DMS Rani Ratnam

Medical History

Pre-existing condition(s):

High Blood Pressure (using TELMA for 2 years now)

Recent Developments:

1) Venous Thrombosis involving left transverse, left vein cortical with huge infarct on right posterior temporal and parietal lobe in brain.

Admitted to SGPGI Lucknow (15th April- 25th April 2021)

Reports Attached

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Printed on 20-4-2022 5-57-14			

CRNC: 201390757 Name: DMS Rani Ratiyam 51/VF Department Toutine and relevant investigations were sent. MRI BRAIN WITH MRV WAS DONE: 4/6/0 venous thrombosis involving left transverse sinus, left vein of labbe and left cerebeau Cartine and relevant investigations were sent. MRI BRAIN WITH MRV WAS DONE: 4/6/0 venous thrombosis involving left transverse sinus, left vein of labbe and left cerebeau Cartine and relevant investigations were sent. MRI THO ARA: ANTI TOO ARA: ANTI TOO ARA: Cartine and relevant investigation her tak was rated atter thrombophile profile was sent. The mannet of which further work up was done, hemat opinon was done and advice was followed, two blood Cartine and relevant investigation her tak was rated and ANTI TOO ARA: Sent or 2,9 further oral supplements were added. Set to 7,9, further oral supplements were added. Set to 7,9 further oral supplements were added. Set to 7,9, further oral Supplements were added. Set to 7,9 further oral Supplements were added. Ab was suitched from inj LMWH to tab acitrom , regular #1/NR was monitored and vitamink free diet was advised. Cartine 2001 TAB BO 10 P - 10 Cab Cartine 2001 TAB BO 10 P - 10 Cab Cartine 2001 TAB BO 10 P - 10 Cab Cartine 2001 TAB BO 10 P - 10 Cat Cartine 2001 TAB BO 10 P - 10 Cat Cat Cartine 2001 P P - 10 Cat Cat Cartine 2001 P P - 10 Cat			scharge Summary	
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CRNO: 2021290757 Name: DM S Rani Ratiyam 51/YF Department: Neurology Unit: UNIT-D0013-06 Ward/Bed: 2701 Neurology Wing-A07(GEN) /150 /2 Admission No: AMA-202110760 Admitted on: 15-04-20211658 Discharged on: Apr.25, 2021 4:53 PM Patient Type: Priority Consultant: VINTA EUZABITH MANI Discharged on: Apr.25, 2021 4:53 PM Correspond. Address: 4/18/2.Gemti Nager Dist. Stet Utar Pradenk Pin No. Pane No : #91* DIAGNCSIS: HW WITH HVPOTHYROIDISM WITH IRON DEFICIENCY AMEMIA WITH CVST Headaches main 5:5-20 days Headaches and 5:5-20 days Headache was Insidious in onset, moderate to severe in intensity, located mainly on left side - frontal plus temporal region, neadache usea lossociated photophobia and phonophobia and associated aural fullness incrimation, but not a/w nausea / wornting Headache gets relieved on lying down and on taking medications No h/o focal weakness / sonsocious loss/ funntus/hearing loss No h/o focal weakness / sonsocious loss/ loss funntus/hearing loss No h/o focal weakness / sonsocious loss/ loss funntus/hearing loss No h/o focal weakness / sonsocious loss/ loss funntus/hearing loss No h/o focal weakness / sonsocious loss / loss funntus/hearing loss No h/o focal weakness / sonsoci/	The set our	
Unit: UNIT: DUIT: DU		Discharge Summary
She is a known case of hypertension since 2 yrs and was on regular medications No h/o similar type of headache in any family member EXAMINATION: T is conscious, cooperative pulse - regular 82 beats /min BP- 140/86 mm hg Table ++ Ap o cyanosis /cteru://ctubbing//ymphadenopathy/edema StS- E4V4M6 , slightly confused higher mental functions - normal Store- normal Stor	Unit: UNIT-D0013-06 Admission No: ADM-202310 Patient Type: Priority Correspond, Address: 4/185 DIAGNCSIS: HTN WITH HYPOTH HISTORY: 51 Year old female pn Headache was insidious in onset headache do be associated vomting Headache gets relieved on lying No h/o vomiting/seizures /loss or No h/o kawates /sensory	Name: D M S Rani Ratiyam 51/Y/F Department: Neurology Ward/Bed: 2701 Neurology Wing: AD7(GEN) / ISO / Z 0760 Admitted on: 15-04-2021 I6:58 Discharged on:: Apr 25, 2021 4:53 PA Consultant: VINTA EUZABETH MANI Discharge Type: Zdomit Negar Dist. State Untar Pradeals Pin No. Phone No. +91 YPROIDISM WITH IRON DEFICIENCY ANEMIA WITH CVST esented with chief complaint of t., moderate to severe in intensity, located mainly on left side — frontal plus temporal region, photophobia and associated aural fullness lacrimation, but not a/w nausea / down and on taking medicines after 1-2 hours. locassity vision loss /tinnitu/hearing loss loss/bladder bowel involvement / head trauma
ower-5/5 in all joints effexes - 8 T S A K PLANTAR t +2 +2 +2 +2 +2 +2 downgoing +2 +2 +2 +2 +2 +2 downgoing ensory-normal in all modalities recebellum : wnl /S/RS/PA-WNL SURSE DURING HOSPITAL STAY : was admitted with above mentioned complaints , detailed history was taken and thorough clinical examination was done. BED HAS NOT GEEN VACATED FROM SYSTEM BED HAS NOT GEEN VACATED FROM SYSTEM	No h/o similar type of headache EXAMINATION: t is conscious, cooperative pub- iallor- ++ no cyanosis /icteru:// CS- E4VAM6 _ slightly confused ranial nerve examination- porm	n nany family member se – regular 82 beats /min BP- 140/86 mm hg Lubbing/lymphadenopathy/edema d higher mental functions – normal
effexs-B T S A K PLATTAR. t +2 +2 +2 42 42 42 ensory-normal in all modalities ensory-normal in all modalities ensory-normal in all modalities ensory-normal in all modalities vS/RS/PA- WNL vs/RS/PA- WNL vs/RS/PA- WNL vs/RS/PA- Wink ensory-normal in all modalities, detailed history was taken and thorough clinical examination was done. BED HAS NOT DEEM VACATED FROM SYSTEM BED HAS NOT DEEM VACATED FROM SYSTEM Part		
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was admitted with above mentioned complaints , detailed history was taken and thorough clinical examination was used. BED HAS NOT GET VACATED FROM SYSTEM Detailed 173 15 150 153 Page Page Page Page Page Page Page Page	OURSE DURING HOSPITAL STA	۷:
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2) Contracted COVID-19 at SGPGI during admission, tested positive within 4 days of discharge.

