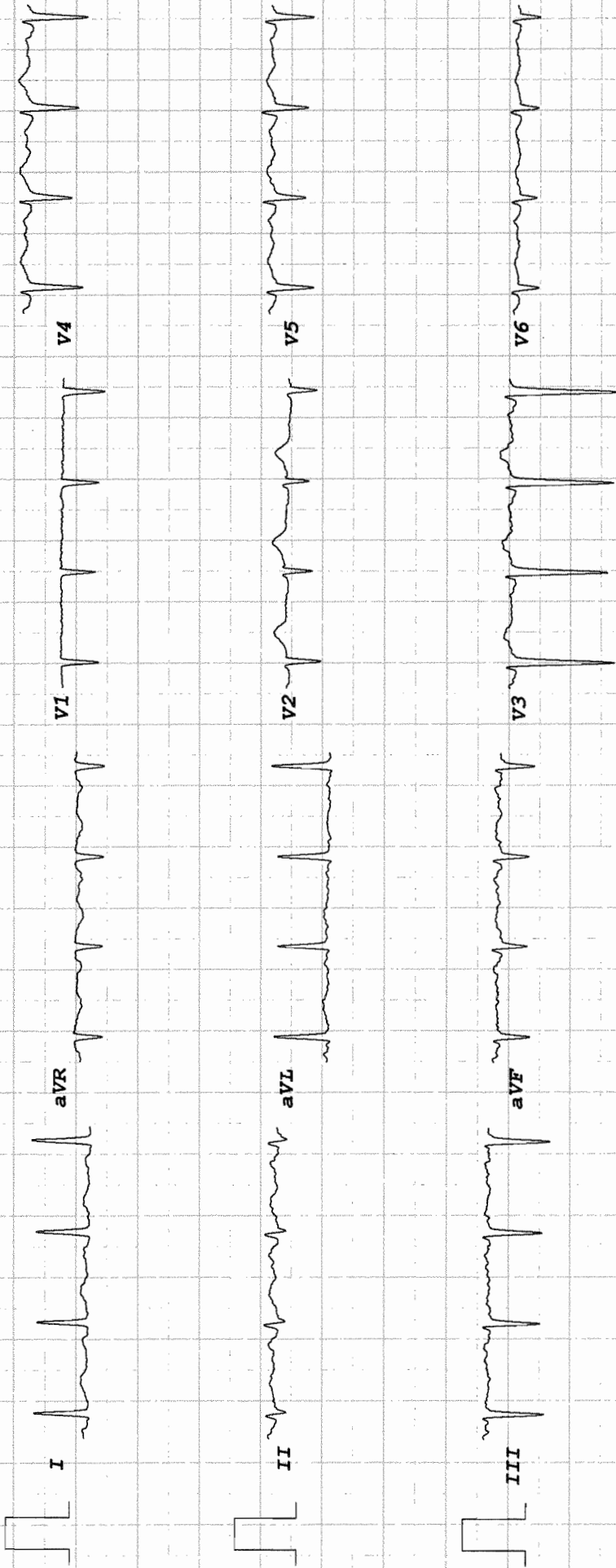
RATE 103bpm
B.P. 170/100

PRETEST
HYPERVENT

PHASE TIME 0:05

ST @ 10mm/mV
80ms PostJ

RAW ECG



UNI-EM

prakash chauhan
 I.D. 22380
 Age 36/M
 Date 08/05/2024

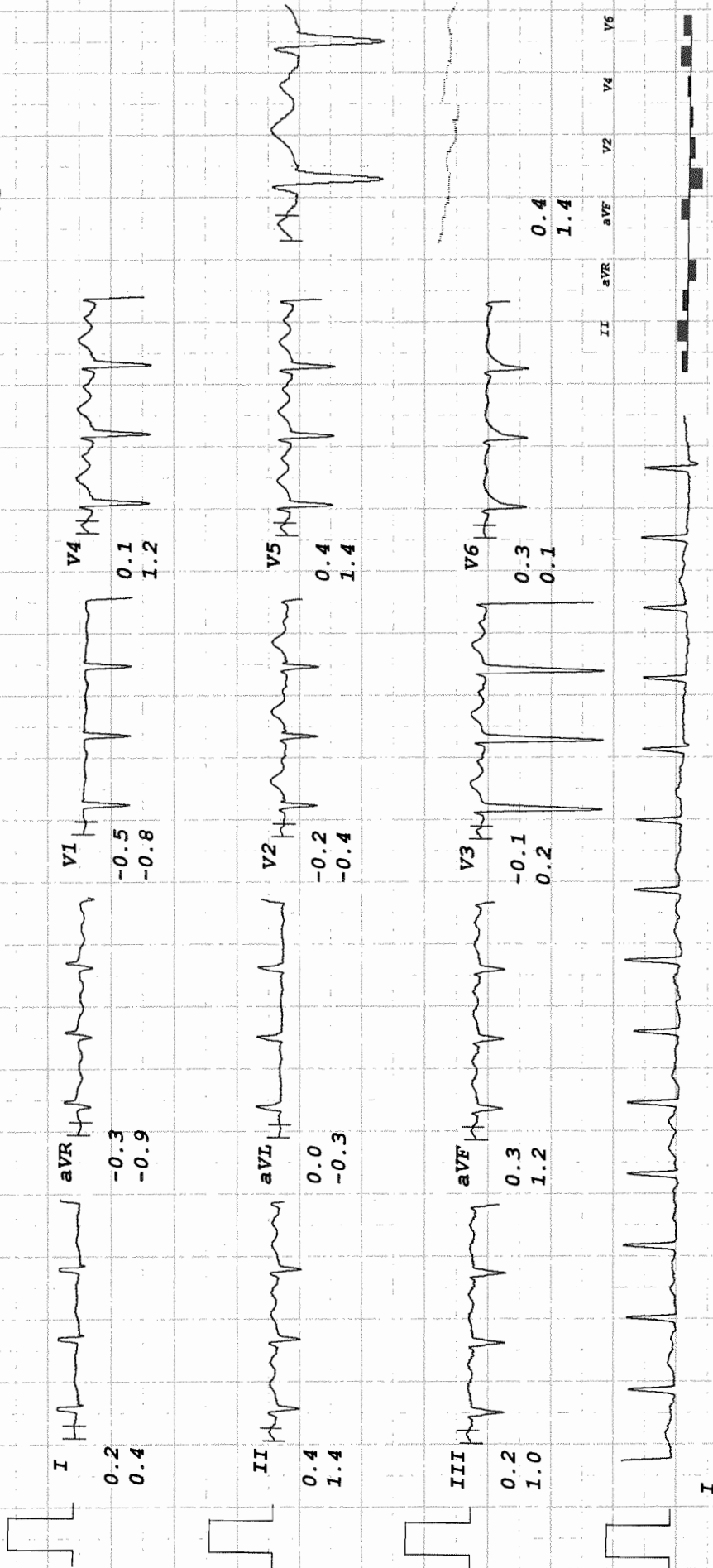
RATE 137bpm
 B.P. 170/100

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

LINKED MEDIAN

Mag. X 2

V5



UNI-EM

Prakash chauhan
 I.D. 22380
 Age 36/M
 Date 08/05/2024

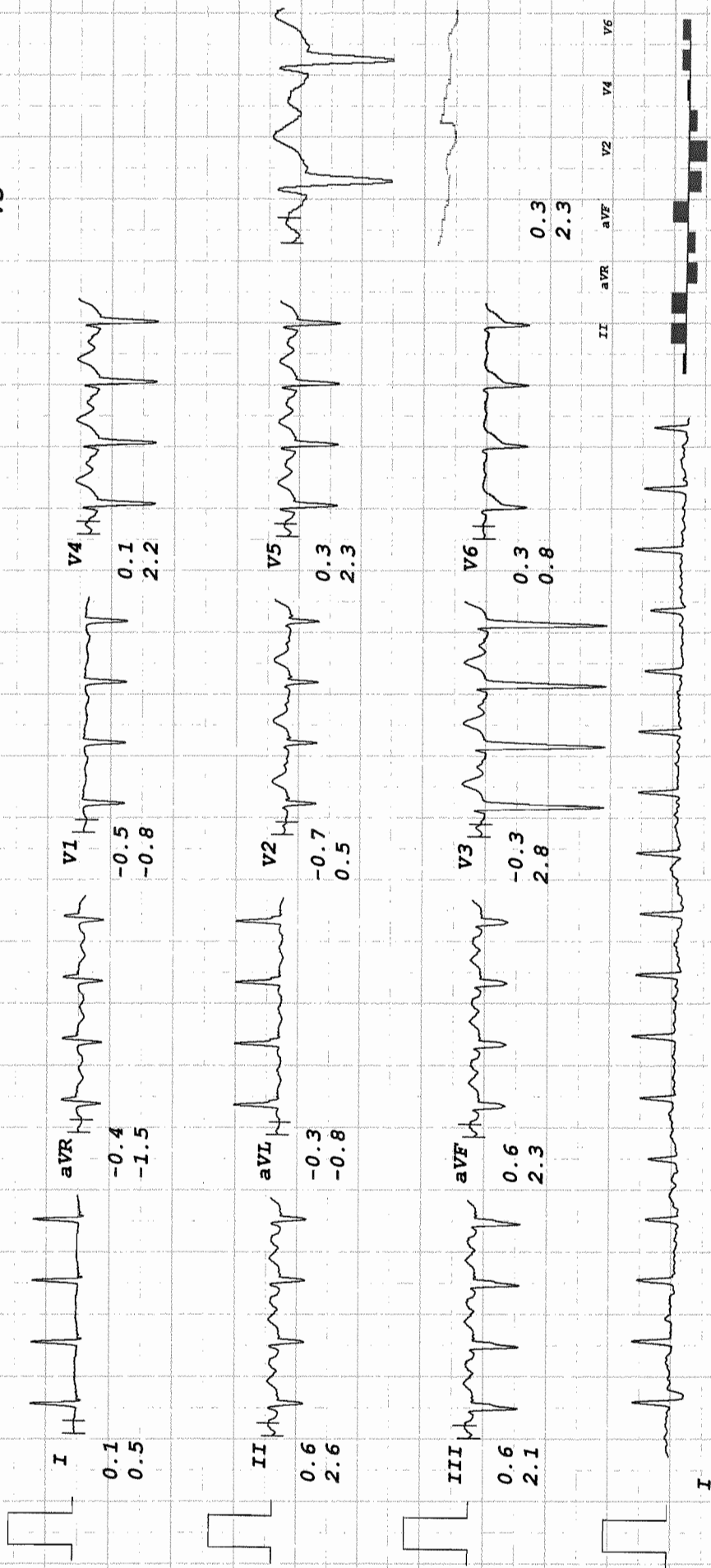
RATE 155bpm
 B.P. 170/100

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

