

Electronic Medical Record Form

Medical ID: IND003

We ask you for information about your general health to help us treat you safely. Please complete your contact details below and answer all the health questions and then sign the back of the form.
All information will be kept strictly confidential by our service.

DOB:

First Name:

FOR OFFICE USE ONLY
Surname:

Title: Mr	Surname: Kumar	First name: Ram
Date of Birth: 10 September 2005		Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Address: 301, KapeGold, Adyar, Chennai		Postcode: 600068
Occupation: Engineer		Mobile Number: +91 9989456780
Telephone number (home): 040 6790-4446		Email: ramkumar@gmail.com

In the event of an emergency, please contact

Best interest contact

Name: Naresh	Name: Swathi
Telephone number: +91 7861878808	Telephone number: +91 8533995543
Relationship to you: Father	Relationship to you: Mother

Family Doctor's details

Doctor's name: Dr. Paresh	Telephone number: 040 67855755
Address: Rainbow Hospitals, Chennai	Postcode: 600100

Vaccination details

Name of Vaccination: Covishield	Date of Vaccine administered: 03 June 2022
Hospital of Vaccine Administered: Rainbow Hospitals, Chennai	Type of Vaccine: COVID-19

Are you currently

yes no give details

Receiving treatment from a doctor, hospital or clinic?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Taking any prescribed medicines? (including tablets, inhalers, injections, contraceptives and ointments) Please list in detail or additional sheet if required.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Taking any self prescribed medicines/drugs? (including pain killers or recreational drugs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any medical histories?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnant or possibly pregnant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date: 01 February 2024

Signature of the Patient / Guardian

Dr. Paresh, M.B.B.S
Neurologist

Rainbow Hospitals
Chennai

Clinic Hours:
MWF: 13:00 - 18:00
TTH: 9:00 - 15:00

Patient's Name: Ram Kumar
Sex: Male **Age:** 21

Medical ID: IND001
Date: 03 February 2024

Rx

Patient's History / Symptoms:

- Double vision
- Neck stiffness
- Fever

Diagnosis:

- A lumbar puncture (spinal tap) to check for signs of infection in the brain or spinal cord
- Neuroimaging - MRI or CT scan
- A sputum culture tests the material that is coughed up from the lungs to see if certain infections are present.

Prescription:

- | | |
|-------------------------------|------------------|
| • Acyclovir (Zovirax) | 1 - 1 - 0 |
| • Ganciclovir (Zirgan) | 1 - 1 - 0 |
| • Foscarnet (Foscavir) | 0 - 1 - 1 |

Signature of Doctor

PROCESSED AT :
Thyrocare
UR House,
No. 1056C, Avinashi Road,
Coimbatore - 641014

Thyrocare®
The Trust. The Truth.

Corporate Office : Thyrocare Technologies Limited D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703
☎ 022 - 3090 0000 / 4125 2525 ☎ 8691866066 ✉ wellness@thyrocare.com 🌐 www.thyrocare.com

REPORT

NAME REF. BY : RAM KUMAR (19Y/M)
TEST ASKED : SELF

MEDICAL ID : IND002

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	7.67	X 10 ³ / μL	4.0-10.0
NEUTROPHILS	63	%	40-80
LYMPHOCYTE PERCENTAGE	25.3	%	20-40
MONOCYTES	5.3	%	0-10
EOSINOPHILS	5.6	%	0.0-6.0
BASOPHILS	0.5	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	4.83	X 10 ³ / μL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	1.94	X 10 ³ / μL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.41	X 10 ³ / μL	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.04	X 10 ³ / μL	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.43	X 10 ³ / μL	0-0.5
IMMATURE GRANULOCYTES(IG)	0.02	X 10 ³ / μL	0-0.3
TOTAL RBC	5.5	X 10 ⁶ /μL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	X 10 ³ / μL	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	13.4	g/dL	13-17
HEMATOCRIT(PCV)	47.4	%	40-50
MEAN CORPUSCULAR VOLUME(MCV)	86.2	fL	83-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	24.4	pg	27-32
MEAN CORP.HEMO.CONC(MCHC)	28.3	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	53	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	17.1	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	11.8	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	10.8	fL	6.5-12
PLATELET COUNT	183	X 10 ³ / μL	150-400
PLATELET TO LARGE CELL RATIO(PLCR)	30	%	19.7-42.4
PLATELETCRIT(PCT)	0.2	%	0.19-0.39

