

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

Discharge Summary
Name: D M S Rani Ratiyam 51/ Y/F Department: Neurology
CRNO: 2021290757

Routine and relevant investigations were sent.
MRI BRAIN WITH MRV WAS DONE- 1/5/o venous thrombosis involving left transverse sinus, left vein cortical with huge infarct of rt posterior temporal and parietal lobe.
After this report inj LMWH was started after thrombophilic profile was sent.
Inj mannitol and dexa was given following which she improved.
On further investigation her tsh was raised and ANTI TPO AB- >1000 for which tab thyrox 25 microgr
She had severe anemia for which further work up was done, hemat opinion was done and advice was given. She had severe anemia for which further work up was done, hemat opinion was done and advice was given. She had severe anemia for which further work up was done, hemat opinion was done and advice was given.
transfusions and 1000 mg iron(CARBOXYMALTOSE) were given with proper precautions following w
5.8 to 7.9, further oral supplements were added.
She is now improved and her thrombophilia profile and vasculitic profile reports are awaited.
She was switched from inj LMWH to tab acitrom, regular PT/INR was monitored and vitamin k free
She is stable with occasional mild headache and is being discharged with following

ADVICE ON DISCHARGE :
TAB ACITROM 2MG/3MG ALTERNATE DAY 2 - 2 - 2 - 2
TAB EPILIVE 500 1 TAB BD 10-10
TAB DEXA 4 MG BD FOR 15 DAYS F/B 2MG BD FOR 1 WEEK F/B 2MG OD IN MORNING THEN STOP
TAB TELMA 40 MG 1 TAB OD 10 Am
TAB THYROX 25 microgm 1 TAB OD AC 6 Am 25/27/28
TAB XIOFER XT 1 TAB OD 10 Am
TAB NUHENZ 1 ATB OD 10 Am
TAB CALIFAST-D 1 TAB BD 10 Am - 10 pm
SVP CREMAFIN 3TSP BD 10 Am - 10 pm
TAB TOPAMAC 25MG BD 10 Am - 10 pm
SVP GLYCEROL 30ML QID q 6hrly 6-12-6-12
TO FOLLOW UP IN NEUROLOGY OPD AFTER 1 MONTH ON MONDAYS/FRIDAYS-05222496322 WITH
DONE EVERY 3RD DAY) OR TAKE ONLINE CONSULTATION ON NEUROLOGY WHATSAPP NO 800490

INVESTIGATION RESULTS:
2021-04-15 18:21:48.493 CR X Ray Chest Bed Side
2021-04-16 13:15:14.671 Doppler Carotids
15/04/2021 06:19 PM 01. TLC 10.0
15/04/2021 06:19 PM 03. HGB 5.9
15/04/2021 06:19 PM 04. HCT 24.1
15/04/2021 06:19 PM 05. PLT 432

BED HAS NOT BEEN VACATED FROM SYSTEM
Gutti Nagendra Babu @ 172.25.250.163
Printed on 26-4-2021 9:57:14

Discharge Summary

Department: Neurology

CRNO: 2021290757

Name: D M S Rani Ratiyam 51/ Y/F

routine and relevant investigations were sent.
 MRI BRAIN WITH MRV WAS DONE - t/s/o venous thrombosis involving left transverse sinus , left vein of labbe and left cerebellar cortical with h'ge infarct of rt posterior temporal and parietal lobe.
 After this report inj LMWH was started after thrombophilic profile was sent.
 Inj mannitol and dexa was given following which she improved.
 On further investigation her tsh was raised and ANTI TPO AB- >1000 for which tab thyrox 25 microgram was started.
 She had severe anemia for which further work up was done, hemat opinion was done and advice was followed, two blood transfusions and 1000 mg iron(CARBOXYMALTOSE) were given with proper precautions following which her hb was raised from 5.8 to 7.9, further oral supplements were added.
 she is now improved and her thrombophilia profile and vasculitic profile reports are awaited.
 She was switched from inj LMWH to tab acitrom , regular PT/INR was monitored and vitamin k free diet was advised.
 She is stable with occasional mild headache and is being discharged with following

ADVICE ON DISCHARGE :

- TAB ACITROM 2MG/3MG ALTERNATE DAY 2-2-2-2
 - TAB EPILEVE 500 1 TAB BD 10-10
 - TAB DEXA 4 MG BD FOR 15 DAYS F/B 2MG BD FOR 1 WEEK F/B 2MG OD IN MORNING THEN STOP
 - TAB TELMA 40 MG 1 TAB OD 10 Am
 - TAB THYROX 25 microgm 1 TAB OD AC 6 Am 22/07/21
 - TAB XIOFER XT 1 TAB OD 10 Am
 - TAB NUHENZ 1 ATB OD 10 Am
 - TAB CALUFAS-T 1 TAB BD 10 Am - 10 pm
 - SYP CREMAFFIN 3TSP BD 10 Am - 10 pm
 - TAB TCPALMAC 25MG BD 10 Am - 10 pm
 - SYP GLYCEROL 30ML QID q 6hrly 6-12-6-12
- TO FOLLOW UP IN NEUROLOGY OPD AFTER 1 MONTH ON MONDAYS/FRIDAYS-05222496322 WITH CBC/ PT INR REPORT(TO BE DONE EVERY 3RD DAY) OR TAKE ONLINE CONSULTATION ON NEUROLOGY WHATSAPP NO 8004904627

INVESTIGATION RESULTS:

2021-04-15 18:21:48.493	CR X Ray Chest Bed Side		
2021-04-16 13:15:14.671	Doppler Carotids		
15/04/2021 06:19 PM	01. TLC	10.0	x1000/ul
15/04/2021 06:19 PM	03. HGB	5.9	gm/dl
15/04/2021 06:19 PM	04. HCT	24.1	%
15/04/2021 06:19 PM	05. PLT	432	x1000/cmm.

BED HAS NOT BEEN VACATED FROM SYSTEM

Sanjay Gandhi Post Graduate Institute of Medical Sciences
Raebareli Road, Lucknow - 226 014, India

Discharge Summary

CRNO: 2021290757 Name: D M S Rani Ratiyam 51/ Y/F Department: Neurology
Unit: UNIT-D0013-06 Ward/Bed: 2701 Neurology Wing-A07(GEN) / ISO / 2
Admission No: ADM-202110760 Admitted on: 15-04-2021 16:58 Discharged on: Apr 25, 2021 4:53 PM
Patient Type: Priority Consultant: VINITA ELIZABETH MANI Discharge Type:
Correspond. Address: 4/182, Gombi Nagar Distt. State Uttar Pradesh Pin No. Phone No +91-

DIAGNOSIS: HTN WITH HYPOTHYROIDISM WITH IRON DEFICIENCY ANEMIA WITH CVST

HISTORY: 51 Year old female presented with chief complaint of Headache since 15-20 days
Headache was insidious in onset, moderate to severe in intensity, located mainly on left side - frontal plus temporal region, headache used to be associated photophobia and phonophobia and associated aural fullness/lacrimation, but not a/w nausea / vomiting
Headache gets relieved on lying down and on taking medicines after 1-2 hours.
No h/o vomiting/seizures/loss of consciousness/ vision loss /tinnitus/hearing loss
No h/o focal weakness /sensory loss/bladder bowel involvement /head trauma
There are no symptoms s/o cranial nerve involvement
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:
Pt is conscious, cooperative pulse - regular 82 beats/min BP- 140/86 mm hg
Pallor- ++ no cyanosis /icterus/clubbing/lymphadenopathy/edema
GCS- E4V4M6, slightly confused higher mental functions - normal
Cranial nerve examination- normal
Motor- tone - normal
Power- 5/5 in all joints
Reflexes - B T S A K PLANTAR
Rt +2 +2 +2 +2 +2 downgoing
Lt +2 +2 +2 +2 +2 downgoing
Sensory- normal in all modalities
Cerebellum - wnl

CVS/RS/PA- WNL

COURSE DURING HOSPITAL STAY :
Pt was admitted with above mentioned complaints, detailed history was taken and thorough clinical examination was done, all

BED HAS NOT BEEN VACATED FROM SYSTEM

Printed on 26-4-2021 9:57:14 Gutti Nagendra Babu @ 372.25.250.163 Page 1 / 9

2) Contracted COVID-19 at SGPGI during admission, tested positive within 4 days of discharge.
RTPCR attached (29-04-2021)



