



Where Healing & Care Comes Naturally

# APEX SUPERSPECIALITY HOSPITALS

A Superspeciality Hospital



CASHLESS FACILITY

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

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

### INTERVENTIONAL CARDIOLOGIST

**Dr. Hemant Khemani**  
Mon to Fri: 10:00 am to 11:00 am  
**Dr. Rajiv Sharma**  
Mon to Fri: on appointment

### CARDIAC SURGEON

**Dr. Shridhar Padagati**  
Mon to Sat: 08:00 pm to 09:00 pm  
**Dr. Sagar Kedare**  
Mon to Sat: 08:00 pm to 09:00 pm

### GENERAL PHYSICIAN

**Dr. Chirag Shah**  
Mon to Sat: 11:30 am to 01:00 pm  
**Dr. Shreya Mehta**  
Mon to Sat: 01:00 pm to 03:00 pm  
**Dr. Priyank Jain**  
Mon to Sat: 01:00 pm to 03:00 pm

### CHEST PHYSICIAN

**Dr. Parthiv Shah**  
Wed & Sat: 09:00 am to 10:30 am  
**Dr. Kinjal Modi**  
Mon & Thurs: 01:00 pm to 03:00 pm

### REPLACEMENT SURGEON AND SPORT INJURIES

**Dr. Amit Munde**  
Mon to Sun: 05:00 pm to 07:00 pm  
**Dr. Vividh Makwana**  
Mon to Sat: 11:00 am to 12:00 pm  
**Dr. Bhavin Doshi**  
Mon to Sat: 09:00 pm to 10:00 pm  
**Dr. Arpit Dave**  
Mon to Sat: 05:00 pm to 07:00 pm  
**Dr. Deepak Bhaskar**  
Mon to Sat: on appointment  
**Dr. Raunak Shah**  
Mon to Sat: on appointment  
**Dr. Sandip Vyas**  
Mon to Sat: 05:30 pm to 07:30 pm

### MEDICAL GASTROENTEROLOGIST, HEPATOLOGIST, ENDOSCOPIST

**Dr. Darshit Shah**  
Mon to Fri: 09:00 am to 10:00 am  
06:00 pm to 07:00 pm  
**Dr. Siddhash Rane**  
Mon to Sat: on appointment

### LAPROSCOPIC SURGEON

**Dr. Aditi Agarwal**  
Mon to Sat: 05:00 pm to 07:00 pm  
**Dr. Amol Patil**  
Mon to Sat: 08:00 pm to 07:00 pm  
**Dr. Geeta Ghag**  
Mon to Sat: 06:00 pm to 07:00 pm

### DIABETIC FOOT SURGEON

**Dr. Shrikant Bhojar**  
Mon to Sat: 02:00 pm to 04:00 pm

### LAPROSCOPIC GYNAECOLOGIST

**Dr. Hemashri Patel**  
Mon to Sat: 05:00 pm to 07:00 pm  
**Dr. Rashmi Padwalkar**  
Mon, Wed: on appointment

### NEPHROLOGIST

**Dr. Amit Jain**  
Mon to Sat: 10:00 am to 11:00 am  
**Dr. Ankit Mody**  
Mon, Wed & Fri: 05:00 pm to 07:00 pm  
**Dr. Umesh Khanna**  
Mon to Sat: 08:00 pm to 09:00 pm  
**Dr. Akash Shingada**  
Mon to Sat: 08:00 pm to 09:00 pm  
**Dr. Paras Deshiya**  
Mon to Sat: on appointment

### URO SURGEON

**Dr. Saket Sathe**  
Mon to Sat: on appointment  
**Dr. Rushabh Daga**  
Mon to Sat: on appointment  
**Dr. Aniket Shirke**  
Mon to Sat: on appointment

### NEUROLOGIST

**Dr. Mehoob Basale**  
Saturday: 02:00 pm to 04:00 pm  
Mon to Fri: on appointment  
**Dr. Gaurav Kusundara**  
Mon to Wed: 08:30 am to 09:30 pm

Dinesh Govind Rao

In White 364x1m

CO- Redness and ulcer present on nose  
No any active complain of mouth.

No fever, cold, cough

No breathlessness, chest pain

KID - NAD

Sx - NAD

O/E

G.C Mod / A Feb

PR - 75/m

SpO<sub>2</sub> - 96%

Temp - A Feb

BP - 120/90 mmHg

S/E

CVS - J1, J2

CNS - conscious oriented

RS - A E D T e

PIA - soft INT

ENT

E - No any deformity noted  
No fistula

N - No deviated

Symmetrical

No polyp noted

T - Aptus present  
Redness present  
irregular.

Optimalmo - pupil equally reacting to

### NEUROSURGEON

**Dr. Darpan Thakare**  
Tues & Thurs: 03:00 pm to 04:00 pm  
**Dr. Sameer Parikh**  
Tues & Thurs: 03:00 pm to 04:00 pm  
**Dr. Vivek Patel**  
Mon, Wed & Fri: 07:00 pm to 08:00 pm

### HAEMATOLOGIST

**Dr. Shraddha Thakkar**  
Tue, Wed & Fri: 03:00 pm to 04:00 pm

### MEDICAL ONCOLOGIST

**Dr. Ashish Joshi**  
Thurs: 09:00 am to 10:00 am  
**Dr. Pradip Kendre**  
Tues: 09:00 am to 10:00 am

### ONCOSURGEON

**Dr. Praveen Kammar**  
Tues & Thru: 04:00 pm to 06:00 pm  
**Dr. Yogen Chheda**  
Mon, Wed & Sat: 05:00 pm to 07:00 pm

### OPHTHALMOLOGIST

**Dr. Anurag Agarwal**  
Mon to Sat: 09:00 am to 10:00 am  
**Dr. Kishor Khade**  
Mon to Sat: on appointment  
**Dr. Prasan Mahajan**  
Mon to Sat: on appointment

### PAEDIATRICIAN

**Dr. Sunila Nagvekar**  
Fri: 02:00 pm to 03:00 pm

### PAEDIATRIC SURGEON

**Dr. Yogendra Sanghavi**  
Mon to Sat: 11:00 am to 12:00 pm

### INTERVENTIONAL VASCULAR SURGEON

**Dr. Smit Vora**  
Tues, Thurs & Sat: 06:00 pm to 08:00 pm  
**Dr. Virendra Yadav**  
Mon to Sat: 09:00 pm to 10:00 pm  
**Dr. Maunil Bhuta**  
Wed to Fri: 05:00 pm to 07:00 pm  
**Dr. Kunal Arora**  
Mon, Wed & Fri: 07:00 pm to 08:00 pm

