

Proforma-I

Print Key: MTY0MTI2MDIyMDI0MTE0MQ==

Inter district transfer of Judicial Officer

Remarks/assessment of Chief Medical Officer/Chief Medical Superintendent along with verified/countersigned papers

I, Dr Harpal Singh [Name] CMO/CMS SITAPUR have perused the documents presented before me by Sri **ABHISHEK UPADHYAYA** (ID No **UP1641** Designation **Addl. District & Sessions Judge, Sitapur OR** on his behalf by Sri Relation with the officer Phone No.

- I have personally examined Sri/Smt./Sushri. SUCHI UPADHYAYA who is suffering from the disease/syndrome/disability Anaplastic Large Cell Lymphoma (ALCL+) [Name of the disease] and in my opinion he/she may require frequent hospitalization for treatment/management.
- I also verify that Sri/Smt./Sushri. SUCHI UPADHYAYA is suffering from the disease/syndrome/disability/disorder Anaplastic Large Cell Lymphoma (ALCL+) [Name of the disease] and this disease is mentioned at paragraph no. 1 of the Annexure-I enclosed herewith.
- In my professional opinion and assessment, I am convinced that the treatment/management of the above-mentioned disease/syndrome/ disability/disorder in paragraph two above is possible ONLY at the districts mentioned by the officer in his/her application submitted to Hon'ble High Court.
- The treatment/management of the above-mentioned disease/syndrome/disability/disorder in paragraph two above is also available at the districts namely Lucknow, Gaziabad
- I am aware that this document may be presented by the competent authority/applicant for further use by a competent Medical Board.
- This document shall be valid only for 6 months only.

Signature with seal
 (CMO/CMS) मुख्य चिकित्सा अधिकारी सीतापुर
 Name: Dr. Harpal Singh
 ID No.: Dr. Harpal Singh
 Designation: CMO
 Telephone No.
 Mobile No. 9412427418

1. Concerned District Judges/Officers in equivalent rank to get these matter expedited from the office of CMO/CMS

2. The CMO/CMS are requested to retain the copy of this documents and documents placed before them for issuance of this document for future reference




**SANJAY GANDHI POST GRADUATE
INSTITUTE OF MEDICAL SCIENCES
LUCKNOW-226 014**

**CASE SUMMARY
&
FOLLOW-UP BOOKLET**

SUCHI UPADHYAY - 364r/F
CRNO - 2019612528

Please bring this booklet with you on every visit


मुख्य चिकित्सा अधिकारी
सीतापुर

**SANJAY GANDHI POST GRADUATE
INSTITUTE OF MEDICAL SCIENCES
LUCKNOW-226 014**


Case Summary & Follow up

Blood Group _____ Tel. No. _____

DOA _____ DOO _____ Refd. by Dr. _____

Final Diagnosis ALCL (ALK +)

Special Notes


मुख्य चिकित्सा अधिकारी
सीतापुर

Special Investigations including x-ray & Pathology

6.11.20

Arate
mandam.

→ to be admitted
for 2nd #
CHOEP

6.11.20

Hospital Stay	Operations/Procedure performed	Complications	Status on discharges	Final Diagnosis (List problems)	Advise at discharge
3 mths	APPT	DN	A to Z	Shankh (500) 10D	10D
28.03.2021	APPT		A to Z	Shankh (500) 10D	10D
28.03.2021	APPT		A to Z	Shankh (500) 10D	10D
22/12/2020	APPT		A to Z	Shankh (500) 10D	10D

मुख्य चिकित्सा अधिकारी
सीतापुर

Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow - 226 014 ,India

Discharge Summary

NO: 2019612528 Name: Suchi Upadhyay 36/ Y/F Department: Hematology
t: UNIT-1 Ward/Bed: B27B09 / PVT / 3
mission No: ADM-201950873 Admitted on: 18-11-2019 13:38 Discharged on: Dec 28, 2019 3:42 PM
ent Type: Online Consultant: Sanjeev Discharge Type:
respond. Address: B 7,Cant Distt. State Uttar Pradesh Pin No. 208001 Phone No

Diagnosis: stage 3 Anaplastic large cell lymphoma (ALK positive) with KPC klebsiella pneumoniae wound infection at right iliac lymph node biopsy site (now recovering and healing) with rt cephalic picc line thrombosis on inj clexane with analgesia (now reducing) with 1 st cyle of CHEOP chemotherapy done on 16dec 2019 with CTCAE grade 4 febrile neutropenia with grade 2 mucositis with obesity with hypothyroidism with transient hypertension

Course in ward

Patient was admitted in ward with history of pain and discomfort in the right iliac fossa and the right inguinal area for 3 months. Patient was extensively evaluated and was found to have ALK positive ALCL with stage 3 disease on PET CT scan and lymph node biopsy of the mass in the right iliac fossa. Bone marrow was not done as patient was not willing and there was no significant uptake on pet ct inside the marrow, so marrow was deferred after consultation during rounds.

