



“ जब भी अस्पताल आये पचा साथ में लारें ”

UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES

SAIFAI, ETAWAH, (U.P.)

Rs.0.00

OUT PATIENT SLIP

Emergency

Name Mr. RAGHUVeer SINGH RAGHAU Reg No. / OP No. 201908200356  
 Age/ Sex 50 Y / M Unit: UNIT I  
 Address , ETAWAH Dept: CASUALTY

Patient Case History

Date	Complaints / Symptoms	Diagnosis	Room No:
Date: 20-08-2019 Time: 08:35 AM			

LUTS  
irritative / obstructive

use kCB.

use - 36 g tablet

*[Signature]*  
 Dr. Mubashir Ali Khan  
 Assistant Professor & Head  
 Department of Urology  
 IPUMS Saifai Etawah

Rx

Wkly

- T. Silodal 100mg Wkly
- T. Niftran 100mg Wkly
- T. Pyridium 200mg Wkly

*[Signature]*

User Name : VINAY



U.P. University of Medical Sciences

Saifai, Etawah (U.P.)

DEPARTMENT OF RADIO DIAGNOSIS & IMAGING

Radiological/Imaging Investigation Form  
(Routine/Accidental/Medicolegal)

Read Register/Report No. 20/8/19

Name: Raghuvir Singh Raghav Date: 5/1/19

Father/Husband's Name: \_\_\_\_\_ Age & Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Registration No. 0556

Ward & Bed No./OPD No. \_\_\_\_\_

Clinician in-charge: \_\_\_\_\_

REPORT

Liver <sup>VSE/KUB</sup> size - 12.8 cm, Ecchogenically normal line

CiB - Normally Dilated

CBD - Normal calibre

Pancreas - Normal

Spleen - 10.5 cm

Rt Kid. size - 9.6 x 5.0 cm

cno - well maintained

Lt Kid. size - 9.8 x 5.2 cm

cno - well maintained

Date: Prostate vol.

Signature, Name, Designation  
Seal of referring Clinician

- 36 ml

*[Handwritten signature]*

# जे. के. हास्पीटल

(यूनिट आफ-जबर सिंह कौशल्या देवी हास्पीटल प्रा० लि०)

फर्रुखाबाद रोड, इटावा

**Dr. Manoj Yadav**MBBS, MS, FICS, FAIS, FIAGES, FILHS  
General, Laparoscopic Surgery, Endourology  
Managing Director**Dr. Vasundhara Jain**

MBBS, MD (DNB), IDCCM

नाम Mr Raghuveer Singh उम्र 52 लिंग M दिनांक 21/11/2020

40 burning micturition

Adv  
x-ray RVS Regionमिचल मल्लिक  
काठवाR  
Tab Levosal 500 mg 80

Tab yas 20 mg 80

Tab Calnie 87508-

Syp Zymax 275f 80

Syp Albacit 275f 80

**लेजर द्वारा ऑपरेशन की अत्याधुनिक सुविधा उपलब्ध है।****सुविधायें :**

- इमरजेन्सी सुविधा 24 घण्टे उपलब्ध ● सभी प्रकार के आपरेशन—जैसे पित्त की थैली की पथरी, गुर्दे की पथरी, गुर्दे की नली की पथरी, पेशाब की थैली की पथरी ● बच्चेदानी का आपरेशन ● स्तन की गाँठ का आपरेशन ● स्तन कैंसर का आपरेशन ● शरीर में किसी भी तरह की गाँठ का आपरेशन ● अपेंडिक्स ● हर्निया ● हाइड्रोसेल फिशर ● फिरचुला ● बबासीर का ऑपरेशन ● पेट के सभी रोगों का इलाज एवं आपरेशन ● टुरबीन के सभी आपरेशन ● कैंसर का इलाज एवं आपरेशन ● हड्डी के सभी रोगों का इलाज एवं आपरेशन ● नवजात शिशुओं के लिये सभी प्रकार का इलाज एवं आपरेशन की सुविधा ● बच्चों की किसी भी प्रकार की बीमारी का इलाज एवं आपरेशन ● स्त्रियों की सभी प्रकार की जाँच, आपरेशन ● अल्ट्रासाउण्ड की सुविधा ● एकसरे की सुविधा ● ई0 सी0 जी की सुविधा ● पैथोलोजी की सुविधा ● खून-पेशाब-टट्टी की जाँच ● कैंसर की जाँच F.N.A.C.की जाँच ● एक्सिडेन्टल गम्भीर मरीजों का इलाज ● I.C.U. की सुविधा ● बच्चों के लिये N.I.C.U. की सुविधा।

**❖ जर्मन दूरबीन से विशेषज्ञ द्वारा ❖**

यह पर्चा कानूनी कार्यवाही के लिये मान्य नहीं है।

बिना चीर-फाड़ के, बिना टॉके के ऑपरेशन जैसे पित्त की थैली, अपेंडिक्स आदि के ऑपरेशन तथा बिना टॉके का बच्चेदानी का ऑपरेशन की सुविधा।

**इतवार की छुट्टी**



**laser**  
**urology centre**

**DR. SHEKHAR VAJPEYI**  
M.S. M.Ch. (UROLOGY)  
CONSULTANT UROLOGIST

Swi Rajhu keer hgh.  
soy.

