

Patient Name : Mrs. Shalini
Age / Gender : 43Y / Female
Refd. By : Dr. Ajay Panwar/Dr. Ahmed
Uhid No. : 50887/UHID23HO

Reg No. : 111921/OPDPB23HO
Date : 30-Oct-2023
Specimen : WHOLE BLOOD EDTA
Manual No. : 239
Sample Id : 23186332

Lab No. : 111921/OPDPB23HO
Collected : 30-Oct-2023 17.17
Received : 30-Oct-2023 20.00
Report : 30-Oct-2023 18.40



TEST NAME	RESULT	UNIT	RANGE	LEVEL
#LARGE IMMATURE CELLS (Flow cytometry / Light Microscopy)	0.1	%	0.2-1.4	Low
ABSOLUTE COUNT				
SEGMENTED NEUTROPHILS (Flow cytometry / Light Microscopy)	4.6	X10 ³ /mm ³	2.0 - 7.0	WNL
LYMPHOCYTES (Flow cytometry / Light Microscopy)	2.20	X10 ³ /mm ³	1.00 - 3.00	WNL
MONOCYTES (Flow cytometry / Light Microscopy)	0.47	X10 ³ /mm ³	0.20 - 1.00	WNL
EOSINOPHILS (Flow cytometry / Light Microscopy)	0.16	X10 ³ /mm ³	0.02 - 0.50	WNL
BASOPHILS (Flow cytometry / Light Microscopy)	0.00	X10 ³ /mm ³	0.02 - 0.1	Low
#ATYPICAL LYMPHOCYTES (Flow cytometry / Light Microscopy)	0.11	X10 ³ /mm ³	0.02 - 0.5	WNL
#LARGE IMMATURE CELLS (Flow cytometry / Light Microscopy)	0.01	X10 ³ /mm ³	0.02 - 0.5	Low

-----End of Report-----

Dr. BRIG. AJAY MALIK
CHIEF PATHOLOGIST

Dr. SHUCHI GHAI
CONSULTANT
PATHOLOGIST

Dr. TANVI ARORA
CONSULTANT
PATHOLOGIST

Dr. SHREYA CHAUDHURI
CONSULTANT
MICROBIOLOGIST

Dr. MADHUSMITA DAS
MICROBIOLOGIST

Prepared By : NSB001

Yashoda Hospital & Research
Centre Ltd.

Yashoda Superspeciality Hospital &
Cancer Institute

(A Unit of Vivekanand Nursing Home Pvt. Ltd.)

Yashoda Hospital & Cancer
Institute

IIIrd M, Nehru Nagar, Ghaziabad - 201001
Ph - 98109 22042, 0120-4182000

B 1 & 2, Sec - 23, Sanjay Nagar, Ghaziabad - 201002
Ph - 98107 09038, 0120-4612000

HC - 1, Sec - 15, Vasundhara, Ghaziabad - 201012
Ph - 98107 05772, 0120-4466000

✉ info@yashodahealthcare.com

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YH/HRM/LH/V2

Patient Name : Mrs. Shalini
Age / Gender : 43Y / Female
Refd. By : Dr. Ajay Panwar/Dr.Ahmed
Uhid No. : Abdul Ghaffar
50887/UHID23HO

Reg No. : 111921/OPDPB23HO
Date : 30-Oct-2023
Specimen : SERUM
Manual No. : 239
Sample Id : 23186332

Lab No. : 111921/OPDPB23HO
Collected : 30-Oct-2023 17.17
Received : 30-Oct-2023 18.04
Report : 30-Oct-2023 18.35



