



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 401
(100 Lines)
Reception No.: 842285400

25/5/24

Name - Jagat Gupta

39y / M

No H/O major illness

O/E - T - Afebrile
P - 92/min
BP - 120/80 mmHg
PR - 10/min
SpO₂ - 98% @ RA

S/E - CUS - S/D (+)

RS - BSBE

PIA - soft

CNS - conscious & oriented

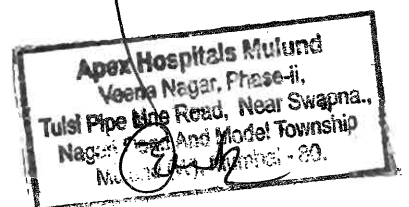
Height - 172cm } BMI - 27.
weight - 80kg

Eye check up - Normal

ENT check up - Normal

Dental check up - Normal

Skin check up - Normal





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Land Line No. 022 - 4162 400
(100 Lines)
Reception No.: 8422854005

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. JAGAT GUPTA	LabNo	2148	
UHID/IP No	120065828 / 707	Sample Date	25/05/2024 3:46PM	
Age/Gender	39 Yrs/Male	Receiving Date	25/05/2024 4:22PM	
Bed No/Ward	OPD	Report Date	25/05/2024 6:06PM	
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)	13.7	gm/dl	12.0 - 17.0	SLS- Hb Method
RBC Count (Red Blood Cell)	5.53	10 ⁶ /uL	4.70 - 6.50	
PCV (Haematocrit)	42.3	%	42.0 - 52.0	
MCV	76.49 L	fl	78 - 95	Calculated
MCH	24.77 L	pg	26 - 31	Calculated
MCHC	32.39	gm/dl	30 - 36	Calculated
RDW	15.4	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	8000	cells/cu.mm	4000.0 - 11000.0	
Neutrophil %	71	%	40 - 75	
Lymphocyte %	24	%	20 - 45	
Eosinophil %	02	%	0 - 6	
Monocytes %	03	%	1 - 10	
Basophil %	0	%	0 - 2	
WBCs Morphology	No Abnormality Detected			
RBCs Morphology	Microcytosis			
Platelet Count	127 L	10 ³ /uL	150 - 450	DC Detection
Platelets Morphology	Reduced on smear			
MPV	11.0	fl	7 - 12	
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	12	mm/hr	< 20	Westergren

--End Of Report--

Dr. Hrishikesh N Chevle



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Cholesterol Total : HDL Cholesterol Ratio	4.71	0.00 - 4.80	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	3.06	0.00 - 4.50	Calculated Value

LIVER FUNCTION TEST (LFT) SERUM

Sample: Serum

Bilirubin Total (TBil)	0.68	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.26	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.42	mg/dl	0 - 1	
SGPT (ALT)1	58.1	U/L		IFCC modified
SGOT (AST)	79.1	U/L		IFCC modified
Protein Total	5.89 L	gm/dl	6.00 - 8.00	Biuret
Albumin	3.22	gm/dl	3.40 - 4.90	
Globulin	2.67	gm/dl	2.30 - 3.60	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.21		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	367.3 H	IU/L	64 - 306	

SERUM CREATININE

Sample: Serum

Creatinine	0.69 L	mg/dl	0.70 - 1.40
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URIC ACID (SERUM)

Sample: Serum

Uric Acid	5.82	mm/hr	3.5 - 7.2	URICASE-PEROXIDASE
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--End Of Report--

Dr. Hrishikesh N Chevle



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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD SUGAR F&PP				
Sample: Fl. Plasma				
Glucose (Fasting Blood Sugar / FBS)	116.8			
Urine Fasting Sugar	SNR			
Urine Fasting Ketone	SNR			
Blood Sugar(2 Hours PP)	166.9			
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.

BUN (BLOOD UREA NITROGEN)

Sample: Serum

UREA	21.8	mg/dl	10 - 50	CDC Urease,Colorimetric
BUN - Blood Urea Nitrogen	10.19	mg/dl		

LIPID PROFILE SERUM

Sample: Serum

Cholesterol-Total	188.3	mg/dl	< 200.00	Cholesterol Oxidase,Esterase,Pero xidase
Triglycerides	129.1	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	40	mg/dl	30.00 - 70.00	Phosphotungstat
VLDL Cholesterol	25.82	mg/dl	6.00 - 35.00	Calculated Value
LDL Cholesterol	122.48	mg/dl	< 160.00	Calculated Value

Dr. Hrishikesh N Chevle



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Prescribed By	Dr. Hrishikesh N Chevle	Report Status	Final	

IMMUNO-HAEMATOLOGY

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

--End Of Report--

Dr. Hrishikesh N Chevle



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(100 Lines)

