



Bill Cum Receipt



Receipt No :		Date :	24-Feb-2024
UHID :	AMU232404298	OPID :	OP232407859
Name :	Nagamalleswararao B	Sex/Age :	Male/33 Years
Credit Company :	MEDIWHEEL (ARCOFEMI HEALTHCARE)	Consulting Doctor :	VIJAY VERMA
Referring Doctor :	MEDIWHEEL	Payment mode :	CREDIT

Sr No	Code	Service	Doctor Name	Charge
1	SR00327	COMPLETE HEMOGRAM / COMPLETE BLOOD COUNTS / CBC	VIJAY VERMA	250
2	SR00329	E.S.R. / Erythrocyte Sedimentation Rate	VIJAY VERMA	105
3	SR00324	BLOOD GROUP & RHO TYPE / BLOOD GROUP	VIJAY VERMA	100
4	SR00325	Blood Sugar (Fasting & PP)	VIJAY VERMA	250
5	SR00335	Lipid Profile. (Total cholesterol, LDL, HDL, treigylcerides) / Lipid Profile - Calculated	VIJAY VERMA	800
6	SR00334	Liver Function Test / LFT	VIJAY VERMA	2000
7	SR00646	Kidney Function Test / Renal function tests / RFT	VIJAY VERMA	2400
8	SR00429	Hb A1 C / HbA1c / Glycosylated	VIJAY VERMA	850
9	SR00361	URINE ROUTINE / URINE - ROUTINE EXAMINATION	VIJAY VERMA	100
10	SR00475	T3, T4, TSH	VIJAY VERMA	900
11	SR00034	ECG	VIJAY VERMA	500
12	SR00028	2D ECHO ROUTINE	RAVINDRA GHULE	2500
13	SR00817	ABD & PELVIS	JAIN KAMLESH	1764
14	SR00114	CHEST PA	BHALEKAR AMOL	350
15	SR5325	DENTAL	VIJAY VERMA	800
16	SR5323	OPHTHALMOLOGY	VIJAY VERMA	800
17	SR5324	ENT	VIJAY VERMA	1000
18	SR00507	FIRST CONSULTATION (SPECIALIST)	SINGH BALBIR	850

Total Amt : ₹ 16319.00/-

Paid Amt : ₹ 0.00/-

Balance Amt : ₹ 16319.00/-

Refund Amt : ₹ 0.00/-

In Words : Zero

Print By : Omkar Savardrkar

Print Date : 24-Feb-2024 04:30 PM

Authorized Signature





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APEX HOSPITALS MULUND DIAGNOSTIC

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Tele.:
022-41624000 (100 Line)



APEX HOSPITALS MULUND Radiologist Report Sheet

Patient Name:	B.NAGAMALLESWARARAO	Medical Record No:	24/02/2024 2661
AGE:	33Y	Accession No:	
Gender:	MALE	Location:	Outpatient
Type Of Study:	CR Chest PA	Physician:	BANK OF BARODA
Image Count:	1	Exam Time:	24/24/02 08:24 AM ET
Requisition Time:	24/24/02 12:01 PM ET	Report Time:	24/24/02 12:11 PM ET
Clinical History:	H/O MEDICAL FITNESS		

RADIOGRAPH OF THE CHEST (SINGLE VIEW)

Clinical History: H/O MEDICAL 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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Tele.:
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Patient Name : **MR. B.NAGAMALLESWARARAO**
Age/Sex : 33 Years /Male
Ref Doctor : APEX HOSPITAL
Client Name : Apex Hospital

Patient ID : 84070
Sample Collected on : 24-2-24, 5:00 pm
Registration On : 24-2-24, 5:00 pm
Reported On : 24-2-24, 7:29 pm

