



Name: Mr. Virendra Yadav

UHID: MILL.0000101143

Apollo
SUPER SPECIALITY HOSPITALS

Discharge Summary

Dept. of INTERNAL MEDICINE

GENERAL INFORMATION

Discharge Type None

Unit INTERNAL MEDICINE TEAM

UHID MILL.0000101143

Patient Identifier MILLIP106352

Ward/Bed No Fifth Floor, General Ward 1, Bed no: 5011

Name Mr. VIRENDRA YADAV

Age 55Yr 6Mth 16Days

Sex Male

Address VILLAGE-KEWNA, Unnao, Uttar Pradesh

Primary Consultant Dr. Internal Medicine Team
INTERNAL MEDICINE

Prof R C Ahuja – Chief Consultant – Internal Medicine

Dr Mayank Somani - Chief Consultant - Critical Care, Emergency & Internal Medicine

Dr Ajaya Kumar - Chief Consultant - Critical Care, Emergency & Internal Medicine

Dr Sushil Kumar Singh – Senior Consultant – Critical Care & Internal Medicine

Date of Admission 02-Jun-2024

Date of Discharge 08-Jun-2024

Allergies

Allergen	Severity	Allergen	Description
		NC KNOWN ALLERGY	

Diagnosis HEART FAILURE WITH MILDLY REDUCED EJECTION FRACTION (EF-45%)
ACUTE ON CHRONIC KIDNEY DISEASE
HYPERTENSION

History of Present Illness

Apollomedics Super Speciality Hospitals

A Venture of Apollomedics International Lifesciences Limited
(formerly known as Medics International Lifesciences Limited)

KBC-31, Sector-B, LDA Colony, Kanpur Road, Lucknow - 226012, UP, India

Helpline No: 1800 419 1066 t +91 522 67 88 888 w lucknow.apollohospitals.com

CIN No. UP5198UP2011PLC043154



Chief Complaints

- Shortness of breath for 3 days
- Cough for 15 days
- Decreased appetite for 15 days

Prior to Apollo medics, Initially patient was taking medication from local pharmacy in Gorakhpur, was relieved symptomatically, but his shortness of breath progressively worsened therefore patient was brought to Apollo medics emergency for further management.

SOCIAL HISTORY

GENERAL EXAMINATION

Weight	Kg	Icterus	Nil
Temperature	98°F	Pulse	76/min.
B.P	114/78 mm of Hg.		

Course In The Hospital & Discussion

Course in the Hospital: Patient presented in Apollo medics emergency with above mentioned complaints. On arrival in emergency, patient was found to be GCS- E3V4M6 ,laboured breathing, SPO2-60% [room air], HR-102/min, BP-230/130 mmHg, managed with BiPAP + oxygen supplementation, nebulization, antihypertensive along with other supportive care and patient was shifted to ICU. On arrival at ICU, patient was dull and drowsy, HR-86/min, bp-190/110 mmHg, SPO2-66%[BiPAP + oxygen supplementation] .His lab finding revealed HB-10.3 gm/dl, serum creatinine-5.4 mg/dl, serum urea-76 mg/dl, potassium-5.7 mmol/L. Patient was managed with IV antibiotics, diuretic infusion, antihypertensive measures along with other supportive treatment. In view of dull and drowsy, NCCT Head was done which showed small hypodensities in right corona radiata and bilateral ganglio capsular regions- likely lacunar infarcts.

HRCT thorax s/o cardiomegaly with bilateral mild pleural effusion and multiple interspersed patches consolidation with adjacent ground glass opacities in bilateral hemi thorax predominantly in perihilar region suggestive of pulmonary edema, multiple centrilobular nodules in anterior segment of left upper lobe, superior inferior lingual and bilateral lower lobes with mediastinal lymphadenopathy suggestive of infective etiology. Sputum culture showed growth of normal flora, gram stain [sputum] - Few Gram Positive cocci in pairs and clusters, Few Gram Negative bacilli, Occasional Budding yeast cells with pseudo hyphae seen, fungal stain [sputum] - Positive for fungal elements Occasional Budding yeast cells with pseudo hyphae seen, acid fast stain [sputum] - No AFB seen.

