



Patient Name : **MR NARENDRA NATH LAL**
Age / Sex : 70YEARS / M
UHID No. : 20190722661
Bill No. : 202001300740
Department : ORT

Patient Type / Ward : OP / SICU
Referral : Dr. Kamaraju C
Organisation : DIRECT
Sample Collected On : Jan 30, 2020, 12:11
p.m.
Reported On : Jan 31, 2020, 12:26
p.m.

MICROBIOLOGY REPORT

Test	Value	Unit	Reference Range	Method
<u>GRAM STAIN ANY SPECIMEN</u>				
SPECIMEN	FLUID FROM KNEE JOINT			
MICROSCOPY	SMEAR SHOWS MODERATE NUMBER OF INFLAMMATORY CELLS WITH GRAM POSITIVE COCCI IN SINGLES AND PAIRS.			

****END OF REPORT****

Dr A Ravi Shankar Reddy
MD (Microbiology)
Professor



Patient Name : **MR NARENDRA NATH LAL**

Age / Sex : 70YEARS / M

UHID No. : 20190722661

Bill No. : 202001300740

Department : ORT

Patient Type / Ward : OP / SICU

Referral : Dr. Kamaraju C

Organisation : DIRECT

Sample Collected On : Jan 30, 2020, 12:11 p.m.

Reported On : Feb 01, 2020, 10:39 a.m.

MICROBIOLOGY REPORT

Test	Value	Unit	Reference Range	Method
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CULTURE & SENSITIVITY ANY SPECIMEN

Specimen : KNEE ASPIRATION FLUID

Microscopy :

Culture & Sensitivity CULTURE SHOWS GROWTH OF METHICILLIN SENSITIVE STAPHYLOCOCCUS AUREUS (MSSA)

Antibiotic	MIC	Interpretation
BENZYL PENICILLIN	> 0.5	RESISTANT
AMOXICLAV		SENSITIVE
CEFAZOLIN		SENSITIVE
CEFUROXIME		SENSITIVE
OXACILLIN	0.5	SENSITIVE
GENTAMICIN	> 16	RESISTANT
CIPROFLOXACIN	> 8	RESISTANT
LEVOFLOXACIN	4	RESISTANT
ERYTHROMYCIN	< 0.25	SENSITIVE
CLINDAMYCIN	0.25	SENSITIVE
LINEZOLID	2	SENSITIVE
DAPTOMYCIN	0.25	SENSITIVE
TETRACYCLINE	< 1	SENSITIVE
TRIMETHOPRIM/SULFAMETHOXAZOLE	10	SENSITIVE

Comments :

Diffusion method and the interpretation is according to CLSI guideline (2019).

Note :

- * Assay results should be interpreted only in the context of other laboratory findings and the total clinical status of the patient.
- * This Report is subjected to the terms and conditions mentioned overleaf.
- * PARTIAL REPRODUCTION OF THIS REPORT IS NOT PERMITTED.
- * Tests marked as * are outside the scope of NABL accreditation,

****END OF REPORT****

Ravi Shankar Reddy

Dr A Ravi Shankar Reddy
MD (Microbiology)
Professor

Patient Name : **MR NARENDRA NATH LAL**
Age / Sex : 70YEARS / M
UHID No. : 20190722661
Bill No. : 202001300740
Department : ORT

Patient Type / Ward : OP / SICU
Referral : Dr. Kamaraju C
Organisation : DIRECT
Sample Collected On : Jan 30, 2020, 12:11 p.m.
Reported On : Feb 01, 2020, 11:41 a.m.

MICROBIOLOGY REPORT

Test	Value	Unit	Reference Range	Method
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CULTURE AND SENSITIVITY ANAEROBIC

SPECIMEN KNEE ASPIRATION FLUID

CULTURE SHOWS GROWTH OF METHICILLIN SENSITIVE STAPHYLOCOCCUS AUREUS (MSSA)

Antibiotic	MIC	Interpretation
BENZYL PENICILLIN	> 0.5	RESISTANT
AMOXICLAV		SENSITIVE
CEFAZOLIN		SENSITIVE
CEFUROXIME		SENSITIVE
OXACILLIN	0.5	SENSITIVE
GENTAMICIN	> 16	RESISTANT
CIPROFLOXACIN	> 8	RESISTANT
LEVOFLOXACIN	4	RESISTANT
ERYTHROMYCIN	< 0.25	SENSITIVE
CLINDAMYCIN	0.25	SENSITIVE
LINEZOLID	2	SENSITIVE
DAPTOMYCIN	0.25	SENSITIVE
TETRACYCLINE	< 1	SENSITIVE
TRIMETHOPRIM/SULFAMETHOXAZOLE		SENSITIVE

Comments

Diffusion method and the interpretation is according to CLSI guideline (2019).