3.11.19

Rec ver

✓ las Baestol L

Cep Candua — o

✓ Sp deturles Dr ○ ○ ○

Uroflowmetry + Post void Residue

Dr MB Saani  
MD  
Near Khandaani Group

1 Cep Candua — o Dr

2. Cep hloral o — o det

————— 15d  
Dua 3 las Baestol L

4 Sp deturles Dr ○ ○ ○

लेजर यूरोलोजी सेन्टर  
रामरघु अस्पताल  
संजय प्लेस के सामने, आगरा  
Mob. : 9027422666  
Timing (8 am to 7 pm)

**डा. शेखर वाजपेयी**  
एम.एस., एम.सीएच. (यूरोलॉजी)  
कन्सलटेन्ट यूरोलॉजिस्ट

SAVE TREES



THEY WILL SAVE YOU



**laser**  
**urology centre**

Mr. Raghuveer Rayhan  
50y

**DR. SHEKHAR VAJPEYI**  
M.S., M.Ch. (UROLOGY)  
CONSULTANT UROLOGIST

21.8.19

Hypertension  
Swell  
Blephar  
Urethral Discharge

- Sp. Anus 500 to 1000
- 100 mg Aspirin bis  $\frac{10}{10}$  ndraic
- Cap. Mucos 2 — das
- Cap. Tamsulosin — das
- Sp. deluslon  $\frac{10}{10}$  0 0

(7)

d

**लेजर यूरोलोजी सेन्टर**  
रामरघु अस्पताल  
संजय प्लेस के सामने, आगरा  
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कन्सलटेन्ट यूरोलोजिस्ट

SAVE TREES



THEY WILL SAVE YOU



**OMEN PATH LAB**  
Our Mission is Life.

Reg No : 201908063410252 / OPD  
Name : Mr. R S RATHORE  
Referred Dr : SHEKHAR BAJPAYEE

**ओमेन पैथ लैब**  
**Omen Path Lab**

799, Satguru Sadan  
Brij Vihar Colony (Near SBI Bank)  
Friends Colony, Etawah (U.P.)  
Mobile No. : 6398627173  
Help Line Number : 6398619002  
E-mail : pat@abomen@gmail.com  
Report Date : 26/08/2019 06:45 PM

Sex / Age : Male / 50Y  
Reg Date : 22/08/2019 10:24 AM

**HAEMATOLOGY**

Test Name	Result	Unit	Reference Range
<b>HAEMOGRAM ON CELL COUNTER</b>			
Haemoglobin	16.2	gm/dl	12-18
R.B.C. Count	5.99	mill/cmm	3.76 - 5.70
PCV	51.3	%	33 - 52
MCV	85.64	fL	80.0 - 100
MCH	27.05	pgms	28.0 - 32.0
MCHC	31.58	%	31.0 - 35.0
RDW	13.4	%	11.6 - 14.0
<b>WBC Count</b>			
Total WBC count	8200	/cmm	4000 - 11000
<b>Differential count</b>			
Neutrophil	60	%	42 - 85
Lymphocytes	35	%	17 - 57
Eosinophils	04	%	00 - 06
Monocytes	01	%	00 - 08
Basophils	00	%	00 - 01
Platelet Count	189000	/cmm	150000 - 450000
<b>Peripheral Smear Examination</b>			
RBC Morphology	Normal Seen		
WBC Morphology	Within Normal Range		
Platelets	Adequate		
Parasites	Smear Negative for Parasite.		

**Interpretation :**

Please Correlate with clinical conditions

Method : Fully automated bidirectional analyser (Merilyzer CelQuant 3 Aspire) (This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)



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Reg No : 201908063410252 / OPD  
Name : Mr. R S RATHORE  
Referred Dr : SHEKHAR BAJPAYEE

**ओमेन पैथ लैब**  
**Omen Path Lab**

799, Satguru Sadan  
Brij Vihar Colony (Near SBI Bank)  
Friends Colony, Etawah (U.P.)

