

डॉ० अनुपम मलिक

डी.एच.बी. (रेस्पिरेटरी मेडिसिन)
एम.डी.सी.एस., सी.टी.सी.बी., आई.सी.सी.सी.एस.
पश्चिमी विधिवत
टी.बी., चंगा, फेफड़ों से
सम्बन्धित अन्य रोग विशेषज्ञ
पूर्व विशेषज्ञता :
- पटेल चैस्ट इन्स्टीट्यूट, दिल्ली
- सर गंगा राम हॉस्पिटल, दिल्ली
- लाला राम स्वस्थ इन्स्टीट्यूट ऑफ टी.बी. एवं
रेस्पिरेटरी डिजीजेज, दिल्ली
- राजन बाबू टी.बी. हॉस्पिटल, दिल्ली



Dr. Anupam Malik

DNB (RESPIRATORY MEDICINE)
MBBS (CAL.), DTCD (VPCI), IDCC
FCCS (USA), DPPHC (Apollo)
CONSULTANT PHYSICIAN
Pulmonology, T.B., Bronchoscopy
Critical Care & Sleep Specialist

Formerly at :

- Patel Chest Institute, Delhi
- Sir Ganga Ram Hospital, Delhi
- Lala Ram Sarup Institute of TB & Respiratory Disease, Delhi
- Rajan Babu TB Hospital, Delhi

Name : NIOMARA DEVI

Age : 71YMO Weight : 25kg Date : 21/1/2021

CP Post cond lung

R

12/10/2021

Nesⁿe Budomata on

SpO₂ 95%

telepho & omung
manje

tab muinal 600 1 tab P_o

PAP- 110/Born

tab asparnam 1 tan on

tab Tee 1 tan on

tab. cycoat 6mg 1 tan on

tab Puyetas 801 1/2 tan P_o

PH: normal baseline

1
+

h + +
CRP, LFT:

SpO₂ 98%
PAP 110/Born

CSi = 1548

1
+

AVAILABLE FOR E-CONSULTATION THROUGH
FOR PATIENTS MOBILE APP
CONTACT: 9876543210

निर्णय कालावधि :

- घूरबीन द्वारा फेफड़ों की जाँच।
- मरीन द्वारा रॉल की एवं ऑक्सीजन की जाँच
- मरीन द्वारा नींद की जाँच
- ई सी जी
- नेबुलाइजेशन/ऑक्सीजन
- गहन रोग संचयन / बाईपैप / सीपीप

बोकारा यूनिट की तारीख

रविवार अवकाश

NO EMERGENCY VISIT

यह पर्स 10 दिन के लिए मान्य है।

समय: प्रातः 10:00 बजे से 02:00 बजे तक
सायं 05:00 बजे से 08:00 बजे तक

फोन पर नंबर मिलवाने की सुविधा
प्रातः 9 बजे से 10 बजे तक = सोफ्टर 3 बजे से सायं 5 बजे तक

फोन नं: 011-26107788, 26107789
26107790, 26107791

14, अग्रवास विकास कालोनी, एक्सआईव ऑफिस के सामने, दिल्ली रोड, सहारनपुर

ई-मेल : anupammalik2010@gmail.com

Dr. Himanshu Mehta

V.D. (Medicine) Gold Medalist
D.M. (Neurology)

Doctors' Lane, Bajoria Road
Saharanpur - 247001 (UP)

Reg. No. : UPMC - 044259



LIFE MEMBER :-

- Indian Academy of Neurology
- U.P. Neurological Society

FORMERLY AT :-

- KGMC, Lucknow 160/100
- IMS, B.H.U. Varanasi P-120
- SCTIMST, Thiruvandrum
- IHBAS, Sahasra, Delhi 02-931
- Apollo Hospital, New Delhi

Name : MRS Menaka Age 65 Sex F
Address : DDM

201		AIS - <u>At Wasepati</u>
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MR - 10	• cap	Gcom AU (10/2020)
10/11 20 11A } com	①	
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11 -	②	
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डॉ० हिमांशु मेहता
एम.बी. (निर्देशन) गैलिक मेडिसिन
डी.एम. (न्यूरोलॉजी)
नरिष्ठक एवं नस रोगों के
सुपर स्पेशलिस्ट

