



Scanned with  
CamScanner

L40 - AMROHA CC - 2

Near Madhuram Banquet Hall, PakkaBagh,  
 Bijnore Road, Amroha-9410060672  
 U.P

Name	: Mrs. RANI GIRI	Collected	: 1/6/2021 12:43:00PM
Lab No.	: 307077165	Received	: 1/6/2021 1:14:31PM
Age	: 55 Years	Reported	: 2/6/2021 8:45:14AM
Gender	: Female	Report Status	: Final
A/c Status	: P	Ref By	: Dr. CHITRAK BANSAL

Test Name	Results	Units	Bio. Ref. Interval
ERYTHROCYTE SEDIMENTATION RATE (ESR) (Capillary photometry)	56	mm/hr	0 - 20

**Note**

1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
2. Test conducted on EDTA whole blood at 37°C.

C-REACTIVE PROTEIN; CRP, SERUM (Immunoturbidimetry)	33.40	mg/L	<6.00
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**Comments**

CRP is an acute phase reactant which is used in inflammatory disorders for monitoring course and effect of therapy. It is most useful as an indicator of activity in Rheumatoid arthritis, Rheumatic fever, tissue injury or necrosis and infections. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.

FERRITIN, SERUM	79.40	ng/mL	10.00 - 291.00
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**Note:** Increase in serum ferritin due to inflammatory conditions (Acute phase response) can mask a diagnostically low result

**Comments**

Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin concentration. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

**Increased Levels**

- Iron overload - Hemochromatosis, Thalassemia & Sideroblastic anemia
- Malignant conditions - Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma
- Inflammatory diseases - Pulmonary infections, Osteomyelitis, Chronic UTI, Rheumatoid arthritis, SLE, burns
- Acute & Chronic hepatocellular disease

*Self Accepted  
 Pooete  
 01/10/2021*



L40 - AMROHA CC - 2  
 Near Madhuram Banquet Hall, PakkaBagh,  
 Bijnore Road, Amroha-9410060672  
 U.P

Name	: Mrs. RANI GIRI	Collected	: 21/5/2021 2:25:00PM
Lab No.	: 307077524	Age: 55 Years	Gender: Female
A/c Status	: P	Ref By: SELF	Reported
			: 22/5/2021 9:17:54AM
			Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
D - DIMER, QUANTITATIVE @ (Immunoturbidimetry)	8.28	mg/L FEU	<0.50

**Note**

1. Degree of D-dimer increase does not definitely correlate with the clinical severity of associated disease state
2. Increased levels have a high probability of Venous thromboembolism (VTE) and require clinical correlation.
3. Lipemia falsely decreases D-dimer levels
4. Test conducted on Citrated plasma.

*Self Attended*  
*Preeti*  
*01/10/2021*

**Comments**

D-Dimer is one of the measurable byproducts of activation of the fibrinolytic system. It assesses fibrinolytic activation and intravascular thrombosis. D-dimer assays are characteristic for Disseminated Intravascular Coagulation (DIC) as this test demonstrates simultaneous presence of thrombin and plasmin formation. It can also be elevated in individuals with large vessel thrombosis, soft tissue hematomas, Pulmonary embolism, recent surgery, active or recent bleeding, pregnancy, liver disease, malignancy and hypercoagulable states. D-Dimer is of particular value in excluding the diagnosis of venous thromboembolism among patients at high risk.

TYPHI DOT/ SALMONELLA TYPHI IgM (ICT) Negative

**Note**

1. Low titre of IgM antibodies to S.typhi may persist for about 4 months post infection in endemic areas
2. All results to be clinically correlated

**Comment**

Accurate diagnosis of Typhoid fever at an early stage is not only important for etiological diagnosis, but also to identify and treat potential carriers and prevent acute typhoid fever outbreaks. The conventional Widal test detects antibodies to S.typhi in patient serum from the second week of onset of symptoms whereas early rising antibodies predominantly IgM in nature detected by this assay serve as a marker for recent infection.