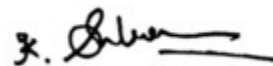
Remarks : ALERT !!! Hypochromia,Anisocytosis

Please Correlate with clinical conditions.

Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)

(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)

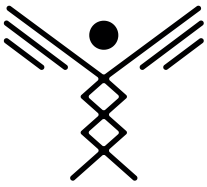
Sample Collected on (SCT) :03 Feb 2024 06:13
Sample Received on (SRT) :04 Feb 2024 09:23
Report Released on (RRT) :08 Feb 2024 10:57
Sample Type : EDTA
Labcode : 2608016201/PP004 :
Barcode : J9295107



Dr.Subramaniam MD(Path)



Dr.Caesar Sengupta MD(Micro)



Patient Name: Ram Kumar
Medical ID: IND002

Date: 03/02/2024
Referring Doctor: Dr. Paresh
Hospital: **Rainbow Hospital**

Chest X-Ray Report

Technique:

Standard posteroanterior and lateral chest radiographs were obtained in anterior-posterior (AP) and lateral projections, respectively.

Findings: The chest radiograph demonstrates the following:

1. Lungs and Airways:

- Diffuse bronchial wall thickening.
- Peribronchial cuffing.
- Mucous plugging in small airways.
- Hyperinflation of lung fields.

2. Cardiac Silhouette:

- Normal size and configuration.

3. Bony Structures:

- No evidence of acute fractures or deformities.

4. Soft Tissues:

- No significant abnormalities noted.

Impression: The chest radiograph findings are consistent with the known diagnosis of Cystic Fibrosis. There are signs of chronic bronchial inflammation and mucous plugging in the small airways. The lung fields demonstrate hyperinflation, which is a common feature in patients with Cystic Fibrosis. The cardiac silhouette appears within normal limits, and there is no evidence of acute bony abnormalities.

Chest X-Ray

Image 1 – Chest Anterior Posterior*

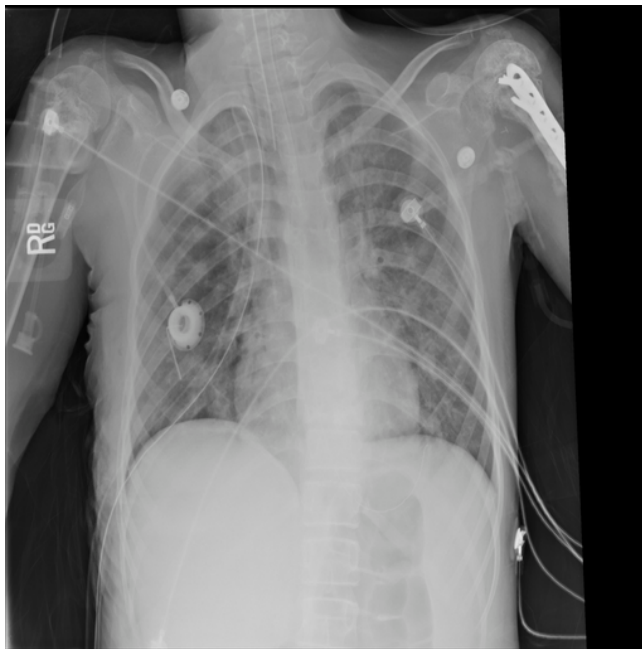


Image 2 – Lung Structure*

