

"Rajat Lung Care" Center

डा० रजत अग्रवाल

एम.बी.बी.एस. एम.डी. एम.एच.डी.
एलिस, टी.बी. एलजी व छाती रोग विशेषज्ञ
ब्रांकोस्कोपिस्ट एवं परामर्श चिकित्सक

क्लीनिक: 45 ए. मेकानेयर रोड, निकट बस स्टैंड सिनेमा, वरेली। क्लीनिक / मोबाइल: 92592 - 66391

Non-Sm

Dr. Sri Bajjesh Yadav Jr. Add. Judge

Name

Sri Shyam Dev Yadav

Age

69

Sex

M

Wt

75

Date

13/12/23

Renal ~~exam~~ T2DM.
HTN.

C/O

- Cough esp

- Hemoptysis

- Pain Rt chest

- Appetite

134/76

SpO2 - 88

BPM - 114

- Rt BS. Rt lower chest

- Rt axillary w 1x1 cm mid tender nodule

- clubbing +

1m

Tazloc Trio

met XR 50

Jalza Trio

tinacip 5

Anasab DSR

Add

Hospitalization

Prognosis explained

① - CBC. RBS. KFT.

② - USG - Abdomen + guided pleural fluid aspiration from Rt side -

- ↓
- RIM.
- ADA
- cytology for malignant cells
- CBNAAT
- CR

③ - CELT Thorax

④ - FNAC - Rt axillary CN + CBNAAT

❖ यह पूर्ण मेडिकोलीगल कार्यवाही के लिये मान्य नहीं है।

⑤ - Sputum AFB + CBNAAT

सुविधाएँ:

- दूरबीन द्वारा (Fibre-Video Bronchoscopy) फेफड़ों में सास की नली में गांठें, ट्यूमर, अल्सर, रक्त आना, टी.बी. आदि का जांच - Biopsy TB/LB TBNA, Stent, BAL etc
- सास रोगियों के फेफड़ों की कार्य एवं क्षमता नापने की कम्प्यूटराइज्ड मशीन (Spirometry) और जीए (PFT)
- आस-प्रति-स्लीप एपनिया (O.S.A.) की जांच एवं इलाज - स्लीप टेस्ट (Sleep Study / Polysomnography PSG) - जिसे करते आने ही बदन ज्यादा हो, सोने समय सास का रुकना, दिन में थपकी / नींद आना
- सास एव (O.S.A.) के रोगियों के लिये CPAP, BiPAP
- MDR - Resistant - TB का इलाज
- Medical Thorascopy - दूरबीन द्वारा फेफड़े की झिल्ली की Biopsy एवं Pleurodesis
- धूमपान छोड़वाने में सहायता
- Pulmonary Rehabilitation

फेफड़े से सम्बन्धित सभी रोगों की जांचों एवं उच्च स्तरीय इलाज की सुविधा

Ref.....

Date.....

CASE SUMMARY

Mr. Shyam Dev Yadav age-69 Yr/Male, R/o-judge colony Bareilly. He ~~was~~ came with complaint of-breathlessness, cough with sputum, fever on & off since 3 days o/e-conscious, oriented, B/L chest air entry decreased (Rt>>Lt) with tachypnea, spo2-88 to 90 % at RA, R.R-30/min, B.P- 110/80 mmHg, H.R- 120/min, Temp- 99f. He was admitted under respiratory department on 13-12-2023 & all investigation advice at the time of admission.

He was managed by oxygen support intermittent, antibiotics, antihypertensive, antidiabetic, bronchodilators & supportive treatment.

All investigation are attached.

He ^{is} ~~was~~ case of AECOPD/UNCONTROLLED DIABETES/HTN/RENAL FAILURE/ RIGHT SIDE PLEURAL EFFUSION/TUBERCULAR



DR. RAJAT AGARWAL
MD (CHEST)

Dept of Resp. Medicine



NAME	: SHYAM DEV YADAV	Patient ID	: 466597
Age/Gender	: 69 Y/Male	Registered	: 13/Dec/2023 08:22PM
Lab NO:	: 012312130360	Sample Collection:	: 13/Dec/2023 08:44PM
BarcodeNo.:	: 10534114	Sample Receive:	: 13/Dec/2023 08:44PM
Ref Doctor	: Dr. RAJAT AGARWAL MD	Reported	: 13/Dec/2023 11:48PM
		Report STATUS:	: Final

Test Name	Result	Unit	Biological Ref.Interval
BIOCHEMISTRY			
GLUCOSE- RANDOM 100-POD	369.1	mg/dl	70-140
KFT/RFT COMPLETE PANEL			
UREA	130.5	mg/dl	10 - 40
UREASE- GLDH	3.07	mg/dl	0.60 - 1.20
CREATININE JAFFES	130	mmol/L	135 - 148
SODIUM ISE	3.49	mmol/L	3.5 - 5.5
POTASSIUM ISE	10.0	mg/dl	8.7 - 10.2
CALCIUM ARSENazo III	4.74	mg/dl	2.5-4.30
PHOSPHORUS, inorganic UV-MOLYBDATE	6.18	g/dl	6.60-8.80
PROTEIN, TOTAL BIURET	61.0	mg/dL	7-20
BLOOD UREA NITROGEN Calculated	10.9	mg/dl	3.5 - 7.2
URIC ACID Uricase			

***** End Of Report *****

Tests Requested:HRCT THORAX/CHEST,FNAC ,Cytology for Malignant Cells,USG DIAGNOSTIC TAPPING,COMPLETE BLOOD COUNT CBC,SPUTUM AFB SME (ZN STAIN),CB NAAT/GENEXPERT (MTB/RIF) by RT PCR,FLUID RM,Random PLASMA GLUCOSE,SPUTUM CULTURE AND SENSITIVITY,FLUID CULTURE,Adeno deaminase - ADA, Fluid,KFT/RFT COMPLETE PANEL

Result Awaited:HRCT THORAX/CHEST,FNAC ,Cytology for Malignant Cells,USG DIAGNOSTIC TAPPING,,SPUTUM AFB SMEAR (ZN STAIN),CB NAAT.GENEXPERT (MTB RIF) by RT PCR,FLUID RM,SPUTUM CULTURE AND SENSITIVITY,FLUID CULTURE,Adeno deaminase - ADA, Fluid



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NAME :	SHYAM DEV YADAV	Patient ID.:	466597
Age/Gender :	69 Y/Male	Registered :	13/Dec/2023 08:22PM
Lab NO. :	012312130360	Sample Collection :	13/Dec/2023 08:44PM
BarcodeNo.:	10534114	Sample Receive:	13/Dec/2023 08:44PM
Ref Doctor :	Dr. RAJAT AGARWAL MD	Reported :	13/Dec/2023 09:19PM
		Report STATUS:	Final

