

Electronic Medical Record Form

Medical ID: IND001

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: Mukesh
Date of Birth: 19 June 2002		Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Address: B-1101 Aparna Kanopy Marigold, Hyderabad		Postcode: 500014
Occupation: Student		Mobile Number: +91 9177456770
Telephone number (home): 040 2782-5557		Email: mukesh@gmail.com

In the event of an emergency, please contact

Best interest contact

Name: Saravanan Gurusamy	Name: Suba Rajeswari
Telephone number: +91 9989188880	Telephone number: +91 9833405560
Relationship to you: Father	Relationship to you: Mother

Family Doctor's details

Doctor's name: Dr. Srinivas	Telephone number: 040 27958756
Address: Harsha Hospitals, Hyderabad	Postcode: 500100

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. Srinivas, M.D.
Pulmonologist

Harsha Hospitals
Hyderabad

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

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

Medical ID: IND001
Date: 01 February 2024



Patient's History / Symptoms:

- Shortness of breath and wheezing
- Chronic cough, often with thick mucus production.
- Chronic sinusitis.

Diagnosis:

This diagnosis takes into account the characteristic clinical features, imaging findings, and confirmatory laboratory results associated with Cystic Fibrosis. The patient will require ongoing multidisciplinary care, including respiratory therapies, nutritional support, and genetic counseling.

Prescription:

- **Bronchodilators:**
 - **Albuterol** - 25Mg 1 - 0 - 1
 - **Ipratropium** - 10Mg 1 - 1 - 0
- **Hypertonic saline** 1 - 1 - 0

REPORT

NAME REF. BY : MUKESH KUMAR (21Y/M)
TEST ASKED : SELF

MEDICAL ID :
IND001

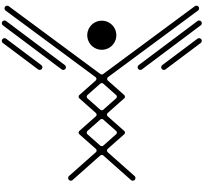
TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	7.67	X 10 ³ / μ L	4.0-10.0
NEUTROPHILS	63	%	40-80
LYMPHOCYTE PERCENTAGE	25.3	%	20-40
MONOCYTES	5.3	%	0-10
EOSINOPHILS	5.6	%	0.0-6.0
BASOPHILS	0.5	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	4.83	X 10 ³ / μ L	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	1.94	X 10 ³ / μ L	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.41	X 10 ³ / μ L	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.04	X 10 ³ / μ L	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.43	X 10 ³ / μ L	0-0.5
IMMATURE GRANULOCYTES(IG)	0.02	X 10 ³ / μ L	0-0.3
TOTAL RBC	5.5	X 10 ⁶ / μ L	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	X 10 ³ / μ L	<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 / μ L	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)



Patient Name: Mukesh Kumar
Medical ID: IND001

Date: 06/11/2024
Referring Doctor: Dr. Srinivas
Hospital: **Harsha 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*

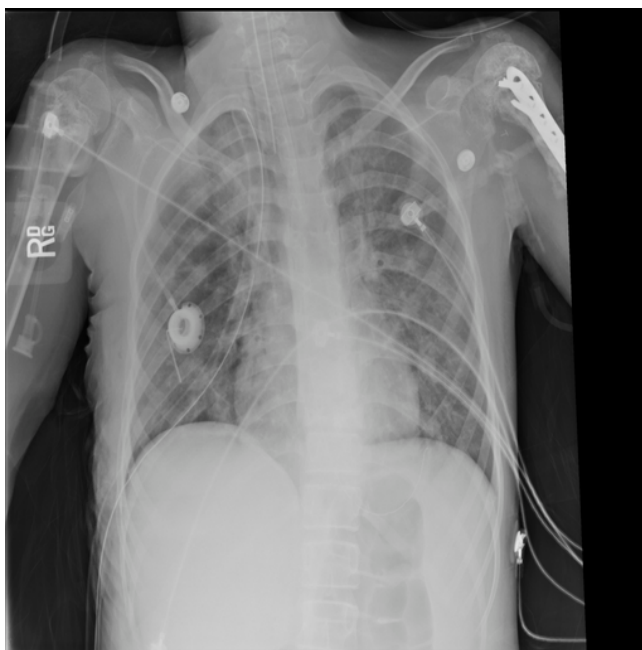


Image 2 – Lung Structure*

