



9/3/2024

Mr. Satish Madhanu
Age - 31 Yrs/M

PHYSICIAN CONSULTATION

PRESENT COMPLAINT :

Patient came for routine check up

PAST MEDICAL / SURGICAL HISTORY:

NO Comorbidity

GENERAL EXAMINATION:

PULSE :- 74/min
BP: 120/80 mm Hg
BMI :- 13.4
APETITE: N
THIRST: N
STOOL: N
URINE: N
SLEEP: N
SKIN: Dark brown
NAILS: N
HABITAT: NO

SYSTEMIC EXAMINATION: conscious oriented

RESPIRATORY EXAMINATION: AEBE Clear

CARDIOVASCULAR EXAMINATION: S₁S₂ (N)

ABDOMINAL EXAMINATION: soft NT.

GYNACOLOGY / OBST HISTORY (FOR FEMALE): NA.



OPHTHAL EXAMINATION:

FAR VISION: R+ Eye - 0.90 / Lt Eye - 0.90
NEAR VISION: R+ Eye - NG / Lt Eye - NG
COLOUR VISION: N

ENT EXAMINATION:

EAR: MASTOID TUNNIG FORK TEST:
NOSE: EXT NOSE/ POST NASAL SPACE:
THROAT: TOUNGE/ PALATE/ TEETH:
NECK: NODES/ THYROID/TEETH: } N

DENTAL EXAMINATION:

DECAY/ CARIES IF ANY:
PLAQUE IF ANY:
GUMS: } N

DR. RAMESH PAWAR
PHYSICIAN NAME

PHYSICIAN SIGNATURE



DEPARTMENT OF LABORATORY SCIENCES



Patient Name	Mr. SATISH MADHANU	LabNo	14672
UHID/IP No	150009592 / 11170	Sample Date	08/03/2024 11:51AM
Age/Gender	31 Yrs/Male	Receiving Date	08/03/2024 1:49PM
Bed No/Ward	OPD	Report Date	08/03/2024 7:23PM
Prescribed By	Dr. Ramesh Hari Pawar	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)	15.3	gm/dl	13.5 - 18.0	SLS- Hb Method
RBC Count (Red Blood Cell)	5.46	10 ⁶ /uL	4.70 - 6.00	
PCV (Haematocrit)	45.2	%	40.0 - 50.0	
MCV	82.78	fl	78 - 100	Calculated
MCH	28.02	pg	27 - 31	Calculated
MCHC	33.85	gm/dl	30 - 36	Calculated
RDW	12.7	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	7800	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	54	%	40 - 80	
Lymphocyte %	43 H	%	20 - 40	
Eosinophil %	01	%	0 - 6	
Monocytes %	02	%	1 - 12	
Basophil %	00	%	0 - 2	
Band Cells	00	%		
Absolute Neutrophil Count (ANC)	4212	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	3354 H	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	78	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	156 L	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Within normal limits.			
RBCs Morphology	Normocytic Normochromic.			
Platelet Count	281	10 ³ /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	10.7	fl	7 - 12	

--End Of Report--

Dr. SANDEEP B PORWA
MBBS MD (Path) Mumbai



APEX HOSPITALS KANDIVALI DIAGNOSTIC



Akurla Road, Next to Lodha Woods, Lokhandwala Township,
Near Mahindra Gate No. 4, Kandivali (E), Mumbai 400101.
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.: 022-62747000 (100 Lin

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. SATISH MADHANU	LabNo	14672
JHID/IP No	150009592 / 11170	Sample Date	08/03/2024 11:51AM
Age/Gender	31 Yrs/Male	Receiving Date	08/03/2024 1:49PM
Bed No/Ward	OPD	Report Date	08/03/2024 7:23PM
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HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	30 H	mm/hr	< 15	Westergren

--End Of Report--

Dr. SANDEEP B
MBBS MD (Path) M



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Akurla Road, Next to Lodha Woods, Lokhandwala Township,
Near Mahindra Gate No. 4, Kandivali (E), Mumbai 400101
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.:
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DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. SATISH MADHANU	LabNo	14672	
UHID/IP No	150009592 / 11170	Sample Date	08/03/2024 11:51AM	
Age/Gender	31 Yrs/Male	Receiving Date	08/03/2024 1:49PM	
Bed No/Ward	OPD	Report Date	08/03/2024 7:23PM	
Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

IMMUNO-HAEMATOLOGY

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

--End Of Report--

Dr. SANDEEP B PORWAL
MBBS MD (Path) Mumbai



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Apex Road, Next to Laxmi Woods, Likhichanda, Powai
Near Malabar Cafe No. 2, Kandivali (E), Mumbai 400074
Email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tel: 022-62747500 (100 Lines)

DEPARTMENT OF LABORATORY SCIENCES

Patient Name: Mr. SATISH HADYANI
UNCD/EP No: 130010102 / 11170
Age/Gender: 33 yrs/Male
Bed No./Ward: 070
Prescribed By: Dr. Ramesh Hari Tyagi

Lab No: 14671
Sample Date: 08/03/2024 11:55AM
Receiving Date: 08/03/2024 1:49PM
Report Date: 08/03/2024 7:22PM
Report Status: Final



BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
GLUCOSE (PP) Sample: Pl. Plasma Blood Sugar (2 Hours PP)	120.0	mg/dl	70 - 140	Glucose Oxidase, Hydrogen Peroxide

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 hypoglycaemic & Insulin treatment.