On admission patient was febrile and was having fever and severe pain in the right iliac fossa. On examination there was high grade fever and there was wound gaping from the biopsy site along with purulent discharge from the biopsy site. The sutures were removed and Dr. Brajesh Sirs opinion was taken about the wound care and advised daily dressing with betadine, spirit and H2O2. Patient was empirically started on inj magnex forte and teicoplanin and clindamycin and cultures were sent. In view of persistent fever magnex forte was stopped after 2 days and patient was upgraded to inj meropenem and inj colistin. The cultures grew KPC klebsiella pneumoniae which was initially treated with increasing doses of colistin and meropenem. WITH DAILY DRESSING AND ANTIBIOTICS THE wound showed improvement and hence it was decided to give debulking chemo for the ulcer heal with inj vcr 2 mg, inj cyclo 1500 mg and doxo 85 mg on 28 november 2019. (echo was done twice showed normal ejection fraction.)

IN VIEW OF PERSISTENT FEVER AND KPC klebsiella pneumoniae and post chemotherapy status patient antibiotics were further upgraded to include inj vancomycin, inj metronidazole. In view of persistent fever and cytopenias the antibiotics were further upgraded to include inj zovicefta and inj tigecycline. Repeat cultures were negative and procal had settled down, so it was decided to proceed ahead with full dose on CHOEP protocol. Patient was given 100% dose of CHOEP (vcr 2mg, doxo 85 mg, endoxan 1425 mg, cyclophosphamide 190 mg, predni 75 mg) on 16/12/2019 and had a TLC NADIR OF 100 post 10 days of CHOEP with grade 2 mucositis.


The hospital course of patient was also complicated by breathlessness which was evaluated extensively with 2 d echo, cardiac and pulmonary embolism biomarkers, chest x ray and usg doppler of both lower limbs. The results of above investigation did not show abnormality. Additionally the patient was in stress and anxiety and had a component of obesity and chest splinting. The patient

BED HAS NOT BEEN VACATED FROM SYSTEM

Printed on 28-12-2019 15:46:25

Archit S Pandharipande @ 172.25.250.163

Page 1 / 3


मुख्य चिकित्सा अधिकारी
सीतापुर



Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow - 226 014 ,India

Discharge Summary

RNO: 2019612528

Name: Suchi Upadhyay 36/ Y/F

Department: Hematology

yp phensidyl 2 spoons bd

Plan on discharge

1. repeat cbc after 3 days on 31/12/2019
2. flush picc line weekly with normal saline .
3. picc line dressing once a week. \
4. wound dressing alternate day.
5. next cycle on 6 th january 2020, to come to opd on 6 jan 2020 with cbc/rft/lft/uric acid/rbs/tsh/free t3/free t4 levels for further chemo.
6. PET CT after 3 cycles to asses response.
7. repeat doppler of right upper limb in february 2020 for resolution of thrombus.
8. in case of emergenc to report to ers of sgpgi
8. to monitor bp at home , if raised to more than 140/90 to take salt restricted diet and tab amlol 5 mg od to start

Signature of Consultant

BED HAS NOT BEEN VACATED FROM SYSTEM

on 28-12-2019 15:46:25

Archit S Pandharipande @ 172.25.250.163

Page 3 / 3


मुख्य चिकित्सा अधिकारी
सीतापुर



Sanjay Gandhi Post Graduate Institute of Medical Sciences
Raebareli Road, Lucknow - 226 014 ,India



Discharge Summary

CRNO: 2019612528

Name: Suchi Upadhyay 36/ Y/F

Department: Hematology

was given nutritional support with diuresis with inj albumin and her edema significantly reduced