### ENT SPECIALIST

**Dr. Sneha Mahajan**  
Mon to Fri: on appointment  
**Dr. Rachana Mehta Shroff**  
Mon to Sat 03:00 pm to 04:00 pm (on appointment)  
**Dr. Sonal Devangan**  
Mon to Fri: on appointment

### PSYCHIATRIST

**Dr. Pratik Surdashe**  
Mon to Sat: 06:00 pm to 07:00 pm  
**Dr. Payal Sharma Kamat**  
Tue, Thru & Fri: 09:00 am to 11:00 am

### CLINICAL PSYCHOLOGIST

**Hemangi Mhapolkar**  
Sun: 01:00 pm to 04:00 pm

### COSMETOLOGIST

**Dr. Vikas Verma**  
Mon to Sat: 06:00 pm to 08:00 pm  
**Dr. Leena Jain**  
Tues: 06:00 pm to 08:00 pm  
**Dr. Sushil Nehete**  
Wed: 06:00 pm to 08:00 pm  
**Dr. Pratap Nadar**  
Thurs: 06:00 pm to 08:00 pm

### ANESTHESIST

**Dr. Sagar Yesale**  
Mon to Sat: 08:00 am to 04:00 pm

### RADIOLOGIST

**Dr. Soumil Pandya**  
Mon to Sat: 06:00 pm to 08:00 pm  
**Dr. Forum Kothari**  
Mon to Sat: 06:00 pm to 08:00 pm  
**Dr. Deep Vora**  
Mon to Sat: 09:00 pm to 09:30 pm

### DIETICIAN

**Ms. Sakshi Gupta**  
Mon to Sat: 08:00 am to 04:00 pm

### PHYSIOTHERAPIST

**Dr. Manal Alvi**  
Mon to Sat: 09:00 am to 04:00 pm

Rx  
Cap. Becosule  
| | x 5 day

Zytec gel  
fo. CA  
| | |

W



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|                   |                        |               |                |
|-------------------|------------------------|---------------|----------------|
| <b>Patient</b>    | : <b>Inwate Dinesh</b> | UHID          | : ASH232404255 |
| Age/Sex           | : 36/Male              | ID            | : OP232405013  |
| Consultant Dr     | : GUJAR NEERAJ         | Registered On | : 19-Feb-2024  |
| Referring Dr      | : MEDIWHEEL            | Reported On   | : 19-Feb-2024  |
| Collection Centre | : Apex Hospital        |               |                |

### COMPLETE BLOOD COUNT

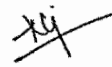
| Test                      | Result                      | Normal Value                    |
|---------------------------|-----------------------------|---------------------------------|
| <b>HAEMOGLOBIN</b>        | 13.7 Gm%                    | 13.5-18.0 Gm%                   |
| <b>RBC Count</b>          | 5.34 Millions/cumm          | 4.0-6.0 Millions/cumm           |
| PCV                       | 40.6 %                      | 37-47 %                         |
| MCV                       | <u>L 76.03 Fl</u>           | 78-100 Fl                       |
| MCH                       | <u>L 25.66 Pg</u>           | 27-31 Pg                        |
| MCHC                      | 33.74 %                     | 32-35 %                         |
| RDW                       | 13.2 %                      | 11-15 %                         |
| <b>Total WBC Count</b>    | 5200 /C.MM                  | 4000-11000 /C.MM                |
| <b>Differential Count</b> |                             |                                 |
| Neutrophils               | 51 %                        | 40-75 %                         |
| Eosinophils               | 02 %                        | 01-06 %                         |
| Basophils                 | 00 %                        | 00-01 %                         |
| Lymphocytes               | 43 %                        | 20-45 %                         |
| Monocytes                 | 04 %                        | 01-10 %                         |
| <b>BANDCELLS</b>          | 00 %                        | 00-03 %                         |
| Abnormalities Of WBC      | NORMAL                      |                                 |
| Abnormalities Of RBC      | MICRO                       |                                 |
| <b>PLATELET COUNT</b>     | 297 X 10 <sup>3</sup> /cumm | 150-450 X 10 <sup>3</sup> /cumm |
| <b>PLATELET ON SMEAR</b>  | ADEQUATE ON SMEAR           |                                 |
| MPV                       | 9.8 Fl                      | 7.0-11.0 Fl                     |

#### Remarks : \*

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.

Run By  
Lab Technician

Checked By  
Biochemist

  
Pathologist  
DR.GUJAR NEERAJ VILAS  
MD PATHOLOGY



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## HEMATOLOGY

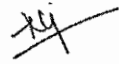
| Test        | Result   | Normal Value |
|-------------|----------|--------------|
| ESR         | 5 mm/hr  | 0 - 10 mm/hr |
| BLOOD GROUP | "B"      |              |
| Rh FACTOR   | POSITIVE |              |

### Remarks : \*

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### FASTING BLOOD SUGAR

| Test          | Result      | Normal Value |
|---------------|-------------|--------------|
| FBS           | 105.7 Mg/dl | 70-110 Mg/dl |
| URINE SUGAR   | ABSENT      |              |
| URINE KETONES | ABSENT      |              |

### POST LUNCH BLOOD SUGAR

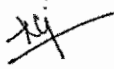
| Test                     | Result      | Normal Value |
|--------------------------|-------------|--------------|
| PLBL (2 HOUR AFTER FOOD) | 121.4 Mg/dl | 70-140 Mg/dl |
| URINE SUGAR (PP)         | SNR         | -            |
| URINE KETONE (PP)        | SNR         |              |

**Remarks : \*\***

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### LIPID PROFILE

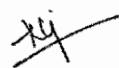
| Test              | Result     | Normal Value |
|-------------------|------------|--------------|
| TOTAL CHOLESTEROL | 218.05 Mg% | 150-250 Mg%  |
| TRIGLYCERIDES     | 118.4 Mg%  | 35-160 Mg%   |
| HDL CHOLESTEROL   | 55 Mg%     | 30-70 Mg%    |
| VLDL CHOLESTEROL  | 23.68      | 7-35         |
| LDL CHOLESTEROL   | 139.37 Mg% | 108-145 Mg%  |
| TC/HDL CHOL RATIO | 3.96       | 3.5-5.0      |
| LDL/HDL RATIO     | 2.53       | 1.1-3.9      |

#### Remarks : \*

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## RENAL FUNCTION TEST

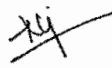
| Test                      | Result     | Normal Value  |
|---------------------------|------------|---------------|
| SERUM CREATININE          | 0.80 Mg/dl | 0.6-1.6 Mg/dl |
| URIC ACID                 | 6.33 Mg/dl | 2.5-7.7 Mg/dl |
| BLOOD UREA NITROGEN / BUN | 11.1 Mg/dl | 0-23 Mg/dl    |