GLUCOSE (FASTING)

Sample: Pl. Plasma

Glucose (Fasting Blood Sugar / FBS)	95	mg/dl	70 - 110	Glucose Oxidase, Hydrogen Peroxide
Urine Fasting Sugar	Absent		Absent	
Urine Fasting Ketone	Absent		Absent	

--End Of Report--

Dr. SANDEEP B PORWAL
NBBS MD (Path) Mumbai

Apex Health Care Pvt. Ltd. (India) Private Limited - Karnataka, Bangalore.
New Malabar Road No. 4, Bangalore (K), Mumbai 400101.
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Tele :
022-62747000 (100 Lines)

DEPARTMENT OF LABORATORY SCIENCES

Pt Name	Dr. SATISH RAJARAM	LabNo	14672	
App No	130000002 / 11120	Sample Date	08/03/2024 11:51AM	
Gender	31 Yrs/Male	Receiving Date	08/03/2024 1:49PM	
Age/Ward	(35)	Report Date	08/03/2024 7:23PM	
Order By	Dr. Sandeep Hari Porwal	Report Status	Final	

BIOCHEMISTRY

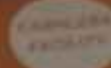
name	Result	Unit	Biological Ref. Range	Method
PROFILES SERUM				
Cholesterol Total	180	mg/dl	< 200.00	Cholesterol Oxidase, Esterase, Peroxidase
Triglycerides	108	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	52	mg/dl	40.00 - 60.00	Phosphotungstat
LDL Cholesterol	21.60	mg/dl	6.00 - 38.00	Calculated Value
VLDL Cholesterol	86.40	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol	3.08 L		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol	1.66 L		2.50 - 3.50	Calculated Value

--End Of Report--

Dr. SANDEEP B PORWAL
MBBS MD (Path) Mumbai

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Adult Road, Near to Laxtha Woods, Likhnavarshi Township,
Near Mahendra Gate No. 4, Kandivali (E), Mumbai 400101
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Tele.: 022-62747000 (100 Lines)

DEPARTMENT OF LABORATORY SCIENCES

Patient Name: Mr. SATISH MADHARAJ
 UHID/TP No: 130302552 / 11170
 Age/Gender: 31 Yrs/Male
 Bed No./Ward: OPD
 Prescribed By: Dr. Ramesh Hari Pawar

Lab No: 14672
 Sample Date: 08/03/2024 11:51AM
 Receiving Date: 08/03/2024 1:49PM
 Report Date: 08/03/2024 7:22PM
 Report Status: Final



BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIVER FUNCTION TEST (LFT) SERUM				
Sample: Serum	0.87	mg/dl	0.30 - 1.30	Diphenyl Diamonium Salt
Bilirubin Total (TBV)	0.42	mg/dl	0.00 - 0.50	
Bilirubin Direct (DBI)	0.42	mg/dl	0 - 1	IFCC modified
Bilirubin Indirect	0.45	mg/dl	0 - 1	IFCC modified
SGPT (ALT)	34.90	U/L	5 - 40	Buret
SGOT (AST)	28.24	U/L	5 - 40	
Protein Total	7.0	gm/dl	6.00 - 8.00	Bromocresol Green (BCG)
Albumin	4.0	gm/dl	3.20 - 5.00	Calculated Value
Globulin	3.00	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.33		1.00 - 2.50	
Alkaline Phosphatase	110.3	IU/L	42 - 140	
GGT (GAMMA GT)	35.32	IU/L	15.0 - 72.0	UV Kinetic IFCC

--End Of Report--

Dr. SANDEEP B PORWAL
 MBBS MD (Path) Mumbai

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Akurl Road, Next to Lodha Woods, Lokhandwala Township,
Near Mahindra Gate No. 4, Kandivali (E), Mumbai 400101
email: info@apexhospitals.in | www.apexgroupofhospitals.com

Tele.: 022-52747000 (106 Lines)

DEPARTMENT OF LABORATORY SCIENCES

Patient Name: Mr. SATISH MADHANU
UHID/IP No: 150009592 / 11170
Age/Gender: 31 Yrs/Male
Ref No/Ward: OPD
Prescribed By: Dr. Ramesh Hari Pawar

LabNo: 14672
Sample Date: 08/03/2024 11:51AM
Receiving Date: 08/03/2024 1:49PM
Report Date: 08/03/2024 7:22PM
Report Status: Final



BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
RFT (RENAL FUNCTION TEST)				
Sample: Serum				
Creatinine	1.0	mg/dl	0.70 - 1.50	Jeffes
UREA	20.61	mg/dl	15 - 50	CDC Urease Colorimetric
BUN - Blood Urea Nitrogen	9.63	mg/dl	7 - 20	Amesko III
Calcium	8.8	mg/dl	8.6 - 10.5	URICASE- PEROXIDASE
Uric Acid	5.8	mm/hr	3.5 - 8.5	Phosphomolybdate Reduction
Phosphorus	3.6	mg/dl	2.5 - 5.0	ISE Direct
Sodium	140.0	mEq/L	135 - 146	ISE Direct
Potassium	5.3	mEq/L	3.5 - 5.5	ISE Direct
Chloride	104.0	mEq/L	98 - 108	ISE Direct
Protein Total	7.0	gm/dl	6.00 - 8.00	Buret
Albumin	4.0	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	3.00	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.33		1.00 - 2.50	Calculated Value