Mobile No. : 6398627173  
Sex / Age : Male / 59Y  
Reg. Line No. : 6398619002  
E-Mail : pathlabomen@gmail.com  
Report Date : 26/08/2019 06:47 PM

**BIOCHEMISTRY**

Test Name	Result	Unit	Reference Range
<b>Blood Sugar Fasting</b>			
Blood Sugar Fasting <small>GOD-PAP METHOD</small>	89.23	mg/dl	70 - 110
Instrument Used	Merilyzer CliniQuant automated biochemistry analyser		

End of Report

**MRIDUL KUMAR**  
Senior Lab Technician  
CMS, B.S.C-MLT ( Delhi )



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Reg No : 201908063410252 / OPD  
Name : Mr. R S RATHORE  
Referred Dr : SHEKHAR BAJPAYEE

**ओमेन पैथ लैब**  
**Omen Path Lab**

799, Satguru Sadan  
Brij Vihar Colony (Near SBI Bank)  
Friends Colony, Etawah (U.P.)

Mobile No. : 6398627173  
Sex / Age : Male / 59  
Reg. No. : 201908063410252  
E-mail : patlab2019@gmail.com  
Report Date : 26/08/2019 06:46 PM

**BIOCHEMISTRY**

Test Name	Result	Unit	Reference Range
<b>Serum Creatinine</b>			
Blood Urea <small>Method- KINETIC UV ASSAY</small>	21.77	mg/dl	10 to 40
Serum Creatinine <small>CREATININE ENZYMATIC METHOD</small>	0.99	mg/dl	0.6 to 1.2

End of Report

**MRIDUL KUMAR**  
Senior Lab Technician  
CMS, B.S.C.-MLT ( Delhi )



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Our Mission is Life.

Reg No : 201908063410252 / OPD  
Name : Mr. R S RATHORE  
Referred Dr : SHEKHAR BAJPAYEE

**ओमेन पैथ लैब**  
**Omen Path Lab**

799, Satguru Sadan  
Brij Vihar Colony (Near SBI Bank)  
Friends Colony, Etawah (U.P.)  
Mobile No. : 6398627173  
Help Line : 6398619002  
E-mail : pat@omenlab.com

Sex / Age : Male / 50Y  
Reg. Date : 22/08/2019 10:24 AM  
Report Date : 26/08/2019 06:48 PM

**CLINICAL PATHOLOGY**

Test Name	Result	Unit	Reference Range
<b>URINE ANALYSIS</b>			
<b>Physical Examination</b>			
Quantity	20	ml	
Colour	Pale Yellow		
Appearance	CLEAR		
Deposits	Absent		
<b>Chemical Examination</b>			
Reaction (pH)	Acidic		4.8-7.6
Proteins	Absent		
Glucose	Absent		
Ketone Bodies	Absent		
Bile Pigments	Absent		
Urobilinogen	Absent		
Specific gravity	1.025		1.015 to 1.025
<b>Microscopic Examination</b>			
PUS(WBC) Cells	Absent	/hpf	
RBC	Absent	/hpf	
Epithelial Cells	Absent	/hpf	
Casts	Absent		
Crystals	Absent		
Others	NIL		
Instrument Used	A-URI-PLUS 600 FULLY AUTOMATED URINE ANALYSER( RAPID DIAGNOSTIC )		

End of Report

  
MRIDUL KUMAR

**OMEN PATH LAB**  
Our Mission is Life.

**PROCESSED AT :**  
D-37/1, MIDC, TURBHE, OPP.  
SANDOZ,NAVI MUMBAI

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**REPORT**

**NAME :** R S RATHORE (50Y/M)  
**REF. BY :** DR HIMANSHU SHARMA,MD  
**TEST ASKED :** MIC01

**SAMPLE COLLECTED AT :**  
OMEN PATH LAB - 799 SATGURU  
SADAN BRIJ VIHAR ,NEAR SBI BANK  
FRIENDS COLONY,ETAWAH, UTTAR  
PRADESH,206001

**Sample Type :** Urine  
**Gross Appearance :** Clear  
**Cover slip Preparation**  
**Pus Cells :** 10-15/HPF  
**Epithelial Cells :** Not Applicable  
**Bacteria :** Not Seen  
**Culture Result :** No Growth

**Remarks :** No growth after 48 hours of incubation.

**Method :** Aerobic culture

**Comment :** Urine culture helps in identification of the organism causing Urinary Tract Infection (UTI) and also provides antimicrobial susceptibility testing of the infective agent thus aiding to diagnosis. A midstream catch of urine sample is the best sample for culture.

**Limitations :**

1. A negative report doesn't rule out the infection as previous antibiotic usage may inhibit the growth of organisms in vitro.
2. The specimens are likely to get contaminated with colonizing organisms that may or may not contribute to the disease; clinical correlation is required.