His cardiac bio marker revealed PROBNP- 35000 and TROP I showed-40 pg/ml. 2DECHO - LVEF 45% mild global hypokinesia. Cardiology (Dr Tarun Bansal) opinion was taken and advised to add Tab Isolaz in treatment regimen

USG Abdomen suggestive of bilateral medical renal disease, bilateral pleural effusion.
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CIN No. U51999UP2011PLC043154



Nephrology opinion was done and advise followed. Pulmonology (Dr Abhishek Verma) opinion was taken and advised to continue diuretics. Patient was hemodynamically and clinically stable, therefore shifted to ward on 4/6/24. In view of right hand pain, USG doppler right hand was done and showed Long segment complete lumen occluding echogenic thrombus is noted in the entire length of cephalic vein, brachial vein and median cubital vein, Basilic vein shows wall thickening with surrounding fat stranding in the arm region - thrombophlebitis, mild subcutaneous edema is noted in the proximal forearm in the medial aspect, moderate subcutaneous edema is noted in the right arm predominantly on the medial aspect given Cobblestone appearance - changes of cellulitis. Patient was managed with antibiotics, diuretics and other conservative treatment. Patient is being discharged with the following advice.

ADVICE ON DISCHARGE

Diet AS ADVISED

Physical Activity AS TOLERATED

TAB AUGMENTIN 625 MG 1 TAB PO THRICE DAILY FOR 5 DAYS

TAB DYTOL 10 MG 1 TAB PO ONCE DAILY AT 10 AM FOR 5 DAYS

TAB PAN 40 MG 1 TAB PO ONCE DAILY BEFORE BREAKFAST FOR 5 DAYS

SYP MUCOLYTE 10 ML PO THRICE DAILY FOR 5 DAYS

TAB NEXIRON LP 1 TAB PO ONCE DAILY FOR 5 DAYS

TIN WEPOX 4K S/C TWICE WEEKLY (LAST DOSE- 9/6/24)

TAB ISOLAZINE 1 TAB PO TWICE DAILY FOR 5 DAYS

TAB SHELICAL XT 1 TAB PO ONCE DAILY FOR 5 DAYS

TAB FEBUTAZ 40 MG 1 TAB PO ONCE DAILY AT BEDTIME FOR 5 DAYS

CAP UPRISE D3 60K 1 CAP PO ONCE A WEEK (5/6/24)

TAB ELIQUIS 2.5 MG 1 TAB PO ONCE DAILY FOR 5 DAYS

STRICT INPUT/OUTPUT AND BLOOD PRESSURE MONITORING

FLUID RESTRICTION 1 LITRE/DAY

Follow Up Follow up in Internal Medicine OPD after 5 days with CBC, KFT report.
In case of emergency please Contact 8429021615

Please call Emergency 18004191066 if you have any of the following symptoms.

Fever Of 101°F

Onset of new pain or worsening of previous pain.

Breathing difficulty.

Worsening of any symptoms.

Other significant concerns.

Please visit our website: www.lucknow.apollohospitals.com

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KBC-31, Sector-B, LDA Colony, Kanpur Road, Lucknow - 226012, UP, India

Helpline No: 1800 419 1066 t+91 522 67 88 888 lucknow.apollohospitals.com

CIN No. U85191UP2011PLC043154

**Dr. Internal Medicine Team
INTERNAL MEDICINE**

Consolidated Investigation Summary

Patient Name : Mr. VIRENDRA YADAV
 Age : 55Yr 6Mth 16Days
 UHID : MILL.0000101143

