



# SANJEEVANI

## MULTISPECIALITY HOSPITAL

+91 92256 51258  
sanjeevanihospital20@gmail.com  
www.sanjeevanihospitalpune.com  
Above IDBI Bank, Shivaji Chowk,  
Hinjewadi, Phase I, Mulshi, Pune-57.

Bill No. 2399

UHID:	
Regd. No.:	3070/2024
Bed No.:	

## ADMISSION FORM

Name Of Patient Miss Pratiksha Chavhan

Address: Hinjewadi Phase ①

Phone: 8805857382

Age: 30/73 Sex: Female

Date Of Admission: 27/11/2024 Time: 11:00 PM

Date Of Discharge: Time:

Treating Doctor: Dr. Swapnil Biscydar

Consultant Doctor: Dr. Abhijeet Shinde

Referring Doctor:

Provisional Diagnosis:

Name Of Relative: Mr. Shiraj Pawar

Address: Hinjewadi Phase ①

Phone: 7259449997

MLC No.

Signature  
(Of Attendant)

  
Signature  
(Hospital Authority)



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### GENERAL CONSENT FOR ADMISSION & COUNSELING

To be Completed within 30 minutes

Patient Name:	Miss Pratiksha Chavhan	Date of Admission:	27/11/2024
Age:	30 yrs	Sex:	Female
Consultant:	Dr. Abhishek Shinde	UHID:	3070/2024 IPD: 2399
Diagnosis:		Room/Ward No.:	Semi Deluxe Bed No.: ①
Date:	28/11/2024	Procedure/Surgery:	

I hereby give my full consent to doctors to perform treatment as discussed. I understand that the Institution will take utmost care of me/my patient. I do understand that there is always the possibility of unexpected complication which may necessitate procedures different from those contemplated and I hereby consent to the performance of addition procedures operations or blood products transfusion that the doctor considers urgent necessary. I further state that I take the full responsibility of settling the bill before leaving the hospital. I certify that I have been explained in the language I understand the requirement of hospitalization from me / my patient. I understand that no valuable are to be left the patient. It has been explained to me that I would not be bringing valuable items including jewellery, to the hospital and I would be completely responsible for all my belongings. I understand and agree that Sanjeevani Hospital is not responsible in any manner whatsoever if any accident loss or theft of valuable kept by me during my stay in the hospital, as I have been advised to keep the same with me.

I have also been explained the following.

Name of Patient: Miss Pratiksha Chavhan S/o., D/o., W/o.: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Patient's Address: Hinjewadi Phase ①

Signature  
(of Patient)

  
Signature  
(of Attendant)

# Sanjeevani

MULTISPECIALITY HOSPITAL

Shivaji Chowk, Hinjawadi, Mulshi, Pune - 57.

E-mail : sanjeevanihospitalpune20@gmail.com

## BILLING SHEET



NAME	miss Pratiksha
IPD NO	30/01/2024
WARD	BED NO
MLC NO	

DAYS	1	2	3	4	5	6	7
Sr.No.	PARTICULARS ↓ DATE →	28/01/2024					
01	ROOM CHARGES						
02	ICU						
03	DIAMOND						
04	DELUXE						
05	SEMI DELUXE	✓	✓				
06	GEN WARD						
07	MEDICAL ATTENDANCE	✓	✓				
08	NURSING	✓	✓				
09	EMERGENCY CONSULTANT VISIT						
10	INTENSIVISIT						
11	CONSULTANT VISITS						
12	DR. Swapnil Sir	✓					
13	DR.						
14	DR. Abhijeet Sir	✓					
15	DR.						
16	SUPER CONSULTANT VISIT						
17	DR. Sapana	✓					
18	DR.						
19	DR.						
20	ECG						
21	NEBULIZATION						
22	BSL GLICOMETER	✓	✓				
23	IV CANNULATION	✓	✓				
24	FOLEY'S CATHETERIZATION						
25	RYLES TUBE INSERTION						
26	ENEMA						
27	BLOOD TRANSFUSION						
28	DRESSING MINOR						
29	DRESSING MAJOR						
30	TRACTION						
31	CLW SUTURING						
32	TAPPING						
33	OXYGEN						
34	MULTIPARAMONITOR						
35	SYRINGE PUMP						
36	STOMACH WASH						
37	CENTRAL LINE						
38	THROMBOLYSIS						
39	INTUBATION						
40	VENTILATOR						
41	DEFIBRILLATOR/SHOCK						
42	ALFA/WATER BED						
43	DVT PUMP						
44	MLC						

