



Prof Anil Arora

DM (GASTRO), AIIMS, FRCP (EDINBURGH), FRCP (LONDON)

Director

INSTITUTE OF LIVER GASTROENTEROLOGY & PANCREATICO BILIARY SCIENCES

Sir Ganga Ram Hospital

Visiting Fellow, Queen Elizabeth Hospital Birmingham (U.K.)

www.dranilkumararora.com

my  
Pawar

Reg. De.

PAID

13/2/2020

Wt = 92kg

MR. Anand Chauhan Age: 47/11

SFR HT = 180 cm

NLFU

Since birth

(20)

Non smoker

Upper GI

variable

wt reduced

NIDDM - 8 years

Control of blood

HT - nil

(15)

FibroScan Rev 1192  
54cm

Sugar

Cap Neop

Cap ULC

Cap Carcinoma

75%

HL	LFT	Fnk 4 BSA
Tlc	BS(es)	B Serum Biz 1FA put
Dze	BUN	Ty D Labs Pt/Inz
EP	sclea	

Clinics : Sir Ganga Ram Hospital Pvt. O.T.D. Room No. F-92, 1st Floor 12 p.m. - 4 p.m. Mon - Sat

Phone : 011-42254000, 42251700, 25750000

Janak Puri Noble Medicare LLP C-2B/63 A, Janakpuri, New Delhi-53 Tel: 011-45523385, 8860845850, 9667222

8.00 a.m. to 11.00 a.m. (Monday to Saturday Except Tuesday & Friday)

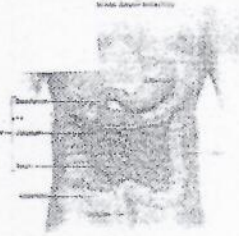
For Emergency : Mobile : 9811047385

DMC - 3098

# GASTRO & LIVER CARE

## Manish C Kak

MD (Medicine) DNB (Gastroenterology)  
FIMS, FACG (USA) Reg. No. - 5790  
Consultant- Gastroenterology, Hepatology and Endoscopy  
Columbia Asia Hospital, Ghaziabad



### पेट, लीवर, आंत व पैनक्रियास विशेषज्ञ

Name: M. Anand Chaudhry Age: 47 sex: M Date: 3/2/2020

**R** Trauma - SI/M: 7/8/69  
no Hx COPD  
CBC - OK

72mm  
Sanjay Kumar  
Ry Bul

Recent throat sydes -> dx IL

Ad  
Film scan  
8/2/20  
4pm

R  
Tas Usbn 3w  
Cof Ence 4w

1/7 1week

HBSAg ⊖  
Anti-HCV ⊖

R  
Tas Usbn 3w  
Cof Ence 4w

3 weeks

8/2/20  
Lpm: 14.9 KPa

ANA, ASMA, AMA  
Anti LKM, IgG  
S-Lipha, S-Ceruloplasmin

Not Valid for Medicolegal Purpose / For Emergency Please Reach To Columbia Asia Hospital Emergency Department For Further Treatment

Clinic Address : Lipid Injil - Jals  
Shop No. 10 IIIrd B-3, Near  
Holy Child Crossing, on way to Vrinda Diagnostic's  
Life Line Blood Bank, Nehru Nagar, Ghaziabad-Pin 201001  
Clinic Timing, 5:30 Pm To 7:30 Pm  
(Sunday Close)  
Appointment : 9818187022 (Mr. Sanjay)

Columbia Asia Hospital  
NH-24, Opp. Behmeta Village, Ghaziabad  
Helpline No. 0120-6165666  
Timing : 10:00 Am To 4:00 Pm  
Mob. : 9654999187  
E-mail : manishkak@yahoo.com

(No Telephonic Consultation Please)



INSTITUTE OF LIVER, GASTROENTEROLOGY AND PANCREATICO BILIARY  
SCIENCES  
SIR GANGA RAM HOSPITAL NEW DELHI

**FIBROSCAN IN LIVER DISEASE**

Liver stiffness as measured by transient elastography correlates with advanced fibrosis in patients with chronic hepatitis B, C or non-alcoholic fatty liver disease (NAFLD) and many other causes of liver disease and cutoffs vary according to the etiology of liver disease.

Liver stiffness in normal adults is <5 to 6kPa.

	Optimal Cutoff for diagnosing significant fibrosis	Optimal cutoff for diagnosing cirrhosis
Chronic HBV infection	7-8 kPa	10-11 kPa
Chronic HCV infection	7-8 kPa	11-12 kPa
Nonalcoholic fatty liver disease (NAFLD)	6-7 kPa	10-11kPa

This technique works best for separating patients with minimal or no fibrosis from those with significant fibrosis. A linear correlation with increasing fibrosis does not occur, and 15-20% discordance between elastography scores and histologic fibrosis may occur.

Ultrasound elastography does not distinguish patients with no fibrosis from patients with minimal fibrosis. Advanced fibrosis may be underestimated and patients with macronodular cirrhosis may be classified as non-cirrhotic.

Fibrosis may be overestimated in patients with extrahepatic cholestasis, acute hepatocellular injury or after heavy meals.

**Liver Fat:**

Controlled attenuation parameter (CAP) correlates with fat content of the liver.

