



DISCHARGE

| | | | |
|---------------------|------------------------------------|---------------------|----------------------|
| Registration No. : | N221209005 / self | UHID NO. | MH92507 |
| Patient Name : | Master. ASHWIN ANAND | Age / Gender : | 11 YRS / M |
| Guardian Name : | RAHUL ANAND | Contact No. : | 9450349468 |
| Bed No. : | 104 | Height / Weight : | / |
| Address : | 86/W2 BASANT VIHAR NAUBASTA KANPUR | | |
| Date of Admission : | 09/Dec/2022 12:47 PM | Date of Discharge : | 12/Dec/2022 05:04 PM |

PATIENT'S COMPLAINS DURING ADMISSION

PAIN IN ABDOMEN SPECIALLY RIGHT LUMBER REGION SINCE PAST 1 MONTH

FINAL DIAGNOSIS

FUC RECURRENT APPENDICITIS

CLINICIAN INCHARGE

Dr. RAKESH KUMAR TRIPATHI (PEDIATRIC SURGEON)-----MBBS, MS, MCH

OPERATIVE NOTES

LAPAROSCOPIC APPENDECTOMY DONE UNDER GA ON 09/12/22
INFLAMED APPENDIX LOCATED /MARKING OF 3MM 9 O CLOCK, 5MM 5 O CLOCK, 10MM 3 O
CLOCK DONE . AFTER DEPTH OF APPENDICULAR VESSEL APPENDICTOMY DONE . DRAIN
PLACED AT CECAL BONE.
ANASTHETIST DR ANIL JAIN.

TREATMENT GIVEN DURING ADMISSION

INJ MIKACIN
INJ CEFAXONE
INJ METROGYL
INJ PAN
INJ PERFALGAN
WITH OTHER SUPPORTIVE TREATMENT

HOSPITALIZATION SUMMARY

PATIENT PRESENTED HERE WITH THE COMPLAINTS OF PAIN IN ABDOMEN SPECIALLY RIGHT
LUMBER REGION SINCE PAST 1 MONTH. DIAGNOSED AS A CASE OF FUC RECURRENT
APPENDICITIS . PATIENT WAS MANAGED CONSERVATIVELY FOLLOWED BY SURGICALLY
.LAPAROSCOPIC APPENDECTOMY DONE UNDER GA ON 09/12/22 UNDER ASEPTIC PRECAUTION ,
SURGERY WAS UNEVENTFUL . PATIENT RESPONDED WELL TO THE TREATMENT, POST
OPERATIVELY PATIENT WAS STABLE AND IS BEING DISCHARGE IN A STABLE CONDITION. PATIEN
ADVISED TO CONTINUE WITH MEDICAL MANAGEMENT AND FOLLOW UP AS ADVISED WITH A
PRIOR APPOINTMENT.

INVESTIGATIONS :

| | Obs Value | Invest Date |
|-----|-----------|-------------|
| N/A | --- | 12/Dec/2022 |

HB% 12.5 GM TLC - 6960 , P - 42 , L - 49 , E - 4 , M - 5 , PLT - 2.11 , S.CREAT - 0.41 , S.Na+ - 138.6 , S K+3.41 , PT
- 13.4 , INR - 0.49 ,



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Tel.: 0512-2556712-15-16-17-19, 2541404
Our Toll Free No. 1800 1208700
E-mail : madhurajhospital@gmail.com
Website : www.madhurajhospital.org

ADVISE ON DISCHARGE : Rx

TAB. ZOCEF 250 MG 1 TAB. TDS
TAB. VOVERAN 50 MG 1 TAB. BD
TAB. ACILOC 150 MG 1 TAB. OD
SYP. DUPHALAC 10 ML HS
X 4 DAYS

DIET

SOFT DIET AS ADVISED

CONDITION AT THE TIME OF DISCHARGE

STABLE

PRECAUTION

AVOID JUNK / SPICY FOOD

FOLLOWUP

REVIEW ON SATURDAY IN BETWEEN 2PM-3PM

WHEN TO OBTAIN URGENT CARE

IF SEVERE PAIN OR VOMITING

HOW TO OBTAIN URGENT CARE

MADHURAJ HOSPITAL PRIVATE LIMITED

| <u>Sno</u> | <u>ICD Code</u> | <u>Disease Name</u> |
|------------|-----------------|---------------------|
| | | |

R.M.O
Consultant

Report Prepared By Report Date
AUSAF.HASHMI 12/Dec/2022 05:10 PM

ACKNOWLEDGEMENT
PAGE SUMMARY RECEIVED BY
PATIENT / RELATIVES
NAME.....
RELATION.....
SIGN.....
DATE & TIME.....



MADHURAJ PATH SERVICES

(IN ASSOCIATION WITH)

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2525344, 2525349
Fax.: 91-512-2525755
E-mail : madhura@hospital@gmail.com
Our Toll Free No. : 1800 1208700

| | | | |
|-----------------|-----------------------|-------------------|----------------------|
| NAME | :Master. ASHWIN ANAND | BARCODE NO. | :10213743 |
| AGE/GENDER | :11 Y/Male | SPECIMEN DATE | :09/Dec/2022 03:03PM |
| TEST REQUEST ID | :102212090011 | SPECIMEN RECEIVED | :09/Dec/2022 03:06PM |
| REFERRED BY | :Dr. RAKESH TRIPATHI | REPORT DATE | :09/Dec/2022 05:11PM |
| MOBILE NO | :7524940229 | UHID | :195161 |