IP Number : MILLIP106352

Gender : Male

Date of Admission : 02-JUN-2024 17:59:30

Date & Time	Department	Referring Doctor	Test Name	Parameters	Results / Reports	Reference Range
02/06/2024 06:01:00 PM	C T Scan Radiology	Dr. Internal Medicine Team	HRCT CHEST	Report ::	<p>HRCT SCAN: THORAX Suboptimal study due to expiratory scan and motion artifacts.</p> <p>FINDINGS:</p> <ul style="list-style-type: none"> • Bilateral mild pleural effusion is noted with adjacent atelectatic changes (R>L). • Multiple interspersed patches of consolidation with adjacent marked ground-glass opacities are seen in bilateral hemithorax, predominantly in perihilar regions. • Few fibrotic bands are seen in bilateral hemithorax. • Multiple centrilobular nodules are noted in anterior segment of left upper lobe, superior and inferior lingula and bilateral lower lobes. • Small calcified nodule is seen in right middle lobe. 	
				IMPRESSION		
03/06/2024 12:08:50 AM	Biochemistry	Dr. Internal Medicine Team	SERUM NT-PRO BNP(N-TERMINAL PRO BRAIN Natriuretic Peptide)	SERUM NT-PRO BNP(N-TERMINAL PRO BRAIN Natriuretic Peptide)	>35000.0	0 - 125
03/06/2024 12:08:50 AM	Biochemistry	Dr. Internal Medicine Team	TROPONIN I (Quantitative)	TROPONIN I (QUANTITATIVE)	40.4*	0.00-40.00
03/06/2024 04:23:16 AM	Haematology	Dr. Internal Medicine Team	CBC	Hemoglobin	9.9*	13.0 - 18.0
				WBC Count	8.5	4-11
				Differential Count		
				Neutrophils	92*	40-75
				Lymphocytes	04*	20 - 40
				Monocytes	02*	2-10
				Eosinophils	02	1-6
				Basophils	00*	0 - 1
				Platelet Count :	140*	150 - 450
				RBC Count	2.48*	4.5 - 5.5
				Packed cell volume	29.3*	40 - 54
				MCV	118.3*	80 - 100

Date & Time	Department	Referring Doctor	Test Name	Parameters	Results / Reports	Reference Range
03/06/2024 07:54 05 PM	Biochemistry	Dr. Internal Medicine Team	TROPONIN I (Quantitative)	TROPONIN I (QUANTITATIVE)	26.9	0.00-40.00
04/06/2024 03.35.21 AM	Haematology	Dr. Internal Medicine Team	CBC	Hemoglobin	9.8*	13.0 - 18.0
				WBC Count	6.6	4-11
				Differential Count		
				Neutrophils	75*	40-75
				Lymphocytes	17*	20 - 40
				Monocytes	05	2-10
				Eosinophils	03	1-6
				Basophils	00*	0 - 1
				Platelet Count :	150*	150 - 450
				RBC Count	2.38*	4.5 - 5.5
				Packed cell volume	28.3*	40 - 54
				MCV	118.7*	80 -100
				MCH	40.9*	26 - 32
				MCHC	34.5	31 - 36
				RDW	16.3*	11.6-14
				MPV	12.2	
				PERIPHERAL SMEAR(Microscopy)		
				RBC:	Anisocytosis, normocytic normochromic with macrocytic RBCs and polychromatophils. No nRBCs seen. No haemoparasites seen.	
				WBC:	Few shift cells seen. No atypical WBCs/blasts seen.	
				Platelets:	Adequate on the smear	
				MICROSCOPY		
				MICROSCOPY		
5/2024 24 AM	Biochemistry	Dr. Internal Medicine Team	SERUM CREATININE	SERUM CREATININE	5.4*	0.6 - 1.2
2024 24 AM	Biochemistry	Dr. Internal Medicine Team	SERUM POTASSIUM	SERUM POTASSIUM	3.8	3.5 - 5.5
2024 4 AM	Biochemistry	Dr. Internal Medicine Team	SERUM SODIUM	SERUM SODIUM	141.0	135.0 - 145.0
024 AM	Biochemistry	Dr. Internal Medicine Team	SERUM UREA	SERUM UREA	93.0*	17.0 - 43.0