**Detectable IgM response**

Onset of fever	Percent positive

LPL - AMROHA C.C.  
 MOHHALLA, CHEWARA, BEHIND AMBEDEKAR  
 PARK NEAR MASZID, (J.P. NAGAR)AMROHA,  
 UTP 2  
 PH : 9837266166

Name	: Mrs. RANI GIRI	Collected	: 27/5/2021 7:06:00PM
Lab No.	: 305050344	Age: 55 Years	Gender: Female
A/c Status	: P	Ref By : Dr. MAA PATH LAB	Report Status : Final
		Received	: 27/5/2021 7:20:35PM
		Reported	: 30/5/2021 3:06:24PM

Test Name	Results	Units	Bio. Ref. Interval
<b>TB GOLD, INTERFERON GAMMA RELEASE ASSAY (IGRA), PLASMA @ (EIA)</b>			
Gamma Interferon, Antigen tube	0.69	IU/mL	
Gamma Interferon, Nil tube	0.13	IU/mL	
Final Result	<b>Positive</b>		

### Interpretation

NIL TUBE in IU/mL	ANTIGEN TUBE MINUS NIL TUBE in IU/mL	FINAL RESULT	INTERPRETATION
< = 8.00	<0.35	Negative	M. tuberculosis infection unlikely
	> = 0.35 & <25% of Nil tube	Negative	M. tuberculosis infection unlikely
	> = 0.35 & > = 25% of Nil tube	Positive	M. tuberculosis infection likely
>8.00	Any result	Indeterminate	This may be due to excessive levels of circulating gamma interferon or presence of heterophile antibodies

### Note

1. This assay cannot differentiate between Latent infection and Active Tuberculosis.
2. Magnitude of measured Gamma Interferon cannot be correlated with stage or degree of infection, level of immune responsiveness or likelihood of progression to active disease.
3. False negative results maybe obtained if sample is taken prior to development of immune response. CDC recommends repeat test after 8 - 10 weeks in case of high suspicion of tuberculosis.
4. Immunocompromised patients can also show false negativity.
5. Negative result does not preclude the possibility of *Mycobacterium tuberculosis* infection / disease.

*self tested*  
*Preet*  
*01/10/2021*





JHA CC - 2

Madhuram Banquet Hall, Pakka Bagh,  
 More Road, Amroha-9410060672

U.P

Name	: Mrs. RANI GIRI	Collected	: 21/5/2021 2:25:00PM
Lab No.	: 307077524	Received	: 21/5/2021 2:48:01PM
Age: 55 Years	Gender: Female	Reported	: 22/5/2021 9:17:54AM
A/c Status : P	Ref By : SELF	Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
4-6 days	43.5		
6-9 days	92.9		
>9 days	99.5		

LDH;LACTATE DEHYDROGENASE, SERUM @ (IFCC) **301.00** U/L <247.00

**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.

*Akriti Agarwal*

Dr. Akriti Agarwal  
 MD, Pathology  
 Consultant Pathologist

*Ajay Gupta*

Dr. Ajay Gupta  
 MD, Pathology  
 HOD Hematology &  
 Immunohematology,  
 NRL - Dr Lal PathLabs Ltd

*Gurleen Oberoi*

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 DNB,MNAMS  
 Consultant & Technical Lead  
 -Hematopathology  
 NRL - Dr Lal PathLabs Ltd

*Himangshu Mazumdar*

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*Jatin*

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 NRL - Dr Lal PathLabs Ltd

*Sarita Kumari Lal*

Dr.Sarita Kumari Lal  
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 Consultant Pathologist  
 Dr Lal PathLabs Ltd

*Sunanda*

Dr Sunanda  
 MD, Pathology  
 Consultant Pathologist  
 Dr Lal PathLabs Ltd

*Self Affected  
 Preeti  
 01/10/2024*

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



# KAILASH HOSPITALS LTD.

23 KP-1, GREATER NOIDA - 201310      CIN : U85110DL1998PLCO92494  
Ph. : 0120 - 2327222 / 23 / 24, 2327799, 2321111 & 2322222 / 24      Fax : 2322227  
E-mail : kailash.gnoida@kailashhospital.com      Web site : www.kailashhealthcare.com



O-0047

## LAB REPORT

PHID : 1333689	No. : LAB/21G/17650	Date: 17/Jun/2021	
Name : Ms. RANI GIRI		Request Number : 9799407	Status: Final
Sex : F Age : 56 YEARS 2 MONTHS		Registered : 17/Jun/2021	17:49:18
Referred By : DR. RAHUL SHARMA		Sample Collected : 17/Jun/2021	17:53:38
Collected At : Lab		Reported : 17/Jun/2021	19:55:28

