



Where Healing & Care Comes Naturally

APEX HOSPITALS MULUND DIAGNOSTIC



CASHLESS
FACILITY

Veena Nagar, Phase 2, Tulsi Pipeline Road,
Mulund (West), Mumbai - 400080.
email: medical.admin_ahm@apexhospitals.in | www.apexgroupofhospitals.com

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Land Line No. 022 - 4162 4000
(100 Lines)
Reception No.: 8422854005

NAME : MRS. NEENA SABRAWAL AGE :68/F DATE : 25/05/2024

REF.BY : MIDWHEEL

USG ABDOMEN AND PELVIS SONOGRAPHY

Liver is of normal size and show normal 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.Mild GB Wall edema.

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 : 10.0 x 4.2 cm.

Left kidney measures : 10.0 x 5.6 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.

Post menopausal status.

No evidence of adnexal mass. No evidence of fluid in posterior cul-de-sac is seen.

REMARK :-

- **No Abnormality Status.**

Dr.Kamlesh Jain

(Consultant Radiologist)

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



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AGE :68 /F

DATE : 25/05/2024

REF.BY:MEDIWHEEL

USG BOTH BREAST

Both Breast show normal fibro fatty echotexture.

No evidence of focal solid or cystic lesion seen.

No evidence of dilated ducts.

No evidence axillary lymphadenopathy

REMARK :-

No abnormality seen.

Dr.Kamlesh Jain

(Consult Radiologist)

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

Patient Name:	NEENA SABHREWAL	Medical Record No:	26.05.02
DOB:		Accession No:	
Gender:	F	Location:	Outpatient
Type Of Study:	CR Chest PA	Physician:	
Image Count:	1	Exam Time:	24/25/05 09:40 AM ET
Requisition Time:	24/25/05 02:43 PM ET	Report Time:	24/25/05 03:26 PM ET
Clinical History:	fitness		

RADIOGRAPH OF THE CHEST (SINGLE VIEW)

Clinical History: fitness.

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.


DR. SANTOSH RATHOD
 Consultant Radiologist
 MBBS, DMRD, DNB

This report has been electronically signed by: DNB.Santosh Bharat Rathod

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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(100 Lines)
Reception No.: 842285400

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mrs. NEENA SABHERWAL	LabNo	2145	
UHID/IP No	120065825 / 705	Sample Date	25/05/2024 2:39PM	
Age/Gender	68 Yrs/Female	Receiving Date	25/05/2024 3:11PM	
Bed No/Ward	OPD	Report Date	25/05/2024 6:05PM	
Prescribed By	Dr. Hrishikesh N Chevle	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)	11.0 L	gm/dl	12.5 - 16.0	SLS- Hb Method
RBC Count (Red Blood Cell)	4.15 L	10 ⁶ /uL	4.50 - 6.50	
PCV (Haematocrit)	34.2 L	%	36.0 - 46.0	
MCV	82.41	fl	78 - 95	Calculated
MCH	26.51	pg	26 - 31	Calculated
MCHC	32.16	gm/dl	30 - 36	Calculated
RDW	15.0	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	9800	cells/cu.mm	4000.0 - 11000.0	
Neutrophil %	63	%	40 - 75	
Lymphocyte %	34	%	20 - 45	
Eosinophil %	01	%	0 - 6	
Monocytes %	02	%	1 - 10	
Basophil %	0	%	0 - 2	
WBCs Morphology	No Abnormality Detected			
RBCs Morphology	Hypochromia			
Platelet Count	102 L	10 ³ /uL	150 - 450	DC Detection
Platelets Morphology	Reduced on smear			
MPV	11.7	fl	7 - 12	
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	11	mm/hr	< 20	Westergren

--End Of Report--


Dr. Hrishikesh N Chevle



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(100 Lines)
Reception No.: 842285400