--End Of Report--

Dr. SANDEEP B PORWAL
MBBS MD (Path) Mumbai



DEPARTMENT OF LABORATORY SCIENCES

Patient Name: Mr. SATISH MADHANU
PHNO/ID/IP No: 150009592 / 11170
Age/Gender: 31 Yrs/Male
Bed No/Ward: OPD
Prescribed By: Dr. Ramesh Hari Pawar

LabNo: 14672
Sample Date: 08/03/2024 11:51AM
Receiving Date: 08/03/2024 1:49PM
Report Date: 08/03/2024 7:23PM
Report Status: Final



CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
URINE ROUTINE				
Sample: Urine				
PHYSICAL EXAMINATION				
Quantity	30	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			
Specific Gravity	1.010		1.010 - 1.025	Clear
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	1-2/HPF			
RBCs	Absent			
Epithelial Cells	1-2/HPF			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	Absent			

--End Of Report--

Dr. SANDEEP B PORWAL
MBBS MD (Path) Mumbai

PVD18323-34/71152
MR MADHANU SATISH
31 Yrs/ Male
APEX HOSPITALS KANDIVALI
Self

Sample ID : 24032182
Reg. Date : 08/03/2024
Report Date : 08/03/2024
Case No.



HBA1C-GLYCOSYLATED HAEMOGLOBIN

Description	Result	Unit	Biological Reference Range
HbA1c (EDTA WB)	5.5	%	< 5.5 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	111.15	mg/dL	

INTERPRETATION

HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off of 6.5%.

Low glucose haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic renal failure and liver diseases. Clinical correlation suggested.

To estimate the eAG from the HbA1c value, the following equation is used: $eAG(mg/dl) = 28.7 \times A1c - 46.7$

Interference of Haemoglobinopathies in HbA1c estimation.

If Hemoglobinopathy is detected (Fructosamine) is recommended for testing of HbA1c.

If Hemoglobinopathy is detected (D10/ Tosho G8 is corrected for HbS and HbC trait).

In known diabetic patients, following values can be considered as a tool for monitoring the glycaemic control.

Excellent Control - 6 to 7 %
Fair to Good Control - 7 to 8 %
Unsatisfactory Control - 8 to 10 %
and Poor Control - More than 10 %.

Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

DR. SANDEE
MBBS MD (F)
MNC Reg n

Patient Id : PVD18323-24/71152
Patient : MR MADHANU SATISH
Age/Sex : 31 Yrs/ Male
Center : APEX HOSPITALS KANDIVALI
Ref. By : Self

Sample ID : 24032182
Reg. Date : 08/03/2024
Report Date : 08/03/2024
Case No. : 08/03/2024



IMMUNOASSAY

Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	123.8	ng/dl	83-200
T4 (Thyroxine)	8.01	ug/dL	For Pregnant females First Trim : 104.8 - 229.8 2nd Trim : 128.9 - 262.3 Third trim : 135.4 - 261.7 5.13 - 14.10
TSH(Thyroid Stimulating Hormone)	3.877	uIU/ml	For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7 0.27 - 4.20

Method : ECLIA

INTERPRETATION			
TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Decreased	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%
Within Range	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
Increased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)
Increased	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
Within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

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

& 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 20010318

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DEPARTMENT OF RADIOLOGY

Patient Name	Mr. SATISH MADHANU	LabNo	14672
UHID/IP No	150009592 / 11170	Order Date	08/03/2024 11:51AM
Age/Gender	31 Yrs/Male	Receiving Date	08/03/2024 12:51PM
Bed No/Ward	OPD	Report Date	09/03/2024 11:52AM
Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final



XRAY CHEST PA VIEW

The lung on either side shows adequate translucency and exhibit normal vasculature.
 Bilateral hila are symmetrical in size, outline and density
 Trachea is central in position and no mediastinal abnormality is visible.
 Bilateral costophrenic angles are clear.
 Cardiac shadow is unremarkable.
 Bone thorax appears unremarkable.

--End Of Report--

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

8/3/2024

Mr. Satish Madhane
Age - 31 Y / M

Optical

Distance -

(R) eye - 0.90
(L) eye - 0.90

Near

(R) eye - N-6
(L) eye - N-6.