Certificate No. MC-2087
NABL Accredited Pathology Laboratory

LAB REPORT

Customer Care Number
9599593622
9599593625



Barcode No	81374212	Lab No	00012104292960
Patient Name	Mrs. D M S RANI	Reg Date	29/Apr/2021 02:23PM
Age/Sex	51 YRS/Female	Sample Coll. Date	29/Apr/2021 02:15 PM
Referred By	SELF	Sample Rec. Date	29/Apr/2021 02:43 PM
Client Code/Name	AP050312 Paradise Pathology Lab		
Ref. Lab/Hosp		Report Date	29/Apr/2021 04:26PM
SRF ID	0767100741905	Nationality	Indian
Aadhar No	238739258997	Passport No	
Panel Address	Shop. No. 44 K. B complex Alpha-2 Greater Noida		

Test Name With Methodology	Result	Unit	Biological Ref.Interval
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MOLECULAR BIOLOGY

COVID-19 (SARS-Cov-2) RT-PCR

COVID-19 RT PCR	Positive
Target Gene CT Value	20.06

Note: ICMR Registration number for COVID 19 is ADAHDPDD

Sample type: Nasopharyngeal & Oropharyngeal swabs

Interpretation:

Negative	RNA specific to SARS-CoV-2 not detected
Positive	RNA specific to SARS-CoV-2 detected
Inconclusive	This could be due to low viral load in the sample. A retesting on a fresh sample is recommended for confirmation.

Negative result does not rule out the possibility of Covid 19 infection. Presence of inhibition, mutations and insufficient RNA specific to SARS-CoV-2 can influence the test result. Kindly correlate the results with clinical findings. Test is conducted as per kits approved by ICMR. Kindly consult referring Physician/authorized hospitals for appropriate follow up.

Disclaimer

- This test is intended for use in conjunction with clinical presentation and other laboratory markers.
- Improper specimen collection, handling, storage and transportation may result in false negative results.
- The report represents only the specimen received in laboratory.

The tests marked with an * are not accredited by NABL.

*** End Of Report ***


Dr Parwez Y. (MBS, DNB Micro)
(Consultant Microbiologist)




Dr Prashant Goyal (DCP)
(Chief Pathologist)

Page 1 of 1

Accuprobe Healthcare & Diagnostics Pvt. Ltd.
Corporate Office & Reference Lab:
B-14/7, Jhilmil Industrial Area, Delhi-110095
Ph: 011-40508364 | E: info@accuprobe.in | W: www.accuprobe.in
Customer Care Number : 9599593622, 9599593625



Consequent RTPCR results done while at GIMS

UP Covid Lab Results

Generated at: 16/05/2021 12:48 PM

Case ID - GAUN0033738266
Patient Name - DUKHIPAL
Gender - female
Age - 52
Mobile - 7755867799
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:

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

UP Covid Lab Results

Case ID - GAUN003584677
 Patient Name - RANI
 Gender - Female
 Age - 51
 Mobile - 775567739
 Address - GSI, NOIDA GAMMA - SEC 1ST
 District - GAUTAM BUDDHA NAGAR
 Block - Other
 Total Samples - 1

S. No.	Sample ID	Lab Name	Test Type	Sample Collection Date	Receiving Status	Lab Result	Lab Result Date
1	47827584	G.I.M.S. Greater Noida	RT-PCR	18/05/2021	Received	Positive RT-PCR	18/05/2021

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

3) Admitted to Government Insitute 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)

CHEST PA

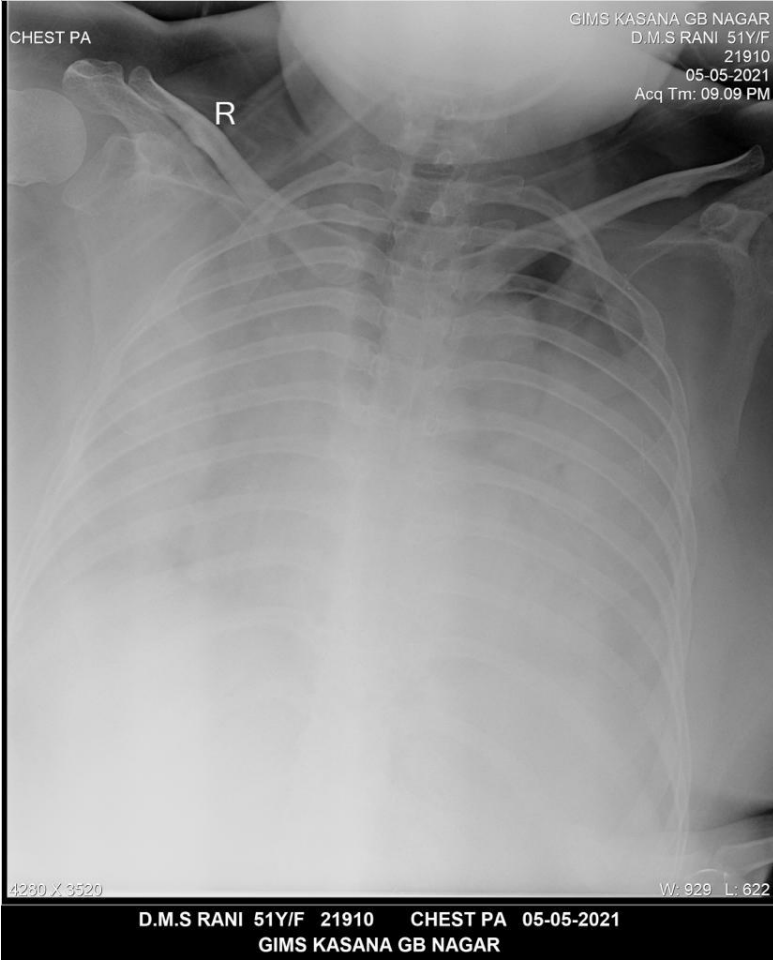
GIMS KASANA GB NAGAR
D.M.S RANI 51Y/F
21910
05-05-2021
Acq Tm: 09.09 PM

R

4280 X 3520

W: 929 L: 622

D.M.S RANI 51Y/F 21910 CHEST PA 05-05-2021
GIMS KASANA GB NAGAR





CHEST PA

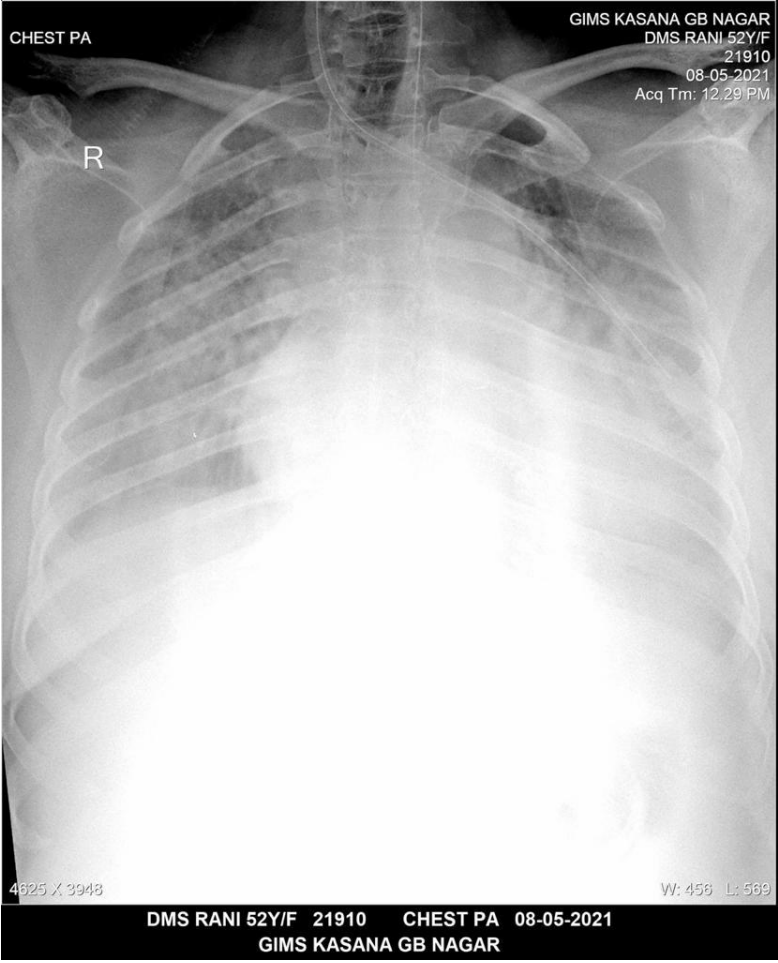
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DMS RANI 52Y/F
21910
08-05-2021
Acq Tm: 12.29 PM