Test Name	Result	Unit	Biological Ref.Interval
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HAEMATOLOGY

COMPLETE BLOOD COUNT

HAEMOGLOBIN Cyanmethemoglobin method	12.2	g/dl	13.0-17.0
WBC Hydro-Dynamic Focusing Impedance method (DC Detection)	4.15	10 ⁶ /uL	4.50-5.50
TOTAL LEUCOCYTE COUNT Hydro-Dynamic Focusing Impedance method (DC Detection)+Fluorescence flow cytometry	12,400	cells/cu.mm	4000-10000
PLATELET COUNT Hydro-Dynamic Focusing Impedance method/Microscopy	1.77	Lac/cu.mm	1.5-4.10
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS Fluorescence flow cytometry/Microscopy	83	%	40-80
LYMPHOCYTES Fluorescence flow cytometry /Microscopy	08	%	20-40
MONOCYTES Fluorescence flow cytometry/Microscopy	08	%	02 - 10
EOSINOPHILS Fluorescence flow cytometry /Microscopy	01	%	01-06
BASOPHILS Fluorescence flow cytometry/Microscopy	00	%	0-1
Cumulative RBC pulse height Detection method	35.9	%	40-50
MCV Derived from HCT AND RBC	86.5	fL	83-101
MCH Derived from HB AND Red Blood Cell	29.4	pg	27-32
MCHC Derived from haemoglobin and HCT	34	gm/dl	31.5-34.5
R.D.W Derived from Red Blood Cell Histogram	12.3	%	11-15
PDW Calculated	25	%	8 - 14
MPV Derived from Platelet Ccount and plateletcrit	13.9	fL	7-11
ABSOLUTE NEUTROPHIL COUNT Fluorescence flow cytometry/Microscopy	10,292	/cu.mm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT Fluorescence flow cytometry/Microscopy	992	/cu.mm	1000-3000



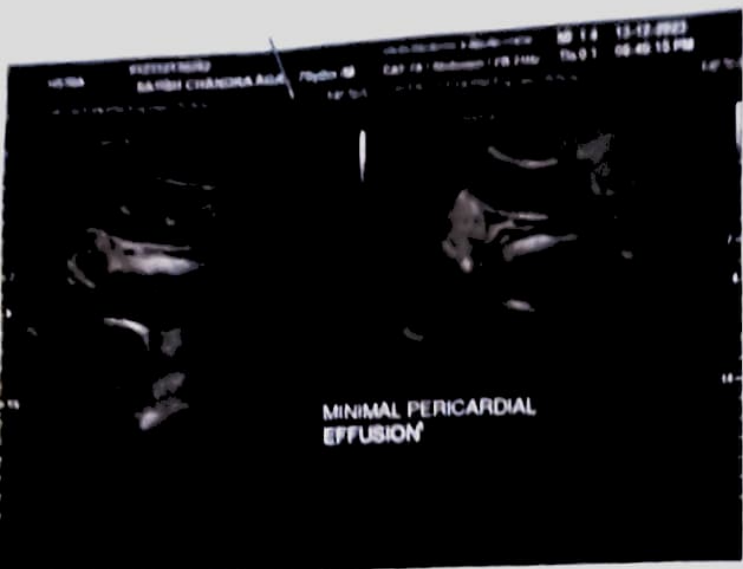
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DEPARTMENT OF CENTRAL LABORATORY

PATIENT NAME	MR. SHYAM DEV YADAV	SAMPLE RECEIVED	14/12/2023, 9:24 AM
AGE/GENDER	69 YEAR / MALE	REPORTING DATE	14/12/2023
GUARDIAN	S/O LATE. SITA RAM YADAV	UHID NO	131223-330
ADDRESS	JUDGE COLONEY BAREILLY	LAB NO	157 / 10
CONSULTANT	DEPT. OF RESPIRATORY MEDICINE	IPD NO.	80
		ROOM NO.	DLX-101

URINE COTININE

TEST NAME	OBSERVED VALUE	REMARKS	UNIT	BIO. REF. RANGE
URINE COTININE	NEGATIVE		Positive	POSITIVE

****END OF REPORT****

This is a provisional report, actual reading may vary.



NAME	: SHYAM DEV YADAV	Patient ID.:	: 466597
Age/Gender:	: 69 Y/Male	Registered	: 13/Dec/2023 08:22PM
Lab NO:	: 012312130360	Sample	: 13/Dec/2023 09:54PM
BarcodeNo.:	: 10534114	Collection:	: 13/Dec/2023 09:54PM
Ref Doctor	: Dr. RAJAT AGARWAL MD	Sample Receive:	: 13/Dec/2023 09:54PM
		Reported	: 14/Dec/2023 12:56PM
		Report STATUS:	: Final

MICROBIOLOGY

Specimen : **SPUTUM**
 Technique : **Ziehl Neelsen Staining**
 Result :- **No Acid fast bacilli seen.**

Note: At least 10,000 acid fast bacilli/ml should be present to be readily demonstrable in the direct smears.
 (300 oil immersion fields were examined)

Following gradation technique is followed for the reporting of AFB smear as per the guidelines provided by Revised National TB Control Programme (RNTCP)

Examination	Result	Grading
> 10 AFB per oil immersion field	Positive	3+
1 – 10 AFB per oil immersion field	Positive	2+
10 – 99 AFB per 100 oil immersion fields	Positive	1+
1 – 9 AFB per 100 oil immersion fields	Scanty	–
No AFB per 100 oil immersion fields	Negative	–



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Rati
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NAME : SHYAM DEV YADAV
Age/Gender : 69 Y/Male
Lab NO : 012312130360
BarcodeNo. : 10534114
Ref Doctor : Dr. RAJAT AGARWAL MD

Patient ID. : 466597
Registered : 13/Dec/2023 08:22PM
Sample Collection : 13/Dec/2023 09:54PM
Sample Receive : 13/Dec/2023 09:54PM
Reported : 14/Dec/2023 01:44PM
Report STATUS : Final

CYTOLOGY

Cytology for Malignant Cells

SPECIMEN : Pleural fluid


MICROSCOPY : Smear shows predominantly lymphocytes along with neutrophils, occasional macrophages and reactive mesothelial cells.

IMPRESSION : No malignant cells seen.