NOTE

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Patient Name : **MR NARENDRA NATH LAL**
Age / Sex : 70YEARS / M
UHID No. : 20190722661
Bill No. : 202001300740S
Department : ORT

Patient Type / Ward : OP / SICU
Referral : Dr. Kamaraju C
Organisation : DIRECT
Sample Collected On : Jan 30, 2020, 12:11 p.m.
Reported On : Jan 30, 2020, 01:38 p.m.

BIOCHEMISTRY REPORT

Test	Value	Unit	Reference Range	Method
<u>URIC ACID - SERUM</u>				
Uric Acid	2.5	mg/dL	Male: 3.4 - 7.0 Female: 2.4 - 5.7	Uricase Enzymatic

NOTE:- Assay results should be interpreted only in the context of other laboratory findings and the clinical status of the patient. Kindly discuss if necessary. The above report relates only to the sample received.

****END OF REPORT****

S. Praveena

Dr. S. Praveena
MD (Biochemistry)
Associate Professor



Patient Name : **MR NARENDRA NATH LAL**
Age / Sex : 70 years / M
UHID No. : 20190722661
Bill No. : 202001300632
Department : ORT

Patient Type / Ward : OP / SICU
Referral : Dr. Kamaraju C
Organisation : DIRECT
Sample Collected On : Jan 30, 2020, 12:15 p.m.
Reported On : Jan 30, 2020, 01:27 p.m.

HEMATOLOGY REPORT

Test Description	Value(s)	Reference Range		
CBP				
HAEMOGLOBIN	9.2	gm/dL	Neonatal-14.0 - 22.0 g/dl 1 year-11.1 - 14.1 g/dl 2-5 years-11.0 - 14.0 g/dl 6-12 years-11.5 - 15.5 g/dl Adult male-13.0 - 17.0 g/dl Adult female-12.0-15.0 g/dl	Colorimetric
PCV	28.1	VOL %	Adult male- 40.0 - 50.0 Vol. % Adult female- 36.0 - 46.0 Vol. %	Calculation
RBC COUNT	3.64	mill/Cmm	Adult male - 4.7 - 6.1 million/cu.mm Adult female -4.2 - 5.4 million/cu.mm	Impedance
TOTAL WBC COUNT	8790	Cells/Cu.mm	Adult :- 4000 - 10000 cells/cu.mm	Flow Cytometric
DIFFERENTIAL COUNT :				
NEUTROPHILS	81	%	40 - 75	Light Microscopy
LYMPHOCHYTES	16	%	20 - 40	Light Microscopy
EOSINOPHILS	02	%	1 - 6	Light Microscopy
MONOCYTES	01	%	2 - 10	Light Microscopy
BASOPHILS	00	%	<1 - 2	Light Microscopy
PLATELET COUNT	411000	Cu.mm	Infants :- 1.0 - 4.50 lakhs/cu.mm Adults :- 1.5 - 4.10 lakhs/cu.mm	Microscopy Impedance

****END OF REPORT****

A. Sudha

Dr. Sudha
Assistant Professor
MD Pathology



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Age / Sex : 70YEARS / M
UHID No. : 20190722661
Bill No. : 202001300632S
Department : ORT

Patient Type / Ward : OP / SICU
Referral : Dr. Kamaraju C
Organisation : DIRECT
Sample Collected On : Jan 30, 2020, 12:16
p.m.
Reported On : Jan 30, 2020, 01:16
p.m.