R

4625 X 3948

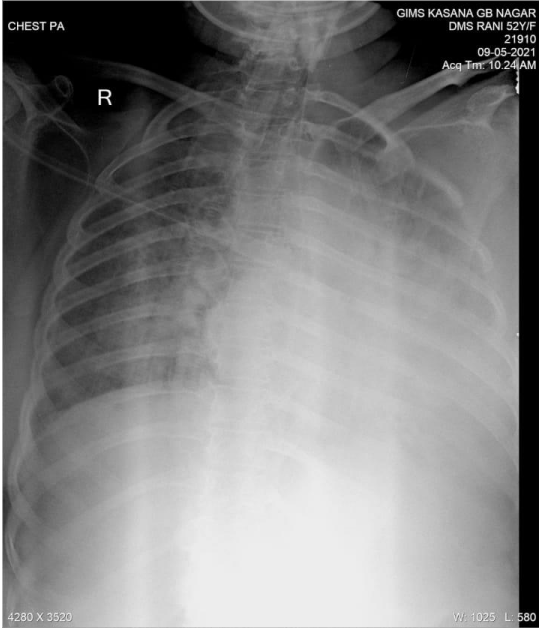
W: 456 L: 589

DMS RANI 52Y/F 21910 CHEST PA 08-05-2021
GIMS KASANA GB NAGAR



12:33

95.4 KB/S VOLT 4G 79%



CHEST PA
GIMS KASANA GB NAGAR
DMS RANI 52Y/F
21910
09-05-2021
Acq Time: 10:24 AM

DMS RANI 52Y/F 21910 CHEST PA 09-05-2021
GIMS KASANA GB NAGAR


Share

CHEST PA

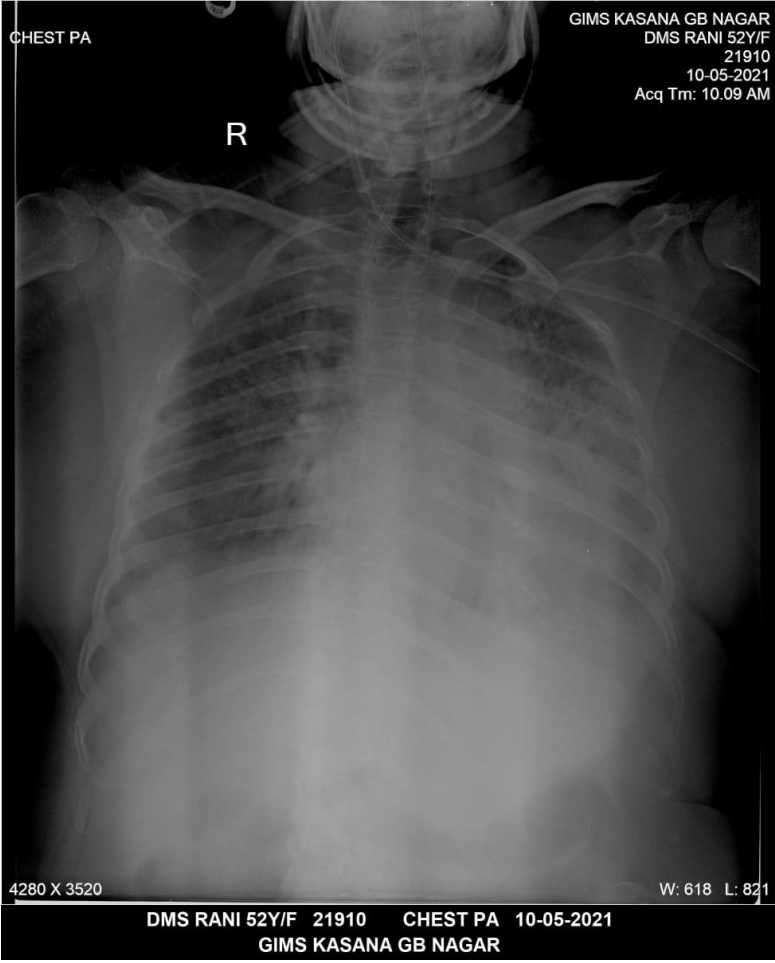
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DMS RANI 52Y/F
21910
10-05-2021
Acq Tm: 10.09 AM