TEST NAME	RESULT	UNIT	RANGE	LEVEL
BIOCHEMISTRY				
KIDNEY FUNCTION TEST				
BLOOD GLUCOSE ,Serum hexokinase	80.0	mg/dl	70-140	WNL
BLOOD UREA,SERUM (Uricase)	24	mg/dl	10-50	WNL
CREATININE, SERUM (ALKALINE PICRATE KINETIC)	0.60	mg/dl	0.5-1.11	WNL
URIC ACID, SERUM (URICASE)	3.70	mg/dl	3.0-7.0	WNL
TOTAL PROTEIN, SERUM (BIURET REAGENT BLANK)	7.60	g/dl	6.7-8.7	WNL
ALBUMIN, SERUM (BCG)	3.90	g/dl	3.5-5.0	WNL
GLOBULIN, Serum (BCG Method)	3.70	g/dl	2 - 3.5	High
SODIUM, SERUM (ISE DIRECT)	134	mmol/L	135-145	Low
POTASSIUM, SERUM (ISE DIRECT)	3.90	mmol/L	3.5-5.2	WNL
CALCIUM, SERUM (ARSENA20III)	8.60	mg/dl	8.0-10.5	WNL
PHOSPHORUS, SERUM (PHOSPHOMOLYBDATE REDUCTION)	3.30	mg/dl	2.5-4.5	WNL
CHOLESTEROL, SERUM (Cholesterol Oxidase Esterase Peroxidase)	158.00	mg/dl	130 - 200	WNL
CHLORIDE, SERUM (ISE DIRECT)	105.00	mmol/L	98.0-115	WNL

-----End of Report-----

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Prepared By :rajnish

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YH/HRM/LH/V2

Patient Name : Mrs. Shalini Reg No. : 111921/OPDPB23HO Lab No. : 111921/OPDPB23HO
 Age / Gender : 43Y / Female Date : 30-Oct-2023
 Refd. By : Dr. Ajay Panwar/Dr. Ahmed Specimen : SERUM
 Uhid No. : Abdul Ghaffar Manual No. : 239
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Collected : 30-Oct-2023 17.17
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TEST NAME	RESULT	UNIT	RANGE	LEVEL
BIOCHEMISTRY				
LIVER FUNCTION TEST				
SGOT, SERUM(AST NADH(Without P-5-P)	16.00	IU/L	0-46	WNL
SGPT, SERUM(ALT NADH(Without P-5-P)	14.00	IU/L	0-49	WNL
ALKALINE PHOSPHATASE, SERUM (PNPPAMP BUFFER)	85	IU/L	40-150	WNL
TOTAL PROTEIN, SERUM (BIURET REAGENT BLANK)	7.60	g/dl	6.7-8.7	WNL
ALBUMIN, SERUM (BCG)	3.90	g/dl	3.5-5.0	WNL
GLOBULIN, Serum (BCG Method)	3.70	g/dl	2 - 3.5	High
GAMA GT, SERUM (G-3,C-4,NITROANILIDE SUBSTRATE)	12.00	IU/L	4-25	WNL
BILIRUBIN TOTAL DIRECT, SERUM				
TOTAL (Diazonium salt)	0.36	mg/dl	0.2 - 1.2	
DIRECT (Diazotization salt)	0.15	mg/dl	0<0.5	WNL
INDIRECT (Calculated)	0.21	mg/dl		

-----End of Report-----

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YH/HR.

2

Patient Name : Mrs. Shalini Reg No. : 111921/OPDPB23HO Lab No. : 111921/OPDPB23HO
 Age / Gender : 43Y / Female Date : 30-Oct-2023
 Refd. By : Dr. Ajay Panwar/Dr. Ahmed Specimen : BLOOD
 Uhid No. : Abdul Ghaffar Manual No. : 239
 : 50887/UHID23HO Sample Id : 23186332



Collected : 30-Oct-2023 17.17
 Received : 30-Oct-2023 18.04
 Report : 30-Oct-2023 18.49



TEST NAME	RESULT	UNIT	RANGE	LEVEL
IMMUNOLOGY				
HEPATITIS C ANTIBODY, HCV AB Method: CMIA	0.14		< 1.00	WNL
Interpretation :				
Index Value			< 1.00 = 1.00	Non-Reactive Reactive

Note :

- False positive results are seen in autoimmune diseases, rheumatoid factor, hyper gamma globulinemia, paraproteinemia, passive antibody transfer, antiidotypes and anti superoxide dismutase.
- False negative results are seen in early acute infection, immunosuppression and immunoincompentence.

Comments:

Hepatitis C Virus(HCV) is an envelope RNA virus which accounts for about 95% of Hepatitis Infection in recipients of blood transfusion & 50% sporadic cases of Non A Non B Hepatitis. HCV initially causes as ymptomatic Hepatitis with progresses to chronicity and in some cases to cirrhosis & malignancy. The presence of anti HCV IgG antibody indicates that an individual may have been infected with HCV, may harbour the virus and may be capable of transmitting HCV infection.