Reception No.: 8422654005

Mr. JAGAT GUPTA DOB : Age : 39 Years Gender : Male CRM :		Collected : 25-05-2024 17:05	Lab ID : 40508906516
		Received : 25-05-2024 17:07	Sample Quality : Adequate
		Reported : 25-05-2024 18:17	Location : MUMBAI
		Status : Final	Ref By : APEX HOSPITAL
			Client : SANJAY PANDEY -MU058

Parameter	Result	Unit	Biological Ref. Interval
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Prostate Specific Antigen, Total, Serum CLIA	0.670	ng/mL	<=2.0
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Clinical significance:-

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. PSA exists in serum in multiple forms: complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex), unbound (free PSA), and enveloped by alpha-2-macroglobulin (not detected by immunoassays). Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer.

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

Processed At: H S PATHOLOGY PVT. LTD. Mohan Mahal CHS, Ground and First floor, Unit 1/4, Above Satka Family restaurant, Near Vanadana Talkies, L.B.S. Marg THANE - 400602
This is an Electronically Authenticated Report.

Namrata

Dr. Namrata Bhanushali M.D (REG NO : 2016071822)
Lab Director



MC-5941



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Reception No.: 8422854005

Mr. JAGAT GUPTA	Collected : 25-05-2024 17:05	Lab ID : 40508906516
DOB :	Received : 25-05-2024 17:07	Sample Quality : Adequate
Age : 39 Years	Reported : 25-05-2024 18:56	Location : MUMBAI
Gender : Male	Status : Final	Ref By : APEX HOSPITAL
CRM :		Client : SANJAY PANDEY -MU058

Parameter	Result	Unit	Biological Ref. Interval
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THYROID FUNCTION TEST

Tri Iodo Thyronine (T3 Total), Serum 1.29 ng/mL 0.7 - 2.04
CLIA

Clinical significance:-

Triiodothyronine (T3) values above 3.07 ng/mL in adults or over age related cutoffs in children are consistent with hyperthyroidism or increased thyroid hormone-binding proteins. Abnormal levels (high or low) of thyroid hormone-binding proteins (primarily albumin and thyroid-binding globulin) may cause abnormal T3 concentrations in euthyroid patients. Please note that Triiodothyronine (T3) is not a reliable marker for hypothyroidism. Therapy with amiodarone can lead to depressed T3 values.

Thyroxine (T4), Serum 9.04 µg/dL 5.5 -15.5
CLIA

Clinical significance:-

Thyroxine (T4) is synthesized in the thyroid gland. High T4 are seen in hyperthyroidism and in patients with acute thyroiditis. Low T4 are seen in hypothyroidism, myxedema, cretinism, chronic thyroiditis, and occasionally, subacute thyroiditis. Increased total thyroxine (T4) is seen in pregnancy and patients who are on estrogen medication. These patients have increased total T4 levels due to increased thyroxine-binding globulin (TBG) levels. Decreased total T4 is seen in patients on treatment with anabolic steroids or nephrosis (decreased TBG levels).

Thyroid Stimulating Hormone (TSH), Serum 2.748 µIU/mL 0.4 - 5.5
CLIA

Clinical significance:

In primary hypothyroidism, TSH (thyroid-stimulating hormone) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. TSH estimation is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively.

Pregnancy	American Thyroid Association	American European Endocrine	Thyroid society Association
1st trimester	< 2.5	< 2.5	< 2.5
2nd trimester	< 3.0	< 3.0	< 3.0
3rd trimester	< 3.5	< 3.0	< 3.0

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Namrata

Dr. Namrata Bhanushali M.D (REG NO-2016071822)
Lab Director



MC-5941



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

Patient ID : 2405078500
Patient Name : MR. JAGAT GUPTA
Age : 39 Yrs
Gender : MALE
Ref. By Doctor : APEX HOSPITAL
Sample Collected At: APEX HOSPITAL MULUND



For Authenticity Scan QR Code

Registered On : 25/05/2024,05:06 PM
Collected On : 25/05/2024,05:55 PM
Reported On : 25/05/2024,06:50 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)	5.80	%	Below 6.0% : Normal 6.0% 7.0% : Good Control 7.0% - 8.0% : Fair Control 8.0%-10% : Unisatisfactory Above 10% Poor Control
HPLC- H9			
Mean Blood Glucose Calculated	119.8	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 glycemc 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

