

SHIVA HOSPITAL

287-A, Mata Road, Sector-12A, Near Singha Chowk, Gurugram Ph. 0124-4232320

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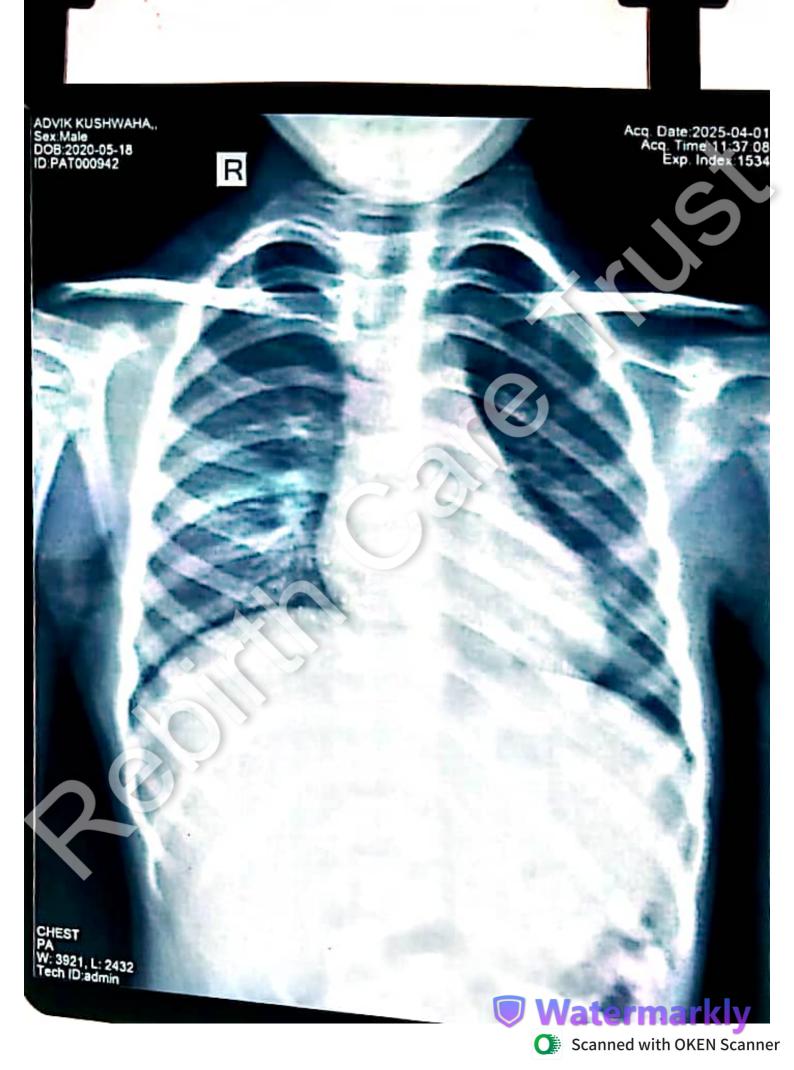
INDOOR PATIENT FILE

1,	
Patient Is	
Hypertensive	
Diabetic	
On High Risk Medication	
Having Known Allergy	E
On Dialysis	
Having Systemic Disease	

ALERT

	4.100
Hospital UHID	IPD No
Room No. / Bed No	Blood Group
Date of Admission	Time of Admission 10:55 AM
Date of Discharge	Time of Discharge
Patient Details	
Patient Name Adui	k kushwaha
Age and Sex 4Y / Mal	
sto, WIO, DIORay	i kant kuhunha
	Gali No - 4, Near by
frem clawk ,	Kapashera 110037
Provisional Diagnosis	
Final Diagnosis	
Final Diagnosis	Anurag Subharu
reating Consultant	111000





Patient Reg. No.: Patient Name:

Age/Gender:

Referred By:

Mobile No.:

Address:

SH006256

Booking Date : Master ADVIK KUSHWAHA

Dr. Anurag Sobhari

01-04-2025 Lab Ref. No. : SH00894

Doctor Name : Dr. MONIKA(M.B.B.S M.D) Sample Date/Time : 01-04-2025 11:01:AM Report Date/Time : 01-04-2025 12:56 PM

Investigation:

BIOCHEMISTRY TEST

Parameter Result **BLOOD SUGAR RANDOM** Unit Reference Range 89 mg/dL 80 - 140

SEROLOGY TEST

Parameter Result MALARIA SEROLOGY Unit Reference Range

Malaria Anitigen Test P.Vivax P.Falciparum Summary :

Negative Negative

Negative Negative

Malaria is a curable disease if the patients have access to early diagnosis and prompt treatment. Antigenbased Rapid Diagnostic Tests (RDTs) have an important role at the periphery of health services capability because none of therural clinics has the ability to diagnose malaria on-site due to a lack of microscopes and trained technicians to evaluate blood films. Furthermore, in regions where the disease is notendemic laboratory technologists have very limited experience in detecting and identifying malaria parasites. An ever increasing numbers of travelers from temperate areas each year visit tropical countries and many of them

malaria infection. The RDT tests are still regarded as complements to conventional microscopy but with somemprovements it may well replace the microscope. The tests are simple and the procedure can be performed

the spot in field conditions. These tests use finger-stick or venous blood, the completed test takes a total of 15–20 minutes, and a laboratory is not needed. The threshold of detection by these rapid diagnostic tests is in the range of 100 parasites/µl of blood compared to 5 by thick film microscopy