Uses:

- To detect the presence of infection to HCV
- To detect the presence of carrier state

Recommendation:

- A nonreactive result does not exclude the possibility of exposure to HCV
- Non reactive results in individuals with known exposure to HCV may be due to antibody levels below detection limits of this assay.
- POR. Diagnostic purposes results should be used in conjunction with patient history and other Hepatitis markes for diagnosis of Acute or Chroic infection.

-----End of Report-----

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Age / Gender : 43Y / Female	Date : 30-Oct-2023		
Refd. By : Dr. Ajay Panwar/Dr.Ahmed	Specimen : BLOOD	Collected : 30-Oct-2023 17.17	
Uhid No. : 50887/UHID23HO	Manual No. : 239	Received : 30-Oct-2023 18.04	
	Sample Id : 23186332	Report : 30-Oct-2023 18.49	

TEST NAME	RESULT	UNIT	RANGE	LEVEL
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IMMUNOLOGY

HEPATITIS B SURFACE ANTIGEN, 0.20 IU/ML < 1.00 WNL

Method: CMIA Test for the qualitative detective of

INTERPRETATION

Index

< 1.0 NON REACTIVE
>=1.0 REACTIVE

Note :

- 1.Reactive results suggest acute / chronic infection / carrier state. **All reactive results should be confirmed with neutralization tests (HbsAg confirmatory test).**
- 2.Discreapant results may be observed during pregnancy, patients receiving mouse monoclonal antibodies for diagnosis or therapy & mutant forms of HbsAg.
- 3.For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for diagnosis of acute or chronic infection.

Comments:

Hepatitis B Virus (HBV) is a DNA virus of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spreads sexually and from mother to baby. In most individuals, HBV hepatitis is self limiting, but 1-2% adolescents and adults develop chronic hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or chronic liver disease.

Uses:

- * Routine screening of blood products to prevent transmission of Hepatitis B Virus(HBV) to recipients.
- * To diagnose suspected HBV infection and monitor the status of infected individuals.
- * To evaluate the efficacy of antiviral drugs.
- * For prenatal screening of pregnant women.

-----End of Report-----

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YH/HRM/LH/V2

Name	Mrs. Shalini	43Y / Female	Lab. No.	111936/OPDPB23HO
Ref-by	Dr. Ajay Panwar/Dr.Ahmed Abdul Ghaffar		UHID	50887/UHID23HO
Manual			Bill Date	30-Oct-2023
IP/OP			Rep.Date	

N.C.C.T LEFT ELBOW

Findings:

Fracture is seen in lateral humeral condyle & intercondylar fossa.

Rest of the bones in view show intact cortical margins with normal outline and alignment.

Bone density is normal.

No discrete collection/ joint effusion is seen.

Advise: Clinical correlation.


Dr. Alok Tripathi
MD (Radio-Diagnosis)
Consultant Radiologist

Note:

- (1) This report is NOT valid for medico-legal purposes. *Encoded by: Geeta Mishra*
(2) In case of any discrepancy due to machine error or typing error, please get it rectified immediately.
(3) Film to be collected from the department.

Patient Name : Mrs. Shalini	Reg No. : 15948/IPD23HO	Lab No. : 116633/LAB23HO	 Collected : 31-Oct-2023 06.50 Received : 31-Oct-2023 07.34 Report : 31-Oct-2023 09.16 MC-3022
Age / Gender : 43Y / Female	Date : 31-Oct-2023		
Refd. By : Dr. Ajay Panwar/Dr. Ahmed Abdul Ghaffar	Specimen : WHOLE BLOOD EDTA		
Uhid No. : 50887/UHID23HO	Manual : 91		
	Sample : 23186617		