| Test Name | Result | Biological Ref. Interval | Unit |
|----------------------------------------------------|--------|--------------------------|--------------|
| HAEMATOLOGY | | | |
| CBC(Complete Blood Count) | | | |
| Primary Sample Type:EDTA Blood | | | |
| <u>CBC(Complete Blood Count)</u> | | | |
| Haemoglobin (Hb%) Cell Counter | 12.5 | 11.5-15.5 | gm/dL |
| TLC (Total Leucocyte Count) Cell Counter | 6,960 | 5000-13000 | Cells/cumm |
| <u>Differential Leucocyte Count</u> | | | |
| Neutrophils Microscopy | 42 | 37-73 | % |
| Lymphocytes Microscopy | 49 | 28-48 | % |
| Eosinophils Microscopy | 04 | 00-06 | % |
| Monocytes Microscopy | 05 | 00-08 | % |
| RBCs Count Cell Counter | 5.05 | 4.00-5.20 | million/cumm |
| Packed Cell Volume Cell Counter | 39.8 | 35-45 | % |
| MCV Cell Counter | 78.8 | 77-95 | fL |
| MCH Cell Counter | 24.8 | 25-33 | pg |
| MCHC Cell Counter | 31.40 | 31-37 | g/dL |
| RDW-CV Cell Counter | 12.5 | 11.6-14.0 | % |
| Platelet Count Microscopy | 2.11 | 1.50-4.50 | Lac/Cumm |

Asterisk (*) denotes Critical alert



Shansal
Dr. Shiva Bansal
MD(PATHOLOGY)



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| Test Name | Result | Biological Ref. Interval | Unit |
|--------------------------------------|--------|--------------------------|------|
| HAEMATOLOGY | | | |
| PROTHROMBIN TIME & INR | | | |
| Primary Sample Type: Citrate Blood | | | |
| Patient Value | 13.4 | 13.5 | sec |
| Control Time (PT) | 13.5 | | sec |
| International Normalised Ratio (INR) | 0.99 | 1.02 | |

Note

1. INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Appropriate therapeutic range varies with the disease and treatment intensity
2. Prolonged INR suggests potential bleeding disorder / bleeding complications
3. Results should be clinically correlated
4. Test conducted on Citrated plasma

Recommended Therapeutic range for Oral Anticoagulant therapy INR 2.0-3.0 : -

- Treatment of Venous thrombosis & Pulmonary embolism
- Prophylaxis of Venous thrombosis (High risk surgery)
- Prevention of systemic embolism in tissue heart valves, AMI, Valvular heart disease & Atrial fibrillation
- Bileaflet mechanical valve in aortic position

INR 2.5-3.5:

- Mechanical prosthetic valves
- Systemic recurrent emboli

Comments

Prothrombin time measures the extrinsic coagulation pathway which consists of activated Factor VII (VIIa), Tissue factor and Proteins of the common pathway (Factors X, V, II & Fibrinogen). This assay is used to control long term oral anticoagulant therapy, evaluation of liver function & to evaluate coagulation disorders specially factors involved in the extrinsic pathway like Factors V, VII, X, Prothrombin & Fibrinogen.

Asterisk (*) denotes Critical alert



Shiva Bansal
Dr. Shiva Bansal
MD(PATHOLOGY)



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| Test Name | Result | Biological Ref. Interval | Unit |
|---------------------------------------------------|--------|--------------------------|------|
| HAEMATOLOGY | | | |
| ACTIVATED PARTIAL THROMBOPLASTIN TIME | | | |
| Primary Sample Type: Citrate Blood | | | |
| Patient Value. | 38.2 | 24.5-38.5 | sec |
| Control Time(APTT) Enhanced Coagulation | 31.5 | 31.5 | Sec |

Note

1. Degree of prolongation of PTT / APTT is neither predictive of bleeding risk nor underlying diagnosis
2. Results should be clinically correlated
3. Test conducted on Citrated plasma

Comments

Partial Thromboplastin time (PTT / APTT) measures the proteins of the intrinsic coagulation pathway which consists of Factor XII, Prekallikrein, High molecular weight kininogen, Factors VIII, IX & XI. It also measures proteins of the common pathway namely factors II, V, X & Fibrinogen. PTT is prolonged when Factor VIII level is < 35-40% of normal and Factor XII & High molecular weight kininogen is < 10-15% of normal.

Abnormal Partial Thromboplastin Time ·

Associated with bleeding: Defects of factors VIII, IX & XI · Not associated with bleeding: Defects of factor XII, Prekallikrein, High molecular weight kininogen & Lupus anticoagulants

Causes of prolonged PTT / APTT ·

- Liver disease ·
- Consumptive coagulopathy ·
- Circulating anticoagulants including Lupus Anticoagulant ·
- Oral Anticoagulant therapy ·
- Factor deficiencies

Asterisk (*) denotes Critical alert



Shiva Bansal
Dr. Shiva Bansal
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| Test Name | Result | Biological Ref. Interval | Unit |
|-------------------------------------------------------------------------|--------|--------------------------|--------|
| BIOCHEMISTRY | | | |
| CREATININE, SERUM | | | |
| Primary Sample Type: Serum Creatinine, Serum Jaffes Method | 0.41 | 0.39-0.73 | mg/dl |
| SODIUM SERUM | | | |
| Sodium, Serum (Na+) Ion Selective Electrode | 138.6 | 135.0-150.0 | mmol/l |
| POTASSIUM SERUM | | | |
| Potassium, Serum (K+) Ion Selective Electrode | 3.91 | 3.60-5.00 | mmol/l |

*** End Of Report ***

Asterisk (*) denotes Critical alert



Shiva Bansal
Dr. Shiva Bansal
 MD(PATHOLOGY)

conscious



- 1.5 Tesla M.R.I.
- MR Spectroscopy/MRCP
- 4D Colour USG./Doppler
- Fetal Echo
- DEXA (BMD)
- E.E.G./ECG
- 128 Slice Spiral C.T.
- 360° Open M.R.I.
- Digital X-Rays
- Digital O.P.G.
- Pathology
- Whole Body Angiography

111/75 & 82, Ashok Nagar (Near Shanti Niketan Sweet House), Kanpur

Ph. : 0512- 2540938 • Mob. : 9935861112, 9935861113, 7753861112, 9415042672, 7753861113

Patient Name : Ashwin September 2, 2022
Ref. By Dr. Name : Dr. O.P.Gautam (Dr. Rakesh Tripathi) Age / Sex 02 YR. / M
Investigation : Ultra Sound Whole Abdomen

OBSERVATION

Liver *mild hepatomegaly normal in, shape and echogenecity.
No evidence of any focal lesion.
Intra Hepatic Biliary Radicals not dilated.
Portal vein is normal in course and caliber.*

Gall Bladder *Normal in distension and wall thickness.
No evidence of any sizeable calculus or mass lesion.*

CBD normal in course, caliber and clear throughout it's course.

