



## 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 ,



# MADHURAJ HOSPITAL (P) LTD.



CIN-U85110UP1984PTC006462  
Regd. add : 113/121-A, Swaroop Nagar,  
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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  
PATIENT / RELATIVES  
NAME.....  
RELATION.....  
SIGN.....  
DATE & TIME.....



# MADHURAJ PATH SERVICES

(IN ASSOCIATION WITH)

**म** MANGALKAMNA DIAGNOSTICS

Regd. Add : 113/121-A, Swaroop Nagar  
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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
<b>HAEMATOLOGY</b>			
<b>CBC(Complete Blood Count )</b>			
Primary Sample Type:EDTA Blood			
<b><u>CBC(Complete Blood Count )</u></b>			
Haemoglobin (Hb%) Cell Counter	12.5	11.5-15.5	gm/dL
<b>TLC (Total Leucocyte Count)</b> Cell Counter	6,960	5000-13000	Cells/cumm
<b><u>Differential Leucocyte Count</u></b>			
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
<b>MCHC</b> 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



*Shiva Bansal*  
**Dr. Shiva Bansal**  
MD(PATHOLOGY)



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Test Name	Result	Biological Ref. Interval	Unit
<b>HAEMATOLOGY</b>			
<b>PROTHROMBIN TIME &amp; INR</b>			
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.

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MOBILE NO	:7524940229	UHID	:195161

Test Name	Result	Biological Ref. Interval	Unit
<b>HAEMATOLOGY</b>			
<b>ACTIVATED PARTIAL THROMBOPLASTIN TIME</b>			
Primary Sample Type: Citrate Blood			
<b>Patient Value.</b>	38.2	24.5-38.5	sec
<b>Control Time(APTT)</b> 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

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 REFERRED BY : Dr. RAKESH TRIPATHI  
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BARCODE NO. : 10213743  
 SPECIMEN DATE : 09/Dec/2022 03:03PM  
 SPECIMEN RECEIVED : 09/Dec/2022 03:06PM  
 REPORT DATE : 09/Dec/2022 05:11PM  
 UHID : 195161

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

(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

• 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	

## 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)

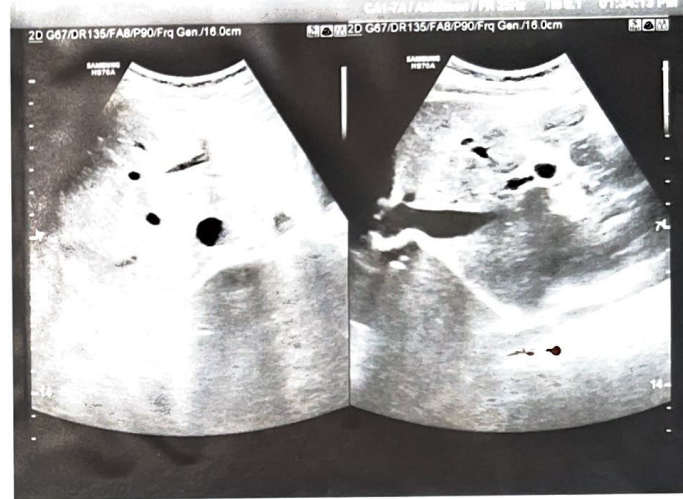
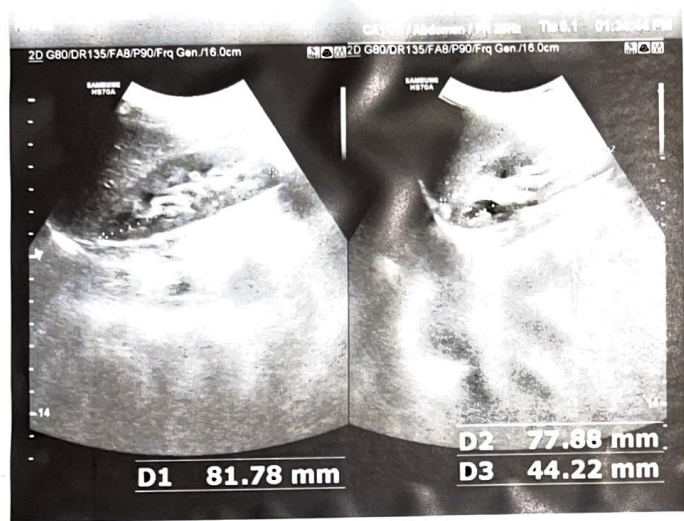
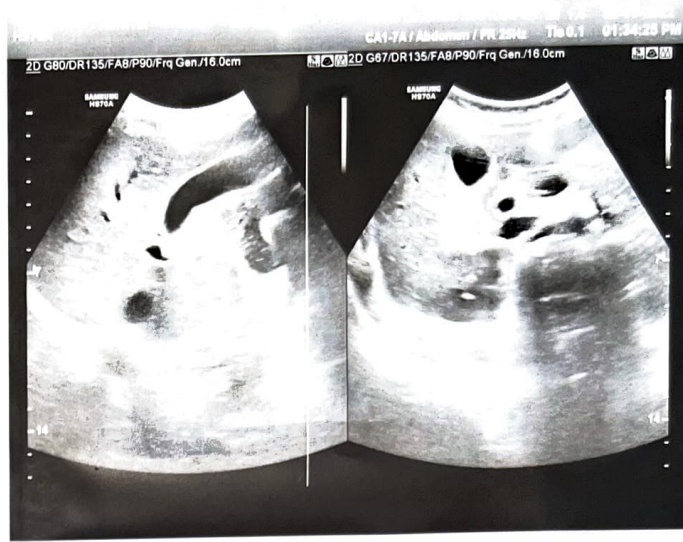
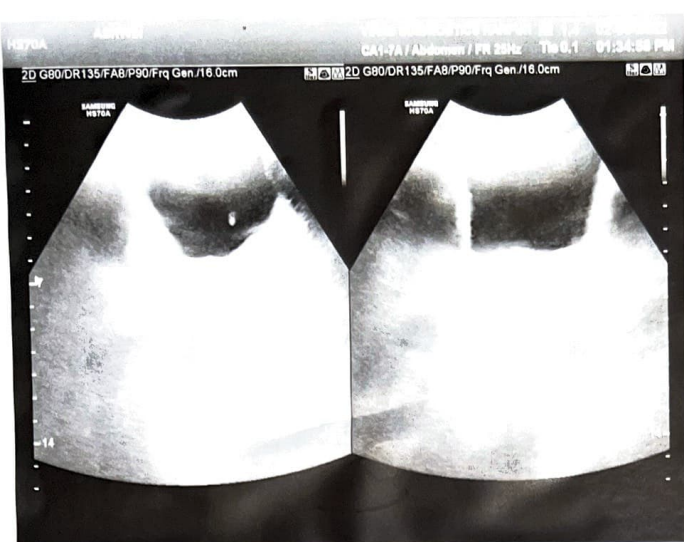
A.I.I.M.S. (New Delhi)