Patient ID : 2405078501
Patient Name : MRS. NEENA SABHERWAL
Age : 68 Yrs
Gender : FEMALE
Ref. By Doctor : APEX HOSPITAL
Sample Collected At: APEX HOSPITAL MULUND



For Authenticity Scan QR Code

Registered On : 25/05/2024,05:07 PM
Collected On : 25/05/2024,05:53 PM
Reported On : 25/05/2024,06:32 PM
Sample ID



* 2 4 0 5 0 7 8 5 0

Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Haemoglobin)	7.10	%	Below 6.0% : Normal 6.0% 7.0% : Good Control 7.0% - 8.0% : Fair Control 8.0%-10% : Unisatisfactory Above 10% Poor Control
HPIC- H9			
Mean Blood Glucose Calculated	157.1	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.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

End of Report

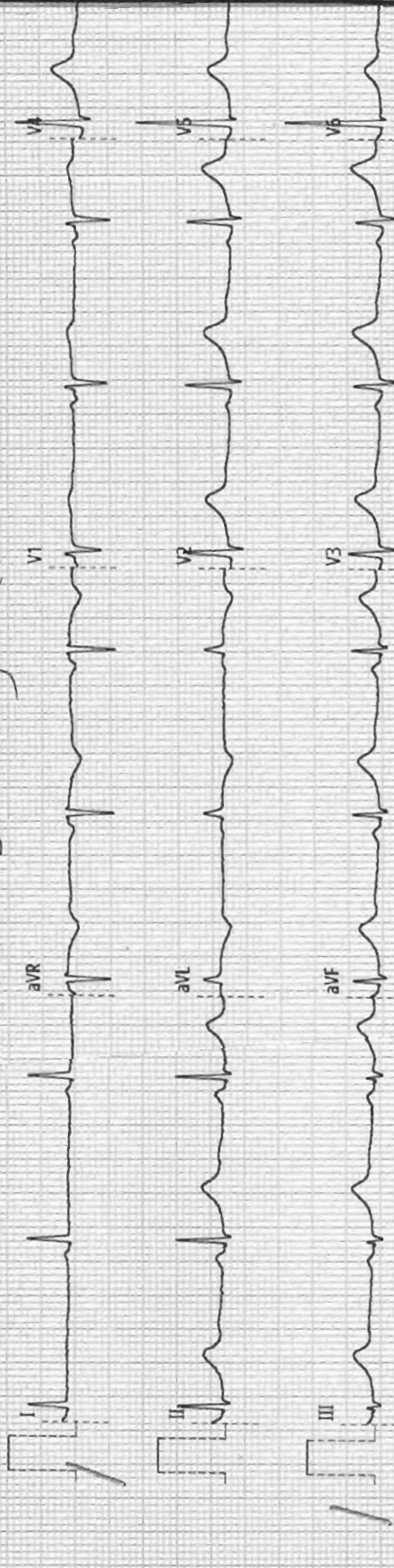
Results relate only to the sample as received. Kindly correlate with clinical condition

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.

meena, S. 68y female.



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

ECG report

ID : 20240525093036

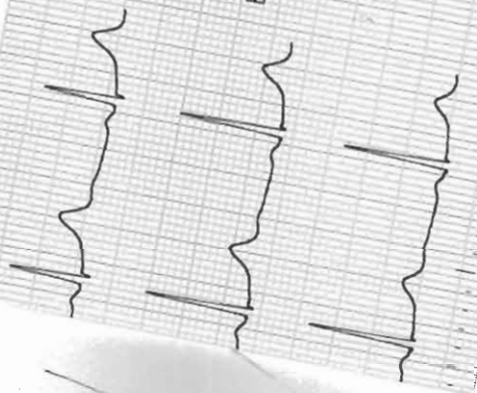
Name :

Gender :

Age :

Dept :

Bed No :