Optimal cutoff values of CAP for prediction of >33% and >66% fat in liver are 255-260dB/m and 290-295dB/m respectively.

If the values of one or both liver stiffness and CAP are abnormal, the individual is advised to be under regular follow up.

(Consultant)

FibroScan

Lastname : CHAUDHARI 474  
Firstname :  
Gender : Male  
Birth date :  
Code : 15  
Exam type :  
diagnosis :

Fibroscan exam  
2/8/2020 4:07:15 PM

Exam type : Medium  
Exam date : 2020/02/08  
Exam time : 16:07:15  
Referring physician : DR NARINDER

Median stiffness : **14.9 kpa**  
IQR :  
APRI :  
FIB-4 :  
Success rate : 100%

Age :  
Weight :  
Height :  
BMI :  
Alcohol consumption :  
Diabetes :  
Hypertension :  
Chronic liver disease :  
Bilirubin :  
ALT :  
AST :  
Platelet count :  
INR :



**INSTITUTE OF LIVER, GASTROENTEROLOGY AND PANCREATICO BILIARY  
SCIENCES  
SIR GANGA RAM HOSPITAL NEW DELHI**

**FIBROSCAN IN LIVER DISEASE**

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(Consultant)

108190141168

**ANAND CHAUDHARY**  
 Tel No : 9719589873  
 PID NO: P108190040531  
 Age: 47 Year(s) Sex: Male



Reference: Dr.MANISH C KAK  
 Sample Collected At:  
 DR MANISH C KAK  
 Shop No. 10, Nr Holly Child Crossing,  
 Nehru Nagar, Ghaziabad UP  
 00000

VID: 108190141168  
 Registered On:  
 08/02/2020 07:17 PM  
 Collected On:  
 08/02/2020  
 Reported On:  
 11/02/2020 07:38 PM

Investigation	Observed Value	Unit	Biological Reference Interval
<b>Lipid Profile-Mini</b>			
<b>Cholesterol (Total)</b> (Serum,Cholesterol Oxidase-Peroxidase)	<u>216.54</u>	mg/dL	Desirable: < 200 Borderline High: 200-239 High: >= 240
<b>Triglycerides level</b> (Serum,Glycerol Phosphate Oxidase)	<u>212.82</u>	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
<b>Non HDL Cholesterol \$</b> (Serum,Calculated)	<u>161.3</u>	mg/dL	Optimal: < 130 Desirable: 130-159 Borderline high: 159-189 High: 189-220 Very High: >= 220
<b>HDL Cholesterol</b> (Serum,Accelerator Selective Detergent)	<u>55.27</u>	mg/dL	Major risk factor for heart disease: < 40 Negative risk factor for heart disease: >= 60
<b>LDL Cholesterol \$</b> (Serum,Calculated)	<u>118.71</u>	mg/dL	Optimal: < 100 Near Optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190
<b>VLDL Cholesterol \$</b> (Serum,Calculated)	<u>42.56</u>	mg/dL	< 30
<b>LDL/HDL RATIO \$</b> (Serum,Calculated)	<u>2.15</u>		2.5-3.5
<b>CHOL/HDL RATIO \$</b> (Serum,Calculated)	<u>3.92</u>		3.5-5

Note: Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

Dr. Mohit Jain  
 MD Pathology



ANAND CHAUDHARY

Tel No : 9719589873

PID NO: P108190040531

Age: 47 Year(s) Sex: Male



Reference: Dr.MANISH C KAK

Sample Collected At:  
DR MANISH C KAK  
Shop No. 10, Nr Holly Child Crossing,  
Nehru Nagar, Ghaziabad UP  
00000

VID: 108190141168

Registered On:

08/02/2020 07:17 PM

Collected On:

08/02/2020

Reported On:

11/02/2020 07:35 PM

Investigation	Observed Value	Unit	Biological Reference Interval
IgG Total * (Serum,Nephelometry)	1493.9	mg/dL	700-1600

Interpretation :

1. Decreased levels are seen in primary immunodeficiency conditions and in secondary immune insufficiencies like advanced malignant tumours, lymphatic leukemias, multiple myeloma and Waldenstrom's disease.
2. Increased concentrations occur due to polyclonal or oligoclonal immunoglobulin proliferations seen in hepatic disease, acute/chronic infections and autoimmune disease.

*Asim*

Dr. Asim Israr Khan  
M.D (Pathology)

# NOBLE MEDICA

## Dr. GAURAV MALHOTRA

MBBS, DMRD (Mumbai), DNB (Radiodiagnosis)  
Diplomate of National Board  
Consultant in Imaging & Radiodiagnosis

Formely at:

Sir J.J. Group of Hospitals, Mumbai  
B.Y.L. Nair Hospital, Mumbai  
Nanavati Hospital, Mumbai  
ESI Hospital, Basai Darapur, New Delhi  
Life Member : IRIA, DMA  
Regd. No. : 15797 (DMC)

**Senior Consultant Radiologist**  
(M.R.I., C.T. Scan, Ultrasound, Colour Doppler & ARFI)  
Consultant, Hepatobiliary & Musculoskeletal Imaging)  
Consultant, Maharaja Agrasen Hospital, New Delhi  
Consultant, Noble Medicare, Janak Puri, New Delhi

Name : MR. ANAND CHAUDHARY . . . Age/Sex : 47 / M

Date : 13-02-20

### Ultrasound -Upper Abdomen

**Liver** : Normal in size and bright in echotexture.  
No focal lesion is seen.  
Normal intrahepatic biliary radicals are seen.  
Portal vein is normal.