RTPCR attached (29-04-2021)



Consequent RTPCR results done while at GIMS

UP Covid Lab Results

Generated at 1985-2021 12:45 PM

Case ID - GAUN0033738266 Patient Name - DUKHIPAL Gender - female Age - 52 Mobile - 775567799 Address - GIMS District - GAUTAM BUDDHA NAGAR Block - Other Total Samples - 3

S. No.	Sample ID	Lab Name	Test Type	Sample Collection Date	Receiving Status	Lab Result	Lab Result Date
1	45556480	G.I.M.S, Greater Noida	RT-PCR	11/05/2021	Received	Positive RT- PCR	11/05/2021
2	45276862	Other (Private)	RT-PCR	08/05/2021	Received	Positive RT- PCR	08/05/2021
3	44905189	G.I.M.S, Greater Noida	RT-PCR	07/05/2021	Received	Positive RT- PCR	08/05/2021

Disclaimer:

The results depend on the sensitivity and specificity of test type.
 The results are as entered by the lab at this time.
 This report cannot be used for any medico legal purposes.
 Results are available for samples collected with effect from 16th September 2020 onwards.

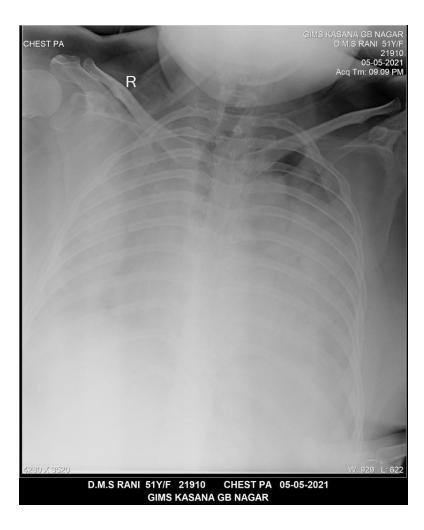
Case ID - Patient N Gender - Age - 51	GAUN0035884 Iame - RANI female		P Covid	Lab Resul	ts		
Mobile - 1 Address		AMMA -SEC 15 DHA NAGAR	5T				
S. No.	Sample ID	Lab Namo	Test Type	Sample Collection Date	Receiving	Lab Result	Lab Result Date
C.	47807584	G.I.M.S. Greater Noida	RT-PCR	18/05/2021	Received	Positive RT- PCR	19/05/2021
Disclaimer: 1. The r 2. The r 3. This r 4. Resul	esults depend on t esults are as enter report cannot enter tts are available for	he sensitivity and ed by the lab at thi ed for any medicc samples collecter	specificity of t s time. I legal purpose d with effect fr	est type. rs. orm 16th Septembe	r 2020 onward:	L.	
	esuits depend on t scuits are as enter report cannot be us ts are available for	he sensitivity and ed by the tab at th ed for any medica samples collecter	specificity of t	est type. 15. Im 16th Septembe	r 2020 onward	x	

3) Admitted to Government Insititute of Medical Sciences (GIMS) Greater Noida in pvt ward on 4th May 2021 with respiratory distress.