Test Done	Observed Value	Unit	Ref. Range
Complete Blood Count(CBC)			
HEMOGLOBIN	14.2	gm/dl	12 - 16
Red Blood Corpuscles			
PCV (HCT)	41.8	%	42 - 52
RBC COUNT	4.35	x10 ⁶ /uL	4.70 - 6.50
RBC Indices			
MCV	84.6	fl	78 - 94
MCH	28.6	pg	26 - 31
MCHC	33.3	g/L	31 - 36
RDW-CV	14.6	%	11.5 - 14.5
White Blood Corpuscles			
TOTAL LEUCOCYTE COUNT	5800	/cumm	4000 - 11000
Differential Count			
NEUTROPHILS	62	%	40 - 75
LYMPHOCYTES	33	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	0	%	0 - 1
Platelets			
PLATELET COUNT	245000	Lakh/cumm	150000 - 450000
MPV	8.6	fl	6.5 - 9.8
RBC MORPHOLOGY	Normochromic, Normocytic		
WBC MORPHOLOGY	No abnormality detected		
PLATELETS ON SMEAR	Adequate on Smear		

Instrument : Mindray BC 3000 Plus



Dr. Hrishikesh Chevle
(MBBS.DCP.)

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Test Done	Observed Value	Unit	Ref. Range
-----------	----------------	------	------------

Blood Group & RH Factor

SPECIMEN	WHOLE BLOOD
ABO GROUP	'O'
RH FACTOR	POSITIVE
INTERPRETATION	

The ABO system consists of A, B, AB, and O blood types. People with type AB blood are called universal recipients, because they can receive any of the ABO types. People with type O blood are called universal donors, because their blood can be given to people with any of the ABO types. Mismatches with the ABO and Rh blood types are responsible for the most serious, sometimes life-threatening, transfusion reactions. But these types of reactions are rare.

Rh system
The Rh system classifies blood as Rh-positive or Rh-negative, based on the presence or absence of Rh antibodies in the blood. People with Rh-positive blood can receive Rh-negative blood, but people with Rh-negative blood will have a transfusion reaction if they receive Rh-positive blood. Transfusion reactions caused by mismatched Rh blood types can be serious.



Dr. Hrishikesh Chevle
(MBBS .DCP.)



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Test Done	Observed Value	Unit	Ref. Range
ESR (ERYTHROCYTES SEDIMENTATION RATE)			
ESR	17	mm/1hr.	0 - 20
METHOD - WESTERGREN			



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Test Done	Observed Value	Unit	Ref. Range
LIPID PROFILE			
TOTAL CHOLESTEROL	199.1	mg/dL	200 - 240
S. TRIGLYCERIDE	125.2	mg/dL	0 - 200
S.HDL CHOLESTEROL	42.1	mg/dL	30 - 70
VLDL CHOLESTEROL	25	mg/dL	Up to 35
S.LDL CHOLESTEROL	131.96	mg/dL	Up to 160
LDL CHOL/HDL RATIO	3.13		Up to 4.5
CHOL/HDL CHOL RATIO	4.73		Up to 4.8

Transasia-EM200 FULLY AUTOMATIC

INTERPRETATION

Above reference ranges are as per ADULT TREATMENT PANEL III RECOMMENDATION by NCEP (May 2015).

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Client Name	: Apex Hospital	Reported On	: 24-2-24, 7:29 pm

Test Done	Observed Value	Unit	Ref. Range
BLOOD GLUCOSE FASTING & PP			
FASTING BLOOD GLUCOSE	84.1	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	101.2	mg/dL	70 - 140
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT

Method - GOD-POD



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Test Done	Observed Value	Unit	Ref. Range
LIVER FUNCTION TEST			
TOTAL BILLIRUBIN	1.23	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.51	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.72	mg/dL	UP to 0.7
SGOT(AST)	21.4	U/L	UP to 40
SGPT(ALT)	17.3	U/L	UP to 40
ALKALINE PHOSPHATASE	286.6	IU/L	64 to 306
S. PROTIEN	7.6	g/dl	6.0 to 8.3
S. ALBUMIN	4.2	g/dl	3.5 - 5.0
S. GLOBULIN	3.40	g/dl	2.3 to 3.6
A/G RATIO	1.24		0.9 to 2.3