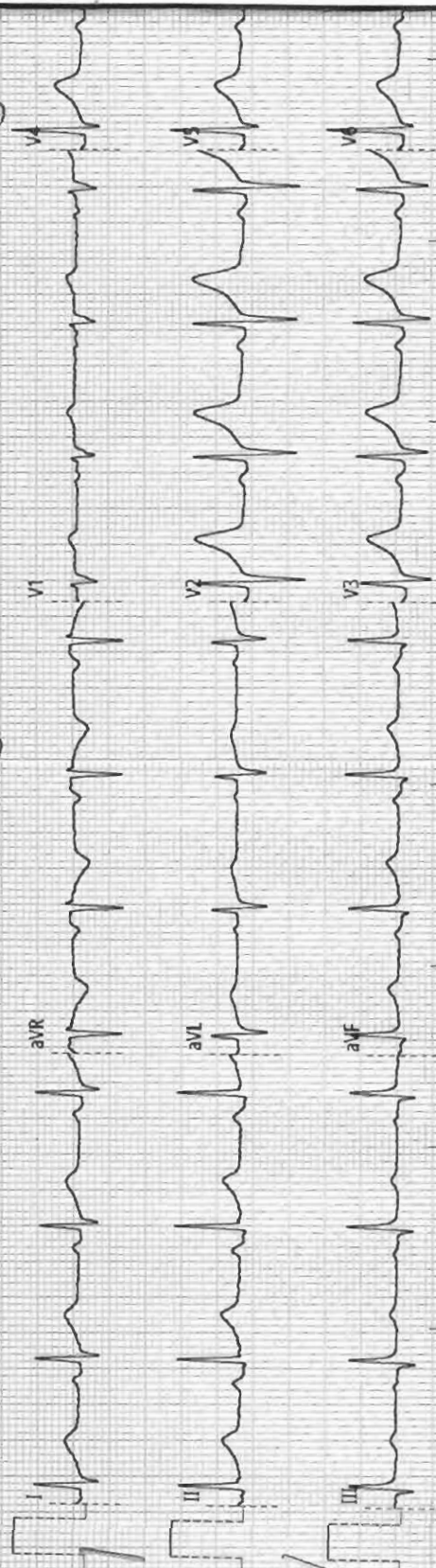
Results relate only to the sample as received. Kindly correlate with clinical condition

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.

Jagad Kumar Gupta. 39 J mo



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

ECG report

ID : 20240525100055

Name :

Gender:

Age :

Dept :

Bed No :

HR : 82 bpm

PR : 136 ms

QRS : 80 ms

QT/QTc : 372/411 ms

P/QRS/T : 48/62/50 °

RV5/SV1 : 1.078/0.267 mv

RV5+SV1 : 1.345 mv

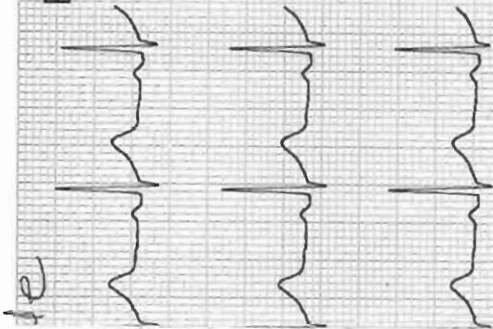
<<Interpretations >>

Sinus rhythm

Normal ECG

Confirm and sign:

Examination time: 2024-05-25 10:00:55



Jagat
 I.D. 8991
 Age 39/M
 Date 25-05-2024

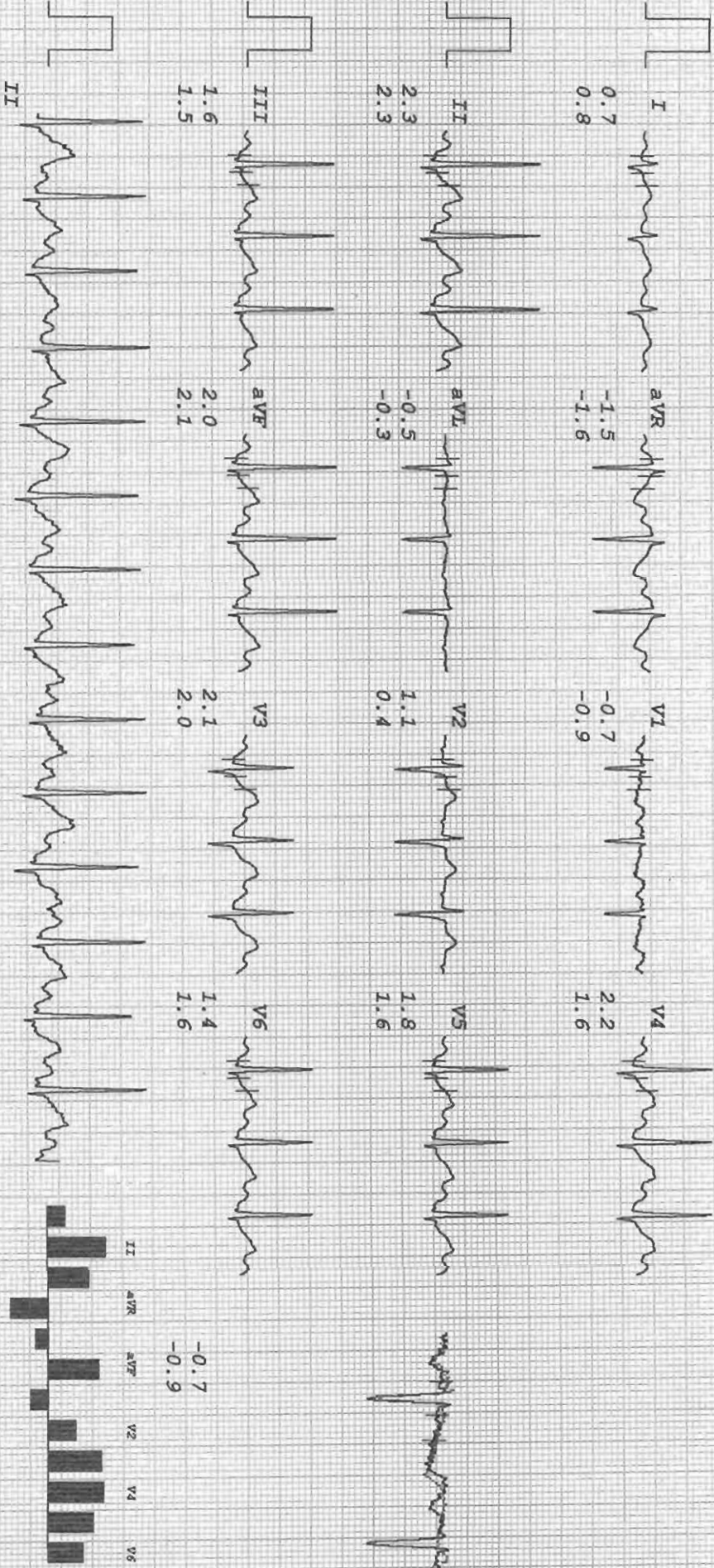
RATE 130bpm

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Bruce
 Stage 1
 TOTAL TIME 2:22
 PHASE TIME 2:22

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

LINKED MEDIUM



Mag. X 2

V1

APEX HOSPITAL

Jagat
I.D. 8991
Age 39/M
Date 25-05-2024

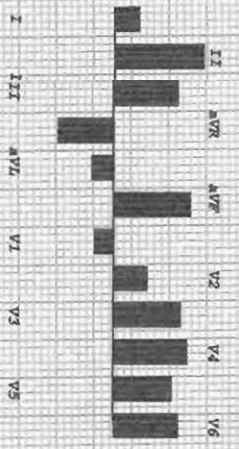
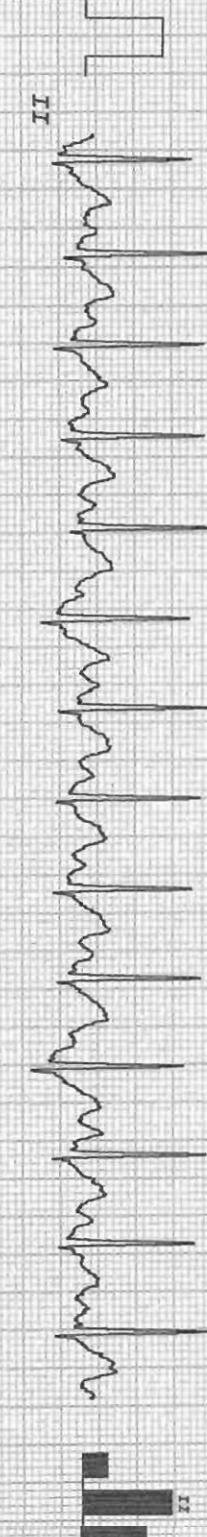
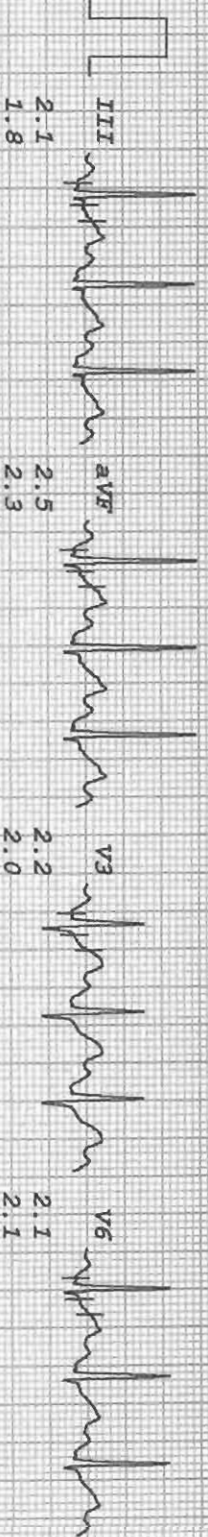
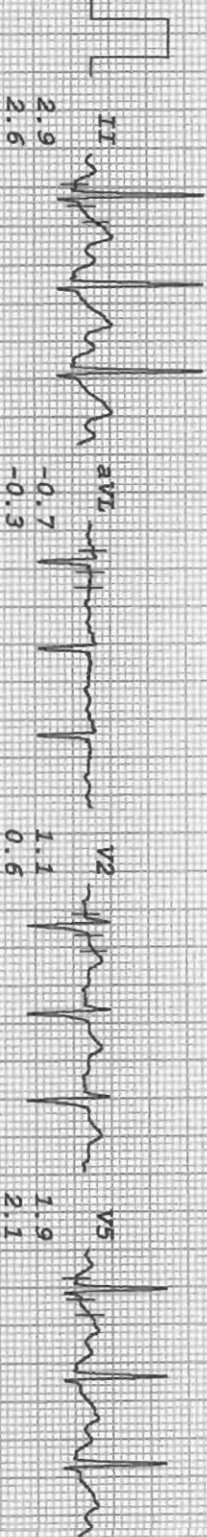
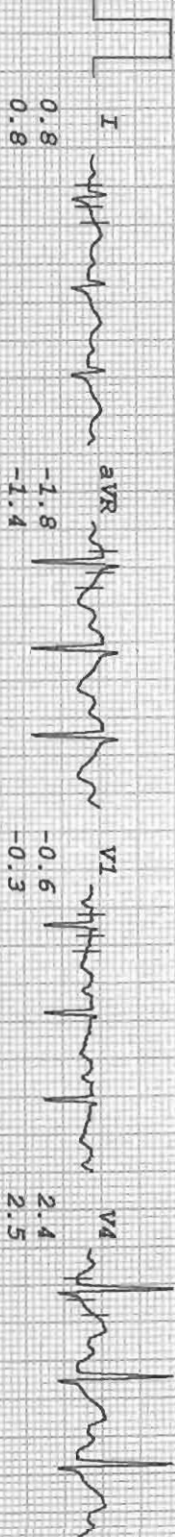
RATE 130bpm