HR : 59 bpm
PR : 126 ms
QRS : 70 ms
QT/QTc : 446/444 ms
P/QRS/T : 71/26/85 °
RV5/SV1 : 1.330/0.457 mv
RV5+SV1 : 1.787 mv

<<Interpretations >>
Sinus bradycardia with sinus arrhythmia
Normal ECG except for rate

Confirm and sign:
Examination time: 2024-05-25 09:30:36

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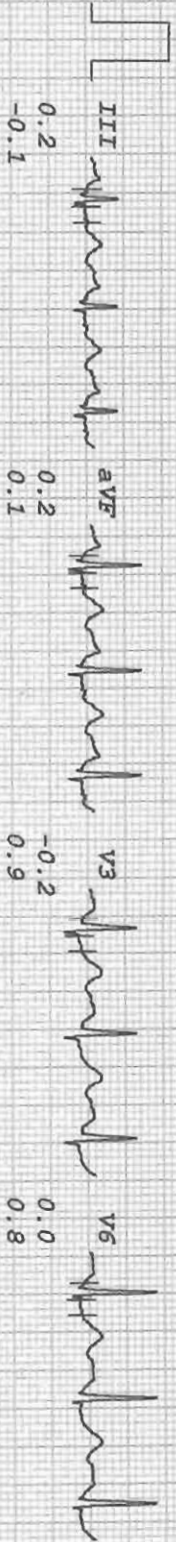
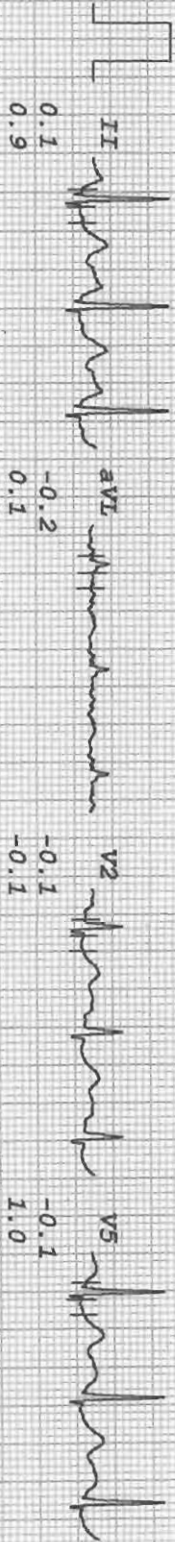
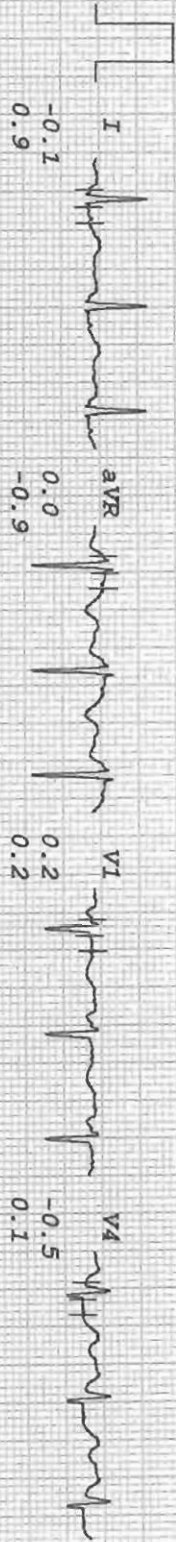
neena
 I.D. 8990
 Age 68/F
 Date 25-05-2024