LINKED MEDIAN

Mag. X 2

V5



prakash chauhan
I.D. 22380
Age 36/M
Date 08/05/2024

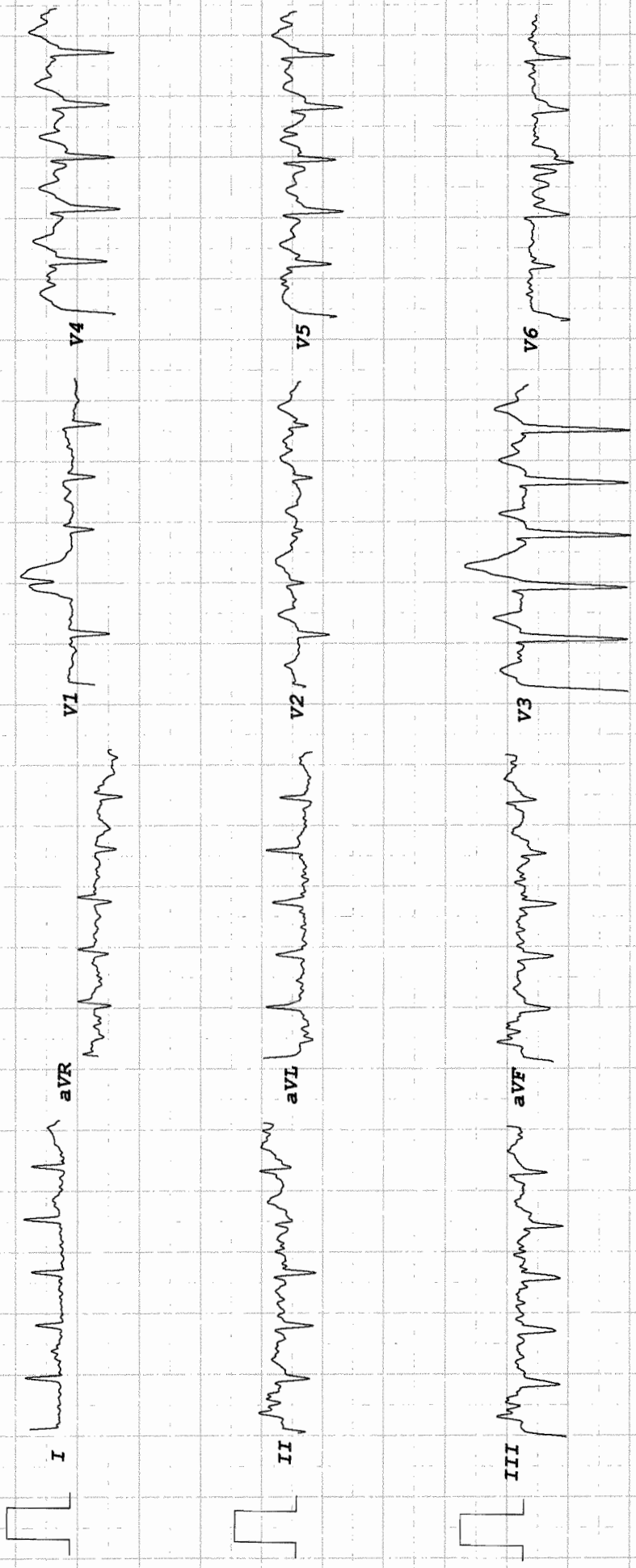
RATE 180bpm
B.P. 160/100

UNI-EM

Bruce
PK-EXERCISE
TOTAL TIME 8:56
PHASE TIME 2:56

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

RAW ECG



UNI-EM

prakash chauhan
 I.D. 22380
 Age 36/M
 Date 08/05/2024

RATE 123bpm
 B.P. 180/100

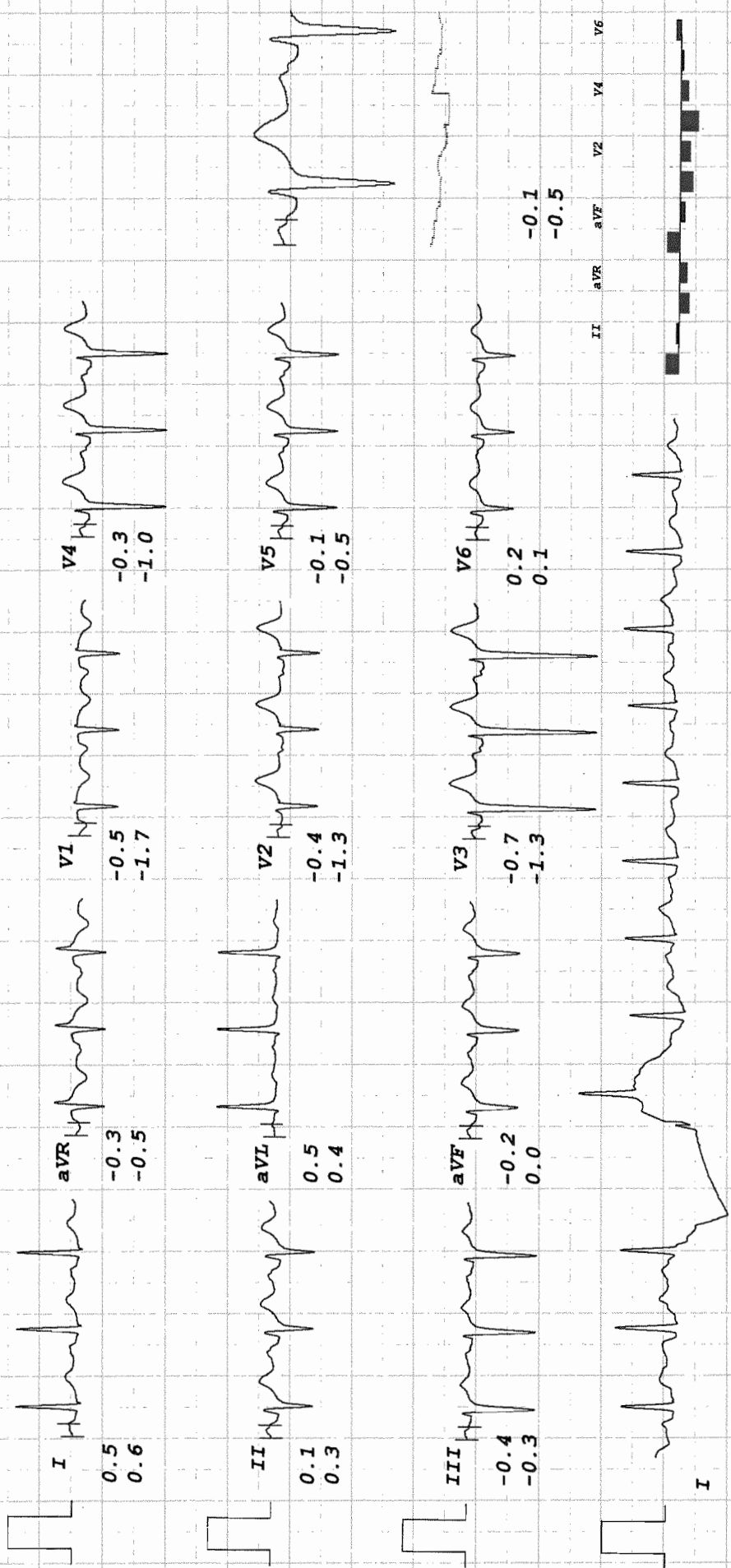
ST @ 10mm/mV
 80ms PostJ

Bruce
 RECOVERY
 TOTAL TIME 11:59
 PHASE TIME 2:55

LINKED MEDIAN

Mag. X 2

V5



