

Where Healing & Care Comes Naturally

# APEX HOSPITALS MULUND DIAGNOSTIC

ALL  
CASHLESS  
FACILITY

Veena Nagar Phase II, Tulsi Pipe Line Road,  
Near Swapna Nagri Road, Mulund (W) Mumbai 400 080.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com

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googlemap



Tele.:  
**022-41624000 (100 Line)**

Patient Name : **MS. PRANALI KAPADI**

Patient ID : 83763

Age/Sex : 35 Years /Female

Sample Collected on : 19-2-24,11:00 am

Ref Doctor : APEX HOSPITAL

Registration On : 19-2-24,11:00 am

Client Name : Apex Hospital

Reported On : 19-2-24, 6:42 pm

Test Done	Observed Value	Unit	Ref. Range
<b>Complete Blood Count(CBC)</b>			
HEMOGLOBIN	<b>9.9</b>	gm/dl	12 - 15
<b>Red Blood Corpuscles</b>			
PCV ( HCT )	<b>30.4</b>	%	36 - 46
RBC COUNT	5.36	x10 <sup>6</sup> /uL	4.5 - 5.5
<b>RBC Indices</b>			
MCV	<b>56.9</b>	fl	78 - 94
MCH	<b>18.4</b>	pg	26 - 31
MCHC	32.5	g/L	31 - 36
RDW-CV	<b>16.6</b>	%	11.5 - 14.5
<b>White Blood Corpuscles</b>			
TOTAL LEUCOCYTE COUNT	8500	/cumm	4000 - 11000
<b>Differential Count</b>			
NEUTROPHILS	65	%	40 - 75
LYMPHOCYTES	30	%	20 - 45
EOSINOPHILS	02	%	0 - 6
MONOCYTES	03	%	1 - 10
BASOPHILS	0	%	0 - 1
<b>Platelets</b>			
PLATELET COUNT	257000	Lakh/cumm	150000 - 450000
MPV	<b>10.0</b>	fl	6.5 - 9.8
RBC MORPHOLOGY	Hypochromia, Microcytosis(++)		
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	'A'
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.

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Test Done	Observed Value	Unit	Ref. Range
<b>ESR (ERYTHROCYTES SEDIMENTATION RATE)</b>			
<b>ESR</b>	12	mm/1hr.	0 - 20
METHOD - WESTERGREN			



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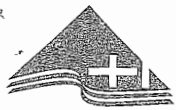
Test Done	Observed Value	Unit	Ref. Range
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL	222.0	mg/dL	200 - 240
S. TRIGLYCERIDE	105.1	mg/dL	0 - 200
S.HDL CHOLESTEROL	43.1	mg/dL	30 - 70
VDL CHOLESTEROL	21	mg/dL	Up to 35
S.LDL CHOLESTEROL	157.88	mg/dL	Up to 160
LDL CHOL/HDL RATIO	3.66		Up to 4.5
CHOL/HDL CHOL RATIO	<b>5.15</b>		Up to 4.8

Transasia-EM200 FULLY AUTOMATIC

### INTERPRETATION

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

Dr. Hrishikesh Chevle  
(MBBS.DCP.)



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Test Done	Observed Value	Unit	Ref. Range
<b>BLOOD GLUCOSE FASTING &amp; PP</b>			
FASTING BLOOD GLUCOSE	70.1	mg/dL	70 - 110
URINE GLUCOSE	NO SAMPLE		ABSENT
URINE KETONE	NO SAMPLE		ABSENT
POST PRANDIAL BLOOD GLUCOSE	84.2	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
<b>LIVER FUNCTION TEST</b>			
TOTAL BILLIRUBIN	0.71	mg/dL	UP to 1.2
DIRECT BILLIRUBIN	0.20	mg/dL	UP to 0.5
INDIRECT BILLIRUBIN	0.51	mg/dL	UP to 0.7
SGOT(AST)	20.2	U/L	UP to 40
SGPT(ALT)	15.1	U/L	UP to 40
ALKALINE PHOSPHATASE	137.2	IU/L	64 to 306
S. PROTIEN	6.5	g/dl	6.0 to 8.3
S. ALBUMIN	3.7	g/dl	3.5 - 5.0
S. GLOBULIN	2.80	g/dl	2.3 to 3.6
A/G RATIO	1.32		0.9 to 2.3