**Gall Bladder** : Shows normal physiological distension.  
No calculus is seen.  
No evidence of wall thickening is seen.  
CBD is normal.

**Rt. Kidney** : Is not visualised ( ? Absent ).

**Lt. Kidney** : Is normal in size (Compensatory hypertrophy) and echotexture.  
No calculus or hydronephrosis is seen.  
Corticomedullary differentiation well preserved.

**Pancreas** : Normal in size and echotexture.

**Spleen** : Normal in size and echotexture.

No free fluid is seen in abdomen.

No retroperitoneal lymphadenopathy seen.

**IMPRESSION : FATTY LIVER ( GRADE I).**

**NON VISUALIZATION OF RIGHT KIDNEY.**

  
**Dr. Gaurav Malhotra**

DMC: 15797

**This is a professional opinion and should be correlated clinically.  
Not valid for medico-legal purpose. Save Girl Child**



Dr. Jitendra Maheshwari  
 MCh, MS. Ortho (AIIMS)  
 Head - Institute of Musculoskeletal  
 Sciences, Senior Director & Chief - Knee &  
 Shoulder Services (Formerly Additional  
 Professor, AIIMS Delhi)  
 Appointment: 9718668866, 8860444888,  
 09811109833



[www.maxhealthcare.in](http://www.maxhealthcare.in)

Max Institute of  
 Musculoskeletal Sciences

Knee & Shoulder  
 Dr. Jitendra Maheshwari  
 Dr. Vikram A. Mhaskar  
 Joint Reconstruction  
 (Hip & Knee)  
 Dr. Ramneek Mahajan  
 Spine  
 Dr. H. N. Bajaj  
 Dr. Sunil Katoch  
 Dr. Sameer Anand  
 Dr. O.P. Gupta

Hand & Shoulder  
 Dr. Vikas Gupta  
 Dr. Akram Jawed

Hip & Pelvi Acetabular  
 Dr. H.K. Magu

Foot & Ankle  
 Dr. Kamal Dureja

Complex Trauma & General  
 Orthopaedics  
 Dr. Rajesh Kumar Bawari  
 Dr. Sumet Rastogi

Patient's Name: Reshma Chaudhary

Age/ Gender: 41 / Female

UHID: S.K.C.T. 309635

P-10399

(R) knee pain - Jan 19  
Swelling -  
P.T. done - recovered

Present problem

Pain all the time  
Stair downy - RBB

Δ - Eval P.P OA

Ad - Physiotherapy PFT  
- Arise Squat  
- T2 ultracet 50

3 month

Arthroscopy

Future

12/5/2019

For Appointment Call- 9811109833





:7985740415

Bill of Supply

Bill Date :13/05/2019 03:49PM  
:SKCT.309685 / 210309685  
:SCCS1312455 / SCRC1047550  
:SS19OD0000058026  
:07AAATG2183J22N

:Mrs. RESHMA CHAUDHARY  
:41 years 9 months 5 days / Female  
:J-16, JUDGES COLONY, CIVIL LINES, BAREILLY

MaxId / SSN  
Bill No / Receipt No  
GSTN Bill  
GSTN No

red By :SELF

SLN n	Services	SAC	Qty	Base Price(Rs.)	Tariff Price(Rs.)	Discounts	Net Amount (Rs.)	Tax Amt (Tax %)	Bill Amount (Rs.)	
1	Registration Charge	99931	1	200.00	200.00	0.00	200.00		200.00	
2	Jitendra Maheshwari (Consultation) (SKTSSH-ORTHOPAEDICS)	99931	1	2,000.00	2,000.00	0.00	2,000.00		2,000.00	
Total :							0.00	2,200.00	0.00	2,200.00

Paid by Patient : 2200.00

Amount in Words : Rupees two thousand two hundred only collected from patient  
Sum Of Rs. 2,200.00 received with thanks from Mrs. RESHMA CHAUDHARY

Payment Mode(s)  
Cash for Rs.2200.00

Signature of Patient/Next of Kin

Signature  
Gaurav Singh

Place of Supply : DELHI-(07) PAN No. : AAATG2183J

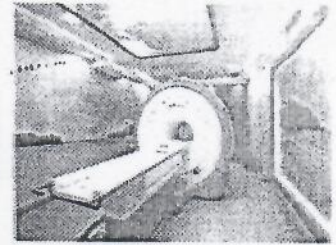
Company Name: Super Speciality Hospital  
A unit of Gujarmal Modi Hospital and Research Centre for Medical Sciences  
(Gujarmal Modi Hospital and Research Centre for Medical Sciences Registered under the Societies Registration Act XXI of 1860)  
Regd. Office: Mandir Marg, Press Enclave Road, Saket, New Delhi- 110017  
Phone: +91-11-7121 2121, Fax: +91-11-2696 3301  
www.maxhealthcare.in



LATEST 3T-3D WHOLE BODY MRI

# BAREILLY MRI & C.T. SCAN CENTRE

Rampur Garden, Opp. - Prabha Cinema, Bareilly  
PH. : 0581-2510123, 2511678, 8192010123



## REPORT



NAME : RESHMA CHAUDHARY 40 YRS/F      DATE : APRIL 24, 2019  
REF BY : DR.SATISH KUMAR, MS, MCh

EXAMINATION PERFORMED: MR ANGIOGRAM OF BRAIN AND NECK

MRA for the Circle of Willis was performed using 3D TOF and the images were reviewed using Maximum Intensity Projection. MRA of the neck vessels was done with 3D MOTSA and MIP images were studied in 2D plane.