Date & Time	Department	Referring Doctor	Test Name	Parameters	Results / Reports	Reference Range
04/06/2024 03:32:46 PM	Biochemistry	Dr. Internal Medicine Team	SERUM VITAMIN B12	SERUM VITAMIN B12	>1500.0	206 - 678 Deficiency: < 150
04/06/2024 03:32:49 PM	Biochemistry	Dr. Internal Medicine Team	SERUM FERRITIN	SERUM FERRITIN	181.5	16 - 220
04/06/2024 03:32:49 PM	Biochemistry	Dr. Internal Medicine Team	SERUM IRON	SERUM IRON	19.0*	Male: 59 - 148 Female: 37 - 145 Children: 50 - 120 New Born: 100 - 250
				IRON BINDING CAPACITY, UNSATURATED - SERUM	208	110-370
04/06/2024 03:32:49 PM	Biochemistry	Dr. Internal Medicine Team	SERUM IRON BINDING CAPACITY TOTAL	SERUM IRON BINDING CAPACITY TOTAL (Calculated)	227.0*	250 - 450
04/06/2024 03:32:49 PM	Biochemistry	Dr. Internal Medicine Team	SERUM TRANSFERRIN SATURATION	SERUM TRANSFERRIN SATURATION	8.37*	14.2 - 58.4
05/06/2024 06:52:59 AM	Biochemistry	Dr. Internal Medicine Team	SERUM CREATININE	SERUM CREATININE	5.7*	0.6 - 1.2
05/06/2024 06:52:59 AM	Biochemistry	Dr. Internal Medicine Team	SERUM POTASSIUM	SERUM POTASSIUM	3.8	3.5 - 5.5
05/06/2024 06:52:59 AM	Biochemistry	Dr. Internal Medicine Team	SERUM SODIUM	SERUM SODIUM	142.0	135.0 - 145.0
05/06/2024 06:52:59 AM	Biochemistry	Dr. Internal Medicine Team	SERUM UREA	SERUM UREA	101.0*	17.0 - 43.0
05/06/2024 11:25:25 AM	Microbiology	Dr. Internal Medicine Team	CULTURE AND SENSITIVITY (SPUTUM)	Comments	Culture shows growth of normal upper respiratory tract flora after 2 days of aerobic incubation at 37 degree centigrade.	
				BARTLETT'S GRADING SYSTEM		
05/06/2024 01:50:37 PM	Biochemistry	Dr. Internal Medicine Team	VITAMIN D TOTAL(25OH vitD3 and 250H vitD2)	VITAMIN D TOTAL(250H vitD3 and 250H vitD2)	21.8*	< 20 Deficiency: 21-29 Insufficiency: > 30 Normal
05/06/2024 01:50:37 PM	Biochemistry	Dr. Internal Medicine Team	SERUM PHOSPHORUS, INORGANIC	SERUM PHOSPHORUS, INORGANIC	3.9	3.0 - 4.5
05/06/2024 01:50:37 PM	Biochemistry	Dr. Internal Medicine Team	SERUM URIC ACID	SERUM URIC ACID	10.7*	3.5 - 7.2
06/06/2024 06:44:12 AM	Biochemistry	Dr. Internal Medicine Team	SERUM CREATININE	SERUM CREATININE	5.6*	0.6 - 1.2
06/06/2024 06:44:12 AM	Biochemistry	Dr. Internal Medicine Team	SERUM POTASSIUM	SERUM POTASSIUM	3.8	3.5 - 5.5
06/06/2024 06:44:12 AM	Biochemistry	Dr. Internal Medicine Team	SERUM SODIUM	SERUM SODIUM	138.0	135.0 - 145.0
06/06/2024 06:44:12 AM	Biochemistry	Dr. Internal Medicine Team	SERUM UREA	SERUM UREA	112.0*	17.0 - 43.0
07/06/2024 03:38:04 AM	Biochemistry	Dr. Internal Medicine Team	SERUM CREATININE	SERUM CREATININE	5.6*	0.6 - 1.2



Patient's Details : Mr. VIRENDRA YADAV
UIID : MILL.0000101143
I.P.No./Bill No. : MILLIP106352
DRN : 224161782
Referring Doctor : Internal Medicine Team

DEPARTMENT OF RADIOLOGY

| M | 56 Years
Ward/Bed No. : General Ward 1 / 5011
Received on : 06-Jun-2024
Reported On : 06-Jun-2024 19:56:53

COLOR DOPPLER STUDY OF RIGHT UPPER LIMB (VENOUS)

Findings & Impression:-

- Long segment complete lumen occluding echogenic thrombus is noted in the entire length of cephalic vein, basilic vein and median cubital vein.
- Basilic vein shows wall thickening with surrounding fat stranding in the arm region thrombophlebitis.
- Mild subcutaneous edema is noted in the proximal forearm in the medial aspect.
- Moderate subcutaneous edema is noted in the right arm predominantly on the medial aspect given Cobblestone appearance - changes of cellulitis.
- Subclavian, axillary, ulnar and radial veins are of normal caliber and showed good compressibility.

The blood flow in the above veins was spontaneous and showed phasic variation with respiration. The response to valsalva was normal.

No obvious superficial varicosities noted.

Screening of upper limb arteries shows unremarkable study.

Please correlate clinically.