BRUCE
 Stage 1
 TOTAL TIME 2:25
 PHASE TIME 2:25

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

Mag. X 2

LINKED MEDIAN



neena
I.D. 8990
Age 68/F
Date 25-05-2024

RATE 111bpm

APEX HOSPITAL

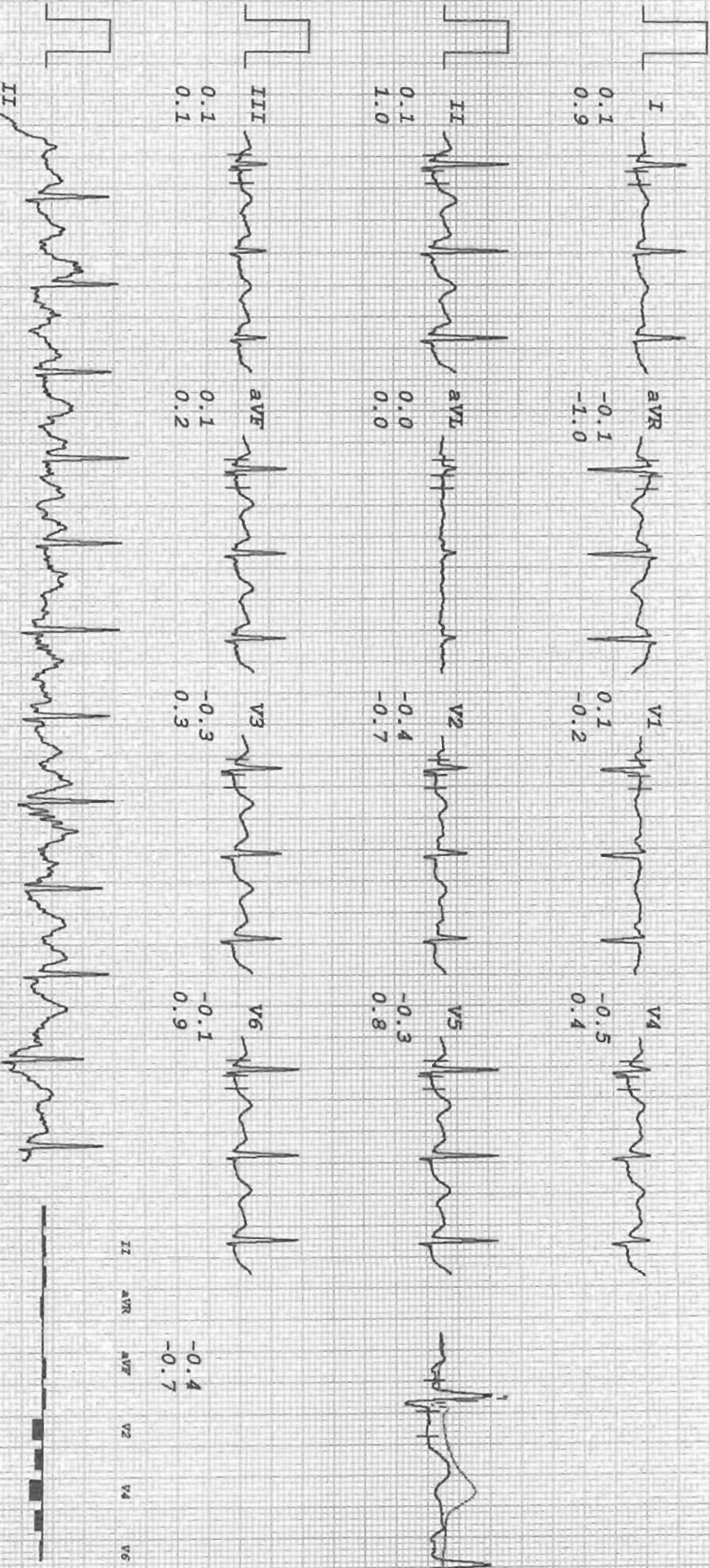
Bruce
Stage 1
TOTAL TIME 2:55
PHASE TIME 2:55

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

LINKED MEDIAN

Mag. X 2

V2



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neena
 I.D. 8990
 Age 68/F
 Date 25-05-2024

