



Dr Jaiswal Imaging Clinic Pvt. Ltd.

1st Silent Digital Supercon M.R.I.

- 1.5T M.R.I. • 32 Slice MD. C.T. SCAN
- COLOR DOPPLER • 4D ULTRASOUND
- Digital Mammography • Digital X-Ray
- Digital OPG

Patient Name : MASTER ATHARV

Ref. By : Dr. L.B.GUPTA (MD,DM) II
Thanks

Date : 23-10-2023
Age & Sex : 8/M

USG WHOLE ABDOMEN (REPORT)

LIVER

Is normal in shape, size and outline with homogenous parenchymal echotexture. No focal lesion is seen. Hepatic, Biliary and Portal radicles are normal.

GB

Is partially distended. Lumen is clear. Wall is normal.

C.B.D.

is normal in course and caliber.

SPLEEN

Is normal in size and echotexture. No focal lesion is seen. Splenic vein is normal.

PANCREAS

Is normal in size shape and out line with homogenous parenchymal echotexture. No mass, calcification or peripancreatic collection seen. Pancreatic duct is normal.

KIDNEYS

Both kidneys are normal in shape, size, outline and echotexture. Cortico medullary differentiation is normal. No evidence of calculus or hydronephrosis.

U.BLADDER

Is distended, walls are mildly thick. Lumen is echofree. Post void residue is 32cc.

PROSTATE

Is normal in size, shape & echotexture. Capsule is normal.

No ascites, adenopathy or dilated bowel loops seen.

Gaseous distension of bowel loops are seen.

IMPRESSION: Mildly thick walled bladder S/o inflammatory / obstructive changes.

Gaseous distension of bowel loops.

ADV: Please correlate with clinical findings and with other necessary investigations.

----end of report----

Dr. Rajeev Jaiswal
Dr. RAJEEV JAISWAL
M.D. M.R.RADIOLOGY
U.P.M.I.O.P.S.E



Care of Quality

Phone : 0551-6050583

C-39 अवध कॉम्प्लेक्स, 33 कसया रोड,
 बेतियाहाता, गोरखपुर, उत्तरप्रदेश

CMO/REG. No. - RMEE / 903092
 Facility for All Routine & Special Investigation

Date 20/09/2023
 Name Master. ATHARV
 Ref. By Dr. K.N.DIVEDI,MD(paed)
 Ref. Lab

Srl No. 1023
 Age 8 Yrs.

Patient Id 2309201023
 Sex M

Test Name	Value	Unit	Normal Value
UROBILINOGEN	NORMAL		NORMAL
MICROSCOPIC EXAMINATION			
PUS CELLS	40-50	/HPF	
RBC	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPIHELIAL CELLS	1-2	/HPF	
BACTERIA	PRESENT		
OTHERS	NIL		

**** End Of Report ****

Afhaev Nigam

8 year 1 m

13/10/2023

(24kg
129cm)

(Pan Ado @ umbrae
Cerebellum)

- Take fibre bed as outward

- Buynt salts / Nicron + L

- Loxobeg (1g) Isabell oil

(200ml
water)

- - -

X Bule

- g Rantac 5ml — 5ml

o — o

X - g Colcaind 5ml sol

- g Zontel 10ml ts X 1 dose

डा० के.एन. द्विवेदी

M.D. (Paedia) Reg. No. 045713
 ♦ Neonatalogist, Child Specialist &
 Adolescent Consultant
 ♦ NICU/PICU Specialist
 ♦ Expert in Pediatric Advance Life Support



इलाहाबाद बैंक के सामने सेवा हास्पिटल के पीछे, डा० सी.के. रस्तोगी के सामने, कैण्ट चौराहा, बेतियाहाता, गोरखपुर

डा० दीपिका पन्त द्विवेदी

एम० एम० (गायनी आव्स)
 स्त्री एवं प्रसूति रोग विशेषज्ञ
 Reg. No. 047404

टीकाकरण केन्द्र

Mob.: 9415173259, 9839097715

Examination :

G.C. goo

Temp. 98

Chest clear

CVS (N)

abd - 2+

Vital - 21

Pallor (-)

Icterus (-)

Advice :

10.5 ✓ Hb TLC DLC

✓ Widal RBS 77

M.P. SGPT N

✓ bilirubin N

✓ X-Ray

Urea

Creatinine

URINE

HbsAg

SPo2 99

Platlet

CRP

CF / KF / N

EXAM 3 4

• छ: माह तक केवल माँ का दूष दें।

• पानी न पीलायें, जोतल का प्रयोग न करें।

• तेल, काजल, धागा, ताबीज न प्रयोग करें।

• स्वच्छता का ध्यान रखें।

• टीकाकरण करायें सुरक्षित रहें।

• नाभी पर कुछ न लगायें सूखा रहें।

• यहां सात दिनों तक पीलापन के लिए देखें।

• हल्लाना, धुलाना, मालिस, पाउडर, AC बन्द।

• स्थान एवं दिनायु जीवन की शुभकामनाएँ।

Name अर्जुन
 Sex ♂
 Age 8 1/2 yrs (J)
 Wt 24 kg

fever
 NOT passing stool
 abd pain
 colo

JST else where
 Cyclopam

UTI

RTI

Pyrexia

Alveolar Rhythm

Convulsions

• Often s
 • Ipm T. < 3 days
 • Pg 6 < 3 days

hml < 3 days (6)