D. K. S. M.
Reported By:
Dr. Aktesh Kumar S.
MD, Radiodiagnosis
Clinical Associate

ed On :



Printed By:

Reported By: 727121

Page 1 of 2

DEPARTMENT OF RADIOLOGY

Patient's Details	: Mr. VIRENDRA YADAV	M 055 Years
UHID	: MILL.0000101143	Ward/Bed No. : ICU 8 / 4036
I.P.No./Bill No.	: MILLIP106352	Received on : 03-Jun-2024
DRN	: 224157686	Reported On : 03-Jun-2024 7:58:24
Referring Doctor	: Internal Medicine Team	

ULTRASONOGRAPHY: ABDOMEN (BED SIDE)

- Limited study due to restricted mobility of the patient.*
- Liver is normal in size (~ 14.4 cm). Margins are regular. Parenchyma shows normal and uniform echogenicity. There is no intrahepatic biliary dilatation. Portal vein ~ 12.0 mm and hepatic venous channels are within normal limits. No focal lesion seen.
 - Gall bladder is partially contracted. CBD is not dilated.
 - Pancreas is normal in size. Margins are regular. Parenchyma shows normal echotexture. Pancreatic duct is not dilated. No focal area of altered echogenicity or calcification is seen.
 - Spleen is normal in position and size (~ 8.5 cm). Margins are regular with uniform parenchymal echogenicity.
 - Kidneys : Both kidneys are normal in position and size (right kidney : approx. 92 x 30 mm ; left kidney : approx. 83 x 39 mm). Margins are regular. Parenchymal thickness is adequate with increased cortical echogenicities and decreased corticomedullary differentiation. No evidence of backpressure changes seen in the pelvicalyceal system. Both ureters are not dilated. Few simple cortical cysts are seen in both kidneys, largest measuring ~ 12 x 17 mm at upper pole of right kidney and 13 x 13 mm at upper pole of left kidney respectively.
 - Urinary bladder is empty with Foley's bulb is seen in situ.
 - Pelvic organs are not evaluated due to empty urinary bladder.
 - No free fluid in peritoneal cavity.
 - Bilateral mild pleural effusion is seen (R>L).

IMPRESSION

- Bilateral medical renal disease. Adv: KFT correlation.
- Bilateral mild pleural effusion R>L).

Please correlate clinically.

---END OF THE REPORT---



Dr. Abhishek Bhatt
Clinical Associate
(DNB - Radiodiagnosis)

nted On :

Printed By:

Reported By: 727190

Page 1 of 2

DEPARTMENT OF RADIOLOGY					
Patient's Details	: Mr. VIRENDRA YADAV				
UHID	: MILL.0000101143				I M 55 Years
I.P.No./Bill No.	: MILLIP106352	Ward/Bed No.	: ICU6 / 1047		
DRN	: 324062885	Received on	: 02-Jun-2024		
Referring Doctor	: Internal Medicine Team	Reported On	: 02-Jun-2024 22:17:02		

CT: HEAD (PLAIN)*Suboptimal scan due to multiple motion artefacts and uncooperative patients.*

- Small hypodensities are seen in right corona-radiata and bilateral-ganglio-capsular regions- likely lacunar infarcts.
- Rest of the both cerebral hemispheres show normal morphology, density and outline. Bilateral basal ganglia, thalamus and capsular regions are normally visualized.
- Both the lateral ventricles, foramen of Monro and third ventricle are normal in size, shape and outline. No mass effect or midline shift is observed. Suprasellar cistern, sylvian cistern, other major supratentorial cisternal and sulcal spaces are showing normal CSF density and outline.
- Brain stem, cerebellar hemispheres and vermis are displaying grossly normal. Fourth ventricle is normal in size and outline. Pre-pontine, perimedullary and cerebellopontine angle cisterns are grossly normal.

IMPRESSION

- Small hypodensities in right corona-radiata and bilateral-ganglio-capsular regions-likely lacunar infarcts.

Please correlate clinically.

---END OF THE REPORT---



Dr. Abhishek Bhat
Clinical Associate
(DNB - Radiodiagno

DEPARTMENT OF RADIOLOGY

Patient's Details : Mr. VIRENDRA YADAV | M | 055 Years
 UIID : MILL.0000101143 Ward/Bed No. : ICU6 / 1047
 I.P.No./Bill No. : MILLIP106352 Received on : 02-Jun-2024
 DRN : 324062886 Reported On : 02-Jun-2024 22:37:13
 Referring Doctor : Internal Medicine Team

HRCT SCAN: THORAX

Suboptimal study due to expiratory scan and motion artifacts.