अगली कीस का
दिनांक

स्वास्थ्य विज्ञान के क्षेत्र में सर्वोत्तम सेवाएं प्रदान करने का हमारा लक्ष्य है।

रक्तचाप नियंत्रण :-
समय : 8.00 बजे से 04.00 बजे तक
रक्तचाप नियंत्रण के लिए 200 रुपये शुल्क

सुविधाएँ :-
EEG, NCV/EMG (नती की जाय), BAER, VEP

सुविधाएँ उपलब्ध

(By pre-appointment only) नोट:- यहाँ खो जाने पर पुनः शुल्क देना होगा।



GASTRO LIVER CARE

Mrs Nitma Devi
70/F

Chief

- PPDs
- mild pain
- Incomplete ^{exacerbation}
- Pain in ^{Right} _{leg}

H/O CIA

R
Normal Diet

• T. Veloz 20 BD

• T. Lesumdeas BD

• Freego powder 11 No

20/12
Sachin
29/12/2010

Cont Neurologist
med

→ Crohn's
fatigue

sp
inward

Allowed

INVESTIGATION

HEMOGRAM				LIVER FUNCTION TEST				
DATE	Hb(gm/dl)	Ht	DLC	Ht Count	S. Bilirubin	SGOT	SGPT	S-AlP
3/01/21	13.1	8400	N-00 L-16 M-01 E-01 B-00	177000	0.7	36.0	56.0	256.
DATE	ECC							
DATE	ABU							
DATE	29/12/20	SWS COV 1 RT PCR		Covid +ve.				
DATE		SWS COV 2 RT PCR						
DATE		SWS COV 3 RT PCR						

KIDNEY FUNCTION TEST					
DATE	SUREA	S. Creatinine	S.Nr	Sr	Sr
3/01/21	24.0	0.8	139.0	3.4	10.0
DATE	Chest X-ray				

COURSE DURING HOSPITAL STAY:-

TREATMENT AND ADVISE:-
 Tab. multivitamin x 7 days
 Tab Vit. C x 7 days

Rx. Intravenous 200mg in 100ml NS to brown slowly over 3hr IV slowly (day 1)
 followed by 1mg Remidesivir 10mg in 100ml NS to be run over 1hr slowly IV slowly (D1-D5)
 Ij. piperacillin/tazobactam 4.5gm IV q8hrly
 Ij. Fluopiparole 10mg IV q8hrly
 Ij. Neomethasone 1mg (4mg) IV q8hrly
 Ij. Enoxacin 0.6ml (1.2mg) IV q8hrly
 Tab. Azithromycin 500mg 1BD
 Tab. Ivermectin 1mg 1HS (x 2 days)
 Tab. Vit. C 500mg TDS
 Tab. Zinc 5mg + multivitamin BD
 Steam inhalation 3-4 times a day
 MDI (seroflo/salmeterol + fluticasone) 250µg
 Sluff twice daily with mouthwash
 mouth wash with water
 Tab. Dicyclanil 10mg 1BD
 Tab. Pantoprazole 40mg IV daily.

L17 - BUREAU LAB
 Near Main Branch of Punjab National Bank
 Civil Lines, Bhopal, U.P.
 PH: 01342-261136, 01342-261137

Name	Mrs. NIRMALA DEVI	Collected	15/2/2021 11:37:00AM
Lab No.	298646110	Age	52 Years
		Gender	Female
A/c Status	F	Ref By	S&LF
		Received	15/2/2021 11:53:31AM
		Reported	15/2/2021 4:11:56PM
		Report Status	Final

Test Name	Results	Units	Bio. Ref. Interval
LIVER PANEL 1; LFT, SERUM (Reflectance Photometry)			
AST (SGOT)	47	U/L	<35
ALT (SGPT)	48	U/L	<35
AST/ALT Ratio	0.98		<1.00
GGTP	28	U/L	<38
Alkaline Phosphatase (ALP)	120	U/L	30.00 - 120.00
Bilirubin Total	0.56	mg/dL	0.20 - 1.10
Bilirubin Direct	0.29	mg/dL	<0.30
Bilirubin Indirect	0.27	mg/dL	<1.10
Total Protein	7.60	g/dL	6.40 - 8.10
Albumin	4.50	g/dL	3.20 - 4.60
A : G Ratio	1.45		0.90 - 2.00

Note

- In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.