METHOD - EM200 Fully Automatic



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Test Done	Observed Value	Unit	Ref. Range
RENAL FUNCTION TEST			
BLOOD UREA	30.1	mg/dL	10 - 50
BLOOD UREA NITROGEN	14.07	mg/dL	0.0 - 23.0
S. CREATININE	0.90	mg/dL	0.7 to 1.4
S. SODIUM	134.5	mEq/L	135 - 155
S. POTASSIUM	4.53	mEq/L	3.5 - 5.5
S. CHLORIDE	103.9	mEq/L	95 - 109
S. URIC ACID	3.52	mg/dL	3.5 - 7.2
S. CALCIUM	8.5	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.2	mg/dL	2.5 - 4.5
S. PROTIEN	7.6	g/dl	6.0 to 8.3
S. ALBUMIN	4.2	g/dl	3.5 to 5.3
S. GLOBULIN	3.40	g/dl	2.3 to 3.6
A/G RATIO	1.24		1.0 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -



Dr. Hrishikesh Chevle
(MBBS .DCP .)



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Test Done	Observed Value	Unit	Ref. Range
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URINE ROUTINE EXAMINATION

Physical Examination

VOLUME	20 ml	- -
COLOUR	Pale Yellow	Pale Yellow
APPEARANCE	Slightly Hazy	Clear
DEPOSIT	Absent	Absent

Chemical Examination

REACTION (PH)	Acidic	Acidic
SPECIFIC GRAVITY	1.020	1.003 - 1.035
PROTEIN (ALBUMIN)	Absent	Absent
OCCULT BLOOD	Negative	Negative
SUGAR	Absent	Absent
KETONES	Absent	Absent
BILE SALT & PIGMENT	Absent	Absent
UROBILINOGEN	Normal	Normal

Microscopic Examination

RED BLOOD CELLS	Absent	Absent
PUS CELLS	2-3 /HPF	0 - 5 /HPF
EPITHELIAL CELLS	1-2 /HPF	0 - 3 /HPF
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	Absent
YEAST CELLS	Absent	Absent
ANY OTHER FINDINGS	Absent	

Dr. Hrishikesh Chevle
(MBBS.DCP.)



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Mr. B. NAGAMALLESWARARAO	email: info@apexhospitals.in www.apexgroupofhospitals.com	Collected : 24-02-2024 16:34	Lab ID : 4020996811
DOB :		Received : 24-02-2024 18:40	Sample Quality : Adequate
Age : 33 Years		Reported : 24-02-2024 19:50	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 1.10 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 8.80 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 H 7.485 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

Remarks: Kindly correlate clinically

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

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

Namrata

Dr. Namrata Bhanushali M.D
Lab Director



MC-5941



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NAME : MR.B.NAGAMALLESWARARAO 33/M 24 /02/2024

REF.BY :BANK OF BARODA

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.

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 : 8.4 x 4.6 cm

Left kidney measures : 10.2 x 5.2 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 show smooth margin and there is no evidence of vesicle calculi.

Prostate measures : 3.4 x 2.8 x 2.5 cm.

Normal in size echotexture , No focal lesion.

REMARK :-

● No Abnormality seen.

Dr. Kamlesh Jain

(Consultant Radiologist)

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



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22/10/2024

Mr. B. Nagmallekudram
33yr / M

No H/O any major illness

O/R - T - Afebrile
P - 70/min
BP - 110/70 mmHg
RR - 18/min
SpO₂ - 99% @ RA

S/O - US - S₂ (+)
K - B&BP
P/A - Soft
CMS - Conscious & oriented

Height - 185cm
Weight - 94kg } BMI 27.5
patient is fit

Dental checkup - (N)
Eye checkup - (N)
Skin checkup - (N)
ENT checkup - (N)

Apex Hospitals Mulund
Veena Nagar Phase II,
Tulsi Pipe Line Road, Near Swapna,
Nagri Road And Model Township