	DAYS	1	2	3	4	5	6
Sr.No.	PARTICULARS ↓ DATE →	28/11/2011					
45	CPR						
46	NASAL PACKING						
47	PHOTOTHERAPY						
48	CHEST LEAD						
49	MEDICINE PACKAGE						
50	HOSPITAL CONSUMABLE						
51	AMBULANCE						
52	LAB	✓					
53	X-RAY						
54	USG						
55	CT SCAN	MRZ	✓				
56	2D-ECHO						
57	PROCEDURE NAME	ICD INSERTION / TRACHEOSTOMY / MAJOR SUTURING / PLASTER APPLICATION/BRONCHOSCOPY/PLERAL TAPPING/NASAL/LUMBER/PUNCTURE/ARTERIAL LINE					
58	NAME OF CONSULTANT	NAME OF PROCEDURE DONE IN WARD/ICU/ROOM				SIGN	DATE
59	DR.						
60	DR.						
61	DR.						
62	SURGEON NAME	ANAESTHETISTS NAME					
63						RISK	DATE
64							
65							
66	TYPE OF PLANNED EMERGENCY	CATEGORY				ANAESTHETISTS	
67	DR.					DR.	
68	DR.					DR.	
69	DR.					DR.	
70	OTHER THINGS USED OT					DR.	
71	MULTIPARAMONITOR						
72	OXYGEN						
73	NITROUS						
74	TOUNIQET						
75	SEVAFLOURINE						
76	IMPLANTS/DEVICE						
77	CHEST LEADS						
78	INSTRUMENTS/SCOPE						
79	IV FLUIDS						



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BSI - 106mg/dl

### INITIAL ASSESSMENT BY DOCTOR

UHID:

Regd. No.:

NAME: Pratiksha Chavhan		NOTES	TREATMENT
DATE	S/B.: Dr. Nikhil & Dr. Shinde		DIET:
C/O.:	A 28 yr/F pt came to SMH w/ C/o - Deviation of face towards R+ side. - Frequent watering from R+		SURGICAL MANAGEMENT:
H/O.:	eye.		
OBS H/O.:	- Unable to swallow Food or drink water properly		
HABITS: ALCOHOL =	drink water properly		
TOBACCO =	... 3 days.		MEDICINAL MANAGEMENT:
SMOKING =			
DRUG ALLERGY:	H10 - Fever on		- Inj Acivir 400mg IV BD
HEIGHT:	WEIGHT: 261/124		+ Inj Vistar B12
O/E:			- Inj Optineuron IV OD
TEMP:	96°F		- Inj Dexta 8 mg stat
PULSE:	86/min		- Inj Pan 400mg BD
B.P:	110/70mmHg		IVF - NS <del>Dex</del> DNS
RS:	ABRE		
CVS:	S <sub>1</sub> S <sub>2</sub> +		
CNS:	Conscious		
ENT/OPHT:			
P/A:	soft.		SPECIAL PRECAUTIONS:
PROVISIONAL DIAGNOSIS:	? Bell's Palsy		CBC, CRP, LFT, RFT,
ADVICE:	CT / MRI Brain		Sr. electrolytes



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## **CONTINUATION SHEET**

<b>UHID :</b>	
<b>Regd. No.:</b>	

**NAME :**

**Age:**

**Gender:**



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## **CONTINUATION SHEET**

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### CONTINUATION SHEET

UHID :	
Regd. No.:	

Age:

Gender:

NAME :