ORTHOPEDIC | SPINE | CARDIOLOGY | GENERAL SURGERY | LAPAROSCOPY | CRITICAL CARE | GASTROENTEROLOGY | CANCER | DIABETES
NEUROLOGY | NEPHROLOGY | VASCULAR SURGERY | ENT | OPHTHALMOLOGY | PLASTIC SURGERY | UROLOGY | PEDIATRIC SURGERY

Printed By: sonalip

Prepared By: SONALI PAWAR

Credit Bill OP

Bill No : OPCR82324/265
 Bill Date Time : 08/03/2024 11:51AM
 Lab No : 14672
 Address : SUNDARAM 3 B NEAR TIME OF INDIA , MUMBAI, MAHARASHTRA, INDIA, - 40010

Payer : MEDIWHEELIARCOFEM1 HEALTHCARE
 Presc. Doctor : Dr. Ramesh Hari Pawar
 Referred By : Self

130009592
 Mr. SATISH MADHANU
 Male/31 Yr 0 Mth 0 Days
 7032298550

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TICIAN CHARGES (Dr. Mrinali Dwivedi)							
CONSULTATION (Dr. Ramesh Hari Pawar)							
COSE (FP) (Dr. SANDEEP B PORWAL)							
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CYLATED HEMOGLOBIN (HBA1C) (Dr. SANDEEP B PORWAL)							
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UNCTION TEST (LFT) SERUM (Dr. SANDEEP B PORWAL)							
ENAL FUNCTION TEST (Dr. SANDEEP B PORWAL)							
I + TSH (Dr. SANDEEP B PORWAL)							
ROUTINE (Dr. SANDEEP B PORWAL)							
TE BLOOD COUNT(CBC) EDTA WHOLE BLOOD (Dr. SANDEEP B PORWAL)							
CYTE SEDIMENTATION RATE (ESR) (Dr. SANDEEP B PORWAL)							
ROUPING (Dr. SANDEEP B PORWAL)							
ST (EYE CHECK UP) (Dr. Ramesh Hari Pawar)							
Y MASS INDEX (Dr. Ramesh Hari Pawar)							
PELVIS (Dr. RAVI RAMESH CHANDRA KUMAR)							
T PA (Dr. SAUMIL PANDYA)							

Gross Amount
Round Off Amount
Net Amount
Payer Amount
Patient Amount
Amt Received (Rs.)
Balance Amount

Prepared By: SONALI PAWAR

Patient Name: Mr. SATISH MADHANU
Ref. by: SELF
M / 31 Yrs
Date: - 08/03/2024

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is normal in 14 cm size, shape and has smooth margins. The hepatic parenchyma shows bright echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It measures 8.6 mm in transverse diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and part of body of pancreas is normal in size, shape, contours and echotexture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures 9.7 cm and is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
9.6 x 3.9 cm	9.3 x 4.3

kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. central echo complex does not show evidence of hydronephrosis. No evidence of ureter or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and normal mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted. Pre void volume is cc and post void residue is cc.

.....Continue On Page 2

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PROSTATE: It measures about 2.6 x 3 x 2.9 cm; volume is 12.7 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

IMPRESSION:

- > Grade 1 fatty liver.
- > No other significant abnormality is seen.

Thanks for the reference.
With regards,

Dr. Ravi Kumar
Consultant Radiologist



APEX HOSPITAL KANDIVALI

TREADMILL TEST REPORT

Patient Name: _____
 Age: _____ Sex: _____
 Date: _____
 Ref: _____

PHYSICIAN: _____
 CLINIC: _____
 TRUCENT L501: _____
 BELLENT L501: _____

TIME	VELOCITY km/h	GRADE %	HEART Rate	HR/BP	R.P. mmHg	R.P. mmHg	RPP ml/100
				85	130 / 80	102	
01:00	2.00	0.00	100	132	140 / 80	158	
01:30	2.00	0.00	112	152	130 / 80	197	
02:00	2.00	0.00	124	191	140 / 90	267	
02:30	2.00	0.00	140	201	140 / 90	285	
03:00	2.00	0.00	150	180	140 / 90	256	
03:30	2.00	0.00	150	180	140 / 90	256	

RESULTS

EXERCISE DURATION: 9:24 MAX WORK LOAD
 MAX HEART RATE: 204 bpm 107 % of target heart rate 189 bpm
 MAX BLOOD PRESSURE: 140 / 90 mm Hg
 REASON OF TERMINATION: _____
 BY SPO2/ECG: _____
 ANXIETY: _____
 R.X. RESPONSE: _____
IMPRESSIONS: _____

DR. VIVEK AGARWAL
 DM CARDIOLOGIST
 DNB CARDIOLOGIST
 ICCPR
 MD MEDICINE, MBBS
 2008/10/3715
APEX HOSPITALS KANDIVALI

Physician: 44

09-09, Indira, Tel.: +91-731-4030039, Fax: +91-731-4031140, E-Mail: info@apexhospitals.com

