

PROFORMA - I

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

I, [Name] Dr. Digvijai Singh CMO/CMS, P.D.D.U. Hospital, Varanasi have perused the documents presented before me by Sri. Nabinendra Kumar [Name of the Officer], ID No. J.O. Code - UP 2583 Designation Additional C.I.M-5 and place of posting Varanasi OR on his behalf by Sri. Relation with the officer Phone No.

I. I have personally examined Sri/Smt./Sushri. Sahab Singh who is suffering from the disease/syndrome/disability Pulmonary Embolism and Urinary Bladder Cancer Prostate [Name of the disease] and in my opinion he/she may require enlarged frequent hospitalization for treatment/management.

II. I also verify that Sri/Smt./Sushri. Sahab Singh is suffering from the disease/syndrome/disability/disorder Pulmonary Embolism and Urinary Bladder Cancer Prostate [Name of the disease] and the disease(s) find(s) mention at enlarged paragraph no. of the Annexure-1 enclosed herewith.

III. 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 at the districts mentioned by the officer in his/her application submitted to Hon'ble High Court.

IV. The treatment/management of the above-mentioned disease/syndrome/disability/disorder in paragraph two above is also available at the districts namely Delhi / NCR

V. I am aware that this document may be presented by the competent authority/applicant for further use by a competent Medical Board.

VI. This document shall be valid only for 36 months only.

CMS Signature with seal Pt. D.D.U.G. Hospital (C.M.O./C.M.S.) Varanasi Name: Dr. Digvijai Singh ID No.: 261843 Designation: CMS Telephone No. Mobile No.: 9151998001

- 1. Concerned District Judge/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.

DR. ANIL SAXENA

M.D., D.N.B. (Cardiology)

EXECUTIVE DIRECTOR

CARDIAC PACING & ELECTROPHYSIOLOGY

February 12, 2024

TO WHOM IT MAY CONCERN


This is to certify that Mr. Sahab Singh, 79 years old, FEHI No. 5791403 is a known case of pulmonary embolism (2011), IVC filter implantation, P/TURP (2014) and bladder tumor. He is suffering from a chronic illness and will require long term domiciliary treatment under close monitoring.

He has been advised to come this hospital for regular check up.



DR. ANIL SAXENA

Dr. ANIL SAXENA
M.D, DNB (Cardiology)
Executive Director
Cardiac Pacing & Electrophysiology
Fortis Escorts Heart Institute
Okhla Road, New Delhi-110025


12-2-24
Chief District Medical Officer
South East District
Directorate of Health Services
Govt. of NCT of Delhi, PVR Complex
Saket, New Delhi - 110017



NABH Accredited



PATIENT NAME : SAHAB SINGH		REF. DOCTOR :	
CODE/NAME & ADDRESS : C000021612		ACCESSION NO : 0057XB007541	AGE/SEX : 79 Years Male
EHIRC-OKHLA OPD(CASH) ESCORTS HEART		PATIENT ID : FH.5791403	DRAWN : 12/02/2024 11:40:00
OKHLA ROAD - JAMIA NAGARNEW DELHI		CLIENT PATIENT ID: UID:5791403	RECEIVED : 12/02/2024 11:43:45
NEW DELHI 110025		ABHA NO :	REPORTED : 12/02/2024 12:41:39
01147134996			


CLINICAL INFORMATION :
 UID:5791403 REQNO-6786493
 OPD-OPD
 BILLNO-1201240PCS028935
 BILLNO-1201240PCS028935

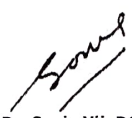
Test Report Status	Final	Results	Biological Reference Interval	Units
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COAGULATION				
PROTHROMBIN TIME, CITRATE PLASMA				
PROTHROMBIN TIME (PT)	14.8 High	9.9 - 13.1		SECONDS
METHOD : PHOTO-OPTICAL CLOT DETECTION METHOD				
INTERNATIONAL NORMALIZED RATIO (INR)	1.31 High	0.9 - 1.2		RATIO
METHOD : PHOTO-OPTICAL CLOT DETECTION METHOD				
MEAN PROTHROMBIN TIME OF CONTROL PLASMA (MNPT)	11.4			SECONDS



Interpretation(s)
 PROTHROMBIN TIME, CITRATE PLASMA-**TEST DESCRIPTION-** Prothrombin Time measures the integrity of the extrinsic pathway and the adequacy of critical coagulation factors involved in it, namely, Factor VII. This test is therefore, used for monitoring oral anticoagulation therapy which lowers the levels of multiple vitamin K dependent coagulation factors in blood (Factors II, VII, IX and X) including Factor VII. The result of PT is expressed as International Normalized Ratio (INR) to neutralize the influence of variable sensitivity of the reagents (thromboplastin) used in the assay by different laboratories
TEST INTERPRETATION- INCREASED PT may be due to:
 1. Factor deficiencies, 2. Drugs (e.g. Coumarin-type drugs for anticoagulant therapy, salicytes), 3. Severe liver damage (e.g. poisoning, hepatitis, cirrhosis), 4. Hypofibrinogenemia (Acquired or Inherited), 5. Hemorrhagic disease of the newborn., 6 Poor fat absorption (e.g. obstructive jaundice, fistulas, sprue, steatorrhea, celiac disease, colitis, chronic diarrhoea.)
RECOMMENDATION- This is a very sensitive reagent and therefore it is advisable of follow up I.N.R. value rather than P.T. in seconds. The recommended I.N.R. is 2 - 3 for patients on oral anticoagulant in all conditions except mechanical valve replacement and prevention of myocardial infarction where the I.N.R. may be maintained between 2.5-3.5. Please stop anticoagulant therapy if the I.N.R. is > 4.5.