**Disclaimer :** The report represents the sample processed in the laboratory.

**Method:**

Redox Indicator and Turbidity

**Sample Collected on (SCT) :** 22 Aug 2019 09:00  
**Sample Received on (SRT) :** 24 Aug 2019 05:45  
**Report Released on (RRT) :** 26 Aug 2019 13:27  
**Sample Type :** URINE

**Labcode** 230890069/AA773  
**Barcode** M5152381



*Chaitali Nikam*

Dr. Chaitali Nikam, Ph.D

*Caesar Sengupta*

Dr. Caesar Sengupta MD(Micro)

~~ End of report ~~

Patient's Name :Mr.RAGHUVVEER SINGH

Age :51 Yrs/M

Reff. By :Dr. V.K.GUPTA M.D.

Date :02/11/20

**ULTRASOUND REPORT**

LIVER- mild enlargel in size, shape, contour and parenchymal echotexture.No Focal lesion seen. Intrahepatic biliary and vascular channels are normal. Region of porta hepatis is normal.

GALL BLADDER-Normal in outline. Wall thickness is normal. Contents are echofree. Calibre of C.B.D. & P.V. is within normal limit.

PANCREAS-Normal in size , outline and parenchymal echotexture.

SPLEEN-Normal in shape , size , outline and parenchymal echotexture.

RIGHT KIDNEY-Normal in shape,size and anatomical position. Parenchymal echogenecity and cortical thickness is normal.Corticomedullary distinction is well defined. Central pelvicalyceal system is showing normal echopattern.

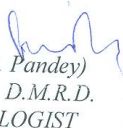
LEFT KIDNEY-Normal in shape,size and anatomical position.Parenchymal echogenecity and cortical thickness is normal.Corticomedullary distinction is well defined.Central pelvicalyceal system is showing normal echopattern.A 4.6 mm size calculus seen in middle calyx.

No Ascites. No Para-aortic lymphdenopathy seen.

URINARY BLADDER-Normal in outline.Wall thickness is normal.

PROSTATE-Normal in shape , size , contour and parenchymal echotexture.

**IMPRESSION:-** MILD HEPATOMEGALY  
LEFT RENAL CALCULUS .

  
(Dr. P. C. Pandey)  
M.B.B.S. D.M.R.D.  
RADIOLOGIST



# Dr. Mamta Gupta Memorial Hospital



682-A, Civil Lines, Etawah-206 001 (U.P.)  
Ph.: 05688-254074

**Dr. V. K. Gupta**

M.B.B.S., M.D. (Medicine)  
Chief Medical Officer (Retd.)

Nursing Home Regd. No. ETW/ALO/0013/17

**Dr. Aditi Gupta**

M.B.B.S.

*Dr. Aditi Gupta*

Spo 993

2 Reg Fever Sxh.

Date 30.11.20

Clinical  
History/Complaints

SYM

Temp 101  
17/11/20

9-10 days; after 4 days

Lowest Fev 101  
1 US by mtd

Sp

① Tab. Febroindol 1m <=>

Lowest CES

② Tab. Nefly SR 100 <=>

Rhino Syzef

③ Acthem Ror → @ 100 mg

(Investigation)

④ Sp Urojet R2 = = =

⑤ Ashmasin

fever

⑥ 2 Aquadol-sper 1m

10  
14/11/20

⑦ Tab. Nefly SR 100 <=>

Lowest  
101

⑧ 2 Nefly SR 100 <=>

⑨ Sp. Cy Calabri C. Qd

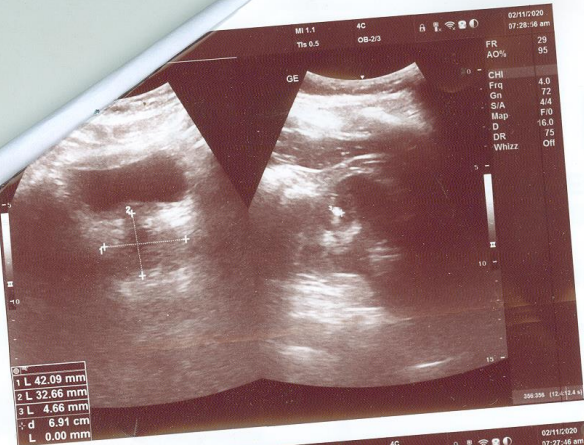
⑩ Tanipid 100 mg

⑪ Urofant 50 mg

पंचा पाँच दिन सोचें है  
प्रताप से सम्बंधित पुस्तकें  
समय साथ उवशर लाये ।

OPD Timing - Morning 10.00 A.M. to 2.00 P. M.