DATE	NOTES	TREATMENT
28/11/21 5pm	S/B Dr. Vaishnavi & Dr. Shinde Q - Bell's Palsy. A/P - Deviation of lips to right. - Drooping of face to one side. - Left. headache - pain more at occipital region, frontal region and twisting type of pain behind left ear. Rest ct. a/c	Phy WIFTPR/BP/SpO <sub>2</sub> monitoring & charting ② Dr. Aariz Yaqub BD Inj. Ultra B12 IV BD left ear. Rest ct. a/c
	O/E:- BP - 110/80 mmHg P - 86/min SpO <sub>2</sub> - 98% on RA Temp - Afebrile	
	S/E:- CS - S <sub>1</sub> , S <sub>2</sub> (R) CNS - concre & oriented RJ - A/G G drier	Tab. Wysolom 20g P/O OD
	P/R - soft	



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## **CONTINUATION SHEET**

<b>UHID :</b>	
<b>Regd. No.:</b>	

NAME: Miss. Pradipta Chawla

Age: 30 yrs Gender: F



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# **CONTINUATION SHEET**

<b>UHID :</b>	
<b>Regd. No.:</b>	

**NAME:** Miss. Pratiksha Chavhan

Age: 30 yrs Gender: F



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## CONTINUATION SHEET

UHID :	
Regd. No.:	

NAME :

Age:

Gender:

DATE	NOTES	TREATMENT
28/11/24	SIB - Dr. Nikhil & Dr. Shirode.	WJP - TPR(BP) 5000, Monitoring & Charting
10 PM	? - Bed's Party.	
	AIP - No any fresh complaint.	12x
	(P2) Tab Azir 4mg BD	
O/E -	BP - 110/70 mmHg PR - 80/min SpO2 - 98%.	Tab Zygadole 2mg OD
SIB -	CNS - Conscious, oriented AVS - SSS, P.	Best Cr all
	Rs - AFB.	
	P/D - soft.	Q



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## CONTINUATION SHEET

UHID :  
Regd. No.:

Age:

Gender:

NAME: Min. Pratiksha Chawhan

DATE	NOTES	TREATMENT
29/11/19	Vis Dr. Hanhade & Dr. Shinde. 1 - Ovar's pain.	Re wif tpm 10/10 many + crux.
	ATP - droopy of face to left side. difficulty in swallowing. pain at right side of face. swallowing power. O/E - BP 100/60 mm. P - 828/min. + - abdomen Hb - 98% m PA.	Tab. Acuvir. 400 P10 BD (D9) j. Opti 1/10 IU BD j. Pan 40 IU BD j. emet 40 IU BD j. dry ph 40 IU Tab. Wyzolone 200 P10 OD
5/12-	CO - Slight Headache Zinc - continuous diarrhea. Hb - Hb 88% clear.	Duf Me 400 80ml/u. OD
		<i>F. D. 1</i>
		Captopril eye drop. 20 - 20 - L0.



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## **CONTINUATION SHEET**

<b>UHID :</b>	
<b>Regd. No.:</b>	

Age:

**Gender:**



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## CONTINUATION SHEET

UHID :	
Regd. No.:	

NAME :	Age:	Gender:
DATE	NOTES	TREATMENT
29/11/24 2:30pm	S/B Dr. Vaishnavi → Dr. Shinde  D- Left LMN facial Palsy / Bell's palsy	
	A/p- Drooping of face to left side. - Mild Cough - Headache	Rx W/F TPR / BP / SpO <sub>2</sub> Monitoring & charting.
	O/E- BP- 110/70 mmHg. P- 96/min SpO <sub>2</sub> - 98% on RA Temp- Afibrile	Ciplex Eye drop 2° → 2° → 2°  Tab. Acivir 800mg 1-1-1-1 X5 days
	S/E- CVS - S, S, (N) CNS - Conc. & oriented R/S - Aerodolor	Tab. Wyzolone 20mg. 1-6-0 X5 days
	P/A- S°/F	Rest Ct. all



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Above IDBI Bank, Shivaji Chowk, Hinjewadi, Phase I, Mulshi, Pune-57.

