

Electronic Medical Record Form

Medical ID: IND098

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: hanyu	First name: Yuzuru
	Date of Birth: 2 july 1995	Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Address: B-1101 appaswamy shakti nagar		Postcode: 600116
Occupation: Athelete		Mobile Number: +91 9177456770
Telephone number (home): 48482424		Email: Rohitsharma@gmail.com

In the event of an emergency, please contact

Best interest contact

Name: Ken watanabe	Name: Keiko watanabe
Telephone number: +91 9989890451	Telephone number: +91 9890981223
Relationship to you: Father	Relationship to you: Mother

Family Doctor's details

Doctor's name: Dr. Sridhar	Telephone number: 044 23423456
Address: Sun hospitals,chennai	Postcode: 600116

Vaccination details

Name of Vaccination: Covishield	Date of Vaccine administered: 21 August 2021
Hospital of Vaccine Administered: Apollo Hospitals, Hyderabad	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"/>

Dr. Sridhar, M.D.

Neurologist

Sun Hospitals
Chennai

Clinic Hours:

MWF: 13:00 - 18:00

TTH: 9:00 - 15:00

Patient's Name: Yuzuru hanyu

Sex: Male

Age: 29

Medical ID: IND098

Date: 14 February 2024

Rx

Patient's History / Symptoms:

- Left Ankle sprain
- Right hand fracture

Diagnosis:

This diagnosis takes into account the characteristic clinical features, imaging findings, and confirmatory laboratory results associated with a CSF Rhinorrhea.

Prescription:

- Ibuprofen 400mg tablets, take 1 tablet by mouth every 6 hours as needed for pain.
- Acetaminophen 500mg tablets, take 1 tablet by mouth every 6 hours as needed for pain (if patient cannot take ibuprofen).

Signature of Doctor

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

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REPORT

NAME REF. BY : Yuzuru hanyu(29Y/M)
TEST ASKED : SELF

MEDICAL ID :
IND098

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

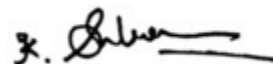
Remarks : ALERT !!! Hypochromia, Anisocytosis

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)

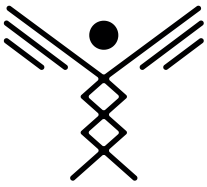
Sample Collected on (SCT) :25 Aug 2020 06:13
Sample Received on (SRT) :26 Aug 2020 09:23
Report Released on (RRT) :26 Aug 2020 10:57
Sample Type : EDTA
Labcode : 2608016201/PP004 :
Barcode : J9295107



Dr. Subramaniam MD(Path)



Dr. Caesar Sengupta MD(Micro)



Patient Name: Rohit sharma
Medical ID: IND099

Date: 06/11/2024
Referring Doctor: Dr. Sridhar
Hospital: **Sun Hospital**

X-Ray Report

Technique:

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

Findings:

- Skull Base Fracture:** A linear fracture involving the anterior cranial fossa is identified, extending from the cribriform plate to the sphenoid sinus. This fracture appears to disrupt the integrity of the skull base.
- CSF Leakage:** Evidence of cerebrospinal fluid (CSF) is noted within the paranasal sinuses, particularly the ethmoid and sphenoid sinuses. There is associated pneumocephalus, indicative of communication between the intracranial space and sinonasal cavity.
- Sinonasal Mucosal Thickening:** Mild mucosal thickening is observed within the ethmoid and sphenoid sinuses, likely secondary to inflammation and irritation from CSF leakage.
- Soft Tissue:** No evidence of soft tissue masses or abnormalities within the sinonasal cavity or adjacent structures.

Impression: CT findings are consistent with CSF rhinorrhea secondary to a skull base fracture involving the anterior cranial fossa. There is evidence of CSF leakage into the paranasal sinuses, particularly the ethmoid and sphenoid sinuses, with associated pneumocephalus. Sinonasal mucosal thickening is noted, likely secondary to inflammatory changes. Urgent neurosurgical and otolaryngological evaluation is recommended for further management, including potential surgical repair of the skull base defect.

X-RAY

Image –CT scan of brain