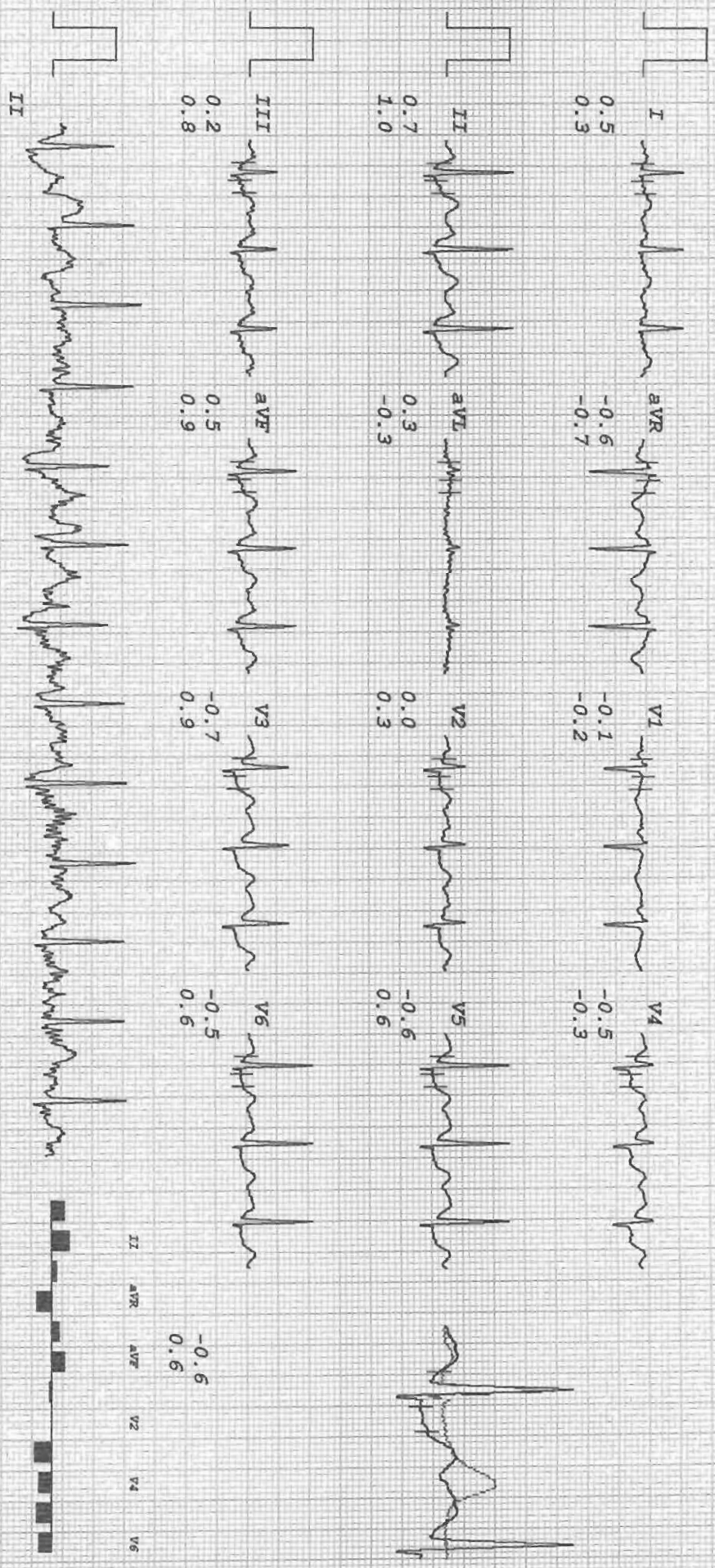
RATE 120bpm

Bruce
 PK-EXERCISE
 TOTAL TIME 6:10
 PHASE TIME 0:10

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

LINKED MEDIAN

Mag. X 2



HOSPITAL

5:55
2:55

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