Pancreas *Normal in size, shape and echogenecity.
No evidence of any sizeable mass lesion.
Main Pancreatic duct not dilated.*

Spleen *Measures 44.2mm, Normal in size, shape
& Echogenecity. No evidence of any focal lesion.
Splenic vein at hilum is normal.*

Retroperitoneum *No evidence of sizeable retroperitoneal
lymphadenopathy. Visualized segment of aorta and
IVC normal.*

Right Kidney: *Right kidney : 81.7 mm. in long axis.
Right kidney is normal in size, shape, position
and echogenecity . Pelvicalyceal system not dilated.
No evidence of any calculus or mass lesion.
Right ureter is not dilated.*

Left Kidney: *Left kidney : 77.8 mm. in long axis.
Left kidney is normal in size, shape, position
and echogenecity . Pelvicalyceal system not dilated.
No evidence of any calculus or mass lesion.
Left ureter is not dilated.*

Contd..



VIKAS DIAGNOSTICS

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1.5 Tesla M.R.I.
MR Spectroscopy/MRCP
4D Colour USG./Doppler

• Fetal Echo
• DEXA (BMD)
• E.E.G./ECG

• 128 Slice Spiral C.T.
• 360° Open M.R.I.
• Digital X-Rays

• Digital O.P.G.
• Pathology
• Whole Body Angiography

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Ph. : 0512- 2540938 • Mob. : 9935861112, 9935861113, 7753861112, 9415042672, 7753861113

| | |
|---------------------------------------------------------|----------------------|
| Patient Name : Ashwin | September 2, 2022 |
| Ref. By Dr. Name : Dr. O.P.Gautam (Dr. Rakesh Tripathi) | Age / Sex 02 YR. / M |
| Investigation : Ultra Sound Whole Abdomen | |

Report contd.

Urinary Bladder *Normal in size, shape & distention.
No evidence of any calculus or mass lesion*

Pelvic organs normal for age

*No pleural effusion on either side.
No ascitis.*

Prominent bowel loops at right iliac fossa--?cause, needs CT abdomen for further characterization.

No sizeable right iliac fossa collection at present.

IMPRESSION: USG findings are suggestive of –

- **Mild hepatomegaly. No focal lesion/IHBR dilatation.**
- **Prominent bowel loops at right iliac fossa--?cause, needs CT abdomen for further characterization.**
- **No sizeable right iliac fossa collection at present.**

Please correlate clinically

Kindly Note

- ❖ **Ultrasound is not the modality of choice to rule out subtle bowel lesions.**
- ❖ **Please Intimate us for any typing mistakes and send the report for correction within 7 days.**
- ❖ **The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive . Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.**

The report and films are not valid for medico – legal purpose.

Dr. Vikas Gupta

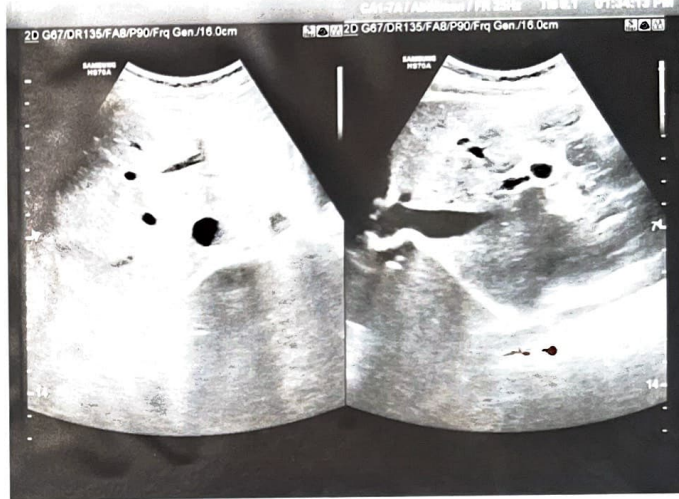
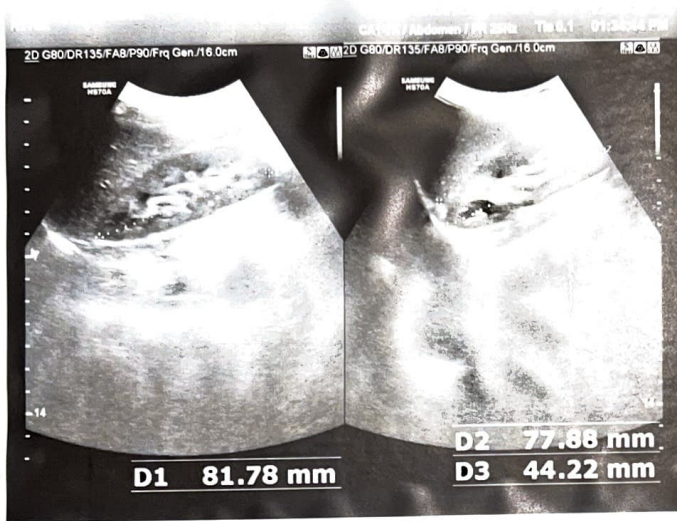
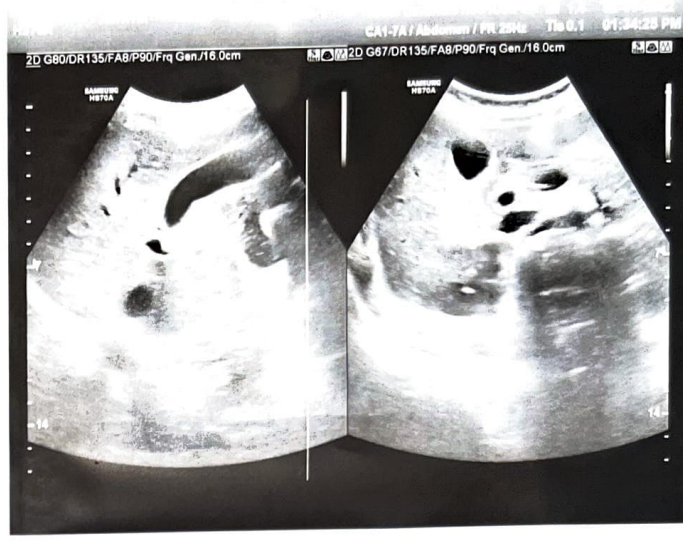
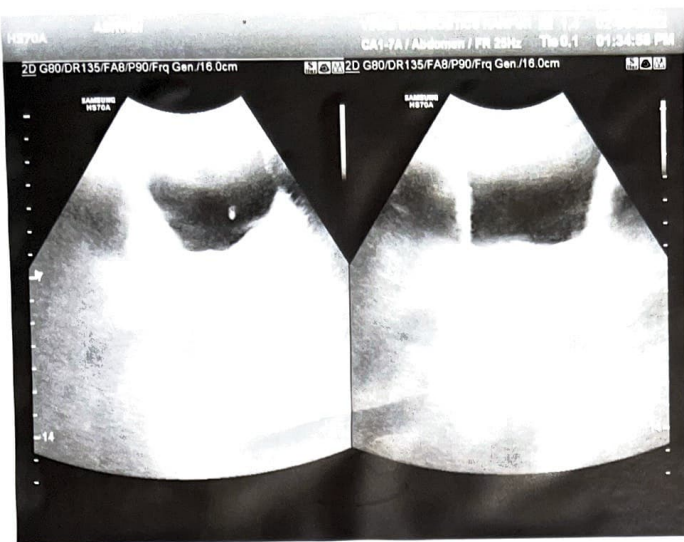
M.D. (Radiodiagnosis)