We treat, He cures (Not for Medico Legal Purpose)



# Memorial Hospital



Wah-206 001 (U.P.)  
-254074

**Dr. Aditi Gupta**  
M.B.B.S.

ETW/ALO/0013/17

*C.M. Etwi*

Dear Sir,

Date: 30/11/20

*SYM*

*op 409*

*2x 1000 SR 100*

*1 Rpt*

*1 Rpt*

<b>(Investigation)</b>	<p><i>4 Sp Urologist</i></p> <p><i>vs. Ashwari</i></p> <p><i>①</i></p> <p><i>②</i></p> <p><i>Free</i></p> <p><i>20</i></p> <p><i>14/100</i></p> <p><i>20/100</i></p> <p><i>2 Aquadul-Sperum</i></p> <p><i>1 Neg SR 100</i></p> <p><i>2 more with MBE</i></p> <p><i>Sp. Cy Calcutta</i></p> <p><i>1 sample under microscope</i></p> <p><i>Urologist</i></p>
------------------------	--

**OPD Timing - Morning 10.00 A.M. to 2.00 P. M.**  
We treat, He cures (Not for Medico Legal Purpose)

9/11/20

15982

Grüne Aene

Rest

- fp
- ① π. Citat 11 111111 ✓
  - ② + Platonide 111111 ✓
  - ③ + Hektor 111111 ✓
  - ④ Unkaid 2-211111 ✓
  - ⑤ Metropole 111111 ✓
- ⑩ 11

Rhd 8ye 2P  
 (P) of 70y 111111  
112 111111

Grüne Aene  
111111

AL0/0016/18

Mob. : 9286275777, 8273806644

# SARVODAYA PATHOLOGY CENTRE

Saiyyad Baba Mazar, Near Sheela Utsav Garden, Etawah

FULLY COMPUTERISED PATHOLOGY WITH AUTO ANALYZER, ALLERGY TEST  
BY BLOOD, SPECIAL TEST FACILITY AVAILABLE

Date :	02/11/2020	Ref/No :	
Patient Name :	RAGHUVVEER SINGH	Ref/By :	Dr V K GUPTA MBBS MD
Age/Sex :	52 Years / Male		

Test Description		Result	Unit	Normal Range
Biochemistry				
Blood Glucose (F)	Fasting	99.96	mg%	70 - 110
Blood Glucose (PP)	Post Prandial	173.3	mg%	110 - 140

Remarks :

NOTE : Page 1 of 1 Lab : SARVODAYA PATHOLOGY, ETAWAH

1. SPECIAL TEST DONE ON REQUEST ONLY.
2. THIS REPORT IS NOT VALID FOR MEDICO-LEGAL CASES.
3. EMERGENCY SERVICES AVAILABLE FOR 24 HOURS.
4. ALL TEST HAVE TECHNICAL LIMITATION CLINICO-PATHOLOGICAL CORELATION IS MUST IN CASE OF DISPARITY, TEST MAY BE REPEATED IMMEDIATELY.

PATHOLOGIST / AUTH. SIGN.

Dr. A.K. Agarwal  
M.B.B.S., D.C.P.  
Regd. No.- 14500



**CLINICAL REPORT**

CLIENT CODE : C000027012

**CLIENT'S NAME AND ADDRESS :**  
 SAFAI DIAGNOSTIC CENTRE  
 KRISHNA MARKET, NEAR RIMS & R.SAIFAI,  
 SAFAI CHOWK, SAIFAI,  
 ETAWAH 206001  
 UTTAR PRADESH INDIA  
 9412616556



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 VIHAR, SECTOR-18,  
 GURGAON, 122015  
 HARYANA, INDIA  
 Tel : 1800-222-000, Fax : CIN - U74899PB1995PLC045956  
 Email : connect@srl.in

**PATIENT NAME : RAGHUVeer SINGH**

ACCESSION NO : **0009TK005474** AGE : 52 Years SEX : Male

PATIENT ID :

DRAWN :

RECEIVED : 03/11/2020 09:00

DATE OF BIRTH :

REPORTED : 05/11/2020 16:06

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
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**CLINICAL PATH**

**URINALYSIS**

COLOR	PALE YELLOW			
APPEARANCE	<b>TURBID</b>			
PH	<b>8.0</b>	High	4.7 - 7.5	
SPECIFIC GRAVITY	1.015		1.003 - 1.035	
GLUCOSE	NOT DETECTED		NOT DETECTED	
PROTEIN	<b>DETECTED (TRACE)</b>		NOT DETECTED	
KETONES	NOT DETECTED		NOT DETECTED	
BLOOD	<b>DETECTED (TRACE) IN URINE</b>		NOT DETECTED	
BILIRUBIN	NOT DETECTED		NOT DETECTED	
UROBILINOGEN	NORMAL		NORMAL	
NITRITE	NOT DETECTED		NOT DETECTED	
WBC	<b>DETECTED (LARGE NOs)</b>	0-5		/HPF
EPITHELIAL CELLS	1-2	0-5		/HPF
RED BLOOD CELLS	<b>2 - 3</b>	NOT DETECTED		/HPF
CASTS	NOT DETECTED			
CRYSTALS	NOT DETECTED			
BACTERIA	<b>DETECTED (+)</b>	NOT DETECTED		

METHOD : DIP STICK/MICRO SCOPY/REFLECTANCE SPECTROPHOTOMETRY

REMARKS  
**Comments**

FULL FIELD WBC""S / HPF SEEN .