The visualised arch of aorta is normal.

Bilateral CCA are normal in course and calibre.

Bilateral vertebral and ICA are normal in course and calibre. No evidence of atherosclerotic plaque is seen.

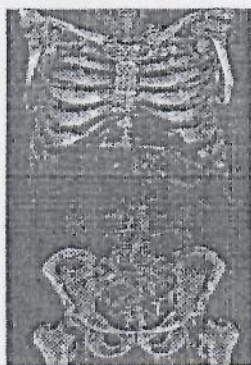
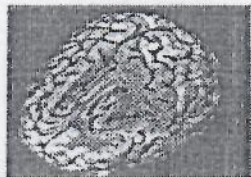
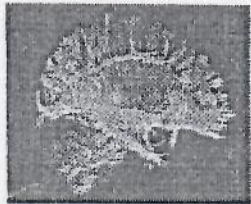
The ICA divide into ACA's and MCA with show normal flow signal. Bilateral MCA and ACA and their branches appear normal.

In the posterior circulation, both vertebral arteries join to form the basilar artery. Bilateral AICA, PICA and superior cerebellar arteries appear normal. The basilar artery divides into the PCA's which appear normal.

**IMPRESSION: ESSENTIALLY NORMAL MR ANGIOGRAM OF BRAIN AND NECK VESSELS.**

Please correlate clinically.

*Dr. Shahbaz Mohd Khan*  
DR. SHAHBAZ MOHD KHAN  
DMRD, DNB, PDCC (SGPGI LUCKNOW)  
CONSULTANT RADIOLOGIST



**Dr. Lokesh Goel**  
M.B.B.S., M.D.  
Radiologist

**Dr. Manish Goel**  
M.B.B.S., M.D.  
Radiologist

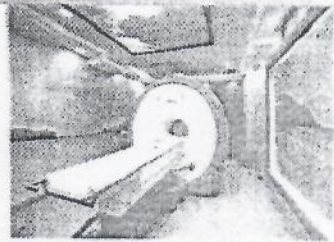
ADVANCED HIGH SPEED 3T, 3-D MRI

NOT VALID FOR MEDICO-LEGAL PURPOSE

LATEST 3T-3D WHOLE BODY MRI

# BAREILLY MRI & C.T. SCAN CENTRE

Rampur Garden, Opp. - Prabha Cinema, Bareilly  
PH. : 0581-2510123, 2511678, 8192010123



## REPORT

NAME : MRS. RESHMA 40 YRS/F  
REF.BY : SSVH

DATE : January 9, 2019

### MRI RIGHT KNEE JOINT

Multiple sequences were acquired in multiple planes

- There is stage IV chondromalacia with subchondral erosions and marrow oedema along the lateral articular facet of patella. Stage II to III chondromalacia is noted along the medial articular facet of patella.
- Partial loss, thinning and irregularity of articular seen along the medial femoral and tibial condyles with few small subchondral erosions along the medial femoral condyle.
- Hyperintensity is noted in anterior cruciate ligament with loss of normal hypointensity in its anteromedial fibres.
- Subcortical cystic changes are seen in posterior intercondylar region of tibia.
- Mild joint effusion is noted.

Medial and lateral meniscus is normal.  
 Medial and lateral collateral ligaments are normal.  
 Posterior cruciate ligament appears normal.  
 No evidence of loose bodies.  
 Postero-lateral corner structures appear normal.  
 Normal patella alignment is seen.  
 The extensor tendons including the Quadriceps and patellar tendons are normal.  
 Proximal tibio-fibular joint is normal.  
 Muscles surrounding the knee joint are normal.  
 Vessels and nerves in the popliteal fossae are normal.

### IMPRESSION:

- ❖ Stage IV chondromalacia with subchondral erosions and marrow oedema along the lateral articular facet of patella. Stage II to III chondromalacia is noted along the medial articular facet of patella.
- ❖ Partial loss, thinning and irregularity of articular seen along the medial femoral and tibial condyles with few small subchondral erosions along the medial femoral condyle.
- ❖ Hyperintensity is noted in anterior cruciate ligament with loss of normal hypointensity in its anteromedial fibres-likely degenerative changes/sprain
- ❖ Subcortical cystic changes in posterior intercondylar region of tibia-likely degenerative changes
- ❖ Mild joint effusion.

**Above findings are suggesting changes of osteoarthritis.**

*Suggested clinicopathological correlation*

*MS.*

Dr. Madhu Kumar Singhal, MD  
Consultant Radiologist

Dr.