Name: Miss Pratiksha  
Date: 29/11/24  
IPD No.: 30701026  
Age: 30y, Sex: female

## INPATIENT MEDICATION RECORD

Allergy if any:

Ward:

Bed No.:

Doctor Name:

Miss Pratiksha

No.	Medication	Dose	Route	Frequency	Time Of Medication
	Ij Pan	20g	Ilu	BD	8AM
	Ij Vibro Bz	1Acp	Ilu	BD	10AM
	Ij Dynapac	78g	Ilu	sos	
	Tab Acivie	400g	P/o	BD	10AM
	Tab Hlysolone	20g	P/o	OD	12PM
	Tab. Allegra M		P/o	BD	
	IUR				
	ONS 500g	?			12AM - 9AM
	ONS 500g	?	Ilu		
-	Steam inhalation				



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Name: miss Pratiksha  
Date: 28/11/24  
IPD No.: 3070/2024  
Age: 30 yrs. Sex: female.

# **INPATIENT MEDICATION RECORD**

Allergy if any:	Ward:	Bed No.:
-----------------	-------	----------

Doctor Name: Miss Pratiksha

## **Sister Incharge:**

## **Doctor's Sign:**

# **SANJEEVANI HOSPITAL**

Hinjawadi, Pune - 411057

## **T.P.R. / B.P. CHART**

UHID:

Regd. No.:

**NAME :**

miss Pratiksha



**RADIOVISION  
DIAGNOSTICS**  
Accurate Diagnosis Affordable Price!

PT. NAME:	MS. PRATIKSHA CHAVAN	DATE:	28-11-2024
REF. BY:	DR. SWAPNIL BIRAJDAR	AGE/GENDER:	30 Y / F

### MRI BRAIN AND ANGIOGRAPHY

#### TECHNIQUE:

Sequences	Plane	Sequences	Planes
FSE T2WI	Axial, coronal, sagittal	FLAIR T2WI	Axial
FLAIR T1WI	Axial	DWI, ADC	Axial
SWI	Axial	FSPGR	Coronal
MRA	TOF	MIP 3D images	Coronal, Sagittal, axial
FSPGR	Axial source images		

#### FINDINGS:

##### **Neuro parenchyma**

Gross morphology of the supratentorial brain parenchyma is normal. The gyral /sulcal pattern appears normal. Cortex is normal in signal. Gray-white differentiation is well appreciated.

Basal ganglia, thalamus, subthalamic region are normal in morphology and signal.

Corpus callosum, internal capsule, hemispheric white matter, cerebral peduncles are normal.

Cerebellar hemispheres, vermis and peduncles shows normal morphology

Midbrain, pons and medulla are unremarkable.

##### **CSF spaces**

The lateral, third and the fourth ventricles are of normal size, shape and position. The basal, supra/para sellar and sylvian cisterns are normal. Extracerebral CSF spaces normal.

The pituitary gland, optic chiasm and optic tracts are normal.

##### **General remarks**

There is no evidence of any obvious focal/diffuse abnormality in the neuro parenchyma or other observed structures or any intra cranial space occupying lesion.

There is no mass effect, shift of midline structures or cerebral edema.

##### **Skull**

Skull, scalp, paranasal sinuses and mastoid cells are unremarkable.



**RADIOVISION  
DIAGNOSTICS**  
Accurate Diagnosis Affordable Price!

PT. NAME:	MS. PRATIKSHA CHAVAN	DATE:	28-11-2024
REF. BY:	DR. SWAPNIL BIRAJDAR	AGE/GENDER:	30 Y/ F

#### MRA

The intra cranial ICA (including petrous, laceral and cavernous portions), MCA, ACA and PCA are well visualized. Both posterior communicating arteries are visualized. The basilar trunk and terminal parts of vertebral arteries are normal. The arteries show normal anatomy, MR morphology. No abnormally dilated segments or any vascular malformation seen. No abnormal displacement or aberrant course seen.

Both CCA and its bifurcation, internal and external carotid arteries are well visualised in the neck angiography images. Both carotids show normal dimensions, with normal wall thickness and smooth luminal margins.

Both vertebral arteries are visualised from the origin upto the formation of basilar trunk. No evidence of stenosis in the origin or along the course of the vessels.