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



Jagat
 I.D. 8991
 Age 39/M
 Date 25-05-2024

RATE 168bpm

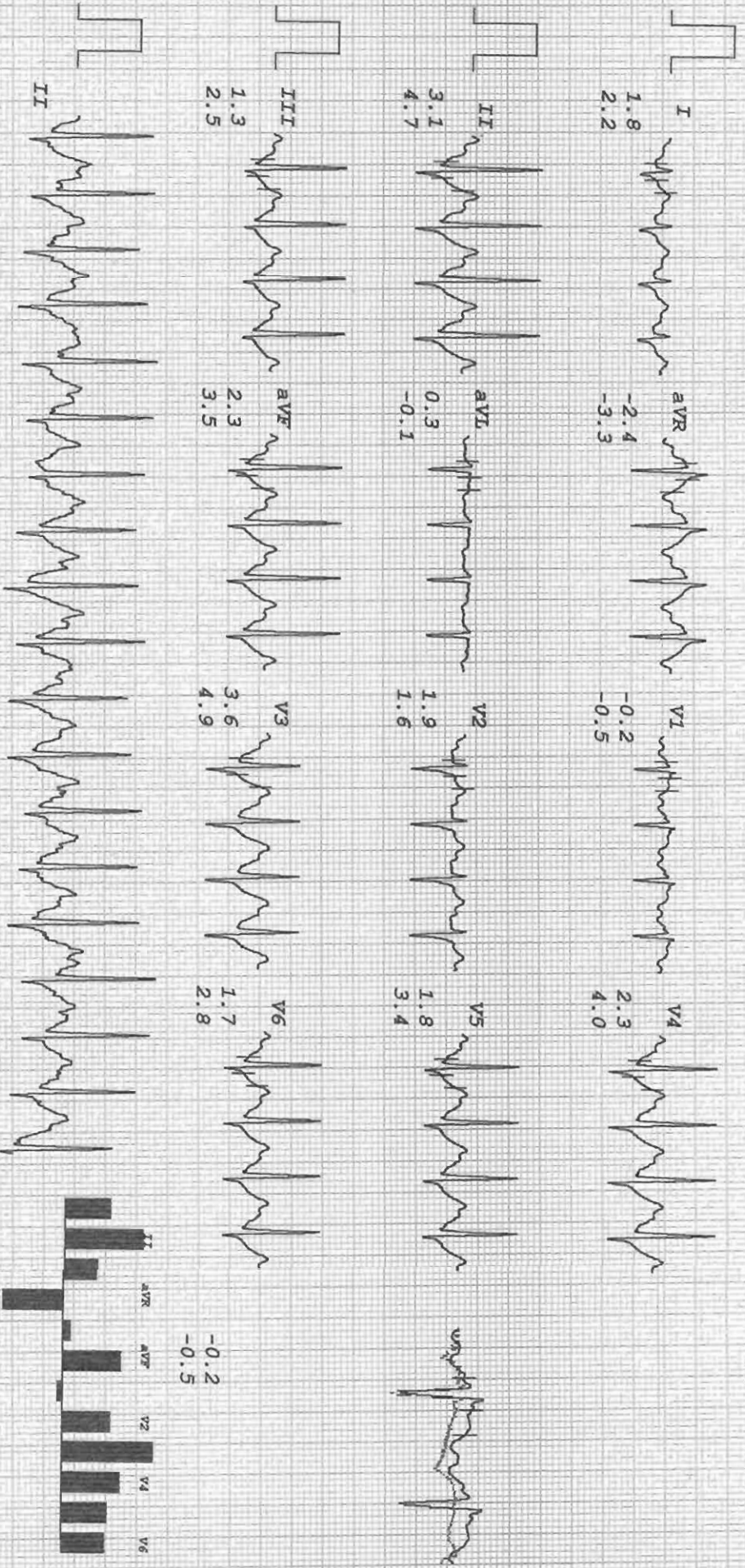
Bruce
 Stage 3
 TOTAL TIME 8:55
 PHASE TIME 2:55