NOTE :MICROSCOPIC EXAMINATION OF URINE IS PERFORMED ON CENTRIFUGED URINARY SEDIMENT. IN NORMAL URINE SAMPLES CAST AND CRYSTALS ARE NOT DETECTED.

**Interpretation(s)**

URINALYSIS-Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders  
 Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever  
 Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.  
 Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.  
 Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.  
 Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.  
 Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.  
 pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.  
 Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

**DIAGNOSTIC REPORT**



CLIENT CODE : C000027012

**CLIENT'S NAME AND ADDRESS :**

SAFAI DIAGNOSTIC CENTRE  
KRISHNA MARKET, NEAR RIMS & R.SAIFAI,  
SAFAI CHOWK, SAIFAI,  
ETAWAH 206001  
UTTAR PRADESH INDIA  
9412616556

**SRL LIMITED**

SRL, REFERENCE LAB, GP-26, MARUTI INDUSTRIAL ESTATE, UDYOG  
VIHAR, SECTOR-18,  
GURGAON, 122015  
HARYANA, INDIA  
Tel : 1800-222-000, Fax : CIN - U74899PB1995PLC045956  
Email : connect@srl.in

**PATIENT NAME : RAGHUVVEER SINGH**

PATIENT ID :

ACCESSION NO : **0009TK005474** AGE : 52 Years SEX : Male

DATE OF BIRTH :

DRAWN :

RECEIVED : 03/11/2020 09:00

REPORTED : 05/11/2020 16:06

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
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Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bili-rubin gets excreted in urine.  
Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of hemolytic anemia

**MICROBIOLOGY**

**CULTURE, URINE WITH SUSCEPTIBILITY**

SPECIMEN SOURCE	URINE	
CULTURE	<b>POSITIVE</b>	
METHOD : CONVENTIONAL AEROBIC CULTURE		
ORGANISM	MORGANELLA MORGANII	
COLONY COUNT	>100000	CFU/mL
REMARK	KINDLY CORRELATE CLINICALLY.	

**Interpretation(s)**

**CULTURE, URINE WITH SUSCEPTIBILITY-**

Urinary tract infections (UTI) is defined as bacteriuria, that is multiplication of the organisms in urinary tract and the presence of more than 100,000 organisms per mL in mid-stream sample of urine. Pyuria denotes the presence of pus cells in urine, which most often accompanies UTI. Asymptomatic UTI or "covert bacteriuria" can be detected only by urine culture. However in symptomatic patients, a smaller number of bacteria (100 to 10000/mL) may signify infection. In urine specimen obtained by suprapubic aspiration or "in- and-out" catheterization and in samples from a patient with an indwelling catheter, colony counts of 100 to 10000/mL generally indicate infection. Pyuria in the absence of bacteriuria (sterile pyuria) may indicate infection with unusual bacterial agents such as Chlamydia trachomatis, Ureaplasma urealyticum and Mycobacterium tuberculosis or with fungi, in noninfectious urologic condition such as calculi, anatomic abnormality, nephrocalcinosis vesicoureteral reflux, interstitial nephritis, or polycystic disease. False negative culture may be due to use of antimicrobial agents, total obstruction below the infection, infection with a fastidious organism, renal tuberculosis and diuresis. Pus cell, Epithelial cells and RBC counts are based on direct uncentrifuged mount and not from the centrifuge sediment. A urine sample collection in Boric acid stabilizer has an advantage of preventing unwanted growth due to its bacteriostatic action against Bacteria, Fungi in urine. All culture isolates are maintained for a period of 7 days to facilitate additional test, if required."

**DIAGNOSTIC REPORT**



**SRL**  
Diagnostics

Cert. No. MC-2015

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Test Report Status	Final	Results	Interpretation	Units
<b>MICROBIOLOGY</b>				

**AEROBIC SUSCEPTIBILITY GRAM NEGATIVE ORGANISM**

**AEROBIC SUSCEPTIBILITY GRAM NEGATIVE ORGANISM**

MORGANELLA MORGANII

METHOD : AUTOMATED ANTIMICROBIAL SUSCEPTIBILITY TESTING (MIC BREAKPOINT ) BY BROTH MICRODILUTION METHOD

**Comments**

STRAINS PRODUCING EXTENDED-SPECTRUM BETA LACTAMASE (ESBLs) MAY BE CLINICALLY RESISTANT TO THERAPY WITH PENICILLINS, CEPHALOSPORINS, OR AZTREONAM, DESPITE APPARENT IN VITRO SUSCEPTIBILITY TO SOME OF THESE AGENTS.