METHOD - EM200 Fully Automatic



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Age/Sex : 35 Years /Female  
Ref Doctor : APEX HOSPITAL  
Client Name : Apex Hospital

Patient ID : 83763  
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Test Done	Observed Value	Unit	Ref. Range
<b>RENAL FUNCTION TEST</b>			
BLOOD UREA	27.1	mg/dL	10 - 50
BLOOD UREA NITROGEN	12.66	mg/dL	0.0 - 23.0
S. CREATININE	0.65	mg/dL	0.6 to 1.4
S. SODIUM	139.5	mEq/L	135 - 155
S. POTASSIUM	3.80	mEq/L	3.5 - 5.5
S. CHLORIDE	98.0	mEq/L	95 - 109
S. URIC ACID	5.7	mg/dL	2.6 - 6.0
S. CALCIUM	9.6	mg/dL	8.4 - 10.4
S. PHOSPHORUS	3.3	mg/dL	2.5 - 4.5
S. PROTIEN	6.5	g/dl	6.0 to 8.3
S. ALBUMIN	3.7	g/dl	3.5 to 5.3
S. GLOBULIN	2.80	g/dl	2.3 to 3.6
A/G RATIO	1.32		1 to 2.3

METHOD - EM200 Fully Automatic

INTERPRETATION -

Dr. Hrishikesh Chevle  
(MBBS.DCP.)



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Tele.:

022-41624000 (100 Lines)

Mrs. PRANALI KAPADI	email: info@apexhospitals.in	www.apexgroupofhospitals.com	Lab ID	40208965318
DOB :		Collected : 19-02-2024 18:14	Sample Quality :	Adequate
Age : 35 Years		Reported : 19-02-2024 19:40	Location :	MUMBAI
Gender : Female		Status : Final	Ref By :	APEX HOSPITAL
CRM :			Client :	SANJAY PANDEY -MU058

Parameter	Result	Unit	Biological Ref. Interval
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## THYROID FUNCTION TEST

<b>Tri Iodo Thyronine (T3 Total), Serum</b> CLIA	1.21	ng/mL	Non Pregnant: 0.7 - 2.04 Pregnancy: 1st trimester: 0.81-1.9 2nd & 3rd trimester: 1.0-2.60
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### 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.

<b>Thyroxine (T4), Serum</b> CLIA	9.57	µg/dL	5.5-11.0
--------------------------------------	------	-------	----------

### 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).

<b>Thyroid Stimulating Hormone (TSH), Serum</b> CLIA	3.128	µIU/mL	Nonpregnant: 0.4 - 5.5 Pregnancy: First Trimester: 0.3-4.5 Second Trimester: 0.5-4.6 Third trimester: 0.8-5.2
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### 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

----- 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







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19/2/24

Patient Name - Pranali Kapadi

Age - 33 year (male)