### Remarks : \*

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| <b>Consultant Dr</b>     | : GUJAR NEERAJ  | Registered On | : 19-Feb-2024  |
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| <b>Collection Centre</b> | : Apex Hospital |               |                |

### LIVER FUNCTION TEST


| Test                      | Result             | Normal Value  |
|---------------------------|--------------------|---------------|
| TOTAL BILIRUBIN           | 0.89 Mg/dl         | 0.1-1.2 Mg/dl |
| DIRECT BILIRUBIN          | 0.20 Mg/dl         | 0.0-0.3 Mg/dl |
| INDIRECT BILIRUBIN        | 0.69 Mg/dl         | 0.1-1.0 Mg/dl |
| SGOT                      | 26.18 Iu/l         | 5-40 Iu/l     |
| SGPT                      | H <b>54.1 Iu/l</b> | 5-40 Iu/l     |
| SERUM ALKALINE PHOSPHATES | 97.73 U/l          | 25-147 U/l    |
| SERUM PROTEINS TOTAL      | 6.90 Gm%           | 6.0-8.2 Gm%   |
| SERUM ALBUMIN             | 4.24 Gm%           | 3.0-5.0 Gm%   |
| SERUM GLOBULIN            | 2.66 Gm%           | 1.9-3.5 Gm%   |
| ALBUMIN : GLOBULIN RATIO  | 1.59 Mg/dl         | 0.9-2.0 Mg/dl |
| GAMMA GT                  | 41.08 Iu/l         | 5-45 Iu/l     |

**Remarks : \***

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| <b>Age/Sex</b>           | : 36/Male       | <b>ID</b>            | : OP232405013  |
| <b>Consultant Dr</b>     | : GUJAR NEERAJ  | <b>Registered On</b> | : 19-Feb-2024  |
| <b>Referring Dr</b>      | : MEDIWHEEL     | <b>Reported On</b>   | : 19-Feb-2024  |
| <b>Collection Centre</b> | : Apex Hospital |                      |                |

### URINE ROUTINE

| Test                                     | Result      | Normal Value |
|--|-------------|--------------|
| <b>PHYSICAL EXAMINTION</b>               |             |              |
| QUANTITY                                 | 15 MI       | MI           |
| COLOUR                                   | PALE YELLOW |              |
| APPEARANCE                               | CLEAR       |              |
| DEPOSIT                                  | ABSENT      |              |
| REACTION [PH]                            | ACIDIC      |              |
| SPECIFIC GRAVITY                         | 1.010       |              |
| <b>CHEMICAL EXAMINATION</b>              |             |              |
| URINE ALBUMIN                            | ABSENT      |              |
| SUGAR                                    | ABSENT      |              |
| KETONE BODIES                            | ABSENT      |              |
| OCCULT BLOOD                             | ABSENT      |              |
| BILE PIGMENT                             | ABSENT      |              |
| BILE SALT                                | ABSENT      |              |
| <b>MICROSCOPIC EXAMINATION OF CENTRE</b> |             |              |
| RED BLOOD CELLS                          | ABSENT /hpf | /hpf         |
| PUS CELLS                                | 1-2 /hpf    | /hpf         |
| EPITHELIAL CELLS                         | 0-1 /hpf    | /hpf         |
| CASTS                                    | ABSENT      |              |
| CRYSTALS                                 | ABSENT      |              |
| SPERMATOOZA                              | ABSENT      |              |
| TRICHOMONAS VAGINALIS                    | ABSENT      |              |
| YEAST CELLS                              | ABSENT      |              |
| AMORPHOS DEPOSITS                        | ABSENT      |              |
| BACTERIA                                 | ABSENT      |              |

**Remarks : \***

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### STOOL ROUTINE

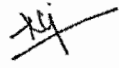
| Test                           | Result      | Normal Value |
|--------------------------------|-------------|--------------|
| <b>PHYSICAL EXAMINTION</b>     |             |              |
| COLOUR                         | BROWN       |              |
| FORM & CONSISTENCY             | SEMI SOLID  |              |
| MUCUS                          | ABSENT      |              |
| BLOOD                          | ABSENT      |              |
| PARASITES                      | ABSENT      |              |
| <b>CHEMICAL EXAMINATION</b>    |             |              |
| REACTION                       | ACIDIC      |              |
| OCCULT BLOOD                   | ABSENT      |              |
| <b>MICROSCOPIC EXAMINATION</b> |             |              |
| RED BLOOD CELLS                | ABSENT /hpf | /hpf         |
| PUS CELLS                      | 2-3 /hpf    | /hpf         |
| MACROPHAGES                    | ABSENT      |              |
| FATS                           | ABSENT      |              |
| STARCH                         | ABSENT      |              |
| ENTAMOEBA HISTOLITICA          | ABSENT      |              |
| ENTAMOEBA COLI                 | ABSENT      |              |
| GIARDIA LAMBLIA                | ABSENT      |              |
| TRICOMONAS CELLS               | ABSENT      |              |
| EPITHELIAL CELLS               | 1-2 /hpf    | /hpf         |
| OTHERS                         | ABSENT      |              |

**Remarks : \***

**Note:-** The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.

Run By  
Lab Technician

Checked By  
Biochemist

  
Pathologist  
DR.GUJAR NEERAJ VILAS  
MD PATHOLOGY

Patient Id : **PVD04223-24/67106** Sample ID : 24025218  
 Patient : MR DINESH INWATE Reg. Date : 19/02/2024  
 Age/sex : 36 Yrs/ Male Report Date : 19/02/2024  
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :  
 Ref. By : Self