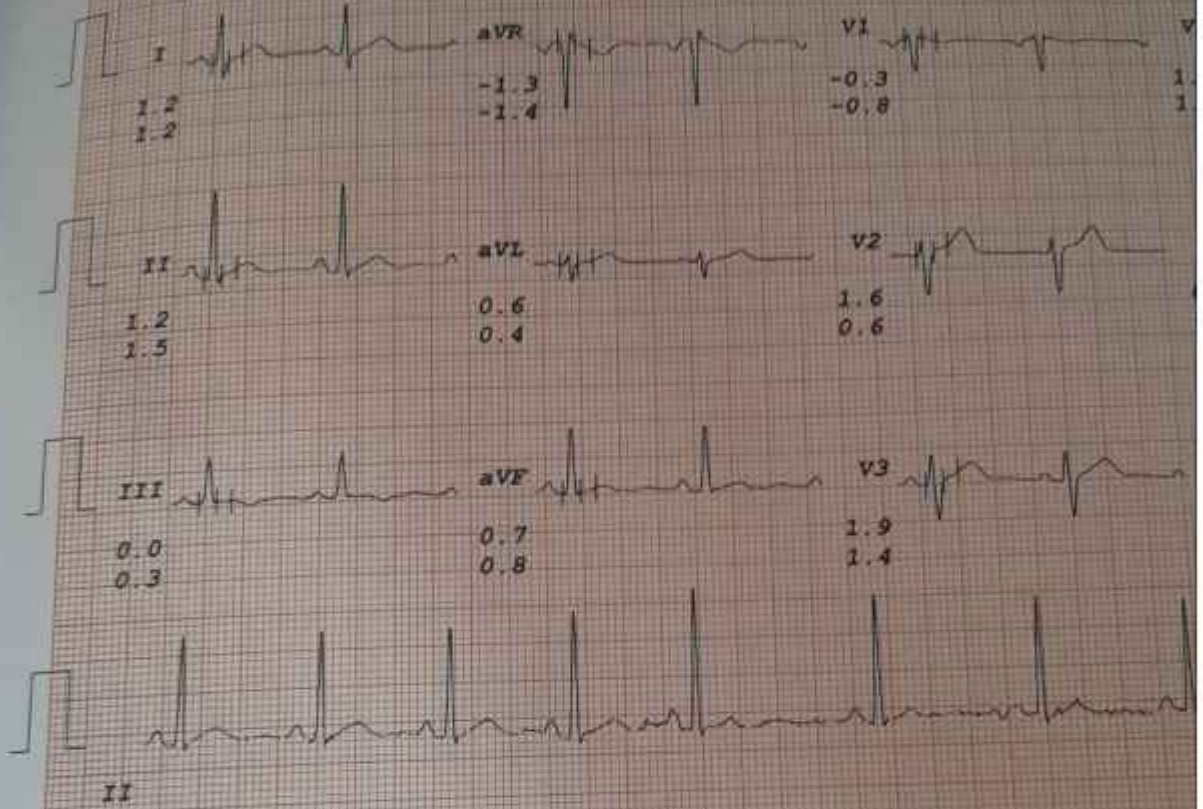
APEX HOSPITAL

SATISH MACHANDU
I.D. 8916
Age 31/M
Date 08-03-2024

RATE 85bpm
B.P. 120/80

PRETEST
SUPINE

ST @ 1.4
80ms P



UNI-DR, Indore. Tel. : +91-73

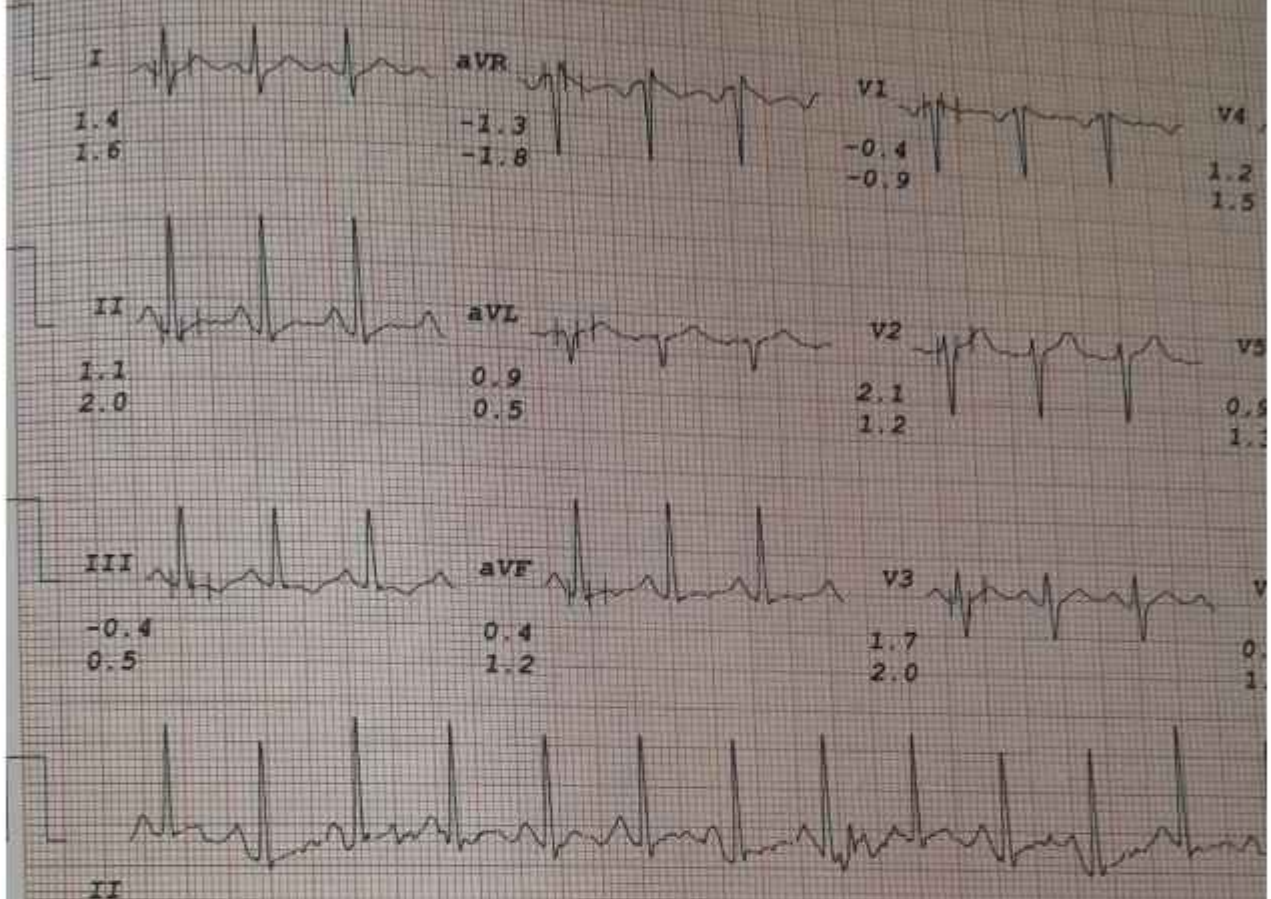
APEX HOSPITAL

ATISH MADHANU
D: 8916
No 31/M
Date 08-03-2024

RATE 132bpm
B.P. 120/80

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

ST @ 10mm
80ms Post
Speed 2.5
SLOPE 10



UV7-EM, Lucknow, Tel: +91-522-622

13-11-2024