Dr. Lokesh Goel  
M.B.B.S., M.D.  
Radiologist

ADVANCED HIGH SPEED 3T, 3-D MRI

NOT VALID FOR MRI REPORTING PURPOSES

# DR. BRIJESWAR SINGH

M.S. (Ortho)

Senior Consultant & Orthopaedic Surgeon  
Specialist in Modern Orthopaedic and Trauma Surgery  
Delhi Institute of Trauma & Orthopaedics, Delhi  
Sant Parmanand Hospital, New Delhi  
SHRI SIDDHI VINAYAK HOSPITAL, BAREILLY  
Ph.: 98370-74714, 2510044



# डा० गरिमा सिंह

(एम.एस.) गायत्री

स्त्री एवं प्रसूति रोग विशेषज्ञ  
समय : प्रातः 10 से 4 बजे तक  
शाम 6 बजे से 8 बजे

इमरजेन्सी की सुविधा 24 घण्टे उपलब्ध

112, CIVIL LINES, NEAR PRABHA CINEMA, BAREILLY.

Ref. ....

Date .....

*Handwritten signature: Hem Kumar Chandra*

*MM  
Humerus*

*MM  
L-3 vertebra*

*ATIF*

*Esth*

*CRP*

*HLAR 22*

*Ortho. 2009*

*BCX 3 Per*

*Aspirin  
Oxycodone*

*Calcium Salt*

For OPD Appointment :  
98370-74714, 93591-00009,  
For 24 Hrs. Emergency :  
0581-2510044, 310510, 9412328135

(नम्बर लगावे हेतु)  
(Time- 8/00 A.M. - 9.00 A.M.)

O.P.D. Timing: 01.00 PM to 7.00 PM

EMERGENCIES 24 HOURS

VALID FOR 5 DAYS

NOT VALID FOR MEDICO LEGAL PURPOSE



**LIFE-LINE**

Ph. : 9756737300

**NEURO TRAUMA & MULTI SPECIALITY HOSPITAL**

Pilibhit Bye Pass Road, Suresh Sharma Nagar, Bareilly.

**Initial Assessment of OPD**

Patient No.

Date :

Patient Name Mrs Ashwini Chandra

OPD No. 24/4/19

Age 40: Sex F

Name of Consultant

Chief Complaints

Examination

History

H/O fall on ground. 23/4/19  
Acc Jan July '18

Pulse Rate

BP 110/70 RESP

Temp ..... Weight / Height

Drug Allergy if any

fully lignus

Systemic Examination

Adv

1. MR Brain C.  
MR Angiography  
(All 4 vessels of neck)

Treatment

2. 2-D Echo (Heart)

Follow up

Dietary Advice

**DR. SATISH KUMAR**  
M.Ch. (NEURO SURGEON)  
Doctor Signature & Seal

कृपया अपना रजिस्ट्रेशन नंबर/पंजी. सं. अवश्य नोट करें।  
PLEASE NOTE DOWN YOUR REGN. NO.

कमरा नं. :  
Room No. : .....

वल्लभभाई पटेल चैस्ट इन्स्टीट्यूट  
VALLABHBHAI PATEL CHEST INSTITUTE

विश्वनाथन चैस्ट अस्पताल  
VISWANATHAN CHEST HOSPITAL  
दिल्ली विश्वविद्यालय, दिल्ली-११०००९  
UNIVERSITY OF DELHI, DELHI-110007

पंजी. सं./ Regd. No. 2074/18, इकाई/Unit :  
नाम : Anyan  
उम्र : 7 लिंग : M पता :  
Age : Sex : Address :  
निदान :  
Diagnosis : BALAR..

DR. RAJ KUMAR  
OPD: MON/TUES/WED/FRI  
PRT: AM/PM/Evening

दिनांक Date	उपचार Treatment
----------------	--------------------

26 FEB 2018

R

(26)

①. MDE Budecort (100) 1 puff BD  
Spacer flb m/w.

② Macspaan tid.

Cx-ray

Hg TPL

Spiro EYEV..

③ N/s momflo 1 E/N BD  
1-1

④. Steam inhalation BD  
1-1

R/A inv. in OPD / 8.03 in em

gh



Cert. No. NC-2015

CLIENT CODE : C000055726

CLIENT'S NAME AND ADDRESS :  
SRL UP PSC - ALLAHABAD TB SAPRU  
TB SAPRU HOSPITAL, STANLEY ROAD,

ALLAHABAD 211001  
UTTAR PRADESH INDIA  
7706979861

SRL LIMITED  
SRL, REFERENCE LAB, GP-26, MARUTI INDUSTRIAL ESTATE, UDYOG  
VIHAR, SECTOR-18,  
GURGAON, 122015  
HARYANA, INDIA  
Tel : 1800-102-6262, 1800-222-000, Fax : 0124-4591001  
CIN - U74899PB1995PLC045956  
Email : connect@srl.in