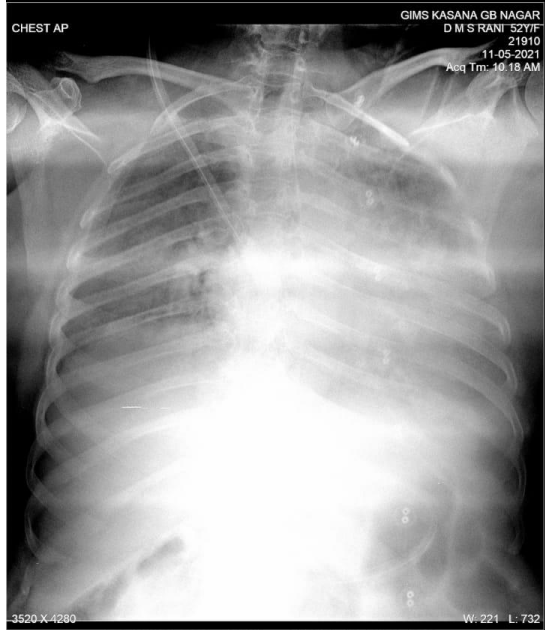
R

4280 X 3520

W: 618 L: 821

DMS RANI 52Y/F 21910 CHEST PA 10-05-2021
GIMS KASANA GB NAGAR





CHEST AP
GIMS KASANA GB NAGAR
D M S RANI 52Y/F
21910
11-05-2021
Acq Tm: 10:18 AM

3520 X 4280 W: 221 L: 732
D M S RANI 52Y/F 21910 CHEST AP 11-05-2021
GIMS KASANA GB NAGAR

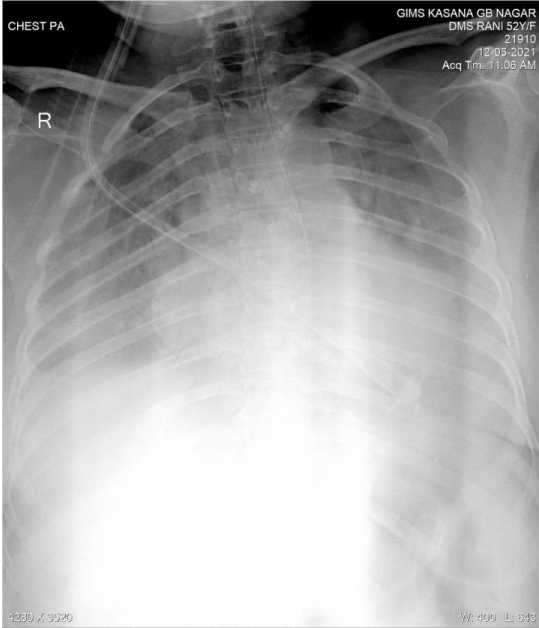
12:36

0.13 KB/S VOLT 4G 78%



CHEST PA

GIMS KASANA GB NAGAR
DMS RANI 52Y/F
21910
12-05-2021
Acq Time: 11:08 AM



9891 X 3520

W: 490 L: 345

DMS RANI 52Y/F 21910 CHEST PA 12-05-2021
GIMS KASANA GB NAGAR



Share

CHEST AP

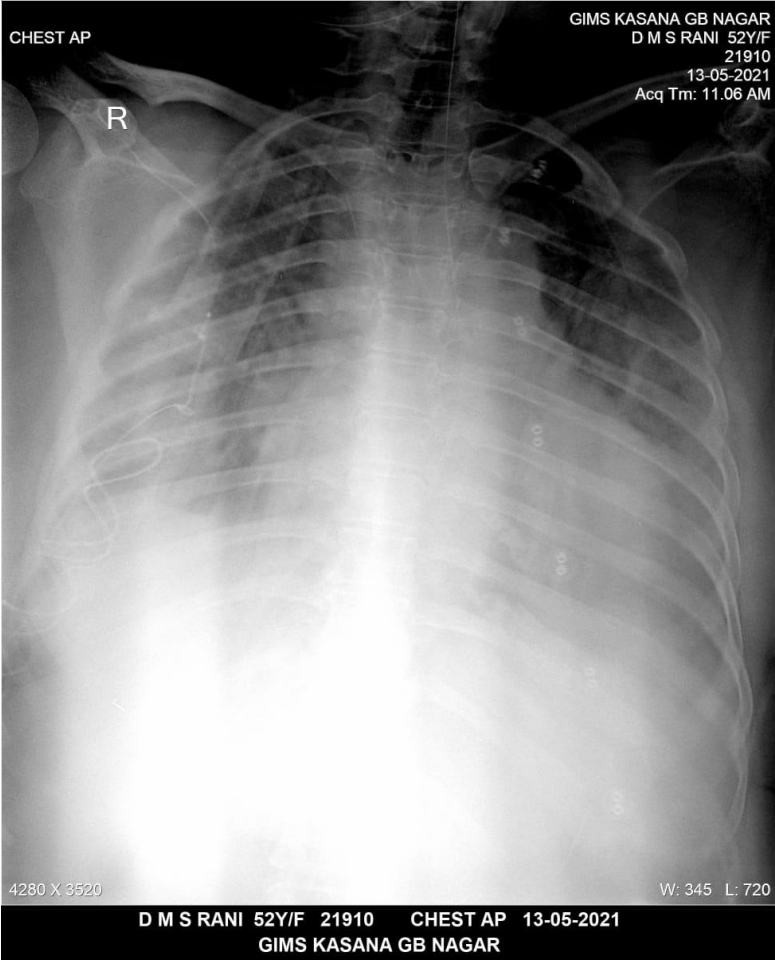
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D M S RANI 52Y/F
21910
13-05-2021
Acq Tm: 11.06 AM

R

4280 X 3520

W: 345 L: 720

D M S RANI 52Y/F 21910 CHEST AP 13-05-2021
GIMS KASANA GB NAGAR



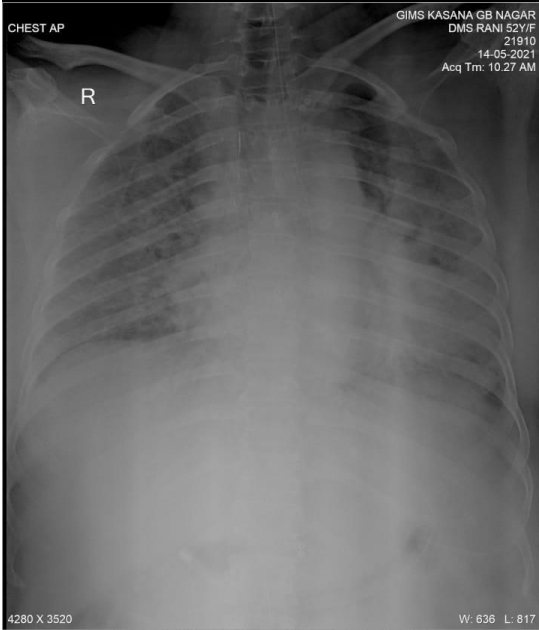
12:37

57.9 KB/S VOLT 4G 78%



CHEST AP

GIMS KASANA GB NAGAR
DMS RANI 52Y/F
21910
14-05-2021
Acq Tm: 10.27 AM



4280 X 3520

W: 636 L: 817

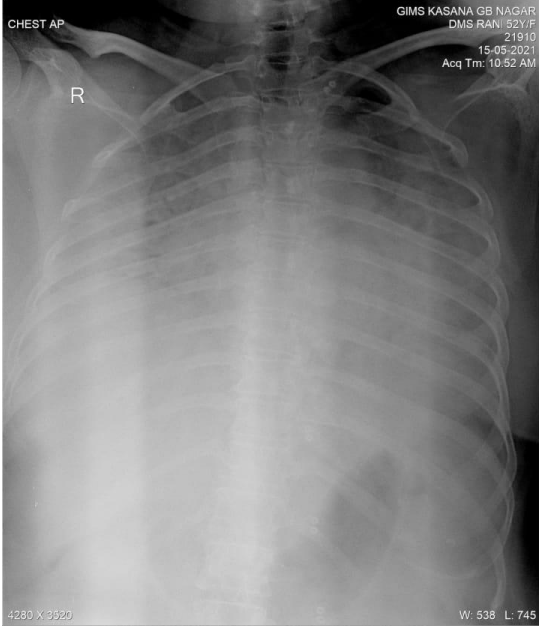
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GIMS KASANA GB NAGAR



Share

12:38

0.00 KB/S VOLT 4G 78%

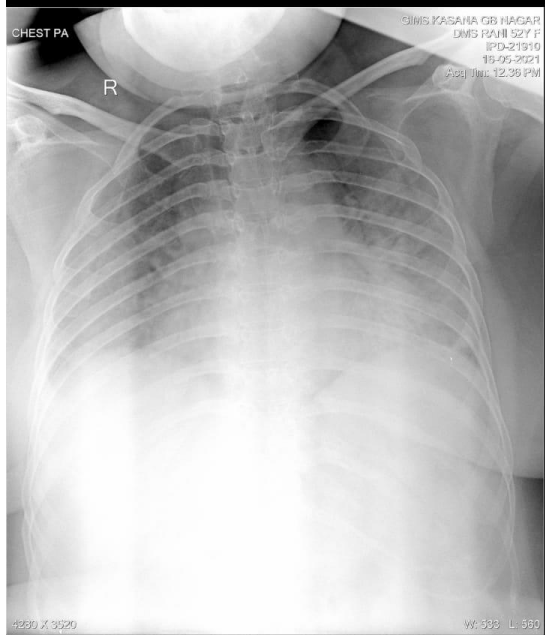


CHEST AP
GIMS KASANA GB NAGAR
DMS RANI 52Y/F
21910
15-05-2021
Acq Tm: 10:52 AM

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DMS RANI 52Y/F 21910 CHEST AP 15-05-2021
GIMS KASANA GB NAGAR



Share



CHEST PA
GIMS KASANA GB NAGAR
DMS RANI 52Y F
IPD-21910
16-05-2021
App Time: 12:38 PM

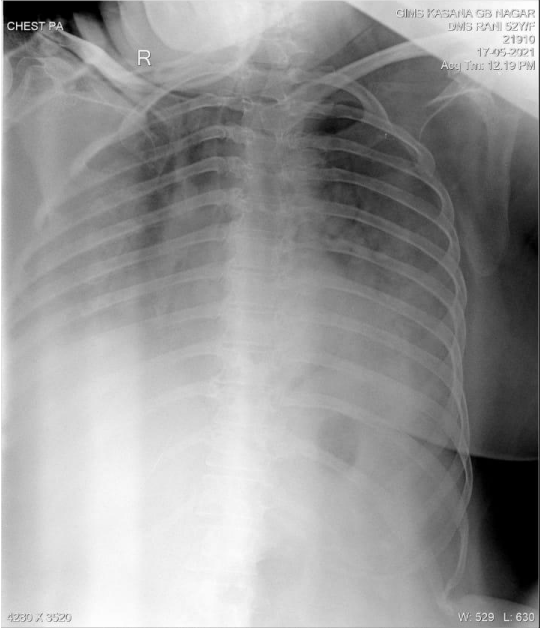
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GIMS KASANA GB NAGAR

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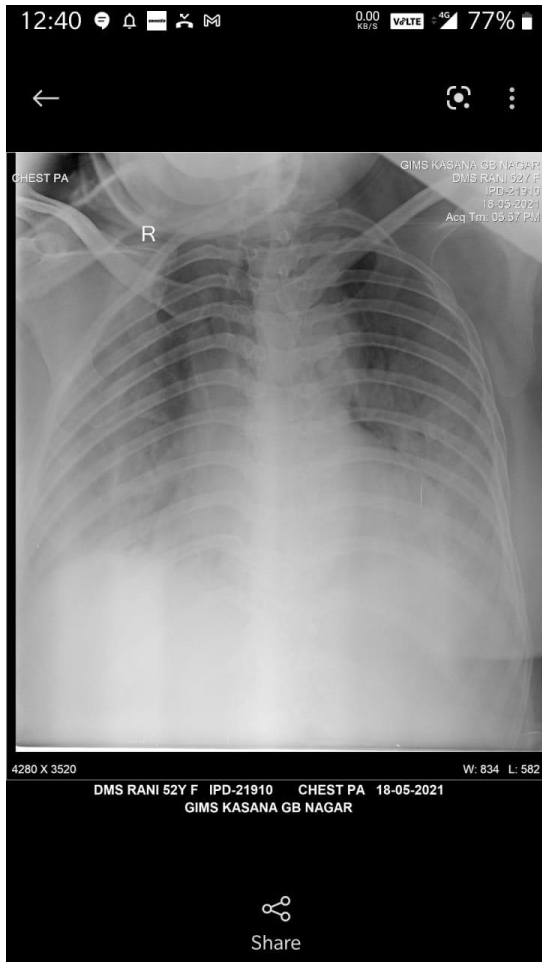
0.00 KB/S VOLT 4G 77%