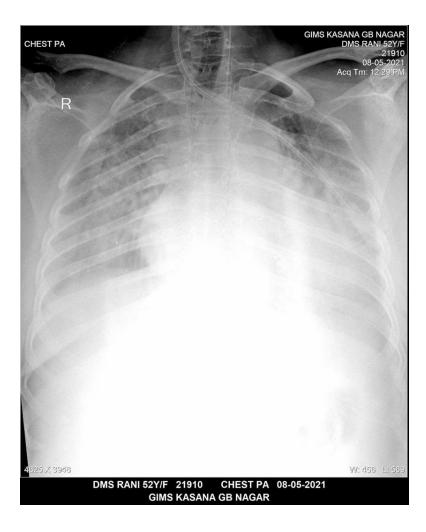
Due to consistent decline in SpO2 and chest pain Shifted to ICU facility at GIMS by 5th morning.

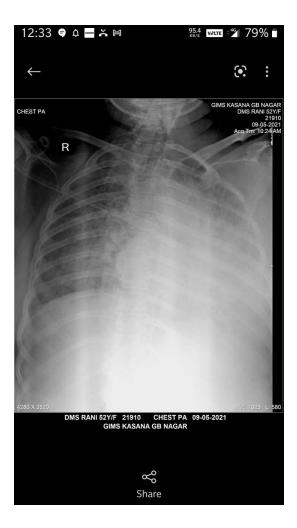
Herewith attaching reports, x-rays, blood culture, ABG etc.,

X-rays: (5-5-2021 to 18-5-2021)

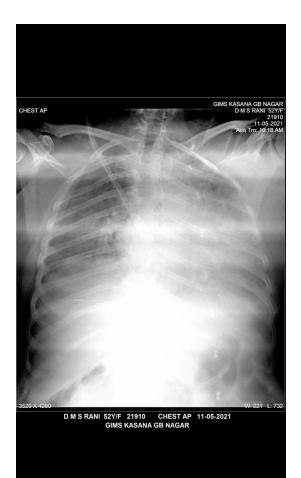




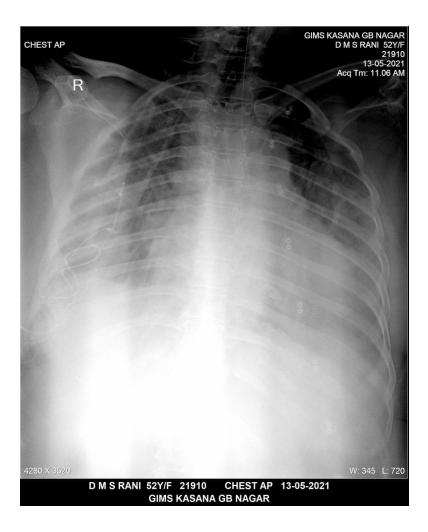










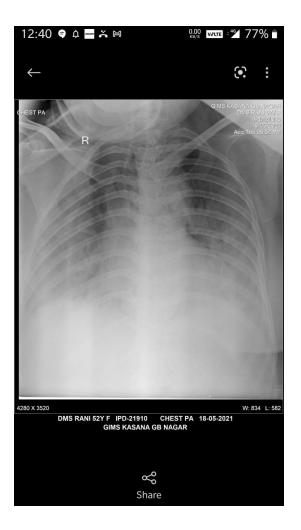






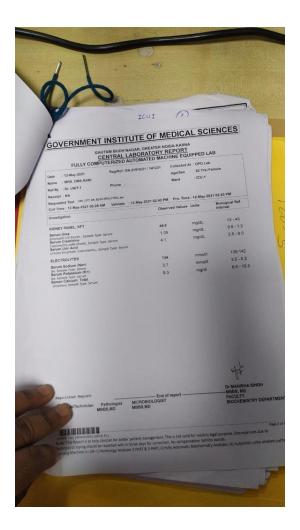




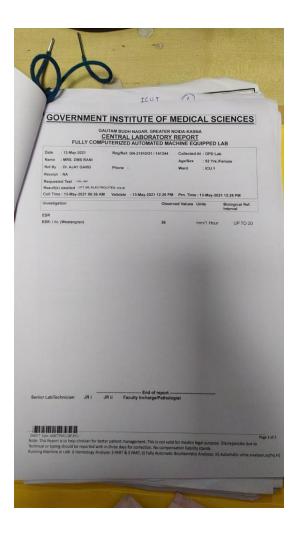


Blood culture and occult blood in stool:

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Auffreihenden Berechnigen Konnen Auffreihen Sonnen Auffreihen Auffreihen Sonnen Auffreihen Sonnen Auffreihen Auffreihen Sonnen Auffreihen	Labrennican Petrologian Montolitan Difference and Schemel Annuel Type Street Labrennican Petrologian Montolitan Markovica Montolitan	23.9 UL DUT 20 The answer processor to a construction of the form Social Sciences and the form form form Las Technican MERS, MO MORES, MO MO MO MO MO MO MO MO MO MO	230 S UL BUILDER	Colculated, Sample Type: Serum SGOT		U/L	
BIOCHEMSTRY OF				ICCC webboot pyridianal photophoto. Source Figure Serum SGRT ICCC webbout puridianal chosphatase Serum Alkaline Photophatase DCAC and SCE Method, Somale Type: Serum		U/L	60 - 240
BIOCHEMSTRY OF							
BIOCHEMSTRY OF							white
BIOCHEMSTRY OF							. C.
BIOCHEMSTRY OF					al agust		Dr MANISHA SINGH
BIOCHEMSTRY OF					D		MBBS, MD FACULTY
	ADDA for CONCERNANCES AND ADDA ADDA ADDA ADDA ADDA ADDA ADDA	The second		History and			BIOCHEMISTRY DE
2	ATTENDED TO COMMON (INC. KC)	ADD for DALLAR AND ADD ADD ADD ADD ADD ADD ADD ADD ADD	2 MEMILIUM				
	BUILD UNC DOGUNITIAN (INCL-RC)	BARN UN CRANNING OF CAR) Net: This report is to help device in the helps planet management. This is not wild for medico legal purpose. Discregancies due Net: "This report is to help devices in the helps planet due the promotion. No compensation liability stated.					
	assoul Der Descudisisa (ReckPC)	asses the Disavisities (VeCAPC) Note-This Report is to help clinician for better patient management. This is not waid for medico legal purpose. Discrepancies due Note-This Report is to help clinician for better patient management. This is not waid for medico legal purpose.					