***** End Of Report *****

Tests Requested HRCT THORAX/CHEST, FNAC, Cytology for Malignant Cells, USG DIAGNOSTIC TAPPING, COMPLETE BLOOD COUNT (CBC), SPUTUM AFB SMEAR (ZN STAIN), CB NAAT/GENEXPERT (MTB/RIF) by RT-PCR, FLUID RM, Random PLASMA GLUCOSE, SPUTUM CULTURE AND SENSITIVITY, FLUID CULTURE, Adeno deaminase - ADA, Fluid, KFT/RET COMPLETE PANEL
Result Awaited, FNAC, USG DIAGNOSTIC TAPPING, CB NAAT/GENEXPERT (MTB/RIF) by RT-PCR, SPUTUM CULTURE AND SENSITIVITY, FLUID CULTURE




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DEPARTMENT OF CENTRAL LABORATORY

PATIENT NAME	MR. SHYAM DEV YADAV	SAMPLE RECEIVED	14/12/2023, 11:52 AM
AGE/GENDER	69 YEAR / MALE	REPORTING DATE	14/12/2023
GUARDIAN	S/O LATE. SITA RAM YADAV	UHID NO	131223-330
ADDRESS	JUDGE COLONEY BAREILLY	LAB NO	464 / 115
CONSULTANT	DEPT. OF RESPIRATORY MEDICINE	IPD NO.	80
		ROOM NO.	DLX-101

KIDNEY FUNCTION TEST(KFT)

TEST NAME	OBSERVED VALUE	REMARKS	UNIT	BIO. REF. RANGE
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BIO CHEMISTRY

KIDNEY FUNCTION TEST(KFT)

UREA **171** mg/dl **13 - 50**

Urea levels may be elevated due to renal cause such as acute glomerulonephritis, chronic nephritis, polycystic kidney. Post renal elevation of urea may be caused by obstruction of urinary tract. Prerenal causes include salt & water depletion (eg vomiting, diarrhoea) & shock.

SERUM CREATININE **2.5** mg/dl **0.7 - 1.5**

Clinical Significance

Serum Creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of serum creatinine is associated with renal dysfunction.

SERUM URIC ACID **7.9** mg/dl **3.5 - 7.2**

This test will show how much uric acid is in your blood, and the results will be expressed as a number with units of milligrams per deciliter of blood, or mg/dL. Uric acid is measured in milligrams while blood volume is expressed in decilitres. To better understand test results, consult with your doctor to find out what's considered "normal" in your particular case. It is important to know the Uric Acid Test normal range while analysing the results. Depending on the laboratory, findings may be available in as little as one day.

SERUM SODIUM (NA+) **121.8** mmol/L **135 - 148**

SERUM POTASSIUM (K+) **4.6** mmol/L **3.5 - 5.3**

****END OF REPORT****

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DEPARTMENT OF CENTRAL LABORATORY

PATIENT NAME	MR. SHYAM DEV YADAV	SAMPLE RECEIVED	14/12/2023, 11:55 AM
AGE/GENDER	69 YEAR / MALE	REPORTING DATE	14/12/2023
GUARDIAN	S/O LATE. SITA RAM YADAV	UHID NO	131223-330
ADDRESS	JUDGE COLONEY BAREILLY	LAB NO	165
CONSULTANT	DEPT. OF RESPIRATORY MEDICINE	IPD NO.	80
		ROOM NO.	DLX-101

URINE CULTURE & SENSITIVITY

TEST NAME	OBSERVED VALUE	REMARKS	UNIT	BIO. REF. RANGE
URINE EXAMINATION				
URINE CULTURE & SENSITIVITY	15			1

URINE C/S

URINE R/M

ELIANCE PATH LABS

Lab no ... 15

MOB NO. 9837726108

Packed by ... Nand Srivastav

****END OF REPORT****

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NAME:	: SHYAM DEV YADAV	Patient ID:	: 466597
Age/Gender:	: 69 Y/Male	Registered:	: 13/Dec/2023 08:22PM
Lab NO	: 012312130360	Sample Collection:	: 13/Dec/2023 09:54PM
BarcodeNo.:	: 10534114	Sample Receive:	: 13/Dec/2023 09:54PM
Ref Doctor	: Dr. RAJAT AGARWAL MD	Reported:	: 14/Dec/2023 01:20PM
		Report STATUS:	: Final

CLINICAL PATHOLOGY

FLUID RM

TEST	RESULT	REFERENCE INTERVAL
SPECIMEN	PLEURAL FLUID	
VOLUME	30 ml	
COLOUR	PALE YELLOW	
APPEARANCE	HAZY	
COAGULUM	PRESENT	
CHEMICAL ANALYSIS	RESULT	
PROTEIN	4.93 gm/dl	Exudate > 3 gm/dl Transudate <3 gm/dl
GLUCOSE	285.0 mg/dl	(70 - 140) mg/dl
CYTOLOGY		
TLC	1850 cells/cumm	<500 cells/cumm
DLC		
LYMPHOCYTES	70 %	
POLYMORPHS	30 %	



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If there is a variance clinically this examination may be repeated at the discretion of the pathologist.



NAME	: SHYAM DEV YADAV	Patient ID	: 466597
Age/Gender	: 69 Y/Male	Registered	: 13/Dec/2023 08:22PM
Lab NO	: 012312130360	Sample Collection	: 13/Dec/2023 09:54PM
BarcodeNo	: 10534114	Sample Receive	: 13/Dec/2023 09:54PM
Ref Doctor	: Dr. RAJAT AGARWAL MD	Reported	: 14/Dec/2023 11:49AM
		Report STATUS	: Final

Test Name	Result	Unit	Biological Ref.Interval
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BIOCHEMISTRY

Adeno deaminase - ADA, Fluid

Adenosine Deaminase (ADA) Colorimetric	60	U/L	Serum: 4-20 U/L Fluids: <40 U/L Csf: <5 U/L
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[Signature]
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DEPARTMENT OF CENTRAL LABORATORY

PATIENT NAME	MR. SHYAM DEV YADAV	SAMPLE RECEIVED	15/12/2023, 6:56 AM
AGE/GENDER	69 YEAR / MALE	REPORTING DATE	15/12/2023
GUARDIAN	S/O LATE. SITA RAM YADAV	UHID NO	131223-330
ADDRESS	JUDGE COLONEY BAREILLY	LAB NO	195
CONSULTANT	DEPT. OF RESPIRATORY MEDICINE	IPD NO.	80
		ROOM NO.	DLX-101

CBC (COMPLETE BLOOD COUNT), KIDNEY FUNCTION TEST (KFT), LIVER FUNCTION TEST

TEST NAME	OBSERVED VALUE	REMARKS	UNIT	BIO. REF. RANGE
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KIDNEY FUNCTION TEST (KFT)

UREA

152

mg/dl

13 - 50

Urea levels may be elevated due to renal cause such as acute glomerulonephritis, chronic nephritis, polycystic kidney. Post renal elevation of urea may be caused by obstruction of urinary tract. Prerenal causes include salt & water depletion (eg vomiting, diarrhoea) & shock.