A.I.I.M.S. (New Delhi)

Ex. Sr. Resident (Radiodiagnosis)

A.I.I.M.S (New Delhi)

(Consultant Radiologist)



काण्हा पीडियाट्रिक सर्जरी क्लीनिक

डा० दिव्या त्रिपाठी
Dr. Divya Tripathi

M.S., (BHU)
OBST & GYNAE
(स्त्री, प्रसूति रोग एवं बांझपन विशेषज्ञ)



Formerly at :
• SMS Medical College Jaipur
• Kalawati Saran Children Hospital, New Delhi
• Shri Bala Ji Action Medical Institute, New Delhi
• Mata Channan Devi Hospital New Delhi

डा० राकेश त्रिपाठी
Dr. Rakesh Tripathi

(M.S., M.Ch.)
Newborn & Paediatric Surgeon
Paediatric Laproscopic Surgeon
Paediatric Urologist
बच्चों के विशेषज्ञ, सर्जन
Mob. 9506098495

(Rx) Name..... Aishwarya Age..... 114 Sex..... M Wt..... Date..... 28/12

Ch Recurrent Appendicitis

✓ Adm for surgery
Peglee Powder 2TSF @ 1/2 cup with 3ly

in ceftriaxone 1gm i.v. BD

" Amoxic 200mg i.v. BD

" meto 50mg i.v. BD

" 145 DALS 500 cc + 500cc 6ly



Clinic I : Kanha Paediatric Surgery Clinic

112/215, C-Swaroop Nagar, Kanpur (Khairabad Eye Hospital Lane)

Timing : 02:00 P.M. to 04:00 P.M. 07:30P.M. to 08:30 P.M. Sunday Closed

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ADVISE ON DISCHARGE : Rx

TAB. ZIFI 100 MG 1 TAB. P/O 8 AM / 8 PM (BD)
TAB. PAN 40 MG 1/2 TAB. P/O OD
SYP. NUTROLIN B 7.5 ML 8 AM / 8 PM
SYP. DUPHALAC 10 ML P/O 10 PM

for 2 weeks

DIET

NORMAL DIET

CONDITION AT THE TIME OF DISCHARGE

STABLE

PRECAUTION

AVOID JUNK FOOD / STREET FOOD

FOLLOWUP

AFTER 3 DAYS

WHEN TO OBTAIN URGENT CARE

IF SEVERE PAIN , VOMITING

HOW TO OBTAIN URGENT CARE

MADHURAJ HOSPITAL PRIVATE LIMITED

| Sno | ICD Code | Disease Name |
|-----|----------|--------------------|
| 1 | DB10.0 | Acute appendicitis |

M.O.
Consultant

Report Prepared By: AUSAF.HASHMI
Report Date: 07/Sep/2022 04:58 PM

ACKNOWLEDGEMENT
DISCHARGE SUMMARY RECEIVED BY
PATIENT / RELATIVE

NAME.....
RELATION.....
SIGN.....
DATE & TIME.....

Diet - green vegetables
- Papaya
- curries on curries
- curries on curries

2

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Consultant Pathologist

Dr. Praveen Saraswat

M.B.B.S., M.D. (Pathology)

Investigation Performed at
Dr. Saraswat Pathology (NABL Approved)
Reg. No. 0000366

Consultant Microbiologist

Dr. Vikas Mishra

M.B.B.S., M.D. (Microbiology)

| | | | | |
|-------------|---------------------------|---------------------|--------------|-------------------------|
| Booking ID | : MNH220903024 | Ref No. : 220903008 | Booking Date | : 03/09/2022 |
| Patient | : Master. ASHWIN ANAND | | Sample Date | : 03/09/2022 |
| Gender/Age | : Child / 11 yrs | | Report Date | : 03/09/2022 |
| Referred By | : Dr. RAKESH TRIPATHI, MD | | Center | : MADHURAJ NURSING HOME |
| | | | Corporate | : GENERAL |

Test

Observed Value

Unit

Ref. Range

HAEMATOLOGY

BLOOD GROUP

A.B.O. GROUP

"B"

R.H.