CI	ENTRAL	NAGAR, GREATER N LABORATORY AUTOMATED MA	REPOR	NA	
Date 13-May-2021 Name MRS. DMS RANI Ref.By : Dr. AJAY GARG Receipt : NA		3N-21910/21 / 141344		At : OPD Lab : 52 Yrs./Fe : ICU 1	
Requested Test IRC.ver Result(s) awaited UFT.HR. BLECTHO Coll Time : 13-May-2021 06:36 AM		41.May 2021 47-26 DA	d Brn Tim		12.37 044
Investigation			rved Values		Biological Ref.
	H	EMATOLOGY			
Complete Blood Count	100				
Haemoglobin Fotal Leucocyte Count (TLC)		11.7	0	gm/dl Celis/mm*	11.5 - 15 4000 - 10000
Differential % Leucocyte Counts:		1020	•	Censum.	4000 - 10000
Segmented Neutrophils		90		16	40 - 80
ymphocytes Eosinophils		06 02		*	20 - 40 1 - 6
Aonocytes		02		5	2 - 10
lasophils		00		36	< 2
otal RBCs		4.6		million cells Lac cells/m	mm ^a 3.8 - 4.8 m ^a 1.50 - 4.50
latelet Count tPV		1.73		fL	π* 1.50 - 4.50 7.4 - 10.4
PCR		30.5		%	13.0 - 43.0
DW		13.6	E.	%	10.0 - 17.0
ICV (Mean Cell Volume)					
CHC (Mean Corpus, Hb Conc.))	25.4		P9	27 - 32
		26.6		%	11.5 - 14.5
DWA					11.5 - 14.5
CV (Packed Cell Volume)		36.4	ie.	%	30-40
ferential Absolute Leucocyte Co	ount			10%mm*	1.2 - 2.0
is. Neutrophils		0.4		10%mm*	0.02 - 0.5
		0.2		10%mm*	1-4
DW CV (Mean Cell Volume) CHC (Mean Corpus, Hb Gonc.) CH (Mean Corpus, Haemoglobin DWR DV DV DV Sector (Corpus, Haemoglobic) DVR Sector (Corpus) Sector (Corpus	ount	13.1 79.2 32 28.4 87.1 36- 8.7 0.4	•	% R. g(d) P9 % % % 10%mm* 10%mm*	10.0 - 1 80 - 10 32 - 35 27 - 32 11.5 - 11.5 - 36 - 40 1.2 - 2 0.02 -

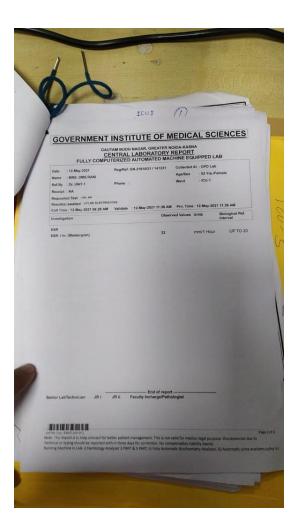


1		ICUI	m	
CEN	M BUDH NAGAR	GREATER NOIDA-	KASNA ORT	
FULLY COMPUT	Reg/Ref: GN-21910	VATED MACHINE	E EQUIPPED I	ib
Name : MRS. DMS RANI Ref.By : Dr. AJAY GARG Receipt : NA	Phone :	Age War	iSex : 52 Yrs. d : ICU 1	Female
Requested Test : cbc. LFT, ML ELECTRON Coll Time : 13-May-2021 06:36 AM	LYTES, esr, crp.ul Validate : 13-May			
Investigation		Observed Va	lues Units	Biological Ref. Interval
	BIOCHE	MISTRY		
LIVER FUNCTION TEST		0.65	mg/dl.	03-12
Serum Bilirubin, Total Malloy-Evolun Modified, Sample Type: Sen Serum Bilirubin, Direct	um	0.00	mg/dl	< 0.2
Serum Bilirubin, Direct evelyn-mallox, Sample Type: Serum Serum Bilirubin, Indirect		0.27	mg /dl.	0.2 - 0.7
		5.89	am/dL	6.4 - 8.3
Serum Proteins bluret, Sample Type: Serum Serum Albumin Serum Albumin		3.78	g/dL_	38-55
Serum Albumin Colorimetric-Bromocresol (BCG), Sample Ty Serum Globulins	ipe: Serum	2.11	gm/dL	20-35
Serum Globulins Calculated, Sample Type: Serum		1.79:1	Ratio	1.57 - 1.90
Serum Globulins Calculated, Sample Type: Serum Serum A/G Ratio Calculated, Sample Type: Serum SCOT		28	IU/L	< 40
Calculated, Sample Type: Serum SGOT IFCC without pyridoxal-phosphate, Sample SGPT	Type: Serum	83	UL	<34
SGPT IFCC without pyridoxal-phosphote. Sample Serum Alkaline Phosphatase DGKC and SCE Method, Sample Type: Serui	ipper second	241.9	U/L	60 - 240
				with
LabTechnician Pathologis MBBS,MD	t MICROBIOL MBBS,MD	OGIST		Dr MANISHA SINGH MBBS, MD FACULTY BIOCHEMISTRY DEP
MBBS,MD				BIOCHEMISTRY DE