Investigation	Result	Unit	Biological Ref Interval
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### VITAMIN - D-25 -HYDROXY (SERUM)

Vitamin D, 25-Hydroxy <small>(Electrochemiluminescence)</small>	<b>9.05</b>	nmol/L
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### INTERPRETATION AS PER US NATIONAL OSTEOPOROSIS FOUNDATION

LEVEL	REFERENCE RANGE ( IN nmol/L)	COMMENTS
Deficient	<25	High Risk for developing bone disease
Insufficient	25 - 74	Vitamin D concentration which normalizes Parathyroid hormone concentration.
Sufficient	75 - 250	Optimal concentration for maximal health benefit
Potential Intoxication	>250	high risk for toxic effects

**Comment:**  
The two most important forms of vitamin D are Vitamin D3 (cholecalciferol) and vitamin D2 (ergocalciferol). Vitamin D3 is synthesized in the skin by exposure to sunlight and vitamin D2 is taken up with food. In the human body vitamin D3 and D2 are transported to the liver where both are hydroxylated to 25 hydroxy vitamin D (25OHD). 25OHD is the metabolite that should be measured in blood to determine overall vitamin D status as this is the major storage form with circulating levels 1000 fold greater than 1,25(OH)<sub>2</sub> vitamin D and half life is 2-3 weeks. More than 95% of 25OHD, measurable in serum, is 25OH vitamin D3 (25OHD3) whereas 25OH vitamin D2 (25OHD2) reaches measurable level only in patients taking vitamin D2 supplements. Studies have shown less efficient conversion of vitamin D2 to 25OHD2. Furthermore, the half life of 25OHD2 is shorter and clinical potency is less than one third as compared to 25OHD3. Thus it may be reasonable to use vitamin D3 supplements. 25 hydroxy Vitamin D is increased in Vitamin D intoxication. It is decreased in following conditions: - Rickets, osteomalacia. - Secondary hyperparathyroidism. - Malabsorption of Vitamin D (eg. Severe liver disease, cholestasis). - Increased Vitamin D metabolism (eg. TB, sarcoidosis, primary hyperparathyroidism).

*Self Attended  
Preeti  
21/10/2021*



# PANACEA HOSPITAL & RESEARCH CENTER



A 50 Bedded Multi Speciality Hospital  
 (Run By L.S.A Society), Next to LSA School, Amroha Joya Road, Amroha - 244221  
 Contacts : 70888 08000, 7617564028, www.panaceeamroha.com, phrcamro@gmail.com

## DEPARTMENT OF GENERAL MEDICINE

**CONSULTANT : DR. CHITRAK BANSAL, CARDIOLOGY AND GENERAL MEDICINE Mobile : 7088808000**

UHID No : 12312797  
 Patient Name : Mrs. RANI GIRI  
 Age : 55 Years  
 Address : COLLECTRATE AMROHA

Date : 2021-05-24 (21/1/21)  
 OPD No : 5252113  
 Sex : Female  
 Fees : unpaid

Chief Complaints :

Co fever on 2 off  
 Co Dry cough  
 Co Weakness.

Examination :

Systemic Examination :

History : Co Mild Respiratory Distress.

No H/O. HTN/DM/Thyroid Disturbance  
 No Co: Bowel disturbance.

P.D.: Patch infiltrate of lungs Post Covid

Pulse Rate : 130 b/min.  
 BP : 110/70 mm Hg  
 RR/SPO2 : 98%.  
 Temperature : 96.8°F  
 Weight/Height : 38 kg.  
 Drug Allergy if Any :

- Rx.
- Tab Broclear
  - Tab T3LC
  - Tab. Minda m/b 100
  - Tab. Leukotas ND  ns
  - Tab. Vitron Q10
  - Cap. Esofex DSR
  - Tab. Keppad 200
  - Inj. LMWX 40mg SLIC - BD.
  - Tab. Coeliteng
  - Tab. Avas 10
  - Tab. Livchil forte
  - Tab. Zerodol SP

*see Atterpad  
 free  
 01/10/2021*

Investigation Required:

2/5/24 - Outride. D.Dim - 8.28  
 Typhi test - Negative.  
 LDH :- 301  
 NB :- 11.00  
 PC = 356000  
 B. Glucos :- 107  
 CRP :- 45-97.  
 Follow up :

Dietary Advice :

- MDR Quickhale FB 200  2 P.M.
- Respiratory  10-15 ml.
- 10-15 ml.