PATIENT NAME : ARYAN

PATIENT ID : ARYAM170320110

ACCESSION NO : 0009RB038250 AGE : 7 Years SEX : Male

DATE OF BIRTH : 17/02/2011

DRAWN : 17/02/2018 00:00

RECEIVED : 18/02/2018 13:26

REPORTED : 18/02/2018 16:18

REFERRING DOCTOR : DR. S K SRIVASTAVA

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
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3rd Trimester	6.6 - 15.5	0.3 - 3.0	100 - 260
Below mentioned are the guidelines for age related reference ranges for T3, T4 and TSH.			
T3 (ng/dL)	T4 (µg/dL)	TSH (µIU/mL)	
Cord Blood: 30 - 70	1-3 day: 8.2 - 19.9	< 2 years - Not Established	
New Born: 75 - 260	1 Week: 6.0 - 15.9		
1-5 Years: 100 - 260	1-12 Months: 6.1 - 14.9		
5 - 10 Years: 90 - 240	1 - 3 Years: 6.6 - 13.5		
10 - 15 Years: 60 - 210	3 - 10 Years: 5.5 - 12.8		

- Reference:
- Burris C.A., Ashwood E. R. Bruns D.E. Tietz textbook of Clinical Chemistry and Molecular Diagnostics, 4th Edition.
  - Gowenlock A.H. Varley's Practical Clinical Biochemistry, 6th Edition.
  - Behrman R.J., Kliegman R.M., Jenson H. B. Nelson Text Book of Pediatrics, 17th Edition

Dr. Aarti Khanna Nagpal, DNS  
Chief Pathologist

Dr. Shakti Aggarwal  
Chief Biochemist

CONDITIONS OF LABORATORY TESTING & REPORTING

- It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
- All Tests are performed and reported as per the turnaround time stated in the SRL Directory of services (DOS).
- SRL confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
- A requested test might not be performed if:
  - Specimen received is insufficient or inappropriate specimen quality is unsatisfactory
  - Incorrect specimen type
  - Request for testing is withdrawn by the ordering doctor or patient
  - There is a discrepancy between the label on the specimen container and the name on the test requisition form
- The results of a laboratory test are dependent on the quality of the sample as well as the assay technology.
- Result delays could be because of uncontrolled circumstances, e.g. assay run failure.
- Tests parameters marked by asterisks are excluded from the "scope" of NABL accredited tests. (If laboratory is accredited).
- Laboratory results should be correlated with clinical information to determine Final diagnosis.
- Test results are not valid for Medico- legal purposes.
- In case of queries or unexpected test results please call at SRL customer care (Toll free: 1800-222-000). Post proper investigation repeat analysis may be carried out.

SRL Limited

Portis Hospital, Sector 62, Phase VIII,  
Mohali 160062





CLIENT CODE : C000055726

Cert. No. NC-2015

CLIENT'S NAME AND ADDRESS :  
SRL UP PSC - ALLAHABAD TB SAPRU  
TB SAPRU HOSPITAL, STANLEY ROAD,

SRL LIMITED  
SRL, REFERENCE LAB, GP-26, MARUTI INDUSTRIAL ESTATE, JOYPOO  
VIHAR, SECTOR-16,  
GURGAON, 122013  
HARYANA, INDIA  
Tel : 1800-102-8282, 1800-222-000, Fax : 0124-4591001  
CIN - U74899PB1995PLC045956  
Email : connect@srl.in

ALLAHABAD 211001  
UTTAR PRADESH INDIA  
7706879861

PATIENT NAME : ARYAN

PATIENT ID : ARYAM170220110

ACCESSION NO : 0009RB038250 AGE : 7 Years SEX : Male

DATE OF BIRTH : 17/02/2011

DRAWN : 17/02/2018 00:00

RECEIVED : 18/02/2018 13:26

REPORTED : 18/02/2018 16:15

REFERRING DOCTOR : DR. S K SRIVASTAVA

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
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**CREATININE, SERUM**-higher than normal level may be due to:  
 • Blockage in the urinary tract  
 • Kidney problems, such as kidney damage or failure, infection, or reduced blood flow  
 • Loss of body fluid (dehydration)  
 • Muscle problems, such as breakdown of muscle fibers  
 • Problems during pregnancy, such as seizures (eclampsia), or high blood pressure caused by pregnancy (pre-eclampsia)

Lower than normal level may be due to:  
 • Myotonic Dystrophy  
 • Muscular dystrophy

**LIVER FUNCTION PROFILE, SERUM-LIVER FUNCTION PROFILE**

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may cause yellow discoloration in jaundice. Elevated levels result from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in viral hepatitis, drug reactions, alcoholic liver disease. Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts, tumors & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.

AST is an enzyme found in various parts of the body. AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. AST levels may also increase after a heart attack or strenuous activity. ALT test measures the amount of this enzyme in the blood. ALT is found mainly in the liver, but also in smaller amounts in the kidneys, heart, muscles, and pancreas. It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. AST levels increase during acute hepatitis, sometimes due to a viral infection, ischemia to the liver, chronic hepatitis, obstruction of bile ducts, cirrhosis.

ALP is a protein found in almost all body tissues. Tissues with higher amounts of ALP include the liver, bile ducts and bone. Elevated ALP levels are seen in Biliary obstruction, Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Paget's disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia, Malnutrition, Protein deficiency, Wilson's disease. GGT is an enzyme found in cell membranes of many tissues mainly in the liver, kidney and pancreas. It is also found in other tissues including intestine, spleen, heart, brain and seminal vesicles. The highest concentration is in the kidney, but the liver is considered the source of normal enzyme activity. Serum GGT has been widely used as an index of liver dysfunction. Elevated serum GGT activity can be found in diseases of the liver, biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-inducing drugs etc. Serum total protein and albumin are biochemical tests for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenström's disease. Lower-than-normal levels may be due to Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy, Starvation. Serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. The production of serum albumin (hypoalbuminemia) can be caused by Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodialysis, increased capillary permeability or decreased lymphatic clearance, malnutrition and wasting etc.