FINDINGS:

- *Bilateral mild pleural effusion is noted with adjacent atelectatic changes (R>L).*
- *Multiple interspersed patches of consolidation with adjacent marked ground-glass opacities are seen in bilateral hemithorax, predominantly in perihilar regions.*
- *Few fibrotic bands are seen in bilateral hemithorax.*
- *Multiple centrilobular nodules are noted in anterior segment of left upper lobe, superior and inferior lingula and bilateral lower lobes.*
- *Small calcified nodule is seen in right middle lobe.*

Mild paraseptal emphysematous changes are seen in bilateral upper lobes.

Rest of the both lungs are normal in aeration & volume. CT attenuation with bronchovascular divisions is normal. No obvious focal parenchymal lesions are noted. No interstitial pathology is observed.

No pleural effusion or thickening is noted.

DEPARTMENT OF RADIOLOGY

Patient's Details	: Mr. VIRENDRA YADAV	M 055 Years
UHID	: MILL.0000101143	Ward/Bed No. : ICU6 / 1047
I.P.No./Bill No.	: MILLIP106352	Received on : 02-Jun-2024
DRN	: 324062886	Reported On : 02-Jun-2024 22:37:13
Referring Doctor	: Internal Medicine Team	

- Trachea is central. Bifurcation is normally seen with normal bronchial segmental divisions. No obvious intraluminal pathology noted. **Cardiac size is enlarged.** There is no pericardial effusion.
- Multiple small and mildly enlarged mediastinal lymphnodes are seen, largest measuring ~ 10 mm in precarinal location.**
- Visualized upper abdominal viscera appear normal.

IMPRESSION:

- Cardiomegaly with bilateral mild pleural effusion and multiple interspersed patches of consolidation with adjacent ground-glass opacities in bilateral hemithorax, predominantly in perihilar regions-suggestive of pulmonary edema.
- Multiple centrilobular nodules in anterior segment of left upper lobe, superior and inferior lingula and bilateral lower lobes (L>R) with mediastinal lymphadenopathy as described-suggestive of infective etiology.

Please correlate clinically.

---END OF THE REPORT---



Dr. Abhishek Bhatt
Clinical Associate
(DNB - Radiodiagnosis)

ed On :

Printed By:

Reported By: 727190

Page 2 of 2

BIOCHEMISTRY

Name : Mr. VIRENDRA YADAV Age : 55Yr 6Mth 20Days Gender : Male
 UHID : MILL.0000101143 W/BNo/RefNo: OP
 SIN / LRN : 46357975 / 15316227
 Specimen : Serum
 Ref Doctor : Dr. Mayank Soman



MILL.0000101143

Collected on : 12-JUN-2024 02:26:27 PM Received on : 12-JUN-2024 02:49:23 PM Reported on : 12-JUN-2024 04:36:19 PM

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
SERUM CREATININE (Alkaline picrate method)	4.8 *	0.6 - 1.2	mg/dL
SERUM SODIUM	143.0	135.0 - 145.0	mEq/L
SERUM POTASSIUM	5.1	3.5 - 5.5	mEq/L

Comments : (Note : Kindly correlate the values with clinical findings)

Report Status: Final

* END OF REPORT *

CHECKED BY 1126613
1126613

First Report Printed On : 13-JUN-2024 11:23:54 AM
Printed On : 13-JUN-2024 11:24:22 AM



Dr Kavita Somani
MD Pathology
HOD Dept. Of Pathology

Dr Pretty Singh

Page 1 of 1

The Desk of Department of Lab Medicine

Dr Somani (HOD)
Pathology
Dr Mishra
Pathology

Dr K. Sujata Poduval
MD, DCP
Dr Sumit Gupta
MD, Pathology

Dr Pretty Singh
MD, Pathology
Dr Tanmai Tandon
MD, Pathology

HAEMATOLOGY

Name : Mr. VIRENDRA YADAV	Age : 55Yr 6Mth 20Days	Gender : Male
UHID : MILL_0000101143	/ MILLOPP1947867	W/BNo/RefNo : OP
SIN/LRN : 46357974 \ 15316227		
Specimen : Whole Blood (EDTA)		
Ref Doctor : Dr. Mayank Soman		