### IMMUNOASSAY


| Test Description                 | Result | Unit   | Biological Reference Range   |
|----------------------------------|--------|--------|--|
| <b>TOTAL T3 T4 TSH (TFT)</b>     |        |        |  |
| T3 (Triiodothyronine)            | 135.10 | ng/dl  | 83-200<br><br>For Pregnant females:<br>First Trim: 104.8 - 229.8<br>2nd Trim: 128.9 - 262.3<br>Third trim : 135.4 - 261.7      |
| T4 (Thyroxine)                   | 8.01   | ug/dL  | 5.13 - 14.10<br><br>For Pregnant females:<br>First Trim : 7.33 - 14.8<br>Second Trim : 7.93 - 16.1<br>Third Trim : 6.95 - 15.7 |
| TSH(Thyroid Stimulating Hormone) | 2.16   | 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.<br>• Subclinical Autoimmune Hypothyroidism<br>• Intermittent T4 therapy for hypothyroidism<br>• Recovery phase after Non-Thyroidal illness" |
| Raised                    | Decreased              | Decreased              | • Chronic Autoimmune Thyroiditis<br>• Post thyroidectomy, Post radioiodine<br>• Hypothyroid phase of transient thyroiditis"   |
| Raised or within Range    | Raised                 | Raised or within Range | • Interfering antibodies to thyroid hormones (anti-TPO antibodies)<br>• Intermittent T4 therapy or T4 overdose<br>• 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<br>• Subclinical Hyperthyroidism<br>• Thyroxine ingestion"  |
| Decreased                 | Decreased              | Decreased              | • Central Hypothyroidism<br>• Non-Thyroidal illness<br>• Recent treatment for Hyperthyroidism (TSH remains suppressed)"   |
| Decreased                 | Raised                 | Raised                 | • Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule<br>• Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"                             |
| Decreased or within Range | Raised                 | Within Range           | • T3 toxicosis<br>• 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

**CENTRAL PROCESSING LABORATORY**

Grandeur 208/209/210, S.V. Road, Dahisar (East), Mumbai - 400 068.

Tel: 022-2645... Mob: 86910 17023 / 81042 45961 • www.pathvisiandiagnosics.com

Patient Id : **PVD04223-24/67106** Sample ID : 24025218  
 Patient : MR DINESH INWATE Reg. Date : 19/02/2024  
 Age/sex : 36 Yrs/ Male Report Date : 19/02/2024  
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :  
 Ref. By : Self



**PROSTATE SPECIFIC ANTIGEN**

| Test Description                            | Result | Unit  | Biological Reference Range  |
|---|--------|-------|---|
| PSA (Prostate Specific Antigen)-Serum Total | 0.18   | ng/ml | Conventional for all ages: 0 - 4<br>69- 80 Years : 0 - 6.5<br>Above 80 yrs: 0 - 7.2 |

Method : ECLIA

**INTERPRETATION :**


Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

-----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 : PVD04223-24/67106          | Sample ID : 24025218  |
| Patient : MR DINESH INWATE              | Reg. Date : 19/02/2024  |
| Age/sex : 36 Yrs/ Male                  | Report Date : 19/02/2024  |
| Center : APEX SUPERSPECIALITY HOSPITALS | Case No. :  |
| Ref. By : Self                          |  |



### HBA1C-GLYCOSYLATED HAEMOGLOBIN

| Test Description                | Result | Unit  | Biological Reference Range                                   |
|---------------------------------|--------|-------|--|
| HbA1c- (EDTA WB)                | 7.3    | %     | < 5.6 Non-diabetic<br>5.7-6.4 Pre-diabetic<br>> 6.5 Diabetic |
| Estimated Average Glucose (eAG) | 162.81 | 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:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
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-----

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**DR. SANDEEP B. PORWAL**  
 MBBS MD (Path) Mumbai  
 MMC Reg no 2001031640



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: info@apexhospitals.in | www.apexgroupofhospitals.com

visit website  
googlemap



Tele.:

022 - 2898 6677 / 46 / 47 / 48

UHID : ASH232404255 ID : OP232405013 Date : 19-Feb-2024  
Patient : Inwate Dinesh Age/Sex : 36/Male Referred By : MEDIWHEEL  
Company : SELF

## DIGITAL X-RAY CHEST <PA> VIEW

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

The pleural spaces are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The cardiac size is normal.

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

Bony thorax is normal.

### **IMPRESSION:**

- o No significant abnormality.

DR. PANDYA SAUMIL  
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 Dinesh Inwate Date 19/2/24

Age 36 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 : with Dr. [Signature]

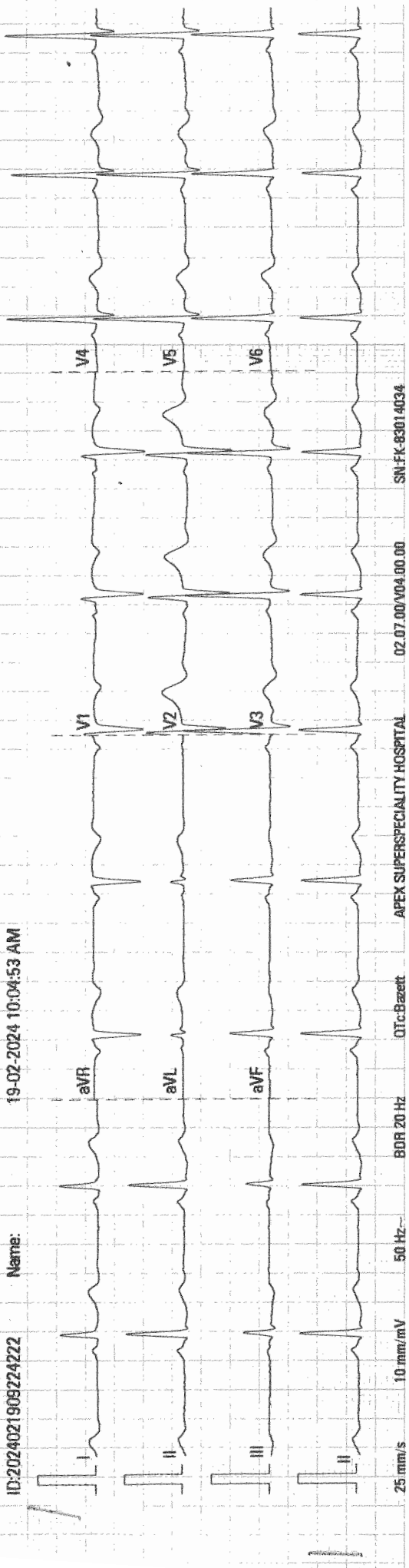
ID:202402190824222

Name:

19-02-2024 10:04:53 AM

ID:2024021908  
Name:  
19-02-2024 11

Sinus Rhythm  
Unconfirmed



25 mm/s

10 mm/mV

50 Hz

BDR 20 Hz

QTc: Bazett

APEX SUPERSPECIALITY HOSPITAL

02.07.00/V04.00.00

SN:FK-33014034



# UNI-EM ELECTRONICS COMPLEX INDORE

## TREADMILL TEST REPORT

**DINESH INWATE**

ID : 22244

DATE : 07/04/2005

AGE/SEX : 36 / M

HT/WT : 163 / 72

REF.PY :

PROF.OCOL : Bruce

HISTORY :

INDICATION :