#### IMPRESSION:

- ❖ MR imaging reveals no significant abnormality in the brain parenchyma or other observed structures.
- ❖ No evidence of any vascular lesion involving the neck or cerebral arteries. No occlusion or significant stenosis in the large arteries visualised in MRI.
- ❖ The circle of Willis and its branches show normal morphology.

Dr. Tushar Somwanshi  
MD (Radiodiagnosis)  
Consultant Radiologist

(Note: This modality is having its limitations and the report should be correlated with clinical and other relevant patient data)

Email : medipluspathlab@gmail.com | Timing : 8:00 am to 9:00 pm

**Dr. Suhas Lunkad**  
 M.D.(Path)  
 Consulting Pathologist  
 Reg. No. 89089

**Mr. D. P. Chavan**  
 B.Sc. (Micro) Ad. DMLT,  
 Reg. No. AD/MLT/0240/2024

**Patient Name :** MISS. PRATIKSHA CHAVAN

**Referral Doctor:** SANJEEVANI MULTISPECIALITY HOSPITAL

**Pt.Type / ID :** Direct/   
 19452

**Age / Gender :** 30 Years / Female

**Collection Date :** 27/11/2024

**Reporting Date :** 27/11/2024

**CBC - Complete Blood Count**

Test Description	Value(s)	Unit	Reference Range
Hemoglobin	10.9	gms/dl	12 - 17
Total WBC Count	9800	/uL	4000 - 11000
RBC Count	4.72	mil./cmm	3.8 - 5.8
Platelet Count	390000	/cmm.	150000 - 450000
<b>DIFFERENTIAL COUNT</b>			
Neutrophil	55	%	40 - 75
Lymphocytes	36	%	20 - 45
Eosinophil	03	%	1 - 6
Monocytes	06	%	1 - 10
Basophils	00	%	0 - 1
<b>RBC Indices</b>			
Haematocrit (HCT)	30.0	%	37 - 47
MCV	63.56	fL	80 - 100
MCH	23.09	pg	27 - 34
MCHC	36.33	gm/dl	32 - 39
RDW-CV	14.8	%	11 - 16
RDW-SD	30.7	fL	36 - 56
<b>Platelet Indices</b>			
MPV	8.9	fL	6.5 - 12
PDW	15.3	fL	9 - 17
PCT	0.348	%	0.10 - 0.50
Platelet	Adequate on smear		
RBC Morphology	<b>Microcytic Hypochromia</b>		
WBC Morphology	Within Normal Limits		

**Done on fully Automatic H31 Plus Haematology Analyser**


Checked By



Authenticity Check

  
**Dr. Suhas Lunkad**  
 MBBS MD (Path)  
 Reg No. 89089

Page 1 of 4

Email : medipluspathlab@gmail.com | Timing : 8:00 am to 9:00 pm

**Dr. Suhas Lunkad**  
M.D.(Path)  
Consulting Pathologist  
Reg. No. 89089

**Mr. D. P. Chavan**  
B.Sc. (Micro) Ad. DMLT.  
Reg. No. AD/MLT/0240/2024

Patient Name : MISS. PRATIKSHA CHAVAN

Age / Gender : 30 Years / Female

Referral Doctor: SANJEEVANI MULTISPECIALITY HOSPITAL

Collection Date : 27/11/2024

Pt.Type / ID : Direct/   
19452

Reporting Date : 27/11/2024

### LIVER FUNCTION TEST (LFT)

Test Description	Value(s)	Unit	Reference Range
Bilirubin Total	1.02	mg/dL	0.2 - 1.2
Bilirubin Direct	0.48	mg/dL	0.0 - 0.50
Bilirubin Indirect	0.54	mg/dL	0.2 - 0.9
SGOT (AST)	32	U/L	0 - 45
SGPT (ALT)	26	U/L	0 - 45
Alkaline Phosphatase	103	U/L	65 - 170
Protein Total	6.13	g/dL	6.0 - 8.3
Albumin	4.23	g/dL	3.2 - 5.0
Globulin	1.90	g/dL	2.5 - 3.3
A/G Ratio	2.23	-	1.0 - 2.1