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Def: 1: 449, 267 Beylind: OR-2199/21 (1413) Center: 41: 409 LB Norm: April: Center: 41: 409 LB Ref: 1: 449, 2021 Dece: Weid :EU3 Repetition: Weid :EU3 :EU3 :Eu3 Repetition: 1: 349, 2021 OS FAM Weid :EU3 Commission: Weid :EU3 :Eu3 Commission: 1: 349, 2021 OS FAM Weid :EU3 Commission: Commission: Weid :EU3 :Eu3 Commission: Commission: Commission: Eu3 :Eu3 Commission: Commission: Commission: Eu3 :Eu3 :Eu3 Commission: Commission: Commission: :Eu3 :Eu3 :Eu3 Commission: Commission: Commission: :Eu3 :Eu3 :Eu3 Commission: Commission: :Eu3 :Eu3 :Eu3 :Eu3 :Eu3 Commission: Commission: :Eu3 :Eu3 :Eu3 :Eu3 :Eu3 Commission: :Eu3 :Eu3 :Eu3 :Eu3 :Eu3 :Eu3 Commission: :Eu3 :Eu3 :Eu3 :Eu3 :Eu3 :	GAUTAN	BUDH NAGAR, GREATER	NOIDA-KAS	NA T	
Agrice :: Edd Ruber RAN Recht :: Edd Rub RAN Recht :: Edd Rub Ruber :: Edd Rub Ruber :: Edd Rub Ruber :: Edd Ruber :: Ed				d At : OPD Lab	
Made version de la construction de la construction de la construcción		agnet. on a rone and	Age/Sex		male
Register 13 Register 11 Register 12		hone :	Ward	: ICU 1	
Coll Term: 13.88/9.2023 06.94.047 Values (11.88/9.2023 06.94.047 Values (11.88/9.2023 06.94.047) Investigation Concerved Values Units Interpretering NUMEY FAULT (NT Some first firs	Receipt : NA				
Intersignion Country and Description Lateral KDEN France 6.0.0 mg/sl. 3.0.43 Second Description 1.0.0 mg/sl. 2.0.42 Electronoution Second Description 1.0.0 mg/sl. 2.0.60 Second Description 1.0.0 1.0.0 mg/sl. 1.0.43 1.0.5 Second Description 3.0 mg/sl. 3.0.5 3.0.7 mg/sl. 0.0.6 Second Description 3.0 mg/sl. 0.0.6 0.0.6 0.0.6 Calcebox Projection 3.0.0 mg/sl. 0.0.6 0.0 0.0 Calcebox Projection 3.0.0 mg/sl. 0.0.6 0.0 0.0 Second Description 3.0.0 mg/sl. 0.0.6 0.0	Requested Test : cbc, LFT, MR, ELECTROUT	Validate : 13-May-2021 02:54	PM Prn. Tin	te : 13-May-2021	02:54 PM
NONEY AMEL, KPT 4.4.9 mgldL 13-43 Stand Grades Scale Apel Apel Apel Apel 10.9 mgldL 0.9-12 Stand Grades Scale Apel Apel Apel Apel Apel Apel Apel Ap		0	oserved Values	Units	Biological Ref. Interval
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Several for Add Uncert Robust Classifier, Langer Tyre, Sever ELCTOR/TEB Sama Soliton Roly Sama Soliton R	KIDNEY PANEL; KPT	5			
Several for Add Uncert Robust Classifier, Langer Tyre, Sever ELCTOR/TEB Sama Soliton Roly Sama Soliton R	Enzymatic-UV Kinetic, Sample Type: Serum Serum Creatinine	1			
ELECTROYTES 135 mmodil 135-4.2 Beam Bolin Rely to Server bars Arrow To Server bars Arrow Server Server 3.9 mmodil 35-5.2 Turbonerrer Constructions Server bars Arrow Server bars 9.7 mg/s 86-10.3 Turbonerrer Constructions Server Server Server Constructions Server Server Server Server Server Server Server Server Serve	Colorimetric Jaffe-Kinetic, Sample Type: Ser Serum Uric Acid Unicase Enzymatic-Colorimetric,, Sample Ty	um 4 pe: Serum	7	mg/dL	20 00
Series Social (Me) 3.9 model 3.5 - 3.3 Series Social (Me) 3.9 model 3.5 - 3.3 Series Social (Me) 9.7 model 8.6 - 10.3 Internet Social (Me) 9.7 model 8.6 - 10.3 Internet Social (Me) 9.7 model 8.6 - 10.3 Control (Me) 3.6 - 0.0 model 9.7 Control (Me) 3.6 - 0.0 Model Automation (Me) 3.6 - 0.0 Model Mathematical Report End of report MARS MO Material Mathematical Report Model Mathematical Media Mathematical Media Mathematical Report End of report Mathematical Mathematical Mathematical Media Material Mathematical Report Mathematical Media Mathematical Media Material Mathematical Report Mathematical Media Mathematical Media Material Mathematical Mathematical Mathematical Media Mathematical Media Mathematical Media Mathematical Mathematical Mathematical Media Mathematical Media Mathematical Media Mathematical Mathematical Media <	ELECTROLYTES		35	mmol/i	135-142
Turkender Monie (CBP) exentence for (CBP) exentence for any for local service for the form Hard Report Lab Technical Pathologist MERS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS,MD HORS	Serum Sodium (Na+)			Momm	
Turkender Monie (CBP) exentence for (CBP) exentence for any for local service for the form Hard Report Lab Technical Pathologist MORS, MO MORS, MO MO MORS, MO MO MO MO MO MO MO MO MO MO	Serum Potassium (K+) ise, Somple Type: Serum Serum Calcium, Total orsenado, Somple Type: Serum		9.7	mg/dl	8.6 - 10.3
Creative Provin (CPP) executions, surger fries form Reprinted Report: LabTechnician (RESS, MO) MBES, MO MESS, MO MESS, MO MESS, MO			10.0	ma/L	0 - 6
MBBS.MD MBBS.MD	C-reactive Protein (CRP) quantitative, Sample Type: Serum				
MBBS.MD MBBS.MD					
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The Data State Sta	Lab Technician MBBS,MD	MBBS,MD			Dicertains
avoids their ROMANNEARCHICK-RCT Note: This Report is to help chicks for better patient management. This is not valid for medico legal purpose. Discrepancies dh Echnical or togical polocid to regional with there days for concentro. No compensation liabitity stands. Echnical or togical polocid the regional with the days for concentro. Na compensation liabitity stands.					
	24085 Use: DRAANESHA (IPCK-PC) Note-This Report is to help clinician for I Technical or typing should be reported w	better patient management. This with in three days for correction, palvzer 3 PART & 5 PART, II) Full	s is not valid for No compensati y Automatic Bio	medico legal pur on liability stands chemistry Analyz	pose. Discrepancies du rer, III) Automatic urine