POSITIVE

SPECIAL TESTS (ELISA)

HIV

H.I.V I

NON REACTIVE

NON REACTIVE

H.I.V. II

NON REACTIVE

NON REACTIVE

RAPID CARD (Serum)

ANTI HCV

NON REACTIVE

NON REACTIVE

Rapid Card, (Serum)

End of Report

Shivali
Dr. Shivali Budhiraja
M.D. (Path)

P.V.S.
Dr. Praveen Saraswat
M.D. (Path)

Note : This is a net generated report & authenticated by the consultant. Signature is not required.



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Reg. No. 0000366

Consultant Microbiologist

Dr. Vikas Mishra

M.B.B.S., M.D. (Microbiology)

Booking ID : MNH220903024
Patient : Master. ASHWIN ANAND
Gender/Age : Child / 11 yrs
Referred By : RAKESH TRIPATHI, MD

Booking Date : 03/09/2022 02:15 PM
Sample Date : 03/09/2022 02:45 PM
Report Date : 03/09/2022 05:06 PM
Center : MADHURAJ NURSING HOME
Corporate : GENERAL

| <u>Test</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Ref. Range</u> |
|-----------------------------------------------------------------------------------|-----------------------|----------------|-------------------|
| HAEMATOLOGY | | | |
| C.B.C (COMPLETE BLOOD COUNT)* | | | |
| HAEMOGLOBIN * Non cyanide Haemoglobin analysis method, EDTA whole blood | 12.6 | Gm.% | 11.5 - 15.5 |
| T.L.C. * Electrical Impedance, EDTA whole blood | 5600 | /cub.mm. | 5000 - 13000 |
| D.L.C * | | | |
| NEUTROPHILS | 43 | % | 30 - 40 |
| LYMPHOCYTES | 50 | % | 50 - 65 |
| EOSINOPHILS | 04 | % | 1 - 6 |
| MONOCYTES | 03 | % | 2 - 10 |
| OTHER CELLS Flowcytometry/microscopy, EDTA whole blood | 00 | | |
| NEUTROPHIL / LYMPHOCYTE RATIO Calculated. | 0.86 | | < 3.5 |
| PLATELET COUNT Electrical Impedance/slide method, EDTA whole blood | 2.19 Lacs | /cub.mm. | 150000 - 450000 |
| WBC COUNT Electrical Impedance, EDTA whole blood | 5.04 | million/cub.mm | 4 - 5.2 |
| PCV/HCT calculated, EDTA whole blood | 37.9 | % | |
| MCV RBC Distribution curve, EDTA whole blood | 75.2 | Fl | 77 - 95 |
| MCH calculated, EDTA whole blood | 25.0 | Pg | 25 - 33 |
| MCHC | 33.2 | G/dl | 31 - 37 |

Shivali
Dr. Shivali Budhiraja
M.D. (Path)

Praveen
Dr. Praveen Saraswat
M.D. (Path)

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Reg. No. 0000366

Consultant Microbiologist

Dr. Vikas Mishra

M.B.B.S., M.D. (Microbiology)

| | |
|------------------------------------------|-------------------------------------------|
| Booking ID : MNH220903024 | Booking Date : 03/09/2022 02:15 PM |
| Patient : Master. ASHWIN ANAND | Sample Date : 03/09/2022 02:45 PM |
| Gender/Age : Child / 11 yrs | Report Date : 03/09/2022 05:06 PM |
| Referred By : RAKESH TRIPATHI, MD | Center : MADHURAJ NURSING HOME |
| | Corporate : GENERAL |

| <u>Test</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Ref. Range</u> |
|----------------------------------|-----------------------|--------------------------|-------------------|
| calculated, EDTA whole blood | | | |
| ABSOLUTE NEUTROPHIL COUNT | 2.41 | 10 ³ /cub.mm. | 2 - 8 |
| Flowcytometry, EDTA whole blood | | | |
| ABSOLUTE LYMPHOCYTE COUNT | 2.80 | 10 ³ /cub.mm. | 1 - 5 |
| Flowcytometry, EDTA whole blood | | | |
| ABSOLUTE EOSINOPHIL COUNT | 0.22 | 10 ³ /cub.mm. | 0.1 - 1 |
| Flowcytometry, EDTA whole blood | | | |
| ABSOLUTE MONOCYTE COUNT | 0.17 | 10 ³ /cub.mm. | 0.2 - 1 |
| Flowcytometry, EDTA whole blood | | | |

GBP (GENERAL BLOOD PICTURE)

RBC are normocytic-normochromic with a few micro-hypo cells. WBC picture is as mentioned above. Platelets are adequate. No immature cells seen.

BIOCHEMISTRY

KIDNEY PANEL

| | | | |
|-----------------------------------|--------------|-------|--------------|
| CREATININE* | 0.71 | mg/dl | 0 - 1.2 |
| ALKALINE PICRATE, Serum | | | |
| AUSTRALIA ANTIGEN (HBsAg)* | NON REACTIVE | | NON REACTIVE |
| RAPID CARD TEST, Serum | | | |

ELECTROLYTES & OTHER IONS

| | | | |
|--------------------------|------|-------|-----------|
| SODIUM * | 139 | meq/L | 138 - 148 |
| POTASSIUM * | 4.1 | meq/L | 3.7 - 5.2 |
| IONIZED CALCIUM * | 4.69 | mg/dl | 4.0 - 5.2 |
| I.S.E. (Serum) | | | |

COAGULATION TESTS

| | | | |
|-----------------------------------------------|------|---------|-------------|
| PROTHROMBIN TIME * | 14.8 | Seconds | 11.5 - 15.3 |
| Optomechanical clot detection, citrated blood | | | |

Page 2 of 3

Shivali
Dr. Shivali Budhiraja
M.D. (Path)

Praveen
Dr. Praveen Saraswat
M.D. (Path)

Note : This is a net generated report & authenticated by the consultant. Signature is not required.