TEST NAME	RESULT	UNIT	RANGE	LEVEL
HAEMATOLOGY				
COMP.HAEMOGRAM(CBC)				
HAEMOGLOBIN (Spectrophotometry)	9.20	g/dl	12.0 - 15.0	Low
TOTAL LEUCOCYTE COUNT (TLC) (Impedence Method)	7.71	X10 ³ /mm ³	4.0 - 10.0	WNL
PLATELET COUNT (Impedence Method)	213.00	X10 ³ /mm ³	150 - 410	WNL
HEMATOCRIT (HCT) (Numeric Intregation)	28.9	dl/dl	36.0 - 46.0	Low
RBC COUNT (Impedence Method)	3.71	x10 ¹² /μl	3.8 - 4.8	Low
MCV (Numeric integration)	78	fL	83.0 - 101.0	Low
MCH (Calculated)	24.80	pg	27.0 - 32.0	Low
MCHC (Calculated)	31.80	g/dl	31.5 - 34.5	WNL
RED DISTRIBUTION WIDTH (RDW) (Calculated)	18.1	%	11.5 - 14.5	High
MPV (Calculated)	10.5	fL	7.2-11.1	WNL
DLC (DIFFERENTIAL LEUCOCYTE COUNT)				
SEGMENTED NEUTROPHILS (Flow cytometry / Light Microscopy)	68.9	%	40.0 - 80.0	WNL
LYMPHOCYTES (Flow cytometry / Light Microscopy)	21.7	%	20.0 - 40.0	WNL
MONOCYTES (Flow cytometry / Light Microscopy)	5.7	%	2.0 - 10.0	WNL
EOSINOPHILS (Flow cytometry / Light Microscopy)	3.0	%	1.0 - 6.0	WNL
BASOPHILS (Flow cytometry / Light Microscopy)	0.5	%	<1.0 - 2.0	WNL
#ATYPICAL LYMPHOCYTES (Flow cytometry / Light Microscopy)	1.3	%	0.5 - 2.8	WNL

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CHIEF PATHOLOGIST

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CONSULTANT
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Dr. SHREYA CHAUDHURI
CONSULTANT
MICROBIOLOGIST

Dr. MADHUSMITA DAS
MICROBIOLOGIST

Prepared By : ASHISH

Patient Name : Mrs. Shalini	Reg No. : 15948/IPD23HO	Lab No. : 116633/LAB23HO
Age / Gender : 43Y / Female	Date : 31-Oct-2023	
Refd. By : Dr. Ajay Panwar/Dr.Ahmed Abdul Ghaffar	Specimen : WHOLE BLOOD EDTA	Collected : 31-Oct-2023 06.50
Uhid No. : 50887/UHID23HO	Manual : 91	Received : 31-Oct-2023 07.34
	Sample : 23186617	Report : 31-Oct-2023 09.16



TEST NAME	RESULT	UNIT	RANGE	LEVEL
#LARGE IMMATURE CELLS (Flow cytometry / Light Microscopy)	0.2	%	0.2-1.4	WNL
ABSOLUTE COUNT				
SEGMENTED NEUTROPHILS (Flow cytometry / Light Microscopy)	5.3	X10 ³ /mm ³	2.0 - 7.0	WNL
LYMPHOCYTES (Flow cytometry / Light Microscopy)	1.68	X10 ³ /mm ³	1.00 - 3.00	WNL
MONOCYTES (Flow cytometry / Light Microscopy)	0.44	X10 ³ /mm ³	0.20 - 1.00	WNL
EOSINOPHILS (Flow cytometry / Light Microscopy)	0.23	X10 ³ /mm ³	0.02 - 0.50	WNL
BASOPHILS (Flow cytometry / Light Microscopy)	0.04	X10 ³ /mm ³	0.02 - 0.1	WNL
#ATYPICAL LYMPHOCYTES (Flow cytometry / Light Microscopy)	0.10	X10 ³ /mm ³	0.02 - 0.5	WNL
#LARGE IMMATURE CELLS (Flow cytometry / Light Microscopy)	0.02	X10 ³ /mm ³	0.02 - 0.5	WNL

-----End of Report-----

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Prepared By : ASHISH

**DEPARTMENT OF ORTHOPEDICS
DISCHARGE SUMMARY**

UHID No.: 50887

Patient Name : Mrs. Shalini
Age/Sex : 43Yrs/F
Ward/Room/Bed. No.: 507
DOA : 30/10/2023

IPD No. : 23/15948
Sponsor : PVT
Department : Orthopedics
DOD : 02/11/2023

Address : E-39 sushila vihar 1st, patel nagar, Ghaziabad UP

Consultants : Dr. Ajay Kumar Panwar (MS, MCh, FICS, FFAEM) Ortho-Surgeon
Dr. Ahmed Abdul Ghaffar (MS, Fellowship in Arthroplasty) Ortho – Surgeon
: Dr. Atul Raturi MD General Medicine
: Dr. Brijesh Prajapat & Team (MD, DNB, DM, EDRM, FCCP USA, FIP, FCCS) Pulmonologist & Critical care

DIAGNOSIS:

- FRACTURE CAPITULUM LEFT ELBOW
- FRACTURE LATERAL MALLEOLUS LEFT SIDE

Operative procedure :

- Open Reduction and Internal Fixation with Herbert screw (capitulum) left with above elbow slab under brachial block on 31/10/2023.
- Open Reduction and Internal Fixation with percutaneous CC screws (lateral malleolus) left with below knee slab done under peroneal nerve block on 31/10/2023.