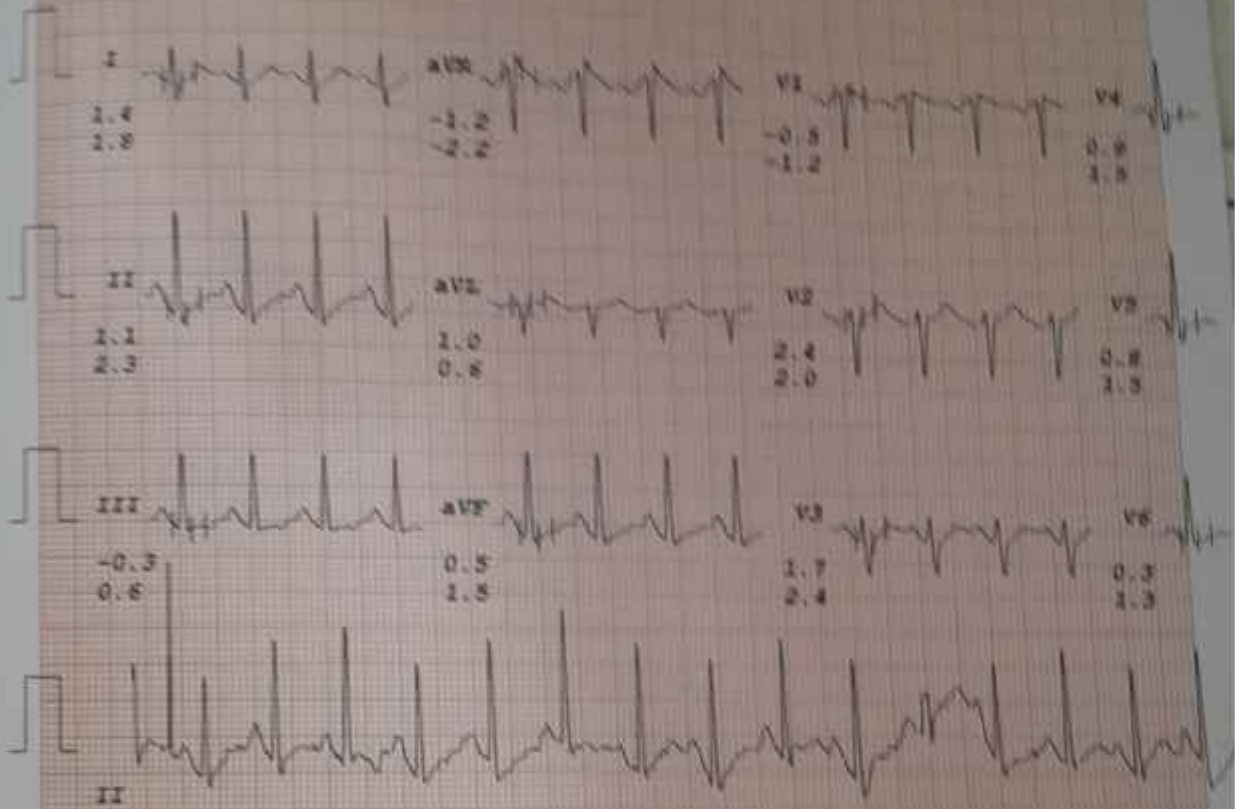
APEX HOSPITAL

PATIENT NAME
I.D. NO.
Age
Date

RATE 150bpm
S.P. 130/90

Strip
Strip 2
TOTAL TIME 5.35
PAPER TIME 2.33

ST 2 10mm/2s
Pulse Port 1
Speed 4 km/
Strip 12 s



Re Directed

181-08, Indiana, Inc. (417) 531-4200 FAX

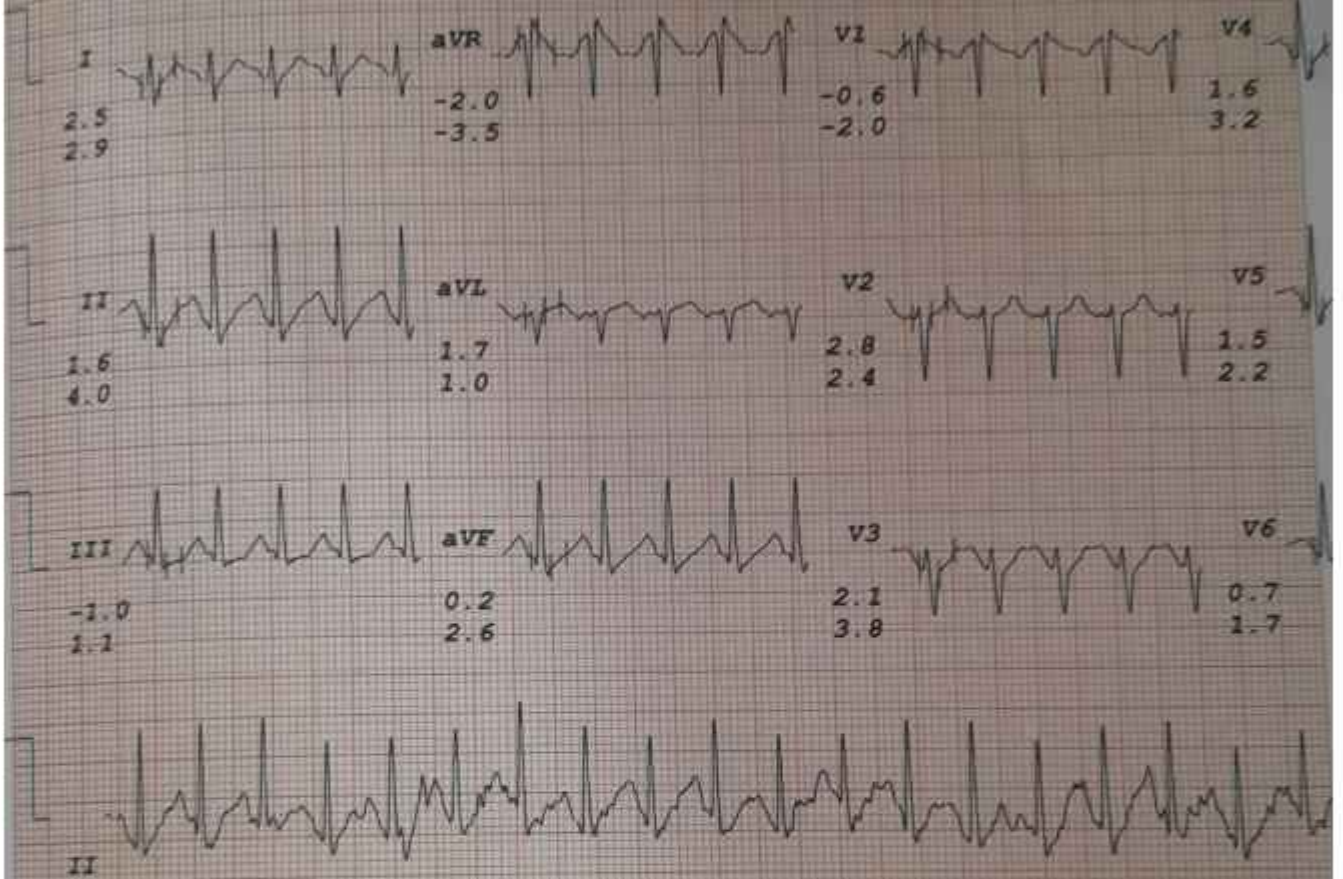
APEX HOSPITAL

TISH MADHANU
D. 8916
a 31/M
ts 08-03-2024

RATE 189bpm
B.P. 140/90

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

ST @ 10mm/m
80ms PostJ