LINKED MEDIAN

Mag. X 2

V3

V4
0.1
0.5

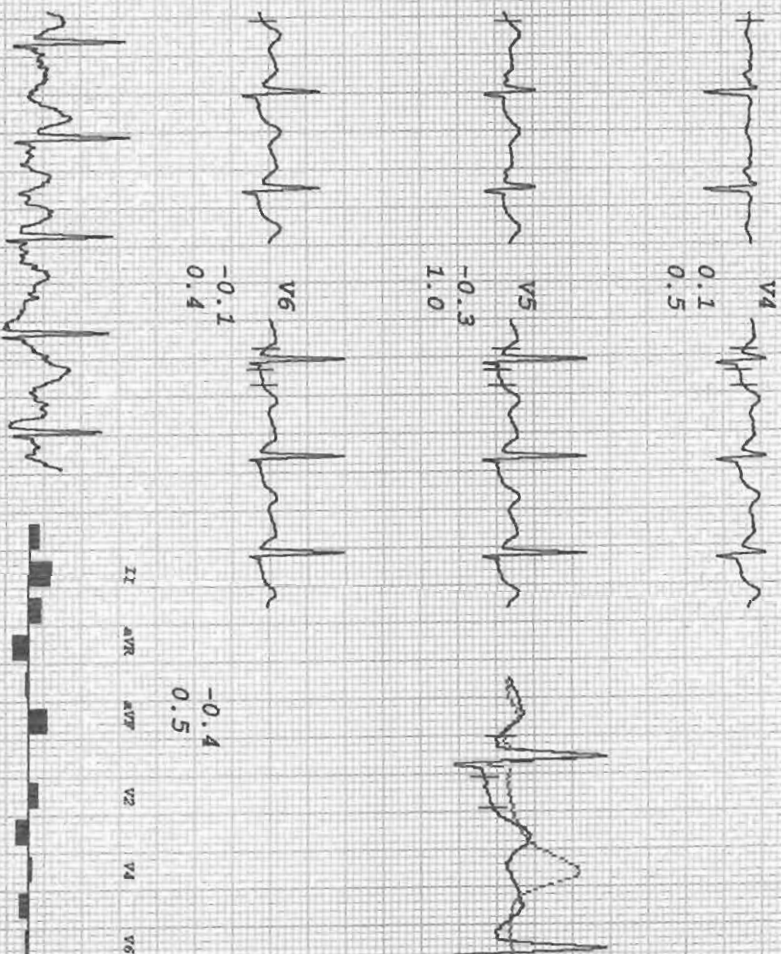
V5
-0.3
1.0

V6
-0.1
0.4

-0.4
0.5

II AVR aVR V2 V4 V6

I aVL aVL V1 V3 V5



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neena
I.D. 8990
Age 68/F
Date 25-05-2024