KANSA GRI	ATER NOIDA GAU	TAM BUDH NAGA	R -201310 UTTAR PR/	ADESH	
DATE OF C	EGISTRATION NO - OLLECTION:-11/04, CONSULTANT : D	/21	LABORATORY DATE OF REPORT:		
	TION :- Stool Routin	e Microscopy.			
SAMPLE :-					
REPORT :-					
Macroscopi	c Examination:				
	04\$7	Brown			
Con	isistency	Semi-Solid Absent			
	: Examination:	0-1/hpf			
Pus	Cells	0-1/hpf			
Lar		Nil			
Cys	t phozoit	Nil		Real Property in the	
Ova		Nil			
				Hannert -	

	INSTITUTE OF N		CIENCES
	AM BUDH NAGAR, GREATER N NTRAL LABORATORY TERIZED AUTOMATED MAC		LAB
Date 12-May-2021 Name MRS. DMS.RANI Ret.By Dr. UNIT-1 Receipt NA Requested Test I circ.ser	Reg/Ref: GN-21910/21 / 141231 Phone :	Collected At : OPD La Age/Sex : 52 YrsJ Ward : ICU-1	ib Pemale
Result(s) awaited : LPT, M, ELECTRON Coll Time : 12-May-2021 06:28 AM Investigation	Validate : 12-May-2021 11:36 AM	t Prn. Time : 12-May-20 rved Values Units	Biological Ref.
	HAEMATOLOGY		
Complete Blood Count			
Haemoglobin	11.8 9700	gm/dl Cells/mm*	11.5 - 15 4000 - 10000
Total Leucocyte Count (TLC) Differential % Leucocyte Counts:	3700		
Segmented Neutrophils	92	% %	40 - 80 20 - 40
ymphocytes	04 02	7	1-6
Eosinophils Aonocytes	02	%	2 - 10
Basophils	00	%	<2 ls/mm³ 3.8 - 4.8
otal RBCs	4.72	million cel Lac cells/	
Platelet Count #PV	9.3	fL.	7.4 - 10.4
PCR	26.2	%	13.0 - 43.0
W	12.8 79.7	% ft	10.0 - 17.0 80 - 100
ICV (Mean Cell Volume) ICHC (Mear Corpus, Hb Conc.)	31.5	g/di	32 - 35
ICH (Mean Corpus, Haemoglobin)	25.1	Pg	27 - 32
DWR	27.7	%	11.5 - 14.5
DWA	91.3 37.6	*	11.5 - 14.5 38 - 46
CV (Packed Cell Volume) ifferential Absolute Leucocyte Cos			50-40
bs. Neutrophils	9.1	10%mm*	
bs. Eosinophills	0.4	10%mm*	
bs. Lymphocytes	0.2	10³/mm³	1-4
enior LabTechnician JR i	JR II Faculty Incharge/Patho	lonist	
and the second sec			
NAME AND ADDRESS OF ADDRESS OF ADDRESS OF ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDR			