Speed 5.4 k
SLOPE 14 %



UNIT-504, Indore, Tel.: +91-732-4030233, 98

Apex Hospital
Aarti Road, No. 2
Lokeshwari Tower
Gate No. 4, Indore
M.P. 462001

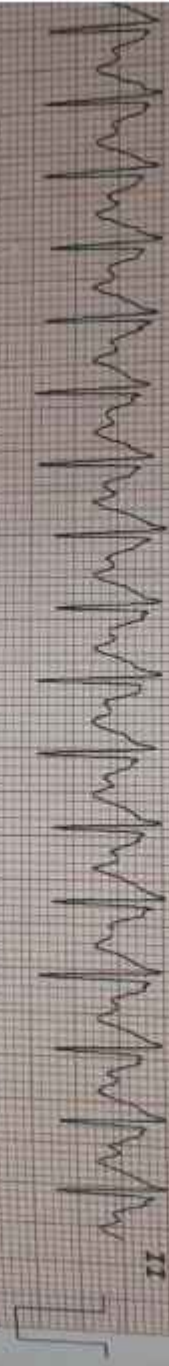
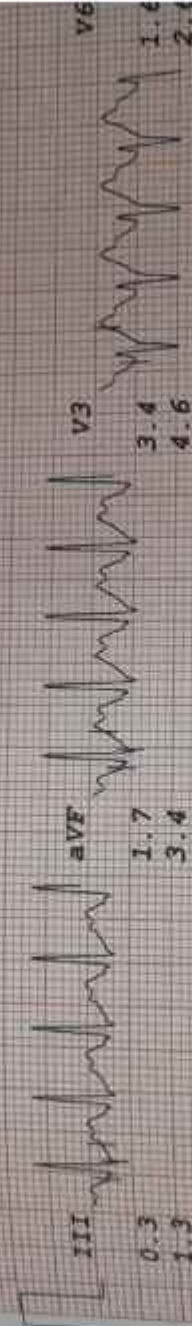
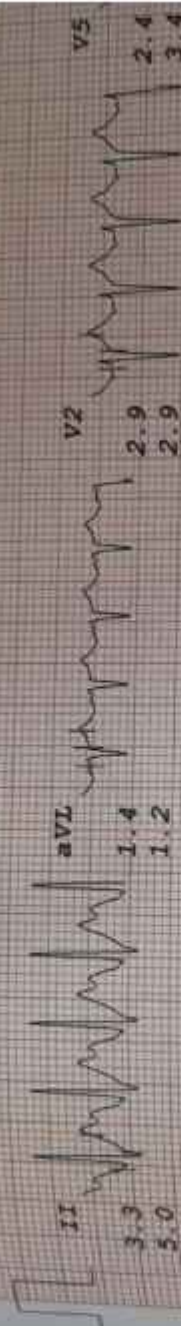
APEX HOSPITAL

SATISH MADHANI
I.D. 8916
Age 31/M
Date 08-03-2024

RATE 183bpm
B.P. 140/90

Bruce
RECOVERY
TOTAL TIME 10:25
PHASE TIME 0:29

ST @ 10mm
50ms Post





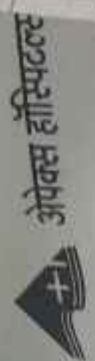