SERUM CREATININE

2.6

mg/dl

0.7 - 1.5

Clinical Significance

Serum Creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of serum creatinine is associated with renal dysfunction.

SERUM URIC ACID

7.1

mg/dl

3.5 - 7.2

This test will show how much uric acid is in your blood, and the results will be expressed as a number with units of milligrams per deciliter of blood, or mg/dL. Uric acid is measured in milligrams while blood volume is expressed in decilitres. To better understand test results, consult with your doctor to find out what's considered "normal" in your particular case. It is important to know the Uric Acid Test normal range while analysing the results. Depending on the laboratory, findings may be available in as little as one day.

BIO CHEMISTRY

LIVER FUNCTION TEST

SERUM BILIRUBIN (TDI)

TOTAL

0.8

DIRECT

INDIRECT

0.3

mg/dl

0 - 1.2

SGOT / AST

0.50

mg/dl

0 - 0.3

SGPT / ALT

29

mg/dl

0 - 0.8

SERUM ALKALINE PHOSPHATASE

25

U/L

0 - 40

TOTAL PROTEIN

89

U/L

0 - 40

SERUM PROTEIN

IU/ml

30 - 130

ALBUMIN

5.8

gm/dl

6.4 - 8.3

GLOBULIN

2.7

gm/dl

3.5 - 5

AG RATIO

0.87

gm/dl

2.5 - 5.6

1.3 - 2.1

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****END OF REPORT****

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DEPARTMENT OF CENTRAL LABORATORY

PATIENT NAME	MR. SHYAM DEV YADAV	SAMPLE RECEIVED	15/12/2023, 6:56 AM
AGE/GENDER	69 YEAR / MALE	REPORTING DATE	15/12/2023
GUARDIAN	S/O LATE. SITA RAM YADAV	UHID NO	131223-330
ADDRESS	JUDGE COLONEY BAREILLY	LAB NO	496 / 06
CONSULTANT	DEPT. OF RESPIRATORY MEDICINE	IPD NO.	80
		ROOM NO.	DLX-101

C.B.C (COMPLET BLOOD COUNT), KIDNEY FUNCTION TEST (KFT), LIVER FUNCTION TEST

TEST NAME	OBSERVED VALUE	REMARKS	UNIT	BIO. REF.RANGE
HAEMATOLOGY				
C.B.C (COMPLET BLOOD COUNT)				
HB(Haemoglobin)	10.8		gm/dl	14 - 18
TLC(Total Leucocyte Count)	10610		/cumm	4000 - 11000
DLC(Differential Leucocyte Count)				
NEUTROPHILS	86.1		%	40 - 80
LYMPHOCYTES	9.7		%	20 - 40
EOSINOPHILS	4.2	(as in cell counter)	%	1 - 6
MONOCYTES	00		%	1 - 8
Hct/ (Haematocrit)	36.2		%	35 - 46
PLATELET COUNT	1.57		lacs/mm3	1.5 - 4
RBC (Red Blood Cells)	4.13		million/cumm	3.5 - 6.5
MEAN CORP VOLUME (MCV)	87.7		fl	75 - 95
MEAN CORP HB (MCH)	26.3		pg	27 - 32
PDW	15.7		%	9 - 17
MEAN CORP HB CONC (MCHC)	29.9		g/dl	30.5 - 34.5
Red Cell Distribution Width ; RDW	43.4		%	12 - 16
MPV (Mean Platelet Volume)	12.8		fl	7 - 11.7

****END OF REPORT****

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SIYAM DEV YADAV
09 Y/Male
012112130363
10534945
Dr. RAJAT AGARWAL MD

Patient ID: 456605
Registered: 13/Dec/2023 08:36PM
Sample Collection: 13/Dec/2023 09:55PM
Sample Receive: 13/Dec/2023 09:55PM
Reported: 14/Dec/2023 02:47PM
Report STATUS: Final

PCR amplification is indicated by threshold cycle (Ct) in amplification curve. The cycle threshold (Ct) is defined as the number of amplification cycles required for the fluorescent signal to cross the threshold (i.e. exceed the background signal). Ct levels are inversely proportional to the amount of target nucleic acid in the sample. (i.e. lower the Ct level the greater is the amount of target nucleic acid in the sample).

Test Principle for MTB RIF:

The *rpoB* gene encodes the β subunit of bacterial RNA polymerase. It is the site of mutations that confer resistance to rifampicin antibacterial agents, such as rifampin. Mutations in *rpoB* that confer resistance to rifampicin do so by altering residues of the rifampicin binding site on RNA polymerase, thereby reducing binding affinity for rifampicin. Rifampicin resistance is most invariably associated with resistant to isoniazid. Hence, detection of rifampicin resistance is recommended as a reliable proxy for diagnosis of MDR TB.

Pathogen Information:

Tuberculosis (TB) is an infectious disease caused predominantly by the bacteria belonging to *Mycobacterium tuberculosis* complex. It typically affects the lungs (Pulmonary TB) but can affect other sites as well (Extra pulmonary TB). Pulmonary TB spreads through air and is highly contagious. Over 80% of TB infections are pulmonary and if left untreated, a pulmonary TB patient can infect up to 10-15 other people through close contact over the course of a year.

PCR Target selection:

The target sequences for this kit are part of the ribonucleoside-diphosphatereductase gene, the product of which provides the precursor for DNA synthesis and the IS6110 insertion sequence. The regions selected are specific to the MTB complex & do not detect NTM strains.

Target selection for MTB RIF:

The target sequence for this test is the RRDR region of the *rpoB* gene (between codon positions 509 and 533), representing mutation hot spots known to be related to rifampicin resistance.

Limit of Detection for MTB Plus assay:

Limit of detection for this assay is 30 cfu/ml.

Method: Real Time PCR.

Note: Assay result should be interpreted only in the context of other laboratory findings and the total clinical status of patient.

*** End Of Report ***

Tests Requested: CB NAAT GENE EXPERT (MTB RIF) by RT-PCR, SPUTUM CULTURE AND SENSITIVITY



Dr. Stuti Bhuwan
MBBS MD
Consultant pathologist.