RATE 110bpm

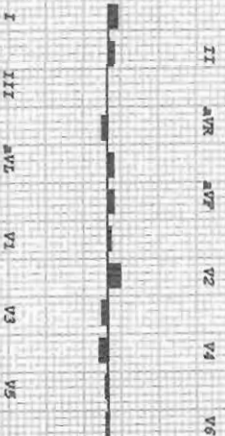
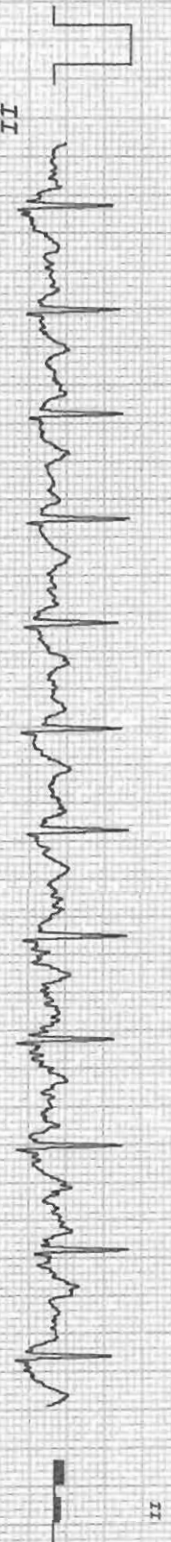
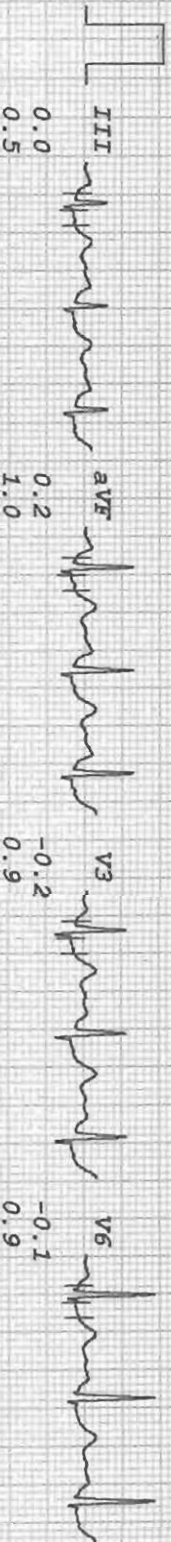
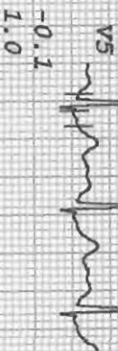
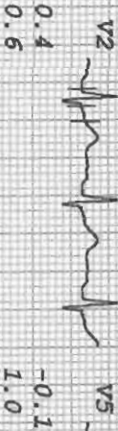
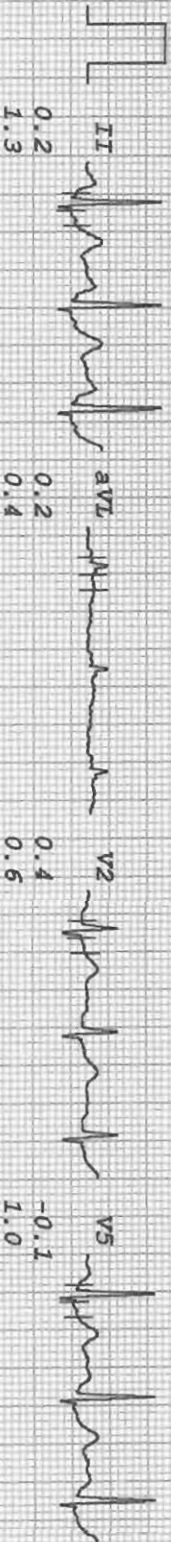
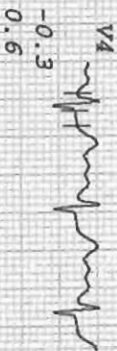
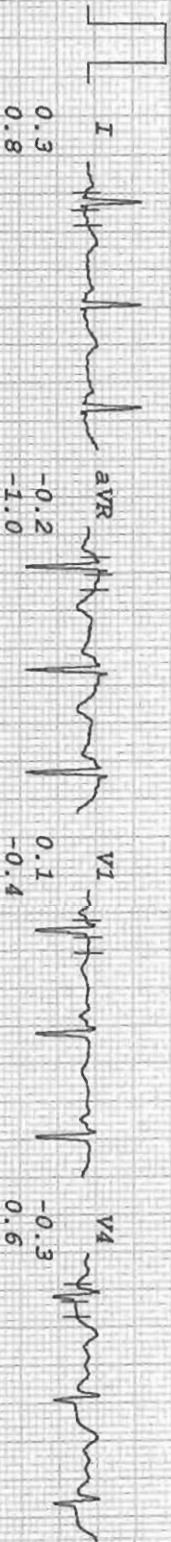
Bruce
RECOVERY
TOTAL TIME 6:48
PHASE TIME 0:29

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

V4



III aVR aVL V1 V2 V3 V4 V5 V6