MADHURAJ HOSPITAL (Pvt.) LTD.

Regd. Add : 113/121-A, Swaroop Nagar, Kanpur-208 002

Ph. : 0512-2556712, 15, 16, 17, 19, 2525344, 2541404, 2525349 • Fax : 91-512-2525755, 3047312

E-mail : madhurajhospital@gmail.com • Website : www.madhurajhospital.com

Our Toll Free No. 18001208700 | CIN-U85110UP1984PTC006462

Ant Pathologist

Dr. Praveen Saraswat

M.B.B.S., M.D. (Pathology)

Investigation Performed at

Dr. Saraswat Pathology (NABL Approved)

Reg. No. 0000366

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| Referred By | : RAKESH TRIPATHI, MD | Center | : MADHURAJ NURSING HOME |
| | | Corporate | : GENERAL |

| <u>Test</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Ref. Range</u> |
|-------------------------------------------------------------------|-----------------------|-------------|-------------------|
| <u>I.N.R VALUE</u> | 1.05 | | 0.8 - 1.1 |
| <u>MEAN NORMAL PROTHROMBIN TIME (MNPT)</u> | 14.0 | Seconds | |
| <u>COAGULATION TEST.</u> | | | |
| <u>ACTIVATED PARTIAL THROMBOPLASTIN TIME</u> | 32.4 | Seconds | 24.5 - 30.2 |
| Optomechanical clot detection, citrated blood | | | |
| <u>RATIO</u> | 1.11 | | |
| <u>MEAN NORMAL ACTIVATED PARTIAL THROMBOPLASTIN TIME (MNAPTT)</u> | 29.0 | Seconds | |

End of Report

Lej

Shivali
Dr. Shivali Budhiraja
M.D. (Path)

Praveen
Dr. Praveen Saraswat
M.D. (Path)

Note : This is a net generated report & authenticated by the consultant. Signature is not required.



VIKAS DIAGNOSTICS

(A UNIT OF ONCOLIFE AND IMAGING PVT. LTD.)

- 1.5 Tesla M.R.I.
- MR Spectroscopy/MRCP
- 4D Colour USG./Doppler
- Fetal Echo
- DEXA (BMD)
- E.E.G./ECG
- 256 Slice Spiral C.T.
- 360° Open M.R.I.
- Digital X-Rays
- Digital O.P.G.
- Pathology
- Whole Body Angiography

111/75 & 82, Ashok Nagar (Near Shanti Niketan Sweet House), Kanpur

Ph. : 0512- 2540938 • Mob. : 9935861112, 9935861113, 7753861112, 9415042672, 7753861113

Patient Name : Aishwarya Anand

December 8, 2022

Ref. By Dr. Name : Dr. Rakesh Tripathi

Age / Sex Yrs. / M

Investigation : Ultra Sound Whole Abdomen

OBSERVATION

Liver

Normal in size, shape and echogenicity.
No evidence of any focal lesion.
Intra Hepatic Biliary Radicals not dilated.
Portal vein is normal in course and caliber.

Gall Bladder

Normal in distension and wall thickness.
No evidence of any sizeable calculus or mass lesion.

CBD is normal in course, caliber and clear throughout it's course.

Pancreas

Normal in size, shape and echogenicity.
No evidence of any sizeable mass lesion.
Main Pancreatic duct not dilated.

Spleen

Normal in size, shape & echogenicity. No evidence of any focal lesion. Splenic vein at hilum is normal.

Retroperitoneum

No evidence of sizeable retroperitoneal lymphadenopathy.
Visualized segment of aorta and IVC normal.

Right Kidney

Right kidney is normal in size (~ 72.4mm), shape, position and echogenicity. CMD is normal. Pelvicalyceal system not dilated. No evidence of any calculus or mass lesion. Right ureter is not dilated.

Left Kidney

Left kidney is normal in size (~ 75.5mm), shape, position and echogenicity. CMD is normal. Pelvicalyceal system not dilated. No evidence of any calculus or mass lesion. Left ureter is not dilated.

Contd..



VIKAS DIAGNOSTICS

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Tesla M.R.I.
MR Spectroscopy/MRCP
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Patient Name : Aishwarya Anand

December 8, 2022

Ref. By Dr. Name : Dr. Rakesh Tripathi

Age / Sex Yrs. / M

Investigation : Ultra Sound Whole Abdomen

Report contd.

Urinary Bladder Normal in size, shape & distention.
No evidence of any calculus or mass lesion.

Pelvic organs normal for age

No ascites.

Mildly prominent appendix with length ~3.2cm and maximum width ~6.7mm with evidence of ~4.5mm sized appendicolith at mid part, however no attendant fluid collection at present suggesting almost resolved appendicitis with subtle residual inflammatory changes.

IMPRESSION: USG findings are suggestive of –


- Mildly prominent appendix with length ~3.2cm and maximum width ~6.7mm with evidence of ~4.5mm sized appendicolith at mid part, however no attendant fluid collection at present suggesting almost resolved appendicitis with subtle residual inflammatory changes.
- Rest normal for USG whole abdomen.