The patient's wound had a significant improvement with wound gaping and severe purulent discharge from wound (6cm in length with 3 cm in breadth with 7 cm depth with a necrotic base filled with slough with minimal granulation tissue) with cellulitis of the anterior abdominal wall and the labia majora with copious purulent discharge, which with daily dressing and cleaning with netadine, spirit and hydrogen peroxide and silver dressing, now has become a healing wound with bleeding margins with length around 4 cm breadth 2 cm, depth of about 3 cm with granulation tissue and minimal slough and bleeding margins with clear base and resolved induration of the anterior abdominal wall and the labia majora. The 3rd pus swab grew CoNS, however it was discussed on round to be a commensal and a contaminant and hence antibiotics were not given for extended period and procal is also 0.12.

patient has received 4 prc transfusions and is being discharged with a left sided cephalic vein in situ. Patient has received the following antibiotics in this admission - magnex for 2 days (19 no-20 nov), clinda for 16 days (19/11-5/12), tin 25 days (21/11-16/12), meropenem for 15 days (21/11-5/12), teicoplanin for 12 days (19/11-30/11), inj vancomycin for 6 days (11-5/12), inj metro for 6 days (6/12-11/12), inj zavicefta (7/12-17/12) 10 days, inj tigecycline for 10 day (7/12-16/12), inj idamcin for (23/12/-28/12) 6 DAYS, inj zavicefta for 5 days from 23/12/2019 to 28/12/2019

Management on discharge

- Wear mask/eat cooked food/to drink boiled water/to maintain local hygiene
- Inj clexane 0.8 cc sc bd upto 8 weeks (upto 31 st january 2020), to stop clexane if platelet less than 50000
- cc line dressing once in 8 days, to change statlock once in 2 weeks.
- Keep hb more than 7, tlc more than 3000, platelets more than 20000
- Inj neukine 450 ug if tlc less than 3000.
- Soft bland diet/hexidine mouth wash/easy treat mouth wash/seitz bath with betadine 4 times a day
- gnocaine jelly for local application
- ab flucan 400 mg od
- ab acivir 200mg tds
- ab clogen 10 mg tds to chew
- ab septran ds 1 bd on mon/wed/friday
- ab folvite 5 mg od
- ab shelcal 500 mg bd
- ab xyloric 100 mg tds
- ab alprax 0.25 sos at night
- entanyl patch sos if pain
- ab ultracet sos if pain
- yp cremaffin 30 ml hs

BED HAS NOT BEEN VACATED FROM SYSTEM

Printed on 28-12-2019 15:46:25

Archit S Pandharipande @ 172.25.250.163

Page 2 / 3


मुख्य चिकित्सा अधिकारी
सीतापुर

Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow - 226 014 ,India

Discharge Summary

INO: 2019612528 Name: Suchi Upadhyay 36/ Y/F Department: Hematology
Unit: UNIT-1 Ward/Bed: B27B09 / PVT / 1
Admission No: ADM-202000731 Admitted on: 06-01-2020 13:47 Discharged on: Jan 11, 2020 11:20 AM
Patient Type: Online Consultant: Sanjeev Discharge Type:
Respond. Address: B 7,Cant Distt. State Uttar Pradesh Pin No. 208001 Phone No

Diagnosis-ALK positive ALCL for 2nd CHOEP cycle.

COURSE IN WARD

Patient was admitted in ward for second cycle of CHEOP . patient was given 3 days of chemotherapy, patient tolerated the chemotherapy well. picc line and wound dressing changed ,patient stable and afebrile and is being discharged in a stable state.

Treatment on discharge

hexidine mouth wash tds

wear mask/eat cooked food/to drink boiled water/to maintain local hygiene

inj clexane 0.8 cc sc bd upto 8 weeks(upto 31 st january 2020), to stop clexane if platlet less than 50000.

picc line dressing once in 8 days , to change statlock once in 2 weeks.

to keep hb more than 7 ,tlc more than 3000,platlets more than 20000

inj neukine 450 ug if tlc less than 3000 .