MEDICATION :

| PHASE       | TOTAL STAGE TIME | SPEED Km/Hr | GRADE % | H. R. bpm | B. P. mmHg | RPP x100 | ST LEVEL (MM) |      |      | METS  |
|-------------|------------------|-------------|---------|-----------|------------|----------|---------------|------|------|-------|
|             |                  |             |         |           |            |          | I1            | V1   | V5   |       |
| Stage 1     | 2:55             | 2.7         | 10      | 125       | 120 / 80   | 150      | -1.1          | -0.4 | -0.7 | 4.67  |
| Stage 2     | 5:55             | 4           | 12      | 125       | 120 / 80   | 150      | -0.8          | -0.5 | -0.6 | 7.04  |
| Stage 3     | 8:55             | 5.4         | 14      | 162       | 120 / 80   | 194      | 1             | -0.6 | 1    | 9.92  |
| PK-EXERCISE | 10:3             | 6.7         | 16      | 165       | 120 / 80   | 198      | 2.5           | -0.6 | 2.4  | 11.40 |
| RECOVERY    | 13:8             |             |         | 100       | 130 / 80   | 130      | 1.5           | -0.4 | 0.4  |       |
| RECOVERY    | 16:8             |             |         | 124       | 130 / 80   | 161      | 1.4           | -1.7 | -0.5 |       |

### RESULTS

EXERCISE DURATION : 10:3

MAX HEART RATE : 204 bpm

MAX BLOOD PRESSURE : 130 / 80 mm Hg

REASON OF TERMINATION :

BP RESPONSE :

ARRHYTHMIA :

H. R. RESPONSE :

IMPRESSIONS :

MAX WORK LOAD : 11.40 METS

Technician :