Dr. Rati Saxena
MD Microbiology
Consultant Microbiologist

Dr. Cheena Garg
MD Pathology
Consultant Pathologist

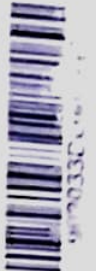
Dr. Mitta Gupta
MBBS MD
Consultant Pathologist

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MR. SHYAM DEV YADAV

Patient ID : P902D032928
Visit ID : 902033DL001217
Age / Gender : 69 Year(s) / Male
Referred By : Dr. Dept Of Respiratory
Registered On : 14/12/2023 07:42 PM
Collected On : 14/12/2023 07:42 PM
Reported On : 14/12/2023 09:15 PM



Sample Collected At :
SANJEEVNI MEDICOSE (DC_9020013)
SANJEEVNI MEDICOSE BRIJ LOK COLONY NEAR SOOD
DHARAM KANTA PREM NAGAR

Test Description	Results	Units	Reference Range
Urine Routine			
Physical and Chemical examination (Urine)			
Colour	Pale yellow		Pale yellow
Quantity	20	ml	
Clarity/Appearance	Clear		Clear
pH	6.0		4.5-8.0
Specific Gravity	1.010		1.001-1.030
Blood	Negative		Negative
Leucocyte esterase	Negative		Negative
Nitrite	Negative		Negative
Protein	Negative		Negative
Glucose	<u>Positive</u>		Negative
Ketones	Negative		Negative
Billirubin	Negative		Negative
Urobilinogen	0.2	E.U./dL	<= 0.2
Microscopic Examination (Urine)			
Pus Cells	2-4	/hpf	0-5
Erythrocytes [RBC]	0-0	/hpf	0-2
Epithelial Cells	2-3	/hpf	0-5
Bacteria	Absent		Absent
Yeast	Absent		Absent
Parasites	Absent		Absent
Crystals	Absent		Absent
Casts	Absent		Absent
Amorphous Deposit	Absent		Absent

Interpretation :

1) Routine urine analysis is comprised of physical, chemical and microscopic examination used to detect cells, cell fragments, bacteria and substances such as crystals or casts in the urine associated with the various conditions like urinary tract infections, kidney and liver disorders, diabetes and other metabolic conditions.
2) Morning first urine sample is the ideal for examination. Collect midstream clean catch urine sample. Discard the first few drops of urine as it might contain the microorganisms present on the surface of the genitals. It is advised to clean the genitals and surrounding area before the collection of a urine sample.

Rohini

Dr. Rohini Garg
MBBS, MD (Pathology)

Reliance MedLab (A division of Reliance Life Sciences Private Limited)

Registered Office: Dhanubhai Ambani Life Sciences Centre, R 2B2, TTC Area of MIDC, Thane Belapur Road, Rabale, Navi Mumbai - 400701, India
Laboratory Address: MS Surakhaha Diagnostic Lab, Vindhvasini Bhawan, 35V/3, Dhanwanti Chauraha, Ranpur Garden, Bareilly - 243001
Customer Care: Contact nos - 70601 70602 | 0581 3500431 | Email: ccg.bareilly@gmail.com | Website: www.reliancelab.com
CIN: U24239MH2001PTC130654



REPORTS

MR. SHYAM DEV YADAV

Patient ID : P902D032928
Visit ID : 902033DL001217
Age / Gender : 69 Year(s) / Male
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Sample Collected At :
SANJEEVNI MEDICOSE (DC_9020013)
SANJEEVNI MEDICOSE BRIJ LOK COLONY NEAR SOOD
DHARAM KANTA PREM NAGAR

Test Description	Results	Units	Reference Range
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Reports to follow - Kindly await following pending reports :

Investigation / Group :

Status

Unne Culture Isolation-Identification and Sensitivity

Pending

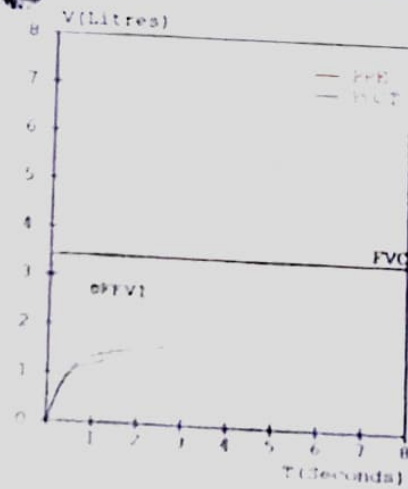
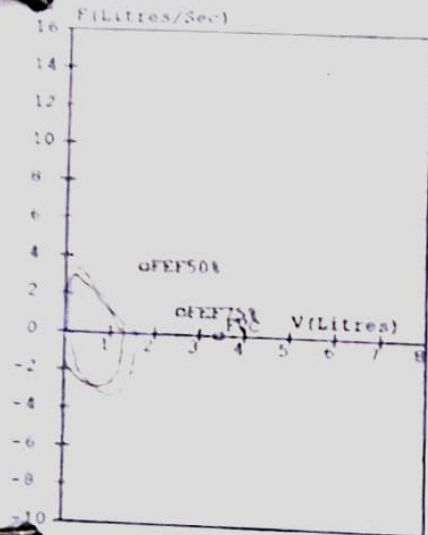
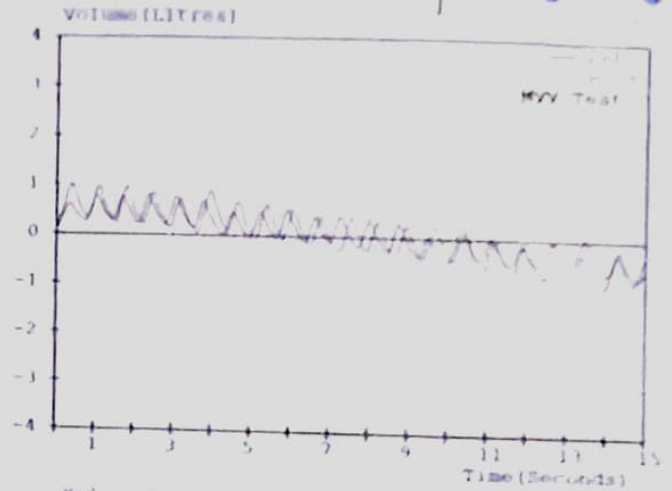
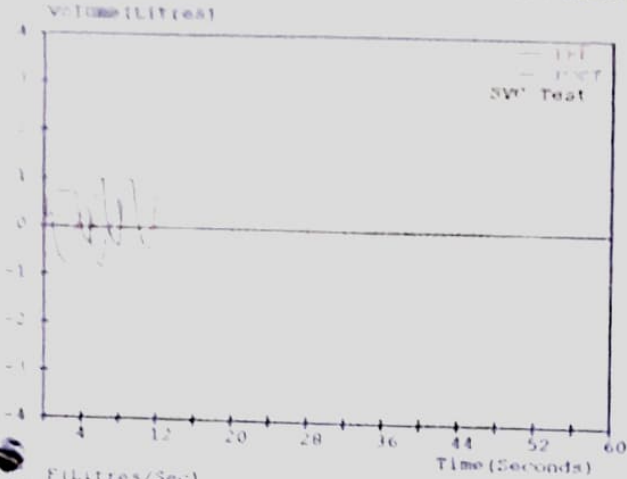
- End of Report -