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



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: medical.admin_ash@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Land Line No. 022 - 42457040
Reception No. 9326787557

DEPARTMENT OF RADIOLOGY

Patient Name	Mr. PRAKASH HASMUKH CHAUHAN	LabNo	2470	
UHID/IP No	140023074 / 659	Order Date	08/05/2024 9:18AM	
Age/Gender	36 Yrs/Male	Receiving Date	08/05/2024 10:55AM	
Bed No/Ward	OPD	Report Date	09/05/2024 9:46AM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

DIGITAL X-RAY CHEST <PA> VIEW

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

The costophrenic angles are clear.

Both hila are symmetrical in outline size and density.

Cardiac shadow is unremarkable.

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

Bone thorax is unremarkable.

--End Of Report--

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

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



APEX SUPERSPECIALITY HOSPITALS

Where Healing & Care Comes Naturally



2898 6677
2898 6646

CASHLESS FACILITY

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

ई. सी. जी.

Name Prakash Chauhan Date 08/5/24

Age 36y 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 _____

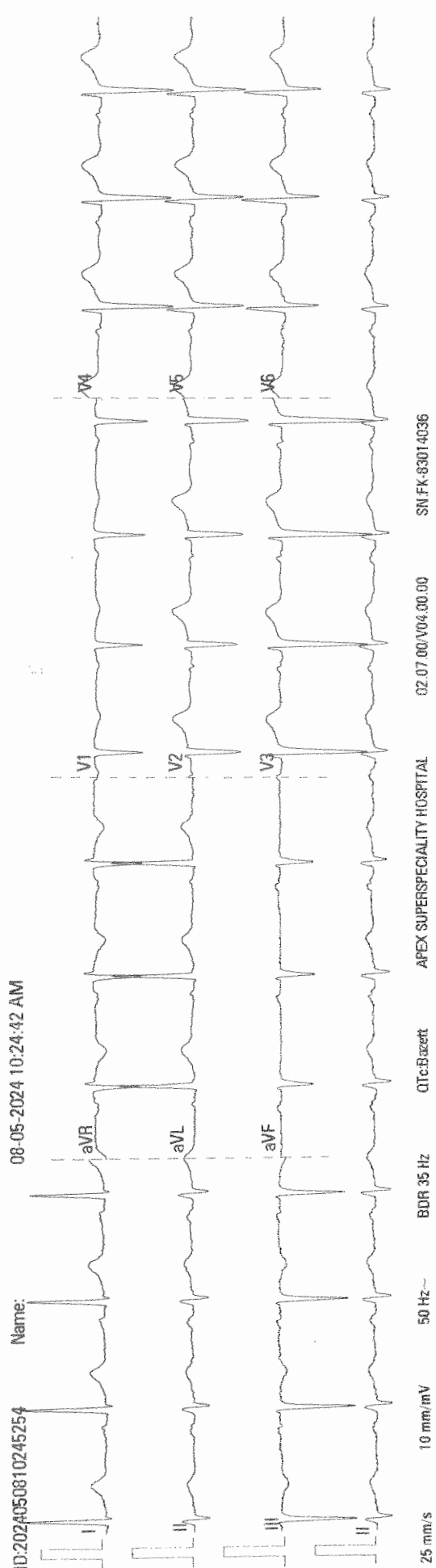
Impression : LAD Dr. SHAH

[Signature] **CONSULTANT** **REGIST**

अपेक्स सुपरस्पेशलिटी हॉस्पिटल्स ID: 2024050810245254 Date 8/5/24 Time 10
Name Prakash Chauhan

ID: 2024050810245254
Name:
08-05-2024 10:24:42 A

Sinus Rhythm
Unconfirmed Diagnos



25 mm/s 10 mm/mV 50 Hz BDR 35 Hz QTc Bazett 02:07:00/V04:00:00 SN:FK-83014036