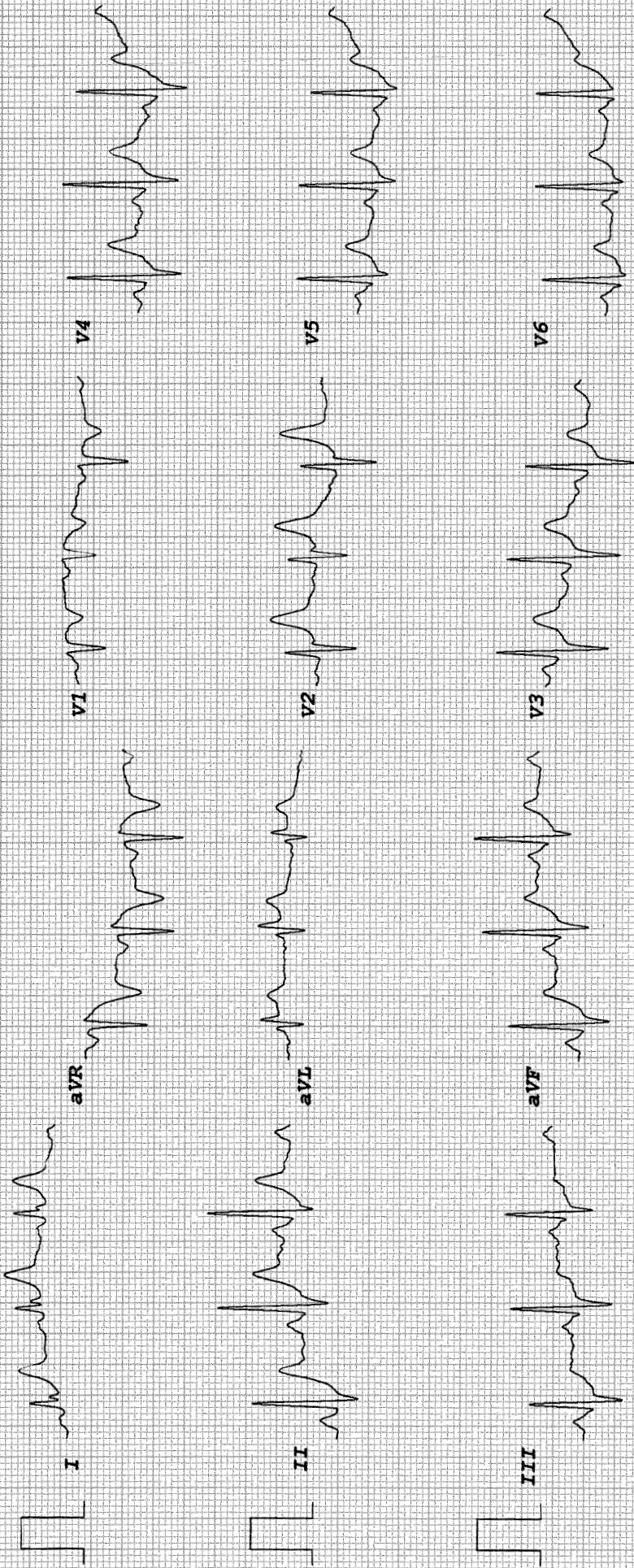
# UNI-EM

DINESH INWATE  
I.D. 22244  
Age 36/M  
Date 07/04/2005

BRUCE  
RECOVERY  
TOTAL TIME 13:25  
PHASE TIME 3:12

ST @ 10mm/mV  
80ms PostJ

RAW ECG



# UNI-EM

DINESH INWATE  
 I.D. 22244  
 Age 36/M  
 Date 07/04/2005

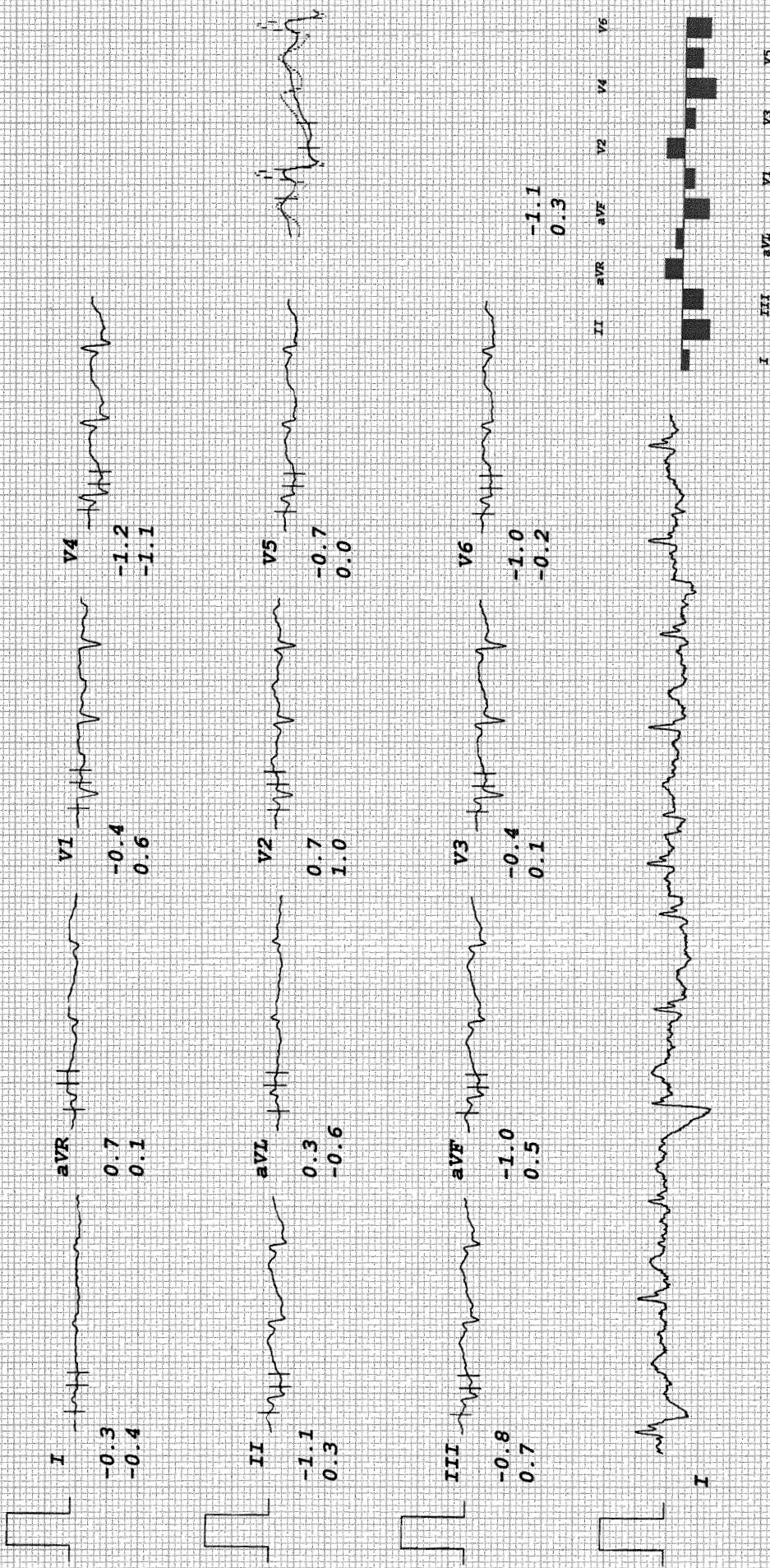
BRUCE  
 Stage 1  
 RATE 125bpm  
 B.P. 120/80

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

## LINKED MEDIAN

Mag. X 2

II



# UNI-EM

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

Bruce  
Stage 2  
TOTAL TIME 5:55  
PHASE TIME 2:55

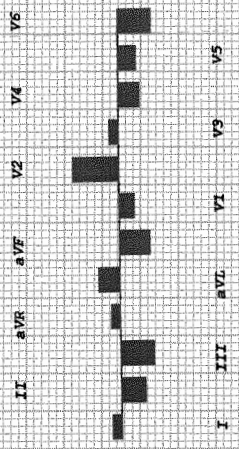
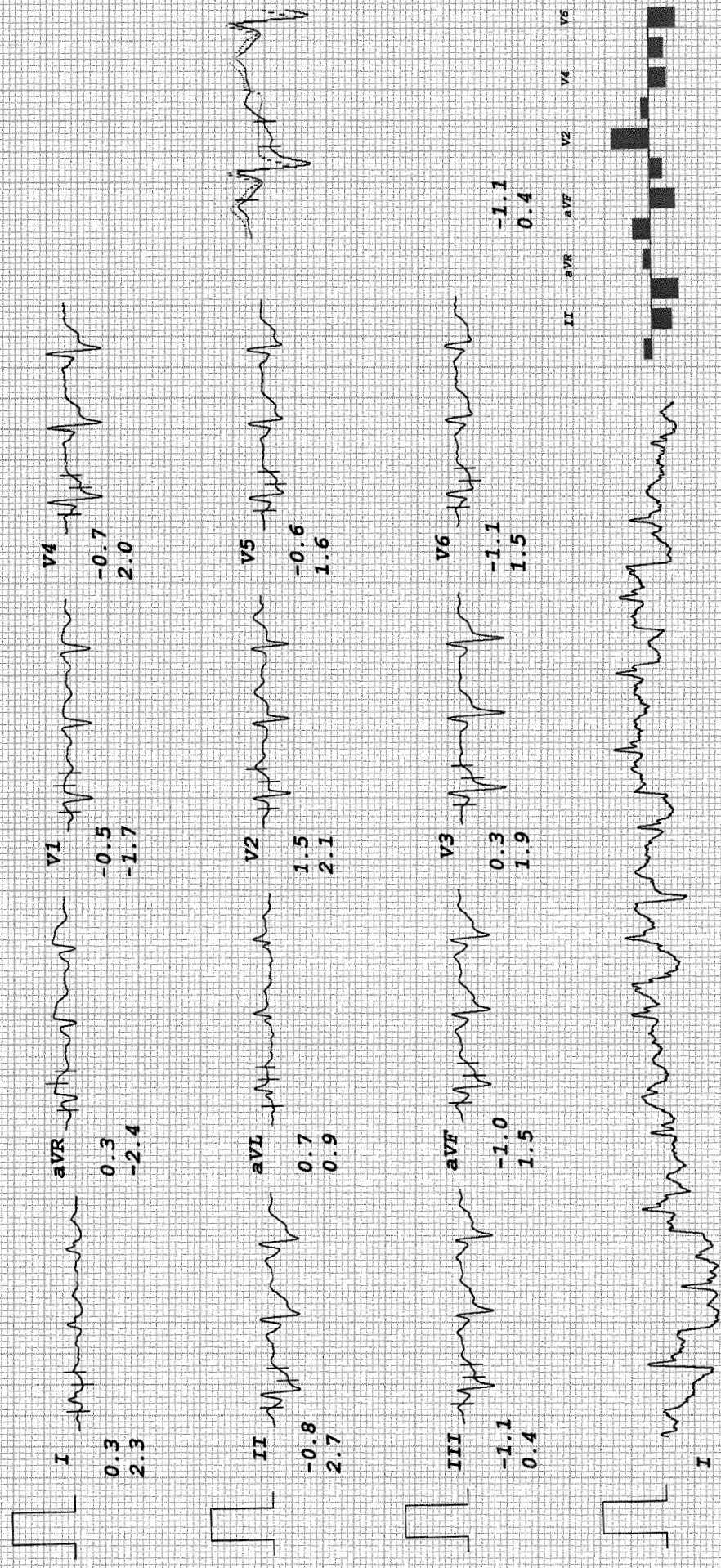
RATE 125bpm  
B.P. 120/80