Doctor Signature & Seal

*Chitrak*  
**Dr. Chitrak Bansal**  
 MBBS, MD, M.Med FM, FCC  
 Reg. No: MCI 18-29424

ओ.पी.डी. - सोमवार से शनिवार (10 बजे से सायं 4 बजे तक) पर्चा केवल 5 दिन के लिये वैध NOT FOR MEDICO - LEGAL PURPOSE  
 सारी सावधानी के बाद कोई भी दवा दुष्प्रभाव या रिएक्शन दिखा सकती है ऐसा होने पर तुरंत अस्पताल से संपर्क करें, पर इसके लिए अस्पताल या डॉक्टर जिम्मेदार नहीं होगा संपर्क करें-7617409000

Dr. VAIBHAV GUPTA

डाक्टर विभू गुप्ता

M.B.B.S., M.D. T.B. & Chest (KGMC LUCKNOW)

Consultant Chest Physician

Ex. Senior Resident-Critical Care PGI (Lucknow)

Interventional Bronchoscopist Worcester Institute (London)



डा० वैभव गुप्ता

डाक्टर विभू गुप्ता

एम.बी.बी.एस., एम.डी. (टी.बी. एवं चैस्ट)

के.जी.एम.सी. (लखनऊ)

कन्सल्टेंट चैस्ट फिजिशियन

पूर्व सीनियर रेजिडेंट- क्रिटिकल केयर पी.जी.आई. (लखनऊ)

इन्टरनेशनल ब्रांकोस्कोपिस्ट, वरसेस्टर इन्सटीट्यूट (लन्दन)

(छाती, दमा, टी.बी. व सांस रोग विशेषज्ञ)

पता :- A-8, गाँधी नगर, निकट रोडवेज बस स्टैण्ड, रामपुर रोड, मुरादाबाद मो० : 9452017944, 9219541805

Name Rani Age/Sex 55y/F Address Amroha Date

Breastlens  
collar A 6 months  
Acycx 1m

Valid Upto

on post covid med

No H/O DM/HTN/A??

RTPCR-Neg

9/E

Adv

Temp checky  
AFB

seroflo syndrome  
Tab Aveloc 150  
Tab Azce 500  
Tab Nintanib  
Tab Revamact

Self Attested  
Pract  
01/10/2024

शनिवार केवल इमरजेन्सी

सुविधायः

- थोरेकोस्कोपी • ब्रांकोस्कोपी • ई.सी.जी.
  - नेब्युलाइजर व आक्सीजन थेरेपी
  - आधुनिकतम स्लीप लैब (कम्प्यूटर मशीनों द्वारा नींद में सर्जरी की जाँच)
  - पी.एफ.टी. (कम्प्यूटर मशीन द्वारा सांस व फेफड़ों की कमजोरी की जाँच)
- मैडिकोलीगल कार्यों के लिये मान्य नहीं

पर्चा 7 दिन के लिये मान्य

फोन : 0591-2497944





**OPD CARD**

Pt Id. : 43205	Reg. date : 17/06/2021
Name : Mrs. RANI GIRI	Consultant : Dr. RAHUL SHARMA
Age/Sex : 55 F	Specialisation : PULMONARY MED
Tel No. : 9810855403	Qualification : MBBS, MD, DNB, DM
Company : CGHS CASH	Room No :

Timings	MON	TUE	WED	THU	FRI	SAT
Morning	10:00- 16:00	10:00- 16:00	10:00- 16:00	10:00- 16:00	10:00- 16:00	10:00- 16:00
Evening						

Temp 98.1 °F      Pulse 114 Per minute      B.P. 110/60 mmhg      SpO2 99%

Height 1.7 cm      Weight 38.5 Kg

Allergies XI Yes

History: Fever x 4 2 weeks  
Cough during  
Appetite low  
NSD wt loss  
+Hb = 10.9  
+HbA1c = 5.8  
NQ = 133

