

Electronic Medical Record Form

Medical ID: IND099

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: Sharma	First name: Rohit
	Date of Birth: 1 June 2003	Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Address: B-1101 navins gerugambakkam		Postcode: 600123
Occupation: Student		Mobile Number: +91 9177456770
Telephone number (home): 48482424		Email: Rohitsharma@gmail.com

In the event of an emergency, please contact

Best interest contact

Name: Kaapil dev	Name: Sneha dev
Telephone number: +91 99898909	Telephone number: +91 98909897
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: Karthikeyan Saravanan

Sex: Male

Age: 21

Medical ID: IND001

Date: 14 February 2024



Patient's History / Symptoms:

- Abdominal pain
- Visible bump outside stomach
- Gastric bypass surgery

Diagnosis:

This diagnosis takes into account the characteristic clinical features, imaging findings, and confirmatory laboratory results associated with an Incisional hernia.

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).
- Cephalexin(Antibiotic) 500mg capsules, take 1 capsule by mouth every 8 hours for 7 days.
- Docusate sodium(Stool softener) 100mg capsules, take 1 capsule by mouth twice daily to prevent constipation.

Signature of Doctor

PROCESSED AT :
Thyrocare
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 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

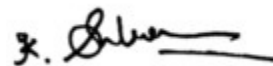
Remarks : ALERT !!! Hypochromia, Anisocytosis

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)

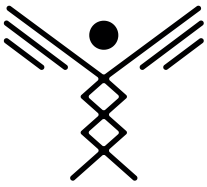
Sample Collected on (SCT) :25 Aug 2020 06:13
Sample Received on (SRT) :26 Aug 2020 09:23
Report Released on (RRT) :26 Aug 2020 10:57
Sample Type : EDTA
Labcode : 2608016201/PP004 :
Barcode : J9295107



Dr. Subramaniam MD(Path)



Dr. Caesar Sengupta MD(Micro)



Patient Name: Rohit sharma
Medical ID: IND099

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

X-Ray Report

Technique:

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

Findings:

1. **Incisional Hernia:** A midline incisional hernia is noted in the anterior abdominal wall at the site of prior surgical incision. The hernia defect measures approximately [measurement] cm in diameter. Herniated contents consist predominantly of omental fat with a small portion of small bowel loops protruding through the defect. No evidence of bowel obstruction or strangulation is identified.
2. **Muscular Wall Integrity:** The rectus abdominis muscles appear intact with no evidence of muscle dehiscence.
3. **Adjacent Structures:** The adjacent intra-abdominal organs including liver, spleen, kidneys, and bowel loops appear grossly normal. No evidence of significant intra-abdominal pathology is noted.
4. **Soft Tissues:** Mild subcutaneous edema is noted surrounding the hernia defect consistent with inflammatory changes.

Impression: CT findings are consistent with a midline incisional hernia containing omental fat and small bowel loops without evidence of obstruction or strangulation. No significant complicating factors are identified. Surgical consultation for consideration of repair may be warranted based on clinical symptoms and patient's overall condition.

Date: 01 February 2024

Signature of Radiologist

X-RAY

Image –CT scan of both small and large intestine which shows Incisional hernia.