soft bland diet/hexidine mouth wash

tab flucan 400 mg od

tab acivir 200mg tds

tab clogen 10 mg tds to chew

tab septran ds 1 bd on mon/wed/friday

tab folvite 5 mg od

tab shelcal 500 mg bd

ab xyloric 100 mg tds

ab alprax 0.25 sos at night

entanyl patch sos if pain

ab ultracet sos if pain

yp cremaffin 30 ml hs

yp phensidyl 2 spoons bd

ij pegesta 6 mg sc on discharge

follow up in opd on 27 january 2020 with cbc and lft/rft

BED HAS NOT BEEN VACATED FROM SYSTEM

Printed on 11-1-2020 11:26:14

Yatendra Parashar @ 172.25.250.163

Page 1 / 2


मुख्य चिकित्सा अधिकारी
सीतापुर



Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow - 226 014 ,India

Discharge Summary

CRNO: 2019612528 Name: Suchi Upadhyay 36/ Y/F Department: Hematology
 Unit: UNIT-1 Ward/Bed: B27A09 / GEN / 3
 Admission No: ADM-202013737 Admitted on: 18-04-2020 15:21 Discharged on: ^{2 May} ~~Apr 30~~ 2020 5:03 PM
 Patient Type: Online Consultant: Anshul Gupta Discharge Type:
 Correspond. Address: B 7,Cant Distt. State Uttar Pradesh Pin No. 208001 Phone No

Discharge Summary

Diagnosis-ALK + ALCL /6th cycle(CHOEP ,2 vincristine is replaced by 12 mg of vinblastine in view of early symptoms of peripheral neuropathy.)/FEBRILE NEUTROPENIA /E COLI SEPSIS/ FOCUS ANAL FISSURE/NOW RECOVERED/POST COMPLETION PET CT TO BE DELAYED BY 4 WEEKS

COURSE IN WARD

Patient was admitted in ward with complaints of high grade fever loose motions tenesmus and severe neutropenia. on examination there was no hsmegaly or tenderness..the lung fields were clear. rhe patient was investigated and found to have tlc of 40 and procal of 31. chest x ray was normal.the patients blood culture grew e coli sensitive to meropenem amikacin.the patient was started on nj mero inj targo asnd inj ampholip . the pt was given supportive care with growth factor and PRBC and platlet transfusions. the patient was initially thought to nneed granulocyte support but patient recovered with neukine support. the patient received 14 days of antibiotics , the patients pet scan is due after recovery from fever.

2nd blood \rightarrow CONS - MR - Domy sensitive.

1/10 stable vitals : afebrile. -stabilized; possible colonisation plan giving

reatment on discharge \rightarrow T. Doxycycline 100mg BD \otimes 14 days

exidine mouth wash tds

wear mask/eat cooked food/to drink boiled water/to maintain local hygiene

icc line dressing once in 8 days , to change statlock once in 2 weeks.

to keep hb more than 7 ,tlc more than 3000,platlets more than 20000

oft bland diet/hexidine mouth wash

ab vifend 200 mg bd for 3 weeks

ab acivir 200mg tds

ab clogen 10 mg tds to chew

ab septran ds 1 bd on mon/wed/friday

ab folvite 5 mg od

ab shelcal 500 mg bd

syp cremaffin 30 ml hs

monitor cbc every 7 days.INJ NEUKINE 450 UG SC OD if TLC <3000 TILL TLC>5000

\rightarrow 101^oF \rightarrow

BED HAS NOT BEEN VACATED FROM SYSTEM

[Signature]
 मुख्य चिकित्सा अधिकारी
 सीतापुर

Name : Ms. SUCHI UPADHYAYA
 Lab No. : 452607152
 Ref By : SELF
 Collected : 8/11/2023 8:38:00AM
 A/c Status : P
 Collected at : SITAPUR CC2
 GREGANJ CHAURAHA, NR BHAGWATI HOTEL,
 SI TAPUR, UTTAR PRADESH, PIN CODE NO :
 2610
 SITAPUR

Age : 40 Years
 Gender : Female
 Reported : 8/11/2023 4:37:00PM
 Report Status : Final
 Processed at : Dr. Lal Path labs
 Vikas Nagar, Lucknow-226022

Test Report

Test Name	Results	Units	Bio. Ref. Interval
ALBUMIN, SERUM (BCP)	4.40	g/dL	3.20 - 4.80
TSH, SERUM (CLIA)	0.19	μIU/mL	0.550 - 4.780

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Values <0.03 μIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.
3. Transient increase in TSH levels or abnormal TSH levels can be seen in various nonthyroidal diseases. Simultaneous measurement of TSH with free T4 is useful in evaluating the differential diagnosis

Interpretation

REFERENCE GROUP	REFERENCE RANGE in μIU/mL (As per American Thyroid Association)
Pregnancy	
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.000
3rd Trimester	0.300 - 3.000