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

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LINKED MEDIAN

Mag. X 2



Jagat
 I.D. 8991
 Age 39/M
 Date 25-05-2024

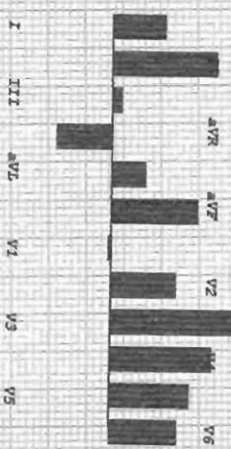
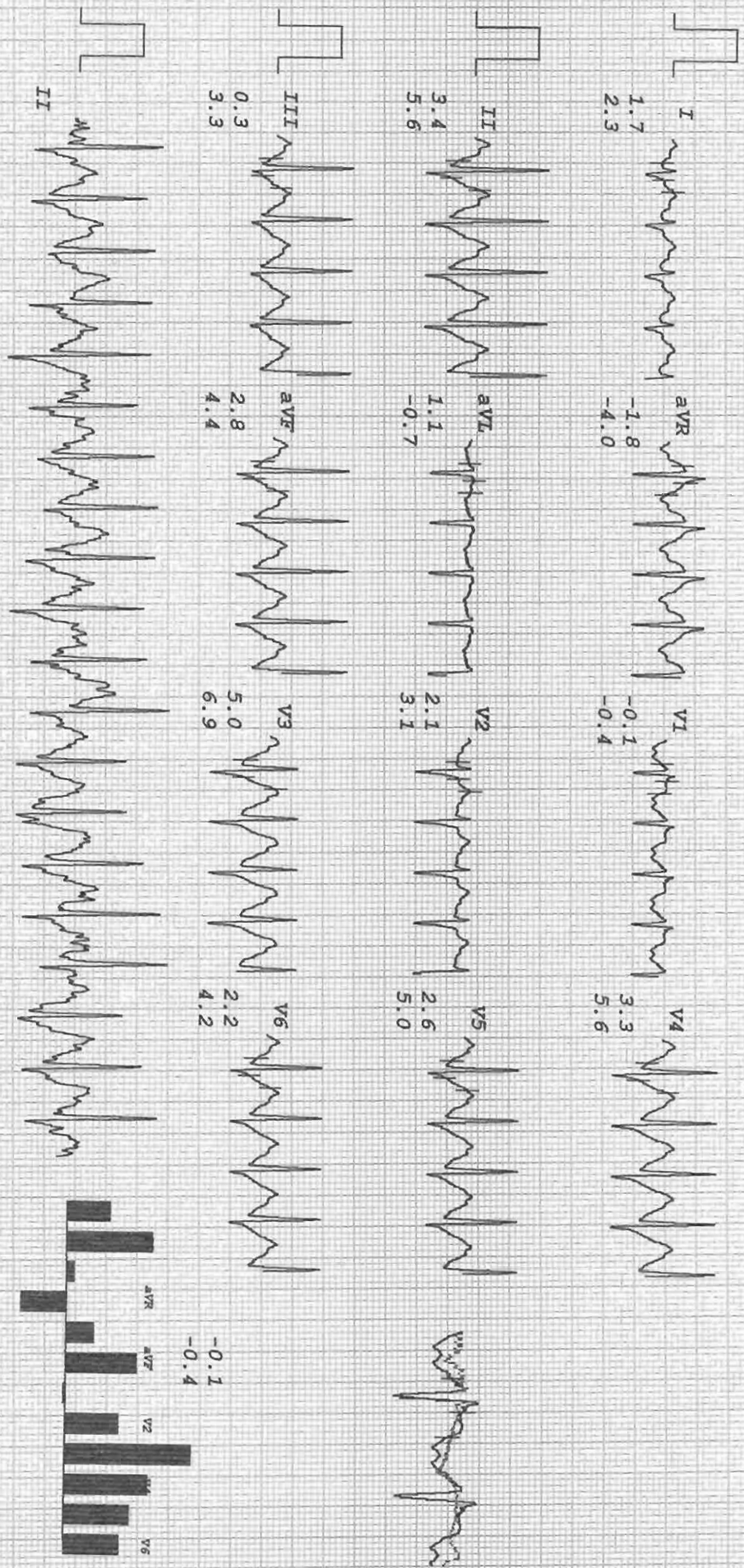
RATE 185bpm