Authenticity Check

**Dr. Suhas Lunkad**  
MBBS MD (Path)  
Reg No. 89089



**Pathology Laboratory**

ISO 9001 : 2015 Certified Laboratory

Email : medipluspathlab@gmail.com | Timing : 8:00 am to 9:00 pm

**Dr. Suhas Lunkad**  
M.D.(Path)  
Consulting Pathologist  
Reg. No. 89089

**Mr. D. P. Chavan**  
B.Sc. (Micro) Ad. DMLT.  
Reg. No. AD/MLT/0240/2024

Patient Name : MISS. PRATIKSHA CHAVAN

Age / Gender : 30 Years / Female

Referral Doctor: SANJEEVANI MULTISPECIALITY HOSPITAL

Collection Date : 27/11/2024

Pt. Type / ID : Direct

Reporting Date : 27/11/2024

19452

#### RENAL FUNCTION TEST (MINI)

Test Description	Value(s)	Unit	Reference Range
Blood Urea Level	20	mg/dl	10 - 45
Serum Creatinine	1.01	mg/dl	0.65 - 1.50
Sodium (Na)	139	mEq/L	135 - 155
Potassium (K)	4.05	mEq/L	3.50 - 5.50
Chloride (Cl)	100	mEq/L	98 - 110



Authenticity Check



**Dr. Suhas Lunkad**  
MBBS MD (Path)  
Reg No. 89089

Patient Name : MISS. PRATIKSHA CHAVAN

Age / Gender : 30 Years / Female

Referral Doctor: SANJEEVANI MULTISPECIALITY HOSPITAL

Collection Date : 27/11/2024

Pt.Type / ID : Direct/

19452

Reporting Date : 27/11/2024

### C REACTIVE PROTEIN ( CRP )

Test Description	Value(s)	Unit	Reference Range
CRP - C REACTIVE PROTEIN Serum, Nephelometry	18	MG/L	0 - 6

#### Interpretation

- 1.
2. Measurement of CRP is useful for the detection and evaluation of infection, tissue injury, inflammatory disorders and associated diseases .
3. High sensitivity CRP (hsCRP) measurements may be used as an independent risk marker for the identification of individual at risk for future cardiovascular disease.
4. Increase in CRP values are non-Specific and should not be interpreted without a complete history.

#### NOTE

- 1) C-reactive protein (CRP) is a protein found in the blood, the levels of which rise in response to inflammation (an acute-phase protein).
- 2) Its physiological role is to bind to phosphocholine expressed on the surface of dead or dying cells (and some types of bacteria) in order to activate the complement system via c1q. CRP is synthesized by the liver in response to factors released by fat cells (adipocytes).
- 3) It is a member of the pentraxin family of proteins. It is not related to C-peptide or protein C. CRP is used mainly as a marker of inflammation. Apart from liver failure, there are few known factors that interfere with CRP production.
- 4) Measuring and charting CRP values can prove useful in determining disease progress or the effectiveness of treatments.
- 5) CRP is therefore a test of value in medicine, reflecting the presence and intensity of inflammation, although an elevation in C-reactive protein is not the telltale diagnostic sign of any one condition.

\*\*END OF REPORT\*\*



Checked By



Authenticity Check

**Dr. Suhas Lunkad**  
MBBS MD (Path)  
Reg No. 89089

Page 4 of 4



# SANJEEVANI

## MULTISPECIALITY HOSPITAL

29/11/24

To whomsoever it may concern.

Mr. Pranilku Chavhan 11y/o pt came to SMH with  
40 deviation of face towards rt side. Frequent  
watery from rt eye unable to swallow food &  
water from 3 days. H/o fm on 26/11/24.

Pt fr from home pt get admitted to SMH  
on 27/11/24. Pt is provisionally diagnosed w/  
Bell's palsy. pt needs to be under observation  
and symptoms of gsp ref + rmpmeds will  
be started.

*AOthman*

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MBBS DNB MEDICINE  
Reg. No.- 2006/10/3183