[Signature]
 मुख्य चिकित्सा अधिकारी
 सीतापुर



Name : Ms. SUCHI UPADHYAYA
Lab No. : 452607152
Ref By : SELF
Collected : 8/11/2023 8:38:00AM
A/c Status : P
Collected at : SITAPUR CC2
GREGANJ CHAURAHA, NR BHAGWATI HOTEL,
SI TAPUR, UTTAR PRADESH, PIN CODE NO :
2610
SITAPUR

Age : 40 Years
Gender : Female
Reported : 8/11/2023 4:37:00PM
Report Status : Final
Processed at : Dr. Lal Path labs
Vikas Nagar, Lucknow-226022

Test Report

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT;CBC (Electrical Impedence & Flow)			
Hemoglobin	12.60	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	42.40	%	36.00 - 46.00
RBC Count	4.26	mill/mm3	3.80 - 4.80
MCV	99.50	fL	83.00 - 101.00
MCH	29.60	pg	27.00 - 32.00
MCHC	29.70	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	14.50	%	11.60 - 14.00
Total Leukocyte Count (TLC)	6.50	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	67.20	%	40.00 - 80.00
Lymphocytes	29.50	%	20.00 - 40.00
Monocytes	2.80	%	2.00 - 10.00
Eosinophils	0.30	%	1.00 - 6.00
Basophils	0.20	%	<2.00
Absolute Leucocyte Count			
Neutrophils	4.37	thou/mm3	2.00 - 7.00
Lymphocytes	1.92	thou/mm3	1.00 - 3.00
Monocytes	0.18	thou/mm3	0.20 - 1.00
Eosinophils	0.02	thou/mm3	0.02 - 0.50
Basophils	0.01	thou/mm3	0.02 - 0.10
Platelet Count	179	thou/mm3	150.00 - 410.00
Mean Platelet Volume	14.4	fL	6.5 - 12.0

Note

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of



[Signature]
मुख्य चिकित्सा अधिकारी
सीतापुर

Page 2 of 3

Name : Ms. SUCHI UPADHYAYA
Lab No. : 452607152
Ref By : SELF
Collected : 8/11/2023 8:38:00AM
A/c Status : P
Collected at : SITAPUR CC2
GREGANJ CHAURAHA, NR BHAGWATI HOTEL,
SI TAPUR, UTTAR PRADESH, PIN CODE NO :
2610
SITAPUR

Age : 40 Years
Gender : Female
Reported : 8/11/2023 4:37:00PM
Report Status : Final
Processed at : Dr. Lal Path labs
Vikas Nagar, Lucknow-226022

Test Report

Test Name	Results	Units	Bio. Ref. Interval
-----------	---------	-------	--------------------

blood

2. Test conducted on EDTA whole blood

Yugank Anand

Dr. Yugank Anand
MBBS, MD(Pathology)
Consultant Pathologist
Dr Lal PathLabs Ltd

Jai Ram

Dr. Jai Ram Prasad Kushwaha
Ph.D, Biochemistry
Consultant Biochemist
Dr Lal PathLabs Ltd

Pragati Agnihotri

Dr. Pragati Agnihotri
MD, Pathology
Chief of Laboratory
Dr Lal PathLabs Ltd

-----End of report-----



IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory.
•Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. •Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes. •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor. •The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050, Fax: +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com

Jai Ram
मुख्य चिकित्सा अधिकारी
सीतापुर



Name : Ms. SUCHI UPADHYAY
 Lab No. : 173300563 Age : 40 Years
 Ref By : SELF Gender : Female
 Collected : 24/8/2023 11:40:00AM Reported : 24/8/2023 9:37:17PM
 A/c Status : P Report Status : Final
 Collected at : SITAPUR CC2 Processed at : Dr. Lal Path labs
 GREGANJ CHAURAHA, NR BHAGWATI HOTEL, Vikas Nagar, Lucknow-226022
 SI TAPUR, UTTAR PRADESH, PIN CODE NO :
 2610
 SITAPUR

Test Report

Test Name	Results	Units	Bio. Ref. Interval
ALBUMIN, SERUM (BCP)	4.20	g/dL	3.20 - 4.80
GLUCOSE, FASTING (F), PLASMA (Hexokinase)	93.00	mg/dL	70 - 100
TSH, SERUM	0.054	μIU/mL	0.35 - 5.50

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Values <0.03 μIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.
3. Transient increase in TSH levels or abnormal TSH levels can be seen in various nonthyroidal diseases. Simultaneous measurement of TSH with free T4 is useful in evaluating the differential diagnosis