**FIRST LINE ANTIBIOTICS**

AMPICILLIN	>=32	mcg/ml
INTERPRETATION	RESISTANT	
GENTAMICIN	<=1	mcg/ml
INTERPRETATION	SENSITIVE	
NITROFURANTOIN	128.00	mcg/ml
INTERPRETATION	RESISTANT	
TRIMETHOPRIM-SULFAMETHOXAZOLE	<=20	mcg/ml
INTERPRETATION	SENSITIVE	

**SECOND LINE ANTIBIOTICS**

AMOXYCILLIN-CLAVULANATE	>=32 ✓	mcg/ml
INTERPRETATION	RESISTANT	
PIPERACILLIN-TAZOBACTAM	<=4	mcg/ml
INTERPRETATION	SENSITIVE	
CIPROFLOXACIN	>=4	mcg/ml
INTERPRETATION	RESISTANT	
CEFUROXIME	>=64 ✓	mcg/ml
INTERPRETATION	RESISTANT	
CEFTRIAXONE	<=1	mcg/ml
INTERPRETATION	SENSITIVE	
CEFOPERAZONE-SULBACTAM	<=8	mcg/ml
INTERPRETATION	SENSITIVE	
AMIKACIN	<=2	mcg/ml
INTERPRETATION	SENSITIVE	
IMIPENEM	2.00	mcg/ml

**DIAGNOSTIC REPORT**



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Test Report Status	Final	Results	Interpretation	Units
INTERPRETATION		INTERMEDIATE		
ERTAPENEM		<=0.5		mcg/ml
INTERPRETATION		SENSITIVE		
CEFEPIME		<=1		mcg/ml
INTERPRETATION		SENSITIVE		
<b>SUPPLEMENTAL ANTIBIOTICS</b>				
NALIDIXIC ACID		>=32		mcg/ml
INTERPRETATION		RESISTANT		

**Interpretation(s)**

**AEROBIC SUSCEPTIBILITY GRAM NEGATIVE ORGANISM-**

Antimicrobial susceptibility testing is indicated for any isolate contributing to an infectious process warranting antimicrobial chemotherapy, whose susceptibility cannot be reliably predicted from knowledge of its identity, or is thought to belong to a species capable of exhibiting resistance to commonly used antimicrobial agents. Susceptibility testing may also be performed for epidemiological studies of resistance patterns and clinical studies of new antimicrobial agents. The purpose of testing is to identify the drug/s having maximum efficacy against the infecting organism and to minimize the emergence of drug resistance by overuse of broad-spectrum agents.

**Method of Testing:**

VITEK 2 System identifies an organism by using data characteristics and knowledge about the organism and reactions being analyzed. The antimicrobial susceptibility test card is a miniaturized version of the doubling dilution technique for MIC determination by microdilution method. The instrument monitors the growth of each well in the card over a defined period of time. At the completion of the incubation cycle, MIC values (or test results, as appropriate) are determined for each antimicrobial contained on the card.

The VITEK 2 System has inbuilt software that provides test interpretations as per the Clinical & Laboratory Standards Institute (CLSI) standards. A test interpreted as Sensitive implies that the "Isolates are inhibited by the usually achievable concentrations of antimicrobial agent when the dosage recommended to treat the site of infection is used, resulting in likely clinical efficacy". A test interpreted as Intermediate implies that the "Infection due to the isolate may be appropriately treated in body sites where the drugs are physiologically concentrated or when a high dosage of drug can be used". A test interpreted as Susceptible-dose dependent implies that susceptibility of an isolate depends on the dosing regimen that is used in the patient. To achieve levels that are likely to be clinically effective, it is necessary to use dosing regimen (ie. Higher doses, more frequent doses, or both) that results in higher drug exposure than that achieved with the dose that was used to establish the sensitive breakpoint". A test interpreted as Resistant implies that the "Isolates are not inhibited by the usually achievable concentrations of the agent with normal dosage schedules and/or fall in the range where specific microbial resistance mechanisms are likely (e.g., beta-lactamases), and clinical efficacy has not been reliable in treatment studies.