← [Refresh] [More]



DMS RANI 52Y/F 21910 CHEST PA 17-05-2021
GIMS KASANA GB NAGAR

[Share icon]
Share



Blood culture and occult blood in stool:

ICUJ (7)

GOVERNMENT INSTITUTE OF MEDICAL SCIENCES

GAUTAM BUDDH NAGAR, GREATER NOIDA-KASNA
CENTRAL LABORATORY REPORT
 FULLY COMPUTERIZED AUTOMATED MACHINE EQUIPPED LAB

Date : 12-May-2021 Reg/Ref: GN-2191021/141231 Collected At : OPD Lab
 Name : MRS. DMS.BANI Age/Sex : 52 Yrs./Female
 Ref By : Dr. UNCT-1 Phone : Ward : ICU-1
 Recptd : NA
 Requested Test : (Hb, LFT, AL, ELECTROLYTES, etc) Ptn. Time : 12-May-2021 02:42 PM
 Coll Time : 12-May-2021 06:28 AM Validity : 12-May-2021 02:42 PM Biological Ref. Interval

BIOCHEMISTRY

Investigation	Observed Values	Units	Biological Ref. Interval
LIVER FUNCTION TEST			
Serum Bilirubin, Total	0.99	mg/dl	0.3 - 1.2
Malloy-Eveling Method, Sample Type: Serum	9.52	mg/dl	< 0.2
Serum Bilirubin, Direct	0.47	mg/dl	0.2 - 0.7
Malloy-Eveling Method, Sample Type: Serum	6.61	g/dl	0.4 - 8.3
Serum Bilirubin, Indirect	6.61	g/dl	3.8 - 6.5
Malloy-Eveling Method, Sample Type: Serum	3.85	g/dl	2.0 - 3.5
Serum Proteins	2.13	g/dl	1.57 - 1.90
Biochemistry Department (BCD), Sample Type: Serum	1.82	Ratio	< 40
Serum Albumin	43	g/dl	< 34
Biochemistry Department (BCD), Sample Type: Serum	199	U/L	60 - 240
Serum Globulin	235.9	U/L	
Biochemistry Department (BCD), Sample Type: Serum			
Calcium, Sample Type: Serum			
Serum ACP Ratio			
Calcium, Sample Type: Serum			
SGPT			
SGOT			
SGT without pyridoxal phosphate, Sample Type: Serum			
SGT			
SGT without pyridoxal phosphate, Sample Type: Serum			
Serum Alkaline Phosphatase			
DGC and JCI Method, Sample Type: Serum			

LabTechnician Pathologist MICROBIOLOGIST
 MBBS, MD MBBS, MD
 DR. MANISHA SINGH
 MBBS, MD
 FACILITY
 BIOCHEMISTRY DEPARTMENT

Barcode
 Note: This report is to help clinician for better patient management. This is not valid for medico legal purpose. Discrepancies due to technical or typing should be reported with in three days for correction. No compensation liability stands.
 Running Machine in LAB- (i) Hematology Analyzer 3 PART & 5 PART, (ii) Fully Automatic Biochemistry Analyzer, (iii) Automatic urine analyser

ICU1

GOVERNMENT INSTITUTE OF MEDICAL SCIENCES

GAILTAM BUDH NAGAR, GREATER NOIDA, KASHA
CENTRAL LABORATORY REPORT
FULLY COMPUTERIZED AUTOMATED MACHINE EQUIPPED LAB

Date : 12-May-2021 Reg/Ref: GN-2191021/141231 Collected At: OPD Lab
Name : MRS. DMS RANI Age/Sex : 52 Yrs./Female
Ref.By : Dr. UNIT-1 Ward : ICU-1

Requested Test : CHEMISTRY, ELECTROLYTES, etc
Coh Time : 12-May-2021 08:28 AM Validity : 12-May-2021 02:42 PM Print Time : 12-May-2021 02:43 PM

Investigation	Observed Values	Units	Biological Ref. Interval
KIDNEY PANEL, KFT	48.0	mg/dL	13 - 43
Serum UREA	1.09	mg/dL	0.0 - 1.2
BUNUREA: UY Kinetic, Sample Type: Serum	4.1	mg/dL	2.6 - 6.0
Serum Creatinine			
Colorimetric, rate-azotic, Sample Type: Serum			
Serum Lactic Acid			
Uricase Enzymatic Colorimetric, Sample Type: Serum			
ELECTROLYTES	134	mmol/l	135-142
Serum Sodium (Na+)	3.7	mmol/l	3.5 - 5.3
ISE, Sample Type: Serum			
Serum Potassium (K+)	9.3	mg/dL	8.6 - 10.3
ISE, Sample Type: Serum			
Serum Calcium, Total			
arsenazo, Sample Type: Serum			

Reprinted Report _____ End of report
Pathologist MBBS, MD
MICROBIOLOGIST MBBS, MD

Dr. MANISHA SINGH
MBBS, MD
FACULTY
BIOCHEMISTRY DEPARTMENT

Page 2 of 2
Barcode
DISCLAIMER: This report is to help clinician for better patient management. This is not valid for medico-legal purpose. Discrepancies due to technical or typing should be reported within three days for correction. No compensation liability stands.
Printing Machine in LAB-1) Hematology Analyser (PAAT & 5 PAAT), ii) Fully Automatic Biochemistry Analyser, iii) Automatic urine analyser, etc.

GOVERNMENT INSTITUTE OF MEDICAL SCIENCES

GAUTAM BUDDH NAGAR, GREATER NOIDA-KASNA
CENTRAL LABORATORY REPORT
 FULLY COMPUTERIZED AUTOMATED MACHINE EQUIPPED LAB

Date : 13-May-2021 Reg/Ref: GN-2161921 / 141344 Collected At : OPD Lab
 Name : MRS. DMS RANI Age/Sex : 82 Yrs./Female
 Ref By : Dr. AJAY GARG Phone : Ward : ICU 1
 Receipt : NA
 Requested Test : CBC, WBC
 Result(s) awaited : UPT, Hb, ELECTROLYTES, CRP, P
 Coll Time : 13-May-2021 06:36 AM Validate : 13-May-2021 12:28 PM Prin. Time : 13-May-2021 12:28 PM

Investigation Observed Values Units Biological Ref. Interval

HAEMATOLOGY

Investigation	Observed Values	Units	Biological Ref. Interval
Complete Blood Count			
Haemoglobin	11.7	g/dl	11.5 - 15
Total Leucocyte Count (TLC)	10300	Cells/mm ³	4000 - 10000
Differential % Leucocyte Counts:			
Segmented Neutrophils	80	%	40 - 80
Lymphocytes	06	%	20 - 40
Eosinophils	02	%	1 - 6
Monocytes	02	%	2 - 10
Basophils	00	%	< 2
Total RBCs	4.6	million cells/mm ³	3.8 - 4.8
Platelet Count	1.73	Lac.cells/mm ³	1.50 - 4.50
MPV	9.8	fL	7.4 - 10.4
LPCV	30.5	%	13.0 - 43.0
PDW	13.8	%	10.0 - 17.0
MCV (Mean Cell Volume)	79.2	fL	80 - 100
MCH (Mean Corpus. Hb Conc.)	32	g/dl	32 - 35
MCH (Mean Corpus. Haemoglobin)	28.4	pg	27 - 32
RDWR	28.8	%	11.5 - 14.5
RDWA	87.1	%	11.5 - 14.5
PCV (Packed Cell Volume)	36.4	%	36 - 46
Differential Absolute Leucocyte Count			
Abs. Neutrophils	8.7	10 ⁹ /mm ³	1.2 - 2.0
Abs. Eosinophils	0.4	10 ⁹ /mm ³	0.02 - 0.5
Abs. Lymphocytes	6.2	10 ⁹ /mm ³	1 - 4

Senior Lab Technician JR I JR II Faculty Incharge/Pathologist

Page 1 of 2
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 Running Machine in Lab: (i) Hematology Analyzer 3 PART & 5 PART, (ii) Fully Automatic Biochemistry Analyzer, (iii) Automatic urine analyzer (q/n)