818124

Mr. madhavi Satish.
Age - 31 years male

BP = 120/80 mmHg
pulse = 74/min
SpO2 = 98%
Height = 166 cm
weight = 78.70 kg

maddhoo satish

Date 8/3/24 Time 11:45 AM

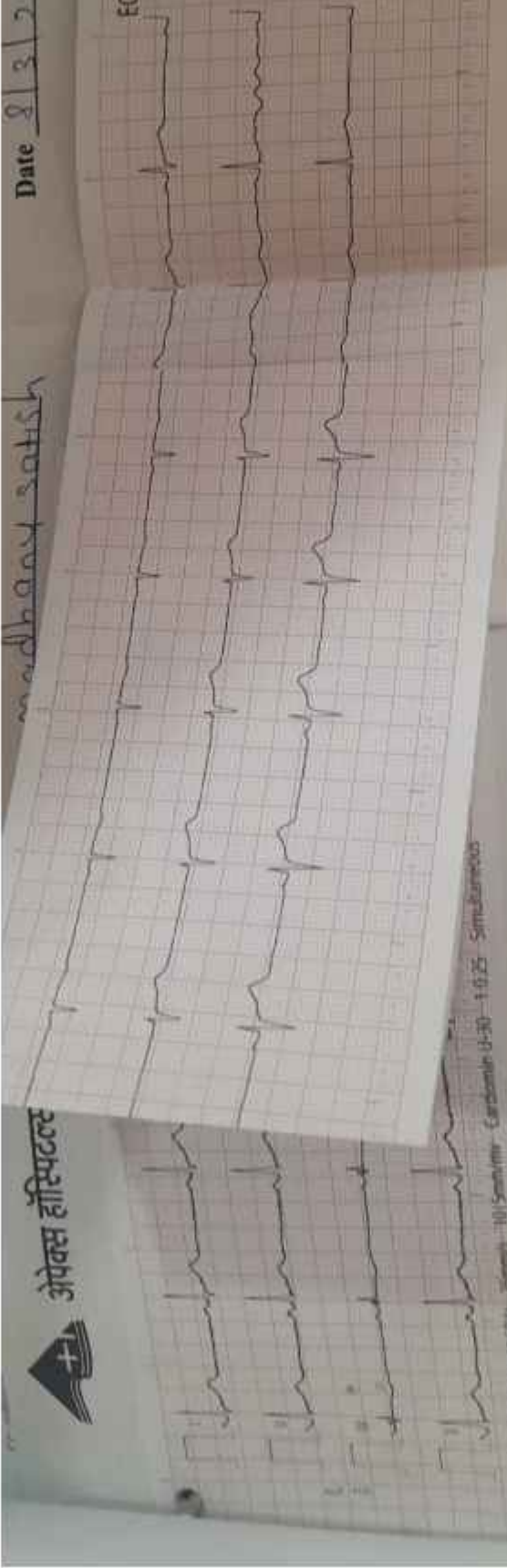


अपेक्स हॉस्पिटल

ECG report

ID: 20240308104534
Name:
Gender:
Age:
Dept:
Bed No:

HR : 54 bpm
PR : 175
QRS : 78 ms
QT/QTc : 365
P/QRS/T : 40
R/S/T : 1.3
T/QT : 2.1



0.04V - 750uV - 50Hz - 25mm/s - 10/30 - 1.0.25 - Simultaneous

Dietician Consultation