CHIEF COMPLAINTS/BRIEF HISTORY OF PRESENT ILLNESS:

Patient was admitted with complaints of severe pain in left ankle & left elbow, history of hit by 2 wheeler while crossing a road on 29/10/2023. No history of LOC, vomiting or seizure.

SIGNIFICANT PAST MEDICAL AND SURGICAL HISTORY:

Hypothyroidism / Rheumatoid arthritis x 20 year (patient on under medication).

SIGNIFICANT FAMILY HISTORY AND ALLERGIES (if any):

Not significant

PHYSICAL EXAMINATION (at the time of admission):

PR : 84/min	RR : 18/min
BP : 120/80 mmHg	SPO2 : 98% on RA
Temp : Afebrile	RBS : 116mg/dl

SYSTEMIC EXAMINATION (at the time of admission):

CVS : S1S2 (+)	P/A : Soft,
Chest : B/L NVBS	CNS : Conscious, oriented

COURSE IN THE HOSPITAL:

DEPARTMENT OF ORTHOPEDICS DISCHARGE SUMMARY

UHID No.: 50887

Patient was admitted with complaints of severe pain in left ankle & left elbow, history of hit by 2 wheeler while crossing a road on 29/10/2023.

All necessary investigations were done as per required. After initial treatment patient was shifted to ward for further management.

NCCT left elbow was done which revealed fracture is seen in lateral humeral condyle & intercondylar fossa. General Physician opinion was taken for fitness for surgery and patient was treated accordingly.

Patient shifted to OT after PAC Assessment and obtained informed consent.

OPERATION :-

- Open Reduction and Internal Fixation with Herbert screw (capitulum) left with above elbow slab under brachial block on 31/10/2023.
- Open Reduction and Internal Fixation with percutaneous CC screws (lateral malleolus) left with below knee slab done under peroneal nerve block on 31/10/2023.

Post op. period was afebrile and uneventful.

When patient was symptomatically better she was shifted to ward. POD1 patient complaining of cough in view chest physician opinion was taken and advised followed. During hospitalization patient was put on IV Fluid, IV antibiotics, IV antiemetic and other supportive treatment. POD2 Now patient is being discharge in stable condition with following medical advice.

CONDITION AT DISCHARGE:

At present, the patient is on room air, maintaining vitals.

DISCHARGE MEDICATION:

S.N.	Medicine	Mrng	Noon	Evng	Night	Days	Instructions
1.	Tab. Furo 500 mg (Twice a day)	1			1	7	After Food
2.	Tab. Astacet (Twice a day)	1			1	7	After Food
3.	Cap. Coolest -DP (Twice a day)	1			1	14	Before Food
4.	Tab. Biocoltis (Once a day)	1				14	After Food
5.	Aquashine shots 60K once weekly					Weekly	After Food
6.	Nebulization with Nebzmart - FB 1 mg (Thrice a day)	1	1		1	5	-
7.	Cap. Abphylline 100 mg (Twice a day)	1			1	5	After Food
8.	Tab. Telekast -L at bed time				1	5	After Food
9.	Tab. Dolo 650 mg (Twice a day)	1			1	5	After Food
10.	Tab. Rezulung -D (Twice a day)	1			1	5	After Food

**DEPARTMENT OF ORTHOPEDICS
DISCHARGE SUMMARY**

UHID No.: 50887

day)
11. Syp. Eroxidil Itsf (Twice a day) Itsf Itsf 5 After Food

- **DRESSING ALTERNATE DAY**
- **SUTURE REMOVAL AFTER 14 DAYS.**
- **INCENTIVE SPIROMETRY**

DISCHARGE DIET PLAN:

Diet as advised by the dietician of Yashoda Hospital (copy handed over to the patient).

DISCHARGE PHYSIOTHERAPY PLAN:

Normal routine physical activity allowed.