TYPHIDOT (IgG & IgM)

Typhi - Check IgM Positive Negative Typhi - Check IgG Negative Negative

Summary: A febril condition, Typhiod fever, is a bacterial infection caused by Salmonella serotypes including S. paratyphi A, S.paratyphi B and salmonella sendi. The symptoms of the illness include high fever, headache, abdominal pain, constipation and appearance of skin rashes. Accurate diagnosis of typhoid fever at an early stage is not only important for etiological diagnosis but to identify and treat the potential carriers and prevent acute typhoid fever outbreaks .Early rising anibodies to Lypopolysaccharide (LPS) O are predominantly IgM in nature. Detection of S. typhi specific IgM antibodies instead of IgG or both IgM (as measured by the Widal test)

CRP (QUANTITATIVE)

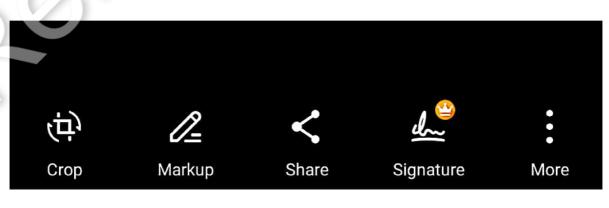
81.47 (High)

mq/l

INTERPRETATION:-In normal healthy individuals, CRP levels generally do notexceed 10 mgm/L. CRP plays a role in host defence and tissue repair. There is a lag time of 6-10 hrs between stimulus and rise in serum levels, as compared to a lag time of 24-72 hrs, for other acute phase

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URINE EXAMINATION (URINE EXAMINATION)

Parameter	Result	Unit	
PHYSICAL EXAMINATION		OTIL	Reference Range
COLOUR	•		
QUANTITY	YELLOW		
TRANSPARENCY	30	ml.	
PH	TURBID		
SPECIFIC GRAVITY	6.0		
	1.030		
CHEMICAL EXAMINATION			
ALBUMIN	(+)	NIL	
REDUCING SUGAR	NIL	1	
MICROSCOPIC EXAMINATION			. V
RBC'S	NIL		
PUS Cells		/HPF	
EPITHELIAL CELLS	10-15	/HPF	
CASTS	_4-6	/HPF	
CRYSTALS	NIL	Philippine .	
BACTERIA	NIL		
	NIL		
OTHERS	NIL		

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KIDNEY FUNCTION TEST (KIDNEY FUNCTION TEST)

Parameter		(KIDNEY FUNCTION TEST)		
BLOOD UREA	Result	Unit	Reference Page	
SERUM CREATININE SERUM URIC ACID SODIUM POTASSIUM CHLORIDE	17.3 0.57 3.5 137.0 4.27 100.1	mg/dL mg/dL mg/dL mmol/L mmol/L	Reference Range 15 - 36 0.50 - 1.0 3.5 - 7.2 136 - 149 3.5 - 5.5 98.0 - 109.0	

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Investigation:

LIVER FUNCTION TEST (LFT) (LIVER FUNCTION TEST (LFT))

Parameter	Result	Unit	Reference Range
TOTAL PROTEIN	6.7	mg/dL	6.5 - 8.3
ALBUMIN	3.4 (Low)	mg/dL	3.8 - 5.4
GLOBULIN	3.3	gm/dl	2.3 - 3.5
A/G RATIO	1.03 (High)	y	
BILIRUBIN TOTAL	0.87	mg/dL	0.10 - 1.20
CONJUGATED (D. Bilirubin)	0.30	mg/dL	0.0 - 0.40
UNCONJUGATED (I D.Bilirubin)	0 57	mg/dL	0.0 - 0.70
S.G.O.T	214,3 (High)	IU/L	5.0 - 40
S.G.P.T	137.6 (High)	10/L	0.0 - 45.0
ALKALINE PHOSPHATASE	219.5	UL	54.0 - 369.0

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COMPLETE BLOOD COUNT CBC (COMPLETE BLOOD COUNT)

Parameter	Result	Unit	Reference Range
HAEMOGLOBIN	12.7 (Low)	gm/dl	13.5 - 18.0
P.C.V/ HAEMATOCRIT	35.9 (Low)	%	40 - 54
TOTAL LEUCOCYTE COUNT(TLC)	19400 (High)	/cumm	6000 - 13500
RBC COUNT	4.67	Millions/cmm	4.0 - 5.2
MCV	76.8 (Low)	fl	80 - 100
МСН	27.1	pg	27.0 - 31.0
MCHC	35.3	gm/dl	33 - 37
PLATELET COUNT	1.08 (Low)	lakh/cmm	1.5 - 4
NEUTROPHIL	83 (High)	%	40 - 75
LYMPHOCYTES	14 (Low)	%	20 - 45
MONOCYTES	2	%	02 - 10
EOSINOPHILS	1	%	01 - 06
BASOPHILS	00	%	0 - 0
RDW-CV	16.3 (High)	fl	11.0 - 15.0

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