

TO,  
CENTRAL MEDICAL STORE  
NR.FOOT BALL GROUND,  
KANKRIA,  
Ahmedabad.

SUB- REQUEST TO PROVIDE INJ. Remdesivir ON REPLACEMENT BASIS

This is to inform you that SPCT covid care center is covid Designated hospital and we have admitted one Patient Name. Kaushal D. Patel. was admitted in Our Hospital on dt. 23-4-21 Patient is on NRBM ..... Lit/m. Our Dr. Naman Patel..... advice to give inj. Remdesivir..... We Request you to give us the same for replacement basis. We will give replacement one we receive stock in our pharmacy. If we will no able to provide than we are agree to pay the original procurement price.

Date- 24-4-21

Sign 

Authorized person

**V-Care Gynec & Multispeciality Hospital**  
Surendranagar Patidar Charitable Trust  
SPCT Sankul, B/H. Saligram Lake View,  
Hospital Road,  
Nr. Under Bridge, S.G.V.P. Circle, Ahmedabad.

24-4-21

Patient Kavshal D. Patel was admitted at SCT and care center on Dt. 23-4-21. His SpO<sub>2</sub> was 88-90% on RA. He require Inj Remdesivir. Mr. Alpesh R. Patel was his family member & his adhars card. no. is 921546892129. Please consider this person and provide Inj Remdesivir.

**Dr. Varun R. Patel**

MB, DNB, (Resp. Medicine - Gold Medalist)

DTCD, EDARM, FICP

Reg. No. G-35758



## TEST REPORT

<b>Name</b>	: Mr. Kaushal Dipak Patel	<b>Reg. No</b>	: 104208062
<b>Age/Sex</b>	: 28 Years / Male	<b>Reg. Date</b>	: 20-Apr-2021 12:18 PM
<b>Ref. By</b>	:	<b>Collected On</b>	: 20-Apr-2021 12:18 PM
<b>Ref Id</b>	:	<b>Report Date</b>	: 22-Apr-2021 04:40 PM
Parameter	Result	Unit	Biological Ref. Interval

**SARS-CoV-2 (COVID-19) QUALITATIVE RT-PCR**  
**Method: Real-Time PCR (Qualitative) ICMR Reg No: CUHPLAG**

**Specimen : Nasopharyngeal + Oropharyngeal Swab**

**RdRp gene : TARGET DETECTED**

**E gene : TARGET DETECTED**

**N gene : TARGET DETECTED**

**Conclusion : COVID POSITIVE (HIGH VIRAL LOAD: 21-22)**

**Panel Comments:**

This molecular test uses Real Time PCR technology based on nucleic acid amplification assay for qualitative detection of RNA of Novel Coronavirus (Covid-19) from Respiratory samples(Throat,Nasopharyngeal swab, BAL fluid & sputum samples.) It is an in-vitro diagnostic test that detects very low levels of COVID-19 RNA in human clinical samples.

1. **"Target Detected"** results indicates presence of SARS-Cov-2 in the sample. Positive result does not rule out infection with bacterial or other viral co-infections.

2. **"Target Not Detected"** result indicates absence of SARS-Cov-2 infection in the given specimen with the assay used. A negative result does not exclude the possibility of COVID-19 infection as the results are dependent on many other factors.

**Limitations:**

1. Results of this test are highly dependent on the sampling technique employed, sample type, cold chain maintenance and clinical conditions.

2. Presence of PCR inhibitors (cannot be traced by technologist) or viral load lesser than assay lower limit of detection as well as presence of rare genotypes or mutations may result in false neagive result.

3. False positive report may be obtained in cases where there is possibility of background RNA contamination from pre-analytical or in-lab environment.

**Note:**

1.Results must be interpreted in conjunction with other clinical and/or laboratory findings.

2.Negative result does not rule out the possibility of COVID-19 infection. Presence of inhibitors in sample, mutations at primer or probe binding sites or insufficient RNA in patient sample can influence the results.

----- End Of Report -----

This is an Electronically Authenticated Report.

**Dr Bhargav Patel**

MD (Microbiology)

Page 1 of 1

'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad-380054, Gujarat.

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**NAME: KAUSHAL PATEL****M/27 YRS****DATE: 23/04/2021****Clinical profile: Positive for COVID-19 infection.****MSCT SCAN OF THORAX (PLAIN):-**

MSCT imaging was performed using sub-millimeter thin plain scan of thorax from thoracic inlet to diaphragm. Lung window images were obtained.