Collected on : 12-JUN-2024 02:26:27 PM Received on : 12-JUN-2024 02:55:57 PM Reported on : 12-JUN-2024 04:06:54 PM

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
CBC			
Hemoglobin	10.3 *	13.0 - 18.0	gm/dl
WBC Count	9.4	4 - 11	$10^3/\text{mm}^3$
Differential Count			%
Neutrophils	72	40 - 75	%
Lymphocytes	16 *	20 - 40	%
Monocytes	08	2 - 10	%
Eosinophils	04	1 - 6	%
Basophils	00	0 - 1	$10^3/\text{mm}^3$
Platelet Count :	476 *	150 - 450	Million/ μl
RBC Count	2.67 *	4.5 - 5.5	%
Packed cell volume	30.3 *	40 - 54	fl
MCV	113.3 *	80 - 100	pg
MCH	38.6 *	26 - 32	g/dl
MCHC	34.1	31 - 36	%
RDW	17.5 *	11.6 - 14	μm^3
MPV	9.2		
PERIPHERAL SMEAR(Microscopy)			
RBC:		Reduced RBC mass. Normocytic normochromic RBCs with mild anisocytosis. No nRBCs seen. No haemoparasite seen.	
WBC:		Within normal limits. No atypical WBCs/blast seen.	
Platelets:		Increased on Smear	

Page 1 of 2

The Desk of Department of Lab Medicine
Dr. Suman Soman (HOD)
Pathology
Sh Mishra
Dr K. Sujata Poduval
 MD, DCP

Dr Sumit Gupta
 MD, Pathology

Dr Pretty Singh
 MD, Pathology

Dr Tanmai Tandon
 MD, Pathology



DEPARTMENT OF RADIOLOGY			
Patient's Details			
UIID	: Mr. VIRENDRA YADAV		M 56 Years
I.P.No./Bill No.	: MILL.0000101143	Ward/Bed No.	: OP /
DRN	: MILLOPP1947867	Received on	: 12-Jun-2024
Referring Doctor	: 224167901	Reported On	: 12-Jun-2024 17:26:10
	: Mayank Somani		

COLOR DOPPLER STUDY OF RIGHT UPPER LIMB (VENOUS)

Findings & Impression:-

- Long segment complete lumen occluding echogenic thrombus is noted in the entire length of cephalic vein, distal basilic vein and median cubital vein.
- Basilic vein shows wall thickening with surrounding fat stranding in the arm region-thrombophlebitis.
- Mild subcutaneous edema is noted in the proximal forearm.
- Subclavian, axillary, ulnar and radial veins are of normal caliber and showed good compressibility.
- The blood flow in the above veins was spontaneous and showed phasic variation with respiration. The response to valsalva was normal.
- No obvious superficial varicosities noted.
- Screening of upper limb arteries shows unremarkable study.

Please correlate clinically.

---END OF THE REPORT---

Dr. Ajeet Madhes
MD Radio-Diagnos
Clinical Associate

Printed On : Printed By: Reported By: 727032 Page 1 of 2

CLINICAL PATHOLOGY

Name	Mr. VIRENDRA YADAV	Age :	55Yr 7Mth 5Days	Gender :	Male
UHID	MILL.0000101143	/ MILLOPP1971122	W/BNo/RefNo	OP	
SIN ILRN	46636727 \ 15405360				
Specimen	Urino				
Ref Doctor	Dr. Mayank Somani				



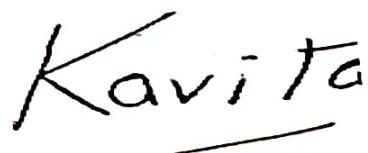
Collected on : 28-JUN-2024 09:27:23 AM Received on : 28-JUN-2024 11:48:45 AM Reported on : 28-JUN-2024 02:12:04 PM

RENAL FUNCTION TEST (BASIC)

	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
URINE ROUTINE (CUE)			
MACROSCOPIC EXAMINATION			
Specific Gravity			
Colour:	1.015 *	1.016 - 1.026	
Transparency:	Yellow		
pH	Turbid		
Protein :	6		
Sugar:	++		
Ketone	Nil		
Bilirubin:	Nil		
Bile Salts	Nil		
MICROSCOPIC EXAMINATION			
RBC			
Pus Cells	2-4 /h.p.f		/hpf
Epithelial Cells	4-6 /h.p.f		
Casts:(Microscopic /Flow cytometric)	2-4 /h.p.f		
Granular	+		
Report Status:Final			