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

Please visit [www.srlworld.com](http://www.srlworld.com) for related Test Information for this accession

**Dr. Mamta Kumari, MBBS,MD**  
Chief Microbiologist

**Dr. Chandan Hazarika**  
Sr. Microbiologist

**Dr. Ajay Gupta**  
Section Head

**Dr. Anurag Bansal**  
LAB DIRECTOR

**DIAGNOSTIC REPORT**



**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



Cert. No. MC-2015

**SRL**  
Diagnostics

CLIENT CODE : C000027012

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PATIENT NAME : RAGHUVeer SINGH

ACCESSION NO : 0009TK005474 AGE : 52 Years SEX : Male

PATIENT ID :

DRAWN :

RECEIVED : 03/11/2020 09:00

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Test Report Status	Final	Results	Interpretation	Units
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**CONDITIONS OF LABORATORY TESTING & REPORTING**

1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
2. All Tests are performed and reported as per the turnaround time stated in the SRL Directory of services (DOS).
3. SRL confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
4. A requested test might not be performed if:
  - a. Specimen received is insufficient or inappropriate specimen quality is unsatisfactory
  - b. Incorrect specimen type
  - c. Request for testing is withdrawn by the ordering doctor or patient
  - d. There is a discrepancy between the label on the specimen container and the name on the test requisition form
5. The results of a laboratory test are dependent on the quality of the sample as well as the assay technology.
6. Result delays could be because of uncontrolled circumstances. e.g. assay run failure.
7. Tests parameters marked by asterisks are excluded from the "scope" of NABL accredited tests. (If laboratory is accredited).
8. Laboratory results should be correlated with clinical information to determine Final diagnosis.
9. Test results are not valid for Medico- legal purposes.
10. In case of queries or unexpected test results please call at SRL customer care (Toll free: 1800-222-000). Post proper investigation repeat analysis may be carried out.

SRL Limited  
Fortis Hospital, Sector 62, Phase VIII,  
Mohali 160062



# Dr. Mamta Gupta Memorial Hospital



682-A, Civil Lines, Etawah-206 001 (U.P.)

Ph.: 05688-254074

**Dr. V. K. Gupta**

M.B.B.S., M.D. (Medicine)  
Chief Medical Officer (Retd.)

Nursing Home Regd. No. ETW/ALO/0013/17

**Dr. Aditi Gupta**

M.B.B.S.

20/1/20

बन्धु + 78kg  
**Clinical History/Complaints**

BN 13/180  
Papp (N);

Si Roghban Sth.  
530 M

Date: 11/1/20

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Rogya, kedara, Saap (N)  
Gashke (N)  
Ho UTR T o meka.

Rp

- ① Tes. Abgrent sus → ③ → ③
- ② T- Disputant + forest 1/2 1/2 1/2
- ③ exp. ocyte M - ③
- ④ T Icyte ④ ④ ④
- ⑤ T Deleto ④ ④

(Investigation)

CBCE SRI  
RBS

पर्चा पाँच दिन मान्य है  
इलाज से सम्बंधित पुरान  
पर्चे साथ अवश्य लाये ।

**OPD Timing - Morning 10.00 A.M. to 2.00 P. M.**

We treat, He cures (Not for Medico Legal Purpose)



Lab. No. : 27925

Date : 17/05/2020 Time : 09:14

Patient Name : Mr Raghuvveer Singh

Age-Group : Adult

Sex : Male

Referring Doctor : Dr. .

Page 1 of 1

Report On Haematology/ Serology& Biochemical Investigations

TEST-REPORT STATUS	RESULTS			
Test	In Range	Out Of Range	Reference Range	Unit
Haemoglobin	12.8		12.0 - 18.0	Gm. %
Total R B Cs	5.12		4.50 - 6.00	Millions/cu.mm
Total W B C	5800		4000 - 11000	Cu.mm
Differential W B Cs				%
Neutrophils		50	55 - 65	%
Lymphocytes		46	30 - 35	%
Eosinophils	3		1 - 6	%
Monocyte	1		1 - 5	%
Basophil	0		0 - 1	%
Absolute Value				
P. C. V.	41.0		40.0 - 54.0	%
M. C. V.	80.1		75.0 - 95.0	Fl.
M. C. H.		25.0	26.0 - 34.0	Pg.
M. C. H. C.		31.2	32.0 - 36.0	%
Platelet Counts		1.20	1.50 - 4.00	Lac/cu.mm
Blood Sugar				.mg %
Fasting ( Blood Sugar)		110.2	60.0 - 100.0	.mg %
P P Blood Sugar		148.2	100.0 - 160.0	.mg %

Dr. S.C. Gupta  
M.B.B.S., D.C.P.  
(Pathologists)



All tests have technical limitation, Corroborative clinicopathological interpretation is indicated. In case of disparity, the test should be repeated immediately. Reports are to be interpreted by qualified medical specialist.

\*NOT VALID FOR MEDICO-LEGAL PURPOSE\*

Dr S C Gupta  
M.B.B.S., D.C.P.

Timing: Morning 8:00 am to 8:00 pm (Sunday Evening Close)