The study reveals presence of multifocal areas of ground glass attenuation with inter & intra lobular septal thickening involving both lung fields, predominantly at subpleural and peribronchovascular regions.

A few discrete areas of subpleural band are seen on either side.

No evident parenchymal consolidation is seen.

Lobe	Area of involvement
Right upper lobe	Between 5% to 25%
Right middle lobe	<5% involvement.
Right lower lobe	Between 5% to 25%
Left upper lobe	Between 25% to 50%
Left lower lobe	Between 25% to 50%
CT severity score: 11 (Maximum: 25)	

Rest of the lung fields appear normal.

No pretracheal, paratracheal, hilar or paraspinal lymphadenopathy is seen.

No pleural or pericardial effusion is seen.

Trachea & main bronchi appear normal.

Visualised portion of oesophagus appears normal on unenhanced scan.

Visualised liver do not reveal any abnormality on unenhanced scan.

**IMPRESSION:**

The CT findings are suggestive of:

- Multifocal areas of ground glass attenuation with inter & intra lobular septal thickening involving both lung fields, predominantly at subpleural and peribronchovascular regions.
- A few discrete areas of subpleural bands on either side.
- No evident parenchymal consolidation.
- No evidence of significant mediastinal lymphadenopathy or pleural effusion.

***These findings are consistent with infective etiology - atypical viral pneumonia  
CORADS 6 (Positive for COVID-19 infection).***

***Imaging findings are supportive or supplementary only and cannot replace gold standard method RT-PCR study for diagnosis of COVID-19.***

**DR. YASH PATEL****M.D.**



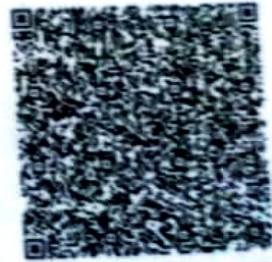


ભારત સરકાર

Government of India



કૌશલ દીપકભાઈ પટેલ  
Kaushal Dipakbhai Patel  
જન્મ તારીખ/DOB: 13/08/1993  
પુરુષ/ MALE



2284 2908 5127

VID: 9183 5917 6240 8778

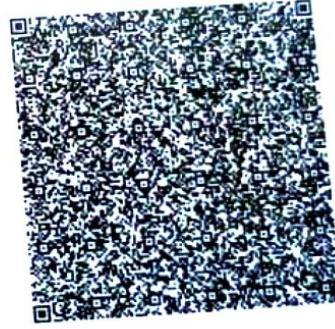
મારો આધાર, મારી ઓળખ



ભારતીય વિશિષ્ટ ઓળખાણ-પ્રાધિકરણ  
Unique Identification Authority of India

સરનામું :  
એફ-104, વિશ્વાસ પ્લેટિનીયમ-1, સાઈન્સ સિટી રોડ,  
હેતાર્થ પાર્ટી પ્લોટ પાસે, સોલા, અમદાવાદ,  
ગુજરાત - 380060

**Address:**  
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Ahmedabad,  
Gujarat - 380060



QR Code with Photograph

2284 2908 5127

VID: 9183 5917 6240 8778



help@uidai.gov.in

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Unique Identification Authority of India

Government of India

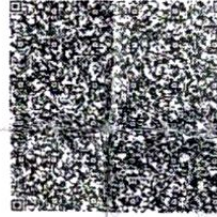
નામાંકન ક્રમ સંખ્યા / Enrollment No.: 2141/43464/68260

To  
અલ્પેશ રસિકભાઈ પટેલ  
Alpesh Rasikbhai Patel  
C-102 Sparsh Residency  
Opp Dharmidhar Pride Science City Road, Sola  
Sola  
Daskroi Ahmedabad  
Gujarat 380060  
9909943464

19/10/2011  
143485925



ME434859253FH



તમારો આધાર નંબર / Your Aadhaar No. :

**9215 4689 2129**

મારો આધાર, મારી ઓળખ



ભારત સરકાર

Government of India



અલ્પેશ રસિકભાઈ પટેલ  
Alpesh Rasikbhai Patel  
જન્મ તારીખ / DOB : 22/10/1983  
પુરુષ / MALE



**9215 4689 2129**

મારો આધાર, મારી ઓળખ

Name : Kaushal Patel  
 Age/Sex : 27y8m6D/M  
 Member Id. : CPDS3771557 /9033899557  
 Reg.No. : 2101013976  
 Reg.Date : 19/04/2021  
 Ref. By : Dr. Darshan Patel m.d.