ICU T

GOVERNMENT INSTITUTE OF MEDICAL SCIENCES

**GAUTAM BUDDH NAGAR, GREATER NOIDA-KASNA
CENTRAL LABORATORY REPORT
FULLY COMPUTERIZED AUTOMATED MACHINE EQUIPPED LAB**

Date : 13-May-2021 Reg/Ref: GN-2191021 / 141344 Collected At : OPD Lab
Name : MRS. DMS RANI Age/Sex : 52 Yrs./Female
Ref.By : Dr. AJAY GARG Phone : Ward : ICU 1
Receipt : NA

Requested Test : Urea, Cr
Result(s) available : UREA, ELECTROLYTES, Cr & G
Coll Time : 13-May-2021 06:36 AM Validate : 13-May-2021 12:26 PM Pm. Time : 13-May-2021 12:26 PM

Investigation	Observed Values	Units	Biological Ref. Interval
ESR			
ESR - 1 hr. (Westergren)	36	mm ¹ Hour	UP TO 20

Senior Lab Technician JR I _____ JR II _____ Faculty Incharge/Pathologist _____
End of report



Note: This Report is to help clinician for better patient management. This is not valid for medico legal purpose. Discrepancies due to Technical or typing should be reported with in three days for correction. No compensation liability stands.
Running Machine in LAB- i) Hematology Analyzer 3 PART & 5 PART, ii) Fully Automatic Biochemistry Analyzer, iii) Automatic urine analyzer, (u/hg/h)

ICUJ

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GAUTAM BUDDH NAGAR, GREATER NOIDA-KASNA
CENTRAL LABORATORY REPORT
 FULLY COMPUTERIZED AUTOMATED MACHINE EQUIPPED LAB

Date : 13-May-2021 Reg/Ref: GN-21910/21 / 141344 Collected At : OPD Lab
 Name : MRS. DMS RANI Age/Sex : 52 Yrs./Female
 Ref.By : Dr. AJAY GARG Phone : Ward : ICU 1

Request : NA
 Requested Test : CBC, LFT, UT, ELECTROLYTES, etc. etc. etc.

Call Time : 13-May-2021 06:36 AM Validate : 13-May-2021 02:54 PM Pm. Time : 13-May-2021 02:54 PM

Investigation	Observed Values	Units	Biological Ref. Interval
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BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin, Total	0.05	mg/dl	0.3 - 1.2
Methylenetetrazolium, Sample Type: Serum			< 0.2
Serum Bilirubin, Direct	0.39	mg/dl	
evanescent, Sample Type: Serum	0.27	mg/dl	0.2 - 0.7
Serum Bilirubin, Indirect	5.89	gm/dL	6.4 - 8.3
Calculation, Sample Type: Serum			
Serum Proteins	3.18	g/dL	3.8 - 5.5
albumin, Sample Type: Serum			
Serum Albumin	2.11	gm/dL	2.0 - 3.5
Colorimetric, Spectrophotometric (BCG), Sample Type: Serum			
Serum Globulin	1.79	Ratio	1.57 - 1.90
Calculation, Sample Type: Serum			
Serum A/G Ratio	28	U/L	< 40
Calculation, Sample Type: Serum			
SGOT	83	U/L	< 34
IJC-without pyridoxal-phosphate, Sample Type: Serum			
SGPT	241.9	U/L	60 - 240
IJC-without pyridoxal-phosphate, Sample Type: Serum			
Serum Alkaline Phosphatase			
DuPont JCC Method, Sample Type: Serum			

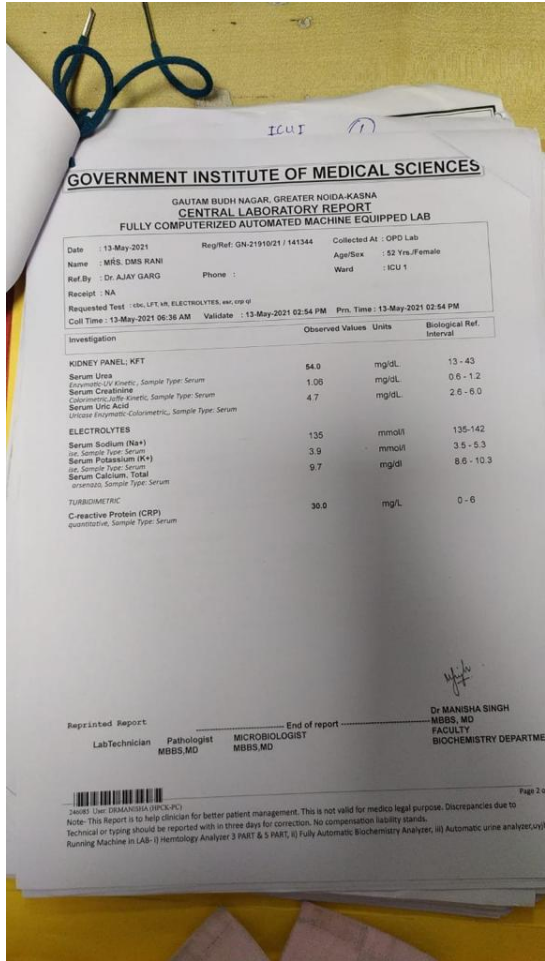
Lab Technician Pathologist MICROBIOLOGIST
 MBBS, MD MBBS, MD MBBS, MD

Dr. MANISHA SINGH
 MBBS, MD
 FACULTY
 BIOCHEMISTRY DEPARTMENT



Page 1 of 2

24082 User: DREMANISHA@GIC-PC
 Note: This Report is to help clinicians for better patient management. This is not valid for medico-legal purpose. Discrepancies due to technical or typing should be reported within three days for correction. No compensation liability stands.
 Running Machine in LAB- (i) Hematology Analyzer 3 PART & 5 PART, (ii) Fully Automatic Biochemistry Analyzer, (iii) Automatic urine analyzer, (iv) H



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GAITAM BUIDH NAGAR, GREATER NOIDA-KASNA
CENTRAL LABORATORY REPORT
FULLY COMPUTERIZED AUTOMATED MACHINE EQUIPPED LAB

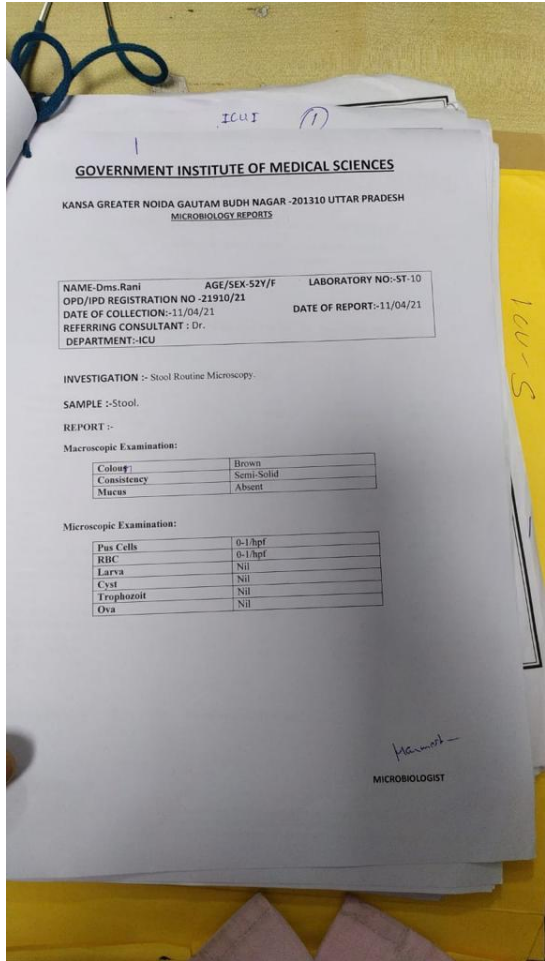
Date : 13-May-2021 Reg/Ref: GN-2191021/141344 Collected At : OPD Lab
Name : MRS. DMS RANI Age/Sex : 52 Yrs./Female
Ref. By : Dr. AJAY GARG Phone : Ward : ICU 1
Receipt : NA

Requested Test : CBC, LFT, UA, ELECTROLYTES, etc. (pp/1)
Call Time : 13-May-2021 06:36 AM Validate : 13-May-2021 02:54 PM Ptn. Time : 13-May-2021 02:54 PM