Laxiti 8 ml

Ors (2)

Au fl

Famy RBS 77

T₃ N
 T₄ N
 T₅ N

Aklast 5ml + 10% (6)

Tab metifur 100

Motilal sae

12 ml

(No AS)

RBS — GR

Unk N — N

MT → Negative

Unk Pm 40.5

New Unk Tnt N

Sensit C

MT Neg

Cefixime

— (6) ✓

16.9.23

- ❖ पूल/धूए/ठंड/शीत से बचें।
- ❖ मिट्टी/पानी में न खेलें।
- ❖ धूमने न जायें।
- ❖ छश करें/जीभ साफ करें।
- ❖ नाखून काटें/हथ धूलें।
- ❖ बाजार की खुली चीजें न खायें।
- ❖ शुभकामनाएँ।

समय

सर

11.00 - 6.00

रविवार को

11.30 - 3.00

मैडम

12.30 - 3.00

प्रति दिन

❖ फोन से नम्बर नहीं लगता है।

❖ मरीज के बारे में फोन पर बातचीत न करें।

<p style="text-align: center;">Lal PathLabs</p> <p>Ref No : Master ATHARV 381553384 Collected By : SELF Date : 4/10/2023 9:32:00AM A/c Status : P Collected at : GORAKHPUR C.C. -II SHOP NO. 15; DUBEY COMPLEX, BETIAHATA, GORAKHPUR, UTP 273001 GORAKHPUR</p>	<p>Name (Hon) Brig. Dr. Arvind Lal M.B.B.S., D.C.P. Pulma Age FMR HONORARY PHYSICIAN TO THE PRESIDENT OF INDIA</p> <p>Age : 8 Years Gender : Male Reported : 4/10/2023 3:41:33PM Report Status : Final Processed at : Dr. Lal Path Labs Ltd MOHADDIPUR, GORAKHPUR-273008</p>
<p>Vandana Lal Dr. Vandana Lal M.D (PATH), IFCAP Chief of Pathology SHIROMANI AWARD WINNER</p>	

Test Report

Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE, TOTAL, SERUM (ECLIA)			
T3, Total	1.27	ng/mL	0.93 - 2.31
T4, Total	9.04	µg/dL	5.99 - 13.80
TSH	2.89	µIU/mL	0.60 - 4.84

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

IRON STUDIES, SERUM (Ferrozine)	100.65	µg/dL	27.00 - 96.00
Iron	349.95	µg/dL	228.00 - 428.00
Total Iron Binding Capacity (TIBC)	28.76	%	20.00 - 50.00
Transferrin Saturation	249.30	µg/dL	112.00 - 346.00
UIBC			

Comments

Iron is an essential trace mineral element which forms an important component of hemoglobin, metallocompounds and Vitamin A. Deficiency of iron, leads to microcytic hypochromic anemia. The toxic effects of iron are deposition of iron in various organs of the body and hemochromatosis. Total Iron Binding capacity (TIBC) is a direct measure of the protein Transferrin which transports iron from the gut to storage sites in the bone marrow. In iron deficiency anemia, serum iron is reduced and TIBC increases.

Ref No.
 Ref By
 Collected
 A/c Status
 Collected at

: Master ATHARV
 : 381553384
 : SELF
 : 4/10/2023 9:32:00AM
 : P
 : GORAKHPUR C.C. -II
 SHOP NO. 15; DUBEY COMPLEX,
 BETIAHATA, GORAKHPUR, UTP 273001
 GORAKHPUR

Arvind Lal
 (Hon) Brig. Dr. Arvind Lal
 M.B.B.S., D.C.P.

FMR HONORARY PHYSICIAN TO THE PRESIDENT OF INDIA

Vandana Lal

Padma Shri

Age

Gender

8 Years

Male

Reported

4/10/2023 3:41:33PM

Report Status

Final

Processed at

Dr. Lal Path Labs Ltd

MOHADDIPUR, GORAKHPUR-273008

Vandana Lal
 Dr. Vandana Lal
 M.D (PATH), IFACP

Chief of Pathology

SCHOLARSHIP AWARD WINNER

Test Report

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC, NGSP certified)	5.8	%	4.00 - 5.60
HbA1c	120	mg/dL	
Estimated average glucose (eAG)			

Interpretation

HbA1c result is suggestive of at risk for Diabetes (Prediabetes)/ well controlled Diabetes in a known Diabetic

Interpretation as per American Diabetes Association (ADA) Guidelines

Reference Group	Non diabetic adults >=18 years	At risk (Prediabetes)	Diagnosing Diabetes	Therapeutic goals for glycemic control
HbA1c in %	4.0-5.6	5.7-6.4	>= 6.5	<7.0

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

FACTORS THAT INTERFERE WITH HbA1c MEASUREMENT

Hemoglobin variants, elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements

FACTORS THAT AFFECT INTERPRETATION OF HbA1c RESULTS

Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g., recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c



SHIV RADHIKA MEMORIAL HOSPITAL PVT. LTD.