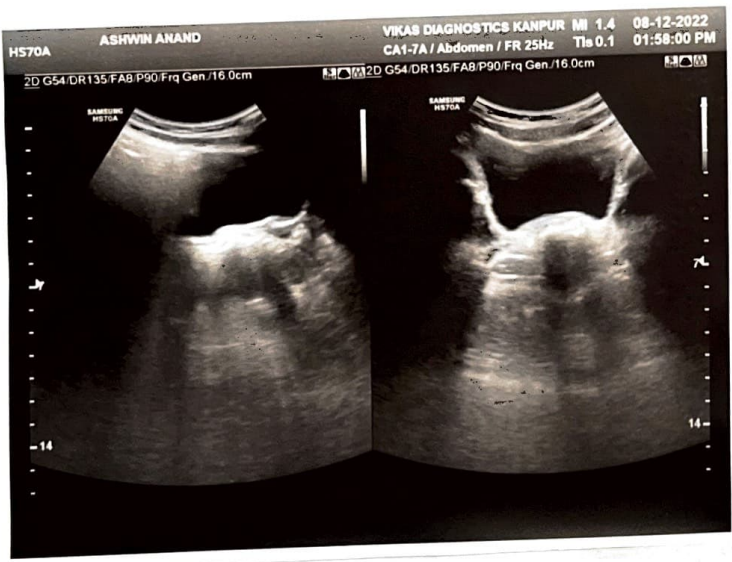
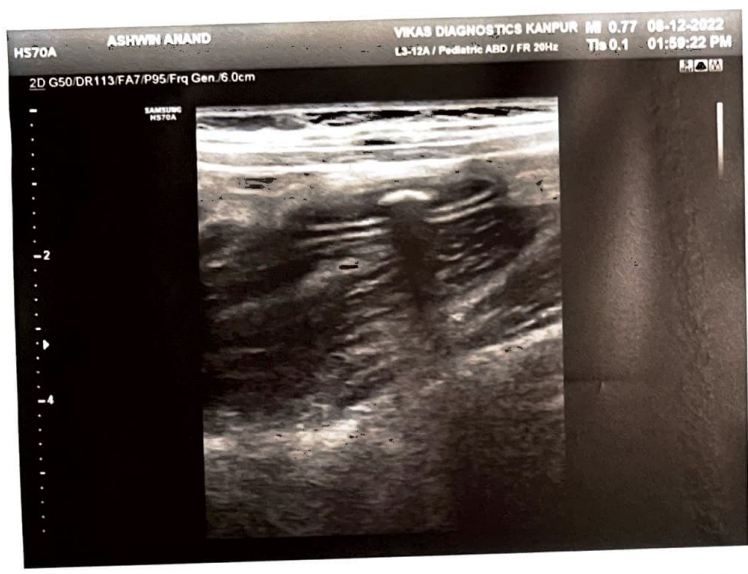
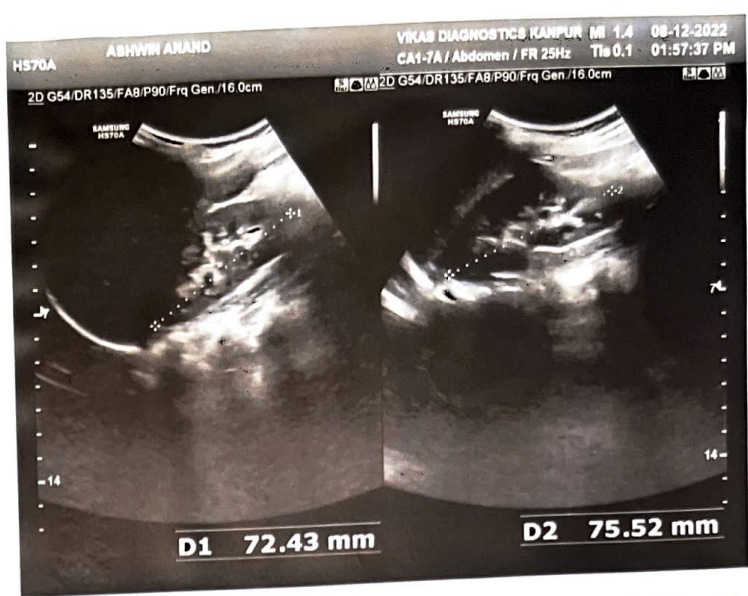
Please correlate clinically

Kindly Note

- ❖ Ultrasound is not the modality of choice to rule out subtle bowel lesions.
- ❖ Please Intimate us for any typing mistakes and send the report for correction within 7 days.
- ❖ The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.

The report and films are not valid for medico – legal purpose.


Dr. Vikas Gupta
M.D.(Radiodiagnosis)
A.I.I.M.S.
Ex. Chief Resident
(Radiodiagnosis)
A.I.I.M.S.



काण्हा पीडियाट्रिक सर्जरी क्लीनिक

डा० दिव्या त्रिपाठी
Dr. Divya Tripathi
M.S., (BHU)
OBST & GYNAE
(स्त्री, प्रसूति रोग एवं बांझपन विशेषज्ञ)



Formerly at :
• SMS Medical College Jaipur
• Kalawati Saran Children Hospital, New Delhi
• Shri Bala Ji Action Medical Institute, New Delhi
• Mata Channan Devi Hospital New Delhi

डा० राकेश त्रिपाठी
Dr. Rakesh Tripathi
(M.S., M.Ch.)
Newborn & Paediatric Surgeon
Paediatric Laproscopic Surgeon
Paediatric Urologist
बच्चों के विशेषज्ञ, सर्जन
Mob. 9506098495



Name: Ashwin Age: 14 Sex: M Wt: Date: 2/9/22

no pain abdomen.
Acute Appendicitis 5-6 days old.

- in Pipzo 4.5 gm $\frac{1}{2}$ i.v. 8hly.

- in Amikacin 200 mg i.v. 12hly.

- in Mebrogel 40ml i.v. 8hly

- in Renteel 1ml i.v. 8hly

- CBC, PT, S. creat, HIV

HRSA, HCV, Na⁺/Cr

- Read opinion of S. Taneja Sir.