DINESH INWATE  
I.D. 22244  
Age 36/M  
Date 07/04/2005

## LINKED MEDIAN

Mag. X 2

III



# UNI-EM

**DINESH INWATE**  
 I.D. 22244  
 Age 36/M  
 Date 07/04/2005

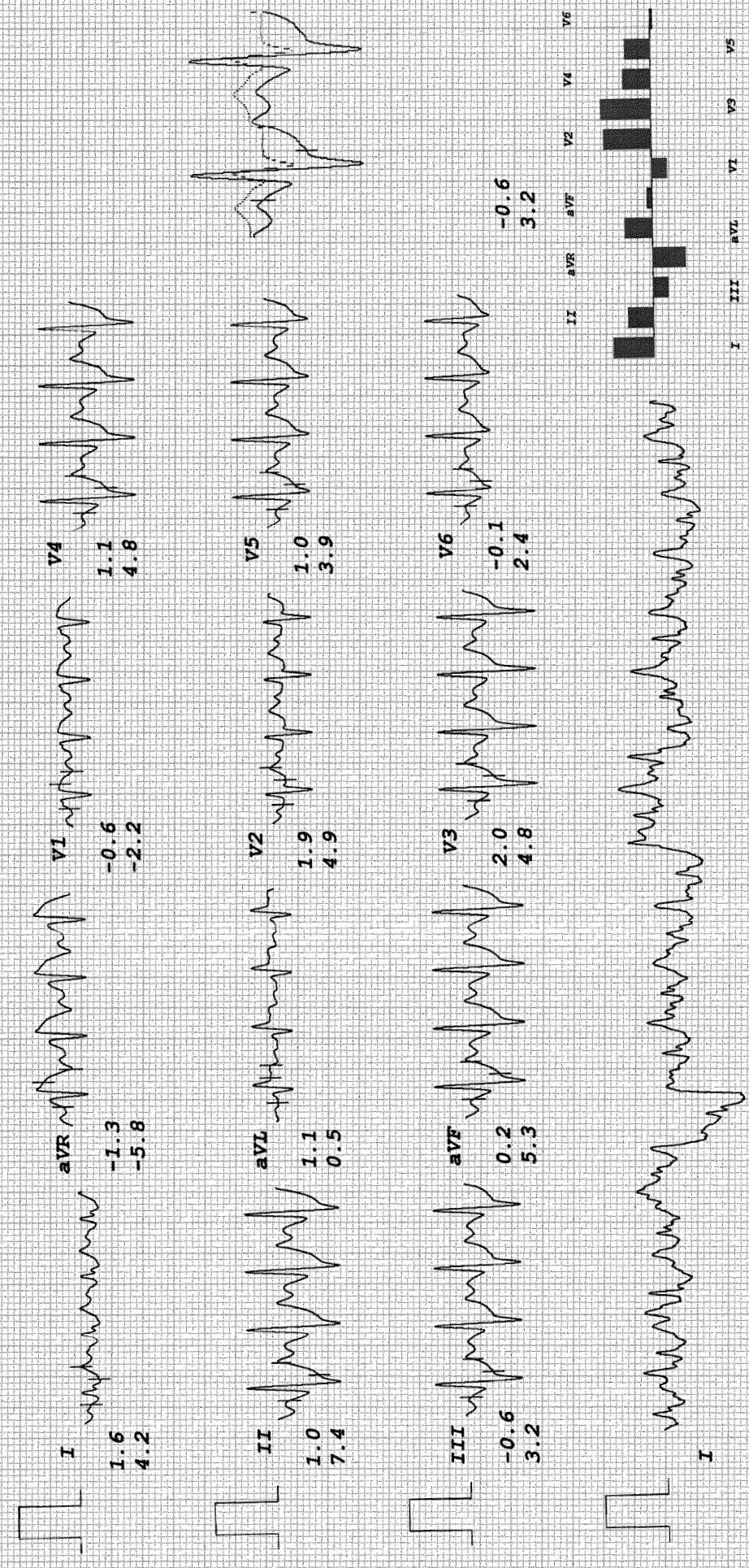
**Bruce**  
 Stage 3  
 TOTAL TIME 8:55  
 PHASE TIME 2:55