**HAEMOGRAM REPORT**  
 (By BECKMAN COULTER UNICEL DXH 800 - USA)  
 (Specimen: Whole Blood)

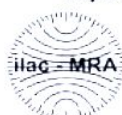
Investigation	Result	Unit	Biological Ref. Interval	Method
Haemoglobin	14.9	gm%	13.0 - 17.0	Non Cyanide Oxy Hemoglobin
Blood Cell Indices	Result	Unit	Biological Ref. Interval	Method
RBC Count	4.58	mill./c.mm	4.5 - 5.5	Electrical Impedance
PCV	43.8	%	40 - 50	Calculated
MCV	95.6	fL	83 - 101	Derived From RBC Histogram
MCH	32.6	pg	27 - 32	Calculated
MCHC	34.1	%	31.5 - 34.5	Calculated
RDW	13.6	%	11.6 - 14.0	Derived From RBC Histogram
RDW – SD	45.1	fL	39 - 46	Derived From RBC Histogram
NRBC	0.0	%	0 - 0.6	Coulter VCS-n Technology
Total WBC Count	Result	Unit	Biological Ref. Interval	Method
WBC Count	9400	/c.mm	4000 - 10000	Electrical Impedance
Differential Count	[ % ]	Unit	Biological Ref. Interval	[ Abs. ] Unit Biological Ref. Interval
(VCS TECHNOLOGY / MICROSCOPY)				
Polymorphs	80	%	40 - 80	7520 /c.mm 2000 - 7000
Lymphocytes	10	%	20 - 40	940 /c.mm 1000 - 3000
Monocytes	08	%	2 - 10	752 /c.mm 200 - 1000
Eosinophils	02	%	1 - 6	188 /c.mm 00 - 500
Basophils	00	%	0 - 2	0 /c.mm 00 - 100
Platelet Count	Result	Unit	Biological Ref. Interval	Method
Platelet Count	274000	/c.mm	150000 - 410000	Electrical Impedance
MPV	7.9	/c.mm	7.4 - 11.4	Derived From Platelet Histogram
RBC Impression	Normochromic Normocytic.			
(MICROSCOPIC EXAMINATION)				
WBC Impression	Appear normal.			
(MICROSCOPIC EXAMINATION)				
Platelet Impression	Adequate & Normal.			
(MICROSCOPIC EXAMINATION)				

**REFERENCES**

(1) Practical Hematology by Dacie & Lewis (12th Edition).  
 (2) Nathan/Oski, Hematology of Infancy and Childhood, 2nd Ed, 1981.  
 (3) UniCel DxH Series with System Manager Software., B26647AD July 2016, Beckman Coulter, Inc.

----- End Of Report -----

Approved On  
 19/04/2021 20:54



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Name : Kaushal Patel  
 Age/Sex : 27y8m6D/M  
 Member Id. : CPDS3771557 /9033899557  
 Reg.No. : 2101013976  
 Reg.Date : 19/04/2021  
 Ref. By : Dr. Darshan Patel m.d.





## BLOOD CHEMISTRY

(Carried out on VITROS 5600, a Fully Automated Integrated Dry Chemistry System – USA)  
 (Specimen: SERUM)

Investigation	Result	Unit	Biological Reference Interval	Method
Bilirubin-Total	0.5	mg/dL	0.2 - 1.3	Azobillirubin
Bilirubin (Conjugated)	0.1	mg/dL	0.0 - 0.3	Dual Wave. Spectrophotometer
Bilirubin (Unconjugated)	0.4	mg/dL	0.0 - 1.1	Dual Wave. Spectrophotometer
Bilirubin (Delta)	0	mg/dL		Calculated
S.G.P.T. (ALT)	18.1	U/L	0 - 50	PSP with UV
S.G.O.T. (AST)	25.0	U/L	17 - 59	PSP with UV
Albumin	4.6	gm/dL	3.5 - 5.0	BCG
Creatinine	0.84	mg/dL	0.66 - 1.25	Enzymatic Dry Chem

----- End Of Report -----

  
 Dr. Harsha Pandya  
 D.C.P., M.D.  
 Consultant Pathologist

  
 Dr. Anand Parikh  
 M.D. (PATH)  
 Consultant Pathologist

Dr. Mayank Joshi  
 Managing Director

Approved On  
 19/04/2021 20:22

\*Symbolic Test Not in NABL Scope.