Arterial Blood Gas (ABG) Test:

6-5-2021

And and a second			Sec. 1	and the second s	Contraction of the		1
and the second							1.5
Marian Arth			WARD KASNA		1000		
			NOIDA		1	18	
State of the local division of the					1	1.1	
		STAT PR	OFILE Prin Panel	ne	1		
		Full	Results				
		06-05-202	21 05:29 p	m	100		1.14
	Analyzer	ID P06B1	7030C	07			
1000	Analyzed Potiont ID	on 06-05	-2021 05:	Z7 pm			
	Patient ID FIO2 %) Ds ran	20.9				
	Patient Te	emperature			100		
					10		
		Syringe	- Arterial			1	
A selection and	рН	7.439					ALC: NO.
	pCO ₂	42.4	mmHg	1			
AC	pO 2	Slope					1.54
No second	Hct	37	%				1.00
	Na K	130.7	mmol/L	+		-	
	CI	3.50 97.4	mmol/L mmol/L	ţ			
MAN N	iCa	1.02	mmol/L			1	100
111	104			÷	1		100
1115		Calc	ulated				1.00
TANK	HCO3	28.9	mmol/L				
AL TANK	TCO2	30.2	mmol/L				6
all all the	BE-ecf	4.6	mmol/L				C S
10000 - 64/A	BE-b	4.9	mmol/L				- 3
	O 2 Cap	17.1	mL/dL				1
and all a	Hb	12.3	g/dL			C ST R	1
A H A	AnionGap	7.9	mmol/L		1		R. C.
	nCa	1.04	mmol/L				Last.
ALC: A REAL PROPERTY.	1.02						1. 1. 1.
And the second se							10 May 100 May 100

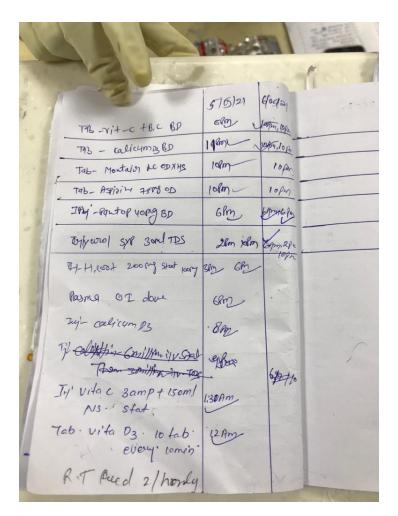
19-5-2021

F	Analyzer ID Analyzed on Patient ID I FIO2 % Patient Tem	Oms rani	01:28 pm 30C 021 01:20 20.9	6 pm			
14		Syringe -	Arterial				
p	Н	7.491		1			
p			mmHg	1			
		75.7				-	
	let	41	%				
N	Va	122.0	mmol/L	ţ			
K	(4.23	mmol/L		1		
0		93.6	mmol/L	ţ			
10	Са	1.09	mmol/L	+	and the second		
		Calcu	lated				
H	HCO3	31.5	mmol/L				
	rco ₂	32.7	mmol/L		The second		
		7.9	mmol/L				
		8.0	mmol/L				
5	SBC	31.8	mmol/L				a share
(o,Ct	18.3	mL/dL				
and the second		18.8	mL/dL				State
	50	26.1	mmHg				
	PO2/FIO2	362.0	mmHg				
	50,%	96.0	0				
		13.5	g/dL				
	AnionGap		mmol/L				
	nCa	1.14	mmol/L		A		
	ioa		Innour	-			

Also attaching, the prescription

6-5-2021

-	221		
	3		-
	Prescription	5/5/21 6	18/21
1.	j- deorden 10.6 mg slc BD	1100 11800 US	an 10pm
Dy	- Metry Basone stoong IV OD 3day.	RSM3 SOCK	UL
"tuy" -	Tarmac 4.5gm to TDS	60m 4km 10	CADAS BAT PAD
Fyr	Dexa 2mg 2V BD.	100m Mars	Joan Holm
	Romtac 19my -BD	60 68m	C. 999.6P2
Contraction of the	Lesix long stat TDS	5 389 680	2km lohn
1	- Doxy loong BD	100mg 100mg	· logar, logan
	Themmentive 36stat	MBD Jop	Voton lopon.
Kep	t in Ged Side Tof Pom. - Efilim soory OD	10by 10hr	Norm, 10pm
	- Thyoroxn 2504 0D_		6907 Stop
195 - Key Tab	et in Bed Side. - Toggrac 28 BD	- Jolon	
T-CO	listin 6MIU (Stat) 3MIU (TRS)	8pm	6 gm, 2 m, 10m