SEROLOGY REPORT

Test	Value	Unit	Reference Range	Method
<u>C-REACTIVE PROTEIN (CRP)</u>				
SPECIMEN	SERUM			
C - Reactive Protein	POSITIVE(48)	mg/L	< 6 mg/L	LATEX AGGLUTINATION

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****END OF REPORT****

Dr. Raturaj
MD (Microbiology)
Assistant Professor

INVESTIGATIONS REQUISITION FORM

Name: Mr Nandanan Lal Age: 70 Sex: F Date: 35/1

IP/OP: _____ UHID: _____ Department: OL

Clinical Details / Provisional Diagnosis: _____

PATHOLOGY

CODE	INVESTIGATION
<input type="checkbox"/> KPCP 040	COMPLETE BLOOD PICTURE (CBP)
<input type="checkbox"/> KPCP 080	HEMOGLOBIN
<input type="checkbox"/> KPCP 070	ESR
<input type="checkbox"/> KPCP 130	STOOL EXAMINATION
<input type="checkbox"/> KPCP 030	BLEEDING TIME/ CLOTTING TIME
<input type="checkbox"/> KPCP 050	COMPLETE URINE EXAMINATION (CUE)
<input type="checkbox"/> KPCY 040	FNAC

Any other tests:

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BIOCHEMISTRY

<input type="checkbox"/> KCCS 010	GLUCOSE PLASMA FASTING
<input type="checkbox"/> KCCE 180	GLYCOSYLATED HEMOGLOBIN
<input type="checkbox"/> KCCE 050	UREA
<input type="checkbox"/> KCCE 270	SERUM ELECTROLYTES
<input type="checkbox"/> KCCE 380	SERUM URIC ACID
<input type="checkbox"/> KOPP 010	LIPID PROFILE
<input type="checkbox"/> KCCS 020	GLUCOSE PLASMA POST LUNCH
<input type="checkbox"/> KCCE 250	PT / INR
<input type="checkbox"/> KCCE 080	SERUM CREATININE
<input type="checkbox"/> KCCE 070	BLOOD GAS ANALYSIS (ABG)
<input type="checkbox"/> KOPP 020	LIVER FUNCTION TEST
<input type="checkbox"/> KCCE 360	THYROID PROFILE

Any other tests:

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MICROBIOLOGY

<input type="checkbox"/> KMCV 070	BLOOD CULTURE AND SENSITIVITY
<input type="checkbox"/> KMSE 200	HBsAg
<input type="checkbox"/> KMCV 271	URINE CULTURE AND SENSITIVITY
<input type="checkbox"/> KMSE 210	HIV 1-2

Any other tests:

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RADIOLOGY

CODE	INVESTIGATION
<input type="checkbox"/> KRXC 330	X-RAY CHEST PA VIEW
<input type="checkbox"/> KRXC 010	X-RAY KUB
<input type="checkbox"/> KRUS 091	USG KUB-FEMALE
<input type="checkbox"/> KRUS 092	USG KUB-MALE
<input type="checkbox"/> KRUS 061	USG WHOLE ABDOMEN WITH PELVIS-FEMALE
<input type="checkbox"/> KRUS 062	USG WHOLE ABDOMEN WITH PELVIS-MALE
<input type="checkbox"/> KRSP 143	USG PERIPHERAL VENOUS DOPPLER UNILATERAL
<input type="checkbox"/> KRSP 144	USG PERIPHERAL VENOUS DOPPLER BILATERAL
<input type="checkbox"/> KRSP 150	USG CAROTID DOPPLER
<input type="checkbox"/> KRUS 050	USG CHEST
<input type="checkbox"/> KRCT 140	CT CHEST PLAIN
<input type="checkbox"/> KRCT 150	CT CHEST IV CONTRAST
<input type="checkbox"/> KRCT 180	CT ABDOMEN WHOLE PLAIN
<input type="checkbox"/> KRCT 181	CT ABDOMEN WHOLE CONTRAST
<input type="checkbox"/> KRCT 020	CT BRAIN PLAIN
<input type="checkbox"/> KRCT 010	CT BRAIN CONTRAST
<input type="checkbox"/> KRMRI 001	MRI BRAIN
<input type="checkbox"/> KRMRI 620	MRI BRAIN AND BRAIN ANGIO
<input type="checkbox"/> KRMRI 615	MRI ABDOMEN
<input type="checkbox"/> KRMRI 004	MRI LUMBAR SPINE

Any other tests:

Xray Right Knee AN
LAL

OTHERS

<input type="checkbox"/> KSCR 010	ECG
<input type="checkbox"/> KFCR 020	2D ECHO
<input type="checkbox"/> KPUL 009	PULMONARY FUNCTION TESTS (PFT)

Any other tests:

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Doctor's Name


Doctor's Signature