Lal PathLabs

137 10 YORK LANE
 Near West Branch of Susquehanna National Bank
 Columbia, SC 29204
 PH: 803-733-2411 FAX: 803-733-2412

Name	Mrs. NICHOL, J. (TS)			Collected	10/27/21 11:27:05AM
Lab No	00000110	Age	42 Years	Received	10/27/21 11:57:31AM
Sex	F	Ref by	SELF	Reported	10/27/21 4:11:00PM
				Report Status	Final

- | Test Name | Results | Units | See Ref. Interval |
|--|---------|-------|-------------------|
| 1. In most types of liver disease, ALT activity is higher than that of AST, exception may be seen in alcoholic hepatitis, hepatic carcinoma, and liver metastasis. In a patient with chronic liver disease, AST/ALT ratio > 1 is highly suggestive of advanced liver fibrosis. | | | |
| 2. In many cases of chronic liver disease due to viral hepatitis B & C, alcoholic liver disease or NAFLD, elevated liver enzymes (ALT) test may be used to evaluate liver fibrosis. | | | |
| 3. In a patient with chronic liver disease, AFP and Des-gamma carboxyprothrombin (DCP) (PIVKA-3) can be used to assess risk for development of hepatocellular carcinoma. | | | |

L-17 - BILNORE LAB
Near Main Branch of Punjab National Bank
Chd Lines, Bilnore, U.P.
PH: 01342-261136, 01342-261137

Name	Mrs. NIRBALA DEVI	Collected	19/2/2021 11:37:20AM
Lab No.	258046110	Received	19/2/2021 11:53:31AM
Age	62 Years	Reported	19/2/2021 4:11:56PM
Gender	Female	Report Status	Final
Ref By	SELF		

- | Test Name | Results | Units | Bio. Ref. Interval |
|-----------|--|-------|--------------------|
| Note | | | |
| 1 | This is a screening test and the result should be interpreted in conjunction with clinical findings and other diagnostic tests. | | |
| 2 | This assay is used for qualitative detection of antibodies to Hepatitis C virus in serum samples and cannot differentiate between the stages of Hepatitis C viral infection. | | |
| 3 | Sensitivity and Specificity of the Anti-HCV test by ICT is 99.3% and 98.1% respectively. | | |
| 4 | False negative reaction may be due to processing of sample collected early in the course of disease. Prone to phenomenon, Immunosuppression & Immuno-incompetence. | | |
| 5 | Test conducted on serum. | | |

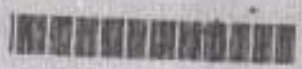
Comments
Hepatitis C virus (HCV) is recognized as a major agent of chronic hepatitis, transfusion acquired non-A, non-B hepatitis and liver disease throughout the world. HCV is an enveloped positive-sense, single stranded RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals. In high risk populations, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25%.

- Uses**
- To diagnose suspected HCV infection and monitor the status of infected individual.
 - Routine screening of blood and blood products to prevent transmission of Hepatitis C virus (HCV) to recipients.
 - For Prenatal Screening of pregnant women.
 - Routine screening of low and high prevalence populations including blood donors.

Nirmala Chaudhary
Dr Nirmala Chaudhary
MD, Pathology
Consultant Pathologist
Dr Lal Path Labs Ltd

Yogendra Singh
Dr Yogendra Singh
MD, Pathology
Consultant Pathologist
Dr Lal Path Labs Ltd

End of report



Lal Path Labs

L37 - BUNORE LAB
Near Main Branch of Punjab National Bank
Civil Lines, Bhopal, U.P.
PH: 01342-281136, 01342-281137

Name: Mrs. NIRMALA DEVI
Lab No.: Z88648110 Age: 62 Years Gender: Female
A/c Status: P Ref By: SELF
Collected: 15/2/2021 11:37:00AM
Received: 15/2/2021 11:53:21AM
Reported: 15/2/2021 4:11:56PM
Report Status: Final

Test Name	Results	Units	Dis. Ref. Interval
HEPATITIS B SURFACE ANTIGEN (HBsAg), RAPID SCREENING TEST, SERUM (ICT)	Non-Reactive		

Interpretation

RESULT	REMARKS
Reactive	Indicates presence of Hepatitis B Surface Antigen.
Non-Reactive	Indicates absence of Hepatitis B Surface Antigen.