Interpretation

REFERENCE GROUP	REFERENCE RANGE in μIU/mL (As per American Thyroid Association)
Pregnancy	
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.000
3rd Trimester	0.300 - 3.000

LDH;LACTATE DEHYDROGENASE, SERUM (Spectrophotometry)	196.00	U/L	120 - 246
---	--------	-----	-----------

Comments

Lactate dehydrogenase (LDH) is a nonspecific enzyme found in most organs. Highest concentrations are found in liver, heart, kidney and blood cells. LDH measurements are used in the diagnosis and treatments of liver diseases like Acute viral hepatitis, Cirrhosis & Metastatic carcinoma; Cardiac diseases like Myocardial infarction; Tumors of lungs / kidneys & Hematologic disorders like Megaloblastic anemia & Hemolytic anemia.



[Signature]
 मुख्य चिकित्सा अधिकारी
 सीतापुर

Name : Ms. SUCHI UPADHYAY
Lab No. : 173300563
Ref By : SELF
Collected : 24/8/2023 11:40:00AM
A/c Status : P
Collected at : SITAPUR CC2
GREGANJ CHAURAHA, NR BHAGWATI HOTEL,
SI TAPUR, UTTAR PRADESH, PIN CODE NO :
2610
SITAPUR

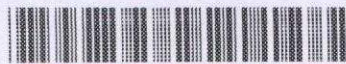
Age : 40 Years
Gender : Female
Reported : 24/8/2023 9:37:17PM
Report Status : Final
Processed at : Dr. Lal Path labs
Vikas Nagar, Lucknow-226022

Test Report

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT;CBC (Electrical Impedence & Flow)			
Hemoglobin	12.70	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	39.80	%	36.00 - 46.00
RBC Count	4.17	mill/mm3	3.80 - 4.80
MCV	95.40	fL	83.00 - 101.00
MCH	30.50	pg	27.00 - 32.00
MCHC	31.90	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	14.80	%	11.60 - 14.00
Total Leukocyte Count (TLC)	6.00	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	63.30	%	40.00 - 80.00
Lymphocytes	32.70	%	20.00 - 40.00
Monocytes	3.20	%	2.00 - 10.00
Eosinophils	0.50	%	1.00 - 6.00
Basophils	0.30	%	<2.00
Absolute Leucocyte Count			
Neutrophils	3.80	thou/mm3	2.00 - 7.00
Lymphocytes	1.96	thou/mm3	1.00 - 3.00
Monocytes	0.19	thou/mm3	0.20 - 1.00
Eosinophils	0.03	thou/mm3	0.02 - 0.50
Basophils	0.02	thou/mm3	0.02 - 0.10
Platelet Count	173	thou/mm3	150.00 - 410.00
Mean Platelet Volume	14.5	fL	6.5 - 12.0

Note

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of



[Signature]
मुख्य चिकित्सा अधिकारी
सीतापुर
Page 2 of 3

Name : Ms. SÚCHI UPADHYAY
Lab No. : 173300563
Ref By : SELF
Collected : 24/8/2023 11:40:00AM
A/c Status : P
Collected at : SITAPUR CC2
GREGANJ CHAURAHA, NR BHAGWATI HOTEL,
SI TAPUR, UTTAR PRADESH, PIN CODE NO :
2610
SITAPUR

Age : 40 Years
Gender : Female
Reported : 24/8/2023 9:37:17PM
Report Status : Final
Processed at : Dr. Lal Path labs
Vikas Nagar, Lucknow-226022

Test Report

Test Name	Results	Units	Bio. Ref. Interval
-----------	---------	-------	--------------------

blood

2. Test conducted on EDTA whole blood

Yugank Anand

Jai Ram

Pragati Agnihotri

Dr.Yugank Anand
MBBS,MD(Pathology)
Consultant Pathologist
Dr Lal PathLabs Ltd

Dr Jairam Prasad Kushwaha
Ph.D, Biochemistry
Consultant Biochemist
Dr Lal PathLabs Ltd

Dr Pragati Agnihotri
MD, Pathology
Chief of Laboratory
Dr Lal PathLabs Ltd

-----End of report-----



IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory.
•Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. •Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes. •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor. •The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050, Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com

Pragati Agnihotri
मुख्य चिकित्सा अधिकारी
सीतापुर