Dr. S.C. Srivastava
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 एम०बी०बी०एस०, एम०डी०, बाल रोग
 वरिष्ठ बाल रोग विशेषज्ञ



Dr. Anuj Srivastava

डा० अनुज श्रीवास्तव
 एम०बी०बी०एस०, डी०सी०एच०
 PGPN (Boston, USA)
 नवजात शिशु एवं
 वरिष्ठ बाल रोग विशेषज्ञ
 सावित्री हास्पिटल एवं रिसर्च सेन्टर

Dr. (Smt.) Prachi Srivastava

डा० (श्रीमती) प्राची श्रीवास्तव
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 स्त्री एवं प्रसूती रोग विशेषज्ञ
 भूतपूर्व महिला विकित्साधिकारी जिला अस्पताल
 पौड़ी एवं सिफ्सा



••— क्लीनिक —••

दुर्गाबाड़ी रोड, गोरखपुर
 मो० : 8090235206, 7235868788

••— निवास —••

पुर्दिलपुर, सिनेमा रोड
 (सिंघल मेडिकल स्टोर के सामने गली में)

शिशु एवं बाल रोग

बह 11.00 बजे से दोपहर 2.30 बजे तक
 रात 5.00 बजे से रात्रि 8.00 बजे तक

स्त्री एवं प्रसूति रोग

बह 11.00 बजे से दोपहर 2.00 बजे तक
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Date	Patient ID	Patient Name	Mobile	Age/Weight
27/10/2023	119231	ATHARV	8791891910	8.6 YEAR/Kg
OPD No	OPD Fee	Guardian Name	Address	
32	500	VIPIN KUMAR	JUDGES COMPOUND	22 Kg

टीकाकरण एवं भर्ती की सुविधा

**क्लीनिक एवं निवास
 रखियार यात्री**

**यह पर्चा का
 के लिए**

डा. एल. बी. गुप्ता

एम.डी. (मेडिसिन) बी.एच.यू.

डी.एम. (गोट्ट्रोइन्टेनलोर्जी)

जी.बी. पन्त हास्पिटल, नई दिल्ली

रजि. नं.: 41203 (लखनऊ, यू.पी.)

विशेषज्ञ : उदर (पेट) एवं लिंगर रोग ■ पीलिया एवं हिपेटाइटिस रोग ■ इन्डोस्कोपी एवं ई.आर.सी.पी.

Refd. by Dr.

Thanks for reference

Age / Sex .. 8/M Address : & G: K: 10

Name .. Atharva

USG Abd
(20-9-23)

= Gaseous distension of bowel loops.

07/10/23

(F1C)

Pain Abd - 1mo

S. U.

Constipation - 1mo

Adm
VBG W/H

Bladder

UGIE

Repos

PIA



Op Syp Rantac 5ml BD

Q Syp Drostan 2.5ml TDS

③ Syp Laxigut 7.5ml BD
10 ml BD

x 10 A. WB

16/10/23

Pr better

NCCF vs

CREP

W/H

Qo Pain abn. red

RCSF 0, ③

Q Syp Drostan 5ml TDS

	20-9-23	4-10-23					X2nd
Hb	10.5	12.20					
T.L.C.	9300	6.25					
Platelets		232					
Urea Cr.		17.4/0.43					
Bil. (Total/D)	0.77/0.24	0.25/0.09					
T. Protein / A/b		8.25/5.17					
S.G.O.T		34.9					
S.G.P.T.		15.1					
S. Alkaline Ph.		252.00					
HBsAg/AntiHCV							

wt 22kg

समय : प्रातः 10.30 बजे से 3.00 बजे तक, सायं 6.00 बजे से 7.30 बजे तक

रविवार बन्दी

उपचार सम्बन्धी निर्देश अगले पेज पर



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••• क्लीनिक •••
दुर्गाबाड़ी रोड, गोरखपुर
 नॉ : 8090235206, 7235868788

••• निवास •••
 पुर्दिलपुर, सिनेमा रोड
 (सिंधल मेडिकल स्टोर के सामने गली में)

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 11.00 बजे से दोपहर 2.30 बजे तक



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1st Silent Digital Supercon M.R.I.

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- COLOR DOPPLER • 4D ULTRASOUND
- Digital Mammography • Digital X-Ray
- Digital OPG

Patient Name : MASTER ATHARV
Ref. By : Dr. K.N.DWIVEDI MD
Thanks

Date : 20/09/2023
Age & Sex : 8/M

X-ray Abdomen (Erect Position)

No evidence of gas under diaphragm.

Gaseous distension of bowel loops are seen.

Few abnormal air fluid level seen.

Soft tissue shadows are normal.

Adv- Clinical co-relation / Follow-up

----end of report----

Dr. Rajeev Jaiswal
Dr. RAJEEV JAISWAL
M.M.B.B.S.
U.R.M.C.2006