*See Attached  
Presc  
01/10/2021*

Liver Report - No Rusts

**CLINICAL ASSESSMENT:**

Plan for FIB + BAL - Deflow &

Plan to start Empirical

ATT use - Med nap  
Udal Piness  
KAP

Basalft - mme

**PROVISIONAL DIAGNOSIS:**

Plan

B.S. Vit D; S. Galactomannan Nov  
ESR = 76. S. IgG for Aspergillus Nov

LFT - approx 3 day of shut Tlb

- T. SOM - DIR, 1BD  
↓ Lomei (BM)
- T. Akint - 4      2 tabs (BM)  
OD
- T. Benadone 4mg 1/2 OD
- T. COZIVIT 1 OD
- T. Emset 4mg SOS  
'MD'
- T. Shalcal 10D  
'HD'
- T. Udeliv  
150mg BID

*Diet as advised*

Dr. Rahul Sharma  
MD, DNB (Medicine), FCCP (USA)  
DM (Pulmonary & Critical Care Medicine) (Gold Medalist)  
FNCCP, FISDA, DMC - 05441  
Senior Consultant & Interventional Pulmonologist

**Helpline Numbers**  
8800110084, 8800110086



2

**OPD CARD**

Pt Id. : 43205  
 Name : Mrs. RANI GIRI  
 Age/Sex : 56 F  
 Tel No. : 9810855403  
 Company : CGHS CASH  
 Reg. date : 26/06/2021  
 Consultant : Dr. RAHUL SHARMA  
 Specialisation : PULMONARY MED  
 Qualification : MBBS, MD, DNB, DM  
 Room No :

Timings	MON	TUE	WED	THU	FRI	SAT
Morning	10:00- 16:00	10:00- 16:00	10:00- 16:00	10:00- 16:00	10:00- 16:00	10:00- 16:00
Evening						

Temp \_\_\_\_\_ °F      Pulse \_\_\_\_\_ Per minute      B.P. \_\_\_\_\_ mmhg

Height \_\_\_\_\_ cm      Weight 38.5 Kg      Allergies \_\_\_\_\_

**History:**

Symp better

Mulung TB & CAP  
 FOR 6 months  
 Hypertension

Cap. SOM-DLR 1 BD  
 T. Akurit 4 stab FD 2mg  
 T. Benadon 40/2 op  
 Cap. Cozivit 100  
 T. Suralal N/D 100  
 T. Vitals 15mg BD  
 Cap D-BON 60k once weekly

**CLINICAL ASSESSMENT:**

**PROVISIONAL DIAGNOSIS:**

Lfr - 7 days  
 Self Attested  
 Preeti  
 01/10/2021

Dr. Rahul Sharma  
 DNB (Medicine), FCCP (USA)  
 M Pulmonary & Critical Care (Gold Medalist)  
 CCP, FISDA, DMC - 05441  
 Senior Consultant & Interventional Pulmonologist

A unit of AKS Medical & Research Centre Pvt. Ltd.

**Yatharth Super Speciality Hospital**

Sector 01, Greater Noida West, Uttar Pradesh - 201306, India  
 info@yatharthhospitals.com www.yatharthhospital.com

**Helpline Numbers**  
 8800110084, 8800110086





3

**OPD CARD**

Pt Id. : 43205	Reg. date : 20/07/2021
Name : Mrs. RANI GIRI	Consultant : <b>DR. RAHUL SHARMA</b>
Age/Sex : 56 F	Specialisation : <b>PULMONARY MED</b>
Tel No. : 9810855403	Qualification : <b>MBBS, MD, DNB, DM</b>
Company : CGHS CASH	Room No :

  

Timings	MON	TUE	WED	THU	FRI	SAT
Morning	10:00- 16:00	10:00- 16:00	10:00- 16:00	10:00- 16:00	10:00- 16:00	10:00- 16:00
Evening						

