



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-----

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Dr. TANVI ARORA
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Dr. SHREYA CHAUDHURI
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MICROBIOLOGIST

Dr. MADHUSMITA DAS
MICROBIOLOGIST

Prepared By : NS8001

Yashoda Hospital & Research
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Yashoda Superspecialty Hospital &
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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 (ARSENAZOIII)	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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Patient Name : Mrs. Shalini
Age / Gender : 43Y / Female
Refd. By : Dr. Ajay Panwar/Dr. Ahmed
Uhid No : Abdul Ghaffar
S0887A/HD23HO

Reg No : 111921/OPDPB23HO
Date : 30 Oct 2023
Specimen : SERUM
Manual No. : 239
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Lab No. : 111921/OPDPB23HO
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TEST NAME	RESULT	UNIT	RANGE	LEVEL
BIOCHEMISTRY				
LIVER FUNCTION TEST				
SGPT, SERUM(ALT)	16.00	IU/L	0-46	WNL
NADH(Without P-5-P)				
SGPT, SERUM(ALT)	14.00	IU/L	0-49	WNL
NADH(Without P-5-P)				
ALKALINE PHOSPHATASE, SERUM (PNPP/AMP 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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Page 6 of 8



Patient Name : Mrs. Shalini
Age / Gender : 43Y / Female
Refd. By : Dr. Ajay Panwar/Dr. Ahmed
Uhid No. : About Ghaffar
S0887/UHID23HO

Reg No. : 111921/OPDPB23HO
Date : 30-Oct-2023
Specimen : BLOOD
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 18:49



TEST NAME	RESULT	UNIT	RANGE	LEVEL
IMMUNOLOGY				
HEPATITIS C ANTIBODY, HCV AB Method: C/MIA	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, antidotypes and anti superoxide dismutase.
- False negative results are seen in early acute infection, immunosuppression and immunoincompetence.

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 asymptomatic 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 markers for diagnosis of Acute or Chronic infection.

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

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

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

Lab No. : 111921/OPDPB23HO
Collected : 30-Oct-2023 17:17
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TEST NAME	RESULT	UNIT	RANGE	LEVEL
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IMMUNOLOGY

HEPATITIS B SURFACE ANTIGEN, HBSAg	0.20	IU/ML	< 1.00	WNL
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Method: CMIA Test for the qualitative detection 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. Discrepant 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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YASHODA

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

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

Lab No. : 111921/OPDPB23HO
Collected : 30-Oct-2023 17.17
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TEST NAME	RESULT	UNIT	RANGE	LEVEL
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IMMUNOLOGY

HIV 1 / HIV 2 ANTIBODY, 3RD GENERATION 0.18 < 1.00 WNL

Method: CMLA

Principle :- Two step immunoassay determine P24 Ag and Antibodies to HIV - I (Group M and Group O) and HIV - II in human serum and plasma.

Interpretation :-

Non Reactive | < 1.0
Reactive | ≥ 1.0

Note :- All specimen that are initially reactive must be centrifuged and retested in duplicate.

Limitation :-

- If the assay results are inconsistent with clinical evidence, additional testing is suggested to confirm the result.
- Rarely false negativity / positivity may occur

Interpretation :

- Final result must be clarified by testing another specimen taken three to six week later.
- Result should be interpreted in conjunction with clinical presentation, history and other laboratory results.

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

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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

Notes: (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.

Patient Name : Mrs. Shalini	Reg No. : 15948/IPD23HO	Lab No. : 116633/LAB23HO	  MC-3022
Age / Gender : 43Y / Female	Date : 31-Oct-2023	Collected : 31-Oct-2023 06:50	
Refd. By : Dr. Ajay Panwar/Dr. Ahmed Abdul Ghaffar	Specimen : WHOLE BLOOD EDTA	Received : 31-Oct-2023 07:34	
Uhid No. : 50897/UHID23HO	Manual : 91	Report : 31-Oct-2023 09:16	
	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 /ul	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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Dr. MADHUSMITA DAS
MICROBIOLOGIST

Prepared By : ASHISH



Patient Name : Mrs. Shaini
Age / Gender : 43Y / Female
Refd. By : Dr. Ajay Panwar/Dr. Ahmed Abdul Ghaffar
Uhid No. : 50687/UHID23HQ

Reg No. : 15948/IPD23HQ
Date : 31-Oct-2023
Specimen : WHOLE BLOOD EDTA
Manual : 91
Sample : 23186617

Lab No. : 116633/LAB23HQ
Collected : 31-Oct-2023 06.50
Received : 31-Oct-2023 07.34
Report : 31-Oct-2023 09.16



MC-3022

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	IPD No.	: 23/15948
Age/Sex	: 43Yrs/F	Sponsor	: PVT
Ward/Room/Bed. No.:	507	Department	: Orthopedics
DOA	: 30/10/2023	DOD	: 02/11/2023
Address	: E-39 sushila vihar 1 st , 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, EDM, 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. Doio 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)
II. Syp. Eroxidil Itsf (Twice a day) 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. Chander*

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 अगले के संदर्भ के लिए रखें।

3 | Page

**DEPARTMENT OF ORTHOPEDICS
DISCHARGE SUMMARY**

UHID No.: 50887

- कृपया दस्तावेज को अपनी अगली अपॉइंटमेंट पर अवश्य लाएं।
- सभी डिस्चार्ज की दवाईयों, मरीन एवं तकियायों को सही तरीके से समझा दी गई है।
- किसी भी मरीन या टाइमिंग मुद्दे के कारण विभाग के सामने न, कृपया तुरंत रोक करवाएं।

Enclosed By :- Mohd Iftikhar

YASHODA

Date: 15/11/23

Hns. glottis 43Y/F

Al for # later malocclusion i #
 coronoid (LP) site
 C^m # with metastases (Bayer) (LP) site
 → Stump Removal to be Done

Advice
 x-ray of elbow → AP
 x-ray of elbow → Lateral
 x-ray of elbow → AP
 x-ray of elbow → Lateral
 suture removal

Complete SR

Rx:

Tab - Dostinet	1.50g
Tab - Courest	DR 1.00
Tab - TCR-2	1.00
Tab - Mprilene	3.00
Tab - Medronat	1.00

x 70d

Review after 14dy

15dy

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 technical 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
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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

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MD (Radio-Diagnosis)
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