



Where Healing & Care Comes Naturally

APEX HOSPITALS MULUND

A Superspeciality Hospital

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 Lines)

P/f Name - Shashikant Pandey

17/5/24

Age - 29 / m

H/o - CKD, NO - HTN / DM or NO any
cardiac illness

do - NO any major complaint or
illness

O/E - BP - 110/70 mmHg

PR - 72/m

SPO2 - 98%

T - Afeb

S/E - RS | NAD
CVS |
CNS |
P/A - soft

PMH -

w't - 78 kg

HT - 175/cm | 25.5 over w't

AW - Nephro opinion



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DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. SHASHIKANT PANDEY	LabNo	1521	
UHID/IP No	120065741 / 488	Sample Date	17/05/2024 8:33PM	
Age/Gender	29 Yrs/Male	Receiving Date	17/05/2024 8:37PM	
Bed No/Ward	OPD	Report Date	17/05/2024 8:43PM	
Prescribed By	BALBIR SINGH	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)	12.5	gm/dl	12.0 - 17.0	SLS- Hb Method
RBC Count (Red Blood Cell)	4.82	10 ⁶ /uL	4.70 - 6.50	
PCV (Haematocrit)	38.8 L	%	42.0 - 52.0	
MCV	80.5	fl	78 - 95	Calculated
MCH	25.93 L	pg	26 - 31	Calculated
MCHC	32.22	gm/dl	30 - 36	Calculated
RDW	14.0	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	7800	cells/cu.mm	4000.0 - 11000.0	
Neutrophil %	75	%	40 - 75	
Lymphocyte %	20	%	20 - 45	
Eosinophil %	02	%	0 - 6	
Monocytes %	03	%	1 - 10	
Basophil %	00	%	0 - 2	
WBCs Morphology	No Abnormality Detected			
RBCs Morphology	Normochromic, Normocytic			
Platelet Count	230	10 ³ /uL	150 - 450	DC Detection
Platelets Morphology	Adequate on smear			
MPV	8.8	fl	7 - 12	
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	15	mm/hr	< 20	Westergren

--End Of Report--

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BILIRUBIN TOTAL				
Bilirubin Total (TBit)	0.79	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.23	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.56	mg/dl	0 - 1	
BUN (BLOOD UREA NITROGEN)				
Sample: Serum				
UREA	48.1	mg/dl	10 - 50	CDC Urease,Colorimetric
BUN - Blood Urea Nitrogen	22.48	mg/dl		
GLUCOSE (PP)				
Sample: Fl. Plasma				
Blood Sugar(2 Hours PP)	114.7			
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.

GLUCOSE (FASTING)

Sample: Fl. Plasma	
Glucose (Fasting Blood Sugar / FBS)	81.4
Urine Fasting Sugar	SNR
Urine Fasting Ketone	SNR

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SERUM CREATININE

Sample: Serum

Creatinine **1.62 H** mg/dl 0.70 - 1.40

SGPT (ALT)

Sample: Serum

SGPT (ALT) 49.2

--End Of Report--

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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--