****End Of Report****
 Please visit www.agilusdiagnostics.com for related Test Information for this accession


Dr. Shaloo Kapoor, MD Pathology
 Chief Pathologist & MRQA


Dr. Sonia Vij, DCP
 Sr. Consultant Pathologist

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View Details View Report

PERFORMED AT :
 Agilus Diagnostics Ltd.
 Escorts Heart Institute And Research Centre Ltd, Okhla Road
 Okhla, 110025
 New Delhi, India
 Tel : 47134972, 47135511,
 CIN - U74899PB1995PLC045956


Patient Ref. No. 5700000277604

PATIENT NAME : SAHAB SINGH

REF. DOCTOR :

CODE/NAME & ADDRESS : C000021612
 EHIRC-OKHLA_OPD(CASH) ESCORTS HEART
 OKHLA ROAD - JAMIA NAGARNEW DELHI
 NEW DELHI 110025
 01147134996

ACCESSION NO : 0057XB007541
PATIENT ID : FH.5791403
CLIENT PATIENT ID: UID:5791403
ABHA NO :

AGE/SEX : 79 Years Male
DRAWN : 12/02/2024 11:40:00
RECEIVED : 12/02/2024 11:43:45
REPORTED : 12/02/2024 12:41:39

CLINICAL INFORMATION :

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Test Report Status	Final	Results	Biological Reference Interval	Units
NEUTROPHILS		60	40.0 - 80.0	%
METHOD : FLOWCYTOMETRY				
LYMPHOCYTES		28	20.0 - 40.0	%
METHOD : FLOWCYTOMETRY				
MONOCYTES		09	2.0 - 10.0	%
METHOD : FLOWCYTOMETRY				
EOSINOPHILS		3	1 - 6	%
METHOD : FLOWCYTOMETRY				
BASOPHILS		0	0 - 2	%
METHOD : FLOWCYTOMETRY				
ABSOLUTE NEUTROPHIL COUNT		5.32	2.0 - 7.0	thou/μL
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		2.48	1.0 - 3.0	thou/μL
ABSOLUTE MONOCYTE COUNT		0.80	0.2 - 1.0	thou/μL
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.27	0.02 - 0.50	thou/μL
METHOD : CALCULATED PARAMETER				
ABSOLUTE BASOPHIL COUNT		0 Low	0.02 - 0.10	thou/μL
METHOD : CALCULATED PARAMETER				
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		2.1		
METHOD : CALCULATED PARAMETER				

Interpretation(s)

RBC AND PLATELET INDICES-Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.
 WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
 (Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504
 This ratio element is a calculated parameter and out of NABL scope.

Dr. Sonia Vij, DCP
 Sr.Consultant Pathologist

Dr. Shaloo Kapoor, MD Pathology
 Chief Pathologist & MRQA



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PATIENT NAME : SAHAB SINGH

REF. DOCTOR :

CODE/NAME & ADDRESS : C000021612
 EHIRC-OKHLA, OPD(CASH) ESCORTS HEART
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HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN (HB)	14.3	13.0 - 17.0	g/dL
METHOD : SLS- HEMOGLOBIN DETECTION METHOD			
RED BLOOD CELL (RBC) COUNT	4.89	4.5 - 5.5	mil/ μ L
METHOD : IMPEDENCE DETECTION METHOD			
WHITE BLOOD CELL (WBC) COUNT	8.86	4.0 - 10.0	thou/ μ L
METHOD : FLOWCYTOMETRY			
PLATELET COUNT	198	150 - 410	thou/ μ L
METHOD : IMPEDENCE DETECTION METHOD			

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)	44.8	40.0 - 50.0	%
METHOD : CUMULATIVE PULSE HEIGHT DETECTION METHOD			
MEAN CORPUSCULAR VOLUME (MCV)	91.6	83.0 - 101.0	fL
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	29.2	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	31.9	31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER			
RED CELL DISTRIBUTION WIDTH (RDW)	14.9 High	11.6 - 14.0	%
METHOD : CALCULATED PARAMETER			
MENTZER INDEX	18.7		
METHOD : CALCULATED PARAMETER			
MEAN PLATELET VOLUME (MPV)	11.4 High	6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER			

WBC DIFFERENTIAL COUNT

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