Bruce
 Stage 4
 TOTAL TIME 11:22
 PHASE TIME 2:22

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

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LINKED MEDIAN



-0.1
 -0.4

Mag. X 2

Jagat
 I.D. 8991
 Age 39/M
 Date 25-05-2024

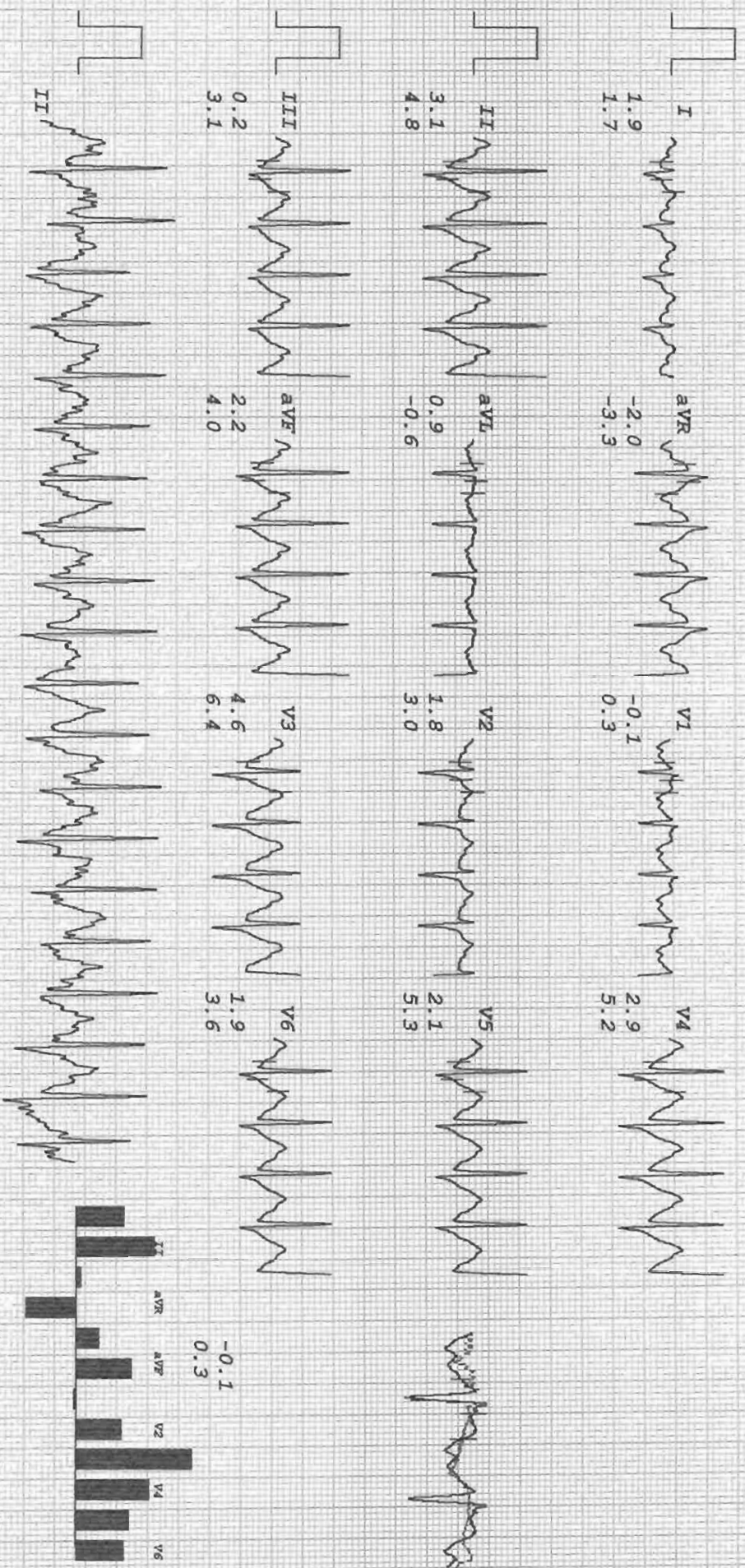
RATE 183bpm

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Bruce
 PK-EXERCISE
 TOTAL TIME 11:27
 PHASE TIME 2:27