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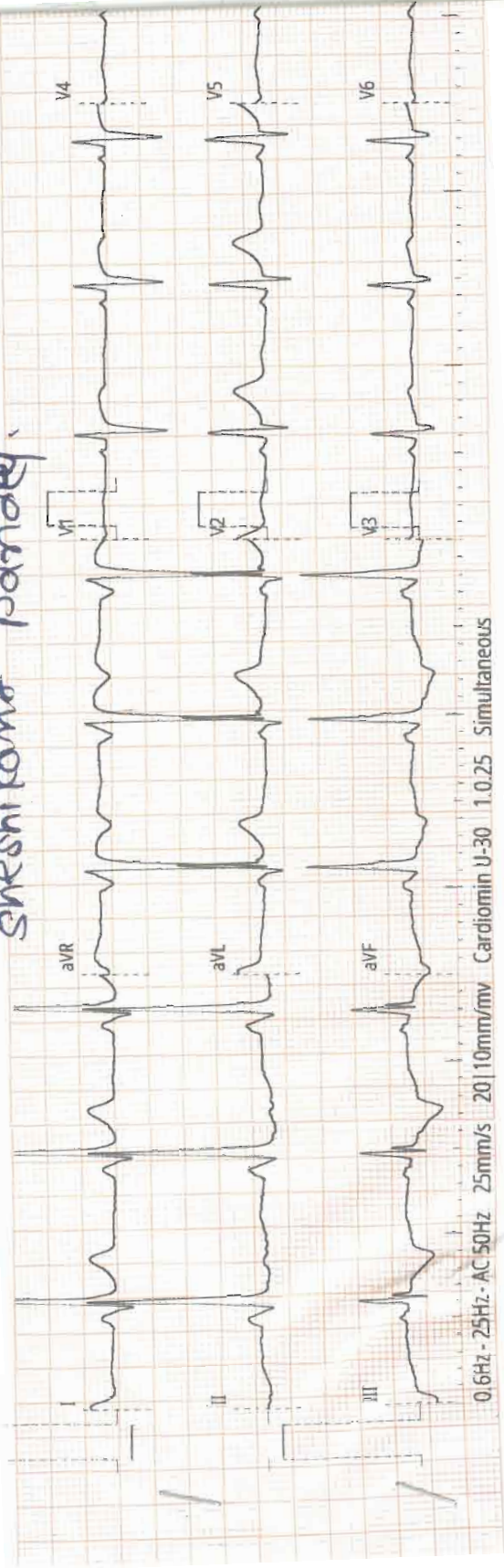
CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
URINE ROUTINE				
Sample: Urine				
PHYSICAL EXAMINATION				
Quantity	20	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			
Specific Gravity	1.005 L		1.010 - 1.035	
CHEMICAL EXAMINATION				
pH	6.5		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	Negative			
Bile Salt	Absent			
Bile Pigment	Absent			
MICROSCOPIC EXAMINATION				
Pus Cells	2-3			
RBCs	Absent			
Epithelial Cells	1-2			
Bacteria	Absent			
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			

--End Of Report--

Dr. Hrishikesh N Chevle

Sheshikant Pandey



ECG report

ID : 20240517112537

Name :

Gender :

Age :

Dept :

Bed No :

HR : 72 bpm

PR : 78 ms

QRS : 114 ms

QT/QTc : 398/419 ms

p/QRST : 113/49/63°

RV5/SV1 : 1.168/0.852 mv

RV5+SV1 : 2.020 mv

<<Interpretations>>

Sinus rhythm

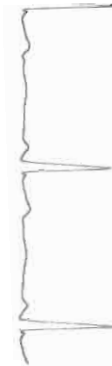
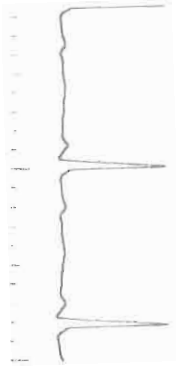
Short PR interval

Lateral infarct - age undetermined

Inferior and anterior ST-T abnormality

- may be due to myocardial ischemia

Abnormal ECG



Confirm and sign:
Examination time: 2024-05-17 11:25:37



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APEX HOSPITALS MULUND DIAGNOSTIC



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



APEX HOSPITALS MULUND Radiologist Report Sheet

Patient Name:	SHASHIKANT PANDEY	Medical Record No:	04
AGE:	29 YRS	Accession No:	
Gender:	MALE	Location:	Outpatient
Type Of Study:	CR Chest PA	Physician:	
Image Count:	2	Exam Time:	24/17/05 12:01 PM ET
Requisition Time:	24/17/05 04:41 PM ET	Report Time:	24/17/05 04:49 PM ET
Clinical History:	COUGH		

RADIOGRAPH OF THE CHEST (SINGLE VIEW)

Clinical History: COUGH.

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

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.

Change in Patient Care: Yes / No

If you would like to discuss the findings with the radiologist, please call us on 8667263435, 8668884112, 8665030726.

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