FOLLOW-UP/APPOINTMENT:

Review with **Dr. Ajay Kumar Panwar** after 14 days in OPD- 1. - Timing 11 AM - 2 PM (Mon-Wed, Fri, Sat) - Nehru Nagar.

Review with **Dr. Brijesh Prajapat** after 5 days in Pulmonology OPD. OPD timing 10 AM - 4 PM (Mon-Sun) - Nehru Nagar. For appointment call 9810922042.

WHEN TO OBTAIN EMERGENCY CARE:

"Please contact hospital helpline if patient develops following symptoms"

Fever | Giddiness | Vomiting | Excessive Pain | Seizure | Chest Pain | Breathlessness

IN CASE OF ANY REACTION/ALLERGY AFTER TAKING THE ABOVE MEDICINES, PLEASE STOP THE MEDICATION AND CALL: 0120-4182000, 98105 11756, 98109 22042.

"ONLY FOR PROFESSIONAL OPINION, NOT FOR MEDICO-LEGAL PURPOSE."

Consultant Signature

*For Dr. Ajay Panwar
Dr. Chandel*

Patient's Signature

Dr. Ajay Kumar Panwar

MBBS, MS (Orthopedics), MCh

(Orthopedics), FICS, FFAEM

Senior Consultant, Orthopedic

Trauma, Knee & Hip Replacement

NOTE

- **This is an important document. Please keep this for further reference.**
- **Please carry the document on your next visit.**
- **All medications and their dosage have been explained to the patient and attendants in detail**
- **In case of any discrepancy due to any machine error or typing error, please get it rectified immediately.**

नोट: • यह एक महत्वपूर्ण दस्तावेज है। कृपया इसे आगे के संदर्भ के लिए रखें।

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DEPARTMENT OF ORTHOPEDICS DISCHARGE SUMMARY

UHID No.: 50887

- कृपया दस्तावेज़ को अपनी अगली अपॉइंटमेंट पर अवश्य लाएँ।
- सारी दिसचार्ज की दवाईयाँ मरीज एवम सम्बन्धियों को सही तरीके से समझा दी गई है।
- किसी भी मशीन या टाइपिंग त्रुटि के कारण विमंगति के मामले में, कृपया तुरंत ठीक करवाएँ।

Enclosed By :- Mohd Iftikhar

YASHODA

Date: 15/11/23

Mrs. Shalini 43Y/F

AI for # lateral malleolus i #
con. nail @ site
c# 5th metatarsal (base) @ site
→ Surgery Remains to be Done.

Advice
x-ray of elbow → AI
x-ray of ankle → AI
Suture removal → AI
→ Uter

Complete SR

Rx:

- Tab - Aspirin 150
- Tab - Courestin DP 1 BD
- Tab - TCR-OL 100
- Tab - upjirens 60k/wk
- Tab - Medhymt 100

Revision after 14 days

15/11/23
Shalini

Name	Mrs. Shalini	43Y / Female	Lab. No.	119081/OPDPB23HO
Ref-by	Dr. Ajay Panwar/Dr.Ahmed Abdul Ghaffar		UHID	50887/UHID23HO
Manual			Bill Date	15-Nov-2023
IP/OP			Rep.Date	

X-RAY LEFT ELBOW AP/LAT

Post operative & follow up check x-ray.

Implant is noted in situ

Advise: Clinical correlation.

Dr. Pankaj Agarwal
DMRD, DNB (Radio-Diagnosis)
Consultant Radiologist

Dr. Alok Tripathi
MD (Radio-Diagnosis)
Consultant Radiologist

Note: (1) This report is NOT valid for medico-legal purposes.
(2) In case of any discrepancy due to machine error or typing error, please get it rectified immediately.
(3) Film to be collected from the department.

Name	Mrs. Shalini	43Y / Female	Lab. No.	119081/OPDPB23HO
Ref-by	Dr. Ajay Panwar/Dr.Ahmed Abdul Ghaffar		UHID	50887/UHID23HO
Manual			Bill Date	15-Nov-2023
IP/OP			Rep.Date	

X-RAY LEFT ANKLE AP & LATERAL

Part in cast.

Post operative & follow up check x-ray.

Implant is noted in situ

Advise: Clinical correlation.

Dr. Pankaj Agarwal
DMRD, DNB (Radio-Diagnosis)
Consultant Radiologist

Dr. Alok Tripathi
MD (Radio-Diagnosis)
Consultant Radiologist

Note:

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