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

LINKED MEDIAN



Mag. X 2

V1

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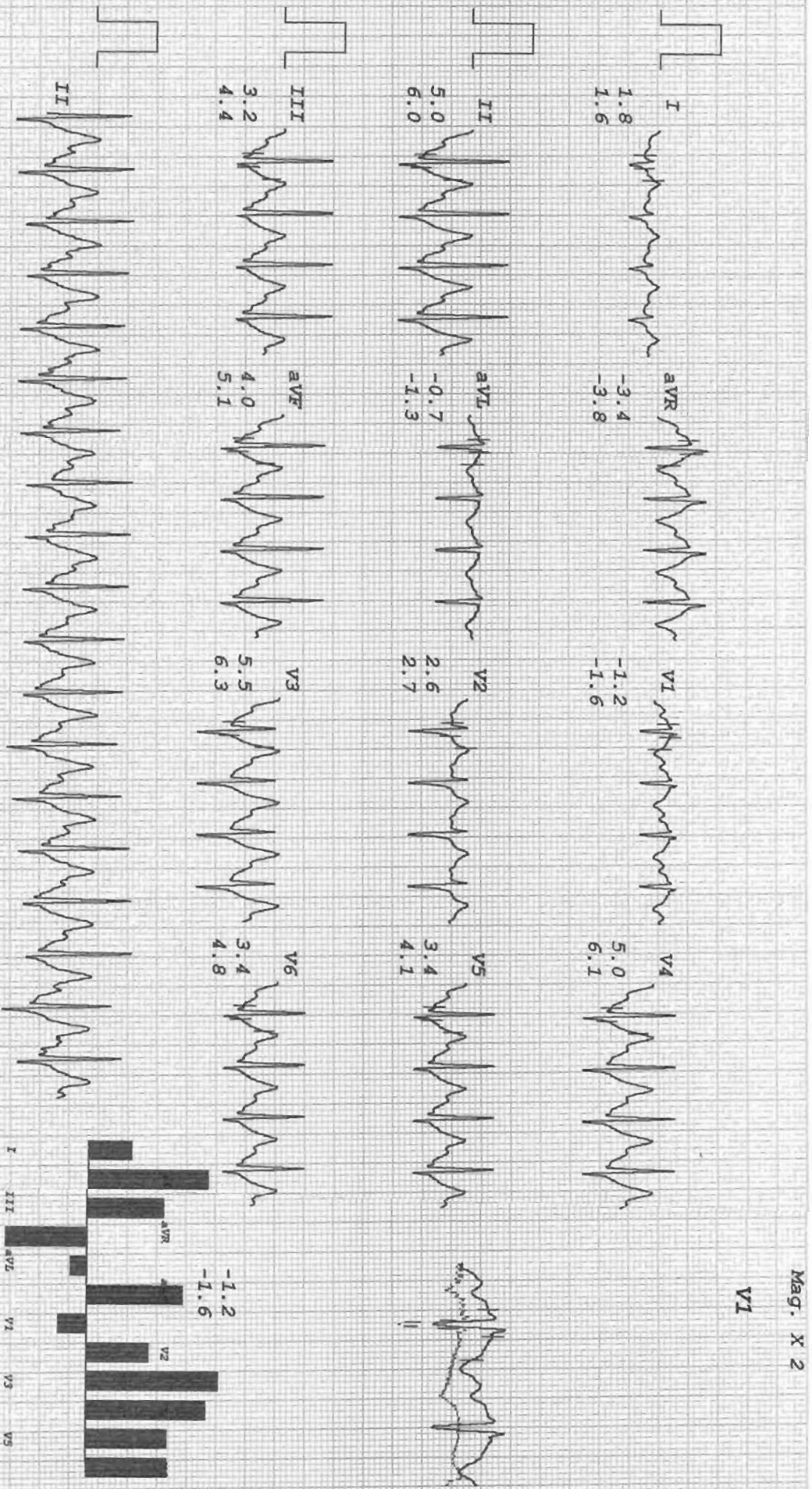
Jagat
I.D. 8991
Age 39/M
Date 25-05-2024

RATE 171bpm

Bruce
RECOVERY
TOTAL TIME 12:08
PHASE TIME 0:29

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



Mag. X 2

V1