H/O - NO - DM | HTN or  
any cardiac Diseases

OLE - T - Afeb

BP - 110/70

PR - 70/m

SPO2 - 98%

S/E - RS/CUS/CMS - NAD

Dental - NAD

Vision - Clear

Skin - NAD

Ear - Listening Both Ear

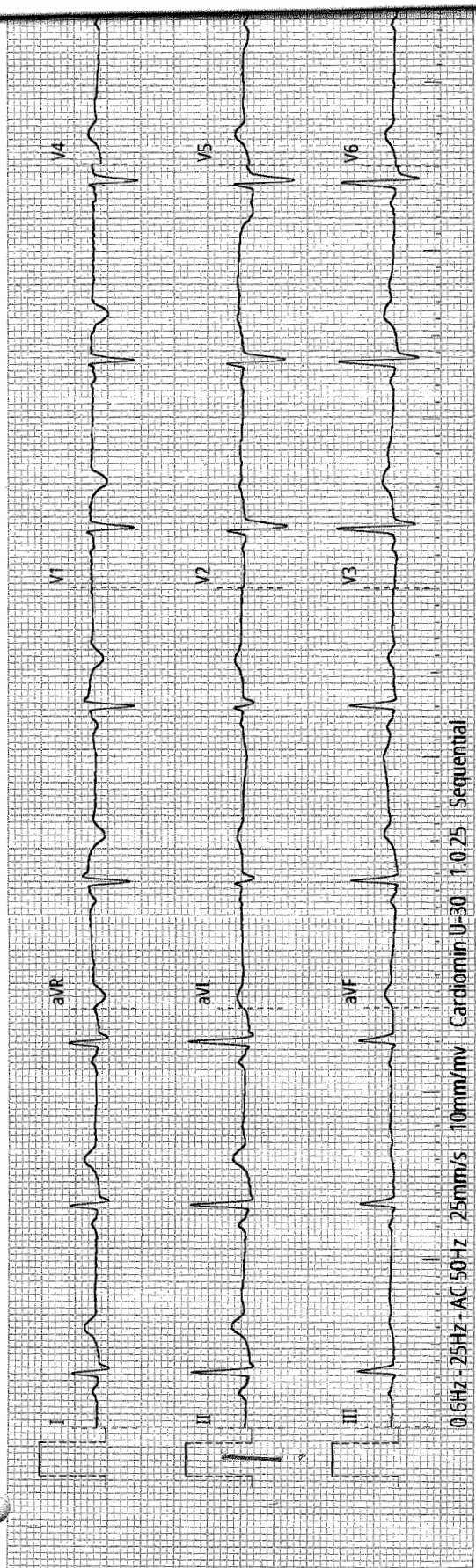
Height - 5.4 f (155 cm)

Weight - 70 kg

} BMI - 29.1

Patient is Physically fit

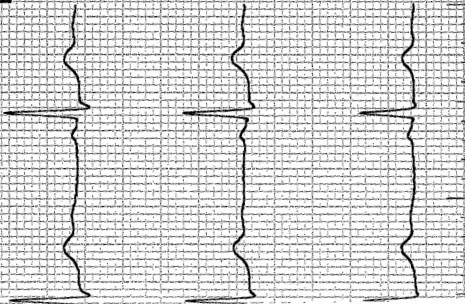
DR. BALBIRSINGH KOHLI  
GENERAL MEDICINE  
M.B.B.S., D.N.B. (PYS),  
M.D. (MEDICINE) A.F.I.S.  
Reg. No. 78243



# ECG report

ID : 20240219093048

Name :  
Gender :  
Age :  
Dept :  
Bed No :



HR : 59 bpm  
PR : 128 ms  
QRS : 94 ms  
QT/QTc : 416/414 ms  
P/QRS/T : 56/70/38 °  
RV5/SV1 : 0.767/0.603 mv  
RV5+SV1 : 1.370 mv  
Minnesota code : 8-8-5-3

<<Interpretations >>

Confirm and sign:  
Examination time: 2024-02-19 09:30:48



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**NAME: MS. PRANALI KAPADI**

**F/35**

**DATE: 19/02/2024**

**REF.BY: MEDIWHEEL**

## CCOLOR 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)**

**DR. RAVINDRA GHULE**

**DNB (Medicine), DNB (Cardiology)**

**Reg. No. 2009 / 08 / 3036**



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Tele.: 022-41624000 (100 Lines)



## APEX HOSPITALS MULUND Radiologist Report Sheet

<b>Patient Name:</b>	PRANALI.KAPADI	<b>Medical Record No:</b>	19/02/2024 2632
<b>AGE</b>	35	<b>Accession No:</b>	
<b>Gender:</b>	F	<b>Location:</b>	Outpatient
<b>Type Of Study:</b>	CR Chest PA	<b>Physician:</b>	BANK OF BARODA
<b>Image Count:</b>	1	<b>Exam Time:</b>	24/19/02 10:42 AM ET
<b>Requisition Time:</b>	24/19/02 11:27 AM ET	<b>Report Time:</b>	24/19/02 11:45 AM ET
<b>Clinical History:</b>	H/O MEDICAL CHECK-UP		