RATE 162bpm  
 B.P. 120/80

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

**LINKED MEDIAN**

Mag. X 2  
III



# UNI-EM

DINESH INWATE  
 I.D. 22244  
 Age 36/M  
 Date 07/04/2005

Bruce  
 PK-EXERCISE  
 TOTAL TIME 10:03  
 PHASE TIME 1:03

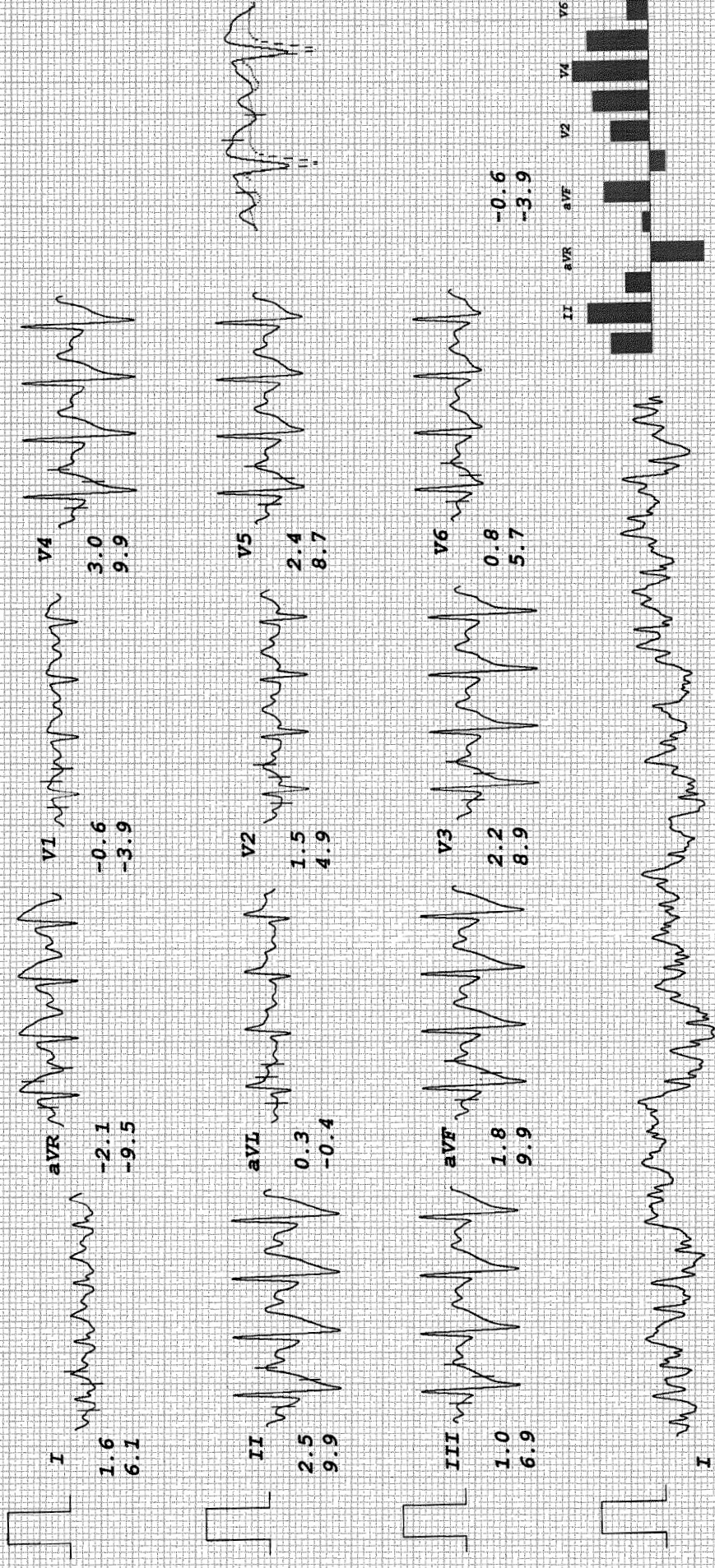
RATE 165bpm  
 B.P. 120/80

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

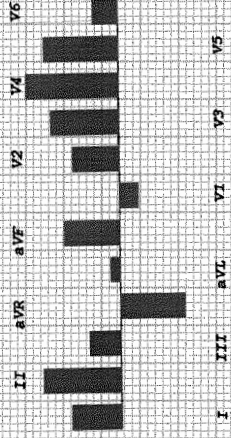
## LINKED MEDIAN

Mag. X 2

V1



-0.6  
 -3.9



# UNI-EM

DINESH INWATE  
I.D. 22244  
Age 36/M  
Date 07/04/2005

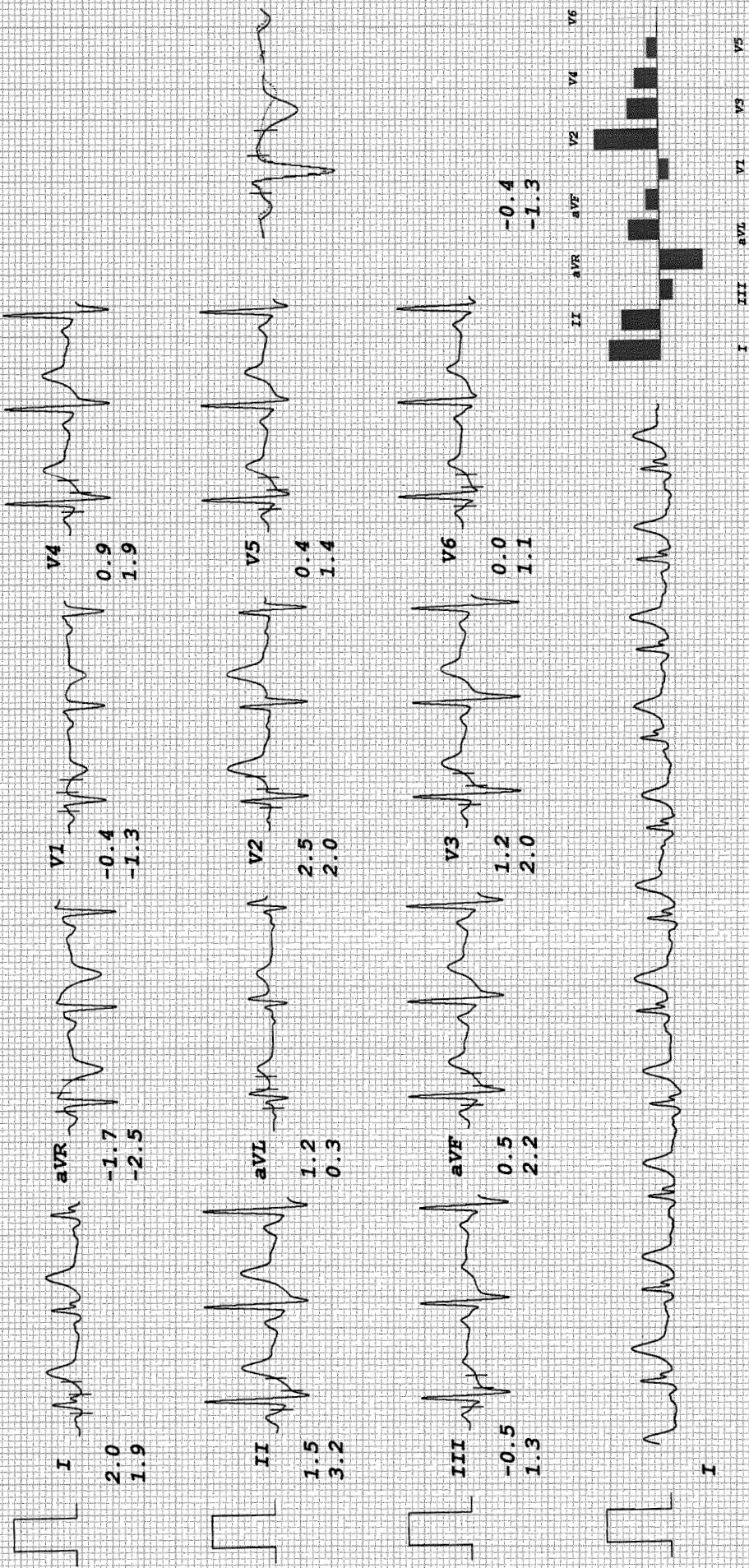
Bruce  
RECOVERY  
TOTAL TIME 13:08  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ

## LINKED MEDIAN

Mag. X 2

V1



# UNI-EM

Bruce  
RECOVERY  
TOTAL TIME 16:08  
PHASE TIME 5:55

DINESH INWATE  
I.D. 22244  
Age 36/M  
Date 07/04/2005

ST @ 10mm/mV  
80ms PostJ  
**LINKED MEDIAN**

Mag. X 2

III