DR. BALBIRSINGH KOHLI
GENERAL MEDICINE
M.B.B.S., D.N.B. (PYS),
M.D. (MEDICINE) A.F.I.S.
Reg. No. 78243

ORTHOPEDIC | SPINE | CARDIOLOGY | GENERAL SURGERY | LAPAROSCOPIC SURGERY | GASTROENTEROLOGY | CANCER | DIABETOLOGY
NEUROLOGY | NEPHROLOGY | VASCULAR SURGERY | ENT | OPHTHALMOLOGY | PLASTIC SURGERY | UROLOGY | PEDIATRIC SURGERY

ECG report

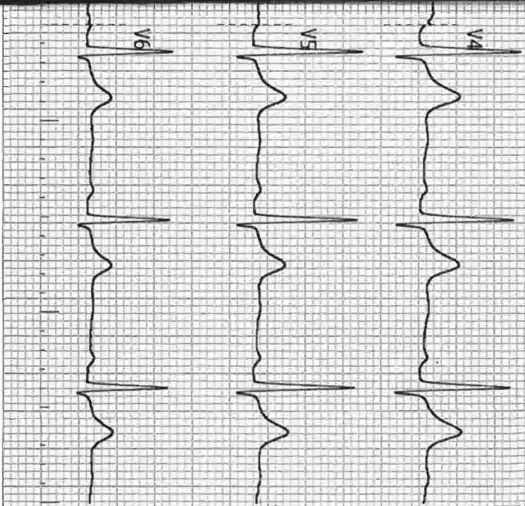
ID : 20240224083108
Name :
Gender :
Age :
Dept :
Bed No :

HR : 70 bpm
PR : 158 ms
QRS : 108 ms
QT/QTc : 376/394 ms
P/QRS/T : 39/-11/49°
RV5/SV1 : 1.384/0.418 mv
RV5+SV1 : 1.802 mv

<<Interpretations >>

P Nagamalle Sivarathao

Confirm and sign:
Examination time: 2024-02-24 08:31:08





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NAME: Mr. NAGAMALLESWARARAO M/33 Date - 24/02/24

REF. BY: MEDIWEEL

COLOR DOPPLER 2D ECHOCARDIOGRAPHY SECTOR ECHOCARDIOGRAPHY

Left ventricle normal in size and function

Right ventricle normal in size and Function

Other Cardiac chambers appear normal in dimension.

Mitral and Aortic valve normal

No RWMA

LV systolic function is good at rest. LVEF 55-60%

No e/o coarctation. No e/o clot / Vegetation / Effusion seen.

IVC 10 mm , Collapsing with inspiration.

Intact IAS and IVS .

COLOR FLOW. CW, PW & HAEMODYNAMIC DATA.

Aortic valve gradient of 7 mmHg.

No MS / Trivial TR

Normal flow across all other cardiac valves.

Pulmonary pressure of 15 mm of Hg.

CONCLUSION.-

Normal Biventricular Systolic and diastolic function

LVEF-55-60%

Trivial TR

No e/o pulmonary hypertension

DR. Ravindra Ghule
(Consultant Cardiologist)
Reg. No. 2600 / 08 / 3036

Star Ankur Building, 1st Floor, Near Fatima Church, Majiwada, Thane (W) - 400601.

Patient ID : 2402036278	 For Authenticity Scan QR Code	Registered On : 24/02/2024,04:33 PM
Patient Name : MR. B. NAGAMALLESWARARAO		Collected On : 24/02/2024,06:31 PM
Age : 33 Yrs		Reported On : 25/02/2024,01:07 AM
Gender : MALE		Sample ID
Ref. By Doctor : APEX HOSPITAL		 2 4 0 2 0 3 6 2 7
Sample Collected At : APEX HOSPITAL MULUND		

Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycosylated Haemoglobin)	5.50	%	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	111.1	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.

Please correlate with clinical conditions.

----- 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.

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