Investigation	Observed Values	Units	Biological Ref. Interval
KIDNEY PANEL: KFT			
Serum Urea	54.0	mg/dL	13 - 43
Serum Creatinine	1.06	mg/dL	0.6 - 1.2
Serum Uric Acid	4.7	mg/dL	2.6 - 6.0
ELECTROLYTES			
Serum Sodium (Na ⁺)	135	mmol/l	135-142
Serum Potassium (K ⁺)	3.9	mmol/l	3.5 - 5.3
Serum Calcium, Total	9.7	mg/dl	8.8 - 10.3
TURBIDIMETRY			
C-reactive Protein (CRP)	30.0	mg/L	0 - 6

Reprinted Report
Lab Technician: MBBS, MD
Pathologist: MBBS, MD
MICROBIOLOGIST: MBBS, MD
End of report
Dr. MANISHA SINGH
MBBS, MD
FACULTY
BIOCHEMISTRY DEPARTMENT

Barcode
Page 2 of 2
Note: This Report is to help clinician for better patient management. This is not valid for medico legal purpose. Discrepancies due to technical or typing should be reported with in three days for correction. No compensation liability stands.
Running Machine in LAB- (i) Hematology Analyser 3 PART & 5 PART, (ii) Fully Automatic Biochemistry Analyser, (iii) Automatic urine analyser, (iv)



1 ICU 11
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KANASA GREATER NOIDA GAUTAM BUDH NAGAR - 201310 UTTAR PRADESH
MICROBIOLOGY REPORTS

NAME-Dms.Rani AGE/SEX-52Y/F LABORATORY NO:-ST-10
OPD/IPD REGISTRATION NO -21910/21 DATE OF REPORT:-11/04/21
DATE OF COLLECTION:-11/04/21 REFERRING CONSULTANT : Dr.
DEPARTMENT:-ICU

INVESTIGATION :- Stool Routine Microscopy:

SAMPLE :- Stool.

REPORT :-

Macroscopic Examination:

Colour	Brown
Consistency	Semi-Solid
Mucus	Absent

Microscopic Examination:

Fas Cells	0-1/hpf
RBC	0-1/hpf
Larva	Nil
Cyst	Nil
Trophozoit	Nil
Ova	Nil

Handwritten Signature
MICROBIOLOGIST

100-5

ICU 1 (1)

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**GAUTAM BUDDH NAGAR, GREATER NOIDA, KANNA
CENTRAL LABORATORY REPORT
FULLY COMPUTERIZED AUTOMATED MACHINE EQUIPPED LAB**

Date : 12-May-2021	Reg/Ref: GN.2191021 / 141231	Collected At : OPD Lab
Name : MRS. DMS.RANI	Age/Sex : 52 Yrs./Female	
Ref By : Dr. UNIT-1	Phone :	Ward : ICU-1
Receipt : NA		
Requested Test : CBC, WBC		
Result(s) awaited : LFT, AN, ELECTROLYTES		
Call Time : 12-May-2021 06:28 AM	Validate : 12-May-2021 11:36 AM	Print Time : 12-May-2021 11:36 AM

Investigation	Observed Values	Units	Biological Ref. Interval
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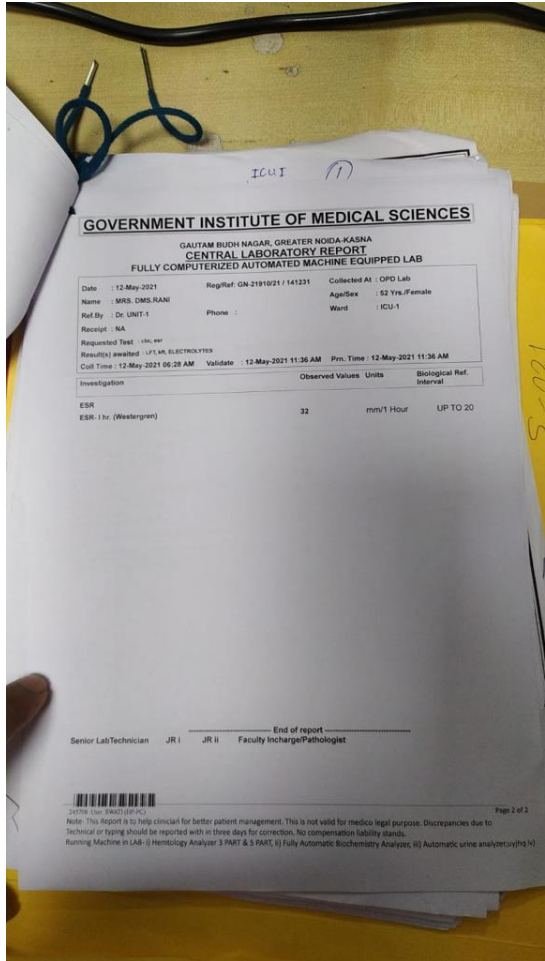
HAEMATOLOGY

Complete Blood Count			
Haemoglobin	11.8	gm/dl	11.5 - 15
Total Leucocyte Count (TLC)	9700	Cells/mm ³	4000 - 10000
Differential % Leucocyte Counts:			
Segmented Neutrophils	92	%	40 - 80
Lymphocytes	04	%	20 - 40
Eosinophils	02	%	1 - 5
Monocytes	02	%	2 - 10
Basophils	00	%	< 2
Total RBCs	4.72	million cells/mm ³	3.8 - 4.8
Platelet Count	1.4	Lac cells/mm ³	1.50 - 4.50
MPV	9.3	fL	7.4 - 10.4
LPCR	25.2	%	13.0 - 43.0
PDW	12.8	%	10.0 - 17.0
MCV (Mean Cell Volume)	79.7	fL	80 - 100
MCH (Mean Corpus. Hb Conc.)	31.5	g/dl	32 - 36
MCH (Mean Corpus. Haemoglobin)	25.1	pg	27 - 32
RDWR	27.7	%	11.5 - 14.5
RDW	91.3	%	11.5 - 14.5
PCV (Packed Cell Volume)	37.6	%	36 - 46
Differential Absolute Leucocyte Count			
Abs. Neutrophils	8.9	10 ⁹ /mm ³	1.2 - 2.0
Abs. Eosinophils	0.4	10 ⁹ /mm ³	0.02 - 0.5
Abs. Lymphocytes	0.2	10 ⁹ /mm ³	1 - 4

Senior Lab Technician JR I JR II Faculty Incharge/Pathologist

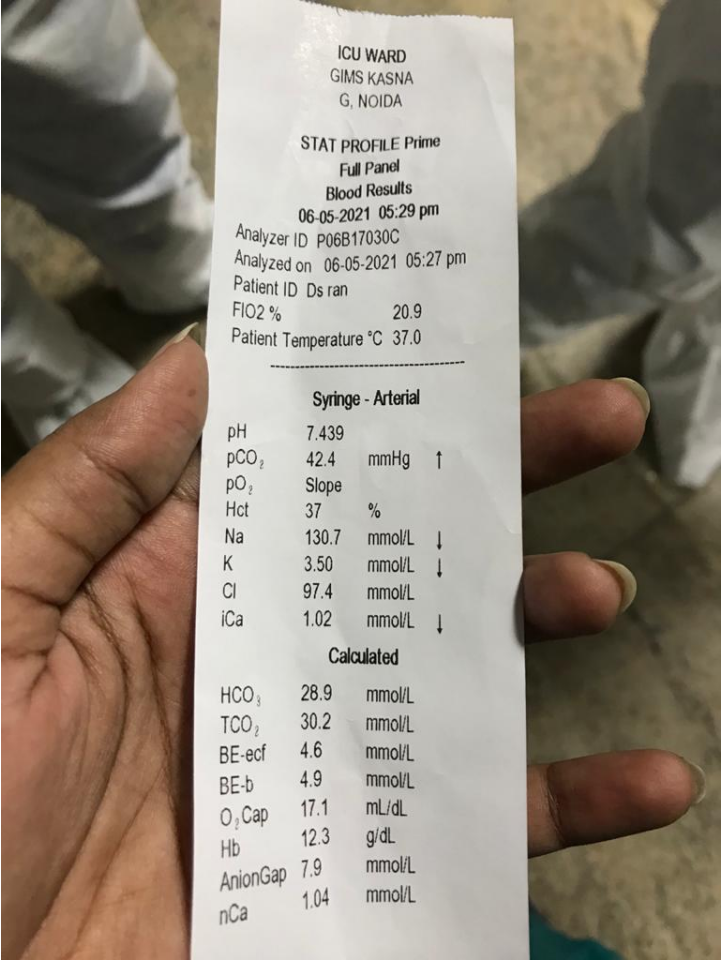


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Manning Machine in LAB- (i) Hematology Analyzer 3 PART & 5 PART, (ii) Fully Automatic Biochemistry Analyzer, (iii) Automatic urine analyzer, (iv) W.