CLARA SWAIN MISSION HOSPITAL

99, CIVILLINES, BAREILLY, 0581-2500000

Patient: MR SHYAM DEV YADAV
 Refd. By:
 Pred. Eqns: KNUDSON 83
 Date: 15-Dec-2023 03:41 PM

Age: 69 Years Gender: Male
 Height: 169 Cms Smoker: No
 Weight: 75 Kgs Eth. Corr: 100
 ID: 223330 Temp:



Spirometry Results							
Parameter		Pred	M.Pre	%Pred	M.Post	%Pred	Temp
FVC	(L)	03.43	01.31	38	01.02	29	75
FEV1	(L)	02.71	01.23	45	01.38	51	75
FEV1/FVC	(%)	79.01	93.89	119	85.13	108	75
FEF25-75	(L/s)	02.76	01.85	67	01.54	57	75
PEFR	(L/s)	-----	02.97	-----	03.39	-----	75
FIVC	(L)	03.43	01.41	41	01.44	42	75
FEV.5	(L)	-----	01.02	-----	01.10	-----	75
FEV3	(L)	-----	01.31	-----	01.62	-----	75
PIFR	(L/s)	-----	02.77	-----	03.23	-----	75
FEF75-85	(L/s)	-----	00.84	-----	00.84	-----	75
FEF.2-1.2	(L/s)	-----	01.18	-----	01.14	-----	75
FEF 25%	(L/s)	-----	02.80	-----	01.14	-----	75
FEF 50%	(L/s)	03.49	02.12	61	01.94	55	75
FEF 75%	(L/s)	01.17	01.14	97	00.48	35	75
FEV.5/FVC	(%)	-----	77.86	-----	67.95	-----	75
FEV3/FVC	(%)	-----	100.00	-----	130.00	-----	75
FET	(Sec)	-----	01.23	-----	02.59	-----	75
ExptTime	(Sec)	-----	00.07	-----	00.09	-----	75
Lung Age (Yrs)		069	107	155	103	149	75
FEV6	(L)	03.43	-----	-----	-----	-----	75
FIF 25%	(L/s)	-----	02.71	-----	02.35	-----	75
FIF 50%	(L/s)	-----	02.69	-----	03.22	-----	75
FIF 75%	(L/s)	-----	02.05	-----	02.87	-----	75
SVC	(L)	03.43	01.46	43	01.85	54	75
ERV	(L)	-----	00.07	-----	00.07	-----	75
IRV	(L)	-----	00.02	-----	00.54	-----	75
VE	(L/min)	-----	26.52	-----	20.59	-----	75
Rf	(l/min)	-----	-----	-----	20.59	-----	75
Ti	(sec)	-----	19.35	-----	16.22	-----	75
Te	(sec)	-----	01.40	-----	02.20	-----	75
VT	(L)	-----	01.70	-----	01.50	-----	75
VT/Ti	(L)	-----	01.37	-----	01.27	-----	75
Ti/Ttot		-----	00.98	-----	00.58	-----	75
IC	(L)	-----	00.45	-----	00.59	-----	75
IC	(L)	-----	01.39	-----	01.85	-----	75
MVV	(L/min)	076	047	62	054	71	75
MRI	(l/min)	-----	82.14	-----	82.14	-----	75
MVT	(L)	-----	00.57	-----	00.68	-----	75

Pre Medication Report Indicates
 Can't do Early Small Airway Obstruction Interpretation
 Severe Restriction as (FEV1/FVC) %Pred >95 and FVC %Pred <44
Post Medication Report Indicates
 Can't do Early Small Airway Obstruction Interpretation
 Moderate Restriction as (FEV1/FVC) %Pred >95 and FVC %Pred <44

DR. RASHI AGARWAL

The contents of this report require clinical correlation before any clinical action.
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NAME: SHYAM DIV YADAV
 Age/Gender: 69 Y/Male
 Lab NO: 012112130363
 BarcodeNo: 10534945
 Ref Doctor: Dr. RAJAT AGARWAL MD

Patient ID: 466606
 Registered: 13/Dec/2023 08:36PM
 Sample Collection: 13/Dec/2023 09:55PM
 Sample Receive: 13/Dec/2023 09:55PM
 Reported: 14/Dec/2023 02:47PM
 Report STATUS: Final

Molecular Biology

CB NAAT/GENEXPERT (MTB/RIF) by RT PCR

Truenat MTB PLUS WITH RIFAMPICIN RESISTANCE
Real time PCR test for Mycobacterium Tuberculosis.

Type of specimen :

PLEURAL FLUID

RESULT -

Mycobacterium tuberculosis : DETECTED, VERY LOW(32.67)

Rifampicin resistance : INDETERMINATE

INTERPRETATION-

MTB	CT Value
High	<20
Medium	20 to 25
Low	25 to 30
Very low	>30

RIF	COMMENTS
RIF SENSITIVE	No mutations detected in the target region of <i>rpoB</i> gene. MDR TB unlikely.
RIF RESISTANT	Mutation detected in the target region of <i>rpoB</i> Gene suggesting MDR TB
INDETERMINATE	No conclusive result, Growth-based susceptibility testing to first-line TB drugs recommended.

Test Principle:

Presence of MTB genomic DNA is determined by real time PCR. It involves specific amplification of highly conserved target regions of the MTB genome. This analysis is done on Truelab real time PCR by using the Taqman assay method



Dr. Stuti Bhuvan
MBBS MD
Consultant pathologist.

Dr. Rati Saxena
MD Microbiology
Consultant Microbiologist

Dr. Cheena Garg
MD Pathology
Consultant Pathologist

Dr. Madhvi Gupta
MBBS MD
Consultant Pathologist

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Age: 69 Yr
Gender: Male
Lab NO: 012312130360
Acc code No: 10534114
Ref Doctor: Dr. RAJAT AGARWAL MD

SHYAM DEV YADAV
: 69 Y/Male
: 012312130360
: 10534114
: Dr. RAJAT AGARWAL MD

Patient ID : 466597
Registered : 13/Dec/2023 08:22PM
Sample Collection : 13/Dec/2023 09:54PM
Sample Receive : 13/Dec/2023 09:54PM
Reported : 14/Dec/2023 01:44PM
Report STATUS : Final

CYTOLOGY

Cytology for Malignant Cells

SPECIMEN : Pleural fluid

MICROSCOPY : Smear shows predominantly lymphocytes along with neutrophils, occasional macrophages and reactive mesothelial cells.

