

# Electronic Medical Record Form

Medical ID: IND096

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: <b>Mr</b>	Surname: <b>Senthil</b>	First name: <b>Shrieya</b>
Date of Birth: 19 august 2002		Sex: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Address: A-201, Platina apts, Saidapet, Chennai		Postcode: 600015
Occupation: Retired army major		Mobile Number: +91 8899442266
Telephone number (home): 04489892323		Email: SS2@gmail.com

## In the event of an emergency, please contact

## Best interest contact

Name: Senthil	Name: Nitya senthil
Telephone number: +91 7878534342	Telephone number: +91 9090890908
Relationship to you: Father	Relationship to you: Mother

## Family Doctor's details

Doctor's name: Dr. Prasad	Telephone number: 044 27827899
Address: Adyar hospital, Adyar	Postcode: 600020

## Vaccination details

Name of Vaccination: Covishield	Date of Vaccine administered: 21 August 2021
Hospital of Vaccine Administered: Apollo 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. Prasad, M.D.**  
Pulmonologist

Adyar Hospitals  
Chennai

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

**Patient's Name:** Shrieya senthil  
**Sex:** Female **Age:** 21

**Medical ID:** IND097  
**Date:** 07 March 2024



**Patient's History / Symptoms:**

- Hip pain
- Joint pain

**Diagnosis:**

This diagnosis takes into account the characteristic clinical features, imaging findings, and confirmatory laboratory results associated with Cystic Fibrosis.

**Prescription:**

- Bronchodilators:
  - Albuterol - 25Mg 1 - 0 - 1
  - Ipratropium - 10Mg 1 - 1 - 0

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**Signature of Doctor**

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UR House,  
No. 1056C, Avinashi Road,  
Coimbatore - 641014

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**REPORT**

NAME REF. BY : KARTHIKEYAN S (21Y/M)  
TEST ASKED : SELF

MEDICAL ID :  
IND001

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	7.67	X 10 <sup>3</sup> / 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 <sup>3</sup> / μL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	1.94	X 10 <sup>3</sup> / μL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.41	X 10 <sup>3</sup> / μL	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.04	X 10 <sup>3</sup> / μL	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.43	X 10 <sup>3</sup> / μL	0-0.5
IMMATURE GRANULOCYTES(IG)	0.02	X 10 <sup>3</sup> / μL	0-0.3
TOTAL RBC	5.5	X 10 <sup>6</sup> /μL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	X 10 <sup>3</sup> / 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 <sup>3</sup> / μL	150-400
PLATELET TO LARGE CELL RATIO(PLCR)	30	%	19.7-42.4
PLATELETCRIT(PCT)	0.2	%	0.19-0.39

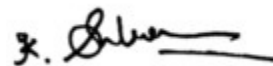
Remarks : ALERT !!! Hypochromia, Anisocytosis

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)

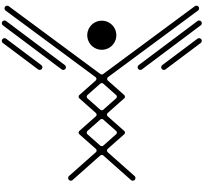
Sample Collected on (SCT) : 25 Aug 2020 06:13  
Sample Received on (SRT) : 26 Aug 2020 09:23  
Report Released on (RRT) : 26 Aug 2020 10:57  
Sample Type : EDTA  
Labcode : 2608016201/PP004 :  
Barcode : J9295107



Dr. Subramaniam MD(Path)



Dr. Caesar Sengupta MD(Micro)



Patient Name: Saravana sundar  
Medical ID: IND096

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\*

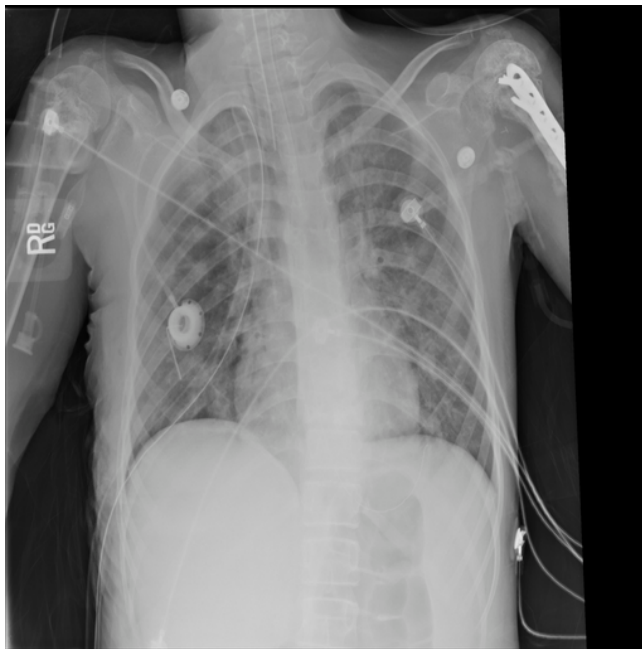


Image 2 – Lung Structure\*