* All reactive results should be subjected to HBsAg Neutralization test which can be requested as Test Code S115.

Note

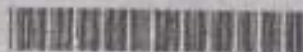
1. Reactive test result indicates presence of Hepatitis B Surface Antigen. It cannot differentiate between the stages of Hepatitis B viral infection.
2. Non-Reactive test result indicates absence of Hepatitis B Surface Antigen.
3. False positive results may be observed in presence of heterophilic antibodies in serum or after HBV vaccination for transient period of time.
4. False negative reaction may be due to processing of sample collected early in the course of disease or presence of mutant forms of HBsAg.
5. For monitoring HBsAg levels, HBsAg Quantitative assay is recommended.

HEPATITIS C VIRUS (HCV), RAPID SCREENING TEST, SERUM (ICT) Non-Reactive

Remarks: Results of reactive HCV screening test should be confirmed by supplemental test like CMIA or confirmatory test like Immunoblot HCV. This test is not meant for monitoring the treatment of disease nor stratifying acute or chronic stages. The result of the test should not be compared to molecular test like HCV PCR as both are different methodologies.

Interpretation

RESULTS	REMARKS
reactive	Indicates presence of antibodies to Hepatitis C virus
Non-Reactive	Indicates absence of antibodies to Hepatitis C virus



Lal Path Labs
LPT - BUNORE LAB
Near Main Branch of Punjab National Bank
Civil Lines, Bijnore, U.P.
PH: 01342-261132, 01342-261137

Name: Mrs. NIRMALA DEVI
Lab No.: 299649110 Age: 92 Years Gender: Female
A/c Status: P Ref By: SELF
Collected: 16/2/2021 11:37:09AM
Received: 16/2/2021 11:53:31AM
Reported: 15/2/2021 4:11:56PM
Report Status: Final

Test Name	Results	Units	Bio. Ref. Interval
HEPATITIS B SURFACE ANTIGEN (HBsAg), RAPID SCREENING TEST, SERUM (ICT)	Non-Reactive		

Interpretation

RESULT	REMARKS
Reactive	Indicates presence of Hepatitis B Surface Antigen.
Non-Reactive	Indicates absence of Hepatitis B Surface Antigen.

* All reactive results should be subjected to HBsAg Neutralization test which can be requested as Test Code S118.

Note

1. Reactive test result indicates presence of Hepatitis B Surface Antigen. It cannot differentiate between the stages of Hepatitis B viral infection.
2. Non-Reactive test result indicates absence of Hepatitis B Surface Antigen.
3. False positive results may be observed in presence of heterophilic antibodies in serum or after HBV vaccination for transient period of time.
4. False negative reaction may be due to processing of sample collected early in the course of disease or presence of mutant forms of HBsAg.
5. For monitoring HBsAg levels, HBsAg Quantitative assay is recommended.

HEPATITIS C VIRUS (HCV), RAPID SCREENING TEST, SERUM (ICT) Non-Reactive

Remarks: Results of reactive HCV screening test should be confirmed by supplemental test like CMIA or confirmatory test like Immunoblot HCV. This test is not meant for monitoring the treatment of disease nor stratifying acute or chronic stages. The result of the test should not be compared to molecular test like HCV PCR as both are different methodologies.