IMPRESSION : No malignant cells seen.

***** End Of Report *****

Tests Requested HRCT THORAX CHEST, FNAC, Cytology for Malignant Cells, USG DIAGNOSTIC TAPPING COMPLETE BLOOD COUNT (CBC), SPUTUM AFB SMIT (ZN STAIN), CB NAAT GENEXPERT (MTB RIF) by RT-PCR, FLUID RM, Random PLASMA GLUCOSE, SPUTUM CULTURE AND SENSITIVITY, FLUID CULTURE, Adeno deaminase - ADA, Fluid, KFT/RET COMPLETE PANEL
Result Awaited, FNAC, USG DIAGNOSTIC TAPPING, CB NAAT GENEXPERT (MTB RIF) by RT-PCR.



Dr. Stuti Bhuvan
MBBS M.D
Consultant pathologist.

Dr. Rati Saxena
MD Microbiology
Consultant Microbiologist

Dr. Cheena Garg
MD, Pathology
Consultant Pathologist

Dr. Mittu G
MBBS M.D
Consultant
Pathologist

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Name : SHYAM DEV YADAV
 Age/Gender : 69 Y/Male
 Lab NO : 012312130360
 BarcodeNo. : 10534114
 Ref Doctor : Dr. RAJAT AGARWAL MD

Patient ID : 466597
 Registered : 13/Dec/2023 08:22PM
 Sample Collection : 13/Dec/2023 09:54PM
 Sample Receive : 13/Dec/2023 09:54PM
 Reported : 15/Dec/2023 12:27PM
 Report STATUS : Final

CULTURE AND SENSITIVITY REPORT

CULTURE SPUTUM

(Conventional culture and sensitivity)

RESULT : Normal throat flora grown after 48 hours incubation at 37°C

NOTE:

- All culture and sensitivity performed under CLSI guidelines.
- Colony count is applicable on urine samples.
- In urine culture colony count should be interpreted as given-
- $\geq 10^5$ - significant bacteriuria, 10^4 to 10^3 - doubtful, $< 10^3$ - non significant.
- Culture results should always be correlated with clinical symptoms and microscopy.

BODY FLUID CULTURE & SENSITIVITY

SPECIMEN : Pleural Fluid
TECHNIQUE : Bacterial culture (Aerobic)
INCUBATION : 37°C for 48 hours
RESULT : Sterile.



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 MD Microbiology
 Consultant Microbiologist

Dr. Cheena Garg
 MD, Pathology
 Consultant Pathologist

Dr. Mitta Gupta
 MBBS MD
 Consultant
 Pathologist

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NAME: SHYAM DEV YADAV
Age Gender: 09 Y / Male
Lab NO: 017312130360
Barcode No: 10534114
Ref Doctor: Dr. RAJAT AGARWAL MD

Patient ID: 100597
Registered: 13/Dec/2023 08:22PM
Sample Collection: 13/Dec/2023 09:54PM
Sample Receive: 13/Dec/2023 09:54PM
Reported: 15/Dec/2023 12:27PM
Report STATUS: Final

MICROBIOLOGY

Specimen: SPUTUM
Technique: Ziehl Neelsen Staining

Result: No Acid fast bacilli seen.

Note: At least 10,000 acid fast bacilli/ml should be present to be readily demonstrable in the direct smears (300 oil immersion fields were examined)

Following gradation technique is followed for the reporting of AFB smear as per the guidelines provided by Revised National TB Control Programme (RNTCP)

Examination	Result	Grading
> 10 AFB per oil immersion field	Positive	3+
1 – 10 AFB per oil immersion field	Positive	2+
10 – 99 AFB per 100 oil immersion fields	Positive	1+
1 – 9 AFB per 100 oil immersion fields	Scanty	–
< 1 AFB per 100 oil immersion fields	Negative	–



Dr. Stuti Bhawan
MBBS M.D
Consultant pathologist.

Dr. Rati Saxena
MD Microbiology
Consultant Microbiologist

Dr. Cheena Garg
MD Pathology
Consultant Pathologist

Dr. Anshu Gupta
MBBS MD
Consultant
Pathologist

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Page 5 of 7

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NAME:	: SHYAM DEV YADAV	Patient ID.:	: 466597
Age/Gender:	: 69 Y/Male	Registered:	: 13/Dec/2023 08:22PM
Lab NO	: 012312130360	Sample Collection:	: 13/Dec/2023 08:44PM
BarcodeNo.:	: 10534114	Sample Receive.:	: 13/Dec/2023 08:44PM
Ref Doctor	: Dr. RAJAT AGARWAL MD	Reported:	: 13/Dec/2023 09:19PM
		Report STATUS:	: Final

Test Name	Result	Unit	Biological Ref.Interval
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HAEMATOLOGY

COMPLETE BLOOD COUNT

HAEMOGLOBIN SLS-hemoglobin method	12.2	g/dl	13.0-17.0
RBC Hydro-Dynamic Focusing Impedence method (DC Detection)	4.15	10 ⁶ /uL	4.50-5.50
TOTAL LEUCOCYTE COUNT Hydro-Dynamic Focusing Impedence method (DC Detection)+Fluorescence flow cytometry	12,400	cells/cu mm	4000-10000
PLATELET COUNT Hydro-Dynamic Focusing Impedence method/Microscopy	1.77	Lac/cu mm	1.5-4.10
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS Fluorescence flow cytometry/Microscopy	83	%	40-80
LYMPHOCYTES Fluorescence flow cytometry /Microscopy	08	%	20-40
MONOCYTES Fluorescence flow cytometry/Microscopy	08	%	02 - 10
EOSINOPHILS Fluorescence flow cytometry /Microscopy	01	%	01-06
BASOPHILS Fluorescence flow cytometry/Microscopy	00	%	0-1
PCV Cumulative RBC pulse height Detection method	35.9	%	40-50
MCV Derived from HCT AND RBC	86.5	fL	83-101
MCH Derived from HB AND Red Blood Cell	29.4	pg	27-32
MCHC Derived from haemoglobin and HCT	34	gm/dl	31.5-34.5
R.D.W Derived from Red Blood Cell Histogram	12.3	%	11-15
PDW Calculated	25	%	8 - 14
MPV Derived from Platelet Ccount and plateletcrit	13.9	fL	7-11
ABSOLUTE NEUTROPHIL COUNT Fluorescence flow cytometry/Microscopy	10,292	/cu.mm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT Fluorescence flow cytometry/Microscopy	992	/cu.mm	1000-3000