Arterial Blood Gas (ABG) Test:

6-5-2021



19-5-2021

Blood Results

19-05-2021 01:28 pm
 Analyzer ID P06B17030C
 Analyzed on 19-05-2021 01:26 pm
 Patient ID Dms rani
 FIO₂ % 20.9
 Patient Temperature °C 37.0

Syringe - Arterial

pH	7.491		↑
pCO ₂	40.8	mmHg	↑
pO ₂	75.7	mmHg	
Hct	41	%	
Na	122.0	mmol/L	↓
K	4.23	mmol/L	
Cl	93.6	mmol/L	↓
iCa	1.09	mmol/L	↓

Calculated

HCO ₃	31.5	mmol/L	
TCO ₂	32.7	mmol/L	
BE-ecf	7.9	mmol/L	
BE-b	8.0	mmol/L	
SBC	31.8	mmol/L	
O ₂ Ct	18.3	mL/dL	
O ₂ Cap	18.8	mL/dL	
P50	26.1	mmHg	
PO ₂ /FIO ₂	362.0	mmHg	
SO ₂ %	96.0		
Hb	13.5	g/dL	
AnionGap	1.2	mmol/L	
nCa	1.14	mmol/L	

Also attaching, the prescription

6-5-2021

Prescription

Patient Name:

	5/5/21	6/8/21	
Inj - clearex 0.6mg SL BD	11am 11am	10am 10am	
Inj - Methylpred 500mg IV OD 3day.	12.5mg 500mg 6am 10am	10am D3	D3
Inj - Talmac 4.5mg IV TDS	6am 4pm 12	6am 2pm 10am	
Inj - Dexam 2mg IV BD	10am 12pm	10am 10pm	
Inj - Rontac 1amy - BD	6am 6pm	6am 6pm	
Inj - Lasix 4mg stat TDS	3am 6am 10am	2pm 10pm	
Tab - Doxy 100mg BD	10am 10pm	10am 10pm	
Tab - Ivermectine 36stat Inj. Pericard BD	10am 10pm	10am 10pm	
Tab - Epilim 500mg BD Kept in Bed Side	10am 10pm	10am 10pm	
Tab - Myroxin 250mg OD		6am - 10pm	Site P
Tab - Talmac 25 BD Kept in Bed Side	10am	10am 10pm	
Inj - Colistin 6MIU (Stat) 3MIU (TDS)	8pm	6am 8am 10am	

	5/5/21	6 Oct 21
Tab - vit - c + B. c BP	6pm	6pm, 10pm
Tab - calcium D3 BD	10pm	10pm, 10pm
Tab - Montair 16 CDXHS	10pm	10pm
Tab - Aspirin 75mg OD	10pm	10pm
Juj - Equator 4mg BD	6pm	6pm, 10pm
Dipyrone 500 30ml TDS	2pm, 8pm	2pm, 2pm, 10pm
It H. stat 200mg stat 100mg	3pm	6pm
Plasma CI dose	6pm	
Juj - calcium D3	8pm	
Tj' calcium D3		
Tj' vitamin D3		
Juj' vita c 3amp + 150ml NS stat	1:30 AM	
Tab. vita D3. 10 tab. every 10min	12 AM	
R/T feed 2/hourly		

As of 19-5-2021

ID: 87

TREATMENT	14/5/21	15/5/21	16/5/21	17/5/21	18/5/21	19/5/2021
Inj - Clostrim 3mg TDS	10am	STOP	STOP			
Inj - Tazobact 4.5gm TDS	10am	10am	10am	10am	10am	10am
Inj - Clindamycin 600mg TDS	10am	10am	10am	10am	10am	10am
Inj - Methylpred 40mg TDS	10am	10am	10am	10am	10am	10am
Inj - Pantop 40mg IV OD	6am	6am	6am	6am	6am	6am
Inj - Clexan 40mg OD	10pm	10pm	10pm	10pm	10pm	10pm
Tab - Levofloxacin 500mg OD	10am	10am	10am	10am	10am	10am
Tab - Thytocin 25mg OD	6am	6am	6am	6am	6am	6am
Tab - Topamac 25mg TDS	10am	10am	10am	10am	10am	10am
Tab - Montair LC 10mg HS	10pm	10pm	10pm	10pm	10pm	10pm
Inj - Lispro 4 unit HS	10pm	10pm	10pm	10pm	10pm	10pm
Inj - Basalag 24 unit HS	6am	6am	6am	6am	6am	6am
Tab - Telma 40mg 1XPB	10am	10am	10am	10am	10am	10am
Net - Asmanex + Budecort	3pm	3pm	3pm	3pm	3pm	3pm
Net - Mucomix 8ID	6am	6am	6am	6am	6am	6am
Nasoclear Saline drops c Glycerine						
Inhaler Fostacort TDS						
Tib vit D3 OD 8 tab						
Tab - Citalopram 10mg TDS						
Tab - Worsconazole 200mg OD						

Developed conditions during admission at GIMS:

Diabetes

Elevated heart rate since 15-5-2021

Aspergillus (PFA report)

Dr Lal PathLabs Regd. Office/National Reference Lab. Dr. Lal PathLabs Ltd., Block E, Sector-18, Gurgaon, Haryana, India. Phone: +91 124 2624100, 2624101, 2624102, Fax: +91 124 2624104, Email: support@drallpathlabs.com, www.drallpathlabs.com, CIN No.: U74902DL2005PLC033330

L28 - GUNJAN KISHOR SHARMA (HEP)
K-0110F ALPHA-1 ALPHA COMMERCIAL
SELF
Greater Noida

Name : Mrs. DMS RANI Collected : 17/5/2021 11:28:06AM
Lab No. : 303802315 Age: 51 Years Gender: Female Received : 17/5/2021 11:32:30AM
A/c Status : P Ref By : Dr. SELF Reported : 18/5/2021 6:47:08PM
Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
GALACTOMANNAN (ASPERGILLUS ANTIGEN), SERUM @	1.70	Index	<0.50

Interpretation

Result in Index	Remarks
<0.50	Negative
≥0.50	Positive

Note

- A single positive test must be confirmed by 2 or more consecutive positive results from separately drawn specimens.
- A negative test does not rule out the diagnosis of Invasive Aspergillosis. Patients at risk should be tested twice a week for early detection of the disease.
- False positive results can be seen with other fungi such as Penicillium, Paecilomyces, Alternaria, Geotrichum and Histoplasma, in young children and in all patients with an altered intestinal barrier due to presence of galactomannan in various foods particularly cereals, pasta, rice, cereal products and cream desserts, in patients receiving semisynthetic antibiotics such as Piperacillin, Amoxicillin and Amoxy-clav.
- False-negative results can be seen in patients with Chronic Granulomatous Disease & Job's Syndrome and with concomitant use of anti-fungal therapy in some patients with Invasive Aspergillosis.
- This assay should be used in conjunction with other diagnostic procedures such as microbiological culture, histological examination of biopsy samples and radiographic evidence to diagnose Invasive Aspergillosis.

Comments
Galactomannan (GM) is a polysaccharide component of the Aspergillus cell wall released from growing hyphae. Serum galactomannan can often be detected between 7 to 14 days before other diagnostic clues become apparent. Monitoring of galactomannan levels can potentially allow initiation of presumptive antifungal therapy before life-threatening infection occurs. The test aids in the diagnosis of Invasive Aspergillosis (IA) and assesses response to therapy. Invasive Aspergillosis is reported in 5-20% of cases with prolonged neutropenia, post transplantation and in patients on immunosuppressive therapy. It has a high mortality rate of 50-80% and approximately 30% cases remain undiagnosed and untreated.

Page 1 of 2

If test results are alarming or unexpected, client is advised to contact the laboratory immediately for possible remedial action.
© Tests conducted at Referral Lab.

Dr Lal PathLabs Regd. Office/National Reference Lab. Dr. Lal PathLabs Ltd., Block E, Sector-18, Gurgaon, Haryana, India. Phone: +91 124 2624100, 2624101, 2624102, Fax: +91 124 2624104, Email: support@drallpathlabs.com, www.drallpathlabs.com, CIN No.: U74902DL2005PLC033330

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.