**ENDOCRINOLOGY**

**\* THYROID PANEL, SERUM**

T3	80.93	Low	105.0 - 207.0	ng/dl
METHOD : CHEMILUMINESCENT				
T4	7.50		5.5 - 12.1	ug/dl
METHOD : CHEMILUMINESCENT				
TSH 3RD GENERATION	1.717		0.64 - 6.27	uIU/mL
METHOD : CHEMILUMINESCENCE				

**Interpretation(s)**  
**THYROID PANEL, SERUM**-Thyroxine (T4) is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the anterior pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH. Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active.  
 In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

Below mentioned are the guidelines for pregnancy related reference ranges for Total T4, TSH & Total T3

Levels in Pregnancy	TOTAL T4 (ug/dL)	TSH3G (uIU/mL)	TOTAL T3 (ng/dL)
First Trimester	6.6 - 12.4	0.1 - 2.5	81 - 190
2nd Trimester	6.6 - 15.5	0.2 - 3.0	100 - 260

**Yashoda Medical Store**

REGISTRATION NO: 111-11, REGD. OFFICE: CHAZISBAD U.P.

**Receipt Invoice**

Bill No: 13/776

Bill Date: 11/02/2018

Bill Name:

Original No: 1001/1001/2018 1001/1001/2018

Customer Name: **MAHESH KUMAR**  
 Address: **10/10/10/10**  
 City: **CHAZISBAD**

Item Name	Batch	Expiry	Qty	UOM	PRICE	AMOUNT
TABLET	710100	05/01/2018	1	MGS	107.00	107.00
TABLET	14102	02/01/2018	1	MGS	30.00	30.00
TABLET	707000113	03/01/2018	1	MGS	205.00	205.00
TABLET	100000001	03/01/2018	1	MGS	115.00	115.00
TABLET	117000002	01/01/2018	1	MGS	6.00	6.00
TABLET	10117000	03/01/2018	4	MGS	20.00	80.00
TABLET	100000001	10/01/2018	4	MGS	5.14	20.56
TABLET	101000001	10/01/2018	3	MGS	59.79	179.37
TABLET	100000001	10/01/2018	4	MGS	30.70	122.80
TABLET	111000001	07/12/2018	2	MGS	34.24	68.48
TABLET	107000001	10/01/2018	1	MGS	1.20	1.20
TABLET	107000001	10/01/2018	4	MGS	1.87	7.48
TABLET	110000001	06/01/2018	2	MGS	30.00	60.00
TABLET	110000001	07/11/2018	1	MGS	30.00	30.00
TABLET	100000001	07/11/2018	1	MGS	9.00	9.00
TABLET	100000001	07/11/2018	1	MGS	12.00	12.00
TABLET	100000001	11/01/2018	1	MGS	17.00	17.00

Signature of Reg. Pharmacist

Goods supplied to Chazisbad Jurisdiction  
 and are not returnable  
 Inclusive of VAT, Inclusive of GST

Printed By: 10/02/2018

Print Date Time: 11/02/2018 10:00:00

**Dr. Ashish Rakash**  
 (MDIAMS), OMS  
 Reg. No: 9763  
 11/11 Nehru Nagar, Yashoda  
 Hospital, Chazisbad

SP  
& I

# YASHODA

HOSPITAL & RESEARCH CENTRE



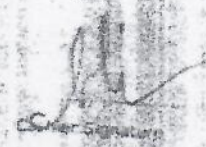
### ADVANCE RECEIPT

Pt. No. 180272  
P. Name: KANAKA ANJAN  
Adm. No. 2117/2018  
Bed No. 101/108  
Age Sex: 40/50 F  
Phys. No. 180272  
IPD Consultant

Cash Receipt No. 180272/2018  
Date: 10/02/2018  
Reg. No. 51621  
Source: PRIVATE

Amount (Rs.)  
18000.00  
Tax 1800.00  
Total 19800.00

(By Cash, BASS, or Credit Card - 5000.00)  
Received with thanks from KANAKA ANJAN (Patient) Indian Rupees Nine Thousand Eight Hundred only.