Temp 98.6 °F

Pulse 114 Per minute

B.P. 100/70 mmhg

Height 4.8 in/cm

Weight 39.5 Kg ✓

Allergies nil

**History:**

Milky TB  
ATT for 17/6/21

Milky TB @  
typo out D

Sp<sub>2</sub> → 97%

**CLINICAL ASSESSMENT:**

LFT

Drug 15 days

**PROVISIONAL DIAGNOSIS:**

Self Attested  
Dr. Prateek  
21/10/2021

Swells

Cap. SOM-OR 1 BID  
↓ 2am  
T. Akurei 4 3 tabs OD c  
2ksp Drug.  
R. Benadine 4mg 1/2  
OD  
Cap. Corvir 100  
T. Medibon 100  
T. Ubiliv (1500 BR)  
Cap D-BON 600 OD once weekly  
Syp Aphnel 2ksp OD  
T. Allegra 20 mg / 1x

Dr. Rahul Sharma  
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DM Pulmonary & Critical Care (Gold Medalist)  
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Consultant & Interventional Pulm.

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Helpline Numbers  
8800110084, 8800110086



(4)

**OPD CARD**

Pt Id. : 43205      Reg. date : 09/08/2021  
 Name : Mrs. RANI GIRI      Consultant : Dr. RAHUL SHARMA  
 Age/Sex : 56 F      Specialisation : PULMONARY MED  
 Tel No. : 9810855403      Qualification : MBBS, MD, DNB, DM  
 Company : CGHS CASH      Room No :

Timings	MON	TUE	WED	THU	FRI	SAT
Morning	10:00- 16:00	10:00- 16:00	10:00- 16:00	10:00- 16:00	10:00- 16:00	10:00- 16:00
Evening						

Temp ..... °F      Pulse ..... Per minute      B.P. .... mmhg  
 Height ..... cm      Weight ..... Kg      Allergies .....

History: WT = 60 kgs  
 No fever  
 AOT = 20/6/21  
 ↓  
 20/8/21

History of Hypertension

**CLINICAL ASSESSMENT:**

- Dry cough PA/Ws up 2 weeks.
- HR — an 2 weeks

**PROVISIONAL DIAGNOSIS:**

Self Attested  
 Prateek  
 01/10/2021  
 Today

- Cap. Sumorone 1 BD 0 — 0  
20ml 1/2 20min
- r. Acurit 4 tabs ODC 0 — x  
2k of Eye.
- r. Senardine 4mg 1/2 OD 0 — x
- Cap Corvit 1 OD 0 — x
- Cap Medibin 1 OD 0 — x
- Cap Udoliv (150) OD 0 — x
- Cap D-BUN 60k once weekly.
- r. Alogon 12mg 1 OD x — 0
- Sp. Aphisal 2kp Tds 0 — 0 — 0

Dr. Rahul Sharma  
 MD, DNB (Medicine), FCCP (USA)  
 Head of Department - Critical Care (Gold Medalist)  
 Senior Consultant (Sleep Medicine) DMC-054  
 Yatharth Super Speciality Hospital  
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Helpline Numbers  
 8800110084, 8800110086



(5)

Dr. Rahul Sharma  
MD, DNB (Medicine), FCCP (USA)  
NCCP, FISDA  
& Critical Care (Gold Medalist)  
Consultant DM Pulmonology  
Reg. No. - R/05441

# YATHARTH



REG. CARD  
SUPER SPECIALITY HOSPITALS  
GET BETTER

Pt Id. : 43205	Reg. date : 23/08/2021
Name : Mrs. RANI GIRI	Consultant : Dr. RAHUL SHARMA
Age/Sex : 56 F	Specialisation : PULMONARY MED
Tel No. : 9810855403	Qualification : MBBS, MD, DNB, DM
Company : CGHS CASH	Room No :

Timings	MON	TUE	WED	THU	FRJ	SAT
Morning	10:00- 16:00	10:00- 16:00	10:00- 16:00	10:00- 16:00	10:00- 16:00	10:00- 16:00
Evening						

Temp 98.5 °F      Pulse 99 Per minute      B.P. 100/60 mmhg      *SpO2 → 97%*

Height 4ft 9 inc cm      Weight 41.4 Kg ↑      Allergies None      *Art from 17/6/21*      Yes — Evon Ca

History: Mild Cough  
Wt gain ⊕  
No fever

SCPT = 25  
SePT = 12  
S. Bil 2 0.36

### CLINICAL ASSESSMENT:

Lft → 15 days

Cap. 50M - BAR 1 BID  
T. Akint 4-3 tab OD  
T. Benadon 40 1/2 OD  
Cap. Cozivit 100  
T. Uchiv (150) BID  
Cap. D-Bow 60 k once weekly  
Syp. Aphur 2kg TM  
T. Allegra 200mg

### PROVISIONAL DIAGNOSIS:

*Self Attested*  
*Preeti*  
*01/10/2021*  
*1 month*

Syp. Cozodex 2kg (SOS)

A unit of AKS Medical & Research Centre Pvt. Ltd.