### RADIOGRAPH OF THE CHEST (SINGLE VIEW)

**Clinical History:** H/O MEDICAL CHECK-UP

**Comparison:**

**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.

Sanjay Khemuka  
MBBS, MD  
Consultant Radiologist

This report has been electronically signed by: MD.Sanjay Khemuka

**Quality Assurance: Agree / Disagree**

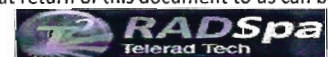
**Change in Patient Care: Yes / No**

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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This report has been generated using RADSpa™ (www.teleradtech.com)



Patient Name : PRANALI KAPADI  
Age / Gender : 33 Years / Female  
Ref Doctor/ Hospital : Dr. APEX HOSPITAL

Date:19/02/2024  
UID:23247-002

### SONOGRAPHY OF ABDOMEN AND PELVIS

**Liver** is normal in size, shape with grade I increased liver parenchymal echogenicity. There is no focal lesion seen. The portal vein and common bile duct are normal in course and caliber. There is no evidence of intra-hepatic biliary duct dilatation seen.

**Gall Bladder** is partially distended. No calculus, abnormal wall thickening or pericholecystic fluid collection is seen.

The visualized **Pancreas** is normal in size, shape and echotexture. There is no focal lesion seen.

**Spleen** is mildly enlarged and measures 13.5 cm with normal echotexture. There is no focal lesion seen.

**Right Kidney** measures 10.4 x 3.9 cm. **Left Kidney** measures 10.0 x 3.7 cm.  
Both kidneys are normal in size, shape and echotexture. No evidence of any focal lesion is noted. No hydronephrosis, hydroureter or calculus is noted in both kidneys. Cortico medullary differentiation is well maintained.

**Urinary Bladder** is well distended. There is no evidence of focal lesion. No evidence of any calculus is seen.

**Uterus** is normal in size and echotexture. No evidence of any focal lesion. It measures about 5.8 x 4.6 x 4.0 cm in size. The endometrium measures 5.0 mm. Both ovaries are unremarkable.

There is no free fluid or abdominal lymphadenopathy.

#### **Impression: -**

- Grade I fatty infiltration of liver.
- Mild splenomegaly.

*Thanks for the reference,*

  
**Dr. Tarique Khan**  
Consultant Radiologist

Investigations have their limit solitary radiological tests never confirm final diagnosis they only help in diagnosing the disease in correlation to clinical symptoms and other tests. Please correlate clinically

Unit No. 9-12, Ground Floor, Milton House, LBS Marg, Opp. Panchayatl Gurudwara, Bhandup (E), Mumbai-400025  
Phone +91 22 6876 7100 /101/102/103/104 report.bhandup@pulsehitech.in

Patient Name : PRANALI KAPADI  
Age / Gender : 33 Years / Female  
Ref Doctor/ Hospital : Dr.APEX HOSPITAL

Date:19/02/2024  
UID:23247-001

### SONO-MAMMOGRAPHY OF BOTH BREASTS

High resolution Real time ultrasonography of both breasts has been performed with 5-10 MHz linear probe.

#### Right breast

The breast parenchyma shows normal echotexture. There is no evidence of any focal solid or cystic lesion seen.

The subcutaneous tissue appears normal. There is no evidence of any retraction of skin.

The retro-mammary tissue appears normal. The muscular tissue is intact.

There is no evidence of any lymph nodes seen in right axillary region.

#### Left breast

The breast parenchyma shows normal echotexture. There is no evidence of any focal solid or cystic lesion seen.

The subcutaneous tissue appears normal. There is no evidence of any retraction of skin.

The retro-mammary tissue appears normal. The muscular tissue is intact.

There is no evidence of any lymph nodes seen in left axillary region.

#### IMPRESSION :

➤ No significant abnormality is detected.

*Thanks for the reference,*



**Dr. Tarique Khan**  
Consultant Radiologist

Diagnoses have their limit solitary radiological tests never confirm final diagnosis they only help in diagnosing the disease in correlation to clinical signs and other tests. Please correlate clinically