* END OF REPORT *

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Dr Kavita Somani
MD Pathology
HOD Dept. Of Pathology

Dr Pretty Singh

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Page 1 of 1

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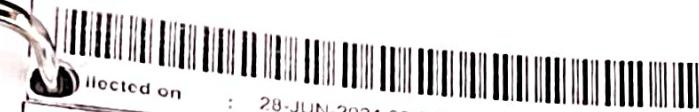
Dr Kavita Somani (HOD)
MD, Pathology
Dr Nimesh Mishra

Dr K. Sujata Poduval
MD, DCP
Dr Sumit Gupta

Dr Pretty Singh
MD, Pathology
Dr Tanmai Tandon
MD, Pathology

BIOCHEMISTRY

Name : Mr. VIRENDRA YADAV	Age : 55Yr 7Mth 5Days	Gender : Male
UHID : MILL 0000101143		
SIN / LRN : 46636726 / 15405360	/ MILLOPP1971122	W/BNo/RefNo : OP
Specimen : Serum		
Ref Doctor : Dr. Mayank Somani		



Collected on : 28-JUN-2024 09:27:23 AM Received on : 28-JUN-2024 09:53:35 AM Reported on : 28-JUN-2024 11:30:19 AM

RENAL FUNCTION TEST (BASIC)
TEST NAME

	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
SERUM UREA (Urease, UV)	79.0 *	17.0 - 43.0	mg/dL
SERUM CREATININE (Alkaline picrate method)	4.4 *	0.6 - 1.2	mg/dL
SERUM SODIUM	143.0	135.0 - 145.0	mEq/L
SERUM POTASSIUM	4.9	3.5 - 5.5	mEq/L

Report Status: Final

* END OF REPORT *

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 MD Pathology
 HOD Dept. Of Pathology

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 Dr Kavita Somani (HOD)
 MD, Pathology

Dr K. Sujata Poduval

MD, DCP

Dr Sumit Gupta

 Dr Pretty Singh
 MD, Pathology

 Dr Tanmai Tandon
 MD, Pathology

HAEMATOLOGY

Name : Mr. VIRENDRA YADAV Age : 55Yr 7Mth 5Days Gender : Male
 UHID : MILL.0000101143 W/BNo/RefNo : OP
 SIN ILRN : 46636725 \ 15405360
 Specimen : Whole Blood (EDTA)
 Ref Doctor : Dr. Mayank Somani



Collected on : 28-JUN-2024 09:27:23 AM Received on : 28-JUN-2024 09:49:17 AM Reported on : 28-JUN-2024 12:13:48 PM

TEST NAME RESULT BIOLOGICAL REFERENCE INTERVALS UNITS

CBC			
Hemoglobin	10.5 *	13.0 - 18.0	gm/dl
WBC Count	7.4	4 - 11	10 ³ /mm ³
Differential Count			%
Neutrophils	57	40 - 75	%
Lymphocytes	24	20 - 40	%
Monocytes	02	2 - 10	%
Eosinophils	17 *	1 - 6	%
Basophils	00	0 - 1	%
Platelet Count :	200	150 - 450	10 ³ /mm ³
RBC Count	2.98 *	4.5 - 5.5	Million/ul
Packed cell volume	31.5 *	40 - 54	%
MCV	105.6 *	80 - 100	fL
MCH	35.3 *	26 - 32	pg
MCHC	33.4	31 - 36	g/dl
RDW	17.9 *	11.6 - 14	%
MPV	12.1		μm ³

PERIPHERAL SMEAR(Microscopy)

RBC:

Mildly reduced RBC, normocytic normochromic RBCs with mild anisocytosis. No

nRBCs seen. No haemoparasites seen

Eosinophilia. No atypical WBCs/blasts seen.

Adequate on the smear

WBC:

Platelets:

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avita Somani (HOD)

Pathology

mesh Mishra

Pathology

Dr K. Sujata Poduval
MD, DCP

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MD, Pathology

Dr Pretty Singh
MD, Pathology

Dr Tanmai Tandon
MD, Pathology