As of 19-5-2021

TD: 87	X
TREATMENT 14/5/21 15/5/21 16/5/21	17 15/21 18/5-21 19/5-12021
They- Coviston /2/1/ tas - OF OF Stop	0150
Thj-Tazobact 4.59m TDS 6-2- W LH 2- 10 12-2-10	Grand Port- 100 Cont- 201- 1000 Gan- 200-10Pt
Inj-Chindamycin 600mg TOS 16-2-10 0 2-2-10 - 0-2-10	6 - 2 - 10 - 2 - 2 - 10 - 10 - 2 - 10 - 10
Inj-Methylpenid 40ng 30 UP- UB UB-12 UB-12	100m loom loom loom - 10pm
Inj- Mennground and the Pa stopast	Venn. Com Gam .
Inj- rango long to po loom Du loho Diz loho	DI3 Jorn Di4 John 10 pm
Inj-Clexaln yong DD to Opm letter Shink	
Tab-Leyhterocetam 500 10-10 10-10 10-10	10ph-10ph Norm - 10pm 10pm - 10pm
Tab-Thystotherm 25mg op 6Am 6Am Com	Com - Fue 101 1 lacy -
Tab- Topamac 25mg BD 10 - 10 110-10 10 10	100m-10pm John John 10pm
TI Montain IC IXHS D 10pm 10pm	- 10pm 10pm - 10pm - 7pm
Thi: Lispno Cit 19 Jan July And Light	
This Basalog 24 unit HS 1871 Left	105/60
Tab - Telma yong The point	10am - 10m War - 1000 198 - 10 pm
New - (Additation + Budecont Graz Ce - Charles Com Addition + Budecont Graz Ce - Charles Com Addition - Charles Com Addition Addition - Charles Com Addition - Charles Co	Sam- 200 - Com - Com - Com - Com - Com - Com
Mucomix Gib U war white Gib	6 mm 200-00 000-200-100-640 -24mi-10
in circlean suite 102	11 11 11 11 11 11 11 11 11 11 11 11 11
Concrent TUS John John	Lok + 10pm its loam 4(m)
Inhalen tomation - what was shown in the state	
Inhalest	the sound - 19pm 10 mm - 10 mm Egendericps
TUNGN CONTRACTOR SHOT	Add Tears
THE 200 mg rat coses store	+ + Velva.
	C C C C C C C C C C C C C C C C C C C
	V A.V.V

Developed conditions during admission at GIMS:

Diabetes

Elevated heart rate since 15-5-2021

Aspergillus (PFA report)

28 - GUNJAN KISHOR SHA K-001/GF, ALPHA-1, ALPHA				
BELT Breater Noida	COMMERCIAL			
sreatur Noida				
Name : Mrs. DM	IS RANI		Collected	: 17/5/2021 11:28:00AM : 17/5/2021 11:52:30AM
	Age: 51 Years	Gender: Female	Reported	: 18/5/2021 6:47:08PM
A/c Status : P	Ref By : Dr. SELF		Report Status	: Final
		-	Units	
Test Name GALACTOMANNAN (AS	PERGILLUS ANTIGEN).	Results 1.70	Index	Bio. Ref. Interval <0.50
SERUM @ (E(A)				
Interpretation				
Result In index	Renarks			
<0.50	Negative			
≥0.50	Positive			
Note				
	ve test must be confirmed by	v 2 or more consecu	tive positive results for	im senarately
drawn specime	ens.			
	t does not rule out the diagn week for early detection of t		ergillosis. Patients at r	isk should be
3. False positive	results can be seen with oth	ner fungi such as Pe		
	d Histoplasma, in young chi galactomannan in various f			
cream dessert	s, in patients receiving semi			
Amoxy-clav. 4 False-nenative	e results can beseen in patie	ints with Chronic Gr	anulomatous Disease	8 Joh's
Syndrome and	with concomitant use of an	ti-fungal therapy in a	ome patients with Invi	asive
Aspergillosis. 5 This assay shi	ould be used in conjunction	with other diagnostic	procedures such as r	nicrobiological
culture, histolo	gical examination of biopsy			
Aspergillosis.				
Comments				
	is a polysaccharide compon			
	omannan can often be detec nitoring of galactomannan le			
antifungal therapy befo	re life-threatening infection	occurs. The test aid	s in the diagnosis of In	vasive
	assesses response to therap			
	enia, post transplantation a % and approximately 30% c			apy, it nas a nigh
			and and ana collect.	
				Page 1 of 2
st results are alarming		vised to contact the conducted at Refer		ely for possible remedial action
	@ iests	conducted at Refer	idi Lau.	

Present requirements:

ICU ward preferably independent.

On call neuro and cardio specialists.

Since the patient is unable to maintain SpO2 an ambulance equipped with high flow ventilators and portable ventilator to shift the patient to the requisite ward from the ambulance.

A pulmonologist to head the case as the patient is suffering from acute respiratory distress.

Consultation between the present team and would be team to discuss the modalities of transfer and treatment between the hospitals.

Facility to accommodate at max two attendants.

Dedicated team and staff to follow up on the patient.