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 Reg.Date : 19/04/2021  
 Ref. By : Dr. Darshan Patel m.d.




### SERUM LACTATE DEHYDROGENASE ESTIMATION


(Carried out on VITROS 5600, a Fully Automated Integrated Dry Chemistry System – USA)

(Specimen: Serum)

Investigation	Result	Unit	Biological Reference Interval	Method
Serum LDH*	197	U/L	120 - 246	UV-IFCC(Lactate to Pyruvate) Method

----- End Of Report -----

  
 Dr. Harsha Pandya  
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 Member Id. : CPDS3771557 /9033899557  
 Reg.No. : 2101013976  
 Reg.Date : 19/04/2021  
 Ref. By : Dr. Darshan Patel m.d.



## C-REACTIVE PROTEIN

(Carried out on VITROS 5600, a Fully Automated Integrated Dry Chemistry System – USA)


(Specimen: Serum)


Investigation	Result	Unit	Biological Reference Interval
C R P*	11.9	mg/L	0 - 10

### Comments:

CRP is an acute phase reactant which is used in inflammatory disorders for monitoring course and effect of therapy. It is most useful as an indicator of activity in Rheumatoid arthritis, Rheumatic fever, tissue injury or necrosis and infections. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.,

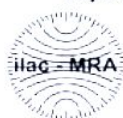
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 Reg.No. : 2101013976  
 Reg.Date : 19/04/2021  
 Ref. By : Dr. Darshan Patel m.d.



## S.FERRITIN LEVEL

( Carried out on Fully Automated Beckman Coulter Access-2 Immunoassay System )

(Specimen: Serum)

Investigation	Result	Unit	Biological Reference Interval	Method
S.Ferritin Level*	97.7	ng/mL	17.9 - 464.0	Chemiluminescence Immuno Assay

### Note:

Increase in serum ferritin due to inflammatory conditions ( Acute phase response) can mask a diagnostically low result.

### Comments

Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders.

In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant.

In such disorders iron deficiency anemia may exist with a normal serum ferritin concentration.

In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

### Increased Levels

Iron overload - Hemochromatosis, Thalassemia & Sideroblastic anemia

Malignant conditions - Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma


Inflammatory diseases - Pulmonary infections, Osteomyelitis, Chronic UTI, Rheumatoid arthritis, SLE, burns

Acute & Chronic hepatocellular disease

### Decreased Levels

Iron deficiency anemia

----- End Of Report -----

  
 Dr. Harsha Pandya  
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Name : Kaushal Patel  
 Age/Sex : 27y8m6D/M  
 Member Id. : CPDS3771557 /9033899557  
 Reg.No. : 2101013976  
 Reg.Date : 19/04/2021  
 Ref. By : Dr. Darshan Patel m.d.



## MALARIA ANTIGEN DETECTION


(Specimen: Whole Blood)

Investigation	Result	Biological Reference Interval	Method
P.Vivax Antigen	Not Detected	Not Detected	Immunochromatography
P.Falciparum Antigen	Not Detected	Not Detected	Immunochromatography

### Comments

Malaria is a protozoan parasitic infection, prevalent in the Tropical & Subtropical areas of the world. Four species of plasmodium parasites are responsible for malarial infections in humans viz. P.falciparum, P.vivax, P.ovale & P.malariae. Falciparum infections are associated with Cerebral malaria and drug resistance whereas vivax infection is associated with high rate of infectivity and relapse. Differentiation between P.falciparum and P.vivax is of utmost importance for better patient management and speedy recovery

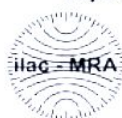
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 Dr. Harsha Pandya  
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Dr. Mayank Joshi  
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 19/04/2021 16:32



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Name : Kaushal Patel  
Age/Sex : 27y8m6D/M  
Member Id. : CPDS3771557 /9033899557  
Reg.No. : 2101013976  
Reg.Date : 19/04/2021  
Ref. By : Dr. Darshan Patel m.d.





### D-DIMER

(Specimen: Citrate Plasma)

Investigation	Result	Unit	Biological Reference Interval	Method
D-Dimer*	585.1	ng/mL FEU	0 - 500	Chemiluminescence Immuno Assay

----- End Of Report -----

  
Dr. Harsha Pandya  
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Dr. Anand Parikh  
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