Admit
Madhraj

Clinic I : Kanha Paediatric Surgery Clinic

112/215, C-Swaroop Nagar, Kanpur (Khairabad Eye Hospital Lane)

Timing : 02:00 P.M. to 04:00 P.M. 07:30 P.M. to 08:30 P.M. Sunday Closed

23/9

↳ → Syrup Duphalac 10ml HS -

→ Tab Mucomix $\frac{1}{4}$ TDS -

- Tab Pan-20 100 सातवां पेट

- Tab Zifi- 100 100

Tab Voveran-50 ($\frac{1}{2}$ Tab) , x 1mg

↓

USC ,

→

↙



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| | |
|-------------------------------------------|----------------------|
| Patient Name : Ashwin Anand | September 5, 2022 |
| Ref. By Dr. Name : Dr. Rakesh Tripathi | Age / Sex 11 YR. / M |
| Investigation : Ultra Sound Whole Abdomen | |

Report contd.

Urinary Bladder Normal in size, shape & distention.
No evidence of any calculus or mass lesion

Pelvic organs normal for age
No pleural effusion on either side.

Mildly dilated appendix with diameter ~5.7mm and length ~26.4mm with ~5.3mm size appendicolith inside however no peri appendicular collection at present.
No attendant ileus.

IMPRESSION: USG findings are suggestive of –

- Mild hepatomegaly. No focal lesion/THBR dilatation.
- Mildly dilated appendix with diameter ~5.7mm and length ~26.4mm with ~5.3mm size appendicolith inside however no peri appendicular collection at present.
- No attendant ileus.
- No ascitis/RP lymphadenopathy.

Please correlate clinically

Kindly Note

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The report and films are not valid for medico – legal purpose.

Dr. Vikas Gupta
M.D.(Radiodiagnosis)
A.I.I.M.S.(New Delhi)
Ex. Sr. Resident (Radiodiagnosis)
A.I.I.M.S (New Delhi)
(Consultant Radiologist)

गैस्ट्रो लीवर हॉस्पिटल

छात्रसंघ चौराहा से 50 कदम पूरब, पैडलेगंज, गोरखपुर
Mob.: 0551-2200120, E-mail : glhgk@gmail.com



Gastro Liver Hospital

Dr. Anuj Sarkari डा० अनुज सरकारी

M.Ch. (गैस्ट्रो) संजय गांधी पी.जी.आई. लखनऊ
M.S. (सर्जरी)
पेट रोग विशेषज्ञ एवं गैस्ट्रोसर्जन
लीवर, पित्त तन्त्र एवम् पैंक्रियाटिक सर्जन
उदर कैंसर रोग विशेषज्ञ
लैप्रोस्कोपिक एवम् एण्डोस्कोपिक सर्जन

Master Ashwin Anand

Age. 114/m

पानी की सफाई

पूर्व आचार्य -

श्री वेंकटेश्वरा इन्सटीच्यूट ऑफ
मेडिकल साइंसेज तिरुपति (ए.पी.)

विशेष फेलोशिप -

इन्सटीच्यूट ऑफ लैप्रोस्कोपिक सर्जरी, फ्रांस
एण्डोस्कोपिक सर्जरी एवं ERCP (OMED) विली (S.A.)

29/08/22 wt - 24kg

No. J/BT/HTT/KDD/Sx

*Appetite @ weight -
fever - cough -
sleep - urine -*

*Abdomen pain
loss of appetite
Stool not clear (4)
2 time*

3 days

Rf.

① Lammol jain 130

② Entoval L L L

③ Reframin 1-1-1

④ Betanin 1hr 1hr

⑤ Normetyst 1hr 1hr

⑥ Myla 1hr 1hr

⑤

aglopun syp 100 tab

liquid / semisolid

*not eat or
pennure*

*gan
29/08/22*

Admit

onjuy

30/08/22

ndv.

*Panels
Albumin*

*USG whole abdomen
GKPK*

VAE/ colonoscopy

हेल्पलाइन : फोन नं० :

9956137137, 9794150001

नम्बर लगाने हेतु- प्रातः 7 बजे से प्रातः 10 बजे तक

फोन नं०: 9936201301, 9415246056 सम्पर्क करें।



Gastro Liver
Hospital

GASTRO LIVER HOSPITAL

(A Unit of NBSS Hospitals and Hospitalities Pvt. Ltd.)

Chhatra Sangh Chauraha, Gorakhpur (U.P.) India

Ph.No.: 0551-2200120, 3561538

Name : Master Anand Age/Sex : 114/M

Address : Gorakhpur Mob. No. 7524940229

BP mmHg PR SpO2 Wt 24Kg Temp °F

Chief Complaints-

*Abdomen Pain
loss of appetite
Stool not clear (4)
2 time*

3 days

| | | | | | | | |
|----------------------------------------|-----------------------------------------|------------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|-------------------------------------------------|
| DM <input checked="" type="checkbox"/> | HTN <input checked="" type="checkbox"/> | COPD <input checked="" type="checkbox"/> | CAD <input checked="" type="checkbox"/> | VHD <input checked="" type="checkbox"/> | CKD <input checked="" type="checkbox"/> | CLD <input checked="" type="checkbox"/> | Thyroid ↓ ↑ <input checked="" type="checkbox"/> |
|----------------------------------------|-----------------------------------------|------------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|-------------------------------------------------|

Past H/O Jaundice Y/N H/O Drug Reaction Y/N

H/O Blood Transfusion Y/N H/O ATT Y/N

H/O Past Surgery No.

Addiction- Alcohol Y/N Smoking Y/N Tobacco Y/N

Appetite N ↑ ↓ Weight N ↑ ↓

Fever Y/N Cough Y/N Sleep N ↑ ↓

~~Stool~~: Frequency N / L / H Clear / Not Clear 2 time

Urine: Frequency Urgency Slow Burning Y/N

HBsAg MK HCV MK HIV MK LMP

Date 29/08/22

Signature Amrita