Dr. Stuti Bhuvan MBBS M.D. Consultant pathologist.
 Dr. Rati Saxena MD Microbiology Consultant Microbiologist
 Dr. Cheena Garg MD, Pathology Consultant Pathologist
 Dr. Anil Gupta MBBS M.D. Consultant Pathologist



NAME:	: SHYAM DEV YADAV	Patient ID.:	: 466597
Age/Gender:	: 69 Y/Male	Registered	: 13/Dec/2023 08:22PM
Lab NO	: 012312130360	Sample Collection:	: 13/Dec/2023 08:44PM
BarcodeNo.:	: 10534114	Sample Receive:	: 13/Dec/2023 08:44PM
Ref Doctor	: Dr. RAJAT AGARWAL MD	Reported	: 13/Dec/2023 09:19PM
		Report STATUS:	: Final

Test Name	Result	Unit	Biological Ref.Interval
ABSOLUTE MONOCYTE COUNT Fluorescence flow cytometry/Microscopy	992	/cu.mm	200 - 1000
ABSOLUTE EOSINOPHIL COUNT Fluorescence flow cytometry/Microscopy	124	/cu mm	40-440
ABSOLUTE BASOPHIL COUNT Fluorescence flow cytometry/Microscopy	00	/cu.mm	0-100



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NAME : SHYAM DEV YADAV
 Age/Gender : 69 Y/Male
 Lab NO : 012312130360
 BarcodeNo. : 10534114
 Ref Doctor : Dr. RAJAT AGARWAL MD

Patient ID : 466597
 Registered : 13/Dec/2023 08:22PM
 Sample Collection : 13/Dec/2023 09:54PM
 Sample Receive : 13/Dec/2023 09:54PM
 Reported : 14/Dec/2023 11:49AM
 Report STATUS : Final

Test Name	Result	Unit	Biological Ref.Interval
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BIOCHEMISTRY

GLUCOSE- RANDOM GOD-POD	369.1	mg/dl	70-140
KFT/RFT COMPLETE PANEL			
UREA	130.5	mg/dl	10 - 40
UREA-GLDH	3.07	mg/dl	0.60 - 1.20
CREATININE JAFFES	130	mmol/L	135 - 148
SODIUM ISE	3.49	mmol/L	3.5 - 5.5
POTASSIUM ISE	10.0	mg/dl	8.7 - 10.2
CALCIUM ARSENazo III	4.74	mg/dl	2.5-4.30
PHOSPHORUS, inorganic UV-MOLYBDATE	6.18	g/dl	6.60-8.80
PROTEIN, TOTAL BIURET	61.0	mg/dL	7-20
BLOOD UREA NITROGEN Calculated	10.9	mg/dl	3.5 - 7.2
URIC ACID Uricase			
Adeno deaminase - ADA, Fluid			
Adenosine Deaminase (ADA) Colorimetric	60	U/L	Serum 4-20 U/L Fluids <40 U/L Csf <5 U/L



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 Consultant
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NAME	: SHYAM DEV YADAV	Patient ID	: 466597
Age/Gender	: 69 Y/Male	Registered	: 13/Dec/2023 08:22PM
Lab NO	: 012312130360	Sample Collection	: 13/Dec/2023 09:54PM
BarcodeNo	: 10534114	Sample Receive	: 13/Dec/2023 09:54PM
Ref Doctor	: Dr. RAJAT AGARWAL MD	Reported	: 14/Dec/2023 01:20PM
		Report STATUS	: Final

CLINICAL PATHOLOGY

FLUID RM

TEST	RESULT	REFERENCE INTERVAL
SPECIMEN	PLEURAL FLUID	
VOLUME	30 ml	
COLOUR	PALE YELLOW	
APPEARANCE	HAZY	
COAGULUM	PRESENT	
CHEMICAL ANALYSIS	RESULT	
PROTEIN	4.93 gm/dl	Exudate > 3 gm/dl Transudate <3 gm/dl
GLUCOSE	285.0 mg/dl	(70 - 140) mg/dl
CYTOLOGY		
TLC	1850 cells/cumm	<500 cells/cumm
DLC		
LYMPHOCYTES	70 %	
POLYMORPHS	30 %	



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MD Microbiology
Consultant Microbiologist

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MD Pathology
Consultant Pathologist

Dr. Rishi Ch...
MBBS, MD
Consultant
Pathologist

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CLARA SWAIN HOSPITAL J.V.



A complete Multispeciality Hospital
for the treatment of All Ailments....

DEPARTMENT OF CENTRAL LABORATORY

PATIENT NAME	MR. SHYAM DEV YADAV	SAMPLE RECEIVED	16/12/2023, 7:25 AM
AGE/GENDER	69 YEAR / MALE	REPORTING DATE	16/12/2023
GUARDIAN	S/O LATE. SITA RAM YADAV	UHID NO	131223-330
ADDRESS	JUDGE COLONEY BAREILLY	LAB NO	234 103
CONSULTANT	DEPT. OF RESPIRATORY MEDICINE		

KIDNEY FUNCTION TEST(KFT)

TEST NAME	OBSERVED VALUE	REMARKS	UNIT	BIO. REF.RANGE
-----------	----------------	---------	------	----------------

BIO CHEMISTRY

KIDNEY FUNCTION TEST(KFT)

UREA

161

mg/dl

13 - 50

Urea levels may be elevated due to renal cause such as acute glomerulonephritis, chronic nephritis, polycystic kidney. Post renal elevation of urea may be caused by obstruction of urinary tract. Prerenal causes include salt & water depletion (eg. vomiting, diarrhoea) & shock

SERUM CREATININE

2.3

mg/dl

0.7 - 1.5

Clinical Significance

Serum Creatinine is inversely correlated with glomerular filtration rate(GFR). Increased levels of serum creatinine is associated with renal dysfunction.

SERUM URIC ACID

5.4

mg/dl

3.5 - 7.2

This test will show how much uric acid is in your blood, and the results will be expressed as a number with units of milligrams per deciliter of blood, or mg/dL. Uric acid is measured in milligrams while blood volume is expressed in decilitres.

To better understand test results, consult with your doctor to find out what's considered "normal" in your particular case. It is important to know the Uric Acid Test normal range while analysing the results. Depending on the laboratory, findings may be available in as little as one day

****END OF REPORT****

DOCTOR

DR. SANGEETA GUPTA
MBBS, MD(Path)

CS/46

Civil Lines, Bareilly - 243 001 Mob. : 7500612345, 7500712345
e-mail : claraswainhospitalbly@gmail.com, Website : www.cshbareilly.com