  
Dr. Kanak Anjan

Dr. Kanak Anjan SH  
MD (MS) DNB  
Reg. No. 6763  
Natu Nagar, Yashoda  
Hospital, Secunderabad

10/02/2018 12:10

Pt. No. 2117/2018

Room No. 101/108

Kanaka Anjan, Natu Nagar, Secunderabad

Yashoda Hospital & Research Centre  
Natu Nagar, Secunderabad

# INVESTIGATION REPORT Page 1 of 1

NABL ACCREDITED - 10-0360

Patient Name: <b>Master: ARIAN</b>	Age / Sex: <b>02 Yrs / M</b>
OPD/IPD: <b>OPD</b>	Reg. No.: <b>251621</b>
Referred by: <b>Dr. ASHISH PRAKASH</b>	Report No.: <b>175829</b>
Collected: <b>10/02/2018 01:43PM</b>	Lab Ref No.: <b>1546380</b>
Examined: <b>10/02/2018 05:47PM</b>	Specimen: <b>01000</b>
Reported: <b>10/02/2018 02:48PM</b>	Test Lab No.: <b>00</b>

Parameter	With In Range	Out Of Range	Biological Reference Range	Unit
<b>COMP/HAEMOGRAM (CBC)</b>				
HEMAGLOBIN		11.1 (L)	11.0 - 16.5	g/dl
HEMATOCRIT (%)	31.1		34.0 - 40.0	%
MEAN CORPUSCULAR VOLUME (MCV)	81.1		86.0 - 102.0	fL
RED BLOOD CELL COUNT (RBC)	13.5		4.2 - 5.8	10 <sup>6</sup> /mm <sup>3</sup>
HEMATOCRIT (HCT)	37.6		37 - 47	%
PLATELET COUNT	4.5		1.3 - 4.0	10 <sup>9</sup> /mm <sup>3</sup>
PLATELET DISTRIBUTION WIDTH (PDW)	27.14		17.0 - 32	%
PLATELET COUNT	32.0		11.5 - 34.5	10 <sup>9</sup> /mm <sup>3</sup>
PLATELET DISTRIBUTION WIDTH (PDW)	13.0		11.5 - 14.5	%
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHILS	69.4		40 - 76	%
LYMPHOCYTES	23.1		20 - 40	%
MONOCYTES	0.7 (L)		1 - 6	%
MONOCYTES	10.7 (H)		2 - 10	%
EOSINOPHILS	0.1		0 - 5	%
PATYOPICAL LYMPHOCYTE	1.1		0.5 - 2.0	%

**Dr. SEEMA GURTA**  
MD, CONSULTANT

**Dr. SHIVANI TIWARI**  
DCP CONSULTANT PATHOLOGIST

**Dr. HEENU CHOPRA**  
MD, CONSULTANT PATHOLOGIST

Coded by: **RAM NIVAS**

HEENU CHOPRA

Dr. Heenu Chopra



**DEPARTMENT OF PAEDIATRIC**  
**DISCHARGE SUMMARY**  
Hospital Reg. No: Q2B/02146

Patient Name: - Master Aryan	Age/Sex: - 07Year/M
Reg. NO - 351621	IP No. :- 182272
DOA - 10/02/2018	DOD - 11/02/2018
Address - Ghaziabad (U.P)	Panel - P.V.I
Consultant - Dr. Ashish Prakash MD DNB MNAMS FICMCH	Paediatric

Final Diagnosis

**HYPERREACTIVE AIRWAY DISEASE**

Admission Complaints & Brief history of presenting illness (at the time of admission)

Child was admitted with complaints of cough and cold since 3-4 days with breathing difficulty since 1 day.

Physical Examination

HR : 128/min	Chest : Bil AE (+)
RR : 21/min	CVS : S1S2 (N); No murmur
BP : 116/71mmHg	PA : Soft; No Organomegaly
Temp : 98°F	CNS : Conscious
Spo2 : 96% on RA	
GC : NS	

Course in the hospital

Child was admitted with above mentioned complaints. Sent relevant investigations per our IP card. IV antibiotic, Nebulization and other supportive treatment. Child responded well to the treatment, accepting orally well. Distress decreased.

Now Child is being discharged in stable condition.

Child was put on IVF ISO-P Inj Moxicox, Inj Hydrocortisone, Inj Rantac, Syp Crocin DS. Nebulization with Levolin. Nebulization with Budecort. Nebulization with Ipratent. Tab Crocin and other supportive management.

# YASHODA HOSPITAL SCIENCE

## YASHODA HOSPITAL & RESEARCH CENTRE



**CASH FINAL BILL**

SERVICE TAX NO : ARACY0500MST001

REGISTRATION NO : GZ8/02146

IP. No. : 18/2272  
 Patient Name : Master ARYAN  
 S/O MR ANAND CHAUDHARY  
 VILLAGE KATHA  
 DISK BAGHPAT TEHSIL KHEKRA

Bill No. : 17-18C6496  
 Date : 11/02/2018 11:40:00AM  
 Reg. No. : 351621  
 Age : 07 Yrs. Male  
 Consultant : Dr. ASHISH PRAKASH (PAEDIATRI)

Sponsor : PRIVATE

Adm. Sec. No. :  
 Admission Date : 10/02/2018 12:05PM

Discharge Date : 11/02/2018 11:40AM

S. No.	Particulars	Amount	Total
1	ADMISSION FEE		200.00
2	ROOM CHARGES DELUX (10/02/2018 - 10/02/2018)	8000.00	8000.00
	NEBULIZER		95.00
<b>Total Bill Amount</b>			8,295.00
<b>Amount Received</b>			17,555.00
<b>Amount To Be Refunded</b>			9,260.00

Refundable Amount: FIVE THOUSAND THREE HUNDRED FIFTY NINE ONLY

Receipt/Refund No. :  
 Date : 10/02/2018

Cont. 125000 (Receipt)

Patients / Attendant's Signature