Interpretation

RESULTS	REMARKS
Reactive	Indicates presence of antibodies to Hepatitis C virus
Non-Reactive	Indicates absence of antibodies to Hepatitis C virus



KUMAR DIAGNOSTIC CENTRE

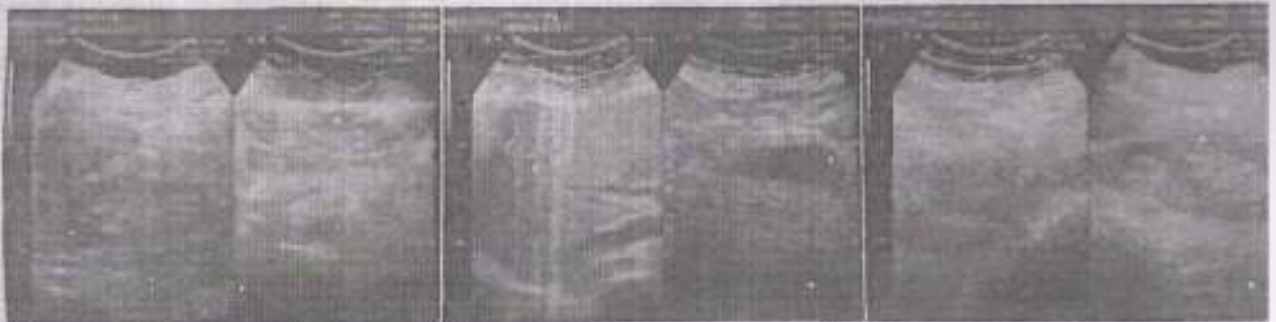
Dr. ASHOK KUMAR SHARMA, (SHEIYA CLINIC) NEAR TOWN HALL, OPP. ANKUR- PLAZA, CIVIL LINES, BHINOR (D.F.) 24717

Patient's name : Smt. Nirmala
Referred by : Dr
Part Scanned/Repo : Whole Abdomen

Date 17/02/2021

- LIVER** : Normal in shape size and echotexture.
Intra Hepatic Biliary Radicals are normal
Sub hepatic and sub phrenic spaces are normal.
No significant mass lesion seen.
- GALL BLADDER** : Not seen (Oprated)
C B D is normal in caliber.
- PANCREAS** : Normal in shape size and echotexture.
No mass lesion seen.
- SPLEEN** : Normal in shape size and echotexture.
No mass lesion seen.
- KIDNEYS** : Normal in shape size and position.
Corticomedullary differentiation is clear.
No acoustic shadow seen.
- U.BLADDER** : U.bladder is normal in shape and size. Wall thickness is normal.
No acoustic shadow/mass lesion seen in lumen.
- UTERUS & OVARY/ADNEXA** : Are seen within normal limits as per age.

IMPRESSION : SONOGRAPHIC FINDINGS DOES NOT REVEAL ANY ABNORMALITY.



(Signature)
(Ultrasonologist)

Note

* Sonological findings are only professional opinion and not the diagnosis. They are always considered in conjunction with clinical and other investigatory findings, when applicable. * All congenital anomalies in a fetus may not be diagnosed in obstetric ultrasound. We are not liable for missing congenital anomaly.

* Identity of the patient has not been established

* Not for medico-legal purpose.

TIMINGS : 10.30 AM TO 2.30 PM / 5.30 PM TO 7.30 PM

SUNDAY CLOSED

127 - SUNSHINE LAB
 Near Main Branch of Punjab National Bank
 Civil Lines, Bhopal, U.P.
 Ph: 0342-261126/261342-261137

Name	Mrs. NIRMALA DEVI			Collected	15/2/2021 11:37:06AM
Lab No	295546110	Age	62 Years	Gender	Female
A/c Status	P	Ref By	SELF	Received	15/2/2021 11:53:31AM
				Revised	15/2/2021 4:11:56PM
				Report Status	Final

Test Name	Results	Units	Site Ref Interval
IMPORTANT INSTRUCTIONS			
<p>*Test results reported 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 test to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. *Certain samples are accepted on request of Referring Physician within 7 days post reporting. *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. *Tests report reported within 72 hours post reporting. *Test results may show spurious variations. *The Corporation or Deptt. shall have exclusive jurisdiction in all disputes/arbitration concerning the tests & of results of test. *Test results are not valid for medical legal purposes. *Contact Customer care Tel No: +91-11-38880000 for all queries related to test results. P: Sample drawn from outside source.</p>			