## YATHARTH SUPER SPECIALITY HOSPITALS

HO-01, Sector-1, Greater Noida West, Gautam Buddha Nagar, Uttar Pradesh- 201306, India  
admin@yatharthhospitals.com      www.yatharthhospitals.com

Dr. Rahul Sharma  
MD, DNB (Medicine), FCCP (USA)  
NCCP, FISDA  
Critical Care (Gold Medalist)  
Consultant DM Pulmonology  
Helpline Numbers  
8800110084, 8800110086

# YATHARTH

OPD CARD  
SUPER SPECIALITY HOSPITALS



GET BETTER

Pt Id. : 43205	Reg. date : 20/09/2021
Name : Mrs. RANI GIRI	Consultant : Dr. RAHUL SHARMA
Age/Sex : 56 F	Specialisation : PULMONARY MED
Tel No. : 9810855403	Qualification : MBBS, MD, DNB, DM
Company : CGHS CASH	Room No :

Timings	MON	TUE	WED	THU	FRI	SAT
Morning	10:00- 16:00	10:00- 16:00	10:00- 16:00	10:00- 16:00	10:00- 16:00	10:00- 16:00
Evening						

Temp 97.3°F Pulse 109 Per minute B.P. 100/60 mmhg 3102-987  
 Height 4.9 cm Weight 43.3 Kg Allergies T. Iron  
 History: Sym better Pul TB ATI Jan 2021/2

Adm

**CLINICAL ASSESSMENT:**

LRV  
KFT → S. Unchanged

**PROVISIONAL DIAGNOSIS:**

Imms  
Self Attended  
Preeth  
01/10/2021

Cap-Sm-DSE 1BN  
T. Akurit-3 3tab OD  
T. Benadone 40mg 1/2 OD  
Cap-Cozint 100  
Cap D-BON 60K once weekly  
Syp Aphusol 2sp TB  
T. Allegra 120mg TB

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Dr. Rahul Sharma  
 MD, DNB (Medicine), FCCP (USA) (Gold Medalist)  
 MD, DNB (Medicine) & Critical Care (DNO-05441)  
 FNCCP, FISA (Sleep Medicine) & Pulmonologist  
 Senior Consultant & Interventional Critical Care  
 Head Department of Sleep Medicine  
 8800110084, 8800110086



# YATHARTH

SUPER SPECIALITY HOSPITALS  
GET BETTER  
OPD CARD



Pt Id. : 43205	Reg. date : 19/10/2021
Name : Mrs. RANI GIRI	Consultant : Dr. RAHUL SHARMA
Age/Sex : 56 F	Specialisation : PULMONARY MED
Tel No. : 9810855403	Qualification : MBBS, MD, DNB, DM
Company : CGHS CASH	Room No :

Timings	MON	TUE	WED	THU	FRI	SAT
Morning	10:00- 16:00	10:00- 16:00	10:00- 16:00	10:00- 16:00	10:00- 16:00	10:00- 16:00
Evening						

Temp 98.9 °F      Pulse 105 Per minute      B.P. 100/60 mmhg      SP2-95%  
 Height 4.11 m/cm      Weight 43.6 Kg      Allergies yes  
 History: Aggravated      ATT from 20/6/21

**CLINICAL ASSESSMENT:**

**PROVISIONAL DIAGNOSIS:**

Lfr - every 15 days

Self Attested  
Prateek  
21/10/2021

Cap. SOM-DJR 1 B11  
 T. Akenit 3 tabs OD  
 T. Benadene 40 72 OD  
 Cap. Cor'vit 150  
 T. D-BONGOR Ouse  
 weekly  
 Eyr Aphusol - 2 tabs OD  
 T. Allegra 12mg 1 OD  
 T. O/Honcet 72 OD

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