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

✓/o 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. 07:30 P.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 with dal*

*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)

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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

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

Page 1 of 3

Dr. Shivali Budhiraja  
M.D. (Path)

Dr. Praveen Saraswat  
M.D. (Path)

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

Our Toll Free No. 18001208700 | CIN-U85110UP1984PTC006462

Pathologist

**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)

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

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

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

### ELECTROLYTES & OTHER IONS

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

### COAGULATION TESTS

<b>PROTHROMBIN TIME *</b>	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.

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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)

*Dr. Praveen Saraswat*  
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..



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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

## 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.*

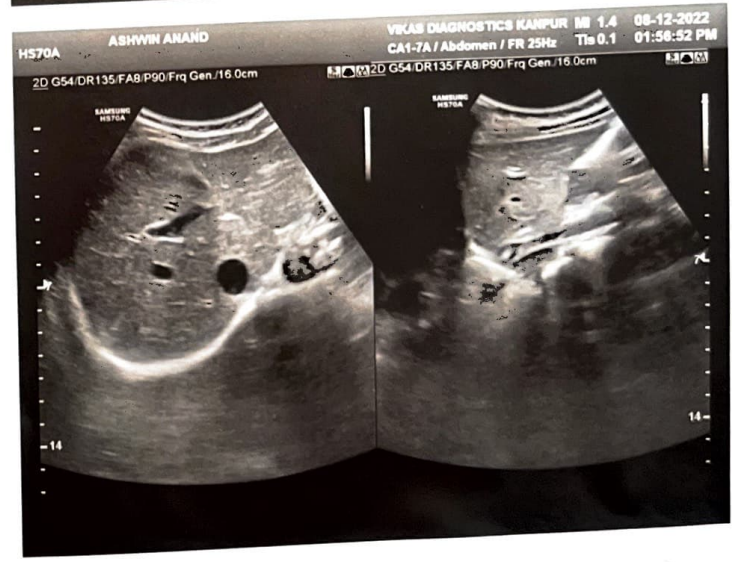
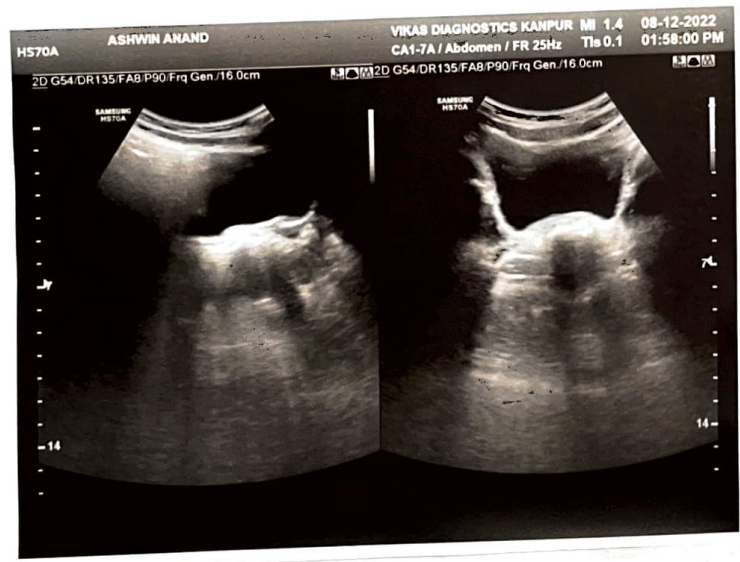
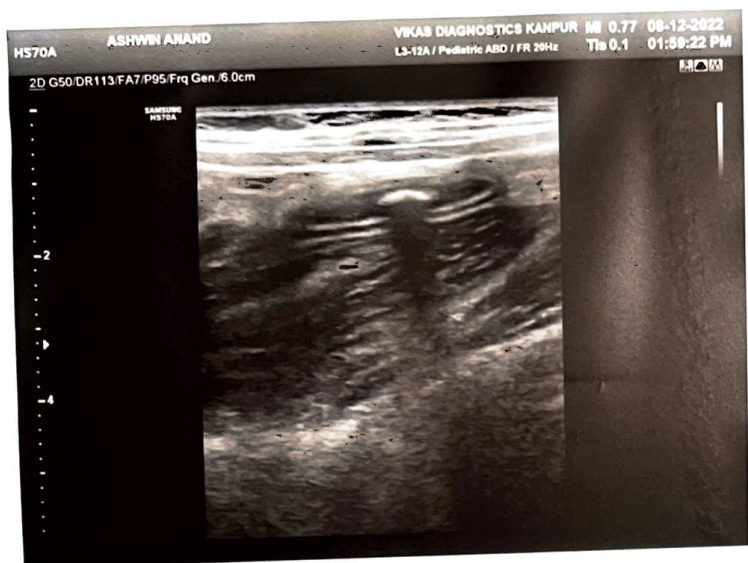
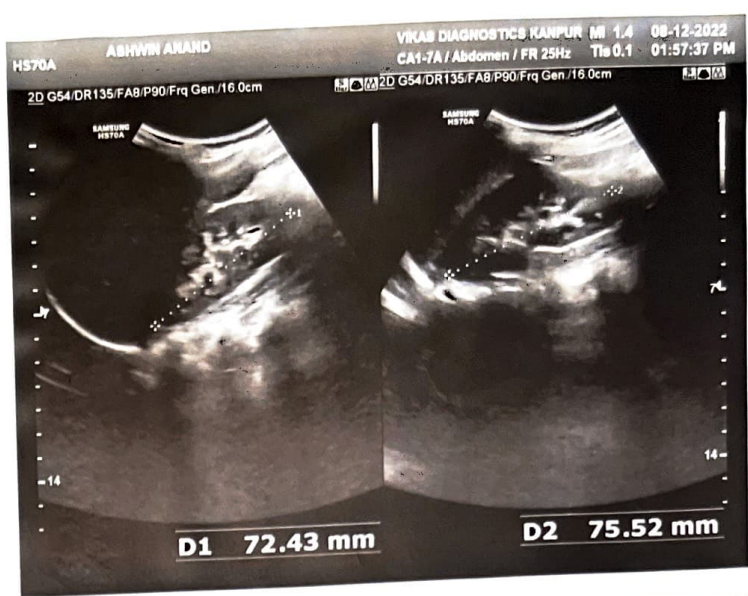
## Please correlate clinically

### 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 Mebogel 40ml i.v. 8hly

- in Renteel 1ml i.v. 8hly

- CBC, PT, S. creat, HIV

HBsAg, HCV, Na<sup>+</sup>/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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Ph. : 0512- 2540938 • Mob. : 9935861112, 9935861113, 7753861112, 9415042672, 7753861113

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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